

DCCT Data Set Documentation: Form 3.3

Form 3: Annual Medical History and Physical Examination
Version 3.3 - Used September 1990 - November 1992

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: F0033

Structure: One record per patient per annual visit completed.

Size: 3100 observations of 347 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 page 6. 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

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 (DCCT Form 020) and, if applicable, the Notification of Hypoglycemic Intercurrent Event (DCCT 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. DCCT Clinic Number _____
 PATIENT 2. Patient ID Number _____
 INITIALS 3. Patient's Initials _____
 FORMDATE 4. Date of Visit _____
 Month Day Year

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

7 OCRESCHN How many times? _____

OLV5IIND6. What is the follow-up visit number? _____

7. 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.

9 OCLSTVST Month Day Year

B. DEMOGRAPHIC AND GENERAL INFORMATION

1. Birthdate _____
 Month Day Year

2. Gender Male Female
 (1) (2) OCGENDER¹¹

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

b) If married, how many times? _____

c) If married, remarried, separated, divorced or widowed, when did marital status change? _____

OCMARRD¹² OCMARRD¹³

OCMRDATE¹⁴ OCMRDATE

10
 OCLDOB

11
 OCGENDER

12
 OCMARRD

13
 OCMARRD

14
 OCMRDATE

Patient ID _____

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.")

	¹⁵ OCCPATJOB	¹⁷ OCMOMJOB	¹⁹ OCFRIJOB
	Patient	Mother	Guardian/ Friend
	¹⁶ OCSRJOB	¹⁸ OCDADJOB	
	Spouse	Father	
a) Professional, technical or similar worker	(01)	(01)	(01)
Manager, official, or proprietor	(02)	(02)	(02)
Craftsman, foreman, or similar worker	(03)	(03)	(03)
Clerical or similar worker	(04)	(04)	(04)
Sales Worker	(05)	(05)	(05)
Operative or similar worker	(06)	(06)	(06)
Service worker	(07)	(07)	(07)
Laborer	(08)	(08)	(08)
Farmer	(09)	(09)	(09)
Homemaker	(10)	(10)	(10)
Student	(11)	(11)	(11)
Other or unknown	(12)	(12)	(12)
b) Unemployed or retired	²⁰ OCCPATNOJ	²² OCMOMNOJ	²⁴ OCFRINOJ
	(1)	(1)	(1)
	²¹ OCSRNOJ	²³ OCDADNOJ	
	(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	²⁵ OCCPJOBCH	²⁷ OCMJOBCH	²⁹ OCFJOBCH
	(1)	(1)	(1)
	²⁶ OCCJOBCH	²⁸ OCDJOBCH	
	(1)	(1)	

Patient ID _____

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

	³⁰ OCCUPATED Patient	³² OCMOMED Mother	³³ FATHER OCMOMED	³⁴ OCMOMED Guardian/Friend
Graduate School	(1) (1)	(1) (1)	(1) (1)	(1) (1)
College graduate	(2) (2)	(2) (2)	(2) (2)	(2) (2)
Some college or trade school	(3) (3)	(3) (3)	(3) (3)	(3) (3)
Secondary school graduate	(4) (4)	(4) (4)	(4) (4)	(4) (4)
Some secondary school	(5) (5)	(5) (5)	(5) (5)	(5) (5)
Elementary school	(6) (6)	(6) (6)	(6) (6)	(6) (6)
None	(7) (7)	(7) (7)	(7) (7)	(7) (7)
Unknown	(8) (8)	(8) (8)	(8) (8)	(8) (8)

³⁵ DCSTUDENT part-time student during the past year? No Yes (1) (2)

Proceed to Section C.

7. Note current level in school:

- ³⁶ OCGRADE a) If in elementary or secondary school, grade: _____
 - ³⁷ OCTYEAR b) If in trade school, year: _____
 - ³⁸ OCCYEAR c) If in college, year: _____
 - ³⁹ OCGYEAR d) If in graduate school, year: _____
8. 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 Yes (1) (2)

If YES, explain: _____

C. SMOKING STATUS

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

Proceed to Question C.5

2. Does the patient currently smoke cigarettes or cigarillos? No Yes (1) (2)

Proceed to Question C.4

3. How long has it been since the patient quit smoking cigarettes or cigarillos? _____ months

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

⁴¹ OCSMOKE1

⁴² OCSMOKE2

⁴³ OCSMOKE3

⁴⁴ OCSMOKE4

Patient ID _____

53

45 **OC5SMOKE5** During the past 12 months, has the patient ever smoked pipes or cigars? **OCDRINKS** (D)

Proceed to Section D

46 **OC5SMOKE6** Does the patient currently smoke pipes or cigars? **OCDRINK6** (D) Yes (1) No (2)

Proceed to Question C.8

47 **OC5SMOKE7** How long has it been since the patient quit smoking pipes and cigars? _____ months

48 **OC5SMOKE8** 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

49 **OCDRINK1** During the past 12 months, has the patient consumed an average of at least one alcoholic beverage per week? **OCCEXER1** (1) Yes (2) No

Proceed to Section E

50 **OCDRINK2** How many 12-ounce bottles of beer (excluding "light" beer) did the patient consume during the past 7 days? (IF THE PAST 7 DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) (A) Bottles

51 **OCDRINK3** How many 12-ounce bottles of "light" beer did the patient consume during the past 7 days? (IF THE PAST 7 DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) (B) Bottles

52 **OCDRINK4** How many 4-ounce glasses of wine did the patient consume during the past 7 days? (IF THE PAST 7 DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) (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.)

6. Does the total amount of alcohol consumed by the patient in the past 7 days (OR IN A TYPICAL WEEK) exceed 560 grams? No Yes (1) (2)

Use this table if necessary:

Amount X Grams
(A) _____ X 13 = _____
(B) _____ X 10 = _____
(C) _____ X 12 = _____
(D) _____ X 15 = _____
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) (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)

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.)

	Hours	Minutes	
56 OCXERC3			Light activity (Examples: billiards, bowling, ballroom dancing, golf with power cart, non-competitive volleyball)
57 OCXERC3			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)
58 OCXERC4			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)
59 OCXERC5			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)

F. DIABETES MANAGEMENT

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

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

60	OCXURREG	Human regular	(1)	Pork Regular	(1)	OCPOREG	61
		Human Semilente	(1)	Pork Semilente	(1)	OCPOSEMI	63
		Human NPH	(1)	Pork NPH	(1)	OCPONPH	65
		Human Lente	(1)	Pork Lente	(1)	OCPOLEN	67
		Human Ultralente	(1)	Pork 70/30	(1)	OCPO7030	69
		Human 70/30	(1)				
		Beef/pork Regular	(1)	OCBPREG	71		
		Beef/pork Semilente	(1)	OCBPSEM	73		
		Beef/pork NPH	(1)	OCBPNPH	74		
		Beef/pork Lente	(1)	OCBPLEN	75		
		Beef/pork Ultralente	(1)	OCBPULT			

2. To what group was this patient randomized? **OCGROUP** 76

Standard (1) Experimental (2)

Patient ID _____

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

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

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

Number of Units Used	Breakfast	Lunch	Supper	Bedtime	Other
80 Regular	<u>DCREGPK</u>	<u>DCREGUN</u>	<u>DCREGSUP</u>	<u>DCREGBED</u>	<u>DCREGOTH</u>
85 Semilente	<u>DCSEMBRK</u>	<u>DCSEMUN</u>	<u>DCSEMSUP</u>	<u>DCSEMBED</u>	<u>DCSEMOTH</u>
90 NPH	<u>DCNPHBRK</u>	<u>DCNPHUN</u>	<u>DCNPHSUP</u>	<u>DCNPHBED</u>	<u>DCNPHOTH</u>
95 Lente	<u>DCLENBRK</u>	<u>DCLENUN</u>	<u>DCLENSUP</u>	<u>DCLENBED</u>	<u>DCLENOTH</u>
100 Ultralente	<u>DCULTBRK</u>	<u>DCULTUN</u>	<u>DCULTSUP</u>	<u>DCULTBED</u>	<u>DCULTOTH</u>
105 70/30	<u>DC7030BRK</u>	<u>DC7030LUN</u>	<u>DC7030SUP</u>	<u>DC7030BED</u>	<u>DC7030OTH</u>

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

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

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

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

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

8. COMPLETE THIS QUESTION FOR PATIENTS IN BOTH GROUPS:

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

No Yes Not
(1) (2) (3) 123
OCDA12

Explain: _____

G. DEVIATIONS FROM ASSIGNED TREATMENT

1. Since the last visit, has the patient been on a "deviation from treatment" (as defined in Section 12.5 of the Protocol) at any time?

124
OCDA12
No Yes
(1) (2) 123

a. If yes, is the patient currently on deviation from treatment?

OCDA12
No Yes
(1) (2)

(1) If NO, enter date of termination of deviation: _____

OCDA12 126

(11) If this is a new (started since last QV) deviation: enter date of DCCT Form 022, Notification of Deviation from Assigned Treatment: _____

127
OCDA12
Month Day Year

H. TRANSFER TO INACTIVE STATUS

1. Since the last visit, has the patient been on inactive status at any time? (as defined in Section 12.7 of the Protocol)

128
OCDA12
No Yes
(1) (2)

a. If yes, is the patient currently on transfer to inactive status?

OCDA12 129
No Yes
(1) (2)

(1) If NO, enter date of return to active status: _____

OCDA12 130
Month Day Year

(11) If this is a new transfer to inactive status, enter date of DCCT Form 016, Application for Transfer to Inactive Status: _____

OCDA12 131
Month Day Year

I. MODIFICATIONS OF FOLLOW-UP SCHEDULE FOR ENDPOINT ASSESSMENTS

(See Manual of Operations Chapter 11)

1. Since the last visit, has the patient been on a modified follow-up schedule at any time?

132
OCDA12
No Yes
(1) (2)

If YES, indicate which assessments: _____

2. Is the patient currently on a modified follow-up schedule?

133
OCDA12
No Yes
(1) (2)

J. MODIFICATIONS OF THERAPY FOR PATIENTS RANDOMIZED TO THE STANDARD GROUP ONLY

1. Since the last visit, has the patient been on a modified therapy at any time?

134
OCDA12
No Yes
(1) (2)

Proceed to Question K.1

a) Since the last visit, has this patient used glucose monitoring at greater frequency than specified in the Protocol (urine testing 4x/day or self blood glucose monitoring once per day) at your direction?

135
OCDA12
No Yes
(1) (2)
OCDA12 136
OCDA12 137

IF YES, record frequency: SBGM ___/day UGM ___/day

Patient ID

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

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

Proceed to question d)

If this modification was started since the last visit:

- (1) Enter date permission was received from the Treatment Committee to institute the regimen in this patient
(11) Enter date that new regimen was started

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

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

If this patient is using more than two injections per day or an insulin pump for reasons other than instructed by you to achieve first and second priority goal for the Standard Group, this represents a deviation from assigned treatment, and should be recorded in Section G and on form D22.

d) Other modification; specify:

FOR PATIENTS RANDOMIZED TO THE EXPERIMENTAL GROUP

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

Proceed to Question K.1

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

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

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

(1) Specify the new goals:

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

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

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

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

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

d) Other modification; specify:

145
DCADT22A

140
DCADT22E

141
DCADT22BI

142
DCADT22C

149
DCADT22C3

150
DCADT22C4

151
DCADT22KE1

152
DCADT22D

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

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

Testing Required by Protocol	Number Actually Done	Number Should Have Done	BLOOD	
			No	Yes
Before breakfast	153	OC DM 3 BKS	(1)	(2)
Before lunch	155	OC DM 3 LUS	(1)	(2)
Before dinner	157	OC DM 3 BLS	(1)	(2)
Bedtime	159	OC DM 3 BES	(1)	(2)
3:00 a.m.	161	OC DM 3 AS	(1)	(2)

2. Is the patient performing more self blood glucose monitoring than prescribed? **163** No (1) Yes (2) Uncertain (3) **OC DM 3 A**

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

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

Testing Required by Protocol	Number Actually Done	Number Should Have Done	URINE		BLOOD	
			No	Yes	No	Yes
Before breakfast	164	OC DM 1 UBS	(1)	(2)	OC DM 1 BPD	OC DM 1 BBS
Before lunch	168	OC DM 1 ULS	(1)	(2)	OC DM 1 BLD	OC DM 1 BLS
Before dinner	172	OC DM 1 UDS	(1)	(2)	OC DM 1 BDD	OC DM 1 BDS
Bedtime	176	OC DM 1 UES	(1)	(2)	OC DM 1 BED	OC DM 1 BES

2. Is the patient performing more glucose monitoring (urine or blood) than prescribed? **180** No (1) Yes (2) Uncertain (3) **OC DM 1 A**

M. INDICATIONS OF NON-ADHERENCE TO TREATMENT PROTOCOL

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

- 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)

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

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

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

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

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

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

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

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

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

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

If yes:

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

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

181
DCNA1A

No Yes Uncertain
(1) (2) (3) DCNA1B 182

DCNA1C 183

DCNA1D 184

DCNA1E 185

DCNA1F 186

DCNA1G 187

DCNA1H 188

DCNA1I 189

DCNA1J 190

DCNA1K 191

DCNA1L 192

DCNA1M 193

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

On how many days has the patient . . .

- a) taken more than the prescribed units of insulin (excluding sick days)?
- 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) (1) been ill?
- (11) failed to test and record urine acetone during an illness?

194 DCNA3A
 195 DCNA3B
 196 DCNA2C
 197 DCNA2D
 198 DCNA2E
 199 DCNA2F1
 200 DCNA2F2

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

- a) On how many days has the patient not followed the prescribed algorithm for insulin delivery?
- 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 promptly report 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?

201 DCNA3A
 202 DCNA3B
 203 DCNA3C
 204 DCNA3D

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

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

205 DCNA4A
 206 DCNA4B

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

207
 DCNA4C

N. DIABETES CONTROL - ANSWER FOR ALL PATIENTS

1. Symptoms of hyperglycemia (Std pts priority 1 goals)

- 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 6 ounce glasses of fluid did the patient drink per day?
- d) How many times did the patient experience DKA? (AS defined in Chapter 10 of the Manual of Operations)

DCDC1A 208
 DCDC1B 209
 DCDC1C 210
 DCDC1D 211

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

- e) Did the patient experience other symptoms of hyperglycemia?

No Yes
 (1) (2) DCDC1E 212

If YES, specify:

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

DCDC2 213

How many of these were . . .

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

DCDC2A 214
 DCDC2B 215
 DCDC2C 216
 DCDC2D 217

216 ODC3A
No Yes
(1) (2)

3. a) Is the patient female?

Proceed to Question N.4

219 ODC3B1
No Yes
(1) (2)

b)(1) Has the patient had any vaginal itching or discharge?

Proceed to Question N.3.c

220 ODC3B2
No Yes
(1) (2)

(11) Was the patient treated for this?

(111) Specify treatment:

221 ODC3C1
No Yes
(1) (2)

c)(1) Does the patient menstruate?

Proceed to Question N.4

(11) Enter date of start of last menstrual period:

222 ODC3C2
223 ODC3D1
Month Day Year
No Yes
(1) (2)

d)(1) Was the last menstrual period more than five weeks ago?

Proceed to Question N.4

224 ODC3D2
No Yes
(1) (2)

(11) Was a pregnancy test performed?

If no, why not?

225 ODC3D3
No Yes
(1) (2)

If yes, did the test indicate pregnancy?

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

4. Symptoms of hypoglycemia since last QV

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

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

226 ODC4A

If any hospitalizations, give specific reasons:

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

227 ODC4B1

(1) lost consciousness without seizure

228 ODC4B2

(11) lost consciousness with seizure

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

229 ODC4C1

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

(11) as to require the assistance of another person, such as the administration of glucagon, but did not require any of the assistance described in (1)?

230 ODC4C2

(111) as to require the assistance of another person but did not require any of the help described in (1) or (11)?

231 ODC4C3

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

(i) How many times has the patient received glucagon? 233 0CDC4DL

(ii) How many times has the patient received IV glucose to treat hypoglycemia? 233 0CDC4DL

(iii) Did any episodes result in injury to the patient or others? 234 0CDC4D3
No Yes
(1) (2)

If YES, specify: _____

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

e) How many times in the past seven days did the patient experience hypoglycemia which was mild enough for the patient to treat himself/herself? 235 0CDC4E

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

(i) Did mild hypoglycemia occur: 236 0CDC4F1

While the patient was awake (1)

While the patient was asleep (2)

Both (3)

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

Missed meal or snack 237 (1) 0CDC4F2A

Decreased food intake at meal or snack 238 (1) 0CDC4F2B

Increased exercise level 239 (1) 0CDC4F2C

Too much insulin taken 240 (1) 0CDC4F2D

Lack of early warning signs of low blood glucose 241 (1) 0CDC4F2E

Other; specify: _____ 242 (1) 0CDC4F2F

Unexplained 243 (1) 0CDC4F2G

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

Adrenergic warning symptoms 244 (1) 0CDC4F3A

Diaphoresis (sweating) 245 (1) 0CDC4F3B

Altered mental status 246 (1) 0CDC4F3C

Other 247 (1) 0CDC4F3D

None 248 (1) 0CDC4F3E

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

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

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

1. OPHTHALMIC

	Right Eye	No Yes	No Yes	Left Eye
a) Has the patient had blurred or reduced vision?	249	DCRC1AR (1) (2)	NO YES 250	(1) (2) DCRC1AL

If YES, explain: _____

b) Has the patient experienced floaters or flashing lights? 251 DCRC1BR (1) (2) NO YES (1) (2) DCRC1BL

c) Has the patient had any other eye problems? 253 DCRC1CR (1) (2) NO YES (1) (2) DCRC1CL

If YES, specify: _____

d) Will the patient be sent to the ophthalmologist for a special visit? 255 DCRC1D (1) (2)

2. NEUROLOGIC

Has the patient had any of the following?

- a) Paresthesias (pain or numbness) in hands or feet 256 (1) (2) NO YES (1) (2) DCRC2A
- b) Unexplained muscle weakness 257 (1) (2) NO YES (1) (2) DCRC2B
- c) Vomiting or bloating after meals 258 (1) (2) NO YES (1) (2) DCRC2C
- d) Bouts of persistent or recurrent diarrhea 259 (1) (2) NO YES (1) (2) DCRC2D
- e) Bouts of urinary retention 260 (1) (2) NO YES (1) (2) DCRC2E
- f) Dizziness or lightheadedness (not associated with hypoglycemia) 261 (1) (2) NO YES (1) (2) DCRC2F
- g) Fainting (not associated with hypoglycemia) 262 (1) (2) NO YES (1) (2) DCRC2G
- h) Seizure (not due to hypoglycemia) 263 (1) (2) NO YES (1) (2) DCRC2H

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

i) Impotence

264 DCRC2I (1) (2) NO YES (1) (2) NOT APPLICABLE (3)

j) Has the patient developed symptoms compatible with a focal neuropathy (described as sudden onset, asymmetrical and self-limited, i.e., cranial mononeuropathy, proximal motor neuropathy, truncal neuropathy)?

265 DCRC2J (1) (2) NO YES (1) (2)

k) Other neurologic problem ?

266 DCRC2K (1) (2) NO YES (1) (2)

If YES, specify: _____

l) Will the patient be sent to the neurologist for a special visit? 267 DCRC2L (1) (2)

3. RENAL

Has the patient had any of the following?

- a) Edema (of renal etiology only) **268** DCRC3A (1) (2) No Yes
- b) Other renal problem **269** DCRC3B (1) (2) No Yes

If YES, specify: _____

4. VASCULAR

Has the patient had any of the following?

- a) Shortness of breath **270** DCRC4A (1) (2) No Yes
- b) Symptoms of congestive heart disease **271** DCRC4B (1) (2) No Yes
- c) Impaired peripheral vascular circulation (e.g., intermittent claudication) **272** DCRC4C (1) (2) No Yes
- d) Chest pain **273** DCRC4D (1) (2) No Yes

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

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

If Yes to d)1 or e) complete the Notification of Intercurrent Events (Form D20) if it has not already been completed for this condition.

- f) Symptoms suggestive of transient ischemic attack(s) (As defined in Chapter 10 of the Manual of Operations) **276** DCRC4F (1) (2) No Yes
- g) Other vascular problem **277** DCRC4G (1) (2) No Yes

If YES, specify: _____

5. INFECTIONS

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

- a) Urinary tract infection (e.g., cystitis, pyelonephritis, perinephric abscess) **278** DCRC5A (1) (2) No Yes
- b) Upper or lower respiratory tract infection **279** DCRC5B (1) (2) No Yes
- c) Gastroenteritis with fever **280** DCRC5C (1) (2) No Yes
- d) Cutaneous (non-infusion site) or mucocutaneous (e.g., Candida vulvo-vaginitis, furunculosis, dental abscess) infection **281** DCRC5D (1) (2) No Yes

If YES, specify: _____

- e) Post-operative or deep wound infection **282** DCRC5E (1) (2) No Yes
- f) Gangrene **283** DCRC5F (1) (2) No Yes
- g) Other infections not specifically defined in the Manual of Operations (i.e., mononucleosis, epididymitis, mesias, chicken pox) **284** DCRC5G (1) (2) No Yes

If YES, specify: _____

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

- h) Has the patient had infection at the insertion site (e.g., >1.5 cm erythema and purulence)? **285** DCRC5H (1) (2) No Yes

Complete the Notification of Intercurrent Event (Form D20)

- 6. MINOR OUTPATIENT SURGERY OR INCIDENTAL TRAUMA (e.g., simple fracture, uncomplicated laceration). **286** DCRC6 (1) (2) No Yes

If YES, specify: _____

P. MEDICATIONS

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

290 DCRX1

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

No Yes 291 (1) (2) DCRX2

Specify: _____

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

No Yes 292 (1) (2) DCRX3

Specify: _____

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

No Yes 293 (1) (2) DCRX4

Specify: _____

Patient ID _____

7. INTERCURRENT ENDOCRINE EVENT

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

287 DCRX7 No Yes (1) (2)

If YES, specify: _____

8. ADVERSE PSYCHOSOCIAL REACTION

288 DCRX8 No Yes (1) (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)?

289 DCRX9 No Yes (1) (2)

If YES, explain: _____

Q. PHYSICAL EXAMINATION

- 1. Date of last physical examination
 OCPEDATE 294
 Month Day Year
- 2. Current weight (kg)
 (To convert pounds to kilograms,
 multiply by 0.454.)
 DCWEIGHT 295
- 3. Change in weight since previous
 exam (kg) (CIRCLE + OR -)
 + OCWTCHA 296
- 4. What is the patient's desired
 weight (kg)?
 OCDESIWT 297
- 5. Is the patient less than 18 years old?
 If NO, skip to Question Q.8.
 No Yes
 (1) (2)
 OCADDOLES 298
- 6. Current height (cm)
 (To convert inches to centimeters,
 multiply by 2.54.)
 OCHEIGHT 299
- 7. Has patient failed to maintain
 normal growth and development
 (see Manual of Operations Chapter
 for definition)?
 No Yes
 (1) (2)
 OCGROWTH 300
- 8. Pulse (bpm)
 OCPULSE 301
- 9. Sitting blood pressure (RIGHT ARM)
 a) Systolic (mm Hg) 302
 b) Diastolic (mm Hg) 303
 c) Has hypertension been previously
 documented and has the Notification
 of Intercurrent Form been completed
 and sent to the Coordinating Center?
 No Yes
 (1) (2)
 OCHYPDOC 304

SKIP TO QUESTION Q.10

d) Is the current systolic or diastolic blood pressure as high as to be above the normal range as stated in Chapter 10 of the Manual of Operations i.e., ≥ 140 systolic or ≥ 90 diastolic? 305 No Yes (1) (2) OCHIBLP

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

e) Date of second sitting blood pressure determination 306 OCLBLPDAT
 f) Sitting blood pressure:
 Systolic (mm Hg) 307 OCSYSTR2
 Diastolic (mm Hg) 308 ODIASH2

g) Does the systolic or diastolic blood pressure indicate hypertension as defined in the MOO, Chapter 10 i.e., ≥ 140 systolic or ≥ 90 diastolic? No Yes 309 (1) (2) OCHYPERT

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

10. Injection sites (INCLUDING CATHETER SITES):

a) Lipoatrophy Absent Present (1) (2) OCLLIPROT
 b) Lipohypertrophy (1) (2) OCLLIPDHY
 c) Inflammation (1) (2) OCLINFLAM

Patient ID _____

11. Abdomen: ³¹³ DCHEPATO Absent Present
 a) Hepatomegaly (1) (2)
 b) If present, how large (span)? ³¹⁴ DCSPAN _____ cm

12. Feet:
 a) Ulcers ³¹⁵ DCFOOTUL Absent Present
 (1) (2)
 b) Infection ³¹⁶ DCFOOTIN (1) (2)
 c) Abnormal toenails ³¹⁷ DCABNTDE (1) (2)

Pulse -- Dorsalis Pedis
 d) Right e) Left
 Normal Diminished Absent Normal Diminished Absent
 (1) (2) (3) (1) (2) (3)

³¹⁸ DCPEDR ³¹⁹ DCPEDL
 D

Pulse -- Posterior tibial
 f) Right g) Left
 Normal Diminished Absent Normal Diminished Absent
 (1) (2) (3) (1) (2) (3)

³²⁰ DCPTIDA ³²¹ DCPTIBL

13. Were any other abnormalities noted on physical examination? No Yes
 (1) (2)

³²² DCOTHABN

Specify: _____

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

No Yes
(1) (2) OCBGP1 323

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

2. Why not? (CHECK ALL THAT APPLY THEN SKIP TO QUESTION R.9) 324

(1) OCBGP2A
 (1) OCBGP2B
 (1) OCBGP2C
 (1) OCBGP2D
 (1) OCBGP2E 328

3. On what date were the collections performed?

Month Day Year 01 01 DAT 329

4. On what date will the Profilset be mailed?

Month Day Year 01 01 RFDAT 330

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

Month Day Year BGPI thru BGP7 - 01 01 CCND 331

6. a. Was this profilset supposed to have been quality-controlled? No Yes

(1) (2) OCBGP6A 332

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

OCBGP6A1 333

(11) Was this the correct stick number?

No Yes
(1) (2) OCBGP6A2 334

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

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

No Yes
(1) (2)

Proceed to Question R.9

OCBGP7 335

Patient ID _____

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

Probreakfast	mg/dl	0CDBP8A	336
90 min. p.c.	mg/dl	0CDBP8B	337
Prelunch	mg/dl	0CDBP8C	338
90 min. p.c.	mg/dl	0CDBP8D	339
Presupper	mg/dl	0CDBP8E	340
90 min. p.c.	mg/dl	0CDBP8F	341
Bedtime	mg/dl	0CDBP8G	342

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

a) HbA1c accession number: 0CHBACC5 ³⁴³
 b) Date specimen collected: 0CHBDATE ³⁴⁴

10. Will lipid specimens be mailed to the Central Biochemistry Laboratory (due to intercurrent event)?

0CLLIPID ³⁴⁵ No Yes
 () ()

11. On what date will the specimens be drawn?

0CLLDATE ³⁴⁶ Month Day Year

12. What accession number will be used?

0CLPACC5 ³⁴⁷ L - - - - -

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

0CKENAL ³⁴⁸ No Yes
 () ()

14. On what date will the specimens be collected?

0CKENDAT ³⁴⁹ Month Day Year

15. What accession number will be used?

0CKENACC5 ³⁵⁰ S and U - - - - -

Name of person responsible for information on this form: CERTIF ³⁵¹
 Certification Number WEEKNO ³⁵²

REMINER: 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 083) and Further Details of Hypoglycemic Event (Form 092) as well.

CONTENTS PROCEDURE

Data Set Name: DCEXPORT.F0033
 Member Type: DATA
 Engine: V608
 Created: 15:13 Friday, December 1, 1995
 Last Modified: 15:14 Friday, December 1, 1995
 Protection:
 Data Set Type:
 Label:

Observations: 3100
 Variables: 347
 Indexes: 0
 Observation Length: 850
 Deleted Observations: 0
 Compressed: NO
 Sorted: YES

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

Data Set Page Size: 16384
 Number of Data Set Pages: 166
 File Format: 607
 First Data Page: 3
 Max Obs per Page: 19
 Obs in First Data Page: 6
 Userid : ONITE1
 File : F0033 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
347	MASK_PAT	Num	8	842		Patient ID number
329	OCABNTOE	Num	2	806		FOOT-ABNORMAL TOENAILS
3	OCACCNO	Num	4	6		ACCESSION NUMBER USED ON PROFILSET
317	OCADOLES	Num	2	782		LESS THAN 18 YEARS OLD
335	OCBGP1	Num	2	818		PROFILSET MAILED TO CBL
344	OCBGP7	Num	2	836		PERFORM SBGM ON DAY OBTAINED SPECIMENS
336	OCBGP2A	Num	2	820		NOT MAILED: KIT DAMAGED
337	OCBGP2B	Num	2	822		NOT MAILED: PATIENT FORGOT TO COLLECT
338	OCBGP2C	Num	2	824		NOT MAILED: PATIENT LOST KIT
339	OCBGP2D	Num	2	826		NOT MAILED: PATIENT REFUSED TO COLLECT
340	OCBGP2E	Num	2	828		NOT MAILED: OTHER OR UNKNOWN
341	OCBGP6A	Num	2	830		PROFILSET QUALITY-CONTROLLED
342	OCBGP6A1	Num	2	832		PROFILSET QC-STICK NO. DUPLICATED
343	OCBGP6A2	Num	2	834		PROFILSET QC-WAS CORRECT STICK USED
65	OCBGP8A	Num	3	250		RESULTS OF SBGM-PREBREAKFAST
66	OCBGP8B	Num	3	253		RESULTS OF SBGM-90 MIN. PREBREAKFAST
67	OCBGP8C	Num	3	256		RESULTS OF SBGM-PRELUNCH
68	OCBGP8D	Num	3	259		RESULTS OF SBGM-90 MIN. PRELUNCH
69	OCBGP8E	Num	3	262		RESULTS OF SBGM-PRESUPPER
70	OCBGP8F	Num	3	265		RESULTS OF SBGM-90 MIN. PRESUPPER
71	OCBGP8G	Num	3	268		RESULTS OF SBGM-BEDTIME
19	OCBPLDAT	Char	6	94		DATE OF SECOND SITTING BLOOD PRESS.
136	OCBPLEN	Num	2	420		TYPE OF INSULIN-BEEF/PORK LENTE
135	OCBPNPH	Num	2	418		TYPE OF INSULIN-BEEF/PORK NPH
133	OCBPREG	Num	2	414		TYPE OF INSULIN-BEEF/PORK REGULAR
134	OCBPSEMI	Num	2	416		TYPE OF INSULIN-BEEF/PORK SEMILENTE
137	OCBPULT	Num	2	422		TYPE OF INSULIN-BEEF/PORK ULTRALENTE
20	OCCOLDAT	Char	6	100		DATE PROFILSET COLLECTED
105	OCCYEAR	Num	2	358		YEAR IN COLLEGE

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
100	OCDADED	Num	2	348		FATHER'S EDUCATION LEVEL
85	OCDAJOB	Num	2	318		FATHER'S OCCUPATION
90	OCDAADNOJ	Num	2	328		FATHER UNEMPLOYED OR RETIRED
238	OCDC2	Num	2	624		FREQ. DAYS-MODERATE OR LARGE KETONURIA
233	OCDC1A	Num	2	614		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1
234	OCDC1B	Num	2	616		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2
235	OCDC1C	Num	2	618		ON AVERAGE, NO. 8 OZ. GLASSES DAILY
236	OCDC1D	Num	2	620		FREQUENCY OF DKA
237	OCDC1E	Num	2	622		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
239	OCDC2A	Num	2	626		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
240	OCDC2B	Num	2	628		MODERATE/LARGE KETONUR.-DUE TO ILLNESS
241	OCDC2C	Num	2	630		MODERATE/LARGE KETONUR.-EQUIPM. FAILED
242	OCDC2D	Num	2	632		MODERATE/LARGE KETONUR.-SPONTANEOUS
243	OCDC3A	Num	2	634		PATIENT FEMALE
244	OCDC3B1	Num	2	636		VAGINAL ITCHING OR DISCHARGE
245	OCDC3B2	Num	2	638		PATIENT TREATED FOR VAGINAL ITCHING
246	OCDC3C1	Num	2	640		DOES PATIENT MENSTRUATE
17	OCDC3C2	Char	6	82		DATE OF LAST MENSTRUAL PERIOD
247	OCDC3D1	Num	2	642		LAST MENSTRUAL PERIOD > 5 WKS. AGO
248	OCDC3D2	Num	2	644		WAS PREGNANCY TEST PERFORMED
249	OCDC3D3	Num	2	646		DID TEST INDICATE PREGNANCY
250	OCDC4A	Num	2	648		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
251	OCDC4B1	Num	2	650		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
252	OCDC4B2	Num	2	652		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
253	OCDC4C1	Num	2	654		HYPOG.-REQUIRED PROF. MEDICAL HELP
254	OCDC4C2	Num	2	656		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
255	OCDC4C3	Num	2	658		HYPOG.-NOT NEED DOCTOR OR OTHER PERSON
256	OCDC4D1	Num	2	660		FREQUENCY RECEIVE GLUCAGON
257	OCDC4D2	Num	2	662		FREQUENCY RECEIVE IV GLUCOSE
258	OCDC4D3	Num	2	664		EPISODES RESULT IN INJURY-PT/OTHERS
259	OCDC4E	Num	2	666		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
260	OCDC4F1	Num	2	668		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
261	OCDC4F2A	Num	2	670		REASON HYPOG: MISSED MEAL OR SNACK
262	OCDC4F2B	Num	2	672		REASON HYPOG: DECREASED FOOT INTAKE
263	OCDC4F2C	Num	2	674		REASON HYPOG: INCREASED EXERCISE LEVEL
264	OCDC4F2D	Num	2	676		REASON HYPOG: TOO MUCH INSULIN TAKEN
265	OCDC4F2E	Num	2	678		REASON HYPOG: LACK EARLY WARNING-LOW BG
266	OCDC4F2F	Num	2	680		REASON HYPOGLYCEMIA: OTHER
267	OCDC4F2G	Num	2	682		REASON HYPOGLYCEMIA: UNEXPLAINED
268	OCDC4F3A	Num	2	684		SYMPTOMS W HYPOG: ADRENERGIC WARNING
269	OCDC4F3B	Num	2	686		SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)
270	OCDC4F3C	Num	2	688		SYMPTOMS W HYPOG: ALTER. MENTAL STATUS
271	OCDC4F3D	Num	2	690		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER
72	OCDC4F3E	Num	2	692		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
62	OCDESIWT	Num	8	271		PATIENT'S DESIRED WEIGHT
64	OCDIASR	Num	3	241		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
95	OCDIASR2	Num	3	247		DIASTOLIC-SECOND SITTING BLOOD PRESS.
171	OCDJOBCH	Num	2	338		FATHER'S JOB STATUS CHANGED
184	OCDM5	Num	2	490		DESCRIBE INSULIN REGIMEN
206	OCDM8	Num	2	516		SUSPECT REPORTED GLUCOSE INACCURATE
205	OCDM12	Num	2	560		PERFORM>GLUC. MONITOR. THAN PRESCRIBED
45	OCDM132	Num	2	558		DM 3 INJ.-MORE SBGM THAN PRESCRIBED
45	OCDM1BBD	Num	3	190		DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
46	OCDM1BBS	Num	3	193		DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK
53	OCDM1BDD	Num	3	214		DM 1 INJ.-BLOOD DONE BEFORE DINNER
54	OCDM1BDS	Num	3	217		DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER
57	OCDM1BED	Num	3	226		DM 1 INJ.-BLOOD DONE BEFORE BEDTIME
58	OCDM1BES	Num	3	229		DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME
49	OCDM1BLD	Num	3	202		DM 1 INJ.-BLOOD DONE BEFORE LUNCH
50	OCDM1BL5	Num	3	205		DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH
43	OCDM1LUBD	Num	3	184		DM 1 INJ.-URINE DONE BEFORE BREAKFAST
44	OCDM1LUBS	Num	3	187		DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.
51	OCDM1LUD	Num	3	208		DM 1 INJ.-URINE DONE BEFORE DINNER
52	OCDM1LUDS	Num	3	211		DM 1 INJ.-URINE SHOULD DO BEFORE DINNER
55	OCDM1UED	Num	3	220		DM 1 INJ.-URINE DONE BEFORE BEDTIME
56	OCDM1UES	Num	3	223		DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME
47	OCDM1ULD	Num	3	196		DM 1 INJ.-URINE DONE BEFORE LUNCH
48	OCDM1ULS	Num	3	199		DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH
39	OCDM3BED	Num	3	172		DM 3 INJ.-BLOOD DONE BEFORE BEDTIME
40	OCDM3BES	Num	3	175		DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME
33	OCDM3BRD	Num	3	154		DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST
34	OCDM3BRS	Num	3	157		DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.
37	OCDM3DID	Num	3	166		DM 3 INJ.-BLOOD DONE BEFORE DINNER
38	OCDM3DIS	Num	3	169		DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER
35	OCDM3LUD	Num	3	160		DM 3 INJ.-BLOOD DONE BEFORE LUNCH
36	OCDM3LUS	Num	3	163		DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH
41	OCDM33AD	Num	3	178		DM 3 INJ.-BLOOD DONE AT 3 A.M.
42	OCDM33AS	Num	3	181		DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.
172	OCDM6A	Num	2	492		UNITS BASAL INSULIN INFUSED DAILY
173	OCDM6B	Num	2	494		DIFFERENT BASAL RATES USED/DAY
174	OCDM6C	Num	2	496		TECHN. PROBLEMS-INSULIN INFUSION PUMP
175	OCDM7A	Num	2	498		PRESCRIBED CHANGE IN INSULIN REGIMEN
176	OCDM7A1	Num	2	500		CHANGE DOSE-SYMPT. POLYURIA, POLYDIPRSIA
177	OCDM7A2	Num	2	502		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.
178	OCDM7A3	Num	2	504		CHANGE DOSE-RECURRENT KETONURIA
179	OCDM7A4	Num	2	506		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
180	OCDM7A5	Num	2	508		CHANGE DOSE-PREGNANCY
181	OCDM7A6	Num	2	510		CHANGE DOSE-OTHER
182	OCDM7B1	Num	2	512		SELF BLOOD GLUCOSE MONITORING
183	OCDM7B2	Num	2	514		URINE GLUCOSE MONITORING
331	OCDPEDL	Num	2	810		PULSE-DORSALIS PEDIS-LEFT
330	OCDPEDR	Num	2	808		PULSE-DORSALIS PEDIS-RIGHT
115	OCDRINK1	Num	2	378		AT LEAST ONE ALCOHOLIC BEV. WEEK
116	OCDRINK2	Num	2	380		BOTTLES OF BEER IN LAST 7 DAYS
117	OCDRINK3	Num	2	382		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
118	OCDRINK4	Num	2	384		GLASSES OF WINE IN LAST 7 DAYS
119	OCDRINK5	Num	2	386		HARD LIQUOR IN LAST 7 DAYS
120	OCDRINK6	Num	2	388		TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS
185	OCDV1	Num	2	518		SINCE LAST VISIT-DEVIATION FROM TREATM.
186	OCDV1A	Num	2	520		CURRENTLY ON DEVIATION FROM TREATMENT
8	OCDV1A1	Char	6	28		DATE-TERMINATION OF DEVIATION
9	OCDV1A2	Char	6	34		NEW DEVIATION, DATE F022
121	OCEXER1	Num	2	390		PATIENT'S LEVEL OF ACTIVITY
29	OCEXER2	Num	3	142		HOURS & MINUTES OF LIGHT ACTIVITY
30	OCEXER3	Num	3	145		HOURS & MINUTES OF MODERATE ACTIVITY
31	OCEXER4	Num	3	148		HOURS & MINUTES OF HARD ACTIVITY

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
32	OCXERS5	Num	3	151		HOURS & MINUTES OF VERY HARD ACTIVITY
107	OCXPELLL	Num	2	362		CEASED ATTENDING SCHOOL IN PAST YR
96	OCFJOBCH	Num	2	340		GUARDIAN/FRIEND'S JOB STATUS CHANGED
328	OCFOOTIN	Num	2	804		FOOT-INFECTION
327	OCFOOTUL	Num	2	802		FOOT-ULCER
101	OCFRIED	Num	2	350		GUARDIAN/FRIEND'S EDUCATION LEVEL
86	OCFRIJOB	Num	2	320		GUARDIAN/FRIEND'S OCCUPATION
91	OCFRINOJ	Num	2	330		GUARDIAN/FRIEND'S UMEMPLOY.OR RETIRED
79	OCGENDER	Num	2	306		GENDER
103	OCGRADE	Num	2	354		ELEMENTARY/SECONDARY SCHOOL GRADE
138	OCGROUP	Num	2	424		WHAT GROUP PATIENT RANDOMIZED
318	OCGROWTH	Num	2	784		FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.
106	OCGYEAR	Num	2	360		YEAR IN GRADUATE SCHOOL
4	OCHBACCS	Num	4	10		HBAIC ACCESSION NUMBER
22	OCHBDATE	Char	6	112		DATE HBAIC SPECIMEN COLLECTED
74	OCHEIGHT	Num	8	287		CURRENT HEIGHT
325	OCHEPATO	Num	2	798		ABDOMEN--HEPATOMEGALY
320	OCHIBLP	Num	2	788		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
132	OCHU7030	Num	2	412		TYPE OF INSULIN-HUMAN 70/30
128	OCHULEN	Num	2	404		TYPE OF INSULIN-HUMAN LENTE
126	OCHUNPH	Num	2	400		TYPE OF INSULIN-HUMAN NPH
122	OCHUREG	Num	2	392		TYPE OF INSULIN-HUMAN REGULAR
124	OCHUSEMI	Num	2	396		TYPE OF INSULIN-HUMAN SEMILENTE
130	OCHUULT	Num	2	408		TYPE OF INSULIN-HUMAN ULTRALENTE
319	OCHYPDOC	Num	2	786		HYPER. DOCUMENTED SENT TO COOR CENTER
321	OCHYPERT	Num	2	790		SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.
324	OCINFLAM	Num	2	796		INJECTION SITE--INFLAMMATION
139	OCINSREG	Num	2	426		CURRENT INSULIN REGIMEN
187	OCIS1	Num	2	522		SINCE LAST VISIT--ON INACTIVE STATUS
188	OCISIA	Num	2	524		CURRENTLY ON TRANSFER TO INACTIVE STATUS
10	OCISIA1	Char	6	40		DATE OF RETURN TO ACTIVE STATUS
11	OCISIA2	Char	6	46		NEW TRANSFER-INACTIVE STATUS-DATE F016
159	OCLENBED	Num	2	466		UNITS LENTE INSULIN USED-BEDTIME
156	OCLENBRK	Num	2	460		UNITS LENTE INSULIN USED-BREAKFAST
157	OCLENLUN	Num	2	462		UNITS LENTE INSULIN USED LUNCH
160	OCLENOTH	Num	2	468		UNITS LENTE INSULIN USED-OTHER
158	OCLENSUP	Num	2	464		UNITS LENTE INSULIN USED-SUPPER
345	OCLIPID	Num	2	838		WILL LIPIDS BE MAILED TO CBL
322	OCLIPOAT	Num	2	792		INJECTION SITE--LIPOATROPHY
323	OCLIPOHY	Num	2	794		INJECTION SITE--LIPOHYPERTROPHY
5	OCLPACCS	Num	4	14		ACCESSION NUMBER FOR LIPID SPECIMENS
23	OCLPDATE	Char	6	118		DATE LIPID SPECIMENS WILL BE DRAWN
7	OCLSTVST	Char	6	22		DATE OF LAST COMPLETED VISIT
81	OCMARN0	Num	2	310		NUMBER OF TIMES MARRIED
80	OCMARRY	Num	2	308		MARITAL STATUS OF PATIENT
189	OCMDF1	Num	2	526		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
190	OCMDF2	Num	2	528		CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE
191	OCMDT1	Num	2	530		SINCE LAST VISIT,MODIF. THERAPY ANYTIME
198	OCMDT2	Num	2	544		EXP.-ON MODIFIED TREATMENT PROTOCOL
16	OCMDTRET	Char	6	76		EXP.-DATE RETURNED TO GOALS OF EXPER.
192	OCMDT1A	Num	2	532		GLUC MONITOR. > FREQ. THAN PROTOCOL
193	OCMDT1A1	Num	2	534		SBGM > SPECIFIED IN PROTOCOL
194	OCMDT1A2	Num	2	536		UGM > SPECIFIED IN PROTOCOL

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
195	OCMDT1B	Num	2	538		> 2 INJECTIONS INSULIN DAILY
196	OCMDT1B1	Char	6	52		DATE REC'D PERMIT MODIFIED REGIMEN
197	OCMDT1B2	Char	6	58		DATE NEW REGIMEN STARTED
198	OCMDT1C	Num	2	540		CURRENTLY USE > 2 INJECTIONS DAILY
199	OCMDT1C1	Char	6	64		DATE RETURN--1 TO 2 DAILY INJECTIONS
200	OCMDT1D	Num	2	542		OTHER MODIFICATION TO THERAPY
201	OCMDT2A	Num	2	546		EXP.-LESS FREQUENT VISIT SCHEDULE
202	OCMDT2B	Num	2	548		EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE
203	OCMDT2B1	Num	2	550		EXP.-FREQ. OF SBGM-REQUIRED MINIMUM
204	OCMDT2C	Num	2	552		EXP.-INSTRUCT LESS STRICT GOALS THERAPY
205	OCMDT2C3	Char	6	70		EXP.-DATE NEW GOALS BECAME EFFECTIVE
206	OCMDT2C4	Num	2	554		EXP.-STATED GOALS IN EFFECT AT PRESENT
207	OCMDT2D	Num	2	556		EXP.-OTHER MODIFICATIONL
208	OCMJOBCH	Num	2	336		MOTHER'S JOB STATUS CHANGED
209	OCMOMED	Num	2	346		MOTHER'S EDUCATION LEVEL
210	OCMOMJOB	Num	2	316		MOTHER'S OCCUPATION
211	OCMOMNOJ	Num	2	326		MOTHER UNEMPLOYED OR RETIRED
212	OCMRDATE	Num	3	133		DATE MARITAL STATUS CHANGED
213	OCN1A	Num	2	562		NA-FREQ. CLAIMED FOLLOWED MEAL PLAN
214	OCN1A1B	Num	2	564		NA-PATTERN OF EATING--EATING DISORDER
215	OCN1A1C1	Num	2	566		NA-NO. OF ILL. (INTERCURRENT OR NOT)
216	OCN1A1C2	Num	2	568		FAILED TO ADJUST INSULIN DOSE AS PRESC.
217	OCN1A1D	Num	2	570		NA-USED TYPE OF INSULIN NOT PRESCRIBED
218	OCN1A1E	Num	2	572		NA-ROTATING SITE OF INJECTION
219	OCN1A1F	Num	2	574		NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS
220	OCN1A1G1	Num	2	576		NA-NO. INTERCURRENT EVENTS
221	OCN1A1G2	Num	2	578		NA-INTERCURR. EVENTS NO REPORT ON TIME
222	OCN1A1H	Num	2	580		NA-FAILED TO BRING IN DAILY RECORD
223	OCN1A1I1	Num	2	582		NA-PATIENT PERFORM SBGM
224	OCN1A1I2	Num	2	584		NA-USE SBGM TO ADJUST INSULIN DOSAGE
225	OCN1A1I3	Num	2	586		NA-PERFORM SBGM > ONCE/DAY
226	OCN1A2A	Num	2	588		NA-STD: >PRESCRIBED UNITS OF INSULIN
227	OCN1A2B	Num	2	590		NA-STD: EXTRA INJECTIONS OF INSULIN
228	OCN1A2C	Num	2	592		NA-STD: FEWER INJECTIONS OF INSULIN
229	OCN1A2D	Num	2	594		NA-STD: FAILED TO TAKE PRESCRIBED DOSE
230	OCN1A2E	Num	3	130		NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY
231	OCN1A2F1	Num	2	596		NA-STD: PATIENT BEEN ILL
232	OCN1A2F2	Num	2	598		NA-STD:SICK-NO TEST/RECORD URINE ACETO.
233	OCN1A3A	Num	2	600		NA-EXP: NOT TAKE PRESCRIBED DELIVERY
234	OCN1A3B	Num	2	602		NO. OF TIMES NO TEST AT 3 A.M.
235	OCN1A3C	Num	2	604		NO. OF TIMES NO REPORT LOW BG TO CLINIC
236	OCN1A3D	Num	2	606		NO MONITOR URINE ACETONE WHEN BG>240
237	OCN1A4A	Num	2	608		NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG
238	OCN1A4B	Num	2	610		NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG
239	OCN1A4C	Num	2	612		NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG
240	OCNPHBED	Num	2	456		UNITS NPH INSULIN USED BEDTIME
241	OCNPHBRK	Num	2	450		UNITS NPH INSULIN USED-BREAKFAST
242	OCNPHLUN	Num	2	452		UNITS NPH INSULIN USED-LUNCH
243	OCNPHOTH	Num	2	458		UNITS NPH INSULIN USED-OTHER
244	OCNPHSUP	Num	2	454		UNITS NPH INSULIN USED-SUPPER
245	OCOTHABN	Num	2	816		OTHER ABNORMALITIES ON PHYSICAL EXAM
246	OCPATD	Num	2	342		PATIENT'S EDUCATION LEVEL
247	OCPATJOB	Num	2	312		PATIENT'S OCCUPATION

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
87	OCPATNOJ	Num	2	322		PATIENT UNEMPLOYED OR RETIRED
18	OCPEDATE	Char	6	88		DATE OF LAST PHYSICAL EXAMINATION
92	OCPJOBCH	Num	2	332		PATIENT'S JOB STATUS CHANGED
131	OCPO7030	Num	2	410		TYPE OF INSULIN-PORK 70/30
129	OCPOLEN	Num	2	406		TYPE OF INSULIN-PORK LENTE
127	OCPONPH	Num	2	402		TYPE OF INSULIN-PORK NPH
123	OCPOREG	Num	2	394		TYPE OF INSULIN-PORK REGULAR
125	OCPOSEMI	Num	2	398		TYPE OF INSULIN-PORK SEMILENTE
21	OCPRFDAT	Char	6	106		DATE PROFILESET WILL BE MAILED
333	OCPTIBL	Num	2	814		PULSE-POSTERIOR TIBIAL-LEFT
332	OCPTIBR	Num	2	812		PULSE-POSTERIOR TIBIAL-RIGHT
60	OCPUlse	Num	3	235		PULSE
310	OCRC6	Num	2	768		MINOR OUTPATIENT SURGERY/INCIDENTAL
311	OCRC7	Num	2	770		INTERCURRENT ENDOCRINE EVENT
312	OCRC8	Num	2	772		ADVERSE PSYCHOSOCIAL REACTION
313	OCRC9	Num	2	774		OTHER MEDICAL PROBLEMS/DIFFICULTIES
274	OCRC1AL	Num	2	696		OPHTH:BLURRED/REDUCED VISION-LEFT EYE
273	OCRC1AR	Num	2	694		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE
276	OCRC1BL	Num	2	700		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
275	OCRC1BR	Num	2	698		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
278	OCRC1CL	Num	2	704		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
277	OCRC1CR	Num	2	702		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
279	OCRC1D	Num	2	706		WILL BE SENT TO OPHTH. SPECIAL VISIT
280	OCRC2A	Num	2	708		NEUR: PAIN/NUMBNESS IN HANDS/FEET
281	OCRC2B	Num	2	710		NEUR: UNEXPLAINED MUSCLE WEAKNESS
282	OCRC2C	Num	2	712		NEUR: VOMITING/BLOATING AFTER MEALS
283	OCRC2D	Num	2	714		NEUR: RECURRENT DIARRHEA
284	OCRC2E	Num	2	716		NEUR: URINARY RETENTION
285	OCRC2F	Num	2	718		NEUR: DIZZINESS/LIGHTHEADEDNESS
286	OCRC2G	Num	2	720		NEUR: FAINTING (NOT WITH HYPOG.)
287	OCRC2H	Num	2	722		NEUR: SEIZURE (NOT DUE TO HYPOG.)
288	OCRC2I	Num	2	724		NEUR: IMPOTENCE
289	OCRC2J	Num	2	726		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.
290	OCRC2K	Num	2	728		NEUR: OTHER NEUROLOGICAL PROBLEM
291	OCRC2L	Num	2	730		NEUR: WILL GO TO NEUROL. FOR VISIT
292	OCRC3A	Num	2	732		RENAL: EDEMA
293	OCRC3B	Num	2	734		RENAL: OTHER RENAL PROBLEM
294	OCRC4A	Num	2	736		VASCULAR: SHORTNESS OF BREATH
295	OCRC4B	Num	2	738		VASCULAR: CONGESTIVE HEART DISEASE
296	OCRC4C	Num	2	740		VASCULAR: IMPAIRED PERIPH. VASCULAR CIRC
297	OCRC4D	Num	2	742		VASCULAR: CHEST PAIN
298	OCRC4D1	Num	2	744		VASCULAR: CHEST PAIN-CLINICAL ANGINA
299	OCRC4E	Num	2	746		VASCULAR: SUSPECTED NON-ACUTE MI
300	OCRC4F	Num	2	748		VASCULAR: TRANSIENT ISCHEMIC ATTACK
301	OCRC4G	Num	2	750		VASCULAR: OTHER VASCULAR PROBLEM
302	OCRC5A	Num	2	752		INFECT: URINARY TRACT INFECTION
303	OCRC5B	Num	2	754		INFECT: UPPER/LOWER RESPIRATORY TRACT
304	OCRC5C	Num	2	756		INFECT: GASTROENTERITIS
305	OCRC5D	Num	2	758		INFECT: CUTANEOUS/MUCOCUTANEOUS
306	OCRC5E	Num	2	760		INFECT: POST-OPERATIVE OR DEEP WOUND
307	OCRC5F	Num	2	762		INFECT: GANGRENE
308	OCRC5G	Num	2	764		INFECT: OTHER-MONONUCLEOSIS, MEASLES
309	OCRC5H	Num	2	766		INFECT: AT INSERTION SITE

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
6	OCREACCS	Num	4	18		ACCESSION NUMBER FOR RENAL SPECIMENS
144	OCREGBED	Num	2	436		UNITS REGULAR INSULIN USED-BEDTIME
141	OCREGBRK	Num	2	430		UNITS REGULAR INSULIN USED-BREAKFAST
142	OCREGLUN	Num	2	432		UNITS REGULAR INSULIN USED-LUNCH
145	OCREGOTH	Num	2	438		UNITS REGULAR INSULIN USED-OTHER
140	OCREGPR	Num	2	428		IS THIS REGIMEN PRESCRIBED BY CLINIC
143	OCREGSUP	Num	2	434		UNITS REGULAR INSULIN USED-SUPPER
346	OCRENAL	Num	2	840		WILL RENAL SPEC. BE MAILED TO CBL
24	OCRENDAT	Char	6	124		DATE RENAL SPEC. WILL BE COLLECTED
76	OCRESCH	Num	2	300		NECESSARY TO RESCHEDULE VISIT
77	OCRESCHN	Num	2	302		NO. OF TIMES NEEDED TO RESCHEDULE
59	OCRX1	Num	3	232		RX: NO. ASPIRIN-CONTAINING TABLETS
314	OCRX2	Num	2	776		RX: HAS USED OR IS USING PRESCRIPTION
315	OCRX3	Num	2	778		RX: USED OVER-THE-COUNTER DRUGS
316	OCRX4	Num	2	780		RX: VITAMIN SUPPLEMENTS-REGULARLY
149	OCSEMBED	Num	2	446		UNITS SEMILENTE INSULIN USED-BEDTIME
146	OCSEMBRK	Num	2	440		UNITS SEMILENTE INSULIN USED-BREAKFAST
147	OCSEMLUN	Num	2	442		UNITS SEMILENTE INSULIN USED-LUNCH
150	OCSEMOH	Num	2	448		UNITS SEMILENTE INSULIN USED-OTHER
148	OCSEMSUP	Num	2	444		UNITS SEMILENTE INSULIN USED-SUPPER
93	OCJOBCH	Num	2	334		SPOUSE'S JOB STATUS CHANGED
108	OCSMOKE1	Num	2	364		SMOKE CIGARETTES/CIGAR. IN PAST YR.
109	OCSMOKE2	Num	2	366		CURRENTLY SMOKE CIGARETTES/CIGAR.
110	OCSMOKE3	Num	2	368		MONTHS SINCE QUIT CIGARETTES/CIGAR.
111	OCSMOKE4	Num	2	370		HOW MANY CIGARET./CIGAR. IN PAST YR.
112	OCSMOKE5	Num	2	372		SMOKED PIPES OR CIGARS IN PAST YR.
113	OCSMOKE6	Num	2	374		CURRENTLY SMOKE PIPES OR CIGARS
114	OCSMOKE7	Num	2	376		QUIT SMOKING PIPES OR CIGARS
27	OCSMOKE8	Num	3	136		PIPEFULS/CIGARS PER WK. IN PAST YR.
326	OCSPAN	Num	2	800		ABDOMEN-IF PRESENT, HOW LARGE (SPAN)
83	OCSPJOB	Num	2	314		SPOUSE'S OCCUPATION
98	OCSPBED	Num	2	344		SPOUSE'S EDUCATION LEVEL
88	OCSPONJ	Num	2	324		SPOUSE UNEMPLOYED OR RETIRED
102	OCSTUDNT	Num	2	352		PATIENT WAS STUDENT IN PAST YEAR
61	OCSTR2	Num	3	238		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
28	OCSTUNT	Num	3	244		SYSTOLIC-SECOND SITTING BLOOD PRESS.
104	OCYEAR	Num	2	139		TOTAL NUMBER OF UNITS/DAY OF INSULIN
164	OCULTBED	Num	2	356		YEAR IN TRADE SCHOOL
161	OCULTBRK	Num	2	476		UNITS ULTRALENTE INSULIN USED-BEDTIME
162	OCULTLUN	Num	2	470		UNITS ULTRALENTE INSULIN USED-BREAKFAST
165	OCULTOTH	Num	2	472		UNITS ULTRALENTE INSULIN USED-LUNCH
163	OCULTSUP	Num	2	478		UNITS ULTRALENTE INSULIN USED-OTHER
78	OCVSTNO	Num	2	474		UNITS ULTRALENTE INSULIN USED-SUPPER
73	OCWEIGHT	Num	2	304		FOLLOW-UP VISIT NUMBER
75	OCWTCHA	Char	8	279		CURRENT WEIGHT
169	OC7030BE	Num	5	295		CHANGE IN WEIGHT SINCE PREVIOUS EXAM
166	OC7030BR	Num	2	486		UNITS 70/30 INSULIN USED-BEDTIME
167	OC7030LU	Num	2	480		UNITS 70/30 INSULIN USED-BREAKFAST
170	OC7030OT	Num	2	482		UNITS 70/30 INSULIN USED-LUNCH
168	OC7030SU	Num	2	488		UNITS 70/30 INSULIN USED-OTHER
			2	484		UNITS 70/30 INSULIN USED-SUPPER

CONTENTS PROCEDURE

-----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	N Miss	Minimum	Mean	Std Dev	Maximum
OCNA2E	757	46	0.000	14.371	30.744	357.000
OCMR2E	515	288	88.000	781.400	319.210	1291.000
OCMSMKE8	13	790	1.000	17.385	18.954	50.000
OCTOTUNT	789	14	15.000	48.568	16.968	142.000
OCXEXER2	765	38	0.000	231.353	491.429	6300.000
OCXEXER3	774	29	0.000	255.433	379.296	2500.000
OCXEXER4	765	38	0.000	145.307	332.203	3000.000
OCXEXER5	751	52	0.000	46.671	156.879	1800.000
OCDM3BRD	27	776	12.000	76.519	21.595	102.000
OCDM3BRS	27	776	12.000	82.370	23.529	125.000
OCDM3LUD	27	776	0.000	64.889	31.867	102.000
OCDM3LUS	27	776	0.000	73.815	35.152	125.000
OCDM3LUD	27	776	0.000	71.000	26.423	102.000
OCDM3DIS	27	776	0.000	78.815	28.204	125.000
OCDM3BED	27	776	0.000	69.000	26.933	102.000
OCDM3BES	27	776	0.000	76.074	32.026	125.000
OCDM33AD	27	776	0.000	6.741	9.239	32.000
OCDM33AS	26	777	0.000	10.692	7.755	32.000
OCDM1UBD	503	300	0.000	36.835	42.611	173.000
OCDM1UBS	516	287	0.000	50.132	49.757	364.000
OCDM1BBD	593	210	0.000	50.934	38.540	179.000
OCDM1BBS	619	184	0.000	60.195	43.340	376.000
OCDM1ULD	495	308	0.000	32.034	39.781	173.000
OCDM1ULS	505	298	0.000	53.818	51.506	376.000
OCDM1BLD	457	346	0.000	9.880	19.407	103.000
OCDM1BLS	483	320	0.000	11.081	22.079	114.000
OCDM1UDD	501	302	0.000	36.319	40.823	173.000
OCDM1UDS	511	292	0.000	57.828	50.417	376.000
OCDM1BDD	468	335	0.000	22.853	30.776	121.000
OCDM1BDS	493	310	0.000	20.621	31.596	133.000
OCDM1UED	498	305	0.000	36.223	41.093	173.000
OCDM1UES	507	296	0.000	54.146	51.277	376.000
OCDM1BED	453	350	0.000	11.892	21.250	130.000
OCDM1BES	478	325	0.000	11.764	22.379	114.000
OCRX1	803	0	0.000	6.643	14.334	180.000
OCFULSE	798	5	40.000	73.071	10.456	118.000
OCYSYSTR	802	1	80.000	112.332	11.367	150.000
OCDIASR	802	1	42.000	73.211	8.373	96.000
OCYSYSTR2	7	796	122.000	128.286	5.469	136.000
OCDIASR2	7	796	84.000	86.571	2.507	90.000
OCBGP8A	4	799	64.000	132.250	79.617	236.000
OCBGP8B	4	799	86.000	137.500	38.562	173.000
OCBGP8C	4	799	42.000	125.500	96.036	216.000
OCBGP8D	4	799	61.000	117.000	86.499	246.000
OCBGP8E	4	799	124.000	148.500	16.743	161.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCBGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	4	799	71.000	141.500	51.319	193.000
OCBGP8G	RESULTS OF SBGM-BEDTIME	4	799	115.000	198.500	77.548	290.000
OCDES1WT	PATIENT'S DESIRED WEIGHT	803	0	45.000	69.760	12.058	111.000
OCWEIGHT	CURRENT WEIGHT	803	0	44.500	74.295	12.849	120.200
OCHEIGHT	CURRENT HEIGHT	24	779	152.100	168.146	8.921	190.200
OCRESCH	NECESSARY TO RESCHEDULE VISIT	803	0	1.000	1.177	0.382	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	134	669	1.000	1.403	0.786	5.000
OCVSITNO	FOLLOW-UP VISIT NUMBER	803	0	8.000	17.803	6.892	36.000
OCGENDER	GENDER	803	0	1.000	1.453	0.498	2.000
OCMARRY	MARITAL STATUS OF PATIENT	803	0	1.000	1.844	0.805	4.000
OCMARN0	NUMBER OF TIMES MARRIED	449	354	1.000	1.178	0.495	4.000
OCPATJOB	PATIENT'S OCCUPATION	778	25	1.000	4.459	3.880	12.000
OCSPJOB	SPOUSE'S OCCUPATION	450	353	1.000	4.436	3.562	12.000
OCMOMJOB	MOTHER'S OCCUPATION	107	696	1.000	5.075	3.999	12.000
OCFADJOB	FATHER'S OCCUPATION	92	711	1.000	2.946	2.420	9.000
OCFRJOB	GUARDIAN/FRIEND'S OCCUPATION	39	764	1.000	4.872	3.881	12.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	28	775	1.000	1.000	0.000	1.000
OCSPONJO	SPOUSE UNEMPLOYED OR RETIRED	11	792	1.000	1.545	1.809	7.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	10	793	1.000	1.000	0.000	1.000
OCFADNOJ	FATHER UNEMPLOYED OR RETIRED	11	792	1.000	1.000	0.000	1.000
OCFRINOJ	GUARDIAN/FRIEND'S UNEMPLOY. OR RETIRED	1	802	1.000	1.000	0.000	1.000
OCRJOBCH	PATIENT'S JOB STATUS CHANGED	82	721	1.000	1.000	0.000	1.000
OCSPJOBCH	SPOUSE'S JOB STATUS CHANGED	44	759	1.000	1.000	0.000	1.000
OCMOMJOBCH	MOTHER'S JOB STATUS CHANGED	5	798	1.000	1.000	0.000	1.000
OCFADJOBCH	FATHER'S JOB STATUS CHANGED	7	796	1.000	1.000	0.000	1.000
OCFRJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	6	797	1.000	1.000	0.000	1.000
OCPCATED	PATIENT'S EDUCATION LEVEL	803	0	1.000	2.679	1.023	5.000
OCSPOEED	SPOUSE'S EDUCATION LEVEL	451	352	1.000	2.670	0.964	5.000
OCMOMED	MOTHER'S EDUCATION LEVEL	115	688	1.000	3.000	1.298	8.000
OCFADAE	FATHER'S EDUCATION LEVEL	102	701	1.000	2.863	1.365	6.000
OCFRLED	GUARDIAN/FRIEND'S EDUCATION LEVEL	43	760	1.000	2.953	0.872	5.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	803	0	1.000	1.283	0.451	2.000
OCGRADE	ELEMENTARY/SECONDARY SCHOOL GRADE	33	770	10.000	11.818	0.584	13.000
OCCTYEAR	YEAR IN TRADE SCHOOL	11	792	1.000	1.455	0.522	2.000
OCCTYEAR	YEAR IN COLLEGE	116	687	1.000	2.664	1.223	5.000
OCCTYEAR	YEAR IN GRADUATE SCHOOL	54	749	1.000	1.944	1.140	5.000
OCCEPELL	CEASED ATTENDING SCHOOL IN PAST YR	224	579	1.000	1.089	0.330	4.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	803	0	1.000	1.238	0.426	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	198	605	1.000	1.783	0.413	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	42	761	0.000	2.548	2.743	8.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	188	615	1.000	16.601	12.273	65.000
OCSMOKE5	SMOKE PIPES OR CIGARS IN PAST YR.	803	0	0.000	1.016	0.136	2.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	32	771	1.000	1.344	0.483	2.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	4	799	0.000	2.000	2.828	6.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	802	1	1.000	1.352	0.478	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	276	527	0.000	1.290	3.400	30.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	276	527	0.000	3.004	6.000	55.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	270	533	0.000	0.919	1.951	14.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	274	529	0.000	0.650	1.599	12.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDRINK6	TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS	265	538	1.000	1.008	0.087	2.000
OCEXER1	PATIENT'S LEVEL OF ACTIVITY	803	0	1.000	1.616	0.576	3.000
OCHUREG	TYPE OF INSULIN-HUMAN REGULAR	479	324	1.000	1.000	0.000	1.000
OCPOREG	TYPE OF INSULIN-PORK REGULAR	159	644	1.000	1.000	0.000	1.000
OCHUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	803	.	.	.	.
OCPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	803	.	.	.	.
OCHUNPH	TYPE OF INSULIN-HUMAN NPH	460	343	1.000	1.000	0.000	1.000
OCPONPH	TYPE OF INSULIN-PORK NPH	149	654	1.000	1.000	0.000	1.000
OCHULEN	TYPE OF INSULIN-HUMAN LENTE	49	754	1.000	1.000	0.000	1.000
OCPOLEN	TYPE OF INSULIN-PORK LENTE	20	783	1.000	1.000	0.000	1.000
OCHUULT	TYPE OF INSULIN-HUMAN ULTRALENTE	6	797	1.000	1.000	0.000	1.000
OCPO7030	TYPE OF INSULIN-PORK 70/30	0	803	.	.	.	.
OCHU7030	TYPE OF INSULIN-HUMAN 70/30	33	770	1.000	1.000	0.000	1.000
OCBPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	75	728	1.000	1.000	0.000	1.000
OCBPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	803	.	.	.	.
OCBPNPH	TYPE OF INSULIN-BEEF/PORK NPH	53	750	1.000	1.000	0.000	1.000
OCBPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	21	782	1.000	1.000	0.000	1.000
OCBPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	10	793	1.000	1.000	0.000	1.000
OCGROUP	WHAT GROUP PATIENT RANDOMIZED	802	1	1.000	1.000	0.000	1.000
OCINSREG	CURRENT INSULIN REGIMEN	803	0	1.000	2.951	0.257	3.000
OCREGR	IS THIS REGIMEN PRESCRIBED BY CLINIC	801	2	0.000	1.977	0.157	2.000
OCREGRK	UNITS REGULAR INSULIN USED-BREAKFAST	676	127	0.000	7.550	4.901	46.000
OCREGLN	UNITS REGULAR INSULIN USED-LUNCH	26	777	0.000	5.385	3.407	14.000
OCREGSUP	UNITS REGULAR INSULIN USED-SUPPER	653	150	0.000	7.342	4.250	32.000
OCREGBED	UNITS REGULAR INSULIN USED-BEDTIME	15	788	0.000	2.733	4.044	16.000
OCREGOTH	UNITS REGULAR INSULIN USED-OTHER	1	802	0.000	0.000	0.000	0.000
OCSEMRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	14	789	0.000	0.000	0.000	0.000
OCSEMLN	UNITS SEMILENTE INSULIN USED-LUNCH	1	802	0.000	0.000	0.000	0.000
OCSEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	10	793	0.000	0.000	0.000	0.000
OCSEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	0	803	.	.	.	.
OCSEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	0	803	.	.	.	.
OCNPHBRK	UNITS NPH INSULIN USED-BREAKFAST	656	147	0.000	23.140	9.511	62.000
OCNPHLUN	UNITS NPH INSULIN USED-LUNCH	1	802	5.000	5.000	.	5.000
OCNPHSUP	UNITS NPH INSULIN USED-SUPPER	596	207	0.000	13.423	6.807	41.000
OCNPHBED	UNITS NPH INSULIN USED-BEDTIME	26	777	2.000	13.654	9.002	38.000
OCNPHOTH	UNITS NPH INSULIN USED-OTHER	0	803	.	.	.	.
OCLENBRK	UNITS LENTE INSULIN USED-BREAKFAST	92	711	0.000	23.696	11.643	55.000
OCLENLUN	UNITS LENTE INSULIN USED-LUNCH	0	803	.	.	.	.
OCLENSUP	UNITS LENTE INSULIN USED-SUPPER	84	719	0.000	10.643	5.377	25.000
OCLENBED	UNITS LENTE INSULIN USED-BEDTIME	3	800	10.000	13.333	5.774	20.000
OCLENOTH	UNITS LENTE INSULIN USED-OTHER	0	803	.	.	.	.
OCULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	14	789	0.000	12.286	16.165	58.000
OCULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	1	802	20.000	20.000	.	20.000
OCULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	18	785	0.000	11.222	8.048	22.000
OCULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	2	801	16.000	24.000	11.314	32.000
OCULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	0	803	.	.	.	.
OC7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	36	767	0.000	28.417	15.836	64.000
OC7030LUN	UNITS 70/30 INSULIN USED-LUNCH	0	803
OC7030SU	UNITS 70/30 INSULIN USED-SUPPER	35	768	0.000	19.686	11.103	50.000

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OC7030BE	UNITS 70/30 INSULIN USED-BEDTIME	0	803
OC7030OT	UNITS 70/30 INSULIN USED-OTHER	0	803	.	.	.	.
OCDM5	DESCRIBE INSULIN REGIMEN	69	734	1.000	1.014	0.120	2.000
OCDM6A	UNITS BASAL INSULIN INFUSED DAILY	8	795	13.000	17.250	5.365	27.000
OCDM6B	DIFFERENT BASAL RATES USED/DAY	8	795	1.000	2.875	0.991	4.000
OCDM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	9	794	1.000	1.222	0.441	2.000
OCDM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	778	25	1.000	1.149	0.356	2.000
OCDM7A1	CHANGE DOSE-SYMT. POLYURIA, POLYDIPSIA	77	726	1.000	1.519	0.503	2.000
OCDM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	76	727	1.000	1.632	0.486	2.000
OCDM7A3	CHANGE DOSE-RECURRENT KETONURIA	57	746	1.000	1.246	0.434	2.000
OCDM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	52	751	1.000	1.077	0.269	2.000
OCDM7A5	CHANGE DOSE-PREGNANCY	52	751	1.000	1.019	0.139	2.000
OCDM7A6	CHANGE DOSE-OTHER	65	738	1.000	1.477	0.503	2.000
OCDM7B1	SELF BLOOD GLUCOSE MONITORING	779	24	1.000	1.892	0.438	3.000
OCDM7B2	URINE GLUCOSE MONITORING	776	27	1.000	1.573	0.577	3.000
OCDM8	SUSPECT REPORTED GLUCOSE INACCURATE	801	2	1.000	1.170	0.546	3.000
OCDV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	803	0	1.000	1.045	0.207	2.000
OCDV1A	CURRENTLY ON DEVIATION FROM TREATMENT	37	766	1.000	1.811	0.397	2.000
OCIS1	SINCE LAST VISIT-ON INACTIVE STATUS	802	1	1.000	1.002	0.050	2.000
OCIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	5	798	1.000	1.000	0.000	1.000
OCMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	803	0	1.000	1.030	0.170	2.000
OCMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	496	307	1.000	1.038	0.192	2.000
OCMDT1	SINCE LAST VISIT,MODIF. THERAPY ANYTIME	802	1	1.000	1.074	0.261	2.000
OCMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	69	734	1.000	1.739	0.442	2.000
OCMDT1A1	SBGM > SPECIFIED IN PROTOCOL	52	751	1.000	2.846	1.017	5.000
OCMDT1A2	UGM > SPECIFIED IN PROTOCOL	46	757	1.000	0.696	1.280	4.000
OCMDT1B	> 2 INJECTIONS INSULIN DAILY	78	725	1.000	1.115	0.322	2.000
OCMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	38	765	1.000	1.211	0.413	2.000
OCMDT1D	OTHER MODIFICATION TO THERAPY	73	730	1.000	1.233	0.426	2.000
OCMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	7	796	1.000	1.143	0.378	2.000
OCMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	0	803	.	.	.	.
OCMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	0	803	.	.	.	.
OCMDT2B1	EXP.-FREQ. OF SBGM<REQUIRED MINIMUM	0	803	.	.	.	.
OCMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	0	803	.	.	.	.
OCMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	0	803	.	.	.	.
OCMDT2D	EXP.-OTHER MODIFICATIONL	0	803	.	.	.	.
OCDM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	27	776	1.000	1.111	0.320	2.000
OCDM12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	772	31	1.000	1.377	0.640	3.000
OCNA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	803	0	0.000	4.760	0.898	7.000
OCNA1B	NA-PATTERN OF EATING-EATING DISORDER	803	0	1.000	1.031	0.218	3.000
OCNA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	803	0	0.000	0.553	0.858	8.000
OCNA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	612	191	0.000	0.023	0.220	3.000
OCNA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	803	0	1.000	1.007	0.100	3.000
OCNA1E	NA-ROTATING SITE OF INJECTION	803	0	1.000	1.976	0.160	3.000
OCNA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	798	5	1.000	1.132	0.367	3.000
OCNA1G1	NA-NO. INTERCURRENT EVENTS	802	1	0.000	0.170	0.695	15.000
OCNA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	614	189	0.000	0.023	0.188	3.000
OCNA1H	NA-FAILED TO BRING IN DAILY RECORD	801	2	1.000	1.206	0.408	3.000
OCNA1I1	NA-PATIENT PERFORM SBGM	803	0	1.000	1.899	0.413	3.000

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OCNA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	675	128	1.000	1.222	0.463	3.000
OCNA1I3	NA-PERFORM SBGM > ONCE/DAY	675	128	1.000	1.379	0.535	3.000
OCNA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	785	18	0.000	2.456	9.734	109.000
OCNA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	788	15	0.000	0.973	5.446	90.000
OCNA2C	NA-STD: FEWER INJECTIONS OF INSULIN	787	16	0.000	0.310	1.654	25.000
OCNA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	786	17	0.000	1.471	7.965	91.000
OCNA2F1	NA-STD: PATIENT BEEN ILL	794	9	0.000	2.120	4.962	60.000
OCNA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	709	94	0.000	0.485	2.096	31.000
OCNA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	3	800	0.000	0.000	0.000	0.000
OCNA3B	NO. OF TIME NO TEST AT 3 A.M.	3	800	0.000	5.000	4.359	8.000
OCNA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	3	800	0.000	0.000	0.000	0.000
OCNA3D	NO MONITOR URINE ACETONE WHEN BG>240	3	800	0.000	0.000	0.000	0.000
OCNA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	2	801	0.000	0.000	0.000	0.000
OCNA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	2	801	0.000	0.000	0.000	0.000
OCNA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	2	801	0.000	0.000	0.000	0.000
OCDC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	803	0	0.000	0.000	0.000	0.000
OCDC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	803	0	0.000	1.100	1.857	8.000
OCDC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	803	0	0.000	0.196	0.865	7.000
OCDC1D	FREQUENCY OF DKA	803	0	0.000	10.227	4.032	34.000
OCDC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	803	0	0.000	0.006	0.079	1.000
OCDC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	803	0	0.000	1.346	0.479	2.000
OCDC2A	Moderate/Large ketonur.-change routine	794	9	0.000	0.587	1.954	20.000
OCDC2B	Moderate/Large ketonur.-due to illness	118	685	0.000	1.449	3.109	18.000
OCDC2C	Moderate/Large ketonur.-equipm. failed	115	688	0.000	1.409	2.753	20.000
OCDC2D	Moderate/Large ketonur.-spontaneous	102	701	0.000	0.000	0.000	0.000
OCDC3A	PATIENT FEMALE	125	678	0.000	1.032	1.759	8.000
OCDC3B1	VAGINAL ITCHING OR DISCHARGE	803	0	1.000	1.447	0.498	2.000
OCDC3B2	PATIENT TREATED FOR VAGINAL ITCHING	360	443	1.000	1.281	0.450	2.000
OCDC3C1	DOES PATIENT MENSTRUATE	100	703	1.000	1.740	0.441	2.000
OCDC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	357	446	1.000	1.902	0.298	2.000
OCDC3D2	WAS PREGNANCY TEST PERFORMED	329	474	1.000	1.076	0.265	2.000
OCDC3D3	DID TEST INDICATE PREGNANCY	24	779	1.000	1.792	0.415	2.000
OCDC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	19	784	1.000	1.474	0.513	2.000
OCDC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	803	0	0.000	0.002	0.050	1.000
OCDC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	803	0	0.000	0.009	0.127	3.000
OCDC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	803	0	0.000	0.001	0.035	1.000
OCDC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	802	1	0.000	0.006	0.079	1.000
OCDC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	802	1	0.000	0.011	0.136	3.000
OCDC4D1	FREQUENCY RECEIVE GLUCAGON	802	1	0.000	0.039	0.521	14.000
OCDC4D2	FREQUENCY RECEIVE IV GLUCOSE	47	756	0.000	0.191	0.537	3.000
OCDC4D3	EPISODES RESULT IN INJURY-PT/OTHERS	47	756	0.000	0.106	0.312	1.000
OCDC4E	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	42	761	1.000	1.024	0.154	2.000
OCDC4F1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	802	1	0.000	1.080	1.456	10.000
OCDC4F2A	REASON HYPOG: MISSED MEAL OR SNACK	425	378	1.000	1.353	0.692	3.000
OCDC4F2B	REASON HYPOG:DECREASED FOOT INTAKE	76	727	1.000	1.000	0.000	1.000
OCDC4F2C	REASON HYPOG:INCREASED EXERCISE LEVEL	139	664	1.000	1.000	0.000	1.000
OCDC4F2D	REASON HYPOG:TOO MUCH INSULIN TAKEN	198	605	1.000	1.000	0.000	1.000
OCDC4F2E	REASON HYPOG:LACK EARLY WARNING-LOW BG	30	773	1.000	1.000	0.000	1.000
OCDC4F2F	REASON HYPOGLYCEMIA: OTHER	1	802	1.000	1.000	0.000	1.000
OCDC4F2F	REASON HYPOGLYCEMIA: OTHER	88	715	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCDC4F2G	REASON HYPOGLYCEMIA: UNEXPLAINED	30	773	1.000	1.000	0.000	1.000
OCDC4F3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	341	462	1.000	1.000	0.000	1.000
OCDC4F3B	SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)	226	577	1.000	1.000	0.000	1.000
OCDC4F3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	157	646	1.000	1.000	0.000	1.000
OCDC4F3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	108	695	1.000	1.000	0.000	1.000
OCDC4F3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	10	793	1.000	1.000	0.000	1.000
OCRC1AR	OPHTH:BLURRED/REDUCED VISION-RIGHT EYE	803	0	1.000	1.073	0.261	2.000
OCRC1AL	OPHTH:BLURRED/REDUCED VISION-LEFT EYE	803	0	1.000	1.073	0.261	2.000
OCRC1BR	OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT	803	0	1.000	1.041	0.199	2.000
OCRC1BL	OPHTH:FLOATERS/FLASHING LIGHTS-LEFT	803	0	1.000	1.045	0.207	2.000
OCRC1CR	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	803	0	1.000	1.014	0.116	2.000
OCRC1CL	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	803	0	1.000	1.010	0.099	2.000
OCRC1D	WILL BE SENT TO OPHTH. SPECIAL VISIT	803	0	1.000	1.002	0.050	2.000
OCRC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	803	0	1.000	1.102	0.303	2.000
OCRC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	803	0	1.000	1.010	0.099	2.000
OCRC2C	NEUR: VOMITING/BLOATING AFTER MEALS	803	0	1.000	1.022	0.148	2.000
OCRC2D	NEUR: RECURRENT DIARRHEA	803	0	1.000	1.011	0.105	2.000
OCRC2E	NEUR: URINARY RETENTION	803	0	1.000	1.010	0.099	2.000
OCRC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	803	0	1.000	1.044	0.204	2.000
OCRC2G	NEUR: FAINTING (NOT WITH HYPOG.)	803	0	1.000	1.002	0.050	2.000
OCRC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	803	0	1.000	1.000	0.000	1.000
OCRC2I	NEUR: IMPOTENCE	803	0	1.000	1.900	0.986	3.000
OCRC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	803	0	1.000	1.005	0.070	2.000
OCRC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	802	1	1.000	1.014	0.116	2.000
OCRC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	803	0	1.000	1.002	0.050	2.000
OCRC3A	RENAL: EDEMA	803	0	1.000	1.006	0.079	2.000
OCRC3B	RENAL: OTHER RENAL PROBLEM	803	0	1.000	1.004	0.061	2.000
OCRC4A	VASCULAR: SHORTNESS OF BREATH	803	0	1.000	1.012	0.111	2.000
OCRC4B	VASCULAR: CONGESTIVE HEART DISEASE	803	0	1.000	1.000	0.000	1.000
OCRC4C	VASCULAR:IMPAIRED PERIPH. VASCULAR CIRC	803	0	1.000	1.006	0.079	2.000
OCRC4D	VASCULAR: CHEST PAIN	803	0	1.000	1.016	0.126	2.000
OCRC4D1	VASCULAR: CHEST PAIN-CLINICAL ANGINA	157	646	1.000	1.025	0.158	2.000
OCRC4E	VASCULAR: SUSPECTED NON-ACUTE MI	801	2	1.000	1.000	0.000	1.000
OCRC4F	VASCULAR: TRANSIENT ISCHEMIC ATTACK	803	0	1.000	1.000	0.000	1.000
OCRC4G	VASCULAR: OTHER VASCULAR PROBLEM	803	0	1.000	1.011	0.105	2.000
OCRC5A	INFECT: URINARY TRACT INFECTION	803	0	1.000	1.019	0.135	2.000
OCRC5B	INFECT: UPPER/LOWER RESPIRATORY TRACT	802	1	1.000	1.183	0.387	2.000
OCRC5C	INFECT: GASTROENTERITIS	803	0	1.000	1.047	0.212	2.000
OCRC5D	INFECT: CUTANEOUS/MUCOCUTANEOUS	803	0	1.000	1.096	0.295	2.000
OCRC5E	INFECT: POST-OPERATIVE OR DEEP WOUND	803	0	1.000	1.002	0.050	2.000
OCRC5F	INFECT: GANGRENE	803	0	1.000	1.000	0.000	1.000
OCRC5G	INFECT: OTHER-MONONUCLEOSIS, MEASLES	803	0	1.000	1.015	0.121	2.000
OCRC5H	INFECT: AT INSERTION SITE	32	771	1.000	1.031	0.177	2.000
OCRC6	MINOR OUTPATIENT SURGERY/INCIDENTAL	803	0	1.000	1.067	0.251	2.000
OCRC7	INTERCURRENT ENDOCRINE EVENT	802	1	1.000	1.011	0.105	2.000
OCRC8	ADVERSE PSYCHOSOCIAL REACTION	802	1	1.000	1.046	0.210	2.000
OCRC9	OTHER MEDICAL PROBLEMS/DIFFICULTIES	802	1	1.000	1.041	0.199	2.000
OCRX2	RX: HAS USED OR IS USING PRESCRIPTION	803	0	1.000	1.487	0.500	2.000
OCRX3	RX: USED OVER-THE-COUNTER DRUGS	803	0	1.000	1.448	0.498	2.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCR4	RX: VITAMIN SUPPLEMENTS-REGULARLY	803	0	1.000	1.257	0.437	2.000
OCADOLE	LESS THAN 18 YEARS OLD	802	1	1.000	1.027	0.163	2.000
OCGRWTH	FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	23	780	1.000	1.000	0.000	1.000
OCHYVDOC	HYPER. DOCUMENTED SENT TO COOR.CENTER	802	1	1.000	1.037	0.190	2.000
OCHBLP	BLD. PRESS-MEET DEFIN. OF HYPERTENSION	762	41	1.000	1.012	0.108	2.000
OCHPERT	SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.	50	753	1.000	1.040	0.198	2.000
OCLIP0AT	INJECTION SITE--LIPOATROPHY	803	0	1.000	1.009	0.093	2.000
OCLIP0HY	INJECTION SITE--LIPOHYPERTROPHY	803	0	1.000	1.100	0.300	2.000
OCINFLAM	INJECTION SITE--INFLAMMATION	803	0	1.000	1.000	0.000	2.000
OCHEPATO	ABDOMEN--HEPATOMEGALY	802	1	1.000	1.000	0.000	1.000
OCSPAN	ABDOMEN-IF PRESENT, HOW LARGE (SPAN)	0	803				
OCFOOTUL	FOOT-ULCER	803	0	1.000	1.005	0.070	2.000
OCFOOTIN	FOOT-INFECTION	803	0	1.000	1.019	0.135	2.000
OCARNTOE	FOOT-ABNORMAL TOENAILS	803	0	1.000	1.041	0.199	2.000
OCDEDR	PULSE-DORSALIS PEDIS-RIGHT	802	1	1.000	1.064	0.287	3.000
OCDEDL	PULSE-DORSALIS PEDIS-LEFT	802	1	1.000	1.077	0.330	3.000
OCPTIBR	PULSE-POSTERIOR TIBIAL-RIGHT	802	1	1.000	1.035	0.221	3.000
OCPTIBL	PULSE-POSTERIOR TIBIAL-LEFT	802	1	1.000	1.040	0.242	3.000
OCOTHABN	OTHER ABNORMALITIES ON PHYSICAL EXAM	801	2	1.000	1.135	0.342	2.000
OCBGP1	PROFILSET MAILED TO CBL	800	3	1.000	1.941	0.235	2.000
OCBGP2A	NOT MAILED: KIT DAMAGED	0	803				
OCBGP2B	NOT MAILED: PATIENT FORGOT TO COLLECT	21	782	1.000	1.000	0.000	1.000
OCBGP2C	NOT MAILED: PATIENT LOST KIT	2	801	1.000	1.000	0.000	1.000
OCBGP2D	NOT MAILED: PATIENT REFUSED TO COLLECT	15	788	1.000	1.000	0.000	1.000
OCBGP2E	NOT MAILED: OTHER OR UNKNOWN	7	796	1.000	1.000	0.000	1.000
OCBGP6A	PROFILSET QUALITY-CONTROLLED	789	14	1.000	1.103	0.304	2.000
OCBGP6A1	PROFILSET QC-STICK NO. DUPLICATED	77	726	0.000	2.974	2.670	7.000
OCBGP6A2	PROFILSET QC-WAS CORRECT STICK USED	68	735	1.000	1.735	0.444	2.000
OCBGP7	PERFORM SBGM ON DAY OBTAINED SPECIMENS	186	617	1.000	1.027	0.162	2.000
OCLIPID	WILL LIPIDS BE MAILED TO CBL	802	1	1.000	139.875	3905.069	110592.000
OCRENAL	WILL RENAL SPEC. BE MAILED TO CBL	802	1	1.000	150.084	4194.339	118784.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCNA2E	NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY	4	735	0.000	0.000	0.000	0.000
OCMRDATE	DATE MARITAL STATUS CHANGED	484	255	172.000	781.134	289.733	1290.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	9	730	1.000	21.889	30.068	75.000
OCTOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	732	7	8.000	55.713	24.760	191.000
OCEXER2	HOURS & MINUTES OF LIGHT ACTIVITY	715	24	0.000	278.150	536.751	4500.000
OCEXER3	HOURS & MINUTES OF MODERATE ACTIVITY	713	26	0.000	227.837	376.529	3500.000
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	711	28	0.000	120.184	240.128	2000.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OEXERS5	HOURS & MINUTES OF VERY HARD ACTIVITY	704	35	0.000	42.766	184.503	2400.000
OCDM3BRD	DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST	702	37	0.000	84.068	21.565	267.000
OCDM3BRS	DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.	712	27	30.000	92.796	20.668	325.000
OCDM3LUD	DM 3 INJ.-BLOOD DONE BEFORE LUNCH	702	37	0.000	74.034	26.717	261.000
OCDM3LUS	DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH	712	27	0.000	92.552	21.008	325.000
OCDM3DID	DM 3 INJ.-BLOOD DONE BEFORE DINNER	701	38	0.000	78.836	23.445	267.000
OCDM3DIS	DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER	711	28	27.000	92.648	20.675	325.000
OCDM3BED	DM 3 INJ.-BLOOD DONE BEFORE BEDTIME	702	37	0.000	74.651	25.868	140.000
OCDM3BES	DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME	712	27	21.000	92.382	19.696	325.000
OCDM33AD	DM 3 INJ.-BLOOD DONE AT 3 A.M.	704	35	0.000	5.980	6.633	66.000
OCDM1UBD	DM 1 INJ.-BLOOD SHOULD DO AT 3 A.M.	712	27	0.000	13.478	5.917	91.000
OCDM1UBS	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	6	733	0.000	0.000	0.000	0.000
OCDM1UBS	DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.	6	733	0.000	17.500	42.866	105.000
OCDM1BBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	9	730	0.000	40.301	39.778	97.000
OCDM1BBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK	8	731	70.000	116.250	62.255	265.000
OCDM1ULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	6	733	0.000	0.000	0.000	0.000
OCDM1ULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	6	733	0.000	33.833	53.570	119.000
OCDM1BLD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	6	733	0.000	8.833	21.637	53.000
OCDM1BLS	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	6	733	0.000	13.167	32.252	79.000
OCDM1UDD	DM 1 INJ.-URINE DONE BEFORE DINNER	6	733	0.000	0.000	0.000	0.000
OCDM1LDD	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	6	733	0.000	37.333	58.006	119.000
OCDM1BDS	DM 1 INJ.-BLOOD DONE BEFORE DINNER	7	732	0.000	26.857	35.324	84.000
OCDM1BDD	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	6	733	0.000	53.286	50.780	105.000
OCDM1UES	DM 1 INJ.-URINE DONE BEFORE BEDTIME	6	733	0.000	0.000	0.000	0.000
OCDM1UED	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	6	733	0.000	33.833	53.570	119.000
OCDM1IBS	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	7	732	0.000	7.571	12.960	28.000
OCDM1IBES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	7	732	0.000	33.143	44.085	103.000
OCRX1	RX: NO. ASPIRIN-CONTAINING TABLETS	738	1	0.000	7.230	17.284	300.000
OCPUULSE	PULSE	731	8	36.000	72.399	10.133	122.000
OCSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	738	1	84.000	114.152	11.020	152.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	738	1	50.000	73.225	8.389	104.000
OCSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	12	727	106.000	131.583	15.036	158.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	12	727	72.000	84.417	9.120	99.000
OCBGP8A	RESULTS OF SBGM-PREBREAKFAST	674	65	10.000	136.174	66.724	390.000
OCBGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	660	79	0.000	177.024	76.690	500.000
OCBGP8C	RESULTS OF SBGM-PRELUNCH	673	66	0.000	118.990	64.732	383.000
OCBGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	650	89	0.000	147.588	70.662	506.000
OCBGP8E	RESULTS OF SBGM-PRESUPPER	671	68	0.000	133.385	72.680	500.000
OCBGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	646	93	0.000	151.509	75.998	447.000
OCBGP8G	RESULTS OF SBGM-BEDTIME	641	98	0.000	143.880	73.702	392.000
OCDES1WT	PATIENT'S DESIRED WEIGHT	736	3	45.000	69.619	11.418	104.400
OCWEIGHT	CURRENT WEIGHT	739	0	44.000	76.975	13.707	125.300
OCHEIGHT	CURRENT HEIGHT	16	723	155.800	172.506	9.069	182.100
OCRESCH	NECESSARY TO RESCHEDULE VISIT	739	0	1.000	1.166	0.373	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	115	624	1.000	1.322	0.732	6.000
OCVSITNO	FOLLOW-UP VISIT NUMBER	739	0	8.000	18.138	7.055	36.000
OCGENDER	GENDER	738	1	1.000	1.508	0.500	2.000
OCMARRY	MARITAL STATUS OF PATIENT	739	0	1.000	1.827	0.774	4.000
OCMARN0	NUMBER OF TIMES MARRIED	415	324	1.000	1.214	0.515	4.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCPATJOB	PATIENT'S OCCUPATION	720	19	1.000	4.336	3.822	12.000
OCSPJOB	SPOUSE'S OCCUPATION	412	327	1.000	3.711	3.398	12.000
OCMOMJOB	MOTHER'S OCCUPATION	87	652	1.000	4.770	3.608	12.000
OCDAJOB	FATHER'S OCCUPATION	61	678	1.000	3.459	2.656	12.000
OCFRJOB	GUARDIAN/FRIEND'S OCCUPATION	30	709	1.000	4.867	3.655	11.000
OCSPONJ	PATIENT UNEMPLOYED OR RETIRED	23	716	1.000	1.000	0.000	1.000
OCSPONJ	SPOUSE UNEMPLOYED OR RETIRED	16	723	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	7	732	1.000	1.000	0.000	1.000
OCDAADNOJ	FATHER UNEMPLOYED OR RETIRED	8	731	1.000	1.000	0.000	1.000
OCFRINOJ	GUARDIAN/FRIEND'S UNEMPLOY OR RETIRED	2	737	1.000	1.000	0.000	1.000
OCJOBCH	PATIENT'S JOB STATUS CHANGED	80	659	1.000	1.000	0.000	1.000
OCJOBCH	SPOUSE'S JOB STATUS CHANGED	39	700	1.000	1.000	0.000	1.000
OCJOBCH	MOTHER'S JOB STATUS CHANGED	5	734	1.000	1.000	0.000	1.000
OCJOBCH	FATHER'S JOB STATUS CHANGED	1	738	1.000	1.000	0.000	1.000
OCJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	5	734	1.000	1.000	0.000	1.000
OCSPATED	PATIENT'S EDUCATION LEVEL	738	1	1.000	1.000	0.000	1.000
OCSPATED	SPOUSE'S EDUCATION LEVEL	427	312	1.000	2.638	0.979	5.000
OCMOMED	MOTHER'S EDUCATION LEVEL	91	648	1.000	2.681	1.056	8.000
OCDADED	FATHER'S EDUCATION LEVEL	68	671	1.000	3.187	1.192	8.000
OCFRDED	GUARDIAN/FRIEND'S EDUCATION LEVEL	31	708	1.000	3.206	1.800	8.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	739	0	1.000	3.323	1.107	6.000
OCGRADE	ELEMENTARY/SECONDARY SCHOOL GRADE	20	719	9.000	1.269	0.444	2.000
OCCTYEAR	YEAR IN TRADE SCHOOL	12	727	1.000	11.100	0.968	13.000
OCCTYEAR	YEAR IN COLLEGE	114	625	1.000	1.417	0.669	3.000
OCCTYEAR	YEAR IN GRADUATE SCHOOL	42	697	1.000	2.675	1.156	6.000
OCCEPELL	CEASED ATTENDING SCHOOL IN PAST YR	205	534	1.000	2.048	1.378	6.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	739	0	1.000	1.093	0.291	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	169	570	1.000	1.223	0.417	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	26	713	0.000	1.852	0.356	2.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	161	578	1.000	4.923	7.161	36.000
OCSMOKE5	SMOKED PIPES OR CIGARS IN PAST YR.	736	3	1.000	16.050	10.334	45.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	18	721	1.000	1.014	0.116	2.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	3	736	1.000	1.333	0.485	2.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	739	0	1.000	4.000	1.000	5.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	275	464	0.000	1.390	0.488	2.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	274	465	0.000	1.798	4.227	33.000
OCDRINK4	BOTTLES OF WINE IN LAST 7 DAYS	276	463	0.000	2.416	3.758	24.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	271	468	0.000	0.737	1.503	10.000
OCDRINK6	TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS	269	470	0.000	1.111	2.807	22.000
OCEXER1	PATIENT'S LEVEL OF ACTIVITY	739	0	1.000	1.007	0.086	2.000
OCPOREG	TYPE OF INSULIN-HUMAN REGULAR	546	193	1.000	1.643	0.570	3.000
OCPOREG	TYPE OF INSULIN-PORK REGULAR	188	551	1.000	1.000	0.000	1.000
OCHOUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	1	738	1.000	1.000	0.000	1.000
OCPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	739	1.000	1.000	0.000	1.000
OCHUNPH	TYPE OF INSULIN-HUMAN NPH	167	572	1.000	1.000	0.000	1.000
OCPONPH	TYPE OF INSULIN-PORK NPH	62	677	1.000	1.000	0.000	1.000
OCHULEN	TYPE OF INSULIN-HUMAN LENTE	23	716	1.000	1.000	0.000	1.000
OCPOLEN	TYPE OF INSULIN-PORK LENTE	9	730	1.000	1.000	0.000	1.000
OCHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	98	641	1.000	1.000	0.000	1.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCPO7030	TYPE OF INSULIN-PORK 70/30	0	739				
OCHU7030	TYPE OF INSULIN-HUMAN 70/30	6	733	1.000	1.000	0.000	1.000
OCBPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	16	723	1.000	1.000	0.000	1.000
OCBPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	739				
OCBPNPH	TYPE OF INSULIN-BEEF/PORK NPH	6	733	1.000	1.000	0.000	1.000
OCBPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	0	739				
OCBPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	90	649	1.000	1.000	0.000	1.000
OCGROUP	WHAT GROUP PATIENT RANDOMIZED	739	0	2.000	2.000	0.000	2.000
OCINSREG	CURRENT INSULIN REGIMEN	739	0	1.000	1.606	0.524	3.000
OCREGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	739	0	1.000	1.991	0.097	2.000
OCREGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	727	12	0.000	7.887	5.129	38.000
OCREGLUN	UNITS REGULAR INSULIN USED-LUNCH	700	39	0.000	7.001	4.251	35.000
OCREGSUP	UNITS REGULAR INSULIN USED-SUPPER	731	8	0.000	10.934	6.067	50.000
OCREGBED	UNITS REGULAR INSULIN USED-BEDTIME	317	422	0.000	2.290	3.362	30.000
OCREGOTH	UNITS REGULAR INSULIN USED-OTHER	38	701	0.000	2.842	7.614	42.000
OCSEMBRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	7	732	0.000	0.857	2.268	6.000
OCSEMLUN	UNITS SEMILENTE INSULIN USED-LUNCH	7	732	0.000	0.571	1.512	4.000
OCSEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	7	732	0.000	0.857	2.268	6.000
OCSEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	7	732	0.000	0.000	0.000	0.000
OCSEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	5	734	0.000	0.000	0.000	0.000
OCNPHBRK	UNITS NPH INSULIN USED-BREAKFAST	157	582	0.000	14.803	10.849	62.000
OCNPHLUN	UNITS NPH INSULIN USED-LUNCH	12	727	0.000	1.167	2.480	8.000
OCNPHSUP	UNITS NPH INSULIN USED-SUPPER	41	698	0.000	12.927	9.120	37.000
OCNPHBED	UNITS NPH INSULIN USED-BEDTIME	201	538	0.000	17.771	10.459	52.000
OCNPHOTH	UNITS NPH INSULIN USED-OTHER	7	732	0.000	7.143	15.302	41.000
OCLENBRK	UNITS LENTE INSULIN USED-BREAKFAST	22	717	0.000	14.000	15.473	50.000
OCLENLUN	UNITS LENTE INSULIN USED-LUNCH	8	731	0.000	0.000	0.000	0.000
OCLENSUP	UNITS LENTE INSULIN USED-SUPPER	17	722	0.000	6.882	9.701	32.000
OCLENBED	UNITS LENTE INSULIN USED-BEDTIME	32	707	0.000	15.438	9.137	32.000
OCLENOH	UNITS LENTE INSULIN USED-OTHER	5	734	0.000	0.000	0.000	0.000
OCULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	144	595	0.000	19.243	10.650	60.000
OCULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	18	721	0.000	1.722	7.307	31.000
OCULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	137	602	0.000	19.467	10.410	74.000
OCULTOTH	UNITS ULTRALENTE INSULIN USED-BEDTIME	51	688	0.000	18.059	13.169	52.000
OCULTOH	UNITS ULTRALENTE INSULIN USED-OTHER	10	729	0.000	0.000	0.000	0.000
OC7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	9	730	0.000	18.222	25.143	65.000
OC7030LU	UNITS 70/30 INSULIN USED-LUNCH	5	734	0.000	0.000	0.000	0.000
OC7030SU	UNITS 70/30 INSULIN USED-SUPPER	8	731	0.000	15.000	24.640	65.000
OC7030BE	UNITS 70/30 INSULIN USED-BEDTIME	6	733	0.000	0.000	0.000	0.000
OC7030OT	UNITS 70/30 INSULIN USED-OTHER	5	734	0.000	0.000	0.000	0.000
OCDM5	DESCRIBE INSULIN REGIMEN	67	672	1.000	1.075	0.265	2.000
OCDM6A	UNITS BASAL INSULIN INFUSED DAILY	303	436	7.000	26.191	10.768	72.000
OCDM6B	DIFFERENT BASAL RATES USED/DAY	303	436	1.000	2.564	1.074	4.000
OCDM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	289	450	1.000	1.190	0.393	2.000
OCDM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	23	716	1.000	1.217	0.422	2.000
OCDM7A1	CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSIA	3	736	1.000	1.667	0.577	2.000
OCDM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	3	736	1.000	1.667	0.577	2.000
OCDM7A3	CHANGE DOSE-RECURRENT KETONURIA	2	737	1.000	1.500	0.707	2.000
OCDM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	2	737	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
OCM7A5	CHANGE DOSE-PREGNANCY	2	737	1.000	1.000	0.000	1.000
OCM7A6	CHANGE DOSE-OTHER	3	736	1.000	1.333	0.577	2.000
OCM7B1	SELF BLOOD GLUCOSE MONITORING	47	692	1.000	1.936	0.323	3.000
OCM7B2	URINE GLUCOSE MONITORING	47	692	1.000	1.106	0.375	3.000
OCM8	SUSPECT REPORTED GLUCOSE INACCURATE	725	14	1.000	1.099	0.402	3.000
OCDV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	739	0	1.000	1.016	0.126	2.000
OCDV1A	CURRENTLY ON DEVIATION FROM TREATMENT	12	727	1.000	1.833	0.389	2.000
OCIS1	SINCE LAST VISIT-ON INACTIVE STATUS	739	0	1.000	1.001	0.037	2.000
OCIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	3	736	1.000	1.000	0.000	1.000
OCMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	739	0	1.000	1.020	0.141	2.000
OCMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	468	271	1.000	1.028	0.165	2.000
OCMDT1	SINCE LAST VISIT,MODIF. THERAPY ANYTIME	13	726	1.000	1.000	0.000	1.000
OCMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	0	739	.	.	.	.
OCMDT1A1	SBGM > SPECIFIED IN PROTOCOL	0	739	.	.	.	.
OCMDT1A2	UGM > SPECIFIED IN PROTOCOL	0	739	.	.	.	.
OCMDT1B	> 2 INJECTIONS INSULIN DAILY	0	739	.	.	.	.
OCMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	0	739	.	.	.	.
OCMDT1D	OTHER MODIFICATION TO THERAPY	2	737	1.000	1.000	0.000	1.000
OCMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	739	0	1.000	1.045	0.207	2.000
OCMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	42	697	1.000	1.429	0.501	2.000
OCMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	41	698	1.000	1.195	0.401	2.000
OCMDT2B1	EXP.-FREQ. OF SBGM<REQUIRED MINIMUM	8	731	1.000	1.625	0.744	3.000
OCMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	38	701	1.000	1.316	0.471	2.000
OCMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	11	728	1.000	1.818	0.405	2.000
OCMDT2D	EXP.-OTHER MODIFICATIONL	37	702	1.000	1.135	0.347	2.000
OCMD32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	716	23	1.000	1.067	0.282	3.000
OCM12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	16	723	1.000	1.000	0.000	1.000
OCNA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	739	0	0.000	4.755	0.923	7.000
OCNA1B	NA-PATTERN OF EATING--EATING DISORDER	739	0	1.000	1.031	0.234	3.000
OCNA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	739	0	0.000	0.586	0.792	4.000
OCNA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	571	168	0.000	0.019	0.161	2.000
OCNA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	739	0	1.000	1.015	0.142	3.000
OCNA1E	NA-ROTATING SITE OF INJECTION	739	0	1.000	1.977	0.159	3.000
OCNA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	737	2	1.000	1.194	0.419	3.000
OCNA1G1	NA-NO. INTERCURRENT EVENTS	738	1	0.000	0.294	0.668	6.000
OCNA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	579	160	0.000	0.276	0.276	4.000
OCNA1H	NA-FAILED TO BRING IN DAILY RECORD	739	0	1.000	1.101	0.302	2.000
OCNA1I1	NA-PATIENT PERFORM SBGM	739	0	1.000	2.005	0.127	3.000
OCNA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	728	11	1.000	1.996	0.134	3.000
OCNA1I3	NA-PERFORM SBGM > ONCE/DAY	728	11	1.000	1.996	0.153	3.000
OCNA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	4	735	0.000	6.750	13.500	27.000
OCNA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	4	735	0.000	7.250	13.200	27.000
OCNA2C	NA-STD: FEWER INJECTIONS OF INSULIN	4	735	0.000	0.000	0.000	0.000
OCNA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	4	735	0.000	0.000	0.000	0.000
OCNA2F1	NA-STD: PATIENT BEEN ILL	5	734	0.000	0.400	0.894	2.000
OCNA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	4	735	0.000	0.000	0.000	0.000
OCNA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	722	17	0.000	8.475	23.669	320.000
OCNA3B	NO. OF TIME NO TEST AT 3 A.M.	724	15	0.000	7.546	5.247	47.000
OCNA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	720	19	0.000	0.465	1.490	14.000

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCNA3D	NO MONITOR URINE ACETONE WHEN BG>240	680	59	0.000	5.387	12.918	114.000
OCNA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	302	437	0.000	0.013	0.115	1.000
OCNA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	301	438	0.000	0.279	1.582	16.000
OCNA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	301	438	0.000	0.282	1.584	16.000
OCDC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	739	0	0.000	0.809	1.569	7.000
OCDC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	739	0	0.000	0.124	0.722	7.000
OCDC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	739	0	0.000	9.111	3.636	36.000
OCDC1D	FREQUENCY OF DKA	739	0	0.000	0.008	0.090	1.000
OCDC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	739	0	1.000	1.306	0.461	2.000
OCDC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	704	35	0.000	0.222	0.889	10.000
OCDC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	65	674	0.000	0.585	1.298	8.000
OCDC2B	MODERATE/LARGE KETONUR.-DUE TO ILLNESS	68	671	0.000	1.015	1.491	8.000
OCDC2C	MODERATE/LARGE KETONUR.-EQUIPM. FAILED	64	675	0.000	0.313	0.957	6.000
OCDC2D	MODERATE/LARGE KETONUR.-SPONTANEOUS	68	671	0.000	0.441	0.870	4.000
OCDC3A	PATIENT FEMALE	739	0	1.000	1.501	0.500	2.000
OCDC3B1	VAGINAL ITCHING OR DISCHARGE	372	367	1.000	1.145	0.353	2.000
OCDC3B2	PATIENT TREATED FOR VAGINAL ITCHING	55	684	1.000	1.855	0.356	2.000
OCDC3C1	DOES PATIENT MENSTRUATE	366	373	1.000	1.923	0.266	2.000
OCDC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	343	396	1.000	1.061	0.240	2.000
OCDC3D2	WAS PREGNANCY TEST PERFORMED	24	715	1.000	1.667	0.482	2.000
OCDC3D3	DID TEST INDICATE PREGNANCY	15	724	1.000	1.600	0.507	2.000
OCDC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	739	0	0.000	0.003	0.052	1.000
OCDC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	739	0	0.000	0.034	0.245	3.000
OCDC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	739	0	0.000	0.005	0.073	1.000
OCDC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	739	0	0.000	0.020	0.150	2.000
OCDC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	739	0	0.000	0.030	0.199	2.000
OCDC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	739	0	0.000	0.108	0.419	4.000
OCDC4D1	FREQUENCY RECEIVE IV GLUCOSE	100	639	0.000	0.210	0.478	2.000
OCDC4D2	FREQUENCY RECEIVE IV GLUCOSE	98	641	0.000	0.143	0.380	2.000
OCDC4D3	EPIISODES RESULT IN INJURY-PT/OTHERS	93	646	1.000	1.022	0.146	2.000
OCDC4E	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	739	0	0.000	2.816	2.481	15.000
OCDC4F1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	620	119	1.000	1.482	0.825	3.000
OCDC4F2A	REASON HYPOG: MISSED MEAL OR SNACK	56	683	1.000	1.000	0.000	1.000
OCDC4F2B	REASON HYPOG:DECREASED FOOT INTAKE	227	512	1.000	1.000	0.000	1.000
OCDC4F2C	REASON HYPOG:INCREASED EXERCISE LEVEL	303	436	1.000	1.000	0.000	1.000
OCDC4F2D	REASON HYPOG:TOO MUCH INSULIN TAKEN	170	569	1.000	1.000	0.000	1.000
OCDC4F2E	REASON HYPOG:LACK EARLY WARNING-LOW BG	12	727	1.000	1.000	0.000	1.000
OCDC4F2F	REASON HYPOGLYCEMIA: OTHER	83	656	1.000	1.000	0.000	1.000
OCDC4F2G	REASON HYPOGLYCEMIA: UNEXPLAINED	78	661	1.000	1.000	0.000	1.000
OCDC4F3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	453	286	1.000	1.000	0.000	1.000
OCDC4F3B	SYMPTOMS W HYPOG: DIAPHORESIS (SWEAT)	276	463	1.000	1.000	0.000	1.000
OCDC4F3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	267	472	1.000	1.000	0.000	1.000
OCDC4F3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	147	592	1.000	1.000	0.000	1.000
OCDC4F3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	52	687	1.000	1.000	0.000	1.000
OCRC1AR	OPHTH:BLURRED/REDUCED VISION-RIGHT EYE	739	0	1.000	1.035	0.184	2.000
OCRC1AL	OPHTH:BLURRED/REDUCED VISION-LEFT EYE	739	0	1.000	1.037	0.188	2.000
OCRC1BR	OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT	739	0	1.000	1.038	0.191	2.000
OCRC1BL	OPHTH:FLOATERS/FLASHING LIGHTS-LEFT	739	0	1.000	1.031	0.174	2.000
OCRC1CR	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	739	0	1.000	1.015	0.121	2.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCRC1C	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	739	0	1.000	1.016	0.126	2.000
OCRC1D	WILL BE SENT TO OPHTH. SPECIAL VISIT	739	0	1.000	1.003	0.052	2.000
OCRC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	739	0	1.000	1.065	0.247	2.000
OCRC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	739	0	1.000	1.011	0.104	2.000
OCRC2C	NEUR: VOMITING/BLOATING AFTER MEALS	739	0	1.000	1.018	0.132	2.000
OCRC2D	NEUR: RECURRENT DIARRHEA	739	0	1.000	1.011	0.104	2.000
OCRC2E	NEUR: URINARY RETENTION	739	0	1.000	1.001	0.037	2.000
OCRC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	739	0	1.000	1.023	0.150	2.000
OCRC2G	NEUR: FAINTING (NOT WITH HYPOG.)	739	0	1.000	1.001	0.037	2.000
OCRC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	738	1	1.000	1.004	0.064	2.000
OCRC2I	NEUR: IMPOTENCE	739	0	1.000	1.973	0.997	3.000
OCRC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	736	3	1.000	1.003	0.052	2.000
OCRC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	739	0	1.000	1.007	0.082	2.000
OCRC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	739	0	1.000	1.003	0.052	2.000
OCRC3A	RENAL: EDEMA	739	0	1.000	1.000	0.082	2.000
OCRC3B	RENAL: OTHER RENAL PROBLEM	739	0	1.000	1.003	0.052	2.000
OCRC4A	VASCULAR: SHORTNESS OF BREATH	739	0	1.000	1.015	0.121	2.000
OCRC4B	VASCULAR: CONGESTIVE HEART DISEASE	739	0	1.000	1.000	0.000	1.000
OCRC4C	VASCULAR:IMPAIRED PERIPH. VASCULAR CIRC	739	0	1.000	1.001	0.037	2.000
OCRC4D	VASCULAR: CHEST PAIN	739	0	1.000	1.028	0.166	2.000
OCRC4D1	VASCULAR: CHEST PAIN-CLINICAL ANGINA	153	586	1.000	1.000	0.000	1.000
OCRC4E	VASCULAR: SUSPECTED NON-ACUTE MI	720	19	1.000	1.000	0.000	1.000
OCRC4F	VASCULAR: TRANSIENT ISCHEMIC ATTACK	739	0	1.000	1.000	0.000	1.000
OCRC4G	VASCULAR: OTHER VASCULAR PROBLEM	739	0	1.000	1.011	0.104	2.000
OCRC5A	INFECT: URINARY TRACT INFECTION	738	1	1.000	1.019	0.137	2.000
OCRC5B	INFECT: UPPER/LOWER RESPIRATORY TRACT	738	1	1.000	1.220	0.414	2.000
OCRC5C	INFECT: GASTROENTERITIS	739	0	1.000	1.045	0.207	2.000
OCRC5D	INFECT: CUTANEOUS/MUCOCUTANEOUS	739	0	1.000	1.087	0.281	2.000
OCRC5E	INFECT: POST-OPERATIVE OR DEEP WOUND	739	0	1.000	1.004	0.064	2.000
OCRC5F	INFECT: GANGRENE	739	0	1.000	1.000	0.000	1.000
OCRC5G	INFECT: OTHER-MONONUCLEOSIS, MEASLES	739	0	1.000	1.000	0.000	1.000
OCRC5H	INFECT: AT INSERTION SITE	738	1	1.000	1.031	0.174	2.000
OCRC6	MINOR OUTPATIENT SURGERY/INCIDENTAL	312	427	1.000	1.042	0.200	2.000
OCRC7	INTERCURRENT ENDOCRINE EVENT	739	0	1.000	1.066	0.249	2.000
OCRC8	ADVERSE PSYCHOSOCIAL REACTION	739	0	1.000	1.001	0.037	2.000
OCRC9	OTHER MEDICAL PROBLEMS/DIFFICULTIES	739	0	1.000	1.054	0.226	2.000
OCRX2	RX: HAS USED OR IS USING PRESCRIPTION	736	3	1.000	1.031	0.174	2.000
OCRX3	RX: USED OVER-THE-COUNTER DRUGS	739	0	1.000	1.443	0.497	2.000
OCRX4	RX: VITAMIN SUPPLEMENTS-REGULARLY	739	0	1.000	1.448	0.498	2.000
OCADOL5	LESS THAN 18 YEARS OLD	739	0	1.000	1.208	0.406	2.000
OCGRWTH	FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	735	4	1.000	1.022	0.146	2.000
OCHVPDOC	HYPER. DOCUMENTED SENT TO COOR.CENTER	18	721	1.000	1.000	0.000	1.000
OCHIBLP	BLD. PRESS-MEET DEFIN. OF HYPERTENSION	738	1	1.000	1.045	0.207	2.000
OCHVPRT	SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.	699	40	1.000	1.016	0.125	2.000
OCLIPOAT	INJECTION SITE--LIPOATROPHY	55	684	1.000	1.109	0.315	2.000
OCLIPOHY	INJECTION SITE--LIPOHYPERTROPHY	739	0	1.000	1.008	0.090	2.000
OCINFLAM	INJECTION SITE--INFLAMMATION	739	0	1.000	1.069	0.254	2.000
OCHEPATO	ABDOMEN--HEPATOMEGALY	739	0	1.000	1.008	0.090	2.000
OCSPAN	ABDOMEN-IF PRESENT, HOW LARGE (SPAN)	738	1	1.000	1.005	0.073	2.000
		4	735	12.000	13.500	1.291	15.000

Includes both categorical and continuous variables

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

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCFOOTUL	FOOT-ULCER	737	2	1.000	1.001	0.037	2.000
OCFOOTIN	FOOT-INFECTION	737	2	1.000	1.005	0.074	2.000
OCAENTOE	FOOT-ABNORMAL TOENAILS	737	2	1.000	1.023	0.150	2.000
OCDPEDR	PULSE-DORSALIS PEDIS-RIGHT	735	4	1.000	1.072	0.333	3.000
OCDPEDL	PULSE-DORSALIS PEDIS-LEFT	735	4	1.000	1.078	0.335	3.000
OCPTTBR	PULSE-POSTERIOR TIBIAL-RIGHT	736	3	1.000	1.041	0.211	3.000
OCPTTBL	PULSE-POSTERIOR TIBIAL-LEFT	736	3	1.000	1.041	0.211	3.000
OCOTHABN	OTHER ABNORMALITIES ON PHYSICAL EXAM	733	6	1.000	1.109	0.312	2.000
OCBGP1	PROFILSET MAILED TO CBL	739	0	1.000	1.923	0.267	2.000
OCBGP2A	NOT MAILED: KIT DAMAGED	2	737	1.000	1.500	0.707	2.000
OCBGP2B	NOT MAILED: PATIENT FORGOT TO COLLECT	24	715	1.000	1.000	0.000	1.000
OCBGP2C	NOT MAILED: PATIENT LOST KIT	2	737	1.000	1.000	0.000	1.000
OCBGP2D	NOT MAILED: PATIENT REFUSED TO COLLECT	18	721	1.000	1.000	0.000	1.000
OCBGP2E	NOT MAILED: OTHER OR UNKNOWN	10	729	1.000	1.000	0.000	1.000
OCBGP6A	PROFILSET QUALITY-CONTROLLED	715	24	1.000	1.117	0.322	2.000
OCBGP6A1	PROFILSET QC-STICK NO. DUPLICATED	73	666	0.000	3.466	2.421	7.000
OCBGP6A2	PROFILSET QC-WAS CORRECT STICK USED	62	677	1.000	1.887	0.319	2.000
OCBGP7	PERFORM SBGM ON DAY OBTAINED SPECIMENS	719	20	1.000	1.949	0.221	2.000
OCCLIPID	WILL LIPIDS BE MAILED TO CBL	737	2	1.000	1.991	0.097	2.000
OCRENAL	WILL RENAL SPEC. BE MAILED TO CBL	735	4	1.000	1.982	0.132	2.000

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

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCNA2E	NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY	727	45	0.000	15.912	31.828	190.000
OCMRDATE	DATE MARITAL STATUS CHANGED	561	211	185.000	787.752	272.011	1291.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	12	760	0.500	6.125	7.658	25.000
OCOTOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	765	7	10.000	48.251	15.637	122.000
OCEXER2	HOURS & MINUTES OF LIGHT ACTIVITY	724	48	0.000	238.425	496.526	4800.000
OCEXER3	HOURS & MINUTES OF MODERATE ACTIVITY	737	35	0.000	256.731	495.282	4200.000
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	729	43	0.000	123.957	244.316	1500.000
OCEXER5	HOURS & MINUTES OF VERY HARD ACTIVITY	717	55	0.000	49.324	178.112	1500.000
OCDM3BRD	DM 3 INJ. -BLOOD DONE BEFORE BREAKFAST	34	738	27.000	84.176	25.752	172.000
OCDM3BRS	DM 3 INJ. -BLOOD SHOULD DO BEFORE BREAK.	34	738	28.000	89.941	25.721	173.000
OCDM3LUD	DM 3 INJ. -BLOOD DONE BEFORE LUNCH	34	738	0.000	87.529	31.911	170.000
OCDM3LUS	DM 3 INJ. -BLOOD SHOULD DO BEFORE LUNCH	34	738	0.000	87.029	30.044	173.000
OCDM3DID	DM 3 INJ. -BLOOD DONE BEFORE DINNER	34	738	27.000	82.353	26.531	168.000
OCDM3DIS	DM 3 INJ. -BLOOD SHOULD DO PRE-DINNER	34	738	27.000	89.824	25.871	173.000
OCDM3BED	DM 3 INJ. -BLOOD DONE BEFORE BEDTIME	34	738	0.000	77.559	29.881	156.000
OCDM3BES	DM 3 INJ. -BLOOD SHOULD DO PRE-BEDTIME	34	738	0.000	87.029	30.052	173.000
OCDM33AD	DM 3 INJ. -BLOOD DONE AT 3 A.M.	31	741	0.000	9.806	9.279	41.000
OCDM33AS	DM 3 INJ. -BLOOD SHOULD DO AT 3 A.M.	32	740	0.000	12.563	8.032	41.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDM1UBD	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	502	270	0.000	39.028	44.116	209.000
OCDM1UBS	DM 1 INJ.-URINE SHOULD DO BEFORE BREAKFAST	517	255	0.000	51.277	47.815	209.000
OCDM1BBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	572	200	0.000	43.911	39.404	171.000
OCDM1BBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAKFAST	590	182	0.000	56.331	41.415	185.000
OCDM1ULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	492	280	0.000	33.350	39.652	191.000
OCDM1ULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	505	267	0.000	53.527	45.662	209.000
OCDM1BLD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	452	320	0.000	8.460	17.544	117.000
OCDM1BLS	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	467	305	0.000	9.638	20.655	140.000
OCDM1UDD	DM 1 INJ.-URINE DONE BEFORE DINNER	493	279	0.000	39.795	41.548	209.000
OCDM1UDS	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	508	264	0.000	58.154	44.900	209.000
OCDM1BDD	DM 1 INJ.-BLOOD DONE BEFORE DINNER	463	309	0.000	17.231	26.671	117.000
OCDM1BDS	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	478	294	0.000	18.667	29.587	140.000
OCDM1UED	DM 1 INJ.-URINE DONE BEFORE BEDTIME	492	280	0.000	36.030	41.683	193.000
OCDM1UES	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	505	267	0.000	53.184	45.907	209.000
OCDM1BED	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	453	319	0.000	11.673	22.677	117.000
OCDM1BES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	470	302	0.000	12.970	25.439	140.000
OCRX1	RX: NO. ASPIRIN-CONTAINING TABLETS	772	0	0.000	7.816	21.170	300.000
OCPLUSE	PULSE	767	5	48.000	75.236	9.753	130.000
OCSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	771	1	80.000	116.276	12.608	180.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	771	1	50.000	74.655	8.922	108.000
OCSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	7	765	118.000	130.571	9.710	142.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	7	765	68.000	83.429	11.588	100.000
OCBGP8A	RESULTS OF SBGM-PREBREAKFAST	5	767	57.000	119.800	48.443	177.000
OCBGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	5	767	147.000	229.000	92.874	348.000
OCBGP8C	RESULTS OF SBGM-PRELUNCH	5	767	65.000	119.600	41.597	169.000
OCBGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	5	767	115.000	155.200	52.103	246.000
OCBGP8E	RESULTS OF SBGM-PRESUPPER	5	767	102.000	126.000	30.570	179.000
OCBGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	4	768	102.000	156.000	65.335	251.000
OCBGP8G	RESULTS OF SBGM-BEDTIME	5	767	98.000	127.600	38.721	193.000
OCDES1WT	PATIENT'S DESIRED WEIGHT	771	1	47.400	69.488	11.541	103.700
OCWEIGHT	CURRENT WEIGHT	772	0	43.100	74.245	12.290	120.300
OCHEIGHT	CURRENT HEIGHT	2	770	170.000	184.400	20.365	198.800
OCRESCH	NECESSARY TO RESCHEDULE VISIT	772	0	1.000	1.172	0.378	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	122	650	1.000	1.213	0.518	4.000
OCV5ITNO	FOLLOW-UP VISIT NUMBER	772	0	12.000	21.860	6.497	36.000
OCGENDER	GENDER	772	0	1.000	1.464	0.499	2.000
OCMARRY	MARITAL STATUS OF PATIENT	772	0	1.000	1.935	0.804	5.000
OCMARNO	NUMBER OF TIMES MARRIED	468	304	1.000	1.162	0.428	4.000
OCPATJOB	PATIENT'S OCCUPATION	743	29	1.000	3.355	3.106	12.000
OCSPJOB	SPOUSE'S OCCUPATION	483	289	1.000	3.907	3.484	12.000
OCMOMJOB	MOTHER'S OCCUPATION	46	726	1.000	4.696	3.806	11.000
OCFADJOB	FATHER'S OCCUPATION	37	735	1.000	2.216	2.149	9.000
OCFRJOB	GUARDIAN/FRIEND'S OCCUPATION	26	746	1.000	4.808	3.847	12.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	32	740	1.000	1.000	0.000	1.000
OCSPONJO	SPOUSE UNEMPLOYED OR RETIRED	9	763	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	5	767	1.000	1.000	0.000	1.000
OCFADNOJ	FATHER UNEMPLOYED OR RETIRED	5	767	1.000	1.000	0.000	1.000
OCFRNOJ	GUARDIAN/FRIEND'S UNEMPLOY. OR RETIRED	1	771	1.000	1.000	0.000	1.000
OCJOBCH	PATIENT'S JOB STATUS CHANGED	99	673	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCJOBCH	SPOUSE'S JOB STATUS CHANGED	39	733	1.000	1.000	0.000	1.000
OCMJOBCH	MOTHER'S JOB STATUS CHANGED	2	770	1.000	1.000	0.000	1.000
OCDJOBCH	FATHER'S JOB STATUS CHANGED	1	771	1.000	1.000	0.000	1.000
OCFJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	8	764	1.000	1.000	0.000	1.000
OCSPATED	PATIENT'S EDUCATION LEVEL	772	0	1.000	2.482	0.968	5.000
OCSPMED	SPOUSE'S EDUCATION LEVEL	485	287	1.000	2.629	0.997	6.000
OCMOMED	MOTHER'S EDUCATION LEVEL	50	722	1.000	3.020	1.378	6.000
OCDADED	FATHER'S EDUCATION LEVEL	41	731	1.000	2.805	1.289	5.000
OCFRIED	GUARDIAN/FRIEND'S EDUCATION LEVEL	27	745	1.000	3.370	1.668	8.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	772	0	1.000	1.179	0.383	2.000
OCGRADE	ELEMENTARY/SECONDARY SCHOOL GRADE	5	767	1.000	9.800	4.919	12.000
OCYEAR	YEAR IN TRADE SCHOOL	15	757	1.000	1.267	0.458	2.000
OCVYEAR	YEAR IN COLLEGE	74	698	1.000	2.959	1.399	8.000
OCXYEAR	YEAR IN GRADUATE SCHOOL	41	731	1.000	2.366	1.199	4.000
OCEXPELL	CEASED ATTENDING SCHOOL IN PAST YR	148	624	1.000	1.135	0.343	2.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	772	0	1.000	1.241	0.428	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	189	583	1.000	1.847	0.361	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	26	746	1.000	2.923	3.610	12.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	184	588	1.000	18.978	12.965	60.000
OCSMOKE5	SMOKED PIPES OR CIGARS IN PAST YR.	771	1	1.000	1.017	0.129	2.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	26	746	1.000	1.308	0.471	2.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	5	767	1.000	3.400	2.510	6.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	772	0	1.000	1.377	0.485	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	270	502	0.000	1.352	3.270	28.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	277	495	0.000	2.733	4.116	36.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	271	501	0.000	0.904	1.905	14.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	269	503	0.000	0.796	2.289	24.000
OCDRINK6	TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS	269	503	1.000	1.000	0.000	1.000
OCXEXR1	PATIENT'S LEVEL OF ACTIVITY	772	0	1.000	1.619	0.565	3.000
OCHUREG	TYPE OF INSULIN-HUMAN REGULAR	279	493	1.000	1.000	0.000	1.000
OCFOREG	TYPE OF INSULIN-PORK REGULAR	277	495	1.000	1.000	0.000	1.000
OCHUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	772	1.000	1.000	0.000	1.000
OCPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	772	1.000	1.000	0.000	1.000
OCHUNPH	TYPE OF INSULIN-HUMAN NPH	242	530	1.000	1.000	0.000	1.000
OCPONPH	TYPE OF INSULIN-PORK NPH	219	553	1.000	1.000	0.000	1.000
OCHULEN	TYPE OF INSULIN-HUMAN LENTE	49	723	1.000	1.000	0.000	1.000
OCPOLEN	TYPE OF INSULIN-PORK LENTE	85	687	1.000	1.000	0.000	1.000
OCHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	11	761	1.000	1.000	0.000	1.000
OCPO7030	TYPE OF INSULIN-PORK 70/30	0	772	1.000	1.000	0.000	1.000
OCHU7030	TYPE OF INSULIN-HUMAN 70/30	30	742	1.000	1.000	0.000	1.000
OCBPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	121	651	1.000	1.000	0.000	1.000
OCBPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	772	1.000	1.000	0.000	1.000
OCBPNPH	TYPE OF INSULIN-BEEF/PORK NPH	107	665	1.000	1.000	0.000	1.000
OCBPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	25	747	1.000	1.000	0.000	1.000
OCBPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	2	770	1.000	1.000	0.000	1.000
OCBGROUP	WHAT GROUP PATIENT RANDOMIZED	772	0	1.000	1.000	0.000	1.000
OCINSREG	CURRENT INSULIN REGIMEN	772	0	1.000	2.942	0.293	4.000
OCREGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	772	0	1.000	1.984	0.124	2.000
OCREGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	641	131	0.000	7.431	4.893	46.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCREGLUN	UNITS REGULAR INSULIN USED-LUNCH	35	737	0.000	7.000	5.760	28.000
OCREGLUN	UNITS REGULAR INSULIN USED-SUPPER	571	201	0.000	6.518	4.168	38.000
OCREGBED	UNITS REGULAR INSULIN USED-BEDTIME	13	759	0.000	3.308	3.119	10.000
OCREGOTH	UNITS REGULAR INSULIN USED-OTHER	0	772				
OCSEMRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	11	761	0.000	0.000	0.000	0.000
OCSEMLUN	UNITS SEMILENTE INSULIN USED-LUNCH	0	772				
OCSEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	8	764	0.000	0.000	0.000	0.000
OCSEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	0	772				
OCSEMOth	UNITS SEMILENTE INSULIN USED-OTHER	0	772				
OCNPHBK	UNITS NPH INSULIN USED-BREAKFAST	568	204	0.000	25.364	10.563	60.000
OCNPHLUN	UNITS NPH INSULIN USED-LUNCH	5	767	7.000	12.800	7.328	25.000
OCNPHSUP	UNITS NPH INSULIN USED-SUPPER	506	266	0.000	12.125	7.001	40.000
OCNPHBED	UNITS NPH INSULIN USED-BEDTIME	27	745	3.000	14.000	7.606	32.000
OCNPHOTH	UNITS NPH INSULIN USED-OTHER	0	772				
OCLENBRK	UNITS LENTE INSULIN USED-BREAKFAST	161	611	0.000	26.826	11.422	60.000
OCLENLUN	UNITS LENTE INSULIN USED-LUNCH	3	769	0.000	4.667	4.041	7.000
OCLENSUP	UNITS LENTE INSULIN USED-SUPPER	111	661	0.000	12.315	7.146	42.000
OCLENBED	UNITS LENTE INSULIN USED-BEDTIME	7	765	10.000	18.571	10.876	34.000
OCLENOth	UNITS LENTE INSULIN USED-OTHER	0	772				
OCULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	13	759	0.000	7.846	9.155	26.000
OCULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	0	772				
OCULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	12	760	0.000	11.750	7.818	21.000
OCULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	0	772				
OCULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	0	772				
OC7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	32	740	0.000	21.719	13.250	52.000
OC7030LUN	UNITS 70/30 INSULIN USED-LUNCH	0	772				
OC7030SU	UNITS 70/30 INSULIN USED-SUPPER	31	741	0.000	17.290	8.267	40.000
OC7030BE	UNITS 70/30 INSULIN USED-BEDTIME	1	771	18.000	18.000		18.000
OC7030OT	UNITS 70/30 INSULIN USED-OTHER	0	772				
OCDM5	DESCRIBE INSULIN REGIMEN	76	696	1.000	1.053	0.225	2.000
OCDM6A	UNITS BASAL INSULIN INFUSED DAILY	11	761	12.000	22.091	11.122	46.000
OCDM6B	DIFFERENT BASAL RATES USED/DAY	11	761	1.000	2.636	1.206	4.000
OCDM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	11	761	1.000	1.364	0.505	2.000
OCDM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	743	29	1.000	1.144	0.351	2.000
OCDM7A1	CHANGE DOSE-SYMPT. POLYURIA, POLYDIPSIA	60	712	1.000	1.500	0.504	2.000
OCDM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	66	706	1.000	1.758	0.432	2.000
OCDM7A3	CHANGE DOSE-RECURRENT KETONURIA	41	731	1.000	1.171	0.381	2.000
OCDM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	42	730	1.000	1.095	0.297	2.000
OCDM7A5	CHANGE DOSE-PREGNANCY	42	730	1.000	1.143	0.354	2.000
OCDM7A6	CHANGE DOSE-OTHER	58	714	1.000	1.431	0.500	2.000
OCDM7B1	SELF BLOOD GLUCOSE MONITORING	743	29	1.000	1.883	0.460	3.000
OCDM7B2	URINE GLUCOSE MONITORING	739	33	1.000	1.620	0.575	3.000
OCDM8	SUSPECT REPORTED GLUCOSE INACCURATE	770	2	1.000	1.226	0.623	3.000
OCDV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	772	0	1.000	1.056	0.229	2.000
OCDV1A	CURRENTLY ON DEVIATION FROM TREATMENT	44	728	1.000	1.727	0.451	2.000
OCIS1	SINCE LAST VISIT-ON INACTIVE STATUS	772	0	1.000	1.000	0.000	1.000
OCIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	2	770	1.000	1.000	0.000	1.000
OCMDP1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	772	0	1.000	1.057	0.232	2.000
OCMDP2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	467	305	1.000	1.086	0.280	2.000

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Includes both categorical and continuous variables

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCMDT1	SINCE LAST VISIT MODIF. THERAPY ANYTIME	772	0	0.000	1.084	0.282	2.000
OCMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	73	699	1.000	1.781	0.417	2.000
OCMDT1A1	SBGM > SPECIFIED IN PROTOCOL	59	713	1.000	3.237	1.430	8.000
OCMDT1A2	UGM > SPECIFIED IN PROTOCOL	46	726	0.000	1.348	1.754	4.000
OCMDT1B	> 2 INJECTIONS INSULIN DAILY	92	680	1.000	1.174	0.381	2.000
OCMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	48	724	1.000	1.250	0.438	2.000
OCMDT1D	OTHER MODIFICATION TO THERAPY	77	695	1.000	1.286	0.455	2.000
OCMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	8	764	1.000	1.125	0.354	2.000
OCMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	0	772	.	.	.	.
OCMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	0	772	.	.	.	.
OCMDT2B1	EXP.-FREQ. OF SBGM<REQUIRED MINIMUM	0	772	.	.	.	.
OCMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	0	772	.	.	.	.
OCMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	0	772	.	.	.	.
OCMDT2D	EXP.-OTHER MODIFICATION	0	772	.	.	.	.
OCMD32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	34	738	1.000	1.235	0.496	3.000
OCMDM12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	736	36	1.000	1.298	0.604	3.000
OCNA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	772	0	1.000	4.824	0.879	7.000
OCNA1B	NA-PATTERN OF EATING--EATING DISORDER	771	1	1.000	1.021	0.183	3.000
OCNA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	772	0	0.000	0.530	0.826	8.000
OCNA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	603	169	0.000	0.017	0.152	2.000
OCNA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	771	1	1.000	1.080	0.080	2.000
OCNA1E	NA-ROTATING SITE OF INJECTION	772	0	1.000	1.981	0.147	3.000
OCNA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	772	0	1.000	1.153	0.378	3.000
OCNA1G1	NA-NO. INTERCURRENT EVENTS	771	1	0.000	0.178	0.669	10.000
OCNA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	612	160	0.000	0.007	0.099	2.000
OCNA1H	NA-FAILED TO BRING IN DAILY RECORD	772	0	1.000	1.234	0.427	3.000
OCNA1I1	NA-PATIENT PERFORM SBGM	772	0	1.000	1.905	0.470	3.000
OCNA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	619	153	1.000	1.205	0.439	3.000
OCNA1I3	NA-PERFORM SBGM > ONCE/DAY	618	154	1.000	1.366	0.545	3.000
OCNA1J	NA-STD: >PRESCRIBED UNITS OF INSULIN	762	10	0.000	2.236	9.128	99.000
OCNA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	762	10	0.000	1.084	6.727	99.000
OCNA2C	NA-STD: FEWER INJECTIONS OF INSULIN	762	10	0.000	0.247	1.514	28.000
OCNA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	763	9	0.000	1.326	8.387	104.000
OCNA2F1	NA-STD: PATIENT BEEN ILL	766	6	0.000	1.969	4.398	50.000
OCNA2F2	NA-STD: SICK-NO TEST/RECORD URINE ACETO.	703	69	0.000	0.440	2.290	30.000
OCNA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	5	767	0.000	0.400	0.894	2.000
OCNA3B	NO. OF TIMES NO TEST AT 3 A.M.	2	770	7.000	8.500	2.121	10.000
OCNA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	2	770	0.000	0.000	0.000	0.000
OCNA3D	NO MONITOR URINE ACETONE WHEN BG>240	3	769	0.000	5.333	6.110	12.000
OCNA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	4	768	0.000	0.000	0.000	0.000
OCNA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	4	768	0.000	0.000	0.000	0.000
OCNA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	4	768	0.000	0.000	0.000	0.000
OCDC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	772	0	0.000	0.960	1.734	7.000
OCDC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	772	0	0.000	0.262	1.062	7.000
OCDC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	772	0	0.000	9.819	3.859	32.000
OCDC1D	FREQUENCY OF DKA	772	0	0.000	0.017	0.365	10.000
OCDC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	772	0	1.000	1.255	0.436	10.000
OCDC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	763	9	0.000	0.573	2.032	30.000
OCDC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	109	663	0.000	1.138	2.633	15.000

the archived DCCT annual physical exam (Form 3.3) data set

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDC2B	Moderate/Large Ketotur.-Due to Illness	108	664	0.000	1.204	1.616	8.000
OCDC2C	Moderate/Large Ketotur.-Equipm. Failed	88	684	0.000	0.114	0.490	3.000
OCDC2D	Moderate/Large Ketotur.-Spontaneous	98	674	0.000	1.622	3.846	30.000
OCDC3A	Patient Female	772	0	1.000	1.461	0.499	2.000
OCDC3B1	Vaginal Itching or Discharge	356	416	1.000	1.247	0.432	2.000
OCDC3B2	Patient Treated for Vaginal Itching	88	684	1.000	1.739	0.442	2.000
OCDC3C1	Does Patient Menstruate	354	418	1.000	1.927	0.261	2.000
OCDC3D1	Last Menstrual Period > 5 Wks. Ago	331	441	1.000	1.085	0.279	2.000
OCDC3D2	Was Pregnancy Test Performed	27	745	1.000	1.593	0.501	2.000
OCDC3D3	Did Test Indicate Pregnancy	16	756	1.000	1.625	0.500	2.000
OCDC4A	No. Hospitalizations for Hypoglycemia	772	0	0.000	0.004	0.062	1.000
OCDC4B1	Hypog.-Lost Conscious. w/out Seizure	772	0	0.000	0.018	0.143	2.000
OCDC4B2	Hypog.-Lost Conscious. with Seizure	772	0	0.000	0.003	0.051	1.000
OCDC4C1	Hypog.-Required Prof. Medical Help	772	0	0.000	0.016	0.152	3.000
OCDC4C2	Hypog.-Require Help of Another Person	772	0	0.000	0.006	0.080	1.000
OCDC4C3	Hypog.-Not Need Doctor or Other Person	772	0	0.000	0.025	0.192	3.000
OCDC4D1	Frequency Receive Glucagon	46	726	0.000	0.109	0.315	1.000
OCDC4D2	Frequency Receive IV Glucose	45	727	0.000	0.267	0.580	3.000
OCDC4D3	Episodes Result in Injury-pt/others	37	735	1.000	1.081	0.277	2.000
OCDC4E	Last 7 Days-Mild Hypogl. Treat Self	772	0	0.000	1.105	1.493	12.000
OCDC4F1	Hypoglycemia Occur While Awake/Asleep	420	352	1.000	1.405	0.752	3.000
OCDC4F2A	Reason Hypog: Missed Meal or Snack	76	696	1.000	1.000	0.000	1.000
OCDC4F2B	Reason Hypog: Decreased Foot Intake	138	634	1.000	1.000	0.000	1.000
OCDC4F2C	Reason Hypog: Increased Exercise Level	189	583	1.000	1.000	0.000	1.000
OCDC4F2D	Reason Hypog: Too Much Insulin Taken	40	732	1.000	1.000	0.000	1.000
OCDC4F2E	Reason Hypog: Lack Early Warning-Low BG	9	763	1.000	1.000	0.000	1.000
OCDC4F2F	Reason Hypoglycemia: Other	59	703	1.000	1.000	0.000	1.000
OCDC4F2G	Reason Hypoglycemia: Unexplained	50	722	1.000	1.000	0.000	1.000
OCDC4F3A	Symptoms w Hypog: Adrenergic Warning	313	459	1.000	1.000	0.000	1.000
OCDC4F3B	Symptoms w Hypog: Diaphoresis(Sweat)	184	588	1.000	1.000	0.000	1.000
OCDC4F3C	Symptoms w Hypog: Alter. Mental Status	141	631	1.000	1.000	0.000	1.000
OCDC4F3D	Symptoms with Mild Hypoglycemia: Other	99	673	1.000	1.000	0.000	1.000
OCDC4F3E	Symptoms with Mild Hypoglycemia: None	16	756	1.000	1.000	0.000	1.000
OCRC1A	OPHTH: Blurred/Reduced Vision-Right Eye	770	2	1.000	1.075	0.264	2.000
OCRC1AL	OPHTH: Blurred/Reduced Vision-Left Eye	772	0	1.000	1.071	0.257	2.000
OCRC1BR	OPHTH: Floaters/Flashing Lights-Right	770	2	1.000	1.070	0.256	2.000
OCRC1BL	OPHTH: Floaters/Flashing Lights-Left	772	0	1.000	1.080	0.272	2.000
OCRC1CR	OPHTH: Any Other Eye Problems-Right	770	2	1.000	1.029	0.167	2.000
OCRC1CL	OPHTH: Any Other Eye Problems-Left	772	0	1.000	1.039	0.193	2.000
OCRC1D	Will Be Sent to OPTH. Special Visit	772	0	1.000	1.016	0.124	2.000
OCRC2A	NEUR: Pain/numbness in hands/feet	772	0	1.000	1.184	0.388	2.000
OCRC2B	NEUR: Unexplained Muscle Weakness	772	0	1.000	1.016	0.124	2.000
OCRC2C	NEUR: Vomiting/Bloating After Meals	772	0	1.000	1.038	0.190	2.000
OCRC2D	NEUR: Recurrent Diarrhea	772	0	1.000	1.018	0.134	2.000
OCRC2E	NEUR: Urinary Retention	772	0	1.000	1.009	0.095	2.000
OCRC2F	NEUR: Dizziness/Lightheadedness	772	0	1.000	1.044	0.205	2.000
OCRC2G	NEUR: Fainting (Not with Hypog.)	772	0	1.000	1.000	0.000	1.000
OCRC2H	NEUR: Seizure (Not due to Hypog.)	772	0	1.000	1.000	0.000	1.000
OCRC2I	NEUR: Impotence	772	0	1.000	1.942	0.983	3.000

Includes both categorical and continuous variables

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Variable Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCRC2J	772	0	1.000	1.006	0.080	2.000
OCRC2K	772	0	1.000	1.027	0.163	2.000
OCRC2L	772	0	1.000	1.010	0.101	2.000
OCRC3A	772	0	1.000	1.018	0.134	2.000
OCRC3B	771	1	1.000	1.014	0.119	2.000
OCRC4A	772	0	1.000	1.014	0.119	2.000
OCRC4B	772	0	1.000	1.000	0.000	1.000
OCRC4C	772	0	1.000	1.005	0.072	2.000
OCRC4D	772	0	1.000	1.014	0.119	2.000
OCRC4D1	157	615	1.000	1.006	0.080	2.000
OCRC4E	767	5	1.000	1.000	0.000	1.000
OCRC4F	772	0	1.000	1.000	0.000	1.000
OCRC4G	772	0	1.000	1.010	0.101	2.000
OCRC5A	772	0	1.000	1.023	0.151	2.000
OCRC5B	772	0	1.000	1.193	0.395	2.000
OCRC5C	772	0	1.000	1.040	0.196	2.000
OCRC5D	772	0	1.000	1.098	0.298	2.000
OCRC5E	771	1	1.000	1.005	0.072	2.000
OCRC5F	771	1	1.000	1.000	0.000	1.000
OCRC5G	770	2	1.000	1.035	0.184	2.000
OCRC5H	37	735	1.000	1.000	0.000	1.000
OCRC6	772	0	1.000	1.074	0.262	2.000
OCRC7	772	0	1.000	1.010	0.101	2.000
OCRC8	772	0	1.000	1.061	0.239	2.000
OCRC9	772	0	1.000	1.041	0.199	2.000
OCRX2	772	0	1.000	1.517	0.500	2.000
OCRX3	772	0	1.000	1.457	0.498	2.000
OCRX4	772	0	1.000	1.298	0.458	2.000
OCADOLES	770	2	1.000	1.003	0.051	2.000
OCGROWTH	4	768	1.000	1.000	0.000	1.000
OCHYPDOC	771	1	1.000	1.102	0.303	2.000
OCHIBLP	690	82	1.000	1.016	0.125	2.000
OCHYPERT	52	720	1.000	1.058	0.235	2.000
OCLIPOAT	772	0	1.000	1.010	0.101	2.000
OCLIPOHY	772	0	1.000	1.101	0.302	2.000
OCINFLAM	772	0	1.000	1.003	0.051	2.000
OCHEPATO	771	1	1.000	1.001	0.036	2.000
OCSPAN	1	771	2.000	2.000		2.000
OCFOOTUL	772	0	1.000	1.004	0.062	2.000
OCFOOTIN	772	0	1.000	1.009	0.095	2.000
OCABNTOE	772	0	1.000	1.066	0.249	2.000
OCBPEDR	772	0	1.000	1.096	0.372	3.000
OCDPEDL	772	0	1.000	1.095	0.371	3.000
OCPTIBR	772	0	1.000	1.048	0.231	3.000
OCPTIBL	772	0	1.000	1.061	0.260	3.000
OCOTHRAN	770	2	1.000	1.164	0.370	2.000
OCBGP1	770	2	1.000	1.930	0.256	2.000
OCBGP2A	1	771	1.000	1.000		1.000
OCBGP2B	31	741	1.000	1.000	0.000	1.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCBGP2C	NOT MAILED: PATIENT LOST KIT	1	771	1.000	1.000		1.000
OCBGP2D	NOT MAILED: PATIENT REFUSED TO COLLECT	10	762	1.000	1.000	0.000	1.000
OCBGP2E	NOT MAILED: OTHER OR UNKNOWN	4	768	1.000	1.000	0.000	1.000
OCBGP6A	PROFILSET QUALITY-CONTROLLED	750	22	1.000	1.093	0.291	2.000
OCBGP6A1	PROFILSET QC-STICK NO. DUPLICATED	68	704	0.000	3.324	2.571	7.000
OCBGP6A2	PROFILSET QC-WAS CORRECT STICK USED	61	711	1.000	1.787	0.413	2.000
OCBGP7	PERFORM SBGM ON DAY OBTAINED SPECIMENS	188	584	1.000	1.037	0.190	2.000
OCLIPID	WILL LIPIDS BE MAILED TO CBL	771	1	1.000	1.982	0.134	2.000
OCRENAL	WILL RENAL SPEC. BE MAILED TO CBL	767	5	1.000	1.971	0.167	2.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCNA2E	NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY	4	782	0.000	25.000	50.000	100.000
OCMRDATE	DATE MARITAL STATUS CHANGED	559	227	84.000	803.449	301.887	1291.000
OCSMOKER8	PIPEFULS/CIGARS PER WK. IN PAST YR.	20	766	0.000	11.275	22.491	100.000
OCTOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	777	9	10.000	53.728	21.024	191.000
OCEXER2	HOURS & MINUTES OF LIGHT ACTIVITY	749	37	0.000	218.495	425.675	3500.000
OCEXER3	HOURS & MINUTES OF MODERATE ACTIVITY	756	30	0.000	201.766	356.034	3200.000
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	738	48	0.000	105.561	247.571	3000.000
OCEXER5	HOURS & MINUTES OF VERY HARD ACTIVITY	727	59	0.000	32.524	124.676	1200.000
OCDM3BRD	DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST	716	70	0.000	82.349	24.302	294.000
OCDM3BRS	DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.	729	57	21.000	92.881	21.644	350.000
OCDM3LUD	DM 3 INJ.-BLOOD DONE BEFORE LUNCH	713	73	0.000	74.042	26.278	176.000
OCDM3LUS	DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH	728	58	0.000	92.471	22.409	350.000
OCDM3DID	DM 3 INJ.-BLOOD DONE BEFORE DINNER	715	71	0.000	77.220	25.706	266.000
OCDM3DIS	DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER	729	57	21.000	92.783	21.663	350.000
OCDM3BED	DM 3 INJ.-BLOOD DONE BEFORE BEDTIME	717	69	0.000	74.385	26.298	176.000
OCDM3BES	DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME	729	57	13.000	92.425	20.542	350.000
OCDM33AD	DM 3 INJ.-BLOOD DONE AT 3 A.M.	717	69	0.000	5.816	6.682	97.000
OCDM33AS	DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.	729	57	0.000	14.128	12.235	240.000
OCDM1UBD	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	10	776	0.000	12.200	24.376	69.000
OCDM1UBS	DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.	9	777	0.000	44.667	52.488	120.000
OCDM1BBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	13	773	0.000	34.231	39.233	98.000
OCDM1BBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK	13	773	54.000	88.077	17.722	120.000
OCDM1ULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	9	777	0.000	14.667	24.551	69.000
OCDM1ULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	9	777	0.000	63.000	38.965	105.000
OCDM1BLD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	11	775	0.000	20.818	34.853	90.000
OCDM1BLS	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	11	775	0.000	46.091	48.911	120.000
OCDM1UDD	DM 1 INJ.-URINE DONE BEFORE DINNER	9	777	0.000	12.667	22.478	57.000
OCDM1UDS	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	9	777	0.000	42.000	41.991	105.000
OCDM1BDD	DM 1 INJ.-BLOOD DONE BEFORE DINNER	11	775	0.000	37.636	40.423	98.000

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCDMI8DS	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	11	775	0.000	65.545	44.713	120.000
OCDMI8ED	DM 1 INJ.-URINE DONE BEFORE BEDTIME	9	777	0.000	10.444	16.749	45.000
OCDMI8ES	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	9	777	0.000	63.000	38.965	105.000
OCDMI8EB	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	11	775	0.000	20.545	34.729	90.000
OCDMI8ES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	11	775	0.000	45.727	49.065	120.000
OCRX1	RX: NO. ASPIRIN-CONTAINING TABLETS	786	0	0.000	6.523	15.162	180.000
OCPLSE	PULSE	778	8	46.000	74.166	9.560	104.000
OCSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	785	1	80.000	116.154	11.523	158.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	785	1	44.000	74.409	8.772	100.000
OCSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	12	774	110.000	124.833	10.599	142.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	12	774	72.000	82.833	8.321	98.000
OCBGP8A	RESULTS OF SBGM-PREBREAKFAST	683	103	31.000	135.906	71.686	437.000
OCBGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	670	116	0.000	179.616	81.607	474.000
OCBGP8C	RESULTS OF SBGM-PRELUNCH	682	104	20.000	124.031	69.087	418.000
OCBGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	671	115	0.000	151.165	76.198	600.000
OCBGP8E	RESULTS OF SBGM-PRESUPPER	677	109	33.000	127.109	70.919	400.000
OCBGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	674	112	0.000	150.743	71.657	462.000
OCBGP8G	RESULTS OF SBGM-BEDTIME	661	125	0.000	139.946	71.536	408.000
OCDESIWT	PATIENT'S DESIRED WEIGHT	782	4	44.000	69.973	11.793	113.000
OCWEIGHT	CURRENT WEIGHT	786	0	48.000	77.565	14.084	157.000
OCHEIGHT	CURRENT HEIGHT	3	783	152.000	164.767	21.940	190.100
OCRESCH	NECESSARY TO RESCHEDULE VISIT	786	0	1.000	1.156	0.364	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	113	673	1.000	1.460	0.835	6.000
OCVSITNO	FOLLOW-UP VISIT NUMBER	786	0	12.000	22.310	6.539	36.000
OCGENDER	GENDER	786	0	1.000	1.471	0.499	2.000
OCMARRY	MARITAL STATUS OF PATIENT	786	0	1.000	1.924	0.785	5.000
OCMARNNO	NUMBER OF TIMES MARRIED	481	305	1.000	1.212	0.439	3.000
OCPATJOB	PATIENT'S OCCUPATION	761	25	1.000	3.469	3.248	11.000
OCSPJOB	SPOUSE'S OCCUPATION	491	295	1.000	4.261	3.406	12.000
OCMOMJOB	MOTHER'S OCCUPATION	61	725	1.000	5.246	3.740	11.000
OCFADJOB	FATHER'S OCCUPATION	46	740	1.000	2.761	1.980	7.000
OCFRJOB	GUARDIAN/FRIEND'S OCCUPATION	45	741	1.000	4.133	3.733	11.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	27	759	1.000	1.000	0.000	1.000
OCSPONOJ	SPOUSE UNEMPLOYED OR RETIRED	10	776	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	4	782	1.000	1.000	0.000	1.000
OCFADNOJ	FATHER UNEMPLOYED OR RETIRED	13	773	1.000	1.000	0.000	1.000
OCFRINOJ	GUARDIAN/FRIEND'S UNEMPLOY OR RETIRED	1	785	1.000	1.000	0.000	1.000
OCFJOBCH	PATIENT'S JOB STATUS CHANGED	80	706	1.000	1.000	0.000	1.000
OCMJOBCH	MOTHER'S JOB STATUS CHANGED	51	735	1.000	1.000	0.000	1.000
OCFJOBCH	FATHER'S JOB STATUS CHANGED	5	781	1.000	1.000	0.000	1.000
OCFJOBCH	FATHER'S JOB STATUS CHANGED	4	782	1.000	1.000	0.000	1.000
OCFJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	6	780	1.000	1.000	0.000	1.000
OCSPATED	PATIENT'S EDUCATION LEVEL	786	0	1.000	2.483	0.927	5.000
OCSP0ED	SPOUSE'S EDUCATION LEVEL	498	288	1.000	2.761	0.991	5.000
OCMOMED	MOTHER'S EDUCATION LEVEL	64	722	1.000	3.344	1.198	6.000
OCFADDED	FATHER'S EDUCATION LEVEL	56	730	1.000	3.196	1.285	6.000
OCFRDED	GUARDIAN/FRIEND'S EDUCATION LEVEL	45	741	1.000	2.889	1.335	8.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	786	0	1.000	1.187	0.390	2.000
OCGRADE	ELEMENTARY/SECONDARY SCHOOL GRADE	5	781	0.000	7.000	6.403	12.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCTYEAR	YEAR IN TRADE SCHOOL	4	782	0.000	1.000	0.816	2.000
OCCYEAR	YEAR IN COLLEGE	78	708	1.000	3.000	1.348	7.000
OCGYEAR	YEAR IN GRADUATE SCHOOL	57	729	0.000	2.070	1.412	7.000
OCEXPELL	CEASED ATTENDING SCHOOL IN PAST YR	158	628	1.000	1.127	0.334	2.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	786	0	1.000	1.215	0.411	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	172	614	1.000	1.843	0.365	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	24	762	0.000	3.375	3.597	11.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	165	621	0.000	16.533	9.432	40.000
OCSMOKE5	SMOKE PIPES OR CIGARS IN PAST YR.	783	3	1.000	1.027	0.162	2.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	40	746	1.000	1.300	0.464	2.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	10	776	0.000	3.700	3.622	10.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	786	0	1.000	1.336	0.473	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	255	531	0.000	1.176	2.742	20.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	255	531	0.000	2.533	4.073	28.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	254	532	0.000	1.236	3.105	30.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	257	529	0.000	0.790	1.706	10.000
OCDRINK6	TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS	247	539	1.000	1.000	0.000	1.000
OCEXER1	PATIENT'S LEVEL OF ACTIVITY	786	0	1.000	1.567	0.581	3.000
OCHUREG	TYPE OF INSULIN-HUMAN REGULAR	520	266	1.000	1.000	0.000	1.000
OCPOREG	TYPE OF INSULIN-PORK REGULAR	261	525	1.000	1.000	0.000	1.000
OCHUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	786	1.000	1.000	0.000	1.000
OCPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	786	1.000	1.000	0.000	1.000
OCHUNPH	TYPE OF INSULIN-HUMAN NPH	169	617	1.000	1.000	0.000	1.000
OCPONPH	TYPE OF INSULIN-PORK NPH	103	683	1.000	1.000	0.000	1.000
OCHULEN	TYPE OF INSULIN-HUMAN LENTE	23	763	1.000	1.000	0.000	1.000
OCPOLEN	TYPE OF INSULIN-PORK LENTE	15	771	1.000	1.000	0.000	1.000
OCHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	67	719	1.000	1.000	0.000	1.000
OCPO7030	TYPE OF INSULIN-PORK 70/30	0	786	1.000	1.000	0.000	1.000
OCHU7030	TYPE OF INSULIN-HUMAN 70/30	2	784	1.000	1.000	0.000	1.000
OCEBREG	TYPE OF INSULIN-BEEF/PORK REGULAR	19	767	1.000	1.000	0.000	1.000
OCEBSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	1	785	1.000	1.000	0.000	1.000
OCEBNPH	TYPE OF INSULIN-BEEF/PORK NPH	17	769	1.000	1.000	0.000	1.000
OCEBLEN	TYPE OF INSULIN-BEEF/PORK LENTE	1	785	1.000	1.000	0.000	1.000
OCEBULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	119	667	1.000	1.000	0.000	1.000
OCGROUP	WHAT GROUP PATIENT RANDOMIZED	786	0	2.000	2.000	0.000	2.000
OCINSREG	CURRENT INSULIN REGIMEN	786	0	1.000	1.640	0.547	4.000
OCCREGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	786	0	1.000	1.980	0.141	2.000
OCCREGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	767	19	0.000	7.563	4.677	38.000
OCCREGLUN	UNITS REGULAR INSULIN USED-LUNCH	726	60	0.000	6.904	3.944	30.000
OCCREGSUP	UNITS REGULAR INSULIN USED-SUPPER	769	17	1.000	10.475	4.778	36.000
OCCREGBED	UNITS REGULAR INSULIN USED-BEDTIME	279	507	0.000	2.168	2.700	20.000
OCCREGOTH	UNITS REGULAR INSULIN USED-OTHER	31	755	0.000	3.323	8.897	48.000
OCCSEMBRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	8	778	0.000	0.000	0.000	0.000
OCCSEMUN	UNITS SEMILENTE INSULIN USED-LUNCH	6	780	0.000	0.000	0.000	0.000
OCCSEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	6	780	0.000	0.000	0.000	0.000
OCCSEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	6	780	0.000	3.333	8.165	20.000
OCCSEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	4	782	0.000	0.000	0.000	0.000
OCNPHBRK	UNITS NPH INSULIN USED-BREAKFAST	167	619	0.000	15.844	11.250	56.000
OCNPHLUN	UNITS NPH INSULIN USED-LUNCH	13	773	0.000	3.000	4.899	12.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCNPHSUP	UNITS NPH INSULIN USED-SUPPER	43	743	0.000	16.209	10.789	41.000
OCNPHBED	UNITS NPH INSULIN USED BEDTIME	246	540	0.000	18.508	9.991	57.000
OCNPHOTH	UNITS NPH INSULIN USED-OTHER	7	779	0.000	0.429	1.134	3.000
OCLENBRK	UNITS LENTE INSULIN USED-BREAKFAST	23	763	0.000	10.391	9.277	28.000
OCLENLUN	UNITS LENTE INSULIN USED LUNCH	8	778	0.000	0.375	1.061	3.000
OCLENSUP	UNITS LENTE INSULIN USED-SUPPER	16	770	0.000	7.375	9.164	28.000
OCLENBOTH	UNITS LENTE INSULIN USED-BEDTIME	38	748	0.000	13.553	8.763	34.000
OCLENTBRK	UNITS LENTE INSULIN USED-OTHER	5	781	0.000	0.000	0.000	0.000
OCULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	135	651	0.000	16.926	11.444	65.000
OCULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	10	776	0.000	3.300	10.436	33.000
OCULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	126	660	0.000	18.214	8.901	47.000
OCULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	37	749	0.000	19.784	13.323	48.000
OCULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	5	781	0.000	0.000	0.000	0.000
OC7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	7	779	0.000	22.857	39.985	95.000
OC7030LJ	UNITS 70/30 INSULIN USED-LUNCH	5	781	0.000	0.000	0.000	0.000
OC7030SU	UNITS 70/30 INSULIN USED-SUPPER	7	779	0.000	17.857	31.339	75.000
OC7030BE	UNITS 70/30 INSULIN USED-BEDTIME	5	781	0.000	0.000	0.000	0.000
OC7030OT	UNITS 70/30 INSULIN USED-OTHER	4	782	0.000	0.000	0.000	0.000
OCDM5	DESCRIBE INSULIN REGIMEN	86	700	1.000	1.151	0.360	2.000
OCDM6A	UNITS BASAL INSULIN INFUSED DAILY	313	473	4.000	26.958	10.887	96.000
OCDM6B	DIFFERENT BASAL RATES USED/DAY	312	474	1.000	2.394	1.091	4.000
OCDM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	307	479	1.000	1.134	0.341	2.000
OCDM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	37	749	1.000	1.135	0.347	2.000
OCDM7A1	CHANGE DOSE-SYMP. POLYURIA,POLYDIPSIA	3	783	1.000	1.333	0.577	2.000
OCDM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	3	783	2.000	2.000	0.000	2.000
OCDM7A3	CHANGE DOSE-RECURRENT KETONURIA	2	784	1.000	1.000	0.000	1.000
OCDM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	3	783	1.000	1.333	0.577	2.000
OCDM7A5	CHANGE DOSE-PREGNANCY	2	784	1.000	1.000	0.000	1.000
OCDM7A6	CHANGE DOSE-OTHER	2	784	1.000	1.000	0.000	1.000
OCDM7B1	SELF BLOOD GLUCOSE MONITORING	52	734	1.000	2.096	0.358	3.000
OCDM7B2	URINE GLUCOSE MONITORING	48	738	1.000	1.292	0.651	3.000
OCDM8	SUSPECT REPORTED GLUCOSE INACCURATE	773	13	1.000	1.107	0.426	3.000
OCDV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	786	0	1.000	1.033	0.179	2.000
OCDV1A	CURRENTLY ON DEVIATION FROM TREATMENT	30	756	1.000	1.800	0.407	2.000
OCIS1	SINCE LAST VISIT-ON INACTIVE STATUS	786	0	1.000	1.006	0.080	2.000
OCIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	7	779	1.000	1.143	0.378	2.000
OCMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	786	0	1.000	1.027	0.161	2.000
OCMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	456	330	1.000	1.042	0.200	2.000
OCMDT1	SINCE LAST VISIT,MODIF. THERAPY ANYTIME	20	766	1.000	1.000	0.000	1.000
OCMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	0	786	.	.	.	.
OCMDT1A1	SBGM > SPECIFIED IN PROTOCOL	0	786	.	.	.	.
OCMDT1A2	UGM > SPECIFIED IN PROTOCOL	0	786	.	.	.	.
OCMDT1B	> 2 INJECTIONS INSULIN DAILY	0	786	.	.	.	.
OCMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	0	786	.	.	.	.
OCMDT1D	OTHER MODIFICATION TO THERAPY	0	786	.	.	.	.
OCMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	783	3	1.000	1.066	0.249	2.000
OCMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	72	714	1.000	1.194	0.399	2.000
OCMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	67	719	1.000	1.090	0.288	2.000
OCMDT2B1	EXP.-FREQ. OF SBGM-REQUIRED MINIMUM	8	778	1.000	2.000	0.926	3.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCWDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	66	720	1.000	1.576	0.498	2.000
OCWDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	39	747	2.000	2.000	0.000	2.000
OCWDT2D	EXP.-OTHER MODIFICATION	56	730	1.000	1.125	0.334	2.000
OCDM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	741	45	1.000	1.101	0.355	3.000
OCDM12	PERFORM-GLUC. MONITOR. THAN PRESCRIBED	26	760	1.000	1.500	0.860	3.000
OCNA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	786	0	0.000	4.716	1.053	7.000
OCNA1B	NA-PATTERN OF EATING--EATING DISORDER	786	0	1.000	1.041	0.259	3.000
OCNALC1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	786	0	0.000	0.515	0.772	5.000
OCNALC2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	604	182	0.000	0.033	0.205	2.000
OCNALD	NA-USED TYPE OF INSULIN NOT PRESCRIBED	786	0	1.000	1.005	0.071	2.000
OCNALE	NA-ROTATING SITE OF INJECTION	786	0	1.000	1.989	0.138	3.000
OCNA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	780	6	1.000	1.188	0.417	3.000
OCNA1G1	NA-NO. INTERCURRENT EVENTS	783	3	0.000	0.236	0.696	7.000
OCNA1G2	NA-INTERCURRE. EVENTS NO REPORT ON TIME	624	162	0.000	0.053	0.366	5.000
OCNA1H	NA-FAILED TO BRING IN DAILY RECORD	785	1	1.000	1.120	0.325	2.000
OCNA1I1	NA-PATIENT PERFORM SBGM	786	0	1.000	2.000	0.151	3.000
OCNA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	771	15	1.000	1.986	0.187	3.000
OCNA1I3	NA-PERFORM SBGM > ONCE/DAY	771	15	1.000	1.994	0.180	3.000
OCNA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	5	781	0.000	0.400	0.894	2.000
OCNA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	5	781	0.000	0.000	0.000	0.000
OCNA2C	NA-STD: FEWER INJECTIONS OF INSULIN	5	781	0.000	0.000	0.000	0.000
OCNA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	4	782	0.000	0.500	1.000	2.000
OCNA2F1	NA-STD: PATIENT BEEN ILL	7	779	0.000	0.571	0.787	2.000
OCNA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	4	782	0.000	0.000	0.000	0.000
OCNA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	757	29	0.000	7.189	23.405	336.000
OCNA3B	NO. OF TIME NO TEST AT 3 A.M.	764	22	0.000	7.753	6.226	90.000
OCNA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	763	23	0.000	0.511	3.476	90.000
OCNA3D	NO MONITOR URINE ACETONE WHEN BG>240	712	74	0.000	4.794	11.778	108.000
OCNA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	311	475	0.000	0.023	0.204	2.000
OCNA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	311	475	0.000	0.415	2.834	35.000
OCNA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	312	474	0.000	0.487	3.093	35.000
OCDC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	786	0	0.000	0.676	1.489	7.000
OCDC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	786	0	0.000	0.101	0.659	7.000
OCDC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	785	1	0.000	8.836	3.308	32.000
OCDC1D	FREQUENCY OF DKA	786	0	0.000	0.008	0.101	2.000
OCDC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	785	1	1.000	1.265	0.442	2.000
OCDC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	762	24	0.000	0.322	2.365	58.000
OCDC2A	Moderate/Large Ketoneur.-Change Routine	74	712	0.000	0.378	1.523	12.000
OCDC2B	Moderate/Large Ketoneur.-Due to Illness	82	704	0.000	1.232	2.229	14.000
OCDC2C	Moderate/Large Ketoneur.-Equipm. Failed	76	710	0.000	0.355	0.934	4.000
OCDC2D	Moderate/Large Ketoneur.-Spontaneous	74	712	0.000	1.203	5.532	46.000
OCDC3A	PATIENT FEMALE	786	0	1.000	1.466	0.499	2.000
OCDC3B1	VAGINAL ITCHING OR DISCHARGE	368	418	1.000	1.152	0.360	2.000
OCDC3B2	PATIENT TREATED FOR VAGINAL ITCHING	58	728	1.000	1.603	0.493	2.000
OCDC3C1	DOES PATIENT MENSTRUATE	360	426	1.000	1.925	0.264	2.000
OCDC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	340	446	1.000	1.094	0.292	2.000
OCDC3D2	WAS PREGNANCY TEST PERFORMED	34	752	1.000	1.559	0.504	2.000
OCDC3D3	DID TEST INDICATE PREGNANCY	19	767	1.000	1.789	0.419	2.000
OCDC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	786	0	0.000	0.001	0.036	1.000

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OCDC4B1	HYPOG.-LOST CONSCIOUS, W/OUT SEIZURE	786	0	0.000	0.032	0.226	3.000
OCDC4B2	HYPOG.-LOST CONSCIOUS, WITH SEIZURE	786	0	0.000	0.015	0.123	1.000
OCDC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	786	0	0.000	0.015	0.142	2.000
OCDC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	786	0	0.000	0.036	0.239	3.000
OCDC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	786	0	0.000	0.099	0.503	7.000
OCDC4D1	FREQUENCY RECEIVE GLUCAGON	106	680	0.000	0.264	0.637	4.000
OCDC4D2	FREQUENCY RECEIVE IV GLUCOSE	103	683	0.000	0.107	0.368	2.000
OCDC4D3	EPISODES RESULT IN INJURY-PT/OTHERS	93	693	1.000	1.022	0.146	2.000
OCDC4E	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	786	0	0.000	2.695	2.509	13.000
OCDC4F1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	607	179	1.000	1.425	0.788	3.000
OCDC4F2A	REASON HYPOG: MISSED MEAL OR SNACK	80	706	1.000	1.000	0.000	1.000
OCDC4F2B	REASON HYPOG:DECREASED FOOT INTAKE	214	572	1.000	1.000	0.000	1.000
OCDC4F2C	REASON HYPOG:INCREASED EXERCISE LEVEL	265	521	1.000	1.000	0.000	1.000
OCDC4F2D	REASON HYPOG:TOO MUCH INSULIN TAKEN	179	607	1.000	1.000	0.000	1.000
OCDC4F2E	REASON HYPOG:LACK EARLY WARNING-LOW BG	19	767	1.000	1.000	0.000	1.000
OCDC4F2F	REASON HYPOGLYCEMIA: OTHER	81	705	1.000	1.000	0.000	1.000
OCDC4F2G	REASON HYPOGLYCEMIA: UNEXPLAINED	85	701	1.000	1.000	0.000	1.000
OCDC4F3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	360	426	1.000	1.000	0.000	1.000
OCDC4F3B	SYMPTOMS W HYPOG: DIAPHORESIS (SWEAT)	231	555	1.000	1.000	0.000	1.000
OCDC4F3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	277	509	1.000	1.000	0.000	1.000
OCDC4F3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	180	606	1.000	1.000	0.000	1.000
OCDC4F3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	61	725	1.000	1.000	0.000	1.000
OCRC1AR	OPHTH:BLURRED/REDUCED VISION-RIGHT EYE	786	0	1.000	1.039	0.195	2.000
OCRC1AL	OPHTH:BLURRED/REDUCED VISION-LEFT EYE	786	0	1.000	1.033	0.179	2.000
OCRC1BR	OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT	786	0	1.000	1.057	0.232	2.000
OCRC1BL	OPHTH:FLOATERS/FLASHING LIGHTS-LEFT	786	0	1.000	1.057	0.232	2.000
OCRC1CR	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	786	0	1.000	1.020	0.141	2.000
OCRC1CL	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	786	0	1.000	1.018	0.132	2.000
OCRC1D	OPHTH: WILL BE SENT TO OPHTH. SPECIAL VISIT	785	1	1.000	1.011	0.107	2.000
OCRC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	786	0	1.000	1.116	0.320	2.000
OCRC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	786	0	1.000	1.018	0.132	2.000
OCRC2C	NEUR: VOMITING/BLOATING AFTER MEALS	786	0	1.000	1.029	0.169	2.000
OCRC2D	NEUR: RECURRENT DIARRHEA	786	0	1.000	1.010	0.100	2.000
OCRC2E	NEUR: URINARY RETENTION	786	0	1.000	1.006	0.080	2.000
OCRC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	786	0	1.000	1.020	0.141	2.000
OCRC2G	NEUR: FAINTING (NOT WITH HYPOG.)	786	0	1.000	1.004	0.062	2.000
OCRC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	786	0	1.000	1.000	0.000	1.000
OCRC2I	NEUR: IMPOTENCE	786	0	1.000	1.929	0.988	3.000
OCRC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	781	5	1.000	1.003	0.051	2.000
OCRC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	786	0	0.000	1.020	0.150	2.000
OCRC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	785	1	1.000	1.003	0.050	2.000
OCRC3A	RENAL: EDEMA	785	1	1.000	1.006	0.080	2.000
OCRC3B	RENAL: OTHER RENAL PROBLEM	786	0	1.000	1.010	0.100	2.000
OCRC4A	VASCULAR: SHORTNESS OF BREATH	786	0	1.000	1.017	0.128	2.000
OCRC4B	VASCULAR: CONGESTIVE HEART DISEASE	786	0	1.000	1.001	0.036	2.000
OCRC4C	VASCULAR:IMPAIRED PERIPH. VASCULAR CIRC	786	0	1.000	1.003	0.050	2.000
OCRC4D	VASCULAR: CHEST PAIN	786	0	1.000	1.015	0.123	2.000
OCRC4D1	VASCULAR: CHEST PAIN-CLINICAL ANGINA	169	617	1.000	1.000	0.000	1.000
OCRC4E	VASCULAR: SUSPECTED NON-ACUTE MI	770	16	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

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

Variable Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCRC4F	786	0	1.000	1.000	0.000	1.000
OCRC4G	786	0	1.000	1.004	0.062	2.000
OCRC5A	786	0	1.000	1.024	0.154	2.000
OCRC5B	786	0	1.000	1.205	0.404	2.000
OCRC5C	786	0	1.000	1.043	0.204	2.000
OCRC5D	786	0	1.000	1.055	0.228	2.000
OCRC5E	786	0	1.000	1.001	0.036	2.000
OCRC5F	785	1	1.000	1.000	0.000	1.000
OCRC5G	786	0	1.000	1.014	0.118	2.000
OCRC5H	319	467	1.000	1.047	0.212	2.000
OCRC6	783	3	1.000	1.055	0.228	2.000
OCRC7	786	0	1.000	1.014	0.118	2.000
OCRC8	785	1	1.000	1.050	0.217	2.000
OCRC9	786	0	1.000	1.041	0.198	2.000
OCRX2	785	1	1.000	1.512	0.500	2.000
OCRX3	784	2	1.000	1.420	0.494	2.000
OCRX4	786	0	1.000	1.219	0.414	2.000
OCADOLES	781	5	1.000	1.005	0.071	2.000
OCGROWTH	4	782	1.000	1.000	0.000	1.000
OCHYPOC	783	3	1.000	1.120	0.325	2.000
OCHIBLP	696	90	1.000	1.019	0.135	2.000
OCHPERT	64	722	1.000	1.047	0.213	2.000
OCLIPOAT	786	0	1.000	1.010	0.100	2.000
OCLIPOHY	786	0	1.000	1.099	0.299	2.000
OCINFLAM	786	0	1.000	1.014	0.118	2.000
OCHEPATO	786	0	1.000	1.001	0.036	2.000
OCSPAN	0	786				
OCFOOTUL	786	0	1.000	1.000	0.000	1.000
OCFOOTIN	786	0	1.000	1.013	0.112	2.000
OCABNTOE	786	0	1.000	1.053	0.225	2.000
OCDPEDR	784	2	1.000	1.091	0.355	3.000
OCDPEDL	785	1	1.000	1.087	0.339	3.000
OCPTIBR	784	2	1.000	1.036	0.199	3.000
OCPTIBL	786	0	1.000	1.050	0.250	3.000
OCOTHABN	769	17	1.000	1.116	0.320	2.000
OCBGP1	782	4	1.000	41.830	1116.786	31232.000
OCBGP2A	1	785	1.000	1.000	0.000	1.000
OCBGP2B	39	747	1.000	1.000	0.000	1.000
OCBGP2C	2	784	1.000	1.000	0.000	1.000
OCBGP2D	23	763	1.000	1.000	0.000	1.000
OCBGP2E	17	769	1.000	1.000	0.000	1.000
OCBGP6A	748	38	1.000	1.098	0.297	2.000
OCBGP6A1	66	720	0.000	2.939	2.430	7.000
OCBGP6A2	63	723	1.000	1.746	0.439	2.000
OCBGP7	745	41	1.000	1.926	0.262	2.000
OCLIPID	781	5	1.000	1.990	0.101	2.000
OCRENAL	773	13	1.000	1.987	0.113	2.000