

Data Set Name: adverseevent.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ReportType	Char	100		AE Report Type
2	Eventabateafterstoppingdrug	Char	100		Did the eventreaction abate after stopping drug
3	EventReappearAfterReintro	Char	100		Did the eventreaction reappear after reintroduction
4	AEPrimarySecondary1	Char	100		Is this event a primary or secondary event
5	Details	Char	5000		Adverse Event Details
6	FollowUpInstanceNumber	Num	8		AE Followup instance number
7	InitialAEID	Num	8		AE Initial AEID
8	Other	Num	8		Adverse Event Other
9	PrimaryAEID	Num	8		If this is a secondary event please enter primary adverse event ID
10	ReporterStaffCode	Num	8		AE Reporter Staff Code
11	TreatmentLocationOther	Char	100		AE Treatment Location Other
12	Comments	Char	100		Comments
13	ElectronicSignature	Char	100		Electronic Signature
14	Category	Char	100		Category
15	CausalityByReporter	Char	100		Causality by reporter
16	ReasonForFollowup	Char	100		AE Reason for followup
17	SelectTerm	Num	8	ALLFMT.	AE Select Term
18	Serious	Char	100		Serious
19	SupraOrdinateTerm	Num	8	ALLFMT.	Adverse Event SupraOrdinate Term sub category
20	TreatmentLocation	Char	100		Adverse Event Treatment Location
21	AEEExpected1	Char	100		Expected
22	AEPatientOutcome1	Char	100		Patient Outcome
23	Severity1	Num	8	ALLFMT.	Severity
24	Assoc_Death	Num	8		AEAssociations: Death
25	Assoc_DevBirthDefect	Num	8		AEAssociations: Development of a congenital anomaly or birth defect
26	Assoc_DevPermntSeriousCondition	Num	8		AEAssociations: Development of a permanent/ serious/ disabling /incapacitating condition
27	Assoc_Hospital_ProlongedHospital	Num	8		AEAssociations: Hospitalization or prolonged hospitalization
28	Assoc_AnotherCondnRepSHazards	Num	8		AEAssociations: Is another condition which investigators judge to represent significant hazards
29	Assoc_Lifethreatening	Num	8		AEAssociations: Life threatening
30	AEID	Num	8		
31	MaskID	Num	8		Participant Mask ID#
32	Visit	Char	100		Visit
33	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
34	Date_at_Death	Num	8	MMDDYY10.	Date at Death

Num	Variable	Type	Len	Format	Label
35	Date_at_FollowUp	Num	8	MMDDYY10.	Date at Follow-Up
36	Date_at_Occurence	Num	8	MMDDYY10.	Date at Occurence
37	Date_at_Report	Num	8	MMDDYY10.	Date at Report
38	Date_Resolved	Num	8	MMDDYY10.	Date Resolved
39	Date_Study_Drug_Started1	Num	8	MMDDYY10.	Date Study Drug Started #1
40	Date_Study_Drug_Started2	Num	8	MMDDYY10.	Date Study Drug Started #2
41	Date_Study_Drug_Started3	Num	8	MMDDYY10.	Date Study Drug Started #3
42	Date_Study_Drug_Started4	Num	8	MMDDYY10.	Date Study Drug Started #4
43	Date_Study_Drug_Started5	Num	8	MMDDYY10.	Date Study Drug Started #5
44	Date_Study_Drug_Stopped1	Num	8	MMDDYY10.	Date Study Drug Stopped #1
45	Date_Study_Drug_Stopped2	Num	8	MMDDYY10.	Date Study Drug Stopped #2
46	Date_Study_Drug_Stopped3	Num	8	MMDDYY10.	Date Study Drug Stopped #3
47	Date_Study_Drug_Stopped4	Num	8	MMDDYY10.	Date Study Drug Stopped #4
48	Date_Study_Drug_Stopped5	Num	8	MMDDYY10.	Date Study Drug Stopped #5

Data Set Name: aereview.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AEReviewRequireDSMBReview	Num	8		AE Review Requires urgent and immediate review by full DSMB committee
2	AEAdditionalInfoRequested	Char	100		AE Additional information requested
3	AEAdditionalInfoRequestedDetail	Char	5000		AE Additional information requested details
4	AEID	Num	8		AEID
5	AEReviewDSMBReviewComments	Char	100		AE Review Requires DSMB Review Comments
6	AEReviewFormComments	Char	5000		Adverse Event Review Form Comments
7	AECausalityByReviewer	Char	100		Causality by reviewer
8	AEPatientOutcome	Char	100		Patient Outcome
9	RecommendConsentChange	Char	100		Recommend changes to the consent form
10	RecommendProtocolChange	Char	100		Recommend changes to the protocol
11	MaskID	Num	8		Participant Mask ID#
12	Visit	Char	100		Visit
13	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: baseline_med_hist.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AdmittedToHospitalDuringDiagno	Char	100		Were you admitted to a hospital during the diagnosis period
2	AdmittedToICUDuringDiagnosisPe	Char	100		Were you admitted to a hospital during the diagnosis period If YES were you admitted to an ICU while in the hopsital
3	Allergies	Char	100		Has a physician ever told you that you have any of the following condition Allergies
4	AnySurgery	Char	100		Have you had any surgery
5	Asthma	Char	100		Has a physician ever told you that you have any of the following condition Asthma
6	BCG	Char	100		Have you had any of the following vaccination BCG vaccination
7	Cancer	Char	100		Has a physician ever told you that you have any of the following condition cancer
8	ChangesInMedicationsOtherThanI	Char	100		Are there any changes since the screening visit in medicationssupplements that you are taking other than insulin
9	DTP	Char	100		Have you had any of the following vaccination DTP vaccination
10	DiscontinuedUseOfMedicationsSi	Char	100		Have you DISCONTINUED the use of any medicationssupplements since the screening visit
11	EverDiagnosedWithAutoImmune	Char	100		Have you ever been diagnosed with an autoiimmune diseases
12	EverHopsitalizedOtherThanDiabe	Char	100		Have you ever been hospitalized other than for diabetes
13	ExperiencedDiabeticKetoacidosi	Char	100		Have you ever experienced Diabetic Ketoacidosis
14	FrequentOtherInfections	Char	100		Has a physician ever told you that you have any of the following condition Frequent other infections
15	HeartProblems	Char	100		Has a physician ever told you that you have any of the following condition Congenital heart disease or heart problems
16	Hepatitis	Char	100		Has a physician ever told you that you have any of the following condition Hepatitis
17	HepatitisA	Char	100		Have you had any of the following vaccination Hepatitis A vaccination
18	HepatitisB	Char	100		Have you had any of the following vaccination Hepatitis B vaccination
19	HighBP	Char	100		Has a physician ever told you that you have any of the following condition High BP
20	Hinfluenza	Char	100		Have you had any of the following vaccinations HInfluenza vaccination
21	InfectiousMononucleosis	Char	100		Has a physician ever told you that you have any of the following condition Infectious mononucleosis
22	InitialDiagnosisBasedOn	Char	100		Was your initial diagnosis based on
23	LeukopeniaAndOrNeutropenia	Char	100		Has a physician ever told you that you have any of the following condition Leukopenia andor Neutropenia

Num	Variable	Type	Len	Format	Label
24	LiveFlu	Char	100		Have you had any of the following vaccination Live flu vaccination
25	LivePolio	Char	100		Have you had any of the following vaccinationsLive polio vaccination
26	MMR	Char	100		Have you had any of the following vaccination MMR vaccination
27	MeningococcalMeningitis	Char	100		Have you had any of the following vaccinationsmeningococcal meningitis vaccination
28	Other	Char	100		Has a physician ever told you that you have any of the following condition Other
29	Other2	Char	100		Have you had any of the following vaccinationsother vaccination
30	PermissionForBloodTobeStoredFo	Char	100		On the intervention consent form was permission given for samples of the participants blood to be stored for tests
31	PermissionForBloodTobeStoredGe	Char	100		On the intervention consent form was permission given for genetic samples of the participants blood to be stored
32	Pneumococcus	Char	100		Have you had any of the following vaccination Pneumococcus vaccination
33	TakingOrTakenNewMedicationsSin	Char	100		Are there any changes since the screening visit in medicationsssupplements that you are taking other than insulin If YES are you taking or have you taken any NEW medicationsssupplements since the secreening visit
34	Tetanus	Char	100		Have you had any of the following vaccination Tetanus vaccination
35	Vaccinia	Char	100		Have you had any of the following vaccinationsVaccinia smallpox vaccination
36	Varicella	Char	100		Have you had any of the following vaccination Varicella vaccination
37	VisitOtherThanPrimaryStudySite	Char	100		Did the visit occur at site other than the primary study site
38	AnySurgerySpecify	Char	100		Have you had any surgery If YES specify
39	EverHopsitalizedOtherThanDiabe2	Char	100		Have you ever been hospitalized other than for diabetes If YES what for
40	FrequentOtherInfectionsSpecify	Char	100		Has a physician ever told you that you have any of the following condition Frequent other infections If YES specify
41	OtherSpecify	Char	100		Has a physician ever told you that you have any of the following condition Other Specify
42	OtherSpecify2	Char	100		Have you had any of the following vaccinationsIf OTHER specify
43	RecentHbA1c	Num	8		Most recent HbA1c
44	CodeCorrespondingWithAutoim1	Char	100		Have you ever been diagnosed with an autoiimmune diseases If YES Record the code that corresponds with the autoimmune diseases you have been diagnosed with
45	CodeCorrespondingWithAutoim2	Char	100		Have you ever been diagnosed with an autoiimmune diseases If YES Record the code that corresponds with the autoimmune diseases you have been diagnosed with

Num	Variable	Type	Len	Format	Label
46	CodeCorrespondingWithAutoim3	Char	100		Have you ever been diagnosed with an autoiimune diseases If YES Record the code that corresponds with the autoimmune diseases you have been diagnosed with
47	DiagnosedWithAutoimmuneSpec1	Char	100		Have you ever been diagnosed with an autoiimune diseases If OTHER Specify
48	DiagnosedWithAutoimmuneSpec2	Char	100		Have you ever been diagnosed with an autoiimune diseases If OTHER Specify
49	DiagnosedWithAutoimmuneSpec3	Char	100		Have you ever been diagnosed with an autoiimune diseases If OTHER Specify
50	DiscontinuedMedicationsList1	Char	100		If YES list DISCONTINUED medicationssupplements
51	DiscontinuedMedicationsList2	Char	100		If YES list DISCONTINUED medicationssupplements
52	DiscontinuedMedicationsList3	Char	100		If YES list DISCONTINUED medicationssupplements
53	DiscontinuedMedicationsList4	Char	100		If YES list DISCONTINUED medicationssupplements
54	DiscontinuedMedicationsList5	Char	100		If YES list DISCONTINUED medicationssupplements
55	ListNewMedications1	Char	100		If YES list NEW medicationssupplements
56	ListNewMedications2	Char	100		If YES list NEW medicationssupplements
57	ListNewMedications3	Char	100		If YES list NEW medicationssupplements
58	ListNewMedications4	Char	100		If YES list NEW medicationssupplements
59	ListNewMedications5	Char	100		If YES list NEW medicationssupplements
60	ResultsAtDiagnosisTi_DiabeticKet	Num	8		ResultsAtDiagnosisTi: Diabetic Ketoacidosis (DKA)
61	ResultsAtDiagnosisTi_Serumketone	Num	8		ResultsAtDiagnosisTi: Serum ketones
62	ResultsAtDiagnosisTi_Urineketone	Num	8		ResultsAtDiagnosisTi: Urine ketones
63	SymptomsAtDiagnosisT_Frequentinf	Num	8		SymptomsAtDiagnosisT: Frequent infections
64	SymptomsAtDiagnosisT_Frequenturi	Num	8		SymptomsAtDiagnosisT: Frequent urination
65	SymptomsAtDiagnosisT_Increasedea	Num	8		SymptomsAtDiagnosisT: Increased eating
66	SymptomsAtDiagnosisT_Increasedth	Num	8		SymptomsAtDiagnosisT: Increased thirst
67	SymptomsAtDiagnosisT_Nosymptoms	Num	8		SymptomsAtDiagnosisT: No symptoms
68	SymptomsAtDiagnosisT_Weightloss	Num	8		SymptomsAtDiagnosisT: Weight loss
69	MaskID	Num	8		Participant Mask ID#
70	Visit	Char	100		Visit
71	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
72	Date_At_BCGVacc	Num	8	MMDDYY10.	Date at BCG Vaccination
73	Date_At_DTPVacc	Num	8	MMDDYY10.	Date at DTP Vaccination
74	Date_At_T1DDiag	Num	8	MMDDYY10.	Date at T1D Diagnosis
75	Date_At_HepAVacc	Num	8	MMDDYY10.	Date at Hepatitis A Vaccination
76	Date_At_HepBVacc	Num	8	MMDDYY10.	Date at Hepatitis B Vaccination
77	Date_At_HInfluenzaVacc	Num	8	MMDDYY10.	Date at H Influenza Vaccination
78	Date_At_LiveFluVacc	Num	8	MMDDYY10.	Date at Live Flu Vaccination
79	Date_At_LivePolioVacc	Num	8	MMDDYY10.	Date at Live Polio Vaccination
80	Date_At_MMRVacc	Num	8	MMDDYY10.	Date at MMR Vaccination

Num	Variable	Type	Len	Format	Label
81	Date_At_MeningoccalVacc	Num	8	MMDDYY10.	Date at Meningococcal Meningitis Vacc
82	Date_At_OtherVacc	Num	8	MMDDYY10.	Date at Other Vaccination
83	Date_At_PneumoVacc	Num	8	MMDDYY10.	Date at Pneumococcus Vacc
84	Date_At_RecentHbA1c	Num	8	MMDDYY10.	Date at Recent HbA1c
85	Date_At_TetanusVacc	Num	8	MMDDYY10.	Date at Tetanus Vaccination
86	Date_At_VacciniaVacc	Num	8	MMDDYY10.	Date at Vaccinia Vaccination
87	Date_At_VaricellaVacc	Num	8	MMDDYY10.	Date at Varicella Vaccination

Data Set Name: baseline_phys_exam.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AbdomenNormalOnExam	Char	100		Review of systems AbdomenNormal on exam
2	AbdomenReportedNormal	Char	100		Review of systems AbdomenParticipant reported normal
3	ChestNormalOnExam	Char	100		Review of systems ChestBreasts Normal on exam
4	ChestReportedNormal	Char	100		Review of systems ChestBreasts
5	EBVPCRCollectedOnVisitDate	Char	100		Specimens draen during the visit EBVCMV PCR Collected on visit date
6	EBVViralSerology	Char	100		Specimens drwan during this visitEBVCMV Viral SerologyCollected on visit date
7	ELISpotCollectedOnVisitDate	Char	100		Specimens drwan during this visit ELISpot Collected on visit date
8	FlowCytometryCollectedOnVisitD	Char	100		Specimens drwan during this visitFlow Cytometry Collected on visit date
9	FrozenPBMCCollecetdOnVisitDate	Char	100		Specimens drwan during this visitFrozen PBMCPlasma Collected on visit date
10	GenitourinaryNormalOnExam	Char	100		Review of systems GenitourinaryTestesNormal on exam
11	GenitourinaryReportedNormal	Char	100		Review of systems GenitourinaryTestesParticipant reported normal
12	HeartNormalOnExam	Char	100		Review of systems HeartcirculatoryNormal on exam
13	HeartReportedNormal	Char	100		Review of systems HeartcirculatoryParticipant reported normal
14	HeentNormalOnExam	Char	100		Review of systems HEENT Normal on exam
15	HeentReportedNormal	Char	100		Review of systems HEENT Participant reported normal
16	ImmunoblotCollectedOnVisitDate	Char	100		Specimens drwan during this visit Immunoblot Collected on visit date
17	LymphNodesNormalOnExam	Char	100		Review of systems Lymph nodes Normal on exam
18	LymphNodesReportedNormal	Char	100		Review of systems Lymph nodes Participant reported normal
19	MusculoskeletalNormalOnExam	Char	100		Review of systems MusculoskeletalNormal on exam
20	MusculoskeletalreportedNormal	Char	100		Review of systems MusculoskeletalParticipant reported normal
21	NeckNormalOnExam	Char	100		Review of systems NeckNormal on exam
22	NeckReportedNormal	Char	100		Review of systems NeckParticipant reported normal
23	NeuroloigicNormalOnExam	Char	100		Review of systems NeurologicNormal on exam
24	NeuroloigicReportedNormal	Char	100		Review of systems NeurologicParticipant reported normal
25	OtherNormalOnExam	Char	100		Review of systems Other Normal on exam
26	OtherReportedNormal	Char	100		Review of systems Other Participant reported normal
27	OtherSerologyCollectedOnVisitD	Char	100		Specimens drwan during this visitOther SerologyCollected on visit date
28	PKAnalysisHACALevels	Char	100		Specimens drwan during this visitPK analysis and HACA levels Collected on visit date
29	PregnancyTestCompleted	Char	100		Was the pregnancy test completed at this visit
30	PregnancyTestResultPositive	Char	100		Was the pregnancy test completed at this visit If YES was the test result positive

Num	Variable	Type	Len	Format	Label
31	RNACollecetdOnVisitDate	Char	100		Specimens drwan during this visit RNA Collected on visit date
32	SkinOrNailsNormalOnExam	Char	100		Review of systems SkinNails Normal on exam
33	SkinOrNailsReportedNormal	Char	100		Review of systems SkinNails Participant reported normal
34	TannerStageBreast	Char	100		Indicate the participants sexual development using the Tanner scale Tanner stage Breastfemale
35	TannerStageGenitalia	Char	100		Indicate the participants sexual development using the Tanner scale Tanner stage Genitaliamale
36	TannerStagePublicHair	Char	100		Indicate the participants sexual development using the Tanner scale Tanner stage Public Hairboth
37	TcellProliferationCollecetdOnV	Char	100		Specimens drwan during this visit T cell Proliferation Collected on visit date
38	TetramerCollectedOnVisitDate	Char	100		Specimens drwan during this visit Tetramer Collected on visit date
39	ThyroidNormalOnExam	Char	100		Review of systems ThyroidNormal on exam
40	ThyroidReportedNormal	Char	100		Review of systems ThyroidParticipant reported normal
41	lungsNormalOnExam	Char	100		Review of systems Lungs Normal on exam
42	lungsReportedNormal	Char	100		Review of systems Lungs Participant reported normal
43	AbdomenAbnormalExplain	Char	100		Review of systems AbdomenIf either abnormal explain
44	CBCSampleCollectedDay	Num	8		Specimens drawn during the visit CBC with Differential If No sample collected day
45	ChestAbnormalExplain	Char	100		Review of systems ChestBreasts If either abnormal explain
46	DiastolicArmBP	Num	8		Collect the following physical assessments seated arm BP diastolic
47	GenitourinaryAbnormalExplain	Char	100		Review of systems GenitourinaryTestesIf either abnormal explain
48	HeartAbnormalExplain	Char	100		Review of systems HeartcirculatoryIf either abnormal explain
49	HeartRate	Num	8		Collect the following physical assessments Seated heart rate
50	HeentAbnormalExplain	Char	100		Review of systems HEENT If Either abnormalexplain
51	HeightInCm	Num	8		Collect the following physical assessments Height in cm
52	HeigtInInches	Num	8		Collect the following physical assessments Height in inches
53	LymphNodesAbnormalExplain	Char	100		Review of systems Lymph nodes If either abnormal explain
54	MusculoskeletalAbnormalExplain	Char	100		Review of systems MusculoskeletalIf either abnormal explain
55	NeckABnormalExplain	Char	100		Review of systems NeckIf either abnormal explain
56	NeuroloigicAbnormalExplain	Char	100		Review of systems NeurologicIf either abnormal explain
57	OtherAbnormalExplain	Char	100		Review of systems Other If either abnormal explain
58	OtherSpecify	Char	100		Review of systems Of OTHER specify
59	RespiratoryRate	Num	8		Collect the following physical assessments Seated respiratory rate
60	SkinOrNailsAbnormalExplain	Char	100		Review of systems SkinNails If either abnormal explain
61	SystolicArmBP	Num	8		Collect the following physical assessments seated arm BP systoloc
62	TemperatureC	Num	8		Collect the following physical assessments temperature in degree C

Num	Variable	Type	Len	Format	Label
63	TemperatureF	Num	8		Collect the following physical assessments temperature in degree F
64	ThyroidAbnormalExplain	Char	100		Review of systems ThyroidIf either abnormal explain
65	WeightInKgs	Num	8		Collect the following physical assessments Weight in kgs
66	WeightInLbs	Num	8		Collect the following physical assessments Weight in Lbs
67	lungsAbnormalExplain	Char	100		Review of systems Lungs If either abnormal explain
68	MaskID	Num	8		Participant Mask ID#
69	Visit	Char	100		Visit
70	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
71	Date_At_CBCColl	Num	8	MMDDYY10.	Date at CBC Sample Collection
72	Date_At_EBVPCRColl	Num	8	MMDDYY10.	Date at EBVCMV PCR Sample Collection
73	Date_At_EBVViralSerology	Num	8	MMDDYY10.	Date at EBV Viral Serology Sample Collection
74	Date_At_ELISpot	Num	8	MMDDYY10.	Date at ELI Spot Sample Collection
75	Date_At_FlowCytometry	Num	8	MMDDYY10.	Date at Flow Cytometry Sample Collection
76	Date_At_FrozenPBMC	Num	8	MMDDYY10.	Date at Frozen PBMC Sample Collection
77	Date_At_Immunoblot	Num	8	MMDDYY10.	Date at Immunoblot Sample Collection
78	Date_At_OtherSerology	Num	8	MMDDYY10.	Date at Other Serology Sample Collection
79	Date_At_PKandHACA	Num	8	MMDDYY10.	Date at PK and HACA Analysis Sample Collection
80	Date_At_RNAColl	Num	8	MMDDYY10.	Date at RNA Sample Collection
81	Date_At_TCellProlife	Num	8	MMDDYY10.	Date at T-Cell Proliferation Sample Collection
82	Date_At_Tetramer	Num	8	MMDDYY10.	Date at Tetramer Sample Collection

Data Set Name: cbc_wdiff_results.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BasophilsResultAbormalClinical	Char	100		Basophils results abnormal clinically significant
2	BasophilsResultsNormal	Char	100		Basophils results normal
3	EosinophilsResultAbormalClinic	Char	100		Eosinophils results abnormal clinically significant
4	EosinophilsResultsNormal	Char	100		Eosinophils results normal
5	HematocritResultAbormalClinica	Char	100		Hematocrit results abnormal clinically significant
6	HematocritResultsNormal	Char	100		Hematocrit results normal
7	HemoglobinResultAbormalClinica	Char	100		Hemoglobin results abnormal clinically significant
8	HemoglobinResultsNormal	Char	100		Hemoglobin Results Normal
9	LymphocytesResultAbormalClinic	Char	100		Lymphocytes results abnormal clinically significant
10	LymphocytesResultsNormal	Char	100		Lymphocytes results normal
11	MCHCResultAbormalClinicallySig	Char	100		MCHC results abnormal clinically significant
12	MCHCresultsNormal	Char	100		MCHC results normal
13	MCHResultAbormalClinicallySign	Char	100		MCH results abnormal clinically significant
14	MCHresultsNormal	Char	100		MCH results normal
15	MCVResultAbormalClinicallySign	Char	100		MCV results abnormal clinically significant
16	MCVresultsNormal	Char	100		MCV results normal
17	MonocytesResultAbormalClinical	Char	100		Monocytes results abnormal clinically significant
18	MonocytesResultsNormal	Char	100		Monocytes results normal
19	PMNLeukocytesResultAbormalClin	Char	100		PMN leukocytes results abnormal clinically significant
20	PMNleukocytesResultsNormal	Char	100		PMN leukocytes results normal
21	PlateletCountResultAbormalClin	Char	100		Platelet count results abnormal clinically significant
22	PlateletCountResultsNormal2	Char	100		Platelet count results normal
23	RBCResultAbormalClinicallySign	Char	100		RBC results abnormal clinically significant
24	RBCResultsNormal	Char	100		RBC results normal
25	WBCResultAbormalClinicallySign	Char	100		WBC results abnormal clinically significant
26	WBCresultsNormal	Char	100		WBC results normal
27	BasophilsResults	Num	8		Basophils results
28	BasophilsResultsOR	Num	8		Basophils results OR
29	EosinophilsResults	Num	8		Eosinophils results
30	EosinophilsResultsOR	Num	8		Eosinophils results OR
31	HematocritResults	Num	8		Hematocrit results
32	HemoglobinResults	Num	8		Hemoglobin Results
33	LymphocytesResults	Num	8		Lymphocytes results
34	LymphocytesResultsOR	Num	8		Lymphocytes results OR
35	MCHCresults	Num	8		MCHC results
36	MCHresults	Num	8		MCH results

Num	Variable	Type	Len	Format	Label
37	MCVresults	Num	8		MCV results
38	MonocytesResults	Num	8		Monocytes results
39	MonocytesResultsOR	Num	8		Monocytes results OR
40	PMNleukocytesResults	Num	8		PMN leukocytes results
41	PMNleukocytesResultsOR	Num	8		PMN leukocytes results OR
42	PlateletCountResultsNormal	Num	8		Platelet count results
43	RBCResults	Num	8		RBC results
44	WBCresults	Num	8		WBC results
45	MaskID	Num	8		Participant Mask ID#
46	Visit	Char	100		Visit
47	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
48	Date_At_BloodDraw	Num	8	MMDDYY10.	Date at blood draw
49	Date_At_TestsRun	Num	8	MMDDYY10.	Date at tests run

Data Set Name: concomitant_meds.sas7bdat

Num	Variable	Type	Len	Format	Label
1	IsContinuing1	Char	100		Continuing
2	IsContinuing2	Char	100		Continuing
3	IsContinuing3	Char	100		Continuing
4	IsContinuing4	Char	100		Continuing
5	IsContinuing5	Char	100		Continuing
6	IsContinuing6	Char	100		Continuing
7	IsContinuing7	Char	100		Continuing
8	IsContinuing8	Char	100		Continuing
9	IsContinuing9	Char	100		Continuing
10	IsContinuing10	Char	100		Continuing
11	IsContinuing11	Char	100		Continuing
12	IsContinuing12	Char	100		Continuing
13	IsContinuing13	Char	100		Continuing
14	IsContinuing14	Char	100		Continuing
15	IsContinuing15	Char	100		Continuing
16	IsContinuing16	Char	100		Continuing
17	IsContinuing17	Char	100		Continuing
18	IsContinuing18	Char	100		Continuing
19	IsContinuing19	Char	100		Continuing
20	IsContinuing20	Char	100		Continuing
21	IsContinuing21	Char	100		Continuing
22	IsContinuing22	Char	100		Continuing
23	IsContinuing23	Char	100		Continuing
24	IsContinuing24	Char	100		Continuing
25	IsContinuing25	Char	100		Continuing
26	IsContinuing26	Char	100		Continuing
27	IsContinuing27	Char	100		Continuing
28	IsContinuing28	Char	100		Continuing
29	IsContinuing29	Char	100		Continuing
30	IsContinuing30	Char	100		Continuing
31	IsContinuing31	Char	100		Continuing
32	IsContinuing32	Char	100		Continuing
33	IsContinuing33	Char	100		Continuing
34	IsContinuing34	Char	100		Continuing
35	IsContinuing35	Char	100		Continuing
36	IsContinuing36	Char	100		Continuing

Num	Variable	Type	Len	Format	Label
37	IsContinuing37	Char	100		Continuing
38	IsContinuing38	Char	100		Continuing
39	IsContinuing39	Char	100		Continuing
40	IsContinuing40	Char	100		Continuing
41	IsContinuing41	Char	100		Continuing
42	IsContinuing42	Char	100		Continuing
43	IsContinuing43	Char	100		Continuing
44	ConMedsFrequencyOtherDetail1	Char	100		Frequency specify detail if OTHER is selected
45	ConMedsFrequencyOtherDetail2	Char	100		Frequency specify detail if OTHER is selected
46	ConMedsFrequencyOtherDetail3	Char	100		Frequency specify detail if OTHER is selected
47	ConMedsFrequencyOtherDetail4	Char	100		Frequency specify detail if OTHER is selected
48	ConMedsFrequencyOtherDetail5	Char	100		Frequency specify detail if OTHER is selected
49	ConMedsFrequencyOtherDetail6	Char	100		Frequency specify detail if OTHER is selected
50	ConMedsFrequencyOtherDetail7	Char	100		Frequency specify detail if OTHER is selected
51	ConMedsFrequencyOtherDetail8	Char	100		Frequency specify detail if OTHER is selected
52	ConMedsFrequencyOtherDetail9	Char	100		Frequency specify detail if OTHER is selected
53	ConMedsFrequencyOtherDetail10	Char	100		Frequency specify detail if OTHER is selected
54	ConMedsFrequencyOtherDetail11	Char	100		Frequency specify detail if OTHER is selected
55	ConMedsFrequencyOtherDetail12	Char	100		Frequency specify detail if OTHER is selected
56	ConMedsFrequencyOtherDetail13	Char	100		Frequency specify detail if OTHER is selected
57	ConMedsFrequencyOtherDetail14	Char	100		Frequency specify detail if OTHER is selected
58	ConMedsFrequencyOtherDetail15	Char	100		Frequency specify detail if OTHER is selected
59	ConMedsFrequencyOtherDetail16	Char	100		Frequency specify detail if OTHER is selected
60	ConMedsFrequencyOtherDetail17	Char	100		Frequency specify detail if OTHER is selected
61	ConMedsFrequencyOtherDetail18	Char	100		Frequency specify detail if OTHER is selected
62	ConMedsFrequencyOtherDetail19	Char	100		Frequency specify detail if OTHER is selected
63	ConMedsFrequencyOtherDetail20	Char	100		Frequency specify detail if OTHER is selected
64	ConMedsFrequencyOtherDetail21	Char	100		Frequency specify detail if OTHER is selected
65	ConMedsFrequencyOtherDetail22	Char	100		Frequency specify detail if OTHER is selected
66	ConMedsFrequencyOtherDetail23	Char	100		Frequency specify detail if OTHER is selected
67	ConMedsFrequencyOtherDetail24	Char	100		Frequency specify detail if OTHER is selected
68	ConMedsFrequencyOtherDetail25	Char	100		Frequency specify detail if OTHER is selected
69	ConMedsFrequencyOtherDetail26	Char	100		Frequency specify detail if OTHER is selected
70	ConMedsFrequencyOtherDetail27	Char	100		Frequency specify detail if OTHER is selected
71	ConMedsFrequencyOtherDetail28	Char	100		Frequency specify detail if OTHER is selected
72	ConMedsFrequencyOtherDetail29	Char	100		Frequency specify detail if OTHER is selected
73	ConMedsFrequencyOtherDetail30	Char	100		Frequency specify detail if OTHER is selected
74	ConMedsFrequencyOtherDetail31	Char	100		Frequency specify detail if OTHER is selected
75	ConMedsFrequencyOtherDetail32	Char	100		Frequency specify detail if OTHER is selected

Num	Variable	Type	Len	Format	Label
76	ConMedsFrequencyOtherDetail33	Char	100		Frequency specify detail if OTHER is selected
77	ConMedsFrequencyOtherDetail34	Char	100		Frequency specify detail if OTHER is selected
78	ConMedsFrequencyOtherDetail35	Char	100		Frequency specify detail if OTHER is selected
79	ConMedsFrequencyOtherDetail36	Char	100		Frequency specify detail if OTHER is selected
80	ConMedsFrequencyOtherDetail37	Char	100		Frequency specify detail if OTHER is selected
81	ConMedsFrequencyOtherDetail38	Char	100		Frequency specify detail if OTHER is selected
82	ConMedsFrequencyOtherDetail39	Char	100		Frequency specify detail if OTHER is selected
83	ConMedsFrequencyOtherDetail40	Char	100		Frequency specify detail if OTHER is selected
84	ConMedsFrequencyOtherDetail41	Char	100		Frequency specify detail if OTHER is selected
85	ConMedsFrequencyOtherDetail42	Char	100		Frequency specify detail if OTHER is selected
86	ConMedsFrequencyOtherDetail43	Char	100		Frequency specify detail if OTHER is selected
87	ConMedsIntervalOtherDetails1	Char	100		Interval specify details if OTHER is selected
88	ConMedsIntervalOtherDetails2	Char	100		Interval specify details if OTHER is selected
89	ConMedsIntervalOtherDetails3	Char	100		Interval specify details if OTHER is selected
90	ConMedsIntervalOtherDetails4	Char	100		Interval specify details if OTHER is selected
91	ConMedsIntervalOtherDetails5	Char	100		Interval specify details if OTHER is selected
92	ConMedsIntervalOtherDetails6	Char	100		Interval specify details if OTHER is selected
93	ConMedsIntervalOtherDetails7	Char	100		Interval specify details if OTHER is selected
94	ConMedsIntervalOtherDetails8	Char	100		Interval specify details if OTHER is selected
95	ConMedsIntervalOtherDetails9	Char	100		Interval specify details if OTHER is selected
96	ConMedsIntervalOtherDetails10	Char	100		Interval specify details if OTHER is selected
97	ConMedsIntervalOtherDetails11	Char	100		Interval specify details if OTHER is selected
98	ConMedsIntervalOtherDetails12	Char	100		Interval specify details if OTHER is selected
99	ConMedsIntervalOtherDetails13	Char	100		Interval specify details if OTHER is selected
100	ConMedsIntervalOtherDetails14	Char	100		Interval specify details if OTHER is selected
101	ConMedsIntervalOtherDetails15	Char	100		Interval specify details if OTHER is selected
102	ConMedsIntervalOtherDetails16	Char	100		Interval specify details if OTHER is selected
103	ConMedsIntervalOtherDetails17	Char	100		Interval specify details if OTHER is selected
104	ConMedsIntervalOtherDetails18	Char	100		Interval specify details if OTHER is selected
105	ConMedsIntervalOtherDetails19	Char	100		Interval specify details if OTHER is selected
106	ConMedsIntervalOtherDetails20	Char	100		Interval specify details if OTHER is selected
107	ConMedsIntervalOtherDetails21	Char	100		Interval specify details if OTHER is selected
108	ConMedsIntervalOtherDetails22	Char	100		Interval specify details if OTHER is selected
109	ConMedsIntervalOtherDetails23	Char	100		Interval specify details if OTHER is selected
110	ConMedsIntervalOtherDetails24	Char	100		Interval specify details if OTHER is selected
111	ConMedsIntervalOtherDetails25	Char	100		Interval specify details if OTHER is selected
112	ConMedsIntervalOtherDetails26	Char	100		Interval specify details if OTHER is selected
113	ConMedsIntervalOtherDetails27	Char	100		Interval specify details if OTHER is selected
114	ConMedsIntervalOtherDetails28	Char	100		Interval specify details if OTHER is selected

Num	Variable	Type	Len	Format	Label
115	ConMedsIntervalOtherDetails29	Char	100		Interval specify details if OTHER is selected
116	ConMedsIntervalOtherDetails30	Char	100		Interval specify details if OTHER is selected
117	ConMedsIntervalOtherDetails31	Char	100		Interval specify details if OTHER is selected
118	ConMedsIntervalOtherDetails32	Char	100		Interval specify details if OTHER is selected
119	ConMedsIntervalOtherDetails33	Char	100		Interval specify details if OTHER is selected
120	ConMedsIntervalOtherDetails34	Char	100		Interval specify details if OTHER is selected
121	ConMedsIntervalOtherDetails35	Char	100		Interval specify details if OTHER is selected
122	ConMedsIntervalOtherDetails36	Char	100		Interval specify details if OTHER is selected
123	ConMedsIntervalOtherDetails37	Char	100		Interval specify details if OTHER is selected
124	ConMedsIntervalOtherDetails38	Char	100		Interval specify details if OTHER is selected
125	ConMedsIntervalOtherDetails39	Char	100		Interval specify details if OTHER is selected
126	ConMedsIntervalOtherDetails40	Char	100		Interval specify details if OTHER is selected
127	ConMedsIntervalOtherDetails41	Char	100		Interval specify details if OTHER is selected
128	ConMedsIntervalOtherDetails42	Char	100		Interval specify details if OTHER is selected
129	ConMedsIntervalOtherDetails43	Char	100		Interval specify details if OTHER is selected
130	Dose1	Num	8		Dose
131	Dose2	Num	8		Dose
132	Dose3	Num	8		Dose
133	Dose4	Num	8		Dose
134	Dose5	Num	8		Dose
135	Dose6	Num	8		Dose
136	Dose7	Num	8		Dose
137	Dose8	Num	8		Dose
138	Dose9	Num	8		Dose
139	Dose10	Num	8		Dose
140	Dose11	Num	8		Dose
141	Dose12	Num	8		Dose
142	Dose13	Num	8		Dose
143	Dose14	Num	8		Dose
144	Dose15	Num	8		Dose
145	Dose16	Num	8		Dose
146	Dose17	Num	8		Dose
147	Dose18	Num	8		Dose
148	Dose19	Num	8		Dose
149	Dose20	Num	8		Dose
150	Dose21	Num	8		Dose
151	Dose22	Num	8		Dose
152	Dose23	Num	8		Dose
153	Dose24	Num	8		Dose

Num	Variable	Type	Len	Format	Label
154	Dose25	Num	8		Dose
155	Dose26	Num	8		Dose
156	Dose27	Num	8		Dose
157	Dose28	Num	8		Dose
158	Dose29	Num	8		Dose
159	Dose30	Num	8		Dose
160	Dose31	Num	8		Dose
161	Dose32	Num	8		Dose
162	Dose33	Num	8		Dose
163	Dose34	Num	8		Dose
164	Dose35	Num	8		Dose
165	Dose36	Num	8		Dose
166	Dose37	Num	8		Dose
167	Dose38	Num	8		Dose
168	Dose39	Num	8		Dose
169	Dose40	Num	8		Dose
170	Dose41	Num	8		Dose
171	Dose42	Num	8		Dose
172	Dose43	Num	8		Dose
173	Indication1	Char	100		Indication
174	Indication2	Char	100		Indication
175	Indication3	Char	100		Indication
176	Indication4	Char	100		Indication
177	Indication5	Char	100		Indication
178	Indication6	Char	100		Indication
179	Indication7	Char	100		Indication
180	Indication8	Char	100		Indication
181	Indication9	Char	100		Indication
182	Indication10	Char	100		Indication
183	Indication11	Char	100		Indication
184	Indication12	Char	100		Indication
185	Indication13	Char	100		Indication
186	Indication14	Char	100		Indication
187	Indication15	Char	100		Indication
188	Indication16	Char	100		Indication
189	Indication17	Char	100		Indication
190	Indication18	Char	100		Indication
191	Indication19	Char	100		Indication
192	Indication20	Char	100		Indication

Num	Variable	Type	Len	Format	Label
193	Indication21	Char	100		Indication
194	Indication22	Char	100		Indication
195	Indication23	Char	100		Indication
196	Indication24	Char	100		Indication
197	Indication25	Char	100		Indication
198	Indication26	Char	100		Indication
199	Indication27	Char	100		Indication
200	Indication28	Char	100		Indication
201	Indication29	Char	100		Indication
202	Indication30	Char	100		Indication
203	Indication31	Char	100		Indication
204	Indication32	Char	100		Indication
205	Indication33	Char	100		Indication
206	Indication34	Char	100		Indication
207	Indication35	Char	100		Indication
208	Indication36	Char	100		Indication
209	Indication37	Char	100		Indication
210	Indication38	Char	100		Indication
211	Indication39	Char	100		Indication
212	Indication40	Char	100		Indication
213	Indication41	Char	100		Indication
214	Indication42	Char	100		Indication
215	Indication43	Char	100		Indication
216	Medication1	Char	100		Medication
217	Medication2	Char	100		Medication
218	Medication3	Char	100		Medication
219	Medication4	Char	100		Medication
220	Medication5	Char	100		Medication
221	Medication6	Char	100		Medication
222	Medication7	Char	100		Medication
223	Medication8	Char	100		Medication
224	Medication9	Char	100		Medication
225	Medication10	Char	100		Medication
226	Medication11	Char	100		Medication
227	Medication12	Char	100		Medication
228	Medication13	Char	100		Medication
229	Medication14	Char	100		Medication
230	Medication15	Char	100		Medication
231	Medication16	Char	100		Medication

Num	Variable	Type	Len	Format	Label
232	Medication17	Char	100		Medication
233	Medication18	Char	100		Medication
234	Medication19	Char	100		Medication
235	Medication20	Char	100		Medication
236	Medication21	Char	100		Medication
237	Medication22	Char	100		Medication
238	Medication23	Char	100		Medication
239	Medication24	Char	100		Medication
240	Medication25	Char	100		Medication
241	Medication26	Char	100		Medication
242	Medication27	Char	100		Medication
243	Medication28	Char	100		Medication
244	Medication29	Char	100		Medication
245	Medication30	Char	100		Medication
246	Medication31	Char	100		Medication
247	Medication32	Char	100		Medication
248	Medication33	Char	100		Medication
249	Medication34	Char	100		Medication
250	Medication35	Char	100		Medication
251	Medication36	Char	100		Medication
252	Medication37	Char	100		Medication
253	Medication38	Char	100		Medication
254	Medication39	Char	100		Medication
255	Medication40	Char	100		Medication
256	Medication41	Char	100		Medication
257	Medication42	Char	100		Medication
258	Medication43	Char	100		Medication
259	ConMedsFrequencyChoices1	Char	100		Frequency choices
260	ConMedsFrequencyChoices2	Char	100		Frequency choices
261	ConMedsFrequencyChoices3	Char	100		Frequency choices
262	ConMedsFrequencyChoices4	Char	100		Frequency choices
263	ConMedsFrequencyChoices5	Char	100		Frequency choices
264	ConMedsFrequencyChoices6	Char	100		Frequency choices
265	ConMedsFrequencyChoices7	Char	100		Frequency choices
266	ConMedsFrequencyChoices8	Char	100		Frequency choices
267	ConMedsFrequencyChoices9	Char	100		Frequency choices
268	ConMedsFrequencyChoices10	Char	100		Frequency choices
269	ConMedsFrequencyChoices11	Char	100		Frequency choices
270	ConMedsFrequencyChoices12	Char	100		Frequency choices

Num	Variable	Type	Len	Format	Label
271	ConMedsFrequencyChoices13	Char	100		Frequency choices
272	ConMedsFrequencyChoices14	Char	100		Frequency choices
273	ConMedsFrequencyChoices15	Char	100		Frequency choices
274	ConMedsFrequencyChoices16	Char	100		Frequency choices
275	ConMedsFrequencyChoices17	Char	100		Frequency choices
276	ConMedsFrequencyChoices18	Char	100		Frequency choices
277	ConMedsFrequencyChoices19	Char	100		Frequency choices
278	ConMedsFrequencyChoices20	Char	100		Frequency choices
279	ConMedsFrequencyChoices21	Char	100		Frequency choices
280	ConMedsFrequencyChoices22	Char	100		Frequency choices
281	ConMedsFrequencyChoices23	Char	100		Frequency choices
282	ConMedsFrequencyChoices24	Char	100		Frequency choices
283	ConMedsFrequencyChoices25	Char	100		Frequency choices
284	ConMedsFrequencyChoices26	Char	100		Frequency choices
285	ConMedsFrequencyChoices27	Char	100		Frequency choices
286	ConMedsFrequencyChoices28	Char	100		Frequency choices
287	ConMedsFrequencyChoices29	Char	100		Frequency choices
288	ConMedsFrequencyChoices30	Char	100		Frequency choices
289	ConMedsFrequencyChoices31	Char	100		Frequency choices
290	ConMedsFrequencyChoices32	Char	100		Frequency choices
291	ConMedsFrequencyChoices33	Char	100		Frequency choices
292	ConMedsFrequencyChoices34	Char	100		Frequency choices
293	ConMedsFrequencyChoices35	Char	100		Frequency choices
294	ConMedsFrequencyChoices36	Char	100		Frequency choices
295	ConMedsFrequencyChoices37	Char	100		Frequency choices
296	ConMedsFrequencyChoices38	Char	100		Frequency choices
297	ConMedsFrequencyChoices39	Char	100		Frequency choices
298	ConMedsFrequencyChoices40	Char	100		Frequency choices
299	ConMedsFrequencyChoices41	Char	100		Frequency choices
300	ConMedsFrequencyChoices42	Char	100		Frequency choices
301	ConMedsFrequencyChoices43	Char	100		Frequency choices
302	ConMedsIntervalChoices1	Char	100		Interval choices
303	ConMedsIntervalChoices2	Char	100		Interval choices
304	ConMedsIntervalChoices3	Char	100		Interval choices
305	ConMedsIntervalChoices4	Char	100		Interval choices
306	ConMedsIntervalChoices5	Char	100		Interval choices
307	ConMedsIntervalChoices6	Char	100		Interval choices
308	ConMedsIntervalChoices7	Char	100		Interval choices
309	ConMedsIntervalChoices8	Char	100		Interval choices

Num	Variable	Type	Len	Format	Label
310	ConMedsIntervalChoices9	Char	100		Interval choices
311	ConMedsIntervalChoices10	Char	100		Interval choices
312	ConMedsIntervalChoices11	Char	100		Interval choices
313	ConMedsIntervalChoices12	Char	100		Interval choices
314	ConMedsIntervalChoices13	Char	100		Interval choices
315	ConMedsIntervalChoices14	Char	100		Interval choices
316	ConMedsIntervalChoices15	Char	100		Interval choices
317	ConMedsIntervalChoices16	Char	100		Interval choices
318	ConMedsIntervalChoices17	Char	100		Interval choices
319	ConMedsIntervalChoices18	Char	100		Interval choices
320	ConMedsIntervalChoices19	Char	100		Interval choices
321	ConMedsIntervalChoices20	Char	100		Interval choices
322	ConMedsIntervalChoices21	Char	100		Interval choices
323	ConMedsIntervalChoices22	Char	100		Interval choices
324	ConMedsIntervalChoices23	Char	100		Interval choices
325	ConMedsIntervalChoices24	Char	100		Interval choices
326	ConMedsIntervalChoices25	Char	100		Interval choices
327	ConMedsIntervalChoices26	Char	100		Interval choices
328	ConMedsIntervalChoices27	Char	100		Interval choices
329	ConMedsIntervalChoices28	Char	100		Interval choices
330	ConMedsIntervalChoices29	Char	100		Interval choices
331	ConMedsIntervalChoices30	Char	100		Interval choices
332	ConMedsIntervalChoices31	Char	100		Interval choices
333	ConMedsIntervalChoices32	Char	100		Interval choices
334	ConMedsIntervalChoices33	Char	100		Interval choices
335	ConMedsIntervalChoices34	Char	100		Interval choices
336	ConMedsIntervalChoices35	Char	100		Interval choices
337	ConMedsIntervalChoices36	Char	100		Interval choices
338	ConMedsIntervalChoices37	Char	100		Interval choices
339	ConMedsIntervalChoices38	Char	100		Interval choices
340	ConMedsIntervalChoices39	Char	100		Interval choices
341	ConMedsIntervalChoices40	Char	100		Interval choices
342	ConMedsIntervalChoices41	Char	100		Interval choices
343	ConMedsIntervalChoices42	Char	100		Interval choices
344	ConMedsIntervalChoices43	Char	100		Interval choices
345	ConMedsRoute1	Char	100		Route
346	ConMedsRoute2	Char	100		Route
347	ConMedsRoute3	Char	100		Route
348	ConMedsRoute4	Char	100		Route

Num	Variable	Type	Len	Format	Label
349	ConMedsRoute5	Char	100		Route
350	ConMedsRoute6	Char	100		Route
351	ConMedsRoute7	Char	100		Route
352	ConMedsRoute8	Char	100		Route
353	ConMedsRoute9	Char	100		Route
354	ConMedsRoute10	Char	100		Route
355	ConMedsRoute11	Char	100		Route
356	ConMedsRoute12	Char	100		Route
357	ConMedsRoute13	Char	100		Route
358	ConMedsRoute14	Char	100		Route
359	ConMedsRoute15	Char	100		Route
360	ConMedsRoute16	Char	100		Route
361	ConMedsRoute17	Char	100		Route
362	ConMedsRoute18	Char	100		Route
363	ConMedsRoute19	Char	100		Route
364	ConMedsRoute20	Char	100		Route
365	ConMedsRoute21	Char	100		Route
366	ConMedsRoute22	Char	100		Route
367	ConMedsRoute23	Char	100		Route
368	ConMedsRoute24	Char	100		Route
369	ConMedsRoute25	Char	100		Route
370	ConMedsRoute26	Char	100		Route
371	ConMedsRoute27	Char	100		Route
372	ConMedsRoute28	Char	100		Route
373	ConMedsRoute29	Char	100		Route
374	ConMedsRoute30	Char	100		Route
375	ConMedsRoute31	Char	100		Route
376	ConMedsRoute32	Char	100		Route
377	ConMedsRoute33	Char	100		Route
378	ConMedsRoute34	Char	100		Route
379	ConMedsRoute35	Char	100		Route
380	ConMedsRoute36	Char	100		Route
381	ConMedsRoute37	Char	100		Route
382	ConMedsRoute38	Char	100		Route
383	ConMedsRoute39	Char	100		Route
384	ConMedsRoute40	Char	100		Route
385	ConMedsRoute41	Char	100		Route
386	ConMedsRoute42	Char	100		Route
387	ConMedsRoute43	Char	100		Route

Num	Variable	Type	Len	Format	Label
388	Units1	Char	100		Units
389	Units2	Char	100		Units
390	Units3	Char	100		Units
391	Units4	Char	100		Units
392	Units5	Char	100		Units
393	Units6	Char	100		Units
394	Units7	Char	100		Units
395	Units8	Char	100		Units
396	Units9	Char	100		Units
397	Units10	Char	100		Units
398	Units11	Char	100		Units
399	Units12	Char	100		Units
400	Units13	Char	100		Units
401	Units14	Char	100		Units
402	Units15	Char	100		Units
403	Units16	Char	100		Units
404	Units17	Char	100		Units
405	Units18	Char	100		Units
406	Units19	Char	100		Units
407	Units20	Char	100		Units
408	Units21	Char	100		Units
409	Units22	Char	100		Units
410	Units23	Char	100		Units
411	Units24	Char	100		Units
412	Units25	Char	100		Units
413	Units26	Char	100		Units
414	Units27	Char	100		Units
415	Units28	Char	100		Units
416	Units29	Char	100		Units
417	Units30	Char	100		Units
418	Units31	Char	100		Units
419	Units32	Char	100		Units
420	Units33	Char	100		Units
421	Units34	Char	100		Units
422	Units35	Char	100		Units
423	Units36	Char	100		Units
424	Units37	Char	100		Units
425	Units38	Char	100		Units
426	Units39	Char	100		Units

Num	Variable	Type	Len	Format	Label
427	Units40	Char	100		Units
428	Units41	Char	100		Units
429	Units42	Char	100		Units
430	Units43	Char	100		Units
431	MaskID	Num	8		Participant Mask ID#
432	Visit	Char	100		Visit
433	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
434	Date_At_Assessment1	Num	8	MMDDYY10.	Date at Assessment #1
435	Date_At_Assessment2	Num	8	MMDDYY10.	Date at Assessment #2
436	Date_At_Assessment3	Num	8	MMDDYY10.	Date at Assessment #3
437	Date_At_Assessment4	Num	8	MMDDYY10.	Date at Assessment #4
438	Date_At_Assessment5	Num	8	MMDDYY10.	Date at Assessment #5
439	Date_At_Assessment6	Num	8	MMDDYY10.	Date at Assessment #6
440	Date_At_Assessment7	Num	8	MMDDYY10.	Date at Assessment #7
441	Date_At_Assessment8	Num	8	MMDDYY10.	Date at Assessment #8
442	Date_At_Assessment9	Num	8	MMDDYY10.	Date at Assessment #9
443	Date_At_Assessment10	Num	8	MMDDYY10.	Date at Assessment #10
444	Date_At_Assessment11	Num	8	MMDDYY10.	Date at Assessment #11
445	Date_At_Assessment12	Num	8	MMDDYY10.	Date at Assessment #12
446	Date_At_Assessment13	Num	8	MMDDYY10.	Date at Assessment #13
447	Date_At_Assessment14	Num	8	MMDDYY10.	Date at Assessment #14
448	Date_At_Assessment15	Num	8	MMDDYY10.	Date at Assessment #15
449	Date_At_Assessment16	Num	8	MMDDYY10.	Date at Assessment #16
450	Date_At_Assessment17	Num	8	MMDDYY10.	Date at Assessment #17
451	Date_At_Assessment18	Num	8	MMDDYY10.	Date at Assessment #18
452	Date_At_Assessment19	Num	8	MMDDYY10.	Date at Assessment #19
453	Date_At_Assessment20	Num	8	MMDDYY10.	Date at Assessment #20
454	Date_At_Assessment21	Num	8	MMDDYY10.	Date at Assessment #21
455	Date_At_Assessment22	Num	8	MMDDYY10.	Date at Assessment #22
456	Date_At_Assessment23	Num	8	MMDDYY10.	Date at Assessment #23
457	Date_At_Assessment24	Num	8	MMDDYY10.	Date at Assessment #24
458	Date_At_Assessment25	Num	8	MMDDYY10.	Date at Assessment #25
459	Date_At_Assessment26	Num	8	MMDDYY10.	Date at Assessment #26
460	Date_At_Assessment27	Num	8	MMDDYY10.	Date at Assessment #27
461	Date_At_Assessment28	Num	8	MMDDYY10.	Date at Assessment #28
462	Date_At_Assessment29	Num	8	MMDDYY10.	Date at Assessment #29
463	Date_At_Assessment30	Num	8	MMDDYY10.	Date at Assessment #30
464	Date_At_Assessment31	Num	8	MMDDYY10.	Date at Assessment #31
465	Date_At_Assessment32	Num	8	MMDDYY10.	Date at Assessment #32

Num	Variable	Type	Len	Format	Label
466	Date_At_Assessment33	Num	8	MMDDYY10.	Date at Assessment #33
467	Date_At_Assessment34	Num	8	MMDDYY10.	Date at Assessment #34
468	Date_At_Assessment35	Num	8	MMDDYY10.	Date at Assessment #35
469	Date_At_Assessment36	Num	8	MMDDYY10.	Date at Assessment #36
470	Date_At_Assessment37	Num	8	MMDDYY10.	Date at Assessment #37
471	Date_At_Assessment38	Num	8	MMDDYY10.	Date at Assessment #38
472	Date_At_Assessment39	Num	8	MMDDYY10.	Date at Assessment #39
473	Date_At_Assessment40	Num	8	MMDDYY10.	Date at Assessment #40
474	Date_At_Assessment41	Num	8	MMDDYY10.	Date at Assessment #41
475	Date_At_Assessment42	Num	8	MMDDYY10.	Date at Assessment #42
476	Date_At_Assessment43	Num	8	MMDDYY10.	Date at Assessment #43
477	Date_At_Start1	Num	8	MMDDYY10.	Date at Start #1
478	Date_At_Start2	Num	8	MMDDYY10.	Date at Start #2
479	Date_At_Start3	Num	8	MMDDYY10.	Date at Start #3
480	Date_At_Start4	Num	8	MMDDYY10.	Date at Start #4
481	Date_At_Start5	Num	8	MMDDYY10.	Date at Start #5
482	Date_At_Start6	Num	8	MMDDYY10.	Date at Start #6
483	Date_At_Start7	Num	8	MMDDYY10.	Date at Start #7
484	Date_At_Start8	Num	8	MMDDYY10.	Date at Start #8
485	Date_At_Start9	Num	8	MMDDYY10.	Date at Start #9
486	Date_At_Start10	Num	8	MMDDYY10.	Date at Start #10
487	Date_At_Start11	Num	8	MMDDYY10.	Date at Start #11
488	Date_At_Start12	Num	8	MMDDYY10.	Date at Start #12
489	Date_At_Start13	Num	8	MMDDYY10.	Date at Start #13
490	Date_At_Start14	Num	8	MMDDYY10.	Date at Start #14
491	Date_At_Start15	Num	8	MMDDYY10.	Date at Start #15
492	Date_At_Start16	Num	8	MMDDYY10.	Date at Start #16
493	Date_At_Start17	Num	8	MMDDYY10.	Date at Start #17
494	Date_At_Start18	Num	8	MMDDYY10.	Date at Start #18
495	Date_At_Start19	Num	8	MMDDYY10.	Date at Start #19
496	Date_At_Start20	Num	8	MMDDYY10.	Date at Start #20
497	Date_At_Start21	Num	8	MMDDYY10.	Date at Start #21
498	Date_At_Start22	Num	8	MMDDYY10.	Date at Start #22
499	Date_At_Start23	Num	8	MMDDYY10.	Date at Start #23
500	Date_At_Start24	Num	8	MMDDYY10.	Date at Start #24
501	Date_At_Start25	Num	8	MMDDYY10.	Date at Start #25
502	Date_At_Start26	Num	8	MMDDYY10.	Date at Start #26
503	Date_At_Start27	Num	8	MMDDYY10.	Date at Start #27
504	Date_At_Start28	Num	8	MMDDYY10.	Date at Start #28

Num	Variable	Type	Len	Format	Label
505	Date_At_Start29	Num	8	MMDDYY10.	Date at Start #29
506	Date_At_Start30	Num	8	MMDDYY10.	Date at Start #30
507	Date_At_Start31	Num	8	MMDDYY10.	Date at Start #31
508	Date_At_Start32	Num	8	MMDDYY10.	Date at Start #32
509	Date_At_Start33	Num	8	MMDDYY10.	Date at Start #33
510	Date_At_Start34	Num	8	MMDDYY10.	Date at Start #34
511	Date_At_Start35	Num	8	MMDDYY10.	Date at Start #35
512	Date_At_Start36	Num	8	MMDDYY10.	Date at Start #36
513	Date_At_Start37	Num	8	MMDDYY10.	Date at Start #37
514	Date_At_Start38	Num	8	MMDDYY10.	Date at Start #38
515	Date_At_Start39	Num	8	MMDDYY10.	Date at Start #39
516	Date_At_Start40	Num	8	MMDDYY10.	Date at Start #40
517	Date_At_Start41	Num	8	MMDDYY10.	Date at Start #41
518	Date_At_Start42	Num	8	MMDDYY10.	Date at Start #42
519	Date_At_Start43	Num	8	MMDDYY10.	Date at Start #43
520	Date_At_Stop1	Num	8	MMDDYY10.	Date at Stop #1
521	Date_At_Stop2	Num	8	MMDDYY10.	Date at Stop #2
522	Date_At_Stop3	Num	8	MMDDYY10.	Date at Stop #3
523	Date_At_Stop4	Num	8	MMDDYY10.	Date at Stop #4
524	Date_At_Stop5	Num	8	MMDDYY10.	Date at Stop #5
525	Date_At_Stop6	Num	8	MMDDYY10.	Date at Stop #6
526	Date_At_Stop7	Num	8	MMDDYY10.	Date at Stop #7
527	Date_At_Stop8	Num	8	MMDDYY10.	Date at Stop #8
528	Date_At_Stop9	Num	8	MMDDYY10.	Date at Stop #9
529	Date_At_Stop10	Num	8	MMDDYY10.	Date at Stop #10
530	Date_At_Stop11	Num	8	MMDDYY10.	Date at Stop #11
531	Date_At_Stop12	Num	8	MMDDYY10.	Date at Stop #12
532	Date_At_Stop13	Num	8	MMDDYY10.	Date at Stop #13
533	Date_At_Stop14	Num	8	MMDDYY10.	Date at Stop #14
534	Date_At_Stop15	Num	8	MMDDYY10.	Date at Stop #15
535	Date_At_Stop16	Num	8	MMDDYY10.	Date at Stop #16
536	Date_At_Stop17	Num	8	MMDDYY10.	Date at Stop #17
537	Date_At_Stop18	Num	8	MMDDYY10.	Date at Stop #18
538	Date_At_Stop19	Num	8	MMDDYY10.	Date at Stop #19
539	Date_At_Stop20	Num	8	MMDDYY10.	Date at Stop #20
540	Date_At_Stop21	Num	8	MMDDYY10.	Date at Stop #21
541	Date_At_Stop22	Num	8	MMDDYY10.	Date at Stop #22
542	Date_At_Stop23	Num	8	MMDDYY10.	Date at Stop #23
543	Date_At_Stop24	Num	8	MMDDYY10.	Date at Stop #24

Num	Variable	Type	Len	Format	Label
544	Date_At_Stop25	Num	8	MMDDYY10.	Date at Stop #25
545	Date_At_Stop26	Num	8	MMDDYY10.	Date at Stop #26
546	Date_At_Stop27	Num	8	MMDDYY10.	Date at Stop #27
547	Date_At_Stop28	Num	8	MMDDYY10.	Date at Stop #28
548	Date_At_Stop29	Num	8	MMDDYY10.	Date at Stop #29
549	Date_At_Stop30	Num	8	MMDDYY10.	Date at Stop #30
550	Date_At_Stop31	Num	8	MMDDYY10.	Date at Stop #31
551	Date_At_Stop32	Num	8	MMDDYY10.	Date at Stop #32
552	Date_At_Stop33	Num	8	MMDDYY10.	Date at Stop #33
553	Date_At_Stop34	Num	8	MMDDYY10.	Date at Stop #34
554	Date_At_Stop35	Num	8	MMDDYY10.	Date at Stop #35
555	Date_At_Stop36	Num	8	MMDDYY10.	Date at Stop #36
556	Date_At_Stop37	Num	8	MMDDYY10.	Date at Stop #37
557	Date_At_Stop38	Num	8	MMDDYY10.	Date at Stop #38
558	Date_At_Stop39	Num	8	MMDDYY10.	Date at Stop #39
559	Date_At_Stop40	Num	8	MMDDYY10.	Date at Stop #40
560	Date_At_Stop41	Num	8	MMDDYY10.	Date at Stop #41
561	Date_At_Stop42	Num	8	MMDDYY10.	Date at Stop #42
562	Date_At_Stop43	Num	8	MMDDYY10.	Date at Stop #43

Data Set Name: diabetes_health_info.sas7bdat

Num	Variable	Type	Len	Format	Label
1	HeightNotDone	Num	8		Height not done
2	WeightNotDone	Num	8		Weight not done
3	CombinedLongAndShortActingInsu	Char	100		Are you taking longacting insulin injections combined with shortacting for meals
4	HospitalizationsForHighGlucose	Char	100		Any emergency room visits or hospitalizations for high blood glucose or DKA
5	HospitalizedSinceLastVisit	Char	100		Have you been hospitalized for any reason since your last visitcontact
6	InsulinPump	Char	100		Are you using an insulin pump
7	OtherChronicDiseases	Char	100		Have you been diagnosed with any new chronic diseases other than diabetes
8	SeizuresFaintingLowBloodGlucos	Char	100		Any episodes of seizures or loss of consciousness from low blood glucose
9	HeightCm	Num	8		Height cm
10	HeightFt	Num	8		Height ft
11	HeightIn	Num	8		Height in
12	HospitalizedReason	Char	100		If yes what was the reason
13	InsulinDoseLast24Hrs	Num	8		What was your total insulin dose in the last 24 hours
14	LastHbA1cValue	Num	8		Last HbA1c value
15	OtherChronicDiseasesOtherSpeci	Char	100		Other
16	WeightKg	Num	8		Weight kg
17	WeightLbs	Num	8		Weight lbs
18	OtherChronicDiseases_Autoimmuned	Num	8		OtherChronicDiseases: Autoimmune disease
19	OtherChronicDiseases_Cancer	Num	8		OtherChronicDiseases: Cancer
20	OtherChronicDiseases_Heartdiseas	Num	8		OtherChronicDiseases: Heart disease
21	OtherChronicDiseases_Highbloodpr	Num	8		OtherChronicDiseases: High blood pressure
22	OtherChronicDiseases_Highcholest	Num	8		OtherChronicDiseases: High cholesterol
23	OtherChronicDiseases_Other	Num	8		OtherChronicDiseases: Other
24	MaskID	Num	8		Participant Mask ID#
25	Visit	Char	100		Visit
26	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
27	Date_At_Last_HbA1c	Num	8	MMDDYY10.	Date at Last HbA1c

Data Set Name: diabetes_management.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AreThere3GlucoseValuesAvailabl	Char	100		Are there atleast three glucose values available for atleast three days
2	AvgAllRecordedGlucosesMmoll	Char	100		Average of all recorded glucoses over three days units
3	AvgRecordedFastingGlucosesmmol	Char	100		Average of recorded fasting glucoses over three days units
4	ExperiencedAnyHypoglycemicEven	Char	100		Have you experienced any sevre hypoglycemic events loss of consciousness seizure or assistance required from another person due to an altered state or consciousness since trhe last visit
5	HighestGlucosemmol	Char	100		Highest recorded glucose over three days units
6	InsulDoseInfoAvailableFor3Days	Char	100		Is the insulin dose information available for atleast three days
7	InsulinRoutineDaily	Char	100		Daily insulin routines check one
8	LowestGlucosemmoll	Char	100		Lowest recorded glucose over three days units
9	RecordedGlucoseDuringFirstSeve2	Char	100		What was the recorded glucose during the first severe hypoglycemic event units
10	RecordedGlucoseDuringSecondSev2	Char	100		What was the recorded glucose during the second severe hypoglycemic event units Record
11	RecordedGlucoseDuringThirdSeve2	Char	100		What was the recorded glucose during the third severe hypoglycemic event units Record
12	SubjectUsingCGMS	Char	100		Is the person using a Continuous Glucose Monitoring System CGMS
13	AverageUnitsOfIntermediateInsul	Num	8		Average unitsday of intermediatelong acting insulin average over 3 day period
14	AvgAllRecordedGlucosesMgDL	Num	8		Average of all recorded glucoses over three days
15	AvgRecordedFastingGlucosesmgdl	Num	8		Average of recorded fasting glucoses over three days
16	AvgUnitsShortActingInsulin	Num	8		Average unitsday of short acting insulin
17	DiabetesEducator	Num	8		Study associated Diabetes Educator
18	Endocrinologist	Num	8		Study associated Endocrinologist
19	HighestGlucosemgdl	Num	8		Highest recorded glucose over three days
20	HowManyHypoglycemicEvents	Num	8		If Yes How many severe hypoglycemic events have ocured since the last visit
21	InsulinInjectionSite	Char	100		diabetes mgmt insulin 2 Site location of most recent last 24 hour period insulin injection eg left tricep
22	LowestGlucosemgdl	Num	8		Lowest recorded glucose over three days
23	NonStudyDiabetesEducator	Num	8		NonStudy associated Diabetes Educator
24	NonStudyEndocrinologist	Num	8		NonStudy associated Endocrinologist
25	NonStudyOtherHealthCareProvide	Num	8		NonStudy associated other health care provider
26	OtherHealthCareProvider	Num	8		Study associatedother health care provider
27	RecordedGlucoseDuringFirstSeve	Num	8		What was the recorded glucose during the first severe hypoglycemic event
28	RecordedGlucoseDuringSecondSev	Num	8		What was the recorded glucose during the second severe hypoglycemic event units

Num	Variable	Type	Len	Format	Label
29	RecordedGlucoseDuringThirdSeve	Num	8		What was the recorded glucose during the third severe hypoglycemic event
30	TotalOfHBGMonitoringsLessThan6	Num	8		Number of home blood glucose monitorings over three days that were less than 65mgdl
31	TotalOfHomeBloodGlucoseOver3Da	Num	8		Total number of home blood glucose monitorings over three days
32	MaskID	Num	8		Participant Mask ID#
33	Visit	Char	100		Visit
34	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: dosing_vital_sign_monitoring.sas7bdat

Num	Variable	Type	Len	Format	Label
1	EndOfInfusionDiastolic	Num	8		Vital Signs End of Infusion Bp Diastolic
2	EndOfInfusionHeartRate	Num	8		Vital Signs End of Infusion Heart Rate
3	EndOfInfusionRespiratoryRate	Num	8		Vital Signs End of Infusion Respiratory Rate
4	EndOfInfusionSystolic	Num	8		Vital Signs End of Infusion Bp Systolic
5	EndOfInfusionTemperatureInC	Num	8		Vital Signs End of Infusion Temperature in Degree C
6	EndOfInfusionTemperatureInF	Num	8		Vital Signs End of Infusion Temperature in Degree F
7	EndOfInfusionTime	Char	100		Vital Signs End of Infusion Time
8	PreInfusionDiastolic	Num	8		Vital signs PreInfusion Bp diastolic
9	PreInfusionHeartRate	Num	8		Vital signs PreInfusion Heart rate
10	PreInfusionRespiratoryRate	Num	8		Vital signs PreInfusion Respiratory rate
11	PreInfusionSystolic	Num	8		Vital signs PreInfusion Bp systolic
12	PreInfusionTemperatureInDegree	Num	8		Vital signs PreInfusion Temperature in degree C
13	PreInfusionTemperatureInDegree2	Num	8		Vital signs PreInfusion Temperature in degree F
14	PreInfusionTime	Char	100		Vital signs PreInfusion Time
15	_15MinDiastolic	Num	8		Vital signs 15 min BP diastolic
16	_15MinHeartRate	Num	8		Vital signs 15 min Heart rate
17	_15MinRespiratoryRate	Num	8		Vital signs 15 min Respiratory rate
18	_15MinSystolic	Num	8		Vital signs 15 min BP systolic
19	_15MinTemperatureInC	Num	8		Vital signs 15 min Temperature in degree C
20	_15MinTemperatureInF	Num	8		Vital signs 15 min Temperature in degree F
21	_15MinTime	Char	100		Vital signs 15 min time
22	_1HrPostInfusionDiastolic	Num	8		Vital Signs 1 hour PostInfusion Bp Diastolic
23	_1HrPostInfusionHeartRate	Num	8		Vital Signs 1 hour PostInfusion Heart Rate
24	_1HrPostInfusionRespiratoryRat	Num	8		Vital Signs 1 hour PostInfusion Respiratory Rate
25	_1HrPostInfusionSystolic	Num	8		Vital Signs 1 hour PostInfusion Bp Systolic
26	_1HrPostInfusionTemperatureInC	Num	8		Vital Signs 1 hour PostInfusion Temperature in Degree C
27	_1HrPostInfusionTemperatureInF	Num	8		Vital Signs 1 hour PostInfusion Temperature in Degree F
28	_1HrPostInfusionTime	Char	100		Vital Signs 1 hour PostInfusion Time
29	_2HoursDiastolic	Num	8		Vital signs 2 hours Bp Diastolic
30	_2HoursHeartRate	Num	8		Vital signs 2 hours Heart Rate
31	_2HoursRespiratoryRate	Num	8		Vital signs 2 hours Respiratory Rate
32	_2HoursSystolic	Num	8		Vital signs 2 hours Bp Systolic
33	_2HoursTemperatureInC	Num	8		Vital signs 2 hours Temperature in degree C
34	_2HoursTemperatureInF	Num	8		Vital signs 2 hours Temperature in degree F
35	_2HoursTime	Char	100		Vital signs 2 hours Time
36	_30MinDiastolic	Num	8		Vital signs 30 min BP Diastolic

Num	Variable	Type	Len	Format	Label
37	_30MinHeartRate	Num	8		Vital signs 30 min Heart rate
38	_30MinRespiratoryRate	Num	8		Vital signs 30 min Respiratory rate
39	_30MinSystolic	Num	8		Vital signs 30 min BP Systolic
40	_30MinTemperatureInC	Num	8		Vital signs 30 min Temperature in degree C
41	_30MinTemperatureInF	Num	8		Vital signs 30 min Temperature in degree F
42	_30MinTime	Char	100		Vital signs 30 min Time
43	_3HoursDiastolic	Num	8		Vital signs 3 hours Bp Diastolic
44	_3HoursHeartRate	Num	8		Vital signs 3 hours Heart Rate
45	_3HoursRespiratoryRate	Num	8		Vital signs 3 hours Respiratory Rate
46	_3HoursSystolic	Num	8		Vital signs 3 hours Bp Systolic
47	_3HoursTemperatureInC	Num	8		Vital signs 3 hours Temperature in degree C
48	_3HoursTemperatureInF	Num	8		Vital signs 3 hours Temperature in degree F
49	_3HoursTime	Char	100		Vital signs 3 hours Time
50	_4HoursDiastolic	Num	8		Vital signs 4 hours Bp Diastolic
51	_4HoursHeartRate	Num	8		Vital signs 4 hours Heart Rate
52	_4HoursRespiratoryRate	Num	8		Vital signs 4 hours Respiratory Rate
53	_4HoursSystolic	Num	8		Vital signs 4 hours Bp Systolic
54	_4HoursTemperatureInC	Num	8		Vital signs 4 hours Temperature in degree C
55	_4HoursTemperatureInF	Num	8		Vital signs 4 hours Temperature in degree F
56	_4HoursTime	Char	100		Vital signs 4 hours Time
57	_5HoursDiastolic	Num	8		Vital signs 5 hours Bp Diastolic
58	_5HoursHeartRate	Num	8		Vital signs 5 hours Heart Rate
59	_5HoursRespiratoryRate	Num	8		Vital signs 5 hours Respiratory Rate
60	_5HoursSystolic	Num	8		Vital signs 5 hours Bp Systolic
61	_5HoursTemperatureInC	Num	8		Vital signs 5 hours Temperature in degree C
62	_5HoursTemperatureInF	Num	8		Vital signs 5 hours Temperature in degree F
63	_5HoursTime	Char	100		Vital signs 5 hours Time
64	_60MinDiastolic	Num	8		Vital signs 60 min BP Diastolic
65	_60MinHeartRate	Num	8		Vital signs 60 min Heart Rate
66	_60MinRespiratoryRate	Num	8		Vital signs 60 min Respiratory Rate
67	_60MinSystolic	Num	8		Vital signs 60 min BP systolic
68	_60MinTemperatureInC	Num	8		Vital signs 60 min Temperature in degree C
69	_60MinTemperatureInF	Num	8		Vital signs 60 min Temperature in degree F
70	_60MinTime	Char	100		Vital signs 60 min Time
71	_6HoursDiastolic	Num	8		Vital signs 6 hours Bp Diastolic
72	_6HoursHeartRate	Num	8		Vital signs 6 hours Heart Rate
73	_6HoursRespiratoryRate	Num	8		Vital signs 6 hours Respiratory Rate
74	_6HoursSystolic	Num	8		Vital signs 6 hours Bp Systolic
75	_6HoursTemperatureInC	Num	8		Vital signs 6 hours Temperature in Degree C

Num	Variable	Type	Len	Format	Label
76	_6HoursTemperatureInF	Num	8		Vital signs 6 hours Temperature in Degree F
77	_6HoursTime	Char	100		Vital signs 6 hours Time
78	_7HoursDiastolic	Num	8		Vital signs 7 hours Bp Diastolic
79	_7HoursHeartRate	Num	8		Vital signs 7 hours Heart Rate
80	_7HoursRespiratoryRate	Num	8		Vital signs 7 hours Respiratory Rate
81	_7HoursSystolic	Num	8		Vital signs 7 hours Bp Systolic
82	_7HoursTemperatureInC	Num	8		Vital signs 7 hours Temperature in Degree C
83	_7HoursTemperatureInF	Num	8		Vital signs 7 hours Temperature in Degree F
84	_7HoursTime	Char	100		Vital signs 7 hours Time
85	_8HoursDiastolic	Num	8		Vital Signs 8 hours Bp Diastolic
86	_8HoursHeartRate	Num	8		Vital Signs 8 hours Heart Rate
87	_8HoursRespiratoryRate	Num	8		Vital Signs 8 hours Respiratory Rate
88	_8HoursSystolic	Num	8		Vital Signs 8 hours Bp Systolic
89	_8HoursTemperatureInC	Num	8		Vital Signs 8 hours Temperature in Degree C
90	_8HoursTemperatureInF	Num	8		Vital Signs 8 hours Temperature in Degree F
91	_8HoursTime	Char	100		Vital signs 8 hours Time
92	MaskID	Num	8		Participant Mask ID#
93	Visit	Char	100		Visit
94	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: *eligibility_form.sas7bdat*

Num	Variable	Type	Len	Format	Label
1	EligibilityCommitteeOverride	Char	100		Subject is eligible per eligibility committee
2	PatientAnticipatesBecomingPreg	Char	100		Patient anticipates becoming pregnant during the study
3	PatientBetween8And45YearsOfAge	Char	100		Patient is between 8 and 45 years of age
4	PatientCurrentlyParticipatingI	Char	100		Patient is currently participating in another T1D treatment study
5	PatientCurrentlyPregnantOrLess	Char	100		Patient is currently pregnant or less tha 3 months postpartum
6	PatientHasAbnormalTestsThatPre	Char	100		Patient has abnormal laboratory tests that in the opinion of the investigator would preclude participation in the trial
7	PatientHasAnyVaccinationsPrece	Char	100		Patient has had any vaccinations in the preceding 4 weeks
8	PatientHasCurrentOrPastSerolog	Char	100		Patient has current or past serologic evidence of Hepatitis B or C infection
9	PatientHasDetectableAntiGADOrO	Char	100		Patient has either detectable antiGAD antiICA512IA2 insulin autoantibodies or islet cell autoantibodies
10	PatientHasPositivePPDResult	Char	100		Patient has has a positive PPD test result
11	PatientHasReproductivePotentia	Char	100		Patient has reproductive potential and refuses to undergo pregnancy testing during the course of the AntiCD20 study
12	PatientHasReproductivePotentia2	Char	100		Patient has reproductive potential and refuses to promptly report possible or confirmed pregnancies during the course of the AntiCD20 study
13	PatientHasSerologicEvidenceOfH	Char	100		Patient has serologic evidence of HIV infection
14	PatientHavingComplicatingMedic	Char	100		Patient has complicating medical issues that in the opinion of the investigator would interfere with the trial
15	PatientRefusedOrNotCompletePre	Char	100		Patient refused or did not complete the pregnancy test at this visit
16	PatientRequiresChronicUseofSys	Char	100		Patient requires chronic use of systemic steroids or other immunosuppressive agents for other conditions
17	PatientSexuallyActiveAndRefuse	Char	100		Patient is sexually active and refuses to used an effective form of birth control
18	PatientStimulatedCPeptidelevel	Char	100		Patient has stimulated Cpeptide levels greater than or equal to 02 pmolml
19	PatientTakingMedicationsThatAf	Char	100		Patient is taking any medications that affect glucose homeostasis
20	PatientWillingToAttendFollowUp	Char	100		Patient is willing to attend all scheduled followup visits at the designated clinic
21	PatientWillingToComplyWithInte	Char	100		Patient is willing to comply with intensive diabetes management
22	PatientWillingToRandomizeToEit	Char	100		Patient is willing to be randomized to either group
23	PatientWithin3MonthsDiagnosisO	Char	100		Patient is within 3months of diagnosis of T1D based on ADA criteria
24	Patientweighs55lbsAtStudyEntry	Char	100		Patient weighs at least 25 kgs55lb at study entry
25	maleorfemale	Char	100		Is patient male or female
26	MaskID	Num	8		Participant Mask ID#
27	Visit	Char	100		Visit
28	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: family_history.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RelativeDiagnosedWithAIDisease	Char	100		Have any of your first and second degree relatives been diagnosed with an AI disease other than T1D
2	HalfSiblingIndicateSameMoth1	Char	100		If Half Sibling indicate same mother or same father
3	HalfSiblingIndicateSameMoth2	Char	100		If Half Sibling indicate same mother or same father
4	HalfSiblingIndicateSameMoth3	Char	100		If Half Sibling indicate same mother or same father
5	HalfSiblingIndicateSameMoth4	Char	100		If Half Sibling indicate same mother or same father
6	HalfSiblingIndicateSameMoth5	Char	100		If Half Sibling indicate same mother or same father
7	HalfSiblingIndicateSameMoth6	Char	100		If Half Sibling indicate same mother or same father
8	HalfSiblingIndicateSameMoth7	Char	100		If Half Sibling indicate same mother or same father
9	RelativeHaveT1D1	Char	100		Does Realtive have T1D
10	RelativeHaveT1D2	Char	100		Does Realtive have T1D
11	RelativeHaveT1D3	Char	100		Does Realtive have T1D
12	RelativeHaveT1D4	Char	100		Does Realtive have T1D
13	RelativeHaveT1D5	Char	100		Does Realtive have T1D
14	RelativeHaveT1D6	Char	100		Does Realtive have T1D
15	RelativeHaveT1D7	Char	100		Does Realtive have T1D
16	SexOfRelative1	Char	100		Sex of Relative
17	SexOfRelative2	Char	100		Sex of Relative
18	SexOfRelative3	Char	100		Sex of Relative
19	SexOfRelative4	Char	100		Sex of Relative
20	SexOfRelative5	Char	100		Sex of Relative
21	SexOfRelative6	Char	100		Sex of Relative
22	SexOfRelative7	Char	100		Sex of Relative
23	NumberOfRelativesHavingT1D	Num	8		How many of your first and second degree relatives have T1D
24	AgeAtDiagnosis1	Num	8		Age at Diagnosis
25	AgeAtDiagnosis2	Num	8		Age at Diagnosis
26	AgeAtDiagnosis3	Num	8		Age at Diagnosis
27	AgeAtDiagnosis4	Num	8		Age at Diagnosis
28	AgeAtDiagnosis5	Num	8		Age at Diagnosis
29	AgeAtDiagnosis6	Num	8		Age at Diagnosis
30	AgeAtDiagnosis7	Num	8		Age at Diagnosis
31	RelativeCodeWithT1DOrAI1	Char	100		Relative with T1D or other AI Disease
32	RelativeCodeWithT1DOrAI2	Char	100		Relative with T1D or other AI Disease
33	RelativeCodeWithT1DOrAI3	Char	100		Relative with T1D or other AI Disease
34	RelativeCodeWithT1DOrAI4	Char	100		Relative with T1D or other AI Disease
35	RelativeCodeWithT1DOrAI5	Char	100		Relative with T1D or other AI Disease
36	RelativeCodeWithT1DOrAI6	Char	100		Relative with T1D or other AI Disease

Num	Variable	Type	Len	Format	Label
37	RelativeCodeWithT1DOrAI7	Char	100		Relative with T1D or other AI Disease
38	TypeOfAI11	Char	100		Type of AI Disease 1
39	TypeOfAI12	Char	100		Type of AI Disease 1
40	TypeOfAI13	Char	100		Type of AI Disease 1
41	TypeOfAI14	Char	100		Type of AI Disease 1
42	TypeOfAI15	Char	100		Type of AI Disease 1
43	TypeOfAI16	Char	100		Type of AI Disease 1
44	TypeOfAI17	Char	100		Type of AI Disease 1
45	TypeOfAI21	Char	100		Type of AI Disease 2
46	TypeOfAI22	Char	100		Type of AI Disease 2
47	TypeOfAI23	Char	100		Type of AI Disease 2
48	TypeOfAI24	Char	100		Type of AI Disease 2
49	TypeOfAI25	Char	100		Type of AI Disease 2
50	TypeOfAI26	Char	100		Type of AI Disease 2
51	TypeOfAI27	Char	100		Type of AI Disease 2
52	MaskID	Num	8		Participant Mask ID#
53	Visit	Char	100		Visit
54	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: followup_visit_form.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AnyAbnormalities	Char	100		Were there any abnormalities on the physical exam
2	AnySymptomsInjuriesIllnessSide	Char	100		During the interval since the last scheduled clinic test have you had any symptoms injuries infections illnesses or side effects or worsening of preexisting conditions
3	AnyVaccinationsOtherThanStudy	Char	100		Since the last scheduled visit have you had any vaccinations other than those administered as part of the study
4	CBCCollected	Char	100		CBC with Differential analysis done at local lab
5	ChemCollected	Char	100		Chemistries
6	EBVCMVCollected	Char	100		EBVCMV Viral Serology
7	EBVPCRCollected	Char	100		EBV PCR for EBV seronegative only as routine others for clinical indication only
8	ELISpot	Char	100		ELISpot
9	FlowCytometryCollected	Char	100		Flow cytometry
10	FluPICollected	Char	100		Flu PostImmunization Serology
11	HLACollected	Char	100		HLA
12	HaveChildbearingPotential	Char	100		If FEMALE does the participant have reproductive or childbearing potential
13	HbA1cTest	Char	100		HbA1c
14	HepAPIS	Char	100		Hepatitis A PreImmunization Serology
15	HepAS	Char	100		Hepatitis A Serology
16	Immuno	Char	100		Immunoblot
17	OnBirthControlMedication	Char	100		Are you currently taking birth control medication
18	OtherSerologyCollected	Char	100		Other Serology
19	PBMCCollected	Char	100		Frozen PBMCPlasma
20	PKACollected	Char	100		PK Analysis
21	PhiX17415PISY	Char	100		PhiX174 15Minute PostImmunization
22	PhiX174PIS	Char	100		PhiX174 PreImmunization Serology
23	PlanOnPregnancyBeforeStudyEnd	Char	100		Do you plan on becoming pregnant before the study end
24	PregnancyTestPositive	Char	100		If YES Was the test result positive
25	RNACollected	Char	100		RNA
26	SerumAABCollected	Char	100		Serum for Autoantibodies
27	SerumCollected	Char	100		Serum
28	TCell	Char	100		T cell Proliferation
29	TetanusPICollected	Char	100		Tetanus PostImmunization Serology Visit 27 only
30	TetanusPIS	Char	100		Tetanus PreImmunization Serology
31	Tetramer	Char	100		Tetramer
32	UrinPregnancyTestTakenThisVisi	Char	100		Was a urine pregnancy test completed at this visit

Num	Variable	Type	Len	Format	Label
33	UseAFormOfBirthControl	Char	100		IF YES continue otherwise proceed to Section D Do you currently use a form of birth control Females of reproductive age are expected to use a form of birth control or practice abstinence
34	VisitAtOtherSiteThanPrimaryStu	Char	100		Did visit occur at site other than the primary study site
35	_2HourMMTT	Char	100		2hour MMTT
36	_4HourMMTT	Char	100		4hour MMTT
37	AnyAbnormalitiesSpecify	Char	100		If YES Specify
38	AnyVaccinationsOtherThanStudyS	Char	100		If YES Specify
39	BPDiastolic	Num	8		Seated blood pressure Diastolic mmHG
40	BPSystolic	Num	8		Seated blood pressure Systolic mmHG
41	HeightCM	Num	8		Height CM
42	HeightIN	Num	8		Height IN
43	WeightKG	Num	8		Weight KG
44	WeightLB	Num	8		Weight LB
45	MaskID	Num	8		Participant Mask ID#
46	Visit	Char	100		Visit
47	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
48	Date_At_CBCColl	Num	8	MMDDYY10.	Date at CBC Sample Collection
49	Date_At_ChemColl	Num	8	MMDDYY10.	Date at Chemistries Sample Collection
50	Date_At_EBVCMV	Num	8	MMDDYY10.	Date at EBVCMV Viral Serology Sample Collection
51	Date_At_EBVPCRColl	Num	8	MMDDYY10.	Date at EBV PCR Sample Collection
52	Date_At_ELISpot	Num	8	MMDDYY10.	Date at ELI Spot Sample Collection
53	Date_At_FlowCytometry	Num	8	MMDDYY10.	Date at Flow Cytometry Sample Collection
54	Date_At_FluPostImmun	Num	8	MMDDYY10.	Date at Flu PostImmunization Serology
55	Date_At_HLA	Num	8	MMDDYY10.	Date at HLA Sample Collection
56	Date_At_HbA1c	Num	8	MMDDYY10.	Date at HbA1c Sample Collection
57	Date_At_HepAPreImmun	Num	8	MMDDYY10.	Date at Hepatitis A PreImmunization Serology
58	Date_At_HepASerology	Num	8	MMDDYY10.	Date at Hepatitis A Serology
59	Date_At_Immunoblot	Num	8	MMDDYY10.	Date at Immunoblot
60	Date_At_OtherSerology	Num	8	MMDDYY10.	Date at Other Serology Sample Collection
61	Date_At_FrozenPBMC	Num	8	MMDDYY10.	Date at Frozen PBMCPlasma Sample Collection
62	Date_At_PKA	Num	8	MMDDYY10.	Date at PKA Sample Collection
63	Date_At_PhiX174	Num	8	MMDDYY10.	Date at PhiX174 PreImmunization Serology
64	Date_At_PhiX174PostImmun	Num	8	MMDDYY10.	Date at PhiX174 15Minute PostImmunization
65	Date_At_RNAColl	Num	8	MMDDYY10.	Date at RNA Sample Collection
66	Date_At_SerumForAb	Num	8	MMDDYY10.	Date at Serum for Autoantibodies Sample Collection
67	Date_At_Serum	Num	8	MMDDYY10.	Date at Serum Sample Collection
68	Date_At_TCellProlife	Num	8	MMDDYY10.	Date at T-Cell Proliferation Sample Collection
69	Date_At_TetanusPostImmun	Num	8	MMDDYY10.	Date at Tetanus PostImmunization Serology Visit 27 only

Num	Variable	Type	Len	Format	Label
70	Date_At_TetanusPreImmun	Num	8	MMDDYY10.	Date at Tetanus PreImmunization Serology
71	Date_At_Tetramer	Num	8	MMDDYY10.	Date at Tetramer
72	Date_At_2HrMMTT	Num	8	MMDDYY10.	Date at 2 hour MMTT
73	Date_At_4HrMMTT	Num	8	MMDDYY10.	Date at 4 hour MMTT

Data Set Name: h1n1_vacc_form.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DidSubjectReceiveH1N1Vaccinati	Char	100		H1N1 Vaccination Did subject receive H1N1 Vaccination
2	DidSubjectReceiveH1N1Vaccinati2	Char	100		H1N1 Vaccination Did subject receive H1N1 Vaccination booster
3	H1N1VaccinationBoosterType	Char	100		H1N1 Vaccination Receive H1N1 Vaccination booster If yes type
4	H1N1VaccinationType	Char	100		H1N1 Vaccination Received H1N1 Vaccination If yes type
5	MaskID	Num	8		Participant Mask ID#
6	Visit	Char	100		Visit
7	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
8	Date_At_H1N1VaccBooster	Num	8	MMDDYY10.	Date at H1N1V Vacc Booster
9	Date_At_H1N1Vacc	Num	8	MMDDYY10.	Date at H1N1V Vacc

Data Set Name: longterm_followup_phase_auth.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MaskID	Num	8		Participant Mask ID#
2	Visit	Char	100		Visit
3	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
4	Date_At_FirstSchedFollUp	Num	8	MMDDYY10.	Date at First Scheduled Follow-Up
5	Date_At_WrtInfConsLTFollowUp	Num	8	MMDDYY10.	Date at Written Informed Consent for Longterm Follow-Up

Data Set Name: *neurologic_assessment.sas7bdat*

Num	Variable	Type	Len	Format	Label
1	Abnormalities	Char	100		Were there any clinically significant abnormalities
2	AssessmentPerformed	Char	100		Assessment performed
3	NeuroAssessmentCompleted	Char	100		Was a neurologic assessment completed at this visit
4	MaskID	Num	8		Participant Mask ID#
5	Visit	Char	100		Visit
6	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: nh07_changeofstatus.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ChangeOfStatusOccuring	Char	100		Change in status that has occurred
2	ReasonForWithdrawal	Char	100		Record the primary reason for withdrawal
3	WillingToBeContacted	Char	100		Is the subject still willing to be contacted
4	WillingToContinueAfterPregnanc	Char	100		Is the participant willing to continue participation as a Control after completion of pregnancy
5	PhiX174VisitNumber	Num	8		If PhiX174 Visit ONLY ie Weeks 6 7 8 13 14 16 53 54 58 60 or 62 Record week number
6	ReasonAdverseEventSpecify	Char	100		Reason Adverse Event specify
7	ReasonForWithdrawalOTHER	Char	100		If OTHER Specify
8	ReasonWithdrewConsentSpecify	Char	100		Reason Withdrew Consent specify
9	MaskID	Num	8		Participant Mask ID#
10	Visit	Char	100		Visit
11	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
12	Date_at_Change_of_Status	Num	8	MMDDYY10.	Date at Change of Status
13	Date_at_Reactivation	Num	8	MMDDYY10.	Date at Reactivation
14	Date_at_Withdrawal	Num	8	MMDDYY10.	Date at Withdrawl
15	Date_at_Last_Visit	Num	8	MMDDYY10.	If Other, Date of Last Visit
16	Date_at_Pregnancy_Completion	Num	8	MMDDYY10.	Date at Pregnancy Completion

Data Set Name: nh09_followupmissedvisit.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MotherBabyWillingToContinueTak	Char	100		Is the participant motherbaby willing to continue taking the study substance
2	ParticipantAgreeToContinue	Char	100		If Yes did the participant agree to continue in the study
3	ParticipantContacted	Char	100		Was the participant contacted
4	ParticipantExpectedToContinue	Char	100		Is the participant expected to continue with future followup visits
5	ParticipantWillingToContinueMe	Char	100		IF YES Is the participant willing to continue taking the study medication as described by the protocol
6	ReasonForMissedVisit	Char	100		What was the primary reason for the missed visit
7	ReasonForMissedVisitSpecify	Char	100		If Other specify
8	ReasonParticipantMissed	Char	100		Provide additional information about the reason the visit was missed if known
9	MissedVisitInfant	Char	100		Which visit was missed
10	VistMissed	Char	100		Which visit was missed
11	MaskID	Num	8		Participant Mask ID#
12	Visit	Char	100		Visit
13	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: nh13_protdeviationprocedurlerr.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Deviation	Char	100		Protocol Deviation
2	DeviationError	Char	100		Protocol deviationprocedural error
3	DeviationReportedFor	Char	100		Protocol deviation reported for
4	PNotified	Char	100		Was PI notified
5	ProtocolDeviation	Char	100		Protocol Deviation
6	ProtocolDeviation2	Char	100		Protocol Deviation
7	ProtocolDeviationApprovedByElg	Char	100		Was protocol deviation approved by the Eligibility Committee
8	RequiredBloodCollectionProcedu	Char	100		Required procedureblood collection not completed Specify
9	SubjectRandomizedInelgibilityA	Char	100		If Ineligible subject randomized checked approved by Eligibility Committee
10	TestingErrorProcedure	Char	100		Testing procedure error
11	CorrectiveActionTaken	Char	5000		Corrective action taken if necessary depending on circumstances
12	DescribeCorrectionAction	Char	100		Describe corrective action taken if necessary depending on circumstances
13	DescribeDeviation	Char	5000		Describe Deviation procedural error and circumstances
14	DeviationCircumstances	Char	5000		Describe deviation and circumstances
15	DeviationOccurenceSpecify	Char	5000		IF OTHER Specify Deviation
16	ExlcudedMedicationSpecify	Char	100		Excluded Medications Specify
17	ExplanProtocolDeviation	Char	100		Explanation for protocol deviation
18	OtherSpecify	Char	100		Other Specify
19	OtherSpecify2	Char	100		If Other Specify
20	OtherSpecify3	Char	100		Other Specify
21	PhiX174WeekNumber	Num	8		If PhiX174 Visit ONLY ie Weeks 6 7 8 13 14 16 53 54 58 59 60 62 Record week number
22	ProtocolChair	Char	100		If yes who was the protocol chair
23	ProtocolDeviationSpecify	Char	100		If OTHER Specify deviation
24	StudyVisitCompletedFor	Char	100		Study visit this form being completed for
25	MaskID	Num	8		Participant Mask ID#
26	Visit	Char	100		Visit
27	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
28	Date_at_Deviation	Num	8	MMDDYY10.	Date at Deviation
29	Date_at_Other	Num	8	MMDDYY10.	Date at Other
30	Date_at_Protocol_Deviation	Num	8	MMDDYY10.	Date at Protocol Deviation

Data Set Name: nh20_permparticipantsitetrnsfr.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Reason	Char	100		Reason for Transfer
2	OtherSpecify	Char	100		If Other Specify
3	PhiX174VisitWeekNumber	Num	8		If PhiX174 Visit ONLY ie Weeks 6 7 8 13 14 16 53 54 58 59 60 or 62 Record week number
4	MaskID	Num	8		Participant Mask ID#
5	Visit	Char	100		Visit
6	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
7	Date_At_EffectiveTransfer	Num	8	MMDDYY10.	Date at effective transfer
8	Date_At_OtherVisit	Num	8	MMDDYY10.	Date at Other Visit

Data Set Name: parent_survey.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BestPartOfStudyForYou	Char	100		What was the best part of the rituximab study for you
2	BestPartOfStudyFrYrChild	Char	100		What was the best part of the rituximab study for your child
3	BloodDrawnHwDifficultWasStyToY	Char	100		In the Rituximab Study a needle was used to draw blood how diffclut was this part of the study for you
4	ChildFeelAbtRituxiStudy	Char	100		Overall how does your child feel about being in the Rituximab Study
5	ChildImmuneGnInYourArm	Char	100		Would you be in another study where your child was given immunizations through a tube in the arm
6	ChildUpsetAtDiagnosis	Char	100		When your child first learned he or she had diabetes was your child upset
7	ChildWorriedAtDiagnosis	Char	100		When your child first learned he or she had diabetes was your child worried
8	DesireStudyCounseling	Char	100		At any time in the study would you have liked to talk to a counselor about what it was like for you to be in the Rituximab study
9	DesireToMeetOtherParticipants	Char	100		As part of the study would you have liked to meet with other people your age who are in the Rituximab study
10	DidPhix174Immunization	Char	100		Phix 174 Immunizations did they
11	DidYouHavePhixImmuni	Char	100		Did you have the PhiX 174 Immunizations
12	DrawBloodHowDidYrChildFeelAbtS	Char	100		In the Rituximab Study a needle was used to draw blood how did your child feel about this part of the study
13	DrawBloodHwDiffiWasStudyYrChil	Char	100		In the Rituximab Study a needle was used to draw blood how difficult was this part of the study for your child
14	DrawBloodYouFeelAboutStudy	Char	100		In the Rituximab Study a needle was used to draw blood how did you feel about this part of the study
15	Ethnicity	Char	100		What is your ethnicity
16	FamilyChildDecisionStudy	Char	100		For your family the decision for your child to be in the Rituximab Study was
17	ForHoursChildFeelAbtStudy	Char	100		For number of hours how did your child feel about this part of the study
18	FreqStdyVisitsHwYouFeel	Char	100		Rituximab Study frequent study visits over several years how did you feel about this part of the study
19	FreqStdyVisitsHwYrChildFeel	Char	100		Rituximab Study frequent study visits over several years how did your child feel about this part of the study
20	FreqStudyHwDiffiWasToYrChild	Char	100		Rituximab Study frequent study visits over several years how diffclut was this part of the study to your child
21	FreqStudyVisHwDiffiWasStudyToU	Char	100		Rituximab Study frequent study visits over several years how diffclut was this part of the study to you
22	Gender	Char	100		Are you a male or a female
23	HighestEducationLevel	Char	100		What is the highest level of school you have completed
24	HoursDifficultForYouInStudy	Char	100		For number of hours how difficult was this part of the study for you

Num	Variable	Type	Len	Format	Label
25	HoursFeelAboutStudy	Char	100		For number of hours how did you feel about this part of the study
26	HowDifficultWasStudyForYou	Char	100		How difficult was this part of the study for you
27	HowDifficultWasStudyForYrChild	Char	100		How difficult was this part of the study for your child
28	HowOftenChildGetsCold	Char	100		In the time your child has been in the study do you think your child have gotten colds and infections
29	HowSureAreYouAboutGuess	Char	100		How sure are you about your guess
30	HowYouFeelAboutStudy	Char	100		How did you feel about this part of the study
31	HrsDifficultForYrChildInStudy	Char	100		For number of hours how difficult was this part of the study for your child
32	HrsDifficultFrChildStudy	Char	100		Would you be in another study where your child had to spend many hours getting the study medication
33	HwOftenBloodGluInsulinChange	Char	100		How often do you or your child change your childs insulin dose based on your childs blood glucose test results
34	HwOftenChildInsuCarboChang	Char	100		How often do you or your child change your childs insulin dose based on the amount of carbohydrates your child eats
35	InfusionLengthParticipateAgain	Char	100		Would you be in another study where you had to spend many hours getting the study medication
36	InsulinRouteAndFrequency	Char	100		How do you give your insulin
37	KindOfStudyMedicationChildGn	Char	100		If you had to guess which kind of study medication your child was given what would you choose
38	LifestyleChangesOtherThanInsul	Char	100		Is there anything special you have done to try to help your pancreas make insulin
39	LikeYrChildMeetWithOtherChild	Char	100		As a part of the study would you have liked your child to meet with other children of your childs age who are in the rituximab study
40	Med4WeekHowDifficultStudyForYo	Char	100		For medication every 4 weeks how difficult was this part of the study for you
41	Med4WeekHowDiffltStudyForYrChi	Char	100		For medication every 4 weeks how difficult was this part of the study for your child
42	Med4WeekWdYouBeInAnoStudy	Char	100		Would you be in another study where your child had to come to the study center to get medication every week for 4 weeks
43	Med4WeeksHowYrChildFeel	Char	100		For medication every 4 weeks how did your child feel about this part of the study
44	Med4WeeksHwDoYouFeel	Char	100		For medication every 4 weeks how did you feel about this part of the study
45	NeedleBloodDrawn	Char	100		In the Rituximab Study a needle was used to draw bloodthese blood draws
46	Participationdecision	Char	100		Do you think being in the Rituximab study was a good decision
47	ParticipationoverallOpinion	Char	100		Overall how do you feel about being in the Rituximab study
48	ParticipationrecommendToFriend	Char	100		Would you recommend being in the Rituximab study to a friend
49	PaymentAmount	Char	100		Payment Was the amount of money
50	PaymentImportance	Char	100		Payment How important was this to you

Num	Variable	Type	Len	Format	Label
51	PaymentParticipateAgain	Char	100		Payment Would you be in another study with similar payments
52	PhixHwDidYrChildFeelAbtStdy	Char	100		Phix 174 Imminizations how did your child feel about this part of the study
53	PhixHwDiffiWasStudyToU	Char	100		Phix 174 Imminizations how difficult was this part of the study for you
54	PhixHwDiffictWasToYrChild	Char	100		Phix 174 Imminizations how difficult was this part of the study for your child
55	PhizHwUFeelAbtStudy	Char	100		Phix 174 Imminizations how did you feel about this part of the study
56	PuttingTubeInChildArm	Char	100		Did putting the tube in your child's arm
57	RSHowDidYouFeelAbout	Char	100		In the Rituximab Study how did you feel about this part of the study
58	RSHowDidYrChildFeelAbout	Char	100		In the Rituximab Study how did your child feel about this part of the study
59	RSHowDifficultWasStudyToYou	Char	100		In the Rituximab Study how difficult was this part of the study for you
60	RSHwDifficultWasStudyToYrChild	Char	100		In the Rituximab Study how difficult was this part of the study for your child
61	RelationshipToChild	Char	100		What is your relationship to the child
62	RituximabStudyDidTheMMTT	Char	100		In the Rituximab Study did the MMTT
63	ShotsDidThey	Char	100		In Rituximab study Shots did they
64	ShotsHwDidYrChildFeelAbtStudy	Char	100		In the Rituximab Study when given shots how did your child feel about this part of the study
65	ShotsHwDidYouFeel	Char	100		In the Rituximab Study when given shots how did you feel about this part of the study
66	ShotsHwDifficultWasToYrChild	Char	100		In the Rituximab Study when given shots how difficult was this part of the study for your child
67	ShotsHwDifficultWasStudyForYo	Char	100		In the Rituximab Study when given shots how difficult was this part of the study for you
68	StudyVisitsMissed	Char	100		Sometimes patients miss their study visits How many study visits did you miss
69	ThinkChildMedFirstTime	Char	100		Think about the first time your child got the study medication Did it make your child
70	UpsetAtDiagnosis	Char	100		When you first learned you had diabetes upset
71	WldChildBeInMMTTTestEvyMon	Char	100		Would you be in another study where your child had to come to study center for a MMTT test every 3 months
72	WldYuBeInAnorStudyWhrChildGnSh	Char	100		Would you be in another study where your child was given shots
73	WodYouBeInStudyInvolFreqStudyV	Char	100		Would you be in another study involving frequent study visits over several years
74	WoldChildComToCentFrBloodDraws	Char	100		Would you be in another study where your child had to come to a study center many times for blood draws
75	WorriedAboutChildMedFirst	Char	100		When your child first got the study medication how worried were you that the study medication would make your child sick

Num	Variable	Type	Len	Format	Label
76	WorriedAtDiagnosis	Char	100		When you first learned you had diabetes worried
77	WorriedChildMightGetColds	Char	100		When you started the Rituximab Study how worried were you that your child might get colds and infections more often
78	WorstPartOfStudyForYou	Char	100		What was the worst part of the rituximab study for you
79	WorstPartOfStudyForYrChild	Char	100		What was the worst part of the rituximab study for your child
80	WouldYouBeAnotherStudyWithNeed	Char	100		Would you be in another study where a needle was used to put a tube in your childs arm
81	YourChildFeelAboutStudy	Char	100		How did your child feel about this part of the study
82	_1yrResultsinformed	Char	100		Were you told what the investigators found
83	_1yrResultsoutcomeOpinion	Char	100		After 1 year do you think that the patients on the study drug Rituximab were doing
84	_2yrResultsoutcomeOpinion	Char	100		After 2 years do you think that the patients on the study drug Rituximab will be doing
85	_4TimesStudyMedMakeChild	Char	100		Your child was given the study medication 4 times Did it make your child
86	AgeInYears	Num	8		How old are you
87	LifestyleChangesOtherThanInsul2	Char	100		Is there anything special you have done to try to help your pancreas make insulin If yes please describe below
88	OtherBestPartStudyForYrChild	Char	100		Other tell UsWhat was the best part of the rituximab study for your child
89	OtherTellUsBestPartOfStudyForU	Char	100		Other tell UsWhat was the best part of the rituximab study for you
90	OtherWhyYStoppedCominFrStudy	Char	100		OtherTell Us why you stopped coming in for your study visits
91	OtherWorstPartOfStudyForYou	Char	100		Other tell us What was the worst part of the rituximab study for you
92	OtherWorstPartOfStudyFrYrChild	Char	100		Other tell us What was the worst part of the rituximab study for your child
93	ParticipantFeedback	Char	100		Please tell us anything else you would like us to know about your experience with the Rituximab study
94	RelationshipOther	Char	100		Relationship other
95	AnyElseInChildFamHvD_ChildsFathe	Num	8		AnyElseInChildFamHvD: Child's Father
96	AnyElseInChildFamHvD_ChildsGrand	Num	8		AnyElseInChildFamHvD: Child's Grandparent
97	AnyElseInChildFamHvD_ChildsMothe	Num	8		AnyElseInChildFamHvD: Child's Mother
98	AnyElseInChildFamHvD_Childssiste	Num	8		AnyElseInChildFamHvD: Child's sister or brother
99	AnyElseInChildFamHvD_Idontknow	Num	8		AnyElseInChildFamHvD: I don't know
100	AnyElseInChildFamHvD_Nooneelseha	Num	8		AnyElseInChildFamHvD: No one else has type 1 diabetes
101	AnyElseInChildFamHvD_Otherrelati	Num	8		AnyElseInChildFamHvD: Other relative
102	AnyInFamilyHvDiabete_ChildsFathe	Num	8		AnyInFamilyHvDiabete: Child's Father
103	AnyInFamilyHvDiabete_ChildsGrand	Num	8		AnyInFamilyHvDiabete: Child's Grandparent
104	AnyInFamilyHvDiabete_ChildsMothe	Num	8		AnyInFamilyHvDiabete: Child's Mother
105	AnyInFamilyHvDiabete_Childssiste	Num	8		AnyInFamilyHvDiabete: Child's sister or brother

Num	Variable	Type	Len	Format	Label
106	AnyInFamilyHvDiabete_Idontknow	Num	8		AnyInFamilyHvDiabete: I don't know
107	AnyInFamilyHvDiabete_Nooneelseha	Num	8		AnyInFamilyHvDiabete: No one else has type 2 diabetes
108	AnyInFamilyHvDiabete_Otherrelati	Num	8		AnyInFamilyHvDiabete: Other relative
109	HwOftenYrChildTestGl_12timesaday	Num	8		HwOftenYrChildTestGl: 1-2 times a day
110	HwOftenYrChildTestGl_34timesaday	Num	8		HwOftenYrChildTestGl: 3-4 times a day
111	HwOftenYrChildTestGl_56timesaday	Num	8		HwOftenYrChildTestGl: 5-6 times a day
112	HwOftenYrChildTestGl_78timesaday	Num	8		HwOftenYrChildTestGl: 7-8 times a day
113	HwOftenYrChildTestGl_9ormoretime	Num	8		HwOftenYrChildTestGl: 9 or more times a day
114	HwOftenYrChildTestGl_Idontknowho	Num	8		HwOftenYrChildTestGl: I don't know how often my child usually tests his/her blood glucose
115	HwOftenYrChildTestGl_Lessthanonc	Num	8		HwOftenYrChildTestGl: Less than once a day
116	Race_AmericanIndianorAlaskaNat	Num	8		Race: American Indian or Alaska Native
117	Race_Asian	Num	8		Race: Asian
118	Race_BlackorAfricanAmerican	Num	8		Race: Black or African American
119	Race_NativeHawaiianorOtherPaci	Num	8		Race: Native Hawaiian or Other Pacific Islander
120	Race_Refused	Num	8		Race: Refused
121	Race_Unknownornotreported	Num	8		Race: Unknown or not reported
122	Race_White	Num	8		Race: White
123	StopdComingInForStud_costtoomuch	Num	8		StopdComingInForStud: cost too much to come to the study center
124	StopdComingInForStud_didntthinkc	Num	8		StopdComingInForStud: didn't think coming to the study center would help me
125	StopdComingInForStud_gottiredofc	Num	8		StopdComingInForStud: got tired of coming to the study center
126	StopdComingInForStud_hadnotransp	Num	8		StopdComingInForStud: had no transportation to get to the study center
127	StopdComingInForStud_other	Num	8		StopdComingInForStud: other
128	StopdComingInForStud_studymedica	Num	8		StopdComingInForStud: study medications made me sick
129	StopdComingInForStud_testsatthes	Num	8		StopdComingInForStud: tests at the study center hurt
130	StopdComingInForStud_tooktoomuch	Num	8		StopdComingInForStud: took too much time to come to the study center
131	WhenDidChildTestBloo_Afterbreakf	Num	8		WhenDidChildTestBloo: After breakfast
132	WhenDidChildTestBloo_Afterdinner	Num	8		WhenDidChildTestBloo: After dinner
133	WhenDidChildTestBloo_Afterlunch	Num	8		WhenDidChildTestBloo: After lunch
134	WhenDidChildTestBloo_Beforebreak	Num	8		WhenDidChildTestBloo: Before breakfast
135	WhenDidChildTestBloo_Beforedinne	Num	8		WhenDidChildTestBloo: Before dinner
136	WhenDidChildTestBloo_Beforelunch	Num	8		WhenDidChildTestBloo: Before lunch
137	WhenDidChildTestBloo_Beforemychi	Num	8		WhenDidChildTestBloo: Before my child went to bed
138	WhenDidChildTestBloo_Duringorraft	Num	8		WhenDidChildTestBloo: During or after exercise
139	WhenDidChildTestBloo_Idontknowwh	Num	8		WhenDidChildTestBloo: I don't know when my child tested his/her blood glucose

Num	Variable	Type	Len	Format	Label
140	WhenDidChildTestBloo_Whenmychil1	Num	8		WhenDidChildTestBloo: When my child woke up
141	WhenDidChildTestBloo_Whenmychil2	Num	8		WhenDidChildTestBloo: When my child felt low
142	WhenDidChildTestBloo_Whenmychil3	Num	8		WhenDidChildTestBloo: When my child felt high
143	WhenDidChildTestBloo_Whenmychil4	Num	8		WhenDidChildTestBloo: When my child felt sick
144	WhenDidChildTestBloo_beforeexerc	Num	8		WhenDidChildTestBloo: before exercise
145	WhoInFamilyNotWanted_ChildsGrand	Num	8		WhoInFamilyNotWanted: Child's Grandparent
146	WhoInFamilyNotWanted_ChildsMom	Num	8		WhoInFamilyNotWanted: Child's Mom
147	WhoInFamilyNotWanted_Childsbroth	Num	8		WhoInFamilyNotWanted: Child's brother
148	WhoInFamilyNotWanted_Childsdad	Num	8		WhoInFamilyNotWanted: Child's dad
149	WhoInFamilyNotWanted_Childssiste	Num	8		WhoInFamilyNotWanted: Child's sister
150	WhoInFamilyNotWanted_Idontknow	Num	8		WhoInFamilyNotWanted: I don't know
151	WhoInFamilyNotWanted_Mychildwant	Num	8		WhoInFamilyNotWanted: My child wanted to be in the study
152	WhoInFamilyWantedRit_ChildsGrand	Num	8		WhoInFamilyWantedRit: Child's Grandparent
153	WhoInFamilyWantedRit_ChildsMom	Num	8		WhoInFamilyWantedRit: Child's Mom
154	WhoInFamilyWantedRit_Childsbroth	Num	8		WhoInFamilyWantedRit: Child's brother
155	WhoInFamilyWantedRit_Childsdad	Num	8		WhoInFamilyWantedRit: Child's dad
156	WhoInFamilyWantedRit_Childssiste	Num	8		WhoInFamilyWantedRit: Child's sister
157	WhoInFamilyWantedRit_Idontknow	Num	8		WhoInFamilyWantedRit: I don't know
158	WhoInFamilyWantedRit_Mychildwant	Num	8		WhoInFamilyWantedRit: My child wanted to be in the study
159	MaskID	Num	8		Participant Mask ID#
160	Visit	Char	100		Visit
161	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: participant_survey.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BestPartOfParticipation	Char	100		What was the best part of the Rituximab study
2	BloodDrawsDifficulty		100		Blood draws this part of the study was
3	BloodDrawsDisliked	Char	100		Blood draws you
4	BloodDrawsPain	Char	100		Blood draws these blood draws
5	BloodDrawsParticipateAgain	Char	100		Would you be in another study where you had to come to a study center many times for blood draws
6	DesireStudyCounseling	Char	100		At any time in the study would you have liked to talk to a counselor about what it was like for you to be in the Rituximab study
7	DesireToMeetOtherParticipants	Char	100		As part of the study would you have liked to meet with other people your age who are in the Rituximab study
8	EaseOfDecisionToParticipate	Char	100		For your family the decision for you to be in the Rituximab study was
9	Ethnicity	Char	100		What is your ethnicity
10	FirstDoseReaction	Char	100		Think about the first time you got the study medication Did it make you
11	FollowupStudyDuration	Char	100		How long would you be willing to be followed
12	FollowupStudyFrequency	Char	100		If you checked yes how often would you be willing to be followed
13	FrequencyOfBloodGlucoseTesting	Char	100		How often do you usually test your blood glucose
14	Gender	Char	100		Are you a male or a female
15	GuessTreatmentArm	Char	100		If you had to guess which kind of study medication you were given what would you choose
16	GuessTreatmentArmConfidence	Char	100		How sure are you about your guess
17	HighestEducationLevel	Char	100		What is the highest level of school you have completed
18	ImmunizationsDifficulty	Char	100		Immunizations This part of the study was
19	ImmunizationsDisliked	Char	100		Immunizations you
20	ImmunizationsPain	Char	100		Immunizations these shots
21	ImmunizationsParticipateAgain	Char	100		Would you be in another study where you were given shots
22	InfusionFrequencyDifficult	Char	100		Infusion Frequency This part of the study was
23	InfusionFrequencyDisliked	Char	100		Infusion Frequency You
24	InfusionFrequencyParticipateAg	Char	100		Would you be in another study in which you had to come to the study center to get medication every week for 4 weeks
25	InfusionLengthDifficult	Char	100		Length of Infusion This part of the study was
26	InfusionLengthDisliked	Char	100		Length of Infusion you
27	InfusionLengthParticipateAgain	Char	100		Would you be in another study where you had to spend many hours getting the study medication
28	InsulinDoseChangeFrequencyCarb	Char	100		How often do you or your parents change your insulin dose based on the amount of carbohydrates you eat
29	InsulinDoseChangeFrequencyTest	Char	100		How often do you or your parents change your insulin dose based on blood glucose test results

Num	Variable	Type	Len	Format	Label
30	InsulinRouteAndFrequency	Char	100		How do you give your insulin
31	LifestyleChangesOtherThanInsul	Char	100		Is there anything special you have done to try to help your pancreas make insulin
32	MMTTdifficulty	Char	100		MMTT This part of the study was
33	MMTTdisliked	Char	100		MMTT You
34	MMTTpain	Char	100		MMTT The MMTT
35	MMTTparticipateAgain	Char	100		Would you be in another study where you had to come to a study center for an MMTT test every 3 months
36	MissedVisits	Char	100		Sometimes patients miss their study visits How many study visits did you miss
37	NeedleDifficult	Char	100		Needle this part of the study was
38	NeedleDisliked	Char	100		Needle you
39	NeedleFutureParticipation	Char	100		Would you be in another study wehere a needle was used to put a tube in your arm
40	NeedleHurt	Char	100		Needle did this
41	ParticipateInFollowupStudies	Char	100		Are you willing to return to the study center for followup studies
42	ParticipateInRandomizedTrialAg	Char	100		Would you be in another study in which the kind of study medication you were given would be decided by chance
43	Participationdecision	Char	100		Do you think being in the Rituximab study was a good decision
44	ParticipationoverallOpinion	Char	100		Overall how do you feel about being in the Rituximab study
45	ParticipationrecommendToFriend	Char	100		Would you recommend being in the Rituximab study to a friend
46	PaymentAmount	Char	100		Payment Was the amount of money
47	PaymentImportance	Char	100		Payment How important was this to you
48	PaymentParticipateAgain	Char	100		Payment Would you be in another study with similar payments
49	PhiXdifferent	Char	100		PhiX This part of the study was
50	PhiXdisliked	Char	100		PhiX You
51	PhiXpain	Char	100		PhiX Did these immunizations
52	PhiXparticipateAgain	Char	100		Would you be in another study where you were given immunizations through a tube in the arm
53	PhiXparticipation	Char	100		Did you have the PhiX 174 immunizations
54	RateOfInfections	Char	100		In the time you have been in the study do you think you have gotten colds and infections
55	StudyDrugReaction	Char	100		You were given the study medication 4 times Did it make you
56	StudyVisitFrequencyDifficult	Char	100		Frequent study visits This part of the study was
57	StudyVisitFrequencyDisliked	Char	100		Frequent study visits You
58	StudyVisitFrequencyPartipateAg	Char	100		Would you be in another study involving frequent study visits over several years
59	UpsetAtDiagnosis	Char	100		When you first learned you had diabetes upset

Num	Variable	Type	Len	Format	Label
60	WorriedAboutAdverseReaction	Char	100		When you first got the study medication how worried were you that the study medication would make you sick
61	WorriedAtDiagnosis	Char	100		When you first learned you had diabetes worried
62	WorriedIncreasedInfectionRisk	Char	100		When you started the Rituximab study how worried were you that you might get colds and infections more often
63	WorstPartOfParticipation	Char	100		What was the worst part of the Rituximab study
64	_1yrResultsinformed	Char	100		Were you told what the investigators found
65	_1yrResultsoutcomeOpinion	Char	100		After 1 year do you think that the patients on the study drug Rituximab were doing
66	_2yrResultsoutcomeOpinion	Char	100		After 2 years do you think that the patients on the study drug Rituximab will be doing
67	AgeInYears	Num	8		How old are you
68	BestPartOfParticipationOtherSp	Char	100		What was the best part of the Rituximab study Other specify
69	LifestyleChangesOtherThanInsul2	Char	100		Is there anything special you have done to try to help your pancreas make insulin If yes please describe below
70	MissedVisitsReasonOtherSpecify	Char	100		During the study if you stopped coming in for your study visits please tell us why Otherspecify
71	ParticipantFeedback	Char	100		Please tell us anything else you would like us to know about your experience with the Rituximab study
72	WorstPartOfParticipationOtherS	Char	100		What was the worst part of the Rituximab study Otherspecify
73	FamilyMembersNotSupp_Brother	Num	8		FamilyMembersNotSupp: Brother
74	FamilyMembersNotSupp_Dad	Num	8		FamilyMembersNotSupp: Dad
75	FamilyMembersNotSupp_Daughter	Num	8		FamilyMembersNotSupp: Daughter
76	FamilyMembersNotSupp_Dontknow	Num	8		FamilyMembersNotSupp: Don't know
77	FamilyMembersNotSupp_Grandparent	Num	8		FamilyMembersNotSupp: Grandparent
78	FamilyMembersNotSupp_Husband	Num	8		FamilyMembersNotSupp: Husband
79	FamilyMembersNotSupp_Mom	Num	8		FamilyMembersNotSupp: Mom
80	FamilyMembersNotSupp_Self	Num	8		FamilyMembersNotSupp: Self
81	FamilyMembersNotSupp_Sister	Num	8		FamilyMembersNotSupp: Sister
82	FamilyMembersNotSupp_Son	Num	8		FamilyMembersNotSupp: Son
83	FamilyMembersNotSupp_Wife	Num	8		FamilyMembersNotSupp: Wife
84	FamilyMembersSupport_Brother	Num	8		FamilyMembersSupport: Brother
85	FamilyMembersSupport_Dad	Num	8		FamilyMembersSupport: Dad
86	FamilyMembersSupport_Daughter	Num	8		FamilyMembersSupport: Daughter
87	FamilyMembersSupport_Dontknow	Num	8		FamilyMembersSupport: Don't know
88	FamilyMembersSupport_Grandparent	Num	8		FamilyMembersSupport: Grandparent
89	FamilyMembersSupport_Husband	Num	8		FamilyMembersSupport: Husband
90	FamilyMembersSupport_Mom	Num	8		FamilyMembersSupport: Mom
91	FamilyMembersSupport_Self	Num	8		FamilyMembersSupport: Self
92	FamilyMembersSupport_Sister	Num	8		FamilyMembersSupport: Sister

Num	Variable	Type	Len	Format	Label
93	FamilyMembersSupport_Son	Num	8		FamilyMembersSupport: Son
94	FamilyMembersSupport_Wife	Num	8		FamilyMembersSupport: Wife
95	FamilyMembersType1Di_Brother	Num	8		FamilyMembersType1Di: Brother
96	FamilyMembersType1Di_Dad	Num	8		FamilyMembersType1Di: Dad
97	FamilyMembersType1Di_Dontknow	Num	8		FamilyMembersType1Di: Don't know
98	FamilyMembersType1Di_Grandparent	Num	8		FamilyMembersType1Di: Grandparent
99	FamilyMembersType1Di_Mom	Num	8		FamilyMembersType1Di: Mom
100	FamilyMembersType1Di_None	Num	8		FamilyMembersType1Di: None
101	FamilyMembersType1Di_Otherrelati	Num	8		FamilyMembersType1Di: Other relative
102	FamilyMembersType1Di_Sister	Num	8		FamilyMembersType1Di: Sister
103	FamilyMembersType2Di_Brother	Num	8		FamilyMembersType2Di: Brother
104	FamilyMembersType2Di_Dad	Num	8		FamilyMembersType2Di: Dad
105	FamilyMembersType2Di_Dontknow	Num	8		FamilyMembersType2Di: Don't know
106	FamilyMembersType2Di_Grandparent	Num	8		FamilyMembersType2Di: Grandparent
107	FamilyMembersType2Di_Mom	Num	8		FamilyMembersType2Di: Mom
108	FamilyMembersType2Di_None	Num	8		FamilyMembersType2Di: None
109	FamilyMembersType2Di_Otherrelati	Num	8		FamilyMembersType2Di: Other relative
110	FamilyMembersType2Di_Sister	Num	8		FamilyMembersType2Di: Sister
111	MissedVisitsReason_costtoomuchto	Num	8		MissedVisitsReason: cost too much to come to the study center
112	MissedVisitsReason_didntthinkcom	Num	8		MissedVisitsReason: didn't think coming to the study center would help me
113	MissedVisitsReason_gottiredofcom	Num	8		MissedVisitsReason: got tired of coming to the study center
114	MissedVisitsReason_hadnotranspor	Num	8		MissedVisitsReason: had no transportation to get to the study center
115	MissedVisitsReason_other	Num	8		MissedVisitsReason: other
116	MissedVisitsReason_studymedicati	Num	8		MissedVisitsReason: study medications made me sick
117	MissedVisitsReason_testsatthestu	Num	8		MissedVisitsReason: tests at the study center hurt
118	MissedVisitsReason_tooktoomuchti	Num	8		MissedVisitsReason: took too much time to come to the study center
119	Race_AmericanIndianorAlaskaNat	Num	8		Race: American Indian or Alaska Native
120	Race_Asian	Num	8		Race: Asian
121	Race_BlackorAfricanAmerican	Num	8		Race: Black or African American
122	Race_NativeHawaiianorOtherPaci	Num	8		Race: Native Hawaiian or Other Pacific Islander
123	Race_Refused	Num	8		Race: Refused
124	Race_Unknownornotreported	Num	8		Race: Unknown or not reported
125	Race_White	Num	8		Race: White
126	TimingOfBloodGlucose_Afterbreakf	Num	8		TimingOfBloodGlucose: After breakfast
127	TimingOfBloodGlucose_Afterdinner	Num	8		TimingOfBloodGlucose: After dinner
128	TimingOfBloodGlucose_Afterlunch	Num	8		TimingOfBloodGlucose: After lunch

Num	Variable	Type	Len	Format	Label
129	TimingOfBloodGlucose_BeforeIwent	Num	8		TimingOfBloodGlucose: Before I went to bed
130	TimingOfBloodGlucose_Beforebreak	Num	8		TimingOfBloodGlucose: Before breakfast
131	TimingOfBloodGlucose_Beforedinne	Num	8		TimingOfBloodGlucose: Before dinner
132	TimingOfBloodGlucose_Beforeexerc	Num	8		TimingOfBloodGlucose: Before exercise
133	TimingOfBloodGlucose_Beforelunch	Num	8		TimingOfBloodGlucose: Before lunch
134	TimingOfBloodGlucose_Duringoraft	Num	8		TimingOfBloodGlucose: During or after exercise
135	TimingOfBloodGlucose_WhenIfelthi	Num	8		TimingOfBloodGlucose: When I felt high
136	TimingOfBloodGlucose_WhenIfeltlo	Num	8		TimingOfBloodGlucose: When I felt low
137	TimingOfBloodGlucose_WhenIfeltsi	Num	8		TimingOfBloodGlucose: When I felt sick
138	TimingOfBloodGlucose_WhenIwokeup	Num	8		TimingOfBloodGlucose: When I woke up
139	MaskID	Num	8		Participant Mask ID#
140	Visit	Char	100		Visit
141	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: phix_admin.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AnyProblemsThisVisit	Char	100		Did the participant experience any problems during this visit
2	GivenIntramuscularImmunization	Char	100		Was the participant given hisher intramuscular immunization
3	GivenWeightAdjustedDosePhiX174	Char	100		Was the participant given hisher weightadjusted dose of PhiX174 intravenously at this visit
4	PreImmunizationSerologyCollect	Char	100		Was the preimmunization serology specimen collected at this visit
5	_15MinPostImmunization	Char	100		Was the 15minute postimmunization specimen collected at this visit
6	AnyProblemsThisVisitExplain	Char	100		If YES Explain
7	GivenIntramuscularImmunization2	Char	100		If NO Explain
8	GivenWeightAdjustedDosePhiX1742	Char	100		If NO Explain
9	ParticipantWeightKG	Num	8		Participant Weight KG
10	PhiX174InjectedML	Num	8		Total dose of PhiX174 injected ml
11	PreImmunizationSerologyCollect2	Char	100		If NO Explain
12	_15MinPostImmunizationExplain	Char	100		If NO Explain
13	MaskID	Num	8		Participant Mask ID#
14	Visit	Char	100		Visit
15	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
16	Date_At_PreImmunSerology	Num	8	MMDDYY10.	Date at preimmunization serology specimen

Data Set Name: phys_exam.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AbdomenNormalOnExam	Char	100		Review of systems Abdomen Normal on exam
2	AbdomenreportedNormal	Char	100		Review of systems Abdomen Participant reported normal
3	ChestNormalOnExam	Char	100		Review of systems ChestBreasts Normal on exam
4	ChestReportedNormal	Char	100		Review of systems ChestBreastsParticipant reported normal
5	GenitourinaryOrTestesNormalOnE	Char	100		Review of systems GenitourinaryTestes Normal on exam
6	GenitourinaryOrTestesreportedN	Char	100		Review of systems GenitourinaryTestes Participant reported normal
7	HeartNormalOnExam	Char	100		Review of systems HeartCirculatory Normal on exam
8	HeartReportedNormal	Char	100		Review of systems HeartCirculatoryParticipant reported normal
9	HeentNormalOnExam	Char	100		Review of systems Heent Normal on exam
10	HeentReportedNormal	Char	100		Review of systems Heent Participant reported normal
11	LungsNormalOnExam	Char	100		Review of systems Lungs Normal on exam
12	LungsReportedNormal	Char	100		Review of systems Lungs Participant reported normal
13	LymphNodesNormalOnExam	Char	100		Review of systems Lymph nodes normal on exam
14	LymphNodesReportedNormal	Char	100		Review of systems Lymph nodes Paticipant Reported Normal
15	MusculoskeletalNormalOnExam	Char	100		Review of systems Musculoskeletal Normal on exam
16	MusculoskeletalReportedNormal	Char	100		Review of systems Musculoskeletal Participant reported normal
17	NeckNormalOnExam	Char	100		Review of systems Neck Normal on exam
18	NeckReportedNormal	Char	100		Review of systems Neck Participant reported normal
19	NeurologicNormalOnExam	Char	100		Review of systems Neurologic Normal on exam
20	NeurologicReportedNormal	Char	100		Review of systems Neurologic Participant reported normal
21	OtherNormalOnExam	Char	100		Review of systems Other Normal on Exam
22	OtherReportedNormal	Char	100		Review of systems Other Paticipant Reported Normal
23	SkinOrNailsNormalOnExam	Char	100		Review of systems SkinNails Normal on Exam
24	ThyroidNormalOnExam	Char	100		Review of systems Thyroid Normal on exam
25	ThyroidreportedNormal	Char	100		Review of systems Thyroid Participant reported normal
26	sSkinOrNailsReportedNormal	Char	100		Review of systems SkinNails Paticipant Reported Normal
27	AbdomenEitherAbnormalExplain	Char	100		Review of systems Abdomen If Either Abnormal Explain
28	ChestAbnormalExplain	Char	100		Review of systems ChestBreasts If either abnormal explain
29	GenitourinaryAbnormalExplain	Char	100		Review of systems GenitourinaryTestes If either abnormal explain
30	HeartAbnormalExplain	Char	100		Review of systems HeartCirculatory If either abnormal explain
31	HeentAbnormalExplain	Char	100		Review of systems Heent Either abnormal Explain
32	Heightcm	Num	8		Collect the following assessments Height in cm
33	Heightin	Num	8		Collect the following assessments Height in inches
34	LungsAbnormalExplain	Char	100		Review of systems Lungs If either abnormal explain
35	LymphNodesEitherAbnormalExplai	Char	100		Review of systems Lymph nodes If either abnormal explain

Num	Variable	Type	Len	Format	Label
36	MusculoskeletalAbnormalExpalin	Char	100		Review of systems Musculoskeletal If either abnormal explain
37	NeckAbnormalExpalin	Char	100		Review of systems Neck If Either Abnormal Expalin
38	NeurologicAbnormalExpalin	Char	100		Review of systems Neurologic If either abnormal explain
39	OtherSpecify	Char	100		Review of systems Other Specify
40	PtherAbnormalExpalin	Char	100		Review of systems Other If either abnormal explain
41	SeatedArmBPDiastolic	Num	8		Collect the following assessments Seated arm blood pressure Diastolic
42	SeatedArmBPSystolic	Num	8		Collect the following assessments Seated arm blood pressure systolic
43	SeatedHeartRate	Num	8		Collect the following assessments Seated heart rate
44	SeatedRespiratoryRate	Num	8		Collect the following assessments Seated respiratory rate
45	SkinOrNailsAbnormalExpalin	Char	100		Review of systems SkinNails If either abnormal explain
46	TempC	Num	8		Temperature C
47	TempF	Num	8		Temperature F
48	ThyroidAbnormalExpalin	Char	100		Review of systems Thyroid If either abnormal explain
49	Weightkg	Num	8		Collect the following assessments Weight in kgs
50	Weightlbs	Num	8		Collect the following assessments Weight in lbs
51	MaskID	Num	8		Participant Mask ID#
52	Visit	Char	100		Visit
53	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: pregnancy_confirmation.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PriorPregnancyNumberUnkown	Num	8		record total number of prior pregnancies unkown
2	CodedMedStopped	Char	100		Has the coded medication been stopped
3	HadComplicationOfPreg	Char	100		Has the participant ever experienced a complication of pregnancy
4	NeonatalDeath	Char	100		Has the participant ever experienced a pregnancy that resulted in neonatal death
5	ParticipantCarryingPregnancyTo	Char	100		Is the participant planning on carrying the pregnancy to term
6	ParticipantsObCareProviderInfor	Char	100		Has the participants obstetric care provider been informed of her participation in this study
7	PostTermDelivryGT37GWeeks	Char	100		Has the participant ever experienced a postterm delivery 37 gestational weeks
8	PostTermDelivryLT42GWeeks	Char	100		Has the participant ever experienced a postterm delivery 42 gestational weeks
9	SpontaneousMiscarage	Char	100		Has the participant ever experienced a spontaneous miscarage
10	StillBirth	Char	100		Has the participant ever experienced a pregnancy that resulted in a still birth
11	WillingToContinueFUVisits	Char	100		Is the participant willing to continue with future followup visits
12	PhiX174VisitNumber	Num	8		If PhiX174 Visit ONLY ie weeks 6 7 8 13 14 16 53 54 58 59 60 or 62 Record week number
13	TotalNumOfPregNotIncluThisOne	Num	8		Indicate the total number of prior pregnancies not including this one
14	LastAttendedVisit	Char	100		Last attended study visit prior to the confirmed pregnancy
15	MaskID	Num	8		Participant Mask ID#
16	Visit	Char	100		Visit
17	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
18	Date_At_EstDelivery	Num	8	MMDDYY10.	Date at Estimated date of delivery
19	Date_At_LastMenstrualCycle	Num	8	MMDDYY10.	Date at last menstrual cycle
20	Date_At_PositivePregTest	Num	8	MMDDYY10.	Date at positive pregnancy test
21	Date_At_OtherVisit	Num	8	MMDDYY10.	Date at Other Visit

Data Set Name: pregnancy_outcome.sas7bdat

Num	Variable	Type	Len	Format	Label
1	NumberOfinfantsUnknown	Num	8		Record number of infants the birth resulted in Unknown
2	RecordHbA1cUnknown	Num	8		Record HbA1c unknown
3	BirthWeightGMUnknown1	Num	8		Birth weight gm unknown
4	BirthWeightGMUnknown2	Num	8		Birth weight gm unknown
5	BirthWeightGMUnknown3	Num	8		Birth weight gm unknown
6	BirthWeightLBUnknown1	Num	8		Birth weight lb unknown
7	BirthWeightLBUnknown2	Num	8		Birth weight lb unknown
8	BirthWeightLBUnknown3	Num	8		Birth weight lb unknown
9	FiveMinuteAPGARScoreUnknown1	Num	8		Five minute APGAR score unknown
10	FiveMinuteAPGARScoreUnknown2	Num	8		Five minute APGAR score unknown
11	FiveMinuteAPGARScoreUnknown3	Num	8		Five minute APGAR score unknown
12	GestationalAgeUnknown1	Num	8		Gestational age unknown
13	GestationalAgeUnknown2	Num	8		Gestational age unknown
14	GestationalAgeUnknown3	Num	8		Gestational age unknown
15	OneMinuteAPGARScoreUnknown1	Num	8		One minute APGAR score unknown
16	OneMinuteAPGARScoreUnknown2	Num	8		One minute APGAR score unknown
17	OneMinuteAPGARScoreUnknown3	Num	8		One minute APGAR score unknown
18	BreastFeeding	Char	100		Is the participant currently breastfeeding
19	ComplicationsInDelivery	Char	100		Were there any complications during the delivery
20	HbA1cMeasure	Char	100		Was an HbA1c measured at any time during the pregnancy
21	LiveBirths	Char	100		Did the pregnancy result in a live birth or multiple live births
22	Miscarriage	Char	100		Did the pregnancy result in a miscarriage
23	OutcomeUKNDueToLossOfParticpan	Char	100		Is the outcome of the pregnancy unknown due to loss of participant to followup
24	PregnancyAbortion	Char	100		Was the pregnancy terminated as a result of an induced abortion
25	ReasonForAbortionMedicallyIndi	Char	100		Was the reason for the abortion medically indicated
26	StillBirth	Char	100		Did the pregnancy result in a stillbirth
27	StillBirthHaveAnyOtherComplica	Char	100		Did the stillbirth have any other complications
28	StillBirthHaveMalformations	Char	100		Did the stillbirth have any congenial malformations
29	InfantBornCongenitalMalform1	Char	100		Was the infant born with any congenital malformations
30	InfantBornCongenitalMalform2	Char	100		Was the infant born with any congenital malformations
31	InfantBornCongenitalMalform3	Char	100		Was the infant born with any congenital malformations
32	InfantBornOtherComplication1	Char	100		Was the infant born with other complications
33	InfantBornOtherComplication2	Char	100		Was the infant born with other complications
34	InfantBornOtherComplication3	Char	100		Was the infant born with other complications
35	InfantDischargedFromHopsita1	Char	100		Was the infant discharged from the hospital alive

Num	Variable	Type	Len	Format	Label
36	InfantDischargedFromHopsita2	Char	100		Was the infant discharged from the hospital alive
37	InfantDischargedFromHopsita3	Char	100		Was the infant discharged from the hospital alive
38	InfantInNICU1	Char	100		Was the infant admitted to the Neonatal Intensive Care Unit NICU at any time
39	InfantInNICU2	Char	100		Was the infant admitted to the Neonatal Intensive Care Unit NICU at any time
40	InfantInNICU3	Char	100		Was the infant admitted to the Neonatal Intensive Care Unit NICU at any time
41	Sex1	Char	100		Sex
42	Sex2	Char	100		Sex
43	Sex3	Char	100		Sex
44	BirthWeightLBS	Num	8		Birth Weight lbs oz
45	HbA1cMeasure2	Num	8		Indicate HbA1c
46	NumberOfInfants	Num	8		Record number of infants both living and deceased the birth resulted in
47	PregnancyIDNumber	Num	8		Record the Pregnancy Identification Number
48	ReasonForAbortionMedicallyIndi2	Char	100		Specify reason
49	StillBirthHaveAnyOtherComplica2	Char	100		If YES Specify
50	StillBirthHaveMalformationsSpe	Char	100		If YES Specify
51	BirthWeight1	Num	8		Birth weight gm
52	BirthWeight2	Num	8		Birth weight gm
53	BirthWeight3	Num	8		Birth weight gm
54	BirthWeightLbs1	Num	8		Birth weight lbs
55	BirthWeightLbs2	Num	8		Birth weight lbs
56	BirthWeightLbs3	Num	8		Birth weight lbs
57	BirthWeightOz1	Num	8		Birth weight oz
58	BirthWeightOz2	Num	8		Birth weight oz
59	BirthWeightOz3	Num	8		Birth weight oz
60	GestationalAge1	Num	8		Gestational age
61	GestationalAge2	Num	8		Gestational age
62	GestationalAge3	Num	8		Gestational age
63	InfantBornCongenitalMalformS1	Char	100		Was the infant born with any congenital malformations Specify
64	InfantBornCongenitalMalformS2	Char	100		Was the infant born with any congenital malformations Specify
65	InfantBornCongenitalMalformS3	Char	100		Was the infant born with any congenital malformations Specify
66	InfantBornOtherComplicationS1	Char	100		Was the infant born with other complications Specify
67	InfantBornOtherComplicationS2	Char	100		Was the infant born with other complications Specify
68	InfantBornOtherComplicationS3	Char	100		Was the infant born with other complications Specify
69	InfantDeathCause1	Char	100		Specify cause of death

Num	Variable	Type	Len	Format	Label
70	InfantDeathCause2	Char	100		Specify cause of death
71	InfantDeathCause3	Char	100		Specify cause of death
72	_1MinAPGARScore1	Num	8		One minute APGAR score
73	_1MinAPGARScore2	Num	8		One minute APGAR score
74	_1MinAPGARScore3	Num	8		One minute APGAR score
75	_5MinAPGARScore1	Num	8		Five minute APGAR score
76	_5MinAPGARScore2	Num	8		Five minute APGAR score
77	_5MinAPGARScore3	Num	8		Five minute APGAR score
78	MaskID	Num	8		Participant Mask ID#
79	Visit	Char	100		Visit
80	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
81	Date_At_PregnancyEnd	Num	8	MMDDYY10.	Date at Pregnancy End
82	Date_At_InfantDeath1	Num	8	MMDDYY10.	Date at Infant Death #1
83	Date_At_InfantDeath2	Num	8	MMDDYY10.	Date at Infant Death #2
84	Date_At_InfantDeath3	Num	8	MMDDYY10.	Date at Infant Death #3
85	Date_At_HbA1c	Num	8	MMDDYY10.	Date at HbA1c
86	Date_At_InfantHospDisch1	Num	8	MMDDYY10.	Date at Infant Hospital Discharge #1
87	Date_At_InfantHospDisch2	Num	8	MMDDYY10.	Date at Infant Hospital Discharge #2
88	Date_At_InfantHospDisch3	Num	8	MMDDYY10.	Date at Infant Hospital Discharge #3

Data Set Name: prerand_exit_form.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ReasonsForDiscontinuingScreeni2	Char	100		Mark the reasons for discontinuing the screening process If Other specify
2	ReasonsForDiscontinuu_Other	Num	8		ReasonsForDiscontinuu: Other
3	ReasonsForDiscontinuu_Patientdoe1	Num	8		ReasonsForDiscontinuu: Patient does not have at least one autoantibody present
4	ReasonsForDiscontinuu_Patientdoe2	Num	8		ReasonsForDiscontinuu: Patient does not have stimulated C-peptide levels greater than or equal to 0.2 pmol/ml
5	ReasonsForDiscontinuu_Patienthasa	Num	8		ReasonsForDiscontinuu: Patient has an active infection or positive PPD test
6	ReasonsForDiscontinuu_Patienthasc	Num	8		ReasonsForDiscontinuu: Patient has complicating medical issues that would interfere with the study conduct or cause increased risk
7	ReasonsForDiscontinuu_Patienthas1	Num	8		ReasonsForDiscontinuu: Patient has history of malignancies
8	ReasonsForDiscontinuu_Patienthas2	Num	8		ReasonsForDiscontinuu: Patient has history of immunodeficiency or lymphopenia
9	ReasonsForDiscontinuu_Patienthass	Num	8		ReasonsForDiscontinuu: Patient has serologic evidence of HIV, Hep B, or Hep C infection
10	ReasonsForDiscontinuu_Patientiscu	Num	8		ReasonsForDiscontinuu: Patient is currently pregnant or lactating
11	ReasonsForDiscontinuu_Patientisfe	Num	8		ReasonsForDiscontinuu: Patient is female with reproductive potential and is not willing to avoid pregnancy
12	ReasonsForDiscontinuu_Patientisn1	Num	8		ReasonsForDiscontinuu: Patient is not within 3-months of diagnosis of T1D
13	ReasonsForDiscontinuu_Patientisn2	Num	8		ReasonsForDiscontinuu: Patient is not between the ages of 12 and 45
14	ReasonsForDiscontinuu_Patientisn3	Num	8		ReasonsForDiscontinuu: Patient is not at least one month from last immunization received
15	ReasonsForDiscontinuu_Patientisn4	Num	8		ReasonsForDiscontinuu: Patient is not willing to comply with intensive diabetes management
16	ReasonsForDiscontinuu_Patientreq1	Num	8		ReasonsForDiscontinuu: Patient requires chronic use of steroids
17	ReasonsForDiscontinuu_Patientreq2	Num	8		ReasonsForDiscontinuu: Patient requires use of other immunosuppressive agents
18	ReasonsForDiscontinuu_Patientwith	Num	8		ReasonsForDiscontinuu: Patient withdrew consent
19	MaskID	Num	8		Participant Mask ID#
20	Visit	Char	100		Visit
21	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: registration.sas7bdat

Num	Variable	Type	Len	Format	Label
1	status	Char	20		Participant Status
2	MaskID	Num	8		Participant Mask ID#
3	Date_of_Study_Start	Num	8	MMDDYY10.	Date of Study Start
4	Date_of_Registration	Num	8	MMDDYY10.	Date of Registration

Data Set Name: research_labs.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	event_title	Char	100			Specimen Collection Form
2	MaskID	Num	8			Participant Mask ID#
3	SPEC_NAME	Char	250			Specimen Name
4	SampleMaskID	Char	10			Sample Mask ID#
5	TEST_NAME	Char	150	\$150.	\$150.	Test Name
6	RESULT	Char	1000	\$1000.	\$1000.	Result
7	OUTCOME	Char	30	\$30.	\$30.	Outcome
8	Visit	Char	100			Visit
9	Date_of_Draw	Num	8	MMDDYY10.		Date of Draw
10	Date_at_Test_Results_Reported	Num	8	MMDDYY10.		Date at Test Results Reports
11	Date_Received	Num	8	MMDDYY10.		Date when Sample Received at Lab
12	Date_Shipped	Num	8	MMDDYY10.		Date when Sample Shipped

Data Set Name: screening_form.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CBCWithDifferentialCollectedOn	Char	100		The following specimens should be drawn during this visit CBC with Differential collected on this visit date
2	ChemistriesCollectedOnVisitDat	Char	100		The following specimens should be drawn during this visit Chemistries collected on this visit date
3	CurrentlyTakingAntiHypertensiv	Char	100		Are you currently taking antihypertensive medications
4	CurrentlyTakingAntiInfection	Char	100		Are you currently taking antiinfection
5	CurrentlyTakingPrescriptionNon	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplementns other than insulin
6	CurrentlyTakingSteroids	Char	100		Are you currently taking steroids
7	Ethnicity	Char	100		Ethnicity
8	HIVHepBandCCollectedOnVisitDat	Char	100		The following specimens should be drawn during this visit HIV Hep B and C collected on this visit date
9	HLAorDNACollectedOnVisitDate	Char	100		The following specimens should be drawn during this visit HLADNA collected on this visit date
10	HbA1cCollectedOnVisitDate	Char	100		The following specimens should be drawn during this visit HbA1c collected on this visit date
11	ParticipantAgreedToReceivePhiX	Char	100		On the consent form did the participant agree to receive the PhiX immunization course
12	ParticipantFirstHearAboutStudy	Char	100		How did the participant first hear about this study
13	PermissionForDNATesting	Char	100		On the consent form was permission given for samples of the participants blood to be stored for DNA testing
14	PermissionForOtherTests	Char	100		On the consent form was permission given for samples of the participants blood to be stored for other tests
15	SerunForAutoantibodiesCollecte	Char	100		The following specimens should be drawn during this visit Serum for Autoantibodies collected on this visit date
16	VisitOtherThanPrimaryStudySite	Char	100		Did the visit occur at a site other than the primary study site
17	_4HourMMTTCollectedOnVisitDate	Char	100		The following specimens should be drawn during this visit 4hour MMTT collected on this visit date
18	sex	Char	100		Sex
19	Age	Num	8		Age years
20	CurrentlyTakingAntiHypertensiv2	Char	100		Are you currently taking antihypertensive medications If YES specify
21	CurrentlyTakingAntiInfectionSp	Char	100		Are you currently taking antiinfection If YES specify
22	CurrentlyTakingSteroidsSpecify	Char	100		Are you currently taking steroids If YES specify
23	ParticipantFirstHearAboutStudy2	Char	100		How did the participant first hear about this study If Other Specify
24	RaceOtherSPecify	Char	100		Race If OTHER Specify
25	CurrentlyTakingPrescription1	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplementns other than insulin If YES List medicationssupplements

Num	Variable	Type	Len	Format	Label
26	CurrentlyTakingPrescription2	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
27	CurrentlyTakingPrescription3	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
28	CurrentlyTakingPrescription4	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
29	CurrentlyTakingPrescription5	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
30	CurrentlyTakingPrescription6	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
31	CurrentlyTakingPrescription7	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
32	CurrentlyTakingPrescription8	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
33	CurrentlyTakingPrescription9	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
34	CurrentlyTakingPrescription10	Char	100		Are you currently taking any other prescription medications nonprescription medications or supplement other than insulin If YES List medicationssupplements
35	_3DigitCodeForRaceOrEthnici1	Char	100		Record the 3digit code for raceethnicity
36	_3DigitCodeForRaceOrEthnici2	Char	100		Record the 3digit code for raceethnicity
37	_3DigitCodeForRaceOrEthnici3	Char	100		Record the 3digit code for raceethnicity
38	Race_AmericanIndianorAlaskanNa	Num	8		Race: American Indian or Alaskan Native
39	Race_Asian	Num	8		Race: Asian
40	Race_BlackorAfricanAmerican	Num	8		Race: Black or African American
41	Race_NativeHawaiianorOtherPaci	Num	8		Race: Native Hawaiian or Other Pacific Islander
42	Race_Other	Num	8		Race: Other
43	Race_White	Num	8		Race: White
44	MaskID	Num	8		Participant Mask ID#
45	Visit	Char	100		Visit
46	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
47	Date_At_CBCWDiffColl	Num	8	MMDDYY10.	Date At CBC With Diff Collection
48	Date_At_ChemSampColl	Num	8	MMDDYY10.	Date at Chemistries Sample Collection
49	Date_At_ScrnVisitComp	Num	8	MMDDYY10.	Date at Screening Vist Completed
50	Date_At_Diagnosis	Num	8	MMDDYY10.	Date at Diagnosis
51	Date_At_HIVHepBandC	Num	8	MMDDYY10.	Date at HIV, Hep B and C Sample Collection
52	Date_At_HLAorDNA	Num	8	MMDDYY10.	Date at HLA or DNA Sample Collection

Num	Variable	Type	Len	Format	Label
53	Date_At_HbA1c	Num	8	MMDDYY10.	Date at HbA1c Sample Collection
54	Date_At_InformedConsent	Num	8	MMDDYY10.	Date at Informed Consent
55	Date_At_SerumColl	Num	8	MMDDYY10.	Date at Serum For Antibodies Sample Coll
56	Date_At_MMTT	Num	8	MMDDYY10.	Date at MMTT Collection

Data Set Name: study_drug_admin.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AcetaminophenGivenToParticipan	Char	100		Was Acetaminophen given to the participant
2	AntiHypertensiveMedicationsTak	Char	100		Were antihypertensive medications taken in the last 12 months
3	Cough	Char	100		Problems during study drug administration Cough
4	CoughSeverity	Char	100		Problems during study drug administration Cough Severity
5	DiphenhydramineGivenToParticip	Char	100		Was Diphenhydramine given to the participant
6	FemaleWithreproductivePotentia	Char	100		If FEMALE with reproductive or childbearing potential was the pregnancy test result positive
7	Fever	Char	100		Problems during study drug administration Fever
8	FeverSeverity	Char	100		Problems during study drug administration Fever severity
9	FullDoseInfused	Char	100		Was the full dose infused
10	GivenThereIVinfusionAtThisVisi	Char	100		Was the participant given hisher IV infusion of study drug at this visit
11	Hypertension	Char	100		Problems during study drug administration Hypertension
12	HypertensionSeverity	Char	100		Problems during study drug administration Hypertension Severity
13	Hypotension	Char	100		Problems during study drug administration Hypotension
14	HypotensionSeverity	Char	100		Problems during study drug administration Hypotension Severity
15	IVAccess	Char	100		Problems during study drug administration IV Access
16	InfusionProblem	Char	100		Problems during study drug administration Infusion problem
17	Nausea	Char	100		Problems during study drug administration Nausea
18	NauseaSeverity	Char	100		Problems during study drug administration Nausea Severity
19	Other	Char	100		Problems during study drug administration Other
20	OtherSeverity	Char	100		Problems during study drug administration Other Severity
21	Pruritus	Char	100		Problems during study drug administration Pruritus
22	PruritusSeverity	Char	100		Problems during study drug administration Pruritus Severity
23	Rash	Char	100		Problems during study drug administration rash
24	RashSeverity	Char	100		Problems during study drug administration Rash Severity
25	ShortnessOfBreath	Char	100		Problems during study drug administration Shortness of Breath
26	ShortnessOfBreathSeverity	Char	100		Problems during study drug administration Shortness of Breath Severity
27	Tachycardia	Char	100		Problems during study drug administration Tachycardia
28	TachycardiaSeverity	Char	100		Problems during study drug administration Tachycardia Severity
29	VisitNumber	Char	100		Visit Number
30	Vomiting	Char	100		Problems during study drug administration Vomiting
31	VomitingSeverity	Char	100		Problems during study drug administration Vomiting Severity
32	participantexperienceanyproble	Char	100		1 Did the participant experience any problems during study drug administration

Num	Variable	Type	Len	Format	Label
33	AcetaminophenGivenToParticipan2	Num	8		Initial Dose
34	BodySurfaceArea	Num	8		Participant Body Surface Area
35	DiphenhydramineInitialDose	Num	8		Was Diphenhydramine given to the participant If YESInitial dose
36	DiphenhydramineSecondDose	Num	8		Was Diphenhydramine given to the participant If YESSecond dose
37	DiphenhydramineThirdDose	Num	8		Was Diphenhydramine given to the participant If YES Third dose
38	DiphenhydramineTimeOfPreInfusi	Char	100		Was Diphenhydramine given to the participant If YESTime initial preinfusion dose given
39	DiphenhydramineTimeOfSecondDos	Char	100		Was Diphenhydramine given to the participant If YESTime second dose given
40	DiphenhydramineTimeOfThirdDose	Char	100		Was Diphenhydramine given to the participant If YES Time third dose given
41	EighthRateOfInfusion	Num	8		Eighth rate change Rate of Infusion
42	EighthTimeRateChanged	Char	100		Eighth rate change Time rate changed
43	EleventhRateOfInfusion	Num	8		Eleventh rate change Rate of Infusion
44	EleventhTimeRateChanged	Char	100		Eleventh rate change Time rate changed
45	FifthRateOfInfusion	Num	8		Fifth rate change Rate of Infusion
46	FifthTimeRateChanged	Char	100		Fifth rate change Time rate changed
47	FirstRateOfInfusion	Num	8		First rate Change Rate of Infusion
48	FirstTimeRateChanged	Char	100		First rate Change Time Rate Changed
49	FourthRateOfInfusion	Num	8		Fourth rate change Rate of Infusion
50	FourthTimeRateChanged	Char	100		Fourth rate change Time rate changed
51	GivenThereIVinfusionAtThisVisi2	Char	100		Was the participant given hisher IV infusion of study drug at this visit If NO Explain
52	IVAccessSeverityExplain	Char	100		Problems during study drug administration IV Access Severity Explain
53	IfOTHERaSpecify	Char	100		If OTHER a Specify
54	InfusionProblemSeverityExplain	Char	100		Problems during study drug administration Infusion problem Severity Explain
55	InfusionSTartedTime	Char	100		Time infusion started
56	InitialInfusionRate	Num	8		Initial infusion rate
57	InitialPreinfusionGivenTime	Char	100		Time initial preinfusion dose given
58	NinthRateOfInfusion	Char	100		Ninth rate change Rate of Infusion
59	NinthTimeRateChanged	Char	100		Ninth rate change Time rate changed
60	NoFullDoseInfusedDescribe	Char	100		Was the full dose infused If NO describe the circumstances
61	OTHERSpecify	Char	100		Problems during study drug administration If OTHER specify
62	SecondDose	Char	100		Second dose
63	SecondRateOfInfusion	Num	8		Second rate Change Rate of Infusion
64	SecondTimeRateChanged	Char	100		Second rate Change Time rate changed
65	SeventhRateOfInfusion	Num	8		Seventh rate change Rate of Infusion

Num	Variable	Type	Len	Format	Label
66	SeventhTimeRateChanged	Char	100		Seventh rate change Time rate changed
67	SixthRateOfInfusion	Num	8		sixth rate change Rate of Infusion
68	SixthTimeRateChanged	Char	100		sixth rate change Time rate changed
69	TenthRateOfInfusion	Num	8		Tenth rate change Rate of Infusion
70	TenthTimeRateChanged	Char	100		Tenth rate change Time rate changed
71	ThirdDose	Num	8		Third dose
72	ThirdDoseGivenTime	Char	100		Time third dose given
73	ThirdRateOfInfusion	Char	100		Third rate change Rate of Infusion
74	ThirdTimeRateChanged	Char	100		Third rate change Time rate changed
75	TimeInfusionStopped	Char	100		Time Infusion Stopped
76	TimeOfSecondDose	Char	100		Time second dose given
77	TotalDoseOfDrugInfused	Num	8		Total dose of study drug infused
78	TwelfthRateOfInfusion	Num	8		Twelfth rate change Rate of Infusion
79	TwelfthTimeRateChanged	Char	100		Twelfth rate change Time rate changed
80	WeightinKg	Num	8		Participant weight in kg
81	WeightinLbs	Num	8		Participant weight in lbs
82	heightinCm	Num	8		Participant Height in cm
83	heightinInches	Num	8		Participant Height in inches
84	MaskID	Num	8		Participant Mask ID#
85	Visit	Char	100		Visit
86	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: treatment_table.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ORDERING_INDEX	Num	8		ORDERING_INDEX
2	CONSUMED	Num	8		CONSUMED
3	TreatmentName	Char	100		
4	RegistrationGroup	Char	100		
5	Treatment_Start_Date	Num	8	MMDDYY10.	
6	Randomization_Date	Num	8	MMDDYY10.	
7	Data_Entry_User_ID	Num	8		User ID of Data Entry Personnel
8	MaskID	Num	8		Participant Mask ID#
9	SequenceNumber	Num	8		