Data Set Name: adult_plasma_biomarkers.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BATCH	Num	8	BATCH.	
2	UMINN_SAMPLE_BARCODE	Char	10		
3	VISIT	Num	8	VISIT.	
4	CYSTATINC	Num	8		plasma Cystatin C (mg/L)
5	PTH	Num	8		plasma Intact Parathyroid Hormone (pg/mL)
6	PHOS	Num	8		plasma Phosphorus (mg/dL)
7	CRP	Num	8		plasma C Reactive Protein (mg/L)
8	CRP_CENSORED	Num	8	CENSORED.	
9	NTBNP	Num	8		plasma N-terminal pro b-type Natriuretic Peptide (pg/mL)
10	FGF23	Num	8		plasma Fibroblast Growth Factor 23 (pg/mL)
11	FGF23_CENSORED	Num	8	CENSORED.	
12	ST2	Num	8		plasma ST2 (ng/mL)
13	GAL_3	Num	8		plasma Galectin-3 (ng/mL)
14	GAL_3_CENSORED	Num	8	CENSORED.	
15	SUBJ_ID	Num	8		

Data Set Name: adult_plasma_cardiac_biomarkers.sas7bdat

Num	Variable	Type	Len	Format	Label
1	VISIT	Num	8	VISIT.	
2	PBNP_NT	Num	8		plasma Pro-Brain Natriuetic Peptide, N-Terminal (ng/L)
3	PBNP_NT_CENSORED	Num	8	CENSORED.	
4	TROPONIN	Num	8		plasma Troponin T, high-sensitivity (ng/L)
5	TROPONIN_CENSORED	Num	8	CENSORED.	
6	SUBJ_ID	Num	8		

Data Set Name: adult_plasma_proinfl_biomarkers.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	UVM_SAMPLE_BARCODE	Char	10	$10.	$10.	
2	VISIT	Num	8	VISIT.	BEST32.	
3	IFNG	Num	8			plasma IFNg (pg/mL)
4	IFNG_CENSORED	Num	8	CENSORED.		
5	IL10	Num	8			plasma IL-10 (pg/mL)
6	IL10_CENSORED	Num	8	CENSORED.		
7	IL12P70	Num	8			plasma IL12p70 (pg/mL)
8	IL12P70_CENSORED	Num	8	CENSORED.		
9	IL13	Num	8			plasma IL-13 (pg/mL)
10	IL13_CENSORED	Num	8	CENSORED.		
11	IL1B	Num	8			plasma IL1b (pg/mL)
12	IL1B_CENSORED	Num	8	CENSORED.		
13	IL2	Num	8			plasma IL-2 (pg/mL)
14	IL2_CENSORED	Num	8	CENSORED.		
15	IL4	Num	8			plasma IL-4 (pg/mL)
16	IL4_CENSORED	Num	8	CENSORED.		
17	IL6	Num	8			plasma IL-6 (pg/mL)
18	IL6_CENSORED	Num	8	CENSORED.		
19	IL8	Num	8			plasma IL-8 (pg/mL)
20	IL8_CENSORED	Num	8	CENSORED.		
21	TNFA	Num	8			plasma TNFa (pg/mL)
22	TNFA_CENSORED	Num	8	CENSORED.		
23	TNF_RI	Num	8			plasma TNF-RI (pg/mL)
24	TNF_RI_CENSORED	Num	8	CENSORED.		
25	TNF_RII	Num	8			plasma TNF-RII (pg/mL)
26	TNF_RII_CENSORED	Num	8	CENSORED.		
27	DUPLICATE	Char	1	$1.	$1.	
28	SUBJ_ID	Num	8			

Data Set Name: adult_urine_biomarkers.sas7bdat

Num	Variable	Type	Len	Format	Label
1	UVM_SAMPLE_BARCODE	Char	10		
2	VISIT	Num	8	VISIT.	
3	UIL18	Num	8		urine IL-18 (pg/mL)
4	UIL18_CENSORED	Num	8	CENSORED.	
5	UKIM1	Num	8		urine KIM-1 (pg/mL)
6	UKIM1_CENSORED	Num	8	CENSORED.	
7	UMCP1	Num	8		urine MCP-1 (pg/mL)
8	UMCP1_CENSORED	Num	8	CENSORED.	
9	UYKL40	Num	8		urine YKL-40 (pg/mL)
10	UYKL40_CENSORED	Num	8	CENSORED.	
11	UNGAL	Num	8		urine NGAL (ng/mL)
12	UNGAL_CENSORED	Num	8	CENSORED.	
13	UUMOD	Num	8		urine UMOD (ng/mL)
14	UUMOD_CENSORED	Num	8	CENSORED.	
15	UCYSTATINC	Num	8		urine Cystatin C (mg/L)
16	UCYSTATINC_CENSORED	Num	8	CENSORED.	
17	UMINN_SAMPLE_BARCODE	Char	10		
18	UOSMOLALITY	Num	8		urine Osmolality (mOsm/kg H2O)
19	UCREATININE	Num	8		urine Creatinine (mg/dL)
20	UPROTEIN	Num	8		urine Protein (g/L)
21	UPROTEIN_CENSORED	Num	8	CENSORED.	
22	UALBUMIN	Num	8		urine Albumin (mg/L)
23	UALBUMIN_CENSORED	Num	8	CENSORED.	
24	SUBJ_ID	Num	8		

Data Set Name: analysis_central_lab.sas7bdat

Num	Variable	Type	Len	Format	Label
1	VISIT_NUM	Char	3		
2	VISIT	Num	8	VISIT.	
3	VISIT_DATE	Num	8		
4	DATE_COLLECTION	Num	8		Date of Sample Collection
5	DATE_ANALYSIS	Num	8		Date of Laboratory Analysis
6	BUN	Num	8		Central Lab Urea Nitrogen (mg/dL)
7	TOTCHOL	Num	8		Central Lab Total Cholesterol (mg/dL)
8	CHLORIDE	Num	8		Central Lab Chloride (mmol/L)
9	TOTBICARB	Num	8		Central Lab Total Bicarbonate (mmol/L)
10	CREATININE	Num	8		Central Lab Creatinine (mg/dL)
11	GLUCOSE	Num	8		Central Lab Random Glucose (mg/dL)
12	HDLCHOL	Num	8		Central Lab HDL Cholesterol (mg/dL)
13	K	Num	8		Central Lab Potassium (mmol/L)
14	LDLCHOL	Num	8		Central Lab LDL Cholesterol (mg/dL)
15	SODIUM	Num	8		Central Lab Sodium (mmol/L)
16	TRIGLYC	Num	8		Central Lab Triglycerides (mg/dL)
17	URINEALB	Num	8		Central Lab Urine Albumin (mg/L)
18	URINEALB_CENSOR	Num	8	CENSOR.	
19	URINEALB_UCR	Num	8		Central Lab Urine Albumin/Urine Creatinine (mg/g Cr)
20	URINECREAT	Num	8		Central Lab Urine Creatinine (mg/dL)
21	URINEPROT	Num	8		Central Lab Urine Protein (g/L)
22	URINEPROT_CENSOR	Num	8	CENSOR.	
23	URINEPROT_UCR	Num	8		Central Lab Urine Protein/Urine Creatinine (g/g Cr)
24	CYSC_METHOD	Char	7		
25	CYSTATINC	Num	8		Central Lab Cystatin C (mg/L)
26	CYSTATINC_SIEMENS	Num	8		
27	SUBJ_ID	Num	8		

Data Set Name: analysis_demographics_children.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DATE_REG	Num	8		
2	GENDER	Num	8	GENDER.	
3	BLACK	Num	8		
4	RACE	Num	8	RACE.	
5	ETHNICITY	Num	8	ETHNIC.	
6	AGE	Num	8		
7	AGEGROUP	Num	8	AGEGROUP.	
8	AKI	Num	8	NY.	
9	DIABETES	Num	8	NY.	
10	CYANOTICHD	Num	8	NY.	
11	HYPERTENSION	Num	8	NY.	
12	CLD	Num	8	NY.	
13	GENETIC_SYNDROME	Num	8	NY.	
14	NEURO_DISORDER	Num	8	NY.	
15	PREMATURITY	Num	8	NY.	
16	GROWTH_PROBLEMS	Num	8	NY.	
17	NASOGASTRIC_FEEDING	Num	8	NY.	
18	PREV_HEART_SURGERY	Num	8	NY.	
19	SMOKER	Num	8	SMOKER.	
20	BASELINE_CREATININE	Num	8		
21	CKD	Num	8	NY.	
22	CONGENITAL_RENAL_DEFORMITY	Num	8	NY.	
23	ACE_INHIBITORS	Num	8	NY.	
24	DIURETICS	Num	8	NY.	
25	ASPIRIN	Num	8	NY.	
26	NSAIDS	Num	8	NY.	
27	POSTOP_AMINOGLYCOSIDES	Num	8	NY.	
28	POSTOP_NSAIDS	Num	8	NY.	
29	POSTOP_ACE_INHIBITORS	Num	8	NY.	
30	POSTOP_ARBS	Num	8	NY.	
31	POSTOP_VASOPRESSORS	Num	8	NY.	
32	POSTOP_DIURETICS	Num	8	NY.	
33	POSTOP_ASPIRIN	Num	8	NY.	
34	SEPSIS	Num	8	NY.	
35	SURG_PROC	Num	8	NY.	
36	RACHS	Num	8	NY.	
37	SHOCK	Num	8	NY.	

Num	Variable	Type	Len	Format	Label
38	ARRHYTHMIAS	Num	8	NY.	
39	MECHANICAL_VENT	Num	8	NY.	
40	DIALYSIS	Num	8	NY.	
41	ICU	Num	8	NY.	
42	ICU_DAYS	Num	8		
43	V0_HOSP_ADMISSION_DATE	Num	8		
44	V0_HOSP_DISCHARGE_DATE	Num	8		
45	V0_HOSP_DAYS	Num	8		
46	INPATIENT_DATE	Num	8		
47	INPATIENT_CREATININE	Num	8		
48	BASELINE_DATE	Num	8		
49	HEIGHT_V3M	Num	8		
50	HEIGHT_PCTL_V3M	Num	8		
51	WEIGHT_V3M	Num	8		
52	WEIGHT_PCTL_V3M	Num	8		
53	SYSTOLIC_V3M	Num	8		
54	SYSTOLIC_PCTL_V3M	Num	8		
55	DIASTOLIC_V3M	Num	8		
56	DIASTOLIC_PCTL_V3M	Num	8		
57	AKIN_STAGE	Num	8	AKINST.	
58	BASELINE_AGE	Num	8		
59	BASELINE_GFR	Num	8		
60	INPATIENT_GFR	Num	8		
61	V3M_DATE	Num	8		
62	CREATININE	Num	8		Central Lab Creatinine (mg/dL)
63	CYSTATINC	Num	8		Central Lab Cystatin C (mg/L)
64	URINEALB	Num	8		Central Lab Urine Albumin (mg/L)
65	URINEALB_CENSOR	Num	8	NY.	
66	URINEALB_UCR	Num	8		Central Lab Urine Albumin/Urine Creatinine (mg/g Cr)
67	URINECREAT	Num	8		Central Lab Urine Creatinine (mg/dL)
68	URINEPROT	Num	8		Central Lab Urine Protein (g/L)
69	URINEPROT_CENSOR	Num	8	NY.	
70	URINEPROT_UCR	Num	8		Central Lab Urine Protein/Urine Creatinine (g/g Cr)
71	ELIGIBLE	Num	8		
72	GFR_V3M	Num	8		
73	GFR_CYSC_V3M	Num	8		
74	SUBJ_ID	Num	8		

Data Set Name: demographics.sas7bdat

Num	Variable	Type	Len	Format
1	ELIGIBLE	Num	8	NY.
2	V0_DATE	Num	8	
3	V0_CKD	Num	8	NY.
4	V0_AKI	Num	8	NY.
5	V0_AKIN_STAGE	Num	8	AKINST.
6	GENDER	Num	8	GENDER.
7	BLACK	Num	8	NY.
8	RACE	Num	8	RACE.
9	ETHNICITY	Num	8	ETHNIC.
10	AGE	Num	8	
11	DIABETES	Num	8	NY.
12	CHF	Num	8	NY.
13	CVD	Num	8	NY.
14	HYPERTENSION	Num	8	NY.
15	COPD	Num	8	NY.
16	CLD	Num	8	NY.
17	LUPUS	Num	8	NY.
18	SMOKER	Num	8	SMOKER.
19	BASELINE_CREATININE	Num	8	
20	SEPSIS	Num	8	NY.
21	DIALYSIS	Num	8	NY.
22	ICU	Num	8	NY.
23	V0_HOSP_DISCHARGE_DATE	Num	8	
24	BASELINE_GFR	Num	8	
25	V0_CREATININE	Num	8	
26	V0_GFR	Num	8	
27	V3M_DATE	Num	8	
28	V3M_CREATININE	Num	8	
29	V3M_GFR	Num	8	
30	LOS_INDEX	Num	8	
31	MATCH_ID	Num	8	
32	SUBJ_ID	Num	8	

Data Set Name: postv3m_aki.sas7bdat

Num	Variable	Type	Len	Format
1	RECURRENT_AKI	Num	8	NY.
2	RECURRENT_AKI_STAGE	Num	8	AKINST.
3	RECURRENT_AKI_DATE	Num	8	
4	MATCH_ID	Num	8	
5	SUBJ_ID	Num	8	

Data Set Name: postv3m_aki_lowhigh.sas7bdat

Num	Variable	Type	Len	Format
1	RECURRENT_AKI_LOWHIGH	Num	8	NY.
2	RECURRENT_AKI_LOWHIGH_STAGE	Num	8	AKINST.
3	RECURRENT_AKI_LOWHIGH_DATE	Num	8	
4	MATCH_ID	Num	8	
5	SUBJ_ID	Num	8	

Data Set Name: postv3m_inpatient_creatinine.sas7bdat

Num	Variable	Type	Len	Format
1	VISIT	Num	8	VISIT.
2	POSTV3M_COLLECTION_NUMBER	Num	8	
3	POSTV3M_DATE	Num	8	
4	POSTV3M_TIME	Num	8	
5	POSTV3M_CREATININE	Num	8	
6	MATCH_ID	Num	8	
7	SUBJ_ID	Num	8	

Data Set Name: postv3m_lifestyle.sas7bdat

Num	Variable	Type	Len	Format
1	VISIT_DATE	Num	8	
2	VISIT	Num	8	VISIT.
3	TOBACCO	Num	8	NY.
4	ALCOHOL	Num	8	NY.
5	HEIGHT	Num	8	
6	WEIGHT	Num	8	
7	BMI	Num	8	
8	SYSTOLIC_BP	Num	8	
9	DIASTOLIC_BP	Num	8	
10	SUBJ_ID	Num	8	

Data Set Name: postv3m_medications.sas7bdat

Num	Variable	Type	Len	Format	Label
1	VISIT	Num	8	VISIT.	
2	VISIT_DATE	Num	8		
3	DRUG_CLASS_A	Num	8	NY.	ACE inhibitors
4	DRUG_CLASS_B	Num	8	NY.	Aminoglycosides
5	DRUG_CLASS_C	Num	8	NY.	Amphotericin
6	DRUG_CLASS_D	Num	8	NY.	Angiotensin receptor blockers
7	DRUG_CLASS_E	Num	8	NY.	Aldosterone receptor antagonists
8	DRUG_CLASS_F	Num	8	NY.	Aspirin
9	DRUG_CLASS_G	Num	8	NY.	Other antihypertensive agents
10	DRUG_CLASS_H	Num	8	NY.	Diuretics
11	DRUG_CLASS_I	Num	8	NY.	Insulin
12	DRUG_CLASS_J	Num	8	NY.	Lipid-lowering agents
13	DRUG_CLASS_K	Num	8	NY.	NSAIDS
14	DRUG_CLASS_L	Num	8	NY.	Other injectable anti-diabetic agents
15	DRUG_CLASS_M	Num	8	NY.	Oral anti-diabetic agents
16	DRUG_CLASS_N	Num	8	NY.	Prostaglandins and prostaglandin analogs
17	DRUG_CLASS_O	Num	8	NY.	Renin Inhibitors
18	DRUG_CLASS_P	Num	8	NY.	Vasopressors
19	DRUG_CLASS_Q	Num	8	NY.	Immunosuppressants
20	DRUG_CLASS_R	Num	8	NY.	Corticosteroids
21	DRUG_CLASS_S	Num	8	NY.	Chemotherapeutics
22	DRUG_CLASS_T	Num	8	NY.	Antibiotics other than aminoglycosides
23	DRUG_CLASS_U	Num	8	NY.	Anti-HIV
24	DRUG_CLASS_V	Num	8	NY.	Anti-virals other than anti-HIV
25	DRUG_CLASS_W	Num	8	NY.	Anti-fungals other than amphotericin
26	DRUG_CLASS_X	Num	8	NY.	Iodinated contrast agents
27	DRUG_CLASS_Y	Num	8	NY.	Lithium
28	DRUG_CLASS_Z	Num	8	NY.	Miscellaneous
29	DRUG_CLASS_A1	Num	8	NY.	Proton Pump Inhibitors
30	DRUG_CLASS_A2	Num	8	NY.	Statins
31	DRUG_CLASS_G1	Num	8	NY.	Alpha-2 Agonists
32	DRUG_CLASS_G2	Num	8	NY.	Alpha-blockers
33	DRUG_CLASS_G3	Num	8	NY.	Beta-blockers
34	DRUG_CLASS_G4	Num	8	NY.	Calcium-channel Blockers
35	DRUG_CLASS_G5	Num	8	NY.	Vasodilators
36	DRUG_CLASS_G6	Num	8	NY.	Anti-anginal (Isosorbide Derivatives)
37	DRUG_CLASS_G7	Num	8	NY.	Unclassified Antihypertensive Agents

Num	Variable	Type	Len	Format	Label
38	DRUG_CLASS_H1	Num	8	NY.	Thiazide Diuretics
39	DRUG_CLASS_H2	Num	8	NY.	Loop Diuretics
40	DRUG_CLASS_H3	Num	8	NY.	Aldosterone Antagonist Diuretics
41	DRUG_CLASS_H4	Num	8	NY.	Potassium-sparing Diuretics (Except for Aldosterone Antagonists)
42	DRUG_CLASS_H5	Num	8	NY.	Other Diuretics
43	SUBJ_ID	Num	8		

Data Set Name: postv3m_recurrent_outcomes.sas7bdat

Num	Variable	Type	Len	Format	Label
1	V0_DATE	Num	8		
2	V3M_DATE	Num	8		
3	DATE	Num	8		
4	HOSP_ADMISSION_DATE	Num	8		
5	HOSP_DISCHARGE_DATE	Num	8		
6	HOSP_LENGTH_OF_STAY	Num	8		
7	ELAPSED_MONTHS_FROM_V0	Num	8		
8	ELAPSED_MONTHS_FROM_V3M	Num	8		
9	EVENT_HOSPITALIZATION	Num	8	NY.	Hospitalization
10	EVENT_B_ADJUDICATED	Num	8	NY.	Myocardial Infarction (adjudicated)
11	EVENT_C_ADJUDICATED	Num	8	NY.	Heart Failure (adjudicated)
12	EVENT_D_ADJUDICATED	Num	8	NY.	Ischemic Stroke or Transient Ischemic Attack (adjudicated)
13	EVENT_E_ADJUDICATED	Num	8	NY.	Hemorrhagic Stroke or Intracranial Hemorrhage (adjudicated)
14	EVENT_F	Num	8	NY.	Peripheral Vascular Disease
15	EVENT_G	Num	8	NY.	Coronary Artery By-pass Graft
16	EVENT_H	Num	8	NY.	Percutaneous Coronary Intervention
17	EVENT_I	Num	8	NY.	Peripheral Arterial Revascularization
18	EVENT_J	Num	8	NY.	Carotid Artery Revascularization
19	EVENT_K	Num	8	NY.	Lower Extremity/Digit Amputation
20	EVENT_L	Num	8	NY.	Defibrillator
21	EVENT_M	Num	8	NY.	Pacemaker
22	EVENT_L_M	Num	8	NY.	Defibrillator/Pacemaker
23	EVENT_N	Num	8	NY.	Kidney Transplant
24	EVENT_O	Num	8	NY.	Inpatient Dialysis
25	EVENT_H_OUTPATIENT	Num	8	NY.	Outpatient Percutaneous Coronary Intervention
26	EVENT_I_OUTPATIENT	Num	8	NY.	Outpatient Peripheral Arterial Revascularization
27	EVENT_J_OUTPATIENT	Num	8	NY.	Outpatient Carotid Artery Revascularization
28	EVENT_O_OUTPATIENT	Num	8	NY.	Outpatient Dialysis
29	EVENT_MACE_ADJUDICATED	Num	8	NY.	
30	SUBJ_ID	Num	8		

Data Set Name: postv3m_renal_death.sas7bdat

Num	Variable	Type	Len	Format	Label
1	V0_DATE	Num	8		
2	V3M_DATE	Num	8		
3	EVENT_CKD_INCIDENCE	Num	8	NY.	CKD Incidence
4	EVENT_CKD_INCIDENCE_DATE	Num	8		
5	EVENT_CKD_PROGRESSION	Num	8	NY.	CKD Progression
6	EVENT_CKD_PROGRESSION_DATE	Num	8		
7	EVENT_ESRD	Num	8	NY.	End-stage Renal Disease
8	EVENT_ESRD_DATE	Num	8		
9	EVENT_DEATH	Num	8	NY.	
10	EVENT_DEATH_DATE	Num	8		
11	EVENT_ESRD_EGFRHALVING	Num	8	NY.	
12	EVENT_ESRD_EGFRHALVING_DATE	Num	8		
13	SUBJ_ID	Num	8		

Data Set Name: postv3m_serum_urine.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	V0_DATE	Num	8			
2	V3M_DATE	Num	8			
3	VISIT	Num	8	VISIT.	4.1	
4	VISIT_DATE	Num	8			
5	BUN	Num	8			Central Lab Urea Nitrogen (mg/dL)
6	TOTCHOL	Num	8			Central Lab Total Cholesterol (mg/dL)
7	CHLORIDE	Num	8			Central Lab Chloride (mmol/L)
8	TOTBICARB	Num	8			Central Lab Total Bicarbonate (mmol/L)
9	GLUCOSE	Num	8			Central Lab Random Glucose (mg/dL)
10	HDLCHOL	Num	8			Central Lab HDL Cholesterol (mg/dL)
11	K	Num	8			Central Lab Potassium (mmol/L)
12	LDLCHOL	Num	8			Central Lab LDL Cholesterol (mg/dL)
13	SODIUM	Num	8			Central Lab Sodium (mmol/L)
14	TRIGLYC	Num	8			Central Lab Triglycerides (mg/dL)
15	SERUM_CREATININE	Num	8			Serum Creatinine (mg/dL)
16	EGFR_CREATININE	Num	8			eGFR, Serum Creatinine
17	SERUM_CYSTATINC	Num	8			Serum Cystain C (mg/L)
18	EGFR_CYSTATINC	Num	8			eGFR, Serum Cystatin C
19	EGFR_CREATININE_CYSTATINC	Num	8			eGFR, Serum Creatinine and Serum Cystatin C
20	URINE_CREATININE	Num	8			Urine Creatinine (mg/dL)
21	URINE_ALBUMIN	Num	8			Urine Albumin (mg/L)
22	URINE_PROTEIN	Num	8			Urine Protein (g/L)
23	SUBJ_ID	Num	8			

Data Set Name: prev0_medications.sas7bdat

Num	Variable	Type	Len	Label
1	DRUG_CLASS_A	Num	8	ACE Inhibitors
2	DRUG_CLASS_D	Num	8	Angiotensin receptor blockers
3	DRUG_CLASS_E	Num	8	Aldosterone receptor antagonists
4	DRUG_CLASS_F	Num	8	Aspirin
5	DRUG_CLASS_G	Num	8	Other antihypertensive agents
6	DRUG_CLASS_H	Num	8	Diuretics
7	DRUG_CLASS_I	Num	8	Insulin
8	DRUG_CLASS_J	Num	8	Lipid-lowering agents
9	DRUG_CLASS_K	Num	8	NSAIDS
10	DRUG_CLASS_L	Num	8	Other injectable anti-diabetic agents
11	DRUG_CLASS_M	Num	8	Oral anti-diabetic agents
12	DRUG_CLASS_O	Num	8	Renin Inhibitors
13	SUBJ_ID	Num	8	

Data Set Name: base_creatinine.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BCRE_1000	Num	8	3.	3.	Collection Number
2	BCRE_1030	Num	8	8.2	8.2	Serum Creatinine
3	BCRE_1040	Num	8	2.	2.	Unit of Measure
4	BCRE_1050	Num	8	2.	2.	Signature
5	BCRE_1010	Num	8			Collection Date
6	BCRE_1060	Num	8			Date Completed
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: dipstick_v0.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DIP_1000	Num	8	6.3	6.3	Specific Gravity
2	DIP_1010	Num	8	2.	2.	Protein
3	DIP_1020	Num	8	2.	2.	Glucose
4	DIP_1030	Num	8	2.	2.	Ketones
5	DIP_1040	Num	8	2.	2.	Leukocyte Esterase
6	DIP_1050	Num	8	2.	2.	Blood
7	DIP_1060	Num	8	2.	2.	Nitrites
8	DIP_1070	Num	8	2.	2.	pH level
9	VDATE	Num	8			
10	VNUM	Char	3			
11	CASE_CONTROL	Char	7			
12	AGE_GROUP	Char	1			
13	SUBJ_ID	Num	8			

Data Set Name: dna_consent_v0.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DNA_1000	Num	8	2.	2.	Prepare DNA from blood?
2	DNA_1010	Num	8	2.	2.	Prepare cell line from blood?
3	DNA_1020	Num	8	2.	2.	Test DNA for genes related to kidney disease?
4	DNA_1030	Num	8	2.	2.	Test DNA for genes related to other conditions?
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: ecg_other_v0.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ECGO_1000	Num	8	2.	2.	Source of authorization to obtain ECG
2	ECGO_1010	Num	8			Date of ECG
3	VDATE	Num	8			
4	VNUM	Char	3			
5	CASE_CONTROL	Char	7			
6	AGE_GROUP	Char	1			
7	SUBJ_ID	Num	8			

Data Set Name: elig1a.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ELIG1A_1000	Num	8	2.	2.	Baseline sCr 7-365 days prior to hospitalization
2	ELIG1A_1005	Num	8	2.	2.	Baseline sCr within 365 days prior to hospitalization
3	ELIG1A_1010	Num	8	3.	3.	Hospitalized 90 or more days after AKI episode
4	ELIG1A_1020	Num	8	3.	3.	Pregnant or nursing
5	ELIG1A_1030	Num	8	2.	2.	Hemodialysis or peritoneal dialysis lasting e 3 months
6	ELIG1A_1040	Num	8	2.	2.	Baseline estimated GFR < 15 ml/min/1.73m2, not receiving renal replacement therapy
7	ELIG1A_1050	Num	8	2.	2.	History of solid organ and/or hematopoietic cell transplants
8	ELIG1A_1060	Num	8	2.	2.	History of multiple myeloma
9	ELIG1A_1070	Num	8	2.	2.	Hepatorenal syndrome
10	ELIG1A_1080	Num	8	2.	2.	Acute glomerulonephritis
11	ELIG1A_1090	Num	8	2.	2.	Clinically significant urinary tract obstruction, confirmed by imaging
12	ELIG1A_1100	Num	8	2.	2.	Hospitalization involves acute nephrectomy
13	ELIG1A_1110	Num	8	2.	2.	History of metastatic or systemic cancer and receiving active treatment
14	ELIG1A_1120	Num	8	2.	2.	Class IV heart failure before admission
15	ELIG1A_1130	Num	8	2.	2.	Expected to live 12 months or less
16	ELIG1A_1140	Num	8	2.	2.	Enrolled in an active interventional study at 3-month visit
17	ELIG1A_1150	Num	8	2.	2.	Incarcerated, institutionalized, or otherwise unable to participate in a home, community, or clinical setting
18	ELIG1A_1160	Num	8	2.	2.	Participant eligible
19	VDATE	Num	8			
20	VNUM	Char	3			
21	CASE_CONTROL	Char	7			
22	AGE_GROUP	Char	1			
23	SUBJ_ID	Num	8			

Data Set Name: elig1b.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ELIG1B_1000	Num	8	2.	2.	Participant living
2	ELIG1B_1010	Num	8	2.	2.	On dialysis for past three months
3	ELIG1B_1020	Num	8	3.	3.	Expect to be on dialysis by visit 3 date
4	ELIG1B_1030	Num	8	2.	2.	Since hospital discharge, enrolled in an interventional study
5	ELIG1B_1040	Num	8	3.	3.	Expect study to end by visit 3 date
6	ELIG1B_1050	Num	8	2.	2.	Since hospital discharge, diagnosed or treated for cancer
7	ELIG1B_1060	Num	8	2.	2.	Currently receivng chemotherapy
8	ELIG1B_1070	Num	8	3.	3.	Currently pregnant or nursing
9	ELIG1B_1080	Num	8	2.	2.	Participant eligible
10	VDATE	Num	8			
11	VNUM	Char	3			
12	CASE_CONTROL	Char	7			
13	AGE_GROUP	Char	1			
14	SUBJ_ID	Num	8			

Data Set Name: inpt_creatinine_v0.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTCRE_1000	Num	8	3.	3.	Collection Number
2	PTCRE_1020	Num	8	5.	5.	Time
3	PTCRE_1030	Num	8	8.2	8.2	Serum Creatinine
4	PTCRE_1040	Num	8	2.	2.	Unit of Measure
5	PTCRE_1010	Num	8			Collection Date
6	VDATE	Num	8			
7	VNUM	Char	3			
8	CASE_CONTROL	Char	7			
9	AGE_GROUP	Char	1			
10	SUBJ_ID	Num	8			

Data Set Name: p1_inpatient1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1INP_1000	Num	8	3.	3.	Diabetes mellitus
2	P1INP_1010	Num	8	3.	3.	If yes: What type?
3	P1INP_1020	Num	8	3.	3.	Chronic heart failure
4	P1INP_1030	Num	8	3.	3.	Coronary heart disease
5	P1INP_1040	Num	8	3.	3.	Hypertension
6	P1INP_1050	Num	8	3.	3.	Systemic cancer
7	P1INP_1060	Num	8	3.	3.	Chronic lung disease
8	P1INP_1070	Num	8	3.	3.	Chronic liver disease
9	P1INP_1080	Num	8	3.	3.	Gout
10	P1INP_1090	Num	8	3.	3.	Rheumatoid arthritis
11	P1INP_1100	Num	8	3.	3.	Systemic lupus
12	P1INP_1110	Num	8	3.	3.	Have you ever smoked cigarettes, a pipe, cigar, marijuana, or any other substance?
13	P1INP_1120	Num	8	2.	2.	If yes: Smoking status?
14	P1INP_1130	Num	8	3.	3.	Have you ever used smokeless tobacco products?
15	P1INP_1140	Num	8	2.	2.	If yes: Smoking status?
16	P1INP_1150	Num	8	2.	2.	Tobacco history obtained from: Participant interview
17	P1INP_1160	Num	8	2.	2.	Tobacco history obtained from: Surrogate interview
18	P1INP_1170	Num	8	2.	2.	Tobacco history obtained from: Chart review
19	P1INP_1180	Num	8	8.2	8.2	Pre-admission/pre-op creatinine value
20	P1INP_1190	Num	8	2.	2.	Units of measurement
21	P1INP_1210	Num	8	3.	3.	History of kidney stones
22	P1INP_1220	Num	8	3.	3.	History of known proteinuria
23	P1INP_1230	Num	8	3.	3.	History of urinary obstruction
24	P1INP_1240	Num	8	3.	3.	History of chronic kidney disease
25	P1INP_1250	Num	8	3.	3.	Family history of kidney disease
26	P1INP_1260	Num	8	3.	3.	Pre-admission medications: ACE inhibitors
27	P1INP_1270	Num	8	3.	3.	Pre-admission medications: Angiotensin II receptor blockers
28	P1INP_1280	Num	8	3.	3.	Pre-admission medications: Renin inhibitors
29	P1INP_1290	Num	8	3.	3.	Pre-admission medications: Aldosterone receptor antagonists
30	P1INP_1300	Num	8	3.	3.	Pre-admission medications: Diuretics
31	P1INP_1310	Num	8	3.	3.	Pre-admission medications: other antihypertensive agents
32	P1INP_1320	Num	8	3.	3.	Pre-admission medications: Aspirin
33	P1INP_1330	Num	8	3.	3.	Pre-admission medications: NSAIDS
34	P1INP_1340	Num	8	3.	3.	Pre-admission medications: Insulin
35	P1INP_1350	Num	8	3.	3.	Pre-admission medications: other injectable anti-diabetic agents
36	P1INP_1360	Num	8	3.	3.	Pre-admission medications: Oral anti-diabetic agents

Num	Variable	Type	Len	Format	Informat	Label
37	P1INP_1370	Num	8	3.	3.	Pre-admission medications: Lipid-lowering agents
38	P1INP_1200	Num	8			Date of AKI episode (case participants only)
39	VDATE	Num	8			
40	VNUM	Char	3			
41	CASE_CONTROL	Char	7			
42	AGE_GROUP	Char	1			
43	SUBJ_ID	Num	8			

Data Set Name: p1_inpatient2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1INP2_1000	Num	8	3.	3.	Medications given during Hospitalization: Aminoglycosides
2	P1INP2_1010	Num	8	3.	3.	Medications given during Hospitalization: Amphotericin
3	P1INP2_1020	Num	8	3.	3.	Medications given during Hospitalization: NSAIDS
4	P1INP2_1030	Num	8	3.	3.	Medications given during Hospitalization: ACE inhibitors
5	P1INP2_1040	Num	8	3.	3.	Medications given during Hospitalization: Angiotensin II receptor blockers
6	P1INP2_1050	Num	8	3.	3.	Medications given during Hospitalization: Vasopressors
7	P1INP2_1060	Num	8	3.	3.	Medications given during Hospitalization: Diuretics
8	P1INP2_1070	Num	8	2.	2.	In hospital exposures or complications: Intravenous/intra-arterial contrast prior to hospital discharge
9	P1INP2_1080	Num	8	2.	2.	If yes: Was the contrast iodinated?
10	P1INP2_1090	Num	8	2.	2.	If yes: was the contrast gadolinium?
11	P1INP2_1100	Num	8	2.	2.	Intravenous/intra-arterial contrast within 48 hours before AKI event
12	P1INP2_1110	Num	8	2.	2.	In hospital exposures or complications: Sepsis
13	P1INP2_1120	Num	8	2.	2.	In hospital exposures or complications: Major surgical procedure
14	P1INP2_1130	Num	8	2.	2.	Major surgical procedure within 48 hours before the AKI event (case participants only)
15	P1INP2_1140	Num	8	2.	2.	If yes: Cardiac
16	P1INP2_1150	Num	8	2.	2.	If yes: Thoracoabdominal
17	P1INP2_1160	Num	8	2.	2.	If yes: Non-cardiac vascular
18	P1INP2_1170	Num	8	2.	2.	If yes: Other, Specify
19	P1INP2_1180	Num	8	2.	2.	In hospital exposures or complications: Shock
20	P1INP2_1190	Num	8	2.	2.	In hospital exposures or complications: Acute heart failure
21	P1INP2_1200	Num	8	2.	2.	In hospital exposures or complications: Respiratory failure requiring mechanical ventilation
22	P1INP2_1210	Num	8	2.	2.	In hospital exposures or complications: Acute myocardial infarction
23	P1INP2_1220	Num	8	2.	2.	In hospital exposures or complications: Nephrology consult
24	P1INP2_1230	Num	8	2.	2.	Dialysis
25	P1INP2_1260	Num	8	2.	2.	Participant discharged from hospital requiring dialysis treatment?
26	P1INP2_1270	Num	8	2.	2.	Modality: Intermittent Hemodialysis
27	P1INP2_1280	Num	8	2.	2.	Modality: Sustained low-efficiency dialysis
28	P1INP2_1290	Num	8	2.	2.	Modality: Continuous renal replacement therapy
29	P1INP2_1320	Num	8	4.	4.	Number of days in ICU
30	P1INP2_1350	Num	8	3.	3.	Participant's location after discharge
31	P1INP2_1240	Num	8			Start date for first dialysis
32	P1INP2_1250	Num	8			Stop date for last dialysis
33	P1INP2_1300	Num	8			Start date for first modality
34	P1INP2_1310	Num	8			Stop date for last modality
35	P1INP2_1330	Num	8			Hospital admission date

Num	Variable	Type	Len	Format	Informat	Label
36	P1INP2_1340	Num	8			Hospital discharge/death date
37	VDATE	Num	8			
38	VNUM	Char	3			
39	CASE_CONTROL	Char	7			
40	AGE_GROUP	Char	1			
41	SUBJ_ID	Num	8			

Data Set Name: p1_inpt_demo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1DEMO_1000	Num	8	3.	3.	Current marital status
2	P1DEMO_1010	Num	8	2.	2.	Current living arrangments
3	P1DEMO_1020	Num	8	2.	2.	Type of residence
4	P1DEMO_1050	Num	8	3.	3.	Highest level of education completed
5	P1DEMO_1060	Num	8	3.	3.	Primary employment status
6	P1DEMO_1090	Num	8	3.	3.	Type of work
7	P1DEMO_1100	Num	8	2.	2.	US Healthcare coverage: Uninsured
8	P1DEMO_1110	Num	8	2.	2.	US Healthcare coverage: Self-insured
9	P1DEMO_1120	Num	8	2.	2.	US Healthcare coverage: COBRA
10	P1DEMO_1130	Num	8	2.	2.	US Healthcare coverage: Commercial/fee-for-service
11	P1DEMO_1140	Num	8	2.	2.	US Healthcare coverage: HMO
12	P1DEMO_1150	Num	8	2.	2.	US Healthcare coverage: Local/state insurance
13	P1DEMO_1160	Num	8	2.	2.	US Healthcare coverage: Military
14	P1DEMO_1170	Num	8	2.	2.	US Healthcare coverage: Medicare
15	P1DEMO_1180	Num	8	2.	2.	US Healthcare coverage: Medicaid
16	P1DEMO_1190	Num	8	2.	2.	US Healthcare coverage: Self-pay
17	P1DEMO_1200	Num	8	2.	2.	US Healthcare coverage: Other, Specify
18	P1DEMO_1210	Num	8	2.	2.	Canada Healthcare coverage: Provincial/Public health insurance
19	P1DEMO_1220	Num	8	2.	2.	Canada Healthcare coverage: Private/personal insurance
20	P1DEMO_1230	Num	8	3.	3.	Total annual gross houshold income
21	P1DEMO_1240	Num	8	2.	2.	Who completed form
22	VDATE	Num	8			
23	DATE_Q05A	Num	8			
24	VNUM	Char	3			
25	CASE_CONTROL	Char	7			
26	AGE_GROUP	Char	1			
27	SUBJ_ID	Num	8			

Data Set Name: p1_inpt_spec.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1SPEC_1010	Num	8	5.	5.	Time of blood collection
2	P1SPEC_1020	Num	8	6.2	6.2	Amount of blood collected
3	P1SPEC_1030	Num	8	2.	2.	Number of 0.5 mL aliquots of plasma produced
4	P1SPEC_1040	Num	8	2.	2.	Minimum of 3 aliquots of plasma collected?
5	P1SPEC_1060	Num	8	5.	5.	Time of urine collection
6	P1SPEC_1070	Num	8	2.	2.	Urine collected from a foley catheter?
7	P1SPEC_1080	Num	8	3.	3.	Numbr of 1 mL aliquots of urine produced
8	P1SPEC_1090	Num	8	2.	2.	Minimum of 3 aliquots of urine collected?
9	P1SPEC_1100	Num	8	2.	2.	Is participant eligible?
10	P1SPEC_1110	Num	8	5.	5.	Time plasma samples frozen
11	P1SPEC_1130	Num	8	5.	5.	Time urine samples frozen
12	P1SPEC_1000	Num	8			Date of blood collection
13	P1SPEC_1050	Num	8			Date of urine collection
14	P1SPEC_1120	Num	8			Date plasma samples frozen
15	P1SPEC_1140	Num	8			Date urine samples frozen
16	VDATE	Num	8			
17	VNUM	Char	3			
18	CASE_CONTROL	Char	7			
19	AGE_GROUP	Char	1			
20	SUBJ_ID	Num	8			

Data Set Name: p2_inpatient1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2INP_1000	Num	8	3.	3.	Diabetes mellitus?
2	P2INP_1010	Num	8	3.	3.	What type?
3	P2INP_1020	Num	8	3.	3.	Cyanotic heart disease
4	P2INP_1030	Num	8	3.	3.	Hypertension
5	P2INP_1040	Num	8	3.	3.	Systemic cancer (excluding non-melanoma skin cancer)
6	P2INP_1050	Num	8	3.	3.	Chronic lung disease
7	P2INP_1060	Num	8	3.	3.	Genetic Syndrome
8	P2INP_1070	Num	8	3.	3.	Neurological/developmental disease
9	P2INP_1080	Num	8	3.	3.	Prematurity
10	P2INP_1090	Num	8	3.	3.	How many weeks gestation at birth?
11	P2INP_1100	Num	8	3.	3.	Growth problems
12	P2INP_1110	Num	8	3.	3.	Fed via nasogastric or gastrostomy tube?
13	P2INP_1120	Num	8	3.	3.	Previous heart surgeries?
14	P2INP_1130	Num	8	3.	3.	Number of previous heart surgeries
15	P2INP_1150	Num	8	3.	3.	Have you ever smoked?
16	P2INP_1160	Num	8	2.	2.	Current smoking status
17	P2INP_1170	Num	8	3.	3.	Used smokeless tobacco products?
18	P2INP_1180	Num	8	2.	2.	Current smokeless tobacco use status
19	P2INP_1190	Num	8	2.	2.	Participant interview
20	P2INP_1200	Num	8	2.	2.	Surrogate interview
21	P2INP_1210	Num	8	2.	2.	Chart review
22	P2INP_1220	Num	8	8.2	8.2	Pre-adm/Pre-op creatinine value
23	P2INP_1230	Num	8	2.	2.	Unit of measurement
24	P2INP_1250	Num	8	3.	3.	History of kidney stones
25	P2INP_1260	Num	8	3.	3.	History of known proteinuria
26	P2INP_1270	Num	8	3.	3.	History of urinary obstruction
27	P2INP_1280	Num	8	3.	3.	History of chronic kidney disease
28	P2INP_1290	Num	8	3.	3.	History of congenital kidney abnormalities
29	P2INP_1300	Num	8	3.	3.	ACE inhibitors
30	P2INP_1310	Num	8	3.	3.	Angiotensin II receptor blockers (ARBs)
31	P2INP_1320	Num	8	3.	3.	Renin inhibitors
32	P2INP_1330	Num	8	3.	3.	Aldosterone receptor antagonists
33	P2INP_1340	Num	8	3.	3.	Diuretics
34	P2INP_1350	Num	8	3.	3.	Other antihypertensive agents
35	P2INP_1360	Num	8	3.	3.	Aspirin
36	P2INP_1370	Num	8	3.	3.	NSAIDS
37	P2INP_1380	Num	8	3.	3.	Insulin

Num	Variable	Type	Len	Format	Informat	Label
38	P2INP_1390	Num	8	3.	3.	Other injectable anti-diabetic agents
39	P2INP_1400	Num	8	3.	3.	Oral anti-diabetic agents
40	P2INP_1410	Num	8	3.	3.	Lipid-Lowering agents
41	P2INP_1420	Num	8	3.	3.	Prostagladins
42	P2INP_1140	Num	8			Date of last heart surgery
43	P2INP_1240	Num	8			Date of AKI
44	VDATE	Num	8			
45	VNUM	Char	3			
46	CASE_CONTROL	Char	7			
47	AGE_GROUP	Char	1			
48	SUBJ_ID	Num	8			

Data Set Name: p2_inpatient2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2INP2_1000	Num	8	3.	3.	Aminoglycosides
2	P2INP2_1010	Num	8	3.	3.	Amphotericin
3	P2INP2_1020	Num	8	3.	3.	NSAIDS
4	P2INP2_1030	Num	8	3.	3.	ACE inhibitors
5	P2INP2_1040	Num	8	3.	3.	Angiotensin II receptor blockers (ARBs)
6	P2INP2_1050	Num	8	3.	3.	Vasopressors
7	P2INP2_1060	Num	8	3.	3.	Diuretics
8	P2INP2_1070	Num	8	3.	3.	Aspirin
9	P2INP2_1080	Num	8	2.	2.	Intravenous/intra-arterial contrast prior to hospital discharge
10	P2INP2_1090	Num	8	2.	2.	Contrast iodinated
11	P2INP2_1100	Num	8	2.	2.	Contrast gadolinium
12	P2INP2_1110	Num	8	2.	2.	Intravenous/intra-arterial contrast within 48 hours before AKI event
13	P2INP2_1120	Num	8	2.	2.	Sepsis?
14	P2INP2_1130	Num	8	2.	2.	Major surgical procedure
15	P2INP2_1140	Num	8	2.	2.	Major surgical procedure within 48 hours before the AKI event (case participants only)
16	P2INP2_1150	Num	8	2.	2.	Cardiac procedure
17	P2INP2_1160	Num	8	2.	2.	Thoracoabdominal
18	P2INP2_1170	Num	8	2.	2.	Non-cardiac vascular
19	P2INP2_1180	Num	8	2.	2.	Other, Specify
20	P2INP2_1190	Num	8	2.	2.	RACHS surgery category
21	P2INP2_1200	Num	8	2.	2.	Shock
22	P2INP2_1210	Num	8	2.	2.	Arrhythmias
23	P2INP2_1220	Num	8	2.	2.	>48 hrs mechanical ventrilation
24	P2INP2_1230	Num	8	2.	2.	Nephrology consult
25	P2INP2_1240	Num	8	2.	2.	Dialysis
26	P2INP2_1270	Num	8	2.	2.	Participant discharged from hospital requiring dialysis treatment?
27	P2INP2_1280	Num	8	2.	2.	Intermittent Hemodialysis
28	P2INP2_1290	Num	8	2.	2.	Sustained Low-Efficiency Dialysis
29	P2INP2_1300	Num	8	2.	2.	Continuous Renal Replacement Therapy
30	P2INP2_1305	Num	8	2.	2.	Peritoneal Dialysis
31	P2INP2_1330	Num	8	4.	4.	Number of days in ICU
32	P2INP2_1360	Num	8	3.	3.	Location after discharge
33	P2INP2_1250	Num	8			Start date for first dialysis
34	P2INP2_1260	Num	8			Stop date for last dialysis
35	P2INP2_1310	Num	8			Start date for first modality
36	P2INP2_1320	Num	8			Stop date for last modality

Num	Variable	Type	Len	Format	Informat	Label
37	P2INP2_1340	Num	8			Hospital admission date
38	P2INP2_1350	Num	8			Discharge/death date
39	VDATE	Num	8			
40	VNUM	Char	3			
41	CASE_CONTROL	Char	7			
42	AGE_GROUP	Char	1			
43	SUBJ_ID	Num	8			

Data Set Name: p2_inpt_demo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2DEMO_1000	Num	8	2.	2.	Child lived in primary residence since birth
2	P2DEMO_1010	Num	8	3.	3.	If no, how long has child lived in residence (Years)
3	P2DEMO_1020	Num	8	3.	3.	If no, how long has child lived in residence (Months)
4	P2DEMO_1030	Num	8	3.	3.	Describe child's primary residence
5	P2DEMO_1040	Num	8	2.	2.	Siblings
6	P2DEMO_1050	Num	8	3.	3.	Number of siblings
7	P2DEMO_1060	Num	8	3.	3.	How many siblings live together
8	P2DEMO_1070	Num	8	2.	2.	Number of parent/guardians in household
9	P2DEMO_1100	Num	8	2.	2.	Uninsured
10	P2DEMO_1110	Num	8	2.	2.	Self-insured
11	P2DEMO_1120	Num	8	2.	2.	COBRA
12	P2DEMO_1130	Num	8	2.	2.	Commercial/fee-for-service
13	P2DEMO_1140	Num	8	2.	2.	HMO
14	P2DEMO_1150	Num	8	2.	2.	Local/state insurance
15	P2DEMO_1160	Num	8	2.	2.	Military
16	P2DEMO_1170	Num	8	2.	2.	Medicare
17	P2DEMO_1180	Num	8	2.	2.	Medicaid
18	P2DEMO_1190	Num	8	2.	2.	Self-pay
19	P2DEMO_1200	Num	8	2.	2.	Other, Specify
20	P2DEMO_1210	Num	8	2.	2.	Provincial/Public Health Insurance
21	P2DEMO_1220	Num	8	2.	2.	Private/Personal Insurance
22	P2DEMO_1230	Num	8	3.	3.	Total gross household income
23	P2DEMO_1240	Num	8	2.	2.	How many legal guardians does child have
24	P2DEMO_1250	Num	8	3.	3.	Guardian's relationship to child?
25	P2DEMO_1260	Num	8	3.	3.	Guardian's current marital status?
26	P2DEMO_1270	Num	8	3.	3.	Highest level of education completed by guardian
27	P2DEMO_1280	Num	8	3.	3.	Guardian's primary employment status
28	P2DEMO_1310	Num	8	3.	3.	Type of work guardian primarily does
29	P2DEMO_1320	Num	8	3.	3.	Guardian's relationship to child? (Guardian 2)
30	P2DEMO_1330	Num	8	3.	3.	Guardian's current marital status? (Guardian 2)
31	P2DEMO_1340	Num	8	3.	3.	Highest level of education completed by guardian (Guardian 2)
32	P2DEMO_1350	Num	8	3.	3.	Guardian's primary employment status (Guardian 2)
33	P2DEMO_1380	Num	8	3.	3.	Type of work guardian primarily does (Guardian 2)
34	P2DEMO_1390	Num	8	2.	2.	How was CRF completed
35	VDATE	Num	8			
36	DATE_Q12A	Num	8			
37	DATE_Q17A	Num	8			

Num	Variable	Type	Len	Format	Informat	Label
38	VNUM	Char	3			
39	CASE_CONTROL	Char	7			
40	AGE_GROUP	Char	1			
41	SUBJ_ID	Num	8			

Data Set Name: p2_inpt_dna_spec.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2DNA_1010	Num	8	2.	2.	3-7 mL DNA, EDTA (purple) collected?
2	P2DNA_1000	Num	8			Date of blood collection
3	VDATE	Num	8			
4	VNUM	Char	3			
5	CASE_CONTROL	Char	7			
6	AGE_GROUP	Char	1			
7	SUBJ_ID	Num	8			

Data Set Name: p2_inpt_spec.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2SPEC_1010	Num	8	5.	5.	Time of blood collection
2	P2SPEC_1020	Num	8	6.2	6.2	Amount of blood collected
3	P2SPEC_1040	Num	8	5.	5.	Time of urine collection
4	P2SPEC_1050	Num	8	2.	2.	Collected using foley catheter
5	P2SPEC_1060	Num	8	3.	3.	Amount of urine collected
6	P2SPEC_1070	Num	8	2.	2.	How many 0.5 mL aliquots of plasma produced?
7	P2SPEC_1080	Num	8	5.	5.	Time plasma samples frozen
8	P2SPEC_1100	Num	8	3.	3.	How many 1 mL aliquots urine produced?
9	P2SPEC_1110	Num	8	5.	5.	Time urine samples frozen
10	P2SPEC_1000	Num	8			Date of blood collection
11	P2SPEC_1030	Num	8			Date of urine collection
12	P2SPEC_1090	Num	8			Date plasma samples frozen
13	P2SPEC_1120	Num	8			Date urine samples frozen
14	VDATE	Num	8			
15	VNUM	Char	3			
16	CASE_CONTROL	Char	7			
17	AGE_GROUP	Char	1			
18	SUBJ_ID	Num	8			

Data Set Name: registry.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	REG_1000	Num	8	2.	2.	Is the Participant 18 to 88 years old
2	REG_1010	Num	8	2.	2.	If Yes: has the participant signed and dated the informed consent?
3	REG_1030	Num	8	2.	2.	If no: was the consent signed by a surrogate?
4	REG_1050	Num	8	2.	2.	If participant is >1 month old to <18 years old, has the parent/legal guardian signed and dated the informed consent?
5	REG_1070	Num	8	3.	3.	If the participant is e 7 years old, has the participant signed and dated the assent form?
6	REG_1100	Num	8	3.	3.	What is your gender?
7	REG_1110	Num	8	2.	2.	What is your racial background: American Indian or Alaskan Native
8	REG_1120	Num	8	2.	2.	What is your racial background: Asian
9	REG_1130	Num	8	2.	2.	What is your racial background: Black or African American
10	REG_1140	Num	8	2.	2.	What is your racial background: White
11	REG_1150	Num	8	2.	2.	What is your racial background: Native Hawaiian or Other Pacific Islander
12	REG_1160	Num	8	2.	2.	What is your racial background: Other (SPECIFY)
13	REG_1170	Num	8	3.	3.	What do you consider your primary racial backround?
14	REG_1180	Num	8	2.	2.	What is your ethnic background?
15	REG_1020	Num	8			If yes: record the date the form was signed.
16	REG_1040	Num	8			If yes: record the date the form was signed.
17	REG_1060	Num	8			If yes: record the date the form was signed.
18	REG_1080	Num	8			If yes: record the date the assent form was signed or verbally given.
19	REG_1090	Num	8			What is your date of birth?
20	AGE_GROUP	Char	1			
21	SUBJ_ID	Num	8			

Data Set Name: ua_micro.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	UAMIC_1010	Num	8	2.	2.	Urine Dipstick: Specific Gravity
2	UAMIC_1020	Num	8	2.	2.	Urine Dipstick: Protein
3	UAMIC_1030	Num	8	2.	2.	Urine Dipstick: Glucose
4	UAMIC_1040	Num	8	2.	2.	Urine Dipstick: Ketones
5	UAMIC_1050	Num	8	2.	2.	Urine Dipstick: Leukocyte Esterase
6	UAMIC_1060	Num	8	2.	2.	Urine Dipstick: Blood
7	UAMIC_1070	Num	8	2.	2.	Urine Dipstick: Nitrites
8	UAMIC_1080	Num	8	2.	2.	pH level
9	UAMIC_1090	Num	8	2.	2.	Was a microscopy requested
10	UAMIC_1100	Num	8	2.	2.	Cells/hpf: RBCs/ERCs
11	UAMIC_1110	Num	8	2.	2.	Cells/hpf: WBCs/LKCs
12	UAMIC_1120	Num	8	2.	2.	Cells/hpf: RTEs
13	UAMIC_1130	Num	8	2.	2.	Casts/lpf: Hyaline
14	UAMIC_1140	Num	8	2.	2.	Casts/lpf: Granular
15	UAMIC_1150	Num	8	2.	2.	Casts/lpf: RBC Cast
16	UAMIC_1160	Num	8	2.	2.	Casts/lpf: WBC Cast
17	UAMIC_1170	Num	8	2.	2.	Casts/lpf: RTE Cast
18	UAMIC_1180	Num	8	2.	2.	Amorphous Sediment
19	UAMIC_1000	Num	8			Date of Collection
20	VDATE	Num	8			
21	VNUM	Char	3			
22	CASE_CONTROL	Char	7			
23	AGE_GROUP	Char	1			
24	SUBJ_ID	Num	8			

Data Set Name: aki_eval_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	EVAL_1010	Num	8	8.2	8.2	Serum creatinine value
3	EVAL_1020	Num	8	2.	2.	Unit of Measure
4	EVAL_1025	Num	8	3.	3.	Participant have oliguria day of meeting AKI criteria?
5	EVAL_1030	Num	8	2.	2.	Inpatient acute dialysis
6	EVAL_1060	Num	8	2.	2.	Intermittent Hemodialysis
7	EVAL_1070	Num	8	2.	2.	Sustained Low-Efficiency Dialysis
8	EVAL_1080	Num	8	2.	2.	Countinuous Renal Replacement Therapy
9	EVAL_1090	Num	8	2.	2.	Peritoneal Dialysis
10	EVAL_1100	Num	8	2.	2.	Discharged requiring dialysis?
11	EVAL_995	Num	8			Hospitalization admission date
12	EVAL_1000	Num	8			Date of last outpatient serum creatinine test
13	EVAL_1040	Num	8			Start date for first dialysis
14	EVAL_1050	Num	8			Stop date for last dialysis
15	VDATE	Num	8			
16	VNUM	Char	3			
17	CASE_CONTROL	Char	7			
18	AGE_GROUP	Char	1			
19	SUBJ_ID	Num	8			

Data Set Name: blood_pressure_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BP_1000	Num	8	2.	2.	Taken at this visit?
2	BP_1010	Num	8	3.	3.	Reason not taken
3	BP_1020	Num	8	5.	5.	Time of day
4	BP_1030	Num	8	3.	3.	Location
5	BP_1040	Num	8	3.	3.	Device number
6	BP_1050	Num	8	2.	2.	Arm used
7	BP_1060	Num	8	5.1	5.1	Midpoint circumference of arm
8	BP_1070	Num	8	2.	2.	Size of cuff
9	BP_1080	Num	8	4.	4.	Seated pulse BP_1090/1100=First seated blood pressure (systolic/diastolic) BP_1110/1120=Second seated blood pressure (systolic/diastolic) BP_1130/1140=Third seated blood pressure (systolic/diastolic) BP_1150/1160=Mean of two lowest seated blood pressures (
10	BP_1090	Num	8	4.	4.	First seated blood pressure (systolic)
11	BP_1100	Num	8	4.	4.	First seated blood pressure (diastolic)
12	BP_1110	Num	8	4.	4.	Second seated blood pressure (systolic)
13	BP_1120	Num	8	4.	4.	Second seated blood pressure (diastolic)
14	BP_1130	Num	8	4.	4.	Third seated blood pressure (systolic)
15	BP_1140	Num	8	4.	4.	Third seated blood pressure (diastolic)
16	BP_1150	Num	8	4.	4.	Mean of two lowest seated blood pressures (systolic)
17	BP_1160	Num	8	4.	4.	Mean of two lowest seated blood pressures (diastolic)
18	BP_1170	Num	8	4.	4.	95th percentile systolic blood pressure for age/gender/height
19	BP_1180	Num	8	4.	4.	95th percentile diastolic blood pressure for age/gender/height
20	BP_1190	Char	3	$3.	$3.	Percentile for participant's systolic blood pressure
21	BP_1200	Char	3	$3.	$3.	Percentile for participant's diastolic blood pressure
22	VDATE	Num	8			
23	VNUM	Char	3			
24	CASE_CONTROL	Char	7			
25	AGE_GROUP	Char	1			
26	SUBJ_ID	Num	8			

Data Set Name: can_labcbc_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CANLAB_1010	Num	8	7.3	7.3	LKC
2	CANLAB_1020	Num	8	4.	4.	Platelets
3	CANLAB_1030	Num	8	8.3	8.3	Hemoglobin
4	CANLAB_1040	Num	8	6.3	6.3	Hematocrit
5	CANLAB_1050	Num	8	8.2	8.2	Creatinine
6	CANLAB_1000	Num	8			Date of draw
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: cmed_otc_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CMEDO_1000	Num	8	3.	3.	In the past 30 days: Aspirin
2	CMEDO_1010	Num	8	3.	3.	In the past 30 days: Fish oil supplements
3	CMEDO_1020	Num	8	3.	3.	In the past 30 days: NSAIDs
4	VDATE	Num	8			
5	VNUM	Char	3			
6	CASE_CONTROL	Char	7			
7	AGE_GROUP	Char	1			
8	SUBJ_ID	Num	8			

Data Set Name: cmed_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CMED_1000	Num	8	3.	3.	Record ID
2	CMED_1010	Num	8	6.	6.	Drug Code
3	CMED_1030	Num	8	2.	2.	Ongoing at final visit
4	CMED_1020	Num	8			Stop Date
5	VNUM	Char	3			
6	CASE_CONTROL	Char	7			
7	AGE_GROUP	Char	1			
8	SUBJ_ID	Num	8			

Data Set Name: death_eval_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DTH_1040	Num	8	2.	2.	Where did participant die?
2	VDATE	Num	8			
3	VNUM	Char	3			
4	CASE_CONTROL	Char	7			
5	AGE_GROUP	Char	1			
6	SUBJ_ID	Num	8			

Data Set Name: dial_eval_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DIAL_1010	Num	8	2.	2.	Intermittent Hemodialysis
2	DIAL_1020	Num	8	2.	2.	Peritoneal Dialysis
3	DIAL_1030	Num	8	2.	2.	Complete stop of dialysis?
4	DIAL_1000	Num	8			Start date for first dialysis
5	DIAL_1040	Num	8			Stop Date
6	VDATE	Num	8			
7	VNUM	Char	3			
8	CASE_CONTROL	Char	7			
9	AGE_GROUP	Char	1			
10	SUBJ_ID	Num	8			

Data Set Name: dipstick_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DIP_1000	Num	8	6.3	6.3	Specific Gravity
2	DIP_1010	Num	8	2.	2.	Protein
3	DIP_1020	Num	8	2.	2.	Glucose
4	DIP_1030	Num	8	2.	2.	Ketones
5	DIP_1040	Num	8	2.	2.	Leukocyte Esterase
6	DIP_1050	Num	8	2.	2.	Blood
7	DIP_1060	Num	8	2.	2.	Nitrites
8	DIP_1070	Num	8	2.	2.	pH level
9	VDATE	Num	8			
10	VNUM	Char	3			
11	CASE_CONTROL	Char	7			
12	AGE_GROUP	Char	1			
13	SUBJ_ID	Num	8			

Data Set Name: dna_dbgap_consent_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DNADB_995	Num	8	2.	2.	Participant being re-consented?
2	DNADB_1000	Num	8	2.	2.	Permission to prepare DNA from blood samples?
3	DNADB_1010	Num	8	2.	2.	Permission to create a cell line from blood cells?
4	DNADB_1020	Num	8	2.	2.	Permission to test DNA for genes related to main goal of study?
5	DNADB_1030	Num	8	2.	2.	Permission to test DNA for genes related to other health conditions?
6	DNADB_1040	Num	8	2.	2.	Permission for genetic data to be included in NIH dbGAP?
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: ecg_clinic_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ECG_1000	Num	8	2.	2.	Performed at this visit
2	ECG_1010	Num	8	3.	3.	Reason not performed
3	ECG_1015	Num	8	2.	2.	Completed in home
4	ECG_1020	Num	8	2.	2.	MI or ischemia
5	ECG_1030	Num	8	2.	2.	VTach/VFib
6	ECG_1040	Num	8	2.	2.	ECG indicated-AFib
7	ECG_1050	Num	8	2.	2.	Atrial flutter
8	ECG_1060	Num	8	2.	2.	Atrioventricular block
9	ECG_1070	Num	8	2.	2.	Bradycardia
10	ECG_1080	Num	8	4.	4.	E-measurement
11	ECG_1090	Num	8	4.	4.	V6-measurement
12	VDATE	Num	8			
13	VNUM	Char	3			
14	CASE_CONTROL	Char	7			
15	AGE_GROUP	Char	1			
16	SUBJ_ID	Num	8			

Data Set Name: ecg_other_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ECGO_1000	Num	8	2.	2.	Source of authorization to obtain ECG
2	ECGO_1010	Num	8			Date of ECG
3	VDATE	Num	8			
4	VNUM	Char	3			
5	CASE_CONTROL	Char	7			
6	AGE_GROUP	Char	1			
7	SUBJ_ID	Num	8			

Data Set Name: elig2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ELIG2_1000	Num	8	3.	3.	Currently pregnant or nursing
2	ELIG2_1005	Num	8	3.	3.	Remained hospitalized 90 or more days after the AKI episode
3	ELIG2_1010	Num	8	3.	3.	Since AKI episode, received hemodialysis or peritoneal dialysis lasting e 3 months
4	ELIG2_1020	Num	8	2.	2.	Since index hospitalization, history of solid organ and/or hematopoietic cell transplants
5	ELIG2_1030	Num	8	2.	2.	Since index hospitalization, history of multiple myeloma
6	ELIG2_1040	Num	8	2.	2.	Since index hospitalization, hepatorenal syndrome
7	ELIG2_1050	Num	8	2.	2.	Since index hospitalization, acute gomerulonephritis
8	ELIG2_1060	Num	8	2.	2.	Since index hospitalization, clinically significant urinary tract obstruction, confirmed by imaging
9	ELIG2_1070	Num	8	2.	2.	History of metastatic or systemic cancer and receiving active treatment
10	ELIG2_1080	Num	8	2.	2.	Expected to live 12 months or less
11	ELIG2_1090	Num	8	2.	2.	Enrolled in an active interventional study at 3-month visit
12	ELIG2_1100	Num	8	2.	2.	Incarcerated, institutionalized, or otherwise unable to participate in a home, community, or clinical setting
13	ELIG2_1110	Num	8	3.	3.	Able to provide adequate blood sample
14	ELIG2_1115	Num	8	2.	2.	Able to provide adequate urine sample
15	ELIG2_1120	Num	8	2.	2.	Participant eligible
16	VDATE	Num	8			
17	VNUM	Char	3			
18	CASE_CONTROL	Char	7			
19	AGE_GROUP	Char	1			
20	SUBJ_ID	Num	8			

Data Set Name: hosp_eval_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	HOSP_1000	Num	8	2.	2.	Hospitalization documented on Medical Events form
3	HOSP_1010	Num	8	5.	5.	Primary Reason for hospitalization
4	HOSP_1040	Num	8	2.	2.	Previously notified of hospitalization
5	HOSP_1050	Num	8	2.	2.	Able to obtain hospital records
6	HOSP_1075	Num	8	3.	3.	Inpatient acute dialysis
7	HOSP_1080	Num	8	2.	2.	ASSESS-AKI ICD9 codes identified in records
8	HOSP_1090	Num	8	2.	2.	ASSESS-AKI ICD10 codes identified in records
9	HOSP_1100	Num	8	2.	2.	ASSESS-AKI CPT codes identified in records
10	HOSP_1105	Num	8	2.	2.	ASSESS-AKI CCI codes identified in records
11	HOSP_1110	Num	8	3.	3.	Acute kidney injury
12	HOSP_1120	Num	8	3.	3.	Myocardial infarction
13	HOSP_1130	Num	8	3.	3.	Heart failure
14	HOSP_1140	Num	8	3.	3.	Ischemic stroke or transient ischemic attack
15	HOSP_1150	Num	8	3.	3.	Hemorrhagic stroke or intracranial hemorrhage
16	HOSP_1160	Num	8	3.	3.	Blockage in ateries of arms, legs, or abdomen
17	HOSP_1190	Num	8	3.	3.	Coronary artery bypass surgery
18	HOSP_1200	Num	8	3.	3.	Percutaneous coronary intervention
19	HOSP_1210	Num	8	3.	3.	Peripheral arterial revasculartization
20	HOSP_1220	Num	8	3.	3.	Lower extremity/digit amputation
21	HOSP_1230	Num	8	3.	3.	Carotid artery revasculartization
22	HOSP_1240	Num	8	3.	3.	Implantation of cardioverter defibrillator
23	HOSP_1260	Num	8	3.	3.	Kidney transplant
24	HOSP_1020	Num	8			admission date reported by the participant/informant
25	HOSP_1030	Num	8			Discharge/death date reported by the participant/informant
26	HOSP_1060	Num	8			Admission date of hospitalization
27	HOSP_1070	Num	8			Discharge/death date
28	VDATE	Num	8			
29	VNUM	Char	3			
30	CASE_CONTROL	Char	7			
31	AGE_GROUP	Char	1			
32	SUBJ_ID	Num	8			

Data Set Name: icd10_cci_codes_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ICD10_1010	Num	8	3.	3.	Record ID
2	ICD10_1020	Char	7	$7.	$7.	ICD10 code
3	ICD10_1030	Char	10	$10.	$10.	CCI code
4	ICD10_1000	Num	8			Admission date of hospitalization
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: icd9_cpt_codes_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ICD9_1010	Num	8	3.	3.	Record ID
2	ICD9_1020	Char	6	$6.	$6.	ICD9 code
3	ICD9_1030	Char	5	$5.	$5.	CPT code
4	ICD9_1000	Num	8			Admission date of hospitalization
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: inpt_creatinine_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTCRE_1000	Num	8	3.	3.	Collection Number
2	PTCRE_1020	Num	8	5.	5.	Time
3	PTCRE_1030	Num	8	8.2	8.2	Serum Creatinine
4	PTCRE_1040	Num	8	2.	2.	Unit of Measure
5	PTCRE_1010	Num	8			Collection Date
6	VDATE	Num	8			
7	VNUM	Char	3			
8	CASE_CONTROL	Char	7			
9	AGE_GROUP	Char	1			
10	SUBJ_ID	Num	8			

Data Set Name: mmmse_tally_pc_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MTALLPC_1000	Num	8	2.	2.	Page 1 Total
2	MTALLPC_1010	Num	8	2.	2.	Page 2 Total
3	MTALLPC_1020	Num	8	2.	2.	Page 3 Total
4	MTALLPC_1030	Num	8	3.	3.	Page 4 Total
5	MTALLPC_1040	Num	8	3.	3.	Page 5 Total
6	MTALLPC_1050	Num	8	3.	3.	Page 6 Total
7	MTALLPC_1060	Num	8	2.	2.	Page 7 Total
8	MTALLPC_1070	Num	8	2.	2.	Page 8 Total
9	MTALLPC_1080	Num	8	3.	3.	Page 9 Total
10	MTALLPC_1090	Num	8	2.	2.	Page 10 Total
11	MTALLPC_1100	Num	8	3.	3.	Page 11 Total
12	MTALLPC_1110	Num	8	2.	2.	Page 12 Total
13	MTALLPC_1120	Num	8	2.	2.	Page 13 Total
14	MTALLPC_1130	Num	8	2.	2.	Page 14 Total
15	VDATE	Num	8			
16	VNUM	Char	3			
17	CASE_CONTROL	Char	7			
18	AGE_GROUP	Char	1			
19	SUBJ_ID	Num	8			

Data Set Name: mmmse_tally_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MTALL_1000	Num	8	2.	2.	Q1 total
2	MTALL_1010	Num	8	2.	2.	Q2 total
3	MTALL_1020	Num	8	2.	2.	Q3 total
4	MTALL_1030	Num	8	2.	2.	Q4 total
5	MTALL_1040	Num	8	2.	2.	Q5 total
6	MTALL_1050	Num	8	3.	3.	Q6 total
7	MTALL_1060	Num	8	2.	2.	Q7 total
8	MTALL_1070	Num	8	2.	2.	Q8 total
9	MTALL_1080	Num	8	3.	3.	Q9 total
10	MTALL_1090	Num	8	2.	2.	Q10 total
11	MTALL_1100	Num	8	2.	2.	Q11 total
12	MTALL_1110	Num	8	2.	2.	Q12 total
13	MTALL_1120	Num	8	2.	2.	Q13 total
14	MTALL_1130	Num	8	2.	2.	Q14 total
15	MTALL_1140	Num	8	3.	3.	Q15 total
16	MTALL_1150	Num	8	2.	2.	Q16 total
17	MTALL_1160	Num	8	2.	2.	Q17 total
18	VDATE	Num	8			
19	VNUM	Char	3			
20	CASE_CONTROL	Char	7			
21	AGE_GROUP	Char	1			
22	SUBJ_ID	Num	8			

Data Set Name: outpt_vasc_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VASC_1000	Num	8	3.	3.	Number of PCIs since last study contact
2	VASC_1010	Num	8			Date of first PCI
3	VASC_1020	Num	8			Date of second PCI
4	VASC_1030	Num	8			Date of third PCI
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: p1_alert_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1ALRT_1010	Num	8	2.	2.	Alert due to change in BP?
2	P1ALRT_1020	Num	8	2.	2.	If yes: Systolic BP>180
3	P1ALRT_1030	Num	8	2.	2.	If yes: Diastolic BP>110
4	P1ALRT_1040	Num	8	2.	2.	Alert due to acute distress
5	P1ALRT_1050	Num	8	2.	2.	If yes: Chest pain
6	P1ALRT_1060	Num	8	2.	2.	If yes: Sever Respiratory Distress
7	P1ALRT_1070	Num	8	2.	2.	If yes: Acute Neurological Symptoms
8	P1ALRT_1080	Num	8	2.	2.	If yes: Other, Specify
9	P1ALRT_1090	Num	8	2.	2.	Alert due to lab results?
10	P1ALRT_1100	Num	8	2.	2.	If yes: Potassium
11	P1ALRT_1110	Num	8	2.	2.	If yes: Sodium
12	P1ALRT_1130	Num	8	2.	2.	If yes: Glucose
13	P1ALRT_1140	Num	8	2.	2.	If yes: Creatinine doubling from last value
14	P1ALRT_1150	Num	8	2.	2.	If yes: CBC Hemoglobin
15	P1ALRT_1160	Num	8	2.	2.	If yes: Other abnormal lab value, specify
16	P1ALRT_1170	Num	8	2.	2.	Alert due to ECG results?
17	P1ALRT_1190	Num	8	2.	2.	If yes: Type of reading
18	P1ALRT_1200	Num	8	2.	2.	If yes: Results: Bradycardia
19	P1ALRT_1210	Num	8	2.	2.	If yes: Results: Tachycardia
20	P1ALRT_1220	Num	8	2.	2.	If yes: Results: Acute MI or ischemia
21	P1ALRT_1230	Num	8	2.	2.	If yes: Results: Vtach or Vfib
22	P1ALRT_1240	Num	8	2.	2.	If yes: Results: Afib
23	P1ALRT_1250	Num	8	2.	2.	If yes: Results: Atrial Flutter
24	P1ALRT_1260	Num	8	2.	2.	If yes: Results: Mobitz Type II 2nd degree Heart Block
25	P1ALRT_1270	Num	8	2.	2.	If yes: Results: 3rd degree Heart Block
26	P1ALRT_1280	Num	8	2.	2.	If yes: Results: Complete Left Bundle Branch Block
27	P1ALRT_1290	Num	8	2.	2.	Study site PI notified?
28	P1ALRT_1300	Num	8	3.	3.	Action taken?
29	P1ALRT_1310	Num	8	3.	3.	Participant notified of outcome?
30	P1ALRT_1000	Num	8			Date of alert value
31	P1ALRT_1180	Num	8			If yes: Date of reading
32	VDATE	Num	8			
33	VNUM	Char	3			
34	CASE_CONTROL	Char	7			
35	AGE_GROUP	Char	1			
36	SUBJ_ID	Num	8			

Data Set Name: p1_events_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1EVE_1000	Num	8	2.	2.	Since last ASSESS AKI study contact, hospitalized or ER for any medical problems
2	P1EVE_1010	Num	8	2.	2.	Heart attack
3	P1EVE_1020	Num	8	4.	4.	Heart attack-number of visits
4	P1EVE_1030	Num	8	2.	2.	Chest pain
5	P1EVE_1040	Num	8	4.	4.	Chest pain-number of visits
6	P1EVE_1050	Num	8	2.	2.	Heart failure/fluid in lungs
7	P1EVE_1060	Num	8	4.	4.	Heart failure/fluid in lungs-number of visits
8	P1EVE_1070	Num	8	2.	2.	Heart by-pass surgery
9	P1EVE_1080	Num	8	4.	4.	Heart by-pass surgery-number of visits
10	P1EVE_1090	Num	8	2.	2.	Abnormal heart rhythm
11	P1EVE_1100	Num	8	4.	4.	Abnormal heart rhythm-number of visits
12	P1EVE_1110	Num	8	2.	2.	Stroke, mini-stroke (TIA) or brain attack, bleading in the brain
13	P1EVE_1120	Num	8	4.	4.	Stroke, mini-stroke (TIA) or brain attack, bleading in the brain-number of visits
14	P1EVE_1130	Num	8	2.	2.	Inability to speak or weakness on one side of the body
15	P1EVE_1140	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
16	P1EVE_1150	Num	8	2.	2.	Kidney transplant
17	P1EVE_1160	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
18	P1EVE_1170	Num	8	2.	2.	Blockage in the arteries in your arms, legs or abdomen
19	P1EVE_1180	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
20	P1EVE_1190	Num	8	2.	2.	Blockage in blood vessels in your neck
21	P1EVE_1200	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
22	P1EVE_1210	Num	8	2.	2.	Other medical condition(s) or problem(s)
23	P1EVE_1220	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
24	P1EVE_1230	Num	8	4.	4.	Record number of separate hospitalizations/ER visits since the last ASSESS AKI study contact
25	P1EVE_1250	Num	8	2.	2.	Surgery (amputation, or other surgery), balloon angioplasty or amputation of limb due to blockage in blood vessels in the arms, legs, or abdomen
26	P1EVE_1260	Num	8	2.	2.	If yes: indicate where surgery or angioplasty was performed
27	P1EVE_1270	Num	8	2.	2.	Surgery (carotid endarterectomy) or balloon angioplasty to open a blockage in blood vessels in the neck
28	P1EVE_1280	Num	8	2.	2.	If yes: indicate where surgery or angioplasty was performed
29	P1EVE_1290	Num	8	4.	4.	Record the number of serparate test/procedures since the last ASSESS AKI study contact
30	P1EVE_1310	Num	8	2.	2.	Since the last ASSESS AKI study contact have you had coronary angiography?
31	P1EVE_1320	Num	8	2.	2.	If yes: indicate where surgery or angioplasty was performed
32	P1EVE_1330	Num	8	2.	2.	Since the last ASSESS AKI study contact have you had balloon angioplasty or stenting to open a blockage in blood vessels in the heart?

Num	Variable	Type	Len	Format	Informat	Label
33	P1EVE_1340	Num	8	2.	2.	If yes: indicate where surgery or angioplasty was performed
34	P1EVE_1350	Num	8	4.	4.	Record the number of serparate test/procedures since the last ASSESS AKI study contact
35	P1EVE_1370	Num	8	2.	2.	Since the last ASSESS AKI study contact, have you had hemodialysis or peritoneal dialysis?
36	P1EVE_1380	Num	8	2.	2.	If yes: indicate where dialysis was performed
37	P1EVE_1390	Num	8	4.	4.	Record the number of serparate test/procedures since the last ASSESS AKI study contact
38	P1EVE_1400	Num	8	2.	2.	Death
39	P1EVE_1410	Num	8			Date deceased
40	VDATE	Num	8			
41	VNUM	Char	3			
42	CASE_CONTROL	Char	7			
43	AGE_GROUP	Char	1			
44	SUBJ_ID	Num	8			

Data Set Name: p1_lifestyle_3m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1LF3_1000	Num	8	2.	2.	Since last ASSESS AKI study visit: Smoked cigarettes?
2	P1LF3_1010	Num	8	2.	2.	Smoked more than 100 cigarettes (5 packs)?
3	P1LF3_1020	Num	8	2.	2.	Currently smoke cigarettes?
4	P1LF3_1030	Num	8	5.1	5.1	How many cigarettes usually smoked per day?
5	P1LF3_1040	Num	8	3.	3.	How many months smoking this amount?
6	P1LF3_1050	Num	8	2.	2.	Since last ASSESS AKI study visit: Smoked cigars?
7	P1LF3_1060	Num	8	2.	2.	Smoked at least 20 cigars?
8	P1LF3_1070	Num	8	2.	2.	Currently smoke cigars?
9	P1LF3_1080	Num	8	5.1	5.1	How many cigars usually smoked per day?
10	P1LF3_1090	Num	8	3.	3.	How many months smoking this amount?
11	P1LF3_1100	Num	8	2.	2.	Since last ASSESS AKI study visit: Smoked tobacco pipe?
12	P1LF3_1110	Num	8	3.	3.	Have you ever smoked a tobacco pipe regularly for at least on year?
13	P1LF3_1120	Num	8	2.	2.	Do you still smoke a pipe regularly?
14	P1LF3_1130	Num	8	5.1	5.1	How many years have you smoked a pipe regularly?
15	P1LF3_1140	Num	8	3.	3.	How many pipefuls of tobacco smoked per day on average?
16	P1LF3_1150	Num	8	5.1	5.1	How many years ago did you stop?
17	P1LF3_1160	Num	8	3.	3.	How many pipefuls did you usually smoke before you stoped?
18	P1LF3_1170	Num	8	2.	2.	Since last ASSESS AKI study visit: Had at least one alcoholic drink?
19	P1LF3_1180	Num	8	3.	3.	How often have you had an alcoholic drink?
20	P1LF3_1190	Num	8	3.	3.	How many drinks on the days you drank?
21	P1LF3_1200	Num	8	3.	3.	Largest number of alcoholic drinks in a 24-hour period
22	P1LF3_1210	Num	8	3.	3.	For men: How often did you have 5 or more alcoholic drinks within a two-hour period?
23	P1LF3_1220	Num	8	3.	3.	For women: How often did you have 4 of more alcoholic drinks within a two-hour period?
24	P1LF3_1230	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used marijuana?
25	P1LF3_1240	Num	8	3.	3.	If yes: Used within past 30 days?
26	P1LF3_1250	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used methamphetamines?
27	P1LF3_1260	Num	8	3.	3.	If yes: Used within past 30 days?
28	P1LF3_1270	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used cocaine?
29	P1LF3_1280	Num	8	3.	3.	If yes: Used within past 30 days?
30	P1LF3_1290	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used heroin?
31	P1LF3_1300	Num	8	3.	3.	If yes: Used within past 30 days?
32	P1LF3_1310	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used any other street drugs?
33	P1LF3_1320	Num	8	3.	3.	If yes: Used within past 30 days?
34	P1LF3_1330	Num	8	2.	2.	Since your last ASSESS AKI study visit, has your healthcare coverage changed?

Num	Variable	Type	Len	Format	Informat	Label
35	P1LF3_1340	Num	8	2.	2.	US Healthcare coverage: Uninsured
36	P1LF3_1350	Num	8	2.	2.	US Healthcare coverage: Self-insured
37	P1LF3_1360	Num	8	2.	2.	US Healthcare coverage: COBRA
38	P1LF3_1370	Num	8	2.	2.	US Healthcare coverage: Commercial/fee-for-service
39	P1LF3_1380	Num	8	2.	2.	US Healthcare coverage: HMO
40	P1LF3_1390	Num	8	2.	2.	US Healthcare coverage: Local/state insurance
41	P1LF3_1400	Num	8	2.	2.	US Healthcare coverage: Military
42	P1LF3_1410	Num	8	2.	2.	US Healthcare coverage: Medicare
43	P1LF3_1420	Num	8	2.	2.	US Healthcare coverage: Medicaid
44	P1LF3_1430	Num	8	2.	2.	US Healthcare coverage: Self-pay
45	P1LF3_1440	Num	8	2.	2.	US Healthcare coverage: Other, Specify
46	P1LF3_1450	Num	8	2.	2.	Canadian Healthcare coverage: Provincial/Public Health Insurance
47	P1LF3_1460	Num	8	2.	2.	Canadian Healthcare coverage: Private/Personal Insurance
48	P1LF3_1470	Num	8	2.	2.	Since your last ASSESS AKI study visit: Was there a time that you were not covered by health insurance?
49	P1LF3_1480	Num	8	2.	2.	If yes: Were you not covered for one month or more?
50	P1LF3_1490	Num	8	2.	2.	Since your last ASSESS AKI study visit: Were you denied health insurance
51	P1LF3_1500	Num	8	2.	2.	Since your last ASSESS AKI study visit: Were you unable to fill a prescription because of the cost?
52	P1LF3_1510	Num	8	2.	2.	Since your last ASSESS AKI study visit: Were you unable to see your doctor because of the cost?
53	P1LF3_1520	Num	8	2.	2.	Where was the CRF completed?
54	P1LF3_1530	Num	8	2.	2.	Who completed the CRF?
55	P1LF3_1540	Num	8	2.	2.	If participant completed: Did coordinator review the CRF with patient during the in-person visit?
56	P1LF3_1550	Num	8	2.	2.	If yes: signature of research coordinator
57	P1LF3_1560	Num	8			If yes: Date signature completed
58	VDATE	Num	8			
59	VNUM	Char	3			
60	CASE_CONTROL	Char	7			
61	AGE_GROUP	Char	1			
62	SUBJ_ID	Num	8			

Data Set Name: p1_medhx_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1MED_1000	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for cancer?
2	P1MED_1010	Num	8	3.	3.	Did you receive chemotherapy?
3	P1MED_1020	Num	8	3.	3.	Did you receive: cisplatin
4	P1MED_1030	Num	8	3.	3.	Did you receive: ifosfamide
5	P1MED_1040	Num	8	3.	3.	Did you receive: methotrexate
6	P1MED_1050	Num	8	3.	3.	Did you receive: gemcitabine
7	P1MED_1060	Num	8	3.	3.	Did you receive: bevacizumab
8	P1MED_1070	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for asthma or reactive airway disease?
9	P1MED_1080	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for chronic obstructive pulmonary disease?
10	P1MED_1090	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for Hepatitis (B or C) infection?
11	P1MED_1100	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for Rheumatoid arthritis?
12	P1MED_1110	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for Gout?
13	P1MED_1120	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for systemic lupus?
14	P1MED_1130	Num	8	3.	3.	Since your last ASSESS AKI visit: Were you pregnant?
15	P1MED_1140	Num	8	2.	2.	Are you currently pregnant?
16	P1MED_1150	Num	8	3.	3.	Did you complete menopause?
17	P1MED_1160	Num	8	2.	2.	Do you know when your last menstrual period started?
18	P1MED_1175	Num	8	2.	2.	Did you have a hysterectomy?
19	P1MED_1180	Num	8	3.	3.	Since your last ASSESS AKI visit: Did you see a nephrologist/kidney doctor for your kidney problems?
20	P1MED_1190	Num	8	3.	3.	Since your last ASSESS AKI visit: Did you see any other doctor or health professional(s) for your kidney problems?
21	P1MED_1200	Num	8	3.	3.	Was the level of protein in your urine measured?
22	P1MED_1210	Num	8	3.	3.	Was your kidney function measured by a 24-hour urine test or I-Iothalamate clearance test?
23	P1MED_1220	Num	8	3.	3.	Did you have a kidney xray (KUB)?
24	P1MED_1230	Num	8	3.	3.	Did you have any vaccinations to lower your risk of infection?
25	P1MED_1240	Num	8	3.	3.	If yes: Did you have one or more vaccines to prevent bacterial infection?
26	P1MED_1250	Num	8	3.	3.	If yes: Did you have a flu vaccine?
27	P1MED_1260	Num	8	3.	3.	Since your last ASSESS AKI visit: How long has it been since last blood pressure taken by a doctor or other health professional? (number)
28	P1MED_1270	Num	8	3.	3.	Since your last ASSESS AKI visit: How long has it been since last blood pressure taken by a doctor or other health professional? (days/weeks/months)

Num	Variable	Type	Len	Format	Informat	Label
29	P1MED_1280	Num	8	3.	3.	Did the doctor or other health professional tell you for the first time that your have hypertension or high blood pressure?
30	P1MED_1290	Num	8	3.	3.	If yes: do you currently take prescribed medication for hypertension or high blood pressure?
31	P1MED_1300	Num	8	3.	3.	Since your last ASSESS AKI visit: How long has it been since last blood cholesterold taken by a doctor or other health professional? (number)
32	P1MED_1310	Num	8	3.	3.	Since your last ASSESS AKI visit: How long has it been since last blood cholesterol taken by a doctor or other health professional? (days/weeks/months)
33	P1MED_1320	Num	8	3.	3.	Did a doctor or other health professional tell you for the first time that your blood cholesterol level was high?
34	P1MED_1330	Num	8	3.	3.	If yes: do you currently take prescribed medication for hypertension or high blood cholesterol?
35	P1MED_1335	Num	8	3.	3.	Have you ever been told that you have diabetes or high blood sugar?
36	P1MED_1340	Num	8	3.	3.	Since your last ASSESS AKI visit: Did a doctor or other health professional tell you for the first time that you have diabetes or high blood sugar?
37	P1MED_1350	Num	8	3.	3.	Are you currently taking insulin?
38	P1MED_1360	Num	8	3.	3.	Are you currently taking injectable drugs, other than insulin, to manage your blood sugar?
39	P1MED_1370	Num	8	3.	3.	Do you currently take diabetes pills to lower your blood sugar?
40	P1MED_1380	Num	8	3.	3.	Since your last ASSESS AKI visit: Did you have your eyes examined by a doctor?
41	P1MED_1400	Num	8	3.	3.	Since your last ASSESS AKI visit: Did a doctor tell you that diabetes has affected your eyes or that you have retinopathy?
42	P1MED_1410	Num	8	3.	3.	Currently experiencing: Numbness or tingling in hands or feet?
43	P1MED_1420	Num	8	3.	3.	Currently experiencing: Loss of sensation in hands or feet?
44	P1MED_1430	Num	8	3.	3.	Currently experiencing: Decreased ability to feel the hotness or coldness of things you touch?
45	P1MED_1440	Num	8	3.	3.	Currently experiencing: Sores or ulcers on your feet or ankles?
46	P1MED_1450	Num	8	2.	2.	Where was the CRF completed?
47	P1MED_1460	Num	8	2.	2.	Who completed the CRF?
48	P1MED_1470	Num	8	2.	2.	If participant completed: Did coordinator review the CRF with patient during the in-person visit?
49	P1MED_1480	Num	8	2.	2.	If yes: signature of research coordinator
50	P1MED_1490	Num	8			If yes: Date signature completed
51	VDATE	Num	8			
52	DATE_Q04A	Num	8			
53	DATE_Q20	Num	8			
54	VNUM	Char	3			
55	CASE_CONTROL	Char	7			
56	AGE_GROUP	Char	1			
57	SUBJ_ID	Num	8			

Data Set Name: p1_outpt_demo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1ODMO_1000	Num	8	3.	3.	Current marital status
2	P1ODMO_1010	Num	8	2.	2.	Current living arrangments
3	P1ODMO_1020	Num	8	2.	2.	Type of residence
4	P1ODMO_1030	Num	8	3.	3.	Primary employment status
5	P1ODMO_1060	Num	8	3.	3.	Type of work
6	P1ODMO_1070	Num	8	3.	3.	Total gross household income
7	P1ODMO_1080	Num	8	2.	2.	Where was the CRF completed?
8	P1ODMO_1090	Num	8	2.	2.	Who completed the CRF?
9	P1ODMO_1100	Num	8	2.	2.	Did RC review CRF with participant during visit
10	P1ODMO_1110	Num	8	2.	2.	If yes: signature of research coordinator
11	P1ODMO_1120	Num	8			Date
12	VDATE	Num	8			
13	DATE_Q04A	Num	8			
14	VNUM	Char	3			
15	CASE_CONTROL	Char	7			
16	AGE_GROUP	Char	1			
17	SUBJ_ID	Num	8			

Data Set Name: p1_v3m_collect_bld.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1BLD_1000	Num	8	2.	2.	Visit completed in the participant's home?
2	P1BLD_1020	Num	8	5.	5.	Time of blood collection
3	P1BLD_1030	Num	8	2.	2.	Minimum blood collected
4	P1BLD_1040	Num	8	2.	2.	9 mL SST or 7.5 mL double SST of serum collected
5	P1BLD_1050	Num	8	2.	2.	9 mL SST or 7.5 mL double SST of serum collected
6	P1BLD_1060	Num	8	2.	2.	3 mL EDTA to Local Lab
7	P1BLD_1070	Num	8	2.	2.	10 mL EDTA for Plasma and DNA
8	P1BLD_1080	Num	8	2.	2.	10 mL EDTA for Plasma and DNA
9	P1BLD_1090	Num	8	2.	2.	4.5 mL Citrate
10	P1BLD_1010	Num	8			Date of blood collection
11	VDATE	Num	8			
12	VNUM	Char	3			
13	CASE_CONTROL	Char	7			
14	AGE_GROUP	Char	1			
15	SUBJ_ID	Num	8			

Data Set Name: p1_v3m_collect_bld_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P1BLD2_1000	Num	8	2.	2.	Visit completed in the participant's home?
3	P1BLD2_1020	Num	8	5.	5.	Time of blood collection
4	P1BLD2_1030	Num	8	2.	2.	Minimum blood collected
5	P1BLD2_1040	Num	8	2.	2.	9 mL SST or 7.5 mL double SST of serum collected
6	P1BLD2_1050	Num	8	2.	2.	9 mL SST or 7.5 mL double SST of serum collected
7	P1BLD2_1060	Num	8	2.	2.	3 mL EDTA to Local Lab
8	P1BLD2_1070	Num	8	2.	2.	10 mL EDTA for Plasma and DNA
9	P1BLD2_1080	Num	8	2.	2.	10 mL EDTA for Plasma and DNA
10	P1BLD2_1090	Num	8	2.	2.	4.5 mL Citrate
11	P1BLD2_1010	Num	8			Date of blood collection
12	VDATE	Num	8			
13	VNUM	Char	3			
14	CASE_CONTROL	Char	7			
15	AGE_GROUP	Char	1			
16	SUBJ_ID	Num	8			

Data Set Name: p1_v3m_collect_ua.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1UA_1000	Num	8	2.	2.	Visit completed in the participant's home?
2	P1UA_1030	Num	8	5.	5.	Time of urine collection
3	P1UA_1035	Num	8	3.	3.	Amount of urine collected
4	P1UA_1040	Num	8	5.	5.	Time of protease inhibitor addition (>30mL)
5	P1UA_1050	Num	8	2.	2.	Minimum urine collected
6	P1UA_1020	Num	8			Date of urine collection
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: p1_v3m_collect_ua_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P1UA2_1000	Num	8	2.	2.	Visit completed in the participant's home?
3	P1UA2_1030	Num	8	5.	5.	Time of urine collection
4	P1UA2_1035	Num	8	3.	3.	Amount of urine collected
5	P1UA2_1040	Num	8	5.	5.	Time of protease inhibitor addition (>30mL)
6	P1UA2_1050	Num	8	3.	3.	Minimum urine collected
7	P1UA2_1020	Num	8			Date of urine collection
8	VDATE	Num	8			
9	VNUM	Char	3			
10	CASE_CONTROL	Char	7			
11	AGE_GROUP	Char	1			
12	SUBJ_ID	Num	8			

Data Set Name: p1_v3m_process.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1PRO_1000	Num	8	2.	2.	Blood samples to be processed?
2	P1PRO_1010	Num	8	2.	2.	Number of 1.0 mL aliquots of serum produced from 9 mL SST or 7.5 mL double SST red top vacutainers?
3	P1PRO_1020	Num	8	2.	2.	If greater than 6 aliquots, estimate volume of additional serum saved
4	P1PRO_1030	Num	8	2.	2.	Number of 1.0 mL aliquots of plasma produced from 10 mL EDTA purple top vacutainers?
5	P1PRO_1040	Num	8	2.	2.	If greater than 5 aliquots, estimate volume of additional plasma saved
6	P1PRO_1045	Num	8	2.	2.	Number of packed cell pellets produced from 10 mL purple top vacutainers
7	P1PRO_1050	Num	8	2.	2.	Number of 1.0 mL aliquots produced from 4.5 mL citrate blue top vacutainer?
8	P1PRO_1060	Num	8	2.	2.	If greater than 2 aliquots, estimate volume of additional plasma saved
9	P1PRO_1080	Num	8	5.	5.	Time samples frozen
10	P1PRO_1090	Num	8	2.	2.	Urine samples to be processed?
11	P1PRO_1100	Num	8	3.	3.	Number of 1.0 mL aliquots of urine produced?
12	P1PRO_1110	Num	8	2.	2.	Number of 10 mL aliquotsof urine produced?
13	P1PRO_1120	Num	8	2.	2.	Number of 10 mL aliquots of urine with protease inhibitors
14	P1PRO_1140	Num	8	5.	5.	Time samples frozen
15	P1PRO_1070	Num	8			Date samples frozen
16	P1PRO_1130	Num	8			Date samples frozen
17	VDATE	Num	8			
18	VNUM	Char	3			
19	CASE_CONTROL	Char	7			
20	AGE_GROUP	Char	1			
21	SUBJ_ID	Num	8			

Data Set Name: p1_v3m_process_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P1PRO2_1000	Num	8	2.	2.	Blood samples to be processed?
3	P1PRO2_1010	Num	8	2.	2.	Number of 1.0 mL aliquots of serum produced from 9 mL SST or 7.5 mL double SST red top vacutainers?
4	P1PRO2_1020	Num	8	2.	2.	If greater than 6 aliquots, estimate volume of additional serum saved
5	P1PRO2_1030	Num	8	2.	2.	Number of 1.0 mL aliquots of plasma produced from 10 mL EDTA purple top vacutainers?
6	P1PRO2_1040	Num	8	2.	2.	If greater than 5 aliquots, estimate volume of additional plasma saved
7	P1PRO2_1045	Num	8	2.	2.	Number of packed cell pellets produced from 10 mL purple top vacutainers
8	P1PRO2_1050	Num	8	2.	2.	Number of 1.0 mL aliquots produced from 4.5 mL citrate blue top vacutainer?
9	P1PRO2_1060	Num	8	2.	2.	If greater than 2 aliquots, estimate volume of additional plasma saved
10	P1PRO2_1080	Num	8	5.	5.	Time samples frozen
11	P1PRO2_1090	Num	8	2.	2.	Urine samples to be processed?
12	P1PRO2_1100	Num	8	3.	3.	Number of 1.0 mL aliquots of urine produced?
13	P1PRO2_1110	Num	8	2.	2.	Number of 10 mL aliquotsof urine produced?
14	P1PRO2_1120	Num	8	2.	2.	Number of 10 mL aliquots of urine with protease inhibitors
15	P1PRO2_1140	Num	8	5.	5.	Time samples frozen
16	P1PRO2_1070	Num	8			Date samples frozen
17	P1PRO2_1130	Num	8			Date samples frozen
18	VDATE	Num	8			
19	P1PRO2_995	Num	8			Date of Collection
20	VNUM	Char	3			
21	CASE_CONTROL	Char	7			
22	AGE_GROUP	Char	1			
23	SUBJ_ID	Num	8			

Data Set Name: p2_alert_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2ALRT_1010	Num	8	2.	2.	Due to Stage 2 hypertension?
2	P2ALRT_1020	Num	8	2.	2.	Due to hypotension?
3	P2ALRT_1030	Num	8	3.	3.	Systolic bp <60 for infants
4	P2ALRT_1040	Num	8	3.	3.	Systolic bp <70 for children older than 1 year
5	P2ALRT_1050	Num	8	2.	2.	Due to acute distress
6	P2ALRT_1060	Num	8	2.	2.	Chest Pain
7	P2ALRT_1070	Num	8	2.	2.	Severe Respiratory Distress
8	P2ALRT_1080	Num	8	2.	2.	Acute Neruological Symptoms
9	P2ALRT_1090	Num	8	2.	2.	Other, Specify
10	P2ALRT_1100	Num	8	2.	2.	Due to lab results?
11	P2ALRT_1140	Num	8	2.	2.	Creatinine doubling from last value
12	P2ALRT_1160	Num	8	2.	2.	Other abnormal lab value, Specify
13	P2ALRT_1170	Num	8	2.	2.	PI notified?
14	P2ALRT_1180	Num	8	3.	3.	Action taken
15	P2ALRT_1190	Num	8	3.	3.	Participant's Parent/guardian notified of outcome?
16	P2ALRT_1000	Num	8			Date of alert value
17	VDATE	Num	8			
18	VNUM	Char	3			
19	CASE_CONTROL	Char	7			
20	AGE_GROUP	Char	1			
21	SUBJ_ID	Num	8			

Data Set Name: p2_events_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2EVE_1000	Num	8	2.	2.	Hospital or ER visit for you or child since last visit?
2	P2EVE_1010	Num	8	2.	2.	Heart failure or fluid in lungs?
3	P2EVE_1020	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
4	P2EVE_1030	Num	8	2.	2.	Abnormal heart rhythm
5	P2EVE_1040	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
6	P2EVE_1050	Num	8	2.	2.	Stroke/mini-stroke or brain attack, bleeding in brain?
7	P2EVE_1060	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
8	P2EVE_1070	Num	8	2.	2.	Kidney transplant
9	P2EVE_1080	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
10	P2EVE_1090	Num	8	2.	2.	Blockage in arteries of arms, legs, or abdomen
11	P2EVE_1100	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
12	P2EVE_1110	Num	8	2.	2.	Other medical condition(s) or problem(s)
13	P2EVE_1120	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
14	P2EVE_1130	Num	8	4.	4.	Total number of hospitalizations/ER visits since last contact
15	P2EVE_1140	Num	8	2.	2.	Any heart surgeries since last contact
16	P2EVE_1150	Num	8	4.	4.	How many heart surgeries since last contact
17	P2EVE_1160	Num	8	2.	2.	Cavopulmonary connection
18	P2EVE_1170	Num	8	2.	2.	Fontan surgery
19	P2EVE_1180	Num	8	2.	2.	Conduit replacement
20	P2EVE_1190	Num	8	2.	2.	Mitral valve repair/replacement
21	P2EVE_1200	Num	8	2.	2.	Aortic valve repair/replacement
22	P2EVE_1210	Num	8	2.	2.	Other, Specify
23	P2EVE_1220	Num	8	2.	2.	ICU admittance since last contact?
24	P2EVE_1230	Num	8	4.	4.	How many ICU admissions since last contact
25	P2EVE_1240	Num	8	2.	2.	On mechanical ventilation
26	P2EVE_1250	Num	8	2.	2.	Sepsis?
27	P2EVE_1260	Num	8	2.	2.	Repeat heart surgery?
28	P2EVE_1280	Num	8	2.	2.	Coronary angiography since last contact?
29	P2EVE_1290	Num	8	2.	2.	Where was angiography performed
30	P2EVE_1300	Num	8	4.	4.	Total number of procedures since last contact
31	P2EVE_1320	Num	8	2.	2.	Hemodialysis or peritoneal dialysis?
32	P2EVE_1330	Num	8	2.	2.	Where was dialysis performed?
33	P2EVE_1340	Num	8	4.	4.	How many dialysis treatments since last contact
34	P2EVE_1350	Num	8	2.	2.	Death
35	P2EVE_1360	Num	8			Date deceased
36	VDATE	Num	8			
37	VNUM	Char	3			

Num	Variable	Type	Len	Format	Informat	Label
38	CASE_CONTROL	Char	7			
39	AGE_GROUP	Char	1			
40	SUBJ_ID	Num	8			

Data Set Name: p2_lifestyle_3m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2LF3_1000	Num	8	2.	2.	Child currently in school or home-schooled
2	P2LF3_1010	Num	8	3.	3.	Current grade level
3	P2LF3_1020	Num	8	2.	2.	Child receiving special education
4	P2LF3_1030	Num	8	2.	2.	Did child pass last school year
5	P2LF3_1040	Num	8	2.	2.	Child smoke any cigarettes?
6	P2LF3_1050	Num	8	2.	2.	How many days were cigarettes smoked
7	P2LF3_1060	Num	8	3.	3.	Numer of days if >1 day
8	P2LF3_1070	Num	8	2.	2.	Smoked more than 100 cigarettes (5 packs)?
9	P2LF3_1080	Num	8	2.	2.	Current smoker?
10	P2LF3_1090	Num	8	5.1	5.1	How many cigarettes usually smoked per day (since last contact)?
11	P2LF3_1100	Num	8	3.	3.	How many months smoking this amount?
12	P2LF3_1110	Num	8	2.	2.	Smoked cigars?
13	P2LF3_1120	Num	8	2.	2.	Smoked at least 20 cigars?
14	P2LF3_1130	Num	8	2.	2.	Current cigar smoker?
15	P2LF3_1140	Num	8	5.1	5.1	How many cigars usually smoked per day?
16	P2LF3_1150	Num	8	3.	3.	How many months smoking this amount?
17	P2LF3_1160	Num	8	2.	2.	Smoked tobacco pipe regularly for at least one year?
18	P2LF3_1170	Num	8	3.	3.	How old when pipe smoking started
19	P2LF3_1180	Num	8	2.	2.	Currently smoking pipe regularly
20	P2LF3_1190	Num	8	5.1	5.1	How many years have you smoked a pipe regularly?
21	P2LF3_1200	Num	8	3.	3.	Average amount of pipefuls of tobacco/day
22	P2LF3_1210	Num	8	5.1	5.1	How many years ago did you stop?
23	P2LF3_1220	Num	8	3.	3.	How many pipefuls usually smoked before quitting
24	P2LF3_1230	Num	8	2.	2.	Has child had at least one alcoholic drink?
25	P2LF3_1240	Num	8	3.	3.	How often has child had alcoholic drink?
26	P2LF3_1250	Num	8	3.	3.	How many alcoholic drinks consumed on days child drank
27	P2LF3_1260	Num	8	3.	3.	Largest number of alcoholic drinks in a 24-hour period
28	P2LF3_1270	Num	8	3.	3.	Has child used marijuana
29	P2LF3_1280	Num	8	3.	3.	Used marijuana in past 30 days?
30	P2LF3_1290	Num	8	3.	3.	Has child used methamphetamines
31	P2LF3_1300	Num	8	3.	3.	Has child used methamphetamines in past 30 days
32	P2LF3_1310	Num	8	3.	3.	Has child used cocaine
33	P2LF3_1320	Num	8	3.	3.	Has child used cocaine in past 30 days
34	P2LF3_1330	Num	8	3.	3.	Has child used heroin
35	P2LF3_1340	Num	8	3.	3.	Has child used heroin in past 30 days
36	P2LF3_1350	Num	8	3.	3.	Has child used other street drugs?
37	P2LF3_1360	Num	8	3.	3.	Has child used other street drugs in past 30 days

Num	Variable	Type	Len	Format	Informat	Label
38	P2LF3_1370	Num	8	2.	2.	Any changes in child's healthcare coverage since last visit?
39	P2LF3_1380	Num	8	2.	2.	Uninsured
40	P2LF3_1390	Num	8	2.	2.	Self-insured
41	P2LF3_1400	Num	8	2.	2.	COBRA
42	P2LF3_1410	Num	8	2.	2.	Commercial/fee-for-service
43	P2LF3_1420	Num	8	2.	2.	HMO
44	P2LF3_1430	Num	8	2.	2.	Local/state insurance
45	P2LF3_1440	Num	8	2.	2.	Military
46	P2LF3_1450	Num	8	2.	2.	Medicare
47	P2LF3_1460	Num	8	2.	2.	Medicaid
48	P2LF3_1470	Num	8	2.	2.	Self-pay
49	P2LF3_1480	Num	8	2.	2.	Other, Specify
50	P2LF3_1490	Num	8	2.	2.	Provincial/Public Health Insurance
51	P2LF3_1500	Num	8	2.	2.	Private/Personal Insurance
52	P2LF3_1510	Num	8	2.	2.	Since last contact was there any time child was not covered by health insurance
53	P2LF3_1520	Num	8	2.	2.	Was child not covered for one month or more?
54	P2LF3_1530	Num	8	2.	2.	Since last contact was child denied health insurance
55	P2LF3_1540	Num	8	2.	2.	Since last contact were you unable to fill prescription because of the cost
56	P2LF3_1550	Num	8	2.	2.	Since last contact was child unable to see doctor because of cost
57	P2LF3_1560	Num	8	2.	2.	Where was CRF completed
58	P2LF3_1570	Num	8	2.	2.	Who completed the CRF?
59	P2LF3_1580	Num	8	2.	2.	If completed by participant/guardian: did research coordinator review CRF during visit?
60	P2LF3_1590	Num	8	2.	2.	Signature of RC
61	P2LF3_1600	Num	8			Date of signature
62	VDATE	Num	8			
63	VNUM	Char	3			
64	CASE_CONTROL	Char	7			
65	AGE_GROUP	Char	1			
66	SUBJ_ID	Num	8			

Data Set Name: p2_medhx_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2MED_1000	Num	8	3.	3.	Since last contact was child diagnosed or treated for cancer?
2	P2MED_1010	Num	8	3.	3.	Receive chemotherapy?
3	P2MED_1020	Num	8	3.	3.	Receive cisplatin
4	P2MED_1030	Num	8	3.	3.	Receive ifosfamide
5	P2MED_1040	Num	8	3.	3.	Receive methotrexate
6	P2MED_1050	Num	8	3.	3.	Receive carboplatin
7	P2MED_1060	Num	8	3.	3.	Treated/diagnosed with asthma or reactive airway disease
8	P2MED_1070	Num	8	3.	3.	Treated/diagnosed with chronic obstructive pulmonary disease
9	P2MED_1080	Num	8	3.	3.	Treated/diagnosed with hepatitis
10	P2MED_1090	Num	8	3.	3.	Treated/diagnosed with liver disease
11	P2MED_1100	Num	8	3.	3.	Treated/diagnosed with genetic syndrome
12	P2MED_1110	Num	8	3.	3.	Treated/diagnosed with Down's/Trisomy 21
13	P2MED_1120	Num	8	3.	3.	Treated/diagnosed with DiGeorge/22q11 deletion
14	P2MED_1130	Num	8	3.	3.	Treated/diagnosed with Turner syndrom
15	P2MED_1140	Num	8	3.	3.	Treated/diagnosed with Williams syndrom
16	P2MED_1150	Num	8	3.	3.	Treated/diagnosed with VACTERL association
17	P2MED_1160	Num	8	3.	3.	Treated/diagnosed with CHARGE syndrome
18	P2MED_1170	Num	8	3.	3.	Treated/diagnosed with Undefined genetic syndrome
19	P2MED_1180	Num	8	3.	3.	Other, Specify
20	P2MED_1190	Num	8	3.	3.	Treated/diagnosed with neurological/developmental disease
21	P2MED_1200	Num	8	3.	3.	Treated/diagnosed with seizure disorder
22	P2MED_1210	Num	8	3.	3.	Treated/diagnosed with hydrocephalus
23	P2MED_1220	Num	8	3.	3.	Treated/diagnosed with Autism/autism spectrum disorder
24	P2MED_1230	Num	8	3.	3.	Treated/diagnosed with ADD/ADHD
25	P2MED_1240	Num	8	3.	3.	Treated/diagnosed with Muscular dystrophy
26	P2MED_1250	Num	8	3.	3.	Treated/diagnosed with Cerebral palsy
27	P2MED_1260	Num	8	3.	3.	Treated/diagnosed with spina bifida
28	P2MED_1270	Num	8	3.	3.	Requires wheelchair?
29	P2MED_1280	Num	8	3.	3.	Other, Specify
30	P2MED_1290	Num	8	3.	3.	Treated/diagnosed with rheumatoid arthritis
31	P2MED_1300	Num	8	3.	3.	Treated/diagnosed with gout
32	P2MED_1310	Num	8	3.	3.	Treated/diagnosed with systemic lupus
33	P2MED_1320	Num	8	2.	2.	Was child pregnant since last contact
34	P2MED_1330	Num	8	2.	2.	Is child currently pregnant
35	P2MED_1340	Num	8	3.	3.	Did child begin menstruation
36	P2MED_1360	Num	8	2.	2.	Any menstrual irregularities
37	P2MED_1370	Num	8	3.	3.	Do you know when the child's last menstruation started?

Num	Variable	Type	Len	Format	Informat	Label
38	P2MED_1390	Num	8	3.	3.	Has child seen nephrologist since last contact
39	P2MED_1400	Num	8	3.	3.	Has child seen another doctor or health professional since last contact for kidney problems
40	P2MED_1410	Num	8	3.	3.	Treated or diagnosed with history of congenital kidney abnormalities
41	P2MED_1420	Num	8	3.	3.	Treated/diagnosed with hydronephrosis
42	P2MED_1430	Num	8	3.	3.	Treated/diagnosed with vesico-ureteral reflux
43	P2MED_1440	Num	8	3.	3.	Treated/diagnosed with single kidney
44	P2MED_1450	Num	8	3.	3.	Treated/diagnosed with horseshoe kidney
45	P2MED_1460	Num	8	3.	3.	Treated/diagnosed with small kidneys
46	P2MED_1470	Num	8	3.	3.	Treated/diagnosed with dysplasia
47	P2MED_1480	Num	8	3.	3.	Treated/diagnosed with polycystic kidney disease
48	P2MED_1490	Num	8	3.	3.	Treated/diagnosed with family history of kidney disease
49	P2MED_1500	Num	8	3.	3.	Was urine protein level measured since last contact
50	P2MED_1510	Num	8	3.	3.	Was kidney function measured by 24-hour urine test or I-Iothalamate clearance test since last contact
51	P2MED_1520	Num	8	3.	3.	Did child have a kidney xray since last contact
52	P2MED_1530	Num	8	3.	3.	Was child's kidney function checked with blood test since last contact
53	P2MED_1540	Num	8	3.	3.	Has child had any red, pink, or brown colored urine since last contact
54	P2MED_1550	Num	8	3.	3.	Did child have any vaccinations since last contact
55	P2MED_1560	Num	8	3.	3.	Did child have any vaccines to prevent bacterial infection
56	P2MED_1570	Num	8	3.	3.	Did child have flu vaccine
57	P2MED_1580	Num	8	3.	3.	Did child have RSV vaccine
58	P2MED_1590	Num	8	4.	4.	How many RSV vaccines did child have
59	P2MED_1600	Num	8	3.	3.	How long has it been since the child's bp was taken by doctor or other health professional?
60	P2MED_1610	Num	8	3.	3.	How long has it been since the child's bp was taken by doctor or other health professional?
61	P2MED_1620	Num	8	3.	3.	Did doctor or other health professional tell you that child has hypertension or high bp for the first time
62	P2MED_1630	Num	8	3.	3.	Is the child currently taking prescribed medication for the child's hypertension or high bp
63	P2MED_1635	Num	8	3.	3.	Has child been told that they have diabetes or high blood sugar
64	P2MED_1640	Num	8	3.	3.	Since last contact did doctor tell you the child has diabetes or high blood sugar for the first time
65	P2MED_1650	Num	8	3.	3.	Is the child currently taking insulin
66	P2MED_1660	Num	8	3.	3.	Is the child currently taking other injectables (not insulin) to manage their blood sugar
67	P2MED_1670	Num	8	3.	3.	Is child currently taking diabetes pills to lower their blood sugar
68	P2MED_1680	Num	8	3.	3.	Since last contact has the child had their eyes examined
69	P2MED_1700	Num	8	3.	3.	Since last contact did doctor tell you that diabetes has affected child's eyes or that they have retinopathy
70	P2MED_1710	Num	8	3.	3.	Does child currently have numbness or tingling in hands or feet

Num	Variable	Type	Len	Format	Informat	Label
71	P2MED_1720	Num	8	3.	3.	Does child have loss of sensation in hands or feet
72	P2MED_1730	Num	8	3.	3.	Does child have decreased ability to feel hot or cold of objects
73	P2MED_1740	Num	8	3.	3.	Does child have sores or ulcers on feet or ankles
74	P2MED_1750	Num	8	3.	3.	Since last contact did doctor tell you that the child has a weight, height, or growth abnormality?
75	P2MED_1760	Num	8	3.	3.	If yes from previous question: failure to thrive
76	P2MED_1770	Num	8	3.	3.	If yes from previous question: weight too low?
77	P2MED_1780	Num	8	3.	3.	If yes from previous question: height too low?
78	P2MED_1790	Num	8	3.	3.	If yes from previous question: height and weight too low?
79	P2MED_1800	Num	8	2.	2.	Any concerns about child's growth
80	P2MED_1810	Num	8	2.	2.	Does child receive nutrition through a nasogastic or gastrostomy tube
81	P2MED_1820	Num	8	2.	2.	Does child have any nutritional restrictions
82	P2MED_1830	Num	8	3.	3.	Celiacs disease?
83	P2MED_1840	Num	8	3.	3.	Inflammatory bowel disease
84	P2MED_1850	Num	8	3.	3.	Other malabsorption problem
85	P2MED_1860	Num	8	2.	2.	Where was CRF completed
86	P2MED_1870	Num	8	2.	2.	Who completed CRF
87	P2MED_1880	Num	8	2.	2.	RC review CRF with participant/guardian
88	P2MED_1890	Num	8	2.	2.	Signature of RC
89	P2MED_1900	Num	8			Date of signature
90	VDATE	Num	8			
91	DATE_Q04A	Num	8			
92	DATE_Q06A	Num	8			
93	DATE_Q21	Num	8			
94	VNUM	Char	3			
95	CASE_CONTROL	Char	7			
96	AGE_GROUP	Char	1			
97	SUBJ_ID	Num	8			

Data Set Name: p2_outpt_demo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2ODMO_1000	Num	8	2.	2.	Child lived in primary residence since birth
2	P2ODMO_1010	Num	8	3.	3.	If no, how long has child lived in residence (Years)
3	P2ODMO_1020	Num	8	3.	3.	If no, how long has child lived in residence (Months)
4	P2ODMO_1030	Num	8	3.	3.	Describe child's primary residence
5	P2ODMO_1040	Num	8	2.	2.	Siblings
6	P2ODMO_1050	Num	8	3.	3.	Number of siblings
7	P2ODMO_1060	Num	8	3.	3.	How many siblings live together
8	P2ODMO_1070	Num	8	2.	2.	Number of parent/guardians in household
9	P2ODMO_1080	Num	8	3.	3.	Total gross household income
10	P2ODMO_1090	Num	8	2.	2.	How many legal guardians does child have
11	P2ODMO_1100	Num	8	3.	3.	Guardian's relationship to child?
12	P2ODMO_1110	Num	8	3.	3.	Guardian's current marital status?
13	P2ODMO_1120	Num	8	3.	3.	Highest level of education completed by guardian
14	P2ODMO_1130	Num	8	3.	3.	Guardian's primary employment status
15	P2ODMO_1160	Num	8	3.	3.	Type of work guardian primarily does
16	P2ODMO_1170	Num	8	3.	3.	Guardian's relationship to child? (Guardian 2)
17	P2ODMO_1180	Num	8	3.	3.	Guardian's current marital status? (Guardian 2)
18	P2ODMO_1190	Num	8	3.	3.	Highest level of education completed by guardian (Guardian 2)
19	P2ODMO_1200	Num	8	3.	3.	Guardian's primary employment status (Guardian 2)
20	P2ODMO_1230	Num	8	3.	3.	Type of work guardian primarily does (Guardian 2)
21	P2ODMO_1240	Num	8	2.	2.	Where was CRF completed
22	P2ODMO_1250	Num	8	2.	2.	How was CRF completed
23	P2ODMO_1260	Num	8	2.	2.	Did RC review CRF with participant during visit if participant completed
24	P2ODMO_1270	Num	8	2.	2.	Signature of RC
25	P2ODMO_1280	Num	8			Date of signature
26	VDATE	Num	8			
27	DATE_Q10A	Num	8			
28	DATE_Q15A	Num	8			
29	VNUM	Char	3			
30	CASE_CONTROL	Char	7			
31	AGE_GROUP	Char	1			
32	SUBJ_ID	Num	8			

Data Set Name: p2_v3m_collect_bld.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2BLD_1000	Num	8	2.	2.	Was visit completed in participants home?
2	P2BLD_1020	Num	8	5.	5.	Time of blood collection
3	P2BLD_1030	Num	8	2.	2.	Was blood sample collected?
4	P2BLD_1040	Num	8	2.	2.	How was blood collected
5	P2BLD_1050	Num	8	2.	2.	Was EDTA (purple) collected
6	P2BLD_1010	Num	8			Date of blood collection
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: p2_v3m_collect_ua.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2UA_1000	Num	8	2.	2.	Was visit completed in participants home?
2	P2UA_1030	Num	8	5.	5.	Time of urine collection
3	P2UA_1035	Num	8	2.	2.	Participant wearing diaper?
4	P2UA_1040	Num	8	2.	2.	How was urine sample collected?
5	P2UA_1050	Num	8	2.	2.	Was minimum amount collected?
6	P2UA_1020	Num	8			Date of urine collection
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: p2_v3m_process.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2PRO_1000	Num	8	2.	2.	Any blood samples to be processed
2	P2PRO_1010	Num	8	2.	2.	How many 0.5 mL aliquots produced?
3	P2PRO_1020	Num	8	2.	2.	How many 0.25 mL aliquots produced?
4	P2PRO_1040	Num	8	2.	2.	Is there an extra aliquot
5	P2PRO_1050	Num	8	5.2	5.2	Estimate volume of additional plasma saved
6	P2PRO_1070	Num	8	5.	5.	Time samples frozen
7	P2PRO_1080	Num	8	2.	2.	Any urine samples to be processed?
8	P2PRO_1090	Num	8	3.	3.	How many 1.0 mL aliquots of urine produced
9	P2PRO_1095	Num	8	2.	2.	Is there an extra aliquot (Diaper wearer only)
10	P2PRO_1100	Num	8	2.	2.	How many 10 mL aliquots of urine produced
11	P2PRO_1110	Num	8	2.	2.	Is there an extra aliquot of less than 10 mL?
12	P2PRO_1130	Num	8	5.	5.	Time samples frozen
13	P2PRO_1060	Num	8			Date samples frozen
14	P2PRO_1120	Num	8			Date samples frozen
15	VDATE	Num	8			
16	VNUM	Char	3			
17	CASE_CONTROL	Char	7			
18	AGE_GROUP	Char	1			
19	SUBJ_ID	Num	8			

Data Set Name: pdqlcr812_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL812_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to walk more than one block
2	QOL812_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to run
3	QOL812_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to do sports activity or exercise
4	QOL812_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to lift something heavy
5	QOL812_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to take a bath or shower by myself
6	QOL812_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to do chores around the house
7	QOL812_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) I hurt or ache
8	QOL812_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) I have low energy
9	QOL812_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel afraid or scared
10	QOL812_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel sad or blue
11	QOL812_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel angry
12	QOL812_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I have trouble sleeping
13	QOL812_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I worry about what will happen to me
14	QOL812_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) I have trouble getting along with other kids
15	QOL812_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) Other kids do not want to be my friend
16	QOL812_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) Other kids tease me
17	QOL812_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) I cannot do things that other kids my age can do
18	QOL812_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) It is hard to keep up when I play with other kids

Num	Variable	Type	Len	Format	Informat	Label
19	QOL812_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) It is hard to pay attention in class
20	QOL812_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) I forget things
21	QOL812_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) I have trouble keeping up with my schoolwork
22	QOL812_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) I miss school because of not feeling well
23	QOL812_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) I miss school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlpr1318_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PQOL1318_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Walking more than one block
2	PQOL1318_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Running
3	PQOL1318_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Participating in sports activity or exercise
4	PQOL1318_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Lifting something heavy
5	PQOL1318_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Taking a bath or shower by him or herself
6	PQOL1318_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Doing chores around the house
7	PQOL1318_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Having hurts or aches
8	PQOL1318_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Low energy level
9	PQOL1318_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Feeling afraid or scared
10	PQOL1318_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Feeling sad or blue
11	PQOL1318_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Feeling angry
12	PQOL1318_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Trouble sleeping
13	PQOL1318_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Worrying about what will happen to him or her
14	PQOL1318_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Getting along with other teens
15	PQOL1318_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Other teens not wanting to be his or her friend
16	PQOL1318_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Getting teased by other teens
17	PQOL1318_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Not able to do things that other teens his or her age can do
18	PQOL1318_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Keeping up with other teens
19	PQOL1318_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Paying attention in class
20	PQOL1318_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Forgetting things

Num	Variable	Type	Len	Format	Informat	Label
21	PQOL1318_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Keeping up with schoolwork
22	PQOL1318_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Missing school because of not feeling well
23	PQOL1318_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Missing school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlpr24_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PQOL24_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Walking
2	PQOL24_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Running
3	PQOL24_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Participating in active play or exercise
4	PQOL24_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Lifting something heavy
5	PQOL24_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Bathing
6	PQOL24_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Helping to pick up his or her toys
7	PQOL24_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Having hurts or aches
8	PQOL24_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Low energy level
9	PQOL24_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling afraid or scared
10	PQOL24_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling sad or blue
11	PQOL24_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling angry
12	PQOL24_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with& Emotional Functioning (problems with&) Trouble sleeping
13	PQOL24_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Worrying
14	PQOL24_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Playing with other children
15	PQOL24_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Other kids not wanting to play with him or her
16	PQOL24_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with& Social Functioning (problems with&) Getting teased by other children
17	PQOL24_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Not able to do things that other children his or her age can do
18	PQOL24_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Keeping up when playing with other children
19	PQOL24_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Doing the same school activities as peers
20	PQOL24_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school/daycare because of not feeling well

Num	Variable	Type	Len	Format	Informat	Label
21	PQOL24_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school/daycare to go to the doctor or hospital
22	VDATE	Num	8			
23	VNUM	Char	3			
24	CASE_CONTROL	Char	7			
25	AGE_GROUP	Char	1			
26	SUBJ_ID	Num	8			

Data Set Name: pdqlpr57_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PQOL57_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Walking more than one block
2	PQOL57_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Running
3	PQOL57_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Participating in sports activity or exercise
4	PQOL57_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Lifting something heavy
5	PQOL57_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Taking a bath or shower by him or herself
6	PQOL57_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Doing chores, like picking up his or her toys
7	PQOL57_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Having hurts or aches
8	PQOL57_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Low energy level
9	PQOL57_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling afraid or scared
10	PQOL57_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling sad or blue
11	PQOL57_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling angry
12	PQOL57_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Trouble sleeping
13	PQOL57_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Worrying about what will happen to him or her
14	PQOL57_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Getting along with other children
15	PQOL57_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Other kids not wanting to be his or her friend
16	PQOL57_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Getting teased by other children
17	PQOL57_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Not able to do things that other children his or her age can do
18	PQOL57_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Keeping up when playing with other children
19	PQOL57_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Paying attention in class
20	PQOL57_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Forgetting things

Num	Variable	Type	Len	Format	Informat	Label
21	PQOL57_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Keeping up with school activities
22	PQOL57_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school because of not feeling well
23	PQOL57_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlpr812_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PQOL812_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Walking more than one block
2	PQOL812_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Running
3	PQOL812_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Participating in sports activity or exercise
4	PQOL812_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Lifting something heavy
5	PQOL812_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Taking a bath or shower by him or herself
6	PQOL812_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Doing chores around the house
7	PQOL812_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Having hurts or aches
8	PQOL812_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Low energy level
9	PQOL812_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling afraid or scared
10	PQOL812_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling sad or blue
11	PQOL812_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling angry
12	PQOL812_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Trouble sleeping
13	PQOL812_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Worrying about what will happen to him or her
14	PQOL812_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Getting along with other children
15	PQOL812_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with& Social Functioning (problems with&) Other kids not wanting to be his or her friend
16	PQOL812_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Getting teased by other children
17	PQOL812_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Not able to do things that other children his or her age can do
18	PQOL812_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Keeping up with other children
19	PQOL812_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Paying attention in class
20	PQOL812_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Forgetting things

Num	Variable	Type	Len	Format	Informat	Label
21	PQOL812_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Keeping up with schoolwork
22	PQOL812_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school because of not feeling well
23	PQOL812_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqltr1318_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL1318_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to walk more than one block
2	QOL1318_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to run
3	QOL1318_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to do sports activity or exercise
4	QOL1318_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to lift something heavy
5	QOL1318_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to take a bath or shower by myself
6	QOL1318_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to do chores around the house
7	QOL1318_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) I hurt or ache
8	QOL1318_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) I have low energy
9	QOL1318_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I feel afraid or scared
10	QOL1318_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I feel sad or blue
11	QOL1318_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I feel angry
12	QOL1318_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I have trouble sleeping
13	QOL1318_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I worry about what will happen to me
14	QOL1318_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) I have trouble getting along with other teens
15	QOL1318_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) Other teens do not want to be my friend
16	QOL1318_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) Other teens tease me
17	QOL1318_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) I cannot do things that other teens my age can do
18	QOL1318_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) It is hard to keep up with my peers

Num	Variable	Type	Len	Format	Informat	Label
19	QOL1318_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) It is hard to pay attention in class
20	QOL1318_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) I forget things
21	QOL1318_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) I have trouble keeping up with my schoolwork
22	QOL1318_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) I miss school because of not feeling well
23	QOL1318_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) I miss school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlyar1825_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL1825_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to walk more than one block
2	QOL1825_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to run
3	QOL1825_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to do sports activity or exercise
4	QOL1825_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to lift something heavy
5	QOL1825_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to take a bath or shower by myself
6	QOL1825_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to do chores around the house
7	QOL1825_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) I hurt or feel pain
8	QOL1825_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) I have low energy
9	QOL1825_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel afraid or scared
10	QOL1825_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel sad or blue
11	QOL1825_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel angry
12	QOL1825_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I have trouble sleeping
13	QOL1825_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I worry about what will happen to me
14	QOL1825_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) I have trouble getting along with other young adults
15	QOL1825_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) Other young adults do not want to be my friend
16	QOL1825_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) Other young adults tease me
17	QOL1825_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) I cannot do things that others my age can do
18	QOL1825_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) It is hard to keep up with my peers

Num	Variable	Type	Len	Format	Informat	Label
19	QOL1825_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) It is hard to pay attention at work or school
20	QOL1825_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) I forget things
21	QOL1825_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) I have trouble keeping up with my work or studies
22	QOL1825_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) I miss work or school because of not feeling well
23	QOL1825_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) I miss work or school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlycr57_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL57_1000	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. It is hard for you to walk.
2	QOL57_1010	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. It is hard for you to run. QOL57_1020 QOL57_1050 QOL57_1060
3	QOL57_1020	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. It is hard for you to play sports or exercise.
4	QOL57_1030	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. It is hard for you to pick up big things.
5	QOL57_1040	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. It is hard for you to take a bath or shower.
6	QOL57_1050	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. It is hard for you to do chores (like pick up your toys).
7	QOL57_1060	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. Do you have hurts or aches? (Where?_____)
8	QOL57_1070	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. Do you ever feel too tired to play?
9	QOL57_1080	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you feel scared?
10	QOL57_1090	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you feel sad?
11	QOL57_1100	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you feel mad?
12	QOL57_1110	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you have trouble sleeping?
13	QOL57_1120	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you worry about what will happen to you?
14	QOL57_1130	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Is it hard for you to get along with other kids?
15	QOL57_1140	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with&) Do other kids say they do not want to play with you?
16	QOL57_1150	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do other kids tease you?

Num	Variable	Type	Len	Format	Informat	Label
17	QOL57_1160	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Can other kids do things that you cannot do?
18	QOL57_1170	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Is it hard for you to keep up when you play with other kids?
19	QOL57_1180	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. School Functioning (problems with...) Is it hard for you to pay attention in school?
20	QOL57_1190	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. School Functioning (problems with...) Do you forget things?
21	QOL57_1200	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. School Functioning (problems with...) Is it hard to keep up with schoolwork?
22	QOL57_1210	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. School Functioning (problems with...) Do you miss school because of not feeling good?
23	QOL57_1220	Num	8	2.	2.	qol57_1220
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: sexam_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SX_1000	Num	8	2.	2.	Stand for height/weight measures
2	SX_1010	Num	8	6.1	6.1	Standing height
3	SX_1020	Num	8	6.1	6.1	Standing weight
4	SX_1030	Num	8	3.	3.	Self reported height-US (ft)
5	SX_1040	Num	8	3.	3.	Self reported height-US (in)
6	SX_1050	Num	8	4.	4.	Self reported weight-US
7	SX_1060	Num	8	6.1	6.1	Self reported height-Metric
8	SX_1070	Num	8	6.1	6.1	Self reported weight-Metric
9	SX_1080	Num	8	2.	2.	Unable to stand due to amputation?
10	SX_1090	Char	3	$3.	$3.	Height percentile
11	SX_1100	Char	3	$3.	$3.	Weight percentile
12	VDATE	Num	8			
13	EXTREME_SX_1010	Num	8			1 if standing height in sx_1010 is > 200 cm; 0 if 0 ?sx_1010? 200 cm
14	EXTREME_SX_1030_SX_1040	Num	8			1 if reported height in sx_1030 and sx_1040 is ? 6 ft 6.7 in (200 cm); 0 if 0 ?sx_1030, sx_1040< 6 ft 6.7 in
15	EXTREME_SX_1060	Num	8			1 if reported height in sx_1060 is > 200 cm; 0 if 0 ?sx_1060? 200 cm
16	EXTREME_SX_1020	Num	8			1 if standing weight in sx_1020 is > 160 kg; 0 if 0 ?sx_1020? 160 kg
17	EXTREME_SX_1050	Num	8			1 if reported weight in sx_1050 is > 352.7 lbs (160 kg); 0 if 0 ?sx_1050? 352.7 lbs
18	EXTREME_SX_1070	Num	8			1 if reported weight in sx_1070 is > 160 kg; 0 if 0 ?sx_1070? 160 kg
19	VNUM	Char	3			
20	CASE_CONTROL	Char	7			
21	AGE_GROUP	Char	1			
22	SUBJ_ID	Num	8			

Data Set Name: sf_12_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SF_1	Num	8	2.	2.	In general, would you say your health is: SF_2A
2	SF_2A	Num	8	2.	2.	The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?: Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
3	SF_2B	Num	8	2.	2.	The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?: Climbing several flights of stairs SF_3A SF_3B SF_4A SF_4B
4	SF_3A	Num	8	2.	2.	During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?: Accomplished less than you would like
5	SF_3B	Num	8	2.	2.	During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?: Were limited in the kind of work or other activities
6	SF_4A	Num	8	2.	2.	During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?: Accomplished less than you would like
7	SF_4B	Num	8	2.	2.	During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?: Did work or other activities less care
8	SF_5	Num	8	2.	2.	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? SF_6A SF_6B SF_6C
9	SF_6A	Num	8	2.	2.	These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...: Have you
10	SF_6B	Num	8	2.	2.	These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks?: Did you hav
11	SF_6C	Num	8	2.	2.	These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks?: Have you fe
12	SF_7	Num	8	2.	2.	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
13	VDATE	Num	8			
14	VNUM	Char	3			
15	CASE_CONTROL	Char	7			
16	AGE_GROUP	Char	1			
17	SUBJ_ID	Num	8			

Data Set Name: trailsb_score_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TSB_1000	Num	8	3.	3.	Years of school completed
2	TSB_1010	Num	8	4.	4.	Seconds to complete task
3	VDATE	Num	8			
4	VNUM	Char	3			
5	CASE_CONTROL	Char	7			
6	AGE_GROUP	Char	1			
7	SUBJ_ID	Num	8			

Data Set Name: us_labcbc_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LABCBC_1010	Num	8	6.2	6.2	CBC results-WBC
2	LABCBC_1020	Num	8	4.	4.	CBC results-Platelets
3	LABCBC_1030	Num	8	5.1	5.1	CBC results-Hemoglobin
4	LABCBC_1040	Num	8	5.1	5.1	CBC results-Hematocrit
5	LABCBC_1050	Num	8	5.1	5.1	Renal function-Creatinine
6	LABCBC_1000	Num	8			Date of blood draw
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: withdr_v3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	WDR_1000	Num	8	2.	2.	Did the participant complete the study?
2	WDR_1010	Num	8	3.	3.	If no: Primary reason for withdrawal
3	WDR_1030	Num	8	2.	2.	Request specimens to be disposed of or autoclaved?
4	WDR_1040	Num	8	2.	2.	If yes: Serum/Plasma
5	WDR_1050	Num	8	2.	2.	If yes: DNA samples
6	WDR_1060	Num	8	2.	2.	If yes: Urine
7	WDR_1020	Num	8			Date completed/ withdrawn/died
8	VDATE	Num	8			
9	VNUM	Char	3			
10	CASE_CONTROL	Char	7			
11	AGE_GROUP	Char	1			
12	SUBJ_ID	Num	8			

Data Set Name: aki_eval_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	EVAL_1010	Num	8	8.2	8.2	Serum creatinine value
3	EVAL_1020	Num	8	2.	2.	Unit of Measure
4	EVAL_1025	Num	8	3.	3.	Participant have oliguria day of meeting AKI criteria?
5	EVAL_1030	Num	8	2.	2.	Inpatient acute dialysis
6	EVAL_1060	Num	8	2.	2.	Intermittent Hemodialysis
7	EVAL_1070	Num	8	2.	2.	Sustained Low-Efficiency Dialysis
8	EVAL_1080	Num	8	2.	2.	Countinuous Renal Replacement Therapy
9	EVAL_1090	Num	8	2.	2.	Peritoneal Dialysis
10	EVAL_1100	Num	8	2.	2.	Discharged requiring dialysis?
11	EVAL_995	Num	8			Hospitalization admission date
12	EVAL_1000	Num	8			Date of last outpatient serum creatinine test
13	EVAL_1040	Num	8			Start date for first dialysis
14	EVAL_1050	Num	8			Stop date for last dialysis
15	VDATE	Num	8			
16	VNUM	Char	3			
17	CASE_CONTROL	Char	7			
18	AGE_GROUP	Char	1			
19	SUBJ_ID	Num	8			

Data Set Name: blood_pressure_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BP_1000	Num	8	2.	2.	Taken at this visit?
2	BP_1010	Num	8	3.	3.	Reason not taken
3	BP_1020	Num	8	5.	5.	Time of day
4	BP_1030	Num	8	3.	3.	Location
5	BP_1040	Num	8	3.	3.	Device number
6	BP_1050	Num	8	2.	2.	Arm used
7	BP_1060	Num	8	5.1	5.1	Midpoint circumference of arm
8	BP_1070	Num	8	2.	2.	Size of cuff
9	BP_1080	Num	8	4.	4.	Seated pulse BP_1090/1100=First seated blood pressure (systolic/diastolic) BP_1110/1120=Second seated blood pressure (systolic/diastolic) BP_1130/1140=Third seated blood pressure (systolic/diastolic) BP_1150/1160=Mean of two lowest seated blood pressures (
10	BP_1090	Num	8	4.	4.	First seated blood pressure (systolic)
11	BP_1100	Num	8	4.	4.	First seated blood pressure (diastolic)
12	BP_1110	Num	8	4.	4.	Second seated blood pressure (systolic)
13	BP_1120	Num	8	4.	4.	Second seated blood pressure (diastolic)
14	BP_1130	Num	8	4.	4.	Third seated blood pressure (systolic)
15	BP_1140	Num	8	4.	4.	Third seated blood pressure (diastolic)
16	BP_1150	Num	8	4.	4.	Mean of two lowest seated blood pressures (systolic)
17	BP_1160	Num	8	4.	4.	Mean of two lowest seated blood pressures (diastolic)
18	BP_1170	Num	8	4.	4.	95th percentile systolic blood pressure for age/gender/height
19	BP_1180	Num	8	4.	4.	95th percentile diastolic blood pressure for age/gender/height
20	BP_1190	Char	3	$3.	$3.	Percentile for participant's systolic blood pressure
21	BP_1200	Char	3	$3.	$3.	Percentile for participant's diastolic blood pressure
22	VDATE	Num	8			
23	VNUM	Char	3			
24	CASE_CONTROL	Char	7			
25	AGE_GROUP	Char	1			
26	SUBJ_ID	Num	8			

Data Set Name: can_labcbc_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CANLAB_1010	Num	8	7.3	7.3	LKC
2	CANLAB_1020	Num	8	4.	4.	Platelets
3	CANLAB_1030	Num	8	8.3	8.3	Hemoglobin
4	CANLAB_1040	Num	8	6.3	6.3	Hematocrit
5	CANLAB_1050	Num	8	8.2	8.2	Creatinine
6	CANLAB_1000	Num	8			Date of draw
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: can_scr_other.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CANSCR_1000	Num	8	2.	2.	Source of authorization to obtain results
2	CANSCR_1010	Num	8	3.	3.	Is this an outpatient, non-emergency department test value nearest to the in-person ASSESS value?
3	CANSCR_1030	Num	8	8.2	8.2	Serum creatinine
4	CANSCR_1020	Num	8			Date of blood collection
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: cmed_otc_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CMEDO_1000	Num	8	3.	3.	In the past 30 days: Aspirin
2	CMEDO_1010	Num	8	3.	3.	In the past 30 days: Fish oil supplements
3	CMEDO_1020	Num	8	3.	3.	In the past 30 days: NSAIDs
4	VDATE	Num	8			
5	VNUM	Char	3			
6	CASE_CONTROL	Char	7			
7	AGE_GROUP	Char	1			
8	SUBJ_ID	Num	8			

Data Set Name: cmed_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CMED_1000	Num	8	3.	3.	Record ID
2	CMED_1010	Num	8	6.	6.	Drug Code
3	CMED_1030	Num	8	2.	2.	Ongoing at final visit
4	CMED_1020	Num	8			Stop Date
5	VNUM	Char	3			
6	CASE_CONTROL	Char	7			
7	AGE_GROUP	Char	1			
8	SUBJ_ID	Num	8			

Data Set Name: death_eval_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DTH_1040	Num	8	2.	2.	Where did participant die?
2	VDATE	Num	8			
3	VNUM	Char	3			
4	CASE_CONTROL	Char	7			
5	AGE_GROUP	Char	1			
6	SUBJ_ID	Num	8			

Data Set Name: dial_eval_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DIAL_1010	Num	8	2.	2.	Intermittent Hemodialysis
2	DIAL_1020	Num	8	2.	2.	Peritoneal Dialysis
3	DIAL_1030	Num	8	2.	2.	Complete stop of dialysis?
4	DIAL_1000	Num	8			Start date for first dialysis
5	DIAL_1040	Num	8			Stop Date
6	VDATE	Num	8			
7	VNUM	Char	3			
8	CASE_CONTROL	Char	7			
9	AGE_GROUP	Char	1			
10	SUBJ_ID	Num	8			

Data Set Name: dipstick_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DIP_1000	Num	8	6.3	6.3	Specific Gravity
2	DIP_1010	Num	8	2.	2.	Protein
3	DIP_1020	Num	8	2.	2.	Glucose
4	DIP_1030	Num	8	2.	2.	Ketones
5	DIP_1040	Num	8	2.	2.	Leukocyte Esterase
6	DIP_1050	Num	8	2.	2.	Blood
7	DIP_1060	Num	8	2.	2.	Nitrites
8	DIP_1070	Num	8	2.	2.	pH level
9	VDATE	Num	8			
10	VNUM	Char	3			
11	CASE_CONTROL	Char	7			
12	AGE_GROUP	Char	1			
13	SUBJ_ID	Num	8			

Data Set Name: dna_consent_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DNA_1000	Num	8	2.	2.	Prepare DNA from blood?
2	DNA_1010	Num	8	2.	2.	Prepare cell line from blood?
3	DNA_1020	Num	8	2.	2.	Test DNA for genes related to kidney disease?
4	DNA_1030	Num	8	2.	2.	Test DNA for genes related to other conditions?
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: dna_dbgap_consent_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DNADB_995	Num	8	2.	2.	Participant being re-consented?
2	DNADB_1000	Num	8	2.	2.	Permission to prepare DNA from blood samples?
3	DNADB_1010	Num	8	2.	2.	Permission to create a cell line from blood cells?
4	DNADB_1020	Num	8	2.	2.	Permission to test DNA for genes related to main goal of study?
5	DNADB_1030	Num	8	2.	2.	Permission to test DNA for genes related to other health conditions?
6	DNADB_1040	Num	8	2.	2.	Permission for genetic data to be included in NIH dbGAP?
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: ecg_clinic_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ECG_1000	Num	8	2.	2.	Performed at this visit
2	ECG_1010	Num	8	3.	3.	Reason not performed
3	ECG_1015	Num	8	2.	2.	Completed in home
4	ECG_1020	Num	8	2.	2.	MI or ischemia
5	ECG_1030	Num	8	2.	2.	VTach/VFib
6	ECG_1040	Num	8	2.	2.	ECG indicated-AFib
7	ECG_1050	Num	8	2.	2.	Atrial flutter
8	ECG_1060	Num	8	2.	2.	Atrioventricular block
9	ECG_1070	Num	8	2.	2.	Bradycardia
10	ECG_1080	Num	8	4.	4.	E-measurement
11	ECG_1090	Num	8	4.	4.	V6-measurement
12	VDATE	Num	8			
13	VNUM	Char	3			
14	CASE_CONTROL	Char	7			
15	AGE_GROUP	Char	1			
16	SUBJ_ID	Num	8			

Data Set Name: ecg_other_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ECGO_1000	Num	8	2.	2.	Source of authorization to obtain ECG
2	ECGO_1010	Num	8			Date of ECG
3	VDATE	Num	8			
4	VNUM	Char	3			
5	CASE_CONTROL	Char	7			
6	AGE_GROUP	Char	1			
7	SUBJ_ID	Num	8			

Data Set Name: hosp_eval_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	HOSP_1000	Num	8	2.	2.	Hospitalization documented on Medical Events form
3	HOSP_1010	Num	8	5.	5.	Primary Reason for hospitalization
4	HOSP_1040	Num	8	2.	2.	Previously notified of hospitalization
5	HOSP_1050	Num	8	2.	2.	Able to obtain hospital records
6	HOSP_1075	Num	8	3.	3.	Inpatient acute dialysis
7	HOSP_1080	Num	8	2.	2.	ASSESS-AKI ICD9 codes identified in records
8	HOSP_1090	Num	8	2.	2.	ASSESS-AKI ICD10 codes identified in records
9	HOSP_1100	Num	8	2.	2.	ASSESS-AKI CPT codes identified in records
10	HOSP_1105	Num	8	2.	2.	ASSESS-AKI CCI codes identified in records
11	HOSP_1110	Num	8	3.	3.	Acute kidney injury
12	HOSP_1120	Num	8	3.	3.	Myocardial infarction
13	HOSP_1130	Num	8	3.	3.	Heart failure
14	HOSP_1140	Num	8	3.	3.	Ischemic stroke or transient ischemic attack
15	HOSP_1150	Num	8	3.	3.	Hemorrhagic stroke or intracranial hemorrhage
16	HOSP_1160	Num	8	3.	3.	Blockage in ateries of arms, legs, or abdomen
17	HOSP_1190	Num	8	3.	3.	Coronary artery bypass surgery
18	HOSP_1200	Num	8	3.	3.	Percutaneous coronary intervention
19	HOSP_1210	Num	8	3.	3.	Peripheral arterial revasculartization
20	HOSP_1220	Num	8	3.	3.	Lower extremity/digit amputation
21	HOSP_1230	Num	8	3.	3.	Carotid artery revasculartization
22	HOSP_1240	Num	8	3.	3.	Implantation of cardioverter defibrillator
23	HOSP_1260	Num	8	3.	3.	Kidney transplant
24	HOSP_1020	Num	8			admission date reported by the participant/informant
25	HOSP_1030	Num	8			Discharge/death date reported by the participant/informant
26	HOSP_1060	Num	8			Admission date of hospitalization
27	HOSP_1070	Num	8			Discharge/death date
28	VDATE	Num	8			
29	VNUM	Char	3			
30	CASE_CONTROL	Char	7			
31	AGE_GROUP	Char	1			
32	SUBJ_ID	Num	8			

Data Set Name: icd10_cci_codes_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ICD10_1010	Num	8	3.	3.	Record ID
2	ICD10_1020	Char	7	$7.	$7.	ICD10 code
3	ICD10_1030	Char	10	$10.	$10.	CCI code
4	ICD10_1000	Num	8			Admission date of hospitalization
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: icd9_cpt_codes_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ICD9_1010	Num	8	3.	3.	Record ID
2	ICD9_1020	Char	6	$6.	$6.	ICD9 code
3	ICD9_1030	Char	5	$5.	$5.	CPT code
4	ICD9_1000	Num	8			Admission date of hospitalization
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: inpt_creatinine_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTCRE_1000	Num	8	3.	3.	Collection Number
2	PTCRE_1020	Num	8	5.	5.	Time
3	PTCRE_1030	Num	8	8.2	8.2	Serum Creatinine
4	PTCRE_1040	Num	8	2.	2.	Unit of Measure
5	PTCRE_1010	Num	8			Collection Date
6	VDATE	Num	8			
7	VNUM	Char	3			
8	CASE_CONTROL	Char	7			
9	AGE_GROUP	Char	1			
10	SUBJ_ID	Num	8			

Data Set Name: mmmse_tally_pc_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MTALLPC_1000	Num	8	2.	2.	Page 1 Total
2	MTALLPC_1010	Num	8	2.	2.	Page 2 Total
3	MTALLPC_1020	Num	8	2.	2.	Page 3 Total
4	MTALLPC_1030	Num	8	3.	3.	Page 4 Total
5	MTALLPC_1040	Num	8	3.	3.	Page 5 Total
6	MTALLPC_1050	Num	8	3.	3.	Page 6 Total
7	MTALLPC_1060	Num	8	2.	2.	Page 7 Total
8	MTALLPC_1070	Num	8	2.	2.	Page 8 Total
9	MTALLPC_1080	Num	8	3.	3.	Page 9 Total
10	MTALLPC_1090	Num	8	2.	2.	Page 10 Total
11	MTALLPC_1100	Num	8	3.	3.	Page 11 Total
12	MTALLPC_1110	Num	8	2.	2.	Page 12 Total
13	MTALLPC_1120	Num	8	2.	2.	Page 13 Total
14	MTALLPC_1130	Num	8	2.	2.	Page 14 Total
15	VDATE	Num	8			
16	VNUM	Char	3			
17	CASE_CONTROL	Char	7			
18	AGE_GROUP	Char	1			
19	SUBJ_ID	Num	8			

Data Set Name: mmmse_tally_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MTALL_1000	Num	8	2.	2.	Q1 total
2	MTALL_1010	Num	8	2.	2.	Q2 total
3	MTALL_1020	Num	8	2.	2.	Q3 total
4	MTALL_1030	Num	8	2.	2.	Q4 total
5	MTALL_1040	Num	8	2.	2.	Q5 total
6	MTALL_1050	Num	8	3.	3.	Q6 total
7	MTALL_1060	Num	8	2.	2.	Q7 total
8	MTALL_1070	Num	8	2.	2.	Q8 total
9	MTALL_1080	Num	8	3.	3.	Q9 total
10	MTALL_1090	Num	8	2.	2.	Q10 total
11	MTALL_1100	Num	8	2.	2.	Q11 total
12	MTALL_1110	Num	8	2.	2.	Q12 total
13	MTALL_1120	Num	8	2.	2.	Q13 total
14	MTALL_1130	Num	8	2.	2.	Q14 total
15	MTALL_1140	Num	8	3.	3.	Q15 total
16	MTALL_1150	Num	8	2.	2.	Q16 total
17	MTALL_1160	Num	8	2.	2.	Q17 total
18	VDATE	Num	8			
19	VNUM	Char	3			
20	CASE_CONTROL	Char	7			
21	AGE_GROUP	Char	1			
22	SUBJ_ID	Num	8			

Data Set Name: outpt_vasc_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VASC_1000	Num	8	3.	3.	Number of PCIs since last study contact
2	VASC_1010	Num	8			Date of first PCI
3	VASC_1020	Num	8			Date of second PCI
4	VASC_1030	Num	8			Date of third PCI
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: p1_alert_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1ALRT_1010	Num	8	2.	2.	Alert due to change in BP?
2	P1ALRT_1020	Num	8	2.	2.	If yes: Systolic BP>180
3	P1ALRT_1030	Num	8	2.	2.	If yes: Diastolic BP>110
4	P1ALRT_1040	Num	8	2.	2.	Alert due to acute distress
5	P1ALRT_1050	Num	8	2.	2.	If yes: Chest pain
6	P1ALRT_1060	Num	8	2.	2.	If yes: Sever Respiratory Distress
7	P1ALRT_1070	Num	8	2.	2.	If yes: Acute Neurological Symptoms
8	P1ALRT_1080	Num	8	2.	2.	If yes: Other, Specify
9	P1ALRT_1090	Num	8	2.	2.	Alert due to lab results?
10	P1ALRT_1100	Num	8	2.	2.	If yes: Potassium
11	P1ALRT_1110	Num	8	2.	2.	If yes: Sodium
12	P1ALRT_1130	Num	8	2.	2.	If yes: Glucose
13	P1ALRT_1140	Num	8	2.	2.	If yes: Creatinine doubling from last value
14	P1ALRT_1150	Num	8	2.	2.	If yes: CBC Hemoglobin
15	P1ALRT_1160	Num	8	2.	2.	If yes: Other abnormal lab value, specify
16	P1ALRT_1170	Num	8	2.	2.	Alert due to ECG results?
17	P1ALRT_1190	Num	8	2.	2.	If yes: Type of reading
18	P1ALRT_1200	Num	8	2.	2.	If yes: Results: Bradycardia
19	P1ALRT_1210	Num	8	2.	2.	If yes: Results: Tachycardia
20	P1ALRT_1220	Num	8	2.	2.	If yes: Results: Acute MI or ischemia
21	P1ALRT_1230	Num	8	2.	2.	If yes: Results: Vtach or Vfib
22	P1ALRT_1240	Num	8	2.	2.	If yes: Results: Afib
23	P1ALRT_1250	Num	8	2.	2.	If yes: Results: Atrial Flutter
24	P1ALRT_1260	Num	8	2.	2.	If yes: Results: Mobitz Type II 2nd degree Heart Block
25	P1ALRT_1270	Num	8	2.	2.	If yes: Results: 3rd degree Heart Block
26	P1ALRT_1280	Num	8	2.	2.	If yes: Results: Complete Left Bundle Branch Block
27	P1ALRT_1290	Num	8	2.	2.	Study site PI notified?
28	P1ALRT_1300	Num	8	3.	3.	Action taken?
29	P1ALRT_1310	Num	8	3.	3.	Participant notified of outcome?
30	P1ALRT_1000	Num	8			Date of alert value
31	P1ALRT_1180	Num	8			If yes: Date of reading
32	VDATE	Num	8			
33	VNUM	Char	3			
34	CASE_CONTROL	Char	7			
35	AGE_GROUP	Char	1			
36	SUBJ_ID	Num	8			

Data Set Name: p1_events_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1EVE_1000	Num	8	2.	2.	Since last ASSESS AKI study contact, hospitalized or ER for any medical problems
2	P1EVE_1010	Num	8	2.	2.	Heart attack
3	P1EVE_1020	Num	8	4.	4.	Heart attack-number of visits
4	P1EVE_1030	Num	8	2.	2.	Chest pain
5	P1EVE_1040	Num	8	4.	4.	Chest pain-number of visits
6	P1EVE_1050	Num	8	2.	2.	Heart failure/fluid in lungs
7	P1EVE_1060	Num	8	4.	4.	Heart failure/fluid in lungs-number of visits
8	P1EVE_1070	Num	8	2.	2.	Heart by-pass surgery
9	P1EVE_1080	Num	8	4.	4.	Heart by-pass surgery-number of visits
10	P1EVE_1090	Num	8	2.	2.	Abnormal heart rhythm
11	P1EVE_1100	Num	8	4.	4.	Abnormal heart rhythm-number of visits
12	P1EVE_1110	Num	8	2.	2.	Stroke, mini-stroke (TIA) or brain attack, bleading in the brain
13	P1EVE_1120	Num	8	4.	4.	Stroke, mini-stroke (TIA) or brain attack, bleading in the brain-number of visits
14	P1EVE_1130	Num	8	2.	2.	Inability to speak or weakness on one side of the body
15	P1EVE_1140	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
16	P1EVE_1150	Num	8	2.	2.	Kidney transplant
17	P1EVE_1160	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
18	P1EVE_1170	Num	8	2.	2.	Blockage in the arteries in your arms, legs or abdomen
19	P1EVE_1180	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
20	P1EVE_1190	Num	8	2.	2.	Blockage in blood vessels in your neck
21	P1EVE_1200	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
22	P1EVE_1210	Num	8	2.	2.	Other medical condition(s) or problem(s)
23	P1EVE_1220	Num	8	4.	4.	If yes: number of ER visits/hospitalizations
24	P1EVE_1230	Num	8	4.	4.	Record number of separate hospitalizations/ER visits since the last ASSESS AKI study contact
25	P1EVE_1250	Num	8	2.	2.	Surgery (amputation, or other surgery), balloon angioplasty or amputation of limb due to blockage in blood vessels in the arms, legs, or abdomen
26	P1EVE_1260	Num	8	2.	2.	If yes: indicate where surgery or angioplasty was performed
27	P1EVE_1270	Num	8	2.	2.	Surgery (carotid endarterectomy) or balloon angioplasty to open a blockage in blood vessels in the neck
28	P1EVE_1280	Num	8	2.	2.	If yes: indicate where surgery or angioplasty was performed
29	P1EVE_1290	Num	8	4.	4.	Record the number of serparate test/procedures since the last ASSESS AKI study contact
30	P1EVE_1310	Num	8	2.	2.	Since the last ASSESS AKI study contact have you had coronary angiography?
31	P1EVE_1320	Num	8	2.	2.	If yes: indicate where surgery or angioplasty was performed
32	P1EVE_1330	Num	8	2.	2.	Since the last ASSESS AKI study contact have you had balloon angioplasty or stenting to open a blockage in blood vessels in the heart?

Num	Variable	Type	Len	Format	Informat	Label
33	P1EVE_1340	Num	8	2.	2.	If yes: indicate where surgery or angioplasty was performed
34	P1EVE_1350	Num	8	4.	4.	Record the number of serparate test/procedures since the last ASSESS AKI study contact
35	P1EVE_1370	Num	8	2.	2.	Since the last ASSESS AKI study contact, have you had hemodialysis or peritoneal dialysis?
36	P1EVE_1380	Num	8	2.	2.	If yes: indicate where dialysis was performed
37	P1EVE_1390	Num	8	4.	4.	Record the number of serparate test/procedures since the last ASSESS AKI study contact
38	P1EVE_1400	Num	8	2.	2.	Death
39	P1EVE_1410	Num	8			Date deceased
40	VDATE	Num	8			
41	VNUM	Char	3			
42	CASE_CONTROL	Char	7			
43	AGE_GROUP	Char	1			
44	SUBJ_ID	Num	8			

Data Set Name: p1_lifestyle.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1LF_1000	Num	8	2.	2.	Since last ASSESS AKI study visit: Smoked cigarettes?
2	P1LF_1010	Num	8	2.	2.	Smoked more than 100 cigarettes (5 packs)?
3	P1LF_1020	Num	8	2.	2.	Currently smoke cigarettes?
4	P1LF_1030	Num	8	5.1	5.1	How many cigarettes usually smoked per day?
5	P1LF_1040	Num	8	3.	3.	How many months smoking this amount?
6	P1LF_1050	Num	8	2.	2.	Since last ASSESS AKI study visit: Smoked cigars?
7	P1LF_1060	Num	8	2.	2.	Smoked at least 20 cigars?
8	P1LF_1070	Num	8	2.	2.	Currently smoke cigars?
9	P1LF_1080	Num	8	5.1	5.1	How many cigars usually smoked per day?
10	P1LF_1090	Num	8	3.	3.	How many months smoking this amount?
11	P1LF_1100	Num	8	2.	2.	Since last ASSESS AKI study visit: Smoked tobacco pipe regularly?
12	P1LF_1130	Num	8	5.1	5.1	How many years have you smoked a pipe regularly?
13	P1LF_1140	Num	8	3.	3.	How many pipefuls of tobacco smoked per day on average?
14	P1LF_1170	Num	8	2.	2.	Since last ASSESS AKI study visit: Had at least one alcoholic drink?
15	P1LF_1180	Num	8	3.	3.	How often have you had an alcoholic drink?
16	P1LF_1190	Num	8	3.	3.	How many drinks on the days you drank?
17	P1LF_1200	Num	8	3.	3.	Largest number of alcoholic drinks in a 24-hour period
18	P1LF_1210	Num	8	3.	3.	For men: How often did you have 5 or more alcoholic drinks within a two-hour period?
19	P1LF_1220	Num	8	3.	3.	For women: How often did you have 4 of more alcoholic drinks within a two-hour period?
20	P1LF_1230	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used marijuana?
21	P1LF_1240	Num	8	3.	3.	If yes: Used within past 30 days?
22	P1LF_1250	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used methamphetamines?
23	P1LF_1260	Num	8	3.	3.	If yes: Used within past 30 days?
24	P1LF_1270	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used cocaine?
25	P1LF_1280	Num	8	3.	3.	If yes: Used within past 30 days?
26	P1LF_1290	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used heroin?
27	P1LF_1300	Num	8	3.	3.	If yes: Used within past 30 days?
28	P1LF_1310	Num	8	3.	3.	Since your last ASSESS AKI study visit, Have you used any other street drugs?
29	P1LF_1320	Num	8	3.	3.	If yes: Used within past 30 days?
30	P1LF_1330	Num	8	2.	2.	Since your last ASSESS AKI study visit, have any changes occurred in your healthcare coverage?
31	P1LF_1340	Num	8	2.	2.	US Healthcare coverage: Uninsured
32	P1LF_1350	Num	8	2.	2.	US Healthcare coverage: Self-insured
33	P1LF_1360	Num	8	2.	2.	US Healthcare coverage: COBRA
34	P1LF_1370	Num	8	2.	2.	US Healthcare coverage: Commercial/fee-for-service

Num	Variable	Type	Len	Format	Informat	Label
35	P1LF_1380	Num	8	2.	2.	US Healthcare coverage: HMO
36	P1LF_1390	Num	8	2.	2.	US Healthcare coverage: Local/state insurance
37	P1LF_1400	Num	8	2.	2.	US Healthcare coverage: Military
38	P1LF_1410	Num	8	2.	2.	US Healthcare coverage: Medicare
39	P1LF_1420	Num	8	2.	2.	US Healthcare coverage: Medicaid
40	P1LF_1430	Num	8	2.	2.	US Healthcare coverage: Self-pay
41	P1LF_1440	Num	8	2.	2.	US Healthcare coverage: Other, Specify
42	P1LF_1450	Num	8	2.	2.	Canadian Healthcare coverage: Provincial/Public Health Insurance
43	P1LF_1460	Num	8	2.	2.	Canadian Healthcare coverage: Private/Personal Insurance
44	P1LF_1470	Num	8	2.	2.	Since your last ASSESS AKI study visit: Was there a time that you were not covered by health insurance?
45	P1LF_1480	Num	8	2.	2.	If yes: Were you not covered for one month or more?
46	P1LF_1490	Num	8	2.	2.	Since your last ASSESS AKI study visit: Were you denied health insurance
47	P1LF_1500	Num	8	2.	2.	Since your last ASSESS AKI study visit: Were you unable to fill a prescription because of the cost?
48	P1LF_1510	Num	8	2.	2.	Since your last ASSESS AKI study visit: Were you unable to see your doctor because of the cost?
49	P1LF_1520	Num	8	2.	2.	Where was the CRF completed?
50	P1LF_1530	Num	8	2.	2.	Who completed the CRF?
51	P1LF_1540	Num	8	2.	2.	If participant completed: Did coordinator review the CRF with patient during the in-person visit?
52	P1LF_1550	Num	8	2.	2.	If yes: signature of research coordinator
53	P1LF_1560	Num	8			If yes: Date signature completed
54	VDATE	Num	8			
55	VNUM	Char	3			
56	CASE_CONTROL	Char	7			
57	AGE_GROUP	Char	1			
58	SUBJ_ID	Num	8			

Data Set Name: p1_medhx_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1MED_1000	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for cancer?
2	P1MED_1010	Num	8	3.	3.	Did you receive chemotherapy?
3	P1MED_1020	Num	8	3.	3.	Did you receive: cisplatin
4	P1MED_1030	Num	8	3.	3.	Did you receive: ifosfamide
5	P1MED_1040	Num	8	3.	3.	Did you receive: methotrexate
6	P1MED_1050	Num	8	3.	3.	Did you receive: gemcitabine
7	P1MED_1060	Num	8	3.	3.	Did you receive: bevacizumab
8	P1MED_1070	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for asthma or reactive airway disease?
9	P1MED_1080	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for chronic obstructive pulmonary disease?
10	P1MED_1090	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for Hepatitis (B or C) infection?
11	P1MED_1100	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for Rheumatoid arthritis?
12	P1MED_1110	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for Gout?
13	P1MED_1120	Num	8	3.	3.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for systemic lupus?
14	P1MED_1130	Num	8	3.	3.	Since your last ASSESS AKI visit: Were you pregnant?
15	P1MED_1140	Num	8	2.	2.	Are you currently pregnant?
16	P1MED_1150	Num	8	3.	3.	Did you complete menopause?
17	P1MED_1160	Num	8	2.	2.	Do you know when your last menstrual period started?
18	P1MED_1175	Num	8	2.	2.	Did you have a hysterectomy?
19	P1MED_1180	Num	8	3.	3.	Since your last ASSESS AKI visit: Did you see a nephrologist/kidney doctor for your kidney problems?
20	P1MED_1190	Num	8	3.	3.	Since your last ASSESS AKI visit: Did you see any other doctor or health professional(s) for your kidney problems?
21	P1MED_1200	Num	8	3.	3.	Was the level of protein in your urine measured?
22	P1MED_1210	Num	8	3.	3.	Was your kidney function measured by a 24-hour urine test or I-Iothalamate clearance test?
23	P1MED_1220	Num	8	3.	3.	Did you have a kidney xray (KUB)?
24	P1MED_1230	Num	8	3.	3.	Did you have any vaccinations to lower your risk of infection?
25	P1MED_1240	Num	8	3.	3.	If yes: Did you have one or more vaccines to prevent bacterial infection?
26	P1MED_1250	Num	8	3.	3.	If yes: Did you have a flu vaccine?
27	P1MED_1260	Num	8	3.	3.	Since your last ASSESS AKI visit: How long has it been since last blood pressure taken by a doctor or other health professional? (number)
28	P1MED_1270	Num	8	3.	3.	Since your last ASSESS AKI visit: How long has it been since last blood pressure taken by a doctor or other health professional? (days/weeks/months)

Num	Variable	Type	Len	Format	Informat	Label
29	P1MED_1280	Num	8	3.	3.	Did the doctor or other health professional tell you for the first time that your have hypertension or high blood pressure?
30	P1MED_1290	Num	8	3.	3.	If yes: do you currently take prescribed medication for hypertension or high blood pressure?
31	P1MED_1300	Num	8	3.	3.	Since your last ASSESS AKI visit: How long has it been since last blood cholesterold taken by a doctor or other health professional? (number)
32	P1MED_1310	Num	8	3.	3.	Since your last ASSESS AKI visit: How long has it been since last blood cholesterol taken by a doctor or other health professional? (days/weeks/months)
33	P1MED_1320	Num	8	3.	3.	Did a doctor or other health professional tell you for the first time that your blood cholesterol level was high?
34	P1MED_1330	Num	8	3.	3.	If yes: do you currently take prescribed medication for hypertension or high blood cholesterol?
35	P1MED_1335	Num	8	3.	3.	Have you ever been told that you have diabetes or high blood sugar?
36	P1MED_1340	Num	8	3.	3.	Since your last ASSESS AKI visit: Did a doctor or other health professional tell you for the first time that you have diabetes or high blood sugar?
37	P1MED_1350	Num	8	3.	3.	Are you currently taking insulin?
38	P1MED_1360	Num	8	3.	3.	Are you currently taking injectable drugs, other than insulin, to manage your blood sugar?
39	P1MED_1370	Num	8	3.	3.	Do you currently take diabetes pills to lower your blood sugar?
40	P1MED_1380	Num	8	3.	3.	Since your last ASSESS AKI visit: Did you have your eyes examined by a doctor?
41	P1MED_1400	Num	8	3.	3.	Since your last ASSESS AKI visit: Did a doctor tell you that diabetes has affected your eyes or that you have retinopathy?
42	P1MED_1410	Num	8	3.	3.	Currently experiencing: Numbness or tingling in hands or feet?
43	P1MED_1420	Num	8	3.	3.	Currently experiencing: Loss of sensation in hands or feet?
44	P1MED_1430	Num	8	3.	3.	Currently experiencing: Decreased ability to feel the hotness or coldness of things you touch?
45	P1MED_1440	Num	8	3.	3.	Currently experiencing: Sores or ulcers on your feet or ankles?
46	P1MED_1450	Num	8	2.	2.	Where was the CRF completed?
47	P1MED_1460	Num	8	2.	2.	Who completed the CRF?
48	P1MED_1470	Num	8	2.	2.	If participant completed: Did coordinator review the CRF with patient during the in-person visit?
49	P1MED_1480	Num	8	2.	2.	If yes: signature of research coordinator
50	P1MED_1490	Num	8			If yes: Date signature completed
51	VDATE	Num	8			
52	DATE_Q04A	Num	8			
53	DATE_Q20	Num	8			
54	VNUM	Char	3			
55	CASE_CONTROL	Char	7			
56	AGE_GROUP	Char	1			
57	SUBJ_ID	Num	8			

Data Set Name: p1_outpt_collect_bld.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1OUTBLD_1000	Num	8	2.	2.	Visit completed in the participant's home?
2	P1OUTBLD_1020	Num	8	5.	5.	Time of blood collection
3	P1OUTBLD_1030	Num	8	2.	2.	Vaccutainer collected: 9 mL SST or 7.5 mL double SST
4	P1OUTBLD_1040	Num	8	2.	2.	Vaccutainer collected: 9 mL SST or 7.5 mL double SST
5	P1OUTBLD_1050	Num	8	2.	2.	Vaccutainer collected: 3 mL to local lab
6	P1OUTBLD_1060	Num	8	2.	2.	Vaccutainer collected: 10 mL for plasma
7	P1OUTBLD_1070	Num	8	2.	2.	Vaccutainer collected: 10 mL for plasma
8	P1OUTBLD_1080	Num	8	2.	2.	Vaccutainer collected: 4.5 mL
9	P1OUTBLD_1010	Num	8			Date of blood collection
10	VDATE	Num	8			
11	VNUM	Char	3			
12	CASE_CONTROL	Char	7			
13	AGE_GROUP	Char	1			
14	SUBJ_ID	Num	8			

Data Set Name: p1_outpt_collect_bld_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P1OUTBLD2_1000	Num	8	2.	2.	Visit completed in the participant's home?
3	P1OUTBLD2_1020	Num	8	5.	5.	Time of blood collection
4	P1OUTBLD2_1030	Num	8	2.	2.	Vaccutainer collected: 9 mL SST or 7.5 mL double SST
5	P1OUTBLD2_1040	Num	8	2.	2.	Vaccutainer collected: 9 mL SST or 7.5 mL double SST
6	P1OUTBLD2_1050	Num	8	2.	2.	Vaccutainer collected: 3 mL to local lab
7	P1OUTBLD2_1060	Num	8	2.	2.	Vaccutainer collected: 10 mL for plasma
8	P1OUTBLD2_1070	Num	8	2.	2.	Vaccutainer collected: 10 mL for plasma
9	P1OUTBLD2_1080	Num	8	2.	2.	Vaccutainer collected: 4.5 mL
10	P1OUTBLD2_1010	Num	8			Date of blood collection
11	VDATE	Num	8			
12	VNUM	Char	3			
13	CASE_CONTROL	Char	7			
14	AGE_GROUP	Char	1			
15	SUBJ_ID	Num	8			

Data Set Name: p1_outpt_collect_ua.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1OUTUA_1000	Num	8	2.	2.	Visit completed in the participant's home?
2	P1OUTUA_1030	Num	8	5.	5.	Time of urine collection
3	P1OUTUA_1040	Num	8	2.	2.	Urine sample collected at this visit?
4	P1OUTUA_1020	Num	8			Date of urine collection
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: p1_outpt_collect_ua_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P1OUTUA2_1000	Num	8	2.	2.	Visit completed in the participant's home?
3	P1OUTUA2_1030	Num	8	5.	5.	Time of urine collection
4	P1OUTUA2_1040	Num	8	2.	2.	Urine sample collected at this visit?
5	P1OUTUA2_1020	Num	8			Date of urine collection
6	VDATE	Num	8			
7	VNUM	Char	3			
8	CASE_CONTROL	Char	7			
9	AGE_GROUP	Char	1			
10	SUBJ_ID	Num	8			

Data Set Name: p1_outpt_process.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P1OPRO_1000	Num	8	2.	2.	Blood samples to be processed?
2	P1OPRO_1010	Num	8	2.	2.	Number of 1.0 mL aliquots of serum produced from 9 mL SST or 7.5 mL double SST red top vacutainers?
3	P1OPRO_1020	Num	8	2.	2.	If greater than 6 aliquots, estimate volume of additional serum saved
4	P1OPRO_1030	Num	8	2.	2.	Number of 1.0 mL aliquots of plasma produced from 10 mL EDTA purple top vacutainers?
5	P1OPRO_1040	Num	8	2.	2.	If greater than 5 aliquots, estimate volume of additional plasma saved
6	P1OPRO_1050	Num	8	2.	2.	Number of 1.0 mL aliquots produced from 4.5 mL citrate blue top vacutainer?
7	P1OPRO_1060	Num	8	2.	2.	If greater than 2 aliquots, estimate volume of additional plasma saved
8	P1OPRO_1080	Num	8	5.	5.	Time samples frozen
9	P1OPRO_1090	Num	8	2.	2.	Urine samples to be processed?
10	P1OPRO_1100	Num	8	3.	3.	Number of 1.0 mL aliquots of urine produced?
11	P1OPRO_1110	Num	8	2.	2.	Number of 10 mL aliquots of urine produced?
12	P1OPRO_1130	Num	8	5.	5.	Time samples frozen
13	P1OPRO_1070	Num	8			Date samples frozen
14	P1OPRO_1120	Num	8			Date samples frozen
15	VDATE	Num	8			
16	VNUM	Char	3			
17	CASE_CONTROL	Char	7			
18	AGE_GROUP	Char	1			
19	SUBJ_ID	Num	8			

Data Set Name: p1_outpt_process_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P1OPRO2_1000	Num	8	2.	2.	Blood samples to be processed?
3	P1OPRO2_1010	Num	8	2.	2.	Number of 1.0 mL aliquots of serum produced from 9 mL SST or 7.5 mL double SST red top vacutainers?
4	P1OPRO2_1020	Num	8	2.	2.	Greater than 6 aliquots; estimate volume of serum
5	P1OPRO2_1030	Num	8	2.	2.	Number of 1.0 mL aliquots plasma produced from 10 mL EDTA purple top vacutainers
6	P1OPRO2_1040	Num	8	2.	2.	Greater than 5 aliquots; estimate volume of plasma
7	P1OPRO2_1050	Num	8	2.	2.	Numer of 1.0 mL aliquots produced from 4.5 mL citrate blue top vacutainer
8	P1OPRO2_1060	Num	8	2.	2.	Greater than 2 aliquots; estimate volume of plasma
9	P1OPRO2_1080	Num	8	5.	5.	Time samples frozen
10	P1OPRO2_1090	Num	8	2.	2.	Urine samples to be processed?
11	P1OPRO2_1100	Num	8	3.	3.	Number of 1.0 mL aliquots urine produced
12	P1OPRO2_1110	Num	8	2.	2.	Number of 10 mL aliquots of urine produced?
13	P1OPRO2_1130	Num	8	5.	5.	Time samples frozen
14	P1OPRO2_995	Num	8			Date of Collection
15	P1OPRO2_1070	Num	8			Date samples frozen
16	P1OPRO2_1120	Num	8			Date samples frozen
17	VDATE	Num	8			
18	VNUM	Char	3			
19	CASE_CONTROL	Char	7			
20	AGE_GROUP	Char	1			
21	SUBJ_ID	Num	8			

Data Set Name: p2_alert_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2ALRT_1010	Num	8	2.	2.	Due to Stage 2 hypertension?
2	P2ALRT_1020	Num	8	2.	2.	Due to hypotension?
3	P2ALRT_1030	Num	8	3.	3.	Systolic bp <60 for infants
4	P2ALRT_1040	Num	8	3.	3.	Systolic bp <70 for children older than 1 year
5	P2ALRT_1050	Num	8	2.	2.	Due to acute distress
6	P2ALRT_1060	Num	8	2.	2.	Chest Pain
7	P2ALRT_1070	Num	8	2.	2.	Severe Respiratory Distress
8	P2ALRT_1080	Num	8	2.	2.	Acute Neruological Symptoms
9	P2ALRT_1090	Num	8	2.	2.	Other, Specify
10	P2ALRT_1100	Num	8	2.	2.	Due to lab results?
11	P2ALRT_1140	Num	8	2.	2.	Creatinine doubling from last value
12	P2ALRT_1160	Num	8	2.	2.	Other abnormal lab value, Specify
13	P2ALRT_1170	Num	8	2.	2.	PI notified?
14	P2ALRT_1180	Num	8	3.	3.	Action taken
15	P2ALRT_1190	Num	8	3.	3.	Participant's Parent/guardian notified of outcome?
16	P2ALRT_1000	Num	8			Date of alert value
17	VDATE	Num	8			
18	VNUM	Char	3			
19	CASE_CONTROL	Char	7			
20	AGE_GROUP	Char	1			
21	SUBJ_ID	Num	8			

Data Set Name: p2_events_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2EVE_1000	Num	8	2.	2.	Hospital or ER visit for you or child since last visit?
2	P2EVE_1010	Num	8	2.	2.	Heart failure or fluid in lungs?
3	P2EVE_1020	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
4	P2EVE_1030	Num	8	2.	2.	Abnormal heart rhythm
5	P2EVE_1040	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
6	P2EVE_1050	Num	8	2.	2.	Stroke/mini-stroke or brain attack, bleeding in brain?
7	P2EVE_1060	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
8	P2EVE_1070	Num	8	2.	2.	Kidney transplant
9	P2EVE_1080	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
10	P2EVE_1090	Num	8	2.	2.	Blockage in arteries of arms, legs, or abdomen
11	P2EVE_1100	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
12	P2EVE_1110	Num	8	2.	2.	Other medical condition(s) or problem(s)
13	P2EVE_1120	Num	8	4.	4.	Number of ER Visits/Hospitalizations for this condition?
14	P2EVE_1130	Num	8	4.	4.	Total number of hospitalizations/ER visits since last contact
15	P2EVE_1140	Num	8	2.	2.	Any heart surgeries since last contact
16	P2EVE_1150	Num	8	4.	4.	How many heart surgeries since last contact
17	P2EVE_1160	Num	8	2.	2.	Cavopulmonary connection
18	P2EVE_1170	Num	8	2.	2.	Fontan surgery
19	P2EVE_1180	Num	8	2.	2.	Conduit replacement
20	P2EVE_1190	Num	8	2.	2.	Mitral valve repair/replacement
21	P2EVE_1200	Num	8	2.	2.	Aortic valve repair/replacement
22	P2EVE_1210	Num	8	2.	2.	Other, Specify
23	P2EVE_1220	Num	8	2.	2.	ICU admittance since last contact?
24	P2EVE_1230	Num	8	4.	4.	How many ICU admissions since last contact
25	P2EVE_1240	Num	8	2.	2.	On mechanical ventilation
26	P2EVE_1250	Num	8	2.	2.	Sepsis?
27	P2EVE_1260	Num	8	2.	2.	Repeat heart surgery?
28	P2EVE_1280	Num	8	2.	2.	Coronary angiography since last contact?
29	P2EVE_1290	Num	8	2.	2.	Where was angiography performed
30	P2EVE_1300	Num	8	4.	4.	Total number of procedures since last contact
31	P2EVE_1320	Num	8	2.	2.	Hemodialysis or peritoneal dialysis?
32	P2EVE_1330	Num	8	2.	2.	Where was dialysis performed?
33	P2EVE_1340	Num	8	4.	4.	How many dialysis treatments since last contact
34	P2EVE_1350	Num	8	2.	2.	Death
35	P2EVE_1360	Num	8			Date deceased
36	VDATE	Num	8			
37	VNUM	Char	3			

Num	Variable	Type	Len	Format	Informat	Label
38	CASE_CONTROL	Char	7			
39	AGE_GROUP	Char	1			
40	SUBJ_ID	Num	8			

Data Set Name: p2_lifestyle.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2LF_1000	Num	8	2.	2.	Child currently in school or home-schooled
2	P2LF_1010	Num	8	3.	3.	Current grade level
3	P2LF_1020	Num	8	2.	2.	Child receiving special education
4	P2LF_1030	Num	8	2.	2.	Did child pass last school year
5	P2LF_1040	Num	8	2.	2.	Child smoke any cigarettes?
6	P2LF_1050	Num	8	2.	2.	How many days were cigarettes smoked
7	P2LF_1060	Num	8	3.	3.	Numer of days if >1 day
8	P2LF_1070	Num	8	2.	2.	Smoked more than 100 cigarettes (5 packs)?
9	P2LF_1080	Num	8	2.	2.	Current smoker?
10	P2LF_1090	Num	8	5.1	5.1	How many cigarettes usually smoked per day since last visit?
11	P2LF_1100	Num	8	3.	3.	How many months smoking this amount?
12	P2LF_1110	Num	8	2.	2.	Smoked cigars?
13	P2LF_1120	Num	8	2.	2.	Smoked at least 20 cigars?
14	P2LF_1130	Num	8	2.	2.	Current cigar smoker?
15	P2LF_1140	Num	8	5.1	5.1	How many cigars usually smoked per day since last visit?
16	P2LF_1150	Num	8	3.	3.	How many months smoking this amount?
17	P2LF_1160	Num	8	2.	2.	Smoked tobacco pipe regularly since last visit?
18	P2LF_1190	Num	8	5.1	5.1	How many years have you smoked a pipe regularly?
19	P2LF_1200	Num	8	3.	3.	Average amount of pipefuls of tobacco/day
20	P2LF_1230	Num	8	2.	2.	Has child had at least one alcoholic drink?
21	P2LF_1240	Num	8	3.	3.	How often has child had alcoholic drink?
22	P2LF_1250	Num	8	3.	3.	How many alcoholic drinks consumed on days child drank
23	P2LF_1260	Num	8	3.	3.	Largest number of alcoholic drinks in a 24-hour period
24	P2LF_1270	Num	8	3.	3.	Has child used marijuana
25	P2LF_1280	Num	8	3.	3.	Used marijuana in past 30 days?
26	P2LF_1290	Num	8	3.	3.	Has child used methamphetamines
27	P2LF_1300	Num	8	3.	3.	Has child used methamphetamines in past 30 days
28	P2LF_1310	Num	8	3.	3.	Has child used cocaine
29	P2LF_1320	Num	8	3.	3.	Has child used cocaine in past 30 days
30	P2LF_1330	Num	8	3.	3.	Has child used heroin
31	P2LF_1340	Num	8	3.	3.	Has child used heroin in past 30 days
32	P2LF_1350	Num	8	3.	3.	Has child used other street drugs?
33	P2LF_1360	Num	8	3.	3.	Has child used other street drugs in past 30 days
34	P2LF_1370	Num	8	2.	2.	Any changes in child's healthcare coverage since last visit?
35	P2LF_1380	Num	8	2.	2.	Uninsured
36	P2LF_1390	Num	8	2.	2.	Self-insured
37	P2LF_1400	Num	8	2.	2.	COBRA

Num	Variable	Type	Len	Format	Informat	Label
38	P2LF_1410	Num	8	2.	2.	Commercial/fee-for-service
39	P2LF_1420	Num	8	2.	2.	HMO
40	P2LF_1430	Num	8	2.	2.	Local/state insurance
41	P2LF_1440	Num	8	2.	2.	Military
42	P2LF_1450	Num	8	2.	2.	Medicare
43	P2LF_1460	Num	8	2.	2.	Medicaid
44	P2LF_1470	Num	8	2.	2.	Self-pay
45	P2LF_1480	Num	8	2.	2.	Other, Specify
46	P2LF_1490	Num	8	2.	2.	Provincial/Public Health Insurance
47	P2LF_1500	Num	8	2.	2.	Private/Personal Insurance
48	P2LF_1510	Num	8	2.	2.	Ever time not covered by health insurance since last visit?
49	P2LF_1520	Num	8	2.	2.	If yes: for more than one month?
50	P2LF_1530	Num	8	2.	2.	Denied health insurance since last visit?
51	P2LF_1540	Num	8	2.	2.	Since last contact were you unable to fill prescription because of the cost
52	P2LF_1550	Num	8	2.	2.	Since last contact was child unable to see doctor because of cost
53	P2LF_1560	Num	8	2.	2.	Where was CRF completed
54	P2LF_1570	Num	8	2.	2.	Who completed the CRF?
55	P2LF_1580	Num	8	2.	2.	If completed by participant/guardian: did research coordinator review CRF during visit?
56	P2LF_1590	Num	8	2.	2.	Signature of RC
57	P2LF_1600	Num	8			Date of signature
58	VDATE	Num	8			
59	VNUM	Char	3			
60	CASE_CONTROL	Char	7			
61	AGE_GROUP	Char	1			
62	SUBJ_ID	Num	8			

Data Set Name: p2_medhx_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2MED_1000	Num	8	3.	3.	Since last contact was child diagnosed or treated for cancer?
2	P2MED_1010	Num	8	3.	3.	Receive chemotherapy?
3	P2MED_1020	Num	8	3.	3.	Receive cisplatin
4	P2MED_1030	Num	8	3.	3.	Receive ifosfamide
5	P2MED_1040	Num	8	3.	3.	Receive methotrexate
6	P2MED_1050	Num	8	3.	3.	Receive carboplatin
7	P2MED_1060	Num	8	3.	3.	Treated/diagnosed with asthma or reactive airway disease
8	P2MED_1070	Num	8	3.	3.	Treated/diagnosed with chronic obstructive pulmonary disease
9	P2MED_1080	Num	8	3.	3.	Treated/diagnosed with hepatitis
10	P2MED_1090	Num	8	3.	3.	Treated/diagnosed with liver disease
11	P2MED_1100	Num	8	3.	3.	Treated/diagnosed with genetic syndrome
12	P2MED_1110	Num	8	3.	3.	Treated/diagnosed with Down's/Trisomy 21
13	P2MED_1120	Num	8	3.	3.	Treated/diagnosed with DiGeorge/22q11 deletion
14	P2MED_1130	Num	8	3.	3.	Treated/diagnosed with Turner syndrom
15	P2MED_1140	Num	8	3.	3.	Treated/diagnosed with Williams syndrom
16	P2MED_1150	Num	8	3.	3.	Treated/diagnosed with VACTERL association
17	P2MED_1160	Num	8	3.	3.	Treated/diagnosed with CHARGE syndrome
18	P2MED_1170	Num	8	3.	3.	Treated/diagnosed with Undefined genetic syndrome
19	P2MED_1180	Num	8	3.	3.	Other, Specify
20	P2MED_1190	Num	8	3.	3.	Treated/diagnosed with neurological/developmental disease
21	P2MED_1200	Num	8	3.	3.	Treated/diagnosed with seizure disorder
22	P2MED_1210	Num	8	3.	3.	Treated/diagnosed with hydrocephalus
23	P2MED_1220	Num	8	3.	3.	Treated/diagnosed with Autism/autism spectrum disorder
24	P2MED_1230	Num	8	3.	3.	Treated/diagnosed with ADD/ADHD
25	P2MED_1240	Num	8	3.	3.	Treated/diagnosed with Muscular dystrophy
26	P2MED_1250	Num	8	3.	3.	Treated/diagnosed with Cerebral palsy
27	P2MED_1260	Num	8	3.	3.	Treated/diagnosed with spina bifida
28	P2MED_1270	Num	8	3.	3.	Requires wheelchair?
29	P2MED_1280	Num	8	3.	3.	Other, Specify
30	P2MED_1290	Num	8	3.	3.	Treated/diagnosed with rheumatoid arthritis
31	P2MED_1300	Num	8	3.	3.	Treated/diagnosed with gout
32	P2MED_1310	Num	8	3.	3.	Treated/diagnosed with systemic lupus
33	P2MED_1320	Num	8	2.	2.	Was child pregnant since last contact
34	P2MED_1330	Num	8	2.	2.	Is child currently pregnant
35	P2MED_1340	Num	8	3.	3.	Did child begin menstruation
36	P2MED_1360	Num	8	2.	2.	Any menstrual irregularities
37	P2MED_1370	Num	8	3.	3.	Do you know when the child's last menstruation started?

Num	Variable	Type	Len	Format	Informat	Label
38	P2MED_1390	Num	8	3.	3.	Has child seen nephrologist since last contact
39	P2MED_1400	Num	8	3.	3.	Has child seen another doctor or health professional since last contact for kidney problems
40	P2MED_1410	Num	8	3.	3.	Treated or diagnosed with history of congenital kidney abnormalities
41	P2MED_1420	Num	8	3.	3.	Treated/diagnosed with hydronephrosis
42	P2MED_1430	Num	8	3.	3.	Treated/diagnosed with vesico-ureteral reflux
43	P2MED_1440	Num	8	3.	3.	Treated/diagnosed with single kidney
44	P2MED_1450	Num	8	3.	3.	Treated/diagnosed with horseshoe kidney
45	P2MED_1460	Num	8	3.	3.	Treated/diagnosed with small kidneys
46	P2MED_1470	Num	8	3.	3.	Treated/diagnosed with dysplasia
47	P2MED_1480	Num	8	3.	3.	Treated/diagnosed with polycystic kidney disease
48	P2MED_1490	Num	8	3.	3.	Treated/diagnosed with family history of kidney disease
49	P2MED_1500	Num	8	3.	3.	Was urine protein level measured since last contact
50	P2MED_1510	Num	8	3.	3.	Was kidney function measured by 24-hour urine test or I-Iothalamate clearance test since last contact
51	P2MED_1520	Num	8	3.	3.	Did child have a kidney xray since last contact
52	P2MED_1530	Num	8	3.	3.	Was child's kidney function checked with blood test since last contact
53	P2MED_1540	Num	8	3.	3.	Has child had any red, pink, or brown colored urine since last contact
54	P2MED_1550	Num	8	3.	3.	Did child have any vaccinations since last contact
55	P2MED_1560	Num	8	3.	3.	Did child have any vaccines to prevent bacterial infection
56	P2MED_1570	Num	8	3.	3.	Did child have flu vaccine
57	P2MED_1580	Num	8	3.	3.	Did child have RSV vaccine
58	P2MED_1590	Num	8	4.	4.	How many RSV vaccines did child have
59	P2MED_1600	Num	8	3.	3.	How long has it been since the child's bp was taken by doctor or other health professional?
60	P2MED_1610	Num	8	3.	3.	How long has it been since the child's bp was taken by doctor or other health professional?
61	P2MED_1620	Num	8	3.	3.	Did doctor or other health professional tell you that child has hypertension or high bp for the first time
62	P2MED_1630	Num	8	3.	3.	Is the child currently taking prescribed medication for the child's hypertension or high bp
63	P2MED_1635	Num	8	3.	3.	Has child been told that they have diabetes or high blood sugar
64	P2MED_1640	Num	8	3.	3.	Since last contact did doctor tell you the child has diabetes or high blood sugar for the first time
65	P2MED_1650	Num	8	3.	3.	Is the child currently taking insulin
66	P2MED_1660	Num	8	3.	3.	Is the child currently taking other injectables (not insulin) to manage their blood sugar
67	P2MED_1670	Num	8	3.	3.	Is child currently taking diabetes pills to lower their blood sugar
68	P2MED_1680	Num	8	3.	3.	Since last contact has the child had their eyes examined
69	P2MED_1700	Num	8	3.	3.	Since last contact did doctor tell you that diabetes has affected child's eyes or that they have retinopathy
70	P2MED_1710	Num	8	3.	3.	Does child currently have numbness or tingling in hands or feet

Num	Variable	Type	Len	Format	Informat	Label
71	P2MED_1720	Num	8	3.	3.	Does child have loss of sensation in hands or feet
72	P2MED_1730	Num	8	3.	3.	Does child have decreased ability to feel hot or cold of objects
73	P2MED_1740	Num	8	3.	3.	Does child have sores or ulcers on feet or ankles
74	P2MED_1750	Num	8	3.	3.	Since last contact did doctor tell you that the child has a weight, height, or growth abnormality?
75	P2MED_1760	Num	8	3.	3.	If yes from previous question: failure to thrive
76	P2MED_1770	Num	8	3.	3.	If yes from previous question: weight too low?
77	P2MED_1780	Num	8	3.	3.	If yes from previous question: height too low?
78	P2MED_1790	Num	8	3.	3.	If yes from previous question: height and weight too low?
79	P2MED_1800	Num	8	2.	2.	Any concerns about child's growth
80	P2MED_1810	Num	8	2.	2.	Does child receive nutrition through a nasogastic or gastrostomy tube
81	P2MED_1820	Num	8	2.	2.	Does child have any nutritional restrictions
82	P2MED_1830	Num	8	3.	3.	Celiacs disease?
83	P2MED_1840	Num	8	3.	3.	Inflammatory bowel disease
84	P2MED_1850	Num	8	3.	3.	Other malabsorption problem
85	P2MED_1860	Num	8	2.	2.	Where was CRF completed
86	P2MED_1870	Num	8	2.	2.	Who completed CRF
87	P2MED_1880	Num	8	2.	2.	RC review CRF with participant/guardian
88	P2MED_1890	Num	8	2.	2.	Signature of RC
89	P2MED_1900	Num	8			Date of signature
90	VDATE	Num	8			
91	DATE_Q04A	Num	8			
92	DATE_Q06A	Num	8			
93	DATE_Q21	Num	8			
94	VNUM	Char	3			
95	CASE_CONTROL	Char	7			
96	AGE_GROUP	Char	1			
97	SUBJ_ID	Num	8			

Data Set Name: p2_outpt_collect_bld.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2OUTBLD_1000	Num	8	2.	2.	Was visit completed in participants home?
2	P2OUTBLD_1020	Num	8	5.	5.	Time of blood collection
3	P2OUTBLD_1030	Num	8	2.	2.	Was plasma collected
4	P2OUTBLD_1040	Num	8	2.	2.	How was blood collected
5	P2OUTBLD_1050	Num	8	2.	2.	Was EDTA (purple) collected
6	P2OUTBLD_1010	Num	8			Date of blood collection
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: p2_outpt_collect_bld_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P2OUTBLD2_1000	Num	8	2.	2.	Was visit completed in participants home?
3	P2OUTBLD2_1020	Num	8	5.	5.	Time of blood collection
4	P2OUTBLD2_1030	Num	8	2.	2.	Was plasma collected
5	P2OUTBLD2_1040	Num	8	2.	2.	How was blood collected
6	P2OUTBLD2_1050	Num	8	2.	2.	Was EDTA (purple) collected
7	P2OUTBLD2_1010	Num	8			Date of blood collection
8	VDATE	Num	8			
9	VNUM	Char	3			
10	CASE_CONTROL	Char	7			
11	AGE_GROUP	Char	1			
12	SUBJ_ID	Num	8			

Data Set Name: p2_outpt_collect_ua.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2OUTUA_1000	Num	8	2.	2.	Was visit completed in participants home?
2	P2OUTUA_1030	Num	8	5.	5.	Time of urine collection
3	P2OUTUA_1035	Num	8	2.	2.	Participant wearing diaper?
4	P2OUTUA_1040	Num	8	2.	2.	How was urine sample collected?
5	P2OUTUA_1050	Num	8	2.	2.	Was a urine sample collected at this visit
6	P2OUTUA_1020	Num	8			Date of urine collection
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: p2_outpt_collect_ua_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P2OUTUA2_1000	Num	8	2.	2.	Was visit completed in participants home?
3	P2OUTUA2_1030	Num	8	5.	5.	Time of urine collection
4	P2OUTUA2_1035	Num	8	2.	2.	Participant wearing diaper?
5	P2OUTUA2_1040	Num	8	2.	2.	How was urine collected?
6	P2OUTUA2_1050	Num	8	2.	2.	Was a urine sample collected after initial collection?
7	P2OUTUA2_1020	Num	8			Date of urine collection
8	VDATE	Num	8			
9	VNUM	Char	3			
10	CASE_CONTROL	Char	7			
11	AGE_GROUP	Char	1			
12	SUBJ_ID	Num	8			

Data Set Name: p2_outpt_process.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2OPRO_1000	Num	8	2.	2.	Any blood samples to be processed
2	P2OPRO_1010	Num	8	2.	2.	How many 0.5 mL aliquots produced?
3	P2OPRO_1020	Num	8	2.	2.	How many 0.25 mL aliquots produced?
4	P2OPRO_1030	Num	8	2.	2.	Is there an extra aliquot
5	P2OPRO_1040	Num	8	6.3	6.3	Estimate volume of additional plasma saved
6	P2OPRO_1060	Num	8	5.	5.	Time samples frozen
7	P2OPRO_1070	Num	8	2.	2.	Any urine samples to be processed?
8	P2OPRO_1080	Num	8	3.	3.	How many 1.0 mL aliquots of urine produced
9	P2OPRO_1090	Num	8	2.	2.	How many 10 mL aliquots of urine produced
10	P2OPRO_1110	Num	8	5.	5.	Time samples frozen
11	P2OPRO_1050	Num	8			Date samples frozen
12	P2OPRO_1100	Num	8			Date samples frozen
13	VDATE	Num	8			
14	VNUM	Char	3			
15	CASE_CONTROL	Char	7			
16	AGE_GROUP	Char	1			
17	SUBJ_ID	Num	8			

Data Set Name: p2_outpt_process_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P2OPRO2_1000	Num	8	2.	2.	Any blood samples to be processed
3	P2OPRO2_1010	Num	8	2.	2.	How many 0.5 mL aliquots produced?
4	P2OPRO2_1020	Num	8	2.	2.	How many 0.25 mL aliquots produced?
5	P2OPRO2_1030	Num	8	2.	2.	Is there an extra aliquot
6	P2OPRO2_1040	Num	8	6.3	6.3	Estimate volume of additional plasma saved
7	P2OPRO2_1060	Num	8	5.	5.	Time samples frozen
8	P2OPRO2_1070	Num	8	2.	2.	Any urine samples to be processed?
9	P2OPRO2_1080	Num	8	3.	3.	How many 1.0 mL aliquots of urine produced
10	P2OPRO2_1090	Num	8	2.	2.	How many 10 mL aliquots of urine produced
11	P2OPRO2_1110	Num	8	5.	5.	Time samples frozen
12	P2OPRO2_995	Num	8			Date of Collection
13	P2OPRO2_1050	Num	8			Date samples frozen
14	P2OPRO2_1100	Num	8			Date samples frozen
15	VDATE	Num	8			
16	VNUM	Char	3			
17	CASE_CONTROL	Char	7			
18	AGE_GROUP	Char	1			
19	SUBJ_ID	Num	8			

Data Set Name: p2_v12m_collect_bld.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2V12BLD_1000	Num	8	2.	2.	Was visit completed in participants home?
2	P2V12BLD_1020	Num	8	5.	5.	Time of blood collection
3	P2V12BLD_1030	Num	8	2.	2.	Was minimum amount of plasma collected?
4	P2V12BLD_1040	Num	8	2.	2.	How was blood collected
5	P2V12BLD_1050	Num	8	2.	2.	Was EDTA (purple) collected
6	P2V12BLD_1060	Num	8	2.	2.	Was ACD-A citrate (yellow) collected
7	P2V12BLD_1010	Num	8			Date of blood collection
8	VDATE	Num	8			
9	VNUM	Char	3			
10	CASE_CONTROL	Char	7			
11	AGE_GROUP	Char	1			
12	SUBJ_ID	Num	8			

Data Set Name: p2_v12m_collect_bld_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P2V12BLD2_1000	Num	8	2.	2.	Was collection completed in participants home?
3	P2V12BLD2_1020	Num	8	5.	5.	Time of blood collection
4	P2V12BLD2_1030	Num	8	2.	2.	Was minimum amount of plasma collected?
5	P2V12BLD2_1040	Num	8	2.	2.	How was blood collected
6	P2V12BLD2_1050	Num	8	2.	2.	Was EDTA (purple) collected
7	P2V12BLD2_1060	Num	8	2.	2.	Was ACD-A citrate (yellow) collected
8	P2V12BLD2_1010	Num	8			Date of blood collection
9	VDATE	Num	8			
10	VNUM	Char	3			
11	CASE_CONTROL	Char	7			
12	AGE_GROUP	Char	1			
13	SUBJ_ID	Num	8			

Data Set Name: p2_v12m_collect_ua.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2V12UA_1000	Num	8	2.	2.	Was visit completed in participants home?
2	P2V12UA_1030	Num	8	5.	5.	Time of urine collection
3	P2V12UA_1035	Num	8	2.	2.	Participant wearing diaper?
4	P2V12UA_1040	Num	8	2.	2.	How was urine sample collected?
5	P2V12UA_1050	Num	8	2.	2.	Was minimum amount collected?
6	P2V12UA_1020	Num	8			Date of urine collection
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: p2_v12m_collect_ua_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P2V12UA2_1000	Num	8	2.	2.	Was visit completed in participants home?
3	P2V12UA2_1030	Num	8	5.	5.	Time of urine collection
4	P2V12UA2_1035	Num	8	2.	2.	Participant wearing diaper?
5	P2V12UA2_1040	Num	8	2.	2.	How was urine sample collected?
6	P2V12UA2_1050	Num	8	2.	2.	Was minimum amount collected?
7	P2V12UA2_1020	Num	8			Date of urine collection
8	VDATE	Num	8			
9	VNUM	Char	3			
10	CASE_CONTROL	Char	7			
11	AGE_GROUP	Char	1			
12	SUBJ_ID	Num	8			

Data Set Name: p2_v12m_process.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	P2V12PRO_1000	Num	8	2.	2.	Any blood samples to be processed
2	P2V12PRO_1010	Num	8	2.	2.	Do you have less than or equal to the minimum amount of plasma to proceed?
3	P2V12PRO_1020	Num	8	2.	2.	Is there a 0.150 mL aliquot
4	P2V12PRO_1030	Num	8	2.	2.	Is there a 0.025 mL aliquot
5	P2V12PRO_1040	Num	8	2.	2.	How many 0.5 mL aliquots produced?
6	P2V12PRO_1050	Num	8	2.	2.	How many 0.25 mL aliquots produced?
7	P2V12PRO_1060	Num	8	2.	2.	Is there an extra aliquot
8	P2V12PRO_1070	Num	8	6.3	6.3	Estimate volume of additional plasma saved
9	P2V12PRO_1090	Num	8	5.	5.	Time samples frozen
10	P2V12PRO_1100	Num	8	2.	2.	Any urine samples to be processed?
11	P2V12PRO_1110	Num	8	3.	3.	How many 1.0 mL aliquots of urine produced
12	P2V12PRO_1120	Num	8	2.	2.	Is there an extra aliquot (Diaper wearer only)
13	P2V12PRO_1130	Num	8	2.	2.	How many 10 mL aliquots of urine produced
14	P2V12PRO_1140	Num	8	2.	2.	Is there an extra aliquot of less than 10 mL?
15	P2V12PRO_1160	Num	8	5.	5.	Time samples frozen
16	P2V12PRO_1080	Num	8			Date samples frozen
17	P2V12PRO_1150	Num	8			Date samples frozen
18	VDATE	Num	8			
19	VNUM	Char	3			
20	CASE_CONTROL	Char	7			
21	AGE_GROUP	Char	1			
22	SUBJ_ID	Num	8			

Data Set Name: p2_v12m_process_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	P2V12PRO2_1000	Num	8	2.	2.	Any blood samples to be processed
3	P2V12PRO2_1010	Num	8	2.	2.	Do you have less than or equal to the minimum amount of plasma to proceed?
4	P2V12PRO2_1020	Num	8	2.	2.	Is there a 0.150 mL aliquot
5	P2V12PRO2_1030	Num	8	2.	2.	Is there a 0.025 mL aliquot
6	P2V12PRO2_1040	Num	8	2.	2.	How many 0.5 mL aliquots produced?
7	P2V12PRO2_1050	Num	8	2.	2.	How many 0.25 mL aliquots produced?
8	P2V12PRO2_1060	Num	8	2.	2.	Is there an extra aliquot
9	P2V12PRO2_1070	Num	8	6.3	6.3	Estimate volume of additional plasma saved
10	P2V12PRO2_1090	Num	8	5.	5.	Time samples frozen
11	P2V12PRO2_1100	Num	8	2.	2.	Any urine samples to be processed?
12	P2V12PRO2_1110	Num	8	3.	3.	How many 1.0 mL aliquots of urine produced
13	P2V12PRO2_1120	Num	8	2.	2.	Is there an extra aliquot less than 1.0 mL
14	P2V12PRO2_1130	Num	8	2.	2.	How many 10 mL aliquots of urine produced
15	P2V12PRO2_1140	Num	8	2.	2.	Is there an extra aliquot less than 10 mL
16	P2V12PRO2_1160	Num	8	5.	5.	Time samples frozen
17	P2V12PRO2_995	Num	8			Date of Collection
18	P2V12PRO2_1080	Num	8			Date samples frozen
19	P2V12PRO2_1150	Num	8			Date samples frozen
20	VDATE	Num	8			
21	VNUM	Char	3			
22	CASE_CONTROL	Char	7			
23	AGE_GROUP	Char	1			
24	SUBJ_ID	Num	8			

Data Set Name: pdqlcr812_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL812_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to walk more than one block
2	QOL812_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to run
3	QOL812_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to do sports activity or exercise
4	QOL812_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to lift something heavy
5	QOL812_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to take a bath or shower by myself
6	QOL812_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to do chores around the house
7	QOL812_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) I hurt or ache
8	QOL812_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) I have low energy
9	QOL812_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel afraid or scared
10	QOL812_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel sad or blue
11	QOL812_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel angry
12	QOL812_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I have trouble sleeping
13	QOL812_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I worry about what will happen to me
14	QOL812_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) I have trouble getting along with other kids
15	QOL812_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) Other kids do not want to be my friend
16	QOL812_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) Other kids tease me
17	QOL812_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) I cannot do things that other kids my age can do
18	QOL812_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I get along with others (problems with&) It is hard to keep up when I play with other kids

Num	Variable	Type	Len	Format	Informat	Label
19	QOL812_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) It is hard to pay attention in class
20	QOL812_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) I forget things
21	QOL812_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) I have trouble keeping up with my schoolwork
22	QOL812_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) I miss school because of not feeling well
23	QOL812_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About School (problems with&) I miss school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlpr1318_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PQOL1318_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Walking more than one block
2	PQOL1318_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Running
3	PQOL1318_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Participating in sports activity or exercise
4	PQOL1318_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Lifting something heavy
5	PQOL1318_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Taking a bath or shower by him or herself
6	PQOL1318_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Doing chores around the house
7	PQOL1318_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Having hurts or aches
8	PQOL1318_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you...Physical Functioning (problems with...) Low energy level
9	PQOL1318_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Feeling afraid or scared
10	PQOL1318_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Feeling sad or blue
11	PQOL1318_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Feeling angry
12	PQOL1318_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Trouble sleeping
13	PQOL1318_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Emotional Functioning (problems with...) Worrying about what will happen to him or her
14	PQOL1318_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Getting along with other teens
15	PQOL1318_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Other teens not wanting to be his or her friend
16	PQOL1318_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Getting teased by other teens
17	PQOL1318_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Not able to do things that other teens his or her age can do
18	PQOL1318_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... Social Functioning (problems with...) Keeping up with other teens
19	PQOL1318_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Paying attention in class
20	PQOL1318_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Forgetting things

Num	Variable	Type	Len	Format	Informat	Label
21	PQOL1318_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Keeping up with schoolwork
22	PQOL1318_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Missing school because of not feeling well
23	PQOL1318_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... School Functioning (problems with...) Missing school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlpr24_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PQOL24_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Walking
2	PQOL24_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Running
3	PQOL24_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Participating in active play or exercise
4	PQOL24_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Lifting something heavy
5	PQOL24_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Bathing
6	PQOL24_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Helping to pick up his or her toys
7	PQOL24_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Having hurts or aches
8	PQOL24_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Low energy level
9	PQOL24_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling afraid or scared
10	PQOL24_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling sad or blue
11	PQOL24_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling angry
12	PQOL24_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with& Emotional Functioning (problems with&) Trouble sleeping
13	PQOL24_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Worrying
14	PQOL24_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Playing with other children
15	PQOL24_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Other kids not wanting to play with him or her
16	PQOL24_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with& Social Functioning (problems with&) Getting teased by other children
17	PQOL24_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Not able to do things that other children his or her age can do
18	PQOL24_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Keeping up when playing with other children
19	PQOL24_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Doing the same school activities as peers
20	PQOL24_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school/daycare because of not feeling well

Num	Variable	Type	Len	Format	Informat	Label
21	PQOL24_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school/daycare to go to the doctor or hospital
22	VDATE	Num	8			
23	VNUM	Char	3			
24	CASE_CONTROL	Char	7			
25	AGE_GROUP	Char	1			
26	SUBJ_ID	Num	8			

Data Set Name: pdqlpr57_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PQOL57_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Walking more than one block
2	PQOL57_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Running
3	PQOL57_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Participating in sports activity or exercise
4	PQOL57_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Lifting something heavy
5	PQOL57_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Taking a bath or shower by him or herself
6	PQOL57_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Doing chores, like picking up his or her toys
7	PQOL57_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Having hurts or aches
8	PQOL57_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Low energy level
9	PQOL57_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling afraid or scared
10	PQOL57_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling sad or blue
11	PQOL57_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling angry
12	PQOL57_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Trouble sleeping
13	PQOL57_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Worrying about what will happen to him or her
14	PQOL57_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Getting along with other children
15	PQOL57_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Other kids not wanting to be his or her friend
16	PQOL57_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Getting teased by other children
17	PQOL57_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Not able to do things that other children his or her age can do
18	PQOL57_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Keeping up when playing with other children
19	PQOL57_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Paying attention in class
20	PQOL57_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Forgetting things

Num	Variable	Type	Len	Format	Informat	Label
21	PQOL57_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Keeping up with school activities
22	PQOL57_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school because of not feeling well
23	PQOL57_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlpr812_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PQOL812_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Walking more than one block
2	PQOL812_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Running
3	PQOL812_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Participating in sports activity or exercise
4	PQOL812_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Lifting something heavy
5	PQOL812_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Taking a bath or shower by him or herself
6	PQOL812_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Doing chores around the house
7	PQOL812_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Having hurts or aches
8	PQOL812_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Physical Functioning (problems with&) Low energy level
9	PQOL812_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling afraid or scared
10	PQOL812_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling sad or blue
11	PQOL812_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Feeling angry
12	PQOL812_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Trouble sleeping
13	PQOL812_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Emotional Functioning (problems with&) Worrying about what will happen to him or her
14	PQOL812_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Getting along with other children
15	PQOL812_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with& Social Functioning (problems with&) Other kids not wanting to be his or her friend
16	PQOL812_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Getting teased by other children
17	PQOL812_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Not able to do things that other children his or her age can do
18	PQOL812_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... Social Functioning (problems with&) Keeping up with other children
19	PQOL812_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Paying attention in class
20	PQOL812_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Forgetting things

Num	Variable	Type	Len	Format	Informat	Label
21	PQOL812_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Keeping up with schoolwork
22	PQOL812_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school because of not feeling well
23	PQOL812_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with... School Functioning (problems with&) Missing school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqltr1318_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL1318_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to walk more than one block
2	QOL1318_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to run
3	QOL1318_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to do sports activity or exercise
4	QOL1318_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to lift something heavy
5	QOL1318_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to take a bath or shower by myself
6	QOL1318_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) It is hard for me to do chores around the house
7	QOL1318_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) I hurt or ache
8	QOL1318_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my Health and Activities (problems with&) I have low energy
9	QOL1318_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I feel afraid or scared
10	QOL1318_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I feel sad or blue
11	QOL1318_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I feel angry
12	QOL1318_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I have trouble sleeping
13	QOL1318_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About my feelings (problems with&) I worry about what will happen to me
14	QOL1318_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) I have trouble getting along with other teens
15	QOL1318_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) Other teens do not want to be my friend
16	QOL1318_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) Other teens tease me
17	QOL1318_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) I cannot do things that other teens my age can do
18	QOL1318_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... How I Get Along with Others (problems with&) It is hard to keep up with my peers

Num	Variable	Type	Len	Format	Informat	Label
19	QOL1318_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) It is hard to pay attention in class
20	QOL1318_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) I forget things
21	QOL1318_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) I have trouble keeping up with my schoolwork
22	QOL1318_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) I miss school because of not feeling well
23	QOL1318_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you... About School (problems with&) I miss school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlyar1825_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL1825_1000	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to walk more than one block
2	QOL1825_1010	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to run
3	QOL1825_1020	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to do sports activity or exercise
4	QOL1825_1030	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to lift something heavy
5	QOL1825_1040	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to take a bath or shower by myself
6	QOL1825_1050	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) It is hard for me to do chores around the house
7	QOL1825_1060	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) I hurt or feel pain
8	QOL1825_1070	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Health and Activities (problems with&) I have low energy
9	QOL1825_1080	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel afraid or scared
10	QOL1825_1090	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel sad or blue
11	QOL1825_1100	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I feel angry
12	QOL1825_1110	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I have trouble sleeping
13	QOL1825_1120	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Feelings (problems with&) I worry about what will happen to me
14	QOL1825_1130	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) I have trouble getting along with other young adults
15	QOL1825_1140	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) Other young adults do not want to be my friend
16	QOL1825_1150	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) Other young adults tease me
17	QOL1825_1160	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) I cannot do things that others my age can do
18	QOL1825_1170	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& How I Get Along with Others (problems with&) It is hard to keep up with my peers

Num	Variable	Type	Len	Format	Informat	Label
19	QOL1825_1180	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) It is hard to pay attention at work or school
20	QOL1825_1190	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) I forget things
21	QOL1825_1200	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) I have trouble keeping up with my work or studies
22	QOL1825_1210	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) I miss work or school because of not feeling well
23	QOL1825_1220	Num	8	2.	2.	In the past ONE month, how much of a problem has this been for you& About my Work/Studies (problems with&) I miss work or school to go to the doctor or hospital
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pdqlycr57_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL57_1000	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. It is hard for you to walk.
2	QOL57_1010	Num	8	2.	2.	Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you. It is hard for you to run. QOL57_1020 QOL57_1050 QOL57_1060
3	QOL57_1020	Num	8	2.	2.	qol57_1020
4	QOL57_1030	Num	8	2.	2.	qol57_1030
5	QOL57_1040	Num	8	2.	2.	qol57_1040
6	QOL57_1050	Num	8	2.	2.	qol57_1050
7	QOL57_1060	Num	8	2.	2.	qol57_1060
8	QOL57_1070	Num	8	2.	2.	qol57_1070
9	QOL57_1080	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you feel scared?
10	QOL57_1090	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you feel sad?
11	QOL57_1100	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you feel mad?
12	QOL57_1110	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you have trouble sleeping?
13	QOL57_1120	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do you worry about what will happen to you?
14	QOL57_1130	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Is it hard for you to get along with other kids?
15	QOL57_1140	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do other kids say they do not want to play with you?
16	QOL57_1150	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Do other kids tease you?
17	QOL57_1160	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with&) Can other kids do things that you cannot do?
18	QOL57_1170	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. Social Functioning (problems with...) Is it hard for you to keep up when you play with other kids?
19	QOL57_1180	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. School Functioning (problems with...) Is it hard for you to pay attention in school?
20	QOL57_1190	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. School Functioning (problems with...) Do you forget things?

Num	Variable	Type	Len	Format	Informat	Label
21	QOL57_1200	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. School Functioning (problems with...) Is it hard to keep up with schoolwork?
22	QOL57_1210	Num	8	2.	2.	Remember, tell me how much of a problem this has been for you for the last few weeks. School Functioning (problems with...) Do you miss school because of not feeling good?
23	QOL57_1220	Num	8	2.	2.	qol57_1220
24	VDATE	Num	8			
25	VNUM	Char	3			
26	CASE_CONTROL	Char	7			
27	AGE_GROUP	Char	1			
28	SUBJ_ID	Num	8			

Data Set Name: pi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	PAGE
2	PI_1010	Num	8	2.	2.	Surgery (amputation or other surgery) or balloon angioplasty to open blockage in blood vessels in arms, legs, or abdomen
3	PI_1020	Num	8	2.	2.	Surgery (carotid endartecrectomy) or balloon angioplasty or stent to open a blockage in blood vessels in neck
4	PI_1030	Num	8	2.	2.	Did a physician review the abulatory procedure/treatments?
5	PI_1000	Num	8			Date of test/procedure
6	VDATE	Num	8			
7	VNUM	Char	3			
8	CASE_CONTROL	Char	7			
9	AGE_GROUP	Char	1			
10	SUBJ_ID	Num	8			

Data Set Name: sexam_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SX_1000	Num	8	2.	2.	Stand for height/weight measures
2	SX_1010	Num	8	6.1	6.1	Standing height
3	SX_1020	Num	8	6.1	6.1	Standing weight
4	SX_1030	Num	8	3.	3.	Self reported height-US (ft)
5	SX_1040	Num	8	3.	3.	Self reported height-US (in)
6	SX_1050	Num	8	4.	4.	Self reported weight-US
7	SX_1060	Num	8	6.1	6.1	Self reported height-Metric
8	SX_1070	Num	8	6.1	6.1	Self reported weight-Metric
9	SX_1080	Num	8	2.	2.	Unable to stand due to amputation?
10	SX_1090	Char	3	$3.	$3.	Height percentile
11	SX_1100	Char	3	$3.	$3.	Weight percentile
12	VDATE	Num	8			
13	EXTREME_SX_1010	Num	8			
14	EXTREME_SX_1030_SX_1040	Num	8			
15	EXTREME_SX_1060	Num	8			
16	EXTREME_SX_1020	Num	8			
17	EXTREME_SX_1050	Num	8			
18	EXTREME_SX_1070	Num	8			
19	VNUM	Char	3			
20	CASE_CONTROL	Char	7			
21	AGE_GROUP	Char	1			
22	SUBJ_ID	Num	8			

Data Set Name: sf_12_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SF_1	Num	8	2.	2.	In general, would you say your health is: SF_2A
2	SF_2A	Num	8	2.	2.	sf_2A
3	SF_2B	Num	8	2.	2.	The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?: Climbing several flights of stairs SF_3A SF_3B SF_4A SF_4B
4	SF_3A	Num	8	2.	2.	sf_3A
5	SF_3B	Num	8	2.	2.	sf_3B
6	SF_4A	Num	8	2.	2.	sf_4A
7	SF_4B	Num	8	2.	2.	sf_4B
8	SF_5	Num	8	2.	2.	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? SF_6A SF_6B SF_6C
9	SF_6A	Num	8	2.	2.	sf_6A
10	SF_6B	Num	8	2.	2.	sf_6B
11	SF_6C	Num	8	2.	2.	sf_6C
12	SF_7	Num	8	2.	2.	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
13	VDATE	Num	8			
14	VNUM	Char	3			
15	CASE_CONTROL	Char	7			
16	AGE_GROUP	Char	1			
17	SUBJ_ID	Num	8			

Data Set Name: trailsb_score_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TSB_1000	Num	8	3.	3.	Years of school completed
2	TSB_1010	Num	8	4.	4.	Seconds to complete task
3	VDATE	Num	8			
4	VNUM	Char	3			
5	CASE_CONTROL	Char	7			
6	AGE_GROUP	Char	1			
7	SUBJ_ID	Num	8			

Data Set Name: us_labcbc_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LABCBC_1010	Num	8	6.2	6.2	CBC results-WBC
2	LABCBC_1020	Num	8	4.	4.	CBC results-Platelets
3	LABCBC_1030	Num	8	5.1	5.1	CBC results-Hemoglobin
4	LABCBC_1040	Num	8	5.1	5.1	CBC results-Hematocrit
5	LABCBC_1050	Num	8	5.1	5.1	Renal function-Creatinine
6	LABCBC_1000	Num	8			Date of blood draw
7	VDATE	Num	8			
8	VNUM	Char	3			
9	CASE_CONTROL	Char	7			
10	AGE_GROUP	Char	1			
11	SUBJ_ID	Num	8			

Data Set Name: us_scr_other.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	USSCR_1000	Num	8	2.	2.	Source of authorization to obtain results
2	USSCR_1010	Num	8	3.	3.	Is this an outpatient, non-emergency department test value nearest to the in-person ASSESS value?
3	USSCR_1030	Num	8	5.1	5.1	Serum Creatinine
4	USSCR_1020	Num	8			Date of blood collection
5	VDATE	Num	8			
6	VNUM	Char	3			
7	CASE_CONTROL	Char	7			
8	AGE_GROUP	Char	1			
9	SUBJ_ID	Num	8			

Data Set Name: withdr_v6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	WDR_1000	Num	8	2.	2.	Did the participant complete the study?
2	WDR_1010	Num	8	3.	3.	If no: Primary reason for withdrawal
3	WDR_1030	Num	8	2.	2.	Request specimens to be disposed of or autoclaved?
4	WDR_1040	Num	8	2.	2.	If yes: Serum/Plasma
5	WDR_1050	Num	8	2.	2.	If yes: DNA samples
6	WDR_1060	Num	8	2.	2.	If yes: Urine
7	WDR_1020	Num	8			Date completed/ withdrawn/died
8	VDATE	Num	8			
9	VNUM	Char	3			
10	CASE_CONTROL	Char	7			
11	AGE_GROUP	Char	1			
12	SUBJ_ID	Num	8			