

DCCT Data Set Documentation: Forms 3.1 and 3.2

Form 3: Annual Medical History and Physical Examination
Versions 3.1 and 3.2 - Used through September 1990

Purpose: Collect updated data on physical characteristics, lifestyle, diabetes management, adherence to the assigned treatment regimen, and interim medical history, including minor intercurrent illnesses.

Collection Schedule: Each annual visit.

Data Set Name: F003CMB2

Structure: One record per patient per annual visit completed.

Size: 4841 observations of 424 variables.

Known Anomalies: Instructions to skip certain sections of the form under specific conditions (e.g., the detailed smoking data on pages 3 and 4) were not universally followed during form completion.

The quarterly visit number given is that for which the annual examination was targeted (QV 4, 8, 12, etc.), even if the visit was actually held outside the annual-visit window.

Recreational exercise variables on page 5 are coded as a single number of up to four digits representing the time spent each week (in hours and minutes) in activities of that intensity. A value of "215", for example, would represent 2 hours and 15 minutes per week.

Some observations contain internal inconsistencies in the variables on insulin doses collected on pages 6-8. 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.

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





Diabetes Control and Complications Trial

USE FOR MAP, 003.1

1 FORM

October 29, 1986
DCCCT Form 003.2
Page 1 of 22

SEE LOWER (R) ON EACH PAGE

PLUS INFO IN DIABETES CONTROL AND COMPLICATIONS TRIAL

Annual Medical History and Physical Examination

This form is to be completed at each of the annual follow-up clinic visits. At the time of the annual visit, data will be collected on this form to document modifications of therapy and to update information on the status of patients on deviations from assigned treatment and transfers to inactive status.

Unless otherwise indicated, questions on this form refer to the patient's experience since the last completed quarterly clinic visit (i.e., approximately the last 90 days).

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

Send the original of this form to the Coordinating Center in the weekly forms mailing, retaining a copy in the clinic's files.

A. IDENTIFYING INFORMATION

CLINIC 1. DCCCT Clinic Number

PATIENT 2. Patient ID Number

INITIALS 3. Patient's initials

FORM DATE 4. Date of visit
Month Day Year

OLPESCH 5. Was it necessary to reschedule the patient for this visit for any reason? No Yes
(1) (2)

ACRESCHN How many times?

OLVSITNOS. What is the follow-up visit number?

OLWINDON 7. Is today's date within the 21-day time window for this annual clinic visit? No Yes
(1) (2)

8. Enter the date of the LAST COMPLETED quarterly visit. Unless otherwise specified, all questions on this form refer to the patient's experience since this date.

OLLSYST
Month Day Year

B. DEMOGRAPHIC AND GENERAL INFORMATION

1. Birthdate
Month Day Year OCDOB

2. Gender Male Female
(1) (2) OCGENDER

3a) Marital status of patient: (CHECK ONLY ONE) 13
Never married (1) OCMARRY
Married or remarried (2)
Separated (3)
Divorced (4)
Widowed (5)

b) If married, how many times? 14 — OCMARNO

c) If married, remarried, separated, divorced or widowed, when did marital status change?
Month Year 5 OCMARDAT

SAME

2

4. Occupation of patient and household providers:
 (CHECK ONLY ONE BOX FOR EACH PERSON DESCRIBED. SEE CHAPTER 6 OF THE MANUAL OF OPERATIONS. IF THE PATIENT IS MARRIED, INDICATE THE OCCUPATION OF HIS/HER SPOUSE. IF NOT MARRIED AND IF LIVING WITH PARENT(S), INDICATE OCCUPATION(S) OF PARENT(S). IF LIVING WITH GUARDIAN OR FRIEND WHO PROVIDES ECONOMIC SUPPORT TO THE PATIENT'S HOUSEHOLD, INDICATE OCCUPATION OF GUARDIAN/FRIEND. ALWAYS INDICATE OCCUPATION OF PATIENT. IF ANY OF THESE ARE RETIRED OR CURRENTLY UNEMPLOYED, CHECK CATEGORY CORRESPONDING TO THE TYPE OF OCCUPATION WHICH THE INDIVIDUAL DID OR COULD DO; ALSO CHECK THE CORRESPONDING BOX MARKED "UNEMPLOYED OR RETIRED.")

	16 OCPATJOB Patient	17 OCSPJOB Spouse	18 OCMOMJOB Mother	17 OCLADJOB Father	Guardian/ Friend	20 OCFRIJOB
a) Professional, technical or similar worker	(01)	(01)	(01)	(01)	(01)	
Manager, official, or proprietor	(02)	(02)	(02)	(02)	(02)	
Craftsmen, foreman, or similar worker	(03)	(03)	(03)	(03)	(03)	
Clerical or similar worker	(04)	(04)	(04)	(04)	(04)	
Sales Worker	(05)	(05)	(05)	(05)	(05)	
Operative or similar worker	(06)	(06)	(06)	(06)	(06)	
Service worker	(07)	(07)	(07)	(07)	(07)	
Laborer	(08)	(08)	(08)	(08)	(08)	
Farmer	(08)	(09)	(09)	(09)	(09)	
Homemaker	(10)	(10)	(10)	(10)	(10)	
Student	(11)	(11)	(11)	(11)	(11)	
Other or unknown	(12)	(12)	(12)	(12)	(12)	

b) Unemployed or retired	21 OCPATNOJ (1)	(1)	23 OCMOMNOJ (1)	(1)	(1)	25 OCFRINOJ (1)
	22 OCSPONOJ (1)	(1)	24 OCLADNOJ (1)	(1)	(1)	
c) Check here if the answer to either (a) or (b) above represents a change in the occupation category during the past year	26 OCPJOBCH (1)	(1)	28 OCMJOBCH (1)	(1)	(1)	30 OCFJOBCH (1)
	27 OCSRJOBCH (1)	(1)	29 OCLJOBCH (1)	(1)	(1)	

SAME

B. Education of patient and household providers. (CHECK HIGHEST LEVEL COMPLETED BY EACH PERSON FOR WHOM OCCUPATION IS GIVEN IN QUESTION B.4.)

	31 OCPATED Patient	32 OCSHED Spouse	33 OCMOMED Mother	34 OCFADED Father	35 OCFRIED Guardian/ Friend
Graduate School	(1)	(1)	(1)	(1)	(1)
College graduate	(2)	(2)	(2)	(2)	(2)
Some college or trade school	(3)	(3)	(3)	(3)	(3)
Secondary school graduate	(4)	(4)	(4)	(4)	(4)
Some secondary school	(5)	(5)	(5)	(5)	(5)
Elementary school	(6)	(6)	(6)	(6)	(6)
None	(7)	(7)	(7)	(7)	(7)
Unknown	(8)	(8)	(8)	(8)	(8)

6. OCSTUDNT Has the patient been a full-time or part-time student during the past year? No (1) Yes (2)

Proceed to Section C. _____

7. OCGRADE Note current level in school:
 a) If in elementary or secondary school, grade: _____
 b) If in trade school, years: _____
 c) If in college, years: _____
 d) If in graduate school, years: _____

8. OCXPELL Has the patient ceased attending school during the past year for ANY reason other than graduation (e.g., dropped out, expelled, moved to a new city, could no longer afford school)? No (1) Yes (2)
 IF YES, explain: _____

C. SMOKING STATUS

1. During the past 12 months, has the patient ever smoked cigarettes or cigarettos? No (1) Yes (2) **OCSMOKE1** 42

Proceed to Question C.5 _____

2. Does the patient currently smoke cigarettes or cigarettos? No (1) Yes (2) **OCSMOKE2** 43

Proceed to Question C.4 _____

3. How long has it been since the patient quit smoking cigarettes or cigarettos? months **OCSMOKE3** 44

4. During the period in the past 12 months when the patient smoked cigarettes or cigarettos, on the average, how many cigarettes and cigarettos a day did he/she smoke? **OCSMOKE4** 45
 cigarettes or cigarettos per day

SAME

46 5. During the past 12 months, has the patient ever smoked pipes or cigars? No (1) Yes (2)

OC SMOKE 5 Proceed to Section D

7 6. Does the patient currently smoke pipes or cigars? No (1) Yes (2)

OC SMOKE 6 Proceed to Question C.8

8 7. How long has it been since the patient quit smoking pipes and cigars? months ___

9 8. During the period in the past 12 months when the patient smoked pipes or cigars, on the average, how many pipefuls and cigars per week did the patient smoke? pipefuls or cigars per week

D. DRINKING STATUS

0 1. During the past 12 months, has the patient consumed an average of at least one alcoholic beverage per week? No (1) Yes (2)

OC DRINK 1 Proceed to Section E

1 2. How many 12-ounce bottles of beer (excluding "light" beer) did the patient consume during the past 7 days? (A) Bottles

2 3. How many 12-ounce bottles of "light" beer did the patient consume during the past 7 days? (B) Bottles

3 4. How many 4-ounce glasses of wine did the patient consume during the past 7 days? (C) Glasses

5. How many 1 1/2-ounce shots of straight hard liquor and 1 1/2-ounce mixed drinks did the patient consume during the past 7 days? (IF THE PAST 7 DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.)

54 (D) O C DRINK 5

6. Does the total amount of alcohol consumed by the patient in the past 7 days (OR IN A TYPICAL WEEK) exceed 560 grams?

55 (1) (2) O C DRINK 6

Use this table if necessary:

Table with columns: Amount X Grams, (A) X 13 =, (B) X 10 =, (C) X 12 =, (D) X 18 =, TOTAL GRAMS OF ALCOHOL

E. EXERCISE AND ACTIVITY

1. Which of the following best describes the patient's level of activity on the job, at school or, for homemakers, in homemaking?

Sedentary (such as office work with occasional inter-office walking, etc.; e.g., secretary)

56 (1) O C EXER 1

Moderate activity (requires considerable, but not constant, lifting, walking, bending, pulling, etc.; e.g., homemaker with family and without domestic assistance, policeman, student taking physical education course)

(2)

Strenuous activity (requires almost constant lifting, bending, pulling, scrubbing, etc.; e.g., furniture mover, heavy domestic work)

(3)

SAM 2

2. During the past seven days, how many hours and minutes did the patient spend in the following types of leisure time activities? (IF THE PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.)

Light activity
(Examples: billiards, bowling, ballroom dancing, golf with power cart, non-competitive volleyball)

Hours Minutes

Moderate activity
(This level is marked by modest increases in heart rate and breathing. Most healthy individuals find these activities comfortable and can continue them for a few hours without undue fatigue. Examples: leisure cycling (5.5 mph), frisbee playing, horseback riding, sailing, table tennis, croquet, golf without power cart)

Hours Minutes

Hard activity
(When exercising at this intensity, most people will likely perspire. Most untrained people could not exercise at this intensity without taking frequent rest periods. Examples: cycling (9.4 mph), half-court basketball, water skiing, downhill skiing, karate or judo, doubles tennis, roller skating, gymnastics)

Hours Minutes

Very hard activity
(Includes strenuous sports involving a lot of movement or running. Only a well-trained individual can perform at this intensity for extended periods of time. Examples: racing cycling, football, full-court basketball, rapid marching, squash, continuous, moderate to fast swimming, rope jumping, cross country running, singles tennis, field hockey)

Hours Minutes

7
OC EXER 2

8
OC EXER 3

9
OC EXER 4

0
OC EXER 5

DIABETES MANAGEMENT -- GENERAL

- Current usual insulin therapy:
 - Insulin infusion pump (1)
 - Multiple daily injections (2)
 - Standard insulin treatment (3)

OCF1 61
(1)
(2)
(3)

- Record the total number of interim diabetes management clinic visits since the last quarterly visit. (Count all visits but do not count today's visit. If none, enter 0.)

~~OCF3~~ ^{Renamed} 62
OCF2

WAS
OCF3

~~OCF3~~
2 QUESTIONS MOVED TO pg 20
3.1
OLD
OCF2 → OCF
OCF4 → OCT 31
3.2
NEW

2 MOVED TO pg 20
1 RENAMED

G. DIABETES MANAGEMENT -- INSULIN INFUSION PUMP PATIENTS

Answer Questions G.1-9 only if the patient's current usual insulin therapy employs the insulin infusion pump. Questions G.1-5 refer to the PREVIOUS DAY'S INSULIN DOSAGE ONLY. If the previous day's dosage was atypical, indicate a typical day's dosage.

63
OCG 1
OCG 2
5 OCG 3
OCG 4

1. Preprandial (meals and snacks) boluses--total units of insulin ---
2. Number of preprandial boluses/24 hours ---
3. Total basal units/24 hours ---
4. Number of basal rates/24 hours ---
5. Indicate the types of insulin used by the patient. [CHECK ALL THAT APPLY]

Beef and pork (1) OCG 5A 67
 Beef (1) OCG 5B 68
 Pork (1) OCG 5C 69
 Human (1) OCG 5D 70

} new

6. Summarize the results of the self blood glucose monitorings. 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 results of these prescribed tests only; do not record results of extra tests performed.

	Number Actually Done	Number Should Have Done	Number Below 70	Number Below 65	Number Above 120	Number Above 180	Desired Range
71 Preprandial	OCG 61A	72 OCG 61B	73 OCG 61C		74 OCG 61D		(70-120)
75 Postprandial	OCG 62A	76 OCG 62B	77 OCG 62C			78 OCG 62D	(70-180)
79 Bedtime	OCG 63A	80 OCG 63B	81 OCG 63C		82 OCG 63D		(70-120)
83 3:00 a.m.	OCG 64A	84 OCG 64B		85 OCG 64C	86 OCG 64D		(85-120)

WAS
 OCG
 S1A-D
 52
 53
 54
 OCG 6

7 OCG 7 7. Is the patient performing more self blood glucose monitoring than prescribed? No (1) Yes (2) Uncertain (3)

8 OCG 8 8. Do you suspect that the patient's reported self blood glucose monitoring results are inaccurate or fictitious? No (1) Yes (2) Uncertain (3)

If YES or UNCERTAIN, explain: _____

9 OCG 9 9. Has the patient had any problems using the insulin infusion pump? No (1) Yes (2)

If YES, specify: _____

Not Applicable. Patient has not done SGM. (4) new

new

NEW DATA
RENAMES

H. DIABETES MANAGEMENT -- MULTIPLE DAILY INJECTION PATIENTS

Answer Questions H.1-8 only if the patient's current usual insulin therapy employs multiple daily injections. Question H.1-5 refer to the PREVIOUS DAY'S INSULIN DOSAGE ONLY. If the previous day's dosage was atypical, indicate a typical day's dosage.

- 98
 OCH 1
 91 OCH 2
 92 OCH 3
1. Preprandial (meals and snacks) boluses--total units of insulin ---
 2. Number of preprandial boluses ---
 3. Total units of intermediate and long-acting insulin ---
 4. Distribution of insulin dosage:

	Units of Long-Acting or Ultralente	Units of NPH or lente	Units of Regular or Semi-lente	Time	am	pm		
93	OCH 41A	94 OCH 41B	95 OCH 41C	96 OCH 41D	(1)	(2)	OCH 41E	97
98	OCH 42A	99 OCH 42B	100 OCH 42C	101 OCH 42D	(1)	(2)	OCH 42E	102
103	OCH 43A	104 OCH 43B	105 OCH 43C	106 OCH 43D	(1)	(2)	OCH 43E	107
108	OCH 44A	109 OCH 44B	110 OCH 44C	111 OCH 44D	(1)	(2)	OCH 44E	112
113	OCH 45A	114 OCH 45B	115 OCH 45C	116 OCH 45D	(1)	(2)	OCH 45E	117

5. Indicate the types of insulin used by the patient: (CHECK ALL THAT APPLY)

- Beef and pork (1) OCH 5A 118
 - Beef (1) OCH 5B 119
 - Pork (1) OCH 5C 120
 - Human (1) OCH 5D 121
- } new

6. Summarize the results of the self blood glucose monitorings. 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 results of those prescribed tests only; do not record results of extra tests performed.

	114 Number Actually Done	115 Number Should Have Done	Number Below 70	Number Below 85	Number Above 120	Number Above 180
122 Preprandial	OCH 61A	123 OCH 61B	124 OCH 61C	125 OCH 61D		
126 Postprandial	OCH 62A	127 OCH 62B	128 OCH 62C		129 OCH 62D	
130 Bedtime	OCH 63A	131 OCH 63B	132 OCH 63C	133 OCH 63D		
134 3:00 a.m.	OCH 64A	135 OCH 64B	136 OCH 64C	137 OCH 64D		

Desired Range	Result
(70-120)	5-1A-D
(70-180)	5-2
(70-120)	5-3
(85-120)	5-4

- 138 OCH 7
7. Is the patient performing more self blood glucose monitoring than prescribed? No (1) Yes (2) Uncertain (3)
- 139 OCH 8
8. Do you suspect that the patient's reported self blood glucose monitoring results are inaccurate or fictitious? No (1) Yes (2) Uncertain (3)
- If YES or UNCERTAIN, explain: _____

Not Applicable. Patient has not done SBGM. (4) } new

NEW DATA
 RENAMED DATA

1. DIABETES MANAGEMENT -- STANDARD TREATMENT PATIENTS

Answer Questions 1-7 only if the patient's current usual insulin therapy is that for the standard treatment group. Questions 1,1-2 refer to the PREVIOUS DAY'S DOSAGE ONLY. IF the previous day's dosage was atypical, indicate a typical day's dosage.

1. Distribution of insulin dosage:

	Units of Long-Acting or Ultralente	Units of NPH or lente	Units of Regular or Semi-lente	Time	am	pm		
140	OC111A	141 OC111B	142 OC111C	143 OC111D	(1)	(2)	OC111E	144 } SAME
145	OC112A	146 OC112B	147 OC112C	148 OC112D	(1)	(2)	OC112E	149 } SAME
150	OC113A	151 OC113B	152 OC113C	153 OC113D	(1)	(2)	OC113E	154 } SAME
155	OC114A	156 OC114B	157 OC114C	158 OC114D	(1)	(2)	OC114E	159 } NEW
160	OC115A	161 OC115B	162 OC115C	163 OC115D	(1)	(2)	OC115E	164 } new NEW

2. Indicate the types of insulin used by the patient: (CHECK ALL THAT APPLY)

Beef and pork	(1)	OC12A	165	} NEW
Beef	(1)	OC12B	166	
Pork	(1)	OC12C	new 167	
Human	(1)	OC12D	168	

3. Does the patient perform self blood glucose monitoring?

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

4. Does the patient perform urine glucose monitoring?

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

5. 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 any extra tests the patient may have done.

	URINE		BLOOD		WAS	NEW
	Number Actually Done	Number Should Have Done	Number Actually Done	Number Should Have Done		
171 Before breakfast	OC151A	OC151B 172	OC151C	OC151D 174	OC121A-3	C + D ↓
175 Before lunch	OC152A	OC152B 176	OC152C 177	OC152D 178	22	
179 Before dinner	OC153A	OC153B 180	OC153C 181	OC153D 182	23	
183 Bedtime	OC154A	OC154B 184	OC154C 185	OC154D 186	24	

6. Is the patient performing more glucose monitoring (urine or blood) than prescribed?

(NEW)	(NEW)	No (1)	Yes (2)	Uncertain (3)
-------	-------	--------	---------	---------------

7. Do you suspect that the patient's reported glucose (urine or blood) monitoring results are inaccurate or fictitious?

No (1)	Yes (2)	Uncertain (3)
--------	---------	---------------

WAS OC13 wrong only
Not applicable. Does no monitoring (4) new

IF YES or UNCERTAIN, explain:

64

OC13

OC14

67

OC16

78

OC17

J. INDICATIONS OF NON-ADHERENCE TO TREATMENT PROTOCOL

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

167

a) How often has the patient claimed to have followed the meal plan?

- 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)

189

OCJ1A

S

A

M

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

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

OCJ1B 190

E

c)(i) How many illnesses (intercurrent events or not) has the patient experienced? (if none, enter 0 and proceed to 1.d)

OCJ1C1 191

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

OCJ1C2 192

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

(1) (2) (3)

OCJ1D 193

↓

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

(1) (2) (3)

OCJ1E 194

NEW

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

(1) (2) (3)

OCJ1F 195

NAME

g)(i) How many intercurrent events (as defined in Chapter 10 of the Manual of Operations) has the patient experienced? (if none, enter 0)

OCJ1G1 196

↓

(ii) How many of these intercurrent events has the patient failed to report in the appropriate time window? (if none, enter 0)

OCJ1G2 197

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

(1) (2) (3)

OCJ1H

OCJ1H

i)(i) Does the patient perform self blood glucose monitoring? (if no or uncertain, proceed to Question J.2)

(1) (2) (3)

OCJ1I

199 OCJ1I1

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

(1) (2) (3)

OCJ1J

200 OCJ1I11

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

(1) (2) (3)

OCJ1K

201 OCJ1I111

new

WAS
OCJ1E
FI
FII
G
HE
HEE
NEW

2
NAME
NEW
CHANGES

2. Answer (a) - (f) for patients in the Standard Treatment Group.

On how many days has the patient . . .

- a) taken more than the prescribed units of insulin (excluding sick days)?
- b) taken extra injections of insulin?
- c) taken fewer injections of insulin?
- d) failed to take his/her prescribed insulin dose?
- e) failed to perform and record at least two urine tests or one blood glucose test a day?
- f) (i) been ill?
(ii) failed to test and record urine acetone during an illness?

3. Answer (a) - (d) for patients in the Experimental Treatment Group.

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

4. Answer (a) - (c) for patients using insulin infusion pumps.

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

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

215 -- OCK4C

K. DIABETES CONTROL

1. Symptoms of hyperglycemia

- a) How many nights in the past week did the patient wake up ONCE to urinate?
- b) How many nights in the past week did the patient wake up TWO OR MORE times to urinate?
- c) On the average, how many 8 ounce glasses of fluid did the patient drink per day?
- d) How many times did the patient experience DKA?

216 -- OCK1A

217 -- OCK1B

218 -- OCK1C

219 -- OCK1D

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

e) Did the patient have other symptoms of hyperglycemia?

220 No Yes
(1) (2)

OCK1E

If YES, specify:

2. How many days has the patient had moderate or large ketonuria? (If none, enter 0 and proceed to Question K.3.)

221 -- OCK2

How many of these were . . .

- a) explained by change in routine?
- b) due to illness?
- c) due to medical equipment failure?
- d) spontaneous or unexplained?

222 -- OCK2A

223 -- OCK2B

224 -- OCK2C

225 -- OCK2D

SAME

202 OCK2A

203 OCK2B

204 OCK2C

205 OCK2D

206 OCK2E

207 OCK2FI

208 OCK2FII

209 OCK3A

210 OCK3B

211 OCK3C

212 OCK3D

213 OCK4A

214 OCK4B

Patient ID _____

3. a) Is the patient female? No Yes
(1) (2) 226
 OCK3A Proceed to Question K.4

b)(1) Has the patient had any vaginal itching or discharge? No Yes
(1) (2) 227
 OCK3BI Proceed to Question K.3.c

OCK3BII (1) Was the patient treated for this? No Yes
(1) (2) 228
 (11) Specify treatment: _____

OCK3CI c)(1) Does the patient menstruate? No Yes
(1) (2) 229
Proceed to Question K.4

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

OCK3DI d)(1) Was the last menstrual period more than five weeks ago? No Yes
(1) (2)
Proceed to Question K.4

OCK3DII (1) Was a pregnancy test performed? No Yes
(1) (2)
 Why not? _____

Proceed to Question K.4

(11) Did the test indicate pregnancy? No Yes
(1) (2) 233

Complete the Notification of Intercurrent Event (Form 020) if it has not previously been completed for this pregnancy.

OCK3D1II

4. Symptoms of hypoglycemia

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.) 234

OCK4A

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

If any hospitalizations, given specific reasons:

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

(1) lost consciousness without seizure

235 OCK4BI

(1) lost consciousness with seizure

236 OCK4BII

SAME

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?

237 OCK4CI

(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)?

238 OCK4CII

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

239 OCK4CIII

d) If the patient has experienced severe hypoglycemia which he/she could not treat himself/herself, answer items (i) through (vi) below. Otherwise, skip to item (e).

Complete the Notification of Intercurrent Event (Form 020) and the Notification of Hypoglycemic Intercurrent Event (Form 003) if not previously completed for any episodes of severe hypoglycemia.

(i) When has severe hypoglycemia occurred?

240 OCK4DI

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

(ii) What is the usual reason for the severe hypoglycemia? (CHECK ALL THAT APPLY)

Missed meal or snack

241 (1) OCK4DIIA

Decreased food intake at meal or snack

242 (1) OCK4DII B

Increased exercise level

243 (1) OCK4DII C

Too much insulin taken

244 (1) OCK4DII D

Lack of early warning signs of low blood glucose

245 (1) OCK4DII E

Other; specify:

246 (1) OCK4DII F

Unexplained

247 (1) OCK4DII G

(iii) What symptoms does the patient have with severe hypoglycemia? (CHECK ALL THAT APPLY)

Adrenergic warning symptoms

248 (1) OCK4DII L

Diaphoresis (sweating)

249 (1) OCK4DII 2

Altered mental status

250 (1) OCK4DII 3

Loss of consciousness

251 (1) OCK4DII 4

Seizure

252 (1) OCK4DII 5

Other

253 (1) OCK4DII 6

None

254 (1) OCK4DII 7

(iv) How many times has the patient received glucagon?

255 - OCK4DI Y

(v) How many times has the patient received IV glucose?

256 - OCK4DI V

(vi) Did any of the episodes result in injury to the patient or others?

257 (1) No (1) Yes (2) OCK4DI VI

If YES, specify:

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?

258 - OCK4E

Handwritten notes: 'I must' and 'SAME' with a large 'E'.

9) 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 L.

(i) When has mild hypoglycemia occurred?

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

(ii) What is the usual reason for the mild hypoglycemia? (CHECK ALL THAT APPLY)

- Missed meal or snack (1)
- Decreased food intake at meal or snack (1)
- Increased exercise level (1)
- Too much insulin taken (1)
- Lack of early warning signs of low blood glucose (1)
- Other: specify: _____ (1)
- Unexplained (1)

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

- Adrenergic warning symptoms (1)
- Diaphoresis (sweating) (1)
- Altered mental status (1)
- Other (1)
- None new (1)

29 OCK4FI

26 OCK4FI11

26 OCK4FI12

22 OCK4FI13

26 OCK4FI14

24 OCK4FI15

24 OCK4FI16

26 OCK4FI17

27 OCK4FIIA

26 OCK4FIIB

26 OCK4FIIC

26 OCK4FIID

27 OCK4FII E

~~1 new~~

L. 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).

1. OPHTHALMIC

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

	Right Eye	Left Eye
	No Yes	No Yes
	(1) (2)	(1) (2)
	OCL1AR	OCL1AL

272 273

b) Has the patient experienced floaters or flashing lights?
 c) Has the patient been told by an ophthalmologist that he/she has a retinal abnormality?
 If YES, specify:

	Right Eye	Left Eye
	No Yes	No Yes
	(1) (2)	(1) (2)
	OCL1BR	OCL1BL

	Right Eye	Left Eye
	No Yes	No Yes
	(1) (2)	(1) (2)
	OCL1CR	OCL1BL

274 275 276 279 ?

d) Has the patient had any other eye problems?
 If YES, specify:

	Right Eye	Left Eye
	No Yes	No Yes
	(1) (2)	(1) (2)
	OCL1DR	OCL1DL

278 279

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

280 OCL1E

PAGES START SHIFTING
 1 NEW

2. NEUROLOGIC

Has the patient had any of the following?

- a) Paresthesias (pain or numbness) in hands or feet No Yes (1) (2)
- b) Unexplained muscle weakness (1) (2)
- c) Vomiting or bloating after meals (1) (2)
- d) Bouts of persistent or recurrent diarrhea (1) (2)
- e) Bouts of urinary retention (1) (2)
- f) Dizziness or lightheadedness (1) (2)
- g) Fainting (1) (2)
- h) Incontinence No Yes Not Applicable (1) (2) (3)
- i) Other neurologic problem No Yes (1) (2)

If YES, specify: _____

3. RENAL

Has the patient had any of the following?

- a) Proteinuria No Yes (1) (2)
- b) Edema (of renal etiology only) (1) (2)
- c) Other renal problem (1) (2)

If YES, specify: _____

4. VASCULAR

Has the patient had any of the following?

- a) Shortness of breath No Yes (1) (2) OCL4A
- b) Symptoms of congestive heart disease 274 (1) (2) OCL4B
- c) Impaired peripheral vascular circulation (e.g., intermittent claudication) 295 (1) (2) OCL4C
- d) Chest pain 296 (1) (2) OCL4D

is this clinical engine? No Yes (1) (2)

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

Rename OCL4D1 297

- e) Definite or suspected non-acute MI 298 (1) (2) OCL4E
- f) Transient ischemic attack(s) 299 (1) (2) OCL4F
- g) Other vascular problem 300 (1) (2) OCL4G

If YES, specify: _____

5. INFECTIONS

Has the patient had any of the following?

- a) Urinary tract infection (e.g., cystitis, pyelonephritis, perinephric abscess) 301 No Yes (1) (2) OCL5A
- b) Upper or lower respiratory tract infection (E) 302 (1) (2) OCL5B
- c) Gastroenteritis H Rename 303 (1) (2) OCL5C

WAS OCL4E

NEW NEW OCL4F

WAS OCL5E 5H

281
OCL2A
282
OCL2B
283
OCL2C
284
OCL2D
285
OCL2E
286
OCL2F
287
OCL2G
288
OCL2H
289
OCL2I

12/

Patient _____

304 CL5D

d) Cutaneous (non-infusion site) or mucocutaneous (e.g., Candida vulvo-vaginitis, furunculosis, dental abscess) infection
No (1) Yes (2) *Scars*
IF YES, specify: _____

305 CL5E

e) Post-operative or deep wound infection (B) *psoriasis*
No (1) Yes (2)

306 CL5F

f) Gangrene (c)
No (1) Yes (2)

307 CL5G

g) Other infections (i.e., mononucleosis, epididymitis, *new* measles, chicken pox)
No (1) Yes (2) *NEW*
IF YES, specify: _____

308 CL5H

h) Has the patient had infection at the insertion site (e.g., >1.5 cm erythema and purulence)?
No (1) Yes (2) *5*

309 CL6

6. MINOR OUTPATIENT SURGERY OR INCIDENTAL TRAUMA (e.g., simple fracture, uncomplicated laceration). *new*
No (1) Yes (2)
IF YES, specify: _____

310 CL7

7. INTERCURRENT ENDOCRINE EVENT (e.g., hypothyroidism, Grave's disease, Cushing's disease) *new*
No (1) Yes (2)
IF YES, specify: _____

311 CL8

8. ADVERSE PSYCHOSOCIAL REACTION *new*
No (1) Yes (2)
IF YES, specify: _____

9. OTHER

a) Has the patient experienced any other medical problems or difficulties in carrying out the diabetes treatment regimen (includes imprisonment)?
No (1) Yes (2) *312*
IF YES, explain: _____ *312*

WAS BOCLSB SC

WAS OCL6A

DROP OCL63

NEW

DROP OCL5E

WAS OCL5J1

DROP OCL52-5 SK

10. MEDICATIONS

1. On the average, how many aspirin-containing tablets or other prostaglandin inhibitors does the patient use each month? (IF NONE, ENTER 000)
2. Has the patient used or is he/she currently using prescription drug other than insulin?
No (1) Yes (2) *313*
314

WAS OCL6C 6D

Specify: _____

Has the patient used any over-the-counter drugs?
No (1) Yes (2) *315*
Specify: _____

4. Does the patient use vitamin supplements on a regular basis?
No (1) Yes (2) *316*
Specify: _____

CHANGES

N. PHYSICAL EXAMINATION

- 317 **OCPEDATE** 1. Date of last physical examination 14 Month Day Year
- 318 **OCWEIGHT** 2. Current weight (kg) ---
(To convert pounds to kilograms, multiply by 0.454.)
- 319 **OCWTCHA** 3. Change in weight since previous exam (kg) (CIRCLE + OR -) +
- 320 **OCDESIWT** 4. What is the patient's desired weight (kg)? ---
- 321 **OCERSZ** 5. Body frame size new Small Medium Large
(1) (2) (3)
- 322 **OCADOLESO** 6. Is the patient less than 18 years old? 291 No Yes
(1) (2)
- 323 IF NO, skip to Question N.11.
- 324 **OCWTPERC** 7. Weight percentile 96 (5)
- 325 **OCHEIGHT** 8. Current height (cm) ---
(To convert inches to centimeters, multiply by 2.54.)
- 326 **OCNIO** 9. Change in height since previous physical exam (cm) ---
- 327 **OCNIO** 10. Has patient failed to maintain normal growth and development (see Manual of Operations Chapter for definition)? new No Yes
(1) (2)
- 327 **OCPIULSE** 11. Pulse (bpm) 93 (10)

DROP
OC TAN PH
OC TAN B

12. Sitting blood pressure (RIGHT ARM)
- a) Systolic (mm Hg) 328 OC SYSTR
- b) Diastolic (mm Hg) 329 OC DIASR
- c) Is the systolic or diastolic blood pressure so high as to meet the definition of hypertension (Chapter 10 of the Manual of Operations)? new 330 No Yes
(1) (2)
- IF NO, SKIP TO QUESTION N.13.
- d) IF YES, has hypertension been previously documented and has the Notification of Intercurrent Event (Form 020) been completed and sent to the Coordinating Center? new 331 No Yes
(1) (2)
- IF NO, THE PATIENT MUST RETURN ANOTHER DAY WITHIN ONE MONTH FOR A SECOND DETERMINATION OF SITTING BLOOD PRESSURE. COMPLETE ITEMS e) THROUGH g) AT THAT TIME.
- e) Date of second sitting blood pressure determination new 332 OC RL P DAT
Month Day Year
- f) Sitting blood pressure:
Systolic (mm Hg) new 333 OC SYSTR 2
Diastolic (mm Hg) new 334 OC DIASR 2
- g) Does the systolic or diastolic blood pressure indicate hypertension? new 335 No Yes
(1) (2) OC HYPER 2
- IF YES, complete the Notification of Intercurrent Event (DCCT Form 020).
13. Injection sites (INCLUDING CATHETER SITES):
- a) Lipatrophy 206 Absent Present
336 (1) (2) OC LIPOAT
- b) Lipohypertrophy 307 337 (1) (2) OC LIPOHY
- c) Inflammation 308 338 (1) (2) OC INFLAM

NEW DATA

Patient _____

14. Abdomen:

OCHEPATO a) Hepatomegaly 307 Absent Present
 (1) (2)
 OCSPAN b) If present, how large (span)? 310 _____ cm

15. Feet:

OCFOOTUL a) Ulcers 311 Absent Present
 (1) (2)
 OCFOOTIN b) Infection 312 (1) (2)
 OCABNTOE c) Abnormal toenails 313 (1) (2)

Pulse -- Dorsalis pedis

314 d) Right 315 e) Left
 Normal Diminished Absent Normal Diminished Absent
 (1) (2) (3) (1) (2) (3)

OCDPEDR 314 OCPEL 315
 (Circled in original)

Pulse -- Posterior tibial

316 f) Right 317 g) Left 317
 Normal Diminished Absent Normal Diminished Absent
 (1) (2) (3) (1) (2) (3)
 OCPTIBR 316 OCPTIBL 317

Same
 ↓

O. CHANGE IN INSULIN

1. If the insulin regimen for this Standard Group Patient will be changed, specify the new typical day's insulin dosage:

Units of Long-Acting or Ultralente	Units of NPH or lente	Units of Regular or Semi-lente	Type	am	pm
OC011A	OC011B	OC011C	OC011D	(1)	(2) OC011E 352
OC012A	OC012B	OC012C	OC012D	(1)	(2) OC012E 352
OC013A	OC013B	OC013C	OC013D	(1)	(2) OC013E 302

WAS
 OCNSIA-E
 52
 53

2. If the types of insulin for this Standard Group patient will be changed, indicate the new types. (CHECK ALL THAT APPLY)

Beef and pork (1) OC02A 362
 Beef (1) OC02B 362
 Pork (1) OC02C 362
 Human (1) OC02D 362

new

DROPPED OLD PGS 18, 19

RENAMES
 NEW DATA

Patient _____

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

376 1. Will the Profilist be mailed to the Central Biochemistry Laboratory? No (1) Yes (2) OCP1 367

WAS
O C O I

2. Why not? (CHECK ALL THAT APPLY THEN SRIP TO QUESTION L.B.)
377 A
Kit damaged after collection 368 (1) OCP2A
Patient forgot to do collection 269 (1) OCP2B
Patient lost kit 370 (1) OCP2C
Patient refused to do collection 371 (1) OCP2D
Other or unknown 372 (1) OCP2E

3. On what date were the collections performed? Month Day Year

OCCOLDAT 373

SAM

4. On what date will the Profilist be mailed? Month Day Year

OCPREFDAT 374

5. What accession number will be used on the Profilist? BGP1 thru BGP7 -

OCACCN0 375

If the patient is randomized to the Experimental Treatment Group, answer Questions P.6 and P.7; otherwise proceed to Question P.8.

6. Did the patient perform self blood glucose monitoring on the day he/she obtained the Profilist specimens? No (1) Yes (2)

OCP6 376

WAS
O C O 6

Proceed to Question P.8

Patient _____

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

Prebreakfast	---	mg/dl	OCP7A 77
90 min. p.c.	---	mg/dl	OCP7B 58
Pralunch	---	mg/dl	OCP7C 79
90 min. p.c.	---	mg/dl	OCP7D 80
Presupper	---	mg/dl	OCP7E 91
90 min. p.c.	---	mg/dl	OCP7F 82
Bedtime	---	mg/dl	OCP7G 83

WAS
0C07A
↓
G

8. A blood sample is to be taken for HbA1c measurement.

a) HbA1c accession number: H - _____

b) Date mailed to Hemoglobin A1c Laboratory: Month Day Year

OCHBACCS 384 ✓
OCHBDATE 385 ✓

9. Will lipid specimens be mailed to the Central Biochemistry Laboratory (for annual visit)? No Yes (1) (2)

Proceed to Question P.12

OCP9 356 new

10. On what date will the specimens be drawn? Month Day Year

OCLPDATE 387 ✓

11. What accession number will be used? L - _____

OCLPACCS 388 ✓

12. Will renal studies specimens be mailed to the Central Biochemistry Laboratory (for annual visit)? No Yes (1) (2)

Proceed to Section Q

OCP12 389 new

13. On what date will the specimens be collected? 390 Month Day Year

OCRENDAT 390 ✓

14. What accession number will be used? 391 S and U - _____

OCREACCS 391 ✓

CHANGES
NEW DATA

Patient

Q. DEVIATIONS FROM ASSIGNED TREATMENT

392
OCQ 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? No Yes (1) (2)

WAS OCF2

IF YES:

83
OCTRTDAT a) Enter date of DCCT Form 022, Notification of Deviation from Assigned Treatment: Month Day Year

94
OLQB. b) Is the patient currently on deviation from treatment? No Yes (1) (2)

85
OCTERDAT IF NO, enter date of termination of deviation: Month Day Year

R. TRANSFER TO INACTIVE STATUS

86
OCR Since the last visit, has the patient been on inactive status at any time? No Yes (1) (2)

IF YES:

87
OCTRNDAT a) Enter date of DCCT Form 010, Application for Transfer to Inactive Status: Month Day Year

88
OCRB b) Is the patient currently on transfer to inactive status? No Yes (1) (2)

89
OCTRMDAT IF NO, enter date of termination to inactive status: Month Day Year

S. MODIFICATIONS OF FOLLOW-UP SCHEDULE FOR ENDPOINT ASSESSMENTS

400
OCS Since the last visit, has the patient's follow-up schedule been changed? No Yes (1) (2)

IF YES, indicate which assessments:

T. MODIFICATIONS OF THERAPY IN THE STANDARD TREATMENT GROUP PATIENT

COMPLETE THIS SECTION IF THE PATIENT WAS RANDOMIZED TO THE STANDARD TREATMENT GROUP. OTHERWISE, PROCEED TO SECTION U.

Since the last visit, which of the following modifications of therapy have been instituted at any time? (ANSWER ALL THAT APPLY)

IF NONE, check here and proceed to end of form: (1) OCT 401

a) More frequent dietary instruction (more frequent than 6 month intervals) No Yes (1) (2) OCTA 402

Record the total number of additional sessions 0-10 OCTA1 403

b) Interim telephone contact with patient related to diabetes management No Yes (1) (2) OCTB 404

Record the total number of telephone contacts related to diabetes control and complications since the last visit 0-12 WAS OCF4 OCTB1 405

c) Hospitalization for metabolic control No Yes (1) (2) OCTC 406

Record the total number of hospitalizations for metabolic control since the last visit 0-3 OCTC2 407

d) Use of glucose monitoring at greater frequency than specified in the Protocol (urine testing 4x/day or self blood glucose monitoring once per day) No Yes (1) (2) OCTD 408

Record frequency: 2-4 SBGM /day OCTD1 409

5-8 UGM /day OCTD2 410

MOSIZY NEW
SOME DATA FROM
OLD PG 25

411 OCTE c) Use of more than two injections of insulin per day or use of an insulin pump to achieve first or second priority standard treatment group goals. No Yes (1) (2)
 (NOTE: PERMISSION OF THE TREATMENT COMMITTEE IS REQUIRED PRIOR TO INSTITUTING THIS MODIFICATION OF THERAPY)

2 OCPERMDA Enter date permission was received from the Treatment Committee to institute the regimen in this patient Month Day Year
 OCPEDATE

3 OCNEWDATE Enter date that new regimen was started Month Day Year

OCTEI 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? No Yes (1) (2)

OCINSDATE If NO, enter date of return to one or two injections of insulin per day Month Day Year

OCTE f) Other modifications: specify: No Yes (1) (2)

U. MODIFICATIONS OF THERAPY IN THE EXPERIMENTAL TREATMENT GROUP PATIENT

COMPLETE THIS SECTION IF THE PATIENT WAS RANDOMIZED TO THE EXPERIMENTAL TREATMENT GROUP. OTHERWISE, PROCEED TO END OF FORM.

Since the last visit, which of the following modifications of therapy have been instituted at any time? (ANSWER ALL THAT APPLY)

- If NONE, check here and sign the form: (1) OCUN¹¹⁷
- a) Institution of a planned out-patient visit schedule on a less frequent basis than the required monthly visit schedule in this group No Yes (1) (2) OCVA¹¹⁸
 Record new frequency of visits 0-11 119 — — / year OCVA1
- b) Discontinuation of self blood glucose monitoring No Yes 120 (1) (2) OCUB
- c) 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 No Yes 121 (1) (2) OCUC¹²²
 Record frequency 0-3 — / day OCUC1
- d) Institution of urine glucose monitoring as the primary method of glucose monitoring No Yes 123 (1) (2) OCUD¹²⁴
 Record frequency 0-4 — / day OCUD1

NEW

Patient: _____

e) Less stringent goals of therapy

(1) Specify the new goals:

HbA1c (range) _____

Blood glucose (range): Preprandial _____

Postprandial _____

3:00 a.m. _____

OCUE 425

OCUE I 1 426 } Do not Key

OCUE I 2 427 } 11-13-86

OCUE I 3 428 }

OCUE I 4 429 }

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

_____ ?

(ii) Specify the date that the new goal(s) became effective: Month Day Year

(iv) Are the stated goals in effect at present? 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: Month Day Year

OCLEDATE 426

OCLEDATE 436

OCU^EIV 4 427

OCPRTDAT 428

OLUF 429

(v) Other modification; specify: No Yes (1) (2)

Name of person responsible for information on this form: _____

Certification Number (if any) _____

OC CERTNO 430 434 ✓

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 hypoglycemia episodes, complete the Notification of Hypoglycemic Intercurrent Event (DCCT Form 003) as well.

OCWEEKNO 431 435 ✓

NEW

CONTENTS PROCEDURE

Data Set Name:	DCEXPORT.F003CMB2	Observations:	4841
Member Type:	DATA	Variables:	424
Engine:	V608	Indexes:	0
Created:	15:13 Friday, December 1, 1995	Observation Length:	1065
Last Modified:	15:13 Friday, December 1, 1995	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	YES
Label:			

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

Data Set Page Size:	16384
Number of Data Set Pages:	326
File Format:	607
First Data Page:	4
Max Obs per Page:	15
Obs in First Data Page:	11
Userid :	ONITE1
File :	F003CMB2 DCEXPORT

-----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
424	MASK PAT	Num	8	1057		Patient ID number
365	OCAENTOE	Num	2	939		FOOT-ABNORMAL TOENAILS
352	OCADOLES	Num	2	913		LESS THAN 18 YEARS OLD
79	OCBLPDAT	Char	6	285		DATE OF SECOND SITTING BLOOD PRESS.
85	OCCOLDAT	Char	6	312		DATE COLLECTIONS PERFORMED
138	OCCYEAR	Num	2	485		YEAR IN COLLEGE
133	OCDADED	Num	2	475		FATHER'S EDUCATION LEVEL
118	OCDADJOB	Num	2	445		FATHER'S OCCUPATION
123	OCDADNOJ	Num	2	455		FATHER UMEMPLOYED OR RETIRED
73	OCDESIWT	Num	8	252		PATIENT'S DESIRED WEIGHT
78	OCDIASR	Num	3	282		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
81	OCDIASR2	Num	3	294		DIASTOLIC-SECOND SITTING BLOOD PRESS.
128	OCDJOBCH	Num	2	465		FATHER'S JOB STATUS CHANGED
367	OCDPEDL	Num	2	943		PULSE-DORSALIS PEDIS-LEFT
366	OCDPEDR	Num	2	941		PULSE-DORSALIS PEDIS-RIGHT
148	OCDRINK1	Num	2	505		AT LEAST ONE ALCOHOLIC BEV. WEEK
149	OCDRINK2	Num	2	507		BOTTLES OF BEER IN LAST 7 DAYS
150	OCDRINK3	Num	2	509		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
151	OCDRINK4	Num	2	511		GLASSES OF WINE IN LAST 7 DAYS
152	OCDRINK5	Num	2	513		HARD LIQUOR IN LAST 7 DAYS
153	OCDRINK6	Num	2	515		TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS
106	OCEFDATE	Char	6	413		DATE NEW GOALS BECAME EFFECTIVE
154	OCEXER1	Num	2	517		PATIENT'S LEVEL OF ACTIVITY
6	OCEXER2	Num	3	18		HOURS & MINUTES OF LIGHT ACTIVITY
7	OCEXER3	Num	3	21		HOURS & MINUTES OF MODERATE ACTIVITY
8	OCEXER4	Num	3	24		HOURS & MINUTES OF HARD ACTIVITY
9	OCEXER5	Num	3	27		HOURS & MINUTES OF VERY HARD ACTIVITY
140	OCEXPELL	Num	2	489		CEASED ATTENDING SCHOOL IN PAST YR
155	OCF1	Num	2	519		CURRENT USUAL INSULIN THERAPY

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
10	OCF2	Num	3	30		TOTAL NUMBER OF CLINICAL VISITS
129	OCFJOBCH	Num	2	467		GUARDIAN/FRIEND'S JOB STATUS CHANGED
364	OCFOOTIN	Num	2	937		FOOT-INFECTION
363	OCFOOTUL	Num	2	935		FOOT-ULCER
134	OCFRIED	Num	2	477		GUARDIAN/FRIEND'S EDUCATION LEVEL
119	OCFRIJOB	Num	2	447		GUARDIAN/FRIEND'S OCCUPATION
124	OCFRINOJ	Num	2	457		GUARDIAN/FRIEND'S UMEMPLOY.OR RETIRED
351	OCFRSZ	Num	2	911		BODY FRAME SIZE
156	OCG1	Num	2	521		PREPRANDIAL-TOTAL UNITS OF INSULIN
157	OCG2	Num	2	523		NO. OF PREPRANDIAL BOLUSES/24 HOURS
158	OCG3	Num	2	525		TOTAL BASAL UNITS/24 HOURS
159	OCG4	Num	2	527		NUMBER OF BASAL RATES/24 HOURS
164	OCG7	Num	2	537		MORE SBGM THAN PRESCRIBED
165	OCG8	Num	2	539		SBGM RESULT INACCURATE OR FICTIT.
166	OCG9	Num	2	541		PROBLEM USING INSULIN PUMP
112	OCGENDER	Num	2	433		GENDER
136	OCGRADE	Num	2	481		ELEMENTARY/SECONDARY SCHOOL GRADE
139	OCGYEAR	Num	2	487		YEAR IN GRADUATE SCHOOL
160	OCG5A	Num	2	529		TYPE OF INSULIN-BEEF AND PORK
161	OCG5B	Num	2	531		TYPE OF INSULIN-BEEF
162	OCG5C	Num	2	533		TYPE OF INSULIN-PORK
163	OCG5D	Num	2	535		TYPE OF INSULIN-HUMAN
11	OCG61A	Num	3	33		PUMP-PREPRANDIAL-NO. ACTUALLY DONE
12	OCG61B	Num	3	36		-PUMP-PREPRANDIAL-SHOULD HAVE DONE
13	OCG61C	Num	3	39		PUMP-PREPRANDIAL-NUMBER BELOW 70
14	OCG61D	Num	3	42		PUMP-PREPRANDIAL-NUMBER ABOVE 120
15	OCG62A	Num	3	45		PUMP-POSTPRANDIAL-NO. ACTUALLY DONE
16	OCG62B	Num	3	48		PUMP-POSTPRANDIAL-SHOULD HAVE DONE
17	OCG62C	Num	3	51		PUMP-POSTPRANDIAL-NUMBER BELOW 70
18	OCG62D	Num	3	54		PUMP-POSTPRANDIAL-NUMBER ABOVE 180
19	OCG63A	Num	3	57		PUMP-BEDTIME-NUMBER ACTUALLY DONE
20	OCG63B	Num	3	60		PUMP-BEDTIME-NUMBER SHOULD HAVE DONE
21	OCG63C	Num	3	63		PUMP-BEDTIME-NUMBER BELOW 70
22	OCG63D	Num	3	66		PUMP-BEDTIME-NUMBER ABOVE 120
23	OCG64A	Num	3	69		PUMP-3:00 A.M.-NUMBER ACTUALLY DONE
24	OCG64B	Num	3	72		PUMP-3:00 A.M.-NUMBER SHOULD HAVE DONE
25	OCG64C	Num	3	75		PUMP-3:00 A.M.-NUMBER BELOW 65
26	OCG64D	Num	3	78		PUMP-3:00 A.M.-NUMBER ABOVE 120
167	OCH1	Num	2	543		MDI1-TOTAL UNITS OF INSULIN
168	OCH2	Num	2	545		MDI1-NO. OF PREPRANDIAL BOLUSES
169	OCH3	Num	2	547		MDI1-UNITS OF INTER./LONG-LAST.INSULIN
194	OCH7	Num	2	597		MDI-MORE SBGM THAN PRESCRIBED
195	OCH8	Num	2	599		MDI-SBGM RESULTS INACCURATE?
94	OCHBDATE	Char	6	345		DATE MAILED TO HEMOGLOBLIN A1C LAB
74	OCHEIGHT	Num	8	260		CURRENT HEIGHT
361	OCHEPATO	Num	2	931		HEPATOMEGALY
355	OCHIBLP	Num	2	919		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
75	OCHTCHA	Num	8	268		CHANGE IN HEIGHT SINCE LAST PHYSICAL
356	OCHYP	Num	2	921		HYPER. DOCUMENTED SENT TO COOR. CENTER
357	OCHYPERT	Num	2	923		SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.
170	OCH41A	Num	2	549		MDI1-UNITS OF LONG-ACTING OR ULTRA.
171	OCH41B	Num	2	551		MDI1-UNITS OF NPH OR LENTE
172	OCH41C	Num	2	553		MDI1-UNITS OF REGULAR OR SEMI-LENTE

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
27	OCH41D	Char	5	81		MDI1-TIME
173	OCH41E	Num	2	555		MDI1-AM OR PM
174	OCH42A	Num	2	557		MDI2-UNITS OF LONG-ACTING OR ULTRA.
175	OCH42B	Num	2	559		MDI2-UNITS OF NPH OR LENTE
176	OCH42C	Num	2	561		MDI2-UNITS OF REGULAR OR SEMI-LENTE
28	OCH42D	Char	5	86		MDI2-TIME
177	OCH42E	Num	2	563		MDI2-AM OR PM
178	OCH43A	Num	2	565		MDI3-UNITS OF LONG-ACTING OR ULTRA.
179	OCH43B	Num	2	567		MDI3-UNITS OF NPH OR LENTE
180	OCH43C	Num	2	569		MDI3-UNITS OF REGULAR OR SEMI-LENTE
29	OCH43D	Char	5	91		MDI3-TIME
181	OCH43E	Num	2	571		MDI3-AM OR PM
182	OCH44A	Num	2	573		MDI4-UNITS OF LONG-ACTING OR ULTRA.
183	OCH44B	Num	2	575		MDI4-UNITS OF NPH OR LENTE
184	OCH44C	Num	2	577		MDI4-UNITS OF REGULAR OR SEMI-LENTE
30	OCH44D	Char	5	96		MDI4-TIME
185	OCH44E	Num	2	579		MDI4-AM OR PM
186	OCH45A	Num	2	581		MDI5-UNITS OF LONG-ACTING OR ULTRA.
187	OCH45B	Num	2	583		MDI5-UNITS OF NPH OR LENTE
188	OCH45C	Num	2	585		MDI5-UNITS OF REGULAR OR SEMI-LENTE
31	OCH45D	Char	5	101		MDI5-TIME
189	OCH45E	Num	2	587		MDI5-AM OR PM
190	OCH5A	Num	2	589		MDI-TYPE OF INSULIN-BEEF OR PORK
191	OCH5B	Num	2	591		MDI-TYPE OF INSULIN-BEEF
192	OCH5C	Num	2	593		MDI-TYPE OF INSULIN-PORK
193	OCH5D	Num	2	595		MDI-TYPE OF INSULIN-HUMAN
32	OCH61A	Num	3	106		MDI-PREPRANDIAL-NO. ACTUALLY DONE
33	OCH61B	Num	3	109		MDI-PREPRANDIAL-SHOULD HAVE DONE
34	OCH61C	Num	3	112		MDI-PREPRANDIAL-NO. BELOW 70
35	OCH61D	Num	3	115		MDI-PREPRANDIAL-NO. ABOVE 120
36	OCH62A	Num	3	118		MDI-POSTPRANDIAL-NO. ACTUALLY DONE
37	OCH62B	Num	3	121		MDI-POSTPRANDIAL-SHOULD HAVE DONE
38	OCH62C	Num	3	124		MDI-POSTPRANDIAL-NO. BELOW 70
39	OCH62D	Num	3	127		MDI-POSTPRANDIAL-NO. ABOVE 180
40	OCH63A	Num	3	130		MDI-BEDTIME-NO. ACTUALLY DONE
41	OCH63B	Num	3	133		MDI-BEDTIME-NO. SHOULD HAVE DONE
42	OCH63C	Num	3	136		MDI-BEDTIME-NO. BELOW 70
43	OCH63D	Num	3	139		MDI-BEDTIME-NO. ABOVE 120
44	OCH64A	Num	3	142		MDI-3:00 AM-NO. ACTUALLY DONE
45	OCH64B	Num	3	145		MDI-3:00 AM-NO. SHOULD HAVE DONE
46	OCH64C	Num	3	148		MDI-3:00 AM-NO. BELOW 65
47	OCH64D	Num	3	151		MDI-3:00 AM-NO. ABOVE 120
220	OCI3	Num	2	649		STD-PERFORM SELF BLOOD GLUCOSE MONITOR.
221	OCI4	Num	2	651		STD-PERFORM URINE GLUCOSE MONITORING
222	OCI6	Num	2	653		STD-MGM(URINE OR BLOOD) THAN PRESC.
223	OCI7	Num	2	655		STD-INACCURATE OR FICTITIOUS RESULTS
360	OCINFLAM	Num	2	929		INFLAMMATION
105	OCINSDAT	Char	6	407		DATE RETURN TO 1 OR 2 INJEC. PER DAY
196	OCI11A	Num	2	601		STD-UNITS OF LONG-ACTING OR ULTRA.
197	OCI11B	Num	2	603		STD-UNITS OF NPH OR LENTE
198	OCI11C	Num	2	605		STD-UNITS OF REGULAR OR SEMI-LENTE
48	OCI11D	Char	5	154		STD-TIME
199	OCI11E	Num	2	607		STD-AM OR PM

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
200	OCI12A	Num	2	609		STD-UNITS OF LONG-ACTING OR ULTRA.
201	OCI12B	Num	2	611		STD-UNITS OF NPH OR LENTE
202	OCI12C	Num	2	613		STD-UNITS OF REGULAR OR SEMI-LENTE
49	OCI12D	Char	5	159		STD-TIME
203	OCI12E	Num	2	615		STD-AM OR PM
204	OCI13A	Num	2	617		STD-UNITS OF LONG-ACTING OR ULTRA.
205	OCI13B	Num	2	619		STD-UNITS OF NPH OR LENTE
206	OCI13C	Num	2	621		STD-UNITS OF REGULAR OR SEMI-LENTE
50	OCI13D	Char	5	164		STD-TIME
207	OCI13E	Num	2	623		STD-AM OR PM
208	OCI14A	Num	2	625		STD-UNITS OF LONG-ACTING OR ULTRA.
209	OCI14B	Num	2	627		STD-UNITS OF NPH OR LENTE
210	OCI14C	Num	2	629		STD-UNITS OF REGULAR OR SEMI-LENTE
51	OCI14D	Char	5	169		STD-TIME
211	OCI14E	Num	2	631		STD-AM OR PM
212	OCI15A	Num	2	633		STD-UNITS OF LONG-ACTING OR ULTRA.
213	OCI15B	Num	2	635		STD-UNITS OF NPH OR LENTE
214	OCI15C	Num	2	637		STD-UNITS OF REGULAR OR SEMI-LENTE
52	OCI15D	Char	5	174		STD-TIME
215	OCI15E	Num	2	639		STD-AM OR PM
216	OCI2A	Num	2	641		STD-TYPE OF INSULIN-BEEF AND PORK
217	OCI2B	Num	2	643		STD-TYPE OF INSULIN-BEEF
218	OCI2C	Num	2	645		STD-TYPE OF INSULIN-PORK
219	OCI2D	Num	2	647		STD-TYPE OF INSULIN-HUMAN
53	OCI51A	Num	3	179		STD-BEFORE BREAK.-# ACTUAL. DONE-URINE
54	OCI51B	Num	3	182		STD-BEFORE BREAK.-# HAVE DONE-URINE
55	OCI51C	Num	3	185		STD-BEFORE BREAK.-# ACTUAL. DONE-BLOOD
56	OCI51D	Num	3	188		STD-BEFORE BREAK.-# HAVE DONE-BLOOD
57	OCI52A	Num	3	191		STD-BEFORE LUNCH-# ACTUAL. DONE-URINE
58	OCI52B	Num	3	194		STD-BEFORE LUNCH-# HAVE DONE-URINE
59	OCI52C	Num	3	197		STD-BEFORE LUNCH-# ACTUALLY DONE-BLOOD
60	OCI52D	Num	3	200		STD-BEFORE LUNCH-HAVE DONE-BLOOD
61	OCI53A	Num	3	203		STD-BEFORE DINNER-# ACTUAL. DONE-URINE
62	OCI53B	Num	3	206		STD-BEFORE DINNER-HAVE DONE-URINE
63	OCI53C	Num	3	209		STD-BEFORE DINNER-# ACTUAL. DONE-BLOOD
64	OCI53D	Num	3	212		STD-BEFORE DINNER-SHOULD HAVE DONE-BLOOD
65	OCI54A	Num	3	215		STD-BEDTIME-# ACTUALLY DONE-URINE
66	OCI54B	Num	3	218		STD-BEDTIME-# SHOULD HAVE DONE-URINE
67	OCI54C	Num	3	221		STD-BEDTIME-# ACTUALLY DONE-BLOOD
68	OCI54D	Num	3	224		STD-BEDTIME-# SHOULD HAVE DONE-BLOOD
224	OCJ1A	Num	2	657		HOW OFTEN FOLLOWED MEAL PLAN
225	OCJ1B	Num	2	659		EATING DISORDER
226	OCJ1C	Num	2	661		HOW MANY ILLNESSES
227	OCJ1CII	Num	2	663		FAILED TO ADJUST THE INSULIN DOSE
228	OCJ1D	Num	2	665		USED INSULIN NOT PRESCRIBED
229	OCJ1E	Num	2	667		ROTATING THE SITE OF INJECTION
230	OCJ1F	Num	2	669		LESS THAN 7 BLOOD COLLECTIONS
231	OCJ1GI	Num	2	671		NO. OF INTERCURRENT EVENTS EXPER.
232	OCJ1GII	Num	2	673		FAILED TO REPORT INTERCURRENT EVENTS
233	OCJ1H	Num	2	675		FAILED TO BRING IN DAILY RECORD
234	OCJ1II	Num	2	677		PERFORM SELF BLOOD GLUCOSE MONITORING
235	OCJ1III	Num	2	679		USING SBGM TO ADJUST INSULIN DOSAGE
236	OCJ1IIII	Num	2	681		PERFORM SBGM MORE THAN ONCE PER DAY

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
237	OCJ2A	Num	2	683		STG-INSULIN TAKEN MORE THAN PRESCRIBED
238	OCJ2B	Num	2	685		STG-TAKEN EXTRA INJECTIONS OF INSULIN
239	OCJ2C	Num	2	687		STG-TAKEN FEWER INJECTIONS OF INSULIN
240	OCJ2D	Num	2	689		STG-FAILED TO TAKE PRESCRIBED INSULIN
241	OCJ2E	Num	2	691		STG-FAILED TO PERFORM 2 URINE/IBLD.TST.
242	OCJ2FI	Num	2	693		STG-BEEN ILL
243	OCJ2FII	Num	2	695		STG-TEST/RECORD URINE ACET. DURING/ILL.
244	OCJ3A	Num	2	697		ETG-NOT FOLLOWED PRESC. ALGOR. INSULIN
245	OCJ3B	Num	2	699		ETG-FAILED TO DO 3 AM BLOOD TEST
246	OCJ3C	Num	2	701		ETG-FAILED TO REPORT LOW 3 AM BL. GL.
247	OCJ3D	Num	2	703		ETG-FAILED TO MONITOR URINE ACETONE
248	OCJ4A	Num	2	705		ETG-FAILED TO CHANGE BATTERIES
249	OCJ4B	Num	2	707		ETG-FAILED TO CHANGE CATHETERS
250	OCJ4C	Num	2	709		ETG-FAILED TO CHANGE SYRINGES
256	OCK2	Num	2	721		PATIENT HAD MODERATE OR LARGE KETONURIA
251	OCK1A	Num	2	711		NO. OF NIGHTS WAKE UP ONCE TO URINATE
252	OCK1B	Num	2	713		WAKE UP TWO OR MORE TIMES TO URINATE
253	OCK1C	Num	2	715		NO. GLASSES OF FLUID DRINK PER DAY
254	OCK1D	Num	2	717		NO. TIMES DID THE PATIENT EXPER. DKA
255	OCK1E	Num	2	719		OTHER SYMPTOMS OF HYPERGLYCEMIA
257	OCK2A	Num	2	723		EXPLAINED BY CHANGE IN ROUTINE
258	OCK2B	Num	2	725		DUE TO ILLNESS
259	OCK2C	Num	2	727		DUE TO MEDICAL EQUIPMENT FAILURE
260	OCK2D	Num	2	729		SPONTANEOUS OR UNEXPLAINED
261	OCK3A	Num	2	731		IS THE PATIENT FEMALE
262	OCK3BI	Num	2	733		VAGINAL ITCHING OR DISCHARGE
263	OCK3BII	Num	2	735		PATIENT TREATED FOR THIS
69	OCK3CDAT	Char	6	227		DATE LAST MENSTRUAL PERIOD STARTED
264	OCK3CI	Num	2	737		DOES THE PATIENT MENSTRUATE
265	OCK3DI	Num	2	739		MENSTRUAL PERIOD MORE THAN 5 WEEKS AGO
266	OCK3DII	Num	2	741		WAS PREGNANCY TEST PERFORMED
267	OCK3DIII	Num	2	743		DID TEST INDICATE PREGNANCY
268	OCK4A	Num	2	745		NO. OF HOSPITAL. FOR HYPOGLYCEMIA
269	OCK4BI	Num	2	747		LOST CONSCIOUSNESS WITHOUT SEIZURE
270	OCK4BII	Num	2	749		LOST CONSCIOUSNESS WITH SEIZURE
271	OCK4CI	Num	2	751		HYPO-NEEDED IV OR INJECT.OF GLUCOSE
272	OCK4CII	Num	2	753		HYPO-REQUIRE ASSIST. OF ADMIN. OF GLU.
273	OCK4CIII	Num	2	755		HYPO-NO. TIMES NEEDED ASSISTANCE
274	OCK4DI	Num	2	757		WHEN HAS SEVERE HYPOGLYCEMIA OCCURRED
282	OCK4DII1	Num	2	773		HYPO-ADRENERGIC WARNING SYMPTOMS
283	OCK4DII2	Num	2	775		HYPO-DIAPHORESIS (SWEATING)
284	OCK4DII3	Num	2	777		HYPO-ALTERED MENTAL STATUS
285	OCK4DII4	Num	2	779		HYPO-LOSS OF CONSCIOUSNESS
286	OCK4DII5	Num	2	781		HYPO-SEIZURE
287	OCK4DII6	Num	2	783		HYPO-OTHER
288	OCK4DII7	Num	2	785		HYPO-NONE
275	OCK4DIIA	Num	2	759		HYPO-MISSED MEAL OR SNACK
276	OCK4DIIB	Num	2	761		HYPO-DECREASED FOOD INTAKE
277	OCK4DIIC	Num	2	763		HYPO-INCREASED EXERCISE LEVEL
278	OCK4DIID	Num	2	765		HYPO-TOO MUCH INSULIN TAKEN
279	OCK4DII E	Num	2	767		HYPO-WARNING SIGNS OF LOW BL. GLUCOSE
280	OCK4DIIF	Num	2	769		HYPO-OTHER
281	OCK4DIIG	Num	2	771		HYPO-UNEXPLAINED

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
289	OCK4DIV	Num	2	787		NO .TIMES PATIENT RECEIVED GLUCAGON
290	OCK4DV	Num	2	789		NO.TIMES PATIENT RECEIVED IV GLUCOSE
291	OCK4DVI	Num	2	791		NO. OF EPISODES RESULT IN INJURY
292	OCK4E	Num	2	793		HYPOGLYCEMIA EXPERIENCE IN 7 DAYS
293	OCK4FI	Num	2	795		WHEN HAS MILD HYPOGLYCEMIA OCCURRED
294	OCK4FII1	Num	2	797		HYPO-MISSED MEAL OR SNACK
295	OCK4FII2	Num	2	799		HYPO-DECREASED FOOD INTAKE
296	OCK4FII3	Num	2	801		HYPO-INCREASED EXERCISE LEVEL
297	OCK4FII4	Num	2	803		HYPO-TOO MUCH INSULIN TAKEN
298	OCK4FII5	Num	2	805		HYPO-WARNING SIGNS OF LOW BLOOD GLUCOSE
299	OCK4FII6	Num	2	807		HYPO-OTHER
300	OCK4FII7	Num	2	809		HYPO-UNEXPLAINED
301	OCK4FIIA	Num	2	811		HYPO-ADRENERGIC WARNING SYMPTOMS
302	OCK4FII B	Num	2	813		HYPO-DIAPHORESIS (SWEATING)
303	OCK4FII C	Num	2	815		HYPO-ALTERED MENTAL STATUS
304	OCK4FII D	Num	2	817		HYPO-OTHER
305	OCK4FII E	Num	2	819		HYPO-NONE
343	OCL6	Num	2	895		OUTPATIENT SURGERY OR INCIDENTAL TRAUMA
344	OCL7	Num	2	897		INTERCURRENT ENDOCRINE EVENT
345	OCL8	Num	2	899		ADVERSE PSYCHOSOCIAL REACTION
358	OCLIPOAT	Num	2	925		LIPOTATROPHY
359	OCLIPOHY	Num	2	927		LIPHYPERTROPHY
96	OCLPACCS	Num	4	357		WHAT ACCESSION NUMBER WILL BE USED
95	OCLPDATE	Char	6	351		DATE SPECIMENS WILL BE DRAWN
3	OCLSTVST	Char	6	6		DATE OF LAST COMPLETED VISIT
307	OCL1AL	Num	2	823		BLURRED OR REDUCED VISION-LEFT EYE
306	OCL1AR	Num	2	821		BLURRED OR REDUCED VISION-RIGHT EYE
309	OCL1BL	Num	2	827		FLOATER OR FLASHING LIGHT-LEFT EYE
308	OCL1BR	Num	2	825		FLOATER OR FLASHING LIGHTS-RIGHT EYE
311	OCL1CL	Num	2	831		HAS RETINAL ABNORM. LEFT EYE
310	OCL1CR	Num	2	829		HAS RETINAL ABNORM. RIGHT EYE
313	OCL1DL	Num	2	835		OTHER PROBLEM IN LEFT EYE
312	OCL1DR	Num	2	833		OTHER PROBLEM IN RIGHT EYE
314	OCL1E	Num	2	837		OPHTHALMOLOGIST FOR A SPECIAL VISIT
315	OCL2A	Num	2	839		PARESTHESIAS IN HANDS OR FEET
316	OCL2B	Num	2	841		UNEXPLAINED MUSCLE WEAKNESS
317	OCL2C	Num	2	843		VOMITING OR BLOATING AFTER MEALS
318	OCL2D	Num	2	845		BOUTS OF PERSISTENT OR RECURRENT DIAR.
319	OCL2E	Num	2	847		BOUTS OF URINARY RETENTION
320	OCL2F	Num	2	849		DIZZINESS OR LIGHTHEADEDNESS
321	OCL2G	Num	2	851		FAINTING
322	OCL2H	Num	2	853		IMPOTENCE
323	OCL2I	Num	2	855		OTHER NEUROLOGIC PROBLEM
324	OCL3A	Num	2	857		PROTEINURIA
325	OCL3B	Num	2	859		EDEMA (OF RENAL ETIOLOGY ONLY)
326	OCL3C	Num	2	861		OTHER RENAL PROBLEM
327	OCL4A	Num	2	863		SHORTNESS OF BREATH
328	OCL4B	Num	2	865		SYMPTOMS OF CONGESTIVE HEART DISEASE
329	OCL4C	Num	2	867		IMPAIRED PERIPHERAL VASC. CIRCULATION
330	OCL4D	Num	2	869		CHEST PAIN
331	OCL4D1	Num	2	871		IS THIS CLINICAL ANGINA
332	OCL4E	Num	2	873		DEFINITE OR SUSPECTED NON-ACUTE MI
333	OCL4F	Num	2	875		TRANSIENT ISCHEMIC ATTACK(S)

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
334	OCL4G	Num	2	877		OTHER VASULAR PROBLEM
335	OCL5A	Num	2	879		URINARY TRACT INFECTION
336	OCL5B	Num	2	881		UPPER/LOWER RESPIRATORY TRACT INFECTION
337	OCL5C	Num	2	883		GASTROENTERITIS
338	OCL5D	Num	2	885		CUTANEOUS OR MUCOCU. INFECTION
339	OCL5E	Num	2	887		POST-OPERATIVE/DEEP WOUND INFECTION
340	OCL5F	Num	2	889		GANGRENE
341	OCL5G	Num	2	891		OTHER INFECTIONS
342	OCL5H	Num	2	893		INFECTION AT THE INSERTION SIDE
346	OCL9A	Num	2	901		ANY OTHER MEDICAL PROBLEM
347	OCM1	Num	2	903		NO.ASPIRIN-CONTAINING TABLETS EACH MO.
348	OCM2	Num	2	905		CURRENTLY USING PRESCRIPTION DRUG
349	OCM3	Num	2	907		USED ANY OVER-THE-COUNTER DRUGS
350	OCM4	Num	2	909		USE VIT. SUPPLEMENTS ON REGULAR BASIS
114	OCMARN0	Num	2	437		NUMBER OF TIMES MARRIED
113	OCMARRY	Num	2	435		MARITAL STATUS OF PATIENT
127	OCMJOBCH	Num	2	463		MOTHER'S JOB STATUS CHANGED
132	OCMOMED	Num	2	473		MOTHER'S EDUCATION LEVEL
117	OCMOMJOB	Num	2	443		MOTHER'S OCCUPATION
122	OCMOMNOJ	Num	2	453		MOTHER UNEMPLOYED OR RETIRED
4	OCMRDATE	Num	3	12		DATE MARITAL STATUS CHANGED
354	OCN10	Num	2	917		FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.
104	OCNEWDAT	Char	6	401		DATE NEW REGIMEN WAS STARTED
370	OCO11A	Num	2	949		UNITS OF LONG-ACTING OR ULTRALENTE
371	OCO11B	Num	2	951		UNITS OF NPH OR LENTE
372	OCO11C	Num	2	953		UNITS OF REGULAR OR SEMI-LENTE
82	OCO11D	Char	5	297		TIME
373	OCO11E	Num	2	955		AM OR PM
374	OCO12A	Num	2	957		UNITS OF LONG-ACTING OR ULTRALENTE
375	OCO12B	Num	2	959		UNITS OF NPH OR LENTE
376	OCO12C	Num	2	961		UNITS OF REGULAR OR SEMI-LENTE
83	OCO12D	Char	5	302		TIME
377	OCO12E	Num	2	963		AM OR PM
378	OCO13A	Num	2	965		UNITS OF LONG-ACTING OR ULTRALENTE
379	OCO13B	Num	2	967		UNITS OF NPH OR LENTE
380	OCO13C	Num	2	969		UNITS OF REGULAR OR SEMI-LENTE
84	OCO13D	Char	5	307		TIME
381	OCO13E	Num	2	971		AM OR PM
382	OCO2A	Num	2	973		TYPE OF INSULIN-BEEF AND PORK
383	OCO2B	Num	2	975		TYPE OF INSULIN-BEEF
384	OCO2C	Num	2	977		TYPE OF INSULIN-PORK
385	OCO2D	Num	2	979		TYPE OF INSULIN-HUMAN
386	OCP1	Num	2	981		PROFILSET MAILED CENTRAL BIOCHEM.LAB.
392	OCP6	Num	2	993		PERFORM SBGM ON DATE OBTAINED PROFILSET
393	OCP9	Num	2	995		WILL LIPID SPECIMENS MAILED TO LAB.
394	OCP12	Num	2	997		SPECIMENS BE MAILED TO THE CBL RENAL
130	OCPATED	Num	2	469		PATIENT'S EDUCATION LEVEL
115	OCPATJOB	Num	2	439		PATIENT'S OCCUPATION
120	OCPATNOJ	Num	2	449		PATIENT UNEMPLOYED OR RETIRED
70	OCPEDATE	Char	6	233		DATE OF LAST PHYSICAL EXAMINATION
103	OCPERMDA	Char	6	395		DATE PERMISSION WAS RECEIVED
125	OCPJOBCH	Num	2	459		PATIENT'S JOB STATUS CHANGED
86	OCPRFDAT	Char	6	318		DATE PROFILSET BE MAILED

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
107	OCPRDAT	Char	6	419		DATE EXPER. TREAT. GROUP SET PROTOCOL
369	OCPTIBL	Num	2	947		PULSE-POSTERIOR TIBIAL-LEFT
368	OCPTIBR	Num	2	945		PULSE-POSTERIOR TIBIAL-RIGHT
76	OCPUSE	Num	3	276		PULSE
387	OC2A	Num	2	983		KIT DAMAGED AFTER COLLECTION
388	OC2B	Num	2	985		PATIENT FORGOT TO DO COLLECTION
389	OC2C	Num	2	987		PATIENT LOST KIT
390	OC2D	Num	2	989		PATIENT REFUSED TO DO COLLECTION
391	OC2E	Num	2	991		OTHER OR UNKNOWN
87	OC7A	Num	3	324		MG/DL-BREAKFAST
88	OC7B	Num	3	327		MG/DL-90 MIN. P.C.
89	OC7C	Num	3	330		MG/DL-PRELUNCH
90	OC7D	Num	3	333		MG/DL-90 MIN. P.C.
91	OC7E	Num	3	336		MG/DL-PRESUPPER
92	OC7F	Num	3	339		MG/DL-90 MIN. P.C.
93	OC7G	Num	3	342		MG/DL-BEDTIME
395	OCQ	Num	2	999		DEVIATION FROM TREATMENT
396	OCQB	Num	2	1001		CURRENTLY ON DEVIATION FROM TREATMENT
397	OCR	Num	2	1003		PATIENT ON INACTIVE STATUS AT ANY TIME
398	OCRB	Num	2	1005		CURRENTLY ON TRANSFER TO INACTIVE STATUS
98	OCREACCS	Num	4	367		WHAT ACCESSION NUMBER WILL BE USED
97	OCRENDAT	Char	6	361		WHAT DATE WILL SPECIMEN BE COLLECTED
108	OCRESCH	Num	2	425		NECESSARY TO RESCHEDULE VISIT
109	OCRESCHN	Num	2	427		NO. OF TIMES NEEDED TO RESCHEDULE
399	OCS	Num	2	1007		PATIENT'S FOLLOW-UP SCHEDULE CHANGED
126	OCSJOBCH	Num	2	461		SPOUSE'S JOB STATUS CHANGED
141	OCSMOKE1	Num	2	491		SMOKE CIGARETTES/CIGAR. IN PAST YR.
142	OCSMOKE2	Num	2	493		CURRENTLY SMOKE CIGARETTES/CIGAR.
143	OCSMOKE3	Num	2	495		MONTHS SINCE QUIT CIGARETTES/CIGAR.
144	OCSMOKE4	Num	2	497		HOW MANY CIGARET./CIGAR. IN PAST YR.
145	OCSMOKE5	Num	2	499		SMOKED PIPES OR CIGARS IN PAST YR.
146	OCSMOKE6	Num	2	501		CURRENTLY SMOKE PIPES OR CIGARS
147	OCSMOKE7	Num	2	503		QUIT SMOKING PIPES OR CIGARS
5	OCSMOKE8	Num	3	15		PIPEFULS/CIGARS PER WK. IN PAST YR.
362	OCSPAN	Num	2	933		IF PRESENT, HOW LARGE (SPAN)
116	OCSPJOB	Num	2	441		SPOUSE'S OCCUPATION
131	OCSPGED	Num	2	471		SPOUSE'S EDUCATION LEVEL
121	OCSPONQJ	Num	2	451		SPOUSE UNEMPLOYED OR RETIRED
135	OCSTUDNT	Num	2	479		PATIENT WAS STUDENT IN PAST YEAR
77	OCSYSTR	Num	3	279		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
80	OCSYSTR2	Num	3	291		SYSTOLIC-SECOND SITTING BLOOD PRESS.
400	OCT	Num	2	1009		IF NONE, CHECK/PROCEED TO END OF FORM
401	OCTA	Num	2	1011		FREQUENT DIETARY INSTRUCTION
402	OCTA1	Num	2	1013		RECORD TOTAL # OF ADDITIONAL SESSIONS
403	OCTB	Num	2	1015		INTERIM TELEPHONE CONTACT
404	OCTB1	Num	2	1017		RECORD TOTAL # OF PHONE CONTACTS
405	OCTC	Num	2	1019		HOSPITALIZATION FOR METABOLIC CONTROL
406	OCTC1	Num	2	1021		TOTAL # OF HOSPITALIZATIONS VISITS
407	OCTD	Num	2	1023		GLUCOSE MONITORING AT GREATER FREQ.
408	OCTD1	Num	2	1025		RECORD FREQUENCY (SBGM /DAY)
409	OCTD2	Num	2	1027		RECORD FREQUENCY (UGM /DAY)
410	OCTE	Num	2	1029		USED MORE THAN 2 INJECTIONS OF INSULIN
411	OCTE1	Num	2	1031		CURRENTLY USING MORE THAN 2 INJECTIONS

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
100	OCTERDAT	Char	6	377		ENTER DATE OF TERMINATION OF DEV.
412	OCTF	Num	2	1033		OTHER MODIFICATION
102	OCTRMDAT	Char	6	389		DATE OF TERMIN. TO INACTIVE STATUS
101	OCTRNDAT	Char	6	383		APPLICATION FOR TRANSFER
99	OCTRTRDAT	Char	6	371		NOTIFY.-DEVIATION FROM ASSIGN. TREAT.
137	OCTYEAR	Num	2	483		YEAR IN TRADE SCHOOL
413	OCU	Num	2	1035		IF NONE, CHECK AND SIGN THE FORM
414	OCUA	Num	2	1037		PLANNED OUT-PATIENT VISIT
415	OCUA1	Num	2	1039		RECORD NEW FREQUENCY OF VISITS
416	OCUB	Num	2	1041		DISCONTINUATION OF SBGM
417	OCUC	Num	2	1043		SBGM ON A LESS FREQUENT DAILY SCHED.
418	OCUC1	Num	2	1045		RECORD FREQUENCY
419	OCUD	Num	2	1047		INSTITUTION OF URINE GLUCOSE MONIT.
420	OCUD1	Num	2	1049		RECORD FREQUENCY
421	OCUE	Num	2	1051		LESS STRINGENT GOALS OF THERAPY
422	OCUEIV	Num	2	1053		STATED GOALS IN EFFECT AT PRESENT
423	OCUF	Num	2	1055		OTHER MODIFICATION
110	OCVSITNO	Num	2	429		FOLLOW-UP VISIT NUMBER
71	OCWEIGHT	Num	8	239		CURRENT WEIGHT
111	OCWINDOW	Num	2	431		VISIT HELD WITHIN TIME WINDOW
72	OCWTCHA	Char	5	247		CHANGE IN WEIGHT SINCE PREVIOUS EXAM
353	OCWTPERC	Num	2	915		WEIGHT PERCENTILE

-----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
OCMRDATE	DATE MARITAL STATUS CHANGED	589	492	5.000	772.699	320.583	1289.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	21	1060	0.000	19.917	22.120	70.000
OCEXER2	HOURS & MINUTES OF LIGHT ACTIVITY	1040	41	0.000	258.596	505.475	4900.000
OCEXER3	HOURS & MINUTES OF MODERATE ACTIVITY	1062	19	0.000	310.862	454.664	3000.000
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	1048	33	0.000	172.099	339.671	3000.000
OCEXER5	HOURS & MINUTES OF VERY HARD ACTIVITY	1041	40	0.000	78.079	263.336	3000.000
OCF2	TOTAL NUMBER OF CLINICAL VISITS	1079	2	0.000	0.177	1.713	53.000
OCG61A	PUMP-PREPRANDIAL-NO. ACTUALLY DONE	2	1079	220.000	257.000	52.326	294.000
OCG61B	-PUMP-PREPRANDIAL-SHOULD HAVE DONE	2	1079	252.000	273.000	29.698	294.000
OCG61C	PUMP-PREPRANDIAL-NUMBER BELOW 70	2	1079	38.000	38.500	0.707	39.000
OCG61D	PUMP-PREPRANDIAL-NUMBER ABOVE 120	2	1079	57.000	89.500	45.962	122.000
OCG62A	PUMP-POSTPRANDIAL-NO. ACTUALLY DONE	2	1079	0.000	1.500	2.121	3.000
OCG62B	PUMP-POSTPRANDIAL-SHOULD HAVE DONE	2	1079	0.000	1.500	2.121	3.000
OCG62C	PUMP-POSTPRANDIAL-NUMBER BELOW 70	2	1079	0.000	0.000	0.000	0.000
OCG62D	PUMP-POSTPRANDIAL-NUMBER ABOVE 180	2	1079	0.000	0.500	0.707	1.000
OCG63A	PUMP-BEDTIME-NUMBER ACTUALLY DONE	2	1079	71.000	84.500	19.092	98.000
OCG63B	PUMP-BEDTIME-NUMBER SHOULD HAVE DONE	2	1079	84.000	91.000	9.899	98.000
OCG63C	PUMP-BEDTIME-NUMBER BELOW 70	2	1079	12.000	12.000	0.000	12.000
OCG63D	PUMP-BEDTIME-NUMBER ABOVE 120	2	1079	31.000	39.000	11.314	47.000
OCG64A	PUMP-3:00 A.M.-NUMBER ACTUALLY DONE	2	1079	2.000	9.000	9.899	16.000
OCG64B	PUMP-3:00 A.M.-NUMBER SHOULD HAVE DONE	2	1079	12.000	14.000	2.828	16.000
OCG64C	PUMP-3:00 A.M.-NUMBER BELOW 65	2	1079	1.000	1.000	0.000	1.000
OCG64D	PUMP-3:00 A.M.-NUMBER ABOVE 120	2	1079	0.000	6.500	9.192	13.000
OCH61A	MDI-PREPRANDIAL-NO. ACTUALLY DONE	11	1070	144.000	252.455	130.672	614.000
OCH61B	MDI-PREPRANDIAL-SHOULD HAVE DONE	11	1070	90.000	263.364	137.201	636.000
OCH61C	MDI-PREPRANDIAL-NO. BELOW 70	10	1071	2.000	26.000	27.333	91.000
OCH61D	MDI-PREPRANDIAL-NO. ABOVE 120	10	1071	22.000	95.600	64.794	253.000
OCH62A	MDI-POSTPRANDIAL-NO. ACTUALLY DONE	9	1072	0.000	13.222	26.818	78.000
OCH62B	MDI-POSTPRANDIAL-SHOULD HAVE DONE	9	1072	0.000	13.556	26.651	78.000
OCH62C	MDI-POSTPRANDIAL-NO. BELOW 70	9	1072	0.000	3.778	7.759	21.000
OCH62D	MDI-POSTPRANDIAL-NO. ABOVE 180	9	1072	0.000	2.778	5.019	15.000
OCH63A	MDI-BEDTIME-NO. ACTUALLY DONE	11	1070	13.000	75.545	50.723	202.000
OCH63B	MDI-BEDTIME-NO. SHOULD HAVE DONE	10	1071	63.000	91.700	44.417	212.000
OCH63C	MDI-BEDTIME-NO. BELOW 70	10	1071	0.000	6.500	8.997	29.000
OCH63D	MDI-BEDTIME-NO. ABOVE 120	10	1071	2.000	33.300	29.770	104.000
OCH64A	MDI-3:00 AM-NO. ACTUALLY DONE	10	1071	0.000	9.400	13.778	47.000
OCH64B	MDI-3:00 AM-NO. SHOULD HAVE DONE	10	1071	0.000	14.200	12.237	47.000
OCH64C	MDI-3:00 AM-NO. BELOW 65	9	1072	0.000	5.333	9.975	31.000
OCH64D	MDI-3:00 AM-NO. ABOVE 120	9	1072	0.000	2.111	2.667	6.000
OCI51A	STD-BEFORE BREAK.-# ACTUAL. DONE-URINE	788	293	0.000	52.236	43.476	365.000
OCI51B	STD-BEFORE BREAK.-# HAVE DONE-URINE	797	284	0.000	65.434	42.879	365.000
OCI51C	STD-BEFORE BREAK.-# ACTUAL. DONE-BLOOD	676	405	0.000	43.442	37.984	207.000
OCI51D	STD-BEFORE BREAK.-# HAVE DONE-BLOOD	672	409	0.000	47.692	41.439	210.000
OCI52A	STD-BEFORE LUNCH-# ACTUAL. DONE-URINE	785	296	0.000	40.273	39.104	178.000
OCI52B	STD-BEFORE LUNCH-# HAVE DONE-URINE	796	285	0.000	60.834	43.143	365.000
OCI52C	STD-BEFORE LUNCH-# ACTUALLY DONE-BLOOD	586	495	0.000	9.744	19.469	115.000
OCI52D	STD-BEFORE LUNCH-HAVE DONE-BLOOD	581	500	0.000	9.673	21.269	116.000
OCI53A	STD-BEFORE DINNER-# ACTUAL. DONE-URINE	798	283	0.000	49.569	41.440	276.000
OCI53B	STD-BEFORE DINNER-HAVE DONE-URINE	807	274	0.000	68.639	42.121	365.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCIS3C	STD-BEFORE DINNER-# ACTUAL.DONE-BLOOD	600	481	0.000	22.257	29.471	117.000
OCIS3D	STD-BEFORE DINNER-SHOULD HAVE DONE-BLOOD	595	486	0.000	19.143	29.683	116.000
OCIS4A	STD-BEDTIME-# ACTUALLY DONE-URINE	798	283	0.000	47.580	40.890	220.000
OCIS4B	STD-BEDTIME-# SHOULD HAVE DONE-URINE	807	274	0.000	64.203	42.954	365.000
OCIS4C	STD-BEDTIME-# ACTUALLY DONE-BLOOD	584	497	0.000	12.211	22.446	120.000
OCIS4D	STD-BEDTIME-# SHOULD HAVE DONE-BLOOD	578	503	0.000	12.121	24.180	120.000
OCWEIGHT	CURRENT WEIGHT	1080	1	44.500	71.622	12.443	114.500
OCDESIWT	PATIENT'S DESIRED WEIGHT	948	133	43.100	68.446	11.818	105.000
OCHEIGHT	CURRENT HEIGHT	142	939	145.400	168.148	9.288	188.000
OCHTCHA	CHANGE IN HEIGHT SINCE LAST PHYSICAL	136	945	0.000	0.579	0.860	3.700
OCPULSE	PULSE	1077	4	44.000	72.650	10.437	112.000
OCSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	1081	0	78.000	111.761	11.342	148.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	1081	0	40.000	72.125	8.622	100.000
OCSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	12	1069	100.000	130.917	13.494	150.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	12	1069	40.000	78.667	16.522	100.000
OCP7A	MG/DL-BREAKFAST	10	1071	65.000	166.200	88.248	296.000
OCP7B	MG/DL-90 MIN. P.C.	8	1073	0.000	129.625	108.938	312.000
OCP7C	MG/DL-PRELUNCH	8	1073	0.000	99.625	52.489	190.000
OCP7D	MG/DL-90 MIN. P.C.	8	1073	0.000	124.375	117.070	341.000
OCP7E	MG/DL-PRESUPPER	9	1072	64.000	164.667	119.157	431.000
OCP7F	MG/DL-90 MIN. P.C.	7	1074	0.000	113.714	100.139	259.000
OCP7G	MG/DL-BEDTIME	8	1073	0.000	96.500	59.850	211.000
OCRESCH	NECESSARY TO RESCHEDULE VISIT	1080	1	1.000	1.168	0.374	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	169	912	1.000	1.320	0.640	5.000
OCVSITNO	FOLLOW-UP VISIT NUMBER	1081	0	4.000	9.584	5.784	28.000
OCWINDOW	VISIT HELD WITHIN TIME WINDOW	1074	7	1.000	1.956	0.205	2.000
OCGENDER	GENDER	1080	1	1.000	1.467	0.499	2.000
OCMARRY	MARITAL STATUS OF PATIENT	1081	0	1.000	1.709	0.771	5.000
OCMARNO	NUMBER OF TIMES MARRIED	505	576	1.000	1.160	0.441	3.000
OCPATJOB	PATIENT'S OCCUPATION	1063	18	1.000	5.198	4.168	12.000
OCSPJOB	SPOUSE'S OCCUPATION	537	544	1.000	4.641	3.663	12.000
OCMOMJOB	MOTHER'S OCCUPATION	291	790	1.000	5.402	3.732	12.000
OCDAJOB	FATHER'S OCCUPATION	253	828	1.000	2.945	2.478	12.000
OCFRIJOB	GUARDIAN/FRIEND'S OCCUPATION	39	1042	1.000	5.308	4.027	11.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	17	1064	1.000	1.000	0.000	1.000
OCSPONOJ	SPOUSE UNEMPLOYED OR RETIRED	5	1076	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	16	1065	1.000	1.000	0.000	1.000
OCDAENOJ	FATHER UNEMPLOYED OR RETIRED	30	1051	1.000	1.000	0.000	1.000
OCFRINOJ	GUARDIAN/FRIEND'S UNEMPLOY OR RETIRED	3	1078	1.000	1.000	0.000	1.000
OCPJOBCH	PATIENT'S JOB STATUS CHANGED	110	971	1.000	1.000	0.000	1.000
OCSJOBCH	SPOUSE'S JOB STATUS CHANGED	44	1037	1.000	1.000	0.000	1.000
OCMJOBCH	MOTHER'S JOB STATUS CHANGED	20	1061	1.000	1.000	0.000	1.000
OCDAJOBCH	FATHER'S JOB STATUS CHANGED	11	1070	1.000	1.000	0.000	1.000
OCFJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	5	1076	1.000	1.000	0.000	1.000
OCPATED	PATIENT'S EDUCATION LEVEL	1081	0	1.000	2.960	1.167	6.000
OCSPOED	SPOUSE'S EDUCATION LEVEL	543	538	1.000	2.718	0.958	5.000
OCMOMED	MOTHER'S EDUCATION LEVEL	299	782	1.000	3.184	1.244	8.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDADED	FATHER'S EDUCATION LEVEL	274	807	1.000	3.004	1.336	8.000
OCFRIED	GUARDIAN/FRIEND'S EDUCATION LEVEL	40	1041	1.000	3.000	1.485	8.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	1081	0	1.000	1.380	0.486	2.000
OCGRADE	ELEMENTARY/SECONDARY SCHOOL GRADE	152	929	0.000	10.421	2.407	13.000
OCTYEAR	YEAR IN TRADE SCHOOL	17	1064	0.000	1.176	0.636	3.000
OCCYEAR	YEAR IN COLLEGE	176	905	1.000	2.466	1.151	5.000
OCGYEAR	YEAR IN GRADUATE SCHOOL	62	1019	0.000	2.371	1.474	6.000
OCEXPELL	CEASED ATTENDING SCHOOL IN PAST YR	412	669	1.000	1.053	0.225	2.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	1081	0	1.000	1.225	0.418	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	250	831	1.000	1.836	0.371	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	37	1044	0.000	6.784	14.520	78.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	237	844	0.000	17.802	12.533	60.000
OCSMOKE5	SMOKED PIPES OR CIGARS IN PAST YR.	1080	1	1.000	1.021	0.144	2.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	48	1033	1.000	1.292	0.459	2.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	16	1065	0.000	2.438	3.829	12.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	1081	0	1.000	1.325	0.468	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	342	739	0.000	1.418	3.574	30.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	340	741	0.000	2.694	5.100	40.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	340	741	0.000	0.818	1.873	16.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	339	742	0.000	0.619	1.559	14.000
OCDRINK6	TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS	342	739	1.000	1.003	0.054	2.000
OCEXER1	PATIENT'S LEVEL OF ACTIVITY	1080	1	1.000	1.671	0.579	3.000
OCF1	CURRENT USUAL INSULIN THERAPY	1081	0	1.000	2.973	0.178	3.000
OCG1	PREPRANDIAL-TOTAL UNITS OF INSULIN	3	1078	17.000	19.333	2.082	21.000
OCG2	NO. OF PREPRANDIAL BOLUSES/24 HOURS	3	1078	4.000	4.000	0.000	4.000
OCG3	TOTAL BASAL UNITS/24 HOURS	3	1078	12.000	21.667	8.386	27.000
OCG4	NUMBER OF BASAL RATES/24 HOURS	3	1078	1.000	1.667	0.577	2.000
OCG5A	TYPE OF INSULIN-BEEF AND PORK	0	1081	.	.	.	.
OCG5B	TYPE OF INSULIN-BEEF	0	1081	.	.	.	.
OCG5C	TYPE OF INSULIN-PORK	1	1080	1.000	1.000	.	1.000
OCG5D	TYPE OF INSULIN-HUMAN	2	1079	1.000	1.000	0.000	1.000
OCG7	MORE SBGM THAN PRESCRIBED	3	1078	1.000	1.000	0.000	1.000
OCG8	SBGM RESULT INACCURATE OR FICTIT.	3	1078	1.000	1.000	0.000	1.000
OCG9	PROBLEM USING INSULIN PUMP	3	1078	1.000	1.000	0.000	1.000
OCH1	MDI1-TOTAL UNITS OF INSULIN	16	1065	4.000	20.000	16.162	68.000
OCH2	MDI1-NO. OF PREPRANDIAL BOLUSES	16	1065	2.000	3.063	0.772	4.000
OCH3	MDI1-UNITS OF INTER./LONG-LAST.INSULIN	16	1065	11.000	28.125	14.165	64.000
OCH41A	MDI1-UNITS OF LONG-ACTING OR ULTRA.	11	1070	0.000	4.727	8.356	20.000
OCH41B	MDI1-UNITS OF NPH OR LENTE	11	1070	0.000	12.818	11.365	36.000
OCH41C	MDI1-UNITS OF REGULAR OR SEMI-LENTE	14	1067	0.000	7.429	6.477	26.000
OCH41E	MDI1-AM OR PM	15	1066	1.000	1.000	0.000	1.000
OCH42A	MDI2-UNITS OF LONG-ACTING OR ULTRA.	9	1072	0.000	3.222	6.629	18.000
OCH42B	MDI2-UNITS OF NPH OR LENTE	10	1071	0.000	1.000	3.162	10.000
OCH42C	MDI2-UNITS OF REGULAR OR SEMI-LENTE	14	1067	0.000	6.000	3.863	14.000
OCH42E	MDI2-AM OR PM	14	1067	1.000	1.786	0.426	2.000
OCH43A	MDI3-UNITS OF LONG-ACTING OR ULTRA.	10	1071	0.000	2.700	5.736	15.000
OCH43B	MDI3-UNITS OF NPH OR LENTE	11	1070	0.000	3.455	4.845	11.000
OCH43C	MDI3-UNITS OF REGULAR OR SEMI-LENTE	12	1069	0.000	9.250	8.854	28.000
OCH43E	MDI3-AM OR PM	14	1067	2.000	2.000	0.000	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
OCH44A	MDI4-UNITS OF LONG-ACTING OR ULTRA.	7	1074	0.000	0.000	0.000	0.000
OCH44B	MDI4-UNITS OF NPH OR LENTE	9	1072	0.000	9.778	8.786	28.000
OCH44C	MDI4-UNITS OF REGULAR OR SEMI-LENTE	9	1072	0.000	0.556	0.882	2.000
OCH44E	MDI4-AM OR PM	8	1073	2.000	2.000	0.000	2.000
OCH45A	MDI5-UNITS OF LONG-ACTING OR ULTRA.	6	1075	0.000	0.000	0.000	0.000
OCH45B	MDI5-UNITS OF NPH OR LENTE	6	1075	0.000	0.000	0.000	0.000
OCH45C	MDI5-UNITS OF REGULAR OR SEMI-LENTE	6	1075	0.000	0.000	0.000	0.000
OCH45E	MDI5-AM OR PM	0	1081	.	.	.	.
OCH5A	MDI-TYPE OF INSULIN-BEEF OR PORK	3	1078	1.000	1.000	0.000	1.000
OCH5B	MDI-TYPE OF INSULIN-BEEF	0	1081	.	.	.	.
OCH5C	MDI-TYPE OF INSULIN-PORK	2	1079	1.000	1.000	0.000	1.000
OCH5D	MDI-TYPE OF INSULIN-HUMAN	11	1070	1.000	1.000	0.000	1.000
OCH7	MDI-MORE SBGM THAN PRESCRIBED	17	1064	1.000	1.235	0.562	3.000
OCH8	MDI-SBGM RESULTS INACCURATE?	14	1067	1.000	1.000	0.000	1.000
OCI11A	STD-UNITS OF LONG-ACTING OR ULTRA.	629	452	0.000	0.062	0.820	15.000
OCI11B	STD-UNITS OF NPH OR LENTE	1061	20	0.000	24.571	10.946	99.000
OCI11C	STD-UNITS OF REGULAR OR SEMI-LENTE	1003	78	0.000	6.958	5.224	42.000
OCI11E	STD-AM OR PM	1063	18	1.000	1.005	0.068	2.000
OCI12A	STD-UNITS OF LONG-ACTING OR ULTRA.	604	477	0.000	0.267	2.504	28.000
OCI12B	STD-UNITS OF NPH OR LENTE	961	120	0.000	11.675	7.355	50.000
OCI12C	STD-UNITS OF REGULAR OR SEMI-LENTE	953	128	0.000	5.899	4.388	38.000
OCI12E	STD-AM OR PM	938	143	1.000	1.998	0.046	2.000
OCI13A	STD-UNITS OF LONG-ACTING OR ULTRA.	276	805	0.000	0.033	0.542	9.000
OCI13B	STD-UNITS OF NPH OR LENTE	288	793	0.000	1.566	4.483	25.000
OCI13C	STD-UNITS OF REGULAR OR SEMI-LENTE	281	800	0.000	0.822	2.873	30.000
OCI13E	STD-AM OR PM	44	1037	1.000	1.977	0.151	2.000
OCI14A	STD-UNITS OF LONG-ACTING OR ULTRA.	232	849	0.000	0.086	0.945	12.000
OCI14B	STD-UNITS OF NPH OR LENTE	226	855	0.000	0.336	2.132	18.000
OCI14C	STD-UNITS OF REGULAR OR SEMI-LENTE	223	858	0.000	0.063	0.720	10.000
OCI14E	STD-AM OR PM	7	1074	2.000	2.000	0.000	2.000
OCI15A	STD-UNITS OF LONG-ACTING OR ULTRA.	229	852	0.000	0.000	0.000	0.000
OCI15B	STD-UNITS OF NPH OR LENTE	219	862	0.000	0.000	0.000	0.000
OCI15C	STD-UNITS OF REGULAR OR SEMI-LENTE	217	864	0.000	0.000	0.000	0.000
OCI15E	STD-AM OR PM	0	1081	.	.	.	.
OCI2A	STD-TYPE OF INSULIN-BEEF AND PORK	116	965	1.000	1.000	0.000	1.000
OCI2B	STD-TYPE OF INSULIN-BEEF	2	1079	1.000	1.000	0.000	1.000
OCI2C	STD-TYPE OF INSULIN-PORK	318	763	1.000	1.000	0.000	1.000
OCI2D	STD-TYPE OF INSULIN-HUMAN	506	575	1.000	1.000	0.000	1.000
OCI3	STD-PERFORM SELF BLOOD GLUCOSE MONITOR.	934	147	1.000	1.843	0.449	3.000
OCI4	STD-PERFORM URINE GLUCOSE MONITORING	933	148	1.000	1.669	0.529	3.000
OCI6	STD-MGM(URINE OR BLOOD) THAN PRESC.	1059	22	1.000	1.291	0.561	3.000
OCI7	STD-INACCURATE OR FICTITIOUS RESULTS	933	148	1.000	1.240	0.712	4.000
OCJ1A	HOW OFTEN FOLLOWED MEAL PLAN	1081	0	0.000	4.821	0.973	7.000
OCJ1B	EATING DISORDER	1080	1	1.000	1.018	0.157	3.000
OCJ1C1	HOW MANY ILLNESSESS	1081	0	0.000	0.551	0.856	7.000
OCJ1C1I	FAILED TO ADJUST THE INSULIN DOSE	808	273	0.000	0.026	0.181	2.000
OCJ1D	USED INSULIN NOT PRECRIBED	1081	0	1.000	1.005	0.068	2.000
OCJ1E	ROTATING THE SITE OF INJECTION	948	133	1.000	1.977	0.164	3.000
OCJ1F	LESS THAN 7 BLOOD COLLECTIONS	1080	1	1.000	1.131	0.367	3.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCJ1GI	NO. OF INTERCURRENT EVENTS EXPER.	1081	0	0.000	0.120	0.426	5.000
OCJ1GII	FAILED TO REPORT INTERCURRENT EVENTS	840	241	0.000	0.018	0.165	3.000
OCJ1H	FAILED TO BRING IN DAILY RECORD	1081	0	1.000	1.173	0.383	3.000
OCJ1II	PERFORM SELF BLOOD GLUCOSE MONITORING	1080	1	1.000	1.815	0.469	3.000
OCJ1III	USING SBGM TO ADJUST INSULIN DOSAGE	903	178	1.000	1.188	0.439	3.000
OCJ1IIII	PERFORM SBGM MORE THAN ONCE PER DAY	795	286	1.000	1.350	0.525	3.000
OCJ2A	STG-INSULIN TAKEN MORE THAN PRESCRIBED	1049	32	0.000	2.461	8.938	90.000
OCJ2B	STG-TAKEN EXTRA INJECTIONS OF INSULIN	1053	28	0.000	0.933	6.097	98.000
OCJ2C	STG-TAKEN FEWER INJECTIONS OF INSULIN	1053	28	0.000	0.348	2.355	50.000
OCJ2D	STG-FAILED TO TAKE PRESCRIBED INSULIN	1052	29	0.000	1.871	9.511	90.000
OCJ2E	STG-FAILED TO PERFORM 2 URINE/IBLD.TST.	1024	57	0.000	10.048	23.568	125.000
OCJ2FI	STG-BEEN ILL	1053	29	0.000	1.779	3.889	43.000
OCJ2FII	STG-TEST/RECORD URINE ACET. DURING/ILL.	964	117	0.000	0.288	1.469	21.000
OCJ3A	ETG-NOT FOLLOWED PRESC. ALGOR. INSULIN	9	1072	0.000	7.556	12.924	30.000
OCJ3B	ETG-FAILED TO DO 3 AM BLOOD TEST	9	1072	0.000	5.778	5.805	13.000
OCJ3C	ETG-FAILED TO REPORT LOW 3 AM BL. GL.	9	1072	0.000	0.889	2.667	8.000
OCJ3D	ETG-FAILED TO MONITOR URINE ACETONE	9	1072	0.000	0.000	0.000	0.000
OCJ4A	ETG-FAILED TO CHANGE BATTERIES	1	1080	0.000	0.000	.	0.000
OCJ4B	ETG-FAILED TO CHANGE CATHETERS	1	1080	0.000	0.000	.	0.000
OCJ4C	ETG-FAILED TO CHANGE SYRINGES	1	1080	0.000	0.000	.	0.000
OCK1A	NO. OF NIGHTS WAKE UP ONCE TO URINATE	1081	0	0.000	1.072	1.700	7.000
OCK1B	WAKE UP TWO OR MORE TIMES TO URINATE	1081	0	0.000	0.166	0.766	7.000
OCK1C	NO. GLASSES OF FLUID DRINK PER DAY	1081	0	0.000	9.470	4.029	40.000
OCK1D	NO. TIMES DID THE PATIENT EXPER. DKA	1080	1	0.000	0.010	0.109	2.000
OCK1E	OTHER SYMPTOMS OF HYPERGLYCEMIA	1081	0	1.000	1.278	0.448	2.000
OCK2	PATIENT HAD MODERATE OR LARGE KETONURIA	1077	4	0.000	0.983	3.966	75.000
OCK2A	EXPLAINED BY CHANGE IN ROUTINE	195	886	0.000	1.646	6.477	71.000
OCK2B	DUE TO ILLNESS	193	888	0.000	1.824	4.299	40.000
OCK2C	DUE TO MEDICAL EQUIPMENT FAILURE	170	911	0.000	0.029	0.316	4.000
OCK2D	SPONTANEOUS OR UNEXPLAINED	199	882	0.000	1.814	3.813	24.000
OCK3A	IS THE PATIENT FEMALE	1081	0	1.000	1.456	0.498	2.000
OCK3BI	VAGINAL ITCHING OR DISCHARGE	499	582	1.000	1.238	0.427	2.000
OCK3BII	PATIENT TREATED FOR THIS	120	961	1.000	1.683	0.467	2.000
OCK3CI	DOES THE PATIENT MENSTRUATE	495	586	1.000	1.917	0.276	2.000
OCK3DI	MENSTRUAL PERIOD MORE THAN 5 WEEKS AGO	462	619	1.000	1.093	0.291	2.000
OCK3DII	WAS PREGNANCY TEST PERFORMED	48	1033	1.000	1.563	0.501	2.000
OCK3DIII	DID TEST INDICATE PREGNANCY	23	1058	1.000	1.435	0.507	2.000
OCK4A	NO. OF HOSPITAL. FOR HYPOGLYCEMIA	1081	0	0.000	0.000	0.000	0.000
OCK4BI	LOST CONSCIOUSNESS WITHOUT SEIZURE	1081	0	0.000	0.003	0.053	1.000
OCK4BII	LOST CONSCIOUSNESS WITH SEIZURE	1081	0	0.000	0.004	0.061	1.000
OCK4CI	HYPO-NEEDED IV OR INJECT.OF GLUCOSE	1081	0	0.000	0.004	0.061	1.000
OCK4CII	HYPO-REQUIRE ASSIST. OF ADMIN. OF GLU.	1081	0	0.000	0.006	0.105	3.000
OCK4CIII	HYPO-NO. TIMES NEEDED ASSISTANCE	1081	0	0.000	0.024	0.226	5.000
OCK4DI	WHEN HAS SEVERE HYPOGLYCEMIA OCCURRED	23	1058	1.000	1.783	0.736	3.000
OCK4DIIA	HYPO-MISSED MEAL OR SNACK	5	1076	1.000	1.000	0.000	1.000
OCK4DIIB	HYPO-DECREASED FOOD INTAKE	1	1080	1.000	1.000	.	1.000
OCK4DIIC	HYPO-INCREASED EXERCISE LEVEL	11	1070	1.000	1.000	0.000	1.000
OCK4DIID	HYPO-TOO MUCH INSULIN TAKEN	5	1076	1.000	1.000	0.000	1.000
OCK4DIIE	HYPO-WARNING SIGNS OF LOW BL. GLUCOSE	3	1078	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCK4DIIF	HYPO-OTHER	6	1075	1.000	1.000	0.000	1.000
OCK4DIIG	HYPO-UNEXPLAINED	6	1075	1.000	1.000	0.000	1.000
OCK4DII1	HYPO-ADRENERGIC WARNING SYMPTOMS	10	1071	1.000	1.000	0.000	1.000
OCK4DII2	HYPO-DIAPHORESIS (SWEATING)	10	1071	1.000	1.000	0.000	1.000
OCK4DII3	HYPO-ALTERED MENTAL STATUS	20	1061	1.000	1.000	0.000	1.000
OCK4DII4	HYPO-LOSS OF CONSCIOUSNESS	6	1075	1.000	1.000	0.000	1.000
OCK4DII5	HYPO-SEIZURE	4	1077	1.000	1.000	0.000	1.000
OCK4DII6	HYPO-OTHER	3	1078	1.000	1.000	0.000	1.000
OCK4DII7	HYPO-NONE	1	1080	1.000	1.000	.	1.000
OCK4DIV	NO .TIMES PATIENT RECEIVED GLUCAGON	33	1048	0.000	0.212	0.600	3.000
OCK4DV	NO.TIMES PATIENT RECEIVED IV GLUCOSE	33	1048	0.000	0.121	0.331	1.000
OCK4DVI	NO. OF EPISODES RESULT IN INJURY	26	1055	1.000	1.077	0.272	2.000
OCK4E	HYPOGLYCEMIA EXPERIENCE IN 7 DAYS	1081	0	0.000	0.988	1.464	20.000
OCK4FI	WHEN HAS MILD HYPOGLYCEMIA OCCURRED	547	534	1.000	1.289	0.624	3.000
OCK4FII1	HYPO-MISSED MEAL OR SNACK	94	987	1.000	1.000	0.000	1.000
OCK4FII2	HYPO-DECREASED FOOD INTAKE	156	925	1.000	1.000	0.000	1.000
OCK4FII3	HYPO-INCREASED EXERCISE LEVEL	267	814	1.000	1.000	0.000	1.000
OCK4FII4	HYPO-TOO MUCH INSULIN TAKEN	43	1038	1.000	1.000	0.000	1.000
OCK4FII5	HYPO-WARNING SIGNS OF LOW BLOOD GLUCOSE	3	1078	1.000	1.000	0.000	1.000
OCK4FII6	HYPO-OTHER	82	999	1.000	1.000	0.000	1.000
OCK4FII7	HYPO-UNEXPLAINED	39	1042	1.000	1.000	0.000	1.000
OCK4FIIA	HYPO-ADRENERGIC WARNING SYMPTOMS	464	617	1.000	1.000	0.000	1.000
OCK4FIIB	HYPO-DIAPHORESIS (SWEATING)	309	772	1.000	1.000	0.000	1.000
OCK4FIIC	HYPO-ALTERED MENTAL STATUS	183	898	1.000	1.000	0.000	1.000
OCK4FIID	HYPO-OTHER	107	974	1.000	1.000	0.000	1.000
OCK4FIIE	HYPO-NONE	6	1075	1.000	1.000	0.000	1.000
OCL1AR	BLURRED OR REDUCED VISION-RIGHT EYE	1081	0	1.000	1.083	0.276	2.000
OCL1AL	BLURRED OR REDUCED VISION-LEFT EYE	1081	0	1.000	1.077	0.266	2.000
OCL1BR	FLOATER OR FLASHING LIGHTS-RIGHT EYE	1081	0	1.000	1.053	0.224	2.000
OCL1BL	FLOATER OR FLASHING LIGHT-LEFT EYE	1081	0	1.000	1.042	0.200	2.000
OCL1CR	HAS RETINAL ABNORM. RIGHT EYE	1080	1	1.000	1.003	0.053	2.000
OCL1CL	HAS RETINAL ABNORM. LEFT EYE	1024	57	1.000	1.001	0.031	2.000
OCL1DR	OTHER PROBLEM IN RIGHT EYE	1080	1	1.000	1.019	0.138	2.000
OCL1DL	OTHER PROBLEM IN LEFT EYE	1080	1	1.000	1.024	0.153	2.000
OCL1E	OPHTHALMOLOGIC FOR A SPECIAL VISIT	1079	2	1.000	1.007	0.086	2.000
OCL2A	PARESTHESIAS IN HANDS OR FEET	1081	0	1.000	1.085	0.279	2.000
OCL2B	UNEXPLAINED MUSCLE WEAKNESS	1081	0	1.000	1.006	0.080	2.000
OCL2C	VOMITING OR BLOATING AFTER MEALS	1081	0	1.000	1.014	0.117	2.000
OCL2D	BOUTS OF PERSISTENT OR RECURRENT DIAR.	1081	0	1.000	1.006	0.080	2.000
OCL2E	BOUTS OF URINARY RETENTION	1081	0	1.000	1.005	0.068	2.000
OCL2F	DIZZINESS OR LIGHTHEADEDNESS	1081	0	1.000	1.038	0.191	2.000
OCL2G	FAINING	1080	1	1.000	1.002	0.043	2.000
OCL2H	IMPOTENCE	1081	0	1.000	1.906	0.992	3.000
OCL2I	OTHER NEUROLOGIC PROBLEM	1081	0	1.000	1.012	0.109	2.000
OCL3A	PROTEINURIA	1060	21	1.000	1.005	0.069	2.000
OCL3B	EDEMA (OF RENAL ETIOLOGY ONLY)	1081	0	1.000	1.006	0.080	2.000
OCL3C	OTHER RENAL PROBLEM	1080	1	1.000	1.002	0.043	2.000
OCL4A	SHORTNESS OF BREATH	1081	0	1.000	1.011	0.105	2.000
OCL4B	SYMPTOMS OF CONGESTIVE HEART DISEASE	1081	0	1.000	1.000	0.000	1.000

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OCL4C	IMPAIRED PERIPHERAL VASC. CIRCULATION	1081	0	1.000	1.000	0.000	1.000
OCL4D	CHEST PAIN	1081	0	1.000	1.015	0.121	2.000
OCL4D1	IS THIS CLINICAL ANGINA	17	1064	1.000	1.000	0.000	1.000
OCL4E	DEFINITE OR SUSPECTED NON-ACUTE MI	941	140	1.000	1.000	0.000	1.000
OCL4F	TRANSIENT ISCHEMIC ATTACK(S)	941	140	1.000	1.000	0.000	1.000
OCL4G	OTHER VASULAR PROBLEM	1080	1	1.000	1.006	0.074	2.000
OCL5A	URINARY TRACT INFECTION	1081	0	1.000	1.017	0.128	2.000
OCL5B	UPPER/LOWER RESPIRATORY TRACT INFEC.	1081	0	1.000	1.165	0.371	2.000
OCL5C	GASTROENTERITIS	1080	1	1.000	1.080	0.271	2.000
OCL5D	CUTANEOUS OR MUCOCU. INFECTION	1081	0	1.000	1.082	0.275	2.000
OCL5E	POST-OPERATIVE/DEEP WOUND INFECTION	1081	0	1.000	1.003	0.053	2.000
OCL5F	GANGRENE	1081	0	1.000	1.001	0.030	2.000
OCL5G	OTHER INFECTIONS	948	133	1.000	1.026	0.160	2.000
OCL5H	INFECTION AT THE INSERTION SIDE	59	1022	1.000	1.000	0.000	1.000
OCL6	OUTPATIENT SURGERY OR INCIDENTAL TRAUMA	948	133	1.000	1.071	0.256	2.000
OCL7	INTERCURRENT ENDOCRINE EVENT	949	132	1.000	1.006	0.079	2.000
OCL8	ADVERSE PSYCHOSOCIAL REACTION	949	132	1.000	1.058	0.234	2.000
OCL9A	ANY OTHER MEDICAL PROBLEM	1080	1	1.000	1.044	0.204	2.000
OCM1	NO.ASPIRIN-CONTAINING TABLETS EACH MO.	1080	1	0.000	6.547	16.514	220.000
OCM2	CURRENTLY USING PRESCRIPTION DRUG	1080	1	1.000	1.395	0.489	2.000
OCM3	USED ANY OVER-THE-COUNTER DRUGS	1076	5	1.000	1.327	0.469	2.000
OCM4	USE VIT. SUPPLEMENTS ON REGULAR BASIS	1079	2	1.000	1.210	0.408	2.000
OCFRSZ	BODY FRAME SIZE	949	132	1.000	1.969	0.510	3.000
OCADOLES	LESS THAN 18 YEARS OLD	1075	6	1.000	1.128	0.335	2.000
OCWTPERC	WEIGHT PERCENTILE	130	951	5.000	61.685	23.808	95.000
OCN10	FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	85	996	1.000	1.024	0.152	2.000
OCHIBLP	BLD. PRESS-MEET DEFIN. OF HYPERTENSION	946	135	1.000	1.014	0.116	2.000
OCHYP	HYPER. DOCUMENTED SENT TO COOR. CENTER	16	1065	1.000	1.188	0.403	2.000
OCHYPERT	SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.	42	1039	1.000	1.071	0.261	2.000
OCLIPOAT	LIPOATROPHY	1080	1	1.000	1.009	0.096	2.000
OCLIPOHY	LIPHYPERTROPHY	1080	1	1.000	1.084	0.278	2.000
OCINFLAM	INFLAMMATION	1080	1	1.000	1.002	0.043	2.000
OCHEPATO	HEPATOMEGALY	1077	4	1.000	1.002	0.043	2.000
OCSPAN	IF PRESENT, HOW LARGE (SPAN)	2	1079	4.000	4.000	0.000	4.000
OCFOOTUL	FOOT-ULCER	1079	2	1.000	1.001	0.030	2.000
OCFOOTIN	FOOT-INFECTION	1079	2	1.000	1.010	0.100	2.000
OCABNTOE	FOOT-ABNORMAL TOENAILS	1079	2	1.000	1.036	0.187	2.000
OCDPEDR	PULSE-DORSALIS PEDIS-RIGHT	1078	3	1.000	1.054	0.260	3.000
OCDPEDL	PULSE-DORSALIS PEDIS-LEFT	1076	5	1.000	1.059	0.265	3.000
OCPTIBR	PULSE-POSTERIOR TIBIAL-RIGHT	1078	3	1.000	1.034	0.206	3.000
OCPTIBL	PULSE-POSTERIOR TIBIAL-LEFT	1076	5	1.000	1.044	0.230	3.000
OCO11A	UNITS OF LONG-ACTING OR ULTRALENTE	103	978	0.000	0.447	3.980	40.000
OCO11B	UNITS OF NPH OR LENTE	173	908	0.000	23.757	11.485	58.000
OCO11C	UNITS OF REGULAR OR SEMI-LENTE	167	914	0.000	6.102	4.687	34.000
OCO11E	AM OR PM	174	907	1.000	1.046	0.210	2.000
OCO12A	UNITS OF LONG-ACTING OR ULTRALENTE	96	985	0.000	0.292	2.858	28.000
OCO12B	UNITS OF NPH OR LENTE	156	925	0.000	12.186	7.404	34.000
OCO12C	UNITS OF REGULAR OR SEMI-LENTE	157	924	0.000	6.006	4.774	30.000
OCO12E	AM OR PM	155	926	1.000	1.994	0.080	2.000

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OCO13A	UNITS OF LONG-ACTING OR ULTRALENTE	36	1045	0.000	0.000	0.000	0.000
OCO13B	UNITS OF NPH OR LENTE	41	1040	0.000	1.244	4.091	18.000
OCO13C	UNITS OF REGULAR OR SEMI-LENTE	42	1039	0.000	0.929	2.246	10.000
OCO13E	AM OR PM	8	1073	2.000	2.000	0.000	2.000
OCO2A	TYPE OF INSULIN-BEEF AND PORK	2	1079	1.000	1.000	0.000	1.000
OCO2B	TYPE OF INSULIN-BEEF	0	1081	.	.	.	.
OCO2C	TYPE OF INSULIN-PORK	11	1070	1.000	1.000	0.000	1.000
OCO2D	TYPE OF INSULIN-HUMAN	20	1061	1.000	1.000	0.000	1.000
OCP1	PROFILSET MAILED CENTRAL BIOCHEM.LAB.	1078	3	1.000	1.955	0.206	2.000
OCP2A	KIT DAMAGED AFTER COLLECTION	1	1080	1.000	1.000	.	1.000
OCP2B	PATIENT FORGOT TO DO COLLECTION	14	1067	1.000	1.000	0.000	1.000
OCP2C	PATIENT LOST KIT	2	1079	1.000	1.000	0.000	1.000
OCP2D	PATIENT REFUSED TO DO COLLECTION	14	1067	1.000	1.000	0.000	1.000
OCP2E	OTHER OR UNKNOWN	7	1074	1.000	1.000	0.000	1.000
OCP6	PERFORM SBGM ON DATE OBTAINED PROFILSET	407	674	1.000	1.027	0.162	2.000
OCP9	WILL LIPID SPECIMENS MAILED TO LAB.	932	149	1.000	1.979	0.145	2.000
OCP12	SPECIMENS BE MAILED TO THE CBL RENAL	914	167	1.000	1.969	0.172	2.000
OCQ	DEVIATION FROM TREATMENT	1080	1	1.000	1.028	0.164	2.000
OCQB	CURRENTLY ON DEVIATION FROM TREATMENT	34	1047	1.000	1.794	0.410	2.000
OCR	PATIENT ON INACTIVE STATUS AT ANY TIME	944	137	1.000	1.001	0.033	2.000
OCRB	CURRENTLY ON TRANSFER TO INACTIVE STATUS	4	1077	1.000	1.000	0.000	1.000
OCS	PATIENT'S FOLLOW-UP SCHEDULE CHANGED	941	140	1.000	1.015	0.121	2.000
OCT	IF NONE, CHECK/PROCEED TO END OF FORM	845	236	1.000	1.000	0.000	1.000
OCTA	FREQUENT DIETARY INSTRUCTION	92	989	1.000	1.293	0.458	2.000
OCTA1	RECORD TOTAL # OF ADDITIONAL SESSIONS	28	1053	0.000	1.643	1.521	8.000
OCTB	INTERIM TELEPHONE CONTACT	96	985	1.000	1.688	0.466	2.000
OCTB1	RECORD TOTAL # OF PHONE CONTACTS	196	885	0.000	2.245	4.005	32.000
OCTC	HOSPITALIZATION FOR METABOLIC CONTROL	94	987	1.000	1.117	0.323	2.000
OCTC1	TOTAL # OF HOSPITALIZATIONS VISITS	15	1066	0.000	0.800	0.414	1.000
OCTD	GLUCOSE MONITORING AT GREATER FREQ.	98	983	1.000	1.541	0.501	2.000
OCTD1	RECORD FREQUENCY (SBGM /DAY)	52	1029	1.000	2.885	1.199	7.000
OCTD2	RECORD FREQUENCY (UGM /DAY)	28	1053	0.000	1.786	1.771	4.000
OCTE	USED MORE THAN 2 INJECTIONS OF INSULIN	92	989	1.000	1.120	0.326	2.000
OCTE1	CURRENTLY USING MORE THAN 2 INJECTIONS	24	1057	1.000	1.417	0.504	2.000
OCTF	OTHER MODIFICATION	78	1003	1.000	1.115	0.322	2.000
OCU	IF NONE, CHECK AND SIGN THE FORM	6	1075	1.000	1.000	0.000	1.000
OCUA	PLANNED OUT-PATIENT VISIT	0	1081	.	.	.	.
OCUA1	RECORD NEW FREQUENCY OF VISITS	0	1081	.	.	.	.
OCUB	DISCONTINUATION OF SBGM	0	1081	.	.	.	.
OCUC	SBGM ON A LESS FREQUENT DAILY SCHED.	1	1080	2.000	2.000	.	2.000
OCUC1	RECORD FREQUENCY	1	1080	3.000	3.000	.	3.000
OCUD	INSTITUTION OF URINE GLUCOSE MONIT.	0	1081	.	.	.	.
OCUD1	RECORD FREQUENCY	0	1081	.	.	.	.
OCUE	LESS STRINGENT GOALS OF THERAPY	1	1080	2.000	2.000	.	2.000
OCUEIV	STATED GOALS IN EFFECT AT PRESENT	1	1080	2.000	2.000	.	2.000
OCUF	OTHER MODIFICATION	0	1081

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDRDATE	DATE MARITAL STATUS CHANGED	559	448	1.000	751.413	313.687	1300.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	9	998	0.000	2.778	6.476	20.000
OCEXER2	HOURS & MINUTES OF LIGHT ACTIVITY	983	24	0.000	295.223	636.944	8500.000
OCEXER3	HOURS & MINUTES OF MODERATE ACTIVITY	991	16	0.000	304.886	488.128	5600.000
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	986	21	0.000	159.944	305.370	3000.000
OCEXER5	HOURS & MINUTES OF VERY HARD ACTIVITY	978	29	0.000	56.319	200.557	2500.000
OCF2	TOTAL NUMBER OF CLINICAL VISITS	1003	4	0.000	1.614	1.276	15.000
OCG61A	PUMP-PREPRANDIAL-NO. ACTUALLY DONE	298	709	0.000	238.295	61.011	384.000
OCG61B	-PUMP-PREPRANDIAL-SHOULD HAVE DONE	298	709	3.000	273.097	45.638	600.000
OCG61C	PUMP-PREPRANDIAL-NUMBER BELOW 70	294	713	0.000	38.088	24.878	146.000
OCG61D	PUMP-PREPRANDIAL-NUMBER ABOVE 120	294	713	0.000	98.293	46.555	298.000
OCG62A	PUMP-POSTPRANDIAL-NO. ACTUALLY DONE	288	719	0.000	25.917	47.946	270.000
OCG62B	PUMP-POSTPRANDIAL-SHOULD HAVE DONE	292	715	0.000	27.894	59.223	312.000
OCG62C	PUMP-POSTPRANDIAL-NUMBER BELOW 70	275	732	0.000	3.469	8.203	53.000
OCG62D	PUMP-POSTPRANDIAL-NUMBER ABOVE 180	276	731	0.000	8.380	19.220	224.000
OCG63A	PUMP-BEDTIME-NUMBER ACTUALLY DONE	298	709	0.000	73.755	24.305	125.000
OCG63B	PUMP-BEDTIME-NUMBER SHOULD HAVE DONE	298	709	24.000	91.044	14.143	200.000
OCG63C	PUMP-BEDTIME-NUMBER BELOW 70	292	715	0.000	9.490	9.076	79.000
OCG63D	PUMP-BEDTIME-NUMBER ABOVE 120	293	714	0.000	35.495	17.877	103.000
OCG64A	PUMP-3:00 A.M.-NUMBER ACTUALLY DONE	298	709	0.000	9.268	9.535	66.000
OCG64B	PUMP-3:00 A.M.-NUMBER SHOULD HAVE DONE	298	709	0.000	14.245	6.191	65.000
OCG64C	PUMP-3:00 A.M.-NUMBER BELOW 65	290	717	0.000	1.690	2.496	15.000
OCG64D	PUMP-3:00 A.M.-NUMBER ABOVE 120	288	719	0.000	3.917	4.760	26.000
OCH61A	MDI-PREPRANDIAL-NO. ACTUALLY DONE	663	344	0.000	230.882	66.892	437.000
OCH61B	MDI-PREPRANDIAL-SHOULD HAVE DONE	668	339	0.000	267.879	48.888	630.000
OCH61C	MDI-PREPRANDIAL-NO. BELOW 70	642	365	0.000	30.889	23.997	137.000
OCH61D	MDI-PREPRANDIAL-NO. ABOVE 120	641	366	0.000	105.012	47.262	276.000
OCH62A	MDI-POSTPRANDIAL-NO. ACTUALLY DONE	627	380	0.000	15.954	41.078	312.000
OCH62B	MDI-POSTPRANDIAL-SHOULD HAVE DONE	636	371	0.000	14.329	35.567	294.000
OCH62C	MDI-POSTPRANDIAL-NO. BELOW 70	583	424	0.000	1.892	5.320	55.000
OCH62D	MDI-POSTPRANDIAL-NO. ABOVE 180	581	426	0.000	5.642	17.706	264.000
OCH63A	MDI-BEDTIME-NO. ACTUALLY DONE	663	344	0.000	71.688	27.025	178.000
OCH63B	MDI-BEDTIME-NO. SHOULD HAVE DONE	668	339	0.000	89.216	17.449	210.000
OCH63C	MDI-BEDTIME-NO. BELOW 70	642	365	0.000	8.474	8.103	46.000
OCH63D	MDI-BEDTIME-NO. ABOVE 120	640	367	0.000	36.289	18.116	97.000
OCH64A	MDI-3:00 AM-NO. ACTUALLY DONE	663	344	0.000	6.863	6.285	52.000
OCH64B	MDI-3:00 AM-NO. SHOULD HAVE DONE	663	344	0.000	13.590	6.485	116.000
OCH64C	MDI-3:00 AM-NO. BELOW 65	629	378	0.000	1.793	2.573	18.000
OCH64D	MDI-3:00 AM-NO. ABOVE 120	623	384	0.000	2.774	3.919	61.000
OCI51A	STD-BEFORE BREAK.-# ACTUAL. DONE-URINE	6	1001	0.000	6.167	15.105	37.000
OCI51B	STD-BEFORE BREAK.-# HAVE DONE-URINE	6	1001	0.000	28.667	44.428	88.000
OCI51C	STD-BEFORE BREAK.-# ACTUAL. DONE-BLOOD	5	1002	0.000	39.800	38.219	77.000
OCI51D	STD-BEFORE BREAK.-# HAVE DONE-BLOOD	5	1002	62.000	108.600	80.407	252.000
OCI52A	STD-BEFORE LUNCH-# ACTUAL. DONE-URINE	6	1001	0.000	0.833	2.041	5.000
OCI52B	STD-BEFORE LUNCH-# HAVE DONE-URINE	6	1001	0.000	14.667	35.926	88.000
OCI52C	STD-BEFORE LUNCH-# ACTUALLY DONE-BLOOD	5	1002	0.000	25.800	31.515	71.000
OCI52D	STD-BEFORE LUNCH-HAVE DONE-BLOOD	5	1002	0.000	36.400	38.175	77.000
OCI53A	STD-BEFORE DINNER-# ACTUAL. DONE-URINE	6	1001	0.000	1.333	3.266	8.000
OCI53B	STD-BEFORE DINNER-HAVE DONE-URINE	6	1001	0.000	28.667	44.428	88.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OC153C	STD-BEFORE DINNER-# ACTUAL.DONE-BLOOD	5	1002	0.000	32.400	32.989	71.000
OC153D	STD-BEFORE DINNER-SHOULD HAVE DONE-BLOOD	5	1002	62.000	108.600	80.407	252.000
OC154A	STD-BEDTIME-# ACTUALLY DONE-URINE	6	1001	0.000	1.333	3.266	8.000
OC154B	STD-BEDTIME-# SHOULD HAVE DONE-URINE	6	1001	0.000	28.667	44.428	88.000
OC154C	STD-BEDTIME-# ACTUALLY DONE-BLOOD	5	1002	0.000	25.000	33.963	73.000
OC154D	STD-BEDTIME-# SHOULD HAVE DONE-BLOOD	5	1002	0.000	36.400	38.175	77.000
OCWEIGHT	CURRENT WEIGHT	1007	0	42.600	73.391	12.065	118.400
OCDESIWT	PATIENT'S DESIRED WEIGHT	881	126	41.800	67.986	11.049	100.000
OCHEIGHT	CURRENT HEIGHT	100	907	148.600	169.398	8.652	185.300
OCHTCHA	CHANGE IN HEIGHT SINCE LAST PHYSICAL	97	910	0.000	0.504	0.773	4.000
OCPULSE	PULSE	1005	2	42.000	72.600	10.120	116.000
OCSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	1007	0	80.000	112.813	11.093	154.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	1007	0	46.000	72.456	8.343	94.000
OCSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	11	996	104.000	126.182	14.462	148.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	11	996	60.000	77.273	10.209	88.000
OCP7A	MG/DL-BREAKFAST	937	70	0.000	137.107	68.335	380.000
OCP7B	MG/DL-90 MIN. P.C.	904	103	0.000	185.944	81.366	463.000
OCP7C	MG/DL-PRELUNCH	933	74	0.000	116.860	65.522	411.000
OCP7D	MG/DL-90 MIN. P.C.	894	113	0.000	143.898	67.910	400.000
OCP7E	MG/DL-PRESUPPER	926	81	28.000	129.473	67.133	400.000
OCP7F	MG/DL-90 MIN. P.C.	896	111	0.000	151.335	74.934	483.000
OCP7G	MG/DL-BEDTIME	902	105	0.000	137.586	70.875	555.000
OCRESCH	NECESSARY TO RESCHEDULE VISIT	1007	0	1.000	1.149	0.356	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	141	866	1.000	1.582	0.987	6.000
OCVSITNO	FOLLOW-UP VISIT NUMBER	1007	0	4.000	9.641	5.773	28.000
OCWINDOW	VISIT HELD WITHIN TIME WINDOW	998	9	1.000	1.963	0.189	2.000
OCGENDER	GENDER	1006	1	1.000	1.518	0.500	2.000
OCMARRY	MARITAL STATUS OF PATIENT	1007	0	1.000	1.728	0.773	4.000
OCMARNO	NUMBER OF TIMES MARRIED	485	522	1.000	1.144	0.406	3.000
OCPATJOB	PATIENT'S OCCUPATION	993	14	1.000	5.205	4.097	12.000
OCSPJOB	SPOUSE'S OCCUPATION	516	491	1.000	4.151	3.434	12.000
OCMOMJOB	MOTHER'S OCCUPATION	218	789	1.000	5.009	3.435	12.000
OCDADJOB	FATHER'S OCCUPATION	173	834	1.000	3.197	2.592	12.000
OCFRIJOB	GUARDIAN/FRIEND'S OCCUPATION	44	963	1.000	4.818	3.506	12.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	22	985	1.000	1.000	0.000	1.000
OCSPONJOJ	SPOUSE UNEMPLOYED OR RETIRED	4	1003	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UMEMPLOYED OR RETIRED	12	995	1.000	1.000	0.000	1.000
OCDADNOJ	FATHER UMEMPLOYED OR RETIRED	22	985	1.000	1.000	0.000	1.000
OCFRINOJ	GUARDIAN/FRIEND'S UMEMPLOY. OR RETIRED	0	1007	.	.	.	.
OCPJOBCH	PATIENT'S JOB STATUS CHANGED	143	864	1.000	1.000	0.000	1.000
OCSJOBCH	SPOUSE'S JOB STATUS CHANGED	46	961	1.000	1.000	0.000	1.000
OCMJOBCH	MOTHER'S JOB STATUS CHANGED	17	990	1.000	1.000	0.000	1.000
OCDJOBCH	FATHER'S JOB STATUS CHANGED	13	994	1.000	1.000	0.000	1.000
OCFJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	12	995	1.000	1.000	0.000	1.000
OCPATED	PATIENT'S EDUCATION LEVEL	1005	2	1.000	2.927	1.115	6.000
OCSPOED	SPOUSE'S EDUCATION LEVEL	519	488	1.000	2.757	1.003	5.000
OCMOMED	MOTHER'S EDUCATION LEVEL	226	781	1.000	3.301	0.946	6.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDDED	FATHER'S EDUCATION LEVEL	192	815	1.000	3.151	1.374	8.000
OCFRIED	GUARDIAN/FRIEND'S EDUCATION LEVEL	41	966	1.000	3.293	1.289	6.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	1007	0	1.000	1.352	0.478	2.000
OCGRADE	ELEMENTARY/SECONDARY SCHOOL GRADE	113	894	0.000	9.894	3.301	13.000
OCTYEAR	YEAR IN TRADE SCHOOL	26	981	0.000	1.346	0.689	3.000
OCCYEAR	YEAR IN COLLEGE	158	849	1.000	2.399	1.167	5.000
OCGYEAR	YEAR IN GRADUATE SCHOOL	54	953	0.000	1.889	1.127	5.000
OCEXPPELL	CEASED ATTENDING SCHOOL IN PAST YR	364	643	1.000	1.085	0.280	2.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	1007	0	1.000	1.247	0.432	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	250	757	1.000	1.856	0.352	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	35	972	0.000	3.829	4.624	24.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	245	762	0.000	16.355	10.600	40.000
OCSMOKE5	SMOKED PIPES OR CIGARS IN PAST YR.	1003	4	0.000	1.008	0.109	2.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	31	976	1.000	1.065	0.250	2.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	6	1001	0.000	2.000	2.098	6.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	1007	0	1.000	1.337	0.473	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	335	672	0.000	1.540	3.017	24.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	334	673	0.000	2.362	5.789	84.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	333	674	0.000	0.802	1.949	20.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	334	673	0.000	1.207	2.677	20.000
OCDRINK6	TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS	328	679	1.000	1.006	0.078	2.000
OCEXER1	PATIENT'S LEVEL OF ACTIVITY	1007	0	1.000	1.707	0.566	3.000
OCF1	CURRENT USUAL INSULIN THERAPY	1007	0	1.000	1.716	0.481	3.000
OCG1	PREPRANDIAL-TOTAL UNITS OF INSULIN	301	706	0.000	24.030	11.587	82.000
OCG2	NO. OF PREPRANDIAL BOLUSES/24 HOURS	301	706	0.000	3.306	0.697	8.000
OCG3	TOTAL BASAL UNITS/24 HOURS	298	709	1.000	24.748	8.434	67.000
OCG4	NUMBER OF BASAL RATES/24 HOURS	301	706	1.000	2.083	1.041	5.000
OCG5A	TYPE OF INSULIN-BEEF AND PORK	0	1007	.	.	.	.
OCG5B	TYPE OF INSULIN-BEEF	2	1005	1.000	1.000	0.000	1.000
OCG5C	TYPE OF INSULIN-PORK	129	878	1.000	1.000	0.000	1.000
OCG5D	TYPE OF INSULIN-HUMAN	132	875	1.000	1.000	0.000	1.000
OCG7	MORE SBGM THAN PRESCRIBED	302	705	1.000	1.103	0.304	2.000
OCG8	SBGM RESULT INACCURATE OR FICTIT.	266	741	1.000	1.083	0.359	3.000
OCG9	PROBLEM USING INSULIN PUMP	267	740	1.000	1.202	0.402	2.000
OCH1	MDI1-TOTAL UNITS OF INSULIN	689	318	0.000	26.224	13.304	95.000
OCH2	MDI1-NO. OF PREPRANDIAL BOLUSES	689	318	1.000	3.190	0.578	5.000
OCH3	MDI1-UNITS OF INTER./LONG-LAST.INSULIN	690	317	2.000	30.736	15.517	130.000
OCH41A	MDI1-UNITS OF LONG-ACTING OR ULTRA.	511	496	0.000	6.994	11.185	65.000
OCH41B	MDI1-UNITS OF NPH OR LENTE	597	410	0.000	8.286	12.112	72.000
OCH41C	MDI1-UNITS OF REGULAR OR SEMI-LENTE	685	322	0.000	8.255	5.178	33.000
OCH41E	MDI1-AM OR PM	695	312	1.000	1.004	0.066	2.000
OCH42A	MDI2-UNITS OF LONG-ACTING OR ULTRA.	462	545	0.000	0.781	5.593	59.000
OCH42B	MDI2-UNITS OF NPH OR LENTE	528	479	0.000	0.470	2.932	37.000
OCH42C	MDI2-UNITS OF REGULAR OR SEMI-LENTE	689	318	0.000	7.302	4.609	33.000
OCH42E	MDI2-AM OR PM	691	316	1.000	1.700	0.458	2.000
OCH43A	MDI3-UNITS OF LONG-ACTING OR ULTRA.	514	493	0.000	8.681	12.139	65.000
OCH43B	MDI3-UNITS OF NPH OR LENTE	544	463	0.000	3.447	7.373	42.000
OCH43C	MDI3-UNITS OF REGULAR OR SEMI-LENTE	681	326	0.000	9.800	6.342	75.000
OCH43E	MDI3-AM OR PM	688	319	1.000	1.994	0.076	2.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCH44A	MDI4-UNITS OF LONG-ACTING OR ULTRA.	308	699	0.000	1.974	6.961	47.000
OCH44B	MDI4-UNITS OF NPH OR LENTE	431	576	0.000	12.035	11.020	55.000
OCH44C	MDI4-UNITS OF REGULAR OR SEMI-LENTE	403	604	0.000	1.605	2.827	26.000
OCH44E	MDI4-AM OR PM	394	613	1.000	1.954	0.209	2.000
OCH45A	MDI5-UNITS OF LONG-ACTING OR ULTRA.	163	844	0.000	0.092	1.175	15.000
OCH45B	MDI5-UNITS OF NPH OR LENTE	177	830	0.000	1.028	4.641	47.000
OCH45C	MDI5-UNITS OF REGULAR OR SEMI-LENTE	172	835	0.000	0.081	0.477	5.000
OCH45E	MDI5-AM OR PM	15	992	1.000	1.933	0.258	2.000
OCH5A	MDI-TYPE OF INSULIN-BEEF OR PORK	170	837	1.000	1.000	0.000	1.000
OCH5B	MDI-TYPE OF INSULIN-BEEF	3	1004	1.000	1.000	0.000	1.000
OCH5C	MDI-TYPE OF INSULIN-PORK	248	759	1.000	1.000	0.000	1.000
OCH5D	MDI-TYPE OF INSULIN-HUMAN	392	615	1.000	1.000	0.000	1.000
OCH7	MDI-MORE SBGM THAN PRESCRIBED	695	312	1.000	1.085	0.318	3.000
OCH8	MDI-SBGM RESULTS INACCURATE?	607	400	1.000	1.211	0.620	4.000
OCI11A	STD-UNITS OF LONG-ACTING OR ULTRA.	7	1000	0.000	14.571	21.243	45.000
OCI11B	STD-UNITS OF NPH OR LENTE	5	1002	20.000	28.400	8.204	40.000
OCI11C	STD-UNITS OF REGULAR OR SEMI-LENTE	8	999	5.000	12.375	7.009	25.000
OCI11E	STD-AM OR PM	8	999	1.000	1.000	0.000	1.000
OCI12A	STD-UNITS OF LONG-ACTING OR ULTRA.	5	1002	0.000	2.400	5.367	12.000
OCI12B	STD-UNITS OF NPH OR LENTE	5	1002	10.000	17.800	4.382	20.000
OCI12C	STD-UNITS OF REGULAR OR SEMI-LENTE	8	999	2.000	9.500	5.757	20.000
OCI12E	STD-AM OR PM	8	999	2.000	2.000	0.000	2.000
OCI13A	STD-UNITS OF LONG-ACTING OR ULTRA.	2	1005	0.000	0.000	0.000	0.000
OCI13B	STD-UNITS OF NPH OR LENTE	1	1006	0.000	0.000	.	0.000
OCI13C	STD-UNITS OF REGULAR OR SEMI-LENTE	1	1006	0.000	0.000	.	0.000
OCI13E	STD-AM OR PM	0	1007	.	.	.	.
OCI14A	STD-UNITS OF LONG-ACTING OR ULTRA.	2	1005	0.000	0.000	0.000	0.000
OCI14B	STD-UNITS OF NPH OR LENTE	1	1006	0.000	0.000	.	0.000
OCI14C	STD-UNITS OF REGULAR OR SEMI-LENTE	1	1006	0.000	0.000	.	0.000
OCI14E	STD-AM OR PM	0	1007	.	.	.	.
OCI15A	STD-UNITS OF LONG-ACTING OR ULTRA.	2	1005	0.000	0.000	0.000	0.000
OCI15B	STD-UNITS OF NPH OR LENTE	1	1006	0.000	0.000	.	0.000
OCI15C	STD-UNITS OF REGULAR OR SEMI-LENTE	1	1006	0.000	0.000	.	0.000
OCI15E	STD-AM OR PM	0	1007	.	.	.	.
OCI2A	STD-TYPE OF INSULIN-BEEF AND PORK	0	1007	.	.	.	.
OCI2B	STD-TYPE OF INSULIN-BEEF	2	1005	1.000	1.000	0.000	1.000
OCI2C	STD-TYPE OF INSULIN-PORK	2	1005	1.000	1.000	0.000	1.000
OCI2D	STD-TYPE OF INSULIN-HUMAN	4	1003	1.000	1.000	0.000	1.000
OCI3	STD-PERFORM SELF BLOOD GLUCOSE MONITOR.	6	1001	1.000	1.667	0.516	2.000
OCI4	STD-PERFORM URINE GLUCOSE MONITORING	6	1001	1.000	1.000	0.000	1.000
OCI6	STD-MGM(URINE OR BLOOD) THAN PRESC.	9	998	1.000	1.222	0.667	3.000
OCI7	STD-INACCURATE OR FICTITIOUS RESULTS	6	1001	1.000	2.167	1.472	4.000
OCJ1A	HOW OFTEN FOLLOWED MEAL PLAN	1007	0	0.000	4.855	0.924	7.000
OCJ1B	EATING DISORDER	1006	1	1.000	1.007	0.104	3.000
OCJ1CI	HOW MANY ILLNESSES	1006	1	0.000	0.548	0.791	4.000
OCJ1CII	FAILED TO ADJUST THE INSULIN DOSE	763	244	0.000	0.013	0.144	2.000
OCJ1D	USED INSULIN NOT PRESCRIBED	1007	0	1.000	1.015	0.129	3.000
OCJ1E	ROTATING THE SITE OF INJECTION	882	125	1.000	1.978	0.180	3.000
OCJ1F	LESS THAN 7 BLOOD COLLECTIONS	1001	6	1.000	1.149	0.375	3.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCJ1GI	NO. OF INTERCURRENT EVENTS EXPER.	1007	0	0.000	0.212	0.585	6.000
OCJ1GII	FAILED TO REPORT INTERCURRENT EVENTS	796	211	0.000	0.018	0.149	2.000
OCJ1H	FAILED TO BRING IN DAILY RECORD	1007	0	1.000	1.103	0.308	3.000
OCJ1II	PERFORM SELF BLOOD GLUCOSE MONITORING	1007	0	1.000	2.011	0.157	3.000
OCJ1III	USING SBGM TO ADJUST INSULIN DOSAGE	1005	2	1.000	2.009	0.207	3.000
OCJ1IIII	PERFORM SBGM MORE THAN ONCE PER DAY	880	127	1.000	2.016	0.190	3.000
OCJ2A	STG-INSULIN TAKEN MORE THAN PRESCRIBED	7	1000	0.000	1.286	3.402	9.000
OCJ2B	STG-TAKEN EXTRA INJECTIONS OF INSULIN	7	1000	0.000	0.143	0.378	1.000
OCJ2C	STG-TAKEN FEWER INJECTIONS OF INSULIN	7	1000	0.000	0.000	0.000	0.000
OCJ2D	STG-FAILED TO TAKE PRESCRIBED INSULIN	7	999	0.000	1.875	5.303	15.000
OCJ2E	STG-FAILED TO PERFORM 2 URINE/1BLD.TST.	8	1000	0.000	15.714	30.203	79.000
OCJ2FI	STG-BEEN ILL	10	997	0.000	1.500	2.506	7.000
OCJ2FII	STG-TEST/RECORD URINE ACET. DURING/ILL.	8	999	0.000	0.125	0.354	1.000
OCJ3A	ETG-NOT FOLLOWED PRESC. ALGOR. INSULIN	953	54	0.000	5.778	15.698	98.000
OCJ3B	ETG-FAILED TO DO 3 AM BLOOD TEST	959	48	0.000	6.471	4.919	28.000
OCJ3C	ETG-FAILED TO REPORT LOW 3 AM BL. GL.	960	47	0.000	0.399	1.407	21.000
OCJ3D	ETG-FAILED TO MONITOR URINE ACETONE	935	72	0.000	4.357	10.818	80.000
OCJ4A	ETG-FAILED TO CHANGE BATTERIES	276	731	0.000	0.112	0.817	10.000
OCJ4B	ETG-FAILED TO CHANGE CATHETERS	275	732	0.000	0.349	1.967	21.000
OCJ4C	ETG-FAILED TO CHANGE SYRINGES	272	735	0.000	0.401	2.081	21.000
OCK1A	NO. OF NIGHTS WAKE UP ONCE TO URINATE	1007	0	0.000	0.707	1.448	7.000
OCK1B	WAKE UP TWO OR MORE TIMES TO URINATE	1007	0	0.000	0.131	0.749	7.000
OCK1C	NO. GLASSES OF FLUID DRINK PER DAY	1007	0	0.000	8.483	3.456	30.000
OCK1D	NO. TIMES DID THE PATIENT EXPER. DKA	1006	1	0.000	0.009	0.094	1.000
OCK1E	OTHER SYMPTOMS OF HYPERGLYCEMIA	1007	0	0.000	1.233	0.426	2.000
OCK2	PATIENT HAD MODERATE OR LARGE KETONURIA	991	16	0.000	0.287	1.399	27.000
OCK2A	EXPLAINED BY CHANGE IN ROUTINE	101	906	0.000	0.653	2.816	27.000
OCK2B	DUE TO ILLNESS	107	900	0.000	0.953	1.586	10.000
OCK2C	DUE TO MEDICAL EQUIPMENT FAILURE	96	911	0.000	0.500	1.622	13.000
OCK2D	SPONTANEOUS OR UNEXPLAINED	99	908	0.000	0.596	1.293	7.000
OCK3A	IS THE PATIENT FEMALE	1006	1	1.000	1.508	0.500	2.000
OCK3BI	VAGINAL ITCHING OR DISCHARGE	520	487	1.000	1.154	0.361	2.000
OCK3BII	PATIENT TREATED FOR THIS	85	922	1.000	1.553	0.500	2.000
OCK3CI	DOES THE PATIENT MENSTRUATE	509	498	1.000	1.931	0.253	2.000
OCK3DI	MENSTRUAL PERIOD MORE THAN 5 WEEKS AGO	482	525	1.000	1.106	0.308	2.000
OCK3DII	WAS PREGNANCY TEST PERFORMED	58	949	1.000	1.517	0.504	2.000
OCK3DIII	DID TEST INDICATE PREGNANCY	30	977	1.000	1.633	0.490	2.000
OCK4A	NO. OF HOSPITAL. FOR HYPOGLYCEMIA	1007	0	0.000	0.004	0.063	1.000
OCK4BI	LOST CONSCIOUSNESS WITHOUT SEIZURE	1006	1	0.000	0.026	0.239	5.000
OCK4BII	LOST CONSCIOUSNESS WITH SEIZURE	1005	2	0.000	0.012	0.117	2.000
OCK4CI	HYPO-NEEDED IV OR INJECT. OF GLUCOSE	1004	3	0.000	0.022	0.153	2.000
OCK4CII	HYPO-REQUIRE ASSIST. OF ADMIN. OF GLU.	1004	3	0.000	0.036	0.277	6.000
OCK4CIII	HYPO-NO. TIMES NEEDED ASSISTANCE	1006	1	0.000	0.076	0.322	3.000
OCK4DI	WHEN HAS SEVERE HYPOGLYCEMIA OCCURRED	90	917	1.000	1.733	0.716	3.000
OCK4DIIA	HYPO-MISSED MEAL OR SNACK	16	991	1.000	1.000	0.000	1.000
OCK4DIIB	HYPO-DECREASED FOOD INTAKE	30	977	1.000	1.000	0.000	1.000
OCK4DIIC	HYPO-INCREASED EXERCISE LEVEL	35	972	1.000	1.000	0.000	1.000
OCK4DIID	HYPO-TOO MUCH INSULIN TAKEN	26	981	1.000	1.000	0.000	1.000
OCK4DIIE	HYPO-WARNING SIGNS OF LOW BL. GLUCOSE	17	990	1.000	1.000	0.000	1.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
Ock4DIIF	HYPO-OTHER	21	986	1.000	1.000	0.000	1.000
Ock4DIIG	HYPO-UNEXPLAINED	12	995	1.000	1.000	0.000	1.000
Ock4DII1	HYPO-ADRENERGIC WARNING SYMPTOMS	29	978	1.000	1.000	0.000	1.000
Ock4DII2	HYPO-DIAPHORESIS (SWEATING)	38	969	1.000	1.000	0.000	1.000
Ock4DII3	HYPO-ALTERED MENTAL STATUS	67	940	1.000	1.000	0.000	1.000
Ock4DII4	HYPO-LOSS OF CONSCIOUSNESS	28	979	1.000	1.000	0.000	1.000
Ock4DII5	HYPO-SEIZURE	8	999	1.000	1.000	0.000	1.000
Ock4DII6	HYPO-OTHER	21	986	1.000	1.000	0.000	1.000
Ock4DII7	HYPO-NONE	6	1001	1.000	1.000	0.000	1.000
Ock4DIV	NO .TIMES PATIENT RECEIVED GLUCAGON	94	913	0.000	0.351	0.651	3.000
Ock4DV	NO.TIMES PATIENT RECEIVED IV GLUCOSE	94	913	0.000	0.181	0.387	1.000
Ock4DVI	NO. OF EPISODES RESULT IN INJURY	89	918	1.000	1.034	0.181	2.000
Ock4E	HYPOGLYCEMIA EXPERIENCE IN 7 DAYS	1007	0	0.000	2.464	2.214	15.000
Ock4FI	WHEN HAS MILD HYPOGLYCEMIA OCCURRED	816	191	1.000	1.478	0.818	3.000
Ock4FII1	HYPO-MISSED MEAL OR SNACK	96	911	1.000	1.000	0.000	1.000
Ock4FII2	HYPO-DECREASED FOOD INTAKE	263	744	1.000	1.000	0.000	1.000
Ock4FII3	HYPO-INCREASED EXERCISE LEVEL	434	573	1.000	1.000	0.000	1.000
Ock4FII4	HYPO-TOO MUCH INSULIN TAKEN	194	813	1.000	1.000	0.000	1.000
Ock4FII5	HYPO-WARNING SIGNS OF LOW BLOOD GLUCOSE	30	977	1.000	1.000	0.000	1.000
Ock4FII6	HYPO-OTHER	105	902	1.000	1.000	0.000	1.000
Ock4FII7	HYPO-UNEXPLAINED	108	899	1.000	1.000	0.000	1.000
Ock4FIIA	HYPO-ADRENERGIC WARNING SYMPTOMS	623	384	1.000	1.000	0.000	1.000
Ock4FIIB	HYPO-DIAPHORESIS (SWEATING)	427	580	1.000	1.000	0.000	1.000
Ock4FIIC	HYPO-ALTERED MENTAL STATUS	287	720	1.000	1.000	0.000	1.000
Ock4FIID	HYPO-OTHER	182	825	1.000	1.000	0.000	1.000
Ock4FII E	HYPO-NONE	43	964	1.000	1.000	0.000	1.000
OCL1AR	BLURRED OR REDUCED VISION-RIGHT EYE	1006	1	1.000	1.049	0.215	2.000
OCL1AL	BLURRED OR REDUCED VISION-LEFT EYE	1004	3	1.000	1.046	0.209	2.000
OCL1BR	FLOATER OR FLASHING LIGHTS-RIGHT EYE	1006	1	1.000	1.039	0.193	2.000
OCL1BL	FLOATER OR FLASHING LIGHT-LEFT EYE	1006	1	1.000	1.030	0.170	2.000
OCL1CR	HAS RETINAL ABNORM. RIGHT EYE	1004	3	1.000	1.003	0.055	2.000
OCL1CL	HAS RETINAL ABNORM. LEFT EYE	955	52	1.000	1.002	0.046	2.000
OCL1DR	OTHER PROBLEM IN RIGHT EYE	1006	1	1.000	1.012	0.109	2.000
OCL1DL	OTHER PROBLEM IN LEFT EYE	1002	5	1.000	1.018	0.133	2.000
OCL1E	OPHTHALMOLOGIST FOR A SPECIAL VISIT	1005	2	1.000	1.006	0.077	2.000
OCL2A	PARESTHESIAS IN HANDS OR FEET	1007	0	1.000	1.071	0.256	2.000
OCL2B	UNEXPLAINED MUSCLE WEAKNESS	1007	0	1.000	1.006	0.077	2.000
OCL2C	VOMITING OR BLOATING AFTER MEALS	1007	0	1.000	1.018	0.133	2.000
OCL2D	BOUTS OF PERSISTENT OR RECURRENT DIAR.	1007	0	1.000	1.006	0.077	2.000
OCL2E	BOUTS OF URINARY RETENTION	1007	0	1.000	1.003	0.055	2.000
OCL2F	DIZZINESS OR LIGHTHEADEDNESS	1007	0	1.000	1.021	0.143	2.000
OCL2G	FAINTING	1007	0	1.000	1.001	0.032	2.000
OCL2H	IMPOTENCE	1007	0	1.000	2.009	0.998	3.000
OCL2I	OTHER NEUROLOGIC PROBLEM	1006	1	0.000	1.016	0.133	2.000
OCL3A	PROTEINURIA	996	11	1.000	1.005	0.071	2.000
OCL3B	EDEMA (OF RENAL ETIOLOGY ONLY)	1007	0	1.000	1.007	0.083	2.000
OCL3C	OTHER RENAL PROBLEM	1007	0	1.000	1.005	0.070	2.000
OCL4A	SHORTNESS OF BREATH	1007	0	1.000	1.014	0.117	2.000
OCL4B	SYMPTOMS OF CONGESTIVE HEART DISEASE	1007	0	1.000	1.000	0.000	1.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCL4C	IMPAIRED PERIPHERAL VASC. CIRCULATION	1007	0	1.000	1.004	0.063	2.000
OCL4D	CHEST PAIN	1007	0	1.000	1.019	0.136	2.000
OCL4D1	IS THIS CLINICAL ANGINA	18	989	1.000	1.000	0.000	1.000
OCL4E	DEFINITE OR SUSPECTED NON-ACUTE MI	878	129	1.000	1.000	0.000	1.000
OCL4F	TRANSIENT ISCHEMIC ATTACK(S)	877	130	1.000	1.000	0.000	1.000
OCL4G	OTHER VASULAR PROBLEM	1006	1	1.000	1.008	0.089	2.000
OCL5A	URINARY TRACT INFECTION	1007	0	1.000	1.015	0.121	2.000
OCL5B	UPPER/LOWER RESPIRATORY TRACT INFEC.	1006	1	1.000	1.181	0.385	2.000
OCL5C	GASTROENTERITIS	1007	0	1.000	1.067	0.249	2.000
OCL5D	CUTANEOUS OR MUCOCU. INFECTION	1007	0	1.000	1.078	0.269	2.000
OCL5E	POST-OPERATIVE/DEEP WOUND INFECTION	1007	0	1.000	1.001	0.032	2.000
OCL5F	GANGRENE	1007	0	1.000	1.000	0.000	1.000
OCL5G	OTHER INFECTIONS	882	125	1.000	1.023	0.149	2.000
OCL5H	INFECTION AT THE INSERTION SIDE	347	660	1.000	1.020	0.141	2.000
OCL6	OUTPATIENT SURGERY OR INCIDENTAL TRAUMA	882	125	1.000	1.065	0.246	2.000
OCL7	INTERCURRENT ENDOCRINE EVENT	882	125	1.000	1.006	0.075	2.000
OCL8	ADVERSE PSYCHOSOCIAL REACTION	882	125	1.000	1.067	0.250	2.000
OCL9A	ANY OTHER MEDICAL PROBLEM	1007	0	1.000	1.055	0.227	2.000
OCM1	NO.ASPIRIN-CONTAINING TABLETS EACH MO.	1007	0	0.000	5.484	11.764	150.000
OCM2	CURRENTLY USING PRESCRIPTION DRUG	1006	1	1.000	1.396	0.489	2.000
OCM3	USED ANY OVER-THE-COUNTER DRUGS	1002	5	1.000	1.336	0.473	2.000
OCM4	USE VIT. SUPPLEMENTS ON REGULAR BASIS	1007	0	1.000	1.240	0.427	2.000
OCFRSZ	BODY FRAME SIZE	882	125	1.000	2.016	0.439	3.000
OCADOLE	LESS THAN 18 YEARS OLD	1006	1	1.000	1.104	0.351	7.000
OCWTPERC	WEIGHT PERCENTILE	92	915	25.000	73.152	19.294	95.000
OCN10	FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	56	951	1.000	1.036	0.187	2.000
OCHIBLP	BLD. PRESS-MEET DEFIN. OF HYPERTENSION	880	127	1.000	1.028	0.391	12.000
OCHYP	HYPER. DOCUMENTED SENT TO COOR. CENTER	18	989	1.000	1.278	0.461	2.000
OCHYPERT	SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.	39	968	1.000	1.051	0.223	2.000
OCLIPOAT	LIPOATROPHY	1006	1	1.000	1.005	0.070	2.000
OCLIPOHY	LIPHYPERTROPHY	1006	1	1.000	1.064	0.244	2.000
OCINFLAM	INFLAMMATION	1006	1	1.000	1.010	0.099	2.000
OCHEPATO	HEPATOMEGALY	1005	2	1.000	1.004	0.063	2.000
OCSPAN	IF PRESENT, HOW LARGE (SPAN)	4	1003	11.000	12.750	1.500	14.000
OCFOOTUL	FOOT-ULCER	1006	1	1.000	1.001	0.032	2.000
OCFOOTIN	FOOT-INFECTION	1006	1	1.000	1.006	0.077	2.000
OCABNTOE	FOOT-ABNORMAL TOENAILS	1006	1	1.000	1.013	0.113	2.000
OCDPEDR	PULSE-DORSALIS PEDIS-RIGHT	1005	2	1.000	1.048	0.248	3.000
OCDPEDL	PULSE-DORSALIS PEDIS-LEFT	1005	2	1.000	1.057	0.271	3.000
OCPTIBR	PULSE-POSTERIOR TIBIAL-RIGHT	1005	2	1.000	1.037	0.204	3.000
OCPTIBL	PULSE-POSTERIOR TIBIAL-LEFT	1005	2	1.000	1.047	0.238	3.000
OCO11A	UNITS OF LONG-ACTING OR ULTRALENTE	1	1006	21.000	21.000	.	21.000
OCO11B	UNITS OF NPH OR LENTE	1	1006	0.000	0.000	.	0.000
OCO11C	UNITS OF REGULAR OR SEMI-LENTE	1	1006	8.000	8.000	.	8.000
OCO11E	AM OR PM	1	1006	1.000	1.000	.	1.000
OCO12A	UNITS OF LONG-ACTING OR ULTRALENTE	1	1006	0.000	0.000	.	0.000
OCO12B	UNITS OF NPH OR LENTE	1	1006	0.000	0.000	.	0.000
OCO12C	UNITS OF REGULAR OR SEMI-LENTE	1	1006	8.000	8.000	.	8.000
OCO12E	AM OR PM	1	1006	1.000	1.000	.	1.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCO13A	UNITS OF LONG-ACTING OR ULTRALENTE	1	1006	20.000	20.000	.	20.000
OCO13B	UNITS OF NPH OR LENTE	1	1006	0.000	0.000	.	0.000
OCO13C	UNITS OF REGULAR OR SEMI-LENTE	1	1006	7.000	7.000	.	7.000
OCO13E	AM OR PM	2	1005	2.000	2.000	0.000	2.000
OCO2A	TYPE OF INSULIN-BEEF AND PORK	0	1007	.	.	.	.
OCO2B	TYPE OF INSULIN-BEEF	0	1007	.	.	.	.
OCO2C	TYPE OF INSULIN-PORK	0	1007	.	.	.	.
OCO2D	TYPE OF INSULIN-HUMAN	0	1007	.	.	.	.
OCP1	PROFILSET MAILED CENTRAL BIOCHEM.LAB.	1003	4	1.000	120.379	3750.596	118784.000
OCP2A	KIT DAMAGED AFTER COLLECTION	2	1005	1.000	1.000	0.000	1.000
OCP2B	PATIENT FORGOT TO DO COLLECTION	21	986	1.000	1.000	0.000	1.000
OCP2C	PATIENT LOST KIT	1	1006	1.000	1.000	.	1.000
OCP2D	PATIENT REFUSED TO DO COLLECTION	13	994	1.000	1.000	0.000	1.000
OCP2E	OTHER OR UNKNOWN	10	997	1.000	1.000	0.000	1.000
OCP6	PERFORM SBGM ON DATE OBTAINED PROFILSET	967	40	1.000	1.976	0.152	2.000
OCP9	WILL LIPID SPECIMENS MAILED TO LAB.	868	139	1.000	1.991	0.096	2.000
OCP12	SPECIMENS BE MAILED TO THE CBL RENAL	841	166	1.000	1.985	0.123	2.000
OCQ	DEVIATION FROM TREATMENT	1005	2	1.000	1.019	0.136	2.000
OCQB	CURRENTLY ON DEVIATION FROM TREATMENT	19	988	1.000	1.789	0.419	2.000
OCR	PATIENT ON INACTIVE STATUS AT ANY TIME	876	131	0.000	1.000	0.048	2.000
OCRB	CURRENTLY ON TRANSFER TO INACTIVE STATUS	1	1006	1.000	1.000	.	1.000
OCS	PATIENT'S FOLLOW-UP SCHEDULE CHANGED	874	133	1.000	1.008	0.089	2.000
OCT	IF NONE, CHECK/PROCEED TO END OF FORM	14	993	1.000	1.000	0.000	1.000
OCTA	FREQUENT DIETARY INSTRUCTION	1	1006	1.000	1.000	.	1.000
OCTA1	RECORD TOTAL # OF ADDITIONAL SESSIONS	0	1007	.	.	.	.
OCTB	INTERIM TELEPHONE CONTACT	0	1007	.	.	.	.
OCTB1	RECORD TOTAL # OF PHONE CONTACTS	3	1004	0.000	0.667	1.155	2.000
OCTC	HOSPITALIZATION FOR METABOLIC CONTROL	0	1007	.	.	.	.
OCTC1	TOTAL # OF HOSPITALIZATIONS VISITS	0	1007	.	.	.	.
OCTD	GLUCOSE MONITORING AT GREATER FREQ.	0	1007	.	.	.	.
OCTD1	RECORD FREQUENCY (SBGM /DAY)	0	1007	.	.	.	.
OCTD2	RECORD FREQUENCY (UGM /DAY)	0	1007	.	.	.	.
OCTE	USED MORE THAN 2 INJECTIONS OF INSULIN	1	1006	1.000	1.000	.	1.000
OCTE1	CURRENTLY USING MORE THAN 2 INJECTIONS	0	1007	.	.	.	.
OCTF	OTHER MODIFICATION	0	1007	.	.	.	.
OCU	IF NONE, CHECK AND SIGN THE FORM	846	161	1.000	1.000	0.000	1.000
OCUA	PLANNED OUT-PATIENT VISIT	29	978	1.000	1.345	0.484	2.000
OCUA1	RECORD NEW FREQUENCY OF VISITS	10	997	1.000	3.800	1.932	8.000
OCUB	DISCONTINUATION OF SBGM	29	978	1.000	1.069	0.258	2.000
OCUC	SBGM ON A LESS FREQUENT DAILY SCHED.	31	976	1.000	1.581	0.502	2.000
OCUC1	RECORD FREQUENCY	18	989	0.000	2.111	0.832	3.000
OCUD	INSTITUTION OF URINE GLUCOSE MONIT.	29	978	1.000	1.069	0.258	2.000
OCUD1	RECORD FREQUENCY	2	1005	3.000	3.000	0.000	3.000
OCUE	LESS STRINGENT GOALS OF THERAPY	27	980	1.000	1.259	0.447	2.000
OCUEIV	STATED GOALS IN EFFECT AT PRESENT	7	1000	2.000	2.000	0.000	2.000
OCUF	OTHER MODIFICATION	17	990	1.000	1.176	0.393	2.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCMRDATE	DATE MARITAL STATUS CHANGED	773	573	0.000	782.433	289.320	1288.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	28	1318	0.500	12.232	37.617	200.000
OCEXER2	HOURS & MINUTES OF LIGHT ACTIVITY	1315	31	0.000	232.791	483.647	4500.000
OCEXER3	HOURS & MINUTES OF MODERATE ACTIVITY	1318	28	0.000	270.491	428.727	3500.000
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	1318	28	0.000	152.883	374.006	5400.000
OCEXER5	HOURS & MINUTES OF VERY HARD ACTIVITY	1308	38	0.000	55.038	187.472	2500.000
OCF2	TOTAL NUMBER OF CLINICAL VISITS	1341	5	0.000	0.177	0.747	12.000
OCG61A	PUMP-PREPRANDIAL-NO. ACTUALLY DONE	6	1340	205.000	247.333	28.856	286.000
OCG61B	-PUMP-PREPRANDIAL-SHOULD HAVE DONE	6	1340	207.000	251.000	29.189	288.000
OCG61C	PUMP-PREPRANDIAL-NUMBER BELOW 70	5	1341	14.000	31.200	21.183	64.000
OCG61D	PUMP-PREPRANDIAL-NUMBER ABOVE 120	5	1341	8.000	68.600	52.257	140.000
OCG62A	PUMP-POSTPRANDIAL-NO. ACTUALLY DONE	6	1340	14.000	133.833	89.385	227.000
OCG62B	PUMP-POSTPRANDIAL-SHOULD HAVE DONE	6	1340	0.000	144.667	107.565	228.000
OCG62C	PUMP-POSTPRANDIAL-NUMBER BELOW 70	5	1341	0.000	9.000	9.592	20.000
OCG62D	PUMP-POSTPRANDIAL-NUMBER ABOVE 180	5	1341	3.000	22.600	27.061	67.000
OCG63A	PUMP-BEDTIME-NUMBER ACTUALLY DONE	6	1340	59.000	73.167	11.822	88.000
OCG63B	PUMP-BEDTIME-NUMBER SHOULD HAVE DONE	6	1340	69.000	84.333	10.053	96.000
OCG63C	PUMP-BEDTIME-NUMBER BELOW 70	5	1341	0.000	5.200	6.979	17.000
OCG63D	PUMP-BEDTIME-NUMBER ABOVE 120	5	1341	14.000	23.800	10.281	39.000
OCG64A	PUMP-3:00 A.M.-NUMBER ACTUALLY DONE	6	1340	8.000	12.500	5.468	23.000
OCG64B	PUMP-3:00 A.M.-NUMBER SHOULD HAVE DONE	6	1340	10.000	11.833	1.472	13.000
OCG64C	PUMP-3:00 A.M.-NUMBER BELOW 65	5	1341	0.000	2.600	2.702	6.000
OCG64D	PUMP-3:00 A.M.-NUMBER ABOVE 120	5	1341	1.000	4.600	4.159	10.000
OCH61A	MDI-PREPRANDIAL-NO. ACTUALLY DONE	21	1325	64.000	206.286	88.700	380.000
OCH61B	MDI-PREPRANDIAL-SHOULD HAVE DONE	20	1326	90.000	231.000	84.044	396.000
OCH61C	MDI-PREPRANDIAL-NO. BELOW 70	17	1329	6.000	38.118	21.459	88.000
OCH61D	MDI-PREPRANDIAL-NO. ABOVE 120	16	1330	10.000	83.500	63.630	259.000
OCH62A	MDI-POSTPRANDIAL-NO. ACTUALLY DONE	17	1329	0.000	54.235	102.036	375.000
OCH62B	MDI-POSTPRANDIAL-SHOULD HAVE DONE	17	1329	0.000	63.412	119.339	396.000
OCH62C	MDI-POSTPRANDIAL-NO. BELOW 70	15	1331	0.000	5.733	8.388	24.000
OCH62D	MDI-POSTPRANDIAL-NO. ABOVE 180	14	1332	0.000	11.643	19.688	67.000
OCH63A	MDI-BEDTIME-NO. ACTUALLY DONE	21	1325	0.000	64.524	37.988	132.000
OCH63B	MDI-BEDTIME-NO. SHOULD HAVE DONE	20	1326	0.000	73.300	36.559	132.000
OCH63C	MDI-BEDTIME-NO. BELOW 70	16	1330	0.000	9.750	8.560	34.000
OCH63D	MDI-BEDTIME-NO. ABOVE 120	16	1330	0.000	25.125	17.667	65.000
OCH64A	MDI-3:00 AM-NO. ACTUALLY DONE	18	1328	0.000	10.667	12.093	39.000
OCH64B	MDI-3:00 AM-NO. SHOULD HAVE DONE	18	1328	0.000	11.222	10.675	40.000
OCH64C	MDI-3:00 AM-NO. BELOW 65	16	1330	0.000	2.813	2.994	9.000
OCH64D	MDI-3:00 AM-NO. ABOVE 120	16	1330	0.000	5.063	7.629	26.000
OCIS1A	STD-BEFORE BREAK.-# ACTUAL. DONE-URINE	1057	289	0.000	54.339	49.831	999.000
OCIS1B	STD-BEFORE BREAK.-# HAVE DONE-URINE	1073	273	0.000	67.100	40.331	271.000
OCIS1C	STD-BEFORE BREAK.-# ACTUAL. DONE-BLOOD	793	553	0.000	40.141	39.722	196.000
OCIS1D	STD-BEFORE BREAK.-# HAVE DONE-BLOOD	790	556	0.000	45.097	42.148	189.000
OCIS2A	STD-BEFORE LUNCH-# ACTUAL. DONE-URINE	1043	303	0.000	43.707	48.430	999.000
OCIS2B	STD-BEFORE LUNCH-# HAVE DONE-URINE	1062	284	0.000	63.323	41.490	270.000
OCIS2C	STD-BEFORE LUNCH-# ACTUALLY DONE-BLOOD	709	637	0.000	8.220	18.330	115.000
OCIS2D	STD-BEFORE LUNCH-HAVE DONE-BLOOD	701	645	0.000	9.713	21.966	117.000
OCIS3A	STD-BEFORE DINNER-# ACTUAL. DONE-URINE	1052	294	0.000	53.426	48.223	999.000
OCIS3B	STD-BEFORE DINNER-HAVE DONE-URINE	1072	274	0.000	71.961	37.453	270.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCI53C	STD-BEFORE DINNER-# ACTUAL.DONE-BLOOD	716	630	0.000	15.521	25.841	115.000
OCI53D	STD-BEFORE DINNER-SHOULD HAVE DONE-BLOOD	708	638	0.000	15.381	27.376	119.000
OCI54A	STD-BEDTIME-# ACTUALLY DONE-URINE	1049	297	0.000	49.387	49.463	999.000
OCI54B	STD-BEDTIME-# SHOULD HAVE DONE-URINE	1065	281	0.000	66.137	40.695	201.000
OCI54C	STD-BEDTIME-# ACTUALLY DONE-BLOOD	713	633	0.000	11.129	22.243	115.000
OCI54D	STD-BEDTIME-# SHOULD HAVE DONE-BLOOD	705	641	0.000	12.532	25.761	117.000
OCWEIGHT	CURRENT WEIGHT	1345	1	40.600	72.258	12.017	116.400
OCDESIWT	PATIENT'S DESIRED WEIGHT	1131	215	44.000	68.274	11.537	102.300
OCHEIGHT	CURRENT HEIGHT	78	1268	151.000	166.862	10.033	197.000
OCHTCHA	CHANGE IN HEIGHT SINCE LAST PHYSICAL	68	1278	0.000	0.481	0.827	3.500
OCPULSE	PULSE	1346	0	42.000	74.984	10.408	130.000
OCSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	1346	0	82.000	114.563	11.680	164.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	1346	0	48.000	73.945	8.808	102.000
OCSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	14	1332	108.000	132.000	14.315	162.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	14	1332	58.000	82.143	9.937	92.000
OCP7A	MG/DL-BREAKFAST	15	1331	25.000	108.467	53.202	214.000
OCP7B	MG/DL-90 MIN. P.C.	12	1334	0.000	143.750	68.247	271.000
OCP7C	MG/DL-PRELUNCH	16	1330	56.000	94.188	36.891	168.000
OCP7D	MG/DL-90 MIN. P.C.	12	1334	0.000	107.083	61.116	182.000
OCP7E	MG/DL-PRESUPPER	15	1331	60.000	119.467	70.356	297.000
OCP7F	MG/DL-90 MIN. P.C.	11	1335	0.000	132.636	82.054	329.000
OCP7G	MG/DL-BEDTIME	14	1332	53.000	133.214	67.914	285.000
OCRESCH	NECESSARY TO RESCHEDULE VISIT	1345	1	1.000	1.138	0.345	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	171	1175	1.000	1.450	0.820	5.000
OCVSITNO	FOLLOW-UP VISIT NUMBER	1346	0	4.000	10.847	6.067	28.000
OCWINDOW	VISIT HELD WITHIN TIME WINDOW	1336	10	1.000	1.970	0.170	2.000
OCGENDER	GENDER	1342	4	1.000	1.473	0.499	2.000
OCMARRY	MARITAL STATUS OF PATIENT	1346	0	1.000	1.762	0.813	5.000
OCMARN0	NUMBER OF TIMES MARRIED	682	664	1.000	1.139	0.419	5.000
OCPATJOB	PATIENT'S OCCUPATION	1328	18	1.000	4.273	3.761	12.000
OCSPJOB	SPOUSE'S OCCUPATION	686	660	1.000	4.356	3.674	12.000
OCMOMJOB	MOTHER'S OCCUPATION	258	1088	1.000	4.988	3.541	12.000
OCFADJOB	FATHER'S OCCUPATION	227	1119	1.000	3.260	3.045	12.000
OCFRIJOB	GUARDIAN/FRIEND'S OCCUPATION	75	1271	1.000	4.480	3.825	12.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	20	1326	1.000	1.000	0.000	1.000
OCSPONOJ	SPOUSE UNEMPLOYED OR RETIRED	18	1328	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	16	1330	1.000	1.000	0.000	1.000
OCFADNOJ	FATHER UNEMPLOYED OR RETIRED	22	1324	1.000	1.000	0.000	1.000
OCFRINOJ	GUARDIAN/FRIEND'S UNEMPLOY. OR RETIRED	2	1344	1.000	1.000	0.000	1.000
OCJPJOBCH	PATIENT'S JOB STATUS CHANGED	151	1195	1.000	1.000	0.000	1.000
OCSJOBCH	SPOUSE'S JOB STATUS CHANGED	69	1277	1.000	1.000	0.000	1.000
OCMJOBCH	MOTHER'S JOB STATUS CHANGED	15	1331	1.000	1.000	0.000	1.000
OCFJOBCH	FATHER'S JOB STATUS CHANGED	9	1337	1.000	1.000	0.000	1.000
OCFJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	8	1338	1.000	1.000	0.000	1.000
OCPATED	PATIENT'S EDUCATION LEVEL	1346	0	1.000	2.647	1.047	6.000
OCSPOED	SPOUSE'S EDUCATION LEVEL	702	644	1.000	2.661	0.993	5.000
OCMOMED	MOTHER'S EDUCATION LEVEL	261	1085	1.000	3.019	1.223	6.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDADED	FATHER'S EDUCATION LEVEL	235	1111	1.000	2.757	1.431	8.000
OCFRIED	GUARDIAN/FRIEND'S EDUCATION LEVEL	73	1273	1.000	2.959	1.687	8.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	1346	0	1.000	1.295	0.456	2.000
OCGRADE	ELEMENTARY/SECONDARY SCHOOL GRADE	81	1265	0.000	9.333	4.068	13.000
OCTYEAR	YEAR IN TRADE SCHOOL	28	1318	0.000	1.821	1.278	5.000
OCCYEAR	YEAR IN COLLEGE	212	1134	0.000	2.741	1.214	7.000
OCGYEAR	YEAR IN GRADUATE SCHOOL	76	1270	0.000	2.000	1.166	6.000
OCEXPPELL	CEASED ATTENDING SCHOOL IN PAST YR	419	927	1.000	1.088	0.284	2.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	1346	0	1.000	1.262	0.440	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	356	990	1.000	1.857	0.351	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	46	1300	0.000	3.413	3.383	16.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	343	1003	0.000	17.598	12.043	60.000
OCSMOKE5	SMOKED PIPES OR CIGARS IN PAST YR.	1337	9	1.000	1.025	0.157	2.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	58	1288	1.000	1.362	0.485	2.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	10	1336	0.000	3.000	2.582	6.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	1345	1	1.000	1.386	0.487	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	511	835	0.000	1.098	2.700	24.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	510	836	0.000	2.308	3.628	28.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	512	834	0.000	0.781	1.590	12.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	510	836	0.000	0.776	2.106	30.000
OCDRINK6	TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS	490	856	1.000	1.000	0.000	1.000
OCEXER1	PATIENT'S LEVEL OF ACTIVITY	1346	0	1.000	1.670	0.595	3.000
OCF1	CURRENT USUAL INSULIN THERAPY	1346	0	1.000	2.965	0.207	3.000
OCG1	PREPRANDIAL-TOTAL UNITS OF INSULIN	7	1339	0.000	22.714	15.141	42.000
OCG2	NO. OF PREPRANDIAL BOLUSES/24 HOURS	7	1339	0.000	3.000	1.414	4.000
OCG3	TOTAL BASAL UNITS/24 HOURS	7	1339	0.000	29.143	18.069	57.000
OCG4	NUMBER OF BASAL RATES/24 HOURS	6	1340	1.000	1.833	0.753	3.000
OCG5A	TYPE OF INSULIN-BEEF AND PORK	0	1346	.	.	.	.
OCG5B	TYPE OF INSULIN-BEEF	0	1346	.	.	.	.
OCG5C	TYPE OF INSULIN-PORK	0	1346	.	.	.	.
OCG5D	TYPE OF INSULIN-HUMAN	6	1340	1.000	1.000	0.000	1.000
OCG7	MORE SBGM THAN PRESCRIBED	9	1337	1.000	1.000	0.000	1.000
OCG8	SBGM RESULT INACCURATE OR FICTIT.	6	1340	1.000	1.333	0.816	3.000
OCG9	PROBLEM USING INSULIN PUMP	6	1340	1.000	1.000	0.000	1.000
OCH1	MDI1-TOTAL UNITS OF INSULIN	20	1326	7.000	23.250	14.171	60.000
OCH2	MDI1-NO. OF PREPRANDIAL BOLUSES	20	1326	2.000	3.100	0.641	4.000
OCH3	MDI1-UNITS OF INTER./LONG-LAST.INSULIN	20	1326	16.000	35.500	13.209	72.000
OCH41A	MDI1-UNITS OF LONG-ACTING OR ULTRA.	10	1336	0.000	2.800	8.854	28.000
OCH41B	MDI1-UNITS OF NPH OR LENTE	16	1330	0.000	22.563	13.421	40.000
OCH41C	MDI1-UNITS OF REGULAR OR SEMI-LENTE	19	1327	0.000	9.526	6.777	26.000
OCH41E	MDI1-AM OR PM	19	1327	1.000	1.000	0.000	1.000
OCH42A	MDI2-UNITS OF LONG-ACTING OR ULTRA.	10	1336	0.000	1.300	4.111	13.000
OCH42B	MDI2-UNITS OF NPH OR LENTE	10	1336	0.000	1.500	3.240	9.000
OCH42C	MDI2-UNITS OF REGULAR OR SEMI-LENTE	16	1330	0.000	6.563	4.788	16.000
OCH42E	MDI2-AM OR PM	19	1327	1.000	1.842	0.375	2.000
OCH43A	MDI3-UNITS OF LONG-ACTING OR ULTRA.	9	1337	0.000	2.444	7.333	22.000
OCH43B	MDI3-UNITS OF NPH OR LENTE	13	1333	0.000	8.769	10.273	36.000
OCH43C	MDI3-UNITS OF REGUALR OR SEMI-LENTE	18	1328	0.000	8.278	6.124	26.000
OCH43E	MDI3-AM OR PM	18	1328	2.000	2.000	0.000	2.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCH44A	MDI4-UNITS OF LONG-ACTING OR ULTRA.	7	1339	0.000	2.571	6.803	18.000
OCH44B	MDI4-UNITS OF NPH OR LENTE	10	1336	0.000	10.100	12.609	40.000
OCH44C	MDI4-UNITS OF REGULAR OR SEMI-LENTE	9	1337	0.000	1.333	1.732	5.000
OCH44E	MDI4-AM OR PM	9	1337	2.000	2.000	0.000	2.000
OCH45A	MDI5-UNITS OF LONG-ACTING OR ULTRA.	2	1344	0.000	0.000	0.000	0.000
OCH45B	MDI5-UNITS OF NPH OR LENTE	2	1344	0.000	0.000	0.000	0.000
OCH45C	MDI5-UNITS OF REGULAR OR SEMI-LENTE	2	1344	0.000	0.000	0.000	0.000
OCH45E	MDI5-AM OR PM	0	1346	.	.	.	.
OCH5A	MDI-TYPE OF INSULIN-BEEF OR PORK	5	1341	1.000	1.000	0.000	1.000
OCH5B	MDI-TYPE OF INSULIN-BEEF	1	1345	1.000	1.000	.	1.000
OCH5C	MDI-TYPE OF INSULIN-PORK	5	1341	1.000	1.000	0.000	1.000
OCH5D	MDI-TYPE OF INSULIN-HUMAN	7	1339	1.000	1.000	0.000	1.000
OCH7	MDI-MORE SBGM THAN PRESCRIBED	26	1320	1.000	1.231	0.430	2.000
OCH8	MDI-SBGM RESULTS INACCURATE?	16	1330	1.000	1.000	0.000	1.000
OCI11A	STD-UNITS OF LONG-ACTING OR ULTRA.	840	506	0.000	0.270	2.531	40.000
OCI11B	STD-UNITS OF NPH OR LENTE	1314	32	0.000	28.173	11.768	88.000
OCI11C	STD-UNITS OF REGULAR OR SEMI-LENTE	1259	87	0.000	6.679	5.234	43.000
OCI11E	STD-AM OR PM	1320	26	1.000	1.011	0.102	2.000
OCI12A	STD-UNITS OF LONG-ACTING OR ULTRA.	789	557	0.000	0.066	0.948	22.000
OCI12B	STD-UNITS OF NPH OR LENTE	1197	149	0.000	10.836	7.446	75.000
OCI12C	STD-UNITS OF REGULAR OR SEMI-LENTE	1162	184	0.000	5.057	4.254	25.000
OCI12E	STD-AM OR PM	1137	209	1.000	1.986	0.118	2.000
OCI13A	STD-UNITS OF LONG-ACTING OR ULTRA.	380	966	0.000	0.108	1.486	21.000
OCI13B	STD-UNITS OF NPH OR LENTE	378	968	0.000	1.156	3.659	20.000
OCI13C	STD-UNITS OF REGULAR OR SEMI-LENTE	378	968	0.000	0.601	2.432	22.000
OCI13E	STD-AM OR PM	50	1296	1.000	1.960	0.198	2.000
OCI14A	STD-UNITS OF LONG-ACTING OR ULTRA.	307	1039	0.000	0.000	0.000	0.000
OCI14B	STD-UNITS OF NPH OR LENTE	294	1052	0.000	0.354	2.355	22.000
OCI14C	STD-UNITS OF REGULAR OR SEMI-LENTE	294	1052	0.000	0.020	0.260	4.000
OCI14E	STD-AM OR PM	7	1339	2.000	2.000	0.000	2.000
OCI15A	STD-UNITS OF LONG-ACTING OR ULTRA.	307	1039	0.000	0.000	0.000	0.000
OCI15B	STD-UNITS OF NPH OR LENTE	290	1056	0.000	0.000	0.000	0.000
OCI15C	STD-UNITS OF REGULAR OR SEMI-LENTE	292	1054	0.000	0.024	0.410	7.000
OCI15E	STD-AM OR PM	1	1345	2.000	2.000	.	2.000
OCI2A	STD-TYPE OF INSULIN-BEEF AND PORK	252	1094	1.000	1.000	0.000	1.000
OCI2B	STD-TYPE OF INSULIN-BEEF	5	1341	1.000	1.000	0.000	1.000
OCI2C	STD-TYPE OF INSULIN-PORK	568	778	1.000	1.000	0.000	1.000
OCI2D	STD-TYPE OF INSULIN-HUMAN	297	1049	1.000	1.000	0.000	1.000
OCI3	STD-PERFORM SELF BLOOD GLUCOSE MONITOR.	1113	233	1.000	1.772	0.496	3.000
OCI4	STD-PERFORM URINE GLUCOSE MONITORING	1113	233	1.000	1.776	0.488	3.000
OCI6	STD-MGM(URINE OR BLOOD) THAN PRESC.	1314	32	1.000	1.216	0.524	7.000
OCI7	STD-INACCURATE OR FICTITIOUS RESULTS	1113	233	1.000	1.234	0.682	4.000
OCJ1A	HOW OFTEN FOLLOWED MEAL PLAN	1345	1	0.000	4.842	0.922	7.000
OCJ1B	EATING DISORDER	1346	0	1.000	1.011	0.124	3.000
OCJ1CI	HOW MANY ILLNESSESS	1344	2	0.000	0.495	0.735	5.000
OCJ1CII	FAILED TO ADJUST THE INSULIN DOSE	996	350	0.000	0.022	0.189	3.000
OCJ1D	USED INSULIN NOT PRECRIBED	1346	0	1.000	1.013	0.112	2.000
OCJ1E	ROTATING THE SITE OF INJECTION	1133	213	1.000	1.974	0.166	3.000
OCJ1F	LESS THAN 7 BLOOD COLLECTIONS	1340	6	1.000	1.134	0.358	3.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCJ1GI	NO. OF INTERCURRENT EVENTS EXPER.	1346	0	0.000	0.163	0.490	7.000
OCJ1GII	FAILED TO REPORT INTERCURRENT EVENTS	1072	274	0.000	0.026	0.243	6.000
OCJ1IH	FAILED TO BRING IN DAILY RECORD	1343	3	1.000	1.174	0.381	3.000
OCJ1II	PERFORM SELF BLOOD GLUCOSE MONITORING	1345	1	1.000	1.737	0.498	3.000
OCJ1III	USING SBGM TO ADJUST INSULIN DOSAGE	1088	258	1.000	1.177	0.432	3.000
OCJ1IIII	PERFORM SBGM MORE THAN ONCE PER DAY	919	427	1.000	1.294	0.503	3.000
OCJ2A	STG-INSULIN TAKEN MORE THAN PRESCRIBED	1315	31	0.000	1.784	7.088	90.000
OCJ2B	STG-TAKEN EXTRA INJECTIONS OF INSULIN	1316	30	0.000	0.996	5.703	94.000
OCJ2C	STG-TAKEN FEWER INJECTIONS OF INSULIN	1318	28	0.000	0.486	3.258	69.000
OCJ2D	STG-FAILED TO TAKE PRESCRIBED INSULIN	1316	30	0.000	1.112	5.892	77.000
OCJ2E	STG-FAILED TO PERFORM 2 URINE/IBLD.TST.	1256	90	0.000	10.363	23.828	190.000
OCJ2FI	STG-BEEN ILL	1318	28	0.000	1.786	5.260	90.000
OCJ2FII	STG-TEST/RECORD URINE ACET. DURING/ILL.	1220	126	0.000	0.239	1.395	22.000
OCJ3A	ETG-NOT FOLLOWED PRESC. ALGOR. INSULIN	17	1329	0.000	0.353	1.455	6.000
OCJ3B	ETG-FAILED TO DO 3 AM BLOOD TEST	17	1329	0.000	3.059	3.832	12.000
OCJ3C	ETG-FAILED TO REPORT LOW 3 AM BL. GL.	17	1329	0.000	0.059	0.243	1.000
OCJ3D	ETG-FAILED TO MONITOR URINE ACETONE	17	1329	0.000	10.706	32.126	132.000
OCJ4A	ETG-FAILED TO CHANGE BATTERIES	5	1341	0.000	0.000	0.000	0.000
OCJ4B	ETG-FAILED TO CHANGE CATHETERS	5	1341	0.000	0.000	0.000	0.000
OCJ4C	ETG-FAILED TO CHANGE SYRINGES	5	1341	0.000	0.000	0.000	0.000
OCK1A	NO. OF NIGHTS WAKE UP ONCE TO URINATE	1345	1	0.000	1.022	1.773	7.000
OCK1B	WAKE UP TWO OR MORE TIMES TO URINATE	1345	1	0.000	0.214	0.928	7.000
OCK1C	NO. GLASSES OF FLUID DRINK PER DAY	1345	1	0.000	9.271	3.880	36.000
OCK1D	NO. TIMES DID THE PATIENT EXPER. DKA	1345	1	0.000	0.007	0.086	1.000
OCK1E	OTHER SYMPTOMS OF HYPERGLYCEMIA	1344	2	1.000	1.247	0.431	2.000
OCK2	PATIENT HAD MODERATE OR LARGE KETONURIA	1339	7	0.000	0.981	3.477	54.000
OCK2A	EXPLAINED BY CHANGE IN ROUTINE	234	1112	0.000	1.346	3.115	26.000
OCK2B	DUE TO ILLNESS	245	1101	0.000	1.563	2.988	30.000
OCK2C	DUE TO MEDICAL EQUIPMENT FAILURE	201	1145	0.000	0.025	0.211	2.000
OCK2D	SPONTANEOUS OR UNEXPLAINED	233	1113	0.000	2.502	6.093	54.000
OCK3A	IS THE PATIENT FEMALE	1345	1	1.000	1.465	0.499	2.000
OCK3BI	VAGINAL ITCHING OR DISCHARGE	634	712	1.000	1.232	0.422	2.000
OCK3BII	PATIENT TREATED FOR THIS	149	1197	1.000	1.725	0.448	2.000
OCK3CI	DOES THE PATIENT MENSTRUATE	630	716	1.000	1.927	0.260	2.000
OCK3DI	MENSTRUAL PERIOD MORE THAN 5 WEEKS AGO	589	757	1.000	1.093	0.291	2.000
OCK3DII	WAS PREGNANCY TEST PERFORMED	60	1286	1.000	1.650	0.481	2.000
OCK3DIII	DID TEST INDICATE PREGNANCY	39	1307	1.000	1.436	0.502	2.000
OCK4A	NO. OF HOSPITAL. FOR HYPOGLYCEMIA	1346	0	0.000	0.003	0.054	1.000
OCK4BI	LOST CONSCIOUSNESS WITHOUT SEIZURE	1346	0	0.000	0.004	0.067	1.000
OCK4BII	LOST CONSCIOUSNESS WITH SEIZURE	1346	0	0.000	0.007	0.082	1.000
OCK4CI	HYPO-NEEDED IV OR INJECT.OF GLUCOSE	1342	4	0.000	0.007	0.094	2.000
OCK4CII	HYPO-REQUIRE ASSIST. OF ADMIN. OF GLU.	1342	4	0.000	0.009	0.102	2.000
OCK4CIII	HYPO-NO. TIMES NEEDED ASSISTANCE	1342	4	0.000	0.037	0.207	2.000
OCK4DI	WHEN HAS SEVERE HYPOGLYCEMIA OCCURRED	64	1282	1.000	1.563	0.560	3.000
OCK4DIIA	HYPO-MISSED MEAL OR SNACK	20	1326	1.000	1.000	0.000	1.000
OCK4DIIB	HYPO-DECREASED FOOD INTAKE	17	1329	1.000	1.000	0.000	1.000
OCK4DIIC	HYPO-INCREASED EXERCISE LEVEL	20	1326	1.000	1.000	0.000	1.000
OCK4DIID	HYPO-TOO MUCH INSULIN TAKEN	9	1337	1.000	1.000	0.000	1.000
OCK4DIIE	HYPO-WARNING SIGNS OF LOW BL. GLUCOSE	8	1338	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
Ock4DIIF	HYPO-OTHER	11	1335	1.000	1.000	0.000	1.000
Ock4DIIG	HYPO-UNEXPLAINED	12	1334	1.000	1.000	0.000	1.000
Ock4DII1	HYPO-ADRENERGIC WARNING SYMPTOMS	24	1322	1.000	1.000	0.000	1.000
Ock4DII2	HYPO-DIAPHORESIS (SWEATING)	22	1324	1.000	1.000	0.000	1.000
Ock4DII3	HYPO-ALTERED MENTAL STATUS	44	1302	1.000	1.000	0.000	1.000
Ock4DII4	HYPO-LOSS OF CONSCIOUSNESS	14	1332	1.000	1.000	0.000	1.000
Ock4DII5	HYPO-SEIZURE	7	1339	1.000	1.000	0.000	1.000
Ock4DII6	HYPO-OTHER	12	1334	1.000	1.000	0.000	1.000
Ock4DII7	HYPO-NONE	2	1344	1.000	1.000	0.000	1.000
Ock4DIV	NO .TIMES PATIENT RECEIVED GLUCAGON	76	1270	0.000	0.184	0.423	2.000
Ock4DV	NO.TIMES PATIENT RECEIVED IV GLUCOSE	76	1270	0.000	0.118	0.364	2.000
Ock4DVI	NO. OF EPISODES RESULT IN INJURY	64	1282	1.000	1.063	0.244	2.000
Ock4E	HYPOGLYCEMIA EXPERIENCE IN 7 DAYS	1346	0	0.000	1.011	1.338	10.000
Ock4FI	WHEN HAS MILD HYPOGLYCEMIA OCCURRED	718	628	1.000	1.299	0.637	3.000
Ock4FII1	HYPO-MISSED MEAL OR SNACK	143	1203	1.000	1.000	0.000	1.000
Ock4FII2	HYPO-DECREASED FOOD INTAKE	204	1142	1.000	1.000	0.000	1.000
Ock4FII3	HYPO-INCREASED EXERCISE LEVEL	337	1009	1.000	1.000	0.000	1.000
Ock4FII4	HYPO-TOO MUCH INSULIN TAKEN	46	1300	1.000	1.000	0.000	1.000
Ock4FII5	HYPO-WARNING SIGNS OF LOW BLOOD GLUCOSE	4	1342	1.000	1.000	0.000	1.000
Ock4FII6	HYPO-OTHER	100	1246	1.000	1.000	0.000	1.000
Ock4FII7	HYPO-UNEXPLAINED	89	1257	1.000	1.000	0.000	1.000
Ock4FIIA	HYPO-ADRENERGIC WARNING SYMPTOMS	599	747	1.000	1.000	0.000	1.000
Ock4FIIB	HYPO-DIAPHORESIS (SWEATING)	393	953	1.000	1.000	0.000	1.000
Ock4FIIC	HYPO-ALTERED MENTAL STATUS	223	1123	1.000	1.000	0.000	1.000
Ock4FIID	HYPO-OTHER	137	1209	1.000	1.000	0.000	1.000
Ock4FIIE	HYPO-NONE	6	1340	1.000	1.000	0.000	1.000
Ocl1AR	BLURRED OR REDUCED VISION-RIGHT EYE	1344	2	1.000	1.077	0.267	2.000
Ocl1AL	BLURRED OR REDUCED VISION-LEFT EYE	1344	2	1.000	1.076	0.265	2.000
Ocl1BR	FLOATER OR FLASHING LIGHTS-RIGHT EYE	1343	3	1.000	1.053	0.224	2.000
Ocl1BL	FLOATER OR FLASHING LIGHT-LEFT EYE	1343	3	1.000	1.058	0.234	2.000
Ocl1CR	HAS RETINAL ABNORM. RIGHT EYE	1342	4	1.000	1.043	0.203	2.000
Ocl1CL	HAS RETINAL ABNORM. LEFT EYE	1262	84	1.000	1.044	0.206	2.000
Ocl1DR	OTHER PROBLEM IN RIGHT EYE	1343	3	1.000	1.030	0.170	2.000
Ocl1DL	OTHER PROBLEM IN LEFT EYE	1340	6	1.000	1.027	0.162	2.000
Ocl1E	OPHTHALMOLOGIST FOR A SPECIAL VISIT	1341	5	1.000	1.022	0.146	2.000
Ocl2A	PARESTHESIAS IN HANDS OR FEET	1346	0	1.000	1.162	0.369	2.000
Ocl2B	UNEXPLAINED MUSCLE WEAKNESS	1346	0	1.000	1.022	0.145	2.000
Ocl2C	VOMITING OR BLOATING AFTER MEALS	1346	0	1.000	1.033	0.178	2.000
Ocl2D	BOUTS OF PERSISTENT OR RECURRENT DIAR.	1345	1	1.000	1.013	0.112	2.000
Ocl2E	BOUTS OF URINARY RETENTION	1346	0	1.000	1.007	0.086	2.000
Ocl2F	DIZZINESS OR LIGHTHEADEDNESS	1346	0	1.000	1.039	0.195	2.000
Ocl2G	FAINTING	1345	1	1.000	1.004	0.067	2.000
Ocl2H	IMPOTENCE	1344	2	1.000	1.918	0.985	3.000
Ocl2I	OTHER NEUROLOGIC PROBLEM	1343	3	1.000	1.029	0.168	2.000
Ocl3A	PROTEINURIA	1325	21	1.000	1.007	0.082	2.000
Ocl3B	EDEMA (OF RENAL ETIOLOGY ONLY)	1346	0	1.000	1.007	0.086	2.000
Ocl3C	OTHER RENAL PROBLEM	1346	0	1.000	1.004	0.061	2.000
Ocl4A	SHORTNESS OF BREATH	1346	0	1.000	1.016	0.127	2.000
Ocl4B	SYMPTOMS OF CONGESTIVE HEART DISEASE	1346	0	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCL4C	IMPAIRED PERIPHERAL VASC. CIRCULATION	1346	0	1.000	1.003	0.054	2.000
OCL4D	CHEST PAIN	1346	0	1.000	1.022	0.148	2.000
OCL4D1	IS THIS CLINICAL ANGINA	35	1311	1.000	1.029	0.169	2.000
OCL4E	DEFINITE OR SUSPECTED NON-ACUTE MI	1123	223	1.000	1.000	0.000	1.000
OCL4F	TRANSIENT ISCHEMIC ATTACK(S)	1123	223	1.000	1.000	0.000	1.000
OCL4G	OTHER VASULAR PROBLEM	1346	0	1.000	1.010	0.098	2.000
OCL5A	URINARY TRACT INFECTION	1346	0	1.000	1.018	0.132	2.000
OCL5B	UPPER/LOWER RESPIRATORY TRACT INFEC.	1345	1	1.000	1.171	0.377	2.000
OCL5C	GASTROENTERITIS	1346	0	1.000	1.059	0.235	2.000
OCL5D	CUTANEOUS OR MUCOCU. INFECTION	1346	0	1.000	1.097	0.297	2.000
OCL5E	POST-OPERATIVE/DEEP WOUND INFECTION	1346	0	1.000	1.003	0.054	2.000
OCL5F	GANGRENE	1346	0	1.000	1.000	0.000	1.000
OCL5G	OTHER INFECTIONS	1132	214	1.000	1.027	0.163	2.000
OCL5H	INFECTION AT THE INSERTION SIDE	74	1272	1.000	1.054	0.327	3.000
OCL6	OUTPATIENT SURGERY OR INCIDENTAL TRAUMA	1133	213	1.000	1.092	0.289	2.000
OCL7	INTERCURRENT ENDOCRINE EVENT	1133	213	1.000	1.009	0.094	2.000
OCL8	ADVERSE PSYCHOSOCIAL REACTION	1133	213	1.000	1.066	0.249	2.000
OCL9A	ANY OTHER MEDICAL PROBLEM	1346	0	1.000	1.047	0.211	2.000
OCM1	NO.ASPIRIN-CONTAINING TABLETS EACH MO.	1345	1	0.000	7.270	20.249	352.000
OCM2	CURRENTLY USING PRESCRIPTION DRUG	1344	2	1.000	1.419	0.494	2.000
OCM3	USED ANY OVER-THE-COUNTER DRUGS	1340	6	1.000	1.361	0.481	2.000
OCM4	USE VIT. SUPPLEMENTS ON REGULAR BASIS	1344	2	1.000	1.240	0.427	2.000
OCFRSZ	BODY FRAME SIZE	1132	214	1.000	2.035	0.498	3.000
OCADOLES	LESS THAN 18 YEARS OLD	1343	3	1.000	1.054	0.225	2.000
OCWTPERC	WEIGHT PERCENTILE	64	1282	5.000	60.125	27.450	99.000
OCN10	FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	35	1311	1.000	1.057	0.236	2.000
OCHIBLP	BLD. PRESS-MEET DEFIN. OF HYPERTENSION	1124	222	1.000	1.033	0.179	2.000
OCHYP	HYPER. DOCUMENTED SENT TO COOR. CENTER	44	1302	1.000	1.523	0.505	2.000
OCHYPERT	SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.	43	1303	1.000	1.163	0.374	2.000
OCLIPOAT	LIPOATROPHY	1345	1	1.000	1.011	0.105	2.000
OCLIPOHY	LIPOHYPERTROPHY	1345	1	1.000	1.123	0.329	2.000
OCINFLAM	INFLAMMATION	1344	2	1.000	1.002	0.047	2.000
OCHEPATO	HEPATOMEGALY	1344	2	1.000	1.003	0.054	2.000
OCSPAN	IF PRESENT, HOW LARGE (SPAN)	3	1343	3.000	11.000	12.166	25.000
OCFOOTUL	FOOT-ULCER	1344	2	1.000	1.004	0.061	2.000
OCFOOTIN	FOOT-INFECTION	1345	1	1.000	1.015	0.121	2.000
OCABNTOE	FOOT-ABNORMAL TOENAILS	1344	2	1.000	1.043	0.203	2.000
OCDPEDR	PULSE-DORSALIS PEDIS-RIGHT	1345	1	1.000	1.077	0.324	3.000
OCDPEDL	PULSE-DORSALIS PEDIS-LEFT	1344	2	1.000	1.084	0.338	3.000
OCPTIBR	PULSE-POSTERIOR TIBIAL-RIGHT	1345	1	1.000	1.048	0.223	3.000
OCPTIBL	PULSE-POSTERIOR TIBIAL-LEFT	1344	2	1.000	1.067	0.284	3.000
OCO11A	UNITS OF LONG-ACTING OR ULTRALENTE	118	1228	0.000	0.186	2.025	22.000
OCO11B	UNITS OF NPH OR LENTE	195	1151	0.000	26.231	11.342	70.000
OCO11C	UNITS OF REGULAR OR SEMI-LENTE	187	1159	0.000	6.481	5.039	25.000
OCO11E	AM OR PM	193	1153	1.000	1.021	0.143	2.000
OCO12A	UNITS OF LONG-ACTING OR ULTRALENTE	108	1238	0.000	0.074	0.770	8.000
OCO12B	UNITS OF NPH OR LENTE	182	1164	0.000	10.912	7.681	70.000
OCO12C	UNITS OF REGULAR OR SEMI-LENTE	176	1170	0.000	5.188	4.135	20.000
OCO12E	AM OR PM	175	1171	1.000	1.989	0.107	2.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCO13A	UNITS OF LONG-ACTING OR ULTRALENTE	39	1307	0.000	0.000	0.000	0.000
OCO13B	UNITS OF NPH OR LENTE	46	1300	0.000	0.870	2.754	14.000
OCO13C	UNITS OF REGULAR OR SEMI-LENTE	47	1299	0.000	0.745	2.162	10.000
OCO13E	AM OR PM	7	1339	2.000	2.000	0.000	2.000
OCO2A	TYPE OF INSULIN-BEEF AND PORK	5	1341	1.000	1.000	0.000	1.000
OCO2B	TYPE OF INSULIN-BEEF	0	1346	.	.	.	.
OCO2C	TYPE OF INSULIN-PORK	17	1329	1.000	1.000	0.000	1.000
OCO2D	TYPE OF INSULIN-HUMAN	20	1326	1.000	1.000	0.000	1.000
OCF1	PROFILSET MAILED CENTRAL BIOCHEM.LAB.	1343	3	1.000	129.489	3440.918	110592.000
OCF2A	KIT DAMAGED AFTER COLLECTION	3	1343	1.000	1.000	0.000	1.000
OCF2B	PATIENT FORGOT TO DO COLLECTION	19	1327	1.000	1.000	0.000	1.000
OCF2C	PATIENT LOST KIT	2	1344	1.000	1.000	0.000	1.000
OCF2D	PATIENT REFUSED TO DO COLLECTION	8	1338	1.000	1.000	0.000	1.000
OCF2E	OTHER OR UNKNOWN	8	1338	1.000	1.000	0.000	1.000
OCF6	PERFORM SBGM ON DATE OBTAINED PROFILSET	533	813	1.000	1.034	0.181	2.000
OCF9	WILL LIPID SPECIMENS MAILED TO LAB.	1115	231	1.000	1.987	0.115	2.000
OCF12	SPECIMENS BE MAILED TO THE CBL RENAL	1080	266	1.000	1.975	0.156	2.000
OCQ	DEVIATION FROM TREATMENT	1343	3	1.000	1.034	0.182	2.000
OCQB	CURRENTLY ON DEVIATION FROM TREATMENT	46	1300	1.000	1.761	0.431	2.000
OCR	PATIENT ON INACTIVE STATUS AT ANY TIME	1121	225	1.000	1.000	0.000	1.000
OCRB	CURRENTLY ON TRANSFER TO INACTIVE STATUS	1	1345	1.000	1.000	.	1.000
OCS	PATIENT'S FOLLOW-UP SCHEDULE CHANGED	1120	226	1.000	1.012	0.107	2.000
OCT	IF NONE, CHECK/PROCEED TO END OF FORM	1019	327	1.000	1.000	0.000	1.000
OCTA	FREQUENT DIETARY INSTRUCTION	108	1238	1.000	1.213	0.411	2.000
OCTA1	RECORD TOTAL # OF ADDITIONAL SESSIONS	24	1322	0.000	1.458	0.884	3.000
OCTB	INTERIM TELEPHONE CONTACT	109	1237	1.000	1.633	0.484	2.000
OCTB1	RECORD TOTAL # OF PHONE CONTACTS	274	1072	0.000	2.139	5.281	60.000
OCTC	HOSPITALIZATION FOR METABOLIC CONTROL	106	1240	1.000	1.094	0.294	2.000
OCTC1	TOTAL # OF HOSPITALIZATIONS VISITS	15	1331	0.000	0.800	0.676	2.000
OCTD	GLUCOSE MONITORING AT GREATER FREQ.	106	1240	1.000	1.613	0.489	2.000
OCTD1	RECORD FREQUENCY (SBGM /DAY)	63	1283	0.000	2.905	1.241	7.000
OCTD2	RECORD FREQUENCY (UGM /DAY)	35	1311	0.000	1.971	1.757	4.000
OCTE	USED MORE THAN 2 INJECTIONS OF INSULIN	110	1236	1.000	1.127	0.335	2.000
OCTE1	CURRENTLY USING MORE THAN 2 INJECTIONS	34	1312	1.000	1.382	0.493	2.000
OCTF	OTHER MODIFICATION	82	1264	1.000	1.098	0.299	2.000
OCU	IF NONE, CHECK AND SIGN THE FORM	7	1339	1.000	1.000	0.000	1.000
OCUA	PLANNED OUT-PATIENT VISIT	0	1346	.	.	.	.
OCUA1	RECORD NEW FREQUENCY OF VISITS	0	1346	.	.	.	.
OCUB	DISCONTINUATION OF SBGM	0	1346	.	.	.	.
OCUC	SBGM ON A LESS FREQUENT DAILY SCHED.	0	1346	.	.	.	.
OCUC1	RECORD FREQUENCY	0	1346	.	.	.	.
OCUD	INSTITUTION OF URINE GLUCOSE MONIT.	0	1346	.	.	.	.
OCUD1	RECORD FREQUENCY	0	1346	.	.	.	.
OCUE	LESS STRINGENT GOALS OF THERAPY	0	1346	.	.	.	.
OCUEIV	STATED GOALS IN EFFECT AT PRESENT	0	1346	.	.	.	.
OCUF	OTHER MODIFICATION	0	1346

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCMRDATE	DATE MARITAL STATUS CHANGED	825	582	0.000	791.549	306.425	2185.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	38	1369	0.000	5.553	8.468	35.000
OCEXER2	HOURS & MINUTES OF LIGHT ACTIVITY	1379	28	0.000	249.579	501.211	4800.000
OCEXER3	HOURS & MINUTES OF MODERATE ACTIVITY	1385	22	0.000	264.469	461.385	4500.000
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	1368	39	0.000	117.533	245.169	2600.000
OCEXER5	HOURS & MINUTES OF VERY HARD ACTIVITY	1362	45	0.000	48.684	187.305	2400.000
OCF2	TOTAL NUMBER OF CLINICAL VISITS	1400	7	0.000	1.661	1.270	14.000
OCG61A	PUMP-PREPRANDIAL-NO. ACTUALLY DONE	414	993	0.000	227.749	77.153	523.000
OCG61B	-PUMP-PREPRANDIAL-SHOULD HAVE DONE	416	991	3.000	265.649	44.013	485.000
OCG61C	PUMP-PREPRANDIAL-NUMBER BELOW 70	404	1003	0.000	38.522	29.040	236.000
OCG61D	PUMP-PREPRANDIAL-NUMBER ABOVE 120	404	1003	0.000	97.480	45.114	321.000
OCG62A	PUMP-POSTPRANDIAL-NO. ACTUALLY DONE	401	1006	0.000	27.686	58.152	312.000
OCG62B	PUMP-POSTPRANDIAL-SHOULD HAVE DONE	404	1003	0.000	27.220	63.688	321.000
OCG62C	PUMP-POSTPRANDIAL-NUMBER BELOW 70	381	1026	0.000	3.483	7.844	51.000
OCG62D	PUMP-POSTPRANDIAL-NUMBER ABOVE 180	383	1024	0.000	9.141	19.547	147.000
OCG63A	PUMP-BEDTIME-NUMBER ACTUALLY DONE	414	993	0.000	71.853	25.176	147.000
OCG63B	PUMP-BEDTIME-NUMBER SHOULD HAVE DONE	415	992	1.000	88.335	13.548	147.000
OCG63C	PUMP-BEDTIME-NUMBER BELOW 70	403	1004	0.000	9.610	9.381	83.000
OCG63D	PUMP-BEDTIME-NUMBER ABOVE 120	402	1005	0.000	35.368	16.836	99.000
OCG64A	PUMP-3:00 A.M.-NUMBER ACTUALLY DONE	412	995	0.000	8.405	8.478	71.000
OCG64B	PUMP-3:00 A.M.-NUMBER SHOULD HAVE DONE	414	993	0.000	13.254	4.223	70.000
OCG64C	PUMP-3:00 A.M.-NUMBER BELOW 65	389	1018	0.000	1.573	2.091	16.000
OCG64D	PUMP-3:00 A.M.-NUMBER ABOVE 120	387	1020	0.000	3.801	4.798	45.000
OCH61A	MDI-PREPRANDIAL-NO. ACTUALLY DONE	900	507	0.000	230.406	68.457	379.000
OCH61B	MDI-PREPRANDIAL-SHOULD HAVE DONE	910	497	79.000	267.411	42.675	588.000
OCH61C	MDI-PREPRANDIAL-NO. BELOW 70	879	528	0.000	30.571	22.559	120.000
OCH61D	MDI-PREPRANDIAL-NO. ABOVE 120	879	528	0.000	110.361	47.119	313.000
OCH62A	MDI-POSTPRANDIAL-NO. ACTUALLY DONE	825	582	0.000	11.741	32.109	256.000
OCH62B	MDI-POSTPRANDIAL-SHOULD HAVE DONE	844	563	0.000	11.395	32.697	294.000
OCH62C	MDI-POSTPRANDIAL-NO. BELOW 70	771	636	0.000	1.939	5.677	52.000
OCH62D	MDI-POSTPRANDIAL-NO. ABOVE 180	773	634	0.000	3.996	13.139	191.000
OCH63A	MDI-BEDTIME-NO. ACTUALLY DONE	900	507	0.000	73.714	25.505	122.000
OCH63B	MDI-BEDTIME-NO. SHOULD HAVE DONE	911	496	0.000	89.637	15.510	270.000
OCH63C	MDI-BEDTIME-NO. BELOW 70	876	531	0.000	8.725	8.527	58.000
OCH63D	MDI-BEDTIME-NO. ABOVE 120	874	533	0.000	38.899	19.389	119.000
OCH64A	MDI-3:00 AM-NO. ACTUALLY DONE	901	506	0.000	7.090	6.972	75.000
OCH64B	MDI-3:00 AM-NO. SHOULD HAVE DONE	911	496	0.000	13.049	5.467	113.000
OCH64C	MDI-3:00 AM-NO. BELOW 65	844	563	0.000	1.931	2.645	17.000
OCH64D	MDI-3:00 AM-NO. ABOVE 120	842	565	0.000	3.001	4.117	58.000
OCI51A	STD-BEFORE BREAK.-# ACTUAL. DONE-URINE	4	1403	0.000	22.500	45.000	90.000
OCI51B	STD-BEFORE BREAK.-# HAVE DONE-URINE	4	1403	0.000	47.250	54.999	103.000
OCI51C	STD-BEFORE BREAK.-# ACTUAL. DONE-BLOOD	5	1402	0.000	47.200	44.572	103.000
OCI51D	STD-BEFORE BREAK.-# HAVE DONE-BLOOD	5	1402	49.000	84.200	21.300	103.000
OCI52A	STD-BEFORE LUNCH-# ACTUAL. DONE-URINE	4	1403	0.000	0.000	0.000	0.000
OCI52B	STD-BEFORE LUNCH-# HAVE DONE-URINE	4	1403	0.000	21.500	41.677	84.000
OCI52C	STD-BEFORE LUNCH-# ACTUALLY DONE-BLOOD	5	1402	0.000	28.200	42.127	99.000
OCI52D	STD-BEFORE LUNCH-HAVE DONE-BLOOD	5	1402	0.000	56.000	44.643	103.000
OCI53A	STD-BEFORE DINNER-# ACTUAL. DONE-URINE	4	1403	0.000	0.000	0.000	0.000
OCI53B	STD-BEFORE DINNER-HAVE DONE-URINE	4	1403	0.000	1.250	2.500	5.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCI53C	STD-BEFORE DINNER-# ACTUAL.DONE-BLOOD	5	1402	0.000	43.600	45.490	99.000
OCI53D	STD-BEFORE DINNER-SHOULD HAVE DONE-BLOOD	5	1402	29.000	72.800	32.438	103.000
OCI54A	STD-BEDTIME-# ACTUALLY DONE-URINE	4	1403	0.000	0.000	0.000	0.000
OCI54B	STD-BEDTIME-# SHOULD HAVE DONE-URINE	4	1403	0.000	21.500	41.677	84.000
OCI54C	STD-BEDTIME-# ACTUALLY DONE-BLOOD	5	1402	0.000	23.600	42.747	99.000
OCI54D	STD-BEDTIME-# SHOULD HAVE DONE-BLOOD	5	1402	0.000	56.000	44.643	103.000
OCWEIGHT	CURRENT WEIGHT	1405	2	47.400	74.846	13.012	150.400
OCDESIWT	PATIENT'S DESIRED WEIGHT	1166	241	44.500	68.797	11.343	113.600
OCHEIGHT	CURRENT HEIGHT	71	1336	149.800	168.570	9.133	191.000
OCHTCHA	CHANGE IN HEIGHT SINCE LAST PHYSICAL	67	1340	0.000	0.361	0.621	2.900
OCPULSE	PULSE	1406	1	40.000	74.495	10.299	120.000
OCSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	1404	3	80.000	115.165	11.728	154.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	1404	3	40.000	73.819	8.880	106.000
OCSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	12	1395	100.000	128.250	11.474	144.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	12	1395	64.000	84.167	9.282	98.000
OCP7A	MG/DL-BREAKFAST	1266	141	0.000	141.750	69.960	420.000
OCP7B	MG/DL-90 MIN. P.C.	1232	175	0.000	177.341	78.032	476.000
OCP7C	MG/DL-PRELUNCH	1264	143	0.000	122.290	67.452	437.000
OCP7D	MG/DL-90 MIN. P.C.	1231	176	0.000	146.892	72.355	407.000
OCP7E	MG/DL-PRESUPPER	1257	150	0.000	132.684	71.641	400.000
OCP7F	MG/DL-90 MIN. P.C.	1221	186	0.000	153.067	76.137	426.000
OCP7G	MG/DL-BEDTIME	1227	180	0.000	140.038	74.689	422.000
OCRESCH	NECESSARY TO RESCHEDULE VISIT	1407	0	1.000	1.127	0.333	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	159	1248	1.000	1.610	1.119	10.000
OCVSITNO	FOLLOW-UP VISIT NUMBER	1407	0	4.000	10.957	6.101	28.000
OCWINDOW	VISIT HELD WITHIN TIME WINDOW	1403	4	1.000	1.972	0.164	2.000
OCGENDER	GENDER	1401	6	1.000	1.463	0.499	2.000
OCMARRY	MARITAL STATUS OF PATIENT	1406	1	1.000	1.784	0.796	5.000
OCMARN0	NUMBER OF TIMES MARRIED	724	683	0.000	1.155	0.409	3.000
OCPATJOB	PATIENT'S OCCUPATION	1381	26	1.000	4.679	3.972	12.000
OCSPJOB	SPOUSE'S OCCUPATION	753	654	1.000	4.517	3.515	12.000
OCMOMJOB	MOTHER'S OCCUPATION	277	1130	1.000	4.931	3.481	12.000
OCDADJOB	FATHER'S OCCUPATION	215	1192	1.000	3.358	2.734	12.000
OCFRIJOB	GUARDIAN/FRIEND'S OCCUPATION	66	1341	1.000	5.621	4.328	12.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	34	1373	1.000	1.000	0.000	1.000
OCSPONOJ	SPOUSE UNEMPLOYED OR RETIRED	12	1395	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	12	1395	1.000	1.000	0.000	1.000
OCDADNOJ	FATHER UNEMPLOYED OR RETIRED	43	1364	1.000	1.000	0.000	1.000
OCFRINOJ	GUARDIAN/FRIEND'S UEMPLOY OR RETIRED	0	1407				
OCPJOBCH	PATIENT'S JOB STATUS CHANGED	169	1238	1.000	1.000	0.000	1.000
OCSJOBCH	SPOUSE'S JOB STATUS CHANGED	70	1337	1.000	1.000	0.000	1.000
OCMJOBCH	MOTHER'S JOB STATUS CHANGED	21	1386	1.000	1.000	0.000	1.000
OCDJOBCH	FATHER'S JOB STATUS CHANGED	21	1386	1.000	1.000	0.000	1.000
OCFJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	8	1399	1.000	1.000	0.000	1.000
OCPATED	PATIENT'S EDUCATION LEVEL	1404	3	1.000	2.721	1.043	6.000
OCSP0ED	SPOUSE'S EDUCATION LEVEL	759	648	1.000	2.777	1.029	5.000
OCMOMED	MOTHER'S EDUCATION LEVEL	284	1123	1.000	3.306	1.338	8.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDADED	FATHER'S EDUCATION LEVEL	252	1155	1.000	3.250	1.490	8.000
OCFRIED	GUARDIAN/FRIEND'S EDUCATION LEVEL	64	1343	1.000	2.984	1.161	5.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	1407	0	1.000	1.314	0.464	2.000
OCGRADE	ELEMENTARY/SECONDARY SCHOOL GRADE	94	1313	0.000	8.798	4.703	13.000
OCTYEAR	YEAR IN TRADE SCHOOL	16	1391	0.000	1.000	1.033	3.000
OCCYEAR	YEAR IN COLLEGE	231	1176	0.000	2.680	1.146	6.000
OCGYEAR	YEAR IN GRADUATE SCHOOL	110	1297	0.000	2.073	1.339	6.000
OCEXPELL	CEASED ATTENDING SCHOOL IN PAST YR	473	934	1.000	1.080	0.272	2.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	1407	0	1.000	1.264	0.441	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	381	1026	1.000	1.808	0.394	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	69	1339	0.000	4.265	5.012	24.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	361	1046	0.000	16.640	9.722	50.000
OCSMOKE5	SMOKED PIPES OR CIGARS IN PAST YR.	1400	7	1.000	1.029	0.167	2.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	79	1328	1.000	1.253	0.438	2.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	21	1386	0.000	2.190	2.358	8.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	1406	1	1.000	1.314	0.464	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	433	974	0.000	1.533	3.007	23.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	436	971	0.000	2.050	3.997	30.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	434	973	0.000	1.143	3.396	35.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	438	969	0.000	0.799	1.618	10.000
OCDRINK6	TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS	413	994	1.000	1.000	0.000	1.000
OCEXER1	PATIENT'S LEVEL OF ACTIVITY	1406	1	1.000	1.642	0.565	3.000
OCF1	CURRENT USUAL INSULIN THERAPY	1407	0	1.000	1.704	0.484	3.000
OCG1	PREPRANDIAL-TOTAL UNITS OF INSULIN	435	972	2.000	24.478	11.372	95.000
OCG2	NO. OF PREPRANDIAL BOLUSES/24 HOURS	436	971	1.000	3.321	0.601	6.000
OCG3	TOTAL BASAL UNITS/24 HOURS	434	973	1.000	26.373	12.176	144.000
OCG4	NUMBER OF BASAL RATES/24 HOURS	435	972	1.000	2.218	1.700	25.000
OCG5A	TYPE OF INSULIN-BEEF AND PORK	1	1406	1.000	1.000	.	1.000
OCG5B	TYPE OF INSULIN-BEEF	0	1407	.	.	.	.
OCG5C	TYPE OF INSULIN-PORK	184	1223	1.000	1.000	0.000	1.000
OCG5D	TYPE OF INSULIN-HUMAN	149	1258	1.000	1.000	0.000	1.000
OCG7	MORE SBGM THAN PRESCRIBED	437	970	1.000	1.142	0.368	3.000
OCG8	SBGM RESULT INACCURATE OR FICTIT.	340	1067	1.000	1.144	0.526	4.000
OCG9	PROBLEM USING INSULIN PUMP	339	1068	1.000	1.168	0.375	2.000
OCH1	MDI1-TOTAL UNITS OF INSULIN	944	463	0.000	26.881	13.050	98.000
OCH2	MDI1-NO. OF PREPRANDIAL BOLUSES	942	465	0.000	3.190	0.614	5.000
OCH3	MDI1-UNITS OF INTER./LONG-LAST INSULIN	942	465	1.000	31.261	13.740	100.000
OCH41A	MDI1-UNITS OF LONG-ACTING OR ULTRA.	683	724	0.000	6.095	10.017	100.000
OCH41B	MDI1-UNITS OF NPH OR LENTE	777	630	0.000	9.008	12.291	72.000
OCH41C	MDI1-UNITS OF REGULAR OR SEMI-LENTE	960	447	0.000	8.470	4.725	32.000
OCH41E	MDI1-AM OR PM	965	442	1.000	1.011	0.106	2.000
OCH42A	MDI2-UNITS OF LONG-ACTING OR ULTRA.	594	813	0.000	0.325	3.020	44.000
OCH42B	MDI2-UNITS OF NPH OR LENTE	691	716	0.000	0.502	3.092	48.000
OCH42C	MDI2-UNITS OF REGULAR OR SEMI-LENTE	945	462	0.000	7.133	4.128	26.000
OCH42E	MDI2-AM OR PM	938	469	1.000	1.748	0.434	2.000
OCH43A	MDI3-UNITS OF LONG-ACTING OR ULTRA.	691	716	0.000	8.685	12.079	53.000
OCH43B	MDI3-UNITS OF NPH OR LENTE	709	698	0.000	4.549	8.956	64.000
OCH43C	MDI3-UNITS OF REGUALR OR SEMI-LENTE	934	473	0.000	9.787	5.326	29.000
OCH43E	MDI3-AM OR PM	948	459	1.000	1.985	0.121	2.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCH44A	MDI4-UNITS OF LONG-ACTING OR ULTRA.	452	955	0.000	2.392	8.406	66.000
OCH44B	MDI4-UNITS OF NPH OR LENTE	629	778	0.000	13.052	11.968	60.000
OCH44C	MDI4-UNITS OF REGULAR OR SEMI-LENTE	586	821	0.000	1.654	3.015	40.000
OCH44E	MDI4-AM OR PM	554	853	1.000	1.953	0.212	2.000
OCH45A	MDI5-UNITS OF LONG-ACTING OR ULTRA.	278	1129	0.000	0.050	0.840	14.000
OCH45B	MDI5-UNITS OF NPH OR LENTE	296	1111	0.000	0.659	3.718	30.000
OCH45C	MDI5-UNITS OF REGULAR OR SEMI-LENTE	292	1115	0.000	0.099	1.084	17.000
OCH45E	MDI5-AM OR PM	13	1394	2.000	2.000	0.000	2.000
OCH5A	MDI-TYPE OF INSULIN-BEEF OR PORK	259	1148	1.000	1.000	0.000	1.000
OCH5B	MDI-TYPE OF INSULIN-BEEF	18	1389	1.000	1.000	0.000	1.000
OCH5C	MDI-TYPE OF INSULIN-PORK	374	1033	1.000	1.000	0.000	1.000
OCH5D	MDI-TYPE OF INSULIN-HUMAN	460	947	1.000	1.000	0.000	1.000
OCH7	MDI-MORE SBGM THAN PRESCRIBED	959	448	1.000	1.080	0.321	3.000
OCH8	MDI-SBGM RESULTS INACCURATE?	810	597	1.000	1.214	0.627	4.000
OCI11A	STD-UNITS OF LONG-ACTING OR ULTRA.	2	1405	0.000	0.000	0.000	0.000
OCI11B	STD-UNITS OF NPH OR LENTE	7	1400	24.000	32.714	12.526	60.000
OCI11C	STD-UNITS OF REGULAR OR SEMI-LENTE	7	1400	3.000	9.000	7.853	25.000
OCI11E	STD-AM OR PM	7	1400	1.000	1.000	0.000	1.000
OCI12A	STD-UNITS OF LONG-ACTING OR ULTRA.	2	1405	0.000	0.000	0.000	0.000
OCI12B	STD-UNITS OF NPH OR LENTE	7	1400	4.000	20.000	13.077	41.000
OCI12C	STD-UNITS OF REGULAR OR SEMI-LENTE	7	1400	2.000	8.000	5.066	17.000
OCI12E	STD-AM OR PM	7	1400	2.000	2.000	0.000	2.000
OCI13A	STD-UNITS OF LONG-ACTING OR ULTRA.	0	1407	.	.	.	.
OCI13B	STD-UNITS OF NPH OR LENTE	0	1407	.	.	.	.
OCI13C	STD-UNITS OF REGULAR OR SEMI-LENTE	0	1407	.	.	.	.
OCI13E	STD-AM OR PM	0	1407	.	.	.	.
OCI14A	STD-UNITS OF LONG-ACTING OR ULTRA.	0	1407	.	.	.	.
OCI14B	STD-UNITS OF NPH OR LENTE	0	1407	.	.	.	.
OCI14C	STD-UNITS OF REGULAR OR SEMI-LENTE	0	1407	.	.	.	.
OCI14E	STD-AM OR PM	0	1407	.	.	.	.
OCI15A	STD-UNITS OF LONG-ACTING OR ULTRA.	0	1407	.	.	.	.
OCI15B	STD-UNITS OF NPH OR LENTE	0	1407	.	.	.	.
OCI15C	STD-UNITS OF REGULAR OR SEMI-LENTE	0	1407	.	.	.	.
OCI15E	STD-AM OR PM	0	1407	.	.	.	.
OCI2A	STD-TYPE OF INSULIN-BEEF AND PORK	0	1407	.	.	.	.
OCI2B	STD-TYPE OF INSULIN-BEEF	0	1407	.	.	.	.
OCI2C	STD-TYPE OF INSULIN-PORK	7	1400	1.000	1.000	0.000	1.000
OCI2D	STD-TYPE OF INSULIN-HUMAN	0	1407	.	.	.	.
OCI3	STD-PERFORM SELF BLOOD GLUCOSE MONITOR.	8	1399	1.000	2.000	0.535	3.000
OCI4	STD-PERFORM URINE GLUCOSE MONITORING	8	1399	1.000	1.625	0.916	3.000
OCI6	STD-MGM(URINE OR BLOOD) THAN PRESC.	8	1399	1.000	1.375	0.744	3.000
OCI7	STD-INACCURATE OR FICTITIOUS RESULTS	8	1399	1.000	2.500	1.069	4.000
OCJ1A	HOW OFTEN FOLLOWED MEAL PLAN	1406	1	0.000	4.896	0.978	7.000
OCJ1B	EATING DISORDER	1407	0	1.000	1.038	0.244	3.000
OCJ1CI	HOW MANY ILLNESSESS	1407	0	0.000	0.585	0.888	7.000
OCJ1CII	FAILED TO ADJUST THE INSULIN DOSE	1064	343	0.000	0.033	0.225	4.000
OCJ1D	USED INSULIN NOT PRECRIBED	1407	0	1.000	1.009	0.096	2.000
OCJ1E	ROTATING THE SITE OF INJECTION	1167	240	1.000	1.972	0.194	3.000
OCJ1F	LESS THAN 7 BLOOD COLLECTIONS	1398	9	1.000	1.168	0.398	3.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCJ1GI	NO. OF INTERCURRENT EVENTS EXPER.	1406	1	0.000	0.247	0.691	12.000
OCJ1GII	FAILED TO REPORT INTERCURRENT EVENTS	1144	263	0.000	0.022	0.158	2.000
OCJ1IH	FAILED TO BRING IN DAILY RECORD	1407	0	1.000	1.126	0.336	3.000
OCJ1III	PERFORM SELF BLOOD GLUCOSE MONITORING	1407	0	1.000	2.006	0.177	3.000
OCJ1IIII	USING SBGM TO ADJUST INSULIN DOSAGE	1397	10	1.000	1.996	0.239	3.000
OCJ1IIIII	PERFORM SBGM MORE THAN ONCE PER DAY	1159	248	1.000	2.019	0.219	3.000
OCJ2A	STG-INSULIN TAKEN MORE THAN PRESCRIBED	10	1397	0.000	0.000	0.000	0.000
OCJ2B	STG-TAKEN EXTRA INJECTIONS OF INSULIN	11	1396	0.000	0.455	0.820	2.000
OCJ2C	STG-TAKEN FEWER INJECTIONS OF INSULIN	11	1396	0.000	1.636	5.427	18.000
OCJ2D	STG-FAILED TO TAKE PRESCRIBED INSULIN	11	1396	0.000	6.364	15.667	50.000
OCJ2E	STG-FAILED TO PERFORM 2 URINE/1BLD.TST.	10	1397	0.000	15.800	30.305	84.000
OCJ2FI	STG-BEEN ILL	11	1396	0.000	5.455	11.631	38.000
OCJ2FII	STG-TEST/RECORD URINE ACET. DURING/ILL.	11	1396	0.000	1.909	5.700	19.000
OCJ3A	ETG-NOT FOLLOWED PRESC. ALGOR. INSULIN	1312	95	0.000	4.704	14.077	140.000
OCJ3B	ETG-FAILED TO DO 3 AM BLOOD TEST	1326	81	0.000	6.571	4.902	37.000
OCJ3C	ETG-FAILED TO REPORT LOW 3 AM BL. GL.	1314	93	0.000	0.392	1.184	12.000
OCJ3D	ETG-FAILED TO MONITOR URINE ACETONE	1293	114	0.000	4.422	10.835	92.000
OCJ4A	ETG-FAILED TO CHANGE BATTERIES	404	1003	0.000	0.403	3.923	45.000
OCJ4B	ETG-FAILED TO CHANGE CATHETERS	403	1004	0.000	0.524	4.911	90.000
OCJ4C	ETG-FAILED TO CHANGE SYRINGES	401	1006	0.000	0.267	2.562	45.000
OCK1A	NO. OF NIGHTS WAKE UP ONCE TO URINATE	1407	0	0.000	0.561	1.295	7.000
OCK1B	WAKE UP TWO OR MORE TIMES TO URINATE	1407	0	0.000	0.082	0.580	7.000
OCK1C	NO. GLASSES OF FLUID DRINK PER DAY	1407	0	0.000	8.258	3.509	48.000
OCK1D	NO. TIMES DID THE PATIENT EXPER. DKA	1407	0	0.000	0.013	0.119	2.000
OCK1E	OTHER SYMPTOMS OF HYPERGLYCEMIA	1405	2	0.000	1.207	0.407	2.000
OCK2	PATIENT HAD MODERATE OR LARGE KETONURIA	1393	14	0.000	0.299	1.659	38.000
OCK2A	EXPLAINED BY CHANGE IN ROUTINE	121	1286	0.000	0.926	3.797	38.000
OCK2B	DUE TO ILLNESS	131	1276	0.000	0.855	1.584	14.000
OCK2C	DUE TO MEDICAL EQUIPMENT FAILURE	122	1285	0.000	0.320	0.696	4.000
OCK2D	SPONTANEOUS OR UNEXPLAINED	125	1282	0.000	1.176	3.040	18.000
OCK3A	IS THE PATIENT FEMALE	1407	0	1.000	1.450	0.498	2.000
OCK3BI	VAGINAL ITCHING OR DISCHARGE	644	763	1.000	1.138	0.345	2.000
OCK3BII	PATIENT TREATED FOR THIS	94	1313	1.000	1.606	0.491	2.000
OCK3CI	DOES THE PATIENT MENSTRUATE	641	766	1.000	1.941	0.236	2.000
OCK3DI	MENSTRUAL PERIOD MORE THAN 5 WEEKS AGO	605	802	1.000	1.061	0.240	2.000
OCK3DII	WAS PREGNANCY TEST PERFORMED	45	1362	1.000	1.622	0.490	2.000
OCK3DIII	DID TEST INDICATE PREGNANCY	33	1374	1.000	1.485	0.508	2.000
OCK4A	NO. OF HOSPITAL. FOR HYPOGLYCEMIA	1405	2	0.000	0.004	0.060	1.000
OCK4BI	LOST CONSCIOUSNESS WITHOUT SEIZURE	1406	1	0.000	0.035	0.219	3.000
OCK4BII	LOST CONSCIOUSNESS WITH SEIZURE	1406	1	0.000	0.019	0.152	2.000
OCK4CI	HYPO-NEEDED IV OR INJECT.OF GLUCOSE	1404	3	0.000	0.020	0.154	2.000
OCK4CII	HYPO-REQUIRE ASSIST. OF ADMIN. OF GLU.	1404	3	0.000	0.035	0.212	2.000
OCK4CIII	HYPO-NO. TIMES NEEDED ASSISTANCE	1404	3	0.000	0.126	0.562	12.000
OCK4DI	WHEN HAS SEVERE HYPOGLYCEMIA OCCURRED	162	1245	1.000	1.772	0.680	3.000
OCK4DIIA	HYPO-MISSED MEAL OR SNACK	30	1377	1.000	1.000	0.000	1.000
OCK4DIIB	HYPO-DECREASED FOOD INTAKE	48	1359	1.000	1.000	0.000	1.000
OCK4DIIC	HYPO-INCREASED EXERCISE LEVEL	47	1360	1.000	1.000	0.000	1.000
OCK4DIID	HYPO-TOO MUCH INSULIN TAKEN	56	1351	1.000	1.000	0.000	1.000
OCK4DIIE	HYPO-WARNING SIGNS OF LOW BL. GLUCOSE	31	1376	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
Ock4DIIF	HYPO-OTHER	28	1379	1.000	1.000	0.000	1.000
Ock4DIIG	HYPO-UNEXPLAINED	26	1381	1.000	1.000	0.000	1.000
Ock4DII1	HYPO-ADRENERGIC WARNING SYMPTOMS	41	1366	1.000	1.000	0.000	1.000
Ock4DII2	HYPO-DIAPHORESIS (SWEATING)	54	1353	1.000	1.000	0.000	1.000
Ock4DII3	HYPO-ALTERED MENTAL STATUS	121	1286	1.000	1.000	0.000	1.000
Ock4DII4	HYPO-LOSS OF CONSCIOUSNESS	55	1352	1.000	1.000	0.000	1.000
Ock4DII5	HYPO-SEIZURE	22	1385	1.000	1.000	0.000	1.000
Ock4DII6	HYPO-OTHER	35	1372	1.000	1.000	0.000	1.000
Ock4DII7	HYPO-NONE	6	1401	1.000	1.000	0.000	1.000
Ock4DIV	NO .TIMES PATIENT RECEIVED GLUCAGON	167	1240	0.000	0.311	0.569	2.000
Ock4DV	NO.TIMES PATIENT RECEIVED IV GLUCOSE	166	1241	0.000	0.151	0.406	2.000
Ock4DVI	NO. OF EPISODES RESULT IN INJURY	160	1247	1.000	1.063	0.243	2.000
Ock4E	HYPOGLYCEMIA EXPERIENCE IN 7 DAYS	1405	2	0.000	2.394	2.348	14.000
Ock4FI	WHEN HAS MILD HYPOGLYCEMIA OCCURRED	1081	326	1.000	1.426	0.776	3.000
Ock4FII1	HYPO-MISSED MEAL OR SNACK	150	1257	1.000	1.000	0.000	1.000
Ock4FII2	HYPO-DECREASED FOOD INTAKE	355	1052	1.000	1.000	0.000	1.000
Ock4FII3	HYPO-INCREASED EXERCISE LEVEL	512	895	1.000	1.000	0.000	1.000
Ock4FII4	HYPO-TOO MUCH INSULIN TAKEN	258	1149	1.000	1.000	0.000	1.000
Ock4FII5	HYPO-WARNING SIGNS OF LOW BLOOD GLUCOSE	35	1372	1.000	1.000	0.000	1.000
Ock4FII6	HYPO-OTHER	119	1288	1.000	1.000	0.000	1.000
Ock4FII7	HYPO-UNEXPLAINED	155	1252	1.000	1.000	0.000	1.000
Ock4FIIA	HYPO-ADRENERGIC WARNING SYMPTOMS	738	669	1.000	1.000	0.000	1.000
Ock4FIIB	HYPO-DIAPHORESIS (SWEATING)	460	947	1.000	1.000	0.000	1.000
Ock4FIIC	HYPO-ALTERED MENTAL STATUS	428	979	1.000	1.000	0.000	1.000
Ock4FIID	HYPO-OTHER	298	1109	1.000	1.000	0.000	1.000
Ock4FIIE	HYPO-NONE	47	1360	1.000	1.000	0.000	1.000
OCL1AR	BLURRED OR REDUCED VISION-RIGHT EYE	1407	0	1.000	1.041	0.197	2.000
OCL1AL	BLURRED OR REDUCED VISION-LEFT EYE	1407	0	1.000	1.044	0.205	2.000
OCL1BR	FLOATER OR FLASHING LIGHTS-RIGHT EYE	1407	0	1.000	1.050	0.219	2.000
OCL1BL	FLOATER OR FLASHING LIGHT-LEFT EYE	1407	0	1.000	1.055	0.228	2.000
OCL1CR	HAS RETINAL ABNORM. RIGHT EYE	1406	1	1.000	1.021	0.142	2.000
OCL1CL	HAS RETINAL ABNORM. LEFT EYE	1313	94	1.000	1.020	0.139	2.000
OCL1DR	OTHER PROBLEM IN RIGHT EYE	1406	1	1.000	1.018	0.132	2.000
OCL1DL	OTHER PROBLEM IN LEFT EYE	1403	4	1.000	1.016	0.127	2.000
OCL1E	OPHTHALMOLOGIST FOR A SPECIAL VISIT	1406	1	1.000	1.012	0.109	2.000
OCL2A	PARESTHESIAS IN HANDS OR FEET	1407	0	1.000	1.104	0.305	2.000
OCL2B	UNEXPLAINED MUSCLE WEAKNESS	1407	0	1.000	1.010	0.099	2.000
OCL2C	VOMITING OR BLOATING AFTER MEALS	1407	0	1.000	1.021	0.142	2.000
OCL2D	BOUTS OF PERSISTENT OR RECURRENT DIAR.	1407	0	1.000	1.010	0.099	2.000
OCL2E	BOUTS OF URINARY RETENTION	1407	0	1.000	1.004	0.060	2.000
OCL2F	DIZZINESS OR LIGHTHEADEDNESS	1406	1	1.000	1.025	0.156	2.000
OCL2G	FAINING	1407	0	1.000	1.001	0.027	2.000
OCL2H	IMPOTENCE	1405	2	1.000	1.905	0.988	3.000
OCL2I	OTHER NEUROLOGIC PROBLEM	1405	2	1.000	1.022	0.147	2.000
OCL3A	PROTEINURIA	1381	26	1.000	1.004	0.066	2.000
OCL3B	EDEMA (OF RENAL ETIOLOGY ONLY)	1405	2	1.000	1.014	0.118	2.000
OCL3C	OTHER RENAL PROBLEM	1404	3	1.000	1.006	0.080	2.000
OCL4A	SHORTNESS OF BREATH	1407	0	1.000	1.014	0.115	2.000
OCL4B	SYMPTOMS OF CONGESTIVE HEART DISEASE	1407	0	1.000	1.000	0.000	1.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCL4C	IMPAIRED PERIPHERAL VASC. CIRCULATION	1407	0	1.000	1.001	0.038	2.000
OCL4D	CHEST PAIN	1406	1	1.000	1.016	0.124	2.000
OCL4D1	IS THIS CLINICAL ANGINA	24	1383	1.000	1.000	0.000	1.000
OCL4E	DEFINITE OR SUSPECTED NON-ACUTE MI	1155	252	1.000	1.000	0.000	1.000
OCL4F	TRANSIENT ISCHEMIC ATTACK(S)	1156	251	1.000	1.000	0.000	1.000
OCL4G	OTHER VASULAR PROBLEM	1404	3	1.000	1.006	0.075	2.000
OCL5A	URINARY TRACT INFECTION	1407	0	1.000	1.017	0.130	2.000
OCL5B	UPPER/LOWER RESPIRATORY TRACT INFEC.	1406	1	1.000	1.192	0.394	2.000
OCL5C	GASTROENTERITIS	1407	0	1.000	1.063	0.244	2.000
OCL5D	CUTANEOUS OR MUCOCU. INFECTION	1406	1	1.000	1.065	0.247	2.000
OCL5E	POST-OPERATIVE/DEEP WOUND INFECTION	1407	0	1.000	1.004	0.060	2.000
OCL5F	GANGRENE	1407	0	1.000	1.000	0.000	1.000
OCL5G	OTHER INFECTIONS	1164	243	1.000	1.015	0.123	2.000
OCL5H	INFECTION AT THE INSERTION SIDE	478	929	1.000	1.038	0.201	3.000
OCL6	OUTPATIENT SURGERY OR INCIDENTAL TRAUMA	1168	239	1.000	1.060	0.237	2.000
OCL7	INTERCURRENT ENDOCRINE EVENT	1168	239	1.000	1.012	0.109	2.000
OCL8	ADVERSE PSYCHOSOCIAL REACTION	1168	239	1.000	1.068	0.251	2.000
OCL9A	ANY OTHER MEDICAL PROBLEM	1407	0	1.000	1.066	0.249	2.000
OCM1	NO.ASPIRIN-CONTAINING TABLETS EACH MO.	1407	0	0.000	6.976	19.792	288.000
OCM2	CURRENTLY USING PRESCRIPTION DRUG	1406	1	1.000	1.432	0.495	2.000
OCM3	USED ANY OVER-THE-COUNTER DRUGS	1399	8	1.000	1.339	0.473	2.000
OCM4	USE VIT. SUPPLEMENTS ON REGULAR BASIS	1404	3	1.000	1.230	0.421	2.000
OCFRSZ	BODY FRAME SIZE	1168	239	1.000	2.032	0.474	3.000
OCADOLES	LESS THAN 18 YEARS OLD	1404	3	1.000	1.049	0.216	2.000
OCWTPERC	WEIGHT PERCENTILE	54	1353	10.000	68.481	22.876	97.000
OCN10	FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	25	1382	1.000	1.000	0.000	1.000
OCHIBLP	BLD. PRESS-MEET DEFIN. OF HYPERTENSION	1166	241	1.000	1.033	0.180	2.000
OCHYP	HYPER. DOCUMENTED SENT TO COOR. CENTER	44	1363	1.000	1.636	0.487	2.000
OCHYPERT	SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.	53	1354	1.000	1.094	0.295	2.000
OCLIPOAT	LIPOATROPHY	1407	0	1.000	1.005	0.070	2.000
OCLIPOHY	LIPHYPERTROPHY	1407	0	1.000	1.088	0.284	2.000
OCINFLAM	INFLAMMATION	1407	0	1.000	1.009	0.096	2.000
OCHEPATO	HEPATOMEGALY	1406	1	1.000	1.002	0.046	2.000
OCSPAN	IF PRESENT, HOW LARGE (SPAN)	2	1405	4.000	11.000	9.899	18.000
OCFOOTUL	FOOT-ULCER	1407	0	1.000	1.004	0.060	2.000
OCFOOTIN	FOOT-INFECTION	1407	0	1.000	1.006	0.080	2.000
OCABNTOE	FOOT-ABNORMAL TOENAILS	1406	1	1.000	1.028	0.164	2.000
OCDPEDR	PULSE-DORSALIS PEDIS-RIGHT	1406	1	1.000	1.091	0.350	3.000
OCDPEDL	PULSE-DORSALIS PEDIS-LEFT	1407	0	1.000	1.072	0.307	3.000
OCPTIBR	PULSE-POSTERIOR TIBIAL-RIGHT	1406	1	1.000	1.048	0.248	3.000
OCPTIBL	PULSE-POSTERIOR TIBIAL-LEFT	1407	0	1.000	1.058	0.276	3.000
OCO11A	UNITS OF LONG-ACTING OR ULTRALENTE	1	1406	15.000	15.000	.	15.000
OCO11B	UNITS OF NPH OR LENTE	1	1406	20.000	20.000	.	20.000
OCO11C	UNITS OF REGULAR OR SEMI-LENTE	1	1406	7.000	7.000	.	7.000
OCO11E	AM OR PM	1	1406	2.000	2.000	.	2.000
OCO12A	UNITS OF LONG-ACTING OR ULTRALENTE	0	1407	.	.	.	.
OCO12B	UNITS OF NPH OR LENTE	0	1407	.	.	.	.
OCO12C	UNITS OF REGULAR OR SEMI-LENTE	1	1406	5.000	5.000	.	5.000
OCO12E	AM OR PM	0	1407

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCO13A	UNITS OF LONG-ACTING OR ULTRALENTE	0	1407
OCO13B	UNITS OF NPH OR LENTE	0	1407	.	.	.	.
OCO13C	UNITS OF REGULAR OR SEMI-LENTE	1	1406	9.000	9.000	.	9.000
OCO13E	AM OR PM	0	1407	.	.	.	.
OCO2A	TYPE OF INSULIN-BEEF AND PORK	0	1407	.	.	.	.
OCO2B	TYPE OF INSULIN-BEEF	0	1407	.	.	.	.
OCO2C	TYPE OF INSULIN-PORK	1	1406	1.000	1.000	.	1.000
OCO2D	TYPE OF INSULIN-HUMAN	2	1405	1.000	1.000	0.000	1.000
OCF1	PROFILSET MAILED CENTRAL BIOCHEM.LAB.	1399	8	1.000	59.934	1711.591	60672.000
OCF2A	KIT DAMAGED AFTER COLLECTION	2	1405	1.000	1.000	0.000	1.000
OCF2B	PATIENT FORGOT TO DO COLLECTION	47	1360	1.000	1.000	0.000	1.000
OCF2C	PATIENT LOST KIT	5	1402	1.000	1.000	0.000	1.000
OCF2D	PATIENT REFUSED TO DO COLLECTION	18	1389	1.000	1.000	0.000	1.000
OCF2E	OTHER OR UNKNOWN	22	1385	1.000	1.000	0.000	1.000
OCF6	PERFORM SBGM ON DATE OBTAINED PROFILSET	1328	79	1.000	25.101	842.935	30720.000
OCF9	WILL LIPID SPECIMENS MAILED TO LAB.	1151	256	1.000	1.987	0.113	2.000
OCF12	SPECIMENS BE MAILED TO THE CBL RENAL	1126	281	1.000	1.985	0.122	2.000
OCQ	DEVIATION FROM TREATMENT	1405	2	1.000	1.021	0.142	2.000
OCQB	CURRENTLY ON DEVIATION FROM TREATMENT	26	1381	1.000	1.731	0.452	2.000
OCR	PATIENT ON INACTIVE STATUS AT ANY TIME	1159	248	1.000	1.002	0.042	2.000
OCRB	CURRENTLY ON TRANSFER TO INACTIVE STATUS	5	1402	1.000	1.000	0.000	1.000
OCS	PATIENT'S FOLLOW-UP SCHEDULE CHANGED	1154	253	1.000	1.010	0.097	2.000
OCT	IF NONE, CHECK/PROCEED TO END OF FORM	25	1382	1.000	1.000	0.000	1.000
OCTA	FREQUENT DIETARY INSTRUCTION	0	1407	.	.	.	.
OCTA1	RECORD TOTAL # OF ADDITIONAL SESSIONS	0	1407	.	.	.	.
OCTB	INTERIM TELEPHONE CONTACT	0	1407	.	.	.	.
OCTB1	RECORD TOTAL # OF PHONE CONTACTS	5	1402	0.000	0.000	0.000	0.000
OCTC	HOSPITALIZATION FOR METABOLIC CONTROL	0	1407	.	.	.	.
OCTC1	TOTAL # OF HOSPITALIZATIONS VISITS	0	1407	.	.	.	.
OCTD	GLUCOSE MONITORING AT GREATER FREQ.	0	1407	.	.	.	.
OCTD1	RECORD FREQUENCY (SBGM /DAY)	0	1407	.	.	.	.
OCTD2	RECORD FREQUENCY (UGM /DAY)	0	1407	.	.	.	.
OCTE	USED MORE THAN 2 INJECTIONS OF INSULIN	1	1406	1.000	1.000	.	1.000
OCTE1	CURRENTLY USING MORE THAN 2 INJECTIONS	0	1407	.	.	.	.
OCTF	OTHER MODIFICATION	0	1407	.	.	.	.
OCU	IF NONE, CHECK AND SIGN THE FORM	1110	297	1.000	1.000	0.000	1.000
OCUA	PLANNED OUT-PATIENT VISIT	44	1363	1.000	1.227	0.424	2.000
OCUA1	RECORD NEW FREQUENCY OF VISITS	10	1397	2.000	3.800	0.632	4.000
OCUB	DISCONTINUATION OF SBGM	40	1367	1.000	1.025	0.158	2.000
OCUC	SBGM ON A LESS FREQUENT DAILY SCHED.	43	1364	1.000	1.395	0.495	2.000
OCUC1	RECORD FREQUENCY	16	1391	1.000	2.313	0.704	3.000
OCUD	INSTITUTION OF URINE GLUCOSE MONIT.	38	1369	1.000	1.000	0.000	1.000
OCUD1	RECORD FREQUENCY	0	1407	.	.	.	.
OCUE	LESS STRINGENT GOALS OF THERAPY	45	1362	1.000	1.511	0.506	2.000
OCUEIV	STATED GOALS IN EFFECT AT PRESENT	27	1380	1.000	1.926	0.267	2.000
OCUF	OTHER MODIFICATION	34	1373	1.000	1.265	0.448	2.000