

Drug use (cleaned version)

	Intro				
drug_usage_c	Drug usage	x0dd01	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	end
drug_type	Type of drug	x0dd02	<input type="checkbox"/> 1 drug with ATC code (classical drug) <input type="checkbox"/> 2 food integrator and other <input type="checkbox"/> 3 homeopathy		
atc_c	ATC code (Anatomical Therapeutic Chemical classification system)	x0dd03	<hr/>		
atc_1lev	ATC 1st level of classification - anatomical main group	x0dd04	<input type="checkbox"/> 1 Alimentary tract and metabolism <input type="checkbox"/> 2 Antiinfectives for systemic use <input type="checkbox"/> 3 Antineoplastic and immunomodulating agents <input type="checkbox"/> 4 Antiparasitic products, insecticides and repellents <input type="checkbox"/> 5 Blood and blood forming organs <input type="checkbox"/> 6 Cardiovascular system <input type="checkbox"/> 7 Dermatologicals <input type="checkbox"/> 8 Genito urinary system and sex hormones <input type="checkbox"/> 9 Musculo-skeletal system <input type="checkbox"/> 10 Nervous system <input type="checkbox"/> 11 Respiratory system <input type="checkbox"/> 12 Sensory organs <input type="checkbox"/> 13 Systemic hormonal preparations, excl. sex hormones and insulins <input type="checkbox"/> 14 Various		
atc_2lev	ATC 2st level of classification - therapeutic subgroup	x0dd05	<hr/>		
drug	Active compound name	x0dd06	<hr/>		
drug_name	Commercial drug name	x0dd07	<hr/>		

pharma_form_c	Pharmacological form	x0dd08	_____	
routeadm	Route of administration	x0dd09	<input type="checkbox"/> 1 oral <input type="checkbox"/> 2 inhalation <input type="checkbox"/> 3 parenteral <input type="checkbox"/> 4 intraocular <input type="checkbox"/> 5 topical <input type="checkbox"/> 6 rectal <input type="checkbox"/> 7 intravescical <input type="checkbox"/> 8 oropharyngeal <input type="checkbox"/> 9 transdermal <input type="checkbox"/> 10 vaginal <input type="checkbox"/> 11 intrauterine	
dose_rate	Drug dosage	x0dd10	_____	
decreed_c	Drug prescribed by the doctor	x0dd11	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
taking_mode_c	Taking mode	x0dd12	<input type="checkbox"/> 1 Regularly <input type="checkbox"/> 2 If needed	
taking_interval_c	Taking frequency	x0dd13	<input type="checkbox"/> 1 daily <input type="checkbox"/> 2 2days <input type="checkbox"/> 3 3days <input type="checkbox"/> 4 4days <input type="checkbox"/> 5 >1week <input type="checkbox"/> 6 >1month	

taking_period_c	Length/duration of treatment/therapy	x0dd14	<input type="checkbox"/> 1 <1week <input type="checkbox"/> 2 >1week <input type="checkbox"/> 3 >4weeks <input type="checkbox"/> 4 >3months <input type="checkbox"/> 5 >6months <input type="checkbox"/> 6 >1year <input type="checkbox"/> 7 >3years	
taken_today_c	Taken today	x0dd15	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
note_c	Notes on data cleaning	x0dd16	<input type="checkbox"/> 1 only anesthesia from dentist reported, drug usage set to NO <input type="checkbox"/> 2 error in drug attribution, one record removed for this AID <input type="checkbox"/> 3 taking_mode_=if needed, but taking_interval=daily. Put taking_interval_c as missing <input type="checkbox"/> empty cell: no specific comment added	
producer	Drug producer	x0dd17	_____	
comment	Comments by study assistants	x0dd18	_____	
inserted_by	Study assistant	x0dd19	<input type="checkbox"/> ByK <input type="checkbox"/> GrB <input type="checkbox"/> GuR <input type="checkbox"/> LiB <input type="checkbox"/> MoL <input type="checkbox"/> ObT <input type="checkbox"/> PaL <input type="checkbox"/> TeR <input type="checkbox"/> SaS	