## Study of Health in Pomerania (TREND1) Data dictionary - Variables and their values

This document contains study variables from the TREND1 wave, conducted from 2016-2019 with 2507 participants. The variables are structured by their examination. The left column contains the variable name, the middle column the label and the right column the value labels in case of a categorical variable.
Please note: This is a working document, some translations may still be missing. In this case it is replaced by the German translation.

english

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OPD

## SHIPCore

INTRO
intro_beg
intro_usnr
intro_cons_bef
intro_cons_mat
intro_cons_mat_extern
intro_cons_dna
intro_cons_storage
intro_cons_sponsortransfer
intro_cons_research
intro_cons_umgtransfer
intro_cons_business

## operational data

operational procedures examination centre welcome, informed, consent
intro: start
observer

Consent to report of findings

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Consent Storage Sample material

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

Consent external storage sample material

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Consent omics analyses

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

Consent to data storage

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Consent Data Transfer to Sponsors

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Consent image and data use research

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Consent to use of data for education, training and further education

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Consent for commercial use of images and data

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

intro_cons_ecg
Consent ECG
$1-$ yes
0 - no

Consent Blood pressure

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

intro: handgrip test consent
1 - yes
0 - no
intro_cons_dupu
intro: consent dupuytren

$$
1 \text { - yes }
$$

$$
0 \text { - no }
$$

intro_cons_aha
intro: ocular fundus analysis static consent

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Consent somatometry

> 1 - yes
> 0 - no

Consent body scanner
1 - yes
0 - no

Consent knee examination
1 - yes
0 - no

Consent angle chair
1 - yes
0 - no

Consent hand examination
1 - Yes
0 - No
2 - examination is not scheduled

Can you extend your arm straight up?
1 - yes
0 - no

Consent Bod-Pod

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

intro_cons_aktimeter
Consent Aktimeter

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Consent SD-Sono
1 - yes
0 - no
Consent cardiac echo
1 - yes
0 - no
Consent Lebersono
1 - yes
0 - no

Consent carpal tunnel syndrome
1 - yes
0 - no
intro: dental examination consent
1 - yes
0 - no
consent swabs
1 - yes
0 - no
intro: dental interview consent

$$
1 \text { - yes }
$$

$$
0 \text { - no }
$$

intro: blood sampling consent
1 - yes
0 - no
intro: urine sampling consent
$1-$ yes
0 - no
intro: stool sampling consent
1 - yes
0 - no
intro: OGTT consent

> 1 - yes
> 0 - no
intro: interview consent

$$
0 \text { - no }
$$

intro_cons_saq
intro: questionnaire consent

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

intro_ko_skin_sucbli_medic
intro_bsnr
intro_note
intro_end

STUHL
stu_usnr
stu_home

SAQ
saq_usnr
saq_verw_home
saq_post_home
saq_hilfe_u_home
observer
Do you have/have you had a cancer in the last 10 years?

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

Have you taken any medications that lower immune response within the last 14 days? (e.g., corticosteroids, cytostatics, retinoids).

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

Particularities

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

Which?
intro: end
stool sample check-in
attendant
new tubes to take home and send in

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Self-Answering-Questionnaire

Home questionnaire refused

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Home questionnaire taken home

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

Help in filling out the questionnaire Home by investigator

$$
0-\mathrm{No}
$$

saq_seiten_u_home
saq_hilfe_a_home
saq_seiten_a_home
saq_voll_home
saq_open_home
saq_sonst_note_home
saq_verw
Questionnaire IP refused

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Questionnaire UZ given home

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Help by the examiner to fill in the questionnaire

Help was given by the examiner on the following pages of the UZ questionnaire:
saq_hilfe_a
Help was given on the following pages of the

Help in filling out the questionnaire Home by relatives

$$
0-\mathrm{No}
$$

$$
1-\mathrm{Yes}
$$ UZ

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

saq_seiten_a Questionnaire Home by examiner:

Help was given by relatives on the following pages of the Home questionnaire

Home questionnaire completed in full

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

Which questions were not answered?

Which?
saq_post
saq_hilfe_u
saq_seiten_u

Help by relatives in filling out the UZ questionnaire

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Help was given by relatives on the following pages of the IP questionnaire:

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

| saq_voll | Questionnaire UZ completely filled out |
| :---: | :---: |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
| saq_open_uz | Which questions were not answered? |
| saq_sonst_text | which ones? |
| saq_ref_sleep | Questionnaire sleep refused |
|  | 0 - no |
|  | 1 - yes |
| saq_post_sleep | Questionnaire sleep given home |
|  | $\begin{aligned} & 0-\mathrm{No} \\ & 1-\mathrm{Yes} \end{aligned}$ |
| saq_support_ex_sleep | Help with filling out the questionnaire sleep by examiner |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
| saq_pages_ex_sleep | Help with the following pages of the questionnaire Sleep by examiner |
| saq_support_rel_sleep | Help in filling out the questionnaire sleep by relatives |
|  | $\begin{aligned} & 0-\mathrm{No} \\ & 1-\mathrm{Yes} \end{aligned}$ |
| saq_pages_rel_sleep | Help with the following pages of the questionnaire Sleep by relatives |
| saq_open_sleep | Which questions were not answered? |
| saq_remarks_sleep | Special features of the sleep questionnaire |
|  | 0 - No |
|  | 1 - Yes |
| saq_note_sleep | Which? |
| saq_end | SAQ: end |
| WEATHER | weather data |


| wea_temp_average_core | CORE Average daily temperature ( ${ }^{\circ} \mathrm{C}$ ) |
| :---: | :---: |
| wea_temp_max_core | CORE Maximal daily temperature ( ${ }^{\circ} \mathrm{C}$ ) |
| wea_sunshine_core | CORE Daily sunshine duration (h) |
| wea_rainfall_core | CORE Daily amount of rainfall (mm) |
| wea_airhumidity_core | CORE Average daily air humidity (\%) |
| wea_airpressure_core | CORE Average daily air pressure ( hPa ) |
| wea_windvelocity_core | CORE Average wind velocity (10m/s) |
| wea_temp_average_imb | IMB Average daily temperature ( ${ }^{\circ} \mathrm{C}$ ) |
| wea_temp_max_imb | IMB Maximal daily temperature ( ${ }^{\circ} \mathrm{C}$ ) |
| wea_sunshine_imb | IMB Daily sunshine duration (h) |
| wea_rainfall_imb | IMB Daily amount of rainfall (mm) |
| wea_airhumidity_imb | IMB Average daily air humidity (\%) |
| wea_airpressure_imb | IMB Average daily air pressure ( hPa ) |
| wea_windvelocity_imb | IMB Average wind velocity ( $10 \mathrm{~m} / \mathrm{s}$ ) |
| wea_temp_average_mri | MRI Average daily temperature ( ${ }^{\circ} \mathrm{C}$ ) |
| wea_temp_max_mri | MRI Maximal daily temperature ( ${ }^{\circ} \mathrm{C}$ ) |
| wea_sunshine_mri | MRI Daily sunshine duration (h) |

wea_rainfall_mri
wea_airhumidity_mri
wea_airpressure_mri
wea_windvelocity_mri

## INT

INT_IDENT
ident_mez1
ident_01

MRI Average daily air humidity (\%)

MRI Average daily air pressure (hPa)

MRI Average wind velocity ( $10 \mathrm{~m} / \mathrm{s}$ )

## Investigator number

## Probandenidentifikation

Module Start Time Final

Do you agree that we may record all interviews electronically, archive them in accordance with data protection regulations and evaluate them scientifically at a later date without reference to your name and address?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Interviewer

$$
\begin{aligned}
& 132-132 \\
& 154-154 \\
& 192-192 \\
& 223-223 \\
& 298-298 \\
& 446-446 \\
& 464-464 \\
& 466-466 \\
& 479-479 \\
& 480-480 \\
& 494-494 \\
& 502-502
\end{aligned}
$$

## Kognitive Leistungsfähigkeit

I am going to read you a word list of eight words. When I am finished, I want you to repeat the words you remember. (Big City)

1 - Yes

$$
0 \text { - No }
$$

nai_02
nai_03
nai_04
nai_05
nai_06
nai_07
nai_08
kogn_02

I am going to read you a word list of eight words. When I am finished, I want you to repeat the words you remember. (coast)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

I am going to read you a word list of eight words. When I am finished, I want you to repeat the words you remember. (Peach)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

I am going to read you a word list of eight words. When I am finished, I want you to repeat the words you remember. (Girls)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

I am going to read you a word list of eight words. When I am finished, I want you to repeat the words you remember. (Armchair)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

I will read a word list of eight words to you. When I finish, I want you to repeat the words you remember. (Celebration)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

I am going to read you a word list of eight words. When I am finished, I want you to repeat the words you remember. (Beggar)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

I am going to read you a word list of eight words. When I am finished, I want you to repeat the words you remember. (Nail)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have you been given the NAI test?
1 - Yes
2 - Refused
3 - Test could not be performed.
kogn_02a For what reason?
nai_09
nai_25
nai_10
nai_26
nai_11
nai_27
nai_12
nai_28
nai_13
nai_29

If you have heard a word before, you should say "YES", if not, say "NO". (Peach - answer yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you heard a word earlier, you are to say "YES", if not, say "NO". (Peach - answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you heard a word earlier, you are to say "YES", if not, say "NO". (Servant - answer yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you heard a word earlier, you are to say "YES", if not, say "NO". (Servant - Answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Coast - answer Yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Coast - Answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Boy - answer Yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Boy - answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Butter - answer Yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Butter - answer No)
$1-\mathrm{Yes}$
$0-\mathrm{No}$
nai_14
nai_30
nai_15
nai_31
nai_16
nai_32
nai_17
nai_33
nai_18
nai_34

If you have heard a word before, you are to say "YES", if not, say "NO". (big city - answer yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you heard a word earlier, you are to say "YES", if not, say "NO". (Big City - Answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Wool - answer Yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Wool - answer No)

1 - Yes

$$
0 \text { - No }
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Girl - answer Yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Girl - answer No)

$$
1 \text { - Yes }
$$

$$
0-\mathrm{No}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Riot - answer Yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Uprising - answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (boulder - answer yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (boulder - answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

nai_19
nai_35
nai_20
nai_36
nai_21
nai_37
nai
nai_22
nai_38
nai_23
nai_39
nai

If you have heard a word before, you are to say "YES", if not, say "NO". (armchair - answer yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

f you heard a word earlier, you are to say "YES", if not, say "NO". (Armchair - Answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Drink - answer Yes)

$$
1 \text { - Yes }
$$

$$
0-\mathrm{No}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Drink - answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Nail - answer Yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Nail - Answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Beggar - answer Yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Beggar - answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Mark piece - answer Yes)

$$
\begin{aligned}
& 1-\text { Yes } \\
& 0-\text { No }
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Mark piece - answer No)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\text { No }
\end{aligned}
$$

nai_24
nai_40
nai_41
nai_42
kogn_02b
kogn_02c
kogn_02d
kogn_03
kogn_03a
kogn_03b
kogn_03c
kogn_03d

If you have heard a word before, you are to say "YES", if not, say "NO". (Celebration - answer yes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Celebration - answer No)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No }
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Don’t know)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

If you have heard a word before, you are to say "YES", if not, say "NO". (Refuse to answer)

$$
1 \text { - Yes }
$$

$$
0 \text { - No }
$$

Exercise board 1 (stopped time)

Exercise table 2 (stopped time)

Exercise Chart 3 (Stopped Time).

Please read the colors written on this piece of paper from left to right as fast as you can! (number of errors)

Please read the colors written on this piece of paper from left to right as fast as you can! (stopped time)

## Repeats

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0 \text { - No }
\end{aligned}
$$

Number of repetitions

Partial repeats

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

| kogn_03e | Number of partial repetitions |
| :---: | :---: |
|  | $\begin{aligned} & -1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| kogn_04 | Please name the colors of these boxes as quickly as possible from left to right! (number of errors) |
| kogn_04a | Please name the colors of these boxes as fast as possible from left to right! (stopped time) |
| kogn_04b | Repeats |
|  | $\begin{aligned} & 1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| kogn_04c | Number of repetitions |
| kogn_04d | Partial repeats |
|  | $\begin{aligned} & 1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| kogn_04e | Number of partial recurrences |
| kogn_05 | Please name the color in which each word is written as quickly as possible! (number of errors) |
| kogn_05a | Please name the color in which each word is written as soon as possible! (stopped time) |
| kogn_05b | Repeats |
|  | $\begin{aligned} & 1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| kogn_05c | Number of repetitions |
| kogn_05d | Partial repeats |
|  | 1 - Yes |
|  | 0 - No |
| kogn_05e | Number of partial repetitions |
| kogn_05f | Comments |


| kogn_06 | Has the color test been performed? |
| :---: | :---: |
|  | $1 \text { - Yes }$ |
|  | 2 - Refused |
|  | 3 - Test could not be performed. |
| kogn_06a | For what reason? |
| INAN | Inanspruchnahme medizinischer Hilfe |
| inan_01 | How would you describe your current physical condition? |
|  | 1 - Very good |
|  | 2 - Good |
|  | 3 - Less good |
|  | 4 - Poor |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| inan_02 | When was the last time you saw a doctor (not including a dentist)? |
|  | 1 - Within the last 4 weeks |
|  | 2 - Within the last 2-12 months |
|  | 3 - More than a year ago |
|  | 998 - Don't know |
|  | 999 - Refusal to answer |
| inan_03 | How many times have you seen a doctor in the last 4 weeks? |
| inan_04a | Please indicate which doctor(s) you have seen within the last 12 months and how often. (General practitioner or general practitioner) |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  |  |
| inan_04b | How often? |
| inan_04c | Please indicate which doctor(s) you have seen within the last 12 months and how often. <br> (Internist (internal medicine physician)) |
|  |  |
|  |  |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |


| inan_04e | Please indicate which doctor(s) you have seen <br> within the last 12 months and how often. <br> (Gynecologist) |
| :--- | :--- |
|  | $1-$ Yes <br> $0-$ No |
|  | $998-$ Do not know |
| $999-$ Refusal to answer |  |

inan_04f
inan_04g
inan_04h
inan_04i
inan_04j
inan_04k
inan_041
inan_04m

How often?

Please indicate which doctor(s) you have seen within the last 12 months and how often. (surgeon)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

How often?

Please indicate which doctor(s) you have seen within the last 12 months and how often.
(Orthopedist)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

How often?

Please indicate which doctor(s) you saw within the last 12 months and how often. (Urologist)

$$
1-\mathrm{Yes}
$$

0 - No
998 - Do not know
999 - Refusal to answer

How often?

Please indicate which doctor(s) you have seen within the last 12 months and how often. (Ear, nose, and throat doctor)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

How many times?
inan_04o Please indicate which doctor(s) you have seen within the last 12 months and how often. (ophthalmologist)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
inan_04p
How often?
inan_04q Please indicate which doctor(s) you have seen within the last 12 months and how often. (dermatologist)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
inan_04r
How often?
inan_04s
Please indicate which doctor(s) you have seen within the last 12 months and how often.
(Neurologist)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
inan_04
How often?
inan_04w
inan_04x
How often?

Please indicate which doctor(s) you have seen within the last 12 months and how often. (psychiatrist)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
inan_04bb
inan_04cc
inan_04dd
inan_04y
inan_04y1
inan_04y2
inan_04z
inan_04z1
inan_04z2 How often?

Please indicate which doctor(s) you have seen within the last 12 months and how often. (psychotherapist)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

How often?

Please indicate which doctor(s) you have seen within the last 12 months and how often. (Other doctor)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Which?

How often?

Please indicate which doctor(s) you have seen within the last 12 months and how often.
(Another other doctor)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Which one?

How often?

Have you ever participated in a cancer screening exam? Women 20 and older: this includes, e.g., breast palpation; men 45 and older: this includes, e.g., prostate palpation.

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
inan_09
inan_10
inan_11
inan_12
inan_17
inan_13
inan_13a
inan_12a
-

Have you been hospitalized for inpatient treatment during the past 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How many times have you been hospitalized in the last 12 months?

How many total days have you spent in the hospital in the last 12 months?

Have you been treated in an intensive care unit during the past 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How many days total have you been in an intensive care unit in the last 12 months?

Have you been to a mental health facility for inpatient treatment in the past 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had any surgeries in the past 10 years?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Which surgeries were involved?
inan_14
inan_15
inan_16
inan_16a

Have you been in a hospital/ nursing home/ nursing home/ hospice three or more times in the last 2 years?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Are you caring for someone who was a patient in a hospital/ nursing home/ nursing home/ hospice in the last 2 years?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

With which health insurance company are you insured or co-insured?

1 - public health insurance
2 - private insurance
3 - others (e.g. state aid, "Freie Heilfürsorge")
4 - not insured
998 - I don't know
999 - non-response
-2 - Antwortverweigerung
-1 - Weiß nicht
1 - actimonda BKK
2 - AOK - Die Gesundheitskasse für Niedersachsen
3 - AOK - Die Gesundheitskasse in Hessen
4 - AOK Baden-Württemberg
5 - AOK Bayern - Die Gesundheit-
skasse
6 - AOK Bremen / Bremerhaven
7 - AOK Nordost - Die Gesundheitskasse
8 - AOK NordWest - Die Gesundheitskasse
9 - AOK PLUS - Die Gesundheitskasse für Sachsen und Thüringen
10 - AOK Rheinland/Hamburg - Die Gesundheitskasse
11 - AOK Rheinland-Pfalz/Saarland-
Die Gesundheitskasse

12 - AOK Sachsen-Anhalt - Die
Gesundheitskasse
13 - atlas BKK ahlmann
14 - Audi BKK
15 - BAHN-BKK
16 - BARMER GEK
17 - Bertelsmann BKK
18 - Betriebskrankenkasse Mobil Oil
19 - Betriebskrankenkasse Pricewater-
houseCoopers
20 - BIG direkt gesund
21 - BKK Achenbach Buschhütten
22 - BKK advita
23 - BKK Aesculap
24 - BKK Akzo Nobel Bayern
25 - BKK B. Braun Melsungen AG
26 - BKK Beiersdorf AG
27 - BKK BPW Bergische Achsen KG
28 - BKK Braun-Gillette
29 - BKK Deutsche Bank AG
30 - BKK Diakonie
31 - BKK EUREGIO
32 - BKK EVM
33 - BKK EWE
34 - BKK exklusiv
35 - BKK Faber-Castell \& Partner
36 - BKK firmus
37 - BKK Freudenberg
38 - BKK Gildemeister Seidensticker
39 - BKK GRILLO-WERKE AG
40 - BKK Groz-Beckert
41 - BKK HENSCHEL Plus
42 - BKK Herford Minden Ravensberg
43 - BKK Herkules
44 - BKK KARL MAYER
45 - BKK KBA
46 - BKK Linde
47 - BKK MAHLE
48 - BKK Melitta Plus
49 - BKK MEM
50 - BKK Miele
51 - BKK MTU
52 - BKK PFAFF
53 - BKK Pfalz
54 - BKK ProVita
55 - BKK Public
56 - BKK Rieker.Ricosta.Weisser
57 - BKK RWE
58 - BKK Salzgitter

59 - BKK Scheufelen
60 - BKK Schwarzwald-Baar-Heuberg
61 - BKK STADT AUGSBURG
62 - BKK Technoform
63 - BKK Textilgruppe Hof
64 - BKK VDN
65 - BKK VerbundPlus
66 - BKK Verkehrsbau Union (VBU)
67 - BKK VITAL
68 - BKK Voralb
HELLER*LEUZE*TRAUB
69 - BKK Werra-Meissner
70 - BKK Wirtschaft \& Finanzen
71 - BKK Würth
72 - BKK ZF \& Partner
73 - BKK_DürkoppAdler
74 - BKK24
75 - BMW BKK
76 - Bosch BKK
77 - Brandenburgische BKK
78 - Continentale Betriebskrankenkasse
79 - Daimler Betriebskrankenkasse
80 - DAK-Gesundheit
81 - Debeka BKK
82 - Deutsche BKK
83 - DIE BERGISCHE
KRANKENKASSE
84 - Die Schwenninger Betriebskrankenkasse
85 - E.ON Betriebskrankenkasse
86 - energie-BKK
87 - Ernst \& Young BKK
88 - Hanseatische Krankenkasse
89 - Heimat Krankenkasse
90 - hkk
91 - IKK Brandenburg und Berlin
92 - IKK classic
93 - IKK gesund plus
94 - IKK Nord
95 - IKK Südwest
96 - Kaufmännische Krankenkasse -
KKH
97 - Knappschaft
98 - Krones BKK
99 - Merck BKK
100 - Metzinger BKK
101 - mhplus Betriebskrankenkasse
102 - Novitas BKK
103 - pronova BKK

104 - R+V Betriebskrankenkasse
105 - Salus BKK
106 - SECURVITA BKK
107 - SIEMAG BKK
108 - Siemens-Betriebskrankenkasse
(SBK)
109 - SKD BKK
110 - Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (SVLFG)
111 - Südzucker BKK
112 - Techniker Krankenkasse
113 - Thüringer Betriebskrankenkasse
114 - TUI BKK
115 - Vereinigte BKK
116 - VIACTIV Krankenkasse
117 - Wieland BKK
118 - WMF Betriebskrankenkasse
119 - AOK Hessen
120 - BKK Mobil Oil
121 - BKK Post
122 - BKK - VBU
123 - HKK Erste Gesundheit
inan_16b
Private health insurance
-2 - Antwortverweigerung
-1 - Weiß nicht
1 - Allianz
2 - Alte Oldenburger Krankenversicherung
3 - Alte Oldenburger VVAG
4 - ARAG
5 - Augenoptiker Ausgleichskasse
6 - Axa (Colonia, DBV-Winterthur)
7 - Barmenia
8 - Central Krankenversicherung
9 - Concordia
10 - Continentale
11 - Debeka
12 - Deutscher Ring
13 - DEVK
14 - DKV (Victoria)
15 - Envivas Krankenversicherung
16 - Ergo Direkt
17 - Freie Arztkasse
18 - Gothaer
19 - Hallesche
20 - HanseMerkur
21 - HanseMerkur Versicherungsgruppe S

22 - HUK-Coburg
23 - Inter
24 - Krankenunterstützungskasse der Berufsfeuerwehr Hannover
25 - Landeskrankenhilfe LKH
26 - LIGA Krankenversicherung katholischer Priester VVaG
27 - LVM
28 - Mannheimer Versicherungen
29 - Mecklenburgische
30 - Münchener Verein
31 - Nürnberger
32 - Opel Aktiv Plus
33 - PAX-Familienfürsorge Krankenversicherung
34 - Provinzial
35 - R+V
36 - Signal Iduna (mit Deutscher Ring)
37 - St. Martinus Kranken- und Sterbekasse
38 - Süddeutsche Krankenversicherung
39 - Union Krankenversicherung
40 - Universa
41 - Versicherungskammer Bayern
42 - Vigo Krankenversicherung (Düsseldorfer Versicherung)
43 - Württembergische Krankenversicherung
44 - DKV
inan_16c
Which other?

Herz-Kreislauf-Erkrankungen
Have you ever had angina diagnosed by a doctor?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you ever experienced pain or discomfort in the chest?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

ang_02a
ang_02b
ang_03
ang_03a
ang_04
ang_05
ang_06
ang_07a

In what year did you first experience chest pain or discomfort, or how old were you then?

In what year did you first experience chest pain or discomfort, or how old were you at that time? (age)

Does the pain or this discomfort occur when you are in a hurry, walking uphill, or otherwise exerting yourself physically?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No } \\
& 3 \text { - I am never in a hurry and never } \\
& \text { walk uphill. } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Does this discomfort occur when you walk at a normal pace on level ground?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

What do you do if you experience chest pain or discomfort while walking?

1 - I walk more slowly or stop
2 - I take nitro supplements
3 - I continue walking at the same pace
998 - Do not know
999 - Refusal to answer

Does this discomfort disappear when you walk more slowly or stand still?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How quickly do these symptoms disappear?
1 - After less than 10 minutes
2 - After more than 10 minutes
998 - Don't know
999 - Refusal to answer

Would you show me where this pain or discomfort occurred? (Behind the breastbone)

$$
0-\mathrm{No}
$$

ang_07b $\quad$| Would you show me where this pain or |
| :--- |
| discomfort occurred? (Left anterior chest) |
| $0-$ No |
| $1-$ Yes |

ang_07c
ang_07d
ang_07e
ang_07f
ang_07g
ang_07h
ang_08
ang_10

Would you show me where this pain or discomfort occurred? (Neck/jaw angle)

0 - No
1 - Yes

Would you show me where this pain or discomfort occurred? (Left shoulder)

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

Would you show me where this pain or discomfort occurred? (Other)
$0-$ No
1 - Yes

Where.

Don't know
0 - No
1 - Yes

Refusal to answer
0 - No
1 - Yes

Does the pain or discomfort radiate into your left arm?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

What stress or activity in your daily life causes your chest pain or discomfort?

1-1 during any exertion or already at rest
2-2 during dressing and undressing, prolonged slow walking, light housework
3-3 when climbing stairs quickly, walking uphill, cold, emotional stress
ang_09
khk_01
khk_01a
khk_01b
khk_02
khk_02a
mi_01

Have you ever had a very severe pain across the chest that lasted half an hour or more?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you ever been diagnosed by a doctor with elevated or high blood pressure?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

In which year were you first diagnosed with elevated blood pressure or how old were you at that time?

In which year were you first diagnosed with high blood pressure or how old were you at that time? (age)

Has a doctor prescribed high blood pressure medication for you within the last year?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you taken the medication for high blood pressure today?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you ever had a heart attack diagnosed by a doctor?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
mi_02
How many total heart attacks have you had?
mi_03a3
mi_03aa3
mi_03d3
mi_03b3
mi_03c3
mi_03cc3
mi_03a2
mi_03aa2
mi_03d2
mi_03b2
mi_03c2

Now please indicate the year or your age when [previous or first] heart attack occurred.

Now please indicate the year or their age when [previous or first] heart attack occurred. [age]

Diagnosed as inpatient/outpatient

> 1 - Diagnosed inpatient
> 2 - Diagnosed outpatient
> 998 - Do not know
> 999 - Refused to answer

Treated as inpatient

$$
0-\mathrm{No}
$$

$$
1 \text { - Yes }
$$

Diagnosis: hospital

Diagnosis: outpatient

Now please indicate the year or your age when [previous or first] heart attack occurred.

Now please indicate the year or their age when [previous or first] heart attack occurred. [age].

Diagnosed as inpatient/outpatient
1 - Diagnosed as inpatient
2 - Diagnosed as outpatient
998 - Do not know
999 - Refusal to answer

Treated as inpatient
$0-\mathrm{No}$
1 - Yes

Diagnosis: hospital
-2 - Refusal to answer
-1 - Do not know
-2 - Refusal to answer
-1 - Do not know
mi_03a
mi_03aa
mi_03d
Diagnosed as inpatient/outpatient

> 1 - Diagnosed as inpatient
> 2 - Diagnosed as outpatient
> 998 - Do not know
> 999 - Refusal to answer

Treated as inpatient
0 - No
1 - Yes

Diagnosis: hospital

> -2 - Refusal to answer
> -1 - Do not know

Diagnosis: outpatient
-2 - Refusal to answer
-1 - Do not know

Have you ever had a cardiac catheterization and/or cardiac catheterization treatment?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you ever had a coronary artery dilatation and / or stent (=vascular support) implantation as part of a cardiac catheterization?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

mi_04d
How many dilatations of a coronary vessel and / or implantations of a stent (=vascular support) have you had in total? This refers to the number of treatments, not the number of stents.

| mi_04a3 | Now please indicate the year or their age when the [previous or first] treatment occurred. |
| :---: | :---: |
| mi_04aa3 | Now please indicate the year or your age when the [previous or first] treatment took place. [age] |
| mi_04b3 | In which hospital? |
|  | -2 - Refusal to answer <br> -1 - Do not know |
| mi_04a2 | Now please indicate the year or their age when the [previous or first] treatment occurred. |
| mi_04aa2 | Now please indicate the year or their age when the [previous or first] treatment occurred. (age) |
| mi_04b2 | In which hospital? |
|  | -2 - Refusal to answer <br> -1 - Do not know |
| mi_04a | Now please indicate the year or your age when the [previous or first] treatment occurred. |
| mi_04aa | Now please indicate the year or their age when the [previous or first] treatment took place. [age] |
| mi_04b | In which hospital? |
|  | -2 - Refusal to answer <br> -1 - Do not know |
| mi_07 | Have you ever been diagnosed with atrial fibrillation by a physician? |
|  | 1 - Yes |
|  | $0-\mathrm{No}$ |
|  | 998 - Do not know |
|  |  |
| mi_07a | In which year were you first diagnosed with atrial fibrillation or how old were you at that time? |

mi_07b
mi_05a
mi_05b
mi_05c3
mi_05cc3
mi_05d3
mi_05e3
mi_05c2
mi_05cc2
mi_05d2

In what year were you first diagnosed with atrial fibrillation or how old were you at that time? (Age)

Have you ever had heart surgery?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

How many heart surgeries have you had in total?

Now please indicate the year or their age when the [previous or first] heart surgery occurred.

Now please indicate the year or your age when the [previous or first] heart surgery occurred. [age)

Type of surgery
1 - Bypass surgery
2 - Heart valve treatment (replacement or repair of one or more heart valves) by surgery
3 - Heart valve treatment (replacement or repair of one or more heart valves) by cardiac catheterization 4 - Other
998 - Do not know
999 - Refused to answer

In which hospital?
-2 - Refusal to answer
-1 - Do not know

Now please indicate the year or your age when the [previous or first] heart surgery occurred.

Now please indicate the year or their age when the [previous or first] heart surgery occurred.
(age)

Type of surgery
1 - Bypass surgery

2 - Heart valve treatment (replacement or repair of one or more heart valves) by surgery
3 - Heart valve treatment (replacement or repair of one or more heart valves) by cardiac catheterization
4 - Other
998 - Do not know
999 - Refused to answer

| mi_05e2 | In which hospital? |
| :---: | :---: |
|  | -2 - Refusal to answer <br> -1 - Do not know |
| mi_05c | Now please indicate the year or your age when the [previous or first] heart surgery occurred. |
| mi_05cc | Now please indicate the year or their age when the [previous or first] heart surgery occurred. [age) |
| mi_05d | Type of surgery |
|  | 1 - Bypass surgery |
|  | 2 - Heart valve treatment (replacement or repair of one or more heart valves) by surgery |
|  | 3 - Heart valve treatment (replacement or repair of one or more heart valves) by cardiac catheterization 4 - Other |
|  | 998 - Do not know |
|  | 999 - Refused to answer |
| mi_05e | In which hospital? |
|  | -2-Refusal to answer |
|  | -1-Do not know |
| herz_01 | Have you ever had heart failure as determined by a physician? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  |  |
| herz_01a | In which year were you first diagnosed with heart failure or how old were you at that time? |

herz_01b
herz_02
herz_03
herz_04
herz_05
herz_06
herz_09

In which year was heart failure first diagnosed or how old were you at that time? (age)

Do you often have swollen legs in the evening?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Do you have to get up regularly at night to urinate?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How often is this usually per night?

Do you experience shortness of breath or weakness, or both, during physical exertion?

1 - Only shortness of breath
2 - Only feeling of weakness
3 - Both
4 - Neither shortness of breath nor
weakness
998 - Don't know
999 - Refusal to answer

At what level of exertion does shortness of breath or weakness occur?

0 - At physical rest (e.g., sitting or lying down)
1 - Low exertion (e.g., small movements, reaching for hands)
2 - Medium exertion (e.g., normal walking, dressing, climbing less than
2 flights of stairs)
3 - Heavy load (fast walking, short endurance run, digging in the garden)
998 - Do not know
999 - Refusal to answer

Have you ever woken suddenly at night with severe shortness of breath and been forced to sit up or walk around to relieve the shortness of breath?

1 - Yes
0 - No
998 - Do not know

| herz_07 | Do you usually sleep with your upper body elevated? |
| :---: | :---: |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| herz_08 | Approximately how high is your upper body during this time? |
| stro_01 | Have you ever had a stroke as determined by a physician? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| stro_02 | How many strokes have you had in total? |
| stro_03a3 | Now please indicate the year or their age when the [previous or first] stroke occurred. |
| stro_03aa3 | Now please indicate the year or their age when the [previous or first] stroke occurred. [age] |
| stro_03d3 | Diagnosed as inpatient/outpatient |
|  | 1 - Diagnosed as inpatient <br> 2 - Diagnosed as outpatient <br> 998 - Do not know <br> 999 - Refusal to answer |
| stro_03b3 | Treated as inpatient |
|  | $0-$ No |
|  |  |
| stro_03c3 | Diagnosis: hospital |
|  | -2 - Refusal to answer <br> -1 - Do not know |
| stro_03cc3 | Diagnosis: outpatient |
|  | -2 - Refusal to answer <br> -1 - Do not know |
| stro_03a2 | Now please indicate the year or their age when the [previous or first] stroke occurred. |



## CLAUD

claud_01
claud_01a
claud_01b
claud_02
claud_06
claud_07a
claud_07b
Does this pain occur in the thigh?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Does this pain occur in the buttocks?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

| claud_09 | Does the pain occur when walking uphill and/or walking fast? |
| :---: | :---: |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| claud_10 | Do the pains occur when walking at normal speed on level ground? |
|  | 1 - Yes |
|  | $0-\mathrm{No}$ |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| claud_03 | What do you do if you get this pain while walking? |
|  | 1 - I stand still |
|  | 2 - I walk more slowly |
|  | 3 - I continue walking at the same pace |
|  | 998 - Don't know |
|  | 999 - Refusal to answer |
| claud_11 | What happens when you stand still? |
|  | 1 - Pain usually lasts longer than 10 minutes |
|  | 2 - Pain usually goes away within 10 minutes or less |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| claud_04 | How far can you usually walk without pain? Indicate approximately how many meters! |
| DIAB | Diabetes |
| diab_01 | Have you ever had diabetes mellitus diagnosed or confirmed by a doctor? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| diab_01a | In which year were you first diagnosed with diabetes or how old were you at that time? |
| diab_01aa | In what year were you first diagnosed with diabetes or how old were you at that time? (Age) |


| diab_01b | To the best of your knowledge, what type of diabetes do you have? |
| :---: | :---: |
|  | 1 - Juvenile diabetes (type 1) |
|  | 2 - Adult onset diabetes (type 2) |
|  | 3 - Gestational diabetes |
|  | 4 - Diabetes after pancreatitis |
|  | 998 - Don't know |
|  | 999 - Refused to answer |
| diab_02 | How are you currently being treated? |
|  | 1 - Dietary only |
|  | 2 - Only with tablets |
|  | 3 - With insulin only |
|  | 4 - With insulin and tablets |
|  | 5 - No treatment |
|  | 998 - Don't know |
|  | 999 - Refusal to answer |
| diab_03 | How often do you usually go to the doctor for |
|  | your diabetes? (not including hospital visits) |
|  | 1 - Monthly |
|  | 2 - Quarterly |
|  | 3 - Semiannual |
|  | 4 - Annually |
|  | 5 - Less frequently than annually |
|  | 998 - Don't know |
|  | 999 - Refusal to answer |
| diab_04 | Do you perform blood glucose checks yourself at home? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| diab_05 | On average, how often do you check your blood sugar each week? |
| diab_08 | Have you ever participated in diabetes education? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| diab_10 | Have you been diagnosed with diabetes-related consequential eye damage by a physician, such as diabetic retinopathy? |

diab_10a
diab_10b
diab_11
diab_11a
diab_11b
diab_12
diab_12a
diab_12b

## BGL

bgl_01

Since when? Please indicate the year or their age!

Since when? Please indicate the year or their age! (age)

Have you been diagnosed with diabetes-related secondary kidney damage by a doctor, such as diabetic nephropathy?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Since when? Please indicate the year or their age!

Since when? Please indicate the year or your age! (Age)

Have you been diagnosed by a doctor with diabetes-related nerve damage to your feet or legs, such as diabetic neuropathy?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Since when? Please indicate the year or their age!

Since when? Please indicate the year or your age! (age)

## Oberbauchorgane

Have you had cramping or colicky pain in your right upper abdomen during the past six months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
bgl_01a
bgl_02
bgl_08
home_shit_19
bgl_03
bgl_04
bgl_05

Did this pain occur over a period of approximately 3 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Were gallbladder stones found in you in this context?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you ever been diagnosed with gallstones by a doctor?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you ever had surgery for a gallstone condition?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you ever had girdling pain or pain radiating into your back in your upper abdomen?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Has inflammation of the pancreas (pancreatitis) ever been diagnosed by a doctor in this context?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had pancreatitis (inflammation of the pancreas) more than once?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

In this context, has chronic inflammation of the pancreas (chronic pancreatitis) ever been diagnosed by a doctor?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
home_shit_20
home_shit_21
home_bgl_07
home_shit_22
home_shit_23
home_shit_24
home_shit_25
home_shit_26

Have you ever been hospitalized with pancreatitis?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
In which hospital?
-2 - Refusal to answer
-1 - Do not know

Are there one or more persons in your family related to you (not by marriage) who suffer or have suffered from acute or chronic pancreatitis?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

If yes, how many?

Have you ever had surgery on your pancreas?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Are there one or more persons in your family related to you (not by marriage) who have or have suffered from a pancreatic tumor (pancreatic cancer)?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

If yes, how many?

Have you ever had liver inflammation (jaundice)? This does not include neonatal jaundice.
home_shit_27

REFLUX
reflux_01
reflux_02
reflux_03
reflux_04
reflux_05
reflux_06

Have you ever been diagnosed with fatty liver by a doctor?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

## Dyspepsie/Reflux

Have you had a marked feeling of fullness/discomfort after eating for a period of about 3 months during the last six months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did you experience any upper abdominal pain/pressure?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Do you experience heartburn more than 2 days a week?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had gastritis in the last 6 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you ever had a stomach or duodenal ulcer?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Do you get gas or diarrhea when you eat dairy products?

| home_shit_01 | How many bowel movements do you normally have per day? |
| :---: | :---: |
| home_shit_01a | How many times a day do you usually have bowel movements? |
| home_shit_02 | How do you usually feel about the consistency of your bowel movements? |
|  | 1 - Liquid to mushy <br> 2 - Normal |
|  | 3 - Unpleasantly hard |
|  | 998 - Does not know <br> 999 - Refusal to answer |

reflux_07
In the last three months, did you have cramping
abdominal pain, bloating, or abdominal discomfort at least three days a month?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
reflux_08
Did these complaints start more than six months ago?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did any change in stool frequency (increased or decreased) occur in the last 3 months?

1 - Yes, always increased
2 - Yes, always decreased
3 - Yes, both increased and decreased
0 - No
998 - Do not know
999 - Refusal to answer
reflux_10
Did a change in stool consistency (mushier or firmer) occur in the last 3 months?

1 - Yes, more and more mushy
2 - Yes, always firmer
3 - Yes, both pulpier and firmer
reflux_11
reflux_12
reflux_13
reflux_14
reflux_15
reflux_16
reflux_17

Is cramping abdominal pain, bloating, or abdominal discomfort improving after bowel movements?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Was there an exacerbation of symptoms due to stress, anxiety, or frustration?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you ever been to a doctor for cramping abdominal pain, bloating, or abdominal discomfort?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

What diagnoses did the doctor make?

Have you had a change in stool consistency (diarrhea, constipation, or both alternately) in the last three months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had the sensation of incomplete bowel evacuation in the last three months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you had any blood or mucus in your stool in the last three months?

1 - Yes, blood admixtures
2 - Yes, mucus admixtures
3 - Yes, both
0 - No
reflux_18
reflux_18b
reflux_19
reflux_20
reflux_21

Are there one or more people in your family related to you (not by marriage) who have or have suffered from colorectal cancer?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you ever participated in a colorectal cancer screening?

1 - Yes, by colonoscopy
2 - Yes, by stool blood test (e.g.
Haemoccult)
3 - Yes, by means of colonoscopy and test for blood in stool
0 - No
998 - Do not know
999 - Refusal to answer

Have you ever been diagnosed with inflammatory bowel disease such as Crohn's disease or ulcerative colitis?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Do you have one or more relatives (not by marriage) in your family who have or have had inflammatory bowel disease, such as Crohn's disease or ulcerative colitis?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Do you have hemorrhoids or does your rectum burn or itch badly after going to the bathroom?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

## NASE

nase_01a

## Keimträgerstatus

Have you had abscesses or boils that required antibiotic therapy since your last SHIP exam?

0 - No
nase_01b
nase_02
nase_03
nase_04
nase_05

## LUNGE

lunge_01
lunge_01a

Since the last SHIP examination, have you had abscesses or boils that required surgery?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you ever been diagnosed with atopic dermatitis or neurodermatitis by a physician?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you ever been diagnosed with psoriasis by a physician?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Do you have chronic wounds?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Do you have more than three urinary bladder infections/inflammations per year?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

## Lungenerkrankungen / Asthma

The following are questions about your lungs, asthma and allergies. Have you ever been diagnosed with chronic lung disease by a doctor?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Please indicate the year or age when you were first diagnosed with chronic lung disease.

| lunge_01b | Please indicate the year or age when you were first diagnosed with chronic lung disease. (age) |
| :---: | :---: |
| lunge_04 | Have you ever been diagnosed by a doctor with chronic obstructive pulmonary disease or emphysema? |
|  | 1 - Yes |
|  | $0-\mathrm{No}$ |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| lunge_04a | Please indicate the year or age when you were first diagnosed with chronic obstructive pulmonary disease or emphysema. |
| lunge_04b | Please indicate the year or age when you were first diagnosed with chronic obstructive pulmonary disease or emphysema. (age) |
| lunge_02 | Do you currently have a respiratory infection? |
|  | 1 - Yes |
|  | $0-\mathrm{No}$ |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |

lunge_03
asthma_01
asthma_01a
asthma_02

Do you currently have a fever?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you ever had a whistling or humming sound in your chest in the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you ever had shortness of breath when this whistling sound occurred?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you had this whistling or humming when you have not had a cold?
asthma_03
Have you woken up with a tightness in your chest at any time in the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
asthma_04
Did you wake up at any time in the last 12 months due to an episode of shortness of breath?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
asthma_05
allerg_04
asthma_06
asthma_07
At any time in the last 12 months, have you had an episode of shortness of breath that occurred after strenuous activity?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
lunge_05
Have you ever had asthma?
lunge_06
lunge_07

ALLERG
allerg_01
allerg_01a
allerg_01a1
allerg_01a2
allerg_01b
allerg_01b1
allerg_01b2

Please indicate the year or age when you had your first asthma attack.

Please indicate the year or age when you had your first asthma attack. (age)

## Allergien

Have you ever been diagnosed with allergies by a doctor?

$$
1 \text { - Yes }
$$

0 - No
998 - Do not know
999 - Refusal to answer

Which of the following allergies are you concerned with? (house dust allergy (mites))

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

In what year were you first diagnosed with this allergy or how old were you at that time?

In which year were you first diagnosed with this allergy or how old were you at that time? (age)

Which of the following allergies are you experiencing? (Pollen allergy)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

In which year were you first diagnosed with this allergy or how old were you at that time?

What year were you first diagnosed with this allergy or how old were you at the time? (age)
allerg_01c
allerg_01c1
allerg_01c2
allerg_01d
allerg_01d3
allerg_01d4
allerg_01d5
allerg_01d6
allerg_01d7
allerg_01d8
allerg_01d9

Which of the following allergies is it? (Insect allergy)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

In which year was this allergy first detected or how old were you at that time?

In which year were you first diagnosed with this allergy or how old were you at that time? (age)

Which of the following allergies are you concerned with? (Other animal allergy)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Which? (Cats)

$$
0 \text { - No }
$$

$$
1-\mathrm{Yes}
$$

Which? (dogs)
0 - No
1 - Yes

Which? (Rodents(e.g. guinea pigs))
$0-\mathrm{No}$
1 - Yes

Which? (birds)
0 - No
1 - Yes

Which? (horses)

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

Which? (Others)

$$
0-\mathrm{No}
$$

$$
1-\mathrm{Yes}
$$

Which one? (Don't know)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

allerg_01d10
Which one? (Refusal to answer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

In what year were you first diagnosed with this allergy or how old were you at that time?
allerg_01d2
allerg_01f
allerg_01f1
allerg_01f2
allerg_01g
allerg_01g1
allerg_01g2
allerg_01h
In what year were you first diagnosed with this allergy or how old were you at that time? (age)

Which of the following allergies are involved? (Contact allergy, e.g. to metals, detergents)

1 - Yes
0 - No

In which year were you first diagnosed with this allergy or how old were you at that time?

In what year were you first diagnosed with this allergy or how old were you at that time? (Age)

Which of the following allergies are you concerned with? (sun allergy)

1 - Yes
0 - No

In what year were you first diagnosed with this allergy or how old were you at that time?

In which year were you first diagnosed with this allergy or how old were you at that time? (age)

Which of the following allergies are you

998 - Do not know
999 - Refusal to answer

998 - Do not know
999 - Refusal to answer concerned with? (Other allergies)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
allerg_01i
Which?
allerg_01i1
allerg_01i2

## CHRO

chro_01
chro_02
chro_03
chro_03a
chro_03b
chro_03c

In which year were you first diagnosed with this allergy or how old were you at that time?

In which year was this allergy first diagnosed or how old were you at that time? (Age)

## Liste chronischer Erkrankungen

Did you have any of the following diseases within the last 12 months? (varicose veins, thrombosis, phlebitis)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (Inflammatory skin diseases (e.g. acne))

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you had any of the following conditions within the last 12 months? (kidney disease)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Do you receive dialysis on a regular basis?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did this condition occur for the first time within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

$$
1-\mathrm{Yes}
$$

chro_04
chro_04a
chro_04b
chro_05
chro_05a
chro_05b

Have you had any of the following conditions within the last 12 months? (Too low blood pressure (hypotension))

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did this condition occur for the first time within the last 12 months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you been treated for this condition within the last 12 months?

$$
1-\mathrm{Yes}
$$

0 - No
998 - Do not know
999 - Refusal to answer

Have you had any of the following conditions within the past 12 months? (Joint wear and tear, e.g., osteoarthritis of the hip, knee, shoulder, or foot joints).

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did this illness occur for the first time within the last 12 months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you been treated for this condition within the last 12 months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you had any of the following conditions within the last 12 months? (herniated disc)
chro_06a
chro_06b
chro_07
chro_07a
chro_07b
chro_08

Did this condition occur for the first time within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had any of the following conditions within the past 12 months? (Rheumatoid arthritis, chronic polyarthritis)

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 2 \text { - (Do not read aloud): Rheumatism, } \\
& \text { unspecified } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did this condition occur for the first time within the last 12 months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had any of the following conditions within the past 12 months? (Osteoporosis, i.e., decreased bone density).
1 - Yes
$0-$ No
998 - Do not know
999 - Refusal to answer

0 - No

999 - Refusal to answer
chro_08a
chro_08b
chro_21
chro_21a
chro_21b
chro_22

Did this condition first occur within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (gastric or duodenal ulcer)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Has this disease occurred for the first time within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Within the past 12 months, have you had any of the following? (gastritis).

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did this condition first occur within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
chro_22b
chro_09
chro_09a
chro_09b
chro_10
chro_10a
chro_10b

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had any of the following conditions within the past 12 months? (Cirrhosis (shrinking of the liver))

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did this condition first occur within the last 12 months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had any of the following conditions within the past 12 months? (Hepatitis (liver inflammation))

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did this condition first occur within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
chro_11
chro_11a
chro_11b
chro_12
chro_12a
chro_12b

Have you had any of the following conditions within the last 12 months? (Fatty liver)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did this condition occur for the first time within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you had any of the following conditions within the last 12 months? (Gall bladder inflammation or gallstones).

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Has this condition occurred for the first time within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (Elevated blood lipids (cholesterol, triglycerides))
1 - Yes
$0-$ No
998 - Do not know
999 - Refusal to answer

1 - Yes
-

999 - Refusal to answer
chro_13a
chro_13b
chro_14
chro_14a
chro_14b
chro_15

Did this condition first occur within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had any of the following conditions within the past 12 months? (Gout or elevated uric acid levels).

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did this condition occur for the first time within the past 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (Bladder infection or urethritis).

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
chro_15a
Did this condition occur for the first time within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
chro_15b
chro_16
chro_16a
chro_16b
chro_17
chro_17a

Have you been treated for this condition within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (Parkinson's disease (shaking palsy))

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did this condition occur for the first time within the last 12 months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you been treated for this condition within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (pulmonary asthma (bronchial asthma))

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did this condition occur for the first time within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
chro_17b
Have you been treated for this condition within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (Chronic bronchitis, i.e., cough with morning sputum most days, at least 3 months in the past 2 years).

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
chro_19a
chro_19b
chro_18
chro_18a
chro_18b
chro_18c
chro_23

Did this condition occur for the first time within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (Other diseases or disabilities)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Which?

Did this condition occur for the first time within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you been treated for this condition within the last 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had any of the following conditions within the last 12 months? (Other other diseases or disabilities)
chro_23a
chro_23b
chro_23c
chro_20a
chro_20b
chro_20c
chro_20d
chro_20e

Which?

Did this disease occur for the first time within the last 12 months?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you been treated for this condition within the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have any of the following conditions ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (diabetes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have any of the following conditions ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (High blood pressure)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have any of the following conditions ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (Heart attack)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have any of the following conditions ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (stroke)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have your 1st degree relatives (i.e. parents, siblings, biological children) ever had any of the following conditions? (asthma)

$$
1 \text { - Yes }
$$

$$
0 \text { - No }
$$

chro_20f
chro_20g
chro_20h
chro_20i
chro_20j
chro_20k
chro_201

Have any of the following diseases ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (cancer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have your 1st degree relatives (i.e. parents, siblings, biological children) ever had any of the following conditions? (allergies)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have any of the following diseases ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (gallstone disease)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have any of the following conditions ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (gout)
$1-\mathrm{Yes}$
$0-\mathrm{No}$

Have any of the following diseases ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (none of the mentioned diseases)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have any of the following diseases ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (Don't know)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have any of the following diseases ever occurred in your 1st degree relatives (i.e. parents, siblings, biological children)? (Refuse to answer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

## Krebserkrankungen

Have you ever been diagnosed with cancer in your lifetime?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

998 - Do not know
999 - Refusal to answer
krebs_02a
krebs_02a1
krebs_02a2
krebs_02a3
krebs_02a4
krebs_02a5
krebs_02b
krebs_02b1

What type of cancer are you dealing with? (Lung cancer)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No }
\end{aligned}
$$

When was it. Please indicate the year or their age when the cancer was first diagnosed!

When was it? Please state the year or your age when the cancer was first diagnosed! (Age)

Was this cancer detected based on test results from the last SHIP exam?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

From which SHIP examination section did the examination result come that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination
8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer
Which other?

What type of cancer is this? (Breast cancer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\text { No }
\end{aligned}
$$

When was it? Please indicate the year or their age when the cancer was first diagnosed!
krebs_02b2
krebs_02b3
krebs_02b4
krebs_02b6
krebs_02b5
krebs_02c
krebs_02c1
krebs_02c2
krebs_02c3

When was that? Please indicate the year or their age when the cancer was first diagnosed! (Age)

Was this cancer discovered based on test results from the most recent SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination
8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer

Was this cancer discovered as part of the mammography screening program?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Which other?

What type of cancer are you dealing with?
(Intestinal or bowel cancer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

When was this? Please indicate the year or their age when the cancer was first diagnosed!

When was this? Please indicate the year or their age when the cancer was first diagnosed! (Age)

Was this cancer discovered based on test results from the last SHIP examination?
krebs_02c4
krebs_02c5
krebs_02d
krebs_02d1
krebs_02d2
krebs_02d3
krebs_02d4
-


From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination
8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer

Which other?

What type of cancer is it? (prostate cancer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

When was it? Please indicate the year or their age when the cancer was first diagnosed!

When was that? Please indicate the year or their age when the cancer was first diagnosed! (Age)

Was this cancer discovered based on test results from the most recent SHIP examination?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination

> 7 - Dental examination
> 8 - Dermatology clinic
> 9 - Internal medicine
> 10 - Other
> 998 - Don't know
> 999 - Refusal to answer
krebs_02d5
krebs_02e
krebs_02e1
krebs_02e2
krebs_02e3
krebs_02e4
krebs_02e5
krebs_02f

Which other?

What kind of cancer is it? (stomach cancer)

$$
1-\mathrm{Yes}
$$

$$
0 \text { - No }
$$

When was it? Please indicate the year or their age when the cancer was first diagnosed!

When was that? Please indicate the year or their age when the cancer was first diagnosed! (Age)

Was this cancer discovered based on test results from the most recent SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination
8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer

Which other?

What type of cancer are you dealing with? (Ovarian cancer)

1 - Yes
krebs_02f1
krebs_02f2
krebs_02f3
krebs_02f4

When was it. Please indicate the year or her age when the cancer was first diagnosed!

When was it? Please indicate the year or her age when the cancer was first diagnosed! (Age)

Was this cancer discovered based on test results from the most recent SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination
8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer
krebs_02f5
krebs_02g
krebs_02g1
krebs_02g2
krebs_02g3

Which other?

What type of cancer is it? (Pancreatic cancer)
$1-\mathrm{Yes}$
$0-\mathrm{No}$

When was it? Please indicate the year or their age when the cancer was first diagnosed!

When was it. Please indicate the year or their age when the cancer was first diagnosed! (Age)

Was this cancer discovered based on test results from the most recent SHIP examination?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

krebs_02g4
krebs_02g5
krebs_02h
krebs_02h1
krebs_02h2
krebs_02h3
krebs_02h4

From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI<br>2 - Thyroid ultrasound<br>3 - Ultrasound of the cardiac artery<br>4 - Cardiac ultrasound<br>5 - Liver ultrasound<br>6 - Blood and urine examination<br>7 - Dental examination<br>8 - Dermatology clinic<br>9 - Internal medicine<br>10 - Other<br>998 - Don't know<br>999 - Refusal to answer

Which other?

What type of cancer are you suffering from? (Cancer of the oral cavity and pharynx)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

When was this? Please indicate the year or their age when the cancer was first diagnosed!

When was this? Please indicate the year or their age when the cancer was first diagnosed! (age)

Was this cancer discovered based on test results from the last SHIP exam?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination

8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer
krebs_02h5
Which other?
krebs_02i
krebs_02i1
krebs_02i2
krebs_02i3
krebs_02i4
krebs_02i5
krebs_02j

What type of cancer are you concerned with?
(Thyroid cancer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

When was it? Please indicate the year or their age when the cancer was first diagnosed!

When was that? Please indicate the year or their age when the cancer was first diagnosed! (Age)

Was this cancer discovered based on test results from the most recent SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination
8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer
Which other?

What type of cancer is it? (Leukemia)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

krebs_02j2
krebs_02j3
krebs_02j4
krebs_02l2
krebs_02j5
krebs_02k
krebs_02l
krebs_0211

When was it? Please indicate the year or their age when the cancer was first diagnosed!

When was that? Please indicate the year or their age when the cancer was first diagnosed! (Age)

Was this cancer discovered based on test results from the most recent SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination
8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer

Which other?

What type of cancer are you suffering from?
(Other cancers)
$1-\mathrm{Yes}$
$0-\mathrm{No}$

What other cancer do you have?

When was this? Please indicate the year or their age when the cancer was first diagnosed!

When was it. Please enter the year or their age when the cancer was first diagnosed! (Age)
krebs_02l3
krebs_0214
krebs_02l5
krebs_02m
krebs_02n
krebs_03
krebs_03a

Was this cancer discovered based on test results from the most recent SHIP examination?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

From which SHIP exam was the exam result that led to this cancer diagnosis?

1 - MRI
2 - Thyroid ultrasound
3 - Ultrasound of the cardiac artery
4 - Cardiac ultrasound
5 - Liver ultrasound
6 - Blood and urine examination
7 - Dental examination
8 - Dermatology clinic
9 - Internal medicine
10 - Other
998 - Don't know
999 - Refusal to answer

Which other?

What type of cancer are you suffering from?
(Don't know)
$1-\mathrm{Yes}$
$0-\mathrm{No}$

What type of cancer is it? (Refusal to answer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have you ever participated in a mammography screening? This refers to a serial X-ray screening for early detection of breast cancer for women aged 50 to 69 years, which is done by invitation.

1 - Yes, before the last SHIP examination
2 - Yes, after the last SHIP examination
0 - No
998 - Do not know
999 - Refusal to answer

Was any abnormality discovered during the examination for which you were called back for further clarification?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

## SCHILD

schild_01
schild_02a
schild_02a1
schild_02a2
schild_02b
schild_02b1
schild_02b2
schild_02c
schild_02c1
schild_02c2

## Schilddrüsenerkrankungen

Have you ever been diagnosed with thyroid disease?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Which? (Hyperfunction)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

In which year was the hyperfunction diagnosed for the first time or how old were you at that time?

In which year were you first diagnosed with hyperactivity or how old were you at that time? (age)

Which? (hypofunction)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

In which year were you first diagnosed with hypofunction or how old were you at that time?

In which year were you first diagnosed with hypofunction or how old were you at that time? (age)

Which? (goiter, enlargement of the thyroid gland)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No }
\end{aligned}
$$

In which year was goiter first diagnosed or how old were you at that time?

In which year was the goiter diagnosed for the first time or how old were you at that time? (age)
schild_02d
schild_02d1
schild_02d2
schild_02e
schild_02e1
schild_02f
schild_02g
schild_03
schild_03a
schild_03b

## DISCLOSED

dis_01a

Which? (Nodes)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What year was lump first diagnosed or how old were you at that time?

What year was lump first diagnosed or how old were you at that time?

Which? (Other thyroid diseases)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Which other?

Don't know

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Refusal to answer

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Have you ever had radioiodine therapy?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

In what year were you first given radioiodine therapy or how old were you?

In what year was radioiodine therapy first performed on you or how old were you? (age)

## Ergebnisrückmeldungen

At your last SHIP examination, were you advised to seek medical clarification of any of the following examination findings? (arterial dilation (aneurysm))

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

| dis_01b | At your last SHIP exam, were you advised to seek medical clarification for any of the following exam findings? (Anemia) |
| :---: | :---: |
|  | 1 - Yes |
|  | 0 - No |
| dis_01c | Were you advised to have any of the following test results medically clarified in the last SHIP examination? (High blood pressure) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01d | Did the last SHIP examination recommend that you have any of the following results clarified by a doctor? (Circulatory disorder of the legs) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01e | Were you advised to have any of the following test results clarified by a doctor during the last SHIP examination? (fatty liver) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01f | Did the last SHIP examination recommend that you have any of the following results clarified by a doctor? (gallstones) |
|  | $1 \text { - Yes }$ |
|  | $0-\mathrm{No}$ |
| dis_01g | Did the last SHIP examination recommend that you have any of the following results clarified by a physician? (vasoconstriction (stenosis)) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01h | Were you recommended to have any of the following results clarified by a physician during the last SHIP examination? (Functional limitations of the heart) |
|  | $1 \text { - Yes }$ |
|  | $0 \text { - No }$ |
| dis_01i | Did the last SHIP examination recommend that you have any of the following results clarified by a doctor? (caries, periodontitis) |
|  | 1 - Yes |
|  | 0 - No |


| dis_01j | At your last SHIP examination, were you advised to seek medical clarification for any of the following test results? (bone loss (osteoporosis)) |
| :---: | :---: |
|  | 1 - Yes |
|  | 0 - No |
| dis_01k | Did the last SHIP examination recommend that you have any of the following results clarified by a doctor? (suspected cancer, tumor) |
|  | 1 - Yes |
|  | 0 - No |
| dis_011 | At your last SHIP examination, were you advised to seek medical clarification of any of the following examination findings? (Lung disease (e.g. chronic bronchitis, COPD)) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01m | At your last SHIP exam, were you advised to have any of the following test results medically clarified? (Thyroid Disease) |
|  | $1 \text { - Yes }$ |
|  | $0 \text { - No }$ |
| dis_01n | In your last SHIP examination, were you advised to seek medical clarification for any of the following examination findings? (Sleep disorder (apnea)) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01o | Were you advised to have any of the following test results clarified by a doctor during the last SHIP examination? (Prostate enlargement) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01p | Were you recommended to have any of the following test results clarified by a doctor during the last SHIP examination? (Diabetes mellitus) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01q | Were you advised to have any of the following test results clarified by a doctor during the last SHIP examination? (cyst) |
|  | 1 - Yes |
|  | 0 - No |


| dis_01r | Did the last SHIP examination recommend that you have any of the following results clarified by a physician? (abnormal laboratory values (e.g. blood, stool)) |
| :---: | :---: |
|  | 1 - Yes |
|  | 0 - No |
| dis_01s | Were you advised to have any of the following test results medically clarified in the last SHIP examination? (Other) |
|  | 1 - Yes |
|  | 0 - No |
| dis_01t | Which? |
| dis_01u | No |
|  | 1 - Yes |
|  | 0 - No |
| dis_01v | Don't know |
|  | 1 - Yes |
|  | 0 - No |
| dis_01w | Refused to answer |
|  | 1 - Yes |
|  | 0 - No |
| dis_02a | Were you aware of the examination result arterial dilation (aneurysm) before the SHIP examination? |
|  | 1 - Yes |
|  | $0 \text { - No }$ |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| dis_03a | Have you seen a doctor because of the SHIP test result? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| dis_05a | Have you received any medical treatment as a result of the SHIP test result? |
|  | 1 - yes, outpatient |
|  | 2 - yes, inpatient |
|  | 3 - no, observation took place |
|  | $0-$ no, no treatment 998 - Do not know |
|  | 999 - Refusal to answer |


| dis_06a | How many overnight stays? |
| :--- | :--- |
| dis_07a | How would you rate the observation of the SHIP <br> examination result? |
|  | $1-$ very harmful <br> $2-$ harmful |
|  | 3 - somewhat harmful |
|  | 4 - neither |
|  | 5 - somewhat useful |
|  | $6-$ useful |
|  | $7-$ very useful |
|  | $998-$ Don't know |
|  | $999-$ Refusal to answer |

dis_08a
dis_02b
dis_03b
dis_05b

How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer

Were you already aware of the examination result anemia before the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you seen a doctor because of the SHIP examination result?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you received any medical treatment as a result of the SHIP examination result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
999 - Refusal to answer

| dis_06b | How many overnight stays? |
| :--- | :--- |
| dis_07b | How would you rate the observation of the SHIP <br> examination result? |
|  | $1-$ very harmful <br> $2-$ harmful |
|  | 3 - somewhat harmful |
|  | 4 - neither |
| $5-$ somewhat useful |  |
|  | $6-$ useful |
|  | 7 - very useful |
|  | 998 - Don't know |
|  | $999-$ Refusal to answer |

dis_08b
dis_02c
dis_03c
dis_05c

How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer

Were you aware of the examination result of hypertension prior to the SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did you see a doctor because of the SHIP exam result?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you received any medical treatment as a result of the SHIP test result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
999 - Refusal to answer

| dis_06c | How many overnight stays? |
| :--- | :--- |
| dis_07c | How would you rate the observation of the SHIP <br> examination result? |
|  | $1-$ very harmful <br> $2-$ harmful |
|  | 3 - somewhat harmful |
|  | $4-$ neither |
| $5-$ somewhat useful |  |
|  | $6-$ useful |
|  | 7 - very useful |
|  | 998 - Don't know |
|  | $999-$ Refusal to answer |

dis_08c
dis_02d
dis_03d
dis_05d

How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer

Were you aware of the examination result circulatory disorder of the legs before the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you see a doctor because of the SHIP examination result?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did you receive any medical treatment as a result of the SHIP test result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
dis_06d
dis_07d
dis_08d
dis_02e
dis_03e
dis_05e

How many overnight stays?

How would you rate the observation of the SHIP examination result?

> 1 - very harmful
> 2 - harmful
> 3 - somewhat harmful
> 4 - neither
> 5 - somewhat useful
> 6 - useful
> 7 - very useful
> 998 - Don't know
> 999 - Refusal to answer

How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
Were you aware of the fatty liver test result before the SHIP examination?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you seen a doctor because of the SHIP exam result?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Have you received any medical treatment as a result of the SHIP test result?

> 1 - yes, outpatient
> 2 - yes, inpatient
> 3 - no, observation took place
> 0 - no, no treatment
> 998 - Do not know
dis_06e How many overnight stays?
dis_07e
What do you think about the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer
dis_08e
dis_02f
dis_03f
dis_05f
How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
Were you aware of the gallstones test result prior to the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you see a doctor because of the SHIP test result?

$$
1 \text { - Yes }
$$

0 - No
998 - Do not know
999 - Refusal to answer
Have you received any medical treatment as a result of the SHIP examination result?

> 1 - yes, outpatient
> 2 - yes, inpatient
> 3 - no, observation took place
> $0-$ no, no treatment
> 998 - Do not know
dis_06f How many overnight stays?
dis_07f
dis_08f
How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
dis_02g
dis_03g
dis_05g
How would you rate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer
?

Were you aware of the examination result of vasoconstriction (stenosis) prior to the SHIP examination?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did you see a doctor because of the SHIP examination result?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you received any medical treatment as a result of the SHIP test result?

> 1 - yes, outpatient
> 2 - yes, inpatient
> 3 - no, observation took place
> 0 - no, no treatment

| dis_06g | How many overnight stays? |
| :---: | :---: |
| dis_07g | How would you rate the observation of the SHIP examination result? |
|  | 1 - very harmful |
|  | 2 - harmful |
|  | 3 - somewhat harmful |
|  | 4 - neither |
|  | 5 - somewhat useful |
|  | 6 - useful |
|  | 7 - very useful |
|  | 998 - Don't know |
|  | 999 - Refusal to answer |

dis_08g
dis_02h
dis_03h
dis_05h

How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
Were you already aware of the results of the examination regarding functional limitations of the heart (valve closure, pumping capacity, cardiac insufficiency, cardiac arrhythmia) prior to the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you see a doctor because of the SHIP test result?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you receive any medical treatment as a result of the SHIP test result?

> 1 - yes, outpatient
> 2 - yes, inpatient
dis_06h
dis_07h
dis_08h
dis_02i
dis_03i
dis_05i

How many overnight stays?

How would you rate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer
How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
Were you aware of the examination result of caries, periodontitis before the SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Have you seen a doctor because of the SHIP test result?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Have you received medical treatment for the SHIP examination result?

1 - yes, outpatient
dis_06i
dis_07i
dis_08i
dis_02j
dis_03j
dis_05j

How many overnight stays?

What is your opinion of the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer

How would you rate the outcome of this treatment?

1 - very harmful
2 -harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
Were you aware of the examination result bone loss (osteoporosis) before the SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
dis_06j
dis_07j
dis_08j
dis_02k
dis_03k
dis_04k
都

How many overnight stays?

How would you rate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer

What do you think about the result of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer

Were you aware of the examination result of suspected cancer / tumor before the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you see a doctor because of the SHIP examination result?
1 - Yes
$0-$ No
998 - Do not know
999 - Refusal to answer

What was the result of the subsequent diagnostic examination?

1 - Yes, benign tumor
2 - Yes, malignant tumor
3 - unclear
0 - no tumor
998 - Don't know
999 - Refusal to answer
dis_05k
dis_021
dis_06k
dis_07k
dis_08k

Did you receive medical treatment as a result of the SHIP examination result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
999 - Refusal to answer

How many overnight stays?

How do you evaluate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer
How do you evaluate the result of this treatment?
1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer

Were you aware of the examination result of lung disease (e.g. chronic bronchitis, COPD) before the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
dis_031
dis_05l
dis_061
dis_071
dis_081
dis_02m

Did you see a doctor because of the SHIP examination result?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did you receive any medical treatment as a result of the SHIP examination result?

> 1 - yes, outpatient
> 2 - yes, inpatient
> 3 - no, observation took place
> 0 - no, no treatment
> 998 - Do not know
> 999 - Refusal to answer

How many overnight stays?

How do you evaluate the observation of the SHIP examination result?

> 1 - very harmful
> 2 - harmful
> 3 - somewhat harmful
> 4 - neither
> 5 - somewhat useful
> 6 - useful
> 7 - very useful
> 998 - Don't know
> 999 - Refusal to answer

How do you evaluate the result of this treatment?
1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer

Were you aware of the examination result of thyroid disease
(hypothyroidism/hyperthyroidism, nodules, goiter, Hashimoto's disease) before the SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

| dis_03m | Did you see a doctor because of the SHIP examination result? |
| :---: | :---: |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| dis_05m | Did you receive any medical treatment as a result of the SHIP examination result? |
|  | 1 - yes, outpatient |
|  | 2 - yes, inpatient |
|  | 3 - no, observation took place |
|  | $0-$ no, no treatment |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| dis_06m | How many overnight stays? |
| dis_07m | How do you evaluate the observation of the SHIP examination result? |
|  | 1 - very harmful |
|  | 2 - harmful |
|  | 3 - somewhat harmful |
|  | 4 - neither |
|  | 5 - somewhat useful |
|  | 6 - useful |
|  | 7 - very useful |
|  | 998 - Don't know |
|  | 999 - Refusal to answer |
| dis_08m | How do you evaluate the result of this treatment? |
|  | 1 - very harmful |
|  | 2 - harmful |
|  | 3 - somewhat harmful |
|  | 4 - neither |
|  | 5 - somewhat successful |
|  | 6 - successful |
|  | 7 - very successful |
|  | 998 - Don't know |
|  | 999 - Refusal to answer |
| dis_02n |  |
|  | examination result before the SHIP examination? |
|  | 1 - Yes |
|  | $0-\mathrm{No}$ |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |

dis_03n
dis_05n
dis_06n
dis_07n
dis_08n
dis_02o
dis_03o

Did you see a doctor because of the SHIP examination result?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did you receive any medical treatment as a result of the SHIP examination result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
999 - Refusal to answer

How many overnight stays?

How do you evaluate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer

How do you evaluate the result of this treatment?
1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer

Were you aware of the prostate enlargement examination result before the SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did you see a doctor because of the SHIP examination result?
dis_05o
dis_06o
dis_07o
dis_08o
dis_02p
dis_03p

Did you receive any medical treatment as a result of the SHIP examination result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
999 - Refusal to answer

How many overnight stays?

How do you evaluate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer

How do you evaluate the result of this treatment?
1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
Were you already aware of the examination result of diabetes mellitus before the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you see a doctor because of the SHIP
examination result?
dis_05p
dis_06p
dis_07p
dis_08p
dis_02q
dis_03q

Did you receive any medical treatment as a result of the SHIP examination result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
999 - Refusal to answer

How many overnight stays?

How do you evaluate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer

How do you evaluate the result of this treatment?
1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
Were you aware of the cyst examination result before the SHIP examination?

$$
1-\mathrm{Yes}
$$

0 - No
998 - Do not know
999 - Refusal to answer

Did you see a doctor because of the SHIP examination result?

1 - Yes

How many overnight stays?
dis_07q
dis_08q
dis_02r
Were you already aware of the examination result of abnormal laboratory values (e.g. blood, stool) before the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
dis_03r
Did you see a doctor because of the SHIP examination result?

1 - Yes

Did you receive any medical treatment as a result of the SHIP examination result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
999 - Refusal to answer
dis_06r
dis_07r
dis_08r
dis_02s
dis_03s

How many overnight stays?

How do you evaluate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer
How do you evaluate the result of this treatment?
1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer
Were you aware of the examination result Other examination result before the SHIP examination?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you see a doctor because of the SHIP examination result?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

dis_05s
dis_06s
dis_07s
dis_08s
-

Did you receive any medical treatment as a result of the SHIP examination result?

1 - yes, outpatient
2 - yes, inpatient
3 - no, observation took place
0 - no, no treatment
998 - Do not know
999 - Refusal to answer

How many overnight stays?

How do you evaluate the observation of the SHIP examination result?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat useful
6 - useful
7 - very useful
998 - Don't know
999 - Refusal to answer

How would you rate the outcome of this treatment?

1 - very harmful
2 - harmful
3 - somewhat harmful
4 - neither
5 - somewhat successful
6 - successful
7 - very successful
998 - Don't know
999 - Refusal to answer

## SCHMERZ

schmerz_01a
schmerz_01

## Schmerzfragen

Do you have chronic pain, i.e., pain that has occurred repeatedly on most days for more than 3 months?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you had any pain in the last 7 days?

|  | $\begin{aligned} & 1 \text { - Yes } \\ & 0 \text { - No } \\ & 998 \text { - Do not know } \\ & 999 \text { - Refusal to answer } \end{aligned}$ |
| :---: | :---: |
| schmerz_02a | How would you rate your average pain in the following body parts in the last 7 days? (headache or migraine) |
| schmerz_02b | How would you rate your average pain in the following parts of your body over the past 7 days? (Pain in your face, chewing muscles, jaw joint, or ear area). |
| schmerz_02c | How would you rate your average pain in the following body parts over the past 7 days? (neck pain) |
| schmerz_02d1 | How would you rate your average pain in the following body parts over the past 7 days? (Right shoulder pain) |
| schmerz_02d2 | How would you rate your average pain in the following body parts over the past 7 days? (in the left shoulder) |
| schmerz_02f | How would you rate your average pain in the following body parts over the past 7 days? (Back pain) |
| schmerz_02g1 | How would you rate your average pain in the following parts of your body over the past 7 days? (pain in the right arm) |
| schmerz_02g2 | How would you rate your average pain in the following body parts over the past 7 days? (in left arm) |
| schmerz_02gg1 | How would you rate your average pain in the following body parts over the past 7 days? (Right elbow pain) |

schmerz_02gg2
schmerz_02i1
schmerz_02i2
schmerz_02k
schmerz_02l
schmerz_02m
schmerz_02r1
schmerz_02r2
schmerz_02n1
schmerz_02n2

How would you rate your average pain in the following body parts over the past 7 days? (in the left elbow)

How would you rate your average pain in the following body parts in the last 7 days? (pain in the right hand)

How would you rate your average pain in the following body parts over the past 7 days? (in the left hand)

How would you rate your average pain in the following body parts over the past 7 days? (chest pain)

How would you rate your average pain in the following body parts in the last 7 days? (abdominal or stomach pain)

How would you rate your average pain in the following body parts over the past 7 days? (Pain in the abdomen)

How would you rate your average pain in the following body parts over the past 7 days? (Hip pain on the right side)

How would you rate your average pain in the following body parts over the past 7 days? (Hip pain on the left side)

How would you rate your average pain in the following parts of your body over the past 7 days? (Right leg pain)

How would you rate your average pain in the following body parts over the past 7 days? (in left leg)

How would you rate your average pain in the following body parts over the past 7 days? (Right knee pain)
schmerz_02nn1
schmerz_02nn2
schmerz_02p1
schmerz_02p2
schmerz_03
schmerz_03a
schmerz_04
schmerz_05
五

How would you rate your average pain in the following body parts in the last 7 days? (in left knee)

How would you rate your average pain in the following body parts over the past 7 days? (pain in the right foot)

How would you rate your average pain in the following body parts over the past 7 days? (in left foot)

Have you had back pain in the last three months?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How long have you had the back pain?
1 - less than 3 months
2-3 to 6 months
3-6 months to 1 year
4-1 to 5 years
5 - longer than 5 years
998 - Do not know
999 - Refused to answer

What was the average severity of your back pain in the last 3 months, if $0=$ no pain and $10=$ worst pain imaginable?

During the past 3 months, on how many days were you unable to perform your usual activities (e.g., work, school, household) due to back pain?
schmerz_06
To what extent has back pain interfered with your activities of daily living (dressing, washing, etc.) in the last 3 months, if $0=$ no interference and $10=$ no more activities possible?
schmerz_07
schmerz_13
schmerz_14
-

Is there any radiation of your back pain to the buttocks, groin, hip, or leg?

0 - No
2 - Yes, radiating to buttock, groin or hip
3 - Yes, radiating into the thigh (up to the knee)
4 - Yes, radiating into the lower leg
998 - Do not know
999 - Refusal to answer

Have you had any headaches in the past 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How often have you had headaches?
1 - Very rarely (less than 1 time/month)
2 - Rarely (1-3 times/month)
3 - Sometimes (less than 1 time/week)
4 - Frequently (1-5 times/week)
5 - Always (more than 5 times/week)
998 - Don't know
999 - Refusal to answer

## FRAU

frau_01
frau_02
frau_03
How many live births have you had since your last SHIP screening?
frau_04
How many premature births, i.e. births before the 38th week of pregnancy, were among them since the last SHIP examination?

When was each child born and if so, how many months did you breastfeed each child (since the last SHIP exam)? (Birth 1st child)

If date of birth is not complete, enter available information here.
frau_04c
frau_04c2
frau_04c1
frau_04d
frau_04d2
When was each child born and if so, how many months did you breastfeed each child (since last SHIP exam)? (4th child breastfed)
frau_04e
frau_04e2
frau_04e1
frau_04f
frau_04f2
frau_04f1
frau_05
frau_05a
frau_05a2

When was each child born and if so, how many months did you breastfeed each child (since last SHIP exam)? (Birth 5th child)

When was each child born and if so, how many months did you breastfeed each child (since last SHIP exam)? (5th child breastfed)

If date of birth is not complete, enter available information here.

When was each child born and if, how many months did you breastfeed each child (since last SHIP exam)? (Birth 6th child)

When was each child born and if so, how many months did you breastfeed each child (since last SHIP survey)? (6th child breastfed)

If date of birth is not complete, enter available information here.

How many miscarriages or stillbirths, including abortions, have you had since your last SHIP exam?

How many stillbirths of a child weighing more than 500 grams have you had since the last SHIP examination, since? (number)

How many stillbirths of a child weighing more than 500 grams have you had since the last SHIP examination, since? (Number, don't know if over 500 grams).
frau_05b
frau_05b2
frau_05c
frau_05c1
frau_05d
frau_05d1
frau_05e
frau_05e1
frau_05f
frau_05f1
frau_05g
frau_05g1

How many miscarriages of a child weighing less than 500 grams have you had since the last SHIP exam, since? (number)

How many miscarriages of a child weighing less than 500 grams have you had since the last SHIP examination, since? (Number, don't know if under 500 grams).

When was each child born since last SHIP examination? (1st stillbirth)

If date of birth is not complete, enter available information here.

When was each child born since last SHIP examination? (2nd stillbirth)

If date of birth is not complete, fill in available information here.

When was each child born since last SHIP examination? (3rd stillbirth)

If date of birth is not complete, enter available information here.

When was each child born since last SHIP examination? (4th stillbirth)

If date of birth is not complete, enter available information here.

When was each child born since last SHIP examination? (5th stillbirth) information here.
frau_05h
frau_05h1
frau_05i
frau_05i1
frau_05j
frau_05j1
frau_05k
frau_05k1
frau_051
frau_05l1
frau_20
frau_20a

When was each child born since last SHIP examination? (1st miscarriage)

If date of birth is not complete, enter available information here.

When was each child born since last SHIP examination? (2nd miscarriage)

If date of birth is not complete, enter available information here.

When was each child born since last SHIP examination? (3rd miscarriage)

If date of birth is not complete, enter available information here.

When was each child born since last SHIP examination? (4th miscarriage)

If date of birth is not complete, enter available information here.

When was each child born since last SHIP examination? (5th miscarriage)

If date of birth is not complete, enter available information here.

Have you had any breast surgery?

$$
\begin{aligned}
& 1 \text { - yes, right } \\
& 2 \text { - yes, left } \\
& 3 \text { - yes, both sides } \\
& 4 \text { - yes, side not remembered } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

What year was that or how old were you at the time?
frau_20b
frau_21
frau_07
frau_07a
frau_07b
frau_08
frau_08a
frau_08b
frau_09

What year was this or how old were they at the time? (age)

What kind of surgery was it?
1 - Diagnostic tissue removal
2 - Breast conservation therapy for breast cancer
3 - mastectomy for breast cancer
4 - Other surgery (e.g. reduction,implants,reconstruction)
998 - Do not know
999 - Refusal to answer

Have you had your uterus removed?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

What year was this or how old were you at the time?

What year was this or how old were they at the time? (age)

Have you had one or both ovaries removed?

> 1 - yes, both
> 2 - yes, one
> 3 - yes, but do not know the number
> 4 - yes, parts of one or both ovaries
> 0 - No
> 998 - Do not know
> 999 - Refused to answer

What year was this or how old were you at the time?

What year was this or how old were they at the time? [age]

Have you been sterilized (Had your fallopian tubes made impermeable during a laparoscopy)?

1 - Yes
$0-\mathrm{No}$

| frau_09a | In which year was this or how old were you at that time? |
| :---: | :---: |
| frau_09b | In which year was this or how old were you at that time? (age) |
| frau_06 | Are you currently pregnant? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| frau_11 | Have you ever taken birth control pills? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| frau_12a | Are you currently taking the birth control pill? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
|  | 999 - Refusal to answer |
| frau_12b | How long have you been taking birth control pills? |
| frau_12c | How long have you been taking birth control pills? (Age) |
| frau_12 | How many years total have you taken the birth control pill? (years) |
| frau_12f | How many years in total have you taken birth control pills? |
| frau_12d | When did you stop taking the pill? |
| frau_12e | When did you stop taking the pill? (age) |

Do you have menstrual periods?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Why did your bleeding stop?
1 - menstruation simply stopped / natural menopause
2 - while taking or after stopping hormone replacement drugs (endometriosis drugs, corpus luteum hormones/progestogens, antiestrogens in breast cancer treatment)
3 - after a hysterectomy
4 - due to radiation/chemotherapy
5 - Continuous use of the pill
6 - IUD
7 - Implant for contraception
8 - Hormone patch
9 - Other reason
998 - Do not know
999 - Refused to answer
frau 16b
What other reason?
frau_17 In which year did your menstrual bleeding stop or how old were you at that time?
frau_17a1
frau_17a
frau_17a2
What year did your bleeding stop or how old were you at that time? (age)
frau_18
On what day did your bleeding last start?
frau_13
Have you ever taken hormone replacement therapy?
$1-\mathrm{Yes}$
$0-\mathrm{No}$
\(\left.$$
\begin{array}{ll}\text { frau_13b } & \begin{array}{l}\text { In what year did you start your first hormone } \\
\text { replacement therapy or how old were you at that } \\
\text { time? }\end{array} \\
\text { frau_13a } & \begin{array}{l}\text { In what year did you start your first hormone } \\
\text { replacement therapy or how old were you at that } \\
\text { time? (age) }\end{array} \\
\text { frau_14 } & \begin{array}{l}\text { Are you currently taking hormone replacement } \\
\text { therapy? }\end{array} \\
\text { frau_14b } & \begin{array}{l}\text { In what year did you finish your last hormone } \\
\text { replacement therapy or how old were you at that } \\
\text { time? }\end{array} \\
\text { frau_14a } & \begin{array}{l}\text { In which year did you stop your last hormone }\end{array}
$$ <br>
replacement therapy or how old were you at that <br>

time? (age)\end{array}\right\}\)| 998- Do not know |
| :--- |

int_frax_loc2
int_frax_loc2a
int_frax_loc2b
int_frax_loc2c
int_frax_loc3
int_frax_loc3a

In which part of the body did the fracture occur? Please indicate the year or your age when the fracture occurred. Did you have this fracture after an accident? (location)

1 - hip or femoral neck fracture
2 - Vertebral fracture
3 - Upper arm fracture close to shoulder
4 - Wrist fracture
5 - Ankle fracture
6 - Other
998 - Don't know
999 - Refused to answer

In which part of your body did the bone fracture occur? Please indicate the year or your age when the bone fracture occurred. Did you have this bone fracture after an accident?

In which body region did the bone fracture occur? Please indicate the year or their age when the bone fracture occurred. Did you have this bone fracture after an accident? (Age)

In which part of your body did the bone fracture occur? Please indicate the year or your age when the fracture occurred. Did you have this bone fracture after an accident? (accident)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

In which body region did the fracture occur? Please indicate the year or their age when the fracture occurred. Did you have this fracture after an accident? (Location)

1 - Hip or femoral neck fracture
2 - Vertebral fracture
3 - Upper arm fracture near shoulder
4 - Wrist fracture
5 - Ankle fracture
6 - Other
998 - Don't know
999 - Refused to answer

In which body region did the bone fracture occur? Please indicate the year or their age when the bone fracture occurred. Did you have this bone fracture after an accident?
int_frax_loc3c
int frax loc4
int_frax_loc4a
int_frax_loc4b
int_frax_loc4c
int_frax_loc5

In what region of the body did the fracture occur? Please indicate the year or their age when the fracture occurred. Did you have this fracture after an accident? (Age)

In which body region did the bone fracture occur? Please indicate the year or their age when the bone fracture occurred. Did you have this bone fracture after an accident? (accident)
$1-\mathrm{Yes}$
$0-\mathrm{No}$

In which part of your body did the fracture occur? Please indicate the year or your age when the fracture occurred. Did you have this fracture after an accident? (Location)

1 - Hip or femoral neck fracture
2 - Vertebral fracture
3 - Upper arm fracture near shoulder
4 - Wrist fracture
5 - Ankle fracture
6 - Other
998 - Don't know
999 - Refused to answer

In which body region did the bone fracture occur? Please indicate the year or your age when the fracture occurred. Did you have this fracture after an accident?

In which body region did the fracture occur? Please indicate the year or their age when the bone fracture occurred. Did you have this fracture after an accident? (Age)

In what region of the body did the fracture occur? Please indicate the year or their age when the fracture occurred. Did you have this fracture after an accident? (Accident)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

In which part of the body did the fracture occur? Please indicate the year or their age when the fracture occurred. Did you have this fracture after an accident? (location)

1 - Hip or femoral neck fracture
int_frax_loc5a
int_frax_loc5b
int_frax_loc5c
int_frax_loc6
int_frax_loc6a
int_frax_loc6b

In which part of the body did the bone fracture occur? Please indicate the year or your age when the bone fracture occurred. Did you have this fracture after an accident?

In which region of the body did the fracture occur? Please indicate the year or their age when the bone fracture occurred. Did you have this fracture after an accident? (Age)

In which part of the body did the fracture occur? Please indicate the year or their age when the bone fracture occurred. Did you have this bone fracture after an accident? (accident)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

In which part of your body did the fracture occur? Please indicate the year or your age when the fracture occurred. Did you have this fracture after an accident? (location)

> 1 - Hip or femoral neck fracture
> 2 - Vertebral fracture
> 3 - Upper arm fracture near shoulder
> 4 - Wrist fracture
> 5 - Ankle fracture
> 6 - Other
> 998 - Don't know
> 999 - Refusal to answer

In what region of the body did the fracture occur? Please indicate the year or their age when the fracture occurred. Did you have this fracture after an accident?

In which part of your body did the fracture occur? Please indicate the year or your age when the fracture occurred. Did you have this fracture after an accident? (age)
int_baq_010
int_baq_020a
int_baq_020b int_baq_030a
int_baq_030b
int_baq_040

In what region of the body did the fracture occur? Please indicate the year or their age when the fracture occurred. Did you have this fracture after an accident? (accident)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

In the last 12 months, have you had problems with dizziness, balance problems, or have you fallen?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Which of these problems have you had? (dizziness)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How long does the dizziness last?
1 - Less than 2 weeks
2-2 to 3 weeks
3 - More than 3 weeks
998 - Don't know
999 - Refusal to answer

Which of these problems have you had? (balance problems)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How long have you had problems with balance?
1 - Less than 2 weeks
2 - 2 to 3 weeks
3 - More than 3 weeks
998 - Don't know
999 - Refusal to answer

Which of these problems have you had? (Falls)
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Medikamentenanamnese

Have you taken any medications such as pills, drops, suppositories, etc., or had any injections within the last 7 days? (Women: also pill, contraceptives (e.g. patches) and hormone therapy).

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

medik_01b
medik_08
medik_08a
medik_08b
medik_08c
medik_08d
medik_08e
medik_08f
-

Was the subject given a medication follow-up sheet for medications taken in the last 7 days?

1 - Yes
0 - No
Do you have an intolerance to contrast media (e.g., X-ray or MRI contrast media)?

$$
1 \text { - Yes }
$$

$$
0 \text { - No }
$$

998 - Do not know
999 - Refusal to answer

During which examination did the intolerance occur and how did it become noticeable? (Name of 1st examination)

During which examination did the intolerance occur and how did it become apparent? (Signs of intolerance)

During which examination did the intolerance occur and how did it become apparent? (Name of 2 nd examination)

During which examination did the intolerance occur and how did it become apparent? (Signs of intolerance)

During which examination did the intolerance occur and how did it become apparent? (Name of 3rd examination)

During which examination did the intolerance occur and how did it become noticeable? (Signs of intolerance)
medik_04a
medik_04b
medik_04c
medik_04d
medik_04e
medik_04f
medik_05a
medik_05b

Have you been unable to tolerate any of your medications in the last 12 months?

1 - Yes
0 - No
3 - I am not taking any medication.
998 - Do not know
999 - Refusal to answer

Which of your medications was it and how did the intolerance manifest itself? (Name 1st drug)

Which of your medications was it and how did the intolerance manifest itself? (Signs of intolerance)

Which of your medications was it and how did the intolerance manifest itself? (Name of 2nd medication)

Which of your medications was it and how did the intolerance manifest itself? (Signs of intolerance)

Which of your medications did it involve and how did the intolerance manifest itself? (Name of 3rd drug)

Which of your medications did you take and how did you experience the intolerance? (Signs of intolerance)

Have you yourself responded to this intolerance with one or more of the following? (continued to take the medication in the same way as before)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you yourself responded to this intolerance with one or more of the following? (stopped taking the medication)

1 - Yes
medik_05c
medik_05d
medik_06
medik_07a
medik_07b
medik_07c

Have you responded to this intolerance yourself by doing one or more of the following? (made a change in dose)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you had to be hospitalized due to the intolerance?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you informed your attending physician about this intolerance?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did your treating physician take one or more of the following measures as a result? (laboratory values determined)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did your attending physician take any of the following action(s) as a result? (advised you to continue taking the medication in the same way as before)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Did your treating physician take one or more of the following actions as a result? (recommended to stop taking the medication)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

medik_07d
medik_07e
medik_04x2
medik_04c2
medik_04d2
medik_05a2
medik_05b2

Did your attending physician take one or more of the following actions as a result? (changed the prescription in any other way)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did your attending physician take one or more of the following measures as a result? (prescribed another medication to treat the side effect)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Was there a 2 nd medication in the last 12 months that you did not tolerate?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Which drug did you take and how did the intolerance become noticeable? (Name of 2nd drug)

Which medication did you take and how did the intolerance become apparent? (Signs of intolerance)

Did you yourself react to this intolerance with one or more of the following? (continued to take the medication in the same way as before)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you yourself reacted to this intolerance with one or more of the following? (stopped taking the medication)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
medik_05c2
medik_05d2
medik_06x2
medik_07a2
medik_07b2
medik_07c2
medik_07d2

Did you yourself respond to this intolerance by doing one or more of the following? (made a change in dose)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did you yourself respond to this intolerance with one or more of the following? (Have you had to be hospitalized because of the intolerance?)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Did you inform your treating physician about this intolerance?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did your treating physician take one or more of the following actions in response? (laboratory values determined)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did your treating physician then take one or more of the following actions? (advised to continue taking the medication as before)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did your treating physician then take one or more of the following actions? (recommended to stop taking the medication)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did your treating physician then take one or more of the following actions? (changed the prescription in any other way)
medik_07e2
medik_04x3
medik_04e3
medik_04f3
medik_05a3
medik_05b3
medik_05c3

Did your treating physician take one or more of the following actions as a result? (prescribed another medication to treat the side effect)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Was there a 3rd medication in the last 12 months that you could not tolerate?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

What drug was it and how did the intolerance manifest itself? (Name of 3rd drug)

Which drug was used and how did the intolerance become noticeable? (Signs of intolerance)

Did you yourself react to this intolerance with one or more of the following? (continued to take the medication in the same way as before)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Have you yourself reacted to this intolerance with one or more of the following? (stopped taking the medicine)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you yourself reacted to this intolerance by doing one or more of the following? (made a change in the dose)

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
medik_05d3
medik_06x3
medik_07a3
medik_07b3
medik_07c3
medik_07d3
medik_07e3

Did you yourself respond to this intolerance with one or more of the following? (Have you had to be hospitalized due to this intolerance)?
$1-$ Yes
$0-$ No
998 - Do not know
999 - Refusal to answer
Did you inform your treating physician about this intolerance?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did your treating physician take one or more of the following actions in response? (Laboratory values determined)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did your treating physician take one or more of the following actions in response? (advised to continue taking the medication as before)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did your treating physician take one or more of the following actions as a result? (recommended to stop taking the medication)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did your treating physician then take one or more of the following actions? (changed the prescription in any other way)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did your treating physician take one or more of the following actions as a result? (prescribed another medication to treat the side effect)
medik_09
medik_10
medik_11
medik_13

PAUSE
pause_mez1
pause_maz1
pause_00
pause_01
pause_02

Have you taken any allergy medications, e.g., tablets, sprays, or ointments, in the past 12 months?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Have you taken any medications for asthma in the past 12 months (e.g., tablets, sprays, or inhalations)?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you taken any medications or iodine tablets in the last 12 months?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Was the subject given a medication follow-up sheet for medications taken in the last 12 months?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

## Unterbrechung des Interviews

Module start time final

Module End time final

Would you like to pause the interview at this point?
$1-\mathrm{Yes}$
$0-\mathrm{No}$

Do you want to start the tape recording again?
$1-\mathrm{Yes}$
$0-\mathrm{No}$

Has the interviewer changed?

$$
1 \text { - Yes }
$$

$$
0 \text { - No }
$$

pause_03

DEPR
depr_01
depr_02
depr_03
depr_04

## Depression

Was there ever a period of time in your life, 2 weeks or longer, when you felt sad, down, or depressed almost every day, most of the time?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Has there been a period of 2 weeks or longer in your life when you were constantly tired, fatigued, and exhausted, even when you were not working particularly hard or physically ill?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Has there been a period of 2 weeks or longer in your life when you lost interest in almost everything, e.g. hobbies, being with friends things you usually enjoy?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

You told me that you have ever felt sad/tired/angry for 2 weeks or more. Was this just once or have you had this several times in your life?

1 - Yes, only one phase
2 - No, more than one phase

998 - Do not know
999 - Refusal to answer

| depr_04a | And when did it start? |
| :---: | :---: |
|  | 1 - Within the last 12 months <br> 2 - More than 12 months ago <br> 998 - Do not know <br> 999 - Refusal to answer |
| depr_04a1 | How old were you at that time? |
| depr_04b | When was the worst phase? |
|  | 1 - Within the last 12 months <br> 2 - More than 12 months ago <br> 998 - Do not know <br> 999 - Refusal to answer |
| depr_04b1 | How old were you at the time? |
| depr_05a | Did you lose your appetite or have significantly more appetite than usual for more than 2 weeks at that time? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know <br> 999 - Refusal to answer |
| depr_05b | Did you lose significant weight at that time, or eat so much more than normal that you gained significant weight, e.g., 1 kg per week for several weeks? |
|  | 1 - Yes |
|  | 0 - No |
|  | 998 - Do not know |
| depr_06 | At that time, did you have trouble falling asleep or staying asleep almost every night for 2 weeks or more, or did you wake up too early almost every day, or did you sleep too much at that time? |
|  | 1 - Yes |
|  | $0 \text { - No }$ |
|  | 998 - Do not know <br> 999 - Refusal to answer |

depr_07
depr_08
depr_09
depr_10a
depr_10b
depr_10c
depr_10d

Did you talk or move more slowly than normal almost every day for 2 weeks or more at that time? Or did you have to move continuously for at least 2 weeks at that time?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you feel worthless, guilty, or inferior almost every day for 2 weeks or more at that time?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

At that time, were you able to concentrate much more poorly almost every day for 2 weeks or more, or did your thoughts seem much slower or even very jumbled for at least 2 weeks?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

At that time, did you think particularly much about death in general, your own death or that of another person for 2 weeks or more?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Or did you have the desire to die at that time?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

The following questions are about your entire life. Have you ever felt so low that you thought of committing suicide?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Have you ever made specific plans to commit suicide?

1 - Yes
0 - No

998 - Do not know
depr_10e
depr_11
depr_12a
depr_12b
depr_14
depr_15
depr_15a

Have you ever attempted to commit suicide?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Were your complaints of sadness/fatigue/indifference due solely to physical causes, e.g., illness, or solely to medications, alcohol, or other intoxicants?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How many phases did you have in your life in total, in which you felt sad/tired/unresponsive for at least 2 weeks and also had some of the problems mentioned?

How many months of your life were affected by this episode(s), what do you estimate?

Have you ever received medical or psychological treatment for this/any of these episodes of sadness/fatigue/indifference?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did this/any of these phase(s) occur shortly after the death of someone close to you?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did this/any of these episode(s) of sadness/fatigue/indifference ever occur independently of a death?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did this/any of these phase(s) occur within one month of the birth of a child?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

| KONTAKT | Fragen zu sozialen Kontakten/Freizeitaktivitäten |
| :---: | :---: |
| kontakt_01 | The following are some questions about your social contacts and recreational activities. How many living children do you have? This includes adopted children and foster children! |
| kontakt_02 | How many of these children are currently living with you? |
| kontakt_03 | How many of your children who no longer live with you do you see or talk to on the phone at least once a month? |
| kontakt_05 | How many friends do you have with whom you feel close and with whom you can also discuss personal problems? |
| kontakt_06 | Would you like to have more friends like this? $\begin{aligned} & 1 \text { - Yes } \\ & 0 \text { - No } \\ & 998 \text { - Do not know } \\ & 999 \text { - Refusal to answer } \end{aligned}$ |
| kontakt_07 | How many relatives do you have (other than your children) with whom you feel close? |
| kontakt_08 | Would you like to have more close relatives? $\begin{aligned} & 1 \text { - Yes } \\ & 0 \text { - No } \\ & 998 \text { - Do not know } \\ & 999 \text { - Refusal to answer } \end{aligned}$ |
| kontakt_10 | How many of your close friends or relatives do you see at least once a month? |
| kontakt_11 | Would you like to see your friends or relatives more often? |

kontakt_13
kontakt_13a
kontakt_13b

## ERNAEHR

ernaehr_01
ernaehr_02
ernaehr_03

Have you ever fished for hobby purposes?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

On how many days do you estimate you have been fishing in the last 12 months?

Where did you spend most of your fishing time?

> 1 - inland
> 2 - on the coast
> 3 - on the open sea
> 998 - Don't know
> 999 - Refusal to answer

## Ernährung

How often do you eat the following foods? (Meat (without sausages))

1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer

How often do you eat the following foods?
(sausages, ham)
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer

How often do you eat the following foods? (fish)
1-1 Daily or almost daily
2-2 Several times a week

3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
ernaehr_04
ernaehr_05
ernaehr_06

How often do you eat the following foods?
(Boiled potatoes)
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer

How often do you eat the following foods? (Fried potatoes, croquettes, French fries).

1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer

How often do you eat the following foods?
(Pasta, such as noodles or spaghetti).
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
ernaehr_07

How often do you eat the following foods? (rice)
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
ernaehr_08
ernaehr_09
ernaehr_10

How often do you eat the following foods?
(Salad or vegetables, prepared raw).

1-1 Daily or almost daily<br>2-2 Several times a week<br>3-3 About once a week<br>4-4 Several times a month<br>5-5 About once a month or less often<br>6-6 Never or almost never<br>998 - Don't know<br>999 - Refusal to answer

How often do you eat the following foods?
(Cooked vegetables)

> 1-1 Daily or almost daily
> 2-2 Several times a week
> 3-3 About once a week
> 4-4 Several times a month
> 5 - 5 About once a month or less often
> 6 - 6 Never or almost never
> 998 - Don't know
> 999 - Refusal to answer

How often do you eat the following foods?
(Fresh fruit)
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
ernaehr_11
ernaehr_12

How often do you eat the following foods?
(Oatmeal, cereal, cornflakes).

1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month

5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
ernaehr_13
ernaehr_14
ernaehr_15
ernaehr_16
ernaehr_17

How often do you eat the following foods? (eggs)
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
How often do you eat the following foods?
(Cakes, pastries, cookies)
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
How often do you eat the following foods?
(Sweets, e.g. candies, chocolates)
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
How often do you eat the following foods? (Salty
snacks, e.g., peanuts, chips).
1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer
How frequently do you consume the following
foods? (olive oil)

1-1 Daily or almost daily
2-2 Several times a week
3-3 About once a week
4-4 Several times a month
5-5 About once a month or less often
6-6 Never or almost never
998 - Don't know
999 - Refusal to answer

ALKO
alko_01
alko_02
alko_08a
alko_08b
alko_08c
alko_08d

## Alkoholkonsum

Have you ever had a drink containing alcohol (e.g., beer, wine/champagne, brandy, cognac, whiskey, liquor, mixed drinks)?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

How often did you have an alcoholic drink in the past 12 months?

1 - Never
2-1 time a month or less
3-2 to 4 times a month
4-2 to 3 times a week
5-4 times or more a week
998 - Do not know
999 - Refused to answer

For what reasons have you not drunk alcohol in the past 12 months? (Because of an illness)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

For what reasons have you not drunk alcohol in the past 12 months? (Because alcohol is unhealthy for me)
$1-\mathrm{Yes}$
$0-\mathrm{No}$

For what reasons have you not drunk alcohol in the past 12 months? (Because I feel uncomfortable drinking alcohol)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

For what reasons have you not drunk alcohol in the past 12 months? (Because of a doctor's recommendation)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

| alko_08e | For what reasons have you not drunk alcohol in the past 12 months? (Not compatible with medications I am taking). |
| :---: | :---: |
|  | 1 - Yes |
|  | 0 - No |
| alko_08f | For what reasons have you not drunk alcohol in the past 12 months? (For financial reasons) |
|  | 1 - Yes |
|  | 0 - No |
| alko_08g | For what reasons have you not drunk alcohol in the past 12 months? (For religious or spiritual reasons) |
|  | 1 - Yes |
|  | 0 - No |
| alko_08h | For what reasons have you not drunk alcohol in the past 12 months? (I used to drink too much) |
|  | 1 - Yes |
|  | 0 - No |
| alko_08i | For what reasons have you not drunk alcohol in the past 12 months? (Because I don't like it) |
|  | 1 - Yes |
|  | 0 - No |
| alko_08j | For what reasons have you not drunk alcohol in the past 12 months? (Because of pregnancy/breastfeeding) |
|  | 1 - Yes |
|  | 0 - No |
| alko_08k | For what reasons have you not drunk alcohol in the past 12 months? (For other reasons) |
|  | 1 - Yes |
|  | 0 - No |
| alko_081 | For what reasons did you not drink alcohol in the past 12 months? (Don't know) |
|  | 1 - Yes |
|  | 0 - No |
| alko_08m | For what reasons did you not drink alcohol in the past 12 months? (Refusal to answer) |
|  | 1 - Yes |
|  | 0 - No |

Thinking about the last 30 days, on how many days did you drink beer, wine/sparkling wine, spirits e.g., brandy, cognac, whiskey, liquor, or mixed drinks containing alcohol? (beer)
alko_04b
alko_04c
alko_04d
alko_05a
alko_05b
alko_05d
Again referring to the last 30 days, on a day like this when you drink alcohol, how much beer, wine/sparkling wine, spirits or mixed drinks containing alcohol do you drink on average? (wine/sparkling wine)
alko_05e
Again referring to the last 30 days, on a day like this when you drink alcohol, how much beer, wine/champagne, spirits, or mixed drinks containing alcohol do you drink on average? (liquor small)

| alko_05f | Again referring to the last 30 days, on such a day <br> that you drink alcohol, how much beer, <br> wine/sparkling wine, spirits, or mixed drinks <br> containing alcohol do you drink on average? <br> (liquor large) |
| :--- | :--- |
| alko_05g | Again referring to the last 30 days, on a day like <br> this when you drink alcohol, how much beer, <br> wine/champagne, spirits, or mixed drinks <br> containing alcohol do you drink on average? <br> (alcoholic mixed drinks) |
| alko_07 | Thinking about the last 30 days, 4 weeks, or 1 <br> month, on how many days did you drink a total <br> of at least 5 glasses, whether beer, <br> wine/champagne, spirits, or mixed drinks <br> containing alcohol? |
| alko_09a | The following is about your drinking habits at <br> different stages of your life. How many times a <br> week did you drink alcohol when you were 20 <br> years old? |
| alko_10b | If you drank alcohol in one day, how many |
| alcoholic beverages did you typically drink when |  |
| you were 40 years old? |  |


| alko_10c | If you drank alcohol in a day, how many alcoholic beverages did you typically drink when you were 60 years old? |
| :---: | :---: |
| alko_11a | On how many days per month did you drink more than 5 alcoholic beverages when you were 20 years old? |
| alko_11b | On how many days per month did you drink more than 5 alcoholic beverages when you were 40 years old? |
| alko_11c | On how many days per month did you drink more than 5 alcoholic beverages when you were 60 years old? |
| RAU | Tabakkonsum und E-Zigaretten |
| rau_05 | Now we have some questions related to cigarette smoking. Have you ever smoked cigarettes? $\begin{aligned} & 1 \text { - Yes } \\ & 0 \text { - No } \\ & 998 \text { - Do not know } \\ & 999 \text { - Refusal to answer } \end{aligned}$ |
| rau_01 | Do you currently smoke cigarettes? $\begin{aligned} & 1 \text { - Yes } \\ & 0 \text { - No } \\ & 998 \text { - Do not know } \\ & 999 \text { - Refusal to answer } \end{aligned}$ |
| rau_02 | How old were you when you started smoking cigarettes? |
| rau_03 | Do you smoke regularly or occasionally? (Occasionally usually means less than one cigarette per day). <br> 1 - Regularly <br> 2 - Occasionally <br> 998 - Don't know <br> 999 - Refusal to answer |
| rau_04 | On average, how many cigarettes do you smoke per day? | per day?

rau_04a
rau_04b
rau_07
rau_08
rau_08b
rau_09
rau_10
rau_14
rau_11

How long have you been smoking this quantity?

How long have you been smoking this amount? (Age)

Did you smoke regularly or occasionally at that time? (Occasionally usually means less than one cigarette per day).

1 - Regularly<br>2 - Occasionally<br>998 - Don't know<br>999 - Refusal to answer

When did you quit smoking cigarettes?
1 - Within the last 6 months
2-7 to 12 months ago
3 - More than 12 months ago
998 - Don't know
999 - Refusal to answer
In what year did you stop smoking or how old were you at that time?

What year did you quit smoking or how old were you at that time? (Age)

What was the largest number of cigarettes you smoked daily over a year?

Have you ever smoked cigars, cigarillos, or pipes?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Do you currently smoke cigars, cigarillos, or pipes?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Does anyone in your household smoke, not including yourself?

1 - Yes
eci_01
eci_02
eci_03
eci_04
eci_05
eci_06
eci_06a

Have you ever heard of e-cigarettes, i.e., electronic or electric cigarettes?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you ever smoked e-cigarette or e-shisha?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Have you smoked e-cigarette or e-shisha to smoke less tobacco or quit smoking tobacco altogether?

1 - Yes, to smoke less tobacco
2 - Yes, to stop smoking tobacco
3 - Yes, both
0 - No
998 - Don't know
999 - Refused to answer

Thinking now about the last 30 days, on how many days did you smoke e-cigarette or e-shisha?

If you smoke e-cigarette or e-shisha, what do you smoke?

1 - mainly nicotine-containing liquids
2 - mainly nicotine-free liquids
998 - Don't know
999 - Refusal to answer
When did you start smoking e-cigarette or e-shisha?

1 - Within the last 12 months
2 - More than 12 months ago
998 - Do not know
999 - Refusal to answer

What year or age were you when you started smoking e-cigarette or e-shisha?
eci_06b

## BEWE

bewe_01
bewe_02
bewe_03
bewe_04
bewe__05a1
bewe__05a2

In what year or how old were you when you started smoking e-cigarette or e-shisha? (Age)

## Körperliche Aktivität

How often do you exercise in the winter?
1 - Regularly more than 2 hours per week
2 - Regularly 1 to 2 hours per week
3 - Less than 1 hour per week
4 - No physical activity
998 - Don't know
999 - Refused to answer

How often do you exercise in the summer?
1 - Regularly more than 2 hours per week
2 - Regularly 1 to 2 hours per week
3 - Less than 1 hour per week
4 - No physical activity
998 - Don't know
999 - Refused to answer

Did you do any sports today or yesterday?
1 - Today
2 - Yesterday
3 - Neither yesterday nor today
998 - Don't know
999 - Refusal to answer

Which of the following is true about your current primary occupation, such as work or home?

1 - Mainly sitting
2 - Predominantly standing
3 - Predominantly moving
4 - Sitting, standing, and moving
about equally often
998 - Don't know
999 - Refused to answer

On average, how much time per day did you spend sitting or lying down watching TV, DVDs/videos, or playing video games during the past 12 months on weekends?

On average, how much time per day did you spend sitting or lying down watching TV, DVDs/videos, or playing video games during the past 12 months on weekends?
bewe__05b1
bewe__05b2

## SOZIO

sozio_03
sozio_03a
sozio_04
Do you live with a partner?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

How many people live in your household, including yourself?

What is your highest general education degree?
1-1 Still a student without a diploma
2-2 Left school without a diploma
3-3 Elementary or secondary school leaving certificate
4-4 Mittlere Reife, Realschulabschluss, Fachschulreife
5-5 Completion of polytechnic secondary school

Which one?
sozio_07
sozio_08a
sozio_08b
sozio_08c
sozio_08d
sozio_08e
sozio_08f
-


What vocational training qualification do you have? Multiple answers are possible! (technical college degree)
What vocational training qualification do you have? Multiple answers are possible! (Training completed at a technical school, master school, technical school, vocational or technical academy).

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Which vocational training qualification do you have? Multiple answers are possible! (Vocational-school education (vocational school, commercial school) completed)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What vocational training qualification do you have? Multiple answers are possible! (Vocational training (apprenticeship) completed)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is your professional training degree?
Multiple answers are possible! (No professional degree and I am not in professional training)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No }
\end{aligned}
$$

What vocational training degree do you have?
Multiple answers are possible! (Still in vocational training (trainee, student))

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$


sozio_10a
sozio_12
sozio_24
sozio_24a
sozio_25
sozio_25a
sozio_25b
sozio_26

How many hours in total are you employed per week? Please list the total hours worked on a regular basis.

Which of the following is true for you?
1 - Retired / pensioned due to reaching the age limit
2 - Retired / pensioned early for
health reasons
3 - Voluntarily early (retirement/early retirement, other)
4 - Involuntarily early for other reasons
5 - Involuntary for company reasons
998 - Do not know
999 - Refusal to answer

How long have you been unemployed/retraining now?

How long have you been unemployed/retrained now? (number in years)

Have you been unemployed since the last SHIP survey?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

What is the total length of time you have been unemployed since the last SHIP examination?

How long in total have you been unemployed since your last SHIP examination? (Number in years)

Have you been employed since the last SHIP examination?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
sozio_19

How long in total, since your last SHIP examination, have you been employed?

How long have you been employed in total, since last SHIP examination? (number in years)

Which occupational status is currently or was applicable to your main occupation? (I am/was a worker)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What occupational status currently applies or applied to your main occupation? (I am/was an employee).

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is the current or past occupational status of your main occupation? (I am/was a civil servant, judge, professional soldier)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is the current or past occupational status of your main occupation? (I am/was a self-employed farmer or cooperative farmer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Which occupational status is currently or was applicable to your main occupation? (I am/was an academic in a freelance profession (doctor, lawyer, tax consultant, etc.))

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is your current or past occupational status in your main occupation? (I am/was self-employed in trade, commerce, craft, industry, service or PGH member)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Which occupational status is currently or was applicable to your main occupation? (I am in training)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

sozio_20
sozio_21
sozio_22a
sozio_22
sozio_23
sozio_28
sozio_30

What is your current or current occupational status in your main occupation? (Don't know)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is the current or current occupational status of your main occupation? (Refused to answer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is your current occupation? If you are no longer employed, what was your last occupation?

What was your occupation for the longest period of time?

How many years did you work in this profession?

What is or was your partner's highest general education degree?

1-1 Still a student without a diploma
2-2 Left school without a diploma
3-3 Elementary or secondary school leaving certificate
4-4 Mittlere Reife, Realschulabschluss, Fachschulreife
5-5 Completion of polytechnic secondary school
6-6 Advanced technical college certificate, subject-related higher education entrance qualification, specialized upper secondary school
7-7 Abitur, general university entrance qualification, EOS with skilled worker qualification
8-8 Other qualification (also: not specified!)
998 - Don't know
999 - Refusal to answer
Is or has your partner ever been employed?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
sozio_31
sozio_32
sozio_33
sozio_34
sozio_35
sozio_36
sozio_37
sozio_38
sozio_39
sozio_40

What is or was your partner's occupation? (Worker(s))

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is or was your partner's occupational status? (Employee(s))

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is or was your partner's professional position? (Civil servant, judge, professional soldier)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is or was your partner's professional position? (Self-employed farmer or cooperative farmer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is or was your partner's professional position? (Academic in free profession (doctor, lawyer, tax consultant, etc.) )

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is or was your partner's professional position? (Self-employed in trade, business, craft, industry, service or PGH-member)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is or was your partner's professional position? (In education)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is or was your partner's professional position? (Don't know)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What is or was your partner's professional position? (Refuse to answer)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Is your partner currently employed?

Please add up how much money your household has per month. After deducting taxes and social security contributions, this leaves you with:
$1-$ Less than 500 Euro
$2-500-900$ Euro
$3-900-1300$ Euro
$4-1300-1800$ Euro
$5-1800-2300$ Euro
$6-2300-2800$ Euro
$7-2800-3300$ Euro
$8-3300-3800$ Euro
$9-3800-4300$ Euro
$10-4300-4800$ Euro
$11-4800-5300$ Euro
$12-5300-5800$ Euro
$13-5800-6300$ Euro
$14-6300-7800$ Euro
$15-7800$ and more
$998-$ Do not know
$999-$ Refused to specify

## BELAST

belast_01
belast_02
belast_18

## Belastungen am Arbeitsplatz

Have you been exposed to the following stresses for at least six months during your occupation since your last SHIP examination? (Heavy physical labor)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

How many years have you held this job?

Have you been exposed to the following exposures for at least six months during your occupation since the last SHIP examination? (rotating shift)

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
belast_19
How many years have you worked this rotating shift?
belast_20
belast_21
belast_22
belast_23
belast_24
belast_25

TRAUMA
opfer_1

Have you been exposed to the following stresses for at least six months during your work career since your last SHIP examination? (Night work not including on-call work)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

How many years have you worked night jobs without being on call?

Have you been exposed to any of the following during your occupation for at least six months since your last SHIP examination? (On-call duties at night)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

How many years have you performed on-call duties at night?

Have you been exposed to the following during your occupation for at least six months since your last SHIP examination? (work at a computer screen (computer))
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How many years have you been doing this activity?

## Traumata entsprechend der DSM-IV-Definition

Have you ever had a horrible experience on a war mission?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
opfer_2
opfer_3
opfer_4
opfer_5
opfer_6
opfer_7
opfer_8

Have you ever been seriously physically threatened, such as with a weapon, assaulted, injured, or tormented?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you been a victim of rape?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Were you sexually abused as a child, i.e., before the age of 14, i.e., did someone force you to perform sexual acts against your will or perform such acts on you?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Were you a victim of a natural disaster?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Have you had a serious accident?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you ever been a captive, hostage, or victim of kidnapping?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Have you been diagnosed with a life-threatening disease?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

opfer_9
Have you lost a family member or other person close to you due to a sudden and unexpected death?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
opfer_10
opfer_11
ptsda
ptsda_1
ptsda_2

Did you directly witness any of the events just mentioned happen to another person?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Which one?

Which of these events has bothered you the most?
1 - Horrific experiences in war
2 - Serious physical threat
3 - Rape
4 - sexual abuse before the age of 14
5 - victim of a natural disaster
6 - serious accident
7 - imprisonment, hostage-taking or
victim of kidnapping
8 - diagnosed life-threatening illness
9 - sudden and unexpected death of
family member or loved one
10 - direct witness

Such events sometimes come back again and again over a longer period of time in nightmares, imaginings or thoughts that you can't get rid of. Has this been the same for you?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Were you very upset when you were in a situation that reminded you of that horrible event(s)?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

How did you react when this event happened?
Were you filled with fear, helpless, or terrified?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
ptsda_4
ptsda_5
ptsdb_1
ptsdb_2
ptsdb_3
ptsdb_4

Have you or any other person been physically injured?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Did you think your life or the life of another person was in danger?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did you always have to think about this event?
Did these thoughts keep coming on their own?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Did you have recurrent dreams about it?
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Did it happen often that you acted or felt as if you were in this situation again?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Were you very upset when anything reminded you of this event?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

When you thought about the event or were reminded of it in some way, did you often have physical symptoms such as sweating, heaviness, palpitations, or heart palpitations?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
ptsdc_1
ptsdc_2
ptsdc_3
ptsdc_4
ptsdc_5
ptsdc_6

Since this event - do you consciously avoid thinking or talking about this event?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Since this event - do you stay away from things and people that remind you of this event?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Since that event - do you have difficulty remembering specific important details from that event?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Since this event - do you have less interest in things that used to mean something to you, such as seeing friends, reading books, or watching TV?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Since this event - do you feel alienated from others or like you are isolated from them?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Since this event - do you feel numb so that you can no longer feel strong or tender feelings for others?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

998 - Do not know
999 - Refusal to answer
ptsdc_7
ptsdd_1
ptsdd_2
ptsdd_3
ptsdd_4
ptsdd_5
ptsdd_6
Since this event - have you noticed a change in yourself, in the way you see or plan for your future?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

Since this event - have you had difficulty falling asleep or staying asleep?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Since this event - are you unusually irritable or have angry outbursts, for example?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Since this event - do you have difficulty concentrating?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Since this event - are you particularly nervous, tense and always on guard, even for no reason?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

Since this event - are you extremely jumpy, e.g., at sudden noises?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer

How old were you when you first experienced the symptoms just discussed?
ptsdd_7
ptsdd_8
ptsdd_9

## SEHEN

sehen_01
sehen_02
sehen_03

During the past month, have you had any of the conditions just discussed?

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

When was the last time you had the symptoms just discussed?

How long did these symptoms last?

## Fragen zum Sehen

If you use vision aids, the following questions refer to your vision with glasses or contact lenses! How would you rate your vision today that you have with glasses or contact lenses?

1 - Excellent
2 - Good
3 - Mediocre
4 - Poor
5 - Very bad
6 - Completely blind
998 - Do not know
999 - Refusal to answer

How much difficulty do you have reading a normally printed newspaper?
$1-1$ no difficulties
$2-2$ little difficulty
3-3 quite a bit of difficulty
$4-4$ a lot of difficulty
$5-5$ stopped because of your vision
$6-6$ stopped for other reasons or not
interested
998 - Don't know
999 - Refusal to answer

How much difficulty do you have seeing well when you are at work or doing nearby hobbies, e.g., cooking, sewing, doing housework, using tools?
$1-1$ no difficulties
$2-2$ little difficulty
$3-3$ quite a bit of difficulty
$4-4$ a lot of difficulty
$5-5$ stopped because of your vision

6-6 stopped for other reasons or not interested
998 - Don't know
999 - Refusal to answer
sehen_04
sehen_05
sehen_06
sehen_07
Do you have trouble finding something on a cluttered shelf because of your eyesight?

1-1 no difficulties
2-2 little difficulty
3-3 quite a bit of difficulty
4-4 a lot of difficulty
$5-5$ stopped because of your vision
6-6 stopped for other reasons or not interested
998 - Don't know
999 - Refusal to answer

How much difficulty do you have reading street signs or the names of stores?

1-1 no difficulties
2-2 little difficulty
3-3 quite a bit of difficulty
4-4 a lot of difficulty
5-5 stopped because of your vision
6-6 stopped for other reasons or not interested
998 - Don't know
999 - Refusal to answer

Do you have difficulty climbing down steps, stairs, or the curb at dusk or at night because of your vision?

1-1 no difficulties
2-2 little difficulty
3-3 quite a bit of difficulty
4-4 a lot of difficulty
5-5 stopped because of your vision
6-6 stopped for other reasons or not interested
998 - Don't know
999 - Refusal to answer

Do you have difficulty seeing how others react to what you just said because of your vision?

1-1 no difficulties
2-2 little difficulty
3-3 quite a bit of difficulty
4-4 a lot of difficulty
$5-5$ stopped because of your vision
6-6 stopped for other reasons or not interested
sehen_08
sehen_09

## INFEKT

infekt_14

Because of your vision, do you have difficulty visiting new acquaintances in their homes or recognizing them at parties or restaurants?

1-1 no difficulties
2-2 little difficulty
3-3 quite a bit of difficulty
4-4 a lot of difficulty
$5-5$ stopped because of your vision
6-6 stopped for other reasons or not interested
998 - Don't know
999 - Refusal to answer

Do you have difficulty going to the movies or theater or attending sporting events because of your vision?

1-1 no difficulties
2-2 little difficulty
3-3 quite a bit of difficulty
4-4 a lot of difficulty
$5-5$ stopped because of your vision
6-6 stopped for other reasons or not interested
998 - Don't know
999 - Refusal to answer

## Impfstatus

Have you been vaccinated since your last SHIP exam?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Refusal to answer
infekt_01
Against what? (Tetanus).

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

infekt_03
To what? (Hepatitis A (including immunoglobulins))

1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

For what? (Hepatitis B)
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
infekt_05
infekt_06
infekt_08
infekt_09
infekt_11
infekt_12
infekt_15
infekt_16

Against what? (Viral Flu)
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer
Against what? (meningitis after tick bite (TBE))
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Against what? (rubella)

Against what? (measles)
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Against what? (Pneumococcus)
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Against what? (meningococcal)
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Against what? (Chickenpox/shingles)
1 - Yes
0 - No
998 - Do not know
999 - Refusal to answer

Against what? (rabies)
1 - Yes

$$
\begin{aligned}
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

infekt_13
Against what? (Other)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Refusal to answer }
\end{aligned}
$$

infekt_13a

## INTERV

interv_maz1
interv_01

What other vaccination?

## Fragen an den Interviewer zum Interviewverlauf

Module End time final

Did the respondent ask for clarification on any questions?

1 - Never
2 - Almost never
3 - Once in a while
4 - Often
5 - Very often
998 - Don't know
interv_02
In your impression, did the respondent try as hard as he/she could to answer the questions?

1 - Always
2 - Very often
3 - Often
4 - Once in a while
5 - Almost never
6 - Never
998 - Don't know
interv_03
interv_04
Overall, did you feel that the respondent understood the questions?

> 1 - Always
> 2 - Very often
> 3 - Often
> 4 - Once in a while
> 5 - Almost never
> 6 - Never
> 998 - Don't know

Was anyone else present during the interview?
1 - Yes
0 - No
interv_05a
interv_05b
interv_05c
interv_05d
interv_05e
interv_05f
interv_06
interv_07
interv_07a
interv_07b

Who did. (Husband/wife/partner(s))

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No }
\end{aligned}
$$

Who was it? (Son/daughter (including stepchildren, adopted children, foster children, or partner's children))

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Who was it? (Father/mother, father-in-law/mother-in-law, stepfather/stepmother, father/mother of partner)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Who did it? (Other relative(s))

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Who was it? (Don't know)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Who did it? (Refusal to answer)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No }
\end{aligned}
$$

Did this person interfere with the interview?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No } \\
& 998 \text { - Don't know }
\end{aligned}
$$

Did you feel that the interviewee had problems with the length of the interview?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Don't know }
\end{aligned}
$$

Was this due to concentration problems?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No } \\
& 998 \text { - Don't know }
\end{aligned}
$$

Was this due to lack of interest?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No }
\end{aligned}
$$

| PHA | medication anamnesis |
| :---: | :---: |
| ODM | operational data on medication |
| pha_date | PHA: date of data collection |
| pha_time | PHA: time of data collection |
| zeitraum | PHA: intake period |
|  | 7 - intake in the last 7 days 12 - intake in the last 12 months |
| unr | Examiner number |
| int_beg | Start of drug history |
| int_end | End of drug history |
| PHA_IDENT | identification of the preparation + encoding |
| am_exposition | PHA: drug exposure |
|  | 1 - Yes |
|  | 2 - No |
| pha_lfd_nr | PHA: serial number - drug per test person |
| quelleam | PHA: source of drugs/drug source |
|  | 1 - Medication package: scanning of the PZN |
|  | 2 - Medication package: keyboard entry of PZN |
|  | 3 - Drug package: drug name <br> 4 - Package insert |
|  | 5 - Medication schedule |
|  | 6 - Prescription |
|  | 7 - Subject details |
|  | 8 - RECORDING (phone/note): Keyboard entry of PZN |
|  | 9 - RECORDING (telephone/slip): <br> Drug name |
|  | 10 - RECORDING (drug package): <br> Keystroke entry of PZN |

pzn
atc
nc
nc_ident
nc_sicherheit
id_status

PHA-NC: central pharma number after code revision

PHA-NC: ATC code after code revision

PHA-NC: code revision takes place/will be made

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

PHA-NC: code revision source
0 - by hand
1 - per IDOM

PHA-NC: safety of code revision

> 1 - impossible
> 2 - unsure
> 3 - sure

PHA-NC: identification status after code revision
1 - with PCN/ATC complete
2 - with PZN / ATC partly
3 - with PZN/no ATC
4 - no PCN / ATC completed
5 - no PZN / ATC partly
6 - no PZN/no ATC

PHA: standard packaging/package size
1 - N1
2 - N2
3 - N3
4-2*N1 (A)
$5-\mathrm{N} 1+\mathrm{N} 2$ (B)
6 - combination package (K)
7 - not affected (N)
8 - not refundable
darreichungsform
pg
preis
PHA: dosage form

PHA: package/packaging size

PHA: price in cent
festpreis
bezeichnung_orig
pzn_orig
atc_orig
id_status_orig
herstellerschluessel
applikationsform

TAKE
einnahmemodus
tagesdosis
einnahmeintervall

PHA: fixed price in cent

PHA: original drug label

PHA: original central pharma number

PHA: original ATC-Code

PHA: identification status before code revision
1 - with PCN / ATC complete
2 - with PZN / ATC partly
3 - with PZN/no ATC
4 - no PCN / ATC completed
5 - no PZN / ATC partly
6 - no PZN/no ATC

Manufacturer key

Application form
information about intake behaviour

PHA: mode of taking
1 - regular
2 - as required
3 - unknown
999 - unknown (missinglist)

PHA: daily dose
999 - unknown

PHA: intake interval

2 - every 2 nd day
3 - every 3rd day
4 - every 4 th day $=2 x$ a week
8 - every 8 th day $=$ once a week
15 - every 15 th day $=$ every two weeks
30 - every 30 th day $=1 x$ per month
999 - unknown
dosiseinheit
PHA: dosage unit/unit of dose

## DIN

## ZAHN

zahn_mez1
zahn_maz1
mitschnitt
int
eigzahn

Do you agree that we may electronically record all interviews collected, archive them in accordance with data protection regulations and scientifically evaluate them at a later date without reference to name and address?
$1-\mathrm{Yes}$
$0-$ No

Examiner number
132-132
154-154
192-192

Do you still have natural teeth (including roots or pivot teeth)?

1 - Yes
0 - No
998 - Do not know
999 - Answer refused
geszahn
putz1
arztwann
zahnfreq
kontr
bonus

How do you feel about the health of your teeth?
1 - Very good
2 - Good
3 - Satisfactory
4 - Less good
5 - Poor
998 - Don't know
999 - Refused to answer

How often do you usually brush your teeth?
1-3 times a day and more
2 - Usually 2 times a day
3 - Usually 1 time a day
4 - Several times a week
5-1 time a week
6 - Less than 1 time a week
0 - Never really
998 - Do not know
999 - Answer refused

When was the last time you saw your dentist(s)?
1 - Within the last 6 months
2 - Within the last 7-12 months
3 - More than 1 year ago
998 - Do not know
999 - Refused to answer

How often have you been to the dentist in the last 12 months?

Do you only go to the dentist when you have pain or discomfort, or do you also go regularly for checkups?

1 - yes, $1 x$ a year or more
2 - yes, sometimes (less often than $1 x$ a year)
3 - no, I only go to the dentist when I
have pain or discomfort
997 - I do not go to the dentist at all
998 - Do not know
999 - Answer refused

Do you have a bonus booklet in which you
record your check-up visits?
mit_01
mit_02
mit_03
mit_04
mit_14
mit_05
mit_07

Which means do you use daily for oral and dental hygiene? (manual toothbrush)

> 1 - Yes
> 0 - No
> 998 - no idea
> 999 - answer denied

Which products do you use daily for oral and dental hygiene? (Electric toothbrush)

> 1 - Yes
> 0 - No
> 998 - no idea
> 999 - answer denied

Which means do you use daily for oral and dental care? (Mouthwash)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No } \\
& 998 \text { - no idea } \\
& 999 \text { - answer denied }
\end{aligned}
$$

Which means do you use daily for oral and dental care? (Mouthwash)

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0-\text { No } \\
& 998 \text { - no idea } \\
& 999 \text { - answer denied }
\end{aligned}
$$

Which means do you use daily for oral and dental care? (tongue scraper/spatula)

> 1 - Yes
> 0 - No
> 998 - no idea
> 999 - answer denied

Which products do you use daily for oral and dental hygiene? (dental floss)

> 1 - Yes
> 0 - No
> 998 - no idea
> 999 - answer denied

What products do you use daily for oral and dental hygiene? (dental oil)

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

mit_08
mit_09
mit_11
mit_12
mit_13
zsentf
precall
precall

Which products do you use daily for oral and dental hygiene? (toothpicks)

1 - Yes
0 - No
998 - no idea
999 - answer denied

Which products do you use daily for oral and dental hygiene? (interdental brushes)

> 1 - Yes
> 0 - No
> 998 - no idea
> 999 - answer denied

What products do you use daily for oral and dental care? (Other)

1 - Yes
0 - No
998 - no idea
999 - answer denied

If yes, what other products do you use?

Which products do you use daily for oral and dental care? (None)

1 - Yes
0 - No
998 - no idea
999 - answer denied

Do you have tartar removed regularly (1x a year or more often)?

1 - Yes
0 - No
998 - Do not know
999 - Answer refused

Do you have regular (1x a year or more often) professional dental cleaning (scaling, polishing, fluoride varnish treatment)?

1 - Yes
0 - No
998 - Do not know
999 - Answer refused
parobeh
locker
kauseite
od_3
odfr_3
aod3
od_7

Have you had any gum treatment (periodontal treatment) since your last SHIP exam, since «MM.YYYY last exam »?

1 - Yes
0 - No
998 - no idea
999 - answer denied

Do you have any loosened teeth?

$$
\begin{aligned}
& 1-\text { Yes } \\
& 0-\text { No } \\
& 998 \text { - Do not know } \\
& 999 \text { - Answer refused }
\end{aligned}
$$

Do you prefer one side when chewing?
0 - No
2 - Yes, left
3 - Yes, right
998 - Do not know
999 - Answer refused
Do you suffer from any of the complaints listed below? (migraine)
$1-$ Yes
0 - No
998 - Does not know
999 - Refused to answer

How often? (migraine)
1 -Sometimes
2 - Often
3 - Always
998 - Do not know
999 - Refusal to answer

Have you been diagnosed with migraine by a doctor?

$$
\begin{aligned}
& 1-\text { Yes } \\
& 0 \text { - No } \\
& 998 \text { - Does not know } \\
& 999 \text { - Refused to answer }
\end{aligned}
$$

Do you suffer from any of the following symptoms? (ringing in the ears, ringing in the ears)

1 - Yes
0 - No
998 - Does not know
999 - Refused to answer
odfr_7
aod7
gewo_1
gewo_2
yearhp2
hpfr2

How often? (ringing in the ears, ringing in the ears)

1 -Sometimes
2 - Often
3 - Always
998 - Do not know
999 - Refusal to answer

Have you had ringing in the ears confirmed by a doctor?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - No } \\
& 998 \text { - Does not know } \\
& 999 \text { - Refused to answer }
\end{aligned}
$$

Do you practice one or more of the following habits? (clenching of teeth)

> 0 - no (never)
> 1 - sometimes
> 2 - often
> 997 - not applicable (subject doesn't
> have teeth and is not wearing den-
> tures)
> 998 - no idea
> 999 - answer denied

Do you practice one or more of the following habits? (Teeth grinding)

$$
0 \text { - no (never) }
$$

1 - sometimes
2 - often
997 - not applicable (subject doesn't
have teeth and is not wearing den-
tures)
998 - no idea
999 - answer denied

Have you had any of the following pains in the past six months? Pain in your face, chewing muscles, jaw joint, or ear area

1 - Yes
0 - No
998 - Do not know
999 - Answer refused

How often does this pain occur/occurred?
1 - Sometimes (less than 1 x weekly)
2 - Often (1-5 times a week)
3 - Always (more than 5 times a week)
998 - Do not know


1 - little
2 - sometimes
3 - often
4 - a good many times
998 - no idea
999 - answer denied
ohip_03
ohip_04
ohip_05
Or has it happened that it was unpleasant to eat certain foods?

0 - never
1 - little
2 - sometimes
3 - often
4 - a good many times
998 - no idea
999 - answer denied

Or has it happened that you have felt depressed?
0 - never
1 - little
2 - sometimes
3 - often
4 - a good many times
998 - no idea
999 - answer denied
ohip_06
Or has it happened that you have felt tense?
0 - never
1 - little
2 - sometimes
3 - often
4 - a good many times
998 - no idea
999 - answer denied
ohip_07
Has your diet been unsatisfactory in the past month due to problems with your teeth, mouth, or dentures?

0 - Never

1 - Barely
2 - Once in a while
3 - Often
4 - Very often
998 - Do not know
999 - Answer refused
ohip_08
In the past month, have you had to interrupt your meals because of problems with your teeth, mouth, or dentures?

$$
\begin{aligned}
& 0 \text { - never } \\
& 1 \text { - little } \\
& 2 \text { - sometimes } \\
& 3 \text { - often } \\
& 4 \text { - a good many times } \\
& 998 \text { - no idea } \\
& 999 \text { - answer denied }
\end{aligned}
$$

ohip_09
ohip_10
ohip_11

In the past month, have you had difficulty relaxing because of problems with your teeth, mouth, or dentures?

> 0 - never
> 1 - little
> 2 - sometimes
> 3 - often
> 4 - a good many times
> 998 - no idea
> 999 - answer denied

In the past month, have you felt a little embarrassed because of problems with your teeth, mouth, or dentures?

> 0 - never
> 1 - little
> 2 - sometimes
> 3 - often
> 4 - a good many times
> 998 - no idea
> 999 - answer denied

In the past month, have you been irritable with other people because of problems with your teeth, mouth, or dentures?
0 - never
1 - little
2 - sometimes
3 - often
4 - a good many times
998 - no idea
999 - answer denied
ohip_12
In the past month, have you found it difficult to go about your daily activities because of problems with your teeth, mouth, or dentures?

> 0 - never
> 1 - little
> 2 - sometimes
> 3 - often
> 4 - a good many times
> 998 - no idea
> 999 - answer denied
ohip_13
ohip_14

## PROT

prot_mez1
prot_maz1
zemobok
zemobokt

In the past month, have you felt that your life in general has been less satisfying because of problems with your teeth, mouth, or dentures?

0 - Never
1 - Barely
2 - Once in a while
3 - Often
4 - Very often
998 - Do not know
999 - Answer refused

Or did it happen that you were completely unable to do anything?

> 0 - Never
> 1 - Barely
> 2 - Once in a while
> 3 - Often
> 4 - Very often
> 998 - Do not know
> 999 - Answer refused

## Fragen zum Zahnersatz

Start time

End time

Do you have a removable denture in your upper jaw?

> 1 - Yes
> 0 - No
> 998 - Do not know
> 999 - Answer refused

Which of the statements best describes how you wear your upper denture?

1 - Always, day and night
2 - During the day, but not in bed

3 - Whenever I go out of the house
4 - Only on special occasions (occasions)
5 - Only when I eat
6 - Only when I eat or when I go out of the house
0 - Never
998 - Do not know
999 - Answer refused
zemobuk
zemobukt
ohipg_22
din_bsnr
din_note

Do you have a removable denture in your lower jaw?

1 - Yes
0 - No
998 - Do not know
999 - Answer refused

Which of the statements best describes how you wear your mandibular denture?

1 - Always, day and night
2 - During the day, but not in bed
3 - Whenever I go out of the house
4 - Only on special occasions (occasions)
5 - Only when I eat
6 - Only when I eat or when I go out
of the house
0 - Never
998 - Do not know
999 - Answer refused

## DEX

DEXHIST
dex_vorbefund_quadrant

ORALBASE
dex_oralbase_begin
dex_oralbase_examiner
dex_oralbase_assistant
dex_oralbase_bes
dex_oralbase_bestext
dex_oralbase_end

## CMDYS

dex_cmdys_begin
dex_cmdys_ddlatre

## dental examination

Orale Untersuchung Vorbefunde
Quadrant to be found [1=1+4;2=2+3]

$$
1 \text { - quadrant } 1+4
$$

2 - quadrant $2+3$

DEX: Basic data

DEX: ORALBASE: beginning of oral examination

DEX: ORALBASE: examiner

> 151 - Samietz
> 430 - Sakic
> 431 - Redlich
> 482 - Zahedani
> 529 - Hagin
> 252 - Shrub

DEX: ORALBASE: assistant

DEX: ORALBASE: special features of the oral examination

0 - no particularities
1 - particularities
8 - total dental, study not collectible
9 - total dental, study disallowed
DEX: ORALBASE: remarks on oral examination
end of input basic information

DEX: Function

DEX: CMDYS: start

DEX: CMDYS: tenderness lat. right

> 0 - little or none
> 1 - discomfort
> 2 - pain
> 8 - not collectible
> 9 - refused
dex_cmdys_ddlatli
DEX: CMDYS: tenderness lat. left

0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused
dex_cmdys_komredc
dex_cmdys_komlidc
dex_cmdys_mmasre
dex_cmdys_mmasli
dex_cmdys_mtemre
dex_cmdys_mtemli
dex_cmdys_msubre

DEX: CMDYS: compression cranial right
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused
DEX: CMDYS: compression cranial left
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused

DEX: CMDYS: M. mass. right
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused

DEX: CMDYS: M. mass. left
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused
DEX: CMDYS: M. temp. right
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused

DEX: CMDYS: M. temp. left
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused
DEX: CMDYS: M. suboccip. right
0 - little or none

1 - discomfort
2 - pain
8 - not collectible
9 - refused
dex_cmdys_msubli
dex_cmdys_mstere
dex_cmdys_msteli
dex_cmdys_mptmre
dex_cmdys_mptmli
dex_cmdys_mptlre
dex_cmdys_mptlli

DEX: CMDYS: M. suboccip. left
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused

DEX: CMDYS: M. sternocleidom. right
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused
DEX: CMDYS: M. sternocleidom. left
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused

DEX: CMDYS: M. pterygoid. med. right
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused

DEX: CMDYS: M. pterygoid. med. left
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused
DEX: CMDYS: M. pterygoid. lat. right
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused

DEX: CMDYS: M. pterygoid. lat. left
0 - little or none
1 - discomfort
dex_cmdys_kgre
dex_cmdys_kgli
dex_cmdys_skda
dex_cmdys_skdap
dex_cmdys_bew
dex_cmdys_bes
dex_cmdys_bestext
dex_cmdys_end
dex_cmdys_ddlat

DEX: CMDYS: mandibular joint noise right
$0-$ not available
1 - cracking
2 - rubbing
8 - not collectible
9 - refused

DEX: CMDYS: mandibular joint noise left
0 - not available
1 - cracking
2 - rubbing
8 - not collectible
9 - refused
DEX: CMDYS: max distance incisal edge active

DEX: CMDYS: pain max distance incisal edge active

0 - not available
1 - existing
8 - not collectible
9 - refused
DEX: CMDYS: deviation mouth opening
0 - straight
1 - deviation
8 - not collectible
9 - refused
DEX: CMDYS: special features
0 - no particularities
1 - particularities
8 - total data sheets not collectible
9 - total data sheets disallowed
DEX: CMDYS: remark

End
tenderness lateral right or left
0 - little or none
1-discomfort
2 - pain
dex_cmdys_mall
dex_cmdys_kgreli
dex_cmdys_komdc

## STATUS

dex_prosthes_begin
dex_prosthes_assistant
dex_prosthes_zprot
findings on palpation of the masticator muscles
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused
mandibular joint noise right or left
0 - little or none
1 - discomfort
2 - pain
8 - not collectible
9 - refused
compression test cranial left or right

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

## DEX: Dental status

DEX: PROSTHES: begin dental diagnostic

Dental assistant

DEX: PROSTHES: Did you have a prosthetic care during the last 5 years?

1 - Yes
0 - No
8 - not collectible
9 - refused

DEX: PROSTHES: 18 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
dex_prosthes_zmo18
dex_prosthes_zmd18
dex_prosthes_zmv18
dex_prosthes_zmm18
dex_prosthes_zmp18

DEX: PROSTHES: 18 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 18 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 18 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 18 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 18 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.

2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zv18
dex_prosthes_zb17
dex_prosthes_zmo17
dex_prosthes_zmd17

DEX: PROSTHES: 18 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
DEX: PROSTHES: 17 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 17 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 17 distal material
0 - Not applicable

1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmv17
dex_prosthes_zmm17
dex_prosthes_zmp17
dex_prosthes_zv17

DEX: PROSTHES: 17 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 17 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 17 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 17 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
dex_prosthes_zb16
DEX: PROSTHES: 16 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
dex_prosthes_zmo16
dex_prosthes_zmd16
dex_prosthes_zmv16
dex_prosthes_zmm16

DEX: PROSTHES: 16 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 16 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 16 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 16 mesial material

1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
dex_prosthes_zmp16
dex_prosthes_zv16
dex_prosthes_zb15
dex_prosthes_zmo15

DEX: PROSTHES: 16 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 16 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 15 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 15 occlusal material

4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmd15
dex_prosthes_zmv15
dex_prosthes_zmm15
dex_prosthes_zmp15
dex_prosthes_zv15

DEX: PROSTHES: 15 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 15 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 15 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 15 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 15 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
dex_prosthes_zb14
DEX: PROSTHES: 14 dental diagnostic
0 - Tooth without findings

1 -pontic
2 - Partial crown
3 -Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable
dex_prosthes_zmo14
dex_prosthes_zmd14
dex_prosthes_zmv14

DEX: PROSTHES: 14 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 14 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 14 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmm14
dex_prosthes_zmp14
dex_prosthes_zv14

DEX: PROSTHES: 14 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 14 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 14 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
dex_prosthes_zb13
DEX: PROSTHES: 13 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable
dex_prosthes_zmd13
dex_prosthes_zmv13
dex_prosthes_zmm13
dex_prosthes_zmp13
dex_prosthes_zv13
dex_prosthes_zb12

DEX: PROSTHES: 13 distal material

> 0 - Not applicable
> 1 - Resin/GIZ-occl.
> 2 - Amalgam
> 3 - Cast alloy
> 4 - Ceramic
> 5 - Resin - occl., veneering
> 8 - not surveyable

DEX: PROSTHES: 13 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 13 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 13 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 13 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
DEX: PROSTHES: 12 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces

4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 12 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin- occl., veneering
8 - not surveyable
dex_prosthes_zmv12
dex_prosthes_zmm12
DEX: PROSTHES: 12 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmp12
DEX: PROSTHES: 12 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 12 palatinal material

0 - Not applicable
1 - Resin/GIZ-occl.

2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zv12
dex_prosthes_zb11
dex_prosthes_zmd11
dex_prosthes_zmv11

DEX: PROSTHES: 12 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 11 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 11 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 11 vestibular material
0 - Not applicable

1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmm11
dex_prosthes_zmp11
dex_prosthes_zv11
DEX: PROSTHES: 11 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 21 dental diagnostic

> 0 - Tooth without findings
> 1 - pontic
> 2 - Partial crown
> 3 - Replaces
> 4 - Filling
> 5 - Inlay
> 6 - Crown
> 7 - Gap closure
> 73 - partial gap closure (1-3mm)
> 8 - Missing
> 81 - part-ret. Tooth.
> 9 - Implant
> 10 - Individual surfaces not assessable
> 11 - SHORT PROGRAM: Tooth not present, not replaced

12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable
dex_prosthes_zmd21
dex_prosthes_zmv21
dex_prosthes_zmm21
dex_prosthes_zmp21
dex_prosthes_zv21
DEX: PROSTHES: 21 distal material

DEX: PROSTHES: 21 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 21 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 21 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 21 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope

4 - curved retaining element
8 - not liftable
dex_prosthes_zmv22
dex_prosthes_zmm22
dex_prosthes_zb22
dex_prosthes_zmd22
DEX: PROSTHES: 22 distal material
DEX: PROSTHES: 22 dental diagnostic

> 0 - Tooth without findings
> 1 - pontic
> 2 - Partial crown
> 3 - Replaces
> 4 - Filling
> 5 - Inlay
> 6 - Crown
> 7 - Gap closure
> 73 - partial gap closure (1-3mm)
> 8 - Missing
> 81 - part-ret. Tooth.
> 9 - Implant
> 10 - Individual surfaces not assessable
> 11 - SHORT PROGRAM: Tooth not
> present, not replaced
> 12 - SHORT PROGRAM: Tooth present
> 13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
> 14 - SHORT PROGRAM: Implant
> 98 - Not surveyable
> 99 - SHORT PROGRAM: Not surveyable

> 0 - Not applicable
> 1 - Resin/GIZ-occl.
> 2 - Amalgam
> 3 - Cast alloy
> 4 - Ceramic
> 5 - Resin - occl., veneering
> 8 - not surveyable

DEX: PROSTHES: 22 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 22 mesial material

1 - Resin/GIZ-occl.
2 - Amalgam

3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmp22
dex_prosthes_zv22
dex_prosthes_zb23
dex_prosthes_zmd23

DEX: PROSTHES: 22 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 22 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 23 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 23 distal material
0 - Not applicable
1 - Resin/GIZ-occl.

2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmv23
dex_prosthes_zmm23
dex_prosthes_zmp23
dex_prosthes_zv23
dex_prosthes_zb24

DEX: PROSTHES: 23 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
DEX: PROSTHES: 23 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 23 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 23 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 24 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
dex_prosthes_zmo24
dex_prosthes_zmd24
dex_prosthes_zmv24
dex_prosthes_zmm24

DEX: PROSTHES: 24 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin- occl., veneering
8 - not surveyable

DEX: PROSTHES: 24 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin- occl., veneering
8 - not surveyable

DEX: PROSTHES: 24 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 24 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
dex_prosthes_zmp24
dex_prosthes_zv24
dex_prosthes_zb25
dex_prosthes_zmo25

DEX: PROSTHES: 24 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 24 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
DEX: PROSTHES: 25 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 25 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
dex_prosthes_zmd25
dex_prosthes_zmv25
dex_prosthes_zmm25
dex_prosthes_zmp25
dex_prosthes_zv25
dex_prosthes_zb26

DEX: PROSTHES: 25 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 25 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 25 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 25 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 25 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 26 dental diagnostic
0 - Tooth without findings
1 - pontic

2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable
dex_prosthes_zmo26
dex_prosthes_zmd26
dex_prosthes_zmv26
dex_prosthes_zmm26

DEX: PROSTHES: 26 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 26 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 26 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 26 mesial material

0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmp26
dex_prosthes_zv26
dex_prosthes_zb27

DEX: PROSTHES: 26 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin-occl., veneering
8 - not surveyable

DEX: PROSTHES: 26 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 27 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 -Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmd27
dex_prosthes_zmv27
dex_prosthes_zmm27
dex_prosthes_zmp27
dex_prosthes_zv27

DEX: PROSTHES: 27 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 27 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 27 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 27 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 27 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope

4 - curved retaining element
8 - not liftable
dex_prosthes_zb28
dex_prosthes_zmo28
DEX: PROSTHES: 28 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmd28
DEX: PROSTHES: 28 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmv28
DEX: PROSTHES: 28 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam

3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmm28
dex_prosthes_zmp28
dex_prosthes_zv28
dex_prosthes_zb38

DEX: PROSTHES: 28 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 28 palatinal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 28 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 38 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present

13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth) 14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable
dex_prosthes_zmo38
dex_prosthes_zmd38
dex_prosthes_zmv38
dex_prosthes_zmm38
dex_prosthes_zml38

DEX: PROSTHES: 38 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 38 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 38 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 38 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 38 lingual material

0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
dex_prosthes_zv38
dex_prosthes_zb37
dex_prosthes_zmo37
dex_prosthes_zmd37

DEX: PROSTHES: 38 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 37 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 37 occlusal material

> 0 - Not applicable
> 1 - Resin/GIZ-occl.
> 2 - Amalgam
> 3 - Cast alloy
> 4 - Ceramic
> 5 - Resin - occl., veneering
> 8 - not surveyable

DEX: PROSTHES: 37 distal material

0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
dex_prosthes_zmv37
dex_prosthes_zmm37
dex_prosthes_zml37
dex_prosthes_zv37

DEX: PROSTHES: 37 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin- occl., veneering
8 - not surveyable

DEX: PROSTHES: 37 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 37 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 37 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 36 dental diagnostic

1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.

9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 36 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmd36
dex_prosthes_zmv36
dex_prosthes_zmm36
dex_prosthes_zml36

DEX: PROSTHES: 36 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 36 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 36 mesial material

> 0 - Not applicable
> 1 - Resin/GIZ-occl.
> 2 - Amalgam
> 3 - Cast alloy
> 4 - Ceramic
> 5 - Resin - occl., veneering
> 8 - not surveyable

DEX: PROSTHES: 36 lingual material
dex_prosthes_zv36
dex_prosthes_zb35
dex_prosthes_zmo35

DEX: PROSTHES: 36 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 35 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 35 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmd35
dex_prosthes_zmv35
dex_prosthes_zmm35
dex_prosthes_zml35
dex_prosthes_zv35
dex_prosthes_zb34

DEX: PROSTHES: 35 distal material

0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 35 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 35 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 35 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 35 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
DEX: PROSTHES: 34 dental diagnostic

1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
dex_prosthes_zmo34
dex_prosthes_zmd34
dex_prosthes_zmv34
dex_prosthes_zmm34
-
dex_prosthen_zm

DEX: PROSTHES: 34 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

$$
0-0 .
$$

DEX: PROSTHES: 34 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 34 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 34 mesial material

1 - Resin/GIZ-occl.
2 - Amalgam

3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zml34
dex_prosthes_zv34
dex_prosthes_zb33
dex_prosthes_zmd33

DEX: PROSTHES: 34 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 34 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 33 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 33 distal material
0 - Not applicable
1 - Resin/GIZ-occl.

2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmv33
dex_prosthes_zmm33
dex_prosthes_zml33
dex_prosthes_zv33
dex_prosthes_zb32

DEX: PROSTHES: 33 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 33 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 33 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 33 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 32 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
dex_prosthes_zmd32
dex_prosthes_zmv32
dex_prosthes_zmm32
dex_prosthes_zml32

DEX: PROSTHES: 32 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 32 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin- occl., veneering
8 - not surveyable

DEX: PROSTHES: 32 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 32 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
dex_prosthes_zv32
dex_prosthes_zb31
dex_prosthes_zmd31
dex_prosthes_zmv31

DEX: PROSTHES: 32 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 31 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 31 distal material

> 0 - Not applicable
> 1 - Resin/GIZ-occl.
> 2 - Amalgam
> 3 - Cast alloy
> 4 - Ceramic
> 5 - Resin - occl., veneering
> 8 - not surveyable

DEX: PROSTHES: 31 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
dex_prosthes_zmm31
dex_prosthes_zml31
dex_prosthes_zv31

DEX: PROSTHES: 41 dental diagnostic
dex_prosthes_zb41

DEX: PROSTHES: 31 anchorage
DEX: PROSTHES: 31 lingual material
DEX: PROSTHES: 31 mesial material

0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

0 - Not applicable
1 - Resin/GIZ-ocal.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
dex_prosthes_zmd41
dex_prosthes_zmv41
dex_prosthes_zmm41
dex_prosthes_zml41
dex_prosthes_zv41

DEX: PROSTHES: 41 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 41 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 41 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 41 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 41 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
dex_prosthes_zb42
DEX: PROSTHES: 42 dental diagnostic

0 - Tooth without findings

1 -pontic
2 - Partial crown
3 -Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable
dex_prosthes_zmd42
dex_prosthes_zmv42
dex_prosthes_zmm42
dex_pros

DEX: PROSTHES: 42 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 42 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 42 mesial material

0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zml42
dex_prosthes_zv42
dex_prosthes_zb43
dex_prosthes_zmd43

DEX: PROSTHES: 42 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 42 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 43 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 43 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4-Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmv43
dex_prosthes_zmm43
dex_prosthes_zml43
dex_prosthes_zv43

DEX: PROSTHES: 43 vestibular material

> 0 - Not applicable
> 1 - Resin/GIZ-occl.
> 2 - Amalgam
> 3 - Cast alloy
> 4 - Ceramic
> 5 - Resin - occl., veneering
> 8 - not surveyable

DEX: PROSTHES: 43 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 43 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 43 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
dex_prosthes_zb44
DEX: PROSTHES: 44 dental diagnostic

0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable

11 - SHORT PROGRAM: Tooth not present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 44 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin- occl., veneering
8 - not surveyable

DEX: PROSTHES: 44 distal material

$$
0 \text { - Not applicable }
$$

1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 44 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmm44
DEX: PROSTHES: 44 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zml44

DEX: PROSTHES: 44 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.

2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zv44
dex_prosthes_zb45
dex_prosthes_zmo45
dex_prosthes_zmd45

DEX: PROSTHES: 44 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 45 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 45 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 45 distal material
0 - Not applicable

1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmv45
dex_prosthes_zmm45
dex_prosthes_zml45
dex_prosthes_zv45

DEX: PROSTHES: 45 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 45 mesial material
0 - Not applicable
1 - Resin/GIZ-ocal.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 45 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 45 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
dex_prosthes_zb46
DEX: PROSTHES: 46 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
dex_prosthes_zmo46
dex_prosthes_zmd46
dex_prosthes_zmv46
dex_prosthes_zmm46

DEX: PROSTHES: 46 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 46 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 46 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 46 mesial material

1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
dex_prosthes_zml46
dex_prosthes_zv46
dex_prosthes_zb47
dex_prosthes_zmo47

DEX: PROSTHES: 46 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 46 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: 47 dental diagnostic
0 - Tooth without findings
1 - pontic
2 - Partial crown
3 - Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure ( $1-3 \mathrm{~mm}$ )
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable

DEX: PROSTHES: 47 occlusal material

0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy

4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
dex_prosthes_zmd47
dex_prosthes_zmv47
dex_prosthes_zmm47
dex_prosthes_zml47
dex_prosthes_zv47

DEX: PROSTHES: 47 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 47 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin- occl., veneering
8 - not surveyable

DEX: PROSTHES: 47 mesial material

> 0 - Not applicable
> 1 - Resin/GIZ-occl.
> 2 - Amalgam
> 3 - Cast alloy
> 4 - Ceramic
> 5 - Resin - occl., veneering
> 8 - not surveyable

DEX: PROSTHES: 47 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 47 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable
dex_prosthes_zb48
DEX: PROSTHES: 48 dental diagnostic
0 - Tooth without findings

1 -pontic
2 - Partial crown
3 -Replaces
4 - Filling
5 - Inlay
6 - Crown
7 - Gap closure
73 - partial gap closure (1-3mm)
8 - Missing
81 - part-ret. Tooth.
9 - Implant
10 - Individual surfaces not assessable
11 - SHORT PROGRAM: Tooth not
present, not replaced
12 - SHORT PROGRAM: Tooth present
13 - SHORT PROGRAM: Tooth replaced (pontic or prosthetic tooth)
14 - SHORT PROGRAM: Implant
98 - Not surveyable
99 - SHORT PROGRAM: Not surveyable
dex_prosthes_zmo48
dex_prosthes_zmd48
dex_prosthes_zmv48

DEX: PROSTHES: 48 occlusal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 48 distal material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 48 vestibular material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin- occl., veneering
8 - not surveyable
dex_prosthes_zmm48
dex_prosthes_zml48
dex_prosthes_zv48
dex_prosthes_bes
dex_prosthes_bestext
dex_prosthes_end
dex_parodont_begin
dex_parodont_disp17
dex_parodont_disz17
-

DEX: PROSTHES: 48 mesial material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable

DEX: PROSTHES: 48 lingual material
0 - Not applicable
1 - Resin/GIZ-occl.
2 - Amalgam
3 - Cast alloy
4 - Ceramic
5 - Resin - occl., veneering
8 - not surveyable
DEX: PROSTHES: 48 anchorage
0 - not applicable
1 - Attachment
2 - Clasp
3 - telescope
4 - curved retaining element
8 - not liftable

DEX: PROSTHES: special features dental diagnostic

0 - no particularities
1 - particularities
8 - total data sheets not collectible
9 - total data sheets disallowed

DEX: PROSTHES: remarks dental diagnostic

DEX: PROSTHES: end dental diagnostic

DEX: PARODONT: begin periodontal diagnostic

DEX: PARODONT: 17 distal dental plaque
$0-$ No
1 - Yes
8 - not upliftable

DEX: PARODONT: 17 distal dental calculus
$0-$ No
1 - Yes
dex_parodont_mibp17
dex_parodont_mibz17
dex_parodont_mebp17
dex_parodont_mebz17
dex_parodont_mipp17
dex_parodont_mipz17
dex_parodont_disp16
dex_parodont_disz16
dex_parodont_mibp16

DEX: PARODONT: 17 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 17 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 17 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 17 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 17 medio-palatinal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 17 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 distal dental plaque

$$
0-\text { No }
$$

$$
1 \text { - Yes }
$$

$$
8 \text { - not upliftable }
$$

DEX: PARODONT: 16 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 medio-buccal dental plaque

$$
0 \text { - No }
$$

$1-$ Yes
8 - not upliftable
dex_parodont_mibz16
dex_parodont_mebp16
dex_parodont_mebz16
dex_parodont_mipp16
dex_parodont_mipz16
dex_parodont_disp14
dex_parodont_disz14
dex_parodont_mibp14
dex_parodont_mibz14

DEX: PARODONT: 16 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 medio-palatinal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 distal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 medio-buccal dental plaque
$0-$ No
1 - Yes
8 - not upliftable

DEX: PARODONT: 14 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mebp14
dex_parodont_mebz14
dex_parodont_mipp14
dex_parodont_mipz14
dex_parodont_disp13
dex_parodont_disz13
dex_parodont_mibp13
dex_parodont_mibz13

DEX: PARODONT: 14 mesio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 medio-palatinal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 medio-palatinal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 medio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mebp13
dex_parodont_mebz13
dex_parodont_mipp13
dex_parodont_mipz13
dex_parodont_disp12
dex_parodont_disz12
dex_parodont_mibp12
dex_parodont_mibz12
dex_parodont_mebp12

DEX: PARODONT: 13 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 mesio-buccal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 medio-palatinal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 medio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mebz12
dex_parodont_mipp12
dex_parodont_mipz12
dex_parodont_disp11
dex_parodont_disz11
dex_parodont_mibp11
dex_parodont_mibz11
dex_parodont_mebp11
dex_parodont_mebz11

DEX: PARODONT: 12 mesio-buccal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 medio-palatinal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1-\text { Yes }
\end{aligned}
$$

dex_parodont_mipp11
dex_parodont_mipz11
dex_parodont_disp47
dex_parodont_disz47
dex_parodont_mibp47
dex_parodont_mibz47
dex_parodont_mebp47
dex_parodont_mebz47
dex_parodont_milp47

DEX: PARODONT: 11 medio-palatinal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 medio-lingual dental plaque

$$
0 \text { - No }
$$

> 1 - Yes 8 - not upliftable

| dex_parodont_milz47 | DEX: PARODONT: 47 medio-lingual dental <br> calculus |
| :--- | :--- |
|  | $0-$ No |
|  | $1-$ Yes |
| $8-$ not upliftable |  |

dex_parodont_disp46
dex_parodont_disz46
dex_parodont_mibp46
dex_parodont_mibz46
dex_parodont_mebp46
dex_parodont_mebz46
dex_parodont_milp46
dex_parodont_milz46

DEX: PARODONT: 46 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1-\text { Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 mesio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 medio-lingual dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 medio-lingual dental calculus
dex_parodont_disp44
dex_parodont_disz44
dex_parodont_mibp44
dex_parodont_mibz44
dex_parodont_mebp44
dex_parodont_mebz44
dex_parodont_milp44
dex_parodont_milz44

DEX: PARODONT: 44 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 distal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 medio-buccal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 mesio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 mesio-buccal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 medio-lingual dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 medio-lingual dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_disp43
dex_parodont_disz43
dex_parodont_mibp43
dex_parodont_mibz43
dex_parodont_mebp43
dex_parodont_mebz43
dex_parodont_milp43
dex_parodont_milz43
dex_parodont_disp42

DEX: PARODONT: 43 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 medio-lingual dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 medio-lingual dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_disz42
dex_parodont_mibp42
dex_parodont_mibz42
dex_parodont_mebp42
dex_parodont_mebz42
dex_parodont_milp42
dex_parodont_milz42
dex_parodont_disp41
dex_parodont_disz41

DEX: PARODONT: 42 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1-\text { Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 medio-lingual dental plaque

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 42 medio-lingual dental calculus

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 41 distal dental plaque
0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 41 distal dental calculus
0 - No
1 - Yes

| dex_parodont_mibp41 | DEX: PARODONT: 41 medio-buccal dental plaque |
| :---: | :---: |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_mibz41 | DEX: PARODONT: 41 medio-buccal dental calculus |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_mebp41 | DEX: PARODONT: 41 mesio-buccal dental plaque |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_mebz41 | DEX: PARODONT: 41 mesio-buccal dental calculus |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_milp41 | DEX: PARODONT: 41 medio-lingual dental plaque |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_milz41 | DEX: PARODONT: 41 medio-lingual dental calculus |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_disg17 | DEX: PARODONT: 17 distal gingival margin |
| dex_parodont_diss17 | DEX: PARODONT: 17 distal periodontal probing depth |
| dex_parodont_disa17 | DEX: PARODONT: 17 distal attachment loss |
| dex_parodont_mibg17 | DEX: PARODONT: 17 medio-buccal gingival margin |


| dex_parodont_mibs17 | DEX: PARODONT: 17 medio-buccal periodontal <br> probing depth |
| :--- | :--- |
| dex_parodont_miba17 | DEX: PARODONT: 17 medio-buccal attachment <br> loss |
| dex_parodont_mebg17 | DEX: PARODONT: 17 mesio-buccal gingival <br> margin |
| dex_parodont_mebs17 | DEX: PARODONT: 17 mesio-buccal periodontal <br> probing depth |
| dex_parodont_meba17 | DEX: PARODONT: 17 mesio-buccal attachment <br> loss |
| dex_parodont_mipg17 | DEX: PARODONT: 17 medio-palatinal gingival <br> margin |
| dex_parodont_mips17 | DEX: PARODONT: 17 medio-palatinal <br> periodontal probing depth |
| dex: PARODONT: 16 medio-buccal periodontal |  |
| probing depth |  | probing depth


| dex_parodont_miba16 | DEX: PARODONT: 16 medio-buccal attachment loss |
| :---: | :---: |
| dex_parodont_mebg16 | DEX: PARODONT: 16 mesio-buccal gingival margin |
| dex_parodont_mebs16 | DEX: PARODONT: 16 mesio-buccal periodontal probing depth |
| dex_parodont_meba16 | DEX: PARODONT: 16 mesio-buccal attachment loss |
| dex_parodont_mipg16 | DEX: PARODONT: 16 medio-palatinal gingival margin |
| dex_parodont_mips16 | DEX: PARODONT: 16 medio-palatinal periodontal probing depth |
| dex_parodont_mipa16 | DEX: PARODONT: 16 medio-palatinal attachment loss |
| dex_parodont_disg15 | DEX: PARODONT: 15 distal gingival margin |
| dex_parodont_diss15 | DEX: PARODONT: 15 distal periodontal probing depth |
| dex_parodont_disa15 | DEX: PARODONT: 15 distal attachment loss |
| dex_parodont_mibg15 | DEX: PARODONT: 15 medio-buccal gingival margin |
| dex_parodont_mibs15 | DEX: PARODONT: 15 medio-buccal periodontal probing depth |
| dex_parodont_miba15 | DEX: PARODONT: 15 medio-buccal attachment loss |


| dex_parodont_mebg15 | DEX: PARODONT: 15 mesio-buccal gingival margin |
| :---: | :---: |
| dex_parodont_mebs15 | DEX: PARODONT: 15 mesio-buccal periodontal probing depth |
| dex_parodont_meba15 | DEX: PARODONT: 15 mesio-buccal attachment loss |
| dex_parodont_mipg15 | DEX: PARODONT: 15 medio-palatinal gingival margin |
| dex_parodont_mips15 | DEX: PARODONT: 15 medio-palatinal periodontal probing depth |
| dex_parodont_mipa15 | DEX: PARODONT: 15 medio-palatinal attachment loss |
| dex_parodont_disg14 | DEX: PARODONT: 14 distal gingival margin |
| dex_parodont_diss14 | DEX: PARODONT: 14 distal periodontal probing depth |
| dex_parodont_disa14 | DEX: PARODONT: 14 distal attachment loss |
| dex_parodont_mibg14 | DEX: PARODONT: 14 medio-buccal gingival margin |
| dex_parodont_mibs14 | DEX: PARODONT: 14 medio-buccal periodontal probing depth |
| dex_parodont_miba14 | DEX: PARODONT: 14 medio-buccal attachment loss |
| dex_parodont_mebg14 | DEX: PARODONT: 14 mesio-buccal gingival margin |


| dex_parodont_mebs14 | DEX: PARODONT: 14 mesio-buccal periodontal probing depth |
| :---: | :---: |
| dex_parodont_meba14 | DEX: PARODONT: 14 mesio-buccal attachment loss |
| dex_parodont_mipg14 | DEX: PARODONT: 14 medio-palatinal gingival margin |
| dex_parodont_mips14 | DEX: PARODONT: 14 medio-palatinal periodontal probing depth |
| dex_parodont_mipa14 | DEX: PARODONT: 14 medio-palatinal attachment loss |
| dex_parodont_disg13 | DEX: PARODONT: 13 distal gingival margin |
| dex_parodont_diss13 | DEX: PARODONT: 13 distal periodontal probing depth |
| dex_parodont_disa13 | DEX: PARODONT: 13 distal attachment loss |
| dex_parodont_mibg13 | DEX: PARODONT: 13 medio-buccal gingival margin |
| dex_parodont_mibs13 | DEX: PARODONT: 13 medio-buccal periodontal probing depth |
| dex_parodont_miba13 | DEX: PARODONT: 13 medio-buccal attachment loss |
| dex_parodont_mebg13 | DEX: PARODONT: 13 mesio-buccal gingival margin |
| dex_parodont_mebs13 | DEX: PARODONT: 13 mesio-buccal periodontal probing depth |


| dex_parodont_meba13 | DEX: PARODONT: 13 mesio-buccal attachment loss |
| :---: | :---: |
| dex_parodont_mipg13 | DEX: PARODONT: 13 medio-palatinal gingival margin |
| dex_parodont_mips13 | DEX: PARODONT: 13 medio-palatinal periodontal probing depth |
| dex_parodont_mipa13 | DEX: PARODONT: 13 medio-palatinal attachment loss |
| dex_parodont_disg12 | DEX: PARODONT: 12 distal gingival margin |
| dex_parodont_diss12 | DEX: PARODONT: 12 distal periodontal probing depth |
| dex_parodont_disa12 | DEX: PARODONT: 12 distal attachment loss |
| dex_parodont_mibg12 | DEX: PARODONT: 12 medio-buccal gingival margin |
| dex_parodont_mibs12 | DEX: PARODONT: 12 medio-buccal periodontal probing depth |
| dex_parodont_miba12 | DEX: PARODONT: 12 medio-buccal attachment loss |
| dex_parodont_mebg12 | DEX: PARODONT: 12 mesio-buccal gingival margin |
| dex_parodont_mebs12 | DEX: PARODONT: 12 mesio-buccal periodontal probing depth |
| dex_parodont_meba12 | DEX: PARODONT: 12 mesio-buccal attachment loss |


| dex_parodont_mipg12 | DEX: PARODONT: 12 medio-palatinal gingival margin |
| :---: | :---: |
| dex_parodont_mips12 | DEX: PARODONT: 12 medio-palatinal periodontal probing depth |
| dex_parodont_mipa12 | DEX: PARODONT: 12 medio-palatinal attachment loss |
| dex_parodont_disg11 | DEX: PARODONT: 11 distal gingival margin |
| dex_parodont_diss11 | DEX: PARODONT: 11 distal periodontal probing depth |
| dex_parodont_disa11 | DEX: PARODONT: 11 distal attachment loss |
| dex_parodont_mibg11 | DEX: PARODONT: 11 medio-buccal gingival margin |
| dex_parodont_mibs11 | DEX: PARODONT: 11 medio-buccal periodontal probing depth |
| dex_parodont_miba11 | DEX: PARODONT: 11 medio-buccal attachment loss |
| dex_parodont_mebg11 | DEX: PARODONT: 11 mesio-buccal gingival margin |
| dex_parodont_mebs11 | DEX: PARODONT: 11 mesio-buccal periodontal probing depth |
| dex_parodont_meba11 | DEX: PARODONT: 11 mesio-buccal attachment loss |
| dex_parodont_mipg11 | DEX: PARODONT: 11 medio-palatinal gingival margin |

dex_parodont_mips11
dex_parodont_mipa11
dex_parodont_disb17
dex_parodont_mibb17
dex_parodont_mebb17
dex_parodont_mipb17
dex_parodont_disb16
dex_parodont_mibb16
dex_parodont_mebb16

DEX: PARODONT: 11 medio-palatinal
periodontal probing depth

DEX: PARODONT: 11 medio-palatinal attachment loss

DEX: PARODONT: 17 distal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 17 medio-buccal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 17 mesio-buccal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 17 medio palatinal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 16 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mipb16
dex_parodont_disb14
dex_parodont_mibb14
dex_parodont_mebb14
dex_parodont_mipb14
dex_parodont_disb13
dex_parodont_mibb13
dex_parodont_mebb13
dex_parodont_mipb13

DEX: PARODONT: 16 medio palatinal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 14 medio palatinal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 distal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 13 medio-buccal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 13 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 13 medio palatinal haemorrhage post-periodontal probing

$$
0 \text { - No }
$$

$1-$ Yes
8 - not upliftable
dex_parodont_disb12
dex_parodont_mibb12
dex_parodont_mebb12
dex_parodont_mipb12
dex_parodont_disb11
dex_parodont_mibb11
dex_parodont_mebb11
dex_parodont_mipb11

DEX: PARODONT: 12 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 12 medio palatinal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 11 medio palatinal haemorrhage post-periodontal probing
$0-\mathrm{No}$
1 - Yes
8 - not upliftable
dex_parodont_disg47
dex_parodont_diss47
dex_parodont_disa47
dex_parodont_mibg47
dex_parodont_mibs47
dex_parodont_miba47
dex_parodont_mebg47
dex_parodont_mebs47
dex_parodont_meba47
dex_parodont_milg47
dex_parodont_mils47
dex_parodont_mila47
dex_parodont_disg46
dex_parodont_diss46

DEX: PARODONT: 47 distal gingival margin

DEX: PARODONT: 47 distal periodontal probing depth

DEX: PARODONT: 47 distal attachment loss

DEX: PARODONT: 47 medio-buccal gingival margin

DEX: PARODONT: 47 medio-buccal periodontal probing depth

DEX: PARODONT: 47 medio-buccal attachment loss

DEX: PARODONT: 47 mesio-buccal gingival margin

DEX: PARODONT: 47 mesio-buccal periodontal probing depth

DEX: PARODONT: 47 mesio-buccal attachment loss

DEX: PARODONT: 47 medio-lingual gingival margin

DEX: PARODONT: 47 medio-lingual periodontal probing depth

DEX: PARODONT: 47 medio-lingual attachment loss

DEX: PARODONT: 46 distal gingival margin

DEX: PARODONT: 46 distal periodontal probing depth

| dex_parodont_disa46 | DEX: PARODONT: 46 distal attachment loss |
| :--- | :--- |
| dex_parodont_mibg46 | DEX: PARODONT: 46 medio-buccal gingival <br> margin |
| dex_parodont_mibs46 | DEX: PARODONT: 46 medio-buccal periodontal <br> probing depth |
| dex_parodont_miba46 | DEX: PARODONT: 46 medio-buccal attachment <br> loss |
| dex_parodont_mebg46 | DEX: PARODONT: 46 mesio-buccal gingival <br> margin |
| dex_parodont_mebs46 | DEX: PARODONT: 46 mesio-buccal periodontal <br> probing depth |
| dex_parodont_meba46 | DEX: PARODONT: 46 mesio-buccal attachment <br> loss |
| dex_parodont_disa45 | DEX: PARODONT: 45 distal attachment loss |
| dex_parodont_milg46 | DEX: PARODONT: 46 medio-lingual gingival <br> margin |
| depth |  |


| dex_parodont_mibg45 | DEX: PARODONT: 45 medio-buccal gingival margin |
| :---: | :---: |
| dex_parodont_mibs45 | DEX: PARODONT: 45 medio-buccal periodontal probing depth |
| dex_parodont_miba45 | DEX: PARODONT: 45 medio-buccal attachment loss |
| dex_parodont_mebg45 | DEX: PARODONT: 45 mesio-buccal gingival margin |
| dex_parodont_mebs45 | DEX: PARODONT: 45 mesio-buccal periodontal probing depth |
| dex_parodont_meba45 | DEX: PARODONT: 45 mesio-buccal attachment loss |
| dex_parodont_milg45 | DEX: PARODONT: 45 medio-lingual gingival margin |
| dex_parodont_mils45 | DEX: PARODONT: 45 medio-lingual periodontal probing depth |
| dex_parodont_mila45 | DEX: PARODONT: 45 medio-lingual attachment loss |
| dex_parodont_disg44 | DEX: PARODONT: 44 distal gingival margin |
| dex_parodont_diss44 | DEX: PARODONT: 44 distal periodontal probing depth |
| dex_parodont_disa44 | DEX: PARODONT: 44 distal attachment loss |
| dex_parodont_mibg44 | DEX: PARODONT: 44 medio-buccal gingival margin |


| dex_parodont_mibs44 | DEX: PARODONT: 44 medio-buccal periodontal <br> probing depth |
| :--- | :--- |
| dex_parodont_miba44 | DEX: PARODONT: 44 medio-buccal attachment <br> loss |
| dex_parodont_mebg44 | DEX: PARODONT: 44 mesio-buccal gingival <br> margin |
| dex_parodont_mebs44 | DEX: PARODONT: 44 mesio-buccal periodontal <br> probing depth |
| dex_parodont_meba44 | DEX: PARODONT: 44 mesio-buccal attachment <br> loss |
| dex_parodont_milg44 | DEX: PARODONT: 44 medio-lingual gingival <br>  <br> margin |
| dex_parodont_mibs43 | DEX: PARODONT: 44 medio-lingual periodontal <br> probing depth |
| probing depth |  |


| dex_parodont_miba43 | DEX: PARODONT: 43 medio-buccal attachment <br> loss |
| :--- | :--- |
| dex_parodont_mebg43 | DEX: PARODONT: 43 mesio-buccal gingival <br> margin |
| dex_parodont_mebs43 | DEX: PARODONT: 43 mesio-buccal periodontal <br> probing depth |
| dex_parodont_meba43 | DEX: PARODONT: 43 mesio-buccal attachment <br> loss |
| dex_parodont_milg43 | DEX: PARODONT: 43 medio-lingual gingival <br> margin |
| dex_parodont_mils43 | DEX: PARODONT: 43 medio-lingual periodontal <br> probing depth |
| dex_parodont_miba42 | DEX: PARODONT: 43 medio-lingual attachment <br> loss <br> loss |
| dex_parodont_mila43 | DEX: PARODONT: 42 medio-buccal attachment |
| dex_paroding depth |  |


| dex_parodont_mebg42 | DEX: PARODONT: 42 mesio-buccal gingival <br> margin |
| :--- | :--- |
| dex_parodont_mebs42 | DEX: PARODONT: 42 mesio-buccal periodontal <br> probing depth |
| dex_parodont_meba42 | DEX: PARODONT: 42 mesio-buccal attachment <br> loss |
| dex_parodont_milg42 | DEX: PARODONT: 42 medio-lingual gingival <br> margin |
| dex_parodont_mils42 | DEX: PARODONT: 42 medio-lingual periodontal <br> probing depth |
| dex_parodont_mila42 | DEX: PARODONT: 42 medio-lingual attachment <br> loss |
| dex_parodont_mebg41 | DEX: PARODONT: 41 distal gingival margin <br> margin |
| dex_parodont_disg41 | DEX: PARODONT: 41 medio-buccal attachment <br> dex_parodont_diss41 |
| lex_pars: PARODONT: 41 distal periodontal probing |  |
| depth |  |

dex_parodont_mebs41
dex_parodont_meba41
dex_parodont_milg41
dex_parodont_mils41
dex_parodont_mila41
dex_parodont_disb47
dex_parodont_mibb47
dex_parodont_mebb47
dex_parodont_milb47
dex_parodont_disb46

DEX: PARODONT: 41 mesio-buccal periodontal probing depth

DEX: PARODONT: 41 mesio-buccal attachment loss

DEX: PARODONT: 41 medio-lingual gingival margin

DEX: PARODONT: 41 medio-lingual periodontal probing depth

DEX: PARODONT: 41 medio-lingual attachment loss

DEX: PARODONT: 47 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 47 mesio-buccal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 47 medio-lingual haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 46 distal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
dex_parodont_mibb46
dex_parodont_mebb46
dex_parodont_milb46
dex_parodont_disb44
dex_parodont_mibb44
dex_parodont_mebb44
dex_parodont_milb44
dex_parodont_disb43
dex_parodont_mibb43

DEX: PARODONT: 46 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 46 medio-lingual haemorrhage post-periodontal probing
0 - No
1 - Yes
8 - not upliftable

DEX: PARODONT: 44 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 44 medio-lingual haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 medio-buccal haemorrhage post-periodontal probing

$$
0 \text { - No }
$$

$1-$ Yes
8 - not upliftable
dex_parodont_mebb43
dex_parodont_milb43
dex_parodont_disb42
dex_parodont_mibb42
dex_parodont_mebb42
dex_parodont_milb42
dex_parodont_disb41
dex_parodont_mibb41

DEX: PARODONT: 43 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 43 medio-lingual haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 42 medio-lingual haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 41 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 41 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mebb41
dex_parodont_milb41
dex_parodont_disp27
dex_parodont_disz27
dex_parodont_mibp27
dex_parodont_mibz27
dex_parodont_mebp27
dex_parodont_mebz27
dex_parodont_mipp27

DEX: PARODONT: 41 mesio-buccal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable

DEX: PARODONT: 41 medio-lingual haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 distal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 medio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 mesio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 medio-palatinal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mipz27
dex_parodont_disp26
dex_parodont_disz26
dex_parodont_mibp26
dex_parodont_mibz26
dex_parodont_mebp26
dex_parodont_mebz26
dex_parodont_mipp26
dex_parodont_mipz26

DEX: PARODONT: 27 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 distal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 distal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 medio-palatinal dental plaque

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 26 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes }
\end{aligned}
$$

dex_parodont_disp24
dex_parodont_disz24
dex_parodont_mibp24
dex_parodont_mibz24
dex_parodont_mebp24
dex_parodont_mebz24
dex_parodont_mipp24
dex_parodont_mipz24
dex_parodont_disp23

DEX: PARODONT: 24 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1-\text { Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1-\text { Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 medio-palatinal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 distal dental plaque

$$
0-\text { No }
$$

dex_parodont_disz23
dex_parodont_mibp23
dex_parodont_mibz23
dex_parodont_mebp23
dex_parodont_mebz23
dex_parodont_mipp23
dex_parodont_mipz23
dex_parodont_disp22
dex_parodont_disz22

DEX: PARODONT: 23 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 mesio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 medio-palatinal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mibp22
dex_parodont_mibz22
dex_parodont_mebp22
dex_parodont_mebz22
dex_parodont_mipp22
dex_parodont_mipz22
dex_parodont_disp21
dex_parodont_disz21

DEX: PARODONT: 22 medio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 medio-palatinal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 21 distal dental plaque
0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 21 distal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mibp21
dex_parodont_mibz21
dex_parodont_mebp21
dex_parodont_mebz21
dex_parodont_mipp21
dex_parodont_mipz21
dex_parodont_disp37
dex_parodont_disz37
dex_parodont_mibp37

DEX: PARODONT: 21 medio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 21 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 21 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 21 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 21 medio-palatinal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 21 medio-palatinal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 37 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 37 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 37 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_mibz37
dex_parodont_mebp37
dex_parodont_mebz37
dex_parodont_milp37
dex_parodont_milz37
dex_parodont_disp36
dex_parodont_disz36
dex_parodont_mibp36
dex_parodont_mibz36

DEX: PARODONT: 37 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 37 mesio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 37 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 37 medio-lingual dental plaque

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 37 medio-lingual dental calculus

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 36 distal dental plaque
0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 36 distal dental calculus
0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 36 medio-buccal dental plaque

0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 36 medio-buccal dental calculus

0 - No
1 - Yes

| dex_parodont_mebp36 | DEX: PARODONT: 36 mesio-buccal dental plaque |
| :---: | :---: |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_mebz36 | DEX: PARODONT: 36 mesio-buccal dental calculus |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_milp36 | DEX: PARODONT: 36 medio-lingual dental plaque |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_milz36 | DEX: PARODONT: 36 medio-lingual dental calculus |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_disp34 | DEX: PARODONT: 34 distal dental plaque |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_disz34 | DEX: PARODONT: 34 distal dental calculus |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_mibp34 | DEX: PARODONT: 34 medio-buccal dental plaque |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_mibz34 | DEX: PARODONT: 34 medio-buccal dental calculus |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not upliftable |
| dex_parodont_mebp34 | DEX: PARODONT: 34 mesio-buccal dental plaque |
|  | 0 - No |

dex_parodont_mebz34
dex_parodont_milp34
dex_parodont_milz34
dex_parodont_disp33
dex_parodont_disz33
dex_parodont_mibp33
dex_parodont_mibz33
dex_parodont_mebp33
dex_parodont_mebz33

DEX: PARODONT: 34 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 34 medio-lingual dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 34 medio-lingual dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 33 distal dental plaque
0 - No
1 - Yes
8 - not upliftable
DEX: PARODONT: 33 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 33 medio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 33 medio-buccal dental calculus
$0-$ No
1 - Yes
8 - not upliftable

DEX: PARODONT: 33 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 33 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_milp33
dex_parodont_milz33
dex_parodont_disp32
dex_parodont_disz32
dex_parodont_mibp32
dex_parodont_mibz32
dex_parodont_mebp32
dex_parodont_mebz32

DEX: PARODONT: 33 medio-lingual dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 33 medio-lingual dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 distal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 distal dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 medio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 mesio-buccal dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

dex_parodont_milp32
dex_parodont_milz32
dex_parodont_disp31
dex_parodont_disz31
dex_parodont_mibp31
dex_parodont_mibz31
dex_parodont_mebp31
dex_parodont_mebz31
dex_parodont_milp31

DEX: PARODONT: 32 medio-lingual dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 medio-lingual dental calculus

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 distal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 distal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 medio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 medio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 mesio-buccal dental plaque

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 mesio-buccal dental calculus

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 medio-lingual dental plaque

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

| dex_parodont_milz31 | DEX: PARODONT: 31 medio-lingual dental calculus |
| :---: | :---: |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - not up |
| dex_parodont_disg27 | DEX: PARODONT: 27 distal gingival margin |
| dex_parodont_diss27 | DEX: PARODONT: 27 distal periodontal probing depth |
| dex_parodont_disa27 | DEX: PARODONT: 27 distal attachment loss |
| dex_parodont_mibg27 | DEX: PARODONT: 27 medio-buccal gingival margin |
| dex_parodont_mibs27 | DEX: PARODONT: 27 medio-buccal periodontal probing depth |
| dex_parodont_miba27 | DEX: PARODONT: 27 medio-buccal attachment loss |
| dex_parodont_mebg27 | DEX: PARODONT: 27 mesio-buccal gingival margin |
| dex_parodont_mebs27 | DEX: PARODONT: 27 mesio-buccal periodontal probing depth |
| dex_parodont_meba27 | DEX: PARODONT: 27 mesio-buccal attachment loss |
| dex_parodont_mipg27 | DEX: PARODONT: 27 medio-palatinal gingival margin |
| dex_parodont_mips27 | DEX: PARODONT: 27 medio-palatinal periodontal probing depth |
| dex_parodont_mipa27 | DEX: PARODONT: 27 medio-palatinal attachment loss |


| dex_parodont_disg26 | DEX: PARODONT: 26 distal gingival margin |
| :--- | :--- |
| dex_parodont_diss26 | DEX: PARODONT: 26 distal periodontal probing <br> depth |
| dex_parodont_disa26 | DEX: PARODONT: 26 distal attachment loss |
| dex_parodont_mibg26 | DEX: PARODONT: 26 medio-buccal gingival <br> margin |
| dex_parodont_mibs26 | DEX: PARODONT: 26 medio-buccal periodontal <br> probing depth |
| dex_parodont_miba26 | DEX: PARODONT: 26 medio-buccal attachment <br> loss |
| dex_parodont_mebg26 | DEX: PARODONT: 26 mesio-buccal gingival <br> margin |
| dex_parodont_disg25 | DEX: PARODONT: 25 distal gingival margin <br> dex_parodont_mebs26 |
| DEX: PARODONT: 26 mesio-buccal periodontal |  |
| probing depth |  |

DEX: PARODONT: 25 distal gingival margin
dex_parodont_diss25
dex_parodont_disa25
dex_parodont_mibg25
dex_parodont_mibs25
dex_parodont_miba25
dex_parodont_mebg25
dex_parodont_mebs25
dex_parodont_meba25
dex_parodont_mipg25
dex_parodont_mips25
dex_parodont_mipa25
dex_parodont_disg24
dex_parodont_diss24
dex_parodont_disa24

DEX: PARODONT: 25 distal periodontal probing depth

DEX: PARODONT: 25 distal attachment loss

DEX: PARODONT: 25 medio-buccal gingival margin

DEX: PARODONT: 25 medio-buccal periodontal probing depth

DEX: PARODONT: 25 medio-buccal attachment loss

DEX: PARODONT: 25 mesio-buccal gingival margin

DEX: PARODONT: 25 mesio-buccal periodontal probing depth

DEX: PARODONT: 25 mesio-buccal attachment loss

DEX: PARODONT: 25 medio-palatinal gingival margin

DEX: PARODONT: 25 medio-palatinal periodontal probing depth

DEX: PARODONT: 25 medio-palatinal attachment loss

DEX: PARODONT: 24 distal gingival margin

DEX: PARODONT: 24 distal periodontal probing depth

DEX: PARODONT: 24 distal attachment loss

| dex_parodont_mibg24 | DEX: PARODONT: 24 medio-buccal gingival margin |
| :---: | :---: |
| dex_parodont_mibs24 | DEX: PARODONT: 24 medio-buccal periodontal probing depth |
| dex_parodont_miba24 | DEX: PARODONT: 24 medio-buccal attachment loss |
| dex_parodont_mebg24 | DEX: PARODONT: 24 mesio-buccal gingival margin |
| dex_parodont_mebs24 | DEX: PARODONT: 24 mesio-buccal periodontal probing depth |
| dex_parodont_meba24 | DEX: PARODONT: 24 mesio-buccal attachment loss |
| dex_parodont_mipg24 | DEX: PARODONT: 24 medio-palatinal gingival margin |
| dex_parodont_mips24 | DEX: PARODONT: 24 medio-palatinal periodontal probing depth |
| dex_parodont_mipa24 | DEX: PARODONT: 24 medio-palatinal attachment loss |
| dex_parodont_disg23 | DEX: PARODONT: 23 distal gingival margin |
| dex_parodont_diss23 | DEX: PARODONT: 23 distal periodontal probing depth |
| dex_parodont_disa23 | DEX: PARODONT: 23 distal attachment loss |
| dex_parodont_mibg23 | DEX: PARODONT: 23 medio-buccal gingival margin |

dex_parodont_mibs23
dex_parodont_miba23
dex_parodont_mebg23
dex_parodont_mebs23
dex_parodont_meba23
dex_parodont_mipg23
dex_parodont_mips23
dex_parodont_mipa23
dex_parodont_disg22
dex_parodont_diss22
dex_parodont_disa22
dex_parodont_mibg22
dex_parodont_mibs22

DEX: PARODONT: 23 medio-buccal periodontal probing depth

DEX: PARODONT: 23 medio-buccal attachment loss

DEX: PARODONT: 23 mesio-buccal gingival margin

DEX: PARODONT: 23 mesio-buccal periodontal probing depth

DEX: PARODONT: 23 mesio-buccal attachment loss

DEX: PARODONT: 23 medio-palatinal gingival margin

DEX: PARODONT: 23 medio-palatinal periodontal probing depth

DEX: PARODONT: 23 medio-palatinal attachment loss

DEX: PARODONT: 22 distal gingival margin

DEX: PARODONT: 22 distal periodontal probing depth

DEX: PARODONT: 22 distal attachment loss

DEX: PARODONT: 22 medio-buccal gingival margin

DEX: PARODONT: 22 medio-buccal periodontal probing depth

| dex_parodont_miba22 | DEX: PARODONT: 22 medio-buccal attachment <br> loss |
| :--- | :--- |
| dex_parodont_mebg22 | DEX: PARODONT: 22 mesio-buccal gingival <br> margin |
| dex_parodont_mebs22 | DEX: PARODONT: 22 mesio-buccal periodontal <br> probing depth |
| dex_parodont_meba22 | DEX: PARODONT: 22 mesio-buccal attachment <br> loss |
| dex_parodont_mipg22 | DEX: PARODONT: 22 medio-palatinal gingival <br> margin |
| dex_parodont_mips22 | DEX: PARODONT: 22 medio-palatinal <br> periodontal probing depth |
| dex_parodont_miba21 | DEX: PARODONT: 22 medio-palatinal <br> dex: PARODONT: 21 medio-buccal attachment <br> loss |
| dextachment loss |  |

dex_parodont_mebg21
dex_parodont_mebs21
dex_parodont_meba21
dex_parodont_mipg21
dex_parodont_mips21
dex_parodont_mipa21
dex_parodont_disb27
dex_parodont_mibb27
dex_parodont_mebb27
dex_parodont_mipb27
dex_parodont_disb26

DEX: PARODONT: 21 mesio-buccal gingival margin

DEX: PARODONT: 21 mesio-buccal periodontal probing depth

DEX: PARODONT: 21 mesio-buccal attachment loss

DEX: PARODONT: 21 medio-palatinal gingival margin

DEX: PARODONT: 21 medio-palatinal periodontal probing depth

DEX: PARODONT: 21 medio-palatinal attachment loss

DEX: PARODONT: 27 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 27 medio palatinal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 distal haemorrhage post-periodontal probing

$$
0 \text { - No }
$$

```
1-Yes
8 - not upliftable
```

dex_parodont_mibb26
dex_parodont_mebb26
dex_parodont_mipb26
dex_parodont_disb24
dex_parodont_mibb24
dex_parodont_mebb24
dex_parodont_mipb24
dex_parodont_disb23

DEX: PARODONT: 26 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 26 medio palatinal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 24 medio palatinal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 distal haemorrhage post-periodontal probing
$0-$ No
1 - Yes
8 - not upliftable
dex_parodont_mibb23
dex_parodont_mebb23
dex_parodont_mipb23
dex_parodont_disb22
dex_parodont_mibb22
dex_parodont_mebb22
dex_parodont_mipb22
dex_parodont_disb21
dex_parodont_mibb21

DEX: PARODONT: 23 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 23 medio palatinal haemorrhage post-periodontal probing
0 - No
1 - Yes
8 - not upliftable

DEX: PARODONT: 22 distal haemorrhage post-periodontal probing
0 - No
1 - Yes
8 - not upliftable

DEX: PARODONT: 22 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 22 medio palatinal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 21 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 21 medio-buccal haemorrhage post-periodontal probing

$$
0-\mathrm{No}
$$

> 1 - Yes 8 - not upliftable

| dex_parodont_mebb21 | DEX: PARODONT: 21 mesio-buccal haemorrhage <br> post-periodontal probing |
| :--- | :--- |
|  |  |
|  |  |
| dex_parodont_mipb21 | DEX: PARODONT: 21 medio palatinal <br> haemorrhage post-periodontal probing |


| dex_parodont_mils37 | DEX: PARODONT: 37 medio-lingual periodontal probing depth |
| :---: | :---: |
| dex_parodont_mila37 | DEX: PARODONT: 37 medio-lingual attachment loss |
| dex_parodont_disg36 | DEX: PARODONT: 36 distal gingival margin |
| dex_parodont_diss36 | DEX: PARODONT: 36 distal periodontal probing depth |
| dex_parodont_disa36 | DEX: PARODONT: 36 distal attachment loss |
| dex_parodont_mibg36 | DEX: PARODONT: 36 medio-buccal gingival margin |
| dex_parodont_mibs36 | DEX: PARODONT: 36 medio-buccal periodontal probing depth |
| dex_parodont_miba36 | DEX: PARODONT: 36 medio-buccal attachment loss |
| dex_parodont_mebg36 | DEX: PARODONT: 36 mesio-buccal gingival margin |
| dex_parodont_mebs36 | DEX: PARODONT: 36 mesio-buccal periodontal probing depth |
| dex_parodont_meba36 | DEX: PARODONT: 36 mesio-buccal attachment loss |
| dex_parodont_milg36 | DEX: PARODONT: 36 medio-lingual gingival margin |
| dex_parodont_mils36 | DEX: PARODONT: 36 medio-lingual periodontal probing depth |


| dex_parodont_mila36 | DEX: PARODONT: 36 medio-lingual attachment loss |
| :---: | :---: |
| dex_parodont_disg35 | DEX: PARODONT: 35 distal gingival margin |
| dex_parodont_diss35 | DEX: PARODONT: 35 distal periodontal probing depth |
| dex_parodont_disa35 | DEX: PARODONT: 35 distal attachment loss |
| dex_parodont_mibg35 | DEX: PARODONT: 35 medio-buccal gingival margin |
| dex_parodont_mibs35 | DEX: PARODONT: 35 medio-buccal periodontal probing depth |
| dex_parodont_miba35 | DEX: PARODONT: 35 medio-buccal attachment loss |
| dex_parodont_mebg35 | DEX: PARODONT: 35 mesio-buccal gingival margin |
| dex_parodont_mebs35 | DEX: PARODONT: 35 mesio-buccal periodontal probing depth |
| dex_parodont_meba35 | DEX: PARODONT: 35 mesio-buccal attachment loss |
| dex_parodont_milg35 | DEX: PARODONT: 35 medio-lingual gingival margin |
| dex_parodont_mils35 | DEX: PARODONT: 35 medio-lingual periodontal probing depth |
| dex_parodont_mila35 | DEX: PARODONT: 35 medio-lingual attachment loss |

dex_parodont_disg34
dex_parodont_diss34
dex_parodont_disa34
dex_parodont_mibg34
dex_parodont_mibs34
dex_parodont_miba34
dex_parodont_mebg34
dex_parodont_mebs34
dex_parodont_meba34
dex_parodont_milg34
dex_parodont_mils34
dex_parodont_mila34
dex_parodont_disg33
dex_parodont_diss33

DEX: PARODONT: 34 distal gingival margin

DEX: PARODONT: 34 distal periodontal probing depth

DEX: PARODONT: 34 distal attachment loss

DEX: PARODONT: 34 medio-buccal gingival margin

DEX: PARODONT: 34 medio-buccal periodontal probing depth

DEX: PARODONT: 34 medio-buccal attachment loss

DEX: PARODONT: 34 mesio-buccal gingival margin

DEX: PARODONT: 34 mesio-buccal periodontal probing depth

DEX: PARODONT: 34 mesio-buccal attachment loss

DEX: PARODONT: 34 medio-lingual gingival margin

DEX: PARODONT: 34 medio-lingual periodontal probing depth

DEX: PARODONT: 34 medio-lingual attachment loss

DEX: PARODONT: 33 distal gingival margin

DEX: PARODONT: 33 distal periodontal probing depth

| dex_parodont_disa33 | DEX: PARODONT: 33 distal attachment loss |
| :---: | :---: |
| dex_parodont_mibg33 | DEX: PARODONT: 33 medio-buccal gingival margin |
| dex_parodont_mibs33 | DEX: PARODONT: 33 medio-buccal periodontal probing depth |
| dex_parodont_miba33 | DEX: PARODONT: 33 medio-buccal attachment loss |
| dex_parodont_mebg33 | DEX: PARODONT: 33 mesio-buccal gingival margin |
| dex_parodont_mebs33 | DEX: PARODONT: 33 mesio-buccal periodontal probing depth |
| dex_parodont_meba33 | DEX: PARODONT: 33 mesio-buccal attachment loss |
| dex_parodont_milg33 | DEX: PARODONT: 33 medio-lingual gingival margin |
| dex_parodont_mils33 | DEX: PARODONT: 33 medio-lingual periodontal probing depth |
| dex_parodont_mila33 | DEX: PARODONT: 33 medio-lingual attachment loss |
| dex_parodont_disg32 | DEX: PARODONT: 32 distal gingival margin |
| dex_parodont_diss32 | DEX: PARODONT: 32 distal periodontal probing depth |
| dex_parodont_disa32 | DEX: PARODONT: 32 distal attachment loss |


| dex_parodont_mibg32 | DEX: PARODONT: 32 medio-buccal gingival <br> margin |
| :--- | :--- |
| dex_parodont_mibs32 | DEX: PARODONT: 32 medio-buccal periodontal <br> probing depth |
| dex_parodont_miba32 | DEX: PARODONT: 32 medio-buccal attachment <br> loss |
| dex_parodont_mebg32 | DEX: PARODONT: 32 mesio-buccal gingival <br> margin |
| dex_parodont_mebs32 | DEX: PARODONT: 32 mesio-buccal periodontal <br> probing depth |
| dex_parodont_meba32 | DEX: PARODONT: 32 mesio-buccal attachment <br> loss |
| dex_parodont_milg32 | DEX: PARODONT: 32 medio-lingual gingival <br> margin |
| dex: PARODONT: 31 medio-buccal gingival |  |
| margin |  |

dex_parodont_mibs31
dex_parodont_miba31
dex_parodont_mebg31
dex_parodont_mebs31
dex_parodont_meba31
dex_parodont_milg31
dex_parodont_mils31
dex_parodont_mila31
dex_parodont_disb37
dex_parodont_mibb37
dex_parodont_mebb37

DEX: PARODONT: 31 medio-buccal periodontal probing depth

DEX: PARODONT: 31 medio-buccal attachment loss

DEX: PARODONT: 31 mesio-buccal gingival margin

DEX: PARODONT: 31 mesio-buccal periodontal probing depth

DEX: PARODONT: 31 mesio-buccal attachment loss

DEX: PARODONT: 31 medio-lingual gingival margin

DEX: PARODONT: 31 medio-lingual periodontal probing depth

DEX: PARODONT: 31 medio-lingual attachment loss

DEX: PARODONT: 37 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 37 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 37 mesio-buccal haemorrhage post-periodontal probing

0 - No
1 - Yes
8 - not upliftable
dex_parodont_milb37
dex_parodont_disb36
dex_parodont_mibb36
dex_parodont_mebb36
dex_parodont_milb36
dex_parodont_disb34
dex_parodont_mibb34
dex_parodont_mebb34
dex_parodont_milb34

DEX: PARODONT: 37 medio-lingual haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 36 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 36 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 36 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 36 medio-lingual haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 34 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 34 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 34 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 34 medio-lingual haemorrhage post-periodontal probing

$$
0-\mathrm{No}
$$

$1-$ Yes
8 - not upliftable
dex_parodont_disb33
dex_parodont_mibb33
dex_parodont_mebb33
dex_parodont_milb33
dex_parodont_disb32
dex_parodont_mibb32
dex_parodont_mebb32
dex_parodont_milb32

DEX: PARODONT: 33 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 33 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 33 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 33 medio-lingual haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 distal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 32 medio-lingual haemorrhage post-periodontal probing
$0-\mathrm{No}$
1 - Yes
8 - not upliftable
dex_parodont_disb31
dex_parodont_mibb31
dex_parodont_mebb31
dex_parodont_milb31
dex_parodont_bes
dex_parodont_bestext
dex_parodont_end
dex_cariesco_begin
dex_cariesco_do17

DEX: PARODONT: 31 distal haemorrhage post-periodontal probing
$0-$ No
1 - Yes
8 - not upliftable

DEX: PARODONT: 31 medio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 mesio-buccal haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: 31 medio-lingual haemorrhage post-periodontal probing

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - not upliftable }
\end{aligned}
$$

DEX: PARODONT: special features periodontal diagnostic

0 - no particularities
1 - particularities
8 - total data sheets not collectible
9 - total data sheets disallowed

DEX: PARODONT: remark periodontal diagnostic

DEX: PARODONT: end periodontal diagnostic

DEX: CARIESCO: begin caries diagnostic

DEX: CARIESCO: 17 occlusal dental crown caries

$$
\begin{aligned}
& 0 \text { - healthy } \\
& 2 \text { - carious defect }=3 \mathrm{~mm} \\
& 3 \text { - Dental caries }>3 \mathrm{~mm} \\
& 4 \text { - Filling: (prosthetic findings) } \\
& 5 \text { - Secondary caries } \\
& 6 \text { - extracted } \\
& 8 \text { - not ascertainable } \\
& 9 \text { - persistent teeth of the 1st dentition }
\end{aligned}
$$

dex_cariesco_dd17
dex_cariesco_db17
dex_cariesco_dm17

DEX: CARIESCO: 17 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 17 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 17 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries

6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_dp17
dex_cariesco_do16
dex_cariesco_dd16

DEX: CARIESCO: 17 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment

DEX: CARIESCO: 16 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area
after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment

DEX: CARIESCO: 16 distal dental crown caries
0 - healthy

2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_db16
DEX: CARIESCO: 16 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dm16
DEX: CARIESCO: 16 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dp16
dex_cariesco_do15
dex_cariesco_dd15

DEX: CARIESCO: 16 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 15 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 15 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire) 11 - single teeth lost due to trauma (inquire)

12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_db15
dex_cariesco_dm15

DEX: CARIESCO: 15 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 15 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 15 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
dex_cariesco_do14
dex_cariesco_dd14
dex_cariesco_db14

DEX: CARIESCO: 14 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 14 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 14 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries

6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_dm14
dex_cariesco_dp14
dex_cariesco_dd13

DEX: CARIESCO: 14 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment

DEX: CARIESCO: 14 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area
after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 13 distal dental crown caries
0 - healthy

2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_db13
DEX: CARIESCO: 13 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 13 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dp13
dex_cariesco_dd12
dex_cariesco_db12

DEX: CARIESCO: 13 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns / fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 12 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 12 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire) 11 - single teeth lost due to trauma (inquire)

12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_dm12
dex_cariesco_dp12
dex_cariesco_dd11

DEX: CARIESCO: 12 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 12 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries >3m
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 11 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition

10 - crowns / fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_db11
dex_cariesco_dm11
dex_cariesco_dp11

DEX: CARIESCO: 11 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 11 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 11 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)

5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_do47
dex_cariesco_dd47
dex_cariesco_db47

DEX: CARIESCO: 47 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 47 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area
after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 47 buccal dental crown caries
0 - healthy

2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dm47
DEX: CARIESCO: 47 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dl47
DEX: CARIESCO: 47 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries >3 mm
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_do46
dex_cariesco_dd46
dex_cariesco_db46

DEX: CARIESCO: 46 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 46 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 46 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire) 11 - single teeth lost due to trauma (inquire)

12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_dm46
dex_cariesco_dl46
dex_cariesco_do45

DEX: CARIESCO: 46 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 46 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 45 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
dex_cariesco_dd45
dex_cariesco_db45
dex_cariesco_dm45

DEX: CARIESCO: 45 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 45 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 45 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries

6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_dl45
dex_cariesco_do44
dex_cariesco_dd44

DEX: CARIESCO: 45 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment

DEX: CARIESCO: 44 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment

DEX: CARIESCO: 44 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$

3 - Dental caries >3mm
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_db44
dex_cariesco_dm44

DEX: CARIESCO: 44 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 44 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dl44
dex_cariesco_dd43
dex_cariesco_db43

DEX: CARIESCO: 44 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 43 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 43 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)

13 - teeth missing due to nonattachment
dex_cariesco_dm43
dex_cariesco_dl43
dex_cariesco_dd42

DEX: CARIESCO: 43 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 43 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 42 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)

11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_db42
dex_cariesco_dm42
dex_cariesco_dl42

DEX: CARIESCO: 42 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 42 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns / fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 42 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable

9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dd41
dex_cariesco_db41
dex_cariesco_dm41

DEX: CARIESCO: 41 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 41 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 41 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)

5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dl41
dex_cariesco_do27
dex_cariesco_dd27

DEX: CARIESCO: 41 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 27 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area
after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to non-
attachment

DEX: CARIESCO: 27 distal dental crown caries
0 - healthy

2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_db27
DEX: CARIESCO: 27 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 27 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dp27
dex_cariesco_do26
dex_cariesco_dd26

DEX: CARIESCO: 27 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns / fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 26 occlusal dental crown caries

$$
0 \text { - healthy }
$$

2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns / fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 26 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns / fillings in the incisor area after ascertainable trauma (inquire) 11 - single teeth lost due to trauma (inquire)

12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_db26
dex_cariesco_dm26

DEX: CARIESCO: 26 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 26 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns / fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 26 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
dex_cariesco_do25
dex_cariesco_dd25
dex_cariesco_db25

DEX: CARIESCO: 25 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 25 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 25 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries

6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_dm25
dex_cariesco_dp25
dex_cariesco_do24

DEX: CARIESCO: 25 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment

DEX: CARIESCO: 25 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area
after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 24 occlusal dental crown caries
0 - healthy

2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dd24
dex_cariesco_db24

DEX: CARIESCO: 24 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 24 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dm24
dex_cariesco_dp24
dex_cariesco_dd23

DEX: CARIESCO: 24 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 24 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 23 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire) 11 - single teeth lost due to trauma (inquire)

12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_db23
dex_cariesco_dm23
dex_cariesco_dp23

DEX: CARIESCO: 23 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 23 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns / fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 23 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1 st dentition
dex_cariesco_dd22
dex_cariesco_db22
dex_cariesco_dm22

DEX: CARIESCO: 22 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 22 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 22 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries

6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_dp22
dex_cariesco_dd21
dex_cariesco_db21

DEX: CARIESCO: 22 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment

DEX: CARIESCO: 21 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area
after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 21 buccal dental crown caries
0 - healthy

2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dm21
dex_cariesco_dp21

DEX: CARIESCO: 21 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 21 palatinal dental crown caries

0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)

13 - teeth missing due to nonattachment
dex_cariesco_do37
dex_cariesco_dd37
dex_cariesco_db37
DEX: CARIESCO: 37 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 37 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 37 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)

11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dm37
dex_cariesco_dl37
dex_cariesco_do36

DEX: CARIESCO: 37 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 37 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 36 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable

9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dd36
dex_cariesco_db36
dex_cariesco_dm36

DEX: CARIESCO: 36 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 36 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 36 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)

5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dl36
dex_cariesco_do35
dex_cariesco_dd35

DEX: CARIESCO: 36 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 35 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area
after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to non-
attachment

DEX: CARIESCO: 35 distal dental crown caries
0 - healthy

2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_db35
DEX: CARIESCO: 35 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 35 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dl35
dex_cariesco_do34
dex_cariesco_dd34

DEX: CARIESCO: 35 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 34 occlusal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 34 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire) 11 - single teeth lost due to trauma (inquire)

12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_db34
dex_cariesco_dm34
dex_cariesco_dl34

DEX: CARIESCO: 34 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 34 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 34 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
dex_cariesco_dd33
dex_cariesco_db33
dex_cariesco_dm33

DEX: CARIESCO: 33 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 33 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 33 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries

6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment
dex_cariesco_dl33
dex_cariesco_dd32
dex_cariesco_db32

DEX: CARIESCO: 33 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire) 13 - teeth missing due to nonattachment

DEX: CARIESCO: 32 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 32 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$

3 - Dental caries >3mm
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dm32
dex_cariesco_dl32

DEX: CARIESCO: 32 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 32 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition 10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment
dex_cariesco_dd31
dex_cariesco_db31
dex_cariesco_dm31

DEX: CARIESCO: 31 distal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 31 buccal dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/ fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: 31 mesial dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premolars for orthodontic reasons (inquire)

13 - teeth missing due to nonattachment
dex_cariesco_dl31
dex_cariesco_bes
dex_cariesco_bestext
dex_cariesco_end
dex_rootcar_begin
dex_rootcar_wd17
dex_rootcar_wb17

DEX: CARIESCO: 31 lingual dental crown caries
0 - healthy
2 - carious defect $=3 \mathrm{~mm}$
3 - Dental caries $>3 \mathrm{~mm}$
4 - Filling: (prosthetic findings)
5 - Secondary caries
6 - extracted
8 - not ascertainable
9 - persistent teeth of the 1st dentition
10 - crowns/fillings in the incisor area after ascertainable trauma (inquire)
11 - single teeth lost due to trauma (inquire)
12 - symmetrically extracted premo-
lars for orthodontic reasons (inquire)
13 - teeth missing due to nonattachment

DEX: CARIESCO: special features caries diagnostic

0 - no particularities
1 - particularities
8 - total data sheets not collectible
9 - total data sheets disallowed

DEX: CARIESCO: remark caries diagnostic

DEX: CARIESCO: end caries diagnostic

DEX: ROOTCAR: begin root caries diagnostic

DEX: ROOTCAR: 17 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 17 buccal dental root caries
0 - no findings (no recession, no root caries)

1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wm17
dex_rootcar_wp17
dex_rootcar_wd16

DEX: ROOTCAR: 17 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 17 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 16 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 16 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wm16
dex_rootcar_wp16
dex_rootcar_wd15
dex_rootcar_wb15
dex_rootcar_wm15

DEX: ROOTCAR: 16 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 16 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 15 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 15 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 15 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries

4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wp15
dex_rootcar_wd14
dex_rootcar_wb14
dex_rootcar_wm14
dex_rootcar_wp14

DEX: ROOTCAR: 15 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 14 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 14 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 14 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 14 palatinal dental root caries

0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wd13
dex_rootcar_wb13
dex_rootcar_wm13
dex_rootcar_wp13

DEX: ROOTCAR: 13 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 13 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 13 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 13 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area

5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wd12
dex_rootcar_wb12
dex_rootcar_wm12
dex_rootcar_wp12
dex_rootcar_wd11

DEX: ROOTCAR: 12 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 12 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 12 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 12 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area

5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 11 distal dental root caries
0 - no findings (no recession, no root caries)

1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wb11
dex_rootcar_wm11
dex_rootcar_wp11
dex_rootcar_wd21

DEX: ROOTCAR: 11 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 11 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 11 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 21 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wb21
dex_rootcar_wm21
dex_rootcar_wp21
dex_rootcar_wd22
dex_rootcar_wb22

DEX: ROOTCAR: 21 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 21 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 21 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 22 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 22 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries

4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wm22
dex_rootcar_wp22
dex_rootcar_wd23
dex_rootcar_wb23
dex_rootcar_wm 23

DEX: ROOTCAR: 22 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 22 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 23 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 23 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 23 mesial dental root caries

0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wp23
dex_rootcar_wd24
dex_rootcar_wb24
dex_rootcar_wm24

DEX: ROOTCAR: 23 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 24 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 24 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 24 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area

5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wp24
dex_rootcar_wd25
dex_rootcar_wb25
dex_rootcar_wm25
dex_rootcar_wp25

DEX: ROOTCAR: 24 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 25 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 25 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 25 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 25 palatinal dental root caries
0 - no findings (no recession, no root caries)

1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wd26
dex_rootcar_wb26
dex_rootcar_wm 26
dex_rootcar_wp26

DEX: ROOTCAR: 26 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 26 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 26 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 26 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wd27
dex_rootcar_wb27
dex_rootcar_wm27
dex_rootcar_wp27
dex_rootcar_wd37

DEX: ROOTCAR: 27 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 27 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 27 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 27 palatinal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 37 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries

4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wb37
dex_rootcar_wm37
dex_rootcar_wl37
dex_rootcar_wd36
dex_rootcar_wb36

DEX: ROOTCAR: 37 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 37 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 37 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 36 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 36 buccal dental root caries

0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wm36
dex_rootcar_wl36
dex_rootcar_wd35
dex_rootcar_wb35

DEX: ROOTCAR: 36 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 36 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 35 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 35 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area

5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wm35
dex_rootcar_wl35
dex_rootcar_wd34
dex_rootcar_wb34
dex_rootcar_wm34

DEX: ROOTCAR: 35 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 35 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 34 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 34 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 34 mesial dental root caries
0 - no findings (no recession, no root caries)

1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wl34
dex_rootcar_wd33
dex_rootcar_wb33
dex_rootcar_wm33

DEX: ROOTCAR: 34 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 33 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 33 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 33 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wl33
dex_rootcar_wd32
dex_rootcar_wb32
dex_rootcar_wm32
dex_rootcar_wl32

DEX: ROOTCAR: 33 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 32 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 32 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 32 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 32 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries

4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wd31
dex_rootcar_wb31
dex_rootcar_wm31
dex_rootcar_wl31
dex_rootcar_wd41

DEX: ROOTCAR: 31 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 31 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 31 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 31 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 41 distal dental root caries

0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wb41
dex_rootcar_wm41
dex_rootcar_wl41
dex_rootcar_wd42

DEX: ROOTCAR: 41 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 41 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 41 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 42 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area

5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wb42
dex_rootcar_wm42
dex_rootcar_wl42
dex_rootcar_wd43
dex_rootcar_wb43

DEX: ROOTCAR: 42 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 42 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 42 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 43 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 43 buccal dental root caries
0 - no findings (no recession, no root caries)

1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wm43
dex_rootcar_wl43
dex_rootcar_wd44
dex_rootcar_wb44

DEX: ROOTCAR: 43 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 43 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 44 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
DEX: ROOTCAR: 44 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_w144
dex_rootcar_wd45
dex_rootcar_wb45
dex_rootcar_wm45

DEX: ROOTCAR: 44 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 44 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 45 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 45 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 45 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries

4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wl45
dex_rootcar_wd46
dex_rootcar_wb46
dex_rootcar_wm46
dex_rootcar_w146

DEX: ROOTCAR: 45 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 46 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 46 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 46 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 46 lingual dental root caries

0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable
dex_rootcar_wd47
dex_rootcar_wb47
dex_rootcar_wm47
dex_rootcar_wl47

DEX: ROOTCAR: 47 distal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 47 buccal dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 47 mesial dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
5 - Secondary caries on fillings in the root area
8 - Other, not ascertainable

DEX: ROOTCAR: 47 lingual dental root caries
0 - no findings (no recession, no root caries)
1 - recession without root caries
2 - recession and root caries
4 - recession and filling in the root area
dex_rootcar_bes
dex_rootcar_bestext
dex_rootcar_end

## ORALEND

dex_oralend_begin
dex_oralend_interponat
dex_oralend_interponat_note
dex_oralend_dentimpress
dex_dentimpess_note
dex_ab_msh
dex_oralend_ab_karies

DEX: ROOTCAR: special features root caries diagnostic

> 0 - no particularities
> 1 - particularities
> 8 - total data sheets not collectible
> 9 - total data sheets disallowed

DEX: ROOTCAR: remark root caries diagnostic

DEX: ROOTCAR: end root caries diagnostic

## DEX: Final data

begin of final dental examination

Bite register

$$
\begin{aligned}
& 1-\text { Yes } \\
& 0-\text { No } \\
& 8 \text { - value not usable } \\
& 9 \text { - refused }
\end{aligned}
$$

reason for non realisation
dental impression

$$
\begin{aligned}
& 1-\text { Yes } \\
& 0-\text { No } \\
& 8 \text { - value not usable } \\
& 9 \text { - refused }
\end{aligned}
$$

Reason for non realisation

Admission note: mucosa degeneration

$$
\begin{aligned}
& 1-\text { Yes } \\
& 0-\text { No } \\
& 8 \text { - value not usable } \\
& 9 \text { - refused }
\end{aligned}
$$

Admission note: crown resp. root caries

$$
1 \text { - Yes }
$$

0 - No
8 - value not usable

| dex_oralend_ab_paro | admission note: periodontitis (gingival sulcus>=5mm) |
| :---: | :---: |
|  | 1-Yes |
|  | 0 - No |
|  | 8 - value not usable |
|  | 9 - refused |
| dex_oralend_bes | Special features of the final interview |
|  | 0 - not any |
|  | 1 - single |
|  | 8 - not possible to do |
|  | 9 - refused |
| dex_oralend_ab_bestext | Special features of the final interview with the dentist |
| dex_oralend_end | end of dental examination |
| DEXCGT | DEX: Kautest |
| dex_cgt_scan_start | start (scan) |
| dex_cgt_scan_usnr | examiner (scan) |
| dex_cgt_scan_sa | SA (Subjective assessment) |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
| dex_cgt_scan_end | end (scan) |
| dex_cgt_exam_start | examination start |
| dex_cgt_exam_usnr | examiner |
| dex_cgt_exam_usnr2_yn | second examiner? |
|  | 0 - No |
|  | 1 - Yes |

dex_cgt_exam_usnr2
dex_cgt_exam_done

| dex_cgt_exam_whynot | Reason for |
| :--- | :--- |
| dex_cgt_exam_remarks | remarks? |

chewing gum stcks
0 - No
1 - Yes

Chewing gum fragmented
$0-\mathrm{No}$
1 - Yes
dex_cgt_exam_other
dex_cgt_exam_note
dex_cgt_exam_end
dex_cgt_read_examiner
dex_cgt_read_start
dex_cgt_read_sa
SA (subjective assessment)
1-SA1
2 - SA2
3 - SA3
4-SA4
5 - SA5

Variance of Hue (VOH)
dex_cgt_exam_fragmented
examiner

Reading date

0 - no remarks
1 - remarks
8 - unable to perform examination
dex_cgt_read_cycles
Chewing rounds

ech_tem
ech_bsnr
ech_note_flachlage
ech_note_vhf
ech_note_herzrhyt
ech_note_herzrhyth_note
ech_note_brady
ech_note_tachy
ech_note_ekg
ech_note_herzschritt
ech_note_defi
ech_note_sonst
echo: specific features
0 - without special events
1 - special occurrence
8 - not measurable

Positioning of the participant not possible
0 - No
1 - Yes

VHF
0 - No
1 - Yes
other cardiac arrhythmias
$0-\mathrm{No}$
1 - Yes

Which?

Bradycardia (<55 bpm)
0 - No
1 - Yes

Tachycardia (>100 bpm)
$0-\mathrm{No}$
1 - Yes

ECG defective/disturbed
$0-\mathrm{No}$
1 - Yes

Pacemaker
0 - No
1 - Yes

Defibrillator
0 - No
1 - Yes
other
0 - No
1 - Yes
ech_note
echo: other notes
echo: recording LV M-Mode

$$
\begin{aligned}
& 0-0- \\
& 1-1- \\
& 8-\text { not assessable } \\
& 9-9-
\end{aligned}
$$

ech_aola
ech_akl
ech_mkl
echo: mitral valve finding

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

ech_md
echo: mitral valve doppler
0 - good image
1 - poor image
8 - not assessable
9 - no image
ech_mv
echo: E/A valsalva
0 - good image
1 - poor image
8 - not assessable
9 - no image
ech_pk
ech_tk
echo: pulmonary valve
0 - good image
1 - poor image
8 - not assessable
9 - no image
echo: Presence of insufficiency of tricuspid valve?
0 - no
1 - regurgitation
2 - suspicion of insufficiency
8 - cannot be evaluated
ech_schul
Relevant to training?
0 - No
1 - Yes
ech_schul_note
ech_end

## ECHOAKL

akl_skle
akl_ring
akl_ncc
akl_lcc
akl_rcc
akl_ins
akl_sten

What should be trained?
echo: end

## ECHO heart - aortic valve findings

aortic valve: morphological specific feature
0 - unremarkable
1 - sclerosis
2 - calcification
8 - not to assess
9 - unlevied
aortic valve: morphological finding localization circle

0 - No
1 - Yes
8 - cannot be evaluated
9 - not done
aortic valve: morphological finding localization NCC

0 - No
1 - Yes
8 - cannot be evaluated
9 - not done
aortic valve: morphological finding localization LCC

0 - No
1 - Yes
8 - cannot be evaluated
9 - not done
aortic valve: morphological finding localization RCC
$0-\mathrm{No}$
1 - Yes
8 - cannot be evaluated
9 - not done
aortic valve: insufficiency
0 - no
1 - regurgitation
2 - suspicion of insufficiency
8 - cannot be evaluated
aortic valve: stenosis
$0-\mathrm{No}$

| akl_mmax | aortic valve: stenosis - CW AOK (max. gradient) |
| :---: | :---: |
| akl_lmax | aortic valve: stenosis - PW LVOT (max. gradient) |
| akl_lvot | aortic valve: stenosis - LVOT (diameter) |
| akl_koef | valve orifice area |
| akl_veg | aortic valve: vegetation |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - cannot be evaluated <br> 9 - not done |
| akl_bsnr | aortic valve: other (yes/no) |
|  | 0 - not miscellaneous <br> 1 - other finding (see text box) |
| akl_sonst_aklersatz | Aortic valve replacement |
|  | $1 \text { - Yes }$ |
| akl_sonst_aklersatz_jahr | Year of last surgery |
| akl_sonst_aklersatz_ort | Place of the last surgery |
| akl_sonst_schwerschall | Uncertain findings, as difficult to transduce |
|  | 0 - No |
|  | 1 - Yes |
| akl_sonst_bikuakl | V.a. bicuspid aortic valve |
|  | 0 - No |
|  | 1 - Yes |
| akl_sonst_sonstiges | other |
|  | 0 - No |
|  |  |
| akl_sons | aortic valve: other (text) |

## ECHOMKL

mkl_skle
mkl_rina
mkl_rinp
mkl_aml
mkl_pml
mkl_ins
mkl_sten
mkl_mmax

## ECHO heart - mitral valve findings

mitral valve: morphological specific feature
$0-$ unremarkable
1 - sclerosis
2 - calcification
$8-$ not to assess
9 - unlevied
mitral valve: morphological finding localization anterior ring

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - cannot be evaluated } \\
& 9 \text { - not done }
\end{aligned}
$$

mitral valve: morphological finding localization posterior ring

$$
\begin{aligned}
& 0-\text { No } \\
& 1-\text { Yes } \\
& 8 \text { - cannot be evaluated } \\
& 9 \text { - not done }
\end{aligned}
$$

mitral valve: morphological finding localization aML

$$
\begin{aligned}
& 0-\text { No } \\
& 1-\text { Yes } \\
& 8 \text { - cannot be evaluated } \\
& 9 \text { - not done }
\end{aligned}
$$

mitral valve: morphological finding localization pML

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - cannot be evaluated } \\
& 9 \text { - not done }
\end{aligned}
$$

mitral valve: insufficiency

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - regurgitation } \\
& 2 \text { - suspicion of insufficiency } \\
& 8 \text { - cannot be evaluated }
\end{aligned}
$$

mitral valve: stenosis

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - constraint of the mobility } \\
& 2 \text { - suspicion stenosis } \\
& 8 \text { - not to assess }
\end{aligned}
$$

mitral valve: stenosis - CW MK (max. gradient)

| mkl_lmax | mitral valve: stenosis - PW LVOT (max. gradient) |
| :---: | :---: |
| mkl_lvot | mitral valve: stenosis - LVOT (diameter) |
| mkl_veg | mitral valve: vegetation |
|  | 0 - No |
|  | 1 - Yes |
|  | 8 - cannot be evaluated |
|  | 9 - not done |
| mkl_bsnr | mitral valve: other (yes/no) |
|  | 0 - not miscellaneous <br> 1 - other finding (see text box) |
| mkl_sonst_mklersatz | Mitral valve replacement |
|  | 0 - No |
|  | 1 - Yes |
| mkl_sonst_mklersatz_jahr | Year of last surgery |
| mkl_sonst_mklersatz_ort | Place of last surgery |
|  | 0 - No |
|  | 1 - Yes |
| mkl_sonst_mklprolaps | V.a. mitral valve prolapse |
|  | 0 - No |
|  | 1 - Yes |
| mkl_sonst_sonstiges | other |
|  | 0 - No |
|  | 1 - Yes |
| mkl_sons | mitral valve: other (text) |
| LIVERUS | echo liver |
| hep_beg | liver sonography: beginning |
| hep_usnr | liver sonography: examiner number |
| hep_usnr2_jn | 2nd observer? |
|  | 0 - No |
|  | 1-Yes |

hep_grid
hep_tem
hep_bsnr
hep_note
hep_mega
hep_echo
hep_stru
hep_gall
hep_bef
liver sonography: equipment ID
room temperature
liver sonography: any specific features

> 0 - no remarks
> 1 - remarks
> 8 - unable to perform examination
liver sonography: which special features
liver sonography: hepatomegaly

$$
0 \text { - No }
$$

1 - moderately pronounced
2 - massive
8 - not to assess
9 - unlevied
liver sonography: echogenicity
0 - normal
1 - hypoechoic
2 - hyperechoic
3 - questionable
8 - not to assess
9 - unlevied
liver sonography: structure
0 - homogeneous
1 - inhomogeneous
2 - homogeneous, as far as visible
8 - not assessable
9 - not collected
liver sonography: gall bladder stone
0 - No
1 - Yes
2 - status post cholecystectomy
8 - not to assess
9 - unlevied
liver sonography: liver finding

| hep_sonst_jn | other findings of the liver? |
| :---: | :---: |
|  | 0 - No |
|  | 1 - Yes |
| hep_sbef | liver sonography: other liver finding |
| hep_zbef_jn | additional finding (other organs than the liver) |
|  | 0 - No |
|  | 1 - Yes |
| hep_zbef | liver sonography: additional findings (other organs) |
| hep_schul | Relevant for training? |
|  | 0 - No |
|  | 1 - Yes |
| hep_schul_note | What should be trained? |
| hep_end | liver sonography: end |
| THYROIDU | sono thyroid |
| sd_beg | thyroid: start |
| sd_usnr | thyroid: observer |
| sd_usnr2_jn | 2nd examiner? |
|  | $0 \text { - No }$ |
|  | $1 \text { - Yes }$ |
| sd_usnr2 | examiner 2 |
| sd_grid | instrument ID |
| sd_tem | room temperature |


| sd_bsnr | thyroid: particularities |
| :---: | :---: |
|  | 0 - without special events <br> 1 - special occurrence <br> 8 - not measurable |
| sd_note_flachlage | Positioning of the participant not possible |
|  | 0 - no |
|  | 1 - yes |
| sd_note_sonst | other |
|  | 0 - no |
|  | 1 - yes |
| sd_note | thyroid: further notes |
| sd_rjther | condition after radio-iodine therapy? |
|  | 0 - No |
|  | 1 - Yes |
|  | 2 - do not know |
| sd_rad_jod_th_year | MEX: thyroid: year of radio-iodine therapy |
| sd_op | condition after thyroid surgery? |
|  | 0 - No |
|  | 1 - Yes, right |
|  | $2 \text { - Yes, left }$ |
|  | 3 - Yes, both |
|  | 4 - do not know |
| sd_op_re_year | MEX: thyroid: last year of thyroid surgery right lobe |
| sd_op_li_year | MEX: thyroid: last year of thyroid surgery left lobe |
| sd_lre | thyroid: length right lobe |
| sd_bre | thyroid: width right lobe |
| sd_tre | thyroid: depth right lobe |
| sd_volre | thyroid: volume right lobe |

sd_bli
thyroid: width left lobe
sd_tli
thyroid: depth left lobe
sd_volli
thyroid: volume left lobe
sd_volg
thyroid: volume
sd_isth
thyroid: isthmus
sd_echre
sd_homore
sd_kre
sd_echli
thyroid: number of right lobe
0 - no notes
1 - one notes
2 - two nodes
3 - three nodes
4 - four nodes
5 - five and more than five nodes
8 - cannot be evaluated
9 - not done
0 - normal echogenicity
1 - tendency to hypoechoicity
2 -hypoechoic
3 - complex echogenicity
8 - cannot be evaluated
9 - not done
thyroid: homogeneity of right lobe
0 - homogeneous
1 - inhomogeneous
8 - not to assess
9 - unlevied
thyroid: echogenicity left lobe
0 - normal echogenicity
1 - tendency to hypoechoicity
2 - hypoechoic
3 - complex echogenicity
8 - cannot be evaluated
9 - not done
sd_homoli
sd_kli
sd_kis
sd_bef_knbeg
sd_befnr
sd_bef_schall
sd_bef_sonst
sd_sbef
sd_schul
thyroid: homogeneity of left lobe

> 0 - homogeneous
> 1 - inhomogeneous
> 8 - not to assess
> 9 - unlevied
thyroid: number of left lobe
0 - no notes
1 - one notes
2 - two nodes
3 - three nodes
4 - four nodes
5 - five and more than five nodes
8 - cannot be evaluated
9 - not done
thyroid: number of nodes isthmus
0 - no notes
1 - one notes
2 - two nodes
3 - three nodes
4 - four nodes
5 - five and more than five nodes
8 - cannot be evaluated
9 - not done
incipient nodal transformation
0 - No
1 - Yes
thyroid: findings
0 - unremarkable
1 - boundary finding
2 - pathological finding
8 - not assessable
9 - not collected

Difficult to sound
0 - No
1 - Yes
other
0 - No
1 - Yes
which?

Relevant for training?
$0-$ No
$1-$ Yes
sd_schul_note What should be trained?
sd_end

## SDKNOTEN

kn_1_re_gr
kn_1_re_echo thyroid: echogenicity node right 1
kn_1_re_abgrenz
kn_1_re_zystform
kn_1_re_kalk
thyroid: calcification node right 1
0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
kn_1_re_rand
thyroid: end

## thyroid nodules

thyroid: size node right 1

$$
\begin{aligned}
& 1-<1 \mathrm{~cm} \\
& 2->=1 \mathrm{~cm} \\
& 8-\text { not assessable } \\
& 9-\text { no declaration }
\end{aligned}
$$

0 - normal echo
1 - hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
thyroid: demarcation node right 1
thyroid: cystic node right 1
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
thyroid: rim node right 1

0 - not available
1 - available
8 - not assessable
kn_2_re_gr
thyroid: size node right 2
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
kn_2_re_echo
kn_2_re_abgrenz
kn_2_re_zystform
kn_2_re_kalk
thyroid: calcification node right 2
thyroid: rim node right 2
0 - not available
1 - available
8 - not assessable
9 - no declaration
kn_3_re_gr
thyroid: demarcation node right 2
thyroid: cystic node right 2
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration

0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
kn_2_re_rand
thyroid: size node right 3
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
kn_3_re_echo
thyroid: echogenicity node right 3
0 - normal echo
1 - hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
kn_3_re_abgrenz
kn_3_re_zystform
kn_3_re_kalk
thyroid: demarcation node right 3
thyroid: cystic node right 3
thyroid: calcification node right 3
0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
thyroid: rim node right 3
0 - not available
1 - available
8 - not assessable
9 - no declaration
thyroid: size node right 4
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
thyroid: echogenicity node right 4

7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
kn_4_re_abgrenz
thyroid: demarcation node right 4
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
kn_4_re_zystform
kn_4_re_kalk
thyroid: calcium deposit node right 4
0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
thyroid: rim node right 4
thyroid: size node right 5
thyroid: echogenicity node right 5
0 - normal echo
1 - hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
kn_5_re_abgrenz
thyroid: cystic node right 4
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
kn_4_re_rand
kn_5_re_gr
kn_5_re_echo
-
thyroid: demarcation node right 5
0 - well demarcated
1 - poorly demarcated
8 - not assessable
kn_5_re_zystform
kn_5_re_kalk
kn_5_re_rand
kn_1_li_gr
kn_1_li_echo
kn_1_li_abgrenz
kn_1_li_zystform
thyroid: cystic node right 5
thyroid: calcification node right 5
0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
thyroid: rim node right 5
0 - not available
1 - available
8 - not assessable
9 - no declaration
thyroid: size node left 1
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
thyroid: echogenicity node left 1
0 - normal echo
1 -hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
thyroid: demarcation node left 1
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
thyroid: cystic node left 1
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
kn_1_li_kalk
kn_1_li_rand
kn_2_li_gr
kn_2_li_echo
kn_2_li_abgrenz
kn_2_li_zystform
kn_2_li_kalk
kn_2_li_rand
thyroid: calcification node left 1

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 8 \text { - cannot be evaluated } \\
& 9 \text { - no information given }
\end{aligned}
$$

thyroid: rim node left 1
0 - not available
1 - available
8 - not assessable
9 - no declaration
thyroid: size node left 2
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
thyroid: echogenicity node left 2
0 - normal echo
1 - hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
thyroid: demarcation node left 2
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
thyroid: cystic node left 2
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
thyroid: calcification node left 2
0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
thyroid: rim node left 2
0 - not available

1 - available
8 - not assessable
9 - no declaration
kn_3_li_echo
kn_3_li_abgrenz
kn_3_li_zystform
kn_3_li_kalk
kn_3_li_rand
kn_4_li_gr
thyroid: rim node left 3
0 - not available
1 - available
8 - not assessable
9 - no declaration
thyroid: size node left 3
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
thyroid: echogenicity node left 3
0 - normal echo
1 -hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
thyroid: demarcation node left 3
thyroid: cystic node left 3
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
thyroid: calcification node left 3
$0-\mathrm{No}$
1 - Yes
8 - cannot be evaluated
9 - no information given
thyroid: size node left 4
kn_4_li_echo
kn_4_li_abgrenz
kn_4_li_zystform
kn_4_li_kalk
kn_4_li_rand
thyroid: rim node left 4
thyroid: size node left 5
thyroid: echogenicity node left 5
0 - normal echo
1 -hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)

5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
kn_5_li_abgrenz
kn_5_li_zystform
kn_5_li_kalk
kn_5_li_rand
kn_1_is_gr
kn_1_is_echo
kn_1_is_abgrenz
thyroid: rim node left 5
0 - not available
1 - available
8 - not assessable
9 - no declaration
thyroid: demarcation node left 5
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
thyroid: cystic node left 5
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
thyroid: calcium deposit node left 5
0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
thyroid: size node isthmus 1
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
thyroid: echogenicity node isthmus 1
0 - normal echo
1 -hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
thyroid: demarcation node isthmus 1

0 - well demarcated

1 - poorly demarcated
8 - not assessable
9 - no declaration
kn_1_is_zystform
kn_1_is_kalk
kn_1_is_rand
kn_2_is_gr
kn_2_is_echo
kn_2_is_abgrenz
kn_2_is_zystform
thyroid: cyst form node isthmus 1
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
thyroid: calcification node isthmus 1
0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
thyroid: rim node isthmus 1
0 - not available
1 - available
8 - not assessable
9 - no declaration
thyroid: size node isthmus 2
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
thyroid: echogenicity node isthmus 2
0 - normal echo
1 - hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
thyroid: demarcation node isthmus 2
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
thyroid: cyst form node isthmus 2

0 - without internal echoes
1 - chocolate cyst
8 - not assessable
kn_2_is_kalk
kn_2_is_rand
kn_3_is_gr
kn_3_is_echo
kn_3_is_abgrenz
kn_3_is_zystform
kn_3_is_kalk
thyroid: calcification node isthmus 2
thyroid: rim node isthmus 2
thyroid: size node isthmus 3
thyroid: echogenicity node isthmus 3
0 - normal echo
1 -hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
thyroid: demarcation node isthmus 3
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
thyroid: cyst form node isthmus 3
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
thyroid: calcification node isthmus 3

1 - Yes
8 - cannot be evaluated
9 - no information given
kn_3_is_rand
thyroid: rim node isthmus 3

> 0 - not available
> 1 - available
> 8 - not assessable
> 9 - no declaration
kn_4_is_gr
kn_4_is_echo
kn_4_is_abgrenz
kn_4_is_zystform
kn_4_is_kalk
kn_4_is_rand
kn_5_is_gr
thyroid: calcification node isthmus 4
0 - No
1 - Yes
8 - cannot be evaluated
9 - no information given
thyroid: rim node isthmus 4
0 - not available
1 - available
8 - not assessable
9 - no declaration
thyroid: size node isthmus 4
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
thyroid: echogenicity node isthmus 4
thyroid: demarcation node isthmus 4
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
thyroid: cyst form node isthmus 4
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
ny
thyroid: size node isthmus 5
$1-<1 \mathrm{~cm}$
$2->=1 \mathrm{~cm}$
8 - not assessable
9 - no declaration
kn_5_is_echo
thyroid: echogenicity node isthmus 5
0 - normal echo
1 - hypoechoic
2 - hyperechoic
3 - echo complex
4 - normal echo (degenerative cyst)
5 - hyperechoic (degenerative cyst)
6 - anechoic (cyst)
7 - hypoechoic (degenerative cyst)
8 - not assessable
9 - no declaration
kn_5_is_abgrenz
kn_5_is_zystform
thyroid: cyst form node isthmus 5
0 - well demarcated
1 - poorly demarcated
8 - not assessable
9 - no declaration
kn_5_is_kalk thyroid: calcium deposit node isthmus
0 - without internal echoes
1 - chocolate cyst
8 - not assessable
9 - no declaration
kn_5_is_rand
thyroid: rim node isthmus 5
0 - not available
1 - available
8 - not assessable
9 - no declaration

## CARPAL

cts_beg
Start
cts_usnr
Examiner
cts_usnr2_jn
2nd Examiner

0 - No
1 - Yes


1 - poor image
8 - not assessable
9 - no image

| cts_carpalleft | Carpal tunnel left |  |
| :---: | :---: | :---: |
|  |  | 0 - good image <br> 1 - poor image <br> 8 - not assessable <br> 9 - no image |
| cts_end | end |  |
| CARPALREAD | Karpaltunnel Protokoll |  |
| cts_rdbeg | Start |  |
| cts_read | Reader |  |
| cts_read2_jn | 2nd reader? |  |
|  |  | $\begin{aligned} & 0-\text { No } \\ & 1-\text { Yes } \end{aligned}$ |
| cts_read2 | Reader 2 |  |
| cts_rdbsnr | Special features |  |
|  |  | $\begin{aligned} & 0-\mathrm{No} \\ & 1-\mathrm{Yes} \end{aligned}$ |
| cts_rdnote | Which? |  |
| cts_rdrqual | Quality right |  |
|  |  | 0 - good <br> 2 - medium - certain values <br> 1 - bad - uncertain values <br> 8 - not measurable <br> 9 - not available |
| cts_rdbifidr | Bifid median nerve right. |  |
|  |  | $\begin{aligned} & 1 \text { - Yes } \\ & 2-\text { No } \end{aligned}$ |
| cts_arear | Nerve cross-sectional area right |  |
| cts_radarear | radial area r. in mm ${ }^{2}$ |  |



| dpu_note | Which? |
| :---: | :---: |
| dpu_nophoto | Photo available |
|  | 0 - No |
|  | 1 - Yes |
| dpu_injury | hand injury |
|  | 0 - none |
|  | 1 - right |
|  | $2-\text { left }$ |
|  | 3 - both sides |
| dpu_opcontract | Did you have surgery due to thickening, hardening and nodulation of the tendon of the ring and little finger in the palm of the hand (Dupuytren's contracture)? |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
|  | 2 - not sure |
| dpu_trauma | Did you have a palm injury? |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
|  | 2 - not sure |
| dpu_rightcontract | Contracture right |
|  | 0 - No |
|  | 1 - Yes |
|  | 2 - not sure |
| dpu_leftcontract | Contracture left |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
|  | 2 - not sure |
| dpu_photos_3 | Have all 3 radiographs (palmar, radial, dorsal) been taken? |
|  | 0 - no |
|  | 1 - yes |
| dpu_end | End |
| BODPOD | BODPOD |
| bodpod_beg | Start |
| bodpod_usnr | Examiner |

[^0]Examiner

| bodpod_usnr2_jn | 2nd examiner? |  |
| :---: | :---: | :---: |
|  |  | 0 - no |
|  |  | 1 - yes |
| bodpod_usnr2 | 2nd examiner |  |
| bodpod_bsnr | Special features |  |
|  |  | 0 - without special events |
|  |  | 1 - special occurrence |
|  |  | 8 - not measurable |
| bodpod_note | Which? |  |
| bodpod_grid | device \# |  |
| bodpod_end | End |  |
| BODPODDATA | BODPOD Daten |  |
| bodpoddata_start | Start |  |
| bodpoddata_examiner | Examiner(s) |  |
| bodpoddata_height | Height |  |
| bodpoddata_fat | relative fat mass |  |
| bodpoddata_ffm | relative fat-free mass |  |
| bodpoddata_fat_mass | Fat mass |  |
| bodpoddata_fat_free_mass | Fat-free mass |  |
| bodpoddata_body_mass | Body weight |  |
| bodpoddata_est_rmr_kcal | Resting metabolic rate |  |


| bodpoddata_est_tee_kcal | Total energy expenditure (power metabolism) |
| :---: | :---: |
| bodpoddata_activity | Activity level |
| bodpoddata_body_vol | Body volume |
| bodpoddata_bd | Body density |
| bodpoddata_vol1 | Body volume measurement 1 |
| bodpoddata_vol2 | Body volume measurement 2 |
| bodpoddata_vol3 | Body volume measurement 3 |
| bodpoddata_tgv | Measurement of thoracic gas volume |
| bodpoddata_predicted_tgv | Estimation of thoracic gas volume |
| bodpoddata_bsa | Body surface area |
| bodpoddata_note | Remarks |
| SOMATOM | somatometry |
| som_beg | begin |
| som_usnr | examiner |
| som_usnr2_yn | 2. observer? |
|  | $\begin{aligned} & 0-\text { no } \\ & 1 \text { - yes } \end{aligned}$ |
| som_usnr2 | examiner 2 |
| som_bsnr | remarks |

som_bsnr
remarks
0 - no remarks

1 - remarks
8 - unable to perform examination
som_note
notes
som_gew
som_gid2
som_groe
som_gid1
som_tail
som_huef
som_gid3
som_end

BLOODPRE
rr_beg
rr_usnr
rr_usnr2_jn
rr_usnr2
rr_temp
rr_armu
body weight (kg)
device ID, scale
body height (cm)
device ID, height rod
waist circumference (cm)
hip circumference (cm)
device ID, tape
end
blood pressure
blood pressure: begin
blood pressure: examiner number

2nd examiner(s)?

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

Examiner 2
room temperature
blood pressure: arm circumference
rr_grid
instrument ID
rr_mansch
rr_bsnr
rr_bsnr_links
rr_bsnr_sonst
rr_note
rr_z1
rr_ps1
rr_pd1
rr_hr1
rr_auffaellig1
rr_wiederhol1
rr_sprechen1
rr_unruhe1
rr_belastung1

## Cuff number

blood pressure: notes
left arm
others
special occurences
disturbances

0 - without special occurrences
1 - special occurrences

0 - No
1 - Yes

0 - No
1 - Yes
blood pressure: note details
blood pressure: time 1st measurement
blood pressure: systolic blood pressure 1
blood pressure: diastolic blood pressure 1
blood pressure: heart rate 1

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes }
\end{aligned}
$$

repeated measurements

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

participant spoke during measurement
0 - No

$$
1 \text { - Yes }
$$

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

Mention of stressful topics before measurement


| rr_ps3 | blood pressure: systolic blood pressure 3 |
| :---: | :---: |
| rr_pd3 | blood pressure: diastolic blood pressure 3 |
| rr_hr3 | blood pressure: heart rate 3 |
| rr_auffaellig3 | special occurences3 |
|  | 0 - No |
|  | 1 - Yes |
| rr_wiederhol3 | repeated measurements |
|  | 0 - No |
|  | 1 - Yes |
| rr_sprechen3 | participant spoke during measurement |
|  | 0 - No |
|  | 1 - Yes |
| rr_unruhe3 | disturbances |
|  | 0 - no |
|  | 1 - yes |
| rr_belastung3 | mentioning of emotionally distressing subjects |
|  | $0-$ No |
|  | 1 - Yes |
| rr_sonst3 | further occurences |
|  | 0 - no |
|  | 1 - yes |
| rr_note3 | note details |
| rr_end | blood pressure: end |
| ECGRECOR | ECG |
| ekg_beg | ECG: beginning |
| ekg_usnr | ECG: examiner number |
| ekg_usnr2_jn | 2nd examiner(s)? |
|  | 0 - No |


| ekg_usnr2 | Examiner 2 |  |
| :---: | :---: | :---: |
| ekg_grid | instrument ID |  |
| ekg_temp | room temperature ( ${ }^{\circ} \mathrm{C}$ ) |  |
| ekg_pace | ECG: pacemaker |  |
|  |  | 0 - not available <br> 1 - available <br> 8 - not assessable <br> 9 - not collected |
| ekg_bsnr | comments |  |
|  |  | 0 - None <br> 1 - Deviation of the position of the electrodes (due to the anatomy of the breast) <br> 2 - ECG recorded 2 times <br> 3 - ECG recorded 3 times <br> 4 - ECG could not be recorded <br> 5 - Other |
| ekg_xmal_warum | Why? |  |
|  |  | 1 - Poor quality <br> 2 - Due to examination <br> 3 - Other |
| ekg_xm_untbed_note | Which one? |  |
| ekg_xm_sonst_note | Which one? |  |
| ekg_sonst_sonst_note | Which one? |  |
| ekg_grid_prob | Device with defect |  |
|  |  | $\begin{aligned} & 0-\mathrm{No} \\ & 1-\mathrm{Yes} \end{aligned}$ |
| ekg_grid_prob_note | Which one? |  |
| ekg_pc_prob | Computer with defect |  |
|  |  | $0-\mathrm{No}$ |


| ekg_pc_prob_note | Which one? |  |
| :---: | :---: | :---: |
| ekg_druck_prob | Printer with defect |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1-Yes |
| ekg_druck_prob_note | Which? |  |
| ekg_sonst | Other |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |
| ekg_sonst_note | Which one? |  |
| ekg_end | ECG: end |  |
| ECGPROCE | ECG findings |  |
| p_dur | ECG: P duration |  |
| qrs_dur | ECG: QRS duration |  |
| qt_int | ECG: QT interval |  |
| qtc_int | ECG: QTc interval |  |
| heart_r | ECG: heart rate (bpm) |  |
| p_ax | ECG: P axis (degrees) |  |
| qrs_ax | ECG: QRS axis (degrees) |  |
| t_ax | ECG: T axis (degrees) |  |
| miq1 | ECG: min Q amplitude in lead I |  |


| miqrs1 | ECG: min QRS amplitude in lead I |
| :---: | :---: |
| miq2 | ECG: min Q amplitude in lead II |
| maqrs2 | ECG: max QRS amplitude in lead II |
| miqrs2 | ECG: min QRS amplitude in lead II |
| miq3 | ECG: min Q amplitude in lead III |
| maqrs3 | ECG: max QRS amplitude in lead III |
| miqrs3 | ECG: min QRS amplitude in lead III |
| miqavr | ECG: min Q amplitude aVR |
| maqrsr | ECG: max QRS amplitude aVR |
| miqrsr | ECG: min QRS amplitude aVR |
| miqavl | ECG: min Q amplitude aVL |
| maqrsl | ECG: max QRS amplitude aVL |
| miqrsl | ECG: min QRS amplitude aVL |
| miqavf | ECG: min Q amplitude aVF |
| maqrsf | ECG: max QRS amplitude aVF |
| miqrsf | ECG: min QRS amplitude aVF |

miqrsf
ECG: min QRS amplitude aVF
miq_v1
maqrsv1
miqrsv1
miq_v2
maqrsv2
miqrsv2
miq_v3
maqrsv3
miqrsv3
miq_v4
maqrsv4
miqrsv4
miq_v5
maqrsv5
miqrsv5
miq_v6
maqrsv6

ECG: min Q amplitude V1

ECG: max QRS amplitude V1

ECG: min QRS amplitude V1

ECG: min Q amplitude V2

ECG: max QRS amplitude V2

ECG: min QRS amplitude V2

ECG: min Q amplitude V3

ECG: max QRS amplitude V3

ECG: min QRS amplitude V3

ECG: min Q amplitude V4

ECG: max QRS amplitude V4

ECG: min QRS amplitude V4

ECG: min Q amplitude V5

ECG: max QRS amplitude V5

ECG: min QRS amplitude V5

ECG: min Q amplitude V6

ECG: min QRS amplitude V6
miqrsv6
ECG: max QRS amplitude V6
major1
major2
major3
major4
major5
major6
major7
major8
major9
lbbb
rbbb
irbbb

ECG: left bundle branch block

$$
\begin{aligned}
& 0 \text { - absent } \\
& 1 \text { - consider } \\
& 2 \text { - possible } \\
& 3 \text { - probable } \\
& 4 \text { - definite }
\end{aligned}
$$

ECG: major 1-code

ECG: major 2-code

ECG: major 3-code

ECG: major 4-code

ECG: major 5-code

ECG: major 6-code

ECG: major 7-code

ECG: major 8-code

ECG: major 9-code

ECG: right bundle branch block
0 - absent
1 - consider
2 - possible
3 - probable
4 - definite

ECG: incomplete right bundle branch block

0 - absent
1 - consider
2 - possible

3 - probable
4 - definite
lafb
ECG: left anterior fascicular block

> 0 - absent
> 1 - consider
> 2 - possible
> 3 - probable
> 4 - definite
lpfb
ECG: left posterior fascicular block
0 - absent
1 - consider
2 - possible
3 - probable
4 - definite
icd
wpw
lvh
ECG: left ventricular hypertrophy
0 - absent
1 - consider
2 - possible
3 - probable
4 - definite
ECG: right ventricular hypertrophy
0 - absent
1 - consider
2 - possible
3 - probable
4 - definite
ami
ECG: intraventricular conduction defect
0 - absent
1 - slight
2 - moderate
3 - marked
4 - very strong
ECG: Wolff-Parkinson-White syndrome
0 - absent
1 - consider
2 - possible
3 - probable
4 - definite
rvh

ECG: anterior myocardial infarction

0 - absent
1 - consider
2 - possible
3 - probable
imi
ste
std
ra
rhyt
rr
pr
av_block
ekg_rdat

ECG: inferior myocardial infarction
0 - absent
1 - consider
2 - possible
3 - probable
4 - definite

ECG: ST elevation
0 - absent
1 - anterior site
2 - inferior site

ECG: ST depression
0 - absent
1 - anterior site
2 - inferior site

ECG: repolarization abnormality

$$
\begin{aligned}
& 0 \text { - absent } \\
& 1 \text { - slight } \\
& 2 \text { - moderate } \\
& 3 \text { - marked } \\
& 4 \text { - very strong }
\end{aligned}
$$

ECG: rhythm

ECG: degree AV block
0 - absent
1-1st degree AV block
2-2nd degree AV block
3-3st degree AV block

HANDGRIP
hand grip
greif_beg
greif_usnr
greif_usnr2_yn
2. observer?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

greif_usnr2
examiner 2
instrument ID
greif_grid
greif_01
Are you by nature right or left-handed?
1 - right-hander
2 - left-hander
3 - both
998 - I don't know
999 - non-response
practical handedness
1 - right hand
2 - left hand
998 - I don't know
999 - non-response
Are there characteristics of your hands, for example anomalies of the hand, acute inflammation, rheumatism?

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes }
\end{aligned}
$$

greif_03a
Which?
greif_03b
Feasable hands?

$$
\begin{aligned}
& 1 \text { - yes } \\
& 2 \text { - right only } \\
& 3 \text { - left only } \\
& 0 \text { - no } \\
& 998 \text { - do not know }
\end{aligned}
$$

greif_m1_right
1st measurement right
greif_m1_right_fail No. of fails

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-3
\end{aligned}
$$

greif_m1_left

1. measurement left
greif_m1_left_fail
No. of fails

1-1
2-2
3-3
greif_m2_right
2nd measurement right
greif_m2_right_fail
No. of fails
0-0
1-1
2-2
3-3
greif_m2_left
2nd measurement left
greif_m2_left_fail
No. of fails
0-0
1-1
2-2
3-3
greif_m3_right
3rd measurement right
greif_m3_right_fail
No. of fails

1-1
2-2
3-3
greif_m3_left
3rd measurement left
greif_m3_left_fail
No. of fails

$$
0-0
$$

1-1
2-2
3-3

aha_bdqual
eye: image quality
1 - very good
2 - good
3 - acceptable
4 - still evaluable
5 - not evaluable
6 - no image
7 - partially evaluable
eye: number of arterial vessels
eye: number of venous vessels
aha_vg
aha_crae
aha_crve
aha_av
aha_nerv
aha_bfnerv
aha_maku
aha_bfmaku
eye: artery equivalent
eye: vein equivalent
eye: arterio-venous ratio
eye: optic nerve
eye: assessment of optic nerve
eye: macula
1 - remarkable
2 - unremarkable
8 - not assessable
9 - not collected

1 -dry macular degeneration

2 - wet macular degeneration
3 - juvenile macular degeneration
4 - pigment separation
5 - ischaemic macular degeneration
aha_netz
aha_bfnetz
aha_bfzusatz
aha_bfnote
aha_bfversand
eye: retina
eye: assessment of retina
eye: Other findings?
eye: which other findings
eye: finding released to subject

End

Initialization of the device

Start
examiner

1 - remarkable
2 - unremarkable
8 - not assessable
9 - not collected

1 - hypertensive retinopathy 1
2 - hypertensive retinopathy 2
3 - hypertensive retinopathy 3
4 - hypertensive retinopathy 4
5 - mild non-proliferative diabetic
retinopathy
6 - moderate non-proliferative diabetic retinopathy
7 - severe non-proliferative diabetic retinopathy
8 - proliferative diabetic retinopathy
9 - laser-OP
88 - not assessable
99 - not collected

1 - Yes
2 - No

1 - notification required
2 - notification not required
8 - evaluation not possible
9 - no information
aha_r_end
ACTI_INIT
acti_init_beg
acti_init_usnr
acti_init_usnr2_jn
2nd examiner?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

acti_init_usnr2
Examiner 2
acti_init_bsnr
Special features
0 - without special events
1 - special occurrence
8 - not measurable
acti_init_note
Which?
acti_init_grid
Device ID
acti_init_start
acti_init_end
End
ACTI_EXIT
acti_exit_beg
acti_exit_usnr
acti_exit_usnr2_jn
acti_exit_usnr2
acti_exit_grid
acti_exit_return
acti_exit_bsnr

2nd examiner?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Device ID

Return of the device

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Special features?

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

## Returned device

Start
examiner

Examiner 2

Which?
acti_exit_note
acti_exit_end End

ANGLE
hks_start
hks_examiner
hks_examiner_2nd_yn
hks_examiner_2nd
hks_device
hks_kneeprothesis
hks_hipprothesis
hls_kneerestpain
hks_kneeremarks
hks_kneenotes
hks_kneeex_right
Which?

Examiner 2

## hip knee score

Start
examiner

2nd examiner?

$$
\begin{aligned}
& 0-\text { No } \\
& 1-\text { Yes }
\end{aligned}
$$

Device ID

Knee prosthesis
0 - none
1 - right
2 - left
3 - both sides

Hip prosthesis
0 - none
1 - right
2 - left
3 - both sides
Knee pain at rest
0 - none
1 - right
2 - left
3 - both sides

Special features of knee joint examination
0 - no remarks
1 - remarks
8 - unable to perform examination

0 - No
1 - Yes
Right knee: range of motion extension

| hks_kneeex_right_pain | Knee right: pain at maximum extension |
| :---: | :---: |
|  | 0 - No |
|  | 1 - Yes |
| hks_kneeflex_right | Knee right: range of motion flexion |
| hks_kneeflex_right_pain | Knee right: Pain at maximum flexion |
|  | 0 - No |
|  | 1 - Yes |
| hks_kneeex_left | Knee left: Range of motion extension |
| hks_kneeex_left_pain | Left knee: Pain at maximum extension |
|  | 0 - No |
|  | 1 - Yes |
| hks_kneeflex_left | Knee left: Range of motion flexion |
| hks_kneeflex_left_pain | Knee left: Pain at maximum flexion |
|  | 0 - No |
|  | 1 - Yes |
| hks_crep | Movement friction/crepitation |
|  | 0 - none |
|  | 1 - right |
|  | 2 - left |
|  | 3 - both sides |
| hks_hipremarks | Special features Examination hip joint |
|  | 0 - no remarks |
|  | 1 - remarks |
|  | 8 - unable to perform examination |
| hks_hipnotes | Which? |
| hks_rotright | Hip right: range of motion internal rotation |
| hks_rotright_pain | Hip right: pain during internal rotation |
|  | 0 - No |
|  | 1 - Yes |
| hks_rotleft | Hip left: Range of motion internal rotation |

hks_rotleft_pain
hks_end

## KNEESCORE

kss_start
kss_examiner
kss_examiner_2nd_yn
kss_examiner_2nd
Examiner 2
kss_device
kss_adjustment
kss_prosthesis
kss_hipprosthesis
kss_kneeprosthesis
kss_ankleprosthesis
End

Start
examiner

2nd examiner?

Device ID

Hip

Knee

Ankle joint

Hip left: Pain during internal rotation

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes }
\end{aligned}
$$

## KNIESCORE: KSS

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes }
\end{aligned}
$$

Have you ever had a conversion surgery?
0 - none
1 - right
2 - left
3 - both sides

Do you have an artificial hip, knee or ankle joint?
0 - No
1 - Yes

0 - none
1 - right
2 - left
3 - both sides

0 - none
1 - right
2 - left
3 - both sides

0 - none
1 - right
kss_cruciatelig
Have you ever had cruciate ligament surgery?

> 0 - none
> 1 - right
> 2 - left
> 3 - both sides
kss_remarks
Specifics
0 - no remarks
1 - remarks
8 - unable to perform examination
kss_note
Which?
kss_walk
Ability to walk
1 - I can walk indefinitely.
2 - I can walk more than 1 km .
3 - I can walk 500 m to 1000 m .
4 - I can walk less than 500 m .
5 - I am housebound.
6 - I cannot walk.
kss_stairs
Climbing stairs
1 - I can walk normally up and down stairs.
2 - I can walk normally up stairs, down stairs only with handrail.
3 - I walk up and down stairs with handrail.
4 - I walk up stairs with handrail, down stairs is not possible.
5 - I cannot go up and down stairs.
kss_pain
Knee pain in the last 4 weeks
1 - I have no pain.
2 - I have minor or occasional pain. 3 - I have minor or occasional pain when climbing stairs.
4 - I have minor or occasional pain when climbing stairs and walking.
5 - I have occasional moderate pain.
6 - I always have moderate pain.
7 - I have severe pain.
kss_deduct
Walking aids
0 - none
1-1 walking stick/support
kss_raxis Axis deviation whole leg axis right
kss_rlegposition
kss_laxis
kss_llegposition
kss_rflex
kss_rstretch
kss_rstretchlimit
kss_rrom
kss_rapstability
kss_rmlstability
kss_lflex
kss_lstretch
kss_lstretchlimit

Leg position right

Flexion left (active)

Extension left (active)

Extension left (passive)

Axis deviation whole leg axis left

Leg position left

Flexion right (active)

Extension right (active)
extension right (passive)

Range of motion right (ROM)

Stability "drawer" right

$$
\begin{aligned}
& 1-<5 \mathrm{~mm} \\
& 2-5-10 \mathrm{~mm} \\
& 3->10 \mathrm{~mm}
\end{aligned}
$$

1-X-leg
2 - O-leg

1-X-leg
2 - O-leg

Stability "lateral ligaments" right

$$
\begin{aligned}
& 1-<5^{\circ} \\
& 2-6-9^{\circ} \\
& 3-10-14^{\circ} \\
& 4->15^{\circ}
\end{aligned}
$$

$$
x
$$


hand_pain_location_finger

Is this pain in the finger joints?
0 - none
1 - right
2 - left
3 - both sides
,
3 - both sides
hand_pain_location_thumb
Is this pain in the thumbs?

$$
\begin{aligned}
& 0 \text { - none } \\
& 1 \text { - right } \\
& 2 \text { - left } \\
& 3 \text { - both sides }
\end{aligned}
$$


hand_lforearm_inwardturn hand_rwrist_ex
hand_rwrist_flex
hand_lwrist_ex
hand_lwrist_flex
hand_rwrist_outwardturn
hand_rwrist_straight
hand_rwrist_inwardturn
hand_lwrist_outwardturn
hand_lwrist_straight
hand_lwrist_inwardturn
hand_rindexf_gap_crease
hand_rmiddlef_gap_crease
hand_rringf_gap_crease
hand_rlittlef_gap_crease
hand_lindexf_gap_crease
wrist extension right

Wrist flexion right

Wrist extension left

Wrist flexion left

Wrist outward rotation right

Wrist straight right

Wrist inward rotation right

Wrist outward rotation left

Wrist straight left

Wrist inward rotation left

Distance fingertips from transverse palm crease right index finger

Distance fingertips from transverse palm flexion crease middle finger right

Distance between fingertips and transverse palm crease Right ring finger

Distance fingertips from transverse palm flexor crease ring finger right

Distance between fingertips and transverse palm crease Index finger left

| hand_lmiddlef_gap_crease | Distance fingertips from transverse palm flexor <br> crease Middle finger left |
| :--- | :--- |
| hand_lringf_gap_crease | Distance fingertips from transverse palm crease <br> ring finger left |
| hand_llittlef_gap_crease | Distance of fingertips from transverse palm <br> flexion crease Ring finger left |
| hand_rindexf_gap_desk | Distance fingernail from table level index finger <br> right |
| hand_rmiddlef_gap_desk | Distance fingernail from table plane middle <br> finger right |
| hand_rringf_gap_desk | Distance of fingernail from table plane Ring <br> finger right |
| hand_rlittlef_gap_desk | Distance of fingernail from table plane Small <br> finger right |
| hand_rthumb_abduction_angledSpreader at right angle to hand plane right |  |


| hand_lthumb_abduction | Spread in the plane of the hand on the left |
| :---: | :---: |
| hand_lthumb_abduction_angled | Spreading at right angle to hand plane left |
| hand_device_fingergoniometer | Device ID Finger goniometer |
| hand_rthumb_mcp_flex | Thumb base joint flexion right |
| hand_rindexf_mcp_flex | Index finger Basic joint flexion right |
| hand_rmiddlef_mcp_flex | Middle finger Base joint flexion right |
| hand_rringf_mcp_flex | Ring finger Base joint flexion right |
| hand_rlittlef_mcp_flex | Little finger Base joint flexion right |
| hand_rindexf_pip_flex | Index finger middle joint flexion right |
| hand_rmiddlef_pip_flex | Middle finger middle joint flexion right |
| hand_rringf_pip_flex | Ring finger middle joint flexion right |
| hand_rlittlef_pip_flex | Little finger middle joint flexion right |
| hand_rthumb_ip_flex | Thumb end joint flexion right |
| hand_rindexf_dip_flex | Index finger End joint flexion right |
| hand_rmiddlef_dip_flex | Middle finger end joint flexion right |
| hand_rringf_dip_flex | Ring finger End joint flexion right |
| hand_rlittlef_dip_flex | Little finger End joint flexion right |


| hand_rthumb_mcp_ex | Thumb base joint extension right |
| :---: | :---: |
| hand_rindexf_mcp_ex | Index finger base joint extension right |
| hand_rmiddlef_mcp_ex | Middle finger base joint extension right |
| hand_rringf_mcp_ex | Ring finger Base joint extension right |
| hand_rlittlef_mcp_ex | Little finger Base joint extension right |
| hand_rindexf_pip_ex | Index finger middle joint extension right |
| hand_rmiddlef_pip_ex | Middle finger middle joint extension right |
| hand_rringf_pip_ex | Ring finger middle joint extension right |
| hand_rlittlef_pip_ex | Little finger middle joint extension right |
| hand_rthumb_ip_ex | Thumb end joint extension right |
| hand_rindexf_dip_ex | Index finger End joint extension right |
| hand_rmiddlef_dip_ex | Middle finger End joint extension right |
| hand_rringf_dip_ex | Ring finger End joint extension right |
| hand_rlittlef_dip_ex | Little finger End joint extension right |
| hand_lthumb_mcp_flex | Thumb Base joint flexion left |
| hand_lindexf_mcp_flex | Index finger Basic joint flexion left |

hand_lmiddlef_mcp_flex

| hand_lringf_mcp_flex | Ring finger Base joint flexion left |
| :---: | :---: |
| hand_llittlef_mcp_flex | Little finger Base joint flexion left |
| hand_lindexf_pip_flex | Index finger middle joint flexion left |
| hand_lmiddlef_pip_flex | Middle finger middle joint flexion left |
| hand_lringf_pip_flex | Ring finger Middle joint flexion left |
| hand_llittlef_pip_flex | Little finger Middle joint bending left |
| hand_lthumb_ip_flex | Thumb terminal joint flexion left |
| hand_lindexf_dip_flex | Index finger End joint flexion left |
| hand_lmiddlef_dip_flex | Middle finger end joint bending left |
| hand_lringf_dip_flex | Ring finger End joint bending left |
| hand_littlef_dip_flex | Little finger end joint flexion left |
| hand_lthumb_mcp_ex | Thumb base joint extension left |
| hand_lindexf_mcp_ex | Index finger base joint extension left |
| hand_lmiddlef_mcp_ex | Middle finger base joint extension left |
| hand_lringf_mcp_ex | Ring finger Base joint extension left |
| hand_llittlef_mcp_ex | Little finger Base joint extension left |


| hand_lindexf_pip_ex | Index finger middle joint extension left |
| :---: | :---: |
| hand_lmiddlef_pip_ex | Middle finger middle joint extension left |
| hand_lringf_pip_ex | Ring finger middle joint extension left |
| hand_llittlef_pip_ex | Little finger Middle joint extension left |
| hand_lthumb_ip_ex | Thumb end joint extension left |
| hand_lindexf_dip_ex | Index finger End joint extension left |
| hand_lmiddlef_dip_ex | Middle finger End joint stretch left |
| hand_lringf_dip_ex | Ring finger End joint stretch left |
| hand_llittlef_dip_ex | Little finger End joint extension left |
| hand_device_pinchmeter | Device ID Pinchmeter |
| hand_rkey_pinch_1 | Key grip force right 1 |
| hand_rkey_pinch_2 | Key grip force right 2 |
| hand_rkey_pinch_3 | Key grip force right 3 |
| hand_rkey_pinch_mean | Key grip force average right |
| hand_lkey_pinch_1 | Key grip force left 1 |
| hand_lkey_pinch_2 | Key grip force left 2 |
| hand_lkey_pinch_3 | Key grip force left 3 |

hand_lkey_pinch_mean
hand_device_discriminator
hand_rthumb_disc
hand_rindexf_disc
hand_rlittlef_disc
hand_lthumb_disc

Index finger right

$$
\begin{aligned}
& 1-2 \mathrm{~mm} \\
& 2-3 \mathrm{~mm} \\
& 3-4 \mathrm{~mm} \\
& 4-6 \mathrm{~mm} \\
& 5-8 \mathrm{~mm} \\
& 6-10 \mathrm{~mm} \\
& 7-12 \mathrm{~mm} \\
& 8-15 \mathrm{~mm} \\
& 9-20 \mathrm{~mm} \\
& 10-25 \mathrm{~mm} \\
& 11->25 \mathrm{~mm}
\end{aligned}
$$

Key grip force average left

Device ID Two-point discriminator

Thumb right

$$
\begin{aligned}
& 1-2 \mathrm{~mm} \\
& 2-3 \mathrm{~mm} \\
& 3-4 \mathrm{~mm} \\
& 4-6 \mathrm{~mm} \\
& 5-8 \mathrm{~mm} \\
& 6-10 \mathrm{~mm} \\
& 7-12 \mathrm{~mm} \\
& 8-15 \mathrm{~mm} \\
& 9-20 \mathrm{~mm} \\
& 10-25 \mathrm{~mm} \\
& 11->25 \mathrm{~mm}
\end{aligned}
$$

Little finger right

$$
\begin{aligned}
& 1-2 \mathrm{~mm} \\
& 2-3 \mathrm{~mm} \\
& 3-4 \mathrm{~mm} \\
& 4-6 \mathrm{~mm} \\
& 5-8 \mathrm{~mm} \\
& 6-10 \mathrm{~mm} \\
& 7-12 \mathrm{~mm} \\
& 8-15 \mathrm{~mm} \\
& 9-20 \mathrm{~mm} \\
& 10-25 \mathrm{~mm} \\
& 11->25 \mathrm{~mm}
\end{aligned}
$$

Thumb left

$$
\begin{aligned}
& 1-2 \mathrm{~mm} \\
& 2-3 \mathrm{~mm}
\end{aligned}
$$

3-4mm
$4-6 \mathrm{~mm}$
5-8 mm
6-10 mm
7-12 mm
8-15 mm
9-20 mm
$10-25 \mathrm{~mm}$
$11->25 \mathrm{~mm}$
hand_lindexf_disc
hand_llittlef_disc
Index finger left
$1-2 \mathrm{~mm}$
$2-3 \mathrm{~mm}$
$3-4 \mathrm{~mm}$
$4-6 \mathrm{~mm}$
$5-8 \mathrm{~mm}$
$6-10 \mathrm{~mm}$
$7-12 \mathrm{~mm}$
$8-15 \mathrm{~mm}$
$9-20 \mathrm{~mm}$
$10-25 \mathrm{~mm}$
$11->25 \mathrm{~mm}$

Little finger left

1-2 mm
2-3 mm
3-4mm
$4-6 \mathrm{~mm}$
$5-8 \mathrm{~mm}$
6-10 mm
7-12 mm
8-15 mm
9-20 mm
$10-25 \mathrm{~mm}$
$11->25 \mathrm{~mm}$
hand_end
End

BIOMAT
URIN
uri_abgabe

## BLOOD1

blt_beg
biomaterials
urine sampling
sampling performed

$$
0 \text { - no }
$$

1 - yes
blood sampling 1
begin

| blt_usnr | examiner |  |
| :---: | :---: | :---: |
| blt_usnr2_yn | 2. observer? |  |
|  |  | $0-\mathrm{no}$ |
|  |  | 1 - yes |
| blt_usnr2 | examiner 2 |  |
| blt_bsnr | remarks |  |
|  |  | $\begin{aligned} & 0 \text { - no remarks } \\ & 1 \text { - remarks } \end{aligned}$ |
| blt_note | notes |  |
| blt_meal_fasting | fasting time (h) after last meal |  |
| blt_drink_fasting | fasting time (h) after last drink |  |
| blt_fali | blood-diluting medication |  |
|  |  | 0 - No |
|  |  | 1-Yes |
|  |  | 2 - Uncertain |
| blt_grav | pregnancy |  |
|  |  | 0 - no |
|  |  | 1 - yes |
| blt_ssw | week of pregnancy |  |
| blt_vol | Amount of blood taken |  |
| OGTTINT | OGTT - interview |  |
| ogtt_beg | OGTT: begin |  |
| ogtt_int_usnr | OGTT: examiner number OGT |  |
| ogtt_examiner_2nd_yn | 2 nd examiner(s)? |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1-Yes |
| ogtt_examiner_2nd | Examiner 2 |  |


| ogtt_abl | OGTT: spontaneous rejection of the OGTT by the participant? |
| :---: | :---: |
|  | $0-$ no |
|  | 1 - yes |
| ogtt_abl_gr | OGTT: reasons for rejection of the OGTT |
| ogtt_diab | OGTT: Have you ever been told by a doctor that you have diabetes mellitus? |
|  | 0 - no |
|  | 1 - yes |
| ogtt_diab_med | OGTT: Are you currently being treated with insulin or oral antidiabetic medication? |
|  | 0 - no |
|  | 1 - yes |
| ogtt_chron | OGTT: Do you have any chronic gastrointestinal illness? |
|  | 0 - no |
|  | 1 - yes |
| ogtt_chrona | Do you currently have any complaints? |
|  | 0 - No |
|  | 1 - Yes |
| ogtt_inf | OGTT: Have you had an acute illness during the last 24 hours (infection with fever, acute gastrointestinal illness) |
|  | 0 - no |
|  |  |
| ogtt_all | OGTT: Do you have any allergy to currants? |
|  | 0 - No |
|  | 1 - Yes |
|  | 2 - not sure |
| ogtt_int_smoke | Have you already smoked a cigarette, cigar or pipe today? |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
| ogtt_int_smoketime | When did you last smoke? |


| ogttint_note | OGTTINT: note details |
| :---: | :---: |
| ogtt_end | OGTT: end |
| OGTT | OGTT - drinking of glucose solution |
| ogtt_usnr | OGTT: examiner number OGTT; drinking of the glucose solution |
| ogtt_drink_examiner_2nd_yn | 2nd examiner? |
|  | $\begin{aligned} & 0-\text { No } \\ & 1 \text { - Yes } \end{aligned}$ |
| ogtt_drink_examiner_2nd | Examiner 2 |
| ogtt_loes_beg | OGTT: drinking of the glucose solution/begin |
| ogtt_loes_end | OGTT: drinking of the glucose solution/ end |
| ogtt_loes_dur | Drinking time |
| ogtt_voll | OGTT: drinking of the complete glucose solution (!!!) |
|  | $\begin{aligned} & 0-\text { no } \\ & 1-\text { yes } \end{aligned}$ |
| BLOOD2 | blood sampling 2 |
| ogtt_blood2_begin | Start |
| ogtt_blood2_usnr | OGTT: examiner number OGTT; 2 h blood sample |
| ogtt_blood2_usnr2_yn | 2nd examiner? |
|  | $\begin{aligned} & 0 \text { - no } \\ & 1 \text { - yes } \end{aligned}$ |
| ogtt_blood2_usnr2 | second examiner(s) |
| ogtt_lab2 | OGTT: Was blood taken? |


| ogtt_lab2_zeit | OGTT: time |
| :---: | :---: |
| ogtt_bsnr | OGTT: notes |
|  | 0 - without serious incidents |
|  | 1 - serious incidents <br> 9 - refusal |
| ogtt_note | OGTT: note details |
| ogtt_blood2_end | End |
| ABSTRICHE | Swabs |
| swb_beg | begin |
| swb_usnr | examiner |
| swb_assistant | assistant |
| swb_bsnr | remarks |
|  | 0 - no remarks |
|  | 1 - remarks |
| swb_note | notes |
| swb_eat | Did you eat during the past 30 min ? |
|  | 0 - no |
|  | 1 - yes |
| swb_drink | Did you have a drink other than water during the past 30 min ? |
|  | 0 - no |
|  | 1 - yes |
| swb_saliva_paraffin | saliva sample paraffin |
|  | 0 - No |
|  | 1 - Yes |
|  | 9 - Refusal |
| swb_saliva_paraffin_note | reason for missing saliva sample (paraffin) |

swb_saliva_paraffin_note reason for missing saliva sample (paraffin)
swb_end_paraffin
swb_beg_classic
swb_nase
swb_nase_note
swb_zung
swb_zung_note
swb_saliva
swb_saliva_note
swb_tooth1
swb_tooth1_quad
swb_tooth1_tooth
end saliva sample paraffin
begin classical swabs
swabs: nasal swab

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 9 \text { - Refusal }
\end{aligned}
$$

swabs: cause for missing nasal swab
lingual swab

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 9 \text { - Refusal }
\end{aligned}
$$

reason for missing lingual swab
saliva sample

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 9 \text { - Refusal }
\end{aligned}
$$

reason for missing saliva sample
periodontal swab, tooth 1

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes } \\
& 9 \text { - Refusal }
\end{aligned}
$$

periodontal swab, tooth 1 ; quadrant
1-1st quadrant
2-2nd quadrant
3 - 3rd quadrant
$4-4$ th quadrant
periodontal swab, tooth 1 ; tooth
$1-1$ st tooth
$2-2$ nd tooth
$3-3$ rd tooth
$4-4$ th tooth
$5-5$ th tooth
$6-6$ th tooth
$7-7$ th tooth
swb_tooth1_blt
swb_tooth2
swb_tooth2_quad
swb_tooth2_tooth
swb_tooth2_blt
swb_teeth_upper_noteeth
swb_teeth_lower_noteeth
swb_teeth_misc
swb_teeth_note
swb_end
end

## LAB

| BLUT | blood laboratory analyses |
| :---: | :---: |
| LAB | laboratory analysis |
| wbc | LAB: WBC/leukocytes (Gpt/l) |
| rbc | LAB: RBC/erythrocytes (Tpt/l) |
| hgb | LAB: haemoglobin (mmol $/ \mathrm{l}$ ) |
| hct | LAB: haematocrit |
| mcv | LAB: mcv/mean corpuscular volume (fl) |
| mch | LAB: MCH/mean corpuscular haemoglobin (fmol) |
| mchc | LAB: MCHC/mean corpuscular haemoglobin concentration (mmol/l) |
| rdw | LAB: RDW / red cell distribution width (\%) |
| plt | LAB: PLT/thrombocytes (Gpt/l) |
| mpv | LAB: MPV / mean platelet volume (fl) |
| hba1c | LAB: Hb A1c (\%) |
| hba1c_ifcc | $\mathrm{HbA1c}(\mathrm{IFCC})(\mathrm{mmol} / \mathrm{mol})$ |
| quick | LAB: QUICK/thromboplastin time (\%) |
| inr | LAB: thromboplastin time international normalized ratio |
| ptt | LAB: PTT/partial thromboplastin time (s) |

ptt
LAB: PTT/partial thromboplastin time (s)

| fib_cl | LAB: fibrinogen (Clauss) (g/l) |
| :---: | :---: |
| fib_p | LAB: fibrinogen (g/l) |
| na_s | LAB: Na / sodium (mmol/l) |
| k_s | LAB: $\mathrm{K} /$ potassium ( $\mathrm{mmol} / \mathrm{l}$ ) |
| crea_s | LAB: serum creatinine ( $\mu \mathrm{mol} / \mathrm{l}$ ) |
| hrs_s | LAB: serum uric acid ( $\mu \mathrm{mol} / \mathrm{l}$ ) |
| gluc_s | LAB: serum glucose (mmol/l) |
| cystatin | LAB: cystatin C (mg/l) |
| ca_s | LAB: serum calcium, total (mmol/l) |
| mg_s | LAB: magnesium (mmol/l) |
| gluk_ed0 | LAB: glucose 0 min (plasma, E) (mmol/l) |
| gluk_ed2 | LAB: glucose $120 \mathrm{~min}($ plasma, E) (mmol/l) |
| crp_hs | CRP (high-sensitive) (mg/l) |
| tsh | LAB: TSH/thyroid-stimulating hormone (mU/l) |
| ft3 | LAB: f T3/triiodothyronine, free (pmol/l) |
| ft4 | LAB: $\mathrm{fT} 4 /$ thyroxine, free (pmol/l) |
| b12 | LAB: B12/vitamin B12 (pg/ml) |

fols
tpo_ak
diff_micr
ne_pct_e
ly_pct_e
mo_pct_e
eo_pct_e
ba_pct_e
ne_e
ly_e
seg_e
stabk_e
lymph_e
mono_e
eos_e
ly_reiz_e

LAB: TPO-AK/ anti-thyroid peroxidase antibody ( $\mathrm{U} / \mathrm{ml}$ )
blood cell count: microscopic differentiation 1 - Yes 0 - No

LAB: neutrophils (\%)

LAB: lymphocytes (\%)

LAB: monocytes (\%)

LAB: eosinophils (\%)

LAB: basophils (\%)

LAB: neutrophils (absolute) (Gpt/l)

LAB: lymphocytes (absolute) (Gpt/l)

LAB: segmented neutrophils (MICR) (\%)

LAB: banded neutrophils (MICR) (\%)

LAB: lymphocytes (MICR) (\%)

LAB: monocytes (MICR) (\%)

LAB: eosinophils (MICR) (\%)

LAB: atypical lymphozytes (MICR) (\%)

| meta_e | LAB: metamyelocytes (MICR) (\%) |
| :---: | :---: |
| ani_e | LAB: anisocytosis (MICR) |
|  | 1-+-minor |
|  | $2-++$ - medium |
|  | 3 - +++ - major |
| poiki_e | LAB: poikilocytosis (MICR) |
|  | 1 -+ |
| toxgran | LAB: toxic granulation (MICR) |
|  | 1 - + |
| ueseg | LAB: hypersegmented neutrophils (MICR) |
|  | 1 - + |
| elliptozy | LAB: elliptocytes (MICR) |
|  | 1 - + |
| riesenthro | LAB: macrothrombocytes (MICR) |
|  | 1 - + |
| plt_aniso | LAB: thrombocytes-anisocytosis (MICR) |
|  | 1 - + |
| poly_e | LAB: polychromasia (MICR) |
|  | 1 - + |
| myelo_e | LAB: myelocytes (MICR) (\%) |
| baso_e | LAB: basophils (MICR) (\%) |
| kern_e | LAB: nuclear shadows (degraded cells) (MICR) (\%) |
| plasmacells_e | plasma cells (MICR) (\%) |
| geldroll | rouleaux formation (MICR) |
|  | 1 - + |
| lymphgra | granular lymphocytes (MICR) [\%] |

macrocy
macrocytes (MICR)
normo_pct
normoblasts (\%)
normo
normoblasts (absolute) (Gpt/l)
norm_e
normoblasts (MICR)

| anulo | hypochromic erythrocytes (MICR) |  |
| :--- | :--- | :---: |
| basotupf | basophilic stippling (MICR) | $1-+$ |
| microcy | microcytes (MICR) | $1-++$ |
| ovalo | elliptocytes (MICR) | $1-++$ |
| teardrop | dacrocytes (tear drop cells) (MICR) | $1-+$ |
|  |  | $1-+$ |

hypery_e LAB: hypochromic erythrocytes (MICR)
1--
blasten_e
LAB: blasten (MICR) (\%)
megakarfrag
LAB: fragmented megakaryocytes (MICR)
tg_s
chol_s
LAB: cholesterol (total) (mmol/l)
ldlch
LAB: LDL-cholesterol (mmol/l)
hdlch
LAB: HDL-cholesterol (mmol/l)
psa_s
LAB: prostate-specific antigen, total (ng/ml)

LAB: portion of free prostate-specific antigen (\%)

LAB: serum chloride (mmol/l)

LAB: alanine aminotransferase (ALAT/GPT) ( $\mu$ katal/l)

LAB: aspartate aminotransferase (ASAT/GOT) ( $\mu$ katal $/ \mathrm{l}$ )
amyl_s
ggt_s
lip_s
ck_s
ldh_s
ferri

URIN
LAB
sg_u
ph_u
leuco_u

LAB: serum amylase (alpha-amylase) ( $\mu \mathrm{katal} / \mathrm{l})$

LAB: gamma-glutamyltransferase ( $\mu$ katal/l)

LAB: lipase ( $\mu$ katal $/ \mathrm{l}$ )

LAB: creatine kinase (total) ( $\mu$ katal/l)

LAB: lactate dehydrogenase ( $\mu$ katal $/ \mathrm{l}$ )

Ferritin ( $\mu \mathrm{g} / \mathrm{l}$ )
urine laboratory analyses
laboratory analysis

LAB: (urine) density (kg/l)

LAB: (urine) pH

LAB: (urine) leukocytes (/ $\mu \mathrm{l}$ )

$$
\begin{aligned}
& 0-0-10 \\
& 1-10-50 \\
& 2-50-400 \\
& 3->400
\end{aligned}
$$

nitri_u
prot_u
gluc_u
ket_u
ubg_u
bili_u
ust_farb
ery_u

LAB: (urine) nitrite (pos/neg)

> 0 - negative
> 1 - positive

LAB: (urine) protein (g/l)

$$
\begin{aligned}
& 0-0-0.2 \\
& 1-0.2-0.5 \\
& 2-0.5-1.2 \\
& 3-1.2-4.0 \\
& 4->4.0
\end{aligned}
$$

LAB: (urine) glucose (mmol/l)

$$
\begin{aligned}
& 0-0-2 \\
& 1-2-5 \\
& 2-5-15 \\
& 3-15-40 \\
& 4->40
\end{aligned}
$$

LAB: (urine) ketone (mmol/l)

$$
\begin{aligned}
& 0-0-0.2 \\
& 1-0.2-1.0 \\
& 2-1.0-4.0 \\
& 3-4.0-12 \\
& 4->12
\end{aligned}
$$

LAB: (urine) urobilinogen ( $\mu \mathrm{mol} / \mathrm{l}$ )

$$
\begin{aligned}
& 0-0-10 \\
& 1-10-50 \\
& 2-50-100 \\
& 3-100-180 \\
& 4->180
\end{aligned}
$$

LAB: (urine) bilirubin ( $\mu \mathrm{mol} / \mathrm{l}$ )

$$
\begin{aligned}
& 0-0-5 \\
& 1-5-40 \\
& 2-40-80 \\
& 3->80
\end{aligned}
$$

LAB: (urine) erythrocytes (/ $\mu \mathrm{l}$ )

$$
\begin{aligned}
& 0-0-5 \\
& 1-5-20 \\
& 2-20-40 \\
& 3-40-110 \\
& 4-110-200 \\
& 5->200
\end{aligned}
$$

LAB: (urine) urine color

> 0 - light yellow
> 1 - yellow

|  |  | $\begin{aligned} & 2 \text { - dark yellow } \\ & 3 \text { - brown } \\ & 4 \text { - red } \\ & 5 \text { - green } \end{aligned}$ |
| :---: | :---: | :---: |
| ust_trueb | LAB: (urine) urine turbidity, clouding | $\begin{aligned} & 0 \text { - clear } \\ & 1 \text { - slightly cloudy } \\ & 2 \text { - cloudy } \end{aligned}$ |
| crea_u | LAB: (urine) creatinine ( $\mathrm{mmol} / \mathrm{l}$ ) |  |
| alb_u | LAB: (urine) albumin (mg/l) |  |
| RUE | reading of ultrasound examin | ations |
| READECHO <br> ECHOREADING_S | reading echo echo findings |  |
| er_beg | Start of reading |  |
| er_rd | Readernumber |  |
| er_rd2_jn | 2nd reader present? |  |
|  |  | $\begin{aligned} & 0-\mathrm{No} \\ & 1-\mathrm{Yes} \end{aligned}$ |
| er_rd2 | readernr 2 |  |
| er_rd_moeg | reading possible? |  |
|  |  | 1 - yes <br> 2 - no, import impossible <br> 3 - no, no images with bad quality or missing images |
| er_bes | particularity |  |
|  |  | $\begin{aligned} & 0 \text { - none } \\ & 1 \text { - present } \end{aligned}$ |
| er_bes_welche | Which? |  |
|  |  | 1 - discussion at team <br> 2 - worksheet inexportable <br> 3 - other |


| er_freq | HF(/min) |  |
| :---: | :---: | :---: |
| er_lv_qual | LV quality |  |
|  |  | $0-\operatorname{good}$ |
|  |  | 2 - medium - certain values |
|  |  | 1 - bad - uncertain values |
|  |  | 8 - not measurable |
|  |  | 9 - not available |
| er_lvdatei | LV-datei |  |
|  |  | 1-V1 |
|  |  | $2-\mathrm{V} 2$ |
| er_lv_zyklus | cycle |  |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
| er_lv_merk | LV remember |  |
|  |  | 0 - none |
|  |  | 1 - certification |
|  |  | 2 - training |
|  |  | 3 - excellent quality |
|  |  | 4 - doubtfully readable |
|  |  | 5 - confer with team |
| er_lv_bem | LV remarks |  |
|  |  | 0 - no |
|  |  | 1 - yes |
| er_lv_arte | Artifacts in ECG |  |
|  |  | 0 - no |
|  |  | 1 - yes |
| er_lv_beschrift | Image labeling incorrect |  |
|  |  | 0 - no |
|  |  | 1 - yes |
| er_lv_licht | Light conditions/ contrast |  |
|  |  | 0 - no |
|  |  | 1 - yes |

er_lv_mehr_bild
multiple images

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

er_lv_mehr_bildnr
er_lv_sonst
er_lv_sonst_note
er_la_qual
er_la_zyklus
er_la_merk
er_la_bem
er_la_arte
er_la_beschrift

LA remember
0 - none
1 - certification
2 - training
3 - excellent quality
4 - doubtfully readable
5 - confer with team

LA remarks
0 - no
1 - yes
artifacts in ECG
0 - no
1 - yes
selected image number

Other

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Which one?

LA quality
cycle
1-1
2-2
3-3
4-4
5-5
6-6
7-7

Image labeling wrong

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

light conditions/ contrast

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

er_la_mehr_bild
er_la_mehr_bildnr
er_la_sonst
er_la_sonst_note
er_puki_qual
er_puki_merk
er_puki_bem
er_puki_arte
er_puki_beschrift
er_puki_licht
er_puki_mehr_bild
multiple images

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

selected image number

Other

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which one?

PK quality

$$
\begin{aligned}
& 0 \text { - good } \\
& 2 \text { - medium - certain values } \\
& 1 \text { - bad - uncertain values } \\
& 8 \text { - not measurable } \\
& 9 \text { - not available }
\end{aligned}
$$

PK remember

$$
0 \text { - none }
$$

$$
1 \text { - certification }
$$

$$
2 \text { - training }
$$

$$
3 \text { - excellent quality }
$$

$$
4 \text { - doubtfully readable }
$$

$$
5 \text { - confer with team }
$$

PK remarks

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

Artifacts in ECG

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Image labeling wrong

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

light conditions/ contrast

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

multiple images

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

| er_puki_mehr_bildnr | selected image number |  |
| :---: | :---: | :---: |
| er_puki_sonst | Other |  |
|  |  | 0 - no |
|  |  | 1 - yes |
| er_puki_sonst_note | Which one? |  |
| er_mkr4_qual | MK rest 4sec quality |  |
|  |  | 0 - good |
|  |  | 2 - medium - certain values |
|  |  | 1 - bad - uncertain values |
|  |  | 8 - not measurable |
|  |  | 9 - not available |
| er_mkr4_merk | MK Ruhe 4sec remember |  |
|  |  | 0 - none |
|  |  | 1 - certification |
|  |  | 2 - training |
|  |  | 3 - excellent quality |
|  |  | 4 - doubtfully readable |
|  |  | 5 - confer with team |
| er_mkr4_bem | MK Ruhe 4sec remarks |  |
|  |  | 0 - no |
|  |  | 1 - yes |
| er_mkr4_arte | artifacts in ECG |  |
|  |  | 0 - no |
|  |  | 1 - yes |
| er_mkr4_beschrift | Image labeling wrong |  |
|  |  | $0-$ no |
|  |  | 1 - yes |
| er_mkr4_licht | light conditions/ contrast |  |
|  |  | $0-\mathrm{no}$ |
|  |  | 1 - yes |
| er_mkr4_mehr_bild | multiple images |  |
|  |  | $0-\mathrm{no}$ |
|  |  | 1 - yes |
| er_mkr4_mehr_bildnr | selected image number |  |

er_mkr4_sonst
er_mkr4_sonst_note
er_mkr2_qual
er_mkr2_merk
er_mkr2_bem
er_mkr2_arte
_mkr2_beschrift
er_mkr2_licht
er_mkr2_mehr_bild
er_mkr2_mehr_bildnr
er_mkr2_sonst

Other

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Which one?

MK rest 2 sec quality
0 - good
2 - medium - certain values
1 - bad - uncertain values
8 - not measurable
9 - not available

MK Ruhe 2sec remember
0 - none
1 - certification
2 - training
3 - excellent quality
4 - doubtfully readable
5 - confer with team

MK Ruhe 2sec remarks
0 - no
1 - yes
artifacts in ECG
0 - no
1 - yes

Image labeling wrong
$0-$ no
1 - yes
light conditions/ contrast
0 - no
1 - yes
multiple images
0 - no
1 - yes
selected image number

Other

1 - yes
er_mkv_qual
er_mkv_merk
er_mkv_bem
er_mkv_arte
er_mkv_beschrift
er_mkv_licht
er_mkv_mehr_bild
er_mkv_mehr_bildnr
er_mkv_sonst
er_mkv_sonst_note
er_tapse_qual

Which one?

MK vasalva quality
0 - good
2 - medium - certain values
1 - bad - uncertain values
8 - not measurable
9 - not available

MK Valsalva remember
0 - none
1 - certification
2 - training
3 - excellent quality
4 - doubtfully readable
5 - confer with team

MK Valsalva remarks
0 - no
1 - yes
artifacts in ECG
0 - no
1 - yes

Image labeling wrong

$$
0 \text { - no }
$$

1 - yes
light conditions/ contrast
0 - no
1 - yes
multiple images
0 - no
1 - yes
selected image number

Other
0 - no
1 - yes

Which one?

TAPSE quality

2 - medium - certain values
1 - bad - uncertain values
8 - not measurable
9 - not available
er_tapse_merk
er_tapse_bem
er_tapse_arte
er_tapse_beschrift
er_tapse_licht
er_tapse_mehr_bild
er_tapse_mehr_bildnr
er_tapse_and_zyklus
er_tapse_and_zyklusnr

TAPSE remember

TAPSE remarks
0 - no
1 - yes
artifacts in ECG
0 - no
1 - yes
Image labeling wrong
0 - no
1 - yes
light conditions/ contrast

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

multiple images

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

selected image number
other cycle

> 0 - no
> 1 - yes

Which other cycle?
1-1
2-2
3-3
4-4
5-5
6-6
7-7
er_tapse_sonst
other

|  |  |
| :--- | :--- |
| er_tapse_sonst_note | Which one? |
| er_end |  |
| E- yes |  |


| er_ef | ejection fraction |
| :---: | :---: |
| er_esv | endsystolic volume (Teichholz) |
| er_fs | Fractional shortening (VividI) |
| er_sv | stroke volume (Teichholz) |
| er_puki_az | pulmonary valve AT [ms] |
| er_puki_az1 | pulmonary valve AT 1 [ms] |
| er_puki_az2 | pulmonary valve AT 2 [ms] |
| er_puki_az3 | pulmonary valve AT 3 [ms] |
| er_puki_azslope | pulmonary valve slope |
| er_puki_azslope1 | pulmonary valve slope 1 |
| er_puki_azslope2 | pulmonary valve slope 2 |
| er_puki_azslope3 | pulmonary valve slope 3 |
| er_mkr_e | mitral valve (rest): e-peak [m/s] |
| er_mkr_e1 | mitral valve (rest): e-peak $1[\mathrm{~m} / \mathrm{s}]$ |
| er_mkr_e2 | mitral valve (rest): e-peak $2[\mathrm{~m} / \mathrm{s}]$ |
| er_mkr_e3 | mitral valve (rest): e-peak 3 [ $\mathrm{m} / \mathrm{s}$ ] |
| er_mkr_e4 | mitral valve (rest): e-peak $4[\mathrm{~m} / \mathrm{s}]$ |


| er_mkr_e5 | mitral valve (rest): e-peak $5[\mathrm{~m} / \mathrm{s}]$ |
| :---: | :---: |
| er_mkr_a | mitral valve (rest): a-peak [m/s] |
| er_mkr_a1 | mitral valve (rest): a-peak $1[\mathrm{~m} / \mathrm{s}$ ] |
| er_mkr_a2 | mitral valve (rest): a-peak $2[\mathrm{~m} / \mathrm{s}$ ] |
| er_mkr_a3 | mitral valve (rest): a-peak 3 [m/s] |
| er_mkr_a4 | mitral valve (rest): a-peak $4[\mathrm{~m} / \mathrm{s}$ ] |
| er_mkr_a5 | mitral valve (rest): a-peak $5[\mathrm{~m} / \mathrm{s}]$ |
| er_mkr_quotient | mitral E/A ratio rest |
| er_mkr_quotient1 | mitral E/A ratio rest 1 |
| er_mkr_quotient2 | mitral E/A ratio rest 2 |
| er_mkr_quotient3 | mitral E/A ratio rest 3 |
| er_mkr_quotient4 | mitral E/A ratio rest 4 |
| er_mkr_quotient5 | mitral E/A ratio rest 5 |
| er_mkr_deczeit | mitral valve (rest): deceleration time [ms] |
| er_mkr_deczeit1 | mitral valve (rest): deceleration time 1 [ms] |
| er_mkr_deczeit2 | mitral valve (rest): deceleration time 2 [ms] |


| er_mkr_deczeit3 | mitral valve (rest): deceleration time 3 [ms] |
| :--- | :--- |
| er_mkr_deczeit4 | mitral valve (rest): deceleration time 4 [ms] |
| er_mkr_deczeit5 | mitral valve (rest): deceleration time 5 [ms] |
| er_mkr2_deczeit | mitral valve (rest 2 sec): deceleration time [ms] |
| er_mkr2_deczeit1 | mitral valve (rest 2sec): deceleration time 1 [ms] |
| er_mkr2_deczeit2 | mitral valve (rest 2sec): deceleration time 2 [ms] |
| er_mkr2_deczeit3 : deceleration time 3 [ms] |  |
| er_mkv_e4 | mitral valve (rest): slope |
| er_mkv_e3 | mitral valve (Valsalva): e-peak 3 [m /s] |
| er_mkr_decslope (Valsalva): e-peak 4 [m/s] |  |
| er_mkr_decslope2 | mitral valve (rest): slope 1 |

    er_mkv_e4
    mitral valve (Valsalva): e-peak 4 [m/s]

| er_mkv_e5 | mitral valve (Valsalva): e-peak 5 [ $\mathrm{m} / \mathrm{s}$ ] |
| :---: | :---: |
| er_mkv_a | mitral valve (Valsalva): a-peak [m/s] |
| er_mkv_a1 | mitral valve (Valsalva): a-peak 1 [ $\mathrm{m} / \mathrm{s}$ ] |
| er_mkv_a2 | mitral valve (Valsalva): a-peak 2 [ $\mathrm{m} / \mathrm{s}$ ] |
| er_mkv_a3 | mitral valve (Valsalva): a-peak 3 [ $\mathrm{m} / \mathrm{s}$ ] |
| er_mkv_a4 | mitral valve (Valsalva): a-peak 4 [m/s] |
| er_mkv_a5 | mitral valve (Valsalva): a-peak 5 [m/s] |
| er_mkv_quotient | mitral E/A ratio Valsalva |
| er_mkv_quotient1 | mitral E/A ratio Valsalva 1 |
| er_mkv_quotient2 | mitral E/A ratio Valsalva 2 |
| er_mkv_quotient3 | mitral E/A ratio Valsalva 3 |
| er_mkv_quotient4 | mitral E/A ratio Valsalva 4 |
| er_mkv_quotient5 | mitral E/A ratio Valsalva 5 |
| er_mkv_decslope | mitral valve (Valsalva): slope |
| er_mkv_decslope1 | mitral valve (Valsalva): slope 1 |
| er_mkv_decslope2 | mitral valve (Valsalva): slope 2 |
| er_mkv_decslope3 | mitral valve (Valsalva): slope 3 |


| er_mkv_decslope4 | mitral valve (Valsalva): slope 4 |
| :---: | :---: |
| er_mkr_e_vhf | Mitral Rest e wave without a wave (atrial fibrillation) |
| er_mkr_e_vhf1 | Mitral Rest e wave without a wave (atrial fibrillation) 1 |
| er_mkr_e_vhf2 | Mitral Rest e wave without a wave (atrial fibrillation) 2 |
| er_mkr_e_vhf3 | Mitral Rest e wave without a wave (atrial fibrillation) 3 |
| er_mkr_e_vhf4 | Mitral Rest e wave without a wave (atrial fibrillation) 4 |
| er_mkr_e_vhf5 | Mitral Rest e wave without a wave (atrial fibrillation) 5 |
| er_mkv_e_vhf | Mitral Valsalva e wave without a wave (atrial fibrillation) |
| er_mkv_e_vhf1 | Mitral Valsalva e wave without a wave (atrial fibrillation) 1 |
| er_mkv_e_vhf2 | Mitral Valsalva e wave without a wave (atrial fibrillation) 2 |
| er_mkv_e_vhf3 | Mitral Valsalva e wave without a wave (atrial fibrillation) 3 |
| er_mkv_e_vhf4 | Mitral Valsalva e wave without a wave (atrial fibrillation) 4 |
| er_mkv_e_vhf5 | Mitral Valsalva e wave without a wave (atrial fibrillation) 5 | fibrillation) 5


| er_tapse | tapse [cm] |
| :--- | :--- |
| er_tapse1 | tapse1 [cm] |
| er_tapse2 | tapse2 [cm] |
| er_tapse3 | tapse3 [cm] |

## SAQ

HEALTH
SAQ_HOME
home_bewe_29
home_bewe_1
home_bewe_2
home_bewe_3
home_bewe_4

## self-answering questionnaire

## Gesundheit

Fragebogen HOME
Are you currently working?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What is your physical stress level at work? At work I sit

1 - Never
2 - Rarely
3 - Sometimes
4 - Often
5 - Always
How high is your physical strain at work? At work I stand

1 - Never
2 - Rarely
3 - Sometimes
4 - Often
5 - Always

What is your physical workload at work? I walk at work

1 - Never
2 - Rarely
3 -Sometimes
4 - Often
5 - Always
What is your physical workload at work? I lift heavy loads/weights at work.

1 - Never
2 - Rarely
3 - Sometimes
4 - Often
5 - Always
home_bewe_5
home_bewe_6
home_bewe_7
home_bewe_8
home_bewe_9a
home_bewe_9b
home_bewe_9e
home_bewe_9g

What is your level of physical exertion at work? I am tired after work

1 - Never<br>2 - Rarely<br>3 - Sometimes<br>4 - Often<br>5 - Always

What is your physical workload at work? I sweat at work

1 - Never
2 - Rarely
3 - Sometimes
4 - Often
5 - Always
Compared to other people my age, I think my work is physical....

1 - Much heavier
2 - Heavier
3 - Just as heavy
4 - Lighter
5 - Much lighter
Do you do any sports?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you do most of the time? Aerobics
$0-$ no
1 - yes

What sport do you do most of the time? Fishing

> 0 - no
> 1 - yes

What sport do you play most of the time? Badminton

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

What sport do you participate in most of the time? Fitness (e.g. gym, muscle training at home)

0 - no
home_bewe_9c
home_bewe_9i
home_bewe_9h
home_bewe_9f
home_bewe_9k
home_bewe_91
home_bewe_9m
home_bewe_9n
home_bewe_9o
home_bewe_9q

Which sport do you practice most of the time? Soccer

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

What sport do you do most of the time?
Gymnastics (e.g. gymnastics, morning exercises, yoga, Pilates, senior dance)

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What kind of sport do you do most often? Exercise bike (e.g. stepper, bicycle ergometer)

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you participate in most of the time? Inline skating

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you participate in most of the time? Jogging

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you participate in most of the time? Bowling

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you do most of the time? Cycling

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you participate in most often? Horseback riding

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you participate in most of the time? Swimming

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you participate in most often? Sailing

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

$\left.\begin{array}{ll}\text { home_bewe_9p } & \begin{array}{l}\text { Which sport do you practice most often? Surfing } \\ 0-\text { no } \\ 1\end{array} \\ \text { home_ yes }\end{array}\right]$
home_bewe_10
home_bewe_11
home_bewe_12
home_bewe_13a
home_bewe_13b
home_bewe_13e
home_bewe_13g
home_bewe_13c
home_bewe_13i
home_bewe_13h
home_bewe_13f

-     - 

How many hours per week do you do this sport?
1 - Less than 1 hour
2-1 to less than 2 hours
$3-2$ to under 3 hours
$4-3$ to under 4 hours
5 - More than 4 hours

How many months per year do you participate in this sport?

Do you participate in a second sport?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport is it? Aerobics

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which sport is it? Fishing

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you play? Badminton

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What kind of sport do you do? Fitness (e.g., gym, muscle training at home).

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport is this? Soccer

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which sport is it? Gymnastics (e.g., gymnastics, morning exercise, yoga, Pilates, senior dance).

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which sport do you do? Home trainer (e.g. stepper, bicycle ergometer)

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you play? Inline skating

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

home_bewe_13k
home_bewe_131
home_bewe_13m
home_bewe_13n
home_bewe_13o
home_bewe_13q
home_bewe_13p
home_bewe_13y
home_bewe_13r
home_bewe_13j
home_bewe_13s
home_bewe_13d

Which sport is it? Jogging

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

What sport is this? Bowling

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport do you play? Cycling

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Which sport is it? Horseback riding

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which sport is it? Swimming

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

What sport is this? Sailing

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which sport is it? Surfing
0 - no
1 - yes

What sport do you play? Dancing in a club
0 - no
1 - yes

What sport is it? Tennis

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport is it? Therapist. Gymnastics (e.g., sick, seated, spinal, back, cardiac, rehabilitation).

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which sport is it? Table tennis

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which sport is this? Volleyball

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

home_bewe_13t
home_bewe_13v
home_bewe_13u
home_bewe_13w
home_bewe_13x
home_bewe_14
home_bewe_15

SAQ_UZ
ges_sf12_01
ges_sf12_02
ges_sf12_03

What kind of exercise do you do? Walking

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which sport is this? Hiking

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Which sport is it? Water gymnastics

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport is this? Other

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What sport is this? Other and that is....

How many hours per week do you engage in this sport?

1 - Less than 1 hour
2-1 to less than 2 hours
3-2 to under 3 hours
$4-3$ to under 4 hours
5 - More than 4 hours

How many months per year do you engage in this sport?

## Fragebogen zum Selbstausfüllen

How would you describe your health in general?

$$
\begin{aligned}
& 1 \text { - excellent } \\
& 2 \text { - very good } \\
& 3 \text { - good } \\
& 4 \text { - less good } \\
& 5 \text { - bad }
\end{aligned}
$$

Are you limited in these activities by your current health condition? If so, to what extent?
Moderately difficult activities, e.g., moving a table, vacuuming, bowling.

1 - yes, strongly limited
2 - Yes, slightly limited
3 - not limited at all

Are you limited in these activities by your current health condition? If so, how much?
Climb several flights of stairs.
1 - yes, strongly limited
ges_sf12_04
ges_sf12_05
ges_sf12_06
ges_sf12_07
ges_sf12_08
ges_sf12_09

In the past 4 weeks, have you had difficulty with everyday activities at work or at home because of your physical health? I have managed less than I wanted to

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

In the past 4 weeks, have you had difficulty with daily activities at work or at home because of your physical health? I could only do certain things

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

In the past 4 weeks, have you had difficulties with everyday activities at work or at home due to mental problems? I have accomplished less than I wanted to

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

In the past 4 weeks, have you had difficulties with everyday activities at work or at home due to mental problems? I could not work as carefully as usual

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

During the past 4 weeks, to what extent has pain hindered you in performing your daily activities at home and at work?

> 1 - not at all
> 2 - a little
> 3 - moderate
> 4 - quite
> 5 - greatly

These questions are about how you feel and how you have been doing in the past 4 weeks. How often have you been calm and composed in the past 4 weeks?

> 1 - always
> 2 - often
> 3 - very often
> 4 - sometimes
> 5 - hardly
> 6 - never

These questions are about how you feel and how you have felt in the past 4 weeks. How many times have you been full of energy in the past 4 weeks?

> 1 - always
> 2 - often
> 3 - very often
> 4 - sometimes
> 5 - hardly
> 6 - never

These questions are about how you feel and how you have felt in the past 4 weeks. How often have you been discouraged or sad in the past 4 weeks?

1 - always
2 - often
3 - very often
4 - sometimes
5 - hardly
6 - never
In the past 4 weeks, how often have your physical health or mental health problems interfered with your contact with others (visiting friends, relatives, etc.)?

1 - always
2 - often
3 - sometimes
4 - hardly
5 - never
Fragebogen Funktionelle Ressourcen
Do you currently have a level of care?
0 - no
1 - yes
Which care level?
1 - Care level 1
2 - Care level 2
3 - Care level 3 without hardship regulation
4 - Care level 3 with hardship regulation

What level of care?
1 - care level 1
2 - care level 2
3 - care level 3
4 - degree of care 4
5 - care degree 5
frs_hilfejetzt_ang
frs_hilfejetzt_bek
frs_hilfejetzt_pfleg
frs_hilfejetzt_gesb
frs_hilfemgl_ang
frs_hilfemgl_bek

Due to health limitations, do you receive regular (that is, daily) help, care, or other support from the following people or agencies? Relatives

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Because of health limitations, do you receive regular (that is, daily) help, care, or other support from the following people or institutions? Acquaintances, friends, neighbors

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Due to health limitations, do you receive regular (i.e., daily) help, care, or other assistance from the following persons or agencies? Nursing service

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Due to health limitations, do you receive regular (i.e., daily) help, care, or other assistance from the following persons or agencies? Legal guardian

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Could you get regular help, care, or other support from the following people if you needed it? Relatives

1 - Yes, quite definitely
2 - Yes, quite likely
3 - No, probably not
4 - No, not at all

Could you get regular help, care, or other support from the following people if you needed it? Acquaintances, friends, neighbors

1 - Yes, quite definitely
2 - Yes, quite likely
3 - No, probably not
4 - No, not at all
frs_medi
Are you taking any medications?
0 - no
1 - yes

How do you take your medications?
1 - Completely independent without
help
2 - With some help (e.g., someone reminds you to take or prepares medication)

| frs_sturz | Have you fallen at least 1 time during the past 12 months? |
| :---: | :---: |
|  | 0 - no |
|  | 1 - yes |
| frs_sturzanz | How many times have you fallen? |
| frs_sturzwo | Where was your last fall? |
|  | 1 - Inside the home? <br> 2 - Outside the home? |
| frs_sturzmed_amb | Was medical treatment necessary? by a registered doctor |
|  | 0 - no |
|  | 1 - yes |
| frs_sturzmed_stat | Was medical treatment necessary? in hospital/inpatient care |
|  | 0 - no |
|  | 1 - yes |
| frs_mobil_rad | How mobile are you currently? I ride a bicycle |
|  | 0 - no |
|  | 1 - yes |
| frs_mobil_mofa | How mobile are you at the moment? I ride a moped or similar. |
|  | 0 - no |
|  | 1 - yes |
| frs_mobil_auto | How mobile are you at the moment? I drive my own car. |
|  | 0 - no |
|  | 1 - yes |
| frs_mobil_taxi | How mobile are you at the moment? I travel by cab. |
|  | 0 - no |
|  | 1 - yes |
| frs_mobil_public | How mobile are you at the moment? I use public transport (bus, train). |
|  | 0 - no |
|  | 1 - yes |
| frs_mobil_mitfahr | How mobile are you currently? I am driven by spouse / relatives / friends / acquaintances. |
|  |  |

frs_mobil_trans
frs_mobil_fuss
frs_mobil_ohngeh
frs_mobil_mitgeh
frs_mobil_rollator
frs_mobil_rollstuhl
frs_mobil_elektro
frs_mobil_begleit
frs_alltag_eink
frs_alltag_events

How mobile are you at this time? I use a special ambulance.

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

How mobile are you currently? I can walk to the grocery store or run errands or go for a walk.

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

How mobile are you at the moment? I walk without a walker.

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

How mobile are you at the moment? I walk with a walking stick.

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

How mobile are you at present? I walk with a rollator.

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

How mobile are you at this time? I use a wheelchair.

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

How mobile are you at the moment? I use an electric scooter.

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

How mobile are you currently? I only go out of the house when accompanied.

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What is currently true for you? I do my errands and shopping independently.

1 - Often
2 - Sometimes
3 - Never

What is currently true for you? I attend events and senior meetings, concerts, church, etc.

1 - Often

| frs_alltag_finanz | What applies to you at the moment? I handle my <br> own financial affairs. |
| :--- | :--- |
|  | 1 - Often <br> $2-$ Sometimes |
| 3 - Never |  |

frs_alltag_termin
frs_alltag_tv
frs_alltag_strasse
frs_alltag_datum
frs_alltag_anzieh
frs_alltag_ausgeh
frs_alltag_wortfind

What is true for you at the moment? I forget appointments or doctor's appointments.

1 - Often
2 - Sometimes
3 - Never

Which of the following applies to you at the moment? Watching TV shows.

$$
\begin{aligned}
& 1 \text { - Often } \\
& 2 \text { - Sometimes } \\
& 3 \text { - Never }
\end{aligned}
$$

Which is currently true for you? I cross busy streets without assistance.

1 - Often
2 - Sometimes
3 - Never

Which is currently true for you? Forgetting the date.

1 - Often
2 - Sometimes
3 - Never

Which is currently true for you? I have trouble getting dressed and undressed.

1 - Often
2 - Sometimes
3 - Never

Which is currently true for you? I walk outside the house alone.

1 - Often
2 - Sometimes
3 - Never

What is true for you at the moment? I cannot say words that are on the tip of my tongue.

1 - Often
2 - Sometimes
3 - Never
frs_alltag_anruf
frs_alltag_erledig
frs_alltag_brief
frs_alltag_besuch
frs_alltag_mahlzeit
frs_alltag_finden
frs_alltag_zeitung
frs_alltag_werk

Which is currently true for you? Calling someone myself.

1 - Often
2 - Sometimes
3 - Never

Which of the following applies to you at present? I do minor daily chores such as cleaning up, dusting, etc. myself.

1 - Often
2 - Sometimes
3 - Never

Which applies to you at the moment? I am writing a letter or postcard to someone.

1 - Often
2 - Sometimes
3 - Never

Which of the following applies to you at present? I visit relatives, acquaintances, friends.

1 - Often
2 - Sometimes
3 - Never

Which of the following applies to you at present? I get little help with meals.

> 1 - Often
> 2 - Sometimes
> 3 - Never

What is currently true of you? I have trouble finding my glasses, keys, or wallet.

> 1 - Often
> 2 - Sometimes
> 3 - Never

What is currently true for you? Reading the newspaper or magazine.

1 - Often
2 - Sometimes
3 - Never

What is currently true for you? I do small crafts by myself like sewing on buttons or hammering a nail in the wall.

1 - Often
2 - Sometimes
3 - Never

Discomfort and discomfort that patients with inflammation of the nose and sinuses may have within the last 2 weeks: Need to blow nose/blow nose.

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse
snot_bes_02
snot_bes_03
snot_bes_04
snot_bes_05

Complaints and symptoms that patients with inflammation of the nose and sinuses may have within the last 2 weeks: Sneezing

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse

Complaints and disorders that patients with inflammation of the nose and paranasal sinuses may have had within the last 2 weeks: runny nose

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse

Complaints and symptoms that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: Cough

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse

Complaints and complaints that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: nasal secretions flowing into the pharynx

0 - no problem
1 - very little problem
2 - little problem
3 - moderate problem
4 - extreme problem
snot_bes_06

| Complaints and disturbances of well-being, |
| :--- |
| which patients with an inflammation of the nose |
| and the paranasal sinuses can have within the |
| last 2 weeks: thick nasal secretion |


| $0-$ no problem |
| :--- |
| $1-$ very little problem |
| $2-$ little problem |
| $3-$ moderate problem |
| $4-$ extreme problem |
| $5-$ it cannot be worse |

snot_bes_07
snot_bes_08
snot_bes_09

Discomfort and discomfort that patients with inflammation of the nose and sinuses may have within the last 2 weeks: Pressure on the ears

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse

Discomfort and discomfort that patients with inflammation of the nose and sinuses may have within the last 2 weeks: Dizziness

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse
snot_bes_10
Complaints and disturbances of well-being, which patients with an inflammation of the nose and the paranasal sinuses can have within the last 2 weeks: Headache/feeling of pressure in the face

0 - no problem
1 - very little problem
2 - little problem
snot_bes_11
snot_bes_12
snot_bes_13
snot_bes_14
snot_bes_15

Complaints and symptoms that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: Difficulty falling asleep

0 - no problem
1 - very little problem
2 - little problem
3 - moderate problem
4 - extreme problem
5 - it cannot be worse

Complaints and disturbances of well-being that patients with inflammation of the nose and sinuses may have within the last 2 weeks: waking up during the night

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse

Discomfort and discomfort that patients with inflammation of the nose and sinuses may have within the last 2 weeks: Lack of restful sleep

0 - no problem
1 - very little problem
2 - little problem
3 - moderate problem
4 - extreme problem
5 - it cannot be worse

Complaints and symptoms that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: Fatigue on waking

0 - no problem
1 - very little problem
2 - little problem
3 - moderate problem
4 - extreme problem
5 - it cannot be worse

Complaints and symptoms that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: Exhaustion/fatigue

0 - no problem
1 - very little problem

Complaints and symptoms that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: reduced performance capacity.

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse
snot_bes_17
snot_bes_18

Complaints and disorders that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: decreased ability to concentrate.

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse

Complaints and mood disorders that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: frustrated/anxious/irritable

0 - no problem
1 - very little problem
2 - little problem
3 - moderate problem
4 - extreme problem
5 - it cannot be worse

Complaints and mood disorders that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: sad

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse

Complaints and symptoms that patients with inflammation of the nose and sinuses may have had within the last 2 weeks: ashamed, embarrassed

> 0 - no problem
> 1 - very little problem
> 2 - little problem
> 3 - moderate problem
> 4 - extreme problem
> 5 - it cannot be worse

snot_prob_1 \begin{tabular}{l}
Complaints and disturbances of well-being, in <br>
connection with an inflammation of the nose and <br>
the paranasal sinuses: Please select a maximum <br>
of 5 complaints in this regard. Need to blow your <br>
nose/blow your nose.

 

0-no <br>
<br>
$1-$ yes
\end{tabular}

| snot_prob_2 | Complaints and disorders of well-being, in <br> connection with an inflammation of the nose and <br> sinuses: Please select a maximum of 5 <br> complaints. Sneezing |
| :--- | :--- |
|  | $0-$ no |
| $1-$ yes |  |

snot_prob_3
snot_prob_4
snot_prob_5
snot_prob_6
Complaints and disorders related to inflammation of the nose and sinuses: Please select a maximum of 5 complaints. thick nasal secretion

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

snot_prob_7
snot_prob_8
snot_prob_9
snot_prob_10
snot_prob_11
snot_prob_12
snot_prob_13

Complaints and disturbances of well-being, in connection with an inflammation of the nose and the paranasal sinuses: Please select a maximum of 5 complaints here. Pressure on the ears

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Complaints and disorders of well-being, in connection with an inflammation of the nose and sinuses: Please select a maximum of 5 complaints here. Dizziness

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Complaints and disturbances of well-being, in connection with an inflammation of the nose and the paranasal sinuses: Please select a maximum of 5 complaints here. Earache

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Complaints and disturbances of well-being, in connection with an inflammation of the nose and the paranasal sinuses: Please select a maximum of 5 complaints. Headache/pressure feeling in the face

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Complaints and disorders related to inflammation of the nose and sinuses: Please select a maximum of 5 complaints in this process. Difficulty falling asleep

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Complaints and disorders in connection with an inflammation of the nose and sinuses: Please select a maximum of 5 complaints in this case. waking up at night

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Complaints and disorders of well-being, in connection with an inflammation of the nose and sinuses: Please select a maximum of 5 complaints in this regard. Lack of restful sleep

$$
0 \text { - no }
$$

Complaints and disturbances of well-being, in connection with an inflammation of the nose and the paranasal sinuses: Please select a maximum of 5 complaints in this case. Tiredness on waking

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

snot_prob_15
snot_prob_16
snot_prob_17
snot_prob_18
snot_prob_19
snot_prob_20
Complaints and disorders of well-being, in connection with an inflammation of the nose and the paranasal sinuses: Please select a maximum of 5 complaints. ashamed, embarrassed

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

SAQ_PAIN
saq_pain_01
saq_pain_01a
saq_pain_02
saq_pain_02a
saq_pain_03
saq_pain_03a
saq_pain_04
saq_pain_04a
saq_pain_05
saq_pain_05a
saq_pain_06

## Schmerztagebuch

Has your pain in the following body parts been present for more than 3 months? Head

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain your current main pain?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Has your pain in the following body parts been present for more than 3 months? Face, in the chewing muscles, in the jaw joint or in the ear area

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Is this pain your current main pain?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Has your pain in the following body parts been present for more than 3 months? Neck

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain is your current main pain?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Has your pain in the following body parts been present for more than 3 months? Shoulder

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain is your current main pain?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Has your pain in the following body parts been present for longer than 3 months? Back

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain your current main pain?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Has your pain in the following body parts been present for more than 3 months? Arm

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

| saq_pain_06a $\quad$ Is this pain your current main pain? |  |
| :--- | :--- |
|  | 0 - no |
| $1-$ yes |  |

saq_pain_07
saq_pain_07a
saq_pain_08
saq_pain_08a
saq_pain_09
saq_pain_09a
saq_pain_10
saq_pain_10a
saq_pain_11

Has your pain in the following body parts been present for more than 3 months? Elbow

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain your current main pain?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Has your pain been in the following body parts for longer than 3 months? Hand

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain is your current main pain?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Have you had pain in the following parts of your body for more than 3 months? Chest

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain is your current main pain?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Has your pain in the following body parts been present for longer than 3 months? Abdominal or stomach

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain is your current main pain?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Has your pain in the following body parts been present for more than 3 months? Abdomen

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain is your current main pain?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

| saq_pain_12 | Has your pain in the following body parts been present for longer than 3 months? Hip |
| :---: | :---: |
|  | $0-$ no |
|  | 1 - yes |
| saq_pain_12a | Is this pain your current main pain? |
|  | 0 - no |
|  | 1 - yes |
| saq_pain_13 | Have you had pain in the following parts of you body for more than 3 months? Leg |
|  | 0 - no |
|  | 1 - yes |
| saq_pain_13a | Is this pain your current main pain? |
|  | 0 - no |
|  | 1 - yes |

saq_pain_14
saq_pain_14a
saq_pain_15
saq_pain_15a
saq_pain_16

Have you had pain in the following parts of your body for more than 3 months? Knee

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain your current main complaint?

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

Have you had pain in the following parts of your body for more than 3 months? Foot

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is this pain your current main pain?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Which of the statements best applies to your pain in the last 4 weeks?

1 - permanent pain with slight fluctuations
2 - Continuous pain with strong fluctuations
3 - Pain attacks, in between pain
4 - pain attacks, also pain in between
Day 1 Morning
saq_pain_17_dat2
saq_pain_17_01
saq_pain_17_02
saq_pain_18_dat1
saq_pain_18_dat2
saq_pain_18_01
saq_pain_18_02
saq_pain_19_dat1
saq_pain_19_dat2
saq_pain_19_01
saq_pain_19_02
saq_pain_20_dat1
saq_pain_20_dat2
saq_pain_20_01

Day 4 Pain intensity in the morning
0 - no pain
10 - strongest pain imaginable
0 - no pain
10 - strongest pain imaginable

Day 1 Pain intensity Evening

Day 2 Mornings

Day 2 Evening

Day 2 Pain intensity in the morning

Day 2 Pain intensity in the evening

Day 3 Morning

Day 3 Evening

Day 3 Pain intensity in the morning

Day 3 Pain intensity Evening
0 - no pain
10 - strongest pain imaginable
Day 4 Morning

Day 4 Evening
saq_pain_20_02
Day 4 Pain intensity in the evening

0 - no pain
10 - strongest pain imaginable

| saq_pain_21_dat1 | Day 5 Morning |
| :--- | :--- |
| saq_pain_21_dat2 | Day 5 Evening |

saq_pain_21_01 Day 5 Pain intensity Morning

Day 5 Pain intensity in the evening
0 - no pain 10 - strongest pain imaginable
$\begin{array}{ll}\text { saq_pain_22_dat1 } & \text { Day } 6 \text { Morning } \\ \text { saq_pain_22_dat2 } & \text { Day } 6 \text { Evening } \\ \text { saq_pain_22_01 } & \text { Day 6 Pain intensity in the morning }\end{array}$
saq_pain_22_02 Day 6 Pain intensity in the evening
0 - no pain
10 - strongest pain imaginable
saq_pain_23_dat1
Day 7 Morning
saq_pain_23_dat2
Day 7 Evening
saq_pain_23_01
Day 7 Pain intensity in the morning

> 0 - no pain
> 10 - strongest pain imaginable

Day 7 Pain

$$
\begin{aligned}
& 0 \text { - no pain } \\
& 10 \text { - strongest pain imaginable }
\end{aligned}
$$

saq_pain_23_02

## SAQ_SLP

saq_ess_1

$$
\begin{aligned}
& 0 \text { - no pain } \\
& 10 \text { - strongest pain imaginable }
\end{aligned}
$$

## Fragebogen Schlaf

How likely do you think it is that you would nod off or fall asleep in the following situation, i.e., not just feel tired? sitting reading

$$
0 \text { - would never doze off }
$$

1 - slight chance of dozing off
2 - moderate chance of dozing off
3 - high chance of dozing off
8 - not to assess
9 - no information
saq_ess_2
saq_ess_3
saq_ess_4
saq_ess_5

How likely do you think it is that you would nod off or fall asleep in the following situation, i.e., that you would feel more than just tired? watching TV

0 - would never doze off
1 - slight chance of dozing off
2 - moderate chance of dozing off
3 - high chance of dozing off
8 - not to assess
9 - no information

How likely do you think it is that you would nod off or fall asleep in the following situation, i.e., not just feel tired? When you are passively seated (as an audience member) in public (e.g., at a theater/lecture).

0 - would never doze off
1 - slight chance of dozing off
2 - moderate chance of dozing off
3 - high chance of dozing off
8 - not to assess
9 - no information
How likely do you think it is that you would nod off or fall asleep in the following situation, i.e., not just feel tired? As a passenger in a car during a one-hour drive without a break

0 - would never doze off
1 - slight chance of dozing off
2 - moderate chance of dozing off
3 - high chance of dozing off
8 - not to assess
9 - no information
How likely do you think it is that you would nod off or fall asleep in the following situation, that is, not just feel tired? If you lay down to rest in the afternoon.

0 - would never doze off
1 - slight chance of dozing off
2 - moderate chance of dozing off
3 - high chance of dozing off
8 - not to assess
9 - no information
saq_ess_7
saq_ess_8

## SAQ_DASH

dash_01a
dash_01b

How likely do you think it is that you would nod off or fall asleep in the following situation, that is, not just feel tired? If you are sitting and talking to someone.

> 0 - would never doze off
> 1 - slight chance of dozing off
> 2 - moderate chance of dozing off
> 3 - high chance of dozing off
> 8 - not to assess
> 9 - no information

How likely do you think it is that you would nod off or fall asleep in the following situation, that is, not just feel tired? If you sit quietly after lunch (without alcohol).

0 - would never doze off
1 - slight chance of dozing off
2 - moderate chance of dozing off
3 - high chance of dozing off
8 - not to assess
9 - no information
How likely do you think it is that you would nod off or fall asleep, not just feel tired, in the following situation? If you are a driver of a car and have to stop for a few minutes due to traffic.

0 - would never doze off
1 - slight chance of dozing off
2 - moderate chance of dozing off
3 - high chance of dozing off
8 - not to assess
9 - no information

## Fragebogen Hand

Please rate your ability to do the following activities in the past week. Open a new or tightly closed jar

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
Please rate your ability to do the following activities during the past week. Writing

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
dash_01c
dash_01d
dash_01e
dash_01f
dash_01g
dash_01h

Please rate your ability to do the following activities during the past week. Turning a key

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Please rate your ability to do the following activities in the past week. Prepare a meal

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Please rate your ability to do the following activities in the past week. Pushing open a heavy door

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Please rate your ability to do the following activities during the past week. Place an object above head height on a shelf.

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Please rate your ability to do the following activities in the past week. Heavy housework (e.g. washing down walls, cleaning floors)

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Please rate your ability to do the following activities during the past week. Gardening or yard work
1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
dash_01i
dash_01j
dash_01k
dash_011
dash_01m
dash_01n

Please rate your ability to do the following activities during the past week. Make beds

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
Please rate your ability to do the following activities during the past week. Carry a shopping bag or briefcase.

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
Please rate your ability to do the following activities in the past week. Carry a heavy object (over 5 kg )

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
Please rate your ability to do the following activities in the past week. Changing a light bulb above your head

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
Please rate your ability to do the following activities during the past week. Wash or blow dry your hair

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
Please rate your ability to do the following activities in the past week. wash your back

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties

| dash_01o | Please rate your ability to do the following activities in the past week. Put on a sweater |
| :---: | :---: |
|  | 1 - No difficulties |
|  | 2 - Little difficulty |
|  | 3 - Moderate difficulty |
|  | 4 - Considerable difficulties |
|  | 5 - Not possible |
| dash_01p | Please rate your ability to do the following activities in the past week. Using a knife to cut food |
|  | 1 - No difficulties |
|  | 2 - Little difficulty |
|  | 3 - Moderate difficulty |
|  | 4 - Considerable difficulties |
|  | 5 - Not possible |
| dash_01q | Please rate your ability to do the following activities in the past week. Leisure activities that require little physical exertion (e.g., playing cards, knitting, |
|  | 1 - No difficulties |
|  | 2 - Little difficulty |
|  | 3 - Moderate difficulty |
|  | 4 - Considerable difficulties |
|  | 5 - Not possible |
| dash_01r | Please rate your ability to do the following activities during the past week. Recreational activities that involve pressure or impact on your arm, shoulder, or hand (e.g. |
|  | 1 - No difficulties |
|  | 2 - Little difficulty |
|  | 3 - Moderate difficulty |
|  | 4 - Considerable difficulties |
|  |  |
| dash_01s | Please rate your ability to do the following activities in the past week. Recreational activities in which you move your arm freely (e.g., badminton, Frisbee). |
|  |  |
|  |  |
|  | 1 - No difficulties |
|  | 2 - Little difficulty |
|  | 3 - Moderate difficulty |
|  | 4 - Considerable difficulties |
|  |  |

dash_01t
dash_01u
dash_02
dash_03
dash_04a
dash_04b

Please rate your ability to do the following activities in the past week. Getting around with means of transportation (to get from one place to another).

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Please rate your ability to do the following activities in the past week. Sexual activity

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

To what extent have your shoulder, arm, or hand problems interfered with your normal social activities with family, friends, neighbors, or other groups during the past week?

1 - Not at all
2 - A little
3 - Moderate
4 - Fairly
5 - Very

In the past week, have you been limited in your work or other daily activities by your shoulder, arm, or hand problems?

1 - Not at all limited
2 - A little limited
3 - Moderately limited
4 - Very limited
5 - Not possible

Please rate the severity of the following symptoms during the last week. Pain in shoulder, arm or hand

1 - None
2 - Slight
3 - Moderate
4 - Strong
5 - Very strong

Please rate the severity of the following symptoms during the past week. Pain in shoulder, arm or hand while performing a specific activity.

1 - None
dash_04c
dash_04
dash_06
dash_04e
dash_05

Please rate the severity of the following symptoms during the past week. Tingling (pins and needles) in shoulder, arm or hand.

1 - None
2 - Slight
3 - Moderate
4 - Strong
5 - Very strong
Please rate the severity of the following symptoms during the last week. Feeling of weakness in shoulder, arm or hand

1 - None
2 - Slight
3 - Moderate
4 - Strong
5 - Very strong

Please rate the severity of the following symptoms during the past week. Stiffness in shoulder, arm or hand

1 - None
2 - Slight
3 - Moderate
4 - Strong
5 - Very strong
How much of your sleep disturbance in the past week was due to pain in your shoulder, arm, or hand?

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible
Due to my shoulder, arm or hand issues, I feel my abilities are limited, I have less confidence or I feel I am less able to be useful.

1 - Do not agree at all
2 - Disagree
3 - Neither agree nor disagree
4 - Agree
5 - Strongly agree

| saq_dog_01 | Answer |
| :---: | :---: |
| saq_dog_02 | At your last SHIP exam, did you keep one or more dogs or spend time with one or more dogs at least once a week? |
|  | 0 - no |
|  | 1 - own dog |
|  | 2 - contact with another dog |
| saq_dog_03 | Do you currently keep one or more dogs? |
|  | 0 - no |
|  | 1 - yes |
| saq_dog_04 | Do you regularly, at least once a week, spend time together with one or more dogs? |
|  | 0 - no |
|  | 1 - daily |
|  | 2-3-6 times / week |
|  | 3-1-2 times/week |
| saq_dog_05a | Dog 1 Breed |
| saq_dog_05b | Dog 1 Size |
| saq_dog_05c | Dog 1 Age |
| saq_dog_05d | Dog 1 since when |
| saq_dog_05e | Dog 2 Breed |
| saq_dog_05f | Dog 2 size |
| saq_dog_05g | Dog 2 Age |
| saq_dog_05h | Dog 2 since when |
| saq_dog_05i | Dog 3 breed |
| saq_dog_05j | Dog 3 size |

saq_dog_05j
Dog 3 size

| saq_dog_05k | Dog 3 Age |
| :--- | :--- |
| saq_dog_051 | Dog 3 since when |
| saq_dog_05m | Dog 4 breed |
| saq_dog_05n | Dog 4 size |
| saq_dog_05o | Dog 4 Age |
| saq_dog_05p | Dog 4 since when |
| saq_dog_05q | Dog 5 Breed |
| saq_dog_05r | Dog 5 Size 5 Age |
| saq_dog_05s | Dog 5 since when |

saq_dog_06a During the weekend, how many days did you exercise with the dog ( 7 days)?
saq_dog_06b
On weekends, how long on average did you do the following activities with the dog per day: Walk
saq_dog_06c
saq_dog_06d
On weekends, how long on average per day did you do the following activities with your dog: Brisk walking

| saq_dog_06e | On weekends, how long on average per day did you do the following activities with your dog: Brisk walking |
| :---: | :---: |
| saq_dog_06f | On weekends, how long on average per day did you do the following activities with your dog: Running/jogging |
| saq_dog_06g | On weekends, how long on average did you do the following activities with the dog per day: Walking/jogging |
| saq_dog_06h | On weekends, how long on average per day did you do the following activities with the dog: Bicycling |
| saq_dog_06i | On weekends, how long on average per day did you do the following activities with your dog: Cycling |
| saq_dog_06j | On weekends, how long on average did you do the following activities with the dog per day: Other |
| saq_dog_06k | On weekends, how long on average did you do the following activities with the dog per day: Other |
| saq_dog_07a | On weekdays, on how many days did you exercise with the $\operatorname{dog}$ (7 days) |
| saq_dog_07b | On weekdays, how long on average did you do the following activities with the dog per day: Walk |
| saq_dog_07c | On weekdays, how long on average did you do the following activities with the dog per day: Walk |
| saq_dog_07d | On weekdays, how long on average did you do the following activities with the dog per day: Brisk walking |


| saq_dog_07e | On weekdays, how long on average per day did you perform the following activities with the dog: Brisk walking |
| :---: | :---: |
| saq_dog_07f | On weekdays, how long on average per day did you do the following activities with the dog: Running/jogging |
| saq_dog_07g | On weekdays, how long on average per day did you do the following activities with the dog: Walking/jogging |
| saq_dog_07h | On weekdays, how long on average per day did you do the following activities with the dog: Bicycling |
| saq_dog_07i | On weekdays, how long on average did you do the following activities with the dog per day: Bicycling |
| saq_dog_07j | On weekdays, how long on average did you do the following activities with the dog per day: Other |
| saq_dog_07k | On weekdays, how long on average did you do the following activities with the dog per day: Other |
| saq_dog_08a | In the last 7 days, have you been as active with the dog as usual? |
|  | 1 - yes <br> 2 - less active than usual <br> 3 - more active than usual |
| saq_dog_08b | If you have been less active than usual, what were the reasons? |
| saq_dog_09a | Does the dog have any health limitations such that no activities or only certain activities are still possible with the dog? |
|  | 0 - no, no restriction |

saq_dog_09b
saq_dog_09c
saq_dog_09d
saq_dog_09e
saq_dog_09f
saq_dog_10
saq_dog_11
saq_dog_12a

Despite the dog's health limitations, is the following activity possible: walking.

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is the following activity possible despite the dog's health restrictions: brisk walking

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is the following activity possible despite the dog's health restrictions: Walking/jogging

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Is the following activity possible despite the dog's health restrictions: Riding a bicycle.

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Is the following activity possible despite the dog's health restrictions: Other

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

How much do inclement weather conditions affect your activity with the dog?

> 1 - not at all
> 2 - a little
> 3 - moderately
> 4 - quite strongly
> 5 - very strong

On a scale of 1 to 5 , how high would you rate your bond with the dog?

> 1 - very little
> 2 - low
> 3 - moderate
> 4 - quite high
> 5 - very high

Where does the dog spend most of its time during the day? Choose one option.

1 - in the apartment/house
2 - in kennel
3 - free running in the garden/on property
4 - at your workplace

| saq_dog_12b | Where does the dog spend most of its time <br> during the day? Other |
| :--- | :--- |

saq_dog_13a Is the dog kept as a working dog, e.g. for hunting purposes, professional purposes or similar?

> 0 - no
> 1 - yes
saq_dog_13b

## PET

SAQ_HOME
pet_01
pet_01_01
pet_02
pet_02_01
pet_03
pet_03_01
pet_04

Have the following types of animals lived in your household or on your property in the past 10 years? Rabbit

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

How many years total in the last 10 years?

Have the following types of animals lived in your household or on your property in the past 10 years? Rodents (e.g., guinea pigs).

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Have the following types of animals lived in your household or on your property in the past 10 years? Reptiles (e.g., turtle).

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

How many years total in the last 10 years?
pet_06
pet_06_01
pet_07
pet_07_01
pet_08
pet_08_01
pet_09
pet_09_01
pet_10
Have the following types of animals lived in your household or on your property in the past 10 years? Pigs

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

pet_10_01
How many years total in the last 10 years?

```
pet_11
```

pet_11_01
How many years total in the last 10 years?
pet_12
pet_12_01
How many years total in the last 10 years?
pet_13
pet_13_01
pet_13_02
pet_01a
How many years total in the last 10 years?

Do the following types of animals currently live in your household or on your property? Dogs

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

pet_01a_01
Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

| pet_01a_02 | Please indicate how much time you personally spend on average per day on care and maintenance (e.g. feeding, cleaning, walking, petting)? |
| :---: | :---: |
| pet_02a | Do the following types of animals currently live in your household or on your property? Cats $\begin{aligned} & 0 \text { - no } \\ & 1 \text { - yes } \end{aligned}$ |
| pet_02a_01 | Please indicate how much time you personally spend on average per day on care and nursing (e.g. feeding, cleaning, walking, petting)? |
| pet_02a_02 | Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)? |
| pet_03a | Do the following types of animals currently live in your household or on your property? Rabbits $\begin{aligned} & 0 \text { - no } \\ & 1 \text { - yes } \end{aligned}$ |
| pet_03a_01 | Please indicate how much time you personally spend on average per day on care and maintenance (e.g. feeding, cleaning, walking, petting)? |
| pet_03a_02 | Please indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)? |
| pet_04a | Do the following types of animals currently live in your household or on your property? Rodents (e.g. guinea pigs). |
|  | $\begin{aligned} & 0-\text { no } \\ & 1 \text { - yes } \end{aligned}$ |
| pet_04a_01 | Indicate how much time you personally spend on average per day on care and grooming (e.g., feeding, cleaning, walking, petting)? |
| pet_04a_02 | Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)? |

```
pet_05a
pet_05a_01
pet_05a_02
pet_06a
pet_06a_01
pet_06a_02
pet_07a
pet_07a_01
pet_07a_02
Do the following species of animals currently live in your household or on your property? Reptiles (e.g., turtle)
\[
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
\]
```

pet_05a_01
pet_05a_02
pet_06a
pet_06a_01
pet_06a_02
pet_07a
pet_07a_01
pet_07a_02

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

Indicate how much time you personally spend on average per day on care and grooming (e.g., feeding, cleaning, walking, petting)?

Do the following types of animals currently live in your household or on your property?
Ornamental bird (e.g. budgie)

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

Do the following types of animals currently live in your household or on your property? Horses/donkeys

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?
pet_08a_01
pet_08a_02
pet_09a
pet_09a_01
pet_09a_02
pet_10a
pet_10a_01
pet_10a_02
pet_11a

Do the following types of animals currently live in your household or on your property? Cattle

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please indicate how much time you personally spend on average per day on care and maintenance (e.g., feeding, cleaning, walking, petting)?

Indicate how much time you personally spend on average per day on care and grooming (e.g., feeding, cleaning, walking, petting)?

Do the following types of animals currently live in your household or on your property? Sheep/Goats

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

Do the following types of animals currently live in your household or on your property? Pigs

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

Indicate how much time you personally spend on average per day providing care and grooming (e.g., feeding, cleaning, walking, petting)?

Do the following types of animals currently live in your household or on your property? Poultry/Pigeons

$$
0 \text { - no }
$$

$\left.\begin{array}{cl}\text { pet_11a_01 } & \begin{array}{l}\text { Indicate how much time you personally spend } \\ \text { on average per day providing care (e.g., feeding, } \\ \text { cleaning, walking, petting)? }\end{array} \\ \text { pet_11a_02 } & \begin{array}{l}\text { Indicate how much time you personally spend } \\ \text { on average per day providing care (e.g., feeding, } \\ \text { cleaning, walking, petting)? }\end{array} \\ \text { pet_12a } & \begin{array}{l}\text { Do the following types of animals currently live } \\ \text { in your household or on your property? Fish } \\ 0-\text { no }\end{array} \\ \text { pet_12a_01 } & \begin{array}{l}\text { Indicate how much time you personally spend } \\ \text { on average per day providing care and grooming } \\ \text { (e.g., feeding, cleaning, walking, petting)? }\end{array} \\ \text { pet_12a_02 } & \begin{array}{l}\text { Indicate how much time you personally spend } \\ \text { on average per day on care and maintenance } \\ \text { (e.g., feeding, cleaning, walking, petting)? }\end{array} \\ \text { pet_01b } & \begin{array}{l}\text { In the last 12 months, have you had direct contact }\end{array} \\ \text { pet_13a } \begin{array}{l}\text { Do the following types of animals currently live } \\ \text { in your household or on your property? Other } \\ \text { pets or livestock. }\end{array} \\ \text { with animals outside of your household, i.e., at } \\ \text { work or during your free time? Dogs }\end{array}\right\}$
pet_01b_01 If yes, how often? Dogs
1 - everyday
2-3-6 times/week
3-1-2 times/week
4-1-3 times/months
5 - less than once per month, but few times a year
6 - less than once a year
998 - don't know
999 - refused to answer
pet_02b
In the past 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time? Cats

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

pet_02b_01
If yes, how often? Cats

> 1 - everyday
> $2-3-6$ times/week
> $3-1-2$ times/week
> $4-1-3$ times/months
> 5 - less than once per month, but few times a year
> 6 - less than once a year
> 998 - don't know
> 999 - refused to answer

```
pet_03b
```

pet_03b_01
In the past 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time? Rabbits
$0-$ no
1 - yes

If yes, how often? Rabbit
1- everyday
$2-3-6$ times/week
$3-1-2$ times/week
$4-1-3$ times/months
5 - less than once per month, but few
times a year
6 - less than once a year
998 - don't know
999 - refused to answer

In the past 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time? Rodents (e.g. guinea pigs)
$0-$ no
$1-$ yes

If yes, how often? Rodents (e.g. guinea pigs)
1 - everyday
2-3-6 times/week
3-1-2 times/week
4-1-3 times/months
5 - less than once per month, but few times a year
6 - less than once a year
998 - don't know
999 - refused to answer
pet_05b
pet_05b_01
In the past 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time? Reptiles (e.g., turtle).

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

If yes, how often? Reptiles (e.g., turtle).

> 1 - everyday
> $2-3-6$ times/week
> $3-1-2$ times/week
> $4-1-3$ times/months
> 5 - less than once per month, but few times a year
> 6 - less than once a year
> 998 - don't know
> 999 - refused to answer
pet_06b
pet_06b_01
In the past 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time? Pet birds (e.g. budgerigar)

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If yes, how often? Ornamental birds (e.g. budgerigar)
1- everyday
$2-3-6$ times/week
$3-1-2$ times/week
$4-1-3$ times/months
5 - less than once per month, but few
times a year
pet_07b
pet_07b_01
pet_08b
pet_08b_01
pet_09b
pet_09b_01

In the past 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time?

Horses/donkeys

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If yes, how often? Horses/donkeys

$$
\begin{aligned}
& 1 \text { - everyday } \\
& 2-3-6 \text { times/week } \\
& 3-1-2 \text { times/week } \\
& 4-1-3 \text { times/months } \\
& 5 \text { - less than once per month, but few } \\
& \text { times a year } \\
& 6 \text { - less than once a year } \\
& 998 \text { - don't know } \\
& 999 \text { - refused to answer }
\end{aligned}
$$

In the last 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time? Cattle

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If yes, how often? Cattle
1 - everyday
2-3-6 times/week
3-1-2 times/week
4-1-3 times/months
5 - less than once per month, but few times a year
6 - less than once a year
998 - don't know
999 - refused to answer

In the past 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time?

Sheep/Goats

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If yes, how often? Sheep / goats
1- everyday
$2-3-6$ times/week
3-1-2 times/week
$4-1-3$ times/months
pet_10b
pet_10b_01
pet_11b
pet_11b_01
pet_12b
pet_12b_01

In the past 12 months, have you had direct contact with animals outside of your household, i.e., at work or during your free time? Pigs

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

If yes, how often? Pigs

> 1 - everyday
> $2-3-6$ times/week
> $3-1-2$ times/week
> $4-1-3$ times/months
> 5 - less than once per month, but few times a year
> 6 - less than once a year
> 998 - don't know
> 999 - refused to answer

In the last 12 months, have you had direct contact with animals outside your household, i.e. in your job or during their free time? Poultry/Pigeons

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If yes, how often? Poultry / pigeons

> 1 - everyday
> $2-3-6$ times/week
> $3-1-2$ times/week
> $4-1-3$ times/months
> 5 - less than once per month, but few times a year
> 6 - less than once a year
> 998 - don't know
> 999 - refused to answer

In the last 12 months, have you had direct contact with animals outside your household, i.e. in your job or during your free time? Other domestic or farm animals

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

In the last 12 months, have you had direct contact with animals outside of your household, i.e., in your job or during their free time? other domestic or farm animals and that is....
pet_12b_02
pet_14b
pet_13b
pet_13b_01
pet_15b

If yes, how often? other pets or farm animals
1 - everyday
2-3-6 times/week
3-1-2 times/week
4-1-3 times/months
5 - less than once per month, but few
times a year
6 - less than once a year
998 - don't know
999 - refused to answer

In the last 12 months, have you had direct contact with animals outside your household, i.e. in your job or during your free time? Hunting game

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

If yes, how often? Hunting game

> 1 - everyday
> $2-3-6$ times/week
> $3-1-2$ times/week
> $4-1-3$ times/months
> 5 - less than once per month, but few
> times a year
> 6 - less than once a year
> 998 - don't know
> 999 - refused to answer

In the last 12 months, have you had direct contact with animals outside your household, i.e. in your job or during their free time? Fish

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If yes, how often? Fish

> 1 - everyday
> $2-3-6$ times/week
> $3-1-2$ times/week
> $4-1-3$ times/months
> 5 - less than once per month, but few times a year
> 6 - less than once a year
> 998 - don't know
> 999 - refused to answer

In the last 12 months, have you had direct contact with animals outside your household, i.e. in your job or during their free time? Wild birds

$$
0 \text { - no }
$$

If yes, how often? Wild birds

$$
\begin{aligned}
& 1 \text { - everyday } \\
& 2-3-6 \text { times/week } \\
& 3-1-2 \text { times/week } \\
& 4-1-3 \text { times/months } \\
& 5 \text { - less than once per month, but few } \\
& \text { times a year } \\
& 6 \text { - less than once a year } \\
& 998 \text { - don't know } \\
& 999 \text { - refused to answer }
\end{aligned}
$$

pet_16b
pet_16b_01
pet_16b_02
pet_17b
pet_17b_01

In the past 12 months, have you had direct contact with animals outside your household, i.e., in your job or during your free time? zoo animals or exotic animals

> 0 - no
> 1 - yes
pet_17b_01
In the last 12 months, have you had direct contact with animals outside your household, i.e. in your job or during your free time? Other wild animals (e.g. hedgehogs)

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

In the last 12 months, have you had direct contact with animals outside your household, i.e., in your job or during their free time? other wild animals (e.g., hedgehogs) namely....

If yes, how often? other wild animals (e.g., hedgehogs).

> 1 - everyday
> $2-3-6$ times/week
> $3-1-2$ times/week
> $4-1-3$ times/months
> 5 - less than once per month, but few
> times a year
> 6 - less than once a year
> 998 - don't know
> 999 - refused to answer
pet_17b
-
If yes, how often? Zoo animals or exotics
1 - everyday
2-3-6 times/week
3-1-2 times/week
4-1-3 times/months

## Fragebogen zum Selbstausfüllen

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Feeling of lumpiness, tightness or choking in the throat

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Shortness of breath

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Feeling weak

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Difficulty swallowing

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Stitches, pain or pulling in the chest.

> 1 - none
> 2 - little
> 3 - moderate
ges_bl_06
ges_bl_07
ges_bl_08
ges_bl_09

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly at all, moderately or strongly from these complaints. Feeling of pressure or fullness in the abdomen

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Dullness

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Nausea

> 1 - none
> 2 - little
> 3 - moderate 4 - highly

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or strongly from these complaints. Heartburn or acid regurgitation

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please put a cross depending on whether you do not suffer at all, hardly suffer at all, suffer moderately, or suffer greatly from these complaints. Irritability

1 -none
2 - little
3 - moderate
4 - highly

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or strongly from these complaints. Brooding

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

ges_bl_12
ges_bl_13
ges_bl_14
ges_bl_15
ges_bl_16

Please make a cross for each listed complaint, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. strong sweating

1 -none
2 - little
3 - moderate
4 - highly

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly, moderately or strongly from these complaints. Low back pain

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please mark each complaint with a cross, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. inner restlessness

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each listed complaint, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Feeling of heaviness or tiredness in the legs

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each listed complaint, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Restlessness in the legs

$$
1 \text { - none }
$$

ges_bl_17
ges_bl_18
ges_bl_19
ges_bl_20
ges_bl_21

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Hypersensitivity to heat

1 - none
2 - little
3 - moderate
4 - highly

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Hypersensitivity to cold

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Excessive need for sleep

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Insomnia

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Dizziness

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly
ges_bl_23
ges_bl_24
ges_bl_25
ges_bl_26
ges_bl_27

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Tremor

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Neck and shoulder pain

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Weight loss

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Headache or pressure in the head or facial pain

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Fatigue

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly at all, moderately or strongly from these complaints.

$$
1 \text { - none }
$$

ges_bl_29
ges_bl_30
ges_bl_31
ges_bl_32

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Suffocating feeling

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly, moderately or strongly from these complaints. Palpitations, palpitations or heart palpitations

> 1 - none
> 2 - little
> 3 - moderate 4 - highly

Please make a cross for each complaint listed, depending on whether they do not suffer at all, hardly at all, moderately or strongly from these complaints. Anxiety

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Abdominal pain(including stomach or abdominal pain).

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or strongly from these complaints. Lack of energy

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Joint or limb pain

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly
ges_bl_34
ges_bl_35
ges_bl_36
ges_bl_37
ges_bl_38

Please mark each of the listed complaints with a cross, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Lack of concentration

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly at all, moderately or strongly from these complaints. Rising heat, hot flashes

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. inner tension

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each listed complaint, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. numbness (falling asleep/stinging/burning/tingling) in hands and/or feet

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether they do not suffer at all, hardly at all, moderately, or severely. Weather sensitivity
ges_bl_39
ges_bl_40
ges_bl_42
ges_bl_43
ges_bl_44

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Hearing loss, hearing complaints

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Low spirits, depression

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly, moderately or strongly from these complaints. Balance problems

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Tendency to cry

> 1 - none
> 2 - little
> 3 - moderate 4 - highly

For each complaint listed, please make a cross depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Loss of appetite

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or strongly from these complaints. Hiccup

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. rapid fatigue

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed depending on whether you do not suffer at all, hardly at all, moderately or severely from these complaints. Constipation

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little } \\
& 3 \text { - moderate } \\
& 4 \text { - highly }
\end{aligned}
$$

For each complaint listed, please make a cross according to whether you do not suffer at all, hardly at all, moderately or severely from these complaints. cold feet

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly, moderately or strongly from these complaints. Lack of sexual excitability

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed, depending on whether you do not suffer at all, hardly at all, moderately or strongly from these complaints. slight blushing

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - little }
\end{aligned}
$$

> 3 - moderate
> 4 - highly
ges_bl_51
ges_bl_52
ges_bl_53
ges_bl_41
uz_rs_01
Please make a cross for each complaint listed, depending on whether they do not suffer at all, hardly, moderately or severely from these complaints. Fear in confined spaces

> 1 - none
> 2 - little
> 3 - moderate
> 4 - highly

Please make a cross for each complaint listed, depending on whether they do not suffer at all, hardly, moderately or strongly from these complaints. I have other complaints, namely...

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. When I have plans, I follow them.

1 - no, do not agree
2-2
3-3
4-4
5-5
6-6
7 - yes, completely agree
uz_rs_02
uz_rs_04
uz_rs_08
uz_rs_09

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. I usually manage everything somehow.

1 - no, do not agree
2-2
3-3
4-4
5-5
6-6
7 - yes, completely agree

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. It is important to me to be intere in many things.

$$
\begin{aligned}
& 1-\text { no, do not agree } \\
& 2-2 \\
& 3-3 \\
& 4-4 \\
& 5-5 \\
& 6-6 \\
& 7 \text { - yes, completely agree }
\end{aligned}
$$

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. I like me.
$1-$ no, do not agree
$2-2$
$3-3$
$4-4$
$5-5$
$6-6$
7 - yes, completely agree

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. I can manage several things at the same time
$1-$ no, do not agree
$2-2$
$3-3$
$4-4$
$5-5$
$6-6$
7 - yes, completely agree
uz_rs_10
uz_rs_15
uz_rs_16
uz_rs_18

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. I am determined.
$1-$ no, do not agree
$2-2$
$3-3$
$4-4$
$5-5$
$6-6$
$7-$ yes, completely agree

Tick how much the statements generally apply to you, i.e. how much your usual thoughts and actions are described by these statements. I keep an interest in many things.
$1-$ no, do not agree
$2-2$
$3-3$
$4-4$
$5-5$
$6-6$
$7-$ yes, completely agree

Tick how much the statements generally apply to you, i.e. how much your usual thoughts and actions are described by these statements. I find something to laugh about more often.
$1-$ no, do not agree
$2-2$
$3-3$
$4-4$
$5-5$
$6-6$
$7-$ yes, completely agree

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. I can usually handle a situation from $m$
$1-$ no, do not agree
$2-2$
$3-3$
$4-4$
$5-5$
$6-6$
$7-$ yes, completely agree
uz_rs_19

## SAQ_MRT

mrt_bsi_1
mrt_bsi_2
mrt_bsi_3

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. I can also get over myself to do things

$$
\begin{aligned}
& 1-\text { no, do not agree } \\
& 2-2 \\
& 3-3 \\
& 4-4 \\
& 5-5 \\
& 6-6 \\
& 7-\text { yes, completely agree }
\end{aligned}
$$

Tick how much the statements generally apply to you, i.e. how much your usual thinking and actions are described by these statements. There is enough energy in me to do everything
$1-$ no, do not agree
$2-2$
$3-3$
$4-4$
$5-5$
$6-6$
$7-$ yes, completely agree

## Fragebogen MRT

During the past 7 days to date, how much did you suffer from ...? feelings of fainting or dizziness

> 0 - Not at all
> 1 - A little
> 2 - Quite
> 3 - Strongly
> 4 - Very strong

In the last 7 days to date, how much did you suffer from ...? the feeling of not caring about anything

> 0 - Not at all
> 1 - A little
> 2 - Quite
> 3 - Strongly
> 4 - Very strong

In the past 7 days to the present, how much have you suffered from ...? Nervousness or internal trembling

> 0 - Not at all
> 1 - A little
> 2 - Quite
> 3 - Strongly
> 4 - Very strong
mrt_bsi_4
mrt_bsi_5
mrt_bsi_6
mrt_bsi_7
mrt_bsi_8
mrt_bsi_9
mrt_bsi_10

In the past 7 days to the present, how much have you suffered from ...? Heart and chest pains

> 0 - Not at all
> 1 - A little
> 2 - Quite
> 3 - Strongly
> 4 - Very strong

In the past 7 days to the present, how much have you suffered from ...? Feelings of loneliness

0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the past 7 days to today, how much have you suffered from ...? feeling tense or agitated

0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the past 7 days to the present, how much have you suffered from ...? Nausea or upset stomach

0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the last 7 days to the present, how much have you suffered from ...? Gloom
$0-$ Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the last 7 days to date, how much did you suffer from ...? sudden startling for no reason

0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the last 7 days to the present, how much have you suffered from ...? Difficulty breathing
mrt_bsi_11
mrt_bsi_12
mrt_bsi_13
mrt_bsi_14
mrt_bsi_15

In the last 7 days until today, how much did you suffer from ...? the feeling of being worthless
0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the last 7 days to date, how much have you suffered from ...? fright or panic attacks
0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the last 7 days to the present, how much have you suffered from ...? Numbness or tingling in individual parts of the body

> 0 - Not at all
> 1 - A little
> 2 - Quite
> 3 - Strongly
> 4 - Very strong

In the last 7 days until today, how much have you suffered from ...? a feeling of hopelessness in view of your future

0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong
How much did you suffer from ... in the last 7 days until today? such a strong restlessness that you cannot sit still any more

0 - Not at all<br>1 - A little<br>2 - Quite<br>3 - Strongly<br>4 - Very strong

mrt_bsi_16
mrt_bsi_17
mrt_bsi_18
mrt_bsi_19
mrt_bsi_20
mrt_bsi_21

## SAQ_SLP

saq_isi_1a

In the last 7 days to date, how much did you suffer from ...? Feeling of weakness in individual parts of the body

0 - Not at all<br>1 - A little<br>2 - Quite<br>3 - Strongly<br>4 - Very strong

In the past 7 days to the present, how much have you suffered from ...? Thoughts of taking your own life

0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the last 7 days to the present, how much have you suffered from ...? Fearfulness

0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In the last 7 days to the present, how much have you suffered from ...? Fear of confined spaces

0 - Not at all
1 - A little
2 - Quite
3 - Strongly
4 - Very strong

In what year was your biological father born?

In which year was your biological mother born?

## Fragebogen Schlaf

Please describe how severe the following sleep problems have been for you in the past 2 weeks (including today). Difficulty falling asleep

0 - none
1 - light
2 - moderate
3 - heavy
4 - very heavy
8 - not to assess
9 - no information

Please describe how severe the following sleep problems have been for you in the past 2 weeks (including today). Difficulty sleeping through the night

$$
\begin{aligned}
& 0 \text { - none } \\
& 1 \text { - light } \\
& 2 \text { - moderate } \\
& 3 \text { - heavy } \\
& 4 \text { - very heavy } \\
& 8 \text { - not to assess } \\
& 9 \text { - no information }
\end{aligned}
$$

saq_isi_1c
saq_isi_2
saq_isi_3
saq_isi_4

Please describe how severe the following sleep problems have been for you in the past 2 weeks (including today). waking up too early.

> 0 - none
> 1 - light
> 2 - moderate
> 3 - heavy
> 4 - very heavy
> 8 - not to assess
> 9 - no information

How satisfied/dissatisfied are you with your sleep pattern over the past 2 weeks (including today)?
$0-$ very satisfied
1 - satisfied
2 - neutral
3 - not satisfied
4 - very unsatisfied
8 - not to assess
9 - no information

How much have your sleep problems affected you in your daily life (e.g., fatigue during the day, ability to do your work/daily chores, concentration, memory, mood, etc.)?

> 0 - not at all
> 1 - a little
> 2 - moderately
> 3 - quite
> 4 - very

How recognizable do you think the impairment of your quality of life by your sleep problems has been to other people?

> 0 - not at all
> 1 - a little
> 2 - moderately

> 3 - quite
> 4 - very

| saq_isi_5 | How much concern have you had about your sleep problems in the past 2 weeks (including today)? |
| :---: | :---: |
|  | 0 - not at all |
|  | 1 - a little |
|  | 2 - moderately |
|  | 3 - quite |
|  | 4 - very |
| SAQ_DASH | Fragebogen Hand |
| dash_07 | Do you play sports or an instrument? |
|  | 0 - no |
|  | 1 - yes |
| dash_08 | Please indicate the instrument or sport that is most important to you. |
| dash_09a | Have you had any difficulty In playing your musical instrument or playing sports in your usual way? |
|  | 1 - No difficulties |
|  | 2 - Little difficulty |
|  | 3 - Moderate difficulty |
|  | 4 - Considerable difficulties <br> 5 - Not possible |
| dash_09b | Have you had any difficulties: Playing your musical instrument or playing sports because of the pain in your shoulder, arm, or hand? |
|  | 1 - No difficulties |
|  | 2 - Little difficulty |
|  | 3 - Moderate difficulty |
|  | 4 - Considerable difficulties |
|  | 5 - Not possible |
| dash_09c | Have you had any difficulty: Playing your musical instrument as well as you would like or playing sports? |
|  | 1 - No difficulties |
|  | 2 - Little difficulty |
|  | 3 - Moderate difficulty |
|  | 4 - Considerable difficulties |
|  |  |
| dash_09d | Have you had any difficulties: Spending your usual time playing your musical instrument or playing sports? |

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

HAND
SAQ_HOME
hand_01
hand_02
hand_03
hand_04
hand_05

## Beschwerden in der Hand- oder im Handgelenk Fragebogen HOME

Do you have pain, numbness, or tingling in one or both hands or wrists?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Do you have pain in your hand or wrist during the day?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - slight pain } \\
& 2 \text { - moderate pain } \\
& 3 \text { - severe pain } \\
& 4 \text { - very strong pain }
\end{aligned}
$$

How often do you have pain in your hand or wrist during the day?

0 - not at all
1-1-2 times
2-3-5 times
3 - more than 5 times
4 - continuously
What is the average duration of a pain episode during the day?

0 - no pain
1 - less than 10 min
2-10-60 min
3 - over 1 hour
4 - continuously
Do you have pain in your hand or wrist at night?

> 0 - no
> 1 - slight pain
> 2 - moderate pain
> 3 - severe pain
> 4 - very strong pain
hand_06

During a typical night in the last two weeks, how many times did you wake up because of pain in your hand or wrist?

0 - not at all
1-1 time
hand_08
hand_09
hand_10
hand_11
hand_12

Do you have numbness in your hand during the day?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - slight numbness } \\
& 2 \text { - moderate numbness } \\
& 3 \text { - strong numbness } \\
& 4 \text { - very strong numbness }
\end{aligned}
$$

Do you have a tingling sensation in your hand during the day?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - slight tingling } \\
& 2 \text { - moderate tingling } \\
& 3 \text { - strong tingling } \\
& 4 \text { - very strong tingling }
\end{aligned}
$$

Do you have numbness or tingling in your hand at night?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - light } \\
& 2 \text { - moderate } \\
& 3 \text { - strong } \\
& 4 \text { - very strong }
\end{aligned}
$$

During a typical night in the past two weeks, how many times have you woken up due to numbness or tingling in your hand?
$0-$ not at all
$1-1$ time
$2-2-3$ times
$3-4-5$ times
$4-$ more than 5 times

Do you have any weakness in your hand or wrist?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - slight weakness } \\
& 2 \text { - moderate weakness } \\
& 3 \text { - strong weakness } \\
& 4 \text { - very strong weakness }
\end{aligned}
$$

Do you have difficulty grasping or using small objects such as keys or pens?
0 - no
1 - slight difficulties
2 - moderate difficulties
3 - strong difficulties
hand_13
hand_14
hand_15
hand_16
hand_17
hand_18
正

Do you have difficulty doing any of the following activities because of discomfort in your hand or wrist? Writing

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - easy } \\
& 2 \text { - moderate } \\
& 3 \text { - strong } \\
& 4 \text { - not possible at all }
\end{aligned}
$$

Do you have difficulty doing any of the following activities due to your discomfort in your hand or wrist? Unbuttoning and buttoning

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - easy } \\
& 2 \text { - moderate } \\
& 3 \text { - strong } \\
& 4 \text { - not possible at all }
\end{aligned}
$$

Do you have difficulty doing any of the following activities because of your hand or wrist condition? Holding a book while reading

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - easy } \\
& 2 \text { - moderate } \\
& 3 \text { - strong } \\
& 4 \text { - not possible at all }
\end{aligned}
$$

Do you have difficulty doing any of the following activities because of your hand or wrist discomfort? Holding a telephone receiver

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - easy } \\
& 2 \text { - moderate } \\
& 3 \text { - strong } \\
& 4 \text { - not possible at all }
\end{aligned}
$$

Do you have difficulty doing any of the following activities because of discomfort in your hand or wrist? Opening a screw cap

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - easy } \\
& 2 \text { - moderate } \\
& 3 \text { - strong } \\
& 4 \text { - not possible at all }
\end{aligned}
$$

Do you have difficulty doing any of the following activities due to your hand or wrist discomfort?
Doing chores/household chores

$$
0 \text { - no }
$$

1 - easy
2 - moderate
3 - strong
4 - not possible at all
hand_19
hand_20

SAQ_UZ
ges_eq_01
Do you have difficulty doing any of the following activities because of your hand or wrist condition? Carrying shopping bags

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - easy } \\
& 2 \text { - moderate } \\
& 3 \text { - strong } \\
& 4 \text { - not possible at all }
\end{aligned}
$$

Do you have difficulty doing any of the following activities because of your hand or wrist discomfort? Bathing and dressing

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - easy } \\
& 2 \text { - moderate } \\
& 3 \text { - strong } \\
& 4 \text { - not possible at all }
\end{aligned}
$$

## Fragebogen zum Selbstausfüllen

In each group, mark only the one statement that best describes your health today. Mobility / Mobility

1 - I have no problems walking around
2 - I have some problem walking around
3 - I am bedridden
ges_eq_02
ges_eq_03

In each group, mark only the one statement that best describes your current health. Caring for yourself

1 - I have no problem caring for myself
2 - I have some problem washing myself or dressing
3 - I am not able to wash myself or to dress

In each group, mark only the one statement that best describes your current health. General activities, e.g., work, study, housework, family-

1 - I have no problems managing my daily activities
2 - I have some problems managing my daily activities

| ges_eq_04 | In each group, mark only the one statement that best describes your health today. Pain/physical discomfort |
| :---: | :---: |
|  | 1 - I have no pains or complaints 2 - I have moderate pains or complaints <br> 3 - I have extreme pain or complaints |
| ges_eq_05 | In each group, mark only the one statement that best describes your health today. Anxiety / Dejection |
|  | 1 - I am not anxious or depressed 2 - I am moderately anxious or depressed <br> 3 - I am extremely anxious or depressed |
| SAQ_SLP | Fragebogen Schlaf |
| saq_psqi_01 | During the past 4 weeks, what time did you usually go to bed at night? |
| saq_psqi_02 | During the past 4 weeks, how long did it usually take you to fall asleep at night? Minutes |
| saq_psqi_03 | What time did you usually get up in the morning during the past 4 weeks? |
| saq_psqi_04 | During the past 4 weeks, how many hours per night did you actually sleep? (This does not have to match the number of hours you spent in bed). Effective sleep time in hours per night |
| saq_psqi_05a | During the past 4 weeks, how often did you have a bad night's sleep because you couldn't fall asleep within 30 minutes? |
|  | 0 - not during the past four weeks <br> 1 - less than once a week |
|  | 2 - less than twice a week |
|  | 3 - three or more times a week <br> 8 - not to assess |
|  | 9 - no information |

saq_psqi_05b
saq_psqi_05c
saq_psqi_05d
saq_psqi_05e
saq_psqi_05f

During the past 4 weeks, how often did you have trouble sleeping because you woke up in the middle of the night or early in the morning?

> 0 - not during the past four weeks
> 1 - less than once a week
> 2 - less than twice a week
> 3 - three or more times a week
> 8 - not to assess
> 9 - no information

During the last 4 weeks, how often did you have trouble sleeping because you had to get up to go to the bathroom?

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information

During the past 4 weeks, how often have you had trouble sleeping because you had trouble breathing?

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information

During the past 4 weeks, how often did you have trouble sleeping because you had to cough or you snored loudly?

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information

During the past 4 weeks, how often have you slept poorly because you were too cold?

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information
saq_psqi_05g

During the past 4 weeks, how often did you have trouble sleeping because you were too warm?

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information
saq_psqi_05h
saq_psqi_05i
saq_psqi_05k

During the last 4 weeks, how often did you have a bad night's sleep because of bad dreams?

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information

During the past 4 weeks, how often have you had poor sleep due to pain?

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information
During the last 4 weeks, how often have you had poor sleep for other reasons?

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information
saq_psqi_05j
For what other reasons?
saq_psqi_06
Overall, how would you rate the quality of your sleep during the past 4 weeks?

1 - very good
2 - pretty good
3 - pretty bad
4 - very bad
8 - not to assess
9 - no response
saq_psqi_07
During the past 4 weeks, how often did you take sleeping pills (prescribed by a doctor or over-the-counter)?

0 - not during the past four weeks

1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information
saq_psqi_08
saq_psqi_09
saq_psqi_10
saq_psqi_11a
saq_psqi_11b

During the past 4 weeks, how often have you had difficulty staying awake, such as while driving, eating, or attending social events?

> 0 - not during the past four weeks
> 1 - less than once a week
> 2 - less than twice a week
> 3 - three or more times a week
> 8 - not to assess
> 9 - no information

During the past 4 weeks, have you had trouble performing common daily tasks with enough momentum?

0 - no problems
1 - hardly any problems
2 - some problems
3 - big problems

Do you sleep alone in your room?

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 2 \text { - yes, but a partner/roommate } \\
& \text { sleeps in the other room } \\
& 3 \text { - no, the partner sleeps in the same } \\
& \text { room but not in the same bed } \\
& 4 \text { - no, the partner sleeps in the same } \\
& \text { bed } \\
& 8 \text { - not to assess } \\
& 9 \text { - no information }
\end{aligned}
$$

If you have a partner/roommate, please ask them if they have noticed the following about you, and if so, how often. Loud snoring

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information

If you have a partner/roommate, please ask him/her if and how often he/she has noticed the following in you. long pauses in breathing during sleep.

0 - not during the past four weeks
1 - less than once a week
saq_psqi_11c
saq_psqi_11d
saq_psqi_11f
saq_psqi_11e

SAQ_DASH
dash_10
dash_11

If you have a partner/roommate, please ask them if they have noticed the following in you and if so, how often. twitching or jerky movements of the legs during sleep.

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information

If you have a partner/roommate, please ask them if they have noticed the following about you, and if so, how often. nocturnal episodes of confusion or disorientation during sleep

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information

If you have a partner / roommate, please ask him/her if and how often he/she has noticed the following in you. or other forms of restlessness during sleep.

0 - not during the past four weeks
1 - less than once a week
2 - less than twice a week
3 - three or more times a week
8 - not to assess
9 - no information

If you have a partner/roommate, please ask her / him if and how often $s /$ he has noticed the following in you. What other forms?

## Fragebogen Hand

Are you currently employed?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please indicate your work/occupation here:
dash_12a dash_12b
dash_12c dash_12d

## JOINT

SAQ_HOME
joint_01
joint_01_01
joint_01_02

Have you had any difficulty: Working in the usual way?

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Have you had any difficulties: Doing your usual work because of pain in your shoulder, arm, or hand?

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Did you have any difficulty: Working as well as you would like to?

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

Did you have any difficulties: Spending the time you were used to doing your work?

1 - No difficulties
2 - Little difficulty
3 - Moderate difficulty
4 - Considerable difficulties
5 - Not possible

## Schmerzen und Schwellungen in Gelenken Fragebogen HOME

During the last 4 weeks, did you have pain in at least one of the joints shown below for more than 3 days?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the past 4 weeks. Joint no. 1

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please check off the joints in which you have had pain for more than 3 days in the last 4 weeks. Joint no. 2

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

joint_01_03
joint_01_04
joint_01_05
joint_01_06
joint_01_07
joint_01_08
joint_01_09
joint_01_10

Please check off the joints in which you have had pain for longer than 3 days in the past 4 weeks. Joint \#3

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the past 4 weeks. Joint \#4

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints in which you have had pain for longer than 3 days in the past 4 weeks. Joint \#5

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the last 4 weeks. Joint \#6

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints where you have had pain for more than 3 days in the past 4 weeks. Joint no. 7

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for longer than 3 days in the last 4 weeks. Joint no. 8

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you had pain for more than 3 days during the past 4 weeks. Joint \#9

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints in which you have had pain for longer than 3 days in the past 4 weeks. Joint no. 10

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

joint_01_11
joint_01_12
joint_01_13
joint_01_14
joint_01_15
joint_01_16
joint_01_17
joint_01_18
joint_01_19

Please tick the joints in which you have had pain for more than 3 days in the last 4 weeks. Joint no. 11

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the last 4 weeks. Joint \#12

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for longer than 3 days in the past 4 weeks. Joint \#13

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints in which you experienced pain for longer than 3 days in the last 4 weeks. Joint \#14

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints in which you have had pain for longer than 3 days in the past 4 weeks. Joint no. 15

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please check off the joints where you have had pain for longer than 3 days in the past 4 weeks. Joint \#16

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the past 4 weeks. Joint \#17

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the last 4 weeks. Joint no. 18

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the last 4 weeks. Joint \#19

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

joint_01_20
joint_01_21
joint_01_22
joint_01_23
joint_01_24
joint_01_25
joint_01_26
joint_01_27

Please tick the joints where you have had pain for more than 3 days in the last 4 weeks. Joint no. 20

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the past 4 weeks. Joint \#21

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for more than 3 days in the past 4 weeks. Joint \#22

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for longer than 3 days in the last 4 weeks. Joint \#23

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints in which you have had pain for more than 3 days during the past 4 weeks. Joint No. 24

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for longer than 3 days in the last 4 weeks. Joint No. 25

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints where you have had pain for more than 3 days in the last 4 weeks. Joint no. 26

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints where you have had pain for longer than 3 days during the past 4 weeks. Joint no. 27

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

joint_01_28
joint_02
joint_03
joint_03_01
joint_03_02
joint_03_03
joint_03_04
joint_03_05
joint_03_06
joint_03_07

Please check off the joints where you have had pain for longer than 3 days in the last 4 weeks. Joint \#28

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Has the pain in these joints lasted longer than 6 weeks?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

During the past 4 weeks, have you had at least one of the joints shown below swollen for more than 3 days?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint \#1.

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint \#2

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint No. 3

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 4

> 0 - no
> 1 - yes

Please check off the joints that were swollen for longer than 3 days in the last 4 weeks. Joint \#5
$0-$ no
1 - yes

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint \#6

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 7

0 - no
joint_03_08
joint_03_09
joint_03_10
joint_03_11
joint_03_12
joint_03_13
joint_03_14
joint_03_15
joint_03_16

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 8

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 9

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint No. 10

> 0 - no
> 1 - yes

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint No. 11

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 12

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 13

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint No. 14
$0-$ no
1 - yes

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint \#15

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 16
$0-$ no
1 - yes
joint_03_17
joint_03_18
joint_03_19
joint_03_20
joint_03_21
joint_03_22
joint_03_23
joint_03_24
joint_03_25
joint_03_26

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint \#17

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint No. 18

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 19

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 20

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint \#21

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints that have been swollen for longer than 3 days in the last 4 weeks. Joint No. 22

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 23
$0-$ no
$1-$ yes

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 24

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint \#25

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint \#26

$$
0 \text { - no }
$$

joint_03_27
joint_03_28
joint_04
t1_rheuma_03
t1_rheuma_03a

SAQ_UZ
ble_phq_01

Please check off the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 27

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Please tick the joints that have been swollen for more than 3 days in the last 4 weeks. Joint no. 28

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Has the swelling at these joints lasted longer than 6 weeks?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

During the past 4 weeks, have you had a feeling of stiffness in your joints for longer than 3 days in the morning after waking up?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

How long does this morning joint stiffness 'usually' last?

1 - less than half an hour
2 - half an hour or less than 1 hour
3 - one hour or longer
998 - I don't know
999 - non-response

## Fragebogen zum Selbstausfüllen

During the past 2 weeks, how often did you feel affected by the following complaints? little interest or pleasure in your activities

1 - not at all
2 - on single days
3 - On more than half of the days
4 - almost every day

During the past 2 weeks, how often did you feel impaired by the following complaints? Low spirits, melancholy or hopelessness

1 - not at all
2 - on single days
3 - On more than half of the days
4 - almost every day
ble_phq_03
During the past 2 weeks, how often did you feel the following discomforts? Difficulty falling asleep or staying asleep or increased sleep

1 - not at all
2 - on single days
3 - On more than half of the days
4 - almost every day
ble_phq_04
ble_phq_05
ble_phq_06
ble_phq_07
ble_phq_08
During the past 2 weeks, how often did you feel affected by the following complaints? Fatigue or feeling of having no energy

1 - not at all
2 - on single days
3 - On more than half of the days
4 - almost every day
During the past 2 weeks, how often did you feel affected by the following symptoms? decreased appetite or excessive need to eat.

1 - not at all
2 - on single days
3 - On more than half of the days
4 - almost every day
During the past 2 weeks, how often did you feel affected by the following complaints? poor opinion of yourself; feeling like a failure or having let family down

> 1 - not at all
> 2 - on single days
> 3 - On more than half of the days
> 4 - almost every day

During the last 2 weeks, how often did you feel affected by the following complaints? Difficulty concentrating on something, e.g., reading the newspaper or watching television

> 1 - not at all
> 2 - on single days
> 3 - On more than half of the days
> 4 - almost every day

During the last 2 weeks, how often did you feel affected by the following complaints? Were your movements/speech slowed enough that others would notice? Or, on the contrary, were you "fidgety" or restless?

1 - not at all
2 - on single days
3 - On more than half of the days
4 - almost every day
ble_phq_10

SAQ_SLP
legs_01
legs_02
legs_03
legs_04

How often do these symptoms occur?

> 1 - everyday
> $2-3-6$ times/week
> $3-1-2$ times/week
> $4-1-3$ times/months
> 5 - less than once per month, but few
> times a year
> 6 - less than once a year
> 998 - don't know
> 999 - refused to answer

During the past 2 weeks, how often did you feel affected by the following complaints? Thoughts that you would rather be dead or want to cause yourself suffering

> 1 - not at all
> 2 - on single days
> 3 - On more than half of the days
> 4 - almost every day

If you have one or more of these problems, please indicate how much these problems have made it difficult for you to do your job, manage your household, or get along with other people.

1 - Not at all aggravated
2 - Somewhat more difficult
3 - Relatively difficult
4 - Very much aggravated
Fragebogen Schlaf
Have you ever had any sensations of discomfort, such as tingling, formication, or pain in your legs, associated with an urge to move?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Do these symptoms only occur at rest or when falling asleep and can they be improved by exercise?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Are these symptoms worse in the evening or at night compared to in the morning?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Are these symptoms severe enough that you would take a medication to effectively relieve your symptoms?

## KNEE

SAQ_HOME
knee_01
knee_02
knee_03
knee_04
knee_05
knee_06

Have you ever had thrombosis of the deep veins of the legs?

0 - no
1 - yes

## Schmerzen und Steifigkeit im Knie Fragebogen HOME

The following questions refer to the severity of the pain in the affected knee joints. Please indicate the severity of pain you have felt in the last 2 days. Walking on level ground

$$
\begin{aligned}
& 0 \text { - no pain } \\
& 10 \text { - extreme pain }
\end{aligned}
$$

The following questions relate to the severity of pain in the affected knee joints. Please indicate the severity of the pain you have felt in the last 2 days. Walking up or down stairs

$$
\begin{aligned}
& 0 \text { - no pain } \\
& 10 \text { - extreme pain }
\end{aligned}
$$

The following questions relate to the severity of pain in the affected knee joints. Please indicate the severity of pain you have experienced in the last 2 days. Lying in bed at night

$$
\begin{aligned}
& 0 \text { - no pain } \\
& 10 \text { - extreme pain }
\end{aligned}
$$

The following questions relate to the severity of pain in the affected knee joints. Please indicate the severity of pain you have experienced in the last 2 days. Sitting or lying down

> 0 - no pain
> 10 - extreme pain

The following questions are about the severity of pain in the affected knee joints. Please indicate the severity of pain you have felt in the last 2 days. Standing upright

> 0 - no pain
> 10 - extreme pain

How severe is your stiffness just after waking up in the morning?

0 - no stiffness
10 - extreme stiffness
knee_07
knee_08
knee_09
knee_10
knee_11
knee_12
knee_13
knee_14

How severe is your stiffness after sitting, lying down or resting later in the day?

> 0 - no stiffness
> 10 - extreme stiffness

For each of the following activities, please indicate the degree of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Climbing stairs

> 0 - no difficulties
> 10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Getting up from sitting

> 0 - no difficulties
> 10 - extreme difficulties

For each of the following activities, please indicate the degree of difficulty you have experienced in the last 2 days because of discomfort in your knee joints. Standing
$0-$ no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Stooping to the ground

0 - no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the past 2 days due to discomfort in your knee joints. Walking on level ground

0 - no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Getting in/out of the car.
knee_15
For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Going shopping

$$
0 \text { - no difficulties }
$$

10 - extreme difficulties
For each of the following activities, please indicate the level of difficulty you have experienced in the past 2 days due to discomfort in your knee joints. Putting on socks/socks

$$
0 \text { - no difficulties }
$$

10 - extreme difficulties
For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Getting up from bed

0 - no difficulties
10 - extreme difficulties
knee_18
knee_19
knee_20
knee_21
For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Taking off socks/stockings 0 - no difficulties 10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Lying in bed

0 - no difficulties
10 - extreme difficulties
For each of the following activities, please indicate the degree of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Getting into/out of the bath(tub).

0 - no difficulties
10 - extreme difficulties
For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Sitting

0 - no difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your knee joints. Sitting on the toilet/standing up from the toilet.

0 - no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the past 2 days due to discomfort in your knee joints. Strenuous household chores

0 - no difficulties
10 - extreme difficulties
knee_24
For each of the following activities, please indicate the level of difficulty you have felt in the last 2 days because of discomfort in your knee joints. Light chores

0 - no difficulties<br>10 - extreme difficulties

SAQ_UZ
uz_inan_psy01
uz_inan_psy02
uz_inan_psy03

## Fragebogen zum Selbstausfüllen

Which of the following statements best describes how you feel? Please select one of the following two statements.

1 - You would have difficulty talking to someone who has serious mental health problems
2 - You would not have difficulty talking to someone who has serious mental health problems

Would you feel ashamed if you had a mental illness yourself?

1 - Not at all
2 - A little
3 - Moderately
4 - Quite a bit
5 - Very strongly
Would you seek professional therapeutic help yourself if you were depressed or down for an extended period of time, or if you had other mental health problems?
$1-$ No way
$2-2$
$3-3$
$4-4$
uz_inan_psy04
uz_inan_psy05

## HIP

SAQ_HOME
hip_01

Thinking about your mental health in your life so far, how would you rate it yourself, have you ever had a mental illness in your life so far?

> 1 - Yes, definitely
> 2 - Rather yes
> 3 - Undecided
> 4 - Rather no
> 5 - No, definitely not

Please assess your mental health now over the past two weeks. Over the past two weeks, I have been....

1 - Severely mentally ill
2-2
3-3
4-4
5-5
6-6
7 - Perfectly healthy psychologically

## Schmerzen und Steifigkeit in der Hüfte Fragebogen HOME

The following questions are about the severity of pain you have in your hip. For each question, please indicate the severity of pain you have felt in the last 2 days. Walking on level ground

> 0 - no pain
> 10 - extreme pain
hip_02
hip_03
The following questions are about the severity of the pain you have in your hip. For each question, please indicate the severity of pain you have experienced in the last 2 days. Lying in bed at night

$$
\begin{aligned}
& 0 \text { - no pain } \\
& 10 \text { - extreme pain }
\end{aligned}
$$

The following questions are about the severity of pain you have in your hip. For each question, please indicate the severity of pain you have experienced in the last 2 days. Walking up or down stairs

> 0 - no pain
> 10 - extreme pain
hip_04
hip_05
hip_06
hip_07
hip_08
hip_09
hip_10
hip_11

The following questions are about the severity of the pain you have in your hip. For each question, please indicate the severity of pain you have experienced in the last 2 days. Sitting or lying down

> 0 - no pain
> 10 - extreme pain

The following questions are about the severity of the pain you have in your hip. For each question, please indicate the severity of pain you have experienced in the last 2 days. Standing upright

> 0 - no pain
> 10 - extreme pain

How severe is your stiffness just after waking in the morning?

$$
\begin{aligned}
& 0 \text { - no stiffness } \\
& 10 \text { - extreme stiffness }
\end{aligned}
$$

How severe is your stiffness after sitting, lying down or resting later in the day?

0 - no stiffness
10 - extreme stiffness
For each of the following activities, please indicate the level of difficulty you have experienced in the past 2 days due to discomfort in your hip joints. Going down stairs

0 - no difficulties
10 - extreme difficulties
For each of the following activities, please indicate the degree of difficulty you have experienced in the last 2 days because of discomfort in your hip joints. Climbing stairs

0 - no difficulties
10 - extreme difficulties
For each of the following activities, please indicate the degree of difficulty you have experienced in the past 2 days because of discomfort in your hip joints. Getting up from sitting

0 - no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the degree of difficulty you have experienced in the past 2 days because of discomfort in your hip joints. Standing
hip_12
hip_13
hip_14
hip_15
hip_16
hip_17
hip_18

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your hip joints. Bending over to the floor

0 - no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the past 2 days because of discomfort in your hip joints. Walking on level ground

0 - no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your hip joints. Getting into the car/getting out of the car

0 - no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the degree of difficulty you have experienced in the last 2 days because of discomfort in your hip joints. Going shopping

$$
0 \text { - no difficulties }
$$

10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your hip joints. Putting on socks/stockings

0 - no difficulties
10 - extreme difficulties
For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your hip joints. Getting up from bed

0 - no difficulties
10 - extreme difficulties

For each of the following activities, please indicate the level of difficulty you have experienced in the last 2 days due to discomfort in your hip joints. Taking off socks/stockings 0 - no difficulties

| hip_19 | For each of the following activities, please <br> indicate the level of difficulty you have <br> experienced in the last 2 days due to discomfort <br> in your hip joints. Lying in bed |
| :--- | :--- |
| hip_20 | For each of the following activities, please <br> indicate the degree of difficulty you have <br> experienced in the last 2 days due to discomfort <br> in your hip joints. Getting into the <br> bath(bathtub)/getting out of the bath(bathtub). |
| hip_21 - extreme difficulties |  |

1 - does not affect at all

| ble_feg02 | Have there been any stressful events for you in the following areas of your life during the past 12 months (e.g., illness, death, separation, accidents, arguments)? Marriage/ partnership |
| :---: | :---: |
|  | 1 - does not affect at all <br> 2 - hardly charging <br> 3 - partly charging <br> 4 - often charging <br> 5 - very charging <br> 6 - it is not true |
| ble_feg03 | Have there been any stressful events for you in the following areas of your life during the past 12 months (e.g., illness, death, separation, accidents, arguments)? Family/children |
|  | 1 - does not affect at all <br> 2 - hardly charging <br> 3 - partly charging <br> 4 - often charging <br> 5 - very charging <br> 6 - it is not true |
| ble_feg04 | Have there been any stressful events for you in the following areas of your life during the past 12 months (e.g., illness, death, separation, accidents, arguments)? Friends/acquaintances |
|  | 1 - does not affect at all <br> 2 - hardly charging <br> 3 - partly charging <br> 4 - often charging <br> 5 - very charging <br> 6 - it is not true |
| ble_feg05 | Have there been any stressful events for you in the following areas of your life during the past 12 months (e.g., illness, death, separation, accidents, arguments)? Free time |
|  | 1 - does not affect at all <br> 2 - hardly charging <br> 3 - partly charging <br> 4 - often charging <br> 5 - very charging <br> 6 - it is not true |

ble_feg06
ble_feg07
ble_feg08

EREC
SAQ_HOME
erec_01
erec_02

Have there been any stressful events for you in the following areas of your life during the past 12 months (e.g., illness, death, separation, accidents, arguments)? Financial situation

> 1 - does not affect at all
> 2 - hardly charging
> 3 - partly charging
> 4 - often charging
> 5 - very charging
> 6 - it is not true

Have there been any stressful events for you in the following areas of your life during the past 12 months (e.g. illness, death, separation, accidents, quarrels)? Living situation

1 - does not affect at all
2 - hardly charging
3 - partly charging
4 - often charging
5 - very charging
6 - it is not true
Have there been any stressful events (e.g., illness, death, separation, accidents, arguments) for you in the following areas of your life during the past 12 months? Health

1 - does not affect at all
2 - hardly charging
3 - partly charging
4 - often charging
5 - very charging
6 - it is not true

## Wasserlassen und erektile Funktion Fragebogen HOME

During the past month, how often did you feel that your bladder was not completely empty after urinating?

> 0 - never
> 1 - less frequently than in 1 of 5 cases
> 2 - less frequently than in half of all cases
> 3 - about half of all cases
> 4 - in more than half of all cases
> 5 - almost always

During the past month, how many times did you have to urinate a 2 nd time in less than 2 hours?

0 - never
1 - less frequently than in 1 of 5 cases

2 - less frequently than in half of all cases
3 - about half of all cases
4 - in more than half of all cases
5 - almost always
erec_03
erec_04
erec_05
erec_06
erec_07

During the past month, how often did you have to stop and start again several times when urinating?
0 - never
1 - less frequently than in 1 of 5 cases
2 - less frequently than in half of all
cases
3 - about half of all cases
4 - in more than half of all cases
5 - almost always

During the past month, how often have you had difficulty delaying urination?

0 - never
1 - less frequently than in 1 of 5 cases
2 - less frequently than in half of all cases
3 - about half of all cases
4 - in more than half of all cases
5 - almost always

How many times during the past month have you had a weak stream when urinating?

0 - never
1 - less frequently than in 1 of 5 cases
2 - less frequently than in half of all cases
3 - about half of all cases
4 - in more than half of all cases
5 - almost always

During the past month, how many times did you
have to push or strain to start urinating?
0 - never
1 - less frequently than in 1 of 5 cases
2 - less frequently than in half of all
cases
3 - about half of all cases
4 - in more than half of all cases
5 - almost always

On average, how many times during the past month did you get up at night to urinate? The period from going to bed to getting up in the morning is relevant.

0 - never
1-1 time
2-2 times
3-3 times
4-4 times
5-5 times
erec_08
erec_09
erec_10
erec_11
erec_12

Have you had sexual intercourse in the last 4 weeks?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

How confident are you in your ability to get and maintain an erection?

> 1 - very little
> 2 - little
> 3 - undecided
> 4 - quite
> 5 - strongly

If you had erections during sexual stimulation, how often were your erections hard enough to penetrate your sexual partner(s)?

> 0 - no sexual stimulation
> 1 - almost never or never
> 2 - rarely (much less than half of the attempts)
> 3 - sometimes (about half of the attempts)
> 4 - most of the time (much more than half of the attempts)
> 5 - almost always or always

During sexual intercourse, how often were you able to maintain your erection after penetrating your sexual partner(s)?

0 - I have not attempted sexual intercourse.
1 - almost never or never
2 - rarely (much less than half the time)
3 - sometimes (about half of the cases)
4 - most of the time (much more than
half of the time)
5 - almost always or always

During sexual intercourse, how difficult was it to maintain your erection until the end of intercourse?

0 - I have not tried sexual intercourse.
1 - extremely difficult
erec_13

SAQ_UZ
ble_ctq07
ble_ctq11
ble_ctq11a
ble_ctq11b
ble_ctq11c

If you tried to have sexual intercourse, how often was it satisfying for you?

0 - no sexual stimulation
1 - almost never or never
2 - rarely (much less than half of the attempts)
3 - sometimes (about half of the attempts)
4 - most of the time (much more than half of the attempts)
5 - almost always or always

## Fragebogen zum Selbstausfüllen

The following questions relate to your childhood and adolescence. Growing up I had the feeling of being loved.

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - hardly } \\
& 3 \text { - a few times } \\
& 4 \text { - often } \\
& 5 \text { - very often }
\end{aligned}
$$

The following questions relate to your childhood and adolescence. When I was growing up, people in my family would hit me so hard that I would get bruises or scrapes.

$$
1 \text { - none }
$$

2 - hardly
3 - a few times
4 - often
5 - very often
Within what period of time? 0-5 years

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Within what time frame? 6-10 years

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Within what time periods? 11-15 years

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

[^1]Age at onset
ble_ctq18
ble_ctq18a
ble_ctq18b
ble_ctq18c
ble_ctq18d
ble_ctq24
ble_ctq24a
ble_ctq24b
ble_ctq24c
ble_ctq24d

The following questions relate to your childhood and adolescence. Growing up I felt like someone in my family hated me.

> 1 - none
> 2 - hardly
> 3 - a few times
> 4 - often
> 5 - very often

Within what period of time? 0-5 years

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Within what periods of time? 6-10 years

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Within what periods of time? 11-15 years

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Age at the beginning

The following questions relate to your childhood and adolescence. When I was growing up, someone molested me sexually.

$$
\begin{aligned}
& 1 \text { - none } \\
& 2 \text { - hardly } \\
& 3 \text { - a few times } \\
& 4 \text { - often } \\
& 5 \text { - very often }
\end{aligned}
$$

Within what time periods? 0-5 years

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Within what periods of time? 6-10 years

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Within what period of time? 11-15 years

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

Age at onset

The following questions relate to your childhood and adolescence. Growing up there was someone who took me to the doctor when I needed it.

1 - none
2 - hardly
3 - a few times
4 - often
5 - very often

## DOG_OUT <br> SAQ_DOG_OUT

dog_out_send
dog_out_beg

IMB

## OPDB <br> IMBINTRO

introb_beg
introb_usnr
intro_cons_bia
intro_cons_vasc
intro_cons_ortho
intro_cons_bpg
intro_cons_spi

## Fragebogen DOG Ausgabe Fragebogen DOG Ausgabe

Dispatch of the questionnaire

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes }
\end{aligned}
$$

Dispatch
clinic internal medicine $B$

Operational data Innere internal medicine consent

Intro: start
observer

Informed consent BIA
1 - Yes
2 - No
Consent measurement ankle-brachial index and pulse wave analysis

1 - Yes
0 - No

Informed consent orthostacism

> 1 - Yes
> $2-$ No
lung function consent
1 - Yes
0 - No

Intro: spiroergometry consent
introb_bsnr
introb_note
introb_end
PRE
pre_beg
pre_usnr
pre_sport
pre_sport_h
pre_sport_bicycle
pre_sport_jogging
pre_sport_fitnes
pre_sport_gymn
pre_sport_swim
pre_sport_walk
special circumstances

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

notes

Intro: end

## Preparation Innere

Start
observer

Do you take exercise?

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

When do you last exercise?

Riding a bicycle

$$
0 \text { - No }
$$

$$
1-\mathrm{Yes}
$$

Running/ jogging
0 - No
1 - Yes

Fitnes (gym, aerobics, step-aerobics)

$$
0-\mathrm{No}
$$

1 - Yes

Gymnastics (rehabilitation sports, back exercises, water gymnastics)

0 - No
1 - Yes

Swimming
0 - No
1 - Yes

Walking/ nordic walking
0 - No
1 - Yes

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

pre_sport_other
pre_sport_other_t
pre_physhard
pre_physhard_h
pre_rauch
pre_zig
pre_zig_last
pre_heartmedic
pre_heartmedic_h
pre_lungmedic

Other sports

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1 \text { - Yes }
\end{aligned}
$$

Which other sports?

In the last 12 hours, have you been physically active in a heavy way ( $=$ at least 30 minutes of jogging/ fast cycling, digging up the garden, carrying heavy objects over 10 kg for a longer time or similar activities)?

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

Approximately when did you stop this activity?

Are you smoker (cigars, small cigars, pipes)?

$$
0-\mathrm{No}
$$

$$
1-\mathrm{Yes}
$$

When did you last smoke a cigar, small cigarette or pipe?

How many hours since last cigar, small cigarette or pipe?

Do you take any medication for the treatment of heart deseases (e. g. heart
failure/heart-insufficiency, coronary heart disease) or high blood pressure?

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

When did you last take this medication?

Do you take any medication (e.g. spray or tablets) for the treatment of lung deseases (e.g. asthma, COPD, lung fibrosis) or allergies?
$0-\mathrm{No}$
1 - Yes
pre_lungmedic_h
pre_mealtime
pre_coffee
pre_coffee_h
pre_alcohol
pre_alcohol_h
pre_unt
pre_grund
pre_gid
pre_weight
pre_bsnr
pre_note
pre_end

## SPI

SPIOPD
spi_beg

When did you last take this medication?

When did you have your last meal (i.e. not just drinks)?

Have you had coffee within the last 24 hours?

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes }
\end{aligned}
$$

Approximately when was this?

Did you drink alcohol within the last 24 hours? 0 - No
1 - Yes
Approximately when was this?

Weight measurement carried out?

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

Reason for not carrying out weight measurement
instrument ID

Weight (kg) (Innere)

Special circumstances
0 - No
1 - Yes

Notes

End
cardiopulmonary stress testing spiroergometry SPI: operational data
start
spi_usnr
observer
spi_usnr2_jn
spi_usnr2
spi_tem
spi_unt
spi_grund
2. observer?
examiner 2

0 - No
1 - Yes
room temperature

Spiroergometry is being carried out?
0 - No
1 - Yes
2 - Only ergometry

SPIRO: reason for not carrying out spiroergometry

1 - facial mask intolerance
2 - subject declined
3 - technical problem
4 - miscellaneous
spi_grund_techn
spi_grund_sonst
spi_gid
abbruch_1

SPIRO: reason for abort one

1 - participant fatigue
2 - muscle fatigue
3 - hip or knee pain
4 - chest pain/ angina pectoris
5 - dyspnoea
6 - syncope
7 - frequent ventricular extrasystoles
8 - pathological increase in respiratory rate
9 - pathological decrease in respiratory rate
10 - pathological ST reductions
11 - pathological ST increases
12 - Other
abbruch_2
Which other reason for abort?
borgskala
spi_bsnr
spi_bsnr_manrr
spi_bsnr_maske
spi_bsnr_sens
spi_bsnr_ekgdef
spi_bsnr_pcdef
spi_bsnr_druckdef
spi_bsnr_sonst
spi_note
spi_end

SPIREAD
spi_rbeg
spi_full

SPIRO: Borg-Skala
special circumstances

$$
0-\mathrm{No}
$$

$$
1-\mathrm{Yes}
$$

manual blood pressure measurement
0 - no
1 - yes
facial mask intolerance /leaking face mask
0 - no
1 - yes
breathing analyzer defect
0 - no
1 - yes

ECG malfunctioning
0 - no
1 - yes

PC out of order

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

printer out of order
0 - no
1 - yes
miscellaneous
0 - no
1 - yes

Which one?

SPIRO: end

SPI: reading data

Start

What can be evaluated?
1 - full spiroergometry

2 - only ergometry
3 - no evaluation possible

| spi_full_note | SPIRO: Why? |  |
| :---: | :---: | :---: |
| spi_eingabe | SPIRO: input assistant reading |  |
| spi_reader | SPIRO: reader |  |
| spi_atbest | SPIRO: AT determined? |  |
|  |  | $\begin{aligned} & 0-\mathrm{No} \\ & 1-\mathrm{Yes} \end{aligned}$ |
| spi_maxbest | Peak determined? |  |
|  |  | $\begin{aligned} & 0-\text { No } \\ & 1-\mathrm{Yes} \end{aligned}$ |
| spi_rcpbest | AT determined? |  |
|  |  | $\begin{aligned} & 0-\text { No } \\ & 1-\text { Yes } \end{aligned}$ |
| spi_rbsnr | SPIRO: specific features |  |
|  |  | $\begin{aligned} & 0-\mathrm{No} \\ & 1-\mathrm{Yes} \end{aligned}$ |
| spi_rnote | Which one? |  |
| spi_rend | End |  |
| SPIEXP | SPI: Export data |  |
| spiexp_zeit_ruhe | SPIEXP: time at rest [min] |  |
| spiexp_zeit_ae | SPIEXP: time VE/V02 Nadir [min] |  |
| spiexp_zeit_atman | SPIEXP: time AT manual [min] |  |
| spiexp_zeit_rcp | SPIEXP: time RCP [min] |  |
| spiexp_zeit_maxw | SPIEXP: time max watt [min] |  |

SPIEXP: time max watt [min]

| spiexp_zeit_maxvo2 | SPIEXP: time maxVO2 [min] |
| :---: | :---: |
| spiexp_zeit_erhol60s | SPIEXP: time recovery 60 seconds [min] |
| spiexp_watt_ruhe | SPIEXP: watt at rest [W] |
| spiexp_watt_ae | SPIEXP: watt VE/V02 Nadir [W] |
| spiexp_watt_atman | SPIEXP: watt AT manual [W] |
| spiexp_watt_rcp | SPIEXP: watt RCP [W] |
| spiexp_watt_maxw | SPIEXP: watt max watt [W] |
| spiexp_watt_maxvo2 | SPIEXP: watt maxVO2 [W] |
| spiexp_watt_soll | SPIEXP: watt normal value [W] |
| spiexp_watt_maxwsoll | SPIEXP: watt max \%predicted [W] |
| spiexp_watt_maxvo2soll | SPIEXP: watt maxVO2 \%predicted [W] |
| spiexp_watt_erhol60s | SPIEXP: watt recovery 60 seconds [W] |
| spiexp_hr_ruhe | SPIEXP: heart rate at rest [1/min] |
| spiexp_hr_ae | SPIEXP: heart rate VE/V02 Nadir [1/min] |
| spiexp_hr_atman | SPIEXP: heart rate AT manual [1/min] |
| spiexp_hr_rcp | SPIEXP: heart rate RCP [1/min] |
| spiexp_hr_maxw | SPIEXP: heart rate max watt [1/min] |


| spiexp_hr_maxvo2 | SPIEXP: heart rate maxVO2 [1/min] |
| :---: | :---: |
| spiexp_hr_soll | SPIEXP: heart rate normal value [1/min] |
| spiexp_hr_maxwsoll | SPIEXP: heart rate max \%predicted [1/min] |
| spiexp_hr_maxvo2soll | SPIEXP: heart rate maxVO2 \%predicted [1/min] |
| spiexp_hr_erhol60s | SPIEXP: heart rate recovery 60 seconds [ $1 / \mathrm{min}$ ] |
| spiexp_psys_ruhe | SPIEXP: systolic blood pressure at rest [ mmHg ] |
| spiexp_psys_ae | SPIEXP: systolic blood pressure VE/V02 Nadir [ mmHg ] |
| spiexp_psys_atman | SPIEXP: systolic blood pressure AT manual [ mmHg ] |
| spiexp_psys_rcp | SPIEXP: systolic blood pressure RCP [mmHg] |
| spiexp_psys_maxw | SPIEXP: systolic blood pressure max watt [ mmHg ] |
| spiexp_psys_maxvo2 | SPIEXP: systolic blood pressure maxVO2 [ mmHg ] |
| spiexp_psys_maxwsoll | SPIEXP: systolic blood pressure max \%predicted [ mmHg ] |
| spiexp_psys_maxvo2soll | SPIEXP: systolic blood pressure maxVO2 \%predicted [mmHg] |
| spiexp_psys_erhol60s | SPIEXP: systolic blood pressure recovery 60 seconds [ mmHg ] |
| spiexp_pdia_ruhe | SPIEXP: diastolic blood pressure at rest [ mmHg ] |

spiexp_pdia_ruhe SPIEXP: diastolic blood pressure at rest [ mmHg ]

| spiexp_pdia_ae | SPIEXP: diastolic blood pressure VE/V02 Nadir [ mmHg ] |
| :---: | :---: |
| spiexp_pdia_atman | SPIEXP: diastolic blood pressure AT manual [ mmHg ] |
| spiexp_pdia_rcp | SPIEXP: diastolic blood pressure RCP [mmHg] |
| spiexp_pdia_maxw | SPIEXP: diastolic blood pressure max watt [ mmHg ] |
| spiexp_pdia_maxvo2 | SPIEXP: diastolic blood pressure maxVO2 [ mmHg ] |
| spiexp_pdia_maxwsoll | SPIEXP: diastolic blood pressure max \%predicted [ mmHg ] |
| spiexp_pdia_maxvo2soll | SPIEXP: diastolic blood pressure maxVO2 \%predicted [mmHg] |
| spiexp_pdia_erhol60s | SPIEXP: diastolic blood pressure recovery 60 seconds [mmHg] |
| spiexp_spo2_ruhe | SPIEXP: SpO2 at rest [\%] |
| spiexp_spo2_ae | SPIEXP: SpO2 VE/V02 Nadir [\%] |
| spiexp_spo2_atman | SPIEXP: SpO2 AT manual [\%] |
| spiexp_spo2_rcp | SPIEXP: SpO2 RCP [\%] |
| spiexp_spo2_maxw | SPIEXP: SpO2 max watt [\%] |
| spiexp_spo2_maxvo2 | SPIEXP: SpO2 maxVO2 [\%] |


| spiexp_spo2_maxwsoll | SPIEXP: SpO2 max \%predicted [\%] |
| :---: | :---: |
| spiexp_spo2_maxvo2soll | SPIEXP: SpO2 maxVO2 \%predicted [\%] |
| spiexp_spo2_erhol60s | SPIEXP: SpO2 recovery 60 seconds [\%] |
| spiexp_vo2_ruhe | SPIEXP: V'O2 at rest [ $\mathrm{ml} / \mathrm{min}$ ] |
| spiexp_vo2_ae | SPIEXP: V'O2 VE/V02 Nadir [ml/min] |
| spiexp_vo2_atman | SPIEXP: V'O2 AT manual [ml/min] |
| spiexp_vo2_rcp | SPIEXP: V'O2 RCP [ml/min] |
| spiexp_vo2_maxw | SPIEXP: V'O2 max watt [ml/min] |
| spiexp_vo2_maxvo2 | SPIEXP: V'O2 maxVO2 [ml/min] |
| spiexp_vo2_soll | SPIEXP: V'O2 normal value [ $\mathrm{ml} / \mathrm{min}$ ] |
| spiexp_vo2_maxwsoll | SPIEXP: V'O2 max \%predicted [ml/min] |
| spiexp_vo2_maxvo2soll | SPIEXP: V'O2 maxVO2 \%predicted [ $\mathrm{ml} / \mathrm{min}$ ] |
| spiexp_vo2_erhol60s | SPIEXP: V'O2 recovery 60 seconds [ $\mathrm{ml} / \mathrm{min}$ ] |
| spiexp_vo2_kg_ruhe | SPIEXP: VO2/ kg at rest [ $\mathrm{ml} / \mathrm{min} / \mathrm{kg}$ ] |
| spiexp_vo2_kg_ae | SPIEXP: VO2/kg VE/V02 Nadir [ml/min/kg] |
| spiexp_vo2_kg_atman | SPIEXP: VO2/kg AT manual [ $\mathrm{ml} / \mathrm{min} / \mathrm{kg}$ ] |
| spiexp_vo2_kg_rcp | SPIEXP: VO2/kg RCP [ml/min $/ \mathrm{kg}$ ] |

spiexp_vo2_kg_maxw
spiexp_vo2_kg_maxvo2
spiexp_vo2_kg_soll
spiexp_vo2_kg_maxwsoll
spiexp_vo2_kg_maxvo2soll
spiexp_vo2_kg_erhol60s
spiexp_o2_hr_ruhe
spiexp_o2_hr_ae
spiexp_o2_hr_atman
spiexp_o2_hr_rcp
spiexp_o2_hr_maxw
spiexp_o2_hr_maxvo2
spiexp_o2_hr_soll
spiexp_o2_hr_maxwsoll
spiexp_o2_hr_maxvo2soll
spiexp_o2_hr_erhol60s

SPIEXP: VO2/kg max watt $[\mathrm{ml} / \mathrm{min} / \mathrm{kg}]$

SPIEXP: VO2/kg maxVO2 [ml/min/kg]

SPIEXP: VO2/kg normal value [ $\mathrm{ml} / \mathrm{min} / \mathrm{kg}$ ]

SPIEXP: VO2/kg max \%predicted $[\mathrm{ml} / \mathrm{min} / \mathrm{kg}]$

SPIEXP: VO2/kg maxVO2 \%predicted [ $\mathrm{ml} / \mathrm{min} / \mathrm{kg}$ ]

SPIEXP: VO2 / kg recovery 60 seconds [ $\mathrm{ml} / \mathrm{min} / \mathrm{kg}$ ]

SPIEXP: O2/HR at rest [ml]

SPIEXP: O2/HR VE/V02 Nadir [ml]

SPIEXP: O2/HR AT manual [ml]

SPIEXP: O2/HR RCP [ml]

SPIEXP: O2/HR max watt [ml]

SPIEXP: O2/HR maxVO2 [ml]

SPIEXP: O2/HR normal value [ml]

SPIEXP: O2/HR max \%predicted [ml]

SPIEXP: O2/HR maxVO2 \%predicted [ml]

SPIEXP: O2/HR recovery 60 seconds [ml]

| spiexp_do2_dw_ruhe | SPIEXP: dO2/dW at rest [ $\mathrm{ml} / \mathrm{min} /$ watt] |
| :---: | :---: |
| spiexp_do2_dw_ae | SPIEXP: dO2/dW VE/V02 Nadir [ml/min/watt] |
| spiexp_do2_dw_atman | SPIEXP: dO2/dW AT manual [ $\mathrm{ml} / \mathrm{min} / \mathrm{watt}]$ |
| spiexp_do2_dw_rcp | SPIEXP: dO2/dW RCP [ml/min/watt] |
| spiexp_do2_dw_maxw | SPIEXP: dO2/dW max watt [ml/min/watt] |
| spiexp_do2_dw_maxvo2 | SPIEXP: dO2/dW maxVO2 [ml/min/watt] |
| spiexp_do2_dw_maxwsoll | SPIEXP: dO2/dW max \%predicted [ml/min/watt] |
| spiexp_do2_dw_maxvo2soll | SPIEXP: dO2/dW maxVO2 \%predicted [ $\mathrm{ml} / \mathrm{min} /$ watt] |
| spiexp_do2_dw_erhol60s | SPIEXP: dO2/dW recovery 60 seconds [ml/min/watt] |
| spiexp_ve_ruhe | SPIEXP: V'E at rest [ $1 / \mathrm{min}$ ] |
| spiexp_ve_ae | SPIEXP: V'E VE/V02 Nadir [1/min] |
| spiexp_ve_atman | SPIEXP: V'E AT manual [1/min] |
| spiexp_ve_rcp | SPIEXP: V'E RCP [ $1 / \mathrm{min}$ ] |
| spiexp_ve_maxw | SPIEXP: V'E max watt [ $1 / \mathrm{min}$ ] |
| spiexp_ve_maxvo2 | SPIEXP: V'E maxVO2 [1/min] |
| spiexp_ve_soll | SPIEXP: V'E normal value [1/min] |

spiexp_ve_soll
SPIEXP: V'E normal value [ $1 / \mathrm{min}$ ]

| spiexp_ve_maxwsoll | SPIEXP: V'E max \%predicted [1/min] |
| :---: | :---: |
| spiexp_ve_maxvo2soll | SPIEXP: V'E maxVO2 \%predicted [ $1 / \mathrm{min}$ ] |
| spiexp_ve_erhol60s | SPIEXP: V'E recovery 60 seconds [1/min] |
| spiexp_vtex_ruhe | SPIEXP: VTex at rest [1] |
| spiexp_vtex_ae | SPIEXP: VTex VE/V02 Nadir [1] |
| spiexp_vtex_atman | SPIEXP: VTex AT manual [1] |
| spiexp_vtex_rcp | SPIEXP: VTex RCP [1] |
| spiexp_vtex_maxw | SPIEXP: VTex max watt [1] |
| spiexp_vtex_maxvo2 | SPIEXP: VTex maxVO2 [1] |
| spiexp_vtex_maxwsoll | SPIEXP: VTex max \%predicted [1] |
| spiexp_vtex_maxvo2soll | SPIEXP: VTex maxVO2 \%predicted [1] |
| spiexp_vtex_erhol60s | SPIEXP: VTex recovery 60 seconds [1] |
| spiexp_br_ruhe | SPIEXP: BR at rest [\%] |
| spiexp_br_ae | SPIEXP: BR VE/V02 Nadir [\%] |
| spiexp_br_atman | SPIEXP: BR AT manual [\%] |
| spiexp_br_rcp | SPIEXP: BR RCP [\%] |


| spiexp_br_maxw | SPIEXP: BR max watt [\%] |
| :---: | :---: |
| spiexp_br_maxvo2 | SPIEXP: BR maxVO2 [\%] |
| spiexp_br_maxwsoll | SPIEXP: BR max \%predicted [\%] |
| spiexp_br_maxvo2soll | SPIEXP: BR maxVO2 \%predicted [\%] |
| spiexp_br_erhol60s | SPIEXP: BR recovery 60 seconds [\%] |
| spiexp_bf_ruhe | SPIEXP: BF at rest [ $1 / \mathrm{min}$ ] |
| spiexp_bf_ae | SPIEXP: BF VE/V02 Nadir [1/min] |
| spiexp_bf_atman | SPIEXP: BF AT manual [1/min] |
| spiexp_bf_rcp | SPIEXP: BF RCP [1/min] |
| spiexp_bf_maxw | SPIEXP: BF max watt [1/min] |
| spiexp_bf_maxvo2 | SPIEXP: BF maxVO2 [1/min] |
| spiexp_bf_maxwsoll | SPIEXP: BF max \%predicted [1/min] |
| spiexp_bf_maxvo2soll | SPIEXP: BF maxVO2 \%predicted [1/min] |
| spiexp_bf_erhol60s | SPIEXP: BF recovery 60 seconds [ $1 / \mathrm{min}$ ] |
| spiexp_vt_icd_ruhe | SPIEXP: VT\%ICd at rest [\%] |
| spiexp_vt_icd_ae | SPIEXP: VT\%ICd VE/V02 Nadir [\%] |
| spiexp_vt_icd_atman | SPIEXP: VT\%ICd AT manual [\%] |


| spiexp_vt_icd_rcp | SPIEXP: VT\%ICd RCP [\%] |
| :---: | :---: |
| spiexp_vt_icd_maxw | SPIEXP: VT\%ICd max watt [\%] |
| spiexp_vt_icd_maxvo2 | SPIEXP: VT\%ICd maxVO2 [\%] |
| spiexp_vt_icd_maxwsoll | SPIEXP: VT\%ICd max \%predicted [\%] |
| spiexp_vt_icd_maxvo2soll | SPIEXP: VT\%ICd maxVO2 \%predicted [\%] |
| spiexp_vt_icd_erhol60s | SPIEXP: VT\%ICd recovery 60 seconds [\%] |
| spiexp_ti_tot_ruhe | SPIEXP: ti/ tot at rest [\%] |
| spiexp_ti_tot_ae | SPIEXP: ti/tot VE/V02 Nadir [\%] |
| spiexp_vde_vt_ruhe | SPIEXP: Vde/VT at rest [\%] |
| spiexp_vde_vt_ae | SPIEXP: Vde/VT VE/V02 Nadir [\%] |
| spiexp_ti_tot_atman | SPIEXP: ti/ tot AT manual [\%] |
| spiexp_ti_tot_rcp | SPIEXP: ti/tot RCP [\%] |
| spiexp_vde_vt_atman | SPIEXP: Vde/VT AT manual [\%] |
| spiexp_ti_tot_maxw | SPIEXP: ti/tot max watt [\%] |
| spiexp_vde_vt_rcp | SPIEXP: Vde/VT RCP [\%] |
| spiexp_vde_vt_maxw | SPIEXP: Vde/VT max watt [\%] |
| spiexp_ti_tot_maxvo2 | SPIEXP: ti/tot maxVO2 [\%] |

SPIEXP: ti/tot maxVO2 [\%]

| spiexp_vde_vt_maxvo2 | SPIEXP: Vde/VT maxVO2 [\%] |
| :---: | :---: |
| spiexp_ti_tot_maxwsoll | SPIEXP: ti/tot max \%predicted [\%] |
| spiexp_vde_vt_soll | SPIEXP: Vde/VT normal value [\%] |
| spiexp_vde_vt_maxwsoll | SPIEXP: Vde/VT max \%predicted [\%] |
| spiexp_ti_tot_maxvo2soll | SPIEXP: ti/tot maxVO2 \%predicted [\%] |
| spiexp_ti_tot_erhol60s | SPIEXP: ti/tot recovery 60 seconds [\%] |
| spiexp_vde_vt_maxvo2soll | SPIEXP: Vde/VT maxVO2 \%predicted [\%] |
| spiexp_vde_vt_erhol60s | SPIEXP: Vde/VT recovery 60 seconds [\%] |
| spiexp_eqo2_ruhe | SPIEXP: EqO2 at rest |
| spiexp_eqo2_ae | SPIEXP: EqO2 VE/V02 Nadir |
| spiexp_eqo2_atman | SPIEXP: EqO2 AT manual |
| spiexp_eqo2_rcp | SPIEXP: EqO2 RCP |
| spiexp_eqo2_maxw | SPIEXP: EqO2 max watt |
| spiexp_eqo2_maxvo2 | SPIEXP: EqO2 maxVO2 |
| spiexp_eqo2_maxwsoll | SPIEXP: EqO2 max \%predicted |
| spiexp_eqo2_maxvo2soll | SPIEXP: EqO2 maxVO2 \%predicted |

spiexp_eqo2_erhol60s
spiexp_eqco2_ruhe
spiexp_eqco2_ae
spiexp_eqco2_atman
spiexp_eqco2_rcp
spiexp_eqco2_maxw
spiexp_eqco2_maxvo2
spiexp_eqco2_maxwsoll
spiexp_eqco2_maxvo2soll
spiexp_eqco2_erhol60s
spiexp_peto2_ruhe
spiexp_peto2_ae
spiexp_peto2_atman
spiexp_peto2_rcp
spiexp_peto2_maxw
spiexp_peto2_maxvo2
spiexp_peto2_maxwsoll

SPIEXP: EqO2 recovery 60 seconds

SPIEXP: EqCO2 at rest

SPIEXP: EqCO2 VE/V02 Nadir

SPIEXP: EqCO2 AT manual

SPIEXP: EqCO2 RCP

SPIEXP: EqCO2 max watt

SPIEXP: EqCO2 maxVO2

SPIEXP: EqCO2 max \%predicted

SPIEXP: EqCO2 maxVO2 \%predicted

SPIEXP: EqCO2 recovery 60 seconds

SPIEXP: PETO2 at rest [ mmHg ]

SPIEXP: PETO2 VE/V02 Nadir [mmHg]

SPIEXP: PETO2 AT manual [ mmHg ]

SPIEXP: PETO2 RCP [mmHg]

SPIEXP: PETO2 max watt [mmHg]

SPIEXP: PETO2 maxVO2 [mmHg]

SPIEXP: PETO2 max \%predicted [mmHg]
spiexp_peto2_maxvo2soll
spiexp_peto2_erhol60s
spiexp_petco2_ruhe
spiexp_petco2_ae
spiexp_petco2_atman
spiexp_petco2_rcp
spiexp_petco2_maxw
spiexp_petco2_maxvo2
spiexp_petco2_maxwsoll
spiexp_petco2_maxvo2soll
spiexp_petco2_erhol60s
spiexp_peco2_ruhe
spiexp_peco2_ae
spiexp_peco2_atman
spiexp_peco2_rcp
spiexp_peco2_maxw
spiexp_peco2_maxvo2

SPIEXP: PETO2 maxVO2 \%predicted [mmHg]

SPIEXP: PETO2 recovery 60 seconds $[\mathrm{mmHg}]$

SPIEXP: PETCO2 at rest $[\mathrm{mmHg}]$

SPIEXP: PETCO2 VE/V02 Nadir [mmHg]

SPIEXP: PETCO2 AT manual [ mmHg ]

SPIEXP: PETCO2 RCP [mmHg]

SPIEXP: PETCO2 max watt [ mmHg ]

SPIEXP: PETCO2 maxVO2 [mmHg]

SPIEXP: PETCO2 max \%predicted $[\mathrm{mmHg}]$

SPIEXP: PETCO2 maxVO2 \%predicted [mmHg]

SPIEXP: PETCO2 recovery 60 seconds [ mmHg ]

SPIEXP: PECO2 at rest $[\mathrm{mmHg}]$

SPIEXP: PECO2 VE / V02 Nadir [mmHg]

SPIEXP: PECO2 AT manual $[\mathrm{mmHg}]$

SPIEXP: PECO2 RCP [mmHg]

SPIEXP: PECO2 max watt $[\mathrm{mmHg}]$

SPIEXP: PECO2 maxVO2 [mmHg]

| spiexp_peco2_maxwsoll | SPIEXP: PECO2 max \%predicted [mmHg] |
| :---: | :---: |
| spiexp_peco2_maxvo2soll | SPIEXP: PECO2 maxVO2 \%predicted [mmHg] |
| spiexp_peco2_erhol60s | SPIEXP: PECO2 recovery 60 seconds [mmHg] |
| spiexp_ve_vco2_slope_stand | SPIEXP: VE/VCO2 slope standard |
| spiexp_ve_vco2_slope_typ2 | SPIEXP: VE/VCO2 slope type II |
| spiexp_zeit_gas1 | SPIEXP: time blood gas1 [min] |
| spiexp_watt_gas1 | SPIEXP: watt blood gas1 [watt] |
| spiexp_vo2_gas1 | SPIEXP: V'O2 blood gas1 [ml/min] |
| spiexp_paco2_gas1 | SPIEXP: PaCO2 blood gas [ mmHg ] |
| spiexp_pao2_gas1 | SPIEXP: PaO2 blood gas1 [mmHg] |
| spiexp_aado2_gas1 | SPIEXP: AaDO2 blood gas 1 mmHg ] |
| spiexp_paetc2_gas1 | SPIEXP: PaETC2 blood gas1 [mmHg] |
| spiexp_zeit_gas2 | SPIEXP: time blood gas2 [min] |
| spiexp_watt_gas2 | SPIEXP: watt blood gas2 [watt] |
| spiexp_vo2_gas2 | SPIEXP: V'O2 blood gas2 [ml/min] |
| spiexp_paco2_gas2 | SPIEXP: PaCO2 blood gas2 [mmHg] |

spiexp_pao2_gas2
spiexp_aado2_gas2
spiexp_paetc2_gas2
spiexp_zeit_gas3
spiexp_watt_gas3
spiexp_vo2_gas3
spiexp_paco2_gas3
spiexp_pao2_gas3
spiexp_aado2_gas3
spiexp_paetc2_gas3
spiexp_zeit_gas4
spiexp_watt_gas4
spiexp_vo2_gas4
spiexp_paco2_gas4
spiexp_pao2_gas4
spiexp_aado2_gas4
spiexp_paetc2_gas4

SPIEXP: PaO2 blood gas2 [mmHg]

SPIEXP: AaDO2 blood gas2 [mmHg]

SPIEXP: PaETC2 blood gas2 [mmHg]

SPIEXP: time blood gas3 [min]

SPIEXP: watt blood gas3 [watt]

SPIEXP: V'O2 blood gas3 [ml/min]

SPIEXP: PaCO2 blood gas3 [mmHg]

SPIEXP: PaO2 blood gas3 [mmHg]

SPIEXP: AaDO2 blood gas3 [mmHg]

SPIEXP: PaETC2 blood gas3 [mmHg]

SPIEXP: time blood gas4 [min]

SPIEXP: watt blood gas4 [watt]

SPIEXP: V'O2 blood gas4 [ml/min]

SPIEXP: PaCO2 blood gas4 [ mmHg ]

SPIEXP: PaO2 blood gas4 [mmHg]

SPIEXP: AaDO2 blood gas4 [mmHg]

SPIEXP: PaETC2 blood gas 4 mmHg$]$
spiexp_zeit_gas5
spiexp_watt_gas5
spiexp_vo2_gas5
spiexp_paco2_gas5
spiexp_pao2_gas5
spiexp_aado2_gas5
spiexp_paetc2_gas5
spiexp_zeit_gas6
spiexp_watt_gas6
spiexp_vo2_gas6
spiexp_paco2_gas6
spiexp_pao2_gas6
spiexp_aado2_gas6
spiexp_paetc2_gas6
spiexp_fev_1_soll
spiexp_fev_1_ist
spiexp_mvv_soll

SPIEXP: time blood gas5 [min]

SPIEXP: watt blood gas5 [watt]

SPIEXP: V'O2 blood gas5 [ml/min]

SPIEXP: PaCO2 blood gas5 [mmHg]

SPIEXP: PaO2 blood gas5 [ mmHg ]

SPIEXP: AaDO2 blood gas5 [mmHg]

SPIEXP: PaETC2 blood gas $5[\mathrm{mmHg}]$

SPIEXP: time blood gas6 [min]

SPIEXP: watt blood gas6 [watt]

SPIEXP: V'O2 blood gas6 [ml/min]

SPIEXP: PaCO2 blood gas6 [mmHg]

SPIEXP: PaO2 blood gas6 [ mmHg ]

SPIEXP: AaDO2 blood gas6 [ mmHg ]

SPIEXP: PaETC2 blood gas6 [mmHg]

SPIEXP: FEV 1 normal value [1]

SPIEXP: FEV 1 measured [1]

SPIEXP: MVV normal value [ $1 / \mathrm{min}$ ]

| spiexp_mvv_ist | SPIEXP: MVV measured [1/min] |
| :---: | :---: |
| spiexp_ic_soll | SPIEXP: IC normal value [1] |
| spiexp_ic_ist | SPIEXP: IC measured [1] |
| spiexp_zeit_breath1 | SPIEXP: time Intrabreath1 [min] |
| spiexp_vtin_breath1 | SPIEXP: VTin Intrabreath1 [1] |
| spiexp_vtex_breath1 | SPIEXP: VTex Intrabreath1 [1] |
| spiexp_bf_breath1 | SPIEXP: BF Intrabreath1 [1/min] |
| spiexp_eelv_breath1 | SPIEXP: EELV Intrabreath1 [1] |
| spiexp_ic_d_breath1 | SPIEXP: IC_d Intrabreath1 [1] |
| spiexp_icd_ev_breath1 | SPIEXP: Icd\%EV Intrabreath1 [\%] |
| spiexp_zeit_breath2 | SPIEXP: time Intrabreath2 [min] |
| spiexp_vtin_breath2 | SPIEXP: VTin Intrabreath2 [1] |
| spiexp_vtex_breath2 | SPIEXP: VTex Intrabreath2 [1] |
| spiexp_bf_breath2 | SPIEXP: BF Intrabreath2 [1/min] |
| spiexp_eelv_breath2 | SPIEXP: EELV Intrabreath2 [1] |
| spiexp_ic_d_breath2 | SPIEXP: IC_d Intrabreath2 [1] |


| spiexp_icd_ev_breath2 | SPIEXP: Icd\%EV Intrabreath2 [\%] |
| :---: | :---: |
| spiexp_zeit_breath3 | SPIEXP: time Intrabreath3 [min] |
| spiexp_vtin_breath3 | SPIEXP: VTin Intrabreath3 [1] |
| spiexp_vtex_breath3 | SPIEXP: VTex Intrabreath3 [1] |
| spiexp_bf_breath3 | SPIEXP: BF Intrabreath3 [1/min] |
| spiexp_eelv_breath3 | SPIEXP: EELV Intrabreath3 [1] |
| spiexp_ic_d_breath3 | SPIEXP: IC_d Intrabreath3 [1] |
| spiexp_icd_ev_breath3 | SPIEXP: Icd\%EV Intrabreath3 [\%] |
| spiexp_zeit_breath4 | SPIEXP: time Intrabreath4 [min] |
| spiexp_vtin_breath4 | SPIEXP: VTin Intrabreath4 [1] |
| spiexp_vtex_breath4 | SPIEXP: VTex Intrabreath 4 [1] |
| spiexp_bf_breath4 | SPIEXP: BF Intrabreath 4 [1/min] |
| spiexp_eelv_breath4 | SPIEXP: EELV Intrabreath4 [1] |
| spiexp_ic_d_breath4 | SPIEXP: IC_d Intrabreath4 [1] |
| spiexp_icd_ev_breath4 | SPIEXP: Icd\%EV Intrabreath4 [\%] |
| spiexp_zeit_breath5 | SPIEXP: time Intrabreath5 [min] |
| spiexp_vtin_breath5 | SPIEXP: VTin Intrabreath5 [1] |


| spiexp_vtex_breath5 | SPIEXP: VTex Intrabreath5 [1] |
| :---: | :---: |
| spiexp_bf_breath5 | SPIEXP: BF Intrabreath5 [1/min] |
| spiexp_eelv_breath5 | SPIEXP: EELV Intrabreath5 [1] |
| spiexp_ic_d_breath5 | SPIEXP: IC_d Intrabreath5 [1] |
| spiexp_icd_ev_breath5 | SPIEXP: Icd\%EV Intrabreath5 [\%] |
| spiexp_zeit_breath6 | SPIEXP: time Intrabreath6 [min] |
| spiexp_vtin_breath6 | SPIEXP: VTin Intrabreath6 [1] |
| spiexp_vtex_breath6 | SPIEXP: VTex Intrabreath6 [1] |
| spiexp_bf_breath6 | SPIEXP: BF Intrabreath6 [1/min] |
| spiexp_eelv_breath6 | SPIEXP: EELV Intrabreath6 [1] |
| spiexp_ic_d_breath6 | SPIEXP: IC_d Intrabreath6 [1] |
| spiexp_icd_ev_breath6 | SPIEXP: Icd\%EV Intrabreath6 [\%] |
| spiexp_zeit_breath7 | SPIEXP: time Intrabreath7 [min] |
| spiexp_vtin_breath7 | SPIEXP: VTin Intrabreath7 [1] |
| spiexp_vtex_breath7 | SPIEXP: VTex Intrabreath7 [1] |
| spiexp_bf_breath7 | SPIEXP: BF Intrabreath7 [1/min] |
| spiexp_eelv_breath7 | SPIEXP: EELV Intrabreath7 [1] |


| spiexp_ic_d_breath7 | SPIEXP: IC_d Intrabreath7 [1] |  |
| :---: | :---: | :---: |
| spiexp_icd_ev_breath7 | SPIEXP: Icd\%EV Intrabreath7 [\%] |  |
| spiexp_zeit_breath8 | SPIEXP: time Intrabreath8 [min] |  |
| spiexp_vtin_breath8 | SPIEXP: VTin Intrabreath8 [1] |  |
| spiexp_vtex_breath8 | SPIEXP: VTex Intrabreath8 [1] |  |
| spiexp_bf_breath8 | SPIEXP: BF Intrabreath8 [1/min] |  |
| spiexp_eelv_breath8 | SPIEXP: EELV Intrabreath8 [1] |  |
| spiexp_ic_d_breath8 | SPIEXP: IC_d Intrabreath8 [1] |  |
| spiexp_icd_ev_breath8 | SPIEXP: Icd\%EV Intrabreath8 [\%] |  |
| spiexp_bel_dauer | SPIEXP: duration of exposure [min] |  |
| LUF <br> LUFOPD | pulmonary function operational data lung function |  |
| luf_beg | start |  |
| luf_usnr | examiner |  |
| luf_usnr2_jn | 2. observer? |  |
|  |  | $\begin{aligned} & 0-\text { No } \\ & 1 \text { - Yes } \end{aligned}$ |
| luf_usnr2 | examiner 2 |  |
| luf_tem | room temperature |  |


| luf_ablmes | special occurences ABL measurement |  |
| :---: | :---: | :---: |
|  |  | 1 - yes |
|  |  | $0-$ no |
| luf_ablmes_abldef | ABL-device defect |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |
| luf_ablmes_wertfehl | ABL values incomplete |  |
|  |  | $0-\mathrm{No}$ |
|  |  | $1-\mathrm{Yes}$ |
| luf_ablmes_sonst | Other |  |
|  |  | 0 - no |
|  |  | 1 - yes |
| luf_ablmes_sonst_t | Which one? |  |
| luf_ios_unt | IOS is carried out? |  |
|  |  | $0-\mathrm{No}$ |
|  |  | $1-\mathrm{Yes}$ |
| luf_ios_grund | IOS reason for not conducting |  |
|  |  | 1 - patient rejection |
|  |  | 2 - no cooperation from patient |
|  |  | 3 - device defect/ calibration error 10 - Other |
| luf_ios_grund_note | IOS Which other reason? |  |
| luf_ios_grid | IOS device id |  |
| luf_ios_bsnr | IOS special circumstances |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |
| luf_ios_bsnr_compliance | IOS Bad participant cooperation |  |
|  |  | $0-\mathrm{No}$ |
|  |  | $1 \text { - Yes }$ |
| luf_ios_bsnr_cold | IOS Participant has a cold |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |
| luf_ios_bsnr_cough | IOS Coughing during examination |  |
|  |  | $0-\mathrm{No}$ |



| luf_bod_bsnr_other | Body/Spiro Other $\begin{aligned} & \\ & \\ & 0-\text { No } \\ & 1-\mathrm{Yes}\end{aligned}$ |
| :---: | :---: |
|  |  |
|  |  |
| luf_bod_note | Body/Spiro Which? |
| luf_cod_unt | CO-Diffusion is carried out? |
|  | 0 - No |
|  | 1 - Yes |
| luf_cod_grund | CO-Diffusion reason for not conducting |
|  | 1 - patient rejection |
|  | 2 - no cooperation from patient |
|  | 3 - device defect/ calibration error <br> 4 - empty gas bottle |
|  | 5 - smoked during last 24 h |
|  | 10 - Other |
| luf_cod_grund_note | CO-Diffusion Which other reason? |
| luf_cod_grid | CO-Diffusion device id |
| luf_cod_bsnr | CO-Diffusion special circumstances |
|  | 0 - No |
|  | 1 - Yes |
| luf_cod_bsnr_compliance | CO-Diffusion Bad participant cooperation |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
| luf_cod_bsnr_cold | CO-Diffusion Participant has a cold |
|  | 0 - No |
|  | $1 \text { - Yes }$ |
| luf_cod_bsnr_cough | CO-Diffusion Coughing during examination |
|  | $0 \text { - No }$ |
|  | 1 - Yes |
| luf_cod_bsnr_defect | CO-Diffusion Technical defect |
|  | 0 - No |
|  | 1 - Yes |
| luf_cod_bsnr_gasempty | CO-Diffusion Gas bottle empty |
|  | $0-$ No |


| luf_cod_bsnr_other | CO-Diffusion Other |
| :---: | :---: |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
| luf_cod_note | CO-Diffusion Which? |
| luf_nod_unt | NOCO-Diffusion is carried out? |
|  | 0 - No |
|  | 1 - Yes |
| luf_nod_grund | NOCO-Diffusion reason for not conducting |
|  | 1 - patient rejection |
|  | 2 - no cooperation from patient |
|  | 3 - device defect/ calibration error |
|  | 4 - empty gas bottle |
|  | 10 - Other |
| luf_nod_grund_note | NOCO-Diffusion Which other reason? |
| luf_nod_grid | NOCO-Diffusion device id |
| luf_nod_bsnr | NOCO-Diffusion special circumstances |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
| luf_nod_bsnr_compliance | NOCO-Diffusion Bad participant cooperation |
|  | 0 - No |
|  | 1 - Yes |
| luf_nod_bsnr_cold | NOCO-Diffusion Participant has a cold |
|  | 0 - No |
|  | 1 - Yes |
| luf_nod_bsnr_cough | NOCO-Diffusion Coughing during examination |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
| luf_nod_bsnr_defect | NOCO-Diffusion Technical defect |
|  | $0-\mathrm{No}$ |
|  | 1 - Yes |
| luf_nod_bsnr_gasempty | NOCO-Diffusion Gas bottle empty |
|  | 0 - No |
|  | 1 - Yes |


| luf_nod_bsnr_other | NOCO-Diffusion Other |  |
| :---: | :---: | :---: |
|  |  | 0 - No |
| luf_nod_note | NOCO-Diffusion Which? |  |
| luf_end | end |  |
| LUFBOD | Pulmonary function |  |
| luf_bod_r_0_5_in | R 0.5 IN |  |
| luf_bod_r_tot | Total airway resistance |  |
| luf_bod_r_eff | R eff |  |
| luf_bod_r_in | R IN |  |
| luf_bod_r_ex | R EX |  |
| luf_bod_r_eff_in | R eff IN |  |
| luf_bod_r_eff_ex | R eff EX |  |
| luf_bod_r_peak | R PEAK |  |
| luf_bod_sr_tot | Specific airway resistance |  |
| luf_bod_sr_eff | SR eff |  |
| luf_bod_vt | VT |  |
| luf_bod_tg_alpha | tg alpha |  |
| luf_bod_tg_beta_tot | $\operatorname{tg}$ beta tot |  |

luf_bod_tg_beta_tot $\operatorname{tg}$ beta tot

| luf_bod_frcpl_p_pred | FRCpl \% pred |
| :---: | :---: |
| luf_bod_g_tot | G tot |
| luf_bod_g_eff | G eff |
| luf_bod_sg_tot | SG tot |
| luf_bod_sg_eff | SG eff |
| luf_bod_frcpleth | FRCpleth |
| luf_bod_rv | Residual volume |
| luf_bod_tlc | Total lung capacity |
| luf_bod_rv_p_tlc | Parts RV of TLC |
| luf_bod_frcpl_p_tlc | FRCpl \% TLC |
| luf_bod_d_pao | d-PAO |
| luf_bod_vc | VC |
| luf_bod_erv | ERV |
| luf_bod_ic | IC |
| luf_bod_boxvol | Box Volume |
| luf_bod_bar_pr | Bar.Pressure |
| luf_bod_pef | PEF |


| luf_bod_fev1 | FEV1 |
| :---: | :---: |
| luf_bod_srt_in | sRt IN |
| luf_bod_srt_ex | sRt EX |
| luf_bod_sr_0_5_in | sR 0.5 IN |
| luf_bod_g_0_5_in | G 0.5 IN |
| luf_bod_sg_0_5_in | sG 0.5 IN |
| luf_bod_tg_beta_0_5 | $\operatorname{tg} \beta 0.5$ |
| luf_bod_sr_eff_in | sR eff IN |
| luf_bod_sr_eff_ex | $s \mathrm{eff}$ EX |
| luf_bod_tg_beta_eff | $\operatorname{tg} ß$ eff |
| luf_bod_sr_peak | sR peak |
| luf_bod_g_peak | G peak |
| luf_bod_sg_peak | sG peak |
| luf_bod_tg_beta_peak | tg ß peak |
| luf_bod_frcpl_u_in_res | FRCpl used in resis. |
| luf_bod_version | Version |
| luf_bod_pemax | PE max (FRCpl) |


| luf_bod_pimax | Maximum inspiration pressure |
| :---: | :---: |
| luf_bod_swob_in | sWOB IN |
| luf_bod_swob_ex | sWOB EX |
| luf_bod_swob | sWOB |
| luf_bod_wob_in | Work of breath.IN |
| luf_bod_wob_ex | Work of breath.EX |
| luf_bod_wob | Work of breathing |
| luf_bod_pob | Power of breathing |
| luf_bod_p0_1 | Mouth occlusion pressure |
| luf_bod_asc_sett | ASC-Setting |
| luf_bod_r_mid | R mid |
| luf_bod_sr_mid | sR mid |
| luf_bod_g_mid | G mid |
| luf_bod_sg_mid | sG mid |
| luf_bod_tg_beta_r_mid | $\operatorname{tg} \beta$ R mid |
| luf_bod_r_mid_in | R mid IN |


| luf_bod_sr_mid_in | sR mid IN |
| :---: | :---: |
| luf_bod_r_mid_ex | R mid EX |
| luf_bod_sr_mid_ex | sR mid EX |
| luf_bod_man_slope | Manual slope BY,FRCpl,SP |
| luf_bod_man_best | Manual best BY,FRCp,SP,F |
| luf_bod_ds_app | App. deadspace |
| luf_bod_bf_res | BF Res |
| luf_bod_frcpl_error_mayo | FRCpl error Mayo |
| luf_bod_res_error_mayo | Res error Mayo |
| luf_bod_sr_0_5 | sR 0.5 |
| luf_bod_r_0_5 | R 0.5 |
| luf_bod_g_0_5 | G 0.5 |
| luf_bod_sg_0_5 | sG 0.5 |
| luf_bod_sr_0_5_ex | sR 0.5 EX |
| luf_bod_r_0_5_ex | R 0.5 EX |
| luf_bod_r_beg_in | $R$ begin in |
| luf_bod_reg_r_bi | reg R bi |


| luf_bod_r_beg_ex | $R$ begin ex |
| :---: | :---: |
| luf_bod_reg_r_be | reg R be |
| luf_bod_r_end_ex | R end ex |
| luf_bod_reg_r_ee | reg R ee |
| luf_bod_ree_rbe | Ree/Rbe |
| luf_bod_r_max_ex | R Max EX |
| luf_bod_r_mean_ex | R Mean EX |
| luf_bod_r_mean_in | R Mean IN |
| luf_bod_r_min_in | R Min IN |
| luf_bod_r_mex_min | Diff RMEX RMIN |
| luf_bod_area_rv_loop | Area R/V loop |
| luf_bod_peak_to_peak | Peak to Peak |
| luf_bod_ref_max | REFmax |
| luf_bod_rif_max | RIFmax |
| luf_bod_r_max_in | R Max IN |
| luf_bod_vr_max_p_ve | VRmax\%VE |
| luf_bod_vr_max_p_vi | VRmax\%VI |


| luf_bod_sbe | SBE |
| :---: | :---: |
| luf_bod_sbi | SBI |
| luf_bod_vol_beg_in | Vol begin In |
| luf_bod_vol_beg_ex | Vol begin Ex |
| luf_bod_vol_end_ex | Vol end Ex |
| luf_bod_vol_max_flow_ex | Vol Max Flow ex |
| luf_bod_vol_max_flow_in | Vol-Max•Flow•in |
| luf_bod_tlc_p_pred | TLC \% pred |
| luf_bod_vc_p_pred | VC \% pred |
| luf_bod_erv_p_pred | ERV \% pred |
| luf_bod_rv_p_pred | RV \% pred |
| luf_bod_frc_p_pred | FRCpl \% pred |
| luf_bod_r_eff_p_pred | R eff \% pred |
| luf_bod_sr_eff_p_pred | sR eff \% pred |
| luf_bod_g_eff_p_pred | G eff \% pred |
| luf_bod_sg_eff_p_pred | sG eff \% pred |


| luf_bod_r_mid_p_pred | R mid \% pred |
| :---: | :---: |
| luf_bod_sr_mid_p_pred | $s \mathrm{R}$ mid \% pred |
| luf_bod_g_mid_p_pred | G mid \% pred |
| luf_bod_sg_mid_p_pred | sG mid \% pred |
| luf_bod_gendate | Creation date of the entry |
| LUFSPI | Spirometry |
| luf_spi_vc_in | Vital capacity |
| luf_spi_ic | IC |
| luf_spi_erv | ERV |
| luf_spi_vt | Breath volume |
| luf_spi_mv | Breath volume per minute |
| luf_spi_bf | Breathing rate |
| luf_spi_irv | IRV |
| luf_spi_vc_ex | VC EX |
| luf_spi_vc_max | VC MAX |
| luf_spi_fev_0_5 | FEV 0.5 |
| luf_spi_fev1 | One-second capacity |
| luf_spi_fev_2 | FEV 2 |FEV 2


| luf_spi_fev_3 | FEV 3 |
| :---: | :---: |
| luf_spi_fev1_p_vc_in | Relative one-second capacity |
| luf_spi_fev1_p_fvc | FEV 1 \% FVC |
| luf_spi_fev1_p_vc_max | FEV 1 \% VC MAX |
| luf_spi_fev1_30 | FEV 1*30 |
| luf_spi_t_in | T IN |
| luf_spi_t_ex | T EX |
| luf_spi_t_tot | T TOT |
| luf_spi_t_in_ttot | TIN/TTOT |
| luf_spi_t_ex_ttot | TEX/TTOT |
| luf_spi_tin_tex | TIN/TEX |
| luf_spi_mif | MIF |
| luf_spi_mef | MEF |
| luf_spi_fvc | Forced expiratory vital capacity |
| luf_spi_fev1_p_vc_ex | FEV 1 \% VC EX |
| luf_spi_fet | FET |FET


| luf_spi_mef_75 | Forced expiratory flow at 75\% of the FVC |
| :---: | :---: |
| luf_spi_mef_50 | Forced expiratory flow at 50\% of the FVC |
| luf_spi_mef_25 | Forced expiratory flow at $25 \%$ of the FVC |
| luf_spi_pef | Peak expiratory flow |
| luf_spi_fev_pef | FEV PEF |
| luf_spi_fet_pev | FET PEF |
| luf_spi_tbe_ex | T backextrapol. ex |
| luf_spi_vbe_ex | V backextrapolation ex |
| luf_spi_vbe_p_fvc | V backextrapol. \% FVC |
| luf_spi_qc_ok | QC-Accepted |
| luf_spi_mef_50_p_fvc | MEF 50 \% FVC |
| luf_spi_mmef_75_25 | MMEF 75/25 |
| luf_spi_fef_75_85 | FEF 75/85 |
| luf_spi_tc_25_50 | TC 25/50 |
| luf_spi_mtt | Mean transit time |
| luf_spi_aex | Exspir. F/V area |
| luf_spi_vers | Version |


| luf_spi_conf1 | Configuration 1 |
| :---: | :---: |
| luf_spi_conf2 | Configuration 2 |
| luf_spi_fev3_p_fvc | FEV3 \% FVC |
| luf_spi_pef_200_1200 | FEF 200-1200 |
| luf_spi_fvc_in | FVC IN |
| luf_spi_pif | PIF |
| luf_spi_fif_50 | FIF 50 |
| luf_spi_fiv1 | FIV1 |
| luf_spi_fiv1_p_fvc | FIV1 \% FVC |
| luf_spi_fiv1_p_vc_max | FIV1 \% VC MAX |
| luf_spi_fef50_p_fif50 | FEF50 \% FIF50 |
| luf_spi_error_code | ATS error code |
| luf_spi_fvc_p_pred | FVC \% pred |
| luf_spi_fev1_p_pred | FEV1 \% pred |
| luf_spi_fev1_vcmax_p_pred | FEV1/VCmax \% pred |
| luf_spi_dfev1_p | Diff FEV1 |
| luf_spi_dfvc_p | Diff FVC |


| luf_spi_fev1_p_fiv1 | FEV1 \% FIV1 |
| :---: | :---: |
| luf_spi_vmef | VMEF |
| luf_spi_a_in | Inspir F/V area |
| luf_spi_a_ex_p_in | AEX \% AIN |
| luf_spi_dfev1 | Diff FEV1 |
| luf_spi_dfvc | Diff FVC |
| luf_spi_fev_0_75 | FEV 0.75 |
| luf_spi_fev6 | FEV6 |
| luf_spi_fev1_p_fev6 | FEV1 \% FEV6 |
| luf_spi_error_atsp | Error ATSplus |
| luf_spi_error_ers | Error ERS |
| luf_spi_error_mayo | Error Mayo |
| luf_spi_fiv_0_5 | FIV 0.5 |
| luf_spi_fev_0_5_p_fiv_0_5 | FEV0.5 / FIV0.5 |
| luf_spi_a_tiff | Exsp tiff area |
| luf_spi_fef_75 | FEF 75 |

luf_spi_fef_75
FEF 75
luf_spi_fef_0
FEF 50
luf_spi_fef_25
FEF 25
luf_spi_error_ats_ers_05
Error ATS ERS 05
luf_spi_fev05_p_fvc
FEV05\%FVC
luf_spi_fev_0_5_p_vc_max
FEV05\%VCMax
luf_spi_fev_0_75_p_fvc FEV075\%FVC
luf_spi_fev_0_75_p_vc_max FEV075\%VCMax
luf_spi_vt_forced
luf_spi_bf_forced BF forced
luf_spi_mv_forced
luf_spi_erv_forced
luf_spi_ic_forced
luf_spi_vc_max_p_pred
luf_spi_vc_max_p_fvc
luf_spi_erv_p_pred
luf_spi_pef_p_pred
luf_spi_gendate

MV forced

ERV forced

VCmax\%FVC
VT forced

IC forced

VCmax \% pred

ERV \% pred

PEF \% pred

Creation date of the entry
luf_spi_mmef_75_25_p_pred

## LUFCOD

luf_cod_rv_sb
luf_cod_rv_p_tlc
luf_cod_tlc
luf_cod_dlco
luf_cod_ta
luf_cod_kco
luf_cod_va
luf_cod_vin
luf_cod_fi_he
FI He
luf_cod_fa_he
FA He
luf_cod_fi_co
luf_cod_fa_co
luf_cod_dlco_bsa
luf_cod_dlcoc_bsa
luf_cod_frc
RV-SB

TLC-SB

TA

DLCO/VA

VIN

FICO

FA CO

FRC-SB

MMEF-75/25 \% pred

## CO-diffusion

RV\%TLC-SB

Carbon monoxide transfer factor Hb -corrected

Krogh-index

DLCO/BSA

DLCOc/BSA

| luf_cod_frc_p_tlc | FRC\%TLC-SB |
| :---: | :---: |
| luf_cod_erv | ERV |
| luf_cod_dlcoc | Carbon monoxide transfer factor Hb -corrected |
| luf_cod_kcoc | Krogh-index Hb-corrected |
| luf_cod_tests | Number of tests |
| luf_cod_hb | Haemoglobin value |
| luf_cod_vc_max_spi | VC max (Spir) |
| luf_cod_co2 | CO 2 |
| luf_cod_vdreal | Real dead space |
| luf_cod_vda | Anatom. dead space |
| luf_cod_vol_discard | Discard vol |
| luf_cod_vol_sample | Sample vol |
| luf_cod_vin_limit_onoff | VIN limit ON/OFF |
| luf_cod_vin_limit | VIN limit |
| luf_cod_vat | System dead space |
| luf_cod_vex | VEx |
| luf_cod_pmean | Pmean |


| luf_cod_bar_pr | Bar.Pressure |
| :---: | :---: |
| luf_cod_t_in | Insp. time |
| luf_cod_t_ex | Exp. time |
| luf_cod_rv_body | RV-Body |
| luf_cod_tlc_body | TLC-Body |
| luf_cod_rv_p_rvb | RV-SB\%RV-Body |
| luf_cod_error | ATS error codes |
| luf_cod_mayo_e | ATS+Mayo error codes |
| luf_cod_device | Measuring device |
| luf_cod_vda_a | Author Vda calculation |
| luf_cod_vc_max | VC max |
| luf_cod_dlco_p_pred | DLCO \% pred |
| luf_cod_kco_p_pred | DLCO-VA \% pred |
| luf_cod_vin_p_pred | VIN \% pred |
| luf_cod_dlcoc_p_pred | DLCOc \% pred |
| luf_cod_kcoc_p_pred | DLCOc/VA \% pred |
| luf_cod_gendate | Creation date of the entry |

LUFNOD
luf_nod_dm

| luf_nod_vc | capillary blood volume [ml] |
| :--- | :--- |
| luf_nod_dlnosb | diffusion capacity NO (single breath) | [mmol/min/kPa]

luf_nod_kno dif_no_dlnosb / VA - diffusion capacity NO (single breath) in relation to the Krogh-factor [mmol/min/kPa/L]
luf_nod_dnobsa dif_no_dlnosb/BSA - diffusion capacity NO (single breath) in relation to the body surface [ $\mathrm{mmol} / \mathrm{min} / \mathrm{kPa} / \mathrm{m} 2$ ]
luf_nod_dlcosb
luf_nod_dlcoc
luf_nod_kco
luf_nod_kcoc
luf_nod_dlcobsa
luf_nod_dlcocbsa
dif_no_dlcoc/VA - diffusion capacity CO (single breath) haemoglobin-corrected, in relation to the Krogh-factor [mmol/min/kPa/L]
dif_no_dlcosb/BSA diffusion capacity CO (single breath) - in relation to the body surface [ $\mathrm{mmol} / \mathrm{min} / \mathrm{kPa} / \mathrm{m} 2$ ]
diffusion capacity CO - haemoglobin-corrected in relation to the body surface
[ $\mathrm{mmol} / \mathrm{min} / \mathrm{kPa} / \mathrm{m} 2$ ]

| luf_nod_dlno3q | diffusion capacity $\mathrm{NO}(3 \mathrm{Q})$ [ $\mathrm{mmol} / \mathrm{min} / \mathrm{kPa}]$ |
| :---: | :---: |
| luf_nod_kno3q | dif_no_dlno3q/VA - diffusion capacity NO (3Q) in relation to the Krogh-factor [mmol/min/kPa/L] |
| luf_nod_dnobsa3q | dif_no_dlno3q/BSA - diffusion capacity NO (3Q) in relation to the body surface [ $\mathrm{mmol} / \mathrm{min} / \mathrm{kPa} / \mathrm{m} 2$ ] |
| luf_nod_dlco3q | diffusion capacity $\mathrm{CO}(3 \mathrm{Q})[\mathrm{mmol} / \mathrm{min} / \mathrm{kPa}]$ |
| luf_nod_dlcoc3q | diffusion capacity CO, haemoglobin-corrected (3Q) $[\mathrm{mmol} / \mathrm{min} / \mathrm{kPa}]$ |
| luf_nod_kco3q | dif_no_dlco3q/VA - diffusion capacity CO (3Q) in relation to the Krogh-factor [ $\mathrm{mmol} / \mathrm{min} / \mathrm{kPa} / \mathrm{L}$ ] |
| luf_nod_dlcobsa3q | dif_no_dlco3q/BSA diffusion capacity CO (3Q) in relation to the body surface [ $\mathrm{mmol} / \mathrm{min} / \mathrm{kPa} / \mathrm{m} 2$ ] |
| luf_nod_dlcocbsa3q | DLCOc 3Q/BSA diffusion capacity CO (3Q) -haemoglobin-corrected - in relation to the body surface $[\mathrm{mmol} / \mathrm{min} / \mathrm{kPa} / \mathrm{m} 2]$ |
| luf_nod_hb | haemoglobin [mmol/l] |
| luf_nod_p_cohb | carboxyhaemoglobin [\%] |
| luf_nod_frc_sb | functional residual capacity (single breath) [L] |
| luf_nod_rv_sb | residual volume [L] |
| luf_nod_tlc_sb | total lung capacity (helium) [L] |
| luf_nod_va_sb | alveolar ventilation (helium) [L] |


| luf_nod_rv_p_tlc | percentage of RV and TLC [\%] |
| :---: | :---: |
| luf_nod_frc_p_tc | percentage of FRC and TLC [\%] |
| luf_nod_erv_sb | expiratory reserve volume (single breath) [L] |
| luf_nod_ic_sb | inspiratory capacity [L] |
| luf_nod_error | ATS error codes |
| luf_nod_mayo_e | ATS+Mayo error codes |
| luf_nod_pmean | Pmean [kPa] |
| luf_nod_tests | Number of tests |
| luf_nod_fi_he | inhalation concentration He [\%] |
| luf_nod_fa_he | exhalation concentration He [\%] |
| luf_nod_fi_co | inhalation concentration CO [\%] |
| luf_nod_fa_co | exhalation concentration CO [\%] |
| luf_nod_fi_no | inhalation concentration NO [ppm] |
| luf_nod_fa_no | exhalation concentration NO [ppm] |
| luf_nod_fi_o2 | inhalation concentration O2 [\%] |
| luf_nod_fa_o2 | exhalation concentration O2 [\%] |


| luf_nod_ta | stopping time [s] |
| :---: | :---: |
| luf_nod_t_in | inhalation time [s] |
| luf_nod_t_ex | exhalation time [s] |
| luf_nod_vin | inspiratory Volumen [L] |
| luf_nod_vex | expiratory Volumen [L] |
| luf_nod_vcmax | VC max [L] |
| luf_nod_vat | apparatus-based dead space [ml] |
| luf_nod_vdreal | effective dead space [ml] |
| luf_nod_vda | anatomical dead space [ml] |
| luf_nod_bar_pr | air pressure [hpa] |
| luf_nod_alpha | Bunsen coefficient (Alpha) |
| luf_nod_theta | Theta CO [mmol/min/kPa/ml] |
| luf_nod_decay | NO decay [s] |
| luf_nod_qnoco | dif_no_dlnosb/dif_no_dlcosb - diffusion capacity NO (single breath)/ diffusion capacity CO (single breath) |
| luf_nod_dm_vc | Dm coeff.var. |
| luf_nod_vc_cv | Vc coeff.var. |


| luf_nod_gendate | Creation date of the entry |
| :---: | :---: |
| LUFIOS | impulse oscillometry |
| luf_ios_vt | tidal volume [L] |
| luf_ios_z5hz | respiratory impedance at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rc | central respiratory resistance $[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rp | distal respiratory resistance $[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_fres | resonant frequency [1/s] |
| luf_ios_cl | Clung |
| luf_ios_cb | Cbronchial |
| luf_ios_cw | Cwall |
| luf_ios_cm | Cmouth |
| luf_ios_lc | Lcentral |
| luf_ios_r5hz | total respiratory resistance at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_x5hz | distal capacitive reactance at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_r10hz | respiratory resistance (Rrs) at $10 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_x10hz | respiratory reactance ( Xrs ) at $10 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_r15hz | respiratory resistance (Rrs) at $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_x15hz | respiratory reactance ( Xrs ) at $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |


| luf_ios_r20hz | respiratory resistance (Rrs) at $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| :---: | :---: |
| luf_ios_x20hz | respiratory reactance (Xrs) at $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_r25hz | respiratory resistance (Rrs) at $25 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_x25hz | respiratory reactance ( Xrs ) at $25 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_r35hz | respiratory resistance (Rrs) at $35 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_x35hz | respiratory reactance ( Xrs ) at $35 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_ers | respiratory elastance [ $\mathrm{kPa} / \mathrm{L}$ ] |
| luf_ios_ax | area index [ $\mathrm{kPa} / \mathrm{L}]$ |
| luf_ios_bf | breathing frequency [1/min] |
| luf_ios_ai | Asthma Intellig. |
| luf_ios_dr5r20 | frequence dependency of Rrs-spectrum 5 to 20 Hz [\%] |
| luf_ios_mr5r20 | frequence dependency of Rrs-spectrum 5 to 20 Hz (mean) $[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_di5_20 | resistance difference 5 to $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_d5_15p | frequence dependency of Rrs-spectrum 5 to 15 Hz [\%] |
| luf_ios_mr5_15 | frequence dependency of Rrs-spectrum 5 to 15 Hz (mean) $[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |


| luf_ios_di5_15 | resistance difference 5 to $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| :---: | :---: |
| luf_ios_r30hz | respiratory resistance (Rrs) at $30 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_x30hz | respiratory reactance ( Xrs ) at $30 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_co5hz | coherence between impulsepressure and impulsestream at 5 Hz |
| luf_ios_co20hz | coherence between impulsepressure and impulsestream at 20 Hz |
| luf_ios_dx5 | delta mean of exspiratory and inspiratory reactancesamples at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_ptpx5 | delta peak of exspiratory and inspiratory reactancesamples at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_dstage | disease stage |
| luf_ios_g5 | respiratory conductance at $5 \mathrm{~Hz}[(1 / \mathrm{s}) / \mathrm{kPa}]$ |
| luf_ios_r1hz_mean | respiratory resistance (Rrs) at $1 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_r2hz_mean | respiratory resistance (Rrs) at $2 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_r3hz_mean | respiratory resistance ( Rrs ) at $3 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_r5hz_mean | respiratory resistance (Rrs) at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_r10hz_mean | respiratory resistance (Rrs) at $10 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_r15hz_mean | respiratory resistance (Rrs) at $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |


| luf_ios_r20hz_mean | respiratory resistance (Rrs) at $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| :---: | :---: |
| luf_ios_r25hz_mean | respiratory resistance (Rrs) at $25 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_r35hz_mean | respiratory resistance (Rrs) at $35 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_x1hz_mean | respiratory reactance ( Xrs ) at $1 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_x2hz_mean | respiratory reactance ( Xrs ) at $2 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_x3hz_mean | respiratory reactance ( Xrs ) at $3 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_x5hz_mean | respiratory reactance (Xrs) at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_x10hz_mean | respiratory reactance ( Xrs ) at $10 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_x15hz_mean | respiratory reactance ( Xrs ) at $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_x20hz_mean | respiratory reactance ( Xrs ) at $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_x25hz_mean | respiratory reactance ( Xrs ) at $25 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_x35hz_mean | respiratory reactance ( Xrs ) at $35 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_co1hz_mean | coherence between impulsepressure and impulsestream at 1 Hz |
| luf_ios_co2hz_mean | coherence between impulsepressure and impulsestream at 2 Hz |
| luf_ios_co3hz_mean | coherence between impulsepressure and impulsestream at 3 Hz |
| luf_ios_co5hz_mean | coherence between impulsepressure and impulsestream at 5 Hz | impulsestream at 5 Hz


| luf_ios_co10hz_mean | coherence between impulsepressure and impulsestream at 10 Hz |
| :---: | :---: |
| luf_ios_co15hz_mean | coherence between impulsepressure and impulsestream at 15 Hz |
| luf_ios_co20hz_mean | coherence between impulsepressure and impulsestream at 20 Hz |
| luf_ios_co25hz_mean | coherence between impulsepressure and impulsestream at 25 Hz |
| luf_ios_co35hz_mean | coherence between impulsepressure and impulsestream at 35 Hz |
| luf_ios_fres_mean | Resonant frequency |
| luf_ios_ax_mean | area index $[\mathrm{kPa} / \mathrm{L}]$ |
| luf_ios_rin1_inpara | respiratory resistance (Rrs) at $1 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_rin2_inpara | respiratory resistance (Rrs) at $2 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_rin3_inpara | respiratory resistance (Rrs) at $3 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_rin5_inpara | respiratory resistance (Rrs) at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_rin10_inpara | respiratory resistance (Rrs) at $10 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rin15_inpara | respiratory resistance (Rrs) at $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rin20_inpara | respiratory resistance (Rrs) at $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rin25_inpara | respiratory resistance (Rrs) at $25 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |


| luf_ios_rin35_inpara | respiratory resistance ( Rrs ) at $35 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| :---: | :---: |
| luf_ios_xin1_inpara | respiratory reactance ( Xrs ) at $1 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_xin2_inpara | respiratory reactance ( Xrs ) at $2 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_xin3_inpara | respiratory reactance ( Xrs ) at $3 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_xin5_inpara | respiratory reactance ( Xrs ) at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_xin10_inpara | respiratory reactance ( Xrs ) at $10 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xin15_inpara | respiratory reactance ( Xrs ) at $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xin20_inpara | respiratory reactance ( Xrs ) at $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xin25_inpara | respiratory reactance ( Xrs ) at $25 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xin35_inpara | respiratory reactance ( Xrs ) at $35 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_coin1_inpara | coherence between impulsepressure and impulsestream at 1 Hz |
| luf_ios_coin2_inpara | coherence between impulsepressure and impulsestream at 2 Hz |
| luf_ios_coin3_inpara | coherence between impulsepressure and impulsestream at 3 Hz |
| luf_ios_coin5_inpara | coherence between impulsepressure and impulsestream at 5 Hz |
| luf_ios_coin10_inpara | coherence between impulsepressure and impulsestream at 10 Hz |


| luf_ios_coin15_inpara | coherence between impulsepressure and impulsestream at 15 Hz |
| :---: | :---: |
| luf_ios_coin20_inpara | coherence between impulsepressure and impulsestream at 20 Hz |
| luf_ios_coin25_inpara | coherence between impulsepressure and impulsestream at 25 Hz |
| luf_ios_coin35_inpara | coherence between impulsepressure and impulsestream at 35 Hz |
| luf_ios_fresin_inpara | Resonant frequency |
| luf_ios_axi_inpara | area index $[\mathrm{kPa} / \mathrm{L}]$ |
| luf_ios_rex1_expara | respiratory resistance (Rrs) at $1 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_rex2_expara | respiratory resistance ( Rrs ) at $2 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rex3_expara | respiratory resistance ( Rrs ) at $3 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rex5_expara | respiratory resistance ( Rrs ) at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rex10_expara | respiratory resistance ( Rrs ) at $10 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rex15_expara | respiratory resistance (Rrs) at $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rex20_expara | respiratory resistance (Rrs) at $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rex25_expara | respiratory resistance (Rrs) at $25 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_rex35_expara | respiratory resistance (Rrs) at $35 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |


| luf_ios_xex1_expara | respiratory reactance (Xrs) at $1 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| :---: | :---: |
| luf_ios_xex2_expara | respiratory reactance ( Xrs ) at $2 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_xex3_expara | respiratory reactance ( Xrs ) at $3 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xex5_expara | respiratory reactance ( Xrs ) at $5 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})]$ |
| luf_ios_xex10_expara | respiratory reactance ( Xrs ) at $10 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xex15_expara | respiratory reactance ( Xrs ) at $15 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xex20_expara | respiratory reactance ( Xrs ) at $20 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xex25_expara | respiratory reactance ( Xrs ) at $25 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_xex35_expara | respiratory reactance ( Xrs ) at $35 \mathrm{~Hz}[\mathrm{kPa} /(\mathrm{L} / \mathrm{s})$ ] |
| luf_ios_coex1_expara | coherence between impulsepressure and impulsestream at 1 Hz |
| luf_ios_coex2_expara | coherence between impulsepressure and impulsestream at 2 Hz |
| luf_ios_coex3_expara | coherence between impulsepressure and impulsestream at 3 Hz |
| luf_ios_coex5_expara | coherence between impulsepressure and impulsestream at 5 Hz |
| luf_ios_coex10_expara | coherence between impulsepressure and impulsestream at 10 Hz |
| luf_ios_coex15_expara | coherence between impulsepressure and impulsestream at 15 Hz |


| luf_ios_coex20_expara | coherence between impulsepressure and impulsestream at 20 Hz |
| :---: | :---: |
| luf_ios_coex25_expara | coherence between impulsepressure and impulsestream at 25 Hz |
| luf_ios_coex35_expara | coherence between impulsepressure and impulsestream at 35 Hz |
| luf_ios_fresex_expara | Resonant frequency |
| luf_ios_axe_expara | area index [ $\mathrm{kPa} / \mathrm{L}$ ] |
| luf_ios_gendate | Creation date of the entry |
| VAE <br> VAEOPD | Determination of the ankle-brachial index and pulse wave analysis Vascular stiffness measurement |
| vae_beg | Start |
| vae_usnr | observer |
| vae_usnr2_jn | 2. examiner(s)? |
|  | $\begin{aligned} & 0 \text { - No } \\ & 1 \text { - Yes } \end{aligned}$ |
| vae_usnr2 | examiner 2 |
| vae_grid | Device ID |
| vae_amp | Are there any amputations of an extremity (leg, arm)? |
|  | $0-\mathrm{no}$ |
|  | 1 - both sides |
|  | 2 - left only |
|  |  |
| vae_dia | Are you a dialysis patient and do you have a dialysis shunt? |

vae_lym
vae_laeh
vae_wun
vae_gip
vae_thr
vae_ver
vae_lie
vae_aus

Are you known to have lymphedema or lymphatic congestion?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - both sides } \\
& 2 \text { - left only } \\
& 3 \text { - right only }
\end{aligned}
$$

Do you have any leg or arm paralysis?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - both sides } \\
& 2 \text { - left only } \\
& 3 \text { - right only }
\end{aligned}
$$

Do you have any open wounds or sites on your lower legs or upper arms?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - both sides } \\
& 2 \text { - left only } \\
& 3 \text { - right only }
\end{aligned}
$$

Is there a cast on the arm or leg?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - both sides } \\
& 2 \text { - left only } \\
& 3 \text { - right only }
\end{aligned}
$$

Are you wearing antithrombotic or support stockings that cannot be removed?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - both sides } \\
& 2 \text { - left only } \\
& 3 \text { - right only }
\end{aligned}
$$

Is there another arm or leg bandage that cannot be removed?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - both sides } \\
& 2 \text { - left only } \\
& 3 \text { - right only }
\end{aligned}
$$

Do you have trouble lying flat?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Are there any other reasons for exclusion?

| vae_wel | What are they? |
| :---: | :---: |
| vae_dur | Can the examination be performed? |
|  | 1 - yes, both sides |
|  | 2 - only left |
|  | 3 - right only |
|  | 0 - no |
| vae_tem | Current room temperature |
| vae_lze | Start of recumbency |
| vae_aum | Arm circumference |
| vae_vob | Upper arm cuff used (if in doubt, use smaller cuff) |
|  | 0 - small: for arm circumference 19 - $28.9 \mathrm{~cm}$ |
|  | 1 - medium: for arm circumference 29 $-40.9 \mathrm{~cm}$ |
|  | 2 - large: for arm circumference 41 50 cm |
| vae_mes1 | Body dimensions: distance 1 measured (jugulum ->upper arm cuff) |
| vae_mes2 | Body dimensions: distance 2 measured (jugulum ->symphysis) |
| vae_mes3 | Body dimensions: distance 3 measured (symphysis ->center of ankle cuff) |
| vae_mes4 | Body dimensions: distance 4 calculated (jugulum $->$ center of ankle cuff $=$ distance $2+$ distance 3 ) |
| vae_mkd | Were all measurements correctly performed? |
|  | $0 \text { - No }$ |
|  |  |

vae_blp
vae_grwblp
vae_wblp
vae_brp
vae_grwbrp
vae_wbrp
vae_irp
vae_grwirp

ABI measurement performed on left side without problems?

0 - yes
1 - no - one measurement repetition necessary
2 - no - no measurement possible
3 - no - second measurement repetition failed

Reason for repetition/non-performance
0 - Abort by device
1 - Poor quality of measurement
2 - Other

Which?

ABI measurement performed on the right without problems?

0 - yes
1 - no - one measurement repetition necessary
2 - no - no measurement feasible
3 - no - second measurement repetition failed

Reason for repetition/non-feasibility
0 - Abort by device
1 - Poor quality of measurement
2 - Other
Which?

AIX measurement performed on the right side without problems?

0 - yes
1 - no - one measurement repetition necessary
2 - no - no measurement can be performed
3 - no - AIX measurement performed on the left

Reason for repetition/not feasible

> 0 - Abort by device
> 1 - Poor quality of measurement 2 - Other

Which?

| vae_bsnr | Are there any special features? |
| :---: | :---: |
|  | 0 - No |
|  | 1 - Yes |
| vae_besmdk | Manual data export (ankle-brachial index) |
|  | 0 - No |
|  | 1 - Yes |
| vae_besmdp | Manual data export (pulse wave analysis) |
|  | 0 - No |
|  | 1 - Yes |
| vae_bess | Other |
|  | 0 - No |
|  | 1 - Yes |
| vae_bessw | Which? |
| vae_end | End of examination |
| VAEMES | Vascular stiffness measurement: data |
| vae_mes_date | date of examination |
| vae_mes_studystatus | study status |
| vae_mes_hr | Heart rate |
| vae_mes_11 | Distance jugulum - brachialis (middle of upper arm cuff) |
| vae_mes_12 | Distance jugulum - symphysis |
| vae_mes_13 | Distance Jugulum - Ankle (middle cuff lower leg) |
| vae_mes_la | Statistically calculated length L1 |
| vae_mes_lb | Statistically calculated length L3 |

\(\left.\left.$$
\begin{array}{ll}\text { vae_mes_ptt } & \begin{array}{l}\text { Pulse transit time -time from the start of the } \\
\text { diastolic pulse wave on the arm to the start of the } \\
\text { diastolic pulse wave on the leg. }\end{array} \\
\text { vae_mes_ed } & \begin{array}{l}\text { Ejection Duration - Time from the base of the } \\
\text { diastolic pulse wave to the first significant } \\
\text { change in rise on the falling flank. }\end{array} \\
\text { vae_mes_rt } & \begin{array}{l}\text { Return Time - Time from the base of the } \\
\text { suprasystolic pulse wave to the calculated base of } \\
\text { the reflected pulse wave. }\end{array}
$$ <br>

sastolic blood pressure A. Brachialis\end{array}\right\} $$
\begin{array}{l}\text { Mean arterial pressure A. Brachialis }\end{array}
$$\right\}\)| Diastolic blood pressure A. Brachialis |
| :--- |

```
vae_mes_pwv_ao
vae_mes_pwv_cf
vae_mes_aix_ao
vae_mes_aix_ao75
vae_mes_aix_br
vae_mes_rb_occ
vae_mes_rb_sys
vae_mes_rb_map
vae_mes_rb_dias
vae_mes_rb_pp
vae_mes_ra_occ
vae_mes_ra_sys
vae_mes_ra_map
vae_mes_ra_dias
vae_mes_ra_pp
vae_mes_lb_occ
vae_mes_lb_sys
AIx aortal
PWV aortal
PWV carotis-femoralis (approximated)
AIx aortal normalized to a heart rate of 75/min
Right arm occlusion pressure (brachial)
AIx A. Brachialis
Right arm Systolic blood pressure (brachial)
Right arm Mean arterial pressure (brachial)
Right arm Diastolic blood pressure (brachial)
Right arm pulse pressure (brachial)
Right leg occlusion pressure (ankle)
Right leg Systolic blood pressure (ankle)
Right leg Mean arterial pressure (ankle)
Right leg Diastolic blood pressure (ankle)
Right leg Pulse pressure (ankle)
Left arm occlusion pressure (brachial)
Left arm Systolic blood pressure (brachial)
```

| vae_mes_lb_map | Left arm Mean arterial pressure (brachial) |
| :---: | :---: |
| vae_mes_lb_dias | Left arm Diastolic blood pressure (brachial) |
| vae_mes_lb_pp | Left arm Pulse pressure (brachial) |
| vae_mes_la_occ | Left leg Occlusion pressure (ankle) |
| vae_mes_la_sys | Left leg Systolic blood pressure (ankle) |
| vae_mes_la_map | Left leg Mean arterial pressure (ankle) |
| vae_mes_la_dias | Left leg Diastolic blood pressure (ankle) |
| vae_mes_la_pp | Left leg Pulse pressure (ankle) |
| vae_mes_r_abi | Determined ABI right side |
| vae_mes_l_abi | Determined ABI left side |
| vae_mes_oszi | Occlusion pressure ( 0 - occlusion pressure was determined plethysmographically; 1 - occlusion pressure was determined oscillometrically) |
| vae_mes_aixman | Parameter determination AIX ( 0 - all parameters were determined automatically; 1 - changes were made by a user) |
| vae_mes_abiman | ABI parameter determination (0 - all parameters were determined automatically; 1 - changes were made by a user) |
| vae_mes_vascage | Vessel age determined from PWV_ao and AIx_ao |

vae_mes_pwv_ao_age
vae_mes_aix_ao_age
vae_mes_pwv_ba2_age

## BIAGES

BIA
bia_beg
bia_usnr
bia_usnr2_jn
bia_usnr2
bia_id
bia_herz
bia_seite
bia_bsnr
bia_note
bia_end
BIAMES

Vessel age determined from AIx_ao

Vessel age determined from PWV_ba2

## BIA <br> body impedance analysis (bioelectrical impedance analysis)

Start of the BIA examination
examiner

2nd examiner? $y / n$
0 - no
1 - yes
2nd examiner
device \#

Do you have a pace maker?
1 - Yes
2 - No
998 - do not know
999 - refused to answer
On which side of the body was the BIA performed?

1 - right
2 - left
9 - on no side
Remarks
0 - no
1 - yes
Which?

End
body impedance analysis measurements

| bia_widerstand50 | BIA: water resistance at 50 kHz (ohm) |
| :---: | :---: |
| bia_reaktanz50 | BIA: cell resistance at 50 kHz (ohm) |
| bia_handwiderstand | BIA: hand opposition (ohm) |
| bia_fusswiderstand | BIA: foot opposition (ohm) |
| bia_pruefsumme | BIA: checksum |
| bia_koerperwasser | BIA: body water (l) |
| bia_magermasse | BIA: lean body mass (kg) |
| bia_ecm | BIA: extracellular mass (kg) |
| bia_bcm | BIA: body cell mass (kg) |
| bia_ecm_bem_index | BIA: quotient of ECM and BCM |
| bia_zellanteil_prozent | BIA: BCM share in the lean body mass (\%) |
| bia_grundumsatz | BIA: energy consumption at rest (Kcal) |
| bia_phasenwinkel | BIA: phase angle ( ${ }^{\circ}$ ) |
| bia_koerperfett_unkorr_in_kg | BIA: body fat uncorrected (kg) |
| ORTHOGES | Ortho |
| ORTHO | Orthostatism |
| ortho_beg | Start |
| ortho_usnr | Examiner |


| ortho_usnr2_jn | 2nd examiner? |  |
| :---: | :---: | :---: |
|  |  | 0 - no |
|  |  | 1 - yes |
| ortho_usnr2 | examiner 2 |  |
| ortho_bsnr | Remarks |  |
|  |  | 0 - without special events |
|  |  | 1 - special occurrence |
|  |  | 8 - not measurable |
| ortho_note | Remarks |  |
| ortho_grid | Device ID |  |
| ortho_tem | room temperature ( ${ }^{\circ} \mathrm{C}$ ) |  |
| ortho_end | End |  |
| IMA | clinic internal medici | astroenterology |
| STU | stool sample |  |
| STUOPD | STU: operational data |  |
| stu_opd01 | STU: examiner |  |
| stu_opd_deftime_yn | time of defecation available |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| stu_opd_deftime | time of defecation |  |
| stu_opd02 | STU: start |  |
| stuopd_nativ | native probe |  |
|  |  | 0 - sample is missing |
|  |  | 1 - sample not usable |



| MRT | MRT |
| :---: | :---: |
| MRTUNT | MRT examination |
| MRTALLG | MRT Ablauf und allg. Daten |
| mrt_allg_uday | MRI examination day |
| mrt_allg_da | Did the subject appear? |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_aufnu | At what time did the recording take place? |
| mrt_allg_klaeu | clarification at |
| mrt_allg_klaer | Clarified by |
| mrt_unters_von | examined by |
| mrt_allg_absaus1 | absolute exclusion criteria: medical implants, without MRI compatibility |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus2 | absolute exclusion criteria: cardiac pacemaker |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus3 | absolute exclusion criteria: metal splinters or vascular clips |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus4 | absolute exclusion criteria: vena-cava filters |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus5 | absolute exclusion criteria: neurostimulators |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus6 | absolute exclusion criteria: drug pump |


|  | $\begin{aligned} & 1 \text { - yes } \\ & 0 \text { - no } \end{aligned}$ |
| :---: | :---: |
| mrt_allg_absaus7 | absolute exclusion criteria: extensive tattoos |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus8 | absolute exclusion: pregnancy |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus9 | absolute exclusion criteria: too thick |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus10 | absolute exclusion criteria: material of implant/prosthesis/arthroplasty unknown |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus0 | absolute exclusion: other reason |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_absaus0a | naming of other absolute exclusion |
| mrt_allg_relaus1 | relative exclusion criteria: claustrophobia |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_relaus2 | relative exclusion criteria: renal dysfunction |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_relaus3 | relative exclusion criteria: a positive history of allergy |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_relaus4 | relative exclusion criteria: known allergic reactions to MRI KM |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_relaus5 | relative exclusion criteria: allergic asthma |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_relaus11 | Relative exclusion criteria: Multiple sclerosis |


|  |  | $\begin{aligned} & 1-\text { yes } \\ & 0 \text { - no } \end{aligned}$ |
| :---: | :---: | :---: |
| mrt_allg_relaus6 | relative exclusion criteria: artificial heart valves |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| mrt_allg_relaus7 | relative exclusion criteria: vascular clips/stents |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| mrt_allg_relaus8 | relative exclusion criteria: prostheses |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| mrt_allg_relaus9 | relative exclusion criteria: piercing |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| mrt_allg_relaus10 | relative exclusion: subject rejects experiment |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| mrt_allg_relaus0 | relative exclusion: other reason |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| mrt_allg_relaus0a | naming of other relative exclusion |  |
| mrt_allg_nbego | Can the examination take place? |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| mrt_modul_gk | Whole body |  |
|  |  | 1 - Yes |
|  |  | $0-\mathrm{No}$ |
| mrt_modul_herz | modul: heart |  |
|  |  | 1 - Yes |
|  |  | $0-\mathrm{No}$ |
| mrt_modul_angio | modul: angiography |  |
|  |  | 1 - Yes |
|  |  | $0-\mathrm{No}$ |
| mrt_allg_modul_mamma | module: breast |  |
|  |  | 1 - Yes |
|  |  | $0-\mathrm{No}$ |


| mrt_allg_mgsp | client in mammography-screening programme. |
| :---: | :---: |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_conspicmgsp | consent to access picture of mammography-screening |
|  | 1 - Yes |
|  | 0 - No |
| mrt_modul_knee | Module: Knee |
|  | 1 - yes |
|  | 0 - no |
| mrt_modul_hand | Module: Hand |
|  | 1 - Yes |
|  | 0 - No |
| mrt_allg_meno | Are you in menopause? |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_einw1 | Has the subject given consent to the MRI examination? |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_einw2 | Is the subject aware that false-positive results are possible? |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_befu | Does he want to be informed of findings? |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_bild | Is the treating physician allowed to request the MRI images? |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_einw3 | The subject has given his consent for contrast media? |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_start | start of the MRI examination |
| mrt_allg_ende | end of the MRI examination |


| mrt_allg_anza | number of images |
| :---: | :---: |
| mrt_allg_krea | What is creatinine? |
| mrt_allg_gfr | GFR value (calculation + read-only field) |
| mrt_allg_krday | When the creatinine was determined (day)? |
| mrt_allg_km | contrast medium (Gadovist) |
|  | $\begin{aligned} & 1 \text { - yes } \\ & 0 \text { - no } \end{aligned}$ |
| mrt_allg_kmarzt | injected by |
| mrt_allg_kmu | administration of contrast medium at |
| mrt_allg_kmml | administration of contrast medium in ml |
| mrt_allg_allre | Allergic reaction |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_allrean | description |

mrt_modul_gk_status Module Whole Body Status
mrt_modul_knee_status
mrt_modul_hand_status
mrt_modul_heart_status

Module Knee Status

> 1 - performed
> 0 - not performed
> 2 - aborted
description

Module Whole Body Status

1 - performed
0 - not performed
2 - aborted

Module Hand Status

Module Heart Status

1 - performed
0 - not performed
2 - aborted

1 - performed

| mrt_modul_angio_status | Module Angiography Status |
| :---: | :---: |
|  | 1 - performed <br> 0 - not performed <br> 2 - aborted |
| mrt_modul_mamma_status | Module Mamma Status |
|  | 1 - performed <br> 0 - not performed <br> 2 - aborted |
| mrt_allg_abbrg1 | Why was the examination stopped: Endurance |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_abbrg2 | Why was the examination stopped: Pain |
|  | 1 - Yes |
|  | 0 - No |
| mrt_allg_abbrg3 | Why was the examination aborted: claustrophobia |
|  | 1 - Yes |
|  | 0 - No |
| mrt_allg_abbrg4 | Why was the examination aborted: Nausea |
|  | 1 - Yes |
|  | 0 - No |
| mrt_allg_abbrg5a | Were there other reasons to stop the investigation? |
|  | 1-Yes |
|  | 0 - No |
| mrt_allg_abbrg5b | other reasons for termination: |
| mrt_allg_beso1 | specific features |
|  | 1 - yes |
|  | 0 - no |
| mrt_allg_beso | Which? |
| mrt_allg_newcontact | Is a new a appointment needed? |
|  | 1 - yes |
|  | 0 - no |
| mrt_pain_sevendays | Have you had any pain in the last 7 days? |

mrt_pain_sevendays
Have you had any pain in the last 7 days?

|  |  | $\begin{aligned} & 1-\text { yes } \\ & 0 \text { - no } \end{aligned}$ |
| :---: | :---: | :---: |
| mrt_pain_threemonths | Have you had this pain for more than 3 months? |  |
|  |  | $\begin{aligned} & 1 \text { - yes } \\ & 0 \text { - no } \end{aligned}$ |
|  |  |  |
| mrt_handout_painlog | Pain diary given to the subject |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |
| mrt_ref_painlog | Pain diary denied |  |
|  |  | 1 - yes |
|  |  | 0 - no |
| mrt_allg_gega | gone at |  |
| MRTADHOC | MRT ad hoc findings |  |
| mrt_adhoc_beg | start findings |  |
| mrt_adhoc_usnr | examiner number |  |
| mrt_adhoc_bef | Are there inputs for this subject? |  |
|  |  | 1 - Yes |
|  |  | $0-\mathrm{No}$ |
| mrt_adhoc_bl | Was a head bleed detected? |  |
|  |  | 1 - Yes |
|  |  | $0 \text { - No }$ |
|  |  | $2-\operatorname{not}$ |
| mrt_adhoc_is | Was a fresh ischaemia detected? |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
|  |  | $2-\operatorname{not}$ |
| mrt_adhoc_pneu | Was pneumonia detected? |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
|  |  | $2-\operatorname{not}$ |
| mrt_adhoc_pnth | Was a pneumothorax detected? |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
|  |  | 2 - not cap |
| mrt_adhoc_entz | Were acute inflammatory change | ted? |


mrt_saq_seiten_u
mrt_saq_hilfe_a
mrt_saq_seiten_a
mrt_saq_voll
mrt_saq_bsnr

Help was given for the following pages of the questionnaire MRI by examiner:

Help in filling out the questionnaire MRI by relatives

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

Help was given for the following pages of the questionnaire MRI by relatives:

Questionnaire MRT completely filled out

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

Special features
0 - No
1 - Yes
mrt_saq_sonst_note
mrt_saq_end
End

MRTSAQHAND
mrt_saq_hand_beg
mrt_saq_hand_usnr
mrt_saq_hand_ab
mrt_saq_hand_verw
mrt_saq_hand_post

Questionnaire MRI hand submitted

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

Questionnaire MRI hand refused
$0-\mathrm{No}$
MRTSAQHAND: MRT Fragebogen Hand

Start

Examiner Questionnaire MRI hand refused

$$
1-\mathrm{Yes}
$$

Questionnaire MRI hand given home

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

mrt_saq_hand_hilfe_u
mrt_saq_hand_seiten_u
mrt_saq_hand_hilfe_a
mrt_saq_hand_seiten_a
mrt_saq_hand_voll
mrt_saq_hand_bsnr
mrt_saq_hand_sonst_note
mrt_saq_hand_end
End

## MRTBEF <br> MRTGES

mrt_ges_beg
mrt_ges_usnr
mrt_ges_bef
mrt_ges_head_bef
head
$1-$ Yes
$0-$ No
ischemia

|  |  | $\begin{aligned} & 1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| :---: | :---: | :---: |
| mrt_ges_head_isch_bek | Comparison to previous examination | 0 - New <br> 1 - Previously known |
| mrt_ges_head_isch_besch | Description of findings: |  |
| mrt_ges_head_isch_empf | recommendation |  |
| mrt_ges_head_haem | Intracranial hemorrhage |  |
|  |  | $\begin{aligned} & 1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| mrt_ges_head_haem_bek | Comparison to previous examination |  |
|  |  | $0 \text { - New }$ |
|  |  | 1 - Previously known |
| mrt_ges_head_haem_besch | Description of findings: |  |
| mrt_ges_head_haem_empf | recommendation |  |
| mrt_ges_head_tum | intracranial tumours |  |
|  |  | 1 - Yes |
|  |  | $0-\mathrm{No}$ |
| mrt_ges_head_tum_bek | Comparison to previous examination |  |
|  |  | $0 \text { - New }$ |
|  |  | 1 - Previously known |
| mrt_ges_head_tum_besch | Description of findings: |  |
| mrt_ges_head_tum_empf | recommendation |  |
| mrt_ges_head_pile | pituitary lesion |  |
|  |  | 1-Yes |
|  |  | $0-\mathrm{No}$ |
| mrt_ges_head_pile_bek | Comparison to previous examination |  |
|  |  | $0 \text { - New }$ |
|  |  | 1 - Previously known |
| mrt_ges_head_pile_besch | Description of findings: |  |


| mrt_ges_head_pile_empf | recommendation |  |
| :---: | :---: | :---: |
| mrt_ges_head_hyce | hydrocephalus |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrt_ges_head_hyce_bek | Comparison to previous examination |  |
|  |  | 0 - New |
|  |  | 1 - Previously known |
| mrt_ges_head_hyce_besch | Description of findings: |  |
| mrt_ges_head_hyce_empf | recommendation |  |
| mrt_ges_head_vama | vascular malformations |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrt_ges_head_vama_bek | Comparison to previous examination |  |
|  |  | 0 - New |
|  |  | 1 - Previously known |
| mrt_ges_head_vama_besch | Description of findings: |  |
| mrt_ges_head_vama_empf | recommendation |  |
| mrt_ges_head_misc | miscellany |  |
|  |  | 1 - Yes |
|  |  | $0 \text { - No }$ |
| mrt_ges_head_misc_bek | Comparison to previous examination |  |
|  |  | 0 - New |
|  |  | 1 - Previously known |
| mrt_ges_head_misc_besch | Description of findings: |  |
| mrt_ges_head_misc_empf | recommendation |  |
| mrt_ges_neck_bef | neck |  |
|  |  | 1 - yes |
|  |  | 0 - no |

mrt_ges_head_hyce
mrt_ges_head_hyce_bek
mrt_ges_head_hyce_besch
mrt_ges_head_hyce_empf
mrt_ges_head_vama
mrt_ges_head_vama_bek
mrt_ges_head_vama_besch
mrt_ges_head_vama_empf
mrt_ges_head_misc

Comparison to previous examination
0 - New
1 - Previously known
Description of findings:
recommendation
neck
1 - yes
0 - no

| mrt_ges_neck_nohl | cystic and solid lesion of naso-, oro-, hypopharynx, larynx |  |
| :---: | :---: | :---: |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrt_ges_neck_nohl_bek | Comparison to previous examination |  |
|  |  | 0 - New |
|  |  | 1 - Previously known |
| mrt_ges_neck_nohl_besch | Description of findings: |  |
| mrt_ges_neck_nohl_empf | recommendation |  |
| mrt_ges_neck_sagl | cystic and solid lesion of salivary gland |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrt_ges_neck_sagl_bek | Comparison to previous examination |  |
|  |  | 0 - New |
|  |  | 1 - Previously known |
| mrt_ges_neck_sagl_besch | Description of findings: |  |
| mrt_ges_neck_sagl_empf | recommendation |  |
| mrt_ges_neck_thgl | Thyroid gland (goiter with tracheal constriction, solid mass) |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrt_ges_neck_thgl_bek | Comparison to previous examination |  |
|  |  | $0 \text { - New }$ |
|  |  | 1 - Previously known |
| mrt_ges_neck_thgl_besch | Description of findings: |  |
| mrt_ges_neck_thgl_empf | recommendation |  |
| mrt_ges_neck_lyap | cervical lymphadenopathy ( $>15 \mathrm{~mm}$ SD) |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrt_ges_neck_lyap_bek | Comparison to previous examination |  |

mrt_ges_neck_lyap_bek Comparison to previous examination

0 - New

Description of findings:
mrt_ges_neck_lyap_empf
mrt_ges_neck_misc
miscellany
1 - Yes
0 - No
mrt_ges_neck_misc_bek
mrt_ges_neck_misc_besch
mrt_ges_neck_misc_empf
mrt_ges_thor_bef
thorax
1 - Yes
0 - No
intrapulmonary space occupying ( $>5 \mathrm{~mm}$ )
1 - Yes
0 - No
mrt_ges_thor_ipso_bek
mrt_ges_thor_ipso_besch
mrt_ges_thor_ipso_empf
mrt_ges_thor_epvd
Comparison to previous examination
0 - New
1 - Previously known
Description of findings:
recommendation
extended pulmonary ventilation disorders or infiltrates

1 - Yes
0 - No
Comparison to previous examination
0 - New
1 - Previously known
mrt_ges_thor_epvd_besch
mrt_ges_thor_epvd_empf recommendation
mrt_ges_thor_hmalyap
mrt_ges_thor_hmalyap_bek
mrt_ges_thor_hmalyap_besch
mrt_ges_thor_hmalyap_empf
mrt_ges_thor_plpr
mrt_ges_thor_plpr_bek
mrt_ges_thor_plpr_besch
mrt_ges_thor_plpr_empf
mrt_ges_thor_misc
mrt_ges_thor_misc_bek
mrt_ges_thor_misc_besch
mrt_ges_thor_misc_empf
mrt_ges_uagit_bef

Comparison to previous examination
0 - New
0 - New
1 - Previously known
Description of findings:
Description of findings:
hilar, mediastinal or axillary lymphadenopathy ( $>15 \mathrm{~mm} \mathrm{SD}$ ) and space occupying

1 - Yes
0 - No
recommendation
pleural processes (effusion, space occupying)
1 - Yes
0 - No

Comparison to previous examination
0 - New
1 - Previously known
Description of findings:
recommendation
miscellany

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\text { No }
\end{aligned}
$$

Comparison to previous examination
0 - New
1 - Previously known
Description of findings:
recommendation
upper abdomen and gastro-intestinal tract

|  |  | $\begin{aligned} & 1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| :---: | :---: | :---: |
| mrt_ges_uagit_liv | liver (cystic or solid liver lesions, structural parenchymal changes) |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrt_ges_uagit_liv_bek | Comparison to previous examination |  |
|  |  | $0-\text { New }$ |
|  |  | 1 - Previously known |
| mrt_ges_uagit_liv_besch | Description of findings: |  |
| mrt_ges_uagit_liv_empf | recommendation |  |
| mrt_ges_uagit_bidu | bile ducts (cholestasis, chronic cholecystitis) |  |
|  |  | 1 - Yes |
|  |  | $0-\mathrm{No}$ |
| mrt_ges_uagit_bidu_bek | Comparison to previous examination |  |
|  |  |  |
|  |  | 1 - Previously known |
| mrt_ges_uagit_bidu_besch | Description of findings: |  |
| mrt_ges_uagit_bidu_empf | recommendation |  |
| mrt_ges_uagit_panc | pancreas (lesions) |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrt_ges_uagit_panc_bek | Comparison to previous examination |  |
|  |  |  |
|  |  | 1 - Previously known |
| mrt_ges_uagit_panc_besch | Description of findings: |  |
| mrt_ges_uagit_panc_empf | recommendation |  |
| mrt_ges_uagit_sple | spleen (lesion/splenomegaly in combination with lymphoma) |  |
|  |  | 1 - Yes |
|  |  | $0-\mathrm{No}$ |

Comparison to previous examination

$$
\begin{aligned}
& 0-\text { New } \\
& 1 \text { - Previously known }
\end{aligned}
$$

mrt_ges_uagit_sple_bek
mrt_ges_uagit_sple_besch
mrt_ges_uagit_sple_empf
mrt_ges_uagit_git
mrt_ges_uagit_git_bek
mrt_ges_uagit_sple_besch
mrt_ges_uagit_sple_empf
mrt_ges_uagit_git
mrt_ges_uagit_git_bek
mrt_ges_uagit_sple_be
mrt_ges_uagit_sple_em
mrt_ges_uagit_git
mrt_ges_uagit_git_bek
mrt_ges_uagit_sple_be
mrt_ges_uagit_sple_em
mrt_ges_uagit_git
mrt_ges_uagit_git_bek
mrt_ges_uagit_git_besch
mrt_ges_uagit_git_empf
mrt_ges_uagit_aplyap
mrt_ges_uagit_aplyap_bek
mrt_ges_uagit_aplyap_besch
mrt_ges_uagit_aplyap_empf
mrt_ges_uagit_misc
mrt_ges_uagit_misc_bek
miscellany
$1-\mathrm{Yes}$
$0-\mathrm{No}$

Comparison to previous examination
0 - New
1 - Previously known
Description of findings:
mrt_ges_uagit_misc_empf
mrt_ges_uros_bef
mrt_ges_uros_kid
mrt_ges_uros_kid_bek
mrt_ges_uros_kid_besch
mrt_ges_uros_kid_empf
mrt_ges_uros_adgl
mrt_ges_uros_adgl_bek
mrt_ges_uros_adgl_besch
mrt_ges_uros_adgl_empf
mrt_ges_uros_hyne
mrt_ges_uros_hyne_bek
mrt_ges_uros_hyne_besch
mrt_ges_uros_hyne_empf
recommendation
urological system

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

kidney (kidney cysts $>$ Bosniak 2f, renal tumor)
1 - Yes
0 - No

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
adrenal glands (space occupying $>1 \mathrm{~cm}$ )
$1-\mathrm{Yes}$
$0-\mathrm{No}$

Comparison to previous examination

> 0 - New
> 1 - Previously known

Description of findings:
recommendation
hydronephrosis
1 - Yes
0 - No

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
mrt_ges_uros_blad
mrt_ges_uros_blad_bek
mrt_ges_uros_blad_besch
mrt_ges_uros_blad_empf
mrt_ges_uros_misc
mrt_ges_uros_misc_bek
mrt_ges_uros_misc_besch
mrt_ges_uros_misc_empf
mrt_ges_mgo_bef
mrt_ges_mgo_pros
mrt_ges_mgo_pros_bek
mrt_ges_mgo_pros_besch
mrt_ges_mgo_pros_empf
mrt_ges_mgo_ctes
bladder (space occupying)
1 - Yes
0 - No

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
miscellany
1 - Yes
0 - No

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
male genital organs
1 - Yes
0 - No
prostate (intravesical growth, malignant lesion)
1 - Yes
0 - No

Comparison to previous examination

> 0 - New
> 1 - Previously known

Description of findings:
recommendation
changes of testicles, epididymis, scrotum

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

mrt_ges_mgo_ctes_bek
mrt_ges_mgo_ctes_besch
mrt_ges_mgo_ctes_empf
mrt_ges_fgo_bef
mrt_ges_fgo_utc
mrt_ges_fgo_utc_bek
mrt_ges_fgo_utc_besch
mrt_ges_fgo_utc_empf
mrt_ges_fgo_ovar
mrt_ges_fgo_ovar_bek
mrt_ges_fgo_ovar_besch
mrt_ges_fgo_ovar_empf
mrt_ges_fgo_bre

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
female genital organs
1 - Yes
0 - No
uterus and cervix
1 - Yes
0 - No

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
ovaries (difficult zysts, space occupying)
1 - Yes
0 - No

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
lesion of the breasts $>$ BI-RADS 3
$1-\mathrm{Yes}$
$0-\mathrm{No}$

Comparison to previous examination
0 - New
1 - Previously known
mrt_ges_fgo_bre_besch
mrt_ges_fgo_bre_empf
mrt_ges_fgo_misc
mrt_ges_fgo_misc_bek
mrt_ges_fgo_misc_besch
mrt_ges_fgo_misc_empf
mrt_ges_mss_bef
mrt_ges_mss_iso
mrt_ges_mss_iso_bek
mrt_ges_mss_iso_besch
mrt_ges_mss_iso_empf
mrt_ges_mss_sten
mrt_ges_mss_sten_bek
mrt_ges_mss_sten_besch

Description of findings:
recommendation
miscellany

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
musculoskeletal system
1 - yes
0 - no
intraspinal space occupying
1 - yes
0 - no

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation

Absolute spinal stenosis with myelon compression

$$
1 \text { - yes }
$$

$$
0 \text { - no }
$$

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
mrt_ges_mss_sten_empf
mrt_ges_mss_bole
mrt_ges_mss_bole_bek
mrt_ges_mss_bole_besch
mrt_ges_mss_bole_empf
mrt_ges_mss_stpr
mrt_ges_mss_stpr_bek
mrt_ges_mss_stpr_besch
mrt_ges_mss_stpr_empf
mrt_ges_mss_mw6
mrt_ges_mss_mw6_besch Description of findings:
mrt_ges_mss_mw6_empf
mrt_ges_heve_bef

0 - no

$$
0 \text { - no }
$$

MW6 - other
1 - yes

Comparison to previous examination
0 - New
1 - Previously known
recommendation
bone lesions
1 - yes

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation
soft-tissue processes

$$
1 \text { - yes }
$$

Comparison to previous examination
0 - New
1 - Previously known

Description of findings:
recommendation

$$
0-\text { no }
$$

recommendation
heart- and vessels

0 - no
mrt_ges_heve_heart
heart
1 - yes
0 - no

Comparison to previous examination
0 - New
1 - Previously known
Description of findings:
recommendation
vessels - intracranial and cervical

$$
1 \text { - yes }
$$

$$
0 \text { - no }
$$

Comparison to previous examination 0 - New
1 - Previously known
Description of findings:
mrt_ges_heve_vic_empf recommendation
mrt_ges_heve_vth
vessels - thoracic
1 - yes
0 - no

Comparison to previous examination
$0-$ New
1 - Previously known

Description of findings:
recommendation
vessels - abdominal
1 - yes
0 - no

Comparison to previous examination

1 - Previously known
mrt_ges_heve_vab_besch
mrt_ges_heve_vab_empf
mrt_ges_heve_vpe
mrt_ges_heve_vpe_bek
mrt_ges_heve_vpe_besch
mrt_ges_heve_vpe_empf
mrt_ges_heve_misc
mrt_ges_heve_misc_bek
mrt_ges_heve_misc_besch
mrt_ges_heve_misc_empf
mrt_ges_bsnr
mrt_ges_note
mrt_ges_end

## MRTASS <br> MRTWORMS

mrtworms_start

Description of findings:
recommendation
vessels - peripheral
1 - yes
0 - no
Comparison to previous examination
0 - New
1 - Previously known
Description of findings:
recommendation
miscellany

> 1 - yes
> 0 - no

Comparison to previous examination
0 - New
1 - Previously known
Description of findings:
recommendation
specific features

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

specific features
end findings

## Assoziierte MRT-Projekte WORMS Reading

Beginning
mrtworms_usnr
mrtworms_us2_yn
mrtworms_usnr2
mrtworms_read_yn_r
mrtworms_read_r
mrtworms_remarks_yn_r
mrtworms_remarks_r
mrtworms_note_r
mrtworms_bildqual4_r

2nd reader?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Reader number 2

Reading right possible?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Why not?
1 - Sequence not present 2 - Other

Special features right?

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

What special feature

> 1 - Team meeting 2 - Other

Other

Image quality patella transversal osteophytes right

> 1 - good - safe values
> 2 - bad - uncertain values
> 3 - not evaluable
mrtworms_osteophyts2_yn_r Osteophytes present right

$$
1 \text { - Yes }
$$

$$
0-\mathrm{No}
$$

mrtworms_osteophyts_lp_r Osteophytes_LP right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_mp_r Osteophytes_MP right

0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_bildqual1_r Image quality Osteophytes right
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
mrtworms_osteophyts_yn_r Osteophytes present right
mrtworms_osteophyts_lfa_r Osteophytes_LFa right
1 - Yes
0 - No

0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_MFa_r Osteophytes_MFa right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_lfc_r Osteophytes_LFc right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_MFc_r Osteophytes_MFc right
0-0
mrtworms_osteophyts_lfp_r Osteophytes_LFp right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_mfp_r Osteophytes_MFp right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_lta_r Osteophytes_LTa right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_mta_r Osteophytes_MTa right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_ltc_r Osteophytes_LTc right
0-0

| mrtworms_osteophyts_mtc_r $\quad$ Osteophytes_MTc right | $0-0$ |
| :--- | :--- |
|  | $1-1$ |
|  | $2-2$ |
| $3-3$ |  |
| $4-4$ |  |
|  | $5-5$ |
| $6-6$ |  |
|  | $7-7$ |

mrtworms_osteophyts_ltp_r Osteophytes_LTp right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_mtp_r Osteophytes_MTp right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_bildqual2_r
Image quality other right
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
mrtworms_cart_yn_r
Cartilage damage right
$1-\mathrm{Yes}$
$0-\mathrm{No}$

Articular cartilage_LFa right
0-0
1-1
mrtworms_cart_lfc_r
articular cartilage_LFc right
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6
mrtworms_cart_lfp_r
Articular cartilage_LFp right
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6
mrtworms_cart_mfa_r
Articular cartilage_MFa right

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-2.5 \\
& 4-3 \\
& 5-4 \\
& 6-5 \\
& 7-6
\end{aligned}
$$

mrtworms_cart_mfc_r
Articular cartilage_MFc right

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-2.5 \\
& 4-3 \\
& 5-4 \\
& 6-5 \\
& 7-6
\end{aligned}
$$

mrtworms_cart_mfp_r
Articular cartilage_MFp right

0-0
1-1
mrtworms_cart_lta_r
mrtworms_cart_ltc_r
mrtworms_cart_ltp_r
mrtworms_cart_mta_r
mrtworms_cart_mtc_r

Articular cartilage_LTa right
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6

Articular cartilage_LTc right
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6

Articular cartilage_LTp right
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6

Articular cartilage_MTa right

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-2.5 \\
& 4-3 \\
& 5-4 \\
& 6-5 \\
& 7-6
\end{aligned}
$$

Articular cartilage_MTc right

1-1

|  | 2-2 |
| :---: | :---: |
|  | 3-2.5 |
|  | 4-3 |
|  | 5-4 |
|  | 6-5 |
|  | 7-6 |
| mrtworms_cart_mtp_r | Articular cartilage_MTp right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-2.5 |
|  | 4-3 |
|  | 5-4 |
|  | 6-5 |
|  | 7-6 |
| mrtworms_bml_yn_r | Subarticular bone marrow anomalies right |
|  | 1 - Yes |
|  | 0 - No |
| mrtworms_bml_lfa_r | Subarticular bone marrow abnormality_LFa right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_lfc_r | Subarticular bone marrow anomaly_LFc right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_lfp_r | Subarticular bone marrow anomaly_LFp right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |


|  | $\begin{aligned} & 6-6 \\ & 7-7 \\ & 8-8 \end{aligned}$ |
| :---: | :---: |
| mrtworms_bml_mfa_r | subarticular bone marrow anomaly_MFa right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_mfc_r | Subarticular bone marrow anomaly_MFc right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_mfp_r | Subarticular bone marrow anomaly_MFp right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_lta_r | Subarticular bone marrow anomaly_LTa right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_ltc_r | Subarticular bone marrow anomaly_LTc right |
|  | $0-0$ |


|  | 1-1 |
| :---: | :---: |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_ltp_r | Subarticular bone marrow anomaly_LTp right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_mta_r | Subarticular bone marrow anomaly_MTa right |
|  | $0-0$ |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_mtc_r | Subarticular bone marrow anomaly_MTc right |
|  | $0-0$ |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_mtp_r | Subarticular bone marrow anomaly_MTp right |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |


|  |  | $7-7$ $8-8$ |
| :---: | :---: | :---: |
| mrtworms_bml_s_r | Subarticular bone marrow anomaly_S right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_yn_r | Subarticular cysts right |  |
|  |  | $\begin{aligned} & 1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| mrtworms_cyst_LFa_r | Subarticular cysts_LFa right. |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_lfc_r | Subarticular cysts_LFc right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_lfp_r | Subarticular cysts_LFp right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |


| mrtworms_cyst_mfa_r | Subarticular cysts_MFa right |  |
| :---: | :---: | :---: |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_mfc_r | subarticular cysts_MFc right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_mfp_r | Subarticular cysts_MFp right. |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_LTa_r | Subarticular cysts_LTa right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_ltc_r | Subarticular cysts_LTc right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |


| mrtworms_cyst_ltp_r | Subarticular cysts_LTp right |  |
| :---: | :---: | :---: |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_mta_r | Subarticular cysts_MTa right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_mtc_r | Subarticular cysts_MTc right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_mtp_r | Subarticular cysts_MTp right |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |

mrtworms_cyst_S_r
Subarticular cysts_S right

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-3 \\
& 4-4 \\
& 5-5 \\
& 6-6 \\
& 7-7 \\
& 8-8
\end{aligned}
$$

mrtworms_ligaments_yn_r
Ligamentous damage right
$1-$ Yes
$0-$ No
anterior cruciate ligament right

0-0
1-1
2-2
posterior cruciate ligament right
0-0
1-1
2-2
lateral collateral ligament right
0-0
1-1
2-2
medial collateral ligament right

$$
0-0
$$

1-1
2-2
mrtworms_mm_yn_r
Meniscus damage right

$$
1-\mathrm{Yes}
$$

$$
0-\mathrm{No}
$$

mrtworms_lm_r
outer meniscus right

0-0
1-1
2-2
3-3
4-4
5-5
6-6
mrtworms_mm_r
Inner meniscus right
0-0

1-1
2-2
3-3
4-4
5-5
6-6
mrtworms_eff_yn_r Effusion right
mrtworms_eff_r
Effusion right
$1-\mathrm{Yes}$
$0-\mathrm{No}$

0-0
1-1
2-2
3-3
mrtworms_bodies_yn_r Joint bodies right

Joint body right
0-0
1-1
2-2
3-3
mrtworms_pericysts_yn_r Periarticular cysts right
$1-\mathrm{Yes}$
$0-\mathrm{No}$

Periarticular cysts right
0-0
1-1
2-2
3-3
mrtworms_boneattrition_yn_r Subarticular bone abrasion right
$1-\mathrm{Yes}$
$0-\mathrm{No}$
mrtworms_boneattrition_LFa_r Subarticular bone abrasion_LFa right

1-1
2-2
3-3
mrtworms_boneattrition_lfc_r Subarticular bone abrasion_LFc right
0-0
1-1

2-2
mrtworms_boneattrition_LFp_r Subarticular bone abrasion_LFp right
1-1
2-2
3-3
mrtworms_boneattrition_mfa_r Subarticular bone abrasion_MFa right
1-1
2-2
3-3
mrtworms_boneattrition_mfc_r Subarticular bone abrasion_MFc right

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-3
\end{aligned}
$$

mrtworms_boneattrition_MFp_r Subarticular bone abrasion_MFp right
1-1
2-2
3-3
mrtworms_boneattrition_LTa_r Subarticular bone abrasion_LTa right
1-1
2-2

$$
3-3
$$

mrtworms_boneattrition_ltc_r Subarticular bone abrasion_LTc right
0-0
1-1
2-2
3-3
mrtworms_boneattrition_ltp_r Subarticular bone wear_LTp right
0-0
1-1
2-2
3-3
mrtworms_boneattrition_mta_r Subarticular bone abrasion_MTa right
1-1
2-2
3-3

| mrtworms_boneattrition_mtc_r Subarticular bone abrasion_MTc right |  |
| :--- | :--- |
|  | $0-0$ |
| $1-1$ |  |
| $2-2$ |  |
| $2-3$ |  |

mrtworms_boneattrition_mtp_r Subarticular bone abrasion_MTp right
1-1
2-2
3-3
mrtworms_bildqual3_r
Image quality patella transversal right
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
mrtworms_cart_yn2_r
Cartilage damage right
$1-\mathrm{Yes}$
mrtworms_cart_lp_r
Articular cartilage_LP right
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6
mrtworms_cart_mp_r
mrtworms_bml_yn2_r
Subarticular bone marrow anomalies right
1 - Yes
0 - No
mrtworms_bml_lp_r
Subarticular bone marrow anomaly_LP right
0-0
1-1
2-2

$$
3-3
$$

$$
4-4
$$

$$
5-5
$$

6-6

$$
7-7
$$

8-8

mrtworms_bml_mp_r Subarticular bone marrow anomaly_MP right | $0-0$ |
| ---: |
| $1-1$ |
| $2-2$ |
| $3-3$ |
| $4-4$ |
| $5-5$ |
| $6-6$ |
| $7-7$ |
| $8-8$ |

| mrtworms_cyst_yn2_r | Subarticular cysts right |
| :--- | :--- |
|  | $1-\mathrm{Yes}$ <br> $0-\mathrm{No}$ |

mrtworms_cyst_LP_r Subarticular cysts_LP right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
8-8
mrtwotms_avalon_cyst_MP_r Subarticular cysts_MP right
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
8-8
mrtworms_boneattrition_yn2_r Subarticular bone abrasion right
1 - Yes
0 - No
mrtworms_boneattrition_lp_r Subarticular bone abrasion_LP right

$$
0-0
$$

| mrtworms_boneattrition_mp_r Subarticular bone abrasion_MP right |  |
| :--- | :--- |
|  | $0-0$ |
|  | $1-1$ |
| $2-2$ |  |
|  | $3-3$ |

mrtworms_read_yn_1 Reading left possible?

1 - Yes
0 - No

Why not?
1 - Sequence not present 2 - Other

Special features left

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Which special feature
1 - Team meeting
2 - Other
mrtworms_note_l
Other
mrtworms_bildqual4_1
Image quality patella transverse osteophytes left
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
mrtworms_osteophyts2_yn_1 Osteophytes present left
1 - Yes
0 - No
mrtworms_osteophyts_mp_1 Osteophytes_MP left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_LP_1 Osteophytes_LP left
0-0
mrtworms_bildqual1_1
image quality osteophytes left
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
mrtworms_osteophyts_yn_1 Osteophytes present left
$1-\mathrm{Yes}$
$0-\mathrm{No}$
mrtworms_osteophyts_mfa_l Osteophytes_MFa left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_lfa_1 osteophytes_LFa left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_MFc_1 Osteophytes_MFc left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-3 \\
& 4-4 \\
& 5-5 \\
& 6-6 \\
& 7-7
\end{aligned}
$$

mrtworms_osteophyts_lfc_1 Osteophytes_LFc left

$$
\begin{aligned}
& 0-0 \\
& 1-1
\end{aligned}
$$

mrtworms_osteophyts_mfp_1 Osteophytes_MFp left

0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_lfp_1 Osteophytes_LFp left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_MTa_1 osteophytes_MTa left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_lta_l Osteophytes_LTa left
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_mtc_l osteophytes_MTc left
1-1
mrtworms_osteophyts_ltc_1 Osteophytes_LTc left

0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_mtp_1 Osteophytes_MTp left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_osteophyts_ltp_l Osteophytes_LTp left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
mrtworms_bildqual2_1
Image quality more left
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
mrtworms_cart_yn_1
Cartilage damage left
1 - Yes
0 - No
articular cartilage_MFa left

1-1
2-2
mrtworms_cart_mfc_1
articular cartilage_MFc left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-2.5 \\
& 4-3 \\
& 5-4 \\
& 6-5 \\
& 7-6
\end{aligned}
$$

mrtworms_cart_mfp_1
Articular cartilage_MFp left
mrtworms_cart_lfa_l
mrtworms_cart_LFc_1
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6

Articular cartilage_LFa left
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6

Articular cartilage_LFc left
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6
mrtworms_cart_lfp_l
articular cartilage_LFp left

0-0
1-1
2-2
mrtworms_cart_mta_1
mrtworms_cart_mtc_l
Articular cartilage_MTc left
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6

Articular cartilage_MTp left
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6
mrtworms_cart_lta_l
mrtworms_cart_ltc_l
Articular cartilage_MTa left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-2.5 \\
& 4-3 \\
& 5-4 \\
& 6-5 \\
& 7-6
\end{aligned}
$$

mrtworms_cart_mtp_l
articular cartilage_LTa left

0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6

Articular cartilage_LTc left

1-1
2-2
mrtworms_cart_LTp_1
mrtworms_bml_yn_1
mrtworms_bml_mfa_1
mrtworms_bml_mfc_1
mrtworms_bml_mfp_1

Articular cartilage_LTp left
0-0
1-1
2-2
3-2.5
4-3
5-4
6-5
7-6

Subarticular bone marrow anomalies left
1 - Yes
0 - No

Subarticular bone marrow anomaly_MFa left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
8-8
Subarticular bone marrow anomaly_MFc left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
8-8
Subarticular bone marrow anomaly_MFp left
0-0
1-1
2-2
3-3
4-4
5-5
6-6

|  | $\begin{aligned} & 7-7 \\ & 8-8 \end{aligned}$ |
| :---: | :---: |
| mrtworms_bml_lfa_l | Subarticular bone marrow anomaly_LFa left |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_lfc_l | subarticular bone marrow anomaly_LFc left |
|  | $0-0$ |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_lfp_l | Subarticular bone marrow anomaly_LFp left |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_mta_l | Subarticular bone marrow anomaly_MTa left |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_mtc_l | Subarticular bone marrow anomaly_MTc left |
|  | 0-0 |
|  | 1-1 |


|  | 2-2 |
| :---: | :---: |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_mtp_1 | Subarticular bone marrow anomaly_MTp left |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_lta_l | Subarticular bone marrow anomaly_LTa left |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_ltc_l | Subarticular bone marrow anomaly_LTc left |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |
|  | 8-8 |
| mrtworms_bml_ltp_l | Subarticular bone marrow anomaly_LTp left |
|  | 0-0 |
|  | 1-1 |
|  | 2-2 |
|  | 3-3 |
|  | 4-4 |
|  | 5-5 |
|  | 6-6 |
|  | 7-7 |


| mrtworms_bml_s_1 | Subarticular bone marrow anomaly_S left |  |
| :---: | :---: | :---: |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_yn_1 | Subarticular cysts left |  |
|  |  | $\begin{aligned} & 1-\mathrm{Yes} \\ & 0-\mathrm{No} \end{aligned}$ |
| mrtworms_cyst_mfa_1 | Subarticular cysts_MFa left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_mfc_1 | Subarticular cysts_MFc left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_MFp_1 | Subarticular cysts_MFp left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |

mrtworms_cyst_lfa_l
Subarticular cysts_LFa left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-3 \\
& 4-4 \\
& 5-5 \\
& 6-6 \\
& 7-7 \\
& 8-8
\end{aligned}
$$

mrtworms_cyst_lfc_1
subarticular cysts_LFc left

1-1
2-2
3-3
4-4
5-5
6-6
7-7
8-8
mrtworms_cyst_lfp_1
mrtworms_cyst_mta_l
Subarticular cysts_LFp left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
8-8

Subarticular cysts_MTa left

1-1
2-2
3-3
4-4
5-5
6-6
7-7
8-8
mrtworms_cyst_MTc_1
Subarticular cysts_MTc left
0-0
1-1
2-2
3-3
4-4

| mrtworms_cyst_mtp_1 | Subarticular cysts_MTp left |  |
| :---: | :---: | :---: |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_lta_1 | Subarticular cysts_LTa left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_ltc_l | Subarticular cysts_LTc left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_LTp_1 | Subarticular cysts_LTp left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |

mrtworms_cyst_s_1
Subarticular cysts_S left
mrtworms_ligam
mrtworms_acl_1
Ligament damage left

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

anterior cruciate ligament left

$$
0-0
$$

$$
1-1
$$

$$
2-2
$$

mrtworms_pcl_1
posterior cruciate ligament left

$$
0-0
$$

$$
1-1
$$

$$
2-2
$$

mrtworms_mcl_l
medial collateral ligament left
0-0
1-1
2-2
mrtworms_lcl_l
lateral collateral ligament left
0-0
1-1
2-2
mrtworms_mm_yn_l Meniscus damage left
1 - Yes
0 - No
mrtworms_mm_l Inner meniscus left
0-0
1-1
2-2
3-3
4-4
5-5
6-6
mrtworms_lm_1
outer meniscus left
1-1

2-2
3-3
4-4
5-5
6-6
mrtworms_eff_yn_1 Effusion left
1 - Yes
0 - No
mrtworms_eff_1
Effusion left
0-0
1-1
2-2
3-3
mrtworms_bodies_yn_1 Joint body left
1 - Yes
0 - No
mrtworms_bodies_l
Articular bodies left

1-1
2-2
3-3
mrtworms_pericysts_yn_1 Periarticular cysts left
1 - Yes
0 - No
mrtworms_pericysts_1
Periarticular cysts left

$$
0-0
$$

1-1
2-2
3-3
mrtworms_boneattrition_yn_1 Subarticular bone abrasion left

0 - No
mrtworms_boneattrition_mfa_l Subarticular bone abrasion_MFa left

$$
0-0
$$

$$
1-1
$$

$$
2-2
$$

$$
3-3
$$

mrtworms_boneattrition_mfc_1 Subarticular bone abrasion_MFc left

1-1
2-2
mrtworms_boneattrition_mfp_l Subarticular bone abrasion_MFp left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-3
\end{aligned}
$$

mrtworms_boneattrition_lfa_l Subarticular bone abrasion_LFa left

1-1
2-2
3-3
mrtworms_boneattrition_lfc_l Subarticular bone abrasion_LFc left

1-1
2-2
3-3
mrtworms_boneattrition_lfp_l Subarticular bone abrasion_LFp left
1-1
2-2
3-3
mrtworms_boneattrition_mta_l Subarticular bone abrasion_MTa left
1-1
2-2
3-3
mrtworms_boneattrition_mtc_l Subarticular bone abrasion_MTc left
1-1
2-2
3-3
mrtworms_boneattrition_mtp_1 Subarticular bone abrasion_MTp left
1-1
2-2
3-3
mrtworms_boneattrition_lta_l Subarticular bone abrasion_LTa left
mrtworms_boneattrition_ltc_l Subarticular bone abrasion_LTc left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-3
\end{aligned}
$$

mrtworms_boneattrition_ltp_1 Subarticular bone abrasion_LTp left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-3
\end{aligned}
$$

mrtworms_bildqual3_1
Image quality patella transversal left
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
mrtworms_cart_yn2_1 Cartilage damage left
$1-\mathrm{Yes}$
$0-\mathrm{No}$
mrtworms_cart_MP_1
Articular cartilage_MP left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-2.5 \\
& 4-3 \\
& 5-4 \\
& 6-5 \\
& 7-6
\end{aligned}
$$

mrtworms_cart_lp_1
Articular cartilage_LP left

$$
\begin{aligned}
& 0-0 \\
& 1-1 \\
& 2-2 \\
& 3-2.5 \\
& 4-3 \\
& 5-4 \\
& 6-5 \\
& 7-6
\end{aligned}
$$

mrtworms_bml_yn2_1
mrtworms_bml_mp_1
Subarticular bone marrow anomaly_MP left
0-0
1-1
2-2
3-3

|  |  | 4-4 |
| :---: | :---: | :---: |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_bml_lp_l | Subarticular bone marrow abnormality_LP left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_yn2_1 | Subarticular cysts left |  |
|  |  | 1 - Yes |
|  |  | 0 - No |
| mrtworms_cyst_MP_1 | Subarticular cysts_MP left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |
| mrtworms_cyst_lp_l | Subarticular cysts_LP left |  |
|  |  | 0-0 |
|  |  | 1-1 |
|  |  | 2-2 |
|  |  | 3-3 |
|  |  | 4-4 |
|  |  | 5-5 |
|  |  | 6-6 |
|  |  | 7-7 |
|  |  | 8-8 |

mrtworms_boneattrition_yn2_1 Subarticular bone abrasion left

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

mrtworms_boneattrition_mp_1 Subarticular bone abrasion_MP left

$$
\begin{aligned}
& 0-0 \\
& 1-1
\end{aligned}
$$

| mrtworms_boneattrition_lp_1 Subarticular bone abrasion_LP left |  |
| :--- | :--- |
|  |  |
|  | $0-0$ |
| $1-1$ |  |
| $2-2$ |  |
| $3-3$ |  |

mrtworms_end End
mrtworms_seqaus
Sequence evaluable

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

mrtworms_seqvor
Sequence available

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

mrtworms_cart_yesno
Cartilage damage

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

mrtworms_bml_yesno
Subarticular bone marrow abnormalities

$$
\begin{aligned}
& 1 \text { - Yes } \\
& 0 \text { - }
\end{aligned}
$$

Subarticular cysts
mrtworms_cyst_yesno
mrtworms_boneattrition_yesno Subarticular bone abrasion
$1-$ Yes
$0-$ No
mrtworms_osteophyts_yesno Marginal edge pullouts
$1-$ Yes
$0-$ No
mrtworms_ligaments_yesno
Ligament damage
1 - Yes
0 - No
mrtworms_mm_yesno
Meniscal damage
1 - Yes
0 - No
mrtworms_eff_yesno
Effusion

$$
1 \text { - Yes }
$$

mrtworms_bodies_yesno Joint bodies

1 - Yes
0 - No
periarticular cysts
1 - Yes
0 - No
OA-Grading
Start

Reader Number

Reader 2?
0 - no
1 - yes
Reader 2

Reading right possible?

Why?
1 - Sequence not present 2 - Other

Special features on the right
0 - none
1 - present
Which?
1 - Team meeting
2 - Other
Other

Image quality osteophytes right
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable

0 - no osteophyts

|  |  | $1-<5 \mathrm{~mm}$ |
| :--- | :--- | :--- |
| mrtoa_bildqual2_rechts | 2 - >5mm |  |
|  | Image quality further right |  |
|  |  | 1 - good - safe values |
| mrtoa_knorpel_rechts | 2 - bad - uncertain values |  |
|  |  | 3 - not evaluable |

mrtoa_bildqual1_links
mrtoa_osteoph_links
mrtoa_bildqual2_links
mrtoa_knorpel_links
mrtoa_menis_links
mrtoa_bme_links
-

Image quality osteophytes left
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
osteophyts left
$0-$ no osteophyts
$1-<5 \mathrm{~mm}$
$2->5 \mathrm{~mm}$

Image quality other left
1 - good - safe values
2 - bad - uncertain values
3 - not evaluable
cartilage injury left
0 - grade 0
1 - grade 1
2 - grade 2A
3 - grade 2B
4 - grade 3
meniscal injury left
bone marrow edema left
0 - grade 0
1 - grade 1
2 - grade 2
3 - grade 3
mrtoa_cysts_links
subchondral cysts left
0 - no edema
$1-<10 \mathrm{~mm}$
$2->10 \mathrm{~mm}$

0 - No subchondral cysts
$1-<10 \mathrm{~mm}$
2 ->10mm
mrtoa_end
mrtoa_seqvor
mrtoa_seqaus
End

Sequence present

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

Sequence evaluable

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

mrtoa_grading_rechts
OA grading right

0 - grade 0
1 - grade 1
2 - grade 2
3 - grade 3
4 - grade 4

0 - grade 0
1 - grade 1
2 - grade 2
3 - grade 3
4 - grade 4

## MRTAORDIA

mrt_aordia_usnr
mrt_aordia_aa
mrt_aordia_pult
mrt_aordia_desa
mrt_aordia_aora
mrt_aordia_infdia
mrt_aordia_supa
mrt_aordia_infre
mrt_aordia_bif
MRTCOR
mrt_cor_usnr
mrt_cor_mtra
mrt_cor_reporter

OA grading left
aortic diameter

Examiner
ascending aorta
pulmonary trunk
descending aorta

Arcus Aortae
infradiaphragmal aorta
suprarenal aorta
infrarenal aorta
bifurcation
measure values of heart measure

Examiner

MTRA-ID
reporter-ID
mrt_cor_zerti
mrt_cor_appl
mrt_cor_4cvhr
mrt_cor_4cvlvco
mrt_cor_4cvlved
mrt_cor_4cvlvef
mrt_cor_4cvlvendoed1
mrt_cor_4cvlvendoes1
mrt_cor_4cvlves
mrt_cor_4cvlvsv
mrt_cor_4cvmes2
mrt_cor_4cvmyo
mrt_cor_4cvnred
mrt_cor_4cvnres
mrt_cor_4cvs17ed
mrt_cor_4cvs17es
mrt_cor_dsigtm
certification number

Application

4CV heart rate
cardiac_output

4CV LV ED-volume
ejection fraction
area LV endo ED slice 1
area LV endo ES slice 1

4CV LV ES-volume
stroke volume
distance measurement 2

4CV LV myocardial mass

4CV phase number of ventricle-ED

4CV phase number of ventricle-ES

4CV segment 17 ED

4CV segment 17 ES
grayzone tissue mass

```
mrt_cor_dsigtp
mrt_cor_dsigtv
mrt_cor_dsimas
mrt_cor_dsintm
mrt_cor_dsintp
mrt_cor_dsintv
mrt_cor_dsisim
mrt_cor_dsisip
mrt_cor_dsisiv
mrt_cor_s17ed1
mrt_cor_s17ed2
mrt_cor_s17ed3
mrt_cor_s17ed4
mrt_cor_s17ed5
mrt_cor_s17ed6
mrt_cor_s17ed7
grayzone tissue percentage
```

mrt_cor_dsigtv
mrt_cor_dsimas
mrt_cor_dsintm
mrt_cor_dsintp
mrt_cor_dsintv
mrt_cor_dsisim
mrt_cor_dsisip
mrt_cor_dsisiv
mrt_cor_s17ed1
mrt_cor_s17ed2
mrt_cor_s17ed3
mrt_cor_s17ed4
mrt_cor_s17ed5
mrt_cor_s17ed6
mrt_cor_s17ed7
grayzone tissue percentage
grayzone tissue volume
mass ED
non-viable mass
non-viable percentage
non-viable volume
scar tissue mass
scar tissue percentage
scar tissue volume

SAX wall thickness ED segment 1

SAX wall thickness ED segment 2

SAX wall thickness ED segment 3

SAX wall thickness ED segment 4

SAX wall thickness ED segment 5

SAX wall thickness ED segment 6

SAX wall thickness ED segment 7
mrt_cor_s17ed8
mrt_cor_s17ed9
mrt_cor_s17ed10
mrt_cor_s17ed11
mrt_cor_s17ed12
mrt_cor_s17ed13
mrt_cor_s17ed14
mrt_cor_s17ed15
mrt_cor_s17ed16
mrt_cor_s17es1
mrt_cor_s17es2
mrt_cor_s17es3
mrt_cor_s17es4
mrt_cor_s17es5
mrt_cor_s17es6
mrt_cor_s17es7
mrt_cor_s17es8

SAX wall thickness ED segment 8 SAX wall thickness ED segment 9 SAX wall thickness ED segment 10 SAX wall thickness ED segment 11 SAX wall thickness ED segment 12 SAX wall thickness ED segment 13 SAX wall thickness ED segment 14

SAX wall thickness ED segment 15

SAX wall thickness ED segment 16

SAX wall thickness ES segment 1

SAX wall thickness ES segment 2

SAX wall thickness ES segment 3

SAX wall thickness ES segment 4

SAX wall thickness ES segment 5

SAX wall thickness ES segment 6

SAX wall thickness ES segment 7

SAX wall thickness ES segment 8
mrt_cor_s17es9
mrt_cor_s17es10
mrt_cor_s17es11
mrt_cor_s17es12
mrt_cor_s17es13
mrt_cor_s17es14
mrt_cor_s17es15
mrt_cor_s17es16
mrt_cor_s17nvt1
mrt_cor_s17nvt2
mrt_cor_s17nvt3
mrt_cor_s17nvt4
mrt_cor_s17nvt5
mrt_cor_s17nvt6
mrt_cor_s17nvt7
mrt_cor_s17nvt8
mrt_cor_s17nvt9

SAX wall thickness ES segment 9

SAX wall thickness ES segment 10

SAX wall thickness ES segment 11

SAX wall thickness ES segment 12

SAX wall thickness ES segment 13

SAX wall thickness ES segment 14

SAX wall thickness ES segment 15

SAX wall thickness ES segment 16

DSI myo intensity non-viable tissue segment 1

DSI myo intensity non-viable tissue segment 2

DSI myo intensity non-viable tissue segment 3

DSI myo intensity non-viable tissue segment 4

DSI myo intensity non-viable tissue segment 5

DSI myo intensity non-viable tissue segment 6

DSI myo intensity non-viable tissue segment 7

DSI myo intensity non-viable tissue segment 8

DSI myo intensity non-viable tissue segment 9

```
mrt_cor_s17nvt10
mrt_cor_s17nvt11
mrt_cor_s17nvt12
mrt_cor_s17nvt13
mrt_cor_s17nvt14
mrt_cor_s17nvt15
mrt_cor_s17nvt16
mrt_cor_s17st1
mrt_cor_s17st2
mrt_cor_s17st3
mrt_cor_s17st4
mrt_cor_s17st5
mrt_cor_s17st6
mrt_cor_s17st7
mrt_cor_s17st8
mrt_cor_s17st9
DSI myo intensity non-viable tissue segment 11
DSI myo intensity non-viable tissue segment 12
DSI myo intensity non-viable tissue segment 13
DSI myo intensity non-viable tissue segment 14
DSI myo intensity non-viable tissue segment 15
DSI myo intensity non-viable tissue segment 16
DSI myo intensity scar tissue segment 1
DSI myo intensity scar tissue segment 2
DSI myo intensity scar tissue segment 3
DSI myo intensity scar tissue segment 4
DSI myo intensity scar tissue segment 5
DSI myo intensity scar tissue segment 6
DSI myo intensity scar tissue segment 7
DSI myo intensity scar tissue segment 8
DSI myo intensity scar tissue segment 9
```

mrt_cor_s17st10 mrt_cor_s17st11
mrt_cor_s17st12
mrt_cor_s17st13
mrt_cor_s17st14
mrt_cor_s17st15
mrt_cor_s17st16
mrt_cor_s17wm1
mrt_cor_s17wm2
mrt_cor_s17wm3
mrt_cor_s17wm4
mrt_cor_s17wm5
mrt_cor_s17wm6
mrt_cor_s17wm7
mrt_cor_s17wm8
mrt_cor_s17wm9
mrt_cor_s17wm10

DSI myo intensity scar tissue segment 10

DSI myo intensity scar tissue segment 11

DSI myo intensity scar tissue segment 12

DSI myo intensity scar tissue segment 13

DSI myo intensity scar tissue segment 14

DSI myo intensity scar tissue segment 15

DSI myo intensity scar tissue segment 16

SAX wall motion averages segment 1

SAX wall motion averages segment 2

SAX wall motion averages segment 3

SAX wall motion averages segment 4

SAX wall motion averages segment 5

SAX wall motion averages segment 6

SAX wall motion averages segment 7

SAX wall motion averages segment 8

SAX wall motion averages segment 9

SAX wall motion averages segment 10

| mrt_cor_s17wm11 | SAX wall motion averages segment 11 |
| :---: | :---: |
| mrt_cor_s17wm12 | SAX wall motion averages segment 12 |
| mrt_cor_s17wm13 | SAX wall motion averages segment 13 |
| mrt_cor_s17wm14 | SAX wall motion averages segment 14 |
| mrt_cor_s17wm15 | SAX wall motion averages segment 15 |
| mrt_cor_s17wm16 | SAX wall motion averages segment 16 |
| mrt_cor_s17wt1 | AX wall thickening averages segment 1 |
| mrt_cor_s17wt2 | AX wall thickening averages segment 2 |
| mrt_cor_s17wt3 | AX wall thickening averages segment 3 |
| mrt_cor_s17wt4 | AX wall thickening averages segment 4 |
| mrt_cor_s17wt5 | AX wall thickening averages segment 5 |
| mrt_cor_s17wt6 | AX wall thickening averages segment 6 |
| mrt_cor_s17wt7 | AX wall thickening averages segment 7 |
| mrt_cor_s17wt8 | AX wall thickening averages segment 8 |
| mrt_cor_s17wt9 | AX wall thickening averages segment 9 |
| mrt_cor_s17wt10 | AX wall thickening averages segment 10 |
| mrt_cor_s17wt11 | AX wall thickening averages segment 11 |

mrt_cor_s17wt11

AX wall thickening averages segment 11

```
mrt_cor_s17wt12
    AX wall thickening averages segment 12
mrt_cor_s17wt13
mrt_cor_s17wt14
mrt_cor_s17wt15
mrt_cor_s17wt16
mrt_cor_saxhr
mrt_cor_saxlvco
mrt_cor_saxlved
mrt_cor_saxlvef
mrt_cor_saxlves
mrt_cor_saxlvmed
mrt_cor_saxlvmes
mrt_cor_saxlvsv
mrt_cor_saxnred
mrt_cor_saxnres
mrt_cor_saxlvendoed1
AX wall thickening averages segment 13
AX wall thickening averages segment 14
AX wall thickening averages segment 15
AX wall thickening averages segment 16
SAX heart rate
cardiac output
SAX LV ED-volume
    ejection fraction
SAX LV ES-volume
LV Mass ED
LV Mass ES
SAX phase number of ventricle-ES
area LV endo ED slice 1
```

mrt_cor_saxlvendoed2
mrt_cor_saxlvendoed3
mrt_cor_saxlvendoed4
mrt_cor_saxlvendoed5
mrt_cor_saxlvendoed6
mrt_cor_saxlvendoed7
mrt_cor_saxlvendoed8
mrt_cor_saxlvendoed9
mrt_cor_saxlvendoed10
mrt_cor_saxlvendoed11
mrt_cor_saxlvendoed12
mrt_cor_saxlvendoed13
mrt_cor_saxlvendoed14
mrt_cor_saxlvendoed15
mrt_cor_saxlvendoed16
mrt_cor_saxlvendoed17
mrt_cor_saxlvendoed18
area LV endo ED slice 2
area LV endo ED slice 3
area LV endo ED slice 4
area LV endo ED slice 5
area LV endo ED slice 6
area LV endo ED slice 7
area LV endo ED slice 8
area LV endo ED slice 9
area LV endo ED slice 10
area LV endo ED slice 11
area LV endo ED slice 12
area LV endo ED slice 13
area LV endo ED slice 14
area LV endo ED slice 15
area LV endo ED slice 16
area LV endo ED slice 17
area LV endo ED slice 18
mrt_cor_saxlvendoes1
mrt_cor_saxlvendoes2
mrt_cor_saxlvendoes3
mrt_cor_saxlvendoes4
mrt_cor_saxlvendoes5
mrt_cor_saxlvendoes6
mrt_cor_saxlvendoes7
mrt_cor_saxlvendoes8
mrt_cor_saxlvendoes9
mrt_cor_saxlvendoes10
mrt_cor_saxlvendoes11
mrt_cor_saxlvendoes12
mrt_cor_saxlvendoes13
mrt_cor_saxlvendoes14
mrt_cor_saxlvendoes15
mrt_cor_saxlvendoes16
mrt_cor_saxlvendoes17
area LV endo ES slice 1
area LV endo ES slice 2
area LV endo ES slice 3
area LV endo ES slice 4
area LV endo ES slice 5
area LV endo ES slice 6
area LV endo ES slice 7
area LV endo ES slice 8
area LV endo ES slice 9
area LV endo ES slice 10
area LV endo ES slice 11
area LV endo ES slice 12
area LV endo ES slice 13
area LV endo ES slice 14
area LV endo ES slice 15
area LV endo ES slice 16
area LV endo ES slice 17
mrt_cor_saxlvendoes18
mrt_cor_saxlvepied1
mrt_cor_saxlvepied10
mrt_cor_saxlvepied11
mrt_cor_saxlvepied12
mrt_cor_saxlvepied13
mrt_cor_saxlvepied14
mrt_cor_saxlvepied15
mrt_cor_saxlvepied16
mrt_cor_saxlvepied17
mrt_cor_saxlvepied18
mrt_cor_saxlvepied2
mrt_cor_saxlvepied3
mrt_cor_saxlvepied4
mrt_cor_saxlvepied5
mrt_cor_saxlvepied6
area LV endo ES slice 18
area LV epi ED slice 1
area LV epi ED slice 10
area LV epi ED slice 11
area LV epi ED slice 12
area LV epi ED slice 13
area LV epi ED slice 14
area LV epi ED slice 15
area LV epi ED slice 16
area LV epi ED slice 17
area LV epi ED slice 18
area LV epi ED slice 2
area LV epi ED slice 3
area LV epi ED slice 4
area LV epi ED slice 5
area LV epi ED slice 6
mrt_cor_saxlvepied7
mrt_cor_saxlvepied8
mrt_cor_saxlvepied9
mrt_cor_saxlvepies1
mrt_cor_saxlvepies10
mrt_cor_saxlvepies11
mrt_cor_saxlvepies12
mrt_cor_saxlvepies13
mrt_cor_saxlvepies14
mrt_cor_saxlvepies15
mrt_cor_saxlvepies16
mrt_cor_saxlvepies17
mrt_cor_saxlvepies18
mrt_cor_saxlvepies2
mrt_cor_saxlvepies3
mrt_cor_saxlvepies4
mrt_cor_saxlvepies5
area LV epi ED slice 7
area LV epi ED slice 8
area LV epi ED slice 9
area LV epi ES slice 1
area LV epi ES slice 10
area LV epi ES slice 11
area LV epi ES slice 12
area LV epi ES slice 13
area LV epi ES slice 14
area LV epi ES slice 15
area LV epi ES slice 16
area LV epi ES slice 17
area LV epi ES slice 18
area LV epi ES slice 2
area LV epi ES slice 3
area LV epi ES slice 4
area LV epi ES slice 5
mrt_cor_saxlvepies6
mrt_cor_saxlvepies7
mrt_cor_saxlvepies8
mrt_cor_saxlvepies9
mrt_cor_saxpap1a
mrt_cor_saxpap1z
mrt_cor_saxpap2a
mrt_cor_saxpap2z
mrt_cor_trahr
mrt_cor_traared
mrt_cor_traed
mrt_cor_traedx
mrt_cor_traef
mrt_cor_traes
mrt_cor_traesx
mrt_cor_trames1ed
mrt_cor_tranred
area LV epi ES slice 6
area LV epi ES slice 7
area LV epi ES slice 8
area $L V$ epi ES slice 9

SAX papillary muscle volume PAP1 in ED

SAX papillary muscle volume PAP2 in ED

SAX papillary muscle volume PAP1 in ES

SAX papillary muscle volume PAP2 in ES

TRA heart rate

TRA diameter aorta ascendens in ED

TRA LA volume in atrial ES

TRA LA volume index in atrial ES

TRA LA ejection-fraction

TRA LA volume in atrial ED

TRA LA volume index in atrial ED

TRA diameter aorta descendens in ED

TRA phase number of atrial-ES

| mrt_cor_tranres | TRA phase number of atrial-ED |
| :---: | :---: |
| mrt_cor_trapaed | TRA LA diameter truncus of pulmonary artery in ED |
| mrt_cor_trasv | TRA LA stroke volume |
| mrt_cor_trasvx | TRA LA stroke volume index |
| mrt_cor_tralvendoed1 | TRA area LV endo ED slice 1 |
| mrt_cor_tralvendoed2 | TRA area LV endo ED slice 2 |
| mrt_cor_tralvendoed3 | TRA area LV endo ED slice 3 |
| mrt_cor_tralvendoed4 | TRA area LV endo ED slice 4 |
| mrt_cor_tralvendoed5 | TRA area LV endo ED slice 5 |
| mrt_cor_tralvendoed6 | TRA area LV endo ED slice 6 |
| mrt_cor_tralvendoed7 | TRA area LV endo ED slice 7 |
| mrt_cor_tralvendoed8 | TRA area LV endo ED slice 8 |
| mrt_cor_tralvendoed9 | TRA area LV endo ED slice 9 |
| mrt_cor_tralvendoed10 | TRA area LV endo ED slice 10 |
| mrt_cor_tralvendoed11 | TRA area LV endo ED slice 11 |
| mrt_cor_tralvendoed12 | TRA area LV endo ED slice 12 |

mrt_cor_tralvendoed12

TRA area LV endo ED slice 12
mrt_cor_tralvendoed13
mrt_cor_tralvendoed14
mrt_cor_tralvendoed15
mrt_cor_tralvendoed16
mrt_cor_tralvendoed17
mrt_cor_tralvendoed18
mrt_cor_tralvendoes1
mrt_cor_tralvendoes2
mrt_cor_tralvendoes3
mrt_cor_tralvendoes4
mrt_cor_tralvendoes5
mrt_cor_tralvendoes6
mrt_cor_tralvendoes7
mrt_cor_tralvendoes8
mrt_cor_tralvendoes9
mrt_cor_tralvendoes10
mrt_cor_tralvendoes11

TRA area LV endo ED slice 13

TRA area LV endo ED slice 14

TRA area LV endo ED slice 15

TRA area LV endo ED slice 16

TRA area LV endo ED slice 17

TRA area LV endo ED slice 18

TRA area LV endo ES slice 1

TRA area LV endo ES slice 2

TRA area LV endo ES slice 3

TRA area LV endo ES slice 4

TRA area LV endo ES slice 5

TRA area LV endo ES slice 6

TRA area LV endo ES slice 7

TRA area LV endo ES slice 8

TRA area LV endo ES slice 9

TRA area LV endo ES slice 10

TRA area LV endo ES slice 11
mrt_cor_tralvendoes12
mrt_cor_tralvendoes13
mrt_cor_tralvendoes14
mrt_cor_tralvendoes15
mrt_cor_tralvendoes16
mrt_cor_tralvendoes17
mrt_cor_tralvendoes18
mrt_cor_trarvendoed1
mrt_cor_trarvendoed2
mrt_cor_trarvendoed3
mrt_cor_trarvendoed4
mrt_cor_trarvendoed5
mrt_cor_trarvendoed6
mrt_cor_trarvendoed7
mrt_cor_trarvendoed8
mrt_cor_trarvendoed9

TRA area LV endo ES slice 12

TRA area LV endo ES slice 13

TRA area LV endo ES slice 14

TRA area LV endo ES slice 15

TRA area LV endo ES slice 16

TRA area LV endo ES slice 17

TRA area LV endo ES slice 18

TRA area RV endo ED slice 1

TRA area RV endo ED slice 2

TRA area RV endo ED slice 3

TRA area RV endo ED slice 4

TRA area RV endo ED slice 5

TRA area RV endo ED slice 6

TRA area RV endo ED slice 7

TRA area RV endo ED slice 8

TRA area RV endo ED slice 9
mrt_cor_trarvendoed10
mrt_cor_trarvendoed11
mrt_cor_trarvendoed12
mrt_cor_trarvendoed13
mrt_cor_trarvendoed14
mrt_cor_trarvendoed15
mrt_cor_trarvendoed16
mrt_cor_trarvendoed17
mrt_cor_trarvendoed18
mrt_cor_trarvendoes1
mrt_cor_trarvendoes2
mrt_cor_trarvendoes3
mrt_cor_trarvendoes4
mrt_cor_trarvendoes5
mrt_cor_trarvendoes6
mrt_cor_trarvendoes7
mrt_cor_trarvendoes8

TRA area RV endo ED slice 10

TRA area RV endo ED slice 11

TRA area RV endo ED slice 12

TRA area RV endo ED slice 13

TRA area RV endo ED slice 14

TRA area RV endo ED slice 15

TRA area RV endo ED slice 16

TRA area RV endo ED slice 17

TRA area RV endo ED slice 18

TRA area LV endo ES slice 1

TRA area LV endo ES slice 2

TRA area LV endo ES slice 3

TRA area LV endo ES slice 4

TRA area LV endo ES slice 5

TRA area LV endo ES slice 6

TRA area LV endo ES slice 7

TRA area LV endo ES slice 8
mrt_cor_trarvendoes9
mrt_cor_trarvendoes10
mrt_cor_trarvendoes11
mrt_cor_trarvendoes12
mrt_cor_trarvendoes13
mrt_cor_trarvendoes14
mrt_cor_trarvendoes15
mrt_cor_trarvendoes16
mrt_cor_trarvendoes17
mrt_cor_trarvendoes18
mrt_cor_tranresrv
mrt_cor_tranredrv
mrt_cor_trarved
mrt_cor_trarves
MRTCORDSI
mrt_cordsi_usnr

MRTCORUP
mrt_corup_usnr

TRA area LV endo ES slice 9

TRA area LV endo ES slice 10

TRA area LV endo ES slice 11

TRA area LV endo ES slice 12

TRA area LV endo ES slice 13

TRA area LV endo ES slice 14

TRA area LV endo ES slice 15

TRA area LV endo ES slice 16

TRA area LV endo ES slice 17

TRA area LV endo ES slice 18

TRA number of ES of right ventricle

TRA number of ED of right ventricle

TRA RV volume in phase ED

TRA RV volume in phase ES

DSI

Examiner
upload 4CV, SAX, TRA
examiner
mrt_corup_beso
mrt_corup_beso1
mrt_corup_beso2
mrt_corup_qual
mrt_corup_saxinc
mrt_corup_level
mrt_corup_4cvinc
mrt_corup_trainc
mrt_corup_patho
mrt_corup_wbsr
mrt_corup_wbsl
specials

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

special details

$$
\begin{aligned}
& 1-\mathrm{Yes} \\
& 0-\mathrm{No}
\end{aligned}
$$

text
low image quality (possible rhythm disorder)
1 - Yes
0 - No

SAX incomplete
1 - Yes
0 - No

4 CV or 2CV false plain
1 - Yes
0 - No
-1 - incomplete dataset of pictures

4CV LVOT truncated
1 - Yes
0 - No

TRA hepatic slice under RV
1 - Yes
0 - No
-1 - incomplete dataset of pictures
pathological characteristics
1 - Yes
0 - No

RV wall motion abnormality
1 - Yes
0 - No
88 - maybe

LV wall motion
1 - Yes
0 - No
88 - maybe

RV wall thickness ( $>5 \mathrm{~mm}$ )
1 - Yes

$$
0 \text { - No }
$$

| mrt_corup_sel | rare pathologies (e.g. tumour, thrombus, focal septal hypertrophie, aneurysm, other) |
| :---: | :---: |
|  | 1 - Yes |
|  | 0 - No |
| mrt_corup_le | MAG und PSIR positive late enhancement |
|  | -1 - incomplete data set $0 \text { - No }$ |
|  | 1 - Yes |
|  | 88 - in question |
| mrt_corup_multi | multilocular (1, 2, 3, 4, 5) |
| mrt_corup_diffle | diffuse LE |
|  | 1 - Yes |
|  | 0 - No |
|  | 88 - maybe |
| mrt_corup_insrv | posterior/lateral RV insertion |
|  | 1 - Yes |
|  | 0 - No |
|  | 88 - maybe |
| mrt_corup_bullseye | 16 segments bulls eye |
| MRTCARTODI | cardiothoracic diameter |
| mrt_cartodi_usnr | Examiner |
| mrt_cartodi_bem | Notes? |
|  | 1 - Yes |
|  | 0 - No |
| mrt_cartodi_bem1 | Notes |
| MRTPNK | pancreatic study |
| mrt_pnk_nchoz | native: cholecystolithiasis |
|  | 1 - Yes |
|  | 0 - No |
| mrt_pnk_nchod | native: choledocholithiasis |
|  | 1 - Yes |
|  | 0 - No |
| mrt_pnk_nchoy | native: cholecystectomy |

[^2]```
                                    1-Yes
                                    0-No
mrt_pnk_nldhc
native: width DHC
mrt_pnk_nldpc native: width pancreatic duct
mrt_pnk_beso
special feature
    1-Yes
    0-No
mrt_pnk_beso1
what special feature
MRTSICH_RA
Study of Imaging of the Cartilage & other Structures of the Hand - Teilpro
mrtsich_ra_rapa_usnr
Examiner number for radial and palmar
mrtsich_ra_rad_hoehe_r
Radial height right
mrtsich_ra_rad_inkli_r
Radial inclination right
mrtsich_ra_pal_tilt_r
mrtsich_ra_note_rapa_r
    Comments on radial and palmar right
mrtsich_ra_rad_hoehe_l
Radial height left
mrtsich_ra_rad_inkli_1
mrtsich_ra_pal_tilt_1
mrtsich_ra_note_rapa_l
mrtsich_ra_fdpfpl_usnr
mrtsich_ra_fpl_e_r
```

Palmar tilt right side

Palmar Tilt left

Comments on radial and palmar left
native: width pancreatic duct
special feature

$$
1 \text { - Ye }
$$

what special feature
Study of Imaging of the Cartilage \& other Structures of the Hand - Teilpro
Examiner number for radial and palmar

Radial height right

Radial inclination right

Comments on radial and palmar right

Radial height left

Radial inclination left

Examiner number for FPL and FDP
distance of FPL tendon at level E right

| mrtsich_ra_fpl_d_r | Distance of FPL tendon at level D right. |
| :---: | :---: |
| mrtsich_ra_fdp_2_d_r | Distance of FDP II tendon at level D right. |
| mrtsich_ra_fpl_c_r | Distance of FPL tendon at level C right. |
| mrtsich_ra_fdp_2_c_r | Distance of FDP II tendon at level C right. |
| mrtsich_ra_fpl_b_r | Distance of FPL tendon at level B right. |
| mrtsich_ra_fdp_2_b_r | Distance of FDP II tendon at level B right |
| mrtsich_ra_length_b_r | Height of palmar bone pullout right. |
| mrtsich_ra_note_fdpfpl_r | Comments on FPL and FDP right |
| mrtsich_ra_fpl_e_1 | Distance of the FPL tendon at level E left. |
| mrtsich_ra_fdp_2_e_1 | Distance of the FDP II tendon at the level of E on the left |
| mrtsich_ra_fpl_d_1 | Distance of FPL tendon at level D left. |
| mrtsich_ra_fdp_2_d_1 | Distance of FDP II tendon at level D left. |
| mrtsich_ra_fpl_c_1 | Distance of FPL tendon at level C left. |
| mrtsich_ra_fdp_2_c_1 | Distance of FDP II tendon at level C left. |
| mrtsich_ra_fpl_b_l | Distance of FPL tendon at level B left |
| mrtsich_ra_fdp_2_b_1 | Distance of FDP II tendon at level B left. |

mrtsich_ra_length_b_1 Height of palmar bone pullout left
mrtsich_ra_note_fdpfpl_1Comments on FPL and FDP left
MRTSICH_CStudy of Imaging of the Cartilage \& other Structures of the Hand - Teilpro
mrtsich_c_sl_usnr
mrtsich_c_ab_prox_rSL-distance-Re-Prox\# right
mrtsich_c_ab_dis_r
mrtsich_c_ab_mittel_rSL-distance-Re-Dis\# right
mrtsich_c_wi_deg_rSL distance mean rightExaminer number for radial and palmar
mrtsich_c_ab_prox_1SL-distance-Re-Prox\# left
mrtsich_c_ab_dis_lSL-distance-Re-Dis\# left.mrtsich_c_ab_mittel_1
mrtsich_c_wi_deg_1
mrtsich_c_ch_usnr
mrtsich_c_komm_l Comment, left

## Comment, left

mrtsich_c_car_hei_true_1
mrtsich_c_car_hei_mc3_1
mrtsich_c_cap_len_1SL distance mean leftSL angle re-leftExaminer numberCarpal height true, leftCarpal height MC III, left

SL distance mean left

SL angle re-left

Examiner number

Carpal height true, left

Carpal height MC III, left

Capitate length, left
mrtsich_c_komm_r
Comment, right
mrtsich_c_car_hei_true_r
mrtsich_c_car_hei_mc3_r
mrtsich_c_cap_len_r
mrtsich_c_lt_usnr
mrtsich_c_ctd_l
mrtsich_c_lhd_l
mrtsich_c_winmedlu_l
mrtsich_c_lunatum_1
mrtsich_c_hamfacet_l
mrtsich_c_auff_1
mrtsich_c_ctd_galley_l
mrtsich_c_ctd_r
mrtsich_c_lhd_r

Lunatumtyp, left

1 - Typ 1
2 - Typ 2

Hamatum Facet, left

$$
\begin{aligned}
& 0 \text { - not available } \\
& 1 \text { - available }
\end{aligned}
$$

Carpal height true, right

Carpal height MC III, right

Capitate length, right

Examiner number

Capitatum-Triquetrum-Distanz, left

Lunatum-Hamatum-Distanz, left

Winkel-mediodistale-Lunatumecke, left

$$
2 \text { - Тур } 2
$$

Conspicuity (comment), left

CTD nach Galley (Intermediate Type zwischen 2 mm und 4 mm ), links

1 - I
2 - Intermediate Type
3 - II

Capitatum-Triquetrum-Distanz, right

Lunatum-Hamatum-Distanz, right
mrtsich_c_winmedlu_r
mrtsich_c_lunatum_r
mrtsich_c_hamfacet_r
mrtsich_c_auff_r
mrtsich_c_ctd_galley_r
mrtsich_mc_voxels_r
mrtsich_mc_volume_r
mrtsich_mc_sa_r
mrtsich_mc_sah_r
mrtsich_mc_note_r
mrtsich_mc_voxels_l
mrtsich_mc_volume_1
mrtsich_mc_sa_l

Winkel-mediodistale-Lunatumecke, right

Lunatumtyp, right
1 - Typ 1
2 - Typ 2

Hamatum Facet, right

0 - not available
1 - available

Conspicuity (comment), right

CTD nach Galley (Intermediate Type zwischen 2 mm und 4 mm ), rechts

> 1 - I
> 2 - Intermediate Type
> 3 - II

Study of Imaging of the Cartilage \& other Structures of the Hand - Teilpro

Examiner number

Number of voxels right

Volume right

Surface area right

Surface area / 2 right

Remark right

Number of voxels left

Volume left

Surface area left

| mrtsich_mc_sah_l | Surface area / 2 left |
| :---: | :---: |
| mrtsich_mc_note_l | Remark left |
| mrtsich_mc_usnr_1 | Examiner number |
| mrtsich_mc_dor_kor_1 | dorsal cortex, left |
| mrtsich_mc_laengste_stelle_1 | longest point, left |
| mrtsich_mc_parallel_1 | Parallel, left |
|  | $\begin{aligned} & 1 \text { - yes } \\ & 0 \text { - no } \end{aligned}$ |
| mrtsich_mc_ausge_1 | Excluded, left |
|  | $\begin{aligned} & 1 \text { - yes } \\ & 0 \text { - no } \end{aligned}$ |
| mrtsich_mc_grund_1 | Ground, left |
| mrtsich_mc_kommentar_1 | Comment, left |
| mrtsich_mc_winkel_1 | Angle, left |
| mrtsich_mc_sagwinkel_1 | Angle of the flexor tendon on the thumb, left |
| mrtsich_mc_kom_sagwinkel_l | Comment - Angle of the flexor tendon on the thumb, left |
| mrtsich_mc_dor_kor_r | dorsal cortex, right . |
| mrtsich_mc_laengste_stelle_r | longest point, right |
| mrtsich_mc_parallel_r | Parallel, right |

mrtsich_mc_ausge_r
Excluded, right

> 1 - yes
> 0 - no
mrtsich_mc_grund_r Ground, right
mrtsich_mc_kommentar_r Comment, right
mrtsich_mc_winkel_r
Angle, right
mrtsich_mc_sagwinkel_r Angle of the flexor tendon on the thumb, right
mrtsich_mc_kom_sagwinkel_r Comment - Angle of the flexor tendon on the thumb, right
mrtsich_mc_usnr_2
Examiner number
mrtsich_mc_laenge_1_mc2
MC 2 - total length, left
mrtsich_mc_ausdur_l_mc2
MC 2 - outer diameter at half length, left
mrtsich_mc_hlaenge_1_mc2
MC 2 - half length, left
mrtsich_mc_bes_1_mc2
MC 2 - comment field, left
mrtsich_mc_laenge_1_mc3
MC 3 - total length, left
mrtsich_mc_ausdur_l_mc3
MC 3 - outer diameter at half length, left.
mrtsich_mc_hlaenge_1_mc3
MC 3 - half length, left
mrtsich_mc_bes_1_mc3
MC 3 - Comment field, left
mrtsich_mc_laenge_1_mc4 MC 4 - total length, left
mrtsich_mc_ausdur_l_mc4
mrtsich_mc_hlaenge_1_mc4
mrtsich_mc_bes_1_mc4
mrtsich_mc_laenge_r_mc2
mrtsich_mc_ausdur_r_mc2
mrtsich_mc_hlaenge_r_mc2
mrtsich_mc_bes_r_mc2
mrtsich_mc_laenge_r_mc3
mrtsich_mc_ausdur_r_mc3
mrtsich_mc_hlaenge_r_mc3
mrtsich_mc_bes_r_mc3
mrtsich_mc_laenge_r_mc4
mrtsich_mc_ausdur_r_mc4
mrtsich_mc_hlaenge_r_mc4
mrtsich_mc_bes_r_mc4
PAP_TOPO

MC 4 - outer diameter at half length, left

MC 4 - half length, left

MC 4-Comment field, left

MC 2 - Total length, right

MC 2 - outer diameter at half length, right

MC 2 - half length, right

MC 2 - Comment field, right

MC 3 - total length, right

MC 3 - outer diameter at half length, right

MC 3 - half length, right

MC 3 - comment field, right

MC 4 - Total length, right

MC 4 - Outer diameter at half length, right

MC 4 - half length, right

MC 4-Comment field, right

## Papillentopographie

| pap_topo_beg | Start |  |
| :---: | :---: | :---: |
| pap_topo_usnr | Examiner ID |  |
| pap_topo_img_qual | Image quality |  |
|  |  | 1 - very good |
|  |  | 2 - good |
|  |  | 3 - acceptable |
|  |  | 4 - still evaluable |
|  |  | 5 - not evaluable |
|  |  | 6 - no image |
|  |  | 7 - partially evaluable |
| pap_topo_eye | Eye |  |
|  |  | 0 - left eye |
|  |  | 1 - right eye |
| pap_topo_img | Image number |  |
| pap_topo_disc | Disc area [ $\mathrm{mm}^{2}$ ] |  |
| pap_topo_cup | Cup area [ $\mathrm{mm}^{2}$ ] |  |
| pap_topo_inf | Rim inferior [ $\mu \mathrm{m}$ ] |  |
| pap_topo_sup | Rim superior [ $\mu \mathrm{m}$ ] |  |
| pap_topo_nas | Rim nasal [ $\mu \mathrm{m}$ ] |  |
| pap_topo_temp | Rim temporal [ $\mu \mathrm{m}$ ] |  |
| pap_topo_end | End |  |
| MRTHIJO | Diagnosis of the hip joint |  |
| mrt_hijo_usnr | Untersucher Nummer |  |
| mrt_hijo_ccdr | Centrum-Collum-Diaphysen | chts |

[^3]Centrum-Collum-Diaphysen Winkel rechts
mrt_hijo_alphar
mrt_hijo_alphal
mrt_hijo_headdr
mrt_hijo_headdl
mrt_hijo_cer
mrt_hijo_cel
mrt_hijo_osdate

MRTKNEEJC

MRT_KNEEJC_MT_1_w_mi

MRT_KNEEJC_MT_1_w_sd

MRT_KNEEJC_MT_1_sf_mi

MRT_KNEEJC_MT_1_sf_sd

MRT_KNEEJC_MT_1_dp_mi

MRT_KNEEJC_MT_l_dp_sd

MRT_KNEEJC_cMF_l_w_mi

Alpha-Winkel rechts

Alpha-Winkel links

Hüftkopfdurchmesser rechts

Hüftkopfdurchmesser links

Center-Edge Winkel rechts

Center-Edge Winkel links

Osirix Zeitstempel

## QUANTITATIVE ANALYSIS OF KNEE JOINT CARTILAGE IN THE SH

medial tibia total - mean value - knee joint left
medial tibia total - standard deviation - knee joint left
medial tibia superficial - mean - knee joint left
medial tibia superficial - standard deviation - left knee joint
medial tibia deep - mean - knee joint left
medial tibia deep - standard deviation - knee joint left
medial femur central total - mean value - knee joint left

MRT_KNEEJC_cMF_l_w_sd medial femur central total - standard deviation knee joint left
$\begin{array}{ll}\text { MRT_KNEEJC_cMF_l_sf_mi } & \begin{array}{l}\text { medial femur central superficial - mean valu } \\ \text { knee joint left }\end{array} \\ \text { MRT_KNEEJC_cMF_l_sf_sd } & \begin{array}{l}\text { medial femur central superficial - standard } \\ \text { deviation - knee joint left }\end{array}\end{array}$

MRT_KNEEJC_cMF_l_dp_mi medial femur central deep - mean value - knee joint left

MRT_KNEEJC_cMF_1_dp_sd
medial femur central deep - standard deviation knee joint left

MRT_KNEEJC_pMF_1_w_mi
medial femur posterior total - mean - knee joint left.

MRT_KNEEJC_pMF_1_w_sd
medial femur posterior total - standard deviation - knee joint left

MRT_KNEEJC_pMF_1_sf_mi

MRT_KNEEJC_pMF_1_sf_sd

MRT_KNEEJC_pMF_1_dp_mi

MRT_KNEEJC_pMF_1_dp_sd

MRT_KNEEJC_LT_l_w_mi

MRT_KNEEJC_LT_l_w_sd
medial femur posterior superficial - mean - knee joint left.
medial femur posterior superficial - standard deviation - knee joint left
medial femur posterior deep - mean value - knee joint left
medial femur posterior deep - standard deviation - knee joint left
lateral tibia total - mean - knee joint left
lateral tibia total - standard deviation - left knee joint

MRT_KNEEJC_LT_1_sf_mi | lateral tibia superficial - mean value - left knee |
| :--- |
| joint |

| MRT_KNEEJC_LT_l_sf_sd | lateral tibia superficial - standard deviation - <br> knee joint left |
| :--- | :--- |
| MRT_KNEEJC_LT_1_dp_mi | lateral tibia deep - mean - knee joint left |
| MRT_KNEEJC_LT_1_dp_sd | lateral tibia deep - standard deviation - knee joint <br> left |

MRT_KNEEJC_cLF_l_w_mi lateral femur central total - mean - knee joint left

MRT_KNEEJC_cLF_l_w_sd lateral femur central total - standard deviation knee joint left

MRT_KNEEJC_cLF_l_sf_mi lateral femur central superficial - mean - knee joint left

MRT_KNEEJC_cLF_l_sf_sd lateral femur central superficial - standard deviation - knee joint left

MRT_KNEEJC_cLF_l_dp_mi lateral femur central deep - mean - knee joint left

MRT_KNEEJC_cLF_l_dp_sd lateral femur central deep - standard deviation knee joint left

MRT_KNEEJC_pLF_1_w_mi lateral femur posterior total - mean - knee joint left

MRT_KNEEJC_pLF_l_w_sd lateral femur posterior total - standard deviation - knee joint left

MRT_KNEEJC_pLF_l_sf_mi lateral femur posterior superficial - mean - knee joint left

| MRT_KNEEJC_pLF_1_sf_sd | lateral femur posterior superficial - standard <br> deviation - knee joint left |
| :--- | :--- |
| MRT_KNEEJC_pLF_1_dp_mi | lateral femur posterior deep - mean - knee joint <br> left |

MRT_KNEEJC_pLF_1_dp_sd lateral femur posterior deep - standard deviation - knee joint left

| MRT_KNEEJC_P_1_w_mi | Patella total - mean value - knee joint left |
| :--- | :--- |
| MRT_KNEEJC_P_1_w_sd | Patella total - standard deviation - knee joint left |
| MRT_KNEEJC_P_1_sf_mi | Patella superficial - mean - knee joint left |
| MRT_KNEEJC_P_1_sf_sd | Patella superficial - standard deviation - knee <br> joint left |
| MRT_KNEEJC_P_1_dp_mi | Patella deep - mean value - knee joint left |
| MRT_KNEEJC_P_1_dp_sd | Patella deep - standard deviation - knee joint left |
| MRT_KNEEJC_MT_r_w_mi | medial tibia total - mean value - knee joint right |

MRT_KNEEJC_MT_r_w_sd | medial tibia total - standard deviation - knee joint |
| :--- |
| right |

MRT_KNEEJC_MT_r_sf_mi medial tibia superficial - mean value - right knee joint

MRT_KNEEJC_MT_r_sf_sd medial tibia superficial - standard deviation knee joint right

MRT_KNEEJC_MT_r_dp_mi medial tibia deep - standard deviation - knee joint right

MRT_KNEEJC_MT_r_dp_sd medial tibia deep - standard deviation - knee joint right

MRT_KNEEJC_cMF_r_w_mi

MRT_KNEEJC_cMF_r_w_sd

MRT_KNEEJC_cMF_r_sf_mi

MRT_KNEEJC_cMF_r_sf_sd

MRT_KNEEJC_cMF_r_dp_mi

MRT_KNEEJC_cMF_r_dp_sd

MRT_KNEEJC_pMF_r_w_mi

MRT_KNEEJC_pMF_r_w_sd
medial femur posterior total - standard deviation - knee joint right

MRT_KNEEJC_pMF_r_sf_mi
medial femur posterior superficial - mean value knee joint right

MRT_KNEEJC_pMF_r_sf_sd
medial femur posterior superficial - standard deviation - knee joint right

MRT_KNEEJC_pMF_r_dp_mi
medial femur posterior deep - mean value - knee joint right

MRT_KNEEJC_pMF_r_dp_sd
medial femur posterior deep - standard deviation - knee joint right

MRT_KNEEJC_LT_r_w_mi lateral tibia total - mean value - knee joint right

| MRT_KNEEJC_LT_r_w_sd | lateral tibia total - standard deviation - knee joint <br> right |
| :--- | :--- |
| MRT_KNEEJC_LT_r_sf_mi | lateral tibia superficial - mean value - knee joint <br> right |

MRT_KNEEJC_LT_r_sf_sd lateral tibia superficial - standard deviation knee joint right

MRT_KNEEJC_LT_r_dp_mi lateral tibia deep - mean value - knee joint right

MRT_KNEEJC_LT_r_dp_sd $\begin{aligned} & \text { lateral tibia deep - standard deviation - knee joint } \\ & \text { right }\end{aligned}$ right

MRT_KNEEJC_cLF_r_w_mi lateral femur central total - mean value - knee joint right

MRT_KNEEJC_cLF_r_w_sd $\begin{aligned} & \text { lateral femur central total - standard deviation - } \\ & \text { knee joint right }\end{aligned}$

MRT_KNEEJC_cLF_r_sf_mi lateral femur central superficial - mean - knee joint right

MRT_KNEEJC_cLF_r_sf_sd lateral femur central superficial - standard deviation - knee joint right

MRT_KNEEJC_cLF_r_dp_mi lateral femur central deep - mean - knee joint right

MRT_KNEEJC_cLF_r_dp_sd lateral femur central deep - standard deviation knee joint right

MRT_KNEEJC_pLF_r_w_mi lateral femur posterior total - mean value - knee joint right

MRT_KNEEJC_pLF_r_w_sd lateral femur posterior total - standard deviation - knee joint right

MRT_KNEEJC_pLF_r_sf_mi lateral femur posterior superficial - mean - knee joint right

MRT_KNEEJC_pLF_r_sf_sd lateral femur posterior superficial - standard deviation - knee joint right

MRT_KNEEJC_pLF_r_dp_mi lateral femur posterior deep - standard deviation - knee joint right

MRT_KNEEJC_pLF_r_dp_sd lateral femur posterior deep - standard deviation - knee joint right

MRT_KNEEJC_P_r_w_mi Patella total - mean value - knee joint right

MRT_KNEEJC_P_r_w_sd Total patella - standard deviation - right knee joint

MRT_KNEEJC_P_r_sf_mi
Patella superficial - mean value - knee joint right

MRT_KNEEJC_P_r_sf_sd

MRT_KNEEJC_P_r_dp_mi

MRT_KNEEJC_P_r_dp_sd

## MRTPROSTATA

mrt_pro_ektomie_t1
Patella deep - standard deviation - knee joint right

Identification of non-invasive imaging biomarkers for prostate cancer bas
Prostatektomie
$0-$ No
1 - Yes

Nebenbefunde
prostate volume in [ml]

## MRTKNEE

mrt_knee_usnr
mrt_knee_iq_pdfs_l
mrt_knee_iq_t1_l
mrt_knee_itb_l
mrt_knee_lcl_l
mrt_knee_liga_1
mrt_knee_popt_1
mrt_knee_all_f_l

Examiner number

Image quality PD_fs sequence, left

1 - Non diagnostic
2 - Considerable diagnostic limitation
3 - Fair, some diagnostic limitations
4 - Some artefacts, no diagnostic limitations
5 - Excellent

Image quality T 1 sequence, left

1 - Non diagnostic
2 - Considerable diagnostic limitation
3 - Fair, some diagnostic limitations
4 - Some artefacts, no diagnostic limitations
5 - Excellent

Presence of the Iliotibial tract, left

0 - not observable
1 - observable

Presence of the lateral collateral ligament, left

0 - not observable
1 - observable

Presence of the inferior genicular artery and vein, left

0 - not observable
1 - observable

Presence of the Popliteus tendon, left

0 - not observable
1 - observable

Presence of the femoral part of the ALL in the T1-weighted sequence, left

0 - not observable
1 - observable

| mrt_knee_all_m_l | Presence of the meniscal part of the ALL in the T1-weighted sequence, left |
| :---: | :---: |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_all_t_l | Presence of the tibial part of the ALL in the T1-weighted sequence, left |
|  | $\begin{aligned} & 0 \text { - not observable } \\ & 1 \text { - observable } \end{aligned}$ |
| mrt_knee_c_1_1 | Presence of the femoral part of the ALL in the PDweightedsequence, (para)coronal view, left |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_l_1_1 | Length of the femoral part of the ALL in the PDweightedsequence, (para)coronal view, left [mm] |
| mrt_knee_c_2_1 | Presence of the meniscal part of the ALL in the PDweightedsequence, (para)coronal view, left |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_l_2_1 | Length of the meniscal part of the ALL in the PDweightedsequence, (para)coronal view, left [mm] |
| mrt_knee_c_3_1 | Presence of the tibial part of the ALL in the PDweightedsequence, (para)coronal view, left |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_1_3_1 | Length of the tibial part of the ALL in the PDweightedsequence, (para)coronal view, left [mm] |
| mrt_knee_c_4_1 | Presence of the upper meniscal attachment of theALL in the PD-weighted sequence, (para)coronalview, left |


| mrt_knee_c_l_4_l | Length of the upper meniscal attachment of the ALLin the PD-weighted sequence, (para)coronal view, left [mm] |
| :---: | :---: |
| mrt_knee_c_5_1 | Presence of the lower meniscal attachment of theALL in the PD-weighted sequence, (para)coronalview, left |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_1_5_1 | Length of the lower meniscal attachment of the ALLin the PD-weighted sequence, (para)coronal view, left [mm] |
| mrt_knee_c_tl_l | Sum of c_L1 + c_L2 + c_L3, left [mm] |
| mrt_knee_a_1_1 | Presence of the femoral part of the ALL in the PDweightedsequence, axial view, left |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_a_2_1 | Presence of the meniscal part of the ALL in the PDweightedsequence, axial view, left |
|  | $\begin{aligned} & 0 \text { - not observable } \\ & 1 \text { - observable } \end{aligned}$ |
| mrt_knee_a_3_1 | Presence of the tibial part of the ALL in the PDweightedsequence, axial view, left |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_a_4_1 | Presence of the upper meniscal attachment of theALL in the PD-weighted sequence, axial view, left |
|  | $\begin{aligned} & 0 \text { - not observable } \\ & 1 \text { - observable } \end{aligned}$ |
| mrt_knee_a_5_1 | Presence of the lower meniscal attachment of theALL in the PD-weighted sequence, axial view, left |

mrt_knee_a_th_2_1
mrt_knee_s_1_1
mrt_knee_s_2_1
mrt_knee_s_3_1
mrt_knee_comment_l
mrt_knee_iq_pdfs_r
Image quality PD_fs sequence, right
Comments (For example:Abnormalities in the knee, like ACL reconstruction), left
Presence of the tibial part of the ALL in the PDweightedsequence, sagittal view, left

0 - not observable
1 - observable
Presence of the meniscal part of the ALL in the
PDweightedsequence, sagittal view, left

0 - not observable
1 - observable
Presence of the fibular part of the ALL in the PDweightedsequence, sagittal view, left

0 - not observable
1 - observable

1 - Non diagnostic
2 - Considerable diagnostic limitation
3 - Fair, some diagnostic limitations
4 - Some artefacts, no diagnostic limitations
5 - Excellent

Image quality T1 sequence, right

1 - Non diagnostic
2 - Considerable diagnostic limitation
3 - Fair, some diagnostic limitations
4 - Some artefacts, no diagnostic limitations
5 - Excellent

Presence of the Iliotibial tract, right

0 - not observable
1 - observable

| mrt_knee_lcl_r | Presence of the lateral collateral ligament, right |
| :---: | :---: |
|  | $\begin{aligned} & 0 \text { - not observable } \\ & 1 \text { - observable } \end{aligned}$ |
| mrt_knee_liga_r | Presence of the inferior genicular artery and vein, right |
|  | $\begin{aligned} & 0 \text { - not observable } \\ & 1 \text { - observable } \end{aligned}$ |
| mrt_knee_popt_r | Presence of the Popliteus tendon, right |
|  | $\begin{aligned} & 0 \text { - not observable } \\ & 1 \text { - observable } \end{aligned}$ |
| mrt_knee_all_f_r | Presence of the femoral part of the ALL in the T1-weighted sequence, right |
|  | $\begin{aligned} & 0 \text { - not observable } \\ & 1 \text { - observable } \end{aligned}$ |
| mrt_knee_all_m_r | Presence of the meniscal part of the ALL in the T1-weighted sequence, right |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_all_t_r | Presence of the tibial part of the ALL in the T1-weighted sequence, right |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_1_r | Presence of the femoral part of the ALL in the PDweightedsequence, (para)coronal view, right |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_l_1_r | Length of the femoral part of the ALL in the PDweightedsequence, (para)coronal view, right [mm] |
| mrt_knee_c_2_r | Presence of the meniscal part of the ALL in the PDweightedsequence, (para)coronal view, right |
|  | 0 - not observable <br> 1 - observable |


| mrt_knee_c_l_2_r | Length of the meniscal part of the ALL in the PDweightedsequence, (para)coronal view, right [mm] |
| :---: | :---: |
| mrt_knee_c_3_r | Presence of the tibial part of the ALL in the PDweightedsequence, (para)coronal view, right |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_l_3_r | Length of the tibial part of the ALL in the PDweightedsequence, (para)coronal view, right [mm] |
| mrt_knee_c_4_r | Presence of the upper meniscal attachment of theALL in the PD-weighted sequence, (para)coronalview, right |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_l_4_r | Length of the upper meniscal attachment of the ALLin the PD-weighted sequence, (para)coronal view, right [mm] |
| mrt_knee_c_5_r | Presence of the lower meniscal attachment of theALL in the PD-weighted sequence, (para)coronalview, right |
|  | 0 - not observable <br> 1 - observable |
| mrt_knee_c_l_5_r | Length of the lower meniscal attachment of the ALLin the PD-weighted sequence, (para)coronal view, right [mm] |
| mrt_knee_c_tl_r | Sum of $c_{-} \mathrm{L} 1+\mathrm{c}_{-} \mathrm{L} 2+\mathrm{c}_{-} \mathrm{L} 3$, right [mm] |
| mrt_knee_a_1_r | Presence of the femoral part of the ALL in the PDweightedsequence, axial view, right |

> 0 - not observable
> 1 - observable
mrt_knee_a_2_r
mrt_knee_a_3_r
mrt_knee_a_4_r
mrt_knee_a_5_r
mrt_knee_a_th_2_r
mrt_knee_s_1_r
mrt_knee_s_2_r
mrt_knee_s_3_r
mrt_knee_comment_r

Presence of the meniscal part of the ALL in the PDweightedsequence, axial view, right

0 - not observable
1 - observable

Presence of the tibial part of the ALL in the PDweightedsequence, axial view, right

0 - not observable
1 - observable

Presence of the upper meniscal attachment of theALL in the PD-weighted sequence, axial view, right

0 - not observable
1 - observable

Presence of the lower meniscal attachment of theALL in the PD-weighted sequence, axial view, right

0 - not observable
1 - observable

Thickness of the meniscal part of the ALL, measuredin axial view, right [mm]

Presence of the fibular part of the ALL in the PDweightedsequence, sagittal view, right

> 0 - not observable
> 1 - observable

Presence of the meniscal part of the ALL in the PDweightedsequence, sagittal view, right

0 - not observable
1 - observable

Presence of the tibial part of the ALL in the PDweightedsequence, sagittal view, right

0 - not observable
1 - observable

Comments (For example:Abnormalities in the knee, like ACL reconstruction), right

## SKIN

## SKINOPD <br> SKININTRO

skin_start
skin_examiner
skin_cons_skinphoto
skin_cons_sucbli
skin_cons_skinwash
skin_cons_skindia
skin_criteria_ko_gestation
skin_criteria_ko_obesity
skin_criteria_ko_cancer
skin_criteria_ko_haemo

## Hautuntersuchung

Ablaufdaten<br>Begrüßung, Aufklärung, Einverständnisse

Beginning

Examiner(s)

Consent Clinical Photography

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

Consent suction bladder

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

Consent skin irrigation

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

Consent for skin diagnostics

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Absolute exclusion criteria: Pregnancy and/or lactation

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Absolute exclusion criteria: Obesity ( $\mathrm{BMI}>40$ )

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

Absolute exclusion criteria: Cancer disease in the last 10 years

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

Absolute exclusion criteria: Disease with impaired wound healing (severe diabetes M., hemophilia)
$1-$ yes
0 - no
skin_criteria_ko_medic
skin_criteria_ko_salve
skin_criteria_excl_psoria
skin_psoria_forehead
skin_psoria_cheeks
skin_psoria_rarm
skin_psoria_larm
skin_criteria_excl_scar
skin_scar_forehead
skin_scar_cheeks

Absolute exclusion criteria: Taking medications within the last 14 days that lower the immune response (corticosteroids, cytostatics, retinoids)

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Absolute exclusion criteria: Application of pharmacy ointments (e.g., ointments containing cortisone) within the last 14 days on the inner side of the forearm

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Relative exclusion criteria: chronic or acute skin disease in the examination area (neurodermatitis, psoriasis)

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

forehead

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

Cheeks

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

right forearm

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

left forearm

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Relative exclusion criteria: large scars ( $>2 \mathrm{~cm}$ ) in the examination area

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

forehead

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

cheeks

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

right forearm

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

| skin_scar_larm | left forearm |
| :---: | :---: |
|  | $\begin{aligned} & 1 \text { - yes } \\ & 0 \text { - no } \end{aligned}$ |
| skin_criteria_excl_lesion | Relative exclusion criteria: <br> Injuries/wounds/sunburn in the examination area |
|  | 1 - yes |
|  | 0 - no |
| skin_lesion_forehead | Forehead |
|  | 1 - yes |
|  | 0 - no |
| skin_lesion_cheeks | Cheeks |
|  | 1 - yes |
|  | 0 - no |
| skin_lesion_rarm | right forearm |
|  | 1 - yes |
|  | 0 - no |
| skin_lesion_larm | left forearm |
|  | 1 - yes |
|  | 0 - no |
| skin_criteria_excl_tattoo | Relative exclusion criteria: Tattoo in the examination area |
|  | 1 - yes |
|  | 0 - no |
| skin_tattoo_forehead | forehead |
|  | 1 - yes |
|  | 0 - no |
| skin_tattoo_cheeks | cheeks |
|  | 1 - yes |
|  | 0 - no |
| skin_tattoo_rarm | right forearm |
|  | $1 \text { - yes }$ |
|  | $0-\text { no }$ |
| skin_tattoo_larm | left forearm |
|  | 1 - yes |
|  | 0 - no |

skin_criteria_excl_makeup
skin_makeup_forehead
skin_makeup_cheeks
skin_makeup_eye_mouth
skin_criteria_excl_creme
skin_creme_forehead
skin_creme_cheeks
skin_creme_rarm
skin_creme_larm
skin_criteria_water

Relative exclusion criteria: Decorative cosmetics (make up, foundation, eye shadow, mascara, eyeliner, kohl, blush, powder, concealer (coverage), concealer, lipstick, lip balm)

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

forehead

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

Cheeks

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

eyes / mouth

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Relative exclusion criteria: Use of creams, lotions, sunscreens.

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

forehead

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Cheeks

$$
\begin{aligned}
& 1-\text { yes } \\
& 0-\text { no }
\end{aligned}
$$

right forearm

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

left forearm

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Relative exclusion criteria: Have you washed your face and arms with water only today?

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Relative exclusion criteria: Wearing of earrings, piercings and/or necklaces

> 1 - yes
> 0 - no

| skin_exam_skinphoto | Can the examination "clinical photography" be performed? |
| :---: | :---: |
|  | 1 - yes |
|  | 0 - no |
| skin_exam_sucbli | Can the examination "Suction blister" be performed? |
|  | 1 - yes |
|  | 0 - no |
| skin_exam_skinwash | Can the examination "Skin wash-off" be performed? |
|  | 1 - yes |
|  | 0 - no |
| skin_exam_skindia | Can the examination "skin diagnosis" be performed? |
|  | 1 - yes |
|  | 0 - no |
| skin_remarks | Special features |
|  | 1 - yes |
|  | 0 - no |
| skin_note | Which one? |
| skin_end | End |
| SKINBYE | Check-out und Abschied |
| skinbye_start | Start |
| skinbye_examiner | Examiner/Supervisor |
| skinbye_status | Participation status |
|  | 0 - complete |
|  | 1 - discontinued |
|  | 2 - arrival, no examination |
| skinbye_remarks | Special features |
|  | 1 - Yes |
|  | 0 - No |
| skinbye_note | Which? |
| skinbye_end | End |


skinphoto_pmu_other
skinphoto_piercing
skinphoto_device
skinphoto_complete
skinphoto_face
skinphoto_face_cross
skinphoto_faceright
skinphoto_faceright_cross
skinphoto_faceright_para
skinphoto_faceleft
skinphoto_faceleft_cross
skinphoto_faceleft_para

Other

> 1 - yes
> 0 - no

Do you have non-removable piercings on your face?

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

Device ID

Were all photos taken?

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

straight ahead (face) unfiltered

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

straight ahead (face) cross polarized

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

straight ahead (face) parallel polarized

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no }
\end{aligned}
$$

$45^{\circ}$ left (face right) unfiltered

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

$45^{\circ}$ left (face right) cross-polarized

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

$45^{\circ}$ left (face right) parallel polarized

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

$45^{\circ}$ right (face left) unfiltered
1 - yes 0 - no
$45^{\circ}$ right (face left) cross-polarized

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

$45^{\circ}$ right (face left) parallel polarized
skinphoto_end
End

## SUCBLI

sucbli_start
sucbli_examiner
sucbli_examiner_2nd_yn
sucbli_examiner_2nd
sucbli_remarks
sucbli_note
sucbli_exam_arm
sucbli_shave
sucbli_device_180
sucbli_180_start
sucbli_180_stop_270_start
sucbli_device_270
sucbli_270_stop
Start

## Suction Blister

examiner(s)

2nd examiner(s)?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

second examiner(s)

Special features
0 - no remarks
1 - remarks
8 - unable to perform examination
Which one?

On which inner side of the forearm is the examination performed?

$$
\begin{aligned}
& 1 \text { - right } \\
& 2 \text { - left }
\end{aligned}
$$

Was shaving necessary?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Negative pressure generator 180 mbar Device ID

Start 180 mbar

End 180 mbar / Start 270 mbar

Negative pressure generator 270 mbar Device ID

End 270 mbar

| sucbli_blister | Suction bubble has formed |
| :---: | :---: |
|  | 1 - yes |
|  | 0 - no |
| sucbli_rupture | Suction blister is torn |
|  | 1 - no |
|  | 2-1 |
|  | 3-2 |
|  | 4-3 |
| sucbli_blood | Suction bubble has bled in |
|  | 1 - no |
|  | 2-1 |
|  | 3-2 |
|  | 4-3 |
| sucbli_toilet | Toilet passage/break (total duration) |
| sucbli_plaster | Information sheet and 2 spare plasters were provided |
|  | 1 - yes |
|  | 0 - no |
| sucbli_end | End |
| SKINDIA | skin diagnosis |
| skindia_start | Start |
| skindia_examiner | examiner(s) |
| skindia_examiner_2nd_yn | 2nd examiner(s)? |
|  | 0 - no |
|  | 1 - yes |
| skindia_examiner_2nd | second examiner(s) |
| skindia_remarks | Special features |
|  | 0 - no remarks |
|  | 1 - remarks |
|  | 8 - unable to perform examination |
| skindia_note | Which one? |


| skindia_device | Device ID |
| :---: | :---: |
| skindia_exam_arm | On which inner forearm side is the examination performed? |
|  | $1 \text { - right }$ |
|  | 2 - left |
| skindia_end | End |
| SKINDIAFACE | skin diagnosis, face module |
| skindiaface_type | SKINDIAFACE: type (tanning habits, reaction to sun exposure); 1: very light type to 6: dark type |
| skindiaface_sensit_sun | SKINDIAFACE: Does your facial skin react sensitive in sunlight? |
|  | 0 - no |
|  | 1 - yes |
| skindiaface_sensit_weather | SKINDIAFACE: Does your facial skin react to tough weather conditions (temperature or wind)? |
|  | 0 - no |
|  | 1 - yes |
| skindiaface_sensit_products | SKINDIAFACE: Does your facial skin react sensitive after using new products or facial peeling srubs? |
|  | 0 - no |
|  | 1 - yes |
| skindiaface_sensit_combi | SKINDIAFACE: skin sensitivity, combination of sensitivity questions |
| skindiaface_moist_r_cheek | SKINDIAFACE: moisture, right cheek |
| skindiaface_moist_forehead | SKINDIAFACE: moisture, forehead |
| skindiaface_moist_l_cheek | SKINDIAFACE: moisture, left cheek |
| skindiaface_red_r_cheek | SKINDIAFACE: redness, right cheek |
| skindiaface_red_l_cheek | SKINDIAFACE: redness, left cheek |


| skindiaface_melanin_r_cheek | SKINDIAFACE: melanin / pigmentation, right cheek |
| :---: | :---: |
| skindiaface_melanin_1_cheek | SKINDIAFACE: melanin / pigmentation, left cheek |
| skindiaface_seb_forehead | SKINDIAFACE: sebum, forehead |
| skindiaface_seb_l_cheek | SKINDIAFACE: sebum, left cheek |
| skindiaface_porphyrine | SKINDIAFACE: porphyrine, nose |
| skindiaface_wrinkles | SKINDIAFACE: wrinkles, left eye |
| skindiaface_seb_forehead_fn | SKINDIAFACE: sebum, forehead; file name |
| skindiaface_seb_l_cheek_fn | SKINDIAFACE: sebum, left cheek; file name |
| skindiaface_porphyrine_fn | SKINDIAFACE: porphyrine, nose; file name |
| skindiaface_wrinkles_fn | SKINDIAFACE: wrinkles, left eye; file name |
| skindiaface_tightness_r_eye | SKINDIAFACE: tightness, right eye |
| skindiaface_tightness_l_eye | SKINDIAFACE: tightness, left eye |
| skindiaface_day_care_reg | SKINDIAFACE: day care face, regularly |
|  | 0 - no |
|  | 1 - yes |
| skindiaface_night_care_reg | SKINDIAFACE: night care face, regularly |
|  | 0 - no |
|  | 1 - yes |
| skindiaface_cleaner_reg | SKINDIAFACE: cleaner, regularly |
|  | $\begin{aligned} & 0 \text { - no } \\ & 1 \text { - yes } \end{aligned}$ |

skindiaface_serum_reg
SKINDIAFACE: serum, regularly

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

skindiaface_body_lotion_reg
skindiaface_sun_cream_reg
skindiaface_day_care_24h
skindiaface_night_care_24h
skindiaface_cleaner_24h
skindiaface_serum_24h
skindiaface_body_lotion_24h
skindiaface_sun_cream_24h
skindiaface_prod_reg_combi
skindiaface_prod_24_combi

## SKINDIABODY

skindiabody_type

SKINDIAFACE: body lotion, regularly

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

SKINDIAFACE: sun cream, regularly
0 - no
1 - yes

SKINDIAFACE: day care face, last 24 h

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

SKINDIAFACE: night care face, last 24h

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

SKINDIAFACE: cleaner, last 24h

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

SKINDIAFACE: serum, last $24 h$

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

SKINDIAFACE: body lotion, last 24h

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

SKINDIAFACE: sun cream, last 24 h

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

SKINDIAFACE: product usage, combination of questions (regularly)

SKINDIAFACE: product usage, combination of questions (last 24h)

## skin diagnosis, body module

SKINDIABODY: type (tanning habits, reaction to sun exposure); 1: very light type to 6: dark type

| skindiabody_sensit_sun | SKINDIABODY: Does your body skin react sensitive in sunlight? |
| :---: | :---: |
|  | $\begin{aligned} & 0 \text { - no } \\ & 1 \text { - yes } \end{aligned}$ |
| skindiabody_sensit_hygiene | SKINDIABODY: Does your body skin react sensitive to frequent showering, shaving, heat or coldness? |
|  | $\begin{aligned} & 0-\text { no } \\ & 1 \text { - yes } \end{aligned}$ |
| skindiabody_sensit_stress | SKINDIABODY: Does your body skin react sensitive to stress, sleep deprivation or hormonal changes? |
|  | 0 - no |
|  | 1 - yes |
| skindiabody_sensit_combi | SKINDIABODY: skin sensitivity, combination of sensitivity questions |
| skindiabody_moist_low_pos | SKINDIABODY: moisture, forearm inside, low position |
| skindiabody_moist_mid_pos | SKINDIABODY: moisture, forearm inside, middle position |
| skindiabody_moist_high_pos | SKINDIABODY: moisture, forearm inside, high position |
| skindiabody_red_low_pos | SKINDIABODY: redness, forearm inside, low position |
| skindiabody_red_high_pos | SKINDIABODY: redness, forearm inside, high position |
| skindiabody_melanin_low_pos | SKINDIABODY: melanin / pigmentation, forearm inside, low position |
| skindiabody_melanin_high_pos | SKINDIABODY: melanin / pigmentation, forearm inside, high position |
| skindiabody_scali_ellbow | SKINDIABODY: scaliness, ellbow inside |


| skindiabody_scali_forearm | SKINDIABODY: scaliness, forearm inside |
| :--- | :--- |
| skindiabody_scali_ellbow_fn | SKINDIABODY: scaliness, ellbow inside; file <br> name |

skindiabody_scali_forearm_fn SKINDIABODY: scaliness, forearm inside; file name
skindiabody_elast_high_pos
skindiabody_elast_low_pos
skindiabody_day_care_reg
skindiabody_night_care_reg
skindiabody_cleaner_reg
SKINDIABODY: cleaner, regularly

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

SKINDIABODY: serum, regularly

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

skindiabody_body_lotion_reg SKINDIABODY: body lotion, regularly

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

SKINDIABODY: sun cream, regularly

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

SKINDIABODY: day care face, last 24h

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

SKINDIABODY: night care face, last 24h

$$
0 \text { - no }
$$

| skindiabody_cleaner_24h | SKINDIABODY: cleaner, last 24h |
| :---: | :---: |
|  | $\begin{aligned} & 0 \text { - no } \\ & 1 \text { - yes } \end{aligned}$ |
| skindiabody_serum_24h | SKINDIABODY: serum, last 24h |
|  | 0 - no |
|  | 1 - yes |
| skindiabody_body_lotion_24h | SKINDIABODY: body lotion, last 24h |
|  | 0 - no |
|  | 1 - yes |
| skindiabody_sun_cream_24h | SKINDIABODY: sun cream, last 24 h |
|  | 0 - no |
|  | 1 - yes |
| skindiabody_prod_reg_combi | SKINDIABODY: product usage, combination of questions (regularly) |
| skindiabody_prod_24h_combi | SKINDIABODY: product usage, combination of questions (last 24h) |
| SKINWASH | skin washdown |
| skinwash_start | Start |
| skinwash_examiner | Examiner(s) |

skinwash_examiner_2nd_yn 2nd examiner(s)?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

skinwash_examiner_2nd
Second examiner(s)
skinwash_remarks
skinwash_note
Which one?
skinwash_exam_arm
On which inner side of the forearm is the examination performed?
skinwash_arm_proximal
skinwash_arm_distal
skinwash_forehead
skinwash_end

SKININT
skinint_start
skinint_examiner
skinint_examiner_2nd_yn
skinint_examiner_2nd
skinint_remarks
skinint_note
skinint_status_face

Was the forearm irrigation performed close to the elbow?

1 - performed
2 - performed, no sample
3 - not performed

Was the forearm irrigation performed close to the wrist?

1 - performed
2 - performed, no sample
3 - not performed

Was irrigation performed on the forehead?
1 - performed
2 - performed, no sample
3 - not performed

End

SKIN: HAUT: Interview

Start
examiner(s)

2nd examiner(s)?
0 - no
1 - yes
second examiner(s)

Specifics
0 - no remarks
1 - remarks
8 - unable to perform examination

Which one?

How would you describe your general skin condition on your face? (Combination skin:
T-zone (forehead, nose, chin) oily; cheeks and jaw normal to dry) (List 1 ).

1 - normal

2 - sensitive
3 -dry/scaly
4 - oily/greasy
5 - combination skin
998 - Do not know
999 - Refusal to answer
skinint_status_body
skinint_hair_color
mel_int_01
mel_int_02
skinint_pigmentation

How would you describe your general skin condition on your body? (List 2)

1 -normal
2 - sensitive
3 - dry / scaly
998 - Do not know
999 - Refusal to answer
What is/was your main natural hair color? (List 3)

1 - black
2 - brown
3 - dark blond
4 - light blond
5 - red
998 - Do not know
999 - Refusal to answer
If you expose yourself to the sun unprotected (without sunscreen), your skin will... (List 4)

1 - always red and never brown
2 - always red and sometimes brown
3 - rarely red and mainly brown
4 - never red and always black
998 - do not know
999 - refused to answer
How many sunburns in your childhood (up to the age of 16) can you remember? (List 5)

0 - No
1-1 up to 5
$2-6$ up to 10
3 - more than 10
998 - do not know
999 - refused to answer
Do you have any acquired skin mispigmentation?
(Melasma: hyperpigmentation; INT: age spots: ask "Since when?" if unsure).

> 1 - Yes
> 0 - No
> 998 - White not
> 999 - Refusal to answer
skinint_freckles
skinint_agespots
skinint_moles
skinint_melasma
skinint_cafeaulait
skinint_others
mel_int_03a
mel_int_03b
skinint_shower

Freckles

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Age spots

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Moles

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Melasma (hyperpigmentation)

$$
0 \text { - no }
$$

$$
1 \text { - yes }
$$

Café-au-lait spots (birthmarks)

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Other

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Do you occasionally use tanning beds, sunbeds, or altitude tanning?

1 - Yes
0 - No
998 - White not
999 - Refusal to answer

How often (list 6)
1 - once or twice a week
2 - once or twice a month
3-2 up to 4 times a month
4-1 to 2 times quarterly
998 - do not know
999 - refused to answer
How often do you take a shower? (List 7)
1 - more than $1 \times$ per day
$2-1 \times$ per day
3- every 2-3 days
4-1 x per week
5 - less often/never
998 - Do not know
999 - Refusal to answer
skinint_bath
How often do you take a full bath? (List 7)

1 - more than $1 \times$ per day
2-1x per day
3 - every 2 - 3 days
4-1 x per week
5 - less often/never
998 - Do not know
999 - Refusal to answer
der_all_02
skinint_day_care
skinint_night_care
skinint_cleaner
skinint_serum

Do you use skin care products regularly?
1 - Yes
0 - No
998 - White not
999 - Refusal to answer

How often do you use facial day care? (List 8)
1 - several times a day
2-1 x daily
3-1-3 times a week
4-1 x a month
0 - not at all
998 - Don't know
999 - Refusal to answer

How often do you use facial night cream? (List 8)
1 - several times a day
2-1 x daily
3-1-3 times a week
4-1 x a month
0 - not at all
998 - Don't know
999 - Refusal to answer

How often do you use cleanser? (List 8)
1 - several times a day
2-1 x daily
3-1-3 times a week
4-1 x a month
0 - not at all
998 - Don't know
999 - Refusal to answer

How often do you use serum? (List 8)
1 - several times a day
2-1 x daily
3-1-3 times a week
4-1 x a month
0 - not at all
998 - Don't know
999 - Refusal to answer
skinint_body_lotion
skinint_sunblock
skinint_sunblock_body
der_all_06
der_all_07
der_all_08
der_all_09

How often do you use body lotion? (List 8)
1 - several times a day
2-1x daily
3-1-3 times a week
4-1 x a month
0 - not at all
998 - Don't know
999 - Refusal to answer

How often do you use sunscreen on your face when exposed to the sun for more than half an hour? (List 9)

> 1 - always
> 2 - more often
> 3 - now and then
> 4 - rarely
> 5 - never
> 998 - Do not know
> 999 - Refusal to answer

How often do you use sunscreen on your body when exposed to the sun for more than half an hour? (List 9)

1 - always
2 - more often
3 - now and then
4 - rarely
5 - never
998 - Do not know
999 - Refusal to answer
Have you ever had any cosmetic treatments?
This includes laser treatments, wrinkle injections, cosmetic surgery, liposuction or fruit acid peelings.

1 - Yes
0 - No
998 - White not
999 - Refusal to answer

Was this a laser treatment?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Was this a wrinkle injection?

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

Was this a cosmetic surgery?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

der_all_10
der_all_11
skinint_problems_1
skinint_problems_2
skinint_problems_3
skinint_problems_4
skinint_problems_5
skinint_neuro
skinint_neuro_time

Was this liposuction?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Was this a fruit acid peel?

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Do you have any current skin problems?
1 - Yes
0 - No
998 - White not
999 - Refusal to answer

Is it allergies?
1 - Yes
0 - No
998 - White not
999 - Refusal to answer

Is it itching?
1 - Yes
0 - No
998 - White not
999 - Refusal to answer

Is it sun allergy?
1 - Yes
0 - No
998 - White not
999 - Refusal to answer

Is it dermatosis? (Dermatosis: skin disease)
1 - Yes
0 - No
998 - White not
999 - Refusal to answer

Do you suffer or have you ever suffered from neurodermatitis?

1 - Yes
0 - No
998 - White not
999 - Refusal to answer

Since when? (List 10)

1 - had in childhood
2 - since early childhood until today
3 - had in adolescence

4 - since adolescence until today
5 - since adulthood
998 - Do not know
999 - Refused to answer
skinint_transpire
der_all_61
skinint_underarm_hair
skinint_hair_removal

How would you rate your sweating behavior? (List 11)

> 1 - extremely strongly
> 2 - very strongly
> 3 - strongly
> 4 - medium
> 5 - weak
> 6 - very weak
> 0 - not at all
> 998 - Do not know
> 999 - Refusal to answer

Are you currently being or have you ever been treated for acne?

1 - Yes, currently
2 - Yes, in the past
0 - No
998 - Do not know
999 - Refusal to answer
How often do you remove your underarm hair?
(List 12)
1-1x per day
2 - every 2-3 days
3-1 x per week
4 - less often
0 - never
998 - Don't know
999 - Refusal to answer

How do you remove your underarm hair? (List 13)

1 - Wet shave
2 - Dry shave
3 - Depilatory cream
4 - Wax
5 - Epilator
6 - Laser
7 - Other
998 - Do not know
999 - Refusal to answer
der_haa_01
Hair loss present?

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no }
\end{aligned}
$$

| der_haa_03 | Norwood-Hamilton stage (INT: classify the subject according to scale 1!) |
| :---: | :---: |
|  | 1-stadium I |
|  | 2 - stadium II |
|  | 3 - stadium III |
|  | 4 - stadium IV |
|  | 5 - stadium V |
|  | 6 - stadium VI |
|  | 7 - stadium VII |
| der_haa_04 | Ludwig measurement scale (INT: classify the proband according to scale 2!) |
|  | 1 - stadium I |
|  | 2 - stadium II |
|  | 3 - stadium III |
| skinint_end | End |
| SKINREAD | Reading Hautuntersuchungen |
| SKINPHOTOMANUALLY | Reading Hautuntersuchungen: manuelles Reading klinische Fotografie |
| skinphotomanually_examiner | Examiner(s) |
| skinphotomanually_wrinkl_cat | Rate the wrinkles on the face (word) |
|  | 1 - very few |
|  | 2 - medium |
|  | 3 - very many |
| skinphotomanually_wrinkl_num | RRate the wrinkles on the face (number) |
| skinphotomanually_wrinkl_dur | Duration: Rate the wrinkles on the face (word) |
| skinphotomanually_age_num | Judge the age |
| skinphotomanually_age_dur | Duration: Judge age |
| PIA | PIA |
| PIA_INFECT | Questions about infection with coronavirus |
| SAQ_PIACOVID | Questionnaire PIA-COVID |
| pia_saq_date | When did you fill out this questionnaire? |

```
pia_saq_note
Comments
pia_virus_yn Have you ever been diagnosed with coronavirus infection?
\[
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes } \\
& 999 \text { - not specified }
\end{aligned}
\]
```

pia_virus_test_01
pia_virus_test_02
pia_virus_test_03
pia_virus_test_04
pia_virus_test_05
pia_infect_date_m
pia_infect_date_y
pia_infect_severe

Have you ever been diagnosed with coronavirus infection? Yes, by the following methods: PCR test

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Have you ever been diagnosed with coronavirus infection? Yes, by the following methods: Antibody status (blood)

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

Have you ever been diagnosed with coronavirus infection? Yes, by the following methods: rapid test (test center)

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Have you ever been diagnosed with coronavirus infection? Yes, by the following methods: rapid test (self-test)

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

Have you ever been diagnosed with coronavirus infection? Yes, with the following methods: not specified

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

When was the infection first detected? Month

When was the infection first detected? Year

What was the course of the most severe infection?
0 - No symptoms
1 - Mild symptoms, no medical treatment

2 - medical treatment (outpatient, e.g. at the family doctor)
3 - Treatment in the hospital without a stay in the intensive care unit
4 - Treatment in hospital with stay in intensive care unit
999 - not specified

pia_fam_corona

pia_fam_corona_anzahl Number of person(s)
pia_fam_servere_01
pia_fam_servere_02
pia_fam_servere_03
pia_fam_servere_04
pia_fam_servere_05
Has anyone close to you (e.g., family members, partner, friends) ever been found to be infected with coronavirus?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes } \\
& 999 \text { - not specified }
\end{aligned}
$$

What was the course of the infection? If more than one person was affected, please tick all that apply. no symptoms

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

What was the course of the infection? If more than one person was affected, please tick all that apply. mild symptoms, without medical treatment

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

What was the course of the infection? If more than one person was affected, please tick all that apply. medical treatment (outpatient, e.g. at the family doctor)

$$
\begin{aligned}
& 0-\text { no } \\
& 1-\text { yes }
\end{aligned}
$$

What was the course of the infection? If more than one person was affected, please tick all that apply. Treatment in hospital without stay in intensive care unit

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What was the course of the infection? If more than one person was affected, please tick all that apply. Treatment in hospital with stay in intensive care unit

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

| pia_fam_servere_06 | What was the course of the infection? If more than one person was affected, please tick all that apply. deceased |
| :---: | :---: |
|  | 0 - no |
|  | 1 - yes |
| pia_fam_servere_07 | What was the course of the infection? If more than one person was affected, please tick all that apply. not specified |
|  | $0-$ no |
|  | 1 - yes |
| pia_vac_status_yn | Have you been vaccinated against coronavirus? |
|  | 0 - no |
|  | 1 - yes |
|  | 999 - not specified |
| pia_vac_status | How often have you been vaccinated against coronavirus? |
|  | 1-1-time |
|  | 2-2-times |
|  | 3-3-times |
|  | 999 - not specified |
| pia_vac1_date_m | 1 st vaccination (month) |
| pia_vac1_date_y | 1st vaccination (year) |
| pia_vac1_brand | 1st vaccination Vaccine |
|  | 1 - Biontech/Pfizer <br> 2 - Moderna |
|  | $3 \text { - AstraZeneca }$ |
|  | 4 - Other vaccine |
|  | 999 - not specified |
| pia_vac2_date_m | 2nd vaccination (month) |
| pia_vac2_date_y | 2nd vaccination (year) |
| pia_vac2_brand | 2nd vaccination vaccine |
|  | 1 - Biontech/Pfizer |
|  | 2 - Moderna |
|  | 3 - AstraZeneca |
|  | 4 - Other vaccine 999 - not specified |


| pia_vac3_date_m | 3rd vaccination (month) |
| :--- | :--- |
| pia_vac3_date_y | 3rd vaccination (year) |
| pia_vac3_brand | 3rd vaccination Vaccine |

1 - Biontech/Pfizer
2 - Moderna
3 - AstraZeneca
4 - Other vaccine
999 - not specified
pia_vac_future
pia_novac_reason_01
pia_novac_reason_02
pia_novac_reason_03
pia_novac_reason_04
pia_novac_reason_05

Will you still get vaccinated against coronavirus?
1 - in any case
2 - rather yes
3 - rather no
4 - in no case
5 - don't know
999 - not specified

If you will not get vaccinated, what are the reasons? Please check all that apply. I am worried about side effects or vaccine damage

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If you do not want to be vaccinated, what are the reasons? Please check all that apply. In my opinion, the vaccines have not been sufficiently tested.

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If you do not want to be vaccinated, what are the reasons? Please check all that apply. I do not trust the official information about the vaccines.

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If you do not want to be vaccinated, what are the reasons? Please check all that apply. I see a low risk of getting severely ill with COVID-19 myself.

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If you do not want to be vaccinated, what are the reasons? Please check all that apply. I will not be forced to be vaccinated

$$
0 \text { - no }
$$

pia_novac_reason_06
pia_novac_reason_08
pia_novac_reason_07

PIA_SF12
SAQ_PIACOVID
pia_sf12_01
pia_sf12_02
pia_sf12_03
pia_sf12_04

If you do not want to be vaccinated, what are the reasons? Please check all that apply. other reasons, namely:

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes }
\end{aligned}
$$

If you do not want to be vaccinated, what are the reasons? Please check all that apply. Not specified

$$
\begin{aligned}
& 0 \text { - no } \\
& 1 \text { - yes }
\end{aligned}
$$

What other reason?

## Health and daily life issues

 Questionnaire PIA-COVIDHow would you describe your health in general?
1 - excellent
2 - very good
3 - good
4 - less good
5 - bad
999 - not specified
The following are some activities you might do on a normal day. Are you limited in these activities by your current health condition? If so, to what extent?: Moderately difficult activities, e.g., moving a table, vacuuming, bowling.

1 - yes, strongly limited
2 - yes, somewhat limited
3 - no, not restricted at all
999 - not specified
The following are some activities you might do on a normal day. Are you limited in these activities by your current health condition? If so, to what extent?: Climbing several flights of stairs

1 - yes, strongly limited
2 - yes, somewhat limited
3 - no, not restricted at all
999 - not specified
In the past 4 weeks, have you had any difficulties
at work or other daily activities at work or at home because of your physical health? I have managed less than I wanted to
pia_sf12_05
pia_sf12_06
pia_sf12_07
pia_sf12_08
pia_sf12_09

In the past 4 weeks, have you had any difficulties at work or other daily activities at work or at home because of your physical health? I could only do certain things

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no } \\
& 999 \text { - not specified }
\end{aligned}
$$

In the past 4 weeks, have you had any difficulties at work or other daily activities at work or at home due to mental health problems (e.g., feeling down or anxious)? I have accomplished less than I wanted to

$$
\begin{aligned}
& 1-\text { yes } \\
& 0 \text { - no } \\
& 999 \text { - not specified }
\end{aligned}
$$

In the past 4 weeks, did you have any difficulties at work or other daily activities at work or at home (e.g., because you felt down or anxious) due to mental health problems? I could not work as accurate as usual

$$
\begin{aligned}
& 1 \text { - yes } \\
& 0 \text { - no } \\
& 999 \text { - not specified }
\end{aligned}
$$

In the past 4 weeks, to what extent has pain interfered with you performing your daily activities at home and at work?

$$
\begin{aligned}
& 1 \text { - not at all } \\
& 2 \text { - a little } \\
& 3 \text { - moderate } \\
& 4 \text { - quite } \\
& 5 \text { - very } \\
& 999 \text { - not specified }
\end{aligned}
$$

These questions are about how you feel and how you have been doing over the past 4 weeks... Please check the box in each row that most closely matches how you feel. How often have you been calm and collected in the past 4 weeks?

> 1 - always
> 2 - mostly
> 3 - quite often
> 4 - sometimes
> 5 - rare

## PIA_PHQ9

SAQ_PIACOVID
pia_phq_01

These questions are about how you feel and how you have been doing over the past 4 weeks... Please check the box in each row that most closely matches how you feel. How often have you been full of energy in the past 4 weeks?

1 - always
2 - mostly
3 - quite often
4 - sometimes
5 - rare
6 - never
999 - not specified

These questions are about how you feel and how you have been doing over the past 4 weeks. .
How often have you been discouraged and sad in the past 4 weeks?

1 - always
2 - mostly
3 - quite often
4 - sometimes
5 - rare
6 - never
999 - not specified

In the past 4 weeks, how often have your physical health or mental problems interfered with your contacts with other people (visits to friends, relatives, etc.)

1 - always
2 - mostly
3 - sometimes
4 - rare
5 - never
999 - not specified

## Questions about depressiveness Questionnaire PIA-COVID

During the past 2 weeks, how often did you feel affected by the following complaints? Little interest or pleasure in your activities

1 - not at all
2 - on single days
3 - on more than half of the days
4 - almost every day
999 - not specified
pia_phq_02
pia_phq_03
pia_phq_04
pia_phq_05
pia_phq_06
pia_phq_07

During the past 2 weeks, how often did you feel affected by the following complaints? Low mood, melancholy or hopelessness

> 1 - not at all
> 2 - on single days
> 3 - on more than half of the days
> 4 - almost every day
> 999 - not specified

During the past 2 weeks, how often did you feel affected by the following complaints? Difficulty falling asleep or staying asleep or increased sleep

1 - not at all
2 - on single days
3 - on more than half of the days
4 - almost every day
999 - not specified

During the past 2 weeks, how often did you feel affected by the following complaints? Fatigue or feeling of having no energy

1 - not at all
2 - on single days
3 - on more than half of the days
4 - almost every day
999 - not specified
During the past 2 weeks, how often did you feel affected by the following complaints? Decreased appetite or excessive need to eat

1 - not at all
2 - on single days
3 - on more than half of the days
4 - almost every day
999 - not specified

During the past 2 weeks, how often did you feel affected by the following complaints? Poor opinion of yourself; feeling like a failure or having disappointed your family

> 1 - not at all
> 2 - on single days
> 3 - on more than half of the days
> 4 - almost every day
> 999 - not specified

During the last 2 weeks, how often did you feel affected by the following complaints? Difficulty concentrating on something, e.g. reading the newspaper or watching TV

1 - not at all
pia_phq_08
pia_phq_09

## PIA_IMPACT <br> SAQ_PIACOVID

pia_cov_impact
pia_cov_health
pia_cov_care

During the past 2 weeks, how often did you feel affected by the following complaints? Were your movements or speech so slowed down that others would notice? Or, on the contrary, were you "fidgety" or restless and thus had a stronger urge to move than usu

> 1 - not at all
> 2 - on single days
> 3 - on more than half of the days
> 4 - almost every day
> 999 - not specified

During the past 2 weeks, how often did you feel affected by the following complaints? Thoughts that you would rather be dead or want to cause yourself suffering

1 - not at all
2 - on single days
3 - on more than half of the days
4 - almost every day
999 - not specified

## Impact of the COVID 19 pandemic Questionnaire PIA-COVID

How would you rate the overall impact of the COVID-19 pandemic on your life?

1 - very positive
2 - positive
3 - neutral
4 - negative
5 - Very negative
999 - not specified

Compared to before the COVID-19 pandemic, how would you describe your current health in general?

1 - much better than before
2 - slightly better than before
3 - about the same as before
4 - slightly worse than before
5 - much worse than before
999 - not specified

Has the COVID 19 pandemic affected your medical care?

1 - not at all
2 - a little
3 - moderate
4 - quite
5 - very
999 - not specified
pia_finance_change
pia_change_family_01
pia_change_family_02

Has your households financial situation changed because of the COVID 19 pandemic?

0 - no
1 - yes, the financial situation has improved
2 - yes, the financial situation has deteriorated
999 - not specified

How have the following aspects of your life changed since the pandemic began? time with family,friends in your home

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How have the following aspects of your life changed since the pandemic began? time with family,friends outside your home

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How have the following aspects of your life changed since the pandemic began? Being helpful to friends, relatives or neighbors

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
pia_change_sleep
pia_change_smoking
pia_change_alcohol
pia_change_fruit

How have the following aspects of your life changed since the pandemic began? Sleeping duration

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How have the following aspects of your life changed since the pandemic began? Smoking tobacco products or electronic cigarettes

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How have the following aspects of your life changed since the pandemic began?
Consumption of alcoholic beverages
1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following aspects of your life changed since the pandemic began?
Consumption of fruits and vegetables
1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How have the following aspects of your life changed since the pandemic began? Eating meat

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
pia_change_fastfood
pia_change_sweet
pia_change_activity
pia_change_relax
pia_change_hobbies

How have the following aspects of your life changed since the pandemic began?
Consumption of fast food, prepared products
1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following aspects of your life changed since the pandemic began? Consumption of sweets, cakes, pastries

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following aspects changed in your life since the pandemic began? Physical activity

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following aspects changed in your
life since the pandemic began? Time for relaxation,meditation

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following aspects of your life changed since the pandemic began? Time for hobbies

1 - greatly reduced
2 - somewhat reduced
pia_change_art
pia_change_radio
pia_change_device
pia_change_outside

How have the following aspects of your life changed since the pandemic began?
Artistic,musical activities
1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How have the following aspects changed in your life since the pandemic began? Listening to the radio or watching television

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How have the following aspects of your life changed since the pandemic began? Time spent on computer, smartphone, tablet

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How have the following aspects of your life changed since the pandemic began? Time outdoors

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
pia_change_car
pia_change_bike
pia_change_money
pia_change_workhour

How have the following aspects changed in your life since the pandemic began? Use of public transport

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following aspects changed in your life since the pandemic began? Use of the car

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following aspects changed in your life since the pandemic began? Use of the bicycle

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following aspects changed in your life since the pandemic began? Money spent

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
How have the following changed in your life since the pandemic began? Number of hours at your usual job

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified
pia_change_homeoffice
pia_privb_contact
pia_privb_nursing
pia_privb_relationship
pia_privb_violence

How have the following changed in your life since the pandemic began? Number of hours you work at home

1 - greatly reduced
2 - somewhat reduced
3 - remained the same
4 - slightly increased
5 - greatly increased
6 - does not apply
999 - not specified

How much of a burden have the following private issues been on you since the pandemic began? Limited contact with relatives, friends, acquaintances

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified

How much of a burden have the following private issues been on you since the pandemic began? Restrictions on visiting people close to me in a nursing home or hospital

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private aspects been for you since the beginning of the pandemic? The deterioration of my relationship with my partner

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified

How much of a burden have the following private issues been on you since the pandemic began? Domestic violence

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
pia_privb_homeschool

pia_privb_childcare

pia_privb_contactkids

How much of a burden have the following personal issues been on you since the pandemic began? Teaching my children at home

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private issues been on you since the pandemic began? Limited childcare

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private issues been on you since the pandemic began? Restricted social contacts for children 1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private aspects been for you since the pandemic began? Restrictions on celebrations (e.g. birthday, wedding), funerals and other private occasions

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much have the following private issues bothered you since the pandemic began? Restrictions on religious gatherings

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private aspects been on you since the pandemic began? Restrictions on sports activities, game groups, senior afternoons, or other hobbies

1 - heavily loaded
pia_privb_culture
pia_privb_gastro
pia_privb_travel
pia_privb_health_01
How much of a burden have the following private aspects been for you since the beginning of the pandemic? Restrictions on cultural activities (e.g., concerts, cinema, theater)

> 1 - heavily loaded
> 2 - somewhat loaded
> 3 - Not loaded
> 4 - does not apply
> 999 - not specified

How much have the following private issues bothered you since the pandemic began? Restrictions on eating out

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private issues been on you since the pandemic began? Restricted travel,holiday opportunities
1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
pia_privb_shop How much of a burden have the following private issues been on you since the pandemic began? Limited shopping opportunities

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private issues been on you since the pandemic began? Worries about my health

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
pia_privb_health_02
pia_privb_fear
pia_privb_freedom
pia_psystress_priv
pia_work
pia_risk_work

How much of a burden have the following private issues been on you since the pandemic began? Worries about the health of people close to me

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private issues been on you since the pandemic began? Death or serious illness of people close to me because of COVID-19

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following private issues been on you since the pandemic began? Restrictions on my freedom

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
Since the beginning of the COVID 19 pandemic, I feel that my mental stress in my private life has been ...

> 1 - Significantly higher
> 2 - somewhat higher
> 3 - same
> 4 - somewhat lower
> 5 - substantially lower
> 999 - not specified

Are you or have you been employed since the pandemic began?

$$
\begin{aligned}
& 0-\text { no } \\
& 1 \text { - yes } \\
& 999-\text { not specified }
\end{aligned}
$$

To what extent do you agree with the following statement? My own job,my professional existence is at risk due to the COVID 19 pandemic.

1 - fully agree
2 - tend to agree
pia_job_infection
pia_job_homeoffice
pia_job_overtime
pia_job_shortwork
pia_job_incomeloss

How much of a burden have the following job-related issues been on you since the pandemic began? Having to be at work despite potential risk of infection

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following job-related issues been on you since the pandemic began? Working from home

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following job-related issues been on you since the pandemic began? Overtime

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following job-related issues been on you since the pandemic began? Short-time work,reduced working hours

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
How much of a burden have the following job-related issues been on you since the pandemic began? Loss of income, revenue

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified

| pia_job_lossfear | How much of a burden have the following job-related issues been on you since the pandemic began? |
| :---: | :---: |
|  | 1 - heavily loaded |
|  | 2 - somewhat loaded |
|  | 3 - Not loaded |
|  | 4 - does not apply |
|  | 999 - not specified |
| pia_job_loss | How much have the following occupational issues bothered you since the pandemic began? Fear of job loss |
|  | 1 - heavily loaded |
|  | 2 - somewhat loaded <br> 3 - Not loaded |
|  | 4 - does not apply |
|  | 999 - not specified |
| pia_job_shutdown | How much of a burden have the following occupational issues been on you since the pandemic began? Temporary closure of your own company |
|  | 1 - heavily loaded |
|  | 2 - somewhat loaded |
|  | 3 - Not loaded |
|  | 4 - does not apply |
|  | 999 - not specified |
| pia_job_insolvency | How much of a burden have the following professional issues been on you since the pandemic began? Insolvency or abandonment of your own company |
|  | 1 - heavily loaded |
|  | 2 - somewhat loaded |
|  | 3 - Not loaded |
|  | 4 - does not apply |
|  | 999 - not specified |
| pia_job_contact | How much of a burden have the following professional issues been on you since the pandemic began? Restricted contact with colleagues, employees, customers |
|  | 1 - heavily loaded |
|  | 2 - somewhat loaded |
|  | 3 - Not loaded |
|  | 4 - does not apply |
|  |  |

pia_job_childcare pia_mental_job
pia_social_miss1
pia_social_miss0

How much of a burden have the following occupational issues been on you since the pandemic began? Lack of childcare

1 - heavily loaded
2 - somewhat loaded
3 - Not loaded
4 - does not apply
999 - not specified
Since the beginning of the COVID 19 pandemic, I feel that my mental stress in my professional life has been...

1 - Significantly higher
2 - somewhat higher
3 - same
4 - somewhat lower
5 - substantially lower
999 - not specified
For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID-19 pandemic. I miss people who make me feel comfortable. Currently

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified
For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID-19 pandemic. I miss people who make me feel comfortable. Before the pandemic

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified
For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID-19 pandemic. There are enough people who would help me if I had problems. Currently

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified

| pia_social_help0 | For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID-19 pandemic. There are enough people who would help me if I had problems. Before the pandemic <br> 1 - correct <br> 2 - rather correct <br> 3 - rather not correct <br> 4 - not correct <br> 999 - not specified |
| :---: | :---: |
| pia_social_neglect1 | For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID 19 pandemic. I often feel neglected. Currently <br> 1 - correct <br> 2 - rather correct <br> 3 - rather not correct <br> 4 - not correct <br> 999 - not specified |
| pia_social_neglect0 | For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID 19 pandemic. I often feel neglected. Before the pandemic <br> 1 - correct <br> 2 - rather correct <br> 3 - rather not correct <br> 4 - not correct <br> 999 - not specified |
| pia_social_rely1 | For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID 19 pandemic. I know many people on whom I can really rely. Currently <br> 1 - correct <br> 2 - rather correct <br> 3 - rather not correct <br> 4 - not correct <br> 999 - not specified |
| pia_social_rely0 | For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID 19 pandemic. I know many people on whom I can really rely. Before the pandemic |
|  | 1 - correct <br> 2 - rather correct |

pia_social_wamth1
pia_social_warmth0
pia_social_connect1
pia_social_connect0

For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID 19 pandemic. I miss security and warmth. Currently 1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified

For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID 19 pandemic. I miss security and warmth. Before the pandemic

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified

For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID-19 pandemic. There are enough people with whom I feel closely connected. Currently

> 1 - correct
> 2 - rather correct
> 3 - rather not correct
> 4 - not correct
> 999 - not specified

For each of the following statements, please indicate the extent to which it currently applies to you and was true before the COVID-19 pandemic. There are enough people with whom I feel closely connected. Before the pandemic

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified
pia_hygiene

What do you estimate: How many times a day do you currently wash your hands?
pia_hygiene_compare
pia_hygiene_outside

PIA_MEASURE
SAQ_PIACOVID
pia_measure_school
pia_measure_shop

Have you tried to follow the AHA rules (distance, hygiene, daily routine with mask) outside your household in the last 14 days?

> 1 - yes, complete
> 2 - yes, partially
> 3 - no
> 999 - not specified

## Evaluation of Corona measures Questionnaire PIA-COVID

In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Closure of schools and daycare centers

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified

In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Shutting down stores

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified
pia_measure_cultur
In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Closing of cultural and recreational facilities

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know

| pia_measure_gastro | In order to contain the pandemic, new measures <br> were repeatedly prescribed by the government. <br> In your opinion, how useful are and were the <br> following measures? Closing of restaurants <br> $1-$ very useful <br> $2-$ rather useful <br> $3-$ rather not useful <br> $4-$ not useful at all <br> $5-$ don't know <br> $999-$ not specified |
| :--- | :--- |

pia_measure_restrict
pia_measure_travelnat
pia_measure_travelint

In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Exit restrictions

> 1 - very useful
> 2 - rather useful
> 3 - rather not useful
> 4 - not useful at all
> 5 - don't know
> 999 - not specified

In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Exit restrirtions within Germany

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified
In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Exit restrictions going abroad

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified
pia_measure_homeoffice
pia_measure_vacc
pia_measure_mask
pia_measure_testunvac

In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Home office obligation for office activities

> 1 - very useful
> 2 - rather useful
> 3 - rather not useful
> 4 - not useful at all
> 5 - don't know
> 999 - not specified

In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Mandatory vaccination in the healthcare system

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified

In order to contain the pandemic, new measures were repeatedly prescribed by the government. How useful are and were the following measures in your view? Mandatory medical,ffp2 masks

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified

In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Mandatory testing for the unvaccinated

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified
pia_measure_testvacc
pia_measure_testhealth
pia_measure_3g

In order to contain the pandemic, new measures were repeatedly prescribed by the government. In your opinion, how useful are and were the following measures? Mandatory testing for the vaccinated

> 1 - very useful
> 2 - rather useful
> 3 - rather not useful
> 4 - not useful at all
> 5 - don't know
> 999 - not specified

In order to contain the pandemic, new measures were repeatedly prescribed by the government. How useful are and were the following measures in your view? Mandatory testing in the healthcare sector

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified

In order to contain the pandemic, new measures were repeatedly prescribed by the government. How useful are and were the following measures in your view? Indoors: 3G- regulation (access only for vaccinated,recovered, with test).

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified

In order to contain the pandemic, new measures were repeatedly prescribed by the government. How useful are and were the following measures in your view? Indoors: 2G regulation (access only for vaccinated,recovered ).

1 - very useful
2 - rather useful
3 - rather not useful
4 - not useful at all
5 - don't know
999 - not specified
pia_measure_2gplus
pia_vacc_requ
pia_cov_fedgov
pia_cov_state
pia_cov_pharma

In order to contain the pandemic, new measures were repeatedly prescribed by the government. How useful are and were the following measures in your view? Indoors: 2G+ regulation (access only for vaccinated,recovered with test).

> 1 - very useful
> 2 - rather useful
> 3 - rather not useful
> 4 - not useful at all
> 5 - don't know
> 999 - not specified

The introduction of a Corona vaccination requirement for persons 18 years of age and older

> 1 - I support
> 2 - I refuse
> 999 - not specified

To what extent do you agree with the following statements about the COVID 19 pandemic? Even though not everything always went well, I am satisfied with the federal governments Corona management overall.

1 - fully agree
2 - tend to agree
3 - tend not to agree
4 - Do not agree at all
5 - don't know
999 - not specified
To what extent do you agree with the following statements about the COVID 19 pandemic? Even though not everything always went well, I am satisfied overall with the corona management of the state government in Mecklenburg-Vorpommern.

1 - fully agree
2 - tend to agree
3 - tend not to agree
4 - Do not agree at all
5 - don't know
999 - not specified
To what extent do you agree with the following statements about the COVID-19 pandemic? Out of consideration for the pharmaceutical industry, the government is keeping quiet about possible side effects and long-term damage of the Corona vaccines.

1 - fully agree
pia_cov_vacquest
pia_cov_surveillance
pia_cov_rigour

To what extent do you agree with the following statements about the COVID 19 pandemic? I consider the use of vaccines that have not been studied over several years with regard to their efficiency and side effects to be questionable.

> 1 - fully agree
> 2 - tend to agree
> 3 - tend not to agree
> 4 - Do not agree at all
> 5 - don't know
> 999 - not specified

To what extent do you agree with the following statements about the COVID-19 pandemic? The COVID-19 pandemic provides the government with an excuse to advance surveillance of citizens.

> 1 - fully agree
> 2 - tend to agree
> 3 - tend not to agree
> 4 - Do not agree at all
> 5 - don't know
> 999 - not specified

To what extent do you agree with the following statements about the COVID 19 pandemic? It is a pity that politicians did not take a tougher stance in combating the pandemic.

1 - fully agree
2 - tend to agree
3 - tend not to agree
4 - Do not agree at all
5 - don't know
999 - not specified

To what extent do you agree with the following statements about the COVID-19 pandemic? The risk posed by the virus is exaggerated by the media.

1 - fully agree
2 - tend to agree
3 - tend not to agree
4 - Do not agree at all
5 - don't know
999 - not specified
pia_cov_science
pia_cov_demo
pia_cov_freedom
pia_cov_voice
pia_cov_democr

To what extent do you agree with the following statements about the COVID 19 pandemic? It is correct that politicians primarily follow the advice of established scientists and experts during the crisis.

> 1 - fully agree
> 2 - tend to agree
> 3 - tend not to agree
> 4 - Do not agree at all
> 5 - don't know
> 999 - not specified

To what extent do you agree with the following statements about the COVID-19 pandemic? I understand that people are demonstrating against the Corona measures.

> 1 - fully agree
> 2 - tend to agree
> 3 - tend not to agree
> 4 - Do not agree at all
> 5 - don't know
> 999 - not specified

To what extent do you agree with the following statements about the COVID 19 pandemic? It is right for the state to restrict private freedoms if necessary to protect the health of its citizens.

> 1 - fully agree
> 2 - tend to agree
> 3 - tend not to agree
> 4 - Do not agree at all
> 5 - don't know
> 999 - not specified

To what extent do you agree with the following statements about the COVID 19 pandemic? I would have liked to see more involvement of the citizens;

1 - fully agree
2 - tend to agree
3 - tend not to agree
4 - Do not agree at all
5 - don't know
999 - not specified

To what extent do you agree with the following statements about the COVID 19 pandemic? The Corona Pandemic may endanger our democracy.

1 - fully agree
2 - tend to agree

## PIA_AGECOG SAQ_PIACOVID

pia_ageing_ideas1
pia_ageing_ideas0
pia_ageing_abilities1

## Questions about the age image Questionnaire PIA-COVID

For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID 19 pandemic. For me, getting older means that I can continue to realize many ideas. Currently

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified
For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID 19 pandemic. For me, getting older means that I can continue to realize many ideas. Before the pandemic

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified
For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means that my abilities are expanding. Currently

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified
For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means that my abilities are expanding. Before the pandemic

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct

| pia_ageing_health1 | For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means that my health is getting worse. Currently |
| :---: | :---: |
|  | 1 - correct |
|  | 2 - rather correct |
|  | 3 - rather not correct |
|  |  |
|  | 999 - not specified |
| pia_ageing_health0 | For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means that my health is getting worse. Before the pandemic |
|  | 1 - correct |
|  | 2 - rather correct |
|  | 3 - rather not correct |
|  | 4 - not correct |
|  | 999 - not specified |
| pia_ageing_plans1 | For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. Getting older for me means that I continue to make many plans. Currently |
|  | 1 - correct |
|  | 2 - rather correct |
|  | 3 - rather not correct |
|  | 4 - not correct |
|  | 999 - not specified |
| pia_ageing_plans0 | For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. Getting older for me means that I continue to make many plans. Before the pandemic |
|  | 1-correct |
|  | 2 - rather correct |
|  | 3 - rather not correct |
|  | 4 - not correct |
|  | 999 - not specified |
| pia_ageing_resil1 | For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means that I am no longer as able to bear stress. Currently |

pia_ageing_resil0
pia_ageing_learn1
pia_ageing_learn0

For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means that I am no longer as able to bear stress. Before the pandemic

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified

For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. Getting older for me means that I am still able to learn new things. Currently

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified

For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. Getting older for me means that I am still able to learn new things. Before the pandemic

1 - correct
2 - rather correct
3 - rather not correct
4 - not correct
999 - not specified

For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means that I am less able to compensate for physical losses. Currently
1 - correct
2 - rather correct
3 - rather not correct
4 - not correct

| pia_ageing_comp0 | For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means that I am less able to compensate for physical losses. Before the pandemic |
| :---: | :---: |
|  | 1 - correct |
|  | 2 - rather correct |
|  | 3 - rather not correct |
|  | 4 - not correct |
| pia_ageing_lessfit1 | For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means being less vital and fit. Currently |
|  | 1 - correct |
|  | 2 - rather correct |
|  | 3 - rather not correct |
|  | 4 - not correct |
|  | 999 - not specified |
| pia_ageing_lessfit0 | For each of the following statements, please indicate the extent to which it applies to you currently true and was true before the COVID-19 pandemic. For me, getting older means being less vital and fit. Before the pandemic |
|  | 1-correct |
|  | 2 - rather correct |
|  | 3 - rather not correct |
|  | 4 - not correct |
|  | 999 - not specified |
| pia_age_feel | Apart from your actual age: If you have to express it in years, how old do you feel? I feel like Im $\qquad$ years old. |
| pia_age_guess | How old do you think you might get? |
| pia_age_old | At what age would you call someone old? |
| pia_discrim_media | Since the beginning of the COVID-19 pandemic, have you felt unfairly treated in the following areas because of your age? In media reporting |
|  | 1 - very clearly |

2 - clearly
3 - some
4 - not at all
999 - not specified
pia_discrim_med
pia_discrim_shop
pia_discrim_social

## PIA_SOLIDAR

 SAQ_PIACOVIDpia_solidar_oldconcern

Since the beginning of the COVID-19 pandemic, have you felt unfairly treated in the following areas because of your age? In medical care

1 - very clearly
2 - clearly
3 - some
4 - not at all
999 - not specified

Since the beginning of the COVID-19 pandemic, have you felt unfairly treated in the following areas because of your age? In activities of daily living (e.g., shopping)

> 1 - very clearly
> 2 - clearly
> 3 - some
> 4 - not at all
> 999 - not specified

Since the beginning of the COVID-19 pandemic, have you felt unfairly treated in the following areas because of your age? Within my social network (friends, family, ...)

> 1 - very clearly
> 2 - clearly
> 3 - some
> 4 - not at all
> 999 - not specified

Since the beginning of the COVID 19 pandemic, have you felt unfairly treated in the following areas because of your age? In your daily work life

1 - very clearly
2 - clearly
3 - some
4 - not at all
999 - not specified

## Solidarity questions

Questionnaire PIA-COVID

The following statements deal with the relationship between old and young. Please mark with a cross in each case the extent to which you agree with these statements. Older people care too little about the future of younger people.

1 - fully agree
2 - tend to agree
3 - rather reject
4 - fully reject
999 - not specified
pia_solidar_youngconcern
pia_solidar_younglead
pia_solidar_advice
The following statements deal with the relationship between old and young. Please mark with a cross in each case the extent to which you agree with these statements. Younger people do not care enough about the needs of older people.

$$
1 \text { - fully agree }
$$

2 - tend to agree
3 - rather reject
4 - fully reject
999 - not specified
The following statements deal with the relationship between old and young. Please mark with a cross in each case the extent to which you agree with these statements. Its time for more younger people to take the lead in politics

> 1 - fully agree
> 2 - tend to agree
> 3 - rather reject
> 4 - fully reject
> 999 - not specified

The following statements deal with the relationship between old and young. Please mark with a cross in each case the extent to which you agree with these statements. Older people should free up their jobs for younger people
1 - fully agree
2 - tend to agree
3 - rather reject
4 - fully reject
999 - not specified

The following statements deal with the relationship between old and young. In each case, please mark with a cross the extent to which you agree with these statements. The advice of older, experienced people should be relied upon when making important deci

> 1 - fully agree
> 2 - tend to agree
> 3 - rather reject
> 4 - fully reject
> 999 - not specified

1 - fully agree
2 - tend to agree
3 - rather reject
4 - fully reject
999 - not specified
The following statements deal with the relationship between old and young. Please mark with a cross in each case to what extent you agree with these statements. The elderly have neglected the environment at the expense of future generations

1 - fully agree
2 - tend to agree
3 - rather reject
4 - fully reject
999 - not specified

## TRV

TRV_SOCI
marit_t1
transformed variables

Socio-demography

Marital status

1-1-less than 10 years
2-2-10 years
3-3-more than 10 years
edlevel_t1
partner_t1
Living in a partnership
0 - No

Years of schooling (categories)
1-1-single
2-2-married or cohabitating
3-3-separated or divorced
4-4-widowed

$$
1 \text { - Yes }
$$

school_t1

Level of education

The following statements deal with the relationship between old and young. Please mark with a cross in each case the extent to which you agree with these statements. The older people have built up what the younger people are drawing on today

1-0 - education level 0
2-1 - education level 1
3-2 - education level 2
4-3 - education level 3
5-4-education level 4
6-5 - education level 5

| edyrs_t1 | Years of education |
| :---: | :---: |
| TRV_INCO | Household income |
| inceq_eur_t1 | Equivalent household income (rough devision) [Euro] |
| inceq_fine_eur_t1 | Equivalent household income (fine devision) [Euro] |
| TRV_INAN | Medical assistance utilisation |
| doc4wks_without_dent_t1 | Visits to the doctor (last 4 weeks) |
| doc12mths_without_dent_t1 | Visits to the doctor (last 12 months) |
| genintdoc12m_t1 | Visits to the doctor (general practitioner and internist) (last 12 months) |
| TRV_CVD | Cardiovascular system |
| heartr_t1 | Heart rate [1/min] |
| hypmed_t1 | Antihypertensive medication (self-report) |
|  | 0 - No |
|  | 1 - Yes |
| sysbp_t1 | Systolic blood pressure [ mmHg ] |
| syshyp_t1 | Increased systolic blood pressure ( $>=140 \mathrm{mmHg}$ ) $0 \text { - No }$ $1 \text { - Yes }$ |
| diabp_t1 | Diastolic blood pressure ( mmHg ) |
| diahyp_t1 | Increased diastolic blood pressure $(>=90 \mathrm{mmHg})$ $0-\mathrm{No}$ |


| hyp_t1 | Hypertension |  |
| :---: | :---: | :---: |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |
| lbbb_t1 | Left bandle branch block |  |
|  |  | $0-$ No |
|  |  | 1 - Yes |
| lafb_t1 | Left anterior hemiblock |  |
|  |  | 0 - No |
|  |  | 1 - Yes |
| rbbb_t1 | Right bandle branch block |  |
|  |  | 0 - No |
|  |  | 1 - Yes |
| lvm_t1 | Left ventricular mass according to Devereux [g] |  |
| lvmi_t1 | Left ventricular mass index [ $\mathrm{g} / \mathrm{m} \wedge\{ \} 2.7]$ |  |
| lvh_t1 | Left ventricular hypertrophy |  |
|  |  | $0-\mathrm{No}$ |
|  |  | $1 \text { - Yes }$ |
| fs_t1 | Fractional shortening [\%] |  |
| fs_risk_t1 | Impaired fractional shortening |  |
|  |  | 0 - No |
|  |  | 1 - Yes |
| TRV_THYR | Thyroid |  |
| goiter_t1 | Goiter |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |

node2_t1
At least one thyroid nodule (change of device before Trend-0)

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

echogenthyr2_t1
Hypoechoic thyroid pattern (change of device before Trend-0)

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

TRV_META
metsyn_t1
fasting_t1
diabetes_t1
diabetes_typ2_t1
diab_known_t1

TRV_RISK
csmoking_t1
smoking_t1
0-0-Never Smoker
1-1-Ex-Smoker
2-2-Current Smoker

Smoking status
metabolism
Metabolic syndrome

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

time fasting [h]

Diabetes (known and diagnosed based on SHIP data)

$$
\begin{aligned}
& 0-\text { No } \\
& 1 \text { - Yes }
\end{aligned}
$$

Diabetes type 2 (known and diagnosed based on SHIP data)

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes }
\end{aligned}
$$

Known diabetes (all types)

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

## Behavioural risk factors

Current smoker

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes }
\end{aligned}
$$

Age of smoking onset

Abstinence from alcohol (last 12 months)

$$
\begin{aligned}
& 0 \text { - No } \\
& 1 \text { - Yes }
\end{aligned}
$$

Leisure time physical activity
0 - No
1 - Yes

Sports score (Baecke)

Work index (Baecke)
onsetsmok_t1
abstain_t1
physact_t1
sport_score_t1
work_index_t1

## TRV_SOMA

alcoholg30d_t1
waistc_t1
waiidf_t1
whr_t1
whratc_t1
whtr_t1
bmi_t1

TRV_LAB
chol_hdl_t1
gfr_epi_crea_t1
gfr_epi_cyst_t1
gfr_epi_crea_cyst_t1

TRV_HEP
stea_t1

## Anthropometry

Alcohol intake during last 30 days [ethanol in $\mathrm{g} / \mathrm{d}]$

Waist circumference in categories( $>=102 \mathrm{~cm}$ for men and $>=88 \mathrm{~cm}$ for women)

Waist circumference in categories (according to IDF)

$$
\begin{aligned}
& 0-\mathrm{No} \\
& 1-\mathrm{Yes}
\end{aligned}
$$

Waist-hip ratio

Waist-hip ratio in categories
0 - No
1 - Yes

Waist-height ratio

BMI $\left[\mathrm{kg} / \mathrm{m}^{\wedge}\{ \} 2\right]$

## Laboratory parameters

hdl cholesterol ratio

Glomerular filtration rate based on creatinine (CKD-EPI formula) [mL/min per 1.73 m 2 ]

Glomerular filtration rate based on cystatin (CKD-EPI formula) [ $\mathrm{mL} / \mathrm{min}$ per 1.73 m 2 ]

Glomerular filtration rate based on creatinine and cystatin (CKD-EPI formula) $[\mathrm{mL} / \mathrm{min}$ per 1.73 m 2 ]

## Liver ultrasound

Hepatic steatosis (ultrasound)

| stea_alt75_t1 | Hepatic steatosis (ultrasound (not quality-controlled!) and ALAT $>75$. percentile) |
| :---: | :---: |
|  | 0-0-US neg. \& ALAT neg. |
|  | 1-1- US pos. \& ALAT neg. |
|  | 2-2-US neg. \& ALAT pos. |
|  | 3-3- US pos. \& ALAT pos. |
| gallstone_t1 | Gallstone |
|  | 0 - No |
|  | 1 - Yes |
| TRV_WOM | Questions for women |
| parity_t1 | Parity, at least one pregnancy |
|  | 0 - No |
|  | 1 - Yes |
| birth_t1 | Births |
|  | 0 - No |
|  | 1 - Yes |
| TRV_FOOD | Nutrition |
| ffs_t1 | Food Frequency Score |
| ffs_pattern_t1 | Dietary pattern |
|  | 1-1-unfavourable |
|  | 2-2-intermediary |
|  | 3-3-optimal |
| TRV_MENT | Subjective well-being and mental health |
| depre_t1 | Depression |
|  | 0-0-No or one symptom <br> 1-1-Both symptoms |
| mcs_sf12_t1 | SF-12 mental-component summary score |
| pcs_sf12_t1 | SF-12 physical-component summary score |
| TRV_DIN | Dental interview |
| ohip14score_t1 | ohip-14 score |


| TRV_DEX | Dental examination <br> mteeth28_t1 |
| :--- | :--- |
| Number of missing teeth |  |
| teeth28_t1 | Number of teeth (at maximum 28) |
| teeth28_resroot_t1 | Number of teeth (at maximum 28) - including <br> teeth with destroyed crown |
| teeth32_t1 | Number of teeth (at maximum 32) <br> teeth with destroyed crown |
| teeth32_resroot_t1 | Number of teeth - upper jaw (at maximum 14) |
| teeth28_uq_t1 | Number of teeth - upper jaw (at maximum 14) - <br> including teeth with destroyed crown |
| teeth28_uq_resroot_t1 | Plaque index [\%] |
| plindex_t1 | Number of teeth - lower jaw (at maximum 16) - <br> including teeth with destroyed crown |
| teeth32_uq_t1 | Number of teeth - upper jaw (at maximum 16) |
| teeth28_lq_resroot_t1 | Number of teeth - lower jaw (at maximum 14) - <br> including teeth with destroyed crown |
| teeth32_uq_resroot_t1 | Number of teeth - upper jaw (at maximum 16) - <br> including teeth with destroyed crown |
| teeth32_lq_t1 - lower jaw (at maximum 16) |  |

plindex_t1
Plaque index [\%]

| blutindex_t1 | Bleeding on probing index [\%] |
| :---: | :---: |
| stmean_t1 | Mean probing depth [mm] |
| stmeanapp_t1 | Mean approximal probing depth [mm] |
| avmean_t1 | Mean attachment level [mm] |
| avmeanapp_t1 | Mean approximal attachment level [mm] |
| page_t1 | CDC/AAP case definition for periodontitis acc. to Eke et al. 2012 |
|  | 0 - no |
|  | 1 - mild |
|  | 2 - moder |
|  | 3 - severe |
| cariesco_ds_t1 | DS component of the DMFS, Number of carious surfaces excluding enamel defects |
| cariesco_fs_t1 | FS component of the DMFS, Number of filled surfaces |
| cariesco_ms_t1 | MS component of the DMFS, Number of missing surfaces |
| cariesco_dmfs_t1 | DMFS Index, Number of decayed missing filled surfaces |
| rootcar_rci_t1 | Root caries index (RCI) |
| TRV_MEDI | Medication |
| medic7d_t1 | Number of drugs (last 7 days) |
| atc_a02_t1 | Drugs for acid-related disorders |

Antacids
$0-\mathrm{No}$
1 - Yes
atc_a02b_t1
GERD substances
$0-\mathrm{No}$
1 - Yes

H2 blocker
0 - No
1 - Yes

Proton pump inhibitor
0 - No
1 - Yes

Antiemetics
0 - No
1 - Yes

Enzyme preparations
$0-\mathrm{No}$
1 - Yes
atc_a10_t1
antidiabetics
$0-\mathrm{No}$
1 - Yes

Insulin and insulin analogues
0 - No
1 - Yes

Oral antidiabetics
0 - No
1 - Yes

Metformin
0 - No
1 - Yes

Calcium
$0-\mathrm{No}$
1 - Yes
atc_b01_t1
Anticoagulants

0 - No
1 - Yes
atc_b01aa04_t1
atc_b01ac_t1
atc_b01ac06_t1
atc_b03aa_t1
atc_c01aa_t1
atc_c01ca_t1
atc_c01da_t1
antihyp_t1
atc_c02a_t1
atc_c02ca_t1
atc_c03c_t1
atc_c03ca_t1
atc_c03e_t1

Phenprocoumon

$$
0-\mathrm{No}
$$

$$
1-\mathrm{Yes}
$$

Platelet aggregation inhibitors
0 - No
1 - Yes

ASA, acetylsalicylic acid
0 - No
1 - Yes

Iron supplements
$0-\mathrm{No}$
1 - Yes

Cardiac glycosides
0 - No
1 - Yes

Adrenergic cardiac stimulants
0 - No
1 - Yes

Vasodilators (nitrates)
0 - No
1 - Yes

Antihypertensives
$0-\mathrm{No}$
1 - Yes

Central antiadrenergic antihypertensives
0 - No
1 - Yes

Alpha antagonists
$0-\mathrm{No}$
1 - Yes

Diuretics
0 - No
1 - Yes

Sulfonamide diuretics
0 - No
1 - Yes
atc_c04a_t1
Peripheral vasodilators
0 - No
1 - Yes
atc_c05ca_t1
Bioflavonoids
0 - No
1 - Yes
atc_c07a_t1
Beta blockers

$$
0 \text { - No }
$$

$$
1 \text { - Yes }
$$

atc_c07aa_t1
Cardioselective beta blockers
0 - No
1 - Yes
atc_c07ab_t1
Non-selective beta blockers
0 - No
1 - Yes
atc_c08_t1
Calcium channel blockers (Dihydropyridine)
0 - No
1 - Yes
atc_c08ca01_t1
atc_c08ca05_t1
atc_c08ca08_t1
atc_c08da01_t1
Verapamil
0 - No
1 - Yes

Nifedipine
0 - No
1 - Yes
Nitrendipine
0 - No
1 - Yes
atc_c09aa_t1
ACE inhibitors
0 - No
1 - Yes
atc_c09aa01_t1
Captopril
0 - No
1 - Yes
atc_c09aa02_t1

$$
1-\mathrm{Yes}
$$

atc_c09aa05_t1
atc_c10_t1
atc_c10aa_t1
atc_c10ab_t1
atc_g03_t1
atc_g03a_t1
atc_g03c_t1
atc_g03f_t1
atc_g03h_t1
atc_g04c_t1
BPH therapy
0 - No
1 - Yes
atc_h03_t1
_t1
atc_m01a_t1
Enalapril

$$
0-\mathrm{No}
$$

Ramipril
0 - No
1 - Yes

TRAFO:lipid metabolism influencing drugs
0 - No
1 - Yes

Statins
$0-\mathrm{No}$
1 - Yes

Fibrates
0 - No
1 - Yes

Hormone therapy
0 - No
1 - Yes

Contraceptives
0 - No
1 - Yes

Oestrogens
$0-\mathrm{No}$
1 - Yes

Progesterone-oestrogen combination
$0-\mathrm{No}$
1 - Yes

Antiandrogens
0 - No
1 - Yes
thyroid medication
0 - No
1 - Yes

NSAID

| atc_m01ab05_t1 | Diclofenac |  |
| :---: | :---: | :---: |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |
| atc_m01ae01_t1 | Ibuprofen |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1 - Yes |
| atc_m04a_t1 | Drugs used to treat gout |  |
|  |  | 0 - No |
|  |  | 1 - Yes |
| atc_n02a_t1 | Opioids |  |
|  |  | 0 - No |
|  |  | 1 - Yes |
| atc_n03a_t1 | Antiepileptic drugs |  |
|  |  | $0-\mathrm{No}$ |
|  |  | 1-Yes |
| atc_n05b_t1 | Benzodiazepines |  |
|  |  | 0 - No |
|  |  | 1 - Yes |
| atc_n06a_t1 | Antidepressants |  |
|  |  | $0 \text { - No }$ |
|  |  | $1 \text { - Yes }$ |
| atc_n06d_t1 | Anti dementia drugs |  |
|  |  | 0 - No |
|  |  | 1 - Yes |
| atc_n06dp01_t1 | Ginkgo |  |
|  |  | 0 - No |
|  |  | 1-Yes |

atc_n07c_t1
Antivertigo preparations
0 - No
1 - Yes
atc_n07xb_t1
Neuropathy products
0 - No
1 - Yes
atc_r01a_t1
Decongestants and other nasal preparations for topical use

$$
0 \text { - No }
$$

atc_r03_t1
Drugs for obstructive airway diseases
0 - No
1 - Yes
atc_r03a_t1
Inhaled adrenergics

$$
0-\mathrm{No}
$$

$$
1-\mathrm{Yes}
$$

atc_r03b_t1
Inhaled glucocorticoids
0 - No
1 - Yes
atc_r03d_t1
Xanthines
$0-\mathrm{No}$
1 - Yes
atc_r05cb_t1
Mucolytics
$0-\mathrm{No}$
1 - Yes
atc_r06a_t1
Antihistamines
0 - No
1 - Yes
atc_s01_t1
Ophthalmologicals
0 - No
1 - Yes

TRV_WEIG
ipw

Weight and design

Drop-out Weight


[^0]:    bodpod_usnr

[^1]:    ble_ctq11d

[^2]:    mrt_pnk_nchoy

[^3]:    mrt_hijo_ccdr

