

DCCT Data Set Documentation: Form 21.7

Form 21: Quarterly Visit

Version 21.7 - Used September 1990 - April 1993

Purpose: Collect interim information on physical condition, diabetes management, diabetic complications, and intercurrent events.

Collection Schedule: Each quarterly visit.

Data Set Name: F0217

Structure: One record per patient per visit completed.

Size: 9892 observations of 298 variables.

Known Anomalies: Differences between Form 21.7 and the earlier versions of Form 21 lie primarily in the simplification of the sections dealing with diabetes management and insulin dose. However, some observations still contain internal inconsistencies in the insulin variables on page 2. In some cases, the total number of units reported does not equal the sum of the individual doses; in others, one or the other block of variables is missing. Moreover, the form's instructions state that the basal insulin taken by patients using insulin pumps should be excluded from item B.4 and reported separately in B.6, but it is not clear how consistently this direction was followed.

Instructions to skip certain sections of the form under specific conditions (e.g., the detailed questions regarding ketonuria and hypoglycemia on pages 7-9) were not universally followed during form completion.

Many female patients who missed menstrual periods did not undergo pregnancy tests due to established histories of amenorrhea.



DIABETES CONTROL AND COMPLICATIONS TRIAL

Quarterly Visit

This form is to be completed at the randomization visit and each of the scheduled quarterly follow-up clinic visits. For visits occurring yearly post-randomization, complete the Annual Medical History and Physical Examination (DCCT Form 003) in lieu of this form. At the time of the quarterly visit, data will be collected on this form to document modifications of therapy and to update information on the status of patients on assigned treatment and transfers to inactive status.

All questions on this form refer to the patient's experience since the last completed quarterly, annual or randomization visit. If the form is being completed at the randomization visit, the questions refer to the patient's experience since the Baseline Medical History and Physical Examination (DCCT Form 002) was completed.

If in completing this evaluation it is found that the patient has experienced an intercurrent event, complete the Notification of Intercurrent Event Form (DCCT Form 020) and, if applicable, the Notification of Hypoglycemic Intercurrent Event (DCCT Form 083) and Further Details of Hypoglycemic Event (Form 082).

Send the completed form to the Coordinating Center in the weekly forms mailing, retaining a copy in the clinic files.

A. IDENTIFYING INFORMATION

2 CLINIC 1. DCCT Clinic Number _____
 3 PATIENT 2. Patient ID Number _____
 4 INITIALS 3. Patient's Initials _____
 5 FORWARD DATE. Date of Visit (and FSASDATE) _____
 Month Day Year

6 BARESCHD Was it necessary to reschedule the patient for this visit for any reason? No Yes
 () () (2)
 7 BASCNDND b) How many times? _____
 8 DAYSETND What is the follow-up visit number? _____
 (For the randomization visit, enter 00.)
 9 Enter the date of the LAST COMPLETED visit (baseline, randomization, quarterly or annual, whichever is most recent).
 All questions on this form refer to the patient's experience since this date.
 (For the randomization visit, enter the date the Baseline Medical History and Physical Exam (DCCT Form 002) was completed.)

10 BAQUARDAT _____
 Month Day Year

B. DIABETES MANAGEMENT

Answer Section B for all patients except where specified. Do not complete this section at the randomization visit. When completing this section, refer to the previous day's insulin dosage only. However, if in your judgement the previous day's dosage was atypical of the patient's regimen, use another recent day that you would consider typical.

1. Specify types of insulins used by this patient: (CHECK ALL THOSE THAT APPLY)

BA HUREG Human regular	(1)	Pork Regular	(1)	BAPDREG ¹⁹
BA HUSEAD Human Semilente	(1)	Pork Semilente	(1)	BAPDSEMI ¹⁹
BA HUNPH Human NPH	(1)	Pork NPH	(1)	BAPDNP ¹⁷
BA HULEN Human Lente	(1)	Pork Lente	(1)	BAPDLEN ¹⁷
BA HULULT Human Ultralente	(1)	Pork 70/30	(1)	BAPD7030 ¹⁹
BA HUL7030 Human 70/30	(1)			
Beef/pork Regular	(1)	BADPREG ²¹		
Beef/pork Semilente	(1)	BADPSEMI ²²		
Beef/pork NPH	(1)	BADPNP ²³		
Beef/pork Lente	(1)	BADPLEN ²⁴		
Beef/pork Ultralente	(1)	BADPULT ²⁵		

near

Patient ID _____

2. To what group was this patient randomized?
26 BAGROUP Standard (1) Experimental (2)

3. a) What insulin regimen is currently being used by this patient?
27 BAINSREG
 insulin infusion pump (1)
 three or more daily injections (2)
 one or two daily injections (3)
 other: (4)
 (describe the regimen in Question Number 6)

b) Is this the regimen prescribed by the DCCT clinic?
28 BAREGRP DCCT clinic? No Yes
 () (1) (2)

4. Please summarize this patient's usual insulin regimen here. (Refer to the previous day's insulin dosage only. However, if the previous day's dosage was atypical, use the most recent day that you would consider typical. Round off to the nearest whole unit.)
29 BAT01WT Total number of units per day: _____

Units Used	Breakfast	Lunch	Supper	Bedtime	Other
Regular ³⁰	<u>BAREGBAK</u>	<u>BAREGLN</u>	<u>BAREGSUP</u>	<u>BAREGBED</u>	<u>BAREGOTH</u>
Semilente ³⁵	<u>BASEMBAK</u>	<u>BASEMLN</u>	<u>BASEMSUP</u>	<u>BASEMBED</u>	<u>BASEMOTH</u>
NPH ⁴⁰	<u>BANPHBAK</u>	<u>BANPHLN</u>	<u>BANPHSUP</u>	<u>BANPHBED</u>	<u>BANPHOTH</u>
Lente ⁴⁵	<u>BALEMBAK</u>	<u>BALENLN</u>	<u>BALENSUP</u>	<u>BALEMBED</u>	<u>BALENOTH</u>
Ultralente ⁵⁰	<u>BAULTBAK</u>	<u>BAULTLN</u>	<u>BAULTSUP</u>	<u>BAULTBED</u>	<u>BAULTOTH</u>
⁵⁵	<u>BA7030BA</u>	<u>BA7030LU</u>	<u>BA7030SU</u>	<u>BA7030BE</u>	<u>BA7030OT</u>

NOTE: When filling out this table, consider all insulin given between breakfast and lunch as part of the lunch dose. All insulin between lunch and supper is part of the supper dose. All insulin between supper and bedtime snack is part of the snack dose. If a patient gives a prescribed mealtime dose which happened to be zero on the day recorded, record "0" in the appropriate space. If no dose was prescribed for a given time of day, leave the space blank. If a patient is on a pump, do not record basal here. Meal insulin only refers to bolus doses. Capture basal in number 5 following.

5. If the insulin regimen used by this patient on a typical day cannot accurately be recorded on the table (question 4) please leave the table blank and describe the regimen here:
60 BADM5
 Answer if #4 is blank: No Yes
 I am describing the insulin regimen here: () (1) (2)
 If yes, specify: _____

6. COMPLETE ONLY FOR PATIENTS USING AN INSULIN INFUSION PUMP
 Total number of UNITS BASAL insulin infused per day: 61 BADM6A
 Total number of different BASAL RATES used per day: 62 BADM6B
 Has the patient had any technical problems with the insulin infusion pump?
 No Yes
 () (1) (2) BADM6C
 If YES, specify: _____

7. COMPLETE THIS QUESTION ONLY FOR PATIENTS CURRENTLY ON ONE OR TWO DAILY INJECTIONS:
 a) Have you prescribed a change in the insulin regimen or dose since the last visit?
 No Yes
 () (1) (2) BADM7A
 If YES, please indicate the reason.
 Symptomatic polyuria/polydipsia/nocturia () (1) (2) BADM7A1 ⁶⁵
 Unacceptable degree of hypoglycemia () (1) (2) BADM7A2 ⁶⁶
 Recurrent ketonuria () (1) (2) BADM7A3 ⁶⁷
 Hemoglobin A1c above the action limit () (1) (2) BADM7A4 ⁶⁸
 Other: () (1) (2) BADM7A5 ⁶⁹
 Specify: () (1) (2) BADM7A6 ⁷⁰

b) How is this patient monitoring his/her diabetes?
 No Yes Uncertain
 Self blood glucose monitoring () (1) (2) (3) BADM7B1 ⁷¹
 Urine glucose monitoring () (1) (2) (3) BADM7B2 ⁷²

Patient ID _____

B. COMPLETE THIS QUESTION FOR PATIENTS IN BOTH GROUPS:

Do you suspect that this patient's reported glucose (urine and/or blood) monitoring results are inaccurate or fictitious?

75 BADM8 (1) (2) (3)
No Yes Sure
Not

Explain: _____

C. DEVIATIONS FROM ASSIGNED TREATMENT

1. Since the last visit, has the patient been on a "deviation from treatment" (as defined in Section 12.5 of the Protocol) at any time?
74 BADV1 No Yes
(1) (2)

2. If yes, is the patient currently on deviation from treatment?
75 BADV1A No Yes
(1) (2)

(1) If NO, enter date of termination of deviation:
76 BADV1A1 Month Day Year

(11) If this is a new (started since last QV) deviation, enter date of DCCT Form D22, Notification of Deviation from Assigned Treatment:
77 BADV1A2 Month Day Year

D. TRANSFER TO INACTIVE STATUS

1. Since the last visit, has the patient been on inactive status at any time? (as defined in Section 12.7 of the Protocol)?
78 BAIS1 No Yes
(1) (2)

a. If yes, is the patient currently on transfer to inactive status?
79 BAIS1A No Yes
(1) (2)

(1) If NO, enter date of return to active status:
80 BAIS1A1 Month Day Year

(11) If this is a new transfer to inactive status, enter date of DCCT Form D16, Application for Transfer to Inactive Status:
81 BAIS1A2 Month Day Year

E. MODIFICATIONS OF FOLLOW-UP SCHEDULE FOR ENDPOINT ASSESSMENTS

(See Manual of Operations Chapter 11)

1. Since the last visit, has the patient been on a modified follow-up schedule at any time?
82 BAMDF1 No Yes
(1) (2)

If YES, indicate which assessments: _____

2. Is the patient currently on a modified follow-up schedule?
83 BAMDF2 No Yes
(1) (2)

F. MODIFICATIONS OF THERAPY

FOR PATIENTS RANDOMIZED TO THE STANDARD GROUP ONLY

1. Since the last visit, has the patient been on a modified therapy at any time?
84 BAMDT1 No Yes
(1) (2)

Proceed to Question G.1

a) Since the last visit, has this patient used glucose monitoring at greater frequency than specified in the Protocol (urine testing 4x/day or self blood glucose monitoring once per day) at your direction?
85 BAMDT1A No Yes
(1) (2)

IF YES, record frequency: SBGM ___/day BAMDT1A1 86
UGM ___/day BAMDT1A2 87

[Handwritten notes and signatures]

Patient ID _____

b) Since the last visit has this patient used more than two injections of insulin per day or used an insulin pump to achieve first or second priority standard treatment group goals at your direction at any time?

(NOTE: PERMISSION OF THE TREATMENT COMMITTEE IS REQUIRED PRIOR TO INSTITUTING THIS MODIFICATION OF THERAPY)

88
BAMDT1D
No Yes
(1) (2)

Proceed to question d)

If this modification was started since the last visit:

(1) Enter date permission was received from the Treatment Committee to institute the regimen in this patient
87
BAMDT1D1
Month Day Year
BAMDT1D2
Month Day Year

(11) Enter date that new regimen was started

c) Is the patient currently using more than two injections per day or an insulin pump to achieve first or second priority treatment goals for the standard treatment group?

91
BAMDT1C
No Yes
(1) (2)
92
BAMDT1C1
Month Day Year

If NO, enter date of return to one or two injections of insulin per day

If this patient is using more than two injections per day or an insulin pump for reasons other than instructed by you to achieve first and second priority goal for the Standard Group, this represents a deviation from assigned treatment, and should be recorded in Section C and on Form 022.

d) Other modification: specify:

93
BAMDT1D
No Yes
(1) (2)

FOR PATIENTS RANDOMIZED TO THE EXPERIMENTAL GROUP ONLY

2. Since the last visit, has the patient been on a modified treatment protocol?

94
BAMDT2
No Yes
(1) (2)

Proceed to Question G.1

a) Since the last visit, have you instituted a planned out-patient visit schedule on a less frequent basis than the required monthly visit schedule?

95
BAMDT2A
No Yes
(1) (2)

b) Have you instructed this patient to perform self blood glucose monitoring on a less frequent daily schedule than the required minimum of four times a day, including three pre-prandial and one bedtime sample?

%
96
BAMDT2D
No Yes
(1) (2)

If yes, record frequency

97
BAMDT2D1
/ day

c) Have you instructed this patient to use less stringent goals of therapy?

98
BAMDT2C
No Yes
(1) (2)

(1) Specify the new goals:

HbA1c (range) _____ to _____
Blood glucose (range): _____ to _____
Preprandial _____ to _____
Postprandial _____ to _____
3:00 a.m. _____ to _____

No Key

(11) Specify the reason and situation for modification of goals of therapy in this patient:

(11) Specify the date that the new goal(s) became effective:

99
BAMDT2C3
Month Day Year

(1v) Are the stated goals in effect at present?

100
BAMDT2C4
No Yes
(1) (2)

If NO, enter the date that the patient returned to the goals of the experimental treatment group set forth in the Protocol:

101
BAMDT2C5
Month Day Year

d) Other modification: specify:

102
BAMDT2D
No Yes
(1) (2)

Handwritten notes and signatures at the bottom right of the page.

Patient ID _____

G. DIABETES MONITORING - ANSWER FOR PATIENTS CURRENTLY ON 3 OR MORE INJECTIONS OR PUMP

1. Summarize the patient's performance of glucose monitoring. Use the patient's "Daily Diabetes Monitoring Record" to do this. The "number should have done" is the number of tests you instructed the patient to do. Record performance of these prescribed tests only; do not record extra tests performed.

Testing Required by Protocol	BLOOD	
	Number Actually Done	Number Should Have Done
Before breakfast	<u>103</u> <u>BADM3BBD</u>	<u>BADM3BBS</u>
Before lunch	<u>105</u> <u>BADM3LUD</u>	<u>BADM3LUS</u>
Before dinner	<u>107</u> <u>BADM3DID</u>	<u>BADM3DIS</u>
Bedtime	<u>109</u> <u>BADM3BED</u>	<u>BADM3BES</u>
3:00 a.m.	<u>111</u> <u>BADM33AD</u>	<u>BADM33AS</u>

2. Is the patient performing more self blood glucose monitoring than prescribed? No (1) Yes (2) Uncertain (3) BADM32

H. DIABETES MONITORING - ANSWER FOR PATIENTS CURRENTLY ON ONE OR TWO INJECTIONS

1. Summarize the patient's performance of glucose monitoring. Use the patient's "Daily Diabetes Monitoring Record" to do this. The "number should have done" is the number of tests you instructed the patient to do. Record performance of these prescribed tests only; do not record extra tests performed.

Testing Required by Protocol	URINE		BLOOD	
	Number Actually Done	Number Should Have Done	Number Actually Done	Number Should Have Done
Before breakfast	<u>114</u> <u>BADM1UBD</u>	<u>BADM1UBS</u>	<u>BADM1BBD</u>	<u>BADM1BBS</u>
Before lunch	<u>118</u> <u>BADM1ULD</u>	<u>BADM1ULS</u>	<u>BADM1BLD</u>	<u>BADM1BLS</u>
Before dinner	<u>122</u> <u>BADM1UDD</u>	<u>BADM1UDS</u>	<u>BADM1BDD</u>	<u>BADM1BDS</u>
Bedtime	<u>126</u> <u>BADM1UVED</u>	<u>BADM1UVS</u>	<u>BADM1BED</u>	<u>BADM1BES</u>

2. Is the patient performing more glucose monitoring (urine or blood) than prescribed? No (1) Yes (2) Uncertain (3) BADM12 130

[Handwritten signature]

Patient ID _____

I. INDICATIONS OF NON-ADHERENCE TO TREATMENT PROTOCOL.

Do not complete this section at the randomization visit.

1. Answer a) - i) for all patients.

131

BANAI1A

- a) How often has the patient claimed to have followed the meal plan? BANAI1A
 - Not applicable (0)
 - Never followed meal plan (1)
 - Very infrequently (less than 10% of the time) (2)
 - Infrequently (10-44% of the time) (3)
 - About half the time (45-55% of the time) (4)
 - Most of the time (56-90% of the time) (5)
 - Almost all of the time (more than 90% of the time) (6)
 - Always followed meal plan (7)

b) Has the patient followed a pattern of eating suggestive of an eating disorder (e.g., history of bulimia, vomiting, anorexia)?

c) (1) How many illnesses (intercurrent events or not) has the patient experienced? (If none, enter 00 and proceed to 1.d)

(11) During how many of these illnesses has the patient been known to have failed to adjust the insulin dose as prescribed?

d) Has the patient used a type of insulin which has not been prescribed?

e) Has the patient been rotating the site of injection (or, in pump patients, the site of infusion)?

f) Has the patient completed less than all seven of the capillary blood collections required for the Profilsat?

g) (1) How many intercurrent events (as defined in Chapter 10 of the Manual of Operations) has the patient experienced? (If none, enter 00)

(11) How many of these intercurrent events has the patient failed to report in the appropriate time window? (If none, enter 00)

h) Has the patient failed to bring in his/her daily record?

i) Does the patient perform self blood glucose monitoring? (If no or uncertain, proceed to Question 1.2)

If yes:

(1) Has the patient been using self blood glucose monitoring to adjust his/her insulin dosage?

(11) Does the patient perform self blood glucose monitoring more than once per day?

No (1) Yes (2) Uncertain (3) 132
BANAI1B

133
BANAI1C1

134
BANAI1C2

135
BANAI1D

136
BANAI1E

137
BANAI1F

138
BANAI1G1

139
BANAI1G2

140
BANAI1H

141
BANAI1I1

142
BANAI1J2

143
BANAI1J3

Handwritten notes and signatures at the bottom right of the page.

2. ANSWER (a) - (f) FOR PATIENTS RANDOMIZED TO THE STANDARD TREATMENT GROUP

On how many days has the patient . . .

- a) taken more than the prescribed units of insulin (excluding sick days)? 144 BANA2A
- b) taken extra injections of insulin? 145 BANA2B
- c) taken fewer injections of insulin? 146 BANA2C
- d) failed to take his/her prescribed insulin dose? 147 BANA2D
- e) failed to perform and record at least two urine tests or one blood glucose test a day? 148 BANA2E
- f) (i) been ill? 149 BANA2F1
- (ii) failed to test and record urine acetone during an illness? 150 BANA2F2

3. ANSWER (a) - (d) FOR PATIENTS RANDOMIZED TO THE EXPERIMENTAL TREATMENT GROUP

- a) On how many days has the patient not followed the prescribed algorithm for insulin delivery? 151 BANA3A
- b) How many times has the patient failed to do the prescribed 3:00 a.m. blood tests? 152 BANA3B
- c) How many times has the patient failed to promptly report a low 3:00 a.m. blood glucose to the clinic? 153 BANA3C
- d) How many times has the patient failed to monitor urine acetone when blood glucose was >240 mg/dl or during an illness? 154 BANA3D

4. ANSWER (a) - (c) FOR PATIENTS RANDOMIZED TO THE EXPERIMENTAL TREATMENT GROUP AND USING INSULIN INFUSION PUMPS

- a) How many times has the patient failed to follow instructions for changing batteries? 155 BANA4A
- b) How many times has the patient failed to follow instructions for changing catheters? 156 BANA4B

- c) How many times has the patient failed to follow instructions for changing syringes? 157 BANA4C

J. DIABETES CONTROL - ANSWER FOR ALL PATIENTS

If this is the randomization visit, complete this section and Sections K, L and M; then turn to the last page and sign the form.

- 1. Symptoms of hyperglycemia (Std pts priority 1 goals) 158
- a) How many nights in the past week did the patient wake up ONCE to urinate? BADC1A
- b) How many nights in the past week did the patient wake up TWO OR MORE times to urinate? 159 BADC1B
- c) On the average, how many 8 ounce glasses of fluid did the patient drink per day? 160 BADC1C
- d) How many times did the patient experience DKA? 161 BADC1D

If the patient has had DKA, complete the Notification of Intercurrent Event (Form 020) if it has not previously been completed for this event.

- e) Did the patient experience other symptoms of hyperglycemia? 162 BADC1E
- No Yes
 (1) (2)
- If YES, specify: _____

- 2. How many days has the patient had moderate or large ketonuria? 163 BADC2
- (If none, enter 00 and proceed to Question J.3.)

- How many of these were . . . 164
- a) explained by change in routine? BADC2A
- b) due to illness? 165 BADC2B
- c) due to medical equipment failure? 166 BADC2C
- d) spontaneous or unexplained? 167 BADC2D

Handwritten notes and signatures at the bottom right of the page.

Patient ID 168 BADC3A
No Yes
(1) (2)

3. a) Is the patient female?
 Proceed to Question J.4

b)(i) Has the patient had any vaginal itching or discharge?
 Proceed to Question J.3.c

(ii) Was the patient treated for this?
 Specify treatment: _____

c)(i) Does the patient menstruate?
 Proceed to Question J.4

(ii) Enter date of start of last menstrual period:
Month Day Year

d)(i) Was the last menstrual period more than five weeks ago?
 Proceed to Question J.4

(ii) Was a pregnancy test performed?
If no, why not? _____

If yes, did the test indicate pregnancy?
 Complete the Notification of Intercurrent Event (Form 020) if it has not previously been completed for this pregnancy.

4. Symptoms of hypoglycemia since last QV

a) Number of hospitalizations for hypoglycemia. (Hospitalization implies overnight admission to the hospital; an emergency ward visit that did not result in hospitalization does not apply.)

If the patient has been hospitalized for hypoglycemia, complete Notification of Intercurrent Event (Form 020), the Notification of Hypoglycemic Intercurrent Event (Form 083), and Further Details (Form 092) if not previously completed for this hospitalization.

If any hospitalizations, give specific reasons:

b) How many times did the patient experience hypoglycemia of such severity that the patient . . .

(i) lost consciousness without seizure

(ii) lost consciousness with seizure

c) How many times did the patient experience hypoglycemia of such severity . . .

(i) that the patient required professional medical assistance, including placement of an IV or an intravenous injection of glucose?

(ii) as to require the assistance of another person, such as the administration of glucagon, but did not require any of the assistance described in (i)?

(iii) as to require the assistance of another person but did not require any of the help described in (i) or (ii)?

176
BADC4A

177
BADC4B1

178
BADC4B2

179
BADC4C1

180
BADC4C2

181
BADC4C3

168
BADC3A
169
BADC3B1
170
BADC3B2
171
BADC3C1
172
BADC3C2
173
BADC3D1
174
BADC3D2
175
BADC3D3

d) Complete only if severe hypoglycemia which the patient could not treat himself/herself has occurred:

- (i) How many times has the patient received glucose? 182
BAD¹C⁴H¹D¹A
- (ii) How many times has the patient received IV glucose to treat hypoglycemia? 183
BAD¹C⁴H¹D¹A
- (iii) Did any episodes result in injury to the patient or others? 184
BAD¹C⁴H¹D¹A

If YES, specify: _____

If the patient has experienced severe hypoglycemia which he/she could not treat himself/herself, please Complete Notification of Intercurrent Event (Form 020), Notification of Hypoglycemic Intercurrent Event (Form 083) and Further Details (Form 092) for any episodes for which this has not previously been done.

e) How many times in the past seven days did the patient experience hypoglycemia which was mild enough for the patient to treat himself/herself? 185
BAD¹C⁴H¹E

f) If the patient has experienced hypoglycemia in the past seven days which was mild enough for the patient to treat himself/herself, answer Items (i) through (iii) below. Otherwise, skip to Section K.

(i) Did mild hypoglycemia occur: 186
BAD¹C⁴H¹F¹L

- While the patient was awake (1)
- While the patient was asleep (2)
- Both (3)

(11) What was the usual reason for the mild hypoglycemia? (CHECK ALL THAT APPLY)

- Missed meal or snack 187 (1) BAD¹C⁴H¹F²A
- Decreased food intake at meal or snack 188 (1) BAD¹C⁴H¹F²B
- Increased exercise level 189 (1) BAD¹C⁴H¹F²C
- Too much insulin taken 190 (1) BAD¹C⁴H¹F²D
- Lack of early warning signs of low blood glucose 191 (1) BAD¹C⁴H¹F²E
- Other; specify: 192 (1) BAD¹C⁴H¹F²F

Unexplained 193 (1) BAD¹C⁴H¹F²G

(11) What symptoms does the patient have with mild hypoglycemia? (CHECK ALL THAT APPLY)

- Adrenergic warning symptoms 194 (1) BAD¹C⁴H¹F³A
- Diaphoresis (sweating) 195 (1) BAD¹C⁴H¹F³B
- Altered mental status 196 (1) BAD¹C⁴H¹F³C
- Other 197 (1) BAD¹C⁴H¹F³D
- None 198 (1) BAD¹C⁴H¹F³E

182
183
184
185
186

Patient ID _____

K. DIABETES RELATED COMPLICATIONS AND/OR CATEGORY 3 INTERCURRENT EVENTS

If the patient has been hospitalized (overnight) to treat any of the following diabetes-related complications or Category 3 events, the Notification of Intercurrent Event (Form 020) must be completed for each hospitalization (see Chapter 10 of the Manual of Operations).

If no hospitalization occurred, Category 3 Intercurrent Events are reported on this form only; Form 20 is not required.

1. OPHTHALMIC

a) Has the patient had blurred or reduced vision?
 IF YES, explain:

	Right Eye	Left Eye
No	Yes	No
(1)	(2)	(1)
(2)	(1)	(2)
199	BARC1A	BARC1A

b) Has the patient experienced floaters or flashing lights?
 IF YES, specify:

201	BARC1B	BARC1D
No	Yes	No
(1)	(2)	(1)
(2)	(1)	(2)
203	BARC1C	BARC1C
No	Yes	No
(1)	(2)	(1)
(2)	(1)	(2)

d) Will the patient be sent to the ophthalmologist for a special visit?
 205 BARC1D
 No Yes
 (1) (2)
 (1) (2)

2. NEUROLOGIC

Has the patient had any of the following?

a) Paresthesias (pain or numbness) in hands or feet
 No Yes
 (1) (2) BARC2A 20

b) Unexplained muscle weakness
 (1) (2) BARC2B 20

c) Vomiting or bloating after meals
 (1) (2) BARC2C 20

d) Bouts of persistent or recurrent diarrhea
 (1) (2) BARC2D 20

e) Bouts of urinary retention
 (1) (2) BARC2E 20

f) Dizziness or lightheadedness (not associated with hypoglycemia)
 (1) (2) BARC2F 20

g) Fainting (not associated with hypoglycemia)
 (1) (2) BARC2G 20

h) Seizure (not due to hypoglycemia)
 (1) (2) BARC2H 20

If YES, complete the Notification of Intercurrent Events (Form 020) if it has not already been completed for this condition.

1) Impotence
 No Yes
 (1) (2) BARC2I 20
 Not Applicable (3)

2) Has the patient developed symptoms compatible with a focal neuropathy (described as sudden onset, asymmetrical and self-limited, i.e., cranial mononeuropathy, proximal motor neuropathy, truncal neuropathy)?
 No Yes
 (1) (2) BARC2J 20

3) Other neurologic problem?
 No Yes
 (1) (2) BARC2K 20

If YES, specify: _____

4) Will the patient be sent to the neurologist for a special visit?
 No Yes
 (1) (2) BARC2L 20

[Handwritten notes and signatures]

Patient ID _____

3. RENAL

Has the patient had any of the following?

- a) Edema (of renal etiology only)
- b) Other renal problem

If YES, specify: _____

218

BARC3A
No Yes
(1) (2)

(1) (2) 219
BARC3B

4. VASCULAR

Has the patient had any of the following?

- a) Shortness of breath
- b) Symptoms of congestive heart disease
- c) Impaired peripheral vascular circulation (e.g., intermittent claudication)
- d) Chest pain

(1) If yes, is this clinical engine? (As defined in Chapter 10 of the Manual of Operations)

e) Other symptoms suggestive of a suspected non-acute MI (as defined MOO Chapter 10)

If Yes to d) or e) complete the Notification of Intercurrent Events (Form 020) if it has not already been completed for this condition.

220

BARC4A
No Yes
(1) (2)

221

BARC4B
(1) (2)

222

BARC4C
(1) (2)

223

BARC4D
(1) (2)

224

BARC4E
(1) (2)

225

BARC4F
No Yes
(1) (2)

226

BARC4G
(1) (2)

227

BARC4H
(1) (2)

f) Symptoms suggestive of transient ischemic attack(s) (As defined in Chapter 10 of the Manual of Operations)

g) Other vascular problem

If YES, specify: _____

5. INFECTIONS

Has the patient had any of the following? (As defined in Chapter 10 of the Manual of Operations)

a) Urinary tract infection (e.g., cystitis, pyelonephritis, perinephric abscess)

b) Upper or lower respiratory tract infection

c) Gastroenteritis with fever

d) Cutaneous (non-infusion site) or mucocutaneous (e.g., Candida vulvo-vaginitis, furunculosis, dental abscess) infection

If YES, specify: _____

232

BARC5E
(1) (2) 233

233

BARC5F
(1) (2)

234

BARC5G
(1) (2)

e) Other infections not specifically defined in the Manual of Operations (i.e., mononucleosis, epididymitis, measles, chicken pox)

If YES, specify: _____

ANSWER THE FOLLOWING ONLY FOR PATIENTS WHO USE AN INDWELLING NEEDLE OR CATHETER FOR INSULIN ADMINISTRATION.

h) Has the patient had infection at the insertion site (e.g., >1.5 cm erythema and purulence)?

Complete the Notification of Intercurrent Event (Form 020).

235

BARC5H
No Yes
(1) (2)

236

BARC6
No Yes
(1) (2)

6. MINOR OUTPATIENT SURGERY OR INCIDENTAL TRAUMA (e.g., simple fracture, uncomplicated laceration).

If YES, specify: _____

1.65

Patient ID _____

237

7. INTERCURRENT ENDOCRINE EVENT

(e.g., hypothyroidism, Grave's disease, Cushing's disease)

If YES, specify: _____

DARC7

No Yes
(1) (2)

238

8. ADVERSE PSYCHOSOCIAL REACTION

If YES, specify: _____

DARC8

No Yes
(1) (2)

9. OTHER

a) Has the patient experienced any other medical problems or difficulties in carrying out the diabetes treatment regimen (includes imprisonment)?

If YES, explain: _____

239

DARC9A

No Yes
(1) (2)

L. MEDICATIONS

1. On the average, how many aspirin-containing tablets or other prostaglandin inhibitors does the patient use each month? (IF NONE, ENTER 000)

BARX1

2. Has the patient used or is he/she currently using any prescription drug on a regular basis other than insulin?

BARX2

No Yes
(1) (2)

Specify: _____

3. Has the patient used any over-the-counter drugs?

BARX3

No Yes
(1) (2)

Specify: _____

4. Does the patient use vitamin supplements on a regular basis?

BARX4

No Yes
(1) (2)

Specify: _____

Handwritten notes and signatures at the bottom right of the page.

M. PHYSICAL EXAMINATION

- 1. Date of last physical examination
- 2. Current weight (kg) (To convert pounds to kilograms, multiply by 0.454.)
- 3. Change in weight since previous exam (kg) (CIRCLE + OR -)
- 4. What is the patient's desired weight (kg)?
- 5. Is the patient less than 18 years old? If NO, skip to Question 8.
- 6. Current height (cm) (To convert inches to centimeters, multiply by 2.54.)
- 7. Has patient failed to maintain normal growth and development (see Manual of Operations Chapter for definition)?
- 8. Pulse (bpm)
- 9. Sitting blood pressure (RIGHT ARM)
 - a) Systolic (mm Hg)
 - b) Diastolic (mm Hg)
 - c) Has hypertension been previously documented and has the Notification of Intercurrent Form been completed and sent to the Coordinating Center?

BAPEDATE ²⁴⁴
 Month Day Year ²⁴⁵
 BAWEIGHT
 + BAWTCHA ²⁴⁶
 BADESINT ²⁴⁷
 BAADPLES ²⁴⁸
 No Yes
 (1) (2)
 BAWHEIGHT ²⁴⁹
 BAGROWTH ²⁵⁰
 No Yes
 (1) (2)
 BAPULSE ²⁵¹
 BASYSTR ²⁵²
 BADIASR ²⁵³
 BAHYPDDC ²⁵⁴
 No Yes
 (1) (2)

SKIP TO QUESTION M.10

d) Is the current systolic or diastolic blood pressure so high as to be above the normal range as stated in Chapter 10 of the Manual of Operations i.e., ≥ 140 systolic or ≥ 90 diastolic?

BAHIDL P ²⁵⁵
 No Yes
 (1) (2)

IF YES, PATIENT SHOULD RETURN ON ANOTHER DAY WITHIN ONE MONTH FOR A SECOND DETERMINATION OF BLOOD PRESSURE. COMPLETE ITEMS e) THROUGH d) AT THAT TIME.

BADLPDAT ²⁵⁶
 Month Day Year
 BASYSTR2 ²⁵⁷
 BADIASR2 ²⁵⁸
 BAHYPERT ²⁵⁹
 No Yes
 (1) (2)

- e) Date of second sitting blood pressure determination
- f) Sitting blood pressure:
 - Systolic (mm Hg)
 - Diastolic (mm Hg)
- g) Does the systolic or diastolic blood pressure indicate hypertension as defined in the MOO, Chapter 10 i.e., ≥ 140 systolic or ≥ 90 diastolic?

Complete the Notification of Intercurrent Event (DCCT Form 020).

10. Injection sites (INCLUDING CATHETER SITES):

a) Lipostrophy ²⁶⁰ BALIPOAT Absent Present
 (1) (2)

b) Lipohypertrophy ²⁶¹ BALIPOHY (1) (2)

c) Inflammation ²⁶² BAINFLAM (1) (2)

2/1/2010
 10:50
 10:50

Patient ID _____

11. Abdomen:

e) Hepatomegaly	263	BAHEPATO	Absent	Present
			(1)	(2)

b) If present, how large (span)? 264 BASPAN _____ cm

12. Feet:

a) Ulcers	265	DAFOOTUL	Absent	Present
			(1)	(2)
b) Infection	266	DAFOOTIN	(1)	(2)
c) Abnormal toenails	267	DAADNTDE	(1)	(2)

Pulse -- Dorsalis pedis

d) Right	e) Left
----------	---------

Normal	Diminished	Absent	Normal	Diminished	Absent
(1)	(2)	(3)	(1)	(2)	(3)

268 DADPEDR 269 BADPEDL

Pulse -- Posterior tibial

f) Right	g) Left
----------	---------

Normal	Diminished	Absent	Normal	Diminished	Absent
(1)	(2)	(3)	(1)	(2)	(3)

270 BAPTIDR 271 BAPTIDL

13. Were any other abnormalities noted on physical examination?

No	Yes
(1)	(2)

272 BAOTHABN

Specify: _____

273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300

N. BLOOD GLUCOSE PROFILE, HEMOGLOBIN A1c, LIPID AND RENAL STUDIES

Do not complete this section at the randomization visit. Turn to the last page and sign the form.

1. Will the Profilsat be mailed to the Central Biochemistry Laboratory?

No (1) Yes (2) **BADGPI 273**

2. Why not? (CHECK ALL THAT APPLY THEN SKIP TO QUESTION N.7)

- Kit damaged after collection **274**
- Patient forgot to do collection **275**
- Patient lost kit **276**
- Patient refused to do collection **277**
- Other or unknown **278**

3. On what date were the collections performed?

Month Day Year **BACOLDAT 279**

4. On what date will the Profilsat be mailed?

Month Day Year **BAPRFDAT 280**

5. What accession number will be used on the Profilsat?

Month Day Year **BACCNO 281**

6. a. Was this profilsat supposed to have been quality-controlled?

No (1) Yes (2) **BABGPLA 282**

(1) If yes, which stick number did the patient duplicate? stick

(1) Was this the correct stick number?

No (1) Yes (2) **BABGPLA1 283**

If the patient is randomized to the Experimental Treatment Group, answer Questions N.7 and N.8; otherwise, proceed to Question N.9.

7. Did the patient perform self blood glucose monitoring on the day he/she obtained the Profilsat specimens?

No (1) Yes (2) **BADGP7 285**

Proceed to Question N.9

[Handwritten signature]

Patient ID _____

8. Using the patient's "Daily Diabetes Monitoring Record", specify the results of the self blood glucose monitoring performed on that day:

Prebreakfast	mg/dl	<u>BABGP8A</u>	<u>287</u>
90 min. p.c.	mg/dl	<u>BABGP8B</u>	<u>288</u>
Prelunch	mg/dl	<u>BABGP8C</u>	<u>289</u>
90 min. p.c.	mg/dl	<u>BABGP8D</u>	<u>290</u>
Presupper	mg/dl	<u>BABGP8E</u>	<u>291</u>
90 min. p.c.	mg/dl	<u>BABGP8F</u>	<u>292</u>
Bedtime	mg/dl	<u>BABGP8G</u>	

9. The quarterly blood sample is to be taken for HbA1c measurement.

a) HbA1c accession number: BANDACCS ²⁹³
 b) Date specimen collected: BANDDATE ²⁹⁴

10. Will lipid specimens be mailed to the Central Biochemistry Laboratory (due to intercurrent event or additional draw for elevated LDL cholesterol or triglycerides)?

No Yes
 (1) (2) BALIPID ²⁹⁵

Proceed to Question N.13

11. On what date will the specimens be drawn?

Month Day Year
BALPDATE ²⁹⁶

12. What accession number will be used?

L - - - - -
BALPACCS ²⁹⁷

13. Will renal studies specimens be mailed to the Central Biochemistry Laboratory (due to intercurrent event)?

No Yes
 (1) (2) BARENAL ²⁹⁸

Proceed to end of form and sign

14. On what date will the specimens be collected?

Month Day Year
BARENDAT ²⁹⁹

15. What accession number will be used?

S and U - - - - -
BAREACCS ³⁰⁰

Name of person responsible for information on this form:

CERTIF ³⁰¹

WEEKND ³⁰²

REMINDER: The Notification of Intercurrent Event (DCCT Form 020) must be completed if the patient has experienced any of the intercurrent events Category 1 or Category 2 listed in Chapter 10 of the DCCT Manual of Operations for Hypoglycemic Episodes. Complete the Notification of Hypoglycemic Intercurrent Event (DCCT Form 083) and Further Details of Hypoglycemic Event (Form 092) as well.

[Handwritten signature]

CONTENTS PROCEDURE

Data Set Name: DCEXPORT.F0217
 Member Type: DATA
 Engine: V608
 Created: 15:16 Friday, December 1, 1995
 Last Modified: 15:17 Friday, December 1, 1995
 Protection:
 Data Set Type:
 Label:

Observations: 9892
 Variables: 298
 Indexes: 0
 Observation Length: 746
 Deleted Observations: 0
 Compressed: NO
 Sorted: YES

-----Engine/Host Dependent Information-----
 Data Set Page Size: 16384
 Number of Data Set Pages: 474
 File Format: 607
 First Data Page: 3
 Max Obs per Page: 21
 Obs in First Data Page: 15
 Userid : ONITE1
 File : F0217 DCEXPORT

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
280	BAABNTOE	Num	2	702		FRET: ABNORMAL TOENAILS
3	BAACCNO	Num	4	6		ACCESSION NUMBER USED ON PROFILSET
268	BAADOLES	Num	2	678		LESS THAN 18 YEARS OLD
286	BABGP1	Num	2	714		PROFILSET MAILED TO CBL
295	BABGP7	Num	2	732		PERFORM SBGM ON DAY OBTAINED SPECIMENS
287	BABGP2A	Num	2	716		NOT MAILED: KIT DAMAGED
288	BABGP2B	Num	2	718		NOT MAILED: PATIENT FORGOT TO COLLECT
289	BABGP2C	Num	2	720		NOT MAILED: PATIENT LOST KIT
290	BABGP2D	Num	2	722		NOT MAILED: PATIENT REFUSED TO COLLECT
291	BABGP2E	Num	2	724		NOT MAILED: OTHER OR UNKNOWN
292	BABGP6A	Num	2	726		PROFILSET QUALITY-CONTROLLED
293	BABGP6A1	Num	2	728		PROFILSET QC-STICK NO. DUPLICATED
294	BABGP6A2	Num	2	730		PROFILSET QC-WAS CORRECT STICK USED
58	BABGP8A	Num	3	229		RESULTS OF SBGM-PREBREAKFAST
59	BABGP8B	Num	3	232		RESULTS OF SBGM-90 MIN. PRELUNCH
60	BABGP8C	Num	3	235		RESULTS OF SBGM-PRELUNCH
61	BABGP8D	Num	3	238		RESULTS OF SBGM-90 MIN. PRELUNCH
62	BABGP8E	Num	3	241		RESULTS OF SBGM-PRESUPPER
63	BABGP8F	Num	3	244		RESULTS OF SBGM-90 MIN. PRESUPPER
64	BABGP8G	Num	3	247		RESULTS OF SBGM-BEDTIME
19	BABLPDAT	Char	6	94		DATE SECOND SITTING BLOOD PRESSURE
87	BABPLEN	Num	2	316		TYPE OF INSULIN-BEEF/PORK LENTE
86	BABPNPH	Num	2	314		TYPE OF INSULIN-BEEF/PORK NPH
84	BABPREG	Num	2	310		TYPE OF INSULIN-BEEF/PORK REGULAR
85	BABPSEMI	Num	2	312		TYPE OF INSULIN-BEEF/PORK SEMILENTE
88	BABPULT	Num	2	318		TYPE OF INSULIN-BEEF/PORK ULTRALENTE
20	BACOLDAT	Char	6	100		DATE PROFILSET COLLECTED
189	BADC2	Num	2	520		FREQ. DAYS-MODERATE OR LARGE KETONURIA
184	BADC1A	Num	2	510		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1
185	BADC1B	Num	2	512		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2
186	BADC1C	Num	2	514		ON AVERAGE, NO. 8 OZ. GLASSES DAILY

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
187	BADC1D	Num	2	516		FREQUENCY OF DKA
188	BADC1E	Num	2	518		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
190	BADC2A	Num	2	522		MODERATE/LARGE KETONUR. -CHANGE ROUTINE
191	BADC2B	Num	2	524		MODERATE/LARGE KETONUR. -DUE TO ILLNESS
192	BADC2C	Num	2	526		MODERATE/LARGE KETONUR. -EQUIPM. FAILED
193	BADC2D	Num	2	528		MODERATE/LARGE KETONUR. -SPONTANEOUS
194	BADC3A	Num	2	530		PATIENT FEMALE
195	BADC3B1	Num	2	532		VAGINAL ITCHING OR DISCHARGE
196	BADC3B2	Num	2	534		PATIENT TREATED FOR VAGINAL ITCHING
197	BADC3C1	Num	2	536		DOES PATIENT MENSTRUATE
17	BADC3C2	Char	6	82		DATE OF LAST MENSTRUAL PERIOD
198	BADC3D1	Num	2	538		LAST MENSTRUAL PERIOD > 5 WKS. AGO
199	BADC3D2	Num	2	540		WAS PREGNANCY TEST PERFORMED
200	BADC3D3	Num	2	542		DID TEST INDICATE PREGNANCY
201	BADC4A	Num	2	544		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
202	BADC4B1	Num	2	546		HYPOG. -LOST CONSCIOUS. W/OUT SEIZURE
203	BADC4B2	Num	2	548		HYPOG. -LOST CONSCIOUS. WITH SEIZURE
204	BADC4C1	Num	2	550		HYPOG. -REQUIRED PROF. MEDICAL HELP
205	BADC4C2	Num	2	552		HYPOG. -REQUIRE HELP OF ANOTHER PERSON
206	BADC4C3	Num	2	554		HYPOG. -NOT NEED DOCTOR OR OTHER PERSON
207	BADC4D1	Num	2	556		FREQUENCY RECEIVE GLUCAGON
208	BADC4D2	Num	2	558		FREQUENCY RECEIVE IV GLUCOSE
209	BADC4D3	Num	2	560		EPISODES RESULT IN INJURY-PT/OTHERS
210	BADC4E	Num	2	562		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
211	BADC4F1	Num	2	564		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
212	BADC4F2A	Num	2	566		REASON HYPOG; MISSED MEAL OR SNACK
213	BADC4F2B	Num	2	568		REASON HYPOG; DECREASED FOOT INTAKE
214	BADC4F2C	Num	2	570		REASON HYPOG; INCREASED EXERCISE LEVEL
215	BADC4F2D	Num	2	572		REASON HYPOG; TOO MUCH INSULIN TAKEN
216	BADC4F2E	Num	2	574		REASON HYPOG; LACK EARLY WARNING-LOW BG
217	BADC4F2F	Num	2	576		REASON HYPOGLYCEMIA; OTHER
218	BADC4F2G	Num	2	578		REASON HYPOGLYCEMIA; UNEXPLAINED
219	BADC4F3A	Num	2	580		SYMPTOMS W HYPOG; ADRENERGIC WARNING
220	BADC4F3B	Num	2	582		SYMPTOMS W HYPOG; DIAPHORESIS(SWEAT)
221	BADC4F3C	Num	2	584		SYMPTOMS W HYPOG; ALTER. MENTAL STATUS
222	BADC4F3D	Num	2	586		SYMPTOMS WITH MILD HYPOGLYCEMIA; OTHER
223	BADC4F3E	Num	2	588		SYMPTOMS WITH MILD HYPOGLYCEMIA; NONE
66	BADES1WT	Num	8	253		PATIENT'S DESIRED WEIGHT
55	BADIASR	Num	3	220		FIRST BLOOD PRESSURE-DIASTOLIC
57	BADIASR2	Num	3	226		SECOND BLOOD PRESSURE-DIASTOLIC
122	BADM5	Num	2	386		DESCRIBE INSULIN REGIMEN
135	BADM8	Num	2	412		SUSPECT REPORTED GLUCOSE INACCURATE
157	BADM12	Num	2	456		PERFORM>GLUC. MONITOR. THAN PRESCRIBED
156	BADM32	Num	2	454		DM 3 INJ. -MORE SBGM THAN PRESCRIBED
38	BADM1BBD	Num	3	169		DM 1 INJ. -BLOOD DONE BEFORE BREAKFAST
39	BADM1BBS	Num	3	172		DM 1 INJ. -BLOOD SHOULD DO BEFORE BREAK
46	BADM1BDD	Num	3	193		DM 1 INJ. -BLOOD DONE BEFORE DINNER
47	BADM1BDS	Num	3	196		DM 1 INJ. -BLOOD SHOULD DO BEFORE DINNER
50	BADM1BED	Num	3	205		DM 1 INJ. -BLOOD DONE BEFORE BEDTIME
51	BADM1BES	Num	3	208		DM 1 INJ. -BLOOD SHOULD DO BEFORE BEDTIME
42	BADM1BLD	Num	3	181		DM 1 INJ. -BLOOD DONE BEFORE LUNCH
43	BADM1BLS	Num	3	184		DM 1 INJ. -BLOOD SHOULD DO BEFORE LUNCH
36	BADM1UBD	Num	3	163		DM 1 INJ. -URINE DONE BEFORE BREAKFAST

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
37	BADM1UBS	Num	3	166		DM 1 INJ. -URINE SHOULD DO BEFORE BREAK.
44	BADM1UDD	Num	3	187		DM 1 INJ. -URINE DONE BEFORE DINNER
45	BADM1UDS	Num	3	190		DM 1 INJ. -URINE SHOULD DO BEFORE DINNER
48	BADM1UED	Num	3	199		DM 1 INJ. -URINE DONE BEFORE BEDTIME
49	BADM1UES	Num	3	202		DM 1 INJ. -URINE SHOULD DO BEFORE BEDTIME
40	BADM1ULD	Num	3	175		DM 1 INJ. -URINE DONE BEFORE LUNCH
41	BADM1ULS	Num	3	178		DM 1 INJ. -URINE SHOULD DO BEFORE LUNCH
32	BADM3BED	Num	3	151		DM 3 INJ. -BLOOD DONE BEFORE BEDTIME
33	BADM3BES	Num	3	154		DM 3 INJ. -BLOOD SHOULD DO PRE-BEDTIME
26	BADM3BRD	Num	3	133		DM 3 INJ. -BLOOD DONE BEFORE BREAK.
27	BADM3BRS	Num	3	136		DM 3 INJ. -BLOOD SHOULD DO BEFORE BREAK.
30	BADM3DID	Num	3	145		DM 3 INJ. -BLOOD DONE BEFORE DINNER
31	BADM3DIS	Num	3	148		DM 3 INJ. -BLOOD SHOULD DO PRE-DINNER
28	BADM3LUD	Num	3	139		DM 3 INJ. -BLOOD DONE BEFORE LUNCH
29	BADM3LUS	Num	3	142		DM 3 INJ. -BLOOD SHOULD DO BEFORE LUNCH
34	BADM33AD	Num	3	157		DM 3 INJ. -BLOOD DONE AT 3 A.M.
35	BADM33AS	Num	3	160		DM 3 INJ. -BLOOD SHOULD DO AT 3 A.M.
123	BADM6A	Num	2	388		UNITS BASAL INSULIN INFUSED DAILY
124	BADM6B	Num	2	390		DIFFERENT BASAL RATES USED/DAY
125	BADM6C	Num	2	392		TECHN. PROBLEMS-INSULIN INFUSION PUMP
126	BADM7A	Num	2	394		PRESCRIBED CHANGE IN INSULIN REGIMEN
127	BADM7A1	Num	2	396		CHANGE DOSE-SYMT. POLYURIA,POLYDIPSIA
128	BADM7A2	Num	2	398		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.
129	BADM7A3	Num	2	400		CHANGE DOSE-RECURRENT KETONURIA
130	BADM7A4	Num	2	402		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
131	BADM7A5	Num	2	404		CHANGE DOSE-OREGBABCT
132	BADM7A6	Num	2	406		CHANGE DOSE-OTHER
133	BADM7B1	Num	2	408		SELF BLOOD GLUCOSE MONITORING
134	BADM7B2	Num	2	410		URINE GLUCOSE MONITORING
282	BADPEDL	Num	2	706		FEET: PULSE DORSALIS PEDIA-LEFT
281	BADPEDR	Num	2	704		FEET: PULSE DORSALIS PEDIA-RIGHT
136	BADV1	Num	2	414		SINCE LAST VISIT-DEVIATION FROM TREATM.
137	BADV1A	Num	2	416		CURRENTLY ON DEVIATION FROM TREATMENT
8	BADV1A1	Char	6	28		DATE-TERMINATION OF DEVIATION
9	BADV1A2	Char	6	34		NEW DEVIATION, DATE F022
279	BAFOOTIN	Num	2	700		FEET: INFECTION
278	BAFOOTUL	Num	2	698		FEET: ULCERS
89	BAGROUP	Num	2	320		WHAT GROUP PATIENT RANDOMIZED
269	BAGROWTH	Num	2	680		FAILED TO MAINTAIN NORMAL GROWTH
4	BAHBACCS	Num	2	10		HBA1C ACCESSION NUMBER
68	BAHEIGHT	Char	6	112		DATE HBA1C SPECIMEN COLLECTED
276	BAHEPATO	Num	2	269		CURRENT HEIGHT (CM)
271	BAHIBLP	Num	2	694		ABDOMEN: HEPATOMEGALY
83	BAHU7030	Num	2	684		1ST BL PRESS. INDICATE HYPERTENSION
79	BAHULEN	Num	2	300		TYPE OF INSULIN-HUMAN 70/30
77	BAHUNPH	Num	2	296		TYPE OF INSULIN-HUMAN LENTE
73	BAHUREG	Num	2	288		TYPE OF INSULIN-HUMAN NPH
75	BAHUSEMI	Num	2	292		TYPE OF INSULIN-HUMAN REGULAR
81	BAHUULT	Num	2	304		TYPE OF INSULIN-HUMAN SEMILENTE
270	BAHYPDOG	Num	2	682		TYPE OF INSULIN-HUMAN ULTRALENTE
272	BAHYPERT	Num	2	686		HYPERTENSION BEEN PREV. DOCU.
275	BAINFLAM	Num	2	692		2ND BL PRESS. INDICATE HYPERTENSION INJECTION SITES: INFLAMMATION

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
90	BAINREG	Num	2	322		CURRENT INSULIN REGIMEN
138	BALS1	Num	2	418		SINCE LAST VISIT-ON INACTIVE STATUS
139	BALS1A	Num	2	420		CURRENTLY ON TRANSFER TO INACTIVE STATUS
10	BALS1A1	Char	6	40		DATE OF RETURN TO ACTIVE STATUS
11	BALS1A2	Char	6	46		NEW TRANSFER-INACTIVE STATUS-DATE F016
110	BALENBEB	Num	2	362		UNITS LENTE INSULIN USED-BEDTIME
107	BALENBRK	Num	2	356		UNITS LENTE INSULIN USED-BREAKFAST
108	BALENLON	Num	2	358		UNITS LENTE INSULIN USED LUNCH
111	BALENOTH	Num	2	364		UNITS LENTE INSULIN USED-OTHER
109	BALENSUP	Num	2	360		UNITS LENTE INSULIN USED-SUPPER
296	BALIPID	Num	2	734		WILL LIPIDS BE MAILED TO CBL
273	BALIPOAT	Num	2	688		INJECTION SITES: LIPOATROPHY
274	BALIPOHY	Num	2	690		INJECTION SITES: LIPOHYPERTROPHY
5	BALPACCS	Num	4	14		ACCESSION NUMBER FOR LIPID SPECIMENS
23	BALPDATE	Char	6	118		DATE LIPID SPECIMENS WILL BE DRAWN
140	BAMDF1	Num	2	422		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
141	BAMDF2	Num	2	424		CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE
142	BAMDT1	Num	2	426		SINCE LAST VISIT, FT. MODIF. THERAPY?
149	BAMDT2	Num	2	440		EXP.-ON MODIFIED TREATMENT PROTOCOL
16	BAMDTRET	Char	6	76		EXP.-DATE RETURNED TO GOALS OF EXPER.
143	BAMDT1A	Num	2	428		GLUC MONITOR. > FREQ. THAN PROTOCOL
144	BAMDT1A1	Num	2	430		SBGM > SPECIFIED IN PROTOCOL
145	BAMDT1A2	Num	2	432		UGM > SPECIFIED IN PROTOCOL
146	BAMDT1B	Num	2	434		> 2 INJECTIONS INSULIN DAILY
12	BAMDT1B1	Char	6	52		DATE REC'D PERMIT MODIFIED REGIMEN
13	BAMDT1B2	Char	6	58		DATE NEW REGIMEN STARTED
147	BAMDT1C	Num	2	436		CURRENTLY USE > 2 INJECTIONS DAILY
14	BAMDT1C1	Char	6	64		DATE RETURN--1 TO 2 DAILY INJECTIONS
148	BAMDT1D	Num	2	438		OTHER MODIFICATION TO THERAPY
150	BAMDT2A	Num	2	442		EXP.-LESS FREQUENT VISIT SCHEDULE
151	BAMDT2B	Num	2	444		EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE
152	BAMDT2B1	Num	2	446		EXP.-FREQ. OF SBGM<REQUIRED MINIMUM
153	BAMDT2C	Num	2	448		EXP.-INSTRUCT LESS STRICT GOALS THERAPY
15	BAMDT2C3	Char	6	70		EXP.-DATE NEW GOALS BECAME EFFECTIVE
154	BAMDT2C4	Num	2	450		EXP.-STATED GOALS IN EFFECT AT PRESENT
155	BAMDT2D	Num	2	452		EXP.-OTHER MODIFICATION
158	BANA1A	Num	2	458		NA-FREQ. CLAIMED FOLLOWED MEAL PLAN
159	BANA1B	Num	2	460		NA-PATTERN OF EATING--EATING DISORDER
160	BANA1C1	Num	2	462		NA-NO. OF ILL. (INTERCURRENT OR NOT)
161	BANA1C2	Num	2	464		FAILED TO ADJUST INSULIN DOSE AS PRESC.
162	BANA1D	Num	2	466		NA-USED TYPE OF INSULIN NOT PRESCRIBED
163	BANA1E	Num	2	468		NA-ROTATING SITE OF INJECTION
164	BANA1F	Num	2	470		NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS
165	BANA1G1	Num	2	472		NA-NO. INTERCURRENT EVENTS
166	BANA1G2	Num	2	474		NA-INTERCURR. EVENTS NO REPORT ON TIME
167	BANA1H	Num	2	476		NA-FAILED TO BRING IN DAILY RECORD
168	BANA1I1	Num	2	478		NA-PATIENT PERFORM SBGM
169	BANA1I2	Num	2	480		NA-USE SBGM TO ADJUST INSULIN DOSAGE
170	BANA1I3	Num	2	482		NA-PERFORM SBGM > ONCE/DAYFOR 7
171	BANA2A	Num	2	484		NA-STD: >PRESCRIBED UNITS OF INSULIN
172	BANA2B	Num	2	486		NA-STD: EXTRA INJECTIONS OF INSULIN
173	BANA2C	Num	2	488		NA-STD: FEWER INJECTIONS OF INSULIN
174	BANA2D	Num	2	490		NA-STD: FAILED TO TAKE PRESCRIBED DOSE

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
65	BANA2E	Num	3	250		NA-STD: NOT DONE 2 URINE OR 1 SEGM/DAY
175	BANA2F1	Num	2	492		NA-STD: PATIENT BEEN ILL
176	BANA2F2	Num	2	494		NA-STD:SICK-NO TEST/RECORD URINE ACETO.
177	BANA3A	Num	2	496		NA-EXP: NOT TAKE PRESCRIBED DELIVERY
178	BANA3B	Num	2	498		NO. OF TIME NO TEST AT 3 A.M.
179	BANA3C	Num	2	500		NO. OF TIMES NO REPORT LOW BG TO CLINIC
180	BANA3D	Num	2	502		NO MONITOR URINE ACETONE WHEN BG>240
181	BANA4A	Num	2	504		NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG
182	BANA4B	Num	2	506		NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG
183	BANA4C	Num	2	508		NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG
105	BANPHBED	Num	2	352		UNITS NPH INSULIN USED BEDTIME
102	BANPHBRK	Num	2	346		UNITS NPH INSULIN USED-BREAKFAST
103	BANPHLUN	Num	2	348		UNITS NPH INSULIN USED-LUNCH
106	BANPHOTH	Num	2	354		UNITS NPH INSULIN USED-OTHER
104	BANPHSUP	Num	2	350		UNITS NPH INSULIN USED-SUPPER
285	BAOTHABN	Num	2	712		OTHER ABNORMALITIES ON PHYSICAL EXAM
18	BAPEDATE	Char	6	88		DATE LAST PHYSICAL EXAMINATION
82	BAPO7030	Num	2	306		TYPE OF INSULIN-PORK 70/30
80	BAPOLEN	Num	2	302		TYPE OF INSULIN-PORK LENTE
78	BAPONPH	Num	2	298		TYPE OF INSULIN-PORK NPH
74	BAPOREG	Num	2	290		TYPE OF INSULIN-PORK REGULAR
76	BAPOSEMI	Num	2	294		TYPE OF INSULIN-PORK SEMILENTE
21	BAPRFDAT	Char	6	106		DATE PROFILSET WILL BE MAILED
284	BAPTIBL	Num	2	710		FEET: POSTERIOR TIBIAL-LEFT
283	BAPTIER	Num	2	708		FEET: POSTERIOR TIBIAL-RIGHT
53	BAPULSE	Num	3	214		PULSE (BPM)
7	BAQRDAT	Char	6	22		DATE OF LAST COMPLETED VISIT
261	BARC6	Num	2	664		MINOR OUTPATIENT SURGERY/INCIDENTAL
262	BARC7	Num	2	666		ENTERCURRENT ENDOCRINE EVENT
263	BARC8	Num	2	668		ADVERSE PSYCHOSOCIAL REACTION
225	BARC1A	Num	2	592		OPHTH:BLURRED/REDUCED VISION-LEFT EYE
224	BARC1A	Num	2	590		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE
227	BARC1B	Num	2	596		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
226	BARC1B	Num	2	594		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
229	BARC1C	Num	2	600		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
228	BARC1C	Num	2	598		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
230	BARC1D	Num	2	602		WILL BE SENT TO OPTH. SPECIAL VISIT
231	BARC2A	Num	2	604		NEUR: PAIN/NUMBNESS IN HANDS/FEET
232	BARC2B	Num	2	606		NEUR: UNEXPLAINED MUSCLE WEAKNESS
233	BARC2C	Num	2	608		NEUR: VOMITING/BLOATING AFTER MEALS
234	BARC2D	Num	2	610		NEUR: RECURRENT DIARRHEA
235	BARC2E	Num	2	612		NEUR: URINARY RETENTION
236	BARC2F	Num	2	614		NEUR: DIZZINESS/LIGHTHEADEDNESS
237	BARC2G	Num	2	616		NEUR: FAINTING (NOT WITH HYPOG.)
238	BARC2H	Num	2	618		NEUR: SEIZURE (NOT DUE TO HYPOG.)
239	BARC2I	Num	2	620		NEUR: IMPOTENCE
240	BARC2J	Num	2	622		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROF.
241	BARC2K	Num	2	624		NEUR: OTHER NEUROLOGICAL PROBLEM
242	BARC2L	Num	2	626		NEUR: WILL GO TO NEUROL. FOR VISIT
243	BARC3A	Num	2	628		RENAL: EDEMA
244	BARC3B	Num	2	630		RENAL: OTHER RENAL PROBLEM
245	BARC4A	Num	2	632		VASCULAR: SHORTNESS OF BREATH
246	BARC4B	Num	2	634		VASCULAR: CONGESTIVE HEART DISEASE

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
247	BARC4C	Num	2	636		VASCULAR: IMPAIRED PERIPH. VASCULAR CIRC
248	BARC4D	Num	2	638		VASCULAR: CHEST PAIN
249	BARC4D1	Num	2	640		VASCULAR: CHEST PAIN-CLINICAL ANGINA
250	BARC4E	Num	2	642		VASCULAR: SUSPECTED NON-ACUTE MI
251	BARC4F	Num	2	644		VASCULAR: TRANSIENT ISCHEMIC ATTACK
252	BARC4G	Num	2	646		VASCULAR: OTHER VASCULAR PROBLEM
253	BARC5A	Num	2	648		INFECT: URINARY TRACT INFECTION
254	BARC5B	Num	2	650		INFECT: UPPER/LOWER RESPIRATORY TRACT
255	BARC5C	Num	2	652		INFECT: GASTROENTERITIS
256	BARC5D	Num	2	654		INFECT: CUTANEOUS/MUCOCUTANEOUS
257	BARC5E	Num	2	656		INFECT: POST-OPERATIVE OR DEEP WOUND
258	BARC5F	Num	2	658		INFECT: GANGRENE
259	BARC5G	Num	2	660		INFECT: OTHER-MONONUCLEOSIS, MEASLES
260	BARC5H	Num	2	662		INFECT: AT INSERTION SITE
264	BARC9A	Num	2	670		OTHER MEDICAL PROBLEMS/DIFFICULTIES
6	BAREACCS	Num	4	18		ACCESSION NUMBER FOR RENAL SPECIMENS
95	BAREGBED	Num	2	332		UNITS REGULAR INSULIN USED-BEDTIME
92	BAREGBRK	Num	2	326		UNITS REGULAR INSULIN USED-BREAKFAST
93	BAREGLUN	Num	2	328		UNITS REGULAR INSULIN USED-LUNCH
96	BAREGOTH	Num	2	334		UNITS REGULAR INSULIN USED-OTHER
91	BAREGPR	Num	2	324		IS THIS REGIMEN PRESCRIBED BY CLINIC
94	BAREGSUP	Num	2	330		UNITS REGULAR INSULIN USED-SUPPER
297	BARENAL	Num	2	736		WILL RENAL SPEC. BE MAILED TO CBL
24	BARENDAT	Char	6	124		DATE RENAL SPEC. WILL BE COLLECTED
70	BARESCHD	Num	2	282		NECESSARY TO RESCHEDULE VISIT
52	BARX1	Num	3	211		Rx: NO. ASPIRIN-CONTAINING TABLETS
265	BARX2	Num	2	672		Rx: HAS USED OR IS USING PRESCRIPTION
266	BARX3	Num	2	674		Rx: USED OVER-THE-COUNTER DRUGS
267	BARX4	Num	2	676		Rx: VITAMIN SUPPLEMENTS-REGULARLY
71	BASCHDNO	Num	2	284		NO. OF TIMES RESCHEDULED VISIT
100	BASEMBED	Num	2	342		UNITS SEMILENTE INSULIN USED-BEDTIME
97	BASEMBRK	Num	2	336		UNITS SEMILENTE INSULIN USED-BREAKFAST
98	BASEMLUN	Num	2	338		UNITS SEMILENTE INSULIN USED-LUNCH
101	BASEMOTH	Num	2	344		UNITS SEMILENTE INSULIN USED-OTHER
99	BASEMSUP	Num	2	340		UNITS SEMILENTE INSULIN USED-SUPPER
277	BASPAN	Num	2	696		ABDOMEN: IF HEPATOMEGALY, SIZE SPAN
54	BASYSTR	Num	3	217		FIRST BLOOD PRESSURE-SYSTOLIC
56	BASYSTR2	Num	3	223		SECOND BLOOD PRESSURE-SYSTOLIC
25	BATOTUNT	Num	3	130		TOTAL NUMBER OF UNITS/DAY OF INSULIN
115	BAULTBED	Num	2	372		UNITS ULTRALENTE INSULIN USED-BEDTIME
112	BAULTBRK	Num	2	366		UNITS ULTRALENTE INSULIN USED-BREAKFAST
113	BAULTLUN	Num	2	368		UNITS ULTRALENTE INSULIN USED-LUNCH
116	BAULTOTH	Num	2	374		UNITS ULTRALENTE INSULIN USED-OTHER
114	BAULTSUP	Num	2	370		UNITS ULTRALENTE INSULIN USED-SUPPER
72	BAVSITNO	Num	2	286		FOLLOW-UP VISIT NUMBER
67	BAWEIGHT	Num	8	261		CURRENT WEIGHT (KG)
69	BAWTCHA	Char	5	277		CHANGE IN WEIGHT (KG)
120	BA7030BE	Num	2	382		UNITS 70/30 INSULIN USED-BEDTIME
117	BA7030BR	Num	2	376		UNITS 70/30 INSULIN USED-BREAKFAST
118	BA7030LU	Num	2	378		UNITS 70/30 INSULIN USED-LUNCH
121	BA7030OT	Num	2	384		UNITS 70/30 INSULIN USED-OTHER
119	BA7030SU	Num	2	380		UNITS 70/30 INSULIN USED-SUPPER
2	FORM	Num	3	3		DCCT FORM NUMBER

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
1	FSASDATE	Num	3	0	MMDYY8.	FORMDATE AS SAS DATE VALUE
298	MASK_PAT	Num	8	738		Patient ID number

-----Sort Information-----

Sortedby: MASK_PAT
 Validated: YES
 Character Set: EBCDIC

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Conventional -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BATOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	2592	9	13.000	48.825	17.252	181.000
BADM3BRD	DM 3 INJ. -BLOOD DONE BEFORE BREAKFAST	87	2514	0.000	82.816	23.982	125.000
BADM3BRS	DM 3 INJ. -BLOOD SHOULD DO BEFORE BREAK.	88	2513	23.000	89.227	18.090	125.000
BADM3LUD	DM 3 INJ. -BLOOD DONE BEFORE LUNCH	85	2516	0.000	72.435	31.922	119.000
BADM3LUS	DM 3 INJ. -BLOOD SHOULD DO BEFORE LUNCH	86	2515	0.000	80.140	30.676	125.000
BADM3DID	DM 3 INJ. -BLOOD DONE BEFORE DINNER	85	2516	10.000	81.424	23.313	122.000
BADM3DIS	DM 3 INJ. -BLOOD SHOULD DO PRE-DINNER	87	2514	0.000	87.161	21.670	125.000
BADM3BED	DM 3 INJ. -BLOOD DONE BEFORE BEDTIME	85	2516	0.000	76.082	27.207	112.000
BADM3BES	DM 3 INJ. -BLOOD SHOULD DO PRE-BEDTIME	87	2514	0.000	85.954	23.511	125.000
BADM33AD	DM 3 INJ. -BLOOD DONE AT 3 A.M.	86	2515	0.000	10.453	16.828	99.000
BADM33AS	DM 3 INJ. -BLOOD SHOULD DO AT 3 A.M.	87	2514	0.000	13.931	14.694	99.000
BADM1UBD	DM 1 INJ. -URINE DONE BEFORE BREAKFAST	1596	1005	0.000	34.752	40.526	140.000
BADM1UBS	DM 1 INJ. -URINE SHOULD DO BEFORE BREAK.	1646	955	0.000	48.304	45.334	326.000
BADM1BBD	DM 1 INJ. -BLOOD DONE BEFORE BREAKFAST	1941	660	0.000	51.505	38.726	204.000
BADM1BBS	DM 1 INJ. -BLOOD SHOULD DO BEFORE BREAK	2005	596	0.000	60.218	40.044	224.000
BADM1ULD	DM 1 INJ. -URINE DONE BEFORE LUNCH	1556	1045	0.000	29.545	37.579	130.000
BADM1ULS	DM 1 INJ. -URINE SHOULD DO BEFORE LUNCH	1611	990	0.000	50.049	45.289	326.000
BADM1BLD	DM 1 INJ. -BLOOD DONE BEFORE LUNCH	1491	1110	0.000	8.986	18.425	124.000
BADM1BLS	DM 1 INJ. -BLOOD SHOULD DO BEFORE LUNCH	1549	1052	0.000	9.807	20.649	124.000
BADM1LUD	DM 1 INJ. -URINE DONE BEFORE DINNER	1577	1024	0.000	34.263	39.027	176.000
BADM1LUS	DM 1 INJ. -URINE SHOULD DO BEFORE DINNER	1624	977	0.000	54.641	44.801	326.000
BADM1BDD	DM 1 INJ. -BLOOD DONE BEFORE DINNER	1537	1064	0.000	23.167	31.355	156.000
BADM1BDS	DM 1 INJ. -BLOOD SHOULD DO BEFORE DINNER	1594	1007	0.000	20.895	31.723	160.000
BADM1UES	DM 1 INJ. -URINE DONE BEFORE BEDTIME	1566	1035	0.000	33.446	39.175	128.000
BADM1UES	DM 1 INJ. -URINE SHOULD DO BEFORE BEDTIME	1619	982	0.000	50.813	45.279	326.000
BADM1BED	DM 1 INJ. -BLOOD DONE BEFORE BEDTIME	1490	1111	0.000	11.828	22.099	130.000
BADM1BES	DM 1 INJ. -BLOOD SHOULD DO BEFORE BEDTIME	1545	1056	0.000	11.564	22.724	124.000
BARX1	Rx: NO. ASPIRIN-CONTAINING TABLETS	2598	3	0.000	7.936	20.854	360.000
BAPULSE	PULSE (BPM)	2545	56	32.000	75.032	10.537	120.000
BASYSTR	FIRST BLOOD PRESSURE-SYSTOLIC	2589	12	80.000	114.080	11.699	170.000
BADIASR	FIRST BLOOD PRESSURE-DIASTOLIC	2588	13	48.000	73.942	8.670	118.000
BASYSTR2	SECOND BLOOD PRESSURE-SYSTOLIC	31	2570	90.000	130.677	16.530	177.000
BADIASR2	SECOND BLOOD PRESSURE-DIASTOLIC	31	2570	62.000	86.000	10.437	108.000
BABGF8A	RESULTS OF SBGM-PREBREAKFAST	16	2585	67.000	129.625	60.980	270.000
BABGF8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	12	2589	62.000	144.917	66.074	266.000
BABGF8C	RESULTS OF SBGM-PRELUNCH	16	2585	43.000	116.813	74.611	312.000
BABGF8D	RESULTS OF SBGM-90 MIN. PRELUNCH	13	2588	49.000	113.231	74.393	345.000
BABGF8E	RESULTS OF SBGM-PRESUPPER	16	2585	37.000	116.063	83.323	353.000
BABGF8F	RESULTS OF SBGM-90 MIN. PRESUPPER	13	2588	0.000	121.769	66.760	238.000
BABGF8G	RESULTS OF SBGM-BEDTIME	16	2585	44.000	135.750	59.341	236.000
BANA2E	NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY	2440	161	0.000	13.652	28.617	326.000
BADES1WT	PATIENT'S DESIRED WEIGHT	2588	13	5.900	69.946	12.224	167.000
BAWEIGHT	CURRENT WEIGHT (KG)	2587	14	45.000	74.509	12.897	122.300
BAHEIGHT	CURRENT HEIGHT (CM)	72	2529	152.100	170.046	8.413	195.500
BARESCHD	NECESSARY TO RESCHEDULE VISIT	2599	2	1.000	1.182	0.386	2.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Conventional -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BASCHDNO	NO. OF TIMES RESCHEDULED VISIT	469	2132	0.000	1.284	0.786	11.000
BAVSITNO	FOLLOW-UP VISIT NUMBER	2601	0	5.000	18.089	7.137	37.000
BAHUREG	TYPE OF INSULIN-HUMAN REGULAR	1561	1040	1.000	1.000	0.000	1.000
BAPOREG	TYPE OF INSULIN-PORK REGULAR	525	2076	1.000	1.000	0.000	1.000
BAHUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	3	2598	1.000	1.000	0.000	1.000
BAPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	1	2600	1.000	1.000	0.000	1.000
BAHUNPH	TYPE OF INSULIN-HUMAN NPH	1484	1117	1.000	1.000	0.000	1.000
BAUNPH	TYPE OF INSULIN-PORK NPH	503	2098	1.000	1.000	0.000	1.000
BAHULEN	TYPE OF INSULIN-HUMAN LENTE	160	2441	1.000	1.000	0.000	1.000
BAPOLEN	TYPE OF INSULIN-PORK LENTE	63	2538	1.000	1.000	0.000	1.000
BAHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	27	2574	1.000	1.000	0.000	1.000
BAPO7030	TYPE OF INSULIN-PORK 70/30	1	2600	1.000	1.000	0.000	1.000
BAHU7030	TYPE OF INSULIN-HUMAN 70/30	102	2499	1.000	1.000	0.000	1.000
BABPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	231	2370	1.000	1.000	0.000	1.000
BABPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	2601	1.000	1.000	0.000	1.000
BABPNPH	TYPE OF INSULIN-BEEF/PORK NPH	162	2439	1.000	1.000	0.000	1.000
BABPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	73	2528	1.000	1.000	0.000	1.000
BABPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	22	2579	1.000	1.000	0.000	1.000
BAGROUP	WHAT GROUP PATIENT RANDOMIZED	2601	0	1.000	1.002	0.039	2.000
BAINSREG	CURRENT INSULIN REGIMEN	2601	0	1.000	2.950	0.264	4.000
BARERGR	IS THIS REGIMEN PRESCRIBED BY CLINIC	2590	11	1.000	2.006	1.265	66.000
BAREGRK	UNITS REGULAR INSULIN USED-BREAKFAST	2182	419	0.000	7.617	4.756	45.000
BAREGLUN	UNITS REGULAR INSULIN USED-LUNCH	92	2509	0.000	5.957	5.616	48.000
BAREGSUP	UNITS REGULAR INSULIN USED-SUPPER	2105	496	0.000	7.430	4.357	38.000
BAREGBED	UNITS REGULAR INSULIN USED-BEDTIME	65	2536	0.000	4.569	7.624	55.000
BAREGOTH	UNITS REGULAR INSULIN USED-OTHER	4	2597	0.000	2.500	5.000	10.000
BASEMRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	19	2582	0.000	2.263	7.117	28.000
BASEMLUN	UNITS SEMILENTE INSULIN USED-LUNCH	1	2600	0.000	0.000	0.000	0.000
BASEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	18	2583	0.000	2.667	6.049	20.000
BASEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	0	2601	0.000	0.000	0.000	0.000
BASEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	0	2601	0.000	0.000	0.000	0.000
BANPHRK	UNITS NPH INSULIN USED-BREAKFAST	2125	476	3.000	23.259	9.637	64.000
BANPHLUN	UNITS NPH INSULIN USED-LUNCH	9	2592	0.000	13.444	14.706	40.000
BANPHSUP	UNITS NPH INSULIN USED-SUPPER	1910	691	1.000	13.370	6.641	40.000
BANPHBED	UNITS NPH INSULIN USED-BEDTIME	88	2513	0.000	13.466	8.378	39.000
BANPHOTH	UNITS NPH INSULIN USED-OTHER	3	2598	0.000	13.000	18.358	34.000
BALENBRK	UNITS LENTE INSULIN USED-BREAKFAST	292	2309	0.000	24.110	10.982	55.000
BALENLUN	UNITS LENTE INSULIN USED LUNCH	2	2599	16.000	20.000	5.657	24.000
BALENSUP	UNITS LENTE INSULIN USED-SUPPER	264	2337	0.000	10.705	5.066	25.000
BALENBED	UNITS LENTE INSULIN USED-BEDTIME	12	2589	2.000	11.417	5.160	22.000
BALENOTH	UNITS LENTE INSULIN USED-OTHER	0	2601	0.000	0.000	0.000	0.000
BAULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	31	2570	0.000	15.226	11.641	54.000
BAULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	1	2600	16.000	16.000	0.000	16.000
BAULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	49	2552	0.000	13.449	8.134	31.000
BAULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	1	2600	20.000	20.000	0.000	20.000
BAULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	0	2601	0.000	0.000	0.000	0.000
BA7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	99	2502	0.000	31.778	12.683	64.000
BA7030LUN	UNITS 70/30 INSULIN USED-LUNCH	0	2601	0.000	0.000	0.000	0.000
BA7030SU	UNITS 70/30 INSULIN USED-SUPPER	96	2505	0.000	21.094	10.554	50.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Conventional -----

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
BAY030BE	UNITS 70/30 INSULIN USED-BEDTIME	5	2596	5.000	18.000	8.367	25.000
BAY0300T	UNITS 70/30 INSULIN USED-OTHER	0	2601				
BADM5	DESCRIBE INSULIN REGIMEN	202	2399	1.000	1.040	0.196	2.000
BADM6A	UNITS BASAL INSULIN INFUSED DAILY	26	2575	12.000	19.615	10.218	63.000
BADM6B	DIFFERENT BASAL RATES USED/DAY	26	2575	1.000	3.077	0.891	4.000
BADM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	24	2577	1.000	1.250	0.442	2.000
BADM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	2514	87	1.000	1.131	0.338	2.000
BADM7A1	CHANGE DOSE-SYMP. POLYURIA,POLYDIPSIA	196	2405	1.000	1.577	0.495	2.000
BADM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	206	2395	1.000	1.650	0.478	2.000
BADM7A3	CHANGE DOSE-RECURRENT KETONURIA	152	2449	1.000	1.237	0.427	2.000
BADM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	143	2458	1.000	1.070	0.256	2.000
BADM7A5	CHANGE DOSE-OREGBACT	142	2459	1.000	1.085	0.279	2.000
BADM7A6	CHANGE DOSE-OTHER	183	2418	1.000	1.415	0.494	2.000
BADM7B1	SELF BLOOD GLUCOSE MONITORING	2518	83	0.000	1.906	0.446	3.000
BADM7B2	URINE GLUCOSE MONITORING	2513	88	1.000	1.532	0.573	3.000
BADM8	SUSPECT REPORTED GLUCOSE INACCURATE	2595	6	1.000	1.184	0.571	3.000
BADM9	SINCE LAST VISIT-DEVIATION FROM TREATM.	2599	2	1.000	1.047	0.211	2.000
BADV1A	CURRENTLY ON DEVIATION FROM TREATMENT	133	2468	1.000	1.767	0.424	2.000
BAIS1	SINCE LAST VISIT-ON INACTIVE STATUS	2600	1	1.000	1.000	0.000	1.000
BAIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	6	2595	1.000	1.000	0.000	1.000
BAMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	2597	4	1.000	1.025	0.155	2.000
BAMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	1578	1023	1.000	1.030	0.172	2.000
BAMDF1	SINCE LAST VISIT, PT. MODIF. THERAPY?	2594	7	1.000	1.068	0.252	2.000
BAMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	202	2399	1.000	1.802	0.399	2.000
BAMDT1A1	SBGM > SPECIFIED IN PROTOCOL	165	2436	1.000	3.073	0.997	5.000
BAMDT1A2	UGM > SPECIFIED IN PROTOCOL	147	2454	0.000	0.578	1.110	4.000
BAMDT1B	> 2 INJECTIONS INSULIN DAILY	255	2346	1.000	1.137	0.345	2.000
BAMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	109	2492	1.000	1.294	0.458	2.000
BAMDT1D	OTHER MODIFICATION TO THERAPY	212	2389	1.000	1.288	0.454	2.000
BAMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	27	2574	1.000	1.074	0.267	2.000
BAMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	0	2601				
BAMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	0	2601				
BAMDT2B1	EXP.-FREQ. OF SBGM<REQUIRED MINIMUM	0	2601				
BAMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	0	2601				
BAMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	0	2601				
BAMDT2D	EXP.-OTHER MODIFICATION	2	2599				
BADM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	99	2502	1.000	1.000	0.000	1.000
BANAL2	PERFORM-GLUC. MONITOR. THAN PRESCRIBED	2482	119	1.000	1.152	0.413	3.000
BANAL1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	2600	1	1.000	1.361	0.630	3.000
BANAL1B	NA-PATTERN OF EATING--EATING DISORDER	2593	8	0.000	4.785	0.893	7.000
BANAL1C	NA-NO. OF ILL. (INTERCURRENT OR NOT)	2600	1	0.000	1.027	0.203	3.000
BANAL1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	1947	654	0.000	0.506	0.751	10.000
BANALD	NA-USED TYPE OF INSULIN NOT PRESCRIBED	2601	0	1.000	0.033	0.231	5.000
BANALE	NA-ROTATING SITE OF INJECTION	2600	1	1.000	1.006	0.083	3.000
BANALF	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	2530	71	1.000	1.194	0.159	3.000
BANAIG1	NA-NO. INTERCURREN EVENTS	2593	8	0.000	0.150	0.482	5.000
BANAIG2	NA-INTERCURREN. EVENTS NO REPORT ON TIME	1942	659	0.000	0.014	0.148	3.000
BANA1H	NA-FAILED TO BRING IN DAILY RECORD	2592	9	1.000	1.232	0.425	3.000
BANA1I1	NA-PATIENT PERFORM SBGM	2596	5	1.000	1.919	0.445	3.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Conventional -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BANA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	2119	482	1.000	1.251	0.477	3.000
BANA1I3	NA-PERFORM SBGM > ONCE/DAYFOR 7	2116	485	1.000	1.384	0.528	3.000
BANA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	2525	76	0.000	2.798	10.520	120.000
BANA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	2534	67	0.000	0.841	4.777	104.000
BANA2C	NA-STD: FEWER INJECTIONS OF INSULIN	2532	69	0.000	0.385	2.942	90.000
BANA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	2523	78	0.000	1.527	8.349	91.000
BANA2F1	NA-STD: PATIENT BEEN ILL	2553	48	0.000	1.946	4.609	73.000
BANA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	2308	293	0.000	0.474	2.251	43.000
BANA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	8	2593	0.000	1.250	3.536	10.000
BANA3B	NO. OF TIME NO TEST AT 3 A.M.	8	2593	0.000	4.625	5.236	12.000
BANA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	8	2593	0.000	0.000	0.000	0.000
BANA3D	NO MONITOR URINE ACETONE WHEN BG>240	8	2593	0.000	1.250	3.536	10.000
BANA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	10	2591	0.000	0.000	0.000	0.000
BANA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	10	2591	0.000	0.200	0.632	2.000
BANA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	11	2590	0.000	0.182	0.603	2.000
BADC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	2599	2	0.000	0.984	1.664	7.000
BADC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	2598	3	0.000	0.210	0.940	7.000
BADC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	2599	2	0.000	10.070	3.896	34.000
BADC1D	FREQUENCY OF DKA	2596	5	0.000	0.011	0.154	6.000
BADC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	2591	10	1.000	1.305	0.461	2.000
BADC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	2553	48	0.000	0.617	2.496	42.000
BADC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	318	2283	0.000	1.651	4.603	42.000
BADC2B	MODERATE/LARGE KETONUR.-DUE TO ILLNESS	303	2298	0.000	1.749	3.029	21.000
BADC2C	MODERATE/LARGE KETONUR.-EQUIPM. FAILED	248	2353	0.000	0.105	1.278	20.000
BADC2D	MODERATE/LARGE KETONUR.-SPONTANEOUS	303	2298	0.000	1.439	2.858	15.000
BADC3A	PATIENT FEMALE	2599	2	1.000	1.440	0.496	2.000
BADC3B1	VAGINAL ITCHING OR DISCHARGE	1152	1449	1.000	1.254	0.436	2.000
BADC3B2	PATIENT TREATED FOR VAGINAL ITCHING	291	2310	1.000	1.735	0.442	2.000
BADC3C1	DOES PATIENT MENSTRUATE	1137	1464	1.000	1.892	0.311	2.000
BADC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	1028	1573	1.000	1.066	0.249	2.000
BADC3D2	WAS PREGNANCY TEST PERFORMED	77	2524	1.000	1.532	0.502	2.000
BADC3D3	DID TEST INDICATE PREGNANCY	41	2560	1.000	1.732	0.449	2.000
BADC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	2598	3	0.000	0.039	0.039	1.000
BADC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	2601	0	0.000	0.005	0.083	2.000
BADC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	2600	1	0.000	0.068	0.068	2.000
BADC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	2600	1	0.000	0.005	0.083	2.000
BADC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	2600	1	0.000	0.004	0.071	2.000
BADC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	2600	1	0.000	0.033	0.242	5.000
BADC4D1	FREQUENCY RECEIVE GLUCAGON	155	2446	0.000	0.052	0.222	1.000
BADC4D2	FREQUENCY RECEIVE IV GLUCOSE	151	2450	0.000	0.093	0.313	2.000
BADC4D3	EPISODES RESULT IN INJURY-PT/OTHERS	126	2475	1.000	1.024	0.153	2.000
BADC4E	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	2597	4	0.000	1.091	1.598	17.000
BADC4F1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	1382	1219	1.000	1.335	0.661	3.000
BADC4F2A	REASON HYPOG: MISSED MEAL OR SNACK	226	2375	1.000	1.000	0.000	1.000
BADC4F2B	REASON HYPOG: DECREASED FOOT INTAKE	453	2148	1.000	1.000	0.000	1.000
BADC4F2C	REASON HYPOG:INCREASED EXERCISE LEVEL	664	1937	1.000	1.000	0.000	1.000
BADC4F2D	REASON HYPOG:TOO MUCH INSULIN TAKEN	117	2484	1.000	1.000	0.000	1.000
BADC4F2E	REASON HYPOG:LACK EARLY WARNING-LOW BG	6	2595	1.000	1.000	0.000	1.000
BADC4F2F	REASON HYPOGLYCEMIA: OTHER	231	2370	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Conventional -----

Variable	Label	N	Mmiss	Minimum	Mean	Std Dev	Maximum
BADC4F2G	REASON HYPOGLYCEMIA: UNEXPLAINED	115	2486	1.000	1.000	0.000	1.000
BADC4F3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	1085	1516	1.000	1.000	0.000	1.000
BADC4F3B	SYMPTOMS W HYPOG: DIAPHORESIS (SWEAT)	726	1875	1.000	1.000	0.000	1.000
BADC4F3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	498	2103	1.000	1.000	0.000	1.000
BADC4F3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	317	2284	1.000	1.000	0.000	1.000
BADC4F3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	31	2570	1.000	1.000	0.000	1.000
BARC1AR	OPHTH:BLURRED/REDUCED VISION-RIGHT EYE	2600	1	1.000	1.045	0.206	2.000
BARC1AL	OPHTH:BLURRED/REDUCED VISION-LEFT EYE	2600	1	1.000	1.042	0.201	2.000
BARC1BR	OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT	2599	2	1.000	1.042	0.201	2.000
BARC1BL	OPHTH:FLOATERS/FLASHING LIGHTS-LEFT	2597	4	1.000	1.041	0.198	2.000
BARC1CR	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	2598	3	1.000	1.016	0.126	2.000
BARC1CL	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	2596	5	1.000	1.020	0.140	2.000
BARC1D	WILL BE SENT TO OPHTH. SPECIAL VISIT	2597	4	1.000	1.009	0.094	2.000
BARC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	2600	1	1.000	1.091	0.288	2.000
BARC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	2601	0	1.000	1.006	0.076	2.000
BARC2C	NEUR: VOMITING/BLOATING AFTER MEALS	2601	0	1.000	1.018	0.132	2.000
BARC2D	NEUR: RECURRENT DIARRHEA	2601	0	1.000	1.010	0.098	2.000
BARC2E	NEUR: URINARY RETENTION	2601	0	1.000	1.008	0.090	2.000
BARC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	2600	1	1.000	1.025	0.157	2.000
BARC2G	NEUR: FAINTING (NOT WITH HYPOG.)	2601	0	1.000	1.002	0.044	2.000
BARC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	2601	0	1.000	1.000	0.000	1.000
BARC2I	NEUR: IMPOTENCE	2598	3	1.000	1.865	0.981	3.000
BARC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	2574	27	1.000	1.003	0.059	2.000
BARC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	2601	0	1.000	1.014	0.118	2.000
BARC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	2601	0	1.000	1.001	0.034	2.000
BARC3A	RENAL: EDEMA	2601	0	1.000	1.005	0.071	2.000
BARC3B	RENAL: OTHER RENAL PROBLEM	2597	4	1.000	1.002	0.039	2.000
BARC4A	VASCULAR: SHORTNESS OF BREATH	2601	0	1.000	1.010	0.101	2.000
BARC4B	VASCULAR: CONGESTIVE HEART DISEASE	2601	0	1.000	1.000	0.020	2.000
BARC4C	VASCULAR:IMPAIRED PERIPH. VASCULAR CIRC	2600	1	1.000	1.005	0.071	2.000
BARC4D	VASCULAR: CHEST PAIN	2599	2	1.000	1.017	0.130	2.000
BARC4D1	VASCULAR: CHEST PAIN-CLINICAL ANGINA	508	2093	1.000	1.018	0.132	2.000
BARC4E	VASCULAR: SUSPECTED NON-ACUTE MI	2498	103	0.000	1.000	0.020	1.000
BARC4F	VASCULAR: TRANSIENT ISCHEMIC ATTACK	2601	0	1.000	1.000	0.000	1.000
BARC4G	VASCULAR: OTHER VASCULAR PROBLEM	2600	1	1.000	1.006	0.076	2.000
BARC5A	INFECT: URINARY TRACT INFECTION	2601	0	1.000	1.015	0.123	2.000
BARC5B	INFECT: UPPER/LOWER RESPIRATORY TRACT	2600	1	1.000	1.185	0.388	2.000
BARC5C	INFECT: GASTROENTERITIS	2600	1	1.000	1.037	0.188	2.000
BARC5D	INFECT: CUTANEOUS/MUCOCUTANEOUS	2598	3	1.000	1.094	0.291	2.000
BARC5E	INFECT: POST-OPERATIVE OR DEEP WOUND	2600	1	1.000	1.001	0.028	2.000
BARC5F	INFECT: GANGRENE	2599	2	1.000	1.000	0.000	1.000
BARC5G	INFECT: OTHER-MONONUCLEOSIS, MEASLES	2599	2	0.000	1.019	0.140	2.000
BARC5H	INFECT: AT INSERTION SITE	116	2485	1.000	1.000	0.000	1.000
BARC6	MINOR OUTPATIENT SURGERY/INCIDENTAL	2596	5	1.000	1.071	0.257	2.000
BARC7	ENTERCURRENT ENDOCRINE EVENT	2601	0	1.000	1.011	0.105	2.000
BARC8	ADVERSE PSYCHOSOCIAL REACTION	2599	2	1.000	1.043	0.204	2.000
BARC9A	OTHER MEDICAL PROBLEMS/DIFFICULTIES	2601	0	1.000	1.032	0.176	2.000
BARX2	Rx: HAS USED OR IS USING PRESCRIPTION	2589	12	1.000	1.479	0.500	2.000
BARX3	Rx: USED OVER-THE-COUNTER DRUGS	2594	7	1.000	1.478	0.500	2.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Conventional -----

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
BAPX4	Rx: VITAMIN SUPPLEMENTS-REGULARLY	2597	4	1.000	1.250	0.433	2.000
BRAOLES	LESS THAN 18 YEARS OLD	2583	18	1.000	1.022	0.148	2.000
BAGROWTH	FAILED TO MAINTAIN NORMAL GROWTH	75	2526	1.000	1.000	0.000	1.000
BAHPDOC	HYPERTENSION BEEN PREV. DOCU.	2582	19	1.000	1.038	0.191	2.000
BAHBLP	1ST BL PRESS. INDICATE HYPERTENSION	2413	188	1.000	1.016	0.125	2.000
BAHPERT	2ND BL PRESS. INDICATE HYPERTENSION	173	2428	1.000	1.075	0.264	2.000
BALIPCAT	INJECTION SITES: LIPOATROPHY	2587	14	1.000	1.009	0.096	2.000
BALIPHOY	INJECTION SITES: LIPOHYPERTROPHY	2587	14	1.000	1.078	0.268	2.000
BAINFLAM	INJECTION SITES: INFLAMMATION	2587	14	1.000	1.002	0.039	2.000
BAHEPATO	ABDOMEN: HEPATOMEGALY	2581	20	1.000	1.003	0.052	2.000
BASPAN	ABDOMEN: IF HEPATOMEGALY, SIZE SPAN	8	2593	2.000	10.250	4.097	15.000
BAFOOTUL	FEET: ULCERS	2588	13	1.000	1.000	0.020	2.000
BAROOTIN	FEET: INFECTION	2588	13	1.000	1.010	0.102	2.000
BAANTOE	FEET: ABNORMAL TOENAILS	2588	13	1.000	1.037	0.188	2.000
BADPEDR	FEET: PULSE DORSALIS PEDIA-RIGHT	2583	18	1.000	1.075	0.312	3.000
BADPEDL	FEET: PULSE DORSALIS PEDIA-LEFT	2581	20	1.000	1.081	0.333	3.000
BAP1BR	FEET: POSTERIOR TIBIAL-RIGHT	2583	18	1.000	1.036	0.209	3.000
BAPT1BL	FEET: POSTERIOR TIBIAL-LEFT	2581	20	1.000	1.043	0.230	3.000
BAOTHABN	OTHER ABNORMALITIES ON PHYSICAL EXAM	2556	45	1.000	1.101	0.302	2.000
BABGP1	PROFILSET MAILED TO CBL	2582	19	1.000	47.864	2337.615	118784.000
BABGP2A	NOT MAILED: KIT DAMAGED	2	2599	1.000	1.000	0.000	1.000
BABGP2B	NOT MAILED: PATIENT FORGOT TO COLLECT	121	2480	1.000	1.000	0.000	1.000
BABGP2C	NOT MAILED: PATIENT LOST KIT	4	2597	1.000	1.000	0.000	1.000
BABGP2D	NOT MAILED: PATIENT REFUSED TO COLLECT	48	2553	1.000	1.000	0.000	1.000
BABGP2E	NOT MAILED: OTHER OR UNKNOWN	140	2461	1.000	1.000	0.000	1.000
BABGP6A	PROFILSET QUALITY-CONTROLLED	2360	241	1.000	1.098	0.297	2.000
BABGP6A1	PROFILSET QC-STICK NO. DUPLICATED	212	2389	0.000	3.151	2.558	8.000
BABGP6A2	PROFILSET QC-WAS CORRECT STICK USED	182	2419	1.000	1.742	0.439	2.000
BABGP7	PERFORM SBGM ON DAY OBTAINED SPECIMENS	558	2043	1.000	1.041	0.199	2.000
BALIPID	WILL LIPIDS BE MAILED TO CBL	2590	11	1.000	1.028	0.164	2.000
BARENAL	WILL RENAL SPEC. BE MAILED TO CBL	2588	13	1.000	1.010	0.102	2.000

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Intensive -----

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
BATOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	2401	7	7.000	55.231	23.812	199.000
BADM3BRD	DM 3 INJ. -BLOOD DONE BEFORE BREAKFAST	2291	117	0.000	82.338	21.671	314.000
BADM3BRS	DM 3 INJ. -BLOOD SHOULD DO BEFORE BREAK.	2326	82	15.000	90.550	17.103	369.000
BADM3LUD	DM 3 INJ. -BLOOD DONE BEFORE LUNCH	2286	122	0.000	72.405	26.182	314.000
BADM3LUS	DM 3 INJ. -BLOOD SHOULD DO BEFORE LUNCH	2322	86	0.000	90.058	18.220	369.000
BADM3DID	DM 3 INJ. -BLOOD DONE BEFORE DINNER	2287	121	0.000	77.543	23.316	314.000
BADM3DIS	DM 3 INJ. -BLOOD SHOULD DO PRE-DINNER	2326	82	0.000	90.348	17.515	369.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BAD3BED	DM 3 INJ.-BLOOD DONE BEFORE BEDTIME	2285	123	0.000	73.268	26.050	203.000
BAD3BES	DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME	2324	84	0.000	90.192	15.387	262.000
BAD33AD	DM 3 INJ.-BLOOD DONE AT 3 A.M.	2292	116	0.000	5.637	6.618	121.000
BAD33AS	DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.	2324	84	0.000	13.047	6.184	128.000
BADMIUBD	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	10	2398	0.000	0.000	0.000	0.000
BADMIUBS	DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.	17	2391	0.000	10.235	28.928	91.000
BADMIUBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	29	2379	0.000	40.966	43.045	125.000
BADMIUBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK	29	2379	30.000	92.379	22.401	128.000
BADMIULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	9	2399	0.000	0.000	0.000	0.000
BADMIULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	17	2391	0.000	17.471	39.109	112.000
BADMI1BD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	15	2393	0.000	20.467	28.953	82.000
BADMI1BS	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	21	2387	0.000	27.238	44.955	126.000
BADMI1UD	DM 1 INJ.-URINE DONE BEFORE DINNER	9	2399	0.000	0.000	0.000	0.000
BADMI1US	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	17	2391	0.000	27.706	44.568	112.000
BADMI1BD	DM 1 INJ.-BLOOD DONE BEFORE DINNER	18	2390	0.000	29.222	32.557	82.000
BADMI1BS	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	23	2385	0.000	59.609	48.135	128.000
BADMI1UD	DM 1 INJ.-URINE DONE BEFORE BEDTIME	10	2398	0.000	0.000	0.000	0.000
BADMI1US	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	16	2392	0.000	24.250	43.614	112.000
BADMI1BD	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	17	2391	0.000	20.882	32.659	94.000
BADMI1BS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	20	2388	0.000	46.850	49.015	126.000
BADMI1ES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	20	2388	0.000	7.599	17.161	300.000
BARX1	Rx: NO. ASPIRIN-CONTAINING TABLETS	2407	1	0.000	74.529	10.100	120.000
BAPULSE	PULSE (BPM)	2367	41	40.000	115.513	11.461	170.000
PASYSTR	FIRST BLOOD PRESSURE-SYSTOLIC	2392	16	80.000	115.513	11.461	170.000
BADIASR	FIRST BLOOD PRESSURE-DIASTOLIC	2392	16	46.000	74.320	8.434	106.000
PASYSTR2	SECOND BLOOD PRESSURE-SYSTOLIC	35	2373	110.000	129.886	12.593	168.000
BADIASR2	SECOND BLOOD PRESSURE-DIASTOLIC	35	2373	68.000	83.171	9.167	100.000
BABGP8A	RESULTS OF SBGM-PREBREAKFAST	1997	411	0.000	135.605	69.018	428.000
BABGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	1957	451	0.000	177.255	81.208	495.000
BABGP8C	RESULTS OF SBGM-PRELUNCH	1995	413	0.000	118.838	64.988	420.000
BABGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	1941	467	0.000	144.634	69.547	411.000
BABGP8E	RESULTS OF SBGM-PRESUPPER	1995	413	0.000	129.455	72.660	512.000
BABGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	1913	495	0.000	145.853	75.642	550.000
BABGP8G	RESULTS OF SBGM-BEDTIME	1889	519	0.000	136.199	73.397	510.000
BANAZE	NA-SID: NOT DONE 2 URINE OR 1 SBGM/DAY	9	2399	0.000	0.000	0.000	0.000
BADESIWT	PATIENT'S DESIRED WEIGHT	2392	16	45.000	69.818	11.630	109.000
BAWEIGHT	CURRENT WEIGHT (KG)	2387	21	43.000	77.001	13.803	127.200
BAHEIGHT	CURRENT HEIGHT (CM)	61	2347	155.800	171.603	8.220	181.700
BARESCHD	NECESSARY TO RESCHEDULE VISIT	2405	3	1.000	1.187	0.390	2.000
BASCHDNO	NO. OF TIMES RESCHEDULED VISIT	454	1954	0.000	1.211	0.497	4.000
BAVSITNO	FOLLOW-UP VISIT NUMBER	2408	0	5.000	18.520	7.355	38.000
BAHUREG	TYPE OF INSULIN-HUMAN REGULAR	1816	592	1.000	1.000	0.000	1.000
BAPOREG	TYPE OF INSULIN-PORK REGULAR	581	1827	1.000	1.000	0.000	1.000
BAHOUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	2408				
BAPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	2408				
BAHONPH	TYPE OF INSULIN-HUMAN NPH	586	1822	1.000	1.000	0.000	1.000
BAPONPH	TYPE OF INSULIN-PORK NPH	153	2255	1.000	1.000	0.000	1.000
BAHULEN	TYPE OF INSULIN-HUMAN LENTE	76	2332	1.000	1.000	0.000	1.000
BAPOLEN	TYPE OF INSULIN-PORK LENTE	33	2375	1.000	1.000	0.000	1.000
BAHUULT	TYPE OF INSULIN-HUMAN ULTRALENTE	318	2090	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BAPO7030	TYPE OF INSULIN-PORK 70/30	4	2404	1.000	1.000	0.000	1.000
BAHU7030	TYPE OF INSULIN-HUMAN 70/30	13	2395	1.000	1.000	0.000	1.000
BABPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	40	2368	1.000	1.000	0.000	1.000
BABPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	2408				
BABPNPH	TYPE OF INSULIN-BEEF/PORK NPH	27	2381	1.000	1.000	0.000	1.000
BABPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	7	2401	1.000	1.000	0.000	1.000
BABPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	284	2124	1.000	1.000	0.000	1.000
BAGROUP	WHAT GROUP PATIENT RANDOMIZED	2407	1	1.000	1.999	0.035	2.000
BAINSREG	CURRENT INSULIN REGIMEN	2407	1	1.000	1.604	0.515	3.000
BAKGRPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	2398	10	1.000	1.992	0.091	2.000
BAKGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	2359	49	0.000	7.831	5.204	71.000
BAKGLUN	UNITS REGULAR INSULIN USED-LUNCH	2279	129	0.000	6.968	4.295	35.000
BAKGSUP	UNITS REGULAR INSULIN USED-SUPPER	2366	42	0.000	10.866	5.875	45.000
BAKGBED	UNITS REGULAR INSULIN USED-BEDTIME	910	1498	0.000	2.381	3.478	32.000
BAKGOETH	UNITS REGULAR INSULIN USED-OTHER	75	2333	0.000	2.027	5.378	41.000
BASEMBRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	22	2386	0.000	0.000	0.000	0.000
BASEMLON	UNITS SEMILENTE INSULIN USED-LUNCH	18	2390	0.000	0.000	0.000	0.000
BASEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	18	2390	0.000	0.000	0.000	0.000
BASEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	17	2391	0.000	0.000	0.000	0.000
BASEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	13	2395	0.000	0.000	0.000	0.000
BANPHBRK	UNITS NPH INSULIN USED-BREAKFAST	530	1878	0.000	14.840	11.299	66.000
BANPHLUN	UNITS NPH INSULIN USED-LUNCH	34	2374	0.000	1.353	3.541	14.000
BANPHSUP	UNITS NPH INSULIN USED-SUPPER	118	2290	0.000	12.500	9.212	54.000
BANPHBED	UNITS NPH INSULIN USED-BEDTIME	671	1737	0.000	17.627	10.047	52.000
BANPHOTH	UNITS NPH INSULIN USED-OTHER	19	2389	0.000	3.632	8.388	28.000
BALENBRK	UNITS LENTE INSULIN USED-BREAKFAST	65	2343	0.000	12.846	13.762	48.000
BALENLUN	UNITS LENTE INSULIN USED-LUNCH	23	2385	0.000	0.739	1.356	4.000
BALENSUP	UNITS LENTE INSULIN USED-SUPPER	46	2362	0.000	8.587	10.173	35.000
BALENBED	UNITS LENTE INSULIN USED-BEDTIME	109	2299	0.000	15.239	9.223	36.000
BALENOTH	UNITS LENTE INSULIN USED-OTHER	12	2396	0.000	0.000	0.000	0.000
BAULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	445	1963	0.000	17.766	9.752	60.000
BAULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	35	2373	0.000	6.800	13.069	36.000
BAULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	410	1998	0.000	19.627	9.387	68.000
BAULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	150	2258	0.000	20.053	12.969	59.000
BAULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	15	2393	0.000	0.000	0.000	0.000
BA7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	29	2379	0.000	22.621	24.972	70.000
BA7030LU	UNITS 70/30 INSULIN USED-LUNCH	10	2398	0.000	0.000	0.000	0.000
BA7030SU	UNITS 70/30 INSULIN USED-SUPPER	22	2386	0.000	18.909	19.974	52.000
BA7030BE	UNITS 70/30 INSULIN USED-BEDTIME	14	2394	0.000	5.786	9.940	26.000
BA7030OT	UNITS 70/30 INSULIN USED-OTHER	10	2398	0.000	0.000	0.000	0.000
BADM5	DESCRIBE INSULIN REGIMEN	216	2192	1.000	1.120	0.326	2.000
BADM6A	UNITS BASAL INSULIN INFUSED DAILY	994	1414	6.000	26.895	11.552	85.000
BADM6B	DIFFERENT BASAL RATES USED/DAY	988	1420	0.000	2.567	1.069	4.000
BADM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	969	1439	1.000	1.161	0.368	2.000
BADM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	63	2345	1.000	1.143	0.353	2.000
BADM7A1	CHANGE DOSE-SYMP. POLYURIA, POLYDIPSIA	6	2402	1.000	1.833	0.408	2.000
BADM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	3	2405	1.000	1.667	0.577	2.000
BADM7A3	CHANGE DOSE-RECURRENT KETONURIA	2	2406	1.000	1.000	0.000	1.000
BADM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	2	2406	1.000	1.500	0.707	2.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BADM7A5	CHANGE DOSE-OREGBABCT	2	2406	1.000	1.000	0.000	1.000
BADM7A6	CHANGE DOSE-OTHER	3	2405	1.000	1.333	0.577	2.000
BADM7B1	SELF BLOOD GLUCOSE MONITORING	123	2285	1.000	1.967	0.337	3.000
BADM7B2	URINE GLUCOSE MONITORING	116	2292	1.000	1.181	0.521	3.000
BADM8	SUSPECT REPORTED GLUCOSE INACCURATE	2407	1	1.000	1.087	0.393	3.000
BADV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	2408	0	1.000	1.013	0.115	2.000
BADV1A	CURRENTLY ON DEVIATION FROM TREATMENT	45	2363	1.000	1.622	0.490	2.000
BAIS1	SINCE LAST VISIT-ON INACTIVE STATUS	2407	1	1.000	1.000	0.000	2.000
BAIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	6	2402	1.000	1.000	0.000	1.000
BAMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	2406	2	1.000	1.015	0.123	2.000
BAMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	1489	919	1.000	1.025	0.156	2.000
BAMDT1	SINCE LAST VISIT, PT. MODIF. THERAPY?	57	2351	1.000	1.000	0.000	1.000
BAMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	1	2407	1.000	1.000	0.000	1.000
BAMDT1A1	SBGM > SPECIFIED IN PROTOCOL	0	2408	.	.	.	.
BAMDT1A2	UGM > SPECIFIED IN PROTOCOL	0	2408	.	.	.	.
BAMDT1B	> 2 INJECTIONS INSULIN DAILY	2	2406	1.000	1.000	0.000	1.000
BAMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	0	2408	.	.	.	.
BAMDT1D	OTHER MODIFICATION TO THERAPY	0	2408	.	.	.	.
BAMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	2402	6	1.000	1.037	0.190	2.000
BAMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	123	2285	1.000	1.268	0.445	2.000
BAMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	120	2288	1.000	1.225	0.419	2.000
BAMDT2B1	EXP.-FREQ. OF SBGM<REQUIRED MINIMUM	26	2382	1.000	1.962	0.720	3.000
BAMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	120	2288	1.000	1.317	0.467	2.000
BAMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	39	2369	1.000	1.974	0.160	2.000
BAMDT2D	EXP.-OTHER MODIFICATIONL	106	2302	1.000	1.075	0.265	2.000
BADM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	2359	49	1.000	1.062	0.272	3.000
BADM12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	39	2369	1.000	1.000	0.000	1.000
BANA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	2407	1	1.000	4.806	0.858	7.000
BANA1B	NA-PATTERN OF EATING--EATING DISORDER	2406	2	1.000	1.023	0.192	3.000
BANA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	2407	1	0.000	0.561	0.841	8.000
BANA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	1883	525	0.000	0.033	0.256	5.000
BANA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	2408	0	1.000	1.011	0.105	2.000
BANA1E	NA-ROTATING SITE OF INJECTION	2408	0	1.000	1.978	0.148	3.000
BANA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	2346	62	1.000	1.230	0.445	3.000
BANA1G1	NA-NO. INTERCURRENT EVENTS	2405	3	0.000	0.268	0.670	6.000
BANA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	1871	537	0.000	0.040	0.312	6.000
BANA1H	NA-FAILED TO BRING IN DAILY RECORD	2403	5	1.000	1.092	0.291	3.000
BANA1I1	NA-PATIENT PERFORM SBGM	2408	0	1.000	2.002	0.104	3.000
BANA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	2390	18	1.000	1.998	0.146	3.000
BANA1I3	NA-PERFORM SBGM > ONCE/DAYFOR 7	2390	18	1.000	1.999	0.143	3.000
BANA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	10	2398	0.000	0.000	0.000	0.000
BANA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	9	2399	0.000	0.222	0.667	2.000
BANA2C	NA-STD: FEWER INJECTIONS OF INSULIN	10	2398	0.000	0.200	0.632	2.000
BANA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	10	2398	0.000	0.100	0.316	1.000
BANA2F1	NA-STD: PATIENT BEEN ILL	10	2398	0.000	0.800	1.549	5.000
BANA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	9	2399	0.000	0.667	1.658	5.000
BANA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	2358	50	0.000	7.551	18.741	129.000
BANA3B	NO. OF TIME NO TEST AT 3 A.M.	2362	46	0.000	7.483	4.805	37.000
BANA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	2350	58	0.000	0.429	1.399	15.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BANA3D	NO MONITOR URINE ACETONE WHEN BG>240	2232	176	0.000	5.212	11.904	89.000
BANA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	986	1422	0.000	0.021	0.164	3.000
BANA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	984	1424	0.000	0.381	2.234	28.000
BANA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	985	1423	0.000	0.324	2.028	28.000
BADC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	2405	3	0.000	0.772	1.548	7.000
BADC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	2406	2	0.000	0.132	0.711	7.000
BADC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	2406	2	0.000	9.031	3.419	28.000
BADC1D	FREQUENCY OF DKA	2406	2	0.000	0.006	0.076	1.000
BADC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	2403	5	1.000	1.292	0.455	2.000
BADC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	2300	108	0.000	0.207	0.938	20.000
BADC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	172	2236	0.000	0.413	1.019	6.000
BADC2B	MODERATE/LARGE KETONUR.-DUE TO ILLNESS	192	2216	0.000	0.927	1.509	12.000
BADC2C	MODERATE/LARGE KETONUR.-EQUIP.M. FAILED	176	2232	0.000	0.523	1.292	8.000
BADC2D	MODERATE/LARGE KETONUR.-SPONTANEOUS	173	2235	0.000	0.647	1.976	20.000
BADC3A	PATIENT FEMALE	2406	2	1.000	1.489	0.500	2.000
BADC3B1	VAGINAL ITCHING OR DISCHARGE	1206	1202	1.000	0.341	0.341	2.000
BADC3B2	PATIENT TREATED FOR VAGINAL ITCHING	164	2244	1.000	1.732	0.444	2.000
BADC3C1	DOES PATIENT MENSTRUATE	1192	1216	1.000	1.913	0.282	2.000
BADC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	1089	1319	1.000	1.073	0.261	2.000
BADC3D2	WAS PREGNANCY TEST PERFORMED	85	2323	1.000	1.459	0.501	2.000
BADC3D3	DID TEST INDICATE PREGNANCY	40	2368	1.000	1.800	0.405	2.000
BADC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	2406	2	0.000	0.002	0.050	1.000
BADC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	2408	0	0.000	0.023	0.202	5.000
BADC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	2408	0	0.000	0.013	0.133	3.000
BADC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	2408	0	0.000	0.010	0.101	1.000
BADC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	2408	0	0.000	0.036	0.239	5.000
BADC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	2408	0	0.000	0.082	0.372	4.000
BADC4D1	FREQUENCY RECEIVE GLUCAGON	274	2134	0.000	0.318	0.644	5.000
BADC4D2	FREQUENCY RECEIVE IV GLUCOSE	272	2136	0.000	0.085	0.292	2.000
BADC4D3	EPISODES RESULT IN INJURY-PT/OTHERS	245	2163	1.000	1.037	0.188	2.000
BADC4E	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	2407	1	0.000	2.868	2.544	22.000
BADC4F1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	1983	425	1.000	1.537	0.858	3.000
BADC4F2A	REASON HYPOG: MISSED MEAL OR SNACK	201	2207	1.000	1.000	0.000	1.000
BADC4F2B	REASON HYPOG:DECREASED FOOT INTAKE	719	1689	1.000	1.000	0.000	1.000
BADC4F2C	REASON HYPOG:INCREASED EXERCISE LEVEL	969	1439	1.000	1.000	0.000	1.000
BADC4F2D	REASON HYPOG:TOO MUCH INSULIN TAKEN	599	1809	1.000	1.000	0.000	1.000
BADC4F2E	REASON HYPOG:LACK EARLY WARNING-LOW BG	37	2371	1.000	1.000	0.000	1.000
BADC4F2F	REASON HYPOGLYCEMIA: OTHER	272	2136	1.000	1.000	0.000	1.000
BADC4F2G	REASON HYPOGLYCEMIA: UNEXPLAINED	251	2157	1.000	1.000	0.000	1.000
BADC4F3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	1383	1025	1.000	1.000	0.000	1.000
BADC4F3B	SYMPTOMS W HYPOG: DIAPHORESIS (SWEAT)	882	1526	1.000	1.000	0.000	1.000
BADC4F3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	813	1595	1.000	1.000	0.000	1.000
BADC4F3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	497	1911	1.000	1.000	0.000	1.000
BADC4F3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	147	2261	1.000	1.000	0.000	1.000
BARCIAR	OPHTH:BLURRED/REDUCED VISION-RIGHT EYE	2408	0	1.000	1.026	0.158	2.000
BARCIAL	OPHTH:BLURRED/REDUCED VISION-LEFT EYE	2408	0	1.000	1.025	0.157	2.000
BARCIBR	OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT	2408	0	1.000	1.039	0.194	2.000
BARCIBL	OPHTH:FLOATERS/FLASHING LIGHTS-LEFT	2408	0	1.000	1.036	0.186	2.000
BARCICR	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	2408	0	1.000	1.008	0.091	2.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BARC1C	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	2408	0	1.000	1.007	0.086	2.000
BARC1D	WILL BE SENT TO OPTH. SPECIAL VISIT	2406	2	1.000	1.009	0.093	2.000
BARC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	2408	0	1.000	1.054	0.226	2.000
BARC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	2408	0	1.000	1.007	0.084	2.000
BARC2C	NEUR: VOMITING/BLOATING AFTER MEALS	2408	0	1.000	1.012	0.111	2.000
BARC2D	NEUR: RECURRENT DIARRHEA	2408	0	1.000	1.008	0.088	2.000
BARC2E	NEUR: URINARY RETENTION	2408	0	1.000	1.001	0.029	2.000
BARC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	2408	0	1.000	1.019	0.135	2.000
BARC2G	NEUR: FAINTING (NOT WITH HYPOG.)	2408	0	1.000	1.002	0.041	2.000
BARC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	2407	1	1.000	1.003	0.061	3.000
BARC2I	NEUR: IMPOTENCE	2408	0	1.000	1.983	0.998	3.000
BARC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	2395	13	1.000	1.001	0.029	2.000
BARC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	2408	0	1.000	1.009	0.095	2.000
BARC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	2407	1	1.000	1.003	0.058	2.000
BARC3A	RENAL: EDEMA	2408	0	1.000	1.005	0.067	2.000
BARC3B	RENAL: OTHER RENAL PROBLEM	2404	4	1.000	1.001	0.035	2.000
BARC4A	VASCULAR: SHORTNESS OF BREATH	2408	0	1.000	1.008	0.088	2.000
BARC4B	VASCULAR: CONGESTIVE HEART DISEASE	2408	0	1.000	1.000	0.000	1.000
BARC4C	VASCULAR: IMPAIRED PERIPH. VASCULAR CIRC	2408	0	1.000	1.001	0.035	2.000
BARC4D	VASCULAR: CHEST PAIN	2405	3	1.000	1.015	0.120	2.000
BARC4D1	VASCULAR: SUSPECTED NON-CLINICAL ANGINA	508	1900	1.000	1.002	0.044	2.000
BARC4E	VASCULAR: SUSPECTED NON-ACUTE MI	2359	49	0.000	1.000	0.021	1.000
BARC4F	VASCULAR: TRANSIENT ISCHEMIC ATTACK	2408	0	1.000	1.000	0.000	1.000
BARC4G	VASCULAR: OTHER VASCULAR PROBLEM	2408	0	1.000	1.008	0.091	2.000
BARC5A	INFECT: URINARY TRACT INFECTION	2407	1	1.000	1.021	0.143	2.000
BARC5B	INFECT: UPPER/LOWER RESPIRATORY TRACT	2407	1	1.000	1.218	0.413	2.000
BARC5C	INFECT: GASTROENTERITIS	2407	1	1.000	1.037	0.188	2.000
BARC5D	INFECT: CUTANEOUS/MUCOCUTANEOUS	2405	3	1.000	1.073	0.260	2.000
BARC5E	INFECT: POST-OPERATIVE OR DEEP WOUND	2407	1	1.000	1.001	0.029	2.000
BARC5F	INFECT: GANGRENE	2407	1	1.000	1.000	0.000	1.000
BARC5G	INFECT: OTHER-MONONUCLEOSIS, MEASLES	2407	1	1.000	1.025	0.155	2.000
BARC5H	INFECT: AT INSERTION SITE	1004	1404	1.000	1.046	0.209	2.000
BARC6	MINOR OUTPATIENT SURGERY/INCIDENTAL	2406	2	1.000	1.050	0.219	2.000
BARC7	ENTERCURRENT ENDOCRINE EVENT	2408	0	1.000	1.004	0.061	2.000
BARC8	ADVERSE PSYCHOSOCIAL REACTION	2408	0	1.000	1.048	0.213	2.000
BARC9A	OTHER MEDICAL PROBLEMS/DIFFICULTIES	2407	1	1.000	1.029	0.169	2.000
BARX2	Rx: HAS USED OR IS USING PRESCRIPTION	2403	5	1.000	1.442	0.497	2.000
BARX3	Rx: USED OVER-THE-COUNTER DRUGS	2406	2	1.000	1.435	0.496	2.000
BARX4	Rx: VITAMIN SUPPLEMENTS-REGULARLY	2407	1	1.000	1.221	0.415	2.000
BARX4LES	LESS THAN 18 YEARS OLD	2398	10	1.000	1.023	0.150	2.000
BAGROWTH	FAILED TO MAINTAIN NORMAL GROWTH	59	2349	1.000	1.017	0.130	2.000
BAHYPDO	HYPERTENSION BEEN PREV. DOCU.	2388	20	1.000	1.054	0.227	2.000
BAHIBLP	1ST BL PRESS. INDICATE HYPERTENSION	2266	142	1.000	1.062	1.979	95.000
BAHIPERT	2ND BL PRESS. INDICATE HYPERTENSION	178	2230	1.000	1.067	0.251	2.000
BALIPOAT	INJECTION SITES: LIPOATROPHY	2396	12	1.000	1.008	0.086	2.000
BALIPOHY	INJECTION SITES: LIPOHYPERTROPHY	2396	12	1.000	1.075	0.263	2.000
BAINFLAM	INJECTION SITES: INFLAMMATION	2396	12	1.000	1.013	0.115	2.000
BAHEPATO	ABDOMEN: HEPATOMEGALY	2393	15	1.000	1.003	0.054	2.000
BRSPAN	ABDOMEN: IF HEPATOMEGALY, SIZE SPAN	6	2402	8.000	12.833	4.070	19.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BAFOOTUL	FEET: ULCERS	2395	13	1.000	1.003	0.050	2.000
BAFOOTIN	FEET: INFECTION	2395	13	1.000	1.013	0.111	2.000
RAABNTOE	FEET: ABNORMAL TOENAILS	2395	13	1.000	1.019	0.137	2.000
BADPEDR	FEET: PULSE DORSALIS PEDIA-RIGHT	2392	16	1.000	1.059	0.287	3.000
BADPEDL	FEET: PULSE DORSALIS PEDIA-LEFT	2393	15	1.000	1.078	0.336	3.000
BAPTIBR	FEET: POSTERIOR TIBIAL-RIGHT	2392	16	1.000	1.039	0.212	3.000
BAFTIBL	FEET: POSTERIOR TIBIAL-LEFT	2393	15	1.000	1.042	0.215	3.000
BAOTHABN	OTHER ABNORMALITIES ON PHYSICAL EXAM	2367	41	1.000	1.097	0.296	2.000
BABGP1	PROFILSET MAILED TO CBL	2393	15	1.000	6.556	230.224	11264.000
BABGP2A	NOT MAILED: KIT DAMAGED	4	2404	1.000	1.000	0.000	1.000
BABGP2B	NOT MAILED: PATIENT FORGOT TO COLLECT	92	2316	1.000	1.000	0.000	1.000
BABGP2C	NOT MAILED: PATIENT LOST KIT	5	2403	1.000	1.000	0.000	1.000
BABGP2D	NOT MAILED: PATIENT REFUSED TO COLLECT	58	2350	1.000	1.000	0.000	1.000
BABGP2E	NOT MAILED: OTHER OR UNKNOWN	155	2253	1.000	1.000	0.000	1.000
BABGP6A	PROFILSET QUALITY-CONTROLLED	2169	239	1.000	1.094	0.291	2.000
BABGP6A1	PROFILSET QC-STICK NO. DUPLICATED	193	2215	0.000	2.990	2.432	7.000
BABGP6A2	PROFILSET QC-WAS CORRECT STICK USED	164	2244	1.000	1.835	0.372	2.000
BABGP7	PERFORM SBGM ON DAY OBTAINED SPECIMENS	2221	187	1.000	1.906	0.292	2.000
BALIPID	WILL LIPIDS BE MAILED TO CBL	2401	7	1.000	1.018	0.134	2.000
BAFENVAL	WILL RENAL SPEC. BE MAILED TO CBL	2401	7	1.000	1.003	0.054	2.000

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Conventional -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BATOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	2414	6	1.000	48.150	15.355	120.000
BADM3BRD	DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST	92	2328	0.000	81.967	25.579	202.000
BADM3BRS	DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.	94	2326	0.000	87.989	22.263	204.000
BADM3LUD	DM 3 INJ.-BLOOD DONE BEFORE LUNCH	89	2331	0.000	75.730	30.454	194.000
BADM3LUS	DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH	90	2330	0.000	85.489	25.235	204.000
BADM3DID	DM 3 INJ.-BLOOD DONE BEFORE DINNER	89	2331	0.000	78.955	27.269	198.000
BADM3DIS	DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER	90	2330	28.000	87.611	21.793	204.000
BADM3BED	DM 3 INJ.-BLOOD DONE BEFORE BEDTIME	89	2331	0.000	74.169	30.247	188.000
BADM3BES	DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME	89	2331	0.000	85.090	25.914	204.000
BADM33AD	DM 3 INJ.-BLOOD DONE AT 3 A.M.	83	2337	0.000	8.627	7.917	35.000
BADM33AS	DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.	88	2332	0.000	12.955	11.482	100.000
BADM1UBD	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	1554	866	0.000	34.113	40.985	174.000
BADM1UBB	DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.	1619	801	0.000	47.004	45.918	300.000
BADM1BBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	1783	637	0.000	45.510	39.453	240.000
BADM1BBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK	1845	575	0.000	58.308	40.484	233.000
BADM1ULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	1513	907	0.000	30.353	37.718	141.000
BADM1ULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	1572	848	0.000	50.202	45.540	300.000
BADM1BLD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	1409	1011	0.000	8.531	18.556	139.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Conventional -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BADM1BL5	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	1431	989	0.000	9.906	20.865	139.000
BADM1UDD	DM 1 INJ.-URINE DONE BEFORE DINNER	1522	898	0.000	36.757	39.482	142.000
BADM1UDS	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	1588	832	0.000	56.329	44.273	300.000
BADM1BDD	DM 1 INJ.-BLOOD DONE BEFORE DINNER	1429	991	0.000	18.103	28.403	150.000
BADM1BDS	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	1454	966	0.000	19.095	30.794	182.000
BADM1UED	DM 1 INJ.-URINE DONE BEFORE BEDTIME	1514	906	0.000	33.461	40.086	222.000
BADM1UES	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	1574	846	0.000	50.796	45.663	300.000
BADM1BED	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	1407	1013	0.000	11.644	23.198	139.000
BADM1BES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	1434	986	0.000	12.588	24.989	139.000
BARX1	Rx: NO. ASPIRIN-CONTAINING TABLETS	2419	1	0.000	8.390	21.877	360.000
BAPULSE	PULSE (BPM)	2388	32	42.000	77.066	10.426	124.000
BAS1STR	FIRST BLOOD PRESSURE-SYSTOLIC	2412	8	82.000	117.405	12.383	180.000
BADIASR	FIRST BLOOD PRESSURE-DIASTOLIC	2412	8	0.000	75.540	9.220	116.000
BAS1STR2	SECOND BLOOD PRESSURE-SYSTOLIC	50	2370	104.000	132.220	13.776	168.000
BADIASR2	SECOND BLOOD PRESSURE-DIASTOLIC	50	2370	54.000	84.920	9.484	100.000
BABGP8A	RESULTS OF SBGM-PREBREAKFAST	12	2408	54.000	135.833	82.672	313.000
BABGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	11	2409	88.000	199.909	93.410	363.000
BABGP8C	RESULTS OF SBGM-PRELUNCH	12	2408	39.000	89.083	46.831	192.000
BABGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	12	2408	68.000	180.167	60.377	286.000
BABGP8E	RESULTS OF SBGM-PRESUPPER	12	2408	57.000	151.167	70.080	270.000
BABGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	12	2408	55.000	176.917	91.886	313.000
BABGP8G	RESULTS OF SBGM-BEDTIME	10	2410	79.000	190.500	82.318	373.000
BANAZE	NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY	2240	180	0.000	14.883	29.971	300.000
BADESIWT	PATIENT'S DESIRED WEIGHT	2399	21	7.900	69.386	11.767	158.000
BAWEIGHT	CURRENT WEIGHT (KG)	2415	5	41.800	73.987	12.252	121.100
BAHEIGHT	CURRENT HEIGHT (CM)	23	2397	158.500	173.926	12.296	198.800
BARSCHD	NECESSARY TO RESCHEDULE VISIT	2420	0	1.000	1.194	0.396	2.000
BASCHDNO	NO. OF TIMES RESCHEDULED VISIT	470	1950	0.000	1.304	0.810	8.000
BAVSITNO	FOLLOW-UP VISIT NUMBER	2420	0	9.000	22.291	6.650	38.000
BAHUREG	TYPE OF INSULIN-HUMAN REGULAR	875	1545	1.000	1.000	0.000	1.000
BAPOREG	TYPE OF INSULIN-PORK REGULAR	841	1579	1.000	1.000	0.000	1.000
BAHUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	2420	1.000	1.000	0.000	1.000
BAPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	3	2417	1.000	1.000	0.000	1.000
BAHUNPH	TYPE OF INSULIN-HUMAN NPH	773	1647	1.000	1.000	0.000	1.000
BAPONPH	TYPE OF INSULIN-PORK NPH	719	1701	1.000	1.000	0.000	1.000
BAHULEN	TYPE OF INSULIN-HUMAN LENTE	141	2279	1.000	1.000	0.000	1.000
BAPOLEN	TYPE OF INSULIN-PORK LENTE	230	2190	1.000	1.000	0.000	1.000
BAHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	36	2384	1.000	1.000	0.000	1.000
BAP07030	TYPE OF INSULIN-PORK 70/30	3	2417	1.000	1.000	0.000	1.000
BAH07030	TYPE OF INSULIN-HUMAN 70/30	100	2320	1.000	1.000	0.000	1.000
BABPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	396	2024	1.000	1.000	0.000	1.000
BABPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	2420	1.000	1.000	0.000	1.000
BABPNPH	TYPE OF INSULIN-BEEF/PORK NPH	331	2089	1.000	1.000	0.000	1.000
BABPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	87	2333	1.000	1.000	0.000	1.000
BABPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	9	2411	1.000	1.000	0.000	1.000
BAGROUP	WHAT GROUP PATIENT RANDOMIZED	2419	1	1.000	1.000	0.020	2.000
BAINSREG	CURRENT INSULIN REGIMEN	2420	0	1.000	2.948	0.276	4.000
BAREGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	2415	5	1.000	1.983	0.132	3.000
BAREGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	1984	436	0.000	7.463	4.992	70.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Conventional -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BAREGLUN	UNITS REGULAR INSULIN USED-LUNCH	99	2321	0.000	6.202	4.000	16.000
BAREGSUP	UNITS REGULAR INSULIN USED-SUPPER	1779	641	0.000	6.450	3.743	30.000
BAREGBED	UNITS REGULAR INSULIN USED-BEDTIME	53	2367	0.000	4.415	4.069	18.000
BAREGOTH	UNITS REGULAR INSULIN USED-OTHER	4	2416	1.000	13.000	17.263	38.000
BASEMBRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	26	2394	0.000	2.423	9.492	46.000
BASEMLUN	UNITS SEMILENTE INSULIN USED-LUNCH	2	2418	0.000	0.000	0.000	0.000
BASEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	21	2399	0.000	2.857	7.122	28.000
BASEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	0	2420	.	.	.	.
BASEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	0	2420	.	.	.	.
BANPHBRK	UNITS NPH INSULIN USED-BREAKFAST	1804	616	0.000	25.588	10.454	66.000
BANPHLUN	UNITS NPH INSULIN USED-LUNCH	9	2411	0.000	8.444	3.972	12.000
BANPHSUP	UNITS NPH INSULIN USED-SUPPER	1611	809	0.000	11.957	6.863	50.000
BANPHBED	UNITS NPH INSULIN USED-BEDTIME	92	2328	0.000	12.446	6.746	34.000
BANPHOTH	UNITS NPH INSULIN USED-OTHER	1	2419	22.000	22.000		22.000
BALENBRK	UNITS LENTE INSULIN USED-BREAKFAST	461	1959	0.000	27.299	11.212	60.000
BALENLUN	UNITS LENTE INSULIN USED-LUNCH	7	2413	0.000	9.571	10.228	32.000
BALENSUP	UNITS LENTE INSULIN USED-SUPPER	316	2104	0.000	11.953	7.081	36.000
BALENBED	UNITS LENTE INSULIN USED-BEDTIME	24	2396	5.000	10.083	5.649	25.000
BALENOTH	UNITS LENTE INSULIN USED-OTHER	0	2420	.	.	.	.
BAULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	37	2383	0.000	11.622	8.914	26.000
BAULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	0	2420	.	.	.	.
BAULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	38	2382	0.000	10.289	7.537	26.000
BAULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	4	2416	0.000	11.000	9.592	20.000
BAULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	0	2420	.	.	.	.
BA7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	100	2320	0.000	24.280	12.358	56.000
BA7030LU	UNITS 70/30 INSULIN USED-LUNCH	0	2420	.	.	.	.
BA7030SU	UNITS 70/30 INSULIN USED-SUPPER	104	2316	0.000	16.712	7.736	40.000
BA7030BE	UNITS 70/30 INSULIN USED-BEDTIME	4	2416	10.000	15.000	10.000	30.000
BA7030OT	UNITS 70/30 INSULIN USED-OTHER	0	2420	.	.	.	.
BADM5	DESCRIBE INSULIN REGIMEN	216	2204	1.000	1.014	0.117	2.000
BADM6A	UNITS BASAL INSULIN INFUSED DAILY	29	2391	12.000	23.517	9.876	45.000
BADM6B	DIFFERENT BASAL RATES USED/DAY	29	2391	1.000	2.724	1.192	4.000
BADM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	28	2392	1.000	1.179	0.390	2.000
BADM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	2334	86	1.000	1.135	0.341	2.000
BADM7A1	CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSIA	179	2241	1.000	1.564	0.497	2.000
BADM7A2	CHANGE DOSE-ONACCEPTABLE DEGREE HYPOGL.	204	2216	1.000	1.770	0.422	2.000
BADM7A3	CHANGE DOSE-RECURRENT KETONURIA	133	2287	1.000	1.203	0.404	2.000
BADM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	124	2296	1.000	1.065	0.247	2.000
BADM7A5	CHANGE DOSE-OREGBABCT	126	2294	1.000	1.056	0.230	2.000
BADM7A6	CHANGE DOSE-OTHER	165	2255	1.000	1.412	0.494	2.000
BADM7B1	SELF BLOOD GLUCOSE MONITORING	2334	86	1.000	1.881	0.465	3.000
BADM7B2	URINE GLUCOSE MONITORING	2331	89	1.000	1.598	0.572	3.000
BADM8	SUSPECT REPORTED GLUCOSE INACCURATE	2418	2	1.000	1.227	0.627	3.000
BADV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	2420	0	1.000	1.043	0.204	2.000
BAIS1	SINCE LAST VISIT-ON INACTIVE STATUS	113	2307	1.000	1.841	0.368	2.000
BAIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	2420	0	1.000	1.000	0.000	1.000
BAMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	2417	3	1.000	1.000	0.000	1.000
BAMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	1554	866	1.000	1.055	0.227	2.000
				1.000	1.086	0.280	2.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Conventional -----

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
BAMDT1	SINCE LAST VISIT, PT. MODIF. THERAPY?	2419	1	1.000	1.074	0.261	2.000
BAMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	197	2223	1.000	1.807	0.396	2.000
BAMDT1A1	SBGM > SPECIFIED IN PROTOCOL	161	2259	1.000	3.143	1.289	6.000
BAMDT1A2	UGM > SPECIFIED IN PROTOCOL	140	2280	0.000	1.257	1.602	4.000
BAMDT1B	> 2 INJECTIONS INSULIN DAILY	251	2169	1.000	1.135	0.343	2.000
BAMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	121	2299	1.000	1.281	0.451	2.000
BAMDT1D	OTHER MODIFICATION TO THERAPY	214	2206	1.000	1.215	0.412	2.000
BAMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	28	2392	1.000	1.214	0.418	2.000
BAMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	1	2419	1.000	1.000	.	1.000
BAMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	1	2419	2.000	2.000	.	2.000
BAMDT2B1	EXP.-FREQ. OF SBGM<REQUIRED MINIMUM	1	2419	3.000	3.000	.	3.000
BAMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	1	2419	1.000	1.000	.	1.000
BAMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	0	2420	.	.	.	.
BAMDT2D	EXP.-OTHER MODIFICATIONL	4	2416	1.000	1.000	0.000	1.000
BAM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	96	2324	1.000	1.167	0.427	3.000
BAM32	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	2294	126	1.000	1.311	0.615	3.000
BANA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	2419	1	0.000	4.857	0.883	7.000
BANA1B	NA-PATTERN OF EATING--EATING DISORDER	2411	9	1.000	1.014	0.142	3.000
BANA1C	NA-NO. OF ILL. (INTERCURRENT OR NOT)	2418	2	0.000	0.489	0.783	14.000
BANA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	1825	595	0.000	0.012	0.148	3.000
BANA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	2419	1	1.000	1.007	0.081	2.000
BANA1E	NA-ROTATING SITE OF INJECTION	2419	1	1.000	1.981	0.141	3.000
BANA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	2366	54	1.000	1.202	0.427	3.000
BANA1G	NA-NO. INTERCURREN EVENTS	2404	16	0.000	0.183	0.578	11.000
BANA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	1876	544	0.000	0.019	0.169	3.000
BANA1H	NA-FAILED TO BRING IN DAILY RECORD	2412	8	1.000	1.276	0.448	3.000
BANA1I	NA-PATIENT PERFORM SBGM	2417	3	1.000	1.890	0.468	3.000
BANA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	1915	505	1.000	1.222	0.459	3.000
BANA1I3	NA-PERFORM SBGM > ONCE/DAYFOR 7	1915	505	1.000	1.370	0.548	3.000
BANA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	2379	41	0.000	2.556	9.938	92.000
BANA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	2382	38	0.000	0.983	5.862	104.000
BANA2C	NA-STD: FEWER INJECTIONS OF INSULIN	2379	41	0.000	0.311	2.151	49.000
BANA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	2379	41	0.000	1.446	8.501	92.000
BANA2F1	NA-STD: PATIENT BEEN ILL	2393	27	0.000	2.034	4.917	60.000
BANA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	2193	227	0.000	0.479	2.520	48.000
BANA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	7	2413	0.000	0.000	0.000	0.000
BANA3B	NO. OF TIMES NO TEST AT 3 A.M.	5	2415	0.000	5.000	4.637	9.000
BANA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	5	2415	0.000	0.000	0.000	0.000
BANA3D	NO MONITOR URINE ACETONE WHEN BG>240	4	2416	0.000	0.000	0.000	0.000
BANA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	9	2411	0.000	0.000	0.000	0.000
BANA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	9	2411	0.000	0.111	0.333	1.000
BANA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES-WRONG	10	2410	0.000	0.100	0.316	1.000
BADC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	2418	2	0.000	0.902	1.724	7.000
BADC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	2418	2	0.000	0.206	0.951	7.000
BADC1C	ON AVERAGE, NO. 0 OZ. GLASSES DAILY	2418	2	0.000	9.941	4.200	48.000
BADC1D	FREQUENCY OF DKA	2415	5	0.000	0.003	0.064	2.000
BADC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	2416	4	1.000	1.277	0.448	2.000
BADC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	2389	31	0.000	0.481	1.898	37.000
BADC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	291	2129	0.000	0.997	2.305	23.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Conventional -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BADC2B	MODERATE/LARGE KETONUR. -DUE TO ILLNESS	307	2113	0.000	1.476	2.450	21.000
BADC2C	MODERATE/LARGE KETONUR. -EQUIPM. FAILED	252	2168	0.000	0.119	0.675	7.000
BADC2D	MODERATE/LARGE KETONUR. -SPONTANEOUS	283	2137	0.000	1.307	2.942	31.000
BADC3A	PATIENT FEMALE	2418	2	1.000	1.460	0.498	2.000
BADC3B1	VAGINAL ITCHING OR DISCHARGE	1123	1297	1.000	1.247	0.431	2.000
BADC3B2	PATIENT TREATED FOR VAGINAL ITCHING	280	2140	1.000	1.757	0.430	2.000
BADC3C1	DOES PATIENT MENSTRUATE	1111	1309	1.000	1.921	0.270	2.000
BADC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	1033	1387	1.000	1.084	0.278	2.000
BADC3D2	WAS PREGNANCY TEST PERFORMED	89	2331	1.000	1.629	0.486	2.000
BADC3D3	DID TEST INDICATE PREGNANCY	54	2366	1.000	1.704	0.461	2.000
BADC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	2419	1	0.000	0.002	0.050	1.000
BADC4B1	HYPOG. -LOST CONSCIOUS. W/OUT SEIZURE	2420	0	0.000	0.011	0.136	4.000
BADC4B2	HYPOG. -LOST CONSCIOUS. WITH SEIZURE	2420	0	0.000	0.006	0.081	2.000
BADC4C1	HYPOG. -REQUIRED PROF. MEDICAL HELP	2420	0	0.000	0.008	0.093	2.000
BADC4C2	HYPOG. -REQUIRE HELP OF ANOTHER PERSON	2418	2	0.000	0.010	0.120	3.000
BADC4C3	HYPOG. -NOT NEED DOCTOR OR OTHER PERSON	2417	3	0.000	0.033	0.225	4.000
BADC4D1	FREQUENCY RECEIVE GLUCAGON	139	2281	0.000	0.180	0.438	2.000
BADC4D2	FREQUENCY RECEIVE IV GLUCOSE	135	2285	0.000	0.141	0.389	2.000
BADC4D3	EPISODES RESULT IN INJURY-PT/OTHERS	122	2298	1.000	1.025	0.156	2.000
BADC4E	LAST 7 DAYS-MILD HYPOG. TREAT SELF	2416	4	0.000	1.091	1.538	21.000
BADC4F1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	1281	1139	1.000	1.355	0.687	3.000
BADC4F2A	REASON HYPOG: MISSED MEAL OR SNACK	196	2224	1.000	1.000	0.000	1.000
BADC4F2B	REASON HYPOG: DECREASED FOOT INTAKE	432	1988	1.000	1.000	0.000	1.000
BADC4F2C	REASON HYPOG: INCREASED EXERCISE LEVEL	583	1837	1.000	1.000	0.000	1.000
BADC4F2D	REASON HYPOG: TOO MUCH INSULIN TAKEN	104	2316	1.000	1.000	0.000	1.000
BADC4F2E	REASON HYPOG: LACK EARLY WARNING-LOW BG	10	2410	1.000	1.000	0.000	1.000
BADC4F2F	REASON HYPOGLYCEMIA: OTHER	195	2225	1.000	1.000	0.000	1.000
BADC4F2G	REASON HYPOGLYCEMIA: UNEXPLAINED	147	2273	1.000	1.000	0.000	1.000
BADC4F3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	964	1456	1.000	1.000	0.000	1.000
BADC4F3B	SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)	632	1788	1.000	1.000	0.000	1.000
BADC4F3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	406	2014	1.000	1.000	0.000	1.000
BADC4F3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	302	2118	1.000	1.000	0.000	1.000
BADC4F3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	57	2363	1.000	1.000	0.000	1.000
BARC1AR	OPHTH: BLURRED/REDUCED VISION-RIGHT EYE	2413	7	1.000	1.071	0.257	2.000
BARC1AL	OPHTH: BLURRED/REDUCED VISION-LEFT EYE	2418	2	1.000	1.072	0.258	2.000
BARC1BR	OPHTH: FLOATERS/FLASHING LIGHTS-RIGHT	2410	10	1.000	1.080	0.271	2.000
BARC1BL	OPHTH: FLOATERS/FLASHING LIGHTS-LEFT	2415	5	1.000	1.082	0.275	2.000
BARC1CR	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	2411	9	1.000	1.034	0.191	2.000
BARC1CL	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	2415	5	1.000	1.032	0.177	2.000
BARC1D	WILL BE SENT TO OPTH. SPECIAL VISIT	2417	3	1.000	1.079	0.270	2.000
BARC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	2418	2	1.000	1.178	0.383	2.000
BARC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	2416	4	1.000	1.022	0.147	2.000
BARC2C	NEUR: VOMITING/BLOATING AFTER MEALS	2419	1	1.000	1.046	0.209	2.000
BARC2D	NEUR: RECURRENT DIARRHEA	2418	2	1.000	1.014	0.116	2.000
BARC2E	NEUR: URINARY RETENTION	2419	1	1.000	1.011	0.103	2.000
BARC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	2419	1	1.000	1.034	0.162	2.000
BARC2G	NEUR: FAINTING (NOT WITH HYPOG.)	2418	2	1.000	1.003	0.054	2.000
BARC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	2418	2	1.000	1.001	0.029	2.000
BARC2I	NEUR: IMPOTENCE	2414	6	1.000	1.932	0.985	3.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Conventional -----

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
BARC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	2393	27	0.000	1.009	0.100	2.000
BARC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	2418	2	1.000	1.030	0.170	2.000
BARC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	2417	3	1.000	1.007	0.081	2.000
BARC3A	RENAL: EDEMA	2420	0	1.000	1.014	0.116	2.000
BARC3B	RENAL: OTHER RENAL PROBLEM	2419	1	1.000	1.010	0.097	2.000
BARC4A	VASCULAR: SHORTNESS OF BREATH	2420	0	1.000	1.016	0.126	2.000
BARC4B	VASCULAR: CONGESTIVE HEART DISEASE	2420	0	1.000	1.000	0.020	2.000
BARC4C	VASCULAR:IMPAIRED PERIPH. VASCULAR CIRC	2417	3	1.000	1.005	0.070	2.000
BARC4D	VASCULAR: CHEST PAIN	2415	5	1.000	1.024	0.152	2.000
BARC4D1	VASCULAR: CHEST PAIN-CLINICAL ANGINA	493	1927	1.000	1.016	0.126	2.000
BARC4E	VASCULAR: SUSPECTED NON-ACUTE MI	2334	86	1.000	1.000	0.021	2.000
BARC4F	VASCULAR: TRANSIENT ISCHEMIC ATTACK	2420	0	1.000	1.000	0.000	2.000
BARC4G	VASCULAR: OTHER VASCULAR PROBLEM	2420	0	1.000	1.011	0.103	2.000
BARC5A	INFECT: URINARY TRACT INFECTION	2420	0	0.000	1.022	0.151	2.000
BARC5B	INFECT: UPPER/LOWER RESPIRATORY TRACT	2419	1	0.000	1.192	0.395	2.000
BARC5C	INFECT: GASTROENTERITIS	2420	0	0.000	1.042	0.202	2.000
BARC5D	INFECT: CUTANEOUS/MUCOCUTANEOUS	2418	2	1.000	1.103	0.303	2.000
BARC5E	INFECT: POST-OPERATIVE OR DEEP WOUND	2419	1	1.000	1.003	0.054	2.000
BARC5F	INFECT: GANGRENE	2420	0	1.000	1.000	0.000	2.000
BARC5G	INFECT: OTHER-MONONUCLEOSIS, MEASLES	2414	6	1.000	1.028	0.164	2.000
BARC5H	INFECT: AT INSERTION SITE	106	2314	1.000	1.009	0.097	2.000
BARC6	MINOR OUTPATIENT SURGERY/INCIDENTAL	2414	6	1.000	1.085	0.278	2.000
BARC7	ENTERCURRENT ENDOCRINE EVENT	2419	1	1.000	1.007	0.084	2.000
BARC8	ADVERSE PSYCHOSOCIAL REACTION	2420	0	1.000	1.054	0.226	2.000
BARC9A	OTHER MEDICAL PROBLEMS/DIFFICULTIES	2420	0	1.000	1.038	0.192	2.000
BARX2	Rx: HAS USED OR IS USING PRESCRIPTION	2416	4	1.000	1.513	0.500	2.000
BARX3	Rx: USED OVER-THE-COUNTER DRUGS	2418	2	1.000	1.439	0.496	2.000
BARX4	Rx: VITAMIN SUPPLEMENTS-REGULARLY	2418	2	1.000	1.280	0.449	2.000
BARDOLES	LESS THAN 18 YEARS OLD	2397	23	1.000	1.005	0.068	2.000
BAGROWTH	FAILED TO MAINTAIN NORMAL GROWTH	37	2383	1.000	1.000	0.000	1.000
BAHYPOC	HYPERTENSION BEEN PREV. DOCU.	2399	21	1.000	1.113	0.317	2.000
BAHIBLP	1ST BL PRESS. INDICATE HYPERTENSION	2127	293	1.000	1.031	0.173	2.000
BAHYPERT	2ND BL PRESS. INDICATE HYPERTENSION	181	2239	1.000	1.127	0.334	2.000
BALIPOAT	INJECTION SITES: LIPOATROPHY	2412	8	1.000	1.007	0.086	2.000
BALIPOHY	INJECTION SITES: LIPOHYPERTROPHY	2413	7	1.000	1.096	0.294	2.000
BAINFLAM	INJECTION SITES: INFLAMMATION	2412	8	1.000	1.001	0.029	2.000
BAHEPATO	ABDOMEN: HEPATOMEGALY	2406	14	1.000	1.004	0.061	2.000
BASPAN	ABDOMEN: IF HEPATOMEGALY, SIZE SPAN	9	2411	3.000	9.667	4.717	15.000
BAFOOTUL	FEET: ULCERS	2412	8	1.000	1.004	0.061	2.000
BAFOOTIN	FEET: INFECTION	2413	7	1.000	1.022	0.145	2.000
BAABNTOE	FEET: ABNORMAL TOENAILS	2412	8	1.000	1.058	0.234	2.000
BADPEDR	FEET: PULSE DORSALIS PEDIA-RIGHT	2409	11	1.000	1.090	0.347	3.000
BADPEDL	FEET: PULSE DORSALIS PEDIA-LEFT	2409	11	1.000	1.093	0.358	3.000
BAPTIBR	FEET: POSTERIOR TIBIAL-RIGHT	2408	12	1.000	1.057	0.263	3.000
BAPTIBL	FEET: POSTERIOR TIBIAL-LEFT	2407	13	1.000	1.063	0.276	3.000
BAOTHABN	OTHER ABNORMALITIES ON PHYSICAL EXAM	2367	53	1.000	1.135	0.342	2.000
BABGP1	PROFILSET MAILED TO CBL	2400	20	1.000	1.853	0.354	2.000
BABGP2A	NOT MAILED: KIT DAMAGED	0	2420				
BABGP2B	NOT MAILED:PATIENT FORGOT TO COLLECT	118	2302	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Conventional -----

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
BABGP2C	NOT MAILED: PATIENT LOST KIT	4	2416	1.000	1.000	0.000	1.000
BABGP2D	NOT MAILED: PATIENT REFUSED TO COLLECT	46	2374	1.000	1.000	0.000	1.000
BABGP2E	NOT MAILED: OTHER OR UNKNOWN	140	2280	1.000	1.000	0.000	1.000
BABGP6A	PROFILSET QUALITY-CONTROLLED	2164	256	1.000	1.105	0.306	2.000
BABGP6A1	PROFILSET QC-STICK NO. DUPLICATED	212	2208	0.000	3.170	2.583	8.000
BABGP6A2	PROFILSET QC-WAS CORRECT STICK USED	182	2238	1.000	1.791	0.408	2.000
BABGP7	PERFORM SBGM ON DAY OBTAINED SPECIMENS	536	1884	1.000	1.032	0.175	2.000
BALIPID	WILL LIPIDS BE MAILED TO CBL	2409	11	1.000	1.031	0.174	2.000
BARENAL	WILL RENAL SPEC. BE MAILED TO CBL	2408	12	1.000	1.007	0.084	2.000

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Intensive -----

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
BATOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	2458	5	8.000	53.570	21.289	196.000
BADM3BRD	DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST	2289	174	0.000	81.142	21.488	144.000
BADM3BRS	DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.	2323	140	14.000	90.213	14.175	191.000
BADM3LUD	DM 3 INJ.-BLOOD DONE BEFORE LUNCH	2284	179	0.000	72.929	25.649	185.000
BADM3LUS	DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH	2320	143	0.000	89.847	15.034	191.000
BADM3DID	DM 3 INJ.-BLOOD DONE BEFORE DINNER	2289	174	0.000	76.475	23.644	158.000
BADM3DIS	DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER	2323	140	13.000	90.139	14.192	191.000
BADM3BED	DM 3 INJ.-BLOOD DONE BEFORE BEDTIME	2288	175	0.000	74.524	25.134	147.000
BADM3BES	DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME	2321	142	0.000	90.039	14.442	191.000
BADM33AD	DM 3 INJ.-BLOOD DONE AT 3 A.M.	2288	175	0.000	5.712	6.491	102.000
BADM33AS	DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.	2321	142	0.000	12.884	5.122	108.000
BADM1UBD	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	32	2431	0.000	2.906	7.009	30.000
BADM1UBS	DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.	30	2433	0.000	28.067	42.825	121.000
BADM1BBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	39	2424	0.000	31.308	34.957	105.000
BADM1BBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK	43	2420	0.000	92.605	40.389	231.000
BADM1ULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	28	2435	0.000	4.143	13.616	69.000
BADM1ULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	29	2434	0.000	52.103	51.497	180.000
BADM1BLD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	36	2427	0.000	15.722	31.106	105.000
BADM1BLS	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	38	2425	0.000	44.132	53.396	231.000
BADM1UDD	DM 1 INJ.-URINE DONE BEFORE DINNER	28	2435	0.000	3.321	12.263	62.000
BADM1UDS	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	29	2434	0.000	25.655	49.168	180.000
BADM1BDD	DM 1 INJ.-BLOOD DONE BEFORE DINNER	36	2427	0.000	27.722	34.914	105.000
BADM1BDS	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	39	2424	0.000	65.359	47.853	231.000
BADM1UES	DM 1 INJ.-URINE DONE BEFORE BEDTIME	28	2435	0.000	3.036	10.779	55.000
BADM1UES	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	29	2434	0.000	51.862	51.736	180.000
BADM1BED	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	36	2427	0.000	13.833	29.168	105.000
BADM1BES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	38	2425	0.000	46.132	52.973	231.000
BARX1	Rx: NO. ASPIRIN-CONTAINING TABLETS	2461	2	0.000	7.688	18.203	250.000
BAPULSE	PULSE (BPM)	2433	30	44.000	75.607	9.592	120.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BASYSTR	FIRST BLOOD PRESSURE-SYSTOLIC	2456	7	80.000	117.373	12.256	168.000
BADIASR	FIRST BLOOD PRESSURE-DIASTOLIC	2456	7	42.000	75.345	9.114	132.000
BASYSTR2	SECOND BLOOD PRESSURE-SYSTOLIC	47	2416	104.000	127.596	11.350	158.000
BADIASR2	SECOND BLOOD PRESSURE-DIASTOLIC	48	2415	58.000	81.958	8.287	100.000
BABGP8A	RESULTS OF SBGM-PREBREAKFAST	1980	483	0.000	135.503	70.231	450.000
BABGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	1962	501	0.000	174.452	78.588	512.000
BABGP8C	RESULTS OF SBGM-PRELUNCH	1981	482	0.000	121.208	65.359	407.000
BABGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	1945	518	0.000	147.598	69.986	529.000
BABGP8E	RESULTS OF SBGM-PRESUPPER	1971	492	0.000	130.455	71.563	480.000
BABGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	1934	529	0.000	149.752	74.456	541.000
BABGP8G	RESULTS OF SBGM-BEDTIME	1915	548	0.000	139.090	73.178	501.000
BANAZE	NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY	16	2447	0.000	1.313	5.250	21.000
BADESINT	PATIENT'S DESIRED WEIGHT	2454	9	44.000	69.929	11.537	113.600
BAWEIGHT	CURRENT WEIGHT (KG)	2445	18	48.300	77.544	13.899	159.500
BAHEIGHT	CURRENT HEIGHT (CM)	9	2454	152.000	162.033	9.963	178.500
BARSCHD	NECESSARY TO RESCHEDULE VISIT	2460	3	1.000	1.187	0.390	2.000
BASCHDNO	NO. OF TIMES RESCHEDULED VISIT	458	2005	0.000	1.384	1.733	27.000
BAVSITNO	FOLLOW-UP VISIT NUMBER	2463	0	9.000	22.824	6.653	38.000
BAHUREG	TYPE OF INSULIN-HUMAN REGULAR	1606	857	1.000	1.000	0.000	1.000
BAPOREG	TYPE OF INSULIN-PORK REGULAR	844	1619	1.000	1.000	0.000	1.000
BAUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	2	2461	1.000	1.000	0.000	1.000
BAPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	2463				
BAHUNPH	TYPE OF INSULIN-HUMAN NPH	534	1929	1.000	1.000	0.000	1.000
BAJONPH	TYPE OF INSULIN-PORK NPH	324	2139	1.000	1.000	0.000	1.000
BAJULEN	TYPE OF INSULIN-HUMAN LENTE	57	2406	1.000	1.000	0.000	1.000
BAPOLEN	TYPE OF INSULIN-PORK LENTE	56	2407	1.000	1.000	0.000	1.000
BAHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	195	2268	1.000	1.000	0.000	1.000
BAH07030	TYPE OF INSULIN-PORK 70/30	0	2463				
BAH07030	TYPE OF INSULIN-HUMAN 70/30	7	2456	1.000	1.000	0.000	1.000
BABREG	TYPE OF INSULIN-BEEF/PORK REGULAR	55	2408	1.000	1.000	0.000	1.000
BABPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	2463				
BABPNPH	TYPE OF INSULIN-BEEF/PORK NPH	37	2426	1.000	1.000	0.000	1.000
BABPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	8	2455	1.000	1.000	0.000	1.000
BABPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	377	2086	1.000	1.000	0.000	1.000
BAGROUP	WHAT GROUP PATIENT RANDOMIZED	2463	0	1.000	1.998	0.045	2.000
BAINSREG	CURRENT INSULIN REGIMEN	2463	0	1.000	1.633	0.545	4.000
BABGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	2456	7	1.000	1.993	0.085	2.000
BABGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	2425	38	0.000	7.548	4.640	58.000
BABGLUN	UNITS REGULAR INSULIN USED-LUNCH	2283	180	0.000	6.873	3.836	30.000
BABGSUP	UNITS REGULAR INSULIN USED-SUPPER	2426	37	0.000	10.542	5.085	45.000
BABGBED	UNITS REGULAR INSULIN USED-BEDTIME	859	1604	0.000	2.260	2.908	25.000
BABGOTH	UNITS REGULAR INSULIN USED-OTHER	67	2396	0.000	1.821	5.776	43.000
BASEMBRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	23	2440	0.000	0.652	3.128	15.000
BASEMLUN	UNITS SEMILENTE INSULIN USED-LUNCH	21	2442	0.000	0.000	0.000	0.000
BASEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	22	2441	0.000	2.727	12.792	60.000
BASEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	25	2438	0.000	0.000	0.000	0.000
BASEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	14	2449	0.000	0.000	0.000	0.000
BANPHRK	UNITS NPH INSULIN USED-BREAKFAST	517	1946	0.000	16.017	11.464	60.000
BANPHLUN	UNITS NPH INSULIN USED-LUNCH	42	2421	0.000	3.929	5.024	12.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BANPHSUP	UNITS NPH INSULIN USED-SUPPER	121	2342	0.000	14.760	9.343	40.000
BANPHBED	UNITS NPH INSULIN USED BEDTIME	760	1703	0.000	18.059	9.715	59.000
BANPHOTH	UNITS NPH INSULIN USED-OTHER	23	2440	0.000	11.478	20.009	60.000
BALENBRK	UNITS LENTE INSULIN USED-BREAKFAST	53	2410	0.000	9.264	8.720	30.000
BALENLUN	UNITS LENTE INSULIN USED LUNCH	25	2438	0.000	0.680	1.520	6.000
BALENSUP	UNITS LENTE INSULIN USED-SUPPER	46	2417	0.000	7.543	9.901	30.000
BALENBED	UNITS LENTE INSULIN USED-BEDTIME	110	2353	0.000	14.118	9.384	35.000
BALENOTH	UNITS LENTE INSULIN USED-OTHER	14	2449	0.000	2.143	8.018	30.000
BAULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	412	2051	0.000	16.828	10.633	80.000
BAULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	30	2433	0.000	3.900	10.240	34.000
BAULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	407	2056	0.000	18.568	8.614	60.000
BAULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	109	2354	0.000	19.376	13.055	48.000
BAULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	14	2449	0.000	0.000	0.000	0.000
BA7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	19	2444	0.000	23.421	35.864	95.000
BA7030LUN	UNITS 70/30 INSULIN USED-LUNCH	13	2450	0.000	0.000	0.000	0.000
BA7030SU	UNITS 70/30 INSULIN USED-SUPPER	19	2444	0.000	17.632	27.150	75.000
BA7030BE	UNITS 70/30 INSULIN USED-BEDTIME	15	2448	0.000	0.000	0.000	0.000
BA7030OT	UNITS 70/30 INSULIN USED-OTHER	12	2451	0.000	0.000	0.000	0.000
BADM5	DESCRIBE INSULIN REGIMEN	254	2209	1.000	1.118	0.323	2.000
BADM6A	UNITS BASAL INSULIN INFUSED DAILY	994	1469	1.000	27.331	11.792	96.000
BADM6B	DIFFERENT BASAL RATES USED/DAY	988	1475	1.000	2.529	1.936	40.000
BADM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	956	1507	1.000	1.128	0.334	2.000
BADM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	106	2357	1.000	1.132	0.340	2.000
BADM7A2	CHANGE DOSE-SYMP. POLYURIA, POLYDIPSIA	13	2450	1.000	1.615	0.506	2.000
BADM7A3	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	10	2453	1.000	1.600	0.516	2.000
BADM7A4	CHANGE DOSE-RECURRENT KETONURIA	10	2453	1.000	1.100	0.316	2.000
BADM7A5	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	9	2454	1.000	1.000	0.000	1.000
BADM7A6	CHANGE DOSE-OREGABACT	9	2454	1.000	1.222	0.441	2.000
BADM7B1	SELF BLOOD GLUCOSE MONITORING	160	2303	1.000	2.019	0.363	3.000
BADM7B2	URINE GLUCOSE MONITORING	144	2319	1.000	1.278	0.631	3.000
BADM8	SUSPECT REPORTED GLUCOSE INACCURATE	69	2394	1.000	1.103	0.423	3.000
BADV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	2463	0	1.000	1.027	0.162	2.000
BADV1A	CURRENTLY ON DEVIATION FROM TREATMENT	2456	7	1.000	1.928	0.261	2.000
BAIS1	SINCE LAST VISIT-ON INACTIVE STATUS	2463	0	1.000	1.000	0.000	1.000
BAIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	9	2454	1.000	1.000	0.000	1.000
BAMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	2463	0	1.000	1.025	0.155	2.000
BAMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	1504	959	1.000	1.037	0.189	2.000
BAMDT1	SINCE LAST VISIT, PT. MODIF. THERAPY?	46	2417	1.000	1.000	0.000	1.000
BAMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	0	2463	.	.	.	.
BAMDT1A1	SBGM > SPECIFIED IN PROTOCOL	0	2463	.	.	.	.
BAMDT1A2	UGM > SPECIFIED IN PROTOCOL	0	2463	.	.	.	.
BAMDT1B	> 2 INJECTIONS INSULIN DAILY	5	2458	1.000	1.000	0.000	1.000
BAMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	0	2463	.	.	.	.
BAMDT1D	OTHER MODIFICATION TO THERAPY	5	2458	1.000	1.200	0.447	2.000
BAMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	2462	1	1.000	1.067	0.250	2.000
BAMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	215	2248	1.000	1.126	0.332	2.000
BAMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	211	2252	1.000	1.104	0.306	2.000
BAMDT2B1	EXP.-FREQ. OF SBGM-REQUIRED MINIMUM	20	2443	1.000	2.300	0.801	3.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BAMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	208	2255	1.000	1.587	0.494	2.000
BAMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	125	2338	1.000	1.976	0.154	2.000
BAMDT2D	EXP.-OTHER MODIFICATIONL	187	2276	1.000	1.064	0.246	2.000
BADM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	2364	99	1.000	1.089	0.326	3.000
BADM12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	74	2389	1.000	1.270	0.668	3.000
BANA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	2461	2	0.000	4.765	0.995	7.000
BANA1B	NA-PATTERN OF EATING--EATING DISORDER	2460	3	1.000	1.031	0.217	3.000
BANA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	2462	1	0.000	0.504	0.775	4.000
BANA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	1909	554	0.000	0.018	0.173	3.000
BANA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	2463	0	1.000	1.005	0.080	3.000
BANA1E	NA-ROTATING SITE OF INJECTION	2463	0	1.000	1.980	0.154	3.000
BANA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	2407	56	1.000	1.229	0.448	3.000
BANA1G1	NA-NO. INTERCURRENT EVENTS	2460	3	0.000	0.261	0.690	7.000
BANA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	1942	521	0.000	0.024	0.177	2.000
BANA1H	NA-FAILED TO BRING IN DAILY RECORD	2462	1	1.000	1.101	0.303	3.000
BANA1I1	NA-PATIENT PERFORM SBGM	2463	0	1.000	2.009	0.130	3.000
BANA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	2423	40	1.000	1.985	0.169	3.000
BANA1I3	NA-PERFORM SBGM > ONCE/DAYFOR 7	2421	42	1.000	1.995	0.166	3.000
BANA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	17	2446	0.000	0.000	0.000	0.000
BANA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	16	2447	0.000	0.000	0.000	0.000
BANA2C	NA-STD: FEWER INJECTIONS OF INSULIN	17	2446	0.000	0.000	0.000	0.000
BANA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	17	2446	0.000	0.000	0.000	0.000
BANA2F1	NA-STD: PATIENT BEEN ILL	18	2445	0.000	1.556	5.008	21.000
BANA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	16	2447	0.000	0.000	0.000	0.000
BANA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	2397	66	0.000	6.639	18.786	246.000
BANA3B	NO. OF TIME NO TEST AT 3 A.M.	2417	46	0.000	7.390	5.029	32.000
BANA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	2402	61	0.000	0.492	2.940	90.000
BANA3D	NO MONITOR URINE ACETONE WHEN BG>240	2266	197	0.000	5.120	11.948	90.000
BANA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	984	1479	0.000	0.019	0.193	3.000
BANA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	984	1479	0.000	0.263	1.948	35.000
BANA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	982	1481	0.000	0.245	1.870	35.000
BADC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	2460	3	0.000	0.576	1.374	7.000
BADC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	2459	4	0.000	0.108	0.690	7.000
BADC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	2460	3	0.000	8.711	3.009	24.000
BADC1D	FREQUENCY OF DKA	2460	3	0.000	0.003	0.053	1.000
BADC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	2459	4	1.000	1.254	0.435	2.000
BADC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	2368	95	0.000	0.282	2.092	54.000
BADC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	174	2289	0.000	0.644	2.826	33.000
BADC2B	MODERATE/LARGE KETONUR.-DUE TO ILLNESS	192	2271	0.000	0.760	1.629	13.000
BADC2C	MODERATE/LARGE KETONUR.-EQUIPM. FAILED	182	2281	0.000	0.538	1.130	7.000
BADC2D	MODERATE/LARGE KETONUR.-SPONTANEOUS	177	2286	0.000	1.542	5.262	41.000
BADC3A	PATIENT FEMALE	2463	0	1.000	1.455	0.498	2.000
BADC3B1	VAGINAL ITCHING OR DISCHARGE	1137	1326	1.000	1.135	0.341	2.000
BADC3B2	PATIENT TREATED FOR VAGINAL ITCHING	154	2309	1.000	0.472	0.472	2.000
BADC3C1	DOES PATIENT MENSTRUATE	1129	1334	1.000	1.932	0.252	2.000
BADC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	1060	1403	1.000	1.071	0.257	2.000
BADC3D2	WAS PREGNANCY TEST PERFORMED	77	2386	1.000	1.649	0.480	2.000
BADC3D3	DID TEST INDICATE PREGNANCY	51	2412	1.000	1.765	0.428	2.000
BADC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	2461	2	0.000	0.004	0.075	2.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Intensive -----

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
BADC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	2461	2	0.000	0.026	0.188	4.000
BADC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	2461	2	0.000	0.015	0.163	4.000
BADC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	2460	3	0.000	0.017	0.143	2.000
BADC4C2	HYPOG.-REQUIRED HELP OF ANOTHER PERSON	2459	4	0.000	0.036	0.260	5.000
BADC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	2459	4	0.000	0.099	0.448	7.000
BADC4D1	FREQUENCY RECEIVE GLUCAGON	276	2187	0.000	0.308	0.700	5.000
BADC4D2	FREQUENCY RECEIVE IV GLUCOSE	272	2191	0.000	0.158	0.404	2.000
BADC4D3	EPIISODES RESULT IN INJURY-PT/OTHERS	258	2205	1.000	1.031	1.031	2.000
BADC4E	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	2458	5	0.000	2.783	2.527	19.000
BADC4F1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	1955	508	1.000	1.458	0.813	3.000
BADC4F2A	REASON HYPOG: MISSED MEAL OR SNACK	204	2259	1.000	1.000	0.000	1.000
BADC4F2B	REASON HYPOG: DECREASED FOOT INTAKE	666	1797	1.000	1.000	0.000	1.000
BADC4F2C	REASON HYPOG: INCREASED EXERCISE LEVEL	959	1504	1.000	1.000	0.000	1.000
BADC4F2D	REASON HYPOG: TOO MUCH INSULIN TAKEN	586	1877	1.000	1.000	0.000	1.000
BADC4F2E	REASON HYPOG:LACK EARLY WARNING-LOW BG	46	2417	1.000	1.000	0.000	1.000
BADC4F2F	REASON HYPOGLYCEMIA: OTHER	250	2213	1.000	1.000	0.000	1.000
BADC4F2G	REASON HYPOGLYCEMIA: UNEXPLAINED	287	2176	1.000	1.000	0.000	1.000
BADC4F3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	1157	1306	1.000	1.000	0.000	1.000
BADC4F3B	SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)	713	1750	1.000	1.000	0.000	1.000
BADC4F3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	877	1586	1.000	1.000	0.000	1.000
BADC4F3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	523	1940	1.000	1.000	0.000	1.000
BADC4F3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	184	2279	1.000	1.000	0.000	1.000
BARC1A	OPHTH:BLURRED/REDUCED VISION-RIGHT EYE	2460	3	1.000	1.030	0.171	2.000
BARC1B	OPHTH:BLURRED/REDUCED VISION-LEFT EYE	2459	4	1.000	1.032	0.175	2.000
BARC1C	OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT	2460	3	1.000	1.050	0.217	2.000
BARC1D	OPHTH:FLOATERS/FLASHING LIGHTS-LEFT	2459	4	1.000	1.052	0.222	2.000
BARC1E	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	2458	5	1.000	1.020	0.140	2.000
BARC1F	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	2459	4	1.000	1.020	0.141	2.000
BARC1G	WILL BE SENT TO OPTH. SPECIAL VISIT	2458	5	1.000	1.029	0.168	2.000
BARC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	2460	3	1.000	1.091	0.287	2.000
BARC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	2460	3	1.000	1.008	0.088	2.000
BARC2C	NEUR: VOMITTING/BLOATING AFTER MEALS	2460	3	1.000	1.020	0.138	2.000
BARC2D	NEUR: RECURRENT DIARRHEA	2459	4	1.000	1.010	0.098	2.000
BARC2E	NEUR: URINARY RETENTION	2460	3	1.000	1.004	0.064	2.000
BARC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	2460	3	1.000	1.021	0.144	2.000
BARC2G	NEUR: FAINTING (NOT WITH HYPOG.)	2460	3	1.000	1.002	0.040	2.000
BARC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	2459	4	1.000	1.000	0.020	2.000
BARC2I	NEUR: IMPOTENCE	2459	4	1.000	1.921	0.987	3.000
BARC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	2444	19	1.000	1.002	0.045	2.000
BARC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	2460	3	1.000	1.012	0.110	2.000
BARC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	2460	3	1.000	1.003	0.057	2.000
BARC3A	RENAL: EDEMA	2460	3	1.000	1.004	0.064	2.000
BARC3B	RENAL: OTHER RENAL PROBLEM	2459	4	1.000	1.010	0.098	2.000
BARC4A	VASCULAR: SHORTNESS OF BREATH	2459	4	1.000	1.013	0.112	2.000
BARC4B	VASCULAR: CONGESTIVE HEART DISEASE	2460	3	1.000	1.000	0.000	1.000
BARC4C	VASCULAR:IMPAIRED PERIPH. VASCULAR CIRC	2460	3	1.000	1.001	0.029	2.000
BARC4D	VASCULAR: CHEST PAIN	2459	4	1.000	1.014	0.118	2.000
BARC4D1	VASCULAR: CHEST PAIN-CLINICAL ANGINA	550	1913	1.000	1.004	0.060	2.000
BARC4E	VASCULAR: SUSPECTED NON-ACUTE MI	2411	52	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

----- Baseline retinopathy stratum=Secondary interven Randomized treatment assignment=Intensive -----

Variable Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
BARC4F VASCULAR: TRANSIENT ISCHEMIC ATTACK	2460	3	1.000	1.000	0.020	2.000
BARC4G VASCULAR: OTHER VASCULAR PROBLEM	2460	3	1.000	1.003	0.057	2.000
BARC5A INFECT: URINARY TRACT INFECTION	2461	2	1.000	1.021	0.142	2.000
BARC5B INFECT: UPPER/LOWER RESPIRATORY TRACT	2461	2	1.000	1.193	0.395	2.000
BARC5C INFECT: GASTROENTERITIS	2458	5	1.000	1.039	0.195	2.000
BARC5D INFECT: CUTANEOUS/MUCOCUTANEOUS	2460	3	1.000	1.066	0.249	2.000
BARC5E INFECT: POST-OPERATIVE OR DEEP WOUND	2461	2	1.000	1.001	0.029	2.000
BARC5F INFECT: GANGRENE	2461	2	1.000	1.000	0.000	1.000
BARC5G INFECT: OTHER-MONONUCLEOSIS, MEASLES	2460	3	1.000	1.017	0.131	2.000
BARC5H INFECT: AT INSERTION SITE	993	1470	1.000	1.040	0.197	2.000
BARC6 MINOR OUTPATIENT SURGERY/INCIDENTAL	2456	7	1.000	1.055	0.227	2.000
BARC7 ENTERCURRENT ENDOCRINE EVENT	2462	1	1.000	1.010	0.098	2.000
BARC8 ADVERSE PSYCHOSOCIAL REACTION	2462	1	1.000	1.061	0.239	2.000
BARC9A OTHER MEDICAL PROBLEMS/DIFFICULTIES	2461	2	1.000	1.033	0.180	2.000
BARX2 RX: HAS USED OR IS USING PRESCRIPTION	2460	3	1.000	1.509	0.500	2.000
BARX3 RX: USED OVER-THE-COUNTER DRUGS	2461	2	1.000	1.402	0.490	2.000
BARX4 RX: VITAMIN SUPPLEMENTS-REGULARLY	2462	1	1.000	1.229	0.420	2.000
BARX4 LESS THAN 18 YEARS OLD	2456	7	1.000	1.003	0.057	2.000
BAGROWTH FAILED TO MAINTAIN NORMAL GROWTH	13	2450	1.000	1.000	0.000	1.000
BAHYPDOG HYPERTENSION BEEN PREV. DOCU.	2448	15	1.000	1.118	0.323	2.000
BAHIBLP 1ST BL PRESS. INDICATE HYPERTENSION	2196	267	1.000	1.025	0.155	2.000
BAHYPERT 2ND BL PRESS. INDICATE HYPERTENSION	205	2258	1.000	1.054	0.226	2.000
BALIPOAT INJECTION SITES: LIPOATROPHY	2449	14	1.000	1.008	0.090	2.000
BALIPOHY INJECTION SITES: LIPOHYPERTROPHY	2449	14	1.000	1.098	0.297	2.000
BAINFLAM INJECTION SITES: INFLAMMATION	2448	15	1.000	1.008	0.088	2.000
BAHEPATO ABDOMEN: HEPATOMEGALY	2447	16	1.000	1.002	0.040	2.000
BASPAN ABDOMEN: IF HEPATOMEGALY, SIZE SPAN	5	2458	1.000	4.200	3.962	11.000
BAFOOTUL FEET: ULCERS	2447	16	1.000	1.000	0.020	2.000
BAFOOTIN FEET: INFECTION	2447	16	1.000	1.015	0.120	2.000
BRABNTOE FEET: ABNORMAL TOENAILS	2448	15	1.000	1.049	0.215	2.000
BADPEDR FEET: PULSE DORSALIS PEDIA-RIGHT	2449	14	1.000	1.089	0.357	3.000
BADPEDL FEET: PULSE DORSALIS PEDIA-LEFT	2448	15	1.000	1.085	0.344	3.000
BAPTIBR FEET: POSTERIOR TIBIAL-RIGHT	2448	15	1.000	1.042	0.230	3.000
BAPTIBL FEET: POSTERIOR TIBIAL-LEFT	2448	15	1.000	1.058	0.275	3.000
BAOTHABN OTHER ABNORMALITIES ON PHYSICAL EXAM	2423	40	1.000	1.102	0.303	2.000
BABGP1 PROFILSET MAILED TO CBL	2455	8	1.000	1.820	0.384	2.000
BABGP2A NOT MAILED: KIT DAMAGED	4	2459	1.000	1.000	0.000	1.000
BABGP2B NOT MAILED: PATIENT FORGOT TO COLLECT	123	2340	1.000	1.000	0.000	1.000
BABGP2C NOT MAILED: PATIENT LOST KIT	4	2459	1.000	1.000	0.000	1.000
BABGP2D NOT MAILED: PATIENT REFUSED TO COLLECT	69	2394	1.000	1.000	0.000	1.000
BABGP2E NOT MAILED: OTHER OR UNKNOWN	194	2269	1.000	1.000	0.000	1.000
BABGP6A PROFILSET QUALITY-CONTROLLED	2188	275	1.000	1.089	0.285	2.000
BABGP6A1 PROFILSET QC-STICK NO. DUPLICATED	180	2283	0.000	3.000	2.559	7.000
BABGP6A2 PROFILSET QC-WAS CORRECT STICK USED	158	2305	1.000	1.791	0.408	2.000
BABGP7 PERFORM SBGM ON DAY OBTAINED SPECIMENS	2245	218	1.000	1.896	0.305	2.000
BALIPID WILL LIPIDS BE MAILED TO CBL	2460	3	1.000	1.010	0.098	2.000
BARENAL WILL RENAL SPEC. BE MAILED TO CBL	2459	4	1.000	1.004	0.064	2.000