

Supplemental Online Content

Herring AA, Vosooghi AA, Luftig J, et al. High-dose buprenorphine induction in the emergency department for treatment of opioid use disorder. *JAMA Netw Open*. 2021;4(7):e2117128.
doi:10.1001/jamanetworkopen.2021.17128

eTable. Data Dictionary

This supplemental material has been provided by the authors to give readers additional information about their work.

eTable. Data Dictionary

Data Dictionary Codebook

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
1	record_id	Record ID	text								
2	reviewer	Chart Reviewer Name <i>Enter as: Last Name, First Initial.</i>	radio, Required <table border="1" style="margin-left: 20px;"> <tr> <td>1</td> <td>Herring, A.</td> </tr> <tr> <td>2</td> <td>Vosooghi, A.</td> </tr> <tr> <td>3</td> <td>Vuong, C.</td> </tr> <tr> <td>4</td> <td>Other</td> </tr> </table>	1	Herring, A.	2	Vosooghi, A.	3	Vuong, C.	4	Other
1	Herring, A.										
2	Vosooghi, A.										
3	Vuong, C.										
4	Other										
3	reviewer_oth Show the field ONLY if: [reviewer] = '4'	If "Other," please specify as "Last name, First initial."	text, Required								
4	name	Section Header: Demographics Patient's full name as it appears in Wellsoft: Last name, Firstname <i>Copy and paste from Wellsoft (click on the relevant field in Chart, then Ctrl-C).</i>	text, Required, Identifier								
5	dob	Date of birth <i>Copy and paste from Wellsoft.</i>	text (date_mdy), Required, Identifier								
6	age	Age <i>Calculated from dob.</i>	calc, Required, Identifier Calculation: rounddown(datediff("today", [dob], "y", "mdy"), 0)								
7	gender	Gender <i>Trans and GNC information can be found in HPI.</i>	radio, Required								
8	arrival	Date and time of arrival <i>Copy and paste from Wellsoft</i>	text (datetime_mdy), Required, Identifier								
9	mrn	MRN <i>Copy and paste from Wellsoft.</i>	text (integer, Min: 0, Max: 999999999), Required, Identifier								
10	encounter	Encounter # <i>Copy and paste from Wellsoft.</i>	text, Required, Identifier								

11	race	Race <i>Look in "View: Patient Charts - All Fields" in Wellsoft.</i>	radio, Required <table border="1" data-bbox="1047 115 1482 934"> <tr><td>1</td><td>American Indian or Alaska Native</td></tr> <tr><td>2</td><td>Asian Indian</td></tr> <tr><td>3</td><td>Black</td></tr> <tr><td>4</td><td>Chinese</td></tr> <tr><td>5</td><td>Filipino</td></tr> <tr><td>6</td><td>Guamanian or Chamorro</td></tr> <tr><td>7</td><td>Japanese</td></tr> <tr><td>8</td><td>Korean</td></tr> <tr><td>9</td><td>Native Hawaiian</td></tr> <tr><td>10</td><td>Other Asian</td></tr> <tr><td>11</td><td>Other Pacific Islander</td></tr> <tr><td>12</td><td>Other Race</td></tr> <tr><td>13</td><td>Samoan</td></tr> <tr><td>14</td><td>Vietnamese</td></tr> <tr><td>15</td><td>White</td></tr> <tr><td>16</td><td>Other Race</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	American Indian or Alaska Native	2	Asian Indian	3	Black	4	Chinese	5	Filipino	6	Guamanian or Chamorro	7	Japanese	8	Korean	9	Native Hawaiian	10	Other Asian	11	Other Pacific Islander	12	Other Race	13	Samoan	14	Vietnamese	15	White	16	Other Race	999	Unknown
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13	Samoan																																				
14	Vietnamese																																				
15	White																																				
16	Other Race																																				
999	Unknown																																				
12	ethnicity	Ethnicity <i>1 = Hispanic or Latino; 2 = Non-Hispanic or Non-Latino; 4 = Other Hispanic or Latino</i>	radio, Required <table border="1" data-bbox="1047 982 1430 1129"> <tr><td>1</td><td>Hispanic or Latino</td></tr> <tr><td>2</td><td>Non-Hispanic or Non-Latino</td></tr> <tr><td>999</td><td>Unknown/Declined to state</td></tr> </table>	1	Hispanic or Latino	2	Non-Hispanic or Non-Latino	999	Unknown/Declined to state																												
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2	Non-Hispanic or Non-Latino																																				
999	Unknown/Declined to state																																				
13	address	Mailing Address <i>Copy and paste from Wellsoft. Write "N/A" if none listed (i.e., homeless).</i>	text, Required, Identifier																																		
14	city	City <i>Copy and paste from Wellsoft. Write "N/A" if none listed.</i>	text, Required, Identifier																																		
15	state	State <i>Copy and paste from Wellsoft. Write "N/A" if none listed.</i>	text, Required, Identifier																																		
16	zip	Zip code <i>Enter 99999 if no zip code available.</i>	text (zipcode), Required, Identifier																																		
17	homeless	Homeless <i>Back-ill from chart, if necessary.</i>	radio, Required <table border="1" data-bbox="1047 1503 1187 1650"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> <tr><td>999</td><td>Blank</td></tr> </table>	1	True	0	False	999	Blank																												
1	True																																				
0	False																																				
999	Blank																																				
18	emerg_phone	Section Header: <i>Ext Dmg</i> Emergency Contact # **** <i>Found under "Ext Dmg." Enter 999 999 9999 if none listed.</i>	text, Required, Identifier																																		

19	insurance_1	<p>Section Header: <i>Financial</i></p> <p>Insurance status **** <i>Look in "View: Patient Charts - All Fields" in Wellsoft. If none listed, check against ED Bridge intake form.</i></p>	<p>checkbox, Required</p> <table border="1" data-bbox="1047 115 1523 703"> <tr> <td>1</td> <td>insurance_1_1</td> <td>Private</td> </tr> <tr> <td>2</td> <td>insurance_1_2</td> <td>Medi-Cal</td> </tr> <tr> <td>3</td> <td>insurance_1_3</td> <td>Medicare</td> </tr> <tr> <td>4</td> <td>insurance_1_4</td> <td>Military (i.e. Tricare, VA, etc)</td> </tr> <tr> <td>5</td> <td>insurance_1_5</td> <td>Indian Health Service</td> </tr> <tr> <td>6</td> <td>insurance_1_6</td> <td>County based (HealthPAC, Healthy SF, etc.)</td> </tr> <tr> <td>7</td> <td>insurance_1_7</td> <td>Other public insurance</td> </tr> <tr> <td>8</td> <td>insurance_1_8</td> <td>No insurance</td> </tr> <tr> <td>999</td> <td>insurance_1_999</td> <td>Unknown</td> </tr> </table>	1	insurance_1_1	Private	2	insurance_1_2	Medi-Cal	3	insurance_1_3	Medicare	4	insurance_1_4	Military (i.e. Tricare, VA, etc)	5	insurance_1_5	Indian Health Service	6	insurance_1_6	County based (HealthPAC, Healthy SF, etc.)	7	insurance_1_7	Other public insurance	8	insurance_1_8	No insurance	999	insurance_1_999	Unknown
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7	insurance_1_7	Other public insurance																												
8	insurance_1_8	No insurance																												
999	insurance_1_999	Unknown																												
20	cc	<p>Section Header: <i>RN/Triage</i></p> <p>Chief complaint</p> <p><i>Copy and paste from Wellsoft chart CC. Also use this space to specify "Other" from the ED Bridge Initial Encounter sheet if applicable.</i></p>	<p>notes, Required</p>																											
21	mode_arrival	<p>Mode of arrival</p>	<p>radio, Required</p> <table border="1" data-bbox="1047 955 1523 1270"> <tr> <td>1</td> <td>Ambulatory/ Private Vehicle/ Wheelchair</td> </tr> <tr> <td>2</td> <td>ALS</td> </tr> <tr> <td>3</td> <td>BLS</td> </tr> <tr> <td>4</td> <td>Law Enforcement</td> </tr> <tr> <td>5</td> <td>Other</td> </tr> <tr> <td>999</td> <td>None listed</td> </tr> </table>	1	Ambulatory/ Private Vehicle/ Wheelchair	2	ALS	3	BLS	4	Law Enforcement	5	Other	999	None listed															
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5	Other																													
999	None listed																													
22	<p>mode_arrival_oth</p> <p>Show the field ONLY if: [mode_arrival] = '5'</p>	<p>If "Other," please specify.</p>	<p>text, Required</p>																											
23	ht	<p>Pt's height (cm) <i>Enter 999 if not done this visit.</i></p>	<p>text, Required</p>																											
24	weight	<p>Pt's weight (kg) <i>Enter 999 if not done this visit.</i></p>	<p>text, Required</p>																											
25	attending	<p>Section Header: <i>MD Chart</i></p> <p>MD ED <i>Last name and first initial, as it appears in the MD Chart section. Enter "N/A" if none listed.</i></p>	<p>text, Required</p>																											
26	res	<p>Res/PA/NP <i>Last name and first initial, as it appears in the MD Chart section. Enter "N/A" if none listed.</i></p>	<p>text, Required</p>																											
27	bup_rx	<p>Section Header: <i>Script / Rx</i></p> <p>Was a prescription for buprenorphine given during the patient's ED visit? ****</p>	<p>radio, Required</p> <table border="1" data-bbox="1047 1843 1140 1936"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																							
1	Yes																													
0	No																													

28	bup_rx_form Show the field ONLY if: [bup_rx] = '1'	Formulation <i>Look under Rx 1, Rx 2, etc.</i>	radio, Required <table border="1" data-bbox="1052 100 1377 195"> <tr> <td>1</td> <td>Buprenorphine/Naloxone</td> </tr> <tr> <td>2</td> <td>Buprenorphine</td> </tr> </table>	1	Buprenorphine/Naloxone	2	Buprenorphine																				
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2	Buprenorphine																										
29	bup_rx_route Show the field ONLY if: [bup_rx] = '1'	Route <i>From "Freq/Rte"</i>	radio, Required <table border="1" data-bbox="1052 247 1230 724"> <tr><td>1</td><td>SL</td></tr> <tr><td>2</td><td>BUCC</td></tr> <tr><td>3</td><td>TD</td></tr> <tr><td>4</td><td>IJ</td></tr> <tr><td>5</td><td>IV</td></tr> <tr><td>6</td><td>IM</td></tr> <tr><td>7</td><td>ID</td></tr> <tr><td>8</td><td>SQ</td></tr> <tr><td>9</td><td>Other</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	SL	2	BUCC	3	TD	4	IJ	5	IV	6	IM	7	ID	8	SQ	9	Other	999	Unknown				
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9	Other																										
999	Unknown																										
30	bup_rx_route_oth Show the field ONLY if: [bup_rx_route] = '9'	If "Other," please specify.	text, Required																								
31	bup_rx_combo_strength Show the field ONLY if: [bup_rx_form] = '1'	Strength (in mg buprenorphine/mg naloxone) <i>From "Dose/Conc"</i>	radio, Required <table border="1" data-bbox="1052 951 1174 1119"> <tr><td>1</td><td>2/0.5</td></tr> <tr><td>2</td><td>4/1</td></tr> <tr><td>3</td><td>8/2</td></tr> <tr><td>4</td><td>12/3</td></tr> </table>	1	2/0.5	2	4/1	3	8/2	4	12/3																
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2	4/1																										
3	8/2																										
4	12/3																										
32	bup_rx_mono_strength Show the field ONLY if: [bup_rx_form] = '2'	Strength (in mg)	radio, Required <table border="1" data-bbox="1052 1182 1117 1266"> <tr><td>1</td><td>2</td></tr> <tr><td>2</td><td>8</td></tr> </table>	1	2	2	8																				
1	2																										
2	8																										
33	bup_rx_freq Show the field ONLY if: [bup_rx] = '1'	Frequency <i>From "Freq/Rte"</i>	radio, Required <table border="1" data-bbox="1052 1318 1295 1896"> <tr><td>1</td><td>QD</td></tr> <tr><td>2</td><td>Everyotherday</td></tr> <tr><td>3</td><td>BID</td></tr> <tr><td>4</td><td>TID</td></tr> <tr><td>5</td><td>QID</td></tr> <tr><td>6</td><td>QH</td></tr> <tr><td>7</td><td>QHS</td></tr> <tr><td>8</td><td>Q4h</td></tr> <tr><td>9</td><td>Q4-6h</td></tr> <tr><td>10</td><td>QWK</td></tr> <tr><td>11</td><td>Other</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	QD	2	Everyotherday	3	BID	4	TID	5	QID	6	QH	7	QHS	8	Q4h	9	Q4-6h	10	QWK	11	Other	999	Unknown
1	QD																										
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999	Unknown																										
34	bup_rx_freq_oth Show the field ONLY if:	[bup_rx_freq] = '11'																									

If "Other," please specify.

text, Required

35	bup_rx_num Show the field ONLY if: [bup_rx] = '1'	# of doses <i>From "Disp." Enter numerical value.</i>	text, Required																				
36	mult_bup_rx Show the field ONLY if: [bup_rx] = '1'	Was more than one prescription for buprenorphine given during the patient's ED visit?	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																						
37	bup_rx_form_2 Show the field ONLY if: [mult_bup_rx] = '1'	Formulation <i>Look under Rx 1, Rx 2, etc.</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Buprenorphine/Naloxone</td> </tr> <tr> <td>2</td> <td>Buprenorphine</td> </tr> </table>	1	Buprenorphine/Naloxone	2	Buprenorphine																
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38	bup_rx_route_2 Show the field ONLY if: [mult_bup_rx] = '1'	Route <i>From "Freq/Rte"</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>SL</td> </tr> <tr> <td>2</td> <td>BUCC</td> </tr> <tr> <td>3</td> <td>TD</td> </tr> <tr> <td>4</td> <td>IJ</td> </tr> <tr> <td>5</td> <td>IV</td> </tr> <tr> <td>6</td> <td>IM</td> </tr> <tr> <td>7</td> <td>ID</td> </tr> <tr> <td>8</td> <td>SQ</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> </table>	1	SL	2	BUCC	3	TD	4	IJ	5	IV	6	IM	7	ID	8	SQ	9	Other	999	Unknown
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999	Unknown																						
39	bup_rx_route_oth_2 Show the field ONLY if: [bup_rx_route_2] = '9'	If "Other," please specify.	text, Required																				
40	bup_rx_combo_strength_2 Show the field ONLY if: [bup_rx_form_2] = '1'	Strength (in mg buprenorphine/mg naloxone) <i>From "Dose/Conc"</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>2/0.5</td> </tr> <tr> <td>2</td> <td>4/1</td> </tr> <tr> <td>3</td> <td>8/2</td> </tr> <tr> <td>4</td> <td>12/3</td> </tr> </table>	1	2/0.5	2	4/1	3	8/2	4	12/3												
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3	8/2																						
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41	bup_rx_mono_strength_2 Show the field ONLY if: [bup_rx_form_2] = '2'	Strength (in mg)	radio, Required <table border="1"> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>2</td> <td>8</td> </tr> </table>	1	2	2	8																
1	2																						
2	8																						

42	bup_rx_freq_2 Show the field ONLY if: [mult_bup_rx] = '1'	Frequency <i>From "Freq/Rte"</i>	radio, Required <table border="1" data-bbox="1047 115 1295 640"> <tr><td>1</td><td>QD</td></tr> <tr><td>2</td><td>Everyotherday</td></tr> <tr><td>3</td><td>BID</td></tr> <tr><td>4</td><td>TID</td></tr> <tr><td>5</td><td>QID</td></tr> <tr><td>6</td><td>QHS</td></tr> <tr><td>7</td><td>Q4h</td></tr> <tr><td>8</td><td>Q4-6h</td></tr> <tr><td>9</td><td>QWK</td></tr> <tr><td>10</td><td>Other</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	QD	2	Everyotherday	3	BID	4	TID	5	QID	6	QHS	7	Q4h	8	Q4-6h	9	QWK	10	Other	999	Unknown
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43	bup_rx_freq_oth_2 Show the field ONLY if: [bup_rx_freq_2] = '10'	If "Other," please specify.	text, Required																						
44	bup_rx_num_2 Show the field ONLY if: [mult_bup_rx] = '1'	# of doses <i>From "Disp." Enter numerical value.</i>	text, Required																						
45	bup_prescriber Show the field ONLY if: [bup_rx] = '1'	Name the prescriber. <i>Copy and paste from "MD ED Last" in Wellsoft</i>	text, Required																						
46	other_rx	Was a medication prescribed to treat a co-occurring medical or psychiatric disorder?	yesno, Required <table border="1" data-bbox="1047 1081 1136 1176"> <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	oth_rx_num Show the field ONLY if: [other_rx] = '1'	How many other medications were prescribed? <i>Not including buprenorphine</i>	radio, Required <table border="1" data-bbox="1047 1228 1117 1564"> <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> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
48	oth_rx_1 Show the field ONLY if: [oth_rx_num]='1' or [oth_h_rx_num]='2' or [oth_r_x_num]='3' or [oth_rx_num]='4' or [oth_rx_num]='5' or [oth_rx_num]='6' or [oth_rx_num]='7'	Please list the (first) medication prescribed.	text, Required																						

49	oth_rx_2 Show the field ONLY if: [oth_rx_num]='2' or [oth_rx_num]='3' or [oth_rx_num]='4' or [oth_rx_num]='5' or [oth_rx_num]='6' or [oth_rx_num]='7'	Please list the second medication prescribed.	text, Required																											
50	oth_rx_3 Show the field ONLY if: [oth_rx_num]='3' or [oth_rx_num]='4' or [oth_rx_num]='5' or [oth_rx_num]='6' or [oth_rx_num]='7'	Please list the third medication prescribed.	text, Required																											
51	oth_rx_4 Show the field ONLY if: [oth_rx_num]='4' or [oth_rx_num]='5' or [oth_rx_num]='6' or [oth_rx_num]='7'	Please list the fourth medication prescribed.	text, Required																											
52	oth_rx_5 Show the field ONLY if: [oth_rx_num]='5' or [oth_rx_num]='6' or [oth_rx_num]='7'	Please list the fifth medication prescribed.	text, Required																											
53	oth_rx_6 Show the field ONLY if: [oth_rx_num]='6' or [oth_rx_num]='7'	Please list the sixth medication prescribed.	text, Required																											
54	oth_rx_7 Show the field ONLY if: [oth_rx_num]='7'	Please list the seventh medication prescribed.	text, Required																											
55	ancillary_rx Show the field ONLY if: [other_rx]='1'	Which of the following classes of medications was the patient prescribed during their E.D. visit?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>ancillary_rx_1</td> <td>Anti-emetics</td> </tr> <tr> <td>2</td> <td>ancillary_rx_2</td> <td>Anti-diarrheals</td> </tr> <tr> <td>3</td> <td>ancillary_rx_3</td> <td>Clonidine</td> </tr> <tr> <td>4</td> <td>ancillary_rx_4</td> <td>Non-opioid painkillers</td> </tr> <tr> <td>5</td> <td>ancillary_rx_5</td> <td>Opioids (not including buprenorphine)</td> </tr> <tr> <td>6</td> <td>ancillary_rx_6</td> <td>Gabapentin</td> </tr> <tr> <td>7</td> <td>ancillary_rx_7</td> <td>Psychiatric medications</td> </tr> <tr> <td>8</td> <td>ancillary_rx_8</td> <td>Benzodiazepines</td> </tr> <tr> <td>999</td> <td>ancillary_rx_999</td> <td>None of the above</td> </tr> </table>	1	ancillary_rx_1	Anti-emetics	2	ancillary_rx_2	Anti-diarrheals	3	ancillary_rx_3	Clonidine	4	ancillary_rx_4	Non-opioid painkillers	5	ancillary_rx_5	Opioids (not including buprenorphine)	6	ancillary_rx_6	Gabapentin	7	ancillary_rx_7	Psychiatric medications	8	ancillary_rx_8	Benzodiazepines	999	ancillary_rx_999	None of the above
1	ancillary_rx_1	Anti-emetics																												
2	ancillary_rx_2	Anti-diarrheals																												
3	ancillary_rx_3	Clonidine																												
4	ancillary_rx_4	Non-opioid painkillers																												
5	ancillary_rx_5	Opioids (not including buprenorphine)																												
6	ancillary_rx_6	Gabapentin																												
7	ancillary_rx_7	Psychiatric medications																												
8	ancillary_rx_8	Benzodiazepines																												
999	ancillary_rx_999	None of the above																												

56	moud_appt	Section Header: Dispo Was an appointment or referral made for this patient's substance use disorder? <i>Look under "Dispo." Include Pain Clinic, Substance Use Clinic, Cherry Hill, and ED Bridge. Can back-ill from chart.</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																
1	Yes																						
0	No																						
57	disp	Disposition	radio, Required <table border="1"> <tr> <td>1</td> <td>Home</td> </tr> <tr> <td>2</td> <td>Admit</td> </tr> <tr> <td>3</td> <td>Eloped/ AMA</td> </tr> <tr> <td>4</td> <td>LWOT/ LWBS</td> </tr> <tr> <td>5</td> <td>Board & Care</td> </tr> <tr> <td>6</td> <td>Transfer (JGPH)</td> </tr> <tr> <td>7</td> <td>Transfer (Other hospital)</td> </tr> <tr> <td>8</td> <td>Morgue</td> </tr> <tr> <td>9</td> <td>Law Enforcement</td> </tr> <tr> <td>10</td> <td>Other</td> </tr> </table>	1	Home	2	Admit	3	Eloped/ AMA	4	LWOT/ LWBS	5	Board & Care	6	Transfer (JGPH)	7	Transfer (Other hospital)	8	Morgue	9	Law Enforcement	10	Other
1	Home																						
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7	Transfer (Other hospital)																						
8	Morgue																						
9	Law Enforcement																						
10	Other																						
58	disp_oth Show the field ONLY if: [disp] = '10'	If "Other," please specify.	text, Required																				
59	phone_1	Preferred Phone # **** <i>Enter 999 999 9999 if no contact number.</i>	text (phone), Required, Identifier																				
60	disp_date	Disposition date	text (date_mdy), Required, Identifier																				
61	disp_time	Disposition time <i>Military time. xx:xx</i>	text (time), Required																				
62	wellsoft_chart_tab_complete	Section Header: Form Status 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: ED Visit Vitals (ed_visit_vitals)																							
63	sbp_triage	Triage systolic blood pressure <i>First recorded SBP. Look in "Vitals."</i>	text (integer, Min: 0, Max: 300), Required																				
64	mult_sbp	Was more than one systolic blood pressure measurement recorded for this visit?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																
1	Yes																						
0	No																						
65	sbp_max Show the field ONLY if: [mult_sbp] = '1'	Maximum systolic blood pressure	text (integer, Min: 0, Max: 300), Required																				
66	sbp_min Show the field ONLY if: [mult_sbp] = '1'	Minimum systolic blood pressure	text (integer, Min: 0, Max: 300), Required																				
67	sbp_last Show the field ONLY if: [mult_sbp] = '1'	Last systolic blood pressure before discharge <i>Last recorded SBP.</i>	text (integer, Min: 0, Max: 300), Required																				
68	dbp_triage	Triage diastolic blood pressure	text (integer, Min: 0, Max: 300), Required																				

69	hr_triage	Triage heart rate (bpm) <i>First record pulse. Look in "Vitals."</i>	text (integer, Min: 0, Max: 300), Required				
70	mult_hr	Was more than one heart rate recorded for this visit?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						
71	hr_max Show the field ONLY if: [mult_hr] = '1'	Maximum heart rate (bpm)	text (integer, Min: 0, Max: 300), Required				
72	hr_min Show the field ONLY if: [mult_hr] = '1'	Minimum heart rate (bpm)	text (integer, Min: 0, Max: 300), Required				
73	hr_last Show the field ONLY if: [mult_hr] = '1'	Last heart rate (bpm) before discharge <i>Last recorded pulse.</i>	text (integer, Min: 0, Max: 300), Required				
74	rr_triage	Triage respiratory rate	text (integer, Min: 0, Max: 300), Required				
75	mult_rr	Was more than one respiratory rate recorded for this visit?	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						
76	rr_max Show the field ONLY if: [mult_rr] = '1'	Maximum respiratory rate	text, Required				
77	rr_min Show the field ONLY if: [mult_rr] = '1'	Minimum respiratory rate	text, Required				
78	rr_last Show the field ONLY if: [mult_rr] = '1'	Last respiratory rate before discharge	text, Required				
79	o2_triage	Triage oxygen saturation (%) <i>Enter numerical value only (no %). First recorded O2 sat. Look in "Vitals."</i>	text (integer, Min: 0, Max: 100), Required				
80	mult_o2	Was more than one oxygen saturation measurement recorded for this visit?	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						
81	o2_max Show the field ONLY if: [mult_o2] = '1'	Maximum oxygen saturation (%) <i>Enter numerical value only (no%)</i>	text, Required				
82	o2_min Show the field ONLY if: [mult_o2] = '1'	Minimum oxygen saturation (%) <i>Enter numerical value only (no %)</i>	text (integer, Min: 0, Max: 100), Required				
83	o2_last Show the field ONLY if: [mult_o2] = '1'	Last oxygen saturation before discharge (%) <i>Enter numerical value only (no %). Last recorded O2 sat.</i>	text (integer, Min: 0, Max: 100), Required				

84	nprs	Triage Numeric Pain Rating Scale (or any available) <i>Choose 999 if no NPRS recorded.</i>	dropdown, Required <table border="1" data-bbox="1047 100 1170 678"> <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>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>999</td><td>999</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	999	999
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85	mult_nprs	Was more than one Numeric Pain Rating Scale recorded for this visit?	yesno, Required <table border="1" data-bbox="1047 730 1138 825"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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86	nprs_max Show the field ONLY if: [mult_nprs] = '1'	Maximum Numeric Pain Rating Scale	dropdown, Required <table border="1" data-bbox="1047 919 1138 1444"> <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>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10		
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87	nprs_min Show the field ONLY if: [mult_nprs] = '1'	Minimum Numeric Pain Rating Scale	dropdown, Required <table border="1" data-bbox="1047 1497 1138 2022"> <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>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10		
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88	nprs_last Show the field ONLY if: [mult_nprs] = '1'	Last Numeric Pain Rating Scale before discharge	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>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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9	9																								
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89	ed_visit_vitals_complete	Section Header: Form Status 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: Provider Notes and ED Buprenorphine (provider_notes_and_ed_buprenorphine)

90	ed_reason_1	Reason for ED visit **** <i>Complete based on provider notes in Wellsoft chart.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>ed_reason_1_1</td><td>Opioid withdrawal</td></tr> <tr><td>2</td><td>ed_reason_1_2</td><td>Overdose</td></tr> <tr><td>3</td><td>ed_reason_1_3</td><td>Seeking buprenorphine/detox</td></tr> <tr><td>4</td><td>ed_reason_1_4</td><td>Non-opioid substance use (EtOH, stimulants)</td></tr> <tr><td>5</td><td>ed_reason_1_5</td><td>Non-opioid substance withdrawal (EtOH, stimulants)</td></tr> <tr><td>6</td><td>ed_reason_1_6</td><td>SSTI (abscess, cellulitis)</td></tr> <tr><td>7</td><td>ed_reason_1_7</td><td>Endocarditis</td></tr> <tr><td>8</td><td>ed_reason_1_8</td><td>Osteomyelitis</td></tr> <tr><td>9</td><td>ed_reason_1_9</td><td>Pain management (acute or chronic)</td></tr> <tr><td>10</td><td>ed_reason_1_10</td><td>Psychiatric symptoms (depression, anxiety, psych med refill, etc)</td></tr> <tr><td>11</td><td>ed_reason_1_11</td><td>Other medical visit (trauma, med refill, respiratory infection, etc.)</td></tr> </table>	1	ed_reason_1_1	Opioid withdrawal	2	ed_reason_1_2	Overdose	3	ed_reason_1_3	Seeking buprenorphine/detox	4	ed_reason_1_4	Non-opioid substance use (EtOH, stimulants)	5	ed_reason_1_5	Non-opioid substance withdrawal (EtOH, stimulants)	6	ed_reason_1_6	SSTI (abscess, cellulitis)	7	ed_reason_1_7	Endocarditis	8	ed_reason_1_8	Osteomyelitis	9	ed_reason_1_9	Pain management (acute or chronic)	10	ed_reason_1_10	Psychiatric symptoms (depression, anxiety, psych med refill, etc)	11	ed_reason_1_11	Other medical visit (trauma, med refill, respiratory infection, etc.)
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11	ed_reason_1_11	Other medical visit (trauma, med refill, respiratory infection, etc.)																																		

91	moud Show the field ONLY if: [ed_reason_1(3)] = '1'	If "Seeking buprenorphine/detox," which of the following best describes the patient's ED visit?	radio, Required <table border="1" data-bbox="1047 115 1364 304"> <tr><td>1</td><td>Bup Start</td></tr> <tr><td>2</td><td>Bup Lapse Prevention</td></tr> <tr><td>3</td><td>Bup Restart</td></tr> <tr><td>999</td><td>Unclear</td></tr> </table>	1	Bup Start	2	Bup Lapse Prevention	3	Bup Restart	999	Unclear														
1	Bup Start																								
2	Bup Lapse Prevention																								
3	Bup Restart																								
999	Unclear																								
92	rn_triage	Section Header: Clinical Notes RN triage HPI from Wellsoft <i>Copy and paste triage RN note.</i>	notes, Required																						
93	referral_yn	Was the patient referred to Highland for this ED visit?	yesno, Required <table border="1" data-bbox="1047 472 1136 562"> <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																								
94	referral Show the field ONLY if: [referral_yn] = '1'	Where was the patient referred from?	radio, Required <table border="1" data-bbox="1047 615 1425 1144"> <tr><td>1</td><td>Another ED</td></tr> <tr><td>2</td><td>Cherry Hill</td></tr> <tr><td>3</td><td>Sober living environment</td></tr> <tr><td>4</td><td>Family/friends/co-worker</td></tr> <tr><td>5</td><td>Signage/advertising</td></tr> <tr><td>6</td><td>Primary care doctor</td></tr> <tr><td>7</td><td>Counselor</td></tr> <tr><td>8</td><td>Law enforcement/drug court</td></tr> <tr><td>9</td><td>Other hospital</td></tr> <tr><td>10</td><td>Psychiatry/JGP</td></tr> <tr><td>11</td><td>Other</td></tr> </table>	1	Another ED	2	Cherry Hill	3	Sober living environment	4	Family/friends/co-worker	5	Signage/advertising	6	Primary care doctor	7	Counselor	8	Law enforcement/drug court	9	Other hospital	10	Psychiatry/JGP	11	Other
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10	Psychiatry/JGP																								
11	Other																								
95	referall_oth Show the field ONLY if: [referral] = '11'	If "Other," please specify.	text, Required																						
96	prebup_sedation	Section Header: Pre-Bup Sedation Which of the following signs or symptoms of sedation were documented before buprenorphine administration?	checkbox, Required <table border="1" data-bbox="1047 1329 1523 1682"> <tr> <td>1</td> <td>prebup_sedation_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>prebup_sedation_2</td> <td>Sleepy, drowsy, diffi culty staying awake</td> </tr> <tr> <td>3</td> <td>prebup_sedation_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>prebup_sedation_0</td> <td>None of the above</td> </tr> </table>	1	prebup_sedation_1	Nodding	2	prebup_sedation_2	Sleepy, drowsy, diffi culty staying awake	3	prebup_sedation_3	Feelings of general fatigue or weakness	0	prebup_sedation_0	None of the above										
1	prebup_sedation_1	Nodding																							
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3	prebup_sedation_3	Feelings of general fatigue or weakness																							
0	prebup_sedation_0	None of the above																							

97	prebup_intox	<p>Section Header: <i>Pre-Bup Intoxication</i></p> <p>Which of the following signs or symptoms of intoxication were documented before buprenorphine administration?</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>prebup_intox_1</td> <td>Good mood</td> </tr> <tr> <td>2</td> <td>prebup_intox_2</td> <td>Coasting (Spaced out)</td> </tr> <tr> <td>3</td> <td>prebup_intox_3</td> <td>Pleasant Sick</td> </tr> <tr> <td>4</td> <td>prebup_intox_4</td> <td>Drive (energy)</td> </tr> <tr> <td>5</td> <td>prebup_intox_5</td> <td>High</td> </tr> <tr> <td>6</td> <td>prebup_intox_6</td> <td>Drunken</td> </tr> <tr> <td>7</td> <td>prebup_intox_7</td> <td>Soapbox (talkative)</td> </tr> <tr> <td>8</td> <td>prebup_intox_8</td> <td>Rush</td> </tr> <tr> <td>9</td> <td>prebup_intox_9</td> <td>Friendly</td> </tr> <tr> <td>10</td> <td>prebup_intox_10</td> <td>Relaxed</td> </tr> <tr> <td>11</td> <td>prebup_intox_11</td> <td>Diffi culty concentrating</td> </tr> <tr> <td>12</td> <td>prebup_intox_12</td> <td>Feeling lightheaded or dizzy</td> </tr> <tr> <td>13</td> <td>prebup_intox_13</td> <td>Feeling confused</td> </tr> <tr> <td>0</td> <td>prebup_intox_0</td> <td>None of the above</td> </tr> </table>	1	prebup_intox_1	Good mood	2	prebup_intox_2	Coasting (Spaced out)	3	prebup_intox_3	Pleasant Sick	4	prebup_intox_4	Drive (energy)	5	prebup_intox_5	High	6	prebup_intox_6	Drunken	7	prebup_intox_7	Soapbox (talkative)	8	prebup_intox_8	Rush	9	prebup_intox_9	Friendly	10	prebup_intox_10	Relaxed	11	prebup_intox_11	Diffi culty concentrating	12	prebup_intox_12	Feeling lightheaded or dizzy	13	prebup_intox_13	Feeling confused	0	prebup_intox_0	None of the above
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98	prebup_gi	<p>Section Header: <i>Pre-Bup GI</i></p> <p>Which of the following gastrointestinal signs or symptoms were documented before buprenorphine administration?</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>prebup_gi_1</td> <td>Constipation</td> </tr> <tr> <td>2</td> <td>prebup_gi_2</td> <td>Turning of stomach/cramping/abdom pain</td> </tr> <tr> <td>3</td> <td>prebup_gi_3</td> <td>Nausea</td> </tr> <tr> <td>4</td> <td>prebup_gi_4</td> <td>Vomiting</td> </tr> <tr> <td>5</td> <td>prebup_gi_5</td> <td>Diarrhea</td> </tr> <tr> <td>0</td> <td>prebup_gi_0</td> <td>None of the above</td> </tr> </table>	1	prebup_gi_1	Constipation	2	prebup_gi_2	Turning of stomach/cramping/abdom pain	3	prebup_gi_3	Nausea	4	prebup_gi_4	Vomiting	5	prebup_gi_5	Diarrhea	0	prebup_gi_0	None of the above																								
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5	prebup_gi_5	Diarrhea																																											
0	prebup_gi_0	None of the above																																											
99	prebup_anxious	<p>Section Header: <i>Pre-Bup Anxiety</i></p> <p>Which of the following signs or symptoms of anxiety were documented before buprenorphine administration?</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>prebup_anxious_1</td> <td>Anxiety, irritability, or agitation</td> </tr> <tr> <td>2</td> <td>prebup_anxious_2</td> <td>Nervousness</td> </tr> <tr> <td>3</td> <td>prebup_anxious_3</td> <td>Tremor</td> </tr> <tr> <td>4</td> <td>prebup_anxious_4</td> <td>Restlessness</td> </tr> <tr> <td>0</td> <td>prebup_anxious_0</td> <td>None of the above</td> </tr> </table>	1	prebup_anxious_1	Anxiety, irritability, or agitation	2	prebup_anxious_2	Nervousness	3	prebup_anxious_3	Tremor	4	prebup_anxious_4	Restlessness	0	prebup_anxious_0	None of the above																											
1	prebup_anxious_1	Anxiety, irritability, or agitation																																											
2	prebup_anxious_2	Nervousness																																											
3	prebup_anxious_3	Tremor																																											
4	prebup_anxious_4	Restlessness																																											
0	prebup_anxious_0	None of the above																																											

100	prebup_vitals	Which of the following abnormal vital signs were documented before buprenorphine administration?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>prebup_vitals_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>prebup_vitals_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>prebup_vitals_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>prebup_vitals_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>prebup_vitals_0</td> <td>None of the above</td> </tr> </table>	1	prebup_vitals_1	Hypoxia	2	prebup_vitals_2	Hypercarbia	3	prebup_vitals_3	Hypotension	4	prebup_vitals_4	Bradycardia	0	prebup_vitals_0	None of the above									
1	prebup_vitals_1	Hypoxia																									
2	prebup_vitals_2	Hypercarbia																									
3	prebup_vitals_3	Hypotension																									
4	prebup_vitals_4	Bradycardia																									
0	prebup_vitals_0	None of the above																									
101	prebup_withdrawal	Section Header: <i>Pre-Bup Withdrawal</i> Which of the following signs or symptoms of withdrawal were documented before buprenorphine administration?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>prebup_withdrawal 1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>prebup_withdrawal 2</td> <td>Gooseflesh skin (chills/piloerection)</td> </tr> <tr> <td>3</td> <td>prebup_withdrawal 3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>prebup_withdrawal 4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>prebup_withdrawal 5</td> <td>Pupil size larger than normal (dilation/mydriasis)</td> </tr> <tr> <td>6</td> <td>prebup_withdrawal 6</td> <td>Bone, joint aches, body aches (arthralgias/myalgias)</td> </tr> <tr> <td>7</td> <td>prebup_withdrawal 7</td> <td>Runny nose or tearing (rhinorrhea or lacrimation)</td> </tr> <tr> <td>0</td> <td>prebup_withdrawal 0</td> <td>None of the above</td> </tr> </table>	1	prebup_withdrawal 1	Yawning	2	prebup_withdrawal 2	Gooseflesh skin (chills/piloerection)	3	prebup_withdrawal 3	Pulse > 80	4	prebup_withdrawal 4	Sweating (diaphoresis)	5	prebup_withdrawal 5	Pupil size larger than normal (dilation/mydriasis)	6	prebup_withdrawal 6	Bone, joint aches, body aches (arthralgias/myalgias)	7	prebup_withdrawal 7	Runny nose or tearing (rhinorrhea or lacrimation)	0	prebup_withdrawal 0	None of the above
1	prebup_withdrawal 1	Yawning																									
2	prebup_withdrawal 2	Gooseflesh skin (chills/piloerection)																									
3	prebup_withdrawal 3	Pulse > 80																									
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6	prebup_withdrawal 6	Bone, joint aches, body aches (arthralgias/myalgias)																									
7	prebup_withdrawal 7	Runny nose or tearing (rhinorrhea or lacrimation)																									
0	prebup_withdrawal 0	None of the above																									
102	prebup_misc_sx	Section Header: <i>Pre-Bup Miscellaneous</i> Which of the following miscellaneous opioid related side effects were documented before buprenorphine administration?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>prebup_misc_sx 1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>prebup_misc_sx 2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>prebup_misc_sx 3</td> <td>Drymouth</td> </tr> <tr> <td>4</td> <td>prebup_misc_sx 4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>prebup_misc_sx 5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>prebup_misc_sx 6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>prebup_misc_sx 7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>prebup_misc_sx 0</td> <td>None of the above</td> </tr> </table>	1	prebup_misc_sx 1	Difficulty passing urine	2	prebup_misc_sx 2	Itchiness	3	prebup_misc_sx 3	Drymouth	4	prebup_misc_sx 4	Headache	5	prebup_misc_sx 5	Unable to walk	6	prebup_misc_sx 6	Unable to discharge	7	prebup_misc_sx 7	Pupil size smaller than normal (constriction/miosis)	0	prebup_misc_sx 0	None of the above
1	prebup_misc_sx 1	Difficulty passing urine																									
2	prebup_misc_sx 2	Itchiness																									
3	prebup_misc_sx 3	Drymouth																									
4	prebup_misc_sx 4	Headache																									
5	prebup_misc_sx 5	Unable to walk																									
6	prebup_misc_sx 6	Unable to discharge																									
7	prebup_misc_sx 7	Pupil size smaller than normal (constriction/miosis)																									
0	prebup_misc_sx 0	None of the above																									
103	pupils	Section Header: <i>Pre-Bup Pupils</i> Pupil Quality	radio, Required <table border="1"> <tr> <td>1</td> <td>Normal</td> </tr> <tr> <td>2</td> <td>Dilated</td> </tr> <tr> <td>3</td> <td>Constricted</td> </tr> <tr> <td>999</td> <td>Not listed</td> </tr> </table>	1	Normal	2	Dilated	3	Constricted	999	Not listed																
1	Normal																										
2	Dilated																										
3	Constricted																										
999	Not listed																										
104	prebup_pupil_mm	Pupil measurement listed?	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																										

105	<p>prebup_pupil_size</p> <p>Show the field ONLY if: [prebup_pupil_mm] = '1'</p>	<p>Please enter the pupil size measured (in mm)</p>	<p>text, Required</p>
106	<p>cows</p>	<p>Section Header: <i>Buprenorphine Administration in the E.D.</i> ****</p> <p>Was an initial COWS score documented before pt received buprenorphine?</p>	<p>radio, Required</p>
107	<p>cows_before</p> <p>Show the field ONLY if: [cows] = '1'</p>	<p>What was the COWS score before bup?</p>	<p>text, Required</p>
108	<p>bup_ed</p>	<p>How many doses of buprenorphine did the pt receive in the ED?</p>	<p>radio, Required</p>
109	<p>firstbup</p> <p>Show the field ONLY if: [bup_ed] = '1' or [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'</p>	<p>First bup dose</p>	<p>radio, Required</p>
110	<p>firstbup_oth</p> <p>Show the field ONLY if: [firstbup] = '14'</p>	<p>If "Other," please specify.</p>	<p>text, Required</p>
111	<p>firstbup_time</p> <p>Show the field ONLY if: [bup_ed] = '1' or [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'</p>	<p>What date and time was this dose administered?</p>	<p>text (datetime_mdy), Required</p>

1	Yes
0	No

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7

1	0.3 mg IV
2	2 mg SL
3	4 mg SL
4	6 mg SL
5	8 mg SL
6	10 mg SL
7	12 mg SL
8	14 mg SL
9	16 mg SL
10	24 mg SL
11	32 mg SL
12	10 mcg patch
13	20 mcg patch
14	Other

112	bup_admit_1 Show the field ONLY if: [bup_ed] = '1' or [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Was this dose of buprenorphine ordered through Soarian Clinicals?	yesno, Required <table border="1" data-bbox="1047 115 1136 210"> <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																														
113	post_bup_pt Show the field ONLY if: [bup_ed] = '1' or [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Does the patient feel same, better, or worse within 90 minutes after this buprenorphine administration? <i>Remember to look in "Vitals" for a decrease/increase in pain.</i>	radio, Required <table border="1" data-bbox="1047 373 1448 562"> <tr> <td>1</td> <td>Same</td> </tr> <tr> <td>2</td> <td>Better</td> </tr> <tr> <td>3</td> <td>Worse</td> </tr> <tr> <td>999</td> <td>No documentation or unclear</td> </tr> </table>	1	Same	2	Better	3	Worse	999	No documentation or unclear																				
1	Same																														
2	Better																														
3	Worse																														
999	No documentation or unclear																														
114	secondbup Show the field ONLY if: [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Second bup dose	radio, Required <table border="1" data-bbox="1047 630 1258 1302"> <tr><td>1</td><td>0.3 mg IV</td></tr> <tr><td>2</td><td>2 mg SL</td></tr> <tr><td>3</td><td>4 mg SL</td></tr> <tr><td>4</td><td>6 mg SL</td></tr> <tr><td>5</td><td>8 mg SL</td></tr> <tr><td>6</td><td>10 mg SL</td></tr> <tr><td>7</td><td>12 mg SL</td></tr> <tr><td>8</td><td>14 mg SL</td></tr> <tr><td>9</td><td>16 mg SL</td></tr> <tr><td>10</td><td>24 mg SL</td></tr> <tr><td>11</td><td>32 mg SL</td></tr> <tr><td>12</td><td>10 mcg patch</td></tr> <tr><td>13</td><td>20 mcg patch</td></tr> <tr><td>14</td><td>Other</td></tr> </table>	1	0.3 mg IV	2	2 mg SL	3	4 mg SL	4	6 mg SL	5	8 mg SL	6	10 mg SL	7	12 mg SL	8	14 mg SL	9	16 mg SL	10	24 mg SL	11	32 mg SL	12	10 mcg patch	13	20 mcg patch	14	Other
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11	32 mg SL																														
12	10 mcg patch																														
13	20 mcg patch																														
14	Other																														
115	secondbup_oth Show the field ONLY if: [secondbup] = '14'	If "Other," please specify.	text, Required																												
116	secondbup_time Show the field ONLY if: [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	What date and time was this dose administered?	text (datetime_mdy), Required																												
117	bup_admit_2 Show the field ONLY if: [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Was this dose of buprenorphine ordered through Soarian Clinicals?	yesno, Required <table border="1" data-bbox="1047 1743 1136 1837"> <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																														

118	post_bup_pt_2 Show the field ONLY if: [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Does the patient feel same, better, or worse within 90 minutes after this buprenorphine administration? <i>Remember to look in "Vitals" for a decrease/increase in pain.</i>	radio, Required <table border="1" data-bbox="1047 115 1453 304"> <tr><td>1</td><td>Same</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>Worse</td></tr> <tr><td>999</td><td>No documentation or unclear</td></tr> </table>	1	Same	2	Better	3	Worse	999	No documentation or unclear																				
1	Same																														
2	Better																														
3	Worse																														
999	No documentation or unclear																														
119	thirdbup Show the field ONLY if: [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Third bup dose	radio, Required <table border="1" data-bbox="1047 367 1258 1039"> <tr><td>1</td><td>0.3 mg IV</td></tr> <tr><td>2</td><td>2 mg SL</td></tr> <tr><td>3</td><td>4 mg SL</td></tr> <tr><td>4</td><td>6 mg SL</td></tr> <tr><td>5</td><td>8 mg SL</td></tr> <tr><td>6</td><td>10 mg SL</td></tr> <tr><td>7</td><td>12 mg SL</td></tr> <tr><td>8</td><td>14 mg SL</td></tr> <tr><td>9</td><td>16 mg SL</td></tr> <tr><td>10</td><td>24 mg SL</td></tr> <tr><td>11</td><td>32 mg SL</td></tr> <tr><td>12</td><td>10mcg patch</td></tr> <tr><td>13</td><td>20mcg patch</td></tr> <tr><td>14</td><td>Other</td></tr> </table>	1	0.3 mg IV	2	2 mg SL	3	4 mg SL	4	6 mg SL	5	8 mg SL	6	10 mg SL	7	12 mg SL	8	14 mg SL	9	16 mg SL	10	24 mg SL	11	32 mg SL	12	10mcg patch	13	20mcg patch	14	Other
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11	32 mg SL																														
12	10mcg patch																														
13	20mcg patch																														
14	Other																														
120	thirdbup_oth Show the field ONLY if: [thirdbup] = '14'	If "Other," please specify.	text, Required																												
121	thirdbup_time Show the field ONLY if: [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	What date and time was this dose administered?	text (datetime_mdy), Required																												
122	bup_admit_3 Show the field ONLY if: [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Was this dose of buprenorphine ordered through Soarian Clinicals?	yesno, Required <table border="1" data-bbox="1047 1449 1136 1543"> <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																														
123	post_bup_pt_3 Show the field ONLY if: [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Does the patient feel same, better, or worse within 90 minutes after this buprenorphine administration? <i>Remember to look in "Vitals" for a decrease/increase in pain.</i>	radio, Required <table border="1" data-bbox="1047 1669 1453 1858"> <tr><td>1</td><td>Same</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>Worse</td></tr> <tr><td>999</td><td>No documentation or unclear</td></tr> </table>	1	Same	2	Better	3	Worse	999	No documentation or unclear																				
1	Same																														
2	Better																														
3	Worse																														
999	No documentation or unclear																														

124	fourthbup Show the field ONLY if: [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Fourth bup dose	radio, Required <table border="1" data-bbox="1045 115 1260 783"> <tr><td>1</td><td>0.3 mg IV</td></tr> <tr><td>2</td><td>2 mg SL</td></tr> <tr><td>3</td><td>4 mg SL</td></tr> <tr><td>4</td><td>6 mg SL</td></tr> <tr><td>5</td><td>8 mg SL</td></tr> <tr><td>6</td><td>10 mg SL</td></tr> <tr><td>7</td><td>12 mg SL</td></tr> <tr><td>8</td><td>14 mg SL</td></tr> <tr><td>9</td><td>16 mg SL</td></tr> <tr><td>10</td><td>24 mg SL</td></tr> <tr><td>11</td><td>32 mg SL</td></tr> <tr><td>12</td><td>10mcgpatch</td></tr> <tr><td>13</td><td>20mcgpatch</td></tr> <tr><td>14</td><td>Other</td></tr> </table>	1	0.3 mg IV	2	2 mg SL	3	4 mg SL	4	6 mg SL	5	8 mg SL	6	10 mg SL	7	12 mg SL	8	14 mg SL	9	16 mg SL	10	24 mg SL	11	32 mg SL	12	10mcgpatch	13	20mcgpatch	14	Other
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13	20mcgpatch																														
14	Other																														
125	fourthbup_oth Show the field ONLY if: [fourthbup] = '14'	If "Other," please specify.	text, Required																												
126	fourthbup_time Show the field ONLY if: [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	What date and time was this dose administered?	text (datetime_mdy), Required																												
127	bup_admit_4 Show the field ONLY if: [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Was this dose of buprenorphine ordered through Soarian Clinicals?	yesno, Required <table border="1" data-bbox="1045 1165 1138 1255"> <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																														
128	post_bup_pt_4 Show the field ONLY if: [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Does the patient feel same, better, or worse within 90 minutes after this buprenorphine administration? <i>Remember to look in "Vitals" for a decrease/increase in pain.</i>	radio, Required <table border="1" data-bbox="1045 1356 1450 1541"> <tr><td>1</td><td>Same</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>Worse</td></tr> <tr><td>999</td><td>No documentation or unclear</td></tr> </table>	1	Same	2	Better	3	Worse	999	No documentation or unclear																				
1	Same																														
2	Better																														
3	Worse																														
999	No documentation or unclear																														

129	fifthbup Show the field ONLY if: [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Fifth bup dose	radio, Required <table border="1" data-bbox="1047 115 1260 781"> <tr><td>1</td><td>0.3 mg IV</td></tr> <tr><td>2</td><td>2 mg SL</td></tr> <tr><td>3</td><td>4 mg SL</td></tr> <tr><td>4</td><td>6 mg SL</td></tr> <tr><td>5</td><td>8 mg SL</td></tr> <tr><td>6</td><td>10 mg SL</td></tr> <tr><td>7</td><td>12 mg SL</td></tr> <tr><td>8</td><td>14 mg SL</td></tr> <tr><td>9</td><td>16 mg SL</td></tr> <tr><td>10</td><td>24 mg SL</td></tr> <tr><td>11</td><td>32 mg SL</td></tr> <tr><td>12</td><td>10mcgpatch</td></tr> <tr><td>13</td><td>20mcgpatch</td></tr> <tr><td>14</td><td>Other</td></tr> </table>	1	0.3 mg IV	2	2 mg SL	3	4 mg SL	4	6 mg SL	5	8 mg SL	6	10 mg SL	7	12 mg SL	8	14 mg SL	9	16 mg SL	10	24 mg SL	11	32 mg SL	12	10mcgpatch	13	20mcgpatch	14	Other
1	0.3 mg IV																														
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14	Other																														
130	fifthbup_oth Show the field ONLY if: [fifthbup] = '14'	If "Other," please specify.	text, Required																												
131	fifthbup_time Show the field ONLY if: [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	What date and time was this dose administered?	text (datetime_mdy), Required																												
132	bup_admit_5 Show the field ONLY if: [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Was this dose of buprenorphine ordered through Soarian Clinicals?	yesno, Required <table border="1" data-bbox="1047 1131 1138 1226"> <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																														
133	post_bup_pt_5 Show the field ONLY if: [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Does the patient feel same, better, or worse within 90 minutes after this buprenorphine administration? <i>Remember to look in "Vitals" for a decrease/increase in pain.</i>	radio, Required <table border="1" data-bbox="1047 1289 1450 1476"> <tr><td>1</td><td>Same</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>Worse</td></tr> <tr><td>999</td><td>No documentation or unclear</td></tr> </table>	1	Same	2	Better	3	Worse	999	No documentation or unclear																				
1	Same																														
2	Better																														
3	Worse																														
999	No documentation or unclear																														

134	sixthbup Show the field ONLY if: [bup_ed] = '6' or [bup_ed] = '7'	Sixth bup dose	radio, Required <table border="1" data-bbox="1045 113 1260 783"> <tr><td>1</td><td>0.3 mg IV</td></tr> <tr><td>2</td><td>2 mg SL</td></tr> <tr><td>3</td><td>4 mg SL</td></tr> <tr><td>4</td><td>6 mg SL</td></tr> <tr><td>5</td><td>8 mg SL</td></tr> <tr><td>6</td><td>10 mg SL</td></tr> <tr><td>7</td><td>12 mg SL</td></tr> <tr><td>8</td><td>14 mg SL</td></tr> <tr><td>9</td><td>16 mg SL</td></tr> <tr><td>10</td><td>24 mg SL</td></tr> <tr><td>11</td><td>32 mg SL</td></tr> <tr><td>12</td><td>10mcgpatch</td></tr> <tr><td>13</td><td>20mcgpatch</td></tr> <tr><td>14</td><td>Other</td></tr> </table>	1	0.3 mg IV	2	2 mg SL	3	4 mg SL	4	6 mg SL	5	8 mg SL	6	10 mg SL	7	12 mg SL	8	14 mg SL	9	16 mg SL	10	24 mg SL	11	32 mg SL	12	10mcgpatch	13	20mcgpatch	14	Other
1	0.3 mg IV																														
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10	24 mg SL																														
11	32 mg SL																														
12	10mcgpatch																														
13	20mcgpatch																														
14	Other																														
135	sixthbup_oth Show the field ONLY if: [sixthbup] = '14'	If "Other," please specify.	text, Required																												
136	sixthbup_time Show the field ONLY if: [bup_ed] = '6' or [bup_ed] = '7'	What date and time was this dose administered?	text (datetime_mdy), Required																												
137	bup_admit_6 Show the field ONLY if: [bup_ed] = '6' or [bup_ed] = '7'	Was this dose of buprenorphine ordered through Soarian Clinicals?	yesno, Required <table border="1" data-bbox="1045 1129 1138 1226"> <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																														
138	post_bup_pt_6 Show the field ONLY if: [bup_ed] = '6' or [bup_ed] = '7'	Does the patient feel same, better, or worse within 90 minutes after this buprenorphine administration? <i>Remember to look in "Vitals" for a decrease/increase in pain.</i>	radio, Required <table border="1" data-bbox="1045 1289 1450 1478"> <tr><td>1</td><td>Same</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>Worse</td></tr> <tr><td>999</td><td>No documentation or unclear</td></tr> </table>	1	Same	2	Better	3	Worse	999	No documentation or unclear																				
1	Same																														
2	Better																														
3	Worse																														
999	No documentation or unclear																														

139	seventhbup Show the field ONLY if: [bup_ed] = '7'	Seventh bup dose	radio, Required <table border="1" data-bbox="1047 115 1258 785"> <tr><td>1</td><td>0.3 mg IV</td></tr> <tr><td>2</td><td>2 mg SL</td></tr> <tr><td>3</td><td>4 mg SL</td></tr> <tr><td>4</td><td>6 mg SL</td></tr> <tr><td>5</td><td>8 mg SL</td></tr> <tr><td>6</td><td>10 mg SL</td></tr> <tr><td>7</td><td>12 mg SL</td></tr> <tr><td>8</td><td>14 mg SL</td></tr> <tr><td>9</td><td>16 mg SL</td></tr> <tr><td>10</td><td>24 mg SL</td></tr> <tr><td>11</td><td>32 mg SL</td></tr> <tr><td>12</td><td>10mcgpatch</td></tr> <tr><td>13</td><td>20mcgpatch</td></tr> <tr><td>14</td><td>Other</td></tr> </table>	1	0.3 mg IV	2	2 mg SL	3	4 mg SL	4	6 mg SL	5	8 mg SL	6	10 mg SL	7	12 mg SL	8	14 mg SL	9	16 mg SL	10	24 mg SL	11	32 mg SL	12	10mcgpatch	13	20mcgpatch	14	Other
1	0.3 mg IV																														
2	2 mg SL																														
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11	32 mg SL																														
12	10mcgpatch																														
13	20mcgpatch																														
14	Other																														
140	seventhbup_oth Show the field ONLY if: [seventhbup] = '14'	If "Other," please specify.	text, Required																												
141	seventhbup_time Show the field ONLY if: [bup_ed] = '7'	What date and time was this dose administered?	text (datetime_mdy), Required																												
142	bup_admit_7 Show the field ONLY if: [bup_ed] = '7'	Was this dose of buprenorphine ordered through Soarian Clinicals?	<table border="1" data-bbox="1047 1098 1138 1194"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Required	1	Yes	0	No																								
1	Yes																														
0	No																														
143	post_bup_pt_7 Show the field ONLY if: [bup_ed] = '7'	Does the patient feel same, better, or worse within 90 minutes after this buprenorphine administration? <i>Remember to look in "Vitals" for a decrease/increase in pain.</i>	<table border="1" data-bbox="1047 1243 1450 1436"> <tr><td>1</td><td>Same</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>Worse</td></tr> <tr><td>999</td><td>No documentation or unclear</td></tr> </table> radio, Required	1	Same	2	Better	3	Worse	999	No documentation or unclear																				
1	Same																														
2	Better																														
3	Worse																														
999	No documentation or unclear																														
144	buptotalcheck_1 Show the field ONLY if: [bup_ed] = '1'	You have indicated bup administration of [firstbup]. Is this correct?	<table border="1" data-bbox="1047 1484 1138 1581"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Required	1	Yes	0	No																								
1	Yes																														
0	No																														
145	buptotalcheck_2 Show the field ONLY if: [bup_ed] = '2'	You have indicated bup administration of [firstbup], [secondbup]. Is this correct?	<table border="1" data-bbox="1047 1629 1138 1726"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Required	1	Yes	0	No																								
1	Yes																														
0	No																														
146	buptotalcheck_3 Show the field ONLY if: [bup_ed] = '3'	You have indicated bup administration of [firstbup], [secondbup], [thirdbup]. Is this correct?	<table border="1" data-bbox="1047 1774 1138 1871"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Required	1	Yes	0	No																								
1	Yes																														
0	No																														

147	buptotalcheck_4 Show the field ONLY if: [bup_ed] = '4'	You have indicated bup administration of [firstbup], [secondbup], [thirdbup], [fourthbup]. Is this correct?	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						
148	buptotalcheck_5 Show the field ONLY if: [bup_ed] = '5'	You have indicated bup administration of [firstbup], [secondbup], [thirdbup], [fourthbup], [fifthbup]. Is this correct?	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						
149	buptotalcheck_6 Show the field ONLY if: [bup_ed] = '6'	You have indicated bup administration of [firstbup], [secondbup], [thirdbup], [fourthbup], [fifthbup], [sixthbup]. Is this correct?	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						
150	buptotalcheck_7 Show the field ONLY if: [bup_ed] = '7'	You have indicated bup administration of [firstbup], [secondbup], [thirdbup], [fourthbup], [fifthbup], [sixthbup], [seventhbup]. Is this correct?	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						
151	buptotalfix Show the field ONLY if: [buptotalcheck_1] = '0' or [buptotalcheck_2] = '0' or [buptotalcheck_3] = '0' or [buptotalcheck_4] = '0' or [buptotalcheck_5] = '0' or [buptotalcheck_6] = '0' or [buptotalcheck_7] = '0'	Check chart and fix buprenorphine doses.	radio				
152	sumbup_sl Show the field ONLY if: [bup_ed] = '1' or [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Double check chart and above. Add up the total SL bup administered (mg) <i>Add up all SL doses.</i>	text, Required				
153	iv_bup	Did the patient receive IV buprenorphine?	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						
154	sumbup_iv	Double check chart and above. Add up the total IV bup administered (mg) <i>Add up all IV doses.</i>	text, Required				
155	cows_post Show the field ONLY if: [bup_ed] = '1' or [bup_ed] = '2' or [bup_ed] = '3' or [bup_ed] = '4' or [bup_ed] = '5' or [bup_ed] = '6' or [bup_ed] = '7'	Were any COWS scores recorded after pt received buprenorphine in the ED?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						

156	<p>cows_post_number</p> <p>Show the field ONLY if: [cows_post] = '1'</p>	<p>How many COWS scores were recorded after buprenorphine administration?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	1	1	2	2	3	3	4	4	5	5
1	1												
2	2												
3	3												
4	4												
5	5												
157	<p>cows_post_1</p> <p>Show the field ONLY if: [cows_post_number] = '1' or [cows_post_number] = '2' or [cows_post_number] = '3' or [cows_post_number] = '4' or [cows_post_number] = '5'</p>	<p>First COWS score post-buprenorphine.</p>	<p>text, Required</p>										
158	<p>cows_post_time_1</p> <p>Show the field ONLY if: [cows_post_number] = '1' or [cows_post_number] = '2' or [cows_post_number] = '3' or [cows_post_number] = '4' or [cows_post_number] = '5'</p>	<p>Date and time of first COWS score post-buprenorphine. <i>Leave blank if unknown.</i></p>	<p>text (datetime_mdy)</p>										
159	<p>cows_post_2</p> <p>Show the field ONLY if: [cows_post_number] = '2' or [cows_post_number] = '3' or [cows_post_number] = '4' or [cows_post_number] = '5'</p>	<p>Second COWS score post-buprenorphine.</p>	<p>text, Required</p>										
160	<p>cows_post_time_2</p> <p>Show the field ONLY if: [cows_post_number] = '2' or [cows_post_number] = '3' or [cows_post_number] = '4' or [cows_post_number] = '5'</p>	<p>Date and time of second COWS score post-buprenorphine. <i>Leave blank if unknown.</i></p>	<p>text (datetime_mdy)</p>										
161	<p>cows_post_3</p> <p>Show the field ONLY if: [cows_post_number] = '3' or [cows_post_number] = '4' or [cows_post_number] = '5'</p>	<p>Third COWS score post-buprenorphine.</p>	<p>text, Required</p>										
162	<p>cows_post_time_3</p> <p>Show the field ONLY if: [cows_post_number] = '3' or [cows_post_number] = '4' or [cows_post_number] = '5'</p>	<p>Date and time of third COWS score post-buprenorphine. <i>Leave blank if unknown.</i></p>	<p>text (datetime_mdy)</p>										

163	cows_post_4 Show the field ONLY if: [cows_post_number] = '4' or [cows_post_number] = '5'	Fourth COWS score post-buprenorphine.	text, Required												
164	cows_post_time_4 Show the field ONLY if: [cows_post_number] = '4' or [cows_post_number] = '5'	Date and time of fourth COWS score post-buprenorphine. <i>Leave blank if unknown.</i>	text (datetime_mdy)												
165	cows_post_5 Show the field ONLY if: [cows_post_number] = '5'	Fifth COWS score post-buprenorphine.	text, Required												
166	cows_post_time_5 Show the field ONLY if: [cows_post_number] = '5'	Date and time of fifth COWS score post-buprenorphine. <i>Leave blank if unknown.</i>	text (datetime_mdy)												
167	post_bup	Compare the clinical impression at presentation with the clinical impression after all buprenorphine administrations. At discharge is the patient's overall clinical status:	radio, Required <table border="1"> <tr> <td>1</td> <td>Unchanged</td> </tr> <tr> <td>2</td> <td>Improved</td> </tr> <tr> <td>3</td> <td>Worse</td> </tr> <tr> <td>999</td> <td>Can't tell</td> </tr> </table>	1	Unchanged	2	Improved	3	Worse	999	Can't tell				
1	Unchanged														
2	Improved														
3	Worse														
999	Can't tell														
168	postbup_ss	Section Header: <i>Post-Bup Signs and Symptoms</i> Were any of the signs or symptom listed above documented within 6 hours after the patient received buprenorphine?	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														
169	postbup_sedation Show the field ONLY if: [postbup_ss] = '1'	Section Header: <i>Post-Bup Sedation</i> Please review the entire clinical chart and note if any of the following signs or symptoms of sedation were documented within 6 hours after first buprenorphine administration.	checkbox, Required <table border="1"> <tr> <td>1</td> <td>postbup_sedation_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>postbup_sedation_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>postbup_sedation_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>postbup_sedation_0</td> <td>None of the above</td> </tr> </table>	1	postbup_sedation_1	Nodding	2	postbup_sedation_2	Sleepy, drowsy, difficulty staying awake	3	postbup_sedation_3	Feelings of general fatigue or weakness	0	postbup_sedation_0	None of the above
1	postbup_sedation_1	Nodding													
2	postbup_sedation_2	Sleepy, drowsy, difficulty staying awake													
3	postbup_sedation_3	Feelings of general fatigue or weakness													
0	postbup_sedation_0	None of the above													
170	nodding_time_yn Show the field ONLY if: [postbup_sedation(1)] = '1'	Did the provider document the time(s) at which nodding was noted?	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														

171	nodding_num Show the field ONLY if: [nodding_time_yn] = '1'	How many instances of nodding were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														
172	nod_time1 Show the field ONLY if: [nodding_num] = '1' or [nodding_num] = '2' or [nodding_num] = '3' or [nodding_num] = '4' or [nodding_num] = '5'	Record the date and time of the first instance of nodding	text (datetime_mdy), Required												
173	nod_time2 Show the field ONLY if: [nodding_num] = '2' or [nodding_num] = '3' or [nodding_num] = '4' or [nodding_num] = '5'	Record the date and time of the second instance of nodding	text (datetime_mdy), Required												
174	nod_time3 Show the field ONLY if: [nodding_num] = '3' or [nodding_num] = '4' or [nodding_num] = '5'	Record the date and time of the third instance of nodding	text (datetime_mdy), Required												
175	nod_time4 Show the field ONLY if: [nodding_num] = '4' or [nodding_num] = '5'	Record the date and time of the fourth instance of nodding	text (datetime_mdy), Required												
176	nod_time5 Show the field ONLY if: [nodding_num] = '5'	Record the date and time of the fifth instance of nodding	text (datetime_mdy), Required												
177	sleepy_time_yn Show the field ONLY if: [postbup_sedation(2)] = '1'	Did the provider document the time(s) at which sleepiness, drowsiness, or difficulty staying awake were noted?	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														
178	sleepy_num Show the field ONLY if: [sleepy_time_yn] = '1'	How many instances of sleepiness, drowsiness, or difficulty staying awake were documented within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
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2	2														
3	3														
4	4														
5	5														

179	sleepy_time1 Show the field ONLY if: [sleepy_num] = '1' or [sleepy_num] = '2' or [sleepy_num] = '3' or [sleepy_num] = '4' or [sleepy_num] = '5'	Record the date and time of the first instance of sleepiness, drowsiness, or difficulty staying awake.	text (datetime_mdy), Required												
180	sleepy_time2 Show the field ONLY if: [sleepy_num] = '2' or [sleepy_num] = '3' or [sleepy_num] = '4' or [sleepy_num] = '5'	Record the date and time of the second instance of sleepiness, drowsiness, or difficulty staying awake.	text (datetime_mdy), Required												
181	sleepy_time3 Show the field ONLY if: [sleepy_num] = '3' or [sleepy_num] = '4' or [sleepy_num] = '5'	Record the date time of the third instance of sleepiness, drowsiness, or difficulty staying awake.	text (datetime_mdy), Required												
182	sleepy_time4 Show the field ONLY if: [sleepy_num] = '4' or [sleepy_num] = '5'	Record the date and time of the fourth instance of sleepiness, drowsiness, or difficulty staying awake.	text (datetime_mdy), Required												
183	sleepy_time5 Show the field ONLY if: [sleepy_num] = '5'	Record the date and time of the fifth instance of sleepiness, drowsiness, or difficulty staying awake.	text (datetime_mdy), Required												
184	fatigue_time_yn Show the field ONLY if: [postbup_sedation(3)] = '1'	Did the provider document the time(s) at which general fatigue or feelings of weakness were noted?	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														
185	fatigue_num Show the field ONLY if: [fatigue_time_yn] = '1'	How many instances of general fatigue or feelings of weakness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														
186	fatigue_time1 Show the field ONLY if: [fatigue_num] = '1' or [fatigue_num] = '2' or [fatigue_num] = '3' or [fatigue_num] = '4' or [fatigue_num] = '5'	Record the date and time of the first instance of general fatigue or weakness.	text (datetime_mdy), Required												

187	fatigue_time2 Show the field ONLY if: [fatigue_num]='2' or [fatigue_num]='3' or [fatigue_num]='4' or [fatigue_num]='5'	Record the date and time of the second instance of general fatigue or weakness.	text (datetime_mdy), Required																																										
188	fatigue_time3 Show the field ONLY if: [fatigue_num]='3' or [fatigue_num]='4' or [fatigue_num]='5'	Record the date and time of the third instance of general fatigue or weakness.	text (datetime_mdy), Required																																										
189	fatigue_time4 Show the field ONLY if: [fatigue_num]='4' or [fatigue_num]='5'	Record the date and time of the fourth instance of general fatigue or weakness.	text (datetime_mdy), Required																																										
190	fatigue_time5 Show the field ONLY if: [fatigue_num]='5'	Record the date and time of the fifth instance of general fatigue or weakness.	text (datetime_mdy), Required																																										
191	postbup_intox Show the field ONLY if: [postbup_ss]='1'	Section Header: <i>Post-Bup Intoxication</i> Please review the entire clinical chart and note if any of the following signs or symptoms of intoxication were documented within 6 hours after first buprenorphine administration.	checkbox, Required <table border="1"> <tr> <td>1</td> <td>postbup_intox_1</td> <td>Good mood</td> </tr> <tr> <td>2</td> <td>postbup_intox_2</td> <td>Coasting (Spaced out)</td> </tr> <tr> <td>3</td> <td>postbup_intox_3</td> <td>Pleasant Sick</td> </tr> <tr> <td>4</td> <td>postbup_intox_4</td> <td>Drive (energy)</td> </tr> <tr> <td>5</td> <td>postbup_intox_5</td> <td>High</td> </tr> <tr> <td>6</td> <td>postbup_intox_6</td> <td>Drunken</td> </tr> <tr> <td>7</td> <td>postbup_intox_7</td> <td>Soapbox (talkative)</td> </tr> <tr> <td>8</td> <td>postbup_intox_8</td> <td>Rush</td> </tr> <tr> <td>9</td> <td>postbup_intox_9</td> <td>Friendly</td> </tr> <tr> <td>10</td> <td>postbup_intox_10</td> <td>Relaxed</td> </tr> <tr> <td>11</td> <td>postbup_intox_11</td> <td>Difficulty concentrating</td> </tr> <tr> <td>12</td> <td>postbup_intox_12</td> <td>Feeling lightheaded or dizzy</td> </tr> <tr> <td>13</td> <td>postbup_intox_13</td> <td>Feeling confused</td> </tr> <tr> <td>0</td> <td>postbup_intox_0</td> <td>None of the above</td> </tr> </table>	1	postbup_intox_1	Good mood	2	postbup_intox_2	Coasting (Spaced out)	3	postbup_intox_3	Pleasant Sick	4	postbup_intox_4	Drive (energy)	5	postbup_intox_5	High	6	postbup_intox_6	Drunken	7	postbup_intox_7	Soapbox (talkative)	8	postbup_intox_8	Rush	9	postbup_intox_9	Friendly	10	postbup_intox_10	Relaxed	11	postbup_intox_11	Difficulty concentrating	12	postbup_intox_12	Feeling lightheaded or dizzy	13	postbup_intox_13	Feeling confused	0	postbup_intox_0	None of the above
1	postbup_intox_1	Good mood																																											
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13	postbup_intox_13	Feeling confused																																											
0	postbup_intox_0	None of the above																																											
192	mood_time_yn Show the field ONLY if: [postbup_intox(1)]= '1'	Did the provider document the time(s) at which good mood was noted?	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																																						
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193	mood_num Show the field ONLY if: [mood_time_yn] = '1'	How many instances of good mood were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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194	mood_time1 Show the field ONLY if: [mood_num]='1' or [mood_num]='2' or [mood_num]='3' or [mood_num]='4' or [mood_num]='5'	Record the date and time of the first instance of good mood.	text (datetime_mdy), Required												
195	mood_time2 Show the field ONLY if: [mood_num]='2' or [mood_num]='3' or [mood_num]='4' or [mood_num]='5'	Record the date and time of the second instance of good mood.	text (datetime_mdy), Required												
196	mood_time3 Show the field ONLY if: [mood_num]='3' or [mood_num]='4' or [mood_num]='5'	Record the date and time of third instance of good mood.	text (datetime_mdy), Required												
197	mood_time4 Show the field ONLY if: [mood_num]='4' or [mood_num]='5'	Record the date and time of fourth instance of good mood.	text (datetime_mdy), Required												
198	mood_time5 Show the field ONLY if: [mood_num]='5'	Record the date and time of fifth instance of good mood.	text (datetime_mdy), Required												
199	coasting_time_yn Show the field ONLY if: [postbup_intox(2)]= '1'	Did the provider document the time(s) at which coasting was noted?	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														
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200	coasting_num Show the field ONLY if: [coasting_time_yn] = '1'	How many instances of coasting were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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201	coasting_time1 Show the field ONLY if: [coasting_num] = '1' or [coasting_num] = '2' or [coasting_num] = '3' or [coasting_num] = '4' or [coasting_num] = '5'	Record the date and time of the first instance of coasting.	text (datetime_mdy), Required												
202	coasting_time2 Show the field ONLY if: [coasting_num] = '2' or [coasting_num] = '3' or [coasting_num] = '4' or [coasting_num] = '5'	Record the date and time of the second instance of coasting.	text (datetime_mdy), Required												
203	coasting_time3 Show the field ONLY if: [coasting_num] = '3' or [coasting_num] = '4' or [coasting_num] = '5'	Record the date and time of the third instance of coasting.	text (datetime_mdy), Required												
204	coasting_time4 Show the field ONLY if: [coasting_num] = '4' or [coasting_num] = '5'	Record the date and time of the fourth instance of coasting.	text (datetime_mdy), Required												
205	coasting_time5 Show the field ONLY if: [coasting_num] = '5'	Record the date and time of the fifth instance of coasting.	text (datetime_mdy), Required												
206	pleasant_time_yn Show the field ONLY if: [postbup_intox(3)]='1'	Did the provider document the time(s) at which pleasant sickness was noted?	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														
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207	pleasant_num Show the field ONLY if: [pleasant_time_yn] = '1'	How many instances of pleasant sickness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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208	pleasant_time1 Show the field ONLY if: [pleasant_num] = '1' or [pleasant_num] = '2' or [pleasant_num] = '3' or [pleasant_num] = '4' or [pleasant_num] = '5'	Record the date and time of the first instance of pleasant sickness.	text (datetime_mdy), Required												
209	pleasant_time2 Show the field ONLY if: [pleasant_num] = '2' or [pleasant_num] = '3' or [pleasant_num] = '4' or [pleasant_num] = '5'	Record the date and time of the second instance of pleasant sickness.	text (datetime_mdy), Required												

210	pleasant_time3 Show the field ONLY if: [pleasant_num] = '3' or [pleasant_num] = '4' or [pleasant_num] = '5'	Record the date and time of the third instance of pleasant sickness.	text (datetime_mdy), Required												
211	pleasant_time4 Show the field ONLY if: [pleasant_num] = '4' or [pleasant_num] = '5'	Record the date and time of the fourth instance of pleasant sickness.	text (datetime_mdy), Required												
212	pleasant_time5 Show the field ONLY if: [pleasant_num] = '5'	Record the date and time of the fifth instance of pleasant sickness.	text (datetime_mdy), Required												
213	drive_time_yn Show the field ONLY if: [postbup_intox(4)]='1'	Did the provider document the time(s) at which having drive was noted?	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														
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214	drive_num Show the field ONLY if: [drive_time_yn] = '1'	How many instances of drive were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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215	drive_time1 Show the field ONLY if: [drive_num]='1' or [drive_num]='2' or [drive_num]='3' or [drive_num]='4' or [drive_num]='5'	Record the date and time of the first instance of drive.	text (datetime_mdy), Required												
216	drive_time2 Show the field ONLY if: [drive_num]='2' or [drive_num]='3' or [drive_num]='4' or [drive_num]='5'	Record the date and time of the second instance of drive.	text (datetime_mdy), Required												
217	drive_time3 Show the field ONLY if: [drive_num]='3' or [drive_num]='4' or [drive_num]='5'	Record the date and time of the third instance of drive.	text (datetime_mdy), Required												
218	drive_time4 Show the field ONLY if: [drive_num]='4' or [drive_num]='5'	Record the date and time of the fourth instance of drive.	text (datetime_mdy), Required												
219	drive_time5 Show the field ONLY if: [drive_num] = '5'	Record the date and time of the fifth instance of drive.	text (datetime_mdy), Required												

220	high_time_yn Show the field ONLY if: [postbup_intox(5)='1']	Did the provider document the time(s) at which being high was noted?	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														
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221	high_num Show the field ONLY if: [high_time_yn] = '1'	How many instances of being high were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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222	high_time1 Show the field ONLY if: [high_num] = '1' or [high_num] = '2' or [high_num] = '3' or [high_num] = '4' or [high_num] = '5'	Record the date and time of the first instance of being high.	text (datetime_mdy), Required												
223	high_time2 Show the field ONLY if: [high_num] = '2' or [high_num] = '3' or [high_num] = '4' or [high_num] = '5'	Record the date and time of the second instance of being high.	text (datetime_mdy), Required												
224	high_time3 Show the field ONLY if: [high_num] = '3' or [high_num] = '4' or [high_num] = '5'	Record the date and time of the third instance of being high.	text (datetime_mdy), Required												
225	high_time4 Show the field ONLY if: [high_num] = '4' or [high_num] = '5'	Record the date and time of the fourth instance of being high.	text (datetime_mdy), Required												
226	high_time5 Show the field ONLY if: [high_num] = '5'	Record the date and time of the fifth instance of being high.	text (datetime_mdy), Required												
227	drunk_time_yn Show the field ONLY if: [postbup_intox(6)='1']	Did the provider document the time(s) at which drunkenness was noted?	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														
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228	drunk_num Show the field ONLY if: [drunk_time_yn] = '1'	How many instances of drunkenness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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229	drunk_time1 Show the field ONLY if: [drunk_num] = '1' or [drunk_num] = '2' or [drunk_num] = '3' or [drunk_num] = '4' or [drunk_num] = '5'	Record the date and time of the first instance of drunkenness.	text (datetime_mdy), Required												
230	drunk_time2 Show the field ONLY if: [drunk_num] = '2' or [drunk_num] = '3' or [drunk_num] = '4' or [drunk_num] = '5'	Record the date and time of the second instance of drunkenness.	text (datetime_mdy), Required												
231	drunk_time3 Show the field ONLY if: [drunk_num] = '3' or [drunk_num] = '4' or [drunk_num] = '5'	Record the date and time of the third instance of drunkenness.	text (datetime_mdy), Required												
232	drunk_time4 Show the field ONLY if: [drunk_num] = '4' or [drunk_num] = '5'	Record the date and time of the fourth instance of drunkenness.	text (datetime_mdy), Required												
233	drunk_time5 Show the field ONLY if: [drunk_num] = '5'	Record the date and time of the fifth instance of drunkenness.	text (datetime_mdy), Required												
234	soapbox_time_yn Show the field ONLY if: [postbup_intox(7)]='1'	Did the provider document the time(s) at which talkativeness (soapbox) was noted?	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														
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235	soapbox_num Show the field ONLY if: [soapbox_time_yn] = '1'	How many instances of talkativeness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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236	soapbox_time1 Show the field ONLY if: [soapbox_num] = '1' or [soapbox_num] = '2' or [soapbox_num] = '3' or [soapbox_num] = '4' or [soapbox_num] = '5'	Record the date and time of the first instance of talkativeness.	text (datetime_mdy), Required												
237	soapbox_time2 Show the field ONLY if: [soapbox_num] = '2' or [soapbox_num] = '3' or [soapbox_num] = '4' or [soapbox_num] = '5'	Record the date and time of the second instance of talkativeness.	text (datetime_mdy), Required												

238	soapbox_time3 Show the field ONLY if: [soapbox_num]='3' or [soapbox_num]='4' or [soapbox_num]='5'	Record the date and time of the third instance of talkativeness.	text (datetime_mdy), Required												
239	soapbox_time4 Show the field ONLY if: [soapbox_num]='4' or [soapbox_num]='5'	Record the date and time of the fourth instance of talkativeness.	text (datetime_mdy), Required												
240	soapbox_time5 Show the field ONLY if: [soapbox_num] = '5'	Record the date and time of the fifth instance of talkativeness.	text (datetime_mdy), Required												
241	rush_time_yn Show the field ONLY if: [postbup_intox(8)]= '1'	Did the provider document the time(s) at which rush was noted?	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														
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242	rush_num Show the field ONLY if: [rush_time_yn] = '1'	How many instances of rush were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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243	rush_time1 Show the field ONLY if: [rush_num]='1' or [rush_h_num]='2' or [rush_num]='3' or [rush_num]='4' or [rush_num]='5'	Record the date and time of the first instance of rush.	text (datetime_mdy), Required												
244	rush_time2 Show the field ONLY if: [rush_num]='2' or [rush_h_num]='3' or [rush_num]='4' or [rush_num]='5'	Record the date and time of the second instance of rush.	text (datetime_mdy), Required												
245	rush_time3 Show the field ONLY if: [rush_num]='3' or [rush_h_num]='4' or [rush_num]='5'	Record the date and time of the third instance of rush.	text (datetime_mdy), Required												
246	rush_time4 Show the field ONLY if: [rush_num] = '4' or [rush_h_num] = '5'	Record the date and time of the fourth instance of rush.	text (datetime_mdy), Required												
247	rush_time5 Show the field ONLY if: [rush_num] = '5'	Record the date and time of the fifth instance of rush.	text (datetime_mdy), Required												

248	friendly_time_yn Show the field ONLY if: [postbup_intox(9)='1']	Did the provider document the time(s) at which friendliness was noted?	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														
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249	friendly_num Show the field ONLY if: [friendly_time_yn]='1']	How many instances of friendliness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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250	friendly_time1 Show the field ONLY if: [friendly_num]='1' or [f riendly_num]='2' or [fri endly_num]='3' or [frie ndly_num]='4' or [frien dly_num]='5'	Record the date and time of the first instance of friendliness.	text (datetime_mdy), Required												
251	friendly_time2 Show the field ONLY if: [friendly_num]='2' or [f riendly_num]='3' or [fri endly_num]='4' or [frie ndly_num]='5'	Record the date and time of the second instance of friendliness.	text (datetime_mdy), Required												
252	friendly_time3 Show the field ONLY if: [friendly_num]='3' or [f riendly_num]='4' or [fri endly_num]='5'	Record the date and time of the third instance of friendliness.	text (datetime_mdy), Required												
253	friendly_time4 Show the field ONLY if: [friendly_num]='4' or [f riendly_num]='5'	Record date and the time of the fourth instance of friendliness.	text (datetime_mdy), Required												
254	friendly_time5 Show the field ONLY if: [friendly_num]='5'	Record the date and time of the fifth instance of friendliness.	text (datetime_mdy), Required												
255	relaxed_time_yn Show the field ONLY if: [postbup_intox(10)='1']	Did the provider document the time(s) at which being relaxed was noted?	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														
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256	relaxed_num Show the field ONLY if: [relaxed_time_yn]='1']	How many instances of being relaxed were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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257	<p>relaxed_time1</p> <p>Show the field ONLY if: [relaxed_num]='1' or [relaxed_num]='2' or [relaxed_num]='3' or [relaxed_num]='4' or [relaxed_num]='5'</p>	Record the date and time of the first instance of being relaxed.	text (datetime_mdy), Required												
258	<p>relaxed_time2</p> <p>Show the field ONLY if: [relaxed_num]='2' or [relaxed_num]='3' or [relaxed_num]='4' or [relaxed_num]='5'</p>	Record the date and time of the second instance of being relaxed.	text (datetime_mdy), Required												
259	<p>relaxed_time3</p> <p>Show the field ONLY if: [relaxed_num]='3' or [relaxed_num]='4' or [relaxed_num]='5'</p>	Record the date and time of the third instance of being relaxed.	text (datetime_mdy), Required												
260	<p>relaxed_time4</p> <p>Show the field ONLY if: [relaxed_num]='4' or [relaxed_num]='5'</p>	Record the date and time of the fourth instance of being relaxed.	text (datetime_mdy), Required												
261	<p>relaxed_time5</p> <p>Show the field ONLY if: [relaxed_num]='5'</p>	Record the date and time of the fifth instance of being relaxed.	text (datetime_mdy), Required												
262	<p>concentrate_time_yn</p> <p>Show the field ONLY if: [postbup_intox(11)]= '1'</p>	Did the provider document the time(s) at which difficulty concentrating was noted?	<p>yesno, Required</p> <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														
263	<p>concentrate_num</p> <p>Show the field ONLY if: [concentrate_time_yn] = '1'</p>	How many instances of difficulty concentrating were documented with timestamps within 6 hours after first buprenorphine administration?	<p>radio, Required</p> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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264	<p>concentrate_time1</p> <p>Show the field ONLY if: [concentrate_num] = '1' or [concentrate_num] = '2' or [concentrate_num] = '3' or [concentrate_num] = '4' or [concentrate_num] = '5'</p>	Record the date and time of the first instance of difficulty concentrating.	text (datetime_mdy), Required												

265	concentrate_time2 Show the field ONLY if: [concentrate_num] = '2' or [concentrate_num] = '3' or [concentrate_num] = '4' or [concentrate_num] = '5'	Record the date and time of the second instance of difficulty concentrating.	text (datetime_mdy), Required												
266	concentrate_time3 Show the field ONLY if: [concentrate_num] = '3' or [concentrate_num] = '4' or [concentrate_num] = '5'	Record the date and time of the third instance of difficulty concentrating.	text (datetime_mdy), Required												
267	concentrate_time4 Show the field ONLY if: [concentrate_num] = '4' or [concentrate_num] = '5'	Record the date and time of the fourth instance of difficulty concentrating.	text (datetime_mdy), Required												
268	concentrate_time5 Show the field ONLY if: [concentrate_num] = '5'	Record the date and time of the fifth instance of difficulty concentrating.	text (datetime_mdy), Required												
269	dizzy_time_yn Show the field ONLY if: [postbup_intox(12)]= '1'	Did the provider document the time(s) at which lightheadedness or dizziness were noted?	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														
270	dizzy_num Show the field ONLY if: [dizzy_time_yn] = '1'	How many instances of lightheadedness or dizziness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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271	dizzy_time1 Show the field ONLY if: [dizzy_num] = '1' or [dizz y_num] = '2' or [dizzy_n um] = '3' or [dizzy_num] = '4' or [dizzy_num] = '5'	Record the date and time of the first instance of lightheadedness or dizziness.	text (datetime_mdy), Required												
272	dizzy_time2 Show the field ONLY if: [dizzy_num] = '2' or [dizz y_num] = '3' or [dizzy_n um] = '4' or [dizzy_num] = '5'	Record the date and time of the second instance of lightheadedness or dizziness.	text (datetime_mdy), Required												
273	dizzy_time3 Show the field ONLY if: [dizzy_num] = '3' or [dizz y_num] = '4' or [dizzy_n um] = '5'	Record the date and time of the third instance of lightheadedness or dizziness.	text (datetime_mdy), Required												

274	dizzy_time4 Show the field ONLY if: [dizzy_num]='4' or [dizzy_num]='5'	Record the date and time of the fourth instance of lightheadedness or dizziness.	text (datetime_mdy), Required												
275	dizzy_time5 Show the field ONLY if: [dizzy_num]='5'	Record the date and time of the fifth instance of lightheadedness or dizziness.	text (datetime_mdy), Required												
276	confusion_time_yn Show the field ONLY if: [postbup_intox(13)]= '1'	Did the provider document the time(s) at which confusion was noted?	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														
277	confusion_num Show the field ONLY if: [confusion_time_yn]='1'	How many instances of confusion were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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278	confusion_time1 Show the field ONLY if: [confusion_num]='1' or [confusion_num]='2' or [confusion_num]='3' or [confusion_num]='4' or [confusion_num]='5'	Record the date and time of the first instance of confusion.	text (datetime_mdy), Required												
279	confusion_time2 Show the field ONLY if: [confusion_num]='2' or [confusion_num]='3' or [confusion_num]='4' or [confusion_num]='5'	Record the date and time of the second instance of confusion.	text (datetime_mdy), Required												
280	confusion_time3 Show the field ONLY if: [confusion_num]='3' or [confusion_num]='4' or [confusion_num]='5'	Record the date and time of the third instance of confusion.	text (datetime_mdy), Required												
281	confusion_time4 Show the field ONLY if: [confusion_num]='4' or [confusion_num]='5'	Record the date and time of the fourth instance of confusion.	text (datetime_mdy), Required												
282	confusion_time5 Show the field ONLY if: [confusion_num]='5'	Record the date and time of the fifth instance of confusion.	text (datetime_mdy), Required												

283	postbup_gi Show the field ONLY if: [postbup_ss] = '1'	Section Header: <i>Post-Bup GI Symptoms</i> Please review the entire clinical chart and note if any of the following gastrointestinal signs or symptoms were documented within 6 hours after first buprenorphine administration.	checkbox, Required <table border="1" data-bbox="1047 115 1542 472"> <tr> <td>1</td> <td>postbup_gi_1</td> <td>Constipation</td> </tr> <tr> <td>2</td> <td>postbup_gi_2</td> <td>Turning of stomach/cramping/abd pain</td> </tr> <tr> <td>3</td> <td>postbup_gi_3</td> <td>Nausea</td> </tr> <tr> <td>4</td> <td>postbup_gi_4</td> <td>Vomiting</td> </tr> <tr> <td>5</td> <td>postbup_gi_5</td> <td>Diarrhea</td> </tr> <tr> <td>0</td> <td>postbup_gi_0</td> <td>None of the above</td> </tr> </table>	1	postbup_gi_1	Constipation	2	postbup_gi_2	Turning of stomach/cramping/abd pain	3	postbup_gi_3	Nausea	4	postbup_gi_4	Vomiting	5	postbup_gi_5	Diarrhea	0	postbup_gi_0	None of the above
1	postbup_gi_1	Constipation																			
2	postbup_gi_2	Turning of stomach/cramping/abd pain																			
3	postbup_gi_3	Nausea																			
4	postbup_gi_4	Vomiting																			
5	postbup_gi_5	Diarrhea																			
0	postbup_gi_0	None of the above																			
284	constipation_time_yn Show the field ONLY if: [postbup_gi(1)] = '1'	Did the provider document the time(s) at which constipation was noted?	yesno, Required <table border="1" data-bbox="1047 514 1144 609"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
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285	constipation_num Show the field ONLY if: [constipation_time_yn] = '1'	How many instances of constipation were documented with timestamps within 6 hours after first buprenorphine administration?	radio, Required <table border="1" data-bbox="1047 661 1120 945"> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5						
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286	constipation_time1 Show the field ONLY if: [constipation_num] = '1' or [constipation_num] = '2' or [constipation_num] = '3' or [constipation_num] = '4' or [constipation_num] = '5'	Record the date and time of the first instance of constipation.	text (datetime_mdy), Required																		
287	constipation_time2 Show the field ONLY if: [constipation_num] = '2' or [constipation_num] = '3' or [constipation_num] = '4' or [constipation_num] = '5'	Record the date and time of the second instance of constipation.	text (datetime_mdy), Required																		
288	constipation_time3 Show the field ONLY if: [constipation_num] = '3' or [constipation_num] = '4' or [constipation_num] = '5'	Record the date and time of the third instance of constipation.	text (datetime_mdy), Required																		
289	constipation_time4 Show the field ONLY if: [constipation_num] = '4' or [constipation_num] = '5'	Record the date and time of the fourth instance of constipation.	text (datetime_mdy), Required																		

290	constipation_time5 Show the field ONLY if: [constipation_num] = '5'	Record the date and time of the fifth instance of constipation.	text (datetime_mdy), Required												
291	stomach_time_yn Show the field ONLY if: [postbup_gi(2)] = '1'	Did the provider document the time(s) at which stomach turning (stomach cramps) was noted?	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														
292	stomach_num Show the field ONLY if: [stomach_time_yn] = '1'	How many instances of stomach turning were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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293	stomach_time1 Show the field ONLY if: [stomach_num] = '1' or [stomach_num] = '2' or [stomach_num] = '3' or [stomach_num] = '4' or [stomach_num] = '5'	Record the date and time of the first instance of stomach turning.	text (datetime_mdy), Required												
294	stomach_time2 Show the field ONLY if: [stomach_num] = '2' or [stomach_num] = '3' or [stomach_num] = '4' or [stomach_num] = '5'	Record the date and time of the second instance of stomach turning.	text (datetime_mdy), Required												
295	stomach_time3 Show the field ONLY if: [stomach_num] = '3' or [stomach_num] = '4' or [stomach_num] = '5'	Record the date and time of the third instance of stomach turning.	text (datetime_mdy), Required												
296	stomach_time4 Show the field ONLY if: [stomach_num] = '4' or [stomach_num] = '5'	Record the date and time of the fourth instance of stomach turning.	text (datetime_mdy), Required												
297	stomach_time5 Show the field ONLY if: [stomach_num] = '5'	Record the date and time of the fifth instance of stomach turning.	text (datetime_mdy), Required												
298	nausea_time_yn Show the field ONLY if: [postbup_gi(3)] = '1'	Did the provider document the time(s) at which nausea was noted?	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														
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299	<p>nausea_num</p> <p>Show the field ONLY if: [nausea_time_yn] = '1'</p>	<p>How many instances of nausea were documented with timestamps within 6 hours after first buprenorphine administration?</p>	<p>radio, Required</p> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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300	<p>nausea_time1</p> <p>Show the field ONLY if: [nausea_num] = '1' or [nausea_num] = '2' or [nausea_num] = '3' or [nausea_num] = '4' or [nausea_num] = '5'</p>	<p>Record the date and time of the first instance of nausea.</p>	<p>text (datetime_mdy), Required</p>												
301	<p>nausea_time2</p> <p>Show the field ONLY if: [nausea_num] = '2' or [nausea_num] = '3' or [nausea_num] = '4' or [nausea_num] = '5'</p>	<p>Record the date and time of the second instance of nausea.</p>	<p>text (datetime_mdy), Required</p>												
302	<p>nausea_time3</p> <p>Show the field ONLY if: [nausea_num] = '3' or [nausea_num] = '4' or [nausea_num] = '5'</p>	<p>Record the date and time of the third instance of nausea.</p>	<p>text (datetime_mdy), Required</p>												
303	<p>nausea_time4</p> <p>Show the field ONLY if: [nausea_num] = '4' or [nausea_num] = '5'</p>	<p>Record the date and time of the fourth instance of nausea.</p>	<p>text (datetime_mdy), Required</p>												
304	<p>nausea_time5</p> <p>Show the field ONLY if: [nausea_num] = '5'</p>	<p>Record the date and time of the fifth instance of nausea.</p>	<p>text (datetime_mdy), Required</p>												
305	<p>vomit_time_yn</p> <p>Show the field ONLY if: [postbup_gi(4)] = '1'</p>	<p>Did the provider document the time(s) at which vomiting was noted?</p>	<p>yesno, Required</p> <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														
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306	<p>vomit_num</p> <p>Show the field ONLY if: [vomit_time_yn] = '1'</p>	<p>How many instances of vomiting were documented with timestamps within 6 hours after first buprenorphine administration?</p>	<p>radio, Required</p> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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307	vomit_time1 Show the field ONLY if: [vomit_num] = '1' or [vomit_num] = '2' or [vomit_num] = '3' or [vomit_num] = '4' or [vomit_num] = '5'	Record the date and time of the first instance of vomiting.	text (datetime_mdy), Required												
308	vomit_time2 Show the field ONLY if: [vomit_num] = '2' or [vomit_num] = '3' or [vomit_num] = '4' or [vomit_num] = '5'	Record the date and time of the second instance of vomiting.	text (datetime_mdy), Required												
309	vomit_time3 Show the field ONLY if: [vomit_num] = '3' or [vomit_num] = '4' or [vomit_num] = '5'	Record the date and time of the third instance of vomiting.	text (datetime_mdy), Required												
310	vomit_time4 Show the field ONLY if: [vomit_num] = '4' or [vomit_num] = '5'	Record the date and time of the fourth instance of vomiting.	text (datetime_mdy), Required												
311	vomit_time5 Show the field ONLY if: [vomit_num] = '5'	Record the date and time of the fifth instance of vomiting.	text (datetime_mdy), Required												
312	diarrhea_time_yn Show the field ONLY if: [postbup_gi(5)] = '1'	Did the provider document the time(s) at which diarrhea was noted?	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														
313	diarrhea_num Show the field ONLY if: [diarrhea_time_yn] = '1'	How many instances of diarrhea were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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314	diarrhea_time1 Show the field ONLY if: [diarrhea_num] = '1' or [diarrhea_num] = '2' or [diarrhea_num] = '3' or [diarrhea_num] = '4' or [diarrhea_num] = '5'	Record the date and time of the first instance of diarrhea.	text (datetime_mdy), Required												
315	diarrhea_time2 Show the field ONLY if: [diarrhea_num] = '2' or [diarrhea_num] = '3' or [diarrhea_num] = '4' or [diarrhea_num] = '5'	Record the date and time of the second instance of diarrhea.	text (datetime_mdy), Required												

316	diarrhea_time3 Show the field ONLY if: [diarrhea_num] = '3' or [diarrhea_num] = '4' or [diarrhea_num] = '5'	Record the date and time of the third instance of diarrhea.	text (datetime_mdy), Required															
317	diarrhea_time4 Show the field ONLY if: [diarrhea_num] = '4' or [diarrhea_num] = '5'	Record the date and time of the fourth instance of diarrhea.	text (datetime_mdy), Required															
318	diarrhea_time5 Show the field ONLY if: [diarrhea_num] = '5'	Record the date and time of the fifth instance of diarrhea.	text (datetime_mdy), Required															
319	postbup_anxious Show the field ONLY if: [postbup_ss] = '1'	Section Header: <i>Post-Bup Anxiety</i> Please review the entire clinical chart and note if any of the following signs or symptoms of anxiety were documented within 6 hours after first buprenorphine administration.	checkbox, Required <table border="1"> <tr> <td>1</td> <td>postbup_anxious_1</td> <td>Anxiety, irritability, or agitation</td> </tr> <tr> <td>2</td> <td>postbup_anxious_2</td> <td>Nervousness</td> </tr> <tr> <td>3</td> <td>postbup_anxious_3</td> <td>Tremor</td> </tr> <tr> <td>4</td> <td>postbup_anxious_4</td> <td>Restlessness</td> </tr> <tr> <td>0</td> <td>postbup_anxious_0</td> <td>None of the above</td> </tr> </table>	1	postbup_anxious_1	Anxiety, irritability, or agitation	2	postbup_anxious_2	Nervousness	3	postbup_anxious_3	Tremor	4	postbup_anxious_4	Restlessness	0	postbup_anxious_0	None of the above
1	postbup_anxious_1	Anxiety, irritability, or agitation																
2	postbup_anxious_2	Nervousness																
3	postbup_anxious_3	Tremor																
4	postbup_anxious_4	Restlessness																
0	postbup_anxious_0	None of the above																
320	anxiety_time_yn Show the field ONLY if: [postbup_anxious(1)] = '1'	Did the provider document the time(s) at which anxiety, irritability, or agitation were noted?	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																	
321	anxiety_num Show the field ONLY if: [anxiety_time_yn] = '1'	How many instances of anxiety, irritability, or agitation were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5			
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322	anxiety_time1 Show the field ONLY if: [anxiety_num]='1' or [anxiety_num]='2' or [anxiety_num]='3' or [anxiety_num]='4' or [anxiety_num]='5'	Record the date and time of the first instance of anxiety, irritability, or agitation.	text (datetime_mdy), Required															
323	anxiety_time2 Show the field ONLY if: [anxiety_num]='2' or [anxiety_num]='3' or [anxiety_num]='4' or [anxiety_num]='5'	Record the date and time of the second instance of anxiety, irritability, or agitation.	text (datetime_mdy), Required															

324	anxiety_time3 Show the field ONLY if: [anxiety_num]='3' or [anxiety_num]='4' or [anxiety_num]='5'	Record the date and time of the third instance of anxiety, irritability, or agitation.	text (datetime_mdy), Required												
325	anxiety_time4 Show the field ONLY if: [anxiety_num]='4' or [anxiety_num]='5'	Record the date and time of the fourth instance of anxiety, irritability, or agitation.	text (datetime_mdy), Required												
326	anxiety_time5 Show the field ONLY if: [anxiety_num]='5'	Record the date and time of the fifth instance of anxiety, irritability, or agitation.	text (datetime_mdy), Required												
327	nervous_time_yn Show the field ONLY if: [postbup_anxious(2)]='1'	Did the provider document the time(s) at which nervousness was noted?	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														
328	nervous_num Show the field ONLY if: [nervous_time_yn]='1'	How many instances of nervousness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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329	nervous_time1 Show the field ONLY if: [nervous_num]='1' or [nervous_num]='2' or [nervous_num]='3' or [nervous_num]='4' or [nervous_num]='5'	Record the date and time of the first instance of nervousness.	text (datetime_mdy), Required												
330	nervous_time2 Show the field ONLY if: [nervous_num]='2' or [nervous_num]='3' or [nervous_num]='4' or [nervous_num]='5'	Record the date and time of the second instance of nervousness.	text (datetime_mdy), Required												
331	nervous_time3 Show the field ONLY if: [nervous_num]='3' or [nervous_num]='4' or [nervous_num]='5'	Record the date and time of the third instance of nervousness.	text (datetime_mdy), Required												
332	nervous_time4 Show the field ONLY if: [nervous_num]='4' or [nervous_num]='5'	Record the date and time of the fourth instance of nervousness.	text (datetime_mdy), Required												

333	nervous_time5 Show the field ONLY if: [nervous_num] = '5'	Record the date and time of the fifth instance of nervousness.	text (datetime_mdy), Required												
334	tremor_time_yn Show the field ONLY if: [postbup_anxious(3)] = '1'	Did the provider document the time(s) at which tremor was noted?	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														
335	tremor_num Show the field ONLY if: [tremor_time_yn] = '1'	How many instances of tremor were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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336	tremor_time1 Show the field ONLY if: [tremor_num] = '1' or [tremor_num] = '2' or [tremor_num] = '3' or [tremor_num] = '4' or [tremor_num] = '5'	Record the date and time of the first instance of tremor. <i>Enter military time (xx:xx).</i>	text (datetime_mdy), Required												
337	tremor_time2 Show the field ONLY if: [tremor_num] = '2' or [tremor_num] = '3' or [tremor_num] = '4' or [tremor_num] = '5'	Record the date and time of the second instance of tremor.	text (datetime_mdy), Required												
338	tremor_time3 Show the field ONLY if: [tremor_num] = '3' or [tremor_num] = '4' or [tremor_num] = '5'	Record the date and time of the third instance of tremor.	text (datetime_mdy), Required												
339	tremor_time4 Show the field ONLY if: [tremor_num] = '4' or [tremor_num] = '5'	Record the date and time of the fourth instance of tremor.	text (datetime_mdy), Required												
340	tremor_time5 Show the field ONLY if: [tremor_num] = '5'	Record the date and time of the fifth instance of tremor.	text (datetime_mdy), Required												
341	restless_time_yn Show the field ONLY if: [postbup_anxious(4)] = '1'	Did the provider document the time(s) at which restlessness was noted?	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														

342	restless_num Show the field ONLY if: [restless_time_yn] = '1'	How many instances of restlessness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, Required <table border="1" data-bbox="1047 115 1117 401"> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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343	restless_time1 Show the field ONLY if: [restless_num] = '1' or [restless_num] = '2' or [restless_num] = '3' or [restless_num] = '4' or [restless_num] = '5'	Record the date and time of the first instance of restlessness.	text (datetime_mdy), Required												
344	restless_time2 Show the field ONLY if: [restless_num] = '2' or [restless_num] = '3' or [restless_num] = '4' or [restless_num] = '5'	Record the date and time of the second instance of restlessness.	text (datetime_mdy), Required												
345	restless_time3 Show the field ONLY if: [restless_num] = '3' or [restless_num] = '4' or [restless_num] = '5'	Record the date and time of the third instance of restlessness.	text (datetime_mdy), Required												
346	restless_time4 Show the field ONLY if: [restless_num] = '4' or [restless_num] = '5'	Record the date and time of the fourth instance of restlessness.	text (datetime_mdy), Required												
347	restless_time5 Show the field ONLY if: [restless_num] = '5'	Record the date and time of the fifth instance of restlessness.	text (datetime_mdy), Required												

348	postbup_withdrawal Show the field ONLY if: [postbup_ss] = '1'	Section Header: <i>Post-Bup Withdrawal</i> Please review the entire clinical chart and note if any of the following signs or symptoms of withdrawal were documented within 6 hours after first buprenorphine administration.	checkbox, Required <table border="1"> <tr> <td>1</td> <td>postbup_withdrawal_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>postbup_withdrawal_2</td> <td>Gooseflesh skin (chills/piloerection)</td> </tr> <tr> <td>3</td> <td>postbup_withdrawal_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>postbup_withdrawal_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>postbup_withdrawal_5</td> <td>Pupil size large or normal (dilation/mydriasis)</td> </tr> <tr> <td>6</td> <td>postbup_withdrawal_6</td> <td>Bone, joint aches or body aches (arthralgias/myalgias)</td> </tr> <tr> <td>7</td> <td>postbup_withdrawal_7</td> <td>Runny nose or tearing (rhinorrhea/lacrimation)</td> </tr> <tr> <td>0</td> <td>postbup_withdrawal_0</td> <td>None of the above</td> </tr> </table>	1	postbup_withdrawal_1	Yawning	2	postbup_withdrawal_2	Gooseflesh skin (chills/piloerection)	3	postbup_withdrawal_3	Pulse > 80	4	postbup_withdrawal_4	Sweating (diaphoresis)	5	postbup_withdrawal_5	Pupil size large or normal (dilation/mydriasis)	6	postbup_withdrawal_6	Bone, joint aches or body aches (arthralgias/myalgias)	7	postbup_withdrawal_7	Runny nose or tearing (rhinorrhea/lacrimation)	0	postbup_withdrawal_0	None of the above
1	postbup_withdrawal_1	Yawning																									
2	postbup_withdrawal_2	Gooseflesh skin (chills/piloerection)																									
3	postbup_withdrawal_3	Pulse > 80																									
4	postbup_withdrawal_4	Sweating (diaphoresis)																									
5	postbup_withdrawal_5	Pupil size large or normal (dilation/mydriasis)																									
6	postbup_withdrawal_6	Bone, joint aches or body aches (arthralgias/myalgias)																									
7	postbup_withdrawal_7	Runny nose or tearing (rhinorrhea/lacrimation)																									
0	postbup_withdrawal_0	None of the above																									
349	yawning_time_yn Show the field ONLY if: [postbup_withdrawal(1)] = '1'	Did the provider document the time(s) at which yawning was noted?	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																										
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350	yawning_num Show the field ONLY if: [yawning_time_yn] = '1'	How many instances of yawning were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5												
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351	yawning_time1 Show the field ONLY if: [yawning_num] = '1' or [yawning_num] = '2' or [yawning_num] = '3' or [yawning_num] = '4' or [yawning_num] = '5'	Record the date and time of the first instance of yawning.	text (datetime_mdy), Required																								
352	yawning_time2 Show the field ONLY if: [yawning_num] = '2' or [yawning_num] = '3' or [yawning_num] = '4' or [yawning_num] = '5'	Record the date and time of the second instance of yawning.	text (datetime_mdy), Required																								
353	yawning_time3 Show the field ONLY if: [yawning_num] = '3' or [yawning_num] = '4' or [yawning_num] = '5'	Record the date and time of the third instance of yawning.	text (datetime_mdy), Required																								

354	yawning_time4 Show the field ONLY if: [yawning_num] = '4' or [yawning_num]='5'	Record the date and time of the fourth instance of yawning.	text (datetime_mdy), Required												
355	yawning_time5 Show the field ONLY if: [yawning_num] = '5'	Record the date and time of the fifth instance of yawning.	text (datetime_mdy), Required												
356	chills_time_yn Show the field ONLY if: [postbup_withdrawal(2)] = '1'	Did the provider document the time(s) at which gooseflesh skin (chills/piloerection) was noted?	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														
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357	chills_num Show the field ONLY if: [chills_time_yn] = '1'	How many instances of chills were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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358	chills_time1 Show the field ONLY if: [chills_num] = '1' or [chills_num] = '2' or [chills_num] = '3' or [chills_num] = '4' or [chills_num] = '5'	Record the date and time of the first instance of chills.	text (datetime_mdy), Required												
359	chills_time2 Show the field ONLY if: [chills_num] = '2' or [chills_num] = '3' or [chills_num] = '4' or [chills_num] = '5'	Record the date and time of the second instance of chills.	text (datetime_mdy), Required												
360	chills_time3 Show the field ONLY if: [chills_num] = '3' or [chills_num] = '4' or [chills_num] = '5'	Record the date and time of the third instance of chills.	text (datetime_mdy), Required												
361	chills_time4 Show the field ONLY if: [chills_num] = '4' or [chills_num] = '5'	Record the date and time of the fourth instance of chills.	text (datetime_mdy), Required												
362	chills_time5 Show the field ONLY if: [chills_num] = '5'	Record the date and time of the fifth instance of chills.	text (datetime_mdy), Required												
363	tachy_time_yn Show the field ONLY if: [postbup_withdrawal(3)] = '1'	Did the provider document the time(s) at which a pulse > 80 bpm was noted?	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														

364	tachy_num Show the field ONLY if: [tachy_time_yn] = '1'	How many instances of a pulse > 80 bpm were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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365	tachy_time1 Show the field ONLY if: [tachy_num] = '1' or [tachy_num] = '2' or [tachy_num] = '3' or [tachy_num] = '4' or [tachy_num] = '5'	Record the date and time of the first instance of pulse > 80 bpm.	text (datetime_mdy), Required												
366	tachy_time2 Show the field ONLY if: [tachy_num] = '2' or [tachy_num] = '3' or [tachy_num] = '4' or [tachy_num] = '5'	Record the date and time of the second instance of pulse > 80 bpm.	text (datetime_mdy), Required												
367	tachy_time3 Show the field ONLY if: [tachy_num] = '3' or [tachy_num] = '4' or [tachy_num] = '5'	Record the date and time of the third instance of pulse > 80 bpm.	text (datetime_mdy), Required												
368	tachy_time4 Show the field ONLY if: [tachy_num] = '4' or [tachy_num] = '5'	Record the date and time of the fourth instance of pulse > 80 bpm.	text (datetime_mdy), Required												
369	tachy_time5 Show the field ONLY if: [tachy_num] = '5'	Record the date and time of the fifth instance of pulse > 80 bpm.	text (datetime_mdy), Required												
370	sweat_time_yn Show the field ONLY if: [postbup_withdrawal(4)] = '1'	Did the provider document the time(s) at which sweating was noted?	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														
371	sweat_num Show the field ONLY if: [sweat_time_yn] = '1'	How many instances of sweating were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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372	<p>sweat_time1</p> <p>Show the field ONLY if: [sweat_num] = '1' or [sweat_num] = '2' or [sweat_num] = '3' or [sweat_num] = '4' or [sweat_num] = '5'</p>	Record the date and time of the first instance of sweating.	text (datetime_mdy), Required												
373	<p>sweat_time2</p> <p>Show the field ONLY if: [sweat_num] = '2' or [sweat_num] = '3' or [sweat_num] = '4' or [sweat_num] = '5'</p>	Record the date and time of the second instance of sweating.	text (datetime_mdy), Required												
374	<p>sweat_time3</p> <p>Show the field ONLY if: [sweat_num] = '3' or [sweat_num] = '4' or [sweat_num] = '5'</p>	Record the date and time of the third instance of sweating.	text (datetime_mdy), Required												
375	<p>sweat_time4</p> <p>Show the field ONLY if: [sweat_num] = '4' or [sweat_num] = '5'</p>	Record the date and time of the fourth instance of sweating.	text (datetime_mdy), Required												
376	<p>sweat_time5</p> <p>Show the field ONLY if: [sweat_num] = '5'</p>	Record the date and time of the fifth instance of sweating.	text (datetime_mdy), Required												
377	<p>dilation_time_yn</p> <p>Show the field ONLY if: [postbup_withdrawal(5)] = '1'</p>	Did the provider document the time(s) at which pupil dilation (mydriasis) was noted?	<p>yesno, Required</p> <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														
378	<p>dilation_num</p> <p>Show the field ONLY if: [dilation_time_yn] = '1'</p>	How many instances of pupil dilation were documented with timestamps within 6 hours after first buprenorphine administration?	<p>radio, Required</p> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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379	<p>dilation_time1</p> <p>Show the field ONLY if: [dilation_num] = '1' or [dilation_num] = '2' or [dilation_num] = '3' or [dilation_num] = '4' or [dilation_num] = '5'</p>	Record the date and time of the first instance of pupil dilation.	text (datetime_mdy), Required												

380	<p>postbup_dilate_mm_1</p> <p>Show the field ONLY if: [dilation_num]='1' or [dilation_num]='2' or [dilation_num]='3' or [dilation_num]='4' or [dilation_num]='5'</p>	Pupil measurement listed?	<p>yesno, Required</p> <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						
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381	<p>postbup_dilate_size_1</p> <p>Show the field ONLY if: [postbup_dilate_mm_1]='1'</p>	Please enter the pupil size measured (in mm)	text, Required				
382	<p>dilation_time2</p> <p>Show the field ONLY if: [dilation_num]='2' or [dilation_num]='3' or [dilation_num]='4' or [dilation_num]='5'</p>	Record the date and time of the second instance of pupil dilation.	text (datetime_mdy), Required				
383	<p>postbup_dilate_mm_2</p> <p>Show the field ONLY if: [dilation_num]='2' or [dilation_num]='3' or [dilation_num]='4' or [dilation_num]='5'</p>	Pupil measurement listed?	<p>yesno, Required</p> <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						
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384	<p>postbup_dilate_size_2</p> <p>Show the field ONLY if: [postbup_dilate_mm_2]='1'</p>	Please enter the pupil size measured (in mm)	text, Required				
385	<p>dilation_time3</p> <p>Show the field ONLY if: [dilation_num]='3' or [dilation_num]='4' or [dilation_num]='5'</p>	Record the date and time of the third instance of pupil dilation.	text (datetime_mdy), Required				
386	<p>postbup_dilate_mm_3</p> <p>Show the field ONLY if: [dilation_num]='3' or [dilation_num]='4' or [dilation_num]='5'</p>	Pupil measurement listed?	<p>yesno, Required</p> <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						
387	<p>postbup_dilate_size_3</p> <p>Show the field ONLY if: [postbup_dilate_mm_3]='1'</p>	Please enter the pupil size measured (in mm)	text, Required				
388	<p>dilation_time4</p> <p>Show the field ONLY if: [dilation_num]='4' or [dilation_num]='5'</p>	Record the date and time of the fourth instance of pupil dilation.	text (datetime_mdy), Required				
389	<p>postbup_dilate_mm_4</p> <p>Show the field ONLY if: [dilation_num]='4' or [dilation_num]='5'</p>	Pupil measurement listed?	<p>yesno, Required</p> <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						
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390	postbup_dilate_size_4 Show the field ONLY if: [postbup_dilate_mm_4] = '1'	Please enter the pupil size measured (in mm)	text, Required												
391	dilation_time5 Show the field ONLY if: [dilation_num] = '5'	Record the date and time of the fifth instance of pupil dilation.	text (datetime_mdy), Required												
392	postbup_dilate_mm_5 Show the field ONLY if: [dilation_num] = '5'	Pupil measurement listed?	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														
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393	postbup_dilate_size_5 Show the field ONLY if: [postbup_dilate_mm_5] = '1'	Please enter the pupil size measured (in mm)	text, Required												
394	aches_time_yn Show the field ONLY if: [postbup_withdrawal(6)] = '1'	Did the provider document the time(s) at which bone, joint, or body aches were noted?	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														
395	aches_num Show the field ONLY if: [aches_time_yn] = '1'	How many instances of bone, joint, or body aches were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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396	aches_time1 Show the field ONLY if: [aches_num] = '1' or [aches_num] = '2' or [aches_num] = '3' or [aches_num] = '4' or [aches_num] = '5'	Record the date and time of the first instance of bone, joint, or body aches.	text (datetime_mdy), Required												
397	aches_time2 Show the field ONLY if: [aches_num] = '2' or [aches_num] = '3' or [aches_num] = '4' or [aches_num] = '5'	Record the date and time of the second instance of bone, joint, or body aches.	text (datetime_mdy), Required												
398	aches_time3 Show the field ONLY if: [aches_num] = '3' or [aches_num] = '4' or [aches_num] = '5'	Record the date and time of the third instance of bone, joint, or body aches.	text (datetime_mdy), Required												
399	aches_time4 Show the field ONLY if: [aches_num] = '4' or [aches_num] = '5'	Record the date and time of the fourth instance of bone, joint, or body aches.	text (datetime_mdy), Required												

400	aches_time5 Show the field ONLY if: [aches_num] = '5'	Record the date and time of the fifth instance of bone, joint, or body aches.	text (datetime_mdy), Required															
401	teary_time_yn Show the field ONLY if: [postbup_withdrawal(7)] = '1'	Did the provider document the time(s) at which a runny nose or tearing (rhinorrhea or lacrimation) were noted?	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																	
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402	teary_num Show the field ONLY if: [teary_time_yn] = '1'	How many instances of a runny nose or tearing were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5			
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403	teary_time1 Show the field ONLY if: [teary_num]='1' or [teary_num]='2' or [teary_num]='3' or [teary_num]='4' or [teary_num]='5'	Record the date and time of the first instance of a runny nose or tearing.	text (datetime_mdy), Required															
404	teary_time2 Show the field ONLY if: [teary_num]='2' or [teary_num]='3' or [teary_num]='4' or [teary_num]='5'	Record the date and time of the second instance of a runny nose or tearing.	text (datetime_mdy), Required															
405	teary_time3 Show the field ONLY if: [teary_num]='3' or [teary_num]='4' or [teary_num]='5'	Record the date and time of the third instance of a runny nose or tearing.	text (datetime_mdy), Required															
406	teary_time4 Show the field ONLY if: [teary_num]='4' or [teary_num]='5'	Record the date and time of the fourth instance of a runny nose or tearing.	text (datetime_mdy), Required															
407	teary_time5 Show the field ONLY if: [teary_num] = '5'	Record the date and time of the fifth instance of a runny nose or tearing.	text (datetime_mdy), Required															
408	postbup_vitals Show the field ONLY if: [postbup_ss] = '1'	Section Header: <i>Post-Bup Abnormal Vital Signs</i> Please review the entire clinical chart and note if any of the following abnormal vital signs were documented within 6 hours after first buprenorphine administration.	checkbox, Required <table border="1"> <tr> <td>1</td> <td>postbup_vitals_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>postbup_vitals_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>postbup_vitals_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>postbup_vitals_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>postbup_vitals_0</td> <td>None of the above</td> </tr> </table>	1	postbup_vitals_1	Hypoxia	2	postbup_vitals_2	Hypercarbia	3	postbup_vitals_3	Hypotension	4	postbup_vitals_4	Bradycardia	0	postbup_vitals_0	None of the above
1	postbup_vitals_1	Hypoxia																
2	postbup_vitals_2	Hypercarbia																
3	postbup_vitals_3	Hypotension																
4	postbup_vitals_4	Bradycardia																
0	postbup_vitals_0	None of the above																

409	<p>hypoxia_time_yn</p> <p>Show the field ONLY if: [postbup_vitals(1)] = '1'</p>	<p>Did the provider document the time(s) at which hypoxia was noted?</p>	<p>yesno, Required</p> <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														
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410	<p>hypoxia_num</p> <p>Show the field ONLY if: [hypoxia_time_yn] = '1'</p>	<p>How many instances of hypoxia were documented with timestamps within 6 hours after first buprenorphine administration?</p>	<p>radio, Required</p> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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411	<p>hypoxia_time1</p> <p>Show the field ONLY if: [hypoxia_num] = '1' or [hypoxia_num] = '2' or [hypoxia_num] = '3' or [hypoxia_num] = '4' or [hypoxia_num] = '5'</p>	<p>Record the date and time of the first instance of hypoxia.</p>	<p>text (datetime_mdy), Required</p>												
412	<p>hypoxia_time2</p> <p>Show the field ONLY if: [hypoxia_num] = '2' or [hypoxia_num] = '3' or [hypoxia_num] = '4' or [hypoxia_num] = '5'</p>	<p>Record the date and time of the second instance of hypoxia.</p>	<p>text (datetime_mdy), Required</p>												
413	<p>hypoxia_time3</p> <p>Show the field ONLY if: [hypoxia_num] = '3' or [hypoxia_num] = '4' or [hypoxia_num] = '5'</p>	<p>Record the date and time of the third instance of hypoxia.</p>	<p>text (datetime_mdy), Required</p>												
414	<p>hypoxia_time4</p> <p>Show the field ONLY if: [hypoxia_num] = '4' or [hypoxia_num] = '5'</p>	<p>Record the date and time of the fourth instance of hypoxia.</p>	<p>text (datetime_mdy), Required</p>												
415	<p>hypoxia_time5</p> <p>Show the field ONLY if: [hypoxia_num] = '5'</p>	<p>Record the date and time of the fifth instance of hypoxia.</p>	<p>text (datetime_mdy), Required</p>												
416	<p>co2_time_yn</p> <p>Show the field ONLY if: [postbup_vitals(2)] = '1'</p>	<p>Did the provider document the time(s) at which hypercarbia was noted?</p>	<p>yesno, Required</p> <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														
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417	<p>co2_num</p> <p>Show the field ONLY if: [co2_time_yn] = '1'</p>	<p>How many instances of hypercarbia were documented with timestamps within 6 hours after first buprenorphine administration?</p>	<p>radio, Required</p> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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418	co2_time1 Show the field ONLY if: [co2_num]='1' or [co2_num]='2' or [co2_num]='3' or [co2_num]='4' or [co2_num]='5'	Record the date and time of the first instance of hypercarbia.	text (datetime_mdy), Required												
419	co2_time2 Show the field ONLY if: [co2_num]='2' or [co2_num]='3' or [co2_num]='4' or [co2_num]='5'	Record the date and time of the second instance of hypercarbia.	text (datetime_mdy), Required												
420	co2_time3 Show the field ONLY if: [co2_num]='3' or [co2_num]='4' or [co2_num]='5'	Record the date and time of the third instance of hypercarbia.	text (datetime_mdy), Required												
421	co2_time4 Show the field ONLY if: [co2_num]='4' or [co2_num]='5'	Record the date and time of the fourth instance of hypercarbia.	text (datetime_mdy), Required												
422	co2_time5 Show the field ONLY if: [co2_num]='5'	Record the date and time of the fifth instance of hypercarbia.	text (datetime_mdy), Required												
423	hypo_time_yn Show the field ONLY if: [postbup_vitals(3)] = '1'	Did the provider document the time(s) at which hypotension was noted?	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														
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424	hypo_num Show the field ONLY if: [hypo_time_yn] = '1'	How many instances of hypotension were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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425	hypo_time1 Show the field ONLY if: [hypo_num]='1' or [hypo_num]='2' or [hypo_num]='3' or [hypo_num]='4' or [hypo_num]='5'	Record the date and time of the first instance of hypotension.	text (datetime_mdy), Required												
426	hypo_time2 Show the field ONLY if: [hypo_num]='2' or [hypo_num]='3' or [hypo_num]='4' or [hypo_num]='5'	Record the date and time of the second instance of hypotension.	text (datetime_mdy), Required												

427	hypo_time3 Show the field ONLY if: [hypo_num] = '3' or [hypo_num] = '4' or [hypo_num] = '5'	Record the date and time of the third instance of hypotension.	text (datetime_mdy), Required												
428	hypo_time4 Show the field ONLY if: [hypo_num] = '4' or [hypo_num] = '5'	Record the date and time of the fourth instance of hypotension.	text (datetime_mdy), Required												
429	hypo_time5 Show the field ONLY if: [hypo_num] = '5'	Record the date and time of the fifth instance of hypotension.	text (datetime_mdy), Required												
430	brady_time_yn Show the field ONLY if: [postbup_vitals(4)] = '1'	Did the provider document the time(s) at which bradycardia was noted?	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								
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431	brady_num Show the field ONLY if: [brady_time_yn] = '1'	How many instances of bradycardia were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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432	brady_time1 Show the field ONLY if: [brady_num] = '1' or [brady_num] = '2' or [brady_num] = '3' or [brady_num] = '4' or [brady_num] = '5'	Record the date and time of the first instance of bradycardia.	text (datetime_mdy), Required												
433	brady_time2 Show the field ONLY if: [brady_num] = '2' or [brady_num] = '3' or [brady_num] = '4' or [brady_num] = '5'	Record the date and time of the second instance of bradycardia.	text (datetime_mdy), Required												
434	brady_time3 Show the field ONLY if: [brady_num] = '3' or [brady_num] = '4' or [brady_num] = '5'	Record the date and time of the third instance of bradycardia.	text (datetime_mdy), Required												
435	brady_time4 Show the field ONLY if: [brady_num] = '4' or [brady_num] = '5'	Record the date and time of the fourth instance of bradycardia.	text (datetime_mdy), Required												
436	brady_time5 Show the field ONLY if: [brady_num] = '5'	Record the date and time of the fifth instance of bradycardia.	text (datetime_mdy), Required												

437	postbup_misc_sx Show the field ONLY if: [postbup_ss] = '1'	Section Header: <i>Post-Bup Miscellaneous Opioid Related Side Effects</i> Please review the entire clinical chart and note if any of the following miscellaneous opioid related side effects were documented within 6 hours after first buprenorphine administration.	checkbox, Required <table border="1" data-bbox="1047 115 1549 682"> <tr> <td>1</td> <td>postbup_misc_sx_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>postbup_misc_sx_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>postbup_misc_sx_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>postbup_misc_sx_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>postbup_misc_sx_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>postbup_misc_sx_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>postbup_misc_sx_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>8</td> <td>postbup_misc_sx_8</td> <td>Pupil size return to normal</td> </tr> <tr> <td>0</td> <td>postbup_misc_sx_0</td> <td>None of the above</td> </tr> </table>	1	postbup_misc_sx_1	Difficulty passing urine	2	postbup_misc_sx_2	Itchiness	3	postbup_misc_sx_3	Dry mouth	4	postbup_misc_sx_4	Headache	5	postbup_misc_sx_5	Unable to walk	6	postbup_misc_sx_6	Unable to discharge	7	postbup_misc_sx_7	Pupil size smaller than normal (constriction/miosis)	8	postbup_misc_sx_8	Pupil size return to normal	0	postbup_misc_sx_0	None of the above
1	postbup_misc_sx_1	Difficulty passing urine																												
2	postbup_misc_sx_2	Itchiness																												
3	postbup_misc_sx_3	Dry mouth																												
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8	postbup_misc_sx_8	Pupil size return to normal																												
0	postbup_misc_sx_0	None of the above																												
438	urine_time_yn Show the field ONLY if: [postbup_misc_sx(1)] = '1'	Did the provider document the time(s) at which difficulty urinating was noted?	yesno, Required <table border="1" data-bbox="1047 724 1144 819"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																							
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439	urine_num Show the field ONLY if: [urine_time_yn] = '1'	How many instances of difficulty urinating were documented with timestamps within 6 hours after first buprenorphine administration?	radio, Required <table border="1" data-bbox="1047 892 1120 1165"> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5															
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440	urine_time1 Show the field ONLY if: [urine_num] = '1' or [urine_num] = '2' or [urine_num] = '3' or [urine_num] = '4' or [urine_num] = '5'	Record the date and time of the first instance of difficulty urinating.	text (datetime_mdy), Required																											
441	urine_time2 Show the field ONLY if: [urine_num] = '2' or [urine_num] = '3' or [urine_num] = '4' or [urine_num] = '5'	Record the date and time of the second instance of difficulty urinating.	text (datetime_mdy), Required																											
442	urine_time3 Show the field ONLY if: [urine_num] = '3' or [urine_num] = '4' or [urine_num] = '5'	Record the date and time of the third instance of difficulty urinating.	text (datetime_mdy), Required																											
443	urine_time4 Show the field ONLY if: [urine_num] = '4' or [urine_num] = '5'	Record the date and time of the fourth instance of difficulty urinating.	text (datetime_mdy), Required																											

444	urine_time5 Show the field ONLY if: [urine_num] = '5'	Record the date and time of the fifth instance of difficulty urinating.	text (datetime_mdy), Required												
445	itchy_time_yn Show the field ONLY if: [postbup_misc_sx(2)] = '1'	Did the provider document the time(s) at which itchiness was noted?	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														
446	itchy_num Show the field ONLY if: [itchy_time_yn] = '1'	How many instances of itchiness were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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447	itchy_time1 Show the field ONLY if: [itchy_num] = '1' or [itchy_num] = '2' or [itchy_num] = '3' or [itchy_num] = '4' or [itchy_num] = '5'	Record the date and time of the first instance of itchiness.	text (datetime_mdy), Required												
448	itchy_time2 Show the field ONLY if: [itchy_num] = '2' or [itchy_num] = '3' or [itchy_num] = '4' or [itchy_num] = '5'	Record the date and time of the second instance of itchiness.	text (datetime_mdy), Required												
449	itchy_time3 Show the field ONLY if: [itchy_num] = '3' or [itchy_num] = '4' or [itchy_num] = '5'	Record the date and time of the third instance of itchiness.	text (datetime_mdy), Required												
450	itchy_time4 Show the field ONLY if: [itchy_num] = '4' or [itchy_num] = '5'	Record the date and time of the fourth instance of itchiness.	text (datetime_mdy), Required												
451	itchy_time5 Show the field ONLY if: [itchy_num] = '5'	Record the date and time of the fifth instance of itchiness.	text (datetime_mdy), Required												
452	mouth_time_yn Show the field ONLY if: [postbup_misc_sx(3)] = '1'	Did the provider document the time(s) at which dry mouth was noted?	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														

453	mouth_num Show the field ONLY if: [mouth_time_yn] = '1'	How many instances of dry mouth were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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4	4														
5	5														
454	mouth_time1 Show the field ONLY if: [mouth_num] = '1' or [mouth_num] = '2' or [mouth_num] = '3' or [mouth_num] = '4' or [mouth_num] = '5'	Record the date and time of the first instance of dry mouth.	text (datetime_mdy), Required												
455	mouth_time2 Show the field ONLY if: [mouth_num] = '2' or [mouth_num] = '3' or [mouth_num] = '4' or [mouth_num] = '5'	Record the date and time of the second instance of dry mouth.	text (datetime_mdy), Required												
456	mouth_time3 Show the field ONLY if: [mouth_num] = '3' or [mouth_num] = '4' or [mouth_num] = '5'	Record the date and time of the third instance of dry mouth.	text (datetime_mdy), Required												
457	mouth_time4 Show the field ONLY if: [mouth_num] = '4' or [mouth_num] = '5'	Record the date and time of the fourth instance of dry mouth.	text (datetime_mdy), Required												
458	mouth_time5 Show the field ONLY if: [mouth_num] = '5'	Record the date and time of the fifth instance of dry mouth.	text (datetime_mdy), Required												
459	headache_time_yn Show the field ONLY if: [postbup_misc_sx(4)] = '1'	Did the provider document the time(s) at which headache was noted?	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														
460	headache_num Show the field ONLY if: [headache_time_yn] = '1'	How many instances of headache were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
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5	5														

461	headache_time1 Show the field ONLY if: [headache_num] = '1' or [headache_num] = '2' or [headache_num] = '3' or [headache_num] = '4' or [headache_num] = '5'	Record the date and time of the first instance of headache.	text (datetime_mdy), Required												
462	headache_time2 Show the field ONLY if: [headache_num] = '2' or [headache_num] = '3' or [headache_num] = '4' or [headache_num] = '5'	Record the date and time of the second instance of headache.	text (datetime_mdy), Required												
463	headache_time3 Show the field ONLY if: [headache_num] = '3' or [headache_num] = '4' or [headache_num] = '5'	Record the date and time of the third instance of headache.	text (datetime_mdy), Required												
464	headache_time4 Show the field ONLY if: [headache_num] = '4' or [headache_num] = '5'	Record the date and time of the fourth instance of headache.	text (datetime_mdy), Required												
465	headache_time5 Show the field ONLY if: [headache_num] = '5'	Record the date and time of the fifth instance of headache.	text (datetime_mdy), Required												
466	nowalk_time_yn Show the field ONLY if: [postbup_misc_sx(5)] = '1'	Did the provider document the time(s) at which inability to walk was noted?	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														
467	nowalk_num Show the field ONLY if: [nowalk_time_yn] = '1'	How many instances of inability to walk were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
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4	4														
5	5														
468	nowalk_time1 Show the field ONLY if: [nowalk_num] = '1' or [nowalk_num] = '2' or [nowalk_num] = '3' or [nowalk_num] = '4' or [nowalk_num] = '5'	Record the date and time of the first instance of inability to walk.	text (datetime_mdy), Required												

469	nowalk_time2 Show the field ONLY if: [nowalk_num] = '2' or [nowalk_num] = '3' or [nowalk_num] = '4' or [nowalk_num] = '5'	Record the date and time of the second instance of inability to walk.	text (datetime_mdy), Required												
470	nowalk_time3 Show the field ONLY if: [nowalk_num] = '3' or [nowalk_num] = '4' or [nowalk_num] = '5'	Record the date and time of the third instance of inability to walk.	text (datetime_mdy), Required												
471	nowalk_time4 Show the field ONLY if: [nowalk_num] = '4' or [nowalk_num] = '5'	Record the date and time of the fourth instance of inability to walk.	text (datetime_mdy), Required												
472	nowalk_time5 Show the field ONLY if: [nowalk_num] = '5'	Record the date and time of the fifth instance of inability to walk.	text (datetime_mdy), Required												
473	nodc_time_yn Show the field ONLY if: [postbup_misc_sx(6)] = '1'	Did the provider document the time(s) at which inability to discharge the patient was noted?	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														
474	nodc_num Show the field ONLY if: [nodc_time_yn] = '1'	How many instances of inability to discharge were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
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4	4														
5	5														
475	nodc_time1 Show the field ONLY if: [nodc_num] = '1' or [nodc_num] = '2' or [nodc_num] = '3' or [nodc_num] = '4' or [nodc_num] = '5'	Record the date and time of the first instance of inability to discharge.	text (datetime_mdy), Required												
476	nodc_time2 Show the field ONLY if: [nodc_num] = '2' or [nodc_num] = '3' or [nodc_num] = '4' or [nodc_num] = '5'	Record the date and time of the second instance of inability to discharge.	text (datetime_mdy), Required												
477	nodc_time3 Show the field ONLY if: [nodc_num] = '3' or [nodc_num] = '4' or [nodc_num] = '5'	Record the date and time of the third instance of inability to discharge.	text (datetime_mdy), Required												

478	nodc_time4 Show the field ONLY if: [nodc_num] = '4' or [nodc_num] = '5'	Record the date and time of the fourth instance of inability to discharge.	text (datetime_mdy), Required												
479	nodc_time5 Show the field ONLY if: [nodc_num] = '5'	Record the date and time of the fifth instance of inability to discharge.	text (datetime_mdy), Required												
480	miosis_time_yn Show the field ONLY if: [postbup_misc_sx(7)] = '1'	Did the provider document the time(s) at which pupil constriction was noted?	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														
481	miosis_num Show the field ONLY if: [miosis_time_yn] = '1'	How many instances of pupil constriction were documented with timestamps within 6 hours after first buprenorphine administration?	radio, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
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4	4														
5	5														
482	miosis_time1 Show the field ONLY if: [miosis_num] = '1' or [miosis_num] = '2' or [miosis_num] = '3' or [miosis_num] = '4' or [miosis_num] = '5'	Record the date and time of the first instance of pupil constriction.	text (datetime_mdy), Required												
483	postbup_miosis_mm_1 Show the field ONLY if: [miosis_num] = '1' or [miosis_num] = '2' or [miosis_num] = '3' or [miosis_num] = '4' or [miosis_num] = '5'	Pupil measurement listed?	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														
484	postbup_miosis_size_1 Show the field ONLY if: [postbup_miosis_mm_1] = '1'	Please enter the pupil size measured (in mm)	text, Required												
485	miosis_time2 Show the field ONLY if: [miosis_num] = '2' or [miosis_num] = '3' or [miosis_num] = '4' or [miosis_num] = '5'	Record the date and time of the second instance of pupil constriction.	text (datetime_mdy), Required												
486	postbup_miosis_mm_2 Show the field ONLY if: [miosis_num] = '2' or [miosis_num] = '3' or [miosis_num] = '4' or [miosis_num] = '5'	Pupil measurement listed?	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														

487	postbup_miosis_size_2 Show the field ONLY if: [postbup_miosis_mm_2] = '1'	Please enter the pupil size measured (in mm)	text, Required				
488	miosis_time3 Show the field ONLY if: [miosis_num] = '3' or [miosis_num] = '4' or [miosis_num] = '5'	Record the date and time of the third instance of pupil constriction.	text (datetime_mdy), Required				
489	postbup_miosis_mm_3 Show the field ONLY if: [miosis_num] = '3' or [miosis_num] = '4' or [miosis_num] = '5'	Pupil measurement listed?	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						
490	postbup_miosis_size_3 Show the field ONLY if: [postbup_miosis_mm_3] = '1'	Please enter the pupil size measured (in mm)	text, Required				
491	miosis_time4 Show the field ONLY if: [miosis_num] = '4' or [miosis_num] = '5'	Record the date and time of the fourth instance of pupil constriction.	text (datetime_mdy), Required				
492	postbup_miosis_mm_4 Show the field ONLY if: [miosis_num] = '4' or [miosis_num] = '5'	Pupil measurement listed?	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						
493	postbup_miosis_size_4 Show the field ONLY if: [postbup_miosis_mm_4] = '1'	Please enter the pupil size measured (in mm)	text, Required				
494	miosis_time5 Show the field ONLY if: [miosis_num] = '5'	Record the date and time of the fifth instance of pupil constriction.	text (datetime_mdy), Required				
495	postbup_miosis_mm_5 Show the field ONLY if: [miosis_num] = '5'	Pupil measurement listed?	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						
496	postbup_miosis_size_5 Show the field ONLY if: [postbup_miosis_mm_5] = '1'	Please enter the pupil size measured (in mm)	text, Required				
497	postbup_perrl_time_yn Show the field ONLY if: [postbup_misc_sx(8)] = '1'	Did the provider document the time(s) at which return to normal pupil size was noted?	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						

498	<p>perrl_num</p> <p>Show the field ONLY if: [postbup_perrl_time_yn] = '1'</p>	<p>How many instances of return to normal pupil size were documented with timestamps within 6 hours after first buprenorphine administration?</p>	<p>radio, Required</p> <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
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3	3														
4	4														
5	5														
499	<p>perrl_time1</p> <p>Show the field ONLY if: [perrl_num] = '1' or [perrl_num] = '2' or [perrl_num] = '3' or [perrl_num] = '4' or [perrl_num] = '5'</p>	<p>Record the date and time of the first instance of return to normal pupil size.</p>	<p>text (datetime_mdy), Required</p>												
500	<p>postbup_perrl_mm_1</p> <p>Show the field ONLY if: [perrl_num] = '1' or [perrl_num] = '2' or [perrl_num] = '3' or [perrl_num] = '4' or [perrl_num] = '5'</p>	<p>Pupil measurement listed?</p>	<p>yesno, Required</p> <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														
501	<p>postbup_perrl_size_1</p> <p>Show the field ONLY if: [postbup_perrl_mm_1] = '1'</p>	<p>Please enter the pupil size measured (in mm)</p>	<p>text, Required</p>												
502	<p>perrl_time2</p> <p>Show the field ONLY if: [perrl_num] = '2' or [perrl_num] = '3' or [perrl_num] = '4' or [perrl_num] = '5'</p>	<p>Record the date and time of the second instance of return to normal pupil size.</p>	<p>text (datetime_mdy), Required</p>												
503	<p>postbup_perrl_mm_2</p> <p>Show the field ONLY if: [perrl_num] = '2' or [perrl_num] = '3' or [perrl_num] = '4' or [perrl_num] = '5'</p>	<p>Pupil measurement listed?</p>	<p>yesno, Required</p> <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														
504	<p>postbup_perrl_size_2</p> <p>Show the field ONLY if: [postbup_perrl_mm_2] = '1'</p>	<p>Please enter the pupil size measured (in mm)</p>	<p>text, Required</p>												
505	<p>perrl_time3</p> <p>Show the field ONLY if: [perrl_num] = '3' or [perrl_num] = '4' or [perrl_num] = '5'</p>	<p>Record the date and time of the third instance of return to normal pupil size.</p>	<p>text (datetime_mdy), Required</p>												

506	postbup_perri_mm_3 Show the field ONLY if: [perri_num] = '3' or [perri_num] = '4' or [perri_num] = '5'	Pupil measurement listed?	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																		
507	postbup_perri_size_3 Show the field ONLY if: [postbup_perri_mm_3] = '1'	Please enter the pupil size measured (in mm)	text, Required																
508	perri_time4 Show the field ONLY if: [perri_num] = '4' or [perri_num] = '5'	Record the date and time of the fourth instance of return to normal pupil size.	text (datetime_mdy), Required																
509	postbup_perri_mm_4 Show the field ONLY if: [perri_num] = '4' or [perri_num] = '5'	Pupil measurement listed?	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																		
510	postbup_perri_size_4 Show the field ONLY if: [postbup_perri_mm_4] = '1'	Please enter the pupil size measured (in mm)	text, Required																
511	perri_time5 Show the field ONLY if: [perri_num] = '5'	Record the date and time of the fifth instance of return to normal pupil size.	text (datetime_mdy), Required																
512	postbup_perri_mm_5 Show the field ONLY if: [perri_num] = '5'	Pupil measurement listed?	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																		
513	postbup_perri_size_5 Show the field ONLY if: [postbup_perri_mm_5] = '1'	Please enter the pupil size measured (in mm)	text, Required																
514	late_ss	Section Header: <i>Late-Developed Signs and Symptoms</i> Did any of the above signs or symptoms newly develop after the first 6 hours following first buprenorphine administration until discharge?	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																		
515	late_sedation Show the field ONLY if: [late_ss] = '1'	Section Header: <i>Late-Developed Sedation</i> Which of the following signs or symptoms of sedation were documented after the first 6 hours following first buprenorphine administration until discharge?	<table border="1"> <tr> <td colspan="2">checkbox, Required</td> <td>Nodding</td> </tr> <tr> <td>1</td> <td>late_sedation_1</td> <td></td> </tr> <tr> <td>2</td> <td>late_sedation_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>late_sedation_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>late_sedation_0</td> <td>None of the above</td> </tr> </table>		checkbox, Required		Nodding	1	late_sedation_1		2	late_sedation_2	Sleepy, drowsy, difficulty staying awake	3	late_sedation_3	Feelings of general fatigue or weakness	0	late_sedation_0	None of the above
checkbox, Required		Nodding																	
1	late_sedation_1																		
2	late_sedation_2	Sleepy, drowsy, difficulty staying awake																	
3	late_sedation_3	Feelings of general fatigue or weakness																	
0	late_sedation_0	None of the above																	

516	late_intox Show the field ONLY if: [late_ss] = '1'	Section Header: <i>Late-Developed Intoxication</i> Which of the following signs or symptoms of intoxication were documented after the first 6 hours following first buprenorphine administration until discharge?	checkbox, Required <table border="1"> <tr><td>1</td><td>late_intox_1</td><td>Good mood</td></tr> <tr><td>2</td><td>late_intox_2</td><td>Coasting (Spaced out)</td></tr> <tr><td>3</td><td>late_intox_3</td><td>Pleasant Sick</td></tr> <tr><td>4</td><td>late_intox_4</td><td>Drive (energy)</td></tr> <tr><td>5</td><td>late_intox_5</td><td>High</td></tr> <tr><td>6</td><td>late_intox_6</td><td>Drunken</td></tr> <tr><td>7</td><td>late_intox_7</td><td>Soapbox (talkative)</td></tr> <tr><td>8</td><td>late_intox_8</td><td>Rush</td></tr> <tr><td>9</td><td>late_intox_9</td><td>Friendly</td></tr> <tr><td>10</td><td>late_intox_10</td><td>Relaxed</td></tr> <tr><td>11</td><td>late_intox_11</td><td>Difficulty concentrating</td></tr> <tr><td>12</td><td>late_intox_12</td><td>Feeling lightheaded or dizzy</td></tr> <tr><td>13</td><td>late_intox_13</td><td>Feeling confused</td></tr> <tr><td>0</td><td>late_intox_0</td><td>None of the above</td></tr> </table>	1	late_intox_1	Good mood	2	late_intox_2	Coasting (Spaced out)	3	late_intox_3	Pleasant Sick	4	late_intox_4	Drive (energy)	5	late_intox_5	High	6	late_intox_6	Drunken	7	late_intox_7	Soapbox (talkative)	8	late_intox_8	Rush	9	late_intox_9	Friendly	10	late_intox_10	Relaxed	11	late_intox_11	Difficulty concentrating	12	late_intox_12	Feeling lightheaded or dizzy	13	late_intox_13	Feeling confused	0	late_intox_0	None of the above
1	late_intox_1	Good mood																																											
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0	late_intox_0	None of the above																																											
517	late_gi Show the field ONLY if: [late_ss] = '1'	Section Header: <i>Late-Developed GI Symptoms</i> Which of the following gastrointestinal signs or symptoms were documented after the first 6 hours following first buprenorphine administration until discharge?	checkbox, Required <table border="1"> <tr><td>1</td><td>late_gi_1</td><td>Constipation</td></tr> <tr><td>2</td><td>late_gi_2</td><td>Turning of stomach/cramping/abdominal pain</td></tr> <tr><td>3</td><td>late_gi_3</td><td>Nausea</td></tr> <tr><td>4</td><td>late_gi_4</td><td>Vomiting</td></tr> <tr><td>5</td><td>late_gi_5</td><td>Diarrhea</td></tr> <tr><td>0</td><td>late_gi_0</td><td>None of the above</td></tr> </table>	1	late_gi_1	Constipation	2	late_gi_2	Turning of stomach/cramping/abdominal pain	3	late_gi_3	Nausea	4	late_gi_4	Vomiting	5	late_gi_5	Diarrhea	0	late_gi_0	None of the above																								
1	late_gi_1	Constipation																																											
2	late_gi_2	Turning of stomach/cramping/abdominal pain																																											
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4	late_gi_4	Vomiting																																											
5	late_gi_5	Diarrhea																																											
0	late_gi_0	None of the above																																											
518	late_anxious Show the field ONLY if: [late_ss] = '1'	Section Header: <i>Late-Developed Anxiety</i> Which of the following signs or symptoms of anxiety were documented after the first 6 hours following first buprenorphine administration until discharge?	checkbox, Required <table border="1"> <tr><td>1</td><td>late_anxious_1</td><td>Anxiety, irritability, or agitation</td></tr> <tr><td>2</td><td>late_anxious_2</td><td>Nervousness</td></tr> <tr><td>3</td><td>late_anxious_3</td><td>Tremor</td></tr> <tr><td>4</td><td>late_anxious_4</td><td>Restlessness</td></tr> <tr><td>0</td><td>late_anxious_0</td><td>None of the above</td></tr> </table>	1	late_anxious_1	Anxiety, irritability, or agitation	2	late_anxious_2	Nervousness	3	late_anxious_3	Tremor	4	late_anxious_4	Restlessness	0	late_anxious_0	None of the above																											
1	late_anxious_1	Anxiety, irritability, or agitation																																											
2	late_anxious_2	Nervousness																																											
3	late_anxious_3	Tremor																																											
4	late_anxious_4	Restlessness																																											
0	late_anxious_0	None of the above																																											

519	late_withdrawal Show the field ONLY if: [late_ss] = '1'	Section Header: <i>Late-Developed Withdrawal</i> Which of the following signs or symptoms of withdrawal were documented after the first 6 hours following first buprenorphine administration until discharge?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>late_withdrawal_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>late_withdrawal_2</td> <td>Gooseflesh skin (chills/piloerection)</td> </tr> <tr> <td>3</td> <td>late_withdrawal_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>late_withdrawal_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>late_withdrawal_5</td> <td>Pupil size larger than normal (dilation/mydriasis)</td> </tr> <tr> <td>6</td> <td>late_withdrawal_6</td> <td>Bone, joint aches, or body aches (arthralgias/myalgias)</td> </tr> <tr> <td>7</td> <td>late_withdrawal_7</td> <td>Runny nose or tearing (rhinorrhea/lacrimation)</td> </tr> <tr> <td>0</td> <td>late_withdrawal_0</td> <td>None of the above</td> </tr> </table>	1	late_withdrawal_1	Yawning	2	late_withdrawal_2	Gooseflesh skin (chills/piloerection)	3	late_withdrawal_3	Pulse > 80	4	late_withdrawal_4	Sweating (diaphoresis)	5	late_withdrawal_5	Pupil size larger than normal (dilation/mydriasis)	6	late_withdrawal_6	Bone, joint aches, or body aches (arthralgias/myalgias)	7	late_withdrawal_7	Runny nose or tearing (rhinorrhea/lacrimation)	0	late_withdrawal_0	None of the above
1	late_withdrawal_1	Yawning																									
2	late_withdrawal_2	Gooseflesh skin (chills/piloerection)																									
3	late_withdrawal_3	Pulse > 80																									
4	late_withdrawal_4	Sweating (diaphoresis)																									
5	late_withdrawal_5	Pupil size larger than normal (dilation/mydriasis)																									
6	late_withdrawal_6	Bone, joint aches, or body aches (arthralgias/myalgias)																									
7	late_withdrawal_7	Runny nose or tearing (rhinorrhea/lacrimation)																									
0	late_withdrawal_0	None of the above																									
520	late_vitals Show the field ONLY if: [late_ss] = '1'	Section Header: <i>Late-Developed Abnormal Vital Signs</i> Which of the following abnormal vital signs were documented after the first 6 hours following first buprenorphine administration until discharge?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>late_vitals_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>late_vitals_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>late_vitals_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>late_vitals_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>late_vitals_0</td> <td>None of the above</td> </tr> </table>	1	late_vitals_1	Hypoxia	2	late_vitals_2	Hypercarbia	3	late_vitals_3	Hypotension	4	late_vitals_4	Bradycardia	0	late_vitals_0	None of the above									
1	late_vitals_1	Hypoxia																									
2	late_vitals_2	Hypercarbia																									
3	late_vitals_3	Hypotension																									
4	late_vitals_4	Bradycardia																									
0	late_vitals_0	None of the above																									
521	late_misc_sx Show the field ONLY if: [late_ss] = '1'	Section Header: <i>Late-Developed Miscellaneous Opioid Related Side Effects</i> Which of the following miscellaneous opioid related side effects were documented after the first 6 hours following first buprenorphine administration until discharge?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>late_misc_sx_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>late_misc_sx_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>late_misc_sx_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>late_misc_sx_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>late_misc_sx_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>late_misc_sx_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>late_misc_sx_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>late_misc_sx_0</td> <td>None of the above</td> </tr> </table>	1	late_misc_sx_1	Difficulty passing urine	2	late_misc_sx_2	Itchiness	3	late_misc_sx_3	Dry mouth	4	late_misc_sx_4	Headache	5	late_misc_sx_5	Unable to walk	6	late_misc_sx_6	Unable to discharge	7	late_misc_sx_7	Pupil size smaller than normal (constriction/miosis)	0	late_misc_sx_0	None of the above
1	late_misc_sx_1	Difficulty passing urine																									
2	late_misc_sx_2	Itchiness																									
3	late_misc_sx_3	Dry mouth																									
4	late_misc_sx_4	Headache																									
5	late_misc_sx_5	Unable to walk																									
6	late_misc_sx_6	Unable to discharge																									
7	late_misc_sx_7	Pupil size smaller than normal (constriction/miosis)																									
0	late_misc_sx_0	None of the above																									
522	ed_death	Section Header: <i>Death</i> Did the ED chart indicate that the patient died?	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																										
523	other_meds	Section Header: <i>Other E.D. Medications</i> Was the patient given any medications before bup or within the first six hours after bup?	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																										

524	other_meds_num Show the field ONLY if: [other_meds] = '1'	How many other unique medications were given?	radio, Required <table border="1" data-bbox="1047 115 1144 588"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
1	1																						
2	2																						
3	3																						
4	4																						
5	5																						
6	6																						
7	7																						
8	8																						
9	9																						
10	10																						
525	other_meds_1 Show the field ONLY if: [other_meds_num] = '1' or [other_meds_num] = '2' or [other_meds_num] = '3' or [other_meds_num] = '4' or [other_meds_num] = '5' or [other_meds_num] = '6' or [other_meds_num] = '7' or [other_meds_num] = '8' or [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the (first) medication	text, Required																				
526	other_meds_2 Show the field ONLY if: [other_meds_num] = '2' or [other_meds_num] = '3' or [other_meds_num] = '4' or [other_meds_num] = '5' or [other_meds_num] = '6' or [other_meds_num] = '7' or [other_meds_num] = '8' or [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the second medication	text, Required																				
527	other_meds_3 Show the field ONLY if: [other_meds_num] = '3' or [other_meds_num] = '4' or [other_meds_num] = '5' or [other_meds_num] = '6' or [other_meds_num] = '7' or [other_meds_num] = '8' or [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the third medication	text, Required																				

528	other_meds_4 Show the field ONLY if: [other_meds_num] = '4' or [other_meds_num] = '5' or [other_meds_num] = '6' or [other_meds_num] = '7' or [other_meds_num] = '8' or [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the fourth medication	text, Required
529	other_meds_5 Show the field ONLY if: [other_meds_num] = '5' or [other_meds_num] = '6' or [other_meds_num] = '7' or [other_meds_num] = '8' or [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the fifth medication	text, Required
530	other_meds_6 Show the field ONLY if: [other_meds_num] = '6' or [other_meds_num] = '7' or [other_meds_num] = '8' or [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the sixth medication	text, Required
531	other_meds_7 Show the field ONLY if: [other_meds_num] = '7' or [other_meds_num] = '8' or [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the seventh medication	text, Required
532	other_meds_8 Show the field ONLY if: [other_meds_num] = '8' or [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the eighth medication	text, Required
533	other_meds_9 Show the field ONLY if: [other_meds_num] = '9' or [other_meds_num] = '10'	Please name the ninth medication	text, Required
534	other_meds_10 Show the field ONLY if: [other_meds_num] = '10'	Please name the tenth medication	text, Required

535	ancillary_ed Show the field ONLY if: [other_meds] = '1'	Which of the following classes of medications was the patient given during their E.D. visit?	checkbox, Required <table border="1" data-bbox="1047 115 1523 672"> <tr> <td>1</td> <td>ancillary_ed_1</td> <td>Anti-emetics</td> </tr> <tr> <td>2</td> <td>ancillary_ed_2</td> <td>Anti-diarrheals</td> </tr> <tr> <td>3</td> <td>ancillary_ed_3</td> <td>Clonidine</td> </tr> <tr> <td>4</td> <td>ancillary_ed_4</td> <td>Non-opioid painkillers</td> </tr> <tr> <td>5</td> <td>ancillary_ed_5</td> <td>Opioids (not including buprenorphine)</td> </tr> <tr> <td>6</td> <td>ancillary_ed_6</td> <td>Gabapentin</td> </tr> <tr> <td>7</td> <td>ancillary_ed_7</td> <td>Psychiatric medications</td> </tr> <tr> <td>8</td> <td>ancillary_ed_8</td> <td>Benzodiazepines</td> </tr> <tr> <td>0</td> <td>ancillary_ed_0</td> <td>None of the above</td> </tr> </table>	1	ancillary_ed_1	Anti-emetics	2	ancillary_ed_2	Anti-diarrheals	3	ancillary_ed_3	Clonidine	4	ancillary_ed_4	Non-opioid painkillers	5	ancillary_ed_5	Opioids (not including buprenorphine)	6	ancillary_ed_6	Gabapentin	7	ancillary_ed_7	Psychiatric medications	8	ancillary_ed_8	Benzodiazepines	0	ancillary_ed_0	None of the above															
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8	ancillary_ed_8	Benzodiazepines																																											
0	ancillary_ed_0	None of the above																																											
536	md_hpi	Section Header: <i>MD Notes</i> MD/MLP HPI from Wellsoft <i>Copy and paste from MD note.</i>	notes, Required																																										
537	pmh	Past medical history (check all that apply)	checkbox, Required <table border="1" data-bbox="1047 835 1523 1793"> <tr> <td>1</td> <td>pmh_1</td> <td>Congestive heart failure (CHF)</td> </tr> <tr> <td>2</td> <td>pmh_2</td> <td>Chronic obstructive pulmonary disease (COPD)</td> </tr> <tr> <td>3</td> <td>pmh_3</td> <td>Coronary artery disease (CAD)</td> </tr> <tr> <td>4</td> <td>pmh_4</td> <td>Diabetes mellitus (DM)</td> </tr> <tr> <td>5</td> <td>pmh_5</td> <td>Asthma</td> </tr> <tr> <td>6</td> <td>pmh_6</td> <td>HIV (check if rapid test comes back positive)</td> </tr> <tr> <td>7</td> <td>pmh_7</td> <td>Hepatitis C (if known; do not check if only Ab test positive)</td> </tr> <tr> <td>8</td> <td>pmh_8</td> <td>Chronic kidney disease (CKD) or end-stage renal disease (ESRD)</td> </tr> <tr> <td>9</td> <td>pmh_9</td> <td>Cirrhosis</td> </tr> <tr> <td>10</td> <td>pmh_10</td> <td>Hypertension (HTN)</td> </tr> <tr> <td>11</td> <td>pmh_11</td> <td>Cancer</td> </tr> <tr> <td>12</td> <td>pmh_12</td> <td>Seizure</td> </tr> <tr> <td>13</td> <td>pmh_13</td> <td>Other</td> </tr> <tr> <td>0</td> <td>pmh_0</td> <td>None of the above</td> </tr> </table>	1	pmh_1	Congestive heart failure (CHF)	2	pmh_2	Chronic obstructive pulmonary disease (COPD)	3	pmh_3	Coronary artery disease (CAD)	4	pmh_4	Diabetes mellitus (DM)	5	pmh_5	Asthma	6	pmh_6	HIV (check if rapid test comes back positive)	7	pmh_7	Hepatitis C (if known; do not check if only Ab test positive)	8	pmh_8	Chronic kidney disease (CKD) or end-stage renal disease (ESRD)	9	pmh_9	Cirrhosis	10	pmh_10	Hypertension (HTN)	11	pmh_11	Cancer	12	pmh_12	Seizure	13	pmh_13	Other	0	pmh_0	None of the above
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13	pmh_13	Other																																											
0	pmh_0	None of the above																																											
538	pmh_oth Show the field ONLY if: [pmh(13)] = '1'	If "Other," please specify.	text, Required																																										

539	sud_hx 	Other past and present substance use (check all that apply). 	checkbox, Required <table border="1" data-bbox="1045 115 1523 766"> <tr> <td>1</td> <td>sud_hx_1</td> <td>Methamphetamines</td> </tr> <tr> <td>2</td> <td>sud_hx_2</td> <td>Cocaine</td> </tr> <tr> <td>3</td> <td>sud_hx_3</td> <td>Cannabis</td> </tr> <tr> <td>4</td> <td>sud_hx_4</td> <td>Hallucinogens (including Ecstasy/MDMA)</td> </tr> <tr> <td>5</td> <td>sud_hx_5</td> <td>LSD</td> </tr> <tr> <td>6</td> <td>sud_hx_6</td> <td>Benzodiazepines</td> </tr> <tr> <td>7</td> <td>sud_hx_7</td> <td>Alcohol</td> </tr> <tr> <td>8</td> <td>sud_hx_8</td> <td>Tobacco</td> </tr> <tr> <td>9</td> <td>sud_hx_9</td> <td>Other stimulant use NOS</td> </tr> <tr> <td>10</td> <td>sud_hx_10</td> <td>Other (note any heavy usage)</td> </tr> <tr> <td>0</td> <td>sud_hx_0</td> <td>None of the above</td> </tr> </table>	1	sud_hx_1	Methamphetamines	2	sud_hx_2	Cocaine	3	sud_hx_3	Cannabis	4	sud_hx_4	Hallucinogens (including Ecstasy/MDMA)	5	sud_hx_5	LSD	6	sud_hx_6	Benzodiazepines	7	sud_hx_7	Alcohol	8	sud_hx_8	Tobacco	9	sud_hx_9	Other stimulant use NOS	10	sud_hx_10	Other (note any heavy usage)	0	sud_hx_0	None of the above
1	sud_hx_1	Methamphetamines																																		
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540	sud_hx_oth Show the field ONLY if: [sud_hx(10)] = '1'	If "Other," please specify. 	text, Required 																																	
541	psych_admit 	Does the patient have a history of admission to an inpatient psychiatric unit? <i>E.g., John George Pavillion</i>	yesno, Required <table border="1" data-bbox="1045 953 1138 1045"> <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																																			
542	psych_disorder 	Any mention of a psychiatric disorder?	yesno, Required <table border="1" data-bbox="1045 1100 1138 1192"> <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																																			
543	psych_hx Show the field ONLY if: [psych_disorder] = '1'	Please choose from the following psychiatric disorders. <i>If "Other," or not specified, choose: "Psych NOS."</i>	checkbox, Required <table border="1" data-bbox="1045 1247 1523 1558"> <tr> <td>1</td> <td>psych_hx_1</td> <td>Psych NOS</td> </tr> <tr> <td>2</td> <td>psych_hx_2</td> <td>Depression</td> </tr> <tr> <td>3</td> <td>psych_hx_3</td> <td>Bipolar disorder</td> </tr> <tr> <td>4</td> <td>psych_hx_4</td> <td>Schizophrenia</td> </tr> <tr> <td>5</td> <td>psych_hx_5</td> <td>Anxiety</td> </tr> <tr> <td>6</td> <td>psych_hx_6</td> <td>Post-traumatic stress disorder (PTSD)</td> </tr> </table>	1	psych_hx_1	Psych NOS	2	psych_hx_2	Depression	3	psych_hx_3	Bipolar disorder	4	psych_hx_4	Schizophrenia	5	psych_hx_5	Anxiety	6	psych_hx_6	Post-traumatic stress disorder (PTSD)															
1	psych_hx_1	Psych NOS																																		
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5	psych_hx_5	Anxiety																																		
6	psych_hx_6	Post-traumatic stress disorder (PTSD)																																		

544	ancillary_home 	Which of the following classes of prescribed supportive medications does the patient currently take? 	checkbox, Required <table border="1"> <tr> <td>1</td> <td>ancillary_home_1</td> <td>Anti-emetics</td> </tr> <tr> <td>2</td> <td>ancillary_home_2</td> <td>Anti-diarrheals</td> </tr> <tr> <td>3</td> <td>ancillary_home_3</td> <td>Clonidine</td> </tr> <tr> <td>4</td> <td>ancillary_home_4</td> <td>Non-opioid painkillers</td> </tr> <tr> <td>6</td> <td>ancillary_home_6</td> <td>Gabapentin</td> </tr> <tr> <td>7</td> <td>ancillary_home_7</td> <td>Psychiatric medications</td> </tr> <tr> <td>8</td> <td>ancillary_home_8</td> <td>Benzodiazepines</td> </tr> <tr> <td>0</td> <td>ancillary_home_0</td> <td>None of the above</td> </tr> </table>	1	ancillary_home_1	Anti-emetics	2	ancillary_home_2	Anti-diarrheals	3	ancillary_home_3	Clonidine	4	ancillary_home_4	Non-opioid painkillers	6	ancillary_home_6	Gabapentin	7	ancillary_home_7	Psychiatric medications	8	ancillary_home_8	Benzodiazepines	0	ancillary_home_0	None of the above
1	ancillary_home_1	Anti-emetics																									
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0	ancillary_home_0	None of the above																									
545	last_illicit 	Last illicit opioid use known? 	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No/Not applicable</td> </tr> </table>	1	Yes	0	No/Not applicable																				
1	Yes																										
0	No/Not applicable																										
546	last_opioid_type Show the field ONLY if: [last_illicit] = '1'	Last opioid(s) used before ED visit <i>Brand names listed in parantheses</i> 	checkbox, Required <table border="1"> <tr> <td>1</td> <td>last_opioid_type_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>last_opioid_type_2</td> <td>Oxycodone (OxyContin, Percocet, Roxicodone, etc.)</td> </tr> <tr> <td>3</td> <td>last_opioid_type_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>last_opioid_type_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>last_opioid_type_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>last_opioid_type_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>last_opioid_type_7</td> <td>Other</td> </tr> <tr> <td>999</td> <td>last_opioid_type_999</td> <td>Unknown</td> </tr> </table>	1	last_opioid_type_1	Heroin	2	last_opioid_type_2	Oxycodone (OxyContin, Percocet, Roxicodone, etc.)	3	last_opioid_type_3	Hydrocodone (Norco, Vicodin, etc.)	4	last_opioid_type_4	Fentanyl (Duragesic, Ionsys)	5	last_opioid_type_5	Hydromorphone (Dilaudid)	6	last_opioid_type_6	Morphine	7	last_opioid_type_7	Other	999	last_opioid_type_999	Unknown
1	last_opioid_type_1	Heroin																									
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5	last_opioid_type_5	Hydromorphone (Dilaudid)																									
6	last_opioid_type_6	Morphine																									
7	last_opioid_type_7	Other																									
999	last_opioid_type_999	Unknown																									
547	last_heroin_mx Show the field ONLY if: [last_opioid_type(1)] = '1'	Section Header: Last Heroin Use Are there discrepant values documented for when the patient last used heroin?	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																										
548	heroin_old Show the field ONLY if: [last_heroin_mx] = '1'	Oldest heroin use documented <i>Enter numerical value.</i>	text, Required 																								
549	heroin_new Show the field ONLY if: [last_heroin_mx] = '1'	Most recent heroin use documented <i>Enter numerical value.</i>	text, Required 																								
550	heroin_avg Show the field ONLY if: [last_heroin_mx] = '1'	Average 	calc, Required Calculation: mean([heroin_old], [heroin_new])																								

551	last_heroin_use Show the field ONLY if: [last_heroin_mx] = '0'	Last heroin use <i>Enter 999 if unknown. Use numerical value.</i>	text, Required												
552	last_heroin_unit Show the field ONLY if: [last_opioid_type(1)] = '1'	Unit of time	radio, Required <table border="1"> <tr><td>1</td><td>Hours</td></tr> <tr><td>2</td><td>Days</td></tr> <tr><td>3</td><td>Weeks</td></tr> <tr><td>4</td><td>Months</td></tr> <tr><td>5</td><td>Years</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Hours	2	Days	3	Weeks	4	Months	5	Years	999	Unknown/Unclear
1	Hours														
2	Days														
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4	Months														
5	Years														
999	Unknown/Unclear														
553	last_heroin_amt Show the field ONLY if: [last_opioid_type(1)] = '1'	Is the amount of last heroin use documented?	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														
554	last_heroin_amt_type Show the field ONLY if: [last_heroin_amt] = '1'	Amount type	radio, Required <table border="1"> <tr><td>1</td><td>grams</td></tr> <tr><td>2</td><td>\$</td></tr> <tr><td>3</td><td>bags</td></tr> <tr><td>4</td><td>pills</td></tr> <tr><td>5</td><td>milligrams</td></tr> <tr><td>6</td><td>micrograms</td></tr> </table>	1	grams	2	\$	3	bags	4	pills	5	milligrams	6	micrograms
1	grams														
2	\$														
3	bags														
4	pills														
5	milligrams														
6	micrograms														
555	last_heroin_amt_spec Show the field ONLY if: [last_heroin_amt] = '1'	Please specify amount used <i>Enter numerical value. E.g., if "2 grams," enter "2." Enter "999" if unknown.</i>	text, Required												
556	last_heroin_route Show the field ONLY if: [last_opioid_type(1)] = '1'	Route of Administration	checkbox, Required <table border="1"> <tr><td>1</td><td>last_heroin_route_1</td><td>Injection</td></tr> <tr><td>2</td><td>last_heroin_route_2</td><td>Snort</td></tr> <tr><td>3</td><td>last_heroin_route_3</td><td>Smoke</td></tr> <tr><td>999</td><td>last_heroin_route_999</td><td>Unknown</td></tr> </table>	1	last_heroin_route_1	Injection	2	last_heroin_route_2	Snort	3	last_heroin_route_3	Smoke	999	last_heroin_route_999	Unknown
1	last_heroin_route_1	Injection													
2	last_heroin_route_2	Snort													
3	last_heroin_route_3	Smoke													
999	last_heroin_route_999	Unknown													
557	last_oxy_mx Show the field ONLY if: [last_opioid_type(2)] = '1'	Section Header: Last Oxycodone Use Are there discrepant values documented for when the patient last used oxycodone?	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														
558	oxy_old Show the field ONLY if: [last_oxy_mx] = '1'	Oldest oxycodone use documented <i>Enter numerical value.</i>	text, Required												
559	oxy_new Show the field ONLY if: [last_oxy_mx] = '1'	Most recent oxycodone use documented <i>Enter numerical value.</i>	text, Required												
560	oxy_avg Show the field ONLY if: [last_oxy_mx] = '1'	Average	calc, Required Calculation: mean([oxy_old] , [oxy_new])												

561	last_oxy_use Show the field ONLY if: [last_oxy_mx] = '0'	Last oxycodone use <i>Enter 999 if unknown. Use numerical value.</i>	text, Required															
562	last_oxy_unit Show the field ONLY if: [last_opioid_type(2)] = '1'	Unit of time	radio, Required <table border="1"> <tr><td>1</td><td>Hours</td></tr> <tr><td>2</td><td>Days</td></tr> <tr><td>3</td><td>Weeks</td></tr> <tr><td>4</td><td>Months</td></tr> <tr><td>5</td><td>Years</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Hours	2	Days	3	Weeks	4	Months	5	Years	999	Unknown/Unclear			
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563	last_oxy_amt Show the field ONLY if: [last_opioid_type(2)] = '1'	Is the amount of last illicit oxycodone use documented?	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																	
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564	last_oxy_amt_type Show the field ONLY if: [last_oxy_amt] = '1'	Amount type	radio, Required <table border="1"> <tr><td>1</td><td>grams</td></tr> <tr><td>2</td><td>\$</td></tr> <tr><td>3</td><td>bags</td></tr> <tr><td>4</td><td>pills</td></tr> <tr><td>5</td><td>milligrams</td></tr> <tr><td>6</td><td>micrograms</td></tr> </table>	1	grams	2	\$	3	bags	4	pills	5	milligrams	6	micrograms			
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6	micrograms																	
565	last_oxy_amt_spec Show the field ONLY if: [last_oxy_amt] = '1'	Please specify amount used <i>Enter numerical value. E.g., if "2 grams," enter "2." Enter "999" if unknown.</i>	text, Required															
566	last_oxy_route Show the field ONLY if: [last_opioid_type(2)] = '1'	Route of Administration	<table border="1"> <thead> <tr> <th>checkbox</th> <th>last_oxy_route_1</th> <th>Injection</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>last_oxy_route_2</td> <td>Snort</td> </tr> <tr> <td>3</td> <td>last_oxy_route_3</td> <td>Smoke</td> </tr> <tr> <td>4</td> <td>last_oxy_route_4</td> <td>Swallow</td> </tr> <tr> <td>999</td> <td>last_oxy_route_999</td> <td>Unknown</td> </tr> </tbody> </table>	checkbox	last_oxy_route_1	Injection	2	last_oxy_route_2	Snort	3	last_oxy_route_3	Smoke	4	last_oxy_route_4	Swallow	999	last_oxy_route_999	Unknown
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4	last_oxy_route_4	Swallow																
999	last_oxy_route_999	Unknown																
567	last_hyd_mx Show the field ONLY if: [last_opioid_type(3)] = '1'	Section Header: Last Hydrocodone Use Are there discrepant values documented for when the patient last used hydrocodone?	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																	
568	hyd_old Show the field ONLY if: [last_hyd_mx] = '1'	Oldest hydrocodone use documented <i>Enter numerical value.</i>	text, Required															
569	hyd_new Show the field ONLY if: [last_hyd_mx] = '1'	Most recent hydrocodone use documented <i>Enter numerical value.</i>	text, Required															
570	hyd_avg Show the field ONLY if: [last_hyd_mx] = '1'	Average	calc, Required Calculation: mean([hyd_old] , [hyd_new])															

571	last_hyd_use Show the field ONLY if: [last_hyd_mx] = '0'	Last hydrocodone use <i>Enter 999 if unknown. Use numerical value.</i>	text, Required															
572	last_hyd_unit Show the field ONLY if: [last_opioid_type(3)] = '1'	Unit of time	radio, Required <table border="1"> <tr><td>1</td><td>Hours</td></tr> <tr><td>2</td><td>Days</td></tr> <tr><td>3</td><td>Weeks</td></tr> <tr><td>4</td><td>Months</td></tr> <tr><td>5</td><td>Years</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Hours	2	Days	3	Weeks	4	Months	5	Years	999	Unknown/Unclear			
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3	Weeks																	
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573	last_hyd_amt Show the field ONLY if: [last_opioid_type(3)] = '1'	Is the amount of last illicit hydrocodone use documented?	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																	
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574	last_hyd_amt_type Show the field ONLY if: [last_hyd_amt] = '1'	Amount type	radio, Required <table border="1"> <tr><td>1</td><td>grams</td></tr> <tr><td>2</td><td>\$</td></tr> <tr><td>3</td><td>bags</td></tr> <tr><td>4</td><td>pills</td></tr> <tr><td>5</td><td>milligrams</td></tr> <tr><td>6</td><td>micrograms</td></tr> </table>	1	grams	2	\$	3	bags	4	pills	5	milligrams	6	micrograms			
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575	last_hyd_amt_spec Show the field ONLY if: [last_hyd_amt] = '1'	Please specify amount used <i>Enter numerical value. E.g., if "2 grams," enter "2." Enter "999" if unknown.</i>	text, Required															
576	last_hyd_route Show the field ONLY if: [last_opioid_type(3)] = '1'	Route of Administration	checkbox, Required <table border="1"> <tr><td>1</td><td>last_hyd_route_1</td><td>Injection</td></tr> <tr><td>2</td><td>last_hyd_route_2</td><td>Snort</td></tr> <tr><td>3</td><td>last_hyd_route_3</td><td>Smoke</td></tr> <tr><td>4</td><td>last_hyd_route_4</td><td>Swallow</td></tr> <tr><td>999</td><td>last_hyd_route_999</td><td>Unknown</td></tr> </table>	1	last_hyd_route_1	Injection	2	last_hyd_route_2	Snort	3	last_hyd_route_3	Smoke	4	last_hyd_route_4	Swallow	999	last_hyd_route_999	Unknown
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999	last_hyd_route_999	Unknown																
577	last_fent_mx Show the field ONLY if: [last_opioid_type(4)] = '1'	Section Header: Last Fentanyl Use Are there discrepant values documented for when the patient last used fentanyl?	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																	
578	fent_old Show the field ONLY if: [last_fent_mx] = '1'	Oldest fentanyl use documented <i>Enter numerical value.</i>	text, Required															
579	fent_new Show the field ONLY if: [last_fent_mx] = '1'	Most recent fentanyl use documented <i>Enter numerical value.</i>	text, Required															
580	fent_avg Show the field ONLY if: [last_fent_mx] = '1'	Average	calc, Required Calculation: mean([fent_old] , [fent_new])															

581	last_fent_use Show the field ONLY if: [last_fent_mx] = '0'	Last fentanyl use <i>Enter 999 if unknown. Use numerical value.</i>	text, Required																		
582	last_fent_unit Show the field ONLY if: [last_opioid_type(4)] = '1'	Unit of time	<table border="1"> <tr> <td>1</td> <td>Hours</td> </tr> <tr> <td>2</td> <td>Days</td> </tr> <tr> <td>3</td> <td>Weeks</td> </tr> <tr> <td>4</td> <td>Months</td> </tr> <tr> <td>5</td> <td>Years</td> </tr> <tr> <td>999</td> <td>Unknown/Unclear</td> </tr> </table>	1	Hours	2	Days	3	Weeks	4	Months	5	Years	999	Unknown/Unclear						
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999	Unknown/Unclear																				
583	last_fent_amt Show the field ONLY if: [last_opioid_type(4)] = '1'	Is the amount of last illicit fentanyl use documented?	<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																				
584	last_fent_amt_type Show the field ONLY if: [last_fent_amt] = '1'	Amount type	<table border="1"> <tr> <td>1</td> <td>grams</td> </tr> <tr> <td>2</td> <td>\$</td> </tr> <tr> <td>3</td> <td>bags</td> </tr> <tr> <td>4</td> <td>pills</td> </tr> <tr> <td>5</td> <td>milligrams</td> </tr> <tr> <td>6</td> <td>micrograms</td> </tr> </table>	1	grams	2	\$	3	bags	4	pills	5	milligrams	6	micrograms						
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585	last_fent_amt_spec Show the field ONLY if: [last_fent_amt] = '1'	Please specify amount used <i>Enter numerical value. E.g., if "2 grams," enter "2." Enter "999" if unknown.</i>	text, Required																		
586	last_fent_route Show the field ONLY if: [last_opioid_type(4)] = '1'	Route of Administration	<table border="1"> <tr> <td>1</td> <td>last_fent_route_1</td> <td>Injection</td> </tr> <tr> <td>2</td> <td>last_fent_route_2</td> <td>Snort</td> </tr> <tr> <td>3</td> <td>last_fent_route_3</td> <td>Smoke</td> </tr> <tr> <td>4</td> <td>last_fent_route_4</td> <td>Swallow</td> </tr> <tr> <td>5</td> <td>last_fent_route_5</td> <td>Patch</td> </tr> <tr> <td>999</td> <td>last_fent_route_999</td> <td>Unknown</td> </tr> </table>	1	last_fent_route_1	Injection	2	last_fent_route_2	Snort	3	last_fent_route_3	Smoke	4	last_fent_route_4	Swallow	5	last_fent_route_5	Patch	999	last_fent_route_999	Unknown
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587	last_hm_mx Show the field ONLY if: [last_opioid_type(5)] = '1'	Section Header: <i>Last Hydromorphone Use</i> Are there discrepant values documented for when the patient last used hydromorphone?	<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																				
588	hm_old Show the field ONLY if: [last_hm_mx] = '1'	Oldest hydromorphone use documented <i>Enter numerical value.</i>	text, Required																		
589	hm_new Show the field ONLY if: [last_hm_mx] = '1'	Most recent hydromorphone use documented <i>Enter numerical value.</i>	text, Required																		

590	hm_avg Show the field ONLY if: [last_hm_mx] = '1'	Average	calc, Required Calculation: mean([hm_old] , [hm_new])															
591	last_hm_use Show the field ONLY if: [last_hm_mx] = '0'	Last hydromorphone use <i>Enter 999 if unknown. Use numerical value.</i>	text, Required															
592	last_hm_unit Show the field ONLY if: [last_opioid_type(5)] = '1'	Unit of time	radio, Required <table border="1"> <tr><td>1</td><td>Hours</td></tr> <tr><td>2</td><td>Days</td></tr> <tr><td>3</td><td>Weeks</td></tr> <tr><td>4</td><td>Months</td></tr> <tr><td>5</td><td>Years</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Hours	2	Days	3	Weeks	4	Months	5	Years	999	Unknown/Unclear			
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593	last_hm_amt Show the field ONLY if: [last_opioid_type(5)] = '1'	Is the amount of last illicit hydromorphone use documented?	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											
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594	last_hm_amt_type Show the field ONLY if: [last_hm_amt] = '1'	Amount type	radio, Required <table border="1"> <tr><td>1</td><td>grams</td></tr> <tr><td>2</td><td>\$</td></tr> <tr><td>3</td><td>bags</td></tr> <tr><td>4</td><td>pills</td></tr> <tr><td>5</td><td>milligrams</td></tr> <tr><td>6</td><td>micrograms</td></tr> </table>	1	grams	2	\$	3	bags	4	pills	5	milligrams	6	micrograms			
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6	micrograms																	
595	last_hm_amt_spec Show the field ONLY if: [last_hm_amt] = '1'	Please specify amount used <i>Enter numerical value. E.g., if "2 grams," enter "2." Enter "999" if unknown.</i>	text, Required															
596	last_hm_route Show the field ONLY if: [last_opioid_type(5)] = '1'	Route of Administration	<table border="1"> <tr> <td>checkbox, Required</td> <td>last_hm_route_1</td> <td>Injection</td> </tr> <tr> <td>2</td> <td>last_hm_route_2</td> <td>Snort</td> </tr> <tr> <td>3</td> <td>last_hm_route_3</td> <td>Smoke</td> </tr> <tr> <td>4</td> <td>last_hm_route_4</td> <td>Swallow</td> </tr> <tr> <td>999</td> <td>last_hm_route_999</td> <td>Unknown</td> </tr> </table>	checkbox, Required	last_hm_route_1	Injection	2	last_hm_route_2	Snort	3	last_hm_route_3	Smoke	4	last_hm_route_4	Swallow	999	last_hm_route_999	Unknown
checkbox, Required	last_hm_route_1	Injection																
2	last_hm_route_2	Snort																
3	last_hm_route_3	Smoke																
4	last_hm_route_4	Swallow																
999	last_hm_route_999	Unknown																
597	last_mor_mx Show the field ONLY if: [last_opioid_type(6)] = '1'	Section Header: Last Morphine Use Are there discrepant values documented for when the patient last used morphine?	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																	
598	mor_old Show the field ONLY if: [last_mor_mx] = '1'	Oldest morphine use documented <i>Enter numerical value.</i>	text, Required															
599	mor_new Show the field ONLY if: [last_mor_mx] = '1'	Most recent morphine use documented <i>Enter numerical value.</i>	text, Required															

600	mor_avg Show the field ONLY if: [last_mor_mx] = '1'	Average	calc, Required Calculation: mean([mor_old] , [mor_new])															
601	last_mor_use Show the field ONLY if: [last_mor_mx] = '0'	Last morphine use <i>Enter 999 if unknown. Use numerical value.</i>	text, Required															
602	last_mor_unit Show the field ONLY if: [last_opioid_type(6)] = '1'	Unit of time	radio, Required <table border="1"> <tr><td>1</td><td>Hours</td></tr> <tr><td>2</td><td>Days</td></tr> <tr><td>3</td><td>Weeks</td></tr> <tr><td>4</td><td>Months</td></tr> <tr><td>5</td><td>Years</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Hours	2	Days	3	Weeks	4	Months	5	Years	999	Unknown/Unclear			
1	Hours																	
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3	Weeks																	
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999	Unknown/Unclear																	
603	last_mor_amt Show the field ONLY if: [last_opioid_type(6)] = '1'	Is the amount of last illicit morphine use documented?	yesno, Required <table border="1"> <tr><td>0</td><td>No</td></tr> </table>	0	No													
0	No																	
604	last_mor_amt_type Show the field ONLY if: [last_mor_amt] = '1'	Amount type	radio, Required <table border="1"> <tr><td>1</td><td>grams</td></tr> <tr><td>2</td><td>\$</td></tr> <tr><td>3</td><td>bags</td></tr> <tr><td>4</td><td>pills</td></tr> <tr><td>5</td><td>milligrams</td></tr> <tr><td>6</td><td>micrograms</td></tr> </table>	1	grams	2	\$	3	bags	4	pills	5	milligrams	6	micrograms			
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4	pills																	
5	milligrams																	
6	micrograms																	
605	last_mor_amt_spec Show the field ONLY if: [last_mor_amt] = '1'	Please specify amount used <i>Enter numerical value. E.g., if "2 grams," enter "2." Enter "999" if unknown.</i>	text, Required															
606	last_mor_route Show the field ONLY if: [last_opioid_type(6)] = '1'	Route of Administration	checkbox, Required <table border="1"> <tr><td>1</td><td>last_mor_route_1</td><td>Injection</td></tr> <tr><td>2</td><td>last_mor_route_2</td><td>Snort</td></tr> <tr><td>3</td><td>last_mor_route_3</td><td>Smoke</td></tr> <tr><td>4</td><td>last_mor_route_4</td><td>Swallow</td></tr> <tr><td>999</td><td>last_mor_route_999</td><td>Unknown</td></tr> </table>	1	last_mor_route_1	Injection	2	last_mor_route_2	Snort	3	last_mor_route_3	Smoke	4	last_mor_route_4	Swallow	999	last_mor_route_999	Unknown
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4	last_mor_route_4	Swallow																
999	last_mor_route_999	Unknown																
607	last_opioid_oth Show the field ONLY if: [last_opioid_type(7)] = '1'	Section Header: Last [last_opioid_oth] Use If "Other" opioid was selected, please specify.	text, Required															
608	last_oth_mx Show the field ONLY if: [last_opioid_type(7)] = '1'	Are there discrepant values documented for when the patient last used [last_opioid_oth]?	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																	

609	oth_old Show the field ONLY if: [last_oth_mx] = '1'	Oldest use documented <i>Enter numerical value.</i>	text, Required												
610	oth_new Show the field ONLY if: [last_oth_mx] = '1'	Most recent use documented <i>Enter numerical value.</i>	text, Required												
611	oth_avg Show the field ONLY if: [last_oth_mx] = '1'	Average	calc, Required Calculation: mean([oth_old] , [oth_new])												
612	last_oth_use Show the field ONLY if: [last_oth_mx] = '0'	Last use <i>Enter 999 if unknown. Use numerical value.</i>	text, Required												
613	last_oth_unit Show the field ONLY if: [last_opioid_type(7)] = '1'	Unit of time	radio, Required <table border="1"> <tr><td>1</td><td>Hours</td></tr> <tr><td>2</td><td>Days</td></tr> <tr><td>3</td><td>Weeks</td></tr> <tr><td>4</td><td>Months</td></tr> <tr><td>5</td><td>Years</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Hours	2	Days	3	Weeks	4	Months	5	Years	999	Unknown/Unclear
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4	Months														
5	Years														
999	Unknown/Unclear														
614	last_oth_amt Show the field ONLY if: [last_opioid_type(7)] = '1'	Is the amount of last illicit use documented for [last_opioid_oth]?	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														
615	last_oth_amt_type Show the field ONLY if: [last_oth_amt] = '1'	Amount type	radio, Required <table border="1"> <tr><td>1</td><td>grams</td></tr> <tr><td>2</td><td>\$</td></tr> <tr><td>3</td><td>bags</td></tr> <tr><td>4</td><td>pills</td></tr> <tr><td>5</td><td>milligrams</td></tr> <tr><td>6</td><td>micrograms</td></tr> </table>	1	grams	2	\$	3	bags	4	pills	5	milligrams	6	micrograms
1	grams														
2	\$														
3	bags														
4	pills														
5	milligrams														
6	micrograms														
616	last_oth_amt_spec Show the field ONLY if: [last_oth_amt] = '1'	Please specify amount used <i>Enter numerical value. E.g., if "2 grams," enter "2." Enter "999" if unknown.</i>	text, Required												
617	last_oth_route Show the field ONLY if: [last_opioid_type(7)] = '1'	Route of Administration	checkbox, Required												
618	last_unk_mx Show the field ONLY if: [last_opioid_type(999)] = '1'	Section Header: Last Unspecified Opioid Use Are there discrepant values documented for when the patient last used this	unknown/unspecified opioid?												

4	last_oth_route_4	Swallow
999	last_oth_route_999	Unknown

yesno, Required

1	Yes
0	No

619	unk_old Show the field ONLY if: [last_unk_mx] = '1'	Oldest use documented <i>Enter numerical value.</i>	text, Required															
620	unk_new Show the field ONLY if: [last_unk_mx] = '1'	Most recent use documented <i>Enter numerical value.</i>	text, Required															
621	unk_avg Show the field ONLY if: [last_unk_mx] = '1'	Average	calc, Required Calculation: mean([unk_old] , [unk_new])															
622	last_unk_use Show the field ONLY if: [last_unk_mx] = '0'	Last use <i>Enter 999 if unknown. Use numerical value.</i>	text, Required															
623	last_unk_unit Show the field ONLY if: [last_opioid_type(999)] = '1'	Unit of time	radio, Required <table border="1"> <tr><td>1</td><td>Hours</td></tr> <tr><td>2</td><td>Days</td></tr> <tr><td>3</td><td>Weeks</td></tr> <tr><td>4</td><td>Months</td></tr> <tr><td>5</td><td>Years</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Hours	2	Days	3	Weeks	4	Months	5	Years	999	Unknown/Unclear			
1	Hours																	
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3	Weeks																	
4	Months																	
5	Years																	
999	Unknown/Unclear																	
624	od	Section Header: <i>Overdose</i> Any mention of substance overdose in this chart? **** <i>Includes non-opioid substances (e.g., stimulants, alcohol, etc.)</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
625	od_spec Show the field ONLY if: [od] = '1'	Please specify the overdose:	checkbox, Required <table border="1"> <tr><td>1</td><td>od_spec_1</td><td>Opioid</td></tr> <tr><td>2</td><td>od_spec_2</td><td>Intoxication/overdose from other substance</td></tr> <tr><td>999</td><td>od_spec_999</td><td>Unknown</td></tr> </table>	1	od_spec_1	Opioid	2	od_spec_2	Intoxication/overdose from other substance	999	od_spec_999	Unknown						
1	od_spec_1	Opioid																
2	od_spec_2	Intoxication/overdose from other substance																
999	od_spec_999	Unknown																
626	od_intox Show the field ONLY if: [od_spec(2)] = '1'	Which of the following substances were mentioned in the overdose documentation (check all that apply):	checkbox, Required <table border="1"> <tr><td>1</td><td>od_intox_1</td><td>Alcohol</td></tr> <tr><td>2</td><td>od_intox_2</td><td>Benzodiazepines</td></tr> <tr><td>3</td><td>od_intox_3</td><td>Methamphetamines</td></tr> <tr><td>4</td><td>od_intox_4</td><td>Cocaine</td></tr> <tr><td>5</td><td>od_intox_5</td><td>Other</td></tr> </table>	1	od_intox_1	Alcohol	2	od_intox_2	Benzodiazepines	3	od_intox_3	Methamphetamines	4	od_intox_4	Cocaine	5	od_intox_5	Other
1	od_intox_1	Alcohol																
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3	od_intox_3	Methamphetamines																
4	od_intox_4	Cocaine																
5	od_intox_5	Other																
627	od_oth Show the field ONLY if: [od_intox(5)] = '1'	If "Other," please specify.	text, Required															
628	mat_notes	Section Header: <i>MAT Notes</i> Wellsoft notes by MAT coordinator (Christian Hailozian), if any. <i>Copy and paste from Other Notes.</i>	notes															

629	previous_bup	Section Header: <i>Buprenorphine Treatment History ****</i> Has the patient ever been exposed to buprenorphine?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No/Unclear</td> </tr> </table>	1	Yes	0	No/Unclear																
1	Yes																						
0	No/Unclear																						
630	bup_setting Show the field ONLY if: [previous_bup] = '1'	Setting of exposure	checkbox, Required <table border="1"> <tr> <td>1</td> <td>bup_setting_1</td> <td>Healthcare setting</td> </tr> <tr> <td>2</td> <td>bup_setting_2</td> <td>Street</td> </tr> <tr> <td>999</td> <td>bup_setting_999</td> <td>Unknown/Unclear</td> </tr> </table>	1	bup_setting_1	Healthcare setting	2	bup_setting_2	Street	999	bup_setting_999	Unknown/Unclear											
1	bup_setting_1	Healthcare setting																					
2	bup_setting_2	Street																					
999	bup_setting_999	Unknown/Unclear																					
631	bup_form Show the field ONLY if: [previous_bup] = '1'	Formulation of most recent buprenorphine treatment (e.g., Suboxone, Subutex, etc.)	radio, Required <table border="1"> <tr> <td>1</td> <td>Buprenorphine/Naloxone</td> </tr> <tr> <td>2</td> <td>Buprenorphine</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> </table>	1	Buprenorphine/Naloxone	2	Buprenorphine	999	Unknown														
1	Buprenorphine/Naloxone																						
2	Buprenorphine																						
999	Unknown																						
632	prev_bup_amt Show the field ONLY if: [previous_bup] = '1'	Amount/strength of buprenorphine treatment known?	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																						
633	prev_bup_freq Show the field ONLY if: [previous_bup] = '1'	Frequency of buprenorphine treatment known?	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																						
634	prev_bup_mg Show the field ONLY if: [prev_bup_amt] = '1' and [prev_bup_freq] = '1'	Strength of buprenorphine treatment (in mg) <i>E.g., if patient takes 8mg buprenorphine TID, enter "8."</i>	text, Required																				
635	prev_bup_mg_tot Show the field ONLY if: [prev_bup_amt] = '1' and [prev_bup_freq] = '0'	Total amount of buprenorphine treatment (in mg)	text, Required																				
636	bup_tx_route Show the field ONLY if: [previous_bup] = '1'	Route of most recent buprenorphine treatment	radio, Required <table border="1"> <tr> <td>1</td> <td>SL</td> </tr> <tr> <td>2</td> <td>BUCC</td> </tr> <tr> <td>3</td> <td>TD</td> </tr> <tr> <td>4</td> <td>IJ</td> </tr> <tr> <td>5</td> <td>IV</td> </tr> <tr> <td>6</td> <td>IM</td> </tr> <tr> <td>7</td> <td>ID</td> </tr> <tr> <td>8</td> <td>SQ</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> </table>	1	SL	2	BUCC	3	TD	4	IJ	5	IV	6	IM	7	ID	8	SQ	9	Other	999	Unknown
1	SL																						
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6	IM																						
7	ID																						
8	SQ																						
9	Other																						
999	Unknown																						
637	bup_tx_route_oth Show the field ONLY if: [bup_tx_route] = '9'	If "Other," please specify.	text, Required																				

638	bup_freq Show the field ONLY if: <pre>[prev_bup_freq] = '1'</pre>	Frequency of most recent treatment	radio, Required <table border="1" data-bbox="1047 115 1282 640"> <tr><td>1</td><td>QD</td></tr> <tr><td>2</td><td>Everyotherday</td></tr> <tr><td>3</td><td>BID</td></tr> <tr><td>4</td><td>TID</td></tr> <tr><td>5</td><td>QID</td></tr> <tr><td>6</td><td>QH</td></tr> <tr><td>7</td><td>QHS</td></tr> <tr><td>8</td><td>Q4h</td></tr> <tr><td>9</td><td>Q4-6h</td></tr> <tr><td>10</td><td>QWK</td></tr> <tr><td>11</td><td>Other</td></tr> </table>	1	QD	2	Everyotherday	3	BID	4	TID	5	QID	6	QH	7	QHS	8	Q4h	9	Q4-6h	10	QWK	11	Other
1	QD																								
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8	Q4h																								
9	Q4-6h																								
10	QWK																								
11	Other																								
639	bup_tx_freq_oth Show the field ONLY if: <pre>[bup_freq] = '11'</pre>	If "Other," please specify.	text, Required																						
640	bup_length_doc Show the field ONLY if: <pre>[previous_bup] = '1'</pre>	Is there documentation of how long the patient has been engaged in treatment with buprenorphine?	yesno, Required <table border="1" data-bbox="1047 829 1136 913"> <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																								
641	bup_length_mx Show the field ONLY if: <pre>[bup_length_doc] = '1'</pre>	Are there discrepant accounts in the chart for the length of time that this patient was engaged in treatment?	yesno, Required <table border="1" data-bbox="1047 976 1136 1060"> <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																								
642	bup_length_max Show the field ONLY if: <pre>[bup_length_mx] = '1'</pre>	Greatest length of treatment documented <i>Enter numerical value. E.g., if "5 months," enter "5."</i>	text, Required																						
643	bup_length_min Show the field ONLY if: <pre>[bup_length_mx] = '1'</pre>	Shortest length of treatment documented <i>Enter numerical value. E.g., if "5 months," enter "5."</i>	text, Required																						
644	bup_length_avg Show the field ONLY if: <pre>[bup_length_mx] = '1'</pre>	Average length of treatment	calc, Required Calculation: mean([bup_length_max] , [bup_length_min])																						
645	bup_length Show the field ONLY if: <pre>[bup_length_mx] = '0'</pre>	Length of time of most recent treatment engagement <i>If 5 years, enter "5." Enter "999" if unknown.</i>	text, Required																						
646	bup_unit Show the field ONLY if: <pre>[bup_length_doc] = '1'</pre>	Unit of time	radio, Required <table border="1" data-bbox="1047 1638 1234 1869"> <tr><td>1</td><td>Days</td></tr> <tr><td>2</td><td>Weeks</td></tr> <tr><td>3</td><td>Months</td></tr> <tr><td>4</td><td>Years</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	Days	2	Weeks	3	Months	4	Years	999	Unknown												
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3	Months																								
4	Years																								
999	Unknown																								

647	methadone	Section Header: Methadone Treatment History **** Any previous exposure to methadone?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No/Unclear</td> </tr> </table>	1	Yes	0	No/Unclear																				
1	Yes																										
0	No/Unclear																										
648	met_setting Show the field ONLY if: [methadone] = '1'	Setting of exposure	checkbox, Required <table border="1"> <tr> <td>1</td> <td>met_setting_1</td> <td>Healthcare setting</td> </tr> <tr> <td>2</td> <td>met_setting_2</td> <td>Street</td> </tr> <tr> <td>999</td> <td>met_setting_999</td> <td>Unknown/Unclear</td> </tr> </table>	1	met_setting_1	Healthcare setting	2	met_setting_2	Street	999	met_setting_999	Unknown/Unclear															
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649	any_current_opioid	Section Header: Current Opioid Use **** Any documentation of current opioid use?	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																										
650	primary_opioid Show the field ONLY if: [any_current_opioid] = '1'	Primary type of opioid used?	radio, Required <table border="1"> <tr> <td>1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>Oxycodone (OxyContin, Percocet, etc.)</td> </tr> <tr> <td>3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>Other</td> </tr> </table>	1	Heroin	2	Oxycodone (OxyContin, Percocet, etc.)	3	Hydrocodone (Norco, Vicodin, etc.)	4	Fentanyl (Duragesic, Ionsys)	5	Hydromorphone (Dilaudid)	6	Morphine	7	Other										
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7	Other																										
651	primary_opioid_oth Show the field ONLY if: [primary_opioid] = '7'	If "Other," please specify.	text, Required																								
652	curr_opioid_type Show the field ONLY if: [any_current_opioid] = '1'	Other opioid(s) currently used? <i>Brand names listed in parentheses</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>curr_opioid_type_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>curr_opioid_type_2</td> <td>Oxycodone (OxyContin, Percocet, Roxicodone, etc.)</td> </tr> <tr> <td>3</td> <td>curr_opioid_type_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>curr_opioid_type_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>curr_opioid_type_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>curr_opioid_type_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>curr_opioid_type_7</td> <td>Other</td> </tr> <tr> <td>0</td> <td>curr_opioid_type_0</td> <td>None of the above</td> </tr> </table>	1	curr_opioid_type_1	Heroin	2	curr_opioid_type_2	Oxycodone (OxyContin, Percocet, Roxicodone, etc.)	3	curr_opioid_type_3	Hydrocodone (Norco, Vicodin, etc.)	4	curr_opioid_type_4	Fentanyl (Duragesic, Ionsys)	5	curr_opioid_type_5	Hydromorphone (Dilaudid)	6	curr_opioid_type_6	Morphine	7	curr_opioid_type_7	Other	0	curr_opioid_type_0	None of the above
1	curr_opioid_type_1	Heroin																									
2	curr_opioid_type_2	Oxycodone (OxyContin, Percocet, Roxicodone, etc.)																									
3	curr_opioid_type_3	Hydrocodone (Norco, Vicodin, etc.)																									
4	curr_opioid_type_4	Fentanyl (Duragesic, Ionsys)																									
5	curr_opioid_type_5	Hydromorphone (Dilaudid)																									
6	curr_opioid_type_6	Morphine																									
7	curr_opioid_type_7	Other																									
0	curr_opioid_type_0	None of the above																									
653	curr_opioid_oth Show the field ONLY if: [curr_opioid_type(7)] = '1'	If "Other," please specify.	text, Required																								

654	her Show the field ONLY if: [primary_opioid]='1' or [curr_opioid_type(1)] = '1'	Section Header: Opioid Use Details Check the box if "Yes" Heroin	checkbox <table border="1"> <tr> <td>1</td> <td>her_1</td> <td>Typical amount known?</td> </tr> <tr> <td>2</td> <td>her_2</td> <td>Route known?</td> </tr> <tr> <td>3</td> <td>her_3</td> <td>Frequency known?</td> </tr> <tr> <td>4</td> <td>her_4</td> <td>Did the patient/provider specify how long the patient has been using this opioid?</td> </tr> <tr> <td>5</td> <td>her_5</td> <td>Age of first use?</td> </tr> </table>	1	her_1	Typical amount known?	2	her_2	Route known?	3	her_3	Frequency known?	4	her_4	Did the patient/provider specify how long the patient has been using this opioid?	5	her_5	Age of first use?
1	her_1	Typical amount known?																
2	her_2	Route known?																
3	her_3	Frequency known?																
4	her_4	Did the patient/provider specify how long the patient has been using this opioid?																
5	her_5	Age of first use?																
655	oxy Show the field ONLY if: [primary_opioid]='2' or [curr_opioid_type(2)] = '1'	Oxycodone	checkbox <table border="1"> <tr> <td>1</td> <td>oxy_1</td> <td>Typical amount known?</td> </tr> <tr> <td>2</td> <td>oxy_2</td> <td>Route known?</td> </tr> <tr> <td>3</td> <td>oxy_3</td> <td>Frequency known?</td> </tr> <tr> <td>4</td> <td>oxy_4</td> <td>Did the patient/provider specify how long the patient has been using this opioid?</td> </tr> <tr> <td>5</td> <td>oxy_5</td> <td>Age of first use?</td> </tr> </table>	1	oxy_1	Typical amount known?	2	oxy_2	Route known?	3	oxy_3	Frequency known?	4	oxy_4	Did the patient/provider specify how long the patient has been using this opioid?	5	oxy_5	Age of first use?
1	oxy_1	Typical amount known?																
2	oxy_2	Route known?																
3	oxy_3	Frequency known?																
4	oxy_4	Did the patient/provider specify how long the patient has been using this opioid?																
5	oxy_5	Age of first use?																
656	hyd Show the field ONLY if: [primary_opioid]='3' or [curr_opioid_type(3)] = '1'	Hydrocodone	checkbox <table border="1"> <tr> <td>1</td> <td>hyd_1</td> <td>Typical amount known?</td> </tr> <tr> <td>2</td> <td>hyd_2</td> <td>Route known?</td> </tr> <tr> <td>3</td> <td>hyd_3</td> <td>Frequency known?</td> </tr> <tr> <td>4</td> <td>hyd_4</td> <td>Did the patient/provider specify how long the patient has been using this opioid?</td> </tr> <tr> <td>5</td> <td>hyd_5</td> <td>Age of first use?</td> </tr> </table>	1	hyd_1	Typical amount known?	2	hyd_2	Route known?	3	hyd_3	Frequency known?	4	hyd_4	Did the patient/provider specify how long the patient has been using this opioid?	5	hyd_5	Age of first use?
1	hyd_1	Typical amount known?																
2	hyd_2	Route known?																
3	hyd_3	Frequency known?																
4	hyd_4	Did the patient/provider specify how long the patient has been using this opioid?																
5	hyd_5	Age of first use?																
657	fent Show the field ONLY if: [primary_opioid]='4' or [curr_opioid_type(4)] = '1'	Fentanyl	checkbox <table border="1"> <tr> <td>1</td> <td>fent_1</td> <td>Typical amount known?</td> </tr> <tr> <td>2</td> <td>fent_2</td> <td>Route known?</td> </tr> <tr> <td>3</td> <td>fent_3</td> <td>Frequency known?</td> </tr> <tr> <td>4</td> <td>fent_4</td> <td>Did the patient/provider specify how long the patient has been using this opioid?</td> </tr> <tr> <td>5</td> <td>fent_5</td> <td>Age of first use?</td> </tr> </table>	1	fent_1	Typical amount known?	2	fent_2	Route known?	3	fent_3	Frequency known?	4	fent_4	Did the patient/provider specify how long the patient has been using this opioid?	5	fent_5	Age of first use?
1	fent_1	Typical amount known?																
2	fent_2	Route known?																
3	fent_3	Frequency known?																
4	fent_4	Did the patient/provider specify how long the patient has been using this opioid?																
5	fent_5	Age of first use?																
658	hm Show the field ONLY if: [primary_opioid]='5' or [curr_opioid_type(5)] = '1'	Hydromorphone	checkbox <table border="1"> <tr> <td>1</td> <td>hm_1</td> <td>Typical amount known?</td> </tr> <tr> <td>2</td> <td>hm_2</td> <td>Route known?</td> </tr> <tr> <td>3</td> <td>hm_3</td> <td>Frequency known?</td> </tr> <tr> <td>4</td> <td>hm_4</td> <td>Did the patient/provider specify how long the patient has been using this opioid?</td> </tr> <tr> <td>5</td> <td>hm_5</td> <td>Age of first use?</td> </tr> </table>	1	hm_1	Typical amount known?	2	hm_2	Route known?	3	hm_3	Frequency known?	4	hm_4	Did the patient/provider specify how long the patient has been using this opioid?	5	hm_5	Age of first use?
1	hm_1	Typical amount known?																
2	hm_2	Route known?																
3	hm_3	Frequency known?																
4	hm_4	Did the patient/provider specify how long the patient has been using this opioid?																
5	hm_5	Age of first use?																

659	mor Show the field ONLY if: [primary_opioid] = '6' or [curr_opioid_type(6)] = '1'	Morphine	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <tr> <td>1</td> <td>mor_1</td> <td>Typical amount known?</td> </tr> <tr> <td>2</td> <td>mor_2</td> <td>Route known?</td> </tr> <tr> <td>3</td> <td>mor_3</td> <td>Frequency known?</td> </tr> <tr> <td>4</td> <td>mor_4</td> <td>Did the patient/provider specify how long the patient has been using this opioid?</td> </tr> <tr> <td>5</td> <td>mor_5</td> <td>Age of first use?</td> </tr> </table>	checkbox			1	mor_1	Typical amount known?	2	mor_2	Route known?	3	mor_3	Frequency known?	4	mor_4	Did the patient/provider specify how long the patient has been using this opioid?	5	mor_5	Age of first use?
checkbox																					
1	mor_1	Typical amount known?																			
2	mor_2	Route known?																			
3	mor_3	Frequency known?																			
4	mor_4	Did the patient/provider specify how long the patient has been using this opioid?																			
5	mor_5	Age of first use?																			
660	oth_primary Show the field ONLY if: [primary_opioid] = '7'	[primary_opioid_oth]	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <tr> <td>1</td> <td>oth_primary_1</td> <td>Typical amount known?</td> </tr> <tr> <td>2</td> <td>oth_primary_2</td> <td>Route known?</td> </tr> <tr> <td>3</td> <td>oth_primary_3</td> <td>Frequency known?</td> </tr> <tr> <td>4</td> <td>oth_primary_4</td> <td>Did the patient/provider specify how long the patient has been using this opioid?</td> </tr> <tr> <td>5</td> <td>oth_primary_5</td> <td>Age of first use?</td> </tr> </table>	checkbox			1	oth_primary_1	Typical amount known?	2	oth_primary_2	Route known?	3	oth_primary_3	Frequency known?	4	oth_primary_4	Did the patient/provider specify how long the patient has been using this opioid?	5	oth_primary_5	Age of first use?
checkbox																					
1	oth_primary_1	Typical amount known?																			
2	oth_primary_2	Route known?																			
3	oth_primary_3	Frequency known?																			
4	oth_primary_4	Did the patient/provider specify how long the patient has been using this opioid?																			
5	oth_primary_5	Age of first use?																			
661	oth_other Show the field ONLY if: [curr_opioid_type(7)] = '1'	[curr_opioid_oth]	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <tr> <td>1</td> <td>oth_other_1</td> <td>Typical amount known?</td> </tr> <tr> <td>2</td> <td>oth_other_2</td> <td>Route known?</td> </tr> <tr> <td>3</td> <td>oth_other_3</td> <td>Frequency known?</td> </tr> <tr> <td>4</td> <td>oth_other_4</td> <td>Did the patient/provider specify how long the patient has been using this opioid?</td> </tr> <tr> <td>5</td> <td>oth_other_5</td> <td>Age of first use?</td> </tr> </table>	checkbox			1	oth_other_1	Typical amount known?	2	oth_other_2	Route known?	3	oth_other_3	Frequency known?	4	oth_other_4	Did the patient/provider specify how long the patient has been using this opioid?	5	oth_other_5	Age of first use?
checkbox																					
1	oth_other_1	Typical amount known?																			
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3	oth_other_3	Frequency known?																			
4	oth_other_4	Did the patient/provider specify how long the patient has been using this opioid?																			
5	oth_other_5	Age of first use?																			
662	her_amt_type Show the field ONLY if: [her(1)] = '1'	Section Header: Current Heroin Use Heroin amount type <i>if 10 grams, select "grams."</i>	<table border="1"> <tr> <td colspan="3">checkbox, Required</td> </tr> <tr> <td>1</td> <td>her_amt_type_1</td> <td>grams</td> </tr> <tr> <td>2</td> <td>her_amt_type_2</td> <td>\$</td> </tr> <tr> <td>3</td> <td>her_amt_type_3</td> <td>bags</td> </tr> </table>	checkbox, Required			1	her_amt_type_1	grams	2	her_amt_type_2	\$	3	her_amt_type_3	bags						
checkbox, Required																					
1	her_amt_type_1	grams																			
2	her_amt_type_2	\$																			
3	her_amt_type_3	bags																			
663	her_gram Show the field ONLY if: [her_amt_type(1)] = '1'	Maximum grams of heroin documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required																		
664	her_dollar Show the field ONLY if: [her_amt_type(2)] = '1'	Maximum dollar amount of heroin documented in the chart. <i>Enter numerical value.</i>	text, Required																		
665	her_bag Show the field ONLY if: [her_amt_type(3)] = '1'	Maximum number of bags of heroin documented in the chart. <i>Enter numerical value.</i>	text, Required																		

666	her_route Show the field ONLY if: [her(2)] = '1'	Heroin route of administration	checkbox, Required <table border="1"> <tr> <td>1</td> <td>her_route_1</td> <td>Injection</td> </tr> <tr> <td>2</td> <td>her_route_2</td> <td>Snort</td> </tr> <tr> <td>3</td> <td>her_route_3</td> <td>Smoke</td> </tr> </table>	1	her_route_1	Injection	2	her_route_2	Snort	3	her_route_3	Smoke	
1	her_route_1	Injection											
2	her_route_2	Snort											
3	her_route_3	Smoke											
667	her_freq Show the field ONLY if: [her(3)] = '1'	Heroin frequency	radio, Required <table border="1"> <tr> <td>1</td> <td>Multiple times per day</td> </tr> <tr> <td>2</td> <td>Daily</td> </tr> <tr> <td>3</td> <td>Weekly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> </table>	1	Multiple times per day	2	Daily	3	Weekly	4	Monthly	999	Unknown
1	Multiple times per day												
2	Daily												
3	Weekly												
4	Monthly												
999	Unknown												
668	her_length_mx Show the field ONLY if: [her(4)] = '1'	Are there discrepant accounts for length of use of heroin documented in the chart?	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												
669	her_length_max Show the field ONLY if: [her_length_mx] = '1'	Maximum length of use documented Enter numerical value.	text, Required										
670	her_length_min Show the field ONLY if: [her_length_mx] = '1'	Minimum length of use documented Enter numerical value.	text, Required										
671	her_length_avg Show the field ONLY if: [her_length_mx] = '1'	Average length of use	calc, Required Calculation: mean([her_length_max], [her_length_min])										
672	her_length_1 Show the field ONLY if: [her_length_mx] = '0'	Length of use If 5 years, enter "5." Enter "999" if unknown.	text, Required										
673	her_length_2 Show the field ONLY if: [her(4)] = '1'	Unit of time If 5 years, select "Years."	radio, Required <table border="1"> <tr> <td>1</td> <td>Days</td> </tr> <tr> <td>2</td> <td>Weeks</td> </tr> <tr> <td>3</td> <td>Months</td> </tr> <tr> <td>4</td> <td>Years</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> </table>	1	Days	2	Weeks	3	Months	4	Years	999	Unknown
1	Days												
2	Weeks												
3	Months												
4	Years												
999	Unknown												
674	her_age Show the field ONLY if: [her(5)] = '1'	Age of first use	text, Required										
675	oxy_use Show the field ONLY if: [primary_opioid] = '2' or [curr_opioid_type(2)] = '1'	Section Header: Current Oxycodone Use Is this use of oxycodone prescribed, illicit, or both?	radio, Required <table border="1"> <tr> <td>1</td> <td>Prescribed</td> </tr> <tr> <td>2</td> <td>Illicit</td> </tr> <tr> <td>3</td> <td>Both</td> </tr> <tr> <td>999</td> <td>Unknown/Unclear</td> </tr> </table>	1	Prescribed	2	Illicit	3	Both	999	Unknown/Unclear		
1	Prescribed												
2	Illicit												
3	Both												
999	Unknown/Unclear												

676	oxy_amt_type Show the field ONLY if: [oxy(1)] = '1'	Oxycodone amount type <i>if 10 grams, select "grams."</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>oxy_amt_type_1</td> <td>milligrams</td> </tr> <tr> <td>2</td> <td>oxy_amt_type_2</td> <td>\$</td> </tr> <tr> <td>3</td> <td>oxy_amt_type_3</td> <td>pills</td> </tr> </table>	1	oxy_amt_type_1	milligrams	2	oxy_amt_type_2	\$	3	oxy_amt_type_3	pills			
1	oxy_amt_type_1	milligrams													
2	oxy_amt_type_2	\$													
3	oxy_amt_type_3	pills													
677	oxy_mg Show the field ONLY if: [oxy_amt_type(1)] = '1'	Maximum milligram amount of oxycodone documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required												
678	oxy_dollar Show the field ONLY if: [oxy_amt_type(2)] = '1'	Maximum dollar amount of oxycodone documented in the chart <i>Enter numerical value.</i>	text, Required												
679	oxy_pills Show the field ONLY if: [oxy_amt_type(3)] = '1'	Maximum number of oxycodone pills documented in the chart <i>Enter numerical value.</i>	text, Required												
680	oxy_route Show the field ONLY if: [oxy(2)] = '1'	Oxycodone route of administration	checkbox, Required <table border="1"> <tr> <td>1</td> <td>oxy_route_1</td> <td>Injection</td> </tr> <tr> <td>2</td> <td>oxy_route_2</td> <td>Snort</td> </tr> <tr> <td>3</td> <td>oxy_route_3</td> <td>Smoke</td> </tr> <tr> <td>4</td> <td>oxy_route_4</td> <td>Swallow</td> </tr> </table>	1	oxy_route_1	Injection	2	oxy_route_2	Snort	3	oxy_route_3	Smoke	4	oxy_route_4	Swallow
1	oxy_route_1	Injection													
2	oxy_route_2	Snort													
3	oxy_route_3	Smoke													
4	oxy_route_4	Swallow													
681	oxy_freq Show the field ONLY if: [oxy(3)] = '1'	Oxycodone frequency	radio, Required <table border="1"> <tr> <td>1</td> <td>Multiple times per day</td> </tr> <tr> <td>2</td> <td>Daily</td> </tr> <tr> <td>3</td> <td>Weekly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> </table>	1	Multiple times per day	2	Daily	3	Weekly	4	Monthly				
1	Multiple times per day														
2	Daily														
3	Weekly														
4	Monthly														
682	oxy_length_mx Show the field ONLY if: [oxy(4)] = '1'	Are there discrepant accounts for length of use of oxycodone documented in the chart?	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														
683	oxy_length_max Show the field ONLY if: [oxy_length_mx] = '1'	Maximum length of use documented <i>Enter numerical value.</i>	text, Required												
684	oxy_length_min Show the field ONLY if: [oxy_length_mx] = '1'	Minimum length of use documented <i>Enter numerical value.</i>	text, Required												
685	oxy_length_avg Show the field ONLY if: [oxy_length_mx] = '1'	Average length of use	calc, Required Calculation: mean([oxy_length_max] , [oxy_length_min])												
686	oxy_length_1 Show the field ONLY if: [oxy_length_mx] = '0'	Length of use <i>If 5 years, enter "5." Enter "999" if unknown.</i>	text, Required												

687	oxy_length_2 Show the field ONLY if: [oxy(4)] = '1'	Unit of time <i>If 5 years, select "Years."</i>	radio, Required <table border="1"> <tr><td>1</td><td>Days</td></tr> <tr><td>2</td><td>Weeks</td></tr> <tr><td>3</td><td>Months</td></tr> <tr><td>4</td><td>Years</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	Days	2	Weeks	3	Months	4	Years	999	Unknown		
1	Days														
2	Weeks														
3	Months														
4	Years														
999	Unknown														
688	oxy_age Show the field ONLY if: [oxy(5)] = '1'	Age of first use	text, Required												
689	hyd_use Show the field ONLY if: [primary_opioid]='3' or [curr_opioid_type(3)] = '1'	Section Header: <i>Current Hydrocodone Use</i> Is this use of hydrocodone prescribed, illicit, or both?	radio, Required <table border="1"> <tr><td>1</td><td>Prescribed</td></tr> <tr><td>2</td><td>Illicit</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Prescribed	2	Illicit	3	Both	999	Unknown/Unclear				
1	Prescribed														
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690	hyd_amt_type Show the field ONLY if: [hyd(1)] = '1'	Hydrocodone amount type <i>if 10 grams, select "grams."</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>hyd_amt_type_1</td><td>milligrams</td></tr> <tr><td>2</td><td>hyd_amt_type_2</td><td>\$</td></tr> <tr><td>3</td><td>hyd_amt_type_3</td><td>pills</td></tr> </table>	1	hyd_amt_type_1	milligrams	2	hyd_amt_type_2	\$	3	hyd_amt_type_3	pills			
1	hyd_amt_type_1	milligrams													
2	hyd_amt_type_2	\$													
3	hyd_amt_type_3	pills													
691	hyd_mg Show the field ONLY if: [hyd_amt_type(1)] = '1'	Maximum milligram amount of hydrocodone documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required												
692	hyd_max_2 Show the field ONLY if: [hyd_amt_type(2)] = '1'	Maximum dollar amount of hydrocodone documented in the chart <i>Enter numerical value.</i>	text, Required												
693	hyd_max_3 Show the field ONLY if: [hyd_amt_type(3)] = '1'	Maximum number of hydrocodone pills documented in the chart <i>Enter numerical value.</i>	text, Required												
694	hyd_route Show the field ONLY if: [hyd(2)] = '1'	Hydrocodone route of administration	checkbox, Required <table border="1"> <tr><td>1</td><td>hyd_route_1</td><td>Injection</td></tr> <tr><td>2</td><td>hyd_route_2</td><td>Snort</td></tr> <tr><td>3</td><td>hyd_route_3</td><td>Smoke</td></tr> <tr><td>4</td><td>hyd_route_4</td><td>Swallow</td></tr> </table>	1	hyd_route_1	Injection	2	hyd_route_2	Snort	3	hyd_route_3	Smoke	4	hyd_route_4	Swallow
1	hyd_route_1	Injection													
2	hyd_route_2	Snort													
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695	hyd_freq Show the field ONLY if: [hyd(3)] = '1'	Hydrocodone frequency	radio, Required <table border="1"> <tr><td>1</td><td>Multiple times per day</td></tr> <tr><td>2</td><td>Daily</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Monthly</td></tr> </table>	1	Multiple times per day	2	Daily	3	Weekly	4	Monthly				
1	Multiple times per day														
2	Daily														
3	Weekly														
4	Monthly														
696	hyd_length_mx Show the field ONLY if: [hyd(4)] = '1'	Are there discrepant accounts for length of use of hydrocodone documented in the chart?	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														

697	hyd_length_max Show the field ONLY if: [hyd_length_mx] = '1'	Maximum length of use documented <i>Enter numerical value.</i>	text, Required										
698	hyd_length_min Show the field ONLY if: [hyd_length_mx] = '1'	Minimum length of use documented <i>Enter numerical value.</i>	text, Required										
699	hyd_length_avg Show the field ONLY if: [hyd_length_mx] = '1'	Average length of use	calc, Required Calculation: mean([hyd_length_max] , [hyd_length_min])										
700	hyd_length_1 Show the field ONLY if: [hyd_length_mx] = '0'	Length of use <i>If 5 years, enter "5." Enter "999" if unknown.</i>	text, Required										
701	hyd_length_2 Show the field ONLY if: [hyd(4)] = '1'	Unit of time <i>If 5 years, select "Years."</i>	radio, Required <table border="1"> <tr><td>1</td><td>Days</td></tr> <tr><td>2</td><td>Weeks</td></tr> <tr><td>3</td><td>Months</td></tr> <tr><td>4</td><td>Years</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	Days	2	Weeks	3	Months	4	Years	999	Unknown
1	Days												
2	Weeks												
3	Months												
4	Years												
999	Unknown												
702	hyd_age Show the field ONLY if: [hyd(5)] = '1'	Age of first use	text, Required										
703	fent_use Show the field ONLY if: [primary_opioid] = '4' or [curr_opioid_type(4)] = '1'	Section Header: Current Fentanyl Use Is this use of fentanyl prescribed, illicit, or both?	radio, Required <table border="1"> <tr><td>1</td><td>Prescribed</td></tr> <tr><td>2</td><td>Illicit</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Prescribed	2	Illicit	3	Both	999	Unknown/Unclear		
1	Prescribed												
2	Illicit												
3	Both												
999	Unknown/Unclear												
704	fent_amt_type Show the field ONLY if: [fent(1)] = '1'	Fentanyl amount type <i>if 10 grams, select "grams."</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>fent_amt_type_1</td><td>micrograms</td></tr> <tr><td>2</td><td>fent_amt_type_2</td><td>\$</td></tr> <tr><td>3</td><td>fent_amt_type_3</td><td>grams</td></tr> </table>	1	fent_amt_type_1	micrograms	2	fent_amt_type_2	\$	3	fent_amt_type_3	grams	
1	fent_amt_type_1	micrograms											
2	fent_amt_type_2	\$											
3	fent_amt_type_3	grams											
705	fent_mcg Show the field ONLY if: [fent_amt_type(1)] = '1'	Maximum microgram amount of fentanyl documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required										
706	fent_dollar Show the field ONLY if: [fent_amt_type(2)] = '1'	Maximum dollar amount of fentanyl documented in the chart <i>Enter numerical value.</i>	text, Required										
707	fent_gram Show the field ONLY if: [fent_amt_type(3)] = '1'	Maximum gram amount of fentanyl documented in the chart <i>Enter numerical value.</i>	text, Required										

708	fent_route Show the field ONLY if: [fent(2)] = '1'	Fentanyl route of administration	checkbox, Required <table border="1"> <tr><td>1</td><td>fent_route_1</td><td>Injection</td></tr> <tr><td>2</td><td>fent_route_2</td><td>Snort</td></tr> <tr><td>3</td><td>fent_route_3</td><td>Smoke</td></tr> <tr><td>4</td><td>fent_route_4</td><td>Swallow</td></tr> <tr><td>5</td><td>fent_route_5</td><td>Patch</td></tr> </table>	1	fent_route_1	Injection	2	fent_route_2	Snort	3	fent_route_3	Smoke	4	fent_route_4	Swallow	5	fent_route_5	Patch
1	fent_route_1	Injection																
2	fent_route_2	Snort																
3	fent_route_3	Smoke																
4	fent_route_4	Swallow																
5	fent_route_5	Patch																
709	fent_freq Show the field ONLY if: [fent(3)] = '1'	Fentanyl frequency	radio, Required <table border="1"> <tr><td>1</td><td>Multiple times per day</td></tr> <tr><td>2</td><td>Daily</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Monthly</td></tr> </table>	1	Multiple times per day	2	Daily	3	Weekly	4	Monthly							
1	Multiple times per day																	
2	Daily																	
3	Weekly																	
4	Monthly																	
710	fent_length_mx Show the field ONLY if: [fent(4)] = '1'	Are there discrepant accounts for length of use of fentanyl documented in the chart?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes													
1	Yes																	
711	fent_length_max Show the field ONLY if: [fent_length_mx] = '1'	Maximum length of use documented <i>Enter numerical value.</i>	0 No text, Required															
712	fent_length_min Show the field ONLY if: [fent_length_mx] = '1'	Minimum length of use documented <i>Enter numerical value.</i>	text, Required															
713	fent_length_avg Show the field ONLY if: [fent_length_mx] = '1'	Average length of use	calc, Required Calculation: mean([fent_length_max] , [fent_length_min])															
714	fent_length_1 Show the field ONLY if: [fent_length_mx] = '0'	Length of use <i>If 5 years, enter "5." Enter "999" if unknown.</i>	text, Required															
715	fent_length_2 Show the field ONLY if: [fent(4)] = '1'	Unit of time <i>If 5 years, select "Years."</i>	radio, Required <table border="1"> <tr><td>1</td><td>Days</td></tr> <tr><td>2</td><td>Weeks</td></tr> <tr><td>3</td><td>Months</td></tr> <tr><td>4</td><td>Years</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	Days	2	Weeks	3	Months	4	Years	999	Unknown					
1	Days																	
2	Weeks																	
3	Months																	
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999	Unknown																	
716	fent_age Show the field ONLY if: [fent(5)] = '1'	Age of first use	text, Required															
717	hm_use Show the field ONLY if: [primary_opioid] = '5' or [curr_opioid_type(5)] = '1'	Section Header: Current Hydromorphone Use Is this use of hydromorphone prescribed, illicit, or both?	radio, Required <table border="1"> <tr><td>1</td><td>Prescribed</td></tr> <tr><td>2</td><td>Illicit</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Prescribed	2	Illicit	3	Both	999	Unknown/Unclear							
1	Prescribed																	
2	Illicit																	
3	Both																	
999	Unknown/Unclear																	

718	hm_amt_type Show the field ONLY if: [hm(1)] = '1'	Hydromorphone amount type <i>if 10 grams, select "grams."</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>hm_amt_type_1</td> <td>milligrams</td> </tr> <tr> <td>2</td> <td>hm_amt_type_2</td> <td>\$</td> </tr> <tr> <td>3</td> <td>hm_amt_type_3</td> <td>pills</td> </tr> </table>	1	hm_amt_type_1	milligrams	2	hm_amt_type_2	\$	3	hm_amt_type_3	pills			
1	hm_amt_type_1	milligrams													
2	hm_amt_type_2	\$													
3	hm_amt_type_3	pills													
719	hm_mg Show the field ONLY if: [hm_amt_type(1)] = '1'	Maximum milligram amount of hydromorphone documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required												
720	hm_dollar Show the field ONLY if: [hm_amt_type(2)] = '1'	Maximum dollar amount of hydromorphone documented in the chart <i>Enter numerical value.</i>	text, Required												
721	hm_pills Show the field ONLY if: [hm_amt_type(3)] = '1'	Maximum number of hydromorphone pills documented in the chart <i>Enter numerical value.</i>	text, Required												
722	hm_route Show the field ONLY if: [hm(2)] = '1'	Hydromorphone route of administration	checkbox, Required <table border="1"> <tr> <td>1</td> <td>hm_route_1</td> <td>Injection</td> </tr> <tr> <td>2</td> <td>hm_route_2</td> <td>Snort</td> </tr> <tr> <td>3</td> <td>hm_route_3</td> <td>Smoke</td> </tr> <tr> <td>4</td> <td>hm_route_4</td> <td>Swallow</td> </tr> </table>	1	hm_route_1	Injection	2	hm_route_2	Snort	3	hm_route_3	Smoke	4	hm_route_4	Swallow
1	hm_route_1	Injection													
2	hm_route_2	Snort													
3	hm_route_3	Smoke													
4	hm_route_4	Swallow													
723	hm_freq Show the field ONLY if: [hm(3)] = '1'	Hydromorphone frequency	radio, Required <table border="1"> <tr> <td>1</td> <td>Multiple times per day</td> </tr> <tr> <td>2</td> <td>Daily</td> </tr> <tr> <td>3</td> <td>Weekly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> </table>	1	Multiple times per day	2	Daily	3	Weekly	4	Monthly				
1	Multiple times per day														
2	Daily														
3	Weekly														
4	Monthly														
724	hm_length_mx Show the field ONLY if: [hm(4)] = '1'	Are there discrepant accounts for length of use of hydromorphone documented in the chart?	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														
725	hm_length_max Show the field ONLY if: [hm_length_mx] = '1'	Maximum length of use documented <i>Enter numerical value.</i>	text, Required												
726	hm_length_min Show the field ONLY if: [hm_length_mx] = '1'	Minimum length of use documented <i>Enter numerical value.</i>	text, Required												
727	hm_length_avg Show the field ONLY if: [hm_length_mx] = '1'	Average length of use	calc, Required Calculation: mean([hm_length_max] , [hm_length_min])												
728	hm_length_1 Show the field ONLY if: [hm_length_mx] = '0'	Length of use <i>If 5 years, enter "5." Enter "999" if unknown.</i>	text, Required												

729	hm_length_2 Show the field ONLY if: [hm(4)] = '1'	Unit of time <i>If 5 years, select "Years."</i>	radio, Required <table border="1"> <tr><td>1</td><td>Days</td></tr> <tr><td>2</td><td>Weeks</td></tr> <tr><td>3</td><td>Months</td></tr> <tr><td>4</td><td>Years</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	Days	2	Weeks	3	Months	4	Years	999	Unknown					
1	Days																	
2	Weeks																	
3	Months																	
4	Years																	
999	Unknown																	
730	hm_age Show the field ONLY if: [hm(5)] = '1'	Age of first use	text, Required															
731	mor_use Show the field ONLY if: [primary_opioid]='6' or [curr_opioid_type(6)] = '1'	Section Header: Current Morphine Use Is this use of morphine prescribed, illicit, or both?	radio, Required <table border="1"> <tr><td>1</td><td>Prescribed</td></tr> <tr><td>2</td><td>Illicit</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Prescribed	2	Illicit	3	Both	999	Unknown/Unclear							
1	Prescribed																	
2	Illicit																	
3	Both																	
999	Unknown/Unclear																	
732	mor_amt_type Show the field ONLY if: [mor(1)] = '1'	Morphine amount type <i>if 10 grams, select "grams."</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>mor_amt_type_1</td><td>milligrams</td></tr> <tr><td>2</td><td>mor_amt_type_2</td><td>\$</td></tr> <tr><td>3</td><td>mor_amt_type_3</td><td>pills</td></tr> </table>	1	mor_amt_type_1	milligrams	2	mor_amt_type_2	\$	3	mor_amt_type_3	pills						
1	mor_amt_type_1	milligrams																
2	mor_amt_type_2	\$																
3	mor_amt_type_3	pills																
733	mor_mg Show the field ONLY if: [mor_amt_type(1)] = '1'	Maximum milligram amount of morphine documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required															
734	mor_dollar Show the field ONLY if: [mor_amt_type(2)] = '1'	Maximum dollar amount of morphine documented in the chart <i>Enter numerical value.</i>	text, Required															
735	mor_pills Show the field ONLY if: [mor_amt_type(3)] = '1'	Maximum number of morphine pills documented in the chart <i>Enter numerical value.</i>	text, Required															
736	mor_route Show the field ONLY if: [mor(2)] = '1'	Morphine route of administration	checkbox, Required <table border="1"> <tr><td>1</td><td>mor_route_1</td><td>Injection</td></tr> <tr><td>2</td><td>mor_route_2</td><td>Snort</td></tr> <tr><td>3</td><td>mor_route_3</td><td>Smoke</td></tr> <tr><td>4</td><td>mor_route_4</td><td>Swallow</td></tr> <tr><td>999</td><td>mor_route_999</td><td>Unknown</td></tr> </table>	1	mor_route_1	Injection	2	mor_route_2	Snort	3	mor_route_3	Smoke	4	mor_route_4	Swallow	999	mor_route_999	Unknown
1	mor_route_1	Injection																
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3	mor_route_3	Smoke																
4	mor_route_4	Swallow																
999	mor_route_999	Unknown																
737	mor_freq Show the field ONLY if: [mor(3)] = '1'	Morphine frequency	radio, Required <table border="1"> <tr><td>1</td><td>Multiple times per day</td></tr> <tr><td>2</td><td>Daily</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Monthly</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	Multiple times per day	2	Daily	3	Weekly	4	Monthly	999	Unknown					
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999	Unknown																	

738	mor_length_mx Show the field ONLY if: [mor(4)] = '1'	Are there discrepant accounts for length of use of morphine documented in the chart?	yesno, Required 1 Yes 0 No
739	mor_length_max Show the field ONLY if: [mor_length_mx] = '1'	Maximum length of use documented <i>Enter numerical value.</i>	text, Required
740	mor_length_min Show the field ONLY if: [mor_length_mx] = '1'	Minimum length of use documented <i>Enter numerical value.</i>	text, Required
741	mor_length_avg Show the field ONLY if: [hm_length_mx] = '1'	Average length of use	calc, Required Calculation: mean([mor_length_max] , [mor_length_min])
742	mor_length_1 Show the field ONLY if: [mor_length_mx] = '0'	Length of use <i>If 5 years, enter "5." Enter "999" if unknown.</i>	text, Required
743	mor_length_2 Show the field ONLY if: [mor(4)] = '1'	Unit of time <i>If 5 years, select "Years."</i>	radio, Required 1 Days 2 Weeks 3 Months 4 Years 999 Unknown
744	mor_age Show the field ONLY if: [mor(5)] = '1'	Age of first use	text, Required
745	oth_primary_use Show the field ONLY if: [primary_opioid] = '7'	Section Header: <i>Current [primary_opioid_oth] Use</i> Is this use of [primary_opioid_oth] prescribed, illicit, or both?	radio, Required 1 Prescribed 2 Illicit 3 Both 999 Unknown/Unclear
746	oth_primary_amt_type Show the field ONLY if: [oth_primary(1)] = '1'	Amount Type <i>if 10 grams, select "grams."</i>	checkbox, Required 1 oth_primary_amt_type_1 grams 2 oth_primary_amt_type_2 \$ 3 oth_primary_amt_type_3 bags 4 oth_primary_amt_type_4 pills 5 oth_primary_amt_type_5 milligrams 6 oth_primary_amt_type_6 micrograms
747	oth_primary_gram Show the field ONLY if: [oth_primary_amt_type (1)] = '1'	Maximum gram amount documented in the chart <i>Enter numerical value.</i>	text, Required

748	oth_primary_dollar Show the field ONLY if: [oth_primary_amt_type (2)] = '1'	Maximum dollar amount documented in the chart <i>Enter numerical value.</i>	text, Required												
749	oth_primary_bag Show the field ONLY if: [oth_primary_amt_type (3)] = '1'	Maximum bag amount documented in the chart <i>Enter numerical value.</i>	text, Required												
750	oth_primary_pills Show the field ONLY if: [oth_primary_amt_type (4)] = '1'	Maximum number of pills documented in the chart <i>Enter numerical value.</i>	text, Required												
751	oth_primary_mg Show the field ONLY if: [oth_primary_amt_type (5)] = '1'	Maximum milligram amount documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required												
752	oth_primary_mcg Show the field ONLY if: [oth_primary_amt_type (6)] = '1'	Maximum microgram amount documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required												
753	oth_primary_route Show the field ONLY if: [oth_primary(2)] = '1'	Route of administration	checkbox, Required <table border="1"> <tr> <td>1</td> <td>oth_primary_route_1</td> <td>Injection</td> </tr> <tr> <td>2</td> <td>oth_primary_route_2</td> <td>Snort</td> </tr> <tr> <td>3</td> <td>oth_primary_route_3</td> <td>Smoke</td> </tr> <tr> <td>4</td> <td>oth_primary_route_4</td> <td>Swallow</td> </tr> </table>	1	oth_primary_route_1	Injection	2	oth_primary_route_2	Snort	3	oth_primary_route_3	Smoke	4	oth_primary_route_4	Swallow
1	oth_primary_route_1	Injection													
2	oth_primary_route_2	Snort													
3	oth_primary_route_3	Smoke													
4	oth_primary_route_4	Swallow													
754	oth_primary_freq Show the field ONLY if: [oth_primary(3)] = '1'	Frequency	radio, Required <table border="1"> <tr> <td>1</td> <td>Multiple times per day</td> </tr> <tr> <td>2</td> <td>Daily</td> </tr> <tr> <td>3</td> <td>Weekly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> </table>	1	Multiple times per day	2	Daily	3	Weekly	4	Monthly	999	Unknown		
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2	Daily														
3	Weekly														
4	Monthly														
999	Unknown														
755	oth_primary_length_mx Show the field ONLY if: [oth_primary(4)] = '1'	Are there discrepant accounts for length of use of [primary_opioid_oth] documented in the chart?	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														
756	oth_primary_length_max Show the field ONLY if: [oth_primary_length_max] = '1'	Maximum length of use documented <i>Enter numerical value.</i>	text, Required												
757	oth_primary_length_min Show the field ONLY if: [oth_primary_length_min] = '1'	Minimum length of use documented <i>Enter numerical value.</i>	text, Required												

758	oth_primary_length_avg Show the field ONLY if: [oth_primary_length_max] = '1'	Average length of use	calc, Required Calculation: mean([oth_primary_length_max] , [oth_primary_length_min])																		
759	oth_primary_length_1 Show the field ONLY if: [oth_primary_length_max] = '0'	Length of use <i>If 5 years, enter "5." Enter "999" if unknown.</i>	text, Required																		
760	oth_primary_length_2 Show the field ONLY if: [oth_primary(4)] = '1'	Unit of time <i>If 5 years, select "Years."</i>	radio, Required <table border="1"> <tr><td>1</td><td>Days</td></tr> <tr><td>2</td><td>Weeks</td></tr> <tr><td>3</td><td>Months</td></tr> <tr><td>4</td><td>Years</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	Days	2	Weeks	3	Months	4	Years	999	Unknown								
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4	Years																				
999	Unknown																				
761	oth_primary_age Show the field ONLY if: [oth_primary(5)] = '1'	Age of first use	text, Required																		
762	oth_other_use Show the field ONLY if: [curr_opioid_type(7)] = '1'	Section Header: <i>Current [curr_opioid_oth] Use</i> Is this use of [curr_opioid_oth] prescribed, illicit, or both?	radio, Required <table border="1"> <tr><td>1</td><td>Prescribed</td></tr> <tr><td>2</td><td>Illicit</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>999</td><td>Unknown/Unclear</td></tr> </table>	1	Prescribed	2	Illicit	3	Both	999	Unknown/Unclear										
1	Prescribed																				
2	Illicit																				
3	Both																				
999	Unknown/Unclear																				
763	oth_other_amt_type Show the field ONLY if: [oth_other(1)] = '1'	Amount Type <i>if 10 grams, select "grams."</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>oth_other_amt_type_1</td><td>grams</td></tr> <tr><td>2</td><td>oth_other_amt_type_2</td><td>\$</td></tr> <tr><td>3</td><td>oth_other_amt_type_3</td><td>bags</td></tr> <tr><td>4</td><td>oth_other_amt_type_4</td><td>pills</td></tr> <tr><td>5</td><td>oth_other_amt_type_5</td><td>milligrams</td></tr> <tr><td>6</td><td>oth_other_amt_type_6</td><td>micrograms</td></tr> </table>	1	oth_other_amt_type_1	grams	2	oth_other_amt_type_2	\$	3	oth_other_amt_type_3	bags	4	oth_other_amt_type_4	pills	5	oth_other_amt_type_5	milligrams	6	oth_other_amt_type_6	micrograms
1	oth_other_amt_type_1	grams																			
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4	oth_other_amt_type_4	pills																			
5	oth_other_amt_type_5	milligrams																			
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764	oth_other_gram Show the field ONLY if: [oth_other_amt_type(1)] = '1'	Maximum gram amount documented in the chart <i>Enter numerical value.</i>	text, Required																		
765	oth_other_dollar Show the field ONLY if: [oth_other_amt_type(2)] = '1'	Maximum dollar amount documented in the chart <i>Enter numerical value.</i>	text, Required																		
766	oth_other_bag Show the field ONLY if: [oth_other_amt_type(3)] = '1'	Maximum bag amount documented in the chart <i>Enter numerical value.</i>	text, Required																		

767	oth_other_pills Show the field ONLY if: [oth_other_amt_type(4)] = '1'	Maximum number of pills documented in the chart <i>Enter numerical value.</i>	text, Required												
768	oth_other_mg Show the field ONLY if: [oth_other_amt_type(5)] = '1'	Maximum milligram amount documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required												
769	oth_other_mcg Show the field ONLY if: [oth_other_amt_type(6)] = '1'	Maximum microgram amount documented in the chart <i>Enter numerical value. Use decimal value if fraction given.</i>	text, Required												
770	oth_other_route Show the field ONLY if: [oth_other(2)] = '1'	Route of administration	checkbox, Required <table border="1"> <tr> <td>1</td> <td>oth_other_route_1</td> <td>Injection</td> </tr> <tr> <td>2</td> <td>oth_other_route_2</td> <td>Snort</td> </tr> <tr> <td>3</td> <td>oth_other_route_3</td> <td>Smoke</td> </tr> <tr> <td>4</td> <td>oth_other_route_4</td> <td>Swallow</td> </tr> </table>	1	oth_other_route_1	Injection	2	oth_other_route_2	Snort	3	oth_other_route_3	Smoke	4	oth_other_route_4	Swallow
1	oth_other_route_1	Injection													
2	oth_other_route_2	Snort													
3	oth_other_route_3	Smoke													
4	oth_other_route_4	Swallow													
771	oth_other_freq Show the field ONLY if: [oth_other(3)] = '1'	Frequency	radio, Required <table border="1"> <tr> <td>1</td> <td>Multiple times per day</td> </tr> <tr> <td>2</td> <td>Daily</td> </tr> <tr> <td>3</td> <td>Weekly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> </table>	1	Multiple times per day	2	Daily	3	Weekly	4	Monthly	999	Unknown		
1	Multiple times per day														
2	Daily														
3	Weekly														
4	Monthly														
999	Unknown														
772	oth_other_length_mx Show the field ONLY if: [oth_other(4)] = '1'	Are there discrepant accounts for length of use of [curr_opioid_oth] documented in the chart?	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														
773	oth_other_length_max Show the field ONLY if: [oth_other_length_mx] = '1'	Maximum length of use documented <i>Enter numerical value.</i>	text, Required												
774	oth_other_length_min Show the field ONLY if: [oth_other_length_mx] = '1'	Minimum length of use documented <i>Enter numerical value.</i>	text, Required												
775	oth_other_length_avg Show the field ONLY if: [oth_other_length_mx] = '1'	Average length of use	calc, Required Calculation: mean([oth_other_length_max], [oth_other_length_min])												
776	oth_other_length_1 Show the field ONLY if: [oth_other_length_mx] = '0'	Length of use <i>If 5 years, enter "5." Enter "999" if unknown.</i>	text, Required												

777	oth_other_length_2 Show the field ONLY if: [oth_other(4)] = '1'	Unit of time <i>If 5 years, select "Years."</i>	radio, Required <table border="1" data-bbox="1047 113 1235 352"> <tr> <td>1</td> <td>Days</td> </tr> <tr> <td>2</td> <td>Weeks</td> </tr> <tr> <td>3</td> <td>Months</td> </tr> <tr> <td>4</td> <td>Years</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> </table>	1	Days	2	Weeks	3	Months	4	Years	999	Unknown																				
1	Days																																
2	Weeks																																
3	Months																																
4	Years																																
999	Unknown																																
778	oth_other_age Show the field ONLY if: [oth_other(5)] = '1'	Age of first use	text, Required																														
779	first_opioid_age	Section Header: <i>Substance Use History ****</i> Age of first opioid exposure? <i>Enter "999" if unknown</i>	text, Required																														
780	first_opioid_type	Opioid(s) first used? <i>Brand names listed in parantheses</i>	checkbox, Required <table border="1" data-bbox="1047 644 1534 1440"> <tr> <td>1</td> <td>first_opioid_type_1</td> <td>Oxycodone (OxyContin, Percocet, Roxicodone, etc.)</td> </tr> <tr> <td>2</td> <td>first_opioid_type_2</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>3</td> <td>first_opioid_type_3</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>4</td> <td>first_opioid_type_4</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>5</td> <td>first_opioid_type_5</td> <td>Methadone</td> </tr> <tr> <td>6</td> <td>first_opioid_type_6</td> <td>Buprenorphine (Suboxone, etc.)</td> </tr> <tr> <td>7</td> <td>first_opioid_type_7</td> <td>Morphine</td> </tr> <tr> <td>8</td> <td>first_opioid_type_8</td> <td>Heroin</td> </tr> <tr> <td>9</td> <td>first_opioid_type_9</td> <td>Other</td> </tr> <tr> <td>999</td> <td>first_opioid_type_999</td> <td>Unknown</td> </tr> </table>	1	first_opioid_type_1	Oxycodone (OxyContin, Percocet, Roxicodone, etc.)	2	first_opioid_type_2	Hydrocodone (Norco, Vicodin, etc.)	3	first_opioid_type_3	Fentanyl (Duragesic, Ionsys)	4	first_opioid_type_4	Hydromorphone (Dilaudid)	5	first_opioid_type_5	Methadone	6	first_opioid_type_6	Buprenorphine (Suboxone, etc.)	7	first_opioid_type_7	Morphine	8	first_opioid_type_8	Heroin	9	first_opioid_type_9	Other	999	first_opioid_type_999	Unknown
1	first_opioid_type_1	Oxycodone (OxyContin, Percocet, Roxicodone, etc.)																															
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5	first_opioid_type_5	Methadone																															
6	first_opioid_type_6	Buprenorphine (Suboxone, etc.)																															
7	first_opioid_type_7	Morphine																															
8	first_opioid_type_8	Heroin																															
9	first_opioid_type_9	Other																															
999	first_opioid_type_999	Unknown																															
781	opioid_type_oth Show the field ONLY if: [first_opioid_type(9)] = '1'	If "Other," please specify.	text, Required																														

782	prev_opioid_type 	Previously used opioid(s)? <i>Brand names listed in parantheses</i>	checkbox, Required <table border="1"> <tr> <td data-bbox="1042 121 1105 289">1</td> <td data-bbox="1105 121 1382 289">prev_opioid_type_1</td> <td data-bbox="1382 121 1542 289">Oxycodone (OxyContin, Percocet, Roxicodone, etc.)</td> </tr> <tr> <td data-bbox="1042 289 1105 401">2</td> <td data-bbox="1105 289 1382 401">prev_opioid_type_2</td> <td data-bbox="1382 289 1542 401">Hydrocodone (Norco, Vicodin etc.)</td> </tr> <tr> <td data-bbox="1042 401 1105 512">3</td> <td data-bbox="1105 401 1382 512">prev_opioid_type_3</td> <td data-bbox="1382 401 1542 512">Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td data-bbox="1042 512 1105 583">4</td> <td data-bbox="1105 512 1382 583">prev_opioid_type_4</td> <td data-bbox="1382 512 1542 583">Hydromorphone (Dilaudid)</td> </tr> <tr> <td data-bbox="1042 583 1105 634">5</td> <td data-bbox="1105 583 1382 634">prev_opioid_type_5</td> <td data-bbox="1382 583 1542 634">Methadone</td> </tr> <tr> <td data-bbox="1042 634 1105 716">6</td> <td data-bbox="1105 634 1382 716">prev_opioid_type_6</td> <td data-bbox="1382 634 1542 716">Buprenorphine (Suboxone, etc.)</td> </tr> <tr> <td data-bbox="1042 716 1105 766">7</td> <td data-bbox="1105 716 1382 766">prev_opioid_type_7</td> <td data-bbox="1382 716 1542 766">Morphine</td> </tr> <tr> <td data-bbox="1042 766 1105 816">8</td> <td data-bbox="1105 766 1382 816">prev_opioid_type_8</td> <td data-bbox="1382 766 1542 816">Heroin</td> </tr> <tr> <td data-bbox="1042 816 1105 867">9</td> <td data-bbox="1105 816 1382 867">prev_opioid_type_9</td> <td data-bbox="1382 816 1542 867">Other</td> </tr> <tr> <td data-bbox="1042 867 1105 938">999</td> <td data-bbox="1105 867 1382 938">prev_opioid_type_999</td> <td data-bbox="1382 867 1542 938">None of the above</td> </tr> </table>	1	prev_opioid_type_1	Oxycodone (OxyContin, Percocet, Roxicodone, etc.)	2	prev_opioid_type_2	Hydrocodone (Norco, Vicodin etc.)	3	prev_opioid_type_3	Fentanyl (Duragesic, Ionsys)	4	prev_opioid_type_4	Hydromorphone (Dilaudid)	5	prev_opioid_type_5	Methadone	6	prev_opioid_type_6	Buprenorphine (Suboxone, etc.)	7	prev_opioid_type_7	Morphine	8	prev_opioid_type_8	Heroin	9	prev_opioid_type_9	Other	999	prev_opioid_type_999	None of the above
1	prev_opioid_type_1	Oxycodone (OxyContin, Percocet, Roxicodone, etc.)																															
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9	prev_opioid_type_9	Other																															
999	prev_opioid_type_999	None of the above																															
783	prev_opioid_oth Show the field ONLY if: <pre>[prev_opioid_type(9)] = '1'</pre>	If "Other," please specify.	text, Required																														
784	preop_sud	Any documentation of substance use BEFORE opioids?	yesno, Required <table border="1"> <tr> <td data-bbox="1042 1150 1081 1192">1</td> <td data-bbox="1081 1150 1138 1192">Yes</td> </tr> <tr> <td data-bbox="1042 1192 1081 1234">0</td> <td data-bbox="1081 1192 1138 1234">No</td> </tr> </table>	1	Yes	0	No																										
1	Yes																																
0	No																																
785	preop_sud_hx Show the field ONLY if: <pre>[preop_sud] = '1'</pre>	Other substance use (check all that apply)	checkbox, Required <table border="1"> <tr> <td data-bbox="1042 1304 1105 1346">1</td> <td data-bbox="1105 1304 1349 1346">preop_sud_hx_1</td> <td data-bbox="1349 1304 1542 1346">Methamphetamine</td> </tr> <tr> <td data-bbox="1042 1346 1105 1388">2</td> <td data-bbox="1105 1346 1349 1388">preop_sud_hx_2</td> <td data-bbox="1349 1346 1542 1388">Cocaine</td> </tr> <tr> <td data-bbox="1042 1388 1105 1430">3</td> <td data-bbox="1105 1388 1349 1430">preop_sud_hx_3</td> <td data-bbox="1349 1388 1542 1430">Cannabis</td> </tr> <tr> <td data-bbox="1042 1430 1105 1541">4</td> <td data-bbox="1105 1430 1349 1541">preop_sud_hx_4</td> <td data-bbox="1349 1430 1542 1541">Hallucinogens (including Ecstasy/MDMA)</td> </tr> <tr> <td data-bbox="1042 1541 1105 1583">5</td> <td data-bbox="1105 1541 1349 1583">preop_sud_hx_5</td> <td data-bbox="1349 1541 1542 1583">LSD</td> </tr> <tr> <td data-bbox="1042 1583 1105 1625">6</td> <td data-bbox="1105 1583 1349 1625">preop_sud_hx_6</td> <td data-bbox="1349 1583 1542 1625">Benzodiazepine</td> </tr> <tr> <td data-bbox="1042 1625 1105 1667">7</td> <td data-bbox="1105 1625 1349 1667">preop_sud_hx_7</td> <td data-bbox="1349 1625 1542 1667">Alcohol</td> </tr> <tr> <td data-bbox="1042 1667 1105 1738">8</td> <td data-bbox="1105 1667 1349 1738">preop_sud_hx_8</td> <td data-bbox="1349 1667 1542 1738">Tobacco</td> </tr> <tr> <td data-bbox="1042 1738 1105 1810">9</td> <td data-bbox="1105 1738 1349 1810">preop_sud_hx_9</td> <td data-bbox="1349 1738 1542 1810">Other (note any heavy usage)</td> </tr> <tr> <td data-bbox="1042 1810 1105 1852">999</td> <td data-bbox="1105 1810 1349 1852">preop_sud_hx_999</td> <td data-bbox="1349 1810 1542 1852">Unknown/Unclear</td> </tr> </table>	1	preop_sud_hx_1	Methamphetamine	2	preop_sud_hx_2	Cocaine	3	preop_sud_hx_3	Cannabis	4	preop_sud_hx_4	Hallucinogens (including Ecstasy/MDMA)	5	preop_sud_hx_5	LSD	6	preop_sud_hx_6	Benzodiazepine	7	preop_sud_hx_7	Alcohol	8	preop_sud_hx_8	Tobacco	9	preop_sud_hx_9	Other (note any heavy usage)	999	preop_sud_hx_999	Unknown/Unclear
1	preop_sud_hx_1	Methamphetamine																															
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999	preop_sud_hx_999	Unknown/Unclear																															
786	preop_sud_hx_oth Show the field ONLY if: <pre>[preop_sud_hx(9)] = '1'</pre>	If "Other," please specify.	text, Required																														

787	preop_meth_age Show the field ONLY if: [preop_sud_hx(1)] = '1'	Age of methamphetamine exposure <i>Enter 999 if unknown.</i>	text, Required						
788	preop_cocaine_age Show the field ONLY if: [preop_sud_hx(2)] = '1'	Age of cocaine exposure <i>Enter 999 if unknown.</i>	text, Required						
789	preop_mj_age Show the field ONLY if: [preop_sud_hx(3)] = '1'	Age of marijuana exposure <i>Enter 999 if unknown.</i>	text, Required						
790	preop_psych_age Show the field ONLY if: [preop_sud_hx(4)] = '1'	Age of hallucinogen exposure <i>Enter 999 if unknown.</i>	text, Required						
791	preop_lsd_age Show the field ONLY if: [preop_sud_hx(5)] = '1'	Age of LSD exposure <i>Enter 999 if unknown.</i>	text, Required						
792	preop_benzo_age Show the field ONLY if: [preop_sud_hx(6)] = '1'	Age of benzodiazepine exposure <i>Enter 999 if unknown.</i>	text, Required						
793	preop_etch_age Show the field ONLY if: [preop_sud_hx(7)] = '1'	Age of alcohol exposure <i>Enter 999 if unknown.</i>	text, Required						
794	preop_cigs_age Show the field ONLY if: [preop_sud_hx(8)] = '1'	Age of tobacco exposure <i>Enter 999 if unknown.</i>	text, Required						
795	preop_oth_age Show the field ONLY if: [preop_sud_hx(9)] = '1'	Age of [preop_sud_hx_oth] exposure <i>Enter 999 if unknown.</i>	text, Required						
796	any_chronic_pain	Section Header: Chronic Pain **** Any documentation of chronic pain?	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								
797	chronic_pain_spec Show the field ONLY if: [any_chronic_pain] = '1'	Is the quality or location of chronic pain specified?	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								
798	chronic_pain_describe Show the field ONLY if: [chronic_pain_spec] = '1'	Name/describe the location and quality.	text, Required						
799	cse	Section Header: Clinically Significant Events Did any clinically significant events occur during this encounter that warrant further review? <i>Includes: Clinician-determined precipitated withdrawal, Grade 4 or 5 adverse event</i>	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								
800	cse_spec Show the field ONLY if: [cse] = '1'	Which of the following clinically significant events occurred?	checkbox <table border="1"> <tr> <td>1</td> <td>cse_spec_1</td> <td>Precipitated withdrawal (clinician determined)</td> </tr> <tr> <td>2</td> <td>cse_spec_2</td> <td>Life threatening event</td> </tr> </table>	1	cse_spec_1	Precipitated withdrawal (clinician determined)	2	cse_spec_2	Life threatening event
1	cse_spec_1	Precipitated withdrawal (clinician determined)							
2	cse_spec_2	Life threatening event							

801	attribution_ppt Show the field ONLY if: [cse_spec(1)] = '1'	Degree of relatedness to buprenorphine administration (investigator only)	radio <table border="1"> <tr><td>1</td><td>Unrelated</td></tr> <tr><td>2</td><td>Possibly Related</td></tr> <tr><td>3</td><td>Probably Related</td></tr> <tr><td>4</td><td>Definitely Related</td></tr> </table>	1	Unrelated	2	Possibly Related	3	Probably Related	4	Definitely Related
1	Unrelated										
2	Possibly Related										
3	Probably Related										
4	Definitely Related										
802	attribution_sae Show the field ONLY if: [cse_spec(2)] = '1'	Degree of relatedness to buprenorphine administration (investigator only)	radio <table border="1"> <tr><td>1</td><td>Unrelated</td></tr> <tr><td>2</td><td>Possibly Related</td></tr> <tr><td>3</td><td>Probably Related</td></tr> <tr><td>4</td><td>Definitely Related</td></tr> </table>	1	Unrelated	2	Possibly Related	3	Probably Related	4	Definitely Related
1	Unrelated										
2	Possibly Related										
3	Probably Related										
4	Definitely Related										
803	provider_notes_and_ed_buprenorphine_complete	Section Header: Form Status 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: ED Bridge Intake Form Page 1 (ed bridge intake form page 1)											
804	intake	Section Header: Intake Form Does the patient have an intake form corresponding to this specific ED visit?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
805	any_intake Show the field ONLY if: [intake] = '0'	Does the patient have an intake form completed within 30 days after this ED visit?	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										
806	intake_ed Show the field ONLY if: [any_intake] = '1'	Does this intake form belong to another specific ED visit?	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										
807	ref_md Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Section Header: Patient Information and ED Visit Referring ED provider, as listed on intake sheet <i>Enter "N/A" if none listed. Please enter as: Last name, First name.</i>	text, Required								
808	if_no_ins Show the field ONLY if: ([intake] = '1' or [intake_ed] = '0') and [insurance_1(8)] = '1'	If the patient does not have insurance, was a plan made for obtaining insurance? <i>See intake form for plan/expected status.</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>999</td><td>N/A or not specified on ED Bridge intake form</td></tr> </table>	1	Yes	0	No	999	N/A or not specified on ED Bridge intake form		
1	Yes										
0	No										
999	N/A or not specified on ED Bridge intake form										
809	primary_care Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Does the patient have a primary care home? <i>From intake form.</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>999</td><td>Not specified on ED Bridge intake form</td></tr> </table>	1	Yes	0	No	999	Not specified on ED Bridge intake form		
1	Yes										
0	No										
999	Not specified on ED Bridge intake form										

810	mental_health Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Section Header: Other Concerns Does the patient have a mental health provider? <i>From intake sheet.</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>999</td> <td>Not specified on ED Bridge intake form</td> </tr> </table>	1	Yes	0	No	999	Not specified on ED Bridge intake form																					
1	Yes																													
0	No																													
999	Not specified on ED Bridge intake form																													
811	trauma Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Were any traumatic events documented on the ED Bridge intake form? <i>From intake sheet. Can include physical, emotional, psychological, or other trauma.</i>	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																													
	Show the field ONLY if: [trauma] = '1'	Please specify the traumatic event(s). <i>E.g., death of loved one, car accident, etc.</i>	text, Required																											
813	housing Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Current housing situation	checkbox, Required <table border="1"> <tr> <td>1</td> <td>housing_1</td> <td>Stably housed (own or rent house or apartment, shared housing, etc.)</td> </tr> <tr> <td>2</td> <td>housing_2</td> <td>Marginally/unstably housed (including couch surfing)</td> </tr> <tr> <td>3</td> <td>housing_3</td> <td>Shelter</td> </tr> <tr> <td>4</td> <td>housing_4</td> <td>Street or vehicle</td> </tr> <tr> <td>5</td> <td>housing_5</td> <td>Sobering center (short term, e.g., Cherry Hill)</td> </tr> <tr> <td>6</td> <td>housing_6</td> <td>Sober living facility/halfway house (Teen Challenge, Orchid House, etc.)</td> </tr> <tr> <td>7</td> <td>housing_7</td> <td>Homeless NOS</td> </tr> <tr> <td>8</td> <td>housing_8</td> <td>Other</td> </tr> <tr> <td>999</td> <td>housing_999</td> <td>Unknown</td> </tr> </table>	1	housing_1	Stably housed (own or rent house or apartment, shared housing, etc.)	2	housing_2	Marginally/unstably housed (including couch surfing)	3	housing_3	Shelter	4	housing_4	Street or vehicle	5	housing_5	Sobering center (short term, e.g., Cherry Hill)	6	housing_6	Sober living facility/halfway house (Teen Challenge, Orchid House, etc.)	7	housing_7	Homeless NOS	8	housing_8	Other	999	housing_999	Unknown
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7	housing_7	Homeless NOS																												
8	housing_8	Other																												
999	housing_999	Unknown																												
814	housing_oth	If "Other," please specify.	text, Required																											
815	Show the field ONLY if: [housing(8)] = '1' housing_plan	If the patient does not currently have housing, was a plan made to obtain housing?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>999</td> <td>N/A or not specified on ED Bridge intake form</td> </tr> </table>	1	Yes	0	No	999	N/A or not specified on ED Bridge intake form																					
1	Yes																													
0	No																													
999	N/A or not specified on ED Bridge intake form																													
816	Show the field ONLY if: [intake]='1'OR[intake_ed]='0' ed_bridge_intake_form	Section Header: Form Status	dropdown																											
	page_1_complete	Complete?	<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: ED Bridge Intake Form Page 2 (ed_bridge_intake_form_page_2)

817	intake_2 Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Was the second page of the ED Bridge intake form filled out?	yesno, Required 1 Yes 0 No
818	psychosocial Show the field ONLY if: [intake_2] = '1'	Section Header: <i>Psychosocial</i> Was a psychosocial support person contacted during the ED visit?	radio, Required 1 Yes 999 Not specified on ED Bridge intake form.
819	psychosocial_plan Show the field ONLY if: [intake_2] = '1'	Is there a plan for ongoing psychosocial recovery support?	radio, Required 1 Yes 999 Not specified on ED Bridge intake form.
820	psychosocial_referral Show the field ONLY if: [intake_2] = '1'	Was an appointment made for psychosocial support?	radio, Required 1 Yes 999 Not specified on ED Bridge intake form.
821	mental Show the field ONLY if: [intake_2] = '1'	Section Header: <i>Mental Health Needs</i> Any mental health concerns?	radio, Required 1 Yes 999 Not specified on ED Bridge intake form.
822	mental_health_ref Show the field ONLY if: [intake_2] = '1'	Was a mental health provider contacted? <i>From intake sheet.</i>	radio, Required 1 Yes 999 Not specified on ED Bridge intake form
823	mh_plan Show the field ONLY if: [intake_2] = '1'	Is there a psychiatric medication plan?	radio, Required 1 Yes 999 Not specified on ED Bridge intake form
824	mh_appt Show the field ONLY if: [intake_2] = '1'	Was an appointment made for mental health concerns?	radio, Required 1 Yes 999 Not specified on ED Bridge intake form
825	dv Show the field ONLY if: [intake_2] = '1'	Section Header: <i>Social</i> Was the patient screened for domestic violence (DV)?	radio, Required 1 Yes 999 Not specified on ED Bridge intake form.
826	dv_notify Show the field ONLY if: [dv] = '1'	If DV confirmed, provider notified?	radio, Required 1 Yes 999 Not specified on ED Bridge intake form.

827	social_plan Show the field ONLY if: [intake_2] = '1'	Is there a plan for social support?	radio, Required <table border="1" data-bbox="1047 115 1526 241"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>999</td> <td>Not specified on ED Bridge intake form.</td> </tr> </table>	1	Yes	999	Not specified on ED Bridge intake form.																	
1	Yes																							
999	Not specified on ED Bridge intake form.																							
828	mat_plan Show the field ONLY if: [intake_2] = '1'	Section Header: Substance Use Treatment What is the plan for treatment?	checkbox, Required <table border="1" data-bbox="1047 289 1526 657"> <tr> <td>1</td> <td>mat_plan_1</td> <td>ED Bridge</td> </tr> <tr> <td>2</td> <td>mat_plan_2</td> <td>BIC</td> </tr> <tr> <td>3</td> <td>mat_plan_3</td> <td>K6/K7</td> </tr> <tr> <td>4</td> <td>mat_plan_4</td> <td>Outside PCP</td> </tr> <tr> <td>5</td> <td>mat_plan_5</td> <td>Out-of-county MAT</td> </tr> <tr> <td>6</td> <td>mat_plan_6</td> <td>Methadone clinic</td> </tr> <tr> <td>999</td> <td>mat_plan_999</td> <td>Not specified on the intake form</td> </tr> </table>	1	mat_plan_1	ED Bridge	2	mat_plan_2	BIC	3	mat_plan_3	K6/K7	4	mat_plan_4	Outside PCP	5	mat_plan_5	Out-of-county MAT	6	mat_plan_6	Methadone clinic	999	mat_plan_999	Not specified on the intake form
1	mat_plan_1	ED Bridge																						
2	mat_plan_2	BIC																						
3	mat_plan_3	K6/K7																						
4	mat_plan_4	Outside PCP																						
5	mat_plan_5	Out-of-county MAT																						
6	mat_plan_6	Methadone clinic																						
999	mat_plan_999	Not specified on the intake form																						
829	ed_bridge_intake_form_page_2_complete	Section Header: Form Status Complete?	dropdown <table border="1" data-bbox="1047 766 1226 913"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																							
1	Unverified																							
2	Complete																							
Instrument: Follow-Up (followup)																								
830	any_contact Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Section Header: Follow-up information provided by MAT coordinator (Christian Hailozian) Was any contact made with the patient within 30 days of their initial ED visit?	radio, Required <table border="1" data-bbox="1047 1029 1279 1228"> <tr> <td>1</td> <td>Yes (in-person)</td> </tr> <tr> <td>2</td> <td>Yes (phone/text)</td> </tr> <tr> <td>3</td> <td>Yes (both)</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes (in-person)	2	Yes (phone/text)	3	Yes (both)	0	No													
1	Yes (in-person)																							
2	Yes (phone/text)																							
3	Yes (both)																							
0	No																							
831	ed_bridge Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Did the patient accept an ED bridge follow-up appointment?	radio, Required <table border="1" data-bbox="1047 1270 1140 1375"> <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																							
832	engaged Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	Did the patient attend any healthcare appointments for their opioid use disorder within 30 days of their initial ED visit?	radio, Required <table border="1" data-bbox="1047 1438 1140 1543"> <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																							
833	outcome Show the field ONLY if: [intake] = '1' OR [intake_ed] = '0'	What was this patient's outcome after one month?	checkbox, Required <table border="1" data-bbox="1047 1596 1526 2026"> <tr> <td>1</td> <td>outcome_1</td> <td>Lost to follow-up</td> </tr> <tr> <td>2</td> <td>outcome_2</td> <td>Still in SUD clinic</td> </tr> <tr> <td>3</td> <td>outcome_3</td> <td>Transferred to BIC</td> </tr> <tr> <td>4</td> <td>outcome_4</td> <td>Transferred to primary care</td> </tr> <tr> <td>5</td> <td>outcome_5</td> <td>Transferred to out-of-county MAT</td> </tr> <tr> <td>6</td> <td>outcome_6</td> <td>Transferred to methadone clinic</td> </tr> <tr> <td>7</td> <td>outcome_7</td> <td>Other</td> </tr> </table>	1	outcome_1	Lost to follow-up	2	outcome_2	Still in SUD clinic	3	outcome_3	Transferred to BIC	4	outcome_4	Transferred to primary care	5	outcome_5	Transferred to out-of-county MAT	6	outcome_6	Transferred to methadone clinic	7	outcome_7	Other
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5	outcome_5	Transferred to out-of-county MAT																						
6	outcome_6	Transferred to methadone clinic																						
7	outcome_7	Other																						

834	outcome_other Show the field ONLY if: [outcome(7)] = '1'	If "Other," please specify	text, Required																																										
835	followup_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: Admission Discharge Summary (admission_discharge_summary)																																													
836	admit_sedation Show the field ONLY if: [disp] = '2'	Section Header: <i>Admit Sedation</i> Which of the following signs or symptoms of sedation were documented in the discharge summary notes?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>admit_sedation_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>admit_sedation_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>admit_sedation_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>admit_sedation_0</td> <td>None of the above</td> </tr> </table>	1	admit_sedation_1	Nodding	2	admit_sedation_2	Sleepy, drowsy, difficulty staying awake	3	admit_sedation_3	Feelings of general fatigue or weakness	0	admit_sedation_0	None of the above																														
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0	admit_sedation_0	None of the above																																											
837	admit_intox Show the field ONLY if: [disp] = '2'	Section Header: <i>Admit Intoxication</i> Which of the following signs or symptoms of intoxication were documented in the discharge summary notes?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>admit_intox_1</td> <td>Good mood</td> </tr> <tr> <td>2</td> <td>admit_intox_2</td> <td>Coasting (Spaced out)</td> </tr> <tr> <td>3</td> <td>admit_intox_3</td> <td>Pleasant Sick</td> </tr> <tr> <td>4</td> <td>admit_intox_4</td> <td>Drive (energy)</td> </tr> <tr> <td>5</td> <td>admit_intox_5</td> <td>High</td> </tr> <tr> <td>6</td> <td>admit_intox_6</td> <td>Drunken</td> </tr> <tr> <td>7</td> <td>admit_intox_7</td> <td>Soapbox (talkative)</td> </tr> <tr> <td>8</td> <td>admit_intox_8</td> <td>Rush</td> </tr> <tr> <td>9</td> <td>admit_intox_9</td> <td>Friendly</td> </tr> <tr> <td>10</td> <td>admit_intox_10</td> <td>Relaxed</td> </tr> <tr> <td>11</td> <td>admit_intox_11</td> <td>Difficulty concentrating</td> </tr> <tr> <td>12</td> <td>admit_intox_12</td> <td>Feeling lightheaded or dizzy</td> </tr> <tr> <td>13</td> <td>admit_intox_13</td> <td>Feeling confused</td> </tr> <tr> <td>0</td> <td>admit_intox_0</td> <td>None of the above</td> </tr> </table>	1	admit_intox_1	Good mood	2	admit_intox_2	Coasting (Spaced out)	3	admit_intox_3	Pleasant Sick	4	admit_intox_4	Drive (energy)	5	admit_intox_5	High	6	admit_intox_6	Drunken	7	admit_intox_7	Soapbox (talkative)	8	admit_intox_8	Rush	9	admit_intox_9	Friendly	10	admit_intox_10	Relaxed	11	admit_intox_11	Difficulty concentrating	12	admit_intox_12	Feeling lightheaded or dizzy	13	admit_intox_13	Feeling confused	0	admit_intox_0	None of the above
1	admit_intox_1	Good mood																																											
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13	admit_intox_13	Feeling confused																																											
0	admit_intox_0	None of the above																																											

838	admit_gi Show the field ONLY if: [disp] = '2'	Section Header: <i>Admit GI Symptoms</i> Which of the following gastrointestinal signs or symptoms were documented in the discharge summary notes?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>admit_gi_1</td> <td>Constipation</td> </tr> <tr> <td>2</td> <td>admit_gi_2</td> <td>Turning of stomach</td> </tr> <tr> <td>3</td> <td>admit_gi_3</td> <td>Nausea</td> </tr> <tr> <td>4</td> <td>admit_gi_4</td> <td>Vomiting</td> </tr> <tr> <td>5</td> <td>admit_gi_5</td> <td>Diarrhea</td> </tr> <tr> <td>0</td> <td>admit_gi_0</td> <td>None of the above</td> </tr> </table>	1	admit_gi_1	Constipation	2	admit_gi_2	Turning of stomach	3	admit_gi_3	Nausea	4	admit_gi_4	Vomiting	5	admit_gi_5	Diarrhea	0	admit_gi_0	None of the above						
1	admit_gi_1	Constipation																									
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3	admit_gi_3	Nausea																									
4	admit_gi_4	Vomiting																									
5	admit_gi_5	Diarrhea																									
0	admit_gi_0	None of the above																									
839	admit_anxious Show the field ONLY if: [disp] = '2'	Section Header: <i>Admit Anxiety</i> Which of the following signs or symptoms of anxiety were documented in the discharge summary notes?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>admit_anxious_1</td> <td>Anxiety, irritability, or agitation</td> </tr> <tr> <td>2</td> <td>admit_anxious_2</td> <td>Nervousness</td> </tr> <tr> <td>3</td> <td>admit_anxious_3</td> <td>Tremor</td> </tr> <tr> <td>4</td> <td>admit_anxious_4</td> <td>Restlessness</td> </tr> <tr> <td>0</td> <td>admit_anxious_0</td> <td>None of the above</td> </tr> </table>	1	admit_anxious_1	Anxiety, irritability, or agitation	2	admit_anxious_2	Nervousness	3	admit_anxious_3	Tremor	4	admit_anxious_4	Restlessness	0	admit_anxious_0	None of the above									
1	admit_anxious_1	Anxiety, irritability, or agitation																									
2	admit_anxious_2	Nervousness																									
3	admit_anxious_3	Tremor																									
4	admit_anxious_4	Restlessness																									
0	admit_anxious_0	None of the above																									
840	admit_withdrawal Show the field ONLY if: [disp] = '2'	Section Header: <i>Admit Withdrawal</i> Which of the following signs or symptoms of withdrawal were documented in the discharge summary notes?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>admit_withdrawal 1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>admit_withdrawal 2</td> <td>Gooseflesh skin (chills/piloerection)</td> </tr> <tr> <td>3</td> <td>admit_withdrawal 3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>admit_withdrawal 4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>admit_withdrawal 5</td> <td>Pupil size larger than normal (dilation/mydriasis)</td> </tr> <tr> <td>6</td> <td>admit_withdrawal 6</td> <td>Bone, joint aches, or body aches (arthralgias/myalgias)</td> </tr> <tr> <td>7</td> <td>admit_withdrawal 7</td> <td>Runny nose or tearing (rhinorrhea/lacrimation)</td> </tr> <tr> <td>0</td> <td>admit_withdrawal 0</td> <td>None of the above</td> </tr> </table>	1	admit_withdrawal 1	Yawning	2	admit_withdrawal 2	Gooseflesh skin (chills/piloerection)	3	admit_withdrawal 3	Pulse > 80	4	admit_withdrawal 4	Sweating (diaphoresis)	5	admit_withdrawal 5	Pupil size larger than normal (dilation/mydriasis)	6	admit_withdrawal 6	Bone, joint aches, or body aches (arthralgias/myalgias)	7	admit_withdrawal 7	Runny nose or tearing (rhinorrhea/lacrimation)	0	admit_withdrawal 0	None of the above
1	admit_withdrawal 1	Yawning																									
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7	admit_withdrawal 7	Runny nose or tearing (rhinorrhea/lacrimation)																									
0	admit_withdrawal 0	None of the above																									
841	admit_vitals Show the field ONLY if: [disp] = '2'	Section Header: <i>Admit Abnormal Vitals</i> Which of the following abnormal vital signs were documented in the discharge summary notes?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>admit_vitals_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>admit_vitals_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>admit_vitals_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>admit_vitals_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>admit_vitals_0</td> <td>None of the above</td> </tr> </table>	1	admit_vitals_1	Hypoxia	2	admit_vitals_2	Hypercarbia	3	admit_vitals_3	Hypotension	4	admit_vitals_4	Bradycardia	0	admit_vitals_0	None of the above									
1	admit_vitals_1	Hypoxia																									
2	admit_vitals_2	Hypercarbia																									
3	admit_vitals_3	Hypotension																									
4	admit_vitals_4	Bradycardia																									
0	admit_vitals_0	None of the above																									

842	admit_misc_sx Show the field ONLY if: [disp] = '2'	Section Header: Admit Miscellaneous Opioid-Related Side Effects Which of the following miscellaneous opioid related side effects were documented in the discharge summary notes?	checkbox, Required		
			1	admit_misc_sx_1	Difficulty passing urine
			2	admit_misc_sx_2	Itchiness
			3	admit_misc_sx_3	Dry mouth
			4	admit_misc_sx_4	Headache
			5	admit_misc_sx_5	Unable to walk
			6	admit_misc_sx_6	Unable to discharge
			7	admit_misc_sx_7	Pupil size smaller than normal (constriction/miosis)
0	admit_misc_sx_0	None of the above			
843	admit_death Show the field ONLY if: [disp] = '2'	Section Header: Admit Death Did the discharge summary notes indicate that the patient died?	yesno, Required		
			1	Yes	
			0	No	
844	admission_discharge_summary_complete	Section Header: Form Status Complete?	dropdown		
			0	Incomplete	
			1	Unverified	
			2	Complete	
Instrument: Pre-Bup Chart Scoring (prebup_chart_scoring)					
845	agonist_1_pre	Section Header: Opiate 32 (16 Agonist) Nodding	calc Calculation: if([prebup_sedation(1)] = 1, 1, 0)		
846	agonist_2_pre	Sleepy	calc Calculation: if([prebup_sedation(2)] = 1, 1, 0)		
847	agonist_3_pre	Good mood	calc Calculation: if([prebup_intox(1)] = 1, 1, 0)		
848	agonist_4_pre	Coasting	calc Calculation: if([prebup_intox(2)] = 1, 1, 0)		
849	agonist_5_pre	Pleasant Sick	calc Calculation: if([prebup_intox(3)] = 1, 1, 0)		
850	agonist_6_pre	Drive	calc Calculation: if([prebup_intox(4)] = 1, 1, 0)		
851	agonist_7_pre	High	calc Calculation: if([prebup_intox(5)] = 1, 1, 0)		
852	agonist_8_pre	Drunken	calc Calculation: if([prebup_intox(6)] = 1, 1, 0)		
853	agonist_9_pre	Soapbox	calc Calculation: if([prebup_intox(7)] = 1, 1, 0)		
854	agonist_10_pre	Rush	calc Calculation: if([prebup_intox(8)] = 1, 1, 0)		
855	agonist_11_pre	Friendly	calc Calculation: if([prebup_intox(9)] = 1, 1, 0)		
856	agonist_12_pre	Relaxed	calc Calculation: if([prebup_intox(10)] = 1, 1, 0)		

857	agonist_13_pre	Turning of stomach	calc Calculation: if([prebup_gi(2)] = 1, 1, 0)
858	agonist_14_pre	Nervousness	calc Calculation: if([prebup_anxious(2)] = 1, 1, 0)
859	agonist_15_pre	Itchy	calc Calculation: if([prebup_misc_sx(2)] = 1, 1, 0)
860	agonist_16_pre	Dry mouth	calc Calculation: if([prebup_misc_sx(3)] = 1, 1, 0)
861	sum_agonist_pre	Sum Agonist 16	calc Calculation: sum([agonist_1_pre], [agonist_2_pre], [agonist_3_pre], [agonist_4_pre], [agonist_5_pre], [agonist_6_pre], [agonist_7_pre], [agonist_8_pre], [agonist_9_pre], [agonist_10_pre], [agonist_11_pre], [agonist_12_pre], [agonist_13_pre], [agonist_14_pre], [agonist_15_pre], [agonist_16_pre])
862	antagonist_1_pre	Section Header: <i>Opiate 32 (Antagonist 9)</i> Yawning	calc Calculation: if([prebup_withdrawal(1)] = 1, 1, 0)
863	antagonist_2_pre	Restlessness	calc Calculation: if([prebup_anxious(4)] = 1, 1, 0)
864	antagonist_3_pre	Tearing or Runny Nose	calc Calculation: if([prebup_withdrawal(7)] = 1, 1, 0)
865	antagonist_4_pre	Turning of stomach/cramping/abdominal pain	calc Calculation: if([prebup_gi(2)] = 1, 1, 0)
866	antagonist_5_pre	Anxiety, irritability, or agitation	calc Calculation: if([prebup_anxious(1)] = 1, 1, 0)
867	antagonist_6_pre	Chills or gooseflesh skin	calc Calculation: if([prebup_withdrawal(2)] = 1, 1, 0)
868	antagonist_7_pre	Sweating	calc Calculation: if([prebup_withdrawal(4)] = 1, 1, 0)
869	antagonist_8_pre	Bone, joint, or body aches	calc Calculation: if([prebup_withdrawal(6)] = 1, 1, 0)
870	antagonist_9_pre	Feelings of general fatigue or weakness	calc Calculation: if([prebup_sedation(3)] = 1, 1, 0)
871	sum_antagonist_pre	Sum antagonist 9	calc Calculation: sum([antagonist_1_pre], [antagonist_2_pre], [antagonist_3_pre], [antagonist_4_pre], [antagonist_5_pre], [antagonist_6_pre], [antagonist_7_pre], [antagonist_8_pre], [antagonist_9_pre])
872	orsds_1_pre	Section Header: <i>OR-SDS</i> Nausea	calc Calculation: if([prebup_gi(3)] = 1, 1, 0)
873	orsds_2_pre	Vomiting	calc Calculation: if([prebup_gi(4)] = 1, 1, 0)

874	orsds_3_pre	Constipation	calc Calculation: if([prebup_gi(1)] = 1, 1, 0)
875	orsds_4_pre	Difficulty passing urine	calc Calculation: if([prebup_misc_sx(1)] = 1, 1, 0)
876	orsds_5_pre	Difficulty concentrating	calc Calculation: if([prebup_intox(11)] = 1, 1, 0)
877	orsds_6_pre	Drowsiness/difficulty staying awake	calc Calculation: if([prebup_sedation(2)] = 1, 1, 0)
878	orsds_7_pre	Feeling lightheaded or dizzy	calc Calculation: if([prebup_intox(12)] = 1, 1, 0)
879	orsds_8_pre	Feeling confused	calc Calculation: if([prebup_intox(13)] = 1, 1, 0)
880	orsds_9_pre	Feelings of general fatigue or weakness	calc Calculation: if([prebup_sedation(3)] = 1, 1, 0)
881	orsds_10_pre	Itchiness	calc Calculation: if([prebup_misc_sx(2)] = 1, 1, 0)
882	orsds_11_pre	Dry mouth	calc Calculation: if([prebup_misc_sx(3)] = 1, 1, 0)
883	orsds_12_pre	Headache	calc Calculation: if([prebup_misc_sx(4)] = 1, 1, 0)
884	sum_orsds_pre	Sum OR-SDS	calc Calculation: sum([orsds_1_pre], [orsds_2_pre], [orsds_3_pre], [orsds_4_pre], [orsds_5_pre], [orsds_6_pre], [orsds_7_pre], [orsds_8_pre], [orsds_9_pre], [orsds_10_pre], [orsds_11_pre], [orsds_12_pre])
885	cows_1_pre	Section Header: COWS Pulse > 80	calc Calculation: if([prebup_withdrawal(3)] = 1, 1, 0)
886	cows_2_pre	Sweating	calc Calculation: if([prebup_withdrawal(4)] = 1, 1, 0)
887	cows_3_pre	Restlessness	calc Calculation: if([prebup_anxious(4)] = 1, 1, 0)
888	cows_4_pre	Pupil size larger than normal	calc Calculation: if([prebup_withdrawal(5)] = 1, 1, 0)
889	cows_5_pre	Bone, joint, or body aches	calc Calculation: if([prebup_withdrawal(6)] = 1, 1, 0)
890	cows_6_pre	GI Upset - stomach cramps, nausea, vomiting, diarrhea	calc Calculation: (if([prebup_gi(2)] = 1, 1, 0)) or (if([prebup_gi(3)] = 1, 1, 0)) or (if([prebup_gi(4)] = 1, 1, 0)) or (if([prebup_gi(5)] = 1, 1, 0))
891	cows_7_pre	Tremor	calc Calculation: if([prebup_anxious(3)] = 1, 1, 0)
892	cows_8_pre	Yawning	calc Calculation: if([prebup_withdrawal(1)] = 1, 1, 0)

893	cows_9_pre	Anxiety, irritability, or agitation	calc Calculation: if([prebup_anxious(1)] = 1, 1, 0)						
894	cows_10_pre	Gooseflesh skin	calc Calculation: if([prebup_withdrawal(2)] = 1, 1, 0)						
895	sum_cows_pre	Sum COWS	calc Calculation: sum([cows_1_pre], [cows_2_pre], [cows_3_pre], [cows_4_pre], [cows_5_pre], [cows_6_pre], [cows_7_pre], [cows_8_pre], [cows_9_pre], [cows_10_pre])						
896	prebup_chart_scoring_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: Post-Bup Chart Scoring (postbup_chart_scoring)									
897	agonist_1_post	Section Header: <i>Opiate 32 (16 Agonist)</i> Nodding	calc Calculation: if([postbup_sedation(1)] = 1, 1, 0)						
898	agonist_2_post	Sleepy	calc Calculation: if([postbup_sedation(2)] = 1, 1, 0)						
899	agonist_3_post	Good mood	calc Calculation: if([postbup_intox(1)] = 1, 1, 0)						
900	agonist_4_post	Coasting	calc Calculation: if([postbup_intox(2)] = 1, 1, 0)						
901	agonist_5_post	Pleasant Sick	calc Calculation: if([postbup_intox(3)] = 1, 1, 0)						
902	agonist_6_post	Drive	calc Calculation: if([postbup_intox(4)] = 1, 1, 0)						
903	agonist_7_post	High	calc Calculation: if([postbup_intox(5)] = 1, 1, 0)						
904	agonist_8_post	Drunken	calc Calculation: if([postbup_intox(6)] = 1, 1, 0)						
905	agonist_9_post	Soapbox	calc Calculation: if([postbup_intox(7)] = 1, 1, 0)						
906	agonist_10_post	Rush	calc Calculation: if([postbup_intox(8)] = 1, 1, 0)						
907	agonist_11_post	Friendly	calc Calculation: if([postbup_intox(9)] = 1, 1, 0)						
908	agonist_12_post	Relaxed	calc Calculation: if([postbup_intox(10)] = 1, 1, 0)						
909	agonist_13_post	Turning of stomach	calc Calculation: if([postbup_gi(2)] = 1, 1, 0)						
910	agonist_14_post	Nervousness	calc Calculation: if([postbup_anxious(2)] = 1, 1, 0)						
911	agonist_15_post	Itchy	calc Calculation: if([postbup_misc_sx(2)] = 1, 1, 0)						

912	agonist_16_post	Dry mouth	calc Calculation: if([postbup_misc_sx(3)] = 1, 1, 0)
913	sum_agonist_post	Sum Agonist 16	calc Calculation: sum([agonist_1_post], [agonist_2_post], [agonist_3_post], [agonist_4_post], [agonist_5_post], [agonist_6_post], [agonist_7_post], [agonist_8_post], [agonist_9_post], [agonist_10_post], [agonist_11_post], [agonist_12_post], [agonist_13_post], [agonist_14_post], [agonist_15_post], [agonist_16_post])
914	antagonist_1_post	Section Header: <i>Opiate 32 (Antagonist 9)</i> Yawning	calc Calculation: if([postbup_withdrawal(1)] = 1, 1, 0)
915	antagonist_2_post	Restlessness	calc Calculation: if([postbup_anxious(4)] = 1, 1, 0)
916	antagonist_3_post	Tearing or Runny Nose	calc Calculation: if([postbup_withdrawal(7)] = 1, 1, 0)
917	antagonist_4_post	Turning of stomach/cramping/abdominal pain	calc Calculation: if([postbup_gi(2)] = 1, 1, 0)
918	antagonist_5_post	Anxiety, irritability, or agitation	calc Calculation: if([postbup_anxious(1)] = 1, 1, 0)
919	antagonist_6_post	Chills or gooseflesh skin	calc Calculation: if([postbup_withdrawal(2)] = 1, 1, 0)
920	antagonist_7_post	Sweating	calc Calculation: if([postbup_withdrawal(4)] = 1, 1, 0)
921	antagonist_8_post	Bone, joint, or body aches	calc Calculation: if([postbup_withdrawal(6)] = 1, 1, 0)
922	antagonist_9_post	Feelings of general fatigue or weakness	calc Calculation: if([postbup_sedation(3)] = 1, 1, 0)
923	sum_antagonist_post	Sum antagonist 9	calc Calculation: sum([antagonist_1_post], [antagonist_2_post], [antagonist_3_post], [antagonist_4_post], [antagonist_5_post], [antagonist_6_post], [antagonist_7_post], [antagonist_8_post], [antagonist_9_post])
924	orsds_1_post	Section Header: <i>OR-SDS</i> Nausea	calc Calculation: if([postbup_gi(3)] = 1, 1, 0)
925	orsds_2_post	Vomiting	calc Calculation: if([postbup_gi(4)] = 1, 1, 0)
926	orsds_3_post	Constipation	calc Calculation: if([postbup_gi(1)] = 1, 1, 0)
927	orsds_4_post	Difficulty passing urine	calc Calculation: if([postbup_misc_sx(1)] = 1, 1, 0)
928	orsds_5_post	Difficulty concentrating	calc Calculation: if([postbup_intox(11)] = 1, 1, 0)

929	orsds_6_post	Drowsiness/diffculty staying awake	calc Calculation: if([postbup_sedation(2)] = 1, 1, 0)
930	orsds_7_post	Feeling lightheaded or dizzy	calc Calculation: if([postbup_intox(12)] = 1, 1, 0)
931	orsds_8_post	Feeling confused	calc Calculation: if([postbup_intox(13)] = 1, 1, 0)
932	orsds_9_post	Feelings of general fatigue or weakness	calc Calculation: if([postbup_sedation(3)] = 1, 1, 0)
933	orsds_10_post	Itchiness	calc Calculation: if([postbup_misc_sx(2)] = 1, 1, 0)
934	orsds_11_post	Dry mouth	calc Calculation: if([postbup_misc_sx(3)] = 1, 1, 0)
935	orsds_12_post	Headache	calc Calculation: if([postbup_misc_sx(4)] = 1, 1, 0)
936	sum_orsds_post	Sum OR-SDS	calc Calculation: sum([orsds_1_post], [orsds_2_post], [orsds_3_post], [orsds_4_post], [orsds_5_post], [orsds_6_post], [orsds_7_post], [orsds_8_post], [orsds_9_post], [orsds_10_post], [orsds_11_post], [orsds_12_post])
937	cows_1_post	Section Header: COWS Pulse > 80	calc Calculation: if([postbup_withdrawal(3)] = 1, 1, 0)
938	cows_2_post	Sweating	calc Calculation: if([postbup_withdrawal(4)] = 1, 1, 0)
939	cows_3_post	Restlessness	calc Calculation: if([postbup_anxious(4)] = 1, 1, 0)
940	cows_4_post	Pupil size larger than normal	calc Calculation: if([postbup_withdrawal(5)] = 1, 1, 0)
941	cows_5_post	Bone, joint, or body aches	calc Calculation: if([postbup_withdrawal(6)] = 1, 1, 0)
942	cows_6_post	GI Upset -stomach cramps, nausea, vomiting, diarrhea	calc Calculation: if([postbup_gi(2)] = 1, 1, 0) or if([postbup_gi(3)] = 1, 1, 0) or if([postbup_gi(4)] = 1, 1, 0) or if([postbup_gi(5)] = 1, 1, 0)
943	cows_7_post	Tremor	calc Calculation: if([postbup_anxious(3)] = 1, 1, 0)
944	cows_8_post	Yawning	calc Calculation: if([postbup_withdrawal(1)] = 1, 1, 0)
945	cows_9_post	Anxiety, irritability, or agitation	calc Calculation: if([postbup_anxious(1)] = 1, 1, 0)

	946	cows_10_post	Gooseflesh skin	calc Calculation: if([postbup_withdrawal(2)] = 1, 1, 0)																
	947	sum_cows_post	Sum COWS	calc Calculation: sum([cows_1_post], [cows_2_post], [cows_3_post], [cows_4_post], [cows_5_post], [cows_6_post], [cows_7_post], [cows_8_post], [cows_9_post], [cows_10_post])																
	948	admit_post	Section Header: <i>Serious Adverse Events</i> Hospitalization	calc Calculation: if([disp] = 2, 1, 0)																
	949	threat_post	CTCAE Grade 4 (Life-threatening consequences; urgent intervention indicated)	calc Calculation: if([cse_spec(2)] = 1, 1, 0)																
	950	death_post	CTCAE Grade 5 (Death from AE)	calc Calculation: if([ed_death] = 1, 1, 0)																
	951	sum_sae_post	Sum SAE	calc Calculation: sum([admit_post], [threat_post], [death_post])																
	952	postbup_chart_scoring_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: Return Visit(s) (return_visits)																				
	953	return_yn	Did the patient return to the emergency department within 10 days of this visit?	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																			
	954	return_num Show the field ONLY if: [return_yn] = '1'	How many times did the patient return within 10 days of this visit?	radio <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> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7
0	0																			
1	1																			
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3	3																			
4	4																			
5	5																			
6	6																			
7	7																			
	955	datetime_return_1 Show the field ONLY if: [return_num] = '1' or [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Section Header: <i>First Return Visit</i> Date and time of arrival	text (datetime_mdy)																

956	<p>return_redcap_1</p> <p>Show the field ONLY if: [return_num] = '1' or [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	<p>Does this encounter coincide with an existing visit in REDCap?</p>	<p>yesno</p> <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																																						
957	<p>return_redcap_spec_1</p> <p>Show the field ONLY if: [return_redcap_1] = '1'</p>	<p>Please enter the visit number</p>	<p>text</p>																																				
958	<p>return_od_1</p> <p>Show the field ONLY if: [return_num] = '1' or [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	<p>Did the patient present to the ED for opioid overdose?</p>	<p>yesno</p> <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																																						
959	<p>return_substance_yn_1</p> <p>Show the field ONLY if: [return_num] = '1' or [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	<p>Did the patient or provider report any substance use between the index ED visit and this return visit?</p>	<p>yesno</p> <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																																						
960	<p>return_substance_1</p> <p>Show the field ONLY if: [return_substance_yn_1] = '1'</p>	<p>Which substance(s) did the patient use?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_substance_1_1</td> <td>Opioids (not including buprenorph</td> </tr> <tr> <td>2</td> <td>return_substance_1_2</td> <td>Methamphie</td> </tr> <tr> <td>3</td> <td>return_substance_1_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_substance_1_4</td> <td>Cannabis</td> </tr> <tr> <td>5</td> <td>return_substance_1_5</td> <td>Hallucinoge (including Ecstasy/MD</td> </tr> <tr> <td>6</td> <td>return_substance_1_6</td> <td>LSD</td> </tr> <tr> <td>7</td> <td>return_substance_1_7</td> <td>Benzodiaze</td> </tr> <tr> <td>8</td> <td>return_substance_1_8</td> <td>Alcohol</td> </tr> <tr> <td>9</td> <td>return_substance_1_9</td> <td>Tobacco</td> </tr> <tr> <td>10</td> <td>return_substance_1_10</td> <td>Other stimu NOS</td> </tr> <tr> <td>11</td> <td>return_substance_1_11</td> <td>Other (note heavy usage</td> </tr> <tr> <td>999</td> <td>return_substance_1_999</td> <td>None of the</td> </tr> </table>	1	return_substance_1_1	Opioids (not including buprenorph	2	return_substance_1_2	Methamphie	3	return_substance_1_3	Cocaine	4	return_substance_1_4	Cannabis	5	return_substance_1_5	Hallucinoge (including Ecstasy/MD	6	return_substance_1_6	LSD	7	return_substance_1_7	Benzodiaze	8	return_substance_1_8	Alcohol	9	return_substance_1_9	Tobacco	10	return_substance_1_10	Other stimu NOS	11	return_substance_1_11	Other (note heavy usage	999	return_substance_1_999	None of the
1	return_substance_1_1	Opioids (not including buprenorph																																					
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961	<p>return_substance_oth_1</p> <p>Show the field ONLY if: [return_substance_1(11)] = '1'</p>	If "Other," please specify.	text																																							
962	<p>return_opioid_1</p> <p>Show the field ONLY if: [return_substance_1(1)] = '1'</p>	Which opioid(s) did the patient use?	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_opioid_1_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>return_opioid_1_2</td> <td>Oxycodone (OxyContin, Percocet, etc.)</td> </tr> <tr> <td>3</td> <td>return_opioid_1_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>return_opioid_1_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>return_opioid_1_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>return_opioid_1_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>return_opioid_1_7</td> <td>Other</td> </tr> </table>	1	return_opioid_1_1	Heroin	2	return_opioid_1_2	Oxycodone (OxyContin, Percocet, etc.)	3	return_opioid_1_3	Hydrocodone (Norco, Vicodin, etc.)	4	return_opioid_1_4	Fentanyl (Duragesic, Ionsys)	5	return_opioid_1_5	Hydromorphone (Dilaudid)	6	return_opioid_1_6	Morphine	7	return_opioid_1_7	Other																		
1	return_opioid_1_1	Heroin																																								
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7	return_opioid_1_7	Other																																								
963	<p>return_opioid_oth_1</p> <p>Show the field ONLY if: [return_opioid_1(7)] = '1'</p>	If "Other," please specify.	text																																							
964	<p>return_utox_1</p> <p>Show the field ONLY if: [return_num] = '1' or [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	Was a urine toxicology screen performed for this visit?	<p>yesno</p> <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																																									
965	<p>return_utox_spec_1</p> <p>Show the field ONLY if: [return_utox_1] = '1'</p>	Please select all drugs shown to be positive in the urine toxicology analysis:	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_utox_spec_1_1</td> <td>Amphetami</td> </tr> <tr> <td>2</td> <td>return_utox_spec_1_2</td> <td>Barbiturates</td> </tr> <tr> <td>3</td> <td>return_utox_spec_1_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_utox_spec_1_4</td> <td>Methaqualo</td> </tr> <tr> <td>5</td> <td>return_utox_spec_1_5</td> <td>Methadone</td> </tr> <tr> <td>6</td> <td>return_utox_spec_1_6</td> <td>Methamphe</td> </tr> <tr> <td>7</td> <td>return_utox_spec_1_7</td> <td>Opiates</td> </tr> <tr> <td>8</td> <td>return_utox_spec_1_8</td> <td>Phencyclidin</td> </tr> <tr> <td>9</td> <td>return_utox_spec_1_9</td> <td>Marijuana</td> </tr> <tr> <td>10</td> <td>return_utox_spec_1_10</td> <td>Benzodiazep</td> </tr> <tr> <td>11</td> <td>return_utox_spec_1_11</td> <td>Propoxyph</td> </tr> <tr> <td>12</td> <td>return_utox_spec_1_12</td> <td>Amphetami</td> </tr> <tr> <td>13</td> <td>return_utox_spec_1_13</td> <td>Other</td> </tr> </table> <p>999 return_utox_spec_1_999 None of the</p>	1	return_utox_spec_1_1	Amphetami	2	return_utox_spec_1_2	Barbiturates	3	return_utox_spec_1_3	Cocaine	4	return_utox_spec_1_4	Methaqualo	5	return_utox_spec_1_5	Methadone	6	return_utox_spec_1_6	Methamphe	7	return_utox_spec_1_7	Opiates	8	return_utox_spec_1_8	Phencyclidin	9	return_utox_spec_1_9	Marijuana	10	return_utox_spec_1_10	Benzodiazep	11	return_utox_spec_1_11	Propoxyph	12	return_utox_spec_1_12	Amphetami	13	return_utox_spec_1_13	Other
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13	return_utox_spec_1_13	Other																																								

966	return_utox_oth_1 Show the field ONLY if: [return_utox_spec_1(13)] = '1'	If "Other," please specify	text												
967	return_craving_1 Show the field ONLY if: [return_num] = '1' or [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient or provider mention opioid cravings during the visit?	yesno <table border="1" data-bbox="1047 279 1138 373"> <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														
968	return_wd_1 Show the field ONLY if: [return_num] = '1' or [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient complain about or exhibit any signs or symptoms of withdrawal during this visit? <i>If the patient received buprenorphine during this visit, only select signs/symptoms documented BEFORE buprenorphine administration.</i>	yesno <table border="1" data-bbox="1047 604 1138 699"> <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														
969	return_sedation_1 Show the field ONLY if: [return_wd_1] = '1'	Section Header: Return Sedation 1 Which of the following signs or symptoms of sedation were documented?	checkbox <table border="1" data-bbox="1047 919 1523 1306"> <tr> <td>1</td> <td>return_sedation_1_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>return_sedation_1_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>return_sedation_1_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>return_sedation_1_0</td> <td>None of the above</td> </tr> </table>	1	return_sedation_1_1	Nodding	2	return_sedation_1_2	Sleepy, drowsy, difficulty staying awake	3	return_sedation_1_3	Feelings of general fatigue or weakness	0	return_sedation_1_0	None of the above
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970	return_intox_1 Show the field ONLY if: [return_wd_1] = '1'	Section Header: <i>Return Intoxication 1</i> Which of the following signs or symptoms of intoxication were documented?	checkbox <table border="1"> <tr><td>1</td><td>return_intox_1_1</td><td>Good mood</td></tr> <tr><td>2</td><td>return_intox_1_2</td><td>Coasting (Spaced out)</td></tr> <tr><td>3</td><td>return_intox_1_3</td><td>Pleasant Sick</td></tr> <tr><td>4</td><td>return_intox_1_4</td><td>Drive (energy)</td></tr> <tr><td>5</td><td>return_intox_1_5</td><td>High</td></tr> <tr><td>6</td><td>return_intox_1_6</td><td>Drunken</td></tr> <tr><td>7</td><td>return_intox_1_7</td><td>Soapbox (talkative)</td></tr> <tr><td>8</td><td>return_intox_1_8</td><td>Rush</td></tr> <tr><td>9</td><td>return_intox_1_9</td><td>Friendly</td></tr> <tr><td>10</td><td>return_intox_1_10</td><td>Relaxed</td></tr> <tr><td>11</td><td>return_intox_1_11</td><td>Diffculty concentrating</td></tr> <tr><td>12</td><td>return_intox_1_12</td><td>Feeling lightheaded or dizzy</td></tr> <tr><td>13</td><td>return_intox_1_13</td><td>Feeling confused</td></tr> <tr><td>0</td><td>return_intox_1_0</td><td>None of the above</td></tr> </table>	1	return_intox_1_1	Good mood	2	return_intox_1_2	Coasting (Spaced out)	3	return_intox_1_3	Pleasant Sick	4	return_intox_1_4	Drive (energy)	5	return_intox_1_5	High	6	return_intox_1_6	Drunken	7	return_intox_1_7	Soapbox (talkative)	8	return_intox_1_8	Rush	9	return_intox_1_9	Friendly	10	return_intox_1_10	Relaxed	11	return_intox_1_11	Diffculty concentrating	12	return_intox_1_12	Feeling lightheaded or dizzy	13	return_intox_1_13	Feeling confused	0	return_intox_1_0	None of the above
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971	return_gi_1 Show the field ONLY if: [return_wd_1] = '1'	Section Header: <i>Return GI 1</i> Which of the following gastrointestinal signs or symptoms were documented?	checkbox <table border="1"> <tr><td>1</td><td>return_gi_1_1</td><td>Constipation</td></tr> <tr><td>2</td><td>return_gi_1_2</td><td>Turning of stomach/cramping/abdo pain</td></tr> <tr><td>3</td><td>return_gi_1_3</td><td>Nausea</td></tr> <tr><td>4</td><td>return_gi_1_4</td><td>Vomiting</td></tr> <tr><td>5</td><td>return_gi_1_5</td><td>Diarrhea</td></tr> <tr><td>0</td><td>return_gi_1_0</td><td>None of the above</td></tr> </table>	1	return_gi_1_1	Constipation	2	return_gi_1_2	Turning of stomach/cramping/abdo pain	3	return_gi_1_3	Nausea	4	return_gi_1_4	Vomiting	5	return_gi_1_5	Diarrhea	0	return_gi_1_0	None of the above																								
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972	return_anxiety_1 Show the field ONLY if: [return_wd_1] = '1'	Section Header: <i>Return Anxiety 1</i> Which of the following signs or symptoms of anxiety were documented?	checkbox <table border="1"> <tr><td>1</td><td>return_anxiety_1_1</td><td>Anxiety, irritability, or agitation</td></tr> <tr><td>2</td><td>return_anxiety_1_2</td><td>Nervousness</td></tr> <tr><td>3</td><td>return_anxiety_1_3</td><td>Tremor</td></tr> <tr><td>4</td><td>return_anxiety_1_4</td><td>Restlessness</td></tr> <tr><td>0</td><td>return_anxiety_1_0</td><td>None of the above</td></tr> </table>	1	return_anxiety_1_1	Anxiety, irritability, or agitation	2	return_anxiety_1_2	Nervousness	3	return_anxiety_1_3	Tremor	4	return_anxiety_1_4	Restlessness	0	return_anxiety_1_0	None of the above																											
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973	return_withdrawal_1 Show the field ONLY if: [return_wd_1] = '1'	Section Header: <i>Return Withdrawal 1</i> Which of the following signs or symptoms of withdrawal were documented?	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <tr> <td>1</td> <td>return_withdrawal_1_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>return_withdrawal_1_2</td> <td>Gooseflesh skin (chills/piloerection)</td> </tr> <tr> <td>3</td> <td>return_withdrawal_1_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>return_withdrawal_1_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>return_withdrawal_1_5</td> <td>Pupil size larger than normal (dilation/mydriasis)</td> </tr> <tr> <td>6</td> <td>return_withdrawal_1_6</td> <td>Bone, joint and body aches (arthralgias/myalgias)</td> </tr> <tr> <td>7</td> <td>return_withdrawal_1_7</td> <td>Runny nose or tearing (rhinorrhea or lacrimation)</td> </tr> <tr> <td>0</td> <td>return_withdrawal_1_0</td> <td>None of the above</td> </tr> </table>	checkbox			1	return_withdrawal_1_1	Yawning	2	return_withdrawal_1_2	Gooseflesh skin (chills/piloerection)	3	return_withdrawal_1_3	Pulse > 80	4	return_withdrawal_1_4	Sweating (diaphoresis)	5	return_withdrawal_1_5	Pupil size larger than normal (dilation/mydriasis)	6	return_withdrawal_1_6	Bone, joint and body aches (arthralgias/myalgias)	7	return_withdrawal_1_7	Runny nose or tearing (rhinorrhea or lacrimation)	0	return_withdrawal_1_0	None of the above
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974	return_vitals_1 Show the field ONLY if: [return_wd_1] = '1'	Section Header: <i>Return Abnormal Vitals 1</i> Which of the following abnormal vital signs were documented?	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <tr> <td>1</td> <td>return_vitals_1_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>return_vitals_1_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>return_vitals_1_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>return_vitals_1_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>return_vitals_1_0</td> <td>None of the above</td> </tr> </table>	checkbox			1	return_vitals_1_1	Hypoxia	2	return_vitals_1_2	Hypercarbia	3	return_vitals_1_3	Hypotension	4	return_vitals_1_4	Bradycardia	0	return_vitals_1_0	None of the above									
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975	return_misc_1 Show the field ONLY if: [return_wd_1] = '1'	Section Header: <i>Return Miscellaneous 1</i> Which of the following miscellaneous opioid related side effects were documented?	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <tr> <td>1</td> <td>return_misc_1_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>return_misc_1_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>return_misc_1_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>return_misc_1_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>return_misc_1_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>return_misc_1_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>return_misc_1_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>return_misc_1_0</td> <td>None of the above</td> </tr> </table>	checkbox			1	return_misc_1_1	Difficulty passing urine	2	return_misc_1_2	Itchiness	3	return_misc_1_3	Dry mouth	4	return_misc_1_4	Headache	5	return_misc_1_5	Unable to walk	6	return_misc_1_6	Unable to discharge	7	return_misc_1_7	Pupil size smaller than normal (constriction/miosis)	0	return_misc_1_0	None of the above
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976	datetime_return_2 Show the field ONLY if: [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Section Header: <i>Second Return Visit</i> Date and time of arrival	text (datetime_mdy)																											

977	<p>return_redcap_2</p> <p>Show the field ONLY if: [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	<p>Does this encounter coincide with an existing visit in REDCap?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
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978	<p>return_redcap_spec_2</p> <p>Show the field ONLY if: [return_redcap_2] = '1'</p>	<p>Please enter the visit number</p>	<p>text</p>																																							
979	<p>return_od_2</p> <p>Show the field ONLY if: [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	<p>Did the patient present to the ED for opioid overdose?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
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980	<p>return_substance_yn_2</p> <p>Show the field ONLY if: [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	<p>Did the patient or provider report any substance use between the index ED visit and this return visit?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
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0	No																																									
981	<p>return_substance_2</p> <p>Show the field ONLY if: [return_substance_yn_2] = '1'</p>	<p>Which substance(s) did the patient use?</p>	<table border="1"> <thead> <tr> <th colspan="3">checkbox</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>return_substance_2_1</td> <td>Opioids (not including buprenorph</td> </tr> <tr> <td>2</td> <td>return_substance_2_2</td> <td>Methamph</td> </tr> <tr> <td>3</td> <td>return_substance_2_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_substance_2_4</td> <td>Cannabis</td> </tr> <tr> <td>5</td> <td>return_substance_2_5</td> <td>Hallucinoge (including Ecstasy/MD</td> </tr> <tr> <td>6</td> <td>return_substance_2_6</td> <td>LSD</td> </tr> <tr> <td>7</td> <td>return_substance_2_7</td> <td>Benzodiaze</td> </tr> <tr> <td>8</td> <td>return_substance_2_8</td> <td>Alcohol</td> </tr> <tr> <td>9</td> <td>return_substance_2_9</td> <td>Tobacco</td> </tr> <tr> <td>10</td> <td>return_substance_2_10</td> <td>Other stimu NOS</td> </tr> <tr> <td>11</td> <td>return_substance_2_11</td> <td>Other (note heavy usage</td> </tr> <tr> <td>999</td> <td>return_substance_2_999</td> <td>None of the</td> </tr> </tbody> </table>	checkbox			1	return_substance_2_1	Opioids (not including buprenorph	2	return_substance_2_2	Methamph	3	return_substance_2_3	Cocaine	4	return_substance_2_4	Cannabis	5	return_substance_2_5	Hallucinoge (including Ecstasy/MD	6	return_substance_2_6	LSD	7	return_substance_2_7	Benzodiaze	8	return_substance_2_8	Alcohol	9	return_substance_2_9	Tobacco	10	return_substance_2_10	Other stimu NOS	11	return_substance_2_11	Other (note heavy usage	999	return_substance_2_999	None of the
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999	return_substance_2_999	None of the																																								

982	<p>return_substance_oth_2</p> <p>Show the field ONLY if: [return_substance_2(11)] = '1'</p>	If "Other," please specify.	text																																										
983	<p>return_opioid_2</p> <p>Show the field ONLY if: [return_substance_2(1)] = '1'</p>	Which opioid(s) did the patient use?	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_opioid_2_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>return_opioid_2_2</td> <td>Oxycodone (OxyContin, Percocet, etc.)</td> </tr> <tr> <td>3</td> <td>return_opioid_2_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>return_opioid_2_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>return_opioid_2_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>return_opioid_2_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>return_opioid_2_7</td> <td>Other</td> </tr> </table>	1	return_opioid_2_1	Heroin	2	return_opioid_2_2	Oxycodone (OxyContin, Percocet, etc.)	3	return_opioid_2_3	Hydrocodone (Norco, Vicodin, etc.)	4	return_opioid_2_4	Fentanyl (Duragesic, Ionsys)	5	return_opioid_2_5	Hydromorphone (Dilaudid)	6	return_opioid_2_6	Morphine	7	return_opioid_2_7	Other																					
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984	<p>return_opioid_oth_2</p> <p>Show the field ONLY if: [return_opioid_2(7)] = '1'</p>	If "Other," please specify.	text																																										
985	<p>return_utox_2</p> <p>Show the field ONLY if: [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	Was a urine toxicology screen performed for this visit?	<p>yesno</p> <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																																												
986	<p>return_utox_spec_2</p> <p>Show the field ONLY if: [return_utox_2] = '1'</p>	Please select all drugs shown to be positive in the urine toxicology analysis:	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_utox_spec_2_1</td> <td>Amphetami</td> </tr> <tr> <td>2</td> <td>return_utox_spec_2_2</td> <td>Barbiturates</td> </tr> <tr> <td>3</td> <td>return_utox_spec_2_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_utox_spec_2_4</td> <td>Methaqualo</td> </tr> <tr> <td>5</td> <td>return_utox_spec_2_5</td> <td>Methadone</td> </tr> <tr> <td>6</td> <td>return_utox_spec_2_6</td> <td>Methamphe</td> </tr> <tr> <td>7</td> <td>return_utox_spec_2_7</td> <td>Opiates</td> </tr> <tr> <td>8</td> <td>return_utox_spec_2_8</td> <td>Phencyclidin</td> </tr> <tr> <td>9</td> <td>return_utox_spec_2_9</td> <td>Marijuana</td> </tr> <tr> <td>10</td> <td>return_utox_spec_2_10</td> <td>Benzodiazep</td> </tr> <tr> <td>11</td> <td>return_utox_spec_2_11</td> <td>Propoxyph</td> </tr> <tr> <td>12</td> <td>return_utox_spec_2_12</td> <td>Amphetami</td> </tr> <tr> <td>13</td> <td>return_utox_spec_2_13</td> <td>Other</td> </tr> <tr> <td>999</td> <td>return_utox_spec_2_999</td> <td>None of the</td> </tr> </table>	1	return_utox_spec_2_1	Amphetami	2	return_utox_spec_2_2	Barbiturates	3	return_utox_spec_2_3	Cocaine	4	return_utox_spec_2_4	Methaqualo	5	return_utox_spec_2_5	Methadone	6	return_utox_spec_2_6	Methamphe	7	return_utox_spec_2_7	Opiates	8	return_utox_spec_2_8	Phencyclidin	9	return_utox_spec_2_9	Marijuana	10	return_utox_spec_2_10	Benzodiazep	11	return_utox_spec_2_11	Propoxyph	12	return_utox_spec_2_12	Amphetami	13	return_utox_spec_2_13	Other	999	return_utox_spec_2_999	None of the
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987	return_utox_oth_2 Show the field ONLY if: [return_utox_spec_2(13)] = '1'	If "Other," please specify	text												
988	return_craving_2 Show the field ONLY if: [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient or provider mention opioid cravings during the visit?	yesno <table border="1" data-bbox="1047 279 1138 373"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes														
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989	return_wd_2 Show the field ONLY if: [return_num] = '2' or [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient complain about or exhibit any signs or symptoms of withdrawal during this visit? <i>If the patient received buprenorphine during this visit, only select signs/symptoms documented BEFORE buprenorphine administration.</i>	yesno <table border="1" data-bbox="1047 573 1138 667"> <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														
990	return_sedation_2 Show the field ONLY if: [return_wd_2] = '1'	Section Header: ReturnSedation2 Which of the following signs or symptoms of sedation were documented?	checkbox <table border="1" data-bbox="1047 856 1523 1243"> <tr> <td>1</td> <td>return_sedation_2_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>return_sedation_2_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>return_sedation_2_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>return_sedation_2_0</td> <td>None of the above</td> </tr> </table>	1	return_sedation_2_1	Nodding	2	return_sedation_2_2	Sleepy, drowsy, difficulty staying awake	3	return_sedation_2_3	Feelings of general fatigue or weakness	0	return_sedation_2_0	None of the above
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991	return_intox_2 Show the field ONLY if: [return_wd_2] = '1'	Section Header: <i>Return Intoxication 2</i> Which of the following signs or symptoms of intoxication were documented?	checkbox <table border="1"> <tr><td>1</td><td>return_intox_2_1</td><td>Good mood</td></tr> <tr><td>2</td><td>return_intox_2_2</td><td>Coasting (Spaced out)</td></tr> <tr><td>3</td><td>return_intox_2_3</td><td>Pleasant Sick</td></tr> <tr><td>4</td><td>return_intox_2_4</td><td>Drive (energy)</td></tr> <tr><td>5</td><td>return_intox_2_5</td><td>High</td></tr> <tr><td>6</td><td>return_intox_2_6</td><td>Drunken</td></tr> <tr><td>7</td><td>return_intox_2_7</td><td>Soapbox (talkative)</td></tr> <tr><td>8</td><td>return_intox_2_8</td><td>Rush</td></tr> <tr><td>9</td><td>return_intox_2_9</td><td>Friendly</td></tr> <tr><td>10</td><td>return_intox_2_10</td><td>Relaxed</td></tr> <tr><td>11</td><td>return_intox_2_11</td><td>Diffculty concentrating</td></tr> <tr><td>12</td><td>return_intox_2_12</td><td>Feeling lightheaded or dizzy</td></tr> <tr><td>13</td><td>return_intox_2_13</td><td>Feeling confused</td></tr> <tr><td>0</td><td>return_intox_2_0</td><td>None of the above</td></tr> </table>	1	return_intox_2_1	Good mood	2	return_intox_2_2	Coasting (Spaced out)	3	return_intox_2_3	Pleasant Sick	4	return_intox_2_4	Drive (energy)	5	return_intox_2_5	High	6	return_intox_2_6	Drunken	7	return_intox_2_7	Soapbox (talkative)	8	return_intox_2_8	Rush	9	return_intox_2_9	Friendly	10	return_intox_2_10	Relaxed	11	return_intox_2_11	Diffculty concentrating	12	return_intox_2_12	Feeling lightheaded or dizzy	13	return_intox_2_13	Feeling confused	0	return_intox_2_0	None of the above
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992	return_gi_2 Show the field ONLY if: [return_wd_2] = '1'	Section Header: <i>Return GI 2</i> Which of the following gastrointestinal signs or symptoms were documented?	checkbox <table border="1"> <tr><td>1</td><td>return_gi_2_1</td><td>Constipation</td></tr> <tr><td>2</td><td>return_gi_2_2</td><td>Turning of stomach/cramping/abdo pain</td></tr> <tr><td>3</td><td>return_gi_2_3</td><td>Nausea</td></tr> <tr><td>4</td><td>return_gi_2_4</td><td>Vomiting</td></tr> <tr><td>5</td><td>return_gi_2_5</td><td>Diarrhea</td></tr> <tr><td>0</td><td>return_gi_2_0</td><td>None of the above</td></tr> </table>	1	return_gi_2_1	Constipation	2	return_gi_2_2	Turning of stomach/cramping/abdo pain	3	return_gi_2_3	Nausea	4	return_gi_2_4	Vomiting	5	return_gi_2_5	Diarrhea	0	return_gi_2_0	None of the above																								
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993	return_anxiety_2 Show the field ONLY if: [return_wd_2] = '1'	Section Header: <i>Return Anxiety 2</i> Which of the following signs or symptoms of anxiety were documented?	checkbox <table border="1"> <tr><td>1</td><td>return_anxiety_2_1</td><td>Anxiety, irritability, or agitation</td></tr> <tr><td>2</td><td>return_anxiety_2_2</td><td>Nervousness</td></tr> <tr><td>3</td><td>return_anxiety_2_3</td><td>Tremor</td></tr> <tr><td>4</td><td>return_anxiety_2_4</td><td>Restlessness</td></tr> <tr><td>0</td><td>return_anxiety_2_0</td><td>None of the above</td></tr> </table>	1	return_anxiety_2_1	Anxiety, irritability, or agitation	2	return_anxiety_2_2	Nervousness	3	return_anxiety_2_3	Tremor	4	return_anxiety_2_4	Restlessness	0	return_anxiety_2_0	None of the above																											
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994	return_withdrawal_2 Show the field ONLY if: [return_wd_2] = '1'	Section Header: <i>Return Withdrawal 2</i> Which of the following signs or symptoms of withdrawal were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_withdrawal_2_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>return_withdrawal_2_2</td> <td>Gooseflesh skin (chills/piloerection)</td> </tr> <tr> <td>3</td> <td>return_withdrawal_2_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>return_withdrawal_2_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>return_withdrawal_2_5</td> <td>Pupil size larger than normal (dilation/mydriasis)</td> </tr> <tr> <td>6</td> <td>return_withdrawal_2_6</td> <td>Bone, joint and body aches (arthralgias/myalgias)</td> </tr> <tr> <td>7</td> <td>return_withdrawal_2_7</td> <td>Runny nose or tearing (rhinorrhea or lacrimation)</td> </tr> <tr> <td>0</td> <td>return_withdrawal_2_0</td> <td>None of the above</td> </tr> </table>	1	return_withdrawal_2_1	Yawning	2	return_withdrawal_2_2	Gooseflesh skin (chills/piloerection)	3	return_withdrawal_2_3	Pulse > 80	4	return_withdrawal_2_4	Sweating (diaphoresis)	5	return_withdrawal_2_5	Pupil size larger than normal (dilation/mydriasis)	6	return_withdrawal_2_6	Bone, joint and body aches (arthralgias/myalgias)	7	return_withdrawal_2_7	Runny nose or tearing (rhinorrhea or lacrimation)	0	return_withdrawal_2_0	None of the above
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995	return_vitals_2 Show the field ONLY if: [return_wd_2] = '1'	Section Header: <i>Return Abnormal Vitals 2</i> Which of the following abnormal vital signs were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_vitals_2_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>return_vitals_2_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>return_vitals_2_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>return_vitals_2_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>return_vitals_2_0</td> <td>None of the above</td> </tr> </table>	1	return_vitals_2_1	Hypoxia	2	return_vitals_2_2	Hypercarbia	3	return_vitals_2_3	Hypotension	4	return_vitals_2_4	Bradycardia	0	return_vitals_2_0	None of the above									
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996	return_misc_2 Show the field ONLY if: [return_wd_2] = '1'	Section Header: <i>Return Miscellaneous 2</i> Which of the following miscellaneous opioid related side effects were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_misc_2_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>return_misc_2_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>return_misc_2_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>return_misc_2_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>return_misc_2_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>return_misc_2_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>return_misc_2_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>return_misc_2_0</td> <td>None of the above</td> </tr> </table>	1	return_misc_2_1	Difficulty passing urine	2	return_misc_2_2	Itchiness	3	return_misc_2_3	Dry mouth	4	return_misc_2_4	Headache	5	return_misc_2_5	Unable to walk	6	return_misc_2_6	Unable to discharge	7	return_misc_2_7	Pupil size smaller than normal (constriction/miosis)	0	return_misc_2_0	None of the above
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997	datetime_return_3 Show the field ONLY if: [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Section Header: <i>Third Return Visit</i> Date and time of arrival	text (datetime_mdy)																								

998	return_redcap_3 Show the field ONLY if: [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Does this encounter coincide with an existing visit in REDCap?	yesno 1 Yes 0 No
999	return_redcap_spec_3 Show the field ONLY if: [return_redcap_3] = '1'	Please enter the visit number	text
1000	return_od_3 Show the field ONLY if: [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient present to the ED for opioid overdose?	yesno 1 Yes 0 No
1001	return_illicit_yn_3 Show the field ONLY if: [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient or provider report any substance use between the index ED visit and this return visit?	yesno 1 Yes 0 No
1002	return_substance_3 Show the field ONLY if: [return_illicit_yn_3] = '1'	Which substance(s) did the patient use?	checkbox 1 return_substance_3_1 Opioids (not including buprenorph 2 return_substance_3_2 Methamph 3 return_substance_3_3 Cocaine 4 return_substance_3_4 Cannabis 5 return_substance_3_5 Hallucinoge (including Ecstasy/MD 6 return_substance_3_6 LSD 7 return_substance_3_7 Benzodiaze 8 return_substance_3_8 Alcohol 9 return_substance_3_9 Tobacco 10 return_substance_3_10 Other stimu NOS 11 return_substance_3_11 Other (note heavy usage
1003	return_substance_oth_3 Show the field ONLY if: [return_substance_3(11)] = '1'	If "Other," please specify.	999 return_substance_3_999 None of the text

<p>1004 return_opioid_3</p> <p>Show the field ONLY if: [return_substance_3(1)] = '1'</p>	<p>Which opioid(s) did the patient use?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_opioid_3_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>return_opioid_3_2</td> <td>Oxycodone (OxyContin, Percocet, etc.)</td> </tr> <tr> <td>3</td> <td>return_opioid_3_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>return_opioid_3_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>return_opioid_3_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>return_opioid_3_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>return_opioid_3_7</td> <td>Other</td> </tr> </table>	1	return_opioid_3_1	Heroin	2	return_opioid_3_2	Oxycodone (OxyContin, Percocet, etc.)	3	return_opioid_3_3	Hydrocodone (Norco, Vicodin, etc.)	4	return_opioid_3_4	Fentanyl (Duragesic, Ionsys)	5	return_opioid_3_5	Hydromorphone (Dilaudid)	6	return_opioid_3_6	Morphine	7	return_opioid_3_7	Other																		
1	return_opioid_3_1	Heroin																																							
2	return_opioid_3_2	Oxycodone (OxyContin, Percocet, etc.)																																							
3	return_opioid_3_3	Hydrocodone (Norco, Vicodin, etc.)																																							
4	return_opioid_3_4	Fentanyl (Duragesic, Ionsys)																																							
5	return_opioid_3_5	Hydromorphone (Dilaudid)																																							
6	return_opioid_3_6	Morphine																																							
7	return_opioid_3_7	Other																																							
<p>1005 return_opioid_oth_3</p> <p>Show the field ONLY if: [return_opioid_3(7)] = '1'</p>	<p>If "Other," please specify.</p>	<p>text</p>																																							
<p>1006 return_utox_3</p> <p>Show the field ONLY if: [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'</p>	<p>Was a urine toxicology screen performed for this visit?</p>	<p>yesno</p> <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																																								
<p>1007 return_utox_spec_3</p> <p>Show the field ONLY if: [return_utox_3] = '1'</p>	<p>Please select all drugs shown to be positive in the urine toxicology analysis:</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_utox_spec_3_1</td> <td>Amphetami</td> </tr> <tr> <td>2</td> <td>return_utox_spec_3_2</td> <td>Barbiturates</td> </tr> <tr> <td>3</td> <td>return_utox_spec_3_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_utox_spec_3_4</td> <td>Methaqualo</td> </tr> <tr> <td>5</td> <td>return_utox_spec_3_5</td> <td>Methadone</td> </tr> <tr> <td>6</td> <td>return_utox_spec_3_6</td> <td>Methamphe</td> </tr> <tr> <td>7</td> <td>return_utox_spec_3_7</td> <td>Opiates</td> </tr> <tr> <td>8</td> <td>return_utox_spec_3_8</td> <td>Phencyclidin</td> </tr> <tr> <td>9</td> <td>return_utox_spec_3_9</td> <td>Marijuana</td> </tr> <tr> <td>10</td> <td>return_utox_spec_3_10</td> <td>Benzodiazep</td> </tr> <tr> <td>11</td> <td>return_utox_spec_3_11</td> <td>Propoxyph</td> </tr> <tr> <td>12</td> <td>return_utox_spec_3_12</td> <td>Amphetami</td> </tr> <tr> <td>13</td> <td>return_utox_spec_3_13</td> <td>Other</td> </tr> </table>	1	return_utox_spec_3_1	Amphetami	2	return_utox_spec_3_2	Barbiturates	3	return_utox_spec_3_3	Cocaine	4	return_utox_spec_3_4	Methaqualo	5	return_utox_spec_3_5	Methadone	6	return_utox_spec_3_6	Methamphe	7	return_utox_spec_3_7	Opiates	8	return_utox_spec_3_8	Phencyclidin	9	return_utox_spec_3_9	Marijuana	10	return_utox_spec_3_10	Benzodiazep	11	return_utox_spec_3_11	Propoxyph	12	return_utox_spec_3_12	Amphetami	13	return_utox_spec_3_13	Other
1	return_utox_spec_3_1	Amphetami																																							
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12	return_utox_spec_3_12	Amphetami																																							
13	return_utox_spec_3_13	Other																																							
<p>1008 return_utox_oth_3</p> <p>Show the field ONLY if: [return_utox_spec_3(13)] = '1'</p>	<p>If "Other," please specify</p>	<p>999 return_utox_spec_3_999 None of the</p> <p>text</p>																																							

1009	return_craving_3 Show the field ONLY if: [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient or provider mention opioid cravings during the visit?	yesno <table border="1" data-bbox="1052 100 1140 197"> <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																																												
1010	return_wd_3 Show the field ONLY if: [return_num] = '3' or [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient complaint about or exhibit any signs or symptoms of withdrawal during this visit? <i>If the patient received buprenorphine during this visit, only select signs/symptoms documented BEFORE buprenorphine administration.</i>	yesno <table border="1" data-bbox="1052 357 1140 453"> <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																																												
1011	return_sedation_3 Show the field ONLY if: [return_wd_3] = '1'	Section Header: Return Sedation 3 Which of the following signs or symptoms of sedation were documented?	checkbox <table border="1" data-bbox="1052 615 1528 999"> <tr> <td>1</td> <td>return_sedation_3_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>return_sedation_3_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>return_sedation_3_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>return_sedation_3_0</td> <td>None of the above</td> </tr> </table>	1	return_sedation_3_1	Nodding	2	return_sedation_3_2	Sleepy, drowsy, difficulty staying awake	3	return_sedation_3_3	Feelings of general fatigue or weakness	0	return_sedation_3_0	None of the above																														
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1012	return_intox_3 Show the field ONLY if: [return_wd_3] = '1'	Section Header: Return Intoxication 3 Which of the following signs or symptoms of intoxication were documented?	checkbox <table border="1" data-bbox="1052 1050 1528 1944"> <tr> <td>1</td> <td>return_intox_3_1</td> <td>Good mood</td> </tr> <tr> <td>2</td> <td>return_intox_3_2</td> <td>Coasting (Spaced out)</td> </tr> <tr> <td>3</td> <td>return_intox_3_3</td> <td>Pleasant Sick</td> </tr> <tr> <td>4</td> <td>return_intox_3_4</td> <td>Drive (energy)</td> </tr> <tr> <td>5</td> <td>return_intox_3_5</td> <td>High</td> </tr> <tr> <td>6</td> <td>return_intox_3_6</td> <td>Drunken</td> </tr> <tr> <td>7</td> <td>return_intox_3_7</td> <td>Soapbox (talkative)</td> </tr> <tr> <td>8</td> <td>return_intox_3_8</td> <td>Rush</td> </tr> <tr> <td>9</td> <td>return_intox_3_9</td> <td>Friendly</td> </tr> <tr> <td>10</td> <td>return_intox_3_10</td> <td>Relaxed</td> </tr> <tr> <td>11</td> <td>return_intox_3_11</td> <td>Difficulty concentrating</td> </tr> <tr> <td>12</td> <td>return_intox_3_12</td> <td>Feeling lightheaded or dizzy</td> </tr> <tr> <td>13</td> <td>return_intox_3_13</td> <td>Feeling confused</td> </tr> <tr> <td>0</td> <td>return_intox_3_0</td> <td>None of the above</td> </tr> </table>	1	return_intox_3_1	Good mood	2	return_intox_3_2	Coasting (Spaced out)	3	return_intox_3_3	Pleasant Sick	4	return_intox_3_4	Drive (energy)	5	return_intox_3_5	High	6	return_intox_3_6	Drunken	7	return_intox_3_7	Soapbox (talkative)	8	return_intox_3_8	Rush	9	return_intox_3_9	Friendly	10	return_intox_3_10	Relaxed	11	return_intox_3_11	Difficulty concentrating	12	return_intox_3_12	Feeling lightheaded or dizzy	13	return_intox_3_13	Feeling confused	0	return_intox_3_0	None of the above
1	return_intox_3_1	Good mood																																											
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0	return_intox_3_0	None of the above																																											

<p>1013 return_gi_3</p> <p>Show the field ONLY if: [return_wd_3] = '1'</p>	<p>Section Header: <i>Return GI 3</i></p> <p>Which of the following gastrointestinal signs or symptoms were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_gi_3_1</td> <td>Constipation</td> </tr> <tr> <td>2</td> <td>return_gi_3_2</td> <td>Turning of stomach/cramping/abdo pain</td> </tr> <tr> <td>3</td> <td>return_gi_3_3</td> <td>Nausea</td> </tr> <tr> <td>4</td> <td>return_gi_3_4</td> <td>Vomiting</td> </tr> <tr> <td>5</td> <td>return_gi_3_5</td> <td>Diarrhea</td> </tr> <tr> <td>0</td> <td>return_gi_3_0</td> <td>None of the above</td> </tr> </table>	1	return_gi_3_1	Constipation	2	return_gi_3_2	Turning of stomach/cramping/abdo pain	3	return_gi_3_3	Nausea	4	return_gi_3_4	Vomiting	5	return_gi_3_5	Diarrhea	0	return_gi_3_0	None of the above						
1	return_gi_3_1	Constipation																								
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4	return_gi_3_4	Vomiting																								
5	return_gi_3_5	Diarrhea																								
0	return_gi_3_0	None of the above																								
<p>1014 return_anxiety_3</p> <p>Show the field ONLY if: [return_wd_3] = '1'</p>	<p>Section Header: <i>Return Anxiety 3</i></p> <p>Which of the following signs or symptoms of anxiety were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_anxiety_3_1</td> <td>Anxiety, irritability, or agitation</td> </tr> <tr> <td>2</td> <td>return_anxiety_3_2</td> <td>Nervousness</td> </tr> <tr> <td>3</td> <td>return_anxiety_3_3</td> <td>Tremor</td> </tr> <tr> <td>4</td> <td>return_anxiety_3_4</td> <td>Restlessness</td> </tr> <tr> <td>0</td> <td>return_anxiety_3_0</td> <td>None of the above</td> </tr> </table>	1	return_anxiety_3_1	Anxiety, irritability, or agitation	2	return_anxiety_3_2	Nervousness	3	return_anxiety_3_3	Tremor	4	return_anxiety_3_4	Restlessness	0	return_anxiety_3_0	None of the above									
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3	return_anxiety_3_3	Tremor																								
4	return_anxiety_3_4	Restlessness																								
0	return_anxiety_3_0	None of the above																								
<p>1015 return_withdrawal_3</p> <p>Show the field ONLY if: [return_wd_3] = '1'</p>	<p>Section Header: <i>Return Withdrawal 3</i></p> <p>Which of the following signs or symptoms of withdrawal were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_withdrawal_3_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>return_withdrawal_3_2</td> <td>Gooseflesh skin (chills/piloerecti</td> </tr> <tr> <td>3</td> <td>return_withdrawal_3_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>return_withdrawal_3_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>return_withdrawal_3_5</td> <td>Pupil size larger normal (dilation/mydria</td> </tr> <tr> <td>6</td> <td>return_withdrawal_3_6</td> <td>Bone, jointache body aches (arthralgias/mya</td> </tr> <tr> <td>7</td> <td>return_withdrawal_3_7</td> <td>Runny nose or tearing (rhinorr or lacrimation)</td> </tr> <tr> <td>0</td> <td>return_withdrawal_3_0</td> <td>None of the abo</td> </tr> </table>	1	return_withdrawal_3_1	Yawning	2	return_withdrawal_3_2	Gooseflesh skin (chills/piloerecti	3	return_withdrawal_3_3	Pulse > 80	4	return_withdrawal_3_4	Sweating (diaphoresis)	5	return_withdrawal_3_5	Pupil size larger normal (dilation/mydria	6	return_withdrawal_3_6	Bone, jointache body aches (arthralgias/mya	7	return_withdrawal_3_7	Runny nose or tearing (rhinorr or lacrimation)	0	return_withdrawal_3_0	None of the abo
1	return_withdrawal_3_1	Yawning																								
2	return_withdrawal_3_2	Gooseflesh skin (chills/piloerecti																								
3	return_withdrawal_3_3	Pulse > 80																								
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0	return_withdrawal_3_0	None of the abo																								
<p>1016 return_vitals_3</p> <p>Show the field ONLY if: [return_wd_3] = '1'</p>	<p>Section Header: <i>Return Abnormal Vitals 3</i></p> <p>Which of the following abnormal vital signs were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_vitals_3_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>return_vitals_3_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>return_vitals_3_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>return_vitals_3_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>return_vitals_3_0</td> <td>None of the above</td> </tr> </table>	1	return_vitals_3_1	Hypoxia	2	return_vitals_3_2	Hypercarbia	3	return_vitals_3_3	Hypotension	4	return_vitals_3_4	Bradycardia	0	return_vitals_3_0	None of the above									
1	return_vitals_3_1	Hypoxia																								
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4	return_vitals_3_4	Bradycardia																								
0	return_vitals_3_0	None of the above																								

1017	return_misc_3 Show the field ONLY if: [return_wd_3] = '1'	Section Header: Return Miscellaneous 3 Which of the following miscellaneous opioid related side effects were documented?	checkbox <table border="1" data-bbox="1047 115 1534 588"> <tr> <td>1</td> <td>return_misc_3_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>return_misc_3_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>return_misc_3_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>return_misc_3_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>return_misc_3_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>return_misc_3_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>return_misc_3_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>return_misc_3_0</td> <td>None of the above</td> </tr> </table>	1	return_misc_3_1	Difficulty passing urine	2	return_misc_3_2	Itchiness	3	return_misc_3_3	Dry mouth	4	return_misc_3_4	Headache	5	return_misc_3_5	Unable to walk	6	return_misc_3_6	Unable to discharge	7	return_misc_3_7	Pupil size smaller than normal (constriction/miosis)	0	return_misc_3_0	None of the above
1	return_misc_3_1	Difficulty passing urine																									
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1018	datetime_return_4 Show the field ONLY if: [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Section Header: Fourth Return Visit Date and time of arrival	text (datetime_mdy)																								
1019	return_redcap_4 Show the field ONLY if: [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Does this encounter coincide with an existing visit in REDCap?	yesno <table border="1" data-bbox="1047 861 1144 955"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
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0	No																										
1020	return_redcap_spec_4 Show the field ONLY if: [return_redcap_4] = '1'	Please enter the visit number	text																								
1021	return_od_4 Show the field ONLY if: [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient present to the ED for opioid overdose?	yesno <table border="1" data-bbox="1047 1302 1144 1396"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
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0	No																										
1022	return_illicit_yn_4 Show the field ONLY if: [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient or provider report any substance use between the index ED visit and this return visit?	yesno <table border="1" data-bbox="1047 1533 1144 1627"> <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																										

1023	return_substance_4 Show the field ONLY if: [return_illicit_yn_4] = '1'	Which substance(s) did the patient use?	checkbox <table border="1" data-bbox="1047 115 1528 884"> <tr> <td>1</td> <td>return_substance_4_1</td> <td>Opioids (not including buprenorph</td> </tr> <tr> <td>2</td> <td>return_substance_4_2</td> <td>Methamph</td> </tr> <tr> <td>3</td> <td>return_substance_4_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_substance_4_4</td> <td>Cannabis</td> </tr> <tr> <td>5</td> <td>return_substance_4_5</td> <td>Hallucinoge (including Ecstasy/MD</td> </tr> <tr> <td>6</td> <td>return_substance_4_6</td> <td>LSD</td> </tr> <tr> <td>7</td> <td>return_substance_4_7</td> <td>Benzodiaze</td> </tr> <tr> <td>8</td> <td>return_substance_4_8</td> <td>Alcohol</td> </tr> <tr> <td>9</td> <td>return_substance_4_9</td> <td>Tobacco</td> </tr> <tr> <td>10</td> <td>return_substance_4_10</td> <td>Otherstimu NOS</td> </tr> <tr> <td>11</td> <td>return_substance_4_11</td> <td>Other (note heavy usage</td> </tr> <tr> <td>999</td> <td>return_substance_4_999</td> <td>None of the</td> </tr> </table>	1	return_substance_4_1	Opioids (not including buprenorph	2	return_substance_4_2	Methamph	3	return_substance_4_3	Cocaine	4	return_substance_4_4	Cannabis	5	return_substance_4_5	Hallucinoge (including Ecstasy/MD	6	return_substance_4_6	LSD	7	return_substance_4_7	Benzodiaze	8	return_substance_4_8	Alcohol	9	return_substance_4_9	Tobacco	10	return_substance_4_10	Otherstimu NOS	11	return_substance_4_11	Other (note heavy usage	999	return_substance_4_999	None of the
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999	return_substance_4_999	None of the																																					
1024	return_substance_oth_4 Show the field ONLY if: [return_substance_4(1 1)] = '1'	If "Other," please specify.	text																																				
1025	return_opioid_4 Show the field ONLY if: [return_substance_4(1)] = '1'	Which opioid(s) did the patient use?	checkbox <table border="1" data-bbox="1047 1081 1528 1640"> <tr> <td>1</td> <td>return_opioid_4_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>return_opioid_4_2</td> <td>Oxycodone (OxyContin, Percocet, etc.)</td> </tr> <tr> <td>3</td> <td>return_opioid_4_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>return_opioid_4_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>return_opioid_4_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>return_opioid_4_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>return_opioid_4_7</td> <td>Other</td> </tr> </table>	1	return_opioid_4_1	Heroin	2	return_opioid_4_2	Oxycodone (OxyContin, Percocet, etc.)	3	return_opioid_4_3	Hydrocodone (Norco, Vicodin, etc.)	4	return_opioid_4_4	Fentanyl (Duragesic, Ionsys)	5	return_opioid_4_5	Hydromorphone (Dilaudid)	6	return_opioid_4_6	Morphine	7	return_opioid_4_7	Other															
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1026	return_opioid_oth_4 Show the field ONLY if: [return_opioid_4(7)] = '1'	If "Other," please specify.	text																																				
1027	return_utox_4 Show the field ONLY if: [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Was a urine toxicology screen performed for this visit?	yesno <table border="1" data-bbox="1047 1854 1141 1948"> <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																																						

1028	return_utox_spec_4 Show the field ONLY if: [return_utox_4] = '1'	Please select all drugs shown to be positive in the urine toxicology analysis:	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <tr> <td>1</td> <td>return_utox_spec_4_1</td> <td>Amphetami</td> </tr> <tr> <td>2</td> <td>return_utox_spec_4_2</td> <td>Barbiturates</td> </tr> <tr> <td>3</td> <td>return_utox_spec_4_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_utox_spec_4_4</td> <td>Methaqualo</td> </tr> <tr> <td>5</td> <td>return_utox_spec_4_5</td> <td>Methadone</td> </tr> <tr> <td>6</td> <td>return_utox_spec_4_6</td> <td>Methamphe</td> </tr> <tr> <td>7</td> <td>return_utox_spec_4_7</td> <td>Opiates</td> </tr> <tr> <td>8</td> <td>return_utox_spec_4_8</td> <td>Phencyclidin</td> </tr> <tr> <td>9</td> <td>return_utox_spec_4_9</td> <td>Marijuana</td> </tr> <tr> <td>10</td> <td>return_utox_spec_4_10</td> <td>Benzodiazep</td> </tr> <tr> <td>11</td> <td>return_utox_spec_4_11</td> <td>Propoxyph</td> </tr> <tr> <td>12</td> <td>return_utox_spec_4_12</td> <td>Amphetami</td> </tr> <tr> <td>13</td> <td>return_utox_spec_4_13</td> <td>Other</td> </tr> <tr> <td>999</td> <td>return_utox_spec_4_999</td> <td>None of the</td> </tr> </table>	checkbox			1	return_utox_spec_4_1	Amphetami	2	return_utox_spec_4_2	Barbiturates	3	return_utox_spec_4_3	Cocaine	4	return_utox_spec_4_4	Methaqualo	5	return_utox_spec_4_5	Methadone	6	return_utox_spec_4_6	Methamphe	7	return_utox_spec_4_7	Opiates	8	return_utox_spec_4_8	Phencyclidin	9	return_utox_spec_4_9	Marijuana	10	return_utox_spec_4_10	Benzodiazep	11	return_utox_spec_4_11	Propoxyph	12	return_utox_spec_4_12	Amphetami	13	return_utox_spec_4_13	Other	999	return_utox_spec_4_999	None of the
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1029	return_utox_oth_4 Show the field ONLY if: [return_utox_spec_4(13)] = '1'	If "Other," please specify	text																																													
1030	return_craving_4 Show the field ONLY if: [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient or provider mention opioid cravings during the visit?	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																																															
1031	return_wd_4 Show the field ONLY if: [return_num] = '4' or [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient complaint about or exhibit any signs or symptoms of withdrawal during this visit? <i>If the patient received buprenorphine during this visit, only select signs/symptoms documented BEFORE buprenorphine administration.</i>	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																																															
1032	return_sedation_4 Show the field ONLY if: [return_wd_4] = '1'	Section Header: <i>Return Sedation 4</i> Which of the following signs or symptoms of sedation were documented?	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <tr> <td>1</td> <td>return_sedation_4_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>return_sedation_4_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>return_sedation_4_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>return_sedation_4_0</td> <td>None of the above</td> </tr> </table>	checkbox			1	return_sedation_4_1	Nodding	2	return_sedation_4_2	Sleepy, drowsy, difficulty staying awake	3	return_sedation_4_3	Feelings of general fatigue or weakness	0	return_sedation_4_0	None of the above																														
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<p>1033 return_intox_4</p> <p>Show the field ONLY if: [return_wd_4] = '1'</p>		<p>Section Header: <i>Return Intoxication 4</i></p> <p>Which of the following signs or symptoms of intoxication were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_intox_4_1</td><td>Good mood</td></tr> <tr><td>2</td><td>return_intox_4_2</td><td>Coasting (Spaced out)</td></tr> <tr><td>3</td><td>return_intox_4_3</td><td>Pleasant Sick</td></tr> <tr><td>4</td><td>return_intox_4_4</td><td>Drive (energy)</td></tr> <tr><td>5</td><td>return_intox_4_5</td><td>High</td></tr> <tr><td>6</td><td>return_intox_4_6</td><td>Drunken</td></tr> <tr><td>7</td><td>return_intox_4_7</td><td>Soapbox (talkative)</td></tr> <tr><td>8</td><td>return_intox_4_8</td><td>Rush</td></tr> <tr><td>9</td><td>return_intox_4_9</td><td>Friendly</td></tr> <tr><td>10</td><td>return_intox_4_10</td><td>Relaxed</td></tr> <tr><td>11</td><td>return_intox_4_11</td><td>Difficulty concentrating</td></tr> <tr><td>12</td><td>return_intox_4_12</td><td>Feeling lightheaded or dizzy</td></tr> <tr><td>13</td><td>return_intox_4_13</td><td>Feeling confused</td></tr> <tr><td>0</td><td>return_intox_4_0</td><td>None of the above</td></tr> </table>	1	return_intox_4_1	Good mood	2	return_intox_4_2	Coasting (Spaced out)	3	return_intox_4_3	Pleasant Sick	4	return_intox_4_4	Drive (energy)	5	return_intox_4_5	High	6	return_intox_4_6	Drunken	7	return_intox_4_7	Soapbox (talkative)	8	return_intox_4_8	Rush	9	return_intox_4_9	Friendly	10	return_intox_4_10	Relaxed	11	return_intox_4_11	Difficulty concentrating	12	return_intox_4_12	Feeling lightheaded or dizzy	13	return_intox_4_13	Feeling confused	0	return_intox_4_0	None of the above
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<p>1034 return_gi_4</p> <p>Show the field ONLY if: [return_wd_4] = '1'</p>		<p>Section Header: <i>Return GI 4</i></p> <p>Which of the following gastrointestinal signs or symptoms were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_gi_4_1</td><td>Constipation</td></tr> <tr><td>2</td><td>return_gi_4_2</td><td>Turning of stomach/cramping/abdo pain</td></tr> <tr><td>3</td><td>return_gi_4_3</td><td>Nausea</td></tr> <tr><td>4</td><td>return_gi_4_4</td><td>Vomiting</td></tr> <tr><td>5</td><td>return_gi_4_5</td><td>Diarrhea</td></tr> <tr><td>0</td><td>return_gi_4_0</td><td>None of the above</td></tr> </table>	1	return_gi_4_1	Constipation	2	return_gi_4_2	Turning of stomach/cramping/abdo pain	3	return_gi_4_3	Nausea	4	return_gi_4_4	Vomiting	5	return_gi_4_5	Diarrhea	0	return_gi_4_0	None of the above																								
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0	return_gi_4_0	None of the above																																											
<p>1035 return_anxiety_4</p> <p>Show the field ONLY if: [return_wd_4] = '1'</p>		<p>Section Header: <i>Return Anxiety 4</i></p> <p>Which of the following signs or symptoms of anxiety were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_anxiety_4_1</td><td>Anxiety, irritability, or agitation</td></tr> <tr><td>2</td><td>return_anxiety_4_2</td><td>Nervousness</td></tr> <tr><td>3</td><td>return_anxiety_4_3</td><td>Tremor</td></tr> <tr><td>4</td><td>return_anxiety_4_4</td><td>Restlessness</td></tr> <tr><td>0</td><td>return_anxiety_4_0</td><td>None of the above</td></tr> </table>	1	return_anxiety_4_1	Anxiety, irritability, or agitation	2	return_anxiety_4_2	Nervousness	3	return_anxiety_4_3	Tremor	4	return_anxiety_4_4	Restlessness	0	return_anxiety_4_0	None of the above																											
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0	return_anxiety_4_0	None of the above																																											

1036	return_withdrawal_4 Show the field ONLY if: [return_wd_4] = '1'	Section Header: Return Withdrawal 4 Which of the following signs or symptoms of withdrawal were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_withdrawal_4_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>return_withdrawal_4_2</td> <td>Gooseflesh skin (chills/piloerecti</td> </tr> <tr> <td>3</td> <td>return_withdrawal_4_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>return_withdrawal_4_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>return_withdrawal_4_5</td> <td>Pupil size larger normal (dilation/mydria</td> </tr> <tr> <td>6</td> <td>return_withdrawal_4_6</td> <td>Bone, jointache body aches (arthralgias/mya</td> </tr> <tr> <td>7</td> <td>return_withdrawal_4_7</td> <td>Runny nose or tearing (rhinorr or lacrimation)</td> </tr> <tr> <td>0</td> <td>return_withdrawal_4_0</td> <td>None of the abo</td> </tr> </table>	1	return_withdrawal_4_1	Yawning	2	return_withdrawal_4_2	Gooseflesh skin (chills/piloerecti	3	return_withdrawal_4_3	Pulse > 80	4	return_withdrawal_4_4	Sweating (diaphoresis)	5	return_withdrawal_4_5	Pupil size larger normal (dilation/mydria	6	return_withdrawal_4_6	Bone, jointache body aches (arthralgias/mya	7	return_withdrawal_4_7	Runny nose or tearing (rhinorr or lacrimation)	0	return_withdrawal_4_0	None of the abo
1	return_withdrawal_4_1	Yawning																									
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1037	return_vitals_4 Show the field ONLY if: [return_wd_4] = '1'	Section Header: Return Vitals 4 Which of the following abnormal vital signs were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_vitals_4_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>return_vitals_4_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>return_vitals_4_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>return_vitals_4_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>return_vitals_4_0</td> <td>None of the above</td> </tr> </table>	1	return_vitals_4_1	Hypoxia	2	return_vitals_4_2	Hypercarbia	3	return_vitals_4_3	Hypotension	4	return_vitals_4_4	Bradycardia	0	return_vitals_4_0	None of the above									
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4	return_vitals_4_4	Bradycardia																									
0	return_vitals_4_0	None of the above																									
1038	return_misc_4 Show the field ONLY if: [return_wd_4] = '1'	Section Header: Return Miscellaneous 4 Which of the following miscellaneous opioid related side effects were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_misc_4_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>return_misc_4_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>return_misc_4_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>return_misc_4_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>return_misc_4_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>return_misc_4_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>return_misc_4_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>return_misc_4_0</td> <td>None of the above</td> </tr> </table>	1	return_misc_4_1	Difficulty passing urine	2	return_misc_4_2	Itchiness	3	return_misc_4_3	Dry mouth	4	return_misc_4_4	Headache	5	return_misc_4_5	Unable to walk	6	return_misc_4_6	Unable to discharge	7	return_misc_4_7	Pupil size smaller than normal (constriction/miosis)	0	return_misc_4_0	None of the above
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1039	datetime_return_5 Show the field ONLY if: [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Section Header: Fifth Return Visit Date and time of arrival	text (datetime_mdy)																								
1040	return_redcap_5 Show the field ONLY if: [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Does this encounter coincide with an existing visit in REDCap?	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																										

1041	return_redcap_spec_5 Show the field ONLY if: [return_redcap_5] = '1'	Please enter the visit number	text																																	
1042	return_od_5 Show the field ONLY if: [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient present to the ED for opioid overdose?	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																																			
1043	return_illicit_yn_5 Show the field ONLY if: [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient or provider report any substance use between the index ED visit and this return visit?	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																																			
1044	return_substance_5 Show the field ONLY if: [return_illicit_yn_5] = '1'	Which substance(s) did the patient use?	checkbox <table border="1"> <tr> <td>1</td> <td>return_substance_5_1</td> <td>Opioids (not including buprenorph</td> </tr> <tr> <td>2</td> <td>return_substance_5_2</td> <td>Methamph</td> </tr> <tr> <td>3</td> <td>return_substance_5_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_substance_5_4</td> <td>Cannabis</td> </tr> <tr> <td>5</td> <td>return_substance_5_5</td> <td>Hallucinoge (including Ecstasy/MD</td> </tr> <tr> <td>6</td> <td>return_substance_5_6</td> <td>LSD</td> </tr> <tr> <td>7</td> <td>return_substance_5_7</td> <td>Benzodiaze</td> </tr> <tr> <td>8</td> <td>return_substance_5_8</td> <td>Alcohol</td> </tr> <tr> <td>9</td> <td>return_substance_5_9</td> <td>Tobacco</td> </tr> <tr> <td>10</td> <td>return_substance_5_10</td> <td>Other stimu NOS</td> </tr> <tr> <td>11</td> <td>return_substance_5_11</td> <td>Other (note heavy usage</td> </tr> </table>	1	return_substance_5_1	Opioids (not including buprenorph	2	return_substance_5_2	Methamph	3	return_substance_5_3	Cocaine	4	return_substance_5_4	Cannabis	5	return_substance_5_5	Hallucinoge (including Ecstasy/MD	6	return_substance_5_6	LSD	7	return_substance_5_7	Benzodiaze	8	return_substance_5_8	Alcohol	9	return_substance_5_9	Tobacco	10	return_substance_5_10	Other stimu NOS	11	return_substance_5_11	Other (note heavy usage
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10	return_substance_5_10	Other stimu NOS																																		
11	return_substance_5_11	Other (note heavy usage																																		
1045	return_substance_oth_5 Show the field ONLY if: [return_substance_5(11)] = '1'	If "Other," please specify.	999 return_substance_5_999 None of the text																																	

1046	return_opioid_5 Show the field ONLY if: [return_substance_5(1)] = '1'	Which opioid(s) did the patient use?	checkbox <table border="1"> <tr> <td>1</td> <td>return_opioid_5_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>return_opioid_5_2</td> <td>Oxycodone (OxyContin, Percocet, etc.)</td> </tr> <tr> <td>3</td> <td>return_opioid_5_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>return_opioid_5_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>return_opioid_5_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>return_opioid_5_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>return_opioid_5_7</td> <td>Other</td> </tr> </table>	1	return_opioid_5_1	Heroin	2	return_opioid_5_2	Oxycodone (OxyContin, Percocet, etc.)	3	return_opioid_5_3	Hydrocodone (Norco, Vicodin, etc.)	4	return_opioid_5_4	Fentanyl (Duragesic, Ionsys)	5	return_opioid_5_5	Hydromorphone (Dilaudid)	6	return_opioid_5_6	Morphine	7	return_opioid_5_7	Other																		
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7	return_opioid_5_7	Other																																								
1047	return_opioid_oth_5 Show the field ONLY if: [return_opioid_5(7)] = '1'	If "Other," please specify.	text																																							
1048	return_utox_5 Show the field ONLY if: [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Was a urine toxicology screen performed for this visit?	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																																									
1049	return_utox_spec_5 Show the field ONLY if: [return_utox_5] = '1'	Please select all drugs shown to be positive in the urine toxicology analysis:	checkbox <table border="1"> <tr> <td>1</td> <td>return_utox_spec_5_1</td> <td>Amphetami</td> </tr> <tr> <td>2</td> <td>return_utox_spec_5_2</td> <td>Barbiturates</td> </tr> <tr> <td>3</td> <td>return_utox_spec_5_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_utox_spec_5_4</td> <td>Methaqualo</td> </tr> <tr> <td>5</td> <td>return_utox_spec_5_5</td> <td>Methadone</td> </tr> <tr> <td>6</td> <td>return_utox_spec_5_6</td> <td>Methamphe</td> </tr> <tr> <td>7</td> <td>return_utox_spec_5_7</td> <td>Opiates</td> </tr> <tr> <td>8</td> <td>return_utox_spec_5_8</td> <td>Phencyclidin</td> </tr> <tr> <td>9</td> <td>return_utox_spec_5_9</td> <td>Marijuana</td> </tr> <tr> <td>10</td> <td>return_utox_spec_5_10</td> <td>Benzodiazep</td> </tr> <tr> <td>11</td> <td>return_utox_spec_5_11</td> <td>Propoxyph</td> </tr> <tr> <td>12</td> <td>return_utox_spec_5_12</td> <td>Amphetami</td> </tr> <tr> <td>13</td> <td>return_utox_spec_5_13</td> <td>Other</td> </tr> </table>	1	return_utox_spec_5_1	Amphetami	2	return_utox_spec_5_2	Barbiturates	3	return_utox_spec_5_3	Cocaine	4	return_utox_spec_5_4	Methaqualo	5	return_utox_spec_5_5	Methadone	6	return_utox_spec_5_6	Methamphe	7	return_utox_spec_5_7	Opiates	8	return_utox_spec_5_8	Phencyclidin	9	return_utox_spec_5_9	Marijuana	10	return_utox_spec_5_10	Benzodiazep	11	return_utox_spec_5_11	Propoxyph	12	return_utox_spec_5_12	Amphetami	13	return_utox_spec_5_13	Other
1	return_utox_spec_5_1	Amphetami																																								
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13	return_utox_spec_5_13	Other																																								
1050	return_utox_oth_5 Show the field ONLY if: [return_utox_spec_5(13)] = '1'	If "Other," please specify	999 return_utox_spec_5_999 None of the text																																							

1051	return_craving_5 Show the field ONLY if: [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient or provider mention opioid cravings during the visit?	yesno <table border="1" data-bbox="1047 100 1140 199"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																						
1	Yes																																												
0	No																																												
1052	return_wd_5 Show the field ONLY if: [return_num] = '5' or [return_num] = '6' or [return_num] = '7'	Did the patient complaint about or exhibit any signs or symptoms of withdrawal during this visit? <i>If the patient received buprenorphine during this visit, only select signs/symptoms documented BEFORE buprenorphine administration.</i>	yesno <table border="1" data-bbox="1047 294 1140 392"> <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																																												
1053	return_sedation_5 Show the field ONLY if: [return_wd_5] = '1'	Section Header: Return Sedation 5 Which of the following signs or symptoms of sedation were documented?	checkbox <table border="1" data-bbox="1047 487 1526 871"> <tr> <td>1</td> <td>return_sedation_5_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>return_sedation_5_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>return_sedation_5_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>return_sedation_5_0</td> <td>None of the above</td> </tr> </table>	1	return_sedation_5_1	Nodding	2	return_sedation_5_2	Sleepy, drowsy, difficulty staying awake	3	return_sedation_5_3	Feelings of general fatigue or weakness	0	return_sedation_5_0	None of the above																														
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1054	return_intox_5 Show the field ONLY if: [return_wd_5] = '1'	Section Header: Return Intoxication 5 Which of the following signs or symptoms of intoxication were documented?	checkbox <table border="1" data-bbox="1047 924 1526 1816"> <tr> <td>1</td> <td>return_intox_5_1</td> <td>Good mood</td> </tr> <tr> <td>2</td> <td>return_intox_5_2</td> <td>Coasting (Spaced out)</td> </tr> <tr> <td>3</td> <td>return_intox_5_3</td> <td>Pleasant Sick</td> </tr> <tr> <td>4</td> <td>return_intox_5_4</td> <td>Drive (energy)</td> </tr> <tr> <td>5</td> <td>return_intox_5_5</td> <td>High</td> </tr> <tr> <td>6</td> <td>return_intox_5_6</td> <td>Drunken</td> </tr> <tr> <td>7</td> <td>return_intox_5_7</td> <td>Soapbox (talkative)</td> </tr> <tr> <td>8</td> <td>return_intox_5_8</td> <td>Rush</td> </tr> <tr> <td>9</td> <td>return_intox_5_9</td> <td>Friendly</td> </tr> <tr> <td>10</td> <td>return_intox_5_10</td> <td>Relaxed</td> </tr> <tr> <td>11</td> <td>return_intox_5_11</td> <td>Difficulty concentrating</td> </tr> <tr> <td>12</td> <td>return_intox_5_12</td> <td>Feeling lightheaded or dizzy</td> </tr> <tr> <td>13</td> <td>return_intox_5_13</td> <td>Feeling confused</td> </tr> <tr> <td>0</td> <td>return_intox_5_0</td> <td>None of the above</td> </tr> </table>	1	return_intox_5_1	Good mood	2	return_intox_5_2	Coasting (Spaced out)	3	return_intox_5_3	Pleasant Sick	4	return_intox_5_4	Drive (energy)	5	return_intox_5_5	High	6	return_intox_5_6	Drunken	7	return_intox_5_7	Soapbox (talkative)	8	return_intox_5_8	Rush	9	return_intox_5_9	Friendly	10	return_intox_5_10	Relaxed	11	return_intox_5_11	Difficulty concentrating	12	return_intox_5_12	Feeling lightheaded or dizzy	13	return_intox_5_13	Feeling confused	0	return_intox_5_0	None of the above
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0	return_intox_5_0	None of the above																																											

<p>1055 return_gi_5</p> <p>Show the field ONLY if: [return_wd_5] = '1'</p>	<p>Section Header: Return GI 5</p> <p>Which of the following gastrointestinal signs or symptoms were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_gi_5_1</td> <td>Constipation</td> </tr> <tr> <td>2</td> <td>return_gi_5_2</td> <td>Turning of stomach/cramping/abdo pain</td> </tr> <tr> <td>3</td> <td>return_gi_5_3</td> <td>Nausea</td> </tr> <tr> <td>4</td> <td>return_gi_5_4</td> <td>Vomiting</td> </tr> <tr> <td>5</td> <td>return_gi_5_5</td> <td>Diarrhea</td> </tr> <tr> <td>0</td> <td>return_gi_5_0</td> <td>None of the above</td> </tr> </table>	1	return_gi_5_1	Constipation	2	return_gi_5_2	Turning of stomach/cramping/abdo pain	3	return_gi_5_3	Nausea	4	return_gi_5_4	Vomiting	5	return_gi_5_5	Diarrhea	0	return_gi_5_0	None of the above						
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4	return_gi_5_4	Vomiting																								
5	return_gi_5_5	Diarrhea																								
0	return_gi_5_0	None of the above																								
<p>1056 return_anxiety_5</p> <p>Show the field ONLY if: [return_wd_5] = '1'</p>	<p>Section Header: Return Anxiety 5</p> <p>Which of the following signs or symptoms of anxiety were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_anxiety_5_1</td> <td>Anxiety, irritability, or agitation</td> </tr> <tr> <td>2</td> <td>return_anxiety_5_2</td> <td>Nervousness</td> </tr> <tr> <td>3</td> <td>return_anxiety_5_3</td> <td>Tremor</td> </tr> <tr> <td>4</td> <td>return_anxiety_5_4</td> <td>Restlessness</td> </tr> <tr> <td>0</td> <td>return_anxiety_5_0</td> <td>None of the above</td> </tr> </table>	1	return_anxiety_5_1	Anxiety, irritability, or agitation	2	return_anxiety_5_2	Nervousness	3	return_anxiety_5_3	Tremor	4	return_anxiety_5_4	Restlessness	0	return_anxiety_5_0	None of the above									
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4	return_anxiety_5_4	Restlessness																								
0	return_anxiety_5_0	None of the above																								
<p>1057 return_withdrawal_5</p> <p>Show the field ONLY if: [return_wd_5] = '1'</p>	<p>Section Header: Return Withdrawal 5</p> <p>Which of the following signs or symptoms of withdrawal were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_withdrawal_5_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>return_withdrawal_5_2</td> <td>Gooseflesh skin (chills/piloerecti</td> </tr> <tr> <td>3</td> <td>return_withdrawal_5_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>return_withdrawal_5_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>return_withdrawal_5_5</td> <td>Pupil size larger normal (dilation/mydria</td> </tr> <tr> <td>6</td> <td>return_withdrawal_5_6</td> <td>Bone, jointache body aches (arthralgias/mya</td> </tr> <tr> <td>7</td> <td>return_withdrawal_5_7</td> <td>Runny nose or tearing (rhinorr or lacrimation)</td> </tr> <tr> <td>0</td> <td>return_withdrawal_5_0</td> <td>None of the abo</td> </tr> </table>	1	return_withdrawal_5_1	Yawning	2	return_withdrawal_5_2	Gooseflesh skin (chills/piloerecti	3	return_withdrawal_5_3	Pulse > 80	4	return_withdrawal_5_4	Sweating (diaphoresis)	5	return_withdrawal_5_5	Pupil size larger normal (dilation/mydria	6	return_withdrawal_5_6	Bone, jointache body aches (arthralgias/mya	7	return_withdrawal_5_7	Runny nose or tearing (rhinorr or lacrimation)	0	return_withdrawal_5_0	None of the abo
1	return_withdrawal_5_1	Yawning																								
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0	return_withdrawal_5_0	None of the abo																								
<p>1058 return_vitals_5</p> <p>Show the field ONLY if: [return_wd_5] = '1'</p>	<p>Section Header: Return Abnormal Vitals 5</p> <p>Which of the following abnormal vital signs were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_vitals_5_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>return_vitals_5_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>return_vitals_5_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>return_vitals_5_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>return_vitals_5_0</td> <td>None of the above</td> </tr> </table>	1	return_vitals_5_1	Hypoxia	2	return_vitals_5_2	Hypercarbia	3	return_vitals_5_3	Hypotension	4	return_vitals_5_4	Bradycardia	0	return_vitals_5_0	None of the above									
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2	return_vitals_5_2	Hypercarbia																								
3	return_vitals_5_3	Hypotension																								
4	return_vitals_5_4	Bradycardia																								
0	return_vitals_5_0	None of the above																								

1059	return_misc_5 Show the field ONLY if: [return_wd_5] = '1'	Section Header: Return Miscellaneous 5 Which of the following miscellaneous opioid related side effects were documented?	checkbox <table border="1" data-bbox="1047 113 1533 596"> <tr> <td>1</td> <td>return_misc_5_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>return_misc_5_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>return_misc_5_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>return_misc_5_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>return_misc_5_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>return_misc_5_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>return_misc_5_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>return_misc_5_0</td> <td>None of the above</td> </tr> </table>	1	return_misc_5_1	Difficulty passing urine	2	return_misc_5_2	Itchiness	3	return_misc_5_3	Dry mouth	4	return_misc_5_4	Headache	5	return_misc_5_5	Unable to walk	6	return_misc_5_6	Unable to discharge	7	return_misc_5_7	Pupil size smaller than normal (constriction/miosis)	0	return_misc_5_0	None of the above
1	return_misc_5_1	Difficulty passing urine																									
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6	return_misc_5_6	Unable to discharge																									
7	return_misc_5_7	Pupil size smaller than normal (constriction/miosis)																									
0	return_misc_5_0	None of the above																									
1060	datetime_return_6 Show the field ONLY if: [return_num] = '6' or [return_num] = '7'	Section Header: Sixth Return Visit Date and time of arrival	text (datetime_mdy)																								
1061	return_redcap_6 Show the field ONLY if: [return_num] = '6' or [return_num] = '7'	Does this encounter coincide with an existing visit in REDCap?	yesno <table border="1" data-bbox="1047 800 1138 890"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
1062	return_redcap_spec_6 Show the field ONLY if: [return_redcap_6] = '1'	Please enter the visit number	text																								
1063	return_od_6 Show the field ONLY if: [return_num] = '6' or [return_num] = '7'	Did the patient present to the ED for opioid overdose?	yesno <table border="1" data-bbox="1047 1178 1138 1268"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
1064	return_illicit_yn_6 Show the field ONLY if: [return_num] = '6' or [return_num] = '7'	Did the patient or provider report any substance use between the index ED visit and this return visit?	yesno <table border="1" data-bbox="1047 1339 1138 1430"> <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																										

<p>1065 return_substance_6</p> <p>Show the field ONLY if: [return_illicit_yn_6] = '1'</p>		<p>Which substance(s) did the patient use?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_substance_6_1</td> <td>Opioids (not including buprenorph</td> </tr> <tr> <td>2</td> <td>return_substance_6_2</td> <td>Methampe</td> </tr> <tr> <td>3</td> <td>return_substance_6_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_substance_6_4</td> <td>Cannabis</td> </tr> <tr> <td>5</td> <td>return_substance_6_5</td> <td>Hallucinoge (including Ecstasy/MD</td> </tr> <tr> <td>6</td> <td>return_substance_6_6</td> <td>LSD</td> </tr> <tr> <td>7</td> <td>return_substance_6_7</td> <td>Benzodiaze</td> </tr> <tr> <td>8</td> <td>return_substance_6_8</td> <td>Alcohol</td> </tr> <tr> <td>9</td> <td>return_substance_6_9</td> <td>Tobacco</td> </tr> <tr> <td>10</td> <td>return_substance_6_10</td> <td>Otherstimu NOS</td> </tr> <tr> <td>11</td> <td>return_substance_6_11</td> <td>Other (note heavy usage</td> </tr> <tr> <td>999</td> <td>return_substance_6_999</td> <td>None of the</td> </tr> </table>	1	return_substance_6_1	Opioids (not including buprenorph	2	return_substance_6_2	Methampe	3	return_substance_6_3	Cocaine	4	return_substance_6_4	Cannabis	5	return_substance_6_5	Hallucinoge (including Ecstasy/MD	6	return_substance_6_6	LSD	7	return_substance_6_7	Benzodiaze	8	return_substance_6_8	Alcohol	9	return_substance_6_9	Tobacco	10	return_substance_6_10	Otherstimu NOS	11	return_substance_6_11	Other (note heavy usage	999	return_substance_6_999	None of the
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<p>1066 return_substance_oth_6</p> <p>Show the field ONLY if: [return_substance_6(1)] = '1'</p>		<p>If "Other," please specify.</p>	<p>text</p>																																				
<p>1067 return_opioid_6</p> <p>Show the field ONLY if: [return_substance_6(1)] = '1'</p>		<p>Which opioid(s) did the patient use?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_opioid_6_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>return_opioid_6_2</td> <td>Oxycodone (OxyContin, Percocet, etc.)</td> </tr> <tr> <td>3</td> <td>return_opioid_6_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>return_opioid_6_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>return_opioid_6_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>return_opioid_6_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>return_opioid_6_7</td> <td>Other</td> </tr> </table>	1	return_opioid_6_1	Heroin	2	return_opioid_6_2	Oxycodone (OxyContin, Percocet, etc.)	3	return_opioid_6_3	Hydrocodone (Norco, Vicodin, etc.)	4	return_opioid_6_4	Fentanyl (Duragesic, Ionsys)	5	return_opioid_6_5	Hydromorphone (Dilaudid)	6	return_opioid_6_6	Morphine	7	return_opioid_6_7	Other															
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<p>1068 return_opioid_oth_6</p> <p>Show the field ONLY if: [return_opioid_6(7)] = '1'</p>		<p>If "Other," please specify.</p>	<p>text</p>																																				
<p>1069 return_utox_6</p> <p>Show the field ONLY if: [return_num] = '6' or [return_num] = '7'</p>		<p>Was a urine toxicology screen performed for this visit?</p>	<p>yesno</p> <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																																						

1070	return_utox_spec_6 Show the field ONLY if: [return_utox_6] = '1'	Please select all drugs shown to be positive in the urine toxicology analysis:	<table border="1"> <tr> <th colspan="3">checkbox</th> </tr> <tr> <td>1</td> <td>return_utox_spec_6_1</td> <td>Amphetami</td> </tr> <tr> <td>2</td> <td>return_utox_spec_6_2</td> <td>Barbiturates</td> </tr> <tr> <td>3</td> <td>return_utox_spec_6_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_utox_spec_6_4</td> <td>Methaqualo</td> </tr> <tr> <td>5</td> <td>return_utox_spec_6_5</td> <td>Methadone</td> </tr> <tr> <td>6</td> <td>return_utox_spec_6_6</td> <td>Methamphe</td> </tr> <tr> <td>7</td> <td>return_utox_spec_6_7</td> <td>Opiates</td> </tr> <tr> <td>8</td> <td>return_utox_spec_6_8</td> <td>Phencyclidin</td> </tr> <tr> <td>9</td> <td>return_utox_spec_6_9</td> <td>Marijuana</td> </tr> <tr> <td>10</td> <td>return_utox_spec_6_10</td> <td>Benzodiazep</td> </tr> <tr> <td>11</td> <td>return_utox_spec_6_11</td> <td>Propoxyph</td> </tr> <tr> <td>12</td> <td>return_utox_spec_6_12</td> <td>Amphetami</td> </tr> <tr> <td>13</td> <td>return_utox_spec_6_13</td> <td>Other</td> </tr> <tr> <td>999</td> <td>return_utox_spec_6_999</td> <td>None of the</td> </tr> </table>	checkbox			1	return_utox_spec_6_1	Amphetami	2	return_utox_spec_6_2	Barbiturates	3	return_utox_spec_6_3	Cocaine	4	return_utox_spec_6_4	Methaqualo	5	return_utox_spec_6_5	Methadone	6	return_utox_spec_6_6	Methamphe	7	return_utox_spec_6_7	Opiates	8	return_utox_spec_6_8	Phencyclidin	9	return_utox_spec_6_9	Marijuana	10	return_utox_spec_6_10	Benzodiazep	11	return_utox_spec_6_11	Propoxyph	12	return_utox_spec_6_12	Amphetami	13	return_utox_spec_6_13	Other	999	return_utox_spec_6_999	None of the
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1071	return_utox_oth_6 Show the field ONLY if: [return_utox_spec_6(13)] = '1'	If "Other," please specify	text																																													
1072	return_craving_6 Show the field ONLY if: [return_num] = '6' or [return_num] = '7'	Did the patient or provider mention opioid cravings during the visit?	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																																															
1073	return_wd_6 Show the field ONLY if: [return_num] = '6' or [return_num] = '7'	Did the patient complaint about or exhibit any signs or symptoms of withdrawal during this visit? <i>If the patient received buprenorphine during this visit, only select signs/symptoms documented BEFORE buprenorphine administration.</i>	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																																															
1074	return_sedation_6 Show the field ONLY if: [return_wd_6] = '1'	Section Header: <i>Return Sedation6</i> Which of the following signs or symptoms of sedation were documented?	<table border="1"> <tr> <th colspan="3">checkbox</th> </tr> <tr> <td>1</td> <td>return_sedation_6_1</td> <td>Nodding</td> </tr> <tr> <td>2</td> <td>return_sedation_6_2</td> <td>Sleepy, drowsy, difficulty staying awake</td> </tr> <tr> <td>3</td> <td>return_sedation_6_3</td> <td>Feelings of general fatigue or weakness</td> </tr> <tr> <td>0</td> <td>return_sedation_6_0</td> <td>None of the above</td> </tr> </table>	checkbox			1	return_sedation_6_1	Nodding	2	return_sedation_6_2	Sleepy, drowsy, difficulty staying awake	3	return_sedation_6_3	Feelings of general fatigue or weakness	0	return_sedation_6_0	None of the above																														
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<p>1075 return_intox_6</p> <p>Show the field ONLY if: [return_wd_6] = '1'</p>		<p>Section Header: <i>Return Intoxication 6</i></p> <p>Which of the following signs or symptoms of intoxication were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_intox_6_1</td><td>Good mood</td></tr> <tr><td>2</td><td>return_intox_6_2</td><td>Coasting (Spaced out)</td></tr> <tr><td>3</td><td>return_intox_6_3</td><td>Pleasant Sick</td></tr> <tr><td>4</td><td>return_intox_6_4</td><td>Drive (energy)</td></tr> <tr><td>5</td><td>return_intox_6_5</td><td>High</td></tr> <tr><td>6</td><td>return_intox_6_6</td><td>Drunken</td></tr> <tr><td>7</td><td>return_intox_6_7</td><td>Soapbox (talkative)</td></tr> <tr><td>8</td><td>return_intox_6_8</td><td>Rush</td></tr> <tr><td>9</td><td>return_intox_6_9</td><td>Friendly</td></tr> <tr><td>10</td><td>return_intox_6_10</td><td>Relaxed</td></tr> <tr><td>11</td><td>return_intox_6_11</td><td>Difficulty concentrating</td></tr> <tr><td>12</td><td>return_intox_6_12</td><td>Feeling lightheaded or dizzy</td></tr> <tr><td>13</td><td>return_intox_6_13</td><td>Feeling confused</td></tr> <tr><td>0</td><td>return_intox_6_0</td><td>None of the above</td></tr> </table>	1	return_intox_6_1	Good mood	2	return_intox_6_2	Coasting (Spaced out)	3	return_intox_6_3	Pleasant Sick	4	return_intox_6_4	Drive (energy)	5	return_intox_6_5	High	6	return_intox_6_6	Drunken	7	return_intox_6_7	Soapbox (talkative)	8	return_intox_6_8	Rush	9	return_intox_6_9	Friendly	10	return_intox_6_10	Relaxed	11	return_intox_6_11	Difficulty concentrating	12	return_intox_6_12	Feeling lightheaded or dizzy	13	return_intox_6_13	Feeling confused	0	return_intox_6_0	None of the above
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<p>1076 return_gi_6</p> <p>Show the field ONLY if: [return_wd_6] = '1'</p>		<p>Section Header: <i>Return GI 6</i></p> <p>Which of the following gastrointestinal signs or symptoms were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_gi_6_1</td><td>Constipation</td></tr> <tr><td>2</td><td>return_gi_6_2</td><td>Turning of stomach/cramping/abdo pain</td></tr> <tr><td>3</td><td>return_gi_6_3</td><td>Nausea</td></tr> <tr><td>4</td><td>return_gi_6_4</td><td>Vomiting</td></tr> <tr><td>5</td><td>return_gi_6_5</td><td>Diarrhea</td></tr> <tr><td>0</td><td>return_gi_6_0</td><td>None of the above</td></tr> </table>	1	return_gi_6_1	Constipation	2	return_gi_6_2	Turning of stomach/cramping/abdo pain	3	return_gi_6_3	Nausea	4	return_gi_6_4	Vomiting	5	return_gi_6_5	Diarrhea	0	return_gi_6_0	None of the above																								
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<p>1077 return_anxiety_6</p> <p>Show the field ONLY if: [return_wd_6] = '1'</p>		<p>Section Header: <i>Return Anxiety 6</i></p> <p>Which of the following signs or symptoms of anxiety were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_anxiety_6_1</td><td>Anxiety, irritability, or agitation</td></tr> <tr><td>2</td><td>return_anxiety_6_2</td><td>Nervousness</td></tr> <tr><td>3</td><td>return_anxiety_6_3</td><td>Tremor</td></tr> <tr><td>4</td><td>return_anxiety_6_4</td><td>Restlessness</td></tr> <tr><td>0</td><td>return_anxiety_6_0</td><td>None of the above</td></tr> </table>	1	return_anxiety_6_1	Anxiety, irritability, or agitation	2	return_anxiety_6_2	Nervousness	3	return_anxiety_6_3	Tremor	4	return_anxiety_6_4	Restlessness	0	return_anxiety_6_0	None of the above																											
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1078	return_withdrawal_6 Show the field ONLY if: [return_wd_6] = '1'	Section Header: <i>Return Withdrawal 6</i> Which of the following signs or symptoms of withdrawal were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_withdrawal_6_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>return_withdrawal_6_2</td> <td>Gooseflesh skin (chills/piloerecti</td> </tr> <tr> <td>3</td> <td>return_withdrawal_6_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>return_withdrawal_6_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>return_withdrawal_6_5</td> <td>Pupil size larger normal (dilation/mydria</td> </tr> <tr> <td>6</td> <td>return_withdrawal_6_6</td> <td>Bone, jointache body aches (arthralgias/mya</td> </tr> <tr> <td>7</td> <td>return_withdrawal_6_7</td> <td>Runny nose or tearing (rhinorr or lacrimation)</td> </tr> <tr> <td>0</td> <td>return_withdrawal_6_0</td> <td>None of the abo</td> </tr> </table>	1	return_withdrawal_6_1	Yawning	2	return_withdrawal_6_2	Gooseflesh skin (chills/piloerecti	3	return_withdrawal_6_3	Pulse > 80	4	return_withdrawal_6_4	Sweating (diaphoresis)	5	return_withdrawal_6_5	Pupil size larger normal (dilation/mydria	6	return_withdrawal_6_6	Bone, jointache body aches (arthralgias/mya	7	return_withdrawal_6_7	Runny nose or tearing (rhinorr or lacrimation)	0	return_withdrawal_6_0	None of the abo
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1079	return_vitals_6 Show the field ONLY if: [return_wd_6] = '1'	Section Header: <i>Return Abnormal Vitals 6</i> Which of the following abnormal vital signs were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_vitals_6_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>return_vitals_6_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>return_vitals_6_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>return_vitals_6_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>return_vitals_6_0</td> <td>None of the above</td> </tr> </table>	1	return_vitals_6_1	Hypoxia	2	return_vitals_6_2	Hypercarbia	3	return_vitals_6_3	Hypotension	4	return_vitals_6_4	Bradycardia	0	return_vitals_6_0	None of the above									
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1080	return_misc_6 Show the field ONLY if: [return_wd_6] = '1'	Section Header: <i>Return Miscellaneous 6</i> Which of the following miscellaneous opioid related side effects were documented?	checkbox <table border="1"> <tr> <td>1</td> <td>return_misc_6_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>return_misc_6_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>return_misc_6_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>return_misc_6_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>return_misc_6_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>return_misc_6_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>return_misc_6_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>return_misc_6_0</td> <td>None of the above</td> </tr> </table>	1	return_misc_6_1	Difficulty passing urine	2	return_misc_6_2	Itchiness	3	return_misc_6_3	Dry mouth	4	return_misc_6_4	Headache	5	return_misc_6_5	Unable to walk	6	return_misc_6_6	Unable to discharge	7	return_misc_6_7	Pupil size smaller than normal (constriction/miosis)	0	return_misc_6_0	None of the above
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7	return_misc_6_7	Pupil size smaller than normal (constriction/miosis)																									
0	return_misc_6_0	None of the above																									
1081	datetime_return_7 Show the field ONLY if: [return_num] = '7'	Section Header: <i>Seventh Return Visit</i> Date and time of arrival	text (datetime_mdy)																								
1082	return_redcap_7 Show the field ONLY if: [return_num] = '7'	Does this encounter coincide with an existing visit in REDCap?	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																										
1083	return_redcap_spec_7 Show the field ONLY if: [return_redcap_7] = '1'	Please enter the visit number	text																								

1084	return_od_7 Show the field ONLY if: [return_num] = '7'	Did the patient present to the ED for opioid overdose?	yesno <table border="1" data-bbox="1047 100 1140 197"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
1	Yes																																									
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1085	return_illicit_yn_7 Show the field ONLY if: [return_num] = '7'	Did the patient or provider report any substance use between the index ED visit and this return visit?	yesno <table border="1" data-bbox="1047 243 1140 340"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
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0	No																																									
1086	return_substance_7 Show the field ONLY if: [return_illicit_yn_7] = '1'	Which substance(s) did the patient use?	<table border="1" data-bbox="1047 407 1526 1176"> <thead> <tr> <th colspan="3">checkbox</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>return_substance_7_1</td> <td>Opioids (not including buprenorph</td> </tr> <tr> <td>2</td> <td>return_substance_7_2</td> <td>Methamphe</td> </tr> <tr> <td>3</td> <td>return_substance_7_3</td> <td>Cocaine</td> </tr> <tr> <td>4</td> <td>return_substance_7_4</td> <td>Cannabis</td> </tr> <tr> <td>5</td> <td>return_substance_7_5</td> <td>Hallucinoge (including Ecstasy/MD</td> </tr> <tr> <td>6</td> <td>return_substance_7_6</td> <td>LSD</td> </tr> <tr> <td>7</td> <td>return_substance_7_7</td> <td>Benzodiaze</td> </tr> <tr> <td>8</td> <td>return_substance_7_8</td> <td>Alcohol</td> </tr> <tr> <td>9</td> <td>return_substance_7_9</td> <td>Tobacco</td> </tr> <tr> <td>10</td> <td>return_substance_7_10</td> <td>Other stimu NOS</td> </tr> <tr> <td>11</td> <td>return_substance_7_11</td> <td>Other (note heavy usage</td> </tr> <tr> <td colspan="3">999 return_substance_7_999 None of the</td> </tr> </tbody> </table>	checkbox			1	return_substance_7_1	Opioids (not including buprenorph	2	return_substance_7_2	Methamphe	3	return_substance_7_3	Cocaine	4	return_substance_7_4	Cannabis	5	return_substance_7_5	Hallucinoge (including Ecstasy/MD	6	return_substance_7_6	LSD	7	return_substance_7_7	Benzodiaze	8	return_substance_7_8	Alcohol	9	return_substance_7_9	Tobacco	10	return_substance_7_10	Other stimu NOS	11	return_substance_7_11	Other (note heavy usage	999 return_substance_7_999 None of the		
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1087	return_substance_oth_7 Show the field ONLY if: [return_substance_7(1)] = '1'	If "Other," please specify.	text																																							
1088	return_opioid_7 Show the field ONLY if: [return_substance_7(1)] = '1'	Which opioid(s) did the patient use?	<table border="1" data-bbox="1047 1392 1526 1955"> <thead> <tr> <th colspan="3">checkbox</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>return_opioid_7_1</td> <td>Heroin</td> </tr> <tr> <td>2</td> <td>return_opioid_7_2</td> <td>Oxycodone (OxyContin, Percocet, etc.)</td> </tr> <tr> <td>3</td> <td>return_opioid_7_3</td> <td>Hydrocodone (Norco, Vicodin, etc.)</td> </tr> <tr> <td>4</td> <td>return_opioid_7_4</td> <td>Fentanyl (Duragesic, Ionsys)</td> </tr> <tr> <td>5</td> <td>return_opioid_7_5</td> <td>Hydromorphone (Dilaudid)</td> </tr> <tr> <td>6</td> <td>return_opioid_7_6</td> <td>Morphine</td> </tr> <tr> <td>7</td> <td>return_opioid_7_7</td> <td>Other</td> </tr> </tbody> </table>	checkbox			1	return_opioid_7_1	Heroin	2	return_opioid_7_2	Oxycodone (OxyContin, Percocet, etc.)	3	return_opioid_7_3	Hydrocodone (Norco, Vicodin, etc.)	4	return_opioid_7_4	Fentanyl (Duragesic, Ionsys)	5	return_opioid_7_5	Hydromorphone (Dilaudid)	6	return_opioid_7_6	Morphine	7	return_opioid_7_7	Other															
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1089	return_opioid_oth_7 Show the field ONLY if: [return_opioid_7(7)] = '1'	If "Other," please specify.	text
1090	return_utox_7 Show the field ONLY if: [return_num] = '7'	Was a urine toxicology screen performed for this visit?	yesno 1 Yes 0 No
1091	return_utox_spec_7 Show the field ONLY if: [return_utox_7] = '1'	Please select all drugs shown to be positive in the urine toxicology analysis:	checkbox 1 return_utox_spec_7_1 Amphetami 2 return_utox_spec_7_2 Barbiturates 3 return_utox_spec_7_3 Cocaine 4 return_utox_spec_7_4 Methaqualo 5 return_utox_spec_7_5 Methadone 6 return_utox_spec_7_6 Methamphe 7 return_utox_spec_7_7 Opiates 8 return_utox_spec_7_8 Phencyclidin 9 return_utox_spec_7_9 Marijuana 10 return_utox_spec_7_10 Benzodiazep 11 return_utox_spec_7_11 Propoxyph 12 return_utox_spec_7_12 Amphetami 13 return_utox_spec_7_13 Other 999 return_utox_spec_7_999 None of the
1092	return_utox_oth_7 Show the field ONLY if: [return_utox_spec_7(13)] = '1'	If "Other," please specify	text
1093	return_craving_7 Show the field ONLY if: [return_num] = '7'	Did the patient or provider mention opioid cravings during the visit?	yesno 1 Yes 0 No
1094	return_wd_7 Show the field ONLY if: [return_num] = '7'	Did the patient complaint about or exhibit any signs or symptoms of withdrawal during this visit? <i>If the patient received buprenorphine during this visit, only select signs/symptoms documented BEFORE buprenorphine administration.</i>	yesno 1 Yes 0 No
1095	return_sedation_7 Show the field ONLY if: [return_wd_7] = '1'	Section Header: Return Sedation 7 Which of the following signs or symptoms of sedation were documented?	checkbox 1 return_sedation_7_1 Nodding 2 return_sedation_7_2 Sleepy, drowsy, difficulty staying awake 3 return_sedation_7_3 Feelings of general fatigue or weakness 0 return_sedation_7_0 None of the above

<p>1096 return_intox_7</p> <p>Show the field ONLY if: [return_wd_7] = '1'</p>		<p>Section Header: <i>Return Intoxication 7</i></p> <p>Which of the following signs or symptoms of intoxication were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_intox_7_1</td><td>Good mood</td></tr> <tr><td>2</td><td>return_intox_7_2</td><td>Coasting (Spaced out)</td></tr> <tr><td>3</td><td>return_intox_7_3</td><td>Pleasant Sick</td></tr> <tr><td>4</td><td>return_intox_7_4</td><td>Drive (energy)</td></tr> <tr><td>5</td><td>return_intox_7_5</td><td>High</td></tr> <tr><td>6</td><td>return_intox_7_6</td><td>Drunken</td></tr> <tr><td>7</td><td>return_intox_7_7</td><td>Soapbox (talkative)</td></tr> <tr><td>8</td><td>return_intox_7_8</td><td>Rush</td></tr> <tr><td>9</td><td>return_intox_7_9</td><td>Friendly</td></tr> <tr><td>10</td><td>return_intox_7_10</td><td>Relaxed</td></tr> <tr><td>11</td><td>return_intox_7_11</td><td>Difficulty concentrating</td></tr> <tr><td>12</td><td>return_intox_7_12</td><td>Feeling lightheaded or dizzy</td></tr> <tr><td>13</td><td>return_intox_7_13</td><td>Feeling confused</td></tr> <tr><td>0</td><td>return_intox_7_0</td><td>None of the above</td></tr> </table>	1	return_intox_7_1	Good mood	2	return_intox_7_2	Coasting (Spaced out)	3	return_intox_7_3	Pleasant Sick	4	return_intox_7_4	Drive (energy)	5	return_intox_7_5	High	6	return_intox_7_6	Drunken	7	return_intox_7_7	Soapbox (talkative)	8	return_intox_7_8	Rush	9	return_intox_7_9	Friendly	10	return_intox_7_10	Relaxed	11	return_intox_7_11	Difficulty concentrating	12	return_intox_7_12	Feeling lightheaded or dizzy	13	return_intox_7_13	Feeling confused	0	return_intox_7_0	None of the above
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<p>1097 return_gi_7</p> <p>Show the field ONLY if: [return_wd_7] = '1'</p>		<p>Section Header: <i>Return GI 7</i></p> <p>Which of the following gastrointestinal signs or symptoms were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_gi_7_1</td><td>Constipation</td></tr> <tr><td>2</td><td>return_gi_7_2</td><td>Turning of stomach/cramping/abdo pain</td></tr> <tr><td>3</td><td>return_gi_7_3</td><td>Nausea</td></tr> <tr><td>4</td><td>return_gi_7_4</td><td>Vomiting</td></tr> <tr><td>5</td><td>return_gi_7_5</td><td>Diarrhea</td></tr> <tr><td>0</td><td>return_gi_7_0</td><td>None of the above</td></tr> </table>	1	return_gi_7_1	Constipation	2	return_gi_7_2	Turning of stomach/cramping/abdo pain	3	return_gi_7_3	Nausea	4	return_gi_7_4	Vomiting	5	return_gi_7_5	Diarrhea	0	return_gi_7_0	None of the above																								
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<p>1098 return_anxiety_7</p> <p>Show the field ONLY if: [return_wd_7] = '1'</p>		<p>Section Header: <i>Return Anxiety 7</i></p> <p>Which of the following signs or symptoms of anxiety were documented?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>return_anxiety_7_1</td><td>Anxiety, irritability, or agitation</td></tr> <tr><td>2</td><td>return_anxiety_7_2</td><td>Nervousness</td></tr> <tr><td>3</td><td>return_anxiety_7_3</td><td>Tremor</td></tr> <tr><td>4</td><td>return_anxiety_7_4</td><td>Restlessness</td></tr> <tr><td>0</td><td>return_anxiety_7_0</td><td>None of the above</td></tr> </table>	1	return_anxiety_7_1	Anxiety, irritability, or agitation	2	return_anxiety_7_2	Nervousness	3	return_anxiety_7_3	Tremor	4	return_anxiety_7_4	Restlessness	0	return_anxiety_7_0	None of the above																											
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<p>1099 return_withdrawal_7</p> <p>Show the field ONLY if: [return_wd_7] = '1'</p>		<p>Section Header: <i>Return Withdrawal 7</i></p> <p>Which of the following signs or symptoms of withdrawal were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_withdrawal_7_1</td> <td>Yawning</td> </tr> <tr> <td>2</td> <td>return_withdrawal_7_2</td> <td>Gooseflesh skin (chills/piloerecti</td> </tr> <tr> <td>3</td> <td>return_withdrawal_7_3</td> <td>Pulse > 80</td> </tr> <tr> <td>4</td> <td>return_withdrawal_7_4</td> <td>Sweating (diaphoresis)</td> </tr> <tr> <td>5</td> <td>return_withdrawal_7_5</td> <td>Pupil size larger normal (dilation/mydria</td> </tr> <tr> <td>6</td> <td>return_withdrawal_7_6</td> <td>Bone, jointache body aches (arthralgias/mya</td> </tr> <tr> <td>7</td> <td>return_withdrawal_7_7</td> <td>Runny nose or tearing (rhinorr or lacrimation)</td> </tr> <tr> <td>0</td> <td>return_withdrawal_7_0</td> <td>None of theabo</td> </tr> </table>	1	return_withdrawal_7_1	Yawning	2	return_withdrawal_7_2	Gooseflesh skin (chills/piloerecti	3	return_withdrawal_7_3	Pulse > 80	4	return_withdrawal_7_4	Sweating (diaphoresis)	5	return_withdrawal_7_5	Pupil size larger normal (dilation/mydria	6	return_withdrawal_7_6	Bone, jointache body aches (arthralgias/mya	7	return_withdrawal_7_7	Runny nose or tearing (rhinorr or lacrimation)	0	return_withdrawal_7_0	None of theabo
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<p>1100 return_vitals_7</p> <p>Show the field ONLY if: [return_wd_7] = '1'</p>		<p>Section Header: <i>Return Abnormal Vitals 7</i></p> <p>Which of the following abnormal vital signs were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_vitals_7_1</td> <td>Hypoxia</td> </tr> <tr> <td>2</td> <td>return_vitals_7_2</td> <td>Hypercarbia</td> </tr> <tr> <td>3</td> <td>return_vitals_7_3</td> <td>Hypotension</td> </tr> <tr> <td>4</td> <td>return_vitals_7_4</td> <td>Bradycardia</td> </tr> <tr> <td>0</td> <td>return_vitals_7_0</td> <td>None of the above</td> </tr> </table>	1	return_vitals_7_1	Hypoxia	2	return_vitals_7_2	Hypercarbia	3	return_vitals_7_3	Hypotension	4	return_vitals_7_4	Bradycardia	0	return_vitals_7_0	None of the above									
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<p>1101 return_misc_7</p> <p>Show the field ONLY if: [return_wd_7] = '1'</p>		<p>Section Header: <i>Return Miscellaneous 7</i></p> <p>Which of the following miscellaneous opioid related side effects were documented?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>return_misc_7_1</td> <td>Difficulty passing urine</td> </tr> <tr> <td>2</td> <td>return_misc_7_2</td> <td>Itchiness</td> </tr> <tr> <td>3</td> <td>return_misc_7_3</td> <td>Dry mouth</td> </tr> <tr> <td>4</td> <td>return_misc_7_4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>return_misc_7_5</td> <td>Unable to walk</td> </tr> <tr> <td>6</td> <td>return_misc_7_6</td> <td>Unable to discharge</td> </tr> <tr> <td>7</td> <td>return_misc_7_7</td> <td>Pupil size smaller than normal (constriction/miosis)</td> </tr> <tr> <td>0</td> <td>return_misc_7_0</td> <td>None of the above</td> </tr> </table>	1	return_misc_7_1	Difficulty passing urine	2	return_misc_7_2	Itchiness	3	return_misc_7_3	Dry mouth	4	return_misc_7_4	Headache	5	return_misc_7_5	Unable to walk	6	return_misc_7_6	Unable to discharge	7	return_misc_7_7	Pupil size smaller than normal (constriction/miosis)	0	return_misc_7_0	None of the above
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<p>1102 return_visits_complete</p>		<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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