Data Set Name: demographic.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	ASSIGN	Char	12	TREATMENT ASSIGNMENT
3	SEX	Num	4	SEX (1=MEN 2=WOMEN)
4	AGEGROUP	Num	8	AGE GROUP (7)
5	BMI_CAT	Num	8	BMI CATEGORIES (10)
6	BMIGROUP	Num	8	BMI GROUP (3)
7	RACE_ETH	Num	8	RACE/ETHNICITY

Data Set Name: e04.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	DOCONT	Num	8	1.	Does the participant wish to continue pregnancy?
5	DODISA	Num	8	1.	Was the study metformin discontinued?
6	DOPLAN	Num	8	1.	Was the pregnancy planned?
7	DOTAKM	Num	8	1.	Has the participant taken any STUDY METFORMIN since the last visit?
8	DAYSPREG	Num	8		Days from randomization to pregnancy confirmation
9	DAYSEDD	Num	8		Days from randomization to estimated delivery date
10	DAYSMETS	Num	8		Days from randomization to stopping metformin

Data Set Name: e05.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	DAYSPREG	Num	8		Days from randomization to pregnancy confirmation
5	DAYSOUT	Num	8		Days from randomization to pregnancy outcome
6	DUANOM	Num	8	1.	Were there any congenital anomalies?
7	DUGDM	Num	8	1.	Did the participant have GDM?
8	DUINSEX	Num	8		Infant's sex
9	DUINSGT	Num	8	1.	Did the participant receive insulin during gestation?
10	DUPRGOUT	Num	8		Type of pregnancy outcome
11	DUWGHT	Num	8	BEST32.	Infant's weight percentile

Data Set Name: events.sas7bdat

Num	Variable	Type	Len	Label
1	DIABF	Num	8	Indicator of diabetes
2	TOTALTIM	Num	8	Total time in study
3	DIABT	Num	8	Time to first diabetes
4	DIABV	Num	8	Interval for diabetes
5	release_id	Char	9	PARTICIPANT ID FOR REPOSITORY
6	RANDPER	Num	8	

Data Set Name: f01.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	QMRXDAM	Char	50	$50.	$50.	Medicine description: A
5	QMRXDBM	Char	50	$50.	$50.	Medicine description: B
6	QMRXDCM	Char	50	$50.	$50.	Medicine description: C
7	QMRXDDM	Char	50	$50.	$50.	Medicine description: D
8	QMRXDEM	Char	50	$50.	$50.	Medicine description: E
9	QMRXDFM	Char	50	$50.	$50.	Medicine description: F
10	QMRXDGM	Char	50	$50.	$50.	Medicine description: G
11	QMRXDHM	Char	50	$50.	$50.	Medicine description: H
12	QMRXDIM	Char	50	$50.	$50.	Medicine description: I
13	QMRXDJM	Char	50	$50.	$50.	Medicine description: J
14	QMSTRSPEC	Char	60	$60.	$60.	Other plan/strategy to deal with the problem (Specify)
15	QMCOMPM	Num	8			What is your best estimate of the participant's level of exposure to metformin per protocol?
16	QMDISP	Num	8	1.		How many months of metformin was dispensed (0,3,6)?
17	QMDISRP	Num	8			Disruption of regular routine
18	QMDOSE	Num	8			Daily dose of METFORMIN per protocol.
19	QMEVEN	Num	8			Forgets to take evening dose
20	QMFORG	Num	8			Forgets to take pills in general
21	QMGIRCT	Num	8			GI reaction to pills
22	QMINCON	Num	8			Inconvenient to take pills as prescribed
23	QMLOST	Num	8			Lost/misplaced pills
24	QMMEDC	Num	8			Hospitalization/New illness/Medical reason
25	QMMOTV	Num	8			Lack of motivation
26	QMOTHR	Num	8			Other current plan
27	QMPROB	Num	8	1.		Since the last visit, has the participant had any problems taking his/her metformin pills
28	QMRMND	Num	8			Reminder device (e.g. pill box, calendar)
29	QMRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
30	QMSPEC	Num	8			Other problem taking metformin as prescribed
31	QMSTRAT	Num	8			If YES to Question 2, what plan or strategy will the participant use to deal with this problem?
32	QMSTRRO	Num	8			Strategy routine (e.g. takes with other pills, medication in a convenient place)
33	QMTAKM	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
34	QMTIME	Num	8			Time routine (e.g. time of day, meal time)
35	QP1WK	Num	8	1.		Menstrual period more than one week late?
36	QPACTT	Num	8			Any acute life threatening event?
37	QPCONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?

Num	Variable	Type	Len	Format	Informat	Label
38	QPDBP1	Num	8	BEST32.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
39	QPDBP2	Num	8	BEST32.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
40	QPDISA	Num	8			Permanent or severe disability?
41	QPHOSP	Num	8			Required or prolonged hospitalization?
42	QPLAN	Num	8	1.		Does the participant plan on becoming pregnant within next 6 months?
43	QPOVDO	Num	8			Overdose of any medication?
44	QPPREM	Num	8	1.		Does the participant have reproductive potential?
45	QPREG	Num	8	BEST32.		Result of pregnancy test
46	QPSBP1	Num	8	BEST32.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
47	QPSBP2	Num	8	BEST32.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
48	QPTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
49	QPWGHT1	Num	8	BEST32.		Weight measurement 1
50	QPWGHT2	Num	8	BEST32.		Weight measurement 2
51	QPWGHT3	Num	8	BEST32.		Weight measurement 3

Data Set Name: f02.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	APOTHSP	Char	50	$50.	$50.	Other problem taking metformin as prescribed (Specify)
5	APSTSPEC	Char	50	$50.	$50.	Other plan/strategy to deal with the problem (Specify)
6	AMRXDAM	Char	50	$50.	$50.	Medicine description: A
7	AMRXDBM	Char	50	$50.	$50.	Medicine description: B
8	AMRXDCM	Char	50	$50.	$50.	Medicine description: C
9	AMRXDDM	Char	50	$50.	$50.	Medicine description: D
10	AMRXDEM	Char	50	$50.	$50.	Medicine description: E
11	AMRXDFM	Char	50	$50.	$50.	Medicine description: F
12	AMRXDGM	Char	50	$50.	$50.	Medicine description: G
13	AMRXDHM	Char	50	$50.	$50.	Medicine description: H
14	AMRXDIM	Char	50	$50.	$50.	Medicine description: I
15	AMRXDJM	Char	50	$50.	$50.	Medicine description: J
16	ABINSUL	Num	8	1.		If diabetic, is participant taking insulin?
17	ALHCRIT	Num	8	BEST32.		Hematocrit
18	ALHGLOB	Num	8	BEST32.		Hemoglobin
19	ALPLATE	Num	8	BEST32.		Platelet Count
20	AMCOMPM	Num	8			Estimated level of exposure to metformin protocol?
21	AMDOSE	Num	8			Daily dose of metformin per protocol
22	AMRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
23	AMTAKM	Num	8	1.		Participant taken study metformin since the last visit?
24	AP1WK	Num	8	1.		Menstrual period more than one week late?
25	AP30MIN	Num	8	1.		Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
26	APACTT	Num	8			Any acute life threatening event?
27	APADORL	Num	8	BEST32.		Blood Pressure Reading - Left dorsalis pedis
28	APADORR	Num	8	BEST32.		Blood Pressure Reading - Right dorsalis pedis
29	APADOSL	Num	8	BEST32.		Blood Pressure Reading - Left tibialis posterior
30	APAPOSR	Num	8	BEST32.		Blood Pressure Reading - Right tibialis posterior
31	APASPIR	Num	8			During an average week, how often do you take aspirin
32	APBEER	Num	8	BEST32.		How many 12 oz bottles of beer did you consume during the past 7 days?
33	APBINGE	Num	8	1.		During the past 12 months, consumed 7 or more alcohol beverages?
34	APBLUR	Num	8	1.		During the past 12 months, any sudden loss of eyesight?
35	APBLURT	Num	8			How long did the symptoms last?
36	APBTIME	Num	8			About how often is this (that you have had 7 or more drinks within a 24-hour period)?
37	APCERV	Num	8	BEST32.		had an emergency room visit(s)?

Num	Variable	Type	Len	Format	Informat	Label
38	APCHCD	Num	8	BEST32.		Called a health care provider (for a specific issue/concern)?
39	APCLOST	Num	8	BEST32.		During the past 3 months, how many days lost related to the DPPOS?
40	APCNCR	Num	8	1.		Cancer?
41	APCONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?
42	APCOPV	Num	8	BEST32.		Regularly scheduled out-patient visit(s)?
43	APDBP1	Num	8	BEST32.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
44	APDBP2	Num	8	BEST32.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
45	APDISA	Num	8			Permanent or severe disability?
46	APDISP	Num	8	1.		How many months of metformin was dispensed (0,3,6)?
47	APDISRP	Num	8			Disruption of regular routine
48	APDIZY	Num	8	1.		During the past 12 months, any dizzy spells?
49	APDIZYT	Num	8			How long did the symptoms last?
50	APDO	Num	8			When you get it in your chest, what do you do?
51	APEVEN	Num	8			Forgets to take evening dose
52	APFORG	Num	8			Forgets to take pills in general
53	APGALL	Num	8	1.		Gallstones, gallbladder disease, or gallbladder surgery?
54	APGIRCT	Num	8			GI reaction to pills
55	APGOUT	Num	8	1.		Gout?
56	APHEPAT	Num	8	1.		Hepatitis?
57	APHGHT1	Num	8	BEST32.		Height measurement 1
58	APHGHT2	Num	8	BEST32.		Height measurement 2
59	APHGHT3	Num	8	BEST32.		Height measurement 3
60	APHOSP	Num	8			Required or prolonged hospitalization?
61	APHURRY	Num	8	1.		Do you get it when you walk uphill or hurry?
62	APHYPER	Num	8	1.		High blood pressure?
63	APINCON	Num	8			Inconvenient to take pills as prescribed
64	APINJCT	Num	8	BEST32.		If injection, number of injections per day
65	APINTMA	Num	8	1.		Infection requiring medical attention?
66	APLAN	Num	8	1.		Does the participant plan on becoming pregnant withing the next 6 months?
67	APLARM	Num	8	1.		Left arm?
68	APLCHST	Num	8	1.		Left anterior chest?
69	APLEVEL	Num	8	1.		Do you get it when you walk at an ordinary pace on the level?
70	APLIPID	Num	8	1.		Any lipid abnormality (high cholesterol, high triglycerides, etc.)?
71	APLOSSN	Num	8	1.		Unexplained weight loss?
72	APLOST	Num	8			Lost / misplaced pills
73	APLUR	Num	8	1.		During the past 12 months, any changes in speech?
74	APLURT	Num	8			How long did the symptoms last?
75	APMEDC	Num	8			Hospitalization / New illness / Medical reason
76	APMIXD	Num	8	BEST32.		How many 1.5 oz shots of hard liquor or mixed drinks did you consume in the past 7 days?

Num	Variable	Type	Len	Format	Informat	Label
77	APMOTV	Num	8			Lack of motivation
78	APNOFEEL	Num	8	1.		During the past 12 months, any loss of feeling in the extremities?
79	APNOFLT	Num	8			How long did the symptoms last?
80	APOTHER	Num	8			Other problem taking metformin as prescribed
81	APOTHRS	Num	8			Other current plan
82	APOVDO	Num	8			Overdose of any medication?
83	APPAIN	Num	8	1.		Have you had any pain or discomfort in your chest?
84	APPARL	Num	8	1.		During the last 12 months, any sudden attacks of paralysis in the extremities?
85	APPARLT	Num	8			How long did the symptoms last?
86	APPRES	Num	8	1.		Have you had any pressure or heaviness in your chest?
87	APPROB	Num	8	1.		Since the last visit, any problems taking the metformin prescription?
88	APRASH	Num	8	1.		Skin rashes?
89	APREG	Num	8			Result of pregnancy test
90	APREGM	Num	8			Type of insulin regimen
91	APREM	Num	8	1.		Does the participant have reproductive potential?
92	APRMND	Num	8			Reminder device (pill box, calender)
93	APSBP1	Num	8	BEST32.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
94	APSBP2	Num	8	BEST32.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
95	APSDAY	Num	8	BEST32.		On average, how many cigarettes per day?
96	APSMOK	Num	8	1.		During the past 30 days, have you smoked any cigarettes?
97	APSOON	Num	8			How soon?
98	APSPRN	Num	8	1.		Sprains or fractures requiring medical attention?
99	APSSBP	Num	8	BEST32.		Blood Pressure Reading - Arm
100	APSSBPA	Num	8			Blood Pressure Reading - Right or Left arm
101	APSSBPF	Num	8	BEST32.		Blood Pressure Reading - Arm (same arm as in B2a)
102	APSTER	Num	8	1.		Sternum (central chest)?
103	APSTILL	Num	8	1.		Does it go away when you stand still?
104	APSTOM	Num	8	1.		Frequent stomach pains, bloating, nausea, diarrhea, or loss of appetite?
105	APSTRAT	Num	8			Strategy to deal with problem
106	APSTRRO	Num	8			Strategy routine (take with other pills, convenient place)
107	APTHRST	Num	8	1.		Increased thirst (drinking more liquids than usual)?
108	APTHYR	Num	8	1.		Thyroid disease?
109	APTIA	Num	8	1.		Transient ischemic attack (TIA)?
110	APTIME	Num	8			Time routine (time of day, meal time)
111	APTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
112	APUCV	Num	8	BEST32.		Urgent care visit(s)?
113	APULCR	Nym	8	1.		Ulcer (stomach or duodenal) or intestinal bleeding?
114	APUNITS	Num	8	BEST32.		Number of units per day
115	APURINT	Num	8	1.		Urinating more often than usual?

Num	Variable	Type	Len	Format	Informat	Label
116	APWGHT1	Num	8	BEST32.		Weight measurement 1
117	APWGHT2	Num	8	BEST32.		Weight measurement 2
118	APWGHT3	Num	8	BEST32.		Weight measurement 3
119	APWINE	Num	8	BEST32.		How many 4 oz glasses of wine did you consume during the past 7 days?
120	APWK	Num	8	1.		During the past 12 months, consumed at least one alcoholic beverage?
121	APWSTC1	Num	8	BEST32.		Waist Circumference measurement 1
122	APWSTC2	Num	8	BEST32.		Waist Circumference measurement 2
123	APWSTC3	Num	8	BEST32.		Waist Circumference measurement 3

Num	Variable	Type	Len	Format	Informat	Label

Data Set Name: f03.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	JIOTHSP	Char	50	$50.	$50.	Other problem taking metformin as prescribed (Specify)
5	JISPEC2	Char	50	$50.	$50.	Other plan/strategy to deal with the problem (Specify)
6	JI1WK	Num	8	1.		Menstrual period more than one week late?
7	JIACTT	Num	8			Any acute life threatening event?
8	JICOMPM	Num	8			What is your best estimate of the participant's level of exposure to metformin per protocol?
9	JICONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?
10	JIDBP1	Num	8	BEST32.		Blood Pressure Reading 1 - Diastolic
11	JIDBP2	Num	8	BEST32.		Blood Pressue Reading 2 - Diastolic
12	JIDISA	Num	8			Permanent or severe disability?
13	JIDISP	Num	8	1.		How many months of metformin was dispensed (0,3,6)?
14	JIDISRP	Num	8			Disruption of regular routine
15	JIDOSE	Num	8			Daily dose of METFORMIN per protocol
16	JIEVEN	Num	8			Forgets to take evening dose
17	JIFORG	Num	8			Forgets to take pills in general
18	JIGIRCT	Num	8			GI reaction to pills
19	JIHOSP	Num	8			Required or prolonged hospitalization?
20	JIHYPMG	Num	8			Reason for interim visit: Hypertension Management
21	JIINCON	Num	8			Inconvenient to take pills as prescribed
22	JILOST	Num	8			Lost/misplaced pills
23	JIMEDC	Num	8			Hospitalization/New illness/Medical
24	JIMEDMG	Num	8			Reason for interim visit: Study metformin management
25	JIMOTV	Num	8			Lack of motivation
26	JIOTH	Num	8			Reason for interim visit: Other
27	JIOTHE	Num	8			Other problem taking metformin as prescribed
28	JIOTHR	Num	8			Other current plan
29	JIOUT	Num	8			Reason for interim visit: Repeat collection of outcome found to be deficient
30	JIOVDO	Num	8			Overdose of any medication?
31	JIPLAN	Num	8	1.		Does the participant plan on becoming pregnancy within the next 6 months?
32	JIPREG	Num	8			Result of pregnancy test
33	JIPREM	Num	8	1.		Does the participant have reproductive potential?
34	JIPRGMG	Num	8			Reason for interim visit: Pregnancy management
35	JIPROB	Num	8	1.		Since the last visit, has the participant had any problems taking his/her metformin pills
36	JIRMND	Num	8			Reminder device (e.g. pill box, calendar)
37	JISBP1	Num	8	BEST32.		Blood Pressure Reading 1 - Systolic

Num	Variable	Type	Len	Format	Informat	Label
38	JISBP2	Num	8	BEST32.		Blood Pressure Reading 2 - Systolic
39	JISPEC	Num	8			Reason for interim visit: Collection of specimen for CBL (e.g. OGTT)
40	JISTRAT	Num	8			What plan or strategy will the participant use to deal with this problem?
41	JISTRRO	Num	8			Strategy routine (e.g. take with other pills, convenient place
42	JITAKMT	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
43	JITIME	Num	8			Time routine (e.g. time of day, meal time)
44	JITSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
45	JIVISLOC	Num	8			Visit Location

Num	Variable	Type	Len	Format	Informat	Label

Data Set Name: f04.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	JMINACT	Num	8	1.	Is the participant considered on inactive follow-up status?
5	JMRSN	Num	8		What was the primary reason for the missed visit?

1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY

Data Set Name: f06.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	KGRXDA	Char	50	$50.	$50.	Medicine description: A
5	KGRXDB	Char	50	$50.	$50.	Medicine description: B
6	KGRXDC	Char	50	$50.	$50.	Medicine description: C
7	KGRXDD	Char	50	$50.	$50.	Medicine description: D
8	KGRXDE	Char	50	$50.	$50.	Medicine description: E
9	KGRXDF	Char	50	$50.	$50.	Medicine description: F
10	KGRXDG	Char	50	$50.	$50.	Medicine description: G
11	KGRXDH	Char	50	$50.	$50.	Medicine description: H
12	KGRXDI	Char	50	$50.	$50.	Medicine description: I
13	KGRXDJ	Char	50	$50.	$50.	Medicine description: J
14	KGOTHSP	Char	50	$50.	$50.	Other problem taking metformin as prescribed (Specify)
15	KGSTSPEC	Char	50	$50.	$50.	Other plan/strategy to deal with the problem (Specify)
16	KG1WK	Num	8	1.		Menstrual period more than one week late?
17	KG30MIN	Num	8	1.		Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
18	KGACTT	Num	8			Any acute life threatening event?
19	KGASPIR	Num	8			During an average week, how often do you take one or more aspirin tablets regardless of dosage?
20	KGBEER	Num	8	BEST32.		How many 12 oz. bottles of beer did you consume during the last 7 days?
21	KGBINGE	Num	8	1.		Past 12 months, have you ever consumed 7 or more alcoholic beverages within a 24 hour
22	KGBLUR	Num	8	1.		Past 12 months, have you had any sudden loss of eyesight or blurring of vision
23	KGBLURT	Num	8			How long did the symptoms last?
24	KGBTIME	Num	8			About how often is this (that you have had 7 or more drinks within a 24 hour period)?
25	KGCERV	Num	8	BEST32.		had an emergency room visit(s)?
26	KGCHCD	Num	8	BEST32.		called a health care provider (for a specific issue/concern)?
27	KGCLOST	Num	8	BEST32.		Past 3 months, how many days have you lost from school, work, or household activities
28	KGCNCR	Num	8	1.		Cancer?
29	KGCOMPM	Num	8			What is your best estimate of the participant's level of exposure to metformin
30	KGCONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?
31	KGCOPV	Num	8	BEST32.		had a regularly scheduled out-patient visit(s)?
32	KGDBP1	Num	8	BEST32.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
33	KGDBP2	Num	8	BEST32.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
34	KGDISA	Num	8			Permanent or severe disability?
35	KGDISP	Num	8	1.		How many months of metformin was dispensed (0,3,6)?
36	KGDISRP	Num	8			Disruption of regular routine
37	KGDIZY	Num	8	1.		Past 12 months, have you had any spells of dizziness, difficulty in walking

Num	Variable	Type	Len	Format	Informat	Label
38	KGDIZYT	Num	8			How long did the symptoms last?
39	KGDO	Num	8			When you get it in your chest, what do you do?
40	KGDOSE	Num	8			Daily dose of METFORMIN per protocol
41	KGEVEN	Num	8			Forgets to take evening dose
42	KGFORG	Num	8			Forgets to take pills in general
43	KGGALL	Num	8	1.		Gallstones, gallbladder disease, or gallbladder surgery?
44	KGGOUT	Num	8	1.		Gout?
45	KGHCRIT	Num	8	BEST32.		Hematocrit
46	KGHEPAT	Num	8	1.		Hepatitis?
47	KGHGLOB	Num	8	BEST32.		Hemoglobin
48	KGHOSP	Num	8			Required or prolonged hospitalization?
49	KGHURRY	Num	8	1.		Do you get it when you walk uphill or hurry?
50	KGHYPER	Num	8	1.		High blood pressure?
51	KGINCON	Num	8			Inconvenient to take pills as prescribed
52	KGINJCT	Num	8	BEST32.		If injection, number of injections per day
53	KGINSUL	Num	8	1.		If diabetic, is participant taking insulin?
54	KGINTMA	Num	8	1.		Infection requiring medical attention?
55	KGIRCT	Num	8			GI reaction to pills
56	KGLARM	Num	8	1.		Left arm?
57	KGLCHST	Num	8	1.		Left anterior chest?
58	KGLEVEL	Num	8	1.		Do you get it when you walk at an ordinary pace on the level?
59	KGLIPID	Num	8	1.		Any lipid abnormality (high cholesterol, high triglycerides, etc.)?
60	KGLOSSN	Num	8	1.		Unexplained weight loss?
61	KGLOST	Num	8			Lost/misplaced pills
62	KGLUR	Num	8	1.		Past 12 months, have you had any sudden attacks or changes in speech, loss of speech
63	KGLURT	Num	8			How long to the symptoms last?
64	KGMEDC	Num	8			Hospitalization/New illness/Medical reason
65	KGMIXD	Num	8	BEST32.		How many 1.5 oz. shots of hard liquor or mixed drinks did you consume during the last 7 days?
66	KGMOTV	Num	8			Lack of motivation
67	KGNOFEEL	Num	8	1.		Past 12 months, have you had any sudden feeling of numbness, tingling, or loss of feeling
68	KGNOFLT	Num	8			How long did the symptoms last?
69	KGOTHER	Num	8			Other problem taking metformin as prescribed
70	KGOTHRS	Num	8			Other current plan
71	KGOVDO	Num	8			Overdose of any medication?
72	KGPAIN	Num	8	1.		Have you had any pain or discomfort in your chest?
73	KGPARL	Num	8	1.		Past 12 months, have you had any sudden attacks of paralysis, or loss of use of either
74	KGPARLT	Nym	8			How long did the symptoms last?
75	KGPLAN	Num	8	1.		Does the participant plan on becoming pregnant within the next 6 months?
76	KGPLATE	Num	8	BEST32.		Platelet count

Num	Variable	Type	Len	Format	Informat	Label
77	KGPREG	Num	8			Result of pregnancy test
78	KGPREM	Num	8	1.		Does the participant have reproductive potential?
79	KGPRES	Num	8	1.		Have you had any pressure or heaviness in your chest?
80	KGPROB	Num	8	1.		Since the last visit, has the participant had any problems taking metformin pills
81	KGRASH	Num	8	1.		Skin rashes?
82	KGREGM	Num	8			Type of insulin regimen
83	KGRMND	Num	8			reminder device
84	KGRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
85	KGSBP1	Num	8	BEST32.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
86	KGSBP2	Num	8	BEST32.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
87	KGSDAY	Num	8	BEST32.		On average, how many cigarettes per day?
88	KGSMOK	Num	8	1.		During the past 30 days, have you smoked any cigarettes?
89	KGSOON	Num	8			How soon?
90	KGSPRN	Num	8	1.		Sprains or fractures requiring medical attention?
91	KGSTER	Num	8	1.		Sternum (central chest)?
92	KGSTILL	Num	8	1.		Does it go away when you stand still?
93	KGSTOM	Num	8	1.		Frequent stomach pains, bloating, nausea, diarrhea, or loss of appetite?
94	KGSTRAT	Num	8			What plan or strategy will the participant use to deal with this problem?
95	KGSTRRO	Num	8			strategy routine
96	KGTAKM	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
97	KGTHRST	Num	8	1.		Increased thirst (drinking more liquids than usual)?
98	KGTHYR	Num	8	1.		Thyroid disease?
99	KGTIA	Num	8	1.		Transient ischemic attack (TIA)?
100	KGTIME	Num	8			time routine
101	KGTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
102	KGUCV	Num	8	BEST32.		had urgent care visit(s) (i.e. doctor's office, clinic; not emergency room)?
103	KGULCR	Num	8	1.		Ulcer (stomach or duodenal), or intestinal bleeding?
104	KGUNITS	Num	8	BEST32.		Number of units per day
105	KGURINT	Num	8	1.		Urinating more often than usual?
106	KGVISLOC	Num	8			Visit Location
107	KGWGHT1	Num	8	BEST32.		Weight 1
108	KGWGHT2	Num	8	BEST32.		Weight 2
109	KGWGHT3	Num	8	BEST32.		Weight 3
110	KGWINE	Num	8	BEST32.		How many 4 oz. glasses of wine did you consume during the past 7 days?
111	KGWK	Num	8	1.		During the past 12 months, have you consumed an average of at least one alcoholic beverage per week?
112	KGWSTC1	Num	8	BEST32.		Waist Circumference - Measure 1
113	KGWSTC2	Num	8	BEST32.		Waist Circumference - Measure 2
114	KGWSTC3	Num	8	BEST32.		Waist Circumference - Measure 3

Data Set Name: f07.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	F7ALCOHOL	Num	8	Alcohol usage in excess of protocol guidelines
5	F7BEHAV	Num	8	Behavioral issues (participant chooses not to take metformin)
6	F7BHBA1C	Num	8	Fasting hyperglycemia during DPP, or Hba1c >= 7.0% in DPPOS
7	F7CHF	Num	8	Confirmed congestive heart failure
8	F7CRCLR	Num	8	Creatinine clearance 80 years old
9	F7EVAL	Num	8	Evaluation of possible medical condition(s) prohibitive of taking study metformin
10	F7GI	Num	8	GI symptoms/problems
11	F7INACT	Num	8	Participant is inactive
12	F7LFT	Num	8	Elevated LFT's during DPP, permanent removal from metformin
13	F7LIVER	Num	8	Prohibitive liver condition
14	F7OMED	Num	8	Other medical condition
15	F7OPERM	Num	8	Other permanent medical condition
16	F7OTEMP	Num	8	Other (temporary conditions)
17	F7PHYDIR	Num	8	Directive of participant's physician
18	F7PREG	Num	8	Pregnancy/Breastfeeding
19	F7REA	Num	8	Reason for visit completion
20	F7SCREAT	Num	8	Elevated serum creatinine on two separate occasions

Data Set Name: fundus.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	EYE	Char	1		Eye
5	MEDIA	Char	1		Media type
6	COLOR_PQ	Char	9		Photo quality
7	GRADESYS	Char	11		Type of grading system used
8	EXPTTYPE	Char	8		Type of export
9	GRADETYP	Char	2		Grading type
10	STUDYEYE	Char	1		Eye designated as study eye (if required
11	RETAKE	Num	8		Are these photos retakes?
12	CAMRATYP	Num	8		Camera type
13	FOCALPC	Num	8		Focal and/or Grid Photocoagulation(PC) t
14	SCATERPC	Num	8		Scatter (Panretinal) PC
15	MACOUNT	Char	2		# of microaneurysms(required only if DRS
16	HEGRID	Num	8		Hard exudate within grid, Field 2
17	RTPRESNT	Num	8		Presence of retinal thickening
18	RTPROXIM	Num	8		Proximity of RT/adjacent hard exudate to
19	RTCENTRM	Num	8		Retinal thickening at center of macula
20	CSME	Num	8		Clinically Significant Macular Edema (ET
21	RTMETHOD	Num	8		Method used to collect retinal thickenin
22	RT_CENTR	Char	3		% of RT area within the grid (% of cente
23	RT_INNSP	Char	3		% of RT area within grid(% of Inner Supe
24	RT_INNNL	Char	3		% of RT area within grid (% of Inner Nas
25	RT_INNIF	Char	3		% of RT area within grid(% of Inner Infe
26	RT_INNTP	Char	3		% of RT area within grid(% of Inner Temp
27	RT_OUTSP	Char	3		% of RT area within grid(% of Outer Supe
28	RT_OUTNL	Char	3		% of RT area within grid(% of Outer Nasa
29	RT_OUTIF	Char	3		% of RT area within grid(% of Outer Infe
30	RT_OUTTP	Char	3		% of RT area within grid(% of Outer Temp
31	RT_CETIN	Num	8	5.2	RT in the Center and Inner subfields (in
32	RTCETINC	Num	8	5.2	Area of Center & Inner subfld can't be g
33	RTCTINOU	Num	8	5.2	RT in the Center, Inner and Outer subfld
34	RTCIOCNT	Num	8	5.2	Center, Inner & Outer subfld can't be gr
35	HE_CNTPT	Num	8		Hard Exudate at Center Point
36	HE_CENTR	Num	8		Hard Exudate within grid (Center subfiel
37	HE_INNSP	Num	8		Hard Exudate within grid (Inner Superior

Num	Variable	Type	Len	Format	Label
38	HE_INNNL	Num	8		Hard Exudate within grid (Inner Nasal su
39	HE_INNIF	Num	8		Hard Exudate within grid (Inner Inferior
40	HE_INNTP	Num	8		Hard Exudate within grid (Inner Temporal
41	HE_OUTSP	Num	8		Hard Exudate within grid (Outer Superior
42	HE_OUTNL	Num	8		Hard Exudate within grid (Outer Nasal su
43	HE_OUTIF	Num	8		Hard Exudate within grid (Outer Inferior
44	HE_OUTTP	Num	8		Hard Exudate within grid (Outer Temporal
45	HE_CNTIN	Num	8	6.4	Hard Exudate in the Center & Inner subfl
46	HECNTINC	Num	8		# of Center & Inner subfld can't be grad
47	HECTINOU	Num	8	6.4	HE in Center, Inner & Outer subfld (disc
48	HECIOCNT	Num	8		# of Center, Inner & Outer subfld can't
49	OCULABNO	Num	8		Confounding ocular abnormality
50	ABNORMT1	Num	8		Code for ocular abnormality 1
51	ABNORMT2	Num	8		Code for ocular abnormality 2
52	DRSEVETY	Char	3		Diabetic Retinopathy(DR) severity level
53	DRSEVREC	Num	8		DR severity level for the eye recoded as
54	DRSEVSUB	Char	5		DR severity level for the subject
55	DRSVSBRD	Num	8		DR severity level for subject recoded as

Data Set Name: l07.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PATIME	Num	8	TIME5.	Start time of session
2	PAENDTM	Num	8	TIME5.	End time of session
3	PATYPE	Char	1		Type of session
4	PASESS	Num	8		Session code
5	PATTEND	Num	8		Number of participants attending this session
6	PAINDI	Num	8		Was this scheduled as an individual session?
7	PAGOAL	Num	8		Did the participant meet the DPP activity goal over the past week (>= 150 minutes)?
8	PASRCE	Num	8		Source of exercise report
9	RELEASE_ID1	Char	9		PARTICIPANT ID FOR REPOSITORY - 1
10	PAWGHT1	Num	8		Current weight - 1
11	PAMIN1	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 1
12	RELEASE_ID2	Char	9		PARTICIPANT ID FOR REPOSITORY - 2
13	PAWGHT2	Num	8		Current weight - 2
14	PAMIN2	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 2
15	RELEASE_ID3	Char	9		PARTICIPANT ID FOR REPOSITORY - 3
16	PAWGHT3	Num	8		Current weight - 3
17	PAMIN3	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 3
18	RELEASE_ID4	Char	9		PARTICIPANT ID FOR REPOSITORY - 4
19	PAWGHT4	Num	8		Current weight - 4
20	PAMIN4	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 4
21	RELEASE_ID5	Char	9		PARTICIPANT ID FOR REPOSITORY - 5
22	PAWGHT5	Num	8		Current weight - 5
23	PAMIN5	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 5
24	RELEASE_ID6	Char	9		PARTICIPANT ID FOR REPOSITORY - 6
25	PAWGHT6	Num	8		Current weight - 6
26	PAMIN6	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 6
27	RELEASE_ID7	Char	9		PARTICIPANT ID FOR REPOSITORY - 7
28	PAWGHT7	Num	8		Current weight - 7
29	PAMIN7	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 7
30	RELEASE_ID8	Char	9		PARTICIPANT ID FOR REPOSITORY - 8
31	PAWGHT8	Num	8		Current weight - 8
32	PAMIN8	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 8
33	RELEASE_ID9	Char	9		PARTICIPANT ID FOR REPOSITORY - 9
34	PAWGHT9	Num	8		Current weight - 9
35	PAMIN9	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 9
36	RELEASE_ID10	Char	9		PARTICIPANT ID FOR REPOSITORY - 10
37	PAWGHT10	Num	8		Current weight - 10

Num	Variable	Type	Len	Format	Label
38	PAMIN10	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 10
39	RELEASE_ID11	Char	9		PARTICIPANT ID FOR REPOSITORY - 11
40	PAWGHT11	Num	8		Current weight - 11
41	PAMIN11	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 11
42	RELEASE_ID12	Char	9		PARTICIPANT ID FOR REPOSITORY - 12
43	PAWGHT12	Num	8		Current weight - 12
44	PAMIN12	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 12
45	RELEASE_ID13	Char	9		PARTICIPANT ID FOR REPOSITORY - 13
46	PAWGHT13	Num	8		Current weight - 13
47	PAMIN13	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 13
48	RELEASE_ID14	Char	9		PARTICIPANT ID FOR REPOSITORY - 14
49	PAWGHT14	Num	8		Current weight - 14
50	PAMIN14	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 14
51	RELEASE_ID15	Char	9		PARTICIPANT ID FOR REPOSITORY - 15
52	PAWGHT15	Num	8		Current weight - 15
53	PAMIN15	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 15
54	RELEASE_ID16	Char	9		PARTICIPANT ID FOR REPOSITORY - 16
55	PAWGHT16	Num	8		Current weight - 16
56	PAMIN16	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 16
57	RELEASE_ID17	Char	9		PARTICIPANT ID FOR REPOSITORY - 17
58	PAWGHT17	Num	8		Current weight - 17
59	PAMIN17	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 17
60	RELEASE_ID18	Char	9		PARTICIPANT ID FOR REPOSITORY - 18
61	PAWGHT18	Num	8		Current weight - 18
62	PAMIN18	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 18
63	RELEASE_ID19	Char	9		PARTICIPANT ID FOR REPOSITORY - 19
64	PAWGHT19	Num	8		Current weight - 19
65	PAMIN19	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 19
66	RELEASE_ID20	Char	9		PARTICIPANT ID FOR REPOSITORY - 20
67	PAWGHT20	Num	8		Current weight - 20
68	PAMIN20	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 20
69	RELEASE_ID21	Char	9		PARTICIPANT ID FOR REPOSITORY - 21
70	PAWGHT21	Num	8		Current weight - 21
71	PAMIN21	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 21
72	RELEASE_ID22	Char	9		PARTICIPANT ID FOR REPOSITORY - 22
73	PAWGHT22	Num	8		Current weight - 22
74	PAMIN22	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 22
75	RELEASE_ID23	Char	9		PARTICIPANT ID FOR REPOSITORY - 23
76	PAWGHT23	Num	8		Current weight - 23

Num	Variable	Type	Len	Format	Label
77	PAMIN23	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 23
78	RELEASE_ID24	Char	9		PARTICIPANT ID FOR REPOSITORY - 24
79	PAWGHT24	Num	8		Current weight - 24
80	PAMIN24	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 24
81	RELEASE_ID25	Char	9		PARTICIPANT ID FOR REPOSITORY - 25
82	PAWGHT25	Num	8		Current weight - 25
83	PAMIN25	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 25
84	RELEASE_ID26	Char	9		PARTICIPANT ID FOR REPOSITORY - 26
85	PAWGHT26	Num	8		Current weight - 26
86	PAMIN26	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 26
87	RELEASE_ID27	Char	9		PARTICIPANT ID FOR REPOSITORY - 27
88	PAWGHT27	Num	8		Current weight - 27
89	PAMIN27	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 27
90	RELEASE_ID28	Char	9		PARTICIPANT ID FOR REPOSITORY - 28
91	PAWGHT28	Num	8		Current weight - 28
92	PAMIN28	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 28
93	RELEASE_ID29	Char	9		PARTICIPANT ID FOR REPOSITORY - 29
94	PAWGHT29	Num	8		Current weight - 29
95	PAMIN29	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 29
96	RELEASE_ID30	Char	9		PARTICIPANT ID FOR REPOSITORY - 30
97	PAWGHT30	Num	8		Current weight - 30
98	PAMIN30	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 30

Data Set Name: laboratory.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	I000	Num	8		Fasting insulin (uU/mL)
5	I030	Num	8		30 minute insulin (uU/mL)
6	G000	Num	8		Fasting glucose (mg/dL)
7	G030	Num	8		30 minute glucose (mg/dL)
8	G120	Num	8		120 minute glucose (mg/dL)
9	TRIG	Num	8		Net triglyceride (mg/dL)
10	CHOL	Num	8		Total cholesterol (mg/dL)
11	CHDL	Num	8		HDL cholesterol (mg/dL)
12	VLDL	Num	8		VLDL cholesterol (mg/dL)
13	CLDL	Num	8		LDL cholesterol (mg/dL)
14	HBA1	Num	8		HbA1c
15	LDLB	Num	8		LDLb subfraction (mg/dL)
16	LDLC	Num	8		LDLc subfraction (mg/dL)
17	LDLZ	Num	8		LDL particle size Rf
18	FIBR	Num	8		Fibrinogen (mg/dL)
19	CRP	Num	8		hsCRP (mg/dL)
20	CREA	Num	8		Serum creatinine (mg/dL)
21	DRNK2H	Num	8	TIME5.	Time 2 hour sample drawn:
22	DRNK30M	Num	8	TIME5.	Time 30 minute sample drawn:
23	DRNK0M	Num	8	TIME5.	Time glucose consumption started:

Data Set Name: nutrition.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	DT_KCAL	Num	8	DT: Calories,OS
5	DT_PROT	Num	8	DT: Protein,OS
6	DT_FAT	Num	8	DT: Fat,OS
7	DT_CARB	Num	8	DT: Carbohydrate,OS
8	DT_CALC	Num	8	DT: Calcium,OS
9	DT_PHOS	Num	8	DT: Phosphorus,OS
10	DT_FE	Num	8	DT: Iron,OS
11	DT_NA	Num	8	DT: Sodium,OS
12	DT_POTA	Num	8	DT: Potassium,OS
13	DT_A_IU	Num	8	DT: Vitamin A - IU,OS
14	DT_A_RE	Num	8	DT: Vitamin A - RE,OS
15	DT_B1	Num	8	DT: Thiamin,OS
16	DT_RIBO	Num	8	DT: Riboflavin,OS
17	DT_NIAC	Num	8	DT: Niacin,OS
18	DT_VITC	Num	8	DT: Vitamin C,OS
19	DT_SFAT	Num	8	DT: Saturated Fat,OS
20	DT_OLEC	Num	8	DT: Oleic,OS
21	DT_LIN	Num	8	DT: Linoleic,OS
22	DT_CHOL	Num	8	DT: Cholesterol,OS
23	DT_DFIB	Num	8	DT: Dietary Fiber,OS
24	DT_FOL	Num	8	DT: Folate,OS
25	DT_VITE	Num	8	DT: Vitamin E (mg TE),OS
26	DT_ZINC	Num	8	DT: Zinc,OS
27	DT_ANZN	Num	8	DT: Animal Zinc,OS
28	DT_B6	Num	8	DT: Vitamin B6,OS
29	DT_MG	Num	8	DT: Magnesium,OS
30	DT_ACAR	Num	8	DT: Alpha-Carotene,OS
31	DT_BCAR	Num	8	DT: Beta-Carotene,OS
32	DT_CRYP	Num	8	DT: Cryptoxanthin,OS
33	DT_LUT	Num	8	DT: Lutein,OS
34	DT_LYC	Num	8	DT: Lycopene,OS
35	DT_RET	Num	8	DT: Retinol,OS
36	DT_PROA	Num	8	DT: Provitamin A Carotene,OS
37	SERVBEER	Num	8	DT: Servings of Beer Per Day,OS

Num	Variable	Type	Len	Label
38	SERVWINE	Num	8	DT: Servings of Wine Per Day,OS
39	SERVLIQU	Num	8	DT: Servings of Liquor Per Day,OS
40	ALCBEER	Num	8	DT: Alcohol From Beer (g),OS
41	ALCWINE	Num	8	DT: Alcohol From Wine (g),OS
42	ALCLIQU	Num	8	DT: Alcohol From Liquor (g),OS
43	ALC_DAY	Num	8	DT: Alcohol Per Day (g),OS
44	FG1	Num	8	DT: Brd/Cer/Rice/Pasta(H Fib/L Fat),OS
45	FG2	Num	8	DT: Brd/Cer/Rice/Pasta(L Fib/H Fat),OS
46	FG3	Num	8	DT: Brd/Cer/Rice/Pasta(L Fib/L Fat),OS
47	FG4	Num	8	DT: Vegetable (Tomato),OS
48	FG5	Num	8	DT: Vegetable(Dark Green/Deep Yellow),OS
49	FG6	Num	8	DT: Vegetable (Cruciferous),OS
50	FG7	Num	8	DT: Vegetable (Other),OS
51	FG8	Num	8	DT: Fruit & Fruit Juice (Citrus),OS
52	FG9	Num	8	DT: Fruit & Fruit Juice (Other),OS
53	FG10	Num	8	DT: Dairy (High Fat),OS
54	FG11	Num	8	DT: Dairy (Low Fat-Inc Up to 2% Milk),OS
55	FG12	Num	8	DT: Fish (High Fat),OS
56	FG13	Num	8	DT: Fish (Low Fat),OS
57	FG14	Num	8	DT: Fish (Hi Omega 3 Fatty Acids),OS
58	FG15	Num	8	DT: Dried Beans,OS
59	FG16	Num	8	DT: Eggs,OS
60	FG17	Num	8	DT: Meat (High Fat),OS
61	FG18	Num	8	DT: Meat (Low Fat),OS
62	FG19	Num	8	DT: Poultry (High Fat),OS
63	FG20	Num	8	DT: Poultry (Low Fat),OS
64	FG21	Num	8	DT: Sweets & Desserts,OS
65	FG22	Num	8	DT: Fats & Oils,OS
66	FG23	Num	8	DT: Soy Products,OS
67	FG24	Num	8	DT: Nuts & Seeds,OS
68	FG25	Num	8	DT: Coffee & Tea,OS
69	FG26	Num	8	DT: Meal Repl. (Inst Bkfst/Slimfast),OS
70	FG27	Num	8	DT: Alcohol,OS
71	PFG1	Num	8	DT: Bread, Cereal, Rice & Pasta,OS
72	PFG2	Num	8	DT: Vegetable,OS
73	PFG3	Num	8	DT: Fruit,OS
74	PFG4	Num	8	DT: Milk, Yogurt & Cheese,OS
75	PFG5	Num	8	DT: Meat/Pltry/Fish/Dry Bns/Eggs/Nuts,OS
76	PFG6	Num	8	DT: Fats, Oils & Sweets,OS

Num	Variable	Type	Len	Label
77	DT_STAR	Num	8	DT: Starch,OS
78	DT_SUCR	Num	8	DT: Sucrose,OS
79	DT_GALAC	Num	8	DT: Galactose,OS
80	DT_GLUC	Num	8	DT: Glucose,OS
81	DT_FRUC	Num	8	DT: Fructose,OS
82	DT_LAC	Num	8	DT: Lactose,OS
83	DT_PFA	Num	8	DT: Total PFA (n6 and n3),OS
84	DT_12_0	Num	8	DT: Lauric Acid (12:0),OS
85	DT_14_0	Num	8	DT: Myristic Acid (14:0),OS
86	DT_16_0	Num	8	DT: Palmitic Acid (16:0),OS
87	DT_18_0	Num	8	DT: Stearic Acid (18:0),OS
88	DT_18_3	Num	8	DT: Linolenic Acid (18:3),OS
89	DT_20_5	Num	8	DT: Eicosapentaenoic Acid (20:5),OS
90	DT_22_6	Num	8	DT: Docosahexaenoic Acid (22:6),OS
91	DT_TR_FA	Num	8	DT: Trans Fatty Acids (Total),OS
92	PERCFAT	Num	8	DT: Pct Cal from Fat,OS
93	PERCCARB	Num	8	DT: Pct Cal from Carbohydrate,OS
94	PERCPROT	Num	8	DT: Pct Cal from Protein,OS
95	PERCSFAT	Num	8	DT: Pct Cal from Saturated Fat,OS
96	PERCOLEC	Num	8	DT: Pct Cal from Oleic,OS
97	PERCLIN	Num	8	DT: Pct Cal from Linoleic,OS
98	PERCPFAT	Num	8	DT: Pct Cal from Poly Uns Fat(n6&n3),OS
99	FMEALTM1	Char	8	Time First Meal (Number),FU
100	FMEALTM2	Char	8	Time First Meal (Unit),FU
101	LARGMEAL	Char	8	DT: Largest Meal,FU
102	SNACKS	Char	8	DT: Snacks Per Day, FU
103	VITAMINS	Char	8	DT: Taken Vitamins During Past Month?,OS
104	HERBS	Char	8	DT: Taken Herbs/Bot Supp During past Mon
105	SEVENALC	Char	8	DT: 7+ Alcoholic Beverages W/I 24 Hrs,OS
106	FATMEAT	Char	8	DT: Eat The Fat on Meat,FU
107	FATOIL	Char	8	DT:Freq fat/oil used in cooking,FU
108	SKINCHIC	Char	8	DT: Eat Skin On Chicken,FU
109	LEANMEAT	Char	8	DT: Lean or Extra Lean Meat,FU
110	LFLUNCH	Char	8	DT: Low-Fat Lunch Meats,FU
111	LFCHIPS	Char	8	DT: Low-Fat Chips/Popcorn,FU
112	LFBACON	Char	8	DT: Low-Fat Bacon/Sausage,FU
113	LFCHEESE	Char	8	DT: Low-Fat Cheese,FU
114	LFYOGURT	Char	8	DT: Low-Fat Yogurt,FU
115	LFCAKE	Char	8	DT: Low-Fat Cookies/Cake,FU

Num	Variable	Type	Len	Label
116	MOREDRNK	Char	8	DT: How Often 7+ Drinks W/I 24 Hrs,OS
117	ADDSALT	Char	8	DT: How Often Add Salt,OS
118	MEALSDAY	Num	8	DT: Meals Per Day,OS

Num	Variable	Type	Len	Label
116	MOREDRNK	Char	8	DT: How Often 7+ Drinks W/I 24 Hrs,OS
117	ADDSALT	Char	8	DT: How Often Add Salt,OS
118	MEALSDAY	Num	8	DT: Meals Per Day,OS

Data Set Name: q01.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	BABRTH	Num	8		Difficulty breathing
5	BACHOK	Num	8		Feelings of choking
6	BACTRL	Num	8		Fear of losing control
7	BADIE	Num	8		Fear of dying
8	BADIZZ	Num	8		Dizzy or lightheaded
9	BAFEAR	Num	8		Fear of the worst happening
10	BAFLSH	Num	8		Face flushed
11	BAFNT	Num	8		Faint
12	BAHOT	Num	8		Feeling hot
13	BAHRT	Num	8		Heart pounding or racing
14	BAINDG	Num	8		Indigestion or discomfort in abdomen
15	BALEGS	Num	8		Wobbliness in legs
16	BANMB	Num	8		Numbness or tingling
17	BANRV	Num	8		Nervous
18	BARLX	Num	8		Unable to relax
19	BASCRD	Num	8		Scared
20	BASHKY	Num	8		Shaky
21	BASWT	Num	8		Sweating (not due to heat)
22	BATERR	Num	8		Terrified
23	BATRMB	Num	8		Hands trembling
24	BAUNST	Num	8		Unsteady
25	BDAPPET	Num	8		Appetite
26	BDCRYTM	Num	8		Cry
27	BDDECIS	Num	8		Decisions
28	BDDISAP	Num	8		Disappointed
29	BDFAILR	Num	8		Failure
30	BDFAULT	Num	8		Worse than anybody
31	BDFLSAD	Num	8		Sad
32	BDFUTUR	Num	8		Future
33	BDGUILT	Num	8		Guilty
34	BDHELTH	Num	8		Worried about health
35	BDINTSX	Num	8		Interest in sex
36	BDIRRIT	Num	8		Irritated
37	BDLOOKS	Num	8		Looks

Num	Variable	Type	Len	Format	Label
38	BDLSWHT	Num	8	1.	I am purposely trying to lose weight by eating less
39	BDPEOPL	Num	8		Interest in people
40	BDPUNSH	Num	8		Punished
41	BDSATIS	Num	8		Satisfaction
42	BDSLEEP	Num	8		Sleep
43	BDSUICD	Num	8		Killing myself
44	BDTIRED	Num	8		Tired
45	BDWEIGH	Num	8		Weight
46	BDWRKEF	Num	8		Work

Num	Variable	Type	Len	Format	Label
38	BDLSWHT	Num	8	1.	I am purposely trying to lose weight by eating less
39	BDPEOPL	Num	8		Interest in people
40	BDPUNSH	Num	8		Punished
41	BDSATIS	Num	8		Satisfaction

Data Set Name: q02.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	HBPAIN	Num	8		How much bodily pain have you had during the past 4 weeks
5	HGENH	Num	8		In general, would you say your health is:
6	HGENHN	Num	8		Compared to one year ago, how would you rate your health
7	HLABATH	Num	8		Bathing or dressing yourself
8	HLABEND	Num	8		Bending, kneeling, or stooping
9	HLAC1F	Num	8		Climbing one flight of stairs
10	HLACSF	Num	8		Climbing several flights of stairs
11	HLALIFT	Num	8		Lifting or carrying groceries
12	HLAMACT	Num	8		Moderate activities
13	HLAVACT	Num	8		Vigorous activities
14	HLAW1B	Num	8		Walking one block
15	HLAW1M	Num	8		Walking more than one mile
16	HLAWSB	Num	8		Walking several blocks
17	HPEACC	Num	8	1.	Accomplished less than you would like
18	HPECARE	Num	8	1.	Didn't do work or other activities as carefully as usual
19	HPETIME	Num	8	1.	Cut down the amount of time you spent on work or other activities
20	HPHEPI	Num	8		During the past 4 weeks, how much of the time has your physical or emotional problems interered
21	HPINT	Num	8		During the past 4 weeks, how much did pain interfere with your normal work
22	HPPACC	Num	8	1.	Accomplished less than you would like
23	HPPDIFF	Num	8	1.	Had difficulty performing the work or other activities
24	HPPKIND	Num	8	1.	Were limited in the kind of work or other activities
25	HPPTIME	Num	8	1.	Cut down on the amount of time you spent on work
26	HSOCACT	Num	8		During past 4 weeks, to what extent has physical health or emotional problems
27	HTBLUE	Num	8		Have you felt downhearted and blue?
28	HTCALM	Num	8		Have you felt calm and peaceful?
29	HTDOWN	Num	8		Have you felt so down in the dumps that nothing could cheer you up?
30	HTENER	Num	8		Did you have a lot of energy?
31	HTFEXC	Num	8		My health is excellent
32	HTFHEAL	Num	8		I am as healthy as anybody I know
33	HTFSICK	Num	8		I seem to get sick a little easier than other people
34	HTFWORS	Num	8		I expect my health to get worse
35	HTHAPPY	Num	8		Have you been a happy person?
36	HTNERV	Num	8		Have you been a very nervous person?
37	HTPEP	Num	8		Did you feel full of pep?

Num	Variable	Type	Len	Format	Label
38	HTTIRED	Num	8		Did you feel tired
39	HTWORNO	Num	8		Did you feel worn out?

Num	Variable	Type	Len	Format	Label
38	HTTIRED	Num	8		Did you feel tired
39	HTWORNO	Num	8		Did you feel worn out?

Data Set Name: q03.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	KAAAPR	Num	8		A[;]APR
5	KAAAUG	Num	8		A[;]AUG
6	KAACODE	Num	8	BEST32.	A[;]Code
7	KAADEC	Num	8		A[;]DEC
8	KAAFEB	Num	8		A[;]FEB
9	KAAJAN	Num	8		A[;]JAN
10	KAAJUL	Num	8		A[;]JUL
11	KAAJUN	Num	8		A[;]JUN
12	KAAMAR	Num	8		A[;]MAR
13	KAAMAY	Num	8		A[;]MAY
14	KAAMIN	Num	8	BEST32.	A[;]Average No. of Minutes
15	KAANOV	Num	8		A[;]NOV
16	KAAOCT	Num	8		A[;]OCT
17	KAASEP	Num	8		A[;]SEP
18	KAATIME	Num	8	BEST32.	A[;]Average No. of Times Pe
19	KABAPR	Num	8		B[;]APR
20	KABAUG	Num	8		B[;]AUG
21	KABCODE	Num	8	BEST32.	B[;]Code
22	KABDEC	Num	8		B[;]DEC
23	KABFEB	Num	8		B[;]FEB
24	KABJAN	Num	8		B[;]JAN
25	KABJUL	Num	8		B[;]JUL
26	KABJUN	Num	8		B[;]JUN
27	KABMAR	Num	8		B[;]MAR
28	KABMAY	Num	8		B[;]MAY
29	KABMIN	Num	8	BEST32.	B[;]Average No. of Minutes
30	KABNOV	Num	8		B[;]NOV
31	KABOCT	Num	8		B[;]OCT
32	KABSEP	Num	8		B[;]SEP
33	KABTIME	Num	8	BEST32.	B[;]Average No. of Times Pe
34	KACAPR	Num	8		C[;]APR
35	KACAUG	Num	8		C[;]AUG
36	KACCODE	Num	8	BEST32.	C[;]Code
37	KACDEC	Num	8		C[;]DEC

Num	Variable	Type	Len	Format	Label
38	KACFEB	Num	8		C[;]FEB
39	KACJAN	Num	8		C[;]JAN
40	KACJUL	Num	8		C[;]JUL
41	KACJUN	Num	8		C[;]JUN
42	KACMAR	Num	8		C[;]MAR
43	KACMAY	Num	8		C[;]MAY
44	KACMIN	Num	8	BEST32.	C[;]Average No. of Minutes
45	KACNOV	Num	8		C[;]NOV
46	KACOCT	Num	8		C[;]OCT
47	KACSEP	Num	8		C[;]SEP
48	KACTIME	Num	8	BEST32.	C[;]Average No. of Times Pe
49	KADAPR	Num	8		D[;]APR
50	KADAUG	Num	8		D[;]AUG
51	KADCODE	Num	8	BEST32.	D[;]Code
52	KADDEC	Num	8		D[;]DEC
53	KADFEB	Num	8		D[;]FEB
54	KADJAN	Num	8		D[;]JAN
55	KADJUL	Num	8		D[;]JUL
56	KADJUN	Num	8		D[;]JUN
57	KADMAR	Num	8		D[;]MAR
58	KADMAY	Num	8		D[;]MAY
59	KADMIN	Num	8	BEST32.	D[;]Average No. of Minutes
60	KADNOV	Num	8		D[;]NOV
61	KADOCT	Num	8		D[;]OCT
62	KADSEP	Num	8		D[;]SEP
63	KADTIME	Num	8	BEST32.	D[;]Average No. of Times Pe
64	KAEAPR	Num	8		E[;]APR
65	KAEAUG	Num	8		E[;]AUG
66	KAECODE	Num	8	BEST32.	E[;]Code
67	KAEDEC	Num	8		E[;]DEC
68	KAEFEB	Num	8		E[;]FEB
69	KAEJAN	Num	8		E[;]JAN
70	KAEJUL	Num	8		E[;]JUL
71	KAEJUN	Num	8		E[;]JUN
72	KAEMAR	Num	8		E[;]MAR
73	KAEMAY	Num	8		E[;]MAY
74	KAEMIN	Nym	8	BEST32.	E[;]Average No. of Minutes
75	KAENOV	Num	8		E[;]NOV
76	KAEOCT	Num	8		E[;]OCT

Num	Variable	Type	Len	Format	Label
77	KAESEP	Num	8		E[;]SEP
78	KAETIME	Num	8	BEST32.	E[;]Average No. of Times Pe
79	KAFAPR	Num	8		F[;]APR
80	KAFAUG	Num	8		F[;]AUG
81	KAFCODE	Num	8	BEST32.	F[;]Code
82	KAFDEC	Num	8		F[;]DEC
83	KAFFEB	Num	8		F[;]FEB
84	KAFJAN	Num	8		F[;]JAN
85	KAFJUL	Num	8		F[;]JUL
86	KAFJUN	Num	8		F[;]JUN
87	KAFMAR	Num	8		F[;]MAR
88	KAFMAY	Num	8		F[;]MAY
89	KAFMIN	Num	8	BEST32.	F[;]Average No. of Minutes
90	KAFNOV	Num	8		F[;]NOV
91	KAFOCT	Num	8		F[;]OCT
92	KAFSEP	Num	8		F[;]SEP
93	KAFTIME	Num	8	BEST32.	F[;]Average No. of Times Pe
94	KAGAPR	Num	8		G[;]APR
95	KAGAUG	Num	8		G[;]AUG
96	KAGCODE	Num	8	BEST32.	G[;]Code
97	KAGDEC	Num	8		G[;]DEC
98	KAGFEB	Num	8		G[;]FEB
99	KAGJAN	Num	8		G[;]JAN
100	KAGJUL	Num	8		G[;]JUL
101	KAGJUN	Num	8		G[;]JUN
102	KAGMAR	Num	8		G[;]MAR
103	KAGMAY	Num	8		G[;]MAY
104	KAGMIN	Num	8	BEST32.	G[;]Average No. of Minutes
105	KAGNOV	Num	8		G[;]NOV
106	KAGOCT	Num	8		G[;]OCT
107	KAGSEP	Num	8		G[;]SEP
108	KAGTIME	Num	8	BEST32.	G[;]Average No. of Times Pe
109	KAHAPR	Num	8		H[;]APR
110	KAHAUG	Num	8		H[;]AUG
111	KAHCODE	Num	8	BEST32.	H[;]Code
112	KAHDEC	Num	8		H[;]DEC
113	KAHFEB	Nym	8		H[;]FEB
114	KAHJAN	Num	8		H[;]JAN
115	KAHJUL	Num	8		H[;]JUL

Num	Variable	Type	Len	Format	Label
116	KAHJUN	Num	8		H[;]JUN
117	KAHMAR	Num	8		H[;]MAR
118	KAHMAY	Num	8		H[;]MAY
119	KAHMIN	Num	8	BEST32.	H[;]Average No. of Minutes
120	KAHNOV	Num	8		H[;]NOV
121	KAHOCT	Num	8		H[;]OCT
122	KAHSEP	Num	8		H[;]SEP
123	KAHTIME	Num	8	BEST32.	H[;]Average No. of Times Pe
124	KAIAPR	Num	8		I[;]APR
125	KAIAUG	Num	8		I[;]AUG
126	KAICODE	Num	8	BEST32.	I[;]Code
127	KAIDEC	Num	8		I[;]DEC
128	KAIFEB	Num	8		I[;]FEB
129	KAIJAN	Num	8		I[;]JAN
130	KAIJUL	Num	8		I[;]JUL
131	KAIJUN	Num	8		I[;]JUN
132	KAIMAR	Num	8		I[;]MAR
133	KAIMAY	Num	8		I[;]MAY
134	KAIMIN	Num	8	BEST32.	I[;]Average No. of Minutes
135	KAINOV	Num	8		I[;]NOV
136	KAIOCT	Num	8		I[;]OCT
137	KAISEP	Num	8		I[;]SEP
138	KAITIME	Num	8	BEST32.	I[;]Average No. of Times Pe
139	KAJAPR	Num	8		J[;]APR
140	KAJAUG	Num	8		J[;]AUG
141	KAJCODE	Num	8	BEST32.	J[;]Code
142	KAJDEC	Num	8		J[;]DEC
143	KAJFEB	Num	8		J[;]FEB
144	KAJJAN	Num	8		J[;]JAN
145	KAJJUL	Num	8		J[;]JUL
146	KAJJUN	Num	8		J[;]JUN
147	KAJMAR	Num	8		J[;]MAR
148	KAJMAY	Num	8		J[;]MAY
149	KAJMIN	Num	8	BEST32.	J[;]Average No. of Minutes
150	KAJNOV	Num	8		J[;]NOV
151	KAJOCT	Num	8		J[;]OCT
152	KAJSEP	Nym	8		J[;]SEP
153	KAJTIME	Num	8	BEST32.	J[;]Average No. of Times Pe
154	KAKAPR	Num	8		K[;]APR

Num	Variable	Type	Len	Format	Label
155	KAKAUG	Num	8		K[;]AUG
156	KAKCODE	Num	8	BEST32.	K[;]Code
157	KAKDEC	Num	8		K[;]DEC
158	KAKFEB	Num	8		K[;]FEB
159	KAKJAN	Num	8		K[;]JAN
160	KAKJUL	Num	8		K[;]JUL
161	KAKJUN	Num	8		K[;]JUN
162	KAKMAR	Num	8		K[;]MAR
163	KAKMAY	Num	8		K[;]MAY
164	KAKMIN	Num	8	BEST32.	K[;]Average No. of Minutes
165	KAKNOV	Num	8		K[;]NOV
166	KAKOCT	Num	8		K[;]OCT
167	KAKSEP	Num	8		K[;]SEP
168	KAKTIME	Num	8	BEST32.	K[;]Average No. of Times Pe
169	KALAPR	Num	8		L[;]APR
170	KALAUG	Num	8		L[;]AUG
171	KALCODE	Num	8	BEST32.	L[;]Code
172	KALDEC	Num	8		L[;]DEC
173	KALFEB	Num	8		L[;]FEB
174	KALJAN	Num	8		L[;]JAN
175	KALJUL	Num	8		L[;]JUL
176	KALJUN	Num	8		L[;]JUN
177	KALMAR	Num	8		L[;]MAR
178	KALMAY	Num	8		L[;]MAY
179	KALMIN	Num	8	BEST32.	L[;]Average No. of Minutes
180	KALNOV	Num	8		L[;]NOV
181	KALOCT	Num	8		L[;]OCT
182	KALSEP	Num	8		L[;]SEP
183	KALTIME	Num	8	BEST32.	L[;]Average No. of Times Pe
184	KBEDWKS	Num	8	BEST32.	How many weeks over the past year were you confined to a bed or chair?
185	KBEDYN	Num	8	1.	Over the past year, have you spent > 1 week confined to a bed or chair?
186	KDIFBED	Num	8	1.	Getting in and out of a bed or chair?
187	KDIFLWK	Num	8	1.	Walking for 10 minutes without resting?
188	KDIFSWK	Num	8	1.	Walking across a small room without resting?
189	KJAACTV	Num	8		Check the category that
190	KJACODE	Num	8	BEST32.	Job Code
191	KJADAYS	Nym	8	BEST32.	Average Job Schedule (d
192	KJAHRS	Num	8	BEST32.	Average Job Schedule (h
193	KJAMOS	Num	8	BEST32.	Job (mos/yr, account fo

Num	Variable	Type	Len	Format	Label
194	KJASIT	Num	8	BEST32.	Hrs spent sitting at wo
195	KJAWALK	Num	8	BEST32.	Walk or bicycle to/from
196	KJBACTV	Num	8		Check the category that
197	KJBCODE	Num	8	BEST32.	Job Code
198	KJBDAYS	Num	8	BEST32.	Average Job Schedule (d
199	KJBHRS	Num	8	BEST32.	Average Job Schedule (h
200	KJBMOS	Num	8	BEST32.	Job (mos/yr, account fo
201	KJBSIT	Num	8	BEST32.	Hrs spent sitting at wo
202	KJBWALK	Num	8	BEST32.	Walk or bicycle to/from
203	KJCACTV	Num	8		Check the category that
204	KJCCODE	Num	8	BEST32.	Job Code
205	KJCDAYS	Num	8	BEST32.	Average Job Schedule (d
206	KJCHRS	Num	8	BEST32.	Average Job Schedule (h
207	KJCMOS	Num	8	BEST32.	Job (mos/yr, account fo
208	KJCSIT	Num	8	BEST32.	Hrs spent sitting at wo
209	KJCWALK	Num	8	BEST32.	Walk or bicycle to/from
210	KJDACTV	Num	8		Check the category that
211	KJDCODE	Num	8	BEST32.	Job Code
212	KJDDAYS	Num	8	BEST32.	Average Job Schedule (d
213	KJDHRS	Num	8	BEST32.	Average Job Schedule (h
214	KJDMOS	Num	8	BEST32.	Job (mos/yr, account fo
215	KJDSIT	Num	8	BEST32.	Hrs spent sitting at wo
216	KJDWALK	Num	8	BEST32.	Walk or bicycle to/from
217	KSPORT	Num	8	1.	Did you ever compete in an individual or team sport? (not including time spent in sports in PE?)
218	KSPRTYR	Num	8	BEST32.	How many total years did you participate in competitive sports?
219	KTVHRS	Num	8	BEST32.	How many hours per day do you usually spend watching television?

Data Set Name: q13.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	ABBLDR	Num	8	1.	In the past 12 months, has the doctor told you that you had an infection of the bladder?
5	ABKIDNY	Num	8	1.	In the past 12 months, has the doctor told you that you had an infection of the kidneys?
6	ABLEAKP	Num	8		Many people complain that they leak urine. In the past 12 months, how often have you leaked?
7	ABNMBLD	Num	8	BEST32.	Number of bladder infections in the past 12 months
8	ABNMKID	Num	8	BEST32.	Number of kidney infections in the past 12 months
9	ABP7DY	Num	8	1.	In the past 7 days, did you even leak a small amount of urine?
10	ABPBTH	Num	8	BEST32.	How many times, on average, did you leak w/urge to urinate and could not get to bathroom fast eno
11	ABPCGH	Num	8	BEST32.	How many times, on average, did you leak during act. like coughing, sneezing, lifting, or exercise?
12	ABPNGT	Num	8	BEST32.	During past 7 days, how many times on average, each day, did you empty bladder during the night?
13	ABPURG	Num	8	BEST32.	How many times, on average, did you leak urine for other reasons?
14	APDAY	Num	8	BEST32.	During past 7 days, how many times on average, each day, did you empty bladder during the day?

Data Set Name: q16.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	QEOTHER	Char	128	$128.	$128.	If Other, please specify
5	QEOTR1	Char	128	$128.	$128.	Other (specify) 1
6	QEOTR2	Char	128	$128.	$128.	Other (specify) 2
7	QEOTR3	Char	128	$128.	$128.	Other (specify) 3
8	QEOH1	Char	128	$128.	$128.	Other (specify) 1
9	QEOH2	Char	128	$128.	$128.	Other (specify) 2
10	QEOH3	Char	128	$128.	$128.	Other (specify) 3
11	QEADULT	Num	8	BEST32.		How many adults live in your household?
12	QEAERO	Num	8	1.		Since beginning DPPOS, have you purchased exercise or aerobics class
13	QEAROCOS	Num	8	BEST32.		Exercise or aerobics class - total cost over the past 5 years for this service
14	QEBIC	Num	8	1.		Since beginning DPPOS, have you purchased bicycle
15	QEBICOS	Num	8	BEST32.		Bicycle - total cost over the past 5 years
16	QEBLADE	Num	8	1.		Since beginning DPPOS, have you purchased roller blades or roller skates
17	QEBLCOS	Num	8	BEST32.		Roller blades or roller skates - total cost over the past 5 years
18	QEBLEND	Num	8	1.		Since beginning of DPP, have you purchased blender
19	QEBLNCOS	Num	8	BEST32.		Blender -total cost over the past 5 years
20	QECHILD	Num	8	BEST32.		How many children live in your household?
21	QECHOOSE	Num	8			Knowing what you know today, given opportunity to choose, which intervention would you select?
22	QECIFCOS	Num	8	BEST32.		Other exercise related services - total cost over the past 5 years for this service
23	QECIFY	Num	8	1.		Since beginning DPPOS, have you purchased other exercise related services
24	QECLASS	Num	8	1.		Since beginning DPPOS, have you purchased cooking class
25	QECLBCOS	Num	8	BEST32.		Health club or gym membership - total cost over the past 5 years for this service
26	QECLSCOS	Num	8	BEST32.		Cooking class - total cost over the past 5 years for this service
27	QECLUB	Num	8	1.		Since beginning DPPOS, have you purchased health club or gym membership
28	QECOKCOS	Num	8	BEST32.		Cookbooks - total cost over the past 5 years
29	QECOMM	Num	8	1.		In the past 5 years, have you paid for a commercial weight loss program
30	QECOOK	Num	8	1.		Since beginning of DPP, have you purchased cookbooks
31	QECOOKV	Num	8	1.		Since beginning of DPP, have you purchased cooking videos
32	QECOST	Num	8			In the past 5 years, you may have changed the type of food you eat. Have the costs of foods
33	QECOVCOS	Num	8	BEST32.		Cooking videos - total cost over the past 5 years
34	QECSTACOS	Num	8	BEST32.		Stationary Bicycle - total cost over the past 5 years
35	QEDIET	Num	8			Diet or nutrition advice
36	QEEXCOS	Num	8	BEST32.		Exercise videos - total cost over the past 5 years
37	QEFAST	Num	8			Has the number of meals that you have eaten in (or taken out from) fast-food restaurants

Num	Variable	Type	Len	Format	Informat	Label
38	QEFREEZ	Num	8	1.		Since beginning of DPP, have you purchased freezer
39	QEFRZCOS	Num	8	BEST32.		Freezer - total cost over the past 5 years
40	QEGOLCOS	Num	8	BEST32.		Golf clubs - total cost over the past 5 years
41	QEGOLF	Num	8	1.		Since beginning DPPOS, have you purchased golf clubs
42	QEGOV	Num	8			U.S. Government Health Plan
43	QEGOYOU	Num	8	BEST32.		On average, in a typical week, how many hours do spouse, family, and friends exercise with you
44	QEGRPLAN	Num	8			A group plan through an employer, union, etc. - employer pays all or part of the plan premium
45	QEGVPLAN	Num	8			A government plan - the government pays for the plan premium
46	QEGYM	Num	8	1.		Since beginning DPPOS, have you purchased home gym
47	QEGYMCOS	Num	8	BEST32.		Home gym - total cost over the past 5 years
48	QEHEALTH	Num	8			Do you currently have any health insurance?
49	QEHOUSE	Num	8			Household activities
50	QEHRFAM	Num	8	BEST32.		In typical week, how many hours do spouse, family, and friends spend shopping/preparing food for you
51	QEHRYOU	Num	8	BEST32.		On average, in a typical week, how many hours do you spend shopping and preparing food for yourself
52	QEINCSRC	Num	8			What is your total annual household income from all sources before tax?
53	QEINPLAN	Num	8			An individual plan - the member pays for the entire plan premium
54	QEINT	Num	8			Before randomization, which intervention did you prefer?
55	QEKEEP	Num	8	BEST32.		Choose the number that corresponds to the amount that would make it MOST DIFFICULT for you to choose between paying for the session or keeping the money.
56	QELEIS	Num	8			Leisure activities
57	QELIFE	Num	8	1.		Did you attend any of the lifestyle sessions?
58	QELONG	Num	8			In the past 5 years, how long have you been in the program
59	QEMCRCOS	Num	8	BEST32.		Microwave - total cost over the past 5 years
60	QEMECAID	Num	8			Medicaid
61	QEMECARE	Num	8			Medicare
62	QEMEDS	Num	8			Prescription medications
63	QEMICRO	Num	8	1.		Since beginning of DPP, have you purchased microwave
64	QEMIXCOS	Num	8	BEST32.		Mixer - total cost over the past 5 years
65	QEMIXER	Num	8	1.		Since beginning of DPP, have you purchased mixer
66	QENOFAS	Num	8			Has the number of meals that you have eaten in (or taken out from) nonfast-food restaurants
67	QEOHCOS1	Num	8	BEST32.		Other (1) - total cost over the past 5 years
68	QEOHCOS2	Num	8	BEST32.		Other (2) - total cost over the past 5 years
69	QEOHCOS3	Num	8	BEST32.		Other (3) - total cost over the past 5 years
70	QEOTCOS1	Num	8	BEST32.		Other (1) total cost over the past 5 years
71	QEOTCOS2	Num	8	BEST32.		Other (2) total cost over the past 5 years
72	QEOTCOS3	Num	8	BEST32.		Other (3) total cost over the past 5 years
73	QEOTR	Num	8			Other
74	QEOWNMON	Num	8	BEST32.		Maximum amount of money you would be willing to pay for each individual lifestyle session

Num	Variable	Type	Len	Format	Informat	Label
75	QEPAR	Num	8			Does it provide any coverage for access to physical activity resources
76	QEPAY	Num	8	BEST32.		On average, how much have you paid per month or per year for the program
77	QEPHYS	Num	8			Physical activity advice
78	QEPLEAS	Num	8			Think of all exercise or physical activity you do outside of work for health, and rate them
79	QEPOPCOS	Num	8	BEST32.		Air popper (popcorn) - total cost over the past 5 years
80	QEPOPP	Num	8	1.		Since beginning of DPP, have you purchased air popper (popcorn)
81	QEROW	Num	8	1.		Since beginning DPPOS, have you purchased rowing machine
82	QEROWCOS	Num	8	BEST32.		Rowing machine - total cost over the past 5 years
83	QESCALE	Num	8	1.		Since beginning of DPP, have you purchased food scale
84	QESCHOOL	Num	8			Going to school
85	QESCLCOS	Num	8	BEST32.		Food scale -total cost over the past 5 years
86	QESHOCOS	Num	8	BEST32.		If you bought shoes, what was the average cost per pair?
87	QESHOE	Num	8	BEST32.		Over past year, how many pairs of exercise shoes have you purchased for your own use?
88	QESKATE	Num	8	1.		Since beginning DPPOS, have you purchased ice skates
89	QESKCOS	Num	8	BEST32.		Ice skates - total cost over the past 5 years
90	QESKI	Num	8	1.		Since beginning DPPOS, have you purchased cross country skis
91	QESKICOS	Num	8	BEST32.		Cross country skis - total cost over the past 5 years
92	QESKMAC	Num	8	1.		Since beginning DPPOS, have you purchased skiing machine
93	QESKMCOS	Num	8	BEST32.		Skiing machine - total cost over the past 5 years
94	QESNOCOS	Num	8	BEST32.		Downhill skis or snowboard - total cost over the past 5 years
95	QESNOW	Num	8	1.		Since beginning DPPOS, have you purchased downhill skis or snowboard
96	QESNSCOS	Num	8	BEST32.		Snowshoes - total cost over the past 5 years
97	QESNSHOE	Num	8	1.		Since beginning DPPOS, have you purchased snow shoes
98	QESPA	Num	8	1.		Since beginning DPPOS, have you purchased weight loss spa or camp
99	QESPACOS	Num	8	BEST32.		Weight loss spa or camp - total cost over the past 5 years for this service
100	QESPOUSE	Num	8			When you go to DPPOS visits, how often do your spouse, family, and friends go with you
101	QESTAIR	Num	8	1.		Since beginning DPPOS, have you purchased stair master
102	QESTAT	Num	8	1.		Since beginning DPPOS, have you purchased stationary bicycle
103	QESTEAM	Num	8	1.		Since beginning of DPP, have you purchased steamer
104	QESTEP	Num	8	1.		Since beginning DPPOS, have you purchased step (for aerobics)
105	QESTMCOS	Num	8	BEST32.		Steamer - total cost over the past 5 years
106	QESTPCOS	Num	8	BEST32.		Step (for aerobics) - total cost over the past 5 years
107	QESTRCOS	Num	8	BEST32.		Stair master - total cost over the past 5 years
108	QETENCOS	Num	8	BEST32.		Tennis racquet - total cost over the past 5 years
109	QETENNS	Num	8	1.		Since beginning DPPOS, have you purchased tennis racket
110	QETRAIN	Num	8	1.		Since beginning DPPOS, have you purchased personal training services
111	QETRDCOS	Nym	8	BEST32.		Treadmill - total cost over the past 5 years
112	QETREAD	Num	8	1.		Since beginning DPPOS, have you purchased treadmill
113	QETRNCOS	Num	8	BEST32.		Personal trainer - total cost over the past 5 years for this service

Num	Variable	Type	Len	Format	Informat	Label
114	QEUNIT	Num	8			Measurement unit
115	QEVIDEO	Num	8	1.		Since beginning DPPOS, have you purchased exercise videos
116	QEWEIADV	Num	8			Weight management advice
117	QEWEICOS	Num	8	BEST32.		Free weights - total cost over the past 5 years
118	QEWEIG	Num	8	1.		Since beginning DPPOS, have you purchased free weights (dumbbells)
119	QEWLP	Num	8			Weight loss programs
120	QEWOK	Num	8	1.		Since beginning of DPP, have you purchased wok
121	QEWOKCOS	Num	8	BEST32.		Wok - total cost over the past 5 years
122	QEWORK	Num	8			Working at a job outside the home

Data Set Name: qwb.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	Q9A	Num	8	BEST12.	Q9A from QWB form
5	Q9B	Num	8	BEST12.	Q9B from QWB form
6	Q9C	Num	8	BEST12.	Q9C from QWB form
7	TOTALQWB	Num	8	BEST12.	Total QWB score

Data Set Name: r04.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	CHAHMED	Num	8	1.	Is the participant on anti-hypertensive medication?
5	CHATHER	Num	8	1.	Does the participant have atherosclerotic vascular disease?
6	CHDIAB	Num	8	1.	Diabetes mellitus
7	CHDRUG	Num	8	1.	Is the participant on lipid-lowering drug therapy?
8	CHHIST	Num	8	1.	Family history of premature CHD
9	CHHYPER	Num	8	1.	Confirmed hypertension
10	CHSEX	Num	8	1.	Male > 45 years or Female > 55 years
11	CHSMOKE	Num	8	1.	Current cigarette smoking