

Population characteristics

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

and go to or Skip to Next

Troponin EPC Population Characteristics Form

Please record baseline characteristics for each group below.

Assign groups in the following order:

- TBD

	Group 1	Group 2	Group 3
Group Name	<input type="checkbox"/> Total Sample <input type="checkbox"/> Other (specify): <input type="text"/>	<input type="radio"/> Other: <input type="text"/> Clear Response	<input type="radio"/> Other: <input type="text"/> Clear Response
Number enrolled	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age <input type="radio"/> Age not reported Clear Response	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>
Gender <input 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"/>
Dialysis status <input type="radio"/> Dialysis status not reported Clear Response	<input type="checkbox"/> On dialysis, n: <input type="text"/> <input type="checkbox"/> On dialysis, %: <input type="text"/>	<input type="checkbox"/> On dialysis, n: <input type="text"/> <input type="checkbox"/> On dialysis, %: <input type="text"/>	<input type="checkbox"/> On dialysis, n: <input type="text"/> <input type="checkbox"/> On dialysis, %: <input type="text"/>
Known CAD <input type="radio"/> Known CAD not reported Clear Response	<input type="checkbox"/> Known CAD, n: <input type="text"/> <input type="checkbox"/> Known CAD, %: <input type="text"/>	<input type="checkbox"/> Known CAD, n: <input type="text"/> <input type="checkbox"/> Known CAD, %: <input type="text"/>	<input type="checkbox"/> Known CAD, n: <input type="text"/> <input type="checkbox"/> Known CAD, %: <input type="text"/>
Stage of Kidney Disease <input type="radio"/> Stage kidney disease not reported Clear Response	<input type="checkbox"/> 1, n: <input type="text"/> <input type="checkbox"/> 1, %: <input type="text"/> <input type="checkbox"/> 2, n: <input type="text"/> <input type="checkbox"/> 2, %: <input type="text"/> <input type="checkbox"/> 3, n: <input type="text"/> <input type="checkbox"/> 3, %: <input type="text"/> <input type="checkbox"/> 4, n: <input type="text"/> <input type="checkbox"/> 4, %: <input type="text"/> <input type="checkbox"/> 5, n: <input type="text"/> <input type="checkbox"/> 5, %: <input type="text"/>	<input type="checkbox"/> 1, n: <input type="text"/> <input type="checkbox"/> 1, %: <input type="text"/> <input type="checkbox"/> 2, n: <input type="text"/> <input type="checkbox"/> 2, %: <input type="text"/> <input type="checkbox"/> 3, n: <input type="text"/> <input type="checkbox"/> 3, %: <input type="text"/> <input type="checkbox"/> 4, n: <input type="text"/> <input type="checkbox"/> 4, %: <input type="text"/> <input type="checkbox"/> 5, n: <input type="text"/> <input type="checkbox"/> 5, %: <input type="text"/>	<input type="checkbox"/> 1, n: <input type="text"/> <input type="checkbox"/> 1, %: <input type="text"/> <input type="checkbox"/> 2, n: <input type="text"/> <input type="checkbox"/> 2, %: <input type="text"/> <input type="checkbox"/> 3, n: <input type="text"/> <input type="checkbox"/> 3, %: <input type="text"/> <input type="checkbox"/> 4, n: <input type="text"/> <input type="checkbox"/> 4, %: <input type="text"/> <input type="checkbox"/> 5, n: <input type="text"/> <input type="checkbox"/> 5, %: <input type="text"/>
GFR levels <input type="radio"/> GFR not reported Clear Response	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>
Race/Ethnicity <input type="radio"/> Not reported Clear Response	<input type="checkbox"/> White, n: <input type="text"/> <input type="checkbox"/> White, %: <input type="text"/> <input type="checkbox"/> African American, n: <input type="text"/> <input type="checkbox"/> African American, %: <input type="text"/> <input type="checkbox"/> Hispanic, n: <input type="text"/> <input type="checkbox"/> Hispanic, %: <input type="text"/> <input type="checkbox"/> Other, n: <input type="text"/> <input type="checkbox"/> Other, %: <input type="text"/>	<input type="checkbox"/> White, n: <input type="text"/> <input type="checkbox"/> White, %: <input type="text"/> <input type="checkbox"/> African American, n: <input type="text"/> <input type="checkbox"/> African American, %: <input type="text"/> <input type="checkbox"/> Hispanic, n: <input type="text"/> <input type="checkbox"/> Hispanic, %: <input type="text"/> <input type="checkbox"/> Other, n: <input type="text"/> <input type="checkbox"/> Other, %: <input type="text"/>	<input type="checkbox"/> White, n: <input type="text"/> <input type="checkbox"/> White, %: <input type="text"/> <input type="checkbox"/> African American, n: <input type="text"/> <input type="checkbox"/> African American, %: <input type="text"/> <input type="checkbox"/> Hispanic, n: <input type="text"/> <input type="checkbox"/> Hispanic, %: <input type="text"/> <input type="checkbox"/> Other, n: <input type="text"/> <input type="checkbox"/> Other, %: <input type="text"/>

Comments:

Comments:

and go to or Skip to Next