

# CODE FORM

[A] CODER ID NO.

[B] JOURNAL DATE

[C] AD NO.

[D] VD NO.

CIRCLE ONE	CIRCLE ONE	CIRCLE ALL THAT APPLY	CIRCLE ONE	CIRCLE ONE
[E] TYPE OF VD	[F] GENDER	[G] GENDER - PARAPHERNALIA	[H] AGE	[I] RACE
1 Person/External Body Part 2 Human Physiology 3 Signs of Disease 4 Medication 5 Representations of info-charts, graphs, tables 6 Other visual	0 Can't determine 1 Male 2 Female	0 Can't determine 1 Character is male 2 Purse 3 Cosmetics/toiletries 4 Jewelry 5 Floral arrangement 6 Female wearing skirt/dress 7 Female wearing pants 8 Female symbol ♀ 9 Pronounced make-up 10 Other 11 No gender paraphernalia	0 Can't determine 1 Infant 2 Child 3 Teen 4 Young adult 5 Adult 6 Middle aged 7 Older adult 8 Senior citizen	0 Can't determine 1 Caucasian 2 Black 3 Asian 4 Hispanic 5 Ame/ American 6 Native Indian 7 Minority not discernible

CIRCLE ONE	CIRCLE ONE	CIRCLE ALL THAT APPLY	CIRCLE ONE	CIRCLE ALL THAT APPLY
[J] PATRONIZATION-V.D. VERBAL	[K] PATRONIZATION-COPY/TEXT	[L] OCCUPATION	[M] FAMILY ROLE	
0 Can't determine 1 Verbal references 2 No verbal references	1 Verbal references 2 No verbal references	0 Can't determine 1 Homemaker 2 Medical Doctor 3 Allied health 4 Professional 5 Businessperson 6 Public service 7 Secretarial, clerical 8 Blue-collar, labor 9 Entertainment, Sports 10 No occupation	0 Can't determine 1 Spouse 2 Parent 3 Child 4 Sibling 5 Grandparent 6 Grandchild	

CIRCLE ALL THAT APPLY		CIRCLE ONE		CIRCLE ONE		CIRCLE ONE			
[N] ACTIVITY		[O] SETTING		[P] ATTIRE		[Q] TYPE OF ATTIRE		[R] PAIN - PHYSICAL	
0	Not known	0	Can't determine	0	Can't determine	0	Can't determine	0	Can't determine
1	Social/recreational	1	Home	1	Fully clothed	1	Housedress	1	Signs of pain - physical
2	Exercising/sports	2	Hospital/Dr.'s office	2	Partially clothed	2	Casual	2	No signs of pain
3	Work-related	3	Non-medical work related	3	Unclothed	3	Sports/exercise		
4	Watching another VD	4	Generic			4	Bathing suit		
5	Posing	5	Urban			5	Uniform		
6	Household Chores	6	Rural			6	Professional non medical		
7	Medical check-up/treatment	7	Park-setting			7	Formal/evening		
8	Using med./rehab. equipment	8	Body of water			8	Nightwear		
9	Grooming	9	Residential			9	Underwear		
10	Sleeping	10	Inside of car			10	Hospital gown		
11	Sitting or reclining	11	Boat dock			11	No attire		
12	Smoking	12	No setting discernible						
13	Driving	13	Other						
14	Other								

CIRCLE ONE		CIRCLE ONE		CIRCLE ONE		CIRCLE ONE			
[S] PAIN - VERBAL		[T] DEPRESSION - FACIAL		[U] DEPRESSION - VERBAL		[V] ANONYMITY		[W] AERIAL VIEW	
0	Can't determine	0	Can't determine	0	Can't determine	0	Can't determine	0	Can't determine
1	Signs of pain - verbal	1	Depressed facial expression	1	Emotional words	1	Eyes covered	1	Aerial view
2	No signs of pain	2	No depressed facial expression	2	No verbal references	2	Eyes not covered	2	No aerial view

**[X] FACE-ISM**

FULL FACE OR PROFILE:

(height) \_\_\_\_\_ inches

CIRCLE ALL THAT APPLY

**[Y] BODY PARTS**

**FRONT OF BODY**

- 0 Can't determine
- 1 Left ear
- 2 Right ear
- 3 Right eye
- 4 Left eye
- 5 Nose
- 6 Mouth
- 7 Full face
- 8 Neck
- 9 Left shoulder
- 10 Right shoulder
- 11 Left upper arm
- 12 Right upper arm
- 13 Left lower arm
- 14 Right lower arm
- 15 Left entire arm
- 16 Right entire arm
- 17 Left hand
- 18 Right hand
- 19 Finger
- 20 Fingers
- 21 Right breast
- 22 Left breast
- 23 Stomach
- 24 Entire upper torso

**BACK OF BODY**

- 0 Can't determine
- 1 Back of head
- 2 Neck
- 3 Right shoulder
- 4 Left shoulder
- 5 Right upper arm
- 6 Left upper arm
- 7 Right hand
- 8 Left hand
- 9 Finger
- 10 Fingers
- 11 Entire left arm
- 12 Entire right arm
- 13 Upper back
- 14 Lower back
- 15 Entire back
- 16 Back of entire upper torso
- 17 Buttocks
- 18 Right leg
- 19 Left leg
- 20 Back of entire lower torso

CIRCLE ALL THAT APPLY

**[A] TYPE OF PHYSIOLOGY**

- 0 Can't determine
- 1 Organ system(s)
- 2 Blood vessels
- 3 Blood cells
- 4 Nerves, neurons
- 5 Muscle
- 6 Skin- i.e. layers of
- 7 Bone(s)
- 8 Physiol. variables - e.g., heart beats, brain waves, blood pressure readings
- 9 Urine (container of)
- 10 Blood
- 11 Other

CIRCLE ONE

**[A] TYPE OF DISEASE**

- 0 Can't determine
- 1 Tumor
- 2 Virus, bacteria
- 3 Discolored, mottled tissue
- 4 Clogged artery
- 5 Inflammation
- 6 Headache
- 7 Muscle spasm
- 8 Broken bone(s)
- 9 ABNORMAL: Heartbeats, brain waves, blood pressure, gastric motility
- 10 Stomach ulcer
- 11 Bone loss
- 12 Skin disease
- 13 Hemorrhage e.g. blood vessel damage
- 14 Painful joints
- 15 Other - anxiety, tension, organ system "condition", K+ depletion, "trouble..." in GI tract

CIRCLE ALL THAT APPLY

**[A] MEDICATION - TYPE**

- 0 Can't determine
- 1 Bottle/Jar/Box/Packet
- 2 Pills, capsule, bar, cream, etc.
- 3 Chemical compound
- 4 Prescription - written
- 5 Other

CIRCLE ALL THAT APPLY

**[B] MEDICATION - ADMINISTRATION**

- 0 Can't determine
- 1 Med. in spoon, injection needle, IV bag, spray bottle...
- 2 Med. held in hand
- 3 Health professional holding out med. to patient
- 4 Health professional holding out med. to reader
- 5 Non health professional holding out med. to patient
- 6 Non health professional holding out med. to reader
- 7 Med. next to spoon, cup, injection needle
- 8 Med. shown but not being administered
- 9 Patient giving themselves med. (e.g. injection)
- 10 Other



<p style="text-align: center;">CIRCLE ONE</p> <p>[A] PATRONIZATION - HOVERING</p> <p>0 Can't determine 1 VD hovering over another 2 No hovering</p>	<p style="text-align: center;">CIRCLE ONE</p> <p>[B] PATRONIZATION - VD'S IMAGE EMPHASIZED</p> <p>0 Can't determine 1 VD's image larger than other VD 2 VD's image not larger than other VD</p>	<p style="text-align: center;">CIRCLE ONE</p> <p>[C] BEFORE &amp; AFTER IMAGES</p> <p>0 Can't determine 1 Before and after images of VD 2 No before &amp; after images of VD</p>	<p style="text-align: center;">CIRCLE ONE</p> <p>[D] TYPE OF MED ADVERTISED</p> <p>0 Can't determine 1 Psychoactive 2 Non psychoactive</p>
BRAND NAME	MED. TYPE	DRUG COMPANY	[E] ILLNESS TYPE

CIRCLE ALL THAT APPLY		[G] NO. OF PARAGRAPHS IN DRUG AD	[H] SIZE OF VD
ILLNESS - NAME	[F] SIZE OF DRUG AD		(h) _____ x (w) _____
	1= 1/2 page 2= 1 full page 3= 1 1/2 pages 4= 2 pages 5= 2 1/2 pages 6= 3 pages 7= 3 1/2 pages 8= 4 pages or more 9= Other- (h) _____ x (w) _____		

CIRCLE ONE		CIRCLE ONE		CIRCLE ONE		CIRCLE ONE	
[I] ABSTRACTION IN VD	[J] DETAIL IN VD	[K] LIGHTING OF VD	[L] FOCUS OF VD	[M] COLOR OF VD			
0 Can't determine 1 Photo 2 Realistic artistic drawing 3 Caricature/cartoon 4 Anthropomorphic 5 Representations of information - charts, graphs, tables, chemical formula	0 Can't determine 1 Two dimensional 2 Three dimensional 3 Cross section 4 Time-lapse 5 Other	0 Can't determine 1 VD cast half in shadow & half in light 2 VD cast under dark light shadow, blue light 3 VD cast under bright light 4 VD cast under spotlights 5 No special lighting	0 Can't determine 1 VD out of focus 2 VD in focus	0 Not known 1 One color: B&W or gray 2 Two colors 3 Three colors 4 Four or more colors			