

Data Set Name: diuretic.sas7bdat

Num	Variable	Type	Len	Label
1	id	Num	8	repository master_id
2	diuretic01	Num	8	

Data Set Name: repositmain2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	id	Num	8			Master ID
2	strata	Num	8			Strata
3	psunit	Num	8			Primary Sampling Unit
4	MASTER_ID	Char	6	\$6.	\$6.	MASTER_ID
5	EVENT	Char	4	\$4.	\$4.	FOIA: A2a. BACH survey event
6	VISIT	Char	2	\$2.	\$2.	FOIA: A2b. BACH survey visit number
7	GENDER	Num	8	X4101F.	3.	FOIA: A5. Sex of respondent
8	LANG_ENSP	Num	8	X4085F.	3.	FOIA: A6. Language
9	LOCATION	Num	8	X4092F.	3.	FOIA: A7. Location
10	SF01	Num	8	X4086F.	3.	FOIA: B1. In general, would you say your health is
11	SF02	Num	8	X4130F.	3.	FOIA: B2a. Moderate activities
12	SF03	Num	8	X4130F.	3.	FOIA: B2b. Climbing several flights of stairs
13	SF04	Num	8	X4133F.	3.	FOIA: B3a. Accomplished less than you would like (physical)
14	SF05	Num	8	X4133F.	3.	FOIA: B3b. Were limited in the kind of work or other activities
15	SF06	Num	8	X4133F.	3.	FOIA: B4a. Accomplished less than you would like (emotional)
16	SF07	Num	8	X4133F.	3.	FOIA: B4b. Didn't do work or other activities as carefully as usual
17	SF08	Num	8	X4108F.	3.	FOIA: B5. How much did pain interfere with your normal work
18	SF09	Num	8	X4106F.	3.	FOIA: B6a. Have you felt calm and peaceful
19	SF10	Num	8	X4106F.	3.	FOIA: B6b. Did you have a lot of energy
20	SF11	Num	8	X4106F.	3.	FOIA: B6c. Have you felt downhearted and blue
21	SF12	Num	8	X4107F.	3.	FOIA: B7. How much have physical or emotional problems interfered
22	CONDEVR	Num	8	X4133F.	3.	FOIC: D1a. Ever used condoms, including female condoms
23	CONDNOW	Num	8	X4133F.	3.	FOIC: D1ai. Are you and your partner currently using this method
24	DIAPHEVR	Num	8	X4133F.	3.	FOIC: D1b. Ever used a diaphragm
25	DIAPHNOW	Num	8	X4133F.	3.	FOIC: D1bi. Are you or your partner currently using this method
26	BARREVR	Num	8	X4133F.	3.	FOIC: D1c. Ever used some other barrier method
27	BARRNOW	Num	8	X4133F.	3.	FOIC: D1ci. Are you or your partner currently using this method
28	FOAMEVR	Num	8	X4133F.	3.	FOIC: D1d. Ever used foams
29	FOAMNOW	Num	8	X4133F.	3.	FOIC: D1di. Are you or your partner currently using this method
30	BCPNOW	Num	8	X4129F.	3.	FOIC: D2a. Birth control pills
31	BCPAGE	Num	8	X4140F.	3.	FOIC: D2ai. How old were you when you began using
32	BCPDUR	Num	8	X4140F.	3.	FOIC: D2aii. For how long altogether have you used
33	BCPUNT	Num	8	X4103F.	3.	FOIC: D2aiii. Units
34	BCINOW	Num	8	X4129F.	3.	FOIC: D2b. Injections for birth control
35	BCIAGE	Num	8	X4140F.	3.	FOIC: D2bi. How old were you when you began using
36	BCIDUR	Num	8	X4140F.	3.	FOIC: D2bii. For how long altogether have you used

Num	Variable	Type	Len	Format	Informat	Label
37	BCIUNT	Num	8	X4103F.	3.	FOIC: D2biii. Units
38	NORPNOW	Num	8	X4129F.	3.	FOIC: D2c. Norplant
39	NORPAGE	Num	8	X4140F.	3.	FOIC: D2ci. How old were you when you began using
40	NORPDUR	Num	8	X4140F.	3.	FOIC: D2cii. For how long altogether have you used
41	NORPUNT	Num	8	X4103F.	3.	FOIC: D2ciii. Units
42	IUDNOW	Num	8	X4129F.	3.	FOIC: D2d. Intrauterine device
43	IUDAGE	Num	8	X4140F.	3.	FOIC: D2di. How old were you when you began using
44	IUDDUR	Num	8	X4140F.	3.	FOIC: D2dii. For how long altogether have you used
45	IUDUNT	Num	8	X4103F.	3.	FOIC: D2diii. Units
46	RINGNOW	Num	8	X4129F.	3.	FOIC: D2e. Vaginal ring
47	RINGAGE	Num	8	X4140F.	3.	FOIC: D2ei. How old were you when you began using
48	RINGDUR	Num	8	X4140F.	3.	FOIC: D2eii. For how long altogether have you used
49	RINGUNT	Num	8	X4103F.	3.	FOIC: D2eiii. Units
50	TUGNOW	Num	8	X4129F.	3.	FOIC: D2f. Tubal ligation
51	TUGAGE	Num	8	X4140F.	3.	FOIC: D2fi. How old were you when you began using
52	TUGDUR	Num	8	X4140F.	3.	FOIC: D2fii. For how long altogether have you used
53	TUGUNT	Num	8	X4103F.	3.	FOIC: D2fiii. Units
54	WT25	Num	8	X4140F.	4.	FOID: E1a. How much did you weigh at 25 years of age
55	WT25UNIT	Num	8	X4094F.	3.	FOID: E1b. Units
56	MXWT	Num	8	X4140F.	4.	FOID: E2a. What is the most you have ever weighed
57	MXWTUNIT	Num	8	X4094F.	3.	FOID: E2b. Units
58	DIAB1	Num	8	X4134F.	3.	FOID: E3a. Insulin-dependent or juvenile onset diabetes
59	DIAB1TX	Num	8	X4131F.	3.	FOID: E3ai. Have you ever or are you currently receiving treatment
60	DIAB1AGE	Num	8	X4140F.	3.	FOID: E3aii. How old were you when you were first told
61	DIAB2	Num	8	X4134F.	3.	FOID: E3b. Non-insulin-dependent or adult-onset diabetes
62	DIAB2TX	Num	8	X4131F.	3.	FOID: E3bi. Have you ever or are you currently receiving treatment
63	DIAB2AGE	Num	8	X4140F.	3.	FOID: E3bii. How old were you when you were first told
64	SUGAR	Num	8	X4134F.	3.	FOID: E3c. Elevated blood sugar
65	SUGARTX	Num	8	X4131F.	3.	FOID: E3ci. Have you ever or are you currently receiving treatment
66	SUGARAGE	Num	8	X4140F.	3.	FOID: E3cii. How old were you when you were first told
67	ASTHMA	Num	8	X4134F.	3.	FOID: E3d. Asthma
68	ASTHMATX	Num	8	X4131F.	3.	FOID: E3di. Have you ever or are you currently receiving treatment
69	ASTHMAGE	Num	8	X4140F.	3.	FOID: E3dii. How old were you when you were first told
70	CLUNG	Num	8	X4134F.	3.	FOID: E3e. Chronic lung disease
71	CLUNGTX	Num	8	X4131F.	3.	FOID: E3ei. Have you ever or are you currently receiving treatment
72	CLUNGAGE	Num	8	X4140F.	3.	FOID: E3eii. How old were you when you were first told
73	ALLERGY	Num	8	X4134F.	3.	FOID: E3f. Allergies or eczema
74	ALLERTX	Num	8	X4131F.	3.	FOID: E3fi. Have you ever or are you currently receiving treatment
75	ALLERAGE	Num	8	X4140F.	3.	FOID: E3fii. How old were you when you were first told

Num	Variable	Type	Len	Format	Informat	Label
76	CABG	Num	8	X4134F.	3.	FOID: E3g. Coronary artery bypass or angioplasty
77	CABGTX	Num	8	X4131F.	3.	FOID: E3gi. Have you ever or are you currently receiving treatment
78	CABGAGE	Num	8	X4140F.	3.	FOID: E3gii. How old were you when you were first told
79	MI	Num	8	X4134F.	3.	FOID: E3h. Heart attack
80	MITX	Num	8	X4131F.	3.	FOID: E3hi. Have you ever or are you currently receiving treatment
81	MIAGE	Num	8	X4140F.	3.	FOID: E3hii. How old were you when you were first told
82	ANGINA	Num	8	X4134F.	3.	FOID: E3i. Angina pectoris
83	ANGNATX	Num	8	X4131F.	3.	FOID: E3ii. Have you ever or are you currently receiving treatment
84	ANGNAAGE	Num	8	X4140F.	3.	FOID: E3iii. How old were you when you were first told
85	ARRHYTH	Num	8	X4134F.	3.	FOID: E3j. An irregular heartbeat or arrhythmia
86	ARRTX	Num	8	X4131F.	3.	FOID: E3ji. Have you ever or are you currently receiving treatment
87	ARRAGE	Num	8	X4140F.	3.	FOID: E3jii. How old were you when you were first told
88	CHF	Num	8	X4134F.	3.	FOID: E3k. Congestive heart failure
89	CHFTX	Num	8	X4131F.	3.	FOID: E3ki. Have you ever or are you currently receiving treatment
90	CHFAGE	Num	8	X4140F.	3.	FOID: E3kii. How old were you when you were first told
91	TIA	Num	8	X4134F.	3.	FOID: E3l. TIA or mild stroke
92	TIATX	Num	8	X4131F.	3.	FOID: E3li. Have you ever or are you currently receiving treatment
93	TIAAGE	Num	8	X4140F.	3.	FOID: E3lii. How old were you when you were first told
94	STROKE	Num	8	X4134F.	3.	FOID: E3m. Stroke
95	STROKTX	Num	8	X4131F.	3.	FOID: E3mi. Have you ever or are you currently receiving treatment
96	STROKAGE	Num	8	X4140F.	3.	FOID: E3mii. How old were you when you were first told
97	CAS	Num	8	X4134F.	3.	FOID: E3n. Carotid artery surgery
98	CASTX	Num	8	X4131F.	3.	FOID: E3ni. Have you ever or are you currently receiving treatment
99	CASAGE	Num	8	X4140F.	3.	FOID: E3nii. How old were you when you were first told
100	CLAUD	Num	8	X4134F.	3.	FOID: E3o. Intermittent claudication
101	CLAUDTX	Num	8	X4131F.	3.	FOID: E3oi. Have you ever or are you currently receiving treatment
102	CLAUDAGE	Num	8	X4140F.	3.	FOID: E3oii. How old were you when you were first told
103	SPVD	Num	8	X4134F.	3.	FOID: E3p. PVD Surgery
104	SPVDTX	Num	8	X4131F.	3.	FOID: E3pi. Have you ever or are you currently receiving treatment
105	SPVDAGE	Num	8	X4140F.	3.	FOID: E3pii. How old were you when you were first told
106	PULMEMB	Num	8	X4134F.	3.	FOID: E3q. Pulmonary embolus
107	PULMTX	Num	8	X4131F.	3.	FOID: E3qi. Have you ever or are you currently receiving treatment
108	PULMAGE	Num	8	X4140F.	3.	FOID: E3qii. How old were you when you were first told
109	ANEUR	Num	8	X4134F.	3.	FOID: E3r. Aortic aneurysm
110	ANEURTX	Num	8	X4131F.	3.	FOID: E3ri. Have you ever or are you currently receiving treatment
111	ANEURAGE	Num	8	X4140F.	3.	FOID: E3rii. How old were you when you were first told
112	HRD	Num	8	X4134F.	3.	FOID: E3s. Heart-rhythm disturbance
113	HRDTX	Num	8	X4131F.	3.	FOID: E3si. Have you ever or are you currently receiving treatment
114	HRDAGE	Num	8	X4140F.	3.	FOID: E3sii. How old were you when you were first told

Num	Variable	Type	Len	Format	Informat	Label
115	DVT	Num	8	X4134F.	3.	FOID: E3t. Deep vein thrombosis
116	DVTTX	Num	8	X4131F.	3.	FOID: E3ti. Have you ever or are you currently receiving treatment
117	DVTAGE	Num	8	X4140F.	3.	FOID: E3tii. How old were you when you were first told
118	RAYNAUDS	Num	8	X4134F.	3.	FOID: E3u. Raynauds disease
119	RAYNTX	Num	8	X4131F.	3.	FOID: E3ui. Have you ever or are you currently receiving treatment
120	RAYNAGE	Num	8	X4140F.	3.	FOID: E3uii. How old were you when you were first told
121	PVD	Num	8	X4134F.	3.	FOID: E3v. Peripheral vascular disease
122	PVDTX	Num	8	X4131F.	3.	FOID: E3vi. Have you ever or are you currently receiving treatment
123	PVDAGE	Num	8	X4140F.	3.	FOID: E3vii. How old were you when you were first told
124	CHOLEST	Num	8	X4134F.	3.	FOID: E3w. High cholesterol
125	CHOLTX	Num	8	X4131F.	3.	FOID: E3wi. Have you ever or are you currently receiving treatment
126	CHOLAGE	Num	8	X4140F.	3.	FOID: E3wii. How old were you when you were first told
127	HBP	Num	8	X4134F.	3.	FOID: E3x. High blood pressure
128	HBPTX	Num	8	X4131F.	3.	FOID: E3xi. Have you ever or are you currently receiving treatment
129	HBPAGE	Num	8	X4140F.	3.	FOID: E3xii. How old were you when you were first told
130	KIDNEY	Num	8	X4134F.	3.	FOID: E3y. Kidney disease
131	KIDNTX	Num	8	X4131F.	3.	FOID: E3yi. Have you ever or are you currently receiving treatment
132	KIDNAGE	Num	8	X4140F.	3.	FOID: E3yii. How old were you when you were first told
133	ARTHR	Num	8	X4134F.	3.	FOID: E3z. Arthritis or rheumatism
134	ARTHRTX	Num	8	X4131F.	3.	FOID: E3zi. Have you ever or are you currently receiving treatment
135	ARTHORAGE	Num	8	X4140F.	3.	FOID: E3zii. How old were you when you were first told
136	OSTEOP	Num	8	X4134F.	3.	FOID: E3aa. Osteoporosis
137	OSTEOTX	Num	8	X4131F.	3.	FOID: E3aai. Have you ever or are you currently receiving treatment
138	OSTEOAGE	Num	8	X4140F.	3.	FOID: E3aaii. How old were you when you were first told
139	CANCER1	Num	8	X4134F.	3.	FOID: E3dd. Cancer
140	CANC1SPC	Char	40	\$40.	\$40.	FOID: E3dd1. Specify cancer
141	CANC1TX	Num	8	X4131F.	3.	FOID: E3ddi. Have you ever or are you currently receiving treatment
142	CANC1AGE	Num	8	X4140F.	3.	FOID: E3ddii. How old were you when you were first told
143	CANCER2	Num	8	X4134F.	3.	FOID: E3ee. 2nd Cancer
144	CANC2SPC	Char	40	\$40.	\$40.	FOID: E3ee1. Specify 2nd cancer
145	CANC2TX	Num	8	X4131F.	3.	FOID: E3eei. Have you ever or are you currently receiving treatment
146	CANC2AGE	Num	8	X4140F.	3.	FOID: E3eeii. How old were you when you were first told
147	CANCER3	Num	8	X4134F.	3.	FOID: E3ff. 3rd Cancer
148	CANC3SPC	Char	40	\$40.	\$40.	FOID: E3ff1. Specify 3rd cancer
149	CANC3TX	Num	8	X4131F.	3.	FOID: E3ffi. Have you ever or are you currently receiving treatment
150	CANC3AGE	Num	8	X4140F.	3.	FOID: E3ffii. How old were you when you were first told
151	GDIAB	Num	8	X4134F.	3.	FOID: E3gg. Gestational diabetes
152	GDIABTX	Num	8	X4131F.	3.	FOID: E3ggi. Have you ever or are you currently receiving treatment
153	GDIABAGE	Num	8	X4140F.	3.	FOID: E3ggii. How old were you when you were first told

Num	Variable	Type	Len	Format	Informat	Label
154	ENDOMET	Num	8	X4134F.	3.	FOID: E3hh. Endometriosis
155	ENDOTX	Num	8	X4131F.	3.	FOID: E3hhi. Have you ever or are you currently receiving treatment
156	ENDOAGE	Num	8	X4140F.	3.	FOID: E3hhii. How old were you when you were first told
157	PID	Num	8	X4134F.	3.	FOID: E3.ii. Pelvic inflammatory disease
158	PIDTX	Num	8	X4131F.	3.	FOID: E3.iii. Have you ever or are you currently receiving treatment
159	PIDAGE	Num	8	X4140F.	3.	FOID: E3.iiii. How old were you when you were first told
160	CYST	Num	8	X4134F.	3.	FOID: E3jj. Ovarian cyst
161	CYSTTX	Num	8	X4131F.	3.	FOID: E3jji. Have you ever or are you currently receiving treatment
162	CYSTAGE	Num	8	X4140F.	3.	FOID: E3jjii. How old were you when you were first told
163	PCOS	Num	8	X4134F.	3.	FOID: E3kk. Polycystic ovarian syndrome
164	PCOSTX	Num	8	X4131F.	3.	FOID: E3kki. Have you ever or are you currently receiving treatment
165	PCOSAGE	Num	8	X4140F.	3.	FOID: E3kkii. How old were you when you were first told
166	FIBROID	Num	8	X4134F.	3.	FOID: E3ll. Uterine fibroids
167	FIBRTX	Num	8	X4131F.	3.	FOID: E3lli. Have you ever or are you currently receiving treatment
168	FIBRAGE	Num	8	X4140F.	3.	FOID: E3llii. How old were you when you were first told
169	PUTERUS	Num	8	X4134F.	3.	FOID: E3mm. Prolapsed uterus
170	PUTETX	Num	8	X4131F.	3.	FOID: E3mmi. Have you ever or are you currently receiving treatment
171	PUTEAGE	Num	8	X4140F.	3.	FOID: E3mmii. How old were you when you were first told
172	PBLADDER	Num	8	X4134F.	3.	FOID: E3nn. Prolapsed bladder
173	PBLATX	Num	8	X4131F.	3.	FOID: E3nni. Have you ever or are you currently receiving treatment
174	PBLAAGE	Num	8	X4140F.	3.	FOID: E3nnii. How old were you when you were first told
175	NBLADDER	Num	8	X4133F.	3.	FOIE: E4a. Ever been told you had a problem with your bladder
176	CATHETER	Num	8	X4133F.	3.	FOIE: E4b. Ever been instructed to use a catheter
177	PERMCATH	Num	8	X4133F.	3.	FOIE: E4b1. Was it an in-dwelling or permanent catheter
178	UTI_KI	Num	8	X4133F.	3.	FOIE: E4c. Ever been told you had a bladder or kidney infection
179	UT12MO	Num	8	X4140F.	3.	FOIE: E4c1. Times diagnosed with bladder infection in the last 12 months
180	UTIEVR	Num	8	X4140F.	3.	FOIE: E4c2. Times diagnosed with bladder infection in your lifetime
181	KI12MO	Num	8	X4140F.	3.	FOIE: E4c3. Times diagnosed with kidney infection in the last 12 months
182	KIEVR	Num	8	X4140F.	3.	FOIE: E4c4. Times diagnosed with kidney infection in your lifetime
183	HIP	Num	8	X4133F.	3.	FOIE: E5a. Hip
184	HIPTIME	Num	8	X4140F.	3.	FOIE: E5ai. Times (hip)
185	HIPAGE	Num	8	X4140F.	3.	FOIE: E5aii. Age (hip)
186	HIPWHY	Num	8	X4079F.	3.	FOIE: E5aiii. Why (hip)
187	WRIST	Num	8	X4133F.	3.	FOIE: E5b. Wrist
188	WRISTIME	Num	8	X4140F.	3.	FOIE: E5bi. Times (wrist)
189	WRISAGE	Num	8	X4140F.	3.	FOIE: E5bii. Age (wrist)
190	WRISWHY	Num	8	X4079F.	3.	FOIE: E5biii. Why (wrist)

Num	Variable	Type	Len	Format	Informat	Label
191	SPINE	Num	8	X4133F.	3.	FOIE: E5c. Spine
192	SPNETIME	Num	8	X4140F.	3.	FOIE: E5ci. Times (spine)
193	SPNEAGE	Num	8	X4140F.	3.	FOIE: E5cii. Age (spine)
194	SPNEWHY	Num	8	X4079F.	3.	FOIE: E5ciii. Why (spine)
195	CANCFHX	Num	8	X4133F.	3.	FOIE: E6a. Cancer (is none circled)
196	CANCMMA	Num	8	X4134F.	3.	FOIE: E6ai. Mother (cancer)
197	CANCMAGE	Num	8	X4140F.	4.	FOIE: E6a1i. Mother's age (cancer)
198	CNCM1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1i. Mother's type (cancer)
199	CNCM2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2i. Mother's second type (cancer)
200	CNCM3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3i. Mother's third type (cancer)
201	CANCPA	Num	8	X4134F.	3.	FOIE: E6aia. Father (cancer)
202	CANCFAGE	Num	8	X4140F.	4.	FOIE: E6a1ii. Father's age (cancer)
203	CNCF1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1ii. Father's type (cancer)
204	CNCF2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2ii. Father's second type (cancer)
205	CNCF3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3ii. Father's third type (cancer)
206	CANCSIS	Num	8	X4134F.	3.	FOIE: E6aiii. Sister (cancer)
207	CANCSAGE	Num	8	X4140F.	4.	FOIE: E6a1iii. Sister's age (cancer)
208	CNCS1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1iii. Sister's type (cancer)
209	CNCS2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2iii. Sister's second type (cancer)
210	CNCS3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3iii. Sister's third type (cancer)
211	CANCBRO	Num	8	X4134F.	3.	FOIE: E6aiv. Brother (cancer)
212	CANCBAGE	Num	8	X4140F.	4.	FOIE: E6a1iv. Brother's age (cancer)
213	CNCB1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1iv. Brother's type (cancer)
214	CNCB2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2iv. Brother's second type (cancer)
215	CNCB3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3iv. Brother's third type (cancer)
216	CANCKID	Num	8	X4134F.	3.	FOIE: E6av. Child (cancer)
217	CANCKAGE	Num	8	X4140F.	4.	FOIE: E6a1v. Child's age (cancer)
218	CNCK1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1v. Child's type (cancer)
219	CNCK2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2v. Child's second type (cancer)
220	CNCK3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3v. Child's third type (cancer)
221	DIABFHX	Num	8	X4133F.	3.	FOIE: E6b. Diabetes (is none circled)
222	DIABMA	Num	8	X4134F.	4.	FOIE: E6bi. Mother (diabetes)
223	DIAMAGE	Num	8	X4140F.	3.	FOIE: E6b1i. Mother's age (diabetes)
224	DIABPA	Num	8	X4134F.	3.	FOIE: E6bii. Father (diabetes)
225	DIAFAGE	Num	8	X4140F.	4.	FOIE: E6b1ii. Father's age (diabetes)
226	DIABSI	Num	8	X4134F.	3.	FOIE: E6biii. Sister (diabetes)
227	DIASAGE	Num	8	X4140F.	4.	FOIE: E6b1iii. Sister's age (diabetes)
228	DIABBRO	Num	8	X4134F.	3.	FOIE: E6biv. Brother (diabetes)
229	DIABAGE	Num	8	X4140F.	4.	FOIE: E6b1iv. Brother's age (diabetes)

Num	Variable	Type	Len	Format	Informat	Label
230	DIABKID	Num	8	X4134F.	3.	FOIE: E6bv. Child (diabetes)
231	DIAKAGE	Num	8	X4140F.	4.	FOIE: E6b1v. Child's age (diabetes)
232	MIFHX	Num	8	X4133F.	3.	FOIE: E6c. Heart attack (is non circled)
233	MIMA	Num	8	X4134F.	3.	FOIE: E6ci. Mother (heart attack)
234	MIMAGE	Num	8	X4140F.	4.	FOIE: E6c1i. Mother's age (heart attack)
235	MIPA	Num	8	X4134F.	3.	FOIE: E6cii. Father (heart attack)
236	MIFAGE	Num	8	X4140F.	4.	FOIE: E6c1ii. Father's age (heart attack)
237	MISIS	Num	8	X4134F.	3.	FOIE: E6ciii. Sister (heart attack)
238	MISAGE	Num	8	X4140F.	4.	FOIE: E6c1iii. Sister's age (heart attack)
239	MIBRO	Num	8	X4134F.	3.	FOIE: E6civ. Brother (heart attack)
240	MIBAGE	Num	8	X4140F.	4.	FOIE: E6c1iv. Brother's age (heart attack)
241	MIKID	Num	8	X4134F.	3.	FOIE: E6cv. Child (heart attack)
242	MIKAGE	Num	8	X4140F.	4.	FOIE: E6c1v. Child's age (heart attack)
243	STROKFHX	Num	8	X4133F.	3.	FOIE: E6d. Stroke (is none circled)
244	STRMA	Num	8	X4134F.	3.	FOIE: E6di. Mother (stroke)
245	STRMAGE	Num	8	X4140F.	4.	FOIE: E6d1i. Mother's age (stroke)
246	STRPA	Num	8	X4134F.	3.	FOIE: E6dii. Father (stroke)
247	STRFAGE	Num	8	X4140F.	4.	FOIE: E6d1ii. Father's age (stroke)
248	STRSIS	Num	8	X4134F.	3.	FOIE: E6diii. Sister (stroke)
249	STRSAGE	Num	8	X4140F.	4.	FOIE: E6d1iii. Sister's age (stroke)
250	STRBRO	Num	8	X4134F.	3.	FOIE: E6div. Brother (stroke)
251	STRBAGE	Num	8	X4140F.	4.	FOIE: E6d1iv. Brother's age (stroke)
252	STRKID	Num	8	X4134F.	3.	FOIE: E6dv. Child (stroke)
253	STRKAGE	Num	8	X4140F.	4.	FOIE: E6d1v. Child's age (stroke)
254	TIMEHCP	Num	8	X4140F.	4.	FOIE: E7. How many times did you see a health care provider?
255	HCPURG	Num	8	X4133F.	3.	FOIE: E8a. An urgent (acute) problem
256	HCPROUT	Num	8	X4133F.	3.	FOIE: E8b. A routine visit for an ongoing problem
257	HCPFLARE	Num	8	X4133F.	3.	FOIE: E8c. A flare-up of an ongoing problem
258	HCPSURG	Num	8	X4133F.	3.	FOIE: E8d. Pre- or post-surgery/injury care
259	HCPOTH	Num	8	X4133F.	3.	FOIE: E8e. Non-illness care
260	LASTHCP	Num	8	X4074F.	3.	FOIE: E9. When did you last see a health care provider
261	REGCARE	Num	8	X4133F.	3.	FOIE: E10a. Do you go for regular care
262	OUTPAT	Num	8	X4133F.	3.	FOIE: E10a1. An outpatient clinic or doctor's office
263	HMO	Num	8	X4133F.	3.	FOIE: E10a2. An HMO
264	HOSPER	Num	8	X4133F.	3.	FOIE: E10a3. A hospital emergency room
265	HOUTPAT	Num	8	X4133F.	3.	FOIE: E10a4. A hospital outpatient clinic
266	PRIVINS	Num	8	X4133F.	3.	FOIE: E11a. Private insurance from your or your partner's employer
267	MEDICAID	Num	8	X4133F.	3.	FOIE: E11b. Medicaid
268	MEDICARE	Num	8	X4133F.	3.	FOIE: E11c. Medicare

Num	Variable	Type	Len	Format	Informat	Label
269	WORKCOMP	Num	8	X4133F.	3.	FOIE: E11d. Worker's compensation
270	SELPAY	Num	8	X4133F.	3.	FOIE: E11e. Insurance you purchased entirely by yourself
271	MILHEALT	Num	8	X4133F.	3.	FOIE: E11f. TriCare Military Health
272	PREECARE	Num	8	X4133F.	3.	FOIE: E11g. Free care at a particular clinic or hospital
273	OTHINS	Num	8	X4133F.	3.	FOIE: E11h. Some other type of insurance
274	HMONS	Num	8	X4133F.	3.	FOIE: E11i. Health Maintenance Organization
275	HMOPAY	Num	8	X4136F.	3.	FOIE: E11i2. Is your HMO primarily paid for by
276	ANYINS	Num	8	X4133F.	3.	FOIE: E11j. Any health insurance
277	SKCARE1	Num	8	X4089F.	3.	FOIE: E12a. Pain or burning in your bladder
278	SKCARE2	Num	8	X4089F.	3.	FOIE: E12b. Needing to wear a pad
279	SKCARE3	Num	8	X4089F.	3.	FOIE: E12c. Chronic pain in your pelvic area
280	SKCARE4	Num	8	X4089F.	3.	FOIE: E12d. Noticing a decline in your interest in sex
281	SKCARE5	Num	8	X4089F.	3.	FOIE: E12e. Being told that a sibling had been diagnosed with diabetes
282	SKCARE6	Num	8	X4089F.	3.	FOIE: E12f. Finding you have to urinate frequently
283	SKCARE7	Num	8	X4089F.	3.	FOIE: E12g. Difficulty obtaining or maintaining an erection
284	SKCARE8	Num	8	X4089F.	3.	FOIE: E12h. Pain or discomfort in you perineum
285	ROSE1	Num	8	X4133F.	3.	FOIE: E13a. Have you ever had pain or discomfort in your chest
286	ROSE2	Num	8	X4133F.	3.	FOIE: E13b. Do you get this pain or discomfort when you walk uphill
287	ROSE3	Num	8	X4133F.	3.	FOIE: E13c. Do you get it when you walk at an ordinary pace
288	ROSE4	Num	8	X4117F.	3.	FOIE: E13d. When you get any pain or discomfort, what do you do
289	ROSE5	Num	8	X4133F.	3.	FOIE: E13e. Does it go away if you stand still
290	ROSE6	Num	8	X4073F.	3.	FOIE: E13e1. How quickly does it go away
291	ROSE7	Num	8	X4133F.	3.	FOIE: E13f1. Sternum (upper or middle)
292	ROSE8	Num	8	X4133F.	3.	FOIE: E13f2. Sternum (lower)
293	ROSE9	Num	8	X4133F.	3.	FOIE: E13f3. Left anterior chest
294	ROSE10	Num	8	X4133F.	3.	FOIE: E13f4. Left arm
295	ROSE11	Num	8	X4133F.	3.	FOIE: E13f5. Other
296	ROSE12	Num	8	X4133F.	3.	FOIE: E14. Have you ever had severe pain across the front of your chest
297	ROSE13	Num	8	X4133F.	3.	FOIE: E15a. Do you get pain in either leg when walking
298	ROSE14	Num	8	X4133F.	3.	FOIE: E15b. Does this pain ever begin when you are standing still
299	ROSE15	Num	8	X4133F.	3.	FOIE: E15c. Do you get this pain in your calf
300	ROSE16	Num	8	X4133F.	3.	FOIE: E15d. Do you get it when you walk uphill
301	ROSE17	Num	8	X4133F.	3.	FOIE: E15e. Do you get it when you walk at an ordinary pace
302	ROSE18	Num	8	X4133F.	3.	FOIE: E15f. Does the pain ever disappear while you are still walking
303	ROSE19	Num	8	X4116F.	3.	FOIE: E15g. What do you do if you get it when you are walking
304	ROSE20	Num	8	X4081F.	3.	FOIE: E15h. What usually happens if you stand still
305	SITTING	Num	8	X4051F.	3.	FOIE: F1a. How often did you (participate in sitting)

Num	Variable	Type	Len	Format	Informat	Label
306	SITDUR	Num	8	X4096F.	3.	FOIE: F1ai. How many hours per day (participate in sitting)
307	WALK	Num	8	X4051F.	3.	FOIE: F1b. How often did you (take a walk)
308	WALKDUR	Num	8	X4096F.	3.	FOIE: F1bi. How many hours per day (take a walk)
309	LTSPORT	Num	8	X4051F.	3.	FOIE: F1c. How often did you (engage in light sport)
310	LTSPDUR	Num	8	X4096F.	3.	FOIE: F1ci. How many hours per day (engage in light sport)
311	MDSPORT	Num	8	X4051F.	3.	FOIE: F1d. How often did you (engage in moderate sport)
312	MDSPDUR	Num	8	X4096F.	3.	FOIE: F1di. How many hours per day (engage in moderate sport)
313	STSPORT	Num	8	X4051F.	3.	FOIE: F1e. How often did you (engage in strenuous sport)
314	STSPDUR	Num	8	X4096F.	3.	FOIE: F1ei. How many hours per day (engage in strenuous sport)
315	STRENGTH	Num	8	X4051F.	3.	FOIE: F1f. How often did you (exercise to increase strength)
316	STRENDUR	Num	8	X4096F.	3.	FOIE: F1fi. How many hours per day (exercise to increase strength)
317	LTHSWORK	Num	8	X4133F.	3.	FOIE: F2. Have you done any light housework
318	HVHSWORK	Num	8	X4133F.	3.	FOIE: F3. Have you done any heavy housework
319	HOMEREP	Num	8	X4133F.	3.	FOIE: F4a. Home repairs
320	LAWNWORK	Num	8	X4133F.	3.	FOIE: F4b. Lawn work or yard care
321	GARDEN	Num	8	X4133F.	3.	FOIE: F4c. Outdoor gardening
322	CARETAK	Num	8	X4133F.	3.	FOIE: F4d. Caretaking of another person
323	WORK7DY	Num	8	X4133F.	3.	FOIE: F5. Did you work for pay or as a volunteer
324	HRS7DY	Num	8	X4140F.	4.	FOIE: F5a. How many hours did you work or volunteer
325	PHYSWORK	Num	8	X4100F.	3.	FOIE: F5b. Which describes the amount of physical activity at your job
326	HERNREP	Num	8	X4133F.	3.	FOIF: G1a. Male only: Hernia repair
327	HERNAGE	Num	8	X4140F.	3.	FOIF: G1ai. If yes, how old were you?
328	VASECT	Num	8	X4133F.	3.	FOIF: G1b. Vasectomy
329	VASAGE	Num	8	X4140F.	3.	FOIF: G1bi. If yes, how old were you?
330	RVASECT	Num	8	X4133F.	3.	FOIF: G1b1. Reversal of a vasectomy
331	RVASAGE	Num	8	X4140F.	3.	FOIF: G1b1i. If yes, how old were you?
332	PROSSURG	Num	8	X4133F.	3.	FOIF: G1c. Bladder or prostate surgery
333	PROSAGE	Num	8	X4140F.	3.	FOIF: G1ci. If yes, what age?
334	SPENIS	Num	8	X4133F.	3.	FOIF: G1d. Surgery on the penis
335	SPENAGE	Num	8	X4140F.	3.	FOIF: G1di. If yes, what age?
336	CYEAST	Num	8	X4133F.	3.	FOIF: G2a. Chronic yeast infections?
337	CHLAMYD	Num	8	X4133F.	3.	FOIF: G2b. Chlamydia
338	GENHERP	Num	8	X4133F.	3.	FOIF: G2c. Genital herpes
339	SYPHILIS	Num	8	X4133F.	3.	FOIF: G2d. Syphilis
340	GONORRH	Num	8	X4133F.	3.	FOIF: G2e. Gonorrhea
341	HPV	Num	8	X4133F.	3.	FOIF: G2f. HPV or genital warts
342	HYSTER	Num	8	X4133F.	3.	FOIF: G3a. Female only: A hysterectomy...?
343	HOWHYST	Num	8	X4076F.	3.	FOIF: G3a1. Was this surgery done through the abdomen or vagina?

Num	Variable	Type	Len	Format	Informat	Label
344	OVARY	Num	8	X4133F.	3.	FOIF: G3b. An ovary removed?
345	BIOVARY	Num	8	X4111F.	3.	FOIF: G3b1. Were one or two ovaries removed?
346	SURGUI	Num	8	X4133F.	3.	FOIF: G3c. Surgery for incontinence
347	BLADSURG	Num	8	X4133F.	3.	FOIF: G3d. Bladder surgery
348	PFDSURG	Num	8	X4133F.	3.	FOIF: G3e. Surgery for repair of a pelvic prolapse
349	MENARCHE	Num	8	X4140F.	3.	FOIF: G4. How old were you when your menstrual cycles started?
350	MP12MO	Num	8	X4133F.	3.	FOIF: G5. Have you had a menstrual period - 12 months?
351	STOPTX	Num	8	X4133F.	3.	FOIF: G5a1. Medication, chemotherapy...
352	STOPPREG	Num	8	X4133F.	3.	FOIF: G5a2. Pregnancy or breastfeeding
353	STOPMENO	Num	8	X4133F.	3.	FOIF: G5a3. Menopause
354	STOPWTOT	Num	8	X4133F.	3.	FOIF: G5a4. Severe weight loss or another reason
355	STOPYEAR	Char	10	\$10.	\$10.	FOIF: G5b. What year your periods stopped?
356	MPLPRED	Num	8	X4133F.	3.	FOIF: G6. Compared to a year ago, has the number of days?
357	MP3MO	Num	8	X4133F.	3.	FOIF: G7. Have you had a menstrual period in the past 3 months?
358	MPPP12MO	Num	8	X4133F.	3.	FOIF: G8a. In the last 12 months, have you had pelvic pain?
359	PPCYCLE	Num	8	X4132F.	3.	FOIF: G8b. In the last 12 months, have you had this pain always?
360	PPBLAD	Num	8	X4133F.	3.	FOIF: G8c. Is this pain in the area of your bladder?
361	PPINT	Num	8	X4133F.	3.	FOIF: G9a. pelvic pain during or in the 24 hours after sex?
362	PPOTH	Num	8	X4133F.	3.	FOIF: G9b. Pelvic pain NOT with periods or intercourse?
363	PPDAYS	Num	8	X4052F.	3.	FOIF: G10. On average, how many days of pelvic pain do you have?
364	PPDUR	Num	8	X4097F.	3.	FOIF: G11. For how long have you been experiencing pelvic pain?
365	PPINTERF	Num	8	X4109F.	3.	FOIF: G12. To what extent does this pain prevent you from doing things?
366	INFERT	Num	8	X4133F.	3.	FOIF: G13. Have you ever tried to conceive a baby for 12 months?
367	CESD1	Num	8	X4133F.	3.	FOIF: H1. I felt depressed
368	CESD2	Num	8	X4133F.	3.	FOIF: H2. I felt that everything I did was an effort
369	CESD3	Num	8	X4133F.	3.	FOIF: H3. My sleep was restless
370	CESD4	Num	8	X4133F.	3.	FOIF: H4. I was happy
371	CESD5	Num	8	X4133F.	3.	FOIF: H5. I felt lonely
372	CESD6	Num	8	X4133F.	3.	FOIF: H6. I enjoyed life
373	CESD7	Num	8	X4133F.	3.	FOIF: H7. I felt sad
374	CESD8	Num	8	X4133F.	3.	FOIF: H8. I could not "get going"
375	WORRY	Num	8	X4133F.	3.	FOIF: H9a. In the last six months, has anyone close caused you worry ?
376	WORSPSE	Num	8	X4133F.	3.	FOIF: H9b1. A spouse or partner?
377	WORPARNT	Num	8	X4133F.	3.	FOIF: H9b2. A parent?
378	WORCHILD	Num	8	X4133F.	3.	FOIF: H9b3. A child?
379	WORSIB	Num	8	X4133F.	3.	FOIF: H9b4. A sibling?
380	WOROTH	Num	8	X4133F.	3.	FOIF: H9b5. Another relative or friend?

Num	Variable	Type	Len	Format	Informat	Label
381	WORWORK	Num	8	X4133F.	3.	FOIF: H9b6. Someone at work?
382	CIGS100	Num	8	X4133F.	3.	FOIF: J1. Have you smoked at least 100 cigarettes during life?
383	CIGSNOW	Num	8	X4133F.	3.	FOIF: J2. Do you smoke cigarettes now?
384	AVGCIGS	Num	8	X4140F.	4.	FOIF: J3a1. on Average # cigarettes
385	CIGSFREQ	Num	8	X4083F.	3.	FOIF: J3a2. Frequency
386	CIGSDUR	Num	8	X4140F.	3.	FOIF: J4. For approximately how many years have you smoked?
387	CIGAR20	Num	8	X4133F.	3.	FOIF: J5. Have you ever smoked at least 20 cigars in your life?
388	CIGARNOW	Num	8	X4133F.	3.	FOIF: J5a. Do you smoke cigars now?
389	AVGCIGAR	Num	8	X4140F.	4.	FOIF: J5b1. How many cigars do you smoke?
390	CIGRFREQ	Num	8	X4083F.	3.	FOIF: J5b2. Frequency
391	SMOKHOME	Num	8	X4133F.	3.	FOIF: J6. Do you live with someone who smokes tobacco?
392	SMOKWORK	Num	8	X4133F.	3.	FOIF: J7. Currently do you spend time at work or outside with smokers?
393	EVRETOH	Num	8	X4133F.	3.	FOIF: J8. Have you ever had an alcoholic drink?
394	BEER30DY	Num	8	X4133F.	3.	FOIF: J9a. Beer or lite beer?
395	BEERFREQ	Num	8	X4060F.	3.	FOIF: J9ai. If yes, about how often do you drink?
396	BEERVOL	Num	8	X4054F.	3.	FOIF: J9aai. If yes, how much do you drink on a typical day?
397	WINE30DY	Num	8	X4133F.	3.	FOIF: J9b. Wine, wine coolers, sangria or champagne?
398	WINEFREQ	Num	8	X4060F.	3.	FOIF: J9bi. If yes, how often?
399	WINEVOL	Num	8	X4055F.	3.	FOIF: J9bii. If yes, how much?
400	LIQU30DY	Num	8	X4133F.	3.	FOIF: J9c. Hard liquor either alone or mixed?
401	LIQUFREQ	Num	8	X4060F.	3.	FOIF: J9ci. If yes, how often?
402	LIQUVOL	Num	8	X4053F.	3.	FOIF: J9cii. If yes, how much?
403	BNGE30DY	Num	8	X4140F.	3.	FOIF: J10. Considering, how many times during the last 30 days?
404	AVGNDRNK	Num	8	X4140F.	3.	FOIF: J11. Now, how many drinks on average... those occasions?
405	H2O	Num	8	X4140F.	3.	FOIF: J12a. Water
406	JUICE	Num	8	X4140F.	3.	FOIF: J12b. Juice
407	SODA	Num	8	X4140F.	3.	FOIF: J12c. Soda
408	DCOFFEE	Num	8	X4140F.	3.	FOIF: J12d. Decaffeinated coffee
409	COFFEE	Num	8	X4140F.	3.	FOIF: J12e. Coffee
410	TEA	Num	8	X4140F.	3.	FOIF: J12f. Tea
411	HERBTEA	Num	8	X4140F.	3.	FOIF: J12g. Herbal tea
412	MILK	Num	8	X4140F.	3.	FOIF: J12h. Milk
413	EMPTYFRQ	Num	8	X4062F.	3.	FOIG: K1ai. A sensation of not emptying bladder completely?
414	EMPTYDUR	Num	8	X4057F.	3.	FOIG: K1aai. About how long have you had this experience?
415	FRQUFRQ	Num	8	X4062F.	3.	FOIG: K1bi. To urinate again less than 2 hours?
416	FRQUDUR	Num	8	X4057F.	3.	FOIG: K1bii. How long?
417	SPSTFRQ	Num	8	X4062F.	3.	FOIG: K1ci. To stop and start several times?
418	SPSTDUR	Num	8	X4057F.	3.	FOIG: K1cii. How long?

Num	Variable	Type	Len	Format	Informat	Label
419	POSTPFRQ	Num	8	X4062F.	3.	FOIG: K1di. Difficulty postponing urination?
420	POSTPDUR	Num	8	X4057F.	3.	FOIG: K1dii. How long
421	WEAKUFRQ	Num	8	X4062F.	3.	FOIG: K1ei. A weak urinary stream?
422	WEAKUDUR	Num	8	X4057F.	3.	FOIG: K1eii. How long?
423	PUSHFRQ	Num	8	X4062F.	3.	FOIG: K1fi. To push or strain to begin urination?
424	PUSHDUR	Num	8	X4057F.	3.	FOIG: K1fii. How long
425	NGHTUFRQ	Num	8	X4062F.	3.	FOIG: K1gi. To get up to urinate more than once during the night?
426	NGHTUDUR	Num	8	X4057F.	3.	FOIG: K1gii. How long?
427	DRIBFRQ	Num	8	X4062F.	3.	FOIG: K1hi. Dribbling after urination?
428	DRIBLDUR	Num	8	X4057F.	3.	FOIG: K1hii. How long?
429	WETFRQ	Num	8	X4062F.	3.	FOIG: K1ii. Wet clothes because of dribbling after urination?
430	WETDUR	Num	8	X4057F.	3.	FOIG: K1iii. How long?
431	DSTRFRQ	Num	8	X4062F.	3.	FOIG: K1ji. Difficulty starting to urinate?
432	DSTRTDUR	Num	8	X4057F.	3.	FOIG: K1jii. How long?
433	PAINFRQ	Num	8	X4062F.	3.	FOIG: K1ki. Pain or burning during urination?
434	PAINDUR	Num	8	X4057F.	3.	FOIG: K1kii. How long?
435	PERIPFRQ	Num	8	X4062F.	3.	FOIG: K1li. If Male Pain discomfort in area btw rectum and testicles
436	PERIPDUR	Num	8	X4057F.	3.	FOIG: K1lii. How long?
437	TESTFRQ	Num	8	X4062F.	3.	FOIG: K1mi. If Male:Pain or discomfort in your testicles?
438	TESTDUR	Num	8	X4057F.	3.	FOIG: K1mii. How long?
439	TPENFRQ	Num	8	X4062F.	3.	FOIG: K1ni. If Male:Pain or discomfort at the tip of penis?
440	TPENDUR	Num	8	X4057F.	3.	FOIG: K1nii. How long?
441	SURGEFRQ	Num	8	X4062F.	3.	FOIG: K1oi. A strong urge or pressure to urinate immediately?
442	SURGEDUR	Num	8	X4057F.	3.	FOIG: K1oii. How long?
443	FRQUZFRQ	Num	8	X4062F.	3.	FOIG: K1pi. Frequent urination during the day?
444	FRQUZDUR	Num	8	X4057F.	3.	FOIG: K1pii. How long?
445	PBLADFRQ	Num	8	X4062F.	3.	FOIG: K1qi. Burning, pain, discomfort, or pressure?
446	PBLADDUR	Num	8	X4057F.	3.	FOIG: K1qii. How long?
447	PURETFRQ	Num	8	X4062F.	3.	FOIG: K1ri. Pain or discomfort in your urethra?
448	PURETDUR	Num	8	X4057F.	3.	FOIG: K1rii. How long?
449	BLDUFRQ	Num	8	X4062F.	3.	FOIG: K1si. Visible blood in your urine?
450	BLDUDUR	Num	8	X4057F.	3.	FOIG: K1sii. How long?
451	PFILLFRQ	Num	8	X4062F.	3.	FOIG: K1ti. Pain increasing when your bladder fills?
452	PFILLDUR	Num	8	X4057F.	3.	FOIG: K1tii. How long?
453	PURINFRQ	Num	8	X4062F.	3.	FOIG: K1ui. Pain relieved by urination?
454	PURINDUR	Num	8	X4057F.	3.	FOIG: K1uii. How long?
455	PBACKFRQ	Num	8	X4062F.	3.	FOIG: K1vi. Pain or discomfort in your lower back?
456	PBACKDUR	Num	8	X4057F.	3.	FOIG: K1vii. How long?
457	PRECTFRQ	Num	8	X4062F.	3.	FOIG: K1wi. Pain or discomfort in your rectum?

Num	Variable	Type	Len	Format	Informat	Label
458	PRECTDUR	Num	8	X4057F.	3.	FOIG: K1 vii. How long?
459	PVAGFRQ	Num	8	X4062F.	3.	FOIG: K1 xi. If Female:Pain or discomfort at the entrance of vagina?
460	PVAGDUR	Num	8	X4057F.	3.	FOIG: K1 xii. How long?
461	PAINBLAD	Num	8	X4140F.	3.	FOIG: K2. Think about any pain or discomfort associated with bladder?
462	URGE	Num	8	X4069F.	3.	FOIG: K3. Some people experience a strong urge or pressure to urinate
463	URGEFREQ	Num	8	X4140F.	3.	FOIG: K3a. How many times a day?
464	INTFPAIN	Num	8	X4070F.	3.	FOIG: K4. Over the last month, how much pain?
465	RESFLUID	Num	8	X4068F.	3.	FOIG: K5a. Drinking fluids before you travel?
466	NTFLUID	Num	8	X4068F.	3.	FOIG: K5b. Drinking fluids before you go to bed?
467	DRIV2HR	Num	8	X4068F.	3.	FOIG: K5c. Driving for 2 hours without stopping?
468	ENUFSLP	Num	8	X4068F.	3.	FOIG: K5d. Getting enough sleep at night?
469	NOTOIL	Num	8	X4068F.	3.	FOIG: K5e. Going to places that may not have a toilet?
470	OUTDSPRT	Num	8	X4068F.	3.	FOIG: K5f. Playing sports outdoors such as golf?
471	GOINGOUT	Num	8	X4068F.	3.	FOIG: K5g. Going to movies, shows, church, etc?
472	FLUIDIN	Num	8	X4068F.	3.	FOIG: K5h. Overall fluid intake?
473	URINDAY	Num	8	X4140F.	3.	FOIG: K6. In last 7 days, how many times/day you went to bathroom?
474	URINNT	Num	8	X4140F.	3.	FOIG: K7. In the last 7 days, how many times/night went to bathroom?
475	LEAKURIN	Num	8	X4133F.	3.	FOIG: K8. In the last 12 months, have you leaked urine?
476	LEAKFREQ	Num	8	X4065F.	3.	FOIG: K8a. In the last 12mon, how often leakage?
477	LEAKAMT	Num	8	X4058F.	3.	FOIG: K9. When you leak urine, about how much is it?
478	LEAK7DY	Num	8	X4140F.	4.	FOIG: K10a. When you were performing some physical activities?
479	LEAKURGE	Num	8	X4140F.	4.	FOIG: K10b. When you had the strong feeling to empty your bladder
480	LEAKNOWA	Num	8	X4140F.	4.	FOIG: K10c. Without any particular physical activity or warning
481	UIPROT	Num	8	X4067F.	3.	FOIG: K11. What type of protection do you use most often?
482	UIPADS	Num	8	X4072F.	3.	FOIG: K12. During a typical 24-hr periods, on average...
483	LEAKDUR	Num	8	X4063F.	3.	FOIG: K13. About how long have you had urine leakage?
484	LEAKHCP	Num	8	X4061F.	3.	FOIG: K14. Have you ever seen a health care provider for your urine?
485	UIEXERC	Num	8	X4071F.	3.	FOIG: K14a1. Doing exercises to strengthen the muscles?
486	UITIMING	Num	8	X4071F.	3.	FOIG: K14a2. Timing your urination?
487	UIMEDRX	Num	8	X4071F.	3.	FOIG: K14a3. Taking a prescription medication
488	UIOTHTX	Num	8	X4071F.	3.	FOIG: K14a4. Using some other medical treatment?
489	UINOTX	Num	8	X4071F.	3.	FOIG: K14a5. Not currently doing anything for incontinence
490	UIQOL1	Num	8	X4070F.	3.	FOIG: K15a. Your ability to do household chores
491	UIQOL2	Num	8	X4070F.	3.	FOIG: K15b. Physical recreational activities
492	UIQOL3	Num	8	X4070F.	3.	FOIG: K15c. Entertainment activities

Num	Variable	Type	Len	Format	Informat	Label
493	UIQOL4	Num	8	X4070F.	3.	FOIG: K15d. Your ability to travel by car or bus
494	UIQOL5	Num	8	X4070F.	3.	FOIG: K15e. Your participation in social activities
495	UIQOL6	Num	8	X4070F.	3.	FOIG: K15f. Your emotional health
496	UIQOL7	Num	8	X4070F.	3.	FOIG: K16. In addition, does urine leakage cause you frustration?
497	AVGSLEEP	Num	8	X4064F.	3.	FOIG: K17. How much do you usually sleep?
498	HEADACHE	Num	8	X4133F.	3.	FOIG: K18. Have you recently been bothered by headaches?
499	BOSSY	Num	8	X4133F.	3.	FOIG: K19. Do you like directing other people's work?
500	BORNUS	Num	8	X4133F.	3.	FOIG: L2. Were you born in the United States?
501	MOVEUS	Char	10	\$10.	\$10.	FOIG: L2b. What year did you move to the United States?
502	FRSTLANG	Num	8	X4059F.	3.	FOIG: L5. What is the first language you learned to speak?
503	MARITAL	Num	8	X4066F.	3.	FOIG: L7. What is your current marital status?
504	EDUC	Num	8	X4140F.	3.	FOIG: L8. How many years of school have you completed?
505	WORKSTAT	Num	8	X4128F.	3.	FOIG: L9. Which describes best your current work situation?
506	FULLTIME	Num	8	X4056F.	3.	FOIG: L10. Are you working 35 hours more or less each week?
507	NUMPEOP	Num	8	X4140F.	3.	FOIG: L12. How many people are supported in your household?
508	TRTRANS	Num	8	X4133F.	3.	FOIG: L13a. Transportation
509	TRHOUS	Num	8	X4133F.	3.	FOIG: L13b. Housing
510	TRHLTH	Num	8	X4133F.	3.	FOIG: L13c. Health or medical care
511	TRFOOD	Num	8	X4133F.	3.	FOIG: L13d. Food
512	INCOMEH	Num	8	X4139F.	3.	FOIG: L14. Income
513	SELFADMIN	Num	8	X4133F.	3.	FOIJ: P2. Did the interviewer administer the self-admin form:
514	HGHT00	Num	8	X4140F.	6.1	FOPM: B1. Height
515	HTS_FT00	Num	8	X4140F.	3.	FOPM: B1a1. Self-reported height (ft.)
516	HTS_IN00	Num	8	X4140F.	3.	FOPM: B1a2. Self-reported height (in.)
517	WGHT00	Num	8	X4140F.	6.1	FOPM: B2. Weight
518	WGHTS00	Num	8	X4140F.	4.	FOPM: B2a. Self-reported weight (lbs)
519	WSTCM00	Num	8	X4140F.	6.1	FOPM: B3. Waist circumference
520	WSTUN00	Num	8	X4098F.	3.	FOPM: B3a. Measurement taken in
521	HIPCM00	Num	8	X4140F.	6.1	FOPM: B4. Hip circumference
522	HIPUN00	Num	8	X4099F.	3.	FOPM: B4a. Measurement taken in
523	FL4SDSIN	Num	8	X4077F.	3.	FOSM: PM1. How often did you feel sexual desire or interest
524	PT4SDSIN	Num	8	X4125F.	3.	FOSM: PM2. How would you rate your level of sexual desire or interest
525	ENG4SACP	Num	8	X4133F.	3.	FOSM: PM3. Have you engaged in sexual activities with your partner
526	NOPARTNR	Num	8	X4133F.	3.	FOSM: PM4a. I do not have a partner at this time
527	NOINTRST	Num	8	X4133F.	3.	FOSM: PM4b. Lack of interest in sex
528	PNPLURPB	Num	8	X4133F.	3.	FOSM: PM4c. I have pelvic or urinary problem that interferes with sex
529	OTHRHLTP	Num	8	X4133F.	3.	FOSM: PM4d. I have some other health problem that intereferes with sex

Num	Variable	Type	Len	Format	Informat	Label
530	PRTHLTPB	Num	8	X4133F.	3.	FOSM: PM4e. My partner has a health problem that interferes with sex
531	CN4SARSD	Num	8	X4124F.	3.	FOSM: PM5. How much confidence did you have becoming sexually aroused
532	ST4EMLCL	Num	8	X4127F.	3.	FOSM: PM6. How satisfied have you been with emotional closeness
533	OT4PAN	Num	8	X4104F.	3.	FOSM: PM7. How often have you had pain or discomfort during climax
534	ST4OASX	Num	8	X4127F.	3.	FOSM: PM8. How satisfied have you been with your overall sex life
535	RTCNERC	Num	8	X4126F.	3.	FOSM: PM9. How do you rate your confidence that you can keep erection
536	OTERCNT	Num	8	X4078F.	3.	FOSM: PM10. How often were your erections hard enough for penetration
537	OTMNTERC	Num	8	X4078F.	3.	FOSM: PM11. How often were you able to maintain your erection
538	DFMNTERC	Num	8	X4088F.	3.	FOSM: PM12. How difficult was it to maintain your erection to completion
539	OTSXSATF	Num	8	X4078F.	3.	FOSM: PM13. How often was it satisfactory for you
540	DSCRIMPO	Num	8	X4110F.	3.	FOSM: PM14. How would you describe yourself
541	SRTERCTB	Num	8	X4074F.	3.	FOSM: PM15. When did you start having trouble getting an erection
542	WHOSXAD	Num	8	X4090F.	3.	FOSM: PM16. Which best describes who you have generally had sex with
543	SEXORNT	Num	8	X4091F.	3.	FOSM: PM17. How would you define yourself
544	CHDEXORG	Num	8	X4133F.	3.	FOSM: PM18a. Exposed the sex organ of their body to you
545	CHDTHRSX	Num	8	X4133F.	3.	FOSM: PM18b. Threatened to have sex with you
546	CHDTCHOG	Num	8	X4133F.	3.	FOSM: PM18c. Touched the sex organs of your body
547	CHDYUTCH	Num	8	X4133F.	3.	FOSM: PM18d. Made you touch the sex organs of their body
548	CHDFRCSX	Num	8	X4133F.	3.	FOSM: PM18e. Forced you to have sex
549	CHDOHUNS	Num	8	X4133F.	3.	FOSM: PM18f. Have you had any other unwanted sexual experiences
550	CHDBEAT	Num	8	X4105F.	3.	FOSM: PM19a. Hit, kick, or beat you
551	CHDTHRLF	Num	8	X4105F.	3.	FOSM: PM19b. Seriously threaten your life
552	CHDEMLAB	Num	8	X4105F.	3.	FOSM: PM19c. Emotionally abuse, humiliate, or insult you
553	ADEXPORG	Num	8	X4133F.	3.	FOSM: PM20a. Exposed the sex organ of their body to you
554	ADTHRTSX	Num	8	X4133F.	3.	FOSM: PM20b. Threatened to have sex with you
555	ADTCHORG	Num	8	X4133F.	3.	FOSM: PM20c. Touched the sex organs of your body
556	ADYUTCH	Num	8	X4133F.	3.	FOSM: PM20d. Made you touch the sex organs of their body
557	ADFRCSX	Num	8	X4133F.	3.	FOSM: PM20e. Forced you to have sex
558	ADOHUNSX	Num	8	X4133F.	3.	FOSM: PM20f. Have you had any other unwanted sexual experiences
559	ADBEAT	Num	8	X4105F.	3.	FOSM: PM21a. Hit, kick, or beat you
560	ADTHRTLF	Num	8	X4105F.	3.	FOSM: PM21b. Seriously threaten your life
561	ADEMLABS	Num	8	X4105F.	3.	FOSM: PM21c. Emotionally abuse, humiliate, or insult you
562	RT4SDSIN	Num	8	X4125F.	3.	FOSW: PF2. How would you rate your level of sexual desire or interest

Num	Variable	Type	Len	Format	Informat	Label
563	PNPLVAUR	Num	8	X4133F.	3.	FOSW: PF4c. Pelvic or vaginal pain or a urinary problem that interferes
564	DF4WET	Num	8	X4087F.	3.	FOSW: PF6. How difficult was it to become lubricated
565	OT4ORGS	Num	8	X4077F.	3.	FOSW: PF7. How often did you reach orgasm
566	DF4ORGS	Num	8	X4087F.	3.	FOSW: PF8. How difficult was it to reach orgasm
567	ST4ORGS	Num	8	X4127F.	3.	FOSW: PF9. How satisfied were you with your ability to reach orgasm
568	OT4PAND	Num	8	X4049F.	3.	FOSW: PF11. How often did you experience discomfort during penetration
569	OT4PANF	Num	8	X4049F.	3.	FOSW: PF12. Did you experience discomfort following penetration
570	RT4LVDIS	Num	8	X4050F.	3.	FOSW: PF13. How would you rate your level of discomfort
571	PULSE001	Num	8	X4140F.	3.	FOSC: C1. First pulse
572	ARMCM00	Num	8	X4140F.	5.1	FOSC: C2. Arm circumference
573	WHCHARM	Num	8	X4095F.	3.	FOSC: C2a. Arm
574	CUFFSZ00	Num	8	X4112F.	3.	FOSC: C3. Cuff size
575	SBP001	Num	8	X4140F.	4.	FOSC: C4. First systolic blood pressure
576	DBP001	Num	8	X4140F.	4.	FOSC: C5. First diastolic blood pressure
577	PULSE002	Num	8	X4140F.	3.	FOSC: C6. Second pulse
578	SBP002	Num	8	X4140F.	4.	FOSC: C7. Second systolic blood pressure
579	DBP002	Num	8	X4140F.	4.	FOSC: C8. Second diastolic blood pressure
580	re	Char	1	\$RE.		Race/Ethnicity
581	age	Num	8			Age at baseline interview
582	wtr	Num	8			Final Weight
583	numpregcat	Num	8	NUMPREGCATF.		FOIG: G14. How many times have you been pregnant?