

Population Characteristics Form



Project: [Chronic Venous Ulcers \(Switch\)](#) User: [LillyHabari \(My Settings\)](#)
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RefId: 12, Skateboards: Are they really serious? A retrospective study from a district hospital.
 Rethman U, Yeupalan RS, Sinha A

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Comparative Effectiveness of Treatments for Chronic Venous Ulcers Population Characteristics Data Abstraction Form

Please record baseline characteristics for each group below.

Assign groups in the following order:

- Usual care/placebo
- Advanced wound dressing
- Antimicrobials
- Surgical interventions

	Group 1	Group 2	Group 3	Group 4
Number enrolled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age <input checked="" type="radio"/> Age not reported Clear Response	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/> <input type="checkbox"/> Age range min: <input type="text"/> <input type="checkbox"/> Age range max: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/> <input type="checkbox"/> Age range min: <input type="text"/> <input type="checkbox"/> Age range max: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/> <input type="checkbox"/> Age range min: <input type="text"/> <input type="checkbox"/> Age range max: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/> <input type="checkbox"/> Age range min: <input type="text"/> <input type="checkbox"/> Age range max: <input type="text"/>
Gender <input checked="" type="radio"/> Gender not reported Clear Response	<input type="checkbox"/> Male, n: <input type="text"/> <input type="checkbox"/> Male, %: <input type="text"/>	<input type="checkbox"/> Male, n: <input type="text"/> <input type="checkbox"/> Male, %: <input type="text"/>	<input type="checkbox"/> Male, n: <input type="text"/> <input type="checkbox"/> Male, %: <input type="text"/>	<input type="checkbox"/> Male, n: <input type="text"/> <input type="checkbox"/> Male, %: <input type="text"/>
Duration of Ulcer <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Duration of ulcer not reported	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/> <input type="checkbox"/> Duration range min: <input type="text"/> <input type="checkbox"/> Duration range max: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/> <input type="checkbox"/> Duration range min: <input type="text"/> <input type="checkbox"/> Duration range max: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/> <input type="checkbox"/> Duration range min: <input type="text"/> <input type="checkbox"/> Duration range max: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/> <input type="checkbox"/> Duration range min: <input type="text"/> <input type="checkbox"/> Duration range max: <input type="text"/>
Smoking status <input type="checkbox"/> Define smoker: <input type="text"/> <input type="checkbox"/> Smoking status not reported	<input type="checkbox"/> Smoker, n: <input type="text"/> <input type="checkbox"/> Smoker, %: <input type="text"/>	<input type="checkbox"/> Smoker, n: <input type="text"/> <input type="checkbox"/> Smoker, %: <input type="text"/>	<input type="checkbox"/> Smoker, n: <input type="text"/> <input type="checkbox"/> Smoker, %: <input type="text"/>	<input type="checkbox"/> Smoker, n: <input type="text"/> <input type="checkbox"/> Smoker, %: <input type="text"/>
Diabetes <input checked="" type="radio"/> Diabetes not reported Clear Response	<input type="checkbox"/> Diabetes, n: <input type="text"/> <input type="checkbox"/> Diabetes, %: <input type="text"/>	<input type="checkbox"/> Diabetes, n: <input type="text"/> <input type="checkbox"/> Diabetes, %: <input type="text"/>	<input type="checkbox"/> Diabetes, n: <input type="text"/> <input type="checkbox"/> Diabetes, %: <input type="text"/>	<input type="checkbox"/> Diabetes, n: <input type="text"/> <input type="checkbox"/> Diabetes, %: <input type="text"/>
Other systemic disease <input type="checkbox"/> Define: <input type="text"/> <input type="checkbox"/> Other systemic disease not reported	<input type="checkbox"/> Other systemic disease, n: <input type="text"/> <input type="checkbox"/> Other systemic disease, %: <input type="text"/>	<input type="checkbox"/> Other systemic disease, n: <input type="text"/> <input type="checkbox"/> Other systemic disease, %: <input type="text"/>	<input type="checkbox"/> Other systemic disease, n: <input type="text"/> <input type="checkbox"/> Other systemic disease, %: <input type="text"/>	<input type="checkbox"/> Other systemic disease, n: <input type="text"/> <input type="checkbox"/> Other systemic disease, %: <input type="text"/>
Concomitant use of immunosuppressants <input checked="" type="radio"/> Not reported	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> or: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> or: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> or: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> or: <input type="text"/>

<input type="button" value="Clear Response"/>	<input type="text"/> %: <input type="text"/>	<input type="text"/> %: <input type="text"/>	<input type="text"/> %: <input type="text"/>	<input type="text"/> %: <input type="text"/>
Concomitant use of steroids <input type="radio"/> Not reported <input type="button" value="Clear Response"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> %: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> %: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> %: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> %: <input type="text"/>
Receiving additional procedures/dressing <input type="checkbox"/> (specify): <input type="text"/> <input type="checkbox"/> Not reported	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> %: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> %: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> %: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/> <input type="checkbox"/> %: <input type="text"/>
Withdrawals <input type="radio"/> Not reported <input type="radio"/> Total number withdrawals: <input type="text"/> <input type="button" value="Clear Response"/>	<input type="checkbox"/> N: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/>	<input type="checkbox"/> N: <input type="text"/>

Comments:

Comments:

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