

DCCT Data Set Documentation: Form 20

Form 20: Notification of Intercurrent Event

Purpose: Collect details on intercurrent events (as defined in Chapter 10 of the DCCT Manual of Operations).

Collection Schedule: Reported in real time as clinical centers learned of intercurrent events.

Data Set Name: F020CMB4

Structure: One record per event.

Size: 7703 observations of 91 variables.

Known Anomalies: Data collection on the Form 20 was specific to those intercurrent events defined in Chapter 10 of the DCCT Manual of Operations. In particular, deaths not initially attributed to diabetes-related causes were not necessarily reported on this form. Refer to the patient-status data set (DCExport.LongStat) for information on vital status, including dates of deaths.





DIABETES CONTROL AND COMPLICATIONS TRIAL
 Notification of Intercurrent Event

This form must be completed each time a patient who has been randomized or is undergoing eligibility screening experiences a major intercurrent event. These events are listed and defined in Chapter 10 of the DCCCT Manual of Operations. Definitions of the time frame categories are given in the same chapter.

This form should be completed according to the time frames given in Chapter 10 and mailed to this address: DCCCT Morbidity/Mortality Classification Committee, The Biostatistics Center, 6110 Executive Boulevard, Suite 750, Rockville, Maryland 20852. A copy of the form is to be kept in the clinic's files. On the Clinic Forms Inventory and Forms Mailing List (DCCCT Forms 040 and 041), you should list the Form 020 which was mailed to the Coordinating Center.

A. IDENTIFYING INFORMATION

2 CLINIC 1. Clinic Number _____

3 PATIENT 2. Patient ID Number _____

4 INITIALS 3. Patient's initials _____

5 BOCOMDAT 4. Date form completed

Month	Day	Year	No	Yes
_____	_____	_____	(1)	(2)

6 Do RANDOMS. Has the patient been randomized?

B. RECOGNITION OF INTERCURRENT EVENT

1a) Specify date of occurrence or recognition of inter-current event:

7 FORMDATE _____ OR _____

8 BOCCUR b) If date uncertain, check here:

9 BOLEARN 2. Specify date DCCCT clinic learned of the inter-current event:

Month	Day	Year	(1)
_____	_____	_____	(1)

3. How did the clinic learn of the intercurrent event? 10 BOHOWLRN

Patient or patient's family/friends contacted clinic (1)

Third party contacted clinic (2)

Clinic recognized event and informed the patient (3)

Patient informs clinic at follow-up visit (4)

C. NATURE OF INTERCURRENT EVENT

1. Indicate diagnosis. (CHECK ALL THAT APPLY).

<u>Diabetic Intercurrent Events</u>	Time Frame Category
a) Ketacidosis	(1) 2 BOCA 11
b) Hyperglycemic, hyperosmolar, nonketotic coma	(1) 2 BOCB 12
c) Definite catastrophic hypoglycemia*	(1) 1 BOCC 13
d) Suspected catastrophic hypoglycemia*	(1) 1 BOCD 14
e) Definite severe hypoglycemia*	(1) 2 BOCE 15
f) Suspected severe hypoglycemia*	(1) 2 BOCF 16

*Be certain to complete Question 3 below and Form 083.

Patient ID _____

				Time Frame Category
17	B0CG	g) Loss of vision	(1)	2
18	B0CH	h) High risk characteristics (HRC)	(1)	2
19	B0CI	i) Ocular disease (OTHER THAN RETINOPATHY) that may influence visual acuity or require surgery or medical treatment for >3 months (SPECIFY UNDER QUESTION 2)	(1)	2
20	B0CJ	j) Photocoagulation	(1)	2
<u>Cardiovascular Intercurrent Events</u>				
21	B0CK	k) Definite acute myocardial infarction	(1)	2
22	B0CL	l) Suspected acute myocardial infarction	(1)	2
23	B0CM	m) Angina pectoris	(1)	2
24	B0CN	n) Arrhythmia	(1)	2
25	B0CO	o) Congestive heart failure	(1)	2
26	B0CP	p) Initial diagnosis of hypertension	(1)	2
27	B0CQ	q) CVA with permanent neurological deficit	(1)	2
28	B0CR	r) CVA without permanent neurological deficit	(1)	2
<u>Renal Intercurrent Events</u>				
29	B0CS	s) Renal insufficiency	(1)	2
<u>Other Intercurrent Events</u>				
30	B0CT	t) Infusion catheter infection	(1)	2
31	B0CU	u) Amputation (traumatic)	(1)	2
32	B0CV	v) Amputation (surgical)	(1)	2

				Time Frame Category
w)		Major accident not requiring hospitalization but requiring medical attention	(1)	2 B0CW 33
x)		Major accident requiring hospitalization	(1)	2 B0CX 34
y)		Overnight hospitalization (SPECIFY UNDER QUESTION 2)	(1)	2 B0CY 35
z)		Psychiatric disease requiring treatment	(1)	2 B0CZ 36
aa)		Other (SPECIFY UNDER QUESTION 2)	(1)	2 B0CAA 37
<u>Pregnancy Related Intercurrent Events</u>				
bb)		Pregnancy (to be completed when patient is diagnosed)	(1)	2 B0CBB 38
cc)		Abortion (spontaneous)	(1)	2 B0CCC 39
dd)		Abortion (induced)	(1)	2 B0CDD 40
ee)		Live birth:		
		Birth weight (grams)	---	B0CEE1 41
		Gestational age (wks)	---	B0CEE2 42
		Apgar Score	---	B0CEE3 43
ff)		Discharged alive with congenital malformation (SPECIFY UNDER QUESTION 2)	(1)	2 B0CFF 44
gg)		Discharged alive without congenital malformation	(1)	2 B0CGG 45
hh)		Neonatal death with congenital malformation (SPECIFY UNDER QUESTION 2)	(1)	2 B0CHH 46
ii)		Neonatal death with other complications (SPECIFY UNDER QUESTION 2)	(1)	2 B0CII 47
jj)		Still birth with congenital malformation (SPECIFY UNDER QUESTION 2)	(1)	2 B0CIJ 48
kk)		Still birth with other complications (SPECIFY UNDER QUESTION 2)	(1)	2 B0CKK 49

Central Unit Notification

50 BOCKKA Check here if in response to central unit notification. (When checked, proceed to Section B. or the response below, and then proceed to Section B.)

Code	Description	Time Frame Category
51 BOCLL	Notification of pre-proliferative or proliferative characteristics	(1) 2 1
52 BOCLM	Notification of clinically significant macular edema	(1) 2 4
53 BOCLN	Notification of hypercholesterolemia	(1) 2
54 BOCLQ	Notification of hypertriglyceridemia	(1) 2
55 BOCLPP	Notification of neuropsychological deterioration	(1) 2

2. Give diagnosis or describe condition, symptoms and suspected causes.

3. Complete this question only if catastrophic or severe hypoglycemia is being reported. Otherwise proceed to Question 4.

Indicate symptoms or signs of hypoglycemia which occurred. (CHECK ALL THAT APPLY)

- a) Death (1) BOC3A 56
- b) Neurological insult requiring hospitalization (1) BOC3B 57
- c) Myocardial infarction (1) BOC3C 58
- d) Stroke (1) BOC3D 59
- e) Injury to the patient requiring hospitalization (1) BOC3E 60
- f) Injury to another person (1) BOC3F 61
- g) Property damage (1) BOC3G 62
- h) Traffic violation (1) BOC3H 63
- i) Loss of consciousness (1) BOC3I 64
- j) Seizure (1) BOC3J 65
- k) Suspected seizure (1) BOC3K 66
- l) Unusual difficulty in awakening (1) BOC3L 67
- m) Irrational (1) BOC3M 68
- n) Uncontrollable behavior (1) BOC3N 69
- o) Confusion (1) BOC3O 70
- p) Memory loss (1) BOC3P 71
- q) Other; specify: (1) BOC3Q 72

Be sure to complete a Form 083.

Patient ID _____

4. If a specific diagnosis was made, how was it established? (SEE THE CRITERIA IN CHAPTER 10 OF THE MANUAL OF OPERATIONS)

4. Was any operation performed to treat this event? No Yes 81
(1) (2) BOD4

If YES, specify operation and results:

No Yes 82

5. Did the patient receive psychiatric counseling? (1) (2) BOD5

6. Were other forms of treatment used for this event? (1) (2) BOD6 83

If YES, specify:

7. Specify the period of treatment for the intercurrent event:

84

a) Date of admission or start of treatment: Month Day Year BOD7ADAT

85

b) (1) If treatment is still in progress, check here: (1) BOD7ABI

(11) Otherwise, enter date of discharge or conclusion of treatment: Month Day Year BOD7BDAT 86

D. TREATMENT OF INTERCURRENT EVENT

1. Where was (1a) the intercurrent event (being) treated? (CHECK ALL THAT APPLY)

- 73 BOD1A e) Emergency room (1)
- 74 BOD1B b) Hospital inpatient ward (1)
- 75 BOD1C c) Office visit (1)
- 76 BOD1D d) Long-term care institution (1)
- 77 BOD1E e) DCCT clinic (1)
- 78 BOD1F f) Other; SPECIFY: (1)

79 BOD2 2. Did the DCCT clinic staff treat the patient for this event? No Yes
(1) (2)

80 BOD3 3. Were any medications prescribed to treat this event? (1) (2)

If YES, list medications, doses and use duration:

Patient ID _____

E. EFFECT ON DIABETIC CONTROL

COMPLETE THIS SECTION ONLY IF THE PATIENT HAS BEEN RANDOMIZED

87

BOE1

1. Was diabetic control influenced by the intercurrent event or treatment? No Yes Unknown (1) (2) (3)

If YES, in what way?

b) (1) Enter the date the diabetes treatment was altered

OR

(11) If date uncertain, check here:

c) (1) Enter the date the patient returned to a diabetes treatment that conformed with protocol-specified therapy

OR

(11) If the patient has not yet returned to the protocol required treatment, check here:

Month Day Year 99 BOE2BDAT

(1) BOE2BII

Month Day Year 91 BOE2C DAT

(1) BOE2CII

No Yes

2. Was the diabetes treatment altered to an extent that it did not conform to the usual treatment (as specified in the Protocol and Manual of Operations) for patients in that study group? (1) (2)

If YES, (a) in what way?

88

BOE2

Print ID _____

NOTE: IF THE EVENT OR ITS THERAPY WILL INVOLVE DEVIATION FROM THE DCCT TREATMENT, COMPLETE THE NOTIFICATION OF DEVIATION FROM ASSIGNED TREATMENT (DCCT FORM 022). IF THE EVENT OR ITS THERAPY WILL PRECLUDE COLLECTION OF ENDPOINT DATA FOR A PROLONGED PERIOD OF TIME, COMPLETE THE NOTIFICATION OF MISSED VISIT OR MODIFICATION OF FOLLOWUP SCHEDULE (DCCT FORM 14)

Type or print name of person completing this form: _____
Certification Number (if any) 93
BOCERTND

Signature of Principal Investigator: 44 BOPL
(added 4-11-88)

FOR COORDINATING CENTER USE ONLY

1. Reviewed:	Month	Day	Year
			<u>94-45</u> <u>BOREVIEW</u>
2. Recommendations: (if any):	_____		

3. Clinic notified:	Month	Day	Year
			<u>96</u> <u>95-</u> <u>BONDIFY</u>

97
96
BOWEKN0

CONTENTS PROCEDURE

Data Set Name: DCEXPORT.F020CMB4
 Member Type: DATA
 Engine: V608
 Created: 15:14 Friday, December 1, 1995
 Last Modified: 15:14 Friday, December 1, 1995
 Protection:
 Data Set Type:
 Label:
 Observations: 7703
 Variables: 91
 Indexes: 0
 Observation Length: 216
 Deleted Observations: 0
 Compressed: NO
 Sorted: YES

-----Engine/Host Dependent Information-----

Data Set Page Size: 11264
 Number of Data Set Pages: 150
 File Format: 607
 First Data Page: 2
 Max Obs per Page: 52
 Obs in First Data Page: 50
 Userid : ONITE1
 File : F020CMB4 DCEXPORT

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

#	Variable	Type	Len	Pos	Format	Label
16	BOCA	Num	2	58		KETOACIDOSIS
42	BOCAA	Num	2	110		OTHER (ITEM AA)
17	BOCB	Num	2	60		HYPERGLYCEMIC,HYPEROSMOLAR, NONKET.COMA
43	BOCBB	Num	2	112		PREGNANCY (COMPLETED WHEN DIAGNOSED)
18	BOCC	Num	2	62		DEFINITE CATASTROPHIC HYPOGLYCEMIA
44	BOCCC	Num	2	114		ABORTION (SPONTANEOUS)
19	BOCD	Num	2	64		SUSPECTED CATASTROPHIC HYPOGLYCEMIA
45	BOCDD	Num	2	116		ABORTION (INDUCED)
20	BOCE	Num	2	66		DEFINITE SEVERE HYPOGLYCEMIA
10	BOCEE1	Num	3	43		BIRTH WEIGHT (GRAMS)
11	BOCEE2	Num	3	46		GESTATIONAL AGE
12	BOCEE3	Num	3	49		APGAR SCORE
21	BOCF	Num	2	68		SUSPECTED SEVERE HYPOGLYCEMIA
46	BOCFF	Num	2	118		ALIVE WITH CONGENITAL MALFORMATION
22	BOCG	Num	2	70		LOSS OF VISION
47	BOCGG	Num	2	120		ALIVE WITHOUT CONGENITAL MALFORMATION
23	BOCH	Num	2	72		HIGH RISK CHARACTERISTICS (HRC)
48	BOCHH	Num	2	122		NEONATAL DEATH/CONGENITAL MALFORMATION
24	BOCI	Num	2	74		OCULAR DISEASE--OTHER THAN RETIN.
49	BOCII	Num	2	124		NEONATAL DEATH/OTHER COMPLICATIONS
25	BOCJ	Num	2	76		PHOTOCOAGULATION
50	BOCJJ	Num	2	126		STILL BIRTH/CONGENITAL MALFORMATION
26	BOCK	Num	2	78		DEFINITE ACUTE MYOCARDIAL INFAR.
51	BOCKK	Num	2	128		STILL BIRTH/OTHER COMPLICATIONS
52	BOCKKA	Num	2	130		RESPONSE TO CENTRAL NOTIFICATION
27	BOCL	Num	2	80		SUSPECTED ACUTE MUOCARDIAL INFAR.
53	BOCLL	Num	2	132		NOTIFICATION OF PRE-PROLIFERATIVE
28	BOCM	Num	2	82		ANGINA PECTORIS
54	BOCMH	Num	2	134		SIGNIFICANT MACULAR EDEMA
29	BOCN	Num	2	84		ARRHYTHMIA
55	BOCNN	Num	2	136		NOTIFICATION OF HYPERCHOLESTEROLEMIA

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
30	BOCO	Num	2	86		CONGESTIVE HEART FAILURE
3	BOCOMDAT	Char	6	6		DATE FORM COMPLETED
56	BOCOO	Num	2	138		NOTIFICATION OF HYPERTRIGLYCERIDEMIA
31	BOCP	Num	2	88		INITIAL DIAGNOSIS OF HYPERTENSION
57	BOCPP	Num	2	140		NOTIF. OF NEUROPSYCHOLOGICAL DETER.
32	BOCQ	Num	2	90		CVA WITH PERM. NEUROLOGICAL DEFICIT
33	BOCR	Num	2	92		CVA WITHOUT PERMANENT NEUROLO. DEFICIT.
34	BOCS	Num	2	94		RENAL INSUFFICIENCY
35	BOCT	Num	2	96		INFUSION CATHETER INFECTION
36	BOCU	Num	2	98		AMPUTATION (TRAUMATIC)
37	BOCV	Num	2	100		AMPUTATION (SURGICAL)
38	BOCW	Num	2	102		ACCIDENT NOT REQUIRING HOSP.
39	BOCX	Num	2	104		ACCIDENT REQUIRING HOSPITALIZATION
40	BOCY	Num	2	106		OVERNIGHT HOSPITALIZATION
41	BOCZ	Num	2	108		PSYCHIATRIC DISEASE REQUIRING TREAT.
58	BOC3A	Num	2	142		DEATH
59	BOC3B	Num	2	144		NEUROLOGICAL INSULT REQUIRING HOSP.
60	BOC3C	Num	2	146		MYOCARDIAL INFARCTION
61	BOC3D	Num	2	148		STROKE
62	BOC3E	Num	2	150		INJURY TO THE PATIENT REQUIRING HOSP.
63	BOC3F	Num	2	152		INJURY TO ANOTHER PERSON
64	BOC3G	Num	2	154		PROPERTY DAMAGE
65	BOC3H	Num	2	156		TRAFFIC VIOLATION
66	BOC3I	Num	2	158		LOSS OF CONSCIOUSNESS
67	BOC3J	Num	2	160		SEIZURE
68	BOC3K	Num	2	162		SUSPECTED SEIZURE
69	BOC3L	Num	2	164		UNUSUAL DIFFICULTY IN AWAKENING
70	BOC3M	Num	2	166		IRRATIONAL
71	BOC3N	Num	2	168		UNCONTROLLABLE BEHAVIOR
72	BOC3O	Num	2	170		CONFUSION
73	BOC3P	Num	2	172		MEMORY LOSS
74	BOC3Q	Num	2	174		OTHER SIGNS OF HYPOGLYCEMIA
80	BOD2	Num	2	186		STAFF TREAT PATIENT FOR THIS EVENT
81	BOD3	Num	2	188		ANY MEDICATION PRESCRIBED
82	BOD4	Num	2	190		ANY OPERATION PERFORMED
83	BOD5	Num	2	192		PATIENT RECEIVE PSYCHIATRIC COUNSELING
84	BOD6	Num	2	194		OTHER FORMS OF TREAT. USED FOR EVENT
75	BOD1A	Num	2	176		EMERGENCY ROOM
76	BOD1B	Num	2	178		HOSPITAL INPATIENT WARD
77	BOD1C	Num	2	180		OFFICE VISIT
78	BOD1D	Num	2	182		LONG-TERM CARE INSTITUTION
79	BOD1F	Num	2	184		OTHER TREATMENT-INTERCURRENT EVENT
5	BOD7ADAT	Char	6	18		DATE OF ADMISS./START OF TREATMENT
6	BOD7BDAT	Char	6	24		DATE OF DISCHARGE OR CONCLUSION
85	BOD7BI	Num	2	196		TREATMENT IS STILL IN PROGRESS ?
86	BOE1	Num	2	198		DIABETIC CONTROL INFLUENCED ?
87	BOE2	Num	2	200		DIABETIC TREATMENT ALTERED ?
7	BOE2BDAT	Char	6	30		DATE DIABETES TREATMENT ALTERED
88	BOE2BII	Num	2	202		DATE RX ALTERED UNCERTAIN
8	BOE2CDAT	Char	6	36		PROTOCOL REQUIRED TREATMENT
89	BOE2CII	Num	2	204		PATIENT NOT YET RETURNED TO USUAL RX
15	BOHOWLRN	Num	2	56		HOW DID CLINIC LEARN OF EVENT
4	BOLEARN	Char	6	12		DATE CLINIC LEARNED OF EVENT

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
14	BOCCUR	Num	2	54		DATE OF EVENT UNCERTAIN
13	BORANDOM	Num	2	52		HAS THE PATIENT BEEN RANDOMIZED
9	DUPOK	Char	1	42		NOT QUITE DUPLICATE FORM
2	FORM	Num	3	3		DCCT FORM NUMBER
1	FSASDATE	Num	3	0	MMDYY8.	FORMDATE AS SAS DATE VALUE
90	HOSPTX	Num	2	206		HOSPITALIZED FOR GLYCEMIC CONTROL
91	MASK_PAT	Num	8	208		Patient ID number

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

Sortedby: MASK_PAT
 Validated: YES
 Character Set: EBCDIC

* * 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-----	
		<--Int-->	<--Cnv-->	<--Int-->	<--Cnv-->	<--Int-->	<--Cnv-->
KETOACIDOSIS							
Variable Name: BOCA	N	48.00	47.00	95.00	46.00	89.00	90.00
	Nmiss	1878.00	895.00	2773.00	2922.00	4746.00	2719.00
	Value (R) %	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
OTHER (ITEM AA)							
Variable Name: BOCAA	N	68.00	48.00	116.00	105.00	185.00	128.00
	Nmiss	1858.00	894.00	2752.00	2863.00	4650.00	2681.00
	Value (1) %	100.00	100.00	100.00	98.10	97.84	98.44
	Value (2) %	0.00	0.00	0.00	1.90	2.16	1.56
HYPERGLYCEMIC, HYPEROSMOLAR, NONKET. COMA							
Variable Name: BOCB	N	0.00	1.00	1.00	1.00	1.00	1.00
	Nmiss	1926.00	941.00	2867.00	2967.00	4834.00	2808.00
	Value (1) %	0.00	100.00	100.00	100.00	100.00	100.00
PREGNANCY (COMPLETED WHEN DIAGNOSED)							
Variable Name: BOCCB	N	70.00	58.00	128.00	73.00	165.00	150.00
	Nmiss	1856.00	884.00	2740.00	2895.00	4670.00	2659.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00
DEFINITE CATASTROPHIC HYPOGLYCEMIA							
Variable Name: BOCC	N	5.00	0.00	5.00	5.00	7.00	2.00
	Nmiss	1921.00	942.00	2863.00	2963.00	4828.00	2807.00
	Value (1) %	100.00	0.00	100.00	100.00	100.00	100.00
ABORTION (SPONTANEOUS)							
Variable Name: BOCCC	N	6.00	7.00	13.00	13.00	22.00	16.00
	Nmiss	1920.00	935.00	2855.00	2955.00	4813.00	2793.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00
SUSPECTED CATASTROPHIC HYPOGLYCEMIA							
Variable Name: BOCD	N	2.00	1.00	3.00	1.00	3.00	3.00
	Nmiss	1924.00	941.00	2865.00	2967.00	4832.00	2806.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00
ABORTION (INDUCED)							
Variable Name: BOCCD	N	10.00	3.00	13.00	12.00	29.00	20.00
	Nmiss	1916.00	939.00	2855.00	2956.00	4806.00	2789.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00
DEFINITE SEVERE HYPOGLYCEMIA							
Variable Name: BOCE	N	977.00	292.00	1269.00	1434.00	1869.00	727.00
	Nmiss	949.00	650.00	1599.00	1534.00	2966.00	2082.00
	Value (1) %	100.00	100.00	100.00	100.00	100.00	100.00
BIRTH WEIGHT (GRAMS)							
Variable Name: BOCEE1	N	48.00	37.00	85.00	40.00	98.00	95.00
	Nmiss	1878.00	905.00	2783.00	2928.00	4737.00	2714.00
	Mean	3663.96	3817.78	3730.92	3603.10	3552.15	3634.16
	Std	862.08	769.98	822.07	764.31	705.05	719.39
	Minimum	477.00	1500.00	477.00	1271.00	1271.00	477.00
	25th pct	3200.00	3380.00	3332.00	3217.50	3236.00	3260.00
	Median	3768.00	3682.00	3735.00	3716.00	3600.00	3590.00
	75th pct	4140.00	4270.00	4256.00	3988.50	3976.00	4080.00
	Maximum	5820.00	5516.00	5820.00	5566.00	5566.00	5516.00

Notes: (VM=DOUGPROD 191: F020CMB4 LISTING)
 (VM=ARNOLD 191: DOCUMENT SAS)

* DISTRIBUTIONAL SUMMARY *

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Total->	<Overall>
GESTATIONAL AGE														
Variable Name: BOCEE2	N	46.00	37.00	83.00	40.00	56.00	96.00	86.00	93.00	179.00	86.00	93.00	179.00	173.00
	Nmiss	1880.00	905.00	2785.00	2928.00	1811.00	4739.00	4808.00	2716.00	7524.00	4808.00	2716.00	7524.00	7530.00
	Mean	37.83	37.86	37.84	37.18	37.96	37.64	37.52	37.92	37.73	37.52	37.92	37.73	37.90
	Std	1.55	1.69	1.60	1.68	1.68	1.72	1.64	1.68	1.66	1.64	1.68	1.66	1.66
	Minimum	34.00	34.00	34.00	32.00	33.00	32.00	32.00	33.00	32.00	32.00	33.00	32.00	32.00
	25th pct	37.00	37.00	37.00	36.00	37.00	37.00	37.00	37.00	37.00	37.00	37.00	37.00	37.00
	Median	38.00	38.00	38.00	38.00	38.00	38.00	38.00	38.00	38.00	38.00	38.00	38.00	38.00
	75th pct	39.00	39.00	39.00	38.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00
	Maximum	41.00	42.00	42.00	40.00	40.00	40.00	41.00	42.00	42.00	41.00	42.00	42.00	42.00
APGAR SCORE														
Variable Name: BOCEE3	N	46.00	34.00	80.00	39.00	54.00	93.00	85.00	88.00	173.00	85.00	88.00	173.00	173.00
	Nmiss	1880.00	908.00	2788.00	2929.00	1813.00	4742.00	4809.00	2721.00	7530.00	4809.00	2721.00	7530.00	7530.00
	Mean	8.70	8.65	8.68	8.36	12.83	10.96	8.54	11.22	9.90	8.54	11.22	9.90	9.90
	Std	0.89	0.95	0.91	1.20	32.65	24.89	1.05	25.57	18.25	1.05	25.57	18.25	18.25
	Minimum	5.00	6.00	5.00	3.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
	25th pct	8.00	9.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
	Median	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00
	75th pct	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00
	Maximum	10.00	10.00	10.00	9.00	248.00	248.00	10.00	248.00	248.00	10.00	248.00	248.00	248.00
SUSPECTED SEVERE HYPOGLYCEMIA														
Variable Name: BOCF	N	207.00	67.00	274.00	298.00	110.00	408.00	505.00	177.00	682.00	505.00	177.00	682.00	682.00
	Nmiss	1719.00	875.00	2594.00	2670.00	1757.00	4427.00	4389.00	2632.00	7021.00	4389.00	2632.00	7021.00	7021.00
	Value (1) %	99.03	100.00	99.27	100.00	100.00	100.00	99.60	100.00	99.71	99.60	100.00	99.71	99.71
	Value (2) %	0.97	0.00	0.73	0.00	0.00	0.00	0.40	0.00	0.29	0.40	0.00	0.29	0.29
ALIVE WITH CONGENITAL MALFORMATION														
Variable Name: BOCF	N	1926.00	2.00	1928.00	2.00	6.00	8.00	2.00	8.00	10.00	2.00	8.00	10.00	10.00
	Nmiss	1926.00	940.00	2866.00	2966.00	1861.00	4827.00	4892.00	2801.00	7693.00	4892.00	2801.00	7693.00	7693.00
	Value (1) %	0.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
LOSS OF VISION														
Variable Name: BOCG	N	0.00	0.00	0.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	3.00
	Nmiss	1926.00	942.00	2868.00	2968.00	1864.00	4832.00	4894.00	2806.00	7700.00	4894.00	2806.00	7700.00	7700.00
	Value (R) %	0.00	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) %	0.00	0.00	0.00	0.00	100.00	100.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00
ALIVE WITHOUT CONGENITAL MALFORMATION														
Variable Name: BOCEG	N	50.00	36.00	86.00	39.00	52.00	91.00	89.00	88.00	177.00	89.00	88.00	177.00	177.00
	Nmiss	1876.00	906.00	2782.00	2929.00	1815.00	4744.00	4805.00	2721.00	7526.00	4805.00	2721.00	7526.00	7526.00
	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	100.00
HIGH RISK CHARACTERISTICS (HRC)														
Variable Name: BOCH	N	4.00	2.00	6.00	19.00	66.00	85.00	23.00	68.00	91.00	23.00	68.00	91.00	91.00
	Nmiss	1922.00	940.00	2862.00	2949.00	1801.00	4750.00	4871.00	2741.00	7612.00	4871.00	2741.00	7612.00	7612.00
	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	100.00

Notes: (VWF=DOUGPROD 191; F020CHB4 LISTING) (VWF=ARHOLD 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	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->
NEONATAL DEATH/CONGENITAL MALFORMATION Variable Name: BOCHH	N Mmiss	0.00 1926.00	0.00 942.00	0.00 2868.00	0.00 2968.00	0.00 1867.00	0.00 4835.00	0.00 4894.00	0.00 2809.00	0.00 7703.00	0.00 4894.00	0.00 2809.00	0.00 7703.00
OCULAR DISEASE--OTHER THAN RETIN. Variable Name: BOCI	N Mmiss Value (1) %	1.00 1925.00 100.00	6.00 936.00 100.00	7.00 2861.00 100.00	9.00 2959.00 100.00	15.00 1852.00 100.00	24.00 4811.00 100.00	10.00 4884.00 100.00	21.00 2788.00 100.00	31.00 7672.00 100.00	10.00 4884.00 100.00	21.00 2788.00 100.00	31.00 7672.00 100.00
NEONATAL DEATH/OTHER COMPLICATIONS Variable Name: BOCI1	N Mmiss Value (1) %	1.00 1925.00 100.00	1.00 941.00 100.00	2.00 2866.00 100.00	0.00 2968.00 100.00	1.00 1866.00 100.00	1.00 4834.00 100.00	1.00 4893.00 100.00	2.00 2907.00 100.00	3.00 7700.00 100.00	1.00 4893.00 100.00	2.00 2907.00 100.00	3.00 7700.00 100.00
PHOTOCOAGULATION Variable Name: BOCIJ	N Mmiss Value (1) %	6.00 1920.00 100.00	2.00 940.00 100.00	8.00 2868.00 100.00	39.00 2929.00 100.00	93.00 1774.00 100.00	132.00 4703.00 100.00	45.00 4849.00 100.00	95.00 2714.00 100.00	140.00 7563.00 100.00	45.00 4849.00 100.00	95.00 2714.00 100.00	140.00 7563.00 100.00
STILL BIRTH/CONGENITAL MALFORMATION Variable Name: BOCIJ	N Mmiss Value (1) %	0.00 1926.00 100.00	0.00 942.00 100.00	0.00 2868.00 100.00	2.00 2968.00 100.00	1.00 1866.00 100.00	3.00 4832.00 100.00	2.00 4892.00 100.00	1.00 2808.00 100.00	3.00 7700.00 100.00	2.00 4892.00 100.00	1.00 2808.00 100.00	3.00 7700.00 100.00
DEFINITE ACUTE MYOCARDIAL INFAR. Variable Name: BOCK	N Mmiss Value (1) %	0.00 1926.00 100.00	2.00 940.00 100.00	2.00 2866.00 100.00	0.00 2968.00 100.00	2.00 1865.00 100.00	2.00 4833.00 100.00	0.00 4894.00 100.00	4.00 2805.00 100.00	4.00 7699.00 100.00	0.00 4894.00 100.00	4.00 2805.00 100.00	4.00 7699.00 100.00
STILL BIRTH/OTHER COMPLICATIONS Variable Name: BOCKK	N Mmiss Value (1) %	0.00 1926.00 100.00	1.00 941.00 100.00	1.00 2867.00 100.00	0.00 2968.00 100.00	1.00 1866.00 100.00	1.00 4834.00 100.00	0.00 4894.00 100.00	2.00 2807.00 100.00	2.00 7701.00 100.00	0.00 4894.00 100.00	2.00 2807.00 100.00	2.00 7701.00 100.00
RESPONSE TO CENTRAL NOTIFICATION Variable Name: BOCKKA	N Mmiss Value (1) % Value (2) %	54.00 1872.00 100.00 0.00	57.00 885.00 100.00 0.00	111.00 2757.00 100.00 0.00	292.00 2676.00 100.00 0.00	506.00 1361.00 99.60 0.40	798.00 4037.00 99.75 0.25	346.00 4548.00 100.00 0.00	563.00 2246.00 99.64 0.36	909.00 6794.00 99.78 0.22	346.00 4548.00 100.00 0.00	563.00 2246.00 99.64 0.36	909.00 6794.00 99.78 0.22
SUSPECTED ACUTE MYOCARDIAL INFAR. Variable Name: BOCL	N Mmiss Value (1) %	3.00 1923.00 100.00	0.00 942.00 100.00	3.00 2865.00 100.00	0.00 2968.00 100.00	0.00 1867.00 100.00	0.00 4835.00 100.00	3.00 4891.00 100.00	0.00 2809.00 100.00	3.00 7700.00 100.00	3.00 4891.00 100.00	0.00 2809.00 100.00	3.00 7700.00 100.00
NOTIFICATION OF PRE-PROLIFERATIVE Variable Name: BOCLL	N Mmiss Value (1) %	14.00 1912.00 100.00	8.00 934.00 100.00	22.00 2846.00 100.00	151.00 2817.00 100.00	305.00 1562.00 100.00	456.00 4379.00 100.00	165.00 4729.00 100.00	313.00 2496.00 100.00	478.00 7225.00 100.00	165.00 4729.00 100.00	313.00 2496.00 100.00	478.00 7225.00 100.00

* * 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>		
		<--Inf-->	<--Cnv-->	<--Inf-->	<--Cnv-->	<--Inf-->	<--Cnv-->			
ANGINA PECTORIS Variable Name: BOCH	N Nmiss Value (1) %	0.00 1926.00 0.00	4.00 938.00 100.00	4.00 2864.00 100.00	1.00 2967.00 100.00	8.00 1859.00 100.00	9.00 4826.00 100.00	1.00 4893.00 100.00	12.00 2797.00 100.00	13.00 7690.00 100.00
STGNIFICANT MACULAR EDEMA Variable Name: BOCHM	N Nmiss Value (1) %	8.00 1918.00 100.00	10.00 932.00 100.00	18.00 2850.00 100.00	160.00 2808.00 100.00	237.00 1630.00 100.00	397.00 4438.00 100.00	168.00 4726.00 100.00	247.00 2562.00 100.00	415.00 7288.00 100.00
ARRHYTHMIA Variable Name: BOCHN	N Nmiss Value (1) %	1.00 1925.00 100.00	3.00 939.00 100.00	4.00 2864.00 100.00	3.00 2965.00 100.00	1.00 1866.00 100.00	4.00 4831.00 100.00	4.00 4890.00 100.00	4.00 2805.00 100.00	8.00 7695.00 100.00
NOTIFICATION OF HYPERCHOLESTEROLEMIA Variable Name: BOCHN	N Nmiss Value (1) %	31.00 1895.00 100.00	36.00 906.00 100.00	67.00 2801.00 100.00	31.00 2937.00 100.00	53.00 1814.00 100.00	84.00 4751.00 100.00	62.00 4832.00 100.00	89.00 2720.00 100.00	151.00 7552.00 100.00
CONGESTIVE HEART FAILURE Variable Name: BOCO	N Nmiss Value (1) %	0.00 1926.00 0.00	0.00 942.00 0.00	0.00 2868.00 0.00	1.00 2967.00 100.00	2.00 1865.00 100.00	3.00 4832.00 100.00	1.00 4893.00 100.00	2.00 2807.00 100.00	3.00 7700.00 100.00
NOTIFICATION OF HYPERTRIGLYCERIDEMIA Variable Name: BOCCO	N Nmiss Value (1) %	2.00 1924.00 100.00	2.00 940.00 100.00	4.00 2864.00 100.00	0.00 2968.00 0.00	2.00 1865.00 100.00	2.00 4833.00 100.00	2.00 4892.00 100.00	4.00 2805.00 100.00	6.00 7697.00 100.00
INITIAL DIAGNOSIS OF HYPERTENSION Variable Name: BOCP	N Nmiss Value (1) %	29.00 1897.00 100.00	29.00 913.00 100.00	58.00 2810.00 100.00	55.00 2913.00 100.00	60.00 1807.00 100.00	115.00 4720.00 100.00	84.00 4810.00 100.00	89.00 2720.00 100.00	173.00 7530.00 100.00
NOTIF. OF NEUROPSYCHOLOGICAL DETER. Variable Name: BOCPP	N Nmiss Value (1) %	4.00 1922.00 100.00	7.00 935.00 100.00	11.00 2857.00 100.00	4.00 2964.00 100.00	4.00 1863.00 100.00	8.00 4827.00 100.00	8.00 4886.00 100.00	11.00 2798.00 100.00	19.00 7684.00 100.00
CVA WITH PERM. NEUROLOGICAL DEFICIT Variable Name: BOCC	N Nmiss	0.00 1926.00	0.00 942.00	0.00 2868.00	0.00 2968.00	0.00 1867.00	0.00 4835.00	0.00 4894.00	0.00 2809.00	0.00 7703.00
CVA WITHOUT PERMANENT NEUROLO. DEFICIT. Variable Name: BOCR	N Nmiss	0.00 1926.00	0.00 942.00	0.00 2868.00	0.00 2968.00	0.00 1867.00	0.00 4835.00	0.00 4894.00	0.00 2809.00	0.00 7703.00
RENAL INSUFFICIENCY Variable Name: BOCS	N Nmiss Value (R) % Value (D) % Value (1) %	0.00 1926.00 0.00 0.00 0.00	1.00 941.00 0.00 0.00 0.00	1.00 2867.00 0.00 0.00 0.00	0.00 2968.00 0.00 0.00 0.00	3.00 1864.00 0.00 0.00 0.00	3.00 4832.00 0.00 0.00 0.00	3.00 4894.00 0.00 0.00 0.00	4.00 2805.00 0.00 0.00 0.00	4.00 7699.00 0.00 0.00 0.00

Notes: (VME=DOUGPROD 191; F020CHB4 LISTING)
(VME=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-->	<--Int-->	<--Cnv-->	<--Int-->	<--Cnv-->		
INFUSION CATHETER INFECTION Variable Name: BOC2	N Nmiss Value (1) %	89.00 1837.00 100.00	1.00 941.00 100.00	92.00 2876.00 100.00	5.00 1862.00 100.00	97.00 4738.00 100.00	181.00 4713.00 100.00	6.00 2803.00 100.00	187.00 7516.00 100.00
AMPUTATION (TRAUMATIC) Variable Name: BOCU	N Nmiss Value (1) %	0.00 1926.00 0.00	0.00 942.00 0.00	1.00 2967.00 100.00	2.00 1865.00 100.00	3.00 4832.00 100.00	1.00 4893.00 100.00	2.00 2807.00 100.00	3.00 7700.00 100.00
AMPUTATION (SURGICAL) Variable Name: BOCV	N Nmiss Value (1) %	1.00 1925.00 100.00	0.00 942.00 0.00	0.00 2968.00 100.00	0.00 1867.00 0.00	0.00 4835.00 0.00	1.00 4893.00 100.00	0.00 2809.00 0.00	1.00 7702.00 100.00
ACCIDENT NOT REQUIRING HOSP. Variable Name: BOCW	N Nmiss Value (1) %	10.00 1916.00 100.00	7.00 935.00 100.00	13.00 2955.00 100.00	6.00 1861.00 100.00	19.00 4816.00 100.00	23.00 4871.00 100.00	13.00 2796.00 100.00	36.00 7667.00 100.00
ACCIDENT REQUIRING HOSPITALIZATION Variable Name: BOCX	N Nmiss Value (1) %	8.00 1918.00 100.00	8.00 934.00 100.00	12.00 2956.00 100.00	14.00 1853.00 100.00	26.00 4809.00 100.00	20.00 4874.00 100.00	22.00 2787.00 100.00	42.00 7661.00 100.00
OVERNIGHT HOSPITALIZATION Variable Name: BOCY	N Nmiss Value (1) %	195.00 1731.00 100.00	178.00 764.00 100.00	373.00 2495.00 100.00	172.00 1695.00 100.00	442.00 4393.00 100.00	465.00 4429.00 100.00	350.00 2459.00 100.00	815.00 6888.00 100.00
PSYCHIATRIC DISEASE REQUIRING TREAT. Variable Name: BOCZ	N Nmiss Value (1) %	35.00 1891.00 100.00	36.00 906.00 100.00	71.00 2797.00 100.00	55.00 1812.00 100.00	89.00 4746.00 100.00	69.00 4825.00 100.00	91.00 2718.00 100.00	160.00 7543.00 100.00
DEATH Variable Name: BOC3A	N Nmiss	0.00 1926.00	0.00 942.00	0.00 2868.00	0.00 1867.00	0.00 4835.00	0.00 4894.00	0.00 2809.00	0.00 7703.00
NEUROLOGICAL INSULT REQUIRING HOSP. Variable Name: BOC3B	N Nmiss Value (1) %	1.00 1925.00 100.00	0.00 942.00 0.00	1.00 2867.00 100.00	2.00 1865.00 100.00	4.00 4831.00 100.00	3.00 4891.00 100.00	2.00 2807.00 100.00	5.00 7698.00 100.00
MYOCARDIAL INFARCTION Variable Name: BOC3C	N Nmiss	0.00 1926.00	0.00 942.00	0.00 2868.00	0.00 1867.00	0.00 4835.00	0.00 4894.00	0.00 2809.00	0.00 7703.00
STROKE Variable Name: BOC3D	N Nmiss	0.00 1926.00	0.00 942.00	0.00 2868.00	0.00 1867.00	0.00 4835.00	0.00 4894.00	0.00 2809.00	0.00 7703.00
INJURY TO THE PATIENT REQUIRING HOSP. Variable Name: BOC3E	N Nmiss Value (1) %	4.00 1922.00 100.00	1.00 941.00 100.00	5.00 2863.00 100.00	3.00 1864.00 100.00	12.00 4823.00 100.00	13.00 4881.00 100.00	4.00 2805.00 100.00	17.00 7686.00 100.00

Notes: (VIM=DOUGPROD 191: F020CHB4 LISTING)
 (VIM=ARNOLD 191: DOCUMENT SAS)

*** DISTRIBUTIONAL SUMMARY ***

Variable Attributes	Primary Retinopathy		Secondary Retinopathy		Treatment Group		Overall
	Int	Cnv	Int	Cnv	Int	Cnv	
INJURY TO ANOTHER PERSON Variable Name: BOC3F	N 1919.00 Mmiss Value (1) % Value (2) %	7.00 0.00 942.00 85.71 14.29	7.00 0.00 2959.00 100.00	9.00 0.00 1865.00 100.00	11.00 4824.00 93.75 6.25	2.00 2807.00 100.00 0.00	18.00 7685.00 94.44 5.56
PROPERTY DAMAGE Variable Name: BOC3G	N 1906.00 Mmiss Value (1) %	20.00 1906.00 100.00	22.00 2846.00 100.00	31.00 2937.00 100.00	5.00 4853.00 100.00	7.00 2802.00 100.00	58.00 7645.00 100.00
TRAFFIC VIOLATION Variable Name: BOC3H	N 1916.00 Mmiss Value (1) %	10.00 1916.00 100.00	11.00 2857.00 100.00	12.00 2956.00 100.00	5.00 4818.00 100.00	6.00 2803.00 100.00	28.00 7675.00 100.00
LOSS OF CONSCIOUSNESS Variable Name: BOC3I	N 1726.00 Mmiss Value (1) %	200.00 1726.00 100.00	252.00 2616.00 100.00	345.00 2623.00 100.00	133.00 4357.00 100.00	185.00 2624.00 100.00	730.00 6973.00 100.00
SEIZURE Variable Name: BOC3J	N 1834.00 Mmiss Value (1) %	92.00 1834.00 100.00	117.00 2751.00 100.00	134.00 2834.00 100.00	46.00 4668.00 100.00	71.00 2738.00 100.00	297.00 7406.00 100.00
SUSPECTED SEIZURE Variable Name: BOC3K	N 1852.00 Mmiss Value (1) %	74.00 1852.00 100.00	94.00 2776.00 100.00	86.00 2882.00 100.00	33.00 4734.00 100.00	53.00 2756.00 100.00	213.00 7490.00 100.00
UNUSUAL DIFFICULTY IN AWAKENING Variable Name: BOC3L	N 1455.00 Mmiss Value (1) %	471.00 1455.00 100.00	595.00 2273.00 100.00	671.00 2297.00 100.00	174.00 3990.00 100.00	298.00 2511.00 100.00	1440.00 6283.00 100.00
IRRATIONAL Variable Name: BOC3M	N 1520.00 Mmiss Value (1) %	406.00 1520.00 100.00	525.00 2343.00 100.00	556.00 2412.00 100.00	187.00 4092.00 100.00	306.00 2503.00 100.00	1268.00 6435.00 100.00
UNCONTROLLABLE BEHAVIOR Variable Name: BOC3N	N 1626.00 Mmiss Value (1) %	300.00 1626.00 100.00	402.00 2466.00 100.00	325.00 2643.00 100.00	104.00 4406.00 100.00	206.00 2603.00 100.00	831.00 6872.00 100.00
CONFUSION Variable Name: BOC3O	N 1066.00 Mmiss Value (1) %	86.00 1066.00 100.00	1109.00 1759.00 100.00	1176.00 1792.00 100.00	405.00 1462.00 100.00	654.00 2155.00 100.00	2690.00 5013.00 100.00

Notes: (vm=DOUGPROD 191: F020CMB4 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	Primary Retinopathy		Secondary Retinopathy		Treatment Group		Overall
Statistic	Int	Cnv	Int	Cnv	Int	Cnv	
	Int	Cnv	Int	Cnv	Int	Cnv	
MEMORY LOSS Variable Name: B0C3P	N 1329.00 Value (1) % 100.00	172.00 770.00 100.00	769.00 2099.00 100.00	727.00 2241.00 100.00	241.00 1626.00 100.00	413.00 2396.00 100.00	1737.00 5966.00 100.00
OTHER SIGNS OF HYPOGLYCEMIA Variable Name: B0C3G	N 1800.00 Value (1) % 100.00	55.00 887.00 100.00	181.00 2687.00 100.00	241.00 2727.00 100.00	70.00 1797.00 100.00	125.00 2684.00 100.00	492.00 7211.00 100.00
EMERGENCY ROOM Variable Name: B0D1A	N 1707.00 Value (1) % 100.00	121.00 821.00 100.00	340.00 2528.00 100.00	326.00 2642.00 100.00	193.00 1674.00 100.00	314.00 2495.00 100.00	859.00 6844.00 100.00
HOSPITAL INPATIENT WARD Variable Name: B0D1B	N 1598.00 Value (1) % 100.00	309.00 633.00 100.00	637.00 2231.00 100.00	427.00 2541.00 100.00	368.00 1499.00 100.00	677.00 2132.00 100.00	1432.00 6271.00 100.00
OFFICE VISIT Variable Name: B0D1C	N 1836.00 Value (1) % 100.00	69.00 873.00 100.00	159.00 2709.00 100.00	146.00 2822.00 100.00	196.00 1671.00 100.00	265.00 2544.00 100.00	501.00 7202.00 100.00
LONG-TERM CARE INSTITUTION Variable Name: B0D1D	N 1926.00 Value (1) % 100.00	2.00 940.00 100.00	2.00 2866.00 100.00	4.00 2964.00 100.00	4.00 1863.00 100.00	6.00 2803.00 100.00	10.00 7693.00 100.00
OTHER TREATMENT-INTERCURRENT EVENT Variable Name: B0D1F	N 669.00 Value (1) % 100.00	423.00 519.00 100.00	1680.00 1188.00 100.00	1781.00 1187.00 100.00	778.00 1089.00 100.00	1201.00 1608.00 100.00	4239.00 3464.00 100.00
STAFF TREAT PATIENT FOR THIS EVENT Variable Name: B0D2	N 16.00 Value (1) % 100.00	3.00 73.27 26.73	2849.00 76.06 23.94	2910.00 58.00 24.81	1796.00 71.00 32.29	2735.00 74.00 30.38	7555.00 148.00 26.26
ANY MEDICATION PRESCRIBED Variable Name: B0D3	N 30.00 Value (1) % 100.00	923.00 19.00 60.56	2819.00 66.34 33.66	2882.00 86.00 71.76	1767.00 100.00 69.33	2690.00 119.00 66.32	7468.00 235.00 69.13
ANY OPERATION PERFORMED Variable Name: B0D4	N 13.00 Value (1) % 100.00	938.00 4.00 88.70	2851.00 17.00 92.28	2914.00 54.00 93.75	1798.00 69.00 85.15	2736.00 73.00 86.37	7563.00 140.00 91.15
		5.96 11.30	7.72	6.25	14.85	13.63	8.85

Notes: (VM=DOUGPROD 191: F020CMB4 LISTING)
 (VM=ARNOLD 191: DOCUMENT SAS)

* * DISTRIBUTIONAL SUMMARY * *

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<-Total-->	<-----Secondary Retinopathy----->	<--Int-->	<--Cnv-->	<-Total-->	<--Treatment Group-->	<Overall-->
PATIENT RECEIVE PSYCHIATRIC COUNSELING Variable Name: B0D5	N Nmiss Value (1) % Value (2) %	1908.00 18.00 95.18 4.82	937.00 5.00 93.70 6.30	2845.00 23.00 94.69 5.31	2917.00 51.00 96.37 3.63	1799.00 68.00 95.00 5.00	4716.00 119.00 95.84 4.16	4825.00 69.00 95.90 4.10	2736.00 73.00 94.55 5.45	7561.00 142.00 95.41 4.59
OTHER FORMS OF TREAT. USED FOR EVENT Variable Name: B0D6	N Nmiss Value (1) % Value (2) %	1845.00 81.00 61.57 38.43	900.00 42.00 67.78 32.22	2745.00 123.00 63.61 36.39	2835.00 133.00 66.56 33.44	1729.00 138.00 67.44 32.56	4564.00 271.00 66.89 33.11	4680.00 214.00 64.59 35.41	2629.00 180.00 67.55 32.45	7309.00 394.00 65.66 34.34
TREATMENT IS STILL IN PROGRESS ? Variable Name: B0D7B1	N Nmiss Value (1) % Value (102400)	276.00 1650.00 100.00 0.00	217.00 725.00 100.00 0.00	493.00 2375.00 100.00 0.00	453.00 2515.00 99.78 0.22	543.00 1324.00 100.00 0.00	996.00 3839.00 99.90 0.10	729.00 4165.00 99.86 0.14	760.00 2049.00 100.00 0.00	1489.00 6214.00 99.93 0.07
DIABETIC CONTROL INFLUENCED Variable Name: B0E1	N Nmiss Value (1) % Value (2) % Value (3) %	1908.00 18.00 73.27 23.53 3.20	926.00 16.00 60.80 34.88 4.32	2834.00 34.00 69.20 27.24 3.56	2912.00 56.00 73.56 22.12 4.33	1796.00 71.00 76.17 21.33 2.51	4708.00 127.00 74.55 21.81 3.63	4820.00 74.00 73.44 22.68 3.88	2722.00 87.00 70.94 25.94 3.12	7542.00 161.00 72.34 23.85 3.61
DIABETIC TREATMENT ALTERED ? Variable Name: B0E2	N Nmiss Value (1) % Value (2) %	1896.00 30.00 98.73 1.27	922.00 20.00 86.23 13.77	2818.00 50.00 94.64 5.36	2870.00 98.00 98.29 1.71	1773.00 94.00 91.60 8.40	4643.00 192.00 95.74 4.26	4766.00 128.00 98.47 1.53	2695.00 114.00 89.76 10.24	7461.00 282.00 95.32 4.68
DATE RX ALTERED UNCERTAIN Variable Name: B0E2B11	N Nmiss Value (1) %	1926.00 0.00	936.00 100.00	2862.00 100.00	2966.00 100.00	1858.00 100.00	4824.00 100.00	4892.00 100.00	2794.00 100.00	7686.00 100.00
PATIENT NOT YET RETURNED TO USUAL RX Variable Name: B0E2C11	N Nmiss Value (1) %	11.00 1915.00 100.00	72.00 870.00 100.00	83.00 2785.00 100.00	26.00 2942.00 100.00	81.00 1786.00 100.00	107.00 4728.00 100.00	37.00 4857.00 100.00	153.00 2656.00 100.00	190.00 7513.00 100.00
HOW DID CLINIC LEARN OF EVENT Variable Name: B0H0MLRN	N Nmiss Value (1) % Value (2) % Value (3) % Value (4) % Value (5) %	1922.00 4.00 64.52 5.20 11.60 18.68 0.00	942.00 0.00 57.64 8.07 12.00 22.29 0.00	2864.00 4.00 62.26 6.15 11.73 19.87 0.00	2950.00 18.00 55.66 11.69 13.90 18.71 0.03	1857.00 10.00 43.35 29.51 13.46 13.68 0.00	4807.00 28.00 50.90 18.58 13.73 16.77 0.02	4872.00 22.00 59.15 9.13 12.99 18.70 0.02	2799.00 10.00 48.16 22.29 12.97 16.58 0.00	7671.00 32.00 55.14 13.94 12.98 17.92 0.01

Notes: (V=M=DOUGPROD 191: F020CNB4 LISTING)
(V=M=ARNOLD 191: DOCUMENT SAS)

*** DISTRIBUTIONAL SUMMARY ***

Variable Attributes	Primary Retinopathy		Secondary Retinopathy		Treatment Group		Overall	
Statistic	<--Int-->	<--Cnv-->	<--Int-->	<--Cnv-->	<--Int-->	<--Cnv-->	<--Overall-->	
DATE OF EVENT UNCERTAIN Variable Name: BOOCCUR	N 1860.00 Mean 3837.05 Std 17382.96 Minimum 1.00 25th pct 1.00 Median 1.00 75th pct 1.00 Maximum 118784.00	37.00 905.00 6912.84 23094.98 1.00 1.00 1.00 1.00 1.00 1.00 102400.00	103.00 2765.00 4941.94 19684.11 1.00 1.00 1.00 1.00 1.00 1.00 118784.00	81.00 2887.00 20060.37 41015.83 1.00 1.00 1.00 1.00 1.00 1.00 118784.00	82.00 1785.00 10624.82 29907.26 1.00 1.00 1.00 1.00 1.00 1.00 118784.00	147.00 4747.00 12776.43 33541.13 1.00 1.00 1.00 1.00 1.00 1.00 118784.00	119.00 2690.00 9470.67 27922.85 1.00 1.00 1.00 1.00 1.00 1.00 118784.00	266.00 7437.00 11297.54 31140.13 1.00 1.00 1.00 1.00 1.00 1.00 118784.00
HAS THE PATIENT BEEN RANDOMIZED Variable Name: BORANDON	N 1919.00 Nmiss 7.00 Value (1) % 0.57 Value (2) % 99.37 Value (2496) % 0.05	941.00 1.00 2.44 97.56 0.00	2860.00 8.00 1.19 98.78 0.03	2951.00 17.00 0.54 99.46 0.00	1860.00 7.00 0.81 99.19 0.00	4870.00 24.00 0.55 99.43 0.02	2801.00 8.00 1.36 98.64 0.00	7671.00 32.00 0.85 99.14 0.01
NOT QUITE DUPLICATE FORM Variable Name: DUPOK	N 1926.00 Nmiss 0.00 Value (1) % 99.33 Value (2) % 0.67	942.00 0.00 0.00 99.36 0.64	2868.00 0.00 0.00 99.34 0.66	2968.00 0.00 0.00 99.46 0.54	1867.00 0.00 0.00 97.43 2.57	4894.00 0.00 0.00 99.41 0.59	2809.00 0.00 0.00 98.08 1.92	7703.00 0.00 0.00 98.92 1.08
DCCT FORM NUMBER Variable Name: FORM	N 1926.00 Nmiss 0.00 Value (201) % 2.44 Value (202) % 12.62 Value (203) % 1.77 Value (204) % 83.18	942.00 0.00 2.44 13.59 2.34 81.63	2868.00 0.00 2.44 12.94 1.95 82.67	2968.00 0.00 4.68 17.12 2.70 75.51	1867.00 0.00 2.52 14.68 2.09 80.72	4894.00 0.00 3.80 15.35 2.33 78.52	2809.00 0.00 2.49 14.31 2.17 81.03	7703.00 0.00 3.32 14.97 2.27 79.44
HOSPITALIZED FOR GLYCEMIC CONTROL Variable Name: HOSPXT	N 1866.00 Nmiss 100.00 Value (1) %	942.00 0.00	2808.00 100.00	2851.00 100.00	1867.00 0.00	4717.00 100.00	2809.00 0.00	7526.00 100.00

Notes: (VM=DOUGPROD 191: F020CMB4 LISTING)
 (VM=ARNOLD 191: DOCUMENT SAS)