

### **Form 5: Neurological History and Examination**

**Purpose:** Record the results of a detailed neurologic history and physical examination, including sensory evaluation, reflex testing, and elicitation of symptoms consistent with either peripheral neuropathy or dysautonomia. The form also collects data on possible confounding factors such as neurotoxin exposure and family history of neuromuscular disorders and characterizes the patient as definitely, possibly, or not suffering from diabetic peripheral neuropathy.

**Collection Schedule:** Baseline, five years, and close-out. Phase II patients also had the neurologic examination at the first and second annual visits.

**Data Set Name:** F0051

**Structure:** One record per patient per neurologic exam.

**Size:** 4041 observations of 58 variables.

**Known Anomalies:** Three questions on the form ask whether the patient shows sensory signs of diabetic peripheral neuropathy, decreased deep-tendon reflexes, or clinical symptoms. The instructions then suggest characterizing the patient as having "definite" diabetic peripheral neuropathy if at least two of these are present, "possible" if only one of them is found. However, participating neurologists were permitted to ignore this suggestion in cases where it failed to capture their best clinical judgement. Published analyses have relied on that overall evaluation rather than its three components.

Regularly scheduled visits were assigned their target visit numbers (e.g., QV 20 for the fifth annual) regardless of the actual visit date. Close-out visits were assigned the nearest quarterly visit number. Close-out visits held from QV 18 to QV 22, inclusive, were considered fifth-annual visits in the published analyses.





OE

DIABETES CONTROL AND COMPLICATIONS TRIAL  
Neurological History and Examination

The neurological history and examination should be carried out to permit answering certain specific questions. First, is there neurological evidence of a systemic disorder that could jeopardize the patient's ability to participate in the DCCT study? Second, is there clinical evidence of a peripheral nervous system disorder? If so, is it distal symmetrical polyneuropathy, a proximal motor neuropathy, a mononeuropathy or some other disorder that is unlikely to be related to diabetes? Third, if there is evidence of a polyneuropathy, what is the extent of the neurologic deficit at the time of examination? Decisions should be based on the history and physical findings, and must be made independent from the results of any neurophysiological testing.

The physical examination should be carried out in a quiet comfortable room such as an outpatient examining room or an ENG suite.

This form is completed for examinations performed for baseline assessment and for annual follow-up evaluations. A copy of this form is to be sent to the Coordinating Center in the weekly forms mailing.

A. IDENTIFYING INFORMATION

2 CLINIC  
PATIENT  
INITIALS  
FORM DATE  
OE VISITS  
OE VISIT #  
OE VISIT  
OE WINDOW

1. Clinic Number   6-6

2. Patient ID Number       7-11

3. Patient's Initials   12-14

4. Date of examination       15-21  
Month Day Year

5. If this is a baseline examination, check here:  21  
Otherwise,

(1) specify which follow-up visit this is   22-23

(ii) is this visit being held within the time window? No  Yes  24

B. NEUROLOGICAL HISTORY

NOTE: Your standard neurological history should be performed. The history should include an inquiry into possible exposure to neurotoxic drugs or chemicals, and a family history of neurologic disease, weakness, or arthritis and joint deformities. Also make specific and detailed inquiry about symptoms of sensory, motor and autonomic dysfunction.

1. Based on your history, does the patient have:

a) A condition other than diabetes which could cause neuropathy? No  Yes  25

If YES, specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. (Continued)

10

b) Exposure to known neurotoxins? No  Yes  26

If YES, specify:

Toxin	Date of Exposure
_____	_____
_____	_____
_____	_____
_____	_____

c) A family history of neuromuscular disorders? No  Yes  27

If YES, specify: \_\_\_\_\_

2. Are any of the following sensory symptoms present in the hands or feet?

	No	Both Hands and Feet	Hands Only	Feet Only	
a) Numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
b) Dysesthesias, paresthesias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
c) Hypersensitivity to touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
d) Burning/aching stabbing pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31

OE B1A

12 OE B2A

13 OE B2B

14 OE B2C

15 OE B2D

7 B3A  
8 EB3B

- Are any of the following motor symptoms present?
- |                   |                          |                          |    |
|-------------------|--------------------------|--------------------------|----|
|                   | No                       | Yes                      |    |
| a) Ankle weakness | <input type="checkbox"/> | <input type="checkbox"/> | 32 |
| b) Cramps         | <input type="checkbox"/> | <input type="checkbox"/> | 33 |

Are any of the following autonomic symptoms present? (Before they are ascribed to diabetic autonomic neuropathy, the symptoms must have been present for at least 30 days and should not be attributable to other conditions to the best of the physician's knowledge.)

Postural hypotension

- |  |                          |                          |    |
|--|--------------------------|--------------------------|----|
| a) Weakness on standing relieved by lying down | No                       | Yes                      |    |
|  | <input type="checkbox"/> | <input type="checkbox"/> | 34 |
| b) Fainting on standing relieved by lying down | <input type="checkbox"/> | <input type="checkbox"/> | 35 |

Gastroparesis

- |   |                          |                          |    |
|---|--------------------------|--------------------------|----|
| c) Dysphagia (difficulty in swallowing) | No                       | Yes                      |    |
|   | <input type="checkbox"/> | <input type="checkbox"/> | 36 |
| d) Anorexia                             | <input type="checkbox"/> | <input type="checkbox"/> | 37 |
| e) Nausea                               | <input type="checkbox"/> | <input type="checkbox"/> | 38 |
| f) Vomiting                             | <input type="checkbox"/> | <input type="checkbox"/> | 39 |
| g) Vague fullness after meal            | <input type="checkbox"/> | <input type="checkbox"/> | 40 |

Diabetic Diarrhea

- |                                     |                          |                          |    |
|-------------------------------------|--------------------------|--------------------------|----|
| h) Nocturnal diarrhea               | No                       | Yes                      |    |
|                                     | <input type="checkbox"/> | <input type="checkbox"/> | 41 |
| i) Fecal incontinence               | <input type="checkbox"/> | <input type="checkbox"/> | 42 |
| j) More than 20 bowel movements/day | <input type="checkbox"/> | <input type="checkbox"/> | 43 |

Colonic Atony

- |                                      |                          |                          |    |
|--------------------------------------|--------------------------|--------------------------|----|
| k) Less than 2 bowel movements/week  | No                       | Yes                      |    |
|                                      | <input type="checkbox"/> | <input type="checkbox"/> | 44 |
| l) Less than 1 bowel movement/3 days | <input type="checkbox"/> | <input type="checkbox"/> | 45 |

Genitourinary

- |  |                          |                          |    |
|--|--------------------------|--------------------------|----|
| m) Impotence (not due to other causes) | No                       | Yes                      |    |
|  | <input type="checkbox"/> | <input type="checkbox"/> | 46 |
| n) Retrograde ejaculation              | <input type="checkbox"/> | <input type="checkbox"/> | 47 |
| o) Overflow bladder incontinence       | <input type="checkbox"/> | <input type="checkbox"/> | 48 |
| p) Urinary dribbling                   | <input type="checkbox"/> | <input type="checkbox"/> | 49 |

8 OEBA  
9 OEBR  
10 OEBAC  
21 OEBAD  
22 OEBAE  
23 OEBAF  
4 EBAG

25 OEBAH  
26 OEBAI  
27 OEBAJ  
28 OEBAK  
29 OEBAL  
30 OEBAM  
31 OEBAN  
32 OEBAO  
33 OEBAP

If patient = Female  
46 + 47 = 1

- OEBAQ 34 q) Incomplete bladder emptying No Yes   50
- OEBAR 35 r) Increased urinary volume   51
- OEBAS 36 s) Decreased urinary frequency   52

Sudomotor Abnormality

- OEBAT 37 t) Diminished sweating of legs No Yes   53
- OEBAU 38 u) Feeling of increased sweating elsewhere   54

Hypoglycemic Unawareness

- OEBAV 39 v) Decreased adrenergic awareness of hypoglycemia No Yes   55

C. NEUROLOGICAL EXAMINATION

NOTE: Your standard neurological examination should be performed. Special attention should be paid to the peripheral nervous system.

The recommended method for testing small-diameter sensory fibers is to begin with evaluation of cold perception. A dense metal object such as the weight at the end of a 128 Hz tuning fork serves as a good cold stimulus. Begin by asking the patient to compare the temperature of this object as perceived over the dorsum of the foot and the top of the thigh. If the more proximal stimulus is colder, then starting on the dorsum of the toes, slowly move the object proximalward until the level of change to normal is found. Pin prick should be used to verify this level, since patients without neuropathy may report a change in temperature if they are examined in a cool room. The level at which the pin prick feels normal (compared with the upper thigh or face), and not just "sharp", should be recorded. To examine large fiber functions, the ability to detect the direction of the small upward or downward movements of the great toe should be determined, as well as the ability to perceive a low amplitude 128 Hz vibration at the first metatarsal-phalangeal joint, using your personal experience with individuals without neuropathy as a control.

For the most part, strength will be normal in this group of patients. To look for evidence of distal weakness, test the strength of great toe dorsiflexion (extensor hallucis longus muscle) and the strength of small toe dorsiflexion (extensor digitorum brevis). In addition, look for evidence of atrophy of intrinsic foot muscles and evaluate the size of the contracting EHL muscle for atrophy.

Reflexes should be elicited in your usual way. In this study we will be especially interested in the knee and ankle jerks. Reflexes should be graded as ++++ (very brisk with clonus), +++ (brisk), ++ and + (normal), +/- (elicited only with the Jendrassik maneuver) or 0 (cannot be elicited).

C. NEUROLOGICAL EXAMINATION (Continued)

1. Based on the physical examination, are there abnormalities of:

- a) Mental status (Normal mental status is defined as a score of 14 or more on the Glasgow Scale)  No  Yes \* 56
- b) Cranial nerves   57
- c) Proximal or distal muscles   58
- d) Sensory function of small fibers (decreased pin or temperature)   59
- e) Sensory function of large fibers   60
- f) Gait and coordination   61

\*If any of the above abnormalities are present, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Reflex Pattern (use the number in parentheses to record the reflex pattern)

- ++++ brisk with clonus (5)
- +++ brisk-normal (4)
- ++ normal (3)
- + normal (2)
- ± present with reinforcement (1)
- 0 unobtainable (0)

	Right	Left	
a) Biceps	0 BFC2	2	62-63
b) Triceps	0 BFC2B		64-65
c) Brachioradialis	0 BFC2BL		66-67
d) Quadriceps	0 BFC2D4		68-69
e) Gastroc/soleus	0 BFC2EL		70-71

D. CONCLUSIONS FROM NEUROLOGICAL HISTORY AND EXAMINATION

1. Based on your completed neurological history and physical examination, does this patient have:

- a) Symptoms consistent with a distal symmetrical polyneuropathy?  No  Yes 72
- b) Abnormal sensory exam consistent with a distal symmetrical polyneuropathy?   73
- c) Decreased or absent deep tendon reflexes?   74

2. Does this patient have clinically-evident diabetic peripheral neuropathy?

- Definite yes (at least two of the three responses to Question D.1 must be positive)  75
- Possible yes (one of the three responses to Question D.1 must be positive)
- No

If NO, skip to Question D.4.

3. If the patient has a diabetic neuropathy, is it primarily:

- Diffuse (distal symmetrical sensory-motor and/or autonomic)  76
- Focal (proximal motor neuropathy, mononeuropathy, mononeuropathy multiplex)?

4. Based on your completed neurological history and physical examination, is there evidence of a neurological disorder other than diabetic symmetrical sensory-motor polyneuropathy?

- No  77
- Yes

OEC1A  
OEC1B  
OEC1C  
OEC1D  
OEC1E  
OEC1F

56 OED1A  
57 OED1B  
58 OED1C

59 OED2

60 OED3

61 OED4

47 OEC2A.R  
47 OEC2B.R  
51 OEC2C.R  
53 OEC2D.R  
55 OEC2E.R

Type or print name of person completing this form:

Certification Number (if any)

\_\_\_\_-\_\_\_\_ 78-81

62 OECERTNO  
63 OEWEEKNO



CONTENTS PROCEDURE

Data Set Name:	DCEXPRT.F0051	Observations:	4041
Member Type:	DATA	Variables:	58
Engine:	V608	Indexes:	0
Created:	14:45 Friday, October 27, 1995	Observation Length:	124
Last Modified:	14:45 Friday, October 27, 1995	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

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

Data Set Page Size:	7168
Number of Data Set Pages:	72
File Format:	607
First Data Page:	2
Max Obs per Page:	57
Obs in First Data Page:	54
Userid :	SAS2
File :	F0051 DCEXPRT

-----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	MMDYY8.	FORMATDATE AS SAS DATE VALUE
58	MASK_PAT	Num	8	116		Patient ID number
5	OEB1A	Num	2	10		OTHER CONDITION CAUSING NEUROPATHY
6	OEB1B	Num	2	12		EXPOSURE TO NEUROTOXINS
7	OEB1C	Num	2	14		FAMILY HX OF NEUROMUSCULAR DISORDERS
8	OEB2A	Num	2	16		NUMBNESS
9	OEB2B	Num	2	18		DYSESTHESIAS, PARESTHESIAS
10	OEB2C	Num	2	20		HYPERSENSITIVITY TO TOUCH
11	OEB2D	Num	2	22		BURNING/ACHING/STABBING PAIN
12	OEB3A	Num	2	24		ANKLE WEAKNESS
13	OEB3B	Num	2	26		CRAMPS
14	OEB4A	Num	2	28		WEAKNESS ON STANDING
15	OEB4B	Num	2	30		FAINTING ON STANDING
16	OEB4C	Num	2	32		DYSPHAGIA
17	OEB4D	Num	2	34		ANOREXIA
18	OEB4E	Num	2	36		NAUSEA
19	OEB4F	Num	2	38		VOMITING
20	OEB4G	Num	2	40		VAGUE FULLNESS AFTER MEAL
21	OEB4H	Num	2	42		NOCURNAL DIARRHEA
22	OEB4I	Num	2	44		FECAL INCONTINENCE
23	OEB4J	Num	2	46		MORE THAN 20 BOWEL MOVEMENTS/DAY
24	OEB4K	Num	2	48		LESS THAN 2 BOWEL MOVEMENTS/WEEK
25	OEB4L	Num	2	50		LESS THAN 1 BOWEL MOVEMENT/3 DAYS
26	OEB4M	Num	2	52		IMPOTENCE
27	OEB4N	Num	2	54		RETROGRADE EJACULATION
28	OEB4O	Num	2	56		OVERFLOW BLADDER INCONTINENCE
29	OEB4P	Num	2	58		URINARY DRIBBLING
30	OEB4Q	Num	2	60		INCOMPLETE BLADDER EMPTYING
31	OEB4R	Num	2	62		INCREASED URINARY VOLUME
32	OEB4S	Num	2	64		DECREASED URINARY FREQUENCY

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Label
33	OEB4T	Num	2	66		DIMINISHED SWEATING OF LEGS
34	OEB4U	Num	2	68		INCREASED SWEATING ELSEWHERE
35	OEB4V	Num	2	70		DECR. ADRENERGIC AWARENESS OF HYPOGL.
36	OEC1A	Num	2	72		MENTAL STATUS ABNORMALITY
37	OEC1B	Num	2	74		CRANIAL NERVES ABNORMALITY
38	OEC1C	Num	2	76		PROXIMAL OR DISTAL MUSCLES ABN.
39	OEC1D	Num	2	78		SENSORY FUNCTION OF SMALL FIBERS ABN.
40	OEC1E	Num	2	80		SENSORY FUNCTION OF LARGE FIBERS ABN.
41	OEC1F	Num	2	82		GAIT AND COORDINATION ABN.
42	OEC2AL	Num	2	86		REFLEXES: BICEPS-LEFT
43	OEC2AR	Num	2	84		REFLEXES: BICEPS-RIGHT
44	OEC2BL	Num	2	90		REFLEXES: TRICEPS-LEFT
45	OEC2BR	Num	2	88		REFLEXES: TRICEPS-RIGHT
46	OEC2CL	Num	2	94		REFLEXES: BRACHIORADIALIS-LEFT
47	OEC2CR	Num	2	92		REFLEXES: BRACHIORADIALIS-RIGHT
48	OEC2DL	Num	2	98		REFLEXES: QUADRICEPS-LEFT
49	OEC2DR	Num	2	96		REFLEXES: QUADRICEPS-RIGHT
50	OEC2EL	Num	2	102		REFLEXES: GASTROC/SOLEUS-LEFT
51	OEC2ER	Num	2	100		REFLEXES: GASTROC/SOLEUS-RIGHT
52	OED2	Num	2	110		DIABETIC PERIPHERAL NEUROPATHY
53	OED3	Num	2	112		IS NEUROPATHY DIFFUSE OR FOCAL?
54	OED4	Num	2	114		OTHER NEUROLOGICAL DISORDER
55	OED1A	Num	2	104		DISTAL, SYM. POLYNEURO. SYMPTOMS
56	OED1B	Num	2	106		DISTAL, SYM. POLYNEURO. ABN. SENSORY EXAM
57	OED1C	Num	2	108		DECR. OR ABSENT DEEP TENDON REFLEXES
3	OEV5ITNO	Num	2	6		FOLLOW-UP VISIT NO.
4	OEWINDOW	Num	2	8		VISIT WITHIN TIME WINDOW



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

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Total->
<b>DCT FORM NUMBER</b>													
Variable Name: FORM	N	903.00	971.00	1874.00	1117.00	1050.00	2167.00	2020.00	2021.00	4041.00			
	Miss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
	Value (5) %	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00			
<b>OTHER CONDITION CAUSING NEUROPATHY</b>													
Variable Name: OEB1A	N	899.00	963.00	1862.00	1115.00	1046.00	2161.00	2014.00	2009.00	4023.00			
	Miss	4.00	8.00	12.00	2.00	4.00	6.00	6.00	12.00	18.00			
	Value (1) %	94.77	93.77	94.25	94.62	92.93	93.80	94.69	93.33	94.01			
	Value (2) %	5.23	6.23	5.75	5.38	7.07	6.20	5.31	6.67	5.99			
<b>EXPOSURE TO NEUROTOXINS</b>													
Variable Name: OEB1B	N	902.00	969.00	1871.00	1114.00	1047.00	2161.00	2016.00	2016.00	4032.00			
	Miss	1.00	2.00	3.00	3.00	3.00	6.00	4.00	5.00	9.00			
	Value (1) %	96.78	97.01	96.90	96.59	96.94	96.76	96.68	96.97	96.83			
	Value (2) %	3.22	2.99	3.10	3.41	3.06	3.24	3.32	3.03	3.17			
<b>FAMILY HX OF NEUROMUSCULAR DISORDERS</b>													
Variable Name: OEB1C	N	899.00	971.00	1870.00	1113.00	1048.00	2161.00	2012.00	2019.00	4031.00			
	Miss	4.00	0.00	4.00	4.00	2.00	6.00	8.00	2.00	10.00			
	Value (1) %	97.22	96.91	97.06	97.48	96.85	97.18	97.37	96.88	97.12			
	Value (2) %	2.78	3.09	2.94	2.52	3.15	2.82	2.63	3.12	2.88			
<b>NUMBERS</b>													
Variable Name: OEB2A	N	903.00	971.00	1874.00	1117.00	1050.00	2167.00	2020.00	2021.00	4041.00			
	Miss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
	Value (1) %	93.47	90.73	92.05	88.36	86.29	87.36	90.64	88.42	89.53			
	Value (2) %	1.11	1.65	1.39	1.52	2.00	1.75	1.34	1.83	1.58			
	Value (3) %	3.65	4.53	4.11	6.62	7.14	6.88	5.30	5.89	5.59			
	Value (4) %	1.77	3.09	2.45	3.49	4.57	4.01	2.72	3.86	3.29			
<b>DYSESTHESIAS, PARESTHESIAS</b>													
Variable Name: OEB2B	N	903.00	969.00	1872.00	1116.00	1049.00	2165.00	2019.00	2018.00	4037.00			
	Miss	0.00	2.00	2.00	1.00	1.00	2.00	1.00	3.00	4.00			
	Value (1) %	93.47	93.91	93.70	91.60	86.94	89.24	92.32	90.29	91.31			
	Value (2) %	1.11	1.44	1.28	1.08	1.43	1.25	1.09	1.44	1.26			
	Value (3) %	3.43	2.48	2.94	4.93	6.29	5.59	4.26	4.46	4.36			
	Value (4) %	1.99	2.17	2.08	2.60	5.34	3.93	2.33	3.82	3.07			
<b>HYPERSENSITIVITY TO TOUCH</b>													
Variable Name: OEB2C	N	902.00	969.00	1871.00	1116.00	1050.00	2166.00	2018.00	2019.00	4037.00			
	Miss	1.00	2.00	3.00	1.00	0.00	1.00	2.00	2.00	4.00			
	Value (1) %	99.56	98.45	98.98	98.39	96.76	97.60	98.91	97.57	98.24			
	Value (2) %	0.22	0.31	0.27	0.09	0.10	0.09	0.15	0.20	0.17			
	Value (3) %	0.00	0.00	0.00	0.36	0.57	0.46	0.20	0.30	0.25			
	Value (4) %	0.22	1.24	0.75	1.16	2.57	1.85	0.74	1.93	1.34			

Notes:

(VNF=DUIGPROD 191: F0051 LISTING)  
 (VNF=ARNOLD 191: DOCUMENT SAS)

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->	<--Int-->	<--Cnv-->	<--Total-->
		<-----Primary Retinopathy----->			<-----Secondary Retinopathy----->			<-----Treatment Group----->			<-----Overall-->		
<b>BURNING/ACHING/STABBING PAIN</b> Variable Name: OEB2D	N Miss Value (1) Value (2) Value (3) Value (4)	903.00 0.00 97.90 0.22 0.44 1.44	969.00 2.00 97.94 0.41 0.41 1.24	1872.00 2.00 97.92 0.32 0.43 1.34	1116.00 1.00 96.95 0.18 0.90 1.97	1049.00 1.00 93.90 0.57 1.24 4.29	2165.00 2.00 95.47 0.37 1.06 3.09	2019.00 1.00 97.37 0.20 0.69 1.73	2018.00 3.00 95.84 0.50 0.84 2.82	4037.00 4.00 96.61 0.35 0.77 2.28			
<b>ANKLE WEAKNESS</b> Variable Name: OEB3A	N Miss Value (1) Value (2)	902.00 1.00 98.78 1.22	970.00 1.00 98.25 1.75	1872.00 2.00 98.50 1.50	1117.00 0.00 99.19 0.81	1050.00 0.00 98.86 1.14	2167.00 0.00 99.03 0.97	2019.00 1.00 99.01 0.99	2020.00 1.00 98.56 1.44	4039.00 2.00 98.79 1.21			
<b>CRAMPS</b> Variable Name: OEB3B	N Miss Value (1) Value (2)	903.00 0.00 92.47 7.53	971.00 0.00 92.28 7.72	1874.00 0.00 92.37 7.63	1117.00 0.00 93.38 6.62	1049.00 1.00 91.71 8.29	2166.00 1.00 92.57 7.43	2020.00 0.00 92.97 7.03	2020.00 1.00 91.98 8.02	4040.00 1.00 92.48 7.52			
<b>WEAKNESS ON STANDING</b> Variable Name: OEB4A	N Miss Value (1) Value (2)	903.00 0.00 97.67 2.33	970.00 1.00 96.39 3.61	1873.00 1.00 97.01 2.99	1117.00 0.00 98.21 1.79	1050.00 0.00 97.14 2.86	2167.00 0.00 97.69 2.31	2020.00 0.00 97.97 2.03	2020.00 1.00 96.78 3.22	4040.00 1.00 97.38 2.62			
<b>FAINTING ON STANDING</b> Variable Name: OEB4B	N Miss Value (1) Value (2)	903.00 0.00 99.56 0.44	971.00 0.00 99.18 0.82	1874.00 0.00 99.36 0.64	1117.00 0.00 99.28 0.72	1050.00 0.00 99.52 0.48	2167.00 0.00 99.40 0.60	2020.00 0.00 99.41 0.59	2021.00 0.00 99.36 0.64	4041.00 0.00 99.38 0.62			
<b>DYSPLAGIA</b> Variable Name: OEB4C	N Miss Value (1) Value (2)	903.00 0.00 99.67 0.33	971.00 0.00 99.49 0.51	1874.00 0.00 99.57 0.43	1117.00 0.00 99.64 0.36	1050.00 0.00 99.43 0.57	2167.00 0.00 99.54 0.46	2020.00 0.00 99.65 0.35	2021.00 0.00 99.46 0.54	4041.00 0.00 99.55 0.45			
<b>ANOREXIA</b> Variable Name: OEB4D	N Miss Value (1) Value (2)	903.00 0.00 99.67 0.33	971.00 0.00 99.49 0.51	1874.00 0.00 99.57 0.43	1117.00 0.00 99.55 0.45	1050.00 0.00 98.86 1.14	2167.00 0.00 99.22 0.78	2020.00 0.00 99.60 0.40	2021.00 0.00 99.16 0.84	4041.00 0.00 99.38 0.62			
<b>NAUSEA</b> Variable Name: OEB4E	N Miss Value (1) Value (2)	903.00 0.00 99.34 0.66	971.00 0.00 97.94 2.06	1874.00 0.00 98.61 1.39	1117.00 0.00 99.02 0.98	1050.00 0.00 98.10 1.90	2167.00 0.00 98.57 1.43	2020.00 0.00 99.16 0.84	2021.00 0.00 98.02 1.98	4041.00 0.00 98.59 1.41			

Notes: (YM=DOUGPROD 191: FOOD51 LISTING)  
 (YM=ARNOLD 191: DOCUMENT SAS)



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

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Total->	<--Treatment Group-->	<--Cnv-->	<Overall>
-----Primary Retinopathy-----										
RETROGRADE EJACULATION Variable Name: OEB4N	N	650.00	722.00	1372.00	820.00	787.00	1607.00	1470.00	1509.00	2979.00
	Miss	253.00	249.00	502.00	297.00	263.00	560.00	550.00	512.00	1062.00
	Value (1) %	100.00	99.72	99.85	99.15	99.24	99.19	99.52	99.47	99.50
	Value (2) %	0.00	0.28	0.15	0.85	0.76	0.81	0.48	0.53	0.50
-----Secondary Retinopathy-----										
OVERFLOW BLADDER INCONTINENCE Variable Name: OEB4O	N	899.00	966.00	1865.00	1112.00	1046.00	2158.00	2011.00	2012.00	4023.00
	Miss	4.00	5.00	9.00	5.00	4.00	9.00	9.00	9.00	18.00
	Value (1) %	100.00	99.90	99.95	99.46	99.52	99.49	99.70	99.70	99.70
	Value (2) %	0.00	0.10	0.05	0.54	0.48	0.51	0.30	0.30	0.30
-----Treatment Group-----										
URINARY DRIBBLING Variable Name: OEB4P	N	900.00	968.00	1868.00	1114.00	1048.00	2162.00	2014.00	2016.00	4030.00
	Miss	3.00	3.00	6.00	3.00	2.00	5.00	6.00	5.00	11.00
	Value (1) %	98.67	98.66	98.66	97.49	98.38	97.92	98.01	98.51	98.26
	Value (2) %	1.33	1.34	1.34	2.51	1.62	2.08	1.99	1.49	1.74
-----Treatment Group-----										
INCOMPLETE BLADDER EMPYING Variable Name: OEB4Q	N	901.00	971.00	1872.00	1117.00	1048.00	2165.00	2018.00	2019.00	4037.00
	Miss	2.00	0.00	2.00	0.00	2.00	2.00	2.00	2.00	4.00
	Value (1) %	98.67	98.35	98.50	99.10	98.09	98.61	98.91	98.22	98.56
	Value (2) %	1.33	1.65	1.50	0.90	1.91	1.39	1.09	1.78	1.44
-----Treatment Group-----										
INCREASED URINARY VOLUME Variable Name: OEB4R	N	903.00	971.00	1874.00	1117.00	1050.00	2167.00	2020.00	2021.00	4041.00
	Miss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Value (1) %	98.45	98.97	98.72	98.48	98.76	98.62	98.47	98.86	98.66
	Value (2) %	1.55	1.03	1.28	1.52	1.24	1.38	1.53	1.14	1.34
-----Treatment Group-----										
DECREASED URINARY FREQUENCY Variable Name: OEB4S	N	903.00	970.00	1873.00	1115.00	1048.00	2163.00	2018.00	2018.00	4036.00
	Miss	0.00	1.00	1.00	2.00	2.00	4.00	2.00	3.00	5.00
	Value (1) %	99.34	99.48	99.41	99.46	99.81	99.63	99.41	99.65	99.53
	Value (2) %	0.66	0.52	0.59	0.54	0.19	0.37	0.59	0.35	0.47
-----Treatment Group-----										
DIMINISHED SWEATING OF LEGS Variable Name: OEB4T	N	901.00	971.00	1872.00	1117.00	1050.00	2167.00	2018.00	2021.00	4039.00
	Miss	2.00	0.00	2.00	0.00	0.00	0.00	2.00	0.00	2.00
	Value (1) %	99.56	98.97	99.25	98.39	98.19	98.29	98.91	98.57	98.74
	Value (2) %	0.44	1.03	0.75	1.61	1.81	1.71	1.09	1.43	1.26
-----Treatment Group-----										
INCREASED SWEATING ELSEWHERE Variable Name: OEB4U	N	903.00	971.00	1874.00	1117.00	1050.00	2167.00	2020.00	2021.00	4041.00
	Miss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Value (1) %	98.23	97.73	97.97	97.94	96.29	97.14	98.07	96.98	97.53
	Value (2) %	1.77	2.27	2.03	2.06	3.71	2.86	1.93	3.02	2.47

Notes:

(VM=DOLGPRD 191: F0051 LISTING)  
 (VM=ARROLD 191: DOCUMENT SAS)

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

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Total->	<--Int-->	<--Cnv-->	<-Overall->
		<-----Primary Retinopathy----->			<-----Secondary Retinopathy----->			<-----Treatment Group----->		
<b>DECR. ADRENERGIC AWARENESS OF HYPOGL.</b>										
Variable Name: DEC84V										
N	903.00	971.00	1874.00	1117.00	1047.00	2164.00	2020.00	2018.00	4038.00	
Miss	0.00	0.00	0.00	0.00	3.00	3.00	0.00	3.00	3.00	
Value (1) %	90.14	95.67	93.01	89.62	91.69	90.62	89.85	93.61	91.73	
Value (2) %	9.86	4.33	6.99	10.38	8.31	9.38	10.15	6.39	8.27	
<b>MENTAL STATUS ABNORMALITY</b>										
Variable Name: DEC1A										
N	903.00	970.00	1873.00	1117.00	1048.00	2165.00	2020.00	2018.00	4038.00	
Miss	0.00	1.00	1.00	0.00	2.00	2.00	0.00	3.00	3.00	
Value (1) %	100.00	100.00	100.00	99.73	99.90	99.82	99.85	99.95	99.90	
Value (2) %	0.00	0.00	0.00	0.27	0.10	0.18	0.15	0.05	0.10	
<b>CRANIAL NERVES ABNORMALITY</b>										
Variable Name: DEC1B										
N	903.00	970.00	1873.00	1117.00	1046.00	2163.00	2020.00	2016.00	4036.00	
Miss	0.00	1.00	1.00	0.00	4.00	4.00	0.00	5.00	5.00	
Value (1) %	99.45	98.97	99.20	98.75	98.47	98.61	99.06	98.71	98.89	
Value (2) %	0.55	1.03	0.80	1.25	1.53	1.39	0.94	1.29	1.11	
<b>PROXIMAL OR DISTAL MUSCLES ABN.</b>										
Variable Name: DEC1C										
N	902.00	970.00	1872.00	1116.00	1048.00	2164.00	2018.00	2018.00	4036.00	
Miss	1.00	1.00	2.00	1.00	2.00	3.00	2.00	3.00	5.00	
Value (1) %	99.45	98.56	98.99	97.94	96.09	97.04	98.61	97.27	97.94	
Value (2) %	0.55	1.44	1.01	2.06	3.91	2.96	1.39	2.73	2.06	
<b>SENSORY FUNCTION OF SMALL FIBERS ABN.</b>										
Variable Name: DEC1D										
N	901.00	969.00	1870.00	1117.00	1047.00	2164.00	2018.00	2016.00	4034.00	
Miss	2.00	2.00	4.00	0.00	3.00	3.00	2.00	5.00	7.00	
Value (1) %	85.90	81.73	83.74	78.60	74.69	76.71	81.86	78.08	79.97	
Value (2) %	14.10	18.27	16.26	21.40	25.31	23.29	18.14	21.92	20.03	
<b>SENSORY FUNCTION OF LARGE FIBERS ABN.</b>										
Variable Name: DEC1E										
N	901.00	969.00	1870.00	1115.00	1046.00	2161.00	2016.00	2015.00	4031.00	
Miss	2.00	2.00	4.00	2.00	4.00	6.00	4.00	10.00	12.00	
Value (1) %	86.68	86.27	86.47	82.78	74.76	78.90	84.52	80.30	82.41	
Value (2) %	13.32	13.73	13.53	17.22	25.24	21.10	15.48	19.70	17.59	
<b>GAIT AND COORDINATION ABN.</b>										
Variable Name: DEC1F										
N	899.00	966.00	1865.00	1112.00	1045.00	2157.00	2011.00	2011.00	4022.00	
Miss	4.00	5.00	9.00	5.00	5.00	10.00	9.00	10.00	19.00	
Value (1) %	99.67	99.48	99.57	99.28	99.14	99.21	99.45	99.30	99.38	
Value (2) %	0.33	0.52	0.43	0.72	0.86	0.79	0.55	0.70	0.62	
<b>REFLEXES-BICEPS-LEFT</b>										
Variable Name: DEC2AL										
N	903.00	968.00	1871.00	1116.00	1048.00	2164.00	2019.00	2016.00	4035.00	
Miss	0.00	3.00	3.00	1.00	2.00	3.00	1.00	5.00	6.00	
Mean	2.50	2.36	2.43	2.24	2.24	2.27	2.39	2.30	2.34	
Std	0.82	0.81	0.82	0.86	0.88	0.87	0.84	0.85	0.85	
Minimum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
25th pct	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	
Median	3.00	2.00	3.00	2.00	2.00	2.00	2.00	2.00	2.00	
75th pct	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	
Maximum	4.00	4.00	4.00	5.00	5.00	5.00	5.00	5.00	5.00	

Notes:

(vms=DouglasRood 191: F0051 LISTING)  
 (vms=ARNOLD 191: DOCUMENT SAS)

\* DISTRIBUTIONAL SUMMARY \*

Variable Attributes	Statistic	<--Int-->	<--Dnv-->	<-Total->	<--Int-->	<--Dnv-->	<-Total->	<--Treatment Group-->	<-Dnv-->	<Overall>
		-----Primary Retinopathy-----			-----Secondary Retinopathy-----			-----		
REFLEXES:TRICEPS-RIGHT										
Variable Name: OEC2R	N	903.00	971.00	1874.00	1116.00	1046.00	2162.00	2019.00	2017.00	4036.00
	Miss	0.00	0.00	0.00	1.00	4.00	5.00	1.00	4.00	5.00
	Value (0) %	3.32	3.30	3.31	4.66	6.31	5.46	4.06	4.86	4.46
	Value (1) %	5.54	8.44	7.04	9.41	8.60	9.02	7.68	8.53	8.10
	Value (2) %	34.22	39.44	36.93	41.40	41.87	41.63	38.19	40.70	39.44
	Value (3) %	51.38	46.34	48.77	41.40	41.40	41.40	45.86	43.78	44.82
	Value (4) %	5.54	2.47	3.95	3.14	1.82	2.50	4.21	2.13	3.17
REFLEXES:TRICEPS-LEFT										
Variable Name: OEC2BL	N	903.00	968.00	1871.00	1116.00	1048.00	2164.00	2019.00	2016.00	4035.00
	Miss	0.00	3.00	3.00	1.00	2.00	3.00	1.00	5.00	6.00
	Value (0) %	2.77	3.82	3.31	4.48	6.20	5.31	3.71	5.06	4.39
	Value (1) %	4.87	7.64	6.31	8.69	7.25	7.99	6.98	7.44	7.21
	Value (2) %	39.31	42.05	40.73	45.07	46.09	45.56	42.50	44.15	43.32
	Value (3) %	49.28	44.21	46.66	40.23	39.03	39.65	44.28	41.52	42.90
	Value (4) %	3.77	2.27	2.99	1.52	1.43	1.48	2.53	1.84	2.18
REFLEXES:TRICEPS-RIGHT										
Variable Name: OEC2BR	N	903.00	971.00	1874.00	1116.00	1046.00	2162.00	2019.00	2017.00	4036.00
	Miss	0.00	0.00	0.00	1.00	4.00	5.00	1.00	4.00	5.00
	Value (0) %	2.77	3.71	3.26	4.30	6.21	5.23	3.62	5.01	4.31
	Value (1) %	4.65	7.72	6.24	8.96	7.36	8.19	7.03	7.54	7.28
	Value (2) %	39.76	41.61	40.72	44.89	45.98	45.42	42.60	43.88	43.24
	Value (3) %	49.06	44.59	46.74	40.32	39.10	39.73	44.23	41.75	42.99
	Value (4) %	3.77	2.37	3.04	1.52	1.34	1.43	2.53	1.83	2.18
REFLEXES:BRACHIORADIALIS-LEFT										
Variable Name: OEC2CL	N	903.00	968.00	1871.00	1116.00	1048.00	2164.00	2019.00	2016.00	4035.00
	Miss	0.00	3.00	3.00	1.00	2.00	3.00	1.00	5.00	6.00
	Value (0) %	3.32	5.06	4.22	6.81	8.11	7.44	5.25	6.65	5.95
	Value (1) %	7.53	8.16	7.86	9.86	9.92	9.89	8.82	9.08	8.93
	Value (2) %	37.98	41.12	39.60	44.71	45.42	45.06	41.70	43.35	42.53
	Value (3) %	47.51	43.80	45.59	36.56	35.21	35.91	41.46	39.34	40.40
	Value (4) %	3.65	1.86	2.73	2.06	1.34	1.71	2.77	1.59	2.18
REFLEXES:BRACHIORADIALIS-RIGHT										
Variable Name: OEC2CR	N	903.00	971.00	1874.00	1115.00	1047.00	2162.00	2018.00	2018.00	4036.00
	Miss	0.00	0.00	0.00	2.00	3.00	5.00	2.00	3.00	5.00
	Value (0) %	3.10	3.10	4.11	6.91	8.21	7.54	5.20	6.69	5.95
	Value (1) %	7.75	8.24	8.00	9.87	10.41	10.13	8.92	9.37	9.14
	Value (2) %	37.76	40.99	39.43	44.48	44.79	44.63	41.48	42.96	42.22
	Value (3) %	47.62	43.87	45.68	36.68	35.24	35.99	41.58	39.40	40.49
	Value (4) %	3.77	1.85	2.77	2.06	1.34	1.71	2.82	1.59	2.21

Notes:

(VME=DOUGPRD 191: F0051 LISTING)  
(VME=ARNOLD 191: DOCUMENT SAS)

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

Variable Attributes	Statistic	-----Primary Retinopathy-----			-----Secondary Retinopathy-----			-----Treatment Group-----			<Overall>
		<-Int-->	<-Cnv-->	<-Total->	<-Int-->	<-Cnv-->	<-Total->	<-Int-->	<-Cnv-->		
<b>REFLEXES:QUADRICEPS-LEFT</b>											
Variable Name: OECZDL											
N	902.00	966.00	1868.00	1117.00	1047.00	2164.00	2019.00	2013.00	4032.00		
Nmiss	1.00	5.00	6.00	0.00	3.00	3.00	1.00	8.00	9.00		
Value (0) %	1.11	0.93	1.02	3.22	3.92	3.56	2.28	2.48	2.38		
Value (1) %	6.21	7.97	7.12	9.67	12.80	11.18	8.12	10.48	9.30		
Value (2) %	29.71	33.85	31.85	37.51	37.73	37.62	34.03	35.87	34.95		
Value (3) %	55.54	51.24	53.52	43.96	40.59	42.33	49.13	45.70	47.42		
Value (4) %	7.43	6.00	6.69	5.64	4.97	5.31	6.44	5.46	5.95		
<b>REFLEXES:QUADRICEPS-RIGHT</b>											
Variable Name: OECZDR											
N	902.00	970.00	1872.00	1116.00	1048.00	2164.00	2018.00	2018.00	4036.00		
Nmiss	1.00	1.00	2.00	1.00	2.00	3.00	2.00	3.00	5.00		
Value (0) %	1.22	1.13	1.18	3.14	3.34	3.23	2.28	2.28	2.28		
Value (1) %	6.65	8.25	7.48	10.04	13.84	11.88	8.52	11.15	9.84		
Value (2) %	29.05	33.20	31.20	37.46	36.74	37.11	33.70	35.03	34.37		
Value (3) %	55.99	51.34	53.58	44.00	41.13	42.61	49.36	46.04	47.70		
Value (4) %	7.10	6.08	6.57	5.38	4.96	5.18	6.14	5.50	5.82		
<b>REFLEXES:GASTROC/SOLEUS-LEFT</b>											
Variable Name: OECZEL											
N	902.00	968.00	1870.00	1117.00	1048.00	2165.00	2019.00	2016.00	4035.00		
Nmiss	1.00	3.00	4.00	0.00	2.00	2.00	1.00	5.00	6.00		
Mean	2.41	2.23	2.32	2.01	1.78	1.90	2.19	2.00	2.09		
Std	0.81	0.90	0.87	0.97	1.07	1.03	0.93	1.02	0.98		
Minimum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
25th pct	2.00	2.00	2.00	2.00	1.00	1.00	2.00	1.00	2.00		
Median	3.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00		
75th pct	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00		
Maximum	4.00	4.00	4.00	6.00	4.00	6.00	6.00	4.00	6.00		
<b>REFLEXES:GASTROC/SOLEUS-RIGHT</b>											
Variable Name: OECZER											
N	902.00	971.00	1873.00	1116.00	1048.00	2164.00	2018.00	2019.00	4037.00		
Nmiss	1.00	0.00	1.00	1.00	2.00	3.00	2.00	2.00	4.00		
Value (0) %	3.66	6.80	5.29	10.48	16.41	13.35	7.43	11.79	9.61		
Value (1) %	7.32	9.78	8.60	13.98	19.18	16.50	11.00	14.66	12.83		
Value (2) %	36.70	37.59	37.16	42.29	34.83	38.68	39.79	36.16	37.97		
Value (3) %	48.89	44.18	46.45	31.99	28.34	30.22	39.54	35.96	37.75		
Value (4) %	3.44	1.65	2.51	1.25	1.24	1.25	2.23	1.44	1.83		
<b>DISTAL SYM. POLYNEURO. SYMPTOMS</b>											
Variable Name: OED1A											
N	903.00	971.00	1874.00	1114.00	1046.00	2160.00	2017.00	2017.00	4034.00		
Nmiss	0.00	0.00	0.00	3.00	4.00	7.00	3.00	4.00	7.00		
Value (1) %	95.79	92.48	94.08	92.10	87.86	90.05	93.75	90.08	91.92		
Value (2) %	4.21	7.52	5.92	7.90	12.14	9.95	6.25	9.92	8.08		
<b>DISTAL SYM. POLYNEURO. ABN. SENSORY EXAM</b>											
Variable Name: OED1B											
N	893.00	968.00	1861.00	1108.00	1042.00	2150.00	2001.00	2010.00	4011.00		
Nmiss	10.00	3.00	13.00	9.00	8.00	17.00	19.00	11.00	30.00		
Value (1) %	80.40	76.14	78.18	73.01	65.26	69.26	76.31	70.50	73.40		
Value (2) %	19.60	23.86	21.82	26.99	34.74	30.74	23.69	29.50	26.60		

Notes:

(VME=DOUGPROD 191: F0051 LISTING)  
 (VME=ARNOLD 191: DOCUMENT SAS)

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

Variable Attributes

Statistic

<-----Primary Retinopathy-----> <-----Secondary Retinopathy-----> <-----Treatment Group-----> <Overall>

DECR. OR ABSENT DEEP TENDON REFLEXES  
Variable Name: OED1C

N	892.00	968.00	1860.00	1111.00	1042.00	2153.00	2003.00	2010.00	4013.00
Miss	11.00	3.00	14.00	6.00	8.00	14.00	17.00	11.00	28.00
Value (1) %	86.32	81.51	83.82	73.27	65.55	69.53	79.08	73.23	76.15
Value (2) %	13.68	18.49	16.18	26.73	34.45	30.47	20.92	26.77	23.85

DIABETIC PERIPHERAL NEUROPATHY  
Variable Name: OED2

N	901.00	968.00	1869.00	1114.00	1047.00	2161.00	2015.00	2015.00	4030.00
Miss	2.00	3.00	5.00	3.00	3.00	6.00	5.00	6.00	11.00
Value (1) %	8.32	11.05	9.74	14.99	21.68	18.23	12.01	16.58	14.29
Value (2) %	18.87	25.62	22.36	26.48	28.18	27.30	23.08	26.95	25.01
Value (3) %	72.81	63.33	67.90	58.53	50.14	54.47	64.91	56.48	60.69

IS NEUROPATHY DIFFUSE OR FOCAL?  
Variable Name: OED3

N	238.00	354.00	592.00	445.00	513.00	958.00	683.00	867.00	1550.00
Miss	665.00	617.00	1282.00	672.00	537.00	1209.00	1337.00	1154.00	2491.00
Value (1) %	96.22	96.89	96.62	97.75	96.10	96.87	97.22	96.42	96.77
Value (2) %	3.78	3.11	3.38	2.25	3.90	3.13	2.78	3.58	3.23

OTHER NEUROLOGICAL DISORDER  
Variable Name: OED4

N	902.00	968.00	1870.00	1116.00	1048.00	2164.00	2018.00	2016.00	4034.00
Miss	1.00	3.00	4.00	1.00	2.00	3.00	2.00	5.00	7.00
Value (1) %	96.45	95.66	96.04	96.06	93.03	94.59	96.23	94.30	95.27
Value (2) %	3.55	4.34	3.96	3.94	6.97	5.41	3.77	5.70	4.73

FOLLOW-UP VISIT NO.  
Variable Name: OEV5TND

N	903.00	971.00	1874.00	1117.00	1050.00	2167.00	2020.00	2021.00	4041.00
Miss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Value (0) %	38.32	38.83	38.58	32.50	33.52	32.99	35.10	36.07	35.59
Value (2) %	0.00	0.00	0.00	0.09	0.00	0.05	0.05	0.02	0.02
Value (6) %	5.54	5.46	5.50	8.59	7.71	8.17	7.23	6.63	6.93
Value (8) %	6.09	5.97	6.03	8.95	8.19	8.58	7.67	7.13	7.40
Value (12) %	0.22	0.00	0.11	0.00	0.00	0.00	0.10	0.00	0.05
Value (14) %	0.33	0.31	0.32	0.00	0.00	0.00	0.15	0.15	0.15
Value (15) %	2.33	2.27	2.29	0.00	0.00	0.09	1.04	1.09	1.06
Value (16) %	2.99	1.85	2.40	0.09	0.10	0.09	1.39	0.94	1.16
Value (17) %	2.33	2.37	2.35	0.00	0.00	0.00	1.04	1.14	1.09
Value (18) %	3.77	3.91	3.84	0.19	0.19	0.14	1.73	1.98	1.86
Value (19) %	2.33	3.19	2.77	0.81	1.05	0.92	1.49	2.08	1.78
Value (20) %	22.70	22.76	22.73	29.81	30.48	30.13	26.63	26.77	26.70
Value (21) %	0.11	0.31	0.21	0.27	0.57	0.42	0.20	0.45	0.32
Value (22) %	0.00	0.51	0.27	0.27	0.29	0.28	0.15	0.40	0.27
Value (23) %	0.11	0.00	0.05	0.09	0.00	0.05	0.10	0.00	0.05
Value (24) %	0.11	0.31	0.21	0.27	0.19	0.23	0.20	0.25	0.22
Value (25) %	0.78	0.82	0.80	1.16	0.48	0.83	0.99	0.64	0.82
Value (26) %	1.00	1.03	1.71	1.34	2.57	1.94	1.83	1.83	1.83
Value (27) %	2.44	1.65	1.33	2.69	2.00	2.35	1.93	1.83	1.88
Value (28) %	0.66	0.72	0.69	1.88	1.14	1.52	1.34	0.94	1.14
Value (29) %	0.78	0.62	0.69	1.34	1.33	1.34	1.09	0.99	1.04
Value (30) %	0.78	1.24	1.01	1.07	1.71	1.38	0.94	0.99	1.04
Value (31) %	0.89	0.62	0.75	0.27	1.05	0.65	0.54	0.84	0.69
Value (32) %	0.22	0.00	0.11	0.27	0.19	0.23	0.25	0.10	0.17
Value (33) %	0.00	0.10	0.05	0.09	0.00	0.05	0.05	0.05	0.05
Value (35) %	0.00	0.10	0.05	0.09	0.00	0.05	0.05	0.05	0.05
Value (36) %	3.32	2.99	3.15	4.30	3.81	4.06	3.86	3.41	3.64
Value (37) %	1.66	1.85	1.76	3.13	2.67	2.91	2.48	2.28	2.38
Value (38) %	0.22	0.21	0.21	0.54	0.76	0.65	0.40	0.49	0.45

Notes: (WM=DDJGPRD 191: F0051 LISTING)  
(YMF=ARNOLD 191: DOCUMENT SAS)



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

Variable Attributes	Statistic	<--Int-->	<--Cnv-->	<Total-->	<--Int-->	<--Cnv-->	<Total-->	<--Int-->	<--Cnv-->	<Overall-->
VISIT WITHIN TIME WINDOW	N	624.00	663.00	1287.00	812.00	734.00	1546.00	1436.00	1397.00	2833.00
Variable Name: OEWINDOM	Miss Value (1) %	279.00 5.45	308.00 4.68	587.00 5.05	305.00 6.03	316.00 6.95	621.00 6.47	584.00 5.78	624.00 5.87	1208.00 5.82
	Value (2) %	94.55	95.32	94.95	93.97	93.05	93.53	94.22	94.13	94.18

<-----Primary Retinopathy-----> <-----Secondary Retinopathy-----> <--Treatment Group-->