

# Methotrexate and Prednisolone study in Erythema Nodosum Leprosum

# MaPs in ENL

Training session 4 – REDCap

Dr. Barbara de Barros – MaPs study manager

















# REDCap

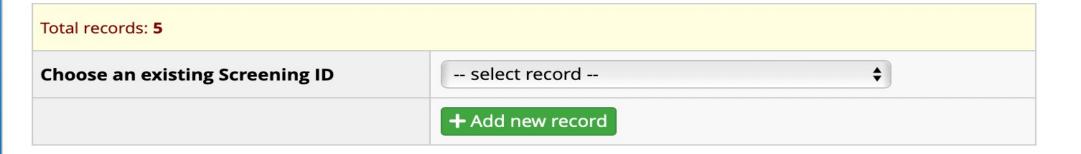
- Software
  - Collect data
  - Manage data
- Tablet or computer
- Offline
- Secure
- Reports



## Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

**ONOTICE:** This project is currently in Development status. **Real data should NOT be entered** until the project has been moved to Production status.





#### **Ⅲ** Record Home Page

© Record "6" is a new Screening ID. To create the record and begin entering data for it, click any gray status icon below.

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

| Legend for sta | atus icons:                  |
|----------------|------------------------------|
| Incomplete     | Incomplete (no data saved) ? |
| Unverified     | Many statuses (all same)     |
| Complete       | Many statuses (mixed)        |

### **NEW** Screening ID 6

| Data Collection Instrument          | Visit<br>#0 | Visit<br>#1 | Visit<br>#2 | Visit<br>#3 | Visit<br>#4 | Visit<br>#7 | Visit<br>#6 | Visit<br>#7 | Visit<br>#8 | Visit<br>#9 | Visit<br>#10 | Visit<br>#11 | Visit<br>#12 | Visit<br>#13 | Visit<br>#14 | Visit<br>#15 | Visit<br>#16 | Visit<br>#17 | Visit<br>#18 | Visit<br>#19 |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Participant information             | 0           |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Screening1                          |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Consent                             |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Screening 2                         |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Enrollment                          |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Baseline Visit                      |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Laboratory test                     |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Follow up Visit                     |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Adverse Events                      |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| Follow up termination or completion |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| DLQI                                |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| SF-36                               |             | 0           |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |
| EESS                                |             |             |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              | 0            |              |



Centre recruited:

\* must provide value

Date of birth:

**Form Status** 

Complete?

**Contact information (telephone number):** 

Name:

Address:

Gender:

DBLM ANA

**BLP** 

FIOCRUZ ALERT SUR PGN BDB

Delhi (Barabanki)

If not known, write as 01/01/YYYY

**\$** 

Incomplete \$

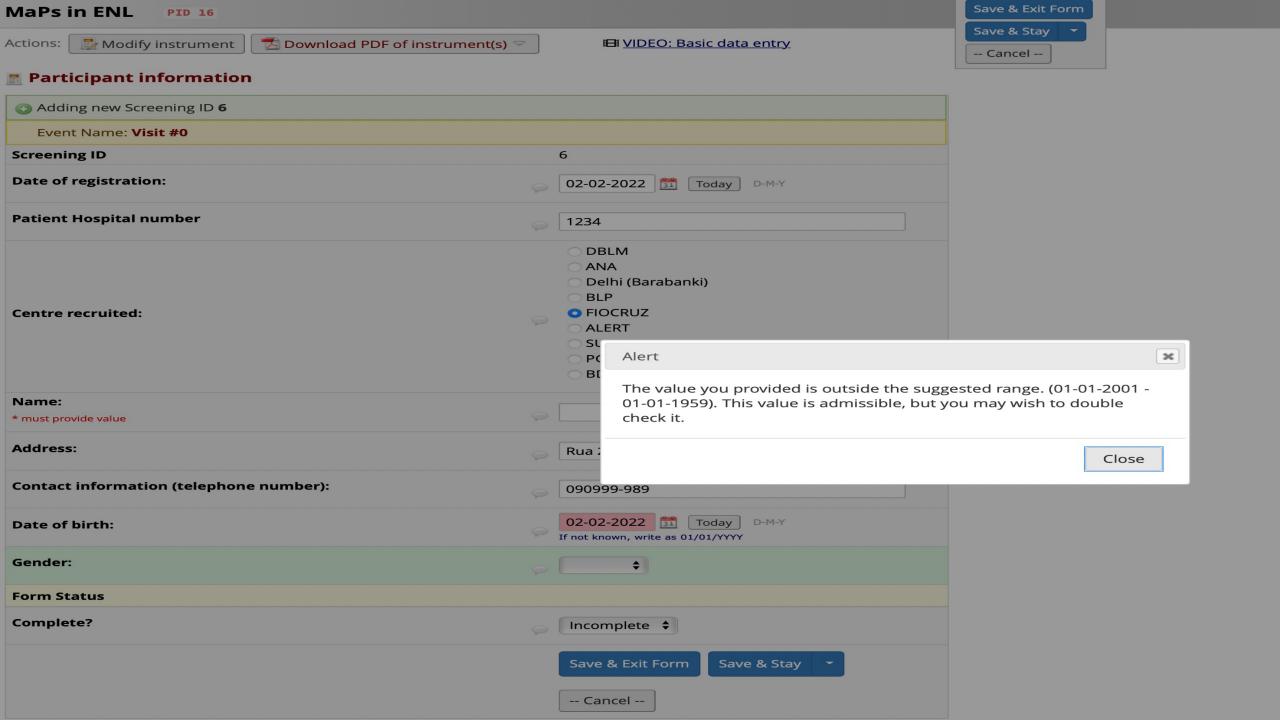
-- Cancel --

Save & Exit Form

Today

Save & Stay

reset



## Summary

- What is REDCap
- How access participants records
- Participant's table
- Filling the information