

# TeenLABS Database Dictionary

This document details the variables collected in the TeenLABS Database and their coding conventions. Variables are listed by table.

NOTE: Floor or ceiling values have been inserted in place of observed values that are 2.5 standard deviations beyond the mean for the following:

- All Northwest Research Lab (NWRL) values
- Body fat (ANTH)
- SAD (ANTH)
- Waist (ANTH)
- Btransu (SQOP)

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## Coding

Missing data codes are universal to all variables on all forms except where noted and for date fields. Date formatted fields cannot support codes and will be null if missing.

Code	Meaning	Applies to
-1	Missing data	All forms
-2	Not applicable (N/A)	All forms
-3	Unknown	All forms
-4	Refused	All forms
-5	Not performed	Forms reporting tests, measurements, and procedures. Mainly used on ANTH and LV.
-6	PRN	MED, PTP
-7	Lab value below detectable range	LV
-8	Lab value above detectable range	LV
-9	Cannot be answered without complete laboratory values from the NWRL	CAF completed via "research-only" visit.
-10	Item does not appear on this version of the form	All forms

Visit codes are as follows.

Visit code	Visit description
1	Baseline
2	Pre-operative update
98	Revision to original surgery
99	Surgery
3	30 day
6	6 month follow up
12, 24, 36, etc.	Annual visit (represented as number of months post-surgery)

## AE - Adverse Events

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
<b>RanAEID</b>	Long Integer	4	<b>(KEY)</b> Random ID	
ID_New	Integer	8	Unique Participant ID	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
ONM	Integer	2	Date of onset (month part)	
OND	Integer	2	Date of onset (day part)	
ONY	Integer	2	Date of onset (year part)	
LABSACT	Integer	2	Activity	10=400 Meter; 20=Stepwatch; 30=Environment; 40=Phlebotomy; 50=Physical Measure; 60=Other Study Activity; 70=Non-Study Activity
LABSACTS	Text	255	Specify other activity	
AE_CODE	Integer	2	Event code	<u>400 Meter Corridor Walk</u> 1=angina, chest pain, tightness, or pressure; 2=trouble breathing, shortness of breath, wheezing, or dyspnea; 3=MI; 4=stroke; 5=lightheaded or dizzy; 6=loss of consciousness; 7=back pain; 8=hip pain; 9=knee pain; 10=calf pain, leg cramps; 11=foot pain; 12=numbness or tingling in legs or feet; 99=other  <u>Environmental Related</u> 1=skin or peripheral nerve pressure injury (from too small chair, etc.); 2=physical injury occurring during research visit (e.g., fall walking during visit);

				<p>3=physical injury occurring to/from research visit (e.g., fall getting out of car);  4=staff injury (e.g., coordinator injured while transporting study equipment);  99=other</p> <p><u>Stepwatch Monitor</u>  1=skin or peripheral nerve pressure injury (from band/monitor);  2=back pain (from bending over to put on/remove monitor);  99=other</p> <p><u>Phlebotomy related</u>  1=temporary discomfort or bruising;  2=infection at the skin puncture site;  3=fainting;  99=other</p> <p><u>Other</u>  1=breach of confidentiality;  2=referral to psychology;  99=other</p>
AE_CODES	Text	255	Specify other event	
RELATION	Integer	2	Relationship to study	0=not related; 1=possibly related; 2=probably related; 3=definitely related; 4=indeterminate
UAE	Integer	2	Was this event unanticipated?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=No; 1=Yes
SAE	Integer	2	Serious adverse event	<b>Form versions prior to 3.0:</b>

				0=No; 1=Yes  <b>Form versions 3.0 and higher:</b> (default = -10)
AE_SEVER	Integer	2	Severity	1=mild; 2=moderate; 3=severe; 4=life-threatening; 5=death
AE_ACT	Integer	2	Action taken	1=none; 2=out-patient evaluation; 3=hospitalization; 4=other
AE_ACTS	Text	255	Specify other action	
OUTM	Integer	2	Outcome date (month part)	
OUTD	Integer	2	Outcome date (day part)	
OUTY	Integer	2	Outcome date (year part)	
OUTSTAT	Integer	2	Outcome status	1=resolved; 2=continuing; 3=controlled; 4=death
SIGNDAT	Date/Time	8	Date form signed	

## AGB – Adjustable Gastic Band

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 99)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
AGBDAT	Date/Time	8	Date form completed	
SURGDAT	Date/Time	8	Date of surgery	
BANDSIZE	Integer	2	Length /circumference of band	1=9.75 cm; 2=10 cm; 3=11 cm (or Vanguard ®); 4=Other; 5=AP™ Small; 6=AP™ Large
AGBS	Double	8	Length /circumference of band: Specify other (cm)	
BALSIZER	Integer	2	Was balloon sizer used prior to band placement?	0=No; 1=Yes
BANDVOL	Double	8	Volume of fluid in the band at the end of the operation (cc)	
BANDFIX	Integer	2	Method of band fixation	1=Sutures; 2=Other; -5=Not done
BANDFIXS	Text	100	Method of band fixation: Specify other	
BANDSUTU	Integer	2	Were running sutures used?	0=No; 1=Yes
BANDSUT	Integer	2	# of sutures/bites	
BANDSUTI	Integer	2	Were they interrupted sutures?	0=No; 1=Yes
BANDSUIN	Integer	2	# of sutures	
PORTP	Integer	2	Port: Position	1=On top of the anterior rectus sheath; 2=Under the anterior sheath; 3=Other
PORTPS	Text	100	Port: Position, specify other	
PORTSUT	Integer	2	Port: Number of sutures	
BANDTYPE	Integer	2	Type of brand	1=Inamed ®; 2=Other
BANDTYP	Text	100	Type of brand: Specify other	

FATPAD	Integer	2	Was the fat pad resected/mobilized?	0=No; 1=Yes
PARGF	Integer	2	Band placement approach used: Pars Flaccida	0=No; 1=Yes
PERIG	Integer	2	Band placement approach used: Perigastric	0=No; 1=Yes
BANDAPP	Integer	2	Band placement approach used: Other	0=No; 1=Yes
BANDAPPS	Text	100	Band placement approach used: Specify other	
HHEVID	Integer	2	Does the patient have evidence of a hiatal hernia?	0=No; 1=Yes
LATERJET	Integer	2	Were the laterjet nerves seen?	0=No; 1=Yes
NERVECUT	Integer	2	Were the laterjet nerves cut?	0=No; 1=Yes
NERVPCUT	Integer	2	Specify cut	1=Partially cut; 2=Completely cut
DIFLEV	Integer	2	On a scale of 1 to 10, with 1 being "easy" and 10 being "very difficult", circle the level of difficulty in performing the surgical procedure from start to finish	[1, 10]
DIFFAT	Integer	2	Was there difficulty due to intra-abdominal fat distribution?	0=No; 1=Yes
DIFABD	Integer	2	Was there difficulty due to thick abdominal wall?	0=No; 1=Yes
DIFLIV	Integer	2	Was there difficulty due to limited exposure due to enlarged fatty liver?	0=No; 1=Yes
DIFSUR	Integer	2	Was there difficulty due to adhesion from previous surgery?	0=No; 1=Yes

## AGBP – Adjustment to Gastric Band Procedure

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 99)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
AGBPDAT	Date/Time	8	Date form completed	
SURGDAT	Date/Time	8	Date of surgery	
<b>ADJDAT</b>	Date/Time	8	<b>(KEY)</b> Date of Adjustment	
ADJATT	Integer	2	Was an adjustment attempted?	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
ADJROUT	Integer	2	Reason(s) for adjustment: Routine	0=No; 1=Yes
ADJWTG	Integer	2	Reason(s) for adjustment: Weight gain	0=No; 1=Yes
ADJWTL	Integer	2	Reason(s) for adjustment: Lack of weight loss	0=No; 1=Yes
ADJSAT	Integer	2	Reason(s) for adjustment: Reduced early satiety	0=No; 1=Yes
ADJVOMIT	Integer	2	Reason(s) for adjustment: Nausea/Vomiting	0=No; 1=Yes
ADJINC	Integer	2	Reason(s) for adjustment: Increased appetite/hunger	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
ADJDILA	Integer	2	Reason(s) for adjustment: Esophageal Dilatation	0=No; 1=Yes
ADJFOOD	Integer	2	Reason(s) for adjustment: Solid food intolerance	0=No; 1=Yes
ADJREFLU	Integer	2	Reason(s) for adjustment: Reflux symptoms	0=No; 1=Yes
ADJPREG	Integer	2	Reason(s) for adjustment: Pregnancy	0=No; 1=Yes
ADJOTH	Integer	2	Reason(s) for adjustment: Other	0=No; 1=Yes
ADJOTHS	Text	100	Reason(s) for adjustment: Specify other	

RADIO	Integer	2	Was there an interval radiological study to check the placement of the band?	<b>Form versions prior to 2.0:</b> 0=No; 1=Yes  <b>Form version 2.0 and higher:</b> (default = -10)
RADIODAT	Date/Time	8	Most recent radiological study: Date of radiological study	
RADIOESO	Double	8	Most recent radiological study: Esophageal diameter (cm)	<b>Form version 2.0 and higher:</b> (default = -10)
RADIOPOU	Double	8	Most recent radiological study: Pouch size (cc)	<b>Form version 2.0 and higher:</b> (default = -10)
RADIOSTO	Double	8	Most recent radiological study: Stoma size (mm)	<b>Form version 2.0 and higher:</b> (default = -10)
RADIOANG	Integer	2	Most recent radiological study: Angle of band relative to the vertical (degree)	
UGI	Integer	2	Was an U.G.I. performed?	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIROUT	Integer	2	Reason(s) for U.G.I.: Routine	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIWTG	Integer	2	Reason(s) for U.G.I.: Weight gain	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIWTL	Integer	2	Reason(s) for U.G.I.: Lack of weight loss	<b>Form versions prior to 2.0:</b> (default = -10)

				<b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGISAT	Integer	2	Reason(s) for U.G.I.: Reduced early satiety	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIVOMIT	Integer	2	Reason(s) for U.G.I.: Nausea/Vomiting	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIINC	Integer	2	Reason(s) for U.G.I.: Increased appetite/hunger	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIDILA	Integer	2	Reason(s) for U.G.I.: Esophageal Dilatation	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIFOOD	Integer	2	Reason(s) for U.G.I.: Solid food intolerance	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIREFLU	Integer	2	Reason(s) for U.G.I.: Reflux symptoms	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIPREG	Integer	2	Reason(s) for U.G.I.:	<b>Form versions prior to 2.0:</b>

			Pregnancy	(default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIOTH	Integer	2	Reason(s) for U.G.I.: Other	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
UGIOTHS	Text		Reason(s) for U.G.I.: Specify other	<b>Form versions prior to 2.0:</b> (default = -10)
PROCDONE	Integer	2	Was the procedure done at bedside or under fluoroscopy?	1=Bedside; 2=Under fluoroscopy
PORTACCS	Integer	2	Was the access to the port successful?	0=No; 1=Yes
VOLREC	Double	8	Fluid in band: Volume recovered (cc)	
VOLEND	Double	8	Fluid in band: Volume at the end of the procedure (cc)	
FLUTYPE	Integer	2	Type of fluid in band	1=Saline; 2=Other
FLUTYPES	Text	100	Type of fluid in band: Specify other	
ADJTIME	Integer	2	Total time of adjustment (minutes)	
ADJTICES	Integer	2	Total time of adjustment (seconds)	<b>Form versions prior to 2.0:</b> (default = -10)

## ANTH - Anthropometrics

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
ANTHDAT	Date/Time	8	Date form completed	
ANTHHR	Integer	2	Time form completed (hour part)	
ANTHMIN	Integer	2	Time form completed (minute part)	
EATDRDAT	Date/Time	8	Date patient last had anything to eat or drink, including water	
EATDRHR	Integer	2	Time patient last had anything to eat or drink, including water (hour part)	
EATDRMIN	Integer	2	Time patient last had anything to eat or drink, including water (minute part)	
HGT1	Double	8	Height 1 (cm)	
HGTMEAS1	Integer	2	How height 1 measured	1=Standing; 2=Lying flat; 3=Estimate
HGT2	Double	8	Height 2 (cm)	
HGTMEAS2	Integer	2	How height 2 measured	1=Standing; 2=Lying flat; 3=Estimate
HGT3	Double	8	Height 3 (cm)	
HGTMEAS3	Integer	2	How height 3 measured	1=Standing; 2=Lying flat; 3=Estimate
HGTMEASS	Text	100	Specify why height was not measured standing	
HGTND	Integer	2	Height was not assessed	1=Assessed; -5 =Not done (default = 1)
WGT1	Double	8	Weight 1 (kg)	
BODYFAT1	Double	8	Percent body fat based on weight 1	
IMPED1	Integer	2	Impedance 1 ( $\Omega$ )	
WGTMEAS1	Integer	2	How weight 1 measured	1=Tanita Scale; 2=Other Scale; 3=Last available bed weight; 4=Estimate

WGT2	Double	8	Weight 2 (kg)	
BODYFAT2	Double	8	Percent body fat based on weight 2	
IMPED2	Integer	2	Impedance 2 ( $\Omega$ )	
WGTMEAS2	Integer	2	How weight 2 measured	1=Tanita Scale; 2=Other Scale; 3=Last available bed weight; 4=Estimate
WGT3	Double	8	Weight 3 (kg)	
BODYFAT3	Double	8	Percent body fat based on weight 3	
IMPED3	Integer	2	Impedance 3 ( $\Omega$ )	
WGTMEAS3	Integer	2	How weight 3 measured	1=Tanita Scale; 2=Other Scale; 3=Last available bed weight; 4=Estimate
WGTMEASS	Text	100	Specify why weight was not measured with Tanita scale	
WGTND	Integer	2	Weight was not assessed	1=Assessed; -5 =Not done (default = 1)
UWCIR1	Double	8	Umbilical waist circumference 1 (cm)	
UWCIR2	Double	8	Umbilical waist circumference 2 (cm)	
UWCIR3	Double	8	Umbilical waist circumference 3 (cm)	
UWCIRND	Integer	2	Umbilical waist circumference was not assessed	1=Assessed; -5 =Not done (default = 1)
IWCIR1	Double	8	Iliac waist circumference 1 (cm)	
IWCIR2	Double	8	Iliac waist circumference 2 (cm)	
IWCIR3	Double	8	Iliac waist circumference 3 (cm)	
IWCIRND	Integer	2	Iliac waist circumference was not assessed	1=Assessed; -5 =Not done (default = 1)
SAD1	Double	8	Sagittal abdominal diameter 1 (cm)	
SAD2	Double	8	Sagittal abdominal diameter 2 (cm)	
SAD3	Double	8	Sagittal abdominal diameter 3 (cm)	

SADND	Integer	2	Sagittal abdominal diameter was not assessed	1=Assessed; -5 =Not done (default = 1)
NCIR1	Double	8	Neck circumference 1 (cm)	
NCIR2	Double	8	Neck circumference 2 (cm)	
NCIR3	Double	8	Neck circumference 3 (cm)	
NCIRND	Integer	2	Neck circumference was not assessed	1=Assessed; -5 =Not done (default = 1)
HRATE1	Integer	2	Resting heart rate 1 (bpm)	
HRATE2	Integer	2	Resting heart rate 2 (bpm)	
HRATE3	Integer	2	Resting heart rate 3 (bpm)	
HRATEND	Integer	2	Resting heart rate was not assessed	1=Assessed; -5 =Not done (default = 1)
SBP1	Integer	2	Systolic Blood Pressure 1	
DBP1	Integer	2	Diastolic Blood Pressure 1	
BPMEAS1	Integer	2	How Blood Pressure 1 Measured	1=Mercury; 2=Gauge; 3=Electronic
SBP2	Integer	2	Systolic Blood Pressure 2	
DBP2	Integer	2	Diastolic Blood Pressure 2	
BPMEAS2	Integer	2	How Blood Pressure 2 Measured	1=Mercury; 2=Gauge; 3=Electronic
SBP3	Integer	2	Systolic Blood Pressure 3	
DBP3	Integer	2	Diastolic Blood Pressure 3	
BPMEAS3	Integer	2	How Blood Pressure Measured 3	1=Mercury; 2=Gauge; 3=Electronic
BPND	Integer	2	Blood Pressure was not assessed	1=Assessed; -5 =Not done (default = 1)
DEXADONE	Integer	2	DEXA was not performed	1=Assessed; -5 =Not done (default = 1)
DEXADAT	Date/Time	8	Date of DEXA scan	
BODYFATD	Double	8	Percent body fat	
MINCON	Integer	2	Total bone mineral content (gm)	
MINCONR	Integer	2	Value in relation to reference range: Total bone mineral content	1=High; 2=Within; 3=Low
MINDEN	Double	8	Total bone mineral density (gm/cm <sup>2</sup> )	
MINDENR	Integer	2	Value in relation to reference range:	1=High; 2=Within;

			Total bone mineral density	3=Low
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## BB – Behavior Baseline

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
BBDAT	Date/Time	8	Date form completed	
LOSE	Integer	2	Were you advised or required by your doctor or other health care provider to lose weight prior to your obesity surgery?	0=No; 1=Yes
LOSEAMT	Integer	2	How much weight were you advised or required to lose? (lbs)	
SDIET	Integer	2	Were you advised or required by your doctor or other health care provider to start a special diet prior to your obesity surgery?	0=No; 1=Yes
LOWC	Integer	2	Was this special diet: a very low calorie	0=No; 1=Yes
HPROT	Integer	2	Was this special diet: high protein/low carbohydrate	0=No; 1=Yes
GROUND	Integer	2	Was this special diet: ground or pureed foods?	0=No; 1=Yes
OTHDIET	Integer	2	Was this special diet: other special diet not mentioned above?	0=No; 1=Yes
OTHDIETS	Text	100	Specify other special diet	
SDIETF	Integer	2	Did you follow the special diet?	1=No; 2=Rarely; 3=Occasionally; 4=Usually; 5=Always
WTCHNG	Integer	2	Have you lost or gained any weight in the past 3 months?	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes; -3=Don't know
WTLOST	Integer	2	Have you lost any weight in	0=No;

			the past 3 months?	1=Yes
LOSTAMT	Double	8	How much weight lost? (lbs)	
LOSTTRY	Integer	2	Were you purposefully trying to lose weight by eating less?	0=No; 1=Yes
WTGAIN	Integer	2	Have you gained any weight in the past 3 months?	0=No; 1=Yes
GAINAMT	Double	8	How much weight gained? (lbs)	
WTNOCHNG	Integer	2	Have you lost or gained any weight in the past 3 months? No change in weight	<b>Form versions prior to 2.0:</b> 0=No; 1=Yes  <b>Form version 2.0 and higher:</b> (default = -10)
WTUNK	Integer	2	Have you lost or gained any weight in the past 3 months? Don't know	<b>Form versions prior to 2.0:</b> 0=No; 1=Yes  <b>Form version 2.0 and higher:</b> (default = -10)
DWGT	Integer	2	The first weight is your dream weight, a weight that you would choose if you could weigh whatever you wanted. (lbs)	
HWGT	Integer	2	The second weight is not as ideal as the first one. It is a weight, however, that you would be happy to achieve. (lbs)	
AWGT	Integer	2	The third weight is one that you would be not particularly happy with, but one that you could accept, since it would be less than your current weight. (lbs)	
DISWGT	Integer	2	The fourth weight is one that is less than your current weight, but one that you could not view as successful in any way. You would be disappointed if this was your final weight after surgery. (lbs)	

SCALE	Integer	2	Do you have access to a scale to weigh yourself?	0=No; 1=Yes
SCALEFRQ	Integer	2	How often do you weigh yourself?	1=Never; 2=About once a year or less; 3=Every couple months; 4=Every month; 5=Every week; 6=Every day; 7=More than once per day
FGRAM	Integer	2	For weight control, have you ever: Counted fat grams	0=No; 1=Yes
FGRAM6M	Integer	2	Did you do this in the 6 months prior to coming to this program? Counted fat grams	0=No; 1=Yes
FGRAMW	Double	8	How many weeks: Counted fat grams	
FATINT	Integer	2	For weight control, have you ever: Decreased fat intake	0=No; 1=Yes
FATINT6M	Integer	2	Did you do this in the 6 months prior to coming to this program? Decreased fat intake	0=No; 1=Yes
FATINTW	Double	8	How many weeks: Decreased fat intake	
RCAL	Integer	2	For weight control, have you ever: Reduced the number of calories you eat?	0=No; 1=Yes
RCAL6M	Integer	2	Did you do this in the 6 months prior to coming to this program? Reduced the number of calories you eat	0=No; 1=Yes
RCALW	Double	8	How many weeks: Reduced the number of calories you eat	
LOWCAL	Integer	2	For weight control, have you ever: Used a very low calorie diet	0=No; 1=Yes
LOWCAL6M	Integer	2	Did you do this in the 6 months prior to coming to this program?	0=No; 1=Yes

			Used a very low calorie diet	
LOWCALW	Double	8	How many weeks: Used a very low calorie diet	
CSNACK	Integer	2	For weight control, have you ever: Cut out between meal snacking	0=No; 1=Yes
CSNACK6M	Integer	2	Did you do this in the 6months prior to coming to this program? Cut out between meal snacking	0=No; 1=Yes
CSNACKW	Double	8	How many weeks: Cut out between meal snacking	
FCARB	Integer	2	For weight control, have you ever: Eaten fewer high carbohydrate foods like bread or potatoes	0=No; 1=Yes
FCARB6M	Integer	2	Did you do this in the 6months prior to coming to this program? Eaten fewer high carbohydrate foods like bread or potatoes	0=No; 1=Yes
FCARBW	Double	8	How many weeks: Eaten fewer high carbohydrate foods like bread or potatoes	
DFOOD	Integer	2	For weight control, have you ever: Eaten special low calorie diet foods	0=No; 1=Yes
DFOOD6M	Integer	2	Did you do this in the 6months prior to coming to this program? Eaten special low calorie diet foods	0=No; 1=Yes
DFOODW	Double	8	How many weeks: Eaten special low calorie diet foods	
MEALR	Integer	2	For weight control, have you ever: Eaten or drank meal replacements	0=No; 1=Yes
MEALR6M	Integer	2	Did you do this in the 6months prior to coming to this program? Eaten or drank meal	0=No; 1=Yes

			replacements	
MEALRW	Double	8	How many weeks: Eaten or drank meal replacements	
FVEGE	Integer	2	For weight control, have you ever: Increased fruits and vegetables	0=No; 1=Yes
FVEGE6M	Integer	2	Did you do this in the 6months prior to coming to this program? Increased fruits and vegetables	0=No; 1=Yes
FVEGEW	Double	8	How many weeks: Increased fruits and vegetables	
SODA	Integer	2	For weight control, have you ever: cut out non-diet soda pop or other sugar-sweetened beverages	0=No; 1=Yes
SODA6M	Integer	2	Did you do this in the 6months prior to coming to this program? cut out non-diet soda pop or other sugar-sweetened beverages	0=No; 1=Yes
SODAW	Double	8	How many weeks: cut out non-diet soda pop or other sugar-sweetened beverages	
SPIT	Integer	2	For weight control, have you ever: chewed and spit out food	0=No; 1=Yes
SPIT6M	Integer	2	Did you do this in the 6months prior to coming to this program? chewed and spit out food	0=No; 1=Yes
SPITW	Double	8	How many weeks: chewed and spit out food	
FEWALC	Integer	2	For weight control, have you ever: drank fewer alcoholic beverages for weight control	0=No; 1=Yes
FEWALC6M	Integer	2	Did you do this in the 6months prior to coming to this program?	0=No; 1=Yes

			drank fewer alcoholic beverages for weight control	
FEWALCW	Double	8	How many weeks: drank fewer alcoholic beverages for weight control	
CIGWC	Integer	2	For weight control, have you ever: smoked cigarettes for weight control	0=No; 1=Yes
CIGWC6M	Integer	2	Did you do this in the 6months prior to coming to this program? smoked cigarettes for weight control	0=No; 1=Yes
CIGWCW	Double	8	How many weeks: smoked cigarettes for weight control	
VOMWC	Integer	2	For weight control, have you ever: induced vomiting for weight control	0=No; 1=Yes
VOMWC6M	Integer	2	Did you do this in the 6months prior to coming to this program? induced vomiting for weight control	0=No; 1=Yes
VOMWCW	Double	8	How many weeks: induced vomiting for weight control	
RECEAT	Integer	2	For weight control, have you ever: recorded what you eat daily	0=No; 1=Yes
RECEAT6M	Integer	2	Did you do this in the 6months prior to coming to this program? recorded what you eat daily	0=No; 1=Yes
RECEATW	Double	8	How many weeks: recorded what you eat daily	
GRAPH	Integer	2	For weight control, have you ever: kept a graph of your weight	0=No; 1=Yes
GRAPH6M	Integer	2	Did you do this in the 6months prior to coming to this program? kept a graph of your weight	0=No; 1=Yes
GRAPHW	Double	8	How many weeks:	

			kept a graph of your weight	
MOREEX	Integer	2	For weight control, have you ever: increased your exercise level	0=No; 1=Yes
MOREEX6M	Integer	2	Did you do this in the 6months prior to coming to this program? increased your exercise level	0=No; 1=Yes
MOREEXW	Double	8	How many weeks: increased your exercise level	
HEQ	Integer	2	For weight control, have you ever: used home exercise equipment	0=No; 1=Yes
HEQ6M	Integer	2	Did you do this in the 6months prior to coming to this program? used home exercise equipment	0=No; 1=Yes
HEQW	Double	8	How many weeks: used home exercise equipment	
RECEX	Integer	2	For weight control, have you ever: recorded your exercise daily	0=No; 1=Yes
RECEX6M	Integer	2	Did you do this in the 6months prior to coming to this program? recorded your exercise daily	0=No; 1=Yes
RECEXW	Double	8	How many weeks: recorded your exercise daily	
GRPEX	Integer	2	For weight control, have you ever: participated in group exercise classes	0=No; 1=Yes
GRPEX6M	Integer	2	Did you do this in the 6months prior to coming to this program? participated in group exercise classes	0=No; 1=Yes
GRPEXW	Double	8	How many weeks: participated in group exercise classes	
SHELP	Integer	2	For weight control, have you ever: participated in a support/self-help group	0=No; 1=Yes

SHELP6M	Integer	2	Did you do this in the 6months prior to coming to this program? participated in a support/self-help group	0=No; 1=Yes
SHELPW	Double	8	How many weeks: participated in a support/self-help group	
BBOARD	Integer	2	For weight control, have you ever: accessed a discussion group, bulletin board, or chat room on the internet	0=No; 1=Yes
BBOARD6M	Integer	2	Did you do this in the 6months prior to coming to this program? accessed a discussion group, bulletin board, or chat room on the internet	0=No; 1=Yes
BBOARDW	Double	8	How many weeks: accessed a discussion group, bulletin board, or chat room on the internet	
HYPN	Integer	2	For weight control, have you ever: used hypnosis for weight control	0=No 1=Yes
HYPN6M	Integer	2	Did you do this in the 6months prior to coming to this program? used hypnosis for weight control	0=No 1=Yes
HYPNW	Double	8	How many weeks: used hypnosis for weight control	
LAXWC	Integer	2	For weight control, have you ever: used laxatives for weight control	0=No; 1=Yes
LAXWC6M	Integer	2	Did you do this in the 6months prior to coming to this program? used laxatives for weight control	0=No; 1=Yes
LAXWCW	Double	8	How many weeks: used laxatives for weight control	

RX	Integer	2	For weight control, have you ever: used any prescription medication	0=No; 1=Yes
RX6M	Integer	2	Did you do this in the 6months prior to coming to this program? used any prescription medication	0=No; 1=Yes
RXW	Double	8	How many weeks: used any prescription medication	
DSUPP	Integer	2	For weight control, have you ever: used any dietary supplement or nonprescription medication	0=No; 1=Yes
DSUPP6M	Integer	2	Did you do this in the 6months prior to coming to this program? used any dietary supplement or nonprescription medication	0=No; 1=Yes
DSUPPW	Double	8	How many weeks: used any dietary supplement or nonprescription medication	
SEEMH	Integer	2	For weight control, have you ever: seen a counselor/mental health professional	0=No; 1=Yes
SEEMHX	Integer	2	How many times in the 6 months prior to coming to this program? seen a counselor/mental health professional	1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
SEENUT	Integer	2	For weight control, have you ever: seen a nutritionist/dietitian	0=No; 1=Yes
SEENUTX	Integer	2	How many times in the 6 months prior to coming to this program? seen a nutritionist/dietitian	1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
SEETRAIN	Integer	2	For weight control, have you ever: seen a personal trainer or exercise specialist	0=No; 1=Yes
SEETRAIX	Integer	2	How many times in the 6 months prior to coming to this program?	1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times;

			seen a personal trainer or exercise specialist	4=More than 20 times
BRKFST	Integer	2	How many days out of the 7-day week do you eat breakfast	
LUNCH7	Integer	2	How many days out of the 7-day week do you eat lunch/brunch	
DINNER7	Integer	2	How many days out of the 7-day week do you eat dinner	
ALLEAT	Integer	2	Counting all meals and any snacks you may have, how many times a day do you eat	11=More than 10 times a day
BRKFSTFF	Integer	2	How many days a week do you eat out at fast food restaurants for breakfast	
LUNCHFF	Integer	2	How many days a week do you eat out at fast food restaurants for lunch	
DINNERFF	Integer	2	How many days a week do you eat out at fast food restaurants for dinner	
BRKFSTO	Integer	2	How many days a week do you eat out at other types of restaurants for breakfast	
LUNCHO	Integer	2	How many days a week do you eat out at other types of restaurants for lunch	
DINNERO	Integer	2	How many days a week do you eat out at other types of restaurants for dinner	
EHLIFE	Integer	2	Have you ever had times when you eat continuously during the day or parts of the day without planning what and how much you would eat?	0=No; 1=Yes
EHLIFELC	Integer	2	Did you experience a loss of control, that is, you felt like you could not control your eating?	0=No; 1=Yes
EH6M	Integer	2	During the 6 months prior to coming to this program, have you had times when you eat continuously during the day or parts of the day without planning what and how much you would eat?	0=No; 1=Yes
EH6MLC	Integer	2	Did you experience a loss of	0=No;

			control, that is, you felt like you could not control your eating?	1=Yes
EHAMT	Integer	2	During the 6 months prior to coming to this program, did you ever eat within any two-hour period what most people would regard as an unusually large amount of food?	0=No; 1=Yes
EHAMTFRQ	Integer	2	During the 6 months prior to coming to this program, how often, on average, did you have times when you ate this way -- that is, large amounts of food plus the feeling that your eating was out of control?	1=Less than one day a week; 2=One day a week; 3=Two or three days a week; 4=Four or five days a week; 5=Nearly every day
EATRAPID	Integer	2	Did you usually have any of the following experiences during these occasions: Eating much more rapidly than usual.	0=No; 1=Yes
EHFULL	Integer	2	Did you usually have any of the following experiences during these occasions: Eating until you felt uncomfortably full.	0=No; 1=Yes
EATNHUNG	Integer	2	Did you usually have any of the following experiences during these occasions: Eating large amounts of food when you didn't feel physically hungry.	0=No; 1=Yes
EATALONE	Integer	2	Did you usually have any of the following experiences during these occasions: Eating alone because you were embarrassed by how much you were eating.	0=No; 1=Yes
EATDISG	Integer	2	Did you usually have any of the following experiences during these occasions: Feeling disgusted with yourself, depressed, or feeling very guilty after overeating	0=No; 1=Yes
EHUPSET	Integer	2	During the 6 months prior to coming to this program, when	1=Not at all; 2=Slightly;

			you overate how upset were you from overeating (eating more than you think is best for you)?	3=Moderately; 4=Greatly; 5=Extremely
EHNOSTOP	Integer	2	In general, during the 6 months prior to coming to this program, when you felt like your eating was out of control how upset were you by the feeling that you couldn't stop eating or control what or how much you were eating?	1=Not at all; 2=Slightly; 3=Moderately; 4=Greatly; 5=Extremely
EHSHAPE	Integer	2	During the 6 months prior to coming to this program, how important has your weight or shape been in how you feel about or evaluate yourself as a person -- as compared to other aspects of your life, such as how you do at school, work, as a parent, or how you get along with other people?	1=Weight and shape were not very important; 2=Weight and shape played a part in how I felt about myself; 3=Weight and shape were among the main things that affected how I felt about myself; 4=Weight and shape were the most important things that affected how I felt about myself.
BINGE	Integer	2	In the 3 months prior to coming to this program, have you had any episodes of binge eating?	0=No; 1=Yes
BVOMIT	Integer	2	During the 3 months prior to coming to this program, did you ever make yourself vomit to avoid gaining weight after binge eating?	0=No; 1=Yes
BVOMITX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
BLAX	Integer	2	During the 3 months prior to coming to this program, did you ever take more than twice the recommended dose of	0=No; 1=Yes

			laxatives in order to avoid gaining weight after binge eating?	
BLAXX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
WPILLS	Integer	2	During the 3 months prior to coming to this program, did you ever take more than twice the recommended dose of diuretics (water pills) in order to avoid gaining weight after binge eating?	0=No; 1=Yes
WPILLSX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
FAST	Integer	2	During the 3 months prior to coming to this program, did you ever fast (not eating anything at all for at least 24 hours) in order to avoid gaining weight after binge eating?	0=No; 1=Yes
FASTX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
BEXER	Integer	2	During the 3 months prior to coming to this program, did you ever exercise for more than an hour specifically in order to avoid gaining weight after binge eating?	0=No; 1=Yes

BEXERX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
DPILLS	Integer	2	During the 3 months prior to coming to this program, did you ever take twice the recommended dose of a diet pill in order to avoid gaining weight after binge eating?	0=No; 1=Yes
DPILLSX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
WINSULIN	Integer	2	During the 3 months prior to coming to this program, have you withheld your use of insulin to try to control your weight?	-2=I do not use insulin; 0=No; 1=Yes
WATCHTV	Integer	2	During the 3 months prior to coming to this program, on average, how many hours per day did you spend watching TV, using a computer, and/or playing video games?	0=None; 1=1 hour or less; 2=1 to 2 hours; 3=2 to 4 hours; 4=More than 4 hours
POSTDIN	Integer	2	During the 3 months prior to coming to this program, how much of your daily food intake did you consume after suppertime?	0=None; 1=Up to a quarter; 2=About a half; 3=More than half; 4=Almost all
HUNGMORN	Integer	2	During the 3 months prior to coming to this program, how hungry were you on a usual morning?	0=Not at all; 1=A little; 2=Somewhat; 3=Moderately; 4=Very
TROUBLES	Integer	2	During the 3 months prior to coming to this program, how often did you have trouble getting to sleep?	0=Never; 1=Sometimes; 2=About half the time; 3=Usually;

				4=Always
GETUP	Integer	2	Other than to use the bathroom, during the 3 months prior to coming to this program, how often did you get up at least once in the middle of the night?	0=Never; 1=Less than once a week; 2=About once a week; 3=More than once a week; 4=Every night
SNACK	Integer	2	During the 3 months prior to coming to this program, when you got up in the middle of the night, how often did you snack?	0=Never; 1=Sometimes; 2=About half the time; 3=Usually; 4=Always
SNACKNOW	Integer	2	When you snacked in the middle of the night, how aware were you of your eating?	0=Not at all; 1=A little; 2=Somewhat; 3=Very much; 4=Completely
WORKLATE	Integer	2	During the 3 months prior to coming to this program, were you in an occupation involving night or evening shifts or other unusual time requirements that interfere with meals?	0=No; 1=Yes
KEEPEAT	Integer	2	During the 3 months prior to coming to this program, how often did you keep eating a meal even though you were not hungry anymore?	0=Rarely or never; 1=Occasionally (once per week); 2=Frequently (more than once per week); 3=Nearly every day
EATFULL	Integer	2	During the 3 months prior to coming to this program, how often did you keep eating a meal even though you felt full?	0=Rarely or never; 1=Occasionally (once per week); 2=Frequently (more than once per week); 3=Nearly every day
CIG	Integer	2	Do you currently smoke cigarettes?	0=No; 1=Yes
CIGAVE	Double	8	On average, how many packs per day do you currently smoke?	
TOBACCO	Integer	2	Do you currently use other forms of tobacco, such as cigars, cigarillos, chewing tobacco, snuff, dip, etc.?	0=No; 1=Yes
TOBACAVG	Integer	2	On average, how often do you currently use other forms of tobacco?	1=Less than monthly; 2=Monthly; 3=2 to 3 times/week;

				4=4 to 6 times/week; 5=Daily
ETOH	Integer	2	How often do you have a drink containing alcohol?	0=Never; 1=Monthly or less; 2=Two to four times per month; 3=Two to three times per week; 4=Four or more times per week
DRINKS	Integer	2	How many drinks containing alcohol do you have on a typical day when you are drinking?	1=1 or 2 drinks; 2=3 or 4 drinks; 3=5 or 6 drinks; 4=7 to 9 drinks; 5=10 or more drinks
DRINKS6	Integer	2	How often do you have six or more drinks on one occasion?	<b>Form versions prior to 3.0:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=2 or 3 times/week; 4=4 or more times/week  <b>Form version 3.0 and higher:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=Weekly (2 to 3 times/week); 4=Daily or almost daily (4 or more times/week)
STOPETOH	Integer	2	How often, during the past 12 months, have you found that you were not able to stop drinking once you had started?	<b>Form versions prior to 3.0:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=2 or 3 times/week; 4=4 or more times/week  <b>Form version 3.0 and higher:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=Weekly (2 to 3 times/week); 4=Daily or almost daily (4

				or more times/week)
FAILETOH	Integer	2	How often, during the past 12 months, have you failed to do what was normally expected from you because of drinking?	<p><b>Form versions prior to 3.0:</b>  0=Never;  1=Less than monthly;  2=Monthly;  3=2 or 3 times/week;  4=4 or more times/week</p> <p><b>Form version 3.0 and higher:</b>  0=Never;  1=Less than monthly;  2=Monthly;  3=Weekly (2 to 3 times/week);  4=Daily or almost daily (4 or more times/week)</p>
MORNETOH	Integer	2	How often, during the past 12 months, have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<p><b>Form versions prior to 3.0:</b>  0=Never;  1=Less than monthly;  2=Monthly;  3=2 or 3 times/week;  4=4 or more times/week</p> <p><b>Form version 3.0 and higher:</b>  0=Never;  1=Less than monthly;  2=Monthly;  3=Weekly (2 to 3 times/week);  4=Daily or almost daily (4 or more times/week)</p>
GUILTOH	Integer	2	How often, during the past 12 months, have you had a feeling of guilt or remorse after drinking?	<p><b>Form versions prior to 3.0:</b>  0=Never;  1=1 or 2 times;  2=3 or 4 times;  3=5 or 6 times;  4=7 to 9 times;  5=10 or more times</p> <p><b>Form version 3.0 and higher:</b>  (default = -10)</p>
GUILTOHV3	Integer	2	How often, during the past 12	<b>Form versions prior to</b>

			months, have you had a feeling of guilt or remorse after drinking?	<p><b>3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=Weekly (2 to 3 times/week); 4=Daily or almost daily (4 or more times/week)</p>
NOMEMORY	Integer	2	How often, during the past 12 months, have you been unable to remember what happened the night before because you had been drinking?	<p><b>Form versions prior to 3.0:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=2 or 3 times/week; 4=4 or more times/week</p> <p><b>Form version 3.0 and higher:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=Weekly (2 to 3 times/week); 4=Daily or almost daily (4 or more times/week)</p>
INJETOH	Integer	2	Have you or someone else been injured as a result of your drinking?	<p><b>Form versions prior to 3.0:</b> 0=No; 1=Yes, but not in the last year; 2=Yes, during the past 12 months</p> <p><b>Form version 3.0 and higher:</b> 0=No; 1=Yes, but not in the past 12 months; 2=Yes, during the last year</p>
CUTETOH	Integer	2	Has a relative or friend, or doctor or other health worker been concerned about your drinking and suggested you	<p><b>Form versions prior to 3.0:</b> 0=No; 1=Yes, but not in the last</p>

			cut down?	year; 2=Yes, during the past 12 months  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes, but not in the past 12 months; 2=Yes, during the last year
OPIATE	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Opiates	0=No; 1=Yes
AMPHE	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Amphetamines	0=No; 1=Yes
HALLUC	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Hallucinogens	0=No; 1=Yes
INHAL	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Inhalants	0=No; 1=Yes
MARIJ	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Marijuana/hashish/pot	0=No; 1=Yes
COCAINE	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: PCP/Angel dust	0=No; 1=Yes
PCP	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Cocaine/crack	0=No; 1=Yes

## BDI2 - Beck Depression Inventory

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
BDI2DAT	Date/Time	8	Date form completed	
SADNESS	Integer	2	1. Sadness	0=I do not feel sad; 1=I feel sad much of the time; 2=I am sad all the time; 3=I am so sad or unhappy that I can't stand it (default = -4)
PESSIMISM	Integer	2	2. Pessimism	0=I am not discouraged about my future; 1=I feel more discouraged about my future than I used to; 2=I do not expect things to work out for me; 3=I feel my future is hopeless and will only get worse (default = -4)
FAILURE	Integer	2	3. Past Failure	0=I do not feel like a failure; 1=I have failed more than I should have; 2=As I look back, I see a lot of failures; 3=I feel I am a total failure as a person (default = -4)
LOSSPLEAS	Integer	2	4. Loss of Pleasure	0=I get as much pleasure as I ever did from the things I enjoy; 1=I don't enjoy things as much as I used to; 2=I get very little pleasure from the things I used to enjoy; 3=I can't get any pleasure from the things I used to enjoy

				(default = -4)
GUILT	Integer	2	5. Guilty Feelings	0=I don't feel particularly guilty; 1=" I feel guilty over many things I have done or should have done; 2=I feel quite guilty most of the time; 3=I feel guilty all of the time (default = -4)
PUNISH	Integer	2	6. Punishment Feelings	0= I don't feel I am being punished; 1=I feel I may be punished; 2=I expect to be punished; 3=I feel I am being punished (default = -4)
DISLIKE	Integer	2	7. Self-Dislike	0=I feel the same about myself as ever; 1=I have lost confidence in myself; 2=I am disappointed in myself; 3=I dislike myself (default = -4)
CRITICAL	Integer	2	8. Self-Criticalness	0=I don't criticize or blame myself more than usual; 1=I am more critical of myself than I used to be; 2=I criticize myself for all of my faults; 3=I blame myself for everything bad that happens (default = -4)
SUICIDE	Integer	2	9. Suicidal Thoughts or Wishes	<b>Form versions prior to 2.0:</b> 0= I don't have any thoughts of killing myself; 1= I have thoughts of harming myself, but I would not carry them out; 2=I would like to kill myself; 3=I would kill myself if I had the chance (default = -4)

				<p><b>Form version 2; 0 and higher:</b>  0= I don't have any thoughts of killing myself;  1= I have thoughts of killing myself, but I would not carry them out;  2=I would like to kill myself;  3=I would kill myself if I had the chance  (default = -4)</p>
CRYING	Integer	2	10. Crying	0=I don't cry any more than I used to; 1= I cry more now than I used to; 2=I cry all the time now; I can't stop 3=I used to be able to cry, but now I can't cry at all even though I want to (default = -4)
AGITATION	Integer	2	11. Agitation	0=I am no more restless or wound up than usual; 1=I feel more restless or wound up than usual; 2=I am so restless or agitated that it's hard to stay still; 3=I am so restless or agitated that I have to keep moving or doing something (default = -4)
LOSSINT	Integer	2	12. Loss of Interest	0=I have not lost interest in other people or activities; 1=I am less interested in other people or things than before; 2=I have lost most of my interest in other people or things; 3=It's hard to get interested in anything (default = -4)
DECISION	Integer	2	13. Indecisiveness	0=I make decisions about as well as ever; 1=I find it more difficult to make decisions than usual; 2=I have much greater

				difficulty in making decisions than I used to; 3= I have trouble making any decisions (default = -4)
WORTH	Integer	2	14. Worthlessness	0=I do not feel I am worthless; 1=I don't consider myself as worthwhile and useful as I used to; 2=I feel more worthless as compared to other people; 3=I feel utterly worthless (default = -4)
ENERGY	Integer	2	15. Loss of Energy	0=I have as much energy as ever; 1=I have less energy than I used to have; 2=I don't have enough energy to do very much; 3=I don't have enough energy to do anything (default = -4)
XCHSLEEP	Double	8	16. Changes in Sleeping Pattern (actual responses)	0=I have not experienced any change in my sleeping pattern; 1; 1=I sleep somewhat more than usual; 1; 2=I sleep somewhat less than usual; 2; 1=I sleep a lot more than usual; 2; 2=I sleep a lot less than usual; 3; 1=I sleep most of the day; 3; 2=I wake up 1-2 hours early and can't get back to sleep (default = -4)
CHSLEEP	Integer	2	16. Changes in Sleeping Pattern (contains scored responses of XCHSLEEP)	0=I have not experienced any change in my sleeping pattern; 1=I sleep somewhat more/less than usual; 2=I sleep a lot more/less than usual; 3=I sleep most of the day;

				/I wake up 1-2 hours early and can't get back to sleep (default = -4)
IRRITABLE	Integer	2	17. Irritability	0=I am no more irritable than usual; 1=I am more irritable than usual; 2=I am much more irritable than usual; 3=I am irritable all the time (default = -4)
XCHAPP	Double	8	18. Changes in Appetite (actual responses)	0=I have not experienced any change in my appetite; 1.1=My appetite is somewhat less than usual; 1.2=My appetite is somewhat greater than usual; 2.1=My appetite is much less than before; 2.2=My appetite is much greater than before; 3.1=I have no appetite at all; 3.2=I crave food all the time (default = -4)
CHAPP	Integer	2	18. Changes in Appetite (contains scored responses of XCHAPP)	0=I have not experienced any change in my appetite; 1=My appetite is somewhat less/greater than usual; 2=My appetite is much less/greater than before; 3=I have no appetite at all; /I crave food all the time (default = -4)
CONCDIFF	Integer	2	19. Concentration Difficulty	0=I can concentrate as well as ever; 1=I can't concentrate as well as usual; 2=It's hard to keep my mind on anything for very long; 3=I find I can't concentrate on anything (default = -4)

FATIGUE	Integer	2	20. Tiredness or Fatigue	0=I am no more tired or fatigued than usual; 1=I get more tired or fatigued more easily than usual; 2=I am too tired or fatigued to do a lot of the things I used to do; 3=I am too tired or fatigued to do most of the things I used to do (default = -4)
LOSSEX	Integer	2	21. Loss of interest in sex	0=I have not noticed any recent change in my interest in sex; 1=I am less interested in sex than I used to be; 2=I am much less interested in sex now; 3=I have lost interest in sex completely (default = -4)
SCORE	Integer	2	Summary score	If any items are refused/not answered, score will be coded as -1

## BDI2S – BDI Scoring

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
BDI2SDAT	Date/Time	8	Date form completed	
BDI9	Integer	2	BDI-II Scoring: question 9 score	
BDIPG1	Integer	2	BDI-II Scoring: total from pg 1	
BDIPG2	Integer	2	BDI-II Scoring: total from pg 2	
BDITOTAL	Integer	2	BDI-II Scoring: total score	
A1DONE1	Long Integer	4	Q9 Action plan: Paged site psychologist or PI	0=No; 1=Yes
A1DAT1	Date/Time	8	Q9 Action plan: Paged site psychologist or PI – Date	
A1HR1	Integer	2	Q9 Action plan: Paged site psychologist or PI – Time (hour part)	
A1MIN1	Integer	2	Q9 Action plan: Paged site psychologist or PI – Time (minute part)	
A1DONE2	Long Integer	4	Q9 Action plan: Site psychologist or PI verbally informed of situation	0=No; 1=Yes
A1DAT2	Date/Time	8	Q9 Action plan: Site psychologist or PI verbally informed of situation – Date	
A1HR2	Integer	2	Q9 Action plan: Site psychologist or PI verbally informed of situation – Time (hour part)	
A1MIN2	Integer	2	Q9 Action plan: Site psychologist or PI verbally informed of situation – Time (minute part)	
A2DONE1	Long Integer	4	High score action plan: Site psychologist contacted within 24 hrs	0=No; 1=Yes
A2DAT1	Date/Time	8	High score action plan: Site psychologist contacted within 24 hrs – Date	
A2HR1	Integer	2	High score action plan: Site psychologist contacted within 24 hrs – Time (hour part)	

A2MIN1	Integer	2	High score action plan: Site psychologist contacted within 24 hrs – Time (minute part)	
A2DONE2	Long Integer	4	High score action plan: Site psychologist contacted family within 1 week and made referral	0=No; 1=Yes
A2DAT2	Date/Time	8	High score action plan: Site psychologist contacted family within 1 week and made referral – Date	
A2HR2	Integer	2	High score action plan: Site psychologist contacted family within 1 week and made referral – Time (hour part)	
A2MIN2	Integer	2	High score action plan: Site psychologist contacted family within 1 week and made referral – Time (minute part)	

## BF – Behavior Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	ID_New
<b>Visit</b>	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
BFDAT	Date/Time	8	Date form completed	
SCALE	Integer	2	Do you have access to a scale to weigh yourself?	0=No; 1=Yes
SCALEFRQ	Integer	2	How often do you weigh yourself?	1=Never; 2=About once a year or less; 3=Every couple months; 4=Every month; 5=Every week; 6=Every day; 7=More than once per day
WGTSATIS	Integer	2	How satisfied are you with your current weight?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Extremely dissatisfied; 2=Dissatisfied; 3=Neither dissatisfied nor satisfied; 4=Satisfied; 5=Extremely satisfied
WGTLIKE	Integer	2	Based on your current weight, would you like to:	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Lose weight; 2=Maintain my current weight; 3=Gain weight
LIKELOSE	Integer	2	How many pounds would you like to lose?	<b>Form versions prior to 3.0:</b> (default = -10)
LIKEGAIN	Integer	2	How many pounds would you like to gain?	<b>Form versions prior to 3.0:</b>

				(default = -10)
DWGT	Integer	2	What is your dream weight as of today, a weight that you would choose if you could weigh whatever you wanted?	<b>Form versions prior to 3.0:</b> (default = -10)
SURGSATIS	Integer	2	Looking back on how you have progressed since you underwent your bariatric surgery, how satisfied are you with the results of the surgery?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 7=Very satisfied; 6=Satisfied; 5=Somewhat satisfied; 4=Neither satisfied nor dissatisfied; 3=Somewhat dissatisfied; 2=Dissatisfied; 1=Very dissatisfied
SURGNOBEN	Integer	2	Why did you answer [SURGSATIS] that way? I have seen little or no benefit to my health	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
WGTLOST	Integer	2	Why did you answer [SURGSATIS] that way? I am disappointed in the amount of weight I lost	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
APPEAR	Integer	2	Why did you answer [SURGSATIS] that way? I am disappointed in my appearance	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
NOENJOY	Integer	2	Why did you answer [SURGSATIS] that way? I can no longer enjoy food	<b>Form versions prior to 4.0:</b> (default = -10)

				<b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
FAMFRIEND	Integer	2	Why did you answer [SURGSATIS] that way? I can no longer eat with family or friends	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
SURGCOMP	Integer	2	Why did you answer [SURGSATIS] that way? I have had complications from surgery	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DISSATOTH	Integer	2	Why did you answer [SURGSATIS] that way? Other	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DISSATOTHS	Text	100	Why did you answer [SURGSATIS] that way? Other, specify	<b>Form versions prior to 4.0:</b> (default = -10)
FGRAM6M	Integer	2	For weight control, in the past 6 months have you...? Counted fat grams	0=No; 1=Yes
FGRAMW	Double	8	How many weeks: Counted fat grams	
FATINT6M	Integer	2	For weight control, in the past 6 months have you...? Decreased fat intake	0=No; 1=Yes
FATINTW	Double	8	How many weeks: Decreased fat intake	
RCAL6M	Integer	2	For weight control, in the past 6 months have you...? Reduced the number of calories you eat	0=No; 1=Yes
RCALW	Double	8	How many weeks: Reduced the number of	

			calories you eat	
LOWCAL6M	Integer	2	For weight control, in the past 6 months have you...? Used a very low calorie diet	0=No; 1=Yes
LOWCALW	Double	8	How many weeks: Used a very low calorie diet	
CSNACK6M	Integer	2	For weight control, in the past 6 months have you...? Cut out between meal snacking	0=No; 1=Yes
CSNACKW	Double	8	How many weeks: Cut out between meal snacking	
FCARB6M	Integer	2	For weight control, in the past 6 months have you...? Eaten fewer high carbohydrate foods like bread or potatoes	0=No; 1=Yes
FCARBW	Double	8	How many weeks: Eaten fewer high carbohydrate foods like bread or potatoes	
DFOOD6M	Integer	2	For weight control, in the past 6 months have you...? Eaten special low calorie diet foods	0=No; 1=Yes
DFOODW	Double	8	How many weeks: Eaten special low calorie diet foods	
MEALR6M	Integer	2	For weight control, in the past 6 months have you...? Eaten or drank meal replacements	0=No; 1=Yes
MEALRW	Double	8	How many weeks: Eaten or drank meal replacements	
FVEGE6M	Integer	2	For weight control, in the past 6 months have you...? Increased fruits and vegetables	0=No; 1=Yes
FVEGEW	Double	8	How many weeks: Increased fruits and vegetables	
SODA6M	Integer	2	For weight control, in the past 6 months have you...? cut out non-diet soda pop or other sugar-sweetened beverages	0=No; 1=Yes
SODAW	Double	8	How many weeks:	

			cut out non-diet soda pop or other sugar-sweetened beverages	
SPIT6M	Integer	2	For weight control, in the past 6 months have you...? chewed and spit out food	0=No; 1=Yes
SPITW	Double	8	How many weeks: chewed and spit out food	
FEWALC6M	Integer	2	For weight control, in the past 6 months have you...? drank fewer alcoholic beverages for weight control	0=No; 1=Yes
FEWALCW	Double	8	How many weeks: drank fewer alcoholic beverages for weight control	
CIGWC6M	Integer	2	For weight control, in the past 6 months have you...? smoked cigarettes for weight control	0=No; 1=Yes
CIGWCW	Double	8	How many weeks: smoked cigarettes for weight control	
VOMWC6M	Integer	2	For weight control, in the past 6 months have you...? induced vomiting for weight control	0=No; 1=Yes
VOMWCW	Double	8	How many weeks: induced vomiting for weight control	
RECEAT6M	Integer	2	For weight control, in the past 6 months have you...? recorded what you eat daily	0=No; 1=Yes
RECEATW	Double	8	How many weeks: recorded what you eat daily	
GRAPH6M	Integer	2	For weight control, in the past 6 months have you...? kept a graph of your weight	0=No; 1=Yes
GRAPHW	Double	8	How many weeks: kept a graph of your weight	
MOREEX6M	Integer	2	For weight control, in the past 6 months have you...? increased your exercise level	0=No; 1=Yes
MOREEXW	Double	8	How many weeks: increased your exercise level	
HEQ6M	Integer	2	For weight control, in the past 6 months have you...? used home exercise	0=No; 1=Yes

			equipment	
HEQW	Double	8	How many weeks: used home exercise equipment	
RECEX6M	Integer	2	For weight control, in the past 6 months have you...? recorded your exercise daily	0=No; 1=Yes
RECEXW	Double	8	How many weeks: recorded your exercise daily	
GRPEX6M	Integer	2	For weight control, in the past 6 months have you...? participated in group exercise classes	0=No; 1=Yes
GRPEXW	Double	8	How many weeks: participated in group exercise classes	
SHELP6M	Integer	2	For weight control, in the past 6 months have you...? participated in a support/self- help group	0=No; 1=Yes
SHELPW	Double	8	How many weeks: participated in a support/self- help group	
BBOARD6M	Integer	2	For weight control, in the past 6 months have you...? accessed a discussion group, bulletin board, or chat room on the internet	0=No; 1=Yes
BBOARDW	Double	8	How many weeks: accessed a discussion group, bulletin board, or chat room on the internet	
HYPN6M	Integer	2	For weight control, in the past 6 months have you...? used hypnosis for weight control	0=No; 1=Yes
HYPNW	Double	8	How many weeks: used hypnosis for weight control	
LAXWC6M	Integer	2	For weight control, in the past 6 months have you...? used laxatives for weight control	0=No; 1=Yes
LAXWCW	Double	8	How many weeks: used laxatives for weight control	
RX6M	Integer	2	For weight control, in the past	0=No;

			6 months have you...? used any prescription medication	1=Yes
RXW	Double	8	How many weeks: used any prescription medication	
DSUPP6M	Integer	2	For weight control, in the past 6 months have you...? used any dietary supplement or nonprescription medication	0=No; 1=Yes
DSUPPW	Double	8	How many weeks: used any dietary supplement or nonprescription medication	
SEEMH	Integer	2	For weight control, in the past 6 months have you...? seen a counselor/mental health professional	0=No; 1=Yes
SEEMHX	Integer	2	How many times in the past 6 months: seen a counselor/mental health professional	1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
SEENUT	Integer	2	For weight control, in the past 6 months have you...? seen a nutritionist/dietitian	0=No; 1=Yes
SEENUTX	Integer	2	How many times in the past 6 months: seen a nutritionist/dietitian	1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
SEETRAIN	Integer	2	For weight control, in the past 6 months have you...?  seen a personal trainer or exercise specialist	0=No; 1=Yes
SEETRAIX	Integer	2	How many times in the past 6 months: seen a personal trainer or exercise specialist	1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
BRKFST	Integer	2	How many days out of the 7- day week do you eat breakfast	
LUNCH7	Integer	2	How many days out of the 7- day week do you eat lunch/brunch	
DINNER7	Integer	2	How many days out of the 7- day week do you eat dinner	
ALLEAT	Integer	2	Counting all meals and any snacks you may have, how many times a day do you eat	11=More than 10 times a day

BRKFSTFF	Integer	2	How many days a week do you eat out at fast food restaurants for breakfast	
LUNCHFF	Integer	2	How many days a week do you eat out at fast food restaurants for lunch	
DINNERFF	Integer	2	How many days a week do you eat out at fast food restaurants for dinner	
BRKFSTO	Integer	2	How many days a week do you eat out at other types of restaurants for breakfast	
LUNCHO	Integer	2	How many days a week do you eat out at other types of restaurants for lunch	
DINNERO	Integer	2	How many days a week do you eat out at other types of restaurants for dinner	
EH6M	Integer	2	During past 6 months, have you had times when you eat continuously during the day or parts of the day without planning what and how much you would eat?	0=No; 1=Yes
EH6MLC	Integer	2	Did you experience a loss of control, that is, you felt like you could not control your eating?	0=No; 1=Yes
EHAMT	Integer	2	During past 6 months, did you ever eat within any two-hour period what most people would regard as an unusually large amount of food?	0=No; 1=Yes
EHAMTFRQ	Integer	2	During past 6 months, how often, on average, did you have times when you ate this way -- that is, large amounts of food plus the feeling that your eating was out of control?	1=Less than one day a week; 2=One day a week; 3=Two or three days a week; 4=Four or five days a week; 5=Nearly every day
EATRAPID	Integer	2	Did you usually have any of the following experiences during these occasions: Eating much more rapidly than usual.	0=No; 1=Yes
EHFULL	Integer	2	Did you usually have any of	0=No;

			the following experiences during these occasions: Eating until you felt uncomfortably full.	1=Yes
EATNHUNG	Integer	2	Did you usually have any of the following experiences during these occasions: Eating large amounts of food when you didn't feel physically hungry.	0=No; 1=Yes
EATALONE	Integer	2	Did you usually have any of the following experiences during these occasions: Eating alone because you were embarrassed by how much you were eating.	0=No; 1=Yes
EATDISG	Integer	2	Did you usually have any of the following experiences during these occasions: Feeling disgusted with yourself, depressed, or feeling very guilty after overeating?	0=No; 1=Yes
EHUPSET	Integer	2	During past 6 months, when you overate how upset were you from overeating (eating more than you think is best for you)?	1=Not at all; 2=Slightly; 3=Moderately; 4=Greatly; 5=Extremely
EHNOSTOP	Integer	2	In general, during past 6 months, when you felt like your eating was out of control how upset were you by the feeling that you couldn't stop eating or control what or how much you were eating?	1=Not at all; 2=Slightly; 3=Moderately; 4=Greatly; 5=Extremely
EHSHAPE	Integer	2	During past 6 months, how important has your weight or shape been in how you feel about or evaluate yourself as a person -- as compared to other aspects of your life, such as how you do at school, work, as a parent, or how you get along with other people?	1=Weight and shape were not very important; 2=Weight and shape played a part in how I felt about myself; 3=Weight and shape were among the main things that affected how I felt about myself; 4=Weight and shape were the most important things that affected how I felt about myself

BINGE	Integer	2	In the past 3 months, have you had any episodes of binge eating?	0=No; 1=Yes
BVOMIT	Integer	2	During the past 3 months, did you ever make yourself vomit to avoid gaining weight after binge eating?	0=No; 1=Yes
BVOMITX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
BLAX	Integer	2	During the past 3 months, did you ever take more than twice the recommended dose of laxatives in order to avoid gaining weight after binge eating?	0=No; 1=Yes
BLAXX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
WPILLS	Integer	2	During the past 3 months, did you ever take more than twice the recommended dose of diuretics (water pills) in order to avoid gaining weight after binge eating?	0=No; 1=Yes
WPILLSX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
FAST	Integer	2	During the past 3 months, did you ever fast (not eating anything at all for at least 24 hours) in order to avoid	0=No; 1=Yes

			gaining weight after binge eating?	
FASTX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
BEXER	Integer	2	During the past 3 months, did you ever exercise for more than an hour specifically in order to avoid gaining weight after binge eating?	0=No; 1=Yes
BEXERX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
DPILLS	Integer	2	During the past 3 months, did you ever take twice the recommended dose of a diet pill in order to avoid gaining weight after binge eating?	0=No; 1=Yes
DPILLSX	Integer	2	How often, on average, was that?	1=Less than once a week; 2=Once a week; 3=Two or three times a week; 4=Four or five times a week; 5=More than five times a week
WINSULIN	Integer	2	During the past 3 months, have you withheld your use of insulin to try to control your weight?	-2=I do not use insulin; 0=No; 1=Yes
WATCHTV	Integer	2	During the past 3 months, on average, how many hours per day did you spend watching TV, using a computer, and/or playing video games?	0=None; 1=1 hour or less; 2=1 to 2 hours; 3=2 to 4 hours; 4=More than 4 hours
POSTDIN	Integer	2	During the past 3 months, how much of your daily food intake	0=None; 1=Up to a quarter;

			did you consume after supertime?	2=About a half; 3=More than half; 4=Almost all
HUNGMORN	Integer	2	During the past 3 months, how hungry were you on a usual morning?	0=Not at all; 1=A little; 2=Somewhat; 3=Moderately; 4=Very
TROUBLES	Integer	2	During the past 3 months, how often did you have trouble getting to sleep?	0=Never; 1=Sometimes; 2=About half the time; 3=Usually; 4=Always
GETUP	Integer	2	Other than to use the bathroom, during the past 3 months, how often did you get up at least once in the middle of the night?	0=Never; 1=Less than once a week; 2=About once a week; 3=More than once a week; 4=Every night
SNACK	Integer	2	During the past 3 months, when you got up in the middle of the night, how often did you snack?	0=Never; 1=Sometimes; 2=About half the time; 3=Usually; 4=Always
SNACKNOW	Integer	2	When you snacked in the middle of the night, how aware were you of your eating?	0=Not at all; 1=A little; 2=Somewhat; 3=Very much; 4=Completely
WORKLATE	Integer	2	During the past 3 months, were you in an occupation involving night or evening shifts or other unusual time requirements that interfere with meals?	0=No; 1=Yes
KEEPEAT	Integer	2	During the past 3 months, how often did you keep eating a meal even though you were not hungry anymore?	0=Rarely or never; 1=Occasionally (once per week); 2=Frequently (more than once per week); 3=Nearly every day
EATFULL	Integer	2	During the past 3 months, how often did you keep eating a meal even though you felt full?	0=Rarely or never; 1=Occasionally (once per week); 2=Frequently (more than once per week); 3=Nearly every day

FSTUCK	Integer	2	Over the past 3 months, have you had problems with the small opening in your stomach becoming plugged (food getting stuck)?	0=Never; 1=Monthly or less; 2=More than monthly but less than weekly; 3=About weekly; 4=Several times/week; 5=Daily; 6=Several times/day
FSTUCKDO	Integer	2	When food gets stuck, what do you usually do?	0=Food comes back out spontaneously; 1=Wait until gone; 2=Induce vomiting (water, finger, coughing, bending over toilet)
SPIT3M	Integer	2	Over the past 3 months, how often have you chewed food (put food into your mouth) and spit it out without swallowing it?	0=Never; 1=Monthly or less; 2=More than monthly but less than weekly; 3=About weekly; 4=Several times/week; 5=Daily; 6=Several times/day
VOMWC3M	Integer	2	Over the past 3 months, how often have you self-induced vomiting because of concerns about weight gain?	0=Never; 1=Monthly or less; 2=More than monthly but less than weekly; 3=About weekly; 4=Several times/week; 5=Daily; 6=Several times/day
VOMINVOL	Integer	2	Over the past 3 months, how often have you vomited involuntarily?	0=Never; 1=Monthly or less; 2=More than monthly but less than weekly; 3=About weekly; 4=Several times/week; 5=Daily; 6=Several times/day
VOMFULL	Integer	2	Over the past 3 months, how often have you self-induced vomiting because you felt too full?	0=Never; 1=Monthly or less; 2=More than monthly but less than weekly; 3=About weekly; 4=Several times/week; 5=Daily; 6=Several times/day
HUNGRY	Integer	2	How hungry do you usually	0=Much less;

			feel before a meal now compared to before your surgery?	1=Less; 2=Somewhat less; 3=About the same; 4=Somewhat more; 5=More; 6=Much more
ENJOYEAT	Integer	2	How much do you enjoy eating now compared to before your surgery?	0=Much less; 1=Less; 2=Somewhat less; 3=About the same; 4=Somewhat more; 5=More; 6=Much more
EATIMPT	Integer	2	How important is eating to you now compared to before your surgery?	0=Much less; 1=Less; 2=Somewhat less; 3=About the same; 4=Somewhat more; 5=More; 6=Much more
FEELFULL	Integer	2	Did you feel “full” after eating only a small amount of food?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Never; 2=Rarely; 3=Sometimes; 4=Often; 5=Always
ASMUCH	Integer	2	Were you able to eat as much as you ate prior to surgery?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Never; 2=Rarely; 3=Sometimes; 4=Often; 5=Always
DIFFEAT	Integer	2	Did you have difficulty eating certain types of food, such as meat, that you did not have difficulty with before undergoing bariatric surgery?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and</b>

				<b>higher:</b> 1=Never; 2=Rarely; 3=Sometimes; 4=Often; 5=Always
SMEALS	Integer	2	Do you have to eat small meals throughout the day?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Never; 2=Rarely; 3=Sometimes; 4=Often; 5=Always
CIG	Integer	2	Do you currently smoke cigarettes?	0=No; 1=Yes
CIGAVE	Double	8	On average, how many packs per day do you currently smoke?	
TOBACCO	Integer	2	Do you currently use other forms of tobacco, such as cigars, cigarillos, chewing tobacco, snuff, dip, etc.?	0=No; 1=Yes
TOBACAVG	Integer	2	On average, how often do you currently use other forms of tobacco?	1=Less than monthly; 2=Monthly; 3=2 to 3 times/week; 4=4 to 6 times/week; 5=Daily
ETOH	Integer	2	How often do you have a drink containing alcohol?	0=Never; 1=Monthly or less; 2=Two to four times per month; 3=Two to three times per week; 4=Four or more times per week
DRINKS	Integer	2	How many drinks containing alcohol do you have on a typical day when you are drinking?	1=1 or 2 drinks; 2=3 or 4 drinks; 3=5 or 6 drinks; 4=7 to 9 drinks; 5=10 or more drinks
DRINKS6	Integer	2	How often do you have six or more drinks on one occasion?	<b>Form versions prior to 3.0:</b> 0=Never;

				<p>1=Less than monthly; 2=Monthly; 3=2 or 3 times/week; 4=4 or more times/week</p> <p><b>Form version 3.0 and higher:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=Weekly (2 to 3 times/week); 4=Daily or almost daily (4 or more times/week)</p>
STOPETOH	Integer	2	How often, during the past 12 months, have you found that you were not able to stop drinking once you had started?	<p><b>Form versions prior to 3.0:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=2 or 3 times/week; 4=4 or more times/week</p> <p><b>Form version 3.0 and higher:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=Weekly (2 to 3 times/week); 4=Daily or almost daily (4 or more times/week)</p>
FAILETOH	Integer	2	How often, during the past 12 months, have you failed to do what was normally expected from you because of drinking?	<p><b>Form versions prior to 3.0:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=2 or 3 times/week; 4=4 or more times/week</p> <p><b>Form version 3.0 and higher:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=Weekly (2 to 3 times/week); 4=Daily or almost daily (4 or more times/week)</p>

MORNETOH	Integer	2	How often, during the past 12 months, have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<p><b>Form versions prior to 3.0:</b>  0=Never;  1=Less than monthly;  2=Monthly;  3=2 or 3 times/week;  4=4 or more times/week</p> <p><b>Form version 3.0 and higher:</b>  0=Never;  1=Less than monthly;  2=Monthly;  3=Weekly (2 to 3 times/week);  4=Daily or almost daily (4 or more times/week)</p>
GUILETOH	Integer	2	How often, during the past 12 months, have you had a feeling of guilt or remorse after drinking?	<p><b>Form versions prior to 3.0:</b>  0=Never;  1=1 or 2 times;  2=3 or 4 times;  3=5 or 6 times;  4=7 to 9 times;  5=10 or more times</p> <p><b>Form version 3.0 and higher:</b>  (default = -10)</p>
GUILETOHV3	Integer	2	How often, during the past 12 months, have you had a feeling of guilt or remorse after drinking?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form version 3.0 and higher:</b>  0=Never;  1=Less than monthly;  2=Monthly;  3=Weekly (2 to 3 times/week);  4=Daily or almost daily (4 or more times/week)</p>
NOMEMORY	Integer	2	How often, during the past 12 months, have you been unable to remember what happened the night before because you had been drinking?	<p><b>Form versions prior to 3.0:</b>  0=Never;  1=Less than monthly;  2=Monthly;  3=2 or 3 times/week;</p>

				4=4 or more times/week  <b>Form version 3.0 and higher:</b> 0=Never; 1=Less than monthly; 2=Monthly; 3=Weekly (2 to 3 times/week); 4=Daily or almost daily (4 or more times/week)
INJETOH	Integer	2	Have you or someone else been injured as a result of your drinking?	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes, but not in the last year; 2=Yes, during the past 12 months  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes, but not in the past 12 months; 2=Yes, during the last year
CUTETOH	Integer	2	Has a relative or friend, or doctor or other health worker been concerned about your drinking and suggested you cut down?	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes, but not in the last year; 2=Yes, during the past 12 months  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes, but not in the past 12 months; 2=Yes, during the last year
ETOHDIFF	Integer	2		
OPIATE	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Opiates	0=No; 1=Yes

AMPHE	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Amphetamines	0=No; 1=Yes
HALLUC	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Hallucinogens	0=No; 1=Yes
INHAL	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Inhalants	0=No; 1=Yes
MARIJ	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Marijuana/hashish/pot	0=No; 1=Yes
COCAINE	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: Cocaine/crack	0=No; 1=Yes
PCP	Integer	2	In the past 12 months, other than as prescribed by a physician, have you used any of the following: PCP/Angel dust	0=No; 1=Yes

## BS – Berlin Sleep

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
BSDAT	Date/Time	8	Date form completed	
SNORE	Integer	2	Do you snore?	0=No; 1=Yes; -3=Don't know
SNOREVOL	Integer	2	Is your snoring:	1=Slightly louder than breathing; 2=As loud as talking; 3=Louder than talking; 4=Very loud. Can be heard in adjacent rooms; -3 = Don't know
SNOREFREQ	Integer	2	How often do you snore?	1=Nearly every day; 2=3 to 4 times a week; 3=1 to 2 times a week; 4=1 to 2 times a month; 5=Never or nearly never; -3=Don't know
SNOREBOT	Integer	2	Has your snoring ever bothered other people?	0=No; 1=Yes
BSAPNEA	Integer	2	Has anyone noticed that you quit breathing during your sleep?	1=Nearly every day ; 2=3 to 4 times a week; 3=1 to 2 times a week; 4=1 to 2 times a month; 5=Never or nearly never
TIREDas	Integer	2	How often do you feel tired or fatigued after your sleep?	1=Nearly every day ; 2=3 to 4 times a week; 3=1 to 2 times a week; 4=1 to 2 times a month; 5=Never or nearly never
TIREdWT	Integer	2	During your wake time, do you feel tired, fatigued or not up?	1=Nearly every day ; 2=3 to 4 times a week; 3=1 to 2 times a week; 4=1 to 2 times a month; 5=Never or nearly never
SLEEPcar	Integer	2	Have our ever nodded off or fallen asleep while driving a vehicle?	-2=N/A, I do not drive; 0=No; 1=Yes
CARFREQ	Integer	2	How often does this occur?	1=Nearly every day ; 2=3 to 4 times a week;

				3=1 to 2 times a week; 4=1 to 2 times a month; 5=Never or nearly never
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## BU – Baseline Update

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 2)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
BUDAT	Date/Time	8	Date form completed	
LOSE	Integer	2	Were you advised or required by your doctor or other health care provider to lose weight prior to your obesity surgery?	0=No; 1=Yes
LOSEAMT	Integer	2	How much weight were you advised or required to lose? (lbs)	
SDIET	Integer	2	Were you advised or required by your doctor or other health care provider to start a special diet prior to your obesity surgery?	0=No; 1=Yes
LOWC	Integer	2	Was this special diet: a very low calorie	0=No; 1=Yes
HPROT	Integer	2	Was this special diet: high protein/low carbohydrate	0=No; 1=Yes
GROUND	Integer	2	Was this special diet: ground or pureed foods?	0=No; 1=Yes
OTHDIET	Integer	2	Was this special diet: other special diet not mentioned above?	0=No; 1=Yes
OTHDIETS	Text	100	Specify other special diet	
SDIETF	Integer	2	Did you follow the special diet?	1=No; 2=Rarely; 3=Occasionally; 4=Usually; 5=Always
WTCHNG	Integer	2	Have you lost or gained any weight in the past 3 months?	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes; -3=Don't know
WTLOST	Integer	2	Have you lost any weight in the past 3 months?	0=No; 1=Yes

LOSTAMT	Double	8	How much weight lost? (lbs)	
LOSTTRY	Integer	2	Were you purposefully trying to lose weight by eating less?	0=No; 1=Yes
WTGAIN	Integer	2	Have you gained any weight in the past 3 months?	0=No; 1=Yes
GAINAMT	Double	8	How much weight gained? (lbs)	
WTNOCHNG	Integer	2	Have you lost or gained any weight in the past 3 months? No change in weight	<b>Form versions prior to 2.0:</b> 0=No; 1=Yes  <b>Form version 2.0 and higher:</b> (default = -10)
WTUNK	Integer	2	Have you lost or gained any weight in the past 3 months? Don't know	<b>Form versions prior to 2.0:</b> 0=No; 1=Yes  <b>Form version 2.0 and higher:</b> (default = -10)
DWGT	Integer	2	The first weight is your dream weight, a weight that you would choose if you could weigh whatever you wanted. (lbs)	
HWGT	Integer	2	The second weight is not as ideal as the first one. It is a weight, however, that you would be happy to achieve. (lbs)	
AWGT	Integer	2	The third weight is one that you would be not particularly happy with, but one that you could accept, since it would be less than your current weight. (lbs)	
DISWGT	Integer	2	The fourth weight is one that is less than your current weight, but one that you could not view as successful in any way. You would be disappointed if this was your final weight after surgery. (lbs)	

## CAB – Comorbidity Assessment - Baseline

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
CABDAT	Date/Time	8	Date form completed	
RETROSP	Integer	2	Form completed via retrospective chart review	<p><b>Form version 1.0:</b> 0=No, done prospectively; 1=Yes, retrospective chart review</p> <p><b>Form versions 2.0 and higher:</b> (default = 0)</p>
HYPTN	Integer	2	Hypertension	0=No BP elevation diagnosed; 1=Hypertension, no pharmacologic treatment; 2=Hypertension, treatment with single medication; 3=Hypertension, treatment with two or more medications
IHD	Integer	2	Ischemic heart disease	0=No ischemic heart disease; 1=Abnormal ECG, no active angina; 2=Uses anti-ischemic medication, no angina; 3=Active angina (with or without medications or revascularization)
PVD	Integer	2	Peripheral Vascular Disease	<p><b>Form versions prior to 3.0:</b> 0=No symptoms of peripheral vascular disease; 1=Bruit or diminished peripheral pulse(s), asymptomatic; 2=Claudication, anti-ischemic medication; 3=Transient ischemic attack or extremity pain at rest</p>

				<b>Form version 3.0 and higher:</b> 0=No symptoms of peripheral vascular disease; 1=Bruit or diminished peripheral pulse(s), asymptomatic; 2=Claudication or extremity pain at rest; 3=Transient ischemic attack, anti-ischemic medication
PE	Integer	2	Peripheral Edema	0=None; 1=Present
PEHOSE	Integer	2	Specify treatment(s) patient was using for peripheral edema: Support hose	0=No; 1=Yes
PEDIURET	Integer	2	Specify treatment(s) patient was using for peripheral edema: Diuretic	0=No; 1=Yes
PETHIN	Integer	2	Specify treatment(s) patient was using for peripheral edema: Blood thinners	0=No; 1=Yes
PELEGELE	Integer	2	Specify treatment(s) patient was using for peripheral edema: Elevation of the legs	0=No; 1=Yes
PEUNNA	Integer	2	Specify treatment(s) patient was using for peripheral edema: Unna boots	0=No; 1=Yes
PEBOOT	Integer	2	Specify treatment(s) patient was using for peripheral edema: Sequential compression boots	0=No; 1=Yes
PELEGOTH	Integer	2	Specify treatment(s) patient was using for peripheral edema: Other	0=No; 1=Yes
PELEGOTHS	Text	100	Specify treatment(s) patient was using for peripheral edema: Specify other	

PECONF	Integer	2	PE was confined to:	1=Pedal/ankle; 2=Mid-calf; 3=High calf
DYSLIPID	Integer	2	Dyslipidemia	0=Not present; 1=No pharmacologic treatment for dyslipidemia; 2=Treatment with single medication for dyslipidemia; 3=Treatment with two or more medications for dyslipidemia
IFG	Integer	2	Abnormal glucose metabolism – Biochemical evidence of impaired fasting glucose (100-125 mg/dL)	0=No; 1=Yes; -5=Test not done
IGT	Integer	2	Abnormal glucose metabolism – Biochemical evidence of impaired glucose tolerance by OGTT (2 hour glucose 140-199 mg/dL)	0=No; 1=Yes; -5=Test not done
BIODM	Integer	2	Form versions prior to 2.0: Abnormal glucose metabolism – Biochemical evidence of Diabetes Mellitus (fasting glucose >125 mg/dL or 2 hour OGTT glucose >=200 mg/dL)  Form versions 2.0 and higher: Abnormal glucose metabolism – Biochemical evidence of Diabetes Mellitus by OGTT (2 hour glucose >=200 mg/dL)	0=No; 1=Yes; -5=Test not done
BIODMFG	Integer	2	Abnormal glucose metabolism – Biochemical evidence of Diabetes Mellitus by fasting glucose (>125 mg/dL)	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes; -5=Test not done
PPHYPOG	Integer	2	Abnormal glucose metabolism – Does patient	<b>Form versions prior to 2.0:</b> (default = -10)

			have postprandial hypoglycemia (glucose <75 mg/dL)	<b>Form version 2.0 and higher:</b> 0=No; 1=Yes; -5=Test not done
DMMED	Integer	2	Medications prescribed for abnormal glucose metabolism	0=No medication; 1=Single oral medication; 2=Multiple oral medications; 3=Insulin/non-insulin injectable; 4=Oral medications and insulin/non-insulin injectable
DMCONFIRM	Integer	2	Additional variable added after Baseline visits completed. Diabetes at baseline confirmed by the PI.	0 = Subject did NOT have diabetes at Baseline 1= Subject DID HAVE diabetes at baseline -10 – Subject never proceeded to surgery.
HYPOTHY	Integer	2	Thyroid	0=No hypothyroidism; 1=Hypothyroidism; 2=Hypothyroidism, treatment with medication
DXSLPA	Integer	2	Diagnosed Sleep Apnea	0=No; 1=Yes
UCPAP	Integer	2	Was the patient using C-PAP/Bi-PAP?	0=No; 1=Yes
FCPAP	Integer	2	If yes, frequency of use of C-PAP/Bi-PAP	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (about every day); 4=Always (I use it every time I sleep)
ASTHM	Integer	2	Asthma: Symptoms and non-steroid medication use	0=No diagnosis or symptoms (wheezing, coughing) of asthma; 1=Intermittent or mild symptoms, no medication; 2=Symptoms present, non-steroid medication used less than monthly; 3=Symptoms present, non-steroid medication used

				monthly but less than weekly; 4=Symptoms present, non-steroid medication used weekly but less than daily; 5=Symptoms present, non-steroid medication used daily; 6=Symptoms persist with non-steroid medication
ASTHMS	Integer	2	Has the patient been treated for asthma with enteral or parenteral steroids within the past year?	0=No; 1=Yes
DXGERD	Integer	2	GERD	<b>Form versions prior to 2.0:</b> 0=No diagnosis or symptoms of GERD (heartburn, regurgitation, reflux); 1=Intermittent or variable symptoms, taking no medication; 2=Intermittent medication use, including over the counter medications; 3=H2 blockers used daily; 4=Proton pump inhibitor used daily; 5=Continued symptoms despite regular use of medications  <b>Form version 2.0 and higher:</b> (default = -10)
GERDTEST	Integer	2	Has there been any formal diagnostic testing for GERD in the past 6 months?	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
GERDRES	Integer	2	GERD testing results	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 1=Positive;

				0=Negative
GERDSYMP	Integer	2	Does the patient have symptoms of GERD:	<p><b>Form versions prior to 2.0:</b> (default = -10)</p> <p><b>Form version 2.0 and higher:</b> 0=No symptoms of GERD (heartburn, regurgitation, reflux); 1=Intermittent or variable symptoms, taking no medication; 2=Intermittent medication use, including over the counter medications; 3=H2 blockers used daily; 4=Proton pump inhibitor used daily; 5=Continued symptoms despite regular use of medications</p>
CHOLEL	Integer	2	Cholelithiasis	<p>0=No diagnosis or symptoms of gallstones; 6=No diagnosis, symptoms present; 1=Documented gallstones with less than monthly symptoms; 2=Documented gallstones with weekly or monthly symptoms; 3=Documented gallstones with daily symptoms; 4=Documented complications of gallstones (e.g., pancreatitis); 5=History of cholecystectomy</p>
NAFLD0	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): No diagnosis or evidence of NAFLD (normal AST, ALT, GGT)	<p>0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)</p>
NAFLD1	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Abnormal serum aminotransferases (ALT, AST, or GGT)	<p>0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)</p>

NAFLD2	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Imaging suggesting steatosis	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
NAFLD3	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Biopsy confirmed hepatic steatosis	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
NAFLD4	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Biopsy confirmed steatohepatitis	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
FIBRO	Integer	2	Nonalcoholic Fatty Liver Disease: Biopsy confirmed steatohepatitis – Specify	1=with fibrosis; 0=without fibrosis
NAFLD5	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Biopsy confirmed cirrhosis, compensated	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
NAFLD6	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Decompensated cirrhosis (end-stage liver disease with synthetic dysfunction)	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
JOINTP0	Integer	2	Joint pain/deformity (mark all that apply): No symptoms of leg or joint pain	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP1	Integer	2	Joint pain/deformity (mark all that apply): Pain with ambulation once a week or less	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP2	Integer	2	Joint pain/deformity (mark all that apply): Pain with ambulation more than once a week	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)

JOINTP3	Integer	2	Joint pain/deformity (mark all that apply): Non-narcotic analgesia used regularly (weekly or monthly)	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP4	Integer	2	Joint pain/deformity (mark all that apply): Non-narcotic analgesia used frequently (more than once a week)	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP5	Integer	2	Joint pain/deformity (mark all that apply): Narcotic analgesia used regularly (weekly or monthly)	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP6	Integer	2	Joint pain/deformity (mark all that apply): Narcotic analgesia used frequently (more than once a week)	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
BACKP0	Integer	2	Back pain (mark all that apply): No symptoms of back pain	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
BACKP1	Integer	2	Back pain (mark all that apply): Intermittent back pain, not requiring medication or treatment	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
BACKP2	Integer	2	Back pain (mark all that apply): Non-narcotic analgesia used regularly (weekly or monthly)	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
BACKP3	Integer	2	Back pain (mark all that apply): Non-narcotic analgesia used frequently (more than once per week)	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
BACKP4	Integer	2	Back pain (mark all that apply): Narcotic analgesia used	0=Not selected; 1=Selected; -1=No choices were

			regularly (weekly or monthly)	selected for Back pain (default = 0)
BACKP5	Integer	2	Back pain (mark all that apply): Narcotic analgesia used frequently (more than once per week)	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
INCONT	Integer	2	Stress Urinary Incontinence	0=No diagnosis or symptoms of stress urinary incontinence; 1=Minimal, intermittent symptoms (less than monthly); 2=Monthly symptoms (once or more each month); 3=Weekly symptoms (once or more each week); 4=Daily symptoms (once or more each day)
MIRREG	Integer	2	Menstrual Irregularities	<b>Form versions prior to 3.0:</b> -2=N/A, patient is male; 0=None; 1=Irregular menses or oligomenorrhea (>45 days); 2=History of irregular menses or oligomenorrhea but now on contraceptives; 3=Menorrhagia requiring medical therapy; 4=Amenorrhea (>90 days)  <b>Form versions 3.0 and higher:</b> (default = -10)
MIRREGNA	Integer	2	Menstrual Irregularities: N/A, patient is male	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=No choices selected for MIRREG (default = 0)
MIRREG0	Integer	2	Menstrual Irregularities: None	<b>Form versions prior to 3.0:</b> (default = -10)

				<p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>
MIRREG1	Integer	2	Menstrual Irregularities: Irregular menses or oligomenorrhea (>45 days)	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>
MIRREG2	Integer	2	Menstrual Irregularities: History of irregular menses or oligomenorrhea but now on contraceptives	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>
MIRREG3	Integer	2	Menstrual Irregularities: Menorrhagia requiring medical therapy	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>
MIRREG4	Integer	2	Menstrual Irregularities: Amenorrhea (>90 days)	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>

PCOS	Integer	2	Polycystic Ovarian Syndrome	-2=N/A, patient is male; 0=No diagnosis or symptoms of PCOS (hirsutism/moderate acne, oligo or amenorrhea); 1=Symptoms of PCOS present, but no confirmed diagnosis or treatment; 2=Symptoms of PCOS present, treatment with contraceptive or anti-androgens; 6=Confirmed PCOS, no treatment; 3=Confirmed PCOS, treatment with contraceptive or anti-androgens; 4=Confirmed PCOS, treatment with metformin; 5=Combination treatment (contraceptives, anti-androgens, metformin)
PTC0	Integer	2	Pseudotumor cerebri (mark all that apply): No diagnosis	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC1	Integer	2	Pseudotumor cerebri (mark all that apply): Headaches with no associated symptoms	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC1F	Integer	2	Pseudotumor cerebri: Headaches with no associated symptoms – Frequency	1=Daily; 2=Weekly; 3=Monthly
PTC2	Integer	2	Pseudotumor cerebri (mark all that apply): Headaches with dizziness, nausea, or retro-orbital pain	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC2F	Integer	2	Pseudotumor cerebri: Headaches with dizziness, nausea, or retro-orbital pain – Frequency	1=Daily; 2=Weekly; 3=Monthly
PTC3	Integer	2	Pseudotumor cerebri (mark	0=Not selected;

			all that apply): Headaches with visual changes	1=Selected; -1=No choices were selected for PTC (default = 0)
PTC3F	Integer	2	Pseudotumor cerebri: Headaches with visual changes – Frequency	1=Daily; 2=Weekly; 3=Monthly
PTC4	Integer	2	Pseudotumor cerebri (mark all that apply): Confirmed PTC, no medications	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC5	Integer	2	Pseudotumor cerebri (mark all that apply): Confirmed PTC, medications used (e.g., diuretics)	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC6	Integer	2	Pseudotumor cerebri (mark all that apply): CSF drainage required	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC7	Integer	2	Pseudotumor cerebri (mark all that apply): Persistent symptoms despite medications or drainage	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PANNUSG	Integer	2	Abdominal Pannus: anatomically characterize the pannus.	<b>Form versions prior to 3.0:</b> 1=Grade 1; 2=Grade 2; 3=Grade 3; 4=Grade 4; 5=Grade 5  <b>Form version 3.0 and higher:</b> 0=Less significant than Grade 1; 1=Grade 1; 2=Grade 2; 3=Grade 3; 4=Grade 4; 5=Grade 5
PANNUSS	Integer	2	Abdominal Pannus: dysfunction	0=No symptoms; 1=Symptomatic
INFECT	Integer	2	Abdominal Pannus: symptoms -	0=No; 1=Yes

			Intertriginous/fungal cutaneous infection	
CELLULIT	Integer	2	Abdominal Pannus: symptoms - Recurrent cellulitis	0=No; 1=Yes
ULCERAT	Integer	2	Abdominal Pannus: symptoms - Superficial cutaneous ulceration	0=No; 1=Yes
DEEPULC	Integer	2	Abdominal Pannus: symptoms - Deep ulceration/persistent drainage	0=No; 1=Yes
FASCIITIS	Integer	2	Abdominal Pannus: symptoms - Necrotizing fasciitis or surgical treatment required	0=No; 1=Yes
LYMPHED	Integer	2	Abdominal Pannus: symptoms - Lymphedema of the pannus	0=No; 1=Yes
ABLEWALK	Integer	2	Functional status	0=Patient is able to walk, most or all of the time; 1=Patient cannot walk due to excessive weight; 2=Patient cannot walk due to other health related issues

## CAF – Comorbidity Assessment – Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
CAFDAT	Date/Time	8	Date form completed	
RETROSP	Integer	2	Form completed via retrospective chart review	<p><b>Form version 1.0:</b> 0=No, done prospectively; 1=Yes, retrospective chart review</p> <p><b>Form versions 2.0 and higher:</b> (default = 0)</p>
HYPTN	Integer	2	Hypertension	0=No BP elevation diagnosed; 1=Hypertension, no pharmacologic treatment; 2=Hypertension, treatment with single medication; 3=Hypertension, treatment with two or more medications
IHD	Integer	2	Ischemic heart disease	0=No ischemic heart disease; 1=Abnormal ECG, no active angina; 2=Uses anti-ischemic medication, no angina; 3=Active angina (with or without medications or revascularization)
PVD	Integer	2	Peripheral Vascular Disease	<p><b>Form versions prior to 3.0:</b> 0=No current symptoms of peripheral vascular disease; 1=Bruit or diminished peripheral pulse(s), asymptomatic; 2=Claudication, anti-ischemic medication; 3=Transient ischemic attack or extremity pain at rest</p> <p><b>Form version 3.0 and higher:</b> 0=No current symptoms of</p>

				peripheral vascular disease; 1=Bruit or diminished peripheral pulse(s), asymptomatic; 2=Claudication or extremity pain at rest; 3=Transient ischemic attack, anti-ischemic medication
PE	Integer	2	Peripheral Edema	0=None; 1=Present
PEHOSE	Integer	2	Specify treatment(s) patient was using for peripheral edema: Support hose	0=No; 1=Yes
PEDIURET	Integer	2	Specify treatment(s) patient uses for peripheral edema: Diuretic	0=No; 1=Yes
PETHIN	Integer	2	Specify treatment(s) patient uses for peripheral edema: Blood thinners	0=No; 1=Yes
PELEGELE	Integer	2	Specify treatment(s) patient uses for peripheral edema: Elevation of the legs	0=No; 1=Yes
PEUNNA	Integer	2	Specify treatment(s) patient uses for peripheral edema: Unna boots	0=No; 1=Yes
PEBOOT	Integer	2	Specify treatment(s) patient uses for peripheral edema: Sequential compression boots	0=No; 1=Yes
PELEGOTH	Integer	2	Specify treatment(s) patient uses for peripheral edema: Other	0=No; 1=Yes
PELEGOTHS	Text	100	Specify treatment(s) patient uses for peripheral edema: Specify other	
PECONF	Integer	2	PE is confined to:	1=Pedal/ankle; 2=Mid-calf; 3=High calf
DYSLIPID	Integer	2	Dyslipidemia	0=Not present;

				1=No pharmacologic treatment for dyslipidemia; 2=Treatment with single medication for dyslipidemia; 3=Treatment with two or more medications for dyslipidemia
IFG	Integer	2	Abnormal glucose metabolism – Biochemical evidence of impaired fasting glucose (100-125 mg/dL)	0=No; 1=Yes; -5=Test not done
IGT	Integer	2	Abnormal glucose metabolism – Biochemical evidence of impaired glucose tolerance by OGTT (2 hour glucose 140-199 mg/dL)	0=No; 1=Yes; -5=Test not done
BIODM	Integer	2	Form versions prior to 2.0: Abnormal glucose metabolism – Biochemical evidence of Diabetes Mellitus (fasting glucose >125 mg/dL or 2 hour OGTT glucose >=200 mg/dL)  Form versions 2.0 and higher: Abnormal glucose metabolism – Biochemical evidence of Diabetes Mellitus by OGTT (2 hour glucose >=200 mg/dL)	0=No; 1=Yes; -5=Test not done
BIODMFG	Integer	2	Abnormal glucose metabolism – Biochemical evidence of Diabetes Mellitus by fasting glucose (>125 mg/dL)	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes; -5=Test not done
PPHYPOG	Integer	2	Abnormal glucose metabolism – Does patient have postprandial hypoglycemia (glucose <75 mg/dL)	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes;

				2=Suspected, not documented; -5=Test not done
DMMED	Integer	2	Medications prescribed for abnormal glucose metabolism	0=No medication; 1=Single oral medication; 2=Multiple oral medications; 3=Insulin/non-insulin injectable; 4=Oral medications and insulin/non-insulin injectable
HYPOTHY	Integer	2	Thyroid	0=No hypothyroidism; 1=Hypothyroidism; 2=Hypothyroidism, treatment with medication
ASTHM	Integer	2	Asthma: Symptoms and non-steroid medication use	0=No diagnosis or symptoms (wheezing, coughing) of asthma; 1=Intermittent or mild symptoms, no medication; 2=Symptoms present, non-steroid medication used less than monthly; 3=Symptoms present, non-steroid medication used monthly but less than weekly; 4=Symptoms present, non-steroid medication used weekly but less than daily; 5=Symptoms present, non-steroid medication used daily; 6=Symptoms persist with non-steroid medication
ASTHMS	Integer	2	Has the patient been treated for asthma with enteral or parenteral steroids since the last study visit?	0=No; 1=Yes
DXGERD	Integer	2	GERD	<b>Form versions prior to 2.0:</b> 0=No diagnosis or symptoms of GERD (heartburn, regurgitation, reflux); 1=Intermittent or variable symptoms, taking no medication; 2=Intermittent medication

				<p>use, including over the counter medications;  3=H2 blockers used daily;  4=Proton pump inhibitor used daily;  5=Continued symptoms despite regular use of medications</p> <p><b>Form version 2.0 and higher:</b>  (default = -10)</p>
GERDTEST	Integer	2	Has there been any formal diagnostic testing for GERD since the last study visit?	<p><b>Form versions prior to 2.0:</b>  (default = -10)</p> <p><b>Form version 2.0 and higher:</b>  0=No;  1=Yes</p>
GERDRES	Integer	2	GERD testing results	<p><b>Form versions prior to 2.0:</b>  (default = -10)</p> <p><b>Form version 2.0 and higher:</b>  1=Positive;  0=Negative</p>
GERDSYMP	Integer	2	Does the patient have symptoms of GERD:	<p><b>Form versions prior to 2.0:</b>  (default = -10)</p> <p><b>Form version 2.0 and higher:</b>  0=No symptoms of GERD (heartburn, regurgitation, reflux);  1=Intermittent or variable symptoms, taking no medication;  2=Intermittent medication use, including over the counter medications;  3=H2 blockers used daily;  4=Proton pump inhibitor used daily;  5=Continued symptoms despite regular use of medications</p>
CHOLEL	Integer	2	Cholelithiasis	<p>0=No diagnosis or symptoms of gallstones;  6=No diagnosis, symptoms present;  1=Documented gallstones with less than monthly</p>

				symptoms; 2=Documented gallstones with weekly or monthly symptoms; 3=Documented gallstones with daily symptoms; 4=Documented complications of gallstones (e.g., pancreatitis); 5=History of cholecystectomy
NAFLD7	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Normal AST, ALT, GGT	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
NAFLD8	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): History of NAFLD/NASH, no follow up biopsy done	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
NAFLD1	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Abnormal serum aminotransferases (ALT, AST, or GGT)	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
NAFLD2	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Interim imaging suggesting steatosis	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
NAFLD3	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Interim biopsy confirmed hepatic steatosis	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
NAFLD4	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Interim biopsy confirmed steatohepatitis	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
FIBRO	Integer	2	Nonalcoholic Fatty Liver Disease: Interim biopsy confirmed steatohepatitis – Specify	1=with fibrosis; 0=without fibrosis
NAFLD5	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that	0=Not selected; 1=Selected;

			apply): Interim biopsy confirmed cirrhosis, compensated	-1=No choices were selected for NAFLD (default = 0)
NAFLD6	Integer	2	Nonalcoholic Fatty Liver Disease (mark all that apply): Decompensated cirrhosis (end-stage liver disease with synthetic dysfunction)	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
JOINTP0	Integer	2	Joint pain/deformity (mark all that apply): No symptoms of leg or joint pain	0=Not selected; 1=Selected; -1=No choices were selected for NAFLD (default = 0)
JOINTP1	Integer	2	Joint pain/deformity (mark all that apply): Pain with ambulation once a week or less	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP2	Integer	2	Joint pain/deformity (mark all that apply): Pain with ambulation more than once a week	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP3	Integer	2	Joint pain/deformity (mark all that apply): Non-narcotic analgesia used regularly (weekly or monthly)	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP4	Integer	2	Joint pain/deformity (mark all that apply): Non-narcotic analgesia used frequently (more than once a week)	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP5	Integer	2	Joint pain/deformity (mark all that apply): Narcotic analgesia used regularly (weekly or monthly)	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
JOINTP6	Integer	2	Joint pain/deformity (mark all that apply): Narcotic analgesia used frequently (more than once a week)	0=Not selected; 1=Selected; -1=No choices were selected for Joint pain/deformity (default = 0)
BACKP0	Integer	2	Back pain (mark all that apply):	0=Not selected; 1=Selected;

			No symptoms of back pain	-1=No choices were selected for Back pain (default = 0)
BACKP1	Integer	2	Back pain (mark all that apply): Intermittent back pain, not requiring medication or treatment	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
BACKP2	Integer	2	Back pain (mark all that apply): Non-narcotic analgesia used regularly (weekly or monthly)	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
BACKP3	Integer	2	Back pain (mark all that apply): Non-narcotic analgesia used frequently (more than once per week)	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
BACKP4	Integer	2	Back pain (mark all that apply): Narcotic analgesia used regularly (weekly or monthly)	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
BACKP5	Integer	2	Back pain (mark all that apply): Narcotic analgesia used frequently (more than once per week)	0=Not selected; 1=Selected; -1=No choices were selected for Back pain (default = 0)
INCONT	Integer	2	Stress Urinary Incontinence	0=No diagnosis or symptoms of stress urinary incontinence; 1=Minimal, intermittent symptoms (less than monthly); 2=Monthly symptoms (once or more each month); 3=Weekly symptoms (once or more each week); 4=Daily symptoms (once or more each day)
MIRREG	Integer	2	Menstrual Irregularities	<b>Form versions prior to 3.0:</b> -2=N/A, patient is male; 0=None; 1=Irregular menses or oligomenorrhea (>45 days); 2=History of irregular menses or oligomenorrhea but now

				<p>on contraceptives;  3=Menorrhagia requiring medical therapy;  4=Amenorrhea (&gt;90 days)</p> <p><b>Form versions 3.0 and higher:</b>  (default = -10)</p>
MIRREGNA	Integer	2	Menstrual Irregularities: N/A, patient is male	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>
MIRREG0	Integer	2	Menstrual Irregularities: None	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>
MIRREG1	Integer	2	Menstrual Irregularities: Irregular menses or oligomenorrhea (>45 days)	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>
MIRREG2	Integer	2	Menstrual Irregularities: History of irregular menses or oligomenorrhea but now on contraceptives	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=No choices selected for MIRREG  (default = 0)</p>

MIRREG3	Integer	2	Menstrual Irregularities: Menorrhagia requiring medical therapy	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=No choices selected for MIRREG (default = 0)
MIRREG4	Integer	2	Menstrual Irregularities: Amenorrhea (>90 days)	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=No choices selected for MIRREG (default = 0)
PCOS	Integer	2	Polycystic Ovarian Syndrome	-2=N/A, patient is male; 0=No diagnosis or symptoms of PCOS (hirsutism/moderate acne, oligo or amenorrhea); 1=Symptoms of PCOS present, but no confirmed diagnosis or treatment; 2=Symptoms of PCOS present, treatment with contraceptive or anti- androgens; 6=Confirmed PCOS, no treatment; 3=Confirmed PCOS, treatment with contraceptive or anti-androgens; 4=Confirmed PCOS, treatment with metformin; 5=Combination treatment (contraceptives, anti- androgens, metformin)
PTC0	Integer	2	Pseudotumor cerebri (mark all that apply): No diagnosis	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC1	Integer	2	Pseudotumor cerebri (mark all that apply):	0=Not selected; 1=Selected;

			Headaches with no associated symptoms	-1=No choices were selected for PTC (default = 0)
PTC1F	Integer	2	Pseudotumor cerebri: Headaches with no associated symptoms – Frequency	1=Daily; 2=Weekly; 3=Monthly
PTC2	Integer	2	Pseudotumor cerebri (mark all that apply): Headaches with dizziness, nausea, or retro-orbital pain	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC2F	Integer	2	Pseudotumor cerebri: Headaches with dizziness, nausea, or retro-orbital pain – Frequency	1=Daily; 2=Weekly; 3=Monthly
PTC3	Integer	2	Pseudotumor cerebri (mark all that apply): Headaches with visual changes	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC3F	Integer	2	Pseudotumor cerebri: Headaches with visual changes – Frequency	1=Daily; 2=Weekly; 3=Monthly
PTC4	Integer	2	Pseudotumor cerebri (mark all that apply): Confirmed PTC, no medications	0=Not selected 1=Selected -1=No choices were selected for PTC (default = 0)
PTC5	Integer	2	Pseudotumor cerebri (mark all that apply): Confirmed PTC, medications used (e.g., diuretics)	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC6	Integer	2	Pseudotumor cerebri (mark all that apply): Interim CSF drainage required	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PTC7	Integer	2	Pseudotumor cerebri (mark all that apply): Persistent symptoms despite medications or drainage	0=Not selected; 1=Selected; -1=No choices were selected for PTC (default = 0)
PANNUSG	Integer	2	Abdominal Pannus: anatomically characterize the pannus.	0=Pannus less significant than Grade 1; 1=Grade 1;

				2=Grade 2; 3=Grade 3; 4=Grade 4; 5=Grade 5
PANNUSS	Integer	2	Abdominal Pannus: dysfunction	0=No symptoms; 1=Symptomatic
INFECT	Integer	2	Abdominal Pannus: symptoms - Intertriginous/fungal cutaneous infection	0=No; 1=Yes
CELLULIT	Integer	2	Abdominal Pannus: symptoms - Recurrent cellulitis	0=No; 1=Yes
ULCERAT	Integer	2	Abdominal Pannus: symptoms - Superficial cutaneous ulceration	0=No; 1=Yes
DEEPULC	Integer	2	Abdominal Pannus: symptoms - Deep ulceration/persistent drainage	0=No; 1=Yes
FASCIITIS	Integer	2	Abdominal Pannus: symptoms - Necrotizing fasciitis or surgical treatment required	0=No; 1=Yes
LYMPHED	Integer	2	Abdominal Pannus: symptoms - Lymphedema of the pannus	0=No; 1=Yes
ABLEWALK	Integer	2	Functional status	0=Patient is able to walk, most or all of the time; 1=Patient cannot walk due to excessive weight; 2=Patient cannot walk due to other health related issues

## CDFU – Complication and Diagnosis Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
<b>CDFUDAT</b>	Date/Time	8	<b>(KEY)</b> Date form completed	
FormTitle	Text	4	Title of form complication/diagnosis was reported on	DS; HC; POST; SQOP
FormDate	Date/Time	8	Form completion date associated with complication/diagnosis reporting	
COMPVISIT	Integer	2	Visit associated with complication/diagnosis reporting	
COMPITEM	Text	30	Complication item number; determined by numbering on form associated with complication/diagnosis reporting	see lookup tables: tklTL_TrackCOMP_DS, tklTL_TrackCOMP_DS2, tklTL_TrackCOMP_HC, tklTL_TrackCOMP_POST, tklTL_TrackCOMP_SQOP
COMPDAT	Date/Time	8	Date of occurrence of complication	
COMPDESC	Text	255	Description of complication/diagnosis	
<b>COMPID</b>	Long Integer	4	<b>(KEY)</b> Randomly assigned Complication ID	
COMPOUTC	Integer	2	Complication outcome at time of CDFU form completion date	1=Resolved; 2=Continuing; 3=Controlled; 4=Death; 5=Unknown

## CDI – Caregiver Demographics Information

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
CDIDAT	Date/Time	8	Date form completed	
PCGGENDER	Integer	2	What is your gender?	1=Male; 2=Female
PCGRACE	Integer	2	Primary caregiver's race	1=White or Caucasian; 2=Black or African-American; 3=Asian; 4= American Indian or Alaska Native; 5= Native Hawaiian or other Pacific Islander; 6=Other; 7=Unknown; 8=More than one race
PCGRACEW	Integer	2	Primary caregiver's race: White or Caucasian	0=Not selected; 1=Selected (default = 0)
PCGRACEB	Integer	2	Primary caregiver's race: Black or African-American	0=Not selected; 1=Selected (default = 0)
PCGRACEA	Integer	2	Primary caregiver's race: Asian	0=Not selected; 1=Selected (default = 0)
PCGRACEI	Integer	2	Primary caregiver's race: American Indian or Alaska Native	0=Not selected; 1=Selected (default = 0)
PCGRACEH	Integer	2	Primary caregiver's race: Native Hawaiian or other Pacific Islander	0=Not selected; 1=Selected (default = 0)
PCGRACEO	Integer	2	Primary caregiver's race: Other	0=Not selected; 1=Selected (default = 0)
PCGRACEU	Integer	2	Primary caregiver's race: Unknown	0=Not selected; 1=Selected (default = 0)
PCGRACES	Text	100	Primary caregiver's race: Specify other	
PCGETHN	Integer	2	Are you of Hispanic or Latina origin or decent?	0=No; 1=Yes;

				-3=Unknown
PCGAGE	Long Integer	4	Primary caregiver's date of birth	
PCGREL	Integer	2	How are you related to the study participant? I am his/her:	1=Mother; 2=Step-mother; 3=Grandmother; 4=Aunt; 5=Female legal guardian; 6=Father; 7=Step-father; 8=Grandfather; 9=Uncle; 10=Male legal guardian; 11=Other
PCGRELOTH	Text	100	How are you related to the study participant? Specify other	
PCGMARI	Integer	2	What is your current marital status?	1=Single; 2=Married; 3=Living with partner; 4=Separated; 5=Divorced; 6=Widowed
PCGEDUC	Integer	2	What is the highest education level that you completed?	1=Less than high school; 2=Some high school (grades 9-12, no diploma or GED); 3=Some home-schooling (grades 9-12, no diploma or GED); 4=General Equivalency Degree (GED); 5=Graduated from high school; 6=1 to 2 years of college, no degree yet; 7=3 or more years of college, no degree yet; 8=Graduated from a 2-year college, business or vocational school, or got an Associate's degree; 9=Graduated from a college university and obtained a Bachelor's degree (BS, BA); 10=Some graduate school courses; 11=Master's degree;

				12=Professional degree: Ph.D., Psy.D., Ed.D. M.D., DDS, LLB, LLD, JD etc.
PCGEMP	Integer	2	Have you ever been employed for pay?	0=No; 1=Yes
PCGEMPS	Text	100	What is the primary occupation you have had for most of your working life?	
PCGNAMS	Integer	2	Nam-Powers Code for primary caregiver's primary occupation	
PCGEMPSTAT	Integer	2	What is your current employment status?	1=Full-time (35 or more hours per week) for pay; 2=Part-time for pay; 3=Homemaker; 4=Disabled; 5=Leave of Absence; 6=Unemployed; 7=Retired; 8=Other
PCGEMPSTATS	Text	100	What is your current employment status? Specify other	
OTHCG	Integer	2	Is there another adult caregiver living in your home?	0=No; 1=Yes
CG2REL	Integer	2	What is their relationship to you and /or the study participant?	1=Husband/Participant's biological father; 2=Wife/Participant's biological mother; 3=Husband/Participant's step-father; 4=Wife/Participant's step-mother; 5=My partner (boyfriend/girlfriend/fiancé); 6=Participant's grandfather; 7=Participant's grandmother; 8=Other
CG2RELOTH	Text	100	What is their relationship to you and /or the study participant? Specify other	
CG2EXPEN	Integer	2	Does this person share household expenses with you?	0=No; 1=Yes

CG2GENDER	Integer	2	What is his/her gender?	1=Male; 2=Female
CG2RACE	Integer	2	Secondary caregiver's race	1=White or Caucasian; 2=Black or African-American; 3=Asian; 4= American Indian or Alaska Native; 5= Native Hawaiian or other Pacific Islander; 6=Other; 7=Unknown; 8=More than one race
CG2RACEW	Integer	2	Secondary caregiver's race: White or Caucasian	0=Not selected; 1=Selected (default = 0)
CG2RACEB	Integer	2	Secondary caregiver's race: Black or African-American	0=Not selected; 1=Selected (default = 0)
CG2RACEA	Integer	2	Secondary caregiver's race: Asian	0=Not selected; 1=Selected (default = 0)
CG2RACEI	Integer	2	Secondary caregiver's race: American Indian or Alaska Native	0=Not selected; 1=Selected (default = 0)
CG2RACEH	Integer	2	Secondary caregiver's race: Native Hawaiian or other Pacific Islander	0=Not selected; 1=Selected (default = 0)
CG2RACEO	Integer	2	Secondary caregiver's race: Other	0=Not selected; 1=Selected (default = 0)
CG2RACEU	Integer	2	Secondary caregiver's race: Unknown	0=Not selected; 1=Selected (default = 0)
CG2RACES	Text	100	Secondary caregiver's race: Specify other	
CG2ETHN	Integer	2	Are you of Hispanic or Latina origin or decent?	0=No; 1=Yes; -3=Unknown
CG2AGE	Long Integer	4	Secondary caregiver's age	
CG2EDUC	Integer	2	What is the highest education level that this other caregiver has completed?	1=Less than high school; 2=Some high school (grades 9-12, no diploma or GED); 3=Some home-schooling (grades 9-12, no diploma or GED); 4=General Equivalency

				Degree (GED); 5=Graduated from high school; 6=1 to 2 years of college, no degree yet; 7=3 or more years of college, no degree yet; 8=Graduated from a 2-year college, business or vocational school, or got an Associate's degree; 9=Graduated from a college university and obtained a Bachelor's degree (BS, BA); 10=Some graduate school courses; 11=Master's degree; 12=Professional degree: Ph.D., Psy.D., Ed.D. M.D., DDS, LLB, LLD, JD etc.
CG2EMP	Integer	2	Has this person ever been employed for pay?	0=No; 1=Yes
CG2EMPS	Text	100	What is the primary occupation this person has had for most of his/her working life?	
CG2NAMS	Integer	2	Nam-Powers Code for secondary caregiver's primary occupation	
CG2EMPSTAT	Integer	2	What is his/her current employment status?	1=Full-time (35 or more hours per week) for pay; 2=Part-time for pay; 3=Homemaker; 4=Disabled; 5=Leave of Absence; 6=Unemployed; 7=Retired; 8=Other
CG2EMPSTATS	Text	100	What is his/her current employment status? Specify other	
NUMADULT	Integer	2	How many people live in the same house as you do? # of adults (aged 18 or over)	
NUMKIDS	Integer	2	How many people live in the same house as you do? # of children and teens	

			under 18 years old.	
PCGHINCOME	Double	8	Which of the categories below represents your Annual Household income before taxes?	1.1=Less than \$5,000; 1.2=\$5,000 - \$14,999; 1.3=\$15,000 - \$24,999; 2=\$25,000 - \$49,999; 3=\$50,000 - \$74,999; 4=\$75,000 - \$99,999; 5=\$100,000 - \$199,999; 6=\$200,000 or more
PCGINCOME	Double	8	Which of the categories below represents your Annual Personal income before taxes?	1.1=Less than \$5,000; 1.2=\$5,000 - \$14,999; 1.3=\$15,000 - \$24,999; 2=\$25,000 - \$49,999; 3=\$50,000 - \$74,999; 4=\$75,000 - \$99,999; 5=\$100,000 - \$199,999; 6=\$200,000 or more
PCGMEDINS	Integer	2	Do you have medical insurance?	0=No; 1=Yes
COVERPT	Integer	2	Is the patient covered by your insurance?	0=No; 1=Yes
PCGITYPE	Integer	2	Do you know what type of insurance you have?	0=No; 1=Yes
PMCAIDHMO	Integer	2	Type of medical insurance: Medicaid HMO	0=No; 1=Yes
PMCAID	Integer	2	Type of medical insurance: Medicaid not HMO	0=No; 1=Yes
PMCAREHMO	Integer	2	Type of medical insurance: Medicare HMO	0=No; 1=Yes
PMCARE	Integer	2	Type of medical insurance: Medicaid Traditional	0=No; 1=Yes
PTRICARE	Integer	2	Type of medical insurance: Tricare (Military)	0=No; 1=Yes
PPIHMO	Integer	2	Type of medical insurance: Private Insurance HMO	0=No; 1=Yes
PPI	Integer	2	Type of medical insurance: Private Insurance not HMO	0=No; 1=Yes
POTHHI	Integer	2	Type of medical insurance: Other health insurance	0=No; 1=Yes
POTHHIS	Text	100	Type of medical insurance: Specify other health insurance	
CERT	Long Integer	4	Certification Number	
PCGHGT	Double	8	Primary caregiver: Height (cm)	
PCGWGT	Double	8	Primary caregiver: Weight (kg)	

PCGBARI	Integer	2	Primary caregiver: Bariatric Surgery	0=No; 1=Yes
PCGBARIM	Integer	2	Primary caregiver: Month of bariatric surgery	
PCGBARID	Integer	2	Primary caregiver: Day of bariatric surgery	
PCGBARIY	Text	50	Primary caregiver: Year of bariatric surgery	
CG2HGT	Double	8	Secondary caregiver: Height (cm)	
CG2WGT	Double	8	Secondary caregiver: Weight (kg)	
CG2BARI	Integer	2	Secondary caregiver: Bariatric Surgery	0=No; 1=Yes
CG2BARIM	Integer	2	Secondary caregiver: Month of bariatric surgery	
CG2BARID	Integer	2	Secondary caregiver: Day of bariatric surgery	
CG2BARIY	Text	50	Secondary caregiver: Year of bariatric surgery	

## DS – Discharge Summary

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Long Integer	4	Visit	(default = 99)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
DSDAT	Date/Time	8	Date form completed	
SURGDAT	Date/Time	8	Date of surgery	
DVTREC	Integer	2	Were any post-operative anticoagulation therapy received?	0=No; 1=Yes
PSHEP	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin	0=No; 1=Yes
PSHEPPU	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Prophylactic use	0=No; 1=Yes
PSHEPPUD	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Prophylactic use # days	
PSHEPPUX	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Prophylactic use times/day	
PSHEPTU	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Therapeutic use	0=No; 1=Yes
PSHEPTUD	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Therapeutic use	
PSHEPTUX	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Therapeutic use	
PAHEP	Integer	2	Anticoagulation therapy: Other dose heparin	0=No; 1=Yes
AHEPD	Long Integer	4	Anticoagulation therapy: Other dose heparin – dose amt (units)	
PAHEPPU	Integer	2	Anticoagulation therapy: Other dose heparin – Prophylactic use	0=No; 1=Yes
PAHEPPUD	Integer	2	Anticoagulation therapy: Other dose heparin – Prophylactic use # days	

PAHEPPUX	Integer	2	Anticoagulation therapy: Other dose heparin – Prophylactic use times/day	
PAHEPTU	Integer	2	Anticoagulation therapy: Other dose heparin – Therapeutic use	0=No; 1=Yes
PAHEPTUD	Integer	2	Anticoagulation therapy: Other dose heparin – Therapeutic use # days	
PAHEPTUX	Integer	2	Anticoagulation therapy: Other dose heparin – Therapeutic use times/day	
PLHEP	Integer	2	Anticoagulation therapy: Low molecular weight heparin	0=No; 1=Yes
PLHEPD	Integer	2	Anticoagulation therapy: Low molecular weight heparin dose	1=20 mg; 2=40 mg; 3=60 mg; 4=Other
PLHEPS	Double	8	Anticoagulation therapy: Low molecular weight heparin – specify other dose (mg)	
PLHEPPU	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Prophylactic use	0=No; 1=Yes
PLHEPPUD	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Prophylactic use # days	
PLHEPPUX	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Prophylactic use times/day	
PLHEPTU	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Therapeutic use	0=No; 1=Yes
PLHEPTUD	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Therapeutic use # days	
PLHEPTUX	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Therapeutic use times/day	
POTH	Integer	2	Anticoagulation therapy: Other anticoagulant	0=No; 1=Yes
POTHS	Text	100	Anticoagulation therapy: Other anticoagulant, specify	
POTHD	Double	8	Anticoagulation therapy: Other anticoagulant – dose amt	
DOSETYPE	Integer	2	Anticoagulation therapy:	1=mg;

			Other anticoagulant – dose unit	2=units
POTHPU	Integer	2	Anticoagulation therapy: Other anticoagulant – Prophylactic use	0=No; 1=Yes
POTHPUD	Integer	2	Anticoagulation therapy: Other anticoagulant – Prophylactic use # days	
POTHPUX	Integer	2	Anticoagulation therapy: Other anticoagulant – Prophylactic use times/day	
POTHTU	Integer	2	Anticoagulation therapy: Other anticoagulant – Therapeutic use	0=No; 1=Yes
POTHTUD	Integer	2	Anticoagulation therapy: Other anticoagulant – Therapeutic use # days	
POTHTUX	Integer	2	Anticoagulation therapy: Other anticoagulant – Therapeutic use times/day	
TEPIDU	Integer	2	Post-operative pain management: Thoracic epidural	0=No; 1=Yes
AEPIDU	Integer	2	Post-operative pain management: Abdominal epidural	0=No; 1=Yes
PCA	Integer	2	Post-operative pain management: Patient controlled anesthesia (PCA) pump	0=No; 1=Yes
ROXIELIX	Integer	2	Post-operative pain management: Roxicet Elixir	0=No; 1=Yes
ORALNARC	Integer	2	Post-operative pain management: Oral narcotics	0=No; 1=Yes
IVNARC	Integer	2	Post-operative pain management: Intermittent IV narcotics	0=No; 1=Yes
TYLENOL	Integer	2	Post-operative pain management: Tylenol	0=No; 1=Yes
KETOROL	Integer	2	Post-operative pain management: Ketorolac	0=No; 1=Yes
PAINS	Integer	2	Post-operative pain management:	0=No; 1=Yes

			Other	
PAINSO	Text	100	Post-operative pain management: Specify other	
PATDISP	Integer	2	Patient disposition after surgery	1=ICU; 2=Floor with telemetry; 3=Floor without telemetry; 4=Same day discharge
INTUBD	Integer	2	Number of days of intubation after surgery	
REINTUB	Integer	2	Was patient reintubated?	0=No; 1=Yes
REINTUBD	Integer	2	Number of times reintubated	
NUTRTH	Integer	2	Nutritional therapy at discharge	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 1=All nutrition per oral; 2=Any non-PO enteral feeds; 3=Any TPN
GT30	Integer	2	Was the patient discharged more than 30 days AFTER initial surgery?	0=No; 1=Yes
DISCDAT	Date/Time	8	Date of hospital discharge (or date of death if patient died prior to discharge)	
DISLOC	Integer	2	Discharge location	1=Home; 2=Rehabilitation facility; 3=Skilled nursing facility; 4=Other hospital; 5=Was not discharged (patient died prior to discharge)
POCOMP	Integer	2	Did the patient have any in-hospital Post-Operative Complications	0=No; 1=Yes
REOP	Integer	2	Post-Operative Complications: Reoperation	0=No; 1=Yes
REOP30	Integer	2	Post-Operative Complications: Reoperation within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
REOPOBS	Integer	2	Post-Operative Complications: Reoperation reason:	0=No; 1=Yes

			Intestinal obstruction	
REOPCHO	Integer	2	Post-Operative Complications: Reoperation reason: Subsequent cholecystectomy	0=No; 1=Yes
REOPLEAK	Integer	2	Post-Operative Complications: Reoperation reason: Anastomotic leak	0=No; 1=Yes
REOPSEPS	Integer	2	Post-Operative Complications: Reoperation reason: Other abdominal sepsis	0=No; 1=Yes
REOPEMBO	Integer	2	Post-Operative Complications: Reoperation reason: Pulmonary embolism	0=No; 1=Yes
REOPNEU	Integer	2	Post-Operative Complications: Reoperation reason: Pneumonia	0=No; 1=Yes
REOPRESP	Integer	2	Post-Operative Complications: Reoperation reason: Other respiratory failure	0=No; 1=Yes
REOPABDP	Integer	2	Post-Operative Complications: Reoperation reason: Subsequent abdominoplasty	0=No; 1=Yes
REOPINF	Integer	2	Post-Operative Complications: Reoperation reason: Wound infection/evisceration	0=No; 1=Yes
REOPDEP	Integer	2	Post-Operative Complications: Reoperation reason: Fluid or electrolyte depletion	0=No; 1=Yes
REOPVOM	Integer	2	Post-Operative Complications: Reoperation reason: Vomiting or poor intake	0=No; 1=Yes
REOPDIST	Integer	2	Post-Operative Complications: Reoperation reason: Gastric distension	0=No; 1=Yes
REOPSTR	Integer	2	Post-Operative Complications: Reoperation reason: Strictures	0=No; 1=Yes
REOPBLED	Integer	2	Post-Operative Complications: Reoperation reason: Bleeding	0=No; 1=Yes
REOPFEVR	Integer	2	Post-Operative Complications: Reoperation reason: Infection/fever	0=No; 1=Yes
REOPOTHO	Integer	2	Post-Operative Complications: Reoperation reason: Other	0=No; 1=Yes
REOPOS	Text	100	Post-Operative Complications:	

			Reoperation reason: Specify other	
GJLEAK	Integer	2	Post-Operative Complications: Gastrojejunostomy leak	0=No; 1=Yes
GJLEAK30	Integer	2	Post-Operative Complications: Gastrojejunostomy leak within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
GJLEAKG	Integer	2	Post-Operative Complications: Gastrojejunostomy leak – grade	1=Minimal - small contained leak, patient asymptomatic; 2=Moderate - moderate size forming collection, symptomatic, drain used; 3=Large - not contained, symptomatic, requires re-operation
JJLEAK	Integer	2	Post-Operative Complications: Jejuno-jejunostomy leak	0=No; 1=Yes
JJLEAK30	Integer	2	Post-Operative Complications: Jejuno-jejunostomy leak within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
JJLEAKG	Integer	2	Post-Operative Complications: Jejuno-jejunostomy leak – grade	1=Minimal - small contained leak, patient asymptomatic; 2=Moderate - moderate size forming collection, symptomatic, drain used; 3=Large - not contained, symptomatic, requires re-operation
PANC	Integer	2	Post-Operative Complications: Pancreatitis	0=No; 1=Yes
PANC30	Integer	2	Post-Operative Complications: Pancreatitis within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
POBLE	Integer	2	Post-Operative Complications: Post-operative bleeding	0=No; 1=Yes
POBLE30	Integer	2	Post-Operative Complications: Post-operative bleeding within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
POBLEUI	Integer	2	Post-Operative Complications: Post-operative bleeding location: Upper intestine	0=No; 1=Yes
POBLELI	Integer	2	Post-Operative Complications: Post-operative bleeding location:	0=No; 1=Yes

			Lower intestine	
POBLEIP	Integer	2	Post-Operative Complications: Post-operative bleeding location: Intra-peritoneal	0=No; 1=Yes
POBLEUK	Integer	2	Post-Operative Complications: Post-operative bleeding location: Unknown	0=No; 1=Yes
POBLEOTH	Integer	2	Post-Operative Complications: Post-operative bleeding location: Other	0=No; 1=Yes
POBLEOTHS	Text	30	Post-Operative Complications: Post-operative bleeding location: Specify other	
POBLEU	Integer	2	Post-Operative Complications: Post-operative bleeding – number of units of blood required	
ABSC	Integer	2	Post-Operative Complications: Abdominal abscess	0=No; 1=Yes
ABSC30	Integer	2	Post-Operative Complications: Abdominal abscess within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
ABSC1Q	Integer	2	Post-Operative Complications: Abdominal abscess location: Left upper quadrant	0=No; 1=Yes
ABSCSUB	Integer	2	Post-Operative Complications: Abdominal abscess location: Sub hepatic	0=No; 1=Yes
ABSC1A	Integer	2	Post-Operative Complications: Abdominal abscess location: Lower abdomen	0=No; 1=Yes
ABSCSO	Integer	2	Post-Operative Complications: Abdominal abscess location: Other	0=No; 1=Yes
ABSCS	Text	100	Post-Operative Complications: Abdominal abscess location: Specify other	
ESOINJ	Integer	2	Post-Operative Complications: Esophageal injury	0=No; 1=Yes
ESOINJ30	Integer	2	Post-Operative Complications: Esophageal injury within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
WINF	Integer	2	Post-Operative Complications:	0=No;

			Wound infection (Cellulitis around incision site accompanied by fever)	1=Yes
WINF30	Integer	2	Post-Operative Complications: Wound infection (Cellulitis around incision site accompanied by fever) within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
DEHIS	Integer	2	Post-Operative Complications: Fascial dehiscence	0=No; 1=Yes
DEHIS30	Integer	2	Post-Operative Complications: Fascial dehiscence within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
SERO	Integer	2	Post-Operative Complications: Seroma of wound	0=No; 1=Yes
SERO30	Integer	2	Post-Operative Complications: Seroma of wound within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
SBOBS	Integer	2	Post-Operative Complications: Small bowel obstruction	0=No; 1=Yes
SBOBS30	Integer	2	Post-Operative Complications: Small bowel obstruction within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
SBOBSS	Integer	2	Post-Operative Complications: Small bowel obstruction – specify	1= Partial obstruction; 2=Complete obstruction
SBOBSC	Integer	2	Post-Operative Complications: Small bowel obstruction – cause	1=Internal hernia; 2=Adhesions; 3=Anastomotic anatomy; 4=Obstructed JJ Anastomosis; 5=Unknown; 6=Other
SBOBSCS	Text	100	Post-Operative Complications: Small bowel obstruction – specify other cause	
STOBS	Integer	2	Post-Operative Complications: Stomal/gastric outlet obstruction	0=No; 1=Yes
STOBS30	Integer	2	Post-Operative Complications: Stomal/gastric outlet obstruction within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
STSTE	Integer	2	Post-Operative Complications: Stomal stenosis	0=No; 1=Yes
STSTE30	Integer	2	Post-Operative Complications: Stomal stenosis within 30 days	0=Not selected; 1=Selected

			of surgery	(default = 0)
GIULC	Integer	2	Post-Operative Complications: GI ulcer(s)	0=No; 1=Yes
GIULC30	Integer	2	Post-Operative Complications: GI ulcer(s) within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
ATEL	Integer	2	Post-Operative Complications: Ateletasis (significant) (Diagnosis by chest X-ray accompanied by fever)	0=No; 1=Yes
ATEL30	Integer	2	Post-Operative Complications: Ateletasis (significant) (Diagnosis by chest X-ray accompanied by fever) within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
PNEUX	Integer	2	Post-Operative Complications: Pneumothorax	0=No; 1=Yes
PNEUX30	Integer	2	Post-Operative Complications: Pneumothorax within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
EFFUS	Integer	2	Post-Operative Complications: Pleural effusion	0=No; 1=Yes
EFFUS30	Integer	2	Post-Operative Complications: Pleural effusion within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
PE	Integer	2	Post-Operative Complications: Pulmonary embolism	0=No; 1=Yes
PE30	Integer	2	Post-Operative Complications: Pulmonary embolism within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
PODVT	Integer	2	Post-Operative Complications: Deep vein thrombosis	0=No; 1=Yes
PODVT30	Integer	2	Post-Operative Complications: Deep vein thrombosis within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
POPNEU	Integer	2	Post-Operative Complications: Pneumonia	0=No; 1=Yes
POPNEU30	Integer	2	Post-Operative Complications: Pneumonia within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
RESPFI	Integer	2	Post-Operative Complications: Respiratory failure requiring intubation	0=No; 1=Yes
RESPFI30	Integer	2	Post-Operative Complications: Respiratory failure requiring intubation within 30 days of surgery	0=Not selected; 1=Selected (default = 0)

RESPFIS	Integer	2	Post-Operative Complications: Respiratory failure requiring intubation – cause	1=ARDS; 2=Pneumonia; 3=PE; -3=Unknown; 4=Other
RESPFISO	Text	100	Post-Operative Complications: Respiratory failure requiring intubation – specify other cause	
UTI	Integer	2	Post-Operative Complications: Renal/urinary tract infection	0=No; 1=Yes
UTI30	Integer	2	Post-Operative Complications: Renal/urinary tract infection within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
RENALF	Integer	2	Post-Operative Complications: Renal failure	0=No; 1=Yes
RENALF30	Integer	2	Post-Operative Complications: Renal failure within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
RENALFO	Integer	2	Post-Operative Complications: Renal failure – type of diagnosis: Oliguric/anuric	0=No; 1=Yes
RENALFC	Integer	2	Post-Operative Complications: Renal failure – type of diagnosis: Creatinine	0=No; 1=Yes
POTIA	Integer	2	Post-Operative Complications: TIA	0=No; 1=Yes
POTIA30	Integer	2	Post-Operative Complications: TIA within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
STROKE	Integer	2	Post-Operative Complications: Stroke	0=No; 1=Yes
STROKE30	Integer	2	Post-Operative Complications: Stroke within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
STROKES	Integer	2	Post-Operative Complications: Stroke, specify type of diagnosis	1=Ischemic; 2=Hemorrhagic
URET	Integer	2	Post-Operative Complications: Urinary retention	0=No; 1=Yes
URET30	Integer	2	Post-Operative Complications: Urinary retention within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
BEDS	Integer	2	Post-Operative Complications: New decubitus ulcers (bed	0=No; 1=Yes

			sores)	
BEDS30	Integer	2	Post-Operative Complications: New decubitus ulcers (bed sores) within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
RHAB	Integer	2	Post-Operative Complications: Rhabdomyolysis (defined as CPK's of 5000 or more)	0=No; 1=Yes
RHAB30	Integer	2	Post-Operative Complications: Rhabdomyolysis (defined as CPK's of 5000 or more) within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
JAUND	Integer	2	Post-Operative Complications: Jaundice	0=No; 1=Yes
JAUND30	Integer	2	Post-Operative Complications: Jaundice within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
HEPA	Integer	2	Post-Operative Complications: Hepatitis	0=No; 1=Yes
HEPA30	Integer	2	Post-Operative Complications: Hepatitis within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
LFAIL	Integer	2	Post-Operative Complications: Liver failure	0=No; 1=Yes
LFAIL30	Integer	2	Post-Operative Complications: Liver failure within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
CHOL	Integer	2	Post-Operative Complications: Acute cholecystitis/bilaric colic	0=No; 1=Yes
CHOL30	Integer	2	Post-Operative Complications: Acute cholecystitis/bilaric colic within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
STONE	Integer	2	Post-Operative Complications: Common bile duct stones/cholangitis	0=No; 1=Yes
STONE30	Integer	2	Post-Operative Complications: Common bile duct stones/cholangitis within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
ARRHY	Integer	2	Post-Operative Complications: Arrhythmia	0=No; 1=Yes
ARRHY30	Integer	2	Post-Operative Complications: Arrhythmia within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
TACH	Integer	2	Post-Operative Complications: Persistent Tachycardia	0=No; 1=Yes
TACH30	Integer	2	Post-Operative Complications:	0=Not selected;

			Persistent Tachycardia within 30 days of surgery	1=Selected (default = 0)
MI	Integer	2	Post-Operative Complications: Myocardial infarction	0=No; 1=Yes
MI30	Integer	2	Post-Operative Complications: Myocardial infarction within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
ARREST	Integer	2	Post-Operative Complications: Cardiac arrest	0=No; 1=Yes
ARREST30	Integer	2	Post-Operative Complications: Cardiac arrest within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
PODIE	Integer	2	Post-Operative Complications: Death	0=No; 1=Yes
PODIE30	Integer	2	Post-Operative Complications: Death within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
OTHEVT	Integer	2	Post-Operative Complications: Other event that resulted in an unexpected course of action	0=No; 1=Yes
OTHEVT30	Integer	2	Post-Operative Complications: Other event within 30 days of surgery	0=Not selected; 1=Selected (default = 0)
OTHEVTS	Text	255	Post-Operative Complications: Specify other event	
CDFU	Yes/No	1		

## EF – Enrollment Form

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
EnrollYr	Long Integer	4	Enrollment year	(grant year of study)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
EFDAT	Date/Time	8	Date form completed	
CONSTL	Integer	2	Consent to Teen LABS	1=Yes; 0=No
LACK	Integer	2	Reason for refusing: General lack of interest	0=Not selected; 1=Selected (default = 0)
NOBOTHER	Integer	2	Reason for refusing: Does not want to be bothered; follow-up too burdensome	0=Not selected; 1=Selected (default = 0)
TRUST	Integer	2	Reason for refusing: Lack of trust (e.g., that personal information will remain confidential)	0=Not selected; 1=Selected (default = 0)
IMPACT	Integer	2	Reason for refusing: Concerned that information provided will impact ability to have surgery	0=Not selected; 1=Selected (default = 0)
NOBENE	Integer	2	Reason for refusing: No perceived personal benefit from participating	0=Not selected; 1=Selected (default = 0)
NOSUBJ	Integer	2	Reason for refusing: Does not want to be included as subject in medical research	0=Not selected; 1=Selected (default = 0)
NOCOMMUN	Integer	2	Reason for refusing: Unable to communicate with study staff	0=Not selected; 1=Selected (default = 0)
LT14DAYS	Integer	2	Reason for refusing: Less than 14 days' notice to surgery	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=Not selected; 1=Selected (default = -0)
NOBL	Integer	2	Reason for refusing: Unable to schedule baseline visit	0=Not selected; 1=Selected (default = 0)

NOCONTACT	Integer	2	Reason for refusing: Unable to contact prior to surgery	0=Not selected; 1=Selected (default = 0)
REFOTH	Integer	2	Reason for refusing: Other	0=Not selected; 1=Selected (default = 0)
REFOTHS	Text	100	Reason for refusing: Specify other	
REFUNK	Integer	2	Reason for refusing: Unknown	0=Not selected; 1=Selected (default = 0)
PTAGE	Integer	2	Patient's age (years)	
DOCTLDAT	Date/Time	8	Date of consent	
DOBM	Integer	2	Patient's month of birth	
DOBY	Integer	2	Patient's year of birth	
DOB	Date/Time	8	CALCULATED: Patient's DOB using 15 as day and reported DOBM and DOBY (NOTE: originally, 1 was used as day. On 3/10/09 existing data was updated to reflect 15 as day. Change made per Todd Jenkins.)	
ESURGDAT	Date/Time	8	Expected date of surgery	
CVERSION	Text	50	Consent version number	<b>Form versions prior to 2.0:</b> (default = -10)
SEX	Integer	2	Patient's sex	1=Male; 2=Female
HGT	Double	8	Patient's height (cm)	
HGTMEAS	Integer	2	How height measured	1=Standing; 2=Lying flat; 3=Estimate
HGTMEASS	Text	100	Specify why height wasn't measured standing	
WGT	Double	8	Patient's weight (kg)	
WGTMEAS	Integer	2	How weight measured	1=Tanita scale; 2=Other scale; 3=Last available bed weight; 4=Estimate
WGTMEASS	Text	100	Specify why weight wasn't measured with a Tanita scale	
EFBMI	Double	8	Enrollment BMI (calculated using height and weight measured at time of enrollment)	

ETHN	Integer	2	Patient's ethnicity	1=Hispanic; 2=Non-Hispanic; -3=Unknown
RACE	Integer	2	Patient's race	1=White or Caucasian; 2=Black or African-American; 3=Asian; 4= American Indian or Alaska Native; 5= Native Hawaiian or other Pacific Islander; 6=Other; 7=Unknown; 8=More than one race
RACEW	Integer	2	Patient's race: White or Caucasian	0=Not selected; 1=Selected (default = 0)
RACEB	Integer	2	Patient's race: Black or African-American	0=Not selected; 1=Selected (default = 0)
RACEA	Integer	2	Patient's race: Asian	0=Not selected; 1=Selected (default = 0)
RACEI	Integer	2	Patient's race: American Indian or Alaska Native	0=Not selected; 1=Selected (default = 0)
RACEH	Integer	2	Patient's race: Native Hawaiian or other Pacific Islander	0=Not selected; 1=Selected (default = 0)
RACEO	Integer	2	Patient's race: Other	0=Not selected; 1=Selected (default = 0)
RACES	Text	100	Patient's race: Specify other	
RACEU	Integer	2	Patient's race: Unknown	0=Not selected; 1=Selected (default = 0)

## FO6 – 6-month Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit number	(default = 6)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
FO6DAT	Date/Time	8	Date form completed	
WKDAYS	Integer	2	How many workdays did you miss because of your weight control surgery?	
SCHDAYS	Integer	2	How many days of school did you miss because of your weight control?	
HOMEDAYS	Integer	2	How many days were you unable to perform your normal household tasks at home, such as cleaning, cooking, childcare, and /or caring for yourself or family because of your weight control surgery?	
MHWC	Integer	2	Since your weight control surgery, how many times have you seen a counselor/mental health professional for weight control?	0=Never; 1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
NUTWC	Integer	2	Since your weight control surgery, how many times have you seen a nutritionist/dietitian for weight control?	0=Never; 1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
PTWC	Integer	2	Since your weight control surgery, how many times have you seen a personal trainer or exercise specialist for weight control?	0=Never; 1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
GRPEXWK	Double	8	Since your weight control surgery, how many weeks did you participate in group exercise for weight control?	
SHELPWK	Double	8	Since your weight control surgery, how many weeks did you participate in a support/self-help group for weight control?	

BBOARDWK	Double	8	Since your weight control surgery, how many weeks did you access a discussion group, bulletin board, or chat room on the internet for weight control?	
HOSP	Integer	2	Have you been hospitalized since your weight control surgery? (Item removed beginning with v2.0)	<b>Form versions prior to 2.0:</b> 0=No; 1=Yes  <b>Form version 2.0 and higher:</b> (default = -10)
OUTPAT	Integer	2	Have you had any out-patient procedures since your weight control surgery? (Item removed beginning with v2.0)	<b>Form versions prior to 2.0:</b> 0=No; 1=Yes  <b>Form version 2.0 and higher:</b> (default = -10)

## FOA – Annual Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit number	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
FOADAT	Date/Time	8	Date form completed	
WKDAYS	Integer	2	How many workdays did you miss because of your weight control surgery?	
SCHDAYS	Integer	2	How many days of school did you miss because of your weight control?	
HOMEDAYS	Integer	2	How many days were you unable to perform your normal household tasks at home, such as cleaning, cooking, childcare, and /or caring for yourself or family because of your weight control surgery?	
MHWC	Integer	2	Since your weight control surgery, how many times have you seen a counselor/mental health professional for weight control?	0=Never; 1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
NUTWC	Integer	2	Since your weight control surgery, how many times have you seen a nutritionist/dietitian for weight control?	0=Never; 1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
PTWC	Integer	2	Since your weight control surgery, how many times have you seen a personal trainer or exercise specialist for weight control?	0=Never; 1=1 to 5 times; 2=6 to 10 times; 3=11 to 20 times; 4=More than 20 times
GRPEXWK	Double	8	Since your weight control surgery, how many weeks did you participate in group exercise for weight control?	
SHELPWK	Double	8	Since your weight control surgery, how many weeks did you participate in a support/self-help group for weight control?	

BBOARDWK	Double	8	Since your weight control surgery, how many weeks did you access a discussion group, bulletin board, or chat room on the internet for weight control?	
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## GS – Gastric Sleeve

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	(default = 99)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
GSDAT	Date/Time	8	Date form completed	
CERT	Long Integer	4	Certification number	
SURGDAT	Date/Time	8	Date of surgery	
STAPLINE	Double	8	Sleeve stapling measurements: Vertical linear staple line (cm)	
SLINEM	Integer	2	Sleeve stapling measurements: How vertical linear staple line measured	1=String; 2=Ruler; 3=Grasper; 4=Visually; -5=Not done
BOUGIE	Integer	2	Sleeve stapling measurements: Bougie/tube size (Fr)	
PYLORUS	Double	8	Sleeve stapling measurements: Distance from the pylorus to the sleeve staple line (cm)	
PYLORUSM	Integer	2	Sleeve stapling measurements: How distance from the pylorus to the sleeve staple line measured	1=String; 2=Ruler; 3=Grasper; 4=Visually; -5=Not done
TYPELINE	Integer	2	Type of stapling line	1=Partitioned; 2=Divided
SLE10	Integer	2	Staple height for the sleeve: 1.0 millimeters	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SLE15	Integer	2	Staple height for the sleeve: 1.5 millimeters	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b>

				0=No; 1=Yes
SLE20	Integer	2	Staple height for the sleeve: 2.0 millimeters	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SLE25	Integer	2	Staple height for the sleeve: 2.5 millimeters	0=No; 1=Yes
SLE35	Integer	2	Staple height for the sleeve: 3.5 millimeters	0=No; 1=Yes
SLE45	Integer	2	Staple height for the sleeve: 4.5 millimeters	0=No; 1=Yes
SLEO	Integer	2	Staple height for the sleeve: Other single height cartridge	0=No; 1=Yes
SLES	Double	8	Staple height for the sleeve: Specify other single height cartridge (mm)	
SLEOM1	Integer	2	Staple height for the sleeve: Other multiple height cartridge 1	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 0=No; 1=Yes
SLESM1A	Double	8	Staple height for the sleeve: Specify other multiple height cartridge 1 (mm)	<b>Form versions prior to 4.0:</b> (default = -10)
SLESM1B	Double	8	Staple height for the sleeve: Specify other multiple height cartridge 1 (mm)	<b>Form versions prior to 4.0:</b> (default = -10)
SLESM1C	Double	8	Staple height for the sleeve: Specify other multiple height cartridge 1 (mm)	<b>Form versions prior to 4.0:</b> (default = -10)
SLEOM2	Integer	2	Staple height for the sleeve: Other multiple height cartridge 2	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b>

				0=No; 1=Yes
SLESM2A	Double	8	Staple height for the sleeve: Specify other multiple height cartridge 2 (mm)	<b>Form versions prior to 4.0:</b> (default = -10)
SLESM2B	Double	8	Staple height for the sleeve: Specify other multiple height cartridge 2 (mm)	<b>Form versions prior to 4.0:</b> (default = -10)
SLESM2C	Double	8	Staple height for the sleeve: Specify other multiple height cartridge 2 (mm)	<b>Form versions prior to 4.0:</b> (default = -10)
STPLMFG	Integer	2	Manufacturer of the stapling device	1=U.S. Surgical ®; 2=Ethicon ®; 3=Other
STPLMFGS	Text	100	Manufacturer of the stapling device: Specify other	
TESTANA	Integer	2	Was a method used to test anastomoses	0=No; 1=Yes
AIR	Integer	2	Method used to test anastomoses: Air by tube	0=No; 1=Yes
RESAIR	Integer	2	Method used to test anastomoses: Result from air by tube	1=Neg; 2=Pos
EGD	Integer	2	Method used to test anastomoses: Air by endoscopy	0=No; 1=Yes
RESEGD	Integer	2	Method used to test anastomoses: Result from air by endoscopy	1=Neg; 2=Pos
MBLU	Integer	2	Method used to test anastomoses: Methylene Blue	0=No; 1=Yes
RESMBLU	Integer	2	Method used to test anastomoses: Result from Methylene Blue	1=Neg; 2=Pos
ACTION	Integer	2	Any If any of the tests were positive, was an action taken?	0=No; 1=Yes
ACTSUT	Integer	2	Action taken: Suture repair	0=No; 1=Yes
ACTGLU	Integer	2	Action taken: Glue	0=No; 1=Yes
ACTREDO	Integer	2	Action taken:	0=No;

			Complete anastomosis redo	1=Yes
REINF	Integer	2	Was reinforcement used?	0=No; 1=Yes
RBUTT	Integer	2	Reinforcement used: Buttress	0=No; 1=Yes
RSEAL	Integer	2	Reinforcement used: Sealant	0=No; 1=Yes
RSUTU	Integer	2	Reinforcement used: Suture	0=No; 1=Yes
ROTH	Integer	2	Reinforcement used: Other	0=No; 1=Yes
ROTHS	Text	100	Reinforcement used: Specify other	
BREINF	Integer	2	Was a banding ring used?	0=No; 1=Yes
BREINFT	Integer	2	Banding ring used: Type of reinforcement	1=Silastic ring; 2=Patient's fascia; 3=Synthetic mesh; 4=Other
BREINFS	Text	100	Banding ring used: Specify other type of reinforcement	
LATERJET	Integer	2	Were the laterjet nerves seen?	0=No; 1=Yes
NERVE CUT	Integer	2	Were the laterjet nerves cut?	0=No; 1=Yes
NERVPCUT	Integer	2	Specify cut	1=Partially cut; 2=Completely cut
DIFLEV	Integer	2	On a scale of 1 to 10, with 1 being "easy" and 10 being "very difficult", circle the level of difficulty in performing the surgical procedure from start to finish	
DIFFAT	Integer	2	Was there difficulty due to intra-abdominal fat distribution?	0=No; 1=Yes
DIFABD	Integer	2	Was there difficulty due to thick abdominal wall?	0=No; 1=Yes
DIFLIV	Integer	2	Was there difficulty due to limited exposure due to enlarged fatty liver?	0=No; 1=Yes
DIFSUR	Integer	2	Was there difficulty due to adhesion from previous surgery?	0=No; 1=Yes

## GSRs – Gastrointestinal Symptoms Rating Scale

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
GSRSDAT	Date/Time	8	Date form completed	
ABPAIN	Integer	2	Have you been bothered by pain or discomfort in the upper abdomen or the pit of your stomach during the past week?	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
HRTBURN	Integer	2	Have you been bothered heartburn during the past week? (By heartburn we mean an unpleasant stinging or burning sensation in the chest.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
ACIDREFLX	Integer	2	Have you been bothered acid reflux during the past week? (By acid reflux we mean the sensation of regurgitation small quantities of acid or flow of sour or bitter fluid from the stomach up to the throat.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
HUNGPAIN	Integer	2	Have you been bothered hunger pains during the past week? (This hollow feeling in the stomach is associated with the need to eat between meals.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
NAUSEA	Integer	2	Have you been bothered nausea during the past week? (By nausea we mean a feeling of wanting to throw up or vomit.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort

				6=Severe discomfort 7=Very severe discomfort
RUMBLING	Integer	2	Have you been bothered rumbling in your stomach during the past week? (Rumbling refers to vibrations or noise in the stomach.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
BLOATED	Integer	2	Have you been bothered bloating during the past week? (Feeling bloated refers to swelling often associated with a sensation of gas or air in the stomach.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
BURPING	Integer	2	Have you been bothered burping during the past week? (Burping refers to bringing up air or gas from the stomach via the mouth, often associated with a bloated feeling.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
FLATUS	Integer	2	Have you been bothered passing gas or flatus during the past week? (Passing gas or flatus refers to the need to release air or gas from the bowel, often associated with a bloating feeling.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
CONSTPAT	Integer	2	Have you been bothered constipation during the past week? (Constipation refers to a reduced ability to empty the bowels.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
DIARRHEA	Integer	2	Have you been bothered diarrhea during the past week? (Diarrhea refers to a too frequent emptying of the	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe

			bowels.)	discomfort 6=Severe discomfort 7=Very severe discomfort
LSTOOLS	Integer	2	Have you been bothered loose stools during the past week? (If your stools (motions) have been alternately hard and loose, this question only refers to the extent you have been bothered by the stools being loose.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
HSTOOLS	Integer	2	Have you been bothered hard stools during the past week? (If your stools (motions) have been alternately hard and loose, this question only refers to the extent you have been bothered by the stools being hard.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
URGBOWEL	Integer	2	Have you been bothered by an urgent need to have a bowel movement during the past week? (This urgent need to go to the toilet is often associated with a feeling that you are not in full control.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort
EMPBOWEL	Integer	2	When going to the toilet during the past week, have you had the sensation of not completely emptying the bowels? (This feeling of incomplete emptying means that you still feel the need to pass more stool despite having exerted yourself to do so.)	1= No discomfort at all 2=Minor discomfort 3=Mild discomfort 4=Moderate discomfort 5=Moderately severe discomfort 6=Severe discomfort 7=Very severe discomfort

## HC - Healthcare Utilization

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
HCID	Integer	2	HC ID – unique ID for each HC per visit	<b>Form versions prior to 4.0:</b> (default = -10)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
HCDAT	Date/Time	8	<b>(KEY)</b> Date form completed	
ADMDAT	Date/Time	8	<b>(KEY)</b> Admission/treatment date	
TREATMENT	Integer	2	Treatment/care utilized	1=Hospitalization; 2=Out-patient procedure; 3=Re-intervention
DISLOC	Integer	2	Discharge location	1=Home; 2=Rehabilitation facility; 3=Skilled nursing facility; 4=Other hospital; 5=Other
DISLOCS	Text	100	Discharge location: specify other	
DISCDAT	Date/Time	8	Discharge date	
CAREDAYS	Integer	2	If not discharged to home, specify length of care at facility (days)	
GIDIAG	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses	0=No; 1=Yes
STOMAL	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Stomal/gastric outlet obstruction	0=No; 1=Yes
BOWELOBS	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Small bowel obstruction	0=No; 1=Yes
WOUNDINF	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Deep wound infection	0=No; 1=Yes
WOUNDCOM	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Other wound complication	0=No; 1=Yes

INFGI	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Infection from GI leak	0=No; 1=Yes
GIBLEED	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - GI bleeding	0=No; 1=Yes
GITRACT	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - GI tract symptoms	0=No; 1=Yes
HYPOVOL	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Hypovolemia	0=No; 1=Yes
HERNIA	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Hernia without complication	0=No; 1=Yes
HERNIACOMP	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Hernia with complication	0=No; 1=Yes
ABDPAIN	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Abdominal pain	0=No; 1=Yes
ABDABSC	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Abdominal abscess	0=No; 1=Yes
ULCER	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Ulcer disease	0=No; 1=Yes
VOMIT	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Nausea and vomiting	0=No; 1=Yes
SKIN	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Excess skin	0=No; 1=Yes
GIOTH	Integer	2	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - Other GI tract or surgery related diagnosis	0=No; 1=Yes
GIOTHS	Text	100	Reason for treatment/care: GI Tract or Surgery Related Diagnoses - specify other	
RENDIAG	Integer	2	Reason for treatment/care: Renal System Diagnoses	0=No; 1=Yes

RENALF	Integer	2	Reason for treatment/care: Renal System Diagnoses - Acute renal failure	0=No; 1=Yes
KIDNEY	Integer	2	Reason for treatment/care: Renal System Diagnoses - Kidney failure or start of dialysis	0=No; 1=Yes
HYPOGLY	Integer	2	Reason for treatment/care: Renal System Diagnoses - Severe hypoglycemia	0=No; 1=Yes
PANCREAT	Integer	2	Reason for treatment/care: Renal System Diagnoses - Pancreatitis	0=No; 1=Yes
RENALOTH	Integer	2	Reason for treatment/care: Renal System Diagnoses - Other renal system related diagnosis	0=No; 1=Yes
RENOTHS	Text	100	Reason for treatment/care: Renal System Diagnoses - specify other	
VASCDIAG	Integer	2	Reason for treatment/care: Vascular System Diagnoses	0=No; 1=Yes
ANGINA	Integer	2	Reason for treatment/care: Vascular System Diagnoses - Chest pain or angina	0=No; 1=Yes
MI	Integer	2	Reason for treatment/care: Vascular System Diagnoses - Myocardial infarction	0=No; 1=Yes
CHDIS	Integer	2	Reason for treatment/care: Vascular System Diagnoses - Congestive heart disease	0=No; 1=Yes
TIA	Integer	2	Reason for treatment/care: Vascular System Diagnoses - TIA/Stroke	0=No; 1=Yes
PEDVT	Integer	2	Reason for treatment/care: Vascular System Diagnoses - PE/DVT	0=No; 1=Yes
VASCOTH	Integer	2	Reason for treatment/care: Vascular System Diagnoses - Other vascular system related diagnosis	0=No; 1=Yes
VASCOTHS	Text	100	Reason for treatment/care: Vascular System Diagnoses - specify other	
RESPDIAG	Integer	2	Reason for treatment/care: Respiratory System Diagnoses	0=No; 1=Yes
RESPFAIL	Integer	2	Reason for treatment/care:	0=No;

			Respiratory System Diagnoses - Acute respiratory failure	1=Yes
PULMHYP	Integer	2	Reason for treatment/care: Respiratory System Diagnoses - Pulmonary Hypertension	0=No; 1=Yes
COPD	Integer	2	Reason for treatment/care: Respiratory System Diagnoses - COPD	0=No; 1=Yes
OBSLUNG	Integer	2	Reason for treatment/care: Respiratory System Diagnoses - Obstructive lung disease	0=No; 1=Yes
PNEUMON	Integer	2	Reason for treatment/care: Respiratory System Diagnoses - Pneumonia	0=No; 1=Yes
RESPOTH	Integer	2	Reason for treatment/care: Respiratory System Diagnoses - Other respiratory system related Diagnosis	0=No; 1=Yes
RESPOTHS	Text	100	Reason for treatment/care: Respiratory System Diagnoses - Specify other	
OBESDIAG	Integer	2	Reason for treatment/care: Obesity-Related Diagnoses	0=No; 1=Yes
OSTEOAR	Integer	2	Reason for treatment/care: Obesity-Related Diagnoses - Osteoarthritis	0=No; 1=Yes
CELLULIT	Integer	2	Reason for treatment/care: Obesity-Related Diagnoses - Cellulitis	0=No; 1=Yes
OBESOTH	Integer	2	Reason for treatment/care: Obesity-Related Diagnoses - Other obesity related diagnosis	0=No; 1=Yes
OBESOTHS	Text	100	Reason for treatment/care: Obesity-Related Diagnoses - Specify other	
OTHDIAG	Integer	2	Reason for treatment/care: Other Diagnoses	0=No; 1=Yes
GALLBL	Integer	2	Reason for treatment/care: Other Diagnoses - Gallbladder disease	0=No; 1=Yes
ADIPOS	Integer	2	Reason for treatment/care: Other Diagnoses - Local adiposity	0=No; 1=Yes
ACTIVINJ	Integer	2	Reason for treatment/care: Other Diagnoses - Activity- related injury	0=No; 1=Yes

DIAGOTH	Integer	2	Reason for treatment/care: Other Diagnoses - Other not listed above	0=No; 1=Yes
DIAGOTHS	Text	100	Reason for treatment/care: Other Diagnoses - Specify other	
REASCONF	Integer	2	Was reason(s) for treatment/care confirmed by medical discharge summary/medical records?	0=No; 1=Yes; 2=Medical records ordered, confirmation pending
GIPROC	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures	0=No; 1=Yes
UPGIENDO	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Upper GI tract endoscopy	0=No; 1=Yes
DILAT	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures – Stricture dilation	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
VHREP	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Ventral hernia repair	0=No; 1=Yes
EXPLAP	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Exploratory laparotomy	0=No; 1=Yes
WOUNDINC	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Wound incision, evisceration, or revision	0=No; 1=Yes
WDRAIN	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Wound drainage	0=No; 1=Yes

LYSIS	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Lysis of adhesions	0=No; 1=Yes
GASTREV	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Gastric revision	0=No; 1=Yes
GASTRO	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Gastrostomy	0=No; 1=Yes
ANASTREV	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Anastomotic revision	0=No; 1=Yes
BANDREV	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Band/port revision	0=No; 1=Yes
BANDREPL	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Band replacement	0=No; 1=Yes
OPDRAIN	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Operative drain placement	0=No; 1=Yes
PERCDR	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Placement of percutaneous drain	0=No; 1=Yes
REEXP	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Re-exploration	0=No; 1=Yes
OTHBARI	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Other revision of bariatric surgery	0=No; 1=Yes

OTHBARIS	Text	255	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Specify other revision of bariatric surgery	
REVBARI	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Reversal of bariatric surgery	0=No; 1=Yes
REVBARIS	Text	100	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Specify reversal of bariatric surgery	
REMSKIN	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Removal of excess skin	0=No; 1=Yes
OGIPROC	Integer	2	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Other GI tract or bariatric surgery related procedure	0=No; 1=Yes
OGIPROCS	Text	100	Operation(s)/procedure(s) performed: GI tract or Bariatric Surgery Related Procedures - Specify other	
RENPROC	Integer	2	Operation(s)/procedure(s) performed: Renal System Procedures	0=No; 1=Yes
DIALYSIS	Integer	2	Operation(s)/procedure(s) performed: Renal System Procedures - Dialysis	0=No; 1=Yes
ORENPROC	Integer	2	Operation(s)/procedure(s) performed: Renal System Procedures - Other	0=No; 1=Yes
ORENPROCS	Text	100	Operation(s)/procedure(s) performed: Renal System Procedures - Specify other	
VASCPROC	Integer	2	Operation(s)/procedure(s) performed: Vascular System Procedures	0=No; 1=Yes
CARDCATH	Integer	2	Operation(s)/procedure(s) performed: Vascular System	0=No; 1=Yes

			Procedures - Cardiac catheterization	
ANGIOPL	Integer	2	Operation(s)/procedure(s) performed: Vascular System Procedures - Percutaneous coronary intervention/angioplasty	0=No; 1=Yes
CABG	Integer	2	Operation(s)/procedure(s) performed: Vascular System Procedures - Coronary artery bypass graft surgery	0=No; 1=Yes
PERIVASC	Integer	2	Operation(s)/procedure(s) performed: Vascular System Procedures - Peripheral vascular catheter-based intervention	0=No; 1=Yes
OTHVPROC	Integer	2	Operation(s)/procedure(s) performed: Vascular System Procedures - Other	0=No; 1=Yes
OTHVPROCS	Text	100	Operation(s)/procedure(s) performed: Vascular System Procedures - Specify other	
RESPPROC	Integer	2	Operation(s)/procedure(s) performed: Respiratory System Procedures	0=No; 1=Yes
MECHVENT	Integer	2	Operation(s)/procedure(s) performed: Respiratory System Procedures - Mechanical ventilation	0=No; 1=Yes
SUPPOXY	Integer	2	Operation(s)/procedure(s) performed: Respiratory System Procedures - Supplemental oxygen	0=No; 1=Yes
OTHRESPP	Integer	2	Operation(s)/procedure(s) performed: Respiratory System Procedures - Other	0=No; 1=Yes
OTHRESPPS	Text	100	Operation(s)/procedure(s) performed: Respiratory System Procedures - Specify other	0=No; 1=Yes
ELECPROC	Integer	2	Operation(s)/procedure(s) performed: Elective Procedures	0=No; 1=Yes
CHOLEC	Integer	2	Operation(s)/procedure(s) performed: Elective Procedures - Cholecystectomy	0=No; 1=Yes
ORTHPROC	Integer	2	Operation(s)/procedure(s)	0=No;

			performed: Elective Procedures - Orthopedic procedure	1=Yes
HYSTER	Integer	2	Operation(s)/procedure(s) performed: Elective Procedures - Hysterectomy procedure	0=No; 1=Yes
PLASTIC	Integer	2	Operation(s)/procedure(s) performed: Elective Procedures - Plastic procedures other than removal of excess skin	0=No; 1=Yes
LIPOSUCT	Integer	2	Operation(s)/procedure(s) performed: Elective Procedures - Liposuction or liposculpture	0=No; 1=Yes
OTHELEC	Integer	2	Operation(s)/procedure(s) performed: Elective Procedures - Other	0=No; 1=Yes
OTHELECS	Text	100	Operation(s)/procedure(s) performed: Elective Procedures - Specify other	
OTHPROC	Integer	2	Operation(s)/procedure(s) performed: Other Procedures	0=No; 1=Yes
NONELEC	Integer	2	Operation(s)/procedure(s) performed: Other Procedures - Non-elective procedure not specified	0=No; 1=Yes
NONELECS	Text	100	Operation(s)/procedure(s) performed: Other Procedures - Specify non-elective procedure	
PROCCONF	Integer	2	Was the operation(s)/procedure(s) performed during this hospitalization/out-patient procedure confirmed by medical discharge summary/medical records?	0=No; 1=Yes; 2=Medical records ordered, confirmation pending
OPERATION	Integer	2	Was hospitalization/out-patient procedure for an operation?	0=No; 1=Yes
REOP	Integer	2	Was the procedure an abdominal re-operation?	0=No; 1=Yes
APPROACH	Integer	2	Specify approach of re-operation	1=Laparoscopic; 2=Laparoscopic converted to open;

				3=Open
AdjFlag	Yes/No	1		
CDFU	Yes/No	1		

## INF – Inactivation Form

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
INFDAT	Date/Time	8	Date form completed	
DOIDAT	Date/Time	8	Date of Inactivation	
INACT	Integer	2	Reason for inactivation	1=Patient refuses further participation; 2=Patient excluded from study; 3=Patient died; 4=Patient too sick to comply with follow up; 5=Patient relocated; 6=Patient is untraceable; 7=Other; 8=Unable to schedule baseline visit; 9=<14 days' notice of surgery
INACTOS	Text	100	Specify other reason for inactivation	
EXCLU	Integer	2	If excluded, specify reason	1=Surgery performed by non Teen-LABS certified surgeon; 2=Patient did not proceed to surgery; 3=Other
EXCLUS	Text	100	Specify other reason for exclusion	
LACKINS	Integer	2	If patient did not proceed to surgery, specify why: Lack of insurance coverage	0=No; 1=Yes
SURCHO	Integer	2	If patient did not proceed to surgery, specify why: Surgeon's choice	0=No; 1=Yes
PTCHO	Integer	2	If patient did not proceed to surgery, specify why: Patient's choice	0=No; 1=Yes
NOSURGO	Integer	2	If patient did not proceed to surgery, specify why: Other	0=No; 1=Yes
NOSURGS	Text	100	If patient did not proceed to surgery, specify why:	

			Specify other	
MEDICAL	Integer	2	If surgeon's choice for not proceeding, specify why: Medical reason	0=No; 1=Yes
PSYSOC	Integer	2	If surgeon's choice for not proceeding, specify why: Psycho-social reason	0=No; 1=Yes
SURGOTH	Integer	2	If surgeon's choice for not proceeding, specify why: Other	0=No; 1=Yes
SURGSPE	Text	100	If surgeon's choice for not proceeding, specify why: Specify other	
ISTATDAT	Date/Time	8	If not known to be deceased, status date (most recent date participant known to be alive).	<b>Form versions prior to 2.0:</b> (Will be null, item did not appear on form)

## IPAQ – International Physical Activity Questionnaire

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
<b>Visit</b>	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form data verified	
IPAQDAT	Date/Time	8	Date form completed	
IPAQ01	Integer	2	Do you currently have a job or do any unpaid work outside of your home?	0=No; 1=Yes
IPAQ02	Integer	2	During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, heavy construction, or climbing upstairs as part of your work?	[1, 7]
IPAQ02NoAct	Integer	2	No vigorous job-related physical activity	0=Not selected; 1=Selected (default = 0)
IPAQ03HR	Double	8	How much time did you usually spend on one of those days doing vigorous physical activities as part of your work? Hours per day	
IPAQ03MIN	Integer	2	How much time did you usually spend on one of those days doing vigorous physical activities as part of your work? Minutes per day	
IPAQ04	Integer	2	Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads as part of your work? Please do not include walking.	[1, 7]
IPAQ04NoAct	Integer	2	No moderate job-related physical activity	0=Not selected; 1=Selected (default = 0)
IPAQ05HR	Double	8	How much time did you usually spend on one of those days doing moderate physical activities as part of your work? Hours per day	
IPAQ05MIN	Integer	2	How much time did you usually spend on one of those days doing moderate physical activities as part of your work?	

			Minutes per day	
IPAQ06	Integer	2	During the last 7 days, on how many days did you walk for at least 10 minutes at a time as part of your work? Please do not count any walking you did to travel to or from work.	[1, 7]
IPAQ06NoAct	Integer	2	No job-related walking	0=Not selected; 1=Selected (default = 0)
IPAQ07HR	Double	8	How much time did you usually spend on one of those days walking as part of your work? Hours per day	
IPAQ07MIN	Integer	2	How much time did you usually spend on one of those days walking as part of your work? Minutes per day	
IPAQ08	Integer	2	During the last 7 days, on how many days did you travel in a motor vehicle like train, bus, car, or tram?	[1, 7]
IPAQ08NoAct	Integer	2	No traveling in a motor vehicle	0=Not selected; 1=Selected (default = 0)
IPAQ09HR	Double	8	How much time did you usually spend on one of those days traveling in a train, bus, car, tram, or other kind of motor vehicle? Hours per day	
IPAQ09MIN	Integer	2	How much time did you usually spend on one of those days traveling in a train, bus, car, tram, or other kind of motor vehicle? Minutes per day	
IPAQ10	Integer	2	During the last 7 days, on how many days did you bicycle for at least 10 minutes at a time to go from place to place?	[1, 7]
IPAQ10NoAct	Integer	2	No bicycling from place to place	0=Not selected; 1=Selected (default = 0)
IPAQ11HR	Double	8	How much time did you usually spend on one of those days to bicycle from place to place? Hours per day	
IPAQ11MIN	Integer	2	How much time did you usually spend on one of those days to bicycle from place to place?	

			Minutes per day	
IPAQ12	Integer	2	During the last 7 days, on how many days did you walk for at least 10 minutes at a time to go from place to place?	[1, 7]
IPAQ12NoAct	Integer	2	No walking from place to place	0=Not selected; 1=Selected (default = 0)
IPAQ13HR	Double	8	How much time did you usually spend on one of those days to walk from place to place? Hours per day	
IPAQ13MIN	Integer	2	How much time did you usually spend on one of those days to walk from place to place? Minutes per day	
IPAQ14	Integer	2	Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, chopping wood, shoveling snow, or digging in the garden or yard?	[1, 7]
IPAQ14NoAct	Integer	2	No vigorous activity in garden or yard	0=Not selected; 1=Selected (default = 0)
IPAQ15HR	Double	8	How much time did you usually spend on one of those days doing vigorous physical activities in the garden or yard? Hours per day	
IPAQ15MIN	Integer	2	How much time did you usually spend on one of those days doing vigorous physical activities in the garden or yard? Minutes per day	
IPAQ16	Integer	2	Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, sweeping, washing windows, and raking in the garden or yard?	[1, 7]
IPAQ16NoAct	Integer	2	No moderate activity in garden or yard	0=Not selected; 1=Selected (default = 0)

IPAQ17HR	Double	8	How much time did you usually spend on one of those days doing moderate physical activities in the garden or yard? Hours per day	
IPAQ17MIN	Integer	2	How much time did you usually spend on one of those days doing moderate physical activities in the garden or yard? Minutes per day	
IPAQ18	Integer	2	Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, washing windows, scrubbing floors and sweeping inside your home?	[1, 7]
IPAQ18NoAct	Integer	2	No moderate activity inside home	0=Not selected; 1=Selected (default = 0)
IPAQ19HR	Double	8	How much time did you usually spend on one of those days doing moderate physical activities inside your home? Hours per day	
IPAQ19MIN	Integer	2	How much time did you usually spend on one of those days doing moderate physical activities inside your home? Minutes per day	
IPAQ20	Integer	2	Not counting any walking you have already mentioned, during the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?	[1, 7]
IPAQ20NoAct	Integer	2	No walking in leisure time	0=Not selected; 1=Selected (default = 0)
IPAQ21HR	Double	8	How much time did you usually spend on one of those days walking in your leisure time? Hours per day	
IPAQ21MIN	Integer	2	How much time did you usually spend on one of those days walking in your leisure time? Minutes per day	
IPAQ22	Integer	2	Think about only those physical activities that you did for at least 10	[1, 7]

			minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like aerobics, running, fast bicycling, or fast swimming in your leisure time?	
IPAQ22NoAct	Integer	2	No vigorous activity in leisure time	0=Not selected; 1=Selected (default = 0)
IPAQ23HR	Double	8	How much time did you usually spend on one of those days doing vigorous physical activities in your leisure time? Hours per day	
IPAQ23MIN	Integer	2	How much time did you usually spend on one of those days doing vigorous physical activities in your leisure time? Minutes per day	
IPAQ24	Integer	2	Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your leisure time?	[1, 7]
IPAQ24NoAct	Integer	2	No moderate activity in leisure time	0=Not selected; 1=Selected (default = 0)
IPAQ25HR	Double	8	How much time did you usually spend on one of those days doing moderate physical activities in your leisure time? Hours per day	
IPAQ25MIN	Integer	2	How much time did you usually spend on one of those days doing moderate physical activities in your leisure time? Minutes per day	
IPAQ26HR	Double	8	During the last 7 days, how much time did you usually spend sitting on a weekday? Hours per day	
IPAQ26MIN	Integer	2	During the last 7 days, how much time did you usually spend sitting on a weekday? Minutes per day	
IPAQ27HR	Double	8	During the last 7 days, how much time did you usually spend sitting on a weekend day? Hours per day	

IPAQ27MIN	Integer	2	During the last 7 days, how much time did you usually spend sitting on a weekend day? Minutes per day	
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## IPS - International Prevalence Study on Physical Activity

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form data verified	
IPSDAT	Date/Time	8	Date form completed	
IPS01	Integer	2	What is the main type of housing in your neighborhood?	1=Detached single-family housing; 2=Townhouses, row houses, apartments, or condos of 2-3 stories; 3=Mix of single-family residences and townhouses, row houses, apartments or condos; 4=Apartments or condos of 4-12 stories; 5=Apartments or condos of more than 12 stories; -3=Don't know/Not sure
IPS02	Integer	2	Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS03	Integer	2	It is within a 10-15 minutes' walk to a transit stop (such as a bus, train, trolley, or tram) from my home. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS04	Integer	2	There are sidewalks on most of the streets in my neighborhood. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -2=Does not apply to my neighborhood; -3=Don't know/Not sure
IPS05	Integer	2	There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -2=Does not apply to my neighborhood;

				-3=Don't know/Not sure
IPS06	Integer	2	My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS07	Integer	2	The crime rate in my neighborhood makes it unsafe to go on walks at night. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS08	Integer	2	There is so much traffic on the streets that it makes it difficult or unpleasant to walk in my neighborhood. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -2=There are no streets or roads in my neighborhood; -3=Don't know/Not sure
IPS09	Integer	2	I see many people being physically active in my neighborhood doing things like walking, jogging, cycling, or playing sports and active games. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS10	Integer	2	There are many interesting things to look at while walking in my neighborhood. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS11	Integer	2	How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household?	
IPS11DK	Integer	2	How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household? Don't know/Not sure	-3=Selected; -2=Not selected, response given in IPS11 (default = -2)
IPS12	Integer	2	There are many four-way intersections in my neighborhood. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -2=There are no streets

				or roads in my neighborhood; -3=Don't know/Not sure
IPS13	Integer	2	The sidewalks in my neighborhood are well maintained (paved, with few cracks) and not obstructed. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS14	Integer	2	Places for bicycling (such as bike paths) in and around my neighborhood are well maintained and not obstructed. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS15	Integer	2	There is so much traffic on the streets that it makes it difficult or unpleasant to ride a bicycle in my neighborhood. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS16	Integer	2	The crime rate in my neighborhood makes it unsafe to go on walks during the day. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure
IPS17	Integer	2	There are many places to go within easy walking distance of my home. Would you say that you...	1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; 4=Strongly agree; -3=Don't know/Not sure

## IWQOL

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form data verified	
IWQOLDAT	Date/Time	8	Date form completed	
IWQOL1	Integer	2	1. Because of my weight I avoid using stairs whenever possible.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL2	Integer	2	2. Because of my weight it is hard for me to bend over to tie my shoes or to pick something up off the floor.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL3	Integer	2	3. Because of my weight it is hard for me to move around.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL4	Integer	2	4. Because of my weight it is hard for me to fit into seats in public places (e.g., movie theaters, desks at school, booths in restaurants).	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL5	Integer	2	5. Because of my weight my knees or ankles hurt.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL6	Integer	2	6. Because of my weight it is hard for me to cross my legs.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL7	Integer	2	7. Because of my weight I am ashamed of my body.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL8	Integer	2	8. Because of my weight I don't like myself very much.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true;

				5=Never true
IWQOL9	Integer	2	9. Because of my weight I try not to look at myself in mirrors or in photographs.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL10	Integer	2	10. Because of my weight I have a hard time believing compliments that I receive from others.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL11	Integer	2	11. Because of my weight I am lacking in self-confidence.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL12	Integer	2	12. Because of my weight I avoid activities that involve wearing shorts or a bathing suit.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL13	Integer	2	13. Because of my weight it is very difficult for me to buy clothing.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL14	Integer	2	14. Because of my weight I don't like to change my clothes or undress in front of others.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL15	Integer	2	15. Because of my weight I am embarrassed to try out for activities at school.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL16	Integer	2	16. Because of my weight people tease me or make fun of me.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL17	Integer	2	17. Because of my weight people talk about me behind my back.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL18	Integer	2	18. Because of my weight	1=Always true;

			people avoid spending time with me.	2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL19	Integer	2	19. Because of my weight people stare at me.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL20	Integer	2	20. Because of my weight I have trouble making or keeping friends.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL21	Integer	2	21. Because of my weight people don't think I'm very smart.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL22	Integer	2	22. Because of my weight family members treat me differently from the way they treat other people.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL23	Integer	2	23. Because of my weight family members talk about me behind my back.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL24	Integer	2	24. Because of my weight one or more people in my family reject me.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL25	Integer	2	25. Because of my weight my parents aren't proud of me.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL26	Integer	2	26. Because of my weight family members make fun of me.	1=Always true; 2=Usually true; 3=Sometimes true; 4=Rarely true; 5=Never true
IWQOL27	Integer	2	27. Because of my weight family members don't want to be seen with me.	1=Always true; 2=Usually true; 3=Sometimes true;

				4=Rarely true; 5=Never true
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## LABS - Central Laboratory (Northwest Research Labs)

Variable name	Type	Length	Description	Values
ID_New	Integer	8	Unique Participant ID	
Abbreviation	Text	13	Abbreviated name of test	
<b>Visit</b>	Text	28	<b>(KEY)</b> Visit	
Drawn	Date	8	Date Sample was collected	
Received	Date	8	Date sample was received	
Analysis	Text	37	Full name of test	
Value	Text	15	Testing results	
Units	Text	7	Test unit	
Status	Text	9	Status of testing	
Confirmed	Text	9	Confirmation of testing	
Comments	Text	196	Alerts	
Code	Text	255	Comments on sample	
Ref_Range	Text	207	Reference range of test	

## LV – Local Lab Values

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
LVDAT	Date/Time	8	Date form completed	
ALBDAT	Date/Time	8	Blood draw date: Albumin	
ALB	Double	8	Lab Value: Albumin (g/dl)	
ALBR	Integer	2	Value in relation to reference range: Albumin	1=High; 2=Within; 3=Low; -5=Test not done
ASTDAT	Date/Time	8	Blood draw date: AST (SGOT)	
AST	Integer	2	Lab Value: AST (SGOT) (IU/L)	
ASTR	Integer	2	Value in relation to reference range: AST (SGOT)	1=High; 2=Within; 3=Low; -5=Test not done
ALTDAT	Date/Time	8	Blood draw date: ALT (SGPT)	
ALT	Integer	2	Lab Value: ALT (SGPT) (IU/L)	
ALTR	Integer	2	Value in relation to reference range: ALT (SGPT)	1=High; 2=Within; 3=Low; -5=Test not done
ALKDAT	Date/Time	8	Blood draw date: Alkaline Phosphatase	
ALK	Integer	2	Lab Value: Alkaline Phosphatase (IU/L)	
ALKR	Integer	2	Value in relation to reference range: Alkaline Phosphatase	1=High; 2=Within; 3=Low; -5=Test not done
PLATDAT	Date/Time	8	Blood draw date: Platelet	
PLATR	Integer	2	Lab Value: Platelet (10 <sup>3</sup> /mm <sup>3</sup> )	
PLAT	Double	8	Value in relation to reference range:	1=High; 2=Within;

			Platelet	3=Low; -5=Test not done
TWCDAT	Date/Time	8	Blood draw date: Total White Count	<b>Form version 2.0 and higher:</b> (default = null)
TWCR	Integer	2	Lab Value: Total White Count (mm <sup>3</sup> )	<b>Form version 2.0 and higher:</b> (default = -10)
TWC	Double	8	Value in relation to reference range: Total White Count	<b>Form versions prior to 2.0:</b> 1=High; 2=Within; 3=Low; -5=Test not done  <b>Form version 2.0 and higher:</b> (default = -10)
TCDAT	Date/Time	8	Blood draw date: Total Cholesterol	
TC	Integer	2	Lab Value: Total Cholesterol (mg/dl)	
TCR	Integer	2	Value in relation to reference range: Total Cholesterol	1=High; 2=Within; 3=Low; -5=Test not done
HDLDAT	Date/Time	8	Blood draw date: HDL	
HDL	Integer	2	Lab Value: HDL (mg/dl)	
HDLR	Integer	2	Value in relation to reference range: HDL	1=High; 2=Within; 3=Low; -5=Test not done
LDLDAT	Date/Time	8	Blood draw date: LDL	
LDL	Integer	2	Lab Value: LDL (mg/dl)	
LDLR	Integer	2	Value in relation to reference range: LDL	1=High; 2=Within; 3=Low; -5=Test not done
TRIGDAT	Date/Time	8	Blood draw date: Triglycerides	
TRIG	Integer	2	Lab Value: Triglycerides (mg/dl)	
TRIGR	Integer	2	Value in relation to reference	1=High;

			range: Triglycerides	2=Within; 3=Low; -5=Test not done
CRPDAT	Date/Time	8	Blood draw date: CRP	
CRP	Double	8	Lab Value: CRP ( $\mu$ M)	
CRPR	Integer	2	Value in relation to reference range: CRP	1=High; 2=Within; 3=Low; -5=Test not done
OGTTBLDAT	Date/Time	8	Blood draw date: OGTT glucose baseline	
OGTTBL	Integer	2	Lab Value: OGTT glucose baseline (mg/dl)	
OGTTBLR	Integer	2	Value in relation to reference range: OGTT glucose baseline	1=High; 2=Within; 3=Low; -5=Test not done
OGTT1DAT	Date/Time	8	Blood draw date: OGTT glucose 1 hour	
OGTT1	Integer	2	Lab Value: OGTT glucose 1 hour (mg/dl)	
OGTT1R	Integer	2	Value in relation to reference range: OGTT glucose 1 hour	1=High; 2=Within; 3=Low; -5=Test not done
OGTT2DAT	Date/Time	8	Blood draw date: OGTT glucose 2 hour	
OGTT2	Integer	2	Lab Value: OGTT glucose 2 hour (mg/dl)	
OGTT2R	Integer	2	Value in relation to reference mg/dl) OGTT glucose 2 hour	1=High; 2=Within; 3=Low; -5=Test not done
INSDAT	Date/Time	8	Blood draw date: Fasting Insulin	
INS	Double	8	Lab Value: Fasting Insulin ( $\mu$ U/ml)	
INSR	Integer	2	Value in relation to reference range: Fasting Insulin	1=High; 2=Within; 3=Low; -5=Test not done
HBA1CDAT	Date/Time	8	Blood draw date: HbA1C	
HBA1C	Double	8	Lab Value: HbA1C (%)	

HBA1CR	Integer	2	Value in relation to reference range: HbA1C	1=High; 2=Within; 3=Low; -5=Test not done
HBA1CHI	Double	8	Normal HbA1C high range (%)	
URICDAT	Date/Time	8	Blood draw date: Uric acid	
URIC	Double	8	Lab Value: Uric acid (mg/dl)	
URICR	Integer	2	Value in relation to reference range: Uric acid	1=High; 2=Within; 3=Low; -5=Test not done
IRONDAT	Date/Time	8	Blood draw date: Iron	
IRON	Integer	2	Lab Value: Iron (mcg/dl)	
IRONR	Integer	2	Value in relation to reference range: Iron	1=High; 2=Within; 3=Low; -5=Test not done
FERDAT	Date/Time	8	Blood draw date: Ferritin	
FER	Integer	2	Lab Value: Ferritin (ng/ml)	
FERR	Integer	2	Value in relation to reference range: Ferritin	1=High; 2=Within; 3=Low; -5=Test not done
WBCDAT	Date/Time	8	Blood draw date: WBC	
WBC	Double	8	Lab Value: WBC (k/u)	
WBCR	Integer	2	Value in relation to reference range: WBC	1=High; 2=Within; 3=Low; -5=Test not done
HMTCRDAT	Date/Time	8	Blood draw date: Hematocrit	
HMTCRT	Double	8	Lab Value: Hematocrit (%)	
HMTCRTR	Integer	2	Value in relation to reference range: Hematocrit	1=High; 2=Within; 3=Low; -5=Test not done
TBILIDAT	Date/Time	8	Blood draw date: Total Bilirubin	

TBILI	Double	8	Lab Value: Total Bilirubin (mg/dl)	
TBILIR	Integer	2	Value in relation to reference range: Total Bilirubin	1=High; 2=Within; 3=Low; -5=Test not done
LYMPDAT	Date/Time	8	Blood draw date: Lymphocytes	
LYMP	Double	8	Lab Value: Lymphocytes (%)	
LYMPR	Integer	2	Value in relation to reference range: Lymphocytes	1=High; 2=Within; 3=Low; -5=Test not done
VB1DAT	Date/Time	8	Blood draw date: VitB1	
VB1	Double	8	Lab Value: VitB1 (ug/dl)	
VB1R	Integer	2	Value in relation to reference range: VitB1	1=High; 2=Within; 3=Low; -5=Test not done
VB1TYPE	Integer	2	Vitamin B1 type	1=WB; 2=Serum
FOLDAT	Date/Time	8	Blood draw date: Folate	
FOL	Double	8	Lab Value: Folate (ng/ml)	
FOLR	Integer	2	Value in relation to reference range: Folate	1=High; 2=Within; 3=Low; -5=Test not done
FOLTYPE	Integer	2	Folate type	1=WB; 2=Serum
HMCYDAT	Date/Time	8	Blood draw date: Homocysteine	
HMCY	Double	8	Lab Value: Homocysteine (µM)	
HMCYR	Integer	2	Value in relation to reference range: Homocysteine	1=High; 2=Within; 3=Low; -5=Test not done
KDAT	Date/Time	8	Blood draw date: K	
K	Double	8	Lab Value: K (mEq/L)	
KR	Integer	2	Value in relation to reference	1=High;

			range: K	2=Within; 3=Low; -5=Test not done
CREATDAT	Date/Time	8	Blood draw date: Creatinine	
CREAT	Double	8	Lab Value: Creatinine (mg/dl)	
CREATR	Integer	2	Value in relation to reference range: Creatinine	1=High; 2=Within; 3=Low; -5=Test not done
FPGDAT	Date/Time	8	Blood draw date: Fasting Glucose	
FPG	Integer	2	Lab Value: Fasting Glucose (mg/dl)	
FPGR	Integer	2	Value in relation to reference range: Fasting Glucose	1=High; 2=Within; 3=Low; -5=Test not done
NEFADAT	Date/Time	8	Blood draw date: Non-esterified fatty acids	
NEFA	Double	8	Lab Value: Non-esterified fatty acids (mg/dl)	
NEFAR	Integer	2	Value in relation to reference range: Non-esterified fatty acids	1=High; 2=Within; 3=Low; -5=Test not done
PTHDAT	Date/Time	8	Blood draw date: PTH	
PTH	Integer	2	Lab Value: PTH (pg/ml)	
PTHR	Integer	2	Value in relation to reference range: PTH	1=High; 2=Within; 3=Low; -5=Test not done
CALDAT	Date/Time	8	Blood draw date: Calcium	
CAL	Double	8	Lab Value: Calcium (mg/dl)	
CALR	Integer	2	Value in relation to reference range: Calcium	1=High; 2=Within; 3=Low; -5=Test not done
VITDDAT	Date/Time	8	Blood draw date: Vitamin D	
VITD	Double	8	Lab Value:	

			Vitamin D (ng/ml)	
VITDR	Integer	2	Value in relation to reference range: Vitamin D	1=High; 2=Within; 3=Low; -5=Test not done
VB12DAT	Date/Time	8	Blood draw date: Vit B12	
VB12	Double	8	Lab Value: Vit B12 (pg/ml)	
VB12R	Integer	2	Value in relation to reference range: Vit B12	1=High; 2=Within; 3=Low; -5=Test not done
UALBDAT	Date/Time	8	Urine collection date: Albumin	
UALB	Double	8	Lab Value: Albumin	
UALBR	Integer	2	Value in relation to reference range: Albumin	1=High; 2=Within; 3=Low; -5=Test not done
UCREATDAT	Date/Time	8	Urine collection date: Creatinine	
UCREAT	Double	8	Lab Value: Creatinine	
UCREATR	Integer	2	Value in relation to reference range: Creatinine	1=High; 2=Within; 3=Low; -5=Test not done

## MAB – Medical Assessment Baseline

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
MABDAT	Date/Time	8	Date form completed	
SBACK	Integer	2	Have you ever had surgery on: your back, such as disc surgery, laminectomy, or fusion surgery	0=No; 1=Yes
SHIP	Integer	2	Have you ever had surgery on: your hip(s), such as joint replacement, reconstructive or arthroscopic surgery	0=No; 1=Yes
SKNEE	Integer	2	Have you ever had surgery on: your knee(s), such as joint replacement, reconstructive or arthroscopic surgery	0=No; 1=Yes
SANKLE	Integer	2	Have you ever had surgery on: your ankle(s), such as joint replacement, reconstructive or arthroscopic surgery	0=No; 1=Yes
BACKLEG	Integer	2	In the past 4 weeks, have you suffered from back or leg pain, such as pain that radiates or shoots down the back of the leg to the knee or foot?	0=No; 1=Yes
BPAIN	Integer	2	In the past 4 weeks, how bothersome have each of the following symptoms been: Back pain	1=Not at all bothersome; 2=Slightly bothersome; 3=Moderately bothersome; 4=Very bothersome; 5=Extremely bothersome
LPAIN	Integer	2	In the past 4 weeks, how bothersome have each of the following symptoms been: Leg pain	1=Not at all bothersome; 2=Slightly bothersome; 3=Moderately bothersome; 4=Very bothersome; 5=Extremely bothersome
WPAIN	Integer	2	In the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and house work?	1=Not at all; 2=A little bit; 3=Moderately; 4=Quite a bit; 5=Extremely

NOWON	Integer	2	If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it?	1=Very Dissatisfied; 2=Dissatisfied; 3=Somewhat dissatisfied 4=Neither satisfied nor dissatisfied; 5=Somewhat satisfied 6=Satisfied; 7=Very satisfied
CUTDOWN	Integer	2	In the past 4 weeks, about how many days did you cut down on the things you usually do for more than half the day because of back pain or leg pain?	
STOPDO	Integer	2	In the past 4 weeks, how many days did low back pain or leg pain keep you from going to school or work?	
DRESS	Integer	2	Usual abilities over past week (Dressing and Grooming) – Able to: Dress yourself, including tying shoelaces and doing buttons?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
SHAMPOO	Integer	2	Usual abilities over past week (Dressing and Grooming) – Able to: Shampoo your hair?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
STANDUP	Integer	2	Usual abilities over past week (Arising) – Able to: Stand up from a straight chair?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty;

				3=Unable to do
INOUTBED	Integer	2	Usual abilities over past week (Arising) – Able to: Get in and out of bed?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
CUTMEAT	Integer	2	Usual abilities over past week (Eating) – Able to: Cut your meat?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
LIFTCUP	Integer	2	Usual abilities over past week (Eating) – Able to: Lift a full cup or glass to your mouth?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
OPENMILK	Integer	2	Usual abilities over past week (Eating) – Able to: Open a new milk carton?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
WALKFLAT	Integer	2	Usual abilities over past week (Walking) – Able to: Walk outdoors on a flat ground?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b></p>

				0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
CLIMBSTP	Integer	2	Usual abilities over past week (Walking) – Able to: Climb up five steps?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
AIDCANE	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Cane	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDWALKER	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Walker	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDCRUT	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Crutches	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDWCHAIR	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Wheelchair	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b>

				0=Not selected; 1=Selected (default = 0)
AIDRESS	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Devices used for dressing	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDUTEN	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Built up or special utensils	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDCHAIR	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Special or built up chair	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDOTH1	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Other	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDOTH1S	Text	100	AIDS OR DEVICES that you usually use for any of these activities: Specify other	<b>Form versions prior to 3.0:</b> (default = -10)
HELPDRESS	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Dressing and grooming	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and</b>

				<b>higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPRICE	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Arising	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPEAT	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Eating	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPWALK	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Walking	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
WASHDRY	Integer	2	Usual abilities over past week (Hygiene) – Able to: Wash and dry your body?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
TUBBATH	Integer	2	Usual abilities over past week (Hygiene) – Able to: Take a tub bath?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b>

				0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
TOILET	Integer	2	Usual abilities over past week (Hygiene) – Able to: Get on and off the toilet?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
REACH5LB	Integer	2	Usual abilities over past week (Reach) – Able to: Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
BENDDOWN	Integer	2	Usual abilities over past week (Reach) – Able to: Bend down to pick up clothing from the floor?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
OPENDOOR	Integer	2	Usual abilities over past week (Grip) – Able to: Open car doors?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
OPENJAR	Integer	2	Usual abilities over past week (Grip) – Able to: Open jars which have	<b>Form versions prior to 3.0:</b> (default = -10)

			been previously opened?	<p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>
FAUCETS	Integer	2	Usual abilities over past week (Grip) – Able to: Turn faucets on and off?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>
ERRAND	Integer	2	Usual abilities over past week (Activities) – Able to: Run errands and shop?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>
INOUTCAR	Integer	2	Usual abilities over past week (Activities) – Able to: Get in and out of a car?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>
VACUUM	Integer	2	Usual abilities over past week (Activities) – Able to: Do chores such as vacuuming or yardwork?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>

AIDTOILET	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Raised toilet seat	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
AIDTUB	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Bathtub seat	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
AIDJAR	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Jar opener	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
AIDBAR	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Bathtub bar	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
AIDREACH	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Long-handled appliances in bathroom	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
AIDBATHR	Integer	2	AIDS OR DEVICES that you usually use for any of these	<p><b>Form versions prior to 3.0:</b></p>

			activities: Long-handled appliances in bathroom	(default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDOTH2	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Other	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDOTH2S	Text	100	AIDS OR DEVICES that you usually use for any of these activities: Specify other	<b>Form versions prior to 3.0:</b> (default = -10)
HELPHYG	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Hygiene	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPREACH	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Reach	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPGRIP	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Gripping and opening things	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPERR	Integer	2	Categories for which you	<b>Form versions prior to</b>

			usually need HELP FROM ANOTHER PERSON: Errands and chores	<b>3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
PAINWGT	Integer	2	How much pain have you had because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
BPAINWGT	Integer	2	How much pain have you had in your LOWER BACK because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
HPAINWGT	Integer	2	How much pain have you had in your HIP(S) because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
KPAINWGT	Integer	2	How much pain have you had in your KNEE(S) because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
APAINWGT	Integer	2	How much pain have you had in your ANKLE(S) and/or FEET because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
CANWALK	Integer	2	Can you walk, assisted or unassisted?	0=No, I can NOT walk at all; 1=Yes, I CAN walk
PTFS	Integer	2	Mark the description below	1=I can walk 200ft

			that best characterizes your walking ability.	(length of a grocery store aisle) unassisted; 2=I can walk 200ft with an assistive device (such as a can or walker); 3=I cannot walk 200ft with an assistive device
WCHAIR	Integer	2	Do you currently use any of the following to aid with walking? Wheelchair	0=No; 1=Yes
WCHAIRO	Integer	2	How often do you use a wheelchair?	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (almost every day); 4=Always (I can't walk without it)
WALKER	Integer	2	Do you currently use any of the following to aid with walking? Walker	0=No; 1=Yes
WALKERO	Integer	2	How often do you use a walker?	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (almost every day); 4=Always (I can't walk without it)
CANE	Integer	2	Do you currently use any of the following to aid with walking? Cane	0=No; 1=Yes
CANEO	Integer	2	How often do you use a cane?	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (almost every day); 4=Always (I can't walk without it)
SURGACID	Integer	2	Have you ever had surgery for acid reflux, heartburn, or a hiatal hernia?	0=No; 1=Yes
SURGGALL	Integer	2	Have you ever had surgery to	0=No;

			remove your gallbladder?	1=Yes
ABDP	Integer	2	In the past 3 months, have you had upper abdominal pain shortly after eating food?	0=No; 1=Yes
CLOTPE	Integer	2	Have you ever been told by a doctor or other health care professional that you had a blood clot of the lung(s) also known as pulmonary embolism (PE) requiring blood thinners?	0=No; 1=Yes
CLOTDVT	Integer	2	Have you ever been told by a doctor or other health care professional that you had a blood clot of the leg(s) also known as deep phlebitis, deep vein thrombosis, or DVT requiring blood thinners?	0=No; 1=Yes
MI	Integer	2	Have you ever been told by a doctor or other health care professional that you had a myocardial infarction or heart attack?	0=No; 1=Yes
MIYEAR	Integer	2	Was it within the past year?	0=No; 1=Yes
SUPOXY	Integer	2	Are you currently using supplemental oxygen such as an oxygen tank to help you breathe?	0=No; 1=Yes
SUPOXYO	Integer	2	How often do you use supplemental oxygen such as an oxygen tank to help you breathe?	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (almost every day); 4=Always (I can't breathe without it)
ASTHMA	Integer	2	Have you ever been told by a doctor or other health care professional that you have asthma?	0=No; 1=Yes
ASTHWORK	Integer	2	In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school, or at home?	1=All of the time; 2=Most of the time; 3=Some of the time; 4=A little of the time; 5=None of the time
SOB4WK	Integer	2	During the past 4 weeks, how	1=More than once a day;

			often have you had shortness of breath?	2=Once a day; 3=3 to 6 times a week; 4=Once or twice a week; 5=Not at all
ASTHWAKE	Integer	2	During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness, or pain) wake you up at night or earlier than usual in the morning?	1=4 or more nights a week; 2=2 or 3 nights a week; 3=Once a week; 4=Once or twice; 5=Not at all
INHALER	Integer	2	During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	1=3 or more times a day; 2=1 or 2 times per day; 3=2 or 3 times per week; 4=Once a week or less; 5=Not at all
ASTHCONT	Integer	2	How would you rate your asthma control during the past 4 weeks?	1=Not controlled at all; 2=Poorly controlled; 3=Somewhat controlled; 4=Well controlled; 5=Completely controlled
INTUBATE	Integer	2	Have you ever been intubated (had a breathing tube placed) or undergone mechanical ventilation (been placed on a respirator) because of your asthma?	0=No; 1=Yes
STONE	Integer	2	Have you ever had a kidney stone?	0=No; 1=Yes
LOWBS	Integer	2	Have you experienced low blood sugar in the past 3 months?	-3=Don't know; 0=No; 1=Yes
BSHOSP	Integer	2	How many times was your low blood sugar so severe that you had to be admitted to the hospital (for at least 24 hours) for low blood sugar?	<b>Form versions 4.0 and higher:</b> (default = -10)
BSER	Integer	2	How many times was your low blood sugar so severe that you had to visit the emergency room, but not be admitted to the hospital?	<b>Form versions 4.0 and higher:</b> (default = -10)
BSHELP	Integer	2	How many times was your low blood sugar so severe that you needed someone to help you (but not ER visit or hospitalization)?	<b>Form versions 4.0 and higher:</b> (default = -10)

BSLOW7	Integer	2	How many times during the last 7 days did you think that you had low blood sugar?	
BSWHEN	Integer	2	In general, do your low blood sugars typically happen (mark one):	<p><b>Form versions prior to 4.0:</b> (default = -10)</p> <p><b>Form versions 4.0 and higher:</b> 1=4 hours or less after a meal or snack; 2=More than 4 hours after a meal or snack; 3=There is no typical relationship to meals or snacks</p>
BSHUNG	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar?	<p><b>Form versions prior to 4.0:</b> (default = -10)</p> <p><b>Form versions 4.0 and higher:</b> 0=No; 1=Yes</p>
BSANX	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Anxiety	<p><b>Form versions prior to 4.0:</b> (default = -10)</p> <p><b>Form versions 4.0 and higher:</b> 0=No; 1=Yes</p>
BSSWEAT	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Sweating	<p><b>Form versions prior to 4.0:</b> (default = -10)</p> <p><b>Form versions 4.0 and higher:</b> 0=No; 1=Yes</p>
BSHEART	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Heart pounding	<p><b>Form versions prior to 4.0:</b> (default = -10)</p> <p><b>Form versions 4.0 and higher:</b> 0=No;</p>

				1=Yes
BSSHAKE	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Shakiness	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSDIZZY	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Dizziness	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSCONC	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Trouble concentrating	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSWORDS	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Trouble remembering words	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSBLKOUT	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Blackouts	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSSEVERE	Integer	2	In the past 3 months, how many times was your low blood sugar so severe that you needed someone to help you (including a visit to the ER or hospitalization)?	<b>Form versions prior to 4.0:</b> (default = -10)

BSCHECK	Integer	2	Was your blood sugar checked during the most severe episode of low blood sugar during the past 3 months?	0=No; 1=Yes
GLUCOSE	Integer	2	What was the glucose value? (mg/dL)	
DM	Integer	2	Do you currently have diabetes and/or are you currently being treated for diabetes?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form versions 4.0 and higher:</b> (default = -10)
DMORAL	Integer	2	Are you currently taking oral medication for diabetes?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form versions 4.0 and higher:</b> (default = -10)
DMINSU	Integer	2	Are you currently taking insulin for diabetes?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form versions 4.0 and higher:</b> (default = -10)
INSYEAR	Integer	2	How many years have you been taking insulin?	<b>Form versions 4.0 and higher:</b> (default = -10)
INSDOSE	Integer	2	How many daily doses of insulin do you take?	<b>Form versions 4.0 and higher:</b> (default = -10)
DIABETES	Integer	2	Do you currently have diabetes?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes

DBYRS	Integer	2	How long have you had diabetes? (years part)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMOS	Integer	2	How long have you had diabetes? (months part)	<b>Form versions prior to 4.0:</b> (default = -10)
DBTOTAL	Double	8	How long have you had diabetes? (calculated variable: adds positive entries recorded in DBYRS and DBMOS and reports sum in years)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMORAL	Integer	2	Are you currently taking medications for diabetes? Oral diabetes medication	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBMOYRS	Integer	2	How many years have you been taking oral diabetes medication? (years part)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMOMOS	Integer	2	How many years have you been taking oral diabetes medication? (months part)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMOTOTAL	Double	8	How many years have you been taking oral diabetes medication? (calculated variable: adds positive entries recorded in DBMOYRS and DBMOMOS and reports sum in years)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMINS	Integer	2	Are you currently taking medications for diabetes? Insulin	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBMIUNIT	Integer	2	How many total units of insulin do you currently inject each day?	<b>Form versions prior to 4.0:</b> (default = -10)
DBMIYRS	Integer	2	How many total years have you been taking injections (insulin and/or non-insulin) for	<b>Form versions prior to 4.0:</b> (default = -10)

			diabetes? (years part)	
DBMIMOS	Integer	2	How many total years have you been taking injections (insulin and/or non-insulin) for diabetes? (months part)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMITOTAL	Double	8	How many total years have you been taking injections (insulin and/or non-insulin) for diabetes? (calculated variable: adds positive entries recorded in DBMIYRS and DBMIMOS and reports sum in years)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMNON	Integer	2	Are you currently taking medications for diabetes? Non-insulin injectable	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBMNUNIT	Integer	2	How many total units of non-insulin do you currently inject each day?	<b>Form versions prior to 4.0:</b> (default = -10)
DBMNYRS	Integer	2	How many total years have you been taking injections (insulin and/or non-insulin) for diabetes? (years part)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMNMOS	Integer	2	How many total years have you been taking injections (insulin and/or non-insulin) for diabetes? (months part)	<b>Form versions prior to 4.0:</b> (default = -10)
DBMNTOTAL	Double	8	How many total years have you been taking injections (insulin and/or non-insulin) for diabetes? (calculated variable: adds positive entries recorded in DBMIYRS and DBMIMOS and reports sum in years)	<b>Form versions prior to 4.0:</b> (default = -10)
DBCMP	Integer	2	Have you ever required hospitalization for treatment of a diabetes complication?	<b>Form versions prior to 4.0:</b> (default = -10)
HIGHBS	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Very high blood sugar or coma	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b>

				0=No; 1=Yes
HIGHBS12	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? If yes, did it occur within the past 12 months? Very high blood sugar or coma	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
KETOA	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Ketoacidosis	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
KETOA12	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? If yes, did it occur within the past 12 months? Ketoacidosis	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
SKININF	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Severe skin infection (cellulitis)	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
SKININF12	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? If yes, did it occur within the past 12 months? Severe skin infection (cellulitis)	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BFLOW	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Low blood flow to the toes, foot, or leg (claudication)	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and</b>

				<b>higher:</b> 0=No; 1=Yes
BFLOW12	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? If yes, did it occur within the past 12 months? Low blood flow to the toes, foot, or leg (claudication)	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBAMP	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Amputation of the toes, foot, or leg	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBAMP12	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? If yes, did it occur within the past 12 months? Amputation of the toes, foot, or leg	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
NAUVOM	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Nausea and vomiting due to gastroparesis	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
NAUVOM12	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? If yes, did it occur within the past 12 months? Nausea and vomiting due to gastroparesis	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
KIDNEY	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Kidney failure or other kidney	<b>Form versions prior to 4.0:</b> (default = -10)

			complication	<b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
KIDNEY12	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? If yes, did it occur within the past 12 months? Kidney failure or other kidney complication	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBOTH	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Other	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBOTHS	Text	100	During your hospitalization, were you treated for any of the following due to diabetes? Specify other	<b>Form versions prior to 4.0:</b> (default = -10)
DBOTH12	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? If yes, did it occur within the past 12 months? Other	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
NUTDEFIC	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFMULTI	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Multi-vitamin	<b>Form versions prior to 6.0:</b> (default = -10)  <b>Form versions 6.0 and higher:</b> 0=No;

				1=Yes
DEFVITA	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Vitamin A	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFVITB12	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Vitamin B12	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFVITD	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Vitamin D	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFTHIA	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Thiamin	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFPOTAS	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Potassium	<b>Form versions prior to 6.0:</b> (default = -10)  <b>Form versions 6.0 and higher:</b> 0=No; 1=Yes
DEFMAGN	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Magnesium	<b>Form versions prior to 6.0:</b> (default = -10)  <b>Form versions 6.0 and higher:</b>

				0=No; 1=Yes
DEFFOL	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Folate	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFIRON	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Iron	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFCALC	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Calcium	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFOTH1	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Other 1	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFOTH1S	Text	100	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Specify other 1	<b>Form versions prior to 4.0:</b> (default = -10)
DEFOTH2	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Other 2	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes

DEFOTH2S	Text	100	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Specify other 2	<b>Form versions prior to 4.0:</b> (default = -10)
DEFOTH3	Integer	2	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Other 3	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFOTH3S	Text	100	In the last 12 months, have you been treated for a nutritional deficiency? – Which nutrients? Specify other 3	<b>Form versions prior to 4.0:</b> (default = -10)
FRACTURE	Integer	2	In the last 12 months, have you experienced a fracture or broken bone?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
FRACINJ	Integer	2	Was there a definite injury involved?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
CHNGMEM	Integer	2	In the last 12 months, have you noticed a definite change in your memory?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
CHNGHOW	Integer	2	Has your memory gotten worse or better?	<b>Form versions prior to 5.0:</b> (default = -10)  <b>Form version 5.0 and</b>

				<b>higher:</b> 0=Worse; 1=Better
HAIRLOSS	Integer	2	In the last 12 months, have you experienced unusual hair loss to the point of being noticed by others or requiring a wig?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
ABNSKIN	Integer	2	In the last 12 months, have you experienced any changes or abnormality of your skin?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
LEGNUMB	Integer	2	Are your legs and/or feet numb?	0=No; 1=Yes
LEGPAIN	Integer	2	Do you ever have any burning pain in your legs and/or feet?	0=No; 1=Yes
FEETSENS	Integer	2	Are your feet too sensitive to touch?	0=No; 1=Yes
LEGCRAMP	Integer	2	Do you get muscle cramps in your legs and/or feet?	0=No; 1=Yes
LEGPRICK	Integer	2	Do you ever have any prickling feelings in your legs or feet?	0=No; 1=Yes
BEDCOVER	Integer	2	Does it hurt when the bed covers touch your skin?	0=No; 1=Yes
HOTCOLD	Integer	2	When you get into the tub or shower, are you able to tell hot water from the cold water?	0=No; 1=Yes
OPENSORE	Integer	2	Have you ever had an open sore on your foot?	0=No; 1=Yes
DNEURO	Integer	2	Has your doctor ever told you that you have diabetic neuropathy?	0=No; 1=Yes
WEAKALL	Integer	2	Do you feel weak all over most of the time?	0=No; 1=Yes
SXNIGHT	Integer	2	Are your symptoms worse at night?	0=No; 1=Yes
LEGWALK	Integer	2	Do your legs hurt when you walk?	0=No; 1=Yes
FEETWALK	Integer	2	Are you able to sense your	0=No;

			feet when you walk?	1=Yes
FEETDRY	Integer	2	Is the skin on your feet so dry that it cracks open?	0=No; 1=Yes
AMPUT	Integer	2	Have you ever had an amputation?	0=No; 1=Yes

## MAF – Medical Assessment Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
MAFDAT	Date/Time	8	Date form completed	
SBACK	Integer	2	Since your last study visit, have you had surgery on: your back, such as disc surgery, laminectomy, or fusion surgery	0=No; 1=Yes
SHIP	Integer	2	Since your last study visit, have you had surgery on: your hip(s), such as joint replacement, reconstructive or arthroscopic surgery	0=No; 1=Yes
SKNEE	Integer	2	Since your last study visit, have you had surgery on: your knee(s), such as joint replacement, reconstructive or arthroscopic surgery	0=No; 1=Yes
SANKLE	Integer	2	Since your last study visit, have you had surgery on: your ankle(s), such as joint replacement, reconstructive or arthroscopic surgery	0=No; 1=Yes
BACKLEG	Integer	2	In the past 4 weeks, have you suffered from back or leg pain, such as pain that radiates or shoots down the back of the leg to the knee or foot?	0=No; 1=Yes
BPAIN	Integer	2	In the past 4 weeks, how bothersome have each of the following symptoms been: Back pain	1=Not at all bothersome; 2=Slightly bothersome; 3=Moderately bothersome; 4=Very bothersome; 5=Extremely bothersome
LPAIN	Integer	2	In the past 4 weeks, how bothersome have each of the following symptoms been: Leg pain	1=Not at all bothersome; 2=Slightly bothersome; 3=Moderately bothersome; 4=Very bothersome; 5=Extremely bothersome
WPAIN	Integer	2	In the past 4 weeks, how much	1=Not at all;

			did pain interfere with your normal work, including both work outside the home and house work?	2=A little bit; 3=Moderately; 4=Quite a bit; 5=Extremely
NOWON	Integer	2	If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it?	1=Very Dissatisfied; 2=Dissatisfied; 3=Somewhat dissatisfied; 4=Neither satisfied nor dissatisfied; 5=Somewhat satisfied; 6=Satisfied; 7=Very satisfied
CUTDOWN	Integer	2	In the past 4 weeks, about how many days did you cut down on the things you usually do for more than half the day because of back pain or leg pain?	
STOPDO	Integer	2	In the past 4 weeks, how many days did low back pain or leg pain keep you from going to school or work?	
DRESS	Integer	2	Usual abilities over past week (Dressing and Grooming) – Able to: Dress yourself, including tying shoelaces and doing buttons?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
SHAMPOO	Integer	2	Usual abilities over past week (Dressing and Grooming) – Able to: Shampoo your hair?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
STANDUP	Integer	2	Usual abilities over past week (Arising) – Able to: Stand up from a straight chair?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and</b>

				<p><b>higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
INOUTBED	Integer	2	Usual abilities over past week (Arising) – Able to: Get in and out of bed?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
CUTMEAT	Integer	2	Usual abilities over past week (Eating) – Able to: Cut your meat?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
LIFTCUP	Integer	2	Usual abilities over past week (Eating) – Able to: Lift a full cup or glass to your mouth?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
OPENMILK	Integer	2	Usual abilities over past week (Eating) – Able to: Open a new milk carton?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do</p>
WALKFLAT	Integer	2	Usual abilities over past week (Walking) –	<p><b>Form versions prior to 3.0:</b></p>

			Able to: Walk outdoors on a flat ground?	(default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
CLIMBSTP	Integer	2	Usual abilities over past week (Walking) – Able to: Climb up five steps?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
AIDCANE	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Cane	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDWALKER	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Walker	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDCRUT	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Crutches	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDWCHAIR	Integer	2	AIDS OR DEVICES that you usually use for any of these	<b>Form versions prior to 3.0:</b>

			activities: Wheelchair	(default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDRESS	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Devices used for dressing	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDUTEN	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Built up or special utensils	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDCHAIR	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Special or built up chair	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDOTH1	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Other	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDOTH1S	Text	100	AIDS OR DEVICES that you usually use for any of these activities: Specify other	<b>Form versions prior to 3.0:</b> (default = -10)
HELPDRESS	Integer	2	Categories for which you	<b>Form versions prior to</b>

			usually need HELP FROM ANOTHER PERSON: Dressing and grooming	<b>3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPRICE	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Arising	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPEAT	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Eating	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
HELPWALK	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Walking	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
WASHDRY	Integer	2	Usual abilities over past week (Hygiene) – Able to: Wash and dry your body?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
TUBBATH	Integer	2	Usual abilities over past week (Hygiene) – Able to: Take a tub bath?	<b>Form versions prior to 3.0:</b> (default = -10)

				<p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>
TOILET	Integer	2	Usual abilities over past week (Hygiene) – Able to: Get on and off the toilet?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>
REACH5LB	Integer	2	Usual abilities over past week (Reach) – Able to: Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>
BENDDOWN	Integer	2	Usual abilities over past week (Reach) – Able to: Bend down to pick up clothing from the floor?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>
OPENDOOR	Integer	2	Usual abilities over past week (Grip) – Able to: Open car doors?	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form versions 3.0 and higher:</b>  0=Without any difficulty;  1=With some difficulty;  2=With much difficulty;  3=Unable to do</p>

OPENJAR	Integer	2	Usual abilities over past week (Grip) – Able to: Open jars which have been previously opened?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
FAUCETS	Integer	2	Usual abilities over past week (Grip) – Able to: Turn faucets on and off?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
ERRAND	Integer	2	Usual abilities over past week (Activities) – Able to: Run errands and shop?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
INOUTCAR	Integer	2	Usual abilities over past week (Activities) – Able to: Get in and out of a car?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty; 2=With much difficulty; 3=Unable to do
VACUUM	Integer	2	Usual abilities over past week (Activities) – Able to: Do chores such as vacuuming or yardwork?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Without any difficulty; 1=With some difficulty;

				2=With much difficulty; 3=Unable to do
AIDTOILET	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Raised toilet seat	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDTUB	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Bathtub seat	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDJAR	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Jar opener	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDBAR	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Bathtub bar	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
AIDREACH	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Long-handled appliances in bathroom	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)

AIDBATHR	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Long-handled appliances in bathroom	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
AIDOTH2	Integer	2	AIDS OR DEVICES that you usually use for any of these activities: Other	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
AIDOTH2S	Text	100	AIDS OR DEVICES that you usually use for any of these activities: Specify other	<p><b>Form versions prior to 3.0:</b> (default = -10)</p>
HELPHYG	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Hygiene	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
HELPREACH	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Reach	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)</p>
HELPGRIP	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Gripping and opening things	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected</p>

				(default = 0)
HELPERR	Integer	2	Categories for which you usually need HELP FROM ANOTHER PERSON: Errands and chores	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> 0=Not selected; 1=Selected (default = 0)
PAINWGT	Integer	2	How much pain have you had because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
BPAINWGT	Integer	2	How much pain have you had in your LOWER BACK because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
HPAINWGT	Integer	2	How much pain have you had in your HIP(S) because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
KPAINWGT	Integer	2	How much pain have you had in your KNEE(S) because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
APAINWGT	Integer	2	How much pain have you had in your ANKLE(S) and/or FEET because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form versions 3.0 and higher:</b> [0, 10]
CANWALK	Integer	2	Can you walk, assisted or unassisted?	0=No, I can NOT walk at all;

				1=Yes, I CAN walk
PTFS	Integer	2	Mark the description below that best characterizes your walking ability.	1=I can walk 200ft (length of a grocery store aisle) unassisted; 2=I can walk 200ft with an assistive device (such as a can or walker); 3=I cannot walk 200ft with an assistive device.
WCHAIR	Integer	2	Do you currently use any of the following to aid with walking? Wheelchair	0=No; 1=Yes
WCHAIRO	Integer	2	How often do you use a wheelchair?	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (almost every day); 4=Always (I can't walk without it)
WALKER	Integer	2	Do you currently use any of the following to aid with walking? Walker	0=No; 1=Yes
WALKERO	Integer	2	How often do you use a walker?	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (almost every day); 4=Always (I can't walk without it)
CANE	Integer	2	Do you currently use any of the following to aid with walking? Cane	0=No; 1=Yes
CANEO	Integer	2	How often do you use a cane?	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (almost every day); 4=Always (I can't walk without it)
SURGACID	Integer	2	Since your last study visit, have you had surgery for acid	0=No; 1=Yes

			reflux, heartburn, or a hiatal hernia?	
SURGGALL	Integer	2	Since your last study visit, have you had surgery to remove your gallbladder?	0=No; 1=Yes
ABDP	Integer	2	In the past 3 months, have you had upper abdominal pain shortly after eating food?	0=No; 1=Yes
CLOTPE	Integer	2	Since your last study visit, have you been told by a doctor or other health care professional that you had a blood clot of the leg(s) also known as deep phlebitis, deep vein thrombosis, or DVT requiring blood thinners?	0=No; 1=Yes
CLOTDVT	Integer	2	Have you ever been told by a doctor or other health care professional that you had a blood clot of the leg(s) also known as deep phlebitis, deep vein thrombosis, or DVT requiring blood thinners?	0=No; 1=Yes
MI	Integer	2	Since your last study visit, have you been told by a doctor or other health care professional that you had a myocardial infarction or heart attack?	0=No; 1=Yes
SUPOXY	Integer	2	Are you currently using supplemental oxygen such as an oxygen tank to help you breathe?	0=No; 1=Yes
SUPOXYO	Integer	2	How often do you use supplemental oxygen such as an oxygen tank to help you breathe?	1=Rarely (less than once per week); 2=Sometimes (about 3 times per week); 3=Often (almost every day); 4=Always (I can't breathe without it)
ASTHMA	Integer	2	Since your last study visit, have you been told by a doctor or other health care professional that you have asthma?	0=No; 1=Yes
ASTHWORK	Integer	2	In the past 4 weeks, how much	1=All of the time;

			of the time did your asthma keep you from getting as much done at work, school, or at home?	2=Most of the time; 3=Some of the time; 4=A little of the time; 5=None of the time
SOB4WK	Integer	2	During the past 4 weeks, how often have you had shortness of breath?	1=More than once a day; 2=Once a day; 3=3 to 6 times a week; 4=Once or twice a week; 5=Not at all
ASTHWAKE	Integer	2	During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness, or pain) wake you up at night or earlier than usual in the morning?	1=4 or more nights a week; 2=2 or 3 nights a week; 3=Once a week; 4=Once or twice; 5=Not at all
INHALER	Integer	2	During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	1=3 or more times a day; 2=1 or 2 times per day; 3=2 or 3 times per week; 4=Once a week or less; 5=Not at all
ASTHCONT	Integer	2	How would you rate your asthma control during the past 4 weeks?	1=Not controlled at all; 2=Poorly controlled; 3=Somewhat controlled; 4=Well controlled; 5=Completely controlled
INTUBATE	Integer	2	Have you ever been intubated (had a breathing tube placed) or undergone mechanical ventilation (been placed on a respirator) because of your asthma?	0=No; 1=Yes
STONE	Integer	2	Since your last study visit, have you had a kidney stone?	0=No; 1=Yes
LOWBS	Integer	2	Have you experienced low blood sugar in the past 3 months?	-3=Don't know; 0=No; 1=Yes
BSHOSP	Integer	2	How many times was your low blood sugar so severe that you had to be admitted to the hospital (for at least 24 hours) for low blood sugar?	<b>Form versions 4.0 and higher:</b> (default = -10)
BSER	Integer	2	How many times was your low blood sugar so severe that you had to visit the emergency room, but not be admitted to the hospital?	<b>Form versions 4.0 and higher:</b> (default = -10)

BSHELP	Integer	2	How many times was your low blood sugar so severe that you needed someone to help you (but not ER visit or hospitalization)?	<b>Form versions 4.0 and higher:</b> (default = -10)
BSLOW7	Integer	2	How many times during the last 7 days did you think that you had low blood sugar?	
BSWHEN	Integer	2	In general, do your low blood sugars typically happen (mark one):	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 1=4 hours or less after a meal or snack; 2=More than 4 hours after a meal or snack; 3=There is no typical relationship to meals or snacks
BSHUNG	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSANX	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Anxiety	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSSWEAT	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Sweating	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSHEART	Integer	2	Have you generally had any of the following symptoms	<b>Form versions prior to 4.0:</b>

			during your episode of low blood sugar? Heart pounding	(default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSSHAKE	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Shakiness	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSDIZZY	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Dizziness	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSCONC	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Trouble concentrating	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSWORDS	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Trouble remembering words	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSBLKOUT	Integer	2	Have you generally had any of the following symptoms during your episode of low blood sugar? Blackouts	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BSSEVERE	Integer	2	Was your blood sugar checked	0=No;

			during the most severe episode of low blood sugar?	1=Yes
BSCHECK	Integer	2	In the past 3 months, how many times was your low blood sugar so severe that you needed someone to help you (including a visit to the ER or hospitalization)?	<b>Form versions prior to 4.0:</b> (default = -10)
GLUCOSE	Integer	2	What was the glucose value? (mg/dL)	
DM	Integer	2	Do you currently have diabetes and/or are you currently being treated for diabetes?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form versions 4.0 and higher:</b> (default = -10)
DMORAL	Integer	2	Are you currently taking oral medication for diabetes?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form versions 4.0 and higher:</b> (default = -10)
DMINSU	Integer	2	Are you currently taking insulin for diabetes?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form versions 4.0 and higher:</b> (default = -10)
INSYEAR	Integer	2	How many years have you been taking insulin?	<b>Form versions 4.0 and higher:</b> (default = -10)
INSDOSE	Integer	2	How many daily doses of insulin do you take?	<b>Form versions 4.0 and higher:</b> (default = -10)
DIABETES	Integer	2	Do you currently have diabetes?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No;

				1=Yes
DBMORAL	Integer	2	Are you currently taking medications for diabetes? Oral diabetes medication	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBMINS	Integer	2	Are you currently taking medications for diabetes? Insulin	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBMIUNIT	Integer	2	How many total units of insulin do you currently inject each day?	<b>Form versions prior to 4.0:</b> (default = -10)
DBMNON	Integer	2	Are you currently taking medications for diabetes? Non-insulin injectable	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBMNUNIT	Integer	2	How many total units of non-insulin do you currently inject each day?	<b>Form versions prior to 4.0:</b> (default = -10)
DBCMP	Integer	2	Since your last study visit, have you required hospitalization for treatment of a diabetes complication?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
HIGHBS	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Very high blood sugar or coma	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes

KETOA	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Ketoacidosis	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
SKININF	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Severe skin infection (cellulitis)	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
BFLOW	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Low blood flow to the toes, foot, or leg (claudication)	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBAMP	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Amputation of the toes, foot, or leg	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
NAUVOM	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Nausea and vomiting due to gastroparesis	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
KIDNEY	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Kidney failure or other kidney complication	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No;

				1=Yes
DBOTH	Integer	2	During your hospitalization, were you treated for any of the following due to diabetes? Other	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DBOTH5	Text	100	During your hospitalization, were you treated for any of the following due to diabetes? Specify other	<b>Form versions prior to 4.0:</b> (default = -10)
NUTDEFIC	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFMULTI	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Multi-vitamin	<b>Form versions prior to 6.0:</b> (default = -10)  <b>Form versions 6.0 and higher:</b> 0=No; 1=Yes
DEFVITA	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Vitamin A	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFVITB12	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Vitamin B12	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFVITD	Integer	2	Since your last study visit, have you been treated for a	<b>Form versions prior to 4.0:</b>

			nutritional deficiency? – Which nutrients? Vitamin D	(default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFTHIA	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Thiamin	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFPOTAS	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Potassium	<b>Form versions prior to 6.0:</b> (default = -10)  <b>Form versions 6.0 and higher:</b> 0=No; 1=Yes
DEFMAGN	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Magnesium	<b>Form versions prior to 6.0:</b> (default = -10)  <b>Form versions 6.0 and higher:</b> 0=No; 1=Yes
DEFFOL	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Folate	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFIRON	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Iron	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFCALC	Integer	2	Since your last study visit,	<b>Form versions prior to</b>

			have you been treated for a nutritional deficiency? – Which nutrients? Calcium	<b>4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFOTH1	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Other 1	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFOTH1S	Text	100	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Specify other 1	<b>Form versions prior to 4.0:</b> (default = -10)
DEFOTH2	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Other 2	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFOTH2S	Text	100	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Specify other 2	<b>Form versions prior to 4.0:</b> (default = -10)
DEFOTH3	Integer	2	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Other 3	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
DEFOTH3S	Text	100	Since your last study visit, have you been treated for a nutritional deficiency? – Which nutrients? Specify other 3	<b>Form versions prior to 4.0:</b> (default = -10)
FRACTURE	Integer	2	Since your last study visit,	<b>Form versions prior to</b>

			have you experienced a fracture or broken bone?	<b>4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
FRACINJ	Integer	2	Was there a definite injury involved?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
CHNGMEM	Integer	2	Since your last study visit, have you noticed a definite change in your memory?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
CHNGHOW	Integer	2	Has your memory gotten worse or better?	<b>Form versions prior to 5.0:</b> (default = -10)  <b>Form version 5.0 and higher:</b> 0=Worse; 1=Better
HAIRLOSS	Integer	2	Since your last study visit, have you experienced unusual hair loss to the point of being noticed by others or requiring a wig?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes
ABNSKIN	Integer	2	Since your last study visit, have you experienced any changes or abnormality of your skin?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form versions 4.0 and higher:</b> 0=No; 1=Yes

LEGNUMB	Integer	2	Are your legs and/or feet numb?	0=No; 1=Yes
LEGPAIN	Integer	2	Do you ever have any burning pain in your legs and/or feet?	0=No; 1=Yes
FEETSENS	Integer	2	Are your feet too sensitive to touch?	0=No; 1=Yes
LEGCAMP	Integer	2	Do you get muscle cramps in your legs and/or feet?	0=No; 1=Yes
LEGPRICK	Integer	2	Do you ever have any prickling feelings in your legs or feet?	0=No; 1=Yes
BEDCOVER	Integer	2	Does it hurt when the bed covers touch your skin?	0=No; 1=Yes
HOTCOLD	Integer	2	When you get into the tub or shower, are you able to tell hot water from the cold water?	0=No; 1=Yes
OPENSORE	Integer	2	Have you ever had an open sore on your foot?	0=No; 1=Yes
DNEURO	Integer	2	Has your doctor ever told you that you have diabetic neuropathy?	0=No; 1=Yes
WEAKALL	Integer	2	Do you feel weak all over most of the time?	0=No; 1=Yes
SXNIGHT	Integer	2	Are your symptoms worse at night?	0=No; 1=Yes
LEGWALK	Integer	2	Do your legs hurt when you walk?	0=No; 1=Yes
FEETWALK	Integer	2	Are you able to sense your feet when you walk?	0=No; 1=Yes
FEETDRY	Integer	2	Is the skin on your feet so dry that it cracks open?	0=No; 1=Yes
AMPUT	Integer	2	Have you ever had an amputation?	0=No; 1=Yes
HOSP	Integer	2	Since your last study visit, have you been hospitalized?	0=No; 1=Yes
HOSP6	Integer	2	Did this hospitalization occur in the last 6 months?	0=No; 1=Yes
OUTPT	Integer	2	Since your last study visit, have you had any out-patient procedures?	0=No; 1=Yes
OUTPT6	Integer	2	Did this out-patient procedure occur in the last 6 months?	0=No; 1=Yes

## MED - Medications

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
MEDDAT	Date/Time	8	Date form completed	
COMPLETE	Integer	2	How form completed	1=In person - completed by subject at clinic visit, home, or other location; 2=Over phone
TAKEMULTI	Integer	2	Do you currently take: A multivitamin	0=No; 1=Yes
TMULTIF	Integer	2	How often does your physician recommend that you take: A multivitamin (times/day)	
MULTIMI	Integer	2	How many times do you think you have missed taking a multivitamin in the past week?	
TAKECALC	Integer	2	Do you currently take: Calcium	0=No; 1=Yes
TCALCF	Double	8	How often does your physician recommend that you take: Calcium (times/day)	
CALCMISS	Integer	2	How many times do you think you have missed taking calcium in the past week?	
TAKEVITD	Integer	2	Do you currently take: Vitamin D alone	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
TVITDF	Double	8	How often does your physician recommend that you take: Vitamin D alone (times/day)	<b>Form versions prior to 2.0:</b> (default = -10)
VITDMI	Integer	2	How many times do you think you have missed taking Vitamin D alone in the past week?	<b>Form versions prior to 2.0:</b> (default = -10)
TAKEIRON	Integer	2	Do you currently take: Iron	0=No; 1=Yes
TIRONF	Double	8	How often does your physician recommend that you take:	

			Iron (times/day)	
IRONMISS	Integer	2	How many times do you think you have missed taking iron in the past week?	
TAKEB12	Integer	2	Do you currently take: Vitamin B12 (orally)	0=No; 1=Yes
TB12F	Double	8	How often does your physician recommend that you take: Vitamin B12 (orally) (times/day)	
B12MISS	Integer	2	How many times do you think you have missed taking Vitamin B12 (orally) in the past week?	
TAKEB12S	Integer	2	Do you currently take Vitamin B-12 as an injection (shot)?	0=No; 1=Yes
B12SMISS	Integer	2	Did you miss your last shot?	0=No; 1=Yes
TB12SF	Integer	2	How often does your physician recommend that you take Vitamin B-12 as an injection (shot)?	0=Does not recommend; 1=Monthly; 2=Other
TB12SOTH	Text	100	How often does your physician recommend that you take Vitamin B-12 as an injection (shot)? Specify other	
FORGET	Integer	2	What makes taking your supplements/vitamins difficult? Forgetting to take them or bring them with you	0=Not selected; 1=Selected (default = 0)
INCONVEN	Integer	2	What makes taking your supplements/vitamins difficult? Inconvenient	0=Not selected; 1=Selected (default = 0)
LIFESTY	Integer	2	What makes taking your supplements/vitamins difficult? Dosing schedules does not match my lifestyle	0=Not selected; 1=Selected (default = 0)
DONTWORK	Integer	2	What makes taking your supplements/vitamins difficult? They don't work	0=Not selected; 1=Selected (default = 0)
TOOEXP	Integer	2	What makes taking your supplements/vitamins difficult? Too expensive	0=Not selected; 1=Selected (default = 0)
SIDEEFF	Integer	2	What makes taking your supplements/vitamins difficult? Side effects (e.g., nausea, stomach ache, constipation)	0=Not selected; 1=Selected (default = 0)
SWALLOW	Integer	2	What makes taking your supplements/vitamins difficult?	0=Not selected; 1=Selected

			Hard to swallow	(default = 0)
EMBARR	Integer	2	What makes taking your supplements/vitamins difficult? Embarrassed to take them	0=Not selected; 1=Selected (default = 0)
INSTRUCT	Integer	2	What makes taking your supplements/vitamins difficult? Difficult to understand doctor's instructions about them	0=Not selected; 1=Selected (default = 0)
DOELSE	Integer	2	What makes taking your supplements/vitamins difficult? Would rather do something else than take medications	0=Not selected; 1=Selected (default = 0)
DONTNEED	Integer	2	What makes taking your supplements/vitamins difficult? I don't need them	0=Not selected; 1=Selected (default = 0)
MVIT	Integer	2	Have you taken a multivitamin in the past 90 days?	0=No; 1=Yes
MVITTYPE	Integer	2	What kind of multivitamin do you take?	1=Adult; 2=Geriatric; 3=Bariatric Specialty Blend; 4=Child; 5=Prenatal; 6=None of the above
MVITMINE	Integer	2	Does your multivitamin contain minerals?	0=No; 1=Yes; -3=Don't know
PAINBACK	Integer	2	In the past week, have you taken any pain medication, prescription or over-the-counter, for your back?	0=No; 1=Yes
PANBACKD	Integer	2	Number of days in past week pain medication taken for your back.	
PAINHIP	Integer	2	In the past week, have you taken any pain medication, prescription or over-the-counter, for your hip(s)?	0=No; 1=Yes
PANHIPD	Integer	2	Number of days in past week pain medication taken for your hip(s).	
PAINKNEE	Integer	2	In the past week, have you taken any pain medication, prescription or over-the-counter, for your knees(s)?	0=No; 1=Yes
PANKNEED	Integer	2	Number of days in past week pain medication taken for your	

			knee(s).	
PAINANKL	Integer	2	In the past week, have you taken any pain medication, prescription or over-the-counter, for your ankle(s)?	0=No; 1=Yes
PANANKLE	Integer	2	Number of days in past week pain medication taken for your ankle(s).	
MEDREFLX	Integer	2	In the past week, have you taken any prescription or over-the-counter medication for acid reflux, heartburn, or hiatal hernia?	0=No; 1=Yes
REFLXD	Integer	2	Specify the number of days you have taken medication in the last week for acid reflux, heartburn, or hiatal hernia.	
ASPIRIN	Integer	2	In the past week, have you taken any low-dose aspirin (such as baby aspirin or one regular strength aspirin tablet) for reasons other than for pain, such as to prevent heart attack or stroke?	0=No; 1=Yes
ASPIRIND	Integer	2	Specify the number of days you have taken medication in the last week for reasons other than for pain.	
MED	Integer	2	Have you taken any medications that are NOT vitamin or mineral related in the past 90 days that can only be purchased with a prescription from your doctor?	0=No; 1=Yes

## MEDdetail – Medication Details

Variable name	Type	Length	Description	Values
RanIDMED	Long Integer	4	<b>(KEY)</b> Randomly assigned unique ID	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	
MEDDAT	Date/Time	8	Date form completed	
MEDNAME	Text	100	Name of medication	
MEDOFT	Integer	2	How often do you take medication	0=No longer taking; 1=Daily (1 or more times/day); 2=Weekly (1-6 times/week); 3=Monthly/Rarely (0-3 times/month); 4=As needed
MEDVERIF	Integer	2	Verified by container	0 =No; 1 = Yes

## MRF – Mortality Report Form

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
MRFDAT	Date/Time	8	Date form completed	
DEATHDAT	Date/Time	8	Date of death	
SURGDAT	Date/Time	8	Date of bariatric surgery	
CAUSEOD	Integer	2	Cause of death	1=Bleeding; 2=Sepsis from anastomotic leak; 3=Sepsis from other abdominal source; 4=Pulmonary embolus; 5=Cardiac failure; 6=Myocardial infarction; 7=Cerebrovascular accident; 8=Bowel obstruction; 9=Evisceration; 10=Pneumonia; 11=Respiratory failure, including ARDS; 12=Accident; 13=Suicide; 14=Other; 15=Indeterminate
CAUSEODS	Text	100	Specify other cause of death	
CERTAIN	Integer	2	What is the Steering Committee Member's level of certainty for the above cause of death?	1=Definite; 2=Probable; 3=Indeterminate
WITHIN24	Integer	2	Did the patient die as a direct result of a complication occurring during, or within 24 hours after bariatric surgery?	0=No; 1=Yes
DIEPROC	Integer	2	Did the patient die as a direct result of a complication occurring during or after a procedure related to the bariatric surgery?	0=No; 1=Yes; 2=Indeterminate
PBARIS	Integer	2	Procedure directly related to the complication: Primary Bariatric Surgery	0=No; 1=Yes
LIVERBIO	Integer	2	Procedure directly related to	0=No;

			the complication: Liver biopsy	1=Yes
FIBOPT	Integer	2	Procedure directly related to the complication: Planned fiber optic intubation	0=No; 1=Yes
GASTRO	Integer	2	Procedure directly related to the complication: Gastrostomy	0=No; 1=Yes
PARGAST	Integer	2	Procedure directly related to the complication: Partial gastrectomy	0=No; 1=Yes
SUBTGAS	Integer	2	Procedure directly related to the complication: Subtotal gastrectomy	0=No; 1=Yes
TRUNVAG	Integer	2	Procedure directly related to the complication: Truncal vagotomy	0=No; 1=Yes
PARTVAG	Integer	2	Procedure directly related to the complication: Partial vagotomy	0=No; 1=Yes
ENDO	Integer	2	Procedure directly related to the complication: Endoscopy	0=No; 1=Yes
PERDRAIN	Integer	2	Procedure directly related to the complication: Placement of percutaneous drain	0=No; 1=Yes
PANNIC	Integer	2	Procedure directly related to the complication: Panniculectomy	0=No; 1=Yes
SPLENEC	Integer	2	Procedure directly related to the complication: Unplanned splenectomy	0=No; 1=Yes
UMBILH	Integer	2	Procedure directly related to the complication: Umbilical hernia	0=No; 1=Yes
IHERNIA	Integer	2	Procedure directly related to the complication: Incisional hernia	0=No; 1=Yes
CRURAL	Integer	2	Procedure directly related to the complication: Crural repair	0=No; 1=Yes
CHOLEC	Integer	2	Procedure directly related to the complication: Cholecystectomy	0=No; 1=Yes
LYSIS	Integer	2	Procedure directly related to the complication:	0=No; 1=Yes

			Lysis of extensive adhesions	
BANDREP	Integer	2	Procedure directly related to the complication: Band replacement	0=No; 1=Yes
ANAREV	Integer	2	Procedure directly related to the complication: Anastomotic revision	0=No; 1=Yes
ANAREVGJ	Integer	2	Procedure directly related to the complication: Specify Anastomotic revision GJ	0=No; 1=Yes
ANAREVJJ	Integer	2	Procedure directly related to the complication: Specify Anastomotic revision JJ	0=No; 1=Yes
ANAREVDJ	Integer	2	Procedure directly related to the complication: Specify Anastomotic revision DJ	0=No; 1=Yes
BANDREV	Integer	2	Procedure directly related to the complication: Band/port revision	0=No; 1=Yes
WOUND	Integer	2	Procedure directly related to the complication: Wound revision or evisceration	0=No; 1=Yes
TRACH	Integer	2	Procedure directly related to the complication: Tracheal reintubation	0=No; 1=Yes
TRACHEO	Integer	2	Procedure directly related to the complication: Tracheostomy	0=No; 1=Yes
OTHPROC	Integer	2	Procedure directly related to the complication: Other	0=No; 1=Yes
OTHPROCS	Text	100	Procedure directly related to the complication: Specify other	
CERTPROC	Integer	2	What is the Steering Committee Member's level of certainty for the above procedure(s)?	1=Definite; 2=Probable; 3=Indeterminate
BLEED	Integer	2	Complication directly related to the death: Bleeding	0=No; 1=Yes
SEPSISAL	Integer	2	Complication directly related to the death: Sepsis from anastomotic leak	0=No; 1=Yes

SEPSISAB	Integer	2	Complication directly related to the death: Sepsis from other abdominal source	0=No; 1=Yes
PULMEMB	Integer	2	Complication directly related to the death: Pulmonary embolus	0=No; 1=Yes
CARDIAC	Integer	2	Complication directly related to the death: Cardiac failure	0=No; 1=Yes
MYOCARD	Integer	2	Complication directly related to the death: Myocardial infarction	0=No; 1=Yes
CEREBRO	Integer	2	Complication directly related to the death: Cerebrovascular accident	0=No; 1=Yes
BOWELOBS	Integer	2	Complication directly related to the death: Bowel obstruction	0=No; 1=Yes
HERNIA	Integer	2	Complication directly related to the death: Incisional/ventral hernia	0=No; 1=Yes
WOUNDDEH	Integer	2	Complication directly related to the death: Wound dehiscence	0=No; 1=Yes
ACHOLEC	Integer	2	Complication directly related to the death: Acute cholecystitis	0=No; 1=Yes
ANASTR	Integer	2	Complication directly related to the death: Anastomotic stricture	0=No; 1=Yes
ANASTRGJ	Integer	2	Complication directly related to the death: Specify Anastomotic stricture GJ	0=No; 1=Yes
ANASTRJJ	Integer	2	Complication directly related to the death: Specify Anastomotic stricture JJ	0=No; 1=Yes
ANASTRDJ	Integer	2	Complication directly related to the death: Specify Anastomotic stricture DJ	0=No; 1=Yes
GBERO	Integer	2	Complication directly related to the death: Gastric band erosion	0=No; 1=Yes
GBSLIP	Integer	2	Complication directly related	0=No;

			to the death: Gastric band slippage	1=Yes
GBLEAK	Integer	2	Complication directly related to the death: Gastric band leakage	0=No; 1=Yes
EVISCER	Integer	2	Complication directly related to the death: Evisceration	0=No; 1=Yes
PNEUMON	Integer	2	Complication directly related to the death: Pneumonia	0=No; 1=Yes
RESPFAIL	Integer	2	Complication directly related to the death: Respiratory failure, including ARDS	0=No; 1=Yes
STAPLE	Integer	2	Complication directly related to the death: Staple line breakdown	0=No; 1=Yes
PORTPROB	Integer	2	Complication directly related to the death: Port or tube problems	0=No; 1=Yes
PROLAPSE	Integer	2	Complication directly related to the death: Gastric prolapse	0=No; 1=Yes
ESOPH	Integer	2	Complication directly related to the death: Esophageal motility disorder or dilation	0=No; 1=Yes
REFLUX	Integer	2	Complication directly related to the death: Gastroesophageal reflux	0=No; 1=Yes
DIARRHEA	Integer	2	Complication directly related to the death: Persistent diarrhea	0=No; 1=Yes
DEHYD	Integer	2	Complication directly related to the death: Dehydration	0=No; 1=Yes
RENAL	Integer	2	Complication directly related to the death: Acute renal failure	0=No; 1=Yes
LIVERF	Integer	2	Complication directly related to the death: Liver failure	0=No; 1=Yes
BOWELST	Integer	2	Complication directly related to the death: Common bowel stones/cholangitis	0=No; 1=Yes

OTHCOMP	Integer	2	Complication directly related to the death: Other	0=No; 1=Yes
OTHCOMPS	Text	100	Complication directly related to the death: Specify other	
INDET	Integer	2	Complication directly related to the death: Indeterminate	0=No; 1=Yes
CERTCOMP	Integer	2	What is the Steering Committee Member's level of certainty for the above complication(s)?	1=Definite; 2=Probable; 3=Indeterminate

## MWE - 400 Meter Walk Eligibility

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
WEFDAT	Date/Time	8	Date form completed	
QUADCANE	Integer	2	Does the patient use a wheel chair, walker or quad cane?	0 =No; 1 = Yes
SBP	Integer	2	Blood Pressure (Systolic)	
DBP	Integer	2	Blood Pressure (Diastolic)	
SBP180	Integer	2	Is SBP more than 180 mmHg?	0 =No; 1 = Yes
DBP100	Integer	2	Is DBP more than 100 mmHg?	0 =No; 1 = Yes
HRATE	Integer	2	Resting heart rate: (bpm)	
HR110	Integer	2	Form versions prior to 3.0: Is resting heart rate more than 110 bpm?  Form versions 3.0 and higher: Is resting heart rate more than 130 bpm?	0 =No; 1 = Yes
HR40	Integer	2	Is resting heart rate less than 40 bpm?	0 =No; 1 = Yes
ATRIALF	Integer	2	Is there evidence of any of the following abnormal ECG findings in the past 12 months: Atrial fibrillation or atrial flutter (new onset)	0 =No; 1 = Yes
WPW	Integer	2	Is there evidence of any of the following abnormal ECG findings in the past 12 months: Wolff-Parkinson-White (WPW) or ventricular pre-excitation	0 =No; 1 = Yes
IDIOVEN	Integer	2	Is there evidence of any of the following abnormal ECG findings in the past 12 months: Idioventricular rhythm	0 =No; 1 = Yes
VENTTACH	Integer	2	Is there evidence of any of the following abnormal ECG findings in the past 12 months: Ventricular tachycardia	0 =No; 1 = Yes
AVBLOCK	Integer	2	Is there evidence of any of the following abnormal ECG	0 =No; 1 = Yes

			findings in the past 12 months: Third degree or complete A-V block	
ACUTEINJ	Integer	2	Is there evidence of any of the following abnormal ECG findings in the past 12 months: Any statement including reference to acute injury or acute ischemia, or marked T-wave abnormality	0 =No; 1 = Yes
ABNCARD	Integer	2	Is there evidence of any of the following abnormal ECG findings in the past 12 months: Abnormal cardiogram indicative of ischemia without medical/cardiac clearance for surgery	0 =No; 1 = Yes
ABNCARDS	Text	100	Is there evidence of any of the following abnormal ECG findings in the past 12 months: Specify abnormality	
WEFMI	Integer	2	In the past 3 months: Were you hospitalized for myocardial infarction or heart attack?	0 =No; 1 = Yes
WEFHEART	Integer	2	In the past 3 months: Have you had angioplasty or heart surgery?	0 =No; 1 = Yes
WEFCP	Integer	2	In the past 3 months: Have you seen a health care professional or thought about seeing a health care professional for new or worsening symptoms of chest pain?	0 =No; 1 = Yes
WEFANG	Integer	2	In the past 3 months: Have you had angina?	0 =No; 1 = Yes
WEFSURG	Integer	2	In the past 3 months: Did you have major thoracic (chest), abdominal or joint surgery?	0 =No; 1 = Yes
WEFHOSP	Integer	2	In the past 3 months: Were you hospitalized for 3 or more days?	0 =No; 1 = Yes
UNSAFE	Integer	2	Do you feel it would be unsafe for you to walk up and down this hallway?	0 =No; 1 = Yes (default = -2)

UNSAFES	Text	255	Do you feel it would be unsafe for you to walk up and down this hallway? Specify if yes	<b>Form versions prior to 3.0:</b> (default = -10)
BADSHOE	Integer	2	Are you wearing shoes that make it difficult for you to walk?	0 =No; 1 = Yes (default = -2)

## MWF - 400 Meter Walk Form

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
MWFDAT	Date/Time	8	Date form completed	
HRSTART	Integer	2	Heart rate before start of walk (bpm)	
LAP4	Integer	2	Did the participant complete the 4th lap?	0=No; 1=Yes
LAP4WORK	Integer	2	Response after the 4th lap	1=Light; 2=Somewhat hard; 3=Hard; 4=Very hard
LAP8	Integer	2	Did the participant complete the 8th lap?	0=No; 1=Yes
LAP8WORK	Integer	2	Response after the 8th lap	1=Light; 2=Somewhat hard; 3=Hard; 4=Very hard
REST1	Integer	2	Length of Rest Stop 1	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
REST2	Integer	2	Length of Rest Stop 2	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
REST3	Integer	2	Length of Rest Stop 3	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
REST4	Integer	2	Length of Rest Stop 4	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)

REST5	Integer	2	Length of Rest Stop 5	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
REST6	Integer	2	Length of Rest Stop 6	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
REST7	Integer	2	Length of Rest Stop 7	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
REST8	Integer	2	Length of Rest Stop 8	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
REST9	Integer	2	Length of Rest Stop 9	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
REST10	Integer	2	Length of Rest Stop 10	1=<30 sec; 2=30 sec; 3=31-59 sec; 4=60 sec; 5=>60 sec (test stopped) (default =-2)
RESTNUM	Integer	2	Total number of rest stops	
LAPCOMP	Integer	2	Did the participant complete all 10 laps (short course: count each lap as half lap)?	0=No; 1=Yes
LAPNUM	Double	8	Number of laps completed (short course: count each lap as half lap)? laps	
LAPMETER	Double	8	How many additional meters walked after the last fully completed lap? meters	
LAPTIRE	Integer	2	Why didn't the participant	0=No;

			complete 400 meters: Participant reported that they felt too tired	1=Yes
LAPCP	Integer	2	Why didn't the participant complete 400 meters: Reported chest pain, tightness, or pressure during test.	0=No; 1=Yes
LAPSOB	Integer	2	Why didn't the participant complete 400 meters: Reported trouble breathing or shortness of breath during test	0=No; 1=Yes
LAPDIZ	Integer	2	Why didn't the participant complete 400 meters: Reported feeling faint, lightheaded or dizzy during test	0=No; 1=Yes
LAPKNEE	Integer	2	Why didn't the participant complete 400 meters: Reported knee pain during test	0=No; 1=Yes
LAPHIP	Integer	2	Why didn't the participant complete 400 meters: Reported hip pain during test	0=No; 1=Yes
LAPCALF	Integer	2	Why didn't the participant complete 400 meters: Reported calf pain during test	0=No; 1=Yes
LAPBACK	Integer	2	Why didn't the participant complete 400 meters: Reported back pain during test	0=No; 1=Yes
LAPSAT	Integer	2	Why didn't the participant complete 400 meters:  Participant sat down during test	0=No; 1=Yes
LAPREST	Integer	2	Why didn't the participant complete 400 meters: Participant needed to rest for more than 60 seconds	0=No; 1=Yes
LAPCANE	Integer	2	Why didn't the participant complete 400 meters: Participant requested or needed cane or assistive device	0=No; 1=Yes
LAPHR	Integer	2	Why didn't the participant complete 400 meters:  <b>Form versions prior to 3.0:</b> Participant heart rate was over 135 bpm for 5 minutes  <b>Form versions 3.0 and higher:</b>	0=No; 1=Yes

			Participant heart rate was over 200 bpm for 5 minutes	
LAP15M	Integer	2	Why didn't the participant complete 400 meters: More than 15 minutes elapsed from start of test	0=No; 1=Yes
LAPREFU	Integer	2	Why didn't the participant complete 400 meters: Participant refused	0=No; 1=Yes
LAPOTH	Integer	2	Why didn't the participant complete 400 meters: Other	0=No; 1=Yes
LAPOTHS	Text	100	Why didn't the participant complete 400 meters: Specify other	
WALKM	Integer	2	Time at 400-m or at stop (minutes part)	
WALKS	Integer	2	Time at 400-m or at stop (seconds part)	
WALKH	Integer	2	Time at 400-m or at stop (hundredths/sec part)	
HREND	Integer	2	Heart rate at 400-m or at stop (bpm)	
HREND A	Integer	2	Average heart rate at end of the walk	
HR2MIN	Integer	2	Heart rate 2 minutes after stop (bpm)	
HRMEAS	Integer	2	How was heart rate measured for this test?	1=Polar Heart Monitor; 2=Manually
SYM CHEST	Integer	2	While you were walking, did you have any of the following symptoms: Chest pain?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYM SOB	Integer	2	While you were walking, did you have any of the following symptoms: Shortness of breath?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYM KNEE	Integer	2	While you were walking, did you have any of the following symptoms: Knee pain?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYM HIP	Integer	2	While you were walking, did you have any of the following symptoms: Hip pain?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYM CALF	Integer	2	While you were walking, did you have any of the following	0=No; 1=Yes;

			symptoms: Calf pain?	-3=Don't know; -4=Refused
SYMFOOT	Integer	2	While you were walking, did you have any of the following symptoms: Foot pain?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYMNUM	Integer	2	While you were walking, did you have any of the following symptoms: Numbness or tingling in your legs or feet?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYMLEG	Integer	2	While you were walking, did you have any of the following symptoms: Leg cramps?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYMBACK	Integer	2	While you were walking, did you have any of the following symptoms: Back pain?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYMOTH	Integer	2	While you were walking, did you have any of the following symptoms: Other?	0=No; 1=Yes; -3=Don't know; -4=Refused
SYMOTHS	Text	100	Specify other symptoms	
DISNOW	Integer	2	Are you having any discomfort now?	0=No; 1=Yes
DISCHEST	Integer	2	What type of discomfort are you having? Chest pain, pressure	0=No; 1=Yes
DISSOB	Integer	2	What type of discomfort are you having? Shortness of breath	0=No; 1=Yes
DISDIZ	Integer	2	What type of discomfort are you having? Loss of consciousness or an acute or new-onset bout of dizziness and/or lightheadedness	0=No; 1=Yes
DISLOW	Integer	2	What type of discomfort are you having? Persistent severe lower extremity pain that does not resolve	0=No; 1=Yes
DISDYS	Integer	2	What type of discomfort are you having? Wheezing or dyspnea	0=No; 1=Yes
DISOTH	Integer	2	What type of discomfort are	0=No;

			you having? Other	1=Yes
DISOTHS	Text	100	Specify other discomfort	

## PATH1 - Pathology

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 99)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
PATH1DAT	Date/Time	8	Date form completed	
TXDAT	Date/Time	8	Biopsy date	
TXSITER	Integer	2	Biopsy site: Right Lobe	0=No; 1=Yes
TXTYPER	Integer	2	Biopsy type: Right Lobe	0=Needle biopsy; 1=Wedge biopsy; 2=Both
TXSITEL	Integer	2	Biopsy site: Left Lobe	0=No; 1=Yes
TXTYPEL	Integer	2	Biopsy type: Left Lobe	0=Needle biopsy; 1=Wedge biopsy; 2=Both
TXSIZE	Integer	2	Biopsy size (number of portal areas)	
TXLNGTH	Integer	2	Biopsy length (mm)	
TXASSESS	Integer	2	Overall adequacy assessment	0=Adequate; 1=Sub-optimal; 2=Inadequate
STAINHE	Integer	2	Stains availability: H&E	0=No; 1=Yes
STAINMT	Integer	2	Stains availability: Masson Trichrome	0=No; 1=Yes
STAINFE	Integer	2	Stains availability: Iron	0=No; 1=Yes
STAINOT	Integer	2	Stains availability: Other	0=No; 1=Yes
STAINOTS	Text	100	Stains availability: Specify other	
TXNUM	Integer	2	Total slides received	
SLIDELOC	Integer	2	Location of slides	1=Pathology department at local Teen-LABS site; 2=Research department at local Teen-LABS site

## PATH2 – Pathology Finding

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 99)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
PATH2DAT	Date/Time	8	Date form completed	
STEATGRD	Integer	2	Steatosis grade	0=0 (0%); 1=trace (<5%); 2=1 (5-33%); 3=2 (33-67%); 4=3 (>67%)
STEATLOC	Integer	2	Steatosis location	0=Predominantly zone 3; 1=Predominantly zone 1; 2=Azonal
STEATM	Integer	2	Microvesicular steatosis	0=Not present in contiguous patches; 1=Present in contiguous patches
FIBROSTG	Integer	2	Fibrosis stage	0=0 (None); 1=1 (Periportal OR Perisinusoidal); 2=2 (Periportal AND Perisinusoidal); 3=3 (Bridging fibrosis); 4=4 (Cirrhosis)
FIBROSPE	Integer	2	Specify fibrosis stage 1	0=1A (Mild perisinusoidal - Trichrome only); 1=1B (Moderate perisinusoidal only); 2=1C (Periportal only)
LOB	Integer	2	Lobular inflammation	0=None; 1=Mild; 2=Moderate; 3=Marked
MGRAN	Integer	2	Microgranulomas	0=Absent; 1=Present
LIPOG	Integer	2	Lipogranulomas	0=Absent; 1=Present
PORTALN	Integer	2	Portal inflammation	0=None; 1=No more than mild; 2=More than mild
BHEPA	Integer	2	Ballooning hepatocellular injury	0=None; 1=Few, less characteristic; 2=Many, prominent

ACIDO	Integer	2	Acidophil bodies	0=None; 1=More than rare
PMACRO	Integer	2	Pigmented macrophages	0=None; 1=More than rare
MMITO	Integer	2	Megamitochondria	0=None; 1=More than rare
MALLORY	Integer	2	Mallory bodies	0=None; 1=More than rare
GLYCO	Integer	2	Glycogen nuclei	0=Not present in contiguous patches; 1=Present in contiguous patches
NASH	Integer	2	NASH Activity Score	(Calculated, sum of steatosis grade [with trace steatosis counted as a 0], lobular inflammation and ballooning injury)
PNECRO	Integer	2	Piecemeal necrosis	0=Absent; 1=Mild; 2=Mild/moderate; 3=Moderate; 4=Severe
CNECRO	Integer	2	Confluent necrosis	0=Absent; 1=Focal confluent necrosis; 2=Zone 3 necrosis in some areas; 3=Zone 3 in most areas; 4=Zone 3 necrosis + occasional portal-central bridging; 5=Zone 3 necrosis + multiple portal-central bridging; 6=Panacinar or multiacinar necrosis
FNECRO	Integer	2	Focal (spotty) necrosis	0=Absent; 1=One focus or less per 10x objective; 2=Two to four foci per 10x objective; 3=Five to ten foci per 10x objective; 4=More than ten foci per 10x objective
PORTALI	Integer	2	Portal inflammation	0=None; 1=Mild, some or all portal areas; 2=Moderate, some or all portal areas; 3=Moderate/Marked, some or all portal areas; 4=Marked, all portal areas
FIBROS	Integer	2	Fibrosis	0=No fibrosis; 1=Fibrous expansion of some portal areas;

				2=Fibrous expansion of most portal areas; 3=Occasional portal to portal bridging; 4=Marked bridging; 5=Marked bridging with occasional nodules; 6=Cirrhosis, probable or definite
HIRONG	Integer	2	Hepatocellular Iron Grade	0=Absent or barely discernible, 40x; 1=Barely discernible granules, 20x; 2=Discrete granules resolved, 10x; 3=Discrete granules resolved, 4x; 4=Masses visible by naked eye
IROND	Integer	2	Hepatocellular Iron Distribution	0=Periportal; 1=Periportal and midzonal; 2=Panacinar; 3=Zone 3 / Nonzonal
CIRONG	Integer	2	Sinusoidal Lining Cell Iron Grade	0=None; 1=Mild; 2=More than mild
CIROND	Integer	2	Sinusoidal Lining Cell Iron Distribution	0=Large vessel endothelium only; 1=Portal/fibrous bands only (beyond 1st category); 2=Intraparenchymal only; 3=Portal and intraparenchymal
STEATO	Integer	2	Steatohepatitis	0=Not steatohepatitis; 1=Possible/borderline steatohepatitis (Type 1, typical zone 3 pattern); 2=Possible/borderline steatohepatitis (Type 2, zone 1 pattern); 3=Definite steatohepatitis
CHEPA	Integer	2	Chronic Hepatitis	0=Not chronic hepatitis; 1=Possible chronic hepatitis; 2=Definite chronic hepatitis
NOTE	Integer	2	Are there other notes	0=No; 1=Yes
NOTES	Memo	-	Other notes	

## PETSB

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
PETSDAT	Date/Time	8	Date form completed	
PSYHOSP	Integer	2	Have you ever been admitted to a hospital (including partial hospitalization or day hospital treatment) for treatment of psychiatric or emotional problems?	1=Yes; 0=No
PSYADM	Integer	2	Total number of hospital admissions (including partial and day hospital) for treatment of psychiatric or emotional problems in your lifetime	
PSYINP	Integer	2	Number of inpatient (overnight) hospital admissions in the past 12 months	
PSYOUTP	Integer	2	Number of partial hospital/day hospital admissions in the past 12 months	
RPSYDEP	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Depression	1=Yes; 0=No
RPSYANX	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Anxiety	1=Yes; 0=No
RPSYALC	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Alcohol/drug use	1=Yes; 0=No
RPSYEAT	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital:	1=Yes; 0=No

			Eating disorder	
RPSYADD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Attention deficit disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYPTSD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Post-traumatic stress disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYBPD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Bipolar disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYSINJ	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Self-injury	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYSUI	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Suicidal	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYMAR	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Marital therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b>

				1=Yes; 0=No
RPSYFAM	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Family therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYOTH	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Other	1=Yes; 0=No
RPSYOTHS	Text	100	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Specify other	
PSY12M	Integer	2	Have you ever been treated for any other psychiatric or emotional problems in a hospital?	1=Yes; 0=No
PSYDEP	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Depression	1=Yes; 0=No
PSYANX	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Anxiety	1=Yes; 0=No
PSYALC	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Alcohol/drug abuse	1=Yes; 0=No
PSYEAT	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Eating disorder	1=Yes; 0=No
PSYADD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12	<b>Form versions prior to 4.0:</b> (default = -10)

			months: Attention deficit disorder	<b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYPTSD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Post-traumatic stress disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYBPD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Bipolar disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYSINJ	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Self-injury	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYSUI	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Suicidal	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYMAR	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Marital therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYFAM	Integer	2	What other psychiatric or emotional problem(s) were	<b>Form versions prior to 4.0:</b>

			you treated for in the past 12 months: Family therapy	(default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYOTH	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Other	1=Yes; 0=No
PSYOTHS	Text	100	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Specify other	
TXNOHOSP	Integer	2	Other than within a hospital, in the past 12 months, have you been treated by anyone such as a counselor or mental health professional for psychiatric or emotional problems outside of your bariatric surgery team?	1=Yes; 0=No
RTXDEP	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Depression	1=Yes; 0=No
RTXANX	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Anxiety	1=Yes; 0=No
RTXALC	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Alcohol/drug abuse	1=Yes; 0=No
RTXEAT	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Eating disorder	1=Yes; 0=No
RTXADD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Attention deficit disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes;

				0=No
RTXPTSD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Post-traumatic stress disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXBPD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Bipolar disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXSINJ	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Self-injury	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXSUI	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Suicidal	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXMAR	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Marital therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXFAM	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Family therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b>

				1=Yes; 0=No
RTXOTH	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Other	1=Yes; 0=No
RTXOTHS	Text	100	What was the most recent psychiatric or emotional problem(s) you were seen for: Specify other	
TX12M	Integer	2	Were you treated for any other psychiatric or emotional problems in the past 12 months?	1=Yes; 0=No
TXDEP	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Depression	1=Yes; 0=No
TXANX	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Anxiety	1=Yes; 0=No
TXALC	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Alcohol/drug abuse	1=Yes; 0=No
TXEAT	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Eating disorder	1=Yes; 0=No
TXADD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Attention deficit disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXPTSD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Post-traumatic stress disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and</b>

				<b>higher:</b> 1=Yes; 0=No
TXBPD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Bipolar disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXSINJ	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Self-injury	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXSUI	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Suicidal	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXMAR	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Marital therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXFAM	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Family therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXOTH	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months:	1=Yes; 0=No

			Other	
TXOTHS	Text	100	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Specify other	
TXNOW	Integer	2	Are you currently seeing anybody for psychiatric or emotional problems?	1=Yes; 0=No
TXOFTEN	Integer	2	How often have you, during the past 6 months, seen a mental health counselor/professional for psychiatric or emotional problems?	1=Never; 2=1 to 5 times; 3=6 to 10 times; 4=11 to 20 times; 5=more than 20 times
PSYMED	Integer	2	Have you ever taken any medications for psychiatric or emotional problems?	1=Yes; 0=No
ANTIDE	Integer	2	Have you ever taken: Antidepressants	1=Yes; 0=No
ANTIDC	Integer	2	Are you currently taking: Antidepressants	1=Yes; 0=No
MAJTE	Integer	2	Have you ever taken: Major tranquilizers	1=Yes; 0=No
MAJTC	Integer	2	Are you currently taking: Major tranquilizers	1=Yes; 0=No
MINTE	Integer	2	Have you ever taken: Minor tranquilizers	1=Yes; 0=No
MINTC	Integer	2	Are you currently taking: Minor tranquilizers	1=Yes; 0=No
MOODE	Integer	2	Have you ever taken: Mood stabilizers	1=Yes; 0=No
MOODC	Integer	2	Are you currently taking: Mood stabilizers	1=Yes; 0=No
STIME	Integer	2	Have you ever taken: Stimulants	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Yes; 0=No
STIMC	Integer	2	Are you currently taking: Stimulants	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and</b>

				<b>higher:</b> 1=Yes; 0=No
OMEDE	Integer	2	Have you ever taken: Other medication	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Yes; 0=No
OMEDES	Text	100	Have you ever taken: Specify other medication	<b>Form versions prior to 3.0:</b> (default = -10)
OMEDC	Integer	2	Are you currently taking: Other medication	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Yes; 0=No
MHEVAL	Integer	2	Did you have a mental health evaluation (includes evaluation by social worker) prior to being accepted for bariatric surgery?	1=Yes; 0=No
MHSEEK	Integer	2	Were you told to seek counseling or other mental health care prior to surgery?	1=Yes; 0=No
MHDO	Integer	2	Did you do so?	1=Yes; 0=No
MHSES	Integer	2	How many sessions did you attend?	
SEENUTR	Integer	2	Did you have nutritional counseling by a dietician prior to being enrolled in the bariatric program?	1=Yes; 0=No
NUTRSES	Integer	2	How many sessions?	

## PETSF

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
<b>Visit</b>	Integer	2	<b>(KEY)</b> Visit	(default = 1)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
PETSFDAT	Date/Time	8	Date form completed	
PSYHOSP	Integer	2	Have you ever been admitted to a hospital (including partial hospitalization or day hospital treatment) for treatment of psychiatric or emotional problems?	1=Yes; 0=No
PSYADM	Integer	2	Total number of hospital admissions (including partial and day hospital) for treatment of psychiatric or emotional problems in your lifetime	
PSYINP	Integer	2	Number of inpatient (overnight) hospital admissions in the past 12 months	
PSYOUTP	Integer	2	Number of partial hospital/day hospital admissions in the past 12 months	
RPSYDEP	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Depression	1=Yes; 0=No
RPSYANX	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Anxiety	1=Yes; 0=No
RPSYALC	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Alcohol/drug use	1=Yes; 0=No
RPSYEAT	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital:	1=Yes; 0=No

			Eating disorder	
RPSYADD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Attention deficit disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYPTSD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Post-traumatic stress disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYBPD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Bipolar disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYSINJ	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Self-injury	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYSUI	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Suicidal	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYMAR	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Marital therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b>

				1=Yes; 0=No
RPSYFAM	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Family therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RPSYOTH	Integer	2	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Other	1=Yes; 0=No
RPSYOTHS	Text	100	What was the most recent psychiatric or emotional problem(s) you were treated for in a hospital: Specify other	
PSY12M	Integer	2	Have you ever been treated for any other psychiatric or emotional problems in a hospital?	1=Yes; 0=No
PSYDEP	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Depression	1=Yes; 0=No
PSYANX	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Anxiety	1=Yes; 0=No
PSYALC	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Alcohol/drug abuse	1=Yes; 0=No
PSYEAT	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Eating disorder	1=Yes; 0=No
PSYADD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12	<b>Form versions prior to 4.0:</b> (default = -10)

			months: Attention deficit disorder	<b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYPTSD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Post-traumatic stress disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYBPD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Bipolar disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYSINJ	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Self-injury	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYSUI	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Suicidal	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYMAR	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Marital therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYFAM	Integer	2	What other psychiatric or emotional problem(s) were	<b>Form versions prior to 4.0:</b>

			you treated for in the past 12 months: Family therapy	(default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
PSYOTH	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Other	1=Yes; 0=No
PSYOTHS	Text	100	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Specify other	
TXNOHOSP	Integer	2	Other than within a hospital, in the past 12 months, have you been treated by anyone such as a counselor or mental health professional for psychiatric or emotional problems outside of your bariatric surgery team?	1=Yes; 0=No
RTXDEP	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Depression	1=Yes; 0=No
RTXANX	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Anxiety	1=Yes; 0=No
RTXALC	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Alcohol/drug abuse	1=Yes; 0=No
RTXEAT	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Eating disorder	1=Yes; 0=No
RTXADD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Attention deficit disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes;

				0=No
RTXPTSD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Post-traumatic stress disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXBPD	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Bipolar disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXSINJ	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Self-injury	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXSUI	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Suicidal	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXMAR	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Marital therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
RTXFAM	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Family therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b>

				1=Yes; 0=No
RTXOTH	Integer	2	What was the most recent psychiatric or emotional problem(s) you were seen for: Other	1=Yes; 0=No
RTXOTHS	Text	100	What was the most recent psychiatric or emotional problem(s) you were seen for: Specify other	
TX12M	Integer	2	Were you treated for any other psychiatric or emotional problems in the past 12 months?	1=Yes; 0=No
TXDEP	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Depression	1=Yes; 0=No
TXANX	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Anxiety	1=Yes; 0=No
TXALC	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Alcohol/drug abuse	1=Yes; 0=No
TXEAT	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Eating disorder	1=Yes; 0=No
TXADD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Attention deficit disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXPTSD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Post-traumatic stress disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and</b>

				<b>higher:</b> 1=Yes; 0=No
TXBPD	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Bipolar disorder	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXSINJ	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Self-injury	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXSUI	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Suicidal	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXMAR	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Marital therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXFAM	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Family therapy	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 1=Yes; 0=No
TXOTH	Integer	2	What other psychiatric or emotional problem(s) were you treated for in the past 12 months:	1=Yes; 0=No

			Other	
TXOTHS	Text	100	What other psychiatric or emotional problem(s) were you treated for in the past 12 months: Specify other	
TXNOW	Integer	2	Are you currently seeing anybody for psychiatric or emotional problems?	1=Yes; 0=No
TXOFTEN	Integer	2	How often have you, during the past 6 months, seen a mental health counselor/professional for psychiatric or emotional problems?	1=Never; 2=1 to 5 times; 3=6 to 10 times; 4=11 to 20 times; 5=more than 20 times
PSYMED	Integer	2	Have you ever taken any medications for psychiatric or emotional problems?	1=Yes; 0=No
ANTIDE	Integer	2	Have you ever taken: Antidepressants	1=Yes; 0=No
ANTIDC	Integer	2	Are you currently taking: Antidepressants	1=Yes; 0=No
MAJTE	Integer	2	Have you ever taken: Major tranquilizers	1=Yes; 0=No
MAJTC	Integer	2	Are you currently taking: Major tranquilizers	1=Yes; 0=No
MINTE	Integer	2	Have you ever taken: Minor tranquilizers	1=Yes; 0=No
MINTC	Integer	2	Are you currently taking: Minor tranquilizers	1=Yes; 0=No
MOODE	Integer	2	Have you ever taken: Mood stabilizers	1=Yes; 0=No
MOODC	Integer	2	Are you currently taking: Mood stabilizers	1=Yes; 0=No
STIME	Integer	2	Have you ever taken: Stimulants	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Yes; 0=No
STIMC	Integer	2	Are you currently taking: Stimulants	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and</b>

				<b>higher:</b> 1=Yes; 0=No
OMEDE	Integer	2	Have you ever taken: Other medication	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Yes; 0=No
OMEDC	Integer	2	Have you ever taken: Specify other medication	<b>Form versions prior to 3.0:</b> (default = -10)
OMEDES	Text	100	Are you currently taking: Other medication	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Yes; 0=No

## PO – Pre-operative

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
ReviewBy	Long Integer	4	Certification number of coordinator who reviewed form	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
PODAT	Date/Time	8	Date form completed	
OSURG	Integer	2	Previous obesity surgery or surgery performed on the esophagus, stomach or proximal small intestine not for the purpose of weight loss?	0=No; 1=Yes
GB	Integer	2	Previous surgery: Gastric Bypass	0=No; 1=Yes
GBN	Integer	2	Number of previous surgeries: Gastric Bypass	
GBMONTH	Integer	2	Date of most recent surgery (month): Gastric Bypass	
GBDAY	Integer	2	Date of most recent surgery (day): Gastric Bypass	
GBYEAR	Integer	2	Date of most recent surgery (year): Gastric Bypass	
BPD	Integer	2	Previous surgery: Biliopancreatic div. (BPD)	0=No; 1=Yes
BPDN	Integer	2	Number of previous surgeries: Biliopancreatic div. (BPD)	
BPDMONTH	Integer	2	Date of most recent surgery (month): Biliopancreatic div. (BPD)	
BPDDAY	Integer	2	Date of most recent surgery (day): Biliopancreatic div. (BPD)	
BPDYEAR	Integer	2	Date of most recent surgery (year): Biliopancreatic div. (BPD)	
BPDS	Integer	2	Previous surgery: Biliopancreatic div. w/switch (BPDS)	0=No; 1=Yes

BPDSN	Integer	2	Number of previous surgeries: Biliopancreatic div. w/switch (BPDS)	
BPDSMON	Integer	2	Date of most recent surgery (month): Biliopancreatic div. w/switch (BPDS)	
BPDSDAY	Integer	2	Date of most recent surgery (day): Biliopancreatic div. w/switch (BPDS)	
BPDSYEAR	Integer	2	Date of most recent surgery (year): Biliopancreatic div. w/switch (BPDS)	
AGB	Integer	2	Previous surgery: Adjustable Gastric Band (AGB)	0=No; 1=Yes
AGBN	Integer	2	Number of previous surgeries: Adjustable Gastric Band (AGB)	
AGBMONTH	Integer	2	Date of most recent surgery (month): Adjustable Gastric Band (AGB)	
AGBDAY	Integer	2	Date of most recent surgery (day): Adjustable Gastric Band (AGB)	
AGBYEAR	Integer	2	Date of most recent surgery (year): Adjustable Gastric Band (AGB)	
VBG	Integer	2	Previous surgery: Vertical Banded Gast. (VBG)	0=No; 1=Yes
VBGN	Integer	2	Number of previous surgeries: Vertical Banded Gast. (VBG)	
VBGMONTH	Integer	2	Date of most recent surgery (month): Vertical Banded Gast. (VBG)	
VBGDAY	Integer	2	Date of most recent surgery (day): Vertical Banded Gast. (VBG)	
VBGYEAR	Integer	2	Date of most recent surgery (year): Vertical Banded Gast. (VBG)	
SG	Integer	2	Previous surgery: Sleeve Gastrectomy (SG)	0=No; 1=Yes
SGN	Integer	2	Number of previous surgeries: Sleeve Gastrectomy (SG)	
SGMONTH	Integer	2	Date of most recent surgery (month):	

			Sleeve Gastrectomy (SG)	
SGDAY	Integer	2	Date of most recent surgery (day): Sleeve Gastrectomy (SG)	
SGYEAR	Integer	2	Date of most recent surgery (year): Sleeve Gastrectomy (SG)	
PF	Integer	2	Previous surgery: Prior surgery performed on the esophagus, stomach or proximal small intestine not for the purpose of weight loss	0=No; 1=Yes
PFN	Integer	2	Number of previous surgeries: Prior surgery performed on the esophagus, stomach or proximal small intestine not for the purpose of weight loss	
PFMONTH	Integer	2	Date of most recent surgery (month): Prior surgery performed on the esophagus, stomach or proximal small intestine not for the purpose of weight loss	
PFDAY	Integer	2	Date of most recent surgery (day): Prior surgery performed on the esophagus, stomach or proximal small intestine not for the purpose of weight loss	
PFYEAR	Integer	2	Date of most recent surgery (year): Prior surgery performed on the esophagus, stomach or proximal small intestine not for the purpose of weight loss	
OSURGS	Text	100	Previous surgery: Specify other 1	
OSURGO	Integer	2	Previous surgery: Other 1	0=No; 1=Yes
OSURGN1	Integer	2	Number of previous surgeries: Other 1	
OSMONTH	Integer	2	Date of most recent surgery (month): Other 1	
OSDAY	Integer	2	Date of most recent surgery (day): Other 1	

OSYEAR	Integer	2	Date of most recent surgery (year): Other 1	
OSURGS2	Text	100	Previous surgery: Specify other 2	
OSURG2	Integer	2	Previous surgery: Other 2	0=No; 1=Yes
OSURGN2	Integer	2	Number of previous surgeries: Other 2	
OSMONTH2	Integer	2	Date of most recent surgery (month): Other 2	
OSDAY2	Integer	2	Date of most recent surgery (day): Other 2	
OSYEAR2	Integer	2	Date of most recent surgery (year): Other 2	
SMOKE	Integer	2	Smoking status	1=Never smoked; 2=Current; 3=Former
CIGSTART	Integer	2	Age started regularly (years)	
CIGQUIT	Integer	2	Age quit (years)	
CIGAVE	Single	4	Average packs/day	
PROC	Integer	2	Planned procedure	1=Gastric bypass (Roux-en-Y); 2=Biliopancreatic diversion (BPD); 3=Biliopancreatic diversion with Duodenal Switch (BPDS); 4=Laparoscopic adjustable gastric band (LAGB); 5=Sleeve gastrectomy - initial stage; 6=Sleeve gastrectomy - second stage; 7=Other; 8=Banded Gastric bypass (Gastric bypass & non-adjustable band); 9=Vertical Banded Gastroplasty; -3=Unknown at this time
SGA	Integer	2	Planned procedure: Sleeve gastrectomy-second	1=Gastric bypass (Roux-en-Y);

			stage	2=BPD; 3=BPDS
PROCS	Text	100	Planned procedure: Specify other	
APPRCH	Integer	2	Planned approach	1=Laparoscopic; 2=Open; -3=Unknown
REVIS	Integer	2	Is the planned procedure a revision?	0=No; 1=Yes
VISISTAT	Integer	2	Patient status at time of previous procedure	1=Teen LABS Registered patient; 2=Non-Teen LABS patient
REVER	Integer	2	Is the planned procedure a reversal?	0=No; 1=Yes
VERSTAT	Integer	2	Patient status at time of previous procedure	1=Teen LABS Registered patient; 2=Non-Teen LABS patient
IMMUNO	Integer	2	Medications in the past 90 days: Therapeutic oral/IV immunosuppressant	0=No; 1=Yes
ANTIC	Integer	2	Medications in the past 90 days: Therapeutic anticoagulation	0=No; 1=Yes
NARC	Integer	2	Medications in the past 90 days: Narcotic	0=No; 1=Yes
STATIN	Integer	2	Medications in the past 90 days: Statin or other lipid lowering agent	0=No; 1=Yes
ADEPRS	Integer	2	Medications in the past 90 days: Antidepressant	0=No; 1=Yes
BETAB	Integer	2	Medications in the past 90 days: Beta-blocker	0=No; 1=Yes
SBP	Integer	2	Blood pressure: Systolic	<b>Form version 2.0 and higher:</b> (default = -10)
DBP	Integer	2	Blood pressure: Diastolic (mmHg)	<b>Form version 2.0 and higher:</b> (default = -10)
BPMEAS	Integer	2	How was the BP measured?	<b>Form versions prior to 2.0:</b> 1=Mercury; 2=Gauge;

				3=Electronic  <b>Form version 2.0 and higher:</b> (default = -10)
FS	Integer	2	What is the patient's functional status?	1=Can walk (length of grocery store aisle) 200 ft. unassisted; 2=Able to walk 200 ft. with assist device (cane, walker); 3=Cannot walk 200 ft. with assist device; -3=Unknown
HTN	Integer	2	Comorbidities: Hypertension	0=No; 1=Yes
HTNS	Integer	2	Comorbidities: Hypertension, specify	1=No medication; 2=Single medication; 3=Multiple medications
DM	Integer	2	Comorbidities: Diabetes	0=No; 1=Yes
DMS	Integer	2	Comorbidities: Diabetes, specify	1=No medication; 2=Single oral medication; 3=Multiple oral medications; 4=Insulin; 5=Oral meds and insulin
CHF	Integer	2	Comorbidities: CHF	0=No; 1=Yes
CHFS	Integer	2	Comorbidities: CHF, Specify NYHC	1=I; 2=II; 3=III; 4=IV; -3=Unknown
ASTH	Integer	2	Comorbidities: Asthma	0=No; 1=Yes
ASTHS	Integer	2	Comorbidities: Asthma, specify	1=History of Intubation; 2=No History of Intubation
DVT	Integer	2	Comorbidities: History of DVT/PE	0=No; 1=Yes
DOCDVT	Integer	2	Comorbidities: History of DVT/PE, Documented DVT	0=No; 1=Yes
DOCPE	Integer	2	Comorbidities: History of DVT/PE, Documented PE	0=No; 1=Yes

VEDEMA	Integer	2	Comorbidities: History of DVT/PE, Venous edema w/ulceration	0=No; 1=Yes
SLPA	Integer	2	Comorbidities: Sleep Apnea	0=No; 1=Yes
CPAP	Integer	2	Comorbidities: Sleep Apnea, C-pap/Bi-pap?	0=No; 1=Yes
OXYDEP	Integer	2	Comorbidities: Sleep Apnea, Supplemental oxygen dependent?	0=No; 1=Yes
HD	Integer	2	Comorbidities: Ischemic Heart Disease	0=No; 1=Yes
HXMI	Integer	2	Comorbidities: Ischemic Heart Disease, History of MI	0=No; 1=Yes
NOISCH	Integer	2	Comorbidities: Ischemic Heart Disease, No active ischemia	0=No; 1=Yes
ABNEKG	Integer	2	Comorbidities: Ischemic Heart Disease, Abnormal EKG but unable to assess ischemia	0=No; 1=Yes
CORINTRV	Integer	2	Comorbidities: Ischemic Heart Disease, PCI, CABG	0=No; 1=Yes
AISCHM	Integer	2	Comorbidities: Ischemic Heart Disease, Anti-ischemic medications	0=No; 1=Yes
PULHYP	Integer	2	Comorbidities: Pulmonary hypertension	0=No; 1=Yes
HXVE	Integer	2	Comorbidities: History of venous edema with ulcerations	0=No; 1=Yes
PSEUDOT	Integer	2	Comorbidities: Pseudotumor Cerebri	0=No; 1=Yes
DYSLIP	Integer	2	Comorbidities: Dyslipidemia	0=No; 1=Yes
INZONE	Integer	2	Comorbidities: Intertriginous zone infection/breakdown	0=No; 1=Yes
GALLST	Integer	2	Comorbidities: Gallstones	0=No; 1=Yes
GERD	Integer	2	Comorbidities: Acid reflux (heartburn) /GERD	0=No; 1=Yes
BLOUNT	Integer	2	Comorbidities: Blount's Disease	0=No; 1=Yes
OCOND	Integer	2	Are there any comorbid	0=No;

			conditions the patient may have that could affect clinical outcome following bariatric surgery?	1=Yes
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## PO\_OCONDS - Pre-operative Conditions

Variable name	Type	Length	Description	Values
RanIDPO	Long Integer	4	<b>(KEY)</b> Randomly assigned unique ID	
ID_New	Integer	8	Unique Participant ID	
PODAT	Date/Time	8	Date form completed	
OCONDS	Text	255	Other comorbid condition	

## POST – Post Operative

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 3)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
POSTDAT	Date/Time	8	Date form completed	
SURGDAT	Date/Time	8	Date of surgery	
SPERSON	Integer	2	Source of information: Patient in person	0=No; 1=Yes
SPERSOND	Date/Time	8	Date of most recent contact: Patient in person	
SPHONE	Integer	2	Source of information: Patient by telephone	0=No; 1=Yes
SPHONED	Date/Time	8	Date of most recent contact: Patient by telephone	
SREP	Integer	2	Source of information: Patient representative	0=No; 1=Yes
SREPD	Date/Time	8	Date of most recent contact: Patient representative	
SPHYSIC	Integer	2	Source of information: Other physician	0=No; 1=Yes
SPHYSICD	Date/Time	8	Date of most recent contact: Other physician	
SCHART	Integer	2	Source of information: Chart review	0=No; 1=Yes
SCHARTD	Date/Time	8	Date of most recent contact: Chart review	
LOS	Integer	2	Length of hospital stay for obesity surgery (days)	
DISLOC	Integer	2	Discharge location	1=Home; 2=Rehabilitation facility; 3=Skilled nursing facility; 4=Other hospital; 5=Was not discharged
DISDATM	Integer	2	Discharge date (month part)	
DISDATD	Integer	2	Discharge date (day part)	
DISDATY	Integer	2	Discharge date (year part)	
POSTDIE	Integer	2	Did patient die?	0=No; 1=Yes
STATDATM	Integer	2	Status date (month part)	
STATDATD	Integer	2	Status date (day part)	
STATDATY	Integer	2	Status date (year part)	

DIEDATM	Integer	2	Date of death (month part)	
DIEDATD	Integer	2	Date of death (day part)	
DIEDATY	Integer	2	Date of death (year part)	
REHOSP	Integer	2	Was the patient re-hospitalized after initial discharge	0=No; 1=Yes
REHOSPT	Integer	2	Number of times re-hospitalized	
REHOSPM	Integer	2	Date of first re-hospitalization (month part)	
REHOSPD	Integer	2	Date of first re-hospitalization (day part)	
REHOSPY	Integer	2	Date of first re-hospitalization (year part)	
REHOSPC	Integer	2	Were any re-hospitalizations related to a cardiac event	0=No; 1=Yes
REHOSPHN	Integer	2	Were any re-hospitalizations related to hydration or nutrition	0=No; 1=Yes
NUTRTH	Integer	2	Current nutritional therapy	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 1=All nutrition per oral; 2=Any non-PO enteral feeds; 3=Any TPN
EVENTS	Integer	2	Did the patient have any post-bariatric surgical operations or undergo unplanned post-discharge anticoagulation therapy?	0=No; 1=Yes
REOPABD	Integer	2	Post-bariatric event: Abdominal re-operation	0=No; 1=Yes
REOPAPPR	Integer	2	Abdominal re-operation: Approach	1=Laparoscopic; 2=Laparoscopic converted to open; 3=Open
ODRAIN	Integer	2	Abdominal re-operation procedure: Operative drain placement	0=No; 1=Yes
ODRAINM	Integer	2	Abdominal re-operation procedure: Operative drain placement – date (month part)	
ODRAIND	Integer	2	Abdominal re-operation procedure: Operative drain placement –	

			date (day part)	
ODRAINY	Integer	2	Abdominal re-operation procedure: Operative drain placement – date (year part)	
ODRAINIC	Integer	2	Abdominal re-operation procedure: Operative drain placement – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CODRAIN	Integer	2	Abdominal re-operation procedure: Operative drain placement – reason for intervention confirmed	0=No; 1=Yes
GASTR	Integer	2	Abdominal re-operation procedure: Gastrostomy	0=No; 1=Yes
GASTRM	Integer	2	Abdominal re-operation procedure: Gastrostomy – date (month part)	
GASTRD	Integer	2	Abdominal re-operation procedure: Gastrostomy – date (day part)	
GASTRY	Integer	2	Abdominal re-operation procedure: Gastrostomy – date (year part)	
GASTRC	Integer	2	Abdominal re-operation procedure:	1=Anastomotic leak; 2=Other abdominal

			Gastrostomy – suspected reason for intervention	sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CGASTR	Integer	2	Abdominal re-operation procedure: Gastrostomy – reason for intervention confirmed	0=No; 1=Yes
ANAREV	Integer	2	Abdominal re-operation procedure: Anastomotic revision	0=No; 1=Yes
GJ	Integer	2	Abdominal re-operation procedure: Anastomotic revision – GJ	0=No; 1=Yes
GJM	Integer	2	Abdominal re-operation procedure: Anastomotic revision – GJ date (month part)	
GJD	Integer	2	Abdominal re-operation procedure: Anastomotic revision – GJ date (day part)	
GJY	Integer	2	Abdominal re-operation procedure: Anastomotic revision – GJ date (year part)	
GJC	Integer	2	Abdominal re-operation procedure: Anastomotic revision – GJ suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction;

				4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CGJ	Integer	2	Abdominal re-operation procedure: Anastomotic revision – GJ reason for intervention confirmed	0=No; 1=Yes
JJ	Integer	2	Abdominal re-operation procedure: Anastomotic revision – JJ	0=No; 1=Yes
JJM	Integer	2	Abdominal re-operation procedure: Anastomotic revision – JJ date (month part)	
JJD	Integer	2	Abdominal re-operation procedure: Anastomotic revision – JJ date (day part)	
JJY	Integer	2	Abdominal re-operation procedure: Anastomotic revision – JJ date (year part)	
JJC	Integer	2	Abdominal re-operation procedure: Anastomotic revision – JJ suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory

				failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CJJ	Integer	2	Abdominal re-operation procedure: Anastomotic revision – JJ reason for intervention confirmed	0=No; 1=Yes
DJ	Integer	2	Abdominal re-operation procedure: Anastomotic revision – DJ	0=No; 1=Yes
DJM	Integer	2	Abdominal re-operation procedure: Anastomotic revision – DJ date (month part)	
DJD	Integer	2	Abdominal re-operation procedure: Anastomotic revision – DJ date (day part)	
DJY	Integer	2	Abdominal re-operation procedure: Anastomotic revision – DJ date (year part)	
DJC	Integer	2	Abdominal re-operation procedure: Anastomotic revision – DJ suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor

				intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CDJ	Integer	2	Abdominal re-operation procedure: Anastomotic revision – DJ reason for intervention confirmed	0=No; 1=Yes
BREPLA	Integer	2	Abdominal re-operation procedure: Band replacement	0=No; 1=Yes
BREPLAM	Integer	2	Abdominal re-operation procedure: Band replacement – date (month part)	
BREPLAD	Integer	2	Abdominal re-operation procedure: Band replacement – date (day part)	
BREPLAY	Integer	2	Abdominal re-operation procedure: Band replacement– date (year part)	
BREPLAC	Integer	2	Abdominal re-operation procedure: Band replacement – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever;

				15=Other
CBREPLA	Integer	2	Abdominal re-operation procedure: Band replacement – reason for intervention confirmed	0=No; 1=Yes
BREVIS	Integer	2	Abdominal re-operation procedure: Band/port revision	0=No; 1=Yes
BREVISM	Integer	2	Abdominal re-operation procedure: Band/port revision – date (month part)	
BREVISD	Integer	2	Abdominal re-operation procedure: Band/port revision – date (day part)	
BREVISY	Integer	2	Abdominal re-operation procedure: Band/port revision– date (year part)	
BREVISC	Integer	2	Abdominal re-operation procedure: Band/port revision – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CBREVIS	Integer	2	Abdominal re-operation procedure: Band/port revision – reason for intervention confirmed	0=No; 1=Yes
WREVIS	Integer	2	Abdominal re-operation	0=No;

			procedure: Wound revision or evisceration	1=Yes
WREVISM	Integer	2	Abdominal re-operation procedure: Wound revision or evisceration – date (month part)	
WREVISD	Integer	2	Abdominal re-operation procedure: Wound revision or evisceration – date (day part)	
WREVISY	Integer	2	Abdominal re-operation procedure: Wound revision or evisceration– date (year part)	
WREVISC	Integer	2	Abdominal re-operation procedure: Wound revision or evisceration – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CWREVIS	Integer	2	Abdominal re-operation procedure: Wound revision or evisceration – reason for intervention confirmed	0=No; 1=Yes
REXPLO	Integer	2	Abdominal re-operation procedure: Re-exploration	0=No; 1=Yes
REXPLOM	Integer	2	Abdominal re-operation procedure: Re-exploration – date (month	

			part)	
REXPLOD	Integer	2	Abdominal re-operation procedure: Re-exploration – date (day part)	
REXPLOY	Integer	2	Abdominal re-operation procedure: Re-exploration– date (year part)	
REXPLOC	Integer	2	Abdominal re-operation procedure: Re-exploration – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CREXPLO	Integer	2	Abdominal re-operation procedure: Re-exploration – reason for intervention confirmed	0=No; 1=Yes
REOPOTH	Integer	2	Abdominal re-operation procedure: Other	0=No; 1=Yes
REOPS	Text	100	Abdominal re-operation procedure: Specify other	
REOPOTHM	Integer	2	Abdominal re-operation procedure: Other – date (month part)	
REOPOTHD	Integer	2	Abdominal re-operation procedure: Other – date (day part)	
REOPOTHY	Integer	2	Abdominal re-operation procedure:	

			Other – date (year part)	
REOPOTH	Integer	2	Abdominal re-operation procedure: Other – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CREOPOTH	Integer	2	Abdominal re-operation procedure: Other – reason for intervention confirmed	0=No; 1=Yes
TRACHEA	Integer	2	Post-bariatric event: Tracheal reintubation	0=No; 1=Yes
TRACHEAM	Integer	2	Post-bariatric event: Tracheal reintubation date (month part)	
TRACHEAD	Integer	2	Post-bariatric event: Tracheal reintubation date (day part)	
TRACHEAY	Integer	2	Post-bariatric event: Tracheal reintubation date (year part)	
TRACHEAC	Integer	2	Post-bariatric event: Tracheal reintubation – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia;

				7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CTRACHEA	Integer	2	Post-bariatric event: Tracheal reintubation – reason for intervention confirmed	0=No; 1=Yes
TRACHEO	Integer	2	Post-bariatric event: Tracheostomy	0=No; 1=Yes
TRACHEOM	Integer	2	Post-bariatric event: Tracheostomy date (month part)	
TRACHEOD	Integer	2	Post-bariatric event: Tracheostomy date (day part)	
TRACHEOY	Integer	2	Post-bariatric event: Tracheostomy date (year part)	
TRACHEOC	Integer	2	Post-bariatric event: Tracheostomy – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CTRACHEO	Integer	2	Post-bariatric event:	0=No;

			Tracheostomy – reason for intervention confirmed	1=Yes
ENDOS	Integer	2	Post-bariatric event: Endoscopy	0=No; 1=Yes
ENDOSM	Integer	2	Post-bariatric event: Endoscopy date (month part)	
ENDOSD	Integer	2	Post-bariatric event: Endoscopy date (day part)	
ENDOSY	Integer	2	Post-bariatric event: Endoscopy date (year part)	
ENDOSC	Integer	2	Post-bariatric event: Endoscopy – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CENDOS	Integer	2	Post-bariatric event: Endoscopy – reason for intervention confirmed	0=No; 1=Yes
DILAT	Integer	2	Post-bariatric event: Dilation	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
DILATM	Integer	2	Post-bariatric event: Dilation date (month part)	<b>Form versions prior to 3.0:</b> (default = -10)
DILATD	Integer	2	Post-bariatric event:	<b>Form versions prior to</b>

			Dilation date (day part)	<b>3.0:</b> (default = -10)
DILATY	Integer	2	Post-bariatric event: Dilation date (year part)	<b>Form versions prior to 3.0:</b> (default = -10)
DILATC	Integer	2	Post-bariatric event: Dilation – suspected reason for intervention	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CDILAT	Integer	2	Post-bariatric event: Dilation – reason for intervention confirmed	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
PDRAIN	Integer	2	Post-bariatric event: Placement of percutaneous drain	0=No; 1=Yes
PDRAINM	Integer	2	Post-bariatric event: Placement of percutaneous drain date (month part)	

PDRAIN D	Integer	2	Post-bariatric event: Placement of percutaneous drain date (day part)	
PDRAIN Y	Integer	2	Post-bariatric event: Placement of percutaneous drain date (year part)	
PDRAIN C	Integer	2	Post-bariatric event: Placement of percutaneous drain – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CPDRAIN	Integer	2	Post-bariatric event: Placement of percutaneous drain – reason for intervention confirmed	0=No; 1=Yes
DVT THERA	Integer	2	Post-bariatric event: Anticoagulation therapy for presumed/confirmed DVT	0=No; 1=Yes
CDVT THERA	Integer	2	Post-bariatric event: Anticoagulation therapy for presumed/confirmed DVT – reason for intervention confirmed	0=No; 1=Yes
PETHERA	Integer	2	Post-bariatric event: Anticoagulation therapy for presumed/confirmed PE	0=No; 1=Yes
CPETHERA	Integer	2	Post-bariatric event: Anticoagulation therapy for presumed/confirmed PE – reason for intervention	0=No; 1=Yes

			confirmed	
EVEO1	Integer	2	Post-bariatric event: Other readmission 1	0=No; 1=Yes
EVEO1S	Text	100	Post-bariatric event: Specify other readmission 1	
EVEO1M	Integer	2	Post-bariatric event: Other readmission 1 date (month part)	
EVEO1D	Integer	2	Post-bariatric event: Other readmission 1 date (day part)	
EVEO1Y	Integer	2	Post-bariatric event: Other readmission 1 date (year part)	
EVEO1C	Integer	2	Post-bariatric event: Other readmission 1 – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CEVEO1	Integer	2	Post-bariatric event: Other readmission 1 – reason for intervention confirmed	0=No; 1=Yes
EVEO2	Integer	2	Post-bariatric event: Other readmission 2	0=No; 1=Yes
EVEO2S	Text	100	Post-bariatric event: Specify other readmission 2	
EVEO2M	Integer	2	Post-bariatric event: Other readmission 2 date (month part)	
EVEO2D	Integer	2	Post-bariatric event:	

			Other readmission 2 date (day part)	
EVEO2Y	Integer	2	Post-bariatric event: Other readmission 2 date (year part)	
EVEO2C	Integer	2	Post-bariatric event: Other readmission 2 – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CEVEO2	Integer	2	Post-bariatric event: Other readmission 2 – reason for intervention confirmed	0=No; 1=Yes
EVEO3	Integer	2	Post-bariatric event: Other readmission 3	0=No; 1=Yes
EVEO3S	Text	100	Post-bariatric event: Specify other readmission 3	
EVEO3M	Integer	2	Post-bariatric event: Other readmission 3 date (month part)	
EVEO3D	Integer	2	Post-bariatric event: Other readmission 3 date (day part)	
EVEO3Y	Integer	2	Post-bariatric event: Other readmission 3 date (year part)	
EVEO3C	Integer	2	Post-bariatric event: Other readmission 3 – suspected reason for intervention	1=Anastomotic leak; 2=Other abdominal sepsis; 3=Intestinal

				obstruction; 4=DVT; 5=Pulmonary embolism; 6=Pneumonia; 7=Other respiratory failure; 8=Wound infection/evisceration; 9=Fluid or electrolyte depletion; 10=Vomiting or poor intake; 11=Gastric distension; 12=Strictures; 13=Bleeding; 14=Infection/fever; 15=Other
CEVEO3	Integer	2	Post-bariatric event: Other readmission 3 – reason for intervention confirmed	0=No; 1=Yes
DVTREC	Integer	2	Were any post-operative anticoagulation therapy received?	0=No; 1=Yes
PSHEP	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin	0=No; 1=Yes
PSHEPPU	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Prophylactic use	0=No; 1=Yes
PSHEPPUD	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Prophylactic use # days	
PSHEPPUX	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Prophylactic use times/day	
PSHEPTU	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Therapeutic use	0=No; 1=Yes
PSHEPTUD	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Therapeutic use	
PSHEPTUX	Integer	2	Anticoagulation therapy: 5000 units sub-cutaneous heparin – Therapeutic use	

PAHEP	Integer	2	Anticoagulation therapy: Other dose heparin	0=No; 1=Yes
AHEPD	Long Integer	4	Anticoagulation therapy: Other dose heparin – dose amt (units)	
PAHEPPU	Integer	2	Anticoagulation therapy: Other dose heparin – Prophylactic use	0=No; 1=Yes
PAHEPPUD	Integer	2	Anticoagulation therapy: Other dose heparin – Prophylactic use # days	
PAHEPPUX	Integer	2	Anticoagulation therapy: Other dose heparin – Prophylactic use times/day	
PAHEPTU	Integer	2	Anticoagulation therapy: Other dose heparin – Therapeutic use	0=No; 1=Yes
PAHEPTUD	Integer	2	Anticoagulation therapy: Other dose heparin – Therapeutic use # days	
PAHEPTUX	Integer	2	Anticoagulation therapy: Other dose heparin – Therapeutic use times/day	
PLHEP	Integer	2	Anticoagulation therapy: Low molecular weight heparin	0=No; 1=Yes
PLHEPD	Integer	2	Anticoagulation therapy: Low molecular weight heparin dose	1=20 mg; 2=40 mg; 3=60 mg; 4=Other
PLHEPS	Double	8	Anticoagulation therapy: Low molecular weight heparin – specify other dose (mg)	
PLHEPPU	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Prophylactic use	0=No; 1=Yes
PLHEPPUD	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Prophylactic use # days	
PLHEPPUX	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Prophylactic use times/day	
PLHEPTU	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Therapeutic use	0=No; 1=Yes
PLHEPTUD	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Therapeutic use # days	

PLHEPTUX	Integer	2	Anticoagulation therapy: Low molecular weight heparin – Therapeutic use times/day	
POTH	Integer	2	Anticoagulation therapy: Other anticoagulant	0=No; 1=Yes
POTHS	Text	100	Anticoagulation therapy: Other anticoagulant, specify	
POTHD	Double	8	Anticoagulation therapy: Other anticoagulant – dose amt	
DOSETYPE	Integer	2	Anticoagulation therapy: Other anticoagulant – dose unit	1=mg; 2=units
POTHPU	Integer	2	Anticoagulation therapy: Other anticoagulant – Prophylactic use	0=No; 1=Yes
POTHPUD	Integer	2	Anticoagulation therapy: Other anticoagulant – Prophylactic use # days	
POTHPUX	Integer	2	Anticoagulation therapy: Other anticoagulant – Prophylactic use times/day	
POTHTU	Integer	2	Anticoagulation therapy: Other anticoagulant – Therapeutic use	0=No; 1=Yes
POTHTUD	Integer	2	Anticoagulation therapy: Other anticoagulant – Therapeutic use # days	
POTHTUX	Integer	2	Anticoagulation therapy: Other anticoagulant – Therapeutic use times/day	

## POSTC – Post-Operative Complications

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 3)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
POSTDAT	Date/Time	8	Date form completed	
SURGDAT	Date/Time	8	Date of surgery	
POSTCOMP	Integer	2	Did the patient have any post-discharge complications?	0=No; 1=Yes
WINF	Integer	2	Post-discharge complications: Wound infection	0=No; 1=Yes
DEHIS	Integer	2	Post-discharge complications: Fascial dehiscence	0=No; 1=Yes
WEDGE	Integer	2	Post-discharge complications: Fascial dehiscence – Did the wound edges open within 30 days following surgery?	0=No; 1=Yes
WEDGEPB	Integer	2	Post-discharge complications: Fascial dehiscence – Did the wound edges separate within 30 days following surgery requiring packing or bandage?	0=No; 1=Yes
SBOBS	Integer	2	Post-discharge complications: Small bowel obstruction	0=No; 1=Yes
SBOBSS	Integer	2	Post-discharge complications: Small bowel obstruction – Specify	1=Partial obstruction; 2=Complete obstruction
SBOBSC	Integer	2	Post-discharge complications: Small bowel obstruction – Cause	1=Internal hernia; 2=Adhesions; 3=Anastomotic anatomy; 4=Obstructed JJ Anastomosis; 5=Unknown; 6=Other
SBOBSCS	Text	100	Post-discharge complications: Small bowel obstruction – Specify other	
VH	Integer	2	Post-discharge complications: Incisional/ventral hernia	0=No; 1=Yes
CHOL	Integer	2	Post-discharge complications: Acute cholecystitis/bilruc colic	0=No; 1=Yes
STONE	Integer	2	Post-discharge complications: Common bowel duct stones/cholangitis	0=No; 1=Yes

STOBS	Integer	2	Post-discharge complications: Stomal/gastric outlet obstruction	0=No; 1=Yes
SLBREAK	Integer	2	Post-discharge complications: Staple line breakdown	0=No; 1=Yes
INTLEAK	Integer	2	Post-discharge complications: Leakage of intestinal contents	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKCONT	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Contained	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKDIFF	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Diffuse	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKSTL	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Staple line	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKREP	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Operative repair or drain	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKPERC	Integer	2	Post-discharge complications: Leakage of intestinal contents,	<b>Form versions prior to 3.0:</b>

			details of leak – Percutaneous drainage	(default = -10) <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKMNG	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Non-operative management	<b>Form versions prior to 3.0:</b> (default = -10) <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKGJ	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Proximal to GJ junction	<b>Form versions prior to 3.0:</b> (default = -10) <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKGJA	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Gastrojejunostomy anastomosis	<b>Form versions prior to 3.0:</b> (default = -10) <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKGP	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Gastric pouch	<b>Form versions prior to 3.0:</b> (default = -10) <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKGR	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Gastric remnant	<b>Form versions prior to 3.0:</b> (default = -10) <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKESO	Integer	2	Post-discharge complications:	<b>Form versions prior to</b>

			Leakage of intestinal contents, details of leak – From esophagus	<b>3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKSTOM	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – From stomach	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKSMB	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – From small bowel	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKJJ	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – From JJ	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKOTH	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – From other source	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKOTHS	Text	100	Post-discharge complications: Leakage of intestinal contents, details of leak – Specify other source	<b>Form versions prior to 3.0:</b> (default = -10)
LEAKDUO	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Duodenum or biliopancreatic limb	<b>Form versions prior to 3.0:</b> (default = -10)

				<b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKROUX	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Roux (not anastomosis)	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
LEAKCOMM	Integer	2	Post-discharge complications: Leakage of intestinal contents, details of leak – Common channel small bowel	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
GJSTRICT	Integer	2	Post-discharge complications: Anastomotic stricture: Gastro- jejunostomy	0=No; 1=Yes
JJSTRICT	Integer	2	Post-discharge complications: Anastomotic stricture: Jejuno- jejunostomy	0=No; 1=Yes
GBSTENO	Integer	2	Post-discharge complications: Gastric band stenosis	0=No; 1=Yes
GBEROS	Integer	2	Post-discharge complications: Gastric band erosion	0=No; 1=Yes
GBSLIP	Integer	2	Post-discharge complications: Gastric band slippage	0=No; 1=Yes
GBLEAK	Integer	2	Post-discharge complications: Gastric band leakage	0=No; 1=Yes
PORTPROB	Integer	2	Post-discharge complications: Port or tube problems	0=No; 1=Yes
GPROLA	Integer	2	Post-discharge complications: Gastric prolapse	0=No; 1=Yes
ESOMOT	Integer	2	Post-discharge complications: Esophageal motility disorder or dilation	0=No; 1=Yes
REFLUX	Integer	2	Post-discharge complications: Gastroesophageal reflux	0=No; 1=Yes
REFLUXID	Integer	2	Post-discharge complications: Gastroesophageal reflux – How was it identified	1=Symptoms; 2=pH probe
PHPROBE	Integer	2	Post-discharge complications:	

			Gastroesophageal reflux – pH probe, # measured	
PDUMP	Integer	2	Post-discharge complications: Primary dumping syndrome	0=No; 1=Yes
LDUMP	Integer	2	Post-discharge complications: Late-dumping symptoms	0=No; 1=Yes
VOMIT	Integer	2	Post-discharge complications: Nausea or vomiting	0=No; 1=Yes
NAUSEAS	Integer	2	Post-discharge complications: Severity of nausea	0=None; 1=Mild; 2=Moderate; 3=Severe; 4=Extremely severe
NAUSEAF	Integer	2	Post-discharge complications: Frequency of nausea	0=None; 1=Rare; 2=Occasional; 3=Frequent; 4=Extremely frequent
VOMITS	Integer	2	Post-discharge complications: Severity of vomiting	0=None; 1=Mild; 2=Moderate; 3=Severe; 4=Extremely severe
VOMITF	Integer	2	Post-discharge complications: Frequency of vomiting	0=None; 1=Rare; 2=Occasional; 3=Frequent; 4=Extremely frequent
FLATU	Integer	2	Post-discharge complications: Flatulence	0=No; 1=Yes
DIARRH	Integer	2	Post-discharge complications: Persistent diarrhea	0=No; 1=Yes
CONSTIP	Integer	2	Post-discharge complications: Constipation	0=No; 1=Yes
DEHYDRA	Integer	2	Post-discharge complications: Dehydration	0=No; 1=Yes
RENALF	Integer	2	Post-discharge complications: Acute renal failure	0=No; 1=Yes
LFAIL	Integer	2	Post-discharge complications: Liver failure	0=No; 1=Yes
MI	Integer	2	Post-discharge complications: Myocardial infarction	0=No; 1=Yes
ARREST	Integer	2	Post-discharge complications: Cardiac arrest	0=No; 1=Yes
HYPOG	Integer	2	Post-discharge complications: Hypoglycemia	0=No; 1=Yes
SYMHYPOG	Integer	2	Post-discharge complications:	0=No;

			Symptomatic hypoglycemia	1=Yes
OTHEVT	Integer	2	Post-discharge complications: Other event that resulted in an unexpected course of action	0=No; 1=Yes
OTHEVTS	Text	100	Post-discharge complications: Specify other event	
CDFU	Yes/No	1		

## POUF - Pre-operative Update

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 2)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
POUFDAT	Date/Time	8	Date form completed	
DOCTLDAT	Date/Time	8	Date of consent	
SMOKE	Integer	2	Smoking status	1=Never smoked; 2=Current; 3=Former
CIGQUIT	Integer	2	Age quit (years)	
CIGSTART	Integer	2	Age started regularly (years)	
CIGAVE	Integer	2	Average packs/day	
PROC	Integer	2	Planned procedure	1=Gastric bypass (Roux-en-Y); 2=Biliopancreatic diversion (BPD); 3=Biliopancreatic diversion with Duodenal Switch (BPDS); 4=Laparoscopic adjustable gastric band (LAGB); 5=Sleeve gastrectomy - initial stage; 6=Sleeve gastrectomy - second stage; 7=Other; 8=Banded Gastric bypass (Gastric bypass & non-adjustable band); 9=Vertical Banded Gastroplasty; -3=Unknown at this time
SGA	Integer	2	Planned procedure: Sleeve gastrectomy-second stage	1=Gastric bypass (Roux-en-Y); 2=BPD; 3=BPDS
PROCS	Text	100	Planned procedure: Specify other	
APPRCH	Integer	2	Planned approach	1=Laparoscopic; 2=Open; -3=Unknown
REVIS	Integer	2	Is the planned procedure a	0=No;

			revision	1=Yes
REVER	Integer	2	Is the planned procedure a reversal	0=No; 1=Yes
IMMUNO	Integer	2	Medications in the past 90 days: Therapeutic oral/IV immunosuppressant	0=No; 1=Yes
ANTIC	Integer	2	Medications in the past 90 days: Therapeutic anticoagulation	0=No; 1=Yes
NARC	Integer	2	Medications in the past 90 days: Narcotic	0=No; 1=Yes
STATIN	Integer	2	Medications in the past 90 days: Statin or other lipid lowering agent	0=No; 1=Yes
ADEPRS	Integer	2	Medications in the past 90 days: Antidepressant	0=No; 1=Yes
BETAB	Integer	2	Medications in the past 90 days: Beta-blocker	0=No; 1=Yes
FS	Integer	2	What is the patient's functional status?	1=Can walk (length of grocery store aisle) 200 ft. unassisted; 2=Able to walk 200 ft. with assist device (cane, walker); 3=Cannot walk 200 ft. with assist device; -3=Unknown
HTN	Integer	2	Comorbidities: Hypertension	0=No; 1=Yes
HTNS	Integer	2	Comorbidities: Hypertension, specify	1=No medication; 2=Single medication; 3=Multiple medications
DM	Integer	2	Comorbidities: Diabetes	0=No; 1=Yes
DMS	Integer	2	Comorbidities: Diabetes, specify	1=No medication; 2=Single oral medication; 3=Multiple oral medications; 4=Insulin; 5=Oral meds and insulin
CHF	Integer	2	Comorbidities: CHF	0=No; 1=Yes

CHFS	Integer	2	Comorbidities: CHF, Specify NYHC	1=I; 2=II; 3=III; 4=IV; -3=Unknown
ASTH	Integer	2	Comorbidities: Asthma	0=No; 1=Yes
ASTHS	Integer	2	Comorbidities: Asthma, specify	1=History of Intubation; 2=No History of Intubation
DVT	Integer	2	Comorbidities: History of DVT/PE	0=No; 1=Yes
DOCDVT	Integer	2	Comorbidities: History of DVT/PE, Documented DVT	0=No; 1=Yes
DOCPE	Integer	2	Comorbidities: History of DVT/PE, Documented PE	0=No; 1=Yes
VEDEMA	Integer	2	Comorbidities: History of DVT/PE, Venous edema w/ulceration	0=No; 1=Yes
SLPA	Integer	2	Comorbidities: Sleep Apnea	0=No; 1=Yes
CPAP	Integer	2	Comorbidities: Sleep Apnea, C-pap/Bi-pap?	0=No; 1=Yes
OXYDEP	Integer	2	Comorbidities: Sleep Apnea, Supplemental oxygen dependent?	0=No; 1=Yes
HD	Integer	2	Comorbidities: Ischemic Heart Disease	0=No; 1=Yes
HXMI	Integer	2	Comorbidities: Ischemic Heart Disease, History of MI	0=No; 1=Yes
NOISCH	Integer	2	Comorbidities: Ischemic Heart Disease, No active ischemia	0=No; 1=Yes
ABNEKG	Integer	2	Comorbidities: Ischemic Heart Disease, Abnormal EKG but unable to assess ischemia	0=No; 1=Yes
CORINTRV	Integer	2	Comorbidities: Ischemic Heart Disease, PCI, CABG	0=No; 1=Yes
AISCHM	Integer	2	Comorbidities: Ischemic Heart Disease, Anti- ischemic medications	0=No; 1=Yes
PULHYP	Integer	2	Comorbidities:	0=No;

			Pulmonary hypertension	1=Yes
HXVE	Integer	2	Comorbidities: History of venous edema with ulcerations	0=No; 1=Yes
PSEUDOT	Integer	2	Comorbidities: Pseudotumor Cerebri	0=No; 1=Yes
DYSLIP	Integer	2	Comorbidities: Dyslipidemia	0=No; 1=Yes
INZONE	Integer	2	Comorbidities: Intertriginous zone infection/breakdown	0=No; 1=Yes
GALLST	Integer	2	Comorbidities: Gallstones	0=No; 1=Yes
GERD	Integer	2	Comorbidities: Acid reflux (heartburn) /GERD	0=No; 1=Yes
BLOUNT	Integer	2	Comorbidities: Blount's Disease	0=No; 1=Yes
OCOND	Integer	2	Are there any comorbid conditions the patient may have that could affect clinical outcome following bariatric surgery?	0=No; 1=Yes

## POUF\_OCONDS – Pre-Operative Comorbidities

Variable name	Type	Length	Description	Values
RanIDPOUF	Long Integer	4	<b>(KEY)</b> Randomly assigned unique ID	
ID_New	Integer	8	Unique Participant ID	
POUFDAT	Date/Time	8	Date form completed	
OCONDS	Text	100	Other comorbid condition	

## PSQ – Pediatric Sleep Questionnaire

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
PSQDAT	Date/Time	8	Date form completed	
PSQ1a	Integer	2	1a. While sleeping does your child... Snore more than half the time?	1=Yes; 0=No; -3=Don't Know
PSQ1b	Integer	2	1b. While sleeping does your child... Always snore?	1=Yes; 0=No; -3=Don't Know
PSQ1c	Integer	2	1c. While sleeping does your child... Snore loudly?	1=Yes; 0=No; -3=Don't Know
PSQ1d	Integer	2	1d. While sleeping does your child... Have 'heavy' or loud breathing?	1=Yes; 0=No; -3=Don't Know
PSQ1e	Integer	2	1e. While sleeping does your child... Have trouble breathing or struggle to breathe?	1=Yes; 0=No; -3=Don't Know
PSQ2	Integer	2	2. Have you ever seen your child stop breathing during the night?	1=Yes; 0=No; -3=Don't Know
PSQ3a	Integer	2	3a. Does your child... Tend to breathe through the mouth during the day?	1=Yes; 0=No; -3=Don't Know
PSQ3b	Integer	2	3b. Does your child... Have a dry mouth on waking up in the morning?	1=Yes; 0=No; -3=Don't Know
PSQ3c	Integer	2	3c. Does your child... Occasionally wet the bed?	1=Yes; 0=No; -3=Don't Know
PSQ3d	Integer	2	3d. Does your child... Wake up feeling unrefreshed in the morning?	1=Yes; 0=No; -3=Don't Know
PSQ3e	Integer	2	3e. Does your child... Have a problem with sleepiness during the day?	1=Yes; 0=No; -3=Don't Know
PSQ4	Integer	2	4. Has a teacher or other supervisor commented that your child appears sleepy during the day?	1=Yes; 0=No; -3=Don't Know
PSQ5	Integer	2	5. Is it hard to wake your child up in the morning?	1=Yes; 0=No; -3=Don't Know

PSQ6	Integer	2	6. Does your child wake up with headaches in the morning?	1=Yes; 0=No; -3=Don't Know
PSQ7	Integer	2	7. Did your child stop growing at a normal rate at any time since birth?	1=Yes; 0=No; -3=Don't Know
PSQ8a	Integer	2	8a. This child often... Does not seem to listen when spoken to directly.	1=Yes; 0=No; -3=Don't Know
PSQ8b	Integer	2	8b. This child often... Has difficulty organizing task and activities.	1=Yes; 0=No; -3=Don't Know
PSQ8c	Integer	2	8c. This child often... Is easily distracted by extraneous stimuli.	1=Yes; 0=No; -3=Don't Know
PSQ8d	Integer	2	8d. This child often... Fidgets with hands or feet or squirms in seat.	1=Yes; 0=No; -3=Don't Know
PSQ8e	Integer	2	8e. This child often... Is 'on the go' or often acts as if 'driven by a motor'.	1=Yes; 0=No; -3=Don't Know
PSQ8f	Integer	2	8f. This child often... Interrupts or intrudes on others (e.g., butts into conversations or games).	1=Yes; 0=No; -3=Don't Know

## PTP – Prescribed Treatment Plan

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
PTPDAT	Date/Time	8	Date form completed	
MVIRX	Integer	2	Prescribed: Multivitamin	1=Yes; 0=No
MVIT	Integer	2	Type of Multivitamin	1=Centrum Chewables; 2=Centrum; 3=NataChew Prenatal w/Iron; 4=Flintstone/Bugs Bunny/Other Chewables; 5=Generic Multivitamin; 6=Brand name multivitamin; 7=Other
MVITS	Text	100	Specify other type of Multivitamin	
MVIDOSE	Double	8	Dosing: Multivitamin (tablets)	
MVIF	Double	8	Frequency: Multivitamin (times/day)	
B1RX	Integer	2	Prescribed: Vitamin B-1	1=Yes; 0=No
B1DOSE	Integer	2	Dosing: Vitamin B-1 (mg)	
B1F	Double	8	Frequency: Vitamin B-1 (times/day)	
B50RX	Integer	2	Prescribed: Vitamin B-50	1=Yes; 0=No
B50F	Integer	2	Frequency: Vitamin B-50 (times/day)	
B12RX	Integer	2	Prescribed: Vitamin B-12	1=Yes; 0=No
B12DOSE	Double	8	Dosing: Vitamin B-12 (mcg)	
B12F	Double	8	Frequency: Vitamin B-12 (times/day)	
B12SRX	Integer	2	Prescribed: Vitamin B-12 shot	1=Yes; 0=No
B12SF	Integer	2	Frequency: Vitamin B-12 shot	1=Monthly; 2=Other
B12SFS	Text	100	Specify other frequency of	

			Vitamin B-12 shot	
CALRX	Integer	2	Prescribed: Calcium	1=Yes; 0=No
CALT	Integer	2	Type of Calcium	1=Sugar-Free TUMS; 2=Caltrate; 3=Citracal + Vitamin D; 4=Oscal+ Vitamin D; 5=Viactiv Chewables; 6=Other
CALTS	Text	100	Specify other type of Calcium	
CALDOSE	Integer	2	Dosing: Calcium (mg)	
CALF	Double	8	Frequency: Calcium (times/day)	
VITDRX	Integer	2	Prescribed: Vitamin D (alone)	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 1=Yes; 0=No
VITDT	Text	100	Specify type of Vitamin D	<b>Form versions prior to 2.0:</b> (default = -10)
VITDDOSE	Long Integer	4	Dosing: Vitamin D (I.U.)	<b>Form versions prior to 2.0:</b> (default = -10)
VITDF	Double	8	Frequency: Vitamin D (times/day)	<b>Form versions prior to 2.0:</b> (default = -10)
IRONRX	Integer	2	Prescribed: Iron	1=Yes; 0=No
IRONT	Integer	2	Type of Iron	1=Feosol; 2=Niferex; 3=Other
IRONTS	Text	100	Specify other type of iron	
IRONDOSE	Double	8	Dosing: Iron (mg)	
IRONF	Double	8	Frequency: Iron (times/day)	

## RCAB – Research Coordinator Assessment Baseline

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
RCABDAT	Date/Time	8	Date form completed	
CAT	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. CAT Scan of chest	0=No; 1=Yes; -3=Unknown
CATR	Integer	2	If completed, specify results. CAT Scan of chest	1=Normal; 2=Abnormal
STR	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Stress test	0=No; 1=Yes; -3=Unknown
STRTYPE	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months Stress test type	1=Exercise; 2=Chemical
STRR	Integer	2	If completed, specify results. Stress test	1=Normal; 2=Abnormal
RHCAT	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Right Heart Catherization	0=No; 1=Yes; -3=Unknown
RHCATR	Integer	2	If completed, specify results. Right Heart Catherization	1=Normal; 2=Abnormal
LHCAT	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Left Heart Catherization	0=No; 1=Yes; -3=Unknown
LHCATR	Integer	2	If completed, specify results. Left Heart Catherization.	1=Normal; 2=Abnormal
CARDF	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Cardiac function* *Based on NYGA, Echocardiogram or Cardiac Catherization	0=No; 1=Yes; -3=Unknown
CARDFR	Double	8	If completed, specify results. Cardiac function LVEF%	
CARDO	Integer	2	If no percent available Cardiac function LVEF%	1=Normal; 2=Abnormal
CARDFR2	Double	8	If completed, specify results.	

			Cardiac function LVMI (g/m <sup>2.7</sup> )	
CARDFR3	Double	8	If completed, specify results. Cardiac function LV mass (gm)	
CARDFR4	Double	8	If completed, specify results. Cardiac function – Relative wall thickness	
ENDO	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Endoscopy	0=No; 1=Yes; -3=Unknown
ENDORP	Integer	2	If completed, specify results. Endoscopy: H. Pyloi	0=No; 1=Yes; -5=Not done
ENDORB	Integer	2	If completed, specify results. Endoscopy: Barret’s Esophagus	0=No; 1=Yes
ENDORH	Integer	2	If completed, specify results. Endoscopy: Hiatal Hernia	0=No; 1=Yes
GI	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Upper GI series	0=No; 1=Yes; -3=Unknown
GIRP	Integer	2	If completed, specify results. Upper GI series: Paraesophageal Hernia	0=No; 1=Yes
GIRH	Integer	2	If completed, specify results. Upper GI series: Hiatal Hernia	0=No; 1=Yes
PULSE	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Pulseoximeter	0=No; 1=Yes; -3=Unknown
PULSER	Double	8	If completed, specify results. Pulseoximeter SAO2 %	
ECG	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. ECG	0=No; 1=Yes; -3=Unknown
ECGRN	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. ECG Results - Normal	0=No; 1=Yes
ECGRAF	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. ECG Results - Atrial Fib.	0=No; 1=Yes
ECGRST	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months.	0=No; 1=Yes

			ECG Results - Sinus Tach.	
ECGROA	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. ECG Results - Other Arrhythmia	0=No; 1=Yes
ECGRSTT	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. ECG Results - ST-T waves indicating possible ischemia	0=No; 1=Yes
ECGROTH	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. ECG Results - Other	0=No; 1=Yes
ECGROTHS	Text	100	Clinical test (s) in preparation for bariatric surgery within 12 months. ECG Results - Specify other	
POLY	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Polysomnogram	0=No; 1=Yes; -3=Unknown
POLYR	Double	8	If completed, specify results. Polysomnogram-Apnea-Hypopnea Index (AHI)	
PFT	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Pulmonary Function Test (PFT)	0=No; 1=Yes; -3=Unknown
PFTR1	Double	8	If completed, specify results. Pulmonary Function Test (PFT): FEV1 (L)	
PFTDEF	Double	8	If completed, specify results. Pulmonary Function Test (PFT): % of defusing capacity	
PFTR2	Double	8	If completed, specify results. Pulmonary Function Test (PFT): FVC (L)	
ABG	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Arterial blood gas	0=No; 1=Yes; -3=Unknown
ABGR1	Integer	2	If completed, specify results. Arterial blood gas: CO2	
ABGR2	Double	8	If completed, specify results Arterial blood gas: O2 on room air temperature	

ABGR3	Double	8	If completed, specify results. Arterial blood gas: O2 on oxygen	
UGALL	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Ultrasound gall bladder	0=No; 1=Yes; -3=Unknown
UGALLR	Integer	2	If completed, specify results. Ultrasound gall bladder: Evidence of gallstones	0=No; 1=Yes
CTESTO	Integer	2	Clinical test(s) in preparation for bariatric surgery within 12 months. Other	0=No; 1=Yes; -3=Unknown
CTESTOS	Memo	-	Clinical test(s) in preparation for bariatric surgery within 12 months. Specify other	
CTESTOR	Memo	-	Clinical test(s) in preparation for bariatric surgery within 12 months. Specify results of other	
PREHGT	Double	8	Pre-program height (height at time earliest weight after referral to surgical weight loss program) (cm)	
PREWGT	Double	8	Pre-program weight (earliest weight after referral to surgical weight loss program) (kg)	
PREDAT	Date/Time	8	Date pre-program height/weight obtained	
PREBMI	Double	8	Pre-program BMI (calculated using pre-program height and weight)	
CAREFAC	Integer	2	Is patient residing in a care facility (for example: personal care home, rehab facility, long-term care facility, assisted living)?	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes

## RCAF – Research Coordinator Assessment Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
RCAFDAT	Date/Time	8	Date form completed	
CARDF	Integer	2	Clinical test(s) since patient's last study visit. Cardiac function* *Based on NYGA, Echocardiogram or Cardiac Catherization	0=No; 1=Yes; -3=Unknown
CARDFR	Double	8	If completed, specify results. Cardiac function LVEF%	
CARDO	Integer	2	If no percent available Cardiac function LVEF%	1=Normal; 2=Abnormal
CARDFR2	Double	8	If completed, specify results. Cardiac function LVMI (g/m <sup>2.7</sup> )	
CARDFR3	Double	8	If completed, specify results. Cardiac function LV mass (gm)	
CARDFR4	Double	8	If completed, specify results. Cardiac function – Relative wall thickness	
POLY	Integer	2	Clinical test(s) since patient's last study visit. Polysomnogram	0=No; 1=Yes; -3=Unknown
POLYR	Double	8	If completed, specify results. Polysomnogram-Apnea-Hypopnea Index (AHI)	
UGALL	Integer	2	Clinical test (s) in preparation for bariatric surgery within 12 months. Ultrasound gall bladder	0=No; 1=Yes; -3=Unknown
UGALLR	Integer	2	If completed, specify results. Ultrasound gall bladder: Evidence of gallstones	0=No; 1=Yes
CTESTO	Integer	2	Clinical test(s) since patient's last study visit. Other	0=No; 1=Yes; -3=Unknown
CTESTOS	Memo	-	Clinical test(s) since patient's last study visit. Specify other	
CTESTOR	Memo	-	Clinical test(s) since patient's last study visit.	

			Specify results of other	
HOSP	Integer	2	Since the patient's last study visit, has the patient been hospitalized?	<p><b>Form versions prior to 2.0:</b> (default = -10)</p> <p><b>Form version 2.0 and higher:</b> 0=No; 1=Yes</p>
OUTPAT	Integer	2	Since the patient's last study visit, has the patient had any out-patient procedures?	<p><b>Form versions prior to 2.0:</b> (default = -10)</p> <p><b>Form version 2.0 and higher:</b> 0=No; 1=Yes</p>
CAREFAC	Integer	2	Since the patient's last study visit, has the patient resided in a care facility (for example: personal care home, rehab facility, long-term care facility, assisted living)?	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=No; 1=Yes</p>
FU5OR8	Integer	2	Is the patient: female AND at least 18 years old AND this is the 60 month (5 year) or 96 month (8 year) follow up visit?	<p><b>Form versions prior to 4.0:</b> (default = -10)</p> <p><b>Form version 4.0 and higher:</b> 0=No; 1=Yes</p>
PREGBARI	Integer	2	If YES, How many times has the patient been pregnant since having bariatric surgery? Count all pregnancies regardless of outcome (miscarriage, ectopic or tubal pregnancy, abortion, still birth, or live birth).	<p><b>Form versions prior to 4.0:</b> (default = -10)</p>

## RHB – Reproductive Health Baseline

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
RHBDAT	Date/Time	8	Date form completed	
IRRPERD	Integer	2	Have you had irregular menstrual periods (less than 8 periods a year) throughout life starting in your teens?	0=No; 1=Yes; -2=I have never had a menstrual period or I have only had menstrual periods for less than a year
HAIR	Integer	2	Have you ever had the following symptoms? Excess facial, chest, or body hair	0=No; 1=Yes
BALD	Integer	2	Have you ever had the following symptoms? Male pattern baldness, such as thinning of hair at the crown or temple	0=No; 1=Yes
ACNE	Integer	2	Have you ever had the following symptoms? Severe acne	0=No; 1=Yes
PCOS	Integer	2	Has a health care professional ever told you that you have/had polycystic ovary syndrome (PCOS)?	0=No; 1=Yes
PCOSTX	Integer	2	Are you currently treating your PCOS?	0=No; 1=Yes
PCOSEXER	Integer	2	How are you currently treating your PCOS? Exercise	0=No; 1=Yes
PCOSDIET	Integer	2	How are you currently treating your PCOS? Diet	0=No; 1=Yes
PCOSPMED	Integer	2	How are you currently treating your PCOS? Prescription medication	0=No; 1=Yes
HORM	Integer	2	In the past 12 months, have you taken any hormonal medication, such as hormone replacement therapy (HRT),	0=No; 1=Yes

			the pill, or fertility medication?	
HORMTYPE	Integer	2	Please indicate which type of hormonal medication you have taken in the past 12 months	1=Hormone replacement therapy; 2=Hormonal birth control (such as pill, ring, shot, Mirena); 3=Fertility medication
PERDEVER	Integer	2	Have you ever had a menstrual period?	0=No; 1=Yes
FIRSTAGE	Integer	2	How old were you when you got your first menstrual period? (years)	
PERIOD	Integer	2	In how many of those months did you have a menstrual period?	
MCYCLE	Integer	2	Usually, how many days are between your menstrual periods? (This is the interval from the first day of one menstrual period to the first day of your next menstrual period.)	1=Less than 21 days; 2=21-35 days; 3=More than 35 days; 4=Too irregular to estimate
PLAST	Integer	2	On average, how many days did your menstrual period (bleeding) last?	1=1-4 days; 2=5-7 days; 3=8-9 days; 4=More than 9 days
SPOT	Integer	2	Did you have spotting or bleeding that occurred at times other than your menstrual period?	0=No; 1=Yes
SPOTS	Integer	2	In how many of the past 12 months did this occur?	
LASTPRD	Integer	2	When was your last menstrual period? (months ago)	
PRDSTOP	Integer	2	If your last period was 3 or more months ago, why did your natural menstrual period stop?	3=Hysterectomy alone; 4=Chemotherapy; 5=Chronic illness; 6=Prolactin, adrenal gland or thyroid problem; 7=Pregnancy; 8=No known reason; 9=Other; 10=Birth control or other medication; 11=Hysterectomy and oophorectomy; 12=Oophorectomy alone;

				13=Endometrial ablation
PRDSTOPS	Text	100	If your last period was 3 or more months ago, why did your natural menstrual period stop? Specify other reason	
AGE18	Integer	2	How old are you now?	1=Under 18 years old; 2=18 years old or older
PREG	Integer	2	Have you ever tried to become pregnant?	0=No; 1=Yes
NOPREG	Integer	2	Has there ever been at least 12 months in your life when you were regularly having sexual intercourse with a man and not using any form of birth control and yet you did not become pregnant?	0=No; 1=Yes
NOPREGAG	Integer	2	Specify age this first happened (years old)	
PREGPROB	Integer	2	Have you ever talked to a doctor or had tests done because of problems becoming pregnant?	0=No; 1=Yes
FERT	Integer	2	Have you ever taken any fertility medication to help you become pregnant (such as Clomid, Serophene, Gonal-F, Follistim)?	0=No; 1=Yes
PREGNUM	Integer	2	Total number of times you have been pregnant	
PREGAGE1	Integer	2	Pregnancy 1: Age when you became pregnant (years)	
FERT1	Integer	2	Pregnancy 1: Fertility medication used?	0=No; 1=Yes
PREGOUT1	Integer	2	Pregnancy 1: Outcome	1=live birth; 2=still birth; 3=miscarriage; 4=other outcome
PREGAGE2	Integer	2	Pregnancy 2: Age when you became pregnant (years)	
FERT2	Integer	2	Pregnancy 2: Fertility medication used?	0=No; 1=Yes
PREGOUT2	Integer	2	Pregnancy 2: Outcome	1=live birth; 2=still birth; 3=miscarriage;

				4=other outcome
PREGAGE3	Integer	2	Pregnancy 3: Age when you became pregnant (years)	
FERT3	Integer	2	Pregnancy 3: Fertility medication used?	0=No; 1=Yes
PREGOUT3	Integer	2	Pregnancy 3: Outcome	1=live birth; 2=still birth; 3=miscarriage; 4=other outcome
PREGAGE4	Integer	2	Pregnancy 4: Age when you became pregnant (years)	
FERT4	Integer	2	Pregnancy 4: Fertility medication used?	0=No; 1=Yes
PREGOUT4	Integer	2	Pregnancy 4: Outcome	1=live birth; 2=still birth; 3=miscarriage; 4=other outcome
PREGAGE5	Integer	2	Pregnancy 5: Age when you became pregnant (years)	
FERT5	Integer	2	Pregnancy 5: Fertility medication used?	0=No; 1=Yes
PREGOUT5	Integer	2	Pregnancy 5: Outcome	1=live birth; 2=still birth; 3=miscarriage; 4=other outcome
PREGAGE6	Integer	2	Pregnancy 6: Age when you became pregnant (years)	
FERT6	Integer	2	Pregnancy 6: Fertility medication used?	0=No; 1=Yes
PREGOUT6	Integer	2	Pregnancy 6: Outcome	1=live birth; 2=still birth; 3=miscarriage; 4=other outcome
PREGAGE7	Integer	2	Pregnancy 7: Age when you became pregnant (years)	
FERT7	Integer	2	Pregnancy 7: Fertility medication used?	0=No; 1=Yes
PREGOUT7	Integer	2	Pregnancy 7: Outcome	1=live birth; 2=still birth; 3=miscarriage; 4=other outcome
PREGAGE8	Integer	2	Pregnancy 8:	

			Age when you became pregnant (years)	
FERT8	Integer	2	Pregnancy 8: Fertility medication used?	0=No; 1=Yes
PREGOUT8	Integer	2	Pregnancy 8: Outcome	1=live birth; 2=still birth; 3=miscarriage; 4=other outcome
PREGAGEN	Integer	2	I have had more than 8 pregnancies	0=Not selected 1=Selected (default = 0)
BCNTL	Integer	2	In the past 12 months, have you used birth control for any reason?	0=No; 1=Yes
PILLSM	Integer	2	Specify method of birth control you have used in the past 12 months: Pills, monthly (including one week of placebo or no pills, get period)	0=No; 1=Yes
PILLSC	Integer	2	Specify method of birth control you have used in the past 12 months: Pills, continuous use (new pack every 3 weeks, no period)	0=No; 1=Yes
MINIPILL	Integer	2	Specify method of birth control you have used in the past 12 months: Mini Pill, continuous use (progestin only, get period)	0=No; 1=Yes
RING	Integer	2	Specify method of birth control you have used in the past 12 months: Patch or ring	0=No; 1=Yes
SHOTS	Integer	2	Specify method of birth control you have used in the past 12 months: Injections of medications (shots) or implantation of a medication release device	0=No; 1=Yes
IUD	Integer	2	Specify method of birth control you have used in the past 12 months: IUD	0=No; 1=Yes
IUDTYPE	Integer	2	Specify method of birth control you have used in the past 12 months:	1=Mirena; 2=Copper; -3=Don't know

			Specify type of IUD	
DIAPH	Integer	2	Specify method of birth control you have used in the past 12 months: Diaphragm	0=No; 1=Yes
CAP	Integer	2	Specify method of birth control you have used in the past 12 months: Cervical cap	0=No; 1=Yes
CONDOM	Integer	2	Specify method of birth control you have used in the past 12 months: Male or female condom	0=No; 1=Yes
FOAMS	Integer	2	Specify method of birth control you have used in the past 12 months: Contraceptive foams, creams, jellies	0=No; 1=Yes
NATURAL	Integer	2	Specify method of birth control you have used in the past 12 months: Natural family planning, rhythm method or having sex during "safe" times	0=No; 1=Yes
WITHD	Integer	2	Specify method of birth control you have used in the past 12 months: Withdrawal	0=No; 1=Yes
HYSTER	Integer	2	Specify method of birth control you have used in the past 12 months: Hysterectomy: your uterus was surgically removed	0=No; 1=Yes
TUBAL	Integer	2	Specify method of birth control you have used in the past 12 months: Tubal ligation: your tubes were tied	0=No; 1=Yes
VASECT	Integer	2	Specify method of birth control you have used in the past 12 months: Vasectomy: your partner was sterilized	0=No; 1=Yes
BCNTLO	Integer	2	Specify method of birth control you have used in the past 12 months: Other	0=No; 1=Yes

BCNTLOS	Text	100	Specify method of birth control you have used in the past 12 months: Specify other	
BCNTLS	Integer	2	In the past 12 months, how often have you used birth control when having sexual intercourse with a man?	0=Not sexually active with a man; 1=Never; 2=Rarely; 3=About half the time; 4=Most of the time; 5=All of the time
PREGIMPT	Integer	2	Please rate how important it is to you to be able to ever become pregnant in the future on a scale from 0 to 10, where 0 is of no importance and 10 is the most important thing in your life.	
PREGWHEN	Integer	2	When do you think you will try to become pregnant?	<b>Form versions prior to 3.0:</b> 1=Never; 2=In next 12 months; 3=In next 12-24 months; 4=After 24 months; 5=Not sure  <b>Form versions 3.0 and higher:</b> 1=Never; 2=In next 12 months; 3=In next 13-24 months; 4=After 24 months; 5=Not sure

## RHF – Reproductive Health Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
RHFDAT	Date/Time	8	Date form completed	
IRRPERD	Integer	2	Have you had irregular menstrual periods (less than 8 periods a year) throughout life starting in your teens?	0=No; 1=Yes; -2=I have never had a menstrual period or I have only had menstrual periods for less than a year
HAIR	Integer	2	Have you ever had the following symptoms? Excess facial, chest, or body hair	0=No; 1=Yes
BALD	Integer	2	Have you ever had the following symptoms? Male pattern baldness, such as thinning of hair at the crown or temple	0=No; 1=Yes
ACNE	Integer	2	Have you ever had the following symptoms? Severe acne	0=No; 1=Yes
PCOS	Integer	2	Has a health care professional ever told you that you have/had polycystic ovary syndrome (PCOS)?	0=No; 1=Yes
PCOSTX	Integer	2	Are you currently treating your PCOS?	0=No; 1=Yes
PCOSEXER	Integer	2	How are you currently treating your PCOS? Exercise	0=No; 1=Yes
PCOSDIET	Integer	2	How are you currently treating your PCOS? Diet	0=No; 1=Yes
PCOSPMED	Integer	2	How are you currently treating your PCOS? Prescription medication	0=No; 1=Yes
HORM	Integer	2	In the past 12 months, have you taken any hormonal medication, such as hormone replacement therapy (HRT),	0=No; 1=Yes

			the pill, or fertility medication?	
HORMTYPE1	Integer	2	Please indicate which type of hormonal medication you have taken in the past 12 months: Hormone replacement therapy	0=Not selected; 1=Selected
HORMTYPE2	Integer	2	Please indicate which type of hormonal medication you have taken in the past 12 months: Hormonal birth control (such as pill, ring, shot, Mirena);	0=Not selected; 1=Selected
HORMTYPE3	Integer	2	Please indicate which type of hormonal medication you have taken in the past 12 months: Fertility medication	0=Not selected; 1=Selected
PERDEVER	Integer	2	Have you ever had a menstrual period?	0=No; 1=Yes
FIRSTAGE	Integer	2	How old were you when you got your first menstrual period? (years)	
PERIOD	Integer	2	In how many of those months did you have a menstrual period?	
MCYCLE	Integer	2	Usually, how many days are between your menstrual periods? (This is the interval from the first day of one menstrual period to the first day of your next menstrual period.)	1=Less than 21 days; 2=21-35 days; 3=More than 35 days; 4=Too irregular to estimate
PLAST	Integer	2	On average, how many days did your menstrual period (bleeding) last?	1=1-4 days; 2=5-7 days; 3=8-9 days; 4=More than 9 days
SPOT	Integer	2	Did you have spotting or bleeding that occurred at times other than your menstrual period?	0=No; 1=Yes
SPOTS	Integer	2	In how many of the past 12 months did this occur?	
LASTPRD	Integer	2	When was your last menstrual period? (months ago)	
PRDSTOP	Integer	2	If your last period was 3 or more months ago, why did	<b>Form versions prior to 4.0:</b>

			your natural menstrual period stop?	<p>3=Hysterectomy alone;  4=Chemotherapy;  5=Chronic illness;  6=Prolactin, adrenal gland or thyroid problem;  7=Pregnancy;  8=No known reason;  9=Other;  10=Birth control or other medication;  11=Hysterectomy and oophorectomy;  12=Oophorectomy alone;  13=Endometrial ablation</p> <p><b>Form version 4.0 and higher:</b>  3=Hysterectomy alone;  4=Chemotherapy;  5=Chronic illness;  6=Prolactin, adrenal gland or thyroid problem;  7=Pregnancy;  8=No known reason;  9=Other;  10=Birth control or other medication;  11=Hysterectomy and oophorectomy;  12=Oophorectomy alone;  13=Endometrial ablation;  14=Breast feeding</p>
PRDSTOPS	Text	100	If your last period was 3 or more months ago, why did your natural menstrual period stop? Specify other reason	
AGE18	Integer	2	How old are you now?	1=Under 18 years old; 2=18 years old or older
PREG	Integer	2	Have you ever tried to become pregnant?	0=No; 1=Yes
NOPREG	Integer	2	Has there ever been at least 12 months in your life when you were regularly having sexual intercourse with a man and not using any form of birth control and yet you did not become pregnant?	0=No; 1=Yes

PREGPROB	Integer	2	Have you ever talked to a doctor or had tests done because of problems becoming pregnant?	0=No; 1=Yes
FERT	Integer	2	Have you ever taken any fertility medication to help you become pregnant (such as Clomid, Serophene, Gonal-F, Follistim)?	0=No; 1=Yes
PREGNUM	Integer	2	Total number of times you have been pregnant	<b>Form versions 4.0 and higher:</b> (default = -10)
PREGAGE1	Integer	2	Pregnancy 1: Age when you became pregnant (years)	<b>Form versions 4.0 and higher:</b> (default = -10)
DUEDAT1	Date/Time	8	Pregnancy 1: Due date (if you gave birth, use birth date)	<b>Form versions 4.0 and higher:</b> (default = null)
FERT1	Integer	2	Pregnancy 1: Fertility medication used?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form version 4.0 and higher:</b> (default = -10)
PREGOUT1	Integer	2	Pregnancy 1: Outcome	<b>Form versions prior to 4.0:</b> 0=currently pregnant; 1=live birth; 2=still birth; 3=miscarriage; 4=other outcome  <b>Form version 4.0 and higher:</b> (default = -10)
PREGAGE2	Integer	2	Pregnancy 2: Age when you became pregnant (years)	<b>Form versions 4.0 and higher:</b> (default = -10)
DUEDAT2	Date/Time	8	Pregnancy 2: Due date (if you gave birth, use birth date)	<b>Form versions 4.0 and higher:</b> (default = null)
FERT2	Integer	2	Pregnancy 2: Fertility medication used?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes

				<b>Form version 4.0 and higher:</b> (default = -10)
PREGOUT2	Integer	2	Pregnancy 2: Outcome	<b>Form versions prior to 4.0:</b> 0=currently pregnant; 1=live birth; 2=still birth; 3=miscarriage; 4=other outcome  <b>Form version 4.0 and higher:</b> (default = -10)
PREGAGE3	Integer	2	Pregnancy 3: Age when you became pregnant (years)	<b>Form versions 4.0 and higher:</b> (default = -10)
DUEDAT3	Date/Time	8	Pregnancy 3: Due date (if you gave birth, use birth date)	<b>Form versions 4.0 and higher:</b> (default = null)
FERT3	Integer	2	Pregnancy 3: Fertility medication used?	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form version 4.0 and higher:</b> (default = -10)
PREGOUT3	Integer	2	Pregnancy 3: Outcome	<b>Form versions prior to 4.0:</b> 0=currently pregnant; 1=live birth; 2=still birth; 3=miscarriage; 4=other outcome  <b>Form version 4.0 and higher:</b> (default = -10)
PREGAGE4	Integer	2	Pregnancy 4: Age when you became pregnant (years)	<b>Form versions 4.0 and higher:</b> (default = -10)
DUEDAT4	Date/Time	8	Pregnancy 4: Due date (if you gave birth, use birth date)	<b>Form versions 4.0 and higher:</b> (default = null)
FERT4	Integer	2	Pregnancy 4:	<b>Form versions prior to</b>

			Fertility medication used?	<b>4.0:</b> 0=No; 1=Yes  <b>Form version 4.0 and higher:</b> (default = -10)
PREGOUT4	Integer	2	Pregnancy 4: Outcome	<b>Form versions prior to 4.0:</b> 0=currently pregnant; 1=live birth; 2=still birth; 3=miscarriage; 4=other outcome  <b>Form version 4.0 and higher:</b> (default = -10)
PREGAGEN	Integer	2	I have had more than 4 pregnancies	<b>Form versions prior to 4.0:</b> 0=Not selected; 1=Selected (default = 0)  <b>Form version 4.0 and higher:</b> (default = -10)
BCNTLS	Integer	2	In the past 12 months, have you used birth control for any reason?	0=No; 1=Yes
BCNTL	Integer	2	Specify method of birth control you have used in the past 12 months: Pills, monthly (including one week of placebo or no pills, get period)	0=No; 1=Yes
PILLSM	Integer	2	Specify method of birth control you have used in the past 12 months: Pills, continuous use (new pack every 3 weeks, no period)	0=No; 1=Yes
PILLSC	Integer	2	Specify method of birth control you have used in the past 12 months: Mini Pill, continuous use (progestin only, get period)	0=No; 1=Yes
MINIPILL	Integer	2	Specify method of birth	0=No;

			control you have used in the past 12 months: Patch or ring	1=Yes
RING	Integer	2	Specify method of birth control you have used in the past 12 months: Injections of medications (shots) or implantation of a medication release device	0=No; 1=Yes
SHOTS	Integer	2	Specify method of birth control you have used in the past 12 months: IUD	0=No; 1=Yes
IUD	Integer	2	Specify method of birth control you have used in the past 12 months: Specify type of IUD	0=No; 1=Yes
IUDTYPE	Integer	2	Specify method of birth control you have used in the past 12 months: Diaphragm	0=No; 1=Yes
DIAPH	Integer	2	Specify method of birth control you have used in the past 12 months: Cervical cap	0=No; 1=Yes
CAP	Integer	2	Specify method of birth control you have used in the past 12 months: Male or female condom	0=No; 1=Yes
CONDOM	Integer	2	Specify method of birth control you have used in the past 12 months: Contraceptive foams, creams, jellies	0=No; 1=Yes
FOAMS	Integer	2	Specify method of birth control you have used in the past 12 months: Natural family planning, rhythm method or having sex during "safe" times	0=No; 1=Yes
NATURAL	Integer	2	Specify method of birth control you have used in the past 12 months: Withdrawal	0=No; 1=Yes
WITHD	Integer	2	Specify method of birth control you have used in the past 12 months:	0=No; 1=Yes

			Hysterectomy: your uterus was surgically removed	
HYSTER	Integer	2	Specify method of birth control you have used in the past 12 months: Tubal ligation: your tubes were tied	<b>Form versions prior to 4.0:</b> 0=No; 1=Yes  <b>Form version 4.0 and higher:</b> (default = -10)
TUBAL	Integer	2	Specify method of birth control you have used in the past 12 months: Vasectomy: your partner was sterilized	0=No; 1=Yes
VASECT	Integer	2	Specify method of birth control you have used in the past 12 months: Other	0=No; 1=Yes
BCNTLO	Integer	2	Specify method of birth control you have used in the past 12 months: Specify other	
BCNTLOS	Text	100	In the past 12 months, how often have you used birth control when having sexual intercourse with a man?	0=Not sexually active with a man; 1=Never; 2=Rarely; 3=About half the time; 4=Most of the time; 5=All of the time
PREGBARI	Integer	2	Since having bariatric surgery, how many times have you been pregnant?	<b>Form versions prior to 4.0:</b> (default = -10)
CPREG	Integer	2	Are you currently pregnant?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 0=No; 1=Yes
CDUEDATM	Integer	2	What is your due date? Month part	<b>Form versions prior to 4.0:</b> (default = -10)
CDUEDATD	Integer	2	What is your due date? Day part	<b>Form versions prior to 4.0:</b> (default = -10)

CDUEDATY	Integer	2	What is your due date? Year part	<b>Form versions prior to 4.0:</b> (default = -10)
CFERT	Integer	2	Were you on fertility treatment when you became pregnant?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 0=No; 1=Yes
PREGEND	Integer	2	In the past 12 months, have you had any pregnancies end (due to miscarriage, ectopic or tubal pregnancy, abortion, still birth, or live birth)?	<b>Form versions prior to 4.0:</b> (default = -10)  <b>Form version 4.0 and higher:</b> 0=No; 1=Yes
PREGENDNUM	Integer	2	How many pregnancies have ended in the past 12 months?	<b>Form versions prior to 4.0:</b> (default = -10)
PREGIMPT	Integer	2	Please rate how important it is to you to be able to ever become pregnant in the future on a scale from 0 to 10, where 0 is of no importance and 10 is the most important thing in your life.	
PREGWHEN	Integer	2	When do you think you will try to become pregnant?	<b>Form versions prior to 3.0:</b> 1=Never; 2=In next 12 months; 3=In next 12-24 months; 4=After 24 months; 5=Not sure  <b>Form versions 3.0 and higher:</b> 1=Never; 2=In next 12 months; 3=In next 13-24 months; 4=After 24 months; 5=Not sure

## RYP - Roux-en-Y Gastric Bypass

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 99)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
RYBDAT	Date/Time	8	Date form completed	
SURGDAT	Date/Time	8	Date of surgery	
STAPLINE	Double	8	Pouch stapling measurements: Total length of staple line (cm)	
SLINEM	Integer	2	Pouch stapling measurements: How staple line measured	1=String; 2=Ruler; 3=Grasper; 4=Visually; -5=Not done
TYPELINE	Integer	2	Type of stapling line	1=Partitioned; 2=Divided
APPROACH	Integer	2	What approach was used at the lesser curve?	1=Pars flaccida dissection; 2=Perigastric dissection
SLE25	Integer	2	Staple height for the pouch: 2.5 mm	0=No; 1=Yes
SLE35	Integer	2	Staple height for the pouch: 3.5 mm	0=No; 1=Yes
SLE45	Integer	2	Staple height for the pouch: 4.5 mm	0=No; 1=Yes
SLEO	Integer	2	Staple height for the pouch: Other single height cartridge	0=No; 1=Yes
SLES	Double	8	Staple height for the pouch: Specify other (mm)	
SLEOM1	Integer	2	This item does not appear on any version of this form. It was only added to the database. Staple height for the pouch: Other multiple height cartridge 1	1=Yes (default=-10)
SLEOM1A	Double	8	This item does not appear on any version of this form. It was only added to the database. Staple height for the pouch: Other multiple height cartridge 1, specify other (mm) for first height	(default=-10)
SLEOM1B	Double	8	This item does not appear on any version of this form. It was only added to the database.	(default=-10)

			Staple height for the pouch: Other multiple height cartridge 1, specify other (mm) for second height	
SLEOM1C	Double	8	This item does not appear on any version of this form. It was only added to the database. Staple height for the pouch: Other multiple height cartridge 1, specify other (mm) for third height	(default=-10)
SLEOM2	Integer	2	This item does not appear on any version of this form. It was only added to the database. Staple height for the pouch: Other multiple height cartridge 2	1=Yes (default=-10)
SLEOM2A	Double	8	This item does not appear on any version of this form. It was only added to the database. Staple height for the pouch: Other multiple height cartridge 2, specify other (mm) for first height	(default=-10)
SLEOM2B	Double	8	This item does not appear on any version of this form. It was only added to the database. Staple height for the pouch: Other multiple height cartridge 2, specify other (mm) for second height	(default=-10)
SLEOM2C	Double	8	This item does not appear on any version of this form. It was only added to the database. Staple height for the pouch: Other multiple height cartridge 2, specify other (mm) for third height	(default=-10)
STPLMFG	Integer	2	Identify the manufacturer of the stapling device	1=U.S. Surgical ®; 2=Ethicon ®; 3=Other
STPLMFGS	Text	100	Identify the manufacturer of the stapling device: Specify other	
BREINF	Integer	2	Was a banding ring used?	0=No; 1=Yes
BREINFT	Integer	2	Specify the type of reinforcement	1=Silastic ring; 2=Patient's fascia;

				3=Synthetic mesh; 4=Other
BREINFS	Text	100	Specify the type of reinforcement: Specify other	
AROUTE	Integer	2	Route of alimentary limb ascension	1=Ante-colic, Ante-gastric; 2=Ante-colic, Retro-gastric; 3=Retro-colic, Ante-gastric; 4=Retro-colic, Retro-gastric
BILLEN	Double	8	Limb measurements: Length of the biliopancreatic limb (cm)	
BILLENM	Integer	2	Limb measurements: How length of the biliopancreatic limb was measured	1=String; 2=Ruler; 3=Grasper; 4=Visually; -5=Not done
ALILEN	Double	8	Limb measurements: Length of the alimentary limb (cm)	
ALILENM	Integer	2	Limb measurements: How length of the alimentary limb was measured	1=String; 2=Ruler; 3=Grasper; 4=Visually; -5=Not done
CHANLEN	Double	8	Limb measurements: Length of the common channel (cm)	
CHANLENM	Integer	2	Limb measurements: How length of the common channel was measured	1=String; 2=Ruler; 3=Grasper; 4=Visually; -5=Not done
GJCONF	Integer	2	Configuration used for the proximal (Gastric-Jejunum) anastomosis	1=Side-to-side; 2=End-to-side; 3=End-to-end
GJHSEW	Integer	2	Method of proximal (Gastric-Jejunum) anastomosis: Hand sewn	0=No; 1=Yes
GJHSEWT	Integer	2	Method of proximal (Gastric-Jejunum) anastomosis: Hand sewn stitch type	1=Absorbable; 2=Non-absorbable
GJHSEWL	Integer	2	Method of proximal (Gastric-	1=One layer;

			Jejunum) anastomosis: Hand sewn stitch layers	2=Two layers
GJLIN	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled	0=No; 1=Yes
GJLIN07	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: 0.75 mm	0=Not selected; 1=Selected (default = 0)
GJLIN10	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: 1.0 mm	0=Not selected; 1=Selected (default = 0)
GJLIN15	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: 1.5 mm	0=Not selected; 1=Selected (default = 0)
GJLIN20	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: 2.0 mm	0=Not selected; 1=Selected (default = 0)
GJLIN25	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: 2.5 mm	0=Not selected; 1=Selected (default = 0)
GJLIN35	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: 3.5 mm	0=Not selected; 1=Selected (default = 0)
GJLIN45	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: 4.5 mm	0=Not selected; 1=Selected (default = 0)
GJLINO	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: Other	0=Not selected; 1=Selected (default = 0)
GJLINS	Double	8	Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: Specify other (mm)	
GJLINOM1	Integer	2	This item does not appear on any version of this form. It was only added to the database. Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: Other multiple height cartridge 1	1=Yes (default=-10)
GJLINOM1A	Double	8	This item does not appear on any version of this form. It was only added to the database. Method of proximal (Gastric- Jejunum) anastomosis: Linear stapled height: Other multiple height cartridge 1,	(default=-10)

			specify other (mm) for first height	
GJLINOM1B	Double	8	This item does not appear on any version of this form. It was only added to the database. Method of proximal (Gastric-Jejunum) anastomosis: Linear stapled height: Other multiple height cartridge 1, specify other (mm) for second height	(default=-10)
GJLINOM1C	Double	8	This item does not appear on any version of this form. It was only added to the database. Method of proximal (Gastric-Jejunum) anastomosis: Linear stapled height: Other multiple height cartridge 1, specify other (mm) for third height	(default=-10)
GJLSUS	Integer	2	Method of proximal (Gastric-Jejunum) anastomosis: Linear staple manufacturer	1=U.S. Surgical ®; 2=Ethicon ®; 3=Other
GJLSOTHS	Text	100	Method of proximal (Gastric-Jejunum) anastomosis: Specify other manufacturer	
GJCIRC	Integer	2	Method of proximal (Gastric-Jejunum) anastomosis: Circular stapled	0=No; 1=Yes
GJCIRCD	Integer	2	Method of proximal (Gastric-Jejunum) anastomosis: Circular stapled – diameter of staple	1=21 mm; 2=25 mm; 3=Other
GJCIRCD5	Double	8	Method of proximal (Gastric-Jejunum) anastomosis: Circular stapled – diameter of staple: Specify other (mm)	
GJCSUS	Integer	2	Method of proximal (Gastric-Jejunum) anastomosis: Circular staple manufacturer	1=U.S. Surgical ®; 2=Ethicon ®; 3=Other
GJCSOTHS	Text	100	Method of proximal (Gastric-Jejunum) anastomosis: Specify other manufacturer	
GJCIRC25	Integer	2	Method of proximal (Gastric-Jejunum) anastomosis: Circular stapled height: 2.5 mm	0=No; 1=Yes
GJCIRC35	Integer	2	Method of proximal (Gastric-	0=No;

			Jejunum) anastomosis: Circular stapled height: 3.5 mm	1=Yes
GJCIRC45	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Circular stapled height: 4.5 mm	0=No; 1=Yes
GJCIRC48	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Circular stapled height: 4.8 mm	0=No; 1=Yes
GJCIRCO	Integer	2	Method of proximal (Gastric- Jejunum) anastomosis: Circular stapled height: Other	0=No; 1=Yes
GJCIRCS	Double	8	Method of proximal (Gastric- Jejunum) anastomosis: Circular stapled height: Specify other (mm)	
TESTANA	Integer	2	Was a method used to test anastomoses	0=No; 1=Yes
AIR	Integer	2	Method used to test anastomoses: Air by tube	0=No; 1=Yes
RESAIR	Integer	2	Method used to test anastomoses: Result from air by tube	1=Neg; 2=Pos
EGD	Integer	2	Method used to test anastomoses: Air by endoscopy	0=No; 1=Yes
RESEGD	Integer	2	Method used to test anastomoses: Result from air by endoscopy	1=Neg; 2=Pos
MBLU	Integer	2	Method used to test anastomoses: Methylene Blue	0=No; 1=Yes
RESMBLU	Integer	2	Method used to test anastomoses: Result from Methylene Blue	1=Neg; 2=Pos
ACTION	Integer	2	Any If any of the tests were positive, was an action taken?	0=No; 1=Yes
ACTSUT	Integer	2	Action taken: Suture repair	0=No; 1=Yes
ACTGLU	Integer	2	Action taken: Glue	0=No; 1=Yes
ACTREDO	Integer	2	Action taken: Complete anastomosis redo	0=No; 1=Yes
GJSEAL	Integer	2	Specify additional protectant used around the Gastric- Jejunum anastomosis creation: Seal	0=No; 1=Yes

GJBUTT	Integer	2	Specify additional protectant used around the Gastric-Jejunum anastomosis creation: Buttress	0=No; 1=Yes
GJOMEN	Integer	2	Specify additional protectant used around the Gastric-Jejunum anastomosis creation: Buttress -> was omentum used?	0=No; 1=Yes
GJSUT	Integer	2	Specify additional protectant used around the Gastric-Jejunum anastomosis creation: Sutures	0=No; 1=Yes
GJOTH	Integer	2	Specify additional protectant used around the Gastric-Jejunum anastomosis creation: Other	0=No; 1=Yes
GJOTHS	Text	100	Specify additional protectant used around the Gastric-Jejunum anastomosis creation: Specify other	
GJDRAIN	Integer	2	Was a drain placed at the Gastric-Jejunum anastomosis creation?	0=No; 1=Yes
JJCONF	Integer	2	Record the configuration used for the distal (Jejunum-Jejunum) anastomosis	1=Side-to-side; 2=End-to-end
JHSEW	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Hand sewn	0=No; 1=Yes
JHSEWT	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Hand sewn stitch type	1=Absorbable; 2=Non-absorbable
JHSEWL	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Hand sewn stitch layers	1=One layer; 2=Two layers
JJLIN	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled	0=No; 1=Yes
JJLIN07	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: 0.75 mm	0=Not selected; 1=Selected (default = 0)
JJLIN10	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: 1.0 mm	0=Not selected; 1=Selected (default = 0)
JJLIN15	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: 1.5 mm	0=Not selected; 1=Selected (default = 0)

JJLIN20	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: 2.0 mm	0=Not selected; 1=Selected (default = 0)
JJLIN25	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: 2.5 mm	0=Not selected; 1=Selected (default = 0)
JJLIN35	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: 3.5 mm	0=Not selected; 1=Selected (default = 0)
JJLIN45	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: 4.5 mm	0=Not selected; 1=Selected (default = 0)
JJLINO	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: Other	0=Not selected; 1=Selected (default = 0)
JJLINS	Double	8	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled height: Specify other (mm)	
JJLINOM1	Integer	2	This item does not appear on any version of this form. It was only added to the database. Method of proximal (Jejunum - Jejunum) anastomosis: Linear stapled height: Other multiple height cartridge 1	1=Yes (default=-10)
JJLINOM1A	Double	8	This item does not appear on any version of this form. It was only added to the database. Method of proximal (Jejunum - Jejunum) anastomosis: Linear stapled height: Other multiple height cartridge 1, specify other (mm) for first height	(default=-10)
JJLINOM1B	Double	8	This item does not appear on any version of this form. It was only added to the database. Method of proximal (Jejunum - Jejunum) anastomosis: Linear stapled height: Other multiple height cartridge 1, specify other (mm) for second height	(default=-10)
JJLINOM1C	Double	8	This item does not appear on any version of this form. It was only added to the database.	(default=-10)

			Method of proximal (Jejunum - Jejunum) anastomosis: Linear stapled height: Other multiple height cartridge 1, specify other (mm) for third height	
JJLSUS	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled – Staple manufacturer	1=U.S. Surgical ®; 2=Ethicon ®; 3=Other
JJLSOTHS	Text	100	Method of distal (Jejunum-Jejunum) anastomosis: Linear stapled – Specify other staple manufacturer	
JJCIRC	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled	0=No; 1=Yes
JJCIRCD	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled – diameter of staple	1=21 mm; 2=25 mm; 3=Other
JJCIRCD5	Double	8	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled – diameter of staple: Specify other (mm)	
JJCSUS	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled – Staple manufacturer	1=U.S. Surgical ®; 2=Ethicon ®; 3=Other
JJCSOTHS	Text	100	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled – Specify other staple manufacturer	
JJCIRC25	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled height: 2.5 mm	0=No; 1=Yes
JJCIRC35	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled height: 3.5 mm	0=No; 1=Yes
JJCIRC45	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled height: 4.5 mm	0=No; 1=Yes
JJCIRC48	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled height: 4.8 mm	0=No; 1=Yes
JJCIRCO	Integer	2	Method of distal (Jejunum-Jejunum) anastomosis:	0=No; 1=Yes

			Circular stapled height: Other	
JJCIRCS	Double	8	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled height: Specify other (mm)	
JJAL	Double	8	Method of distal (Jejunum-Jejunum) anastomosis: Circular stapled – Length of Jejunum-jejunal anastomosis (mm)	
PETERSEN	Integer	2	Mesenteric defects closure: Petersen's	0=No; 1=Yes
ENTERO	Integer	2	Mesenteric defects closure: Entero-enterostomy	0=No; 1=Yes
TRANSM	Integer	2	Mesenteric defects closure: Transmesenteric	0=No; 1=Yes
ANTIOPS	Integer	2	Was an anti-obstruction stitch placed?	0=No; 1=Yes
LATERJET	Integer	2	Were the laterjet nerves seen?	0=No; 1=Yes
NERVECUT	Integer	2	Were the nerves cut?	0=No; 1=Yes
NERVPCUT	Integer	2	Specify cut	1=Partially cut; 2=Completely cut
DIFLEV	Integer	2	On a scale of 1 to 10, with 1 being "easy" and 10 being "very difficult", circle the level of difficulty in performing the surgical procedure from start to finish	
DIFFAT	Integer	2	Was there difficulty due to intra-abdominal fat distribution?	0=No; 1=Yes
DIFABD	Integer	2	Was there difficulty due to thick abdominal wall?	0=No; 1=Yes
DIFLIV	Integer	2	Was there difficulty due to limited exposure due to enlarged fatty liver?	0=No; 1=Yes
DIFSUR	Integer	2	Was there difficulty due to adhesion from previous surgery?	0=No; 1=Yes

## SF36 – SF-36

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
SFDAT	Date/Time	8	Date form completed	
GENHLTH	Integer	2	1. In general, would you say your health is:	1=Excellent; 2=Very good; 3=Good; 4=Fair; 5=Poor
CURHLTH	Integer	2	2. Compared to one year ago, how would you rate your health in general now?	1=Much better now than one year ago; 2=Somewhat better now than one year ago; 3=About the same as one year ago; 4=Somewhat worse now than one year ago; 5=Much worse now than one year ago
VIGACT	Integer	2	3. Does your health now limit you in these activities? If so, how much? Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
MODACT	Integer	2	4. Does your health now limit you in these activities? If so, how much? Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
LIFTGROC	Integer	2	5. Does your health now limit you in these activities? If so, how much? Lifting or carrying groceries	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
SEVSTAIR	Integer	2	6. Does your health now limit you in these activities? If so, how much? Climbing several flights of stairs	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all

ONESTAIR	Integer	2	7. Does your health now limit you in these activities? If so, how much? Climbing one flight of stairs	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
BENDING	Integer	2	8. Does your health now limit you in these activities? If so, how much? Bending, kneeling or stooping	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
WALKMILE	Integer	2	9. Does your health now limit you in these activities? If so, how much? Walking more than a mile	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
SEVBLOCK	Integer	2	10. Does your health now limit you in these activities? If so, how much? Walking several blocks	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
ONEBLOCK	Integer	2	11. Does your health now limit you in these activities? If so, how much? Walking one block	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
BATHING	Integer	2	12. Does your health now limit you in these activities? If so, how much? Bathing or dressing yourself	1=Yes, limited a lot; 2=Yes, limited a little; 3=No, not limited at all
CUTPHY	Integer	2	13. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Cut down on the amount of time you spent on work or other activities	0=No; 1=Yes
LESSPHY	Integer	2	14. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like	0=No; 1=Yes
LIMWORK	Integer	2	15. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of your physical health?	0=No; 1=Yes

			Were limited in the kind of work or other activities	
DIFFPERF	Integer	2	16. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Had difficulty performing the work or other activities ( for example, it took extra effort)	0=No; 1=Yes
CUTEMOT	Integer	2	17. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Cut down on the amount of time you spent on work or other activities	0=No; 1=Yes
LESSEMOT	Integer	2	18. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like	0=No; 1=Yes
LESSCARE	Integer	2	19. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Did work or other activities less carefully than usual	0=No; 1=Yes
INTFEXT	Integer	2	20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities	1=Not at all; 2=Slightly; 3=Moderately; 4=Quite a bit; 5=Extremely

			with family, friends, neighbors, or groups?	
BODYPAIN	Integer	2	21. How much bodily pain have you had during the past 4 weeks?	1=None; 2=Very mild; 3=Mild; 4=Moderate; 5=Severe; 6=Very severe
PAINWORK	Integer	2	22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1=Not at all; 2=Slightly; 3=Moderately; 4=Quite a bit; 5=Extremely
FULLPEP	Integer	2	23. How much of the time during the past 4 weeks ...Did you feel full of pep?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time; 5=A little of the time; 6=None of the time
NERVOUS	Integer	2	24. How much of the time during the past 4 weeks ...Have you been a very nervous person?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time; 5=A little of the time; 6=None of the time
DUMPS	Integer	2	25. How much of the time during the past 4 weeks ...Have you felt so down in the dumps that nothing could cheer you up?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time; 5=A little of the time; 6=None of the time
CALM	Integer	2	26. How much of the time during the past 4 weeks ...Have you felt calm and peaceful?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time; 5=A little of the time; 6=None of the time
ENERGY	Integer	2	27. How much of the time during the past 4 weeks ...Did you have a lot of energy?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time; 5=A little of the time; 6=None of the time
BLUE	Integer	2	28. How much of the time during the past 4 weeks ...have you felt downhearted and blue?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time;

				5=A little of the time; 6=None of the time
WORNOUT	Integer	2	29. How much of the time during the past 4 weeks ...did you feel worn out?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time; 5=A little of the time; 6=None of the time
HAPPY	Integer	2	30. How much of the time during the past 4 weeks ...Have you been a happy person?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time; 5=A little of the time; 6=None of the time
FTIRED	Integer	2	31. How much of the time during the past 4 weeks ...Did you feel tired?	1=All of the time; 2=Most of the time; 3=A good bit of the time; 4=Some of the time; 5=A little of the time; 6=None of the time
INTFTIME	Integer	2	32. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	1=All of the time; 2=Most of the time; 3=Some of the time; 4=A little of the time; 5=None of the time
GETSICK	Integer	2	33. I seem to get sick a little easier than other people.	1=Definitely true; 2=Mostly true; 3=Don't know; 4=Mostly false; 5=Definitely false
HEALTHY	Integer	2	34. I am as healthy as anybody I know.	1=Definitely true; 2=Mostly true; 3=Don't know; 4=Mostly false; 5=Definitely false
HWORSE	Integer	2	35. I expect my health to get worse.	1=Definitely true; 2=Mostly true; 3=Don't know; 4=Mostly false; 5=Definitely false
HEXCELL	Integer	2	36. My health is excellent.	1=Definitely true; 2=Mostly true; 3=Don't know; 4=Mostly false; 5=Definitely false



## SHORT – Short Form

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
SHORTDAT	Date/Time	8	Date form completed	
SOURCEINFO	Integer	2	Source of information (mark the one primary respondent)	1=Participant; 2=Caregiver; 3=Other
SOURCEINFOS	Text	100	Source of information (mark the one primary respondent), specify other	
SWGTLBS	Double	8	Weight (lbs)	-1=Missing data; -2=N/A, weight given in other units; -3=Participant states weight is unknown; -4=Participant refused to report; -5=Participant has not weighed self
SWGTKG	Double	8	Weight (kg)	-1=Missing data; -2=N/A, weight given in other units; -3=Participant states weight is unknown; -4=Participant refused to report; -5=Participant has not weighed self
SWGTDAT	Date/Time	8	Date weight was taken	(Null if weight was not reported in SWGTLBS or SWGTKG)
SWGTMED	Integer	2	How was weight measured	1=Scale; 2=Estimate; 3=Weight was not measured/unknown or participant refused to report
SHBP	Integer	2	Do you currently have high blood pressure?	0=No; 1=Yes
SHBPMED	Integer	2	What, if any, medication do you take for high blood pressure?	1=Dietary/lifestyle treatment only; 2=Single medication;

				3=Multiple medication
SDB	Integer	2	Do you currently have diabetes?	0=No; 1=Yes
SDBORAL	Integer	2	What, if any, medications are you taking for your diabetes? a. Oral diabetes medication	0=No; 1=Yes
SDBINS	Integer	2	What, if any, medications are you taking for your diabetes? b. Insulin	0=No; 1=Yes
SDBNONINS	Integer	2	What, if any, medications are you taking for your diabetes? c. Non-insulin injectable (e.g., Byetta or Symlin)	0=No; 1=Yes
SDBNOMED	Integer	2	What, if any, medications are you taking for your diabetes? d. No medication (controlled by diet)	0=No; 1=Yes
SSAPNEA	Integer	2	Do you currently have sleep apnea?	0=No; 1=Yes
SCPAP	Integer	2	What treatment are you using? a. CPAP	0=No; 1=Yes
SBIPAP	Integer	2	What treatment are you using? b. BiPAP	0=No; 1=Yes
SSAPOTH	Integer	2	What treatment are you using? c. Other	0=No; 1=Yes
SSAPOTHTX	Text	100	What treatment are you using? c. Other, specify	
SHOSP	Integer	2	Since your last visit, have you been hospitalized?	0=No; 1=Yes
SHOSPDAY	Integer	2	Number of days hospitalized since your last visit	
SHOSPTX	Memo	-	Reason(s) for hospitalization(s)	
SINPT	Integer	2	Since your last visit, have you had any in-patient procedures or operations?	0=No; 1=Yes
SINPTTX	Memo	-	Since your last visit, have you had any in-patient procedures or operations? Explain	
SOUTPT	Integer	2	Since your last visit, have you had any out-patient procedures or operations?	0=No; 1=Yes
SOUTPTTX	Memo	-	Since your last visit, have you	

			had any out-patient procedures or operations? Explain	
SPREG	Integer	2	Since your last visit, have you been pregnant?	-2=N/A; 0=No; 1=Yes
SPREGNUM	Integer	2	How many times have you been pregnant since your last visit?	

## SMAB – Surgeon Medical Assessment Baseline

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	(default = 1)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
SMABDAT	Date/Time	8	Date form completed	
LEG	Integer	2	Has patient ever had: Leg swelling accompanied by blistering, infections, discolorations or alterations of the skin.	0=No; 1=Yes
HOSE	Integer	2	Treatment for leg swelling within past 12 months: Hose	0=No; 1=Yes
DIURET	Integer	2	Treatment for leg swelling within past 12 months: Diuretic	0=No; 1=Yes
OPER	Integer	2	Treatment for leg swelling within past 12 months: Operation(s)	0=No; 1=Yes
THIN	Integer	2	Treatment for leg swelling within past 12 months: Blood Thinners	0=No; 1=Yes
LEGELE	Integer	2	Treatment for leg swelling within past 12 months: Elevation of the legs	0=No; 1=Yes
UNNA	Integer	2	Treatment for leg swelling within past 12 months: Unna boots	0=No; 1=Yes
BOOT	Integer	2	Treatment for leg swelling within past 12 months: Sequential compression boots	0=No; 1=Yes
LEGOTH	Integer	2	Treatment for leg swelling within past 12 months: Other	0=No; 1=Yes
LEGOTHS	Text	100	Treatment for leg swelling within past 12 months: Specify other	
FILTER	Integer	2	Has patient ever had: Filter placement to prevent blood clot	0=No; 1=Yes
ANGINA	Integer	2	Has patient ever had: Angina	0=No; 1=Yes
ANGINAS	Integer	2	Angina symptoms in past 12	0=No;

			months	1=Yes
ANGINAC	Integer	2	Angina symptoms in past 12 months, classification level	1=Class I; 2=Class II; 3=Class III; 4=Class IV
HYPERTEN	Integer	2	Has patient ever had: Hypertension	0=No; 1=Yes
ABNEKKG	Integer	2	Has patient ever had: Abnormal EKG but unable to assess ischemia	0=No; 1=Yes
IRREG	Integer	2	Has patient ever had: Treatment for irregular heart beat	0=No; 1=Yes
PCI	Integer	2	Has patient ever had: Percutaneous Coronary Intervention	0=No; 1=Yes
CABG	Integer	2	Has patient ever had: CABG	0=No; 1=Yes
VALVE	Integer	2	Has patient ever had: Heart valve operation	0=No; 1=Yes
CHF	Integer	2	Has patient ever had: CHF	0=No; 1=Yes
CHFS	Integer	2	CHF, NYHC	1=I; 2=II; 3=III; 4=IV; -3=Unknown
COPD	Integer	2	Has patient ever had: COPD	0=No; 1=Yes
COPDS	Integer	2	Operation on lungs for COPD?	0=No; 1=Yes
APNEA	Integer	2	Has patient ever had: Sleep Apnea	0=No; 1=Yes
OPERATE	Integer	2	Operation for sleep apnea?	0=No; 1=Yes
CPAP	Integer	2	Currently use C-PAP/Bi-PAP?	0=No; 1=Yes
CPAPS	Integer	2	Frequency of C-PAP/Bi-PAP use	1=Rarely; 2=Sometimes; 3=Often; 4=Always
STROKE	Integer	2	Has patient ever had: Stroke	0=No; 1=Yes
SENS	Integer	2	Permanent problems resulting from stroke: Sensory	0=No; 1=Yes
MOTOR	Integer	2	Permanent problems	0=No;

			resulting from stroke: Motor	1=Yes
SPEECH	Integer	2	Permanent problems resulting from stroke: Speech problems	0=No; 1=Yes
MEMORY	Integer	2	Permanent problems resulting from stroke: Memory or cognitive	0=No; 1=Yes
PUL	Integer	2	Has patient ever had: Pulmonary hypertension	0=No; 1=Yes
HYP	Integer	2	Has patient ever had: Hypoxemia/Hypercarbia Syndrome	0=No; 1=Yes
CORP	Integer	2	Has patient ever had: Cor pulmonale	0=No; 1=Yes
PTC	Integer	2	Has patient ever had: Pseudotumor cerebri (PTC)	0=No; 1=Yes
PTCS	Integer	2	Undergone surgery for PTC?	0=No; 1=Yes
COAGUL	Integer	2	Has patient ever had: Coagulopathy	0=No; 1=Yes
GERD	Integer	2	Has patient ever had: History of Gastroesophageal Reflux Disease (GERD)	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
GERDS	Integer	2	Has patient ever had: History of Gastroesophageal Reflux Disease (GERD) - choose the one response which most accurately characterizes the greatest severity of the GERD problem over the last 3 months.	<b>Form versions prior to 3.0:</b> 1=Intermittent or variable symptoms, no medication; 2=Intermittent medication; 3=H2 blockers or low dose PPI; 4=High dose PPI; 5=Meet criteria for anti- reflux surgery, or prior surgery for GERD  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
VHERNIA	Integer	2	Has patient ever had:	0=No;

			History of ventral hernia	1=Yes
ASYMPT	Integer	2	Has patient ever had: History of ventral hernia - Asymptomatic hernia, no prior operation	0=No; 1=Yes
SYMPT	Integer	2	Has patient ever had: History of ventral hernia - Symptomatic or incarcerated hernia	0=No; 1=Yes
REPAIR	Integer	2	Has patient ever had: History of ventral hernia - Successful repair	0=No; 1=Yes
REPAIRM	Integer	2	Has patient ever had: History of ventral hernia - Date of repair (month)	
REPAIRY	Integer	2	Has patient ever had: History of ventral hernia - Date of repair (year)	
CHRONIC	Integer	2	Has patient ever had: History of ventral hernia - Chronic evisceration through large hernia with associated complication or multiple failed hernia repairs	0=No; 1=Yes
RECURR	Integer	2	Has patient ever had: History of ventral hernia - Recurrent hernia or size > 15 cm	0=No; 1=Yes
PANNUSG	Integer	2	Abdominal Pannus: anatomically characterize the pannus.	<b>Form versions prior to 3.0:</b> 1=Grade 1; 2=Grade 2; 3=Grade 3; 4=Grade 4; 5=Grade 5  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
PANNUSS	Integer	2	Abdominal Pannus: dysfunction	<b>Form versions prior to 3.0:</b> 0=No symptoms; 1=Symptomatic  <b>Form version 3.0 and higher:</b> (default = -10)

				Note: Item moved to TL_CAB
INFECT	Integer	2	Abdominal Pannus: symptoms - Intertriginous/fungal cutaneous infection	<p><b>Form versions prior to 3.0:</b> 0=No; 1=Yes</p> <p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>
CELLULIT	Integer	2	Abdominal Pannus: symptoms - Recurrent cellulitis	<p><b>Form versions prior to 3.0:</b> 0=No; 1=Yes</p> <p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>
ULCERAT	Integer	2	Abdominal Pannus: symptoms - Superficial cutaneous ulceration	<p><b>Form versions prior to 3.0:</b> 0=No; 1=Yes</p> <p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>
DEEPULC	Integer	2	Abdominal Pannus: symptoms - Deep ulceration/persistent drainage	<p><b>Form versions prior to 3.0:</b> 0=No; 1=Yes</p> <p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>
FASCIITIS	Integer	2	Abdominal Pannus: symptoms - Necrotizing fasciitis or surgical treatment required	<p><b>Form versions prior to 3.0:</b> 0=No; 1=Yes</p> <p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>

ABDPL	Integer	2	Abdominal Pannus: symptoms - Abdominoplasty has been performed	<p><b>Form versions prior to 3.0:</b> 0=No; 1=Yes</p> <p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>
ABDPLM	Integer	2	Abdominal Pannus: symptoms - Date of abdominoplasty (month)	<p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>
ABDPLY	Integer	2	Abdominal Pannus: symptoms - Date of abdominoplasty (month)	<p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>
BACKPAIN	Integer	2	Back pain characterization	<p><b>Form versions prior to 2.0:</b> (default = -10)</p> <p><b>Form version 2.0:</b> 0=No symptoms of back pain; 1=Intermittent symptoms not requiring medical treatment; 2=Symptoms requiring non-narcotic treatment; 3=Degenerative changes or positive objective findings, symptoms requiring narcotic treatment; 4=Surgical intervention done or recommended pending weight loss; 5=Failed previous surgical intervention with existing symptoms</p> <p><b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB</p>
MUSCSKEL	Integer	2	Musculoskeletal disease characterization	<p><b>Form versions prior to 2.0:</b> (default = -10)</p>

				<p><b>Form version 2.0:</b>  0=No symptoms of musculoskeletal disease;  1=Pain with community ambulation;  2=Non-narcotic analgesia required;  3=Pain with household ambulation;  4=Surgical intervention required (ex: arthroscopy);  5=Awaiting or past joint replacement or other disability</p> <p><b>Form version 3.0 and higher:</b>  (default =-10)</p>
SGERD	Integer	2	Has the patient ever had any of these surgeries: GERD surgery	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form version 3.0 and higher:</b>  0=No;  1=Yes</p>
SGERDL	Integer	2	Method of surgical procedure for GERD surgery – Laparoscopic	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form version 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=Neither method of surgical procedure was selected  (default = 0)</p>
SGERDO	Integer	2	Method of surgical procedure for GERD surgery – Open	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form version 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=Neither method of surgical procedure was selected  (default = 0)</p>

SPARA	Integer	2	Has the patient ever had any of these surgeries: Paraesophageal hernia repair	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SPARAL	Integer	2	Method of surgical procedure for Paraesophageal hernia repair – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SPARAO	Integer	2	Method of surgical procedure for Paraesophageal hernia repair – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SDIAPH	Integer	2	Has the patient ever had any of these surgeries: Diaphragmatic defect repair	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SDIAPHL	Integer	2	Method of surgical procedure for Diaphragmatic defect repair – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)

SDIAPHO	Integer	2	Method of surgical procedure for Diaphragmatic defect repair – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SSPLEN	Integer	2	Has the patient ever had any of these surgeries: Splenectomy	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SSPLENL	Integer	2	Method of surgical procedure for Splenectomy – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SSPLENO	Integer	2	Method of surgical procedure for Splenectomy – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SGASTCH	Integer	2	Has the patient ever had any of these surgeries: Gastroschisis surgery	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes

SGASTCHL	Integer	2	Method of surgical procedure for Gastroschisis surgery – Laparoscopic	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)</p>
SGASTCHO	Integer	2	Method of surgical procedure for Gastroschisis surgery – Open	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)</p>
SGASTRO	Integer	2	Has the patient ever had any of these surgeries: Gastrostomy	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=No; 1=Yes</p>
SGASTROL	Integer	2	Method of surgical procedure for Gastrostomy – Laparoscopic	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)</p>
SGASTROO	Integer	2	Method of surgical procedure for Gastrostomy – Open	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of</p>

				surgical procedure was selected (default = 0)
SAPPEND	Integer	2	Has the patient ever had any of these surgeries: Appendectomy	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SAPPENDL	Integer	2	Method of surgical procedure for Appendectomy – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SAPPENDO	Integer	2	Method of surgical procedure for Appendectomy – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SCHOLEC	Integer	2	Has the patient ever had any of these surgeries: Cholecystectomy	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SCHOLECL	Integer	2	Method of surgical procedure for Cholecystectomy – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of

				surgical procedure was selected (default = 0)
SCHOLECO	Integer	2	Method of surgical procedure for Cholecystectomy – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SSMBOW	Integer	2	Has the patient ever had any of these surgeries: Small bowel operation	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SSMBOWL	Integer	2	Method of surgical procedure for Small bowel operation – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SSMBOWO	Integer	2	Method of surgical procedure for Small bowel operation – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SLGBOW	Integer	2	Has the patient ever had any of these surgeries: Large bowel operation	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and</b>

				<b>higher:</b> 0=No; 1=Yes
SLGBOWL	Integer	2	Method of surgical procedure for Large bowel operation – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SLGBOWO	Integer	2	Method of surgical procedure for Large bowel operation – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SINCONT	Integer	2	Has the patient ever had any of these surgeries: Surgery for stress urinary incontinence	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SINCONTL	Integer	2	Method of surgical procedure for Surgery for stress urinary incontinence – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SINCONTO	Integer	2	Method of surgical procedure for Surgery for stress urinary incontinence – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and</b>

				<b>higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SBLAD	Integer	2	Has the patient ever had any of these surgeries: Bladder operation	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SBLADL	Integer	2	Method of surgical procedure for Bladder operation – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SBLADO	Integer	2	Method of surgical procedure for Bladder operation – Open	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)
SOVAR	Integer	2	Has the patient ever had any of these surgeries: Ovarian procedure	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SOVARL	Integer	2	Method of surgical procedure for Ovarian procedure – Laparoscopic	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and</b>

				<p><b>higher:</b>  0=Not selected;  1=Selected;  -1=Neither method of surgical procedure was selected  (default = 0)</p>
SOVARO	Integer	2	Method of surgical procedure for Ovarian procedure – Open	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form version 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=Neither method of surgical procedure was selected  (default = 0)</p>
SGYN	Integer	2	Has the patient ever had any of these surgeries: Other GYN procedure	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form version 3.0 and higher:</b>  0=No;  1=Yes</p>
SGYNL	Integer	2	Method of surgical procedure for Other GYN procedure – Laparoscopic	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form version 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=Neither method of surgical procedure was selected  (default = 0)</p>
SGYNO	Integer	2	Method of surgical procedure for Other GYN procedure – Open	<p><b>Form versions prior to 3.0:</b>  (default = -10)</p> <p><b>Form version 3.0 and higher:</b>  0=Not selected;  1=Selected;  -1=Neither method of surgical procedure was selected  (default = 0)</p>

SOTHABD	Integer	2	Has the patient ever had any of these surgeries: Other abdominal procedure	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=No; 1=Yes</p>
SOTHABDL	Integer	2	Method of surgical procedure for Other abdominal procedure – Laparoscopic	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)</p>
SOTHABDO	Integer	2	Method of surgical procedure for Other abdominal procedure – Open	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=Not selected; 1=Selected; -1=Neither method of surgical procedure was selected (default = 0)</p>
SLAPS	Integer	2	Has the patient ever had any of these surgeries: Other prior laparoscopy	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=No; 1=Yes</p>
SLAPT	Integer	2	Has the patient ever had any of these surgeries: Other prior laparotomy	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and higher:</b> 0=No; 1=Yes</p>
SBLOUNT	Integer	2	Has the patient ever had any of these surgeries: Surgery for Blount’s disease	<p><b>Form versions prior to 3.0:</b> (default = -10)</p> <p><b>Form version 3.0 and</b></p>

				<b>higher:</b> 0=No; 1=Yes
SSCFE	Integer	2	Has the patient ever had any of these surgeries: Surgery for slipped capital femoral epiphysis	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes
SPE	Integer	2	Has the patient ever had any of these surgeries: Operation for peripheral edema	<b>Form versions prior to 3.0:</b> (default = -10)  <b>Form version 3.0 and higher:</b> 0=No; 1=Yes

## SMAF – Surgeon Medical Assessment Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
SMAFDAT	Date/Time	8	Date form completed	
LEG	Integer	2	Since the patient's last visit, has the patient had: Leg swelling accompanied by blistering, infections, discolorations or alterations of the skin.	0=No; 1=Yes
HOSE	Integer	2	Treatment for leg swelling since patient's last visit: Hose	0=No; 1=Yes
DIURET	Integer	2	Treatment for leg swelling since patient's last visit: Diuretic	0=No; 1=Yes
OPER	Integer	2	Treatment for leg swelling since patient's last visit: Operation(s)	0=No; 1=Yes
THIN	Integer	2	Treatment for leg swelling since patient's last visit: Blood Thinners	0=No; 1=Yes
LEGELE	Integer	2	Treatment for leg swelling since patient's last visit: Elevation of the legs	0=No; 1=Yes
UNNA	Integer	2	Treatment for leg swelling since patient's last visit: Unna boots	0=No; 1=Yes
BOOT	Integer	2	Treatment for leg swelling since patient's last visit: Sequential compression boots	0=No; 1=Yes
LEGOTH	Integer	2	Treatment for leg swelling since patient's last visit: Other	0=No; 1=Yes
LEGOTHS	Text	100	Treatment for leg swelling since patient's last visit: Specify other	
FILTER	Integer	2	Since the patient's last visit, has the patient had: Filter placement to prevent blood clot	0=No; 1=Yes

ANGINA	Integer	2	Since the patient's last visit, has the patient had: Angina	0=No; 1=Yes
ANGINAS	Integer	2	Angina symptoms since last visit	0=No; 1=Yes
ANGINAC	Integer	2	Angina symptoms since last visit, classification level	1=Class I; 2=Class II; 3=Class III; 4=Class IV
HYPERTEN	Integer	2	Since the patient's last visit, has the patient had: Hypertension	0=No; 1=Yes
ABNEKG	Integer	2	Since the patient's last visit, has the patient had: Abnormal EKG but unable to assess ischemia	0=No; 1=Yes
IRREG	Integer	2	Since the patient's last visit, has the patient had: Treatment for irregular heart beat	0=No; 1=Yes
PCI	Integer	2	Since the patient's last visit, has the patient had: Percutaneous Coronary Intervention	0=No; 1=Yes
CABG	Integer	2	Since the patient's last visit, has the patient had: CABG	0=No; 1=Yes
VALVE	Integer	2	Since the patient's last visit, has the patient had: Heart valve operation	0=No; 1=Yes
CHF	Integer	2	Since the patient's last visit, has the patient had: CHF	0=No; 1=Yes
CHFS	Integer	2	CHF, NYHC	1=I; 2=II; 3=III; 4=IV; -3=Unknown
COPD	Integer	2	Since the patient's last visit, has the patient had: COPD	0=No; 1=Yes
COPDS	Integer	2	Operation on lungs for COPD?	0=No; 1=Yes
APNEA	Integer	2	Since the patient's last visit, has the patient had: Sleep Apnea	0=No; 1=Yes
OPERATE	Integer	2	Operation for sleep	0=No;

			apnea?	1=Yes
CPAP	Integer	2	Currently use C-PAP/Bi-PAP?	0=No; 1=Yes
CPAPS	Integer	2	Frequency of C-PAP/Bi-PAP use	1=Rarely; 2=Sometimes; 3=Often; 4=Always
STROKE	Integer	2	Since the patient's last visit, has the patient had: Stroke	0=No; 1=Yes
SENS	Integer	2	Permanent problems resulting from stroke: Sensory	0=No; 1=Yes
MOTOR	Integer	2	Permanent problems resulting from stroke: Motor	0=No; 1=Yes
SPEECH	Integer	2	Permanent problems resulting from stroke: Speech problems	0=No; 1=Yes
MEMORY	Integer	2	Permanent problems resulting from stroke: Memory or cognitive	0=No; 1=Yes
PUL	Integer	2	Since the patient's last visit, has the patient had: Pulmonary hypertension	0=No; 1=Yes
HYP	Integer	2	Since the patient's last visit, has the patient had: Hypoxemia/Hypercarbia Syndrome	0=No; 1=Yes
CORP	Integer	2	Since the patient's last visit, has the patient had: Cor pulmonale	0=No; 1=Yes
PTC	Integer	2	Since the patient's last visit, has the patient had: Pseudotumor cerebri (PTC)	0=No; 1=Yes
PTCS	Integer	2	Undergone surgery for PTC?	0=No; 1=Yes
COAGUL	Integer	2	Since the patient's last visit, has the patient had: Coagulopathy	0=No; 1=Yes
GERD	Integer	2	Since the patient's last visit, has the patient had: Gastroesophageal Reflux Disease (GERD)	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB

GERDS	Integer	2	Since the patient's last visit, has the patient had: Gastroesophageal Reflux Disease (GERD) - choose the one response which most accurately characterizes the greatest severity of the GERD problem over the last 3 months.	<p><b>Form versions prior to 3.0:</b>  1=Intermittent or variable symptoms, no medication;  2=Intermittent medication;  3=H2 blockers or low dose PPI;  4=High dose PPI;  5=Meet criteria for ant reflux surgery, or prior surgery for GERD</p> <p><b>Form version 3.0 and higher:</b>  (default = -10)  Note: Item moved to TL_CAB</p>
VHERNIA	Integer	2	Since the patient's last visit, has the patient had: History of ventral hernia	0=No; 1=Yes
ASYMPT	Integer	2	Since the patient's last visit, has the patient had: History of ventral hernia - Asymptomatic hernia, no prior operation	0=No; 1=Yes
SYMPT	Integer	2	Since the patient's last visit, has the patient had: History of ventral hernia - Symptomatic or incarcerated hernia	0=No; 1=Yes
REPAIR	Integer	2	Since the patient's last visit, has the patient had: History of ventral hernia - Successful repair	0=No; 1=Yes
REPAIRM	Integer	2	Since the patient's last visit, has the patient had: History of ventral hernia - Date of repair (month)	
REPAIRY	Integer	2	Since the patient's last visit, has the patient had: History of ventral hernia - Date of repair (year)	
CHRONIC	Integer	2	Since the patient's last visit, has the patient had: History of ventral hernia - Chronic evisceration through large hernia with associated complication or multiple failed hernia repairs	0=No; 1=Yes

RECURR	Integer	2	Since the patient's last visit, has the patient had: History of ventral hernia - Recurrent hernia or size > 15 cm	0=No; 1=Yes
PANNUSG	Integer	2	Abdominal Pannus: anatomically characterize the pannus.	<b>Form versions prior to 3.0:</b> 1=Grade 1; 2=Grade 2; 3=Grade 3; 4=Grade 4; 5=Grade 5  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
PANNUSS	Integer	2	Abdominal Pannus: dysfunction	<b>Form versions prior to 3.0:</b> 0=No symptoms; 1=Symptomatic  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
INFECT	Integer	2	Abdominal Pannus: symptoms - Intertriginous/fungal cutaneous infection	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
CELLULIT	Integer	2	Abdominal Pannus: symptoms - Recurrent cellulitis	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
ULCERAT	Integer	2	Abdominal Pannus: symptoms - Superficial cutaneous ulceration	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
DEEPULC	Integer	2	Abdominal Pannus: symptoms - Deep ulceration/persistent drainage	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes

				<b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
FASCIITIS	Integer	2	Abdominal Pannus: symptoms - Necrotizing fasciitis or surgical treatment required	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
ABDPL	Integer	2	Abdominal Pannus: symptoms - Abdominoplasty has been performed	<b>Form versions prior to 3.0:</b> 0=No; 1=Yes  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
ABDPLM	Integer	2	Abdominal Pannus: symptoms - Date of abdominoplasty (month)	<b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
ABDPLY	Integer	2	Abdominal Pannus: symptoms - Date of abdominoplasty (month)	<b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
BACKPAIN	Integer	2	Back pain characterization	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0:</b> 0=No symptoms of back pain; 1=Intermittent symptoms not requiring medical treatment; 2=Symptoms requiring non- narcotic treatment; 3=Degenerative changes or positive objective findings, symptoms requiring narcotic treatment; 4=Surgical intervention done or recommended pending weight loss; 5=Failed previous surgical intervention with existing symptoms  <b>Form version 3.0 and higher:</b> (default = -10) Note: Item moved to TL_CAB
MUSCSKEL	Integer	2	Musculoskeletal disease	<b>Form versions prior to 2.0:</b>

			<p>characterization</p>	<p>(default = -10)</p> <p><b>Form version 2.0:</b>  0=No symptoms of musculoskeletal disease;  1=Pain with community ambulation;  2=Non-narcotic analgesia required;  3=Pain with household ambulation;  4=Surgical intervention required (ex: arthroscopy);  5=Awaiting or past joint replacement or other disability</p> <p><b>Form version 3.0 and higher:</b>  (default =-10)</p>
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## SQOP – Surgeon Questionnaire/Operative Evaluation

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Long Integer	4	Visit	(default = 99)
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
SQOPDAT	Date/Time	8	Date form completed	
SURGDAT	Date/Time	8	Date of surgery	
INORH	Integer	2	Time patient entered the operating room (hour part)	
INORM	Integer	2	Time patient entered the operating room (minute part)	
OPENH	Integer	2	Time in which the first open or laparoscopic incision was made (hour part)	
OPENM	Integer	2	Time in which the first open or laparoscopic incision was made (minute part)	
CLOSEH	Integer	2	Time in which the final skin closure was made (hour part)	
CLOSEM	Integer	2	Time in which the final skin closure was made (minute part)	
OUTORH	Integer	2	Time in which the patient left the operating room (hour part)	
OUTORM	Integer	2	Time in which the patient left the operating room (minute part)	
TUBEINH	Integer	2	Time of tube insertion (hour part)	
TUBEINM	Integer	2	Time of tube insertion (minute part)	
TUBEOUTH	Integer	2	Time of tube removal (or time when patient left the OR if tube remained in) (hour part)	
TUBEOUTM	Integer	2	Time of tube removal (or time when patient left the	

			OR if tube remained in) (minute part)	
SURGNO	Integer	2	Was surgery cancelled after anesthesia induction?	0=No; 1=Yes
OP_REVIS	Integer	2	Is this procedure a revision?	0=No; 1=Yes
OP_REVER	Integer	2	Is this procedure a reversal?	0=No; 1=Yes
SURG	Integer	2	Operation performed	1=Gastric bypass; 2=Biliopancreatic diversion (BPD); 3=Biliopancreatic diversion with Duodenal Switch (BPDS); 4=Adjustable band; 5=Sleeve gastrectomy - initial stage; 7=Other; 8=Banded Gastric bypass (Gastric bypass & non-adjustable band); 9=Vertical Banded Gastroplasty
SGA	Integer	2	Was this a second stage procedure following a sleeve gastrectomy?	0=No; 1=Yes
SURGS	Text	100	Operation performed, specify other	
ACLASS	Integer	2	Anesthesia risk-derived classification	1=Stage I; 2=Stage II; 3=Stage III; 4=Stage IV
DVTPERF	Integer	2	Were any DVT prophylaxis administered (pre-operative or intra-operative) or ordered (post-operative)?	0=No; 1=Yes
PSTOCK	Integer	2	DVT prophylaxis administered: Compression stockings	0=No; 1=Yes
PSEQD	Integer	2	DVT prophylaxis administered: Sequential compression device	0=No; 1=Yes
PFILTER	Integer	2	DVT prophylaxis administered: Prophylactic vena cava filter	0=No; 1=Yes

PFOOT	Integer	2	DVT prophylaxis administered: Foot pump	0=No; 1=Yes
PSHEP	Integer	2	DVT prophylaxis administered: 5000 units sub-cutaneous heparin	0=No; 1=Yes
TSHEP	Integer	2	5000 units sub-cutaneous heparin: Pre-Operative Administration Timing	0=None; 1=1-2 hours; 2=Within 1 hour; 3=Within 30 minutes; 4=>2 hours
ISHEP	Integer	2	5000 units sub-cutaneous heparin: Intra-Operative Administration	0=No; 1=Yes
POSHEP	Integer	2	5000 units sub-cutaneous heparin: Post-operatively ordered	0=No; 1=Yes
PAHEP	Integer	2	DVT prophylaxis administered: Other dose heparin	0=No; 1=Yes
AHEPD	Long Integer	4	DVT prophylaxis administered: Specify other dose heparin (units)	
TAHEP	Integer	2	Other dose heparin: Pre-Operative Administration Timing	0=None; 1=1-2 hours; 2=Within 1 hour; 3=Within 30 minutes; 4=>2 hours
IAHEP	Integer	2	Other dose heparin: Intra-Operative Administration	0=No; 1=Yes
POAHEP	Integer	2	Other dose heparin: Post-operatively ordered	0=No; 1=Yes
PLHEP	Integer	2	DVT prophylaxis administered: Low molecular weight heparin	0=No; 1=Yes
PLHEPD	Integer	2	Low molecular weight heparin: Pre-Operative Administration Timing	0=None; 1=1-2 hours; 2=Within 1 hour; 3=Within 30 minutes; 4=>2 hours
PLHEPS	Double	8	Low molecular weight heparin:	0=No; 1=Yes

			Intra-Operative Administration	
TLHEP	Integer	2	Low molecular weight heparin: Post-operatively ordered	0=No; 1=Yes
ILHEP	Integer	2	Low molecular weight heparin: Dose	1=20 mg; 2=40 mg; 3=60 mg; 4=Other
POLHEP	Integer	2	Low molecular weight heparin: Specify other dose (mg)	
POTH	Integer	2	DVT prophylaxis administered: Other Anticoagulant	0=No 1=Yes
POTHS	Text	100	Other Anticoagulant: Pre-Operative Administration Timing	0=None; 1=1-2 hours; 2=Within 1 hour; 3=Within 30 minutes; 4=>2 hours
POTHD	Double	8	Other Anticoagulant: Intra-Operative Administration	0=No; 1=Yes
DOSETYPE	Integer	2	Other Anticoagulant: Post-operatively ordered	0=No; 1=Yes
TOTH	Integer	2	Other Anticoagulant: Specify name	
IOTH	Integer	2	Other Anticoagulant: Dose amount	
POOTH	Integer	2	Other Anticoagulant: Dose type	1=mg; 2=units
ANTIB	Integer	2	Were any pre-operative antibiotics used?	0=No; 1=Yes
ANTIBC1	Integer	2	Antibiotic 1: code	1=Ancef <sup>®</sup> (cephalosporin - 1st generation); 2=Cefotan <sup>®</sup> (cephalosporin - 3rd generation); 3= Vancocin <sup>®</sup> (Vancomycin); 4=Levaquin <sup>®</sup> (Levofloxacin); 5=Unasyn <sup>®</sup> (Ampicillin/Sulbactam); 6=Flagyl <sup>®</sup> (Metronidazole); 7=Other; 8=Mefoxin <sup>®</sup> (Cefoxitin); 9=Zosyn <sup>®</sup> (Piperacillin/Tazobactam); 10=Cleocin <sup>®</sup> (Clindamycin);

				11=Garamycin <sup>®</sup> (Gentamicin)
ANTIBD1	Double	8	Antibiotic 1: dose (mg)	
ANTIBH1	Integer	2	Antibiotic 1: time given (hour part)	
ANTIBM1	Integer	2	Antibiotic 1: time given (minute part)	
ANTIBL1	Integer	2	Antibiotic 1: location administered	1= Pre-surgery holding room; 2= Operating room
ANTIBC2	Integer	2	Antibiotic 2: code	1=Ancef <sup>®</sup> (cephalosporin - 1st generation); 2=Cefotan <sup>®</sup> (cephalosporin - 3rd generation); 3= Vancocin <sup>®</sup> (Vancomycin); 4=Levaquin <sup>®</sup> (Levofloxacin); 5=Unasyn <sup>®</sup> (Ampicillin/Sulbactam); 6=Flagyl <sup>®</sup> (Metronidazole); 7=Other; 8=Mefoxin <sup>®</sup> (Cefoxitin); 9=Zosyn <sup>®</sup> (Piperacillin/Tazobactam); 10=Cleocin <sup>®</sup> (Clindamycin); 11=Garamycin <sup>®</sup> (Gentamicin)
ANTIBD2	Double	8	Antibiotic 2: dose (mg)	
ANTIBH2	Integer	2	Antibiotic 2: time given (hour part)	
ANTIBM2	Integer	2	Antibiotic 2: time given (minute part)	
ANTIBL2	Integer	2	Antibiotic 2: location administered	1= Pre-surgery holding room; 2= Operating room
ANTIBC3	Integer	2	Antibiotic 3: code	1=Ancef <sup>®</sup> (cephalosporin - 1st generation); 2=Cefotan <sup>®</sup> (cephalosporin - 3rd generation); 3= Vancocin <sup>®</sup> (Vancomycin); 4=Levaquin <sup>®</sup> (Levofloxacin); 5=Unasyn <sup>®</sup> (Ampicillin/Sulbactam); 6=Flagyl <sup>®</sup> (Metronidazole); 7=Other; 8=Mefoxin <sup>®</sup> (Cefoxitin); 9=Zosyn <sup>®</sup> (Piperacillin/Tazobactam); 10=Cleocin <sup>®</sup> (Clindamycin); 11=Garamycin <sup>®</sup> (Gentamicin)
ANTIBD3	Double	8	Antibiotic 3: dose (mg)	
ANTIBH3	Integer	2	Antibiotic 3: time given	

			(hour part)	
ANTIBM3	Integer	2	Antibiotic 3: time given (minute part)	
ANTIBL3	Integer	2	Antibiotic 3: location administered	1= Pre-surgery holding room; 2=Operating room
ANTIBOTH	Text	100	Antibiotic: specify other	
CLINE	Integer	2	Placement of central line?	0=No; 1=Yes
ALINE	Integer	2	Placement of arterial line?	0=No; 1=Yes
CRYFLUML	Long Integer	4	Record fluids and blood loss: Crystalloid fluids (ml)	
COLFLUML	Long Integer	4	Record fluids and blood loss: Colloid fluids (ml)	
BLOSSCC	Integer	2	Record fluids and blood loss: Blood loss (cc)	0=less than 50cc
BTRANSU	Integer	2	Record fluids and blood loss: Blood transfusion (units)	
LIVERS	Integer	2	Overall size of liver	1=Normal; 2=Large; 3=Extremely large
LIVERA	Integer	2	Liver appearance	<b>Form versions prior to 2.0:</b> 1=Normal; 2=Abnormal; 3=Cirrhotic  <b>Form version 2.0 and higher:</b> (default = -10)
LIVERAP	Integer	2	Liver appearance	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 1=Normal; 2=Abnormal
LIVERC	Integer	2	Liver appearance: Liver color	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 1=Dark red (normal); 2=Pale pink (fatty); 3=Congested/Engorged/Nutmeg
LIVERSA	Integer	2	Liver appearance: Surface appearance	<b>Form versions prior to 2.0:</b> (default = -10)

				<b>Form version 2.0 and higher:</b> 1=Smooth (normal); 2=Surface scarring; 3=Nodular (cirrhotic); 4=Other
LIVERSAS	Text	100	Liver appearance: Surface appearance, specify other	<b>Form versions prior to 2.0:</b> (default = -10)
LIVERCY	Integer	2	Liver appearance: Consistency	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 1=Normal; 2=Firm; 3=Hard
LIVERM	Integer	2	Liver appearance: Mass lesion	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Single; 2=Multiple
LIVERP	Integer	2	Liver appearance: Evidence of portal hypertension	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
SPLENOMEG	Integer	2	Liver appearance: Evidence of portal hypertension – Splenomegaly	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes; 2=Could not observe
VARICES	Integer	2	Liver appearance: Evidence of portal hypertension – Varices	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes; 2=Could not observe
HYPOTH	Integer	2	Liver appearance: Evidence of portal hypertension – Other	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b>

				0=No; 1=Yes
HYPOTHS	Text	100	Liver appearance: Evidence of portal hypertension – Specify other	<b>Form versions prior to 2.0:</b> (default = -10)
LIVERE	Integer	2	On a scale of 1 to 5, with 1 being gauged as normal and sharp and 5 being gauged as thick and rounded, circle the level of the sharpness of the edge of the left lateral segment of the liver	
SURGPROC	Integer	2	Method of surgical procedure	1=Laparoscopic; 2=Laparoscopic converted to open; 3=Open (no laparoscopic ports)
PORT5	Integer	2	Number of 5 mm wide ports/incisions	
PORT10	Integer	2	Number of 10 mm wide ports/incisions	
PORT15	Integer	2	Number of 15 mm wide ports/incisions	
PORT20	Integer	2	Number of >=20 mm wide ports/incisions	
EXPO	Integer	2	Reason for conversion: Exposure	0=No; 1=Yes
BLEED	Integer	2	Reason for conversion: Bleeding	0=No; 1=Yes
ANAT	Integer	2	Reason for conversion: Anatomy	0=No; 1=Yes
EQPTF	Integer	2	Reason for conversion: Instrument/equipment failure	0=No; 1=Yes
LPOPO	Integer	2	Reason for conversion: Other	0=No; 1=Yes
LPOPOS	Text	100	Reason for conversion: Specify other	
OPNLGTH	Double	8	Length of open incision (cm)	
RESID	Integer	2	Was a resident or trainee present?	0=No; 1=Yes
RESIDGJ	Integer	2	Was the resident or trainee involved in the Gastric-Jejunum anastomosis?	0=No; 1=Yes; -2=N/A

RESIDJJ	Integer	2	Was the resident or trainee involved in the Jejunum-Jejunum anastomosis?	0=No; 1=Yes; -2=N/A
RESIDDJ	Integer	2	Was the resident or trainee involved in the Duodenal-Jejunum anastomosis?	0=No; 1=Yes; -2=N/A
CONCPROC	Integer	2	Were any concurrent procedures performed?	0=No; 1=Yes
CLIVER	Integer	2	Concurrent procedure: Liver biopsy	0=No; 1=Yes
TXSITE	Integer	2	Concurrent procedure: Liver biopsy site	0=Right lobe; 1=Left lobe; 2=Both lobes
RESEARCH	Integer	2	Concurrent procedure: Indication for liver biopsy – Research protocol	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
ROUTINE	Integer	2	Concurrent procedure: Indication for liver biopsy – Routine/standard of care	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
LIVERDIS	Integer	2	Concurrent procedure: Indication for liver biopsy – Signs or symptoms of liver disease	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
ABLFT	Integer	2	Concurrent procedure: Indication for liver biopsy – Abnormal pre-op LFTs	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
ABAPPEAR	Integer	2	Concurrent procedure: Indication for liver biopsy – Abnormal appearance of liver in O.R.	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> 0=No; 1=Yes
LIVERO	Integer	2	Concurrent procedure: Indication for liver biopsy –	<b>Form versions prior to 2.0:</b> (default = -10)

			Other	<b>Form version 2.0 and higher:</b> 0=No; 1=Yes
LIVEROS	Text	100	Concurrent procedure: Indication for liver biopsy – Specify other	<b>Form versions prior to 2.0:</b> (default = -10)
CLIVERC	Integer	2	Concurrent procedure: Liver biopsy complications	0=No; 1=Yes
CLIVERS	Text	100	Concurrent procedure: Liver biopsy complications, specify	
CDRAIN	Integer	2	Concurrent procedure: Drain placed at gastrojejunostomy	0=No; 1=Yes
CDRAINC	Integer	2	Concurrent procedure: Drain placed at gastrojejunostomy complications	0=No; 1=Yes
CDRAINS	Text	100	Concurrent procedure: Drain placed at gastrojejunostomy complications, specify	
CGASTY	Integer	2	Concurrent procedure: Gastrostomy	0=No; 1=Yes
CGASTYC	Integer	2	Concurrent procedure: Gastrostomy complications	0=No; 1=Yes
CGASTYS	Text	100	Concurrent procedure: Gastrostomy complications, specify	
CSPLE	Integer	2	Concurrent procedure: Unplanned splenectomy	0=No; 1=Yes
CSPLEC	Integer	2	Concurrent procedure: Unplanned splenectomy complications	0=No; 1=Yes
CSPLES	Text	100	Concurrent procedure: Unplanned splenectomy complications, specify	
CUMBIL	Integer	2	Concurrent procedure: Umbilical hernia	0=No; 1=Yes
CUMBILC	Integer	2	Concurrent procedure: Umbilical hernia complications	0=No; 1=Yes
CUMBILS	Text	100	Concurrent procedure: Umbilical hernia complications, specify	

CCRURL	Integer	2	Concurrent procedure: Crural repair	0=No; 1=Yes
CCRURLC	Integer	2	Concurrent procedure: Crural repair complications	0=No; 1=Yes
CCRURLS	Text	100	Concurrent procedure: Crural repair complications, specify	
PGAST	Integer	2	Concurrent procedure: Partial Gastrectomy	0=No; 1=Yes
PGASTC	Integer	2	Concurrent procedure: Partial Gastrectomy complications	0=No; 1=Yes
PGASTS	Text	100	Concurrent procedure: Partial Gastrectomy complications, specify	
SGAST	Integer	2	Concurrent procedure: Subtotal gastrectomy	0=No; 1=Yes
SGASTC	Integer	2	Concurrent procedure: Subtotal gastrectomy complications	0=No; 1=Yes
SGASTS	Text	100	Concurrent procedure: Subtotal gastrectomy complications, specify	
CCHOL	Integer	2	Concurrent procedure: Cholecystectomy	0=No; 1=Yes
CCHOLC	Integer	2	Concurrent procedure: Cholecystectomy complications	0=No; 1=Yes
CCHOLS	Text	100	Concurrent procedure: Cholecystectomy complications, specify	
CEGD	Integer	2	Concurrent procedure: Diagnostic EGD/EGJ	0=No; 1=Yes
CEGDC	Integer	2	Concurrent procedure: Diagnostic EGD/EGJ complications	0=No; 1=Yes
CEGDS	Text	100	Concurrent procedure: Diagnostic EGD/EGJ complications, specify	
TVAGO	Integer	2	Concurrent procedure: Truncal Vagotomy	0=No; 1=Yes
TVAGOC	Integer	2	Concurrent procedure: Truncal Vagotomy complications	0=No; 1=Yes
TVAGOS	Text	100	Concurrent procedure: Truncal Vagotomy complications, specify	

PVAGO	Integer	2	Concurrent procedure: Partial Vagotomy	0=No; 1=Yes
PVAGOC	Integer	2	Concurrent procedure: Partial Vagotomy complications	0=No; 1=Yes
PVAGOS	Text	100	Concurrent procedure: Partial Vagotomy complications, specify	
CPANN	Integer	2	Concurrent procedure: Panniculectomy	0=No; 1=Yes
CPANNC	Integer	2	Concurrent procedure: Panniculectomy complications	0=No; 1=Yes
CPANNS	Text	100	Concurrent procedure: Panniculectomy complications, specify	
CINTUB	Integer	2	Concurrent procedure: Planned fiberoptic intubation	0=No; 1=Yes
CINTUBC	Integer	2	Concurrent procedure: Planned fiberoptic intubation complications	0=No; 1=Yes
CINTUBS	Text	100	Concurrent procedure: Planned fiberoptic intubation complications, specify	
CHERNI	Integer	2	Concurrent procedure: Incisional hernia	0=No; 1=Yes
CHERNIC	Integer	2	Concurrent procedure: Incisional hernia complications	0=No; 1=Yes
CHERNIS	Text	100	Concurrent procedure: Incisional hernia complications, specify	
CLYSIS	Integer	2	Concurrent procedure: Lysis of extensive adhesions	0=No; 1=Yes
CLYSISC	Integer	2	Concurrent procedure: Lysis of extensive adhesions complications	0=No; 1=Yes
CLYSIS	Text	100	Concurrent procedure: Lysis of extensive adhesions complications, specify	
COTH	Integer	2	Concurrent procedure: Other	0=No; 1=Yes
COTHS	Text	100	Concurrent procedure:	0=No;

			Other complications	1=Yes
COTHC	Integer	2	Concurrent procedure: Other complications, specify	
COTHCS	Text	100	Concurrent procedure: Specify other procedure	
VH	Integer	2	Does the patient have a ventral hernia?	0=No; 1=Yes
VHSYMP	Integer	2	Features of the ventral hernia: Symptomatic	0=No; 1=Yes
VHABDSUR	Integer	2	Features of the ventral hernia: Prior abdominopelvic surgery	0=No; 1=Yes
VHERNIA	Integer	2	Features of the ventral hernia: Prior hernia repair in this area	0=No; 1=Yes
VHINCARC	Integer	2	Features of the ventral hernia: Contents incarcerated	0=No; 1=Yes
VHBOWEL	Integer	2	Contents incarcerated : Evidence of bowel compromise?	0=No; 1=Yes
FWIDTH	Double	8	Width of facial defect (largest dimension) (cm)	
BODTEMP	Double	8	Lowest reported body temperature (degrees C)	
BODTEMPS	Integer	2	Specify temperature source	1=Skin (including cartilage); 2=Core
IOEVENT	Integer	2	Did the patient have any Intra-Operative events?	0=No; 1=Yes
EVEOBJ	Integer	2	Intra-Operative event: Anesthesia-related complications	0=No; 1=Yes
AECODE1	Integer	2	Intra-Operative event: Anesthesia-related complication – event code 1	(codes listed in Appendix A on TL_SQOP form)
AECODE2	Integer	2	Intra-Operative event: Anesthesia-related complication – event code 2	(codes listed in Appendix A on TL_SQOP form)
AECODE3	Integer	2	Intra-Operative event: Anesthesia-related complication – event code	(codes listed in Appendix A on TL_SQOP form)

			3	
AECODE4	Integer	2	Intra-Operative event: Anesthesia-related complication – event code 4	(codes listed in Appendix A on TL_SQOP form)
AECODE5	Integer	2	Intra-Operative event: Anesthesia-related complication – event code 5	(codes listed in Appendix A on TL_SQOP form)
SUBHYPER	Integer	2	Intra-Operative event: Hypercapnia	0=No; 1=Yes
SUBHYPOX	Integer	2	Intra-Operative event: Hypoxemia	0=No; 1=Yes
EVEREV	Integer	2	Intra-Operative event: Revision of Anastomosis	0=No; 1=Yes
REVGAS	Integer	2	Intra-Operative event: Revision of Anastomosis – Gastrojejunostomy	0=No; 1=Yes
REVJEJ	Integer	2	Intra-Operative event: Revision of Anastomosis – Jejunostomy	0=No; 1=Yes
REVOTH	Integer	2	Intra-Operative event: Revision of Anastomosis – Other	0=No; 1=Yes
REVS	Text	100	Intra-Operative event: Revision of Anastomosis – Specify other	
EVNFAIL	Integer	2	Intra-Operative event: Instrument/equipment failure	0=No; 1=Yes
EVNSTPL	Integer	2	Intra-Operative event: Instrument/equipment failure - Staple misfire	0=No; 1=Yes
EVNTROC	Integer	2	Intra-Operative event: Instrument/equipment failure - Trocar injury	0=No; 1=Yes
EVNOTH	Integer	2	Intra-Operative event: Instrument/equipment failure – Other	0=No; 1=Yes
EVNS	Text	100	Intra-Operative event: Instrument/equipment failure – Specify other	
INJDIAP	Integer	2	Intra-Operative event: Diaphragmatic injury	0=No; 1=Yes
INJDIAPG	Integer	2	Intra-Operative event: Diaphragmatic injury - grade	1=Grade I; 2=Grade II; 3=Grade III;

				4=Grade IV; 5=Grade V
INJDIAPS	Integer	2	Intra-Operative event: Diaphragmatic injury - require suture or repair	0=No; 1=Yes
INJLIV	Integer	2	Intra-Operative event: Liver laceration	0=No; 1=Yes
INJLIVG	Integer	2	Intra-Operative event: Liver laceration – grade	1=Grade I; 2=Grade II; 3=Grade III; 4=Grade IV; 5=Grade V
INJLIVS	Integer	2	Intra-Operative event: Liver laceration – require suture or repair	0=No; 1=Yes
INJSPL	Integer	2	Intra-Operative event: Splenic injury	0=No; 1=Yes
SPGRADE	Integer	2	Intra-Operative event: Splenic injury – grade	1=Grade I; 2=Grade II; 3=Grade III; 4=Grade IV; 5=Grade V
INJSPLOL	Integer	2	Intra-Operative event: Splenic injury – lead to organ loss	0=No; 1=Yes
INJSPLS	Integer	2	Intra-Operative event: Splenic injury - require suture or repair	0=No; 1=Yes
MESENTB	Integer	2	Intra-Operative event: Mesenteric bleeding/hematoma	0=No; 1=Yes
INJCOLON	Integer	2	Intra-Operative event: Colon laceration	0=No; 1=Yes
INJCOLNG	Integer	2	Intra-Operative event: Colon laceration – grade	1=Grade I; 2=Grade II; 3=Grade III; 4=Grade IV; 5=Grade V
INJCOLNS	Integer	2	Intra-Operative event: Colon laceration - require suture or repair	0=No; 1=Yes
INJURET	Integer	2	Intra-Operative event: Urethral injury (including Foley catheter problems)	0=No; 1=Yes
INJURETG	Integer	2	Intra-Operative event: Urethral injury (including Foley catheter problems) –	1=Grade I; 2=Grade II; 3=Grade III;

			grade	4=Grade IV; 5=Grade V
INJURETS	Integer	2	Intra-Operative event: Urethral injury (including Foley catheter problems) - require suture or repair	0=No; 1=Yes
INJPAN	Integer	2	Intra-Operative event: Pancreatic injury	0=No; 1=Yes
INJPANG	Integer	2	Intra-Operative event: Pancreatic injury – grade	1=Grade I; 2=Grade II; 3=Grade III; 4=Grade IV; 5=Grade V
INJPANS	Integer	2	Intra-Operative event: Pancreatic injury - require suture or repair	0=No; 1=Yes
INJVES	Integer	2	Intra-Operative event: Large vessel (named vessel) laceration	0=No; 1=Yes
INJVESS	Integer	2	Intra-Operative event: Large vessel (named vessel) laceration – Did this require suture or other repair	0=No; 1=Yes
INJESO	Integer	2	Intra-Operative event: Esophageal injury	0=No; 1=Yes
INJESOG	Integer	2	Intra-Operative event: Esophageal injury – grade	1=Grade I; 2=Grade II; 3=Grade III; 4=Grade IV; 5=Grade V
INJESOS	Integer	2	Intra-Operative event: Esophageal injury - require suture or repair	0=No; 1=Yes
INJBOW	Integer	2	Intra-Operative event: Bowel injury	0=No; 1=Yes
INJBOWG	Integer	2	Intra-Operative event: Bowel injury – grade	1=Grade I; 2=Grade II; 3=Grade III; 4=Grade IV; 5=Grade V
INJBOWS	Integer	2	Intra-Operative event: Bowel injury - require suture or repair	0=No; 1=Yes
BLEEDING	Integer	2	Intra-Operative event: Bleeding (>=2 units blood loss)	0=No; 1=Yes

SEROS	Integer	2	Intra-Operative event: Serosal tear of intestine that required repair	0=No; 1=Yes
SEROSNUM	Integer	2	Intra-Operative event: Serosal tear – number of tears	
SEROSTOM	Integer	2	Intra-Operative event: Serosal tear location – stomach	0=Not selected; 1=Selected (default = 0)
SEROSBOW	Integer	2	Intra-Operative event: Serosal tear location – small bowel	0=Not selected; 1=Selected (default = 0)
SEROSCOL	Integer	2	Intra-Operative event: Serosal tear location – colon	0=Not selected; 1=Selected (default = 0)
SEROSMET	Integer	2	Intra-Operative event: Serosal tear – method of repair	1=Resection; 2=Oversew; 3=No repair necessary
ENTER	Integer	2	Intra-Operative event: Enterotomy	0=No; 1=Yes
ENTERSTO	Integer	2	Intra-Operative event: Enterotomy location – stomach	0=Not selected; 1=Selected (default = 0)
ENTERBOW	Integer	2	Intra-Operative event: Enterotomy location – small bowel	0=Not selected; 1=Selected (default = 0)
ENTERCOL	Integer	2	Intra-Operative event: Enterotomy location – colon	0=Not selected; 1=Selected (default = 0)
ENTERMET	Integer	2	Intra-Operative event: Enterotomy – method of repair	1=Resection; 2=Oversew; 3=No repair necessary
IOARRH	Integer	2	Intra-Operative event: Cardiac arrhythmias resulting in significant change in blood pressure and pharmacological intervention	0=No; 1=Yes
CARREST	Integer	2	Intra-Operative event: Cardiac arrest	0=No; 1=Yes
EVEEMPH	Integer	2	Intra-Operative event: Subcutaneous Emphysema	0=No; 1=Yes
PNEUX	Integer	2	Intra-Operative event: Pneumothorax	0=No; 1=Yes
PNEUXTUB	Integer	2	Intra-Operative event: Pneumothorax – Did the patient require chest tube	0=No; 1=Yes

			or pigtail placement?	
GASE	Integer	2	Intra-Operative event: Gas embolism with clinically significant gas introduced into central venous system	0=No; 1=Yes
RESPA	Integer	2	Intra-Operative event: Respiratory arrest (cessation of respiratory function)	0=No; 1=Yes
RESPF	Integer	2	Intra-Operative event: Respiratory failure (requiring continued mechanical ventilation)	0=No; 1=Yes
IODEATH	Integer	2	Intra-Operative event: Death	0=No; 1=Yes
IOEVENTO	Integer	2	Intra-Operative event: Other event that required an unexpected course of action	0=No; 1=Yes
CDFU	Yes/No	1		

## SQOP\_IOEVENTS

Variable name	Type	Length	Description	Values
RanIDIO	Long Integer	4	<b>(KEY)</b> Randomly assigned unique ID	
ID_New	Integer	8	Unique Participant ID	
SQOPDAT	Date/Time	8	Date form completed	
CERT	Long Integer	4	Certification date	
SURGDAT	Date/Time	8	Date of surgery	
IOEVENTS	Text	100	Other intra-operative events	

## SWH – School and Work History

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
SWQDAT	Date/Time	8	Date form completed	
PTMARI	Integer	2	What is your current marital status	1=Single; 2=Engaged; 3=Married; 4=Divorced; 5=Separated; 6=Widowed; 7=Remarried
MARRYM	Integer	2	When married: month part	
MARYD	Integer	2	When married: day part	
MARYY	Integer	2	When married: year part	
DIVORCEM	Integer	2	When divorced: month part	
DIVORCED	Integer	2	When divorced: day part	
DIVORCEY	Integer	2	When divorced: year part	
SEPM	Integer	2	When separated: month part	
SEPD	Integer	2	When separated: day part	
SEPY	Integer	2	When separated: year part	
WIDOWM	Integer	2	When widowed: month part	
WIDOWD	Integer	2	When widowed: day part	
WIDOWY	Integer	2	When widowed: year part	
REMARM	Integer	2	When remarried: month part	
REMARD	Integer	2	When remarried: day part	
REMARY	Integer	2	When remarried: year part	
CURRPARN	Integer	2	What is your current living situation: Live with parent(s)	0=Not selected 1=Selected (default = 0)
CURRALON	Integer	2	What is your current living situation: Live alone	0=Not selected 1=Selected (default = 0)
CURRREL	Integer	2	What is your current living situation: Live with other relatives	0=Not selected 1=Selected (default = 0)
CURRFRND	Integer	2	What is your current living situation: Live with friends in a house or apartment	0=Not selected 1=Selected (default = 0)
CURRDORM	Integer	2	What is your current living situation:	0=Not selected 1=Selected

			Live in a college dorm	(default = 0)
CURRSPOU	Integer	2	What is your current living situation: Live with husband/wife	0=Not selected 1=Selected (default = 0)
CURRBFGF	Integer	2	What is your current living situation: Live with boyfriend/girlfriend	0=Not selected 1=Selected (default = 0)
CURRCNTR	Integer	2	What is your current living situation: Live in a treatment center, hospital, or special home	0=Not selected 1=Selected (default = 0)
CURROTH	Integer	2	What is your current living situation: Other	0=Not selected 1=Selected (default = 0)
CURROTHS	Text	100	What is your current living situation: Specify other	0=Not selected 1=Selected (default = 0)
LIVEELSE	Integer	2	Have you lived somewhere other than this in the past 12 months?	0=Not selected 1=Selected (default = 0)
PASTPARN	Integer	2	Living situation that applied to you in past 12 months: Live with parent(s)	0=Not selected 1=Selected (default = 0)
PASTALON	Integer	2	Living situation that applied to you in past 12 months: Live alone	0=Not selected 1=Selected (default = 0)
PASTREL	Integer	2	Living situation that applied to you in past 12 months: Live with other relatives	0=Not selected 1=Selected (default = 0)
PASTFRND	Integer	2	Living situation that applied to you in past 12 months: Live with friends in a house or apartment	0=Not selected 1=Selected (default = 0)
PASTDORM	Integer	2	Living situation that applied to you in past 12 months: Live in a college dorm	0=Not selected 1=Selected (default = 0)
PASTSPOU	Integer	2	Living situation that applied to you in past 12 months: Live with husband/wife	0=Not selected 1=Selected (default = 0)
PASTBFGF	Integer	2	Living situation that applied to you in past 12 months: Live with boyfriend/girlfriend	0=Not selected 1=Selected (default = 0)
PASTCNTR	Integer	2	Living situation that applied to you in past 12 months: Live in a treatment center, hospital, or special home	0=Not selected 1=Selected (default = 0)
PASTOTH	Integer	2	Living situation that applied	0=Not selected

			to you in past 12 months: Other	1=Selected (default = 0)
PASTOTHS	Text	100	Living situation that applied to you in past 12 months: Specify other	
KIDS	Integer	2	Do you have any children, either biological or other?	0=No; 1=Yes
EDUC	Integer	2	What is the highest education level that you completed?	1=Less than high school; 2=Some high school (grades 9-12, no diploma or GED); 3=Some home-schooling (grades 9-12, no diploma or GED); 4=General Equivalency Degree (GED); 5=Graduated from high school; 6=1 to 2 years of college, no degree yet; 7=3 or more years of college, no degree yet; 8=Graduated from a 2- year college, business or vocational school, or got an Associate's degree; 9=Graduated from a college university and obtained a Bachelor's degree (BS, BA); 10=Some graduate school courses; 11=Master's degree; 12=Professional degree: Ph.D., Psy.D., Ed.D. M.D., DDS, LLB, LLD, JD etc.
SCHOOL	Integer	2	What kind of school are you enrolled in currently, if any? If it is now summer, please respond based on your plans for the upcoming fall.	1=Not attending any school; 2=Home schooled (no diploma or GED); 3=Attending junior high or high school; 4=Attending post-high school technical, art, or business school; 5=Attending college or university; 6=Attending graduate

				school
GRADE	Integer	2	What grade are you currently in (or will be in if it is now summer)	
ATTENDHS	Integer	2	Are you attending a junior high or high school at the present time?	0=No; 1=Yes
NOATTEND	Integer	2	Why aren't you attending junior high or high school?	1=I already graduated from high school/got a GED; 2=My health makes it hard for me to go, so I just don't go; 3=I have officially dropped out of school; 4=I am home schooled
BETTER	Integer	2	Why are you home schooled: Better learning environment at home	0=No; 1=Yes
SUSEXP	Integer	2	Why are you home schooled: I was suspended/expelled from school	0=No; 1=Yes
TEASE	Integer	2	Why are you home schooled: Teasing and social situation	0=No; 1=Yes
HARDATT	Integer	2	Why are you home schooled: My health status makes it hard to attend	0=No; 1=Yes
WALKING	Integer	2	Why are you home schooled: Too much walking for me	0=No; 1=Yes
FITDESKS	Integer	2	Why are you home schooled: I have difficulty fitting into school desks	0=No; 1=Yes
HOMEOTH	Integer	2	Why are you home schooled: Other	0=No; 1=Yes
HOMEOTHS	Text	100	Why are you home schooled: Specify other	
HOMEPERF	Integer	2	Overall, how would you rate your current home-schooling performance?	1=Excellent (mostly A's); 2=Very Good (mostly B's); 3=Average (mostly C's); 4=Below Average (mostly D's); 5=Failing (mostly F's)
SCHDAY	Integer	2	What is your school day like?	1=I attend during regular school hours, like everyone else; 2=I attend but have a shortened day

SHORTDAY	Text	100	What is your school day like? Explain why a short day	
SCHPERF	Integer	2	Overall, how would you rate your current school performance?	1=Excellent (mostly A's); 2=Very Good (mostly B's); 3=Average (mostly C's); 4=Below Average (mostly D's); 5=Failing (mostly F's)
ABSFREQ	Integer	2	Have you done any of the following: I am absent from school frequently	0=No; 1=Yes
OFTLATE	Integer	2	Have you done any of the following: I am often late for school	0=No; 1=Yes
SUSPEND	Integer	2	Have you done any of the following: I have been suspended from school	0=No; 1=Yes
EXPELLED	Integer	2	Have you done any of the following: I have been expelled (kicked out of) school	0=No; 1=Yes
HONOR	Integer	2	School history: Receive junior high or high school honors or awards	0=No; 1=Yes
REPEATE	Integer	2	School history: Repeat a grade in elementary school	0=No; 1=Yes
REPEATM	Integer	2	School history: Repeat a grade in middle school/junior high school	0=No; 1=Yes
REPEATH	Integer	2	School history: Repeat a grade in high school	0=No; 1=Yes
HOMESCH	Integer	2	School history: Home school	0=No; 1=Yes
CLUBACTV	Integer	2	School history: Participate in school clubs or activities (student government, yearbook, music-related, etc.)	0=No; 1=Yes
SCHSPORT	Integer	2	School history: Participate on a school-based sports team	0=No; 1=Yes
LRNDISAB	Integer	2	School history: Receive educational assistance due to a learning	0=No; 1=Yes

			disability	
DISABILITY	Text	100	School history: Describe educational assistance due to a learning disability	
WORKPAY	Integer	2	As of today, are you working for pay?	1=Yes, I'm working full-time for pay (35 or more hours/week); 2=Yes, I'm working part-time for pay (less than 35 hours/week); 3=Yes, I'm working a summer job for pay (job will end when school in session); 4=No, I am unemployed and looking for work; 5=No, I am unemployed but NOT looking for work
WORKPAST	Integer	2	Have you held a paying job in the past?	1=Yes, I have worked full-time for pay (35 or more hours/week); 2=Yes, I have worked part-time for pay (less than 35 hours/week); 3=Yes, I have held a summer job for pay; 4=No, I have never held a paying job
NOWORK	Integer	2	If you have held a paying job in the past, whether full-time or part-time, why are you no longer working?	1=It was a summer job only; 2=I was fired; 3=I was laid off because the company cut back or closed; 4=I quit or resigned
PARENTS	Integer	2	As of today, how do you pay for your day-to-day living expenses: Parents	0=No; 1=Yes
OWNJOB	Integer	2	As of today, how do you pay for your day-to-day living expenses: My own job	0=No; 1=Yes
GOVTFUND	Integer	2	As of today, how do you pay for your day-to-day living expenses:	0=No; 1=Yes

			Government funds (e.g., Social Security, Welfare)	
FRIEND	Integer	2	As of today, how do you pay for your day-to-day living expenses: Friend	0=No; 1=Yes
SPOUSE	Integer	2	As of today, how do you pay for your day-to-day living expenses: Husband/Wife	0=No; 1=Yes
EXPENOTH	Integer	2	As of today, how do you pay for your day-to-day living expenses: Other	0=No; 1=Yes
EXPENOS	Text	100	As of today, how do you pay for your day-to-day living expenses: Specify other	
BABYSIT	Integer	2	During the past 12 months, have you done any other work on a regular basis to earn extra money: Babysitting	0=No; 1=Yes
BABYSITH	Double	8	During the past 12 months, have you done any other work on a regular basis to earn extra money: Babysitting hours/week	
YARDCARE	Integer	2	During the past 12 months, have you done any other work on a regular basis to earn extra money: Yard care	0=No; 1=Yes
YCAREH	Double	8	During the past 12 months, have you done any other work on a regular basis to earn extra money: Yard care hours/week	
CLHOUSE	Integer	2	During the past 12 months, have you done any other work on a regular basis to earn extra money: Cleaning house	0=No; 1=Yes
CLHOUSEH	Double	8	During the past 12 months, have you done any other work on a regular basis to earn extra money:	

			Cleaning house hours/week	
FARMWORK	Integer	2	During the past 12 months, have you done any other work on a regular basis to earn extra money: Farm work	0=No; 1=Yes
FARMWKH	Double	8	During the past 12 months, have you done any other work on a regular basis to earn extra money: Farm work hours/week	
JOBOTH	Integer	2	During the past 12 months, have you done any other work on a regular basis to earn extra money: Other job(s)	0=No; 1=Yes
JOBOTH1	Text	100	During the past 12 months, have you done any other work on a regular basis to earn extra money: Specify other job 1	
JOBOTH1H	Double	8	During the past 12 months, have you done any other work on a regular basis to earn extra money: Other job 1 hours/week	
JOBOTH2	Text	100	During the past 12 months, have you done any other work on a regular basis to earn extra money: Specify other job 2	
JOBOTH2H	Double	8	During the past 12 months, have you done any other work on a regular basis to earn extra money: Other job 2 hours/week	
JOBOTH3	Text	100	During the past 12 months, have you done any other work on a regular basis to earn extra money: Specify other job 3	
JOBOTH3H	Double	8	During the past 12 months, have you done any other work on a regular basis to earn extra money: Other job 3 hours/week	
NUMADULT	Integer	2	How many people live in the	

			same house as you do? # of adults (aged 18 or over)	
NUMKIDS	Integer	2	How many people live in the same house as you do? # of children and teens under 18 years old.	
HINCOME	Double	8	Which of the categories below represents your Annual Household income before taxes?	-3=Don't know; 1.1=Less than \$5,000; 1.2=\$5,000 - \$14,999; 1.3=\$15,000 - \$24,999; 2=\$25,000 - \$49,999; 3=\$50,000 - \$74,999; 4=\$75,000 - \$99,999; 5=\$100,000 - \$199,999; 6=\$200,000 or more
PINCOME	Double	8	Which of the categories below represents your Annual Personal income before taxes?	-3=Don't know; 1.1=Less than \$5,000; 1.2=\$5,000 - \$14,999; 1.3=\$15,000 - \$24,999; 2=\$25,000 - \$49,999; 3=\$50,000 - \$74,999; 4=\$75,000 - \$99,999; 5=\$100,000 - \$199,999; 6=\$200,000 or more
MEDINS	Integer	2	Do you have medical insurance?	-3=Don't know; 0=No; 1=Yes
MEDINSS	Integer	2	Select one of the following (about your medical insurance)	1=I am covered by my parent's/caregiver's insurance; 2=I am covered by my spouse's insurance; 3=I am covered by my own insurance
ITYPE	Integer	2	Do you know what type of insurance you have?	0=No; 1=Yes
MCAIDHMO	Integer	2	Type of medical insurance: Medicaid HMO	0=No; 1=Yes
MCAID	Integer	2	Type of medical insurance: Medicaid not HMO	0=No; 1=Yes
MCAREHMO	Integer	2	Type of medical insurance: Medicare HMO	0=No; 1=Yes
MCARE	Integer	2	Type of medical insurance: Medicaid Traditional	0=No; 1=Yes
TRICARE	Integer	2	Type of medical insurance: Tricare (Military)	0=No; 1=Yes
PIHMO	Integer	2	Type of medical insurance:	0=No;

			Private Insurance HMO	1=Yes
PI	Integer	2	Type of medical insurance: Private Insurance not HMO	0=No; 1=Yes
OTHHI	Integer	2	Type of medical insurance: Other health insurance	0=No; 1=Yes
OTHHIS	Text	100	Type of medical insurance: Specify other health insurance	
INSPAY	Integer	2	Does your medical insurance pay for your clinical bariatric surgical follow-up visits?	<b>Form versions prior to 2.0:</b> (default = -10)  <b>Form version 2.0 and higher:</b> -3=Don't know; 0=No; 1=Yes

## SWH\_KIDS1 – SWH Sub-table

Variable name	Type	Length	Description	Values
RanID1	Long Integer	4	<b>(KEY)</b> Randomly assigned unique ID	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	
	Date/Time	8	Date form reviewed by coordinator	
SWQDAT	Integer	2	Date form completed	
CHILDY	Integer	2	Child's age (years part)	
CHILDM	Integer	2	Child's age (months part)	
CHILDBIO	Integer	2	Is the child biological	1=Biological; 2=Adopted/Step
CAREMF	Integer	2	Who helps in the regular care of this child: Child's mother/father	0=Not selected; 1=Selected (default = 0)
CAREGPR	Integer	2	Who helps in the regular care of this child: Child's grandparent(s)	0=Not selected; 1=Selected (default = 0)
CARESPOU	Integer	2	Who helps in the regular care of this child: Boyfriend/Girlfriend or Spouse	0=Not selected; 1=Selected (default = 0)
DAYCARE	Integer	2	Who helps in the regular care of this child: Daycare center or school	0=Not selected; 1=Selected (default = 0)
CAREOTH	Text	100	Who helps in the regular care of this child: Other	0=Not selected; 1=Selected (default = 0)
CAREOTHS	Integer	2	Who helps in the regular care of this child: Specify other	
NOCARE			Who helps in the regular care of this child: No one helps on a regular basis	0=Not selected; 1=Selected (default = 0)

## SWH\_KIDS2 – SWH Sub-table

Variable name	Type	Length	Description	Values
RanID2	Long Integer	4	<b>(KEY)</b> Randomly assigned unique ID	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	
SWQDAT	Date/Time	8	Date form reviewed by coordinator	
CHILDY	Integer	2	Date form completed	
CHILDM	Integer	2	Child's age (years part)	
CHILDBIO	Integer	2	Child's age (months part)	
LIVEPRNT	Integer	2	Is the child biological	
LIVEGPRT	Integer	2	Who does the child live with: Child's mother/father	1=Biological; 2=Adopted/Step
LIVEFOST	Integer	2	Who does the child live with: Child's grandparent(s)	0=Not selected; 1=Selected (default = 0)
LIVEOTH	Integer	2	Who does the child live with: Foster parent	0=Not selected; 1=Selected (default = 0)
LIVEOTHS	Text	100	Who does the child live with: Other	0=Not selected; 1=Selected (default = 0)
VISITCH	Integer	2	Who does the child live with: Specify other	0=Not selected; 1=Selected (default = 0)
VISITNOS	Text	100	How often do you see the child?	
			How often do you see the child? Specify other	1=Daily visit; 2=Few times a week; 3=Weekly; 4=Every other week; 5=Monthly or less; 6=I do not see my child(ren)

## UIB - Urinary Incontinence Baseline

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
UIBDAT	Date/Time	8	Date form completed	
LEAK	Integer	2	Many people complain that they leak urine accidentally. In the past 3 months, how often have you typically leaked urine, even a small amount?	1=Never; 2=Less than once per month; 3=Monthly (once or more each month); 4=Weekly (once or more each week); 5=Daily (once or more each day)
LOST	Integer	2	In the past 3 months, how much urine have you typically lost with each episode of urine loss?	1=Drops; 2=Small splashes (1 to 2 teaspoons); 3=More
COUGH	Integer	2	In the past 3 months, in a typical week, how often have you leaked urine, even a small amount: With a physical activity like coughing, sneezing, lifting or exercise? (times/week)	
URGE	Integer	2	In the past 3 months, in a typical week, how often have you leaked urine, even a small amount: With an urge or the feeling that you needed to empty your bladder but you could not get to the toilet fast enough? (times/week)	
LEAKO	Integer	2	In the past 3 months, in a typical week, how often have you leaked urine, even a small amount: For other reasons (without any physical activity and without a sense of urgency)? (times/week)	
PROTECT	Integer	2	In the past 3 months, in a	0=No;

			typical week, have you used supplies (pads or protection) specifically for your urine leakage?	1=Yes
LINER	Integer	2	How many of each of the supplies listed below you use in a typical week specifically for your urine leakage? Panty liners or minipads (pads per week)	
MAXI	Integer	2	How many of each of the supplies listed below you use in a typical week specifically for your urine leakage? Maxi pads such as Kotex or Modess (pads per week)	
INCONT	Integer	2	How many of each of the supplies listed below you use in a typical week specifically for your urine leakage? Incontinence pads such as Serenity or Poise? (pads per week)	
DISPOS	Integer	2	How many of each of the supplies listed below you use in a typical week specifically for your urine leakage? Disposable undergarment or protective underwear (undergarments pre week)	
URILEAK	Integer	2	In the past 3 months, have you had treatments for urine leakage?	0=No; 1=Yes
LEAKMED	Integer	2	Specify urine leakage treatments: Medication	0=No; 1=Yes
LEAKKEGL	Integer	2	Specify urine leakage treatments: Kegel exercises, biofeedback, bladder training (behavioral therapy)	0=No; 1=Yes
LEAKFLUD	Integer	2	Specify urine leakage treatments: Changes in fluid intake (decrease fluids, stop caffeine)	0=No; 1=Yes
LEAKOTH	Integer	2	Specify urine leakage treatments:	0=No; 1=Yes

			Other	
LEAKOTHS	Text	100	Specify urine leakage treatments: Describe other	
AFFECT	Integer	2	6. In the past 3 months, how much has your urine leakage affected your day-to-day activities?	1=Not at all; 2=Slightly; 3=Moderately; 4=Quite a bit; 5=Extremely
BOTHR	Integer	2	7. In the past 3 months, how much has urine leakage bothered you?	1=Not at all; 2=Slightly; 3=Moderately; 4=Quite a bit; 5=Extremely
LEAKSURG	Integer	2	8. Have you ever had surgery for urine leakage?	0=No; 1=Yes
LEAKYEAR	Integer	2	8. When (specify year of surgery)	

## UIF – Urinary Incontinence Follow-up

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
UIFDAT	Date/Time	8	Date form completed	
LEAK	Integer	2	Many people complain that they leak urine accidentally. In the past 3 months, how often have you typically leaked urine, even a small amount?	1=Never; 2=Less than once per month; 3=Monthly (once or more each month); 4=Weekly (once or more each week); 5=Daily (once or more each day)
LOST	Integer	2	In the past 3 months, how much urine have you typically lost with each episode of urine loss?	1=Drops; 2=Small splashes (1 to 2 teaspoons); 3=More
COUGH	Integer	2	In the past 3 months, in a typical week, how often have you leaked urine, even a small amount: With a physical activity like coughing, sneezing, lifting or exercise? (times/week)	
URGE	Integer	2	In the past 3 months, in a typical week, how often have you leaked urine, even a small amount: With an urge or the feeling that you needed to empty your bladder but you could not get to the toilet fast enough? (times/week)	
LEAKO	Integer	2	In the past 3 months, in a typical week, how often have you leaked urine, even a small amount: For other reasons (without any physical activity and without a sense of urgency)? (times/week)	
PROTECT	Integer	2	In the past 3 months, in a	0=No;

			typical week, have you used supplies (pads or protection) specifically for your urine leakage?	1=Yes
LINER	Integer	2	How many of each of the supplies listed below you use in a typical week specifically for your urine leakage? Panty liners or minipads (pads per week)	
MAXI	Integer	2	How many of each of the supplies listed below you use in a typical week specifically for your urine leakage? Maxi pads such as Kotex or Modess (pads per week)	
INCONT	Integer	2	How many of each of the supplies listed below you use in a typical week specifically for your urine leakage? Incontinence pads such as Serenity or Poise? (pads per week)	
DISPOS	Integer	2	How many of each of the supplies listed below you use in a typical week specifically for your urine leakage? Disposable undergarment or protective underwear (undergarments pre week)	
URILEAK	Integer	2	In the past 3 months, have you had treatments for urine leakage?	0=No; 1=Yes
LEAKMED	Integer	2	Specify urine leakage treatments: Medication	0=No; 1=Yes
LEAKKEGL	Integer	2	Specify urine leakage treatments: Kegel exercises, biofeedback, bladder training (behavioral therapy)	0=No; 1=Yes
LEAKFLUD	Integer	2	Specify urine leakage treatments: Changes in fluid intake (decrease fluids, stop caffeine)	0=No; 1=Yes
LEAKOTH	Integer	2	Specify urine leakage treatments:	0=No; 1=Yes

			Other	
LEAKOTHS	Text	100	Specify urine leakage treatments: Describe other	
AFFECT	Integer	2	6. In the past 3 months, how much has your urine leakage affected your day-to-day activities?	1=Not at all; 2=Slightly; 3=Moderately; 4=Quite a bit; 5=Extremely
BOTHR	Integer	2	7. In the past 3 months, how much has urine leakage bothered you?	1=Not at all; 2=Slightly; 3=Moderately; 4=Quite a bit; 5=Extremely
LEAKSURG	Integer	2	8. Have you had surgery for urine leakage since your bariatric surgery?	0=No; 1=Yes
LEAKMON	Integer	2	8. When (specify month of surgery)	
LEAKYEAR	Integer	2	8. When (specify year of surgery)	

## UPR – Unanticipated Problems Report

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	<b>(KEY)</b> Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
UPRDAT	Date/Time	8	Date form completed	
EVENT	Integer	2	Mark type of event	<p>1=Adverse event(s) that is/are BOTH: Unexpected AND related or possibly related to participation in the research;</p> <p>2=An event that requires a change to the protocol and/or informed consent;</p> <p>3=Information that indicates a change to the risks or potential benefits of the research (i.e. An interim analysis indicates that participants have a lower rate of response to treatment than initially expected; safety monitoring indicates that a particular side effect is more severe, or more frequent than initially expected; a paper is published from another study that shows that an arm of the study is of no therapeutic value);</p> <p>4=Breach of confidentiality;</p> <p>5=Change in labeling or withdrawal from marketing for safety reasons of a drug, device, or biologic used in a research protocol;</p> <p>6=Change to the protocol made without prior IRB review to eliminate an apparent immediate hazard to a research participant;</p> <p>7=Protocol violation (meaning an accidental or</p>

				<p>unintentional change to the IRB approved protocol that harmed a participant or others or indicates that participant or others are at increased risk of harm);</p> <p>8=Incarceration of a participant in a protocol not approved to enroll prisoners;</p> <p>9=Complaint of a participant that indicates unexpected risks or cannot be resolved by the research team;</p> <p>10=Other unanticipated problem posing risk to subjects or others comparable to the events listed above. Note that prompt reporting is required only for events that are both unexpected/unanticipated and have a reasonable possibility of relatedness to the research;</p> <p>11=INVESTIGATIONAL DEVICES: Unanticipated adverse device effect, deviation from the protocol to protect the life of a subject in an emergency, or any use of the device without obtaining informed consent</p>
EVENTDESC	Memo	-	Briefly describe problem, event, or injury	
RISK	Integer	2	Risk: Does this problem or event suggest that there is a meaningful change in the risk/benefit profile of the study for participants who are currently enrolled in the study?	0=No; 1=Yes
CONSENT	Integer	2	Consent: Should the protocol and/or informed consent document be revised to discuss the problem or event?	0=No; 1=Yes
SIGNDAT	Date/Time	8	Date UPR signed	

## WHQ – Weigh History Questionnaire

Variable name	Type	Length	Description	Values
FORMV	Text	30	Form version	
ID_New	Integer	8	Unique Participant ID	
Visit	Integer	2	Visit	
ReviewDate	Date/Time	8	Date form reviewed by coordinator	
WHQDAT	Date/Time	8	Date form completed	
Ht13ft	Integer	2	1. Height at age 13 years (feet part)	
Ht13in	Integer	2	1. Height at age 13 years (inches part)	
Ht13sure	Integer	2	1. How sure are you of answer about height at age 13 years?	100=100% = Completely sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%; 40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
Wt13lbs	Integer	2	1. Weight at 13 years (pounds)	
Wt13sure	Integer	2	1. How sure are you of answer about weight at age 13 years?	100=100% = Completely sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%; 40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
Wt13comp	Integer	2	1. Compared to most other 13 year olds would you say that you were:	1=Thinner than most; 2=Heavier than most; 3=About the same as most
Ht18ft	Integer	2	2. Height at age 18 years (feet part)	
Ht18in	Integer	2	2. Height at age 18 years (inches part)	
Ht18sure	Integer	2	2. How sure are you of answer	100=100% = Completely

			about height at age 18 years?	sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%; 40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
Wt18lbs	Integer	2	2. Weight at 18 years (pounds)	
Wt18sure	Integer	2	2. How sure are you of answer about weight at age 18 years?	100=100% = Completely sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%; 40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
Wt18comp	Integer	2	2. Compared to most other 18 year olds would you say that you were:	1=Thinner than most; 2=Heavier than most; 3=About the same as most
Plus1stAge	Integer	2	3. At what AGE (years) did you first wear any plus size clothes or because of your weight, buy your clothes in a special section or store for larger people?	(default = -2)
Plus1stGrade	Integer	2	3. At what GRADE in school did you first wear any plus size clothes or because of your weight, buy your clothes in a special section or store for larger people?	0=Kindergarten (default = -2)
Plus1stSure	Integer	2	3. How sure are you of answer about age/grade?	100=100% = Completely sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%;

				40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
PlusYrs	Integer	2	4. Please estimate how many years of your life you have worn only plus size clothes.	
PlusYrsSure	Integer	2	4. How sure of answer about years in plus size?	100=100% = Completely sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%; 40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
LostWt	Integer	2	5. Since the first time you wore only plus size clothes, have you ever lost enough weight to wear only regular clothes?	0=No; 1=Yes
LostNum	Integer	2	6. How many times would you say you have lost enough weight to wear only regular clothes?	
LostNumSure	Integer	2	6. How sure of answer about number of times in only regular size clothes?	100=100% = Completely sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%; 40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
RegYrs	Integer	2	7. Since the age you first began wearing plus sized clothes, how many total years would you estimate you have maintained enough weight loss to wear only regular size	

			clothes?	
RegYrsSure	Integer	2	7. How sure of answer about number of years?	100=100% = Completely sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%; 40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
Lost50	Integer	2	8. How many times in your life have you lost at least 50 pounds?	
Lost50sure	Integer	2	8. How sure of answer about number of times lost at least 50?	100=100% = Completely sure; 90=90%; 80=80%; 70=70%; 60=60%; 50=50%; 40=40%; 30=30%; 20=20%; 10=10%; 0=0% = Not at all sure
NoFit	Integer	2	9. During my final year of high school or during the past twelve months, because of my weight: I had trouble fitting in a regular chair or desk.	1=Never happened; 2=Sometimes happened; 3=Always happened
NoFitAge	Integer	2	9. AGE (years) I had trouble fitting in regular chair or desk first happened.	
NoFitGrade	Integer	2	9. GRADE in school I had trouble fitting in regular chair or desk first happened.	0=Kindergarten
Unable	Integer	2	10. During my final year of high school or during the past twelve months, because of my weight: I was unable to walk up several flights of stairs.	1=Never happened; 2=Sometimes happened; 3=Always happened
UnableAge	Integer	2	10. AGE (years) I was unable to	

			walk up several flights of stairs first happened.	
UnableGrade	Integer	2	10. GRADE in school I was unable to walk up several flights of stairs first happened.	0=Kindergarten
NoSport	Integer	2	11. During my final year of high school or during the past twelve months, because of my weight: I could not participate in sports or other physically difficult activities.	1=Never happened; 2=Sometimes happened; 3=Always happened
NoSportAge	Integer	2	11. AGE (years) I could not participate in sports or other physically difficult activities first happened.	
NoSportGrade	Integer	2	11. GRADE in school I could not participate in sports or other physically difficult activities first happened.	0=Kindergarten
Clothes	Integer	2	12. During my final year of high school or during the past twelve months, because of my weight: My clothes came from a special section or store for larger people.	1=Never happened; 2=Sometimes happened; 3=Always happened
ClothesAge	Integer	2	12. AGE (years) My clothes came from a special section or store for larger people first happened.	
ClothesGrade	Integer	2	12. GRADE in school My clothes came from a special section or store for larger people first happened.	0=Kindergarten