Data Set Name: cvd_mort_canc.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	MACE	Num	8	MACE
3	DAYSRAND_MACE	Num	8	Days from randomization to first date MACE/censor
4	EXTMACE	Num	8	Extended MACE
5	DAYSRAND_EXTMACE	Num	8	Days from randomization to first date extended MACE/censor
6	MI	Num	8	Non-fatal MI
7	DAYSRAND_MI	Num	8	Days from randomization to first date Non-fatal MI/censor
8	STROKE	Num	8	Non-fatal Stroke
9	DAYSRAND_STROKE	Num	8	Days from randomization to first date Non-fatal stroke/censor
10	CVDDTH	Num	8	Fatal CVD
11	DAYSRAND_CVDDTH	Num	8	Days from randomization to date Fatal CVD/censor
12	CHF	Num	8	Hospitalized CHF
13	DAYSRAND_CHF	Num	8	Days from randomization to first date hospitalized CHF/censor
14	COR_REVASC	Num	8	Coronary Revascularization
15	DAYSRAND_COR_REVASC	Num	8	Days from randomization to first date coronary revascularization/censor
16	CANCER	Num	8	Any cancer
17	DAYSRAND_CANCER	Num	8	Days from randomization to first date any cancer/censor
18	OBCANCER	Num	8	Obesity cancer
19	DAYSRAND_OBCANC	Num	8	Days from randomization to first date obesity cancer/censor
20	BREASTCANCER	Num	8	Breast cancer
21	DAYSRAND_BREAST	Num	8	Days from randomization to first date breast cancer/censor
22	PROSTATECANCER	Num	8	Prostate cancer
23	DAYSRAND_PROSTATE	Num	8	Days from randomization to first date prostate cancer/censor
24	HEMOCANCER	Num	8	Hematological cancer
25	DAYSRAND_HEMO	Num	8	Days from randomization to first date hematological cancer/censor
26	LUNGCANCER	Num	8	Lung cancer
27	DAYSRAND_LUNG	Num	8	Days from randomization to first date lung cancer/censor
28	COLORECTALCANCER	Num	8	Colon/rectum cancer
29	DAYSRAND_COLOREC	Num	8	Days from randomization to first date colon/rectum cancer/censor
30	UTERINECANCER	Num	8	Uterus cancer
31	DAYSRAND_UTERINE	Num	8	Days from randomization to first date uterus cancer/censor
32	MORTALITY	Num	8	Any Mortality
33	DAYSRAND_MORT	Num	8	Days from randomization to date any Mortality/censor
34	DESC_MORT	Char	60	Adjudicated mortality category

Data Set Name: demographic.sas7bdat

Num	Variable	Type	Len	Format	Label
1	sex	Num	8		PARTICIPANTS SEX
2	age	Num	8	4.1	Age at baseline
3	bmi	Num	8	5.1	BMI (kg/m2)
4	ASSIGN	Char	9		Treatment group
5	RACE_ETH	Num	8		Race in 4 categories
6	R16	Num	8		
7	release_id	Char	9		

1	sex	Num	8		PARTICIPANTS SEX
2	age	Num	8	4.1	Age at baseline

Data Set Name: diabetes.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	CLINIC	Num	8	
7	D6DATA	Num	8	I give permission... research data to be sent to NIDDK for future use in diabetes..

Data Set Name: dspn.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$3.	$3.	OUTCOME VISIT
4	neu_signs	Num	8			DSPN Signs (pinprick, vibration or monofilament)
5	neu_symptoms	Num	8			DSPN Symptoms (MNSI)
6	neu_signsymp	Num	8			DSPN Signs or Symptoms

1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY

Data Set Name: dxa.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	ANDROID_FAT	Num	8	11.5	Android fat (g)
5	ANDROID_FATC	Num	8	10.4	Android fat, standardized to Hologic
6	ANDROID_FFM	Num	8	10.4	Android FFM (g)
7	ANDROID_FFMC	Num	8	10.4	Android FFM, standardized to Hologic
8	ANDROID_MASS	Num	8	11.5	Android mass (g)
9	ANDROID_PF	Num	8	10.4	Android %fat
10	ANDROID_PFC	Num	8	10.4	Android %fat, standardized to Hologic
11	APPENAREA	Num	8	10.4	Appendicular (arms and legs) area (cm2)
12	APPENBMC	Num	8	10.4	Appendicular (arms and legs) BMC (g)
13	APPENBMD	Num	8	10.4	Appendicular (arms and legs) BMD (g/cm2)
14	APPENFAT	Num	8	10.4	Appendicular (arms and legs) fat (g)
15	APPENFFM	Num	8	10.4	Appendicular (arms and legs) FFM (g)
16	APPENLEAN	Num	8	10.4	Appendicular (arms and legs) lean (g)
17	APPENLEANC	Num	8	10.4	Appendicular (arms and legs) lean, standardized to Hologic
18	APPENMASS	Num	8	10.4	Appendicular (arms and legs) mass (g)
19	APPENPF	Num	8	10.4	Appendicular (arms and legs) %fat
20	ARMSAREA	Num	8	10.4	Arms area (cm2)
21	ARMSBMC	Num	8	10.4	Arms BMC (g)
22	ARMSBMD	Num	8	10.4	Arms BMD (g/cm2)
23	ARMSFAT	Num	8	10.4	Arms fat (g)
24	ARMSFFM	Num	8	10.4	Arms FFM (g)
25	ARMSLEAN	Num	8	10.4	Arms lean (g)
26	ARMSMASS	Num	8	10.4	Arms mass (g)
27	ARMSPF	Num	8	10.4	Arms %fat
28	BTOTAREA	Num	8	11.5	Body total area (cm2)
29	BTOTAREAC	Num	8	10.4	Body total area, standardized to Hologic
30	BTOTBMC	Num	8	11.5	Body total BMC (g)
31	BTOTBMCC	Num	8	10.4	Body total BMC, standardized to Hologic
32	BTOTBMD	Num	8	10.4	Body total BMD (g/cm2)
33	BTOTBMDC	Num	8	10.4	Body total BMD, standardized to Hologic
34	BTOTFAT	Num	8	11.5	Body total fat (g)
35	BTOTFATC	Num	8	10.4	Body total fat, standardized to Hologic
36	BTOTFFM	Num	8	11.5	Body total FFM (g)
37	BTOTFFMC	Num	8	11.4	Body total FFM, standardized to Hologic

Num	Variable	Type	Len	Format	Label
38	BTOTLEAN	Num	8	11.5	Body total lean (g)
39	BTOTLEANC	Num	8	11.4	Body total lean, standardized to Hologic
40	BTOTMASS	Num	8	11.5	Body total mass (g)
41	BTOTPF	Num	8	11.5	Body total %fat
42	BTOTPFC	Num	8	10.4	Body total %fat, standardized to Hologic
43	FNFTSCORE	Num	8	10.4	Femoral neck t-score (female caucasian young adult ref)
44	GYNOID_FAT	Num	8	11.5	Gynoid fat (g)
45	GYNOID_FATC	Num	8	10.4	Gynoid fat, standardized to Hologic
46	GYNOID_FFM	Num	8	10.4	Gynoid FFM (g)
47	GYNOID_FFMC	Num	8	10.4	Gynoid FFM, standardized to Hologic
48	GYNOID_MASS	Num	8	11.5	Gynoid mass (g)
49	GYNOID_PF	Num	8	10.4	Gynoid %fat
50	GYNOID_PFC	Num	8	10.4	Gynoid %fat, standardized to Hologic
51	HTFTSCORE	Num	8	10.4	Total hip t-score (female caucasian young adult ref)
52	HTOTAREA	Num	8	10.4	Total hip area (cm2)
53	HTOTBMC	Num	8	10.4	Total hip BMC (g)
54	HTOTBMD	Num	8	10.4	Total hip BMD (g/cm2)
55	HTOTBMDC	Num	8	10.4	Total hip BMD, standardized/corrected
56	ITAREA	Num	8	10.4	Intertrochanter area (cm2)
57	ITBMC	Num	8	10.4	Intertrochanter BMC (g)
58	ITBMD	Num	8	10.4	Intertrochanter BMD (g/cm2)
59	L1AREA	Num	8	10.4	L1 area (cm2)
60	L1BMC	Num	8	10.4	L1 BMC (g)
61	L1BMD	Num	8	10.4	L1 BMD (g/cm2)
62	L2AREA	Num	8	10.4	L2 area (cm2)
63	L2BMC	Num	8	10.4	L2 BMC (g)
64	L2BMD	Num	8	10.4	L2 BMD (g/cm2)
65	L3AREA	Num	8	10.4	L3 area (cm2)
66	L3BMC	Num	8	10.4	L3 BMC (g)
67	L3BMD	Num	8	10.4	L3 BMD (g/cm2)
68	L4AREA	Num	8	10.4	L4 area (cm2)
69	L4BMC	Num	8	10.4	L4 BMC (g)
70	L4BMD	Num	8	10.4	L4 BMD (g/cm2)
71	LEGSAREA	Num	8	10.4	Legs area (cm2)
72	LEGSBMC	Num	8	10.4	Legs BMC (g)
73	LEGSBMD	Num	8	10.4	Legs BMD (g/cm2)
74	LEGSFAT	Num	8	10.4	Legs fat (g)
75	LEGSFATC	Num	8	10.4	Legs fat, standardized to Hologic
76	LEGSFFM	Num	8	10.4	Legs FFM (g)

Num	Variable	Type	Len	Format	Label
77	LEGSFFMC	Num	8	10.4	Legs FFM, standardized to Hologic
78	LEGSLEAN	Num	8	10.4	Legs lean (g)
79	LEGSMASS	Num	8	10.4	Legs mass (g)
80	LEGSPF	Num	8	10.4	Legs %fat
81	LEGSPFC	Num	8	10.4	Legs %fat, standardized to Hologic
82	NAREA	Num	8	10.4	Femoral neck area (cm2)
83	NBMC	Num	8	10.4	Femoral neck BMC (g)
84	NBMD	Num	8	10.4	Femoral neck BMD (g/cm2)
85	NBMDC	Num	8	10.4	Femoral neck BMD, standardized/corrected
86	STFTSCORE	Num	8	10.4	Total spine t-score: female caucasian young adult ref
87	STOTAREA	Num	8	10.4	Total spine area (cm2)
88	STOTBMC	Num	8	10.4	Total spine BMC (g)
89	STOTBMD	Num	8	10.4	Total spine BMD (g/cm2)
90	STOTBMDC	Num	8	10.4	Total spine BMD, standardized/corrected
91	TAREA	Num	8	10.4	Trochanter area (cm2)
92	TBMC	Num	8	10.4	Trochanter BMC (g)
93	TBMD	Num	8	10.4	Trochanter BMD (g/cm2)
94	TRNKAREA	Num	8	10.4	Trunk area (cm2)
95	TRNKBMC	Num	8	11.5	Trunk BMC (g)
96	TRNKBMD	Num	8	10.4	Trunk BMD (g/cm2)
97	TRNKFAT	Num	8	11.5	Trunk fat (g)
98	TRNKFATC	Num	8	10.4	Trunk fat, standardized to Hologic
99	TRNKFFM	Num	8	11.5	Trunk FFM (g)
100	TRNKFFMC	Num	8	10.4	Trunk FFM, standardized to Hologic
101	TRNKLEAN	Num	8	11.5	Trunk lean (g)
102	TRNKMASS	Num	8	11.5	Trunk mass (g)
103	TRNKPF	Num	8	11.5	Trunk %fat
104	TRNKPFC	Num	8	10.4	Trunk %fat, standardized to Hologic
105	VAT_FAT	Num	8	10.4	VAT fat (g)
106	VAT_VOLUME	Num	8	10.4	VAT volume (cm3)
107	VFAFRACTURE	Num	8	2.	Spine fracture (per SQ)
108	WAREA	Num	8	10.4	Wards area (cm2)
109	WBMC	Num	8	10.4	Wards BMC (g)
110	WBMD	Num	8	10.4	Wards BMD (g/cm2)

Data Set Name: e09.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			Days from randomization to completion
2	DAYSRAND_TRT	Num	8			Days from randomization to treatment date
3	DAYSRAND_RPT	Num	8			Days from randomization to participant report
4	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
5	VISIT	Char	3			OUTCOME VISIT
6	E09DESCRP	Char	128	$128.	$128.	Short description of the condition
7	E09CLASS	Char	128	$128.	$128.	Classification term for condition
8	E09INJMACL	Num	8			Intravitreal injection for diabetic macular edema (Left)
9	E09INJMACR	Num	8			Intravitreal injection for diabetic macular edema (Right)
10	E09INJPDRL	Num	8			Intravitreal injection for proliferative diabetic retinopathy (Left)
11	E09INJPDRR	Num	8			Intravitreal injection for proliferative diabetic retinopathy (Right)
12	E09LASMACL	Num	8			Laser treatment for diabetic macular edema (Left)
13	E09LASMACR	Num	8			Laser treatment for diabetic macular edema (Right)
14	E09LASPDRL	Num	8			Laser treatment for proliferative diabetic retinopathy (Left)
15	E09LASPDRR	Num	8			Laser treatment for proliferative diabetic retinopathy (Right)
16	E09OTHL	Num	8			Other retinal procedure or surgery (Left)
17	E09OTHR	Num	8			Other retinal procedure or surgery (Right)

Data Set Name: e11.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	Days from randomization to completion
2	DAYSRAND_TRT	Num	8	Days from randomization to treatment date
3	DAYSRAND_RPT	Num	8	Days from randomization to participant report
4	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
5	VISIT	Char	3	OUTCOME VISIT
6	E11TYPE	Num	8	Specify type of gastric reduction surgery:

1	DAYSRAND	Num	4	Days from randomization to completion
2	DAYSRAND_TRT	Num	8	Days from randomization to treatment date

Data Set Name: e14.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	Days from randomization to completion
2	DAYSRAND_ADM	Num	8	Days from randomization to hospital admission date
3	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
4	VISIT	Char	3	OUTCOME VISIT
5	E14GAST	Num	8	Gastrointestinal infection type
6	E14GASTINF	Num	8	GI infection cassification
7	E14LRTY	Num	8	Lower respiratory infection type
8	E14LRTYINF	Num	8	Lower respiratory infection classification
9	E14MSKL	Num	8	Musculoskeletal infection type
10	E14MSKLINF	Num	8	Musculoskeletal infection classification
11	E14OTHINF	Num	8	Infection classification*
12	E14OTHYP	Num	8	Other infection specify name
13	E14SEP	Num	8	Sepsis infection type
14	E14SEPINF	Num	8	Sepsis infection classification
15	E14TSUE	Num	8	Skin or soft tissue infection type
16	E14TSUEINF	Num	8	Skin or soft tissue infection classification
17	E14UKWN	Num	8	Unknown infection type
18	E14UKWNINF	Num	8	Unknown infection classification
19	E14URN	Num	8	Urinary infection type
20	E14URNINF	Num	8	Urinary infection classification
21	E14URTY	Num	8	Upper respiratory infection type
22	E14URTYINF	Num	8	Upper respiratory infection classification

Data Set Name: e15.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	DAYS SINCE RANDOMIZATION
2	DAYSRAND_ADM	Num	8	Days from randomization to hospital admission date
3	DAYSRAND_FRAC	Num	8	Days from randomization to fracture diagnosis date
4	DAYSRAND_SURG	Num	8	Days from randomization to surgery
5	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
6	VISIT	Char	3	OUTCOME VISIT
7	E15DGRTMA	Num	8	Degree of trauma
8	E15FRCTMT	Num	8	Fracture Treatment
9	E15HIPL	Num	8	a. Hip[;]Left
10	E15HIPR	Num	8	a. Hip[;]Right

Data Set Name: e16.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	DAYSRAND_ADM	Num	8		Days from randomization to hospital admission date
3	DAYSRAND_SURG	Num	8		Days from randomization to surgery
4	DAYSRAND_DIS	Num	8		Days from randomization to hospital discharge date
5	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
6	VISIT	Char	3		OUTCOME VISIT
7	E16JROA	Num	8		Osteoarthritis
8	E16JROTH	Num	8		Other
9	E16JRUNK	Num	8		Unknown
10	E16LCTHIPL	Num	8		Left Hip
11	E16LCTHIPR	Num	8		Right Hip
12	E16LCTKNEL	Num	8		Left Knee
13	E16LCTKNER	Num	8		Right Knee
14	E16LOC	Num	8	1.	Is the location of the joint replacement known?

Data Set Name: f01.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$3.	$3.	OUTCOME VISIT
4	QPVISLOC	Num	8			Visit Location
5	QPSBP1	Num	8	3.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
6	QPDBP1	Num	8	3.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
7	QPSBP2	Num	8	3.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
8	QPDBP2	Num	8	3.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
9	QPWGHT1	Num	8	5.1		Weight measurement 1
10	QPWGHT2	Num	8	5.1		Weight measurement 2
11	QPWGHT3	Num	8	5.1		Weight measurement 3
12	QMTAKM	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
13	QMDISP	Num	8			How many months of metformin was dispensed (0,3,6)?
14	QMRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
15	QMDRUG1	Char	60	$60.		Medicine description: 1
16	QMDRUG2	Char	60	$60.		Medicine description: 2
17	QMDRUG3	Char	60	$60.		Medicine description: 3
18	QMDRUG4	Char	60	$60.		Medicine description: 4
19	QMDRUG5	Char	60	$60.		Medicine description: 5
20	QMDRUG6	Char	60	$60.		Medicine description: 6
21	QMDRUG7	Char	60	$60.		Medicine description: 7
22	QMDRUG8	Char	60	$60.		Medicine description: 8
23	QMDRUG9	Char	60	$60.		Medicine description: 9
24	QMDRUG10	Char	60	$60.		Medicine description: 10
25	QMDRUG11	Char	60	$60.		Medicine description: 11
26	QMDRUG12	Char	60	$60.		Medicine description: 12
27	QMDRUG13	Char	60	$60.		Medicine description: 13
28	QMDRUG14	Char	60	$60.		Medicine description: 14
29	QMDRUG15	Char	60	$60.		Medicine description: 15
30	QMDRUG16	Char	60	$60.		Medicine description: 16
31	QMDRUG17	Char	60	$60.		Medicine description: 17
32	QMDRUG18	Char	60	$60.		Medicine description: 18
33	QMDRUG19	Char	60	$60.		Medicine description: 19

Data Set Name: f02.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$3.	$3.	OUTCOME VISIT
4	APSBP1	Num	8	3.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
5	APDBP1	Num	8	3.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
6	APSBP2	Num	8	3.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
7	APDBP2	Num	8	3.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
8	APWGHT1	Num	8	5.1		Weight measurement 1
9	APWGHT2	Num	8	5.1		Weight measurement 2
10	APWGHT3	Num	8	5.1		Weight measurement 3
11	APWSTC1	Num	8	5.1		Waist Circumference measurement 1
12	APWSTC2	Num	8	5.1		Waist Circumference measurement 2
13	APWSTC3	Num	8	5.1		Waist Circumference measurement 3
14	APHGHT1	Num	8	5.1		Height measurement 1
15	APHGHT2	Num	8	5.1		Height measurement 2
16	APHGHT3	Num	8	5.1		Height measurement 3
17	APNORMR	Num	8	1.		Does right foot appear normal?
18	APNORML	Num	8	1.		Does left foot appear normal?
19	APDEFR	Num	8			Deformities of the right foot
20	APDEFL	Num	8			Deformities of the left foot
21	APSKINR	Num	8			Dry skin, callus of the right foot
22	APSKINL	Num	8			Dry skin, callus of the left foot
23	APINFR	Num	8			Infection of the right foot
24	APINFL	Num	8			Infection of the left foot
25	APFISSR	Num	8			Fissure of the right foot
26	APFISSL	Num	8			Fissure of the left foot
27	APOTHR	Num	8			Other abnormal condition of the right foot
28	APOTHL	Num	8			Other abnormal condition of the left foot
29	APULCRR	Num	8			Ulceration of right foot
30	APREFR	Num	8			Ankle reflexes of right foot
31	APTOER	Num	8			Vibration perception at great toe of right foot
32	APNUMFILR	Num	8	2.		10gm filament (record number of applications detected) of right foot
33	APULCRL	Num	8			Ulceration of left foot
34	APREFL	Num	8			Ankle reflexes of left foot
35	APTOEL	Num	8			Vibration perception at great toe of left foot
36	APNUMFILL	Num	8	2.		10gm filament (record number of applications detected) of left foot
37	ABINSUL	Num	8	1.		If diabetic, is participant taking insulin?

Num	Variable	Type	Len	Format	Informat	Label
38	APUNITS	Num	8	3.		If taking insulin, number units per day
39	APREGM	Num	8			Type of insulin regimen?
40	APINJCT	Num	8	2.		If injection, number of injections per day
41	APSTOM	Num	8	1.		Since last annual visit, did the participant experience frequent stomach pains, bloating, nausea?
42	APLOSSN	Num	8	1.		Since last annual visit, did the participant experience unexplained weight loss?
43	APSPRN	Num	8	1.		Since last annual visit, did the participant experience sprains or fractures requiring medical attention?
44	APFALL	Num	8	1.		Since last annual visit, did the participant experience a fall and landed on the ground or fallen and hit an object?
45	APDIAB	Num	8	1.		Since last annual visit, did an outside health care provider diagnose a new onset of diabetes?
46	APHYPER	Num	8	1.		Since last annual visit, did an outside health care provider diagnose new onset high blood pressure?
47	APLIPID	Num	8	1.		Since last annual visit, did an outside health care provider diagnose any lipid abnormality?
48	APDEMT	Num	8	1.		Since last annual visit, did an outside health care provider diagnose dementia?
49	APALZDS	Num	8	1.		Since last annual visit, did an outside health care provider diagnose alzheimers disease?
50	APHEAR	Num	8	1.		Since last annual visit, did an outside health care provider diagnose anew onset of hearing loss?
51	APATHER	Num	8	1.		Does the participant have atherosclerotic vascular disease including coronary disease, cerebrovascular disease, or peripheral vascular disease?
52	APHIST	Num	8	1.		Family history of premature CHD
53	APPAIN	Num	8	1.		Have you had any pain or discomfort in your chest?
54	APPRES	Num	8	1.		Have you had any pressure or heaviness in your chest?
55	APHURRY	Num	8	1.		Do you get discomfort in your chest when you walk uphill or hurry?
56	APLEVEL	Num	8	1.		Do you get discomfort in your chest when you walk at an ordinary pace on the level?
57	APDO	Num	8			When you get discomfort in your chest, what do you do?
58	APSTILL	Num	8	1.		Does the discomfort in your chest go away when you stand still?
59	APSOON	Num	8			How soon does the discomfort in your chest go away when you stand still?
60	APSTER	Num	8	1.		Do you get this pain or discomfort in your sternum?
61	APLCHST	Num	8	1.		Do you get this pain or discomfort in your left anterior chest?
62	APLARM	Num	8	1.		Do you get this pain or discomfort in your left arm?
63	AP30MIN	Num	8	1.		Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
64	APNOFEEL	Num	8	1.		During the past 12 months, any loss of feeling in the extremities?
65	APNOFLT	Num	8			How long did loss of feeling in the extremities last?
66	APPARL	Num	8	1.		During the last 12 months, any sudden attacks of paralysis in the extremities?
67	APPARLT	Num	8			How long did attacks of paralysis last?
68	APBLUR	Num	8	1.		During the past 12 months, any sudden loss of eyesight?
69	APBLURT	Num	8			How long did sudden loss of eyesight last?
70	APLUR	Num	8	1.		During the past 12 months, any changes in speech?
71	APLURT	Num	8			How long did changes in speech last?
72	APDIZY	Num	8	1.		During the past 12 months, any dizzy spells?
73	APDIZYT	Num	8			How long did dizzy spell last?
74	APTIA	Num	8	1.		Since last annual visit, did an outside health care provider diagnose TIA?

Num	Variable	Type	Len	Format	Informat	Label
75	APWK	Num	8	1.		During the past 12 months, consumed at least one alcoholic beverage?
76	APBEER	Num	8	2.		How many 12 oz bottles of beer did you consume during the past 7 days?
77	APWINE	Num	8	2.		How many 4 oz glasses of wine did you consume during the past 7 days?
78	APMIXD	Num	8	2.		How many 1.5 oz shots of hard liquor or mixed drinks did you consume in the past 7 days?
79	APBINGE	Num	8	1.		During the past 12 months, consumed 7 or more alcohol beverages?
80	APBTIME	Num	8			About how often is this (that you have had 7 or more drinks within a 24-hour period)?
81	APSMOK	Num	8	1.		During the past 30 days, have you smoked any cigarettes?
82	APSDAY	Num	8	2.		On average, how many cigarettes per day?
83	AP7DAY	Num	8	4.		Over the past seven days, how many total minutes did you participate in activites that were at least moderate in intensity (like a brisk walk)?
84	APASPIR	Num	8			During an average week, how often do you take aspirin
85	APASPBABY	Num	8	1.		Do you take this type of aspirin? Baby-strength aspirin (81mg)
86	APASPBABNO	Num	8	4.1		What is the total number of baby-strength aspirin (81mg) pills you take?
87	APASPREG	Num	8	1.		Do you take this type of aspirin? Regular-strength aspirin (325mg)
88	APASPREGNO	Num	8	4.1		What is the total number of regular-strength aspirin (325mg) pills you take?
89	APASPEX	Num	8	1.		Do you take this type of aspirin? Extra-strength aspirin (500mg)
90	APASPEXNO	Num	8	4.1		what is the total number of extra-strength aspirin (500mg) pills you take?
91	APNSAID	Num	8	1.		Has the participant taken a non-prescription non-steroidal anti-inflammatory drug (NSAID) other than aspirin in the past month?
92	APNSAIDIB	Num	8	1.		Did you take this NSAID? Ibuprofen (e.g. Advil, Motrin, Nuprin)
93	APIBDAY	Num	8	2.		If taking ibuprofen, on average how many days in the past month?
94	APIBNO	Num	8	2.		If taking ibuprofen, what is the total number of pills you take per day?
95	APNSAIDNA	Num	8	1.		Did you take this NSAID? Naproxen (e.g. Aleve, Anaprox, Naprosyn, Naprelan)
96	APNADAY	Num	8	2.		If taking naproxen, on average how many days in the past month?
97	APNANO	Num	8	2.		If taking naproxen, what is the total number of pills you take per day?
98	APNSAIDOTH	Num	8	1.		Did you take this NSAID? Other
99	APOTHDAY	Num	8	2.		If taking other NSAID, on average how many days in the past month?
100	APOTHNO	Num	8	2.		If taking other NSAID, what is the total number of pills you take per day?
101	APMNTBG	Num	8	1.		During the past month, did you routinely monitor your blood glucose?
102	APMNTWK	Num	8	1.		On average, how many days per week did you monitor your blood glucose?
103	APMNTDY	Num	8	2.		On days that you monitored your blood glucose, on average, how many times per day did you monitor your blood glucose?
104	APINSNO	Num	8	2.		Total number of insulin formulations taken in the past 2 weeks
105	APCHCD	Num	8	2.		During the past 3 months how many times have you called a health care provider?
106	APELECTCOM	Num	8	2.		During the past 3 months how many times have you had electronic communication with heath care provider?
107	APCOPV	Num	8	2.		During the past 3 months how many times have you had a regularly scheduled out-patient visit?
108	APUCV	Num	8	2.		During the past 3 months how many times have you had an urgent care visit?
109	APCERV	Type	8	2.		During the past 3 months how many times have you had an emergency room visit?
110	APCDYLOST	Num	8	4.1		During the past 3 months, how many days lost related to the DPPOS?
111	AMTAKM	Num	8	1.		Participant taken study metformin since the last visit?

Num	Variable	Type	Len	Format	Informat	Label
112	APDISP	Num	8			How many months of metformin was dispensed (0,3,6)?
113	AMRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
114	AMMULTIV	Num	8	1.		Has the participant taken any non-prescription oral multivitamins at least once a week in the past 12 monthes?
115	AMB12SHOT	Num	8	1.		Has the participant received any Vitamin B12 shots in the past 12 months?
116	AMSHOTNO	Num	8	2.		Number of Vitamin B12 shots received in past 12 months
117	AMSUP	Num	8	1.		Has the participant taken any non-prescription oral supplements other than multivitamins at least once a week in the past 12 months?
118	AMOMEGA	Num	8	1.		Did the participant take this supplement? Omega 3 (fish oil)
119	AMOMEGAMO	Num	8	2.		Number of months omega 3 used in past 12 months
120	AMVITA	Num	8	1.		Did the participant take this supplement? Vitamin A (not Beta-carotene)
121	AMVITAMO	Num	8	2.		Number of months vitamin A used in past 12 months
122	AMVITB6	Num	8	1.		Did the participant take this supplement? Vitamin B6
123	AMVITB6MO	Num	8	2.		Number of months vitamin B6 used in past 12 months
124	AMVITB12	Num	8	1.		Did the participant take this supplement? Vitamin B12
125	AMVITB12MO	Num	8	2.		Number of months vitamin B12 used in past 12 months
126	AMVITC	Num	8	1.		Did the participant take this supplement? Vitamin C (with or without rose hips)
127	AMVITCMO	Num	8	2.		Number of months vitamin C used in past 12 months
128	AMVITD	Num	8	1.		Did the participant take this supplement? Vitamin D
129	AMVITDMO	Num	8	2.		Number of months vitamin D used in past 12 months
130	AMVITE	Num	8	1.		Did the participant take this supplement? Vitamin E
131	AMVITEMO	Num	8	2.		Number of months vitamin E used in past 12 months
132	AMCAL	Num	8	1.		Did the participant take this supplement? Calcium
133	AMCALMO	Num	8	2.		Number of months calcium used in past 12 months
134	AMCHRO	Num	8	1.		Did the participant take this supplement? Chromium
135	AMCHROMO	Num	8	2.		Number of months chromium used in past 12 months
136	AMFOL	Num	8	1.		Did the participant take this supplement? Folate (Folic Acid)
137	AMFOLMO	Num	8	2.		Number of months folate used in past 12 months
138	AMIRON	Num	8	1.		Did the participant take this supplement? Iron
139	AMIRONMO	Num	8	2.		Number of months iron used in past 12 months
140	AMMAG	Num	8	1.		Did the participant take this supplement? Magnesium
141	AMMAGMO	Num	8	2.		Number of months magnesium used in past 12 months
142	AMPOT	Num	8	1.		Did the participant take this supplement? Potassium
143	AMPOTMO	Num	8	2.		Number of months potassium used in past 12 months
144	AMSEL	Num	8	1.		Did the participant take this supplement? Selenium
145	AMSELMO	Num	8	2.		Number of months selenium used in past 12 months
146	AMZINC	Num	8	1.		Did the participant take this supplement? Zinc
147	AMZINCMO	Nym	8	2.		Number of months zinc used in past 12 months
148	APPAP	Num	8			Pap smear
149	APMAM	Num	8			Mammogram

Num	Variable	Type	Len	Format	Informat	Label
150	APBRST	Num	8			Breast biopsy
151	APPSA	Num	8			A blood test for prostate cancer, prstate specific anigen (PSA)
152	APPROST	Num	8			Prostate biopsy
153	APFOBT	Num	8			Fecal occult blood test
154	APSIG	Num	8			Sigmoidoscopy
155	APCOL	Num	8			Colonoscopy
156	APOTHTST	Num	8			Other cancer screening test
157	AMCALNO	Num	8	2.		Average number of doses of calcium used per week
158	AMCHRONO	Num	8	2.		Average number of doses of chromium used per week
159	AMFOLNO	Num	8	2.		Average number of doses of folate used per week
160	AMIRONNO	Num	8	2.		Average number of doses of iron used per week
161	AMMAGNO	Num	8	2.		Average number of doses of magnesium used per week
162	AMOMEGANO	Num	8	2.		Average number of doses of omega 3 used per week
163	AMPOTNO	Num	8	2.		Average number of doses of potassium used per week
164	AMSELNO	Num	8	2.		Average number of doses of selenium used per week
165	AMVITANO	Num	8	2.		Average number of doses of vitamin A used per week
166	AMVITB12NO	Num	8	2.		Average number of doses of vitamin B12 used per week
167	AMVITB6NO	Num	8	2.		Average number of doses of vitamin B6 used per week
168	AMVITCNO	Num	8	2.		Average number of doses of vitamin C used per week
169	AMVITDNO	Num	8	2.		Average number of doses of vitamin D used per week
170	AMVITENO	Num	8	2.		Average number of doses of vitamin E used per week
171	AMZINCNO	Num	8	2.		Average number of doses of zinc used per week
172	APCLOST	Num	8	4.1		During the past 3 months, how many days lost related to the DPPOS?
173	APCNCR	Num	8	1.		Since last annual visit, did an outside health care provider diagnose cancer?
174	APDEM	Num	8	1.		Dementia or Alzheimer's disease?
175	APGALL	Num	8	1.		Since last annual visit, did an outside health care provider diagnose gallstones, gallblader surgery?
176	APGOUT	Num	8	1.		Since last annual visit, did an outside health care provider diagnose gout?
177	APHEPAT	Num	8	1.		Since last annual visit, did an outside health care provider diagnose hepatitis?
178	APINTMA	Num	8	1.		Since last annual visit, did the participant experience infection requiring medical attention?
179	APKIDNDI	Num	8	1.		Since last annual visit, did an outside health care provider diagnose kidney disease?
180	APRASH	Num	8	1.		Since last annual visit, did the participant experience skin rashes?
181	APRETPTY	Num	8	1.		Since last annual visit, did an outside health care provider diagnose retinopathy?
182	APSUPP	Num	8	1.		Has the participant taken any of the non-prescription supplements listed below at least once a week since their last annual visit?
183	APTHRST	Num	8	1.		Since last annual visit, did the participant experience increased thirst?
184	APTHYR	Num	8	1.		Since last annual visit, did an outside health care provider diagnose thyroid disease?
185	APULCR	Num	8	1.		Since last annual visit, did an outside health care provider diagnose ulcer or intestinal bleeding?
186	APURINT	Num	8	1.		Since last annual visit, did the participant experience increased urination?
187	AMDRUG1	Char	60	$60.		Medicine description: 1

Num	Variable	Type	Len	Format	Informat	Label
188	AMDRUG2	Char	60	$60.		Medicine description: 2
189	AMDRUG3	Char	60	$60.		Medicine description: 3
190	AMDRUG4	Char	60	$60.		Medicine description: 4
191	AMDRUG5	Char	60	$60.		Medicine description: 5
192	AMDRUG6	Char	60	$60.		Medicine description: 6
193	AMDRUG7	Char	60	$60.		Medicine description: 7
194	AMDRUG8	Char	60	$60.		Medicine description: 8
195	AMDRUG9	Char	60	$60.		Medicine description: 9
196	AMDRUG10	Char	60	$60.		Medicine description: 10
197	AMDRUG11	Char	60	$60.		Medicine description: 11
198	AMDRUG12	Char	60	$60.		Medicine description: 12
199	AMDRUG13	Char	60	$60.		Medicine description: 13
200	AMDRUG14	Char	60	$60.		Medicine description: 14
201	AMDRUG15	Char	60	$60.		Medicine description: 15
202	AMDRUG16	Char	60	$60.		Medicine description: 16
203	AMDRUG17	Char	60	$60.		Medicine description: 17
204	AMDRUG18	Char	60	$60.		Medicine description: 18
205	AMDRUG19	Char	60	$60.		Medicine description: 19
206	AMDRUG20	Char	60	$60.		Medicine description: 20
207	AMDRUG21	Char	60	$60.		Medicine description: 21
208	AMDRUG22	Char	60	$60.		Medicine description: 22
209	AMDRUG23	Char	60	$60.		Medicine description: 23
210	AMDRUG24	Char	60	$60.		Medicine description: 24
211	AMDRUG25	Char	60	$60.		Medicine description: 25
212	AMMETDRUG1	Char	60	$60.		Metformin medicine description: 1
213	AMMETDRUG2	Char	60	$60.		Metformin medicine description: 2
214	APINSDRUG1	Char	50	$50.		Insulin medicine description: 1
215	APINSDRUG2	Char	50	$50.		Insulin medicine description: 2
216	APINSDRUG3	Char	50	$50.		Insulin medicine description: 3
217	APINSDRUG4	Char	50	$50.		Insulin medicine description: 4
218	APINSFORM1	Char	2	$2.		Insulin medicine form: 1
219	APINSFORM2	Char	2	$2.		Insulin medicine form: 2
220	APINSFORM3	Char	2	$2.		Insulin medicine form: 3
221	APINSFORM4	Char	2	$2.		Insulin medicine form: 4
222	APINSUNT1	Num	8	3.		Insulin medicine injection units: 1
223	APINSUNT2	Num	8	3.		Insulin medicine injection units: 2
224	APINSUNT3	Num	8	3.		Insulin medicine injection units: 3
225	APINSUNT4	Num	8	3.		Insulin medicine injection units: 4
226	APINSTM1	Num	8	2.		Insulin medicine injection times per day: 1

Num	Variable	Type	Len	Format	Informat	Label
227	APINSTM2	Num	8	2.		Insulin medicine injection times per day: 2
228	APINSTM3	Num	8	2.		Insulin medicine injection times per day: 3
229	APINSTM4	Num	8	2.		Insulin medicine injection times per day: 4
230	APINSTDD1	Num	8	3.		Insulin medicine pump dose: 1
231	APINSTDD2	Num	8	3.		Insulin medicine pump dose: 2

Data Set Name: f03.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	JIVISLOC	Num	8		Visit Location
5	JIMEDMG	Num	8		Reason for interim visit: Study metformin management
6	JIHYPMG	Num	8		Reason for interim visit: Hypertension Management
7	JIPRGMG	Num	8		Reason for interim visit: Pregnancy management
8	JISAEMG	Num	8		Reason for interim visit: Serious adverse event and CVD management
9	JISPEC	Num	8		Reason for interim visit: Collection of specimen for CBL (e.g. OGTT)
10	JIOUT	Num	8		Reason for interim visit: Repeat collection of outcome found to be deficient
11	JIDBMG	Num	8		Reason for interim visit: Diabetes diagnosed by PCP
12	JIOTH	Num	8		Reason for interim visit: Other
13	JISBP1	Num	8	3.	Blood Pressure Reading 1 - Systolic
14	JIDBP1	Num	8	3.	Blood Pressure Reading 1 - Diastolic
15	JISBP2	Num	8	3.	Blood Pressure Reading 2 - Systolic
16	JIDBP2	Num	8	3.	Blood Pressue Reading 2 - Diastolic
17	JITAKMT	Num	8	1.	Has the participant taken any STUDY METFORMIN since the last visit?
18	JIDISP	Num	8		How many months of metformin was dispensed (0,3,6)?

Data Set Name: f06.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$3.	$3.	OUTCOME VISIT
4	KGVISLOC	Num	8			Visit Location
5	KGSBP1	Num	8	3.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
6	KGDBP1	Num	8	3.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
7	KGSBP2	Num	8	3.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
8	KGDBP2	Num	8	3.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
9	KGWGHT1	Num	8	5.1		Weight measurement 1
10	KGWGHT2	Num	8	5.1		Weight measurement 2
11	KGWGHT3	Num	8	5.1		Weight measurement 3
12	KGWSTC1	Num	8	5.1		Waist Circumference measurement 1
13	KGWSTC2	Num	8	5.1		Waist Circumference measurement 2
14	KGWSTC3	Num	8	5.1		Waist Circumference measurement 3
15	KGRASH	Num	8	1.		Since last annual visit, did the participant experience skin rashes?
16	KGSTOM	Num	8	1.		Since last annual visit, did the participant experience frequent stomach pains, bloating, nausea?
17	KGLOSSN	Num	8	1.		Since last annual visit, did the participant experience unexplained weight loss?
18	KGTHRST	Num	8	1.		Since last annual visit, did the participant experience increased thirst?
19	KGURINT	Num	8	1.		Since last annual visit, did the participant experience urinating more often than usual?
20	KGINTMA	Num	8	1.		Since last annual visit, did the participant experience infection requiring medical attention?
21	KGSPRN	Num	8	1.		Since last annual visit, did the participant experience sprains or fractures requiring medical attention?
22	KGFALL	Num	8	1.		Since last annual visit, did the participant experience a fall and landed on the ground or fallen and hit an object?
23	KGDIAB	Num	8	1.		Since last annual visit, did an outside health care provider diagnose a new onset of diabetes?
24	KGHYPER	Num	8	1.		Since last annual visit, did an outside health care provider diagnose new onset high blood pressure?
25	KGLIPID	Num	8	1.		Since last annual visit, did an outside health care provider diagnose any lipid abnormality?
26	KGULCR	Num	8	1.		Since last annual visit, did an outside health care provider diagnose ulcer or intestinal bleeding?
27	KGHEPAT	Num	8	1.		Since last annual visit, did an outside health care provider diagnose hepatitis?
28	KGCNCR	Num	8	1.		Since last annual visit, did an outside health care provider diagnose cancer?
29	KGGALL	Num	8	1.		Since last annual visit, did an outside health care provider diagnose gallstones, gallblader surgery?
30	KGGOUT	Num	8	1.		Since last annual visit, did an outside health care provider diagnose gout?
31	KGTHYR	Num	8	1.		Since last annual visit, did an outside health care provider diagnose thyroid disease?
32	KGKIDNDI	Num	8	1.		Since last annual visit, did an outside health care provider diagnose kidney disease?
33	KGRETPTY	Num	8	1.		Since last annual visit, did an outside health care provider diagnose retinopathy?
34	KGDEM	Num	8	1.		Since last annual visit, did an outside health care provider diagnose dementia?
35	KGDEMT	Num	8	1.		Since last annual visit, did an outside health care provider diagnose dementia?

Num	Variable	Type	Len	Format	Informat	Label
36	KGALZDS	Num	8	1.		Since last annual visit, did an outside health care provider diagnose alzheimers disease?
37	KGHEAR	Num	8	1.		Since last annual visit, did an outside health care provider diagnose anew onset of hearing loss?
38	KGINSUL	Num	8	1.		If diabetic, is participant taking insulin?
39	KGUNITS	Num	8	3.		If taking insulin, number of units per day
40	KGREGM	Num	8			If taking insulin, type of insulin regimen
41	KGINJCT	Num	8	2.		If injection, number of injections per day
42	KGTAKM	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
43	KGDISP	Num	8			How many months of metformin was dispensed (0,3,6)?
44	KGATHER	Num	8	1.		Does the participant have atherosclerotic vascular disease including coronary disease, cerebrovascular disease, or peripheral vascular disease?
45	KGHIST	Num	8	1.		Family history of premature CHD
46	KGPAIN	Num	8	1.		Have you had any pain or discomfort in your chest?
47	KGPRES	Num	8	1.		Have you had any pressure or heaviness in your chest?
48	KGHURRY	Num	8	1.		Do you get discomfort in your chest when you walk uphill or hurry?
49	KGLEVEL	Num	8	1.		Do you get discomfort in your chest when you walk at an ordinary pace on the level?
50	KGDO	Num	8			When you get discomfort in your chest, what do you do?
51	KGSTILL	Num	8	1.		Does the discomfort in your chest go away when you stand still?
52	KGSOON	Num	8			How soon does the discomfort in your chest go away when you stand still?
53	KGSTER	Num	8	1.		Do you get this pain or discomfort in your sternum?
54	KGLCHST	Num	8	1.		Do you get this pain or discomfort in your left anterior chest?
55	KGLARM	Num	8	1.		Do you get this pain or discomfort in your left arm?
56	KG30MIN	Num	8	1.		Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
57	KGNOFEEL	Num	8	1.		Past 12 months, have you had any sudden feeling of numbness, tingling, or loss of feeling
58	KGNOFLT	Num	8			How long did loss of feeling in the extremities last?
59	KGPARL	Num	8	1.		Past 12 months, have you had any sudden attacks of paralysis, or loss of use of either
60	KGPARLT	Num	8			How long did attacks of paralysis last?
61	KGBLUR	Num	8	1.		Past 12 months, have you had any sudden loss of eyesight or blurring of vision
62	KGBLURT	Num	8			How long did sudden loss of eyesight last?
63	KGLUR	Num	8	1.		Past 12 months, have you had any sudden attacks or changes in speech, loss of speech
64	KGLURT	Num	8			How long did changes in speech last?
65	KGDIZY	Num	8	1.		Past 12 months, have you had any spells of dizziness, difficulty in walking
66	KGDIZYT	Num	8			How long did dizzy spell last?
67	KGTIA	Num	8	1.		Since last annual visit, did an outside health care provider diagnose TIA?
68	KGWK	Num	8	1.		During the past 12 months, have you consumed an average of at least one alcoholic beverage per week?
69	KGBEER	Num	8	2.		How many 12 oz. bottles of beer did you consume during the last 7 days?
70	KGWINE	Num	8	2.		How many 4 oz. glasses of wine did you consume during the past 7 days?
71	KGMIXD	Nypm	8	2.		How many 1.5 oz. shots of hard liquor or mixed drinks did you consume during the last 7 days?
72	KGBINGE	Num	8	1.		Past 12 months, have you ever consumed 7 or more alcoholic beverages within a 24 hour
73	KGBTIME	Num	8			About how often is this (that you have had 7 or more drinks within a 24 hour period)?

Num	Variable	Type	Len	Format	Informat	Label
74	KGSMOK	Num	8	1.		During the past 30 days, have you smoked any cigarettes?
75	KGSDAY	Num	8	2.		On average, how many cigarettes per day?
76	KG7DAY	Num	8	4.		Over the past seven days, how many total minutes did you participate in activites that were at least moderate in intensity (like a brisk walk)?
77	KGCHCD	Num	8	2.		During the past 3 months how many times have you called a health care provider?
78	KGELECTCOM	Num	8	2.		During the past 3 months how many times have you had electronic communication with heath care provider?
79	KGCOPV	Num	8	2.		During the past 3 months how many times have you had a regularly scheduled out-patient visit?
80	KGUCV	Num	8	2.		During the past 3 months how many times have you had an urgent care visit?
81	KGCERV	Num	8	2.		During the past 3 months how many times have you had an emergency room visit?
82	KGCLOST	Num	8	4.1		Past 3 months, how many days have you lost from school, work, or household activities
83	KGCDYLOST	Num	8	4.1		During the past 3 months, how many days have you lost from school, work, or household activities due to DPPOS?
84	KGASPIR	Num	8			During an average week, how often do you take one or more aspirin tablets regardless of dosage?
85	KGASPBABY	Num	8	1.		Do you take this type of aspirin? Baby-strength aspirin (81mg)
86	KGASPBABNO	Num	8	4.1		What is the total number of baby-strength aspirin (81mg) pills you take?
87	KGASPREG	Num	8	1.		Do you take this type of aspirin? Regular-strength aspirin (325mg)
88	KGASPREGNO	Num	8	4.1		What is the total number of regular-strength aspirin (325mg) pills you take?
89	KGASPEX	Num	8	1.		Do you take this type of aspirin? Extra-strength aspirin (500mg)
90	KGASPEXNO	Num	8	4.1		What is the total number of extra-strength aspirin (500mg) pills you take?
91	KGNSAID	Num	8	1.		(many pain relievers are NSAIDs, including ibuprofen, Advil, Motrin, and Aleve)
92	KGNSAIDIB	Num	8	1.		Did you take this NSAID? Ibuprofen (e.g. Advil, Motrin, Nuprin)
93	KGIBDAY	Num	8	2.		If taking ibuprofen, on average how many days in the past month?
94	KGIBNO	Num	8	2.		If taking ibuprofen, what is the total number of pills you take per day?
95	KGNSAIDNA	Num	8	1.		Did you take this NSAID? Naproxen (e.g. Aleve, Anaprox, Naprosyn, Naprelan)
96	KGNADAY	Num	8	2.		If taking naproxen, on average how many days in the past month?
97	KGNANO	Num	8	2.		If taking naproxen, what is the total number of pills you take per day?
98	KGNSAIDOTH	Num	8	1.		Did you take this NSAID? Other
99	KGOTHDAY	Num	8	2.		If taking other NSAID, on average how many days in the past month?
100	KGOTHNO	Num	8	2.		If taking other NSAID, what is the total number of pills you take per day?
101	KGMNTBG	Num	8	1.		During the past month, did you routinely monitor your blood glucose?
102	KGMNTWK	Num	8	1.		On average, how many days per week did you monitor your blood glucose?
103	KGMNTDY	Num	8	2.		On days that you monitored your blood glucose, on average, how many times per day did you monitor your blood glucose?
104	KGINSNO	Num	8	2.		Total number of insulin formulations taken in the past 2 weeks
105	KGRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
106	KGTOTMEDS	Num	8	2.		Total number of medications taken (including any medications listed on supplemental sheets)
107	KGMULTIV	Num	8	1.		Has the participant taken any non-prescription oral multivitamins at least once a week in the past 12 months?
108	KGB12SHOT	Num	8	1.		Has the participant received any Vitamin B12 shots in the past 12 months?
109	KGSHOTNO	Num	8	2.		Number of Vitamin B12 shots received in past 12 months

Num	Variable	Type	Len	Format	Informat	Label
110	KGSUP	Num	8	1.		Has the participant taken any non-prescription oral supplements other than multivitamins at least once a week in the past 12 months?
111	KGOMEGA	Num	8	1.		Did the participant take this supplement? Omega 3 (fish oil)
112	KGOMEGAMO	Num	8	2.		Number of months omega 3 used in past 12 months
113	KGOMEGANO	Num	8	2.		Average number of doses of omega 3 used per week
114	KGVITA	Num	8	1.		Did the participant take this supplement? Vitamin A (not Beta-Carotene)
115	KGVITAMO	Num	8	2.		Number of months vitamin A used in past 12 months
116	KGVITANO	Num	8	2.		Average number of doses of vitamin A used per week
117	KGVITB6	Num	8	1.		Did the participant take this supplement? Vitamin B6
118	KGVITB6MO	Num	8	2.		Number of months vitamin B6 used in past 12 months
119	KGVITB6NO	Num	8	2.		Average number of doses of vitamin B6 used per week
120	KGVITB12	Num	8	1.		Did the participant take this supplement? Vitamin B12
121	KGVITB12MO	Num	8	2.		Number of months vitamin B12 used in past 12 months
122	KGVITB12NO	Num	8	2.		Average number of doses of vitamin B12 used per week
123	KGVITC	Num	8	1.		Did the participant take this supplement? Vitamin C (with or without rose hips)
124	KGVITCMO	Num	8	2.		Number of months vitamin C used in past 12 months
125	KGVITCNO	Num	8	2.		Average number of doses of vitamin C used per week
126	KGVITD	Num	8	1.		Did the participant take this supplement? Vitamin D
127	KGVITDMO	Num	8	2.		Number of months vitamin D used in past 12 months
128	KGVITDNO	Num	8	2.		Average number of doses of vitamin D used per week
129	KGVITE	Num	8	1.		Did the participant take this supplement? Vitamin E
130	KGVITEMO	Num	8	2.		Number of months vitamin E used in past 12 months
131	KGVITENO	Num	8	2.		Average number of doses of vitamin E used per week
132	KGCAL	Num	8	1.		Did the participant take this supplement? Calcium
133	KGCALMO	Num	8	2.		Number of months calcium used in past 12 months
134	KGCALNO	Num	8	2.		Average number of doses of calcium used per week
135	KGCHRO	Num	8	1.		Did the participant take this supplement? Chromium
136	KGCHROMO	Num	8	2.		Number of months chromium used in past 12 months
137	KGCHRONO	Num	8	2.		Average number of doses of chromium used per week
138	KGFOL	Num	8	1.		Did the participant take this supplement? Folate (folic Acid)
139	KGFOLMO	Num	8	2.		Number of months folate used in past 12 months
140	KGFOLNO	Num	8	2.		Average number of doses of folate used per week
141	KGIRON	Num	8	1.		Did the participant take this supplement? Iron
142	KGIRONMO	Num	8	2.		Number of months iron used in past 12 months
143	KGIRONNO	Num	8	2.		Average number of doses of iron used per week
144	KGMAG	Num	8	1.		Did the participant take this supplement? Magnesium
145	KGMAGMO	Num	8	2.		Number of months magnesium used in past 12 months
146	KGMAGNO	Num	8	2.		Average number of doses of magnesium used per week
147	KGPOT	Num	8	1.		Did the participant take this supplement? Potassium

Num	Variable	Type	Len	Format	Informat	Label
148	KGPOTMO	Num	8	2.		Number of months potassium used in past 12 months
149	KGPOTNO	Num	8	2.		Average number of doses of potassium used per week
150	KGSEL	Num	8	1.		Did the participant take this supplement? Selenium
151	KGSELMO	Num	8	2.		Number of months selenium used in past 12 months
152	KGSELNO	Num	8	2.		Average number of doses of selenium used per week
153	KGZINC	Num	8	1.		Did the participant take this supplement? Zinc
154	KGZINCMO	Num	8	2.		Number of months zinc used in past 12 months
155	KGZINCNO	Num	8	2.		Average number of doses of zinc used per week
156	KGFOBT	Num	8			Fecal occult blood test
157	KGSIG	Num	8			Sigmoidoscopy
158	KGCOL	Num	8			Colonoscopy
159	KGOTHTST	Num	8			Other cancer screening test
160	KGPAP	Num	8			Pap smear
161	KGMAM	Num	8			Mammogram
162	KGBRST	Num	8			Breast biopsy
163	KGPSA	Num	8			A blood test for prostate cancer, prostate specific antigen (PSA)
164	KGPROST	Num	8			Prostate biopsy
165	KGNORMR	Num	8	1.		Does right foot appear normal?
166	KGNORML	Num	8	1.		Does left foot appear normal?
167	KGDEFR	Num	8			Deformities of the right foot
168	KGDEFL	Num	8			Deformities of the left foot
169	KGSKINR	Num	8			Dry skin, callus of the right foot
170	KGSKINL	Num	8			Dry skin, callus of the left foot
171	KGINFR	Num	8			Infection of the right foot
172	KGINFL	Num	8			Infection of the left foot
173	KGFISSR	Num	8			Fissure of the right foot
174	KGFISSL	Num	8			Fissure of the left foot
175	KGOTHR	Num	8			Other abnormal condition of the right foot
176	KGOTHL	Num	8			Other abnormal condition of the left foot
177	KGULCRR	Num	8			Ulceration of right foot
178	KGREFR	Num	8			Ankle reflexes of right foot
179	KGTOER	Num	8			Vibration perception at great toe of right foot
180	KGNUMFILR	Num	8	2.		10gm filament (record number of applications detected) of right foot
181	KGULCRL	Num	8			Ulceration of left foot
182	KGREFL	Num	8			Ankle reflexes of left foot
183	KGTOEL	Num	8			Vibration perception at great toe of left foot
184	KGNUMFILL	Nym	8	2.		10gm filament (record number of applications detected) of left foot
185	KGDRUG1	Char	60	$60.		Medicine description: 1
186	KGDRUG2	Char	60	$60.		Medicine description: 2

Num	Variable	Type	Len	Format	Informat	Label
187	KGDRUG3	Char	60	$60.		Medicine description: 3
188	KGDRUG4	Char	60	$60.		Medicine description: 4
189	KGDRUG5	Char	60	$60.		Medicine description: 5
190	KGDRUG6	Char	60	$60.		Medicine description: 6
191	KGDRUG7	Char	60	$60.		Medicine description: 7
192	KGDRUG8	Char	60	$60.		Medicine description: 8
193	KGDRUG9	Char	60	$60.		Medicine description: 9
194	KGDRUG10	Char	60	$60.		Medicine description: 10
195	KGDRUG11	Char	60	$60.		Medicine description: 11
196	KGDRUG12	Char	60	$60.		Medicine description: 12
197	KGDRUG13	Char	60	$60.		Medicine description: 13
198	KGDRUG14	Char	60	$60.		Medicine description: 14
199	KGDRUG15	Char	60	$60.		Medicine description: 15
200	KGDRUG16	Char	60	$60.		Medicine description: 16
201	KGDRUG17	Char	60	$60.		Medicine description: 17
202	KGDRUG18	Char	60	$60.		Medicine description: 18
203	KGDRUG19	Char	60	$60.		Medicine description: 19
204	KGDRUG20	Char	60	$60.		Medicine description: 20
205	KGDRUG21	Char	60	$60.		Medicine description: 21
206	KGDRUG22	Char	60	$60.		Medicine description: 22
207	KGDRUG23	Char	60	$60.		Medicine description: 23
208	KGMETDRUG1	Char	60	$60.		Metformin medicine description: 1
209	KGINSDRUG1	Char	50	$50.		Insulin medicine description: 1
210	KGINSDRUG2	Char	50	$50.		Insulin medicine description: 2
211	KGINSDRUG3	Char	50	$50.		Insulin medicine description: 3
212	KGINSDRUG4	Char	50	$50.		Insulin medicine description: 4
213	KGINSDRUG5	Char	50	$50.		Insulin medicine description: 5
214	KGINSFORM1	Char	2	$2.		Insulin medicine form: 1
215	KGINSFORM2	Char	2	$2.		Insulin medicine form: 2
216	KGINSFORM3	Char	2	$2.		Insulin medicine form: 3
217	KGINSFORM4	Char	2	$2.		Insulin medicine form: 4
218	KGINSFORM5	Char	2	$2.		Insulin medicine form: 5
219	KGINSUNT1	Num	8	3.		Insulin medicine injection units: 1
220	KGINSUNT2	Num	8	3.		Insulin medicine injection units: 2
221	KGINSUNT3	Num	8	3.		Insulin medicine injection units: 3
222	KGINSUNT4	Num	8	3.		Insulin medicine injection units: 4
223	KGINSUNT5	Num	8	3.		Insulin medicine injection units: 5
224	KGINSTM1	Num	8	2.		Insulin medicine injection times per day: 1
225	KGINSTM2	Num	8	2.		Insulin medicine injection times per day: 2

Num	Variable	Type	Len	Format	Informat	Label
226	KGINSTM3	Num	8	2.		Insulin medicine injection times per day: 3
227	KGINSTM4	Num	8	2.		Insulin medicine injection times per day: 4
228	KGINSTM5	Num	8	2.		Insulin medicine injection times per day: 5
229	KGINSTDD1	Num	8	3.		Insulin medicine pump dose: 1
230	KGINSTDD2	Num	8	3.		Insulin medicine pump dose: 2
231	KGINSTDD3	Num	8	3.		Insulin medicine pump dose: 3
232	KGINSTDD4	Num	8	3.		Insulin medicine pump dose: 4
233	KGINSTDD5	Num	8	3.		Insulin medicine pump dose: 5

Data Set Name: f07.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	F7REA	Num	8	Reason for visit completion
5	F7BHBA1C	Num	8	Study metformin permanently discontinued: HbA1c>=7.0%
6	F7SCREAT	Num	8	Study metformin permanently discontinued: Elevated serum creatinine
7	F7CRCLR	Num	8	Study metformin permanently discontinued: Creatinine clearance 80 yo
8	F7CHF	Num	8	Study metformin permanently discontinued: Confirmed congestive heart failure
9	F7LIVER	Num	8	Study metformin permanently discontinued: Prohibitive liver condition
10	F7EGFRVL	Num	8	Study metformin permanently discontinued: eGFR < 30
11	F7OPERM	Num	8	Study metformin permanently discontinued: Other permanent medical condition
12	F7MTOTSD	Num	8	Study metformin temporarily discontinued: Prescribed metformin outside of study
13	F7PHYDIR	Num	8	Study metformin temporarily discontinued: Directive of physician
14	F7PREG	Num	8	Study metformin temporarily discontinued: Pregnancy/breatfeeding
15	F7ALCOHOL	Num	8	Study metformin temporarily discontinued: Alcohol use in excess of protocol
16	F7EVAL	Num	8	Study metformin temporarily discontinued: Prohibative medical conditions
17	F7INACT	Num	8	Study metformin temporarily discontinued: Participant is inactive
18	F7OMED	Num	8	Study metformin temporarily discontinued: Other medical condition
19	F7GI	Num	8	Study metformin temporarily discontinued: GI symptoms/problems
20	F7OTEMP	Num	8	Study metformin temporarily discontinued: Other temporary condition
21	F7BEHAV	Num	8	Study metformin temporarily discontinued: Behavioral issues
22	F7LFT	Num	8	Elevated LFT's during DPP, permanent removal from metformin

Data Set Name: f08.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	F08DOSE	Num	8		Daily dose of METFORMIN per protocol
5	F08COMPM	Num	8		What is your best estimate of the participant's level of exposure to metformin per protocol?
6	F08PROB	Num	8	1.	Since the last visit, has the participant had any problems taking his/her metformin pills as prescribed?
7	F08FORG	Num	8		Problem taking pills: Forgets to take pills in general
8	F08EVEN	Num	8		Problem taking pills: Forgets to take evening dose
9	F08INCON	Num	8		Problem taking pills: Inconvenient to take
10	F08GIRCT	Num	8		Problem taking pills: GI reaction
11	F08DISRP	Num	8		Problem taking pills: Disruption of regular routine
12	F08MEDC	Num	8		Problem taking pills: Hospitalization/new illness/medical reason
13	F08MOTV	Num	8		Problem taking pills: Lack of motivation
14	F08LOST	Num	8		Problem taking pills: Lost/misplaced pills
15	F08OTHER	Num	8		Problem taking pills: Other
16	F08STRAT	Num	8		What plan or strategy will the participant use to deal with this problem?
17	F08TIME	Num	8		If continue current plan: Time routine
18	F08STRRO	Num	8		If continue current plan: Strategy routine
19	F08RMND	Num	8		If continue current plan: Reminder device
20	F08OTHRS	Num	8		If continue current plan: Other
21	F08HGLOB	Num	8	4.1	Hemoglobin
22	F08HCRIT	Num	8	4.1	Hematocrit
23	F08PLATE	Num	8	3.	Platelet Count

Data Set Name: fundus.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	FPCOLOR_PQ	Char	30	$30.	$30.	Fundus Reflex Confidence Score
5	FPCSRSN	Char	20	$20.	$20.	Confidence Score Reason
6	FPFOCALPC	Char	20	$20.	$20.	Focal and/orGrid photocoagulation
7	FPSCATERPC	Char	50	$50.	$50.	Scatter (Panretinal) PC
8	FPMACOUNT	Char	20	$20.	$20.	Number of microaneurysms
9	FPHEMRG	Char	25	$25.	$25.	Hemorrhages within Grid
10	FPHEGRID	Char	20	$20.	$20.	Hard exudate within grid, Field 2
11	FPCSME	Char	25	$25.	$25.	Clinically significant Macular Edema
12	FPAMD	Char	50	$50.	$50.	Early AMD Presence
13	FPOCULABNO	Char	40	$40.	$40.	Confounding ocular abnormality
14	FPABNORM	Char	158	$158.	$158.	Comments related to Fundus Reflex Grading (including ocular abnormalities)
15	FPDRSEVETY	Char	20	$20.	$20.	Diabetic Retinopathy (DR) severity level for the eye

Data Set Name: lab.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$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		Triglycerides (mg/dL)
10	CHOL	Num	8		Total cholesterol (mg/dL)
11	CHDL	Num	8		HDL-c (mg/dL)
12	VLDL	Num	8		VLDL cholesterol (mg/dL)
13	CLDL	Num	8		LDL-c (mg/dL)
14	HBA1	Num	8		HbA1c (%)
15	CREA	Num	8		Serum creatinine (mg/dL)
16	DRNK0M	Num	8	TIME5.	Time glucose consumption started:
17	DRNK30M	Num	8	TIME5.	Time 30 minute sample drawn:
18	DRNK2H	Num	8	TIME5.	Time 2 hour sample drawn:
19	VB12	Num	8		Vitamin B12 (pg/mL)

Data Set Name: oct.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	OCTOCT_PQ	Char	30	$30.	$30.	OCT Confidence Score
5	OCTCSRSN	Char	20	$20.	$20.	Confidence Score Reason
6	OCTCTRLOC	Char	20	$20.	$20.	The center of the OCT volume scan based on the grid placement
7	OCTCTRLBL	Char	20	$20.	$20.	Total Center Layers Label
8	OCTCTRPTTHCK	Char	20	$20.	$20.	Total Center Point Thickness
9	OCTTOTTHK_C	Char	20	$20.	$20.	Total Thickness Sector _C
10	OCTTOTTHK_II	Char	20	$20.	$20.	Total Thickness Sector _II
11	OCTTOTTHK_IN	Char	20	$20.	$20.	Total Thickness Sector _IN
12	OCTTOTTHK_IS	Char	20	$20.	$20.	Total Thickness Sector _IS
13	OCTTOTTHK_IT	Char	20	$20.	$20.	Total Thickness Sector _IT
14	OCTTOTRLBLTY	Char	20	$20.	$20.	Total Thickness Inner Subfield Reliable
15	OCTRETLYRS	Char	20	$20.	$20.	Inner Retinal Layers Label
16	OCTIRPTTHCK	Char	20	$20.	$20.	Inner Retinal Center Point Thickness
17	OCTINRTHK_C	Char	20	$20.	$20.	Inner Thickness Sector C
18	OCTINRTHK_II	Char	20	$20.	$20.	Inner Thickness Sector II
19	OCTINRTHK_IN	Char	20	$20.	$20.	Inner Thickness Sector IN
20	OCTINRTHK_IS	Char	20	$20.	$20.	Inner Thickness Sector IS
21	OCTINRTHK_IT	Char	20	$20.	$20.	Inner Thickness Sector IT
22	OCTINRRLBLTY	Char	20	$20.	$20.	Inner Retinal Subfield Reliable
23	OCTPRPTTHC	Char	20	$20.	$20.	Photoreceptor Center Point Thickness
24	OCTPRTHK_C	Char	20	$20.	$20.	Photreceptor Thickness Sector _C
25	OCTPRTHK_II	Char	20	$20.	$20.	Photreceptor Thickness Sector _II
26	OCTPRTHK_IN	Char	20	$20.	$20.	Photreceptor Thickness Sector _IN
27	OCTPRTHK_IS	Char	20	$20.	$20.	Photreceptor Thickness Sector _IS
28	OCTPRTHK_IT	Char	20	$20.	$20.	Photreceptor Thickness Sector _IT
29	OCTPRRLBLTY	Char	20	$20.	$20.	Photoreceptor Thickness Reliable
30	OCTSSRDPRES	Char	40	$40.	$40.	SSRD Presence
31	OCTSSRDHIC	Char	20	$20.	$20.	SSRD Height in Center
32	OCTCYSSPC	Char	40	$40.	$40.	Cystoid Spaces
33	OCTPVD	Char	40	$40.	$40.	PVD: Presence and severity of posterior vitreous detachment
34	OCTERM	Char	40	$40.	$40.	ERM: Presence and location of Epiretinal membrane
35	OCTRTD	Char	40	$40.	$40.	RTD: Presence and location of Retinal Traction and Distortion
36	OCTMACHOLE	Char	40	$40.	$40.	Macular Hole: Presence and type of macular hole

Num	Variable	Type	Len	Format	Informat	Label
37	OCTAMD	Char	40	$40.	$40.	AMD Presence
38	OCTPRLBL	Char	20	$20.	$20.	Photoreceptor Layers Label

Data Set Name: p09.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	P09GRIP	Num	8	1.	Was the grip strength test completed?
5	P09DHND	Num	8		Dominant hand
6	P09DHND1	Num	8	2.	Trial 1 (Dominant hand)
7	P09DHND2	Num	8	2.	Trial 2 (Dominant hand)
8	P09DHND3	Num	8	2.	Trial 3 (Dominant hand)
9	P09OHND1	Num	8	2.	Trial 1 (Other hand)
10	P09OHND2	Num	8	2.	Trial 2 (Other hand)
11	P09OHND3	Num	8	2.	Trial 3 (Other hand)
12	P09BAL	Num	8	1.	Were any of the balance tests completed?
13	P09SBS	Num	8	1.	Did the participant attempt the side-by side test?
14	P09SBSND	Num	8	5.2	How long was the participant able to maintain balance during this test? (seconds)
15	P09ST	Num	8	1.	Did the participant attempt the semi-tandem test?
16	P09STSND	Num	8	5.2	How long was the participant able to maintain balance during this test? (seconds)
17	P09T	Num	8	1.	Did the participant attempt the tandem test?
18	P09TSND	Num	8	5.2	How long was the participant able to maintain balance during this test? (seconds)
19	P09SLS	Num	8	1.	Did the participant attempt the single-leg stand test?
20	P09SLSND	Num	8	5.2	How long was the participant able to maintain balance during this test? (seconds)
21	P09WAID	Num	8	1.	Was a walking-aid used?
22	P09WSND1	Num	8	5.2	Walk 1 completion time (seconds)
23	P09WSND2	Num	8	5.2	Walk 2 completion time (seconds)
24	P09CHSND	Num	8	5.2	Five chair stand test completion time (seconds)
25	P09CHAIR	Num	8	1.	Was the five chair stand test completed?
26	P09GAIT	Num	8	1.	Was the gait speed test completed?

Data Set Name: p12.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	P12SBP	Num	8	3.		Systolic Blood Pressure
5	P12DBP	Num	8	3.		Diastolic Blood Pressure
6	P12HR	Num	8	3.		Heart rate
7	P12ELIG	Num	8	1.		Is the participant eligible to complete the six minute walk?
8	P12DIZNS	Num	8			Ineligible: Participant experienced dizziness
9	P12SHTBR	Num	8			Ineligible: Participant experienced shortness of breath
10	P12CHPRE	Num	8			Ineligible: Participant experienced chest pain, pressure or tightness
11	P12UNSAFE	Num	8			Ineligible: Participant feels unsafe to attempt the six minute walk
12	P12HRBP	Num	8			Ineligible: Heart rate (>120 or 180 or diastolic >100)
13	P12OTH	Num	8			Ineligible: Other
14	P12EWLKT	Num	8	TIME5.		Stop watch at the end of walk
15	P12REST	Num	8	1.		Did the participant stop to rest during the test?
16	P12CMTST	Num	8	1.		Did the participant complete the test?
17	P12STOP	Num	8			Who stopped the test early?
18	P12WLKAD	Num	8	1.		Did the participant use a walking aid?
19	P12WLKER	Num	8			Walking aid: Walker
20	P12CNE	Num	8			Walking aid: Cane
21	P12QDCNE	Num	8			Walking aid: Quad cane
22	P12BGLVL	Num	8	4.1		Borg CR-10 RPE level
23	P12HRPT	Num	8	3.		Heart rate (post-test)
24	P12PATSYM	Num	8	1.		Did the participant experience any symptoms during or after the test?
25	P12CSTPN	Num	8			If experienced symptoms: Chest pain
26	P12FNTDIZ	Num	8			If experienced symptoms: Feeling faint or dizzy
27	P12LGPN	Num	8			If experienced symptoms: Leg pain
28	P12SOTBR	Num	8			If experienced symptoms: Shortness of breath
29	P12EXPOTH	Num	8			If experienced symptoms: Other
30	P12EXSYMP	Num	8	1.		Did the examiner observe any symptoms during or after the test?
31	P12EXSTBR	Num	8			If observed symptoms: Shortness of breath
32	P12WZDP	Num	8			If observed symptoms: Wheezing/dyspnea
33	P12SGDIS	Num	8			If observed symptoms: Signs of discomfort
34	P12UNST	Num	8			If observed symptoms: Unsteadiness
35	P12SWT	Num	8			If observed symptoms: Sweating
36	P12EXOTH	Num	8			If observed symptoms: Other
37	P12LGTH	Num	8	2.		Number of lengths completed

Num	Variable	Type	Len	Format	Informat	Label
38	P12MTRS	Num	8	2.		Additional meters completed
39	CLENGTH	Num	8			Course length in meters
40	P12SPTM	Char	128	$128.	$128.	If stopped to rest: Specify total length of time

Data Set Name: p14.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	P14FILR	Num	8			The 10-gram monofilament test was (right foot):
5	P14FILL	Num	8			The 10-gram monofilament test was (left foot):
6	P14FILR1	Num	8	1.		Monofilament Trial 1 (Right Foot)
7	P14FILR2	Num	8	1.		Monofilament Trial 2 (Right Foot)
8	P14FILR3	Num	8	1.		Monofilament Trail 3 (Right Foot)
9	P14FILR4	Num	8	1.		Monofilament Trail 4 (Right Foot)
10	P14FILR5	Num	8	1.		Monofilament Trial 5 (Right Foot)
11	P14FILR6	Num	8	1.		Monofilament Trial 6 (Right Foot)
12	P14FILR7	Num	8	1.		Monofilament Trial 7 (Right Foot)
13	P14FILR8	Num	8	1.		Monofilament Trial 8 (Right Foot)
14	P14FILR9	Num	8	1.		Monofilament Trial 9 (Right Foot)
15	P14FILR10	Num	8	1.		Monofilament Trial 10 (Right Foot)
16	P14FILL1	Num	8	1.		Monofilament Trial 1 (Left Foot)
17	P14FILL2	Num	8	1.		Monofilament Trial 2 (Left Foot)
18	P14FILL3	Num	8	1.		Monofilament Trail 3 (Left Foot)
19	P14FILL4	Num	8	1.		Monofilament Trial 4 (Left Foot)
20	P14FILL5	Num	8	1.		Monofilament Trial 5 (Left Foot)
21	P14FILL6	Num	8	1.		Monofilament Trial 6 (Left Foot)
22	P14FILL7	Num	8	1.		Monofilament Trial 7 (Left Foot)
23	P14FILL8	Num	8	1.		Monofilament Trial 8 (Left Foot)
24	P14FILL9	Num	8	1.		Monofilament Trial 9 (Left Foot)
25	P14FILL10	Num	8	1.		Monofilament Trial 10 (Left Foot)
26	P14PRIKR	Num	8			The pinprick sensation test was (right foot):
27	P14PRIKL	Num	8			The pinprick sensation test was (left foot):
28	P14PRIKRC1	Char	5	$5.	$5.	Pinprick Test Trial 1 (Right Foot) = Dull
29	P14PRIKRC2	Char	5	$5.	$5.	Pinprick Test Trial 2 (Right Foot) = Dull
30	P14PRIKRC3	Char	5	$5.	$5.	Pinprick Test Trial 3 (Right Foot) = Sharp
31	P14PRIKRC4	Char	5	$5.	$5.	Pinprick Test Trial 4 (Right Foot) = Dull
32	P14PRIKRC5	Char	5	$5.	$5.	Pinprick Trial Test 5 (Right Foot) = Sharp
33	P14PRIKRC6	Char	5	$5.	$5.	Pinprick Test Trial 6 (Right Foot) = Sharp
34	P14PRIKRC7	Char	5	$5.	$5.	Pinprick Test Trial 7 (Right Foot) = Sharp
35	P14PRIKRC8	Char	5	$5.	$5.	Pinprick Test Trial 8 (Right Foot) = Dull
36	P14PRIKR1	Num	8	1.		Pinprick Test Trial 1 (Right Foot)
37	P14PRIKR2	Num	8	1.		Pinprick Test Trial 2 (Right Foot)

Num	Variable	Type	Len	Format	Informat	Label
38	P14PRIKR3	Num	8	1.		Pinprick Test Trial 3 (Right Foot)
39	P14PRIKR4	Num	8	1.		Pinprick Test Trial 4 (Right Foot)
40	P14PRIKR5	Num	8	1.		Pinprick Test Trial 5 (Right Foot)
41	P14PRIKR6	Num	8	1.		Pinprick Test Trial 6 (Right Foot)
42	P14PRIKR7	Num	8	1.		Pinprick Test Trial 7 (Right Foot)
43	P14PRIKR8	Num	8	1.		Pinprick Test Trial 8 (Right Foot)
44	P14PRIKLC1	Char	5	$5.	$5.	Pinprick Test Trial 1 (Left Foot) = Sharp
45	P14PRIKLC2	Char	5	$5.	$5.	Pinprick Test Trial 2 (Left Foot) = Dull
46	P14PRIKLC3	Char	5	$5.	$5.	Pinprick Test Trial 3 (Left Foot) = Dull
47	P14PRIKLC4	Char	5	$5.	$5.	Pinprick Test Trial 4 (Left Foot) = Sharp
48	P14PRIKLC5	Char	5	$5.	$5.	Pinprick Test Trial 5 (Left Foot) = Dull
49	P14PRIKLC6	Char	5	$5.	$5.	Pinprick Test Trial 6 (Left Foot) = Sharp
50	P14PRIKLC7	Char	5	$5.	$5.	Pinprick Test Trial 7 (Left Foot) = Sharp
51	P14PRIKLC8	Char	5	$5.	$5.	Pinprick Test Trial 8 (Left Foot) = Dull
52	P14PRIKL1	Num	8	1.		Pinprick Test Trial 1 (Left Foot)
53	P14PRIKL2	Num	8	1.		Pinprick Test Trial 2 (Left Foot)
54	P14PRIKL3	Num	8	1.		Pinprick Test Trial 3 (Left Foot)
55	P14PRIKL4	Num	8	1.		Pinprick Test Trial 4 (Left Foot)
56	P14PRIKL5	Num	8	1.		Pinprick Test Trial 5 (Left Foot)
57	P14PRIKL6	Num	8	1.		Pinprick Test Trial 6 (Left Foot)
58	P14PRIKL7	Num	8	1.		Pinprick Test Trial 7 (Left Foot)
59	P14PRIKL8	Num	8	1.		Pinprick Test Trial 8 (Left Foot)
60	P14VIBR	Num	8			The vibratory sensation test was (right foot):
61	P14VIBL	Num	8			The vibratory sensation test was (left foot):
62	P14VIBR1	Num	8	1.		Vibratory Trial 1 (Right Foot)
63	P14VIBL1	Num	8	1.		Vibratory Trial 1 (Left Foot)
64	P14VIBRIV1	Num	8	3.1		Vibratory Trial 1 (Right Foot): Intersect Value
65	P14VIBLIV1	Num	8	3.1		Vibratory Trial 1 (Left Foot): Intersect Value
66	P14VIBR2	Num	8	1.		Vibratory Trial 2 (Right Foot)
67	P14VIBL2	Num	8	1.		Vibratory Trial 2 (Left Foot)
68	P14VIBRIV2	Num	8	3.1		Vibratory Trial 2 (Right Foot): Intersect Value
69	P14VIBLIV2	Num	8	3.1		Vibratory Trial 2 (Left Foot): Intersect Value
70	P14NUMFILL	Num	8	2.		Auto calculate - Monofilament trials (Left Foot) - Total out of 10 Trials
71	P14NUMFILL2	Num	8	2.		Auto calculate - Monofilament trials (Left Foot) - Last 2 Trials
72	P14NUMFILL8	Num	8	2.		Auto calculate - Monofilament trials (Left Foot) - First 8 Trials
73	P14NUMFILR	Num	8	2.		Auto calculate - Monofilament trials (Right Foot) - Total out of 10 Trials
74	P14NUMFILR2	Nym	8	2.		Auto calculate - Monofilament trials (Right Foot) - Last 2 Trials
75	P14NUMFILR8	Num	8	2.		Auto calculate - Monofilament trials (Right Foot) - First 8 Trials

Data Set Name: q01.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	BDFLSAD	Num	8		Feeling the past week: Sad
5	BDFUTUR	Num	8		Feeling the past week: Future
6	BDFAILR	Num	8		Feeling the past week: Failure
7	BDSATIS	Num	8		Feeling the past week: Satisfaction
8	BDGUILT	Num	8		Feeling the past week: Guilty
9	BDPUNSH	Num	8		Feeling the past week: Punished
10	BDDISAP	Num	8		Feeling the past week: Disappointed
11	BDFAULT	Num	8		Feeling the past week: Faults
12	BDSUICD	Num	8		Feeling the past week: Suicide
13	BDCRYTM	Num	8		Feeling the past week: Cry
14	BDIRRIT	Num	8		Feeling the past week: Irritated
15	BDPEOPL	Num	8		Feeling the past week: People
16	BDDECIS	Num	8		Feeling the past week: Decisions
17	BDLOOKS	Num	8		Feeling the past week: Looks
18	BDWRKEF	Num	8		Feeling the past week: Work
19	BDSLEEP	Num	8		Feeling the past week: Sleep
20	BDTIRED	Num	8		Feeling the past week: Tired
21	BDAPPET	Num	8		Feeling the past week: Appetite
22	BDWEIGH	Num	8		Feeling the past week: Weight
23	BDLSWHT	Num	8	1.	I am purposely trying to lose weight by eating less
24	BDHELTH	Num	8		Feeling the past week: Health
25	BDINTSX	Num	8		Feeling the past week: Sex
26	BANMB	Num	8		Anxiety: Numbness or tingling
27	BAHOT	Num	8		Anxiety: Feeling hot
28	BALEGS	Num	8		Anxiety: Wobbliness in legs
29	BARLX	Num	8		Anxiety: Unable to relax
30	BAFEAR	Num	8		Anxiety: Fear of the worst happening
31	BADIZZ	Num	8		Anxiety: Dizzy or lightheaded
32	BAHRT	Num	8		Anxiety: Heart pounding or racing
33	BAUNST	Num	8		Anxiety: Unsteady
34	BATERR	Num	8		Anxiety: Terrified
35	BANRV	Num	8		Anxiety: Nervous
36	BACHOK	Num	8		Anxiety: Feelings of choking
37	BATRMB	Num	8		Anxiety: Hands trembling

Num	Variable	Type	Len	Format	Label
38	BASHKY	Num	8		Anxiety: Shaky
39	BACTRL	Num	8		Anxiety: Fear of losing control
40	BABRTH	Num	8		Anxiety: Difficulty breathing
41	BADIE	Num	8		Anxiety: Fear of dying
42	BASCRD	Num	8		Anxiety: Scared
43	BAINDG	Num	8		Anxiety: Indigestion or discomfort in abdomen
44	BAFNT	Num	8		Anxiety: Faint
45	BAFLSH	Num	8		Anxiety: Face flushed
46	BASWT	Num	8		Anxiety: Sweating
47	BFLEFRT	Num	8		I felt everything I did was an effort
48	BFNTGTGO	Num	8		I could not get going

Data Set Name: q02.sas7bdat

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

Num	Variable	Type	Len	Format	Label
38	HTFWORS	Num	8		I expect my health to get worse
39	HTFEXC	Num	8		My health is excellent

Num	Variable	Type	Len	Format	Label
38	HTFWORS	Num	8		I expect my health to get worse
39	HTFEXC	Num	8		My health is excellent

Data Set Name: q03.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	KVMODE	Num	8		Was the MAQ administered over the phone or in person?
5	KAACODE	Num	8	2.	A[;] Code
6	KAAJAN	Num	8		A[;]JAN
7	KAAFEB	Num	8		A[;]FEB
8	KAAMAR	Num	8		A[;]MAR
9	KAAAPR	Num	8		A[;]APR
10	KAAMAY	Num	8		A[;]MAY
11	KAAJUN	Num	8		A[;]JUN
12	KAAJUL	Num	8		A[;]JUL
13	KAAAUG	Num	8		A[;]AUG
14	KAASEP	Num	8		A[;]SEP
15	KAAOCT	Num	8		A[;]OCT
16	KAANOV	Num	8		A[;]NOV
17	KAADEC	Num	8		A[;]DEC
18	KAATIME	Num	8	4.1	A[;]Average No. of Times Per Month
19	KAAMIN	Num	8	3.	A[;]Average No. of Minutes Each Time
20	KABCODE	Num	8	2.	B[;] Code
21	KABJAN	Num	8		B[;]JAN
22	KABFEB	Num	8		B[;]FEB
23	KABMAR	Num	8		B[;]MAR
24	KABAPR	Num	8		B[;]APR
25	KABMAY	Num	8		B[;]MAY
26	KABJUN	Num	8		B[;]JUN
27	KABJUL	Num	8		B[;]JUL
28	KABAUG	Num	8		B[;]AUG
29	KABSEP	Num	8		B[;]SEP
30	KABOCT	Num	8		B[;]OCT
31	KABNOV	Num	8		B[;]NOV
32	KABDEC	Num	8		B[;]DEC
33	KABTIME	Num	8	4.1	B[;]Average No. of Times Per Month
34	KABMIN	Num	8	3.	B[;]Average No. of Minutes Each Time
35	KACCODE	Num	8	2.	C[;] Code
36	KACJAN	Num	8		C[;]JAN
37	KACFEB	Num	8		C[;]FEB

Num	Variable	Type	Len	Format	Label
38	KACMAR	Num	8		C[;]MAR
39	KACAPR	Num	8		C[;]APR
40	KACMAY	Num	8		C[;]MAY
41	KACJUN	Num	8		C[;]JUN
42	KACJUL	Num	8		C[;]JUL
43	KACAUG	Num	8		C[;]AUG
44	KACSEP	Num	8		C[;]SEP
45	KACOCT	Num	8		C[;]OCT
46	KACNOV	Num	8		C[;]NOV
47	KACDEC	Num	8		C[;]DEC
48	KACTIME	Num	8	4.1	C[;]Average No. of Times Per Month
49	KACMIN	Num	8	3.	C[;]Average No. of Minutes Each Time
50	KADCODE	Num	8	2.	D[;] Code
51	KADJAN	Num	8		D[;]JAN
52	KADFEB	Num	8		D[;]FEB
53	KADMAR	Num	8		D[;]MAR
54	KADAPR	Num	8		D[;]APR
55	KADMAY	Num	8		D[;]MAY
56	KADJUN	Num	8		D[;]JUN
57	KADJUL	Num	8		D[;]JUL
58	KADAUG	Num	8		D[;]AUG
59	KADSEP	Num	8		D[;]SEP
60	KADOCT	Num	8		D[;]OCT
61	KADNOV	Num	8		D[;]NOV
62	KADDEC	Num	8		D[;]DEC
63	KADTIME	Num	8	4.1	D[;]Average No. of Times Per Month
64	KADMIN	Num	8	3.	D[;]Average No. of Minutes Each Time
65	KAECODE	Num	8	2.	E[;] Code
66	KAEJAN	Num	8		E[;]JAN
67	KAEFEB	Num	8		E[;]FEB
68	KAEMAR	Num	8		E[;]MAR
69	KAEAPR	Num	8		E[;]APR
70	KAEMAY	Num	8		E[;]MAY
71	KAEJUN	Num	8		E[;]JUN
72	KAEJUL	Num	8		E[;]JUL
73	KAEAUG	Num	8		E[;]AUG
74	KAESEP	Nym	8		E[;]SEP
75	KAEOCT	Num	8		E[;]OCT
76	KAENOV	Num	8		E[;]NOV

Num	Variable	Type	Len	Format	Label
77	KAEDEC	Num	8		E[;]DEC
78	KAETIME	Num	8	4.1	E[;]Average No. of Times Per Month
79	KAEMIN	Num	8	3.	E[;]Average No. of Minutes Each Time
80	KAFCODE	Num	8	2.	F[;] Code
81	KAFJAN	Num	8		F[;]JAN
82	KAFFEB	Num	8		F[;]FEB
83	KAFMAR	Num	8		F[;]MAR
84	KAFAPR	Num	8		F[;]APR
85	KAFMAY	Num	8		F[;]MAY
86	KAFJUN	Num	8		F[;]JUN
87	KAFJUL	Num	8		F[;]JUL
88	KAFAUG	Num	8		F[;]AUG
89	KAFSEP	Num	8		F[;]SEP
90	KAFOCT	Num	8		F[;]OCT
91	KAFNOV	Num	8		F[;]NOV
92	KAFDEC	Num	8		F[;]DEC
93	KAFTIME	Num	8	4.1	F[;]Average No. of Times Per Month
94	KAFMIN	Num	8	3.	F[;]Average No. of Minutes Each Time
95	KAGCODE	Num	8	2.	G[;] Code
96	KAGJAN	Num	8		G[;]JAN
97	KAGFEB	Num	8		G[;]FEB
98	KAGMAR	Num	8		G[;]MAR
99	KAGAPR	Num	8		G[;]APR
100	KAGMAY	Num	8		G[;]MAY
101	KAGJUN	Num	8		G[;]JUN
102	KAGJUL	Num	8		G[;]JUL
103	KAGAUG	Num	8		G[;]AUG
104	KAGSEP	Num	8		G[;]SEP
105	KAGOCT	Num	8		G[;]OCT
106	KAGNOV	Num	8		G[;]NOV
107	KAGDEC	Num	8		G[;]DEC
108	KAGTIME	Num	8	4.1	G[;]Average No. of Times Per Month
109	KAGMIN	Num	8	3.	G[;]Average No. of Minutes Each Time
110	KAHCODE	Num	8	2.	H[;] Code
111	KAHJAN	Num	8		H[;]JAN
112	KAHFEB	Num	8		H[;]FEB
113	KAHMAR	Nym	8		H[;]MAR
114	KAHAPR	Num	8		H[;]APR
115	KAHMAY	Num	8		H[;]MAY

Num	Variable	Type	Len	Format	Label
116	KAHJUN	Num	8		H[;]JUN
117	KAHJUL	Num	8		H[;]JUL
118	KAHAUG	Num	8		H[;]AUG
119	KAHSEP	Num	8		H[;]SEP
120	KAHOCT	Num	8		H[;]OCT
121	KAHNOV	Num	8		H[;]NOV
122	KAHDEC	Num	8		H[;]DEC
123	KAHTIME	Num	8	4.1	H[;]Average No. of Times Per Month
124	KAHMIN	Num	8	3.	H[;]Average No. of Minutes Each Time
125	KAICODE	Num	8	2.	I[;] Code
126	KAIJAN	Num	8		I[;]JAN
127	KAIFEB	Num	8		I[;]FEB
128	KAIMAR	Num	8		I[;]MAR
129	KAIAPR	Num	8		I[;]APR
130	KAIMAY	Num	8		I[;]MAY
131	KAIJUN	Num	8		I[;]JUN
132	KAIJUL	Num	8		I[;]JUL
133	KAIAUG	Num	8		I[;]AUG
134	KAISEP	Num	8		I[;]SEP
135	KAIOCT	Num	8		I[;]OCT
136	KAINOV	Num	8		I[;]NOV
137	KAIDEC	Num	8		I[;]DEC
138	KAITIME	Num	8	4.1	I[;]Average No. of Times Per Month
139	KAIMIN	Num	8	3.	I[;]Average No. of Minutes Each Time
140	KAJCODE	Num	8	2.	J[;] Code
141	KAJJAN	Num	8		J[;]JAN
142	KAJFEB	Num	8		J[;]FEB
143	KAJMAR	Num	8		J[;]MAR
144	KAJAPR	Num	8		J[;]APR
145	KAJMAY	Num	8		J[;]MAY
146	KAJJUN	Num	8		J[;]JUN
147	KAJJUL	Num	8		J[;]JUL
148	KAJAUG	Num	8		J[;]AUG
149	KAJSEP	Num	8		J[;]SEP
150	KAJOCT	Num	8		J[;]OCT
151	KAJNOV	Num	8		J[;]NOV
152	KAJDEC	Nym	8		J[;]DEC
153	KAJTIME	Num	8	4.1	J[;]Average No. of Times Per Month
154	KAJMIN	Num	8	3.	J[;]Average No. of Minutes Each Time

Num	Variable	Type	Len	Format	Label
155	KAKCODE	Num	8	2.	K[;] Code
156	KAKJAN	Num	8		K[;]JAN
157	KAKFEB	Num	8		K[;]FEB
158	KAKMAR	Num	8		K[;]MAR
159	KAKAPR	Num	8		K[;]APR
160	KAKMAY	Num	8		K[;]MAY
161	KAKJUN	Num	8		K[;]JUN
162	KAKJUL	Num	8		K[;]JUL
163	KAKAUG	Num	8		K[;]AUG
164	KAKSEP	Num	8		K[;]SEP
165	KAKOCT	Num	8		K[;]OCT
166	KAKNOV	Num	8		K[;]NOV
167	KAKDEC	Num	8		K[;]DEC
168	KAKTIME	Num	8	4.1	K[;]Average No. of Times Per Month
169	KAKMIN	Num	8	3.	K[;]Average No. of Minutes Each Time
170	KALCODE	Num	8	2.	L[;] Code
171	KALJAN	Num	8		L[;]JAN
172	KALFEB	Num	8		L[;]FEB
173	KALMAR	Num	8		L[;]MAR
174	KALAPR	Num	8		L[;]APR
175	KALMAY	Num	8		L[;]MAY
176	KALJUN	Num	8		L[;]JUN
177	KALJUL	Num	8		L[;]JUL
178	KALAUG	Num	8		L[;]AUG
179	KALSEP	Num	8		L[;]SEP
180	KALOCT	Num	8		L[;]OCT
181	KALNOV	Num	8		L[;]NOV
182	KALDEC	Num	8		L[;]DEC
183	KALTIME	Num	8	4.1	L[;]Average No. of Times Per Month
184	KALMIN	Num	8	3.	L[;]Average No. of Minutes Each Time
185	KTVHRS	Num	8	4.1	How many hours per day do you usually spend watching television?
186	KCOMPHRS	Num	8	4.1	How many HOURS per DAY do you usually spend on a computer doing non-work related activities (e.g.email, shopping, reading blogs, watching movies, playing electronic/video games)?
187	KBEDYN	Num	8	1.	Over the past year, have you spent > 1 week confined to a bed or chair?
188	KBEDWKS	Num	8	2.	How many weeks over the past year were you confined to a bed or chair?
189	KDIFBED	Num	8	1.	Getting in and out of a bed or chair?
190	KDIFSWK	Num	8	1.	Walking across a small room without resting?
191	KDIFLWK	Num	8	1.	Walking for 10 minutes without resting?
192	KSPORT	Num	8	1.	Did you ever compete in an individual or team sport? (not including time spent in sports in PE?)

Num	Variable	Type	Len	Format	Label
193	KSPRTYR	Num	8	4.1	How many total years did you participate in competitive sports?
194	KJACODE	Num	8	2.	Job Code
195	KJAWALK	Num	8	3.	Walk or bicycle to/from work (total min/day)
196	KJAMOS	Num	8	4.1	Job (mos/yr, account for all 12 mos)
197	KJADAYS	Num	8	3.1	Average Job Schedule (days/wk)
198	KJAHRS	Num	8	4.1	Average Job Schedule (hrs/day)
199	KJASIT	Num	8	4.1	Hrs spent sitting at work (average hrs/day)
200	KJAACTV	Num	8		Check the category that best describes job activities when not sitting
201	KJBCODE	Num	8	2.	Job Code
202	KJBWALK	Num	8	3.	Walk or bicycle to/from work (total min/day)
203	KJBMOS	Num	8	4.1	Job (mos/yr, account for all 12 mos)
204	KJBDAYS	Num	8	3.1	Average Job Schedule (days/wk)
205	KJBHRS	Num	8	4.1	Average Job Schedule (hrs/day)
206	KJBSIT	Num	8	4.1	Hrs spent sitting at work (average hrs/day)
207	KJBACTV	Num	8		Check the category that best describes job activities when not sitting
208	KJCCODE	Num	8	2.	Job Code
209	KJCWALK	Num	8	3.	Walk or bicycle to/from work (total min/day)
210	KJCMOS	Num	8	4.1	Job (mos/yr, account for all 12 mos)
211	KJCDAYS	Num	8	3.1	Average Job Schedule (days/wk)
212	KJCHRS	Num	8	4.1	Average Job Schedule (hrs/day)
213	KJCSIT	Num	8	4.1	Hrs spent sitting at work (average hrs/day)
214	KJCACTV	Num	8		Check the category that best describes job activities when not sitting
215	KJDCODE	Num	8	2.	Job Code
216	KJDWALK	Num	8	3.	Walk or bicycle to/from work (total min/day)
217	KJDMOS	Num	8	4.1	Job (mos/yr, account for all 12 mos)
218	KJDDAYS	Num	8	3.1	Average Job Schedule (days/wk)
219	KJDHRS	Num	8	4.1	Average Job Schedule (hrs/day)
220	KJDSIT	Num	8	4.1	Hrs spent sitting at work (average hrs/day)
221	KJDACTV	Num	8		Check the category that best describes job activities when not sitting

Data Set Name: q13.sas7bdat

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

Data Set Name: q15.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	QONUMB	Num	8	1.	Are your legs and/or feet numb?
5	QOBURN	Num	8	1.	Do you ever have any burning pain in your legs and/or feet?
6	QOSENS	Num	8	1.	Are your feet too sensitive to touch?
7	QOCRAMP	Num	8	1.	Do you get muscle cramps in your legs and/or feet?
8	QOPRICK	Num	8	1.	Do you ever have any prickling feelings in your legs or feet?
9	QOCOVR	Num	8	1.	Does it hurt when the bed covers touch your skin?
10	QOWATER	Num	8	1.	When you get into the tub or shower, are you able to tell the hot water from the cold water?
11	QOSORE	Num	8	1.	Have you ever had an open sore on your foot?
12	QONEURP	Num	8	1.	Has your doctor ever told you that you have diabetic neuropathy?
13	QOWEAK	Num	8	1.	Do you feel weak all over most of the time?
14	QOWORSE	Num	8	1.	Are your symptoms worse at night?
15	QOHURT	Num	8	1.	Do your legs hurt when you walk?
16	QOSENSE	Num	8	1.	Are you able to sense your feet when you walk?
17	QODRY	Num	8	1.	Is the skin on your feet so dry that it cracks open?
18	QOAMPUT	Num	8	1.	Have you ever had an amputation?

Data Set Name: q17.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	Q17START	Num	8	TIME5.	Start time of assessment
5	Q17LANG	Num	8		What language were tests administered in?
6	Q17HANDED	Num	8		Handedness
7	Q17HEARING	Num	8		Hearing
8	Q17VISION	Num	8		Vision
9	Q17PLDTBT	Num	8	2.	Place & date of birth
10	Q17RGTION	Num	8	2.	Registration
11	Q17MTLRVAL	Num	8	2.	Mental reversal
12	Q17FTRCAL	Num	8	2.	First recall of three words
13	Q17TEMPORT	Num	8	2.	Temporal Orientation
14	Q17STLORT	Num	8	2.	Spatial orientation
15	Q17NMING	Num	8	2.	Naming
16	Q17FRLGAM	Num	8	2.	Four-legged animals
17	Q17SMLTIES	Num	8	2.	Similarities
18	Q17RPTON	Num	8	2.	Repetition
19	Q17RDOEY	Num	8	2.	Read and Obey
20	Q17WRTING	Num	8	2.	Writing
21	Q17CPYPGON	Num	8	2.	Copying 2 pentagons
22	Q17TRSTCMD	Num	8	2.	Three-stage command
23	Q17RECAL	Num	8	2.	Second recall of three words
24	Q17SEVLT	Num	8	1.	Was the 'SEVLT' test completed?
25	Q17NOSEVLT	Num	8		Why was it discontinued?
26	Q17VLTC1	Num	8	2.	Trial 1: Correct
27	Q17VLTR1	Num	8	2.	Trial 1: Repetitions
28	Q17VLTI1	Num	8	2.	Trial 1: Intrusions
29	Q17VLTC2	Num	8	2.	Trial 2: Correct
30	Q17VLTR2	Num	8	2.	Trial 2: Repetitions
31	Q17VLTI2	Num	8	2.	Trial 2: Intrusions
32	Q17VLTC3	Num	8	2.	Trial 3: Correct
33	Q17VLTR3	Num	8	2.	Trial 3: Repetitions
34	Q17VLTI3	Num	8	2.	Trial 3: Intrusions
35	Q17VLTC4	Num	8	2.	Trial 4: Correct
36	Q17VLTR4	Num	8	2.	Trial 4: Repetitions
37	Q17VLTI4	Num	8	2.	Trial 4: Intrusions

Num	Variable	Type	Len	Format	Label
38	Q17VLTOTC	Num	8	2.	Total Correct
39	Q17VLTOTR	Num	8	2.	Total Repetitions
40	Q17VLTOTI	Num	8	2.	Total Intrusions
41	Q17DSST	Num	8	1.	Was the 'Digit Symbol Substitution Test' completed?
42	Q17NODSST	Num	8		Why was it discontinued?
43	Q17DSSTOTC	Num	8	3.	Total correct symbols on assessment C

Data Set Name: q20.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	Q20BRST	Num	8		Have you had this test? Breast biopsy
5	Q20COL	Num	8		Have you had this test? Colonoscopy
6	Q20COLOFT	Num	8		[;]1=Once 2=Every 3=Every
7	Q20DXCAN	Num	8		Have you ever been diagnosed with cancer since you joined DPP?
8	Q20FOBT	Num	8		Have you had this test? Fecal occult blood test
9	Q20FOBTOFT	Num	8		[;]1=Once 2=Every 3=Every
10	Q20HYST	Num	8		Have you had a hysterectomy (operation to remove the uterus or womb)?
11	Q20HYSTA	Num	8	3.	How old were you?
12	Q20IBDAY	Num	8	2.	[;]1. On averagehow many d
13	Q20IBNO	Num	8	2.	[;]2. How manypills per da
14	Q20IBYRS	Num	8	2.	[;]3. Years ofregular use?
15	Q20MAM	Num	8		Have you had this test? Mammogram
16	Q20MAMOFT	Num	8		[;]1=Once 2=Every 3=Every
17	Q20MENS	Num	8		Are you still having periods (menstrual bleeding)?
18	Q20MENSA	Num	8	2.	At what age was your last period?
19	Q20MENSMO	Num	8	2.	How many months ago was your last period?
20	Q20MENSYR	Num	8	1.	Was your last period more than a year ago?
21	Q20NADAY	Num	8	2.	[;]1. On averagehow many d
22	Q20NANO	Num	8	2.	[;]2. How manypills per da
23	Q20NAYRS	Num	8	2.	[;]3. Years ofregular use?
24	Q20NSAID	Num	8	1.	Have you ever used a non-prescription non-steroidal anti-inflammatory drug (NSAID) other than aspirin more than once a month?
25	Q20NSAIDIB	Num	8	1.	Did you take this NSAID? Ibuprofen (e.g. Advil, Motrin, Nuprin)
26	Q20NSAIDNA	Num	8	1.	Did you take this NSAID? Naproxen (e.g. Aleve, Anaprox, Naprosyn, Naprelan)
27	Q20NSAIOTH	Num	8	1.	Did you take this NSAID? Other
28	Q20OTHDAY	Num	8	2.	[;]1. On averagehow many d
29	Q20OTHNO	Num	8	2.	[;]2. How manypills per da
30	Q20OTHYRS	Num	8	2.	[;]3. Years ofregular use?
31	Q20OVAR	Num	8		Have you had an operation to have one or both of your ovaries taken out (oophorectomy)?
32	Q20OVARA	Num	8	3.	How old were you?
33	Q20PAP	Num	8		Have you had this test? Pap smear
34	Q20PAPOFT	Num	8		[;]1=Once 2=Every 3=Every
35	Q20PROST	Num	8		Have you had this test? Prostate biopsy
36	Q20PSA	Num	8		Have you had this test? A blood test for prostate cancer, prostate specific antigen (PSA)
37	Q20PSAOFT	Num	8		[;]1=Once 2=Every 3=Every

Num	Variable	Type	Len	Format	Label
38	Q20RELDX	Num	8		Have any of your biological first degree relatives (mother, father, son, daughter, brother, sister, half-brother, half-sister) ever been diagnosed with cancer?
39	Q20RELDXNO	Num	8	2.	How many cancers have been diagnosed among your biological relatives?
40	Q20SIG	Num	8		Have you had this test? Sigmoidoscopy
41	Q20SIGOFT	Num	8		[;]1=Once 2=Every 3=Every

Num	Variable	Type	Len	Format	Label
38	Q20RELDX	Num	8		Have any of your biological first degree relatives (mother, father, son, daughter, brother, sister, half-brother, half-sister) ever been diagnosed with cancer?
39	Q20RELDXNO	Num	8	2.	How many cancers have been diagnosed among your biological relatives?

Data Set Name: q21.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	Q21BATH	Num	8	Bathing, either a sponge bath, tub bath, or shower?
5	Q21BATHDIF	Num	8	How much difficulty, on average, do you have doing this?
6	Q21BED	Num	8	Getting from a bed to a chair?
7	Q21BEDIF	Num	8	How much difficulty, on average, do you have doing this?
8	Q21CLN	Num	8	Do your housework without help, clean floors, etc?
9	Q21CLNDIF	Num	8	How much difficulty, on average, do you have doing this?
10	Q21DRES	Num	8	Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?
11	Q21DRESDIF	Num	8	How much difficulty, on average, do you have doing this?
12	Q21DRV	Num	8	Drive your own car or travel alone on buses or taxis without help?
13	Q21DRVDIF	Num	8	How much difficulty, on average, do you have doing this?
14	Q21EAT	Num	8	Eating, like holding a fork, cutting food, or drinking from a glass?
15	Q21EATDIF	Num	8	How much difficulty, on average, do you have doing this?
16	Q21HAIR	Num	8	Personal grooming like brushing hair, brushing teeth, or washing your face?
17	Q21HAIRDIF	Num	8	How much difficulty, on average, do you have doing this?
18	Q21LAUN	Num	8	Do your own laundry without help?
19	Q21LAUNDIF	Num	8	How much difficulty, on average, do you have doing this?
20	Q21MEAL	Num	8	Prepare your own meals without help, plan and cook full meals yourself?
21	Q21MEALDIF	Num	8	How much difficulty, on average, do you have doing this?
22	Q21MED	Num	8	Take your medicine without help in the right doses at the right times?
23	Q21MEDIF	Num	8	How much difficulty, on average, do you have doing this?
24	Q21PAY	Num	8	Handle your money without help, write checks, pay bills, etc.?
25	Q21PAYDIF	Num	8	How much difficulty, on average, do you have doing this?
26	Q21SHOP	Num	8	Go shopping for groceries or clothes without help, taking care of all shopping needs yourself, assuming you have transportation?
27	Q21SHOPDIF	Num	8	How much difficulty, on average, do you have doing this?
28	Q21TEL	Num	8	Using the telephone without help, including looking up numbers and dialing?
29	Q21TELDIF	Num	8	How much difficulty, on average, do you have doing this?
30	Q21TLET	Num	8	Using the toilet?
31	Q21TLETDIF	Num	8	How much difficulty, on average, do you have doing this?
32	Q21WALK	Num	8	Walking across a small room?
33	Q21WALKDIF	Num	8	How much difficulty, on average, do you have doing this?

Data Set Name: q22.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	IEFCONERE	Num	8	Over the past 4 weeks how would you rate your confidence that you could get and keep an erection?
5	IEFDIFCOM	Num	8	Over the past 4 weeks, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
6	IEFENJOY	Num	8	Over the past 4 weeks, how much have you enjpyed sexual intercourse*?
7	IEFENTER	Num	8	Over the past 4 weeks, when you attempted sexual intercourse*, how often were you able to penetrate (enter) your partner?
8	IEFEREPEN	Num	8	Over the past 4 weeks, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
9	IEFLEVDES	Num	8	Over the past 4 weeks, how would you rate your level of sexual desire?
10	IEFOFTDES	Num	8	Over the past 4 weeks how often have you felt sexual desire?
11	IEFOFTEJAC	Num	8	Over the past 4 weeks when you had sexual stimulation**** or intercourse*, how often did you ejaculate***?
12	IEFOFTERE	Num	8	Over the past 4 weeks, how often were you able to get an erection during ("Sexual activity includes intercourse, caressing, foreplay and masturbation") sexual activity**?
13	IEFOFTORGA	Num	8	Over the past 4 weeks when you had sexual stimulation or intercourse, how often did you have the feeling of orgasm with or without ejaculation?
14	IEFOFTPEN	Num	8	Over the past 4 weeks, when you had erections with sexual stimulation****, how often were your erections hard enough for penetration?
15	IEFOFTSAT	Num	8	Over the past 4 weeks, when you attempted sexual intercourse, how often was it satisfactory for you?
16	IEFSATPART	Num	8	Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?
17	IEFSXLIFE	Num	8	Over the past 4 weeks how satisfied have you been with your overall sex life?
18	IEFTXSXIN	Num	8	Over the past 4 weeks how many times have you attempted sexual intercourse?

Data Set Name: q23.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	FSFCONFID	Num	8	Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?
5	FSFDIFMAIN	Num	8	Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?
6	FSFDIFORG	Num	8	Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?
7	FSFDIFWET	Num	8	Over the past 4 weeks, how difficult was it to become lubricated ("wet") during sexual activity or intercourse?
8	FSFEMOT	Num	8	Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?
9	FSFEXCIT	Num	8	Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?
10	FSFLIFE	Num	8	Over the past 4 weeks, how satisfied have you been with your overall sexual life?
11	FSFLVDES	Num	8	Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?
12	FSFLVPAIN	Num	8	Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?
13	FSFLVTURN	Num	8	Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?
14	FSFOFDES	Num	8	Over the past 4 weeks, how often did you feel sexual desire or interest?
15	FSFOFMAIN	Num	8	9. Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse?
16	FSFOFORG	Num	8	Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?
17	FSFOFTURN	Num	8	3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?
18	FSFOFWET	Num	8	Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity or intercourse?
19	FSFPAINDUR	Num	8	Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?
20	FSFPAINFOL	Num	8	Over the past 4 weeks, how often did you experience discomfort or pain following vaginal penetration?
21	FSFRELAT	Num	8	Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?
22	FSFSATORG	Num	8	Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

Data Set Name: q24.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	Q24ACTVT	Num	8	I am very limited doing activities at home
5	Q24CHST	Num	8	My chest feels very tight
6	Q24COGH	Num	8	I cough all the time
7	Q24ENGY	Num	8	I have no energy at all
8	Q24LGCOD	Num	8	I am not at all confident leaving my home because of my lung condition
9	Q24MCUS	Num	8	My chest is completely full of phlegm (mucus)
10	Q24SLSDY	Num	8	I don't sleep soundly because of my lung condition
11	Q24WKBTH	Num	8	When I walk up a hill or one flight of stairs I am very breathless

Data Set Name: q25.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	4	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	Q25RESP	Num	8	Respondent
5	Q25FINAN	Num	8	Trouble handling complicated financial affairs
6	Q25FORGT	Num	8	Forgets correct month or year
7	Q25INTRST	Num	8	Less interest in hobbies/activities
8	Q25JUDGE	Num	8	Problems with judgment
9	Q25LANG	Num	8	What language was the AD-8 Dementia Screening Interview administered in?
10	Q25LEARN	Num	8	Trouble learning how to use a tool, appliance, or gadget
11	Q25REMBR	Num	8	Trouble remembering appointments
12	Q25REPEAT	Num	8	Repeats the same things over and over
13	Q25THINK	Num	8	Daily problems with thinking and/or memory

Data Set Name: q26.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	Q26PLEAS	Num	8		Think of all the exercise or physical activity and rate them according to the level of pleasure or satisfaction that you get from them:
5	Q26HEALTH	Num	8		Do you currently have any health insurance?
6	Q26INPLAN	Num	8		An individual plan
7	Q26GRPLAN	Num	8		A group plan through an employer, union, etc.
8	Q26MARKET	Num	8		The Marketplace with or without subsidy
9	Q26MECAID	Num	8		Medicaid
10	Q26MECARE	Num	8		Medicare
11	Q26GOVOT	Num	8		Other U.S. Government Health Plan
12	Q26OTH	Num	8		Other (not U.S. Governement Plan)
13	Q26UNK	Num	8		Unknown
14	Q26DIET	Num	8		Coverage: Diet or nutrition advice
15	Q26PHYS	Num	8		Coverage: Physical activity advice
16	Q26WEIADV	Num	8		Coverage: Weight management advice
17	Q26PAR	Num	8		Coverage: Access to physical activity resources
18	Q26WLP	Num	8		Coverage: Weight loss programs
19	Q26MEDS	Num	8		Coverage: Prescription medications
20	Q26LIVING	Num	8		What is your current living arrangement?
21	Q26MEMCARE	Num	8		Are you living in a memory care unit?
22	Q26PERSONAL	Num	8		During the past 3 months, did you ever require assistance with basic personal care (e.g., eating, grooming, bathing, dressing, toileting, walking, or transferring) from another person?
23	Q26CHORES	Num	8		During the past 3 months, did you ever require assistance with routine household chores (e.g., shopping, meal preparation, using the telephone, house cleaning, doing laundry, managing medications, ...
24	Q26HELPDAY	Num	8	1.	On average, how many days in a typical week did you receive assistance with basic personal care and/or routine household chores?
25	Q26HELPHOUR	Num	8	2.	On average, how many hours per day did you receive assistance on the days that you received assistance with basic personal care and/or routine household chores?
26	Q26PROPHELP	Num	8		Proportion of aid provided by unpaid assistants
27	Q26HELPCOST	Num	8	4.	On average, how much money did you pay the assistants in a typical week?
28	Q26INC	Num	8		Annual household income from all sources
29	Q26MODE	Num	8		Was this form self-administered or interview-administered?

Data Set Name: qwb.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	4			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$3.	$3.	OUTCOME VISIT
4	Q9A	Num	8	BEST12.	BEST32.	Q9A: Would you say that your health is:
5	Q9B	Num	8	BEST12.	BEST32.	Q9B: How would you rate your health in general now
6	Q9C	Num	8	BEST12.	BEST32.	Q9C: State of health over the last 3 days
7	TOTALQWB	Num	8	BEST12.	BEST32.	Total QWB score

Data Set Name: r16.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	RPCNST	Num	8		Type of consent completed
5	RPNEWEN	Num	8	1.	Is this a new enrollment?
6	RPMSLA	Num	8		What is your current marital status or living arrangment?
7	RPEDUC	Num	8	2.	What is the highest grade or year of school you have completed? (Code GED as 12)
8	RPEMPL	Num	8		Which of the following best describes your current employment status?
9	RPHOUSE	Num	8	2.	How many individuals live in your household (including yourself)?
10	RPSIMDIAB	Num	8		Did your mother have diabetes?
11	RPSIMDAGE	Num	8	3.	Age at diagnosis
12	RPSIMMI	Num	8		Did your mother ever have a heart attack?
13	RPSIMMIAG	Num	8	3.	Age at first heart attack
14	RPSIMALV	Num	8		Is your mother still alive?
15	RPSIMCDTH	Num	8	2.	To the best of your knowledge, did she die from:
16	RPSIFDIAB	Num	8		Did your father have diabetes?
17	RPSIFDAGE	Num	8	3.	Age at diagnosis
18	RPSIFMI	Num	8		Did your father ever have a heart attack?
19	RPSIFYOB	Num	8	4.	What is your father's year of birth?
20	RPSIFYOD	Num	8	4.	Year of death
21	RPSIFMIAG	Num	8	3.	Age at first heart attack
22	RPSIFALV	Num	8		Is your father still alive?
23	RPSIFCDTH	Num	8	2.	To the best of your knowledge, did he die from:
24	RPSISIBS	Num	8	2.	How many natural (related by blood) brothers and sisters do you have (including all living and deceased)?
25	RPSISIBDI	Num	8	2.	How many of your brothers and sisters have or had diabetes?
26	RPSISIBMI	Num	8	2.	How many of your brothers and sisters have had a heart attack?
27	RPSIMYOB	Num	8	4.	What is your mother's year of birth?
28	RPSIMYOD	Num	8	4.	Year of death

Data Set Name: r25.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	R25FALLT	Num	8	2.	How many times did you fall in the past 12 months?
5	R25INJUR	Num	8	1.	Were you injured in any of the falls?
6	R25MRINJUR	Num	8	2.	How many falls resulted in a major injury (suture/stitches, fracture, concussion, loss o consciousness, hospitalization)?
7	R25MNINJUR	Num	8	2.	Of the falls that did not result in a major injury, how many falls resulted in a minor injury (small bruise or cut)?
8	R25DOC	Num	8	2.	For how many falls were you evaluated by a doctor?
9	R25INOUT	Num	8		Did your fall take place indoors or outdoors?
10	R25GROUND	Num	8		Walking on level ground
11	R25WALK	Num	8		Walking up or down stairs, steps, or curb
12	R25WORK	Num	8		Physical work or chores
13	R25CARRY	Num	8		Carrying or bending
14	R25BATH	Num	8		Bathing, dressing, or on toilet
15	R25SPORT	Num	8		Sports, exercise, or physical activity
16	R25STAND	Num	8		Standing
17	R25FALLOTH	Num	8		Other
18	R25SUGAR	Num	8		Hypoglycemic/low blood sugar event
19	R25SLIP	Num	8		Slipped or tripped
20	R25ATTEN	Num	8		Not paying attention
21	R25HAZARD	Num	8		Surrounding hazards (e.g. wet or uneven floor, ice)
22	R25BALAN	Num	8		Overbalances/over-reached
23	R25DIST	Num	8		Misjudged distance
24	R25FAINT	Num	8		Fainted
25	R25DIZZY	Num	8		Dizzy
26	R25LEGS	Num	8		Legs gave way
27	R25ILL	Num	8		Illness
28	R25KNOCK	Num	8		Knocked over by someone/something
29	R25DNTKNO	Num	8		Don't know
30	R25WHYOTH	Num	8		Other

Data Set Name: ulab.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$3.	OUTCOME VISIT
4	UCRE	Num	8		Urine creatinine (mg/dL)
5	UALB	Num	8		Urine albumin (mg/dL)

1	DAYSRAND	Num	4		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY