

The “ID numbers” shown on the following page are **not** actual patient ID numbers. They are instead the values of the variable MASK_PAT which is a *masked* ID number used for privacy protection.

DCCT Data Set Documentation: Form 1

Form 1: Initial Clinic Visit

Purpose: Record initial interview with a potential trial subject, including the first stage of eligibility screening.

Collection Schedule: Eligibility screening only.

Data Set Name: F001CMB6

Structure: One record per patient (except as noted below).

Size: 1439 observations of 43 variables.

Known Anomalies: Form 1 was never received for two patients (ID numbers 135 and 218).

Patients who passed through this initial phase of the screening process went on to a more detailed eligibility examination. Patients who did not pass this phase were ruled either permanently or temporarily ineligible for participation, the latter in cases where the cause of ineligibility might change over time (e.g., the patient was less than 13 years old or had less than one year duration of IDDM). Many of the patients ruled temporarily ineligible restarted the screening process at a later date; occasionally this resulted in another "hold" condition and another subsequent restart.

The Form 1 contains a variable (OAPrevID) for the patient number assigned to restarted patients on the most recent prior screening. This number is not in the same format as the patient ID number used in the data archive. Also, only the last previous ID has been included for those patients who were restarted more than once.



DIABETES CONTROL AND COMPLICATIONS TRIAL

Initial Clinic Visit

This form is to be completed whenever a potential patient first visits the DCCT clinic. The form serves several purposes:

- 1) It records the patient's name, address and telephone number.
- 2) Individuals who are obviously ineligible to participate in the study can be informed of this fact straight-away, so that they need not be further evaluated.
- 3) A record will be kept of the number of people who visited your clinic, how they heard about the study, and why various individuals were found ineligible. This information will be useful in planning future recruitment efforts.

In completing this form, you may check a box marked "HOLD" which indicates a condition has been found which makes the subject temporarily ineligible for the study. In this case, you should continue the interview to see if there are any further reasons why the subject cannot participate. If a box with "STOP" is checked, a condition has been found which causes the patient to be permanently ineligible to participate. But again, continue the interview. We are interested in collecting information on all interviewees.

When you have finished asking all of the screening questions, you should look over the responses to see if any STOP boxes were checked. If so, you should explain to the subject why he/she will not be eligible for the DCCT. If no STOP boxes were checked, but one or more HOLD boxes were, you should explain to the subject why he/she is temporarily ineligible for the study.

Everyone who visits a DCCT clinic is assigned a Patient ID Number. The five-digit Patient ID Number is simply the two-digit DCCT Clinic Number followed by a three-digit accession number. (Thus, for example, the first patient visiting Clinic 15 will have ID Number 15001. The second patient visiting this clinic will have ID Number 15002 even if the first patient had been found ineligible and will not be participating.) When a patient is transferred from one DCCT clinic to another, the patient retains his original ID Number. This screening form is not to be used for transferred patients; Form 039, Notification of Clinic Transfer, should have been completed by the Clinic Coordinator at the patient's previous clinic.

Each interviewee is assigned another identifier in addition to the Patient ID Number. This second identifier comprises the patient's first, middle and last initials. If the patient has no middle name or initial, an "X" is used as the middle initial. The initials identifier, once determined, is never changed, although the patient may change his/her name during the course of the study. In the event that the patient is being rescreened, i.e., was screened once before and was found ineligible at that time, the Patient's ID Number must be changed and his/her initials may be changed.

Send the originals (white copies) of pages 2 and 3 of this form to the DCCT Coordinating Center in the weekly forms mailing. Keep page 1 and the yellow copies of pages 2 and 3 in the clinic files.

A. SUBJECT'S NAME, ADDRESS AND TELEPHONE NUMBER

1. Subject's name: Mr. _____
Ms. _____
Mrs. _____
Miss _____

_____ Last Name

_____ Middle Initial

2. Subject's address: _____

_____ Number and Street

_____ City

_____ State or Province

_____ Zip Code

3. Subject's home phone number: _____

_____ Area Code and Number

NONE OF THE ITEMS
ON THIS PAGE HAVE
BEEN RELEASED.

B. PATIENT IDENTIFICATION

- 1. Enter the Clinic Number: CLINIC 2
- 2. Enter the Patient ID Number: PATIENT 3 (If patient is being restarted, use next available ID)
- 3. Enter the Patient's Initials: INITIALS 4 (First, Middle or "X", Last)
- 4. Enter today's date: FORM DATE 5 Month Day Year

C. SCREENING QUESTIONS

- 1. How did the subject learn of the Diabetes Control and Complications Trial? (CHECK ALL THAT APPLY; SPECIFY ON THE LINE PROVIDED)
 - a) Local chapter of American Diabetes Association () 6
 - b) Local chapter of Juvenile Diabetes Foundation () 7
 - c) Advertisement in newspaper () 8
 - d) Advertisement in magazine/Journal () 9
 - e) Article in newspaper or Journal () 10
 - f) Radio or television announcement () 11
 - g) Poster at health care center () 12
 - h) Referred by private physician () 13
 - i) Contacted by DCCT clinic personnel () 14
 - j) Other source: () 15

Specify: NEW

- 2. Was the subject referred to your clinical center via the interactive telephone technology (i.e., screened by the 800 number)? () 16
- 3. What is the subject's gender?
 - Male () 17
 - Female () 20

DOB 4a) When was the subject born? Month Day Year 18

AAGE b) What is the subject's age? Years 19

A40PLUS c) If 40 years old or older, check here: STOP () 20

ALESS13 d) If less than 13 years old, check here: HOLD () 21

5a) Has the subject been diagnosed as having insulin-dependent diabetes? OADDDM () (2) 22

b) If YES, how long ago did the subject begin using insulin? (IF LESS THAN ONE YEAR, ENTER 00) OADXTIME Years 23

c) Month and year began using insulin OABGRMINS Month Year 24

d) If more than 15 years ago, check here: OADX15YR STOP () 25

e) If less than one year ago, check here: OADX1YR HOLD () 26

6. Does the subject plan a permanent move outside of North America? OAMOVE () (2) 27

7. Answer this question if the patient is female. No Yes HOLD () (2) 28

a) Is the subject pregnant? OAPREGN1 () 29

b) Does the patient plan OAPREGN2 or desire to become pregnant within the next two years? No Yes STOP () (2) 29

c) When is the baby due? OABABYDU 30

8. Has the subject ever used an insulin infusion pump for more than four weeks at a time for a reason other than to manage an illness or to determine optimal blood glucose control? (For a female subject who used the insulin pump during pregnancy or while planning a pregnancy, and who will have been using only one or two insulin injections per day for at least one year by the time of randomization, answer NO.) OAPUMP () (2) 31

1 DATA FIELD ADDED
NO VARIABLE NAMES CHANGED

8. Has the subject ever used three or more injections of insulin per day for more than four weeks at a time for a reason other than to manage an illness or determine optimal blood glucose control? (For a female subject who used three or more insulin injections per day during pregnancy or while planning a pregnancy, and who will have been using only one or two insulin injections per day for at least one year by the time of randomization, answer NO.)

Yes STOP (2) 32
 No (1)

10. Has the subject's eyes ever received laser treatment (photocoagulation)?

Yes STOP (2) 33
 No (1)

11. During the past year, has the subject had any chronic disease requiring, for more than a total of four months, a prescription medication which is listed as an excluding medication in Table B.6 of the Manual of Operations?

Yes STOP 34 (2)
 No (1)

12. Ask the subject to list any medical problems which he/she has other than diabetes. Does the subject report a history of a medical condition which makes him/her ineligible? (See Table B.4 of the Manual of Operations) IF YES, specify medical condition:

Yes STOP (2) 35
 No (1)

D. PREVIOUS SCREENING

1. Is the patient a "re-start," i.e., was the patient previously screened for eligibility?

Yes STOP (2) 36
 No (1)

2a) Previous ID Number: 0APREVID 37
 b) Previous initials: 0APREVIN 38
 3. Reason for not being enrolled:

E. CONCLUSION OF SCREENING QUESTIONS

1. Is the subject potentially eligible and willing to participate at this time? (1) (2) 39

SKIP QUESTIONS 2 and 3

2. The exclusion decision to not participate is considered:

Permanent (1) 40
 Temporary (2) 0AEXCLPT

3. Specify the reason for ineligibility if a STOP or HOLD box has been checked. (CHECK ALL THAT APPLY. IF ITEM (F) IS CHECKED, BRIEFLY STATE THE REASON, USING ONE BOX FOR EACH LETTER.) 41

- a) Moving away (1) 0AINELMY 41
- b) Time commitment too great for patient or family or other incompatible with lifestyle (1) 0AINELTM 42
- c) Patient or family refuses randomization or strongly prefers one treatment group (1) 0AINELTR 43
- d) Lack of interest of patient or family (1) 0AINELIN 44
- e) Lack of support from family (1) 0AINELSP 45
- f) Other (1) 0AINELOT 46

0AREASON 47

Type or print name of person completing this form:

Certification Number (if any)

48

0ACERTNO

WEEK NO

49



CONTENTS PROCEDURE

Data Set Name: DCEXPORF.F001CMB6
 Member Type: DATA
 Engine: V608
 Created: 15:12 Friday, December 1, 1995
 Last Modified: 15:13 Friday, December 1, 1995
 Protection:
 Data Set Type:
 Label:

Observations: 1439
 Variables: 43
 Indexes: 0
 Observation Length: 140
 Deleted Observations: 0
 Compressed: NO
 Sorted: YES

-----Engine/Host Dependent Information-----
 Data Set Page Size: 7168
 Number of Data Set Pages: 30
 File Format: 607
 First Data Page: 1
 Max Obs per Page: 51
 Obs in First Data Page: 10
 Userid : ONITEL
 File : F001CMB6 DCEXPORF

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

#	Variable	Type	Len	Pos	Format	Label
2	FORM	Num	3	3		DCCT FORM NUMBER
1	FSASDATE	Num	3	0	MMDDYY8.	FORMDATE AS SAS DATE VALUE
43	MASK_PAT	Num	8	132		Patient ID number
8	OAADA	Num	2	62		LOCAL CHAPTER OF ADA
19	OAAGE	Num	2	84		AGE
4	OABABYDU	Char	6	9		DATE BABY IS DUE
3	OABGNINS	Num	3	6		MONTH/YEAR BEGAN USING INSULIN
17	OAC2	Num	2	80		REFERRED BY INTERACTIVE TELEPHONE
16	OAC1OTHR	Num	2	78		REFERRED BY PRIVATE PHYSICIAN
15	OADOCTOR	Num	2	76		OTHER SOURCE
23	OADXTIME	Num	2	92		YEARS WITH DX OF IDDM
25	OADX1YR	Num	2	96		DIAGNOSED LESS THAN 1 YR AGO
24	OADX15YR	Num	2	94		DIAGNOSED MORE THAN 15 YRS AGO
35	OAELIGIB	Num	2	116		POTENTIALLY ELIGIBLE
36	OAEXCLPT	Num	2	118		TYPE OF EXCLUSION
22	OAIIDM	Num	2	90		IDDM
40	OAINELIN	Num	2	126		INELIGIBLE-LACK OF INTEREST
37	OAINELMV	Num	2	120		INELIGIBLE-MOVING AWAY
42	OAINELOT	Num	2	130		INELIGIBLE-OTHER
41	OAINELSP	Num	2	128		INELIGIBLE-LACK FAMILY SUPPORT
38	OAINELTM	Num	2	122		INELIGIBLE-TIME COMMITMENT
39	OAINELTR	Num	2	124		INELIGIBLE-RANDOMIZATIO/TREATMENT GROUP
9	OAJDF	Num	2	64		LOCAL CHAPTER OF JDF
31	OALASER	Num	2	108		HX OF PHOTOCOAGULATION
21	OALESS13	Num	2	88		LESS THAN 13 YEARS OLD
11	OAMAGJ	Num	2	68		AD IN MAGAZINE/JOURNAL
30	OAMDI	Num	2	106		HX OF PREVIOUS MDI USE
33	OAMEDCON	Num	2	112		EXCLUDING MEDICAL CONDITION
32	OAMEDIC	Num	2	110		CHRONIC DISEASE REQUIRING MEDICATION
26	OAMOVE	Num	2	98		MOVING FROM NORTH AMERICA
10	OANEWS	Num	2	66		AD IN NEWSPAPER

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
12	OARNEWSJ	Num	2	70		ARTICLE IN NEWSPAPER OR JOURNAL
14	OAPOSTER	Num	2	74		POSTER AT HEALTH CARE CENTER
27	OAPREGN1	Num	2	100		NOW PREGNANT
28	OAPREGN2	Num	2	102		PLANS PREGNANCY
5	OAPREVID	Num	4	15		PREVIOUS ID NUMBER
6	OAPREVIN	Char	3	19		PREVIOUS INITIALS
29	OAPUMP	Num	2	104		HX OF PREVIOUS PUMP USE
13	OARADIO	Num	2	72		RADIO OR TV ANNOUNCEMENT
7	OAREASIN	Char	40	22		REASON FOR INELIGIBILITY
34	OARESTRT	Num	2	114		IS PATIENT A RESTART
20	OA40PLUS	Num	2	86		OVER 40 YEARS OLD
18	SEX	Num	2	82		SEX

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

Sortedby: MASK_PAT
 Validated: YES
 Character Set: EBCDIC

* DISTRIBUTIONAL SUMMARY *

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<--Total-->	<--Inf-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->
DCCT FORM NUMBER	N	347.00	378.00	725.00	363.00	351.00	714.00	710.00	729.00	1439.00	710.00	729.00	1439.00
Variable Name: FORM	Nmiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Value (11) %	13.54	14.02	13.79	24.79	20.80	22.83	19.30	17.28	18.28	19.30	17.28	18.28
	Value (13) %	6.34	5.29	5.79	7.71	12.54	10.08	7.04	8.78	7.92	7.04	8.78	7.92
	Value (14) %	3.46	3.17	3.31	11.02	6.84	8.96	7.32	4.94	6.12	7.32	4.94	6.12
	Value (15) %	24.50	23.81	24.14	34.16	33.05	33.61	29.44	28.26	28.84	29.44	28.26	28.84
	Value (16) %	52.16	53.70	52.97	22.31	26.78	24.51	36.90	40.74	38.85	36.90	40.74	38.85
LOCAL CHAPTER OF ADA	N	15.00	8.00	23.00	9.00	13.00	22.00	24.00	21.00	45.00	24.00	21.00	45.00
Variable Name: OAAADA	Nmiss	332.00	370.00	702.00	354.00	338.00	692.00	686.00	708.00	1394.00	686.00	708.00	1394.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
AGE	N	347.00	376.00	723.00	362.00	351.00	713.00	709.00	727.00	1436.00	709.00	727.00	1436.00
Variable Name: OAAAGE	Nmiss	0.00	2.00	2.00	1.00	0.00	1.00	1.00	2.00	3.00	1.00	2.00	3.00
	Mean	26.67	26.18	26.41	27.42	26.88	27.15	27.05	26.52	26.78	27.05	26.52	26.78
	Std	7.29	7.51	7.40	6.96	6.66	6.82	7.13	7.12	7.13	7.13	7.12	7.13
	Minimum	13.00	12.00	12.00	13.00	13.00	13.00	13.00	12.00	12.00	13.00	12.00	12.00
	25th pct	22.00	21.00	21.00	22.00	23.00	23.00	22.00	22.00	22.00	22.00	22.00	22.00
	Median	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00
	75th pct	32.00	32.00	32.00	33.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
	Maximum	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00
DATE BABY IS DUE	N	347.00	378.00	725.00	363.00	351.00	714.00	710.00	729.00	1439.00	710.00	729.00	1439.00
Variable Name: OABABYDU	Nmiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
MONTH/YEAR BEGAN USING INSULIN	N	345.00	378.00	723.00	356.00	344.00	700.00	701.00	722.00	1423.00	701.00	722.00	1423.00
Variable Name: OABGNINS	Nmiss	2.00	0.00	2.00	7.00	7.00	14.00	9.00	7.00	16.00	9.00	7.00	16.00
	Mean	739.90	731.67	735.60	703.69	749.97	726.43	721.51	740.39	731.09	721.51	740.39	731.09
	Std	365.40	361.50	363.14	348.73	346.69	348.25	357.24	354.39	355.80	357.24	354.39	355.80
	Minimum	172.00	180.00	172.00	171.00	171.00	171.00	171.00	171.00	171.00	171.00	171.00	171.00
	25th pct	385.00	386.00	385.00	378.00	475.50	383.00	383.00	386.00	385.00	383.00	386.00	385.00
	Median	782.00	686.50	781.00	676.50	774.50	682.00	686.00	774.00	771.00	686.00	774.00	771.00
	75th pct	1084.00	1083.00	1084.00	980.00	1076.00	1071.00	1073.00	1079.00	1076.00	1073.00	1079.00	1076.00
	Maximum	1287.00	1287.00	1287.00	1282.00	1285.00	1285.00	1287.00	1287.00	1287.00	1287.00	1287.00	1287.00
OTHER SOURCE	N	73.00	82.00	155.00	47.00	58.00	105.00	120.00	140.00	260.00	120.00	140.00	260.00
Variable Name: OAC10THR	Nmiss	274.00	296.00	570.00	316.00	293.00	609.00	590.00	589.00	1179.00	590.00	589.00	1179.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Notes: (VM=DOUGPROD 191: FOOTCMB6 LISTING)
 (VM=ARNOLD 191: DOCUMENT SAS)

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<Total-->	<--Int-->	<--Cnv-->	<Total-->	<--Int-->	<--Cnv-->	<Total-->	<--Int-->	<--Cnv-->	<Total-->
REFERRED BY INTERACTIVE TELEPHONE Variable Name: OAC2	N	176.00	200.00	376.00	70.00	86.00	156.00	246.00	286.00	532.00	246.00	286.00	532.00
	Nmiss	171.00	178.00	349.00	293.00	265.00	558.00	464.00	443.00	907.00	464.00	443.00	907.00
	Value (1) %	53.98	49.50	51.60	42.86	43.02	42.95	50.81	47.55	49.06	50.81	47.55	49.06
	Value (2) %	46.02	50.50	48.40	57.14	56.98	57.05	49.19	52.45	50.94	49.19	52.45	50.94
REFERRED BY PRIVATE PHYSICIAN Variable Name: OADOCTOR	N	19.00	25.00	44.00	28.00	36.00	64.00	47.00	61.00	108.00	47.00	61.00	108.00
	Nmiss	328.00	353.00	681.00	335.00	315.00	650.00	663.00	668.00	1331.00	663.00	668.00	1331.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
YEARS WITH DX OF IDDM Variable Name: OADXTIME	N	343.00	372.00	715.00	361.00	349.00	710.00	704.00	721.00	1425.00	704.00	721.00	1425.00
	Nmiss	4.00	6.00	10.00	2.00	2.00	4.00	6.00	8.00	14.00	6.00	8.00	14.00
	Mean	2.24	2.23	2.24	8.54	8.22	8.38	5.47	5.13	5.30	5.47	5.13	5.30
	Std	1.42	1.50	1.46	3.75	3.68	3.71	4.25	4.08	4.17	4.25	4.08	4.17
	Minimum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	25th pct	1.00	1.00	1.00	6.00	6.00	6.00	2.00	2.00	2.00	2.00	2.00	2.00
	Median	2.00	2.00	2.00	9.00	8.00	9.00	4.00	4.00	4.00	4.00	4.00	4.00
	75th pct	3.00	3.00	3.00	12.00	11.00	12.00	9.00	8.00	9.00	9.00	8.00	9.00
	Maximum	12.00	12.00	12.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
DIAGNOSED LESS THAN 1 YR AGO Variable Name: OADX1YR	N	24.00	21.00	45.00	3.00	0.00	3.00	27.00	21.00	48.00	27.00	21.00	48.00
	Nmiss	323.00	357.00	680.00	360.00	351.00	711.00	683.00	708.00	1391.00	683.00	708.00	1391.00
	Value (1) %	100.00	100.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
DIAGNOSED MORE THAN 15 YRS AGO Variable Name: OADX15YR	N	0.00	4.00	4.00	0.00	1.00	1.00	0.00	5.00	5.00	0.00	5.00	5.00
	Nmiss	347.00	374.00	721.00	363.00	350.00	713.00	710.00	724.00	1434.00	710.00	724.00	1434.00
	Value (1) %	0.00	100.00	100.00	0.00	100.00	100.00	0.00	100.00	100.00	0.00	100.00	100.00
POTENTIALLY ELIGIBLE Variable Name: OAEELIGIB	N	346.00	375.00	721.00	363.00	347.00	710.00	709.00	722.00	1431.00	709.00	722.00	1431.00
	Nmiss	1.00	3.00	4.00	0.00	4.00	4.00	1.00	7.00	8.00	1.00	7.00	8.00
	Value (1) %	3.18	2.40	2.77	1.93	1.73	1.83	2.54	2.08	2.31	2.54	2.08	2.31
	Value (2) %	96.82	97.60	97.23	98.07	98.27	98.17	97.46	97.92	97.69	97.46	97.92	97.69
TYPE OF EXCLUSION Variable Name: OAEEXCLPT	N	9.00	7.00	16.00	4.00	1.00	5.00	13.00	8.00	21.00	13.00	8.00	21.00
	Nmiss	338.00	371.00	709.00	359.00	350.00	709.00	697.00	721.00	1418.00	697.00	721.00	1418.00
	Value (1) %	11.11	14.29	12.50	0.00	100.00	20.00	7.69	25.00	14.29	7.69	25.00	14.29
	Value (2) %	88.89	85.71	87.50	100.00	0.00	80.00	92.31	75.00	85.71	92.31	75.00	85.71
IDDM Variable Name: OAIIDDM	N	346.00	376.00	722.00	363.00	350.00	713.00	709.00	726.00	1435.00	709.00	726.00	1435.00
	Nmiss	1.00	2.00	3.00	0.00	1.00	1.00	1.00	3.00	4.00	1.00	3.00	4.00
	Value (2) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Variable Attributes	Statistic	Primary Retinopathy		Secondary Retinopathy		Treatment Group		Overall		
		<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->
INELIGIBLE-LACK OF INTEREST Variable Name: OAINELIN	N Nmiss Value (1) %	0.00 347.00 0.00	1.00 377.00 100.00	1.00 724.00 100.00	0.00 363.00 0.00	0.00 351.00 0.00	0.00 714.00 0.00	0.00 710.00 0.00	1.00 728.00 100.00	1.00 1438.00 100.00
INELIGIBLE-MOVING AWAY Variable Name: OAINELMW	N Nmiss Value (1) %	0.00 347.00 0.00	0.00 378.00 0.00	0.00 725.00 0.00	0.00 363.00 0.00	1.00 350.00 100.00	1.00 713.00 100.00	0.00 710.00 0.00	1.00 728.00 100.00	1.00 1438.00 100.00
INELIGIBLE-OTHER Variable Name: OAINELOT	N Nmiss Value (1) %	7.00 340.00 100.00	2.00 376.00 100.00	9.00 716.00 100.00	2.00 361.00 100.00	2.00 349.00 100.00	4.00 710.00 100.00	9.00 701.00 100.00	4.00 725.00 100.00	13.00 1426.00 100.00
INELIGIBLE-LACK FAMILY SUPPORT Variable Name: OAINELSP	N Nmiss	0.00 347.00	0.00 378.00	0.00 725.00	0.00 363.00	0.00 351.00	0.00 714.00	0.00 710.00	0.00 729.00	0.00 1439.00
INELIGIBLE-TIME COMMITMENT Variable Name: OAINELTM	N Nmiss Value (1) %	0.00 347.00 0.00	0.00 378.00 0.00	0.00 725.00 0.00	1.00 362.00 100.00	0.00 351.00 0.00	1.00 713.00 100.00	1.00 709.00 100.00	0.00 729.00 0.00	1.00 1438.00 100.00
INELIGIBLE-RANDOMIZATION/TREATMENT GROUP Variable Name: OAINELTR	N Nmiss	0.00 347.00	0.00 378.00	0.00 725.00	0.00 363.00	0.00 351.00	0.00 714.00	0.00 710.00	0.00 729.00	0.00 1439.00
LOCAL CHAPTER OF JDF Variable Name: OAJDF	N Nmiss Value (1) %	2.00 345.00 100.00	1.00 377.00 100.00	3.00 722.00 100.00	0.00 363.00 0.00	2.00 349.00 100.00	2.00 712.00 100.00	2.00 708.00 100.00	3.00 726.00 100.00	5.00 1434.00 100.00
HX OF PHOTOCOAGULATION Variable Name: OALASER	N Nmiss Value (1) %	347.00 0.00 100.00	377.00 1.00 100.00	724.00 1.00 100.00	363.00 0.00 100.00	351.00 0.00 100.00	714.00 0.00 100.00	710.00 0.00 100.00	728.00 1.00 100.00	1438.00 1.00 100.00
LESS THAN 13 YEARS OLD Variable Name: OALLES13	N Nmiss Value (1) %	0.00 347.00 0.00	2.00 376.00 100.00	2.00 723.00 100.00	1.00 362.00 100.00	1.00 350.00 100.00	2.00 712.00 100.00	1.00 709.00 100.00	3.00 726.00 100.00	4.00 1435.00 100.00
AD IN MAGAZINE/JOURNAL Variable Name: OAMAGJ	N Nmiss Value (1) %	73.00 274.00 100.00	80.00 298.00 100.00	153.00 572.00 100.00	48.00 315.00 100.00	44.00 307.00 100.00	92.00 622.00 100.00	121.00 589.00 100.00	124.00 605.00 100.00	245.00 1194.00 100.00
HX OF PREVIOUS MDI USE Variable Name: OAMD1	N Nmiss Value (1) % Value (2) %	347.00 0.00 100.00 0.00	377.00 1.00 100.00 0.00	724.00 1.00 100.00 0.00	363.00 0.00 100.00 0.00	351.00 0.00 100.00 0.28	714.00 0.00 100.00 0.14	710.00 0.00 100.00 0.00	728.00 1.00 100.00 0.14	1438.00 1.00 100.00 0.07

* * D I S T R I B U T I O N A L S U M M A R Y * *

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	<Overall-->
EXCLUDING MEDICAL CONDITION Variable Name: OAMEDCON	N Nmiss Value (1) % Value (2) %	344.00 3.00 100.00 0.00	375.00 3.00 100.00 0.00	719.00 6.00 100.00 0.00	360.00 3.00 99.72 0.28	349.00 2.00 100.00 0.00	709.00 5.00 99.86 0.14	704.00 6.00 99.86 0.14	724.00 5.00 100.00 0.00	1428.00 11.00 99.93 0.07	
CHRONIC DISEASE REQUIRING MEDICATION Variable Name: OAMEDIC	N Nmiss Value (1) % Value (2) %	346.00 1.00 99.71 0.29	376.00 2.00 100.00 0.00	722.00 3.00 99.86 0.14	363.00 0.00 100.00 0.00	350.00 1.00 100.00 0.00	713.00 1.00 100.00 0.00	709.00 1.00 99.86 0.14	726.00 3.00 100.00 0.00	1435.00 4.00 99.93 0.07	
MOVING FROM NORTH AMERICA Variable Name: OAMOVE	N Nmiss Value (1) %	346.00 1.00 100.00	378.00 0.00 100.00	724.00 1.00 100.00	362.00 1.00 100.00	348.00 3.00 100.00	710.00 4.00 100.00	708.00 2.00 100.00	726.00 3.00 100.00	1434.00 5.00 100.00	
AD IN NEWSPAPER Variable Name: OANEWS	N Nmiss Value (1) %	48.00 299.00 100.00	47.00 331.00 100.00	95.00 630.00 100.00	70.00 293.00 100.00	54.00 297.00 100.00	124.00 590.00 100.00	118.00 592.00 100.00	101.00 628.00 100.00	219.00 1220.00 100.00	
ARTICLE IN NEWSPAPER OR JOURNAL Variable Name: OANEWSJ	N Nmiss Value (1) %	66.00 281.00 100.00	79.00 299.00 100.00	145.00 580.00 100.00	80.00 283.00 100.00	61.00 290.00 100.00	141.00 573.00 100.00	146.00 564.00 100.00	140.00 589.00 100.00	286.00 1153.00 100.00	
POSTER AT HEALTH CARE CENTER Variable Name: OAPOSTER	N Nmiss Value (1) %	2.00 345.00 100.00	12.00 366.00 100.00	14.00 711.00 100.00	6.00 357.00 100.00	3.00 348.00 100.00	9.00 705.00 100.00	8.00 702.00 100.00	15.00 714.00 100.00	23.00 1416.00 100.00	
NOW PREGNANT Variable Name: OAPREGN1	N Nmiss Value (1) %	181.00 166.00 100.00	182.00 196.00 100.00	363.00 362.00 100.00	183.00 180.00 100.00	171.00 180.00 100.00	354.00 360.00 100.00	364.00 346.00 100.00	353.00 376.00 100.00	717.00 722.00 100.00	
PLANS PREGNANCY Variable Name: OAPREGN2	N Nmiss Value (1) %	171.00 176.00 100.00	168.00 210.00 100.00	339.00 386.00 100.00	164.00 199.00 100.00	154.00 197.00 100.00	318.00 396.00 100.00	335.00 375.00 100.00	322.00 407.00 100.00	657.00 782.00 100.00	
PREVIOUS ID NUMBER Variable Name: OAPREVJD	N Nmiss Mean Std Minimum 25th pct Median 75th pct Maximum	25.00 322.00 16165.76 12372.50 1010.00 6083.00 13183.00 24164.00 42001.00	21.00 357.00 13815.52 8035.65 3393.00 9184.00 12013.00 17339.00 41181.00	46.00 679.00 15092.83 10570.78 1010.00 8158.00 12050.50 20147.00 42001.00	19.00 344.00 13353.68 6247.04 4087.00 9029.00 12080.00 19164.00 23094.00	18.00 333.00 12552.61 6728.73 2088.00 8227.00 12527.50 15163.00 27017.00	37.00 677.00 12963.97 6407.63 2088.00 9029.00 12080.00 17126.00 27017.00	44.00 666.00 14951.45 10186.31 1010.00 6634.50 12631.50 21177.00 42001.00	39.00 690.00 13232.64 7392.35 2088.00 8202.00 12023.00 17339.00 41181.00	83.00 1356.00 14143.82 8971.08 1010.00 8202.00 12078.00 19164.00 42001.00	

Notes: (vm=DOUGPROD 191; FOOTCMB6 LISTING)
 (vm=ARNOLD 191; DOCUMENT SAS)

* * D I S T R I B U T I O N A L S U M M A R Y * *

Variable Attributes	Statistic	<-----Primary Retinopathy----->		<-----Secondary Retinopathy----->		<--Treatment Group-->		<Overall>
		<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	
MX OF PREVIOUS PUMP USE Variable Name: OAPUMP	N	347.00	376.00	723.00	362.00	351.00	713.00	1436.00
	Mmiss	0.00	2.00	2.00	1.00	0.00	1.00	3.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00
RADIO OR TV ANNOUNCEMENT Variable Name: OARADIO	N	25.00	23.00	48.00	31.00	30.00	61.00	109.00
	Mmiss	322.00	355.00	677.00	332.00	321.00	653.00	1330.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00
IS PATIENT A RESTART Variable Name: OARESTR	N	297.00	322.00	619.00	266.00	271.00	537.00	1156.00
	Mmiss	50.00	56.00	106.00	97.00	80.00	177.00	283.00
	Value (1) %	91.58	93.48	92.57	92.86	93.36	93.11	92.82
Value (2) %	8.42	6.52	7.43	7.14	6.64	6.89	7.18	
OVER 40 YEARS OLD Variable Name: OAM40PLUS	N	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Mmiss	347.00	378.00	725.00	363.00	351.00	714.00	1439.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00
SEX Variable Name: SEX	N	347.00	378.00	725.00	363.00	351.00	714.00	1439.00
	Mmiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Value (1) %	49.57	54.50	52.14	53.44	53.85	53.64	52.88
Value (2) %	50.43	45.50	47.86	46.56	46.15	46.36	47.12	