Data Set Name: e04.sas7bdat

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

Data Set Name: e05.sas7bdat

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

Data Set Name: f01.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
35	QP1WK	Num	8	1.		Menstrual period more than one week late?
36	QPACTT	Num	8			Any acute life threatening event?
37	QPCONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?
38	QPDBP1	Num	8	BEST32.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
39	QPDBP2	Num	8	BEST32.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
40	QPDISA	Num	8			Permanent or severe disability?
41	QPHOSP	Num	8			Required or prolonged hospitalization?
42	QPLAN	Num	8	1.		Does the participant plan on becoming pregnant within next 6 months?
43	QPOVDO	Num	8			Overdose of any medication?
44	QPPREM	Num	8	1.		Does the participant have reproductive potential?
45	QPREG	Num	8	BEST32.		Result of pregnancy test
46	QPSBP1	Num	8	BEST32.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
47	QPSBP2	Num	8	BEST32.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
48	QPTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
49	QPWGHT1	Num	8	BEST32.		Weight measurement 1
50	QPWGHT2	Num	8	BEST32.		Weight measurement 2
51	QPWGHT3	Num	8	BEST32.		Weight measurement 3

Data Set Name: f02.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
36	APBTIME	Num	8			About how often is this (that you have had 7 or more drinks within a 24-hour period)?
37	APCERV	Num	8	BEST32.		had an emergency room visit(s)?
38	APCHCD	Num	8	BEST32.		Called a health care provider (for a specific issue/concern)?
39	APCLOST	Num	8	BEST32.		During the past 3 months, how many days lost related to the DPPOS?
40	APCNCR	Num	8	1.		Cancer?
41	APCONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?
42	APCOPV	Num	8	BEST32.		Regularly scheduled out-patient visit(s)?
43	APDBP1	Num	8	BEST32.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
44	APDBP2	Num	8	BEST32.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
45	APDISA	Num	8			Permanent or severe disability?
46	APDISP	Num	8	1.		How many months of metformin was dispensed (0,3,6)?
47	APDISRP	Num	8			Disruption of regular routine
48	APDIZY	Num	8	1.		During the past 12 months, any dizzy spells?
49	APDIZYT	Num	8			How long did the symptoms last?
50	APDO	Num	8			When you get it in your chest, what do you do?
51	APEVEN	Num	8			Forgets to take evening dose
52	APFORG	Num	8			Forgets to take pills in general
53	APGALL	Num	8	1.		Gallstones, gallbladder disease, or gallbladder surgery?
54	APGIRCT	Num	8			GI reaction to pills
55	APGOUT	Num	8	1.		Gout?
56	APHEPAT	Num	8	1.		Hepatitis?
57	APHGHT1	Num	8	BEST32.		Height measurement 1
58	APHGHT2	Num	8	BEST32.		Height measurement 2
59	APHGHT3	Num	8	BEST32.		Height measurement 3
60	APHOSP	Num	8			Required or prolonged hospitalization?
61	APHURRY	Num	8	1.		Do you get it when you walk uphill or hurry?
62	APHYPER	Num	8	1.		High blood pressure?
63	APINCON	Num	8			Inconvenient to take pills as prescribed
64	APINJCT	Num	8	BEST32.		If injection, number of injections per day
65	APINTMA	Num	8	1.		Infection requiring medical attention?
66	APLAN	Num	8	1.		Does the participant plan on becoming pregnant withing the next 6 months?
67	APLARM	Num	8	1.		Left arm?
68	APLCHST	Num	8	1.		Left anterior chest?
69	APLEVEL	Num	8	1.		Do you get it when you walk at an ordinary pace on the level?
70	APLIPID	Num	8	1.		Any lipid abnormality (high cholesterol, high triglycerides, etc.)?
71	APLOSSN	Num	8	1.		Unexplained weight loss?
72	APLOST	Num	8			Lost / misplaced pills
73	APLUR	Num	8	1.		During the past 12 months, any changes in speech?

Num	Variable	Type	Len	Format	Informat	Label
74	APLURT	Num	8			How long did the symptoms last?
75	APMEDC	Num	8			Hospitalization / New illness / Medical reason
76	APMIXD	Num	8	BEST32.		How many 1.5 oz shots of hard liquor or mixed drinks did you consume in the past 7 days?
77	APMOTV	Num	8			Lack of motivation
78	APNOFEEL	Num	8	1.		During the past 12 months, any loss of feeling in the extremities?
79	APNOFLT	Num	8			How long did the symptoms last?
80	APOTHER	Num	8			Other problem taking metformin as prescribed
81	APOTHRS	Num	8			Other current plan
82	APOVDO	Num	8			Overdose of any medication?
83	APPAIN	Num	8	1.		Have you had any pain or discomfort in your chest?
84	APPARL	Num	8	1.		During the last 12 months, any sudden attacks of paralysis in the extremities?
85	APPARLT	Num	8			How long did the symptoms last?
86	APPRES	Num	8	1.		Have you had any pressure or heaviness in your chest?
87	APPROB	Num	8	1.		Since the last visit, any problems taking the metformin prescription?
88	APRASH	Num	8	1.		Skin rashes?
89	APREG	Num	8			Result of pregnancy test
90	APREGM	Num	8			Type of insulin regimen
91	APREM	Num	8	1.		Does the participant have reproductive potential?
92	APRMND	Num	8			Reminder device (pill box, calender)
93	APSBP1	Num	8	BEST32.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
94	APSBP2	Num	8	BEST32.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
95	APSDAY	Num	8	BEST32.		On average, how many cigarettes per day?
96	APSMOK	Num	8	1.		During the past 30 days, have you smoked any cigarettes?
97	APSOON	Num	8			How soon?
98	APSPRN	Num	8	1.		Sprains or fractures requiring medical attention?
99	APSSBP	Num	8	BEST32.		Blood Pressure Reading - Arm
100	APSSBPA	Num	8			Blood Pressure Reading - Right or Left arm
101	APSSBPF	Num	8	BEST32.		Blood Pressure Reading - Arm (same arm as in B2a)
102	APSTER	Num	8	1.		Sternum (central chest)?
103	APSTILL	Num	8	1.		Does it go away when you stand still?
104	APSTOM	Num	8	1.		Frequent stomach pains, bloating, nausea, diarrhea, or loss of appetite?
105	APSTRAT	Num	8			Strategy to deal with problem
106	APSTRRO	Num	8			Strategy routine (take with other pills, convenient place)
107	APTHRST	Num	8	1.		Increased thirst (drinking more liquids than usual)?
108	APTHYR	Num	8	1.		Thyroid disease?
109	APTIA	Num	8	1.		Transient ischemic attack (TIA)?
110	APTIME	Num	8			Time routine (time of day, meal time)
111	APTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?

Num	Variable	Type	Len	Format	Informat	Label
112	APUCV	Num	8	BEST32.		Urgent care visit(s)?
113	APULCR	Num	8	1.		Ulcer (stomach or duodenal) or intestinal bleeding?
114	APUNITS	Num	8	BEST32.		Number of units per day
115	APURINT	Num	8	1.		Urinating more often than usual?
116	APWGHT1	Num	8	BEST32.		Weight measurement 1
117	APWGHT2	Num	8	BEST32.		Weight measurement 2
118	APWGHT3	Num	8	BEST32.		Weight measurement 3
119	APWINE	Num	8	BEST32.		How many 4 oz glasses of wine did you consume during the past 7 days?
120	APWK	Num	8	1.		During the past 12 months, consumed at least one alcoholic beverage?
121	APWSTC1	Num	8	BEST32.		Waist Circumference measurement 1
122	APWSTC2	Num	8	BEST32.		Waist Circumference measurement 2
123	APWSTC3	Num	8	BEST32.		Waist Circumference measurement 3

Data Set Name: f03.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
36	JIRMND	Num	8			Reminder device (e.g. pill box, calendar)
37	JISBP1	Num	8	BEST32.		Blood Pressure Reading 1 - Systolic
38	JISBP2	Num	8	BEST32.		Blood Pressure Reading 2 - Systolic
39	JISPEC	Num	8			Reason for interim visit: Collection of specimen for CBL (e.g. OGTT)
40	JISTRAT	Num	8			What plan or strategy will the participant use to deal with this problem?
41	JISTRRO	Num	8			Strategy routine (e.g. take with other pills, convenient place
42	JITAKMT	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
43	JITIME	Num	8			Time routine (e.g. time of day, meal time)
44	JITSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
45	JIVISLOC	Num	8			Visit Location

Data Set Name: f04.sas7bdat

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

Data Set Name: f06.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
34	KGDISA	Num	8			Permanent or severe disability?
35	KGDISP	Num	8	1.		How many months of metformin was dispensed (0,3,6)?
36	KGDISRP	Num	8			Disruption of regular routine
37	KGDIZY	Num	8	1.		Past 12 months, have you had any spells of dizziness, difficulty in walking
38	KGDIZYT	Num	8			How long did the symptoms last?
39	KGDO	Num	8			When you get it in your chest, what do you do?
40	KGDOSE	Num	8			Daily dose of METFORMIN per protocol
41	KGEVEN	Num	8			Forgets to take evening dose
42	KGFORG	Num	8			Forgets to take pills in general
43	KGGALL	Num	8	1.		Gallstones, gallbladder disease, or gallbladder surgery?
44	KGGOUT	Num	8	1.		Gout?
45	KGHCRIT	Num	8	BEST32.		Hematocrit
46	KGHEPAT	Num	8	1.		Hepatitis?
47	KGHGLOB	Num	8	BEST32.		Hemoglobin
48	KGHOSP	Num	8			Required or prolonged hospitalization?
49	KGHURRY	Num	8	1.		Do you get it when you walk uphill or hurry?
50	KGHYPER	Num	8	1.		High blood pressure?
51	KGINCON	Num	8			Inconvenient to take pills as prescribed
52	KGINJCT	Num	8	BEST32.		If injection, number of injections per day
53	KGINSUL	Num	8	1.		If diabetic, is participant taking insulin?
54	KGINTMA	Num	8	1.		Infection requiring medical attention?
55	KGIRCT	Num	8			GI reaction to pills
56	KGLARM	Num	8	1.		Left arm?
57	KGLCHST	Num	8	1.		Left anterior chest?
58	KGLEVEL	Num	8	1.		Do you get it when you walk at an ordinary pace on the level?
59	KGLIPID	Num	8	1.		Any lipid abnormality (high cholesterol, high triglycerides, etc.)?
60	KGLOSSN	Num	8	1.		Unexplained weight loss?
61	KGLOST	Num	8			Lost/misplaced pills
62	KGLUR	Num	8	1.		Past 12 months, have you had any sudden attacks or changes in speech, loss of speech
63	KGLURT	Num	8			How long to the symptoms last?
64	KGMEDC	Num	8			Hospitalization/New illness/Medical reason
65	KGMIXD	Num	8	BEST32.		How many 1.5 oz. shots of hard liquor or mixed drinks did you consume during the last 7 days?
66	KGMOTV	Num	8			Lack of motivation
67	KGNOFEEL	Num	8	1.		Past 12 months, have you had any sudden feeling of numbness, tingling, or loss of feeling
68	KGNOFLT	Num	8			How long did the symptoms last?
69	KGOTHER	Num	8			Other problem taking metformin as prescribed
70	KGOTHRS	Num	8			Other current plan

Num	Variable	Type	Len	Format	Informat	Label
71	KGOVDO	Num	8			Overdose of any medication?
72	KGPAIN	Num	8	1.		Have you had any pain or discomfort in your chest?
73	KGPARL	Num	8	1.		Past 12 months, have you had any sudden attacks of paralysis, or loss of use of either
74	KGPARLT	Num	8			How long did the symptoms last?
75	KGPLAN	Num	8	1.		Does the participant plan on becoming pregnant within the next 6 months?
76	KGPLATE	Num	8	BEST32.		Platelet count
77	KGPREG	Num	8			Result of pregnancy test
78	KGPREM	Num	8	1.		Does the participant have reproductive potential?
79	KGPRES	Num	8	1.		Have you had any pressure or heaviness in your chest?
80	KGPROB	Num	8	1.		Since the last visit, has the participant had any problems taking metformin pills
81	KGRASH	Num	8	1.		Skin rashes?
82	KGREGM	Num	8			Type of insulin regimen
83	KGRMND	Num	8			reminder device
84	KGRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
85	KGSBP1	Num	8	BEST32.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
86	KGSBP2	Num	8	BEST32.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
87	KGSDAY	Num	8	BEST32.		On average, how many cigarettes per day?
88	KGSMOK	Num	8	1.		During the past 30 days, have you smoked any cigarettes?
89	KGSOON	Num	8			How soon?
90	KGSPRN	Num	8	1.		Sprains or fractures requiring medical attention?
91	KGSTER	Num	8	1.		Sternum (central chest)?
92	KGSTILL	Num	8	1.		Does it go away when you stand still?
93	KGSTOM	Num	8	1.		Frequent stomach pains, bloating, nausea, diarrhea, or loss of appetite?
94	KGSTRAT	Num	8			What plan or strategy will the participant use to deal with this problem?
95	KGSTRRO	Num	8			strategy routine
96	KGTAKM	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
97	KGTHRST	Num	8	1.		Increased thirst (drinking more liquids than usual)?
98	KGTHYR	Num	8	1.		Thyroid disease?
99	KGTIA	Num	8	1.		Transient ischemic attack (TIA)?
100	KGTIME	Num	8			time routine
101	KGTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
102	KGUCV	Num	8	BEST32.		had urgent care visit(s) (i.e. doctor's office, clinic; not emergency room)?
103	KGULCR	Num	8	1.		Ulcer (stomach or duodenal), or intestinal bleeding?
104	KGUNITS	Num	8	BEST32.		Number of units per day
105	KGURINT	Num	8	1.		Urinating more often than usual?
106	KGVISLOC	Num	8			Visit Location
107	KGWGHT1	Num	8	BEST32.		Weight 1

Num	Variable	Type	Len	Format	Informat	Label
108	KGWGHT2	Num	8	BEST32.		Weight 2
109	KGWGHT3	Num	8	BEST32.		Weight 3
110	KGWINE	Num	8	BEST32.		How many 4 oz. glasses of wine did you consume during the past 7 days?
111	KGWK	Num	8	1.		During the past 12 months, have you consumed an average of at least one alcoholic beverage per week?
112	KGWSTC1	Num	8	BEST32.		Waist Circumference - Measure 1
113	KGWSTC2	Num	8	BEST32.		Waist Circumference - Measure 2
114	KGWSTC3	Num	8	BEST32.		Waist Circumference - Measure 3

Data Set Name: f07.sas7bdat

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

Data Set Name: l07.sas7bdat

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

Num	Variable	Type	Len	Format	Label
37	PAWGHT10	Num	8		Current weight - 10
38	PAMIN10	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 10
39	RELEASE_ID11	Char	9		PARTICIPANT ID FOR REPOSITORY - 11
40	PAWGHT11	Num	8		Current weight - 11
41	PAMIN11	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 11
42	RELEASE_ID12	Char	9		PARTICIPANT ID FOR REPOSITORY - 12
43	PAWGHT12	Num	8		Current weight - 12
44	PAMIN12	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 12
45	RELEASE_ID13	Char	9		PARTICIPANT ID FOR REPOSITORY - 13
46	PAWGHT13	Num	8		Current weight - 13
47	PAMIN13	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 13
48	RELEASE_ID14	Char	9		PARTICIPANT ID FOR REPOSITORY - 14
49	PAWGHT14	Num	8		Current weight - 14
50	PAMIN14	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 14
51	RELEASE_ID15	Char	9		PARTICIPANT ID FOR REPOSITORY - 15
52	PAWGHT15	Num	8		Current weight - 15
53	PAMIN15	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 15
54	RELEASE_ID16	Char	9		PARTICIPANT ID FOR REPOSITORY - 16
55	PAWGHT16	Num	8		Current weight - 16
56	PAMIN16	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 16
57	RELEASE_ID17	Char	9		PARTICIPANT ID FOR REPOSITORY - 17
58	PAWGHT17	Num	8		Current weight - 17
59	PAMIN17	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 17
60	RELEASE_ID18	Char	9		PARTICIPANT ID FOR REPOSITORY - 18
61	PAWGHT18	Num	8		Current weight - 18
62	PAMIN18	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 18
63	RELEASE_ID19	Char	9		PARTICIPANT ID FOR REPOSITORY - 19
64	PAWGHT19	Num	8		Current weight - 19
65	PAMIN19	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 19
66	RELEASE_ID20	Char	9		PARTICIPANT ID FOR REPOSITORY - 20
67	PAWGHT20	Num	8		Current weight - 20
68	PAMIN20	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 20
69	RELEASE_ID21	Char	9		PARTICIPANT ID FOR REPOSITORY - 21
70	PAWGHT21	Num	8		Current weight - 21
71	PAMIN21	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 21
72	RELEASE_ID22	Char	9		PARTICIPANT ID FOR REPOSITORY - 22
73	PAWGHT22	Num	8		Current weight - 22
74	PAMIN22	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 22
75	RELEASE_ID23	Char	9		PARTICIPANT ID FOR REPOSITORY - 23

Num	Variable	Type	Len	Format	Label
76	PAWGHT23	Num	8		Current weight - 23
77	PAMIN23	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 23
78	RELEASE_ID24	Char	9		PARTICIPANT ID FOR REPOSITORY - 24
79	PAWGHT24	Num	8		Current weight - 24
80	PAMIN24	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 24
81	RELEASE_ID25	Char	9		PARTICIPANT ID FOR REPOSITORY - 25
82	PAWGHT25	Num	8		Current weight - 25
83	PAMIN25	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 25
84	RELEASE_ID26	Char	9		PARTICIPANT ID FOR REPOSITORY - 26
85	PAWGHT26	Num	8		Current weight - 26
86	PAMIN26	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 26
87	RELEASE_ID27	Char	9		PARTICIPANT ID FOR REPOSITORY - 27
88	PAWGHT27	Num	8		Current weight - 27
89	PAMIN27	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 27
90	RELEASE_ID28	Char	9		PARTICIPANT ID FOR REPOSITORY - 28
91	PAWGHT28	Num	8		Current weight - 28
92	PAMIN28	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 28
93	RELEASE_ID29	Char	9		PARTICIPANT ID FOR REPOSITORY - 29
94	PAWGHT29	Num	8		Current weight - 29
95	PAMIN29	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 29
96	RELEASE_ID30	Char	9		PARTICIPANT ID FOR REPOSITORY - 30
97	PAWGHT30	Num	8		Current weight - 30
98	PAMIN30	Num	8		Physical activity (past 7 days for BOOST w/ exercise only) - 30

Data Set Name: q01.sas7bdat

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

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

Data Set Name: q02.sas7bdat

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

Num	Variable	Type	Len	Format	Label
37	HTPEP	Num	8		Did you feel full of pep?
38	HTTIRED	Num	8		Did you feel tired
39	HTWORNO	Num	8		Did you feel worn out?

Data Set Name: q03.sas7bdat

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

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

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

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

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

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

Data Set Name: q13.sas7bdat

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

Data Set Name: q16.sas7bdat

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

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

Num	Variable	Type	Len	Format	Informat	Label
68	QEOHCOS2	Num	8	BEST32.		Other (2) - total cost over the past 5 years
69	QEOHCOS3	Num	8	BEST32.		Other (3) - total cost over the past 5 years
70	QEOTCOS1	Num	8	BEST32.		Other (1) total cost over the past 5 years
71	QEOTCOS2	Num	8	BEST32.		Other (2) total cost over the past 5 years
72	QEOTCOS3	Num	8	BEST32.		Other (3) total cost over the past 5 years
73	QEOTR	Num	8			Other
74	QEOWNMON	Num	8	BEST32.		Maximum amount of money you would be willing to pay for each individual lifestyle session
75	QEPAR	Num	8			Does it provide any coverage for access to physical activity resources
76	QEPAY	Num	8	BEST32.		On average, how much have you paid per month or per year for the program
77	QEPHYS	Num	8			Physical activity advice
78	QEPLEAS	Num	8			Think of all exercise or physical activity you do outside of work for health, and rate them
79	QEPOPCOS	Num	8	BEST32.		Air popper (popcorn) - total cost over the past 5 years
80	QEPOPP	Num	8	1.		Since beginning of DPP, have you purchased air popper (popcorn)
81	QEROW	Num	8	1.		Since beginning DPPOS, have you purchased rowing machine
82	QEROWCOS	Num	8	BEST32.		Rowing machine - total cost over the past 5 years
83	QESCALE	Num	8	1.		Since beginning of DPP, have you purchased food scale
84	QESCHOOL	Num	8			Going to school
85	QESCLCOS	Num	8	BEST32.		Food scale -total cost over the past 5 years
86	QESHOCOS	Num	8	BEST32.		If you bought shoes, what was the average cost per pair?
87	QESHOE	Num	8	BEST32.		Over past year, how many pairs of exercise shoes have you purchased for your own use?
88	QESKATE	Num	8	1.		Since beginning DPPOS, have you purchased ice skates
89	QESKCOS	Num	8	BEST32.		Ice skates - total cost over the past 5 years
90	QESKI	Num	8	1.		Since beginning DPPOS, have you purchased cross country skis
91	QESKICOS	Num	8	BEST32.		Cross country skis - total cost over the past 5 years
92	QESKMAC	Num	8	1.		Since beginning DPPOS, have you purchased skiing machine
93	QESKMCOS	Num	8	BEST32.		Skiing machine - total cost over the past 5 years
94	QESNOCOS	Num	8	BEST32.		Downhill skis or snowboard - total cost over the past 5 years
95	QESNOW	Num	8	1.		Since beginning DPPOS, have you purchased downhill skis or snowboard
96	QESNSCOS	Num	8	BEST32.		Snowshoes - total cost over the past 5 years
97	QESNSHOE	Num	8	1.		Since beginning DPPOS, have you purchased snow shoes
98	QESPA	Num	8	1.		Since beginning DPPOS, have you purchased weight loss spa or camp
99	QESPACOS	Num	8	BEST32.		Weight loss spa or camp - total cost over the past 5 years for this service
100	QESPOUSE	Num	8			When you go to DPPOS visits, how often do your spouse, family, and friends go with you
101	QESTAIR	Num	8	1.		Since beginning DPPOS, have you purchased stair master
102	QESTAT	Num	8	1.		Since beginning DPPOS, have you purchased stationary bicycle
103	QESTEAM	Num	8	1.		Since beginning of DPP, have you purchased steamer

Num	Variable	Type	Len	Format	Informat	Label
104	QESTEP	Num	8	1.		Since beginning DPPOS, have you purchased step (for aerobics)
105	QESTMCOS	Num	8	BEST32.		Steamer - total cost over the past 5 years
106	QESTPCOS	Num	8	BEST32.		Step (for aerobics) - total cost over the past 5 years
107	QESTRCOS	Num	8	BEST32.		Stair master - total cost over the past 5 years
108	QETENCOS	Num	8	BEST32.		Tennis racquet - total cost over the past 5 years
109	QETENNS	Num	8	1.		Since beginning DPPOS, have you purchased tennis racket
110	QETRAIN	Num	8	1.		Since beginning DPPOS, have you purchased personal training services
111	QETRDCOS	Num	8	BEST32.		Treadmill - total cost over the past 5 years
112	QETREAD	Num	8	1.		Since beginning DPPOS, have you purchased treadmill
113	QETRNCOS	Num	8	BEST32.		Personal trainer - total cost over the past 5 years for this service
114	QEUNIT	Num	8			Measurement unit
115	QEVIDEO	Num	8	1.		Since beginning DPPOS, have you purchased exercise videos
116	QEWEIADV	Num	8			Weight management advice
117	QEWEICOS	Num	8	BEST32.		Free weights - total cost over the past 5 years
118	QEWEIG	Num	8	1.		Since beginning DPPOS, have you purchased free weights (dumbbells)
119	QEWLP	Num	8			Weight loss programs
120	QEWOK	Num	8	1.		Since beginning of DPP, have you purchased wok
121	QEWOKCOS	Num	8	BEST32.		Wok - total cost over the past 5 years
122	QEWORK	Num	8			Working at a job outside the home

Data Set Name: r04.sas7bdat

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

Data Set Name: demographic.sas7bdat

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

Data Set Name: events.sas7bdat

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

Data Set Name: fundus.sas7bdat

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

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

Data Set Name: laboratory.sas7bdat

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

Data Set Name: nutrition.sas7bdat

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

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

Num	Variable	Type	Len	Label
76	PFG6	Num	8	DT: Fats, Oils & Sweets,OS
77	DT_STAR	Num	8	DT: Starch,OS
78	DT_SUCR	Num	8	DT: Sucrose,OS
79	DT_GALAC	Num	8	DT: Galactose,OS
80	DT_GLUC	Num	8	DT: Glucose,OS
81	DT_FRUC	Num	8	DT: Fructose,OS
82	DT_LAC	Num	8	DT: Lactose,OS
83	DT_PFA	Num	8	DT: Total PFA (n6 and n3),OS
84	DT_12_0	Num	8	DT: Lauric Acid (12:0),OS
85	DT_14_0	Num	8	DT: Myristic Acid (14:0),OS
86	DT_16_0	Num	8	DT: Palmitic Acid (16:0),OS
87	DT_18_0	Num	8	DT: Stearic Acid (18:0),OS
88	DT_18_3	Num	8	DT: Linolenic Acid (18:3),OS
89	DT_20_5	Num	8	DT: Eicosapentaenoic Acid (20:5),OS
90	DT_22_6	Num	8	DT: Docosahexaenoic Acid (22:6),OS
91	DT_TR_FA	Num	8	DT: Trans Fatty Acids (Total),OS
92	PERCFAT	Num	8	DT: Pct Cal from Fat,OS
93	PERCCARB	Num	8	DT: Pct Cal from Carbohydrate,OS
94	PERCPROT	Num	8	DT: Pct Cal from Protein,OS
95	PERCSFAT	Num	8	DT: Pct Cal from Saturated Fat,OS
96	PERCOLEC	Num	8	DT: Pct Cal from Oleic,OS
97	PERCLIN	Num	8	DT: Pct Cal from Linoleic,OS
98	PERCPFAT	Num	8	DT: Pct Cal from Poly Uns Fat(n6&n3),OS
99	FMEALTM1	Char	8	Time First Meal (Number),FU
100	FMEALTM2	Char	8	Time First Meal (Unit),FU
101	LARGMEAL	Char	8	DT: Largest Meal,FU
102	SNACKS	Char	8	DT: Snacks Per Day, FU
103	VITAMINS	Char	8	DT: Taken Vitamins During Past Month?,OS
104	HERBS	Char	8	DT: Taken Herbs/Bot Supp During past Mon
105	SEVENALC	Char	8	DT: 7+ Alcoholic Beverages W/I 24 Hrs,OS
106	FATMEAT	Char	8	DT: Eat The Fat on Meat,FU
107	FATOIL	Char	8	DT:Freq fat/oil used in cooking,FU
108	SKINCHIC	Char	8	DT: Eat Skin On Chicken,FU
109	LEANMEAT	Char	8	DT: Lean or Extra Lean Meat,FU
110	LFLUNCH	Char	8	DT: Low-Fat Lunch Meats,FU
111	LFCHIPS	Char	8	DT: Low-Fat Chips/Popcorn,FU
112	LFBACON	Char	8	DT: Low-Fat Bacon/Sausage,FU
113	LFCHEESE	Char	8	DT: Low-Fat Cheese,FU
114	LFYOGURT	Char	8	DT: Low-Fat Yogurt,FU

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

Data Set Name: qwb.sas7bdat

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

Data Set Name: e04.sas7bdat

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

Data Set Name: e05.sas7bdat

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

Data Set Name: e11.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	E11TYPESP	Char	128	$128.	$128.	If other, specify other surgery:
5	E11REVSP	Char	128	$128.	$128.	If reversal of priory surgery, specify reason for reversal:
6	E11TYPE	Num	8			Specify type of gastric reduction surgery:
7	DAYSTRMT	Num	8			Days from randomization to date of treatment
8	DAYSRPT	Num	8			Days from randomization to participant report
9	DAYSOTRT	Num	8			Days from randomization to original treatment

Data Set Name: f01.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
35	QP1WK	Num	8	1.		Menstrual period more than one week late?
36	QPACTT	Num	8			Any acute life threatening event?
37	QPCONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?
38	QPDBP1	Num	8	3.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
39	QPDBP2	Num	8	3.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
40	QPDISA	Num	8			Permanent or severe disability?
41	QPHOSP	Num	8			Required or prolonged hospitalization?
42	QPLAN	Num	8	1.		Does the participant plan on becoming pregnant within next 6 months?
43	QPOVDO	Num	8			Overdose of any medication?
44	QPPREM	Num	8	1.		Does the participant have reproductive potential?
45	QPREG	Num	8	10.2		Result of pregnancy test
46	QPSBP1	Num	8	3.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
47	QPSBP2	Num	8	3.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
48	QPTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
49	QPWGHT1	Num	8	5.1		Weight measurement 1
50	QPWGHT2	Num	8	5.1		Weight measurement 2
51	QPWGHT3	Num	8	5.1		Weight measurement 3
52	DAYSPERIOD	Num	8			Days from randomization to last menstrual period
53	DAYSTEST	Num	8			Days from randomization to pregnancy test
54	QMDRUG1	Char	30	$30.		Medicine description: 1
55	QMDRUG2	Char	30	$30.		Medicine description: 2
56	QMDRUG3	Char	30	$30.		Medicine description: 3
57	QMDRUG4	Char	30	$30.		Medicine description: 4
58	QMDRUG5	Char	30	$30.		Medicine description: 5
59	QMDRUG6	Char	30	$30.		Medicine description: 6
60	QMDRUG7	Char	30	$30.		Medicine description: 7
61	QMDRUG8	Char	30	$30.		Medicine description: 8
62	QMDRUG9	Char	30	$30.		Medicine description: 9
63	QMDRUG10	Char	30	$30.		Medicine description: 10
64	QMDRUG11	Char	30	$30.		Medicine description: 11
65	QMDRUG12	Char	30	$30.		Medicine description: 12
66	QMDRUG13	Char	30	$30.		Medicine description: 13
67	QMDRUG14	Char	30	$30.		Medicine description: 14
68	QMDRUG15	Char	30	$30.		Medicine description: 15
69	QMDRUG16	Char	30	$30.		Medicine description: 16
70	QMDRUG17	Char	30	$30.		Medicine description: 17
71	QMDRUG18	Char	30	$30.		Medicine description: 18
72	QMDRUG19	Char	30	$30.		Medicine description: 19
73	QMDRUG20	Char	30	$30.		Medicine description: 20

Num	Variable	Type	Len	Format	Informat	Label
74	QMDRUG21	Char	30	$30.		Medicine description: 21
75	QMDRUG22	Char	30	$30.		Medicine description: 22
76	QMDRUG23	Char	30	$30.		Medicine description: 23

Data Set Name: f02.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$3.	$3.	OUTCOME VISIT
4	APSPECR	Char	128	$128.	$128.	Specify-Right
5	APSPECL	Char	128	$128.	$128.	Specify-Left
6	APOTHSP	Char	50	$50.	$50.	Other problem taking metformin as prescribed (Specify)
7	APSTSPEC	Char	50	$50.	$50.	Other plan/strategy to deal with the problem (Specify)
8	AMRXDAM	Char	50	$50.	$50.	Medicine description: A
9	AMRXDBM	Char	50	$50.	$50.	Medicine description: B
10	AMRXDCM	Char	50	$50.	$50.	Medicine description: C
11	AMRXDDM	Char	50	$50.	$50.	Medicine description: D
12	AMRXDEM	Char	50	$50.	$50.	Medicine description: E
13	AMRXDFM	Char	50	$50.	$50.	Medicine description: F
14	AMRXDGM	Char	50	$50.	$50.	Medicine description: G
15	AMRXDHM	Char	50	$50.	$50.	Medicine description: H
16	AMRXDIM	Char	50	$50.	$50.	Medicine description: I
17	AMRXDJM	Char	50	$50.	$50.	Medicine description: J
18	APNSAIDSP	Char	30	$30.	$30.	If OTHER, specify:
19	ABINSUL	Num	8	1.		If diabetic, is participant taking insulin?
20	ALHCRIT	Num	8	4.1		Hematocrit
21	ALHGLOB	Num	8	4.1		Hemoglobin
22	ALPLATE	Num	8	3.		Platelet Count
23	AMB12SHOT	Num	8	1.		Has the participant received any Vitamin B12 shots in the past 12 months?
24	AMCAL	Num	8	1.		Did the participant take this supplement? Calcium
25	AMCALMO	Num	8	2.		[;]1. Number ofmonths used
26	AMCALNO	Num	8	2.		[;]2. Averagenumber of dos
27	AMCHRO	Num	8	1.		Did the participant take this supplement? Chromium
28	AMCHROMO	Num	8	2.		[;]1. Number ofmonths used
29	AMCHRONO	Num	8	2.		[;]2. Averagenumber of dos
30	AMCOMPM	Num	8			Estimated level of exposure to metformin protocol?
31	AMDOSE	Num	8			Daily dose of metformin per protocol
32	AMFOL	Num	8	1.		Did the participant take this supplement? Folate (Folic Acid)
33	AMFOLMO	Num	8	2.		[;]1. Number ofmonths used
34	AMFOLNO	Num	8	2.		[;]2. Averagenumber of dos
35	AMIRON	Num	8	1.		Did the participant take this supplement? Iron
36	AMIRONMO	Num	8	2.		[;]1. Number ofmonths used

Num	Variable	Type	Len	Format	Informat	Label
37	AMIRONNO	Num	8	2.		[;]2. Averagenumber of dos
38	AMMAG	Num	8	1.		Did the participant take this supplement? Magnesium
39	AMMAGMO	Num	8	2.		[;]1. Number ofmonths used
40	AMMAGNO	Num	8	2.		[;]2. Averagenumber of dos
41	AMMULTIV	Num	8	1.		Has the participant taken any non-prescription oral multivitamins at least once a week in the past 12 monthes?
42	AMOMEGA	Num	8	1.		Did the participant take this supplement? Omega 3 (fish oil)
43	AMOMEGAMO	Num	8	2.		[;]1. Number of months use
44	AMOMEGANO	Num	8	2.		[;]2. Average number of do
45	AMPOT	Num	8	1.		Did the participant take this supplement? Potassium
46	AMPOTMO	Num	8	2.		[;]1. Number ofmonths used
47	AMPOTNO	Num	8	2.		[;]2. Averagenumber of dos
48	AMRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
49	AMSEL	Num	8	1.		Did the participant take this supplement? Selenium
50	AMSELMO	Num	8	2.		[;]1. Number ofmonths used
51	AMSELNO	Num	8	2.		[;]2. Averagenumber of dos
52	AMSHOTNO	Num	8	2.		Number of shots received in the past 12 months
53	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?
54	AMTAKM	Num	8	1.		Participant taken study metformin since the last visit?
55	AMVITA	Num	8	1.		Did the participant take this supplement? Vitamin A (not Beta-carotene)
56	AMVITAMO	Num	8	2.		[;]1. Number of months use
57	AMVITANO	Num	8	2.		[;]2. Average number of do
58	AMVITB12	Num	8	1.		Did the participant take this supplement? Vitamin B12
59	AMVITB12MO	Num	8	2.		[;]1. Number ofmonths used
60	AMVITB12NO	Num	8	2.		[;]2. Averagenumber of dos
61	AMVITB6	Num	8	1.		Did the participant take this supplement? Vitamin B6
62	AMVITB6MO	Num	8	2.		[;]1. Number of months use
63	AMVITB6NO	Num	8	2.		[;]2. Averagenumber of dos
64	AMVITC	Num	8	1.		Did the participant take this supplement? Vitamin C (with or without rose hips)
65	AMVITCMO	Num	8	2.		[;]1. Number ofmonths used
66	AMVITCNO	Num	8	2.		[;]2. Averagenumber of dos
67	AMVITD	Num	8	1.		Did the participant take this supplement? Vitamin D
68	AMVITDMO	Num	8	2.		[;]1. Number ofmonths used
69	AMVITDNO	Num	8	2.		[;]2. Averagenumber of dos
70	AMVITE	Num	8	1.		Did the participant take this supplement? Vitamin E
71	AMVITEMO	Num	8	2.		[;]1. Number ofmonths used
72	AMVITENO	Num	8	2.		[;]2. Averagenumber of dos

Num	Variable	Type	Len	Format	Informat	Label
73	AMZINC	Num	8	1.		Did the participant take this supplement? Zinc
74	AMZINCMO	Num	8	2.		[;]1. Number ofmonths used
75	AMZINCNO	Num	8	2.		[;]2. Averagenumber of dos
76	AP1WK	Num	8	1.		Menstrual period more than one week late?
77	AP30MIN	Num	8	1.		Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
78	APACTT	Num	8			Any acute life threatening event?
79	APADORL	Num	8	3.		Blood Pressure Reading - Left dorsalis pedis
80	APADORR	Num	8	3.		Blood Pressure Reading - Right dorsalis pedis
81	APADOSL	Num	8	3.		Blood Pressure Reading - Left tibialis posterior
82	APAPOSR	Num	8	3.		Blood Pressure Reading - Right tibialis posterior
83	APASPBABNO	Num	8	4.1		What is the total number of baby-strength aspirin (81mg) pills you take?
84	APASPBABY	Num	8	1.		Do you take this type of aspirin? Baby-strength aspirin (81mg)
85	APASPEX	Num	8	1.		Do you take this type of aspirin? Extra-strength aspirin (500mg)
86	APASPEXNO	Num	8	4.1		what is the total number of extra-strength aspirin (500mg) pills you take?
87	APASPIR	Num	8			During an average week, how often do you take aspirin
88	APASPREG	Num	8	1.		Do you take this type of aspirin? Regular-strength aspirin (325mg)
89	APASPREGNO	Num	8	4.1		What is the total number of regular-strength aspirin (325mg) pills you take?
90	APBEER	Num	8	2.		How many 12 oz bottles of beer did you consume during the past 7 days?
91	APBINGE	Num	8	1.		During the past 12 months, consumed 7 or more alcohol beverages?
92	APBLUR	Num	8	1.		During the past 12 months, any sudden loss of eyesight?
93	APBLURT	Num	8			How long did the symptoms last?
94	APBTIME	Num	8			About how often is this (that you have had 7 or more drinks within a 24-hour period)?
95	APCERV	Num	8	2.		had an emergency room visit(s)?
96	APCHCD	Num	8	2.		Called a health care provider (for a specific issue/concern)?
97	APCLOST	Num	8	4.1		During the past 3 months, how many days lost related to the DPPOS?
98	APCNCR	Num	8	1.		Cancer?
99	APCONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?
100	APCOPV	Num	8	2.		Regularly scheduled out-patient visit(s)?
101	APDBP1	Num	8	3.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
102	APDBP2	Num	8	3.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
103	APDEFL	Num	8			Deformities-Left
104	APDEFR	Num	8			Deformities-Right
105	APDISA	Num	8			Permanent or severe disability?
106	APDISP	Num	8			How many months of metformin was dispensed (0,3,6)?
107	APDISRP	Num	8			Disruption of regular routine
108	APDIZY	Num	8	1.		During the past 12 months, any dizzy spells?
109	APDIZYT	Num	8			How long did the symptoms last?

Num	Variable	Type	Len	Format	Informat	Label
110	APDO	Num	8			When you get it in your chest, what do you do?
111	APEVEN	Num	8			Forgets to take evening dose
112	APFILL	Num	8			10gm filament (record number of applications detected)-Left
113	APFILR	Num	8			10gm filament (record number of applications detected)-Right
114	APFISSL	Num	8			Fissure-Left
115	APFISSR	Num	8			Fissure-Right
116	APFORG	Num	8			Forgets to take pills in general
117	APGALL	Num	8	1.		Gallstones, gallbladder disease, or gallbladder surgery?
118	APGIRCT	Num	8			GI reaction to pills
119	APGOUT	Num	8	1.		Gout?
120	APHEPAT	Num	8	1.		Hepatitis?
121	APHGHT1	Num	8	5.1		Height measurement 1
122	APHGHT2	Num	8	5.1		Height measurement 2
123	APHGHT3	Num	8	5.1		Height measurement 3
124	APHOSP	Num	8			Required or prolonged hospitalization?
125	APHURRY	Num	8	1.		Do you get it when you walk uphill or hurry?
126	APHYPER	Num	8	1.		High blood pressure?
127	APIBDAY	Num	8	2.		[;]1. On averagehow many d
128	APIBNO	Num	8	2.		[;]2. How manypills per da
129	APINCON	Num	8			Inconvenient to take pills as prescribed
130	APINFL	Num	8			Infection-Left
131	APINFR	Num	8			Infection-Right
132	APINJCT	Num	8	2.		If injection, number of injections per day
133	APINTMA	Num	8	1.		Infection requiring medical attention?
134	APLAN	Num	8	1.		Does the participant plan on becoming pregnant withing the next 6 months?
135	APLARM	Num	8	1.		Left arm?
136	APLCHST	Num	8	1.		Left anterior chest?
137	APLEVEL	Num	8	1.		Do you get it when you walk at an ordinary pace on the level?
138	APLIPID	Num	8	1.		Any lipid abnormality (high cholesterol, high triglycerides, etc.)?
139	APLOSSN	Num	8	1.		Unexplained weight loss?
140	APLOST	Num	8			Lost / misplaced pills
141	APLUR	Num	8	1.		During the past 12 months, any changes in speech?
142	APLURT	Num	8			How long did the symptoms last?
143	APMEDC	Num	8			Hospitalization / New illness / Medical reason
144	APMIXD	Num	8	2.		How many 1.5 oz shots of hard liquor or mixed drinks did you consume in the past 7 days?
145	APMOTV	Num	8			Lack of motivation
146	APMULTIV	Num	8	1.		Has the participant taken any non-prescription multivitamins at least once a week since their last annual visit?

Num	Variable	Type	Len	Format	Informat	Label
147	APNADAY	Num	8	2.		[;]1. On averagehow many d
148	APNANO	Num	8	2.		[;]2. How manypills per da
149	APNOFEEL	Num	8	1.		During the past 12 months, any loss of feeling in the extremities?
150	APNOFLT	Num	8			How long did the symptoms last?
151	APNORML	Num	8	1.		Normal-Left
152	APNORMR	Num	8	1.		Normal-Right
153	APNSAID	Num	8	1.		Has the participant taken a non-prescription non-steroidal anti-inflammatory drug (NSAID) other than aspirin in the past month?
154	APNSAIDIB	Num	8	1.		Did you take this NSAID? Ibuprofen (e.g. Advil, Motrin, Nuprin)
155	APNSAIDNA	Num	8	1.		Did you take this NSAID? Naproxen (e.g. Aleve, Anaprox, Naprosyn, Naprelan)
156	APNSAIDOTH	Num	8	1.		Did you take this NSAID? Other
157	APNUMFILL	Num	8	2.		10gm filament (record number of applications detected)-Left
158	APNUMFILR	Num	8	2.		10gm filament (record number of applications detected)-Right
159	APOTHDAY	Num	8	2.		[;]1. On averagehow many d
160	APOTHER	Num	8			Other problem taking metformin as prescribed
161	APOTHL	Num	8			Other-Left
162	APOTHNO	Num	8	2.		[;]2. How manypills per da
163	APOTHR	Num	8			Other-Right
164	APOTHRS	Num	8			Other current plan
165	APOVDO	Num	8			Overdose of any medication?
166	APPAIN	Num	8	1.		Have you had any pain or discomfort in your chest?
167	APPARL	Num	8	1.		During the last 12 months, any sudden attacks of paralysis in the extremities?
168	APPARLT	Num	8			How long did the symptoms last?
169	APPRES	Num	8	1.		Have you had any pressure or heaviness in your chest?
170	APPROB	Num	8	1.		Since the last visit, any problems taking the metformin prescription?
171	APRASH	Num	8	1.		Skin rashes?
172	APREFL	Num	8			Ankle Reflexes-Left
173	APREFR	Num	8			Ankle Reflexes-Right
174	APREG	Num	8			Result of pregnancy test
175	APREGM	Num	8			Type of insulin regimen
176	APREM	Num	8	1.		Does the participant have reproductive potential?
177	APRMND	Num	8			Reminder device (pill box, calender)
178	APSBP1	Num	8	3.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
179	APSBP2	Num	8	3.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
180	APSDAY	Num	8	2.		On average, how many cigarettes per day?
181	APSKINL	Num	8			Dry skin, callus-Left
182	APSKINR	Num	8			Dry skin, callus-Right
183	APSMOK	Num	8	1.		During the past 30 days, have you smoked any cigarettes?

Num	Variable	Type	Len	Format	Informat	Label
184	APSOON	Num	8			How soon?
185	APSPRN	Num	8	1.		Sprains or fractures requiring medical attention?
186	APSSBP	Num	8	3.		Blood Pressure Reading - Arm
187	APSSBPA	Num	8			Blood Pressure Reading - Right or Left arm
188	APSSBPF	Num	8	3.		Blood Pressure Reading - Arm (same arm as in B2a)
189	APSTER	Num	8	1.		Sternum (central chest)?
190	APSTILL	Num	8	1.		Does it go away when you stand still?
191	APSTOM	Num	8	1.		Frequent stomach pains, bloating, nausea, diarrhea, or loss of appetite?
192	APSTRAT	Num	8			Strategy to deal with problem
193	APSTRRO	Num	8			Strategy routine (take with other pills, convenient place)
194	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?
195	APTHRST	Num	8	1.		Increased thirst (drinking more liquids than usual)?
196	APTHYR	Num	8	1.		Thyroid disease?
197	APTIA	Num	8	1.		Transient ischemic attack (TIA)?
198	APTIME	Num	8			Time routine (time of day, meal time)
199	APTOEL	Num	8			Vibration perception at great toe-Left
200	APTOER	Num	8			Vibration perception at great toe-Right
201	APTOTSUPP	Num	8	2.		Total number of supplements taken (including any supplements listed on supplemental sheets)
202	APTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
203	APUCV	Num	8	2.		Urgent care visit(s)?
204	APULCR	Num	8	1.		Ulcer (stomach or duodenal) or intestinal bleeding?
205	APULCRL	Num	8			Ulceration-Left
206	APULCRR	Num	8			Ulceration-Right
207	APUNITS	Num	8	3.		Number of units per day
208	APURINT	Num	8	1.		Urinating more often than usual?
209	APWGHT1	Num	8	5.1		Weight measurement 1
210	APWGHT2	Num	8	5.1		Weight measurement 2
211	APWGHT3	Num	8	5.1		Weight measurement 3
212	APWINE	Num	8	2.		How many 4 oz glasses of wine did you consume during the past 7 days?
213	APWK	Num	8	1.		During the past 12 months, consumed at least one alcoholic beverage?
214	APWSTC1	Num	8	5.1		Waist Circumference measurement 1
215	APWSTC2	Num	8	5.1		Waist Circumference measurement 2
216	APWSTC3	Num	8	5.1		Waist Circumference measurement 3
217	DAYSPERIOD	Num	8			Days from randomization to last menstrual period
218	DAYSTEST	Num	8			Days from randomization to pregnancy test
219	AMDRUG1	Char	30	$30.		Medicine description: 1
220	AMDRUG2	Char	30	$30.		Medicine description: 2

Num	Variable	Type	Len	Format	Informat	Label
221	AMDRUG3	Char	30	$30.		Medicine description: 3
222	AMDRUG4	Char	30	$30.		Medicine description: 4
223	AMDRUG5	Char	30	$30.		Medicine description: 5
224	AMDRUG6	Char	30	$30.		Medicine description: 6
225	AMDRUG7	Char	30	$30.		Medicine description: 7
226	AMDRUG8	Char	30	$30.		Medicine description: 8
227	AMDRUG9	Char	30	$30.		Medicine description: 9
228	AMDRUG10	Char	30	$30.		Medicine description: 10
229	AMDRUG11	Char	30	$30.		Medicine description: 11
230	AMDRUG12	Char	30	$30.		Medicine description: 12
231	AMDRUG13	Char	30	$30.		Medicine description: 13
232	AMDRUG14	Char	30	$30.		Medicine description: 14
233	AMDRUG15	Char	30	$30.		Medicine description: 15
234	AMDRUG16	Char	30	$30.		Medicine description: 16
235	AMDRUG17	Char	30	$30.		Medicine description: 17
236	AMDRUG18	Char	30	$30.		Medicine description: 18
237	AMDRUG19	Char	30	$30.		Medicine description: 19
238	AMDRUG20	Char	30	$30.		Medicine description: 20
239	AMDRUG21	Char	30	$30.		Medicine description: 21
240	AMDRUG22	Char	30	$30.		Medicine description: 22

Data Set Name: f03.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
36	JIRMND	Num	8			Reminder device (e.g. pill box, calendar)
37	JISBP1	Num	8	3.		Blood Pressure Reading 1 - Systolic
38	JISBP2	Num	8	3.		Blood Pressure Reading 2 - Systolic
39	JISPEC	Num	8			Reason for interim visit: Collection of specimen for CBL (e.g. OGTT)
40	JISTRAT	Num	8			What plan or strategy will the participant use to deal with this problem?
41	JISTRRO	Num	8			Strategy routine (e.g. take with other pills, convenient place
42	JITAKMT	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
43	JITIME	Num	8			Time routine (e.g. time of day, meal time)
44	JITSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
45	JIVISLOC	Num	8			Visit Location

Data Set Name: f04.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	JMBURD	Num	8		Study burden
5	JMCONT	Num	8	1.	Has there been any contact with the participant concerning the missed visit?
6	JMDEMOT	Num	8		General decline in motivation
7	JMFAM	Num	8		Family medical issues
8	JMILL	Num	8		Other personal illness
9	JMINACT	Num	8	1.	Is the participant considered on inactive follow-up status?
10	JMLOC	Num	8		Moved to a less convenient location
11	JMRSNOTH	Num	8		Other
12	JMSCHED	Num	8		Scheduling conflicts (e.g., work)
13	JMSTAFF	Num	8		Discomfort or conflict with study staff
14	JMSUPPORT	Num	8		Lack of support from family and friends
15	JMTRANS	Num	8		Lack of convenient transportation

Data Set Name: f06.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	$3.	$3.	OUTCOME VISIT
4	KGRXDA	Char	50	$50.	$50.	Medicine description: A
5	KGRXDB	Char	50	$50.	$50.	Medicine description: B
6	KGRXDC	Char	50	$50.	$50.	Medicine description: C
7	KGRXDD	Char	50	$50.	$50.	Medicine description: D
8	KGRXDE	Char	50	$50.	$50.	Medicine description: E
9	KGRXDF	Char	50	$50.	$50.	Medicine description: F
10	KGRXDG	Char	50	$50.	$50.	Medicine description: G
11	KGRXDH	Char	50	$50.	$50.	Medicine description: H
12	KGRXDI	Char	50	$50.	$50.	Medicine description: I
13	KGRXDJ	Char	50	$50.	$50.	Medicine description: J
14	KGOTHSP	Char	50	$50.	$50.	Other problem taking metformin as prescribed (Specify)
15	KGSTSPEC	Char	50	$50.	$50.	Other plan/strategy to deal with the problem (Specify)
16	KGSPECR	Char	128	$128.	$128.	If OTHER, Specify-Right
17	KGSPECL	Char	128	$128.	$128.	If OTHER, Specify-Left
18	KGNSAIDSP	Char	30	$30.	$30.	If OTHER, specify:
19	KG1WK	Num	8	1.		Menstrual period more than one week late?
20	KG30MIN	Num	8	1.		Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
21	KGACTT	Num	8			Any acute life threatening event?
22	KGASPBABNO	Num	8	4.1		What is the total number of baby-strength aspirin (81mg) pills you take?
23	KGASPBABY	Num	8	1.		Do you take this type of aspirin? Baby-strength aspirin (81mg)
24	KGASPEX	Num	8	1.		Do you take this type of aspirin? Extra-strength aspirin (500mg)
25	KGASPEXNO	Num	8	4.1		What is the total number of extra-strength aspirin (500mg) pills you take?
26	KGASPIR	Num	8			During an average week, how often do you take one or more aspirin tablets regardless of dosage?
27	KGASPREG	Num	8	1.		Do you take this type of aspirin? Regular-strength aspirin (325mg)
28	KGASPREGNO	Num	8	4.1		What is the total number of regular-strength aspirin (325mg) pills you take?
29	KGB12SHOT	Num	8	1.		Has the participant received any Vitamin B12 shots in the past 12 months?
30	KGBEER	Num	8	2.		How many 12 oz. bottles of beer did you consume during the last 7 days?
31	KGBINGE	Num	8	1.		Past 12 months, have you ever consumed 7 or more alcoholic beverages within a 24 hour
32	KGBLUR	Num	8	1.		Past 12 months, have you had any sudden loss of eyesight or blurring of vision
33	KGBLURT	Num	8			How long did the symptoms last?

Num	Variable	Type	Len	Format	Informat	Label
34	KGBTIME	Num	8			About how often is this (that you have had 7 or more drinks within a 24 hour period)?
35	KGCAL	Num	8	1.		Did the participant take this supplement? Calcium
36	KGCALMO	Num	8	2.		[;]1. Number ofmonths used
37	KGCALNO	Num	8	2.		[;]2. Averagenumber of dos
38	KGCERV	Num	8	2.		had an emergency room visit(s)?
39	KGCHCD	Num	8	2.		called a health care provider (for a specific issue/concern)?
40	KGCHRO	Num	8	1.		Did the participant take this supplement? Chromium
41	KGCHROMO	Num	8	2.		[;]1. Number ofmonths used
42	KGCHRONO	Num	8	2.		[;]2. Averagenumber of dos
43	KGCLOST	Num	8	4.1		Past 3 months, how many days have you lost from school, work, or household activities
44	KGCNCR	Num	8	1.		Cancer?
45	KGCOMPM	Num	8			What is your best estimate of the participant's level of exposure to metformin
46	KGCONG	Num	8			Pregnancy resulting in congenital abnormality or birth defect?
47	KGCOPV	Num	8	2.		had a regularly scheduled out-patient visit(s)?
48	KGDBP1	Num	8	3.		Blood Pressure Reading 1 Diastolic (after sitting 5 minutes)
49	KGDBP2	Num	8	3.		Blood Pressure Reading 2 Diastolic (after waiting 30 seconds)
50	KGDEFL	Num	8			Deformities-Left
51	KGDEFR	Num	8			Deformities-Right
52	KGDISA	Num	8			Permanent or severe disability?
53	KGDISP	Num	8			How many months of metformin was dispensed (0,3,6)?
54	KGDISRP	Num	8			Disruption of regular routine
55	KGDIZY	Num	8	1.		Past 12 months, have you had any spells of dizziness, difficulty in walking
56	KGDIZYT	Num	8			How long did the symptoms last?
57	KGDO	Num	8			When you get it in your chest, what do you do?
58	KGDOSE	Num	8			Daily dose of METFORMIN per protocol
59	KGEVEN	Num	8			Forgets to take evening dose
60	KGFILL	Num	8			10 gm Filament (Left)
61	KGFILR	Num	8			10 gm Filament (Right)
62	KGFISSL	Num	8			Fissure-Left
63	KGFISSR	Num	8			Fissure-Right
64	KGFOL	Num	8	1.		Did the participant take this supplement? Folate (folic Acid)
65	KGFOLMO	Num	8	2.		[;]1. Number ofmonths used
66	KGFOLNO	Num	8	2.		[;]2. Averagenumber of dos
67	KGFORG	Num	8			Forgets to take pills in general
68	KGGALL	Num	8	1.		Gallstones, gallbladder disease, or gallbladder surgery?
69	KGGOUT	Num	8	1.		Gout?
70	KGHCRIT	Num	8	4.1		Hematocrit

Num	Variable	Type	Len	Format	Informat	Label
71	KGHEPAT	Num	8	1.		Hepatitis?
72	KGHGLOB	Num	8	4.1		Hemoglobin
73	KGHOSP	Num	8			Required or prolonged hospitalization?
74	KGHURRY	Num	8	1.		Do you get it when you walk uphill or hurry?
75	KGHYPER	Num	8	1.		High blood pressure?
76	KGIBDAY	Num	8	2.		[;]1. On averagehow many d
77	KGIBNO	Num	8	2.		[;]2. How manypills per da
78	KGINCON	Num	8			Inconvenient to take pills as prescribed
79	KGINFL	Num	8			Infection-Left
80	KGINFR	Num	8			Infection-Right
81	KGINJCT	Num	8	2.		If injection, number of injections per day
82	KGINSUL	Num	8	1.		If diabetic, is participant taking insulin?
83	KGINTMA	Num	8	1.		Infection requiring medical attention?
84	KGIRCT	Num	8			GI reaction to pills
85	KGIRON	Num	8	1.		Did the participant take this supplement? Iron
86	KGIRONMO	Num	8	2.		[;]1. Number ofmonths used
87	KGIRONNO	Num	8	2.		[;]2. Averagenumber of dos
88	KGLARM	Num	8	1.		Left arm?
89	KGLCHST	Num	8	1.		Left anterior chest?
90	KGLEVEL	Num	8	1.		Do you get it when you walk at an ordinary pace on the level?
91	KGLIPID	Num	8	1.		Any lipid abnormality (high cholesterol, high triglycerides, etc.)?
92	KGLOSSN	Num	8	1.		Unexplained weight loss?
93	KGLOST	Num	8			Lost/misplaced pills
94	KGLUR	Num	8	1.		Past 12 months, have you had any sudden attacks or changes in speech, loss of speech
95	KGLURT	Num	8			How long to the symptoms last?
96	KGMAG	Num	8	1.		Did the participant take this supplement? Magnesium
97	KGMAGMO	Num	8	2.		[;]1. Number ofmonths used
98	KGMAGNO	Num	8	2.		[;]2. Averagenumber of dos
99	KGMEDC	Num	8			Hospitalization/New illness/Medical reason
100	KGMIXD	Num	8	2.		How many 1.5 oz. shots of hard liquor or mixed drinks did you consume during the last 7 days?
101	KGMOTV	Num	8			Lack of motivation
102	KGMULTIV	Num	8	1.		Has the participant taken any non-prescription oral multivitamins at least once a week in the past 12 months?
103	KGNADAY	Num	8	2.		[;]1. On averagehow many d
104	KGNANO	Num	8	2.		[;]2. How manypills per da
105	KGNOFEEL	Num	8	1.		Past 12 months, have you had any sudden feeling of numbness, tingling, or loss of feeling
106	KGNOFLT	Num	8			How long did the symptoms last?

Num	Variable	Type	Len	Format	Informat	Label
107	KGNORML	Num	8	1.		Normal (Left)
108	KGNORMR	Num	8	1.		Normal (Right)
109	KGNSAID	Num	8	1.		(many pain relievers are NSAIDs, including ibuprofen, Advil, Motrin, and Aleve)
110	KGNSAIDIB	Num	8	1.		Did you take this NSAID? Ibuprofen (e.g. Advil, Motrin, Nuprin)
111	KGNSAIDNA	Num	8	1.		Did you take this NSAID? Naproxen (e.g. Aleve, Anaprox, Naprosyn, Naprelan)
112	KGNSAIDOTH	Num	8	1.		Did you take this NSAID? Other
113	KGNUMFILL	Num	8	2.		10gm filament (record number of applications detected)
114	KGNUMFILR	Num	8	2.		10gm filament (record number of applications detected)
115	KGOMEGA	Num	8	1.		Did the participant take this supplement? Omega 3 (fish oil)
116	KGOMEGAMO	Num	8	2.		[;]1. Number of months use
117	KGOMEGANO	Num	8	2.		[;]2. Average number of do
118	KGOTHDAY	Num	8	2.		[;]1. On averagehow many d
119	KGOTHER	Num	8			Other problem taking metformin as prescribed
120	KGOTHL	Num	8			Other-Left
121	KGOTHNO	Num	8	2.		[;]2. How manypills per da
122	KGOTHR	Num	8			Other-Right
123	KGOTHRS	Num	8			Other current plan
124	KGOVDO	Num	8			Overdose of any medication?
125	KGPAIN	Num	8	1.		Have you had any pain or discomfort in your chest?
126	KGPARL	Num	8	1.		Past 12 months, have you had any sudden attacks of paralysis, or loss of use of either
127	KGPARLT	Num	8			How long did the symptoms last?
128	KGPLAN	Num	8	1.		Does the participant plan on becoming pregnant within the next 6 months?
129	KGPLATE	Num	8	3.		Platelet count
130	KGPOT	Num	8	1.		Did the participant take this supplement? Potassium
131	KGPOTMO	Num	8	2.		[;]1. Number ofmonths used
132	KGPOTNO	Num	8	2.		[;]2. Averagenumber of dos
133	KGPREG	Num	8			Result of pregnancy test
134	KGPREM	Num	8	1.		Does the participant have reproductive potential?
135	KGPRES	Num	8	1.		Have you had any pressure or heaviness in your chest?
136	KGPROB	Num	8	1.		Since the last visit, has the participant had any problems taking metformin pills
137	KGRASH	Num	8	1.		Skin rashes?
138	KGREFL	Num	8			Ankle Reflexes (Left)
139	KGREFR	Num	8			Ankle Reflexes (Right)
140	KGREGM	Num	8			Type of insulin regimen
141	KGRMND	Num	8			reminder device

Num	Variable	Type	Len	Format	Informat	Label
142	KGRXDQ	Num	8	1.		Has taken any Rx medications within past 2 weeks (excluding study metformin)?
143	KGSBP1	Num	8	3.		Blood Pressure Reading 1 Systolic (after sitting 5 minutes)
144	KGSBP2	Num	8	3.		Blood Pressure Reading 2 Systolic (after waiting 30 seconds)
145	KGSDAY	Num	8	2.		On average, how many cigarettes per day?
146	KGSEL	Num	8	1.		Did the participant take this supplement? Selenium
147	KGSELMO	Num	8	2.		[;]1. Number ofmonths used
148	KGSELNO	Num	8	2.		[;]2. Averagenumber of dos
149	KGSHOTNO	Num	8	2.		Number of shots received in the past 12 months
150	KGSKINL	Num	8			Dry skin, callus-Left
151	KGSKINR	Num	8			Dry skin, callus-Right
152	KGSMOK	Num	8	1.		During the past 30 days, have you smoked any cigarettes?
153	KGSOON	Num	8			How soon?
154	KGSPRN	Num	8	1.		Sprains or fractures requiring medical attention?
155	KGSTER	Num	8	1.		Sternum (central chest)?
156	KGSTILL	Num	8	1.		Does it go away when you stand still?
157	KGSTOM	Num	8	1.		Frequent stomach pains, bloating, nausea, diarrhea, or loss of appetite?
158	KGSTRAT	Num	8			What plan or strategy will the participant use to deal with this problem?
159	KGSTRRO	Num	8			strategy routine
160	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?
161	KGSUPP	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?
162	KGTAKM	Num	8	1.		Has the participant taken any STUDY METFORMIN since the last visit?
163	KGTHRST	Num	8	1.		Increased thirst (drinking more liquids than usual)?
164	KGTHYR	Num	8	1.		Thyroid disease?
165	KGTIA	Num	8	1.		Transient ischemic attack (TIA)?
166	KGTIME	Num	8			time routine
167	KGTOEL	Num	8			Vibration perception at great toe (Left)
168	KGTOER	Num	8			Vibration perception at great toe (Right)
169	KGTOTSUPP	Num	8	2.		Total number of supplements taken (including any supplements listed on supplemental sheets)
170	KGTSAE	Num	8			Required intervention or treatment to prevent serious adverse event?
171	KGUCV	Num	8	2.		had urgent care visit(s) (i.e. doctor's office, clinic; not emergency room)?
172	KGULCR	Num	8	1.		Ulcer (stomach or duodenal), or intestinal bleeding?
173	KGULCRL	Num	8			Ulceration (Left)
174	KGULCRR	Num	8			Ulceration (Right)
175	KGUNITS	Num	8	3.		Number of units per day
176	KGURINT	Num	8	1.		Urinating more often than usual?
177	KGVISLOC	Num	8			Visit Location

Num	Variable	Type	Len	Format	Informat	Label
178	KGVITA	Num	8	1.		Did the participant take this supplement? Vitamin A (not Beta-Carotene)
179	KGVITAMO	Num	8	2.		[;]1. Number ofmonths used
180	KGVITANO	Num	8	2.		[;]2. Averagenumber of dos
181	KGVITB12	Num	8	1.		Did the participant take this supplement? Vitamin B12
182	KGVITB12MO	Num	8	2.		[;]1. Number ofmonths used
183	KGVITB12NO	Num	8	2.		[;]2. Averagenumber of dos
184	KGVITB6	Num	8	1.		Did the participant take this supplement? Vitamin B6
185	KGVITB6MO	Num	8	2.		[;]1. Number ofmonths used
186	KGVITB6NO	Num	8	2.		[;]2. Averagenumber of dos
187	KGVITC	Num	8	1.		Did the participant take this supplement? Vitamin C (with or without rose hips)
188	KGVITCMO	Num	8	2.		[;]1. Number ofmonths used
189	KGVITCNO	Num	8	2.		[;]2. Averagenumber of dos
190	KGVITD	Num	8	1.		Did the participant take this supplement? Vitamin D
191	KGVITDMO	Num	8	2.		[;]1. Number ofmonths used
192	KGVITDNO	Num	8	2.		[;]2. Averagenumber of dos
193	KGVITE	Num	8	1.		Did the participant take this supplement? Vitamin E
194	KGVITEMO	Num	8	2.		[;]1. Number ofmonths used
195	KGVITENO	Num	8	2.		[;]2. Averagenumber of dos
196	KGWGHT1	Num	8	5.1		Weight 1
197	KGWGHT2	Num	8	5.1		Weight 2
198	KGWGHT3	Num	8	5.1		Weight 3
199	KGWINE	Num	8	2.		How many 4 oz. glasses of wine did you consume during the past 7 days?
200	KGWK	Num	8	1.		During the past 12 months, have you consumed an average of at least one alcoholic beverage per week?
201	KGWSTC1	Num	8	5.1		Waist Circumference - Measure 1
202	KGWSTC2	Num	8	5.1		Waist Circumference - Measure 2
203	KGWSTC3	Num	8	5.1		Waist Circumference - Measure 3
204	KGZINC	Num	8	1.		Did the participant take this supplement? Zinc
205	KGZINCMO	Num	8	2.		[;]1. Number ofmonths used
206	KGZINCNO	Num	8	2.		[;]2. Averagenumber of dos
207	DAYSPERIOD	Num	8			Days from randomization to last menstrual period
208	DAYSTEST	Num	8			Days from randomization to pregnancy test
209	KGDRUG1	Char	30	$30.		Medicine description: 1
210	KGDRUG2	Char	30	$30.		Medicine description: 2
211	KGDRUG3	Char	30	$30.		Medicine description: 3
212	KGDRUG4	Char	30	$30.		Medicine description: 4
213	KGDRUG5	Char	30	$30.		Medicine description: 5
214	KGDRUG6	Char	30	$30.		Medicine description: 6

Num	Variable	Type	Len	Format	Informat	Label
215	KGDRUG7	Char	30	$30.		Medicine description: 7
216	KGDRUG8	Char	30	$30.		Medicine description: 8
217	KGDRUG9	Char	30	$30.		Medicine description: 9
218	KGDRUG10	Char	30	$30.		Medicine description: 10
219	KGDRUG11	Char	30	$30.		Medicine description: 11
220	KGDRUG12	Char	30	$30.		Medicine description: 12
221	KGDRUG13	Char	30	$30.		Medicine description: 13
222	KGDRUG14	Char	30	$30.		Medicine description: 14
223	KGDRUG15	Char	30	$30.		Medicine description: 15
224	KGDRUG16	Char	30	$30.		Medicine description: 16
225	KGDRUG17	Char	30	$30.		Medicine description: 17
226	KGDRUG18	Char	30	$30.		Medicine description: 18
227	KGDRUG19	Char	30	$30.		Medicine description: 19
228	KGDRUG20	Char	30	$30.		Medicine description: 20
229	kgrxdam	Num	8			
230	kgrxdbm	Num	8			
231	kgrxdcm	Num	8			
232	kgrxddm	Num	8			
233	kgrxdem	Num	8			
234	kgrxdfm	Num	8			
235	kgrxdgm	Num	8			
236	kgrxdhm	Num	8			
237	kgrxdim	Num	8			
238	kgrxdjm	Num	8			

Data Set Name: f07.sas7bdat

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

Data Set Name: f08.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	F081WK	Num	8	1.	Menstrual period more than one week late?
5	F08COMPM	Num	8		What is your best estimate of the participant's level of exposure to metformin per protocol?
6	F08DISRP	Num	8		Disruption of regular routine
7	F08DOSE	Num	8		Daily dose of METFORMIN per protocol
8	F08EVEN	Num	8		Forgets to take evening dose
9	F08FORG	Num	8		Forgets to take pills in general
10	F08GIRCT	Num	8		GI reaction to pills
11	F08HCRIT	Num	8	4.1	Hematocrit
12	F08HGLOB	Num	8	4.1	Hemoglobin
13	F08INCON	Num	8		Inconvenient to take pills as prescribed
14	F08LOST	Num	8		Lost/misplaced pills
15	F08MEDC	Num	8		Hospitalization/new illness/medical reason
16	F08MOTV	Num	8		Lack of motivation
17	F08OTHER	Num	8		Other
18	F08OTHRS	Num	8		Other
19	F08PLAN	Num	8	1.	Does the participant plan on becoming pregnant within the next 6 months?
20	F08PLATE	Num	8	3.	Platelet Count
21	F08PREG	Num	8		Result of pregnancy test
22	F08PREM	Num	8	1.	Does the participant have reproductive potential?
23	F08PROB	Num	8	1.	Since the last visit, has the participant had any problems taking his/her metformin pills as prescribed?
24	F08RMND	Num	8		Reminder device (e.g. pill box, calendar)
25	F08STRAT	Num	8		What plan or strategy will the participant use to deal with this problem?
26	F08STRRO	Num	8		Strategy routine (e.g. takes with other pills; medication in a convenient place)
27	F08TIME	Num	8		Time routine (e.g. time of day, meal time)
28	DAYSPERIOD	Num	8		Days from randomization to last menstrual period
29	DAYSTEST	Num	8		Days from randomization to pregnancy test

Data Set Name: l07.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PATIME	Num	8	TIME5.	Start time of session
2	PATYPE	Num	8		Type of session
3	PAENDTM	Num	8	TIME5.	End time of session
4	PAGOAL	Num	8	1.	Did the participant meet the DPP activity goal over the past week (>= 150 minutes)?
5	PAINDI	Num	8	1.	Was this scheduled as an individual session?
6	PASESS	Num	8	3.	Session code
7	PASRCE	Num	8		Source of exercise report
8	PATTEND	Num	8	2.	Number of participants attending this session
9	RELEASE_ID1	Char	9		PARTICIPANT ID FOR REPOSITORY - 1
10	PAWGHT1	Num	8	5.1	Current weight - 1
11	PAMIN1	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 1
12	RELEASE_ID2	Char	9		PARTICIPANT ID FOR REPOSITORY - 2
13	PAWGHT2	Num	8	5.1	Current weight - 2
14	PAMIN2	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 2
15	RELEASE_ID3	Char	9		PARTICIPANT ID FOR REPOSITORY - 3
16	PAWGHT3	Num	8	5.1	Current weight - 3
17	PAMIN3	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 3
18	RELEASE_ID4	Char	9		PARTICIPANT ID FOR REPOSITORY - 4
19	PAWGHT4	Num	8	5.1	Current weight - 4
20	PAMIN4	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 4
21	RELEASE_ID5	Char	9		PARTICIPANT ID FOR REPOSITORY - 5
22	PAWGHT5	Num	8	5.1	Current weight - 5
23	PAMIN5	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 5
24	RELEASE_ID6	Char	9		PARTICIPANT ID FOR REPOSITORY - 6
25	PAWGHT6	Num	8	5.1	Current weight - 6
26	PAMIN6	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 6
27	RELEASE_ID7	Char	9		PARTICIPANT ID FOR REPOSITORY - 7
28	PAWGHT7	Num	8	5.1	Current weight - 7
29	PAMIN7	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 7
30	RELEASE_ID8	Char	9		PARTICIPANT ID FOR REPOSITORY - 8
31	PAWGHT8	Num	8	5.1	Current weight - 8
32	PAMIN8	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 8
33	RELEASE_ID9	Char	9		PARTICIPANT ID FOR REPOSITORY - 9
34	PAWGHT9	Num	8	5.1	Current weight - 9
35	PAMIN9	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 9
36	RELEASE_ID10	Char	9		PARTICIPANT ID FOR REPOSITORY - 10

Num	Variable	Type	Len	Format	Label
37	PAWGHT10	Num	8	5.1	Current weight - 10
38	PAMIN10	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 10
39	RELEASE_ID11	Char	9		PARTICIPANT ID FOR REPOSITORY - 11
40	PAWGHT11	Num	8	5.1	Current weight - 11
41	PAMIN11	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 11
42	RELEASE_ID12	Char	9		PARTICIPANT ID FOR REPOSITORY - 12
43	PAWGHT12	Num	8	5.1	Current weight - 12
44	PAMIN12	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 12
45	RELEASE_ID13	Char	9		PARTICIPANT ID FOR REPOSITORY - 13
46	PAWGHT13	Num	8	5.1	Current weight - 13
47	PAMIN13	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 13
48	RELEASE_ID14	Char	9		PARTICIPANT ID FOR REPOSITORY - 14
49	PAWGHT14	Num	8	5.1	Current weight - 14
50	PAMIN14	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 14
51	RELEASE_ID15	Char	9		PARTICIPANT ID FOR REPOSITORY - 15
52	PAWGHT15	Num	8	5.1	Current weight - 15
53	PAMIN15	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 15
54	RELEASE_ID16	Char	9		PARTICIPANT ID FOR REPOSITORY - 16
55	PAWGHT16	Num	8	5.1	Current weight - 16
56	PAMIN16	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 16
57	RELEASE_ID17	Char	9		PARTICIPANT ID FOR REPOSITORY - 17
58	PAWGHT17	Num	8	5.1	Current weight - 17
59	PAMIN17	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 17
60	RELEASE_ID18	Char	9		PARTICIPANT ID FOR REPOSITORY - 18
61	PAWGHT18	Num	8	5.1	Current weight - 18
62	PAMIN18	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 18
63	RELEASE_ID19	Char	9		PARTICIPANT ID FOR REPOSITORY - 19
64	PAWGHT19	Num	8	5.1	Current weight - 19
65	PAMIN19	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 19
66	RELEASE_ID20	Char	9		PARTICIPANT ID FOR REPOSITORY - 20
67	PAWGHT20	Num	8	5.1	Current weight - 20
68	PAMIN20	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 20
69	RELEASE_ID21	Char	9		PARTICIPANT ID FOR REPOSITORY - 21
70	PAWGHT21	Num	8	5.1	Current weight - 21
71	PAMIN21	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 21
72	RELEASE_ID22	Char	9		PARTICIPANT ID FOR REPOSITORY - 22
73	PAWGHT22	Num	8	5.1	Current weight - 22
74	PAMIN22	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 22
75	RELEASE_ID23	Char	9		PARTICIPANT ID FOR REPOSITORY - 23

Num	Variable	Type	Len	Format	Label
76	PAWGHT23	Num	8	5.1	Current weight - 23
77	PAMIN23	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 23
78	RELEASE_ID24	Char	9		PARTICIPANT ID FOR REPOSITORY - 24
79	PAWGHT24	Num	8	5.1	Current weight - 24
80	PAMIN24	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 24
81	RELEASE_ID25	Char	9		PARTICIPANT ID FOR REPOSITORY - 25
82	PAWGHT25	Num	8	5.1	Current weight - 25
83	PAMIN25	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 25
84	RELEASE_ID26	Char	9		PARTICIPANT ID FOR REPOSITORY - 26
85	PAWGHT26	Num	8	5.1	Current weight - 26
86	PAMIN26	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 26
87	RELEASE_ID27	Char	9		PARTICIPANT ID FOR REPOSITORY - 27
88	PAWGHT27	Num	8	5.1	Current weight - 27
89	PAMIN27	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 27
90	RELEASE_ID28	Char	9		PARTICIPANT ID FOR REPOSITORY - 28
91	PAWGHT28	Num	8	5.1	Current weight - 28
92	PAMIN28	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 28
93	RELEASE_ID29	Char	9		PARTICIPANT ID FOR REPOSITORY - 29
94	PAWGHT29	Num	8	5.1	Current weight - 29
95	PAMIN29	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 29
96	RELEASE_ID30	Char	9		PARTICIPANT ID FOR REPOSITORY - 30
97	PAWGHT30	Num	8	5.1	Current weight - 30
98	PAMIN30	Num	8	4.	Physical activity (past 7 days for BOOST w/ exercise only) - 30

Data Set Name: p07.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	OISTHI	Num	8	1.	Is this an Oral Glucose Tolerance Test (OGTT)?
5	OPREPA	Num	8	1.	Is the participant prepared for the fasting blood draw and/or OGTT?
6	DRNK0M	Num	8		Time from last meal to time glucose consumption started
7	DRNK30M	Num	8		Time from glucose consumption to 30 minute draw
8	DRNK2H	Num	8		Time from glucose consumption to 2 hour draw

Data Set Name: p09.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	P09GRIPR	Char	128	$128.	$128.	Reason: grip strength test not completed
5	P09BALR	Char	128	$128.	$128.	Reason: balance tests not completed
6	P09GAITR	Char	128	$128.	$128.	Reason: gait speed test not completed
7	P09CHAIRR	Char	128	$128.	$128.	Reason: five chair stand test not completed
8	P09BAL	Num	8	1.		Were any of the balance tests completed?
9	P09CHAIR	Num	8	1.		Was the five chair stand test completed?
10	P09CHSND	Num	8	5.2		Five chair stand test completion time (seconds)
11	P09DHND	Num	8			Dominant hand
12	P09DHND1	Num	8	2.		Trial 1 (Dominant hand)
13	P09DHND2	Num	8	2.		Trial 2 (Dominant hand)
14	P09DHND3	Num	8	2.		Trial 3 (Dominant hand)
15	P09GAIT	Num	8	1.		Was the gait speed test completed?
16	P09GRIP	Num	8	1.		Was the grip strength test completed?
17	P09OHND1	Num	8	2.		Trial 1 (Other hand)
18	P09OHND2	Num	8	2.		Trial 2 (Other hand)
19	P09OHND3	Num	8	2.		Trial 3 (Other hand)
20	P09SBS	Num	8	1.		Did the participant attempt the side-by side test?
21	P09SBSND	Num	8	5.2		How long was the participant able to maintain balance during this test? (seconds)
22	P09SLS	Num	8	1.		Did the participant attempt the single-leg stand test?
23	P09SLSND	Num	8	5.2		How long was the participant able to maintain balance during this test? (seconds)
24	P09ST	Num	8	1.		Did the participant attempt the semi-tandem test?
25	P09STSND	Num	8	5.2		How long was the participant able to maintain balance during this test? (seconds)
26	P09T	Num	8	1.		Did the participant attempt the tandem test?
27	P09TSND	Num	8	5.2		How long was the participant able to maintain balance during this test? (seconds)
28	P09WAID	Num	8	1.		Was a walking-aid used?
29	P09WSND1	Num	8	5.2		Walk 1 completion time (seconds)
30	P09WSND2	Num	8	5.2		Walk 2 completion time (seconds)

Data Set Name: q01.sas7bdat

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

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

Data Set Name: q02.sas7bdat

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

Num	Variable	Type	Len	Format	Label
37	HTPEP	Num	8		Did you feel full of pep?
38	HTTIRED	Num	8		Did you feel tired
39	HTWORNO	Num	8		Did you feel worn out?

Data Set Name: q03.sas7bdat

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

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

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

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

Num	Variable	Type	Len	Format	Label
154	KAKAPR	Num	8		K[;]APR
155	KAKAUG	Num	8		K[;]AUG
156	KAKCODE	Num	8	2.	K[;]Code
157	KAKDEC	Num	8		K[;]DEC
158	KAKFEB	Num	8		K[;]FEB
159	KAKJAN	Num	8		K[;]JAN
160	KAKJUL	Num	8		K[;]JUL
161	KAKJUN	Num	8		K[;]JUN
162	KAKMAR	Num	8		K[;]MAR
163	KAKMAY	Num	8		K[;]MAY
164	KAKMIN	Num	8	3.	K[;]Average No. of Minutes
165	KAKNOV	Num	8		K[;]NOV
166	KAKOCT	Num	8		K[;]OCT
167	KAKSEP	Num	8		K[;]SEP
168	KAKTIME	Num	8	4.1	K[;]Average No. of Times Pe
169	KALAPR	Num	8		L[;]APR
170	KALAUG	Num	8		L[;]AUG
171	KALCODE	Num	8	2.	L[;]Code
172	KALDEC	Num	8		L[;]DEC
173	KALFEB	Num	8		L[;]FEB
174	KALJAN	Num	8		L[;]JAN
175	KALJUL	Num	8		L[;]JUL
176	KALJUN	Num	8		L[;]JUN
177	KALMAR	Num	8		L[;]MAR
178	KALMAY	Num	8		L[;]MAY
179	KALMIN	Num	8	3.	L[;]Average No. of Minutes
180	KALNOV	Num	8		L[;]NOV
181	KALOCT	Num	8		L[;]OCT
182	KALSEP	Num	8		L[;]SEP
183	KALTIME	Num	8	4.1	L[;]Average No. of Times Pe
184	KBEDWKS	Num	8	2.	How many weeks over the past year were you confined to a bed or chair?
185	KBEDYN	Num	8	1.	Over the past year, have you spent > 1 week confined to a bed or chair?
186	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	KDIFBED	Num	8	1.	Getting in and out of a bed or chair?
188	KDIFLWK	Num	8	1.	Walking for 10 minutes without resting?
189	KDIFSWK	Num	8	1.	Walking across a small room without resting?
190	KJAACTV	Num	8		Check the category that

Num	Variable	Type	Len	Format	Label
191	KJACODE	Num	8	2.	Job Code
192	KJADAYS	Num	8	3.1	Average Job Schedule (d
193	KJAHRS	Num	8	4.1	Average Job Schedule (h
194	KJAMOS	Num	8	4.1	Job (mos/yr, account fo
195	KJASIT	Num	8	4.1	Hrs spent sitting at wo
196	KJAWALK	Num	8	3.	Walk or bicycle to/from
197	KJBACTV	Num	8		Check the category that
198	KJBCODE	Num	8	2.	Job Code
199	KJBDAYS	Num	8	3.1	Average Job Schedule (d
200	KJBHRS	Num	8	4.1	Average Job Schedule (h
201	KJBMOS	Num	8	4.1	Job (mos/yr, account fo
202	KJBSIT	Num	8	4.1	Hrs spent sitting at wo
203	KJBWALK	Num	8	3.	Walk or bicycle to/from
204	KJCACTV	Num	8		Check the category that
205	KJCCODE	Num	8	2.	Job Code
206	KJCDAYS	Num	8	3.1	Average Job Schedule (d
207	KJCHRS	Num	8	4.1	Average Job Schedule (h
208	KJCMOS	Num	8	4.1	Job (mos/yr, account fo
209	KJCSIT	Num	8	4.1	Hrs spent sitting at wo
210	KJCWALK	Num	8	3.	Walk or bicycle to/from
211	KJDACTV	Num	8		Check the category that
212	KJDCODE	Num	8	2.	Job Code
213	KJDDAYS	Num	8	3.1	Average Job Schedule (d
214	KJDHRS	Num	8	4.1	Average Job Schedule (h
215	KJDMOS	Num	8	4.1	Job (mos/yr, account fo
216	KJDSIT	Num	8	4.1	Hrs spent sitting at wo
217	KJDWALK	Num	8	3.	Walk or bicycle to/from
218	KSPORT	Num	8	1.	Did you ever compete in an individual or team sport? (not including time spent in sports in PE?)
219	KSPRTYR	Num	8	4.1	How many total years did you participate in competitive sports?
220	KTVHRS	Num	8	4.1	How many hours per day do you usually spend watching television?

Data Set Name: q13.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	ABBLDR	Num	8	1.	In the past 12 months, has the doctor told you that you had an infection of the bladder?
5	ABKIDNY	Num	8	1.	In the past 12 months, has the doctor told you that you had an infection of the kidneys?
6	ABLEAKP	Num	8		Many people complain that they leak urine. In the past 12 months, how often have you leaked?
7	ABNMBLD	Num	8	2.	Number of bladder infections in the past 12 months
8	ABNMKID	Num	8	2.	Number of kidney infections in the past 12 months
9	ABP7DY	Num	8	1.	In the past 7 days, did you even leak a small amount of urine?
10	ABPBTH	Num	8	2.	How many times, on average, did you leak w/urge to urinate and could not get to bathroom fast eno
11	ABPCGH	Num	8	2.	How many times, on average, did you leak during act. like coughing, sneezing, lifting, or exercise?
12	ABPNGT	Num	8	2.	During past 7 days, how many times on average, each day, did you empty bladder during the night?
13	ABPURG	Num	8	2.	How many times, on average, did you leak urine for other reasons?
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	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	QOAMPUT	Num	8	1.	Have you ever had an amputation?
5	QOBURN	Num	8	1.	Do you ever have any burning pain in your legs and/or feet?
6	QOCOVR	Num	8	1.	Does it hurt when the bed covers touch your skin?
7	QOCRAMP	Num	8	1.	Do you get muscle cramps in your legs and/or feet?
8	QODRY	Num	8	1.	Is the skin on your feet so dry that it cracks open?
9	QOHURT	Num	8	1.	Do your legs hurt when you walk?
10	QONEURP	Num	8	1.	Has your doctor ever told you that you have diabetic neuropathy?
11	QONUMB	Num	8	1.	Are your legs and/or feet numb?
12	QOPRICK	Num	8	1.	Do you ever have any prickling feelings in your legs or feet?
13	QOSENS	Num	8	1.	Are your feet too sensitive to touch?
14	QOSENSE	Num	8	1.	Are you able to sense your feet when you walk?
15	QOSORE	Num	8	1.	Have you ever had an open sore on your foot?
16	QOWATER	Num	8	1.	When you get into the tub or shower, are you able to tell the hot water from the cold water?
17	QOWEAK	Num	8	1.	Do you feel weak all over most of the time?
18	QOWORSE	Num	8	1.	Are your symptoms worse at night?

Data Set Name: q16.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
35	QEDIET	Num	8			Diet or nutrition advice
36	QEEXCOS	Num	8	4.		Exercise videos - total cost over the past 5 years
37	QEFAST	Num	8			Has the number of meals that you have eaten in (or taken out from) fast-food restaurants
38	QEFREEZ	Num	8	1.		Since beginning of DPP, have you purchased freezer
39	QEFRZCOS	Num	8	4.		Freezer - total cost over the past 5 years
40	QEGOLCOS	Num	8	4.		Golf clubs - total cost over the past 5 years
41	QEGOLF	Num	8	1.		Since beginning DPPOS, have you purchased golf clubs
42	QEGOV	Num	8			U.S. Government Health Plan
43	QEGOYOU	Num	8	2.		On average, in a typical week, how many hours do spouse, family, and friends exercise with you
44	QEGRPLAN	Num	8			A group plan through an employer, union, etc. - employer pays all or part of the plan premium
45	QEGVPLAN	Num	8			A government plan - the government pays for the plan premium
46	QEGYM	Num	8	1.		Since beginning DPPOS, have you purchased home gym
47	QEGYMCOS	Num	8	4.		Home gym - total cost over the past 5 years
48	QEHEALTH	Num	8			Do you currently have any health insurance?
49	QEHOUSE	Num	8			Household activities
50	QEHRFAM	Num	8	2.		In typical week, how many hours do spouse, family, and friends spend shopping/preparing food for you
51	QEHRYOU	Num	8	2.		On average, in a typical week, how many hours do you spend shopping and preparing food for yourself
52	QEINCSRC	Num	8			What is your total annual household income from all sources before tax?
53	QEINPLAN	Num	8			An individual plan - the member pays for the entire plan premium
54	QEINT	Num	8			Before randomization, which intervention did you prefer?
55	QEKEEP	Num	8	2.		Choose the number that corresponds to the amount that would make it MOST DIFFICULT for you to choose between paying for the session or keeping the money.
56	QELEIS	Num	8			Leisure activities
57	QELIFE	Num	8	1.		Did you attend any of the lifestyle sessions?
58	QELONG	Num	8			In the past 5 years, how long have you been in the program
59	QEMCRCOS	Num	8	4.		Microwave - total cost over the past 5 years
60	QEMECAID	Num	8			Medicaid
61	QEMECARE	Num	8			Medicare
62	QEMEDS	Num	8			Prescription medications
63	QEMICRO	Num	8	1.		Since beginning of DPP, have you purchased microwave
64	QEMIXCOS	Num	8	4.		Mixer - total cost over the past 5 years
65	QEMIXER	Num	8	1.		Since beginning of DPP, have you purchased mixer
66	QENOFAS	Num	8			Has the number of meals that you have eaten in (or taken out from) nonfast-food restaurants
67	QEOHCOS1	Num	8	4.		Other (1) - total cost over the past 5 years

Num	Variable	Type	Len	Format	Informat	Label
68	QEOHCOS2	Num	8	4.		Other (2) - total cost over the past 5 years
69	QEOHCOS3	Num	8	4.		Other (3) - total cost over the past 5 years
70	QEOTCOS1	Num	8	4.		Other (1) total cost over the past 5 years
71	QEOTCOS2	Num	8	4.		Other (2) total cost over the past 5 years
72	QEOTCOS3	Num	8	4.		Other (3) total cost over the past 5 years
73	QEOTR	Num	8			Other
74	QEOWNMON	Num	8	2.		Maximum amount of money you would be willing to pay for each individual lifestyle session
75	QEPAR	Num	8			Does it provide any coverage for access to physical activity resources
76	QEPAY	Num	8	3.		On average, how much have you paid per month or per year for the program
77	QEPHYS	Num	8			Physical activity advice
78	QEPLEAS	Num	8			Think of all exercise or physical activity you do outside of work for health, and rate them
79	QEPOPCOS	Num	8	4.		Air popper (popcorn) - total cost over the past 5 years
80	QEPOPP	Num	8	1.		Since beginning of DPP, have you purchased air popper (popcorn)
81	QEROW	Num	8	1.		Since beginning DPPOS, have you purchased rowing machine
82	QEROWCOS	Num	8	4.		Rowing machine - total cost over the past 5 years
83	QESCALE	Num	8	1.		Since beginning of DPP, have you purchased food scale
84	QESCHOOL	Num	8			Going to school
85	QESCLCOS	Num	8	4.		Food scale -total cost over the past 5 years
86	QESHOCOS	Num	8	4.		If you bought shoes, what was the average cost per pair?
87	QESHOE	Num	8	2.		Over past year, how many pairs of exercise shoes have you purchased for your own use?
88	QESKATE	Num	8	1.		Since beginning DPPOS, have you purchased ice skates
89	QESKCOS	Num	8	4.		Ice skates - total cost over the past 5 years
90	QESKI	Num	8	1.		Since beginning DPPOS, have you purchased cross country skis
91	QESKICOS	Num	8	4.		Cross country skis - total cost over the past 5 years
92	QESKMAC	Num	8	1.		Since beginning DPPOS, have you purchased skiing machine
93	QESKMCOS	Num	8	4.		Skiing machine - total cost over the past 5 years
94	QESNOCOS	Num	8	4.		Downhill skis or snowboard - total cost over the past 5 years
95	QESNOW	Num	8	1.		Since beginning DPPOS, have you purchased downhill skis or snowboard
96	QESNSCOS	Num	8	4.		Snowshoes - total cost over the past 5 years
97	QESNSHOE	Num	8	1.		Since beginning DPPOS, have you purchased snow shoes
98	QESPA	Num	8	1.		Since beginning DPPOS, have you purchased weight loss spa or camp
99	QESPACOS	Num	8	4.		Weight loss spa or camp - total cost over the past 5 years for this service
100	QESPOUSE	Num	8			When you go to DPPOS visits, how often do your spouse, family, and friends go with you
101	QESTAIR	Num	8	1.		Since beginning DPPOS, have you purchased stair master
102	QESTAT	Num	8	1.		Since beginning DPPOS, have you purchased stationary bicycle
103	QESTEAM	Num	8	1.		Since beginning of DPP, have you purchased steamer

Num	Variable	Type	Len	Format	Informat	Label
104	QESTEP	Num	8	1.		Since beginning DPPOS, have you purchased step (for aerobics)
105	QESTMCOS	Num	8	4.		Steamer - total cost over the past 5 years
106	QESTPCOS	Num	8	4.		Step (for aerobics) - total cost over the past 5 years
107	QESTRCOS	Num	8	4.		Stair master - total cost over the past 5 years
108	QETENCOS	Num	8	4.		Tennis racquet - total cost over the past 5 years
109	QETENNS	Num	8	1.		Since beginning DPPOS, have you purchased tennis racket
110	QETRAIN	Num	8	1.		Since beginning DPPOS, have you purchased personal training services
111	QETRDCOS	Num	8	4.		Treadmill - total cost over the past 5 years
112	QETREAD	Num	8	1.		Since beginning DPPOS, have you purchased treadmill
113	QETRNCOS	Num	8	4.		Personal trainer - total cost over the past 5 years for this service
114	QEUNIT	Num	8			Measurement unit
115	QEVIDEO	Num	8	1.		Since beginning DPPOS, have you purchased exercise videos
116	QEWEIADV	Num	8			Weight management advice
117	QEWEICOS	Num	8	4.		Free weights - total cost over the past 5 years
118	QEWEIG	Num	8	1.		Since beginning DPPOS, have you purchased free weights (dumbbells)
119	QEWLP	Num	8			Weight loss programs
120	QEWOK	Num	8	1.		Since beginning of DPP, have you purchased wok
121	QEWOKCOS	Num	8	4.		Wok - total cost over the past 5 years
122	QEWORK	Num	8			Working at a job outside the home

Data Set Name: q17.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	Q17BLUE	Num	8		Blue
5	Q17DAY	Num	8		What is the day of the week?
6	Q17DSST	Num	8	1.	Was the 'Digit Symbol Substitution Test' completed?
7	Q17DSSTOTC	Num	8	3.	Total correct symbols on assessment D
8	Q17HANDED	Num	8		Handedness
9	Q17HEARING	Num	8		Hearing
10	Q17LANG	Num	8		What language were tests administered in?
11	Q17MONTH	Num	8		What month is this?
12	Q17NODSST	Num	8		Why was it discontinued?
13	Q17NOSEVLT	Num	8		Why was it discontinued?
14	Q17NOWORD	Num	8		Why was it discontinued?
15	Q17NUMPRS	Num	8		Number of presentations necessary for the participant to repeat the words:
16	Q17PEAR	Num	8		Pear
17	Q17SEVLT	Num	8	1.	Was the 'SEVLT' test completed?
18	Q17SOFA	Num	8		Sofa
19	Q17VISION	Num	8		Vision
20	Q17VLTC1	Num	8	2.	b. Trial 1[;]Correct
21	Q17VLTC2	Num	8	2.	c. Trial 2[;]Correct
22	Q17VLTC3	Num	8	2.	d. Trial 3[;]Correct
23	Q17VLTC4	Num	8	2.	e. Trial 4[;]Correct
24	Q17VLTI1	Num	8	2.	b. Trial 1[;]Intrusions
25	Q17VLTI2	Num	8	2.	c. Trial 2[;]Intrusions
26	Q17VLTI3	Num	8	2.	d. Trial 3[;]Intrusions
27	Q17VLTI4	Num	8	2.	e. Trial 4[;]Intrusions
28	Q17VLTOTC	Num	8	2.	f. Total Correct, Repet[;]
29	Q17VLTOTI	Num	8	2.	f. Total Correct, Repet[;]
30	Q17VLTOTR	Num	8	2.	f. Total Correct, Repet[;]
31	Q17VLTR1	Num	8	2.	b. Trial 1[;]Repetitions
32	Q17VLTR2	Num	8	2.	c. Trial 2[;]Repetitions
33	Q17VLTR3	Num	8	2.	d. Trial 3[;]Repetitions
34	Q17VLTR4	Num	8	2.	e. Trial 4[;]Repetitions
35	Q17WORD	Num	8	1.	Was the 'Word Fluency' test completed?
36	Q17WORDAC	Num	8	2.	c. Animal Category[;]Correct

Num	Variable	Type	Len	Format	Label
37	Q17WORDAP	Num	8	2.	c. Animal Category[;]Perseverations
38	Q17WORDAR	Num	8	2.	c. Animal Category[;]Repetitions
39	Q17WORDLC	Num	8	2.	b. Letter F/P[;]Correct
40	Q17WORDLP	Num	8	2.	b. Letter F/P[;]Perseverations
41	Q17WORDLR	Num	8	2.	b. Letter F/P[;]Repetitions
42	Q17YEAR	Num	8		What year is this?

Data Set Name: q19.sas7bdat

Num	Variable	Type	Len	Label
1	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3	OUTCOME VISIT
4	Q19ALONE	Num	8	Preparing healthy meals for myself when I eat alone
5	Q19BDMOOD	Num	8	I am in a bad mood
6	Q19BUYFOOD	Num	8	Knowing what food to buy at the store
7	Q19CHOL	Num	8	Decreasing amount of fat and cholesterol in my diet
8	Q19COOK	Num	8	Knowing how to cook healthy meals
9	Q19DUSK	Num	8	How often in the evenings do you try not to eat because you are watching your weight?
10	Q19EATLESS	Num	8	When you have put on weight, do you eat less than you usually do?
11	Q19EATOUT	Num	8	Staying on a healthy diet when I eat at a restaurant
12	Q19FOOD	Num	8	Reaching my ideal weight by eating healthy food
13	Q19HEALTHY	Num	8	Knowing what foods I should eat on a healthy diet
14	Q19HEAVY	Num	8	Do you deliberately eat less in order not to become heavier?
15	Q19HOLIDAY	Num	8	Staying on a healthy diet on special occasions/holiday
16	Q19HOME	Num	8	Staying on a healthy diet when no one at home is on it
17	Q19IDWGT	Num	8	Staying at an ideal weight once I have reached it
18	Q19LESSDAY	Num	8	When you have eaten too much, do you eat less than usual the following day?
19	Q19MEAL	Num	8	Do you try to eat less at mealtimes than you would like to eat?
20	Q19NOTHOME	Num	8	Staying on a healthy diet when I am not at home
21	Q19NOTIME	Num	8	I feel I don't have the time
22	Q19RAIN	Num	8	It is raining or snowing
23	Q19REFUSE	Num	8	How often do you refuse food or drink offered because you are concerned about your weight?
24	Q19RUSH	Num	8	Staying on a healthy diet when I am busy or in a rush
25	Q19SLIM	Num	8	Do you deliberately eat foods that are slimming?
26	Q19SNACK	Num	8	Cutting out unhealthy snacks during the day/evening
27	Q19SUGAR	Num	8	Decreasing the amount of sugar and sweets in my diet
28	Q19TIRED	Num	8	I am tired
29	Q19VAC	Num	8	I am on vacation
30	Q19VEGGIES	Num	8	Increasing amount of fiber and vegetables in my diet
31	Q19WATCH	Num	8	Do you watch exactly what you eat?
32	Q19WGTEAT	Num	8	Do you take into account your weight with what you eat?
33	Q19WTCHWGT	Num	8	How often do you try not to eat between meals because you are watching your weight?
34	Q19YOLKS	Num	8	Limiting the number of egg yolks I eat in a week

Data Set Name: r04.sas7bdat

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

Data Set Name: cac.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	CAC_COMPLETE	Char	10	$10.	$10.	CAC scan completed and received
5	ABD_COMPLETE	Char	10	$10.	$10.	Abdomen scan completed and received
6	CAC_NOTES	Char	357	$357.	$357.	Comments from CT Reader
7	ABD_COMPIMAG	Char	10	$10.	$10.	Indicates if entire girth of abdomen was imaged.
8	MGR_NOTES	Char	319	$319.	$319.	Comments from Data Manager
9	P10REC	Char	1	$1.	$1.	P10 received at CAC Reading Center
10	IMGREC	Char	1	$1.	$1.	Image received at CAC Reading Center
11	ABD_NOTES	Char	272	$272.	$272.	Comments from FAT Reader
12	CACSCORE	Char	1	$1.	$1.	[CALC] CAC score recorded at CACRC
13	ABDSCORE	Char	1	$1.	$1.	[CALC] ABD score recorded at CACRC
14	ABD_DLP	Num	8	6.2		Radiation Dose Length Product of Abdomen series only.
15	ABD_SLICETHK	Num	8	4.1		Abdomen series slice thickness in mm
16	ABD_SUBCFAT	Num	8	7.2		Abdomen subcutaneous fat area in cm2
17	ABD_TOTALFAT	Num	8	7.2		Abdomen total fat area in cm2 (abd_subcfatarea+abd_viscfatarea
18	ABD_VISCFAT	Num	8	7.2		Abdomen visceral fat area in cm2
19	AORTICMAX	Num	8	7.2		Aorta max HU
20	AORTICMEAN	Num	8	7.2		Aorta mean HU
21	AORTICMIN	Num	8	7.2		Aorta min HU
22	AORTICSD	Num	8	7.2		Aorta standard deviation
23	ASA_AS	Num	8	7.2		Ascending aorta calcification, agatston score
24	ASA_VS	Num	8	7.2		Ascending aorta calcification, volume score
25	AVC_AS	Num	8	7.2		Aortic valve calcification, agatston score
26	AVC_VS	Num	8	7.2		Aortic valve calcification, volume score
27	AVRING_AS	Num	8	7.2		Aortic valve ring calcification, agatston score
28	AVRING_VS	Num	8	7.2		Aortic valve ring calcification, volume score
29	CAC_DLP	Num	8	6.2		Radiation Dose Length product of CAC series only. Should not exceed 214, if over 214 it may be a protocol violation.
30	COUNTOFIMAGE	Num	8	3.		Number of images in CAC series
31	DSA_AS	Num	8	7.2		Descending aorta calcification, agatston score
32	DSA_VS	Num	8	7.2		Descending aorta calcification, volume score
33	HEP_LLOBMAX	Num	8	7.2		Left lobe liver max HU
34	HEP_LLOBMEAN	Num	8	7.2		Left lobe liver mean HU
35	HEP_LLOBMIN	Num	8	7.2		Left lobe liver min HU
36	HEP_LLOBSD	Num	8	7.2		Left lobe liver standard deviation

Num	Variable	Type	Len	Format	Informat	Label
37	HEP_RLOBMAX1	Num	8	7.2		Right lobe liver roi1 max HU
38	HEP_RLOBMAX2	Num	8	7.2		Right lobe liver roi2 max HU
39	HEP_RLOBMEN1	Num	8	7.2		Right lobe liver roi1 mean HU
40	HEP_RLOBMEN2	Num	8	7.2		Right lobe liver roi2 mean HU
41	HEP_RLOBMIN1	Num	8	7.2		Right lobe liver roi1 min HU
42	HEP_RLOBMIN2	Num	8	7.2		Right lobe liver roi2 min HU
43	HEP_RLOBSD	Num	8	7.2		Right lobe liver roi2 standard deviation
44	HEP_RLOBSD1	Num	8	7.2		Right lobe liver roi1 standard deviation
45	HEP_SPLEENMI	Num	8	7.2		Spleen min HU
46	HEP_SPLEENMN	Num	8	7.2		Spleen mean HU
47	HEP_SPLEENMX	Num	8	7.2		Spleen max HU
48	HEP_SPLEENSD	Num	8	7.2		Spleen standard deviation
49	LAD_AS	Num	8	7.2		Left anterior descending calcification, agatston score
50	LAD_VS	Num	8	7.2		Left anterior descending calcification, volume score
51	LCX_AS	Num	8	7.2		Circumflex calcification, agatston score
52	LCX_VS	Num	8	7.2		Circumflex calcification, volume score
53	LM_AS	Num	8	7.2		Left main calcification, agatston score
54	LM_VS	Num	8	7.2		Left main calcification, volume score
55	LVMAX	Num	8	7.2		LV max HU
56	LVMEAN	Num	8	7.2		LV mean HU
57	LVMIN	Num	8	7.2		LV min HU
58	LVSD	Num	8	7.2		LV standard deviation
59	MVC_AS	Num	8	7.2		Mitral valve calcification, agatston score
60	MVC_VS	Num	8	7.2		Mitral valve calcification, volume score
61	QA_ARTERYXY	Num	8	10.2		Coronaries imaged in the scan; 0 = excellent, 1 = unacceptable
62	QA_ARTERYZ	Num	8	10.2		Entire coronary tree imaged; 0 = excellent, 1 = unacceptable
63	QA_MISREGIST	Num	8	10.2		Misregistration; 0 = not present, 1 = present
64	QA_MOTION	Num	8	10.2		Excessive motion artifact; 0= not present, 1= present
65	QA_NOISE	Num	8	10.2		Excess noise; 0= notpresent, 1= present
66	QA_STREAK	Num	8	10.2		Streak artifact in coronaries; 0= not present, 1= present
67	RCA_AS	Num	8	7.2		Right coronary artery calcification score, agatston score
68	RCA_VS	Num	8	7.2		Right coronary artery calcification score, volume score
69	TOTCAC_AS	Num	8	8.2		Coronary artery agatston score
70	TOTCAC_VS	Num	8	8.2		Sum of coronary artery volume scores.
71	TOTOTHER_AS	Num	8	8.2		Sum of ancillary agatston score calcification measures (ASA+AVRING+AVC+DSA+MVC). Not to be used for any analysis; this field is used to by reader to check results only.
72	TOTOTHER_VS	Num	8	8.2		Sum of ancillary volume score calcification measures (ASA+AVRING+AVC+DSA+MVC). Not to be used for any analysis; this field is used to by reader to check results only.

Num	Variable	Type	Len	Format	Informat	Label
73	WEIGHT	Num	8	6.2		Participant weight reported on P10
74	DAYSCAN	Num	8			Days from randomization to date scan performed
75	DAYSRECD	Num	8			Days from randomization to date scan received at RC
76	DAYSFATR	Num	8			Days from randomization to date fat scan read
77	DAYSCACR	Num	8			Days from randomization to date CAC scan read

Data Set Name: demographic.sas7bdat

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

Data Set Name: events.sas7bdat

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

Data Set Name: fundus.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DAYSRAND	Num	5			DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9			PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3			OUTCOME VISIT
4	GRDEXPTTYPE	Char	8	$8.	$8.	Type of export
5	GRDGRADETYP	Char	2	$2.	$2.	Grading type
6	GRDEYE	Char	1	$1.	$1.	Eye
7	GRDSTUDYEYE	Char	1	$1.	$1.	Eye designated as study eye (if required)
8	GRDMACOUNT	Char	2	$2.	$2.	Number of microaneurysms (required only if DRSeverity=20)
9	GRDRT_CENTR	Char	3	$3.	$3.	Area of retinal thickening area within the grid (% of center subfield)
10	GRDRT_INNSP	Char	3	$3.	$3.	Area of retinal thickening within the grid (% of Inner Superior subfield)
11	GRDRT_INNNL	Char	3	$3.	$3.	Area of retinal thickening within the grid (% of Inner Nasal subfield)
12	GRDRT_INNIF	Char	3	$3.	$3.	Area of retinal thickening within the grid (% of Inner Inferior subfield)
13	GRDRT_INNTP	Char	3	$3.	$3.	Area of retinal thickening within the grid (% of Inner Superior subfield)
14	GRDRT_OUTSP	Char	3	$3.	$3.	Area of retinal thickening within the grid (% of Outer Superior subfield)
15	GRDRT_OUTNL	Char	3	$3.	$3.	Area of retinal thickening within the grid (% of Outer Nasal subfield)
16	GRDRT_OUTIF	Char	3	$3.	$3.	Area of retinal thickening within the grid (% of Outer Inferior subfield)
17	GRDRT_OUTTP	Char	3	$3.	$3.	Area of retinal thickening within the grid (% of Outer Temporal subfield)
18	GRDDRSEVETY	Char	3	$3.	$3.	Diabetic Retinopathy (DR) severity level for the eye
19	GRDDRSEVSUB	Char	5	$5.	$5.	DR severity level for the subject
20	GRDCALCVISIT	Char	3	$3.	$3.	[CALC] Visit code
21	GRDABNORMT1	Num	8	2.		Code for ocular abnormality 1
22	GRDABNORMT2	Num	8	2.		Code for ocular abnormality 2
23	GRDCAMRATYP	Num	8	1.		Camera type
24	GRDCSME	Num	8	1.		Clinically significant Macular Edema (ETDRS)
25	GRDDRSEVREC	Num	8	2.		DR severity level for the eye recoded as an integer
26	GRDDRSVSBRD	Num	8	2.		DR severity level for the subject recoded as an integer
27	GRDFOCALPC	Num	8	1.		Focal and/orGrid photocoagulation
28	GRDHECIOCNT	Num	8	1.		Number of Center, Inner and Outer subfields that cannot be graded for hard exudate
29	GRDHECNTINC	Num	8	1.		Number of Center and Inner subfields that cannot be graded for hard exudate
30	GRDHECTINOU	Num	8	6.4		Hard Exudate in the Center, Inner and Outer subfields (disc areas)
31	GRDHEGRID	Num	8	1.		Hard exudate within grid, Field 2
32	GRDHE_CENTR	Num	8	1.		Hard Exudate within grid (Center subfield)
33	GRDHE_CNTIN	Num	8	6.4		Hard Exudate in the Center and Inner subfields (disc areas)
34	GRDHE_CNTPT	Num	8	1.		Hard Exudate at Center Point
35	GRDHE_INNIF	Num	8	1.		Hard Exudate within grid (Inner Inferior subfield)

Num	Variable	Type	Len	Format	Informat	Label
36	GRDHE_INNNL	Num	8	1.		Hard Exudate within grid (Inner Nasal subfield)
37	GRDHE_INNSP	Num	8	1.		Hard Exudate within grid (Inner Superior subfield)
38	GRDHE_INNTP	Num	8	1.		Hard Exudate within grid (Inner Temporal subfield)
39	GRDHE_OUTIF	Num	8	2.		Hard Exudate within grid (Outer Inferior subfield)
40	GRDHE_OUTNL	Num	8	1.		Hard Exudate within grid (Outer Nasal subfield)
41	GRDHE_OUTSP	Num	8	1.		Hard Exudate within grid (Outer superior subfield)
42	GRDHE_OUTTP	Num	8	1.		Hard Exudate within grid (Outer Temporal subfield)
43	GRDOCULABNO	Num	8	1.		Confounding ocular abnormality likely to confound assessment of drug treatment effect or visual acuity measurement
44	GRDRETAKE	Num	8			Are these photos retakes?
45	GRDRTCENTRM	Num	8	1.		Retinal thickening at center of macula
46	GRDRTCETINC	Num	8	5.2		Area of Center and Inner subfields that cannot be graded for Retinal Thickening (in disc areas)
47	GRDRTCIOCNT	Num	8	5.2		Area of Center,Inner and Outer subfields that cannot be graded for Retinal Thicking (in disc areas)
48	GRDRTCTINOU	Num	8	5.2		Retinal thickening in the Center, Inner and Outer subfields (in disc areas)
49	GRDRTMETHOD	Num	8	1.		Method used to collect retinal thickening data
50	GRDRTPRESNT	Num	8	1.		Presence of retinal thickening
51	GRDRTPROXIM	Num	8	4.		Proximity of retinal thickening/adjacent hard exudate to the center (microns)
52	GRDRT_CETIN	Num	8	5.2		Retinal thickening in the Center and Inner subfields (in disc areas)
53	GRDSCATERPC	Num	8	1.		Scatter (Panretinal) PC

Data Set Name: lab.sas7bdat

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

Data Set Name: microvascular.sas7bdat

Num	Variable	Type	Len	Label
1	evtret	Num	8	Event Retinopathy - Overall
2	evtneu	Num	8	Event Neuropathy - Overall
3	evtmicro	Num	8	Any Microevent
4	evtnep	Num	8	Nephropathy Event
5	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY

Data Set Name: ncc.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
2	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
3	VISIT	Char	3		OUTCOME VISIT
4	NCCKCAL	Num	8	F10.4	Energy (kcal)
5	NCCKJOUL	Num	8	F10.4	Energy (kj)
6	NCCTOTFAT	Num	8	F10.4	Total fat (g)
7	NCCCARBO	Num	8	F10.4	Total carbohydrate (g)
8	NCCACARBO	Num	8	F10.4	Available carbohydrate (g)
9	NCCTOTPRO	Num	8	F10.4	Total protein (g)
10	NCCAPRO	Num	8	F10.4	Animal protein (g)
11	NCCVPRO	Num	8	F10.4	Vegetable protein (g)
12	NCCCHOLEST	Num	8	F10.4	Cholesterol (mg)
13	NCCSFA	Num	8	F10.4	Total saturated fatty acids (g)
14	NCCMUFA	Num	8	F10.4	Total monounsaturated fatty acids (g)
15	NCCPUFA	Num	8	F10.4	Total polyunsaturated fatty acids (g)
16	NCCTRANS	Num	8	F10.4	Total trans-fatty acids (g)
17	NCCN3FA	Num	8	F10.4	Omega-3 fatty acids (g)
18	NCCTOTSUGAR	Num	8	F10.4	Total sugars (g)
19	NCCFRUCTOSE	Num	8	F10.4	Fructose (g)
20	NCCGALACTOS	Num	8	F10.4	Galactose (g)
21	NCCGLUCOSE	Num	8	F10.4	Glucose (g)
22	NCCLACTOSE	Num	8	F10.4	Lactose (g)
23	NCCMALTOSE	Num	8	F10.4	Maltose (g)
24	NCCSUCROSE	Num	8	F10.4	Sucrose (g)
25	NCCSTARCH	Num	8	F10.4	Starch (g)
26	NCCTOTFIBER	Num	8	F10.4	Total dietary fiber (g)
27	NCCSFIBER	Num	8	F10.4	Soluble dietary fiber (g)
28	NCCINSFIBER	Num	8	F10.4	Insoluble dietary fiber (g)
29	NCCPECTINS	Num	8	F10.4	Pectins (g)
30	NCCTOTVARE	Num	8	F10.4	Retinol equivalents (mcg)
31	NCCTOTVAIU	Num	8	F10.4	Total vitamin A activity (IU)
32	NCCTOTVARAE	Num	8	F10.4	Retinol activity equivalents (mcg)
33	NCCBCAREQ	Num	8	F10.4	Beta-carotene equivalents (mcg)
34	NCCRETINOL	Num	8	F10.4	Retinol (mcg)
35	NCCVD	Num	8	F10.4	Vitamin D (mcg)
36	NCCVD2X	Num	8	F10.4	Vitamin D2 (IU)

Num	Variable	Type	Len	Format	Label
37	NCCVD3X	Num	8	F10.4	Vitamin D3 (mg)
38	NCCTOTVE	Num	8	F10.4	Vitamin E (mg)
39	NCCATOCOPH	Num	8	F10.4	Total alpha-tocopherol equivalents (mg)
40	NCCBTOCOPH	Num	8	F10.4	Beta-tocopherol (mg)
41	NCCGTOCOPH	Num	8	F10.4	Gamma-tocopherol (mg)
42	NCCDTOCOPH	Num	8	F10.4	Delta-tocopherol (mg)
43	NCCVK	Num	8	F10.4	Vitamin K (mcg)
44	NCCVC	Num	8	F10.4	Vitamin C (mg)
45	NCCTHIAMIN	Num	8	F10.4	Thiamin (mg)
46	NCCRIBOFLAV	Num	8	F10.4	Riboflavin (mg)
47	NCCNIACIN	Num	8	F10.4	Niacin (mg)
48	NCCNIACINE	Num	8	F10.4	Niacin equivalents (mg)
49	NCCPANTOA	Num	8	F10.4	Pantothenic acid (mg)
50	NCCVBSIX	Num	8	F10.4	Vitamin B6 (mg)
51	NCCTOTFOLA	Num	8	F10.4	Total folate (mcg)
52	NCCFOLATEQ	Num	8	F10.4	Dietary folate equivalents (mcg)
53	NCCNATFOL	Num	8	F10.4	Natural folate (mcg)
54	NCCSFOLATE	Num	8	F10.4	Synthetic folate (mcg)
55	NCCVBTWELVE	Num	8	F10.4	Vitamin B12 (mcg)
56	NCCBCAROT	Num	8	F10.4	Beta-carotene (mcg)
57	NCCACAROTE	Num	8	F10.4	Alpha-carotene (mcg)
58	NCCBCRYPT	Num	8	F10.4	Beta-cryptoxanthin (mcg)
59	NCCLUTEINZ	Num	8	F10.4	Lutein + zeaxanthin (mcg)
60	NCCLYCOPENE	Num	8	F10.4	Lycopene (mcg)
61	NCCSFAFORTY	Num	8	F10.4	SFA 4:0 (g)
62	NCCSFASIXTY	Num	8	F10.4	SFA 6:0 (g)
63	NCCSFA100X	Num	8	F10.4	SFA 10:0 (g)
64	NCCSFA120X	Num	8	F10.4	SFA 12:0 (g)
65	NCCSFA140X	Num	8	F10.4	SFA 14:0 (g)
66	NCCSFA160X	Num	8	F10.4	SFA 16:0 (g)
67	NCCSFA170X	Num	8	F10.4	SFA 17:0 (g)
68	NCCSFA180X	Num	8	F10.4	SFA 18:0 (g)
69	NCCSFA200X	Num	8	F10.4	SFA 20:0 (g)
70	NCCSFA220X	Num	8	F10.4	SFA 22:0 (g)
71	NCCMUFA141X	Num	8	F10.4	MUFA 14:1 (g)
72	NCCMUFA161X	Num	8	F10.4	MUFA 16:1 (g)
73	NCCMUFA181X	Num	8	F10.4	MUFA 18:1 (g)
74	NCCMUFA201X	Num	8	F10.4	MUFA 20:1 (g)
75	NCCMUFA221X	Num	8	F10.4	MUFA 22:1 (g)

Num	Variable	Type	Len	Format	Label
76	NCCPUFA182X	Num	8	F10.4	PUFA 18:2 (g)
77	NCCPUFA183X	Num	8	F10.4	PUFA 18:3 (g)
78	NCCPUFA184X	Num	8	F10.4	PUFA 18:4 (g)
79	NCCPUFA204X	Num	8	F10.4	PUFA 20:4 (g)
80	NCCPUFA205X	Num	8	F10.4	PUFA 20:5 (g)
81	NCCPUFA225X	Num	8	F10.4	PUFA 22:5 (g)
82	NCCPUFA226X	Num	8	F10.4	PUFA 22:6 (g)
83	NCCTRAN161X	Num	8	F10.4	TRANS 16:1 (g)
84	NCCTRAN181X	Num	8	F10.4	TRANS 18:1 (g)
85	NCCTRAN182X	Num	8	F10.4	TRANS 18:2 (g)
86	NCCCALCIUM	Num	8	F10.4	Calcium (mg)
87	NCCPHOSPH	Num	8	F10.4	Phosphorous (mg)
88	NCCMAGNES	Num	8	F10.4	Magnesium (mg)
89	NCCIRON	Num	8	F10.4	Iron (mg)
90	NCCZINC	Num	8	F10.4	Zinc (mg)
91	NCCCOPPER	Num	8	F10.4	Copper (mg)
92	NCCSELENIUM	Num	8	F10.4	Selenium (mcg)
93	NCCSODIUM	Num	8	F10.4	Sodium (mg)
94	NCCPOTASS	Num	8	F10.4	Potassium (mg)
95	NCCTRYPTOP	Num	8	F10.4	Tryptophan (g)
96	NCCTHREONI	Num	8	F10.4	Threonine (g)
97	NCCISOLEUCI	Num	8	F10.4	Isoleucine (g)
98	NCCLEUCINE	Num	8	F10.4	Leucine (g)
99	NCCLYSINE	Num	8	F10.4	Lysine (g)
100	NCCMETHION	Num	8	F10.4	Methionine (g)
101	NCCCYSTINE	Num	8	F10.4	Cystine (g)
102	NCCPHENYLA	Num	8	F10.4	Phenylalanine (g)
103	NCCTYROSINE	Num	8	F10.4	Tyrosine (g)
104	NCCVALINE	Num	8	F10.4	Valine (g)
105	NCCARGININE	Num	8	F10.4	Arginine (g)
106	NCCALANINE	Num	8	F10.4	Alanine (g)
107	NCCASPARTIC	Num	8	F10.4	Aspartic Acid (g)
108	NCCGLUTAMIC	Num	8	F10.4	Glutamic Acid (g)
109	NCCGLYCINE	Num	8	F10.4	Glycine (g)
110	NCCPROLINE	Num	8	F10.4	Proline (g)
111	NCCSERINE	Num	8	F10.4	Serine (g)
112	NCCDAIDZEIN	Num	8	F10.4	Daidzein (mg)
113	NCCINOSITOL	Num	8	F10.4	Inositol (g)
114	NCCMANNITOL	Num	8	F10.4	Mannitol (g)

Num	Variable	Type	Len	Format	Label
115	NCCPINITOL	Num	8	F10.4	Pinitol (g)
116	NCCSORBITOL	Num	8	F10.4	Sorbitol (g)
117	NCCXYLITOL	Num	8	F10.4	Xylitol (g)
118	NCCASPARAME	Num	8	F10.4	Aspartame (mg)
119	NCCTAGATOSE	Num	8	F10.4	Tagatose (mg)
120	NCCCAFFEINE	Num	8	F10.4	Caffeine (mg)
121	NCCCHOLINE	Num	8	F10.4	Choline (mg)
122	NCCBETAINE	Num	8	F10.4	Betaine (mg)
123	NCCNITROGEN	Num	8	F10.4	Nitrogen (g)
124	NCCASH	Num	8	F10.4	Ash (g)
125	NCCWATER	Num	8	F10.4	Water (g)
126	NCCGRAMS	Num	8	F10.4	Grams (g)
127	NCCFG1	Num	8	F10.4	Brd/Cer/rice/pasta, H Fib/L fat (servings / day)
128	NCCFG2	Num	8	F10.4	Brd/Cer/rice/pasta, L Fib/H fat (servings / day)
129	NCCFG3	Num	8	F10.4	Brd/Cer/rice/pasta, L Fib/L fat (servings / day)
130	NCCFG4	Num	8	F10.4	Vegetable-tomato (servings / day)
131	NCCFG5	Num	8	F10.4	Vegetable-dark green/deep yellow (servings / day)
132	NCCFG6	Num	8	F10.4	Vegetable-cruciferous (servings / day)
133	NCCFG7	Num	8	F10.4	Vegetable-other (servings / day)
134	NCCFG8	Num	8	F10.4	Fruit and fruit juice-citrus (servings / day)
135	NCCFG9	Num	8	F10.4	Fruit and fruit juice-other (servings / day)
136	NCCFG10	Num	8	F10.4	Dairy, high fat (servings / day)
137	NCCFG11	Num	8	F10.4	Dairy, low fat-Inc up to 2% milk (servings / day)
138	NCCFG12	Num	8	F10.4	Fish, high fat (servings / day)
139	NCCFG13	Num	8	F10.4	Fish, low fat (servings / day)
140	NCCFG14	Num	8	F10.4	Fish, Hi omega 3 fatty acids (servings / day)
141	NCCFG15	Num	8	F10.4	Dried beans (servings / day)
142	NCCFG16	Num	8	F10.4	Eggs (servings / day)
143	NCCFG17	Num	8	F10.4	Meat, high fat (servings / day)
144	NCCFG18	Num	8	F10.4	Meat, low fat (servings / day)
145	NCCFG19	Num	8	F10.4	Poultry, high fat (servings / day)
146	NCCFG20	Num	8	F10.4	Poultry, low fat (servings / day)
147	NCCFG21	Num	8	F10.4	Sweets and desserts (servings / day)
148	NCCFG22	Num	8	F10.4	Fats and oils (servings / day)
149	NCCFG23	Num	8	F10.4	Soy products (servings / day)
150	NCCFG24	Num	8	F10.4	Nuts and seeds (servings / day)
151	NCCFG25	Num	8	F10.4	Coffee and tea (servings / day)
152	NCCFG26	Num	8	F10.4	Meal Repl., Inst Bkfst/slimfast (servings / day)
153	NCCFG27	Num	8	F10.4	Alcohol (servings / day)

Num	Variable	Type	Len	Format	Label
154	NCCPFG1	Num	8	F10.4	Bread, cereal, rice and pasta (servings / day)
155	NCCPFG2	Num	8	F10.4	Vegetable (servings / day)
156	NCCPFG3	Num	8	F10.4	Fruit (servings / day)
157	NCCPFG4	Num	8	F10.4	Milk, yogurt and cheese (servings / day)
158	NCCPFG5	Num	8	F10.4	Meat/Pltry/fish/dry Bns/eggs/nuts (servings / day)
159	NCCPFG6	Num	8	F10.4	Fats, oils and sweets (servings / day)
160	NCCLARGMEAL	Num	8	F1.	Largest meal
161	NCCSNACKDAY	Num	8	F2.	Snacks per day
162	NCCMLPERDAY	Num	8	F1.	Meals per day
163	NCCFRSTMEAL	Num	8	F3.	Time first meal (number)
164	NCCHR_MINS	Num	8	F1.	First meal (minutes after waking-up)
165	NCCVITAMINS	Num	8	F1.	Taken vitamins during past month?
166	NCCHERBS	Num	8	F1.	Taken herbs/Bot Supp during past month?
167	NCCSALT	Num	8	F1.	How often add salt
168	NCCCHKSKIN	Num	8	F1.	Eat skin on chicken
169	NCCMEATFAT	Num	8	F1.	Eat the fat on meat
170	NCCLFATBEEF	Num	8	F1.	Lean or extra lean meat
171	NCCLFATLMTS	Num	8	F1.	Low-fat lunch meats
172	NCCLFATCHPS	Num	8	F1.	Low-fat chips/popcorn
173	NCCLFATBACN	Num	8	F1.	Low-fat bacon/sausage
174	NCCLFCHZ	Num	8	F1.	Low-fat cheese
175	NCCLFATYGRT	Num	8	F1.	Low-fat yogurt
176	NCCLFATCAKE	Num	8	F1.	Low-fat cookies/cake
177	NCCOFTENFAT	Num	8	F1.	Freq fat/oil used in cooking
178	NCCALCOHOL	Char	10	$10.	Alcohol (g)
179	NCCMOREDRNK	Char	15	$15.	How often 7+ drinks w/i 24 hrs

Data Set Name: qwb.sas7bdat

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

Data Set Name: e04.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
3	DAYSPREG	Num	8	DAYS FROM RANDOMIZATION TO PREGNANCY CONFIRMATION
4	DAYSEDD	Num	8	DAYS FROM RANDOMIZATION TO ESTIMATED DELIVERY DATE
5	DOPLAN	Num	8	WAS IT A PLANNED PREGNANCY?
6	DODISA	Num	8	BOTH CODED MEDS DISCONTINUED?
7	DAYSMETS_PRIOR	Num	8	DAYS FROM RANDOMIZATION TO STOPPING METFORMIN PRIOR TO PREGNANCY
8	DODISB	Num	8	MEDS DISCONTNU PRIOR CONCEPTON
9	DAYSMETS_AFTER	Num	8	DAYS FROM RANDOMIZATION TO STOPPING METFORMIN AFTER PREGNANCY
10	DOCONT	Num	8	WISH TO CONTINUE PREGNANCY?
11	DOBLIND	Num	8	WAS CODED METFORMIN UNMASKED?

Data Set Name: e05.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
3	DAYSPREG	Num	8	DAYS FROM RANDOMIZATION TO PREGNANCY CONFIRMATION
4	DAYSVOLUNTARY	Num	8	DAYS FROM RANDOMIZATION TO VOLUNTARY TERMINATION
5	DAYSMISCARRIAGE	Num	8	DAYS FROM RANDOMIZATION TO MISCARRIAGE
6	DAYSDELIVERY	Num	8	DAYS FROM RANDOMIZATION TO DELIVERY
7	DUINSEX	Num	8	INFANTS SEX
8	DUWGHT	Num	8	INFANTS WEIGHT PERCENTILE
9	DUANOM	Num	8	WERE THERE ANY ANOMALIES?
10	DUGDM	Num	8	HAVE GDM DURING GESTATION?
11	DUINSGT	Num	8	INSULIN DURING GESTATION?
12	DUFEED	Num	8	PARTICIPANT BREAST FEEDING?
13	DAYSRESUME_BREAST	Num	8	DAYS FROM RAND TO RESUME FOLLOWING BREASTFEEDING
14	DUINSUL	Num	8	ON INSULIN OR ORAL AGENTS?
15	DAYSRESUME_INS	Num	8	DAYS FROM RAND TO RESUME FOLLOWING INSULIN USE
16	DUBC	Num	8	RESUMED BIRTH CONTROL USE?
17	DUOHT	Num	8	ORAL HORMONE THERAPY
18	DUNOHT	Num	8	NON-ORAL HORMONE THERAPY
19	DUIUD	Num	8	INTRAUTERINE DEVICES
20	DUBARR	Num	8	BARRIER METHODS
21	DUSURG	Num	8	SURGICAL METHODS

Data Set Name: *f01.sas7bdat*

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	QVSTWK	Num	8	WEEK OF VISIT
5	QVSTVIS	Num	8	TYPE OF VISIT
6	QPDBP1	Num	8	BLOOD PRESSURE 1: DIASTOLIC
7	QPDBP2	Num	8	BLOOD PRESSURE 2: DIASTOLIC
8	QPSBP1	Num	8	BLOOD PRESSURE 1: SYSTOLIC
9	QPSBP2	Num	8	BLOOD PRESSURE 2: SYSTOLIC
10	QPWGHT1	Num	8	WEIGHT: FIRST MEASUREMENT
11	QPWGHT2	Num	8	WEIGHT: SECOND MEASUREMENT
12	QPWGHT3	Num	8	WEIGHT: THIRD MEASUREMENT
13	QPAEQ	Num	8	NEW SYMPTOMS/INJURIES/ILLNESS/WORSEN OF PRE-EXISTING CONDITIONS
14	QPPREM	Num	8	PARTCIPANT REPRODUC POTENTIAL
15	QP1WK	Num	8	MENSTRUAL PRIOD MORE THAN 1 WEEK LATE
16	QPREG	Num	8	RESULT OF PREGNANCY TEST
17	QPLAN	Num	8	PLAN BE PREGNANT WTHIN NEXT 3 MONTHS
18	QMTAKM	Num	8	CODED METFORMIN SINCE LAST VISIT
19	QMDOSE	Num	8	DOSE OF METFORMIN
20	QMCOMPM	Num	8	METF:ESTMT CMPLIANC PILL TAKNG
21	QMDAYSM	Num	8	# DAYS METFORMIN PILLS TAKEN
22	VERS	Char	1	FORM VERSION
23	QMNOMET	Num	8	METFORMIN WAS NOT DISPENSED
24	QMRXDQ	Num	8	TAKING PRESCRIPTION MEDICATION
25	QMRXDAM	Char	50	MEDICINE DESCRIPTION: A
26	QMRXDBM	Char	50	MEDICINE DESCRIPTION: B
27	QMRXDCM	Char	50	MEDICINE DESCRIPTION: C
28	QMRXDDM	Char	50	MEDICINE DESCRIPTION: D
29	QMRXDEM	Char	50	MEDICINE DESCRIPTION: E
30	QMRXDFM	Char	50	MEDICINE DESCRIPTION: F
31	QMRXDGM	Char	50	MEDICINE DESCRIPTION: G
32	QMRXDHM	Char	50	MEDICINE DESCRIPTION: H
33	QMRXDIM	Char	50	MEDICINE DESCRIPTION: I
34	QMRXDJM	Char	50	MEDICINE DESCRIPTION: J
35	QMNOME2	Num	8	2ND METFORMIN WAS NOT DISPENSED

Data Set Name: f02.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	AVSTWK	Num	8	WEEK OF VISIT
5	AVSTTYP	Num	8	TYPE OF VISIT
6	VERS	Char	1	FORM VERSION
7	ALPLATE	Num	8	PLATELET COUNT
8	APADORL	Num	8	LEFT DORSALIS PEDIS
9	APADORR	Num	8	RIGHT DORSALIS PEDIS
10	APADOSL	Num	8	LEFT TIBIALIS POSTERIOR
11	APAPOSR	Num	8	RIGHT TIBIALIS POSTERIOR
12	APDBP1	Num	8	BLOOD PRESSURE 1: DIASTOLIC
13	APDBP2	Num	8	BLOOD PRESSURE 2: DIASTOLIC
14	APSBP1	Num	8	BLOOD PRESSURE 1: SYSTOLIC
15	APSBP2	Num	8	BLOOD PRESSURE 2: SYSTOLIC
16	APSSBP	Num	8	SYSTOLIC: ARM
17	APSSBPF	Num	8	SYSTOLIC: ARM (SAME ARM AS 2a)
18	APWGHT1	Num	8	WEIGHT: MEASURE 1
19	APWGHT2	Num	8	WEIGHT: MEASURE 2
20	APWGHT3	Num	8	WEIGHT: MEASURE 3
21	APWSTC1	Num	8	WAIST CIRCUMFERENCE: MEASURE 1
22	APWSTC2	Num	8	WAIST CIRCUMFERENCE: MEASURE 2
23	APWSTC3	Num	8	WAIST CIRCUMFERENCE: MEASURE 3
24	APHIP1	Num	8	HIP GIRTH: MEASURE 1
25	APHIP2	Num	8	HIP GIRTH: MEASURE 2
26	APHIP3	Num	8	HIP GIRTH: MEASURE 3
27	APSFSB1	Num	8	SUBSCAPULAR: TRIAL 1
28	APSFTR1	Num	8	TRICEPS: TRIAL 1
29	APSFSI1	Num	8	SUPRA ILIAC: TRIAL 1
30	APSFAB1	Num	8	ABDOMINAL: TRIAL 1
31	APSFMC1	Num	8	MEDIAL CALF: TRIAL 1
32	APSFSB2	Num	8	SUBSCAPULAR: TRIAL 2
33	APSFTR2	Num	8	TRICEPS: TRIAL 2
34	APSFSI2	Num	8	SUPRA ILIAC: TRIAL 2
35	APSFAB2	Num	8	ABDOMINAL: TRIAL 2
36	APSFMC2	Num	8	MEDIAL CALF: TRIAL 2

Num	Variable	Type	Len	Label
37	APSFSB3	Num	8	SUBSCAPULAR: TRIAL 3
38	APSFTR3	Num	8	TRICEPS: TRIAL 3
39	APSFSI3	Num	8	SUPRA ILIAC: TRIAL 3
40	APSFAB3	Num	8	ABDOMINAL: TRIAL 3
41	APSFMC3	Num	8	MEDIAL CALF: TRIAL 3
42	APSSBPA	Num	8	RIGHT ARM / LEFT ARM
43	APQOB	Num	8	INTERVAL HISTORY (Q08) COMPLTE
44	APAEQ	Num	8	NEW SYMPTOMS/INJURIES/ILLNESS/WORSEN OF PRE-EXISTING CONDITIONS
45	APREM	Num	8	PARTCIPANT REPRODUC POTENTIAL
46	AP1WK	Num	8	MENSTRUAL PRIOD MORE THAN 1 WEEK LATE
47	APREG	Num	8	RESULT OF PREGNANCY TEST
48	APLAN	Num	8	PLAN BE PREGNANT WTHIN NEXT 3 MONTHS
49	AMTAKM	Num	8	CODED METFORMIN SINCE LAST VISIT
50	AMDOSE	Num	8	DOSE OF METFORMIN
51	AMCOMPM	Num	8	METF:ESTMT CMPLIANC PILL TAKNG
52	AMDAYSM	Num	8	# DAYS METFORMIN PILLS TAKEN
53	AMNOMET	Num	8	METFORMIN WAS NOT DISPENSED
54	AMNOME2	Num	8	2ND METFORMIN WAS NOT DISPENSED
55	AMRXDQ	Num	8	TAKING PRESCRIPTION MDICATION?
56	AMRXDAM	Char	50	MEDICINE DESCRIPTION: A
57	AMRXDBM	Char	50	MEDICINE DESCRIPTION: B
58	AMRXDCM	Char	50	MEDICINE DESCRIPTION: C
59	AMRXDDM	Char	50	MEDICINE DESCRIPTION: D
60	AMRXDEM	Char	50	MEDICINE DESCRIPTION: E
61	AMRXDFM	Char	50	MEDICINE DESCRIPTION: F
62	AMRXDGM	Char	50	MEDICINE DESCRIPTION: G
63	AMRXDHM	Char	50	MEDICINE DESCRIPTION: H
64	AMRXDIM	Char	50	MEDICINE DESCRIPTION: I
65	AMRXDJM	Char	50	MEDICINE DESCRIPTION: J
66	ALHGLOB	Num	8	HEMOGLOBIN
67	ALHCRIT	Num	8	HEMATOCRIT

Data Set Name: f03.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	JIVSTWK	Num	8	WEEK OF VISIT
5	JVSTTYP	Num	8	TYPE OF VISIT
6	JIDBP1	Num	8	BLOOD PRESSURE 1-DIASTOLIC
7	JIDBP2	Num	8	BLOOD PRESSURE 2-DIASTOLIC
8	JISBP1	Num	8	BLOOD PRESSURE 1-SYSTOLIC
9	JISBP2	Num	8	BLOOD PRESSURE 2-SYSTOLIC
10	JIMEDMG	Num	8	CODED METFORMIN MANAGEMENT
11	JIHYPMG	Num	8	HYPERTENSION MANAGEMENT
12	JILIPMG	Num	8	LIPID MANAGEMENT
13	JIPRGMG	Num	8	PREGNANCY MANAGEMENT
14	JIAEMG	Num	8	ADVERSE EVENT MANAGEMENT
15	JISPEC	Num	8	COLLECT OF SPECIMEN,CBL
16	JIOUT	Num	8	REPEAT OUTCOME DEFICIENT
17	JIOTH	Num	8	OTHER REASON FOR VISIT
18	JIAEQ	Num	8	WORSENING OF PRE-EXISTING CONDITION
19	JIPREM	Num	8	REPRODUCTIVE POTENTIAL?
20	JI1WK	Num	8	PERIOD MORE THAN 1 WEEK LATE?
21	JI2WK	Num	8	PERIOD MORE THAN 2 WEEK LATE?
22	JIPREG	Num	8	RESULT OF PREGNANCY TEST
23	JIPLAN	Num	8	PLAN ON PREGNANT NEXT 3 MONTHS
24	JITAKMT	Num	8	TAKEN METFORMIN SINCE LAST VISIT
25	JIDOSE	Num	8	DOSE OF METFORMIN
26	JICOMPM	Num	8	LEVEL OF EXPOSURE TO METFORMIN
27	JIDAYSM	Num	8	# DAYS METFORMIN TAKEN AS PRESCRIBED
28	JINOMET	Num	8	METFORMIN WAS NOT DISPENSED

Data Set Name: f04.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	JMVSTWK	Num	8	WEEK OF VISIT MISSED
5	JMVSTTY	Num	8	TYPE OF VISIT MISSED
6	JMCONT	Num	8	CONTACT CONCERNING MISS VISIT
7	JMRSN	Num	8	PRIMARY REASON FOR MISSED VISIT
8	JMINACT	Num	8	INACTIVE FOLLOW-UP STATUS?

Data Set Name: f05.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	MAVSTTY	Num	8	TYPE OF VISIT
5	MAVSTWK	Num	8	WEEK OF VISIT
6	MAHOW	Num	8	TAKE PILLS AS PRESCRIBED SINCE LAST VISIT
7	MAHOWB	Num	8	TAKE PILLS AS PRESCRIBED SINCE LAST VISIT - B
8	MAHOWC	Num	8	TAKE PILLS AS PRESCRIBED SINCE LAST VISIT - C
9	MAHELD	Num	8	HOW USEFUL WAS THE PLAN IN HELPING YOU TAKE YOUR MEDS AS PRESCRIBED
10	MAPROB	Num	8	PROBLEM IN TRYING TO TAKE PILLS AS PRESCRIBED
11	MAPROBB	Num	8	PROBLEM IN TRYING TO TAKE PILLS AS PRESCRIBED - B
12	MAPROBC	Num	8	PROBLEM IN TRYING TO TAKE PILLS AS PRESCRIBED - C
13	MAPLAN	Num	8	PLAN/STRATEGY TO DEAL WITH THE PROBLEM
14	MAPLANB	Num	8	PLAN/STRATEGY TO DEAL WITH THE PROBLEM - B
15	MAPLANC	Num	8	PLAN/STRATEGY TO DEAL WITH THE PROBLEM - C
16	MAINTEN	Num	8	DO YOU INTEND TO FOLLOW THIS PLAN
17	MARELI	Num	8	ADHERENCE FOR THE MOST RECENT WEEK RELIABLE?

Data Set Name: l03.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
3	ZVSTWK	Num	8	WEEK OF IN-PERSON CONTACT
4	ZNATTEN	Num	8	ATTENDANCE
5	ZNTYPE	Num	8	TYPE OF SESSION
6	ZNLESS	Num	8	SESSION #
7	ZNTOPIC	Num	8	TOPIC OF SESSION (IF SESSION #1)
8	ZNREV	Num	8	REPEAT
9	ZNMAJOR	Num	8	MAJORITY CONTACT TIME DEVOTE TO
10	ZNDUR	Num	8	DURATION OF CONTACT
11	ZSDIET	Num	8	SELF-MONITOR DIET SINCE LAST CONTACT
12	ZSEXER	Num	8	SELF-MONITOR EXERCISE SINCE LAST CONTACT
13	ZSGFAT	Num	8	GOAL - FAT
14	ZSGFNA	Num	8	GOAL - FAT NA
15	ZSGCAL	Num	8	GOAL - CALORIES
16	ZSGCNA	Num	8	GOAL - CALORIES NA
17	ZSGEX	Num	8	GOAL - EXERCISE
18	ZSGENA	Num	8	GOAL - EXERCISE NA
19	ZSD1FAT	Num	8	DAY 1 - FAT
20	ZSD1CAL	Num	8	DAY 1 - CALORIES
21	ZSD1EX	Num	8	DAY 1 - EXERCISE
22	ZSD2FAT	Num	8	DAY 2 - FAT
23	ZSD2CAL	Num	8	DAY 2 - CALORIES
24	ZSD2EX	Num	8	DAY 2 - EXERCISE
25	ZSD3FAT	Num	8	DAY 3 - FAT
26	ZSD3CAL	Num	8	DAY 3 - CALORIES
27	ZSD3EX	Num	8	DAY 3 - EXERCISE
28	ZSD4FAT	Num	8	DAY 4 - FAT
29	ZSD4CAL	Num	8	DAY 4 - CALORIES
30	ZSD4EX	Num	8	DAY 4 - EXERCISE
31	ZSD5FAT	Num	8	DAY 5 - FAT
32	ZSD5CAL	Num	8	DAY 5 - CALORIES
33	ZSD5EX	Num	8	DAY 5 - EXERCISE
34	ZSD6FAT	Num	8	DAY 6 - FAT
35	ZSD6CAL	Num	8	DAY 6 - CALORIES
36	ZSD6EX	Num	8	DAY 6 - EXERCISE

Num	Variable	Type	Len	Label
37	ZSD7FAT	Num	8	DAY 7 - FAT
38	ZSD7CAL	Num	8	DAY 7 - CALORIES
39	ZSD7EX	Num	8	DAY 7 - EXERCISE
40	ZSTOTEX	Num	8	TOTAL MINUTES OF EXERCISE
41	ZSDIARY	Num	8	>1 WEEK DIETARY SELF-MONITOR AVAILABLE
42	ZSSIMIL	Num	8	DID OTHER RECORDS LOOK SIMILAR
43	ZSDIFER	Num	8	HOW MUCH OTHER DIARIES DIFFER
44	ZSEX1MN	Num	8	EXERCISE - MINUTES
45	ZEXGOAL	Num	8	PARTICIPANT AT STUDY GOAL
46	ZEXBAR1	Num	8	WHAT ARE THE BARRIERS 100-1
47	ZEXBAR2	Num	8	WHAT ARE THE BARRIERS 100-2
48	ZEXBAR3	Num	8	WHAT ARE THE BARRIERS 100-3
49	ZEXAPP1	Num	8	WHAT APPROACHES ARE TAKEN 200-1
50	ZEXAPP2	Num	8	WHAT APPROACHES ARE TAKEN 200-2
51	ZEXAPP3	Num	8	WHAT APPROACHES ARE TAKEN 200-3
52	ZWTGOAL	Num	8	STUDY WEIGHT GOAL
53	ZWTCURR	Num	8	CURRENT WEIGHT
54	ZWEIGHT	Num	8	PARTICIPANT AT WEIGHT GOAL
55	ZWTSELF	Num	8	SELF-MONITORING WEIGHT
56	ZWTBAR1	Num	8	WHAT ARE THE BARRIERS 300-1
57	ZWTBAR2	Num	8	WHAT ARE THE BARRIERS 300-2
58	ZWTBAR3	Num	8	WHAT ARE THE BARRIERS 300-3
59	ZWTAPP1	Num	8	WHAT APPROACHES ARE TAKEN 400-1
60	ZWTAPP2	Num	8	WHAT APPROACHES ARE TAKEN 400-2
61	ZWTAPP3	Num	8	WHAT APPROACHES ARE TAKEN 400-3

Data Set Name: l04.sas7bdat

Num	Variable	Type	Len	Label
1	PATYPE	Num	8	TYPE OF EXERCISE
2	PATIME	Char	4	START TIME OF EXERCISE CLASS
3	VERS	Char	1	FORM VERSION
4	RELEASE_ID1	Char	9	PARTICIPANT ID FOR REPOSITORY - 1
5	RELEASE_ID2	Char	9	PARTICIPANT ID FOR REPOSITORY - 2
6	RELEASE_ID3	Char	9	PARTICIPANT ID FOR REPOSITORY - 3
7	RELEASE_ID4	Char	9	PARTICIPANT ID FOR REPOSITORY - 4
8	RELEASE_ID5	Char	9	PARTICIPANT ID FOR REPOSITORY - 5
9	RELEASE_ID6	Char	9	PARTICIPANT ID FOR REPOSITORY - 6
10	RELEASE_ID7	Char	9	PARTICIPANT ID FOR REPOSITORY - 7
11	RELEASE_ID8	Char	9	PARTICIPANT ID FOR REPOSITORY - 8
12	RELEASE_ID9	Char	9	PARTICIPANT ID FOR REPOSITORY - 9
13	RELEASE_ID10	Char	9	PARTICIPANT ID FOR REPOSITORY - 10
14	RELEASE_ID11	Char	9	PARTICIPANT ID FOR REPOSITORY - 11
15	RELEASE_ID12	Char	9	PARTICIPANT ID FOR REPOSITORY - 12
16	RELEASE_ID13	Char	9	PARTICIPANT ID FOR REPOSITORY - 13
17	RELEASE_ID14	Char	9	PARTICIPANT ID FOR REPOSITORY - 14
18	RELEASE_ID15	Char	9	PARTICIPANT ID FOR REPOSITORY - 15
19	RELEASE_ID16	Char	9	PARTICIPANT ID FOR REPOSITORY - 16
20	RELEASE_ID17	Char	9	PARTICIPANT ID FOR REPOSITORY - 17
21	RELEASE_ID18	Char	9	PARTICIPANT ID FOR REPOSITORY - 18
22	RELEASE_ID19	Char	9	PARTICIPANT ID FOR REPOSITORY - 19
23	RELEASE_ID20	Char	9	PARTICIPANT ID FOR REPOSITORY - 20
24	RELEASE_ID21	Char	9	PARTICIPANT ID FOR REPOSITORY - 21
25	RELEASE_ID22	Char	9	PARTICIPANT ID FOR REPOSITORY - 22
26	RELEASE_ID23	Char	9	PARTICIPANT ID FOR REPOSITORY - 23
27	RELEASE_ID24	Char	9	PARTICIPANT ID FOR REPOSITORY - 24
28	RELEASE_ID25	Char	9	PARTICIPANT ID FOR REPOSITORY - 25
29	RELEASE_ID26	Char	9	PARTICIPANT ID FOR REPOSITORY - 26
30	RELEASE_ID27	Char	9	PARTICIPANT ID FOR REPOSITORY - 27
31	RELEASE_ID28	Char	9	PARTICIPANT ID FOR REPOSITORY - 28
32	RELEASE_ID29	Char	9	PARTICIPANT ID FOR REPOSITORY - 29
33	RELEASE_ID30	Char	9	PARTICIPANT ID FOR REPOSITORY - 30

Data Set Name: l05.sas7bdat

Num	Variable	Type	Len	Label
1	GRTYPE	Num	8	TYPE OF SESSION
2	GRTIME	Char	4	START TIME OF GROUP SESSION
3	VERS	Char	1	FORM VERSION
4	RELEASE_ID1	Char	9	PARTICIPANT ID FOR REPOSITORY - 1
5	GWGHT1	Num	8	Current weight - 1
6	GPHY1	Num	8	Minutes of physical activity reported (Duration: 1 week) - 1
7	RELEASE_ID2	Char	9	PARTICIPANT ID FOR REPOSITORY - 2
8	GWGHT2	Num	8	Current weight - 2
9	GPHY2	Num	8	Minutes of physical activity reported (Duration: 1 week) - 2
10	RELEASE_ID3	Char	9	PARTICIPANT ID FOR REPOSITORY - 3
11	GWGHT3	Num	8	Current weight - 3
12	GPHY3	Num	8	Minutes of physical activity reported (Duration: 1 week) - 3
13	RELEASE_ID4	Char	9	PARTICIPANT ID FOR REPOSITORY - 4
14	GWGHT4	Num	8	Current weight - 4
15	GPHY4	Num	8	Minutes of physical activity reported (Duration: 1 week) - 4
16	RELEASE_ID5	Char	9	PARTICIPANT ID FOR REPOSITORY - 5
17	GWGHT5	Num	8	Current weight - 5
18	GPHY5	Num	8	Minutes of physical activity reported (Duration: 1 week) - 5
19	RELEASE_ID6	Char	9	PARTICIPANT ID FOR REPOSITORY - 6
20	GWGHT6	Num	8	Current weight - 6
21	GPHY6	Num	8	Minutes of physical activity reported (Duration: 1 week) - 6
22	RELEASE_ID7	Char	9	PARTICIPANT ID FOR REPOSITORY - 7
23	GWGHT7	Num	8	Current weight - 7
24	GPHY7	Num	8	Minutes of physical activity reported (Duration: 1 week) - 7
25	RELEASE_ID8	Char	9	PARTICIPANT ID FOR REPOSITORY - 8
26	GWGHT8	Num	8	Current weight - 8
27	GPHY8	Num	8	Minutes of physical activity reported (Duration: 1 week) - 8
28	RELEASE_ID9	Char	9	PARTICIPANT ID FOR REPOSITORY - 9
29	GWGHT9	Num	8	Current weight - 9
30	GPHY9	Num	8	Minutes of physical activity reported (Duration: 1 week) - 9
31	RELEASE_ID10	Char	9	PARTICIPANT ID FOR REPOSITORY - 10
32	GWGHT10	Num	8	Current weight - 10
33	GPHY10	Num	8	Minutes of physical activity reported (Duration: 1 week) - 10
34	RELEASE_ID11	Char	9	PARTICIPANT ID FOR REPOSITORY - 11
35	GWGHT11	Num	8	Current weight - 11
36	GPHY11	Num	8	Minutes of physical activity reported (Duration: 1 week) - 11

Num	Variable	Type	Len	Label
37	RELEASE_ID12	Char	9	PARTICIPANT ID FOR REPOSITORY - 12
38	GWGHT12	Num	8	Current weight - 12
39	GPHY12	Num	8	Minutes of physical activity reported (Duration: 1 week) - 12
40	RELEASE_ID13	Char	9	PARTICIPANT ID FOR REPOSITORY - 13
41	GWGHT13	Num	8	Current weight - 13
42	GPHY13	Num	8	Minutes of physical activity reported (Duration: 1 week) - 13
43	RELEASE_ID14	Char	9	PARTICIPANT ID FOR REPOSITORY - 14
44	GWGHT14	Num	8	Current weight - 14
45	GPHY14	Num	8	Minutes of physical activity reported (Duration: 1 week) - 14
46	RELEASE_ID15	Char	9	PARTICIPANT ID FOR REPOSITORY - 15
47	GWGHT15	Num	8	Current weight - 15
48	GPHY15	Num	8	Minutes of physical activity reported (Duration: 1 week) - 15
49	RELEASE_ID16	Char	9	PARTICIPANT ID FOR REPOSITORY - 16
50	GWGHT16	Num	8	Current weight - 16
51	GPHY16	Num	8	Minutes of physical activity reported (Duration: 1 week) - 16
52	RELEASE_ID17	Char	9	PARTICIPANT ID FOR REPOSITORY - 17
53	GWGHT17	Num	8	Current weight - 17
54	GPHY17	Num	8	Minutes of physical activity reported (Duration: 1 week) - 17
55	RELEASE_ID18	Char	9	PARTICIPANT ID FOR REPOSITORY - 18
56	GWGHT18	Num	8	Current weight - 18
57	GPHY18	Num	8	Minutes of physical activity reported (Duration: 1 week) - 18
58	RELEASE_ID19	Char	9	PARTICIPANT ID FOR REPOSITORY - 19
59	GWGHT19	Num	8	Current weight - 19
60	GPHY19	Num	8	Minutes of physical activity reported (Duration: 1 week) - 19
61	RELEASE_ID20	Char	9	PARTICIPANT ID FOR REPOSITORY - 20
62	GWGHT20	Num	8	Current weight - 20
63	GPHY20	Num	8	Minutes of physical activity reported (Duration: 1 week) - 20
64	RELEASE_ID21	Char	9	PARTICIPANT ID FOR REPOSITORY - 21
65	GWGHT21	Num	8	Current weight - 21
66	GPHY21	Num	8	Minutes of physical activity reported (Duration: 1 week) - 21
67	RELEASE_ID22	Char	9	PARTICIPANT ID FOR REPOSITORY - 22
68	GWGHT22	Num	8	Current weight - 22
69	GPHY22	Num	8	Minutes of physical activity reported (Duration: 1 week) - 22
70	RELEASE_ID23	Char	9	PARTICIPANT ID FOR REPOSITORY - 23
71	GWGHT23	Num	8	Current weight - 23
72	GPHY23	Num	8	Minutes of physical activity reported (Duration: 1 week) - 23
73	RELEASE_ID24	Char	9	PARTICIPANT ID FOR REPOSITORY - 24
74	GWGHT24	Num	8	Current weight - 24
75	GPHY24	Num	8	Minutes of physical activity reported (Duration: 1 week) - 24

Num	Variable	Type	Len	Label
76	RELEASE_ID25	Char	9	PARTICIPANT ID FOR REPOSITORY - 25
77	GWGHT25	Num	8	Current weight - 25
78	GPHY25	Num	8	Minutes of physical activity reported (Duration: 1 week) - 25
79	RELEASE_ID26	Char	9	PARTICIPANT ID FOR REPOSITORY - 26
80	GWGHT26	Num	8	Current weight - 26
81	GPHY26	Num	8	Minutes of physical activity reported (Duration: 1 week) - 26
82	RELEASE_ID27	Char	9	PARTICIPANT ID FOR REPOSITORY - 27
83	GWGHT27	Num	8	Current weight - 27
84	GPHY27	Num	8	Minutes of physical activity reported (Duration: 1 week) - 27
85	RELEASE_ID28	Char	9	PARTICIPANT ID FOR REPOSITORY - 28
86	GWGHT28	Num	8	Current weight - 28
87	GPHY28	Num	8	Minutes of physical activity reported (Duration: 1 week) - 28
88	RELEASE_ID29	Char	9	PARTICIPANT ID FOR REPOSITORY - 29
89	GWGHT29	Num	8	Current weight - 29
90	GPHY29	Num	8	Minutes of physical activity reported (Duration: 1 week) - 29
91	RELEASE_ID30	Char	9	PARTICIPANT ID FOR REPOSITORY - 30
92	GWGHT30	Num	8	Current weight - 30
93	GPHY30	Num	8	Minutes of physical activity reported (Duration: 1 week) - 30

Data Set Name: l06.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
3	L6VSTWK	Num	8	WEEK OF IN-PERSON CONTACT
4	L6EXGO	Num	8	IS THE PARTICIPANT AT STUDY GOAL FOR PHYSICAL ACTIVITY?
5	L6EXB1	Num	8	WHAT ARE THE BARRIERS? 100-1
6	L6EXB2	Num	8	WHAT ARE THE BARRIERS? 100-2
7	L6EXB3	Num	8	WHAT ARE THE BARRIERS? 100-3
8	L6EXAP1	Num	8	WHAT APPROACHES ARE TAKEN 200-1
9	L6EXAP2	Num	8	WHAT APPROACHES ARE TAKEN 200-2
10	L6EXAP3	Num	8	WHAT APPROACHES ARE TAKEN 200-3
11	L6WTGO	Num	8	STUDY WEIGHT GOAL
12	L6WTCUR	Num	8	CURRENT WEIGHT
13	L6WEIGH	Num	8	IS THE PARTICIPANT AT WEIGHT GOAL?
14	L6WTSEL	Num	8	IS THE PARTICIPANT SELF-MONITORING WEIGHT?
15	L6WTB1	Num	8	WHAT ARE THE BARRIERS? 300-1
16	L6WTB2	Num	8	WHAT ARE THE BARRIERS? 300-2
17	L6WTB3	Num	8	WHAT ARE THE BARRIERS? 300-3
18	L6WTAP1	Num	8	WHAT APPROACHES ARE TAKEN 400-1
19	L6WTAP2	Num	8	WHAT APPROACHES ARE TAKEN 400-2
20	L6WTAP3	Num	8	WHAT APPROACHES ARE TAKEN 400-3
21	L6EXMN	Num	8	MINUTES OF PHYSICAL ACTIVITY

Data Set Name: q01.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	BVSTTYP	Num	8	TYPE OF VISIT
5	BVSTWK	Num	8	WEEK OF VISIT
6	BDFLSAD	Num	8	I DO NOT FEEL SAD
7	BDFUTUR	Num	8	NOT DISCOURAGED ABOUT FUTURE
8	BDFAILR	Num	8	I DO NOT FEEL LIKE A FAILURE
9	BDSATIS	Num	8	GET SATISFACTION OUT OF THINGS
10	BDGUILT	Num	8	DONT FEEL PARTICULARLY GUILTY
11	BDPUNSH	Num	8	DONT FEEL BEING PUNISHED
12	BDDISAP	Num	8	DONT FEEL DISAPPNTED IN MYSELF
13	BDFAULT	Num	8	NOT WORSE THAN ANYBDY ELSE
14	BDSUICD	Num	8	DONT THINK OF KILLING MYSELF
15	BDCRYTM	Num	8	I DONT CRY ANY MORE THAN USUAL
16	BDIRRIT	Num	8	NO MORE IRRTATED NOW THAN EVER
17	BDPEOPL	Num	8	NOT LOST INTREST IN OTHR PEOPL
18	BDDECIS	Num	8	MK DECISN ABUT AS WELL AS EVER
19	BDLOOKS	Num	8	DONT LOOK WORSE THAN USED TO
20	BDWRKEF	Num	8	WORK ABOUT AS WELL AS BEFORE
21	BDSLEEP	Num	8	I CAN SLEEP AS WELL AS USUAL
22	BDTIRED	Num	8	DONT GET MORE TIRED THAN USUAL
23	BDAPPET	Num	8	APPETITE NO WORSE THAN USUAL
24	BDWEIGH	Num	8	HAVE NT LOST MUCH WGHT LATELY
25	BDLSWHT	Num	8	TRY TO LOSE WGHT BY EAT LESS
26	BDHELTH	Num	8	NO MORE WORRIED ABOUT HEALTH
27	BDINTSX	Num	8	NO CHNG INTEREST IN SEX
28	BANMB	Num	8	NUMBNESS OR TINGLING
29	BAHOT	Num	8	FEELING HOT
30	BALEGS	Num	8	WOBBLINESS IN LEGS
31	BARLX	Num	8	UNABLE TO RELAX
32	BAFEAR	Num	8	FEAR OF THE WORST HAPPENING
33	BADIZZ	Num	8	DIZZY OR LIGHTHEADED
34	BAHRT	Num	8	HEART POUNDING OR RACING
35	BAUNST	Num	8	UNSTEADY
36	BATERR	Num	8	TERRIFIED

Num	Variable	Type	Len	Label
37	BANRV	Num	8	NERVOUS
38	BACHOK	Num	8	FEELINGS OF CHOKING
39	BATRMB	Num	8	HANDS TREMBLING
40	BASHKY	Num	8	SHAKY
41	BACTRL	Num	8	FEAR OF LOSING CONTROL
42	BABRTH	Num	8	DIFFICULTY BREATHING
43	BADIE	Num	8	FEAR OF DYING
44	BASCRD	Num	8	SCARED
45	BAINDG	Num	8	INDIGESTION
46	BAFNT	Num	8	FAINT
47	BAFLSH	Num	8	FACE FLUSHED
48	BASWT	Num	8	SWEATING (NOT DUE TO HEAT)

Data Set Name: q02.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	HVSTTYP	Num	8	TYPE OF VISIT
5	HVSTWK	Num	8	WEEK OF VISIT
6	HGENH	Num	8	GENERAL HEALTH
7	HGENHN	Num	8	GEN HEALTH COMPAR TO 1 YEAR AGO
8	HLAVACT	Num	8	ACT-VIGOROUS
9	HLAMACT	Num	8	ACT-MODERATE
10	HLALIFT	Num	8	ACT-LIFTING OR CARRYING
11	HLACSF	Num	8	ACT-SEVERAL FLIGHTS OF STAIRS
12	HLAC1F	Num	8	ACT-ONE FLIGHT OF STAIRS
13	HLABEND	Num	8	ACT-BENDING,KNEELING,STOOPING
14	HLAW1M	Num	8	ACT-WALKING > A MILE
15	HLAWSB	Num	8	ACT-WALKING SEVERAL BLOCKS
16	HLAW1B	Num	8	ACT-WALKING ONE BLOCK
17	HLABATH	Num	8	ACT-BATHING, DRESSING YOURSELF
18	HPPTIME	Num	8	4W PHY-AMOUNT OF TIME
19	HPPACC	Num	8	4W PHY-ACCOMPLISHED LESS
20	HPPKIND	Num	8	4W PHY-KIND OF WORK
21	HPPDIFF	Num	8	4W PHY-DIFFICULTY PERFORMING
22	HPETIME	Num	8	4W EMO-AMOUNT OF TIME
23	HPEACC	Num	8	4W EMO-ACCOMPLISHED LESS
24	HPECARE	Num	8	4W EMO-NOT AS CAREFULLY
25	HSOCACT	Num	8	4W PHY/EMO PBLM INTERF LF
26	HBPAIN	Num	8	HOW MUCH BODILY PAIN?
27	HPINT	Num	8	PAIN INTERFERE WITH WORK
28	HTPEP	Num	8	4W FEEL FULL OF PEP
29	HTNERV	Num	8	4W VERY NERVOUS PRSON
30	HTDOWN	Num	8	4W DOWN IN THE DUMPS
31	HTCALM	Num	8	4W CALM AND PEACEFUL
32	HTENER	Num	8	4W LOT OF ENERGY
33	HTBLUE	Num	8	4W DOWNHEARTED AND BLUE
34	HTWORNO	Num	8	4W FEEL WORN OUT
35	HTHAPPY	Num	8	4W HAPPY PERSON
36	HTTIRED	Num	8	4W TIRED

Num	Variable	Type	Len	Label
37	HPHEPI	Num	8	PHYS/EMOT INTERFERED SOCIALLY
38	HTFSICK	Num	8	GET SICK EASIER THAN OTHERS
39	HTFHEAL	Num	8	AS HEALTHY AS ANYBODY I KNOW
40	HTFWORS	Num	8	EXPECT HEALTH TO GET WORSE
41	HTFEXC	Num	8	MY HEALTH IS EXCELLENT

Data Set Name: q03.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	KVSTTYP	Num	8	TYPE OF VISIT
5	KVSTWK	Num	8	WEEK OF VISIT
6	KAAMIN	Num	8	ACT A: # OF MINUTES EACH TIME
7	KABMIN	Num	8	ACT B: # OF MINUTES EACH TIME
8	KACMIN	Num	8	ACT C: # OF MINUTES EACH TIME
9	KADMIN	Num	8	ACT D: # OF MINUTES EACH TIME
10	KAEMIN	Num	8	ACT E: # OF MINUTES EACH TIME
11	KAFMIN	Num	8	ACT F: # OF MINUTES EACH TIME
12	KAGMIN	Num	8	ACT G: # OF MINUTES EACH TIME
13	KAHMIN	Num	8	ACT H: # OF MINUTES EACH TIME
14	KAIMIN	Num	8	ACT I: # OF MINUTES EACH TIME
15	KAJMIN	Num	8	ACT J: # OF MINUTES EACH TIME
16	KAKMIN	Num	8	ACT K: # OF MINUTES EACH TIME
17	KALMIN	Num	8	ACT L: # OF MINUTES EACH TIME
18	KJAWALK	Num	8	JOB A: WALK/BICYCLE TO WORK
19	KJBWALK	Num	8	JOB B: WALK/BICYCLE TO WORK
20	KJCWALK	Num	8	JOB C: WALK/BICYCLE TO WORK
21	KJDWALK	Num	8	JOB D: WALK/BICYCLE TO WORK
22	KAACODE	Num	8	ACT A: CODE
23	KAAJAN	Num	8	ACT A: JAN
24	KAAFEB	Num	8	ACT A: FEB
25	KAAMAR	Num	8	ACT A: MAR
26	KAAAPR	Num	8	ACT A: APR
27	KAAMAY	Num	8	ACT A: MAY
28	KAAJUN	Num	8	ACT A: JUN
29	KAAJUL	Num	8	ACT A: JUL
30	KAAAUG	Num	8	ACT A: AUG
31	KAASEP	Num	8	ACT A: SEP
32	KAAOCT	Num	8	ACT A: OCT
33	KAANOV	Num	8	ACT A: NOV
34	KAADEC	Num	8	ACT A: DEC
35	KAATIME	Num	8	ACT A: # OF TIMES PER MONTH
36	KABCODE	Num	8	ACT B: CODE

Num	Variable	Type	Len	Label
37	KABJAN	Num	8	ACT B: JAN
38	KABFEB	Num	8	ACT B: FEB
39	KABMAR	Num	8	ACT B: MAR
40	KABAPR	Num	8	ACT B: APR
41	KABMAY	Num	8	ACT B: MAY
42	KABJUN	Num	8	ACT B: JUN
43	KABJUL	Num	8	ACT B: JUL
44	KABAUG	Num	8	ACT B: AUG
45	KABSEP	Num	8	ACT B: SEP
46	KABOCT	Num	8	ACT B: OCT
47	KABNOV	Num	8	ACT B: NOV
48	KABDEC	Num	8	ACT B: DEC
49	KABTIME	Num	8	ACT B: # OF TIMES PER MONTH
50	KACCODE	Num	8	ACT C: CODE
51	KACJAN	Num	8	ACT C: JAN
52	KACFEB	Num	8	ACT C: FEB
53	KACMAR	Num	8	ACT C: MAR
54	KACAPR	Num	8	ACT C: APR
55	KACMAY	Num	8	ACT C: MAY
56	KACJUN	Num	8	ACT C: JUN
57	KACJUL	Num	8	ACT C: JUL
58	KACAUG	Num	8	ACT C: AUG
59	KACSEP	Num	8	ACT C: SEP
60	KACOCT	Num	8	ACT C: OCT
61	KACNOV	Num	8	ACT C: NOV
62	KACDEC	Num	8	ACT C: DEC
63	KACTIME	Num	8	ACT C: # OF TIMES PER MONTH
64	KADCODE	Num	8	ACT D: CODE
65	KADJAN	Num	8	ACT D: JAN
66	KADFEB	Num	8	ACT D: FEB
67	KADMAR	Num	8	ACT D: MAR
68	KADAPR	Num	8	ACT D: APR
69	KADMAY	Num	8	ACT D: MAY
70	KADJUN	Num	8	ACT D: JUN
71	KADJUL	Num	8	ACT D: JUL
72	KADAUG	Num	8	ACT D: AUG
73	KADSEP	Num	8	ACT D: SEP
74	KADOCT	Num	8	ACT D: OCT
75	KADNOV	Num	8	ACT D: NOV

Num	Variable	Type	Len	Label
76	KADDEC	Num	8	ACT D: DEC
77	KADTIME	Num	8	ACT D: # OF TIMES PER MONTH
78	KAECODE	Num	8	ACT E: CODE
79	KAEJAN	Num	8	ACT E: JAN
80	KAEFEB	Num	8	ACT E: FEB
81	KAEMAR	Num	8	ACT E: MAR
82	KAEAPR	Num	8	ACT E: APR
83	KAEMAY	Num	8	ACT E: MAY
84	KAEJUN	Num	8	ACT E: JUN
85	KAEJUL	Num	8	ACT E: JUL
86	KAEAUG	Num	8	ACT E: AUG
87	KAESEP	Num	8	ACT E: SEP
88	KAEOCT	Num	8	ACT E: OCT
89	KAENOV	Num	8	ACT E: NOV
90	KAEDEC	Num	8	ACT E: DEC
91	KAETIME	Num	8	ACT E: # OF TIMES PER MONTH
92	KAFCODE	Num	8	ACT F: CODE
93	KAFJAN	Num	8	ACT F: JAN
94	KAFFEB	Num	8	ACT F: FEB
95	KAFMAR	Num	8	ACT F: MAR
96	KAFAPR	Num	8	ACT F: APR
97	KAFMAY	Num	8	ACT F: MAY
98	KAFJUN	Num	8	ACT F: JUN
99	KAFJUL	Num	8	ACT F: JUL
100	KAFAUG	Num	8	ACT F: AUG
101	KAFSEP	Num	8	ACT F: SEP
102	KAFOCT	Num	8	ACT F: OCT
103	KAFNOV	Num	8	ACT F: NOV
104	KAFDEC	Num	8	ACT F: DEC
105	KAFTIME	Num	8	ACT F: # OF TIMES PER MONTH
106	KAGCODE	Num	8	ACT G: CODE
107	KAGJAN	Num	8	ACT G: JAN
108	KAGFEB	Num	8	ACT G: FEB
109	KAGMAR	Num	8	ACT G: MAR
110	KAGAPR	Num	8	ACT G: APR
111	KAGMAY	Num	8	ACT G: MAY
112	KAGJUN	Num	8	ACT G: JUN
113	KAGJUL	Num	8	ACT G: JUL
114	KAGAUG	Num	8	ACT G: AUG

Num	Variable	Type	Len	Label
115	KAGSEP	Num	8	ACT G: SEP
116	KAGOCT	Num	8	ACT G: OCT
117	KAGNOV	Num	8	ACT G: NOV
118	KAGDEC	Num	8	ACT G: DEC
119	KAGTIME	Num	8	ACT G: # OF TIMES PER MONTH
120	KAHCODE	Num	8	ACT H: CODE
121	KAHJAN	Num	8	ACT H: JAN
122	KAHFEB	Num	8	ACT H: FEB
123	KAHMAR	Num	8	ACT H: MAR
124	KAHAPR	Num	8	ACT H: APR
125	KAHMAY	Num	8	ACT H: MAY
126	KAHJUN	Num	8	ACT H: JUN
127	KAHJUL	Num	8	ACT H: JUL
128	KAHAUG	Num	8	ACT H: AUG
129	KAHSEP	Num	8	ACT H: SEP
130	KAHOCT	Num	8	ACT H: OCT
131	KAHNOV	Num	8	ACT H: NOV
132	KAHDEC	Num	8	ACT H: DEC
133	KAHTIME	Num	8	ACT H: # OF TIMES PER MONTH
134	KAICODE	Num	8	ACT I: CODE
135	KAIJAN	Num	8	ACT I: JAN
136	KAIFEB	Num	8	ACT I: FEB
137	KAIMAR	Num	8	ACT I: MAR
138	KAIAPR	Num	8	ACT I: APR
139	KAIMAY	Num	8	ACT I: MAY
140	KAIJUN	Num	8	ACT I: JUN
141	KAIJUL	Num	8	ACT I: JUL
142	KAIAUG	Num	8	ACT I: AUG
143	KAISEP	Num	8	ACT I: SEP
144	KAIOCT	Num	8	ACT I: OCT
145	KAINOV	Num	8	ACT I: NOV
146	KAIDEC	Num	8	ACT I: DEC
147	KAITIME	Num	8	ACT I: # OF TIMES PER MONTH
148	KAJCODE	Num	8	ACT J: CODE
149	KAJJAN	Num	8	ACT J: JAN
150	KAJFEB	Num	8	ACT J: FEB
151	KAJMAR	Num	8	ACT J: MAR
152	KAJAPR	Num	8	ACT J: APR
153	KAJMAY	Num	8	ACT J: MAY

Num	Variable	Type	Len	Label
154	KAJJUN	Num	8	ACT J: JUN
155	KAJJUL	Num	8	ACT J: JUL
156	KAJAUG	Num	8	ACT J: AUG
157	KAJSEP	Num	8	ACT J: SEP
158	KAJOCT	Num	8	ACT J: OCT
159	KAJNOV	Num	8	ACT J: NOV
160	KAJDEC	Num	8	ACT J: DEC
161	KAJTIME	Num	8	ACT J: # OF TIMES PER MONTH
162	KAKCODE	Num	8	ACT K: CODE
163	KAKJAN	Num	8	ACT K: JAN
164	KAKFEB	Num	8	ACT K: FEB
165	KAKMAR	Num	8	ACT K: MAR
166	KAKAPR	Num	8	ACT K: APR
167	KAKMAY	Num	8	ACT K: MAY
168	KAKJUN	Num	8	ACT K: JUN
169	KAKJUL	Num	8	ACT K: JUL
170	KAKAUG	Num	8	ACT K: AUG
171	KAKSEP	Num	8	ACT K: SEP
172	KAKOCT	Num	8	ACT K: OCT
173	KAKNOV	Num	8	ACT K: NOV
174	KAKDEC	Num	8	ACT K: DEC
175	KAKTIME	Num	8	ACT K: # OF TIMES PER MONTH
176	KALCODE	Num	8	ACT L: CODE
177	KALJAN	Num	8	ACT L: JAN
178	KALFEB	Num	8	ACT L: FEB
179	KALMAR	Num	8	ACT L: MAR
180	KALAPR	Num	8	ACT L: APR
181	KALMAY	Num	8	ACT L: MAY
182	KALJUN	Num	8	ACT L: JUN
183	KALJUL	Num	8	ACT L: JUL
184	KALAUG	Num	8	ACT L: AUG
185	KALSEP	Num	8	ACT L: SEP
186	KALOCT	Num	8	ACT L: OCT
187	KALNOV	Num	8	ACT L: NOV
188	KALDEC	Num	8	ACT L: DEC
189	KALTIME	Num	8	ACT L: # OF TIMES PER MONTH
190	KTVHRS	Num	8	GENRAL, HOURS PER DAY WATCH TV
191	KBEDYN	Num	8	CONFINED TO BED DUE TO INJURY
192	KBEDWKS	Num	8	HOW MANY WEEKS CONFINED TO BED

Num	Variable	Type	Len	Label
193	KDIFBED	Num	8	GETTING IN OR OUT OF A BED/CHR
194	KDIFSWK	Num	8	WALK ACROSS SMLL ROOM W/O REST
195	KDIFLWK	Num	8	WALKING FOR 10 MIN W/O RESTING
196	KSPORT	Num	8	COMPETE IN INDIVIDL/TEAM SPORT
197	KSPRTYR	Num	8	TOTAL YR IN COMPETITIVE SPORTS
198	KJACODE	Num	8	JOB A: CODE
199	KJAMOS	Num	8	JOB A: MOS/YR
200	KJADAYS	Num	8	JOB A: AVE JOB SCHEDULE DAY/WK
201	KJAHRS	Num	8	JOB A: AVE JOB SCHEDULE HR/DAY
202	KJASIT	Num	8	JOB A: AVE HRS SITTING AT WORK
203	KJAACTV	Num	8	JOB A: JOB ACT WHN NOT SITTING
204	KJBCODE	Num	8	JOB B: CODE
205	KJBMOS	Num	8	JOB B: MOS/YR
206	KJBDAYS	Num	8	JOB B: AVE JOB SCHEDULE DAY/WK
207	KJBHRS	Num	8	JOB B: AVE JOB SCHEDULE HR/DAY
208	KJBSIT	Num	8	JOB B: AVE HRS SITTING AT WORK
209	KJBACTV	Num	8	JOB B: JOB ACT WHN NOT SITTING
210	KJCCODE	Num	8	JOB C: CODE
211	KJCMOS	Num	8	JOB C: MOS/YR
212	KJCDAYS	Num	8	JOB C: AVE JOB SCHEDULE DAY/WK
213	KJCHRS	Num	8	JOB C: AVE JOB SCHEDULE HR/DAY
214	KJCSIT	Num	8	JOB C: AVE HRS SITTING AT WORK
215	KJCACTV	Num	8	JOB C: JOB ACT WHN NOT SITTING
216	KJDCODE	Num	8	JOB D: CODE
217	KJDMOS	Num	8	JOB D: MOS/YR
218	KJDDAYS	Num	8	JOB D: AVE JOB SCHEDULE DAY/WK
219	KJDHRS	Num	8	JOB D: AVE JOB SCHEDULE HR/DAY
220	KJDSIT	Num	8	JOB D: AVE HRS SITTING AT WORK
221	KJDACTV	Num	8	JOB D: JOB ACT WHN NOT SITTING

Data Set Name: q04.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	LVSTTYP	Num	8	TYPE OF VISIT
5	LVSTWK	Num	8	WEEK OF VISIT
6	LSLPHD	Num	8	AVERAGE HOURS SLEEP AT NIGHT
7	LSLPHW	Num	8	CALCULATE AVERAGE SLEEP HOURS
8	LWORKYN	Num	8	DID YOU WORK DURING PAST WEEK
9	LWHEVHW	Num	8	WORK: HEAVY - HR/WEEK
10	LWMODHW	Num	8	WORK: MOD - HR/WEEK
11	LWLTHW	Num	8	WORK: LIGHT - HR/WEEK
12	LWVLTHW	Num	8	WORK: VERY LT - HR/WEEK
13	LWTOTHW	Num	8	WORK: TOTAL
14	LHOUSYN	Num	8	HOUSEHOLD CHORES OR YARD WORK
15	LHHEVHW	Num	8	HOUSE: HEAVY - HR/WEEK
16	LHMODHW	Num	8	HOUSE: MOD - HR/WEEK
17	LHLTHW	Num	8	HOUSE: LIGHT - HR/WEEK
18	LHVLTHW	Num	8	HOUSE: VERY LT - HR/WEEK
19	LHTOTHW	Num	8	HOUSE: TOTAL
20	LRECRYN	Num	8	RECREATIONAL OR LEISURE ACT
21	LRHEVHW	Num	8	RECRE: HEAVY - HR/WEEK
22	LRMODHW	Num	8	RECRE: MOD - HR/WEEK
23	LRLTHW	Num	8	RECRE: LIGHT - HR/WEEK
24	LRVLTHW	Num	8	RECRE: VERY LT - HR/WEEK
25	LRTOTHW	Num	8	RECRE: TOTAL

Data Set Name: q06.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	MVSTTYP	Num	8	TYPE OF VISIT
5	MVSTWK	Num	8	WEEK OF VISIT
6	MLDIE	Num	8	SOMEONE CLOSE TO YOU DIED
7	MLMARR	Num	8	ENGAGED/MARRIED/NEW RELATNSHIP
8	MLARGH	Num	8	SRIOUS ARGUMNT W/SOMEONE AT HM
9	MLFRND	Num	8	PRBLM W FRND/REL/NBOR NT AT HM
10	MLDVRC	Num	8	SEPARATE/DIVORCE/END RELATSHIP
11	MLARGW	Num	8	ARGUMENTS/DIFFICULTIES AT WORK
12	MLMOVE	Num	8	SOMEONE MOVED OUT OF YOUR HOME
13	MLBABY	Num	8	YOU,YOUR WIFE,PARTNER HAD BABY
14	MLFIRE	Num	8	YOU WERE LAID OFF OR FIRED
15	MLRETR	Num	8	YOU RSIGNED OR RTIRED FRM WORK
16	MLJOB	Num	8	YOU STARTED A DIFFERENT JOB
17	MLCHGW	Num	8	THERE WAS A BIG CHANGE AT WORK
18	MLCHGH	Num	8	THERE WAS A BIG CHANGE AT HOME
19	MLINJUR	Num	8	YOU HAD A SERIOUS INJURY
20	MLSFIN	Num	8	YOU HAD MINOR FINANCIAL PRBLM
21	MLBFIN	Num	8	YOU HAD MAJOR FINANCIAL CRISIS
22	MLROB	Num	8	ROBBED, RAPED, OR ASSAULTED
23	MLILL	Num	8	SOMEONE CLOSE TO U HAD ILLNESS
24	MLARRST	Num	8	YOU WERE ARRESTED
25	MLSURR	Num	8	MAJOR CHANGE IN SURROUNDINGS
26	MLAMT	Num	8	PST 12M, HW MUCH CHNGE IN U LF
27	MSIDEPD	Num	8	THERE ARE POPLE I CAN DPEND ON
28	MSRELA	Num	8	NO CLOSE PERSONAL RELATIONSHIP
29	MSNOSTR	Num	8	NO ONE FOR GUIDANCE OF STRESS
30	MSPDEPD	Num	8	PEOPLE DEPEND ON ME FOR HELP
31	MSSOS	Num	8	PEOPLE ENJOY SAME ACTVITY I DO
32	MSCOMP	Num	8	OTHR DO NOT VIEW ME AS COMPTNT
33	MSNELL	Num	8	RESPONSBL WELL-BEING OF ANOTHR
34	MSGRP	Num	8	PART OF GRP SHARE MY ATTITUDES
35	MSSKILL	Num	8	OTHER DO NOT RESPECT MY SKILLS
36	MSNOAST	Num	8	IF WORNG, NO ONE WOULD ASSIST

Num	Variable	Type	Len	Label
37	MSEMOSC	Num	8	CLOS RELTNSHP-EMOTNAL SCURITY
38	MSTALK	Num	8	SOMEONE I COULD TALK TO
39	MSRELAT	Num	8	RELSHP-COMPTNCE,SKILLS RECOGNZ
40	MSINTR	Num	8	NO ONE SHARES INTERSTS/CONCRNS
41	MSRELY	Num	8	NO ONE RELY ON ME FOR WELL-BNG
42	MSTRUST	Num	8	TRUSTWORTHY PERSON FOR ADVISE
43	MSEMOBD	Num	8	STRONG EMOTNAL BOND W 1 PERSON
44	MSNODPD	Num	8	NO ONE I CAN DEPEND ON FOR AID
45	MSCMFRT	Num	8	NO ONE I CAN TALK ABOUT PROBLM
46	MSADMIR	Num	8	PEOP ADMIRE MY TALENT & ABILTY
47	MSINTIM	Num	8	LACK OF INTIMACY W ANTHER PRSN
48	MSTODO	Num	8	NO ONE LIKES TO DO THINGS I DO
49	MSEMERG	Num	8	PEOP I CAN COUNT ON IN EMRGNCY
50	MSCARE	Num	8	NO ONE NEEDS ME TO CARE 4 THEM
51	MFYESNO	Num	8	CURRNTLY LIV IN FAMILY HOUSHLD
52	MFRESHS	Num	8	RESOLV MOST PRBLM AROUND HOUSE
53	MFACTDC	Num	8	ACT ON DECISION REGRDING PRBLM
54	MFSOLVE	Num	8	THINK DIFF WAYS TO SOLVE PRBLM
55	MFRESEM	Num	8	RESOLVE MOST EMOTIONAL UPSETS
56	MFDISC	Num	8	AFTER PRBM, DISCUS WORK OR NOT
57	MFCONFR	Num	8	CONFRONT PRBLM INVOLV FEELINGS
58	MFACCEP	Num	8	INDIVI ARE ACCPT WHAT THEY ARE
59	MFAVOID	Num	8	AVOID DISCUSS FEARS & CONCERNS
60	MFEXPR	Num	8	EXPRESS FEELINGS TO EACH OTHER
61	MFFLACC	Num	8	FEEL ACCEPTED FOR WHAT WE ARE
62	MFALONG	Num	8	WE DONT GET ALONG WELL TOGTHER
63	MFCONFI	Num	8	WE CONFIDE IN EACH OTHER
64	MFSAD	Num	8	WE CANNOT TALK ABOUT SADNESS
65	MFPLAN	Num	8	PLAN FMLY ACT DIFCUL-MISUNDRST
66	MFCRISI	Num	8	CRISIS-EACH OTHER FOR SUPPORT
67	MFSLVPR	Num	8	MAKE DECISIONS TO SOLVE PROBLM
68	MFBADFL	Num	8	LOTS OF BAD FEELINGS IN FAMILY
69	MFDECPR	Num	8	MK DECSION IS A PRBLM 4 FAMILY

Data Set Name: q08.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	IVSTWK	Num	8	WEEK OF VISIT
5	IHYPER	Num	8	HIGH BLOOD PRESSURE?
6	IHANGI	Num	8	ANGINA?
7	IHDIAB	Num	8	DIABETES?
8	IHLIPID	Num	8	HIGH CHOLESTEROL?
9	IHULCR	Num	8	ULCER OR INTESTINAL BLEEDING?
10	IHEPAT	Num	8	HEPATITIS?
11	IHCNCR	Num	8	CANCER?
12	IHGALL	Num	8	GALLSTONES, GALLBLADDER DISEAS
13	IHGOUT	Num	8	GOUT?
14	IHTHYR	Num	8	THYROID DISEASE?
15	IHOTH	Num	8	OTHER MAJOR DISEASES?
16	IHRASH	Num	8	SKIN RASHES?
17	IHSTOM	Num	8	STOMACH PAIN/BLOATING/NAUSEA
18	IHLOSEW	Num	8	UNEXPLAINED WEIGHT LOSS?
19	IHTHRST	Num	8	INCREASED THIRST
20	IHURINT	Num	8	URINATING MORE OFTN THEN USUAL
21	IRPAIN	Num	8	ANY PAIN OR DISCOMFRT IN CHEST
22	IRPRES	Num	8	PRESSURE OR HEAVINESS IN CHEST
23	IRHURRY	Num	8	GET IT WHEN WALK UP OR HURRY
24	IRLEVEL	Num	8	GET IT WHEN WALK ORDINARY PACE
25	IRDO	Num	8	WHEN IN CHEST, WHAT DO YOU DO?
26	IRSTILL	Num	8	DOES IT GO AWAY WHEN STAND STLL
27	IRSOON	Num	8	HOW SOON?
28	IRSTER	Num	8	STERNUM (CENTRAL CHEST)?
29	IRLCHST	Num	8	LEFT ANTERIOR CHEST?
30	IRLARM	Num	8	LEFT ARM?
31	IR30MIN	Num	8	PAIN FRONT CHEST 1/2 HR OR MORE
32	ISNUMB	Num	8	NUMB IN ARM/HAND/LEG/FOOT/FACE
33	ISNUMBT	Num	8	NUMB: HOW LONG SYMPTOMS LAST
34	ISPARL	Num	8	PARALYSIS ARM/HAND/LEG/FOOT
35	ISPARLT	Num	8	PRAR: HOW LONG SYMPTOMS LAST
36	ISBLUR	Num	8	LOSS EYESIGHT, BLURRING VISION

Num	Variable	Type	Len	Label
37	ISBLURT	Num	8	EYE: HOW LONG SYMPTOMS LAST
38	ISLUR	Num	8	LOSS SPEECH, INABLE SAY WORDS
39	ISLURT	Num	8	SPEECH: HOW LONG SYMPTOMS LAST
40	ISDIZY	Num	8	DIZZINSS, DIFFCULTY IN WALKING
41	IDWK	Num	8	1 ALCOHOLIC BEVERAGE PER WEEK
42	IDBEER	Num	8	12 OZ BOTTLE BEER PAST 7 DAYS
43	IDWINE	Num	8	4 OZ GLASS WINE PAST 7 DAYS
44	IDMIXD	Num	8	1.5 OZ SHOT LIQUOR PAST 7 DAYS
45	IDBINGE	Num	8	7 OR MORE ALCOHO BVERGE W 24HR
46	IDBTIME	Num	8	7 OR MORE ALCOCHO: HOW OFTEN?
47	IDSMOK	Num	8	PAST 30 DAYS, SMOKE CIGARETTES
48	IDSDAY	Num	8	AVERGAE, HW MANY CIGARTTE A DAY
49	IASPIR	Num	8	AVERAGE WEEK: HOW OFTEN ASPIRIN
50	IMCHCD	Num	8	CALLED A HEALTH CARE PROVIDER?
51	IMCOPV	Num	8	REGULARLY OUT-PATIENT VISIT
52	IMUCV	Num	8	HAD URGENT CARE VISIT(S)?
53	IMCERV	Num	8	HAD EMERGENCY ROOM VISIT(S)?
54	IMCLOST	Num	8	DAYS LOST SCHOOL/WRK DUE TO ILL

Data Set Name: q10.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	FVSTWK	Num	8	WEEK OF VISIT
5	FLSESS	Num	8	LF: ATT REGULAR SESSION W DPP
6	FLEAT	Num	8	LF: CHNG EATING HAB LOSE WGHT
7	FLEXER	Num	8	LF: EXERCS REGULRLY EVERY WEEK
8	FLTIME	Num	8	LF: MK HARDER TO REMAIN IN DPP
9	FPSESS	Num	8	MED: ATT REGULAR SCHEDULED DPP
10	FPMEDS	Num	8	MED: DPP MEDICATION PRESCRIBED
11	FPTIME	Num	8	MED: MK HARD TO REMAIN IN DPP

Data Set Name: q13.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	ABVSTWK	Num	8	WEEK OF VISIT
5	ABBLDR	Num	8	HAD A BLADDER INFECTION IN THE PAST 12 MONTHS
6	ABNMBLD	Num	8	# BLADDER INFECTIONS IN THE PAST 12 MONTHS
7	ABKIDNY	Num	8	HAD A KIDNEY INFECTION IN THE PAST 12 MONTHS
8	ABNMKID	Num	8	# KIDNEY INFECTIONS IN THE PAST 12 MONTHS
9	ABPDAY	Num	8	# BATHROOM DURING THE DAY
10	ABPNGT	Num	8	# BATHROOM DURING THE NIGHT AFTER FALLING ASLEEP
11	ABLEAKP	Num	8	HOW OFTEN HAVE YOU LEAKED URINE IN THE PAST 12 MONTHS
12	ABP7DY	Num	8	LEAK URINE IN THE PAST 7 DAYS?
13	ABPCGH	Num	8	# LEAK DURING ACTIVITIES/EXERCISE
14	ABPBTH	Num	8	# LEAK AS COULD NOT GET TO THE BATHROOM FAST ENOUGH
15	ABPURG	Num	8	# LEAK FOR OTHER REASONS

Data Set Name: r04.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	CHVSTTY	Num	8	TYPE OF VISIT
5	CHVSTWK	Num	8	WEEK OF VISIT
6	CHUNMA	Num	8	PAST LIPID PROFILE UNMASKED
7	CHDRUG	Num	8	ON LIPID-LOWERING DRUG THERAPY
8	CHATHER	Num	8	ATHEROSCLEROTIC VASCULAR DISEASE
9	CHSEX	Num	8	MALE>=45, FEMALE>=55/MENOPAUSE
10	CHHIST	Num	8	FAMILY HISTORY PREMATURE CHD
11	CHSMOKE	Num	8	CURRENT CIGARETTE SMOKING
12	CHHYPER	Num	8	CONFIRMED HYPERTENSION
13	CHDIAB	Num	8	DIABETES MELLITUS
14	CHREAS	Num	8	OTHER REASON UNMASK LIPID RSULT

Data Set Name: tr1.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	TRVSTWK	Num	8	WEEK OF VISIT
5	TVSTTYP	Num	8	TYPE OF VISIT
6	TRDBP1	Num	8	BLOOD PRESSURE 1: DIASTOLIC
7	TRDBP2	Num	8	BLOOD PRESSURE 2: DIASTOLIC
8	TRSBP1	Num	8	BLOOD PRESSURE 1: SYSTOLIC
9	TRSBP2	Num	8	BLOOD PRESSURE 2: SYSTOLIC
10	TRWGHT1	Num	8	WEIGHT: FIRST MEASUREMENT
11	TRWGHT2	Num	8	WEIGHT: SECOND MEASUREMENT
12	TRWGHT3	Num	8	WEIGHT: THIRD MEASUREMENT
13	TRAEQ	Num	8	NEW SYMPTOMS/INJURIES/ILLNESS/WORSEN OF PRE-EXISTING CONDITIONS
14	TRRXDQ	Num	8	TAKING ANY PRESCRIPTION MEDS?
15	TRRXDA	Char	50	MEDICINE DESCRIPTION: A
16	TRRXDB	Char	50	MEDICINE DESCRIPTION: B
17	TRRXDC	Char	50	MEDICINE DESCRIPTION: C
18	TRRXDD	Char	50	MEDICINE DESCRIPTION: D
19	TRRXDE	Char	50	MEDICINE DESCRIPTION: E
20	TRRXDF	Char	50	MEDICINE DESCRIPTION: F
21	TRRXDG	Char	50	MEDICINE DESCRIPTION: G
22	TRRXDH	Char	50	MEDICINE DESCRIPTION: H
23	TRRXDI	Char	50	MEDICINE DESCRIPTION: I
24	TRRXDJ	Char	50	MEDICINE DESCRIPTION: J

Data Set Name: demographic.sas7bdat

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

Data Set Name: events.sas7bdat

Num	Variable	Type	Len	Label
1	DIABF	Num	8	Indicator of diabetes
2	fasthypf	Num	8	Indicator of fasting hyperglycemia
3	TOTALTIM	Num	8	Total time in study
4	DIABT	Num	8	Time to first diabetes
5	fasthypt	Num	8	Time to first fasting hyperglycemia
6	DIABV	Num	8	Interval for diabetes
7	fasthypv	Num	8	Interval for fasting hyperglycemia
8	release_id	Char	9	
9	RANDPER	Num	8	

Data Set Name: lab.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	I000	Num	8	Fasting Insulin (uU/mL)
5	I030	Num	8	30 Minute Insulin (uU/mL)
6	PIN	Num	8	Fasting Proinsulin (pM=picomoles)
7	G000	Num	8	Fasting Plasma Glucose (mg/dL)
8	G030	Num	8	30 Minute Plasma Glucose (mg/dL)
9	G120	Num	8	2 Hour Plasma Glucose (mg/dL)
10	TRIG	Num	8	Triglycerides (mg/dL)
11	CHOL	Num	8	CHOLESTEROL
12	CHDL	Num	8	HDL (mg/dL)
13	VLDL	Num	8	VLDL (mg/dL)
14	CLDL	Num	8	LDL (mg/dL)
15	HBA1	Num	8	GLYCOSOLATED HEMOGLOBIN
16	LDLB	Num	8	LDL-B SUBFRACTION
17	LDLC	Num	8	LDL-C SUBFRACTION
18	LDLZ	Num	8	LDL PARTICLE SIZE
19	SGOT	Num	8	Liver Enzymes - Serum AST (U/L)
20	SGPT	Num	8	Liver Enzymes - Serum ALT (U/L)
21	CREA	Num	8	SERUM CREATININE
22	DRNK0M	Char	4	TIME GLUCOSE CONSUMPTION START
23	DRNK30M	Char	4	TIME 30 MINUTE SAMPLE DRAWN
24	DRNK2H	Char	4	TIME 2 HOUR SAMPLE DRAWN

Data Set Name: qwb.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RELEASE_ID	Char	9		PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3		OUTCOME VISIT
3	DAYSRAND	Num	5		DAYS SINCE RANDOMIZATION
4	QWVSTYP	Num	8	BEST12.	TYPE OF VISIT
5	QWVSTWK	Num	8	BEST12.	WEEK OF VISIT
6	Q9A	Num	8	BEST12.	Q9A FROM QWB FORM
7	Q9B	Num	8	BEST12.	Q9B FROM QWB FORM
8	Q9C	Num	8	BEST12.	Q9C FROM QWB FORM
9	TOTALQWB	Num	8	BEST12.	TOTAL 3 DAY QWB SCORE

Data Set Name: washout.sas7bdat

Num	Variable	Type	Len	Label
1	RELEASE_ID	Char	9	PARTICIPANT ID FOR REPOSITORY
2	VISIT	Char	3	OUTCOME VISIT
3	DAYSRAND	Num	5	DAYS SINCE RANDOMIZATION
4	G000	Num	8	FASTING PLASMA GLUCOSE
5	G030	Num	8	30 MIN. PLASMA GLUCOSE
6	G120	Num	8	2 HOUR PLASMA GLUCOSE
7	DRNK0M	Char	4	TIME GLUCOSE CONSUMPTION START
8	DRNK30M	Char	4	TIME 30 MINUTE SAMPLE DRAWN
9	DRNK2H	Char	4	TIME 2 HOUR SAMPLE DRAWN