

DCCT Data Set Documentation: Form 3.4

Form 3.4: Close-Out Medical History and Physical Examination

Used only in the close-out period, December 1992 - April 1993

Purpose: Collect final updates on physical characteristics, lifestyle, diabetes management, adherence to the assigned treatment regimen, medical history since the last clinic visit, and family medical history.

Collection Schedule: Once per patient during the close-out period.

Data Set Name: F0034

Structure: One record per patient evaluated during close-out.

Size: 1423 observations of 501 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 7. 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. The form's instructions direct that basal units infused to patients on insulin pumps be excluded from this total, then given in a separate variable on page 8. These instructions may not have been followed in every case.

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

DIABETES CONTROL AND COMPLICATIONS TRIAL

Close-Out Medical History and Physical Examination

This form is to be completed during the close-out clinic visit. The visit number that you should use is the next quarterly visit number in the patient's sequence of scheduled visits. At the time of the 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. Also there are questions that are used to update information that was collected at screening.

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) and Further Details of Hypoglycemic Event (DCCT Form 92.2).

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

1. DCCT Clinic Number **CLINIC**
2. Patient ID Number **PATIENT**
3. Patient's Initials **INITIALS**
4. Date of Visit **FORMDATE**
Month Day Year
5. Was it necessary to reschedule **OCRESCH**
the patient for this visit for any reason? No Yes
(1) (2)

How many times?	<u> </u>
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OCRESCHN
6. What is the follow-up visit number? **OCVSITNO**
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.
OCLSTVST
Month Day Year

FSASDATE
in
dataset

B. DEMOGRAPHIC AND GENERAL INFORMATION

1. Birthdate
Month Day Year
2. Gender **OCGENDER** Male Female
(1) (2)
- 3a) Marital status of patient: (CHECK ONLY ONE) **OCMARRY**
Never married (1)
Married or remarried (2)
Separated (3)
Divorced (4)
Widowed (5)
- b) If married, how many times? **OCMARNO**
- c) If married, remarried, separated, divorced or widowed, when did marital status last change? **OCMRDATE**
Month Year

4. Occupation of patient and household providers:

(CHECK ONLY ONE BOX FOR EACH PERSON DESCRIBED. SEE CHAPTER 8 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.")

	OCPATJOB		OCMOMJOB		OCFRIJOB
	Patient	Spouse	Mother	Father	Guardian/ Friend
a) Professional, technical or similar worker	(01)	OCSPJOB (01)	(01)	OCDDADJOB (01)	(01)
Manager, official, or proprietor	(02)	(02)	(02)	(02)	(02)
Craftsman, foreman, or similar worker	(03)	(03)	(03)	(03)	(03)
Clerical or similar worker	(04)	(04)	(04)	(04)	(04)
Sales Worker	(05)	(05)	(05)	(05)	(05)
Operative or similar worker	(06)	(06)	(06)	(06)	(06)
Service worker	(07)	(07)	(07)	(07)	(07)
Laborer	(08)	(08)	(08)	(08)	(08)
Farmer	(09)	(09)	(09)	(09)	(09)
Homemaker	(10)	(10)	(10)	(10)	(10)
Student	(11)	(11)	(11)	(11)	(11)
Other or unknown	(12)	(12)	(12)	(12)	(12)
b) Unemployed or retired	OCPATNOJ (1)	(1)	OCMOMNOJ (1)	(1)	OCFRINOJ (1)
		OCSPONAJ		OCDDADNOJ	
c) Check here if the answer to either (a) or (b) above represents a change in the occupation category during the past year	OCPJOBCH (1)	(1)	OCMJOBCH (1)	(1)	OCFJOBCH (1)
		OC SJOBCH		OC DJOBCH	

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

	OCPATED Patient	OCMOMED Spouse Mother	OCMOMED Father	OCFRIED Guardian/ Friend
Graduate School	(1)	OCSP0ED (1)	OCDADED (1)	(1)
College graduate	(2)	(2)	(2)	(2)
Some college or trade school	(3)	(3)	(3)	(3)
Secondary school graduate	(4)	(4)	(4)	(4)
Some secondary school	(5)	(5)	(5)	(5)
Elementary school	(6)	(6)	(6)	(6)
None	(7)	(7)	(7)	(7)
Unknown	(8)	(8)	(8)	(8)

OCSTUDENT

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

Proceed to Section C.

7. Note current level in school:

- OCGRADE a) If in elementary or secondary school, grade: _____
- OCTYEAR b) If in trade school, year: _____
- OCCYEAR c) If in college, year: _____
- 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 (1) Yes (2)

OCXPELL If YES, explain: _____

C. SMOKING STATUS

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

Proceed to Question C.5

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

Proceed to Question C.4

3. How long has it been since the patient quit smoking cigarettes or cigarillos? OCSMOKE3
 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? OCSMOKE4
 cigarettes or cigarillos per day _____

Patient ID _____

5. During the past 12 months, has the patient ever smoked pipes or cigars?

OCSMOKE5
No Yes
(1) (2)

Proceed to Question C.9

6. Does the patient currently smoke pipes or cigars?

OCSMOKE6
No Yes
(1) (2)

Proceed to Question C.8

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

OCSMOKE7
months _____

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

OCSMOKE8
pipefuls or
cigars per week

9a. During the past 12 months has the patient lived in a residence where there were individuals who smoked?

OCSMOK9A
No Yes
(1) (2)

b. During the past 12 months has the patient worked in an environment where co-workers smoked?

OCSMOK9B
No Yes
(1) (2)

D. DRINKING STATUS

1. During the past 12 months, has the patient consumed an average of at least one alcoholic beverage per week?

OCDRINK1
No Yes
(1) (2)

Proceed to Section E

2. 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.)

OCDRINK2
(A)
Bottles

3. 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.)

OCDRINK3
(B)
Bottles

4. 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)
OCDRINK4
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.)

OCDRINK5
(D)

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

OCDRINK6
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)

OCEXER1
(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.)

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

OCEXER2

Hours Minutes

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

OCEXER3

Hours Minutes

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

OCEXER4

Hours Minutes

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

OCEXER5

Hours Minutes

F. FAMILY MEDICAL HISTORY

OCFAM | 1. Number of persons living in the patient's household: (INCLUDE THE PATIENT) _____

2. Is there a family history of diseases of the following types? (Consider parents, grandparents, siblings, children)

	Parents			Grandparents			Siblings				Children			
	Yes	No	Un-known	Yes	No	Un-known	Yes	No	Un-known	Not Applicable	Yes	No	Un-known	Not Applicable
a) Hypertension	OCFAM24 (1) (2) (3)			OCFAM25 (1) (2) (3)			OCFAM26 (1) (2) (3) (4)				OCFAM27 (1) (2) (3) (4)			
b) Myocardial infarction	OCFAM28 (1) (2) (3)			OCFAM29 (1) (2) (3)			OCFAM30 (1) (2) (3) (4)				OCFAM31 (1) (2) (3) (4)			
(1) If YES, before age 40?	OCFAM32 (1) (2) (3)			OCFAM33 (1) (2) (3)			OCFAM34 (1) (2) (3) (4)				OCFAM35 (1) (2) (3) (4)			
(11) If YES to (1), in a diabetic person?	OCFAM36 (1) (2) (3)			OCFAM37 (1) (2) (3)			OCFAM38 (1) (2) (3) (4)				OCFAM39 (1) (2) (3) (4)			
c) Autoimmune endocrine disease	OCFAM40 (1) (2) (3)			OCFAM41 (1) (2) (3)			OCFAM42 (1) (2) (3) (4)				OCFAM43 (1) (2) (3) (4)			
d) Serious eye disease or blindness	OCFAM44 (1) (2) (3)			OCFAM45 (1) (2) (3)			OCFAM46 (1) (2) (3) (4)				OCFAM47 (1) (2) (3) (4)			
(1) If YES, due to diabetes?	OCFAM48 (1) (2) (3)			OCFAM49 (1) (2) (3)			OCFAM50 (1) (2) (3) (4)				OCFAM51 (1) (2) (3) (4)			
e) Renal disease	OCFAM52 (1) (2) (3)			OCFAM53 (1) (2) (3)			OCFAM54 (1) (2) (3) (4)				OCFAM55 (1) (2) (3) (4)			
(1) If YES, due to diabetes?	OCFAM56 (1) (2) (3)			OCFAM57 (1) (2) (3)			OCFAM58 (1) (2) (3) (4)				OCFAM59 (1) (2) (3) (4)			
f) Psychiatric disorders	OCFAM60 (1) (2) (3)			OCFAM61 (1) (2) (3)			OCFAM62 (1) (2) (3) (4)				OCFAM63 (1) (2) (3) (4)			
g) Neurologic disease	OCFAM64 (1) (2) (3)			OCFAM65 (1) (2) (3)			OCFAM66 (1) (2) (3) (4)				OCFAM67 (1) (2) (3) (4)			
(1) If YES, due to diabetes?	OCFAM68 (1) (2) (3)			OCFAM69 (1) (2) (3)			OCFAM70 (1) (2) (3) (4)				OCFAM71 (1) (2) (3) (4)			
h) Hyperlipidemia	OCFAM72 (1) (2) (3)			OCFAM73 (1) (2) (3)			OCFAM74 (1) (2) (3) (4)				OCFAM75 (1) (2) (3) (4)			
i) IDDM	OCFAM76 (1) (2) (3)			OCFAM77 (1) (2) (3)			OCFAM78 (1) (2) (3) (4)				OCFAM79 (1) (2) (3) (4)			
j) NIDDM	OCFAM80 (1) (2) (3)			OCFAM81 (1) (2) (3)			OCFAM82 (1) (2) (3) (4)				OCFAM83 (1) (2) (3) (4)			

G. DIABETES MANAGEMENT

Answer Section G 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)

- | | | | | | |
|----------|----------------------|-------|----------------|-------|----------|
| OCHUREG | Human regular | (1) | Pork Regular | (1) | OCPOREG |
| OCHUSEMI | Human Semilente | (1) | Pork Semilente | (1) | OCPOSEMI |
| OCHUNPH | Human NPH | (1) | Pork NPH | (1) | OCPONPH |
| OCHULEN | Human Lente | (1) | Pork Lente | (1) | OCPOLEN |
| OCHULT | Human Ultralente | (1) | Pork 70/30 | (1) | OCPO7030 |
| OCHU7030 | Human 70/30 | (1) | | | |
| | Beef/pork Regular | (1) | OCBPREG | | |
| | Beef/pork Semilente | (1) | OCBPSEMI | | |
| | Beef/pork NPH | (1) | OCBPNPH | | |
| | Beef/pork Lente | (1) | OCBPLEN | | |
| | Beef/pork Ultralente | (1) | OCBP7030ULT | | |

2. To what group was this patient randomized? OCGROUP

Standard (1) Experimental (2)

3. a) What insulin regimen is currently being used by this patient? OCINSREG

- Insulin infusion pump (1)
 - three or more daily injections (2)
 - one or two daily injections (3)
 - other: (4)
- (describe the regimen in Question Number 5)

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

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

Total number of units per day: _ _ _

Units Used	Breakfast	Lunch	Supper	Bedtime	Other
Regular	OCREGBRK	OCREGLUN	OCREGSUP	OCREGBED	OCREGOTH
Semilente	OCSEMBRK	OCSEM LUN	OCSEMSUP	OCSEMBED	OCSEMOTH
NPH	OCNPHBRK	OCNPHLUN	OCNPHSUP	OCNPHBED	OCNPHOTH
Lente	OCLNBRK	OCLN LUN	OCLNSUP	OCLNBED	OCLNOTH
Ultralente	OCULTBRK	OCULT LUN	OCULTSUP	OCULTBED	OCULTOTH
70/30	OC7030BRK	OC7030LUN	OC7030SUP	OC7030BED	OC7030OTH

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 6 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: I am describing the insulin regimen here: No Yes (1) (2) OCLDM5

If yes, specify:

6. COMPLETE ONLY FOR PATIENTS USING AN INSULIN INFUSION PUMP

Total number of UNITS BASAL insulin infused per day: OCDM6A

Total number of different BASAL RATES used per day: OCDM6B

Has the patient had any technical problems with the insulin infusion pump? OCDM6C
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? OCDM7A
No Yes
(1) (2)

If YES, please indicate the reason.

- | | | | | |
|--|-------|-------|-------------|---------|
| Symptomatic polyuria/polydipsia/nocturia | No | Yes | (1) (2) | OCDM7A1 |
| Unacceptable degree of hypoglycemia | (1) | (2) | (1) (2) | OCDM7A2 |
| Recurrent ketonuria | (1) | (2) | (1) (2) | OCDM7A3 |
| Hemoglobin A1c above the action limit | (1) | (2) | (1) (2) | OCDM7A4 |
| Pregnancy | (1) | (2) | (1) (2) | OCDM7A5 |
| Other: | (1) | (2) | (1) (2) | OCDM7A6 |

Specify _____

b) How is this patient monitoring his/her diabetes?

- | | | | | |
|-------------------------------|-------|-------|-----------|---------|
| | No | Yes | Uncertain | |
| Self blood glucose monitoring | (1) | (2) | (3) | OCDM7B1 |
| Urine glucose monitoring | (1) | (2) | (3) | OCDM7B2 |

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? OCDM8
No Yes Sure
(1) (2) (3)

Explain: _____

H. 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? OCDV1
No Yes
(1) (2)

a. If yes, is the patient currently on deviation from treatment? OCDV1A
No Yes
(1) (2)

(1) If NO, enter date of termination of deviation: OCDV1A1
Month Day Year

(11) If this is a new (started since last QV) deviation: enter date of DCCT Form 022, Notification of Deviation from Assigned Treatment: OCDV1A2
Month Day Year

I. TRANSFER TO INACTIVE STATUS

1. Since the last visit, has the patient been on inactive status at any time? OCIS1
(as defined in Section 12.7 of the Protocol) No Yes
(1) (2)

a. If yes, is the patient currently on transfer to inactive status? OCIS1A
No Yes
(1) (2)

(1) If NO, enter date of return to active status: OCIS1A1
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: OCIS1A2
Month Day Year

J. MODIFICATIONS OF FOLLOW-UP SCHEDULE FOR ENDPOINT ASSESSMENTS

(See Manual of Operations Chapter 11) OCMDF1

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

If YES, indicate which assessments: _____

2. Is the patient currently on a modified follow-up schedule? OCMDF2
No Yes
(1) (2)

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

OCMDT1

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

Proceed to Question L.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? OCMDT1A
No Yes
(1) (2)

IF YES, record frequency: SBGM /day OCMDT1A1
UGM /day OCMDT1A2

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

(NOTE: PERMISSION OF THE TREATMENT COMMITTEE IS REQUIRED PRIOR TO INSTITUTING THIS MODIFICATION OF THERAPY) OCMDT1B
No Yes
(1) (2)

Proceed to question d) _____

If this modification was started since the last visit:

- (i) Enter date permission was received from the Treatment Committee to institute the regimen in this patient OCMDT1B1
Month Day Year
- (ii) Enter date that new regimen was started OCMDT1B2
Month Day Year

- 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? OCMDT1C
No Yes
(1) (2)

If NO, enter date of return to one or two injections of insulin per day OCMDT1C1
Month Day Year

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 H and on Form 022.

- d) Other modification; specify: No Yes
(1) (2)
OCMDT1D

FOR PATIENTS RANDOMIZED TO THE EXPERIMENTAL GROUP ONLY

2. Since the last visit, has the patient been on a modified treatment protocol? No Yes
(1) (2) OCMDT2

Proceed to Question L.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? OCMDT2A
No Yes
(1) (2)

- b) Have you instructed this patient to perform self blood glucose monitoring on a less frequent daily schedule than the required minimum of four times a day, including three pre-prandial and one bedtime sample? OCMDT2B
No Yes
(1) (2)

If yes, record frequency / day OCMDT2B1

- c) Have you instructed this patient to use less stringent goals of therapy? No Yes OCMDT2C
(1) (2)

(i) Specify the new goals:

HbA1c (range) to

Blood glucose (range):

Preprandial to

Postprandial to

3:00 a.m. to

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

- (iii) Specify the date that the new goal(s) became effective: OCMDT2C3
Month Day Year

(iv) Are the stated goals in effect at present?

OCDT204
No Yes
(1) (2)

d) Other modification; specify:

No Yes
(1) (2) OCDT2D

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

OCDTRET
Month Day Year

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

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

Testing Required by Protocol	BLOOD	
	Number Actually Done	Number Should Have Done
Before breakfast	OCDM3BRD	OCDM3BRS
Before lunch	OCDM3LUD	OCDM3LUS
Before dinner	OCDM3DID	OCDM3DIS
Bedtime	OCDM3BED	OCDM3BES
3:00 a.m.	OCDM33AD	OCDM33AS

2. Is the patient performing more self blood glucose monitoring than prescribed? No Yes Uncertain
(1) (2) (3) OCDM32

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

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

Testing Required by Protocol	URINE		BLOOD	
	Number Actually Done	Number Should Have Done	Number Actually Done	Number Should Have Done
Before breakfast	OCDM1UBD	OCDM1UBS	OCDM1BBD	OCDM1BBS
Before lunch	OCDM1ULD	OCDM1ULS	OCDM1BLD	OCDM1BLS
Before dinner	OCDM1UDD	OCDM1UDS	OCDM1BDD	OCDM1BDS
Bedtime	OCDM1UED	OCDM1UES	OCDM1BED	OCDM1BES

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

OCDM1Z
No Yes Uncertain
(1) (2) (3)

N. INDICATIONS OF NON-ADHERENCE TO TREATMENT PROTOCOL

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

a) How often has the patient claimed to have followed the meal plan? **OCNA1A**

- 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 (56-80% 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)?

OCNA1B
 No Yes Uncertain
 (1) (2) (3)

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

OCNA1C1

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

OCNA1C2

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

(1) (2) (3) **OCNA1D**

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

(1) (2) (3) **OCNA1E**

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

(1) (2) (3) **OCNA1F**

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

OCNA1G1

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

OCNA1G2

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

(1) (2) (3) **OCNA1H**

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

(1) (2) (3) **OCNA1I1**

If yes:

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

(1) (2) (3) **OCNA1I2**

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

(1) (2) (3) **OCNA1I3**

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)? OCNA2A
- b) taken extra injections of insulin? OCNA2B
- c) taken fewer injections of insulin? OCNA2C
- d) failed to take his/her prescribed insulin dose? OCNA2D
- e) failed to perform and record at least two urine tests or one blood glucose test a day? OCNA2E
- f) (i) been ill?
(ii) failed to test and record urine acetone during an illness? OCNA2F1
OCNA2F2

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? OCNA3A
- b) How many times has the patient failed to do the prescribed 3:00 a.m. blood tests? OCNA3B
- c) How many times has the patient failed to promptly report a low 3:00 a.m. blood glucose to the clinic? OCNA3C
- d) How many times has the patient failed to monitor urine acetone when blood glucose was >240 mg/dl or during an illness? OCNA3D

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? OCNA4A
- b) How many times has the patient failed to follow instructions for changing catheters? OCNA4B

- c) How many times has the patient failed to follow instructions for changing syringes? OCNA4C

O. 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? OCDC1A
 - b) How many nights in the past week did the patient wake up TWO OR MORE times to urinate? OCDC1B
 - c) On the average, how many 8 ounce glasses of fluid did the patient drink per day? OCDC1C
 - d) How many times did the patient experience DKA? (As defined in Chapter 10 of the Manual of Operations) OCDC1D

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? OCDC1E
 No Yes
 (1) (2)
 If YES, specify: _____

2. How many days has the patient had moderate or large ketonuria? (If none, enter 00 and proceed to Question 0.3.) OCDC2
 How many of these were . . .
 - a) explained by change in routine? OCDC2A
 - b) due to illness? OCDC2B
 - c) due to medical equipment failure? OCDC2C
 - d) spontaneous or unexplained? OCDC2D

3. a) Is the patient female?

OCDC3A
No Yes
(1) (2)

Proceed to Question 0.4 _____ |

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

OCDC3B1
No Yes
(1) (2)

Proceed to Question 0.3.c _____ |

(ii) Was the patient treated for this?

OCDC3B2
No Yes
(1) (2)

(iii) Specify treatment: _____

c)(i) Does the patient menstruate?

OCDC3C1
No Yes
(1) (2)

Proceed to Question 0.4 _____ |

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

OCDC3C2
Month Day Year

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

OCDC3D1
No Yes
(1) (2)

Proceed to Question 0.4 _____ |

(ii) Was a pregnancy test performed?

OCDC3D2
No Yes
(1) (2)

If no, why not? _____

If yes, did the test indicate pregnancy?

OCDC3D3
No Yes
(1) (2)

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.)

OCDC4A

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

If any hospitalizations, give specific reasons:

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

(i) lost consciousness without seizure

OCDC4B1

(ii) lost consciousness with seizure

OCDC4B2

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

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

OCDC4C1

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

OCDC4C2

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

OCDC4C3

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? OCDC4D1

(ii) How many times has the patient received IV glucose to treat hypoglycemia? OCDC4D2

(iii) Did any episodes result in injury to the patient or others? OCDC4D3
 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) Does the patient have a history of recurrent (more than one) hypoglycemic episodes resulting in cerebral impairment (e.g., coma, severe confusion, seizure, loss of consciousness) of such severity that he/she was unable to help himself/herself before the development of warning symptoms of hypoglycemia (e.g., adrenergic symptoms or sweating)? OCDC4E-N
 No Yes
 (1) (2)

f) Does the patient have a history of recurrent (more than one) hypoglycemic episodes resulting in cerebral impairment (e.g., confusion, lethargy, bizarre behavior, etc.) that the patient recognized and was able to treat himself/herself, but occurred before the development of warning symptoms of hypoglycemia (e.g., adrenergic symptoms or sweating)? OCDC4F-N
 No Yes
 (1) (2)

g) How many times in the past seven days did the patient experience hypoglycemia which was mild enough for the patient to treat himself/herself? OCDC4G

h) 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 P.

(i) Did mild hypoglycemia occur: OCDC4H1
 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 OCDC4H2A (1)
 Decreased food intake at meal or snack OCDC4H2B (1)
 Increased exercise level OCDC4H2C (1)
 Too much insulin taken OCDC4H2D (1)
 Lack of early warning signs of low blood glucose OCDC4H2E (1)
 Other; specify: _____ (1) OCDC4H2F

Unexplained OCDC4H2G (1)

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

Adrenergic warning symptoms OCDC4H3A (1)
 Diaphoresis (sweating) OCDC4H3B (1)
 Altered mental status OCDC4H3C (1)
 Other OCDC4H3D (1)
 None OCDC4H3E (1)

P. 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	Left Eye	
a) Has the patient had blurred or reduced vision?	OCRC1AR	No Yes (1) (2)	No Yes (1) (2)	OCRC1AL

If YES, explain: _____

b) Has the patient experienced floaters or flashing lights?	OCRC1BR	No Yes (1) (2)	OCRC1BL No Yes (1) (2)
---	---------	-----------------------	----------------------------------

c) Has the patient had any other eye problems?	OCRC1CR	No Yes (1) (2)	OCRC1CL No Yes (1) (2)
--	---------	-----------------------	----------------------------------

If YES, specify: _____

d) Will the patient be sent to the ophthalmologist for a special visit?	OCRC1D	No Yes (1) (2)
---	--------	-----------------------

2. NEUROLOGIC

Has the patient had any of the following? OCRC2A

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

(i) If the patient has pain, is he/she taking medication for the pain?	No Yes (1) (2)	OCRC2AI
--	-----------------------	---------

(ii) What is the medication? _____

b) Unexplained muscle weakness	(1) (2)	OCRC2B
--------------------------------	-------------	--------

c) Vomiting or bloating after meals	(1) (2)	OCRC2C
-------------------------------------	-------------	--------

d) Bouts of persistent or recurrent diarrhea	(1) (2)	OCRC2D
--	-------------	--------

e) Bouts of urinary retention	(1) (2)	OCRC2E
-------------------------------	-------------	--------

f) Dizziness or lightheadedness (not associated with hypoglycemia)	(1) (2)	OCRC2F
--	-------------	--------

g) Fainting (not associated with hypoglycemia)	(1) (2)	OCRC2G
--	-------------	--------

h) Seizure (not due to hypoglycemia)	(1) (2)	OCRC2H
--------------------------------------	-------------	--------

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

i) Impotence	No Yes (1) (2)	Not Applicable (3)	OCRC2I
--------------	-----------------------	-------------------------	--------

j) Has the patient developed symptoms compatible with a focal neuropathy (described as sudden onset, asymmetrical and self-limited, i.e., cranial mono-neuropathy, proximal motor neuropathy, truncal neuropathy)?	No Yes (1) (2)	OCRC2J
--	-----------------------	--------

k) Other neurologic problem?	No Yes (1) (2)	OCRC2K
------------------------------	-----------------------	--------

If YES, specify: _____

l) Will the patient be sent to the neurologist for a special visit?	No Yes (1) (2)	OCRC2L
---	-----------------------	--------

Patient ID _____

3. RENAL

Has the patient had any of the following?

a) Edema (of renal etiology only) **OCRC3A** No Yes (1) (2)

b) Other renal problem **OCRC3B** (1) (2)

If YES, specify: _____

4. VASCULAR

Has the patient had any of the following?

a) Shortness of breath **OCRC4A** No Yes (1) (2)

b) Symptoms of congestive heart disease **OCRC4B** (1) (2)

c) Other symptoms suggestive of a suspected non-acute MI (as defined MOO Chapter 10) **OCRC4C-0** (1) (2)

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

d) Symptoms suggestive of transient ischemic attack(s) (As defined in Chapter 10 of the Manual of Operations) **OCRC4D-0** (1) (2)

e) Other vascular problem **OCRC4E-0** (1) (2)

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) **OCRC5A** No Yes (1) (2)

b) Upper or lower respiratory tract infection **OCRC5B** (1) (2)

c) Gastroenteritis with fever **OCRC5C** No Yes (1) (2)

d) Cutaneous (non-infusion site) or mucocutaneous (e.g., Candida vulvo-vaginitis, furunculosis, dental abscess) infection **OCRC5D** (1) (2)

If YES, specify: _____

e) Post-operative or deep wound infection **OCRC5E** (1) (2)

f) Gangrene **OCRC5F** (1) (2)

g) Other infections not specifically defined in the Manual of Operations (i.e., mononucleosis, epididymitis, measles, chicken pox) **OCRC5G** (1) (2)

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)? **OCRC5H** No Yes (1) (2)

Complete the Notification of Intercurrent Event (Form 020).

6. MINOR OUTPATIENT SURGERY OR INCIDENTAL TRAUMA (e.g., simple fracture, uncomplicated laceration). **OCRC6** No Yes (1) (2)

If YES, specify: _____

7. INTERCURRENT ENDOCRINE EVENT

(e.g., hypothyroidism, Grave's disease, Cushing's disease) OCCRC7
No Yes
(1) (2)

If YES, specify: _____

8. ADVERSE PSYCHOSOCIAL REACTION No Yes
(1) (2) OCCRC8

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)? OCCRC9
No Yes
(1) (2)

If YES, explain: _____

Q. REVIEW OF SYSTEMS

1. SKIN

a) Does the patient have a history of any of the following? No Yes

Eruptive xanthoma OCSKIN1 (1) (2)

Xanthelasma OCSKIN2 (1) (2)

Necrobiosis OCSKIN3 (1) (2)

Shin spot (diabetic dermopathy) OCSKIN4 (1) (2)

b) Other significant skin condition? OCSKIN5 (1) (2)

If YES, specify: _____

2. PSYCHIATRIC

a) Does the patient have a history of any of the following? No Yes

(i) Nervousness or anxiety OCCPSYCH1 (1) (2)

(ii) Unreasonable fears OCCPSYCH2 (1) (2)

(iii) Eating disturbance OCCPSYCH3 (1) (2)

(iv) Affective disorder OCCPSYCH4 (1) (2)

(v) Suicide attempt OCCPSYCH5 (1) (2)

(vi) Criminal conduct OCCPSYCH6 (1) (2)

(vii) Psychiatric hospitalization or outpatient psychiatric treatment which included the use of tranquilizers such as phenothiazines OCCPSYCH7
(1) (2)

b) Other significant psychiatric condition? OCCPSYCH8
(1) (2)

If YES, specify: _____

3. FEMALE/REPRODUCTIVE (SKIP TO QUESTION Q.4 IF THE PATIENT IS MALE)

a) Does the patient have a history of any of the following? No Yes

(i) Nodules in breast OCFEM1 (1) (2)

(ii) Breast cancer OCFEM2 (1) (2)

(iii) Breast discharge OCFEM3 (1) (2)

(iv) Irregular menses OCFEM4 (1) (2)

(v) Dysmenorrhea OCFEM5 (1) (2)

(vi) Vaginitis OCFEM6 (1) (2)

b) Other significant gynecologic condition? OCFEM7 (1) (2)

If YES, specify: _____

Patient ID _____

OCFEM12

c) Has the patient ever used oral contraceptives?

No Yes
(1) (2)

If YES, (1) specify type of drug and use duration:

(1) Is the patient currently using oral contraceptives?

No Yes
(1) (2)

OCFEM13

d) Does the patient use any other form of birth control?

OCFEM14

No Yes
(1) (2)

If YES, specify: _____

e) Has the patient experienced any difficulties with sexual function?

No Yes
(1) (2)

OCFEM16

4. CHEST PAIN ON EFFORT

a) Have you ever had any pain or discomfort in your chest?

No Yes
(1) (2)

OC PAIN 1

(1) If "NO" have you ever had any pressure or heaviness in your chest?

No Yes
(1) (2)

OC PAIN 2

If "NO" proceed to Section 5, Claudication.

b) Do you get this pain when you walk uphill or hurry?

No Yes N/A
(1) (2) (3)

OC PAIN 3

c) Do you get this pain when you walk at an ordinary pace on a level surface?

No Yes
(1) (2)

OC PAIN 4

d) When you get this pain, what do you do?

Stop (1)
Slow down (2)
Continue at the same pace (3)

OC PAIN 5

e) What happens to it if you stand still?

Relieved (1)
Not relieved (2)

OC PAIN 6

f) How soon does the pain go away when you stand still?

10 minutes or less (1)
More than 10 minutes (2)

OC PAIN 7

g) Please show where the pain was (record all areas mentioned):

- (i) Sternum upper or middle
- (ii) Sternum (low)
- (iii) Left anterior chest
- (iv) Left arm
- (v) Other, specify _____

No Yes
(1) (2)
(1) (2)
(1) (2)
(1) (2)
(1) (2)

OC PAIN 8
OC PAIN 9
OC PAIN 10
OC PAIN 11
OC PAIN 12

5. CLAUDICATION

OCLAUD 1

a) Do you get pain in either leg on walking?

No Yes
(1) (2)

If "NO" proceed to Section R, MEDICATIONS.

b) Does this pain ever begin when you are standing still or sitting?

No Yes
(1) (2)

OCLAUD 2

c) In what part of your leg do you feel it?

(1) Pain includes calf/calves

No Yes
(1) (2)

OCLAUD 4

d) Do you get it if you walk uphill or hurry?

No Yes N/A
(1) (2) (3)

OCLAUD 5

e) Do you get it if you walk at an ordinary pace on the level?

No Yes
(1) (2)

OCLAUD 6

f) Does the pain ever disappear while you are walking?

(1) (2)

OCLAUD 7

g) What do you do if you get this pain when you are walking?

Stop (1)
Slow down (2)
Continue at the same pace (3)

OCLAUD 8

h) What happens to it if you stand still?

Relieved (1)
Not relieved (2)

OCLAUD 9

i) How soon?

10 minutes or less (1)
More than 10 minutes (2)

OCLAUD 10

R. MEDICATIONS

1. On the average, how many aspirin-containing tablets or other prostaglandin inhibitors does the patient use each month? (IF NONE, ENTER 000) **OCR X1**

2. Has the patient used or is he/she currently using any prescription drug on a regular basis other than insulin? **OCR X2**
No Yes
(1) (2)

Specify: _____

3. Has the patient used any over-the-counter drugs? **OCR X3**
No Yes
(1) (2)

Specify: _____

4. Does the patient use vitamin supplements on a regular basis? **OCR X4**
No Yes
(1) (2)

Specify: _____

S. PHYSICAL EXAMINATION (A COMPLETE PHYSICAL EXAMINATION SHOULD BE DONE.)

- 1. Date of last physical examination OCPEDATE
Month Day Year
- 2. Current weight (kg) OCWEIGHT
(To convert pounds to kilograms, multiply by 0.454.)
- 3. Change in weight since previous exam (kg) (CIRCLE + OR -) +OCWTCHA
- 4. What is the patient's desired weight (kg)? OCDESIWT
No Yes
(1) (2)
- 5. Is the patient less than 18 years old? OCADOLES
If NO, skip to Question S.7.
- 6. Has patient failed to maintain normal growth and development (see Manual of Operations Chapter for definition)? OCGROWTH
No Yes
(1) (2)
- 7. Current height (cm) OCHEIGHT
(To convert inches to centimeters, multiply by 2.54.)
- 8. Pulse (bpm) OCPUULSE
- 9. Sitting blood pressure (RIGHT ARM)
 - a) Systolic (mm Hg) OCSYSTR
 - b) Diastolic (mm Hg) OCDIASR
 - c) Has hypertension been previously documented and has the Notification of Intercurrent Form been completed and sent to the Coordinating Center? OCHYPDOCC
No Yes
(1) (2)
- d) Is the current systolic or diastolic blood pressure so high as to be above the normal range as stated in Chapter 10 of the Manual of Operations i.e., ≥ 140 systolic or ≥ 90 diastolic? OCHIBLP
No Yes
(1) (2)

SKIP TO QUESTION S.10 _____

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

- e) Date of second sitting blood pressure determination OCBLPDAT
Month Day Year
- f) Sitting blood pressure:
 - Systolic (mm Hg) OCSYSTR2
 - Diastolic (mm Hg) OCDIASR2
- g) Does the systolic or diastolic blood pressure indicate hypertension as defined in the MOO, Chapter 10 i.e., ≥ 140 systolic or ≥ 90 diastolic? OCHYPERT
No Yes
(1) (2)

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

10. General Examination

- a) Examine the patient for abnormalities of the following sites.

		Normal	Abnormal
Ears, Nose and Throat	<u>OCENT</u>	(1)	(2)
Thyroid	<u>OCTHYRD</u>	(1)	(2)
Lungs	<u>OCLUNGS</u>	(1)	(2)
Breasts	<u>OCBREAST</u>	(1)	(2)
Abdomen	<u>OCABDOM</u>	(1)	(2)
		Absent	Present
	1) Hepatomegaly	(1)	(2)
	1) If present, how large (span)?		_____ cm <u>OCSPAN</u>
Lymphatic system	<u>OCLYMPH</u>	Normal (1)	Abnormal (2)
Rectum	<u>OCRECTUM</u>	(1)	(2) (3)
Pelvis	<u>OCPELVIS</u>	(1)	(2) (3)
Genitalia	<u>OCGENIT</u>	(1)	(2)

11. Cardiovascular Examination

a) Examine the patient for the following cardiac abnormalities.

		OCCRHYTHM	
		Regular (1)	Irregular (2)
Rhythm			
Venous Pressure	OCVENPRS	Normal (1)	Abnormal (2)
Cardiomegaly	OCMEGALY	Absent (1)	Present (2)
S3 Gallop	OCS3GALP	(1)	(2)
S4 Gallop	OCS4GALP	(1)	(2)
Systolic Ejection Murmur	OCSMURMR	(1)	(2)
Diastolic Murmur	OCDMURMR	(1)	(2)
Other Murmur:	OCCOMURMR	(1)	(2)
If PRESENT, specify: _____			
Rub	OCRUB	(1)	(2)
Other Cardiac Abnormality:	OCCARDAB	(1)	(2)
If PRESENT, specify: _____			

12. Peripheral Pulse Examination

a) Indicate the grade of the peripheral pulses using the following scale for the right and left pulse.

	RIGHT SIDE			LEFT SIDE		
	Normal	Dimin- ished	Absent	Normal	Dimin- ished	Absent
Carotid	(1)	(2)	(3)	(1)	(2)	(3)
Brachial	(1)	(2)	(3)	(1)	(2)	(3)
Radial	(1)	(2)	(3)	(1)	(2)	(3)
Femoral	(1)	(2)	(3)	(1)	(2)	(3)
Popliteal	(1)	(2)	(3)	(1)	(2)	(3)
Posterior Tibial	(1)	(2)	(3)	(1)	(2)	(3)
Dorsalis Pedis	(1)	(2)	(3)	(1)	(2)	(3)

b) Indicate the presence or absence of bruits.

		RIGHT		LEFT	
		Absent (1)	Present (2)	Absent (1)	Present (2)
Femoral	OCBRUIT1	(1)	(2)	(1)	(2)
Carotid	OCBRUIT3	(1)	(2)	(1)	(2)
Other:	OCBRUIT5	(1)	(2)	(1)	(2)

If PRESENT, specify: _____

13. Extremities and Skin Examinations

		RIGHT SIDE		LEFT SIDE	
		Absent (1)	Present (2)	Absent (1)	Present (2)
Ulceration	OCEXTR1	(1)	(2)	(1)	(2)
Skin discoloration	OCEXTR3	(1)	(2)	(1)	(2)
Gangrene	OCEXTR5	(1)	(2)	(1)	(2)
Charcot Joint	OCEXTR7	(1)	(2)	(1)	(2)
Deformity	OCEXTR9	(1)	(2)	(1)	(2)

If PRESENT, specify: _____

14. Injection sites (INCLUDING CATHETER SITES):

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

15. Feet:

	Absent (1)	Present (2)
a) Ulcers	(1)	(2)
b) Infection	(1)	(2)
c) Abnormal toenails	(1)	(2)

16. Were any other abnormalities noted on physical examination?

No (1)	Yes (2)
(1)	(2)

Specify: _____

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

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

OCBGP1
No Yes
(1) (2)

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

- Kit damaged after collection (1)OCBGP2A
- Patient forgot to do collection (1)OCBGP2B
- Patient lost kit (1)OCBGP2C
- Patient refused to do collection (1)OCBGP2D
- Other or unknown (1)OCBGP2E

3. On what date were the collections performed?

OC COLDAT
Month Day Year

4. On what date will the Profilset be mailed?

OC PRF DAT
Month Day Year

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

BGP1 thru BGP7 - _____

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

OCBGP6A
No Yes
(1) (2)

(i) If yes, which stick number did the patient duplicate?
(If not done, answer 0)

OCBGP6A
stick

(ii) Was this the correct stick number?

No Yes
(1) (2) OCBGP6A2

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

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

OCBGP7
No Yes
(1) (2)

Proceed to Question T.9 _____

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

Prebreakfast	<u>OCBGP8A</u>	mg/dl
90 min. p.c.	<u>OCBGP8B</u>	mg/dl
Prélunch	<u>OCBGP8C</u>	mg/dl
90 min. p.c.	<u>OCBGP8D</u>	mg/dl
Presupper	<u>OCBGP8E</u>	mg/dl
90 min. p.c.	<u>OCBGP8F</u>	mg/dl
Bedtime	<u>OCBGP8G</u>	mg/dl

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

a) HbA1c accession number:

H - _____

b) Date specimen collected:

OCHBDATE
Month Day Year

10. Will lipid specimens be mailed to the Central Biochemistry Laboratory for annual visit?

No Yes
(1) (2) OCLPID

Proceed to Question T.13

11. On what date will the specimens be drawn?

OCLPDATE
Month Day Year

12. What accession number will be used?

L - _____

13. Will renal studies specimens be mailed to the Central Biochemistry Laboratory for annual visit?

No Yes
(1) (2) OCRENAL

Process to end of form and sign

14. On what date will the specimens be collected?

OCRENDAT
Month Day Year

15. What accession number will be used?

S and U - _____

Name of person responsible for information on this form:

Certification
Number

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



CONTENTS PROCEDURES

Data Set Name: DCEXPORT.F0034
 Member Type: DATA
 Engine: V608
 Created: 15:14 Friday, December 1, 1995
 Last Modified: 15:14 Friday, December 1, 1995
 Protection:
 Data Set Type:
 Label:

Observations: 1423
 Variables: 501
 Indexes: 0
 Observation Length: 1411
 Deleted Observations: 0
 Compressed: NO
 Sorted: YES

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

Data Set Page Size: 16384
 Number of Data Set Pages: 134
 File Format: 607
 First Data Page: 4
 Max Obs per Page: 11
 Obs in First Data Page: 1
 Userid : ONITE1
 File : F0034 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
501	MASK PAT	Num	8	1403		Patient ID number
435	OCABDOM	Num	2	1271		ABNORMALITY OF ABDOMEN
487	OCABNTOE	Num	2	1375		FOOT-ABNORMAL TOENAILS
3	OCACCNO	Num	4	6		ACCESSION NUMBER USED ON PROFILSET
426	OCADOLES	Num	2	1253		LESS THAN 18 YEARS OLD
489	OCBGP1	Num	2	1379		PROFILSET MAILED TO CBL
498	OCBGP7	Num	2	1397		PERFORM SBGM ON DAY OBTAINED SPECIMENS
490	OCBGP2A	Num	2	1381		NOT MAILED: KIT DAMAGED
491	OCBGP2B	Num	2	1383		NOT MAILED: PATIENT FORGOT TO COLLECT
492	OCBGP2C	Num	2	1385		NOT MAILED: PATIENT LOST KIT
493	OCBGP2D	Num	2	1387		NOT MAILED: PATIENT REFUSED TO COLLECT
494	OCBGP2E	Num	2	1389		NOT MAILED: OTHER OR UNKNOWN
495	OCBGP6A	Num	2	1391		PROFILSET QUALITY-CONTROLLED
496	OCBGP6A1	Num	2	1393		PROFILSET QC-STICK NO. DUPLICATED
497	OCBGP6A2	Num	2	1395		PROFILSET QC-WAS CORRECT STICK USED
65	OCBGP8A	Num	8	450		RESULTS OF SBGM-PREBREAKFAST
66	OCBGP8B	Num	8	458		RESULTS OF SBGM-90 MIN. PREBREAKFAST
67	OCBGP8C	Num	8	466		RESULTS OF SBGM-PRELUUNCH
68	OCBGP8D	Num	8	474		RESULTS OF SBGM-90 MIN. PRELUUNCH
69	OCBGP8E	Num	8	482		RESULTS OF SBGM-PRESUPPER
70	OCBGP8F	Num	8	490		RESULTS OF SBGM-90 MIN. PRESUPPER
71	OCBGP8G	Num	8	498		RESULTS OF SBGM-BEDTIME
19	OCBLPDAT	Char	6	94		DATE OF SECOND SITTING BLOOD PRESS.
200	OCBPLEN	Num	2	801		TYPE OF INSULIN-BEEF/PORK LENTE
199	OCBPNPH	Num	2	799		TYPE OF INSULIN-BEEF/PORK NPH
197	OCBPREG	Num	2	795		TYPE OF INSULIN-BEEF/PORK REGULAR
198	OCBPSEMI	Num	2	797		TYPE OF INSULIN-BEEF/PORK SEMILENTE
201	OCBPULT	Num	2	803		TYPE OF INSULIN-BEEF/PORK ULTRALENTE
434	OCBREAST	Num	2	1269		ABNORMALITY OF BREASTS

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
466	OCBRUIT1	Num	2	1333		RIGHT FEMORAL BRUIT
467	OCBRUIT2	Num	2	1335		LEFT FEMORAL BRUIT
468	OCBRUIT3	Num	2	1337		RIGHT CAROTID BRUIT
469	OCBRUIT4	Num	2	1339		LEFT CAROTID BRUIT
470	OCBRUIT5	Num	2	1341		RIGHT OTHER BRUIT
471	OCBRUIT6	Num	2	1343		LEFT OTHER BRUIT
451	OCCARDAB	Num	2	1303		OTHER CARDIAC ABNORMALITY
20	OCCOLDAT	Char	6	100		DATE PROFILSET COLLECTED
106	OCCYEAR	Num	2	613		YEAR IN COLLEGE
101	OCDADED	Num	2	603		FATHER'S EDUCATION LEVEL
86	OCDAJOB	Num	2	573		FATHER'S OCCUPATION
91	OCDAADNOJ	Num	2	583		FATHER UNEMPLOYED OR RETIRED
302	OCDC2	Num	2	1005		FREQ. DAYS-MODERATE OR LARGE KETONURIA
297	OCDC1A	Num	2	995		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1
298	OCDC1B	Num	2	997		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2
299	OCDC1C	Num	2	999		ON AVERAGE, NO. 8 OZ. GLASSES DAILY
300	OCDC1D	Num	2	1001		FREQUENCY OF DKA
301	OCDC1E	Num	2	1003		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
304	OCDC2A	Num	2	1007		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
305	OCDC2C	Num	2	1011		MODERATE/LARGE KETONUR.-DUE TO ILLNESS
306	OCDC2D	Num	2	1013		MODERATE/LARGE KETONUR.-EQUIPM. FAILED
307	OCDC3A	Num	2	1015		PATIENT FEMALE
308	OCDC3B1	Num	2	1017		VAGINAL ITCHING OR DISCHARGE
309	OCDC3B2	Num	2	1019		PATIENT TREATED FOR VAGINAL ITCHING
310	OCDC3C1	Num	2	1021		DOES PATIENT MENSTRUATE
17	OCDC3C2	Char	6	82		DATE OF LAST MENSTRUAL PERIOD
311	OCDC3D1	Num	2	1023		LAST MENSTRUAL PERIOD > 5 WKS. AGO
312	OCDC3D2	Num	2	1025		WAS PREGNANCY TEST PERFORMED
313	OCDC3D3	Num	2	1027		DID TEST INDICATE PREGNANCY
314	OCDC4A	Num	2	1029		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
315	OCDC4B1	Num	2	1031		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
316	OCDC4B2	Num	2	1033		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
317	OCDC4C1	Num	2	1035		HYPOG.-REQUIRED PROF. MEDICAL HELP
318	OCDC4C2	Num	2	1037		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
319	OCDC4C3	Num	2	1039		HYPOG.-NOT NEED DOCTOR OR OTHER PERSON
320	OCDC4D1	Num	2	1041		FREQUENCY RECEIVE GLUCAGON
321	OCDC4D2	Num	2	1043		FREQUENCY RECEIVE IV GLUCOSE
322	OCDC4D3	Num	2	1045		EPISODES RESULT IN INJURY-PT/OTHERS
323	OCDC4E_N	Num	2	1047		HIST.RECURRENT HYPOG UNABLE TO HELP SELF
324	OCDC4F_N	Num	2	1049		HIST.RECURRENT HYPOG ABLE TO HELP SELF
325	OCBC4G	Num	2	1051		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
326	OCDC4H1	Num	2	1053		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
327	OCDC4H2A	Num	2	1055		REASON HYPOG: MISSED MEAL OR SNACK
328	OCDC4H2B	Num	2	1057		REASON HYPOG:DECREASED FOOT INTAKE
329	OCDC4H2C	Num	2	1059		REASON HYPOG:INCREASED EXERCISE LEVEL
330	OCDC4H2D	Num	2	1061		REASON HYPOG:TOO MUCH INSULIN TAKEN
331	OCDC4H2E	Num	2	1063		REASON HYPOG:LACK EARLY WARNING-LOW BG
332	OCDC4H2F	Num	2	1065		REASON HYPOGLYCEMIA: OTHER
333	OCDC4H2G	Num	2	1067		REASON HYPOGLYCEMIA: UNEXPLAINED
334	OCDC4H3A	Num	2	1069		SYMPTOMS W HYPOG: ADRENERGIC WARNING
335	OCDC4H3B	Num	2	1071		SYMPTOMS W HYPOG: DIAPHORESIS (SWEAT)
336	OCDC4H3C	Num	2	1073		SYMPTOMS W HYPOG: ALTER. MENTAL STATUS

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
337	OCDC4H3D	Num	2	1075		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER
338	OCDC4H3E	Num	2	1077		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
72	OCDESIWT	Num	8	506		PATIENT'S DESIRED WEIGHT
62	OCDIASR	Num	8	426		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
64	OCDIASR2	Num	8	442		DIASTOLIC-SECOND SITTING BLOOD PRESS.
96	OCDOJOBCH	Num	2	593		FATHER'S JOB STATUS CHANGED
235	OCDM5	Num	2	871		DESCRIBE INSULIN REGIMEN
248	OCDM8	Num	2	897		SUSPECT REPORTED GLUCOSE INACCURATE
270	OCDM12	Num	2	941		PERFORM>GLUC. MONITOR. THAN PRESCRIBED
269	OCDM32	Num	2	939		DM 3 INJ.-MORE SBGM THAN PRESCRIBED
448	OCDMURMR	Num	2	1297		DIASTOLIC MURMUR
45	OCDM1BBD	Num	8	290		DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST
46	OCDM1BBS	Num	8	298		DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK
53	OCDM1BDD	Num	8	354		DM 1 INJ.-BLOOD DONE BEFORE DINNER
54	OCDM1BDS	Num	8	362		DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER
57	OCDM1BED	Num	8	386		DM 1 INJ.-BLOOD DONE BEFORE BEDTIME
58	OCDM1BES	Num	8	394		DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME
49	OCDM1BLD	Num	8	322		DM 1 INJ.-BLOOD DONE BEFORE LUNCH
50	OCDM1BLS	Num	8	330		DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH
43	OCDM1UBD	Num	8	274		DM 1 INJ.-URINE DONE BEFORE BREAKFAST
44	OCDM1UBS	Num	8	282		DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.
51	OCDM1UDD	Num	8	338		DM 1 INJ.-URINE DONE BEFORE DINNER
52	OCDM1UDS	Num	8	346		DM 1 INJ.-URINE SHOULD DO BEFORE DINNER
55	OCDM1UES	Num	8	370		DM 1 INJ.-URINE DONE BEFORE BEDTIME
56	OCDM1ULS	Num	8	378		DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME
47	OCDM1ULD	Num	8	306		DM 1 INJ.-URINE DONE BEFORE LUNCH
48	OCDM1ULS	Num	8	314		DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH
39	OCDM3BED	Num	8	242		DM 3 INJ.-BLOOD DONE BEFORE BEDTIME
40	OCDM3BES	Num	8	250		DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME
33	OCDM3BRD	Num	8	194		DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST
34	OCDM3BRS	Num	8	202		DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.
37	OCDM3DID	Num	8	226		DM 3 INJ.-BLOOD DONE BEFORE DINNER
38	OCDM3DIS	Num	8	234		DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER
35	OCDM3LUD	Num	8	210		DM 3 INJ.-BLOOD DONE BEFORE LUNCH
36	OCDM3LUS	Num	8	218		DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH
41	OCDM33AD	Num	8	258		DM 3 INJ.-BLOOD DONE AT 3 A.M.
42	OCDM33AS	Num	8	266		DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.
236	OCDM6A	Num	2	873		UNITS BASAL INSULIN INFUSED DAILY
237	OCDM6B	Num	2	875		DIFFERENT BASAL RATES USED/DAY
238	OCDM6C	Num	2	877		TECHN. PROBLEMS-INSULIN INFUSION PUMP
239	OCDM7A	Num	2	879		PRESCRIBED CHANGE IN INSULIN REGIMEN
240	OCDM7A1	Num	2	881		CHANGE DOSE-SYMP. POLYURIA, POLYDIPSIA
241	OCDM7A2	Num	2	883		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.
242	OCDM7A3	Num	2	885		CHANGE DOSE-RECURRENT KETONURIA
243	OCDM7A4	Num	2	887		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
244	OCDM7A5	Num	2	889		CHANGE DOSE-PREGNANCY
245	OCDM7A6	Num	2	891		CHANGE DOSE-OTHER
246	OCDM7B1	Num	2	893		SELF BLOOD GLUCOSE MONITORING
247	OCDM7B2	Num	2	895		URINE GLUCOSE MONITORING
118	OCDRINK1	Num	2	637		AT LEAST ONE ALCOHOLIC BEV. WEEK
119	OCDRINK2	Num	2	639		BOTTLES OF BEER IN LAST 7 DAYS
120	OCDRINK3	Num	2	641		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
121	OCDRINK4	Num	2	643		GLASSES OF WINE IN LAST 7 DAYS

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
122	OCDRINK5	Num	2	645		HARD LIQUOR IN LAST 7 DAYS
123	OCDRINK6	Num	2	647		TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS
249	OCDV1	Num	2	899		SINCE LAST VISIT-DEVIATION FROM TREATM.
250	OCDV1A	Num	2	901		CURRENTLY ON DEVIATION FROM TREATMENT
8	OCDV1A1	Char	6	28		DATE-TERMINATION OF DEVIATION
9	OCDV1A2	Char	6	34		NEW DEVIATION, DATE F022
431	OCEENT	Num	2	1263		ABNORMALITY OF EARS, NOSE AND THROAT
124	OCEXER1	Num	2	649		PATIENT'S LEVEL OF ACTIVITY
29	OCEXER2	Num	8	162		HOURS & MINUTES OF LIGHT ACTIVITY
30	OCEXER3	Num	8	170		HOURS & MINUTES OF MODERATE ACTIVITY
31	OCEXER4	Num	8	178		HOURS & MINUTES OF HARD ACTIVITY
32	OCEXER5	Num	8	186		HOURS & MINUTES OF VERY HARD ACTIVITY
108	OCEXPELL	Num	2	617		CEASED ATTENDING SCHOOL IN PAST YR
472	OCEXTR1	Num	2	1345		ULCERATION - RIGHT SIDE
473	OCEXTR2	Num	2	1347		ULCERATION - LEFT SIDE
474	OCEXTR3	Num	2	1349		SKIN DISCOLORATION - RIGHT SIDE
475	OCEXTR4	Num	2	1351		SKIN DISCOLORATION - LEFT SIDE
476	OCEXTR5	Num	2	1353		GANGRENE - RIGHT SIDE
477	OCEXTR6	Num	2	1355		GANGRENE - LEFT SIDE
478	OCEXTR7	Num	2	1357		CHARCOT JOINT - RIGHT SIDE
479	OCEXTR8	Num	2	1359		CHARCOT JOINT - LEFT SIDE
480	OCEXTR9	Num	2	1361		DEFORMITY - RIGHT SIDE
481	OCEXTR10	Num	2	1363		DEFORMITY - LEFT SIDE
125	OCFAM1	Num	2	651		NUMBER OF PERSONS IN HOUSEHOLD
126	OCFAM24	Num	2	653		HYPERTENSION IN PARENTS
127	OCFAM25	Num	2	655		HYPERTENSION IN GRANDPARENTS
128	OCFAM26	Num	2	657		HYPERTENSION IN SIBLINGS
129	OCFAM27	Num	2	659		HYPERTENSION IN CHILDREN
130	OCFAM28	Num	2	661		MYOCARDIAL INFARCTION IN PARENTS
131	OCFAM29	Num	2	663		MYOCARDIAL INFARCTION IN GRANDPARENTS
132	OCFAM30	Num	2	665		MYOCARDIAL INFARCTION IN SIBLINGS
133	OCFAM31	Num	2	667		MYOCARDIAL INFARCTION IN CHILDREN
134	OCFAM32	Num	2	669		MI IN PARENTS BEFORE AGE 40
135	OCFAM33	Num	2	671		MI IN GRANDPARENTS BEFORE AGE 40
136	OCFAM34	Num	2	673		MI IN SIBLINGS BEFORE AGE 40
137	OCFAM35	Num	2	675		MI IN CHILDREN BEFORE AGE 40
138	OCFAM36	Num	2	677		MI IN DIAB. PARENTS BEFORE AGE 40
139	OCFAM37	Num	2	679		MI IN DIAB. GRANDPARENT BEFORE AGE 40
140	OCFAM38	Num	2	681		MI IN DIAB. SIBLINGS BEFORE AGE 40
141	OCFAM39	Num	2	683		MI IN DIAB. CHILDREN BEFORE AGE 40
142	OCFAM40	Num	2	685		AUTOIMMUNE ENDOCRINE DIS. IN PARENTS
143	OCFAM41	Num	2	687		AUTOIMMUNE ENDOCRINE DIS. - GRANDPARENTS
144	OCFAM42	Num	2	689		AUTOIMMUNE ENDOCRINE DIS. IN SIBLINGS
145	OCFAM43	Num	2	691		AUTOIMMUNE ENDOCRINE DIS. IN CHILDREN
146	OCFAM44	Num	2	693		EYE DISEASE IN PARENTS
147	OCFAM45	Num	2	695		EYE DISEASE IN GRANDPARENTS
148	OCFAM46	Num	2	697		EYE DISEASE IN SIBLING
149	OCFAM47	Num	2	699		EYE DISEASE IN CHILDREN
150	OCFAM48	Num	2	701		EYE DIS. IN DIABETIC PARENTS
151	OCFAM49	Num	2	703		EYE DIS. IN DIABETIC GRANDPARENTS
152	OCFAM50	Num	2	705		EYE DIS. IN DIABETIC SIBLINGS
153	OCFAM51	Num	2	707		EYE DIS. IN DIABETIC CHILDREN
154	OCFAM52	Num	2	709		RENAL DISEASE IN PARENTS

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
155	OCFAM53	Num	2	711		RENAL DISEASE IN GRANDPARENTS
156	OCFAM54	Num	2	713		RENAL DISEASE IN SIBLINGS
157	OCFAM55	Num	2	715		RENAL DISEASE IN CHILDREN
158	OCFAM56	Num	2	717		RENAL DIS. IN DIABETIC PARENTS
159	OCFAM57	Num	2	719		RENAL DIS. IN DIABETIC GRANDPARENTS
160	OCFAM58	Num	2	721		RENAL DIS. IN DIABETIC SIBLINGS
161	OCFAM59	Num	2	723		RENAL DIS. IN DIABETIC CHILDREN
162	OCFAM60	Num	2	725		PSYCHIATRIC DISORDERS IN PARENTS
163	OCFAM61	Num	2	727		PSYCHIATRIC DISORDERS IN GRANDPARENTS
164	OCFAM62	Num	2	729		PSYCHIATRIC DISORDERS IN SIBLINGS
165	OCFAM63	Num	2	731		PSYCHIATRIC DISORDERS IN CHILDREN
166	OCFAM64	Num	2	733		NEUROLOGIC DISEASE IN PARENTS
167	OCFAM65	Num	2	735		NEUROLOGIC DISEASE IN GRANDPARENTS
168	OCFAM66	Num	2	737		NEUROLOGIC DISEASE IN SIBLINGS
169	OCFAM67	Num	2	739		NEUROLOGIC DISEASE IN CHILDREN
170	OCFAM68	Num	2	741		NEUROLOGIC DIS. IN DIAB. PARENTS
171	OCFAM69	Num	2	743		NEUROLOGIC DIS. IN DIAB. GRANDPARENTS
172	OCFAM70	Num	2	745		NEUROLOGIC DIS. IN DIAB. SIBLINGS
173	OCFAM71	Num	2	747		NEUROLOGIC DIS. IN DIAB. CHILDREN
174	OCFAM72	Num	2	749		HYPERLIPIDEMIA IN PARENTS
175	OCFAM73	Num	2	751		HYPERLIPIDEMIA IN GRANDPARENTS
176	OCFAM74	Num	2	753		HYPERLIPIDEMIA IN SIBLINGS
177	OCFAM75	Num	2	755		HYPERLIPIDEMIA IN CHILDREN
178	OCFAM76	Num	2	757		IDDM IN PARENTS
179	OCFAM77	Num	2	759		IDDM IN GRANDPARENTS
180	OCFAM78	Num	2	761		IDDM IN SIBLINGS
181	OCFAM79	Num	2	763		IDDM IN CHILDREN
182	OCFAM80	Num	2	765		NIDDM IN PARENTS
183	OCFAM81	Num	2	767		NIDDM IN GRANDPARENTS
184	OCFAM82	Num	2	769		NIDDM IN SIBLINGS
185	OCFAM83	Num	2	771		NIDDM IN CHILDREN
391	OCFEM1	Num	2	1183		NOODULES IN BREAST
392	OCFEM2	Num	2	1185		BREAST CANCER
393	OCFEM3	Num	2	1187		BREAST DISCHARGE
394	OCFEM4	Num	2	1189		IRREGULAR MENSES
395	OCFEM5	Num	2	1191		DYSMENORRHEA
396	OCFEM6	Num	2	1193		VAGINITIS
397	OCFEM7	Num	2	1195		OTHER SIGNIF. GYNECOLOGIC CONDITION
398	OCFEM12	Num	2	1197		EVER USED ORAL CONTRACEPTIVES
399	OCFEM13	Num	2	1199		NOW USES ORAL CONTRACEPTIVES
400	OCFEM14	Num	2	1201		USES OTHER BIRTH CONTROL
401	OCFEM16	Num	2	1203		ANY DIFFICULTIES WITH SEXUAL FUNCTION?
97	OCFJOBCH	Num	2	595		GUARDIAN/FRIEND'S JOB STATUS CHANGED
486	OCFOOTIN	Num	2	1373		FOOT-INFECTION
485	OCFOOFUL	Num	2	1371		FOOT-ULCER
102	OCFRIED	Num	2	605		GUARDIAN/FRIEND'S EDUCATION LEVEL
87	OCFRJOB	Num	2	575		GUARDIAN/FRIEND'S OCCUPATION
92	OCFRINOJ	Num	2	585		GUARDIAN/FRIEND'S UEMPLOY.OR RETIRED
80	OCGENDER	Num	2	561		GENDER
441	OCGENIT	Num	2	1283		ABNORMALITY OF GENITALIA
104	OCGRADE	Num	2	609		ELEMENTARY/SECONDARY SCHOOL GRADE
202	OCGROUP	Num	2	805		WHAT GROUP PATIENT RANDOMIZED
427	OCGROWTH	Num	2	1255		FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
107	OCGYEAR	Num	2	615		YEAR IN GRADUATE SCHOOL
4	OCHBACCS	Num	4	10		HBAIC ACCESSION NUMBER
22	OCHBOATE	Char	6	112		DATE HBAIC SPECIMEN COLLECTED
74	OCHEIGHT	Num	8	522		CURRENT HEIGHT
436	OCHEPATO	Num	2	1273		ABDOMEN--HEPATOMEGALY
429	OCHI1BP	Num	2	1259		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
196	OCHU7030	Num	2	793		TYPE OF INSULIN-HUMAN 70/30
192	OCHULEN	Num	2	785		TYPE OF INSULIN-HUMAN LENTE
190	OCHUNPH	Num	2	781		TYPE OF INSULIN-HUMAN NPH
186	OCHUREG	Num	2	773		TYPE OF INSULIN-HUMAN REGULAR
188	OCHUSEMI	Num	2	777		TYPE OF INSULIN-HUMAN SEMILENTE
194	OCHUULT	Num	2	789		TYPE OF INSULIN-HUMAN ULTRALENTE
428	OCHYPDOC	Num	2	1257		HYPER. DOCUMENTED SENT TO COOR.CENTER
430	OCHYPERT	Num	2	1261		SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.
484	OCINFLAM	Num	2	1369		INJECTION SITE--INFLAMMATION
203	OCINSREG	Num	2	807		CURRENT INSULIN REGIMEN
251	OCISI	Num	2	903		SINCE LAST VISIT--ON INACTIVE STATUS
252	OCISIA	Num	2	905		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
414	OCLAUDI	Num	2	1229		GET PAIN IN EITHER LEG ON WALKING
415	OCLAUD2	Num	2	1231		DOES IT EVER BEGIN STAND STILL/SITTING
76	OCLAUD3	Char	20	535		IN WHAT PART OF LEG DO YOU FEEL IT
416	OCLAUD4	Num	2	1233		PAIN INCLUDES CALF/CALVES
417	OCLAUD5	Num	2	1235		GET PAIN WHEN WALK UPHILL/HURRY
418	OCLAUD6	Num	2	1237		GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE
419	OCLAUD7	Num	2	1239		DOES PAIN EVER REMIT WHILE WALKING
420	OCLAUD8	Num	2	1241		WHAT DO YOU DO WHEN YOU GET THIS PAIN
421	OCLAUD9	Num	2	1243		WHAT HAPPENS IF YOU STAND STILL
422	OCLAUD10	Num	2	1245		HOW SOON
223	OCLENBED	Num	2	847		UNITS LENTE INSULIN USED-BEDTIME
220	OCLENBERK	Num	2	841		UNITS LENTE INSULIN USED-BREAKFAST
221	OCLENLUN	Num	2	843		UNITS LENTE INSULIN USED-LUNCH
224	OCLENOTH	Num	2	849		UNITS LENTE INSULIN USED-OTHER
222	OCLENSUP	Num	2	845		UNITS LENTE INSULIN USED-SUPPER
499	OCLIPID	Num	2	1399		WILL LIPIDS BE MAILED TO CBL
482	OCLIPQAT	Num	2	1365		INJECTION SITE--LIPOATROPHY
483	OCLIPOHY	Num	2	1367		INJECTION SITE--LIPOHYPERTROPHY
5	OCLPACCS	Num	4	14		ACCESSION NUMBER FOR LIPID SPECIMENS
23	OCLPDATE	Char	6	118		DATE OF LAST COMPLETED VISIT
7	OCLSTVST	Char	6	22		ABNORMALITY OF LUNGS
433	OCLAUNGS	Num	2	1267		ABNORMALITY OF LYMPHATIC SYSTEM
438	OCLYMPH	Num	2	1277		NUMBER OF TIMES MARRIED
82	OCLMARN0	Num	2	565		MARITAL STATUS OF PATIENT
81	OCLMARRY	Num	2	563		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
253	OCLMDF1	Num	2	907		CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE
254	OCLMDF2	Num	2	909		SINCE LAST VISIT,MODIF. THERAPY ANYTIME
255	OCLMDT1	Num	2	911		EXP.-ON MODIFIED TREATMENT PROTOCOL
262	OCLMDT2	Num	2	925		EXP.-DATE RETURNED TO GOALS OF EXPR.
16	OCLMDTRET	Char	6	76		GLUC MONITOR. > FREQ. THAN PROTOCOL
256	OCLMDTIA	Num	2	913		SBCM > SPECIFIED IN PROTOCOL
257	OCLMDTIA1	Num	2	915		UGM > SPECIFIED IN PROTOCOL
258	OCLMDTIA2	Num	2	917		

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
259	OCMDT1B	Num	2	919		> 2 INJECTIONS INSULIN DAILY
12	OCMDT1B1	Char	6	52		DATE REC'D PERMIT MODIFIED REGIMEN
13	OCMDT1B2	Char	6	58		DATE NEW REGIMEN STARTED
260	OCMDT1C	Num	2	921		CURRENTLY USE > 2 INJECTIONS DAILY
14	OCMDT1C1	Char	6	64		DATE RETURN--1 TO 2 DAILY INJECTIONS
261	OCMDT1D	Num	2	923		OTHER MODIFICATION TO THERAPY
263	OCMDT2A	Num	2	927		EXP.-LESS FREQUENT VISIT SCHEDULE
264	OCMDT2B	Num	2	929		EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE
265	OCMDT2B1	Num	2	931		EXP.-FREQ. OF SBGM<REQUIRED MINIMUM
266	OCMDT2C	Num	2	933		EXP.-INSTRUCT LESS STRICT GOALS THERAPY
15	OCMDT2C3	Char	6	70		EXP.-DATE NEW GOALS BECAME EFFECTIVE
267	OCMDT2C4	Num	2	935		EXP.-STATED GOALS IN EFFECT AT PRESENT
268	OCMDT2D	Num	2	937		EXP.-OTHER MODIFICATION
444	OCMEGALY	Num	2	1289		CARDIOMEGALY
95	OCWJOBCH	Num	2	591		MOTHER'S JOB STATUS CHANGED
100	OCMOMED	Num	2	601		MOTHER'S EDUCATION LEVEL
85	OCMOMJOB	Num	2	571		MOTHER'S OCCUPATION
90	OCMOMNOJ	Num	2	581		MOTHER UNEMPLOYED OR RETIRED
26	OCMRDATE	Num	8	138		DATE MARITAL STATUS CHANGED
271	OCNA1A	Num	2	943		NA-FREQ. CLAIMED FOLLOWED MEAL PLAN
272	OCNA1B	Num	2	945		NA-PATTERN OF EATING--EATING DISORDER
273	OCNA1C1	Num	2	947		NA-NO. OF ILL. (INTERCURRENT OR NOT)
274	OCNA1C2	Num	2	949		FAILED TO ADJUST INSULIN DOSE AS PRESC.
275	OCNA1D	Num	2	951		NA-USED TYPE OF INSULIN NOT PRESCRIBED
276	OCNA1E	Num	2	953		NA-ROTATING SITE OF INJECTION
277	OCNA1F	Num	2	955		NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS
278	OCNA1G1	Num	2	957		NA-NO. INTERCURRENT EVENTS
279	OCNA1G2	Num	2	959		NA-INTERCURR. EVENTS NO REPORT ON TIME
280	OCNA1H	Num	2	961		NA-FAILED TO BRING IN DAILY RECORD
281	OCNA1I1	Num	2	963		NA-PATIENT PERFORM SBGM
282	OCNA1I2	Num	2	965		NA-USE SBGM TO ADJUST INSULIN DOSAGE
283	OCNA1I3	Num	2	967		NA-PERFORM SBGM > ONCE/DAY
284	OCNA2A	Num	2	969		NA-STD: >PRESCRIBED UNITS OF INSULIN
285	OCNA2B	Num	2	971		NA-STD: EXTRA INJECTIONS OF INSULIN
286	OCNA2C	Num	2	973		NA-STD: FEWER INJECTIONS OF INSULIN
287	OCNA2D	Num	2	975		NA-STD: FAILED TO TAKE PRESCRIBED DOSE
25	OCNA2E	Num	8	130		NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY
288	OCNA2F1	Num	2	977		NA-STD: PATIENT BEEN ILL
289	OCNA2F2	Num	2	979		NA-STD:SICK-NO TEST/RECORD URINE ACETO.
290	OCNA3A	Num	2	981		NA-EXP: NOT TAKE PRESCRIBED DELIVERY
291	OCNA3B	Num	2	983		NO. OF TIME NO TEST AT 3 A.M.
292	OCNA3C	Num	2	985		NO. OF TIMES NO REPORT LOW BG TO CLINIC
293	OCNA3D	Num	2	987		NO MONITOR URINE ACETONE WHEN BG>240
294	OCNA4A	Num	2	989		NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG
295	OCNA4B	Num	2	991		NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG
296	OCNA4C	Num	2	993		NA-EXP.: ON PUMP, CHANGE SYRINGES - WRONG
218	OCNPHBED	Num	2	837		UNITS NPH INSULIN USED BEDTIME
215	OCNPHBRK	Num	2	831		UNITS NPH INSULIN USED-BREAKFAST
216	OCNPHLUN	Num	2	833		UNITS NPH INSULIN USED-LUNCH
219	OCNPHOTH	Num	2	839		UNITS NPH INSULIN USED-OTHER
217	OCNPHSUP	Num	2	835		UNITS NPH INSULIN USED-SUPPER
449	OCOMURMR	Num	2	1299		OTHER MURMUR
488	OCOTHABN	Num	2	1377		OTHER ABNORMALITIES ON PHYSICAL EXAM

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
402	OCRAIN1	Num	2	1205		EVER HAD PAIN/DISCOMFORT IN CHEST
403	OCRAIN2	Num	2	1207		IF NO ANY PRESSURE/HEAVINESS IN CHEST
404	OCRAIN3	Num	2	1209		GET PAIN WHEN WALK UPHILL OR IN HURRY
405	OCRAIN4	Num	2	1211		GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE
406	OCRAIN5	Num	2	1213		WHEN YOU GET THIS PAIN WHAT DO YOU DO
407	OCRAIN6	Num	2	1215		WHAT HAPPENS TO IT IF YOU STAND STILL
408	OCRAIN7	Num	2	1217		HOW SOON DOES IT GO AWAY IF STAND STILL
409	OCRAIN8	Num	2	1219		WHERE THE PAIN: STERNUM UPPER OR MIDDLE
410	OCRAIN9	Num	2	1221		WHERE THE PAIN: STERNUM (LOW)
411	OCRAIN10	Num	2	1223		WHERE THE PAIN: LEFT ANTERIOR CHEST
412	OCRAIN11	Num	2	1225		WHERE THE PAIN: LEFT ARM
413	OCRAIN12	Num	2	1227		WHERE THE PAIN: OTHER SPECIFY
98	OCPATD	Num	2	597		PATIENT'S EDUCATION LEVEL
83	OCPATJOB	Num	2	567		PATIENT'S OCCUPATION
88	OCPATNOJ	Num	2	577		PATIENT UNEMPLOYED OR RETIRED
18	OCPEDATE	Char	6	88		DATE OF LAST PHYSICAL EXAMINATION
440	OCPELVIS	Num	2	1281		ABNORMALITY OF PELVIS
93	OCPJOBCH	Num	2	587		PATIENT'S JOB STATUS CHANGED
195	OCPO7030	Num	2	791		TYPE OF INSULIN-PORK 70/30
193	OCPOLEN	Num	2	787		TYPE OF INSULIN-PORK LENTE
191	OCPONPH	Num	2	783		TYPE OF INSULIN-PORK NPH
187	OCPOREG	Num	2	775		TYPE OF INSULIN-PORK REGULAR
189	OCPOSEMI	Num	2	779		TYPE OF INSULIN-PORK SEMILENTE
452	OCPPUL1	Num	2	1305		GRADE OF RIGHT CAROTID PULSE
453	OCPPUL2	Num	2	1307		GRADE OF LEFT CAROTID PULSE
454	OCPPUL3	Num	2	1309		GRADE OF RIGHT BRACHIAL PULSE
455	OCPPUL4	Num	2	1311		GRADE OF LEFT BRACHIAL PULSE
456	OCPPUL5	Num	2	1313		GRADE OF RIGHT RADIAL PULSE
457	OCPPUL6	Num	2	1315		GRADE OF LEFT RADIAL PULSE
458	OCPPUL7	Num	2	1317		GRADE OF RIGHT FEMORAL PULSE
459	OCPPUL8	Num	2	1319		GRADE OF LEFT FEMORAL PULSE
460	OCPPUL9	Num	2	1321		GRADE OF RIGHT POPLITEAL PULSE
461	OCPPUL10	Num	2	1323		GRADE OF LEFT POPLITEAL PULSE
462	OCPPUL11	Num	2	1325		GRADE OF RIGHT POST. TIBIAL PULSE
463	OCPPUL12	Num	2	1327		GRADE OF LEFT POST. TIBIAL PULSE
464	OCPPUL13	Num	2	1329		GRADE OF RIGHT D. PEDIS PULSE
465	OCPPUL14	Num	2	1331		GRADE OF LEFT D. PEDIS PULSE
21	OCPRFDT	Char	6	106		DATE PROFILSET WILL BE MAILED
383	OCPSYCH1	Num	2	1167		NERVOUSNESS OR ANXIETY
384	OCPSYCH2	Num	2	1169		UNREASONABLE FEARS
385	OCPSYCH3	Num	2	1171		EATING DISTURBANCE
386	OCPSYCH4	Num	2	1173		AFFECTIVE DISORDER
387	OCPSYCH5	Num	2	1175		SUICIDE ATTEMPT
388	OCPSYCH6	Num	2	1177		CRIMINAL CONDUCT
389	OCPSYCH7	Num	2	1179		PSYCHIATRIC TREATMENT
390	OCPSYCH8	Num	2	1181		OTHER PSYCHIATRIC CONDITION
60	OCPUSE	Num	8	410		PULSE
374	OCRC6	Num	2	1149		MINOR OUTPATIENT SURGERY/INCIDENTAL
375	OCRC7	Num	2	1151		INTERCURRENT ENDOCRINE EVENT
376	OCRC8	Num	2	1153		ADVERSE PSYCHOSOCIAL REACTION
377	OCRC9	Num	2	1155		OTHER MEDICAL PROBLEMS/DIFFICULTIES
340	OCRC1AL	Num	2	1081		OPHTH:BLURRED/REDUCED VISION-LEFT EYE
339	OCRC1AR	Num	2	1079		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
342	OCRC1BL	Num	2	1085		OPHTH: FLOATERS/FLASHING LIGHTS-LEFT
341	OCRC1BR	Num	2	1083		OPHTH: FLOATERS/FLASHING LIGHTS-RIGHT
344	OCRC1CL	Num	2	1089		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
343	OCRC1CR	Num	2	1087		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
345	OCRC1D	Num	2	1091		WILL BE SENT TO OPHTH. SPECIAL VISIT
346	OCRC2A	Num	2	1093		NEUR: PAIN/NUMBNESS IN HANDS/FEET
347	OCRC2A1	Num	2	1095		IF PAIN, IS PATIENT TAKING MEDICATION
348	OCRC2B	Num	2	1097		NEUR: UNEXPLAINED MUSCLE WEAKNESS
349	OCRC2C	Num	2	1099		NEUR: VOMITTING/BLOATING AFTER MEALS
350	OCRC2D	Num	2	1101		NEUR: RECURRENT DIARRHEA
351	OCRC2E	Num	2	1103		NEUR: URINARY RETENTION
352	OCRC2F	Num	2	1105		NEUR: DIZZINESS/LIGHTHEADEDNESS
353	OCRC2G	Num	2	1107		NEUR: FAINTING (NOT WITH HYPOG.)
354	OCRC2H	Num	2	1109		NEUR: SEIZURE (NOT DUE TO HYPOG.)
355	OCRC2I	Num	2	1111		NEUR: IMPOTENCE
356	OCRC2J	Num	2	1113		NEUR: SYMPTOMS COMBAT. W FOCAL NEUROKOP.
357	OCRC2K	Num	2	1115		NEUR: OTHER NEUROLOGICAL PROBLEM
358	OCRC2L	Num	2	1117		NEUR: WILL GO TO NEUROL. FOR VISIT
359	OCRC3A	Num	2	1119		RENAL: EDEMA
360	OCRC3B	Num	2	1121		RENAL: OTHER RENAL PROBLEM
361	OCRC4A	Num	2	1123		VASCULAR: SHORTNESS OF BREATH
362	OCRC4B	Num	2	1125		VASCULAR: CONGESTIVE HEART DISEASE
363	OCRC4C_O	Num	2	1127		VASCULAR: SUSPECTED NON-ACUTE MI
364	OCRC4D_O	Num	2	1129		VASCULAR: TRANSIENT ISCHEMIC ATTACK
365	OCRC4E_O	Num	2	1131		VASCULAR: OTHER VASCULAR PROBLEM
366	OCRC5A	Num	2	1133		INFECT: URINARY TRACT INFECTION
367	OCRC5B	Num	2	1135		INFECT: UPPER/LOWER RESPIRATORY TRACT
368	OCRC5C	Num	2	1137		INFECT: GASTROENTERITIS
369	OCRC5D	Num	2	1139		INFECT: CUTANEOUS/MUCOCUTANEOUS
370	OCRC5E	Num	2	1141		INFECT: POST-OPERATIVE OR DEEP WOUND
371	OCRC5F	Num	2	1143		INFECT: GANGRENE
372	OCRC5G	Num	2	1145		INFECT: OTHER-MONONUCLEOSIS, MEASLES
373	OCRC5H	Num	2	1147		INFECT: AT INSERTION SITE
6	OCREACCS	Num	4	18		ACCESSION NUMBER FOR RENAL SPECIMENS
439	OCRECTUM	Num	2	1279		ABNORMALITY OF RECTUM
208	OCREGBED	Num	2	617		UNITS REGULAR INSULIN USED-BEDTIME
205	OCREGBRK	Num	2	611		UNITS REGULAR INSULIN USED-BREAKFAST
206	OCREGLJN	Num	2	813		UNITS REGULAR INSULIN USED-LUNCH
209	OCREGOTH	Num	2	819		UNITS REGULAR INSULIN USED-OTHER
204	OCREGPR	Num	2	809		IS THIS REGIMEN PRESCRIBED BY CLINIC
207	OCREGSUP	Num	2	815		UNITS REGULAR INSULIN USED-SUPPER
500	OCRENAL	Num	2	1401		WILL RENAL SPEC. BE MAILED TO CBL
24	OCRENDAT	Char	6	124		DATE RENAL SPEC. WILL BE COLLECTED
77	OCRESCH	Num	2	555		NECESSARY TO RESCHEDULE VISIT
78	OCRESCHN	Num	2	557		NO. OF TIMES NEEDED TO RESCHEDULE
442	OCRHYTHM	Num	2	1285		CARDIAC RHYTHM
450	OCRUB	Num	2	1301		RUB
59	OCRX1	Num	8	402		RX: NO. ASPIRIN-CONTAINING TABLETS
423	OCRX2	Num	2	1247		RX: HAS USED OR IS USING PRESCRIPTION
424	OCRX3	Num	2	1249		RX: USED OVER-THE-COUNTER DRUGS
425	OCRX4	Num	2	1251		RX: VITAMIN SUPPLEMENTS-REGULARLY
213	OCSEMBED	Num	2	827		UNITS SEMILENTE INSULIN USED-BEPTIME
210	OCSEMBRK	Num	2	821		UNITS SEMILENTE INSULIN USED-BREAKFAST

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
211	OCSEMLUN	Num	2	823		UNITS SEMILENTE INSULIN USED-LUNCH
214	OCSEMOETH	Num	2	829		UNITS SEMILENTE INSULIN USED-OTHER
212	OCSEMSUP	Num	2	825		UNITS SEMILENTE INSULIN USED-SUPPER
94	OCJSJOBCH	Num	2	589		SPOUSE'S JOB STATUS CHANGED
378	OCJSKIN1	Num	2	1157		ERUPTIVE XANTHOMA
379	OCJSKIN2	Num	2	1159		XANTHELASMA
380	OCJSKIN3	Num	2	1161		NECROBIOSIS
381	OCJSKIN4	Num	2	1163		SHIN SPOT
382	OCJSKIN5	Num	2	1165		OTHER SIGNIF. SKIN CONDITION
109	OCSMOKE1	Num	2	619		SMOKE CIGARETTES/CIGAR. IN PAST YR.
110	OCSMOKE2	Num	2	621		CURRENTLY SMOKE CIGARETTES/CIGAR.
111	OCSMOKE3	Num	2	623		MONTHS SINCE QUIT CIGARETTES/CIGAR.
112	OCSMOKE4	Num	2	625		HOW MANY CIGARET./CIGAR. IN PAST YR.
113	OCSMOKE5	Num	2	627		SMOKED PIPES OR CIGARS IN PAST YR.
114	OCSMOKE6	Num	2	629		CURRENTLY SMOKE PIPES OR CIGARS
115	OCSMOKE7	Num	2	631		QUIT SMOKING PIPES OR CIGARS
27	OCSMOKE8	Num	8	146		PIPEFULS/CIGARS PER WK. IN PAST YR.
116	OCSMOK9A	Num	2	633		PAST 12 MONTHS LIVED WHERE PERSON SMOKED
117	OCSMOK9B	Num	2	635		PAST 12 MONTHS WORK WHERE PERSON SMOKED
447	OCSPJMR	Num	2	1295		SYSTOLIC EJECTION MURMUR
437	OCSPAN	Num	2	1275		ABDOMEN-IF PRESENT, HOW LARGE (SPAN)
84	OCSPJOB	Num	2	569		SPOUSE'S OCCUPATION
99	OCSPJOB	Num	2	599		SPOUSE'S EDUCATION LEVEL
89	OCSPNOJ	Num	2	579		SPOUSE UNEMPLOYED OR RETIRED
103	OCSTUDNT	Num	2	607		PATIENT WAS STUDENT IN PAST YEAR
61	OCSTR	Num	8	418		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
63	OCSTR2	Num	8	434		SYSTOLIC-SECOND SITTING BLOOD PRESS.
445	OC3GALP	Num	2	1291		S3 GALLOP
446	OC4GALP	Num	2	1293		S4 GALLOP
432	OCSTRD	Num	2	1265		ABNORMALITY OF THYROID
28	OCOTUNT	Num	8	154		TOTAL NUMBER OF UNITS/DAY OF INSULIN
105	OCYEAR	Num	2	611		YEAR IN TRADE SCHOOL
228	OCULTRBK	Num	2	857		UNITS ULTRALENTE INSULIN USED-BEDTIME
225	OCULTRBK	Num	2	851		UNITS ULTRALENTE INSULIN USED-BREAKFAST
226	OCULTLUN	Num	2	853		UNITS ULTRALENTE INSULIN USED-LUNCH
229	OCULTOTH	Num	2	859		UNITS ULTRALENTE INSULIN USED-OTHER
227	OCULTSUP	Num	2	855		UNITS ULTRALENTE INSULIN USED-SUPPER
443	OCVENPRS	Num	2	1287		VENOUS PRESSURE
79	OCVITNO	Num	2	559		FOLLOW-UP VISIT NUMBER
73	OCWEIGHT	Num	8	514		CURRENT WEIGHT
75	OCWCHA	Char	5	530		CHANGE IN WEIGHT SINCE PREVIOUS EXAM
233	OC7030BE	Num	2	867		UNITS 70/30 INSULIN USED-BEDTIME
230	OC7030BR	Num	2	861		UNITS 70/30 INSULIN USED-BREAKFAST
231	OC7030LU	Num	2	863		UNITS 70/30 INSULIN USED-LUNCH
234	OC7030OT	Num	2	869		UNITS 70/30 INSULIN USED-OTHER
232	OC7030SU	Num	2	865		UNITS 70/30 INSULIN USED-SUPPER

-----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	NA-STD; NOT DONE 2 URINE OR 1 SBGM/DAY	346	29	0.000	14.035	29.429	170.000
OCMRDATE	DATE MARITAL STATUS CHANGED	265	110	169.000	795.834	307.392	1292.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	4	371	8.000	19.250	14.175	40.000
OCTOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	373	2	14.000	50.011	17.910	140.000
OCEKER2	HOURS & MINUTES OF LIGHT ACTIVITY	360	15	0.000	301.028	629.532	5000.000
OCEKER3	HOURS & MINUTES OF MODERATE ACTIVITY	358	17	0.000	261.341	454.571	4000.000
OCEKER4	HOURS & MINUTES OF HARD ACTIVITY	357	18	0.000	105.994	216.226	2500.000
OCEKER5	HOURS & MINUTES OF VERY HARD ACTIVITY	351	24	0.000	45.499	148.571	1200.000
OCDM3BRD	DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST	12	363	47.000	80.250	25.993	147.000
OCDM3BRS	DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.	13	362	1.000	76.769	32.874	147.000
OCDM3LUD	DM 3 INJ.-BLOOD DONE BEFORE LUNCH	11	364	0.000	63.727	41.350	147.000
OCDM3LUS	DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH	11	364	0.000	76.727	35.738	147.000
OCDM3LUD	DM 3 INJ.-BLOOD DONE BEFORE DINNER	11	364	1.000	73.909	35.058	147.000
OCDM3DIS	DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER	11	364	47.000	84.727	25.116	147.000
OCDM3BED	DM 3 INJ.-BLOOD DONE BEFORE BEDTIME	11	364	1.000	72.455	34.746	147.000
OCDM3BES	DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME	11	364	47.000	84.727	25.116	147.000
OCDM3AD	DM 3 INJ.-BLOOD DONE AT 3 A.M.	11	364	0.000	9.455	10.319	36.000
OCDM33AS	DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.	11	364	0.000	13.182	12.679	47.000
OCDM1UBD	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	228	147	0.000	28.974	40.656	151.000
OCDM1UBS	DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.	238	137	0.000	43.563	52.919	364.000
OCDM1BBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	286	89	0.000	54.455	41.535	171.000
OCDM1BBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK	299	76	0.000	71.411	46.040	322.000
OCDM1ULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	222	153	0.000	25.856	39.713	150.000
OCDM1ULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	232	143	0.000	48.802	52.437	364.000
OCDM1BLD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	217	158	0.000	6.332	15.910	108.000
OCDM1BLS	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	223	152	0.000	8.596	19.857	108.000
OCDM1UDD	DM 1 INJ.-URINE DONE BEFORE DINNER	225	150	0.000	28.004	39.347	150.000
OCDM1UDS	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	234	141	0.000	51.902	53.020	364.000
OCDM1BDD	DM 1 INJ.-BLOOD DONE BEFORE DINNER	220	155	0.000	20.636	31.536	146.000
OCDM1BDS	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	226	149	0.000	19.031	32.120	160.000
OCDM1UED	DM 1 INJ.-URINE DONE BEFORE BEDTIME	224	151	0.000	30.402	41.443	150.000
OCDM1UES	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	233	142	0.000	49.674	52.854	364.000
OCDM1BED	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	217	158	0.000	10.359	22.885	127.000
OCDM1BES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	223	152	0.000	11.247	23.785	110.000
OCRX1	RX; NO. ASPIRIN-CONTAINING TABLETS	375	0	0.000	7.889	18.928	240.000
OCPUSE	PULSE	373	2	40.000	74.646	10.807	116.000
OCSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	373	2	88.000	114.764	11.159	150.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	373	2	44.000	73.383	8.501	100.000
OCSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	3	372	132.000	138.667	11.547	152.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	3	372	82.000	87.333	6.110	94.000
OCEGP8A	RESULTS OF SBGM-PREBREAKFAST	2	373	74.000	86.000	16.971	98.000
OCEGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	2	373	175.000	186.000	15.556	197.000
OCEGP8C	RESULTS OF SBGM-PRELUNCH	2	373	58.000	104.000	65.054	150.000
OCEGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	2	373	50.000	111.000	86.267	172.000
OCEGP8E	RESULTS OF SBGM-PRESUPPER	2	373	72.000	109.500	53.033	147.000

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	2	373	0.000	28.000	39.598	56.000
OCBGP8G	RESULTS OF SBGM-BEDTIME	2	373	94.000	107.500	19.092	121.000
OCDESIWT	PATIENT'S DESIRED WEIGHT	375	0	45.000	70.611	13.807	174.000
OCWEIGHT	CURRENT WEIGHT	375	0	45.900	75.095	13.130	124.600
OCHEIGHT	CURRENT HEIGHT	370	5	69.100	172.802	10.761	201.000
OCRESCH	NECESSARY TO RESCHEDULE VISIT	371	4	1.000	1.181	0.385	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	62	313	1.000	1.581	4.000	4.000
OCVSITNO	FOLLOW-UP VISIT NUMBER	375	0	14.000	22.989	6.638	38.000
OCGENDER	GENDER	375	0	1.000	1.456	0.499	2.000
OCMARRY	MARITAL STATUS OF PATIENT	374	1	1.000	1.912	0.819	5.000
OCMARNO	NUMBER OF TIMES MARRIED	231	144	1.000	1.160	4.443	4.000
OCPATJOB	PATIENT'S OCCUPATION	361	14	1.000	3.914	3.650	12.000
OCSPJOB	SPOUSE'S OCCUPATION	225	150	1.000	4.307	3.537	12.000
OCMOMJOB	MOTHER'S OCCUPATION	37	338	1.000	5.054	3.807	11.000
OCDAJOB	FATHER'S OCCUPATION	29	346	1.000	2.759	2.325	8.000
OCFRJOB	GUARDIAN/FRIEND'S OCCUPATION	23	352	1.000	4.000	3.425	11.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	16	359	1.000	1.000	0.000	1.000
OCSPNOJ	SPOUSE UNEMPLOYED OR RETIRED	3	372	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	4	371	1.000	1.000	0.000	1.000
OCDAONOJ	FATHER UNEMPLOYED OR RETIRED	6	369	1.000	1.000	0.000	1.000
OCFRNOJ	GUARDIAN/FRIEND'S UNEMPLOY. OR RETIRED	1	374	1.000	1.000	0.000	1.000
OCPJBOCH	PATIENT'S JOB STATUS CHANGED	43	332	1.000	1.000	0.000	1.000
OCSPBOCH	SPOUSE'S JOB STATUS CHANGED	15	360	1.000	1.000	0.000	1.000
OCMJOBCH	MOTHER'S JOB STATUS CHANGED	5	370	1.000	1.000	0.000	1.000
OCDAJOBCH	FATHER'S JOB STATUS CHANGED	2	373	1.000	1.000	0.000	1.000
OCFRJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	0	375	1.000	1.000	0.000	1.000
OCPCATED	PATIENT'S EDUCATION LEVEL	374	1	1.000	2.570	0.946	5.000
OCPCOMED	SPOUSE'S EDUCATION LEVEL	229	146	1.000	2.699	0.946	5.000
OCPCOMED	MOTHER'S EDUCATION LEVEL	41	334	1.000	3.098	1.281	6.000
OCPCOMED	FATHER'S EDUCATION LEVEL	32	343	1.000	3.000	1.606	6.000
OCPCOMED	GUARDIAN/FRIEND'S EDUCATION LEVEL	22	353	2.000	2.909	0.750	4.000
OCSTUDENT	PATIENT WAS STUDENT IN PAST YEAR	375	0	1.000	1.237	0.426	2.000
OCSTUDENT	ELEMENTARY/SECONDARY SCHOOL GRADE	3	372	12.000	12.333	0.577	13.000
OCSTUDENT	YEAR IN TRADE SCHOOL	7	368	1.000	1.429	0.787	3.000
OCSTUDENT	YEAR IN COLLEGE	46	329	1.000	2.478	1.225	5.000
OCSTUDENT	YEAR IN GRADUATE SCHOOL	22	353	1.000	2.500	1.566	7.000
OCSTUDENT	CEASED ATTENDING SCHOOL IN PAST YR	84	291	1.000	1.107	0.311	2.000
OCSTUDENT	SMOKE CIGARETTES/CIGAR. IN PAST YR.	375	0	1.000	1.243	0.429	2.000
OCSTUDENT	CURRENTLY SMOKE CIGARETTES/CIGAR.	93	282	1.000	1.774	0.420	2.000
OCSTUDENT	MONTHS SINCE QUIT CIGARETTES/CIGAR.	23	352	0.000	3.261	3.374	12.000
OCSTUDENT	HOW MANY CIGARET./CIGAR. IN PAST YR.	91	284	1.000	16.956	12.984	65.000
OCSTUDENT	SMOKED PIPES OR CIGARS IN PAST YR.	374	1	1.000	1.011	0.103	2.000
OCSTUDENT	CURRENTLY SMOKE PIPES OR CIGARS	8	367	1.000	1.375	0.518	2.000
OCSTUDENT	QUIT SMOKING PIPES OR CIGARS	1	374	11.000	11.000	0.000	11.000
OCSTUDENT	PAST 12 MONTHS LIVED WHERE PERSON SMOKED	360	15	1.000	1.256	0.437	2.000
OCSTUDENT	PAST 12 MONTHS WORK WHERE PERSON SMOKED	359	16	1.000	1.273	0.446	2.000
OCSTUDENT	AT LEAST ONE ALCOHOLIC BEV. WEEK	374	1	1.000	1.406	0.492	2.000
OCSTUDENT	BOTTLES OF BEER IN LAST 7 DAYS	148	227	0.000	1.209	2.668	18.000
OCSTUDENT	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	148	227	0.000	2.439	4.178	30.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDFAM4	GLASSES OF WINE IN LAST 7 DAYS	147	228	0.000	1.027	2.378	20.000
OCDFAM5	HARD LIQUOR IN LAST 7 DAYS	146	229	0.000	0.877	2.957	28.000
OCDFAM6	TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS	137	238	1.000	1.000	0.000	1.000
OCDFAM7	PATIENT'S LEVEL OF ACTIVITY	375	0	1.000	1.608	0.560	3.000
OCDFAM8	NUMBER OF PERSONS IN HOUSEHOLD	374	1	0.000	3.235	1.638	20.000
OCDFAM9	HYPERTENSION IN PARENTS	374	1	1.000	1.650	0.615	3.000
OCDFAM10	HYPERTENSION IN GRANDPARENTS	373	2	1.000	2.097	0.791	3.000
OCDFAM11	HYPERTENSION IN SIBLINGS	374	1	1.000	1.989	0.445	4.000
OCDFAM12	HYPERTENSION IN CHILDREN	374	1	1.000	2.850	0.993	4.000
OCDFAM13	MYOCARDIAL INFARCTION IN PARENTS	374	1	1.000	1.805	0.442	3.000
OCDFAM14	MYOCARDIAL INFARCTION IN GRANDPARENTS	374	1	1.000	1.743	0.641	3.000
OCDFAM15	MYOCARDIAL INFARCTION IN SIBLINGS	373	2	1.000	2.032	0.309	4.000
OCDFAM16	MYOCARDIAL INFARCTION IN CHILDREN	373	2	2.000	2.855	0.989	4.000
OCDFAM17	MI IN PARENTS BEFORE AGE 40	80	295	1.000	1.875	0.333	2.000
OCDFAM18	MI IN GRANDPARENTS BEFORE AGE 40	132	243	1.000	1.977	0.289	3.000
OCDFAM19	MI IN SIBLINGS BEFORE AGE 40	10	365	1.000	1.400	0.516	2.000
OCDFAM20	MI IN CHILDREN BEFORE AGE 40	31	344	2.000	3.774	0.617	4.000
OCDFAM21	MI IN DIAB. PARENTS BEFORE AGE 40	20	355	2.000	2.050	0.224	3.000
OCDFAM22	MI IN DIAB. GRANDPARENT BEFORE AGE 40	31	344	1.000	2.000	0.365	3.000
OCDFAM23	MI IN DIAB. SIBLINGS BEFORE AGE 40	15	360	1.000	1.933	0.458	3.000
OCDFAM24	MI IN DIAB. CHILDREN BEFORE AGE 40	35	340	2.000	3.571	0.815	4.000
OCDFAM25	AUTOIMMUNE ENDOCRINE DIS. IN PARENTS	374	1	1.000	1.880	0.400	3.000
OCDFAM26	AUTOIMMUNE ENDOCRINE DIS. - GRANDPARENTS	374	1	1.000	2.099	0.478	3.000
OCDFAM27	AUTOIMMUNE ENDOCRINE DIS. IN SIBLINGS	374	1	1.000	1.957	0.431	4.000
OCDFAM28	AUTOIMMUNE ENDOCRINE DIS. IN CHILDREN	374	1	1.000	2.837	1.011	4.000
OCDFAM29	EYE DISEASE IN PARENTS	374	1	1.000	1.917	0.321	3.000
OCDFAM30	EYE DISEASE IN GRANDPARENTS	373	2	1.000	1.938	0.474	3.000
OCDFAM31	EYE DISEASE IN SIBLING	373	2	1.000	1.992	0.363	4.000
OCDFAM32	EYE DISEASE IN CHILDREN	373	2	1.000	2.845	0.996	4.000
OCDFAM33	EYE DIS. IN DIABETIC PARENTS	36	339	1.000	1.750	0.500	3.000
OCDFAM34	EYE DIS. IN DIABETIC GRANDPARENTS	49	326	1.000	1.939	0.429	3.000
OCDFAM35	EYE DIS. IN DIABETIC SIBLINGS	18	357	1.000	1.500	0.514	2.000
OCDFAM36	EYE DIS. IN DIABETIC CHILDREN	31	344	2.000	3.839	0.523	4.000
OCDFAM37	RENAL DISEASE IN PARENTS	374	1	1.000	1.965	0.267	3.000
OCDFAM38	RENAL DISEASE IN GRANDPARENTS	374	1	1.000	2.070	0.352	3.000
OCDFAM39	RENAL DISEASE IN SIBLINGS	374	1	1.000	2.019	0.331	4.000
OCDFAM40	RENAL DISEASE IN CHILDREN	374	1	1.000	2.850	0.993	4.000
OCDFAM41	RENAL DIS. IN DIABETIC PARENTS	20	355	1.000	1.600	0.503	2.000
OCDFAM42	RENAL DIS. IN DIABETIC GRANDPARENTS	12	363	2.000	2.000	0.000	2.000
OCDFAM43	RENAL DIS. IN DIABETIC SIBLINGS	13	362	1.000	1.538	0.519	2.000
OCDFAM44	RENAL DIS. IN DIABETIC CHILDREN	30	345	2.000	3.767	0.626	4.000
OCDFAM45	PSYCHIATRIC DISORDERS IN PARENTS	373	2	1.000	1.954	0.275	3.000
OCDFAM46	PSYCHIATRIC DISORDERS IN GRANDPARENTS	374	1	1.000	2.024	0.347	3.000
OCDFAM47	PSYCHIATRIC DISORDERS IN SIBLINGS	374	1	1.000	1.997	0.355	4.000
OCDFAM48	PSYCHIATRIC DISORDERS IN CHILDREN	374	1	1.000	2.845	1.000	4.000
OCDFAM49	NEUROLOGIC DISEASE IN PARENTS	373	2	1.000	1.949	0.293	3.000
OCDFAM50	NEUROLOGIC DISEASE IN GRANDPARENTS	374	1	1.000	1.968	0.456	3.000
OCDFAM51	NEUROLOGIC DISEASE IN SIBLINGS	373	2	1.000	2.029	0.314	4.000
OCDFAM52	NEUROLOGIC DISEASE IN CHILDREN	372	3	1.000	2.844	0.992	4.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCFAM68	NEUROLOGIC DIS. IN DIAB. PARENTS	27	348	1.000	1.815	0.396	2.000
OCFAM69	NEUROLOGIC DIS. IN DIAB. GRANDPARENTS	41	334	1.000	1.927	0.346	3.000
OCFAM70	NEUROLOGIC DIS. IN DIAB. SIBLINGS	8	367	1.000	1.375	0.518	2.000
OCFAM71	NEUROLOGIC DIS. IN DIAB. CHILDREN	33	342	2.000	3.848	0.508	4.000
OCFAM72	HYPERLIPIDEMIA IN PARENTS	375	0	1.000	1.816	0.642	3.000
OCFAM73	HYPERLIPIDEMIA IN GRANDPARENTS	374	1	1.000	2.294	0.662	3.000
OCFAM74	HYPERLIPIDEMIA IN SIBLINGS	374	1	1.000	2.102	0.528	4.000
OCFAM75	HYPERLIPIDEMIA IN CHILDREN	374	1	1.000	2.858	0.993	4.000
OCFAM76	IDDM IN PARENTS	372	3	1.000	1.935	0.305	3.000
OCFAM77	IDDM IN GRANDPARENTS	374	1	1.000	1.995	0.336	3.000
OCFAM78	IDDM IN SIBLINGS	373	2	1.000	1.971	0.397	4.000
OCFAM79	IDDM IN CHILDREN	374	1	1.000	2.826	1.025	4.000
OCFAM80	NIDDM IN PARENTS	372	3	1.000	1.909	0.348	3.000
OCFAM81	NIDDM IN GRANDPARENTS	374	1	1.000	1.853	0.310	3.000
OCFAM82	NIDDM IN SIBLINGS	373	2	1.000	2.027	0.310	4.000
OCFAM83	NIDDM IN CHILDREN	374	1	2.000	2.853	0.989	4.000
OCPOREG	TYPE OF INSULIN-HUMAN REGULAR	235	140	1.000	1.000	0.000	1.000
OCCHUSEMI	TYPE OF INSULIN-PORK REGULAR	70	305	1.000	1.000	0.000	1.000
OCCHUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	375	.	.	.	.
OCCHUNPH	TYPE OF INSULIN-PORK SEMILENTE	0	375	.	.	.	.
OCPONPH	TYPE OF INSULIN-HUMAN NPH	223	152	1.000	1.000	0.000	1.000
OCCHLEN	TYPE OF INSULIN-PORK NPH	64	311	1.000	1.000	0.000	1.000
OCCHLEN	TYPE OF INSULIN-HUMAN LENTE	24	351	1.000	1.000	0.000	1.000
OCCHULT	TYPE OF INSULIN-PORK LENTE	8	367	1.000	1.000	0.000	1.000
OCCHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	3	372	1.000	1.000	0.000	1.000
OCPO7030	TYPE OF INSULIN-PORK 70/30	2	373	1.000	1.000	0.000	1.000
OCCHU7030	TYPE OF INSULIN-HUMAN 70/30	15	360	1.000	1.000	0.000	1.000
OCBPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	31	344	1.000	1.000	0.000	1.000
OCBPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	1	374	1.000	1.000	0.000	1.000
OCBPNPH	TYPE OF INSULIN-BEEF/PORK NPH	22	353	1.000	1.000	0.000	1.000
OCBPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	9	366	1.000	1.000	0.000	1.000
OCBPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	3	372	1.000	1.000	0.000	1.000
OCBGROUP	WHAT GROUP PATIENT RANDOMIZED	375	0	1.000	1.003	0.052	2.000
OCINSREG	CURRENT INSULIN REGIMEN	375	0	1.000	2.944	0.273	3.000
OCREGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	372	3	1.000	1.978	0.145	2.000
OCREGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	318	57	0.000	7.818	4.953	40.000
OCREGLUN	UNITS REGULAR INSULIN USED-LUNCH	15	360	0.000	4.600	3.996	14.000
OCREGSUP	UNITS REGULAR INSULIN USED-SUPPER	309	66	0.000	7.689	5.564	66.000
OCREGBED	UNITS REGULAR INSULIN USED-BEDTIME	15	360	0.000	5.333	4.923	15.000
OCREGOTH	UNITS REGULAR INSULIN USED-OTHER	2	373	0.000	0.000	0.000	0.000
OCSEMBRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	1	374	0.000	0.000	0.000	0.000
OCSEMLUN	UNITS SEMILENTE INSULIN USED-LUNCH	1	374	0.000	0.000	0.000	0.000
OCSEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	1	374	0.000	0.000	0.000	0.000
OCSEMOB	UNITS SEMILENTE INSULIN USED-BEDTIME	1	374	0.000	0.000	0.000	0.000
OCSEMOB	UNITS SEMILENTE INSULIN USED-OTHER	2	373	0.000	17.000	24.042	34.000
OCNPHBRK	UNITS NPH INSULIN USED-BREAKFAST	307	68	0.000	23.085	9.398	60.000
OCNPHLUN	UNITS NPH INSULIN USED-LUNCH	4	371	0.000	2.750	3.775	8.000
OCNPHSUP	UNITS NPH INSULIN USED-SUPPER	277	98	0.000	13.697	7.115	39.000
OCNPHBED	UNITS NPH INSULIN USED BEDTIME	18	357	0.000	11.778	8.769	34.000

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OCNPHOTH	UNITS MPH INSULIN USED-OTHER	2	373	0.000	0.000	0.000	0.000
OCLENBRK	UNITS LENTE INSULIN USED-BREAKFAST	39	336	10.000	24.667	10.991	55.000
OCLENLUN	UNITS LENTE INSULIN USED LUNCH	1	374	0.000	0.000	.	0.000
OCLENSUP	UNITS LENTE INSULIN USED-SUPPER	35	340	2.000	10.914	5.008	24.000
OCLENBED	UNITS LENTE INSULIN USED-BEDTIME	5	370	0.000	10.000	7.071	20.000
OCLENBOTH	UNITS LENTE INSULIN USED-OTHER	1	374	0.000	0.000	.	0.000
OCULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	5	370	0.000	27.000	31.145	80.000
OCULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	1	374	0.000	0.000	.	0.000
OCULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	8	367	0.000	13.500	9.783	28.000
OCULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	1	374	0.000	0.000	.	0.000
OCULTBOTH	UNITS ULTRALENTE INSULIN USED-OTHER	1	374	0.000	0.000	.	0.000
OC7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	14	361	0.000	32.929	18.193	64.000
OC7030LJ	UNITS 70/30 INSULIN USED-LUNCH	1	374	0.000	0.000	.	0.000
OC7030SU	UNITS 70/30 INSULIN USED-SUPPER	16	359	0.000	21.375	10.911	50.000
OC7030BE	UNITS 70/30 INSULIN USED-BEDTIME	1	374	0.000	0.000	.	0.000
OC7030OT	UNITS 70/30 INSULIN USED-OTHER	1	374	0.000	0.000	.	0.000
OCDM5	DESCRIBE INSULIN REGIMEN	25	350	1.000	17.750	5.909	26.000
OCDM6A	UNITS BASAL INSULIN INFUSED DAILY	4	371	12.000	3.250	0.957	4.000
OCDM6B	DIFFERENT BASAL RATES USED/DAY	4	371	1.000	1.000	0.000	1.000
OCDM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	4	371	1.000	1.000	0.000	1.000
OCDM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	358	17	1.000	1.301	0.301	2.000
OCDM7A1	CHANGE DOSE-SYMPT. POLYURIA, POLYDIPSIA	24	351	1.000	1.542	0.509	2.000
OCDM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	20	355	1.000	1.500	0.513	2.000
OCDM7A3	CHANGE DOSE-RECURRENT KETONURIA	17	358	1.000	1.235	0.437	2.000
OCDM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	19	356	1.000	1.053	0.229	2.000
OCDM7A5	CHANGE DOSE-PREGNANCY	20	355	1.000	1.200	0.410	2.000
OCDM7A6	CHANGE DOSE-OTHER	23	352	1.000	1.217	0.422	2.000
OCDM7B1	SELF BLOOD GLUCOSE MONITORING	356	19	1.000	1.888	0.430	3.000
OCDM7B2	URINE GLUCOSE MONITORING	354	21	1.000	1.494	0.574	3.000
OCDM8	SUSPECT REPORTED GLUCOSE INACCURATE	374	1	1.000	1.152	0.524	3.000
OCDV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	374	1	1.000	1.059	0.236	2.000
OCDV1A	CURRENTLY ON DEVIATION FROM TREATMENT	26	349	1.000	1.731	0.452	2.000
OCIS1	SINCE LAST VISIT-ON INACTIVE STATUS	373	2	1.000	1.005	0.073	2.000
OCIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	2	373	2.000	2.000	0.000	2.000
OCMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	375	0	1.000	1.027	0.161	2.000
OCMBF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	284	91	1.000	1.035	0.185	2.000
OCMDT1	SINCE LAST VISIT,MODIF. THERAPY ANYTIME	375	0	1.000	1.069	0.254	2.000
OCMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	27	348	1.000	1.926	0.267	2.000
OCMDT1A1	SBGM > SPECIFIED IN PROTOCOL	26	349	2.000	3.231	1.210	6.000
OCMDT1A2	UGM > SPECIFIED IN PROTOCOL	24	351	0.000	0.792	1.285	4.000
OCMDT1B	> 2 INJECTIONS INSULIN DAILY	30	345	1.000	1.167	0.379	2.000
OCMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	10	365	1.000	1.500	0.527	2.000
OCMDT1D	OTHER MODIFICATION TO THERAPY	27	348	1.000	1.222	0.424	2.000
OCMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	2	373	1.000	1.000	0.000	1.000
OCMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	0	375	.	.	.	.
OCMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	0	375	.	.	.	.
OCMDT2B1	EXP.-FREQ. OF SBGM-REQUIRED MINIMUM	0	375	.	.	.	.
OCMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	0	375	.	.	.	.
OCMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	0	375

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCMDT2D	EXP.-OTHER MODIFICATIONL	2	373	1.000	1.000	0.000	1.000
OCDM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	15	360	1.000	1.067	0.258	2.000
OCDM12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	357	18	1.000	1.367	0.651	3.000
OCNA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	375	0	0.000	4.781	0.890	6.000
OCNA1B	NA-PATTERN OF EATING--EATING DISORDER	375	0	1.000	1.027	0.192	3.000
OCNA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	375	0	0.000	0.637	0.963	7.000
OCNA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	287	88	0.000	0.038	0.327	4.000
OCNA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	375	0	1.000	1.016	0.145	3.000
OCNA1E	NA-ROTATING SITE OF INJECTION	375	0	1.000	1.976	0.153	2.000
OCNA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	360	15	1.000	1.158	0.402	3.000
OCNA1G1	NA-NO. INTERCURRENT EVENTS	375	0	0.000	0.152	0.513	5.000
OCNA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	291	84	0.000	0.210	0.210	2.000
OCNA1H	NA-FAILED TO BRING IN DAILY RECORD	375	0	1.000	1.272	0.446	2.000
OCNA1I1	NA-PATIENT PERFORM SBGM	375	0	1.000	1.896	0.417	3.000
OCNA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	311	64	1.000	1.273	0.507	3.000
OCNA1I3	NA-PERFORM SBGM > ONCE/DAY	311	64	1.000	1.363	0.520	3.000
OCNA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	368	7	0.000	2.342	9.221	91.000
OCNA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	371	4	0.000	0.949	4.436	60.000
OCNA2C	NA-STD: FEWER INJECTIONS OF INSULIN	370	5	0.000	0.530	3.274	48.000
OCNA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	369	6	0.000	0.967	4.437	58.000
OCNA2F1	NA-STD: PATIENT BEEN ILL	371	4	0.000	2.976	6.555	50.000
OCNA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	338	37	0.000	0.837	3.738	50.000
OCNA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	3	372	0.000	0.000	0.000	0.000
OCNA3B	NO. OF TIME NO TEST AT 3 A.M.	3	372	0.000	1.333	2.309	4.000
OCNA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	2	373	0.000	0.000	0.000	0.000
OCNA3D	NO MONITOR URINE ACETONE WHEN BG>240	2	373	0.000	0.000	0.000	0.000
UCNA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	2	373	0.000	0.500	0.707	1.000
OCNA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	2	373	0.000	0.000	0.000	0.000
OCNA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	2	373	0.000	0.000	0.000	0.000
OCDC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	375	0	0.000	1.104	1.792	7.000
OCDC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	375	0	0.000	0.147	0.737	7.000
OCDC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	375	0	0.000	10.048	3.895	26.000
OCDC1D	FREQUENCY OF DKA	375	0	0.000	0.008	0.089	1.000
OCDC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	373	2	1.000	1.311	0.464	2.000
OCDC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	361	14	0.000	0.820	5.676	99.000
OCDC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	38	337	0.000	3.789	16.015	99.000
OCDC2B	MODERATE/LARGE KETONUR.-DUE TO ILLNESS	43	332	0.000	2.884	5.297	30.000
OCDC2C	MODERATE/LARGE KETONUR.-EQUIPM. FAILED	34	341	0.000	0.000	0.000	0.000
OCDC2D	MODERATE/LARGE KETONUR.-SPONTANEOUS	38	337	0.000	0.711	1.859	8.000
OCDC3A	PATIENT FEMALE	375	0	1.000	1.451	0.498	2.000
OCDC3B1	VAGINAL ITCHING OR DISCHARGE	170	205	1.000	1.224	0.418	2.000
OCDC3B2	PATIENT TREATED FOR VAGINAL ITCHING	39	336	1.000	1.795	0.409	2.000
OCDC3C1	DOES PATIENT MENSTRUATE	170	205	1.000	1.900	0.301	2.000
OCDC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	153	222	1.000	1.078	0.270	2.000
OCDC3D2	WAS PREGNANCY TEST PERFORMED	13	362	1.000	1.846	0.376	2.000
OCDC3D3	DID TEST INDICATE PREGNANCY	11	364	1.000	1.636	0.505	2.000
OCDC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	375	0	0.000	0.000	0.000	0.000
OCDC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	375	0	0.000	0.000	0.000	0.000
OCDC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	375	0	0.000	0.005	0.073	1.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	375	0	0.000	0.005	0.073	1.000
OCDC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	375	0	0.000	0.000	0.000	0.000
OCDC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	375	0	0.000	0.024	0.153	1.000
OCDC4D1	FREQUENCY RECEIVE GLUCAGON	19	356	0.000	0.000	0.000	0.000
OCDC4D2	FREQUENCY RECEIVE IV GLUCOSE	19	356	0.000	0.158	0.375	1.000
OCDC4D3	EPISODES RESULT IN INJURY-PT/OTHERS	17	358	1.000	1.000	0.000	1.000
OCDC4E_N	HIST.RECURRENT HYPOG UNABLE TO HELP SELF	375	0	1.000	1.085	0.280	2.000
OCDC4F_N	HIST.RECURRENT HYPOG ABLE TO HELP SELF	375	0	1.000	1.131	0.337	2.000
OCDC4G	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	375	0	0.000	1.163	1.538	9.000
OCDC4H1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	215	160	1.000	1.381	0.706	3.000
OCDC4H2A	REASON HYPOG: MISSED MEAL OR SNACK	42	333	1.000	1.000	0.000	1.000
OCDC4H2B	REASON HYPOG:DECREASED FOOT INTAKE	88	287	1.000	1.000	0.000	1.000
OCDC4H2C	REASON HYPOG:INCREASED EXERCISE LEVEL	89	286	1.000	1.000	0.000	1.000
OCDC4H2D	REASON HYPOG:TOO MUCH INSULIN TAKEN	16	359	1.000	1.000	0.000	1.000
OCDC4H2E	REASON HYPOG:LACK EARLY WARNING-LOW BG	5	370	1.000	1.000	0.000	1.000
OCDC4H2F	REASON HYPOGLYCEMIA: OTHER	30	345	1.000	1.000	0.000	1.000
OCDC4H2G	REASON HYPOGLYCEMIA: UNEXPLAINED	16	359	1.000	1.000	0.000	1.000
OCDC4H3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	171	204	1.000	1.000	0.000	1.000
OCDC4H3B	SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)	118	257	1.000	1.000	0.000	1.000
OCDC4H3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	82	293	1.000	1.000	0.000	1.000
OCDC4H3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	40	335	1.000	1.000	0.000	1.000
OCDC4H3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	7	368	1.000	1.000	0.000	1.000
OCRC1A	OPHTH:BLURRED/REDUCED VISION-RIGHT EYE	375	0	1.000	1.053	0.225	2.000
OCRC1A_L	OPHTH:BLURRED/REDUCED VISION-LEFT EYE	375	0	1.000	1.043	0.202	2.000
OCRC1B	OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT	375	0	1.000	1.059	0.235	2.000
OCRC1B_L	OPHTH:FLOATERS/FLASHING LIGHTS-LEFT	375	0	1.000	1.051	0.220	2.000
OCRC1C	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	374	1	1.000	1.005	0.073	2.000
OCRC1C_L	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	373	2	1.000	1.008	0.089	2.000
OCRC1D	WILL BE SENT TO OPHTH. SPECIAL VISIT	374	1	1.000	1.008	0.089	2.000
OCRC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	375	0	1.000	1.091	0.288	2.000
OCRC2A1	IF PAIN, IS PATIENT TAKING MEDICATION	92	283	1.000	1.043	0.205	2.000
OCRC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	375	0	1.000	1.005	0.073	2.000
OCRC2C	NEUR: VOMITING/BLOATING AFTER MEALS	375	0	1.000	1.029	0.169	2.000
OCRC2D	NEUR: RECURRENT DIARRHEA	375	0	1.000	1.019	0.136	2.000
OCRC2E	NEUR: URINARY RETENTION	375	0	1.000	1.005	0.073	2.000
OCRC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	375	0	1.000	1.037	0.190	2.000
OCRC2G	NEUR: FAINTING (NOT WITH HYPOG.)	375	0	1.000	1.003	0.052	2.000
OCRC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	375	0	1.000	1.000	0.000	1.000
OCRC2I	NEUR: IMPOTENCE	375	0	1.000	1.907	0.983	3.000
OCRC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	374	1	1.000	1.005	0.073	2.000
OCRC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	375	0	1.000	1.024	0.153	2.000
OCRC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	375	0	1.000	1.000	0.000	1.000
OCRC3A	RENAL: EDEMA	375	0	1.000	1.011	0.103	2.000
OCRC3B	RENAL: OTHER RENAL PROBLEM	375	0	1.000	1.003	0.052	2.000
OCRC4A	VASCULAR: SHORTNESS OF BREATH	375	0	1.000	1.027	0.161	2.000
OCRC4B	VASCULAR: CONGESTIVE HEART DISEASE	375	0	1.000	1.000	0.000	1.000
OCRC4C_0	VASCULAR: SUSPECTED NON-ACUTE MI	374	1	1.000	1.000	0.000	1.000
OCRC4D_0	VASCULAR: TRANSIENT ISCHEMIC ATTACK	375	0	1.000	1.000	0.000	1.000
OCRC4E_0	VASCULAR: OTHER VASCULAR PROBLEM	374	1	1.000	1.008	0.089	2.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCRC5A	INFECT: URINARY TRACT INFECTION	375	0	1.000	1.021	0.145	2.000
OCRC5B	INFECT: UPPER/LOWER RESPIRATORY TRACT	375	0	1.000	1.240	0.428	2.000
OCRC5C	INFECT: GASTROENTERITIS	375	0	1.000	1.061	0.240	2.000
OCRC5D	INFECT: CUTANEOUS/MUCOCUTANEOUS	375	0	1.000	1.091	0.288	2.000
OCRC5E	INFECT: POST-OPERATIVE OR DEEP WOUND	375	0	1.000	1.003	0.052	2.000
OCRC5F	INFECT: GANGRENE	375	0	1.000	1.000	0.000	1.000
OCRC5G	INFECT: OTHER-MONONUCLEOSIS, MEASLES	374	1	1.000	1.032	0.176	2.000
OCRC5H	INFECT: AT INSERTION SITE	8	367	1.000	1.000	0.000	1.000
OCRC6	MINOR OUTPATIENT SURGERY/INCIDENTAL	375	0	1.000	1.093	0.291	2.000
OCRC7	INTERCURRENT ENDOCRINE EVENT	375	0	1.000	1.016	0.126	2.000
OCRC8	ADVERSE PSYCHOSOCIAL REACTION	375	0	1.000	1.043	0.202	2.000
OCRC9	OTHER MEDICAL PROBLEMS/DIFFICULTIES	374	1	1.000	1.029	0.169	2.000
OCSKIN1	ERUPTIVE XANTHOMA	375	0	1.000	1.000	0.000	1.000
OCSKIN2	XANTHELASMA	375	0	1.000	1.003	0.052	2.000
OCSKIN3	NECROBIOSIS	375	0	1.000	1.016	0.126	2.000
OCSKIN4	SHIN SPOT	375	0	1.000	1.019	0.136	2.000
OCSKIN5	OTHER SIGNIF. SKIN CONDITION	375	0	1.000	1.109	0.312	2.000
OCPSYCH1	NERVOUSNESS OR ANXIETY	375	0	1.000	1.069	0.254	2.000
OCPSYCH2	UNREASONABLE FEARS	375	0	1.000	1.024	0.153	2.000
OCPSYCH3	EATING DISTURBANCE	375	0	1.000	1.024	0.153	2.000
OCPSYCH4	AFFECTIVE DISORDER	374	1	1.000	1.032	0.176	2.000
OCPSYCH5	SUICIDE ATTEMPT	375	0	1.000	1.005	0.073	2.000
OCPSYCH6	CRIMINAL CONDUCT	375	0	1.000	1.027	0.161	2.000
OCPSYCH7	PSYCHIATRIC TREATMENT	375	0	1.000	1.030	0.171	2.000
OCPSYCH8	OTHER PSYCHIATRIC CONDITION	368	7	1.000	1.030	0.171	2.000
OCFEM1	MODULES IN BREAST	171	204	1.000	1.053	0.224	2.000
OCFEM2	BREAST CANCER	171	204	1.000	1.006	0.076	2.000
OCFEM3	BREAST DISCHARGE	171	204	1.000	1.029	0.169	2.000
OCFEM4	IRREGULAR MENSES	171	204	1.000	1.152	0.360	2.000
OCFEM5	DYSMENORRHEA	171	204	1.000	1.164	0.371	2.000
OCFEM6	VAGINITIS	171	204	1.000	1.222	0.417	2.000
OCFEM7	OTHER SIGNIF. GYNECOLOGIC CONDITION	171	205	1.000	1.171	0.377	2.000
OCFEM12	EVER USED ORAL CONTRACEPTIVES	171	204	1.000	1.743	0.438	2.000
OCFEM13	NOW USES ORAL CONTRACEPTIVES	153	222	1.000	1.261	0.441	2.000
OCFEM14	USES OTHER BIRTH CONTROL	169	206	1.000	1.379	0.487	2.000
OCFEM16	ANY DIFFICULTIES WITH SEXUAL FUNCTION?	170	205	1.000	1.029	0.169	2.000
OCPAIN1	EVER HAD PAIN/DISCOMFORT IN CHEST	375	0	1.000	1.056	0.230	2.000
OCPAIN2	IF NO ANY PRESSURE/HEAVINESS IN CHEST	346	29	1.000	1.017	0.131	2.000
OCPAIN3	GET PAIN WHEN WALK UPHILL OR IN HURRY	30	345	1.000	1.233	0.504	3.000
OCPAIN4	GET PAIN WHEN WALK ORD.FACE/LEVL SURFACE	29	346	1.000	1.172	0.384	2.000
OCPAIN5	WHEN YOU GET THIS PAIN WHAT DO YOU DO	24	351	1.000	2.292	0.859	3.000
OCPAIN6	WHAT HAPPENS TO IT IF YOU STAND STILL	23	352	1.000	1.565	0.507	2.000
OCPAIN7	HOW SOON DOES IT GO AWAY IF STAND STILL	24	351	1.000	1.542	0.509	2.000
OCPAIN8	WHERE THE PAIN: STERNUM UPPER OR MIDDLE	26	349	1.000	1.654	0.485	2.000
OCPAIN9	WHERE THE PAIN: STERNUM (LOW)	21	354	1.000	1.286	0.463	2.000
OCPAIN10	WHERE THE PAIN: LEFT ANTERIOR CHEST	22	353	1.000	1.364	0.492	2.000
OCPAIN11	WHERE THE PAIN: LEFT ARM	22	353	1.000	1.045	0.213	2.000
OCPAIN12	WHERE THE PAIN: OTHER SPECIFY	21	354	1.000	1.190	0.402	2.000
OCLAUDI	GET PAIN IN EITHER LEG ON WALKING	374	1	1.000	1.029	0.169	2.000

Includes both categorical and continuous variables

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCLAUD2	DOES IT EVER BEGIN STAND STILL/SITTING	13	362	1.000	1.615	0.506	2.000
OCLAUD4	PAIN INCLUDES CALF/CALVES	11	364	1.000	1.455	0.522	2.000
OCLAUD5	GET PAIN WHEN WALK UPHILL/HURRY	13	362	1.000	1.462	0.519	2.000
OCLAUD6	GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE	12	363	1.000	1.500	0.522	2.000
OCLAUD7	DOES PAIN EVER REMIT WHILE WALKING	11	364	1.000	1.273	0.467	2.000
OCLAUD8	WHAT DO YOU DO WHEN YOU GET THIS PAIN	11	364	1.000	2.273	0.905	3.000
OCLAUD9	WHAT HAPPENS IF YOU STAND STILL	11	364	1.000	1.545	0.522	2.000
OCLAUD10	HOW SOON	9	366	1.000	1.667	0.500	2.000
OCRX2	RX: HAS USED OR IS USING PRESCRIPTION	373	2	1.000	1.504	0.501	2.000
OCRX3	RX: USED OVER-THE-COUNTER DRUGS	374	1	1.000	1.484	0.500	2.000
OCRX4	RX: VITAMIN SUPPLEMENTS-REGULARLY	375	0	1.000	1.304	0.461	2.000
OCADOLE5	LESS THAN 18 YEARS OLD	375	0	1.000	1.003	0.052	2.000
OCGROWTH	FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	7	368	1.000	1.000	0.000	1.000
OCHYPDOC	HYPERT. DOCUMENTED SENT TO COOR.CENTER	374	1	1.000	1.056	0.231	2.000
OCHIBLP	BLD. PRESS-MEET DEFIN. OF HYPERTENSION	342	33	1.000	1.012	0.108	2.000
OCHYPERT	SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.	21	354	1.000	1.095	0.301	2.000
OCENT	ABNORMALITY OF EARS, NOSE AND THROAT	374	1	1.000	1.008	0.089	2.000
OCTHYRD	ABNORMALITY OF THYROID	375	0	1.000	1.061	0.240	2.000
OCLUNGS	ABNORMALITY OF LUNGS	375	0	1.000	1.008	0.089	2.000
OCBREAST	ABNORMALITY OF BREASTS	369	6	1.000	1.011	0.104	2.000
OCABDOM	ABNORMALITY OF ABDOMEN	374	1	1.000	1.005	0.073	2.000
OCHEPATO	ABDOMEN--HEPATOMEGALY	369	6	1.000	1.003	0.052	2.000
OCSPAN	ABDOMEN-IF PRESENT, HOW LARGE (SPAN)	1	374	10.000	10.000		10.000
OCLYMPH	ABNORMALITY OF LYMPHATIC SYSTEM	373	2	1.000	1.008	0.116	3.000
OCRECTUM	ABNORMALITY OF RECTUM	374	1	1.000	2.829	0.546	3.000
OCPELVIS	ABNORMALITY OF PELVIS	371	4	1.000	2.884	0.453	3.000
OCGENIT	ABNORMALITY OF GENITALIA	336	39	1.000	1.018	0.153	3.000
OCRHYTHM	CARDIAC RHYTHM	375	0	1.000	1.005	0.073	2.000
OCVENPRS	VENOUS PRESSURE	375	0	1.000	1.000	0.000	1.000
OCMEGALY	CARDIOMEGALY	375	0	1.000	1.000	0.000	1.000
OCS3GALP	S3 GALLOP	375	0	1.000	1.000	0.000	1.000
OCS4GALP	S4 GALLOP	375	0	1.000	1.000	0.000	1.000
OCSMURMR	SYSTOLIC EJECTION MURMUR	375	0	1.000	1.008	0.089	2.000
OCDMURMR	DIASTOLIC MURMUR	375	0	1.000	1.069	0.254	2.000
OCOMURMR	OTHER MURMUR	375	0	1.000	1.005	0.073	2.000
OCRUB	RUB	370	5	1.000	1.003	0.052	2.000
OCPCARDAB	OTHER CARDIAC ABNORMALITY	375	0	1.000	1.003	0.052	2.000
OCPPUL1	GRADE OF RIGHT CAROTID PULSE	371	4	1.000	1.005	0.073	2.000
OCPPUL2	GRADE OF LEFT CAROTID PULSE	375	0	1.000	1.000	0.000	1.000
OCPPUL3	GRADE OF RIGHT BRACHIAL PULSE	374	1	1.000	1.000	0.000	1.000
OCPPUL4	GRADE OF LEFT BRACHIAL PULSE	375	0	1.000	1.000	0.000	1.000
OCPPUL5	GRADE OF RIGHT BRACHIAL PULSE	374	1	1.000	1.000	0.000	1.000
OCPPUL6	GRADE OF LEFT RADIAL PULSE	375	0	1.000	1.000	0.000	1.000
OCPPUL7	GRADE OF RIGHT FEMORAL PULSE	374	1	1.000	1.000	0.000	1.000
OCPPUL8	GRADE OF LEFT FEMORAL PULSE	375	0	1.000	1.003	0.052	2.000
OCPPUL9	GRADE OF RIGHT POPLITEAL PULSE	374	1	1.000	1.003	0.052	2.000
OCPPUL10	GRADE OF LEFT POPLITEAL PULSE	375	0	1.000	1.099	0.398	3.000
OCPPUL11	GRADE OF RIGHT POST. TIBIAL PULSE	374	1	1.000	1.094	0.387	3.000
OCPPUL12	GRADE OF LEFT POST. TIBIAL PULSE	375	0	1.000	1.061	0.291	3.000
OCPPUL12	GRADE OF LEFT POST. TIBIAL PULSE	374	1	1.000	1.056	0.283	3.000

Includes both categorical and continuous variables

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

Variable Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCPPUL13	375	0	1.000	1.077	0.322	3.000
OCPPUL14	374	1	1.000	1.075	0.327	3.000
OCBRUIT1	375	0	1.000	1.003	0.052	2.000
OCBRUIT2	375	0	1.000	1.003	0.052	2.000
OCBRUIT3	375	0	1.000	1.005	0.073	2.000
OCBRUIT4	375	0	1.000	1.005	0.073	2.000
OCBRUIT5	349	26	1.000	1.003	0.054	2.000
OCBRUIT6	345	30	1.000	1.003	0.054	2.000
OCEXTR1	375	0	1.000	1.003	0.052	2.000
OCEXTR2	373	2	1.000	1.000	0.000	2.000
OCEXTR3	375	0	1.000	1.056	0.230	2.000
OCEXTR4	373	2	1.000	1.051	0.220	2.000
OCEXTR5	375	0	1.000	1.000	0.000	1.000
OCEXTR6	374	1	1.000	1.000	0.000	1.000
OCEXTR7	375	0	1.000	1.003	0.052	2.000
OCEXTR8	374	1	1.000	1.003	0.052	2.000
OCEXTR9	375	0	1.000	1.011	0.103	2.000
OCEXTR10	374	1	1.000	1.005	0.073	2.000
OC LIPOAT	375	0	1.000	1.008	0.089	2.000
OC LIPOHY	375	0	1.000	1.061	0.240	2.000
OC INFLAM	375	0	1.000	1.000	0.000	1.000
OC FOOTUL	375	0	1.000	1.000	0.000	1.000
OC FOOTIN	375	0	1.000	1.000	0.000	1.000
OC ABNTOE	375	0	1.000	1.013	0.115	2.000
OC OTHABN	375	0	1.000	1.059	0.235	2.000
OC BGP1	372	3	1.000	1.148	0.355	2.000
OC BGP2A	370	5	1.000	1.876	0.330	2.000
OC BGP2A	0	375				
OC BGP2B	14	361	1.000	1.000	0.000	1.000
OC BGP2C	1	374	1.000	1.000		1.000
OC BGP2D	4	371	1.000	1.000	0.000	1.000
OC BGP2E	17	358	1.000	1.000	0.000	1.000
OC BGP6A	339	36	1.000	1.094	0.293	2.000
OC BGP6A1	30	345	0.000	2.933	2.778	7.000
OC BGP6A2	32	343	1.000	1.844	0.369	2.000
OC BGP7	91	284	1.000	1.022	0.147	2.000
OC LIPID	370	5	1.000	1.762	0.426	2.000
OC RENAL	369	6	1.000	1.753	0.432	2.000

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

Variable Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCNA2E	1	341	90.000	90.000		90.000
NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY	1	341	90.000	90.000		90.000

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
OCMRDATE	DATE MARITAL STATUS CHANGED	235	107	172.000	783.791	288.540	1292.000
OCMSMOK8	PIPEFULS/CIGARS PER WK. IN PAST YR.	1	341	1.000	1.000		1.000
OCOTOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	341	1	8.000	56.721	24.540	166.000
OCCEXR2	HOURS & MINUTES OF LIGHT ACTIVITY	332	10	0.000	284.398	522.538	3400.000
OCCEXR3	HOURS & MINUTES OF MODERATE ACTIVITY	327	15	0.000	229.511	370.624	2500.000
OCCEXR4	HOURS & MINUTES OF HARD ACTIVITY	329	13	0.000	108.587	236.454	2400.000
OCCEXR5	HOURS & MINUTES OF VERY HARD ACTIVITY	327	15	0.000	43.899	158.658	1500.000
OCDM3BRD	DM 3 INJ. -BLOOD DONE BEFORE BREAKFAST	316	26	0.000	78.329	28.717	191.000
OCDM3BRS	DM 3 INJ. -BLOOD SHOULD DO BEFORE BREAK.	323	19	14.000	88.601	26.817	240.000
OCDM3LUD	DM 3 INJ. -BLOOD DONE BEFORE LUNCH	315	27	0.000	67.178	30.399	158.000
OCDM3LUS	DM 3 INJ. -BLOOD SHOULD DO BEFORE LUNCH	322	20	0.000	88.208	27.277	239.000
OCDM3DIID	DM 3 INJ. -BLOOD DONE BEFORE DINNER	316	26	0.000	73.775	29.035	184.000
OCDM3DIS	DM 3 INJ. -BLOOD SHOULD DO PRE-DINNER	323	19	14.000	88.505	26.887	239.000
OCDM3BED	DM 3 INJ. -BLOOD DONE BEFORE BEDTIME	316	26	0.000	70.313	30.955	155.000
OCDM3BES	DM 3 INJ. -BLOOD SHOULD DO PRB-BEDTIME	323	19	14.000	88.533	26.819	239.000
OCDM33AD	DM 3 INJ. -BLOOD DONE AT 3 A.M.	316	26	0.000	5.563	11.379	155.000
OCDM33AS	DM 3 INJ. -BLOOD SHOULD DO AT 3 A.M.	323	19	0.000	12.805	10.300	155.000
OCDM1UBD	DM 1 INJ. -URINE DONE BEFORE BREAKFAST	2	340	0.000	0.000	0.000	0.000
OCDM1UBS	DM 1 INJ. -URINE SHOULD DO BEFORE BREAK.	3	339	0.000	277.667	480.933	833.000
OCDM1BBD	DM 1 INJ. -BLOOD DONE BEFORE BREAKFAST	5	337	0.000	12.600	28.174	63.000
OCDM1BBS	DM 1 INJ. -BLOOD SHOULD DO BEFORE BREAK	5	337	0.000	50.600	30.435	73.000
OCDM1ULD	DM 1 INJ. -URINE DONE BEFORE LUNCH	2	340	0.000	0.000	0.000	0.000
OCDM1ULS	DM 1 INJ. -URINE SHOULD DO BEFORE LUNCH	3	339	0.000	277.667	480.933	833.000
OCDM1BLD	DM 1 INJ. -BLOOD DONE BEFORE LUNCH	5	337	0.000	12.600	28.174	63.000
OCDM1BLS	DM 1 INJ. -BLOOD SHOULD DO BEFORE LUNCH	5	337	0.000	21.600	30.254	63.000
OCDM1UDD	DM 1 INJ. -URINE DONE BEFORE DINNER	2	340	0.000	0.000	0.000	0.000
OCDM1UDB	DM 1 INJ. -URINE SHOULD DO BEFORE DINNER	3	339	0.000	277.667	480.933	833.000
OCDM1BDS	DM 1 INJ. -BLOOD DONE BEFORE DINNER	5	337	0.000	12.600	28.174	63.000
OCDM1BDS	DM 1 INJ. -BLOOD SHOULD DO BEFORE DINNER	5	337	0.000	50.600	30.435	73.000
OCDM1UED	DM 1 INJ. -URINE DONE BEFORE BEDTIME	2	340	0.000	0.000	0.000	0.000
OCDM1UES	DM 1 INJ. -URINE SHOULD DO BEFORE BEDTIME	3	339	0.000	277.667	480.933	833.000
OCDM1IBD	DM 1 INJ. -BLOOD DONE BEFORE BEDTIME	5	337	0.000	12.600	28.174	63.000
OCDM1IBES	DM 1 INJ. -BLOOD SHOULD DO BEFORE BEDTIME	5	337	0.000	21.600	30.254	63.000
OCRX1	DM 1 INJ. -BLOOD SHOULD DO BEFORE BEDTIME	5	337	0.000	21.600	30.254	63.000
OCRX1	RX: NO. ASPIRIN-CONTAINING TABLETS	342	0	0.000	8.430	19.962	240.000
OCXPULSE	PULSE	340	2	48.000	74.153	10.275	108.000
OCYSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	340	2	84.000	114.956	11.179	144.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	340	2	50.000	74.194	8.674	98.000
OCYSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	2	340	124.000	127.000	4.243	130.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	2	340	88.000	89.000	1.414	90.000
OCBGP8A	RESULTS OF SBGM-PREBREAKFAST	276	66	38.000	145.678	72.648	474.000
OCBGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	271	71	0.000	182.325	90.877	435.000
OCBGP8C	RESULTS OF SBGM-PRELUNCH	275	67	23.000	126.753	71.940	499.000
OCBGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	270	72	0.000	158.637	77.042	451.000
OCBGP8E	RESULTS OF SBGM-PRESUPPER	275	67	0.000	136.273	83.299	485.000
OCBGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	266	76	0.000	155.628	88.181	532.000
OCBGP8G	RESULTS OF SBGM-BEDTIME	264	78	28.000	144.530	80.773	508.000
OCDESIWT	PATIENT'S DESIRED WEIGHT	340	2	45.000	70.154	11.361	102.000
OCWEIGHT	CURRENT WEIGHT	342	0	45.000	78.150	14.340	128.000
OCHEIGHT	CURRENT HEIGHT	334	8	121.900	171.537	9.757	195.600

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCRESCH	NECESSARY TO RESCHEDULE VISIT	341	1	1.000	1.161	0.368	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	49	293	1.000	1.531	0.710	3.000
OCVSTNO	FOLLOW-UP VISIT NUMBER	342	0	14.000	23.158	6.838	38.000
OCGENDER	GENDER	342	0	1.000	1.506	0.501	2.000
OCMARRY	MARITAL STATUS OF PATIENT	339	3	1.000	1.861	0.797	4.000
OCMARN0	NUMBER OF TIMES MARRIED	204	138	1.000	1.230	0.544	4.000
OCPATJOB	PATIENT'S OCCUPATION	334	8	1.000	3.997	3.663	12.000
OCSPJOB	SPOUSE'S OCCUPATION	195	147	1.000	3.713	3.335	11.000
OCMOMJOB	MOTHER'S OCCUPATION	33	309	1.000	4.121	3.407	11.000
OCDADJOB	FATHER'S OCCUPATION	19	323	1.000	3.316	2.626	9.000
OCFRJOB	GUARDIAN/FRIEND'S OCCUPATION	25	317	1.000	5.040	3.518	11.000
OCSPNOJ	PATIENT UNEMPLOYED OR RETIRED	10	332	1.000	1.000	0.000	1.000
OCSPONOJ	SPOUSE UNEMPLOYED OR RETIRED	4	338	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	4	338	1.000	1.000	0.000	1.000
OCDADNOJ	FATHER UNEMPLOYED OR RETIRED	5	337	1.000	1.000	0.000	1.000
OCFRNOJ	GUARDIAN/FRIEND'S UNEMPLOY. OR RETIRED	1	341	1.000	1.000	0.000	1.000
OCRJBOCH	PATIENT'S JOB STATUS CHANGED	30	312	1.000	1.000	0.000	1.000
OCSPBOCH	SPOUSE'S JOB STATUS CHANGED	13	329	1.000	1.000	0.000	1.000
OCMBOCH	MOTHER'S JOB STATUS CHANGED	1	341	1.000	1.000	0.000	1.000
OCDBOCH	FATHER'S JOB STATUS CHANGED	1	341	1.000	1.000	0.000	1.000
OCFRBOCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	5	337	1.000	1.000	0.000	1.000
OCSPATE	PATIENT'S EDUCATION LEVEL	342	0	1.000	2.570	0.947	5.000
OCSPOE	SPOUSE'S EDUCATION LEVEL	201	141	1.000	2.597	1.001	5.000
OCMOMOE	MOTHER'S EDUCATION LEVEL	34	308	1.000	2.941	0.983	5.000
OCDAOE	FATHER'S EDUCATION LEVEL	22	320	1.000	3.000	1.718	8.000
OCFRIOE	GUARDIAN/FRIEND'S EDUCATION LEVEL	25	317	2.000	3.440	1.261	8.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	342	0	1.000	1.240	0.428	2.000
OCGRDE	ELEMENTARY/SECONDARY SCHOOL GRADE	6	336	11.000	11.667	0.516	12.000
OCYEAR	YEAR IN TRADE SCHOOL	6	336	1.000	1.167	0.408	2.000
OCYEAR	YEAR IN COLLEGE	48	294	1.000	2.958	1.304	7.000
OCYEAR	YEAR IN GRADUATE SCHOOL	15	327	1.000	2.000	1.254	5.000
OCXPELL	CEASED ATTENDING SCHOOL IN PAST YR.	77	265	1.000	1.130	0.338	2.000
OCSMOKE1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	342	0	1.000	1.243	0.429	2.000
OCSMOKE2	CURRENTLY SMOKE CIGARETTES/CIGAR.	88	254	1.000	1.852	0.357	2.000
OCSMOKE3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	10	332	0.000	10.600	17.102	48.000
OCSMOKE4	HOW MANY CIGARET./CIGAR. IN PAST YR.	81	261	1.000	14.889	9.521	40.000
OCSMOKE5	SMOKED PIPES OR CIGARS IN PAST YR.	338	4	1.000	1.003	0.054	2.000
OCSMOKE6	CURRENTLY SMOKE PIPES OR CIGARS	5	337	1.000	1.000	0.000	1.000
OCSMOKE7	QUIT SMOKING PIPES OR CIGARS	1	341	12.000	12.000	0.000	12.000
OCSMOK9A	PAST 12 MONTHS LIVED WHERE PERSON SMOKED	334	8	1.000	1.222	0.416	2.000
OCSMOK9B	PAST 12 MONTHS WORK WHERE PERSON SMOKED	332	10	1.000	1.313	0.465	2.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	342	0	1.000	1.383	0.487	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	131	211	0.000	1.351	3.025	15.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	129	213	0.000	2.667	3.985	25.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	129	213	0.000	0.798	1.679	14.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	128	214	0.000	0.828	1.887	12.000
OCDRINK6	TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS	122	220	1.000	1.000	0.000	1.000
OCXER1	PATIENT'S LEVEL OF ACTIVITY	342	0	1.000	1.579	0.566	3.000
OCXFAM1	NUMBER OF PERSONS IN HOUSEHOLD	341	1	0.000	3.050	1.357	7.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCFAM24	HYPERTENSION IN PARENTS	342	0	1.000	1.602	0.557	3.000
OCFAM25	HYPERTENSION IN GRANDPARENTS	342	0	1.000	2.047	0.798	3.000
OCFAM26	HYPERTENSION IN SIBLINGS	342	0	1.000	1.982	0.508	4.000
OCFAM27	HYPERTENSION IN CHILDREN	342	0	2.000	2.959	1.001	4.000
OCFAM28	MYOCARDIAL INFARCTION IN PARENTS	342	0	1.000	1.825	0.431	3.000
OCFAM29	MYOCARDIAL INFARCTION IN GRANDPARENTS	342	0	1.000	1.760	0.664	3.000
OCFAM30	MYOCARDIAL INFARCTION IN SIBLINGS	341	1	1.000	2.053	0.372	4.000
OCFAM31	MYOCARDIAL INFARCTION IN CHILDREN	341	1	2.000	2.950	1.000	4.000
OCFAM32	MI IN PARENTS BEFORE AGE 40	67	275	1.000	1.851	0.359	2.000
OCFAM33	MI IN GRANDPARENTS BEFORE AGE 40	126	216	1.000	2.000	0.253	3.000
OCFAM34	MI IN SIBLINGS BEFORE AGE 40	13	329	1.000	2.154	0.899	4.000
OCFAM35	MI IN CHILDREN BEFORE AGE 40	33	309	2.000	3.909	0.384	4.000
OCFAM36	MI IN DIAB. PARENTS BEFORE AGE 40	16	326	1.000	1.688	0.602	3.000
OCFAM37	MI IN DIAB. GRANDPARENT BEFORE AGE 40	20	322	1.000	2.050	0.394	3.000
OCFAM38	MI IN DIAB. SIBLINGS BEFORE AGE 40	7	335	1.000	2.429	1.134	4.000
OCFAM39	MI IN DIAB. CHILDREN BEFORE AGE 40	29	313	2.000	3.793	0.620	4.000
OCFAM40	AUTOIMMUNE ENDOCRINE DIS. IN PARENTS	341	1	1.000	1.889	0.398	3.000
OCFAM41	AUTOIMMUNE ENDOCRINE DIS. - GRANDPARENTS	342	0	1.000	2.105	0.569	3.000
OCFAM42	AUTOIMMUNE ENDOCRINE DIS. IN SIBLINGS	342	0	1.000	1.997	0.469	4.000
OCFAM43	AUTOIMMUNE ENDOCRINE DIS. IN CHILDREN	342	0	1.000	2.950	1.008	4.000
OCFAM44	EYE DISEASE IN PARENTS	342	0	1.000	1.927	0.321	3.000
OCFAM45	EYE DISEASE IN GRANDPARENTS	341	1	1.000	1.886	0.516	3.000
OCFAM46	EYE DISEASE IN SIBLING	342	0	1.000	2.032	0.408	4.000
OCFAM47	EYE DISEASE IN CHILDREN	342	0	1.000	2.950	1.008	4.000
OCFAM48	EYE DIS. IN DIABETIC PARENTS	30	312	1.000	1.867	0.434	3.000
OCFAM49	EYE DIS. IN DIABETIC GRANDPARENTS	66	276	1.000	1.864	0.426	3.000
OCFAM50	EYE DIS. IN DIABETIC SIBLINGS	14	328	1.000	1.786	1.051	4.000
OCFAM51	EYE DIS. IN DIABETIC CHILDREN	30	312	2.000	3.800	1.000	4.000
OCFAM52	RENAL DISEASE IN PARENTS	342	0	1.000	1.962	0.289	3.000
OCFAM53	RENAL DISEASE IN GRANDPARENTS	342	0	1.000	2.096	0.367	3.000
OCFAM54	RENAL DISEASE IN SIBLINGS	342	0	1.000	2.041	0.396	4.000
OCFAM55	RENAL DISEASE IN CHILDREN	342	0	1.000	2.950	1.008	4.000
OCFAM56	RENAL DIS. IN DIABETIC PARENTS	23	319	1.000	1.696	0.470	2.000
OCFAM57	RENAL DIS. IN DIABETIC GRANDPARENTS	10	332	1.000	2.000	0.667	3.000
OCFAM58	RENAL DIS. IN DIABETIC SIBLINGS	15	327	1.000	1.933	0.961	4.000
OCFAM59	RENAL DIS. IN DIABETIC CHILDREN	32	310	2.000	3.625	0.793	4.000
OCFAM60	PSYCHIATRIC DISORDERS IN PARENTS	342	0	1.000	1.942	0.291	3.000
OCFAM61	PSYCHIATRIC DISORDERS IN GRANDPARENTS	342	0	1.000	2.020	0.386	3.000
OCFAM62	PSYCHIATRIC DISORDERS IN SIBLINGS	342	0	1.000	1.977	0.465	4.000
OCFAM63	PSYCHIATRIC DISORDERS IN CHILDREN	341	1	1.000	2.944	1.012	4.000
OCFAM64	NEUROLOGIC DISEASE IN PARENTS	342	0	1.000	1.971	0.264	3.000
OCFAM65	NEUROLOGIC DISEASE IN GRANDPARENTS	342	0	1.000	1.953	0.482	3.000
OCFAM66	NEUROLOGIC DISEASE IN SIBLINGS	342	0	1.000	2.050	0.376	4.000
OCFAM67	NEUROLOGIC DISEASE IN CHILDREN	341	1	1.000	2.953	1.002	4.000
OCFAM68	NEUROLOGIC DIS. IN DIAB. PARENTS	17	325	1.000	1.588	0.507	2.000
OCFAM69	NEUROLOGIC DIS. IN DIAB. GRANDPARENTS	46	296	1.000	1.913	0.463	3.000
OCFAM70	NEUROLOGIC DIS. IN DIAB. SIBLINGS	10	332	2.000	2.000	1.033	4.000
OCFAM71	NEUROLOGIC DIS. IN DIAB. CHILDREN	31	311	2.000	3.871	0.499	4.000
OCFAM72	HYPERLIPIDEMIA IN PARENTS	342	0	1.000	1.833	0.635	3.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCFAM73	HYPERLIPIDEMIA IN GRANDPARENTS	341	1	1.000	2.328	0.671	3.000
OCFAM74	HYPERLIPIDEMIA IN SIBLINGS	342	0	1.000	2.102	0.592	4.000
OCFAM75	HYPERLIPIDEMIA IN CHILDREN	342	0	1.000	2.956	1.002	4.000
OCFAM76	IDDM IN PARENTS	341	1	1.000	1.933	0.304	3.000
OCFAM77	IDDM IN GRANDPARENTS	342	0	1.000	1.947	0.423	3.000
OCFAM78	IDDM IN SIBLINGS	342	0	1.000	1.956	0.485	4.000
OCFAM79	IDDM IN CHILDREN	342	0	1.000	2.942	1.020	4.000
OCFAM80	NIDDM IN PARENTS	339	3	1.000	1.888	0.376	3.000
OCFAM81	NIDDM IN GRANDPARENTS	341	1	1.000	1.856	0.542	3.000
OCFAM82	NIDDM IN SIBLINGS	339	3	1.000	2.056	0.377	4.000
OCFAM83	NIDDM IN CHILDREN	339	3	2.000	2.971	1.000	4.000
OCFHREG	TYPE OF INSULIN-HUMAN REGULAR	267	75	1.000	1.000	0.000	1.000
OCFHSEMI	TYPE OF INSULIN-PORK REGULAR	74	268	1.000	1.000	0.000	1.000
OCFHSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	342	.	.	.	.
OCFHSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	342	.	.	.	.
OCFHNP	TYPE OF INSULIN-HUMAN NPH	81	261	1.000	1.000	0.000	1.000
OCFHNP	TYPE OF INSULIN-PORK NPH	21	321	1.000	1.000	0.000	1.000
OCFHLEN	TYPE OF INSULIN-HUMAN LENTE	11	331	1.000	1.000	0.000	1.000
OCFHLEN	TYPE OF INSULIN-PORK LENTE	5	337	1.000	1.000	0.000	1.000
OCFHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	48	294	1.000	1.000	0.000	1.000
OCFH07030	TYPE OF INSULIN-PORK 70/30	1	341	1.000	1.000	0.000	1.000
OCFH07030	TYPE OF INSULIN-HUMAN 70/30	3	339	1.000	1.000	0.000	1.000
OCFBREG	TYPE OF INSULIN-BEEF/PORK REGULAR	4	338	1.000	1.000	0.000	1.000
OCFBSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	342	.	.	.	.
OCFBNP	TYPE OF INSULIN-BEEF/PORK NPH	4	338	1.000	1.000	0.000	1.000
OCFBLEN	TYPE OF INSULIN-BEEF/PORK LENTE	1	341	1.000	1.000	0.000	1.000
OCFBULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	37	305	1.000	1.000	0.000	1.000
OCBGROUP	WHAT GROUP PATIENT RANDOMIZED	342	0	2.000	2.000	0.000	2.000
OCBINSREG	CURRENT INSULIN REGIMEN	342	0	1.000	1.602	0.525	3.000
OCBREGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	342	0	1.000	1.980	0.142	2.000
OCBREGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	329	13	0.000	7.787	4.876	40.000
OCBREGLUN	UNITS REGULAR INSULIN USED-LUNCH	321	21	0.000	6.938	4.345	30.000
OCBREGSUP	UNITS REGULAR INSULIN USED-SUPPER	334	8	0.000	10.814	5.994	41.000
OCBREGBED	UNITS REGULAR INSULIN USED-BEDTIME	123	219	0.000	2.626	3.047	19.000
OCBREGOTH	UNITS REGULAR INSULIN USED-OTHER	12	330	0.000	1.667	2.188	5.000
OCBSEMBRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	1	341	12.000	12.000	.	12.000
OCBSEMILUN	UNITS SEMILENTE INSULIN USED-LUNCH	0	342	.	.	.	.
OCBSEMISUP	UNITS SEMILENTE INSULIN USED-SUPPER	0	342	.	.	.	.
OCBSEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	1	341	3.000	3.000	.	3.000
OCBSEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	0	342	.	.	.	.
OCBPNBRK	UNITS NPH INSULIN USED-BREAKFAST	70	272	0.000	16.300	12.629	64.000
OCBPNLUN	UNITS NPH INSULIN USED-LUNCH	3	339	0.000	4.667	5.033	10.000
OCBPNSUP	UNITS NPH INSULIN USED-SUPPER	12	330	0.000	14.667	13.553	50.000
OCBPNBED	UNITS NPH INSULIN USED-BEDTIME	88	254	4.000	18.727	9.765	54.000
OCBPNOTH	UNITS NPH INSULIN USED-OTHER	0	342	.	.	.	.
OCBLENBRK	UNITS LENTE INSULIN USED-BREAKFAST	9	333	3.000	14.667	10.000	36.000
OCBLENLUN	UNITS LENTE INSULIN USED-LUNCH	0	342	.	.	.	.
OCBLENSUP	UNITS LENTE INSULIN USED-SUPPER	6	336	3.000	11.333	7.711	21.000
OCBLENBED	UNITS LENTE INSULIN USED-BEDTIME	14	328	5.000	14.857	8.245	30.000

Includes both categorical and continuous variables

Baseline retinopathy stratum=Primary prevention Randomized treatment assignment=Intensive

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCLENGTH	UNITS LENTE INSULIN USED-OTHER	0	342				
OCULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	66	276	0.000	17.591	9.458	45.000
OCULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	1	341	3.000	3.000		3.000
OCULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	51	291	8.000	20.412	11.015	74.000
OCULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	22	320	7.000	20.364	11.794	54.000
OCULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	0	342				
OC7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	3	339	30.000	37.667	6.807	43.000
OC7030LU	UNITS 70/30 INSULIN USED-LUNCH	0	342				
OC7030SU	UNITS 70/30 INSULIN USED-SUPPER	3	339	30.000	41.667	20.207	65.000
OC7030BE	UNITS 70/30 INSULIN USED-BEDTIME	0	342				
OC7030OT	UNITS 70/30 INSULIN USED-OTHER	0	342				
OCDM5	DESCRIBE INSULIN REGIMEN	27	315	1.000	1.185	0.396	2.000
OCDM6A	UNITS BASAL INSULIN INFUSED DAILY	141	201	2.000	27.794	13.151	82.000
OCDM6B	DIFFERENT BASAL RATES USED/DAY	140	202	1.000	2.657	1.051	4.000
OCDM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	139	203	1.000	1.223	0.418	2.000
OCDM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	8	334	1.000	1.125	0.354	2.000
OCDM7A1	CHANGE DOSE-SYMT. POLYURIA, POLYDIPSIA	0	342				
OCDM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	0	342				
OCDM7A3	CHANGE DOSE-RECURRENT KETONURIA	0	342				
OCDM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	0	342				
OCDM7A5	CHANGE DOSE-PREGNANCY	0	342				
OCDM7A6	CHANGE DOSE-OTHER	1	341	2.000	2.000		2.000
OCDM7B1	SELF BLOOD GLUCOSE MONITORING	8	334	1.000	2.125	0.835	3.000
OCDM7B2	URINE GLUCOSE MONITORING	8	334	1.000	1.375	0.744	3.000
OCDM8	SUSPECT REPORTED GLUCOSE INACCURATE	333	9	1.000	1.108	0.439	3.000
OCDV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	341	1	1.000	1.018	0.132	2.000
OCDVIA	CURRENTLY ON DEVIATION FROM TREATMENT	7	335	1.000	1.857	0.378	2.000
OCIS1	SINCE LAST VISIT-ON INACTIVE STATUS	340	2	1.000	1.015	0.121	2.000
OCISIA	CURRENTLY ON TRANSFER TO INACTIVE STATUS	6	336	1.000	1.500	0.548	2.000
OCMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	341	1	1.000	1.026	0.161	2.000
OCMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	263	79	1.000	1.034	0.182	2.000
OCMDT1	SINCE LAST VISIT,MODIF. THERAPY ANYTIME	2	340	1.000	1.000	0.000	1.000
OCMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	0	342				
OCMDT1A1	SBGM > SPECIFIED IN PROTOCOL	0	342				
OCMDT1A2	UGM > SPECIFIED IN PROTOCOL	0	342				
OCMDT1B	> 2 INJECTIONS INSULIN DAILY	0	342				
OCMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	0	342				
OCMDT1D	OTHER MODIFICATION TO THERAPY	0	342				
OCMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	341	1	1.000	1.035	0.185	2.000
OCMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	12	330	1.000	1.417	0.515	2.000
OCMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	11	331	1.000	1.455	0.522	2.000
OCMDT2B1	EXP.-FREQ. OF SBGM-REQUIRED MINIMUM	5	337	2.000	2.400	0.548	3.000
OCMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	12	330	1.000	1.500	0.522	2.000
OCMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	7	335	2.000	2.000	0.000	2.000
OCMDT2D	EXP.-OTHER MODIFICATIONL	12	330	1.000	1.167	0.389	2.000
OCMD32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	332	10	1.000	1.096	0.334	3.000
OCMD12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	7	335	1.000	1.857	1.069	3.000
OCNA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	342	0	1.000	4.810	0.878	7.000
OCNA1B	NA-PATTERN OF EATING--EATING DISORDER	342	0	1.000	1.020	0.178	3.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCNA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	342	0	0.000	0.716	0.896	5.000
OCNA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	280	62	0.000	0.046	0.308	3.000
OCNA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	342	0	1.000	1.018	0.152	3.000
OCNA1E	NA-ROTATING SITE OF INJECTION	342	0	1.000	1.980	0.142	2.000
OCNA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	327	15	1.000	1.235	0.466	3.000
OCNA1G1	NA-NO. INTERCURRENT EVENTS	342	0	0.000	0.301	0.860	11.000
OCNA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	251	91	0.000	0.032	0.251	3.000
OCNA1H	NA-FAILED TO BRING IN DAILY RECORD	342	0	1.000	1.132	0.339	2.000
OCNA1I1	NA-PATIENT PERFORM SBGM	342	0	1.000	2.015	0.179	3.000
OCNA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	334	8	1.000	2.003	0.145	3.000
OCNA1I3	NA-PERFORM SBGM > ONCE/DAY	334	8	1.000	2.018	0.154	3.000
OCNA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	1	341	13.000	13.000	.	13.000
OCNA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	1	341	13.000	13.000	.	13.000
OCNA2C	NA-STD: FEWER INJECTIONS OF INSULIN	1	341	10.000	10.000	.	10.000
OCNA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	1	341	10.000	10.000	.	10.000
OCNA2F1	NA-STD: PATIENT BEEN ILL	1	341	10.000	10.000	.	10.000
OCNA2F2	NA-STD: SICK-NO TEST/RECORD URINE ACETO.	1	341	10.000	10.000	.	10.000
OCNA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	331	11	0.000	8.035	19.033	110.000
OCNA3B	NO. OF TIMES NO TEST AT 3 A.M.	332	10	0.000	7.491	5.498	35.000
OCNA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	329	13	0.000	0.538	1.746	13.000
OCNA3D	NO. MONITOR URINE ACETONE WHEN BG>240	314	28	0.000	5.621	13.755	120.000
OCNA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	139	203	0.000	0.007	0.085	1.000
OCNA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	139	203	0.000	0.381	1.783	12.000
OCNA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	139	203	0.000	0.331	1.590	12.000
OCDC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	342	0	0.000	0.854	1.659	7.000
OCDC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	342	0	0.000	0.164	0.805	7.000
OCDC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	342	0	3.000	9.135	3.790	30.000
OCDC1D	FREQUENCY OF DKA	342	0	0.000	0.026	0.337	6.000
OCDC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	342	0	1.000	1.336	0.473	2.000
OCDC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	317	25	0.000	0.278	1.163	15.000
OCDC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	24	318	0.000	0.667	1.465	6.000
OCDC2B	MODERATE/LARGE KETONUR.-DUE TO ILLNESS	27	315	0.000	1.074	1.141	3.000
OCDC2C	MODERATE/LARGE KETONUR.-EQUIPM. FAILED	22	320	0.000	0.409	0.796	3.000
OCDC2D	MODERATE/LARGE KETONUR.-SPONTANEOUS	24	318	0.000	1.333	3.371	15.000
OCDC3A	PATIENT FEMALE	342	0	1.000	1.506	0.501	2.000
OCDC3B1	VAGINAL ITCHING OR DISCHARGE	173	169	1.000	1.358	0.358	2.000
OCDC3B2	PATIENT TREATED FOR VAGINAL ITCHING	28	314	1.000	1.714	0.460	2.000
OCDC3C1	DOES PATIENT MENSTRUATE	172	170	1.000	1.907	0.291	2.000
OCDC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	158	184	1.000	1.057	0.233	2.000
OCDC3D2	WAS PREGNANCY TEST PERFORMED	11	331	1.000	1.727	0.467	2.000
OCDC3D3	DID TEST INDICATE PREGNANCY	8	334	1.000	1.375	0.518	2.000
OCDC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	342	0	0.000	0.015	0.179	3.000
OCDC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	341	1	0.000	0.021	0.161	2.000
OCDC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	341	1	0.000	0.021	0.161	2.000
OCDC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	341	1	0.000	0.032	0.221	3.000
OCDC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	341	1	0.000	0.035	0.263	3.000
OCDC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	341	1	0.000	0.050	0.326	5.000
OCDC4D1	FREQUENCY RECEIVE GLUCAGON	34	308	0.000	0.353	0.774	3.000
OCDC4D2	FREQUENCY RECEIVE IV GLUCOSE	34	308	0.000	0.265	0.511	2.000

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCDC4D3	EPIISODES RESULT IN INJURY-PT/OTHERS	30	312	1.000	1.133	0.346	2.000
OCDC4E_N	HIST.RECURRENT HYPOG UNABLE TO HELP SELF	341	1	1.000	1.264	0.441	2.000
OCDC4F_N	HIST.RECURRENT HYPOG ABLE TO HELP SELF	341	1	1.000	1.296	0.457	2.000
OCDC4G	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	341	1	0.000	3.012	2.590	12.000
OCDC4H1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	287	55	1.000	1.606	0.890	3.000
OCDC4H2A	REASON HYPOG: MISSED MEAL OR SNACK	33	309	1.000	1.000	0.000	1.000
OCDC4H2B	REASON HYPOG:DECREASED FOOT INTAKE	119	223	1.000	1.000	0.000	1.000
OCDC4H2C	REASON HYPOG:INCREASED EXERCISE LEVEL	155	187	1.000	1.000	0.000	1.000
OCDC4H2D	REASON HYPOG:TOO MUCH INSULIN TAKEN	73	269	1.000	1.000	0.000	1.000
OCDC4H2E	REASON HYPOG:LACK EARLY WARNING-LOW BG	15	327	1.000	1.000	0.000	1.000
OCDC4H2F	REASON HYPOGLYCEMIA: OTHER	33	309	1.000	1.000	0.000	1.000
OCDC4H2G	REASON HYPOGLYCEMIA: UNEXPLAINED	41	301	1.000	1.000	0.000	1.000
OCDC4H3A	SYMPTOMS W HYPOG: ADRENERGIC WARNING	196	146	1.000	1.000	0.000	1.000
OCDC4H3B	SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)	128	214	1.000	1.000	0.000	1.000
OCDC4H3C	SYMPTOMS W HYPOG: ALTER. MENTAL STATUS	142	200	1.000	1.000	0.000	1.000
OCDC4H3D	SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER	85	257	1.000	1.000	0.000	1.000
OCDC4H3E	SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE	22	320	1.000	1.000	0.000	1.000
OCRC1A	OPHTH:BLURRED/REDUCED VISION-RIGHT EYE	342	0	1.000	1.038	0.192	2.000
OCRC1A1	OPHTH:BLURRED/REDUCED VISION-LEFT EYE	342	0	1.000	1.038	0.192	2.000
OCRC1B	OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT	342	0	1.000	1.044	0.205	2.000
OCRC1B1	OPHTH:FLOATERS/FLASHING LIGHTS-LEFT	342	0	1.000	1.041	0.198	2.000
OCRC1C	OPHTH: ANY OTHER EYE PROBLEMS-RIGHT	342	0	1.000	1.009	0.093	2.000
OCRC1C1	OPHTH: ANY OTHER EYE PROBLEMS-LEFT	342	0	1.000	1.009	0.093	2.000
OCRC1D	WILL BE SENT TO OPHTH. SPECIAL VISIT	342	0	1.000	1.000	0.000	1.000
OCRC2A	NEUR: PAIN/NUMBNESS IN HANDS/FEET	342	0	1.000	1.085	0.279	2.000
OCRC2A1	IF PAIN, IS PATIENT TAKING MEDICATION	81	261	1.000	1.062	0.242	2.000
OCRC2B	NEUR: UNEXPLAINED MUSCLE WEAKNESS	342	0	1.000	1.015	0.120	2.000
OCRC2C	NEUR: VOMITING/BLOATING AFTER MEALS	342	0	1.000	1.012	0.108	2.000
OCRC2D	NEUR: RECURRENT DIARRHEA	342	0	1.000	1.006	0.076	2.000
OCRC2E	NEUR: URINARY RETENTION	342	0	1.000	1.006	0.076	2.000
OCRC2F	NEUR: DIZZINESS/LIGHTHEADEDNESS	342	0	1.000	1.035	0.184	2.000
OCRC2G	NEUR: FAINTING (NOT WITH HYPOG.)	342	0	1.000	1.003	0.054	2.000
OCRC2H	NEUR: SEIZURE (NOT DUE TO HYPOG.)	341	1	1.000	1.000	0.000	1.000
OCRC2I	NEUR: IMPOTENCE	342	0	1.000	2.009	0.997	3.000
OCRC2J	NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.	341	1	1.000	1.000	0.000	1.000
OCRC2K	NEUR: OTHER NEUROLOGICAL PROBLEM	342	0	1.000	1.012	0.108	2.000
OCRC2L	NEUR: WILL GO TO NEUROL. FOR VISIT	342	0	1.000	1.003	0.054	2.000
OCRC3A	RENAL: EDEMA	342	0	1.000	1.006	0.076	2.000
OCRC3B	RENAL: OTHER RENAL PROBLEM	341	1	1.000	1.006	0.076	2.000
OCRC4A	VASCULAR: SHORTNESS OF BREATH	342	0	1.000	1.015	0.120	2.000
OCRC4B	VASCULAR: CONGESTIVE HEART DISEASE	342	0	1.000	1.000	0.000	1.000
OCRC4C_O	VASCULAR: SUSPECTED NON-ACUTE MI	340	2	1.000	1.006	0.077	2.000
OCRC4D_O	VASCULAR: TRANSIENT ISCHEMIC ATTACK	340	2	1.000	1.003	0.054	2.000
OCRC4E_O	VASCULAR: OTHER VASCULAR PROBLEM	340	2	1.000	1.009	0.094	2.000
OCRC5A	INFECT: URINARY TRACT INFECTION	341	1	1.000	1.026	0.161	2.000
OCRC5B	INFECT: UPPER/LOWER RESPIRATORY TRACT	342	0	1.000	1.266	0.443	2.000
OCRC5C	INFECT: GASTROENTERITIS	342	0	1.000	1.044	0.205	2.000
OCRC5D	INFECT: CUTANEOUS/MUCOCUTANEOUS	342	0	1.000	1.094	0.292	2.000
OCRC5E	INFECT: POST-OPERATIVE OR DEEP WOUND	342	0	1.000	1.003	0.054	2.000

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCRC5F	INFECT: GANGRENE	342	0	1.000	1.000	0.000	1.000
OCRC5G	INFECT: OTHER-MONONUCLEOSIS, MEASLES	340	2	1.000	1.029	0.169	2.000
OCRC5H	INFECT: AT INSERTION SITE	143	199	1.000	1.021	0.144	2.000
OCRC6	MINOR OUTPATIENT SURGERY/INCIDENTAL	342	0	1.000	1.102	0.304	2.000
OCRC7	INTERCURRENT ENDOCRINE EVENT	342	0	1.000	1.015	0.120	2.000
OCRC8	ADVERSE PSYCHOSOCIAL REACTION	342	0	1.000	1.044	0.205	2.000
OCRC9	OTHER MEDICAL PROBLEMS/DIFFICULTIES	342	0	1.000	1.026	0.160	2.000
OCSKIN1	ERUPTIVE XANTHOMA	342	0	1.000	1.000	0.000	1.000
OCSKIN2	XANTHELASMA	342	0	1.000	1.000	0.000	1.000
OCSKIN3	NECROBIOSIS	342	0	1.000	1.012	0.108	2.000
OCSKIN4	SHIN SPOT	342	0	1.000	1.009	0.093	2.000
OCSKIN5	OTHER SIGNIF. SKIN CONDITION	341	1	1.000	1.120	0.326	2.000
OCPSYCH1	NERVOUSNESS OR ANXIETY	342	0	1.000	1.082	0.275	2.000
OCPSYCH2	UNREASONABLE FEARS	342	0	1.000	1.012	0.108	2.000
OCPSYCH3	EATING DISTURBANCE	342	0	1.000	1.018	0.131	2.000
OCPSYCH4	AFFECTIVE DISORDER	342	0	1.000	1.053	0.224	2.000
OCPSYCH5	SUICIDE ATTEMPT	342	0	1.000	1.006	0.076	2.000
OCPSYCH6	CRIMINAL CONDUCT	342	0	1.000	1.012	0.108	2.000
OCPSYCH7	PSYCHIATRIC TREATMENT	342	0	1.000	1.012	0.108	2.000
OCPSYCH8	OTHER PSYCHIATRIC CONDITION	337	5	1.000	1.021	0.143	2.000
OCFEM1	NODULES IN BREAST	174	168	1.000	1.075	0.264	2.000
OCFEM2	BREAST CANCER	174	168	1.000	1.006	0.076	2.000
OCFEM3	BREAST DISCHARGE	174	168	1.000	1.029	0.168	2.000
OCFEM4	IRREGULAR MENSES	174	168	1.000	1.172	0.379	2.000
OCFEM5	DYSMENORRHEA	174	168	1.000	1.126	0.333	2.000
OCFEM6	VAGINITIS	174	168	1.000	1.161	0.369	2.000
OCFEM7	OTHER SIGNIF. GYNECOLOGIC CONDITION	173	169	1.000	1.162	0.369	2.000
OCFEM12	EVER USED ORAL CONTRACEPTIVES	174	168	1.000	1.747	0.436	2.000
OCFEM13	NOW USES ORAL CONTRACEPTIVES	155	187	1.000	1.161	0.369	2.000
OCFEM14	USES OTHER BIRTH CONTROL	173	169	1.000	1.434	0.497	2.000
OCFEM16	ANY DIFFICULTIES WITH SEXUAL FUNCTION?	172	170	1.000	1.023	0.151	2.000
OCPAIN1	EVER HAD PAIN/DISCOMFORT IN CHEST	341	1	1.000	1.067	0.251	2.000
OCPAIN2	IF NO ANY PRESSURE/HEAVINESS IN CHEST	311	31	1.000	1.010	0.098	2.000
OCPAIN3	GET PAIN WHEN WALK UPHILL OR IN HURRY	30	312	1.000	1.167	0.461	3.000
OCPAIN4	GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE	29	313	1.000	1.069	0.258	2.000
OCPAIN5	WHEN YOU GET THIS PAIN WHAT DO YOU DO	26	316	1.000	2.038	0.916	3.000
OCPAIN6	WHAT HAPPENS TO IT IF YOU STAND STILL	26	316	1.000	1.731	0.452	2.000
OCPAIN7	HOW SOON DOES IT GO AWAY IF STAND STILL	23	319	1.000	1.565	0.507	2.000
OCPAIN8	WHERE THE PAIN: STERNUM UPPER OR MIDDLE	22	320	1.000	1.636	0.492	2.000
OCPAIN9	WHERE THE PAIN: STERNUM (LOW)	18	324	1.000	1.333	0.485	2.000
OCPAIN10	WHERE THE PAIN: LEFT ANTERIOR CHEST	19	323	1.000	1.316	0.478	2.000
OCPAIN11	WHERE THE PAIN: LEFT ARM	18	324	1.000	1.056	0.236	2.000
OCPAIN12	WHERE THE PAIN: OTHER SPECIFY	18	324	1.000	1.389	0.502	2.000
OCLAUD1	GET PAIN IN EITHER LEG ON WALKING	340	2	1.000	1.024	0.152	2.000
OCLAUD2	DOES IT EVER BEGIN STAND STILL/SITTING	10	332	1.000	1.400	0.516	2.000
OCLAUD4	PAIN INCLUDES CALF/CALVES	8	334	1.000	1.625	0.518	2.000
OCLAUD5	GET PAIN WHEN WALK UPHILL/HURRY	10	332	1.000	1.700	0.675	3.000
OCLAUD6	GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE	8	334	1.000	1.500	0.535	2.000
OCLAUD7	DOES PAIN EVER REMIT WHILE WALKING	8	334	1.000	1.500	0.535	2.000

Includes both categorical and continuous variables

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCLAUD8	WHAT DO YOU DO WHEN YOU GET THIS PAIN	8	334	1.000	2.125	0.835	3.000
OCLAUD9	WHAT HAPPENS IF YOU STAND STILL	8	334	1.000	1.625	0.518	2.000
OCLAUD10	HOW SOON	8	334	1.000	1.500	0.535	2.000
OCRX2	RX: HAS USED OR IS USING PRESCRIPTION	341	1	1.000	1.460	0.499	2.000
OCRX3	RX: USED OVER-THE-COUNTER DRUGS	339	3	1.000	1.469	0.500	2.000
OCRX4	RX: VITAMIN SUPPLEMENTS-REGULARLY	342	0	1.000	1.263	0.441	2.000
OCADOLE5	LESS THAN 18 YEARS OLD	342	0	1.000	1.009	0.093	2.000
OCGROWTH	FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	10	332	1.000	1.000	0.000	2.000
OCHYPDOC	HYPER. DOCUMENTED SENT TO COOR. CENTER	340	2	1.000	1.068	0.252	2.000
OCHIBLP	BLD. PRESS-MEET DEFIN. OF HYPERTENSION	313	29	1.000	1.010	0.098	2.000
OCHPERT	SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.	17	325	1.000	1.059	0.243	2.000
OCENT	ABNORMALITY OF EARS, NOSE AND THROAT	342	0	1.000	1.026	0.160	2.000
OCETHRD	ABNORMALITY OF THYROID	342	0	1.000	1.064	0.246	2.000
OCCLUNG	ABNORMALITY OF LUNGS	342	0	1.000	1.006	0.076	2.000
OCBREAST	ABNORMALITY OF BREASTS	338	4	1.000	1.009	0.094	2.000
OCABDOM	ABNORMALITY OF ABDOMEN	342	0	1.000	1.000	0.000	2.000
OCHEPATO	ABDOMEN--HEPATOMEGALY	340	2	1.000	1.003	0.054	2.000
OCSPAN	ABDOMEN-IF PRESENT, HOW LARGE (SPAN)	1	341	10.000	10.000	.	10.000
OCLYMPH	ABNORMALITY OF LYMPHATIC SYSTEM	339	3	1.000	1.006	0.077	2.000
OCRECTUM	ABNORMALITY OF RECTUM	342	0	1.000	2.848	0.525	3.000
OCPELVIS	ABNORMALITY OF PELVIS	339	3	1.000	2.870	0.487	3.000
OCGENIT	ABNORMALITY OF GENITALIA	314	28	1.000	1.025	0.210	3.000
OCRHYTHM	CARDIAC RHYTHM	341	1	1.000	1.003	0.054	2.000
OCVENPRS	VENOUS PRESSURE	341	1	1.000	1.000	0.000	1.000
OCMEGALY	CARDIOMEGALY	341	1	1.000	1.000	0.000	1.000
OCS3GALP	S3 GALLOP	341	1	1.000	1.000	0.000	1.000
OCS4GALP	S4 GALLOP	341	1	1.000	1.000	0.000	1.000
OCSMURMR	SYSTOLIC EJECTION MURMUR	341	1	1.000	1.009	0.094	2.000
OCDMURMR	DIASTOLIC MURMUR	341	1	1.000	1.053	0.224	2.000
OCCMURMR	OTHER MURMUR	341	1	1.000	1.000	0.000	1.000
OCRUB	RUB	339	3	1.000	1.012	0.108	2.000
OCCARDAB	OTHER CARDIAC ABNORMALITY	338	4	1.000	1.000	0.000	1.000
OCPPUL1	GRADE OF RIGHT CAROTID PULSE	341	1	1.000	1.006	0.077	2.000
OCPPUL2	GRADE OF LEFT CAROTID PULSE	341	1	1.000	1.000	0.000	1.000
OCPPUL3	GRADE OF RIGHT BRACHIAL PULSE	341	1	1.000	1.000	0.000	1.000
OCPPUL4	GRADE OF LEFT BRACHIAL PULSE	341	1	1.000	1.009	0.094	2.000
OCPPUL5	GRADE OF RIGHT RADIAL PULSE	341	1	1.000	1.006	0.076	2.000
OCPPUL6	GRADE OF LEFT RADIAL PULSE	341	1	1.000	1.003	0.054	2.000
OCPPUL7	GRADE OF RIGHT FEMORAL PULSE	341	1	1.000	1.000	0.000	1.000
OCPPUL8	GRADE OF LEFT FEMORAL PULSE	341	1	1.000	1.009	0.094	2.000
OCPPUL9	GRADE OF RIGHT POPLITEAL PULSE	340	2	1.000	1.009	0.094	2.000
OCPPUL10	GRADE OF LEFT POPLITEAL PULSE	340	2	1.000	1.091	0.377	3.000
OCPPUL11	GRADE OF RIGHT POST. TIBIAL PULSE	340	2	1.000	1.091	0.377	3.000
OCPPUL12	GRADE OF LEFT POST. TIBIAL PULSE	341	1	1.000	1.050	0.255	3.000
OCPPUL13	GRADE OF RIGHT D. PEDIS PULSE	341	1	1.000	1.053	0.237	3.000
OCPPUL14	GRADE OF LEFT D. PEDIS PULSE	341	1	1.000	1.094	0.372	3.000
OCBRUIT1	RIGHT FEMORAL BRUIT	340	2	1.000	1.100	0.379	3.000
OCBRUIT2	LEFT FEMORAL BRUIT	341	1	1.000	1.003	0.054	2.000
OCBRUIT3	RIGHT CAROTID BRUIT	341	1	1.000	1.006	0.054	2.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCBRUIT4	LEFT CAROTID BRUIT	340	2	1.000	1.006	0.077	2.000
OCBRUIT5	RIGHT OTHER BRUIT	325	17	1.000	1.000	0.000	1.000
OCBRUIT6	LEFT OTHER BRUIT	320	22	1.000	1.000	0.000	1.000
OCEXTR1	ULCERATION - RIGHT SIDE	341	1	1.000	1.000	0.000	1.000
OCEXTR2	ULCERATION - LEFT SIDE	340	2	1.000	1.006	0.077	2.000
OCEXTR3	SKIN DISCOLORATION - RIGHT SIDE	341	1	1.000	1.023	0.152	2.000
OCEXTR4	SKIN DISCOLORATION - LEFT SIDE	340	2	1.000	1.038	0.192	2.000
OCEXTR5	GANGRENE - RIGHT SIDE	341	1	1.000	1.000	0.000	1.000
OCEXTR6	GANGRENE - LEFT SIDE	339	3	1.000	1.000	0.000	1.000
OCEXTR7	CHARCOT JOINT - RIGHT SIDE	341	1	1.000	1.000	0.000	1.000
OCEXTR8	CHARCOT JOINT - LEFT SIDE	339	3	1.000	1.000	0.000	1.000
OCEXTR9	DEFORMITY - RIGHT SIDE	341	1	1.000	1.009	0.094	2.000
OCEXTR10	DEFORMITY - LEFT SIDE	340	2	1.000	1.015	0.121	2.000
OCLIP0AT	INJECTION SITE--LIPOATROPHY	341	1	1.000	1.012	0.108	2.000
OCLIP0HY	INJECTION SITE--LIPOHYPERTROPHY	341	1	1.000	1.062	0.241	2.000
OCINFLAM	INJECTION SITE--INFLAMMATION	341	1	1.000	1.015	0.120	2.000
OCFOOTUL	FOOT-ULCER	340	2	1.000	1.003	0.054	2.000
OCFOOTIN	FOOT-INFECTION	340	2	1.000	1.012	0.108	2.000
OCABNTOE	FOOT-ABNORMAL TOENAILS	340	2	1.000	1.012	0.108	2.000
OCOTHABN	OTHER ABNORMALITIES ON PHYSICAL EXAM	339	3	1.000	1.032	0.177	2.000
OCBGP1	PROFILSET MAILED TO CBL	337	5	1.000	1.083	0.276	2.000
OCBGP2A	NOT MAILED; KIT DAMAGED	0	342	1.000	1.869	0.337	2.000
OCBGP2B	NOT MAILED;PATIENT FORGOT TO COLLECT	7	335	1.000	1.000	0.000	1.000
OCBGP2C	NOT MAILED; PATIENT LOST KIT	0	342	1.000	1.000	0.000	1.000
OCBGP2D	NOT MAILED; PATIENT REFUSED TO COLLECT	6	336	1.000	1.000	0.000	1.000
OCBGP2E	NOT MAILED; OTHER OR UNKNOWN	23	319	1.000	1.000	0.000	1.000
OCBGP6A	PROFILSET QUALITY-CONTROLLED	308	34	1.000	1.097	0.297	2.000
OCBGP6A1	PROFILSET QC-STICK NO. DUPLICATED	28	314	0.000	3.036	2.472	7.000
OCBGP6A2	PROFILSET QC-WAS CORRECT STICK USED	28	314	1.000	1.821	0.390	2.000
OCBGP7	PERFORM SBGM ON DAY OBTAINED SPECIMENS	306	36	1.000	1.925	0.264	2.000
OCLIPID	WILL LIPIDS BE MAILED TO CBL	341	1	1.000	1.716	0.452	2.000
OCRENAL	WILL RENAL SPEC. BE MAILED TO CBL	341	1	1.000	1.704	0.457	2.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCN2AE	NA-STD; NOT DONE 2 URINE OR 1 SBGM/DAY	318	32	0.000	17.428	37.048	292.000
OCMRDATE	DATE MARITAL STATUS CHANGED	266	84	89.000	800.977	282.540	1292.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	6	344	1.000	2.333	1.633	5.000
OCTOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	347	3	10.000	48.144	15.651	120.000
OCXER2	HOURS & MINUTES OF LIGHT ACTIVITY	332	18	0.000	241.657	465.926	3000.000
OCXER3	HOURS & MINUTES OF MODERATE ACTIVITY	337	13	0.000	187.973	322.988	2600.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	331	19	0.000	122.946	251.726	2100.000
OCEXER5	HOURS & MINUTES OF VERY HARD ACTIVITY	327	23	0.000	42.997	172.761	2000.000
OCDM3BRD	DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST	20	330	64.000	94.050	26.315	188.000
OCDM3BRS	DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.	20	330	64.000	94.700	26.482	190.000
OCDM3LUD	DM 3 INJ.-BLOOD DONE BEFORE LUNCH	20	330	0.000	77.700	36.905	181.000
OCDM3LUS	DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH	20	330	0.000	88.750	33.241	190.000
OCDM3DID	DM 3 INJ.-BLOOD DONE BEFORE DINNER	20	330	58.000	87.850	22.688	171.000
OCDM3DIS	DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER	20	330	64.000	94.700	26.482	190.000
OCDM3BED	DM 3 INJ.-BLOOD DONE BEFORE BEDTIME	20	330	0.000	83.400	29.867	170.000
OCDM3BES	DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME	20	330	0.000	88.750	33.241	190.000
OCDM33AD	DM 3 INJ.-BLOOD DONE AT 3 A.M.	19	331	0.000	6.579	7.152	27.000
OCDM33AS	DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.	19	331	0.000	10.579	6.703	27.000
OCDM1UBD	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	216	134	0.000	31.014	45.061	269.000
OCDM1UBS	DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.	224	126	0.000	45.196	54.775	292.000
OCDM1BBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	251	99	0.000	49.347	44.328	192.000
OCDM1BBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK	260	90	0.000	66.815	43.595	189.000
OCDM1ULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	203	147	0.000	28.956	42.588	181.000
OCDM1ULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	210	140	0.000	52.800	56.557	292.000
OCDM1BLD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	189	161	0.000	7.254	17.662	117.000
OCDM1BLS	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	193	157	0.000	9.705	21.272	118.000
OCDM1UDD	DM 1 INJ.-URINE DONE BEFORE DINNER	204	146	0.000	33.250	42.866	181.000
OCDM1UDS	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	214	136	0.000	57.893	55.771	292.000
OCDM1BDD	DM 1 INJ.-BLOOD DONE BEFORE DINNER	192	158	0.000	15.839	26.689	118.000
OCDM1BDS	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	196	154	0.000	16.153	28.356	119.000
OCDM1UES	DM 1 INJ.-URINE DONE BEFORE BEDTIME	205	145	0.000	32.698	46.785	264.000
OCDM1UES	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	212	138	0.000	53.509	56.565	292.000
OCDM1BED	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	189	161	0.000	10.852	22.708	118.000
OCDM1BES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	193	157	0.000	11.912	24.011	118.000
OCPR1	RX: NO. ASPIRIN-CONTAINING TABLETS	349	1	0.000	9.155	20.079	200.000
OCFULSE	PULSE	349	1	48.000	76.370	10.530	116.000
OCYSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	348	2	84.000	118.534	12.441	164.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	348	2	50.000	75.359	9.169	105.000
OCYSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	5	345	102.000	124.400	18.022	146.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	5	345	78.000	82.800	4.147	88.000
OCBGP8A	RESULTS OF SBGM-PREBREAKFAST	1	349	110.000	110.000	.	110.000
OCBGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	1	349	173.000	173.000	.	173.000
OCBGP8C	RESULTS OF SBGM-PRELUNCH	1	349	119.000	119.000	.	119.000
OCBGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	1	349	177.000	177.000	.	177.000
OCBGP8E	RESULTS OF SBGM-PRESUPPER	1	349	106.000	106.000	.	106.000
OCBGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	1	349	192.000	192.000	.	192.000
OCBGP8G	RESULTS OF SBGM-BEDTIME	1	349	227.000	227.000	.	227.000
OCDESINT	PATIENT'S DESIRED WEIGHT	350	0	47.500	70.023	11.862	122.400
OCWEIGHT	CURRENT WEIGHT	349	1	45.400	74.673	12.475	122.400
OCHEIGHT	CURRENT HEIGHT	338	12	152.000	172.082	9.808	199.400
OCRESCH	NECESSARY TO RESCHEDULE VISIT	349	1	1.000	1.189	0.392	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	55	295	1.000	1.473	0.742	4.000
OCVSTNO	FOLLOW-UP VISIT NUMBER	350	0	18.000	26.917	5.999	38.000
OCGENDER	GENDER	350	0	1.000	1.463	0.499	2.000
OCMARRY	MARITAL STATUS OF PATIENT	348	2	1.000	1.980	0.798	5.000

Includes both categorical and continuous variables

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Variable Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCMARNO	233	117	1.000	1.176	0.444	4.000
OCPATJOB	343	7	1.000	3.332	3.154	12.000
OCSPJOB	228	122	1.000	3.838	3.446	12.000
OCMOMJOB	19	331	1.000	5.789	3.910	10.000
OCDDADJOB	11	339	1.000	1.727	1.489	6.000
OCFRIJOB	19	331	1.000	3.789	3.293	11.000
OCPATNOJ	8	342	1.000	1.000	0.000	1.000
OCSPONOJ	5	345	1.000	1.000	0.000	1.000
OCMOMNOJ	3	347	1.000	1.000	0.000	1.000
OCDDADNOJ	5	345	1.000	1.000	0.000	1.000
OCFRINOJ	2	348	1.000	1.000	0.000	1.000
OCFJOBCH	26	324	1.000	1.000	0.000	1.000
OCJOBCH	13	337	1.000	1.000	0.000	1.000
OCMJOBCH	3	347	1.000	1.000	0.000	1.000
OCDDJOBCH	0	350	.	.	.	.
OCFJOBCH	0	350	.	.	.	.
OCSPATED	350	0	1.000	2.451	0.950	5.000
OCSPGED	233	117	1.000	2.627	0.988	5.000
OCMOMED	23	327	1.000	3.435	1.037	5.000
OCDDAD	16	334	1.000	3.312	1.302	6.000
OCFRIED	19	331	1.000	2.789	1.653	8.000
OCSTUDNT	349	1	1.000	1.152	0.359	2.000
OCGRADE	0	350	.	.	.	.
OCCTYEAR	6	344	1.000	1.667	0.816	3.000
OCCTYEAR	28	322	1.000	2.929	1.120	5.000
OCCTYEAR	17	333	1.000	2.588	1.770	8.000
OCCTYEAR	50	300	1.000	1.120	0.328	2.000
OCCEPELL	349	1	1.000	1.235	0.425	2.000
OCSMOKE1	83	267	1.000	1.819	0.387	2.000
OCSMOKE2	20	330	0.000	8.800	22.085	84.000
OCSMOKE3	80	270	1.000	18.263	11.093	40.000
OCSMOKE4	346	4	1.000	1.017	0.131	2.000
OCSMOKE5	11	339	1.000	1.182	0.405	2.000
OCSMOKE6	5	345	0.000	3.800	4.324	11.000
OCSMOKE7	341	9	1.000	1.235	0.424	2.000
OCSMOK9A	340	10	1.000	1.315	0.465	2.000
OCSMOK9B	349	1	1.000	1.364	0.482	2.000
OCDRINK1	122	228	0.000	0.975	2.365	14.000
OCDRINK2	126	224	0.000	2.278	3.657	25.000
OCDRINK3	125	225	0.000	0.768	1.661	10.000
OCDRINK4	123	227	0.000	0.846	1.988	12.000
OCDRINK5	120	230	1.000	1.000	0.000	1.000
OCDRINK6	349	1	1.000	1.605	0.576	3.000
OCEXER1	347	3	0.000	3.066	1.518	13.000
OCFAM1	349	1	1.000	1.630	0.571	3.000
OCFAM24	349	1	1.000	2.060	0.738	4.000
OCFAM25	349	1	1.000	1.946	0.467	4.000
OCFAM26	349	1	1.000	2.840	0.990	4.000
OCFAM27	349	1	1.000	1.810	0.441	3.000
OCFAM28	348	2	1.000	1.810	0.441	3.000

Includes both categorical and continuous variables

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

Variable Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCFAM29 MYOCARDIAL INFARCTION IN GRANDPARENTS	349	1	1.000	1.708	0.657	4.000
OCFAM30 MYOCARDIAL INFARCTION IN SIBLINGS	344	6	1.000	2.035	0.303	4.000
OCFAM31 MYOCARDIAL INFARCTION IN CHILDREN	345	5	2.000	2.843	0.988	4.000
OCFAM32 MI IN PARENTS BEFORE AGE 40	75	275	1.000	1.973	0.231	3.000
OCFAM33 MI IN GRANDPARENTS BEFORE AGE 40	139	211	1.000	2.022	0.350	3.000
OCFAM34 MI IN SIBLINGS BEFORE AGE 40	10	340	1.000	2.000	0.816	4.000
OCFAM35 MI IN CHILDREN BEFORE AGE 40	32	318	2.000	3.813	0.592	4.000
OCFAM36 MI IN DIAB. PARENTS BEFORE AGE 40	13	337	1.000	1.846	0.376	2.000
OCFAM37 MI IN DIAB. GRANDPARENT BEFORE AGE 40	18	332	1.000	1.889	0.471	3.000
OCFAM38 MI IN DIAB. SIBLINGS BEFORE AGE 40	8	342	1.000	2.375	1.061	4.000
OCFAM39 MI IN DIAB. CHILDREN BEFORE AGE 40	33	317	2.000	3.667	0.736	4.000
OCFAM40 AUTOIMMUNE ENDOCRINE DIS. IN PARENTS	349	1	1.000	1.880	0.418	3.000
OCFAM41 AUTOIMMUNE ENDOCRINE DIS. - GRANDPARENTS	349	1	1.000	2.011	0.525	3.000
OCFAM42 AUTOIMMUNE ENDOCRINE DIS. IN SIBLINGS	349	1	1.000	1.948	0.432	4.000
OCFAM43 AUTOIMMUNE ENDOCRINE DIS. IN CHILDREN	349	1	1.000	2.831	1.007	4.000
OCFAM44 EYE DISEASE IN PARENTS	349	1	1.000	1.963	0.276	3.000
OCFAM45 EYE DISEASE IN GRANDPARENTS	349	1	1.000	1.891	0.485	3.000
OCFAM46 EYE DISEASE IN SIBLING	349	1	1.000	2.017	0.312	4.000
OCFAM47 EYE DISEASE IN CHILDREN	348	2	1.000	2.845	1.001	4.000
OCFAM48 EYE DIS. IN DIABETIC PARENTS	19	331	1.000	1.895	0.459	3.000
OCFAM49 EYE DIS. IN DIABETIC GRANDPARENTS	61	289	1.000	1.918	0.458	3.000
OCFAM50 EYE DIS. IN DIABETIC SIBLINGS	13	337	1.000	1.692	0.855	4.000
OCFAM51 EYE DIS. IN DIABETIC CHILDREN	32	318	2.000	3.719	0.683	4.000
OCFAM52 RENAL DISEASE IN PARENTS	349	1	1.000	1.980	0.245	3.000
OCFAM53 RENAL DISEASE IN GRANDPARENTS	349	1	1.000	2.026	0.359	3.000
OCFAM54 RENAL DISEASE IN SIBLINGS	349	1	1.000	2.017	0.321	4.000
OCFAM55 RENAL DISEASE IN CHILDREN	349	1	2.000	2.845	0.988	4.000
OCFAM56 RENAL DIS. IN DIABETIC PARENTS	11	339	1.000	1.909	0.302	2.000
OCFAM57 RENAL DIS. IN DIABETIC GRANDPARENTS	19	331	1.000	1.947	0.621	3.000
OCFAM58 RENAL DIS. IN DIABETIC SIBLINGS	12	338	1.000	1.583	0.669	3.000
OCFAM59 RENAL DIS. IN DIABETIC CHILDREN	29	321	2.000	3.828	0.539	4.000
OCFAM60 PSYCHIATRIC DISORDERS IN PARENTS	349	1	1.000	1.931	0.323	3.000
OCFAM61 PSYCHIATRIC DISORDERS IN GRANDPARENTS	349	1	1.000	2.029	0.311	3.000
OCFAM62 PSYCHIATRIC DISORDERS IN SIBLINGS	349	1	1.000	1.991	0.351	4.000
OCFAM63 PSYCHIATRIC DISORDERS IN CHILDREN	349	1	1.000	2.840	0.996	4.000
OCFAM64 NEUROLOGIC DISEASE IN PARENTS	348	2	1.000	1.966	0.292	3.000
OCFAM65 NEUROLOGIC DISEASE IN GRANDPARENTS	348	2	1.000	1.954	0.440	3.000
OCFAM66 NEUROLOGIC DISEASE IN SIBLINGS	348	2	1.000	2.014	0.317	4.000
OCFAM67 NEUROLOGIC DISEASE IN CHILDREN	347	3	1.000	2.844	0.997	4.000
OCFAM68 NEUROLOGIC DIS. IN DIAB. PARENTS	19	331	1.000	1.895	0.315	2.000
OCFAM69 NEUROLOGIC DIS. IN DIAB. GRANDPARENTS	43	307	1.000	2.000	0.488	3.000
OCFAM70 NEUROLOGIC DIS. IN DIAB. SIBLINGS	12	338	1.000	1.750	0.452	2.000
OCFAM71 NEUROLOGIC DIS. IN DIAB. CHILDREN	33	317	2.000	3.697	0.684	4.000
OCFAM72 HYPERLIPIDEMIA IN PARENTS	348	2	1.000	1.807	0.649	3.000
OCFAM73 HYPERLIPIDEMIA IN GRANDPARENTS	348	2	1.000	2.267	0.671	3.000
OCFAM74 HYPERLIPIDEMIA IN SIBLINGS	348	2	1.000	2.034	0.541	4.000
OCFAM75 HYPERLIPIDEMIA IN CHILDREN	348	2	1.000	2.848	1.009	4.000
OCFAM76 IDDM IN PARENTS	347	3	1.000	1.954	0.291	3.000
OCFAM77 IDDM IN GRANDPARENTS	347	3	1.000	1.948	0.384	3.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCFAM78	IDDM IN SIBLINGS	347	3	1.000	1.942	0.412	4.000
OCFAM79	IDDM IN CHILDREN	346	4	1.000	2.838	1.003	4.000
OCFAM80	NIDDM IN PARENTS	348	2	1.000	1.905	0.356	3.000
OCFAM81	NIDDM IN GRANDPARENTS	348	2	1.000	1.787	0.527	3.000
OCFAM82	NIDDM IN SIBLINGS	347	3	1.000	2.012	0.322	4.000
OCFAM83	NIDDM IN CHILDREN	347	3	2.000	2.853	0.988	4.000
OCCHURRG	TYPE OF INSULIN-HUMAN REGULAR	140	210	1.000	1.000	0.000	1.000
OCPOREG	TYPE OF INSULIN-PORK REGULAR	114	236	1.000	1.000	0.000	1.000
OCPOSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	350				
OCPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	350				
OCCHUNPH	TYPE OF INSULIN-HUMAN NPH	116	234	1.000	1.000	0.000	1.000
OCFONPH	TYPE OF INSULIN-PORK NPH	95	255	1.000	1.000	0.000	1.000
OCCHULEN	TYPE OF INSULIN-HUMAN LENTE	24	326	1.000	1.000	0.000	1.000
OCFOLEN	TYPE OF INSULIN-PORK LENTE	37	313	1.000	1.000	0.000	1.000
OCCHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	7	343	1.000	1.000	0.000	1.000
OCPO7030	TYPE OF INSULIN-PORK 70/30	0	350				
OCCHU7030	TYPE OF INSULIN-HUMAN 70/30	15	335	1.000	1.000	0.000	1.000
OCBPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	52	298	1.000	1.000	0.000	1.000
OCBPSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	350				
OCBPNPH	TYPE OF INSULIN-BEEF/PORK NPH	44	306	1.000	1.000	0.000	1.000
OCBPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	12	338	1.000	1.000	0.000	1.000
OCBPLT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	1	349	1.000	1.000	0.000	1.000
OCGROUP	WHAT GROUP PATIENT RANDOMIZED	348	2	1.000	1.003	0.054	2.000
OCINSREG	CURRENT INSULIN REGIMEN	349	1	1.000	2.923	0.334	3.000
OCREGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	345	5	1.000	1.988	0.107	2.000
OCREGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	287	63	0.000	7.436	4.519	25.000
OCREGLUN	UNITS REGULAR INSULIN USED-LUNCH	16	334	0.000	7.125	5.691	19.000
OCREGSUP	UNITS REGULAR INSULIN USED-SUPPER	259	91	0.000	6.687	4.329	38.000
OCREGBED	UNITS REGULAR INSULIN USED-BEDTIME	10	340	0.000	3.400	3.239	10.000
OCREGOTH	UNITS REGULAR INSULIN USED-OTHER	0	350				
OCSEMRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	2	348	0.000	0.000	0.000	0.000
OCSEMLUN	UNITS SEMILENTE INSULIN USED-LUNCH	0	350				
OCSEMSUP	UNITS SEMILENTE INSULIN USED-SUPPER	1	349	0.000	0.000		0.000
OCSEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	0	350				
OCSEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	0	350				
OCNPHBRK	UNITS NPH INSULIN USED-BREAKFAST	250	100	0.000	24.992	10.550	56.000
OCNPHLUN	UNITS NPH INSULIN USED-LUNCH	0	350				
OCNPHSUP	UNITS NPH INSULIN USED-SUPPER	218	132	0.000	12.009	6.702	40.000
OCNPHBED	UNITS NPH INSULIN USED-BEDTIME	19	331	2.000	12.000	6.028	23.000
OCNPHOTH	UNITS NPH INSULIN USED-OTHER	0	350				
OCLENBRK	UNITS LENTE INSULIN USED-BREAKFAST	70	280	7.000	27.857	10.718	60.000
OCLENLUN	UNITS LENTE INSULIN USED-LUNCH	1	349	7.000	7.000		7.000
OCLENSUP	UNITS LENTE INSULIN USED-SUPPER	45	305	3.000	12.533	6.497	30.000
OCLENBED	UNITS LENTE INSULIN USED-BEDTIME	4	346	5.000	16.000	10.985	31.000
OCLENOOTH	UNITS LENTE INSULIN USED-OTHER	0	350				
OCULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	5	345	0.000	11.400	8.820	20.000
OCULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	0	350				
OCULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	6	344	0.000	11.167	8.472	22.000
OCULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	1	349	14.000	14.000		14.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	0	350				
OC7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	15	335	0.000	25.467	11.338	52.000
OC7030LU	UNITS 70/30 INSULIN USED-LUNCH	0	350				
OC7030SU	UNITS 70/30 INSULIN USED-SUPPER	15	335	0.000	15.333	6.694	25.000
OC7030BE	UNITS 70/30 INSULIN USED-BEDTIME	0	350				
OC7030OT	UNITS 70/30 INSULIN USED-OTHER	0	350				
OCDM5	DESCRIBE INSULIN REGIMEN	25	325	1.000	1.040	0.200	2.000
OCDM6A	UNITS BASAL INSULIN INFUSED DAILY	7	343	12.000	20.000	6.904	32.000
OCDM6B	DIFFERENT BASAL RATES USED/DAY	7	343	2.000	3.143	0.690	4.000
OCDM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	7	343	1.000	1.286	0.488	2.000
OCDM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	322	28	1.000	1.093	0.291	2.000
OCDM7A1	CHANGE DOSE-SYMP. POLYURIA,POLYDIPSIA	14	336	1.000	1.571	0.514	2.000
OCDM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	23	327	1.000	1.826	0.388	2.000
OCDM7A3	CHANGE DOSE-RECURRENT KETONURIA	11	339	1.000	1.455	0.522	2.000
OCDM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	11	339	1.000	1.091	0.302	2.000
OCDM7A5	CHANGE DOSE-PREGNANCY	11	339	1.000	1.091	0.302	2.000
OCDM7A6	CHANGE DOSE-OTHER	12	338	1.000	1.500	0.522	2.000
OCDM7B1	SELF BLOOD GLUCOSE MONITORING	321	29	1.000	1.913	0.453	3.000
OCDM7B2	URINE GLUCOSE MONITORING	321	29	1.000	1.564	0.589	3.000
OCDM8	SUSPECT REPORTED GLUCOSE INACCURATE	348	2	1.000	1.227	0.633	3.000
OCDV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	350	0	1.000	1.060	0.238	2.000
OCIS1	CURRENTLY ON DEVIATION FROM TREATMENT	24	326	1.000	1.792	0.415	2.000
OCIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	350	0	1.000	1.006	0.075	2.000
OCMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	350	0	1.000	1.060	0.238	2.000
OCMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	267	83	1.000	1.075	0.264	2.000
OCMDT1	SINCE LAST VISIT,MODIF. THERAPY ANYTIME	350	0	1.000	1.080	0.272	2.000
OCMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	29	321	1.000	1.828	0.384	2.000
OCMDT1A1	SBGM > SPECIFIED IN PROTOCOL	25	325	2.000	3.360	1.680	7.000
OCMDT1A2	UGM > SPECIFIED IN PROTOCOL	24	326	0.000	0.917	1.530	4.000
OCMDT1B	> 2 INJECTIONS INSULIN DAILY	33	317	1.000	1.091	0.292	2.000
OCMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	13	337	1.000	1.231	0.439	2.000
OCMDT1D	OTHER MODIFICATION TO THERAPY	27	323	1.000	1.148	0.362	2.000
OCMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	0	350				
OCMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	0	350				
OCMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	0	350				
OCMDT2B1	EXP.-FREQ. OF SBGM<REQUIRED MINIMUM	0	350				
OCMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	0	350				
OCMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	0	350				
OCMDT2D	EXP.-OTHER MODIFICATION	1	349	1.000	1.000		1.000
OCDM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	24	326	1.000	1.250	0.532	3.000
OCNA12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	324	26	1.000	1.336	0.645	3.000
OCNA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	349	1	0.000	4.848	0.863	7.000
OCNA1B	NA-PATTERN OF EATING--EATING DISORDER	349	1	1.000	1.014	0.119	2.000
OCNA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	349	1	0.000	0.711	0.893	6.000
OCNA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	284	66	0.000	0.018	0.177	2.000
OCNA1D	NA-USING TYPE OF INSULIN NOT PRESCRIBED	349	1	1.000	1.000	0.000	1.000
OCNA1E	NA-ROTATING SITE OF INJECTION	349	1	1.000	1.980	0.160	3.000
OCNA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	339	11	1.000	1.189	0.421	3.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCNA1G1	NA-NO. INTERCURRENT EVENTS	347	3	0.000	0.207	0.572	4.000
OCNA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	265	85	0.000	0.101	0.106	1.000
OCNA1H	NA-FAILED TO BRING IN DAILY RECORD	349	1	1.000	1.287	0.453	2.000
OCNA1I1	NA-PATIENT PERFORM SBGM	349	1	1.000	1.911	0.443	3.000
OCNA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	283	67	1.000	1.261	0.501	3.000
OCNA1I3	NA-PERFORM SBGM > ONCE/DAY	283	67	1.000	1.389	0.556	3.000
OCNA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	347	3	0.000	2.409	8.915	86.000
OCNA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	346	4	0.000	1.457	7.934	90.000
OCNA2C	NA-STD: FEWER INJECTIONS OF INSULIN	345	5	0.000	0.278	2.246	40.000
OCNA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	345	5	0.000	0.797	5.776	86.000
OCNA2F1	NA-STD: PATIENT BEEN ILL	346	4	0.000	2.994	5.885	56.000
OCNA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	330	20	0.000	0.870	4.390	56.000
OCNA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	3	347	0.000	4.667	8.083	14.000
OCNA3B	NO. OF TIMES NO TEST AT 3 A.M.	2	348	10.000	12.000	2.828	14.000
OCNA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	2	348	0.000	0.000	0.000	0.000
OCNA3D	NO MONITOR URINE ACETONE WHEN BG>240	2	348	0.000	0.000	0.000	0.000
OCNA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	1	349	0.000	0.000	0.000	0.000
OCNA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	1	349	1.000	1.000	1.000	1.000
OCNA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES - WRONG	1	349	1.000	1.000	1.000	1.000
OCDC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	349	1	0.000	1.011	1.788	7.000
OCDC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	349	1	0.000	1.020	1.020	7.000
OCDC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	348	2	0.000	9.675	3.770	30.000
OCDC1D	FREQUENCY OF DKA	349	1	0.000	0.006	0.076	1.000
OCDC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	349	1	1.000	1.307	0.462	2.000
OCDC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	344	6	0.000	0.509	2.287	23.000
OCDC2A	MODERATE/LARGE KETONUR. -CHANGE ROUTINE	41	309	0.000	0.537	1.164	6.000
OCDC2B	MODERATE/LARGE KETONUR. -DUE TO ILLNESS	41	309	0.000	2.756	4.630	22.000
OCDC2C	MODERATE/LARGE KETONUR. -EQUIPM. FAILED	35	315	0.000	0.057	0.338	2.000
OCDC2D	MODERATE/LARGE KETONUR. -SPONTANEOUS	38	312	0.000	0.947	2.731	13.000
OCDC3A	PATIENT FEMALE	349	1	1.000	1.467	0.500	2.000
OCDC3B1	VAGINAL ITCHING OR DISCHARGE	163	187	1.000	1.276	0.448	2.000
OCDC3B2	PATIENT TREATED FOR VAGINAL ITCHING	49	301	1.000	1.776	0.422	2.000
OCDC3C1	DOES PATIENT MENSTRUATE	163	187	1.000	1.908	0.290	2.000
OCDC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	150	200	1.000	1.107	0.331	3.000
OCDC3D2	WAS PREGNANCY TEST PERFORMED	19	331	1.000	1.526	0.513	2.000
OCDC3D3	DID TEST INDICATE PREGNANCY	10	340	1.000	1.700	0.483	2.000
OCDC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	348	2	0.000	0.006	0.076	1.000
OCDC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	349	1	0.000	0.026	0.220	3.000
OCDC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	348	2	0.000	0.009	0.093	1.000
OCDC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	349	1	0.000	0.006	0.076	1.000
OCDC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	349	1	0.000	0.020	0.177	2.000
OCDC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	349	1	0.000	0.029	0.199	2.000
OCDC4D1	FREQUENCY RECEIVE GLUCAGON	14	336	0.000	0.500	0.760	2.000
OCDC4D2	FREQUENCY RECEIVE IV GLUCOSE	14	336	0.000	0.143	0.363	1.000
OCDC4D3	EPISODES RESULT IN INJURY-PT/OTHERS	14	336	1.000	1.071	0.267	2.000
OCDC4E_N	HIST.RECURRENT HYPOG UNABLE TO HELP SELF	348	2	1.000	1.184	0.388	2.000
OCDC4F_N	HIST.RECURRENT HYPOG ABLE TO HELP SELF	347	3	1.000	1.167	0.374	2.000
OCDC4G	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	348	2	0.000	1.221	1.646	14.000
OCDC4H1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	195	155	1.000	1.338	0.695	3.000

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Variable Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCDC4H2A	33	317	1.000	1.000	0.000	1.000
OCDC4H2B	64	286	1.000	1.000	0.000	1.000
OCDC4H2C	83	267	1.000	1.000	0.000	1.000
OCDC4H2D	11	339	1.000	1.000	0.000	1.000
OCDC4H2E	5	345	1.000	1.000	0.000	1.000
OCDC4H2F	30	320	1.000	1.000	0.000	1.000
OCDC4H2G	31	319	1.000	1.000	0.000	1.000
OCDC4H3A	148	202	1.000	1.000	0.000	1.000
OCDC4H3B	86	264	1.000	1.000	0.000	1.000
OCDC4H3C	83	267	1.000	1.000	0.000	1.000
OCDC4H3D	48	302	1.000	1.000	0.000	1.000
OCDC4H3E	7	343	1.000	1.000	0.000	1.000
OCRC1AR	348	2	1.000	1.095	0.293	2.000
OCRC1AL	349	1	1.000	1.089	0.285	2.000
OCRC1BR	348	2	1.000	1.092	0.289	2.000
OCRC1BL	349	1	1.000	1.074	0.263	2.000
OCRC1CR	348	2	1.000	1.043	0.203	2.000
OCRC1CL	349	1	1.000	1.029	0.167	2.000
OCRC1D	349	1	1.000	1.052	0.221	2.000
OCRC2A	349	1	1.000	1.221	0.415	2.000
OCRC2A1	118	232	1.000	1.093	0.292	2.000
OCRC2B	349	1	1.000	1.011	0.107	2.000
OCRC2C	349	1	1.000	1.034	0.182	2.000
OCRC2D	348	2	1.000	1.017	0.130	2.000
OCRC2E	349	1	1.000	1.011	0.107	2.000
OCRC2F	349	1	1.000	1.029	0.167	2.000
OCRC2G	349	1	1.000	1.003	0.054	2.000
OCRC2H	349	1	1.000	1.000	0.000	1.000
OCRC2I	347	3	1.000	1.954	0.981	3.000
OCRC2J	348	2	1.000	1.009	0.093	2.000
OCRC2K	349	1	1.000	1.037	0.190	2.000
OCRC2L	349	1	1.000	1.003	0.054	2.000
OCRC3A	349	1	1.000	1.006	0.076	2.000
OCRC3B	347	3	1.000	1.020	0.141	2.000
OCRC3A	349	1	1.000	1.020	0.140	2.000
OCRC4B	349	1	1.000	1.003	0.054	2.000
OCRC4C	348	2	1.000	1.003	0.054	2.000
OCRC4D	349	1	1.000	1.000	0.000	1.000
OCRC4E	349	1	1.000	1.006	0.076	2.000
OCRC5A	349	1	1.000	1.037	0.190	2.000
OCRC5B	349	1	1.000	1.266	0.443	2.000
OCRC5C	349	1	1.000	1.086	0.281	2.000
OCRC5D	346	4	1.000	1.124	0.330	2.000
OCRC5E	349	1	1.000	1.006	0.076	2.000
OCRC5F	349	1	1.000	1.000	0.000	1.000
OCRC5G	13	337	1.000	1.023	0.150	2.000
OCRC6	349	1	1.000	1.115	0.319	2.000
OCRC7	349	1	1.000	1.011	0.107	2.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCRC8	ADVERSE PSYCHOSOCIAL REACTION	349	1	1.000	1.049	0.216	2.000
OCRC9	OTHER MEDICAL PROBLEMS/DIFFICULTIES	349	1	1.000	1.049	0.216	2.000
OCSKIN1	ERUPTIVE XANTHOMA	348	2	1.000	1.000	0.000	1.000
OCSKIN2	XANTHELASMA	348	2	1.000	1.003	0.054	2.000
OCSKIN3	NECROBIOSIS	348	2	1.000	1.023	0.150	2.000
OCSKIN4	SHIN SPOT	348	2	1.000	1.011	0.107	2.000
OCSKIN5	OTHER SIGNIF. SKIN CONDITION	347	3	1.000	1.153	0.360	2.000
OCPSYCH1	NERVOUSNESS OR ANXIETY	349	1	1.000	1.077	0.268	2.000
OCPSYCH2	UNREASONABLE FEARS	348	2	1.000	1.014	0.119	2.000
OCPSYCH3	EATING DISTURBANCE	349	1	1.000	1.029	0.167	2.000
OCPSYCH4	AFFECTIVE DISORDER	349	1	1.000	1.066	0.248	2.000
OCPSYCH5	SUICIDE ATTEMPT	349	1	1.000	1.017	0.130	2.000
OCPSYCH6	CRIMINAL CONDUCT	349	1	1.000	1.011	0.107	2.000
OCPSYCH7	PSYCHIATRIC TREATMENT	348	2	1.000	1.040	0.197	2.000
OCPSYCH8	OTHER PSYCHIATRIC CONDITION	347	3	1.000	1.040	0.197	2.000
OCFEM1	NODULES IN BREAST	163	187	1.000	1.104	0.307	2.000
OCFEM2	BREAST CANCER	163	187	1.000	1.000	0.000	1.000
OCFEM3	BREAST DISCHARGE	163	187	1.000	1.025	0.155	2.000
OCFEM4	IRREGULAR MENSES	161	189	1.000	1.155	0.363	2.000
OCFEM5	DYSMENORRHEA	161	189	1.000	1.174	0.380	2.000
OCFEM6	VAGINITIS	163	187	1.000	1.276	0.448	2.000
OCFEM7	OTHER SIGNIF. GYNECOLOGIC CONDITION	163	187	1.000	1.147	0.355	2.000
OCFEM12	EVER USED ORAL CONTRACEPTIVES	163	187	1.000	1.669	0.472	2.000
OCFEM13	NOW USES ORAL CONTRACEPTIVES	137	213	1.000	1.131	0.339	2.000
OCFEM14	USES OTHER BIRTH CONTROL	163	187	1.000	1.497	0.502	2.000
OCFEM16	ANY DIFFICULTIES WITH SEXUAL FUNCTION?	162	188	1.000	1.043	0.204	2.000
OCFEM17	EVER HAD PAIN/DISCOMFORT IN CHEST	349	1	1.000	1.054	0.227	2.000
OCFEM18	IF NO ANY PRESSURE/HEAVINESS IN CHEST	326	24	1.000	1.009	0.096	2.000
OCFEM19	GET PAIN WHEN WALK UPHILL OR IN HURRY	24	326	1.000	1.083	0.282	2.000
OCFEM20	GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE	25	325	1.000	1.040	0.200	2.000
OCFEM21	WHEN YOU GET THIS PAIN WHAT DO YOU DO	22	328	1.000	2.273	0.883	3.000
OCFEM22	WHAT HAPPENS TO IT IF YOU STAND STILL	22	328	1.000	1.682	0.477	2.000
OCFEM23	HOW SOON DOES IT GO AWAY IF STAND STILL	20	330	1.000	1.500	0.513	2.000
OCFEM24	WHERE'S THE PAIN: STERNUM UPPER OR MIDDLE	18	332	1.000	1.500	0.514	2.000
OCFEM25	WHERE'S THE PAIN: STERNUM (LOW)	14	336	1.000	1.214	0.426	2.000
OCFEM26	WHERE'S THE PAIN: LEFT ANTERIOR CHEST	14	336	1.000	1.500	0.519	2.000
OCFEM27	WHERE'S THE PAIN: LEFT ARM	13	337	1.000	1.154	0.376	2.000
OCFEM28	WHERE'S THE PAIN: OTHER SPECIFY	15	335	1.000	1.333	0.488	2.000
OCFEM29	GET PAIN IN EITHER LEG ON WALKING	344	6	1.000	1.047	0.211	2.000
OCFEM30	DOES IT EVER BEGIN STAND STILL/SITTING	19	331	1.000	1.474	0.513	2.000
OCFEM31	PAIN INCLUDES CALF/CALVES	16	334	1.000	1.688	0.479	2.000
OCFEM32	GET PAIN WHEN WALK UPHILL/HURRY	16	334	1.000	1.688	0.479	2.000
OCFEM33	GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE	16	334	1.000	1.500	0.516	2.000
OCFEM34	DOES PAIN EVER REMIT WHILE WALKING	16	334	1.000	1.500	0.516	2.000
OCFEM35	WHAT DO YOU DO WHEN YOU GET THIS PAIN	16	334	1.000	2.000	0.816	3.000
OCFEM36	WHAT HAPPENS IF YOU STAND STILL	15	335	1.000	1.533	0.516	2.000
OCFEM37	HOW SOON	16	334	1.000	1.438	0.512	2.000
OCFEM38	RX: HAS USED OR IS USING PRESCRIPTION	347	3	1.000	1.513	0.501	2.000
OCFEM39	RX: USED OVER-THE-COUNTER DRUGS	348	2	1.000	1.451	0.498	2.000

Includes both categorical and continuous variables

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Variable Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCRX4	349	1	1.000	1.295	0.457	2.000
OCADOLX	348	2	1.000	1.003	0.054	2.000
OCGROWTH	7	343	1.000	1.000	0.000	1.000
OCHYPODC	346	4	1.000	1.147	0.355	2.000
OCHIBLP	295	55	1.000	1.034	0.181	2.000
OCHPERT	25	325	1.000	1.080	0.277	2.000
OCEENT	349	1	1.000	1.011	0.107	2.000
OCTHYRD	349	1	1.000	1.043	0.203	2.000
OCLUNGS	349	1	1.000	1.014	0.119	2.000
OCBREAST	343	7	1.000	1.015	0.120	2.000
OCABDOM	349	1	1.000	1.017	0.130	2.000
OCHEPATO	346	4	1.000	1.003	0.054	2.000
OCSPAN	0	350				
OCOLYMPH	347	3	1.000	1.009	0.093	2.000
OCRECTUM	348	2	1.000	2.836	0.541	3.000
OCPELVIS	345	5	1.000	2.841	0.534	3.000
OCGENIT	313	37	1.000	1.035	0.231	3.000
OCRHYTHM	349	1	1.000	1.000	0.000	1.000
OCVENPRS	349	1	1.000	1.000	0.000	1.000
OCMEGALY	349	1	1.000	1.000	0.000	1.000
OCS3GALP	349	1	1.000	1.000	0.000	1.000
OCS4GALP	349	1	1.000	1.011	0.107	2.000
OCSMURMR	349	1	1.000	1.080	0.272	2.000
OCDMURMR	349	1	1.000	1.003	0.054	2.000
OCOMURMR	346	4	1.000	1.009	0.093	2.000
OCRUB	349	1	1.000	1.000	0.000	1.000
OCRDAB	348	2	1.000	1.014	0.119	2.000
OCPPUL1	349	1	1.000	1.000	0.000	1.000
OCPPUL2	348	2	1.000	1.000	0.000	1.000
OCPPUL3	348	2	1.000	1.003	0.054	2.000
OCPPUL4	348	2	1.000	1.006	0.076	2.000
OCPPUL5	348	2	1.000	1.003	0.054	2.000
OCPPUL6	348	2	1.000	1.000	0.000	1.000
OCPPUL7	349	1	1.000	1.020	0.140	2.000
OCPPUL8	348	2	1.000	1.023	0.150	2.000
OCPPUL9	349	1	1.000	1.100	0.385	3.000
OCPPUL10	348	2	1.000	1.109	0.394	3.000
OCPPUL11	348	2	1.000	1.078	0.317	3.000
OCPPUL12	348	2	1.000	1.078	0.308	3.000
OCPPUL13	348	2	1.000	1.149	0.475	3.000
OCPPUL14	349	1	1.000	1.152	0.470	3.000
OCBRUIT1	349	1	1.000	1.000	0.000	1.000
OCBRUIT2	345	5	1.000	1.000	0.000	1.000
OCBRUIT3	349	1	1.000	1.000	0.000	1.000
OCBRUIT4	345	5	1.000	1.003	0.054	2.000
OCBRUIT5	332	18	1.000	1.000	0.000	1.000
OCBRUIT6	328	22	1.000	1.000	0.000	1.000
OCXTR1	349	1	1.000	1.006	0.076	2.000
OCXTR2	347	3	1.000	1.006	0.076	2.000

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Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCEXTR3	SKIN DISCOLORATION - RIGHT SIDE	349	1	1.000	1.049	0.216	2.000
OCEXTR4	SKIN DISCOLORATION - LEFT SIDE	347	3	1.000	1.046	0.210	2.000
OCEXTR5	GANGRENE - RIGHT SIDE	349	1	1.000	1.000	0.000	1.000
OCEXTR6	GANGRENE - LEFT SIDE	347	3	1.000	1.000	0.000	1.000
OCEXTR7	CHARCOT JOINT - RIGHT SIDE	349	1	1.000	1.003	0.054	2.000
OCEXTR8	CHARCOT JOINT - LEFT SIDE	347	3	1.000	1.003	0.054	2.000
OCEXTR9	DEFORMITY - RIGHT SIDE	349	1	1.000	1.017	0.130	2.000
OCEXTR10	DEFORMITY - LEFT SIDE	347	3	1.000	1.020	0.141	2.000
OCLIP0AT	INJECTION SITE--LIPOATROPHY	349	1	1.000	1.009	0.092	2.000
OCLIP0HV	INJECTION SITE--LIPOHYPERTRPHY	349	1	1.000	1.097	0.297	2.000
OCINFLAM	INJECTION SITE--INFLAMMATION	347	3	1.000	1.000	0.000	1.000
OCFOOTUL	FOOT-ULCER	349	1	1.000	1.006	0.076	2.000
OCFOOTIN	FOOT-INFECTION	349	1	1.000	1.006	0.076	2.000
OCABNTOE	FOOT-ABNORMAL TOENAILS	349	1	1.000	1.006	0.076	2.000
OCOTHABN	OTHER ABNORMALITIES ON PHYSICAL EXAM	347	3	1.000	1.092	0.289	2.000
OCBGP1	PROFILSET MAILED TO CBL	345	5	1.000	1.179	0.384	2.000
OCBGP2A	NOT MAILED: KIT DAMAGED	0	350	1.000	1.855	0.353	2.000
OCBGP2B	NOT MAILED: PATIENT FORGOT TO COLLECT	14	336	1.000	1.000	0.000	1.000
OCBGP2C	NOT MAILED: PATIENT LOST KIT	1	349	1.000	1.000	0.000	1.000
OCBGP2D	NOT MAILED: PATIENT REFUSED TO COLLECT	5	345	1.000	1.000	0.000	1.000
OCBGP2E	NOT MAILED: OTHER OR UNKNOWN	24	326	1.000	1.000	0.000	1.000
OCBGP6A	PROFILSET QUALITY-CONTROLLED	305	45	1.000	1.066	0.248	2.000
OCBGP6A1	PROFILSET QC-STICK NO. DUPLICATED	15	335	0.000	2.267	2.344	7.000
OCBGP6A2	PROFILSET QC-WAS CORRECT STICK USED	17	333	1.000	1.882	0.332	2.000
OCBGP7	PERFORM SEGM ON DAY OBTAINED SPECIMENS	68	282	1.000	1.015	0.121	2.000
OCLIP1D	WILL LIPIDS BE MAILED TO CBL	346	4	1.000	1.679	0.467	2.000
OCRENAL	WILL RENAL SPEC. BE MAILED TO CBL	345	5	1.000	1.670	0.471	2.000

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

Variable	Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCNAZE	NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY	4	352	0.000	24.500	49.000	98.000
OCMRDATE	DATE MARITAL STATUS CHANGED	270	86	165.000	804.422	294.677	1292.000
OCSMOKE8	PIPEFULS/CIGARS PER WK. IN PAST YR.	7	349	0.000	16.286	25.415	70.000
OCTOTUNT	TOTAL NUMBER OF UNITS/DAY OF INSULIN	353	3	15.000	55.337	21.030	177.000
OCEXER2	HOURS & MINUTES OF LIGHT ACTIVITY	345	11	0.000	246.551	464.458	3000.000
OCEXER3	HOURS & MINUTES OF MODERATE ACTIVITY	346	10	0.000	188.829	334.793	2500.000
OCEXER4	HOURS & MINUTES OF HARD ACTIVITY	346	10	0.000	110.549	226.152	2000.000
OCEXER5	HOURS & MINUTES OF VERY HARD ACTIVITY	340	16	0.000	31.588	122.789	800.000
OCDM3BRD	DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST	320	36	0.000	76.184	29.995	179.000
OCDM3BRS	DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.	324	32	16.000	87.972	26.205	255.000
OCDM3LUD	DM 3 INJ.-BLOOD DONE BEFORE LUNCH	320	36	0.000	68.213	30.644	176.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCDM3LUS	DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH	324	32	0.000	87.790	26.530	255.000
OCDM3DID	DM 3 INJ.-BLOOD DONE BEFORE DINNER	320	36	0.000	72.397	29.953	176.000
OCDM3DIS	DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER	324	32	16.000	87.895	26.218	255.000
OCDM3BED	DM 3 INJ.-BLOOD DONE BEFORE BEDTIME	319	37	0.000	70.765	31.496	180.000
OCDM3BES	DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME	324	32	16.000	87.889	26.218	255.000
OCDM33AD	DM 3 INJ.-BLOOD DONE AT 3 A.M.	320	36	0.000	4.975	5.617	28.000
OCDM33AS	DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.	324	32	0.000	12.377	6.597	98.000
OCDM1UBD	DM 1 INJ.-URINE DONE BEFORE BREAKFAST	4	352	0.000	0.000	0.000	0.000
OCDM1UBS	DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.	4	352	0.000	48.500	97.000	194.000
OCDM1BBD	DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST	5	351	0.000	38.200	52.936	107.000
OCDM1BBS	DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK	5	351	84.000	123.000	45.266	194.000
OCDM1ULD	DM 1 INJ.-URINE DONE BEFORE LUNCH	4	352	0.000	0.000	0.000	0.000
OCDM1ULS	DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH	4	352	0.000	56.000	68.586	140.000
OCDM1BLD	DM 1 INJ.-BLOOD DONE BEFORE LUNCH	4	352	0.000	0.000	0.000	0.000
OCDM1BLS	DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH	4	352	0.000	48.500	97.000	194.000
OCDM1UDD	DM 1 INJ.-URINE DONE BEFORE DINNER	4	352	0.000	0.000	0.000	0.000
OCDM1UDS	DM 1 INJ.-URINE SHOULD DO BEFORE DINNER	4	352	0.000	0.000	0.000	0.000
OCDM1BDD	DM 1 INJ.-BLOOD DONE BEFORE DINNER	4	352	0.000	35.000	70.000	140.000
OCDM1BDS	DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER	4	352	0.000	21.000	42.000	84.000
OCDM1UED	DM 1 INJ.-URINE DONE BEFORE BEDTIME	4	352	0.000	92.000	79.448	194.000
OCDM1UES	DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME	4	352	0.000	0.000	0.000	0.000
OCDM1BED	DM 1 INJ.-BLOOD DONE BEFORE BEDTIME	4	352	0.000	56.000	68.586	140.000
OCDM1BES	DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME	4	352	0.000	0.000	0.000	0.000
OCRX1	RX: NO. ASPIRIN-CONTAINING TABLETS	356	0	0.000	48.500	97.000	194.000
OCPUULSE	PULSE	354	2	44.000	74.921	18.775	144.000
OCYSYSTR	SYSTOLIC-FIRST SITTING BLOOD PRESSURE	355	1	88.000	118.118	11.638	168.000
OCDIASR	DIASTOLIC-FIRST SITTING BLOOD PRESSURE	355	1	48.000	75.439	8.640	110.000
OCYSYSTR2	SYSTOLIC-SECOND SITTING BLOOD PRESS.	5	351	124.000	131.200	5.762	138.000
OCDIASR2	DIASTOLIC-SECOND SITTING BLOOD PRESS.	5	351	70.000	80.400	6.693	86.000
OCBGP8A	RESULTS OF SBGM-PREBREAKFAST	267	89	34.000	142.404	78.690	488.000
OCBGP8B	RESULTS OF SBGM-90 MIN. PREBREAKFAST	268	88	41.000	185.160	81.056	464.000
OCBGP8C	RESULTS OF SBGM-PRELUNCH	268	88	25.000	117.451	66.157	456.000
OCBGP8D	RESULTS OF SBGM-90 MIN. PRELUNCH	261	95	0.000	151.617	70.583	387.000
OCBGP8E	RESULTS OF SBGM-PRESUPPER	266	90	25.000	135.075	68.860	376.000
OCBGP8F	RESULTS OF SBGM-90 MIN. PRESUPPER	261	95	0.000	157.513	78.674	427.000
OCBGP8G	RESULTS OF SBGM-BEDTIME	259	97	0.000	145.514	75.857	408.000
OCDESIWT	PATIENT'S DESIRED WEIGHT	355	1	44.500	70.367	11.898	113.000
OCWEIGHT	CURRENT WEIGHT	356	0	49.200	78.773	14.702	160.000
OCHEIGHT	CURRENT HEIGHT	348	8	148.000	171.439	9.463	205.700
OCRESCH	NECESSARY TO RESCHEDULE VISIT	354	2	1.000	1.164	0.371	2.000
OCRESCHN	NO. OF TIMES NEEDED TO RESCHEDULE	51	305	1.000	1.529	0.880	4.000
OCVSI1NO	FOLLOW-UP VISIT NUMBER	356	0	18.000	27.385	6.035	38.000
OCGENDER	GENDER	355	0	1.000	1.469	0.500	2.000
OCMARRY	MARITAL STATUS OF PATIENT	355	1	1.000	1.963	0.807	5.000
OCMARNO	NUMBER OF TIMES MARRIED	229	127	1.000	1.201	0.433	3.000
OCPATJOB	PATIENT'S OCCUPATION	346	10	1.000	3.434	3.168	12.000
OCSPUJOB	SPOUSE'S OCCUPATION	226	130	1.000	4.336	3.566	12.000
OCMOMJOB	MOTHER'S OCCUPATION	22	334	1.000	5.045	3.811	11.000
OCFADJOB	FATHER'S OCCUPATION	15	341	1.000	2.667	2.257	7.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCFRIJOB	GUARDIAN/FRIEND'S OCCUPATION	25	331	1.000	4.880	4.116	11.000
OCPATNOJ	PATIENT UNEMPLOYED OR RETIRED	12	344	1.000	1.000	0.000	1.000
OCSPONOJ	SPOUSE UNEMPLOYED OR RETIRED	7	349	1.000	1.000	0.000	1.000
OCMOMNOJ	MOTHER UNEMPLOYED OR RETIRED	2	354	1.000	1.000	0.000	1.000
OCADNOJ	FATHER UNEMPLOYED OR RETIRED	7	349	1.000	1.000	0.000	1.000
OCFJOBCH	GUARDIAN/FRIEND'S UNEMPLOY OR RETIRED	1	355	1.000	1.000	0.000	1.000
OCPJOBCH	PATIENT'S JOB STATUS CHANGED	35	321	1.000	1.000	0.000	1.000
OCSPJOBCH	SPOUSE'S JOB STATUS CHANGED	20	336	1.000	1.000	0.000	1.000
OCMJOBCH	MOTHER'S JOB STATUS CHANGED	1	355	1.000	1.000	0.000	1.000
OCDJOBCH	FATHER'S JOB STATUS CHANGED	2	354	1.000	1.000	0.000	1.000
OCFJOBCH	GUARDIAN/FRIEND'S JOB STATUS CHANGED	0	356	1.000	1.000	0.000	1.000
OCPCATED	PATIENT'S EDUCATION LEVEL	355	1	1.000	2.439	0.926	5.000
OCSPOMED	SPOUSE'S EDUCATION LEVEL	233	123	1.000	2.785	1.003	6.000
OCMOMED	MOTHER'S EDUCATION LEVEL	24	332	1.000	3.458	1.179	6.000
OCDADED	FATHER'S EDUCATION LEVEL	21	335	1.000	3.333	1.317	6.000
OCFRIED	GUARDIAN/FRIEND'S EDUCATION LEVEL	22	334	1.000	2.409	1.098	5.000
OCSTUDNT	PATIENT WAS STUDENT IN PAST YEAR	355	1	1.000	1.161	0.368	2.000
OCGRADU	ELEMENTARY/SECONDARY SCHOOL GRADE	1	355	12.000	12.000	0.000	12.000
OCYEAR	YEAR IN TRADE SCHOOL	2	354	1.000	1.500	0.707	2.000
OCYEAR	YEAR IN COLLEGE	31	325	1.000	2.935	1.365	5.000
OCYEAR	YEAR IN GRADUATE SCHOOL	20	336	1.000	2.650	1.387	5.000
OCXPEL	CEASED ATTENDING SCHOOL IN PAST YR	56	300	1.000	1.125	0.334	2.000
OCSMOK1	SMOKE CIGARETTES/CIGAR. IN PAST YR.	356	0	1.000	1.228	0.420	2.000
OCSMOK2	CURRENTLY SMOKE CIGARETTES/CIGAR.	84	272	1.000	1.810	0.395	2.000
OCSMOK3	MONTHS SINCE QUIT CIGARETTES/CIGAR.	14	342	0.000	4.000	3.486	9.000
OCSMOK4	HOW MANY CIGARET./CIGAR. IN PAST YR.	79	277	1.000	15.911	9.656	50.000
OCSMOK5	SMOKE PIPES OR CIGARS IN PAST YR.	355	1	1.000	1.028	0.166	2.000
OCSMOK6	CURRENTLY SMOKE PIPES OR CIGARS	12	344	1.000	1.417	0.515	2.000
OCSMOK7	QUIT SMOKING PIPES OR CIGARS	4	352	2.000	5.250	3.304	9.000
OCSMOK9A	PAST 12 MONTHS LIVED WHERE PERSON SMOKED	343	13	1.000	1.236	0.425	2.000
OCSMOK9B	PAST 12 MONTHS WORK WHERE PERSON SMOKED	343	13	1.000	1.292	0.455	2.000
OCDRINK1	AT LEAST ONE ALCOHOLIC BEV. WEEK	356	0	1.000	1.343	0.475	2.000
OCDRINK2	BOTTLES OF BEER IN LAST 7 DAYS	117	239	0.000	1.145	2.554	2.000
OCDRINK3	BOTTLES OF LIGHT BEER IN LAST 7 DAYS	117	239	0.000	2.034	3.406	21.000
OCDRINK4	GLASSES OF WINE IN LAST 7 DAYS	119	237	0.000	1.235	3.301	28.000
OCDRINK5	HARD LIQUOR IN LAST 7 DAYS	116	240	0.000	1.095	2.499	20.000
OCDRINK6	TOTAL AMOUNT OF ALCOHOL IN LAST 7 DAYS	116	240	1.000	1.000	0.000	1.000
OCXEXR1	PATIENT'S LEVEL OF ACTIVITY	356	0	1.000	1.579	0.602	3.000
OCFAM1	NUMBER OF PERSONS IN HOUSEHOLD	354	2	0.000	3.133	1.366	7.000
OCFAM24	HYPERTENSION IN PARENTS	356	0	1.000	1.640	0.610	3.000
OCFAM25	HYPERTENSION IN GRANDPARENTS	354	2	1.000	2.079	0.775	3.000
OCFAM26	HYPERTENSION IN SIBLINGS	356	0	1.000	2.014	0.569	4.000
OCFAM27	HYPERTENSION IN CHILDREN	356	0	2.000	2.851	0.989	4.000
OCFAM28	MYOCARDIAL INFARCTION IN PARENTS	356	0	1.000	1.775	0.481	4.000
OCFAM29	MYOCARDIAL INFARCTION IN GRANDPARENTS	356	0	1.000	1.742	0.672	3.000
OCFAM30	MYOCARDIAL INFARCTION IN SIBLINGS	356	0	1.000	2.098	0.443	4.000
OCFAM31	MYOCARDIAL INFARCTION IN CHILDREN	356	0	2.000	2.851	0.989	4.000
OCFAM32	MI IN PARENTS BEFORE AGE 40	89	267	1.000	1.921	0.345	3.000
OCFAM33	MI IN GRANDPARENTS BEFORE AGE 40	135	221	1.000	1.963	0.226	3.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCFAM34	MI IN SIBLINGS BEFORE AGE 40	9	347	1.000	2.333	1.323	4.000
OCFAM35	MI IN CHILDREN BEFORE AGE 40	33	323	2.000	3.818	0.584	4.000
OCFAM36	MI IN DIAB. PARENTS BEFORE AGE 40	18	338	1.000	1.889	0.583	3.000
OCFAM37	MI IN DIAB. GRANDPARENT BEFORE AGE 40	21	335	1.000	1.905	0.436	3.000
OCFAM38	MI IN DIAB. SIBLINGS BEFORE AGE 40	6	350	2.000	3.000	1.095	4.000
OCFAM39	MI IN DIAB. CHILDREN BEFORE AGE 40	27	329	2.000	3.926	0.385	4.000
OCFAM40	AUTOIMMUNE ENDOCRINE DIS. IN PARENTS	356	0	1.000	1.865	0.430	3.000
OCFAM41	AUTOIMMUNE ENDOCRINE DIS. - GRANDPARENTS	356	0	1.000	2.093	0.531	3.000
OCFAM42	AUTOIMMUNE ENDOCRINE DIS. IN SIBLINGS	356	0	1.000	2.008	0.528	4.000
OCFAM43	AUTOIMMUNE ENDOCRINE DIS. IN CHILDREN	356	0	1.000	2.834	1.012	4.000
OCFAM44	EYE DISEASE IN PARENTS	356	0	1.000	1.941	0.326	3.000
OCFAM45	EYE DISEASE IN GRANDPARENTS	356	0	1.000	1.958	0.464	3.000
OCFAM46	EYE DISEASE IN SIBLING	356	0	1.000	2.067	0.445	4.000
OCFAM47	EYE DISEASE IN CHILDREN	356	0	2.000	2.851	0.989	4.000
OCFAM48	EYE DIS. IN DIABETIC PARENTS	30	326	1.000	1.700	0.596	3.000
OCFAM49	EYE DIS. IN DIABETIC GRANDPARENTS	46	310	1.000	1.717	0.455	2.000
OCFAM50	EYE DIS. IN DIABETIC SIBLINGS	13	343	1.000	1.769	1.301	4.000
OCFAM51	EYE DIS. IN DIABETIC CHILDREN	26	330	4.000	4.000	0.000	4.000
OCFAM52	RENAL DISEASE IN PARENTS	356	0	1.000	2.000	0.225	3.000
OCFAM53	RENAL DISEASE IN GRANDPARENTS	356	0	1.000	2.053	0.375	3.000
OCFAM54	RENAL DISEASE IN SIBLINGS	356	0	1.000	2.076	0.441	4.000
OCFAM55	RENAL DISEASE IN CHILDREN	356	0	1.000	2.848	0.993	4.000
OCFAM56	RENAL DIS. IN DIABETIC PARENTS	11	345	1.000	1.727	0.467	2.000
OCFAM57	RENAL DIS. IN DIABETIC GRANDPARENTS	16	340	1.000	1.875	0.500	3.000
OCFAM58	RENAL DIS. IN DIABETIC SIBLINGS	9	347	1.000	2.333	1.323	4.000
OCFAM59	RENAL DIS. IN DIABETIC CHILDREN	25	331	2.000	3.920	0.400	4.000
OCFAM60	PSYCHIATRIC DISORDERS IN PARENTS	356	0	1.000	1.921	0.343	3.000
OCFAM61	PSYCHIATRIC DISORDERS IN GRANDPARENTS	356	0	1.000	2.048	0.361	3.000
OCFAM62	PSYCHIATRIC DISORDERS IN SIBLINGS	356	0	1.000	2.025	0.494	4.000
OCFAM63	PSYCHIATRIC DISORDERS IN CHILDREN	356	0	1.000	2.840	1.004	4.000
OCFAM64	NEUROLOGIC DISEASE IN PARENTS	356	0	1.000	1.958	0.302	3.000
OCFAM65	NEUROLOGIC DISEASE IN GRANDPARENTS	356	0	1.000	1.978	0.474	3.000
OCFAM66	NEUROLOGIC DISEASE IN SIBLINGS	356	0	1.000	2.081	0.446	4.000
OCFAM67	NEUROLOGIC DISEASE IN CHILDREN	356	0	2.000	2.851	0.989	4.000
OCFAM68	NEUROLOGIC DIS. IN DIAB. PARENTS	21	335	1.000	1.714	0.463	2.000
OCFAM69	NEUROLOGIC DIS. IN DIAB. GRANDPARENTS	39	317	1.000	1.949	0.320	3.000
OCFAM70	NEUROLOGIC DIS. IN DIAB. SIBLINGS	9	347	2.000	2.667	1.000	4.000
OCFAM71	NEUROLOGIC DIS. IN DIAB. CHILDREN	25	331	2.000	3.920	0.400	4.000
OCFAM72	HYPERLIPIDEMIA IN PARENTS	356	0	1.000	1.823	0.650	3.000
OCFAM73	HYPERLIPIDEMIA IN GRANDPARENTS	356	0	1.000	2.320	0.640	3.000
OCFAM74	HYPERLIPIDEMIA IN SIBLINGS	356	0	1.000	2.118	0.584	4.000
OCFAM75	HYPERLIPIDEMIA IN CHILDREN	353	3	1.000	2.867	0.990	4.000
OCFAM76	IDDM IN PARENTS	355	1	1.000	1.944	0.314	3.000
OCFAM77	IDDM IN GRANDPARENTS	355	1	1.000	1.989	0.390	3.000
OCFAM78	IDDM IN SIBLINGS	355	1	1.000	2.000	0.526	4.000
OCFAM79	IDDM IN CHILDREN	355	1	1.000	2.828	1.015	4.000
OCFAM80	NIDDM IN PARENTS	356	0	1.000	1.685	0.405	3.000
OCFAM81	NIDDM IN GRANDPARENTS	355	1	1.000	1.758	0.570	3.000
OCFAM82	NIDDM IN SIBLINGS	355	1	1.000	2.076	0.448	4.000

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCFAM83	NIDDM IN CHILDREN	355	1	2.000	2.859	0.990	4.000
OCHUREG	TYPE OF INSULIN-HUMAN REGULAR	246	110	1.000	1.000	0.000	1.000
OCPOREG	TYPE OF INSULIN-PORK REGULAR	103	253	1.000	1.000	0.000	1.000
OCHUSEMI	TYPE OF INSULIN-HUMAN SEMILENTE	0	356	.	.	.	.
OCPOSEMI	TYPE OF INSULIN-PORK SEMILENTE	0	356	.	.	.	.
OCHUNPH	TYPE OF INSULIN-HUMAN NPH	88	268	1.000	1.000	0.000	1.000
OCPONPH	TYPE OF INSULIN-PORK NPH	35	321	1.000	1.000	0.000	1.000
OCHULEN	TYPE OF INSULIN-HUMAN LENTE	8	348	1.000	1.000	0.000	1.000
OCPOLEN	TYPE OF INSULIN-PORK LENTE	5	351	1.000	1.000	0.000	1.000
OCHULT	TYPE OF INSULIN-HUMAN ULTRALENTE	36	320	1.000	1.000	0.000	1.000
OCP07030	TYPE OF INSULIN-PORK 70/30	0	356	.	.	.	.
OCHU7030	TYPE OF INSULIN-HUMAN 70/30	1	355	1.000	1.000	.	1.000
OCPREG	TYPE OF INSULIN-BEEF/PORK REGULAR	10	346	1.000	1.000	0.000	1.000
OCPBSEMI	TYPE OF INSULIN-BEEF/PORK SEMILENTE	0	356	.	.	.	.
OCPNPH	TYPE OF INSULIN-BEEF/PORK NPH	5	351	1.000	1.000	0.000	1.000
OCPLEN	TYPE OF INSULIN-BEEF/PORK LENTE	1	355	1.000	1.000	.	1.000
OCPULT	TYPE OF INSULIN-BEEF/PORK ULTRALENTE	49	307	1.000	1.000	0.000	1.000
OCGROUP	WHAT GROUP PATIENT RANDOMIZED	355	1	2.000	2.000	0.000	2.000
OCINSREG	CURRENT INSULIN REGIMEN	355	1	1.000	1.614	0.537	3.000
OCHREGPR	IS THIS REGIMEN PRESCRIBED BY CLINIC	356	0	1.000	1.980	0.139	2.000
OCHREGBRK	UNITS REGULAR INSULIN USED-BREAKFAST	347	9	0.000	7.862	5.198	58.000
OCHREGLUN	UNITS REGULAR INSULIN USED-LUNCH	322	34	0.000	6.984	3.880	20.000
OCHREGSUP	UNITS REGULAR INSULIN USED-SUPPER	350	6	1.000	10.923	5.233	36.000
OCHREGBED	UNITS REGULAR INSULIN USED-BEDTIME	118	238	0.000	2.449	3.014	20.000
OCHREGOTH	UNITS REGULAR INSULIN USED-OTHER	10	346	0.000	6.200	10.218	34.000
OCHSEMRK	UNITS SEMILENTE INSULIN USED-BREAKFAST	0	356	.	.	.	.
OCHSEMLUN	UNITS SEMILENTE INSULIN USED-LUNCH	0	356	.	.	.	.
OCHSEMSP	UNITS SEMILENTE INSULIN USED-SUPPER	0	356	.	.	.	.
OCHSEMBED	UNITS SEMILENTE INSULIN USED-BEDTIME	0	356	.	.	.	.
OCHSEMOTH	UNITS SEMILENTE INSULIN USED-OTHER	0	356	.	.	.	.
OCHNPHBRK	UNITS NPH INSULIN USED-BREAKFAST	73	283	0.000	16.178	10.973	46.000
OCHNPHLUN	UNITS NPH INSULIN USED-LUNCH	5	351	0.000	5.400	5.128	11.000
OCHNPHSUP	UNITS NPH INSULIN USED-SUPPER	16	340	0.000	16.063	10.318	38.000
OCHNPHBED	UNITS NPH INSULIN USED-BEDTIME	108	248	3.000	18.278	8.899	48.000
OCHNPHOTH	UNITS NPH INSULIN USED-OTHER	2	354	2.000	5.500	4.950	9.000
OCHLENBRK	UNITS LENTE INSULIN USED-BREAKFAST	7	349	5.000	18.000	9.274	28.000
OCHLENLUN	UNITS LENTE INSULIN USED-LUNCH	0	356	.	.	.	.
OCHLENSUP	UNITS LENTE INSULIN USED-SUPPER	3	353	4.000	8.667	4.163	12.000
OCHLENBED	UNITS LENTE INSULIN USED-BEDTIME	11	345	4.000	16.636	7.311	27.000
OCHLENOH	UNITS LENTE INSULIN USED-OTHER	0	356	.	.	.	.
OCHULTBRK	UNITS ULTRALENTE INSULIN USED-BREAKFAST	62	294	2.000	16.419	9.644	65.000
OCHULTLUN	UNITS ULTRALENTE INSULIN USED-LUNCH	2	354	28.000	30.000	2.828	32.000
OCHULTSUP	UNITS ULTRALENTE INSULIN USED-SUPPER	55	301	6.000	18.873	7.478	38.000
OCHULTBED	UNITS ULTRALENTE INSULIN USED-BEDTIME	14	342	13.000	22.643	11.181	52.000
OCHULTOTH	UNITS ULTRALENTE INSULIN USED-OTHER	0	356	.	.	.	.
OC7030BR	UNITS 70/30 INSULIN USED-BREAKFAST	1	355	55.000	55.000	.	55.000
OC7030LUN	UNITS 70/30 INSULIN USED-LUNCH	0	356	65.000	65.000	.	65.000
OC7030SUP	UNITS 70/30 INSULIN USED-SUPPER	1	355	.	.	.	.
OC7030BE	UNITS 70/30 INSULIN USED-BEDTIME	0	356

Includes both categorical and continuous variables

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OC70300T	UNITS 70/30 INSULIN USED-OTHER	0	356				
OCDM5	DESCRIBE INSULIN REGIMEN	33	323	1.000	1.182	0.392	2.000
OCDM6A	UNITS BASAL INSULIN INFUSED DAILY	143	213	2.000	27.762	10.423	72.000
OCDM6B	DIFFERENT BASAL RATES USED/DAY	146	210	1.000	2.527	1.109	4.000
OCDM6C	TECHN. PROBLEMS-INSULIN INFUSION PUMP	146	210	1.000	1.151	0.359	2.000
OCDM7A	PRESCRIBED CHANGE IN INSULIN REGIMEN	16	340	1.000	1.063	0.250	2.000
OCDM7A1	CHANGE DOSE-SYMP. POLYURIA,POLYDIPSIA	1	355	1.000	1.000	.	1.000
OCDM7A2	CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.	1	355	2.000	2.000	.	2.000
OCDM7A3	CHANGE DOSE-RECURRENT KETONURIA	1	355	1.000	1.000	.	1.000
OCDM7A4	CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT	1	355	1.000	1.000	.	1.000
OCDM7A5	CHANGE DOSE-PREGNANCY	1	355	1.000	1.000	.	1.000
OCDM7A6	CHANGE DOSE-OTHER	1	355	1.000	1.000	.	1.000
OCDM7B1	SELF BLOOD GLUCOSE MONITORING	13	343	1.000	1.846	0.555	3.000
OCDM7B2	URINE GLUCOSE MONITORING	13	343	1.000	1.385	0.768	3.000
OCDM8	SUSPECT REPORTED GLUCOSE INACCURATE	350	6	1.000	1.117	0.525	7.000
OCDV1	SINCE LAST VISIT-DEVIATION FROM TREATM.	356	0	1.000	1.034	0.181	2.000
OCDV1A	CURRENTLY ON DEVIATION FROM TREATMENT	18	338	1.000	1.500	0.514	2.000
OCIS1	SINCE LAST VISIT-ON INACTIVE STATUS	354	2	1.000	1.020	0.139	2.000
OCIS1A	CURRENTLY ON TRANSFER TO INACTIVE STATUS	8	348	1.000	1.500	0.535	2.000
OCMDF1	MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME	353	3	1.000	1.028	0.166	2.000
OCMDF2	CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE	261	95	1.000	1.038	0.192	2.000
OCMDT1	SINCE LAST VISIT,MODIF. THERAPY ANYTIME	1	355	1.000	1.000	.	1.000
OCMDT1A	GLUC MONITOR. > FREQ. THAN PROTOCOL	0	356	.	.	.	.
OCMDT1A1	SBGM > SPECIFIED IN PROTOCOL	0	356	.	.	.	.
OCMDT1A2	UGM > SPECIFIED IN PROTOCOL	0	356	.	.	.	.
OCMDT1B	> 2 INJECTIONS INSULIN DAILY	0	356	.	.	.	.
OCMDT1C	CURRENTLY USE > 2 INJECTIONS DAILY	0	356	.	.	.	.
OCMDT1D	OTHER MODIFICATION TO THERAPY	0	356	.	.	.	.
OCMDT2	EXP.-ON MODIFIED TREATMENT PROTOCOL	356	0	1.000	1.067	0.251	2.000
OCMDT2A	EXP.-LESS FREQUENT VISIT SCHEDULE	25	331	1.000	1.280	0.458	2.000
OCMDT2B	EXP.-SBGM-LESS FREQUENT DAILY SCHEDULE	25	331	1.000	1.080	0.277	2.000
OCMDT2B1	EXP.-FREQ. OF SBGM<REQUIRED MINIMUM	1	355	3.000	3.000	.	3.000
OCMDT2C	EXP.-INSTRUCT LESS STRICT GOALS THERAPY	25	331	1.000	1.880	0.781	5.000
OCMDT2C4	EXP.-STATED GOALS IN EFFECT AT PRESENT	17	339	1.000	1.882	0.332	2.000
OCMDT2D	EXP.-OTHER MODIFICATIONL	22	334	1.000	1.091	0.294	2.000
OCDM32	DM 3 INJ.-MORE SBGM THAN PRESCRIBED	342	14	1.000	1.129	0.421	3.000
OCDM12	PERFORM>GLUC. MONITOR. THAN PRESCRIBED	8	348	1.000	1.250	0.707	3.000
OCNA1A	NA-FREQ. CLAIMED FOLLOWED MEAL PLAN	356	0	0.000	4.753	0.990	7.000
OCNA1B	NA-PATTERN OF EATING--EATING DISORDER	356	0	1.000	1.034	0.235	3.000
OCNA1C1	NA-NO. OF ILL. (INTERCURRENT OR NOT)	355	1	0.000	0.594	0.720	4.000
OCNA1C2	FAILED TO ADJUST INSULIN DOSE AS PRESC.	291	65	0.000	0.014	0.143	2.000
OCNA1D	NA-USED TYPE OF INSULIN NOT PRESCRIBED	356	0	1.000	1.008	0.092	2.000
OCNA1E	NA-ROTATING SITE OF INJECTION	356	0	1.000	1.978	0.148	2.000
OCNA1F	NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS	341	15	1.000	1.217	0.454	3.000
OCNA1G1	NA-NO. INTERCURRENT EVENTS	354	2	0.000	0.203	0.525	5.000
OCNA1G2	NA-INTERCURR. EVENTS NO REPORT ON TIME	276	80	0.000	0.029	0.268	4.000
OCNA1H	NA-FAILED TO BRING IN DAILY RECORD	355	1	1.000	1.180	0.399	3.000
OCNA1I1	NA-PATIENT PERFORM SBGM	356	0	1.000	2.011	0.167	3.000
OCNA1I2	NA-USE SBGM TO ADJUST INSULIN DOSAGE	346	10	1.000	1.980	0.193	3.000

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Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCNA1I3	NA-PERFORM SEGM > ONCE/DAY	346	10	1.000	1.980	0.177	3.000
OCNA2A	NA-STD: >PRESCRIBED UNITS OF INSULIN	4	352	0.000	0.000	0.000	0.000
OCNA2B	NA-STD: EXTRA INJECTIONS OF INSULIN	4	352	0.000	0.000	0.000	0.000
OCNA2C	NA-STD: FEWER INJECTIONS OF INSULIN	3	353	0.000	0.000	0.000	0.000
OCNA2D	NA-STD: FAILED TO TAKE PRESCRIBED DOSE	3	353	0.000	0.000	0.000	0.000
OCNA2F1	NA-STD: PATIENT BEEN ILL	4	352	0.000	3.750	7.500	15.000
OCNA2F2	NA-STD:SICK-NO TEST/RECORD URINE ACETO.	4	352	0.000	0.000	0.000	0.000
OCNA3A	NA-EXP: NOT TAKE PRESCRIBED DELIVERY	343	13	0.000	7.236	20.040	192.000
OCNA3B	NO. OF TIMES NO TEST AT 3 A.M.	345	11	0.000	7.235	5.992	36.000
OCNA3C	NO. OF TIMES NO REPORT LOW BG TO CLINIC	342	14	0.000	0.371	1.593	17.000
OCNA3D	NO MONITOR URINE ACETONE WHEN BG>240	320	36	0.000	4.806	12.531	107.000
OCNA4A	NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG	144	212	0.000	0.021	0.250	3.000
OCNA4B	NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG	144	212	0.000	0.486	2.892	29.000
OCNA4C	NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG	144	212	0.000	0.500	2.892	29.000
OCDC1A	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1	356	0	0.000	0.728	1.522	7.000
OCDC1B	DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2	356	0	0.000	0.174	0.933	7.000
OCDC1C	ON AVERAGE, NO. 8 OZ. GLASSES DAILY	356	0	0.000	8.685	2.833	18.000
OCDC1D	FREQUENCY OF DKA	356	0	0.000	0.006	0.106	2.000
OCDC1E	EXPERIENCE OTHER SYMPTOMS HYPERGLYC.	356	0	1.000	1.281	0.450	2.000
OCDC2	FREQ. DAYS-MODERATE OR LARGE KETONURIA	337	19	0.000	0.401	2.930	46.000
OCDC2A	MODERATE/LARGE KETONUR.-CHANGE ROUTINE	27	329	0.000	0.556	1.340	6.000
OCDC2B	MODERATE/LARGE KETONUR.-DUE TO ILLNESS	31	325	0.000	0.806	1.108	5.000
OCDC2C	MODERATE/LARGE KETONUR.-EQUIPM. FAILED	26	330	0.000	0.615	1.299	6.000
OCDC2D	MODERATE/LARGE KETONUR.-SPONTANEOUS	27	329	0.000	2.926	9.770	46.000
OCDC3A	PATIENT FEMALE	356	0	1.000	1.469	0.500	2.000
OCDC3B1	VAGINAL ITCHING OR DISCHARGE	167	189	1.000	1.138	0.346	2.000
OCDC3B2	PATIENT TREATED FOR VAGINAL ITCHING	24	332	1.000	1.750	0.442	2.000
OCDC3C1	DOES PATIENT MENSTRUATE	167	189	1.000	1.940	0.238	2.000
OCDC3D1	LAST MENSTRUAL PERIOD > 5 WKS. AGO	157	199	1.000	1.096	0.295	2.000
OCDC3D2	WAS PREGNANCY TEST PERFORMED	16	340	1.000	1.688	0.479	2.000
OCDC3D3	DID TEST INDICATE PREGNANCY	11	345	1.000	1.636	0.505	2.000
OCDC4A	NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA	355	1	0.000	0.000	0.000	0.000
OCDC4B1	HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE	356	0	0.000	0.031	0.241	3.000
OCDC4B2	HYPOG.-LOST CONSCIOUS. WITH SEIZURE	356	0	0.000	0.022	0.182	2.000
OCDC4C1	HYPOG.-REQUIRED PROF. MEDICAL HELP	356	0	0.000	0.008	0.092	1.000
OCDC4C2	HYPOG.-REQUIRE HELP OF ANOTHER PERSON	356	0	0.000	0.034	0.196	2.000
OCDC4C3	HYPOG.-NOT NEED DOCTOR OR OTHER PERSON	354	2	0.000	0.059	0.248	2.000
OCDC4D1	FREQUENCY RECEIVE GLUCAGON	34	322	0.000	0.324	0.535	2.000
OCDC4D2	FREQUENCY RECEIVE IV GLUCOSE	33	323	0.000	0.061	0.242	1.000
OCDC4D3	EPISODES RESULT IN INJURY-PT/OTHERS	34	322	1.000	1.029	0.171	2.000
OCDC4E_N	HIST.RECURRENT HYPOG UNABLE TO HELP SELF	355	1	1.000	1.383	0.487	2.000
OCDC4F_N	HIST.RECURRENT HYPOG ABLE TO HELP SELF	355	1	1.000	1.392	0.489	2.000
OCDC4G	LAST 7 DAYS-MILD HYPOGL. TREAT SELF	356	0	0.000	2.683	2.449	20.000
OCDC4H1	HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP	285	71	1.000	1.463	0.820	3.000
OCDC4H2A	REASON HYPOG: MISSED MEAL OR SNACK	35	321	1.000	1.000	0.000	1.000
OCDC4H2B	REASON HYPOG: DECREASED FOOT INTAKE	100	256	1.000	1.000	0.000	1.000
OCDC4H2C	REASON HYPOG: INCREASED EXERCISE LEVEL	132	224	1.000	1.000	0.000	1.000
OCDC4H2D	REASON HYPOG: TOO MUCH INSULIN TAKEN	95	261	1.000	1.000	0.000	1.000
OCDC4H2E	REASON HYPOG: LACK EARLY WARNING-LOW BG	11	345	1.000	1.000	0.000	1.000

Includes both categorical and continuous variables

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

Variable Label	N	N Miss	Minimum	Mean	Std Dev	Maximum
OCDC4H2F	30	326	1.000	1.000	0.000	1.000
OCDC4H2G	49	307	1.000	1.000	0.000	1.000
OCDC4H3A	163	193	1.000	1.000	0.000	1.000
OCDC4H3B	117	239	1.000	1.000	0.000	1.000
OCDC4H3C	138	218	1.000	1.000	0.000	1.000
OCDC4H3D	94	262	1.000	1.000	0.000	1.000
OCDC4H3E	26	330	1.000	1.000	0.000	1.000
OCRC1AR	356	0	1.000	1.037	0.188	2.000
OCRC1AL	356	0	1.000	1.034	0.181	2.000
OCRC1BR	356	0	1.000	1.070	0.256	2.000
OCRC1BL	356	0	1.000	1.076	0.265	2.000
OCRC1CR	356	0	1.000	1.011	0.106	2.000
OCRC1CL	355	1	1.000	1.017	0.129	2.000
OCRC1D	356	0	1.000	1.014	0.118	2.000
OCRC2A	356	0	1.000	1.132	0.339	2.000
OCRC2A1	106	250	1.000	1.047	0.213	2.000
OCRC2B	356	0	1.000	1.008	0.092	2.000
OCRC2C	356	0	1.000	1.020	0.139	2.000
OCRC2D	356	0	1.000	1.020	0.139	2.000
OCRC2E	356	0	1.000	1.008	0.092	2.000
OCRC2F	356	0	1.000	1.034	0.181	2.000
OCRC2G	356	0	1.000	1.000	0.000	1.000
OCRC2H	356	0	1.000	1.000	0.000	1.000
OCRC2I	355	1	1.000	1.924	0.984	3.000
OCRC2J	355	1	1.000	1.014	0.176	4.000
OCRC2K	355	1	1.000	1.023	0.149	2.000
OCRC2L	356	0	1.000	1.006	0.075	2.000
OCRC2M	356	0	1.000	1.014	0.118	2.000
OCRC3A	356	2	1.000	1.008	0.092	2.000
OCRC3B	356	0	1.000	1.022	0.148	2.000
OCRC3A	356	0	1.000	1.000	0.000	1.000
OCRC3B	356	0	1.000	1.000	0.000	1.000
OCRC3C	356	0	1.000	1.000	0.000	1.000
OCRC3D	356	0	1.000	1.000	0.000	1.000
OCRC3E	356	0	1.000	1.000	0.000	1.000
OCRC3F	356	0	1.000	1.000	0.000	1.000
OCRC3G	356	0	1.000	1.000	0.000	1.000
OCRC3H	356	0	1.000	1.000	0.000	1.000
OCRC3I	356	0	1.000	1.000	0.000	1.000
OCRC3J	356	0	1.000	1.000	0.000	1.000
OCRC3K	356	0	1.000	1.000	0.000	1.000
OCRC3L	356	0	1.000	1.000	0.000	1.000
OCRC3M	356	0	1.000	1.000	0.000	1.000
OCRC3N	356	0	1.000	1.000	0.000	1.000
OCRC3O	356	0	1.000	1.000	0.000	1.000
OCRC3P	356	0	1.000	1.000	0.000	1.000
OCRC3Q	356	0	1.000	1.000	0.000	1.000
OCRC3R	356	0	1.000	1.000	0.000	1.000
OCRC3S	356	0	1.000	1.000	0.000	1.000
OCRC3T	356	0	1.000	1.000	0.000	1.000
OCRC3U	356	0	1.000	1.000	0.000	1.000
OCRC3V	356	0	1.000	1.000	0.000	1.000
OCRC3W	356	0	1.000	1.000	0.000	1.000
OCRC3X	356	0	1.000	1.000	0.000	1.000
OCRC3Y	356	0	1.000	1.000	0.000	1.000
OCRC3Z	356	0	1.000	1.000	0.000	1.000
OCRC4A	356	0	1.000	1.000	0.000	1.000
OCRC4B	356	0	1.000	1.000	0.000	1.000
OCRC4C	356	0	1.000	1.000	0.000	1.000
OCRC4D	356	0	1.000	1.000	0.000	1.000
OCRC4E	356	0	1.000	1.000	0.000	1.000
OCRC4F	356	0	1.000	1.000	0.000	1.000
OCRC4G	356	0	1.000	1.000	0.000	1.000
OCRC4H	356	0	1.000	1.000	0.000	1.000
OCRC4I	356	0	1.000	1.000	0.000	1.000
OCRC4J	356	0	1.000	1.000	0.000	1.000
OCRC4K	356	0	1.000	1.000	0.000	1.000
OCRC4L	356	0	1.000	1.000	0.000	1.000
OCRC4M	356	0	1.000	1.000	0.000	1.000
OCRC4N	356	0	1.000	1.000	0.000	1.000
OCRC4O	356	0	1.000	1.000	0.000	1.000
OCRC4P	356	0	1.000	1.000	0.000	1.000
OCRC4Q	356	0	1.000	1.000	0.000	1.000
OCRC4R	356	0	1.000	1.000	0.000	1.000
OCRC4S	356	0	1.000	1.000	0.000	1.000
OCRC4T	356	0	1.000	1.000	0.000	1.000
OCRC4U	356	0	1.000	1.000	0.000	1.000
OCRC4V	356	0	1.000	1.000	0.000	1.000
OCRC4W	356	0	1.000	1.000	0.000	1.000
OCRC4X	356	0	1.000	1.000	0.000	1.000
OCRC4Y	356	0	1.000	1.000	0.000	1.000
OCRC4Z	356	0	1.000	1.000	0.000	1.000
OCRC5A	356	0	1.000	1.000	0.000	1.000
OCRC5B	356	0	1.000	1.000	0.000	1.000
OCRC5C	356	0	1.000	1.000	0.000	1.000
OCRC5D	356	0	1.000	1.000	0.000	1.000
OCRC5E	356	0	1.000	1.000	0.000	1.000
OCRC5F	356	0	1.000	1.000	0.000	1.000
OCRC5G	355	1	1.000	1.028	0.166	2.000
OCRC5H	146	210	1.000	1.048	0.214	2.000
OCRC5I	356	0	1.000	1.070	0.256	2.000
OCRC5J	356	0	1.000	1.022	0.148	2.000
OCRC5K	355	1	1.000	1.039	0.195	2.000
OCRC5L	356	0	1.000	1.025	0.157	2.000
OCRC5M	356	0	1.000	1.000	0.000	1.000
OCRC5N	356	0	1.000	1.000	0.000	1.000
OCRC5O	356	0	1.000	1.000	0.000	1.000
OCRC5P	356	0	1.000	1.000	0.000	1.000
OCRC5Q	356	0	1.000	1.000	0.000	1.000
OCRC5R	356	0	1.000	1.000	0.000	1.000
OCRC5S	356	0	1.000	1.000	0.000	1.000
OCRC5T	356	0	1.000	1.000	0.000	1.000
OCRC5U	356	0	1.000	1.000	0.000	1.000
OCRC5V	356	0	1.000	1.000	0.000	1.000
OCRC5W	356	0	1.000	1.000	0.000	1.000
OCRC5X	356	0	1.000	1.000	0.000	1.000
OCRC5Y	356	0	1.000	1.000	0.000	1.000
OCRC5Z	356	0	1.000	1.000	0.000	1.000
OCRC6A	356	0	1.000	1.000	0.000	1.000
OCRC6B	356	0	1.000	1.000	0.000	1.000
OCRC6C	356	0	1.000	1.000	0.000	1.000
OCRC6D	356	0	1.000	1.000	0.000	1.000
OCRC6E	356	0	1.000	1.000	0.000	1.000
OCRC6F	356	0	1.000	1.000	0.000	1.000
OCRC6G	356	0	1.000	1.000	0.000	1.000
OCRC6H	356	0	1.000	1.000	0.000	1.000
OCRC6I	356	0	1.000	1.000	0.000	1.000
OCRC6J	356	0	1.000	1.000	0.000	1.000
OCRC6K	356	0	1.000	1.000	0.000	1.000
OCRC6L	356	0	1.000	1.000	0.000	1.000
OCRC6M	356	0	1.000	1.000	0.000	1.000
OCRC6N	356	0	1.000	1.000	0.000	1.000
OCRC6O	356	0	1.000	1.000	0.000	1.000
OCRC6P	356	0	1.000	1.000	0.000	1.000
OCRC6Q	356	0	1.000	1.000	0.000	1.000
OCRC6R	356	0	1.000	1.000	0.000	1.000
OCRC6S	356	0	1.000	1.000	0.000	1.000
OCRC6T	356	0	1.000	1.000	0.000	1.000
OCRC6U	356	0	1.000	1.000	0.000	1.000
OCRC6V	356	0	1.000	1.000	0.000	1.000
OCRC6W	356	0	1.000	1.000	0.000	1.000
OCRC6X	356	0	1.000	1.000	0.000	1.000
OCRC6Y	356	0	1.000	1.000	0.000	1.000
OCRC6Z	356	0	1.000	1.000	0.000	1.000
OCRC7A	356	0	1.000	1.000	0.000	1.000
OCRC7B	356	0	1.000	1.000	0.000	1.000
OCRC7C	356	0	1.000	1.000	0.000	1.000
OCRC7D	356	0	1.000	1.000	0.000	1.000
OCRC7E	356	0	1.000	1.000	0.000	1.000
OCRC7F	356	0	1.000	1.000	0.000	1.000
OCRC7G	356	0	1.000	1.000	0.000	1.000
OCRC7H	356	0	1.000	1.000	0.000	1.000
OCRC7I	356	0	1.000	1.000	0.000	1.000
OCRC7J	356	0	1.000	1.000	0.000	1.000
OCRC7K	356	0	1.000	1.000	0.000	1.000
OCRC7L	356	0	1.000	1.000	0.000	1.000
OCRC7M	356	0	1.000	1.000	0.000	1.000
OCRC7N	356	0	1.000	1.000	0.000	1.000
OCRC7O	356	0	1.000	1.000	0.000	1.000
OCRC7P	356	0	1.000	1.000	0.000	1.000
OCRC7Q	356	0	1.000	1.000	0.000	1.000
OCRC7R	356	0	1.000	1.000	0.000	1.000
OCRC7S	356	0	1.000	1.000	0.000	1.000
OCRC7T	356	0	1.000	1.000	0.000	1.000
OCRC7U	356	0	1.000	1.000	0.000	1.000
OCRC7V	356	0	1.000	1.000	0.000	1.000
OCRC7W	356	0	1.000	1.000	0.000	1.000
OCRC7X	356	0	1.000	1.000	0.000	1.000
OCRC7Y	356	0	1.000	1.000	0.000	1.000
OCRC7Z	356	0	1.000	1.000	0.000	1.000
OCRC8A	356	0	1.000	1.000	0.000	1.000
OCRC8B	356	0	1.000	1.000	0.000	1.000
OCRC8C	356	0	1.000	1.000	0.000	1.000
OCRC8D	356	0	1.000	1.000	0.000	1.000
OCRC8E	356	0	1.000	1.000	0.000	1.000
OCRC8F	356	0	1.000	1.000	0.000	1.000
OCRC8G	356	0	1.000	1.000	0.000	1.000
OCRC8H	356	0	1.000	1.000	0.000	1.000
OCRC8I	356	0	1.000	1.000	0.000	1.000
OCRC8J	356	0	1.000	1.000	0.000	1.000
OCRC8K	356	0	1.000	1.000	0.000	1.000
OCRC8L	356	0	1.000	1.000	0.000	1.000
OCRC8M	356	0	1.000	1.000	0.000	1.000
OCRC8N	356	0	1.000	1.000	0.000	1.000
OCRC8O	356	0	1.000	1.000	0.000	1.000
OCRC8P	356	0	1.000	1.000	0.000	1.000
OCRC8Q	356	0	1.000	1.000	0.000	1.000
OCRC8R	356	0	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
OCSKIN4 SHIN SPOT	356	0	1.000	1.031	0.173	2.000
OCSKIN5 OTHER SIGNIF. SKIN CONDITION	355	1	1.000	1.127	0.333	2.000
OCPSYCH1 NERVOUSNESS OR ANXIETY	356	0	1.000	1.039	0.195	2.000
OCPSYCH2 UNREASONABLE FEARS	356	0	1.000	1.011	0.106	2.000
OCPSYCH3 EATING DISTURBANCE	356	0	1.000	1.017	0.129	2.000
OCPSYCH4 AFFECTIVE DISORDER	354	2	1.000	1.051	0.220	2.000
OCPSYCH5 SUICIDE ATTEMPT	356	0	1.000	1.006	0.075	2.000
OCPSYCH6 CRIMINAL CONDUCT	356	0	1.000	1.003	0.053	2.000
OCPSYCH7 PSYCHIATRIC TREATMENT	355	1	1.000	1.025	0.157	2.000
OCPSYCH8 OTHER PSYCHIATRIC CONDITION	345	11	1.000	1.038	0.191	2.000
OCFEM1 NODULES IN BREAST	169	187	1.000	1.089	0.285	2.000
OCFEM2 BREAST CANCER	169	187	1.000	1.000	0.000	1.000
OCFEM3 BREAST DISCHARGE	169	187	1.000	1.012	0.108	2.000
OCFEM4 IRREGULAR MENSES	169	187	1.000	1.207	0.406	2.000
OCFEM5 DYSMENORRHEA	169	187	1.000	1.183	0.388	2.000
OCFEM6 VAGINITIS	169	187	1.000	1.195	0.398	2.000
OCFEM7 OTHER SIGNIF. GYNECOLOGIC CONDITION	168	188	1.000	1.125	0.332	2.000
OCFEM12 EVER USED ORAL CONTRACEPTIVES	168	188	1.000	1.738	0.441	2.000
OCFEM13 NOW USES ORAL CONTRACEPTIVES	154	202	1.000	1.182	0.387	2.000
OCFEM14 USES OTHER BIRTH CONTROL	167	189	1.000	1.455	0.499	2.000
OCFEM16 ANY DIFFICULTIES WITH SEXUAL FUNCTION?	169	187	1.000	1.053	0.225	2.000
OCPAIN1 EVER HAD PAIN/DISCOMFORT IN CHEST	355	1	1.000	1.073	0.261	2.000
OCPAIN2 IF NO ANY PRESSURE/HEAVINESS IN CHEST	323	33	1.000	1.009	0.096	2.000
OCPAIN3 GET PAIN WHEN WALK UPHILL OR IN HURRY	29	327	1.000	1.172	0.384	2.000
OCPAIN4 GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE	28	328	1.000	1.250	0.441	2.000
OCPAIN5 WHEN YOU GET THIS PAIN WHAT DO YOU DO	28	328	1.000	2.214	0.876	3.000
OCPAIN6 WHAT HAPPENS TO IT IF YOU STAND STILL	28	328	1.000	1.500	0.509	2.000
OCPAIN7 HOW SOON DOES IT GO AWAY IF STAND STILL	26	330	1.000	1.154	0.368	2.000
OCPAIN8 WHERE THE PAIN: STERNUM UPPER OR MIDDLE	24	332	1.000	1.375	0.495	2.000
OCPAIN9 WHERE THE PAIN: STERNUM (LOW)	21	335	1.000	1.286	0.463	2.000
OCPAIN10 WHERE THE PAIN: LEFT ANTERIOR CHEST	25	331	1.000	1.720	0.458	2.000
OCPAIN11 WHERE THE PAIN: LEFT ARM	21	335	1.000	1.095	0.301	2.000
OCPAIN12 WHERE THE PAIN: OTHER SPECIFY	23	333	1.000	1.348	0.487	2.000
OCLAUD1 GET PAIN IN EITHER LEG ON WALKING	355	1	1.000	1.025	0.157	2.000
OCLAUD2 DOES IT EVER BEGIN STAND STILL/SITTING	12	344	1.000	1.333	0.492	2.000
OCLAUD4 PAIN INCLUDES CALF/CALVES	10	346	1.000	1.500	0.527	2.000
OCLAUD5 GET PAIN WHEN WALK UPHILL/HURRY	9	347	1.000	1.556	0.527	2.000
OCLAUD6 GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE	9	347	1.000	1.667	0.500	2.000
OCLAUD7 DOES PAIN EVER REMIT WHILE WALKING	9	347	1.000	1.222	0.441	2.000
OCLAUD8 WHAT DO YOU DO WHEN YOU GET THIS PAIN	8	348	1.000	2.125	0.991	3.000
OCLAUD9 WHAT HAPPENS IF YOU STAND STILL	9	347	1.000	1.333	0.500	2.000
OCLAUD10 HOW SOON	9	347	1.000	1.222	0.441	2.000
OCR2 RX: HAS USED OR IS USING PRESCRIPTION	354	2	1.000	1.548	0.498	2.000
OCR3 RX: USED OVER-THE-COUNTER DRUGS	356	0	1.000	1.444	0.498	2.000
OCR4 RX: VITAMIN SUPPLEMENTS-REGULARLY	356	0	1.000	1.270	0.444	2.000
OCADOLE5 LESS THAN 18 YEARS OLD	356	0	1.000	1.000	0.000	1.000
OCGROWTH FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.	2	354	1.000	1.000	0.000	1.000
OCHYPOC HYPER. DOCUMENTED SENT TO COOR.CENTER	355	1	1.000	1.144	0.351	2.000
OCHIBLP BLD. PRESS-MEET DEFIN. OF HYPERTENSION	309	47	1.000	1.013	0.113	2.000

Includes both categorical and continuous variables

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

Variable	Label	N	Nmiss	Minimum	Mean	Std Dev	Maximum
OCHPERT	SYSTEMIC/DIASTOLIC INDICATE HYPERTEN.	23	333	1.000	1.043	0.209	2.000
OCENT	ABNORMALITY OF EARS, NOSE AND THROAT	356	0	1.000	1.025	0.157	2.000
OCTHYRD	ABNORMALITY OF THYROID	355	1	1.000	1.065	0.247	2.000
OCLUNGS	ABNORMALITY OF LUNGS	356	0	1.000	1.006	0.075	2.000
OCLBREAST	ABNORMALITY OF BREASTS	351	5	1.000	1.011	0.106	2.000
OCCABDOM	ABNORMALITY OF ABDOMEN	356	0	1.000	1.000	0.000	1.000
OCHEPATO	ABDOMEN--HEPATOMEGALY	352	4	1.000	1.003	0.053	2.000
OCSPLAN	ABDOMEN-IF PRESENT, HOW LARGE (SPAN)	1	355	2.000	2.000		2.000
OCLYMPH	ABNORMALITY OF LYMPHATIC SYSTEM	351	5	1.000	1.006	0.075	2.000
OCCRECTUM	ABNORMALITY OF RECTUM	354	2	1.000	2.819	0.569	3.000
OCPPELVIS	ABNORMALITY OF PELVIS	349	7	1.000	2.877	0.473	3.000
OCCGENIT	ABNORMALITY OF GENITALIA	327	29	1.000	1.031	0.233	3.000
OCCRHYTHM	CARDIAC RHYTHM	356	0	1.000	1.003	0.053	2.000
OCCVENPRS	VENOUS PRESSURE	356	0	1.000	1.000	0.000	1.000
OCCMEGALY	CARDIOMEGALY	356	0	1.000	1.000	0.000	1.000
OCS3GALP	S3 GALLOP	356	0	1.000	1.000	0.000	1.000
OCS4GALP	S4 GALLOP	356	0	1.000	1.000	0.000	1.000
OCCSMURMR	SYSTEMIC EJECTION MURMUR	355	1	1.000	1.073	0.261	2.000
OCCDMURMR	DIASTOLIC MURMUR	356	0	1.000	1.000	0.000	1.000
OCCMURMR	OTHER MURMUR	352	4	1.000	1.006	0.075	2.000
OCCRUB	RUB	352	4	1.000	1.000	0.000	1.000
OCCCARDAB	OTHER CARDIAC ABNORMALITY	351	5	1.000	1.003	0.053	2.000
OCCPUL1	GRADE OF RIGHT CAROTID PULSE	356	0	1.000	1.000	0.000	1.000
OCCPUL2	GRADE OF LEFT CAROTID PULSE	354	2	1.000	1.003	0.053	2.000
OCCPUL3	GRADE OF RIGHT BRACHIAL PULSE	356	0	1.000	1.011	0.130	3.000
OCCPUL4	GRADE OF LEFT BRACHIAL PULSE	354	2	1.000	1.014	0.140	3.000
OCCPUL5	GRADE OF RIGHT RADIAL PULSE	356	0	1.000	1.003	0.053	2.000
OCCPUL6	GRADE OF LEFT RADIAL PULSE	353	3	1.000	1.003	0.053	2.000
OCCPUL7	GRADE OF RIGHT FEMORAL PULSE	356	0	1.000	1.017	0.129	2.000
OCCPUL8	GRADE OF LEFT FEMORAL PULSE	354	2	1.000	1.017	0.129	2.000
OCCPUL9	GRADE OF RIGHT POPLITEAL PULSE	355	1	1.000	1.132	0.460	3.000
OCCPUL10	GRADE OF LEFT POPLITEAL PULSE	355	1	1.000	1.135	0.462	3.000
OCCPUL11	GRADE OF RIGHT POST. TIBIAL PULSE	356	0	1.000	1.090	0.332	3.000
OCCPUL12	GRADE OF LEFT POST. TIBIAL PULSE	355	1	1.000	1.096	0.339	3.000
OCCPUL13	GRADE OF RIGHT D. PEDIS PULSE	356	0	1.000	1.112	0.402	3.000
OCCPUL14	GRADE OF LEFT D. PEDIS PULSE	355	1	1.000	1.115	0.413	3.000
OCCBRUIT1	RIGHT FEMORAL BRUIT	356	0	1.000	1.000	0.000	1.000
OCCBRUIT2	LEFT FEMORAL BRUIT	354	2	1.000	1.003	0.053	2.000
OCCBRUIT3	RIGHT CAROTID BRUIT	356	0	1.000	1.003	0.053	2.000
OCCBRUIT4	LEFT CAROTID BRUIT	354	2	1.000	1.006	0.075	2.000
OCCBRUIT5	RIGHT OTHER BRUIT	332	24	1.000	1.000	0.000	1.000
OCCBRUIT6	LEFT OTHER BRUIT	329	27	1.000	1.000	0.000	1.000
OCCEXTR1	ULCERATION - RIGHT SIDE	356	0	1.000	1.003	0.053	2.000
OCCEXTR2	ULCERATION - LEFT SIDE	355	1	1.000	1.003	0.053	2.000
OCCEXTR3	SKIN DISCOLORATION - RIGHT SIDE	356	0	1.000	1.042	0.201	2.000
OCCEXTR4	SKIN DISCOLORATION - LEFT SIDE	355	1	1.000	1.034	0.181	2.000
OCCEXTR5	GANGRENE - RIGHT SIDE	356	0	1.000	1.003	0.053	2.000
OCCEXTR6	GANGRENE - LEFT SIDE	355	1	1.000	1.000	0.000	1.000
OCCEXTR7	CHARCOT JOINT - RIGHT SIDE	356	0	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
OCXTR8	CHARCOT JOINT - LEFT SIDE	355	1	1.000	1.000	0.000	1.000
OCXTR9	CHARCOT JOINT - RIGHT SIDE	356	0	1.000	1.008	0.092	2.000
OCXTR10	DEFORMITY - LEFT SIDE	355	1	1.000	1.008	0.092	2.000
OCCLIPOAT	INJECTION SITE--LIPOATROPHY	356	0	1.000	1.006	0.075	2.000
OCCLIPOHY	INJECTION SITE--LIPOHYPERTROPHY	356	0	1.000	1.096	0.294	2.000
OCINFLAM	INJECTION SITE--INFLAMMATION	356	0	1.000	1.014	0.118	2.000
OCFOOTUL	FOOT-ULCER	356	0	1.000	1.003	0.053	2.000
OCFOOTIN	FOOT-INFECTION	356	0	1.000	1.008	0.092	2.000
OCABNTOE	FOOT-ABNORMAL TOENAILS	356	0	1.000	1.070	0.256	2.000
OCOTHABN	OTHER ABNORMALITIES ON PHYSICAL EXAM	356	0	1.000	1.138	0.345	2.000
OCBGP1	PROFILSET MAILED TO CBL	354	2	1.000	1.828	0.378	2.000
OCBGP2A	NOT MAILED: KIT DAMAGED	0	356				
OCBGP2B	NOT MAILED: PATIENT FORGOT TO COLLECT	9	347	1.000	1.000	0.000	1.000
OCBGP2C	NOT MAILED: PATIENT LOST KIT	0	356				
OCBGP2D	NOT MAILED: PATIENT REFUSED TO COLLECT	11	345	1.000	1.000	0.000	1.000
OCBGP2E	NOT MAILED: OTHER OR UNKNOWN	28	328	1.000	1.000	0.000	1.000
OCBGP6A	PROFILSET QUALITY-CONTROLLED	305	51	1.000	1.089	0.285	2.000
OCBGP6A1	PROFILSET QC-STICK NO. DUPLICATED	24	332	0.000	3.417	2.535	7.000
OCBGP6A2	PROFILSET QC-WAS CORRECT STICK USED	26	330	1.000	1.731	0.452	2.000
OCBGP7	PERFORM SBGM ON DAY OBTAINED SPECIMENS	297	59	1.000	1.939	0.239	2.000
OCCLIPID	WILL LIPIDS BE MAILED TO CBL	354	2	1.000	1.669	0.471	2.000
OCRENAL	WILL RENAL SPEC. BE MAILED TO CBL	349	7	1.000	1.673	0.470	2.000