Data Set Name: m9exall.sas7bdat

Num	Variable	Type	Len	Label
1	GROUP	Char	13	Randomization Group
2	PHASE	Num	3	Phase Randomized (2,3)
3	AGE	Num	3	Form 001 Age
4	ATTEMPTS	Num	8	attempted suicide (yes=1,no=0)
5	ATTEMPTN	Num	8	no of attempted suicide
6	RETBASE	Char	4	Retinopathy at Baseline (PRIM,SCND)
7	FEMALE	Num	3	Female (0=no/1=yes)
8	ADULT	Num	3	Adult >=18 (0=no/1=yes)
9	FAMHT	Num	3	Family History of HT (0=no/1=yes)
10	FAMMI	Num	3	Family History of MI (0=no/1=yes)
11	PIDW120	Num	3	% of Ideal Body Weight >=120(0=no/1=yes)
12	BMI	Num	8	Body Mass Index (kg/m2)
13	OBDBP1	Num	4	Diastolic BP (mm Hg, Form 002)
14	OBSBP1	Num	4	Systolic BP (mm Hg, Form 002)
15	OBSMOK2	Num	3	NOW SMOKES CIGARETTES
16	OBRACE	Num	3	RACE
17	OBDKAHSP	Num	3	HOSPITALIZATIONS FOR DKA IN PAST YR
18	OBC8A	Num	3	LOST CONSCIOUSNESS WITHOUT SEIZURE
19	OBC8B	Num	3	LOST CONSCIOUSNESS WITH SEIZURE
20	WPMEAN	Num	8	Within-Profile Mean Blood Glucose(mg/dl)
21	HBAEL	Num	8	Hemoglobin A1c at Eligibility
22	CIOVERWT	Num	3	CI INDICATOR OF OVERWEIGHT
23	CDOVERWT	Num	3	CI QV DATE OF OVERWEIGHT
24	CBOVERWT	Num	8	CI BASELINE OVERWEIGHT
25	INSTUDY	Num	8	Total Possible Follow-up Time (Months)
26	HTFLG	Num	3	HYPERTENSION EVER (0=NO,1=YES)
27	HTVIS	Num	8	HYPERTENSION VIS (OR MAX FOLLOW)
28	EXP	Num	8	Group='EXPERIMENTAL' (0=no, 1=yes)
29	STD	Num	8	Indicator: standard patient
30	NDEF1	Num	8	NUMBER :HYPO DEFINITION C
31	NDEF2	Num	8	NUMBER :HYPO DEFINITION R
32	IDEF1	Num	8	INDICATOR :HYPO DEFINITION C
33	IDEF2	Num	8	INDICATOR :HYPO DEFINITION R
34	FUDAY	Num	8	TOTAL DAYS OF FOLLOWUP
35	RDEF1	Num	8	RATE/100PY :HYPO DEFINITION C
36	RDEF2	Num	8	RATE/100PY :HYPO DEFINITION R
37	T_DTH	Num	8	TIME TO DEATH

Num	Variable	Type	Len	Label
38	DTH	Num	8	DEATH
39	ACCD	Num	8	MAJOR ACCD MORBIDITY
40	T_ACCD	Num	8	TIME TO MAJOR ACCD MORBIDITY
41	SCND	Num	8	Indicator: secondary patient
42	HYPOV6	Num	8	(coma/seizure) first 18 months
43	NACCD	Num	8	NUMBER :MAJOR ACCD HOSPTLZ
44	IACCD	Num	8	INDICATOR :MAJOR ACCD HOSPTLZ
45	RACCD	Num	8	RATE/100PY :MAJOR ACCD HOSPTLZ
46	NPHOT	Num	8	NUMBER :PHOTOCOAGULATION
47	IPHOT	Num	8	INDICATOR :PHOTOCOAGULATION
48	RPHOT	Num	8	RATE/100PY :PHOTOCOAGULATION
49	NINJ	Num	8	NUMBER :HOSP. INJURY HYPO
50	IINJ	Num	8	INDICATOR :HOSP. INJURY HYPO.
51	RINJ	Num	8	RATE/100PY :HOSP. INJURY HYPO
52	NCAT	Num	8	NUMBER :CATASTROPHIC HYPO
53	ICAT	Num	8	INDICATOR :CATASTROPHIC HYPO
54	RCAT	Num	8	RATE/100PY :CATASTROPHIC HYPO
55	NCINF	Num	8	NUMBER :CATHETER INFECTION
56	ICINF	Num	8	INDICATOR :CATHETER INFECTION
57	RCINF	Num	8	RATE/100PY :CATHETER INFECTION
58	NPDAM	Num	8	NUMBER :PROPERTY DAMAGE
59	IPDAM	Num	8	INDICATOR :PROPERTY DAMAGE
60	RPDAM	Num	8	RATE/100PY :PROPERTY DAMAGE
61	NTRAF	Num	8	NUMBER :TRAFIC VIOLATION
62	ITRAF	Num	8	INDICATOR :TRAFIC VIOLATION
63	RTRAF	Num	8	RATE/100PY :TRAFIC VIOLATION
64	NGANG	Num	8	NUMBER :GANGRENE
65	IGANG	Num	8	INDICATOR :GANGRENE
66	RGANG	Num	8	RATE/100PY :GANGRENE
67	NGAST	Num	8	NUMBER :GASTROENTERITIS
68	IGAST	Num	8	INDICATOR :GASTROENTERITIS
69	RGAST	Num	8	RATE/100PY :GASTROENTERIRIS
70	NOINF	Num	8	NUMBER :OTHER INFECTION
71	IOINF	Num	8	INDICATOR :OTHER INFECTION
72	ROINF	Num	8	RATE/100PY :OTHER INFECTION
73	NPOSTOP	Num	8	NUMBER :POST OP INFECTION
74	IPOSTOP	Num	8	INDICATOR :POST OP INFECTION
75	RPOSTOP	Num	8	RATE/100PY :POST OP INFECTION
76	NRESP	Num	8	NUMBER :RESPIRATORY INFECTION

Num	Variable	Type	Len	Label
77	IRESP	Num	8	INDICATOR :RESPIRATORY INFECTION
78	RRESP	Num	8	RATE/100PY :RESPIRATORY INFECTION
79	NUTI	Num	8	NUMBER :URINARY INFECTION
80	IUTI	Num	8	INDICATOR :URINARY INFECTION
81	RUTI	Num	8	RATE/100PY :URINARY INFECTION
82	NVAGI	Num	8	NUMBER :VAGINITIS
83	IVAGI	Num	8	INDICATOR :VAGINITIS
84	RVAGI	Num	8	RATE/100PY :VAGINITIS
85	NAINF	Num	8	NUMBER :ALL INFECTIONS, EXCLUDING VA
86	IAINF	Num	8	INDICATOR :ALL INFECTIONS, EXCLUDING VA
87	RAINF	Num	8	RATE/100PY :ALL INFECTIONS, EXCLUDING VA
88	NMRB1	Num	8	NUMBER :ACCIDENTAL MORBIDITY
89	IMRB1	Num	8	INDICATOR :ACCIDENTAL MORBIDITY
90	RMRB1	Num	8	RATE/100PY :ACCIDENTAL MORBIDITY
91	NMRB2	Num	8	NUMBER : ACCID MORBIDITY EXCLUDE DEA
92	IMRB2	Num	8	INDICATOR : ACCID MORBIDITY EXCLUDE DEA
93	RMRB2	Num	8	RATE/100PY : ACCID MORBIDITY EXCLUDE DEA
94	NMVA	Num	8	NUMBER : MOTOR VECHICLE ACCIDENT
95	IMVA	Num	8	INDICATOR : MOTOR VECHICLE ACCIDENT
96	RMVA	Num	8	RATE/100PY : MOTOR VECHICLE ACCIDENT
97	NPSYH	Num	8	NUMBER : HOSP. FOR PSYCHIATRIC TRTME
98	IPSYH	Num	8	INDICATOR : HOSP. FOR PSYCHIATRIC TRTME
99	RPSYH	Num	8	RATE/100PY : HOSP. FOR PSYCHIATRIC TRTME
100	NOHSP	Num	8	NUMBER : OVERNITE HOSP EXCLUDE TRTME
101	IOHSP	Num	8	INDICATOR : OVERNITE HOSP EXCLUDE TRTME
102	ROHSP	Num	8	RATE/100PY : OVERNITE HOSP EXCLUDE TRTME
103	NFTIN	Num	8	NUMBER : FOOT INFECTION (PE)
104	IFTIN	Num	8	INDICATOR : FOOT INFECTION (PE)
105	RFTIN	Num	8	RATE/100PY : FOOT INFECTION (PE)
106	NFTUL	Num	8	NUMBER : FOOT ULCER (PE)
107	IFTUL	Num	8	INDICATOR : FOOT ULCER (PE)
108	RFTUL	Num	8	RATE/100PY : FOOT ULCER (PE)
109	NDKA	Num	8	Number of Ketoacidosis events
110	NMAJOR	Num	8	Number of Major Accident req. hosp.
111	NHOSP	Num	8	Number of Overnight hosp. events
112	NHYP	Num	8	Number of Hypoglycemia alert
113	NHBSTD	Num	8	Number of HbA1c (std patient) alert
114	NHHOSP	Num	8	Number of hospitalization due hypoglycem
115	NHER	Num	8	Number of Emergency room

Num	Variable	Type	Len	Label
116	IDKA	Num	8	Indicator Ketoacidosis event
117	IMAJOR	Num	8	Indicator Major Accident req. hosp. even
118	IHOSP	Num	8	Indicator Overnight hosp. event
119	IHYP	Num	8	Indicator Hypoglycemia alert
120	IHBSTD	Num	8	Indicator HbA1c (std patient) alert
121	IHHOSP	Num	8	Indicator hospitalization due hypoglycem
122	IHER	Num	8	Indicator Emergency room
123	RDKA	Num	8	Rate/100 patient yrs Ketoacidosis events
124	RMAJOR	Num	8	Rate/100 patient yrs Major Accident
125	RHOSP	Num	8	Rate/100 patient yrs Overnight hosp.
126	RHYP	Num	8	Rate/100 patient yrs Hypoglycemia alert
127	RHBSTD	Num	8	Rate/100 patient yrs HbA1c (std patient)
128	RHHOSP	Num	8	Rate/100 patient yrs hospitalization hyp
129	RHER	Num	8	Rate/100 patient yrs emergency room
130	SUMNGHT1	Num	8	No. of nights wake up once to urinate (s
131	SUMNGHT2	Num	8	Wake up two or more times to urinate (su
132	SUMGLASS	Num	8	Drink fluids per day (ounces, sum)
133	RNIGHT1	Num	8	No. of nights wake up once to urinate (r
134	RNIGHT2	Num	8	Wake up two or more times to urinate (ra
135	RGLASS	Num	8	Drink fluids per day (ounces, rate)
136	MASK_PAT	Num	8	Patient ID number

Data Set Name: m9excaif.sas7bdat

Num	Variable	Type	Len	Label
1	D_PUMP	Num	8	Days on Pump
2	D_MDI	Num	8	Days on MDI
3	D_STD	Num	8	Days on Standard
4	EV_PUMP	Num	8	Number Infections while on Pump
5	EV_MDI	Num	8	Number Infections while on MDI
6	EV_STD	Num	8	Number Infections on Standard
7	GROUP	Char	13	Randomization Group
8	REG_MIX	Num	8	Indicator 1=pump 2=mdi 3=std 4=mix
9	R_PUMP	Num	8	Event rate while on pump
10	R_MDI	Num	8	Event rate while on MDI
11	R_STD	Num	8	Event rate on Standard
12	TDAY	Num	8	Days on total combined regiments
13	TEVENT	Num	8	Sum of events for total combined regimen
14	I_PUMP	Num	8	Indicator - Events on pump
15	I_MDI	Num	8	Indicator - Events on mdi
16	I_STD	Num	8	Indicator - Events on std
17	AWPUMP	Num	8	Indicator - always on pump
18	AWMDI	Num	8	Indicator - always on mdi
19	AWSTD	Num	8	Indicator - always on std
20	AYPUMP	Num	8	Indicator - Any pump
21	AYMDI	Num	8	Indicator - Any mdi
22	AYSTD	Num	8	Indicator - Any std
23	MASK_PAT	Num	8	Patient ID number

Data Set Name: m9exdeth.sas7bdat

Num	Variable	Type	Len	Label
1	MASK_PAT	Num	8	Patient ID number
2	ROLE	Char	9	role of diabetes
3	MVA	Char	3	motor vehicle accident
4	HYP	Char	3	hypoglycemia poss cause
5	CAUSE	Char	26	cause of death
6	GROUP	Char	13	Randomization Group
7	SEX	Char	1	Form 001 Sex
8	STIME	Num	8	study time
9	AGE	Num	8	age at death

Data Set Name: m9exdka.sas7bdat

Num	Variable	Type	Len	Label
1	D_PUMP	Num	8	Days on Pump
2	D_MDI	Num	8	Days on MDI
3	D_STD	Num	8	Days on Standard
4	EV_PUMP	Num	8	number of dka while on pump
5	EV_MDI	Num	8	number of dka while on mdi
6	EV_STD	Num	8	number of dka on standard
7	GROUP	Char	13	Randomization Group
8	REG_MIX	Num	8	Indicator 1=pump 2=mdi 3=std 4=mix
9	R_PUMP	Num	8	Event rate while on pump
10	R_MDI	Num	8	Event rate while on MDI
11	R_STD	Num	8	Event rate on Standard
12	TDAY	Num	8	Days on total combined regimens
13	TEVENT	Num	8	Sum of events for total combined regimen
14	I_PUMP	Num	8	Indicator - Events on pump
15	I_MDI	Num	8	Indicator - Events on mdi
16	I_STD	Num	8	Indicator - Events on std
17	AWPUMP	Num	8	Indicator - always on pump
18	AWMDI	Num	8	Indicator - always on mdi
19	AWSTD	Num	8	Indicator - always on std
20	AYPUMP	Num	8	Indicator - Any pump
21	AYMDI	Num	8	Indicator - Any mdi
22	AYSTD	Num	8	Indicator - Any std
23	MASK_PAT	Num	8	Patient ID number

Data Set Name: m9exevet.sas7bdat

Num	Variable	Type	Len	Label
1	HCLCONSC	Num	3	LOSS OF CONSCIOUSNESS
2	HCSEIZ	Num	3	SEIZURE
3	HCSPSEIZ	Num	3	SUSPECTED SEIZURE
4	HCDIFAWK	Num	3	DIFFICULTY IN AWAKENING
5	HCIRRAT	Num	3	IRRATIONAL BEHAVIOR
6	HCUNCTRL	Num	3	UNCONTROLLABLE BEHAVIOR
7	HCCONFUS	Num	3	CONFUSION
8	HCMEMLSS	Num	3	MEMORY LOSS
9	HCDEATH	Num	3	DEATH
10	HCNEUDAM	Num	3	IRREVERSIBLE NEUROLOGICAL DAMAGE
11	HCMI	Num	3	MYOCARDIAL INFARCTION
12	HCSTROKE	Num	3	STROKE OCCURRED
13	HCHOSINJ	Num	3	INJURY REQUIRING HOSPITALIZATION
14	HCINJOTR	Num	3	INJURY TO ANOTHER PERSON
15	HCPROPDM	Num	3	PROPERTY DAMAGE
16	HCTRAFIC	Num	3	TRAFFIC VIOLATION
17	GROUP	Char	13	TREATMENT GROUP
18	EVENTDAY	Num	8	Date of adverse event
19	IN83	Num	8	Had Form 83
20	DEF1	Num	8	DEF C : HYPO EVENT W/ COMA OR SIEZURE
21	DEF2	Num	8	DEF R : HYPO EVENT REQUIRING ASSISTANCE
22	BOCA	Num	3	KETOACIDOSIS
23	BOCT	Num	3	INFUSION CATHETER INFECTION
24	BOC3Q	Num	3	OTHER SIGNS OF HYPOGLYCEMIA
25	MASK_PAT	Num	8	Patient ID number

Data Set Name: m9exhpcs.sas7bdat

Num	Variable	Type	Len	Label
1	D_PUMP	Num	8	Days on Pump
2	D_MDI	Num	8	Days on MDI
3	D_STD	Num	8	Days on Standard
4	EV_PUMP	Num	8	Number hypoglycemia events while on Pump
5	EV_MDI	Num	8	Number hypoglycemia events while on MDI
6	EV_STD	Num	8	Number hypoglycemia events on Standard
7	GROUP	Char	13	Randomization Group
8	REG_MIX	Num	8	Indicator 1=pump 2=mdi 3=std 4=mix
9	R_PUMP	Num	8	Event rate while on pump
10	R_MDI	Num	8	Event rate while on MDI
11	R_STD	Num	8	Event rate on Standard
12	TDAY	Num	8	Days on total combined regimens
13	TEVENT	Num	8	Sum of events for total combined regimen
14	I_PUMP	Num	8	Indicator - Events on pump
15	I_MDI	Num	8	Indicator - Events on mdi
16	I_STD	Num	8	Indicator - Events on std
17	AWPUMP	Num	8	Indicator - always on pump
18	AWMDI	Num	8	Indicator - always on mdi
19	AWSTD	Num	8	Indicator - always on std
20	AYPUMP	Num	8	Indicator - Any pump
21	AYMDI	Num	8	Indicator - Any mdi
22	AYSTD	Num	8	Indicator - Any std
23	MASK_PAT	Num	8	Patient ID number

Data Set Name: m9exhpra.sas7bdat

Num	Variable	Type	Len	Label
1	D_PUMP	Num	8	Days on Pump
2	D_MDI	Num	8	Days on MDI
3	D_STD	Num	8	Days on Standard
4	EV_PUMP	Num	8	Number hypoglycemia events while on Pump
5	EV_MDI	Num	8	Number hypoglycemia events while on MDI
6	EV_STD	Num	8	Number hypoglycemia events on Standard
7	GROUP	Char	13	Randomization Group
8	REG_MIX	Num	8	Indicator 1=pump 2=mdi 3=std 4=mix
9	R_PUMP	Num	8	Event rate while on pump
10	R_MDI	Num	8	Event rate while on MDI
11	R_STD	Num	8	Event rate on Standard
12	TDAY	Num	8	Days on total combined regimens
13	TEVENT	Num	8	Sum of events for total combined regimen
14	I_PUMP	Num	8	Indicator - Events on pump
15	I_MDI	Num	8	Indicator - Events on mdi
16	I_STD	Num	8	Indicator - Events on std
17	AWPUMP	Num	8	Indicator - always on pump
18	AWMDI	Num	8	Indicator - always on mdi
19	AWSTD	Num	8	Indicator - always on std
20	AYPUMP	Num	8	Indicator - Any pump
21	AYMDI	Num	8	Indicator - Any mdi
22	AYSTD	Num	8	Indicator - Any std
23	MASK_PAT	Num	8	Patient ID number

Data Set Name: m9exmorb.sas7bdat

Num	Variable	Type	Len	Label
1	GROUP	Char	13	Randomization Group
2	INSTUDY	Num	8	Length of time in the DCCT (days)
3	MVA	Num	8	Motor Vehicle accident (1=yes, 2=passeng
4	DEATH1	Num	8	Death -MVA
5	DEATH2	Num	8	Death -nonMVA
6	WEEKNO	Num	4	Week number
7	CATAS1	Num	8	Major accident due to hypoglycemia -MVA
8	CATAS2	Num	8	Major accident due to hypoglycemia -NonM
9	BOCX	Num	3	Major accident (hospitalization)
10	BOCX1	Num	8	Major accident (hospitalization) -MVA
11	BOCX2	Num	8	Major accident (hospitalization) -NonMVA
12	MM	Num	8	Reviewd by M&M (0=No,1=Yes)
13	MORB	Num	8	Major accident -MVA
14	MORB2	Num	8	Major accident -nonMVA
15	MORB1	Num	8	Major accident (1=MVA)
16	ACCIDENT	Num	8	Major accident (0=No,1=Yes)
17	ACCDTH	Num	8	Death from accident (0=No,1=Yes)
18	HYP	Num	8	Hypoglycemia as principal cause
19	ACCTYPE	Num	8	Accident type
20	MASK_PAT	Num	8	Patient ID number

Data Set Name: m9exnhds.sas7bdat

Num	Variable	Type	Len	Label
1	SEX	Char	1	SEX
2	AGECD	Char	1	AGE RECODE
3	AGEREC	Char	2	AGE RECODE
4	DIAG1	Char	5	DIAGNOSTIC CODE 1

Data Set Name: baseline.sas7bdat

Num	Variable	Type	Len	Label
1	GROUP	Char	13	Randomization Group
2	PHASE	Num	3	Phase Randomized (2,3)
3	RETBASE	Char	4	Retinopathy at Baseline (PRIM,SCND)
4	ADULT	Num	3	Adult >=18 (0=no/1=yes)
5	AGE	Num	3	Age (From Master) at entry
6	DURATION	Num	4	Total Months Duration of IDDM at entry
7	F002DATE	Char	6	Date Form 002 Completed
8	OBONSET	Num	4	Month and Year of IDDM Onset
9	PPDUR	Num	4	Post-Pubescent Duration (mos)
10	MARRIED	Num	3	Marital Status (0=NOT Married,1=Married)
11	OBMARRY	Num	3	Marital Status
12	PRIORHYP	Num	3	Past Hx of Severe Hypo(0=0,1=1-2,2= >=3)
13	OBC9	Num	3	Needed IV Glucose
14	HOLLSCOR	Num	8	Hollingshead(2 Factor)Social Class score
15	OBPATJOB	Num	3	Patient's Occupation
16	OBPATED	Num	3	Patient's Education
17	FAMIDDM	Num	3	Family History of IDDM (0=no/1=yes)
18	FAMNIDDM	Num	3	Family History of NIDDM (0=no/1=yes)
19	FAMHT	Num	3	Family History of HT (0=no/1=yes)
20	FAMMI	Num	3	Family History of MI (0=no/1=yes)
21	FAMEYE	Num	3	Fam Hist Eye Dz due to Diabetes (0/1)
22	IW	Num	8	Gender Specific Ideal Body Weight
23	PIDW	Num	8	% Ideal Body Weight (OBWEIGHT/IW)*100
24	BMI	Num	8	Body Mass Index (kg/m2)
25	OBSEX	Num	3	Sex
26	OBWEIGHT	Num	8	Weight (kg) at Baseline
27	OBHEIGHT	Num	8	Height (cm) at Baseline
28	MBP	Num	8	Mean Arterial Pressure
29	OBDBP1	Num	4	Diastolic BP (mm Hg, Form 002)
30	OBSBP1	Num	4	Systolic BP (mm Hg, Form 002)
31	INSULIN	Num	8	Total Insulin Dosage Units/Weight (kg)
32	OBGU7	Num	3	Kidney or Bladder Inf. w/ Antibiotics
33	SMOKES	Num	3	Smoking Status(1=never,2=ever,3=current)
34	OBSMOK1	Num	3	Ever Smoked Cigarettes
35	OBSMOK2	Num	3	Now Smokes Cigarettes
36	DRINKS	Num	3	Current Drinker (0=no,1=yes)

Num	Variable	Type	Len	Label
37	EXERCISE	Num	3	Level of Exericse (1=Strenuous...4=Mild)
38	OBRACE	Num	3	Race
39	OBDKAHSP	Num	3	Hospitalizations for DKA in Past Year
40	OBHYPHSP	Num	3	Hospitalizations for Hypog. in Past Yr
41	OBC8A	Num	3	Lost Consciousness without Seizure
42	OBC8B	Num	3	Lost Consciousness with Seizure
43	OBNEUR2	Num	3	Seizures
44	OBPSYCH5	Num	3	Suicide Attempt
45	OBPSYCH7	Num	3	Psychiatric Treatment
46	OHF3RE	Num	4	Visual Acuity Score-Right Eye (Form 008)
47	OHF3LE	Num	4	Visual Acuity Score-Left Eye (Form 008)
48	RETPAT	Num	3	Level of Retinopathy (1 - 4)
49	RET5	Num	3	Retinopathy Level -Baseline (DCCT Scale)
50	RETPAT00	Num	3	Retinopathy Severity Level
51	NEURODEF	Num	3	Presence of Clinical Neuropathy
52	RRV00	Num	8	ANS - RR Variation (x 1000)
53	VALS00	Num	8	ANS - Valsalva Ratio
54	FULLIQ	Num	4	Full Scale IQ
55	EDUCAT	Num	8	Mean Education (Years) - Form 013
56	CALORIES	Num	8	Calories (kcal)
57	BDHRATE	Num	4	ECG Heart Rate
58	BCVAL2	Num	4	T2-Glucose (ser, pre) mg/dl
59	BCVAL5	Num	8	Stimulated C-Peptide(pmol/ml, Form 023A)
60	AER	Num	8	Albuminuri (mg/24hr, Form 23b)
61	SCR	Num	8	Serum Creatinine (mg/dl, Form 23b)
62	CREAT	Num	4	Creatinine Clearance (ml/mn, Form 23b)
63	CHOL	Num	4	Cholesterol (serum,mg/dl, Form 023C)
64	TRG	Num	4	Triglycerides (serum,mg/dl, Form 023C)
65	HDL	Num	4	HDL Cholesterol (serum,mg/dl, Form 023C)
66	LDL	Num	4	LDL Cholesterol (serum,mg/dl, Form 023C)
67	WPMEAN	Num	8	Within-Profile Mean Blood Glucose(mg/dl)
68	BCVAL25A	Num	8	T25-BGP1 mg/dl
69	BCVAL26A	Num	8	T26-BGP2 mg/dl
70	BCVAL27A	Num	8	T27-BGP3 mg/dl
71	BCVAL28A	Num	8	T28-BGP4 mg/dl
72	BCVAL29A	Num	8	T29-BGP5 mg/dl
73	BCVAL30A	Num	8	T30-BGP6 mg/dl
74	BCVAL31A	Num	8	T31-BGP7 mg/dl
75	GFRX00	Num	8	Glomerular Filtration Rate (ml/min)

Num	Variable	Type	Len	Label
76	TSCGSI	Num	8	T-Score Global Severity Index
77	TSCDEP	Num	8	T-Score Depression
78	TOTQOL	Num	8	Quality of Life Total Score
79	HBA00	Num	8	Hemoglobin A1c at Baseline (Form 066)
80	HBAEL	Num	8	Hemoglobin A1c at Eligibility
81	MASK_PAT	Num	8	Patient ID Number

Data Set Name: cpepa1c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ETDPATB	Num	4		Retinopathy at Base (ETDRS Levels, >8=8)
2	ETD3OFLG	Num	4		3-Step Change using ETDRS (0=No,1=Yes)
3	ETD3OVIS	Num	4		QV of 3-Step Change using ETDRS
4	ETD3PFLG	Num	4		Pers. 3-Step Change - ETDRS (0=No,1=Yes)
5	ETD3PVIS	Num	4		QV of Pers. 3-Step Change using ETDRS
6	NEPH2FLG	Num	4		First Occur. of Neph Levl 2 (0=No,1=Yes)
7	NEPH2VIS	Num	4		QV of First Occurence of Neph Lvl 2
8	AER00	Num	8		Albumin Excretion Rate (mg/24hr) at Base
9	LAER00	Num	8		Log of Baseline AER
10	HBAQV04	Num	8		Quarterly HBA1C (QV 04)
11	HBAQV08	Num	8		Quarterly HBA1C (QV 08)
12	HBAQV12	Num	8		Quarterly HbA1c (QV 12)
13	HBAQV16	Num	8		Quarterly HbA1c (QV 16)
14	HBAQV20	Num	8		Quarterly HbA1c (QV 20)
15	HBAQV24	Num	8		Quarterly HbA1c (QV 24)
16	HBAQV28	Num	8		Quarterly HbA1c (QV 28)
17	HBAQV32	Num	8		Quarterly HbA1c (QV 32)
18	HBAQV36	Num	8		Quarterly HbA1c (QV 36)
19	MHBA04	Num	8		Mean HbA1c up to QV 04
20	MHBA08	Num	8		Mean HbA1c up to QV 08
21	MHBA12	Num	8		Mean HbA1c up to QV 12
22	MHBA16	Num	8		Mean HbA1c up to QV 16
23	MHBA20	Num	8		Mean HbA1c up to QV 20
24	MHBA24	Num	8		Mean HbA1c up to QV 24
25	MHBA28	Num	8		Mean HbA1c up to QV 28
26	MHBA32	Num	8		Mean HbA1c up to QV 32
27	MHBA36	Num	8		Mean HbA1c up to QV 36
28	MASK_PAT	Num	8		Patient ID number
29	GROUP	Char	13		Randomization Group
30	RETBASE	Char	4		Retinopathy at Baseline (PRIM,SCND)
31	PHASE	Num	4		Phase Randomized (2,3)
32	RANDSAS	Num	5	MMDDYY8.	Randomization Date (SAS Value)
33	OBSEX	Num	4		Gender from DCCT Form 002 (1=Male,2=Fem)
34	OBRACE	Num	4		Race from DCCT Form 002 (1-5)
35	AGE	Num	5		Age (From Master) at entry
36	ADULT	Num	4		Adult >=18 (0=no/1=yes)

Num	Variable	Type	Len	Format	Label
37	DURATION	Num	5		Total Months Duration of IDDM at entry
38	INSULIN	Num	8		Total Insulin Dosage Units/Weight (kg)
39	WPMEAN	Num	8		Within-Profile Mean Blood Glucose(mg/dl)
40	RESPOND0	Num	4		Duration<=60 &.2<=CPEPSTM0<=.5 (1=Y,0=N)
41	FOLLOWUP	Num	4		Patient has Cpep Followup (1=Yes,0=No)
42	CPEPBAS0	Num	8		Basil C-Pep pmol/ml (Eligibility)
43	CPEPBAS1	Num	8		Basil C-Pep pmol/ml (Year 1)
44	CPEPBAS2	Num	8		Basil C-Pep pmol/ml (Year 2)
45	CPEPBAS3	Num	8		Basil C-Pep pmol/ml (Year 3)
46	CPEPBAS4	Num	8		Basil C-Pep pmol/ml (Year 4)
47	CPEPBAS5	Num	8		Basil C-Pep pmol/ml (Year 5)
48	CPEPBAS6	Num	8		Basil C-Pep pmol/ml (Year 6)
49	CPEPSTM0	Num	8		Stimulated C-Pep pmol/ml (Eligibility)
50	CPEPSTM1	Num	8		Stimulated C-Pep pmol/ml (Year 1)
51	CPEPSTM2	Num	8		Stimulated C-Pep pmol/ml (Year 2)
52	CPEPSTM3	Num	8		Stimulated C-Pep pmol/ml (Year 3)
53	CPEPSTM4	Num	8		Stimulated C-Pep pmol/ml (Year 4)
54	CPEPSTM5	Num	8		Stimulated C-Pep pmol/ml (Year 5)
55	CPEPSTM6	Num	8		Stimulated C-Pep pmol/ml (Year 6)
56	CPLT02_0	Num	4		Stimulated C-Pep <.20 (Eligibility)(Y=1)
57	CPLT02_1	Num	4		Stimulated C-Pep <.20 (Year 1)(Y=1)
58	CPLT02_2	Num	4		Stimulated C-Pep <.20 (Year 2)(Y=1)
59	CPLT02_3	Num	4		Stimulated C-Pep <.20 (Year 3)(Y=1)
60	CPLT02_4	Num	4		Stimulated C-Pep <.20 (Year 4)(Y=1)
61	CPLT02_5	Num	4		Stimulated C-Pep <.20 (Year 5)(Y=1)
62	CPLT02_6	Num	4		Stimulated C-Pep <.20 (Year 6)(Y=1)
63	CPLT02FG	Num	4		Cum. Incidence: Stim C-Pep <.20 (Y=1)
64	CPLT02VS	Num	4		Cum. Incidence: Stim C-Pep <.20 (QV)
65	CPLT01_0	Num	4		Stimulated C-Pep <.10 (Eligibility)(Y=1)
66	CPLT01_1	Num	4		Stimulated C-Pep <.10 (Year 1)(Y=1)
67	CPLT01_2	Num	4		Stimulated C-Pep <.10 (Year 2)(Y=1)
68	CPLT01_3	Num	4		Stimulated C-Pep <.10 (Year 3)(Y=1)
69	CPLT01_4	Num	4		Stimulated C-Pep <.10 (Year 4)(Y=1)
70	CPLT01_5	Num	4		Stimulated C-Pep <.10 (Year 5)(Y=1)
71	CPLT01_6	Num	4		Stimulated C-Pep <.10 (Year 6)(Y=1)
72	CPLT01FG	Num	4		Cum. Incidence: Stim C-Pep <.10 (Y=1)
73	CPLT01VS	Num	4		Cum. Incidence: Stim C-Pep <.10 (QV)
74	CPEPDAT0	Num	5	MMDDYY8.	C-Peptide Collection Date (Eligibility)
75	CPEPDAT1	Num	5	MMDDYY8.	C-Peptide Collection Date (Year 1)

Num	Variable	Type	Len	Format	Label
76	CPEPDAT2	Num	5	MMDDYY8.	C-Peptide Collection Date (Year 2)
77	CPEPDAT3	Num	5	MMDDYY8.	C-Peptide Collection Date (Year 3)
78	CPEPDAT4	Num	5	MMDDYY8.	C-Peptide Collection Date (Year 4)
79	CPEPDAT5	Num	5	MMDDYY8.	C-Peptide Collection Date (Year 5)
80	CPEPDAT6	Num	5	MMDDYY8.	C-Peptide Collection Date (Year 6)
81	HBA_ELIG	Num	8		Eligibility HbA1c (from Shared.Baseline)
82	HBA0	Num	8		Baseline HbA1c (from Shared.Baseline)
83	HBA1	Num	8		QV HbA1c Closest to C-Pep Year 1 Date
84	HBA2	Num	8		QV HbA1c Closest to C-Pep Year 2 Date
85	HBA3	Num	8		QV HbA1c Closest to C-Pep Year 3 Date
86	HBA4	Num	8		QV HbA1c Closest to C-Pep Year 4 Date
87	HBA5	Num	8		QV HbA1c Closest to C-Pep Year 5 Date
88	HBA6	Num	8		QV HbA1c Closest to C-Pep Year 6 Date
89	HBADAT1	Num	5	MMDDYY8.	QV HbA1c Col Date (Closest to CP Year 1)
90	HBADAT2	Num	5	MMDDYY8.	QV HbA1c Col Date (Closest to CP Year 2)
91	HBADAT3	Num	5	MMDDYY8.	QV HbA1c Col Date (Closest to CP Year 3)
92	HBADAT4	Num	5	MMDDYY8.	QV HbA1c Col Date (Closest to CP Year 4)
93	HBADAT5	Num	5	MMDDYY8.	QV HbA1c Col Date (Closest to CP Year 5)
94	HBADAT6	Num	5	MMDDYY8.	QV HbA1c Col Date (Closest to CP Year 6)
95	LASTCPEP	Num	8		Last Cpeptide Follow-up Year (0-6)

Data Set Name: dtfamcls.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AGE	Num	8		Age at closeout
2	DURATION	Num	4		Duration of Diabetes at closeout (yrs)
3	RELATION	Char	3		Relation of Subject to DCCT Proband
4	CLASS	Char	5		Classification of Diabetes(IDDM/NIDDM)
5	GENDER	Num	8		1=Male, 2=Female
6	HT20	Num	8		1=hypertension observed at closeout
7	DBP	Num	8		Diastolic blood pressure at closeout
8	SBP	Num	8		Systolic blood pressure at closeout
9	ETDRSPAT	Num	8		ETDRS score at closeout
10	RETANY	Num	3		CSME,Laser Surgery, ETDRS=47/<47+
11	NEPH2	Num	3		1=(AER<40) 2=(40<=AER<300) 3=Renal Event
12	ANYMA	Num	8		1=any microaneurysm present at closeout
13	GROUP	Char	13		Treatment Group of DCCT Proband
14	STATUS	Char	7		Status of Subject (LIVING/DEAD)
15	AER	Num	8		AER (mg/24hr) at closeout
16	HBA	Num	8	6.2	Hba1c at closeout
17	IBW	Num	8		% Ideal Body Weight at closeout
18	MBP	Num	8		Mean blood pressure at closeout
19	RETBASE	Char	4		Cohort of DCCT Proband PRIM/SCND
20	PROBAND	Num	8		1=DCCT Proband, 0=Relative
21	AER40	Num	8		1 if AER > 40 (mg/24hr) at closeout
22	LAER	Num	8		Log of AER
23	LETDRS	Num	8		Log of ETDRS
24	RETRES	Num	8		Residual of Log ETDRS
25	RETRESTD	Num	8		Stdzd Residual of Log ETDRS
26	AERES	Num	8		Residual of Log AER
27	AERESTD	Num	8		Stdzd Residual of Log AER
28	MASK_PAT	Num	8		Patient ID number

Data Set Name: ms12expt.sas7bdat

Num	Variable	Type	Len	Label
1	ETDPATB	Num	3	Retinopathy at Base (ETDRS Levels, >8=8)
2	ETDPAT00	Num	3	ETDRS Scale (patient) Baseline
3	MARRIED	Num	3	Marital Status (0=NOT Married,1=Married)
4	FEMALE	Num	3	Female (0=no/1=yes)
5	ADULT	Num	3	Adult >=18 (0=no/1=yes)
6	PHASE3	Num	3	Phase of Randomization (0=2,1=3)
7	NEUR0FLG	Num	3	Clinical Neuropathy at Baseline (0,1)
8	SMOKER	Num	3	Smoking Status at Baseline (0=No,1=Yes)
9	FAMIDDM	Num	3	Family History of IDDM (0=no/1=yes)
10	RET20FLG	Num	3	Baseline ETDRS 20/20 (0=No,1=Yes)
11	RET35FLG	Num	3	Baseline ETDRS 35/<=35 (0=No,1=Yes)
12	RET43FLG	Num	3	Baseline ETDRS 43/<43 + (0=No,1=Yes)
13	PRIMARY	Num	3	Base Retinopathy Strata (0=Scnd,1=Prim)
14	NEUR5FLG	Num	3	Clinical Neuropathy at 5 years (0,1)
15	NEUR5VIS	Num	3	Actual QV of Neuropathy Score at 5 Yr
16	ETD3OFLG	Num	3	3-Step Change using ETDRS (0=No,1=Yes)
17	ETD3OVIS	Num	3	QV of 3-Step Change using ETDRS
18	ETD3PFLG	Num	3	Pers. 3-Step Change - ETDRS (0=No,1=Yes)
19	ETD3PVIS	Num	3	QV of Pers. 3-Step Change using ETDRS
20	L6E3OFLG	Num	3	Late (18 mos+) 3-Step Change from Base
21	L6E3OVIS	Num	3	QV of Late (18 mos+) 3-Stp Ch from Base
22	L6E3PFLG	Num	3	Late (18 mos+) Pers 3-Stp Ch from Base
23	L6E3PVIS	Num	3	QV of Late(18 mos+) P 3-Stp Ch from Base
24	ETD53FLG	Num	3	Severe NPDR (ETDRS 53/<53) (0=No,1=Yes)
25	ETD53VIS	Num	3	QV of Severe NPDR (ETDRS 53/<53)
26	NEPH2FLG	Num	3	First Occur. of Neph Levl 2 (0=No,1=Yes)
27	NEPH2VIS	Num	3	QV of First Occurence of Neph Lvl 2
28	NEPH5FLG	Num	3	First Occur. of Neph Levl 5 (0=No,1=Yes)
29	NEPH5VIS	Num	3	QV of First Occurence of Neph Lvl 5
30	GROUP	Char	13	Treatment Group (Exp,Std)
31	RETBASE	Char	4	Baseline Retinopathy Strata (Prim,Sec)
32	DURATION	Num	3	Duration of IDDM (months) at Baseline
33	HBAEL	Num	8	HbA1c at Eligibility
34	MA3PFLG	Num	3	Pers. >=3 Microaneurysm (0=No,1=Yes)
35	MA3PVIS	Num	3	QV of Persistent >=3 Microaneurysm
36	AER00	Num	8	Albumin Excretion Rate (mg/24hr) at Base

Num	Variable	Type	Len	Label
37	LAER00	Num	8	Log of Baseline AER
38	HBAQV00	Num	8	Baseline HbA1c (from Shared.Baseline)
39	HBAQV01	Num	8	Quarterly HBA1C (QV 01)
40	HBAQV02	Num	8	Quarterly HBA1C (QV 02)
41	HBAQV03	Num	8	Quarterly HBA1C (QV 03)
42	HBAQV04	Num	8	Quarterly HBA1C (QV 04)
43	HBAQV05	Num	8	Quarterly HBA1C (QV 05)
44	HBAQV06	Num	8	Quarterly HBA1C (QV 06)
45	HBAQV07	Num	8	Quarterly HBA1C (QV 07)
46	HBAQV08	Num	8	Quarterly HBA1C (QV 08)
47	HBAQV09	Num	8	Quarterly HBA1C (QV 09)
48	HBAQV10	Num	8	Quarterly HbA1c (QV 10)
49	HBAQV11	Num	8	Quarterly HbA1c (QV 11)
50	HBAQV12	Num	8	Quarterly HbA1c (QV 12)
51	HBAQV13	Num	8	Quarterly HbA1c (QV 13)
52	HBAQV14	Num	8	Quarterly HbA1c (QV 14)
53	HBAQV15	Num	8	Quarterly HbA1c (QV 15)
54	HBAQV16	Num	8	Quarterly HbA1c (QV 16)
55	HBAQV17	Num	8	Quarterly HbA1c (QV 17)
56	HBAQV18	Num	8	Quarterly HbA1c (QV 18)
57	HBAQV19	Num	8	Quarterly HbA1c (QV 19)
58	HBAQV20	Num	8	Quarterly HbA1c (QV 20)
59	HBAQV21	Num	8	Quarterly HbA1c (QV 21)
60	HBAQV22	Num	8	Quarterly HbA1c (QV 22)
61	HBAQV23	Num	8	Quarterly HbA1c (QV 23)
62	HBAQV24	Num	8	Quarterly HbA1c (QV 24)
63	HBAQV25	Num	8	Quarterly HbA1c (QV 25)
64	HBAQV26	Num	8	Quarterly HbA1c (QV 26)
65	HBAQV27	Num	8	Quarterly HbA1c (QV 27)
66	HBAQV28	Num	8	Quarterly HbA1c (QV 28)
67	HBAQV29	Num	8	Quarterly HbA1c (QV 29)
68	HBAQV30	Num	8	Quarterly HbA1c (QV 30)
69	HBAQV31	Num	8	Quarterly HbA1c (QV 31)
70	HBAQV32	Num	8	Quarterly HbA1c (QV 32)
71	HBAQV33	Num	8	Quarterly HbA1c (QV 33)
72	HBAQV34	Num	8	Quarterly HbA1c (QV 34)
73	HBAQV35	Num	8	Quarterly HbA1c (QV 35)
74	HBAQV36	Num	8	Quarterly HbA1c (QV 36)
75	MHBA01	Num	8	Mean HbA1c up to QV 01

Num	Variable	Type	Len	Label
76	MHBA02	Num	8	Mean HbA1c up to QV 02
77	MHBA03	Num	8	Mean HbA1c up to QV 03
78	MHBA04	Num	8	Mean HbA1c up to QV 04
79	MHBA05	Num	8	Mean HbA1c up to QV 05
80	MHBA06	Num	8	Mean HbA1c up to QV 06
81	MHBA07	Num	8	Mean HbA1c up to QV 07
82	MHBA08	Num	8	Mean HbA1c up to QV 08
83	MHBA09	Num	8	Mean HbA1c up to QV 09
84	MHBA10	Num	8	Mean HbA1c up to QV 10
85	MHBA11	Num	8	Mean HbA1c up to QV 11
86	MHBA12	Num	8	Mean HbA1c up to QV 12
87	MHBA13	Num	8	Mean HbA1c up to QV 13
88	MHBA14	Num	8	Mean HbA1c up to QV 14
89	MHBA15	Num	8	Mean HbA1c up to QV 15
90	MHBA16	Num	8	Mean HbA1c up to QV 16
91	MHBA17	Num	8	Mean HbA1c up to QV 17
92	MHBA18	Num	8	Mean HbA1c up to QV 18
93	MHBA19	Num	8	Mean HbA1c up to QV 19
94	MHBA20	Num	8	Mean HbA1c up to QV 20
95	MHBA21	Num	8	Mean HbA1c up to QV 21
96	MHBA22	Num	8	Mean HbA1c up to QV 22
97	MHBA23	Num	8	Mean HbA1c up to QV 23
98	MHBA24	Num	8	Mean HbA1c up to QV 24
99	MHBA25	Num	8	Mean HbA1c up to QV 25
100	MHBA26	Num	8	Mean HbA1c up to QV 26
101	MHBA27	Num	8	Mean HbA1c up to QV 27
102	MHBA28	Num	8	Mean HbA1c up to QV 28
103	MHBA29	Num	8	Mean HbA1c up to QV 29
104	MHBA30	Num	8	Mean HbA1c up to QV 30
105	MHBA31	Num	8	Mean HbA1c up to QV 31
106	MHBA32	Num	8	Mean HbA1c up to QV 32
107	MHBA33	Num	8	Mean HbA1c up to QV 33
108	MHBA34	Num	8	Mean HbA1c up to QV 34
109	MHBA35	Num	8	Mean HbA1c up to QV 35
110	MHBA36	Num	8	Mean HbA1c up to QV 36
111	SDHBA01	Num	8	Std Dev of HbA1c up to QV 01
112	SDHBA02	Num	8	Std Dev of HbA1c up to QV 02
113	SDHBA03	Num	8	Std Dev of HbA1c up to QV 03
114	SDHBA04	Num	8	Std Dev of HbA1c up to QV 04

Num	Variable	Type	Len	Label
115	SDHBA05	Num	8	Std Dev of HbA1c up to QV 05
116	SDHBA06	Num	8	Std Dev of HbA1c up to QV 06
117	SDHBA07	Num	8	Std Dev of HbA1c up to QV 07
118	SDHBA08	Num	8	Std Dev of HbA1c up to QV 08
119	SDHBA09	Num	8	Std Dev of HbA1c up to QV 09
120	SDHBA10	Num	8	Std Dev of HbA1c up to QV 10
121	SDHBA11	Num	8	Std Dev of HbA1c up to QV 11
122	SDHBA12	Num	8	Std Dev of HbA1c up to QV 12
123	SDHBA13	Num	8	Std Dev of HbA1c up to QV 13
124	SDHBA14	Num	8	Std Dev of HbA1c up to QV 14
125	SDHBA15	Num	8	Std Dev of HbA1c up to QV 15
126	SDHBA16	Num	8	Std Dev of HbA1c up to QV 16
127	SDHBA17	Num	8	Std Dev of HbA1c up to QV 17
128	SDHBA18	Num	8	Std Dev of HbA1c up to QV 18
129	SDHBA19	Num	8	Std Dev of HbA1c up to QV 19
130	SDHBA20	Num	8	Std Dev of HbA1c up to QV 20
131	SDHBA21	Num	8	Std Dev of HbA1c up to QV 21
132	SDHBA22	Num	8	Std Dev of HbA1c up to QV 22
133	SDHBA23	Num	8	Std Dev of HbA1c up to QV 23
134	SDHBA24	Num	8	Std Dev of HbA1c up to QV 24
135	SDHBA25	Num	8	Std Dev of HbA1c up to QV 25
136	SDHBA26	Num	8	Std Dev of HbA1c up to QV 26
137	SDHBA27	Num	8	Std Dev of HbA1c up to QV 27
138	SDHBA28	Num	8	Std Dev of HbA1c up to QV 28
139	SDHBA29	Num	8	Std Dev of HbA1c up to QV 29
140	SDHBA30	Num	8	Std Dev of HbA1c up to QV 30
141	SDHBA31	Num	8	Std Dev of HbA1c up to QV 31
142	SDHBA32	Num	8	Std Dev of HbA1c up to QV 32
143	SDHBA33	Num	8	Std Dev of HbA1c up to QV 33
144	SDHBA34	Num	8	Std Dev of HbA1c up to QV 34
145	SDHBA35	Num	8	Std Dev of HbA1c up to QV 35
146	SDHBA36	Num	8	Std Dev of HbA1c up to QV 36
147	SLHBA01	Num	8	Slope of HbA1c up to QV 01
148	SLHBA02	Num	8	Slope of HbA1c up to QV 02
149	SLHBA03	Num	8	Slope of HbA1c up to QV 03
150	SLHBA04	Num	8	Slope of HbA1c up to QV 04
151	SLHBA05	Num	8	Slope of HbA1c up to QV 05
152	SLHBA06	Num	8	Slope of HbA1c up to QV 06
153	SLHBA07	Num	8	Slope of HbA1c up to QV 07

Num	Variable	Type	Len	Label
154	SLHBA08	Num	8	Slope of HbA1c up to QV 08
155	SLHBA09	Num	8	Slope of HbA1c up to QV 09
156	SLHBA10	Num	8	Slope of HbA1c up to QV 10
157	SLHBA11	Num	8	Slope of HbA1c up to QV 11
158	SLHBA12	Num	8	Slope of HbA1c up to QV 12
159	SLHBA13	Num	8	Slope of HbA1c up to QV 13
160	SLHBA14	Num	8	Slope of HbA1c up to QV 14
161	SLHBA15	Num	8	Slope of HbA1c up to QV 15
162	SLHBA16	Num	8	Slope of HbA1c up to QV 16
163	SLHBA17	Num	8	Slope of HbA1c up to QV 17
164	SLHBA18	Num	8	Slope of HbA1c up to QV 18
165	SLHBA19	Num	8	Slope of HbA1c up to QV 19
166	SLHBA20	Num	8	Slope of HbA1c up to QV 20
167	SLHBA21	Num	8	Slope of HbA1c up to QV 21
168	SLHBA22	Num	8	Slope of HbA1c up to QV 22
169	SLHBA23	Num	8	Slope of HbA1c up to QV 23
170	SLHBA24	Num	8	Slope of HbA1c up to QV 24
171	SLHBA25	Num	8	Slope of HbA1c up to QV 25
172	SLHBA26	Num	8	Slope of HbA1c up to QV 26
173	SLHBA27	Num	8	Slope of HbA1c up to QV 27
174	SLHBA28	Num	8	Slope of HbA1c up to QV 28
175	SLHBA29	Num	8	Slope of HbA1c up to QV 29
176	SLHBA30	Num	8	Slope of HbA1c up to QV 30
177	SLHBA31	Num	8	Slope of HbA1c up to QV 31
178	SLHBA32	Num	8	Slope of HbA1c up to QV 32
179	SLHBA33	Num	8	Slope of HbA1c up to QV 33
180	SLHBA34	Num	8	Slope of HbA1c up to QV 34
181	SLHBA35	Num	8	Slope of HbA1c up to QV 35
182	SLHBA36	Num	8	Slope of HbA1c up to QV 36
183	AGE	Num	3	Age (From Master) at entry
184	BMI	Num	8	Body Mass Index (kg/m2)
185	MBP	Num	8	Mean Arterial Pressure
186	INSULIN	Num	8	Total Insulin Dosage Units/Weight (kg)
187	FULLIQ	Num	4	Full Scale IQ
188	EDUCAT	Num	8	Mean Education (Years) - Form 013
189	CALORIES	Num	8	Calories (kcal)
190	PROTEIN	Num	8	Dietary Protein (gm)
191	BCVAL5	Num	8	Stimulated C-Peptide(pmol/ml, Form 023A)
192	TRG	Num	4	Triglycerides (serum,mg/dl, Form 023C)

Num	Variable	Type	Len	Label
193	HDL	Num	4	HDL Cholesterol (serum,mg/dl, Form 023C)
194	LDL	Num	4	LDL Cholesterol (serum,mg/dl, Form 023C)
195	WPMEAN	Num	8	Within-Profile Mean Blood Glucose(mg/dl)
196	LASTQV	Num	8	Last Visit (HbA1c, ETDRS, AER)
197	MHBALV	Num	8	Mean HbA1c up to Last Visit
198	LDUR	Num	8	Log of Duration at Baseline
199	LHBAEL	Num	8	Log of HbA1c at Eligibility
200	LRET00	Num	8	Log of Baseline ETDRS Score
201	LRET02	Num	8	Log of ETDRS Score at QV 02 (6 mos)
202	LRET04	Num	8	Log of ETDRS Score at QV 04 (12 mos)
203	LRET06	Num	8	Log of ETDRS Score at QV 06 (18 mos)
204	LRET08	Num	8	Log of ETDRS Score at QV 08 (24 mos)
205	LRET10	Num	8	Log of ETDRS Score at QV 10 (30 mos)
206	LRET12	Num	8	Log of ETDRS Score at QV 12 (36 mos)
207	LRET14	Num	8	Log of ETDRS Score at QV 14 (42 mos)
208	LRET16	Num	8	Log of ETDRS Score at QV 16 (48 mos)
209	LRET18	Num	8	Log of ETDRS Score at QV 18 (54 mos)
210	LRET20	Num	8	Log of ETDRS Score at QV 20 (60 mos)
211	LRET22	Num	8	Log of ETDRS Score at QV 22 (66 mos)
212	LRET24	Num	8	Log of ETDRS Score at QV 24 (72 mos)
213	LRET26	Num	8	Log of ETDRS Score at QV 26 (78 mos)
214	LRET28	Num	8	Log of ETDRS Score at QV 28 (84 mos)
215	LRET30	Num	8	Log of ETDRS Score at QV 30 (90 mos)
216	LRET32	Num	8	Log of ETDRS Score at QV 32 (96 mos)
217	LRET34	Num	8	Log of ETDRS Score at QV 34 (102 mos)
218	LRET36	Num	8	Log of ETDRS Score at QV 36 (108 mos)
219	LRETSLOP	Num	8	Slope of Log of ETDRS Score
220	LAER04	Num	8	Log of AER at QV 04 (1 Year)
221	LAER08	Num	8	Log of AER at QV 08 (2 Years)
222	LAER12	Num	8	Log of AER at QV 12 (3 Years)
223	LAER16	Num	8	Log of AER at QV 16 (4 Years)
224	LAER20	Num	8	Log of AER at QV 20 (5 Years)
225	LAER24	Num	8	Log of AER at QV 24 (6 Years)
226	LAER28	Num	8	Log of AER at QV 28 (7 Years)
227	LAER32	Num	8	Log of AER at QV 32 (8 Years)
228	LAER36	Num	8	Log of AER at QV 36 (9 Years)
229	LAERSLOP	Num	8	Slope of Log of Annual AER
230	MNCV00	Num	8	Baseline median motor velocity
231	MNCV20	Num	8	5-year change: median motor velocity

Num	Variable	Type	Len	Label
232	HYPO2FLG	Num	8	2nd hypoglycemia with coma/seizure (0,1)
233	HYPO2YRS	Num	8	Years in between 1st and 2nd hypo c/s
234	MASK_PAT	Num	8	Patient ID number

Data Set Name: ms5event.sas7bdat

Num	Variable	Type	Len	Format	Label
1	EVENT	Char	40		Description of event
2	ORIGIN	Char	10		Source of event data
3	EVT_DATE	Num	4	MMDDYY8.	Date of event
4	EVT_CODE	Num	3		Event code
5	GROUP	Char	13		Treatment group
6	RETBASE	Char	4		Baseline retinopathy stratum
7	DISEASE	Char	3		Type of disease (death, CAD, CVD, PVD)
8	DEGREE	Char	5		Degree of disease (major, other, nil)
9	SEX	Char	1		Patient's gender (from Form 001)
10	AGE	Num	8		Age at randomization (calculated)
11	MASK_PAT	Num	8		Patient ID number
12	EVT_TIME	Num	8		Time of event (years from randomization)

Data Set Name: ms5exprt.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BGPX_00	Num	8		Mean profile blood glucose: baseline
2	BGPX_04	Num	8		Mean blood glucose from profile: QV 04
3	BGPX_08	Num	8		Mean blood glucose from profile: QV 08
4	BGPX_12	Num	8		Mean blood glucose from profile: QV 12
5	BGPX_16	Num	8		Mean blood glucose from profile: QV 16
6	BGPX_20	Num	8		Mean blood glucose from profile: QV 20
7	BGPX_24	Num	8		Mean blood glucose from profile: QV 24
8	BGPX_28	Num	8		Mean blood glucose from profile: QV 28
9	BGPX_32	Num	8		Mean blood glucose from profile: QV 32
10	BGPX_36	Num	8		Mean blood glucose from profile: QV 36
11	I_HTEN	Num	3		Indicator: hypertension observed
12	QV_HTEN	Num	3		Hypertension: QV of event or censoring
13	I_HCHOL	Num	3		Indicator: hypercholesterolemia observed
14	QV_HCHOL	Num	3		Hypercholest.: QV of event or censoring
15	I_HTRIG	Num	3		Indicator: hypertriglyceridemia observed
16	QV_HTRIG	Num	3		Hypertriglyc.: QV of event or censoring
17	HBA1C00	Num	8		HbA1c (percent of hemoglobin): baseline
18	SBP00	Num	3		Systolic blood pressure, mm Hg: baseline
19	DBP00	Num	3		Diastolic blood press. (mm Hg): baseline
20	MBP00	Num	8	5.1	Mean blood pressure (mm Hg): baseline
21	WEIGHT00	Num	8		Body weight (kg): baseline
22	BMI00	Num	8	5.1	Body mass index (kg/m**2): baseline
23	IBW00	Num	8	5.1	Percent of ideal body weight: baseline
24	WEIGHT01	Num	8		Body weight (kg): QV 01
25	BMI01	Num	8	5.1	Body mass index (kg/m**2): QV 01
26	IBW01	Num	8	5.1	Percent of ideal body weight: QV 01
27	WEIGHT02	Num	8		Body weight (kg): QV 02
28	BMI02	Num	8	5.1	Body mass index (kg/m**2): QV 02
29	IBW02	Num	8	5.1	Percent of ideal body weight: QV 02
30	WEIGHT03	Num	8		Body weight (kg): QV 03
31	BMI03	Num	8	5.1	Body mass index (kg/m**2): QV 03
32	IBW03	Num	8	5.1	Percent of ideal body weight: QV 03
33	HBA1C04	Num	8		HbA1c (percent of hemoglobin): QV 04
34	SBP04	Num	3		Systolic blood pressure (mm Hg): QV 04
35	DBP04	Num	3		Diastolic blood pressure (mm Hg): QV 04
36	MBP04	Num	8	5.1	Mean blood pressure (mm Hg): QV 04

Num	Variable	Type	Len	Format	Label
37	WEIGHT04	Num	8		Body weight (kg): QV 04
38	BMI04	Num	8	5.1	Body mass index (kg/m**2): QV 04
39	IBW04	Num	8	5.1	Percent of ideal body weight: QV 04
40	WEIGHT05	Num	8		Body weight (kg): QV 05
41	BMI05	Num	8	5.1	Body mass index (kg/m**2): QV 05
42	IBW05	Num	8	5.1	Percent of ideal body weight: QV 05
43	WEIGHT06	Num	8		Body weight (kg): QV 06
44	BMI06	Num	8	5.1	Body mass index (kg/m**2): QV 06
45	IBW06	Num	8	5.1	Percent of ideal body weight: QV 06
46	WEIGHT07	Num	8		Body weight (kg): QV 07
47	BMI07	Num	8	5.1	Body mass index (kg/m**2): QV 07
48	IBW07	Num	8	5.1	Percent of ideal body weight: QV 07
49	HBA1C08	Num	8		HbA1c (percent of hemoglobin): QV 08
50	SBP08	Num	3		Systolic blood pressure (mm Hg): QV 08
51	DBP08	Num	3		Diastolic blood pressure (mm Hg): QV 08
52	MBP08	Num	8	5.1	Mean blood pressure (mm Hg): QV 08
53	WEIGHT08	Num	8		Body weight (kg): QV 08
54	BMI08	Num	8	5.1	Body mass index (kg/m**2): QV 08
55	IBW08	Num	8	5.1	Percent of ideal body weight: QV 08
56	WEIGHT09	Num	8		Body weight (kg): QV 09
57	BMI09	Num	8	5.1	Body mass index (kg/m**2): QV 09
58	IBW09	Num	8	5.1	Percent of ideal body weight: QV 09
59	WEIGHT10	Num	8		Body weight (kg): QV 10
60	BMI10	Num	8	5.1	Body mass index (kg/m**2): QV 10
61	IBW10	Num	8	5.1	Percent of ideal body weight: QV 10
62	WEIGHT11	Num	8		Body weight (kg): QV 11
63	BMI11	Num	8	5.1	Body mass index (kg/m**2): QV 11
64	IBW11	Num	8	5.1	Percent of ideal body weight: QV 11
65	HBA1C12	Num	8		HbA1c (percent of hemoglobin): QV 12
66	SBP12	Num	3		Systolic blood pressure (mm Hg): QV 12
67	DBP12	Num	3		Diastolic blood pressure (mm Hg): QV 12
68	MBP12	Num	8	5.1	Mean blood pressure (mm Hg): QV 12
69	WEIGHT12	Num	8		Body weight (kg): QV 12
70	BMI12	Num	8	5.1	Body mass index (kg/m**2): QV 12
71	IBW12	Num	8	5.1	Percent of ideal body weight: QV 12
72	WEIGHT13	Num	8		Body weight (kg): QV 13
73	BMI13	Num	8	5.1	Body mass index (kg/m**2): QV 13
74	IBW13	Num	8	5.1	Percent of ideal body weight: QV 13
75	WEIGHT14	Num	8		Body weight (kg): QV 14

Num	Variable	Type	Len	Format	Label
76	BMI14	Num	8	5.1	Body mass index (kg/m**2): QV 14
77	IBW14	Num	8	5.1	Percent of ideal body weight: QV 14
78	WEIGHT15	Num	8		Body weight (kg): QV 15
79	BMI15	Num	8	5.1	Body mass index (kg/m**2): QV 15
80	IBW15	Num	8	5.1	Percent of ideal body weight: QV 15
81	HBA1C16	Num	8		HbA1c (percent of hemoglobin): QV 16
82	SBP16	Num	3		Systolic blood pressure (mm Hg): QV 16
83	DBP16	Num	3		Diastolic blood pressure (mm Hg): QV 16
84	MBP16	Num	8	5.1	Mean blood pressure (mm Hg): QV 16
85	WEIGHT16	Num	8		Body weight (kg): QV 16
86	BMI16	Num	8	5.1	Body mass index (kg/m**2): QV 16
87	IBW16	Num	8	5.1	Percent of ideal body weight: QV 16
88	WEIGHT17	Num	8		Body weight (kg): QV 17
89	BMI17	Num	8	5.1	Body mass index (kg/m**2): QV 17
90	IBW17	Num	8	5.1	Percent of ideal body weight: QV 17
91	WEIGHT18	Num	8		Body weight (kg): QV 18
92	BMI18	Num	8	5.1	Body mass index (kg/m**2): QV 18
93	IBW18	Num	8	5.1	Percent of ideal body weight: QV 18
94	WEIGHT19	Num	8		Body weight (kg): QV 19
95	BMI19	Num	8	5.1	Body mass index (kg/m**2): QV 19
96	IBW19	Num	8	5.1	Percent of ideal body weight: QV 19
97	HBA1C20	Num	8		HbA1c (percent of hemoglobin): QV 20
98	SBP20	Num	3		Systolic blood pressure (mm Hg): QV 20
99	DBP20	Num	3		Diastolic blood pressure (mm Hg): QV 20
100	MBP20	Num	8	5.1	Mean blood pressure (mm Hg): QV 20
101	WEIGHT20	Num	8		Body weight (kg): QV 20
102	BMI20	Num	8	5.1	Body mass index (kg/m**2): QV 20
103	IBW20	Num	8	5.1	Percent of ideal body weight: QV 20
104	WEIGHT21	Num	8		Body weight (kg): QV 21
105	BMI21	Num	8	5.1	Body mass index (kg/m**2): QV 21
106	IBW21	Num	8	5.1	Percent of ideal body weight: QV 21
107	WEIGHT22	Num	8		Body weight (kg): QV 22
108	BMI22	Num	8	5.1	Body mass index (kg/m**2): QV 22
109	IBW22	Num	8	5.1	Percent of ideal body weight: QV 22
110	WEIGHT23	Num	8		Body weight (kg): QV 23
111	BMI23	Num	8	5.1	Body mass index (kg/m**2): QV 23
112	IBW23	Num	8	5.1	Percent of ideal body weight: QV 23
113	HBA1C24	Num	8		HbA1c (percent of hemoglobin): QV 24
114	SBP24	Num	3		Systolic blood pressure (mm Hg): QV 24

Num	Variable	Type	Len	Format	Label
115	DBP24	Num	3		Diastolic blood pressure (mm Hg): QV 24
116	MBP24	Num	8	5.1	Mean blood pressure (mm Hg): QV 24
117	WEIGHT24	Num	8		Body weight (kg): QV 24
118	BMI24	Num	8	5.1	Body mass index (kg/m**2): QV 24
119	IBW24	Num	8	5.1	Percent of ideal body weight: QV 24
120	WEIGHT25	Num	8		Body weight (kg): QV 25
121	BMI25	Num	8	5.1	Body mass index (kg/m**2): QV 25
122	IBW25	Num	8	5.1	Percent of ideal body weight: QV 25
123	WEIGHT26	Num	8		Body weight (kg): QV 26
124	BMI26	Num	8	5.1	Body mass index (kg/m**2): QV 26
125	IBW26	Num	8	5.1	Percent of ideal body weight: QV 26
126	WEIGHT27	Num	8		Body weight (kg): QV 27
127	BMI27	Num	8	5.1	Body mass index (kg/m**2): QV 27
128	IBW27	Num	8	5.1	Percent of ideal body weight: QV 27
129	HBA1C28	Num	8		HbA1c (percent of hemoglobin): QV 28
130	SBP28	Num	3		Systolic blood pressure (mm Hg): QV 28
131	DBP28	Num	3		Diastolic blood pressure (mm Hg): QV 28
132	MBP28	Num	8	5.1	Mean blood pressure (mm Hg): QV 28
133	WEIGHT28	Num	8		Body weight (kg): QV 28
134	BMI28	Num	8	5.1	Body mass index (kg/m**2): QV 28
135	IBW28	Num	8	5.1	Percent of ideal body weight: QV 28
136	WEIGHT29	Num	8		Body weight (kg): QV 29
137	BMI29	Num	8	5.1	Body mass index (kg/m**2): QV 29
138	IBW29	Num	8	5.1	Percent of ideal body weight: QV 29
139	WEIGHT30	Num	8		Body weight (kg): QV 30
140	BMI30	Num	8	5.1	Body mass index (kg/m**2): QV 30
141	IBW30	Num	8	5.1	Percent of ideal body weight: QV 30
142	WEIGHT31	Num	8		Body weight (kg): QV 31
143	BMI31	Num	8	5.1	Body mass index (kg/m**2): QV 31
144	IBW31	Num	8	5.1	Percent of ideal body weight: QV 31
145	HBA1C32	Num	8		HbA1c (percent of hemoglobin): QV 32
146	SBP32	Num	3		Systolic blood pressure (mm Hg): QV 32
147	DBP32	Num	3		Diastolic blood pressure (mm Hg): QV 32
148	MBP32	Num	8	5.1	Mean blood pressure (mm Hg): QV 32
149	WEIGHT32	Num	8		Body weight (kg): QV 32
150	BMI32	Num	8	5.1	Body mass index (kg/m**2): QV 32
151	IBW32	Num	8	5.1	Percent of ideal body weight: QV 32
152	WEIGHT33	Num	8		Body weight (kg): QV 33
153	BMI33	Num	8	5.1	Body mass index (kg/m**2): QV 33

Num	Variable	Type	Len	Format	Label
154	IBW33	Num	8	5.1	Percent of ideal body weight: QV 33
155	WEIGHT34	Num	8		Body weight (kg): QV 34
156	BMI34	Num	8	5.1	Body mass index (kg/m**2): QV 34
157	IBW34	Num	8	5.1	Percent of ideal body weight: QV 34
158	WEIGHT35	Num	8		Body weight (kg): QV 35
159	BMI35	Num	8	5.1	Body mass index (kg/m**2): QV 35
160	IBW35	Num	8	5.1	Percent of ideal body weight: QV 35
161	HBA1C36	Num	8		HbA1c (percent of hemoglobin): QV 36
162	SBP36	Num	3		Systolic blood pressure (mm Hg): QV 36
163	DBP36	Num	3		Diastolic blood pressure (mm Hg): QV 36
164	MBP36	Num	8	5.1	Mean blood pressure (mm Hg): QV 36
165	WEIGHT36	Num	8		Body weight (kg): QV 36
166	BMI36	Num	8	5.1	Body mass index (kg/m**2): QV 36
167	IBW36	Num	8	5.1	Percent of ideal body weight: QV 36
168	WEIGHT99	Num	8		Body weight (kg): close-out
169	HBA_QRTL	Num	8		Quartile of HbA1c at baseline
170	AER00	Num	8		Albumin excretion rate, mg/day: baseline
171	CHOL00	Num	4		Total cholesterol (mg/dl): baseline
172	CHOL04	Num	4		Total cholesterol (mg/dl): QV 04
173	CHOL08	Num	4		Total cholesterol (mg/dl): QV 08
174	CHOL12	Num	4		Total cholesterol (mg/dl): QV 12
175	CHOL16	Num	4		Total cholesterol (mg/dl): QV 16
176	CHOL20	Num	4		Total cholesterol (mg/dl): QV 20
177	CHOL24	Num	4		Total cholesterol (mg/dl): QV 24
178	CHOL28	Num	4		Total cholesterol (mg/dl): QV 28
179	CHOL32	Num	4		Total cholesterol (mg/dl): QV 32
180	CHOL36	Num	4		Total cholesterol (mg/dl): QV 36
181	TRIG00	Num	4		Triglycerides (mg/dl): baseline
182	TRIG04	Num	4		Triglycerides (mg/dl): QV 04
183	TRIG08	Num	4		Triglycerides (mg/dl): QV 08
184	TRIG12	Num	4		Triglycerides (mg/dl): QV 12
185	TRIG16	Num	4		Triglycerides (mg/dl): QV 16
186	TRIG20	Num	4		Triglycerides (mg/dl): QV 20
187	TRIG24	Num	4		Triglycerides (mg/dl): QV 24
188	TRIG28	Num	4		Triglycerides (mg/dl): QV 28
189	TRIG32	Num	4		Triglycerides (mg/dl): QV 32
190	TRIG36	Num	4		Triglycerides (mg/dl): QV 36
191	LDL00	Num	4		LDL cholesterol (mg/dl): baseline
192	LDL04	Num	4		LDL cholesterol (mg/dl): QV 04

Num	Variable	Type	Len	Format	Label
193	LDL08	Num	4		LDL cholesterol (mg/dl): QV 08
194	LDL12	Num	4		LDL cholesterol (mg/dl): QV 12
195	LDL16	Num	4		LDL cholesterol (mg/dl): QV 16
196	LDL20	Num	4		LDL cholesterol (mg/dl): QV 20
197	LDL24	Num	4		LDL cholesterol (mg/dl): QV 24
198	LDL28	Num	4		LDL cholesterol (mg/dl): QV 28
199	LDL32	Num	4		LDL cholesterol (mg/dl): QV 32
200	LDL36	Num	4		LDL cholesterol (mg/dl): QV 36
201	HDL00	Num	4		HDL cholesterol (mg/dl): baseline
202	HDL04	Num	4		HDL cholesterol (mg/dl): QV 04
203	HDL08	Num	4		HDL cholesterol (mg/dl): QV 08
204	HDL12	Num	4		HDL cholesterol (mg/dl): QV 12
205	HDL16	Num	4		HDL cholesterol (mg/dl): QV 16
206	HDL20	Num	4		HDL cholesterol (mg/dl): QV 20
207	HDL24	Num	4		HDL cholesterol (mg/dl): QV 24
208	HDL28	Num	4		HDL cholesterol (mg/dl): QV 28
209	HDL32	Num	4		HDL cholesterol (mg/dl): QV 32
210	HDL36	Num	4		HDL cholesterol (mg/dl): QV 36
211	AER_GE40	Num	8		Baseline AER => 40 (0 = no, 1 = yes)
212	LHR00	Num	8		LDL-to-HDL ratio: baseline
213	LHR04	Num	8		LDL-to-HDL ratio: QV 04
214	LHR08	Num	8		LDL-to-HDL ratio: QV 08
215	LHR12	Num	8		LDL-to-HDL ratio: QV 12
216	LHR16	Num	8		LDL-to-HDL ratio: QV 16
217	LHR20	Num	8		LDL-to-HDL ratio: QV 20
218	LHR24	Num	8		LDL-to-HDL ratio: QV 24
219	LHR28	Num	8		LDL-to-HDL ratio: QV 28
220	LHR32	Num	8		LDL-to-HDL ratio: QV 32
221	LHR36	Num	8		LDL-to-HDL ratio: QV 36
222	NWST_HIP	Num	8		Natural-waist-to-hip ratio
223	IWST_HIP	Num	8		Iliac-waist-to-hip ratio
224	FATFREE	Num	8		Fat-free body mass (kg) estimated by BIA
225	PCT_FAT	Num	8		Percent body fat as estimated by BIA
226	FHXHTEN	Num	3		Family history of hypertension (1 = yes)
227	FHXMI	Num	3		Family history of MI (1=y/2=n/3=unknown)
228	FHXHLIP	Num	3		Family history of hyperlipidemia (1 = y)
229	RACE	Num	3		Race
230	FSCORE00	Num	8		Framingham risk score for CHD: baseline
231	FSCORE04	Num	8		Framingham risk score for CHD: QV 04

Num	Variable	Type	Len	Format	Label
232	FSCORE08	Num	8		Framingham risk score for CHD: QV 08
233	FSCORE12	Num	8		Framingham risk score for CHD: QV 12
234	FSCORE16	Num	8		Framingham risk score for CHD: QV 16
235	FSCORE20	Num	8		Framingham risk score for CHD: QV 20
236	FSCORE24	Num	8		Framingham risk score for CHD: QV 24
237	FSCORE28	Num	8		Framingham risk score for CHD: QV 28
238	FSCORE32	Num	8		Framingham risk score for CHD: QV 32
239	FSCORE36	Num	8		Framingham risk score for CHD: QV 36
240	SMOKES00	Num	3		Smoking (current/former/never): baseline
241	DRINKS00	Num	3		Patient reports using alcohol: baseline
242	EXERCS00	Num	3		Typical level of exercise: baseline
243	INSULN00	Num	8		Total insulin dose (units/kg): baseline
244	SMOKES04	Num	3		Smoking (current/former/never): QV 04
245	DRINKS04	Num	3		Patient reports using alcohol: QV 04
246	EXERCS04	Num	3		Typical level of exercise: QV 04
247	INSULN04	Num	8		Total insulin dose (units/kg): QV 04
248	SMOKES08	Num	3		Smoking (current/former/never): QV 08
249	DRINKS08	Num	3		Patient reports using alcohol: QV 08
250	EXERCS08	Num	3		Typical level of exercise: QV 08
251	INSULN08	Num	8		Total insulin dose (units/kg): QV 08
252	SMOKES12	Num	3		Smoking (current/former/never): QV 12
253	DRINKS12	Num	3		Patient reports using alcohol: QV 12
254	EXERCS12	Num	3		Typical level of exercise: QV 12
255	INSULN12	Num	8		Total insulin dose (units/kg): QV 12
256	SMOKES16	Num	3		Smoking (current/former/never): QV 16
257	DRINKS16	Num	3		Patient reports using alcohol: QV 16
258	EXERCS16	Num	3		Typical level of exercise: QV 16
259	INSULN16	Num	8		Total insulin dose (units/kg): QV 16
260	SMOKES20	Num	3		Smoking (current/former/never): QV 20
261	DRINKS20	Num	3		Patient reports using alcohol: QV 20
262	EXERCS20	Num	3		Typical level of exercise: QV 20
263	INSULN20	Num	8		Total insulin dose (units/kg): QV 20
264	SMOKES24	Num	3		Smoking (current/former/never): QV 24
265	DRINKS24	Num	3		Patient reports using alcohol: QV 24
266	EXERCS24	Num	3		Typical level of exercise: QV 24
267	INSULN24	Num	8		Total insulin dose (units/kg): QV 24
268	SMOKES28	Num	3		Smoking (current/former/never): QV 28
269	DRINKS28	Num	3		Patient reports using alcohol: QV 28
270	EXERCS28	Num	3		Typical level of exercise: QV 28

Num	Variable	Type	Len	Format	Label
271	INSULN28	Num	8		Total insulin dose (units/kg): QV 28
272	SMOKES32	Num	3		Smoking (current/former/never): QV 32
273	DRINKS32	Num	3		Patient reports using alcohol: QV 32
274	EXERCS32	Num	3		Typical level of exercise: QV 32
275	INSULN32	Num	8		Total insulin dose (units/kg): QV 32
276	SMOKES36	Num	3		Smoking (current/former/never): QV 36
277	DRINKS36	Num	3		Patient reports using alcohol: QV 36
278	EXERCS36	Num	3		Typical level of exercise: QV 36
279	INSULN36	Num	8		Total insulin dose (units/kg): QV 36
280	INS_QRTL	Num	8		Quartile of baseline insulin dose (u/kg)
281	TOBACC00	Num	3		Any form of tobacco smoking: baseline
282	CIGART00	Num	8		Current cigarette smoker: baseline
283	PIPE_00	Num	8		Pipe or cigar smoker: baseline
284	PACKYR00	Num	3		Pack-years smoked before randomization
285	TOBACC04	Num	3		Any form of tobacco smoking: QV 04
286	TOBACC08	Num	3		Any form of tobacco smoking: QV 08
287	TOBACC12	Num	3		Any form of tobacco smoking: QV 12
288	TOBACC16	Num	3		Any form of tobacco smoking: QV 16
289	TOBACC20	Num	3		Any form of tobacco smoking: QV 20
290	TOBACC24	Num	3		Any form of tobacco smoking: QV 24
291	TOBACC28	Num	3		Any form of tobacco smoking: QV 28
292	TOBACC32	Num	3		Any form of tobacco smoking: QV 32
293	TOBACC36	Num	3		Any form of tobacco smoking: QV 36
294	CIGART04	Num	8		Current cigarette smoker: QV 04
295	CIGART08	Num	8		Current cigarette smoker: QV 08
296	CIGART12	Num	8		Current cigarette smoker: QV 12
297	CIGART16	Num	8		Current cigarette smoker: QV 16
298	CIGART20	Num	8		Current cigarette smoker: QV 20
299	CIGART24	Num	8		Current cigarette smoker: QV 24
300	CIGART28	Num	8		Current cigarette smoker: QV 28
301	CIGART32	Num	8		Current cigarette smoker: QV 32
302	CIGART36	Num	8		Current cigarette smoker: QV 36
303	PIPE_04	Num	8		Pipe or cigar smoker: QV 04
304	PIPE_08	Num	8		Pipe or cigar smoker: QV 08
305	PIPE_12	Num	8		Pipe or cigar smoker: QV 12
306	PIPE_16	Num	8		Pipe or cigar smoker: QV 16
307	PIPE_20	Num	8		Pipe or cigar smoker: QV 20
308	PIPE_24	Num	8		Pipe or cigar smoker: QV 24
309	PIPE_28	Num	8		Pipe or cigar smoker: QV 28

Num	Variable	Type	Len	Format	Label
310	PIPE_32	Num	8		Pipe or cigar smoker: QV 32
311	PIPE_36	Num	8		Pipe or cigar smoker: QV 36
312	PACKYR04	Num	3		Pack-years smoked in prior year: QV 04
313	PACKYR08	Num	3		Pack-years smoked in prior year: QV 08
314	PACKYR12	Num	3		Pack-years smoked in prior year: QV 12
315	PACKYR16	Num	3		Pack-years smoked in prior year: QV 16
316	PACKYR20	Num	3		Pack-years smoked in prior year: QV 20
317	PACKYR24	Num	3		Pack-years smoked in prior year: QV 24
318	PACKYR28	Num	3		Pack-years smoked in prior year: QV 28
319	PACKYR32	Num	3		Pack-years smoked in prior year: QV 32
320	PACKYR36	Num	3		Pack-years smoked in prior year: QV 36
321	CUM_PY00	Num	3		Cumulative pack-years smoked: baseline
322	CUM_PY04	Num	3		Cumulative pack-years smoked: QV 04
323	CUM_PY08	Num	3		Cumulative pack-years smoked: QV 08
324	CUM_PY12	Num	3		Cumulative pack-years smoked: QV 12
325	CUM_PY16	Num	3		Cumulative pack-years smoked: QV 16
326	CUM_PY20	Num	3		Cumulative pack-years smoked: QV 20
327	CUM_PY24	Num	3		Cumulative pack-years smoked: QV 24
328	CUM_PY28	Num	3		Cumulative pack-years smoked: QV 28
329	CUM_PY32	Num	3		Cumulative pack-years smoked: QV 32
330	CUM_PY36	Num	3		Cumulative pack-years smoked: QV 36
331	CALS_99	Num	8		Total calories (kCal): close-out
332	PROCAL99	Num	8		Dietary protein as % calories: close-out
333	FATPCT99	Num	8		Fat intake (% total calories): close-out
334	SATCAL99	Num	8		Saturated fat as % calories: close-out
335	MONPCT99	Num	8		Monounsaturated fat (% kCals): close-out
336	PLYPCT99	Num	8		Polyunsaturated fat (% kCals): close-out
337	ALCPCT99	Num	8		Alcohol, % of total calories: close-out
338	STDCHL99	Num	8		Cholesterol, mg/1000 calories: close-out
339	STDFIB99	Num	8		Total fiber (g/1000 calories): close-out
340	PROTWT99	Num	8		Protein (g/kg body weight): close-out
341	SODIUM99	Num	8		Dietary sodium (mg): close-out
342	FIBER_99	Num	8		Dietary fiber (gm): close-out
343	PHOS99	Num	8		Dietary phosphorous (mg): close-out
344	CALS_00	Num	8		Total calories (kCal): baseline
345	CALS_08	Num	8		Total calories (kCal): QV 08
346	CALS_20	Num	8		Total calories (kCal): QV 20
347	PROCAL00	Num	8		Dietary protein as % calories: baseline
348	PROCAL08	Num	8		Dietary protein as % calories: QV 08

Num	Variable	Type	Len	Format	Label
349	PROCAL20	Num	8		Dietary protein as % calories: QV 20
350	FATPCT00	Num	8		Fat intake as % total calories: baseline
351	FATPCT08	Num	8		Fat intake as % of total calories: QV 08
352	FATPCT20	Num	8		Fat intake as % of total calories: QV 20
353	SATCAL00	Num	8		Saturated fat as % of calories: baseline
354	SATCAL08	Num	8		Saturated fat as % total calories: QV 08
355	SATCAL20	Num	8		Saturated fat as % total calories: QV 20
356	MONPCT00	Num	8		Monounsaturated fat (% kCals): baseline
357	MONPCT08	Num	8		Monounsaturated fat (% calories): QV 08
358	MONPCT20	Num	8		Monounsaturated fat (% calories): QV 20
359	PLYPCT00	Num	8		Polyunsaturated fat (% kCals): baseline
360	PLYPCT08	Num	8		Polyunsaturated fat (% calories): QV 08
361	PLYPCT20	Num	8		Polyunsaturated fat (% calories): QV 20
362	ALCPCT00	Num	8		Alcohol as % of total calories: baseline
363	ALCPCT08	Num	8		Alcohol as % of total calories: QV 08
364	ALCPCT20	Num	8		Alcohol as % of total calories: QV 20
365	STDCHL00	Num	8		Cholesterol (mg/1000 calories): baseline
366	STDCHL08	Num	8		Cholesterol (mg/1000 calories): QV 08
367	STDCHL20	Num	8		Cholesterol (mg/1000 calories): QV 20
368	STDFIB00	Num	8		Total fiber (g/1000 calories): baseline
369	STDFIB08	Num	8		Total fiber (g/1000 calories): QV 08
370	STDFIB20	Num	8		Total fiber (g/1000 calories): QV 20
371	PROTWT00	Num	8		Protein (g/kg body weight): baseline
372	PROTWT08	Num	8		Protein (g/kg body weight): QV 08
373	PROTWT20	Num	8		Protein (g/kg body weight): QV 20
374	SODIUM00	Num	8		Dietary sodium (mg): baseline
375	SODIUM08	Num	8		Dietary sodium (mg): QV 08
376	SODIUM20	Num	8		Dietary sodium (mg): QV 20
377	FIBER_00	Num	8		Dietary fiber (gm): baseline
378	FIBER_08	Num	8		Dietary fiber (gm): QV 08
379	FIBER_20	Num	8		Dietary fiber (gm): QV 20
380	PHOS00	Num	8		Dietary phosphorous (mg): baseline
381	PHOS08	Num	8		Dietary phosphorous (mg): QV 08
382	PHOS20	Num	8		Dietary phosphorous (mg): QV 20
383	STDSOD00	Num	8		Sodium as mg/1000 calories: baseline
384	STDSOD08	Num	8		Sodium as mg/1000 calories: QV 08
385	STDSOD20	Num	8		Sodium as mg/1000 calories: QV 20
386	STDSOD99	Num	8		Sodium as mg/1000 calories: close-out
387	GROUP	Char	13		Treatment group

Num	Variable	Type	Len	Format	Label
388	RETBASE	Char	4		Baseline retinopathy stratum (Prim/Scnd)
389	SEX	Char	1		Gender (coded M or F)
390	DURATION	Num	8		Duration of IDDM (Total Months)
391	ADOLESCT	Num	8		Randomized as an adolescent (0=n, 1=y)
392	DUR_CAT	Num	8		Category of IDDM duration at baseline
393	AGE_QRTL	Num	8		Quartile of baseline age
394	I_OBESE	Num	3		Indicator: weight > 120% ideal observed
395	QV_OBESE	Num	3		Weight > 120% ideal: QV event/censoring
396	OBESE_00	Num	3		Weight > 120% calculated ideal: baseline
397	OBESE_04	Num	3		Weight > 120% calculated ideal: QV 04
398	OBESE_08	Num	3		Weight > 120% calculated ideal: QV 08
399	OBESE_12	Num	3		Weight > 120% calculated ideal: QV 12
400	OBESE_16	Num	3		Weight > 120% calculated ideal: QV 16
401	OBESE_20	Num	3		Weight > 120% calculated ideal: QV 20
402	OBESE_24	Num	3		Weight > 120% calculated ideal: QV 24
403	OBESE_28	Num	3		Weight > 120% calculated ideal: QV 28
404	OBESE_32	Num	3		Weight > 120% calculated ideal: QV 32
405	OBESE_36	Num	3		Weight > 120% calculated ideal: QV 36
406	I_MWG	Num	3		Indicator: major weight gain observed
407	QV_MWG	Num	3		Major wt. gain: QV of event or censoring
408	MWG00	Num	3		Major weight gain: baseline
409	MWG04	Num	3		Major weight gain: QV 04
410	MWG08	Num	3		Major weight gain: QV 08
411	MWG12	Num	3		Major weight gain: QV 12
412	MWG16	Num	3		Major weight gain: QV 16
413	MWG20	Num	3		Major weight gain: QV 20
414	MWG24	Num	3		Major weight gain: QV 24
415	MWG28	Num	3		Major weight gain: QV 28
416	MWG32	Num	3		Major weight gain: QV 32
417	MWG36	Num	3		Major weight gain: QV 36
418	I_OVERWT	Num	3		Indicator: overweight (by NCHS) observed
419	QVOVERWT	Num	3		Overweight (NCHS): QV of event/censoring
420	OVERWT00	Num	3		Overweight (NHANES definition): baseline
421	OVERWT04	Num	3		Overweight (NHANES definition): QV 04
422	OVERWT08	Num	3		Overweight (NHANES definition): QV 08
423	OVERWT12	Num	3		Overweight (NHANES definition): QV 12
424	OVERWT16	Num	3		Overweight (NHANES definition): QV 16
425	OVERWT20	Num	3		Overweight (NHANES definition): QV 20
426	OVERWT24	Num	3		Overweight (NHANES definition): QV 24

Num	Variable	Type	Len	Format	Label
427	OVERWT28	Num	3		Overweight (NHANES definition): QV 28
428	OVERWT32	Num	3		Overweight (NHANES definition): QV 32
429	OVERWT36	Num	3		Overweight (NHANES definition): QV 36
430	I_SLDL	Num	3		Indicator: sustained LDL => 130 observed
431	QV_SLDL	Num	3		Sustained LDL => 130: QV event/censoring
432	I_1LDL	Num	3		Indicator: single LDL => 130 observed
433	QV_1LDL	Num	3		Single LDL => 130: QV of event/censoring
434	HI_LDL00	Num	3		LDL cholesterol => 130 mg/dl: baseline
435	HI_LDL04	Num	3		LDL cholesterol => 130 mg/dl: QV 04
436	HI_LDL08	Num	3		LDL cholesterol => 130 mg/dl: QV 08
437	HI_LDL12	Num	3		LDL cholesterol => 130 mg/dl: QV 12
438	HI_LDL16	Num	3		LDL cholesterol => 130 mg/dl: QV 16
439	HI_LDL20	Num	3		LDL cholesterol => 130 mg/dl: QV 20
440	HI_LDL24	Num	3		LDL cholesterol => 130 mg/dl: QV 24
441	HI_LDL28	Num	3		LDL cholesterol => 130 mg/dl: QV 28
442	HI_LDL32	Num	3		LDL cholesterol => 130 mg/dl: QV 32
443	HI_LDL36	Num	3		LDL cholesterol => 130 mg/dl: QV 36
444	I_STRIG2	Num	3		Indicator: sustained trig > 200 observed
445	QVSTRIG2	Num	3		Sustained trig > 200: QV event/censoring
446	I_1TRIG2	Num	3		Indicator: single trig => 200 observed
447	QV1TRIG2	Num	3		Single trig > 200: QV of event/censoring
448	TRIG2_00	Num	3		Triglycerides => 200 mg/dl: baseline
449	TRIG2_04	Num	3		Triglycerides => 200 mg/dl: QV 04
450	TRIG2_08	Num	3		Triglycerides => 200 mg/dl: QV 08
451	TRIG2_12	Num	3		Triglycerides => 200 mg/dl: QV 12
452	TRIG2_16	Num	3		Triglycerides => 200 mg/dl: QV 16
453	TRIG2_20	Num	3		Triglycerides => 200 mg/dl: QV 20
454	TRIG2_24	Num	3		Triglycerides => 200 mg/dl: QV 24
455	TRIG2_28	Num	3		Triglycerides => 200 mg/dl: QV 28
456	TRIG2_32	Num	3		Triglycerides => 200 mg/dl: QV 32
457	TRIG2_36	Num	3		Triglycerides => 200 mg/dl: QV 36
458	I_STRIG4	Num	3		Indicator: sustained trig > 400 observed
459	QVSTRIG4	Num	3		Sustained trig > 400: QV event/censoring
460	I_1TRIG4	Num	3		Indicator: single trig => 400 observed
461	QV1TRIG4	Num	3		Single trig > 400: QV of event/censoring
462	TRIG4_00	Num	3		Triglycerides => 400 mg/dl: baseline
463	TRIG4_04	Num	3		Triglycerides => 400 mg/dl: QV 04
464	TRIG4_08	Num	3		Triglycerides => 400 mg/dl: QV 08
465	TRIG4_12	Num	3		Triglycerides => 400 mg/dl: QV 12

Num	Variable	Type	Len	Format	Label
466	TRIG4_16	Num	3		Triglycerides => 400 mg/dl: QV 16
467	TRIG4_20	Num	3		Triglycerides => 400 mg/dl: QV 20
468	TRIG4_24	Num	3		Triglycerides => 400 mg/dl: QV 24
469	TRIG4_28	Num	3		Triglycerides => 400 mg/dl: QV 28
470	TRIG4_32	Num	3		Triglycerides => 400 mg/dl: QV 32
471	TRIG4_36	Num	3		Triglycerides => 400 mg/dl: QV 36
472	I_SHDL	Num	3		Indicator: sustained HDL <= 35 observed
473	QV_SHDL	Num	3		Sustained HDL <= 35: QV event/censoring
474	I_1HDL	Num	3		Indicator: single HDL <= 35 observed
475	QV_1HDL	Num	3		Single HDL <= 35: QV of event/censoring
476	LOWHDL00	Num	3		HDL cholesterol <= 35 mg/dl: baseline
477	LOWHDL04	Num	3		HDL cholesterol <= 35 mg/dl: QV 04
478	LOWHDL08	Num	3		HDL cholesterol <= 35 mg/dl: QV 08
479	LOWHDL12	Num	3		HDL cholesterol <= 35 mg/dl: QV 12
480	LOWHDL16	Num	3		HDL cholesterol <= 35 mg/dl: QV 16
481	LOWHDL20	Num	3		HDL cholesterol <= 35 mg/dl: QV 20
482	LOWHDL24	Num	3		HDL cholesterol <= 35 mg/dl: QV 24
483	LOWHDL28	Num	3		HDL cholesterol <= 35 mg/dl: QV 28
484	LOWHDL32	Num	3		HDL cholesterol <= 35 mg/dl: QV 32
485	LOWHDL36	Num	3		HDL cholesterol <= 35 mg/dl: QV 36
486	HTEN00	Num	3		Unconfirmed hypertension: baseline
487	HTEN04	Num	3		Unconfirmed hypertension: QV 04
488	HTEN08	Num	3		Unconfirmed hypertension: QV 08
489	HTEN12	Num	3		Unconfirmed hypertension: QV 12
490	HTEN16	Num	3		Unconfirmed hypertension: QV 16
491	HTEN20	Num	3		Unconfirmed hypertension: QV 20
492	HTEN24	Num	3		Unconfirmed hypertension: QV 24
493	HTEN28	Num	3		Unconfirmed hypertension: QV 28
494	HTEN32	Num	3		Unconfirmed hypertension: QV 32
495	HTEN36	Num	3		Unconfirmed hypertension: QV 36
496	HCHOL00	Num	3		LDL cholesterol => 160 mg/dl: baseline
497	HCHOL04	Num	3		LDL cholesterol => 160 mg/dl: QV 04
498	HCHOL08	Num	3		LDL cholesterol => 160 mg/dl: QV 08
499	HCHOL12	Num	3		LDL cholesterol => 160 mg/dl: QV 12
500	HCHOL16	Num	3		LDL cholesterol => 160 mg/dl: QV 16
501	HCHOL20	Num	3		LDL cholesterol => 160 mg/dl: QV 20
502	HCHOL24	Num	3		LDL cholesterol => 160 mg/dl: QV 24
503	HCHOL28	Num	3		LDL cholesterol => 160 mg/dl: QV 28
504	HCHOL32	Num	3		LDL cholesterol => 160 mg/dl: QV 32

Num	Variable	Type	Len	Format	Label
505	HCHOL36	Num	3		LDL cholesterol => 160 mg/dl: QV 36
506	HTRIG00	Num	3		Triglycerides => 500 mg/dl: baseline
507	HTRIG04	Num	3		Triglycerides => 500 mg/dl: QV 04
508	HTRIG08	Num	3		Triglycerides => 500 mg/dl: QV 08
509	HTRIG12	Num	3		Triglycerides => 500 mg/dl: QV 12
510	HTRIG16	Num	3		Triglycerides => 500 mg/dl: QV 16
511	HTRIG20	Num	3		Triglycerides => 500 mg/dl: QV 20
512	HTRIG24	Num	3		Triglycerides => 500 mg/dl: QV 24
513	HTRIG28	Num	3		Triglycerides => 500 mg/dl: QV 28
514	HTRIG32	Num	3		Triglycerides => 500 mg/dl: QV 32
515	HTRIG36	Num	3		Triglycerides => 500 mg/dl: QV 36
516	AGE	Num	8		Age at randomization (calculated)
517	MASK_PAT	Num	8		Patient ID number
518	BIA_TIME	Num	8		Time of BIA (years after randomization)

Data Set Name: ms3exprt_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	GROUP	Char	13		Treatment Group (Exp,Std)
2	RETBASE	Char	4		Baseline Retinopathy Strata (Prim,Sec)
3	PHASE	Num	3		Phase Randomized (2,3)
4	LAST	Num	3		Last Visit (Annual)
5	AGE	Num	3		Age (years) at Baseline
6	ADULT	Num	3		Adult (Age>=18 yrs) at Base (0=No,1=Yes)
7	FEMALE	Num	3		Gender (0=Male,1=Female)
8	HEIGHT	Num	8		Height (cm) at -Baseline
9	WEIGHT	Num	8		Weight (kg) at Baseline
10	IBW120	Num	3		% of IB Weight>=120 at Base (0=No,1=Yes)
11	DURATION	Num	3		Duration of IDDM (months) -Baseline
12	DUR5	Num	3		Duration >= 5 years -Baseline
13	RETPAT	Num	3		Level of Retinopathy (1 - 4) -Baseline
14	SMOKES	Num	3		Smoking Status(1=never,2=ever,3=current) -Baseline
15	NEUR	Num	3		Clinical Neuropathy Present -Baseline
16	UTI	Num	3		Hist of Urinary Tract Infct -Baseline
17	FAMIDDM	Num	3		Family Hist of IDDM -Baseline
18	FAMHT	Num	3		Family Hist of Hypertension -Baseline
19	FAMNEPH	Num	3		Family Hist of Nephropathy -Baseline
20	FAMDNEPH	Num	3		Family Hist of Diabet Neph -Baseline
21	HBAEL	Num	8		Hemoglobin A1c (%) at Eligibility
22	INSULIN	Num	8		Total Insulin Dosage Units/Weight (kg) -Baseline
23	AERBS15	Num	3		AER at Baseline (0,1)=(<15,>=15)
24	AERBS40	Num	3		AER at Baseline (0,1)=(<40,>=40)
25	PROTEIN	Num	8		Dietary Protein (gm) at Baseline
26	CHOL	Num	8		Cholesterol (mg/dl) at Baseline
27	HDL	Num	8		HDL Cholesterol (mg/dl) -Baseline
28	LDL	Num	8		LDL Cholesterol (mg/dl) at Baseline
29	TRG	Num	8		Triglycerides (mg/dl) at Baseline -Baseline
30	QHBAEL	Num	3		Quartile of HbA1c (%) at Eligibility
31	TMBP	Num	3		Tertile of Mean Blood Pressure at Base
32	TPROT	Num	3		Tertile of Dietary Protein (gm) at Base
33	QCHOL	Num	3		Quartile of Cholesterol (mg/dl) at Base
34	QHDL	Num	3		Quartile of HDL Chol (mg/dl) at Base
35	QLDL	Num	3		Quartile of LDL Chol (mg/dl) at Base
36	QTRG	Num	3		Quartile of Triglyc. (mg/dl) at Base

Num	Variable	Type	Len	Format	Label
37	AER00	Num	8		Albumin Excretion Rate (mg/24hr) at Base
38	AER04	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 1
39	AER08	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 2
40	AER12	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 3
41	AER16	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 4
42	AER20	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 5
43	AER24	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 6
44	AER28	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 7
45	AER32	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 8
46	AER36	Num	8		Albumin Excretion Rate (mg/24hr) at Yr 9
47	LAER0	Num	8		Log(AER (mg/24hr)) at Base
48	LEV04	Num	8		Nephropathy Class (1-6) - Level at Yr 1
49	LEV08	Num	8		Nephropathy Class (1-6) - Level at Yr 2
50	LEV12	Num	8		Nephropathy Class (1-6) - Level at Yr 3
51	LEV16	Num	8		Nephropathy Class (1-6) - Level at Yr 4
52	LEV20	Num	8		Nephropathy Class (1-6) - Level at Yr 5
53	LEV24	Num	8		Nephropathy Class (1-6) - Level at Yr 6
54	LEV28	Num	8		Nephropathy Class (1-6) - Level at Yr 7
55	LEV32	Num	8		Nephropathy Class (1-6) - Level at Yr 8
56	LEV36	Num	8		Nephropathy Class (1-6) - Level at Yr 9
57	CLR00	Num	8		Stand. Clearance (ml/mn/1.73m2) at Base
58	CLR04	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 1
59	CLR08	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 2
60	CLR12	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 3
61	CLR16	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 4
62	CLR20	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 5
63	CLR24	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 6
64	CLR28	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 7
65	CLR32	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 8
66	CLR36	Num	8		Stand. Clearance (ml/mn/1.73m2) at Yr 9
67	SCR00	Num	8		Serum Creatinine (mg/dl) at Base
68	SCR04	Num	8		Serum Creatinine (mg/dl) at Yr 1
69	SCR08	Num	8		Serum Creatinine (mg/dl) at Yr 2
70	SCR12	Num	8		Serum Creatinine (mg/dl) at Yr 3
71	SCR16	Num	8		Serum Creatinine (mg/dl) at Yr 4
72	SCR20	Num	8		Serum Creatinine (mg/dl) at Yr 5
73	SCR24	Num	8		Serum Creatinine (mg/dl) at Yr 6
74	SCR28	Num	8		Serum Creatinine (mg/dl) at Yr 7
75	SCR32	Num	8		Serum Creatinine (mg/dl) at Yr 8

Num	Variable	Type	Len	Format	Label
76	SCR36	Num	8		Serum Creatinine (mg/dl) at Yr 9
77	RAWCLR00	Num	8		Raw Clearance (ml/mn) at Baseline
78	RAWCLR04	Num	8		Raw Clearance (ml/mn) at Year 1
79	RAWCLR08	Num	8		Raw Clearance (ml/mn) at Year 2
80	RAWCLR12	Num	8		Raw Clearance (ml/mn) at Year 3
81	RAWCLR16	Num	8		Raw Clearance (ml/mn) at Year 4
82	RAWCLR20	Num	8		Raw Clearance (ml/mn) at Year 5
83	RAWCLR24	Num	8		Raw Clearance (ml/mn) at Year 6
84	RAWCLR28	Num	8		Raw Clearance (ml/mn) at Year 7
85	RAWCLR32	Num	8		Raw Clearance (ml/mn) at Year 8
86	RAWCLR36	Num	8		Raw Clearance (ml/mn) at Year 9
87	CLRB00	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Base
88	CLRB04	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 1
89	CLRB08	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 2
90	CLRB12	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 3
91	CLRB16	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 4
92	CLRB20	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 5
93	CLRB24	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 6
94	CLRB28	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 7
95	CLRB32	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 8
96	CLRB36	Num	8		Std. Clr. by BSA0 (ml/mn/1.73m2) at Yr 9
97	GFRX00	Num	8		GFR Mean at Baseline
98	GFRX04	Num	8		GFR Mean at Year 1
99	GFRX08	Num	8		GFR Mean at Year 2
100	GFRX12	Num	8		GFR Mean at Year 3
101	GFRX16	Num	8		GFR Mean at Year 4
102	GFRX20	Num	8		GFR Mean at Year 5
103	GFRX24	Num	8		GFR Mean at Year 6
104	GFRX28	Num	8		GFR Mean at Year 7
105	GFRX32	Num	8		GFR Mean at Year 8
106	GFRX36	Num	8		GFR Mean at Year 9
107	GFRX99	Num	8		GFR Mean at Close-Out
108	GFRXU00	Num	8		Unadjusted GFR Mean at Baseline
109	GFRXU04	Num	8		Unadjusted GFR Mean at Year 1
110	GFRXU08	Num	8		Unadjusted GFR Mean at Year 2
111	GFRXU12	Num	8		Unadjusted GFR Mean at Year 3
112	GFRXU16	Num	8		Unadjusted GFR Mean at Year 4
113	GFRXU20	Num	8		Unadjusted GFR Mean at Year 5
114	GFRXU24	Num	8		Unadjusted GFR Mean at Year 6

Num	Variable	Type	Len	Format	Label
115	GFRXU28	Num	8		Unadjusted GFR Mean at Year 7
116	GFRXU32	Num	8		Unadjusted GFR Mean at Year 8
117	GFRXU36	Num	8		Unadjusted GFR Mean at Year 9
118	GFRXB00	Num	8		GFR Mean Adjusted for BSA0 at Baseline
119	GFRXB04	Num	8		GFR Mean Adjusted for BSA0 at Year 1
120	GFRXB08	Num	8		GFR Mean Adjusted for BSA0 at Year 2
121	GFRXB12	Num	8		GFR Mean Adjusted for BSA0 at Year 3
122	GFRXB16	Num	8		GFR Mean Adjusted for BSA0 at Year 4
123	GFRXB20	Num	8		GFR Mean Adjusted for BSA0 at Year 5
124	GFRXB24	Num	8		GFR Mean Adjusted for BSA0 at Year 6
125	GFRXB28	Num	8		GFR Mean Adjusted for BSA0 at Year 7
126	GFRXB32	Num	8		GFR Mean Adjusted for BSA0 at Year 8
127	GFRXB36	Num	8		GFR Mean Adjusted for BSA0 at Year 9
128	SBP00	Num	8		Systolic Blood Pressure (mm Hg) at Base
129	SBP04	Num	8		Systolic Blood Pressure (mm Hg) at Yr 1
130	SBP08	Num	8		Systolic Blood Pressure (mm Hg) at Yr 2
131	SBP12	Num	8		Systolic Blood Pressure (mm Hg) at Yr 3
132	SBP16	Num	8		Systolic Blood Pressure (mm Hg) at Yr 4
133	SBP20	Num	8		Systolic Blood Pressure (mm Hg) at Yr 5
134	SBP24	Num	8		Systolic Blood Pressure (mm Hg) at Yr 6
135	SBP28	Num	8		Systolic Blood Pressure (mm Hg) at Yr 7
136	SBP32	Num	8		Systolic Blood Pressure (mm Hg) at Yr 8
137	SBP36	Num	8		Systolic Blood Pressure (mm Hg) at Yr 9
138	DBP00	Num	8		Diastolic Blood Pressure (mm Hg) at Base
139	DBP04	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 1
140	DBP08	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 2
141	DBP12	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 3
142	DBP16	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 4
143	DBP20	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 5
144	DBP24	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 6
145	DBP28	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 7
146	DBP32	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 8
147	DBP36	Num	8		Diastolic Blood Pressure (mm Hg) at Yr 9
148	MBP00	Num	8	5.1	Mean Blood Pressure (mm Hg) at Baseline
149	MBP04	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 1
150	MBP08	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 2
151	MBP12	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 3
152	MBP16	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 4
153	MBP20	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 5

Num	Variable	Type	Len	Format	Label
154	MBP24	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 6
155	MBP28	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 7
156	MBP32	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 8
157	MBP36	Num	8	5.1	Mean Blood Pressure (mm Hg) at Year 9
158	GFRCLYR	Num	3		Study Year (est.) CloseOut GFR
159	HYPF00	Num	3		Hyperfil.(Clr>=130) at Base (0=No,1=Yes)
160	HYPF04	Num	3		Hyperfil.(Clr>=130) at Yr 1 (0=No,1=Yes)
161	HYPF08	Num	3		Hyperfil.(Clr>=130) at Yr 2 (0=No,1=Yes)
162	HYPF12	Num	3		Hyperfil.(Clr>=130) at Yr 3 (0=No,1=Yes)
163	HYPF16	Num	3		Hyperfil.(Clr>=130) at Yr 4 (0=No,1=Yes)
164	HYPF20	Num	3		Hyperfil.(Clr>=130) at Yr 5 (0=No,1=Yes)
165	HYPF24	Num	3		Hyperfil.(Clr>=130) at Yr 6 (0=No,1=Yes)
166	HYPF28	Num	3		Hyperfil.(Clr>=130) at Yr 7 (0=No,1=Yes)
167	HYPF32	Num	3		Hyperfil.(Clr>=130) at Yr 8 (0=No,1=Yes)
168	HYPF36	Num	3		Hyperfil.(Clr>=130) at Yr 9 (0=No,1=Yes)
169	HYPF25	Num	3		Hyperfil.(Top 25%) at Base (0=No,1=Yes)
170	HTFLG	Num	3		Any Diag. of Hypertension
171	NEPH1FLG	Num	3		Any Nephropathy Lvl 1
172	NEPH2FLG	Num	3		Any Nephropathy Lvl 2
173	NEPH3FLG	Num	3		Any Nephropathy Lvl 3
174	NEPH4FLG	Num	3		Any Nephropathy Lvl 4
175	NEPH5FLG	Num	3		Any Nephropathy Lvl 5
176	NEPH6FLG	Num	3		Any Nephropathy Lvl 6
177	NPH1BFLG	Num	3		Any Nephropathy Lvl 1B
178	NPH2PFLG	Num	3		Any Persistent Nephropathy Lvl 2
179	NPH5PFLG	Num	3		Any Persistent Nephropathy Lvl 5
180	NPH3PFLG	Num	3		Any Persistent Nephropathy Lvl 3
181	NPHIPFLG	Num	3		Any Persistent Nephropathy Imprv
182	CLR70FLG	Num	3		Any CLR<70
183	CL70PFLG	Num	3		Any Sustained Impaired GFR
184	SCR2FLG	Num	3		Any Serum Creatinine >= 2.0
185	HYPI1FLG	Num	3		Any Hypf Improvement (CLR<130)
186	HYPI2FLG	Num	3		Any Hypf Improvement (CLR<143)
187	HTVIS	Num	3		QV of Diagnosis of Hypertension (1st Incid. QV if Yes, Last QV if No)
188	NEPH1VIS	Num	3		QV of Neph Lvl 1 (1st Incid. QV if Yes, Last QV if No)
189	NEPH2VIS	Num	3		QV of Neph Lvl 2 (1st Incid. QV if Yes, Last QV if No)
190	NEPH3VIS	Num	3		QV of Neph Lvl 3 (1st Incid. QV if Yes, Last QV if No)
191	NEPH4VIS	Num	3		QV of Neph Lvl 4 (1st Incid. QV if Yes, Last QV if No)
192	NEPH5VIS	Num	3		QV of Neph Lvl 5 (1st Incid. QV if Yes, Last QV if No)

Num	Variable	Type	Len	Format	Label
193	NEPH6VIS	Num	3		QV of Neph Lvl 6 (1st Incid. QV if Yes, Last QV if No)
194	NPH1BVIS	Num	3		QV of Neph Lvl 1b (1st Incid. QV if Yes, Last QV if No)
195	NPH2PVIS	Num	3		QV of Pers Neph Lvl 2 (1st Incid. QV if Yes, Last QV if No)
196	NPH5PVIS	Num	3		QV of Pers Neph Lvl 5 (1st Incid. QV if Yes, Last QV if No)
197	NPH3PVIS	Num	3		QV of Pers Neph Lvl 3 (1st Incid. QV if Yes, Last QV if No)
198	NPHIPVIS	Num	3		QV of Pers Neph Improvement (1st Incid. QV if Yes, Last QV if No)
199	CLR70VIS	Num	3		QV of Clr<70 (1st Incid. QV if Yes, Last QV if No)
200	CL70PVIS	Num	3		QV of Sustained Impaired GFR (1st Incid. QV if Yes, Last QV if No)
201	SCR2VIS	Num	3		QV of Serum Creatinine >= 2.0 (1st Incid. QV if Yes, Last QV if No)
202	HYPI1VIS	Num	3		QV of Hypf Improvement (CLR<130) (1st Incid. QV if Yes, Last QV if No)
203	HYPI2VIS	Num	3		QV of Hypf Improvement (CLR<143) (1st Incid. QV if Yes, Last QV if No)
204	GFRXU99	Num	8		Unadjusted GFR Mean at Close-Out
205	RAWCLR99	Num	8		Raw Clearance (ml/mn) at Close-Out
206	CLRB99	Num	8		Std Clr by BSA0 (ml/mn/1.73m2) at Close
207	GFRXB99	Num	8		GFR Mean Adjusted for BSA0 at Close-Out
208	BMI	Num	8		Body Mass Index (kg/m2) -Baseline
209	HBA00	Num	8		Hemoglobin A1c at Baseline (Form 066)
210	HISKIDIN	Num	3		Kidney/Bladder Inf. w/ Antibiotics -Baseline
211	RACE	Num	3		RACE
212	QCREAT	Num	3		Quartiles: Creatinine Clearance-Baseline
213	IBW00	Num	8	5.1	Ideal Body Weight (%) at Baseline
214	IBW04	Num	8	5.1	Ideal Body Weight (%) at Year 1
215	IBW08	Num	8	5.1	Ideal Body Weight (%) at Year 2
216	IBW12	Num	8	5.1	Ideal Body Weight (%) at Year 3
217	IBW16	Num	8	5.1	Ideal Body Weight (%) at Year 4
218	IBW20	Num	8	5.1	Ideal Body Weight (%) at Year 5
219	IBW24	Num	8	5.1	Ideal Body Weight (%) at Year 6
220	IBW28	Num	8	5.1	Ideal Body Weight (%) at Year 7
221	IBW32	Num	8	5.1	Ideal Body Weight (%) at Year 8
222	IBW36	Num	8	5.1	Ideal Body Weight (%) at Year 9
223	PREG	Num	8		Pregnant during DCCT (0=NO,1=Yes)
224	NPH2WVIS	Num	8		QV of Neph levl 2 exclu. preg. (1st Incid. QV if Yes, Last QV if No)
225	NPH2WFLG	Num	8		Any Nephropathy lvl 2 exclu. preg.
226	MASK_PAT	Num	8		Masked Patient ID

Data Set Name: ms7exf10.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QV00_R58	Num	4		DIGIT SYMBOL SUBST TEST-TOTAL TIME
2	QV00_R63	Num	4		PEGBOARD--DOM HAND--TIME TO INSERT
3	QV00_R64	Num	4		PEGBOARD--DOM HAND--TIME TO REMOVE
4	QV00_R65	Num	4		PEGBOARD--NON-DOM HAND--TIME TO INSERT
5	QV00_R66	Num	4		PEGBOARD--NON-DOM HAND--TIME TO REMOVE
6	QV00_R56	Num	4		TRAILMAKING--TRIALS B TIME
7	QV00_R24	Num	4		WRAT ARITHMETIC--STANDARD SCORE
8	QV00_R4	Num	4		VERBAL FLUENCY--TOTAL NO. OF WORDS
9	QV00_R1	Num	4		VERBAL IQ
10	QV00_R2	Num	4		PERFORMANCE IQ
11	QV00_R3	Num	4		FULL SCALE IQ
12	QV00_R32	Num	8		LOGICAL MEM--IMMED RECALL--STORY1
13	QV00_R33	Num	8		LOGICAL MEM--IMMED RECALL--STORY2
14	QV00_R37	Num	8		LOGICAL MEM--DELAYED RECALL--STORY1
15	QV00_R38	Num	8		LOGICAL MEM--DELAYED RECALL--STORY2
16	QV00_R60	Num	8		FINGER TAPPING--DOM HAND--MEAN RATE
17	QV00_R62	Num	8		FINGER TAPPING--NON-DOM HAND--MEAN RATE
18	QV00_R54	Num	3		DIG. SYMBOL SUBST TEST-CORRECT--90 SEC.
19	QV00_R53	Num	3		DIGIT SYMBOL SUBST TEST--AGE-COR SCORE
20	QV00_R31	Num	3		DIGIT SYMBOL SUBST TEST-INCID RECALL
21	QV00_R39	Num	3		EMBEDDED FIGURES--TOTAL CORRECT
22	QV00_R40	Num	3		EMBEDDED FIGURES--MEAN LATENCY
23	QV00_R67	Num	3		STAR DRAWING--DOM HAND--TOTAL TIME
24	QV00_R68	Num	3		STAR DRAWING--DOM HAND--NO. OF ERRORS
25	QV00_R69	Num	3		STAR DRAWING--NON-DOM HAND--TOTAL TIME
26	QV00_R70	Num	3		STAR DRAWING--NON-DOM HAND-NO. OF ERRORS
27	QV00_R41	Num	3		VISUAL REPR--COPY--DESIGN A SCORE
28	QV00_R42	Num	3		VISUAL REPR--COPY--DESIGN B SCORE
29	QV00_R43	Num	3		VISUAL REPR--COPY--DESIGN C1 SCORE
30	QV00_R44	Num	3		VISUAL REPR--COPY--DESIGN C2 SCORE
31	QV00_R49	Num	3		WAIS DIGIT SPAN--AGE-COR SCORE
32	QV00_R50	Num	3		WISC-R DIGIT SPAN--AGE-COR SCORE
33	QV00_R11	Num	3		CATEGORY TEST--SUBTEST 1 ERRORS
34	QV00_R12	Num	3		CATEGORY TEST--SUBTEST 2 ERRORS
35	QV00_R13	Num	3		CATEGORY TEST--SUBTEST 3 ERRORS
36	QV00_R14	Num	3		CATEGORY TEST--SUBTEST 4 ERRORS

Num	Variable	Type	Len	Format	Label
37	QV00_R15	Num	3		CATEGORY TEST--SUBTEST 5 ERRORS
38	QV00_R16	Num	3		CATEGORY TEST--SUBTEST 6 ERRORS
39	QV00_R17	Num	3		CATEGORY TEST--SUBTEST 7 ERRORS
40	QV00_R59	Num	3		FINGER TAPPING--DOM HAND--NO. OF TRIALS
41	QV00_R61	Num	3		FINGER TAPPING--NON-DOM HAND-NO. TRIALS
42	QV00_R36	Num	3		SYMBOL-DIGIT PAIRED-ASSOC--DEL. REC.
43	QV00_R55	Num	3		TRAILMAKING--TRIALS A TIME
44	QV00_R57	Num	3		TRAILMAKING--TRIALS B ERRORS
45	QV00_R27	Num	3		SHORT-TERM MEMORY-NO. OF WORDS @ 5 SEC
46	QV00_R28	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 15 SEC
47	QV00_R29	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 30 SEC
48	QV00_R19	Num	3		TACTUAL PERFORMANCE--MEMORY SCORE
49	QV00_R34	Num	3		TACTUAL PERFORMANCE--LOCATION SCORE
50	OBSEX	Num	3		GENDER: 1=MALE 2=FEMALE
51	OBPATED	Num	3		PATIENT'S EDUCATION
52	PHASE	Num	3		Phase Randomized (2,3)
53	GROUP	Char	13		TREATMENT GROUP
54	QV00_AGE	Num	8		AGE AT BASELINE
55	QV00_R26	Num	8		VR , IMMEDIATE RECALL TOTAL
56	QV00_R35	Num	8		LOG TERM MEMORY, DELAYED RECALL VR
57	QV00_R47	Num	8		ATTENTION DIGIT VIGILANCE, TIME
58	QV00_R48	Num	8		ATTENTION DIGIT VIGILANCE, ERROR
59	QV00_R25	Num	8		SYMBOL DIGIT LEARNING TOTAL
60	QV00_R30	Num	8		SHORT TERM MEMORY TOTAL RETENTION
61	QV00_R71	Num	8		CATEGORY TEST ERROR, SUBTEST 1-7
62	QV00_R73	Num	8		LOGICAL MEMORY, SUM STORIES 1&2
63	QV00_R74	Num	8		LONG TERM MEMORY, SUM STORIES 1&2
64	QV00_R18	Num	8		CATEGORY TEST--TIME TO COMPLETE TASK
65	QV00_R20	Num	8		TACTUAL TEST TIME - DOMINANT HAND
66	QV00_R21	Num	8		TACTUAL TEST TIME - NON-DOMINANT HAND
67	QV00_R22	Num	8		TACTUAL TEST TIME - BOTH HANDS
68	QV00_R72	Num	8		TOTAL-TACTUAL PERFORMANCE
69	QV00_R51	Num	8		DIGIT REPEAT, FORWARD
70	QV00_R52	Num	8		DIGIT REPEAT, BACKWARD
71	QV00_R23	Num	8		ARITHMETIC - WRAT
72	QV00_R5	Num	8		AGE-CORRECTED SCALED SCORE: INFORMATION
73	QV00_R6	Num	8		AGE-CORRECTED SCALED SCORE: VOCABULARY
74	QV00_R7	Num	8		AGE-CORRECTED SCALED SCORE: COMPREHENSIO
75	QV00_R8	Num	8		SIMILARITIES

Num	Variable	Type	Len	Format	Label
76	QV00_R45	Num	8		PICTURE COMPLETE
77	QV00_R9	Num	8		PIC ARRANGEMENT
78	QV00_R46	Num	8		OBJECT ASSEMBLY
79	QV00_R10	Num	8		BLOCK DESIGN
80	QV08_R58	Num	4		DIGIT SYMBOL SUBST TEST-TOTAL TIME
81	QV08_R63	Num	4		PEGBOARD--DOM HAND--TIME TO INSERT
82	QV08_R64	Num	4		PEGBOARD--DOM HAND--TIME TO REMOVE
83	QV08_R65	Num	4		PEGBOARD--NON-DOM HAND--TIME TO INSERT
84	QV08_R66	Num	4		PEGBOARD--NON-DOM HAND--TIME TO REMOVE
85	QV08_R56	Num	4		TRAILMAKING--TRIALS B TIME
86	QV08_R24	Num	4		WRAT ARITHMETIC--STANDARD SCORE
87	QV08_R4	Num	4		VERBAL FLUENCY--TOTAL NO. OF WORDS
88	QV08_R1	Num	4		VERBAL IQ
89	QV08_R2	Num	4		PERFORMANCE IQ
90	QV08_R3	Num	4		FULL SCALE IQ
91	QV08_R32	Num	8		LOGICAL MEM--IMMED RECALL--STORY1
92	QV08_R33	Num	8		LOGICAL MEM--IMMED RECALL--STORY2
93	QV08_R37	Num	8		LOGICAL MEM--DELAYED RECALL--STORY1
94	QV08_R38	Num	8		LOGICAL MEM--DELAYED RECALL--STORY2
95	QV08_R60	Num	8		FINGER TAPPING--DOM HAND--MEAN RATE
96	QV08_R62	Num	8		FINGER TAPPING--NON-DOM HAND--MEAN RATE
97	QV08_R54	Num	3		DIG. SYMBOL SUBST TEST-CORRECT--90 SEC.
98	QV08_R53	Num	3		DIGIT SYMBOL SUBST TEST--AGE-COR SCORE
99	QV08_R31	Num	3		DIGIT SYMBOL SUBST TEST-INCID RECALL
100	QV08_R39	Num	3		EMBEDDED FIGURES--TOTAL CORRECT
101	QV08_R40	Num	3		EMBEDDED FIGURES--MEAN LATENCY
102	QV08_R67	Num	3		STAR DRAWING--DOM HAND--TOTAL TIME
103	QV08_R68	Num	3		STAR DRAWING--DOM HAND--NO. OF ERRORS
104	QV08_R69	Num	3		STAR DRAWING--NON-DOM HAND--TOTAL TIME
105	QV08_R70	Num	3		STAR DRAWING--NON-DOM HAND-NO. OF ERRORS
106	QV08_R41	Num	3		VISUAL REPR--COPY--DESIGN A SCORE
107	QV08_R42	Num	3		VISUAL REPR--COPY--DESIGN B SCORE
108	QV08_R43	Num	3		VISUAL REPR--COPY--DESIGN C1 SCORE
109	QV08_R44	Num	3		VISUAL REPR--COPY--DESIGN C2 SCORE
110	QV08_R49	Num	3		WAIS DIGIT SPAN--AGE-COR SCORE
111	QV08_R50	Num	3		WISC-R DIGIT SPAN--AGE-COR SCORE
112	QV08_R11	Num	3		CATEGORY TEST--SUBTEST 1 ERRORS
113	QV08_R12	Num	3		CATEGORY TEST--SUBTEST 2 ERRORS
114	QV08_R13	Num	3		CATEGORY TEST--SUBTEST 3 ERRORS

Num	Variable	Type	Len	Format	Label
115	QV08_R14	Num	3		CATEGORY TEST--SUBTEST 4 ERRORS
116	QV08_R15	Num	3		CATEGORY TEST--SUBTEST 5 ERRORS
117	QV08_R16	Num	3		CATEGORY TEST--SUBTEST 6 ERRORS
118	QV08_R17	Num	3		CATEGORY TEST--SUBTEST 7 ERRORS
119	QV08_R59	Num	3		FINGER TAPPING--DOM HAND--NO. OF TRIALS
120	QV08_R61	Num	3		FINGER TAPPING--NON-DOM HAND-NO. TRIALS
121	QV08_R36	Num	3		SYMBOL-DIGIT PAIRED-ASSOC--DEL. REC.
122	QV08_R55	Num	3		TRAILMAKING--TRIALS A TIME
123	QV08_R57	Num	3		TRAILMAKING--TRIALS B ERRORS
124	QV08_R27	Num	3		SHORT-TERM MEMORY-NO. OF WORDS @ 5 SEC
125	QV08_R28	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 15 SEC
126	QV08_R29	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 30 SEC
127	QV08_R19	Num	3		TACTUAL PERFORMANCE--MEMORY SCORE
128	QV08_R34	Num	3		TACTUAL PERFORMANCE--LOCATION SCORE
129	QV08_AGE	Num	8		AGE AT YEAR 2 FOLLOW-UP
130	QV08_R26	Num	8		VR , IMMEDIATE RECALL TOTAL
131	QV08_R35	Num	8		LOG TERM MEMORY, DELAYED RECALL VR
132	QV08_R47	Num	8		ATTENTION DIGIT VIGILANCE, TIME
133	QV08_R48	Num	8		ATTENTION DIGIT VIGILANCE, ERROR
134	QV08_R25	Num	8		SYMBOL DIGIT LEARNING TOTAL
135	QV08_R30	Num	8		SHORT TERM MEMORY TOTAL RETENTION
136	QV08_R71	Num	8		CATEGORY TEST ERROR, SUBTEST 1-7
137	QV08_R73	Num	8		LOGICAL MEMORY, SUM STORIES 1&2
138	QV08_R74	Num	8		LONG TERM MEMORY, SUM STORIES 1&2
139	QV08_R18	Num	8		CATEGORY TEST--TIME TO COMPLETE TASK
140	QV08_R20	Num	8		TACTUAL TEST TIME - DOMINANT HAND
141	QV08_R21	Num	8		TACTUAL TEST TIME - NON-DOMINANT HAND
142	QV08_R22	Num	8		TACTUAL TEST TIME - BOTH HANDS
143	QV08_R72	Num	8		TOTAL-TACTUAL PERFORMANCE
144	QV08_R51	Num	8		DIGIT REPEAT, FORWARD
145	QV08_R52	Num	8		DIGIT REPEAT, BACKWARD
146	QV08_R23	Num	8		ARITHMETIC - WRAT
147	QV08_R5	Num	8		AGE-CORRECTED SCALED SCORE: INFORMATION
148	QV08_R6	Num	8		AGE-CORRECTED SCALED SCORE: VOCABULARY
149	QV08_R7	Num	8		AGE-CORRECTED SCALED SCORE: COMPREHENSIO
150	QV08_R8	Num	8		SIMILARITIES
151	QV08_R45	Num	8		PICTURE COMPLETE
152	QV08_R9	Num	8		PIC ARRANGEMENT
153	QV08_R46	Num	8		OBJECT ASSEMBLY

Num	Variable	Type	Len	Format	Label
154	QV08_R10	Num	8		BLOCK DESIGN
155	QV20_R58	Num	4		DIGIT SYMBOL SUBST TEST-TOTAL TIME
156	QV20_R63	Num	4		PEGBOARD--DOM HAND--TIME TO INSERT
157	QV20_R64	Num	4		PEGBOARD--DOM HAND--TIME TO REMOVE
158	QV20_R65	Num	4		PEGBOARD--NON-DOM HAND--TIME TO INSERT
159	QV20_R66	Num	4		PEGBOARD--NON-DOM HAND--TIME TO REMOVE
160	QV20_R56	Num	4		TRAILMAKING--TRIALS B TIME
161	QV20_R24	Num	4		WRAT ARITHMETIC--STANDARD SCORE
162	QV20_R4	Num	4		VERBAL FLUENCY--TOTAL NO. OF WORDS
163	QV20_R1	Num	4		VERBAL IQ
164	QV20_R2	Num	4		PERFORMANCE IQ
165	QV20_R3	Num	4		FULL SCALE IQ
166	QV20_R32	Num	8		LOGICAL MEM--IMMED RECALL--STORY1
167	QV20_R33	Num	8		LOGICAL MEM--IMMED RECALL--STORY2
168	QV20_R37	Num	8		LOGICAL MEM--DELAYED RECALL--STORY1
169	QV20_R38	Num	8		LOGICAL MEM--DELAYED RECALL--STORY2
170	QV20_R60	Num	8		FINGER TAPPING--DOM HAND--MEAN RATE
171	QV20_R62	Num	8		FINGER TAPPING--NON-DOM HAND--MEAN RATE
172	QV20_R54	Num	3		DIG. SYMBOL SUBST TEST-CORRECT--90 SEC.
173	QV20_R53	Num	3		DIGIT SYMBOL SUBST TEST--AGE-COR SCORE
174	QV20_R31	Num	3		DIGIT SYMBOL SUBST TEST-INCID RECALL
175	QV20_R39	Num	3		EMBEDDED FIGURES--TOTAL CORRECT
176	QV20_R40	Num	3		EMBEDDED FIGURES--MEAN LATENCY
177	QV20_R67	Num	3		STAR DRAWING--DOM HAND--TOTAL TIME
178	QV20_R68	Num	3		STAR DRAWING--DOM HAND--NO. OF ERRORS
179	QV20_R69	Num	3		STAR DRAWING--NON-DOM HAND--TOTAL TIME
180	QV20_R70	Num	3		STAR DRAWING--NON-DOM HAND-NO. OF ERRORS
181	QV20_R41	Num	3		VISUAL REPR--COPY--DESIGN A SCORE
182	QV20_R42	Num	3		VISUAL REPR--COPY--DESIGN B SCORE
183	QV20_R43	Num	3		VISUAL REPR--COPY--DESIGN C1 SCORE
184	QV20_R44	Num	3		VISUAL REPR--COPY--DESIGN C2 SCORE
185	QV20_R49	Num	3		WAIS DIGIT SPAN--AGE-COR SCORE
186	QV20_R50	Num	3		WISC-R DIGIT SPAN--AGE-COR SCORE
187	QV20_R11	Num	3		CATEGORY TEST--SUBTEST 1 ERRORS
188	QV20_R12	Num	3		CATEGORY TEST--SUBTEST 2 ERRORS
189	QV20_R13	Num	3		CATEGORY TEST--SUBTEST 3 ERRORS
190	QV20_R14	Num	3		CATEGORY TEST--SUBTEST 4 ERRORS
191	QV20_R15	Num	3		CATEGORY TEST--SUBTEST 5 ERRORS
192	QV20_R16	Num	3		CATEGORY TEST--SUBTEST 6 ERRORS

Num	Variable	Type	Len	Format	Label
193	QV20_R17	Num	3		CATEGORY TEST--SUBTEST 7 ERRORS
194	QV20_R59	Num	3		FINGER TAPPING--DOM HAND--NO. OF TRIALS
195	QV20_R61	Num	3		FINGER TAPPING--NON-DOM HAND-NO. TRIALS
196	QV20_R36	Num	3		SYMBOL-DIGIT PAIRED-ASSOC--DEL. REC.
197	QV20_R55	Num	3		TRAILMAKING--TRIALS A TIME
198	QV20_R57	Num	3		TRAILMAKING--TRIALS B ERRORS
199	QV20_R27	Num	3		SHORT-TERM MEMORY-NO. OF WORDS @ 5 SEC
200	QV20_R28	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 15 SEC
201	QV20_R29	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 30 SEC
202	QV20_R19	Num	3		TACTUAL PERFORMANCE--MEMORY SCORE
203	QV20_R34	Num	3		TACTUAL PERFORMANCE--LOCATION SCORE
204	QV20_AGE	Num	8		AGE AT YEAR 5 FOLLOW-UP
205	QV20_R26	Num	8		VR , IMMEDIATE RECALL TOTAL
206	QV20_R35	Num	8		LOG TERM MEMORY, DELAYED RECALL VR
207	QV20_R47	Num	8		ATTENTION DIGIT VIGILANCE, TIME
208	QV20_R48	Num	8		ATTENTION DIGIT VIGILANCE, ERROR
209	QV20_R25	Num	8		SYMBOL DIGIT LEARNING TOTAL
210	QV20_R30	Num	8		SHORT TERM MEMORY TOTAL RETENTION
211	QV20_R71	Num	8		CATEGORY TEST ERROR, SUBTEST 1-7
212	QV20_R73	Num	8		LOGICAL MEMORY, SUM STORIES 1&2
213	QV20_R74	Num	8		LONG TERM MEMORY, SUM STORIES 1&2
214	QV20_R18	Num	8		CATEGORY TEST--TIME TO COMPLETE TASK
215	QV20_R20	Num	8		TACTUAL TEST TIME - DOMINANT HAND
216	QV20_R21	Num	8		TACTUAL TEST TIME - NON-DOMINANT HAND
217	QV20_R22	Num	8		TACTUAL TEST TIME - BOTH HANDS
218	QV20_R72	Num	8		TOTAL-TACTUAL PERFORMANCE
219	QV20_R51	Num	8		DIGIT REPEAT, FORWARD
220	QV20_R52	Num	8		DIGIT REPEAT, BACKWARD
221	QV20_R23	Num	8		ARITHMETIC - WRAT
222	QV20_R5	Num	8		AGE-CORRECTED SCALED SCORE: INFORMATION
223	QV20_R6	Num	8		AGE-CORRECTED SCALED SCORE: VOCABULARY
224	QV20_R7	Num	8		AGE-CORRECTED SCALED SCORE: COMPREHENSIO
225	QV20_R8	Num	8		SIMILARITIES
226	QV20_R45	Num	8		PICTURE COMPLETE
227	QV20_R9	Num	8		PIC ARRANGEMENT
228	QV20_R46	Num	8		OBJECT ASSEMBLY
229	QV20_R10	Num	8		BLOCK DESIGN
230	QV00_R75	Num	8		PERCEPTUMOTOR TRIALS A&B
231	QV00_R76	Num	8		FINGER TAP,DOM/NONDOM SUM MEAN RATES

Num	Variable	Type	Len	Format	Label
232	QV00_R77	Num	8		PEGBOARD, DOM/NONDOM SUM INSERT
233	QV08_R75	Num	8		PERCEPTUMOTOR TRIALS A&B
234	QV08_R76	Num	8		FINGER TAP,DOM/NONDOM SUM MEAN RATES
235	QV08_R77	Num	8		PEGBOARD, DOM/NONDOM SUM INSERT
236	QV20_R75	Num	8		PERCEPTUMOTOR TRIALS A&B
237	QV20_R76	Num	8		FINGER TAP,DOM/NONDOM SUM MEAN RATES
238	QV20_R77	Num	8		PEGBOARD, DOM/NONDOM SUM INSERT
239	DR08_1	Num	8		TEST R1: YEAR 2 SCORE - BASELINE
240	DR08_2	Num	8		TEST R2: YEAR 2 SCORE - BASELINE
241	DR08_3	Num	8		TEST R3: YEAR 2 SCORE - BASELINE
242	DR08_4	Num	8		TEST R4: YEAR 2 SCORE - BASELINE
243	DR08_5	Num	8		TEST R5: YEAR 2 SCORE - BASELINE
244	DR08_6	Num	8		TEST R6: YEAR 2 SCORE - BASELINE
245	DR08_7	Num	8		TEST R7: YEAR 2 SCORE - BASELINE
246	DR08_8	Num	8		TEST R8: YEAR 2 SCORE - BASELINE
247	DR08_9	Num	8		TEST R9: YEAR 2 SCORE - BASELINE
248	DR08_10	Num	8		TEST R10: YEAR 2 SCORE - BASELINE
249	DR08_11	Num	8		TEST R11: YEAR 2 SCORE - BASELINE
250	DR08_12	Num	8		TEST R12: YEAR 2 SCORE - BASELINE
251	DR08_13	Num	8		TEST R13: YEAR 2 SCORE - BASELINE
252	DR08_14	Num	8		TEST R14: YEAR 2 SCORE - BASELINE
253	DR08_15	Num	8		TEST R15: YEAR 2 SCORE - BASELINE
254	DR08_16	Num	8		TEST R16: YEAR 2 SCORE - BASELINE
255	DR08_17	Num	8		TEST R17: YEAR 2 SCORE - BASELINE
256	DR08_18	Num	8		TEST R18: YEAR 2 SCORE - BASELINE
257	DR08_19	Num	8		TEST R19: YEAR 2 SCORE - BASELINE
258	DR08_20	Num	8		TEST R20: YEAR 2 SCORE - BASELINE
259	DR08_21	Num	8		TEST R21: YEAR 2 SCORE - BASELINE
260	DR08_22	Num	8		TEST R22: YEAR 2 SCORE - BASELINE
261	DR08_23	Num	8		TEST R23: YEAR 2 SCORE - BASELINE
262	DR08_24	Num	8		TEST R24: YEAR 2 SCORE - BASELINE
263	DR08_25	Num	8		TEST R25: YEAR 2 SCORE - BASELINE
264	DR08_26	Num	8		TEST R26: YEAR 2 SCORE - BASELINE
265	DR08_27	Num	8		TEST R27: YEAR 2 SCORE - BASELINE
266	DR08_28	Num	8		TEST R28: YEAR 2 SCORE - BASELINE
267	DR08_29	Num	8		TEST R29: YEAR 2 SCORE - BASELINE
268	DR08_30	Num	8		TEST R30: YEAR 2 SCORE - BASELINE
269	DR08_31	Num	8		TEST R31: YEAR 2 SCORE - BASELINE
270	DR08_32	Num	8		TEST R32: YEAR 2 SCORE - BASELINE

Num	Variable	Type	Len	Format	Label
271	DR08_33	Num	8		TEST R33: YEAR 2 SCORE - BASELINE
272	DR08_34	Num	8		TEST R34: YEAR 2 SCORE - BASELINE
273	DR08_35	Num	8		TEST R35: YEAR 2 SCORE - BASELINE
274	DR08_36	Num	8		TEST R36: YEAR 2 SCORE - BASELINE
275	DR08_37	Num	8		TEST R37: YEAR 2 SCORE - BASELINE
276	DR08_38	Num	8		TEST R38: YEAR 2 SCORE - BASELINE
277	DR08_39	Num	8		TEST R39: YEAR 2 SCORE - BASELINE
278	DR08_40	Num	8		TEST R40: YEAR 2 SCORE - BASELINE
279	DR08_41	Num	8		TEST R41: YEAR 2 SCORE - BASELINE
280	DR08_42	Num	8		TEST R42: YEAR 2 SCORE - BASELINE
281	DR08_43	Num	8		TEST R43: YEAR 2 SCORE - BASELINE
282	DR08_44	Num	8		TEST R44: YEAR 2 SCORE - BASELINE
283	DR08_45	Num	8		TEST R45: YEAR 2 SCORE - BASELINE
284	DR08_46	Num	8		TEST R46: YEAR 2 SCORE - BASELINE
285	DR08_47	Num	8		TEST R47: YEAR 2 SCORE - BASELINE
286	DR08_48	Num	8		TEST R48: YEAR 2 SCORE - BASELINE
287	DR08_49	Num	8		TEST R49: YEAR 2 SCORE - BASELINE
288	DR08_50	Num	8		TEST R50: YEAR 2 SCORE - BASELINE
289	DR08_51	Num	8		TEST R51: YEAR 2 SCORE - BASELINE
290	DR08_52	Num	8		TEST R52: YEAR 2 SCORE - BASELINE
291	DR08_53	Num	8		TEST R53: YEAR 2 SCORE - BASELINE
292	DR08_54	Num	8		TEST R54: YEAR 2 SCORE - BASELINE
293	DR08_55	Num	8		TEST R55: YEAR 2 SCORE - BASELINE
294	DR08_56	Num	8		TEST R56: YEAR 2 SCORE - BASELINE
295	DR08_57	Num	8		TEST R57: YEAR 2 SCORE - BASELINE
296	DR08_58	Num	8		TEST R58: YEAR 2 SCORE - BASELINE
297	DR08_59	Num	8		TEST R59: YEAR 2 SCORE - BASELINE
298	DR08_60	Num	8		TEST R60: YEAR 2 SCORE - BASELINE
299	DR08_61	Num	8		TEST R61: YEAR 2 SCORE - BASELINE
300	DR08_62	Num	8		TEST R62: YEAR 2 SCORE - BASELINE
301	DR08_63	Num	8		TEST R63: YEAR 2 SCORE - BASELINE
302	DR08_64	Num	8		TEST R64: YEAR 2 SCORE - BASELINE
303	DR08_65	Num	8		TEST R65: YEAR 2 SCORE - BASELINE
304	DR08_66	Num	8		TEST R66: YEAR 2 SCORE - BASELINE
305	DR08_67	Num	8		TEST R67: YEAR 2 SCORE - BASELINE
306	DR08_68	Num	8		TEST R68: YEAR 2 SCORE - BASELINE
307	DR08_69	Num	8		TEST R69: YEAR 2 SCORE - BASELINE
308	DR08_70	Num	8		TEST R70: YEAR 2 SCORE - BASELINE
309	DR08_71	Num	8		TEST R71: YEAR 2 SCORE - BASELINE

Num	Variable	Type	Len	Format	Label
310	DR08_72	Num	8		TEST R72: YEAR 2 SCORE - BASELINE
311	DR08_73	Num	8		TEST R73: YEAR 2 SCORE - BASELINE
312	DR08_74	Num	8		TEST R74: YEAR 2 SCORE - BASELINE
313	DR08_75	Num	8		TEST R75: YEAR 2 SCORE - BASELINE
314	DR08_76	Num	8		TEST R76: YEAR 2 SCORE - BASELINE
315	DR08_77	Num	8		TEST R77: YEAR 2 SCORE - BASELINE
316	DR20_1	Num	8		TEST R1: YEAR 5 SCORE - BASELINE
317	DR20_2	Num	8		TEST R2: YEAR 5 SCORE - BASELINE
318	DR20_3	Num	8		TEST R3: YEAR 5 SCORE - BASELINE
319	DR20_4	Num	8		TEST R4: YEAR 5 SCORE - BASELINE
320	DR20_5	Num	8		TEST R5: YEAR 5 SCORE - BASELINE
321	DR20_6	Num	8		TEST R6: YEAR 5 SCORE - BASELINE
322	DR20_7	Num	8		TEST R7: YEAR 5 SCORE - BASELINE
323	DR20_8	Num	8		TEST R8: YEAR 5 SCORE - BASELINE
324	DR20_9	Num	8		TEST R9: YEAR 5 SCORE - BASELINE
325	DR20_10	Num	8		TEST R10: YEAR 5 SCORE - BASELINE
326	DR20_11	Num	8		TEST R11: YEAR 5 SCORE - BASELINE
327	DR20_12	Num	8		TEST R12: YEAR 5 SCORE - BASELINE
328	DR20_13	Num	8		TEST R13: YEAR 5 SCORE - BASELINE
329	DR20_14	Num	8		TEST R14: YEAR 5 SCORE - BASELINE
330	DR20_15	Num	8		TEST R15: YEAR 5 SCORE - BASELINE
331	DR20_16	Num	8		TEST R16: YEAR 5 SCORE - BASELINE
332	DR20_17	Num	8		TEST R17: YEAR 5 SCORE - BASELINE
333	DR20_18	Num	8		TEST R18: YEAR 5 SCORE - BASELINE
334	DR20_19	Num	8		TEST R19: YEAR 5 SCORE - BASELINE
335	DR20_20	Num	8		TEST R20: YEAR 5 SCORE - BASELINE
336	DR20_21	Num	8		TEST R21: YEAR 5 SCORE - BASELINE
337	DR20_22	Num	8		TEST R22: YEAR 5 SCORE - BASELINE
338	DR20_23	Num	8		TEST R23: YEAR 5 SCORE - BASELINE
339	DR20_24	Num	8		TEST R24: YEAR 5 SCORE - BASELINE
340	DR20_25	Num	8		TEST R25: YEAR 5 SCORE - BASELINE
341	DR20_26	Num	8		TEST R26: YEAR 5 SCORE - BASELINE
342	DR20_27	Num	8		TEST R27: YEAR 5 SCORE - BASELINE
343	DR20_28	Num	8		TEST R28: YEAR 5 SCORE - BASELINE
344	DR20_29	Num	8		TEST R29: YEAR 5 SCORE - BASELINE
345	DR20_30	Num	8		TEST R30: YEAR 5 SCORE - BASELINE
346	DR20_31	Num	8		TEST R31: YEAR 5 SCORE - BASELINE
347	DR20_32	Num	8		TEST R32: YEAR 5 SCORE - BASELINE
348	DR20_33	Num	8		TEST R33: YEAR 5 SCORE - BASELINE

Num	Variable	Type	Len	Format	Label
349	DR20_34	Num	8		TEST R34: YEAR 5 SCORE - BASELINE
350	DR20_35	Num	8		TEST R35: YEAR 5 SCORE - BASELINE
351	DR20_36	Num	8		TEST R36: YEAR 5 SCORE - BASELINE
352	DR20_37	Num	8		TEST R37: YEAR 5 SCORE - BASELINE
353	DR20_38	Num	8		TEST R38: YEAR 5 SCORE - BASELINE
354	DR20_39	Num	8		TEST R39: YEAR 5 SCORE - BASELINE
355	DR20_40	Num	8		TEST R40: YEAR 5 SCORE - BASELINE
356	DR20_41	Num	8		TEST R41: YEAR 5 SCORE - BASELINE
357	DR20_42	Num	8		TEST R42: YEAR 5 SCORE - BASELINE
358	DR20_43	Num	8		TEST R43: YEAR 5 SCORE - BASELINE
359	DR20_44	Num	8		TEST R44: YEAR 5 SCORE - BASELINE
360	DR20_45	Num	8		TEST R45: YEAR 5 SCORE - BASELINE
361	DR20_46	Num	8		TEST R46: YEAR 5 SCORE - BASELINE
362	DR20_47	Num	8		TEST R47: YEAR 5 SCORE - BASELINE
363	DR20_48	Num	8		TEST R48: YEAR 5 SCORE - BASELINE
364	DR20_49	Num	8		TEST R49: YEAR 5 SCORE - BASELINE
365	DR20_50	Num	8		TEST R50: YEAR 5 SCORE - BASELINE
366	DR20_51	Num	8		TEST R51: YEAR 5 SCORE - BASELINE
367	DR20_52	Num	8		TEST R52: YEAR 5 SCORE - BASELINE
368	DR20_53	Num	8		TEST R53: YEAR 5 SCORE - BASELINE
369	DR20_54	Num	8		TEST R54: YEAR 5 SCORE - BASELINE
370	DR20_55	Num	8		TEST R55: YEAR 5 SCORE - BASELINE
371	DR20_56	Num	8		TEST R56: YEAR 5 SCORE - BASELINE
372	DR20_57	Num	8		TEST R57: YEAR 5 SCORE - BASELINE
373	DR20_58	Num	8		TEST R58: YEAR 5 SCORE - BASELINE
374	DR20_59	Num	8		TEST R59: YEAR 5 SCORE - BASELINE
375	DR20_60	Num	8		TEST R60: YEAR 5 SCORE - BASELINE
376	DR20_61	Num	8		TEST R61: YEAR 5 SCORE - BASELINE
377	DR20_62	Num	8		TEST R62: YEAR 5 SCORE - BASELINE
378	DR20_63	Num	8		TEST R63: YEAR 5 SCORE - BASELINE
379	DR20_64	Num	8		TEST R64: YEAR 5 SCORE - BASELINE
380	DR20_65	Num	8		TEST R65: YEAR 5 SCORE - BASELINE
381	DR20_66	Num	8		TEST R66: YEAR 5 SCORE - BASELINE
382	DR20_67	Num	8		TEST R67: YEAR 5 SCORE - BASELINE
383	DR20_68	Num	8		TEST R68: YEAR 5 SCORE - BASELINE
384	DR20_69	Num	8		TEST R69: YEAR 5 SCORE - BASELINE
385	DR20_70	Num	8		TEST R70: YEAR 5 SCORE - BASELINE
386	DR20_71	Num	8		TEST R71: YEAR 5 SCORE - BASELINE
387	DR20_72	Num	8		TEST R72: YEAR 5 SCORE - BASELINE

Num	Variable	Type	Len	Format	Label
388	DR20_73	Num	8		TEST R73: YEAR 5 SCORE - BASELINE
389	DR20_74	Num	8		TEST R74: YEAR 5 SCORE - BASELINE
390	DR20_75	Num	8		TEST R75: YEAR 5 SCORE - BASELINE
391	DR20_76	Num	8		TEST R76: YEAR 5 SCORE - BASELINE
392	DR20_77	Num	8		TEST R77: YEAR 5 SCORE - BASELINE
393	OBGRADE	Num	3		GRADE IN ELEMENTARY OR SECONDARY SCHOOL
394	DOMHAND	Num	8		DOMINANT HAND DETERMINED AT BASELINE
395	QV28_R58	Num	4		DIGIT SYMBOL SUBST TEST-TOTAL TIME
396	QV28_R63	Num	4		PEGBOARD--DOM HAND--TIME TO INSERT
397	QV28_R64	Num	4		PEGBOARD--DOM HAND--TIME TO REMOVE
398	QV28_R65	Num	4		PEGBOARD--NON-DOM HAND--TIME TO INSERT
399	QV28_R66	Num	4		PEGBOARD--NON-DOM HAND--TIME TO REMOVE
400	QV28_R56	Num	4		TRAILMAKING--TRIALS B TIME
401	QV28_R24	Num	4		WRAT ARITHMETIC--STANDARD SCORE
402	QV28_R4	Num	4		VERBAL FLUENCY--TOTAL NO. OF WORDS
403	QV28_R1	Num	4		VERBAL IQ
404	QV28_R2	Num	4		PERFORMANCE IQ
405	QV28_R3	Num	4		FULL SCALE IQ
406	QV28_R32	Num	8		LOGICAL MEM--IMMED RECALL--STORY1
407	QV28_R33	Num	8		LOGICAL MEM--IMMED RECALL--STORY2
408	QV28_R37	Num	8		LOGICAL MEM--DELAYED RECALL--STORY1
409	QV28_R38	Num	8		LOGICAL MEM--DELAYED RECALL--STORY2
410	QV28_R60	Num	8		FINGER TAPPING--DOM HAND--MEAN RATE
411	QV28_R62	Num	8		FINGER TAPPING--NON-DOM HAND--MEAN RATE
412	QV28_R54	Num	3		DIG. SYMBOL SUBST TEST-CORRECT--90 SEC.
413	QV28_R53	Num	3		DIGIT SYMBOL SUBST TEST--AGE-COR SCORE
414	QV28_R31	Num	3		DIGIT SYMBOL SUBST TEST-INCID RECALL
415	QV28_R39	Num	3		EMBEDDED FIGURES--TOTAL CORRECT
416	QV28_R40	Num	3		EMBEDDED FIGURES--MEAN LATENCY
417	QV28_R67	Num	3		STAR DRAWING--DOM HAND--TOTAL TIME
418	QV28_R68	Num	3		STAR DRAWING--DOM HAND--NO. OF ERRORS
419	QV28_R69	Num	3		STAR DRAWING--NON-DOM HAND--TOTAL TIME
420	QV28_R70	Num	3		STAR DRAWING--NON-DOM HAND-NO. OF ERRORS
421	QV28_R41	Num	3		VISUAL REPR--COPY--DESIGN A SCORE
422	QV28_R42	Num	3		VISUAL REPR--COPY--DESIGN B SCORE
423	QV28_R43	Num	3		VISUAL REPR--COPY--DESIGN C1 SCORE
424	QV28_R44	Num	3		VISUAL REPR--COPY--DESIGN C2 SCORE
425	QV28_R49	Num	3		WAIS DIGIT SPAN--AGE-COR SCORE
426	QV28_R50	Num	3		WISC-R DIGIT SPAN--AGE-COR SCORE

Num	Variable	Type	Len	Format	Label
427	QV28_R11	Num	3		CATEGORY TEST--SUBTEST 1 ERRORS
428	QV28_R12	Num	3		CATEGORY TEST--SUBTEST 2 ERRORS
429	QV28_R13	Num	3		CATEGORY TEST--SUBTEST 3 ERRORS
430	QV28_R14	Num	3		CATEGORY TEST--SUBTEST 4 ERRORS
431	QV28_R15	Num	3		CATEGORY TEST--SUBTEST 5 ERRORS
432	QV28_R16	Num	3		CATEGORY TEST--SUBTEST 6 ERRORS
433	QV28_R17	Num	3		CATEGORY TEST--SUBTEST 7 ERRORS
434	QV28_R59	Num	3		FINGER TAPPING--DOM HAND--NO. OF TRIALS
435	QV28_R61	Num	3		FINGER TAPPING--NON-DOM HAND-NO. TRIALS
436	QV28_R36	Num	3		SYMBOL-DIGIT PAIRED-ASSOC--DEL. REC.
437	QV28_R55	Num	3		TRAILMAKING--TRIALS A TIME
438	QV28_R57	Num	3		TRAILMAKING--TRIALS B ERRORS
439	QV28_R27	Num	3		SHORT-TERM MEMORY-NO. OF WORDS @ 5 SEC
440	QV28_R28	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 15 SEC
441	QV28_R29	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 30 SEC
442	QV28_R19	Num	3		TACTUAL PERFORMANCE--MEMORY SCORE
443	QV28_R34	Num	3		TACTUAL PERFORMANCE--LOCATION SCORE
444	QV28_AGE	Num	8		AGE AT YEAR 7 FOLLOW-UP
445	QV28_R26	Num	8		VR , IMMEDIATE RECALL TOTAL
446	QV28_R35	Num	8		LOG TERM MEMORY, DELAYED RECALL VR
447	QV28_R47	Num	8		ATTENTION DIGIT VIGILANCE, TIME
448	QV28_R48	Num	8		ATTENTION DIGIT VIGILANCE, ERROR
449	QV28_R25	Num	8		SYMBOL DIGIT LEARNING TOTAL
450	QV28_R30	Num	8		SHORT TERM MEMORY TOTAL RETENTION
451	QV28_R71	Num	8		CATEGORY TEST ERROR, SUBTEST 1-7
452	QV28_R73	Num	8		LOGICAL MEMORY, SUM STORIES 1&2
453	QV28_R74	Num	8		LONG TERM MEMORY, SUM STORIES 1&2
454	QV28_R18	Num	8		CATEGORY TEST--TIME TO COMPLETE TASK
455	QV28_R20	Num	8		TACTUAL TEST TIME - DOMINANT HAND
456	QV28_R21	Num	8		TACTUAL TEST TIME - NON-DOMINANT HAND
457	QV28_R22	Num	8		TACTUAL TEST TIME - BOTH HANDS
458	QV28_R72	Num	8		TOTAL-TACTUAL PERFORMANCE
459	QV28_R51	Num	8		DIGIT REPEAT, FORWARD
460	QV28_R52	Num	8		DIGIT REPEAT, BACKWARD
461	QV28_R23	Num	8		ARITHMETIC - WRAT
462	QV28_R5	Num	8		AGE-CORRECTED SCALED SCORE: INFORMATION
463	QV28_R6	Num	8		AGE-CORRECTED SCALED SCORE: VOCABULARY
464	QV28_R7	Num	8		AGE-CORRECTED SCALED SCORE: COMPREHENSIO
465	QV28_R8	Num	8		SIMILARITIES

Num	Variable	Type	Len	Format	Label
466	QV28_R45	Num	8		PICTURE COMPLETE
467	QV28_R9	Num	8		PIC ARRANGEMENT
468	QV28_R46	Num	8		OBJECT ASSEMBLY
469	QV28_R10	Num	8		BLOCK DESIGN
470	QV28_R75	Num	8		PERCEPTUMOTOR TRIALS A&B
471	QV28_R76	Num	8		FINGER TAP,DOM/NONDOM SUM MEAN RATES
472	QV28_R77	Num	8		PEGBOARD, DOM/NONDOM SUM INSERT
473	DR28_1	Num	8		TEST R1: YEAR 7 SCORE - BASELINE
474	DR28_2	Num	8		TEST R2: YEAR 7 SCORE - BASELINE
475	DR28_3	Num	8		TEST R3: YEAR 7 SCORE - BASELINE
476	DR28_4	Num	8		TEST R4: YEAR 7 SCORE - BASELINE
477	DR28_5	Num	8		TEST R5: YEAR 7 SCORE - BASELINE
478	DR28_6	Num	8		TEST R6: YEAR 7 SCORE - BASELINE
479	DR28_7	Num	8		TEST R7: YEAR 7 SCORE - BASELINE
480	DR28_8	Num	8		TEST R8: YEAR 7 SCORE - BASELINE
481	DR28_9	Num	8		TEST R9: YEAR 7 SCORE - BASELINE
482	DR28_10	Num	8		TEST R10: YEAR 7 SCORE - BASELINE
483	DR28_11	Num	8		TEST R11: YEAR 7 SCORE - BASELINE
484	DR28_12	Num	8		TEST R12: YEAR 7 SCORE - BASELINE
485	DR28_13	Num	8		TEST R13: YEAR 7 SCORE - BASELINE
486	DR28_14	Num	8		TEST R14: YEAR 7 SCORE - BASELINE
487	DR28_15	Num	8		TEST R15: YEAR 7 SCORE - BASELINE
488	DR28_16	Num	8		TEST R16: YEAR 7 SCORE - BASELINE
489	DR28_17	Num	8		TEST R17: YEAR 7 SCORE - BASELINE
490	DR28_18	Num	8		TEST R18: YEAR 7 SCORE - BASELINE
491	DR28_19	Num	8		TEST R19: YEAR 7 SCORE - BASELINE
492	DR28_20	Num	8		TEST R20: YEAR 7 SCORE - BASELINE
493	DR28_21	Num	8		TEST R21: YEAR 7 SCORE - BASELINE
494	DR28_22	Num	8		TEST R22: YEAR 7 SCORE - BASELINE
495	DR28_23	Num	8		TEST R23: YEAR 7 SCORE - BASELINE
496	DR28_24	Num	8		TEST R24: YEAR 7 SCORE - BASELINE
497	DR28_25	Num	8		TEST R25: YEAR 7 SCORE - BASELINE
498	DR28_26	Num	8		TEST R26: YEAR 7 SCORE - BASELINE
499	DR28_27	Num	8		TEST R27: YEAR 7 SCORE - BASELINE
500	DR28_28	Num	8		TEST R28: YEAR 7 SCORE - BASELINE
501	DR28_29	Num	8		TEST R29: YEAR 7 SCORE - BASELINE
502	DR28_30	Num	8		TEST R30: YEAR 7 SCORE - BASELINE
503	DR28_31	Num	8		TEST R31: YEAR 7 SCORE - BASELINE
504	DR28_32	Num	8		TEST R32: YEAR 7 SCORE - BASELINE

Num	Variable	Type	Len	Format	Label
505	DR28_33	Num	8		TEST R33: YEAR 7 SCORE - BASELINE
506	DR28_34	Num	8		TEST R34: YEAR 7 SCORE - BASELINE
507	DR28_35	Num	8		TEST R35: YEAR 7 SCORE - BASELINE
508	DR28_36	Num	8		TEST R36: YEAR 7 SCORE - BASELINE
509	DR28_37	Num	8		TEST R37: YEAR 7 SCORE - BASELINE
510	DR28_38	Num	8		TEST R38: YEAR 7 SCORE - BASELINE
511	DR28_39	Num	8		TEST R39: YEAR 7 SCORE - BASELINE
512	DR28_40	Num	8		TEST R40: YEAR 7 SCORE - BASELINE
513	DR28_41	Num	8		TEST R41: YEAR 7 SCORE - BASELINE
514	DR28_42	Num	8		TEST R42: YEAR 7 SCORE - BASELINE
515	DR28_43	Num	8		TEST R43: YEAR 7 SCORE - BASELINE
516	DR28_44	Num	8		TEST R44: YEAR 7 SCORE - BASELINE
517	DR28_45	Num	8		TEST R45: YEAR 7 SCORE - BASELINE
518	DR28_46	Num	8		TEST R46: YEAR 7 SCORE - BASELINE
519	DR28_47	Num	8		TEST R47: YEAR 7 SCORE - BASELINE
520	DR28_48	Num	8		TEST R48: YEAR 7 SCORE - BASELINE
521	DR28_49	Num	8		TEST R49: YEAR 7 SCORE - BASELINE
522	DR28_50	Num	8		TEST R50: YEAR 7 SCORE - BASELINE
523	DR28_51	Num	8		TEST R51: YEAR 7 SCORE - BASELINE
524	DR28_52	Num	8		TEST R52: YEAR 7 SCORE - BASELINE
525	DR28_53	Num	8		TEST R53: YEAR 7 SCORE - BASELINE
526	DR28_54	Num	8		TEST R54: YEAR 7 SCORE - BASELINE
527	DR28_55	Num	8		TEST R55: YEAR 7 SCORE - BASELINE
528	DR28_56	Num	8		TEST R56: YEAR 7 SCORE - BASELINE
529	DR28_57	Num	8		TEST R57: YEAR 7 SCORE - BASELINE
530	DR28_58	Num	8		TEST R58: YEAR 7 SCORE - BASELINE
531	DR28_59	Num	8		TEST R59: YEAR 7 SCORE - BASELINE
532	DR28_60	Num	8		TEST R60: YEAR 7 SCORE - BASELINE
533	DR28_61	Num	8		TEST R61: YEAR 7 SCORE - BASELINE
534	DR28_62	Num	8		TEST R62: YEAR 7 SCORE - BASELINE
535	DR28_63	Num	8		TEST R63: YEAR 7 SCORE - BASELINE
536	DR28_64	Num	8		TEST R64: YEAR 7 SCORE - BASELINE
537	DR28_65	Num	8		TEST R65: YEAR 7 SCORE - BASELINE
538	DR28_66	Num	8		TEST R66: YEAR 7 SCORE - BASELINE
539	DR28_67	Num	8		TEST R67: YEAR 7 SCORE - BASELINE
540	DR28_68	Num	8		TEST R68: YEAR 7 SCORE - BASELINE
541	DR28_69	Num	8		TEST R69: YEAR 7 SCORE - BASELINE
542	DR28_70	Num	8		TEST R70: YEAR 7 SCORE - BASELINE
543	DR28_71	Num	8		TEST R71: YEAR 7 SCORE - BASELINE

Num	Variable	Type	Len	Format	Label
544	DR28_72	Num	8		TEST R72: YEAR 7 SCORE - BASELINE
545	DR28_73	Num	8		TEST R73: YEAR 7 SCORE - BASELINE
546	DR28_74	Num	8		TEST R74: YEAR 7 SCORE - BASELINE
547	DR28_75	Num	8		TEST R75: YEAR 7 SCORE - BASELINE
548	DR28_76	Num	8		TEST R76: YEAR 7 SCORE - BASELINE
549	DR28_77	Num	8		TEST R77: YEAR 7 SCORE - BASELINE
550	QV36_R58	Num	4		DIGIT SYMBOL SUBST TEST-TOTAL TIME
551	QV36_R63	Num	4		PEGBOARD--DOM HAND--TIME TO INSERT
552	QV36_R64	Num	4		PEGBOARD--DOM HAND--TIME TO REMOVE
553	QV36_R65	Num	4		PEGBOARD--NON-DOM HAND--TIME TO INSERT
554	QV36_R66	Num	4		PEGBOARD--NON-DOM HAND--TIME TO REMOVE
555	QV36_R56	Num	4		TRAILMAKING--TRIALS B TIME
556	QV36_R24	Num	4		WRAT ARITHMETIC--STANDARD SCORE
557	QV36_R4	Num	4		VERBAL FLUENCY--TOTAL NO. OF WORDS
558	QV36_R1	Num	4		VERBAL IQ
559	QV36_R2	Num	4		PERFORMANCE IQ
560	QV36_R3	Num	4		FULL SCALE IQ
561	QV36_R32	Num	8		LOGICAL MEM--IMMED RECALL--STORY1
562	QV36_R33	Num	8		LOGICAL MEM--IMMED RECALL--STORY2
563	QV36_R37	Num	8		LOGICAL MEM--DELAYED RECALL--STORY1
564	QV36_R38	Num	8		LOGICAL MEM--DELAYED RECALL--STORY2
565	QV36_R60	Num	8		FINGER TAPPING--DOM HAND--MEAN RATE
566	QV36_R62	Num	8		FINGER TAPPING--NON-DOM HAND--MEAN RATE
567	QV36_R54	Num	3		DIG. SYMBOL SUBST TEST-CORRECT--90 SEC.
568	QV36_R53	Num	3		DIGIT SYMBOL SUBST TEST--AGE-COR SCORE
569	QV36_R31	Num	3		DIGIT SYMBOL SUBST TEST-INCID RECALL
570	QV36_R39	Num	3		EMBEDDED FIGURES--TOTAL CORRECT
571	QV36_R40	Num	3		EMBEDDED FIGURES--MEAN LATENCY
572	QV36_R67	Num	3		STAR DRAWING--DOM HAND--TOTAL TIME
573	QV36_R68	Num	3		STAR DRAWING--DOM HAND--NO. OF ERRORS
574	QV36_R69	Num	3		STAR DRAWING--NON-DOM HAND--TOTAL TIME
575	QV36_R70	Num	3		STAR DRAWING--NON-DOM HAND-NO. OF ERRORS
576	QV36_R41	Num	3		VISUAL REPR--COPY--DESIGN A SCORE
577	QV36_R42	Num	3		VISUAL REPR--COPY--DESIGN B SCORE
578	QV36_R43	Num	3		VISUAL REPR--COPY--DESIGN C1 SCORE
579	QV36_R44	Num	3		VISUAL REPR--COPY--DESIGN C2 SCORE
580	QV36_R49	Num	3		WAIS DIGIT SPAN--AGE-COR SCORE
581	QV36_R50	Num	3		WISC-R DIGIT SPAN--AGE-COR SCORE
582	QV36_R11	Num	3		CATEGORY TEST--SUBTEST 1 ERRORS

Num	Variable	Type	Len	Format	Label
583	QV36_R12	Num	3		CATEGORY TEST--SUBTEST 2 ERRORS
584	QV36_R13	Num	3		CATEGORY TEST--SUBTEST 3 ERRORS
585	QV36_R14	Num	3		CATEGORY TEST--SUBTEST 4 ERRORS
586	QV36_R15	Num	3		CATEGORY TEST--SUBTEST 5 ERRORS
587	QV36_R16	Num	3		CATEGORY TEST--SUBTEST 6 ERRORS
588	QV36_R17	Num	3		CATEGORY TEST--SUBTEST 7 ERRORS
589	QV36_R59	Num	3		FINGER TAPPING--DOM HAND--NO. OF TRIALS
590	QV36_R61	Num	3		FINGER TAPPING--NON-DOM HAND-NO. TRIALS
591	QV36_R36	Num	3		SYMBOL-DIGIT PAIRED-ASSOC--DEL. REC.
592	QV36_R55	Num	3		TRAILMAKING--TRIALS A TIME
593	QV36_R57	Num	3		TRAILMAKING--TRIALS B ERRORS
594	QV36_R27	Num	3		SHORT-TERM MEMORY-NO. OF WORDS @ 5 SEC
595	QV36_R28	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 15 SEC
596	QV36_R29	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 30 SEC
597	QV36_R19	Num	3		TACTUAL PERFORMANCE--MEMORY SCORE
598	QV36_R34	Num	3		TACTUAL PERFORMANCE--LOCATION SCORE
599	QV36_AGE	Num	8		AGE AT YEAR 9 FOLLOW-UP
600	QV36_R26	Num	8		VR , IMMEDIATE RECALL TOTAL
601	QV36_R35	Num	8		LOG TERM MEMORY, DELAYED RECALL VR
602	QV36_R47	Num	8		ATTENTION DIGIT VIGILANCE, TIME
603	QV36_R48	Num	8		ATTENTION DIGIT VIGILANCE, ERROR
604	QV36_R25	Num	8		SYMBOL DIGIT LEARNING TOTAL
605	QV36_R30	Num	8		SHORT TERM MEMORY TOTAL RETENTION
606	QV36_R71	Num	8		CATEGORY TEST ERROR, SUBTEST 1-7
607	QV36_R73	Num	8		LOGICAL MEMORY, SUM STORIES 1&2
608	QV36_R74	Num	8		LONG TERM MEMORY, SUM STORIES 1&2
609	QV36_R18	Num	8		CATEGORY TEST--TIME TO COMPLETE TASK
610	QV36_R20	Num	8		TACTUAL TEST TIME - DOMINANT HAND
611	QV36_R21	Num	8		TACTUAL TEST TIME - NON-DOMINANT HAND
612	QV36_R22	Num	8		TACTUAL TEST TIME - BOTH HANDS
613	QV36_R72	Num	8		TOTAL-TACTUAL PERFORMANCE
614	QV36_R51	Num	8		DIGIT REPEAT, FORWARD
615	QV36_R52	Num	8		DIGIT REPEAT, BACKWARD
616	QV36_R23	Num	8		ARITHMETIC - WRAT
617	QV36_R5	Num	8		AGE-CORRECTED SCALED SCORE: INFORMATION
618	QV36_R6	Num	8		AGE-CORRECTED SCALED SCORE: VOCABULARY
619	QV36_R7	Num	8		AGE-CORRECTED SCALED SCORE: COMPREHENSIO
620	QV36_R8	Num	8		SIMILARITIES
621	QV36_R45	Num	8		PICTURE COMPLETE

Num	Variable	Type	Len	Format	Label
622	QV36_R9	Num	8		PIC ARRANGEMENT
623	QV36_R46	Num	8		OBJECT ASSEMBLY
624	QV36_R10	Num	8		BLOCK DESIGN
625	QV36_R75	Num	8		PERCEPTUMOTOR TRIALS A&B
626	QV36_R76	Num	8		FINGER TAP,DOM/NONDOM SUM MEAN RATES
627	QV36_R77	Num	8		PEGBOARD, DOM/NONDOM SUM INSERT
628	DR36_1	Num	8		TEST R1: YEAR 9 SCORE - BASELINE
629	DR36_2	Num	8		TEST R2: YEAR 9 SCORE - BASELINE
630	DR36_3	Num	8		TEST R3: YEAR 9 SCORE - BASELINE
631	DR36_4	Num	8		TEST R4: YEAR 9 SCORE - BASELINE
632	DR36_5	Num	8		TEST R5: YEAR 9 SCORE - BASELINE
633	DR36_6	Num	8		TEST R6: YEAR 9 SCORE - BASELINE
634	DR36_7	Num	8		TEST R7: YEAR 9 SCORE - BASELINE
635	DR36_8	Num	8		TEST R8: YEAR 9 SCORE - BASELINE
636	DR36_9	Num	8		TEST R9: YEAR 9 SCORE - BASELINE
637	DR36_10	Num	8		TEST R10: YEAR 9 SCORE - BASELINE
638	DR36_11	Num	8		TEST R11: YEAR 9 SCORE - BASELINE
639	DR36_12	Num	8		TEST R12: YEAR 9 SCORE - BASELINE
640	DR36_13	Num	8		TEST R13: YEAR 9 SCORE - BASELINE
641	DR36_14	Num	8		TEST R14: YEAR 9 SCORE - BASELINE
642	DR36_15	Num	8		TEST R15: YEAR 9 SCORE - BASELINE
643	DR36_16	Num	8		TEST R16: YEAR 9 SCORE - BASELINE
644	DR36_17	Num	8		TEST R17: YEAR 9 SCORE - BASELINE
645	DR36_18	Num	8		TEST R18: YEAR 9 SCORE - BASELINE
646	DR36_19	Num	8		TEST R19: YEAR 9 SCORE - BASELINE
647	DR36_20	Num	8		TEST R20: YEAR 9 SCORE - BASELINE
648	DR36_21	Num	8		TEST R21: YEAR 9 SCORE - BASELINE
649	DR36_22	Num	8		TEST R22: YEAR 9 SCORE - BASELINE
650	DR36_23	Num	8		TEST R23: YEAR 9 SCORE - BASELINE
651	DR36_24	Num	8		TEST R24: YEAR 9 SCORE - BASELINE
652	DR36_25	Num	8		TEST R25: YEAR 9 SCORE - BASELINE
653	DR36_26	Num	8		TEST R26: YEAR 9 SCORE - BASELINE
654	DR36_27	Num	8		TEST R27: YEAR 9 SCORE - BASELINE
655	DR36_28	Num	8		TEST R28: YEAR 9 SCORE - BASELINE
656	DR36_29	Num	8		TEST R29: YEAR 9 SCORE - BASELINE
657	DR36_30	Num	8		TEST R30: YEAR 9 SCORE - BASELINE
658	DR36_31	Num	8		TEST R31: YEAR 9 SCORE - BASELINE
659	DR36_32	Num	8		TEST R32: YEAR 9 SCORE - BASELINE
660	DR36_33	Num	8		TEST R33: YEAR 9 SCORE - BASELINE

Num	Variable	Type	Len	Format	Label
661	DR36_34	Num	8		TEST R34: YEAR 9 SCORE - BASELINE
662	DR36_35	Num	8		TEST R35: YEAR 9 SCORE - BASELINE
663	DR36_36	Num	8		TEST R36: YEAR 9 SCORE - BASELINE
664	DR36_37	Num	8		TEST R37: YEAR 9 SCORE - BASELINE
665	DR36_38	Num	8		TEST R38: YEAR 9 SCORE - BASELINE
666	DR36_39	Num	8		TEST R39: YEAR 9 SCORE - BASELINE
667	DR36_40	Num	8		TEST R40: YEAR 9 SCORE - BASELINE
668	DR36_41	Num	8		TEST R41: YEAR 9 SCORE - BASELINE
669	DR36_42	Num	8		TEST R42: YEAR 9 SCORE - BASELINE
670	DR36_43	Num	8		TEST R43: YEAR 9 SCORE - BASELINE
671	DR36_44	Num	8		TEST R44: YEAR 9 SCORE - BASELINE
672	DR36_45	Num	8		TEST R45: YEAR 9 SCORE - BASELINE
673	DR36_46	Num	8		TEST R46: YEAR 9 SCORE - BASELINE
674	DR36_47	Num	8		TEST R47: YEAR 9 SCORE - BASELINE
675	DR36_48	Num	8		TEST R48: YEAR 9 SCORE - BASELINE
676	DR36_49	Num	8		TEST R49: YEAR 9 SCORE - BASELINE
677	DR36_50	Num	8		TEST R50: YEAR 9 SCORE - BASELINE
678	DR36_51	Num	8		TEST R51: YEAR 9 SCORE - BASELINE
679	DR36_52	Num	8		TEST R52: YEAR 9 SCORE - BASELINE
680	DR36_53	Num	8		TEST R53: YEAR 9 SCORE - BASELINE
681	DR36_54	Num	8		TEST R54: YEAR 9 SCORE - BASELINE
682	DR36_55	Num	8		TEST R55: YEAR 9 SCORE - BASELINE
683	DR36_56	Num	8		TEST R56: YEAR 9 SCORE - BASELINE
684	DR36_57	Num	8		TEST R57: YEAR 9 SCORE - BASELINE
685	DR36_58	Num	8		TEST R58: YEAR 9 SCORE - BASELINE
686	DR36_59	Num	8		TEST R59: YEAR 9 SCORE - BASELINE
687	DR36_60	Num	8		TEST R60: YEAR 9 SCORE - BASELINE
688	DR36_61	Num	8		TEST R61: YEAR 9 SCORE - BASELINE
689	DR36_62	Num	8		TEST R62: YEAR 9 SCORE - BASELINE
690	DR36_63	Num	8		TEST R63: YEAR 9 SCORE - BASELINE
691	DR36_64	Num	8		TEST R64: YEAR 9 SCORE - BASELINE
692	DR36_65	Num	8		TEST R65: YEAR 9 SCORE - BASELINE
693	DR36_66	Num	8		TEST R66: YEAR 9 SCORE - BASELINE
694	DR36_67	Num	8		TEST R67: YEAR 9 SCORE - BASELINE
695	DR36_68	Num	8		TEST R68: YEAR 9 SCORE - BASELINE
696	DR36_69	Num	8		TEST R69: YEAR 9 SCORE - BASELINE
697	DR36_70	Num	8		TEST R70: YEAR 9 SCORE - BASELINE
698	DR36_71	Num	8		TEST R71: YEAR 9 SCORE - BASELINE
699	DR36_72	Num	8		TEST R72: YEAR 9 SCORE - BASELINE

Num	Variable	Type	Len	Format	Label
700	DR36_73	Num	8		TEST R73: YEAR 9 SCORE - BASELINE
701	DR36_74	Num	8		TEST R74: YEAR 9 SCORE - BASELINE
702	DR36_75	Num	8		TEST R75: YEAR 9 SCORE - BASELINE
703	DR36_76	Num	8		TEST R76: YEAR 9 SCORE - BASELINE
704	DR36_77	Num	8		TEST R77: YEAR 9 SCORE - BASELINE
705	CHNGMAX2	Num	8	2.	CHANGE: MAX CLINICIAN RATING - YEAR 2
706	CHANGEX2	Num	8		CHANGE: MEAN RATING - YEAR 2
707	GLOBMAX2	Num	8	2.	GLOBAL: MAX CLINICIAN RATING - YEAR 2
708	GLOBALX2	Num	8		GLOBAL: MEAN RATING - YEAR 2
709	CHNGMAX5	Num	8	2.	CHANGE: MAX CLINICIAN RATING - YEAR 5
710	CHANGEX5	Num	8		CHANGE: MEAN RATING - YEAR 5
711	GLOBMAX5	Num	8	2.	GLOBAL: MAX CLINICIAN RATING - YEAR 5
712	GLOBALX5	Num	8		GLOBAL: MEAN RATING - YEAR 5
713	MASK_PAT	Num	8		Patient ID number

Data Set Name: ms7exgee_fixed.sas7bdat

Num	Variable	Type	Len	Label
1	age	Num	3	patient's age at baseline
2	scnd	Num	3	indicator: secondary intervent'n stratum
3	phase2	Num	3	indicator: randomized in feasibility ph.
4	male	Num	3	indicator for male gender
5	exp	Num	3	indicator: intensive treatment group
6	rvar4	Num	4	raw score: verbal fluency (total words)
7	rvar8	Num	3	raw score: similarities
8	rvar9	Num	3	raw score: picture arrangement
9	rvar10	Num	3	raw score: block design
10	rvar19	Num	3	raw score: tactual performance (memory)
11	rvar25	Num	3	raw score: symbol-digit learning total
12	rvar26	Num	3	raw score: immediate visual reproduction
13	rvar30	Num	3	raw score: short-term memory total retn.
14	rvar31	Num	3	raw score: digit symbol subst'n, inc rec
15	rvar35	Num	3	raw score: delayed visual reproduction
16	rvar40	Num	3	raw score: embedded figures (mean lat.)
17	rvar46	Num	3	raw score: object assembly
18	rvar47	Num	4	raw score: digit vigilance - time (sec.)
19	rvar48	Num	4	raw score: digit vigilance - no. errors
20	rvar49	Num	3	raw score: wais digit span, age-correctd
21	rvar50	Num	3	raw score: wisc-r digit span, age-corr'd
22	rvar54	Num	3	raw score: digit symbol substition, 90 s
23	rvar56	Num	4	raw score: trailmaking trial b time
24	rvar60	Num	8	raw score: finger-tapping, dom. hand
25	rvar62	Num	8	raw score: finger-tapping, non-dom. hand
26	rvar63	Num	4	raw score: pegboard, dominant hand
27	rvar65	Num	4	raw score: pegboard, non-dominant hand
28	rvar71	Num	4	raw score: category test, subtests 1-7
29	rvar72	Num	8	raw score: total tactual performance
30	rvar73	Num	8	raw score: logical memory, sum stor. 1&2
31	rvar74	Num	8	raw score: long-term memory, sum st. 1&2
32	rvar76	Num	8	raw score: finger-tapping, sum dom & non
33	rvar77	Num	4	raw score: pegboard, sum dom. & non-dom.
34	year	Num	3	year of follow-up (2, 5, 7, or 9)
35	xhba	Num	8	time-dependent average hba1c to date
36	cumcnt	Num	3	cumulative # hypoglycemic events to date

Num	Variable	Type	Len	Label
37	nohypo	Num	3	no episodes of coma/seizure so far (1=y)
38	dad1	Num	8	z-score for domain 1: problem-solving
39	dad2	Num	8	z-score for domain 2: learning
40	dad3	Num	8	z-score for domain 3: immediate memory
41	dad4	Num	8	z-score for domain 4: delayed recall
42	dad5	Num	8	z-score, domain 5: spatial information
43	dad6	Num	8	z-score for domain 6: attention
44	dad7	Num	8	z-score, domain7: psychomotor efficiency
45	dad8	Num	8	z-score for domain 8: motor speed
46	xalert	Num	3	patient graded signif'ly worse this vis.
47	ndef5	Num	3	confirmed definite neuropathy yr 5 (1=y)
48	hbael	Num	8	hba1c at eligibility screening
49	edyrs	Num	3	approximate years of education, baseline
50	qv00_r63	Num	4	baseline: pegboard, dominant hand
51	qv00_r65	Num	4	baseline: pegboard, non-dominant hand
52	qv00_r56	Num	4	baseline: trailmaking trial b time
53	qv00_r4	Num	3	baseline: verbal fluency (total words)
54	qv00_r60	Num	8	baseline: finger-tapping, dominant hand
55	qv00_r62	Num	8	baseline: finger-tapping, non-dom. hand
56	qv00_r54	Num	3	baseline: digit symbol substition 90 sec
57	qv00_r31	Num	3	baseline: digit symbol subst'n, inc. rec
58	qv00_r40	Num	3	baseline: embedded figures (mean lat.)
59	qv00_r49	Num	3	baseline: wais digit span, age-corrected
60	qv00_r50	Num	3	baseline: wisc-r digit span, age-corr'd
61	qv00_r19	Num	3	baseline: tactual performance (memory)
62	qv00_r26	Num	3	baseline: immediate visual reproduction
63	qv00_r35	Num	3	baseline: delayed visual reproduction
64	qv00_r47	Num	4	baseline: digit vigilance - time (sec.)
65	qv00_r48	Num	3	baseline: digit vigilance - no. errors
66	qv00_r25	Num	3	baseline: symbol-digit learning total
67	qv00_r30	Num	3	baseline: short-term memory total reten.
68	qv00_r71	Num	4	baseline: category test, subtests 1-7
69	qv00_r73	Num	8	baseline: logical memory sum stories 1&2
70	qv00_r74	Num	8	baseline: long-term memory sum stor. 1&2
71	qv00_r72	Num	8	baseline: total tactual performance
72	qv00_r8	Num	3	baseline: similarities
73	qv00_r9	Num	3	baseline: picture arrangement
74	qv00_r46	Num	3	baseline: object assembly
75	qv00_r10	Num	3	baseline: block design

Num	Variable	Type	Len	Label
76	qv00_r76	Num	8	baseline: finger-tapping, sum dom. & non
77	qv00_r77	Num	4	baseline: pegboard, sum dom. & non-dom.
78	year2	Num	3	indicator: year 2 data (0 = no, 1 = yes)
79	year5	Num	3	indicator: year 5 data (0 = no, 1 = yes)
80	year7	Num	3	indicator: year 7 data (0 = no, 1 = yes)
81	year9	Num	3	indicator: year 9 data (0 = no, 1 = yes)
82	yeshypo	Num	3	at least 1 hypo'c coma/seizure to date
83	hyprate	Num	8	indiv. rate of hypo'c coma/seizure, yr 2
84	dvar4	Num	3	chg score: verbal fluency (total words)
85	dvar8	Num	3	chg score: similarities
86	dvar9	Num	3	chg score: picture arrangement
87	dvar10	Num	3	chg score: block design
88	dvar71	Num	3	chg score: category test, subtests 1-7
89	dvar19	Num	3	chg score: tactual performance (memory)
90	dvar72	Num	8	chg score: total tactual performance
91	dvar25	Num	3	chg score: symbol-digit learning total
92	dvar26	Num	3	chg score: immediate visual reproduction
93	dvar30	Num	3	chg score: short-term memory total retn.
94	dvar31	Num	3	chg score: digit symbol subst'n, inc rec
95	dvar73	Num	8	chg score: logical memory, sum stor. 1&2
96	dvar35	Num	3	chg score: delayed visual reproduction
97	dvar74	Num	8	chg score: long-term memory, sum st. 1&2
98	dvar40	Num	3	chg score: embedded figures (mean lat.)
99	dvar46	Num	3	chg score: object assembly
100	dvar47	Num	4	chg score: digit vigilance - time (sec.)
101	dvar48	Num	4	chg score: digit vigilance - no. errors
102	dvar49	Num	3	chg score: wais digit span, age-correctd
103	dvar50	Num	3	chg score: wisc-r digit span, age-corr'd
104	dvar54	Num	3	chg score: digit symbol substition, 90 s
105	dvar56	Num	4	chg score: trailmaking trial b time
106	dvar60	Num	8	chg score: finger-tapping, dom. hand
107	dvar62	Num	8	chg score: finger-tapping, non-dom. hand
108	dvar63	Num	4	chg score: pegboard, dominant hand
109	dvar65	Num	4	chg score: pegboard, non-dominant hand
110	dvar76	Num	8	chg score: finger-tapping, sum dom & non
111	dvar77	Num	4	chg score: pegboard, sum dom. & non-dom.
112	mask_pat	Num	4	patient identification number

Data Set Name: ms4exprt.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ORTHO00	Num	3		Orthostatic hypotension: baseline
2	ORTHO08	Num	3		Orthostatic hypotension: QV 08
3	ORTHO16	Num	3		Orthostatic hypotension: QV 16
4	ORTHO24	Num	3		Orthostatic hypotension: QV 24
5	ORTHO32	Num	3		Orthostatic hypotension: QV 32
6	ORTHO99	Num	3		Orthostatic hypotension: close-out
7	LOWRR00	Num	3		R-R variation below 15: baseline
8	LOWRR08	Num	3		R-R variation below 15: QV 08
9	LOWRR16	Num	3		R-R variation below 15: QV 16
10	LOWRR24	Num	3		R-R variation below 15: QV 24
11	LOWRR32	Num	3		R-R variation below 15: QV 32
12	LOWRR99	Num	3		R-R variation below 15: close-out
13	RRVAL00	Num	3		Low RR & Valsalva ratio: baseline
14	RRVAL08	Num	3		Low RR & Valsalva ratio: QV 08
15	RRVAL16	Num	3		Low RR & Valsalva ratio: QV 16
16	RRVAL24	Num	3		Low RR & Valsalva ratio: QV 24
17	RRVAL32	Num	3		Low RR & Valsalva ratio: QV 32
18	RRVAL99	Num	3		Low RR & Valsalva ratio: close-out
19	AFT00	Num	3		Abnormal autonomic function: baseline
20	AFT08	Num	3		Abnormal autonomic function: QV 08
21	AFT16	Num	3		Abnormal autonomic function: QV 16
22	AFT24	Num	3		Abnormal autonomic function: QV 24
23	AFT32	Num	3		Abnormal autonomic function: QV 32
24	AFT99	Num	3		Abnormal autonomic function: close-out
25	ANYORTHO	Num	3		Orthostatic hypotension at any time
26	ANYLOWRR	Num	3		Reduced RR variation at any time
27	ANYRRVAL	Num	3		Reduced RR and Valsalva at any time
28	ANY_AFT	Num	3		Abnormal autonomic function at any time
29	GROUP	Char	13		Treatment group
30	RETBASE	Char	4		Retinopathy at Baseline (Prim,Scnd)
31	SEX	Char	1		Patient's gender (from Form 001)
32	DURATION	Num	8		Duration of IDDM (Total Months)
33	AGE	Num	8		Age at randomization (calculated)
34	BMI00	Num	8	5.1	Body mass index (kg/m**2): baseline
35	BMI08	Num	8	5.1	Body mass index (kg/m**2): QV 08
36	BMI16	Num	8	5.1	Body mass index (kg/m**2): QV 16

Num	Variable	Type	Len	Format	Label
37	BMI24	Num	8	5.1	Body mass index (kg/m**2): QV 24
38	BMI32	Num	8	5.1	Body mass index (kg/m**2): QV 32
39	ANSCLVIS	Num	3		QV number of close-out ANS tests
40	CFLGANS	Num	3		ANS close-out reg vis? (0=n/1=y/.=none)
41	RRV00	Num	8		R-R variation (x 1000): baseline
42	RRV08	Num	8		R-R variation (x 1000): QV 08
43	RRV16	Num	8		R-R variation (x 1000): QV 16
44	RRV24	Num	8		R-R variation (x 1000): QV 24
45	RRV32	Num	8		R-R variation (x 1000): QV 32
46	RRV99	Num	8		R-R variation (x 1000): close-out
47	VALS00	Num	8		Mean Valsalva ratio: baseline
48	VALS08	Num	8		Mean Valsalva ratio: QV 08
49	VALS16	Num	8		Mean Valsalva ratio: QV 16
50	VALS24	Num	8		Mean Valsalva ratio: QV 24
51	VALS32	Num	8		Mean Valsalva ratio: QV 32
52	VALS99	Num	8		Mean Valsalva ratio: close-out
53	BMI99	Num	8		Body mass index: overall close-out visit
54	MMDA_00	Num	8		Median motor distal ampl. (mV): baseline
55	MMFW_00	Num	8		Median motor F-wave lat (msec): baseline
56	MMT1_00	Num	8		Median motor pre-test temp (C): baseline
57	MMD_00	Num	4		Median motor test distance, mm: baseline
58	MMV_00	Num	8		Median motor velocity (m/sec): baseline
59	MMPA_00	Num	8		Median motor prox. ampl. (mV): baseline
60	MMT2_00	Num	8		Median motor post-test temp, C: baseline
61	MST1_00	Num	8		Median sensory pre-test temp.: baseline
62	MSD_00	Num	4		Median sensory distance (mm): baseline
63	MSV_00	Num	8		Median sensory velocity, m/sec: baseline
64	MST2_00	Num	8		Median sensory post-test temp.: baseline
65	PDA_00	Num	8		Peroneal distal amplitude (mV): baseline
66	PT1_00	Num	8		Peroneal pre-test temp. (C): baseline
67	PD_00	Num	4		Peroneal test distance (mm): baseline
68	PV_00	Num	8		Peroneal velocity (m/sec): baseline
69	PPA_00	Num	8		Peroneal proximal amp. (mV): baseline
70	PT2_00	Num	8		Peroneal post-test temp. (C): baseline
71	PFW_00	Num	8		Peroneal F-wave latency (msec): baseline
72	ST1_00	Num	8		Sural pre-test temp. (C): baseline
73	SD_00	Num	4		Sural test distance (mm): baseline
74	SV_00	Num	8		Sural velocity (m/sec): baseline
75	ST2_00	Num	8		Sural post-test temp. (C): baseline

Num	Variable	Type	Len	Format	Label
76	MSA_00	Num	3		Median sensory amplitude (uV): baseline
77	SA_00	Num	3		Sural amplitude (uV): baseline
78	SYMPT_00	Num	3		Symptoms of neuropathy: baseline
79	SIGNS_00	Num	3		Sensory signs of neuropathy: baseline
80	REFLX_00	Num	3		Decreased deep-tendon reflexes: baseline
81	NDIAG_00	Num	3		Neuropathy (clin. diagnosis): baseline
82	VELS_00	Num	3		1 or more reduced velocity: baseline
83	AMPS_00	Num	3		At least 1 reduced amplitude: baseline
84	FWAVES00	Num	3		1+ prolonged F-wave latency: baseline
85	ABSENT00	Num	3		At least 1 unelicitable respon: baseline
86	MM_ABN00	Num	3		Median motor cond. abnormality: baseline
87	MS_ABN00	Num	3		Median sensory cond. abnormal: baseline
88	P_ABN00	Num	3		Peroneal conduction abnormal: baseline
89	S_ABN00	Num	3		Sural conduction abnormality: baseline
90	NC_ABN00	Num	3		Conduction abnormal 2+ nerves: baseline
91	ABN_1_00	Num	3		Conduction abnormal 1+ nerve: baseline
92	FOLLOWUP	Num	3		Length of follow-up (coded 1 through 4)
93	AGEGROUP	Num	8		Age group: < 20 = 1, 20-29 = 2, 30+ = 3
94	NDEF_00	Num	3		Neuropathy (analytic def, 1=y): baseline
95	DUR5	Num	3		Duration >= 5 (0=no/1=yes)
96	HEIGHT	Num	8		Height
97	SMOKES	Num	3		Smoking Status(1=never,2=ever,3=current)
98	DRINKS	Num	3		Alcohol user at baseline (1=yes, 0=no)
99	HBAEL	Num	8		Hemoglobin A1c at Eligibility
100	LDL_NCEP	Num	8		Baseline LDL (NCEP category)
101	OB_ANS	Num	8		O'Brien score: Baseline ANS
102	OB_NC	Num	8		O'Brien score: Baseline nerve conduction
103	ANS_QRTL	Num	8		Quartile of O'Brien score: baseline ANS
104	EMG_QRTL	Num	8		Quartile of O'Brien score: baseline EMG
105	HBA_QRTL	Num	8		Quartile of HbA1c at baseline
106	BMIGROUP	Num	8		BMI: 0 = below, 1 = above gender median
107	HGTGROUP	Num	8		Height: 0=below, 1 = above gender median
108	VELS_04	Num	3		1 or more reduced cond. velocity: QV 04
109	AMPS_04	Num	3		At least 1 reduced amplitude: QV 04
110	FWAVES04	Num	3		1+ prolonged F-wave latency: QV 04
111	ABSENT04	Num	3		At least 1 unelicitable response: QV 04
112	MM_ABN04	Num	3		Median motor cond. abnormality: QV 04
113	MS_ABN04	Num	3		Median sensory cond. abnormality: QV 04
114	P_ABN04	Num	3		Peroneal conduction abnormality: QV 04

Num	Variable	Type	Len	Format	Label
115	S_ABN04	Num	3		Sural conduction abnormality: QV 04
116	NC_ABN04	Num	3		Conduction abnormal in 2+ nerves: QV 04
117	ABN_1_04	Num	3		Conduction abnormal in 1+ nerve: QV 04
118	MMDA_04	Num	8		Median motor distal ampl. (mV): QV 04
119	MMFW_04	Num	8		Median motor F-wave laten. (msec): QV 04
120	MMT1_04	Num	8		Median motor pre-test temp. (C): QV 04
121	MMD_04	Num	4		Median motor test distance (mm): QV 04
122	MMV_04	Num	8		Median motor velocity (m/sec): QV 04
123	MMPA_04	Num	8		Median motor proximal ampl. (mV): QV 04
124	MMT2_04	Num	8		Median motor post-test temp. (C): QV 04
125	MST1_04	Num	8		Median sensory pre-test temp. (C): QV 04
126	MSD_04	Num	4		Median sensory test distance (mm): QV 04
127	MSV_04	Num	8		Median sensory velocity (m/sec): QV 04
128	MST2_04	Num	8		Median sensory post-test temp (C): QV 04
129	PDA_04	Num	8		Peroneal distal amplitude (mV): QV 04
130	PT1_04	Num	8		Peroneal pre-test temp. (C): QV 04
131	PD_04	Num	4		Peroneal test distance (mm): QV 04
132	PV_04	Num	8		Peroneal velocity (m/sec): QV 04
133	PPA_04	Num	8		Peroneal proximal amplitude (mV): QV 04
134	PT2_04	Num	8		Peroneal post-test temp. (C): QV 04
135	PFW_04	Num	8		Peroneal F-wave latency (msec): QV 04
136	ST1_04	Num	8		Sural pre-test temp. (C): QV 04
137	SD_04	Num	4		Sural test distance (mm): QV 04
138	SV_04	Num	8		Sural velocity (m/sec): QV 04
139	ST2_04	Num	8		Sural post-test temp. (C): QV 04
140	MSA_04	Num	3		Median sensory amplitude (uV): QV 04
141	SA_04	Num	3		Sural amplitude (uV): QV 04
142	VELS_08	Num	3		1 or more reduced cond. velocity: QV 08
143	AMPS_08	Num	3		At least 1 reduced amplitude: QV 08
144	FWAVES08	Num	3		1+ prolonged F-wave latency: QV 08
145	ABSENT08	Num	3		At least 1 unelicitable response: QV 08
146	MM_ABN08	Num	3		Median motor cond. abnormality: QV 08
147	MS_ABN08	Num	3		Median sensory cond. abnormality: QV 08
148	P_ABN08	Num	3		Peroneal conduction abnormality: QV 08
149	S_ABN08	Num	3		Sural conduction abnormality: QV 08
150	NC_ABN08	Num	3		Conduction abnormal in 2+ nerves: QV 08
151	ABN_1_08	Num	3		Conduction abnormal in 1+ nerve: QV 08
152	MMDA_08	Num	8		Median motor distal ampl. (mV): QV 08
153	MMFW_08	Num	8		Median motor F-wave laten. (msec): QV 08

Num	Variable	Type	Len	Format	Label
154	MMT1_08	Num	8		Median motor pre-test temp. (C): QV 08
155	MMD_08	Num	4		Median motor test distance (mm): QV 08
156	MMV_08	Num	8		Median motor velocity (m/sec): QV 08
157	MMPA_08	Num	8		Median motor proximal ampl. (mV): QV 08
158	MMT2_08	Num	8		Median motor post-test temp. (C): QV 08
159	MST1_08	Num	8		Median sensory pre-test temp. (C): QV 08
160	MSD_08	Num	4		Median sensory test distance (mm): QV 08
161	MSV_08	Num	8		Median sensory velocity (m/sec): QV 08
162	MST2_08	Num	8		Median sensory post-test temp (C): QV 08
163	PDA_08	Num	8		Peroneal distal amplitude (mV): QV 08
164	PT1_08	Num	8		Peroneal pre-test temp. (C): QV 08
165	PD_08	Num	4		Peroneal test distance (mm): QV 08
166	PV_08	Num	8		Peroneal velocity (m/sec): QV 08
167	PPA_08	Num	8		Peroneal proximal amplitude (mV): QV 08
168	PT2_08	Num	8		Peroneal post-test temp. (C): QV 08
169	PFW_08	Num	8		Peroneal F-wave latency (msec): QV 08
170	ST1_08	Num	8		Sural pre-test temp. (C): QV 08
171	SD_08	Num	4		Sural test distance (mm): QV 08
172	SV_08	Num	8		Sural velocity (m/sec): QV 08
173	ST2_08	Num	8		Sural post-test temp. (C): QV 08
174	MSA_08	Num	3		Median sensory amplitude (uV): QV 08
175	SA_08	Num	3		Sural amplitude (uV): QV 08
176	MMDA_20	Num	8		Median motor distal ampl. (mV): QV 20
177	MMFW_20	Num	8		Median motor F-wave laten. (msec): QV 20
178	MMT1_20	Num	8		Median motor pre-test temp. (C): QV 20
179	MMD_20	Num	4		Median motor test distance (mm): QV 20
180	MMV_20	Num	8		Median motor velocity (m/sec): QV 20
181	MMPA_20	Num	8		Median motor proximal ampl. (mV): QV 20
182	MMT2_20	Num	8		Median motor post-test temp. (C): QV 20
183	MST1_20	Num	8		Median sensory pre-test temp. (C): QV 20
184	MSD_20	Num	4		Median sensory test distance (mm): QV 20
185	MSV_20	Num	8		Median sensory velocity (m/sec): QV 20
186	MST2_20	Num	8		Median sensory post-test temp (C): QV 20
187	PDA_20	Num	8		Peroneal distal amplitude (mV): QV 20
188	PT1_20	Num	8		Peroneal pre-test temp. (C): QV 20
189	PD_20	Num	4		Peroneal test distance (mm): QV 20
190	PV_20	Num	8		Peroneal velocity (m/sec): QV 20
191	PPA_20	Num	8		Peroneal proximal amplitude (mV): QV 20
192	PT2_20	Num	8		Peroneal post-test temp. (C): QV 20

Num	Variable	Type	Len	Format	Label
193	PFW_20	Num	8		Peroneal F-wave latency (msec): QV 20
194	ST1_20	Num	8		Sural pre-test temp. (C): QV 20
195	SD_20	Num	4		Sural test distance (mm): QV 20
196	SV_20	Num	8		Sural velocity (m/sec): QV 20
197	ST2_20	Num	8		Sural post-test temp. (C): QV 20
198	MSA_20	Num	3		Median sensory amplitude (uV): QV 20
199	SA_20	Num	3		Sural amplitude (uV): QV 20
200	BMI20	Num	8		Body mass index (kg/m**2): QV 20
201	SYMPT_20	Num	3		Symptoms of neuropathy: QV 20
202	SIGNS_20	Num	3		Sensory signs of neuropathy: QV 20
203	REFLX_20	Num	3		Decreased deep-tendon reflexes: QV 20
204	NDIAG_20	Num	3		Neuropathy (clinical diagnosis): QV 20
205	VELS_20	Num	3		1 or more reduced cond. velocity: QV 20
206	AMPS_20	Num	3		At least 1 reduced amplitude: QV 20
207	FWAVES20	Num	3		1+ prolonged F-wave latency: QV 20
208	ABSENT20	Num	3		At least 1 unelicitable response: QV 20
209	MM_ABN20	Num	3		Median motor cond. abnormality: QV 20
210	MS_ABN20	Num	3		Median sensory cond. abnormality: QV 20
211	P_ABN20	Num	3		Peroneal conduction abnormality: QV 20
212	S_ABN20	Num	3		Sural conduction abnormality: QV 20
213	NC_ABN20	Num	3		Conduction abnormal in 2+ nerves: QV 20
214	ABN_1_20	Num	3		Conduction abnormal in 1+ nerve: QV 20
215	NDEF_20	Num	3		Neuropathy (analytic def'n, 1=y): QV 20
216	MMDA_99	Num	8		Median motor distal amp. (mV): close-out
217	MMFW_99	Num	8		Median motor F-wave lat, msec: close-out
218	MMT1_99	Num	8		Median motor pre-test temp, C: close-out
219	MMD_99	Num	4		Median motor test dist. (mm): close-out
220	MMV_99	Num	8		Median motor velocity (m/sec): close-out
221	MMPA_99	Num	8		Median motor prox. ampl. (mV): close-out
222	MMT2_99	Num	8		Median motor post-test temp.: close-out
223	MST1_99	Num	8		Median sensory pre-test temp.: close-out
224	MSD_99	Num	4		Median sensory distance (mm): close-out
225	MSV_99	Num	8		Median sensory veloc. (m/sec): close-out
226	MST2_99	Num	8		Median sensory post-test temp: close-out
227	PDA_99	Num	8		Peroneal distal amplitude, mV: close-out
228	PT1_99	Num	8		Peroneal pre-test temp. (C): close-out
229	PD_99	Num	4		Peroneal test distance (mm): close-out
230	PV_99	Num	8		Peroneal velocity (m/sec): close-out
231	PPA_99	Num	8		Peroneal proximal amp. (mV): close-out

Num	Variable	Type	Len	Format	Label
232	PT2_99	Num	8		Peroneal post-test temp. (C): close-out
233	PFW_99	Num	8		Peroneal F-wave latency, msec: close-out
234	ST1_99	Num	8		Sural pre-test temp. (C): close-out
235	SD_99	Num	4		Sural test distance (mm): close-out
236	SV_99	Num	8		Sural velocity (m/sec): close-out
237	ST2_99	Num	8		Sural post-test temp. (C): close-out
238	EMGCLVIS	Num	3		QV number of close-out nerve-conduction
239	MSA_99	Num	3		Median sensory amplitude (uV): close-out
240	SA_99	Num	3		Sural amplitude (uV): close-out
241	NCBMI_99	Num	8		Body mass index: close-out EMG visit
242	SYMPT_99	Num	3		Symptoms of neuropathy: close-out
243	SIGNS_99	Num	3		Sensory signs of neuropathy: close-out
244	REFLX_99	Num	3		Decreased deep-tendon reflex: close-out
245	NDIAG_99	Num	3		Neuropathy (clin. diagnosis): close-out
246	VELS_99	Num	3		1 or more reduced velocity: close-out
247	AMPS_99	Num	3		At least 1 reduced amplitude: close-out
248	FWAVES99	Num	3		1+ prolonged F-wave latency: close-out
249	ABSENT99	Num	3		At least 1 unelicitable resp: close-out
250	MM_ABN99	Num	3		Median motor cond. abnormal: close-out
251	MS_ABN99	Num	3		Median sensory cond. abnormal: close-out
252	P_ABN99	Num	3		Peroneal conduction abnormal: close-out
253	S_ABN99	Num	3		Sural conduction abnormality: close-out
254	NC_ABN99	Num	3		Conduction abnormal 2+ nerves: close-out
255	ABN_1_99	Num	3		Conduction abnormal 1+ nerve: close-out
256	NDEF_99	Num	3		Neuropathy (analytic def'n): close-out
257	BMI04	Num	8	5.1	Body mass index (kg/m**2): QV 04
258	PHASE	Num	3		Phase of randomization (2 or 3)
259	SIGN_C20	Num	3		Status change, sensory signs: QV 20
260	SYMP_C20	Num	3		Status change, neur. symptoms: QV 20
261	REFL_C20	Num	3		Status change, decreased reflexes: QV 20
262	DIAG_C20	Num	3		Change in clinical diagnosis: QV 20
263	MM_C20	Num	3		Status change, median motor abn.: QV 20
264	MS_C20	Num	3		Status change, median sensory abn: QV 20
265	P_C20	Num	3		Status change, peroneal abnormal: QV 20
266	S_C20	Num	3		Status change, sural abnormality: QV 20
267	VELS_C20	Num	3		Status change, 1+ reduced veloc.: QV 20
268	AMPS_C20	Num	3		Status change, 1+ reduced ampl.: QV 20
269	FW_C20	Num	3		Status change, 1+ prolongd F-wave: QV 20
270	ABST_C20	Num	3		Status change, 1+ unelicitable: QV 20

Num	Variable	Type	Len	Format	Label
271	MMDA_C20	Num	8		Change in median motor distal amp: QV 20
272	MMPA_C20	Num	8		Change in median motor prox. amp.: QV 20
273	MSA_C20	Num	8		Change, median sensory amplitude: QV 20
274	PDA_C20	Num	8		Change in peroneal distal ampl.: QV 20
275	PPA_C20	Num	8		Change in peroneal proximal amp.: QV 20
276	SA_C20	Num	8		Change in sural amplitude: QV 20
277	MMV_C20	Num	8		Change in median motor velocity: QV 20
278	MMFW_C20	Num	8		Change, median motor F-wave lat.: QV 20
279	MSV_C20	Num	8		Change in median sensory velocity: QV 20
280	PV_C20	Num	8		Change in peroneal velocity: QV 20
281	PFW_C20	Num	8		Change in peroneal F-wave latency: QV 20
282	SV_C20	Num	8		Change in sural velocity: QV 20
283	ABNC_C20	Num	8		Status change, 2+ nerves abnormal: QV 20
284	ABN_1C20	Num	8		Status change, 1+ nerve abnormal: QV 20
285	BMI_C20	Num	8		Change in BMI from baseline: QV 20
286	SIGN_C99	Num	3		Status change, sensory signs: close-out
287	SYMP_C99	Num	3		Status change, neur. symptoms: close-out
288	REFL_C99	Num	3		Status change, decr. reflexes: close-out
289	DIAG_C99	Num	3		Change in clinical diagnosis: close-out
290	MM_C99	Num	3		Status change, med. motor abn: close-out
291	MS_C99	Num	3		Status change, med. sens. abn: close-out
292	P_C99	Num	3		Status change, peroneal abn.: close-out
293	S_C99	Num	3		Status change, sural abnormal: close-out
294	VELS_C99	Num	3		Status change, 1+ reduced vel: close-out
295	AMPS_C99	Num	3		Status change, 1+ reduced amp: close-out
296	FW_C99	Num	3		Status change, 1+ long F-wave: close-out
297	ABST_C99	Num	3		Status change 1+ unelicitable: close-out
298	MMDA_C99	Num	8		Change, median motor dist amp: close-out
299	MMPA_C99	Num	8		Change, median motor prox amp: close-out
300	MSA_C99	Num	8		Change in median sensory amp.: close-out
301	PDA_C99	Num	8		Change in peroneal distal amp: close-out
302	PPA_C99	Num	8		Change in peroneal prox. amp.: close-out
303	SA_C99	Num	8		Change in sural amplitude: close-out
304	MMV_C99	Num	8		Change, median motor velocity: close-out
305	MMFW_C99	Num	8		Change, median motor F-wave: close-out
306	MSV_C99	Num	8		Change in median sensory vel.: close-out
307	PV_C99	Num	8		Change in peroneal velocity: close-out
308	PFW_C99	Num	8		Change, peroneal F-wave lat.: close-out
309	SV_C99	Num	8		Change in sural velocity: close-out

Num	Variable	Type	Len	Format	Label
310	ABNC_C99	Num	8		Status change, 2+ nerves abn.: close-out
311	ABN_1C99	Num	8		Status change, 1+ nerve abn: close-out
312	BMI_C99	Num	8		Change in BMI from baseline: close-out
313	RRV_C99	Num	8		Change in R-R variation: close-out
314	VAL_C99	Num	8		Change in Valsalva ratio: close-out
315	LOWRRC99	Num	8		Status change, RR var'n < 15: close-out
316	RVAL_C99	Num	8		Status change, low RR & Vals.: close-out
317	ORTH_C99	Num	8		Status change, ortho. hypoten: close-out
318	AFT_C99	Num	8		Status change, abnormal AFT: close-out
319	MM_C04	Num	3		Status change, median motor abn.: QV 04
320	MM_C08	Num	3		Status change, median motor abn.: QV 08
321	MS_C04	Num	3		Status change, median sensory abn: QV 04
322	MS_C08	Num	3		Status change, median sensory abn: QV 08
323	P_C04	Num	3		Status change, peroneal abnormal: QV 04
324	P_C08	Num	3		Status change, peroneal abnormal: QV 08
325	S_C04	Num	3		Status change, sural abnormality: QV 04
326	S_C08	Num	3		Status change, sural abnormality: QV 08
327	VELS_C04	Num	3		Status change, 1+ reduced veloc.: QV 04
328	VELS_C08	Num	3		Status change, 1+ reduced veloc.: QV 08
329	AMPS_C04	Num	3		Status change, 1+ reduced ampl.: QV 04
330	AMPS_C08	Num	3		Status change, 1+ reduced ampl.: QV 08
331	FW_C04	Num	3		Status change, 1+ prolongd F-wave: QV 04
332	FW_C08	Num	3		Status change, 1+ prolongd F-wave: QV 08
333	ABST_C04	Num	3		Status change, 1+ unelicitable: QV 04
334	ABST_C08	Num	3		Status change, 1+ unelicitable: QV 08
335	ABNC_C04	Num	3		Status change, 2+ nerves abnormal: QV 04
336	ABNC_C08	Num	3		Status change, 2+ nerves abnormal: QV 08
337	ABN_1C04	Num	3		Status change, 1+ nerve abnormal: QV 04
338	ABN_1C08	Num	3		Status change, 1+ nerve abnormal: QV 08
339	MMDA_C04	Num	8		Change in median motor distal amp: QV 04
340	MMPA_C04	Num	8		Change in median motor prox. amp.: QV 04
341	MSA_C04	Num	8		Change, median sensory amplitude: QV 04
342	PDA_C04	Num	8		Change in peroneal distal ampl.: QV 04
343	PPA_C04	Num	8		Change in peroneal proximal amp.: QV 04
344	SA_C04	Num	8		Change in sural amplitude: QV 04
345	MMDA_C08	Num	8		Change in median motor distal amp: QV 08
346	MMPA_C08	Num	8		Change in median motor prox. amp.: QV 08
347	MSA_C08	Num	8		Change, median sensory amplitude: QV 08
348	PDA_C08	Num	8		Change in peroneal distal ampl.: QV 08

Num	Variable	Type	Len	Format	Label
349	PPA_C08	Num	8		Change in peroneal proximal amp.: QV 08
350	SA_C08	Num	8		Change in sural amplitude: QV 08
351	MMV_C04	Num	8		Change in median motor velocity: QV 04
352	MMFW_C04	Num	8		Change, median motor F-wave lat.: QV 04
353	MSV_C04	Num	8		Change in median sensory velocity: QV 04
354	PV_C04	Num	8		Change in peroneal velocity: QV 04
355	PFW_C04	Num	8		Change in peroneal F-wave latency: QV 04
356	SV_C04	Num	8		Change in sural velocity: QV 04
357	MMV_C08	Num	8		Change in median motor velocity: QV 08
358	MMFW_C08	Num	8		Change, median motor F-wave lat.: QV 08
359	MSV_C08	Num	8		Change in median sensory velocity: QV 08
360	PV_C08	Num	8		Change in peroneal velocity: QV 08
361	PFW_C08	Num	8		Change in peroneal F-wave latency: QV 08
362	SV_C08	Num	8		Change in sural velocity: QV 08
363	NCBMIC99	Num	8		Change in BMI: nerve-cond. close-out QV
364	MASK_PAT	Num	8		Patient ID number

Data Set Name: ms2exprt.sas7bdat

Num	Variable	Type	Len	Label
1	GROUP	Char	13	Treatment Group (Exp,Std)
2	RETBASE	Char	4	Baseline Retinopathy Strata (Prim,Sec)
3	PHASE	Num	3	Phase Randomized (2,3)
4	AGE	Num	3	Age (years) at Baseline
5	ADULT	Num	3	Adult (Age>=18 yrs) at Base (0=No,1=Yes)
6	FEMALE	Num	3	Gender (0=Male,1=Female)
7	DURATION	Num	3	Duration of IDDM (months) at Baseline
8	DUR5	Num	3	Duration >= 5 years at Base (0=No,1=Yes)
9	PPDUR	Num	3	Post-Pubescent Duration (mos)
10	PPDUR5	Num	3	Post-Pub Dur>=5 yrs at Base (0=No,1=Yes)
11	SMOKES	Num	3	Smoking Status(1=never,2=ever,3=current)
12	RETPAT	Num	3	Level of Retinopathy (1 - 4)
13	PUREPRIM	Num	3	Free of Retinopathy at Base (0=No,1=Yes)
14	QHBAEL	Num	3	Quartiles: HbA1c at Eligibility
15	HBAEL	Num	8	Hemoglobin A1c (%) at Eligibility
16	HBADF	Num	8	HbA1c: Eligibility-Baseline
17	MBP	Num	8	Mean Arterial Pressure
18	CHOL	Num	8	Cholesterol (mg/dl) at Baseline
19	TRG	Num	8	Triglycerides (serum,mg/dl, Form 023C)
20	HDL	Num	8	HDL Cholesterol (serum,mg/dl, Form 023C)
21	LDL	Num	8	LDL Cholesterol (serum,mg/dl, Form 023C)
22	PIDW	Num	8	% Ideal Body Weight (OBWEIGHT/IW)*100
23	BMI	Num	8	Body Mass Index (kg/m2)
24	INSULIN	Num	8	Total Insulin Dosage Units/Weight (kg)
25	PIDW120	Num	3	% of Ideal Body Weight >=120(0=no/1=yes)
26	NEUR	Num	3	Clinical Neuropathy (0=no,1=yes
27	DBP	Num	3	Diastolic BP (mm Hg, Form 002)
28	SBP	Num	3	Systolic BP (mm Hg, Form 002)
29	QCHOL	Num	3	Quartiles: Cholesterol - Baseline
30	QHDL	Num	3	Quartiles: HDL-Cholesterol - Baseline
31	QLDL	Num	3	Quartiles: LDL-Cholesterol - Baseline
32	QTRG	Num	3	Quartiles: Triglycerides - Baseline
33	AERCAT	Num	3	AER in 4 levels
34	HYPF0	Num	3	Hyperfiltration at Baseline (0=No,1=Yes)
35	CLR0	Num	8	Stand. Clearance (ml/mn/1.73m2) at Base
36	LASTVIS	Num	3	QV Most Recent (if > 00)

Num	Variable	Type	Len	Label
37	RETPATB	Num	3	Retinopathy at Base (DCCT Levels, 8+9=8)
38	ETDPATB	Num	3	Retinopathy at Base (ETDRS Levels, >8=8)
39	RETPAT00	Num	3	Baseline Retinopathy (DCCT Scale)
40	RETPAT02	Num	3	QV 02 Retinopathy (DCCT Scale)
41	RETPAT04	Num	3	QV 04 Retinopathy (DCCT Scale)
42	RETPAT06	Num	3	QV 06 Retinopathy (DCCT Scale)
43	RETPAT08	Num	3	QV 08 Retinopathy (DCCT Scale)
44	RETPAT10	Num	3	QV 10 Retinopathy (DCCT Scale)
45	RETPAT12	Num	3	QV 12 Retinopathy (DCCT Scale)
46	RETPAT14	Num	3	QV 14 Retinopathy (DCCT Scale)
47	RETPAT16	Num	3	QV 16 Retinopathy (DCCT Scale)
48	RETPAT18	Num	3	QV 18 Retinopathy (DCCT Scale)
49	RETPAT20	Num	3	QV 20 Retinopathy (DCCT Scale)
50	RETPAT22	Num	3	QV 22 Retinopathy (DCCT Scale)
51	RETPAT24	Num	3	QV 24 Retinopathy (DCCT Scale)
52	RETPAT26	Num	3	QV 26 Retinopathy (DCCT Scale)
53	RETPAT28	Num	3	QV 28 Retinopathy (DCCT Scale)
54	RETPAT30	Num	3	QV 30 Retinopathy (DCCT Scale)
55	RETPAT32	Num	3	QV 32 Retinopathy (DCCT Scale)
56	RETPAT34	Num	3	QV 34 Retinopathy (DCCT Scale)
57	RETPAT36	Num	3	QV 36 Retinopathy (DCCT Scale)
58	RETPAT99	Num	3	Close Out Retinopathy (DCCT Scale)
59	STEP300	Num	3	3 Step Change from Baseline (Baseline)
60	STEP302	Num	3	3 Step Change from Baseline (QV 02)
61	STEP304	Num	3	3 Step Change from Baseline (QV 04)
62	STEP306	Num	3	3 Step Change from Baseline (QV 06)
63	STEP308	Num	3	3 Step Change from Baseline (QV 08)
64	STEP310	Num	3	3 Step Change from Baseline (QV 10)
65	STEP312	Num	3	3 Step Change from Baseline (QV 12)
66	STEP314	Num	3	3 Step Change from Baseline (QV 14)
67	STEP316	Num	3	3 Step Change from Baseline (QV 16)
68	STEP318	Num	3	3 Step Change from Baseline (QV 18)
69	STEP320	Num	3	3 Step Change from Baseline (QV 20)
70	STEP322	Num	3	3 Step Change from Baseline (QV 22)
71	STEP324	Num	3	3 Step Change from Baseline (QV 24)
72	STEP326	Num	3	3 Step Change from Baseline (QV 26)
73	STEP328	Num	3	3 Step Change from Baseline (QV 28)
74	STEP330	Num	3	3 Step Change from Baseline (QV 30)
75	STEP332	Num	3	3 Step Change from Baseline (QV 32)

Num	Variable	Type	Len	Label
76	STEP334	Num	3	3 Step Change from Baseline (QV 34)
77	STEP336	Num	3	3 Step Change from Baseline (QV 36)
78	ANYMA00	Num	3	Any Ma (either eye) Baseline
79	ANYMA02	Num	3	Any Ma (either eye) QV 02
80	ANYMA04	Num	3	Any Ma (either eye) QV 04
81	ANYMA06	Num	3	Any Ma (either eye) QV 06
82	ANYMA08	Num	3	Any Ma (either eye) QV 08
83	ANYMA10	Num	3	Any Ma (either eye) QV 10
84	ANYMA12	Num	3	Any Ma (either eye) QV 12
85	ANYMA14	Num	3	Any Ma (either eye) QV 14
86	ANYMA16	Num	3	Any Ma (either eye) QV 16
87	ANYMA18	Num	3	Any Ma (either eye) QV 18
88	ANYMA20	Num	3	Any Ma (either eye) QV 20
89	ANYMA22	Num	3	Any Ma (either eye) QV 22
90	ANYMA24	Num	3	Any Ma (either eye) QV 24
91	ANYMA26	Num	3	Any Ma (either eye) QV 26
92	ANYMA28	Num	3	Any Ma (either eye) QV 28
93	ANYMA30	Num	3	Any Ma (either eye) QV 30
94	ANYMA32	Num	3	Any Ma (either eye) QV 32
95	ANYMA34	Num	3	Any Ma (either eye) QV 34
96	ANYMA36	Num	3	Any Ma (either eye) QV 36
97	MAPAT00	Num	3	Total Ma (Right + Left) Baseline
98	MAPAT02	Num	3	Total Ma (Right + Left) QV 02
99	MAPAT04	Num	3	Total Ma (Right + Left) QV 04
100	MAPAT06	Num	3	Total Ma (Right + Left) QV 06
101	MAPAT08	Num	3	Total Ma (Right + Left) QV 08
102	MAPAT10	Num	3	Total Ma (Right + Left) QV 10
103	MAPAT12	Num	3	Total Ma (Right + Left) QV 12
104	MAPAT14	Num	3	Total Ma (Right + Left) QV 14
105	MAPAT16	Num	3	Total Ma (Right + Left) QV 16
106	MAPAT18	Num	3	Total Ma (Right + Left) QV 18
107	MAPAT20	Num	3	Total Ma (Right + Left) QV 20
108	MAPAT22	Num	3	Total Ma (Right + Left) QV 22
109	MAPAT24	Num	3	Total Ma (Right + Left) QV 24
110	MAPAT26	Num	3	Total Ma (Right + Left) QV 26
111	MAPAT28	Num	3	Total Ma (Right + Left) QV 28
112	MAPAT30	Num	3	Total Ma (Right + Left) QV 30
113	MAPAT32	Num	3	Total Ma (Right + Left) QV 32
114	MAPAT34	Num	3	Total Ma (Right + Left) QV 34

Num	Variable	Type	Len	Label
115	MAPAT36	Num	3	Total Ma (Right + Left) QV 36
116	EDEMA00	Num	3	CSME (either eye) Baseline
117	EDEMA02	Num	3	CSME (either eye) QV 02
118	EDEMA04	Num	3	CSME (either eye) QV 04
119	EDEMA06	Num	3	CSME (either eye) QV 06
120	EDEMA08	Num	3	CSME (either eye) QV 08
121	EDEMA10	Num	3	CSME (either eye) QV 10
122	EDEMA12	Num	3	CSME (either eye) QV 12
123	EDEMA14	Num	3	CSME (either eye) QV 14
124	EDEMA16	Num	3	CSME (either eye) QV 16
125	EDEMA18	Num	3	CSME (either eye) QV 18
126	EDEMA20	Num	3	CSME (either eye) QV 20
127	EDEMA22	Num	3	CSME (either eye) QV 22
128	EDEMA24	Num	3	CSME (either eye) QV 24
129	EDEMA26	Num	3	CSME (either eye) QV 26
130	EDEMA28	Num	3	CSME (either eye) QV 28
131	EDEMA30	Num	3	CSME (either eye) QV 30
132	EDEMA32	Num	3	CSME (either eye) QV 32
133	EDEMA34	Num	3	CSME (either eye) QV 34
134	EDEMA36	Num	3	CSME (either eye) QV 36
135	ETDPAT00	Num	3	ETDRS Scale (patient) Baseline
136	ETDPAT02	Num	3	ETDRS Scale (patient) QV 02
137	ETDPAT04	Num	3	ETDRS Scale (patient) QV 04
138	ETDPAT06	Num	3	ETDRS Scale (patient) QV 06
139	ETDPAT08	Num	3	ETDRS Scale (patient) QV 08
140	ETDPAT10	Num	3	ETDRS Scale (patient) QV 10
141	ETDPAT12	Num	3	ETDRS Scale (patient) QV 12
142	ETDPAT14	Num	3	ETDRS Scale (patient) QV 14
143	ETDPAT16	Num	3	ETDRS Scale (patient) QV 16
144	ETDPAT18	Num	3	ETDRS Scale (patient) QV 18
145	ETDPAT20	Num	3	ETDRS Scale (patient) QV 20
146	ETDPAT22	Num	3	ETDRS Scale (patient) QV 22
147	ETDPAT24	Num	3	ETDRS Scale (patient) QV 24
148	ETDPAT26	Num	3	ETDRS Scale (patient) QV 26
149	ETDPAT28	Num	3	ETDRS Scale (patient) QV 28
150	ETDPAT30	Num	3	ETDRS Scale (patient) QV 30
151	ETDPAT32	Num	3	ETDRS Scale (patient) QV 32
152	ETDPAT34	Num	3	ETDRS Scale (patient) QV 34
153	ETDPAT36	Num	3	ETDRS Scale (patient) QV 36

Num	Variable	Type	Len	Label
154	ETDPAT99	Num	3	ETDRS Scale (patient) Close Out
155	NVDPAT00	Num	3	NVD (either eye) Baseline
156	NVDPAT02	Num	3	NVD (either eye) QV 02
157	NVDPAT04	Num	3	NVD (either eye) QV 04
158	NVDPAT06	Num	3	NVD (either eye) QV 06
159	NVDPAT08	Num	3	NVD (either eye) QV 08
160	NVDPAT10	Num	3	NVD (either eye) QV 10
161	NVDPAT12	Num	3	NVD (either eye) QV 12
162	NVDPAT14	Num	3	NVD (either eye) QV 14
163	NVDPAT16	Num	3	NVD (either eye) QV 16
164	NVDPAT18	Num	3	NVD (either eye) QV 18
165	NVDPAT20	Num	3	NVD (either eye) QV 20
166	NVDPAT22	Num	3	NVD (either eye) QV 22
167	NVDPAT24	Num	3	NVD (either eye) QV 24
168	NVDPAT26	Num	3	NVD (either eye) QV 26
169	NVDPAT28	Num	3	NVD (either eye) QV 28
170	NVDPAT30	Num	3	NVD (either eye) QV 30
171	NVDPAT32	Num	3	NVD (either eye) QV 32
172	NVDPAT34	Num	3	NVD (either eye) QV 34
173	NVDPAT36	Num	3	NVD (either eye) QV 36
174	NVEPAT00	Num	3	NVE (either eye) Baseline
175	NVEPAT02	Num	3	NVE (either eye) QV 02
176	NVEPAT04	Num	3	NVE (either eye) QV 04
177	NVEPAT06	Num	3	NVE (either eye) QV 06
178	NVEPAT08	Num	3	NVE (either eye) QV 08
179	NVEPAT10	Num	3	NVE (either eye) QV 10
180	NVEPAT12	Num	3	NVE (either eye) QV 12
181	NVEPAT14	Num	3	NVE (either eye) QV 14
182	NVEPAT16	Num	3	NVE (either eye) QV 16
183	NVEPAT18	Num	3	NVE (either eye) QV 18
184	NVEPAT20	Num	3	NVE (either eye) QV 20
185	NVEPAT22	Num	3	NVE (either eye) QV 22
186	NVEPAT24	Num	3	NVE (either eye) QV 24
187	NVEPAT26	Num	3	NVE (either eye) QV 26
188	NVEPAT28	Num	3	NVE (either eye) QV 28
189	NVEPAT30	Num	3	NVE (either eye) QV 30
190	NVEPAT32	Num	3	NVE (either eye) QV 32
191	NVEPAT34	Num	3	NVE (either eye) QV 34
192	NVEPAT36	Num	3	NVE (either eye) QV 36

Num	Variable	Type	Len	Label
193	HBA00	Num	8	HbA1c (baseline)
194	STP3OFLG	Num	3	3 Step Change (0=No,1=Yes)
195	STP3PFLG	Num	3	P3 Step Change (0=No,1=Yes)
196	L8S3PFLG	Num	3	Pers 3-Step Ch At of After 24 mos. Flag
197	THRESFLG	Num	3	DCCT Threshold (0=No,1=Yes)
198	L6THRFLG	Num	3	DCCT Threshold from 18 mos. Flag
199	RET50FLG	Num	3	DCCT Level 50/<50 (0=No,1=Yes)
200	ETD53FLG	Num	3	Severe NPDR (ETDRS 53/<53) (0=No,1=Yes)
201	ET53PFLG	Num	3	Pers. SNPDR (ETDRS 53/<53) (0=No,1=Yes)
202	ETD61FLG	Num	3	ETDRS Level 61/<61 (0=No,1=Yes)
203	LASSFLG	Num	3	Scatter Laser in Either Eye (0=No,1=Yes)
204	LASFFLG	Num	3	Focal Laser in Either Eye (0=No,1=Yes)
205	CSMEFLG	Num	3	CSME (0=No,1=Yes)
206	EDELGFLG	Num	3	Macular Edema(ETDRS Entry) (0=No,1=Yes)
207	RETI3FLG	Num	3	3-Stp Improvement from Base (0=No,1=Yes)
208	MA1FLG	Num	3	>=1 Microaneurysm (0=No,1=Yes)
209	MA1PFLG	Num	3	Pers. >=1 Microaneurysm (0=No,1=Yes)
210	MA3FLG	Num	3	>=3 Microaneurysms (0=No,1=Yes)
211	MA3PFLG	Num	3	Pers. >=3 Microaneurysm (0=No,1=Yes)
212	REM1PFLG	Num	3	Recovery from Pers >=1 m.a. (0=No,1=Yes)
213	REM3PFLG	Num	3	Recovery from >= 3 m.a. (0=No,1=Yes)
214	RES3OFLG	Num	3	Recovery from 3-stp change (0=No,1=Yes)
215	RES3PFLG	Num	3	Recovery from S. 3-stp ch (0=No,1=Yes)
216	REE3OFLG	Num	3	Recovery from 3-stp change (ETDRS)
217	REE3PFLG	Num	3	Recovery from Pers 3-stp change (ETDRS)
218	REE53FLG	Num	3	Recovery from SNPDR (ETDRS 53/<53)
219	RE53PFLG	Num	3	Recovery from Pers. SNPDR (53/<53)
220	EY4S3FLG	Num	3	3-Step Change in First 12 mos.
221	EY4SPFLG	Num	3	Pers. 3-Step Change in First 12 mos.
222	EY4E3FLG	Num	3	3-Step Change in 1st 12 mos.(ETDRS)
223	REYS3FLG	Num	3	Recovery from Early 3-stp change
224	REYSPFLG	Num	3	Recovery from Early Sust 3-stp change
225	S3O6FLG	Num	3	3-Step Change from 18 mos. (0=No,1=Yes)
226	S3P6FLG	Num	3	Pers. 3-Step Change from 18 mos.
227	E3O6FLG	Num	3	3-Step Change from 18 mos. (ETDRS)
228	E3P6FLG	Num	3	Pers. 3-Step Change from 18 mos (ETDRS)
229	EYSEP4F	Num	3	SE and/or IRMA in First 12 mos.
230	REYSEFLG	Num	3	Recovery from SE and/or IRMA
231	REYE3FLG	Num	3	Recovery from Early 3-stp change (ETDRS)

Num	Variable	Type	Len	Label
232	ETD3OFLG	Num	3	3-Step Change using ETDRS (0=No,1=Yes)
233	ETD3PFLG	Num	3	Pers. 3-Step Change - ETDRS (0=No,1=Yes)
234	NVDFLG	Num	3	New Vessels on Disc (0=No,1=Yes)
235	NVEFLG	Num	3	New Vessels Elsewhere (0=No,1=Yes)
236	NVBFLG	Num	3	New Vessels on Disc and Elsewhere
237	NEOVFLG	Num	3	New Vessels on Disc or Elsewhere
238	VISACFLG	Num	3	Decline in Visual Acuity (0/1)
239	STP3OVIS	Num	3	QV Number for first 3-step change
240	STP3PVIS	Num	3	QV Number of Pers. 3-step change
241	L8S3PVIS	Num	3	QV of P 3-Stp Ch At or After 24 mos.
242	THRESVIS	Num	3	QV Number for DCCT Threshold
243	L6THRVIS	Num	3	QV of DCCT Thresh from 18 mos.
244	RET50VIS	Num	3	QV of DCCT Level 50/<50
245	ETD53VIS	Num	3	QV of Severe NPDR (ETDRS 53/<53)
246	ET53PVIS	Num	3	QV of Persistent SNPDR (ETDRS 53/<53)
247	ETD61VIS	Num	3	QV of ETDRS Level 61/<61
248	LASSVIS	Num	3	QV of Scatter Laser in Either Eye
249	LASFVIS	Num	3	QV of Focal Laser in Either Eye
250	CSMEVIS	Num	3	QV Number of CSME
251	EDELGVIS	Num	3	QV of Macular Edema (ETDRS Entry Defn.)
252	RETI3VIS	Num	3	QV of 3-Stp Improvement from Base
253	MA1VIS	Num	3	QV of >=1 Microaneurysm
254	MA1PVIS	Num	3	QV of Persistent >=1 Microaneurysm
255	MA3VIS	Num	3	QV of >=3 Microaneurysms
256	MA3PVIS	Num	3	QV of Persistent >=3 Microaneurysm
257	REM1PVIS	Num	3	QV of Recovery from Pers >= 1 m.a.
258	REM3PVIS	Num	3	QV of Recovery from Pers >= 3 m.a.
259	RES3OVIS	Num	3	QV of Recovery from 3-stp change
260	RES3PVIS	Num	3	QV of Recovery from Sust. 3-stp change
261	REE3OVIS	Num	3	QV of Recovery from 3-stp change (ETDRS)
262	REE3PVIS	Num	3	QV of Recov from Pers 3-stp chng (ETDRS)
263	REE53VIS	Num	3	QV of Recovery from SNPDR (53/<53)
264	RE53PVIS	Num	3	QV of Recovery from Pers. SNPDR (53/<53)
265	EY4S3VIS	Num	3	QV of 3-Step Change in First 12 mos.
266	EY4SPVIS	Num	3	QV of Pers. 3-Step Ch in First 12 mos.
267	EY4E3VIS	Num	3	QV of 3-Stp Change in 1st 12 mos (ETDRS)
268	REYS3VIS	Num	3	QV of Recovery from Early 3-stp ch
269	REYSPVIS	Num	3	QV of Recovery from Early Sust 3-stp ch
270	S3O6VIS	Num	3	QV of 3-Step Change from 18 mos.

Num	Variable	Type	Len	Label
271	S3P6VIS	Num	3	QV of P3-Step Change from 18 mos.
272	E3O6VIS	Num	3	QV of 3-Step Change from 18 mos (ETDRS)
273	E3P6VIS	Num	3	QV of Pers 3-Stp Ch from 18 mos (ETDRS)
274	EYSEP4V	Num	3	QV of SE and/or IRMA in First 12 mos.
275	REYSEVIS	Num	3	QV of Recovery from SE and/or IRMA
276	REYE3VIS	Num	3	QV of Recov from Early 3-stp ch (ETDRS)
277	ETD3OVIS	Num	3	QV of 3-Step Change using ETDRS
278	ETD3PVIS	Num	3	QV of Pers. 3-Step Change using ETDRS
279	NVDVIS	Num	3	QV of New Vessels on Disc
280	NVEVIS	Num	3	QV of New Vessels Elsewhere
281	NVBVIS	Num	3	QV of New Vessels on Disc and Elsewhere
282	NEOVVIS	Num	3	QV of New Vessels on Disc or Elsewhere
283	VISACVIS	Num	3	QV of Decline in Visual Acuity
284	MASK_PAT	Num	8	Patient ID number

Data Set Name: bgpdat.sas7bdat

Num	Variable	Type	Len	Format	Label
1	REPEAT00	Char	1		REPEAT VISIT (QV00)
2	BGPD_00	Num	4	MMDDYY8.	FORM DATE (QV00)
3	FORM	Num	4		DCCT FORM NUMBER
4	LDT25_00	Char	6		BGP COLLECTION DATE (QV00)
5	NLD25_00	Char	6		BGP ANALYSIS DATE (QV00)
6	VAL25A00	Num	4		PRE-BREAKFAST BG MG/DL (QV00)
7	VAL25B00	Num	8		PRE-BREAKFAST BG OD 340 (QV00)
8	VAL26A00	Num	4		POST-BREAKFAST BG MG/DL (QV00)
9	VAL26B00	Num	8		POST-BREAKFAST BG OD 340 (QV00)
10	VAL27A00	Num	4		PRE-LUNCH BG MG/DL (QV00)
11	VAL27B00	Num	8		PRE-LUNCH BG OD 340 (QV00)
12	VAL28A00	Num	4		POST-LUNCH BG MG/DL (QV00)
13	VAL28B00	Num	8		POST-LUNCH BG OD 340 (QV00)
14	VAL29A00	Num	4		PRE-SUPPER BG MG/DL (QV00)
15	VAL29B00	Num	8		PRE-SUPPER BG OD 340 (QV00)
16	VAL30A00	Num	4		POST-SUPPER BG MG/DL (QV00)
17	VAL30B00	Num	8		POST-SUPPER BG 340 (QV00)
18	VAL31A00	Num	4		BEDTIME BG MG/DL (QV00)
19	VAL31B00	Num	8		BEDTIME BG OD 340 (QV00)
20	VAL32A00	Num	4		3:00 AM MG/DL (QV00)
21	VAL32B00	Num	8		3:00 AM OD 340 (QV00)
22	VAL33A00	Num	4		BGP8 MG/DL (QV00)
23	VAL33B00	Num	8		BGP8 OD 340 (QV00)
24	REPEAT01	Char	1		REPEAT VISIT (QV01)
25	BGPD_01	Num	4	MMDDYY8.	FORM DATE (QV01)
26	LDT25_01	Char	6		BGP COLLECTION DATE (QV01)
27	NLD25_01	Char	6		BGP ANALYSIS DATE (QV01)
28	VAL25A01	Num	4		PRE-BREAKFAST BG MG/DL (QV01)
29	VAL25B01	Num	8		PRE-BREAKFAST BG OD 340 (QV01)
30	VAL26A01	Num	4		POST-BREAKFAST BG MG/DL (QV01)
31	VAL26B01	Num	8		POST-BREAKFAST BG OD 340 (QV01)
32	VAL27A01	Num	4		PRE-LUNCH BG MG/DL (QV01)
33	VAL27B01	Num	8		PRE-LUNCH BG OD 340 (QV01)
34	VAL28A01	Num	4		POST-LUNCH BG MG/DL (QV01)
35	VAL28B01	Num	8		POST-LUNCH BG OD 340 (QV01)
36	VAL29A01	Num	4		PRE-SUPPER BG MG/DL (QV01)

Num	Variable	Type	Len	Format	Label
37	VAL29B01	Num	8		PRE-SUPPER BG OD 340 (QV01)
38	VAL30A01	Num	4		POST-SUPPER BG MG/DL (QV01)
39	VAL30B01	Num	8		POST-SUPPER BG 340 (QV01)
40	VAL31A01	Num	4		BEDTIME BG MG/DL (QV01)
41	VAL31B01	Num	8		BEDTIME BG OD 340 (QV01)
42	VAL32A01	Num	4		3:00 AM MG/DL (QV01)
43	VAL32B01	Num	8		3:00 AM OD 340 (QV01)
44	VAL33A01	Num	4		BGP8 MG/DL (QV01)
45	VAL33B01	Num	8		BGP8 OD 340 (QV01)
46	REPEAT99	Char	1		REPEAT VISIT (CLOSE)
47	LDT25_99	Char	6		BGP COLLECTION DATE (CLOSE)
48	NLD25_99	Char	6		BGP ANALYSIS DATE (CLOSE)
49	VAL25A99	Num	8		PRE-BREAKFAST BG MG/DL (CLOSE)
50	VAL25B99	Num	8		PRE-BREAKFAST BG OD 340 (CLOSE)
51	VAL26A99	Num	8		POST-BREAKFAST BG MG/DL (CLOSE)
52	VAL26B99	Num	8		POST-BREAKFAST BG OD 340 (CLOSE)
53	VAL27A99	Num	8		PRE-LUNCH BG MG/DL (CLOSE)
54	VAL27B99	Num	8		PRE-LUNCH BG OD 340 (CLOSE)
55	VAL28A99	Num	8		POST-LUNCH BG MG/DL (CLOSE)
56	VAL28B99	Num	8		POST-LUNCH BG OD 340 (CLOSE)
57	VAL29A99	Num	8		PRE-SUPPER BG MG/DL (CLOSE)
58	VAL29B99	Num	8		PRE-SUPPER BG OD 340 (CLOSE)
59	VAL30A99	Num	8		POST-SUPPER BG MG/DL (CLOSE)
60	VAL30B99	Num	8		POST-SUPPER BG 340 (CLOSE)
61	VAL31A99	Num	8		BEDTIME BG MG/DL (CLOSE)
62	VAL31B99	Num	8		BEDTIME BG OD 340 (CLOSE)
63	VAL32A99	Num	8		3:00 AM MG/DL (CLOSE)
64	VAL32B99	Num	8		3:00 AM OD 340 (CLOSE)
65	VAL33A99	Num	8		BGP8 MG/DL (CLOSE)
66	VAL33B99	Num	8		BGP8 OD 340 (CLOSE)
67	BGPD_99	Num	8	MMDDYY8.	FORM DATE (CLOSE)
68	REPEAT02	Char	1		REPEAT VISIT (QV02)
69	BGPD_02	Num	4	MMDDYY8.	FORM DATE (QV02)
70	LDT25_02	Char	6		BGP COLLECTION DATE (QV02)
71	NLD25_02	Char	6		BGP ANALYSIS DATE (QV02)
72	VAL25A02	Num	4		PRE-BREAKFAST BG MG/DL (QV02)
73	VAL25B02	Num	8		PRE-BREAKFAST BG OD 340 (QV02)
74	VAL26A02	Num	4		POST-BREAKFAST BG MG/DL (QV02)
75	VAL26B02	Num	8		POST-BREAKFAST BG OD 340 (QV02)

Num	Variable	Type	Len	Format	Label
76	VAL27A02	Num	4		PRE-LUNCH BG MG/DL (QV02)
77	VAL27B02	Num	8		PRE-LUNCH BG OD 340 (QV02)
78	VAL28A02	Num	4		POST-LUNCH BG MG/DL (QV02)
79	VAL28B02	Num	8		POST-LUNCH BG OD 340 (QV02)
80	VAL29A02	Num	4		PRE-SUPPER BG MG/DL (QV02)
81	VAL29B02	Num	8		PRE-SUPPER BG OD 340 (QV02)
82	VAL30A02	Num	4		POST-SUPPER BG MG/DL (QV02)
83	VAL30B02	Num	8		POST-SUPPER BG 340 (QV02)
84	VAL31A02	Num	4		BEDTIME BG MG/DL (QV02)
85	VAL31B02	Num	8		BEDTIME BG OD 340 (QV02)
86	VAL32A02	Num	4		3:00 AM MG/DL (QV02)
87	VAL32B02	Num	8		3:00 AM OD 340 (QV02)
88	VAL33A02	Num	4		BGP8 MG/DL (QV02)
89	VAL33B02	Num	8		BGP8 OD 340 (QV02)
90	REPEAT03	Char	1		REPEAT VISIT (QV03)
91	BGPD_03	Num	4	MMDDYY8.	FORM DATE (QV03)
92	LDT25_03	Char	6		BGP COLLECTION DATE (QV03)
93	NLD25_03	Char	6		BGP ANALYSIS DATE (QV03)
94	VAL25A03	Num	4		PRE-BREAKFAST BG MG/DL (QV03)
95	VAL25B03	Num	8		PRE-BREAKFAST BG OD 340 (QV03)
96	VAL26A03	Num	4		POST-BREAKFAST BG MG/DL (QV03)
97	VAL26B03	Num	8		POST-BREAKFAST BG OD 340 (QV03)
98	VAL27A03	Num	4		PRE-LUNCH BG MG/DL (QV03)
99	VAL27B03	Num	8		PRE-LUNCH BG OD 340 (QV03)
100	VAL28A03	Num	4		POST-LUNCH BG MG/DL (QV03)
101	VAL28B03	Num	8		POST-LUNCH BG OD 340 (QV03)
102	VAL29A03	Num	4		PRE-SUPPER BG MG/DL (QV03)
103	VAL29B03	Num	8		PRE-SUPPER BG OD 340 (QV03)
104	VAL30A03	Num	4		POST-SUPPER BG MG/DL (QV03)
105	VAL30B03	Num	8		POST-SUPPER BG 340 (QV03)
106	VAL31A03	Num	4		BEDTIME BG MG/DL (QV03)
107	VAL31B03	Num	8		BEDTIME BG OD 340 (QV03)
108	VAL32A03	Num	4		3:00 AM MG/DL (QV03)
109	VAL32B03	Num	8		3:00 AM OD 340 (QV03)
110	VAL33A03	Num	4		BGP8 MG/DL (QV03)
111	VAL33B03	Num	8		BGP8 OD 340 (QV03)
112	REPEAT04	Char	1		REPEAT VISIT (QV04)
113	BGPD_04	Num	4	MMDDYY8.	FORM DATE (QV04)
114	LDT25_04	Char	6		BGP COLLECTION DATE (QV04)

Num	Variable	Type	Len	Format	Label
115	NLD25_04	Char	6		BGP ANALYSIS DATE (QV04)
116	VAL25A04	Num	4		PRE-BREAKFAST BG MG/DL (QV04)
117	VAL25B04	Num	8		PRE-BREAKFAST BG OD 340 (QV04)
118	VAL26A04	Num	4		POST-BREAKFAST BG MG/DL (QV04)
119	VAL26B04	Num	8		POST-BREAKFAST BG OD 340 (QV04)
120	VAL27A04	Num	4		PRE-LUNCH BG MG/DL (QV04)
121	VAL27B04	Num	8		PRE-LUNCH BG OD 340 (QV04)
122	VAL28A04	Num	4		POST-LUNCH BG MG/DL (QV04)
123	VAL28B04	Num	8		POST-LUNCH BG OD 340 (QV04)
124	VAL29A04	Num	4		PRE-SUPPER BG MG/DL (QV04)
125	VAL29B04	Num	8		PRE-SUPPER BG OD 340 (QV04)
126	VAL30A04	Num	4		POST-SUPPER BG MG/DL (QV04)
127	VAL30B04	Num	8		POST-SUPPER BG 340 (QV04)
128	VAL31A04	Num	4		BEDTIME BG MG/DL (QV04)
129	VAL31B04	Num	8		BEDTIME BG OD 340 (QV04)
130	VAL32A04	Num	4		3:00 AM MG/DL (QV04)
131	VAL32B04	Num	8		3:00 AM OD 340 (QV04)
132	VAL33A04	Num	4		BGP8 MG/DL (QV04)
133	VAL33B04	Num	8		BGP8 OD 340 (QV04)
134	REPEAT05	Char	1		REPEAT VISIT (QV05)
135	BGPD_05	Num	4	MMDDYY8.	FORM DATE (QV05)
136	LDT25_05	Char	6		BGP COLLECTION DATE (QV05)
137	NLD25_05	Char	6		BGP ANALYSIS DATE (QV05)
138	VAL25A05	Num	4		PRE-BREAKFAST BG MG/DL (QV05)
139	VAL25B05	Num	8		PRE-BREAKFAST BG OD 340 (QV05)
140	VAL26A05	Num	4		POST-BREAKFAST BG MG/DL (QV05)
141	VAL26B05	Num	8		POST-BREAKFAST BG OD 340 (QV05)
142	VAL27A05	Num	4		PRE-LUNCH BG MG/DL (QV05)
143	VAL27B05	Num	8		PRE-LUNCH BG OD 340 (QV05)
144	VAL28A05	Num	4		POST-LUNCH BG MG/DL (QV05)
145	VAL28B05	Num	8		POST-LUNCH BG OD 340 (QV05)
146	VAL29A05	Num	4		PRE-SUPPER BG MG/DL (QV05)
147	VAL29B05	Num	8		PRE-SUPPER BG OD 340 (QV05)
148	VAL30A05	Num	4		POST-SUPPER BG MG/DL (QV05)
149	VAL30B05	Num	8		POST-SUPPER BG 340 (QV05)
150	VAL31A05	Num	4		BEDTIME BG MG/DL (QV05)
151	VAL31B05	Num	8		BEDTIME BG OD 340 (QV05)
152	VAL32A05	Num	4		3:00 AM MG/DL (QV05)
153	VAL32B05	Num	8		3:00 AM OD 340 (QV05)

Num	Variable	Type	Len	Format	Label
154	VAL33A05	Num	4		BGP8 MG/DL (QV05)
155	VAL33B05	Num	8		BGP8 OD 340 (QV05)
156	REPEAT06	Char	1		REPEAT VISIT (QV06)
157	BGPD_06	Num	4	MMDDYY8.	FORM DATE (QV06)
158	LDT25_06	Char	6		BGP COLLECTION DATE (QV06)
159	NLD25_06	Char	6		BGP ANALYSIS DATE (QV06)
160	VAL25A06	Num	4		PRE-BREAKFAST BG MG/DL (QV06)
161	VAL25B06	Num	8		PRE-BREAKFAST BG OD 340 (QV06)
162	VAL26A06	Num	4		POST-BREAKFAST BG MG/DL (QV06)
163	VAL26B06	Num	8		POST-BREAKFAST BG OD 340 (QV06)
164	VAL27A06	Num	4		PRE-LUNCH BG MG/DL (QV06)
165	VAL27B06	Num	8		PRE-LUNCH BG OD 340 (QV06)
166	VAL28A06	Num	4		POST-LUNCH BG MG/DL (QV06)
167	VAL28B06	Num	8		POST-LUNCH BG OD 340 (QV06)
168	VAL29A06	Num	4		PRE-SUPPER BG MG/DL (QV06)
169	VAL29B06	Num	8		PRE-SUPPER BG OD 340 (QV06)
170	VAL30A06	Num	4		POST-SUPPER BG MG/DL (QV06)
171	VAL30B06	Num	8		POST-SUPPER BG 340 (QV06)
172	VAL31A06	Num	4		BEDTIME BG MG/DL (QV06)
173	VAL31B06	Num	8		BEDTIME BG OD 340 (QV06)
174	VAL32A06	Num	4		3:00 AM MG/DL (QV06)
175	VAL32B06	Num	8		3:00 AM OD 340 (QV06)
176	VAL33A06	Num	4		BGP8 MG/DL (QV06)
177	VAL33B06	Num	8		BGP8 OD 340 (QV06)
178	REPEAT07	Char	1		REPEAT VISIT (QV07)
179	BGPD_07	Num	4	MMDDYY8.	FORM DATE (QV07)
180	LDT25_07	Char	6		BGP COLLECTION DATE (QV07)
181	NLD25_07	Char	6		BGP ANALYSIS DATE (QV07)
182	VAL25A07	Num	4		PRE-BREAKFAST BG MG/DL (QV07)
183	VAL25B07	Num	8		PRE-BREAKFAST BG OD 340 (QV07)
184	VAL26A07	Num	4		POST-BREAKFAST BG MG/DL (QV07)
185	VAL26B07	Num	8		POST-BREAKFAST BG OD 340 (QV07)
186	VAL27A07	Num	4		PRE-LUNCH BG MG/DL (QV07)
187	VAL27B07	Num	8		PRE-LUNCH BG OD 340 (QV07)
188	VAL28A07	Num	4		POST-LUNCH BG MG/DL (QV07)
189	VAL28B07	Num	8		POST-LUNCH BG OD 340 (QV07)
190	VAL29A07	Num	4		PRE-SUPPER BG MG/DL (QV07)
191	VAL29B07	Num	8		PRE-SUPPER BG OD 340 (QV07)
192	VAL30A07	Num	4		POST-SUPPER BG MG/DL (QV07)

Num	Variable	Type	Len	Format	Label
193	VAL30B07	Num	8		POST-SUPPER BG 340 (QV07)
194	VAL31A07	Num	4		BEDTIME BG MG/DL (QV07)
195	VAL31B07	Num	8		BEDTIME BG OD 340 (QV07)
196	VAL32A07	Num	4		3:00 AM MG/DL (QV07)
197	VAL32B07	Num	8		3:00 AM OD 340 (QV07)
198	VAL33A07	Num	4		BGP8 MG/DL (QV07)
199	VAL33B07	Num	8		BGP8 OD 340 (QV07)
200	REPEAT08	Char	1		REPEAT VISIT (QV08)
201	BGPD_08	Num	4	MMDDYY8.	FORM DATE (QV08)
202	LDT25_08	Char	6		BGP COLLECTION DATE (QV08)
203	NLD25_08	Char	6		BGP ANALYSIS DATE (QV08)
204	VAL25A08	Num	4		PRE-BREAKFAST BG MG/DL (QV08)
205	VAL25B08	Num	8		PRE-BREAKFAST BG OD 340 (QV08)
206	VAL26A08	Num	4		POST-BREAKFAST BG MG/DL (QV08)
207	VAL26B08	Num	8		POST-BREAKFAST BG OD 340 (QV08)
208	VAL27A08	Num	4		PRE-LUNCH BG MG/DL (QV08)
209	VAL27B08	Num	8		PRE-LUNCH BG OD 340 (QV08)
210	VAL28A08	Num	4		POST-LUNCH BG MG/DL (QV08)
211	VAL28B08	Num	8		POST-LUNCH BG OD 340 (QV08)
212	VAL29A08	Num	4		PRE-SUPPER BG MG/DL (QV08)
213	VAL29B08	Num	8		PRE-SUPPER BG OD 340 (QV08)
214	VAL30A08	Num	4		POST-SUPPER BG MG/DL (QV08)
215	VAL30B08	Num	8		POST-SUPPER BG 340 (QV08)
216	VAL31A08	Num	4		BEDTIME BG MG/DL (QV08)
217	VAL31B08	Num	8		BEDTIME BG OD 340 (QV08)
218	VAL32A08	Num	4		3:00 AM MG/DL (QV08)
219	VAL32B08	Num	8		3:00 AM OD 340 (QV08)
220	VAL33A08	Num	4		BGP8 MG/DL (QV08)
221	VAL33B08	Num	8		BGP8 OD 340 (QV08)
222	REPEAT09	Char	1		REPEAT VISIT (QV09)
223	BGPD_09	Num	4	MMDDYY8.	FORM DATE (QV09)
224	LDT25_09	Char	6		BGP COLLECTION DATE (QV09)
225	NLD25_09	Char	6		BGP ANALYSIS DATE (QV09)
226	VAL25A09	Num	4		PRE-BREAKFAST BG MG/DL (QV09)
227	VAL25B09	Num	8		PRE-BREAKFAST BG OD 340 (QV09)
228	VAL26A09	Num	4		POST-BREAKFAST BG MG/DL (QV09)
229	VAL26B09	Num	8		POST-BREAKFAST BG OD 340 (QV09)
230	VAL27A09	Num	4		PRE-LUNCH BG MG/DL (QV09)
231	VAL27B09	Num	8		PRE-LUNCH BG OD 340 (QV09)

Num	Variable	Type	Len	Format	Label
232	VAL28A09	Num	4		POST-LUNCH BG MG/DL (QV09)
233	VAL28B09	Num	8		POST-LUNCH BG OD 340 (QV09)
234	VAL29A09	Num	4		PRE-SUPPER BG MG/DL (QV09)
235	VAL29B09	Num	8		PRE-SUPPER BG OD 340 (QV09)
236	VAL30A09	Num	4		POST-SUPPER BG MG/DL (QV09)
237	VAL30B09	Num	8		POST-SUPPER BG 340 (QV09)
238	VAL31A09	Num	4		BEDTIME BG MG/DL (QV09)
239	VAL31B09	Num	8		BEDTIME BG OD 340 (QV09)
240	VAL32A09	Num	4		3:00 AM MG/DL (QV09)
241	VAL32B09	Num	8		3:00 AM OD 340 (QV09)
242	VAL33A09	Num	4		BGP8 MG/DL (QV09)
243	VAL33B09	Num	8		BGP8 OD 340 (QV09)
244	REPEAT10	Char	1		REPEAT VISIT (QV10)
245	BGPD_10	Num	4	MMDDYY8.	FORM DATE (QV10)
246	LDT25_10	Char	6		BGP COLLECTION DATE (QV10)
247	NLD25_10	Char	6		BGP ANALYSIS DATE (QV10)
248	VAL25A10	Num	4		PRE-BREAKFAST BG MG/DL (QV10)
249	VAL25B10	Num	8		PRE-BREAKFAST BG OD 340 (QV10)
250	VAL26A10	Num	4		POST-BREAKFAST BG MG/DL (QV10)
251	VAL26B10	Num	8		POST-BREAKFAST BG OD 340 (QV10)
252	VAL27A10	Num	4		PRE-LUNCH BG MG/DL (QV10)
253	VAL27B10	Num	8		PRE-LUNCH BG OD 340 (QV10)
254	VAL28A10	Num	4		POST-LUNCH BG MG/DL (QV10)
255	VAL28B10	Num	8		POST-LUNCH BG OD 340 (QV10)
256	VAL29A10	Num	4		PRE-SUPPER BG MG/DL (QV10)
257	VAL29B10	Num	8		PRE-SUPPER BG OD 340 (QV10)
258	VAL30A10	Num	4		POST-SUPPER BG MG/DL (QV10)
259	VAL30B10	Num	8		POST-SUPPER BG 340 (QV10)
260	VAL31A10	Num	4		BEDTIME BG MG/DL (QV10)
261	VAL31B10	Num	8		BEDTIME BG OD 340 (QV10)
262	VAL32A10	Num	4		3:00 AM MG/DL (QV10)
263	VAL32B10	Num	8		3:00 AM OD 340 (QV10)
264	VAL33A10	Num	4		BGP8 MG/DL (QV10)
265	VAL33B10	Num	8		BGP8 OD 340 (QV10)
266	REPEAT11	Char	1		REPEAT VISIT (QV11)
267	BGPD_11	Num	4	MMDDYY8.	FORM DATE (QV11)
268	LDT25_11	Char	6		BGP COLLECTION DATE (QV11)
269	NLD25_11	Char	6		BGP ANALYSIS DATE (QV11)
270	VAL25A11	Num	4		PRE-BREAKFAST BG MG/DL (QV11)

Num	Variable	Type	Len	Format	Label
271	VAL25B11	Num	8		PRE-BREAKFAST BG OD 340 (QV11)
272	VAL26A11	Num	4		POST-BREAKFAST BG MG/DL (QV11)
273	VAL26B11	Num	8		POST-BREAKFAST BG OD 340 (QV11)
274	VAL27A11	Num	4		PRE-LUNCH BG MG/DL (QV11)
275	VAL27B11	Num	8		PRE-LUNCH BG OD 340 (QV11)
276	VAL28A11	Num	4		POST-LUNCH BG MG/DL (QV11)
277	VAL28B11	Num	8		POST-LUNCH BG OD 340 (QV11)
278	VAL29A11	Num	4		PRE-SUPPER BG MG/DL (QV11)
279	VAL29B11	Num	8		PRE-SUPPER BG OD 340 (QV11)
280	VAL30A11	Num	4		POST-SUPPER BG MG/DL (QV11)
281	VAL30B11	Num	8		POST-SUPPER BG 340 (QV11)
282	VAL31A11	Num	4		BEDTIME BG MG/DL (QV11)
283	VAL31B11	Num	8		BEDTIME BG OD 340 (QV11)
284	VAL32A11	Num	4		3:00 AM MG/DL (QV11)
285	VAL32B11	Num	8		3:00 AM OD 340 (QV11)
286	VAL33A11	Num	4		BGP8 MG/DL (QV11)
287	VAL33B11	Num	8		BGP8 OD 340 (QV11)
288	REPEAT12	Char	1		REPEAT VISIT (QV12)
289	BGPD_12	Num	4	MMDDYY8.	FORM DATE (QV12)
290	LDT25_12	Char	6		BGP COLLECTION DATE (QV12)
291	NLD25_12	Char	6		BGP ANALYSIS DATE (QV12)
292	VAL25A12	Num	4		PRE-BREAKFAST BG MG/DL (QV12)
293	VAL25B12	Num	8		PRE-BREAKFAST BG OD 340 (QV12)
294	VAL26A12	Num	4		POST-BREAKFAST BG MG/DL (QV12)
295	VAL26B12	Num	8		POST-BREAKFAST BG OD 340 (QV12)
296	VAL27A12	Num	4		PRE-LUNCH BG MG/DL (QV12)
297	VAL27B12	Num	8		PRE-LUNCH BG OD 340 (QV12)
298	VAL28A12	Num	4		POST-LUNCH BG MG/DL (QV12)
299	VAL28B12	Num	8		POST-LUNCH BG OD 340 (QV12)
300	VAL29A12	Num	4		PRE-SUPPER BG MG/DL (QV12)
301	VAL29B12	Num	8		PRE-SUPPER BG OD 340 (QV12)
302	VAL30A12	Num	4		POST-SUPPER BG MG/DL (QV12)
303	VAL30B12	Num	8		POST-SUPPER BG 340 (QV12)
304	VAL31A12	Num	4		BEDTIME BG MG/DL (QV12)
305	VAL31B12	Num	8		BEDTIME BG OD 340 (QV12)
306	VAL32A12	Num	4		3:00 AM MG/DL (QV12)
307	VAL32B12	Num	8		3:00 AM OD 340 (QV12)
308	VAL33A12	Num	4		BGP8 MG/DL (QV12)
309	VAL33B12	Num	8		BGP8 OD 340 (QV12)

Num	Variable	Type	Len	Format	Label
310	REPEAT13	Char	1		REPEAT VISIT (QV13)
311	BGPD_13	Num	4	MMDDYY8.	FORM DATE (QV13)
312	LDT25_13	Char	6		BGP COLLECTION DATE (QV13)
313	NLD25_13	Char	6		BGP ANALYSIS DATE (QV13)
314	VAL25A13	Num	4		PRE-BREAKFAST BG MG/DL (QV13)
315	VAL25B13	Num	8		PRE-BREAKFAST BG OD 340 (QV13)
316	VAL26A13	Num	4		POST-BREAKFAST BG MG/DL (QV13)
317	VAL26B13	Num	8		POST-BREAKFAST BG OD 340 (QV13)
318	VAL27A13	Num	4		PRE-LUNCH BG MG/DL (QV13)
319	VAL27B13	Num	8		PRE-LUNCH BG OD 340 (QV13)
320	VAL28A13	Num	4		POST-LUNCH BG MG/DL (QV13)
321	VAL28B13	Num	8		POST-LUNCH BG OD 340 (QV13)
322	VAL29A13	Num	4		PRE-SUPPER BG MG/DL (QV13)
323	VAL29B13	Num	8		PRE-SUPPER BG OD 340 (QV13)
324	VAL30A13	Num	4		POST-SUPPER BG MG/DL (QV13)
325	VAL30B13	Num	8		POST-SUPPER BG 340 (QV13)
326	VAL31A13	Num	4		BEDTIME BG MG/DL (QV13)
327	VAL31B13	Num	8		BEDTIME BG OD 340 (QV13)
328	VAL32A13	Num	4		3:00 AM MG/DL (QV13)
329	VAL32B13	Num	8		3:00 AM OD 340 (QV13)
330	VAL33A13	Num	4		BGP8 MG/DL (QV13)
331	VAL33B13	Num	8		BGP8 OD 340 (QV13)
332	REPEAT14	Char	1		REPEAT VISIT (QV14)
333	BGPD_14	Num	4	MMDDYY8.	FORM DATE (QV14)
334	LDT25_14	Char	6		BGP COLLECTION DATE (QV14)
335	NLD25_14	Char	6		BGP ANALYSIS DATE (QV14)
336	VAL25A14	Num	4		PRE-BREAKFAST BG MG/DL (QV14)
337	VAL25B14	Num	8		PRE-BREAKFAST BG OD 340 (QV14)
338	VAL26A14	Num	4		POST-BREAKFAST BG MG/DL (QV14)
339	VAL26B14	Num	8		POST-BREAKFAST BG OD 340 (QV14)
340	VAL27A14	Num	4		PRE-LUNCH BG MG/DL (QV14)
341	VAL27B14	Num	8		PRE-LUNCH BG OD 340 (QV14)
342	VAL28A14	Num	4		POST-LUNCH BG MG/DL (QV14)
343	VAL28B14	Num	8		POST-LUNCH BG OD 340 (QV14)
344	VAL29A14	Num	4		PRE-SUPPER BG MG/DL (QV14)
345	VAL29B14	Num	8		PRE-SUPPER BG OD 340 (QV14)
346	VAL30A14	Num	4		POST-SUPPER BG MG/DL (QV14)
347	VAL30B14	Num	8		POST-SUPPER BG 340 (QV14)
348	VAL31A14	Num	4		BEDTIME BG MG/DL (QV14)

Num	Variable	Type	Len	Format	Label
349	VAL31B14	Num	8		BEDTIME BG OD 340 (QV14)
350	VAL32A14	Num	4		3:00 AM MG/DL (QV14)
351	VAL32B14	Num	8		3:00 AM OD 340 (QV14)
352	VAL33A14	Num	4		BGP8 MG/DL (QV14)
353	VAL33B14	Num	8		BGP8 OD 340 (QV14)
354	REPEAT15	Char	1		REPEAT VISIT (QV15)
355	BGPD_15	Num	4	MMDDYY8.	FORM DATE (QV15)
356	LDT25_15	Char	6		BGP COLLECTION DATE (QV15)
357	NLD25_15	Char	6		BGP ANALYSIS DATE (QV15)
358	VAL25A15	Num	4		PRE-BREAKFAST BG MG/DL (QV15)
359	VAL25B15	Num	8		PRE-BREAKFAST BG OD 340 (QV15)
360	VAL26A15	Num	4		POST-BREAKFAST BG MG/DL (QV15)
361	VAL26B15	Num	8		POST-BREAKFAST BG OD 340 (QV15)
362	VAL27A15	Num	4		PRE-LUNCH BG MG/DL (QV15)
363	VAL27B15	Num	8		PRE-LUNCH BG OD 340 (QV15)
364	VAL28A15	Num	4		POST-LUNCH BG MG/DL (QV15)
365	VAL28B15	Num	8		POST-LUNCH BG OD 340 (QV15)
366	VAL29A15	Num	4		PRE-SUPPER BG MG/DL (QV15)
367	VAL29B15	Num	8		PRE-SUPPER BG OD 340 (QV15)
368	VAL30A15	Num	4		POST-SUPPER BG MG/DL (QV15)
369	VAL30B15	Num	8		POST-SUPPER BG 340 (QV15)
370	VAL31A15	Num	4		BEDTIME BG MG/DL (QV15)
371	VAL31B15	Num	8		BEDTIME BG OD 340 (QV15)
372	VAL32A15	Num	4		3:00 AM MG/DL (QV15)
373	VAL32B15	Num	8		3:00 AM OD 340 (QV15)
374	VAL33A15	Num	4		BGP8 MG/DL (QV15)
375	VAL33B15	Num	8		BGP8 OD 340 (QV15)
376	REPEAT16	Char	1		REPEAT VISIT (QV16)
377	BGPD_16	Num	4	MMDDYY8.	FORM DATE (QV16)
378	LDT25_16	Char	6		BGP COLLECTION DATE (QV16)
379	NLD25_16	Char	6		BGP ANALYSIS DATE (QV16)
380	VAL25A16	Num	4		PRE-BREAKFAST BG MG/DL (QV16)
381	VAL25B16	Num	8		PRE-BREAKFAST BG OD 340 (QV16)
382	VAL26A16	Num	4		POST-BREAKFAST BG MG/DL (QV16)
383	VAL26B16	Num	8		POST-BREAKFAST BG OD 340 (QV16)
384	VAL27A16	Num	4		PRE-LUNCH BG MG/DL (QV16)
385	VAL27B16	Num	8		PRE-LUNCH BG OD 340 (QV16)
386	VAL28A16	Num	4		POST-LUNCH BG MG/DL (QV16)
387	VAL28B16	Num	8		POST-LUNCH BG OD 340 (QV16)

Num	Variable	Type	Len	Format	Label
388	VAL29A16	Num	4		PRE-SUPPER BG MG/DL (QV16)
389	VAL29B16	Num	8		PRE-SUPPER BG OD 340 (QV16)
390	VAL30A16	Num	4		POST-SUPPER BG MG/DL (QV16)
391	VAL30B16	Num	8		POST-SUPPER BG 340 (QV16)
392	VAL31A16	Num	4		BEDTIME BG MG/DL (QV16)
393	VAL31B16	Num	8		BEDTIME BG OD 340 (QV16)
394	VAL32A16	Num	4		3:00 AM MG/DL (QV16)
395	VAL32B16	Num	8		3:00 AM OD 340 (QV16)
396	VAL33A16	Num	4		BGP8 MG/DL (QV16)
397	VAL33B16	Num	8		BGP8 OD 340 (QV16)
398	REPEAT17	Char	1		REPEAT VISIT (QV17)
399	BGPD_17	Num	4	MMDDYY8.	FORM DATE (QV17)
400	LDT25_17	Char	6		BGP COLLECTION DATE (QV17)
401	NLD25_17	Char	6		BGP ANALYSIS DATE (QV17)
402	VAL25A17	Num	4		PRE-BREAKFAST BG MG/DL (QV17)
403	VAL25B17	Num	8		PRE-BREAKFAST BG OD 340 (QV17)
404	VAL26A17	Num	4		POST-BREAKFAST BG MG/DL (QV17)
405	VAL26B17	Num	8		POST-BREAKFAST BG OD 340 (QV17)
406	VAL27A17	Num	4		PRE-LUNCH BG MG/DL (QV17)
407	VAL27B17	Num	8		PRE-LUNCH BG OD 340 (QV17)
408	VAL28A17	Num	4		POST-LUNCH BG MG/DL (QV17)
409	VAL28B17	Num	8		POST-LUNCH BG OD 340 (QV17)
410	VAL29A17	Num	4		PRE-SUPPER BG MG/DL (QV17)
411	VAL29B17	Num	8		PRE-SUPPER BG OD 340 (QV17)
412	VAL30A17	Num	4		POST-SUPPER BG MG/DL (QV17)
413	VAL30B17	Num	8		POST-SUPPER BG 340 (QV17)
414	VAL31A17	Num	4		BEDTIME BG MG/DL (QV17)
415	VAL31B17	Num	8		BEDTIME BG OD 340 (QV17)
416	VAL32A17	Num	4		3:00 AM MG/DL (QV17)
417	VAL32B17	Num	8		3:00 AM OD 340 (QV17)
418	VAL33A17	Num	4		BGP8 MG/DL (QV17)
419	VAL33B17	Num	8		BGP8 OD 340 (QV17)
420	REPEAT18	Char	1		REPEAT VISIT (QV18)
421	BGPD_18	Num	4	MMDDYY8.	FORM DATE (QV18)
422	LDT25_18	Char	6		BGP COLLECTION DATE (QV18)
423	NLD25_18	Char	6		BGP ANALYSIS DATE (QV18)
424	VAL25A18	Num	4		PRE-BREAKFAST BG MG/DL (QV18)
425	VAL25B18	Num	8		PRE-BREAKFAST BG OD 340 (QV18)
426	VAL26A18	Num	4		POST-BREAKFAST BG MG/DL (QV18)

Num	Variable	Type	Len	Format	Label
427	VAL26B18	Num	8		POST-BREAKFAST BG OD 340 (QV18)
428	VAL27A18	Num	4		PRE-LUNCH BG MG/DL (QV18)
429	VAL27B18	Num	8		PRE-LUNCH BG OD 340 (QV18)
430	VAL28A18	Num	4		POST-LUNCH BG MG/DL (QV18)
431	VAL28B18	Num	8		POST-LUNCH BG OD 340 (QV18)
432	VAL29A18	Num	4		PRE-SUPPER BG MG/DL (QV18)
433	VAL29B18	Num	8		PRE-SUPPER BG OD 340 (QV18)
434	VAL30A18	Num	4		POST-SUPPER BG MG/DL (QV18)
435	VAL30B18	Num	8		POST-SUPPER BG 340 (QV18)
436	VAL31A18	Num	4		BEDTIME BG MG/DL (QV18)
437	VAL31B18	Num	8		BEDTIME BG OD 340 (QV18)
438	VAL32A18	Num	4		3:00 AM MG/DL (QV18)
439	VAL32B18	Num	8		3:00 AM OD 340 (QV18)
440	VAL33A18	Num	4		BGP8 MG/DL (QV18)
441	VAL33B18	Num	8		BGP8 OD 340 (QV18)
442	REPEAT19	Char	1		REPEAT VISIT (QV19)
443	BGPD_19	Num	4	MMDDYY8.	FORM DATE (QV19)
444	LDT25_19	Char	6		BGP COLLECTION DATE (QV19)
445	NLD25_19	Char	6		BGP ANALYSIS DATE (QV19)
446	VAL25A19	Num	4		PRE-BREAKFAST BG MG/DL (QV19)
447	VAL25B19	Num	8		PRE-BREAKFAST BG OD 340 (QV19)
448	VAL26A19	Num	4		POST-BREAKFAST BG MG/DL (QV19)
449	VAL26B19	Num	8		POST-BREAKFAST BG OD 340 (QV19)
450	VAL27A19	Num	4		PRE-LUNCH BG MG/DL (QV19)
451	VAL27B19	Num	8		PRE-LUNCH BG OD 340 (QV19)
452	VAL28A19	Num	4		POST-LUNCH BG MG/DL (QV19)
453	VAL28B19	Num	8		POST-LUNCH BG OD 340 (QV19)
454	VAL29A19	Num	4		PRE-SUPPER BG MG/DL (QV19)
455	VAL29B19	Num	8		PRE-SUPPER BG OD 340 (QV19)
456	VAL30A19	Num	4		POST-SUPPER BG MG/DL (QV19)
457	VAL30B19	Num	8		POST-SUPPER BG 340 (QV19)
458	VAL31A19	Num	4		BEDTIME BG MG/DL (QV19)
459	VAL31B19	Num	8		BEDTIME BG OD 340 (QV19)
460	VAL32A19	Num	4		3:00 AM MG/DL (QV19)
461	VAL32B19	Num	8		3:00 AM OD 340 (QV19)
462	VAL33A19	Num	4		BGP8 MG/DL (QV19)
463	VAL33B19	Num	8		BGP8 OD 340 (QV19)
464	REPEAT20	Char	1		REPEAT VISIT (QV20)
465	BGPD_20	Num	4	MMDDYY8.	FORM DATE (QV20)

Num	Variable	Type	Len	Format	Label
466	LDT25_20	Char	6		BGP COLLECTION DATE (QV20)
467	NLD25_20	Char	6		BGP ANALYSIS DATE (QV20)
468	VAL25A20	Num	4		PRE-BREAKFAST BG MG/DL (QV20)
469	VAL25B20	Num	8		PRE-BREAKFAST BG OD 340 (QV20)
470	VAL26A20	Num	4		POST-BREAKFAST BG MG/DL (QV20)
471	VAL26B20	Num	8		POST-BREAKFAST BG OD 340 (QV20)
472	VAL27A20	Num	4		PRE-LUNCH BG MG/DL (QV20)
473	VAL27B20	Num	8		PRE-LUNCH BG OD 340 (QV20)
474	VAL28A20	Num	4		POST-LUNCH BG MG/DL (QV20)
475	VAL28B20	Num	8		POST-LUNCH BG OD 340 (QV20)
476	VAL29A20	Num	4		PRE-SUPPER BG MG/DL (QV20)
477	VAL29B20	Num	8		PRE-SUPPER BG OD 340 (QV20)
478	VAL30A20	Num	4		POST-SUPPER BG MG/DL (QV20)
479	VAL30B20	Num	8		POST-SUPPER BG 340 (QV20)
480	VAL31A20	Num	4		BEDTIME BG MG/DL (QV20)
481	VAL31B20	Num	8		BEDTIME BG OD 340 (QV20)
482	VAL32A20	Num	4		3:00 AM MG/DL (QV20)
483	VAL32B20	Num	8		3:00 AM OD 340 (QV20)
484	VAL33A20	Num	4		BGP8 MG/DL (QV20)
485	VAL33B20	Num	8		BGP8 OD 340 (QV20)
486	REPEAT21	Char	1		REPEAT VISIT (QV21)
487	BGPD_21	Num	4	MMDDYY8.	FORM DATE (QV21)
488	LDT25_21	Char	6		BGP COLLECTION DATE (QV21)
489	NLD25_21	Char	6		BGP ANALYSIS DATE (QV21)
490	VAL25A21	Num	4		PRE-BREAKFAST BG MG/DL (QV21)
491	VAL25B21	Num	8		PRE-BREAKFAST BG OD 340 (QV21)
492	VAL26A21	Num	4		POST-BREAKFAST BG MG/DL (QV21)
493	VAL26B21	Num	8		POST-BREAKFAST BG OD 340 (QV21)
494	VAL27A21	Num	4		PRE-LUNCH BG MG/DL (QV21)
495	VAL27B21	Num	8		PRE-LUNCH BG OD 340 (QV21)
496	VAL28A21	Num	4		POST-LUNCH BG MG/DL (QV21)
497	VAL28B21	Num	8		POST-LUNCH BG OD 340 (QV21)
498	VAL29A21	Num	4		PRE-SUPPER BG MG/DL (QV21)
499	VAL29B21	Num	8		PRE-SUPPER BG OD 340 (QV21)
500	VAL30A21	Num	4		POST-SUPPER BG MG/DL (QV21)
501	VAL30B21	Num	8		POST-SUPPER BG 340 (QV21)
502	VAL31A21	Num	4		BEDTIME BG MG/DL (QV21)
503	VAL31B21	Num	8		BEDTIME BG OD 340 (QV21)
504	VAL32A21	Num	4		3:00 AM MG/DL (QV21)

Num	Variable	Type	Len	Format	Label
505	VAL32B21	Num	8		3:00 AM OD 340 (QV21)
506	VAL33A21	Num	4		BGP8 MG/DL (QV21)
507	VAL33B21	Num	8		BGP8 OD 340 (QV21)
508	REPEAT22	Char	1		REPEAT VISIT (QV22)
509	BGPD_22	Num	4	MMDDYY8.	FORM DATE (QV22)
510	LDT25_22	Char	6		BGP COLLECTION DATE (QV22)
511	NLD25_22	Char	6		BGP ANALYSIS DATE (QV22)
512	VAL25A22	Num	4		PRE-BREAKFAST BG MG/DL (QV22)
513	VAL25B22	Num	8		PRE-BREAKFAST BG OD 340 (QV22)
514	VAL26A22	Num	4		POST-BREAKFAST BG MG/DL (QV22)
515	VAL26B22	Num	8		POST-BREAKFAST BG OD 340 (QV22)
516	VAL27A22	Num	4		PRE-LUNCH BG MG/DL (QV22)
517	VAL27B22	Num	8		PRE-LUNCH BG OD 340 (QV22)
518	VAL28A22	Num	4		POST-LUNCH BG MG/DL (QV22)
519	VAL28B22	Num	8		POST-LUNCH BG OD 340 (QV22)
520	VAL29A22	Num	4		PRE-SUPPER BG MG/DL (QV22)
521	VAL29B22	Num	8		PRE-SUPPER BG OD 340 (QV22)
522	VAL30A22	Num	4		POST-SUPPER BG MG/DL (QV22)
523	VAL30B22	Num	8		POST-SUPPER BG 340 (QV22)
524	VAL31A22	Num	4		BEDTIME BG MG/DL (QV22)
525	VAL31B22	Num	8		BEDTIME BG OD 340 (QV22)
526	VAL32A22	Num	4		3:00 AM MG/DL (QV22)
527	VAL32B22	Num	8		3:00 AM OD 340 (QV22)
528	VAL33A22	Num	4		BGP8 MG/DL (QV22)
529	VAL33B22	Num	8		BGP8 OD 340 (QV22)
530	REPEAT23	Char	1		REPEAT VISIT (QV23)
531	BGPD_23	Num	4	MMDDYY8.	FORM DATE (QV23)
532	LDT25_23	Char	6		BGP COLLECTION DATE (QV23)
533	NLD25_23	Char	6		BGP ANALYSIS DATE (QV23)
534	VAL25A23	Num	4		PRE-BREAKFAST BG MG/DL (QV23)
535	VAL25B23	Num	8		PRE-BREAKFAST BG OD 340 (QV23)
536	VAL26A23	Num	4		POST-BREAKFAST BG MG/DL (QV23)
537	VAL26B23	Num	8		POST-BREAKFAST BG OD 340 (QV23)
538	VAL27A23	Num	4		PRE-LUNCH BG MG/DL (QV23)
539	VAL27B23	Num	8		PRE-LUNCH BG OD 340 (QV23)
540	VAL28A23	Num	4		POST-LUNCH BG MG/DL (QV23)
541	VAL28B23	Num	8		POST-LUNCH BG OD 340 (QV23)
542	VAL29A23	Num	4		PRE-SUPPER BG MG/DL (QV23)
543	VAL29B23	Num	8		PRE-SUPPER BG OD 340 (QV23)

Num	Variable	Type	Len	Format	Label
544	VAL30A23	Num	4		POST-SUPPER BG MG/DL (QV23)
545	VAL30B23	Num	8		POST-SUPPER BG 340 (QV23)
546	VAL31A23	Num	4		BEDTIME BG MG/DL (QV23)
547	VAL31B23	Num	8		BEDTIME BG OD 340 (QV23)
548	VAL32A23	Num	4		3:00 AM MG/DL (QV23)
549	VAL32B23	Num	8		3:00 AM OD 340 (QV23)
550	VAL33A23	Num	4		BGP8 MG/DL (QV23)
551	VAL33B23	Num	8		BGP8 OD 340 (QV23)
552	REPEAT24	Char	1		REPEAT VISIT (QV24)
553	BGPD_24	Num	4	MMDDYY8.	FORM DATE (QV24)
554	LDT25_24	Char	6		BGP COLLECTION DATE (QV24)
555	NLD25_24	Char	6		BGP ANALYSIS DATE (QV24)
556	VAL25A24	Num	4		PRE-BREAKFAST BG MG/DL (QV24)
557	VAL25B24	Num	8		PRE-BREAKFAST BG OD 340 (QV24)
558	VAL26A24	Num	4		POST-BREAKFAST BG MG/DL (QV24)
559	VAL26B24	Num	8		POST-BREAKFAST BG OD 340 (QV24)
560	VAL27A24	Num	4		PRE-LUNCH BG MG/DL (QV24)
561	VAL27B24	Num	8		PRE-LUNCH BG OD 340 (QV24)
562	VAL28A24	Num	4		POST-LUNCH BG MG/DL (QV24)
563	VAL28B24	Num	8		POST-LUNCH BG OD 340 (QV24)
564	VAL29A24	Num	4		PRE-SUPPER BG MG/DL (QV24)
565	VAL29B24	Num	8		PRE-SUPPER BG OD 340 (QV24)
566	VAL30A24	Num	4		POST-SUPPER BG MG/DL (QV24)
567	VAL30B24	Num	8		POST-SUPPER BG 340 (QV24)
568	VAL31A24	Num	4		BEDTIME BG MG/DL (QV24)
569	VAL31B24	Num	8		BEDTIME BG OD 340 (QV24)
570	VAL32A24	Num	4		3:00 AM MG/DL (QV24)
571	VAL32B24	Num	8		3:00 AM OD 340 (QV24)
572	VAL33A24	Num	4		BGP8 MG/DL (QV24)
573	VAL33B24	Num	8		BGP8 OD 340 (QV24)
574	REPEAT25	Char	1		REPEAT VISIT (QV25)
575	BGPD_25	Num	4	MMDDYY8.	FORM DATE (QV25)
576	LDT25_25	Char	6		BGP COLLECTION DATE (QV25)
577	NLD25_25	Char	6		BGP ANALYSIS DATE (QV25)
578	VAL25A25	Num	4		PRE-BREAKFAST BG MG/DL (QV25)
579	VAL25B25	Num	8		PRE-BREAKFAST BG OD 340 (QV25)
580	VAL26A25	Num	4		POST-BREAKFAST BG MG/DL (QV25)
581	VAL26B25	Num	8		POST-BREAKFAST BG OD 340 (QV25)
582	VAL27A25	Num	4		PRE-LUNCH BG MG/DL (QV25)

Num	Variable	Type	Len	Format	Label
583	VAL27B25	Num	8		PRE-LUNCH BG OD 340 (QV25)
584	VAL28A25	Num	4		POST-LUNCH BG MG/DL (QV25)
585	VAL28B25	Num	8		POST-LUNCH BG OD 340 (QV25)
586	VAL29A25	Num	4		PRE-SUPPER BG MG/DL (QV25)
587	VAL29B25	Num	8		PRE-SUPPER BG OD 340 (QV25)
588	VAL30A25	Num	4		POST-SUPPER BG MG/DL (QV25)
589	VAL30B25	Num	8		POST-SUPPER BG 340 (QV25)
590	VAL31A25	Num	4		BEDTIME BG MG/DL (QV25)
591	VAL31B25	Num	8		BEDTIME BG OD 340 (QV25)
592	VAL32A25	Num	4		3:00 AM MG/DL (QV25)
593	VAL32B25	Num	8		3:00 AM OD 340 (QV25)
594	VAL33A25	Num	4		BGP8 MG/DL (QV25)
595	VAL33B25	Num	8		BGP8 OD 340 (QV25)
596	REPEAT26	Char	1		REPEAT VISIT (QV26)
597	BGPD_26	Num	4	MMDDYY8.	FORM DATE (QV26)
598	LDT25_26	Char	6		BGP COLLECTION DATE (QV26)
599	NLD25_26	Char	6		BGP ANALYSIS DATE (QV26)
600	VAL25A26	Num	4		PRE-BREAKFAST BG MG/DL (QV26)
601	VAL25B26	Num	8		PRE-BREAKFAST BG OD 340 (QV26)
602	VAL26A26	Num	4		POST-BREAKFAST BG MG/DL (QV26)
603	VAL26B26	Num	8		POST-BREAKFAST BG OD 340 (QV26)
604	VAL27A26	Num	4		PRE-LUNCH BG MG/DL (QV26)
605	VAL27B26	Num	8		PRE-LUNCH BG OD 340 (QV26)
606	VAL28A26	Num	4		POST-LUNCH BG MG/DL (QV26)
607	VAL28B26	Num	8		POST-LUNCH BG OD 340 (QV26)
608	VAL29A26	Num	4		PRE-SUPPER BG MG/DL (QV26)
609	VAL29B26	Num	8		PRE-SUPPER BG OD 340 (QV26)
610	VAL30A26	Num	4		POST-SUPPER BG MG/DL (QV26)
611	VAL30B26	Num	8		POST-SUPPER BG 340 (QV26)
612	VAL31A26	Num	4		BEDTIME BG MG/DL (QV26)
613	VAL31B26	Num	8		BEDTIME BG OD 340 (QV26)
614	VAL32A26	Num	4		3:00 AM MG/DL (QV26)
615	VAL32B26	Num	8		3:00 AM OD 340 (QV26)
616	VAL33A26	Num	4		BGP8 MG/DL (QV26)
617	VAL33B26	Num	8		BGP8 OD 340 (QV26)
618	REPEAT27	Char	1		REPEAT VISIT (QV27)
619	BGPD_27	Num	4	MMDDYY8.	FORM DATE (QV27)
620	LDT25_27	Char	6		BGP COLLECTION DATE (QV27)
621	NLD25_27	Char	6		BGP ANALYSIS DATE (QV27)

Num	Variable	Type	Len	Format	Label
622	VAL25A27	Num	4		PRE-BREAKFAST BG MG/DL (QV27)
623	VAL25B27	Num	8		PRE-BREAKFAST BG OD 340 (QV27)
624	VAL26A27	Num	4		POST-BREAKFAST BG MG/DL (QV27)
625	VAL26B27	Num	8		POST-BREAKFAST BG OD 340 (QV27)
626	VAL27A27	Num	4		PRE-LUNCH BG MG/DL (QV27)
627	VAL27B27	Num	8		PRE-LUNCH BG OD 340 (QV27)
628	VAL28A27	Num	4		POST-LUNCH BG MG/DL (QV27)
629	VAL28B27	Num	8		POST-LUNCH BG OD 340 (QV27)
630	VAL29A27	Num	4		PRE-SUPPER BG MG/DL (QV27)
631	VAL29B27	Num	8		PRE-SUPPER BG OD 340 (QV27)
632	VAL30A27	Num	4		POST-SUPPER BG MG/DL (QV27)
633	VAL30B27	Num	8		POST-SUPPER BG 340 (QV27)
634	VAL31A27	Num	4		BEDTIME BG MG/DL (QV27)
635	VAL31B27	Num	8		BEDTIME BG OD 340 (QV27)
636	VAL32A27	Num	4		3:00 AM MG/DL (QV27)
637	VAL32B27	Num	8		3:00 AM OD 340 (QV27)
638	VAL33A27	Num	4		BGP8 MG/DL (QV27)
639	VAL33B27	Num	8		BGP8 OD 340 (QV27)
640	REPEAT28	Char	1		REPEAT VISIT (QV28)
641	BGPD_28	Num	4	MMDDYY8.	FORM DATE (QV28)
642	LDT25_28	Char	6		BGP COLLECTION DATE (QV28)
643	NLD25_28	Char	6		BGP ANALYSIS DATE (QV28)
644	VAL25A28	Num	4		PRE-BREAKFAST BG MG/DL (QV28)
645	VAL25B28	Num	8		PRE-BREAKFAST BG OD 340 (QV28)
646	VAL26A28	Num	4		POST-BREAKFAST BG MG/DL (QV28)
647	VAL26B28	Num	8		POST-BREAKFAST BG OD 340 (QV28)
648	VAL27A28	Num	4		PRE-LUNCH BG MG/DL (QV28)
649	VAL27B28	Num	8		PRE-LUNCH BG OD 340 (QV28)
650	VAL28A28	Num	4		POST-LUNCH BG MG/DL (QV28)
651	VAL28B28	Num	8		POST-LUNCH BG OD 340 (QV28)
652	VAL29A28	Num	4		PRE-SUPPER BG MG/DL (QV28)
653	VAL29B28	Num	8		PRE-SUPPER BG OD 340 (QV28)
654	VAL30A28	Num	4		POST-SUPPER BG MG/DL (QV28)
655	VAL30B28	Num	8		POST-SUPPER BG 340 (QV28)
656	VAL31A28	Num	4		BEDTIME BG MG/DL (QV28)
657	VAL31B28	Num	8		BEDTIME BG OD 340 (QV28)
658	VAL32A28	Num	4		3:00 AM MG/DL (QV28)
659	VAL32B28	Num	8		3:00 AM OD 340 (QV28)
660	VAL33A28	Num	4		BGP8 MG/DL (QV28)

Num	Variable	Type	Len	Format	Label
661	VAL33B28	Num	8		BGP8 OD 340 (QV28)
662	REPEAT29	Char	1		REPEAT VISIT (QV29)
663	BGPD_29	Num	4	MMDDYY8.	FORM DATE (QV29)
664	LDT25_29	Char	6		BGP COLLECTION DATE (QV29)
665	NLD25_29	Char	6		BGP ANALYSIS DATE (QV29)
666	VAL25A29	Num	4		PRE-BREAKFAST BG MG/DL (QV29)
667	VAL25B29	Num	8		PRE-BREAKFAST BG OD 340 (QV29)
668	VAL26A29	Num	4		POST-BREAKFAST BG MG/DL (QV29)
669	VAL26B29	Num	8		POST-BREAKFAST BG OD 340 (QV29)
670	VAL27A29	Num	4		PRE-LUNCH BG MG/DL (QV29)
671	VAL27B29	Num	8		PRE-LUNCH BG OD 340 (QV29)
672	VAL28A29	Num	4		POST-LUNCH BG MG/DL (QV29)
673	VAL28B29	Num	8		POST-LUNCH BG OD 340 (QV29)
674	VAL29A29	Num	4		PRE-SUPPER BG MG/DL (QV29)
675	VAL29B29	Num	8		PRE-SUPPER BG OD 340 (QV29)
676	VAL30A29	Num	4		POST-SUPPER BG MG/DL (QV29)
677	VAL30B29	Num	8		POST-SUPPER BG 340 (QV29)
678	VAL31A29	Num	4		BEDTIME BG MG/DL (QV29)
679	VAL31B29	Num	8		BEDTIME BG OD 340 (QV29)
680	VAL32A29	Num	4		3:00 AM MG/DL (QV29)
681	VAL32B29	Num	8		3:00 AM OD 340 (QV29)
682	VAL33A29	Num	4		BGP8 MG/DL (QV29)
683	VAL33B29	Num	8		BGP8 OD 340 (QV29)
684	REPEAT30	Char	1		REPEAT VISIT (QV30)
685	BGPD_30	Num	4	MMDDYY8.	FORM DATE (QV30)
686	LDT25_30	Char	6		BGP COLLECTION DATE (QV30)
687	NLD25_30	Char	6		BGP ANALYSIS DATE (QV30)
688	VAL25A30	Num	4		PRE-BREAKFAST BG MG/DL (QV30)
689	VAL25B30	Num	8		PRE-BREAKFAST BG OD 340 (QV30)
690	VAL26A30	Num	4		POST-BREAKFAST BG MG/DL (QV30)
691	VAL26B30	Num	8		POST-BREAKFAST BG OD 340 (QV30)
692	VAL27A30	Num	4		PRE-LUNCH BG MG/DL (QV30)
693	VAL27B30	Num	8		PRE-LUNCH BG OD 340 (QV30)
694	VAL28A30	Num	4		POST-LUNCH BG MG/DL (QV30)
695	VAL28B30	Num	8		POST-LUNCH BG OD 340 (QV30)
696	VAL29A30	Num	4		PRE-SUPPER BG MG/DL (QV30)
697	VAL29B30	Num	8		PRE-SUPPER BG OD 340 (QV30)
698	VAL30A30	Num	4		POST-SUPPER BG MG/DL (QV30)
699	VAL30B30	Num	8		POST-SUPPER BG 340 (QV30)

Num	Variable	Type	Len	Format	Label
700	VAL31A30	Num	4		BEDTIME BG MG/DL (QV30)
701	VAL31B30	Num	8		BEDTIME BG OD 340 (QV30)
702	VAL32A30	Num	4		3:00 AM MG/DL (QV30)
703	VAL32B30	Num	8		3:00 AM OD 340 (QV30)
704	VAL33A30	Num	4		BGP8 MG/DL (QV30)
705	VAL33B30	Num	8		BGP8 OD 340 (QV30)
706	REPEAT31	Char	1		REPEAT VISIT (QV31)
707	BGPD_31	Num	4	MMDDYY8.	FORM DATE (QV31)
708	LDT25_31	Char	6		BGP COLLECTION DATE (QV31)
709	NLD25_31	Char	6		BGP ANALYSIS DATE (QV31)
710	VAL25A31	Num	4		PRE-BREAKFAST BG MG/DL (QV31)
711	VAL25B31	Num	8		PRE-BREAKFAST BG OD 340 (QV31)
712	VAL26A31	Num	4		POST-BREAKFAST BG MG/DL (QV31)
713	VAL26B31	Num	8		POST-BREAKFAST BG OD 340 (QV31)
714	VAL27A31	Num	4		PRE-LUNCH BG MG/DL (QV31)
715	VAL27B31	Num	8		PRE-LUNCH BG OD 340 (QV31)
716	VAL28A31	Num	4		POST-LUNCH BG MG/DL (QV31)
717	VAL28B31	Num	8		POST-LUNCH BG OD 340 (QV31)
718	VAL29A31	Num	4		PRE-SUPPER BG MG/DL (QV31)
719	VAL29B31	Num	8		PRE-SUPPER BG OD 340 (QV31)
720	VAL30A31	Num	4		POST-SUPPER BG MG/DL (QV31)
721	VAL30B31	Num	8		POST-SUPPER BG 340 (QV31)
722	VAL31A31	Num	4		BEDTIME BG MG/DL (QV31)
723	VAL31B31	Num	8		BEDTIME BG OD 340 (QV31)
724	VAL32A31	Num	4		3:00 AM MG/DL (QV31)
725	VAL32B31	Num	8		3:00 AM OD 340 (QV31)
726	VAL33A31	Num	4		BGP8 MG/DL (QV31)
727	VAL33B31	Num	8		BGP8 OD 340 (QV31)
728	REPEAT32	Char	1		REPEAT VISIT (QV32)
729	BGPD_32	Num	4	MMDDYY8.	FORM DATE (QV32)
730	LDT25_32	Char	6		BGP COLLECTION DATE (QV32)
731	NLD25_32	Char	6		BGP ANALYSIS DATE (QV32)
732	VAL25A32	Num	4		PRE-BREAKFAST BG MG/DL (QV32)
733	VAL25B32	Num	8		PRE-BREAKFAST BG OD 340 (QV32)
734	VAL26A32	Num	4		POST-BREAKFAST BG MG/DL (QV32)
735	VAL26B32	Num	8		POST-BREAKFAST BG OD 340 (QV32)
736	VAL27A32	Num	4		PRE-LUNCH BG MG/DL (QV32)
737	VAL27B32	Num	8		PRE-LUNCH BG OD 340 (QV32)
738	VAL28A32	Num	4		POST-LUNCH BG MG/DL (QV32)

Num	Variable	Type	Len	Format	Label
739	VAL28B32	Num	8		POST-LUNCH BG OD 340 (QV32)
740	VAL29A32	Num	4		PRE-SUPPER BG MG/DL (QV32)
741	VAL29B32	Num	8		PRE-SUPPER BG OD 340 (QV32)
742	VAL30A32	Num	4		POST-SUPPER BG MG/DL (QV32)
743	VAL30B32	Num	8		POST-SUPPER BG 340 (QV32)
744	VAL31A32	Num	4		BEDTIME BG MG/DL (QV32)
745	VAL31B32	Num	8		BEDTIME BG OD 340 (QV32)
746	VAL32A32	Num	4		3:00 AM MG/DL (QV32)
747	VAL32B32	Num	8		3:00 AM OD 340 (QV32)
748	VAL33A32	Num	4		BGP8 MG/DL (QV32)
749	VAL33B32	Num	8		BGP8 OD 340 (QV32)
750	REPEAT33	Char	1		REPEAT VISIT (QV33)
751	BGPD_33	Num	4	MMDDYY8.	FORM DATE (QV33)
752	LDT25_33	Char	6		BGP COLLECTION DATE (QV33)
753	NLD25_33	Char	6		BGP ANALYSIS DATE (QV33)
754	VAL25A33	Num	4		PRE-BREAKFAST BG MG/DL (QV33)
755	VAL25B33	Num	8		PRE-BREAKFAST BG OD 340 (QV33)
756	VAL26A33	Num	4		POST-BREAKFAST BG MG/DL (QV33)
757	VAL26B33	Num	8		POST-BREAKFAST BG OD 340 (QV33)
758	VAL27A33	Num	4		PRE-LUNCH BG MG/DL (QV33)
759	VAL27B33	Num	8		PRE-LUNCH BG OD 340 (QV33)
760	VAL28A33	Num	4		POST-LUNCH BG MG/DL (QV33)
761	VAL28B33	Num	8		POST-LUNCH BG OD 340 (QV33)
762	VAL29A33	Num	4		PRE-SUPPER BG MG/DL (QV33)
763	VAL29B33	Num	8		PRE-SUPPER BG OD 340 (QV33)
764	VAL30A33	Num	4		POST-SUPPER BG MG/DL (QV33)
765	VAL30B33	Num	8		POST-SUPPER BG 340 (QV33)
766	VAL31A33	Num	4		BEDTIME BG MG/DL (QV33)
767	VAL31B33	Num	8		BEDTIME BG OD 340 (QV33)
768	VAL32A33	Num	4		3:00 AM MG/DL (QV33)
769	VAL32B33	Num	8		3:00 AM OD 340 (QV33)
770	VAL33A33	Num	4		BGP8 MG/DL (QV33)
771	VAL33B33	Num	8		BGP8 OD 340 (QV33)
772	REPEAT34	Char	1		REPEAT VISIT (QV34)
773	BGPD_34	Num	4	MMDDYY8.	FORM DATE (QV34)
774	LDT25_34	Char	6		BGP COLLECTION DATE (QV34)
775	NLD25_34	Char	6		BGP ANALYSIS DATE (QV34)
776	VAL25A34	Num	4		PRE-BREAKFAST BG MG/DL (QV34)
777	VAL25B34	Num	8		PRE-BREAKFAST BG OD 340 (QV34)

Num	Variable	Type	Len	Format	Label
778	VAL26A34	Num	4		POST-BREAKFAST BG MG/DL (QV34)
779	VAL26B34	Num	8		POST-BREAKFAST BG OD 340 (QV34)
780	VAL27A34	Num	4		PRE-LUNCH BG MG/DL (QV34)
781	VAL27B34	Num	8		PRE-LUNCH BG OD 340 (QV34)
782	VAL28A34	Num	4		POST-LUNCH BG MG/DL (QV34)
783	VAL28B34	Num	8		POST-LUNCH BG OD 340 (QV34)
784	VAL29A34	Num	4		PRE-SUPPER BG MG/DL (QV34)
785	VAL29B34	Num	8		PRE-SUPPER BG OD 340 (QV34)
786	VAL30A34	Num	4		POST-SUPPER BG MG/DL (QV34)
787	VAL30B34	Num	8		POST-SUPPER BG 340 (QV34)
788	VAL31A34	Num	4		BEDTIME BG MG/DL (QV34)
789	VAL31B34	Num	8		BEDTIME BG OD 340 (QV34)
790	VAL32A34	Num	4		3:00 AM MG/DL (QV34)
791	VAL32B34	Num	8		3:00 AM OD 340 (QV34)
792	VAL33A34	Num	4		BGP8 MG/DL (QV34)
793	VAL33B34	Num	8		BGP8 OD 340 (QV34)
794	REPEAT35	Char	1		REPEAT VISIT (QV35)
795	BGPD_35	Num	4	MMDDYY8.	FORM DATE (QV35)
796	LDT25_35	Char	6		BGP COLLECTION DATE (QV35)
797	NLD25_35	Char	6		BGP ANALYSIS DATE (QV35)
798	VAL25A35	Num	4		PRE-BREAKFAST BG MG/DL (QV35)
799	VAL25B35	Num	8		PRE-BREAKFAST BG OD 340 (QV35)
800	VAL26A35	Num	4		POST-BREAKFAST BG MG/DL (QV35)
801	VAL26B35	Num	8		POST-BREAKFAST BG OD 340 (QV35)
802	VAL27A35	Num	4		PRE-LUNCH BG MG/DL (QV35)
803	VAL27B35	Num	8		PRE-LUNCH BG OD 340 (QV35)
804	VAL28A35	Num	4		POST-LUNCH BG MG/DL (QV35)
805	VAL28B35	Num	8		POST-LUNCH BG OD 340 (QV35)
806	VAL29A35	Num	4		PRE-SUPPER BG MG/DL (QV35)
807	VAL29B35	Num	8		PRE-SUPPER BG OD 340 (QV35)
808	VAL30A35	Num	4		POST-SUPPER BG MG/DL (QV35)
809	VAL30B35	Num	8		POST-SUPPER BG 340 (QV35)
810	VAL31A35	Num	4		BEDTIME BG MG/DL (QV35)
811	VAL31B35	Num	8		BEDTIME BG OD 340 (QV35)
812	VAL32A35	Num	4		3:00 AM MG/DL (QV35)
813	VAL32B35	Num	8		3:00 AM OD 340 (QV35)
814	VAL33A35	Num	4		BGP8 MG/DL (QV35)
815	VAL33B35	Num	8		BGP8 OD 340 (QV35)
816	REPEAT36	Char	1		REPEAT VISIT (QV36)

Num	Variable	Type	Len	Format	Label
817	BGPD_36	Num	4	MMDDYY8.	FORM DATE (QV36)
818	LDT25_36	Char	6		BGP COLLECTION DATE (QV36)
819	NLD25_36	Char	6		BGP ANALYSIS DATE (QV36)
820	VAL25A36	Num	4		PRE-BREAKFAST BG MG/DL (QV36)
821	VAL25B36	Num	8		PRE-BREAKFAST BG OD 340 (QV36)
822	VAL26A36	Num	4		POST-BREAKFAST BG MG/DL (QV36)
823	VAL26B36	Num	8		POST-BREAKFAST BG OD 340 (QV36)
824	VAL27A36	Num	4		PRE-LUNCH BG MG/DL (QV36)
825	VAL27B36	Num	8		PRE-LUNCH BG OD 340 (QV36)
826	VAL28A36	Num	4		POST-LUNCH BG MG/DL (QV36)
827	VAL28B36	Num	8		POST-LUNCH BG OD 340 (QV36)
828	VAL29A36	Num	4		PRE-SUPPER BG MG/DL (QV36)
829	VAL29B36	Num	8		PRE-SUPPER BG OD 340 (QV36)
830	VAL30A36	Num	4		POST-SUPPER BG MG/DL (QV36)
831	VAL30B36	Num	8		POST-SUPPER BG 340 (QV36)
832	VAL31A36	Num	4		BEDTIME BG MG/DL (QV36)
833	VAL31B36	Num	8		BEDTIME BG OD 340 (QV36)
834	VAL32A36	Num	4		3:00 AM MG/DL (QV36)
835	VAL32B36	Num	8		3:00 AM OD 340 (QV36)
836	VAL33A36	Num	4		BGP8 MG/DL (QV36)
837	VAL33B36	Num	8		BGP8 OD 340 (QV36)
838	REPEAT37	Char	1		REPEAT VISIT (QV37)
839	BGPD_37	Num	4	MMDDYY8.	FORM DATE (QV37)
840	LDT25_37	Char	6		BGP COLLECTION DATE (QV37)
841	NLD25_37	Char	6		BGP ANALYSIS DATE (QV37)
842	VAL25A37	Num	4		PRE-BREAKFAST BG MG/DL (QV37)
843	VAL25B37	Num	8		PRE-BREAKFAST BG OD 340 (QV37)
844	VAL26A37	Num	4		POST-BREAKFAST BG MG/DL (QV37)
845	VAL26B37	Num	8		POST-BREAKFAST BG OD 340 (QV37)
846	VAL27A37	Num	4		PRE-LUNCH BG MG/DL (QV37)
847	VAL27B37	Num	8		PRE-LUNCH BG OD 340 (QV37)
848	VAL28A37	Num	4		POST-LUNCH BG MG/DL (QV37)
849	VAL28B37	Num	8		POST-LUNCH BG OD 340 (QV37)
850	VAL29A37	Num	4		PRE-SUPPER BG MG/DL (QV37)
851	VAL29B37	Num	8		PRE-SUPPER BG OD 340 (QV37)
852	VAL30A37	Num	4		POST-SUPPER BG MG/DL (QV37)
853	VAL30B37	Num	8		POST-SUPPER BG 340 (QV37)
854	VAL31A37	Num	4		BEDTIME BG MG/DL (QV37)
855	VAL31B37	Num	8		BEDTIME BG OD 340 (QV37)

Num	Variable	Type	Len	Format	Label
856	VAL32A37	Num	4		3:00 AM MG/DL (QV37)
857	VAL32B37	Num	8		3:00 AM OD 340 (QV37)
858	VAL33A37	Num	4		BGP8 MG/DL (QV37)
859	VAL33B37	Num	8		BGP8 OD 340 (QV37)
860	REPEAT38	Char	1		REPEAT VISIT (QV38)
861	BGPD_38	Num	4	MMDDYY8.	FORM DATE (QV38)
862	LDT25_38	Char	6		BGP COLLECTION DATE (QV38)
863	NLD25_38	Char	6		BGP ANALYSIS DATE (QV38)
864	VAL25A38	Num	4		PRE-BREAKFAST BG MG/DL (QV38)
865	VAL25B38	Num	8		PRE-BREAKFAST BG OD 340 (QV38)
866	VAL26A38	Num	4		POST-BREAKFAST BG MG/DL (QV38)
867	VAL26B38	Num	8		POST-BREAKFAST BG OD 340 (QV38)
868	VAL27A38	Num	4		PRE-LUNCH BG MG/DL (QV38)
869	VAL27B38	Num	8		PRE-LUNCH BG OD 340 (QV38)
870	VAL28A38	Num	4		POST-LUNCH BG MG/DL (QV38)
871	VAL28B38	Num	8		POST-LUNCH BG OD 340 (QV38)
872	VAL29A38	Num	4		PRE-SUPPER BG MG/DL (QV38)
873	VAL29B38	Num	8		PRE-SUPPER BG OD 340 (QV38)
874	VAL30A38	Num	4		POST-SUPPER BG MG/DL (QV38)
875	VAL30B38	Num	8		POST-SUPPER BG 340 (QV38)
876	VAL31A38	Num	4		BEDTIME BG MG/DL (QV38)
877	VAL31B38	Num	8		BEDTIME BG OD 340 (QV38)
878	VAL32A38	Num	4		3:00 AM MG/DL (QV38)
879	VAL32B38	Num	8		3:00 AM OD 340 (QV38)
880	VAL33A38	Num	4		BGP8 MG/DL (QV38)
881	VAL33B38	Num	8		BGP8 OD 340 (QV38)
882	REPEAT39	Char	1		REPEAT VISIT (QV39)
883	LDT25_39	Char	6		BGP COLLECTION DATE (QV39)
884	NLD25_39	Char	6		BGP ANALYSIS DATE (QV39)
885	REPEAT40	Char	1		REPEAT VISIT (QV40)
886	LDT25_40	Char	6		BGP COLLECTION DATE (QV40)
887	NLD25_40	Char	6		BGP ANALYSIS DATE (QV40)
888	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl00_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT12	Char	6		Renal Test-12 Collection Date
3	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
4	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
5	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
6	BCVAL15	Num	4		Renal Test-15 AER ug/mn
7	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
8	BCVAL17	Num	8		Renal Test-17 Height cm
9	BCVAL18	Num	8		Renal Test-18 Weight kg
10	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
11	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
12	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
13	BCVAL20C	Num	4		Renal Test-20C Volume ml
14	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
15	REPEAT_B	Char	1		Repeat Evaluation for Renal
16	BCLDT21	Char	6		Lipid Test-21 Collection Date
17	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
18	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
19	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
20	BCNLD24	Char	6		TEST24-COLLECTION DATE
21	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
22	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
23	REPEAT_C	Char	1		Repeat Evaluation for Lipid
24	BCLDTF	Char	6		24-Hr Urine Collection Date
25	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
26	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
27	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
28	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
29	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
30	BCPH	Num	8		24-Hr Urine PH
31	BCDURAT	Num	8		24-Hr Urine Duration
32	BCWT	Num	8		24-Hr Urine Weight
33	BCVOL	Num	8		24-Hr Urine Volume
34	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
35	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine
36	BCLDT	Char	6		GFR Collection Date

Num	Variable	Type	Len	Format	Label
37	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
38	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
39	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
40	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
41	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
42	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
43	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
44	BCURINEB	Num	5		GFR Gamma Count Urine-Background
45	BCURINE1	Num	5		GFR Gamma Count Urine-T1
46	BCURINE2	Num	5		GFR Gamma Count Urine-T2
47	BCURINE3	Num	5		GFR Gamma Count Urine-T3
48	BCURINE4	Num	5		GFR Gamma Count Urine-T4
49	BCURINE5	Num	5		GFR Gamma Count Urine-T5
50	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
51	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
52	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
53	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
54	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
55	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
56	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
57	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
58	REPEAT_G	Char	1		Repeat Evaluation for GFR
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl10_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	MONTH	Num	4		Month of Visit
26	F23_YEAR	Num	8		Year of close-out GFR
27	BCLDTF	Char	6		24-Hr Urine Collection Date
28	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
29	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
30	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
31	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
32	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
33	BCPH	Num	8		24-Hr Urine PH
34	BCDURAT	Num	8		24-Hr Urine Duration
35	BCWT	Num	8		24-Hr Urine Weight
36	BCVOL	Num	8		24-Hr Urine Volume

Num	Variable	Type	Len	Format	Label
37	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
38	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine
39	BCLDT12	Char	6		Renal Test-12 Collection Date
40	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
41	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
42	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
43	BCVAL15	Num	4		Renal Test-15 AER ug/mn
44	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
45	BCVAL17	Num	8		Renal Test-17 Height cm
46	BCVAL18	Num	8		Renal Test-18 Weight kg
47	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
48	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
49	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
50	BCVAL20C	Num	4		Renal Test-20C Volume ml
51	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
52	REPEAT_B	Char	1		Repeat Evaluation for Renal
53	BCLDT21	Char	6		Lipid Test-21 Collection Date
54	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
55	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
56	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
57	BCNLD24	Char	6		TEST24-COLLECTION DATE
58	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
59	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
60	REPEAT_C	Char	1		Repeat Evaluation for Lipid
61	GFR1	Num	8		Glomerular filtration rate - 1st period
62	GFR2	Num	8		Glomerular filtration rate - 2nd period
63	GFR3	Num	8		Glomerular filtration rate - 3rd period
64	GFR4	Num	8		Glomerular filtration rate - 4th period
65	BSA	Num	8		Body surface area (current)
66	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
67	GFRCV	Num	8		GFR coefficient of variation (percent)
68	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
69	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl1_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl2_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl3_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl4_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl5_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl6_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl7_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl8_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbl9_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	RANDSAS	Num	8	MMDDYY6.	Randomization Date (SAS Value)
2	BCLDT	Char	6		GFR Collection Date
3	BCSGLUCB	Num	4		GFR Serum Glucose-Pre (mg/dl)
4	BCSGLUC0	Num	4		GFR Serum Glucose-T0 (mg/dl)
5	BCSGLUC1	Num	4		GFR Serum Glucose-T1 (mg/dl)
6	BCSGLUC2	Num	4		GFR Serum Glucose-T2 (mg/dl)
7	BCSGLUC3	Num	4		GFR Serum Glucose-T3 (mg/dl)
8	BCSGLUC4	Num	4		GFR Serum Glucose-T4 (mg/dl)
9	BCSGLUC5	Num	4		GFR Serum Glucose-T5 (mg/dl)
10	BCURINEB	Num	5		GFR Gamma Count Urine-Background
11	BCURINE1	Num	5		GFR Gamma Count Urine-T1
12	BCURINE2	Num	5		GFR Gamma Count Urine-T2
13	BCURINE3	Num	5		GFR Gamma Count Urine-T3
14	BCURINE4	Num	5		GFR Gamma Count Urine-T4
15	BCURINE5	Num	5		GFR Gamma Count Urine-T5
16	BCSERUMB	Num	5		GFR Gamma Count Serum-Pre
17	BCSERUM0	Num	5		GFR Gamma Count Serum-T0
18	BCSERUM1	Num	5		GFR Gamma Count Serum-T1
19	BCSERUM2	Num	5		GFR Gamma Count Serum-T2
20	BCSERUM3	Num	5		GFR Gamma Count Serum-T3
21	BCSERUM4	Num	5		GFR Gamma Count Serum-T4
22	BCSERUM5	Num	5		GFR Gamma Count Serum-T5
23	F023CMBG	Num	4	MMDDYY8.	Form Date for GFR
24	REPEAT_G	Char	1		Repeat Evaluation for GFR
25	BCLDTF	Char	6		24-Hr Urine Collection Date
26	BCURCR	Num	8		24-Hr Urine Creatinine/Urine mg/dl
27	BCSPCR	Num	8		24-Hr Urine Creatinine/Specimen mg/spec
28	BCCOCR	Num	8		24-Hr Urine Creatinine Coeff. mg/kg/spec
29	BCSODIUM	Num	8		24-Hr Urine Sodium meq/l
30	BCUREAN	Num	8		24-Hr Urine Urea Nitrogen mg/dl
31	BCPH	Num	8		24-Hr Urine PH
32	BCDURAT	Num	8		24-Hr Urine Duration
33	BCWT	Num	8		24-Hr Urine Weight
34	BCVOL	Num	8		24-Hr Urine Volume
35	F0233F	Num	4	MMDDYY8.	Form Date for 24-Hr Urine
36	REPEAT_F	Char	1		Repeat Evaluation for 24-Hr Urine

Num	Variable	Type	Len	Format	Label
37	BCLDT12	Char	6		Renal Test-12 Collection Date
38	BCVAL12	Num	8		Renal Test-12 ALB (Serum) g/dl
39	BCVAL13	Num	8		Renal Test-13 Creatinine (Serum) mg/dl
40	BCVAL14	Num	4		Renal Test-14 Albumin (Urine) mg/l
41	BCVAL15	Num	4		Renal Test-15 AER ug/mn
42	BCVAL16	Num	4		Renal Test-16 Creatinine (Urine) mg/dl
43	BCVAL17	Num	8		Renal Test-17 Height cm
44	BCVAL18	Num	8		Renal Test-18 Weight kg
45	BCVAL19	Num	4		Renal Test-19 Raw Clear ml/mn
46	BCVAL20A	Num	4		Renal Test-20A Stand. Clear ml/mn/1.73m2
47	BCVAL20B	Num	8		Renal Test-20B Duration (hours)
48	BCVAL20C	Num	4		Renal Test-20C Volume ml
49	F023CMBB	Num	4	MMDDYY8.	Form Date For Renal
50	REPEAT_B	Char	1		Repeat Evaluation for Renal
51	BCLDT21	Char	6		Lipid Test-21 Collection Date
52	BCVAL21	Num	4		Lipid Test-21 Cholesterol (Serum) mg/dl
53	BCVAL22	Num	4		Lipid Test-22 Triglyceride (Serum) mg/dl
54	BCVAL23	Num	4		Lipid Test-23 HDL Chol. (Serum) mg/dl
55	BCNLD24	Char	6		TEST24-COLLECTION DATE
56	BCVAL24	Num	4		Lipid Test-24 LDL Chol. (Serum) mg/dl
57	F023CMBC	Num	4	MMDDYY8.	Form Date for Lipid
58	REPEAT_C	Char	1		Repeat Evaluation for Lipid
59	GFR1	Num	8		Glomerular filtration rate - 1st period
60	GFR2	Num	8		Glomerular filtration rate - 2nd period
61	GFR3	Num	8		Glomerular filtration rate - 3rd period
62	GFR4	Num	8		Glomerular filtration rate - 4th period
63	BSA	Num	8		Body surface area (current)
64	GFRAVG	Num	8		Mean UNADJUSTED GFR (ml/min)
65	GFRCV	Num	8		GFR coefficient of variation (percent)
66	GFR_ADJ	Num	8		Average GFR adjusted for current BSA
67	MASK_PAT	Num	8		Patient ID number

Data Set Name: diethist.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CODESAS	Num	4	MMDDYY8.	DATE CODED
2	FORM	Num	4		FORM NUMBER
3	FSASDATE	Num	4	MMDDYY8.	FORM DATE
4	VISIT	Num	4		CALCULATED VISIT NUMBER
5	SUPLEMET	Num	8		TAKES SUPPLEMENTS
6	RELIABLE	Num	8		RELIABILITY
7	EXERCISE	Num	8		EXERCISE LEVEL
8	WINDOW	Num	8		VISIT HELD WITHIN WINDOW (1 = YES)
9	CODERID	Num	8		CODER'S ID
10	CODEBOOK	Num	8		CODEBOOK EDITION
11	CALORIES	Num	8		CALORIES (KCAL)
12	PROTEIN	Num	8		PROTEIN (GM)
13	TOTFAT	Num	8		TOTAL FAT (GM)
14	TOTCARBO	Num	8		TOTAL CARBOHYDRATES (GM)
15	ALCOHOL	Num	8		ALCOHOL (GM)
16	CAFFEINE	Num	8		CAFFEINE (MG)
17	VITAMINA	Num	8		TOTAL VITAMIN A (IU)
18	RETINOL	Num	8		RETINOL (MCG)
19	BETACARO	Num	8		BETA-CAROTENE (MCG)
20	VITAMIND	Num	8		VITAMIN D (MCG)
21	TOCOPHEQ	Num	8		TOT ALPHA TOCOPH EQUIV (MG)
22	TOCOPHER	Num	8		ALPHA TOCOPHEROL (MG)
23	BETATOCO	Num	8		BETA TOCOPHEROL (MG)
24	GAMMATOC	Num	8		GAMMA TOCOPHEROL (MG)
25	DELTATOC	Num	8		DELTA TOCOPHEROL (MG)
26	THIAMIN	Num	8		THIAMIN (MG)
27	RIBOFLAV	Num	8		RIBOFLAVIN (MG)
28	NIACIN	Num	8		NIACIN (MG)
29	FOLACID	Num	8		FOLIC ACID (MCG)
30	VITAB6	Num	8		VITAMIN B6 (MG)
31	VITAB12	Num	8		VITAMIN B12 (MCG)
32	VITAMINC	Num	8		VITAMIN C (MG)
33	CRUDEFIB	Num	8		CRUDE FIBER (GM)
34	DIETFIB	Num	8		DIETARY FIBER (GM)
35	CHOLEST	Num	8		CHOLESTEROL (MG)
36	SATURFAT	Num	8		SATURATED FATS (GM)

Num	Variable	Type	Len	Format	Label
37	SFA4	Num	8		SFA 4:0 (GM)
38	SFA6	Num	8		SFA 6.0 (GM)
39	SFA8	Num	8		SFA 8.0 (GM)
40	SFA10	Num	8		SFA 10.0 (GM)
41	SFA12	Num	8		SFA 12.0 (GM)
42	SFA13	Num	8		SFA 13.0 (GM)
43	SFA14	Num	8		SFA 14.0 (GM)
44	SFA15	Num	8		SFA 15.0 (GM)
45	SFA16	Num	8		SFA 16.0 (GM)
46	SFA17	Num	8		SFA 17.0 (GM)
47	SFA18	Num	8		SFA 18.0 (GM)
48	SFA20	Num	8		SFA 20.0 (GM)
49	SFA22	Num	8		SFA 22.0 (GM)
50	POLYFAT	Num	8		POLYUNSATURATED FATS (GM)
51	PFA182	Num	8		PFA 18.2 (GM)
52	PFA183	Num	8		PFA 18.3 (GM)
53	PFA184	Num	8		PFA 18.4 (GM)
54	PFA204	Num	8		PFA 20.4 (GM)
55	PFA205	Num	8		PFA 20.5 (GM)
56	PFA225	Num	8		PFA 22.5 (GM)
57	PFA226	Num	8		PFA 22.6 (GM)
58	MONOFAT	Num	8		MONOUNSATURATED FATS (GM)
59	MFA141	Num	8		MFA 14:1 (GM)
60	MFA161	Num	8		MFA 16:1 (GM)
61	MFA181	Num	8		MFA 18:1 (GM)
62	MFA201	Num	8		MFA 20:1 (GM)
63	MFA221	Num	8		MFA 22:1 (GM)
64	CALCIUM	Num	8		CALCIUM (MG)
65	PHOSPHO	Num	8		PHOSPHOROUS (MG)
66	SODIUM	Num	8		SODIUM (MG)
67	POTASIUM	Num	8		POTASSIUM (MG)
68	IRON	Num	8		IRON (MG)
69	MGNESIUM	Num	8		MAGNESIUM (MG)
70	COPPER	Num	8		COPPER (MG)
71	ZINC	Num	8		ZINC (MG)
72	INSOLFIB	Num	8		INSOL DIETARY FIBER (GM)
73	WATERFIB	Num	8		WATER SOLUBLE DIET. FIBER (GM)
74	PECTINS	Num	8		PECTINS (GM)
75	SUCROSE	Num	8		SUCROSE (GM)

Num	Variable	Type	Len	Format	Label
76	STARCH	Num	8		STARCH (GM)
77	GLUCOSE	Num	8		GLUCOSE (GM)
78	FRUCTOSE	Num	8		FRUCTOSE (GM)
79	LACTOSE	Num	8		LACTOSE (GM)
80	GALACTOS	Num	8		GALACTOSE (GM)
81	SELENIUM	Num	8		SELENIUM (MCG)
82	TBLSODUM	Num	8		SODIUM ADDED AT TABLE (MG)
83	CALORIE2	Num	8		CALORIES(XS) (KCAL)
84	PROTEIN2	Num	8		PROTEIN (XS) (GM)
85	TOTFAT2	Num	8		TOTAL FAT(XS) (GM)
86	TOTCARB2	Num	8		TOTAL CARBOHYDRATES(XS) (GM)
87	ALCOHOL2	Num	8		ALCOHOL(XS) (GM)
88	CAFFEIN2	Num	8		CAFFEINE (XS) (MG)
89	VITAMNA2	Num	8		TOTAL VITAMIN A(XS) (IU)
90	RETINOL2	Num	8		RETINOL (XS) (MCG)
91	BETACAR2	Num	8		BETA-CAROTENE(XS) (MCG)
92	VITAMND2	Num	8		VITAMIN D(XS) (MCG)
93	TOCOPHE2	Num	8		TOT ALPHA TOCOPH EQUIV(XS)(MG)
94	TOCOPHR2	Num	8		ALPHA TOCOPHEROL(XS) (MG)
95	BETATOC2	Num	8		BETA TOCOPHEROL(XS) (MG)
96	GAMMATC2	Num	8		GAMMA TOCOPHEROL(XS) (MG)
97	DELTATC2	Num	8		DELTA TOCOPHEROL (XS)(MG)
98	THIAMIN2	Num	8		THIAMIN (XS) (MG)
99	RIBOFLV2	Num	8		RIBOFLAVIN (XS) (MG)
100	NIACIN2	Num	8		NIACIN (XS) (MG)
101	FOLACID2	Num	8		FOLIC ACID (MCG)
102	VITAB6_2	Num	8		VITAMIN B6 (XS) (MG)
103	VITB12_2	Num	8		VITAMIN B12(XS) (MCG)
104	VITAMNC2	Num	8		VITAMIN C (XS) (MG)
105	CRUDFIB2	Num	8		CRUDE FIBER (XS) (GM)
106	DIETFIB2	Num	8		DIETARY FIBER (XS) (GM)
107	CHOLEST2	Num	8		CHOLESTEROL (XS) (MG)
108	SATFAT2	Num	8		SATURATED FATS (XS) (GM)
109	SFA4A	Num	8		SFA 4:0 (XS) (GM)
110	SFA6A	Num	8		SFA 6.0 (XS) (GM)
111	SFA8A	Num	8		SFA 8.0 (XS) (GM)
112	SFA10A	Num	8		SFA 10.0 (XS) (GM)
113	SFA12A	Num	8		SFA 12.0 (XS) (GM)
114	SFA13A	Num	8		SFA 13.0 (XS) (GM)

Num	Variable	Type	Len	Format	Label
115	SFA14A	Num	8		SFA 14.0 (XS) (GM)
116	SFA15A	Num	8		SFA 15.0 (XS) (GM)
117	SFA16A	Num	8		SFA 16.0 (XS) (GM)
118	SFA17A	Num	8		SFA 17.0 (XS) (GM)
119	SFA18A	Num	8		SFA 18.0 (XS) (GM)
120	SFA20A	Num	8		SFA 20.0 (XS) (GM)
121	SFA22A	Num	8		SFA 22.0 (XS) (GM)
122	POLYFAT2	Num	8		POLYUNSAT. FATS (XS) (GM)
123	PFA182A	Num	8		PFA 18.2 (XS) (GM)
124	PFA183A	Num	8		PFA 18.3 (XS) (GM)
125	PFA184A	Num	8		PFA 18.4 (XS) (GM)
126	PFA204A	Num	8		PFA 20.4 (XS) (GM)
127	PFA205A	Num	8		PFA 20.5 (XS) (GM)
128	PFA225A	Num	8		PFA 22.5 (XS) (GM)
129	PFA226A	Num	8		PFA 22.6 (XS) (GM)
130	MONOFAT2	Num	8		MONOUNSAT. FATS(XS) (GM)
131	MFA141A	Num	8		MFA 14:1 (XS) (GM)
132	MFA161A	Num	8		MFA 16:1 (XS) (GM)
133	MFA181A	Num	8		MFA 18:1 (XS) (GM)
134	MFA201A	Num	8		MFA 20:1 (XS) (GM)
135	MFA221A	Num	8		MFA 22:1 (XS) (GM)
136	CALCIUM2	Num	8		CALCIUM (XS) (MG)
137	PHOSPHO2	Num	8		PHOSPHOROUS (XS) (MG)
138	SODIUM2	Num	8		SODIUM (XS) (MG)
139	POTASUM2	Num	8		POTASSIUM (XS) (MG)
140	IRON2	Num	8		IRON (XS) (MG)
141	MGNESUM2	Num	8		MAGNESIUM (XS) (MG)
142	COPPER2	Num	8		COPPER(XS) (MG)
143	ZINC2	Num	8		ZINC(XS) (MG)
144	INSOLFB2	Num	8		INSOL DIETARY FIBER(XS) (GM)
145	WATERFB2	Num	8		WATER SOLUBLE DIET. FIBER(XS) (GM)
146	PECTINS2	Num	8		PECTINS(XS) (GM)
147	SUCROSE2	Num	8		SUCROSE(XS) (GM)
148	STARCH2	Num	8		STARCH(XS) (GM)
149	GLUCOSE2	Num	8		GLUCOSE(XS) (GM)
150	FRUCTOS2	Num	8		FRUCTOSE(XS) (GM)
151	LACTOSE2	Num	8		LACTOSE(XS) (GM)
152	GALACTS2	Num	8		GALACTOSE(XS) (GM)
153	SELENIM2	Num	8		SELENIUM(XS) (MCG)

Num	Variable	Type	Len	Format	Label
154	TBLSODM2	Num	8		SODIUM ADDED AT TABLE(XS) (MG)
155	ORGVISIT	Num	8		VISIT # RECORDED ON FORM
156	MASK_PAT	Num	8		Patient ID number

Data Set Name: f001cmb6_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	OABGNINS	Num	4		MONTH/YEAR BEGAN USING INSULIN
4	OABABYDU	Char	6		DATE BABY IS DUE
5	OAPREVID	Num	5		PREVIOUS ID NUMBER
6	OAPREVIN	Char	3		PREVIOUS INITIALS
7	OAREASIN	Char	40		REASON FOR INELIGIBILITY
8	OAADA	Num	3		LOCAL CHAPTER OF ADA
9	OAJDF	Num	3		LOCAL CHAPTER OF JDF
10	OANEWS	Num	3		AD IN NEWSPAPER
11	OAMAGJ	Num	3		AD IN MAGAZINE/JOURNAL
12	OANEWSJ	Num	3		ARTICLE IN NEWSPAPER OR JOURNAL
13	OARADIO	Num	3		RADIO OR TV ANNOUNCEMENT
14	OAPOSTER	Num	3		POSTER AT HEALTH CARE CENTER
15	OADOCTOR	Num	3		REFERRED BY PRIVATE PHYSICIAN
16	OAC1OTHR	Num	3		OTHER SOURCE
17	OAC2	Num	3		REFERRED BY INTERACTIVE TELEPHONE
18	SEX	Num	3		SEX
19	OAAGE	Num	3		AGE
20	OA40PLUS	Num	3		OVER 40 YEARS OLD
21	OALESS13	Num	3		LESS THAN 13 YEARS OLD
22	OAIDDM	Num	3		IDDM
23	OADXTIME	Num	3		YEARS WITH DX OF IDDM
24	OADX15YR	Num	3		DIAGNOSED MORE THAN 15 YRS AGO
25	OADX1YR	Num	3		DIAGNOSED LESS THAN 1 YR AGO
26	OAMOVE	Num	3		MOVING FROM NORTH AMERICA
27	OAPREGN1	Num	3		NOW PREGNANT
28	OAPREGN2	Num	3		PLANS PREGNANCY
29	OAPUMP	Num	3		HX OF PREVIOUS PUMP USE
30	OAMDI	Num	3		HX OF PREVIOUS MDI USE
31	OALASER	Num	3		HX OF PHOTOCOAGULATION
32	OAMEDIC	Num	3		CHRONIC DISEASE REQUIRING MEDICATION
33	OAMEDCON	Num	3		EXCLUDING MEDICAL CONDITION
34	OARESTRT	Num	3		IS PATIENT A RESTART
35	OAELIGIB	Num	3		POTENTIALLY ELIGIBLE
36	OAEXCLPT	Num	3		TYPE OF EXCLUSION

Num	Variable	Type	Len	Format	Label
37	OAINELMV	Num	3		INELIGIBLE-MOVING AWAY
38	OAINELTM	Num	3		INELIGIBLE-TIME COMMITMENT
39	OAINELTR	Num	3		INELIGIBLE-RANDOMIZATIO/TREATMENT GROUP
40	OAINELIN	Num	3		INELIGIBLE-LACK OF INTEREST
41	OAINELSP	Num	3		INELIGIBLE-LACK FAMILY SUPPORT
42	OAINELOT	Num	3		INELIGIBLE-OTHER
43	MASK_PAT	Num	8		Patient ID number

Data Set Name: f002cmb4.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	OBFEM9	Char	6		DATE LAST MENSTRUAL PERIOD STARTED
4	OBPEDATE	Char	6		DATE OF PHYSICAL EXAMINATION
5	OBBPDATE	Char	6		DATE OF SECOND BLOOD PRESSURE
6	OBMARYRS	Num	8		YEARS SINCE MARITAL STATUS CHANGED
7	OBHEIGHT	Num	8		HEIGHT (CM)
8	OBWEIGHT	Num	8		WEIGHT (KG)
9	OBHT12MO	Num	8		HEIGHT (CM) 12 MONTHS AGO
10	OBHT24MO	Num	8		HEIGHT (CM) 24 MONTHS AGO
11	OBWT12MO	Num	8		WEIGHT (KG) 12 MONTHS AGO
12	OBWT24MO	Num	8		WEIGHT (KG) 24 MONTHS AGO
13	OBONSET	Num	4		MONTH AND YEAR OF IDDM ONSET
14	OBRANGE	Num	4		RANGE (YEARS AGO) OF ONSET
15	OBCALDAY	Num	4		WEEKLY CALORIC PRESCRIPTION
16	OBASPIRN	Num	4		PROSTAGLANDIN INHIBITORS PER MONTH
17	OBSMOK4	Num	4		YRS AND MOS SINCE LAST QUIT CIGARETTES
18	OBSMOK7	Num	4		TOTAL YRS & MOS NOT SMOKING CIGARETTES
19	OBSMOK11	Num	4		CIGARS NOW SMOKED PER DAY
20	OBSMOK12	Num	4		YRS AND MOS SINCE LAST QUIT CIGARS
21	OBSMOK15	Num	4		TOTAL YRS & MOS NOT SMOKING CIGARS
22	OBSMOK16	Num	4		CIGARS PER DAY WHEN HEAVIEST
23	OBEXER2	Num	4		HRS & MINS OF LIGHT ACTIVITY
24	OBEXER3	Num	4		HRS & MINS OF MODERATE ACTIVITY
25	OBEXER4	Num	4		HRS & MINS OF HARD ACTIVITY
26	OBEXER5	Num	4		HRS & MINS OF VERY HARD ACTIVITY
27	OBSBP1	Num	4		FIRST SYSTOLIC BLOOD PRESSURE (MM HG)
28	OBDBP1	Num	4		FIRST DIASTOLIC BLOOD PRESSURE (MM HG)
29	OBSBP2	Num	4		SECOND SYSTOLIC BLOOD PRESSURE (MM HG)
30	OBDBP2	Num	4		SECOND DIASTOLIC BLOOD PRESSURE (MM HG)
31	OBSUPSBP	Num	4		SUPINE SYSTOLIC BLOOD PRESSURE (MM HG)
32	OBSUPDBP	Num	4		SUPINE DIASTOLIC BLOOD PRESSURE (MM HG)
33	OBSTASBP	Num	4		STANDING SYST. BLOOD PRESSURE (MM HG)
34	OBSTADBP	Num	4		STANDING DIAST. BLOOD PRESSURE (MM HG)
35	OBPULSE	Num	4		PULSE (BPM)
36	OBLESS13	Num	3		LESS THAN 13 YEARS OLD

Num	Variable	Type	Len	Format	Label
37	OB40PLUS	Num	3		OVER 40 YEARS OLD
38	OBSEX	Num	3		SEX
39	OBRACE	Num	3		RACE
40	OBMARRY	Num	3		MARITAL STATUS
41	OBMARNO	Num	3		NUMBER OF TIMES MARRIED
42	OBPATJOB	Num	3		PATIENT'S OCCUPATION
43	OBSPOJOB	Num	3		SPOUSE'S OCCUPATION
44	OBMOMJOB	Num	3		MOTHER'S OCCUPATION
45	OBDADJOB	Num	3		FATHER'S OCCUPATION
46	OBFRIJOB	Num	3		GUARDIAN'S OR FRIEND'S OCCUPATION
47	OBPATNOJ	Num	3		PATIENT UNEMPLOYED OR RETIRED
48	OBSPONOJ	Num	3		SPOUSE UNEMPLOYED OR RETIRED
49	OBMOMNOJ	Num	3		MOTHER UNEMPLOYED OR RETIRED
50	OBDADNOJ	Num	3		FATHER UNEMPLOYED OR RETIRED
51	OBFRINOJ	Num	3		GUARDIAN/FRIEND UNEMPLOYED OR RETIRED
52	OBPATED	Num	3		PATIENT'S EDUCATION
53	OBSPOED	Num	3		SPOUSE'S EDUCATION
54	OBMOMED	Num	3		MOTHER'S EDUCATION
55	OBDADED	Num	3		FATHER'S EDUCATION
56	OBFRIED	Num	3		GUARDIAN'S OR FRIEND'S EDUCATION
57	OBSTUDNT	Num	3		PATIENT NOW A STUDENT
58	OBGRADE	Num	3		GRADE IN ELEMENTARY OR SECONDARY SCHOOL
59	OBTYEAR	Num	3		YEAR IN TRADE SCHOOL
60	OBCYEAR	Num	3		YEAR IN COLLEGE
61	OBGYEAR	Num	3		YEAR IN GRADUATE SCHOOL
62	OBSTUDY	Num	3		NOW PARTICIPATING IN ANOTHER STUDY
63	OBSCP	Num	3		SPOUSE, CHILD OR PARENT IN DCCT
64	OBHYPRX	Num	3		TREATED FOR HYPERTENSION IN PAST 2 YRS
65	OBMEDNOW	Num	3		NOW TAKING PRESCRIBED MEDICATION
66	OBMED4YR	Num	3		REQUIRED MED. > 4 MOS. IN PAST YR
67	OBMEDEXC	Num	3		USES EXCLUDING MEDICATION
68	OBDX1YR	Num	3		DIAGNOSED LESS THAN 1 YR AGO
69	OBDX15YR	Num	3		DIAGNOSED MORE THAN 15 YRS AGO
70	OBKETON	Num	3		KETONURIA AT ONSET
71	OBSDKA	Num	3		SUSPECTED DKA AT ONSET
72	OBDDKA	Num	3		DOCUMENTED DKA AT ONSET
73	OBC2OTHR	Num	3		OTHER CONDITION AT ONSET
74	OBORALHA	Num	3		USED ORAL HYPOGLYCEMIC AGENTS
75	OBPUMPMD	Num	3		HX OF PREVIOUS PUMP OR MDI USE

Num	Variable	Type	Len	Format	Label
76	OBDKAHSP	Num	3		HOSPITALIZATIONS FOR DKA IN PAST YR
77	OBDHSP2	Num	3		MORE THAN 2 HOSP. FOR DKA IN PAST YR
78	OBHYPHSP	Num	3		HOSPITALIZATIONS FOR HYPOG. IN PAST YR
79	OBC8A	Num	3		LOST CONSCIOUSNESS WITHOUT SEIZURE
80	OBC8B	Num	3		LOST CONSCIOUSNESS WITH SEIZURE
81	OBC9	Num	3		NEEDED IV GLUCOSE
82	OBC10	Num	3		NEEDED PARENTERAL GLUCAGON
83	OBC11	Num	3		NEEDED OTHER ASSISTANCE
84	OBC12	Num	3		TREATED SELF FOR HYPOGLYCEMIA
85	OBC13	Num	3		TOTAL TIMES EVER LOST CONSCIOUSNESS
86	OBC14	Num	3		MORE THAN 2 SEIZURES IN PAST 5 YRS
87	OBC15	Num	3		HX OF HYPOG. EPISODES WITHOUT WARNING
88	OBBFPORK	Num	3		CONVENTIONAL BEEF/PORK INSULIN
89	OBHPBEEF	Num	3		HIGHLY PURIFIED BEEF INSULIN
90	OBHPPORK	Num	3		HIGHLY PURIFIED PORK INSULIN
91	OBHUMAN	Num	3		HUMAN INSULIN
92	OBD1OTHR	Num	3		OTHER TYPE OF INSULIN
93	OBAMLONG	Num	3		AVE UNITS OF LONG-ACTING IN AM
94	OBAMINTR	Num	3		AVE UNITS OF INTERMEDIATE-ACTING IN AM
95	OBAMSHRT	Num	3		AVE UNITS OF SHORT-ACTING IN AM
96	OBPMLONG	Num	3		AVE UNITS OF LONG-ACTING IN PM
97	OBPMINTR	Num	3		AVE UNITS OF INTERMEDIATE-ACTING IN PM
98	OBPMSHRT	Num	3		AVE UNITS OF SHORT-ACTING IN PM
99	OBDIET	Num	3		ROUTINE DIET
100	OBCALRX	Num	3		HAS DAILY CALORIC PRESCRIPTION
101	OBURINE	Num	3		WEEKLY FREQUENCY OF URINE TESTING
102	OBBLOOD	Num	3		DAILY FREQUENCY OF BLOOD TESTING
103	OBBLDADJ	Num	3		ADJUSTS DOSE USING BLOOD TESTS
104	OBPHYSC	Num	3		PHYSICIAN CONTACTS IN PAST YR
105	OBNURSEC	Num	3		NURSE CONTACTS IN PAST YR
106	OBDIETC	Num	3		DIETITIAN CONTACTS IN PAST YR
107	OBCARE	Num	3		SETTING OF DIABETES CARE
108	OBALLERG	Num	3		ALLERGIES TO MEDICATIONS
109	OBFLUORA	Num	3		ALLERGIC TO FLUORESCEIN
110	OBABUSE	Num	3		HX OF DRUG, ALCOHOL OR SUBSTANCE ABUSE
111	OBENDOCR	Num	3		HX OF AN ENDOCRINE DISORDER
112	OBSHRTLF	Num	3		LIFE-LIMITING CONDITION
113	OBSMOK1	Num	3		EVER SMOKED CIGARETTES
114	OBSMOK2	Num	3		NOW SMOKES CIGARETTES

Num	Variable	Type	Len	Format	Label
115	OBSMOK3	Num	3		CIGARETTES NOW SMOKED PER DAY
116	OBSMOK5	Num	3		NEVER QUIT SMOKING CIGARETTES
117	OBSMOK6	Num	3		AGE STARTED SMOKING CIGARETTES
118	OBSMOK8	Num	3		CIGARETTES PER DAY WHEN HEAVIEST
119	OBSMOK9	Num	3		EVER SMOKED CIGARS
120	OBSMOK10	Num	3		NOW SMOKES CIGARS
121	OBSMOK13	Num	3		NEVER QUIT SMOKING CIGARS
122	OBSMOK14	Num	3		AGE STARTED SMOKING CIGARS
123	OBDRNK1	Num	3		AT LEAST ONE DRINK/WK FOR 1 YR OR MORE
124	OBDRNK2	Num	3		AT LEAST ONE DRINK/WK DURING PAST YR
125	OBDRNK3	Num	3		BOTTLES OF BEER PER WEEK
126	OBDRNK4	Num	3		BOTTLES OF LIGHT BEER PER WEEK
127	OBDRNK5	Num	3		GLASSES OF WINE PER WEEK
128	OBDRNK6	Num	3		SHOTS OF LIQUOR PER WEEK
129	OBDRNK7	Num	3		MORE THAN 560 GMS ALCOHOL PER WEEK
130	OBDRNK8	Num	3		PERIODS WHEN CONSUMED MORE ALCOHOL
131	OBDRNK9	Num	3		BOTTLES OF BEER PER WEEK WHEN HEAVIEST
132	OBDRNK10	Num	3		BOTTLES OF LIGHT BEER/WK WHEN HEAVIEST
133	OBDRNK11	Num	3		GLASSES OF WINE PER WEEK WHEN HEAVIEST
134	OBDRNK12	Num	3		SHOTS OF LIQUOR PER WEEK WHEN HEAVIEST
135	OBDRNK13	Num	3		MORE THAN 560 GMS/WK WHEN HEAVIEST
136	OBDRNK14	Num	3		MORE THAN 560 GMS/WK FOR > OR 5 YRS
137	OBDRNK15	Num	3		MORE THAN 560 GMS/WK STOPPED < 1 YR AGO
138	OBEXER1	Num	3		LEVEL OF ACTIVITY ON THE JOB
139	OBFAM1	Num	3		NUMBER OF PERSONS IN HOUSEHOLD
140	OBFAM2	Num	3		FATHER DIABETIC
141	OBFAM3	Num	3		FATHER TREATED WITH INSULIN
142	OBFAM4	Num	3		FATHER'S AGE AT DIABETES ONSET
143	OBFAM5	Num	3		MOTHER DIABETIC
144	OBFAM6	Num	3		MOTHER TREATED WITH INSULIN
145	OBFAM7	Num	3		MOTHER'S AGE AT DIABETES ONSET
146	OBFAM8	Num	3		NUMBER OF SIBLINGS
147	OBFAM9	Num	3		NUMBER OF DIABETIC SIBLINGS
148	OBFAM10	Num	3		OLDEST DIABETIC SIB USED INSULIN
149	OBFAM11	Num	3		OLDEST DIAB. SIB'S AGE AT ONSET
150	OBFAM12	Num	3		2ND OLDEST DIABETIC SIB USED INSULIN
151	OBFAM13	Num	3		2ND OLDEST DIAB. SIB'S AGE AT ONSET
152	OBFAM14	Num	3		3RD OLDEST DIABETIC SIB USED INSULIN
153	OBFAM15	Num	3		3RD OLDEST DIAB. SIB'S AGE AT ONSET

Num	Variable	Type	Len	Format	Label
154	OBFAM16	Num	3		NUMBER OF CHILDREN
155	OBFAM17	Num	3		NUMBER OF DIABETIC CHILDREN
156	OBFAM18	Num	3		OLDEST DIABETIC KID USED INSULIN
157	OBFAM19	Num	3		OLDEST DIAB. KID'S AGE AT ONSET
158	OBFAM20	Num	3		2ND OLDEST DIABETIC KID USED INSULIN
159	OBFAM21	Num	3		2ND OLDEST DIAB. KID'S AGE AT ONSET
160	OBFAM22	Num	3		3RD OLDEST DIABETIC KID USED INSULIN
161	OBFAM23	Num	3		3RD OLDEST KID'S AGE AT ONSET
162	OBFAM24	Num	3		HYPERTENSION IN PARENTS
163	OBFAM25	Num	3		HYPERTENSION IN GRANDPARENTS
164	OBFAM26	Num	3		HYPERTENSION IN SIBLINGS
165	OBFAM27	Num	3		HYPERTENSION IN CHILDREN
166	OBFAM28	Num	3		MYOCARDIAL INFARCTION IN PARENTS
167	OBFAM29	Num	3		MYOCARDIAL INFARCTION IN GRANDPARENTS
168	OBFAM30	Num	3		MYOCARDIAL INFARCTION IN SIBLINGS
169	OBFAM31	Num	3		MYOCARDIAL INFARCTION IN CHILDREN
170	OBFAM32	Num	3		MI IN PARENTS BEFORE AGE 40
171	OBFAM33	Num	3		MI IN GRANDPARENTS BEFORE AGE 40
172	OBFAM34	Num	3		MI IN SIBLINGS BEFORE AGE 40
173	OBFAM35	Num	3		MI IN CHILDREN BEFORE AGE 40
174	OBFAM36	Num	3		MI IN DIAB. PARENTS BEFORE AGE 40
175	OBFAM37	Num	3		MI IN DIAB. GRANDPARENT BEFORE AGE 40
176	OBFAM38	Num	3		MI IN DIAB. SIBLINGS BEFORE AGE 40
177	OBFAM39	Num	3		MI IN DIAB. CHILDREN BEFORE AGE 40
178	OBFAM40	Num	3		AUTOIMMUNE ENDOCRINE DIS. IN PARENTS
179	OBFAM41	Num	3		AUTOIMMUNE ENDOCRINE DIS. - GRANDPARENTS
180	OBFAM42	Num	3		AUTOIMMUNE ENDOCRINE DIS. IN SIBLINGS
181	OBFAM43	Num	3		AUTOIMMUNE ENDOCRINE DIS. IN CHILDREN
182	OBFAM44	Num	3		EYE DISEASE IN PARENTS
183	OBFAM45	Num	3		EYE DISEASE IN GRANDPARENTS
184	OBFAM46	Num	3		EYE DISEASE IN SIBLING
185	OBFAM47	Num	3		EYE DISEASE IN CHILDREN
186	OBFAM48	Num	3		EYE DIS. IN DIABETIC PARENTS
187	OBFAM49	Num	3		EYE DIS. IN DIABETIC GRANDPARENTS
188	OBFAM50	Num	3		EYE DIS. IN DIABETIC SIBLINGS
189	OBFAM51	Num	3		EYE DIS. IN DIABETIC CHILDREN
190	OBFAM52	Num	3		RENAL DISEASE IN PARENTS
191	OBFAM53	Num	3		RENAL DISEASE IN GRANDPARENTS
192	OBFAM54	Num	3		RENAL DISEASE IN SIBLINGS

Num	Variable	Type	Len	Format	Label
193	OBFAM55	Num	3		RENAL DISEASE IN CHILDREN
194	OBFAM56	Num	3		RENAL DIS. IN DIABETIC PARENTS
195	OBFAM57	Num	3		RENAL DIS. IN DIABETIC GRANDPARENTS
196	OBFAM58	Num	3		RENAL DIS. IN DIABETIC SIBLINGS
197	OBFAM59	Num	3		RENAL DIS. IN DIABETIC CHILDREN
198	OBFAM60	Num	3		PSYCHIATRIC DISORDERS IN PARENTS
199	OBFAM61	Num	3		PSYCHIATRIC DISORDERS IN GRANDPARENTS
200	OBFAM62	Num	3		PSYCHIATRIC DISORDERS IN SIBLINGS
201	OBFAM63	Num	3		PSYCHIATRIC DISORDERS IN CHILDREN
202	OBFAM64	Num	3		NEUROLOGIC DISEASE IN PARENTS
203	OBFAM65	Num	3		NEUROLOGIC DISEASE IN GRANDPARENTS
204	OBFAM66	Num	3		NEUROLOGIC DISEASE IN SIBLINGS
205	OBFAM67	Num	3		NEUROLOGIC DISEASE IN CHILDREN
206	OBFAM68	Num	3		NEUROLOGIC DIS. IN DIAB. PARENTS
207	OBFAM69	Num	3		NEUROLOGIC DIS. IN DIAB. GRANDPARENTS
208	OBFAM70	Num	3		NEUROLOGIC DIS. IN DIAB. SIBLINGS
209	OBFAM71	Num	3		NEUROLOGIC DIS. IN DIAB. CHILDREN
210	OBFAM72	Num	3		HYPERLIPIDEMIA IN PARENTS
211	OBFAM73	Num	3		HYPERLIPIDEMIA IN GRANDPARENTS
212	OBFAM74	Num	3		HYPERLIPIDEMIA IN SIBLINGS
213	OBFAM75	Num	3		HYPERLIPIDEMIA IN CHILDREN
214	OBSKIN1	Num	3		ERUPTIVE XANTHOMA
215	OBSKIN2	Num	3		XANTHELASMA
216	OBSKIN3	Num	3		NECROBIOSIS
217	OBSKIN4	Num	3		SHIN SPOT
218	OBSKIN5	Num	3		OTHER SIGNIF. SKIN CONDITION
219	OBSKIN6	Num	3		EXCLUDED DUE TO SKIN CONDITION
220	OBMUSCL1	Num	3		ARTHRITIS
221	OBMUSCL2	Num	3		MUSCLE PAIN OR WEAKNESS
222	OBMUSCL3	Num	3		OTHER SIGNIF. MUSCULOSKELETAL CONDITION
223	OBMUSCL4	Num	3		EXCLUDED DUE TO MUSCULOSK. CONDITION
224	OBEXTRM1	Num	3		GANGRENE
225	OBEXTRM2	Num	3		AMPUTATION
226	OBEXTRM3	Num	3		ULCERS
227	OBEXTRM4	Num	3		CELLULITIS
228	OBEXTRM5	Num	3		CHARCOT JOINT
229	OBEXTRM6	Num	3		OTHER SIGNIF. EXTREMITY CONDITION
230	OBEXTRM7	Num	3		EXCLUDED DUE TO EXTREMITY CONDITION
231	OBEYE1	Num	3		SEVERE MYOPIA

Num	Variable	Type	Len	Format	Label
232	OBEYE2	Num	3		ABNORMAL COLOR VISION
233	OBEYE3	Num	3		PHOTOCOAGULATION
234	OBEYE4	Num	3		APHAKIA (CATARACT EXTRACTION)
235	OBEYE5	Num	3		GLAUCOMA REQUIRING MEDICATION
236	OBEYE6	Num	3		OTHER SIGNIF. EYE PATHOLOGY
237	OBEYE7	Num	3		EXCLUDED DUE TO OTHER EYE PATHOLOGY
238	OBENT1	Num	3		SIGNIF. PATH.: EARS-NOSE-MOUTH-NECK
239	OBENT2	Num	3		EXCL. DUE: EAR-NOSE-MOUTH-NECK PATH
240	OBRESP1	Num	3		SIGNIF. RESPIRATORY PATHOLOGY
241	OBRESP2	Num	3		EXCLUDED DUE TO RESPIRATORY PATHOLOGY
242	OBCV1	Num	3		HYPERTENSION, TREATED, NOT W/IN 2 YRS
243	OBCV2	Num	3		HYPERTENSION, UNTREATED
244	OBCV3	Num	3		HYPERTENSION, TREATED W/IN PAST 2 YRS
245	OBCV4	Num	3		ANGINA
246	OBCV5	Num	3		CONGESTIVE HEART FAILURE
247	OBCV6	Num	3		MYOCARDIAL INFARCTION
248	OBCV7	Num	3		CORONARY HEART DISEASE
249	OBCV8	Num	3		PERIPHERAL VASCULAR DISEASE
250	OBCV9	Num	3		ARRYTHMIA REQUIRING TREATMENT
251	OBCV10	Num	3		TRANSIENT ISCHEMIC ATTACKS
252	OBCV11	Num	3		ATHEROTHROMBOTIC BRAIN INFARCTION
253	OBCV12	Num	3		PALPITATIONS
254	OBCV13	Num	3		HEART MURMUR
255	OBCV14	Num	3		INTERMITTENT CLAUDICATION
256	OBCV15	Num	3		TREATMENT FOR HYPERLIPIDEMIA
257	OBCV16	Num	3		OTHER SIGNIF. CARDIOVASCULAR CONDITION
258	OBCV17	Num	3		EXCLUDED DUE TO OTHER CV CONDITION
259	OBGI1	Num	3		LIVER DISEASE, JAUNDICE
260	OBGI2	Num	3		CHRONIC LIVER DISEASE, JAUNDICE
261	OBGI3	Num	3		PANCREATITIS
262	OBGI4	Num	3		CHRONIC PANCREATITIS
263	OBGI5	Num	3		OTHER SIGNIF. GASTROINTESTINAL CONDITION
264	OBGI6	Num	3		EXCLUDED DUE TO OTHER GI CONDITION
265	OBGU1	Num	3		DISEASES OF UPPER URINARY TRACT
266	OBGU2	Num	3		CHRONIC DIS. OF UPPER URINARY TRACT
267	OBGU3	Num	3		DISEASES OF LOWER URINARY TRACT
268	OBGU4	Num	3		CHRONIC DIS. OF LOWER URINARY TRACT
269	OBGU5	Num	3		FAMILY HX OF URINARY TRACT DISEASES
270	OBGU6	Num	3		DISEASE OF GENITAL TRACT

Num	Variable	Type	Len	Format	Label
271	OBGU7	Num	3		KIDNEY OR BLADDER INF. W/ ANTIBIOTICS
272	OBGU8	Num	3		NO. OF KIDNEY INFECTIONS EVER
273	OBGU9	Num	3		NO. OF BLADDER INFECTIONS EVER
274	OBGU10	Num	3		NO. OF KIDNEY/BLADDER (UNKN.) INF. EVER
275	OBGU11	Num	3		EXCLUDED DUE TO GENITOURINARY CONDITION
276	OBNEUR1	Num	3		SEVERE SYMPT. PERIPH. NEUROPATHY
277	OBNEUR2	Num	3		SEIZURES
278	OBNEUR3	Num	3		IMPOTENCE
279	OBNEUR4	Num	3		USES AUTONOMIC NERVOUS SYSTEM DRUGS
280	OBNEUR5	Num	3		DIZZINESS UPON STANDING
281	OBNEUR6	Num	3		USES MEDICATION FOR DIZZINESS
282	OBNEUR7	Num	3		OTHER SIGNIF. NEUROLOGIC CONDITION
283	OBNEUR8	Num	3		EXCLUDED DUE TO OTHER NEURO. CONDITION
284	OBPSYCH1	Num	3		NERVOUSNESS OR ANXIETY
285	OBPSYCH2	Num	3		UNREASONABLE FEARS
286	OBPSYCH3	Num	3		EATING DISTURBANCE
287	OBPSYCH4	Num	3		AFFECTIVE DISORDER
288	OBPSYCH5	Num	3		SUICIDE ATTEMPT
289	OBPSYCH6	Num	3		CRIMINAL CONDUCT
290	OBPSYCH7	Num	3		PSYCHIATRIC TREATMENT
291	OBPSYCH8	Num	3		OTHER PSYCHIATRIC CONDITION
292	OBPSYCH9	Num	3		EXLUDED DUE TO PSYCHIATRIC CONDITION
293	OBFEM1	Num	3		NODULES IN BREAST
294	OBFEM2	Num	3		BREAST CANCER
295	OBFEM3	Num	3		BREAST DISCHARGE
296	OBFEM4	Num	3		IRREGULAR MENSES
297	OBFEM5	Num	3		DYSMENORRHEA
298	OBFEM6	Num	3		VAGINITIS
299	OBFEM7	Num	3		OTHER SIGNIF. GYNECOLOGIC CONDITION
300	OBFEM8	Num	3		NOT MENSTRUATING IN LAST 3 MONTHS
301	OBFEM10	Num	3		NUMBER OF PREGNANCIES
302	OBFEM11	Num	3		NUMBER OF LIVE BIRTHS
303	OBFEM12	Num	3		EVER USED ORAL CONTRACEPTIVES
304	OBFEM13	Num	3		NOW USES ORAL CONTRACEPTIVES
305	OBFEM14	Num	3		USES OTHER BIRTH CONTROL
306	OBFEM15	Num	3		EXCLUDED DUE TO OTHER GYN CONDITION
307	OBOTHER1	Num	3		HYPOTHYROIDISM
308	OBOTHER2	Num	3		TREATED HYPOTHYROIDISM
309	OBOTHER3	Num	3		CONNECTIVE TISSUE DISEASE

Num	Variable	Type	Len	Format	Label
310	OBOTHER4	Num	3		BLOOD DISEASES
311	OBOTHER5	Num	3		GASTRIC SURGERY
312	OBOTHER6	Num	3		EXCLUDED DUE TO OTHER MEDICAL CONDITION
313	OBHIBP1	Num	3		FIRST B.P. EXCEEDS UPPER LIMITS
314	OBHIBP2	Num	3		SECOND B.P. EXCEEDS UPPER LIMITS
315	OBBODYSZ	Num	3		BODY FRAME SIZE
316	OBIBW	Num	3		OVER 130% IDEAL BODY WEIGHT
317	OBNOGROW	Num	3		FAILED TO MAINTAIN GROWTH IN PAST 2 YRS
318	OBENT	Num	3		ABNORMALITY OF EARS, NOSE AND THROAT
319	OBTHYRD	Num	3		ABNORMALITY OF THYROID
320	OBLUNGS	Num	3		ABNORMALITY OF LUNGS
321	OBBREAST	Num	3		ABNORMALITY OF BREASTS
322	OBABDOM	Num	3		ABNORMALITY OF ABDOMEN
323	OBLYMPH	Num	3		ABNORMALITY OF LYMPHATIC SYSTEM
324	OBRECTUM	Num	3		ABNORMALITY OF RECTUM
325	OBPELVIS	Num	3		ABNORMALITY OF PELVIS
326	OBGENIT	Num	3		ABNORMALITY OF GENITALIA
327	OBTANNR2	Num	3		AT OR BEYOND TANNER STAGE 2
328	OBTNHAIR	Num	3		TANNER STAGE OF PUBIC HAIR
329	OBTNBOOB	Num	3		TANNER STAGE OF BREASTS
330	OBP2RE	Num	3		'RIGHT EYE NEOVASCULARIZATION OR GE P2'
331	OBP2LE	Num	3		'LEFT EYE NEOVASCULARIZATION OR GE P2'
332	OBCATRE	Num	3		RIGHT EYE CATARACT
333	OBCATLE	Num	3		LEFT EYE CATARACT
334	OBFUNDRE	Num	3		RIGHT EYE OTHER FUNDOSCOPIC ABNORMALITY
335	OBFUNDLE	Num	3		LEFT EYE OTHER FUNDOSCOPIC ABNORMALITY
336	OBEYESTP	Num	3		OTHER EXCLUDING EYE CONDITION
337	OBRHYTHM	Num	3		CARDIAC RHYTHM
338	OBVENPRS	Num	3		VENOUS PRESSURE
339	OBMEGALY	Num	3		CARDIOMEGALY
340	OBS3GALP	Num	3		S3 GALLOP
341	OBS4GALP	Num	3		S4 GALLOP
342	OBSMURMR	Num	3		SYSTOLIC EJECTION MURMUR
343	OBDMURMR	Num	3		DIASTOLIC MURMUR
344	OBOMURMR	Num	3		OTHER MURMUR
345	OBRUB	Num	3		RUB
346	OBCARDAB	Num	3		OTHER CARDIAC ABNORMALITY
347	OBCVSTOP	Num	3		EXCLUDING CARDIOVASCULAR DISEASE
348	OBPPUL1	Num	3		GRADE OF RIGHT CAROTID PULSE

Num	Variable	Type	Len	Format	Label
349	OBPPUL2	Num	3		GRADE OF LEFT CAROTID PULSE
350	OBPPUL3	Num	3		GRADE OF RIGHT BRACHIAL PULSE
351	OBPPUL4	Num	3		GRADE OF LEFT BRACHIAL PULSE
352	OBPPUL5	Num	3		GRADE OF RIGHT RADIAL PULSE
353	OBPPUL6	Num	3		GRADE OF LEFT RADIAL PULSE
354	OBPPUL7	Num	3		GRADE OF RIGHT FEMORAL PULSE
355	OBPPUL8	Num	3		GRADE OF LEFT FEMORAL PULSE
356	OBPPUL9	Num	3		GRADE OF RIGHT POPLITEAL PULSE
357	OBPPUL10	Num	3		GRADE OF LEFT POPLITEAL PULSE
358	OBPPUL11	Num	3		GRADE OF RIGHT POST. TIBIAL PULSE
359	OBPPUL12	Num	3		GRADE OF LEFT POST. TIBIAL PULSE
360	OBPPUL13	Num	3		GRADE OF RIGHT D. PEDIS PULSE
361	OBPPUL14	Num	3		GRADE OF LEFT D. PEDIS PULSE
362	OBBRUIT1	Num	3		RIGHT FEMORAL BRUIT
363	OBBRUIT2	Num	3		LEFT FEMORAL BRUIT
364	OBBRUIT3	Num	3		RIGHT CAROTID BRUIT
365	OBBRUIT4	Num	3		LEFT CAROTID BRUIT
366	OBBRUIT5	Num	3		RIGHT OTHER BRUIT
367	OBBRUIT6	Num	3		LEFT OTHER BRUIT
368	OBPERVAS	Num	3		SIGNIF. PERIPHERAL VASCULAR DISEASE
369	OBNEURO	Num	3		SIGNIF. NEUROPATHY OR NEURO. DISEASE
370	OBEXTR1	Num	3		ULCERATION - RIGHT SIDE
371	OBEXTR2	Num	3		ULCERATION - LEFT SIDE
372	OBEXTR3	Num	3		SKIN DISCOLORATION - RIGHT SIDE
373	OBEXTR4	Num	3		SKIN DISCOLORATION - LEFT SIDE
374	OBEXTR5	Num	3		GANGRENE - RIGHT SIDE
375	OBEXTR6	Num	3		GANGRENE - LEFT SIDE
376	OBEXTR7	Num	3		CHARCOT JOINT - RIGHT SIDE
377	OBEXTR8	Num	3		CHARCOT JOINT - LEFT SIDE
378	OBEXTR9	Num	3		DEFORMITY - RIGHT SIDE
379	OBEXTR10	Num	3		DEFORMITY - LEFT SIDE
380	OBEXTR11	Num	3		LIPOATROPHY - RIGHT SIDE
381	OBEXTR12	Num	3		LIPOATROPHY - LEFT SIDE
382	OBEXTR13	Num	3		LIPOHYPERTROPHY - RIGHT SIDE
383	OBEXTR14	Num	3		LIPOHYPERTROPHY - LEFT SIDE
384	OBEXTR15	Num	3		EXCLUDING EXTREMITY/SKIN ABN. - RS
385	OBEXTR16	Num	3		EXCLUDING EXTREMITY/SKIN ABN. - LS
386	OBINELIG	Num	3		JUDGED INELIGIBLE FOR ANY REASON
387	OBEXCLTP	Num	3		TYPE OF EXCLUSION

Num	Variable	Type	Len	Format	Label
388	OBREEVAL	Num	3		WILL TEMP EXCL PATIENT BE RE-EVALUATED?
389	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0033.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	OCLSTVST	Char	6		DATE OF LAST COMPLETED VISIT
4	OCDV1A1	Char	6		DATE-TERMINATION OF DEVIATION
5	OCDV1A2	Char	6		NEW DEVIATION, DATE F022
6	OCIS1A1	Char	6		DATE OF RETURN TO ACTIVE STATUS
7	OCIS1A2	Char	6		NEW TRANSFER-INACTIVE STATUS-DATE F016
8	OCMDT1B1	Char	6		DATE REC'D PERMIT MODIFIED REGIMEN
9	OCMDT1B2	Char	6		DATE NEW REGIMEN STARTED
10	OCMDT1C1	Char	6		DATE RETURN--1 TO 2 DAILY INJECTIONS
11	OCMDT2C3	Char	6		EXP.-DATE NEW GOALS BECAME EFFECTIVE
12	OCMDTRET	Char	6		EXP.-DATE RETURNED TO GOALS OF EXPER.
13	OCDC3C2	Char	6		DATE OF LAST MENSTRUAL PERIOD
14	OCPEDATE	Char	6		DATE OF LAST PHYSICAL EXAMINATION
15	OCBLPDAT	Char	6		DATE OF SECOND SITTING BLOOD PRESS.
16	OCCOLDAT	Char	6		DATE PROFILSET COLLECTED
17	OCPRFDAT	Char	6		DATE PROFILSET WILL BE MAILED
18	OCHBDATE	Char	6		DATE HBA1C SPECIMEN COLLECTED
19	OCLPDATE	Char	6		DATE LIPID SPECIMENS WILL BE DRAWN
20	OCRENDAT	Char	6		DATE RENAL SPEC. WILL BE COLLECTED
21	OCNA2E	Num	4		NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY
22	OCMRDATE	Num	4		DATE MARITAL STATUS CHANGED
23	OCSMOKE8	Num	4		PIPEFULS/CIGARS PER WK. IN PAST YR.
24	OCTOTUNT	Num	4		TOTAL NUMBER OF UNITS/DAY OF INSULIN
25	OCEXER2	Num	4		HOURS & MINUTES OF LIGHT ACTIVITY
26	OCEXER3	Num	4		HOURS & MINUTES OF MODERATE ACTIVITY
27	OCEXER4	Num	4		HOURS & MINUTES OF HARD ACTIVITY
28	OCEXER5	Num	4		HOURS & MINUTES OF VERY HARD ACTIVITY
29	OCDM3BRD	Num	4		DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST
30	OCDM3BRS	Num	4		DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.
31	OCDM3LUD	Num	4		DM 3 INJ.-BLOOD DONE BEFORE LUNCH
32	OCDM3LUS	Num	4		DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH
33	OCDM3DID	Num	4		DM 3 INJ.-BLOOD DONE BEFORE DINNER
34	OCDM3DIS	Num	4		DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER
35	OCDM3BED	Num	4		DM 3 INJ.-BLOOD DONE BEFORE BEDTIME
36	OCDM3BES	Num	4		DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME

Num	Variable	Type	Len	Format	Label
37	OCDM33AD	Num	4		DM 3 INJ.-BLOOD DONE AT 3 A.M.
38	OCDM33AS	Num	4		DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.
39	OCDM1UBD	Num	4		DM 1 INJ.-URINE DONE BEFORE BREAKFAST
40	OCDM1UBS	Num	4		DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.
41	OCDM1BBD	Num	4		DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST
42	OCDM1BBS	Num	4		DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK
43	OCDM1ULD	Num	4		DM 1 INJ.-URINE DONE BEFORE LUNCH
44	OCDM1ULS	Num	4		DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH
45	OCDM1BLD	Num	4		DM 1 INJ.-BLOOD DONE BEFORE LUNCH
46	OCDM1BLS	Num	4		DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH
47	OCDM1UDD	Num	4		DM 1 INJ.-URINE DONE BEFORE DINNER
48	OCDM1UDS	Num	4		DM 1 INJ.-URINE SHOULD DO BEFORE DINNER
49	OCDM1BDD	Num	4		DM 1 INJ.-BLOOD DONE BEFORE DINNER
50	OCDM1BDS	Num	4		DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER
51	OCDM1UED	Num	4		DM 1 INJ.-URINE DONE BEFORE BEDTIME
52	OCDM1UES	Num	4		DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME
53	OCDM1BED	Num	4		DM 1 INJ.-BLOOD DONE BEFORE BEDTIME
54	OCDM1BES	Num	4		DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME
55	OCRX1	Num	4		RX: NO. ASPIRIN-CONTAINING TABLETS
56	OCPULSE	Num	4		PULSE
57	OCSYSTR	Num	4		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
58	OCDIASR	Num	4		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
59	OCSYSTR2	Num	4		SYSTOLIC-SECOND SITTING BLOOD PRESS.
60	OCDIASR2	Num	4		DIASTOLIC-SECOND SITTING BLOOD PRESS.
61	OCBGP8A	Num	4		RESULTS OF SBGM-PREBREAKFAST
62	OCBGP8B	Num	4		RESULTS OF SBGM-90 MIN. PREBREAKFAST
63	OCBGP8C	Num	4		RESULTS OF SBGM-PRELUNCH
64	OCBGP8D	Num	4		RESULTS OF SBGM-90 MIN. PRELUNCH
65	OCBGP8E	Num	4		RESULTS OF SBGM-PRESUPPER
66	OCBGP8F	Num	4		RESULTS OF SBGM-90 MIN. PRESUPPER
67	OCBGP8G	Num	4		RESULTS OF SBGM-BEDTIME
68	OCDESIWT	Num	8		PATIENT'S DESIRED WEIGHT
69	OCWEIGHT	Num	8		CURRENT WEIGHT
70	OCHEIGHT	Num	8		CURRENT HEIGHT
71	OCWTCHA	Char	5		CHANGE IN WEIGHT SINCE PREVIOUS EXAM
72	OCRESCH	Num	3		NECESSARY TO RESCHEDULE VISIT
73	OCRESCHN	Num	3		NO. OF TIMES NEEDED TO RESCHEDULE
74	OCVSITNO	Num	3		FOLLOW-UP VISIT NUMBER
75	OCGENDER	Num	3		GENDER

Num	Variable	Type	Len	Format	Label
76	OCMARRY	Num	3		MARITAL STATUS OF PATIENT
77	OCMARNO	Num	3		NUMBER OF TIMES MARRIED
78	OCPATJOB	Num	3		PATIENT'S OCCUPATION
79	OCSPJOB	Num	3		SPOUSE'S OCCUPATION
80	OCMOMJOB	Num	3		MOTHER'S OCCUPATION
81	OCDADJOB	Num	3		FATHER'S OCCUPATION
82	OCFRIJOB	Num	3		GUARDIAN/FRIEND'S OCCUPATION
83	OCPATNOJ	Num	3		PATIENT UNEMPLOYED OR RETIRED
84	OCSPONOJ	Num	3		SPOUSE UNEMPLOYED OR RETIRED
85	OCMOMNOJ	Num	3		MOTHER UMEMPLOYED OR RETIRED
86	OCDADNOJ	Num	3		FATHER UMEMPLOYED OR RETIRED
87	OCFRINOJ	Num	3		GUARDIAN/FRIEND'S UMEMPLOY.OR RETIRED
88	OCPJOBCH	Num	3		PATIENT'S JOB STATUS CHANGED
89	OCSJOBCH	Num	3		SPOUSE'S JOB STATUS CHANGED
90	OCMJOBCH	Num	3		MOTHER'S JOB STATUS CHANGED
91	OCDJOBCH	Num	3		FATHER'S JOB STATUS CHANGED
92	OCFJOBCH	Num	3		GUARDIAN/FRIEND'S JOB STATUS CHANGED
93	OCPATED	Num	3		PATIENT'S EDUCATION LEVEL
94	OCSPOED	Num	3		SPOUSE'S EDUCATION LEVEL
95	OCMOMED	Num	3		MOTHER'S EDUCATION LEVEL
96	OCDADED	Num	3		FATHER'S EDUCATION LEVEL
97	OCFRIED	Num	3		GUARDIAN/FRIEND'S EDUCATION LEVEL
98	OCSTUDNT	Num	3		PATIENT WAS STUDENT IN PAST YEAR
99	OCGRADE	Num	3		ELEMENTARY/SECONDARY SCHOOL GRADE
100	OCTYEAR	Num	3		YEAR IN TRADE SCHOOL
101	OCCYEAR	Num	3		YEAR IN COLLEGE
102	OCGYEAR	Num	3		YEAR IN GRADUATE SCHOOL
103	OCEXPELL	Num	3		CEASED ATTENDING SCHOOL IN PAST YR
104	OCSMOKE1	Num	3		SMOKE CIGARETTES/CIGAR. IN PAST YR.
105	OCSMOKE2	Num	3		CURRENTLY SMOKE CIGARETTES/CIGAR.
106	OCSMOKE3	Num	3		MONTHS SINCE QUIT CIGARETTES/CIGAR.
107	OCSMOKE4	Num	3		HOW MANY CIGARET./CIGAR. IN PAST YR.
108	OCSMOKE5	Num	3		SMOKED PIPES OR CIGARS IN PAST YR.
109	OCSMOKE6	Num	3		CURRENTLY SMOKE PIPES OR CIGARS
110	OCSMOKE7	Num	3		QUIT SMOKING PIPES OR CIGARS
111	OCDRINK1	Num	3		AT LEAST ONE ALCOHOLIC BEV. WEEK
112	OCDRINK2	Num	3		BOTTLES OF BEER IN LAST 7 DAYS
113	OCDRINK3	Num	3		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
114	OCDRINK4	Num	3		GLASSES OF WINE IN LAST 7 DAYS

Num	Variable	Type	Len	Format	Label
115	OCDRINK5	Num	3		HARD LIQUOR IN LAST 7 DAYS
116	OCDRINK6	Num	3		TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS
117	OCEXER1	Num	3		PATIENT'S LEVEL OF ACTIVITY
118	OCHUREG	Num	3		TYPE OF INSULIN-HUMAN REGULAR
119	OCPOREG	Num	3		TYPE OF INSULIN-PORK REGULAR
120	OCHUSEMI	Num	3		TYPE OF INSULIN-HUMAN SEMILENTE
121	OCPOSEMI	Num	3		TYPE OF INSULIN-PORK SEMILENTE
122	OCHUNPH	Num	3		TYPE OF INSULIN-HUMAN NPH
123	OCPONPH	Num	3		TYPE OF INSULIN-PORK NPH
124	OCHULEN	Num	3		TYPE OF INSULIN-HUMAN LENTE
125	OCPOLEN	Num	3		TYPE OF INSULIN-PORK LENTE
126	OCHUULT	Num	3		TYPE OF INSULIN-HUMAN ULTRALENTE
127	OCPO7030	Num	3		TYPE OF INSULIN-PORK 70/30
128	OCHU7030	Num	3		TYPE OF INSULIN-HUMAN 70/30
129	OCBPREG	Num	3		TYPE OF INSULIN-BEEF/PORK REGULAR
130	OCBPSEMI	Num	3		TYPE OF INSULIN-BEEF/PORK SEMILENTE
131	OCBPNPH	Num	3		TYPE OF INSULIN-BEEF/PORK NPH
132	OCBPLEN	Num	3		TYPE OF INSULIN-BEEF/PORK LENTE
133	OCBPULT	Num	3		TYPE OF INSULIN-BEEF/PORK ULTRALENTE
134	OCGROUP	Num	3		WHAT GROUP PATIENT RANDOMIZED
135	OCINSREG	Num	3		CURRENT INSULIN REGIMEN
136	OCREGPR	Num	3		IS THIS REGIMEN PRESCRIBED BY CLINIC
137	OCREGBRK	Num	3		UNITS REGULAR INSULIN USED-BREAKFAST
138	OCREGLUN	Num	3		UNITS REGULAR INSULIN USED-LUNCH
139	OCREGSUP	Num	3		UNITS REGULAR INSULIN USED-SUPPER
140	OCREGBED	Num	3		UNITS REGULAR INSULIN USED-BEDTIME
141	OCREGOTH	Num	3		UNITS REGULAR INSULIN USED-OTHER
142	OCSEMBRK	Num	3		UNITS SEMILENTE INSULIN USED-BREAKFAST
143	OCSEMLUN	Num	3		UNITS SEMILENTE INSULIN USED-LUNCH
144	OCSEMSUP	Num	3		UNITS SEMILENTE INSULIN USED-SUPPER
145	OCSEMBED	Num	3		UNITS SEMILENTE INSULIN USED-BEDTIME
146	OCSEMOTH	Num	3		UNITS SEMILENTE INSULIN USED-OTHER
147	OCNPHBRK	Num	3		UNITS NPH INSULIN USED-BREAKFAST
148	OCNPHLUN	Num	3		UNITS NPH INSULIN USED-LUNCH
149	OCNPHSUP	Num	3		UNITS NPH INSULIN USED-SUPPER
150	OCNPHBED	Num	3		UNITS NPH INSULIN USED BEDTIME
151	OCNPHOTH	Num	3		UNITS NPH INSULIN USED-OTHER
152	OCLENBRK	Num	3		UNITS LENTE INSULIN USED-BREAKFAST
153	OCLENLUN	Num	3		UNITS LENTE INSULIN USED LUNCH

Num	Variable	Type	Len	Format	Label
154	OCLENSUP	Num	3		UNITS LENTE INSULIN USED-SUPPER
155	OCLENBED	Num	3		UNITS LENTE INSULIN USED-BEDTIME
156	OCLENOTH	Num	3		UNITS LENTE INSULIN USED-OTHER
157	OCULTBRK	Num	3		UNITS ULTRALENTE INSULIN USED-BREAKFAST
158	OCULTLUN	Num	3		UNITS ULTRALENTE INSULIN USED-LUNCH
159	OCULTSUP	Num	3		UNITS ULTRALENTE INSULIN USED-SUPPER
160	OCULTBED	Num	3		UNITS ULTRALENTE INSULIN USED-BEDTIME
161	OCULTOTH	Num	3		UNITS ULTRALENTE INSULIN USED-OTHER
162	OC7030BR	Num	3		UNITS 70/30 INSULIN USED-BREAKFAST
163	OC7030LU	Num	3		UNITS 70/30 INSULIN USED-LUNCH
164	OC7030SU	Num	3		UNITS 70/30 INSULIN USED-SUPPER
165	OC7030BE	Num	3		UNITS 70/30 INSULIN USED-BEDTIME
166	OC7030OT	Num	3		UNITS 70/30 INSULIN USED-OTHER
167	OCDM5	Num	3		DESCRIBE INSULIN REGIMEN
168	OCDM6A	Num	3		UNITS BASAL INSULIN INFUSED DAILY
169	OCDM6B	Num	3		DIFFERENT BASAL RATES USED/DAY
170	OCDM6C	Num	3		TECHN. PROBLEMS-INSULIN INFUSION PUMP
171	OCDM7A	Num	3		PRESCRIBED CHANGE IN INSULIN REGIMEN
172	OCDM7A1	Num	3		CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSIA
173	OCDM7A2	Num	3		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.
174	OCDM7A3	Num	3		CHANGE DOSE-RECURRENT KETONURIA
175	OCDM7A4	Num	3		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
176	OCDM7A5	Num	3		CHANGE DOSE-PREGNANCY
177	OCDM7A6	Num	3		CHANGE DOSE-OTHER
178	OCDM7B1	Num	3		SELF BLOOD GLUCOSE MONITORING
179	OCDM7B2	Num	3		URINE GLUCOSE MONITORING
180	OCDM8	Num	3		SUSPECT REPORTED GLUCOSE INACCURATE
181	OCDV1	Num	3		SINCE LAST VISIT-DEVIATION FROM TREATM.
182	OCDV1A	Num	3		CURRENTLY ON DEVIATION FROM TREATMENT
183	OCIS1	Num	3		SINCE LAST VISIT-ON INACTIVE STATUS
184	OCIS1A	Num	3		CURRENTLY ON TRANSFER TO INACTIVE STATUS
185	OCMDF1	Num	3		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
186	OCMDF2	Num	3		CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE
187	OCMDT1	Num	3		SINCE LAST VISIT,MODIF. THERAPY ANYTIME
188	OCMDT1A	Num	3		GLUC MONITOR. > FREQ. THAN PROTOCOL
189	OCMDT1A1	Num	3		SBGM > SPECIFIED IN PROTOCOL
190	OCMDT1A2	Num	3		UGM > SPECIFIED IN PROTOCOL
191	OCMDT1B	Num	3		> 2 INJECTIONS INSULIN DAILY
192	OCMDT1C	Num	3		CURRENTLY USE > 2 INJECTIONS DAILY

Num	Variable	Type	Len	Format	Label
193	OCMDT1D	Num	3		OTHER MODIFICATION TO THERAPY
194	OCMDT2	Num	3		EXP.-ON MODIFIED TREATMENT PROTOCOL
195	OCMDT2A	Num	3		EXP.-LESS FREQENT VISIT SCHEDULE
196	OCMDT2B	Num	3		EXP.-SBGM-LESS FREQENT DAILY SCHEDULE
197	OCMDT2B1	Num	3		EXP.-FREQ. OF SBGM<REQUIRED MINIMUM
198	OCMDT2C	Num	3		EXP.-INSTRUCT LESS STRICT GOALS THERAPY
199	OCMDT2C4	Num	3		EXP.-STATED GOALS IN EFFECT AT PRESENT
200	OCMDT2D	Num	3		EXP.-OTHER MODIFICATIONL
201	OCDM32	Num	3		DM 3 INJ.-MORE SBGM THAN PRESCRIBED
202	OCDM12	Num	3		PERFORM>GLUC. MONITOR. THAN PRESCRIBED
203	OCNA1A	Num	3		NA-FREQ. CLAIMED FOLLOWED MEAL PLAN
204	OCNA1B	Num	3		NA-PATTERN OF EATING--EATING DISORDER
205	OCNA1C1	Num	3		NA-NO. OF ILL. (INTERCURRENT OR NOT)
206	OCNA1C2	Num	3		FAILED TO ADJUST INSULIN DOSE AS PRESC.
207	OCNA1D	Num	3		NA-USED TYPE OF INSULIN NOT PRESCRIBED
208	OCNA1E	Num	3		NA-ROTATING SITE OF INJECTION
209	OCNA1F	Num	3		NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS
210	OCNA1G1	Num	3		NA-NO. INTERCURRENT EVENTS
211	OCNA1G2	Num	3		NA-INTERCURR. EVENTS NO REPORT ON TIME
212	OCNA1H	Num	3		NA-FAILED TO BRING IN DAILY RECORD
213	OCNA1I1	Num	3		NA-PATIENT PERFORM SBGM
214	OCNA1I2	Num	3		NA-USE SBGM TO ADJUST INSULIN DOSAGE
215	OCNA1I3	Num	3		NA-PERFORM SBGM > ONCE/DAY
216	OCNA2A	Num	3		NA-STD: >PRESCRIBED UNITS OF INSULIN
217	OCNA2B	Num	3		NA-STD: EXTRA INJECTIONS OF INSULIN
218	OCNA2C	Num	3		NA-STD: FEWER INJECTIONS OF INSULIN
219	OCNA2D	Num	3		NA-STD: FAILED TO TAKE PRESCRIBED DOSE
220	OCNA2F1	Num	3		NA-STD: PATIENT BEEN ILL
221	OCNA2F2	Num	3		NA-STD:SICK-NO TEST/RECORD URINE ACETO.
222	OCNA3A	Num	3		NA-EXP: NOT TAKE PRESCRIBED DELIVERY
223	OCNA3B	Num	3		NO. OF TIME NO TEST AT 3 A.M.
224	OCNA3C	Num	3		NO. OF TIMES NO REPORT LOW BG TO CLINIC
225	OCNA3D	Num	3		NO MONITOR URINE ACETONE WHEN BG>240
226	OCNA4A	Num	3		NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG
227	OCNA4B	Num	3		NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG
228	OCNA4C	Num	3		NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG
229	OCDC1A	Num	3		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1
230	OCDC1B	Num	3		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2
231	OCDC1C	Num	3		ON AVERAGE, NO. 8 OZ. GLASSES DAILY

Num	Variable	Type	Len	Format	Label
232	OCDC1D	Num	3		FREQUENCY OF DKA
233	OCDC1E	Num	3		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
234	OCDC2	Num	3		FREQ. DAYS-MODERATE OR LARGE KETONURIA
235	OCDC2A	Num	3		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
236	OCDC2B	Num	3		MODERATE/LARGE KETONUR.-DUE TO ILLNESS
237	OCDC2C	Num	3		MODERATE/LARGE KETONUR.-EQUIPM. FAILED
238	OCDC2D	Num	3		MODERATE/LARGE KETONUR.-SPONTANEOUS
239	OCDC3A	Num	3		PATIENT FEMALE
240	OCDC3B1	Num	3		VAGINAL ITCHING OR DISCHARGE
241	OCDC3B2	Num	3		PATIENT TREATED FOR VAGINAL ITCHING
242	OCDC3C1	Num	3		DOES PATIENT MENSTRUATE
243	OCDC3D1	Num	3		LAST MENSTRUAL PERIOD > 5 WKS. AGO
244	OCDC3D2	Num	3		WAS PREGNANCY TEST PERFORMED
245	OCDC3D3	Num	3		DID TEST INDICATE PREGNANCY
246	OCDC4A	Num	3		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
247	OCDC4B1	Num	3		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
248	OCDC4B2	Num	3		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
249	OCDC4C1	Num	3		HYPOG.-REQUIRED PROF. MEDICAL HELP
250	OCDC4C2	Num	3		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
251	OCDC4C3	Num	3		HYPOG.-NOT NEED DOCTOR OR OTHER PERSON
252	OCDC4D1	Num	3		FREQENCY RECEIVE GLUCAGON
253	OCDC4D2	Num	3		FREQUENCY RECEIVE IV GLUCOSE
254	OCDC4D3	Num	3		EPISODES RESULT IN INJURY-PT/OTHERS
255	OCDC4E	Num	3		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
256	OCDC4F1	Num	3		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
257	OCDC4F2A	Num	3		REASON HYPOG: MISSED MEAL OR SNACK
258	OCDC4F2B	Num	3		REASON HYPOG:DECREASED FOOT INTAKE
259	OCDC4F2C	Num	3		REASON HYPOG:INCREASED EXERCISE LEVEL
260	OCDC4F2D	Num	3		REASON HYPOG:TOO MUCH INSULIN TAKEN
261	OCDC4F2E	Num	3		REASON HYPOG:LACK EARLY WARNING-LOW BG
262	OCDC4F2F	Num	3		REASON HYPOGLYCEMIA: OTHER
263	OCDC4F2G	Num	3		REASON HYPOGLYCEMIA: UNEXPLAINED
264	OCDC4F3A	Num	3		SYMPTOMS W HYPOG: ADRENERGIC WARNING
265	OCDC4F3B	Num	3		SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)
266	OCDC4F3C	Num	3		SYMPTOMS W HYPOG: ALTER. MENTAL STATUS
267	OCDC4F3D	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER
268	OCDC4F3E	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
269	OCRC1AR	Num	3		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE
270	OCRC1AL	Num	3		OPHTH:BLURRED/REDUCED VISION-LEFT EYE

Num	Variable	Type	Len	Format	Label
271	OCRC1BR	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
272	OCRC1BL	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
273	OCRC1CR	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
274	OCRC1CL	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
275	OCRC1D	Num	3		WILL BE SENT TO OPHTH. SPECIAL VISIT
276	OCRC2A	Num	3		NEUR: PAIN/NUMBNESS IN HANDS/FEET
277	OCRC2B	Num	3		NEUR: UNEXPLAINED MUSCLE WEAKNESS
278	OCRC2C	Num	3		NEUR: VOMITING/BLOATING AFTER MEALS
279	OCRC2D	Num	3		NEUR: RECURRENT DIARRHEA
280	OCRC2E	Num	3		NEUR: URINARY RETENTION
281	OCRC2F	Num	3		NEUR: DIZZINESS/LIGHTHEADEDNESS
282	OCRC2G	Num	3		NEUR: FAINTING (NOT WITH HYPOG.)
283	OCRC2H	Num	3		NEUR: SEIZURE (NOT DUE TO HYPOG.)
284	OCRC2I	Num	3		NEUR: IMPOTENCE
285	OCRC2J	Num	3		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.
286	OCRC2K	Num	3		NEUR: OTHER NEUROLOGICAL PROBLEM
287	OCRC2L	Num	3		NEUR: WILL GO TO NEUROL. FOR VISIT
288	OCRC3A	Num	3		RENAL: EDEMA
289	OCRC3B	Num	3		RENAL: OTHER RENAL PROBLEM
290	OCRC4A	Num	3		VASCULAR: SHORTNESS OF BREATH
291	OCRC4B	Num	3		VASCULAR: CONGESTIVE HEART DISEASE
292	OCRC4C	Num	3		VASCULAR:IMPAIRED PERIPH. VASCULAR CIRC
293	OCRC4D	Num	3		VASCULAR: CHEST PAIN
294	OCRC4D1	Num	3		VASCULAR: CHEST PAIN-CLINICAL ANGINA
295	OCRC4E	Num	3		VASCULAR: SUSPECTED NON-ACUTE MI
296	OCRC4F	Num	3		VASCULAR: TRANSIENT ISCHEMIC ATTACK
297	OCRC4G	Num	3		VASCULAR: OTHER VASCULAR PROBLEM
298	OCRC5A	Num	3		INFECT: URINARY TRACT INFECTION
299	OCRC5B	Num	3		INFECT: UPPER/LOWER RESPIRATORY TRACT
300	OCRC5C	Num	3		INFECT: GASTROENTERITIS
301	OCRC5D	Num	3		INFECT: CUTANEOUS/MUCOCUTANEOUS
302	OCRC5E	Num	3		INFECT: POST-OPERATIVE OR DEEP WOUND
303	OCRC5F	Num	3		INFECT: GANGRENE
304	OCRC5G	Num	3		INFECT: OTHER-MONONUCLEOSIS, MEASLES
305	OCRC5H	Num	3		INFECT: AT INSERTION SITE
306	OCRC6	Num	3		MINOR OUTPATIENT SURGERY/INCIDENTAL
307	OCRC7	Num	3		INTERCURRENT ENDOCRINE EVENT
308	OCRC8	Num	3		ADVERSE PSYCHOSOCIAL REACTION
309	OCRC9	Num	3		OTHER MEDICAL PROBLEMS/DIFFICULTIES

Num	Variable	Type	Len	Format	Label
310	OCRX2	Num	3		RX: HAS USED OR IS USING PRESCRIPTION
311	OCRX3	Num	3		RX: USED OVER-THE-COUNTER DRUGS
312	OCRX4	Num	3		RX: VITAMIN SUPPLEMENTS-REGULARLY
313	OCADOLES	Num	3		LESS THAN 18 YEARS OLD
314	OCGROWTH	Num	3		FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.
315	OCHYPDOC	Num	3		HYPER. DOCUMENTED SENT TO COOR.CENTER
316	OCHIBLP	Num	3		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
317	OCHYPERT	Num	3		SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.
318	OCLIPOAT	Num	3		INJECTION SITE--LIPOATROPHY
319	OCLIPOHY	Num	3		INJECTION SITE--LIPOHYPERTROPHY
320	OCINFLAM	Num	3		INJECTION SITE--INFLAMMATION
321	OCHEPATO	Num	3		ABDOMEN--HEPATOMEGALY
322	OCSPAN	Num	3		ABDOMEN-IF PRESENT, HOW LARGE (SPAN)
323	OCFOOTUL	Num	3		FOOT-ULCER
324	OCFOOTIN	Num	3		FOOT-INFECTION
325	OCABNTOE	Num	3		FOOT-ABNORMAL TOENAILS
326	OCDPEDR	Num	3		PULSE-DORSALIS PEDIS-RIGHT
327	OCDPEDL	Num	3		PULSE-DORSALIS PEDIS-LEFT
328	OCPTIBR	Num	3		PULSE-POSTERIOR TIBIAL-RIGHT
329	OCPTIBL	Num	3		PULSE-POSTERIOR TIBIAL-LEFT
330	OCOTHABN	Num	3		OTHER ABNORMALITIES ON PHYSICAL EXAM
331	OCBGP1	Num	3		PROFILSET MAILED TO CBL
332	OCBGP2A	Num	3		NOT MAILED: KIT DAMAGED
333	OCBGP2B	Num	3		NOT MAILED:PATIENT FORGOT TO COLLECT
334	OCBGP2C	Num	3		NOT MAILED: PATIENT LOST KIT
335	OCBGP2D	Num	3		NOT MAILED: PATIENT REFUSED TO COLLECT
336	OCBGP2E	Num	3		NOT MAILED: OTHER OR UNKNOWN
337	OCBGP6A	Num	3		PROFILSET QUALITY-CONTROLLED
338	OCBGP6A1	Num	3		PROFILSET QC-STICK NO. DUPLICATED
339	OCBGP6A2	Num	3		PROFILSET QC-WAS CORRECT STICK USED
340	OCBGP7	Num	3		PERFORM SBGM ON DAY OBTAINED SPECIMENS
341	OCLIPID	Num	3		WILL LIPIDS BE MAILED TO CBL
342	OCRENAL	Num	3		WILL RENAL SPEC. BE MAILED TO CBL
343	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0034.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	OCLSTVST	Char	6		DATE OF LAST COMPLETED VISIT
4	OCDV1A1	Char	6		DATE-TERMINATION OF DEVIATION
5	OCDV1A2	Char	6		NEW DEVIATION, DATE F022
6	OCIS1A1	Char	6		DATE OF RETURN TO ACTIVE STATUS
7	OCIS1A2	Char	6		NEW TRANSFER-INACTIVE STATUS-DATE F016
8	OCMDT1B1	Char	6		DATE REC'D PERMIT MODIFIED REGIMEN
9	OCMDT1B2	Char	6		DATE NEW REGIMEN STARTED
10	OCMDT1C1	Char	6		DATE RETURN--1 TO 2 DAILY INJECTIONS
11	OCMDT2C3	Char	6		EXP.-DATE NEW GOALS BECAME EFFECTIVE
12	OCMDTRET	Char	6		EXP.-DATE RETURNED TO GOALS OF EXPER.
13	OCDC3C2	Char	6		DATE OF LAST MENSTRUAL PERIOD
14	OCPEDATE	Char	6		DATE OF LAST PHYSICAL EXAMINATION
15	OCBLPDAT	Char	6		DATE OF SECOND SITTING BLOOD PRESS.
16	OCCOLDAT	Char	6		DATE PROFILSET COLLECTED
17	OCPRFDAT	Char	6		DATE PROFILSET WILL BE MAILED
18	OCHBDATE	Char	6		DATE HBA1C SPECIMEN COLLECTED
19	OCLPDATE	Char	6		DATE LIPID SPECIMENS WILL BE DRAWN
20	OCRENDAT	Char	6		DATE RENAL SPEC. WILL BE COLLECTED
21	OCNA2E	Num	8		NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY
22	OCMRDATE	Num	8		DATE MARITAL STATUS CHANGED
23	OCSMOKE8	Num	8		PIPEFULS/CIGARS PER WK. IN PAST YR.
24	OCTOTUNT	Num	8		TOTAL NUMBER OF UNITS/DAY OF INSULIN
25	OCEXER2	Num	8		HOURS & MINUTES OF LIGHT ACTIVITY
26	OCEXER3	Num	8		HOURS & MINUTES OF MODERATE ACTIVITY
27	OCEXER4	Num	8		HOURS & MINUTES OF HARD ACTIVITY
28	OCEXER5	Num	8		HOURS & MINUTES OF VERY HARD ACTIVITY
29	OCDM3BRD	Num	8		DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST
30	OCDM3BRS	Num	8		DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.
31	OCDM3LUD	Num	8		DM 3 INJ.-BLOOD DONE BEFORE LUNCH
32	OCDM3LUS	Num	8		DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH
33	OCDM3DID	Num	8		DM 3 INJ.-BLOOD DONE BEFORE DINNER
34	OCDM3DIS	Num	8		DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER
35	OCDM3BED	Num	8		DM 3 INJ.-BLOOD DONE BEFORE BEDTIME
36	OCDM3BES	Num	8		DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME

Num	Variable	Type	Len	Format	Label
37	OCDM33AD	Num	8		DM 3 INJ.-BLOOD DONE AT 3 A.M.
38	OCDM33AS	Num	8		DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.
39	OCDM1UBD	Num	8		DM 1 INJ.-URINE DONE BEFORE BREAKFAST
40	OCDM1UBS	Num	8		DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.
41	OCDM1BBD	Num	8		DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST
42	OCDM1BBS	Num	8		DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK
43	OCDM1ULD	Num	8		DM 1 INJ.-URINE DONE BEFORE LUNCH
44	OCDM1ULS	Num	8		DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH
45	OCDM1BLD	Num	8		DM 1 INJ.-BLOOD DONE BEFORE LUNCH
46	OCDM1BLS	Num	8		DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH
47	OCDM1UDD	Num	8		DM 1 INJ.-URINE DONE BEFORE DINNER
48	OCDM1UDS	Num	8		DM 1 INJ.-URINE SHOULD DO BEFORE DINNER
49	OCDM1BDD	Num	8		DM 1 INJ.-BLOOD DONE BEFORE DINNER
50	OCDM1BDS	Num	8		DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER
51	OCDM1UED	Num	8		DM 1 INJ.-URINE DONE BEFORE BEDTIME
52	OCDM1UES	Num	8		DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME
53	OCDM1BED	Num	8		DM 1 INJ.-BLOOD DONE BEFORE BEDTIME
54	OCDM1BES	Num	8		DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME
55	OCRX1	Num	8		RX: NO. ASPIRIN-CONTAINING TABLETS
56	OCPULSE	Num	8		PULSE
57	OCSYSTR	Num	8		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
58	OCDIASR	Num	8		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
59	OCSYSTR2	Num	8		SYSTOLIC-SECOND SITTING BLOOD PRESS.
60	OCDIASR2	Num	8		DIASTOLIC-SECOND SITTING BLOOD PRESS.
61	OCBGP8A	Num	8		RESULTS OF SBGM-PREBREAKFAST
62	OCBGP8B	Num	8		RESULTS OF SBGM-90 MIN. PREBREAKFAST
63	OCBGP8C	Num	8		RESULTS OF SBGM-PRELUNCH
64	OCBGP8D	Num	8		RESULTS OF SBGM-90 MIN. PRELUNCH
65	OCBGP8E	Num	8		RESULTS OF SBGM-PRESUPPER
66	OCBGP8F	Num	8		RESULTS OF SBGM-90 MIN. PRESUPPER
67	OCBGP8G	Num	8		RESULTS OF SBGM-BEDTIME
68	OCDESIWT	Num	8		PATIENT'S DESIRED WEIGHT
69	OCWEIGHT	Num	8		CURRENT WEIGHT
70	OCHEIGHT	Num	8		CURRENT HEIGHT
71	OCWTCHA	Char	5		CHANGE IN WEIGHT SINCE PREVIOUS EXAM
72	OCLAUD3	Char	20		IN WHAT PART OF LEG DO YOU FEEL IT
73	OCRESCH	Num	3		NECESSARY TO RESCHEDULE VISIT
74	OCRESCHN	Num	3		NO. OF TIMES NEEDED TO RESCHEDULE
75	OCVSITNO	Num	3		FOLLOW-UP VISIT NUMBER

Num	Variable	Type	Len	Format	Label
76	OCGENDER	Num	3		GENDER
77	OCMARRY	Num	3		MARITAL STATUS OF PATIENT
78	OCMARNO	Num	3		NUMBER OF TIMES MARRIED
79	OCPATJOB	Num	3		PATIENT'S OCCUPATION
80	OCSPJOB	Num	3		SPOUSE'S OCCUPATION
81	OCMOMJOB	Num	3		MOTHER'S OCCUPATION
82	OCDADJOB	Num	3		FATHER'S OCCUPATION
83	OCFRIJOB	Num	3		GUARDIAN/FRIEND'S OCCUPATION
84	OCPATNOJ	Num	3		PATIENT UNEMPLOYED OR RETIRED
85	OCSPONOJ	Num	3		SPOUSE UNEMPLOYED OR RETIRED
86	OCMOMNOJ	Num	3		MOTHER UMEMPLOYED OR RETIRED
87	OCDADNOJ	Num	3		FATHER UMEMPLOYED OR RETIRED
88	OCFRINOJ	Num	3		GUARDIAN/FRIEND'S UMEMPLOY.OR RETIRED
89	OCPJOBCH	Num	3		PATIENT'S JOB STATUS CHANGED
90	OCSJOBCH	Num	3		SPOUSE'S JOB STATUS CHANGED
91	OCMJOBCH	Num	3		MOTHER'S JOB STATUS CHANGED
92	OCDJOBCH	Num	3		FATHER'S JOB STATUS CHANGED
93	OCFJOBCH	Num	3		GUARDIAN/FRIEND'S JOB STATUS CHANGED
94	OCPATED	Num	3		PATIENT'S EDUCATION LEVEL
95	OCSPOED	Num	3		SPOUSE'S EDUCATION LEVEL
96	OCMOMED	Num	3		MOTHER'S EDUCATION LEVEL
97	OCDADED	Num	3		FATHER'S EDUCATION LEVEL
98	OCFRIED	Num	3		GUARDIAN/FRIEND'S EDUCATION LEVEL
99	OCSTUDNT	Num	3		PATIENT WAS STUDENT IN PAST YEAR
100	OCGRADE	Num	3		ELEMENTARY/SECONDARY SCHOOL GRADE
101	OCTYEAR	Num	3		YEAR IN TRADE SCHOOL
102	OCCYEAR	Num	3		YEAR IN COLLEGE
103	OCGYEAR	Num	3		YEAR IN GRADUATE SCHOOL
104	OCEXPELL	Num	3		CEASED ATTENDING SCHOOL IN PAST YR
105	OCSMOKE1	Num	3		SMOKE CIGARETTES/CIGAR. IN PAST YR.
106	OCSMOKE2	Num	3		CURRENTLY SMOKE CIGARETTES/CIGAR.
107	OCSMOKE3	Num	3		MONTHS SINCE QUIT CIGARETTES/CIGAR.
108	OCSMOKE4	Num	3		HOW MANY CIGARET./CIGAR. IN PAST YR.
109	OCSMOKE5	Num	3		SMOKED PIPES OR CIGARS IN PAST YR.
110	OCSMOKE6	Num	3		CURRENTLY SMOKE PIPES OR CIGARS
111	OCSMOKE7	Num	3		QUIT SMOKING PIPES OR CIGARS
112	OCSMOK9A	Num	3		PAST 12 MONTHS LIVED WHERE PERSON SMOKED
113	OCSMOK9B	Num	3		PAST 12 MONTHS WORK WHERE PERSON SMOKED
114	OCDRINK1	Num	3		AT LEAST ONE ALCOHOLIC BEV. WEEK

Num	Variable	Type	Len	Format	Label
115	OCDRINK2	Num	3		BOTTLES OF BEER IN LAST 7 DAYS
116	OCDRINK3	Num	3		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
117	OCDRINK4	Num	3		GLASSES OF WINE IN LAST 7 DAYS
118	OCDRINK5	Num	3		HARD LIQUOR IN LAST 7 DAYS
119	OCDRINK6	Num	3		TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS
120	OCEXER1	Num	3		PATIENT'S LEVEL OF ACTIVITY
121	OCFAM1	Num	3		NUMBER OF PERSONS IN HOUSEHOLD
122	OCFAM24	Num	3		HYPERTENSION IN PARENTS
123	OCFAM25	Num	3		HYPERTENSION IN GRANDPARENTS
124	OCFAM26	Num	3		HYPERTENSION IN SIBLINGS
125	OCFAM27	Num	3		HYPERTENSION IN CHILDREN
126	OCFAM28	Num	3		MYOCARDIAL INFARCTION IN PARENTS
127	OCFAM29	Num	3		MYOCARDIAL INFARCTION IN GRANDPARENTS
128	OCFAM30	Num	3		MYOCARDIAL INFARCTION IN SIBLINGS
129	OCFAM31	Num	3		MYOCARDIAL INFARCTION IN CHILDREN
130	OCFAM32	Num	3		MI IN PARENTS BEFORE AGE 40
131	OCFAM33	Num	3		MI IN GRANDPARENTS BEFORE AGE 40
132	OCFAM34	Num	3		MI IN SIBLINGS BEFORE AGE 40
133	OCFAM35	Num	3		MI IN CHILDREN BEFORE AGE 40
134	OCFAM36	Num	3		MI IN DIAB. PARENTS BEFORE AGE 40
135	OCFAM37	Num	3		MI IN DIAB. GRANDPARENT BEFORE AGE 40
136	OCFAM38	Num	3		MI IN DIAB. SIBLINGS BEFORE AGE 40
137	OCFAM39	Num	3		MI IN DIAB. CHILDREN BEFORE AGE 40
138	OCFAM40	Num	3		AUTOIMMUNE ENDOCRINE DIS. IN PARENTS
139	OCFAM41	Num	3		AUTOIMMUNE ENDOCRINE DIS. - GRANDPARENTS
140	OCFAM42	Num	3		AUTOIMMUNE ENDOCRINE DIS. IN SIBLINGS
141	OCFAM43	Num	3		AUTOIMMUNE ENDOCRINE DIS. IN CHILDREN
142	OCFAM44	Num	3		EYE DISEASE IN PARENTS
143	OCFAM45	Num	3		EYE DISEASE IN GRANDPARENTS
144	OCFAM46	Num	3		EYE DISEASE IN SIBLING
145	OCFAM47	Num	3		EYE DISEASE IN CHILDREN
146	OCFAM48	Num	3		EYE DIS. IN DIABETIC PARENTS
147	OCFAM49	Num	3		EYE DIS. IN DIABETIC GRANDPARENTS
148	OCFAM50	Num	3		EYE DIS. IN DIABETIC SIBLINGS
149	OCFAM51	Num	3		EYE DIS. IN DIABETIC CHILDREN
150	OCFAM52	Num	3		RENAL DISEASE IN PARENTS
151	OCFAM53	Num	3		RENAL DISEASE IN GRANDPARENTS
152	OCFAM54	Num	3		RENAL DISEASE IN SIBLINGS
153	OCFAM55	Num	3		RENAL DISEASE IN CHILDREN

Num	Variable	Type	Len	Format	Label
154	OCFAM56	Num	3		RENAL DIS. IN DIABETIC PARENTS
155	OCFAM57	Num	3		RENAL DIS. IN DIABETIC GRANDPARENTS
156	OCFAM58	Num	3		RENAL DIS. IN DIABETIC SIBLINGS
157	OCFAM59	Num	3		RENAL DIS. IN DIABETIC CHILDREN
158	OCFAM60	Num	3		PSYCHIATRIC DISORDERS IN PARENTS
159	OCFAM61	Num	3		PSYCHIATRIC DISORDERS IN GRANDPARENTS
160	OCFAM62	Num	3		PSYCHIATRIC DISORDERS IN SIBLINGS
161	OCFAM63	Num	3		PSYCHIATRIC DISORDERS IN CHILDREN
162	OCFAM64	Num	3		NEUROLOGIC DISEASE IN PARENTS
163	OCFAM65	Num	3		NEUROLOGIC DISEASE IN GRANDPARENTS
164	OCFAM66	Num	3		NEUROLOGIC DISEASE IN SIBLINGS
165	OCFAM67	Num	3		NEUROLOGIC DISEASE IN CHILDREN
166	OCFAM68	Num	3		NEUROLOGIC DIS. IN DIAB. PARENTS
167	OCFAM69	Num	3		NEUROLOGIC DIS. IN DIAB. GRANDPARENTS
168	OCFAM70	Num	3		NEUROLOGIC DIS. IN DIAB. SIBLINGS
169	OCFAM71	Num	3		NEUROLOGIC DIS. IN DIAB. CHILDREN
170	OCFAM72	Num	3		HYPERLIPIDEMIA IN PARENTS
171	OCFAM73	Num	3		HYPERLIPIDEMIA IN GRANDPARENTS
172	OCFAM74	Num	3		HYPERLIPIDEMIA IN SIBLINGS
173	OCFAM75	Num	3		HYPERLIPIDEMIA IN CHILDREN
174	OCFAM76	Num	3		IDDM IN PARENTS
175	OCFAM77	Num	3		IDDM IN GRANDPARENTS
176	OCFAM78	Num	3		IDDM IN SIBLINGS
177	OCFAM79	Num	3		IDDM IN CHILDREN
178	OCFAM80	Num	3		NIDDM IN PARENTS
179	OCFAM81	Num	3		NIDDM IN GRANDPARENTS
180	OCFAM82	Num	3		NIDDM IN SIBLINGS
181	OCFAM83	Num	3		NIDDM IN CHILDREN
182	OCHUREG	Num	3		TYPE OF INSULIN-HUMAN REGULAR
183	OCPOREG	Num	3		TYPE OF INSULIN-PORK REGULAR
184	OCHUSEMI	Num	3		TYPE OF INSULIN-HUMAN SEMILENTE
185	OCPOSEMI	Num	3		TYPE OF INSULIN-PORK SEMILENTE
186	OCHUNPH	Num	3		TYPE OF INSULIN-HUMAN NPH
187	OCPONPH	Num	3		TYPE OF INSULIN-PORK NPH
188	OCHULEN	Num	3		TYPE OF INSULIN-HUMAN LENTE
189	OCPOLEN	Num	3		TYPE OF INSULIN-PORK LENTE
190	OCHUULT	Num	3		TYPE OF INSULIN-HUMAN ULTRALENTE
191	OCPO7030	Num	3		TYPE OF INSULIN-PORK 70/30
192	OCHU7030	Num	3		TYPE OF INSULIN-HUMAN 70/30

Num	Variable	Type	Len	Format	Label
193	OCBPREG	Num	3		TYPE OF INSULIN-BEEF/PORK REGULAR
194	OCBPSEMI	Num	3		TYPE OF INSULIN-BEEF/PORK SEMILENTE
195	OCBPNPH	Num	3		TYPE OF INSULIN-BEEF/PORK NPH
196	OCBPLEN	Num	3		TYPE OF INSULIN-BEEF/PORK LENTE
197	OCBPULT	Num	3		TYPE OF INSULIN-BEEF/PORK ULTRALENTE
198	OCGROUP	Num	3		WHAT GROUP PATIENT RANDOMIZED
199	OCINSREG	Num	3		CURRENT INSULIN REGIMEN
200	OCREGPR	Num	3		IS THIS REGIMEN PRESCRIBED BY CLINIC
201	OCREGBRK	Num	3		UNITS REGULAR INSULIN USED-BREAKFAST
202	OCREGLUN	Num	3		UNITS REGULAR INSULIN USED-LUNCH
203	OCREGSUP	Num	3		UNITS REGULAR INSULIN USED-SUPPER
204	OCREGBED	Num	3		UNITS REGULAR INSULIN USED-BEDTIME
205	OCREGOTH	Num	3		UNITS REGULAR INSULIN USED-OTHER
206	OCSEMBRK	Num	3		UNITS SEMILENTE INSULIN USED-BREAKFAST
207	OCSEMLUN	Num	3		UNITS SEMILENTE INSULIN USED-LUNCH
208	OCSEMSUP	Num	3		UNITS SEMILENTE INSULIN USED-SUPPER
209	OCSEMBED	Num	3		UNITS SEMILENTE INSULIN USED-BEDTIME
210	OCSEMOTH	Num	3		UNITS SEMILENTE INSULIN USED-OTHER
211	OCNPHBRK	Num	3		UNITS NPH INSULIN USED-BREAKFAST
212	OCNPHLUN	Num	3		UNITS NPH INSULIN USED-LUNCH
213	OCNPHSUP	Num	3		UNITS NPH INSULIN USED-SUPPER
214	OCNPHBED	Num	3		UNITS NPH INSULIN USED BEDTIME
215	OCNPHOTH	Num	3		UNITS NPH INSULIN USED-OTHER
216	OCLENBRK	Num	3		UNITS LENTE INSULIN USED-BREAKFAST
217	OCLENLUN	Num	3		UNITS LENTE INSULIN USED LUNCH
218	OCLENSUP	Num	3		UNITS LENTE INSULIN USED-SUPPER
219	OCLENBED	Num	3		UNITS LENTE INSULIN USED-BEDTIME
220	OCLENOTH	Num	3		UNITS LENTE INSULIN USED-OTHER
221	OCULTBRK	Num	3		UNITS ULTRALENTE INSULIN USED-BREAKFAST
222	OCULTLUN	Num	3		UNITS ULTRALENTE INSULIN USED-LUNCH
223	OCULTSUP	Num	3		UNITS ULTRALENTE INSULIN USED-SUPPER
224	OCULTBED	Num	3		UNITS ULTRALENTE INSULIN USED-BEDTIME
225	OCULTOTH	Num	3		UNITS ULTRALENTE INSULIN USED-OTHER
226	OC7030BR	Num	3		UNITS 70/30 INSULIN USED-BREAKFAST
227	OC7030LU	Num	3		UNITS 70/30 INSULIN USED-LUNCH
228	OC7030SU	Num	3		UNITS 70/30 INSULIN USED-SUPPER
229	OC7030BE	Num	3		UNITS 70/30 INSULIN USED-BEDTIME
230	OC7030OT	Num	3		UNITS 70/30 INSULIN USED-OTHER
231	OCDM5	Num	3		DESCRIBE INSULIN REGIMEN

Num	Variable	Type	Len	Format	Label
232	OCDM6A	Num	3		UNITS BASAL INSULIN INFUSED DAILY
233	OCDM6B	Num	3		DIFFERENT BASAL RATES USED/DAY
234	OCDM6C	Num	3		TECHN. PROBLEMS-INSULIN INFUSION PUMP
235	OCDM7A	Num	3		PRESCRIBED CHANGE IN INSULIN REGIMEN
236	OCDM7A1	Num	3		CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSIA
237	OCDM7A2	Num	3		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.
238	OCDM7A3	Num	3		CHANGE DOSE-RECURRENT KETONURIA
239	OCDM7A4	Num	3		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
240	OCDM7A5	Num	3		CHANGE DOSE-PREGNANCY
241	OCDM7A6	Num	3		CHANGE DOSE-OTHER
242	OCDM7B1	Num	3		SELF BLOOD GLUCOSE MONITORING
243	OCDM7B2	Num	3		URINE GLUCOSE MONITORING
244	OCDM8	Num	3		SUSPECT REPORTED GLUCOSE INACCURATE
245	OCDV1	Num	3		SINCE LAST VISIT-DEVIATION FROM TREATM.
246	OCDV1A	Num	3		CURRENTLY ON DEVIATION FROM TREATMENT
247	OCIS1	Num	3		SINCE LAST VISIT-ON INACTIVE STATUS
248	OCIS1A	Num	3		CURRENTLY ON TRANSFER TO INACTIVE STATUS
249	OCMDF1	Num	3		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
250	OCMDF2	Num	3		CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE
251	OCMDT1	Num	3		SINCE LAST VISIT,MODIF. THERAPY ANYTIME
252	OCMDT1A	Num	3		GLUC MONITOR. > FREQ. THAN PROTOCOL
253	OCMDT1A1	Num	3		SBGM > SPECIFIED IN PROTOCOL
254	OCMDT1A2	Num	3		UGM > SPECIFIED IN PROTOCOL
255	OCMDT1B	Num	3		> 2 INJECTIONS INSULIN DAILY
256	OCMDT1C	Num	3		CURRENTLY USE > 2 INJECTIONS DAILY
257	OCMDT1D	Num	3		OTHER MODIFICATION TO THERAPY
258	OCMDT2	Num	3		EXP.-ON MODIFIED TREATMENT PROTOCOL
259	OCMDT2A	Num	3		EXP.-LESS FREQENT VISIT SCHEDULE
260	OCMDT2B	Num	3		EXP.-SBGM-LESS FREQENT DAILY SCHEDULE
261	OCMDT2B1	Num	3		EXP.-FREQ. OF SBGM<REQUIRED MINIMUM
262	OCMDT2C	Num	3		EXP.-INSTRUCT LESS STRICT GOALS THERAPY
263	OCMDT2C4	Num	3		EXP.-STATED GOALS IN EFFECT AT PRESENT
264	OCMDT2D	Num	3		EXP.-OTHER MODIFICATIONL
265	OCDM32	Num	3		DM 3 INJ.-MORE SBGM THAN PRESCRIBED
266	OCDM12	Num	3		PERFORM>GLUC. MONITOR. THAN PRESCRIBED
267	OCNA1A	Num	3		NA-FREQ. CLAIMED FOLLOWED MEAL PLAN
268	OCNA1B	Num	3		NA-PATTERN OF EATING--EATING DISORDER
269	OCNA1C1	Num	3		NA-NO. OF ILL. (INTERCURRENT OR NOT)
270	OCNA1C2	Num	3		FAILED TO ADJUST INSULIN DOSE AS PRESC.

Num	Variable	Type	Len	Format	Label
271	OCNA1D	Num	3		NA-USED TYPE OF INSULIN NOT PRESCRIBED
272	OCNA1E	Num	3		NA-ROTATING SITE OF INJECTION
273	OCNA1F	Num	3		NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS
274	OCNA1G1	Num	3		NA-NO. INTERCURRENT EVENTS
275	OCNA1G2	Num	3		NA-INTERCURR. EVENTS NO REPORT ON TIME
276	OCNA1H	Num	3		NA-FAILED TO BRING IN DAILY RECORD
277	OCNA1I1	Num	3		NA-PATIENT PERFORM SBGM
278	OCNA1I2	Num	3		NA-USE SBGM TO ADJUST INSULIN DOSAGE
279	OCNA1I3	Num	3		NA-PERFORM SBGM > ONCE/DAY
280	OCNA2A	Num	3		NA-STD: >PRESCRIBED UNITS OF INSULIN
281	OCNA2B	Num	3		NA-STD: EXTRA INJECTIONS OF INSULIN
282	OCNA2C	Num	3		NA-STD: FEWER INJECTIONS OF INSULIN
283	OCNA2D	Num	3		NA-STD: FAILED TO TAKE PRESCRIBED DOSE
284	OCNA2F1	Num	3		NA-STD: PATIENT BEEN ILL
285	OCNA2F2	Num	3		NA-STD:SICK-NO TEST/RECORD URINE ACETO.
286	OCNA3A	Num	3		NA-EXP: NOT TAKE PRESCRIBED DELIVERY
287	OCNA3B	Num	3		NO. OF TIME NO TEST AT 3 A.M.
288	OCNA3C	Num	3		NO. OF TIMES NO REPORT LOW BG TO CLINIC
289	OCNA3D	Num	3		NO MONITOR URINE ACETONE WHEN BG>240
290	OCNA4A	Num	3		NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG
291	OCNA4B	Num	3		NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG
292	OCNA4C	Num	3		NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG
293	OCDC1A	Num	3		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1
294	OCDC1B	Num	3		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2
295	OCDC1C	Num	3		ON AVERAGE, NO. 8 OZ. GLASSES DAILY
296	OCDC1D	Num	3		FREQUENCY OF DKA
297	OCDC1E	Num	3		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
298	OCDC2	Num	3		FREQ. DAYS-MODERATE OR LARGE KETONURIA
299	OCDC2A	Num	3		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
300	OCDC2B	Num	3		MODERATE/LARGE KETONUR.-DUE TO ILLNESS
301	OCDC2C	Num	3		MODERATE/LARGE KETONUR.-EQUIPM. FAILED
302	OCDC2D	Num	3		MODERATE/LARGE KETONUR.-SPONTANEOUS
303	OCDC3A	Num	3		PATIENT FEMALE
304	OCDC3B1	Num	3		VAGINAL ITCHING OR DISCHARGE
305	OCDC3B2	Num	3		PATIENT TREATED FOR VAGINAL ITCHING
306	OCDC3C1	Num	3		DOES PATIENT MENSTRUATE
307	OCDC3D1	Num	3		LAST MENSTRUAL PERIOD > 5 WKS. AGO
308	OCDC3D2	Num	3		WAS PREGNANCY TEST PERFORMED
309	OCDC3D3	Num	3		DID TEST INDICATE PREGNANCY

Num	Variable	Type	Len	Format	Label
310	OCDC4A	Num	3		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
311	OCDC4B1	Num	3		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
312	OCDC4B2	Num	3		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
313	OCDC4C1	Num	3		HYPOG.-REQUIRED PROF. MEDICAL HELP
314	OCDC4C2	Num	3		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
315	OCDC4C3	Num	3		HYPOG.-NOT NEED DOCTOR OR OTHER PERSON
316	OCDC4D1	Num	3		FREQENCY RECEIVE GLUCAGON
317	OCDC4D2	Num	3		FREQUENCY RECEIVE IV GLUCOSE
318	OCDC4D3	Num	3		EPISODES RESULT IN INJURY-PT/OTHERS
319	OCDC4E_N	Num	3		HIST.RECURRENT HYPOG UNABLE TO HELP SELF
320	OCDC4F_N	Num	3		HIST.RECURRENT HYPOG ABLE TO HELP SELF
321	OCDC4G	Num	3		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
322	OCDC4H1	Num	3		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
323	OCDC4H2A	Num	3		REASON HYPOG: MISSED MEAL OR SNACK
324	OCDC4H2B	Num	3		REASON HYPOG:DECREASED FOOT INTAKE
325	OCDC4H2C	Num	3		REASON HYPOG:INCREASED EXERCISE LEVEL
326	OCDC4H2D	Num	3		REASON HYPOG:TOO MUCH INSULIN TAKEN
327	OCDC4H2E	Num	3		REASON HYPOG:LACK EARLY WARNING-LOW BG
328	OCDC4H2F	Num	3		REASON HYPOGLYCEMIA: OTHER
329	OCDC4H2G	Num	3		REASON HYPOGLYCEMIA: UNEXPLAINED
330	OCDC4H3A	Num	3		SYMPTOMS W HYPOG: ADRENERGIC WARNING
331	OCDC4H3B	Num	3		SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)
332	OCDC4H3C	Num	3		SYMPTOMS W HYPOG: ALTER. MENTAL STATUS
333	OCDC4H3D	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER
334	OCDC4H3E	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
335	OCRC1AR	Num	3		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE
336	OCRC1AL	Num	3		OPHTH:BLURRED/REDUCED VISION-LEFT EYE
337	OCRC1BR	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
338	OCRC1BL	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
339	OCRC1CR	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
340	OCRC1CL	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
341	OCRC1D	Num	3		WILL BE SENT TO OPHTH. SPECIAL VISIT
342	OCRC2A	Num	3		NEUR: PAIN/NUMBNESS IN HANDS/FEET
343	OCRC2A1	Num	3		IF PAIN, IS PATIENT TAKING MEDICATION
344	OCRC2B	Num	3		NEUR: UNEXPLAINED MUSCLE WEAKNESS
345	OCRC2C	Num	3		NEUR: VOMITING/BLOATING AFTER MEALS
346	OCRC2D	Num	3		NEUR: RECURRENT DIARRHEA
347	OCRC2E	Num	3		NEUR: URINARY RETENTION
348	OCRC2F	Num	3		NEUR: DIZZINESS/LIGHTHEADEDNESS

Num	Variable	Type	Len	Format	Label
349	OCRC2G	Num	3		NEUR: FAINTING (NOT WITH HYPOG.)
350	OCRC2H	Num	3		NEUR: SEIZURE (NOT DUE TO HYPOG.)
351	OCRC2I	Num	3		NEUR: IMPOTENCE
352	OCRC2J	Num	3		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.
353	OCRC2K	Num	3		NEUR: OTHER NEUROLOGICAL PROBLEM
354	OCRC2L	Num	3		NEUR: WILL GO TO NEUROL. FOR VISIT
355	OCRC3A	Num	3		RENAL: EDEMA
356	OCRC3B	Num	3		RENAL: OTHER RENAL PROBLEM
357	OCRC4A	Num	3		VASCULAR: SHORTNESS OF BREATH
358	OCRC4B	Num	3		VASCULAR: CONGESTIVE HEART DISEASE
359	OCRC4C_O	Num	3		VASCULAR: SUSPECTED NON-ACUTE MI
360	OCRC4D_O	Num	3		VASCULAR: TRANSIENT ISCHEMIC ATTACK
361	OCRC4E_O	Num	3		VASCULAR: OTHER VASCULAR PROBLEM
362	OCRC5A	Num	3		INFECT: URINARY TRACT INFECTION
363	OCRC5B	Num	3		INFECT: UPPER/LOWER RESPIRATORY TRACT
364	OCRC5C	Num	3		INFECT: GASTROENTERITIS
365	OCRC5D	Num	3		INFECT: CUTANEOUS/MUCOCUTANEOUS
366	OCRC5E	Num	3		INFECT: POST-OPERATIVE OR DEEP WOUND
367	OCRC5F	Num	3		INFECT: GANGRENE
368	OCRC5G	Num	3		INFECT: OTHER-MONONUCLEOSIS, MEASLES
369	OCRC5H	Num	3		INFECT: AT INSERTION SITE
370	OCRC6	Num	3		MINOR OUTPATIENT SURGERY/INCIDENTAL
371	OCRC7	Num	3		INTERCURRENT ENDOCRINE EVENT
372	OCRC8	Num	3		ADVERSE PSYCHOSOCIAL REACTION
373	OCRC9	Num	3		OTHER MEDICAL PROBLEMS/DIFFICULTIES
374	OCSKIN1	Num	3		ERUPTIVE XANTHOMA
375	OCSKIN2	Num	3		XANTHELASMA
376	OCSKIN3	Num	3		NECROBIOSIS
377	OCSKIN4	Num	3		SHIN SPOT
378	OCSKIN5	Num	3		OTHER SIGNIF. SKIN CONDITION
379	OCPSYCH1	Num	3		NERVOUSNESS OR ANXIETY
380	OCPSYCH2	Num	3		UNREASONABLE FEARS
381	OCPSYCH3	Num	3		EATING DISTURBANCE
382	OCPSYCH4	Num	3		AFFECTIVE DISORDER
383	OCPSYCH5	Num	3		SUICIDE ATTEMPT
384	OCPSYCH6	Num	3		CRIMINAL CONDUCT
385	OCPSYCH7	Num	3		PSYCHIATRIC TREATMENT
386	OCPSYCH8	Num	3		OTHER PSYCHIATRIC CONDITION
387	OCFEM1	Num	3		NODULES IN BREAST

Num	Variable	Type	Len	Format	Label
388	OCFEM2	Num	3		BREAST CANCER
389	OCFEM3	Num	3		BREAST DISCHARGE
390	OCFEM4	Num	3		IRREGULAR MENSES
391	OCFEM5	Num	3		DYSMENORRHEA
392	OCFEM6	Num	3		VAGINITIS
393	OCFEM7	Num	3		OTHER SIGNIF. GYNECOLOGIC CONDITION
394	OCFEM12	Num	3		EVER USED ORAL CONTRACEPTIVES
395	OCFEM13	Num	3		NOW USES ORAL CONTRACEPTIVES
396	OCFEM14	Num	3		USES OTHER BIRTH CONTROL
397	OCFEM16	Num	3		ANY DIFFICULTIES WITH SEXUAL FUNCTION?
398	OCPAIN1	Num	3		EVER HAD PAIN/DISCOMFORT IN CHEST
399	OCPAIN2	Num	3		IF NO ANY PRESSURE/HEAVINESS IN CHEST
400	OCPAIN3	Num	3		GET PAIN WHEN WALK UPHILL OR IN HURRY
401	OCPAIN4	Num	3		GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE
402	OCPAIN5	Num	3		WHEN YOU GET THIS PAIN WHAT DO YOU DO
403	OCPAIN6	Num	3		WHAT HAPPENS TO IT IF YOU STAND STILL
404	OCPAIN7	Num	3		HOW SOON DOES IT GO AWAY IF STAND STILL
405	OCPAIN8	Num	3		WHERES THE PAIN: STERNUM UPPER OR MIDDLE
406	OCPAIN9	Num	3		WHERES THE PAIN: STERNUM (LOW)
407	OCPAIN10	Num	3		WHERES THE PAIN: LEFT ANTERIOR CHEST
408	OCPAIN11	Num	3		WHERES THE PAIN: LEFT ARM
409	OCPAIN12	Num	3		WHERES THE PAIN: OTHER SPECIFY
410	OCLAUD1	Num	3		GET PAIN IN EITHER LEG ON WALKING
411	OCLAUD2	Num	3		DOES IT EVER BEGIN STAND STILL/SITTING
412	OCLAUD4	Num	3		PAIN INCLUDES CALF/CALVES
413	OCLAUD5	Num	3		GET PAIN WHEN WALK UPHILL/HURRY
414	OCLAUD6	Num	3		GET PAIN WHEN WALK ORD.PACE/LEVL SURFACE
415	OCLAUD7	Num	3		DOES PAIN EVER REMIT WHILE WALKING
416	OCLAUD8	Num	3		WHAT DO YOU DO WHEN YOU GET THIS PAIN
417	OCLAUD9	Num	3		WHAT HAPPENS IF YOU STAND STILL
418	OCLAUD10	Num	3		HOW SOON
419	OCRX2	Num	3		RX: HAS USED OR IS USING PRESCRIPTION
420	OCRX3	Num	3		RX: USED OVER-THE-COUNTER DRUGS
421	OCRX4	Num	3		RX: VITAMIN SUPPLEMENTS-REGULARLY
422	OCADOLES	Num	3		LESS THAN 18 YEARS OLD
423	OCGROWTH	Num	3		FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.
424	OCHYPDOC	Num	3		HYPER. DOCUMENTED SENT TO COOR.CENTER
425	OCHIBLP	Num	3		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
426	OCHYPERT	Num	3		SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.

Num	Variable	Type	Len	Format	Label
427	OCENT	Num	3		ABNORMALITY OF EARS, NOSE AND THROAT
428	OCTHYRD	Num	3		ABNORMALITY OF THYROID
429	OCLUNGS	Num	3		ABNORMALITY OF LUNGS
430	OCBREAST	Num	3		ABNORMALITY OF BREASTS
431	OCABDOM	Num	3		ABNORMALITY OF ABDOMEN
432	OCHEPATO	Num	3		ABDOMEN--HEPATOMEGALY
433	OCSPAN	Num	3		ABDOMEN-IF PRESENT, HOW LARGE (SPAN)
434	OCLYMPH	Num	3		ABNORMALITY OF LYMPHATIC SYSTEM
435	OCRECTUM	Num	3		ABNORMALITY OF RECTUM
436	OCPELVIS	Num	3		ABNORMALITY OF PELVIS
437	OCGENIT	Num	3		ABNORMALITY OF GENITALIA
438	OCRHYTHM	Num	3		CARDIAC RHYTHM
439	OCVENPRS	Num	3		VENOUS PRESSURE
440	OCMEGALY	Num	3		CARDIOMEGALY
441	OCS3GALP	Num	3		S3 GALLOP
442	OCS4GALP	Num	3		S4 GALLOP
443	OCSMURMR	Num	3		SYSTOLIC EJECTION MURMUR
444	OCDMURMR	Num	3		DIASTOLIC MURMUR
445	OCOMURMR	Num	3		OTHER MURMUR
446	OCRUB	Num	3		RUB
447	OCCARDAB	Num	3		OTHER CARDIAC ABNORMALITY
448	OCPPUL1	Num	3		GRADE OF RIGHT CAROTID PULSE
449	OCPPUL2	Num	3		GRADE OF LEFT CAROTID PULSE
450	OCPPUL3	Num	3		GRADE OF RIGHT BRACHIAL PULSE
451	OCPPUL4	Num	3		GRADE OF LEFT BRACHIAL PULSE
452	OCPPUL5	Num	3		GRADE OF RIGHT RADIAL PULSE
453	OCPPUL6	Num	3		GRADE OF LEFT RADIAL PULSE
454	OCPPUL7	Num	3		GRADE OF RIGHT FEMORAL PULSE
455	OCPPUL8	Num	3		GRADE OF LEFT FEMORAL PULSE
456	OCPPUL9	Num	3		GRADE OF RIGHT POPLITEAL PULSE
457	OCPPUL10	Num	3		GRADE OF LEFT POPLITEAL PULSE
458	OCPPUL11	Num	3		GRADE OF RIGHT POST. TIBIAL PULSE
459	OCPPUL12	Num	3		GRADE OF LEFT POST. TIBIAL PULSE
460	OCPPUL13	Num	3		GRADE OF RIGHT D. PEDIS PULSE
461	OCPPUL14	Num	3		GRADE OF LEFT D. PEDIS PULSE
462	OCBRUIT1	Num	3		RIGHT FEMORAL BRUIT
463	OCBRUIT2	Num	3		LEFT FEMORAL BRUIT
464	OCBRUIT3	Num	3		RIGHT CAROTID BRUIT
465	OCBRUIT4	Num	3		LEFT CAROTID BRUIT

Num	Variable	Type	Len	Format	Label
466	OCBRUIT5	Num	3		RIGHT OTHER BRUIT
467	OCBRUIT6	Num	3		LEFT OTHER BRUIT
468	OCEXTR1	Num	3		ULCERATION - RIGHT SIDE
469	OCEXTR2	Num	3		ULCERATION - LEFT SIDE
470	OCEXTR3	Num	3		SKIN DISCOLORATION - RIGHT SIDE
471	OCEXTR4	Num	3		SKIN DISCOLORATION - LEFT SIDE
472	OCEXTR5	Num	3		GANGRENE - RIGHT SIDE
473	OCEXTR6	Num	3		GANGRENE - LEFT SIDE
474	OCEXTR7	Num	3		CHARCOT JOINT - RIGHT SIDE
475	OCEXTR8	Num	3		CHARCOT JOINT - LEFT SIDE
476	OCEXTR9	Num	3		DEFORMITY - RIGHT SIDE
477	OCEXTR10	Num	3		DEFORMITY - LEFT SIDE
478	OCLIPOAT	Num	3		INJECTION SITE--LIPOATROPHY
479	OCLIPOHY	Num	3		INJECTION SITE--LIPOHYPERTROPHY
480	OCINFLAM	Num	3		INJECTION SITE--INFLAMMATION
481	OCFOOTUL	Num	3		FOOT-ULCER
482	OCFOOTIN	Num	3		FOOT-INFECTION
483	OCABNTOE	Num	3		FOOT-ABNORMAL TOENAILS
484	OCOTHABN	Num	3		OTHER ABNORMALITIES ON PHYSICAL EXAM
485	OCBGP1	Num	3		PROFILSET MAILED TO CBL
486	OCBGP2A	Num	3		NOT MAILED: KIT DAMAGED
487	OCBGP2B	Num	3		NOT MAILED:PATIENT FORGOT TO COLLECT
488	OCBGP2C	Num	3		NOT MAILED: PATIENT LOST KIT
489	OCBGP2D	Num	3		NOT MAILED: PATIENT REFUSED TO COLLECT
490	OCBGP2E	Num	3		NOT MAILED: OTHER OR UNKNOWN
491	OCBGP6A	Num	3		PROFILSET QUALITY-CONTROLLED
492	OCBGP6A1	Num	3		PROFILSET QC-STICK NO. DUPLICATED
493	OCBGP6A2	Num	3		PROFILSET QC-WAS CORRECT STICK USED
494	OCBGP7	Num	3		PERFORM SBGM ON DAY OBTAINED SPECIMENS
495	OCLIPID	Num	3		WILL LIPIDS BE MAILED TO CBL
496	OCRENAL	Num	3		WILL RENAL SPEC. BE MAILED TO CBL
497	MASK_PAT	Num	8		Patient ID number

Data Set Name: f003cmb2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	OCLSTVST	Char	6		DATE OF LAST COMPLETED VISIT
4	OCMRDATE	Num	4		DATE MARITAL STATUS CHANGED
5	OCSMOKE8	Num	4		PIPEFULS/CIGARS PER WK. IN PAST YR.
6	OCEXER2	Num	4		HOURS & MINUTES OF LIGHT ACTIVITY
7	OCEXER3	Num	4		HOURS & MINUTES OF MODERATE ACTIVITY
8	OCEXER4	Num	4		HOURS & MINUTES OF HARD ACTIVITY
9	OCEXER5	Num	4		HOURS & MINUTES OF VERY HARD ACTIVITY
10	OCF2	Num	4		TOTAL NUMBER OF CLINICAL VISITS
11	OCG61A	Num	4		PUMP-PREPRANDIAL-N0. ACTUALLY DONE
12	OCG61B	Num	4		-PUMP-PREPRANDIAL-SHOULD HAVE DONE
13	OCG61C	Num	4		PUMP-PREPRANDIAL-NUMBER BELOW 70
14	OCG61D	Num	4		PUMP-PREPRANDIAL-NUMBER ABOVE 120
15	OCG62A	Num	4		PUMP-POSTPRANDIAL-NO. ACTUALLY DONE
16	OCG62B	Num	4		PUMP-POSTPRANDIAL-SHOULD HAVE DONE
17	OCG62C	Num	4		PUMP-POSTPRANDIAL-NUMBER BELOW 70
18	OCG62D	Num	4		PUMP-POSTPRANDIAL-NUMBER ABOVE 180
19	OCG63A	Num	4		PUMP-BEDTIME-NUMBER ACTUALLY DONE
20	OCG63B	Num	4		PUMP-BEDTIME-NUMBER SHOULD HAVE DONE
21	OCG63C	Num	4		PUMP-BEDTIME-NUMBER BELOW 70
22	OCG63D	Num	4		PUMP-BEDTIME-NUMBER ABOVE 120
23	OCG64A	Num	4		PUMP-3:00 A.M.-NUMBER ACTUALLY DONE
24	OCG64B	Num	4		PUMP-3:00 A.M.-NUMBER SHOULD HAVE DONE
25	OCG64C	Num	4		PUMP-3:00 A.M.-NUMBER BELOW 65
26	OCG64D	Num	4		PUMP-3:00 A.M.-NUMBER ABOVE 120
27	OCH41D	Char	5		MDI1-TIME
28	OCH42D	Char	5		MDI2-TIME
29	OCH43D	Char	5		MDI3-TIME
30	OCH44D	Char	5		MDI4-TIME
31	OCH45D	Char	5		MDI5-TIME
32	OCH61A	Num	4		MDI-PREPRANDIAL-NO. ACTUALLY DONE
33	OCH61B	Num	4		MDI-PREPRANDIAL-SHOULD HAVE DONE
34	OCH61C	Num	4		MDI-PREPRANDIAL-NO. BELOW 70
35	OCH61D	Num	4		MDI-PREPRANDIAL-NO. ABOVE 120
36	OCH62A	Num	4		MDI-POSTPRANDIAL-NO. ACTUALLY DONE

Num	Variable	Type	Len	Format	Label
37	OCH62B	Num	4		MDI-POSTPRANDIAL-SHOULD HAVE DONE
38	OCH62C	Num	4		MDI-POSTPRANDIAL-NO. BELOW 70
39	OCH62D	Num	4		MDI-POSTPRANDIAL-NO. ABOVE 180
40	OCH63A	Num	4		MDI-BEDTIME-NO. ACTUALLY DONE
41	OCH63B	Num	4		MDI-BEDTIME-NO. SHOULD HAVE DONE
42	OCH63C	Num	4		MDI-BEDTIME-NO. BELOW 70
43	OCH63D	Num	4		MDI-BEDTIME-NO. ABOVE 120
44	OCH64A	Num	4		MDI-3:00 AM-NO. ACTUALLY DONE
45	OCH64B	Num	4		MDI-3:00 AM-NO. SHOULD HAVE DONE
46	OCH64C	Num	4		MDI-3:00 AM-NO. BELOW 65
47	OCH64D	Num	4		MDI-3:00 AM-NO. ABOVE 120
48	OCI11D	Char	5		STD-TIME
49	OCI12D	Char	5		STD-TIME
50	OCI13D	Char	5		STD-TIME
51	OCI14D	Char	5		STD-TIME
52	OCI15D	Char	5		STD-TIME
53	OCI51A	Num	4		STD-BEFORE BREAK.-# ACTUAL. DONE-URINE
54	OCI51B	Num	4		STD-BEFORE BREAK.-# HAVE DONE-URINE
55	OCI51C	Num	4		STD-BEFORE BREAK.-# ACTUAL. DONE-BLOOD
56	OCI51D	Num	4		STD-BEFORE BREAK.-# HAVE DONE-BLOOD
57	OCI52A	Num	4		STD-BEFORE LUNCH-# ACTUAL.DONE-URINE
58	OCI52B	Num	4		STD-BEFORE LUNCH-# HAVE DONE-URINE
59	OCI52C	Num	4		STD-BEFORE LUNCH-# ACTUALLY DONE-BLOOD
60	OCI52D	Num	4		STD-BEFORE LUNCH-HAVE DONE-BLOOD
61	OCI53A	Num	4		STD-BEFORE DINNER-# ACTUAL.DONE-URINE
62	OCI53B	Num	4		STD-BEFORE DINNER-HAVE DONE-URINE
63	OCI53C	Num	4		STD-BEFORE DINNER-# ACTUAL.DONE-BLOOD
64	OCI53D	Num	4		STD-BEFORE DINNER-SHOULD HAVE DONE-BLOOD
65	OCI54A	Num	4		STD-BEDTIME-# ACTUALLY DONE-URINE
66	OCI54B	Num	4		STD-BEDTIME-# SHOULD HAVE DONE-URINE
67	OCI54C	Num	4		STD-BEDTIME-# ACTUALLY DONE-BLOOD
68	OCI54D	Num	4		STD-BEDTIME-# SHOULD HAVE DONE-BLOOD
69	OCK3CDAT	Char	6		DATE LAST MENSTRUAL PEROID STARTED
70	OCPEDATE	Char	6		DATE OF LAST PHYSICAL EXAMINATION
71	OCWEIGHT	Num	8		CURRENT WEIGHT
72	OCWTCHA	Char	5		CHANGE IN WEIGHT SINCE PREVIOUS EXAM
73	OCDESIWT	Num	8		PATIENT'S DESIRED WEIGHT
74	OCHEIGHT	Num	8		CURRENT HEIGHT
75	OCHTCHA	Num	8		CHANGE IN HEIGHT SINCE LAST PHYSICAL

Num	Variable	Type	Len	Format	Label
76	OCPULSE	Num	4		PULSE
77	OCSYSTR	Num	4		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
78	OCDIASR	Num	4		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
79	OCBLPDAT	Char	6		DATE OF SECOND SITTING BLOOD PRESS.
80	OCSYSTR2	Num	4		SYSTOLIC-SECOND SITTING BLOOD PRESS.
81	OCDIASR2	Num	4		DIASTOLIC-SECOND SITTING BLOOD PRESS.
82	OCO11D	Char	5		TIME
83	OCO12D	Char	5		TIME
84	OCO13D	Char	5		TIME
85	OCCOLDAT	Char	6		DATE COLLECTIONS PERFORMED
86	OCPRFDAT	Char	6		DATE PROFILSET BE MAILED
87	OCP7A	Num	4		MG/DL-BREAKFAST
88	OCP7B	Num	4		MG/DL-90 MIN. P.C.
89	OCP7C	Num	4		MG/DL-PRELUNCH
90	OCP7D	Num	4		MG/DL-90 MIN. P.C.
91	OCP7E	Num	4		MG/DL-PRESUPPER
92	OCP7F	Num	4		MG/DL-90 MIN. P.C.
93	OCP7G	Num	4		MG/DL-BEDTIME
94	OCHBDATE	Char	6		DATE MAILED TO HEMOGLOBLIN A1C LAB
95	OCLPDATE	Char	6		DATE SPECIMENS WILL BE DRAWN
96	OCRENDAT	Char	6		WHAT DATE WILL SPECIMEN BE COLLECTED
97	OCTRTDAT	Char	6		NOTIFY.-DEVIATION FROM ASSIGN. TREAT.
98	OCTERDAT	Char	6		ENTER DATE OF TERMINATION OF DEV.
99	OCTRNDAT	Char	6		APPLICATION FOR TRANSFER
100	OCTRMDAT	Char	6		DATE OF TERMIN. TO INACTIVE STATUS
101	OCPERMDA	Char	6		DATE PERMISSION WAS RECEIVED
102	OCNEWDAT	Char	6		DATE NEW REGIMEN WAS STARTED
103	OCINSDAT	Char	6		DATE RETURN TO 1 OR 2 INJEC. PER DAY
104	OCEFDATE	Char	6		DATE NEW GOALS BECAME EFFECTIVE
105	OCPRTDAT	Char	6		DATE EXPER. TREAT. GROUP SET PROTOCOL
106	OCRESCH	Num	3		NECESSARY TO RESCHEDULE VISIT
107	OCRESCHN	Num	3		NO. OF TIMES NEEDED TO RESCHEDULE
108	OCVSITNO	Num	3		FOLLOW-UP VISIT NUMBER
109	OCWINDOW	Num	3		VISIT HELD WITHIN TIME WINDOW
110	OCGENDER	Num	3		GENDER
111	OCMARRY	Num	3		MARITAL STATUS OF PATIENT
112	OCMARNO	Num	3		NUMBER OF TIMES MARRIED
113	OCPATJOB	Num	3		PATIENT'S OCCUPATION
114	OCSPJOB	Num	3		SPOUSE'S OCCUPATION

Num	Variable	Type	Len	Format	Label
115	OCMOMJOB	Num	3		MOTHER'S OCCUPATION
116	OCDADJOB	Num	3		FATHER'S OCCUPATION
117	OCFRIJOB	Num	3		GUARDIAN/FRIEND'S OCCUPATION
118	OCPATNOJ	Num	3		PATIENT UNEMPLOYED OR RETIRED
119	OCSPONOJ	Num	3		SPOUSE UNEMPLOYED OR RETIRED
120	OCMOMNOJ	Num	3		MOTHER UMEMPLOYED OR RETIRED
121	OCDADNOJ	Num	3		FATHER UMEMPLOYED OR RETIRED
122	OCFRINOJ	Num	3		GUARDIAN/FRIEND'S UMEMPLOY.OR RETIRED
123	OCPJOBCH	Num	3		PATIENT'S JOB STATUS CHANGED
124	OCSJOBCH	Num	3		SPOUSE'S JOB STATUS CHANGED
125	OCMJOBCH	Num	3		MOTHER'S JOB STATUS CHANGED
126	OCDJOBCH	Num	3		FATHER'S JOB STATUS CHANGED
127	OCFJOBCH	Num	3		GUARDIAN/FRIEND'S JOB STATUS CHANGED
128	OCPATED	Num	3		PATIENT'S EDUCATION LEVEL
129	OCSPOED	Num	3		SPOUSE'S EDUCATION LEVEL
130	OCMOMED	Num	3		MOTHER'S EDUCATION LEVEL
131	OCDADED	Num	3		FATHER'S EDUCATION LEVEL
132	OCFRIED	Num	3		GUARDIAN/FRIEND'S EDUCATION LEVEL
133	OCSTUDNT	Num	3		PATIENT WAS STUDENT IN PAST YEAR
134	OCGRADE	Num	3		ELEMENTARY/SECONDARY SCHOOL GRADE
135	OCTYEAR	Num	3		YEAR IN TRADE SCHOOL
136	OCCYEAR	Num	3		YEAR IN COLLEGE
137	OCGYEAR	Num	3		YEAR IN GRADUATE SCHOOL
138	OCEXPELL	Num	3		CEASED ATTENDING SCHOOL IN PAST YR
139	OCSMOKE1	Num	3		SMOKE CIGARETTES/CIGAR. IN PAST YR.
140	OCSMOKE2	Num	3		CURRENTLY SMOKE CIGARETTES/CIGAR.
141	OCSMOKE3	Num	3		MONTHS SINCE QUIT CIGARETTES/CIGAR.
142	OCSMOKE4	Num	3		HOW MANY CIGARET./CIGAR. IN PAST YR.
143	OCSMOKE5	Num	3		SMOKED PIPES OR CIGARS IN PAST YR.
144	OCSMOKE6	Num	3		CURRENTLY SMOKE PIPES OR CIGARS
145	OCSMOKE7	Num	3		QUIT SMOKING PIPES OR CIGARS
146	OCDRINK1	Num	3		AT LEAST ONE ALCOHOLIC BEV. WEEK
147	OCDRINK2	Num	3		BOTTLES OF BEER IN LAST 7 DAYS
148	OCDRINK3	Num	3		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
149	OCDRINK4	Num	3		GLASSES OF WINE IN LAST 7 DAYS
150	OCDRINK5	Num	3		HARD LIQUOR IN LAST 7 DAYS
151	OCDRINK6	Num	3		TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS
152	OCEXER1	Num	3		PATIENT'S LEVEL OF ACTIVITY
153	OCF1	Num	3		CURRENT USUAL INSULIN THERAPY

Num	Variable	Type	Len	Format	Label
154	OCG1	Num	3		PREPRANDIAL-TOTAL UNITS OF INSULIN
155	OCG2	Num	3		NO. OF PREPRANDIAL BOLUSES/24 HOURS
156	OCG3	Num	3		TOTAL BASAL UNITS/24 HOURS
157	OCG4	Num	3		NUMBER OF BASAL RATES/24 HOURS
158	OCG5A	Num	3		TYPE OF INSULIN-BEEF AND PORK
159	OCG5B	Num	3		TYPE OF INSULIN-BEEF
160	OCG5C	Num	3		TYPE OF INSULIN-PORK
161	OCG5D	Num	3		TYPE OF INSULIN-HUMAN
162	OCG7	Num	3		MORE SBGM THAN PRESCRIBED
163	OCG8	Num	3		SBGM RESULT INACCURATE OR FICTIT.
164	OCG9	Num	3		PROBLEM USING INSULIN PUMP
165	OCH1	Num	3		MDI1-TOTAL UNITS OF INSULIN
166	OCH2	Num	3		MDI1-NO. OF PREPRANDIAL BOLUSES
167	OCH3	Num	3		MDI1-UNITS OF INTER./LONG-LAST.INSULIN
168	OCH41A	Num	3		MDI1-UNITS OF LONG-ACTING OR ULTRA.
169	OCH41B	Num	3		MDI1-UNITS OF NPH OR LENTE
170	OCH41C	Num	3		MDI1-UNITS OF REGULAR OR SEMI-LENTE
171	OCH41E	Num	3		MDI1-AM OR PM
172	OCH42A	Num	3		MDI2-UNITS OF LONG-ACTING OR ULTRA.
173	OCH42B	Num	3		MDI2-UNITS OF NPH OR LENTE
174	OCH42C	Num	3		MDI2-UNITS OF REGULAR OR SEMI-LENTE
175	OCH42E	Num	3		MDI2-AM OR PM
176	OCH43A	Num	3		MDI3-UNITS OF LONG-ACTING OR ULTRA.
177	OCH43B	Num	3		MDI3-UNITS OF NPH OR LENTE
178	OCH43C	Num	3		MDI3-UNITS OF REGUALR OR SEMI-LENTE
179	OCH43E	Num	3		MDI3-AM OR PM
180	OCH44A	Num	3		MDI4-UNITS OF LONG-ACTING OR ULTRA.
181	OCH44B	Num	3		MDI4-UNITS OF NPH OR LENTE
182	OCH44C	Num	3		MDI4-UNITS OF REGULAR OR SEMI-LENTE
183	OCH44E	Num	3		MDI4-AM OR PM
184	OCH45A	Num	3		MDI5-UNITS OF LONG-ACTING OR ULTRA.
185	OCH45B	Num	3		MDI5-UNITS OF NPH OR LENTE
186	OCH45C	Num	3		MDI5-UNITS OF REGULAR OR SEMI-LENTE
187	OCH45E	Num	3		MDI5-AM OR PM
188	OCH5A	Num	3		MDI-TYPE OF INSULIN-BEEF OR PORK
189	OCH5B	Num	3		MDI-TYPE OF INSULIN-BEEF
190	OCH5C	Num	3		MDI-TYPE OF INSULIN-PORK
191	OCH5D	Num	3		MDI-TYPE OF INSULIN-HUMAN
192	OCH7	Num	3		MDI-MORE SBGM THAN PRESCRIBED

Num	Variable	Type	Len	Format	Label
193	OCH8	Num	3		MDI-SBGM RESULTS INACCURATE?
194	OCI11A	Num	3		STD-UNITS OF LONG-ACTING OR ULTRA.
195	OCI11B	Num	3		STD-UNITS OF NPH OR LENTE
196	OCI11C	Num	3		STD-UNITS OF REGULAR OR SEMI-LENTE
197	OCI11E	Num	3		STD-AM OR PM
198	OCI12A	Num	3		STD-UNITS OF LONG-ACTING OR ULTRA.
199	OCI12B	Num	3		STD-UNITS OF NPH OR LENTE
200	OCI12C	Num	3		STD-UNITS OF REGULAR OR SEMI-LENTE
201	OCI12E	Num	3		STD-AM OR PM
202	OCI13A	Num	3		STD-UNITS OF LONG-ACTING OR ULTRA.
203	OCI13B	Num	3		STD-UNITS OF NPH OR LENTE
204	OCI13C	Num	3		STD-UNITS OF REGULAR OR SEMI-LENTE
205	OCI13E	Num	3		STD-AM OR PM
206	OCI14A	Num	3		STD-UNITS OF LONG-ACTING OR ULTRA.
207	OCI14B	Num	3		STD-UNITS OF NPH OR LENTE
208	OCI14C	Num	3		STD-UNITS OF REGULAR OR SEMI-LENTE
209	OCI14E	Num	3		STD-AM OR PM
210	OCI15A	Num	3		STD-UNITS OF LONG-ACTING OR ULTRA.
211	OCI15B	Num	3		STD-UNITS OF NPH OR LENTE
212	OCI15C	Num	3		STD-UNITS OF REGULAR OR SEMI-LENTE
213	OCI15E	Num	3		STD-AM OR PM
214	OCI2A	Num	3		STD-TYPE OF INSULIN-BEEF AND PORK
215	OCI2B	Num	3		STD-TYPE OF INSULIN-BEEF
216	OCI2C	Num	3		STD-TYPE OF INSULIN-PORK
217	OCI2D	Num	3		STD-TYPE OF INSULIN-HUMAN
218	OCI3	Num	3		STD-PERFORM SELF BLOOD GLUCOSE MONITOR.
219	OCI4	Num	3		STD-PERFORM URINE GLUCOSE MONITORING
220	OCI6	Num	3		STD-MGM(URINE OR BLOOD) THAN PRESC.
221	OCI7	Num	3		STD-INACCURATE OR FICTITIOUS RESULTS
222	OCJ1A	Num	3		HOW OFTEN FOLLOWED MEAL PLAN
223	OCJ1B	Num	3		EATING DISORDER
224	OCJ1CI	Num	3		HOW MANY ILLNESSESS
225	OCJ1CII	Num	3		FAILED TO ADJUST THE INSULIN DOSE
226	OCJ1D	Num	3		USED INSULIN NOT PRECRIBED
227	OCJ1E	Num	3		ROTATING THE SITE OF INJECTION
228	OCJ1F	Num	3		LESS THAN 7 BLOOD COLLECTIONS
229	OCJ1GI	Num	3		NO. OF INTERCURRENT EVENTS EXPER.
230	OCJ1GII	Num	3		FAILED TO REPORT INTERCURRENT EVENTS
231	OCJ1H	Num	3		FAILED TO BRING IN DAILY RECORD

Num	Variable	Type	Len	Format	Label
232	OCJ1II	Num	3		PERFORM SELF BLOOD GLUCOSE MONITORING
233	OCJ1III	Num	3		USING SBGM TO ADJUST INSULIN DOSAGE
234	OCJ1IIII	Num	3		PERFORM SBGM MORE THAN ONCE PER DAY
235	OCJ2A	Num	3		STG-INSULIN TAKEN MORE THAN PRESCRIBED
236	OCJ2B	Num	3		STG-TAKEN EXTRA INJECTIONS OF INSULIN
237	OCJ2C	Num	3		STG-TAKEN FEWER INJECTIONS OF INSULIN
238	OCJ2D	Num	3		STG-FAILED TO TAKE PRESCRIBED INSULIN
239	OCJ2E	Num	3		STG-FAILED TO PERFORM 2 URINE/1BLD.TST.
240	OCJ2FI	Num	3		STG-BEEN ILL
241	OCJ2FII	Num	3		STG-TEST/RECORD URINE ACET. DURING/ILL.
242	OCJ3A	Num	3		ETG-NOT FOLLOWED PRESC. ALGOR. INSULIN
243	OCJ3B	Num	3		ETG-FAILED TO DO 3 AM BLOOD TEST
244	OCJ3C	Num	3		ETG-FAILED TO REPORT LOW 3 AM BL. GL.
245	OCJ3D	Num	3		ETG-FAILED TO MONITOR URINE ACETONE
246	OCJ4A	Num	3		ETG-FAILED TO CHANGE BATTERIES
247	OCJ4B	Num	3		ETG-FAILED TO CHANGE CATHETERS
248	OCJ4C	Num	3		ETG-FAILED TO CHANGE SYRINGES
249	OCK1A	Num	3		NO. OF NIGHTS WAKE UP ONCE TO URINATE
250	OCK1B	Num	3		WAKE UP TWO OR MORE TIMES TO URINATE
251	OCK1C	Num	3		NO. GLASSES OF FLUID DRINK PER DAY
252	OCK1D	Num	3		NO. TIMES DID THE PATIENT EXPER. DKA
253	OCK1E	Num	3		OTHER SYMPTOMS OF HYPERGLYCEMIA
254	OCK2	Num	3		PATIENT HAD MODERATE OR LARGE KETONURIA
255	OCK2A	Num	3		EXPLAINED BY CHANGE IN ROUTINE
256	OCK2B	Num	3		DUE TO ILLNESS
257	OCK2C	Num	3		DUE TO MEDICAL EQUIPMENT FAILURE
258	OCK2D	Num	3		SPONTANEOUS OR UNEXPLANINED
259	OCK3A	Num	3		IS THE PATIENT FEMALE
260	OCK3BI	Num	3		VAGINAL ITCHING OR DISCHARGE
261	OCK3BII	Num	3		PATIENT TREATED FOR THIS
262	OCK3CI	Num	3		DOES THE PATIENT MENSTRUATE
263	OCK3DI	Num	3		MENSTRUAL PERIOD MORE THAN 5 WEEKS AGO
264	OCK3DII	Num	3		WAS PREGNANCY TEST PERFORMED
265	OCK3DIII	Num	3		DID TEST INDICATE PREGNANCY
266	OCK4A	Num	3		NO. OF HOSPITAL. FOR HYPOGLYCEMIA
267	OCK4BI	Num	3		LOST CONSCIOUSNESS WITHOUT SEIZURE
268	OCK4BII	Num	3		LOST CONSCIOUSNESS WITH SEIZURE
269	OCK4CI	Num	3		HYPO-NEEDED IV OR INJECT.OF GLUCOSE
270	OCK4CII	Num	3		HYPO-REQUIRE ASSIST. OF ADMIN. OF GLU.

Num	Variable	Type	Len	Format	Label
271	OCK4CIII	Num	3		HYPO-NO. TIMES NEEDED ASSISTANCE
272	OCK4DI	Num	3		WHEN HAS SEVERE HYPOGLYCEMIA OCCURRED
273	OCK4DIIA	Num	3		HYPO-MISSED MEAL OR SNACK
274	OCK4DIIB	Num	3		HYPO-DECREASED FOOD INTAKE
275	OCK4DIIC	Num	3		HYPO-INCREASED EXERCISE LEVEL
276	OCK4DIID	Num	3		HYPO-TOO MUCH INSULIN TAKEN
277	OCK4DIIE	Num	3		HYPO-WARNING SIGNS OF LOW BL. GLUCOSE
278	OCK4DIIF	Num	3		HYPO-OTHER
279	OCK4DIIG	Num	3		HYPO-UNEXPLAINED
280	OCK4DII1	Num	3		HYPO-ADRENERGIC WARNING SYMPTOMS
281	OCK4DII2	Num	3		HYPO-DIAPHORESIS(SWEATING)
282	OCK4DII3	Num	3		HYPO-ALTERED MENTAL STATUS
283	OCK4DII4	Num	3		HYPO-LOSS OF CONSCIOUSNESS
284	OCK4DII5	Num	3		HYPO-SEIZURE
285	OCK4DII6	Num	3		HYPO-OTHER
286	OCK4DII7	Num	3		HYPO-NONE
287	OCK4DIV	Num	3		NO .TIMES PATIENT RECEIVED GLUCAGON
288	OCK4DV	Num	3		NO.TIMES PATIENT RECEIVED IV GLUCOSE
289	OCK4DVI	Num	3		NO. OF EPISODES RESULT IN INJURY
290	OCK4E	Num	3		HYPOGLYCEMIA EXPERIENCE IN 7 DAYS
291	OCK4FI	Num	3		WHEN HAS MILD HYPOGLYCEMIA OCCURRED
292	OCK4FII1	Num	3		HYPO-MISSED MEAL OR SNACK
293	OCK4FII2	Num	3		HYPO-DECREASED FOOD INTAKE
294	OCK4FII3	Num	3		HYPO-INCREASED EXERCISE LEVEL
295	OCK4FII4	Num	3		HYPO-TOO MUCH INSULIN TAKEN
296	OCK4FII5	Num	3		HYPO-WARNING SIGNS OF LOW BLOOD GLUCOSE
297	OCK4FII6	Num	3		HYPO-OTHER
298	OCK4FII7	Num	3		HYPO-UNEXPLAINED
299	OCK4FIIA	Num	3		HYPO-ADRENERGIC WARNING SYMPTOMS
300	OCK4FIIB	Num	3		HYPO-DIAPHORESIS (SWEATING)
301	OCK4FIIC	Num	3		HYPO-ALTERED MENTAL STATUS
302	OCK4FIID	Num	3		HYPO-OTHER
303	OCK4FIIE	Num	3		HYPO-NONE
304	OCL1AR	Num	3		BLURRED OR REDUCED VISION-RIGHT EYE
305	OCL1AL	Num	3		BLURRED OR REDUCED VISION-LEFT EYE
306	OCL1BR	Num	3		FLOATER OR FLASHING LIGHTS-RIGHT EYE
307	OCL1BL	Num	3		FLOATER OR FLASHING LIGHT-LEFT EYE
308	OCL1CR	Num	3		HAS RETINAL ABNORM. RIGHT EYE
309	OCL1CL	Num	3		HAS RETINAL ABNORM. LEFT EYE

Num	Variable	Type	Len	Format	Label
310	OCL1DR	Num	3		OTHER PROBLEM IN RIGHT EYE
311	OCL1DL	Num	3		OTHER PROBLEM IN LEFT EYE
312	OCL1E	Num	3		OPHTHALMOLOGIST FOR A SPECIAL VISIT
313	OCL2A	Num	3		PARESTHESIAS IN HANDS OR FEET
314	OCL2B	Num	3		UNEXPLAINED MUSCLE WEAKNESS
315	OCL2C	Num	3		VOMITING OR BLOATING AFTER MEALS
316	OCL2D	Num	3		BOUTS OF PERSISTENT OR RECURRENT DIAR.
317	OCL2E	Num	3		BOUTS OF URINARY RETENTION
318	OCL2F	Num	3		DIZZINESS OR LIGHTHEADEDNESS
319	OCL2G	Num	3		FAINTING
320	OCL2H	Num	3		IMPOTENCE
321	OCL2I	Num	3		OTHER NEUROLOGIC PROBLEM
322	OCL3A	Num	3		PROTEINURIA
323	OCL3B	Num	3		EDEMA (OF RENAL ETIOLOGY ONLY)
324	OCL3C	Num	3		OTHER RENAL PROBLEM
325	OCL4A	Num	3		SHORTNESS OF BREATH
326	OCL4B	Num	3		SYMPTOMS OF CONGESTIVE HEART DISEASE
327	OCL4C	Num	3		IMPAIRED PERIPHERAL VASC. CIRCULATION
328	OCL4D	Num	3		CHEST PAIN
329	OCL4D1	Num	3		IS THIS CLINICAL ANGINA
330	OCL4E	Num	3		DEFINITE OR SUSPECTED NON-ACUTE MI
331	OCL4F	Num	3		TRANSIENT ISCHEMIC ATTACK(S)
332	OCL4G	Num	3		OTHER VASULAR PROBLEM
333	OCL5A	Num	3		URINARY TRACT INFECTION
334	OCL5B	Num	3		UPPER/LOWER RESPIRATORY TRACT INFEC.
335	OCL5C	Num	3		GASTROENTERITIS
336	OCL5D	Num	3		CUTANEOUS OR MUCOCU. INFECTION
337	OCL5E	Num	3		POST-OPERATIVE/DEEP WOUND INFECTION
338	OCL5F	Num	3		GANGRENE
339	OCL5G	Num	3		OTHER INFECTIONS
340	OCL5H	Num	3		INFECTION AT THE INSERTION SIDE
341	OCL6	Num	3		OUTPATIENT SURGERY OR INCIDENTAL TRAUMA
342	OCL7	Num	3		INTERCURRENT ENDOCRINE EVENT
343	OCL8	Num	3		ADVERSE PSYCHOSOCIAL REACTION
344	OCL9A	Num	3		ANY OTHER MEDICAL PROBLEM
345	OCM1	Num	3		NO.ASPIRIN-CONTAINING TABLETS EACH MO.
346	OCM2	Num	3		CURRENTLY USING PRESCRIPTION DRUG
347	OCM3	Num	3		USED ANY OVER-THE-COUNTER DRUGS
348	OCM4	Num	3		USE VIT. SUPPLEMENTS ON REGULAR BASIS

Num	Variable	Type	Len	Format	Label
349	OCFRSZ	Num	3		BODY FRAME SIZE
350	OCADOLES	Num	3		LESS THAN 18 YEARS OLD
351	OCWTPERC	Num	3		WEIGHT PERCENTILE
352	OCN10	Num	3		FAILED TO MAINTAIN NORMAL GROWTH/DEVEL.
353	OCHIBLP	Num	3		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
354	OCHYP	Num	3		HYPER. DOCUMENTED SENT TO COOR. CENTER
355	OCHYPERT	Num	3		SYSTOLIC/DIASTOLIC INDICATE HYPERTEN.
356	OCLIPOAT	Num	3		LIPOATROPHY
357	OCLIPOHY	Num	3		LIPOHYPERTROPHY
358	OCINFLAM	Num	3		INFLAMMATION
359	OCHEPATO	Num	3		HEPATOMEGALY
360	OCSPAN	Num	3		IF PRESENT, HOW LARGE (SPAN)
361	OCFOOTUL	Num	3		FOOT-ULCER
362	OCFOOTIN	Num	3		FOOT-INFECTION
363	OCABNTOE	Num	3		FOOT-ABNORMAL TOENAILS
364	OCDPEDR	Num	3		PULSE-DORSALIS PEDIS-RIGHT
365	OCDPEDL	Num	3		PULSE-DORSALIS PEDIS-LEFT
366	OCPTIBR	Num	3		PULSE-POSTERIOR TIBIAL-RIGHT
367	OCPTIBL	Num	3		PULSE-POSTERIOR TIBIAL-LEFT
368	OCO11A	Num	3		UNITS OF LONG-ACTING OR ULTRALENTE
369	OCO11B	Num	3		UNITS OF NPH OR LENTE
370	OCO11C	Num	3		UNITS OF REGULAR OR SEMI-LENTE
371	OCO11E	Num	3		AM OR PM
372	OCO12A	Num	3		UNITS OF LONG-ACTING OR ULTRALENTE
373	OCO12B	Num	3		UNITS OF NPH OR LENTE
374	OCO12C	Num	3		UNITS OF REGULAR OR SEMI-LENTE
375	OCO12E	Num	3		AM OR PM
376	OCO13A	Num	3		UNITS OF LONG-ACTING OR ULTRALENTE
377	OCO13B	Num	3		UNITS OF NPH OR LENTE
378	OCO13C	Num	3		UNITS OF REGULAR OR SEMI-LENTE
379	OCO13E	Num	3		AM OR PM
380	OCO2A	Num	3		TYPE OF INSULIN-BEEF AND PORK
381	OCO2B	Num	3		TYPE OF INSULIN-BEEF
382	OCO2C	Num	3		TYPE OF INSULIN-PORK
383	OCO2D	Num	3		TYPE OF INSULIN-HUMAN
384	OCP1	Num	3		PROFILSET MAILED CENTRAL BIOCHEM.LAB.
385	OCP2A	Num	3		KIT DAMAGED AFTER COLLECTION
386	OCP2B	Num	3		PATIENT FORGOT TO DO COLLECTION
387	OCP2C	Num	3		PATIENT LOST KIT

Num	Variable	Type	Len	Format	Label
388	OCP2D	Num	3		PATIENT REFUSED TO DO COLLECTION
389	OCP2E	Num	3		OTHER OR UNKNOWN
390	OCP6	Num	3		PERFORM SBGM ON DATE OBTAINED PROFILSET
391	OCP9	Num	3		WILL LIPID SPECIMENS MAILED TO LAB.
392	OCP12	Num	3		SPECIMENS BE MAILED TO THE CBL RENAL
393	OCQ	Num	3		DEVIATION FROM TREATMENT
394	OCQB	Num	3		CURRENTLY ON DEVIATION FROM TREATMENT
395	OCR	Num	3		PATIENT ON INACTIVE STATUS AT ANY TIME
396	OCRB	Num	3		CURRENTLY ON TRANSFER TO INACTIVE STATUS
397	OCS	Num	3		PATIENT'S FOLLOW-UP SCHEDULE CHANGED
398	OCT	Num	3		IF NONE, CHECK/PROCEED TO END OF FORM
399	OCTA	Num	3		FREQUENT DIETARY INSTRUCTION
400	OCTA1	Num	3		RECORD TOTAL # OF ADDITIONAL SESSIONS
401	OCTB	Num	3		INTERIM TELEPHONE CONTACT
402	OCTB1	Num	3		RECORD TOTAL # OF PHONE CONTACTS
403	OCTC	Num	3		HOSPITALIZATION FOR METABOLIC CONTROL
404	OCTC1	Num	3		TOTAL # OF HOSPITALIZATIONS VISITS
405	OCTD	Num	3		GLUCOSE MONITORING AT GREATER FREQ.
406	OCTD1	Num	3		RECORD FREQUENCY (SBGM /DAY)
407	OCTD2	Num	3		RECORD FREQUENCY (UGM /DAY)
408	OCTE	Num	3		USED MORE THAN 2 INJECTIONS OF INSULIN
409	OCTE1	Num	3		CURRENTLY USING MORE THAN 2 INJECTIONS
410	OCTF	Num	3		OTHER MODIFICATION
411	OCU	Num	3		IF NONE, CHECK AND SIGN THE FORM
412	OCUA	Num	3		PLANNED OUT-PATIENT VISIT
413	OCUA1	Num	3		RECORD NEW FREQUENCY OF VISITS
414	OCUB	Num	3		DISCONTINUATION OF SBGM
415	OCUC	Num	3		SBGM ON A LESS FREQUENT DAILY SCHED.
416	OCUC1	Num	3		RECORD FREQUENCY
417	OCUD	Num	3		INSTITUTION OF URINE GLUCOSE MONIT.
418	OCUD1	Num	3		RECORD FREQUENCY
419	OCUE	Num	3		LESS STRINGENT GOALS OF THERAPY
420	OCUEIV	Num	3		STATED GOALS IN EFFECT AT PRESENT
421	OCUF	Num	3		OTHER MODIFICATION
422	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0051.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	OEVSITNO	Num	3		FOLLOW-UP VISIT NO.
4	OEWINDOW	Num	3		VISIT WITHIN TIME WINDOW
5	OEB1A	Num	3		OTHER CONDITION CAUSING NEUROPATHY
6	OEB1B	Num	3		EXPOSURE TO NEUROTOXINS
7	OEB1C	Num	3		FAMILY HX OF NEUROMUSCLAR DISORDERS
8	OEB2A	Num	3		NUMBNESS
9	OEB2B	Num	3		DYSESTHESIAS, PARESTHESIAS
10	OEB2C	Num	3		HYPERSENSITIVITY TO TOUCH
11	OEB2D	Num	3		BURNING/ACHING/STABBING PAIN
12	OEB3A	Num	3		ANKLE WEAKNESS
13	OEB3B	Num	3		CRAMPS
14	OEB4A	Num	3		WEAKNESS ON STANDING
15	OEB4B	Num	3		FAINTING ON STANDING
16	OEB4C	Num	3		DYSPHAGIA
17	OEB4D	Num	3		ANOREXIA
18	OEB4E	Num	3		NAUSEA
19	OEB4F	Num	3		VOMITING
20	OEB4G	Num	3		VAGUE FULLNESS AFTER MEAL
21	OEB4H	Num	3		NOCTURNAL DIARRHEA
22	OEB4I	Num	3		FECAL INCONTINENCE
23	OEB4J	Num	3		MORE THAN 20 BOWEL MOVEMENTS/DAY
24	OEB4K	Num	3		LESS THAN 2 BOWEL MOVEMENTS/WEEK
25	OEB4L	Num	3		LESS THAN 1 BOWEL MOVEMENT/3 DAYS
26	OEB4M	Num	3		IMPOTENCE
27	OEB4N	Num	3		RETROGRADE EJACULATION
28	OEB4O	Num	3		OVERFLOW BLADDER INCONTINENCE
29	OEB4P	Num	3		URINARY DRIBBLING
30	OEB4Q	Num	3		INCOMPLETE BLADDER EMPTYING
31	OEB4R	Num	3		INCREASED URINARY VOLUME
32	OEB4S	Num	3		DECREASED URINARY FREQUENCY
33	OEB4T	Num	3		DIMINISHED SWEATING OF LEGS
34	OEB4U	Num	3		INCREASED SWEATING ELSEWHERE
35	OEB4V	Num	3		DECR. ADRENERGIC AWARENESS OF HYPOGL.
36	OEC1A	Num	3		MENTAL STATUS ABNORMALITY

Num	Variable	Type	Len	Format	Label
37	OEC1B	Num	3		CRANIAL NERVES ABNORMALITY
38	OEC1C	Num	3		PROXIMAL OR DISTAL MUSCLES ABN.
39	OEC1D	Num	3		SENSORY FUNCTION OF SMALL FIBERS ABN.
40	OEC1E	Num	3		SENSORY FUNCTION OF LARGE FIBERS ABN.
41	OEC1F	Num	3		GAIT AND COORDINATION ABN.
42	OEC2AR	Num	3		REFLEXES:BICEPS-RIGHT
43	OEC2AL	Num	3		REFLEXES:BICEPS-LEFT
44	OEC2BR	Num	3		REFLEXES:TRICEPS-RIGHT
45	OEC2BL	Num	3		REFLEXES:TRICEPS-LEFT
46	OEC2CR	Num	3		REFLEXES:BRACHIORADIALIS-RIGHT
47	OEC2CL	Num	3		REFLEXES:BRACHIORADIALIS-LEFT
48	OEC2DR	Num	3		REFLEXES:QUADRICEPS-RIGHT
49	OEC2DL	Num	3		REFLEXES:QUADRICEPS-LEFT
50	OEC2ER	Num	3		REFLEXES:GASTROC/SOLEUS-RIGHT
51	OEC2EL	Num	3		REFLEXES:GASTROC/SOLEUS-LEFT
52	OED1A	Num	3		DISTAL SYM. POLYNEURO. SYMPTOMS
53	OED1B	Num	3		DISTAL SYM. POLYNEURO. ABN. SENSORY EXAM
54	OED1C	Num	3		DECR. OR ABSENT DEEP TENDON REFLEXES
55	OED2	Num	3		DIABETIC PERIPHERAL NEUROPATHY
56	OED3	Num	3		IS NEUROPATHY DIFFUSE OR FOCAL?
57	OED4	Num	3		OTHER NEUROLOGICAL DISORDER
58	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0082.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	OHB1	Num	3		HX OF OCULAR SURGERY
4	OHB2	Num	3		HX OF GLAUCOMA
5	OHB3	Num	3		HX OF OCULAR MEDICATION NEED
6	OHB4	Num	3		HX OF PHOTOCOAGUATION
7	OHB5	Num	3		HX OF OTHER OCULAR CONDITION
8	OHC1	Num	3		IOP (MMHG) - RE
9	OHC2	Num	3		IOP (MMHG) - LE
10	OHC3	Num	3		IOP GE 23 MM HG
11	OHD1	Num	3		LENS MISSING
12	OHD2	Num	3		IRIS NEOVASCULARIZATION
13	OHE1ARE	Num	8		SPHERE -.RE
14	OHE1ALE	Num	8		SPHERE -.LE
15	OHE1BRE	Num	8		CYLINDER - RE
16	OHE1BLE	Num	8		CYLINDER - LE
17	OHE1CRE	Num	4		AXIS - RE
18	OHE1CLE	Num	4		AXIS - LE
19	OHE1DRE	Num	3		NO CORRECTIONS - RE
20	OHE1DLE	Num	3		NO CORRECTIONS - LE
21	OHE2	Num	3		MYOPIA > 7 DIOPTERS
22	OHF1	Num	8		DIST. BETW. PATIENT AND CHART
23	OHF2A	Num	3		TOTAL LETTERS CORRECT AT 4 METERS - RE
24	OHF2B	Num	3		TOTAL GE 45 LETTERS - RE
25	OHF2C	Num	3		TOTAL LETTERS CORRECT AT 4 METERS - LE
26	OHF2D	Num	3		TOTAL GE 45 LETTERS - LE
27	OHF3RE	Num	4		VISUAL ACUITY SCORE - RE
28	OHF3LE	Num	4		VISUAL ACUITY SCORE - LE
29	OHG1	Num	3		EVIDENCE OF PHOTOCOAGULATION
30	OHG2	Num	3		EVIDENCE OF SCARS, ATROPHY, ETC.
31	OHG3RE	Num	3		EVIDENCE OF RETINOPATHY - RE
32	OHG3LE	Num	3		EVIDENCE OF RETINOPATHY - LE
33	OHG4RE	Num	3		TOTAL GE 50 LETTERS - RE
34	OHG4LE	Num	3		TOTAL GE 50 LETTERS - LE
35	OHG5RE	Num	3		RETINOPATHY < P2 - RE
36	OHG5LE	Num	3		RETINOPATHY < P2 - LE

Num	Variable	Type	Len	Format	Label
37	OHH1	Num	3		FUNDUS PHOTOS UNOBTAINABLE
38	OHI1	Num	3		DEEMED INELIGIBLE AT THIS VISIT
39	MASK_PAT	Num	8		Patient ID number

Data Set Name: f010cmb3.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	AOH2	Num	4		DIGIT SYMBOL SUBST TEST-TOTAL TIME
4	AON2	Num	4		WAIS ARITHMETIC--MEAN LATENCY
5	AOW1	Num	4		DIGIT VIGILANCE--TIME FOR PAGE 1
6	AOW2	Num	4		DIGIT VIGILANCE--OMISSIONS ON PAGE 1
7	AOW4	Num	4		DIGIT VIGILANCE-NO. CORRECT ON PAGE 1
8	AOW5	Num	4		DIGIT VIGILANCE--TIME FOR PAGE 2
9	AOW6	Num	4		DIGIT VIGILANCE--OMISSION ON PAGE 2
10	AOW8	Num	4		DIGIT VIGILANCE--NO. CORRECT ON PAGE 2
11	AOBB8	Num	4		CATEGORY TEST--TIME
12	AOCC1	Num	4		PEGBOARD--DOM HAND--TIME TO INSERT
13	AOCC2	Num	4		PEGBOARD--DOM HAND--TIME TO REMOVE
14	AODD1	Num	4		PEGBOARD--NON-DOM HAND--TIME TO INSERT
15	AODD2	Num	4		PEGBOARD--NON-DOM HAND--TIME TO REMOVE
16	AOJJ7	Num	4		TRAILMAKING--TRIALS B TIME
17	AOKK11	Num	4		WAIS BLOCK DESIGN--DESIGN 7 TIME
18	AOKK12	Num	4		WAIS BLOCK DESIGN--DESIGN 8 TIME
19	AOKK13	Num	4		WAIS BLOCK DESIGN--DESIGN 9 TIME
20	AOKK14	Num	4		WAIS BLOCK DESIGN--DESIGN 10 TIME
21	AOLL13	Num	4		WISC-R BLOCK DESIGN--DESIGN 9 TIME
22	AOLL14	Num	4		WISC-R BLOCK DESIGN--DESIGN 10 TIME
23	AOLL15	Num	4		WISC-R BLOCK DESIGN--DESIGN 11 TIME
24	AONN1B	Num	4		WRAT ARITHMETIC--STANDARD SCORE
25	AOOO16	Num	4		VERBAL FLUENCY--TOTAL NO. OF WORDS
26	AOPP1	Num	4		TACTUAL PERFORMANCE--TIME W/DOM HAND
27	AOPP2	Num	4		TACTUAL PERFORMANCE--TIME W/NON-DOM HAND
28	AOPP3	Num	4		TACTUAL PERFORMANCE--TIME W/BOTH HANDS
29	AOPP4	Num	4		TACTUAL PERFORMANCE--TIME FOR RECALL
30	VERBIQ	Num	4		VERBAL IQ
31	PERFIQ	Num	4		PERFORMANCE IQ
32	FULLIQ	Num	4		FULL SCALE IQ
33	AOWEEKNO	Num	4		STUDY WEEK NUMBER
34	AOD1	Num	8		LOGICAL MEM--IMMED RECALL--STORY1
35	AOD2	Num	8		LOGICAL MEM--IMMED RECALL--STORY2
36	AOE1	Num	8		LOGICAL MEM--DELAYED RECALL--STORY1

Num	Variable	Type	Len	Format	Label
37	AOE3	Num	8		LOGICAL MEM--DELAYED RECALL--STORY2
38	AOEE2	Num	8		FINGER TAPPING--DOM HAND--MEAN RATE
39	AOFF2	Num	8		FINGER TAPPING--NON-DOM HAND--MEAN RATE
40	AONN1A	Num	8		WRAT ARITHMETIC--GRADE RATING
41	AONN1C	Num	8		WRAT ARTIHMETIC--PERCENTILE
42	AOVSITNO	Num	3		FOLLOW-UP VISIT NUMBER
43	AOWINDOW	Num	3		VISIT HELD WITHIN TIME WINDOW
44	AOHAND	Num	3		DOMINANT HAND
45	AOB1	Num	3		WAIS PIC COMPL--TOTAL CORRECT
46	AOB1A	Num	3		WAIS PIC COMPL--SCALED SCORE
47	AOB1B	Num	3		WAIS PIC COMPL--AGE-COR SCORE
48	AOB2	Num	3		WAIS PIC COMPL--MEAN LATENCY
49	AOC1	Num	3		WISC-R PIC COMPL--TOTAL CORRECT
50	AOC1A	Num	3		WISC-R PIC COMPL--AGE-COR SCORE
51	AOC2	Num	3		WISC-R PIC COMPL--MEAN LATENCY
52	AOE2	Num	3		LOGICAL MEM--DELAYED RECALL--STORY1 HINT
53	AOE4	Num	3		LOGICAL MEM--DELAYED RECALL--STORY2 HINT
54	AOF1	Num	3		WAIS OBJ ASSEMBLY--TOTAL POINTS
55	AOF1A	Num	3		WAIS OBJ ASSEMBLY--SCALED SCORE
56	AOF1B	Num	3		WAIS OBJ ASSEMBLY--AGE-COR SCORE
57	AOG1	Num	3		WISC OBJ ASSEMBLY--TOTAL POINTS
58	AOG1A	Num	3		WISC OBJ ASSEMBLY--AGE-COR SCORE
59	AOH1A	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 30 SEC.
60	AOH1B	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 60 SEC.
61	AOH1C	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 90 SEC.
62	AOH1D	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 120 SEC.
63	AOH1E	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 150 SEC.
64	AOH1F	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 180 SEC.
65	AOH1G	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 210 SEC.
66	AOH1H	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 240 SEC.
67	AOH1I	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 270 SEC.
68	AOH1J	Num	3		DIGIT SYMBOL SUBST TEST-TOTAL 300 SEC.
69	AOH3	Num	3		DIG. SYMBOL SUBST TEST-CORRECT--90 SEC.
70	AOH3A	Num	3		DIGIT SYMBOL SUBST TEST-SCALED SCORE
71	AOH3B	Num	3		DIGIT SYMBOL SUBST TEST--AGE-COR SCORE
72	AOH4	Num	3		DIGIT SYMBOL SUBST TEST-INCID RECALL
73	AOI1	Num	3		WAIS INFO--TOTAL CORRECT
74	AOI1A	Num	3		WAIS INFO--SCALED SCORE
75	AOI1B	Num	3		WAIS INFO--AGE-COR SCORE

Num	Variable	Type	Len	Format	Label
76	AOJ1	Num	3		WISC-R INFO--TOTAL CORRECT
77	AOJ1A	Num	3		WISC-R INFO--AGE-COR SCORE
78	AOK1	Num	3		EMBEDDED FIGURES--TOTAL CORRECT
79	AOK2	Num	3		EMBEDDED FIGURES--MEAN LATENCY
80	AOL1	Num	3		STAR DRAWING--DOM HAND--TOTAL TIME
81	AOL2	Num	3		STAR DRAWING--DOM HAND--NO. OF ERRORS
82	AOL3	Num	3		STAR DRAWING--DOM HAND--DIRECTION
83	AOM1	Num	3		STAR DRAWING--NON-DOM HAND--TOTAL TIME
84	AOM2	Num	3		STAR DRAWING--NON-DOM HAND-NO. OF ERRORS
85	AOM3	Num	3		STAR DRAWING--NON-DOM HAND-DIRECTION
86	AON1	Num	3		WAIS ARITHMETIC--NO. OF POINTS
87	AON1A	Num	3		WAIS ARITHMETIC--SCALED SCORE
88	AON1B	Num	3		WAIS ARITHMETIC--AGE-COR SCORE
89	AOO1	Num	3		WISC-R ARITHMETIC--NO. OF POINTS
90	AOO1A	Num	3		WISC-R ARITHMETIC--SCALED SCORE
91	AOO2	Num	3		WISC-R ARITHMETIC--MEAN LATENCY
92	AOP1	Num	3		WAIS SIMILARITIES--NO. OF POINTS
93	AOP1A	Num	3		WAIS SIMILARITIES--SCALED SCORE
94	AOP1B	Num	3		WAIS SIMILARITIES--AGE-COR SCORE
95	AOQ1	Num	3		WISC-R SIMILARITIES--NO. OF POINTS
96	AOQ1A	Num	3		WISC-R SIMILARITIES--AGE-COR SCORE
97	AOR1	Num	3		VISUAL REPR--IMMED--DESIGN A POINTS
98	AOR2	Num	3		VISUAL REPR--IMMED--DESIGN A SCORE
99	AOR3	Num	3		VISUAL REPR--IMMED--DESIGN B POINTS
100	AOR4	Num	3		VISUAL REPR--IMMED--DESIGN B SCORE
101	AOR5	Num	3		VISUAL REPR--IMMED--DESIGN C1 POINTS
102	AOR6	Num	3		VISUAL REPR--IMMED--DESIGN C1 SCORE
103	AOR7	Num	3		VISUAL REPR--IMMED--DESIGN C2 POINTS
104	AOR8	Num	3		VISUAL REPR--IMMED--DESIGN C2 SCORE
105	AOS1	Num	3		VISUAL REPR--COPY--DESIGN A POINTS
106	AOS2	Num	3		VISUAL REPR--COPY--DESIGN A SCORE
107	AOS3	Num	3		VISUAL REPR--COPY--DESIGN B POINTS
108	AOS4	Num	3		VISUAL REPR--COPY--DESIGN B SCORE
109	AOS5	Num	3		VISUAL REPR--COPY--DESIGN C1 POINTS
110	AOS6	Num	3		VISUAL REPR--COPY--DESIGN C1 SCORE
111	AOS7	Num	3		VISUAL REPR--COPY--DESIGN C2 POINTS
112	AOS8	Num	3		VISUAL REPR--COPY--DESIGN C2 SCORE
113	AOT1	Num	3		VISUAL REPR--DELAY--DESIGN A POINTS
114	AOT2	Num	3		VISUAL REPR--DELAY--DESIGN A SCORE

Num	Variable	Type	Len	Format	Label
115	AOT3	Num	3		VISUAL REPR--DELAY--DESIGN A HINT
116	AOT4	Num	3		VISUAL REPR--DELAY--DESIGN B POINTS
117	AOT5	Num	3		VISUAL REPR--DELAY--DESIGN B SCORE
118	AOT6	Num	3		VISUAL REPR--DELAY--DESIGN B HINT
119	AOT7	Num	3		VISUAL REPR--DELAY--DESIGN C1 POINTS
120	AOT8	Num	3		VISUAL REPR--DELAY--DESIGN C1 SCORE
121	AOT9	Num	3		VISUAL REPR--DELAY--DESIGN HINT
122	AOT10	Num	3		VISUAL REPR--DELAY--DESIGN C2 POINTS
123	AOT11	Num	3		VISUAL REPR--DELAY--DESIGN C2 SCORE
124	AOT12	Num	3		VISUAL REPR--DELAY--DESIGN C2 HINT
125	AOU1	Num	3		WAIS COMPREHENSION--NO. OF POINTS
126	AOU1A	Num	3		WAIS COMPREHENSION--SCALED SCORE
127	AOU1B	Num	3		WAIS COMPREHENSION--AGE-COR SCORE
128	AOV1	Num	3		WISC-R COMPREHENSION--NO. OF POINTS
129	AOV1A	Num	3		WISC-R COMPREHENSION-AGE-COR SCORE
130	AOW3	Num	3		DIGIT VIGILANCE--COMISSIONS ON PAGE 1
131	AOW7	Num	3		DIGIT VIGILANCE--COMISSION ON PAGE 2
132	AOX1	Num	3		WAIS PIC ARRANG--NO. OF POINTS
133	AOX1A	Num	3		WAIS PIC ARRANG--SCALED SCORE
134	AOX1B	Num	3		WAIS PIC ARRANG--AGE-COR SCORE
135	AOY1	Num	3		WISC-R PIC ARRANG--NO. OF POINTS
136	AOY1A	Num	3		WISC-R PIC ARRANG--AGE-COR SCORE
137	AOZ1	Num	3		WAIS DIGIT SPAN-- NO. OF POINTS
138	AOZ2	Num	3		WAIS DIGIT SPAN--NO. FORWARD
139	AOZ3	Num	3		WAIS DIGIT SPAN--NO. BACKWARD
140	AOZ3A	Num	3		WAIS DIGIT SPAN--SCALED SCORE
141	AOZ3B	Num	3		WAIS DIGIT SPAN--AGE-COR SCORE
142	AOAA1	Num	3		WISC-R DIGIT SPAN--NO. OF POINTS
143	AOAA2	Num	3		WISC-R DIGIT SPAN--NO. FORWARD
144	AOAA3	Num	3		WISC-R DIGIT SPAN--NO. BACKWARD
145	AOAA3A	Num	3		WISC-R DIGIT SPAN--AGE-COR SCORE
146	AOBB1	Num	3		CATEGORY TEST--SUBTEST 1 ERRORS
147	AOBB2	Num	3		CATEGORY TEST--SUBTEST 2 ERRORS
148	AOBB3	Num	3		CATEGORY TEST--SUBTEST 3 ERRORS
149	AOBB4	Num	3		CATEGORY TEST--SUBTEST 4 ERRORS
150	AOBB5	Num	3		CATEGORY TEST--SUBTEST 5 ERRORS
151	AOBB6	Num	3		CATEGORY TEST--SUBTEST 6 ERRORS
152	AOBB7	Num	3		CATEGORY TEST--SUBTEST 7 ERRORS
153	AOCC3	Num	3		PEGBOARD--DOM HAND--NO. DROPPED

Num	Variable	Type	Len	Format	Label
154	AODD3	Num	3		PEGBOARD--NON-DOM HAND--NO. DROPPED
155	AOEE1	Num	3		FINGER TAPPING--DOM HAND--NO. OF TRIALS
156	AOFF1	Num	3		FINGER TAPPING--NON-DOM HAND-NO. TRIALS
157	AOGG1	Num	3		SYMBOL-DIGIT PAIRED-ASSOC-NO. TRIAL 1
158	AOGG2	Num	3		SYMBOL-DIGIT PAIRED-ASSOC-NO. TRIAL 2
159	AOGG3	Num	3		SYMBOL-DIGIT PAIRED-ASSOC-NO. TRIAL 3
160	AOGG4	Num	3		SYMBOL-DIGIT PAIRED-ASSOC-NO. TRIAL 4
161	AOGG5	Num	3		SYMBOL-DIGIT PAIRED-ASSOC--DEL. REC.
162	AOHH1	Num	3		WAIS VOCABULARY--NO. CORRECT
163	AOHH1A	Num	3		WAIS VOCABULARY--SCALED SCORED
164	AOHH1B	Num	3		WAIS VOCABULARY--AGE-COR SCORE
165	AOII1	Num	3		WISC-R VOCABULARY--NO. CORRECT
166	AOII1A	Num	3		WISC-R VOCABULARY--AGE-COR SCORE
167	AOJJ1	Num	3		TRAILMAKING--SAMPLE A TIME
168	AOJJ2	Num	3		TRAILMAKING--SAMPLE A ERRORS
169	AOJJ3	Num	3		TRAILMAKING--TRIALS A TIME
170	AOJJ4	Num	3		TRAILMAKING--TRIALS A ERRORS
171	AOJJ5	Num	3		TRAILMAKING--SAMPLE B TIME
172	AOJJ6	Num	3		TRAILMAKING--SAMPLE B ERRORS
173	AOJJ8	Num	3		TRAILMAKING--TRIALS B ERRORS
174	AOKK1	Num	3		WAIS BLOCK DESIGN--NO. OF POINTS
175	AOKK1A	Num	3		WAIS BLOCK DESIGN--SCALED SCORE
176	AOKK1B	Num	3		WAIS BLOCK DESIGN--AGE-COR SCORE
177	AOKK2	Num	3		WAIS BLOCK DESIGN--NO. OF ROTATIONS
178	AOKK3	Num	3		WAIS BLOCK DESIGN-NO. BROKEN CONFIG.
179	AOKK4	Num	3		WAIS BLOCK DESIGN--NO. OF REVERSALS
180	AOKK5	Num	3		WAIS BLOCK DESIGN--DESIGN 1 TIME
181	AOKK6	Num	3		WAIS BLOCK DESIGN--DESIGN 2 TIME
182	AOKK7	Num	3		WAIS BLOCK DESIGN--DESIGN 3 TIME
183	AOKK8	Num	3		WAIS BLOCK DESIGN--DESIGN 4 TIME
184	AOKK9	Num	3		WAIS BLOCK DESIGN--DESIGN 5 TIME
185	AOKK10	Num	3		WAIS BLOCK DESIGN--DESIGN 6 TIME
186	AOLL1	Num	3		WISC-R BLOCK DESIGN--NO. OF POINTS
187	AOLL1A	Num	3		WISC-R BLOCK DESIGN--AGE-COR SCORE
188	AOLL2	Num	3		WISC-R BLOCK DESIGN--NO. OF ROTATIONS
189	AOLL3	Num	3		WISC-R BLOCK DESIGN--NO. BROKEN
190	AOLL4	Num	3		WISC-R BLOCK DESIGN--NO. OF REVERSALS
191	AOLL5	Num	3		WISC-R BLOCK DESIGN--DESIGN 1 TIME
192	AOLL6	Num	3		WISC-R BLOCK DESIGN--DESIGN 2 TIME

Num	Variable	Type	Len	Format	Label
193	AOLL7	Num	3		WISC-R BLOCK DESIGN--DESIGN 3 TIME
194	AOLL8	Num	3		WISC-R BLOCK DESIGN--DESIGN 4 TIME
195	AOLL9	Num	3		WISC-R BLOCK DESIGN--DESIGN 5 TIME
196	AOLL10	Num	3		WISC-R BLOCK DESIGN--DESIGN 6 TIME
197	AOLL11	Num	3		WISC-R BLOCK DESIGN--DESIGN 7 TIME
198	AOLL12	Num	3		WISC-R BLOCK DESIGN--DESIGN 8 TIME
199	AOMM1	Num	3		SHORT-TERM MEMORY-NO. OF WORDS @ 5 SEC
200	AOMM2	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 15 SEC
201	AOMM3	Num	3		SHORT-TERM MEMORY--NO. OF WORDS @ 30 SEC
202	AOMM4	Num	3		SHORT-TERM MEMORY--NO. OF PRIOR-TRIAL
203	AOMM5	Num	3		SHORT-TERM MEMORY--NO. INTRA-LIST
204	AOMM6	Num	3		SHORT-TERM MEMORY--NO. EXTRA-LIST
205	AONN1	Num	3		WRAT ARITHMETIC--RAW SCORE
206	AOOO1	Num	3		VERBAL FLUENCY--NO. F 1ST QTR
207	AOOO2	Num	3		VERBAL FLUENCY--NO. F 2ND QTR
208	AOOO3	Num	3		VERBAL FLUENCY--NO. F 3RD QTR
209	AOOO4	Num	3		VERBAL FLUENCY--NO. F 4TH QTR
210	AOOO5	Num	3		VERBAL FLUENCY--NO. ILLEGITIMATE F
211	AOOO6	Num	3		VERBAL FLUENCY--NO. A 1ST QTR
212	AOOO7	Num	3		VERBAL FLUENCY--NO. A 2ND QTR
213	AOOO8	Num	3		VERBAL FLUENCY--NO. A 3RD QTR
214	AOOO9	Num	3		VERBAL FLUENCY--NO. A 4TH QTR
215	AOOO10	Num	3		VERBAL FLUENCY--NO. ILLEGITIMATE A
216	AOOO11	Num	3		VERBAL FLUENCY--NO. S 1ST QTR
217	AOOO12	Num	3		VERBAL FLUENCY--NO. S 2ND QTR
218	AOOO13	Num	3		VERBAL FLUENCY--NO. S 3RD QTR
219	AOOO14	Num	3		VERBAL FLUENCY--NO. S 4TH QTR
220	AOOO15	Num	3		VERBAL FLUENCY--NO. ILLEGITIMATE S
221	AOPP5	Num	3		TACTUAL PERFORMANCE--MEMORY SCORE
222	AOPP6	Num	3		TACTUAL PERFORMANCE--LOCATION SCORE
223	AORR1	Num	3		QUALITY NEURO. TEST-SUBJECT
224	AORR2	Num	3		QUALITY NEURO. TEST-DISTRACT/INTERRUPT
225	AORR3	Num	3		QUALITY NEURO. TEST-INFO. ACCURATE
226	AORR4	Num	3		QUALITY NEURO. TEST--QUALITY GRADE
227	MASK_PAT	Num	8		Patient ID number

Data Set Name: f013cmb3.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	ACVSITNO	Num	3		FOLLOW-UP VISIT NUMBER
4	ACAGE	Num	3		PRESENT AGE
5	ACSCHOOL	Num	3		ARE YOU IN SCHOOL NOW
6	ACELESEC	Num	3		GRADE IN ELEMENTARY OR SECONDARY SCHOOL
7	ACCOLLEG	Num	3		WHAT YEAR IN COLLEGE
8	ACGRADSC	Num	3		WHAT YEAR IN GRADUATE SCHOOL
9	ACCOMPLT	Num	3		YEARS OF SCHOOL COMPLETED
10	ACGED	Num	3		DID YOU RECEIVE A G. E. D.
11	ACHANDED	Num	3		WHICH HAND DO YOU WRITE WITH
12	ACFINGER	Num	3		ANY PROBLEMS NOW USING ANY FINGERS
13	ACLEFTL	Num	3		LITTLE FINGER ON LEFT HAND
14	ACLEFTR	Num	3		RING FINGER ON LEFT HAND
15	ACLEFTM	Num	3		MIDDLE FINGER ON LEFT HAND
16	ACLEFTI	Num	3		INDEX FINGER ON LEFT HAND
17	ACLEFTT	Num	3		THUMB ON LEFT HAND
18	ACRIGHTT	Num	3		THUMB ON RIGHT HAND
19	ACRIGHTI	Num	3		INDEX FINGER ON RIGHT HAND
20	ACRIGHTM	Num	3		MIDDLE FINGER ON RIGHT HAND
21	ACRIGHTR	Num	3		RING FINGER ON RIGHT HAND
22	ACRIGHTL	Num	3		LITTLE FINGER ON RIGHT HAND
23	ACB5PROB	Num	3		PROBLEM WITH FINGERS
24	ACWRIST	Num	3		CAN YOU MOVE BOTH WRISTS FREELY
25	ACWRISTT	Num	3		WHICH WRIST HAVE TROUBLE MOVING FREELY
26	ACB6PROB	Num	3		PROBLEM WITH WRIST
27	ACENGLIS	Num	3		IS ENGLISH YOUR NATIVE LANGUAGE
28	ACLERNEN	Num	3		AT WHAT AGE DID YOU LEARN ENGLISH
29	ACEYEGLA	Num	3		DO YOU WEAR GLASSES OR CONTACT LENSES
30	ACCANSEE	Num	3		HAVE EYEGLASSES WITH YOU?
31	ACHEAROK	Num	3		DO YOU HAVE HEARING PROBLEMS
32	ACMEDICI	Num	3		TAKEN MEDICATIONS/DRUGS IN PAST 48 HRS.
33	ACBEER	Num	3		TAKEN BEER IN PAST 48 HOURS
34	ACWINE	Num	3		TAKEN WINE IN PAST 48 HOURS
35	ACHARDRK	Num	3		TAKEN HARD LIQUOR IN PAST 48 HRS.
36	ACBGCHKD	Num	3		BLOOD GLUCOSE LEVELS CHECKED

Num	Variable	Type	Len	Format	Label
37	ACBGACPT	Num	3		BG LEVELS OK FOR NEURO. TEST
38	MASK_PAT	Num	8		Patient ID number

Data Set Name: f020cmb4.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	BOCOMDAT	Char	6		DATE FORM COMPLETED
4	BOLEARN	Char	6		DATE CLINIC LEARNED OF EVENT
5	BOD7ADAT	Char	6		DATE OF ADMISS./START OF TREATMENT
6	BOD7BDAT	Char	6		DATE OF DISCHARGE OR CONCLUSION
7	BOE2BDAT	Char	6		DATE DIABETES TREATMENT ALTERED
8	BOE2CDAT	Char	6		PROTOCOL REQUIRED TREATMENT
9	DUPOK	Char	1		NOT QUITE DUPLICATE FORM
10	BOCEE1	Num	4		BIRTH WEIGHT (GRAMS)
11	BOCEE2	Num	4		GESTATIONAL AGE
12	BOCEE3	Num	4		APGAR SCORE
13	BORANDOM	Num	3		HAS THE PATIENT BEEN RANDOMIZED
14	BOOCCUR	Num	3		DATE OF EVENT UNCERTAIN
15	BOHOWLRN	Num	3		HOW DID CLINIC LEARN OF EVENT
16	BOCA	Num	3		KETOACIDOSIS
17	BOCB	Num	3		HYPERGLYCEMIC,HYPEROSMOLAR,NONKET.COMA
18	BOCC	Num	3		DEFINITE CATASTROPHIC HYPOGLYCEMIA
19	BOCD	Num	3		SUSPECTED CATASTROPHIC HYPOGLYCEMIA
20	BOCE	Num	3		DEFINITE SEVERE HYPOGLYCEMIA
21	BOCF	Num	3		SUSPECTED SEVERE HYPOGLYCEMIA
22	BOCG	Num	3		LOSS OF VISION
23	BOCH	Num	3		HIGH RISK CHARACTERISTICS (HRC)
24	BOCI	Num	3		OCULAR DISEASE--OTHER THAN RETIN.
25	BOCJ	Num	3		PHOTOCOAGULATION
26	BOCK	Num	3		DEFINITE ACUTE MYOCARDIAL INFAR.
27	BOCL	Num	3		SUSPECTED ACUTE MUOCARDIAL INFAR.
28	BOCM	Num	3		ANGINA PECTORIS
29	BOCN	Num	3		ARRHYTHMIA
30	BOCO	Num	3		CONGESTIVE HEART FAILURE
31	BOCP	Num	3		INITIAL DIAGNOSIS OF HYPERTENSION
32	BOCQ	Num	3		CVA WITH PERM. NEUROLOGICAL DEFICIT
33	BOCR	Num	3		CVA WITHOUT PERMANENT NEUROLO. DEFICIT.
34	BOCS	Num	3		RENAL INSUFFICIENCY
35	BOCT	Num	3		INFUSION CATHETER INFECTION
36	BOCU	Num	3		AMPUTATION (TRAUMATIC)

Num	Variable	Type	Len	Format	Label
37	BOCV	Num	3		AMPUTATION (SURGICAL)
38	BOCW	Num	3		ACCIDENT NOT REQUIRING HOSP.
39	BOCX	Num	3		ACCIDENT REQUIRING HOSPITALIZATION
40	BOCY	Num	3		OVERNIGHT HOSPITALIZATION
41	BOCZ	Num	3		PSYCHIATRIC DISEASE REQUIRING TREAT.
42	BOCAA	Num	3		OTHER (ITEM AA)
43	BOCBB	Num	3		PREGNANCY (COMPLETED WHEN DIAGNOSED)
44	BOCCC	Num	3		ABORTION (SPONTANEOUS)
45	BOCDD	Num	3		ABORTION (INDUCED)
46	BOCFF	Num	3		ALIVE WITH CONGENITAL MALFORMATION
47	BOCGG	Num	3		ALIVE WITHOUT CONGENITAL MALFORMATION
48	BOCHH	Num	3		NEONATAL DEATH/CONGENITAL MALFORMATION
49	BOCII	Num	3		NEONATAL DEATH/OTHER COMPLICATIONS
50	BOCJJ	Num	3		STILL BIRTH/CONGENITAL MALFORMATION
51	BOCKK	Num	3		STILL BIRTH/OTHER COMPLICATIONS
52	BOCKKA	Num	3		RESPONSE TO CENTRAL NOTIFICATION
53	BOCLL	Num	3		NOTIFICATION OF PRE-PROLIFERATIVE
54	BOCMM	Num	3		SIGNIFICANT MACULAR EDEMA
55	BOCNN	Num	3		NOTIFICATION OF HYPERCHOLESTEROLEMIA
56	BOCOO	Num	3		NOTIFICATION OF HYPERTRIGLYCERIDEMIA
57	BOCPP	Num	3		NOTIF. OF NEUROPSYCHOLOGICAL DETER.
58	BOC3A	Num	3		DEATH
59	BOC3B	Num	3		NEUROLOGICAL INSULT REQUIRING HOSP.
60	BOC3C	Num	3		MYOCARDIAL INFARCTION
61	BOC3D	Num	3		STROKE
62	BOC3E	Num	3		INJURY TO THE PATIENT REQUIRING HOSP.
63	BOC3F	Num	3		INJURY TO ANOTHER PERSON
64	BOC3G	Num	3		PROPERTY DAMAGE
65	BOC3H	Num	3		TRAFFIC VIOLATION
66	BOC3I	Num	3		LOSS OF CONSCIOUSNESS
67	BOC3J	Num	3		SEIZURE
68	BOC3K	Num	3		SUSPECTED SEIZURE
69	BOC3L	Num	3		UNUSUAL DIFFICULTY IN AWAKENING
70	BOC3M	Num	3		IRRATIONAL
71	BOC3N	Num	3		UNCONTROLLABLE BEHAVIOR
72	BOC3O	Num	3		CONFUSION
73	BOC3P	Num	3		MEMORY LOSS
74	BOC3Q	Num	3		OTHER SIGNS OF HYPOGLYCEMIA
75	BOD1A	Num	3		EMERGENCY ROOM

Num	Variable	Type	Len	Format	Label
76	BOD1B	Num	3		HOSPITAL INPATIENT WARD
77	BOD1C	Num	3		OFFICE VISIT
78	BOD1D	Num	3		LONG-TERM CARE INSTITUTION
79	BOD1F	Num	3		OTHER TREATMENT-INTERCURRENT EVENT
80	BOD2	Num	3		STAFF TREAT PATIENT FOR THIS EVENT
81	BOD3	Num	3		ANY MEDICATION PRESCRIBED
82	BOD4	Num	3		ANY OPERATION PERFORMED
83	BOD5	Num	3		PATIENT RECEIVE PSYCHIATRIC COUNSELING
84	BOD6	Num	3		OTHER FORMS OF TREAT. USED FOR EVENT
85	BOD7BI	Num	3		TREATMENT IS STILL IN PROGRESS ?
86	BOE1	Num	3		DIABETIC CONTROL INFLUENCED
87	BOE2	Num	3		DIABETIC TREATMENT ALTERED ?
88	BOE2BII	Num	3		DATE RX ALTERED UNCERTAIN
89	BOE2CII	Num	3		PATIENT NOT YET RETURNED TO USUAL RX
90	HOSPTX	Num	3		HOSPITALIZED FOR GLYCEMIC CONTROL
91	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0217.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	BAQURDAT	Char	6		DATE OF LAST COMPLETED VISIT
4	BADV1A1	Char	6		DATE-TERMINATION OF DEVIATION
5	BADV1A2	Char	6		NEW DEVIATION, DATE F022
6	BAIS1A1	Char	6		DATE OF RETURN TO ACTIVE STATUS
7	BAIS1A2	Char	6		NEW TRANSFER-INACTIVE STATUS-DATE F016
8	BAMDT1B1	Char	6		DATE REC'D PERMIT MODIFIED REGIMEN
9	BAMDT1B2	Char	6		DATE NEW REGIMEN STARTED
10	BAMDT1C1	Char	6		DATE RETURN--1 TO 2 DAILY INJECTIONS
11	BAMDT2C3	Char	6		EXP.-DATE NEW GOALS BECAME EFFECTIVE
12	BAMDTRET	Char	6		EXP.-DATE RETURNED TO GOALS OF EXPER.
13	BADC3C2	Char	6		DATE OF LAST MENSTRUAL PERIOD
14	BAPEDATE	Char	6		DATE LAST PHYSICAL EXAMINATION
15	BABLPDAT	Char	6		DATE SECOND SITTING BLOOD PRESSURE
16	BACOLDAT	Char	6		DATE PROFILSET COLLECTED
17	BAPRFDAT	Char	6		DATE PROFILSET WILL BE MAILED
18	BAHBDATE	Char	6		DATE HBA1C SPECIMEN COLLECTED
19	BALPDATE	Char	6		DATE LIPID SPECIMENS WILL BE DRAWN
20	BARENDAT	Char	6		DATE RENAL SPEC. WILL BE COLLECTED
21	BATOTUNT	Num	4		TOTAL NUMBER OF UNITS/DAY OF INSULIN
22	BADM3BRD	Num	4		DM 3 INJ.-BLOOD DONE BEFORE BREAKFAST
23	BADM3BRS	Num	4		DM 3 INJ.-BLOOD SHOULD DO BEFORE BREAK.
24	BADM3LUD	Num	4		DM 3 INJ.-BLOOD DONE BEFORE LUNCH
25	BADM3LUS	Num	4		DM 3 INJ.-BLOOD SHOULD DO BEFORE LUNCH
26	BADM3DID	Num	4		DM 3 INJ.-BLOOD DONE BEFORE DINNER
27	BADM3DIS	Num	4		DM 3 INJ.-BLOOD SHOULD DO PRE-DINNER
28	BADM3BED	Num	4		DM 3 INJ.-BLOOD DONE BEFORE BEDTIME
29	BADM3BES	Num	4		DM 3 INJ.-BLOOD SHOULD DO PRE-BEDTIME
30	BADM33AD	Num	4		DM 3 INJ.-BLOOD DONE AT 3 A.M.
31	BADM33AS	Num	4		DM 3 INJ.-BLOOD SHOULD DO AT 3 A.M.
32	BADM1UBD	Num	4		DM 1 INJ.-URINE DONE BEFORE BREAKFAST
33	BADM1UBS	Num	4		DM 1 INJ.-URINE SHOULD DO BEFORE BREAK.
34	BADM1BBD	Num	4		DM 1 INJ.-BLOOD DONE BEFORE BREAKFAST
35	BADM1BBS	Num	4		DM 1 INJ.-BLOOD SHOULD DO BEFORE BREAK
36	BADM1ULD	Num	4		DM 1 INJ.-URINE DONE BEFORE LUNCH

Num	Variable	Type	Len	Format	Label
37	BADM1ULS	Num	4		DM 1 INJ.-URINE SHOULD DO BEFORE LUNCH
38	BADM1BLD	Num	4		DM 1 INJ.-BLOOD DONE BEFORE LUNCH
39	BADM1BLS	Num	4		DM 1 INJ.-BLOOD SHOULD DO BEFORE LUNCH
40	BADM1UDD	Num	4		DM 1 INJ.-URINE DONE BEFORE DINNER
41	BADM1UDS	Num	4		DM 1 INJ.-URINE SHOULD DO BEFORE DINNER
42	BADM1BDD	Num	4		DM 1 INJ.-BLOOD DONE BEFORE DINNER
43	BADM1BDS	Num	4		DM 1 INJ.-BLOOD SHOULD DO BEFORE DINNER
44	BADM1UED	Num	4		DM 1 INJ.-URINE DONE BEFORE BEDTIME
45	BADM1UES	Num	4		DM 1 INJ.-URINE SHOULD DO BEFORE BEDTIME
46	BADM1BED	Num	4		DM 1 INJ.-BLOOD DONE BEFORE BEDTIME
47	BADM1BES	Num	4		DM 1 INJ.-BLOOD SHOULD DO BEFORE BEDTIME
48	BARX1	Num	4		Rx: NO. ASPIRIN-CONTAINING TABLETS
49	BAPULSE	Num	4		PULSE (BPM)
50	BASYSTR	Num	4		FIRST BLOOD PRESSURE-SYSTOLIC
51	BADIASR	Num	4		FIRST BLOOD PRESSURE-DIASTOLIC
52	BASYSTR2	Num	4		SECOND BLOOD PRESSURE-SYSTOLIC
53	BADIASR2	Num	4		SECOND BLOOD PRESSURE-DIASTOLIC
54	BABGP8A	Num	4		RESULTS OF SBGM-PREBREAKFAST
55	BABGP8B	Num	4		RESULTS OF SBGM-90 MIN. PREBREAKFAST
56	BABGP8C	Num	4		RESULTS OF SBGM-PRELUNCH
57	BABGP8D	Num	4		RESULTS OF SBGM-90 MIN. PRELUNCH
58	BABGP8E	Num	4		RESULTS OF SBGM-PRESUPPER
59	BABGP8F	Num	4		RESULTS OF SBGM-90 MIN. PRESUPPER
60	BABGP8G	Num	4		RESULTS OF SBGM-BEDTIME
61	BANA2E	Num	4		NA-STD: NOT DONE 2 URINE OR 1 SBGM/DAY
62	BADESIWT	Num	8		PATIENT'S DESIRED WEIGHT
63	BAWEIGHT	Num	8		CURRENT WEIGHT (KG)
64	BAHEIGHT	Num	8		CURRENT HEIGHT (CM)
65	BAWTCHA	Char	5		CHANGE IN WEIGHT (KG)
66	BARESCHD	Num	3		NECESSARY TO RESCHEDULE VISIT
67	BASCHDNO	Num	3		NO. OF TIMES RESCHEDULED VISIT
68	BAVSITNO	Num	3		FOLLOW-UP VISIT NUMBER
69	BAHUREG	Num	3		TYPE OF INSULIN-HUMAN REGULAR
70	BAPOREG	Num	3		TYPE OF INSULIN-PORK REGULAR
71	BAHUSEMI	Num	3		TYPE OF INSULIN-HUMAN SEMILENTE
72	BAPOSEMI	Num	3		TYPE OF INSULIN-PORK SEMILENTE
73	BAHUNPH	Num	3		TYPE OF INSULIN-HUMAN NPH
74	BAPONPH	Num	3		TYPE OF INSULIN-PORK NPH
75	BAHULEN	Num	3		TYPE OF INSULIN-HUMAN LENTE

Num	Variable	Type	Len	Format	Label
76	BAPOLEN	Num	3		TYPE OF INSULIN-PORK LENTE
77	BAHUULT	Num	3		TYPE OF INSULIN-HUMAN ULTRALENTE
78	BAPO7030	Num	3		TYPE OF INSULIN-PORK 70/30
79	BAHU7030	Num	3		TYPE OF INSULIN-HUMAN 70/30
80	BABPREG	Num	3		TYPE OF INSULIN-BEEF/PORK REGULAR
81	BABPSEMI	Num	3		TYPE OF INSULIN-BEEF/PORK SEMILENTE
82	BABPNPH	Num	3		TYPE OF INSULIN-BEEF/PORK NPH
83	BABPLEN	Num	3		TYPE OF INSULIN-BEEF/PORK LENTE
84	BABPULT	Num	3		TYPE OF INSULIN-BEEF/PORK ULTRALENTE
85	BAGROUP	Num	3		WHAT GROUP PATIENT RANDOMIZED
86	BAINSREG	Num	3		CURRENT INSULIN REGIMEN
87	BAREGPR	Num	3		IS THIS REGIMEN PRESCRIBED BY CLINIC
88	BAREGBRK	Num	3		UNITS REGULAR INSULIN USED-BREAKFAST
89	BAREGLUN	Num	3		UNITS REGULAR INSULIN USED-LUNCH
90	BAREGSUP	Num	3		UNITS REGULAR INSULIN USED-SUPPER
91	BAREGBED	Num	3		UNITS REGULAR INSULIN USED-BEDTIME
92	BAREGOTH	Num	3		UNITS REGULAR INSULIN USED-OTHER
93	BASEMBRK	Num	3		UNITS SEMILENTE INSULIN USED-BREAKFAST
94	BASEMLUN	Num	3		UNITS SEMILENTE INSULIN USED-LUNCH
95	BASEMSUP	Num	3		UNITS SEMILENTE INSULIN USED-SUPPER
96	BASEMBED	Num	3		UNITS SEMILENTE INSULIN USED-BEDTIME
97	BASEMOTH	Num	3		UNITS SEMILENTE INSULIN USED-OTHER
98	BANPHBRK	Num	3		UNITS NPH INSULIN USED-BREAKFAST
99	BANPHLUN	Num	3		UNITS NPH INSULIN USED-LUNCH
100	BANPHSUP	Num	3		UNITS NPH INSULIN USED-SUPPER
101	BANPHBED	Num	3		UNITS NPH INSULIN USED BEDTIME
102	BANPHOTH	Num	3		UNITS NPH INSULIN USED-OTHER
103	BALENBRK	Num	3		UNITS LENTE INSULIN USED-BREAKFAST
104	BALENLUN	Num	3		UNITS LENTE INSULIN USED LUNCH
105	BALENSUP	Num	3		UNITS LENTE INSULIN USED-SUPPER
106	BALENBED	Num	3		UNITS LENTE INSULIN USED-BEDTIME
107	BALENOTH	Num	3		UNITS LENTE INSULIN USED-OTHER
108	BAULTBRK	Num	3		UNITS ULTRALENTE INSULIN USED-BREAKFAST
109	BAULTLUN	Num	3		UNITS ULTRALENTE INSULIN USED-LUNCH
110	BAULTSUP	Num	3		UNITS ULTRALENTE INSULIN USED-SUPPER
111	BAULTBED	Num	3		UNITS ULTRALENTE INSULIN USED-BEDTIME
112	BAULTOTH	Num	3		UNITS ULTRALENTE INSULIN USED-OTHER
113	BA7030BR	Num	3		UNITS 70/30 INSULIN USED-BREAKFAST
114	BA7030LU	Num	3		UNITS 70/30 INSULIN USED-LUNCH

Num	Variable	Type	Len	Format	Label
115	BA7030SU	Num	3		UNITS 70/30 INSULIN USED-SUPPER
116	BA7030BE	Num	3		UNITS 70/30 INSULIN USED-BEDTIME
117	BA7030OT	Num	3		UNITS 70/30 INSULIN USED-OTHER
118	BADM5	Num	3		DESCRIBE INSULIN REGIMEN
119	BADM6A	Num	3		UNITS BASAL INSULIN INFUSED DAILY
120	BADM6B	Num	3		DIFFERENT BASAL RATES USED/DAY
121	BADM6C	Num	3		TECHN. PROBLEMS-INSULIN INFUSION PUMP
122	BADM7A	Num	3		PRESCRIBED CHANGE IN INSULIN REGIMEN
123	BADM7A1	Num	3		CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSIA
124	BADM7A2	Num	3		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.
125	BADM7A3	Num	3		CHANGE DOSE-RECURRENT KETONURIA
126	BADM7A4	Num	3		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
127	BADM7A5	Num	3		CHANGE DOSE-OREGBABCT
128	BADM7A6	Num	3		CHANGE DOSE-OTHER
129	BADM7B1	Num	3		SELF BLOOD GLUCOSE MONITORING
130	BADM7B2	Num	3		URINE GLUCOSE MONITORING
131	BADM8	Num	3		SUSPECT REPORTED GLUCOSE INACCURATE
132	BADV1	Num	3		SINCE LAST VISIT-DEVIATION FROM TREATM.
133	BADV1A	Num	3		CURRENTLY ON DEVIATION FROM TREATMENT
134	BAIS1	Num	3		SINCE LAST VISIT-ON INACTIVE STATUS
135	BAIS1A	Num	3		CURRENTLY ON TRANSFER TO INACTIVE STATUS
136	BAMDF1	Num	3		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
137	BAMDF2	Num	3		CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE
138	BAMDT1	Num	3		SINCE LAST VISIT, PT. MODIF. THERAPY?
139	BAMDT1A	Num	3		GLUC MONITOR. > FREQ. THAN PROTOCOL
140	BAMDT1A1	Num	3		SBGM > SPECIFIED IN PROTOCOL
141	BAMDT1A2	Num	3		UGM > SPECIFIED IN PROTOCOL
142	BAMDT1B	Num	3		> 2 INJECTIONS INSULIN DAILY
143	BAMDT1C	Num	3		CURRENTLY USE > 2 INJECTIONS DAILY
144	BAMDT1D	Num	3		OTHER MODIFICATION TO THERAPY
145	BAMDT2	Num	3		EXP.-ON MODIFIED TREATMENT PROTOCOL
146	BAMDT2A	Num	3		EXP.-LESS FREQENT VISIT SCHEDULE
147	BAMDT2B	Num	3		EXP.-SBGM-LESS FREQENT DAILY SCHEDULE
148	BAMDT2B1	Num	3		EXP.-FREQ. OF SBGM<REQUIRED MINIMUM
149	BAMDT2C	Num	3		EXP.-INSTRUCT LESS STRICT GOALS THERAPY
150	BAMDT2C4	Num	3		EXP.-STATED GOALS IN EFFECT AT PRESENT
151	BAMDT2D	Num	3		EXP.-OTHER MODIFICATIONL
152	BADM32	Num	3		DM 3 INJ.-MORE SBGM THAN PRESCRIBED
153	BADM12	Num	3		PERFORM>GLUC. MONITOR. THAN PRESCRIBED

Num	Variable	Type	Len	Format	Label
154	BANA1A	Num	3		NA-FREQ. CLAIMED FOLLOWED MEAL PLAN
155	BANA1B	Num	3		NA-PATTERN OF EATING--EATING DISORDER
156	BANA1C1	Num	3		NA-NO. OF ILL. (INTERCURRENT OR NOT)
157	BANA1C2	Num	3		FAILED TO ADJUST INSULIN DOSE AS PRESC.
158	BANA1D	Num	3		NA-USED TYPE OF INSULIN NOT PRESCRIBED
159	BANA1E	Num	3		NA-ROTATING SITE OF INJECTION
160	BANA1F	Num	3		NA-DONE > 7 CAPILLARY BLOOD COLLECTIONS
161	BANA1G1	Num	3		NA-NO. INTERCURRENT EVENTS
162	BANA1G2	Num	3		NA-INTERCURR. EVENTS NO REPORT ON TIME
163	BANA1H	Num	3		NA-FAILED TO BRING IN DAILY RECORD
164	BANA1I1	Num	3		NA-PATIENT PERFORM SBGM
165	BANA1I2	Num	3		NA-USE SBGM TO ADJUST INSULIN DOSAGE
166	BANA1I3	Num	3		NA-PERFORM SBGM > ONCE/DAYFOR 7
167	BANA2A	Num	3		NA-STD: >PRESCRIBED UNITS OF INSULIN
168	BANA2B	Num	3		NA-STD: EXTRA INJECTIONS OF INSULIN
169	BANA2C	Num	3		NA-STD: FEWER INJECTIONS OF INSULIN
170	BANA2D	Num	3		NA-STD: FAILED TO TAKE PRESCRIBED DOSE
171	BANA2F1	Num	3		NA-STD: PATIENT BEEN ILL
172	BANA2F2	Num	3		NA-STD:SICK-NO TEST/RECORD URINE ACETO.
173	BANA3A	Num	3		NA-EXP: NOT TAKE PRESCRIBED DELIVERY
174	BANA3B	Num	3		NO. OF TIME NO TEST AT 3 A.M.
175	BANA3C	Num	3		NO. OF TIMES NO REPORT LOW BG TO CLINIC
176	BANA3D	Num	3		NO MONITOR URINE ACETONE WHEN BG>240
177	BANA4A	Num	3		NA-EXP.: ON PUMP, CHANGE BATTERIES-WRONG
178	BANA4B	Num	3		NA-EXP.: ON PUMP, CHANGE CATHETERS-WRONG
179	BANA4C	Num	3		NA-EXP.: ON PUMP, CHANGE SYRINGES- WRONG
180	BADC1A	Num	3		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 1
181	BADC1B	Num	3		DC-NIGHTS IN PAST WK. WAKE UP-URIN. 2
182	BADC1C	Num	3		ON AVERAGE, NO. 8 OZ. GLASSES DAILY
183	BADC1D	Num	3		FREQUENCY OF DKA
184	BADC1E	Num	3		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
185	BADC2	Num	3		FREQ. DAYS-MODERATE OR LARGE KETONURIA
186	BADC2A	Num	3		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
187	BADC2B	Num	3		MODERATE/LARGE KETONUR.-DUE TO ILLNESS
188	BADC2C	Num	3		MODERATE/LARGE KETONUR.-EQUIPM. FAILED
189	BADC2D	Num	3		MODERATE/LARGE KETONUR.-SPONTANEOUS
190	BADC3A	Num	3		PATIENT FEMALE
191	BADC3B1	Num	3		VAGINAL ITCHING OR DISCHARGE
192	BADC3B2	Num	3		PATIENT TREATED FOR VAGINAL ITCHING

Num	Variable	Type	Len	Format	Label
193	BADC3C1	Num	3		DOES PATIENT MENSTRUATE
194	BADC3D1	Num	3		LAST MENSTRUAL PERIOD > 5 WKS. AGO
195	BADC3D2	Num	3		WAS PREGNANCY TEST PERFORMED
196	BADC3D3	Num	3		DID TEST INDICATE PREGNANCY
197	BADC4A	Num	3		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
198	BADC4B1	Num	3		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
199	BADC4B2	Num	3		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
200	BADC4C1	Num	3		HYPOG.-REQUIRED PROF. MEDICAL HELP
201	BADC4C2	Num	3		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
202	BADC4C3	Num	3		HYPOG.-NOT NEED DOCTOR OR OTHER PERSON
203	BADC4D1	Num	3		FREQENCY RECEIVE GLUCAGON
204	BADC4D2	Num	3		FREQUENCY RECEIVE IV GLUCOSE
205	BADC4D3	Num	3		EPISODES RESULT IN INJURY-PT/OTHERS
206	BADC4E	Num	3		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
207	BADC4F1	Num	3		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
208	BADC4F2A	Num	3		REASON HYPOG: MISSED MEAL OR SNACK
209	BADC4F2B	Num	3		REASON HYPOG:DECREASED FOOT INTAKE
210	BADC4F2C	Num	3		REASON HYPOG:INCREASED EXERCISE LEVEL
211	BADC4F2D	Num	3		REASON HYPOG:TOO MUCH INSULIN TAKEN
212	BADC4F2E	Num	3		REASON HYPOG:LACK EARLY WARNING-LOW BG
213	BADC4F2F	Num	3		REASON HYPOGLYCEMIA: OTHER
214	BADC4F2G	Num	3		REASON HYPOGLYCEMIA: UNEXPLAINED
215	BADC4F3A	Num	3		SYMPTOMS W HYPOG: ADRENERGIC WARNING
216	BADC4F3B	Num	3		SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)
217	BADC4F3C	Num	3		SYMPTOMS W HYPOG: ALTER. MENTAL STATUS
218	BADC4F3D	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER
219	BADC4F3E	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
220	BARC1AR	Num	3		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE
221	BARC1AL	Num	3		OPHTH:BLURRED/REDUCED VISION-LEFT EYE
222	BARC1BR	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
223	BARC1BL	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
224	BARC1CR	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
225	BARC1CL	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
226	BARC1D	Num	3		WILL BE SENT TO OPHTH. SPECIAL VISIT
227	BARC2A	Num	3		NEUR: PAIN/NUMBNESS IN HANDS/FEET
228	BARC2B	Num	3		NEUR: UNEXPLAINED MUSCLE WEAKNESS
229	BARC2C	Num	3		NEUR: VOMITING/BLOATING AFTER MEALS
230	BARC2D	Num	3		NEUR: RECURRENT DIARRHEA
231	BARC2E	Num	3		NEUR: URINARY RETENTION

Num	Variable	Type	Len	Format	Label
232	BARC2F	Num	3		NEUR: DIZZINESS/LIGHTHEADEDNESS
233	BARC2G	Num	3		NEUR: FAINTING (NOT WITH HYPOG.)
234	BARC2H	Num	3		NEUR: SEIZURE (NOT DUE TO HYPOG.)
235	BARC2I	Num	3		NEUR: IMPOTENCE
236	BARC2J	Num	3		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.
237	BARC2K	Num	3		NEUR: OTHER NEUROLOGICAL PROBLEM
238	BARC2L	Num	3		NEUR: WILL GO TO NEUROL. FOR VISIT
239	BARC3A	Num	3		RENAL: EDEMA
240	BARC3B	Num	3		RENAL: OTHER RENAL PROBLEM
241	BARC4A	Num	3		VASCULAR: SHORTNESS OF BREATH
242	BARC4B	Num	3		VASCULAR: CONGESTIVE HEART DISEASE
243	BARC4C	Num	3		VASCULAR:IMPAIRED PERIPH. VASCULAR CIRC
244	BARC4D	Num	3		VASCULAR: CHEST PAIN
245	BARC4D1	Num	3		VASCULAR: CHEST PAIN-CLINICAL ANGINA
246	BARC4E	Num	3		VASCULAR: SUSPECTED NON-ACUTE MI
247	BARC4F	Num	3		VASCULAR: TRANSIENT ISCHEMIC ATTACK
248	BARC4G	Num	3		VASCULAR: OTHER VASCULAR PROBLEM
249	BARC5A	Num	3		INFECT: URINARY TRACT INFECTION
250	BARC5B	Num	3		INFECT: UPPER/LOWER RESPIRATORY TRACT
251	BARC5C	Num	3		INFECT: GASTROENTERITIS
252	BARC5D	Num	3		INFECT: CUTANEOUS/MUCOCUTANEOUS
253	BARC5E	Num	3		INFECT: POST-OPERATIVE OR DEEP WOUND
254	BARC5F	Num	3		INFECT: GANGRENE
255	BARC5G	Num	3		INFECT: OTHER-MONONUCLEOSIS, MEASLES
256	BARC5H	Num	3		INFECT: AT INSERTION SITE
257	BARC6	Num	3		MINOR OUTPATIENT SURGERY/INCIDENTAL
258	BARC7	Num	3		ENTERCURRENT ENDOCRINE EVENT
259	BARC8	Num	3		ADVERSE PSYCHOSOCIAL REACTION
260	BARC9A	Num	3		OTHER MEDICAL PROBLEMS/DIFFICULTIES
261	BARX2	Num	3		Rx: HAS USED OR IS USING PRESCRIPTION
262	BARX3	Num	3		Rx: USED OVER-THE-COUNTER DRUGS
263	BARX4	Num	3		Rx: VITAMIN SUPPLEMENTS-REGULARLY
264	BAADOLES	Num	3		LESS THAN 18 YEARS OLD
265	BAGROWTH	Num	3		FAILED TO MAINTAIN NORMAL GROWTH
266	BAHYPDOC	Num	3		HYPERTENSION BEEN PREV. DOCU.
267	BAHIBLP	Num	3		1ST BL PRESS. INDICATE HYPERTENSION
268	BAHYPERT	Num	3		2ND BL PRESS. INDICATE HYPERTENSION
269	BALIPOAT	Num	3		INJECTION SITES: LIPOATROPHY
270	BALIPOHY	Num	3		INJECTION SITES: LIPOHYPERTROPHY

Num	Variable	Type	Len	Format	Label
271	BAINFLAM	Num	3		INJECTION SITES: INFLAMMATION
272	BAHEPATO	Num	3		ABDOMEN: HEPATOMEGALY
273	BASPAN	Num	3		ABDOMEN: IF HEPATOMEGALY, SIZE SPAN
274	BAFOOTUL	Num	3		FEET: ULCERS
275	BAFOOTIN	Num	3		FEET: INFECTION
276	BAABNTOE	Num	3		FEET: ABNORMAL TOENAILS
277	BADPEDR	Num	3		FEET: PULSE DORSALIS PEDIA-RIGHT
278	BADPEDL	Num	3		FEET: PULSE DORSALIS PEDIA-LEFT
279	BAPTIBR	Num	3		FEET: POSTERIOR TIBIAL-RIGHT
280	BAPTIBL	Num	3		FEET: POSTERIOR TIBIAL-LEFT
281	BAOTHABN	Num	3		OTHER ABNORMALITIES ON PHYSICAL EXAM
282	BABGP1	Num	3		PROFILSET MAILED TO CBL
283	BABGP2A	Num	3		NOT MAILED: KIT DAMAGED
284	BABGP2B	Num	3		NOT MAILED:PATIENT FORGOT TO COLLECT
285	BABGP2C	Num	3		NOT MAILED: PATIENT LOST KIT
286	BABGP2D	Num	3		NOT MAILED: PATIENT REFUSED TO COLLECT
287	BABGP2E	Num	3		NOT MAILED: OTHER OR UNKNOWN
288	BABGP6A	Num	3		PROFILSET QUALITY-CONTROLLED
289	BABGP6A1	Num	3		PROFILSET QC-STICK NO. DUPLICATED
290	BABGP6A2	Num	3		PROFILSET QC-WAS CORRECT STICK USED
291	BABGP7	Num	3		PERFORM SBGM ON DAY OBTAINED SPECIMENS
292	BALIPID	Num	3		WILL LIPIDS BE MAILED TO CBL
293	BARENAL	Num	3		WILL RENAL SPEC. BE MAILED TO CBL
294	MASK_PAT	Num	8		Patient ID number

Data Set Name: f021cmb6.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	BAC61A	Num	4		NO. ACTUALLY DONE-PREPRANDIAL
4	BAC61B	Num	4		NO. SHOULD HAVE DONE-PREPRANDIAL
5	BAC61C	Num	4		NO. BELOW 70-PREPRANDIAL
6	BAC61D	Num	4		NO. ABOVE 120-PREPRANDIAL
7	BAC62A	Num	4		NO. ACTUALLY DONE-POSTPRANDIAL
8	BAC62B	Num	4		NO. SHOULD HAVE DONE-POSTPRANDIAL
9	BAC62C	Num	4		NO. BELOW 70-POSTPRANDIAL
10	BAC62D	Num	4		NO. ABOVE 180-POSTPRANDIAL
11	BAC63A	Num	4		NO. ACTUALLY DONE-BEDTIME
12	BAC63B	Num	4		NO. SHOULD HAVE DONE-BEDTIME
13	BAC63C	Num	4		NO. BELOW 70-BEDTIME
14	BAC63D	Num	4		NO. ABOVE 120-BEDTIME
15	BAC64A	Num	4		NO. ACTUALLY DONE-3:00 A.M.
16	BAC64B	Num	4		NO. SHOULD HAVE DONE-3:00 A.M.
17	BAC64C	Num	4		NO.BELOW 65-3:00 A.M.
18	BAC64D	Num	4		NO. ABOVE 120-3:00 A.M.
19	BAD61A	Num	4		MDI-NO. ACTUALLY DONE-PREPRANDIAL
20	BAD61B	Num	4		MDI-NO. SHOULD HAVE DONE-PREPRANDIAL
21	BAD61C	Num	4		MDI-NO.BELOW 70-PREPRANDIAL
22	BAD61D	Num	4		MDI-NO. ABOVE 120-PREPRANDIAL
23	BAD62A	Num	4		MDI-NO. ACTUALLY DONE-POSTPRANDIAL
24	BAD62B	Num	4		MDI-NO. SHOULD HAVE DONE-POSTPRANDIAL
25	BAD62C	Num	4		MDI-NO. BELOW 70-POSTPRANDIAL
26	BAD62D	Num	4		MDI-NO. ABOVE 180-POSTPRANDIAL
27	BAD63A	Num	4		MDI-NO. ACTUALLY DONE-BEDTIME
28	BAD63B	Num	4		MDI-NO. SHOULD HAVE DONE-BEDTIME
29	BAD63C	Num	4		MDI-NO. BELOW 70-BEDTIME
30	BAD63D	Num	4		MDI-NO. ABOVE 120-BEDTIME
31	BAD64A	Num	4		MDI-NO. ACTUALLY DONE-3:00 A.M.
32	BAD64B	Num	4		MDI-NO. SHOULD HAVE DONE-3:00 A.M.
33	BAD64C	Num	4		MDI-NO. BELOW 65-3:00 A.M.
34	BAD64D	Num	4		MDI-NO. ABOVE 120-3:00 A.M.
35	BAE51A	Num	4		STD-ACTUAL. DONE-BEFORE BREAK.-URINE
36	BAE51B	Num	4		STD-SHOULD HAVE DONE-BEFORE BREAK.-URINE

Num	Variable	Type	Len	Format	Label
37	BAE51C	Num	4		STD-ACTUAL. DONE-BEFORE BREAK.-BLOOD
38	BAE51D	Num	4		STD-SHOULD HAVE DONE-BEFORE BREAK.-BLOOD
39	BAE52A	Num	4		STD-ACTUAL. DONE-BEFORE LUNCH-URINE
40	BAE52B	Num	4		STD-SHOULD HAVE DONE-BEFORE LUNCH-URINE
41	BAE52C	Num	4		STD-ACTUAL. DONE-BEFORE LUNCH-BLOOD
42	BAE52D	Num	4		STD-SHOULD HAVE DONE-BEFORE LUNCH-BLOOD
43	BAE53A	Num	4		STD-ACTUAL. DONE-BEFORE DINNER-URINE
44	BAE53B	Num	4		STD-SHOULD HAVE DONE-BEFORE DINNER-URINE
45	BAE53C	Num	4		STD-ACTUAL. DONE-BEFORE DINNER-BLOOD
46	BAE53D	Num	4		STD-SHOULD HAVE DONE-BEFORE DINNER-BLOOD
47	BAE54A	Num	4		STD-ACTUAL. DONE-BEDTIME-URINE
48	BAE54B	Num	4		STD-SHOULD HAVE DONE-BEDTIME-URINE
49	BAE54C	Num	4		STD-ACTUALLY DONE-BEDTIME-BLOOD
50	BAE54D	Num	4		STD-SHOULD HAVE DONE-BEDTIME-BLOOD
51	BAI1	Num	4		PROSTAGLANDIN INHIBITORS
52	BAPULSE	Num	4		PULSE(BPM)
53	BASYSTR	Num	4		FIRST BLOOD PRESSURE-SYSTOLIC
54	BADIASR	Num	4		FIRST BLOOD PRESSURE-DIASTOLIC
55	BASYSTR2	Num	4		SECOND BLOOD PRESSURE-SYSTOLIC
56	BADIASR2	Num	4		SECOND BLOOD PRESSURE-DIASTOLIC
57	BAL7A	Num	4		PREBREAKFAST
58	BAL7B	Num	4		90 MIN. P.C.
59	BAL7C	Num	4		PRELUNCH
60	BAL7D	Num	4		90 MIN. P.C.
61	BAL7E	Num	4		PRESUPPER
62	BAL7F	Num	4		90 MIN. P.C
63	BAL7G	Num	4		BEDTIME
64	BAQURDAT	Char	6		DATE OF LAST COMPLETED VISIT
65	BAG3CDAT	Char	6		HYPER-START LAST MENSTRUAL PERIOD
66	BAPEDATE	Char	6		LAST PHYSICAL EXAMINATION
67	BABLPDAT	Char	6		DATE SECOND SITTING BLOOD PRESS.
68	BACOLDAT	Char	6		DATE COLLECTION PERFORMED
69	BAPRFDAT	Char	6		WHAT DATE PROFILSET MAILED
70	BAHBDATE	Char	6		MAILED TO HEMOGLOBIN-A1C LAB.
71	BALPDATE	Char	6		DATE WILL THE SPECIMENS BE DRAWN
72	BARENDAT	Char	6		DATE SPECIMEN WILL BE COLLECTED
73	BAMADATE	Char	6		NOTIF. OF DEVIATION FROM TREATMENT
74	BATERMDA	Char	6		TERMINATION OF DEVIATION
75	BATRANDA	Char	6		APP. FOR TRANSFER TO INACTIVE STAT.

Num	Variable	Type	Len	Format	Label
76	BANBDATE	Char	6		TERMINATION TO INACTIVE STATUS
77	BAPERMDA	Char	6		DATE PERMISSION WAS RECEIVED
78	BASTDATE	Char	6		DATE THAT NEW REGIMEN WAS STARTED
79	BARETDAT	Char	6		RETURN TO 1 OR 2 DAILY INJ. OF INSULIN
80	BAEFFDAT	Char	6		DATE THE NEW GOALS BECAME EFFECTIVE
81	BAEXPDAT	Char	6		RETURNED TO GOALS EXPERIMENT TREAT.
82	BAWEIGHT	Num	8		CURRENT WEIGHT(KG)
83	BADESIWT	Num	8		PATIENT'S DESIRED WEIGHT
84	BAHEIGHT	Num	8		CURRENT HEIGHT(CM)
85	BAHTCHA	Num	8		CHANGE IN HEIGHT(CM)
86	BAD41D	Char	5		MDI1-TIME
87	BAD42D	Char	5		MDI2-TIME
88	BAD43D	Char	5		MDI3-TIME
89	BAD44D	Char	5		MDI4-TIME
90	BAD45D	Char	5		MDI5-TIME
91	BAE11D	Char	5		STD1-TIME
92	BAE12D	Char	5		STD2-TIME
93	BAE13D	Char	5		STD3-TIME
94	BAE14D	Char	5		STD4-TIME
95	BAE15D	Char	5		STD5-TIME
96	BAK11D	Char	5		TIME
97	BAK12D	Char	5		TIME
98	BAK13D	Char	5		TIME
99	BAWTCHA	Char	5		CHANGE IN WEIGHT(KG)
100	BARESCHD	Num	3		NECESSARY TO RESCHEDULE VISIT
101	BASCHDNO	Num	3		NO. OF TIMES RESCHEDULED VISIT
102	BAVSITNO	Num	3		FOLLOW-UP VISIT NUMBER
103	BAWINDOW	Num	3		VISIT HELD WITHIN TIME WINDOW
104	BAB1	Num	3		CURRENT USUAL INSULIN THERAPY
105	BAB2	Num	3		NO. OF CLINICAL VISITS
106	BAC1	Num	3		PREPRANDIAL(MEALS AND SNACKS)
107	BAC2	Num	3		NUMBER OF PREPRANDIAL BOLUSES/24 HOURS
108	BAC3	Num	3		TOTAL BASAL UNITS/24 HOURS
109	BAC4	Num	3		NUMBER OF BASAL RATES/24 HOURS
110	BAC5A	Num	3		TYPE OF INSULIN-BEEF AND PORK
111	BAC5B	Num	3		TYPE OF INSULIN-BEEF
112	BAC5C	Num	3		TYPE OF INSULIN-PORK
113	BAC5D	Num	3		TYPE OF INSULIN-HUMAN
114	BAC7	Num	3		PERFORMING SELF BLOOD GLUCOSE MONITORING

Num	Variable	Type	Len	Format	Label
115	BAC8	Num	3		SELF BLOOD GLUCOSE MONITORING RESULTS
116	BAC9	Num	3		ANY PROBLEMS USING INSUL. INFUS. PUMP
117	BAD1	Num	3		MDI-PREPRANDIAL(MEAL/SNACKS)BOLUSES
118	BAD2	Num	3		MDI-NUMBER OF PREPRANDIAL BOLUSES
119	BAD3	Num	3		MDI-TOT. UNITS-INTER./LONG-LASTING INSUL
120	BAD41A	Num	3		MDI1-UNITS LONG-ACTING OR ULTRALENTE
121	BAD41B	Num	3		MDI1-UNITS OF NPH OR LENTE
122	BAD41C	Num	3		MDI1-UNITS OF REGULAR OR SEMI-LENTE
123	BAD41E	Num	3		MDI1-AM OR PM
124	BAD42A	Num	3		MDI2-UNITS LONG-ACTING/ULTRALENTE
125	BAD42B	Num	3		MDI2-UNITS OF NPH OR LENTE
126	BAD42C	Num	3		MDI2-UNITS OF REGULAR OR SEMI-LENTE
127	BAD42E	Num	3		MDI2-AM OR PM
128	BAD43A	Num	3		MDI3-UNITS LONG-ACTING/ULTRALENTE
129	BAD43B	Num	3		MDI3-UNITS OF NPH OR LENTE
130	BAD43C	Num	3		MDI3-UNITS OF REGULAR/SEMI-LENTE
131	BAD43E	Num	3		MDI3-AM OR PM
132	BAD44A	Num	3		MDI4-UNITS LONG-ACTING/ULTRALENTE
133	BAD44B	Num	3		MDI4-UNITS OF NPH OR LENTE
134	BAD44C	Num	3		MDI4-UNITS OF REGULAR/SEMI-LENTE
135	BAD44E	Num	3		MDI4-AM OR PM
136	BAD45A	Num	3		MDI5 UNITS LONG-ACTING/ULTRALENTE
137	BAD45B	Num	3		MDI5-UNITS OF NPH OR LENTE
138	BAD45C	Num	3		MDI5-UNITS OF REGULAR OR SEMI-LENTE
139	BAD45E	Num	3		MDI5-AM OR PM
140	BAD5A	Num	3		MDI-TYPES OF INSULIN-BEEF AND PORK
141	BAD5B	Num	3		MDI-TYPES OF INSULIN-BEEF
142	BAD5C	Num	3		MDI-TYPES OF INSULIN-PORK
143	BAD5D	Num	3		MDI-TYPES OF INSULIN-HUMAN
144	BAD7	Num	3		MDI-MORE SELF BLOOD GLUCOSE MONITORING
145	BAD8	Num	3		MDI-INACCURATE/FICTITIOUS BLOOD RESULTS
146	BAE11A	Num	3		STD1-UNITS OF LONG-ACTING OR ULTRALENTE
147	BAE11B	Num	3		STD1-UNITS OF NPH OR LENTE
148	BAE11C	Num	3		STD1-UNITS OF REGULAR OR SEMI-LENTE
149	BAE11E	Num	3		STD1-AM OR PM
150	BAE12A	Num	3		STD2-UNITS OF LONG-ACTING OR ULTRALENTE
151	BAE12B	Num	3		STD2-UNITS OF NPH OR LENTE
152	BAE12C	Num	3		STD2-UNITS OF REGULAR OR SEMI-LENTE
153	BAE12E	Num	3		STD2-AM OR PM

Num	Variable	Type	Len	Format	Label
154	BAE13A	Num	3		STD3-UNITS OF LONG-ACTING OR ULTRALENTE
155	BAE13B	Num	3		STD3-UNITS OF NPH OR LENTE
156	BAE13C	Num	3		STD3-UNITS OF REGULAR OR SEMI-LENTE
157	BAE13E	Num	3		STD3-AM OR PM
158	BAE14A	Num	3		STD4-UNITS OF LONG-ACTING OR ULTRALENTE
159	BAE14B	Num	3		STD4-UNITS OF NPH OR LENTE
160	BAE14C	Num	3		STD4-UNITS OF REGULAR OR SEMI-LENTE
161	BAE14E	Num	3		STD4-AM OR PM
162	BAE15A	Num	3		STD5-UNITS LONG ACTING/ULTRALENTE
163	BAE15B	Num	3		STD5-UNITS OF NPH OR LENTE
164	BAE15C	Num	3		STD5-UNITS OF REGULAR OR SEMI-LENTE
165	BAE15E	Num	3		STD5-AM OR PM
166	BAE2A	Num	3		STD-TYPE OF INSULIN-BEEF OR PORK
167	BAE2B	Num	3		STD-TYPE OF INSULIN-BEEF
168	BAE2C	Num	3		STD-TYPE OF INSULIN-PORK
169	BAE2D	Num	3		STD-TYPE OF INSULIN-HUMAN
170	BAE3	Num	3		STD-SELF BLOOD GLUCOSE MONITORING
171	BAE4	Num	3		STD-URINE GLUCOSE MONITORING
172	BAE6	Num	3		MORE GLUC. MONIT. (URINE/BLOOD) THAN RX
173	BAE7	Num	3		GLUC. RESULTS INACCURATE
174	BAF1A	Num	3		PATIENT FOLLOWED MEAL PLAN
175	BAF1B	Num	3		EATING DISORDER?
176	BAF1CI	Num	3		HOW MANY ILLNESESS EXPERIENCED
177	BAF1CII	Num	3		ADJUST INSULIN DOSE AS PRESCRIBED
178	BAF1D	Num	3		INSULIN USED NOT PRESCRIBED
179	BAF1E	Num	3		ROTATING THE SITE OF INJECTION
180	BAF1F	Num	3		COMPLETE < 7 CAPILLARY BLOOD COLLECT.
181	BAF1GI	Num	3		HOW MANY INTERCURRENT EVENTS
182	BAF1GII	Num	3		PATIENT FAILED TO REPORT
183	BAF1H	Num	3		PATIENT FAILED TO BRING DAILY RECORD
184	BAF1II	Num	3		PERFORM SELF BLOOD GLUCOSE MONIT.
185	BAF1III	Num	3		USING SELF BLOOD GLUCOSE MONIT.
186	BAF1IIII	Num	3		PERFORM SELF BLOOD GLUCOSE
187	BAF2A	Num	3		PRESCRIBED UNITS OF INSULIN
188	BAF2B	Num	3		TAKEN EXTRA INJECTIONS OF INSULIN
189	BAF2C	Num	3		TAKEN FEWER INJECTIONS OF INSULIN
190	BAF2D	Num	3		FAILED TO TAKE INSULIN DOSE
191	BAF2E	Num	3		FAILED TO PERFORM AND RECORD
192	BAF2FI	Num	3		BEEN ILL

Num	Variable	Type	Len	Format	Label
193	BAF2FII	Num	3		FAILED TO TEST URINE ACET. WHILE ILL
194	BAF3A	Num	3		HYPER-FOLLOW PRES. ALGOR./INSULIN DEL.
195	BAF3B	Num	3		HYPER-FAIL.TO DO THE PRESR.3 AM BLD. TST
196	BAF3C	Num	3		HYPER-FAIL.TO REPORT LOW 3 AM BLD. GLU.
197	BAF3D	Num	3		HYPER-FAIL. TO MONITOR URINE ACETONE
198	BAF4A	Num	3		HYPER-FAIL.TO FOL.INST. FOR CHANG. BATT.
199	BAF4B	Num	3		HYPER-FAIL.TO FOL.INST. FOR CHANG. CATH.
200	BAF4C	Num	3		HYPER-FAIL.TO FOL.INST.FOR CHANG. SYRI.
201	BAG1A	Num	3		PATIENT WAKE UP ONCE TO URINATE
202	BAG1B	Num	3		PATIENT WAKE UP TWO OR MORE TO URINATE
203	BAG1C	Num	3		EIGHT-OZ. GLASSES-FLUID DRINK PER DAY
204	BAG1D	Num	3		HYPER-HOW MANY TIMES HAD DKA?
205	BAG1E	Num	3		HYPER-HAVE OTHER SYMPTOMS OF HYPERGL.
206	BAG2	Num	3		HYPER-MODERATE OR LARGE KETONURIA
207	BAG2A	Num	3		HYPER-BY CHANGE IN ROUTINE
208	BAG2B	Num	3		HYPER-DUE TO ILLNESS
209	BAG2C	Num	3		HYPER-MEDICAL EQUIPMENT FAILURE
210	BAG2D	Num	3		HYPER-SPONTANEOUS OR UNEXPLAINED
211	BAG3A	Num	3		HYPER-IS THE PATIENT FEMALE
212	BAG3BI	Num	3		HYPER-VAGINAL ITCHING OR DISCHARGE
213	BAG3BII	Num	3		HYPER-THE PATIENT TREATED FOR THIS
214	BAG3CI	Num	3		HYPER-DOES THE PATIENT MENSTRUATE
215	BAG3DI	Num	3		HYPER-LAST MENSTRUAL MORE THAN 5 WEEKS
216	BAG3DII	Num	3		HYPER-WAS PREGNANCY TEST PERFORMED
217	BAG3DIII	Num	3		HYPER-DID TEST INDICATE PREGNANCY
218	BAG4A	Num	3		HYPO-NO. HOSPITALIZATIONS FOR HYPOG.
219	BAG4BI	Num	3		HYPO-LOST CONSC. WITHOUT SEIZURE
220	BAG4BII	Num	3		HYPO-LOST CONSC. WITH SEIZURE
221	BAG4CI	Num	3		HYPO-REQ. PROFESS. MEDICAL ASSIST.
222	BAG4CII	Num	3		HYPO-REQ.THE ASSIST. OF ANOTHER PERSON
223	BAG4CIII	Num	3		HYPO-AS TO REQ.THE ASSIST. ANOTHER PER.
224	BAG4DI	Num	3		HYPO-WHEN HAS SEVERE HYPOG. OCCURRED?
225	BAG4DIIA	Num	3		HYPO-MISSED MEAL OR SNACK
226	BAG4DIIB	Num	3		HYPO-DECRE.INTAKE AT MEAL OR SNACK
227	BAG4DIIC	Num	3		HYPO-INCREASED EXERCISE LEVEL
228	BAG4DIID	Num	3		HYPO-TOO MUCH INSULIN TAKEN
229	BAG4DIIE	Num	3		HYPO-LOW BLOOD GLUCOSE
230	BAG4DIIF	Num	3		HYPO-OTHER
231	BAG4DIIG	Num	3		HYPO-UNEXPLAINED

Num	Variable	Type	Len	Format	Label
232	BAG4DII1	Num	3		HYPO-ADRENERGIC WARNING SYMPTOMS
233	BAG4DII2	Num	3		HYPO-DIAPHORESIS (SWEATING)
234	BAG4DII3	Num	3		HYPO-ALTERED MENTAL STATUS
235	BAG4DII4	Num	3		HYPO-LOSS OF CONSCIOUSNESS
236	BAG4DII5	Num	3		HYPOGLYCEMIA-SEIZURE
237	BAG4DII6	Num	3		HYPOGLYCEMIA-OTHER
238	BAG4DII7	Num	3		HYPOGLYCEMIA-NONE
239	BAG4DIV	Num	3		HYPO-PATIENT RECEIVED GLUCAGON
240	BAG4DV	Num	3		HYPO-PATIENT RECEIVED IV GLUCOSE
241	BAG4DVI	Num	3		HYPO-INJURY TO THE PATIENT OR OTHERS
242	BAG4E	Num	3		HYPO-EXPER. HYPOGLYCEMIA IN SEVEN DAYS
243	BAG4FI	Num	3		HYPO-WHEN MILD HYPOGLYCEMIA OCCURRED
244	BAG4FII1	Num	3		HYPO-MISSED MEAL OR SNACK
245	BAG4FII2	Num	3		HYPO-DECRE. INTAKE AT MEAL OR SNACK
246	BAG4FII3	Num	3		HYPO-INCREASED EXERCISE LEVEL
247	BAG4FII4	Num	3		HYPO-TOO MUCH INSULIN LEVEL
248	BAG4FII5	Num	3		HYPO-LOW BLOOD GLUCOSE
249	BAG4FII6	Num	3		HYPO-OTHER
250	BAG4FII7	Num	3		HYPO-UNEXPLAINED
251	BAG4FIIA	Num	3		HYPO-ADRENERGIC WARNING SYM.
252	BAG4FIIB	Num	3		HYPO-DIAPHORESIS(SWEATING)
253	BAG4FIIC	Num	3		HYPO-ALTERED MENTAL STATUS
254	BAG4FIID	Num	3		HYPOGLYCEMIA-OTHER
255	BAG4FIIE	Num	3		HYPOGLYCEMIA-NONE
256	BAH1AR	Num	3		OPH.-BLURR.OR REDUCED VISION-RIGHT
257	BAH1AL	Num	3		OPH.-BLURR.OR REDUCED VISION-LEFT
258	BAH1BR	Num	3		OPH.-FLOATER OR FLASH.LIGHTS-RIGHT
259	BAH1BL	Num	3		OPH.-FLOATER OR FLASH.LIGHTS-LEFT
260	BAH1CR	Num	3		RETINAL ABNORMALITY RIGHT
261	BAH1CL	Num	3		RETINAL ABNORMALITY LEFT
262	BAH1DR	Num	3		OPH.-ANY OTHER EYE PROBLEM-RIGHT
263	BAH1DL	Num	3		OPH.-ANY OTHER EYE PROBLEM-LEFT
264	BAH1E	Num	3		OPHTHALMOLOGIST FOR A SPECIAL VISIT
265	BAH2A	Num	3		PARESTHESIAS (PAIN OR NUMBNESS)
266	BAH2B	Num	3		UNEXPLAINED MUSCLE WEAKNESS
267	BAH2C	Num	3		VOMITTING OR BLOATING AFTER MEALS
268	BAH2D	Num	3		BOUTS OF PERSIST. OR RECURRENT DIARRHEA
269	BAH2E	Num	3		BOUTS OF URINARY RETENTION
270	BAH2F	Num	3		DIZZINESS OR LIGHTHEADEDNESS

Num	Variable	Type	Len	Format	Label
271	BAH2G	Num	3		FAINTING
272	BAH2H	Num	3		IMPOTENCE
273	BAH2I	Num	3		OTHER NEUROLOGIC PROBLEMS
274	BAH3A	Num	3		RENAL-PROTEINURIA
275	BAH3B	Num	3		RENAL-EDEMA
276	BAH3C	Num	3		OTHER RENAL PROBLEM
277	BAH4A	Num	3		SHORTNESS OF BREATH
278	BAH4B	Num	3		CONGESTIVE HEART DISEASE
279	BAH4C	Num	3		VASCULAR CIRCULATION
280	BAH4D	Num	3		CHEST PAIN
281	BAH4D1	Num	3		IS THIS CLINICAL ANGINA
282	BAH4E	Num	3		DEFINITE/SUSPECTED NON-ACUTE MI
283	BAH4F	Num	3		TRANSIENT ISCHEMIC ATTACK
284	BAH4G	Num	3		OTHER VASCULAR PROBLEM
285	BAH5A	Num	3		URINARY TRACT INFECTION
286	BAH5B	Num	3		RESPIRATORY TRACT INFECTION
287	BAH5C	Num	3		GASTROENTERITIS
288	BAH5D	Num	3		CUTANEOUS OR MUCOCUTANEOUS INFECTION
289	BAH5E	Num	3		POST-OPERATIVE-DEEP WOUND INFECTION
290	BAH5F	Num	3		GANGRENE
291	BAH5G	Num	3		OTHER INFECTIONS
292	BAH5H	Num	3		INFECTION AT INSERTION SIDE
293	BAH6	Num	3		MINOR OUTPAIENT SURGERY
294	BAH7	Num	3		INTERCURRENT ENDOCRINE EVENT
295	BAH8	Num	3		ADVERSE PSYCHOSOCIAL REACTION
296	BAH9A	Num	3		EXPERIENCED ANY OTHER MEDICAL PROB.
297	BAI2	Num	3		PRESCRIPTION OTHER THAN INSULIN
298	BAI3	Num	3		USED ANY OVER-THE-COUNTER DRUGS
299	BAI4	Num	3		USE VITAMIN SUPPLEMENTS
300	BAFRSZ	Num	3		BODY FRAME SIZE
301	BAADOLES	Num	3		LESS THAN 18 YEARS OLD
302	BAWTPERC	Num	3		WEIGHT PERCENTILE
303	BAGROWTH	Num	3		FAILED TO MAINTAIN NORMAL GROWTH
304	BAHIBLP	Num	3		1ST BL PRESS. INDICATE HYPERTENSION
305	BAHYPDOC	Num	3		HYPERTENSION BEEN PREV. DOCU.
306	BAHYPERT	Num	3		2ND BL PRESS. INDICATE HYPERTENSION
307	BALIPOAT	Num	3		LIPOATROPHY
308	BALIPOHY	Num	3		LIPOHYPERTROPHY
309	BAINFLAM	Num	3		INFLAMMATION

Num	Variable	Type	Len	Format	Label
310	BAHEPATO	Num	3		HEPATOMEGALY
311	BASPAN	Num	3		IF PRESENT, HOW LARGE (SPAN)
312	BAFOOTUL	Num	3		FEET-ULCERS
313	BAFOOTIN	Num	3		INFECTION
314	BAABNTOE	Num	3		FOOT-ABNORMAL TOENAILS
315	BADPEDR	Num	3		PULSE-DORSALIS PEDIS-RIGHT
316	BADPEDL	Num	3		PULSE-DORSALIS PEDIS-LEFT
317	BAPTIBR	Num	3		PULSE-POSTERIOR TIBIAL-RIGHT
318	BAPTIBL	Num	3		PULSE-POSTERIOR TIBIAL-LEFT
319	BAK11A	Num	3		UNITS OF LONG-ACTING OR ULTRALENTE
320	BAK11B	Num	3		UNITS OF NPH OR LENTE
321	BAK11C	Num	3		UNITS OF REGULAR OR SEMI-LENTE
322	BAK11E	Num	3		AM OR PM
323	BAK12A	Num	3		UNITS OF LONG-ACTING OR ULTRALENTE
324	BAK12B	Num	3		UNITS OF NPH OR LENTE
325	BAK12C	Num	3		UNITS OR REGULAR OR SEMI-LENTE
326	BAK12E	Num	3		AM OR PM
327	BAK13A	Num	3		UNITS OF LONG-ACTING OR ULTRALENT
328	BAK13B	Num	3		UNITS OF NPH OR LENTE
329	BAK13C	Num	3		UNITS OF REGULAR OR SEMI-LENTE
330	BAK13E	Num	3		AM OR PM
331	BAK2A	Num	3		TYPES OF INSULIN-BEEF AND PORK
332	BAK2B	Num	3		TYPES OF INSULIN-BEEF
333	BAK2C	Num	3		TYPES OF INSULIN-PORK
334	BAK2D	Num	3		TYPES OF INSULIN-HUMAN
335	BAL1	Num	3		PROFILSET MAILED TO LABORATORY
336	BAL2A	Num	3		KIT DAMAGE AFTER COLLECTION
337	BAL2B	Num	3		PATIENT FORGOT TO DO COLLECTION
338	BAL2C	Num	3		PATIENT LOST KIT
339	BAL2D	Num	3		PATIENT REFUSED TO DO COLLECTION
340	BAL2E	Num	3		OTHER OR UNKNOWN
341	BAL6	Num	3		SELF BLOOD GLUCOSE MONITORING
342	BALIPID	Num	3		LIPID SPECIMENS MAILED TO LAB.
343	BARENAL	Num	3		RENAL STUDIES SPECIMEN BE MAILED
344	BAM	Num	3		DEVIATION FROM TREATMENT
345	BAMB	Num	3		CURRENTLY ON DEVIATION FROM TREAT.
346	BAN	Num	3		PATIENT BEEN ON INACTIVE STATUS
347	BANB	Num	3		TRANSFER TO INACTIVE STATUS
348	BAO	Num	3		FOLLOW-UP SCHEDULE BEEN CHANGED

Num	Variable	Type	Len	Format	Label
349	BAP	Num	3		IF NONE, CHECK HERE
350	BAPA	Num	3		MORE FREQUENT DIETARY INSTRUCTION
351	BAPA1	Num	3		NO.OF ADDITIONAL SESSIONS
352	BAPB	Num	3		INTERIM TELEPHONE CONTACT
353	BAPB1	Num	3		TOTAL NUMBER OF TELEPHONE CONTACTS
354	BAPC	Num	3		HOSPITALIZATION FOR METABOLIC CONTROL
355	BAPC1	Num	3		NO.OF HOSPITAL. FOR MET. CONTROL
356	BAPD	Num	3		GLUCOSE MONITORING AT GREATER FREQ.
357	BAPD1	Num	3		RECORD FREQUENCY: SBGM
358	BAPD2	Num	3		RECORD FREQUENCY: UGM
359	BAPE	Num	3		MORE THAN 2 INJECT. OF INSULIN PER DAY
360	BAPE1	Num	3		USING MORE THAN 2 INJECTION PER DAY
361	BAPF	Num	3		OTHER MODIFICATION: SPECIFY:
362	BAQ	Num	3		IF NONE, CHECK HERE AND SIGN FORM
363	BAQA	Num	3		PLANNED OUT-PATIENT VISIT
364	BAQA1	Num	3		RECORD NEW FREQUENCY OF VISITS
365	BAQB	Num	3		DISC. OF SELF BLOOD GLUCOSE MONIT.
366	BAQC	Num	3		SELF MONITORING OF A LESS FREQ. SCHED.
367	BAQC1	Num	3		RECORD FREQUENCY
368	BAQD	Num	3		URINE GLUCOSE MONITORING
369	BAQD1	Num	3		RECORD FREQUENCY
370	BAQE	Num	3		LESS STRINGENT GOALS OF THERAPY
371	BAQEIV	Num	3		STATED GOALS IN EFFECT AT PRESENT
372	BAQF	Num	3		OTHER MODIFICATION: SPECIFY
373	MASK_PAT	Num	8		Patient ID number

Data Set Name: f023a_sc.sas7bdat

Num	Variable	Type	Len	Format	Label
1	VISIT	Num	4		Month of Visit
2	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
3	BCLDT1	Char	6		TEST1-COLLECTION DATE
4	BCVAL1	Num	8		T1-C-PEP (SER,PRE) PMOL/ML
5	BCVAL2	Num	4		T2-GLUCOSE (SER, PRE) MG/DL
6	BCVAL3	Num	8		T3-CREAT (SER,PRE) MG/DL
7	BCVAL4	Num	4		T4-CHOL (SER,PRE) MG/DL
8	BCVAL5	Num	8		T5-C-PEP (SER) PMOL/ML
9	BCVAL6	Num	4		T6-GLU (SER,90 MIN P) MG/DL
10	BCREPEAT	Char	1		REPEAT EVALUATION
11	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0241.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QQS_PATT	Char	25		Summary: Q/QS patterns
2	TWAVE	Char	16		Summary: T-wave findings
3	ST_DEPR	Char	32		Summary: S-T depression
4	RWAVE	Char	32		Summary: High-amplitude R waves
5	AV_DEFCT	Char	34		Summary: AV conduction defects
6	VENT_DEF	Char	30		Summary: Ventricular conduction defects
7	PREMATUR	Char	36		Summary: Premature complexes
8	MISCELL	Char	36		Summary: Miscellaneous items
9	ARRHYTHM	Char	40		Summary: Other arrhythmias
10	ST_ELEV	Char	3		Summary: S-T elevation
11	MAJ_ABN	Char	3		Summary: Any major abnormality?
12	FSASDATE	Num	4	MMDDYY8.	ECG grading date as SAS date value
13	FORM	Num	4		DCCT form number
14	BDHRATE	Num	4		Heart rate (beats per minute)
15	BDQRS	Num	8		Q-R-S axis (degrees)
16	BDTH	Num	8		T-wave height (mm), lead V5
17	BDQQS1	Num	3		Q/QS patterns: Codes 1-X-X (I AVL V6)
18	BDQQS2	Num	3		Q/QS patterns: Codes 1-X-X (2 3 AVF)
19	BDQQS3	Num	3		Q/QS patterns: Minn. Codes 1-X-X (V1-V5)
20	BDSTSD1	Num	3		S-T segment depression (4-X-X): I AVL V6
21	BDSTSD2	Num	3		S-T segment depression (4-X-X): 2 3 AVF
22	BDSTSD3	Num	3		S-T segment depression (4-X-X): V1-V5
23	BDTWI1	Num	3		T-wave items, Minn. Codes 5-X: I aVL V6
24	BDTWI2	Num	3		T-wave items, Minn. Codes 5-X: 2, 3, aVF
25	BDTWI3	Num	3		T-wave items, Minn. Codes 5-X: V2-V5
26	BDSTSE1	Num	3		S-T segment elevation (9-2-X): I aVL V6
27	BDSTSE2	Num	3		S-T segment elevation (9-2-X): 2, 3, aVF
28	BDSTSE3	Num	3		S-T segment elevation (9-2-X): V1-V5
29	BDR3X	Num	3		High-amplitude R wave (Minn. Codes 3-X)
30	BDAVCD	Num	3		A-V conduction defect: Minn. Code 6-X-X
31	BDVCD	Num	3		Ventricular conduction defect (7-X-X)
32	BDARR1	Num	3		Arrhythmia: Minnesota Code 8-1-X
33	BDARR2	Num	3		Arrhythmia: Minnesota Code 8-2-X
34	BDARR3	Num	3		Arrhythmia: Minnesota Code 8-3-X
35	BDARR4	Num	3		Arrhythmia: Minnesota Code 8-4-X
36	BDARR5	Num	3		Arrhythmia: Minnesota Code 8-5-X

Num	Variable	Type	Len	Format	Label
37	BDARR6	Num	3		Arrhythmia: Minnesota Code 8-6-X
38	BDEC1	Num	3		Ectopic code: Supravent. premature beats
39	BDEC2	Num	3		Ectopic code: Ventr. premature beats
40	BDEC3	Num	3		Ectopic code: Run or bigemeny
41	BDEC4	Num	3		Ectopic code: Multi-form
42	BDEC5	Num	3		Ectopic code: T-R wave items
43	BDMISC1	Num	3		Miscellaneous item: Minnesota Code 9-1
44	BDMISC2	Num	3		Miscellaneous item: Minnesota Code 9-3
45	BDMISC3	Num	3		Miscellaneous item: Minnesota Code 9-5
46	BDMISC4	Num	3		Miscellaneous items: Minn. Code 9-4-X
47	BDMRH1	Num	3		Maximum R height (mm), leads I, II, III
48	BDMRH2	Num	3		Maximum R height (mm), leads V4, V5, V6
49	BDMSD1	Num	3		Maximum S depth (mm), leads I, II, III
50	BDMSD2	Num	3		Maximum S depth (mm), leads V1, V2, V3
51	BDRH	Num	3		R-wave height (mm), AVL lead
52	BDTP	Num	3		Tech. problem: 1=severe, 2=ECG codable
53	BDCLEAR	Num	3		Clear ECG: No Minn. codes found (1 = Y)
54	MASK_PAT	Num	8		Masked patient ID number

Data Set Name: f0271.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	BGSPHRE	Char	6		SPPHERE -- RIGHT EYE
4	BGSPHLE	Char	6		SPHERE -- LEFT EYE
5	BGCYLRE	Char	6		CYLINDER -- RIGHT EYE
6	BGCYLLE	Char	6		CYLINDER -- LEFT EYE
7	BGAXISRE	Num	4		AXIS -- RIGHT EYE
8	BGAXISLE	Num	4		AXIS -- LEFT EYE
9	BGDIST	Num	8		DISTANCE BETWEEN PATIENT & CHART (M)
10	BGREGVIS	Num	3		REGULARLY SCHEDULED ENDPOINT VISIT
11	BGVSITNO	Num	3		FOLLOW-UP VISIT NUMBER
12	BGWINDOW	Num	3		VISIT HELD WITHIN TIME WINDOW
13	BGNORE	Num	3		RIGHT EYE ENUCLEATED
14	BGNOLE	Num	3		LEFT EYE ENUCLEATED
15	BGNORELV	Num	3		RIGHT EYE ENUCLEATED SINCE LAST VISIT
16	BGNOLELV	Num	3		LEFT EYE ENUCLEATED SINCE LAST VISIT
17	BGSURGRE	Num	3		OCULAR SURGERY TO RE SINCE LAST VISIT
18	BGSURGLE	Num	3		OCULAR SURGERY TO LE SINCE LAST VISIT
19	BGPLASRE	Num	3		EXTERNAL PLASTIC SURGERY TO RE
20	BGPLASLE	Num	3		EXTERNAL PLASTIC SURGERY TO LE
21	BGMUSCRE	Num	3		EXTRAOCULAR MUSCLE SURGERY TO RE
22	BGMUSCLE	Num	3		EXTRAOCULAR MUSCLE SURGERY TO LE
23	BGCORNRE	Num	3		CORNEAL TRANSPLANT -- RIGHT EYE
24	BGCORNLE	Num	3		CORNEAL TRANSPLANT -- LEFT EYE
25	BGOCSRE	Num	3		OTHER CORNEAL SURGERY -- RIGHT EYE
26	BGOCSLE	Num	3		OTHER CORNEAL SURGERY -- LEFT EYE
27	BGLIPRE	Num	3		PROCEDURE TO LOWER IOP IN RIGHT EYE
28	BGLIPLE	Num	3		PROCEDURE TO LOWER IOP IN LEFT EYE
29	BGCATRE	Num	3		CATARACT EXTRACTION IN RIGHT EYE
30	BGCATLE	Num	3		CATARACT EXTRACTION IN LEFT EYE
31	BGVITRRE	Num	3		VITRECTOMY -- RIGHT EYE
32	BGVITRLE	Num	3		VITRECTOMY -- LEFT EYE
33	BGDETRE	Num	3		RETINAL DETACHMENT SURGERY IN RE
34	BGDETLE	Num	3		RETINAL DETACHMENT SURGERY IN LE
35	BGOSRE	Num	3		OTHER SURGERY TO RIGHT EYE
36	BGOSLE	Num	3		OTHER SURGERY TO LEFT EYE

Num	Variable	Type	Len	Format	Label
37	BGLASRRE	Num	3		PHOTOCOAGULATION OF RIGHT EYE
38	BGLASRLE	Num	3		PHOTOCOAGULATION OF LEFT EYE
39	BGGLCMRE	Num	3		DX OF GLAUCOMA IN RIGHT EYE
40	BGGLCMLE	Num	3		DX OF GLAUCOMA IN LEFT EYE
41	BGMEDRE	Num	3		USED PRESCRIPTION MEDICATION IN RE
42	BGMEDLE	Num	3		USED PRESCRIPTION MEDICATION IN LE
43	BGSTERRE	Num	3		USED STEROID DROPS IN RIGHT EYE
44	BGSTERLE	Num	3		USED STEROID DROPS IN LEFT EYE
45	BGGLDRRE	Num	3		USED GLAUCOMA DROPS IN RIGHT EYE
46	BGGLDRLE	Num	3		USED GLAUCOMA DROPS IN LEFT EYE
47	BGMYDRRE	Num	3		USED MYDRIATICS IN RIGHT EYE
48	BGMYDRLE	Num	3		USED MYDRIATICS IN LEFT EYE
49	BGOMRE	Num	3		USED OTHER MEDICATION IN RIGHT EYE
50	BGOMLE	Num	3		USED OTHER MEDICATION IN LEFT EYE
51	BGOCRXRE	Num	3		MD-ADMINISTERED TREATMENT TO RE
52	BGOCRXLE	Num	3		MD-ADMINISTERED TREATMENT TO LE
53	BGRSTRRE	Num	3		RETROBULBAR STEROIDS FOR RE
54	BGRSTRLE	Num	3		RETROBULBAR STEROIDS FOR LE
55	BGRALCRE	Num	3		RETROBULBAR ALCOHOL FOR RE
56	BGRALCLE	Num	3		RETROBULBAR ALCOHOL FOR LE
57	BGORXRE	Num	3		OTHER MD-ADMIN. RX TO RIGHT EYE
58	BGORXLE	Num	3		OTHER MD-ADMIN. RX TO LEFT EYE
59	BGSHEMRE	Num	3		SYMPTOMS OF VITREOUS HEMORRHAGE - RE
60	BGSHEMLE	Num	3		SYMPTOMS OF VITREOUS HEMORRHAGE - LE
61	BGREFRAC	Num	3		REFRACTION PERFORMED FOR BOTH EYES
62	BGPVARE	Num	3		POOR VISUAL ACUITY IN RIGHT EYE
63	BGPVALE	Num	3		POOR VISUAL ACUITY IN LEFT EYE
64	BGENUCRE	Num	3		RIGHT EYE ENUCLEATED
65	BGENUCLE	Num	3		LEFT EYE ENUCLEATED
66	BGOREFRE	Num	3		OTHER REASON FOR NO RE REFRACTION
67	BGOREFLE	Num	3		OTHER REASON FOR NO LE REFRACTION
68	BGZERORE	Num	3		SPHERE, CYL. & AXIS ALL ZERO - RE
69	BGZEROLE	Num	3		SPHERE, CYL. & AXIS ALL ZERO - LE
70	BGMYOPIA	Num	3		MYOPIA > 7 DIOPTERS
71	BG4MRE	Num	3		LETTERS CORRECT AT 4 M -- RIGHT EYE
72	BG4MLE	Num	3		LETTERS CORRECT AT 4 M -- LEFT EYE
73	BG1MTRE	Num	3		RIGHT EYE TO BE TESTED AT 1 METER
74	BG1MRE	Num	3		LETTERS CORRECT AT 1 M -- RIGHT EYE
75	BGCTRE	Num	3		CT. FINGERS, HAND MOTION, LIGHT -- RE

Num	Variable	Type	Len	Format	Label
76	BG1MTLE	Num	3		LEFT EYE TO BE TESTED AT 1 METER
77	BG1MLE	Num	3		LETTERS CORRECT AT 1 M -- LEFT EYE
78	BGCTLE	Num	3		CT. FINGERS, HAND MOTION, LIGHT -- LE
79	BGIOPRE	Num	3		RIGHT EYE INTRAOCULAR PRESSURE (MM HG)
80	BGIOPLE	Num	3		LEFT EYE INTRAOCULAR PRESSURE (MM HG)
81	BGLENSRE	Num	3		RIGHT LENS MISSING
82	BGLENSLE	Num	3		LEFT LENS MISSING
83	BGIRISRE	Num	3		IRIS NEOVASCULARIZATION IN RIGHT EYE
84	BGIRISLE	Num	3		IRIS NEOVASCULARIZATION IN LEFT EYE
85	BGANGLRE	Num	3		ANGLE NEOVASCULARIZATION IN RE
86	BGANGLLE	Num	3		ANGLE NEOVASCULARIZATION IN LE
87	BGOPHRE	Num	3		OPHTHALMOSCOPIC EXAM OF RE FUNDUS OKAY
88	BGOPHLE	Num	3		OPHTHALMOSCOPIC EXAM OF LE FUNDUS OKAY
89	BGREASRE	Num	3		REASON OPHTH. EXAM NOT OKAY -- RE
90	BGREASLE	Num	3		REASON OPHTH. EXAM NOT OKAY -- LE
91	BGCLARRE	Num	3		CLARITY OF RIGHT LENS
92	BGCLARLE	Num	3		CLARITY OF LEFT LENS
93	BGHEMRE	Num	3		VITREOUS OR RETINAL HEMORRHAGE - RE
94	BGHEMLE	Num	3		VITREOUS OR RETINAL HEMORRHAGE - LE
95	BGOBSCRE	Num	3		HEMORRHAGE OBSCURES DISC AREA - RE
96	BGOBSCLE	Num	3		HEMORRHAGE OBSCURES DISC AREA - LE
97	BG7STDRE	Num	3		WITHIN 7 STD. FIELDS - RIGHT EYE
98	BG7STDLE	Num	3		WITHIN 7 STD. FIELDS - LEFT EYE
99	BGOUT7RE	Num	3		OUTSIDE 7 STD. FIELDS - RIGHT EYE
100	BGOUT7LE	Num	3		OUTSIDE 7 STD. FIELDS - LEFT EYE
101	BGANTRRE	Num	3		ANTERIOR TO VORTEX AMPULLAE -- RE
102	BGANTRLE	Num	3		ANTERIOR TO VORTEX AMPULLAE -- LE
103	BGNVDRE	Num	3		NVD -- RIGHT EYE
104	BGNVDLE	Num	3		NVD -- LEFT EYE
105	BGSNVDRE	Num	3		VESSELS > OR = DRS PHOTO 10A -- RE
106	BGSNVDLE	Num	3		VESSELS > OR = DRS PHOTO 10A -- LE
107	BGNVERE	Num	3		NVE -- RIGHT EYE
108	BGNVELE	Num	3		NVE -- LEFT EYE
109	BGWNVERE	Num	3		NVE WITHIN 7 STD. FIELDS -- RE
110	BGWNVELE	Num	3		NVE WITHIN 7 STD. FIELDS -- LE
111	BGONVERE	Num	3		NVE OUTSIDE 7 STD. FIELDS -- RE
112	BGONVELE	Num	3		NVE OUTSIDE 7 STD. FIELDS -- LE
113	BGSNVERE	Num	3		VESSELS > OR = 1/2 DA IN SIZE -- RE
114	BGSNVELE	Num	3		VESSELS > OR = 1/2 DA IN SIZE -- LE

Num	Variable	Type	Len	Format	Label
115	BGTHIKRE	Num	3		RETINAL THICKENING -- RIGHT EYE
116	BGTHIKLE	Num	3		RETINAL THICKENING -- LEFT EYE
117	BGCNTRRE	Num	3		CENTER OF MACULA IS INVOLVED - RE
118	BGCNTRLE	Num	3		CENTER OF MACULA IS INVOLVED - LE
119	BGCYSTRE	Num	3		CYSTOID CHANGES PRESENT -- RE
120	BGCYSTLE	Num	3		CYSTOID CHANGES PRESENT -- LE
121	BGHRCRE	Num	3		HIGH RISK CHARACTERISTICS -- RE
122	BGHRCLE	Num	3		HIGH RISK CHARACTERISTICS -- LE
123	BGPLANRE	Num	3		PLAN TO PHOTOCOAGULATE RIGHT EYE
124	BGPLANLE	Num	3		PLAN TO PHOTOCOAGULATE LEFT EYE
125	BGREFRE	Num	3		PATIENT REFUSES LASER -- RIGHT EYE
126	BGREFLE	Num	3		PATIENT REFUSES LASER -- LEFT EYE
127	BGUNHMRE	Num	3		UNABLE TO LASER RE DUE TO HEMORRHAGE
128	BGUNHMLE	Num	3		UNABLE TO LASER LE DUE TO HEMORRHAGE
129	BGUNORRE	Num	3		UNABLE TO LASER RE -- OTHER REASON
130	BGUNORLE	Num	3		UNABLE TO LASER LE -- OTHER REASON
131	BGPREFRE	Num	3		PREFER NOT TO LASER RIGHT EYE
132	BGPREFLE	Num	3		PREFER NOT TO LASER LEFT EYE
133	BGOLASRE	Num	3		OTHER REASON FOR NOT LASERING RE
134	BGOLASLE	Num	3		OTHER REASON FOR NOT LASERING LE
135	BGABNRE	Num	3		OTHER MAJOR OPHTHALM. ABNORMALITY - RE
136	BGABNLE	Num	3		OTHER MAJOR OPHTHALM. ABNORMALITY - LE
137	MASK_PAT	Num	8		Patient ID number

Data Set Name: f028one.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	BHNOR6	Num	4		NOREPINEPHRINE -6
4	BHEPI6	Num	4		EPINEPHRINE -6
5	BHNOR0	Num	4		NOREPINEPHRINE 0
6	BHEPI0	Num	4		EPINEPHRINE 0
7	BHNOR1	Num	4		NOREPINEPHRINE 1
8	BHEPI1	Num	4		EPINEPHRINE 1
9	BHNOR2	Num	4		NOREPINEPHRINE 2
10	BHEPI2	Num	4		EPINEPHRINE 2
11	BHNOR3	Num	4		NOREPINEPHRINE3
12	BHEPI3	Num	4		EPINEPHRINE3
13	BHNOR4	Num	4		NOREPINEPHRINE 4
14	BHEPI4	Num	4		EPINEPHRINE 4
15	BHNOR5	Num	4		NOREPINEPHRINE 5
16	BHEPI5	Num	4		EPINEPHRINE 5
17	BHNOR10	Num	4		NOREPINEPHRINE 10
18	BHEPI10	Num	4		EPINEPHRINE 10
19	BHMEANRR	Num	5		MEAN RR INTERVAL (MSEC)
20	BHSDRR	Num	5		STD DEV OF RR INTERVAL
21	BHRRI	Num	5		MEAN RR INTERVAL, STUDY I
22	BHRRII	Num	5		MEAN RR INTERVAL STUDY II
23	BHRRSDI	Num	5		SD OF RR INTERVAL, STUDY I
24	BHRRSDII	Num	5		SD OF RR INTERVAL, STUDY II
25	BHRRMNI	Num	5		SMALLEST INTERVAL, STUDY I
26	BHRRMNII	Num	5		SMALLEST INTERVAL, STUDY II
27	BHRRMXI	Num	5		LARGEST INTERVAL, STUDY I
28	BHRRMXII	Num	5		LARGEST INTERVAL, STUDY II
29	BHRRSTDT	Char	6		RR-STUDY DATE
30	BHPSTDT	Char	6		POSTURAL STUDIES-STUDY DATE
31	BHRRVAR	Num	8		RR VARIATION X 1000
32	BHRATI	Num	8		VALSALVA RATIO, STUDY I
33	BHVALTMI	Num	8		TIME OF VALSALVA, STUDY I
34	BHRATII	Num	8		VALSALVA RATIO, STUDY II
35	BHVLTMII	Num	8		TIME OF VALSALVA, STUDY II
36	BHVSITNO	Num	3		VISIT NUMBER(O-BASELINE,4-1 YR,8-2 YRS)

Num	Variable	Type	Len	Format	Label
37	BHSIXMIN	Num	3		6 MIN. RECORD. AVAILABLE-(1-OK,2-NOT OK)
38	BHRRRPT	Num	3		RR REPEAT FLAG(1-NOT, 2-IS REPEAT)
39	BHPSRPT	Num	3		POSTURAL REPEAT FLAG(1-NOT, 2-REPEAT)
40	BHSYS6	Num	3		SYSTOLIC BP -6
41	BHDIAS6	Num	3		DIASTOLIC BP -6
42	BHBPM6	Num	3		HEART RATE-MEAN-TIME 6
43	BHSYS0	Num	3		SYSTOLIC BP 0
44	BHDIAS0	Num	3		DIASTOLIC BP 0
45	BHBPM0	Num	3		HEART RATE-SD-TIME 0
46	BHSYS1	Num	3		SYSTOLIC BP 1
47	BHDIAS1	Num	3		DIASTOLIC BP 1
48	BHBPM1	Num	3		HEART RATE 1
49	BHSYS2	Num	3		SYSTOLIC BP 2 2
50	BHDIAS2	Num	3		DIASTOLIC BP 2
51	BHBPM2	Num	3		HEART RATE 2
52	BHSYS3	Num	3		SYSTOLIC BP 3
53	BHDIAS3	Num	3		SYSTOLIC BP 3
54	BHBPM3	Num	3		HEART RATE 3
55	BHSYS4	Num	3		SYSTOLIC BP 4
56	BHDIAS4	Num	3		DIASTOLIC BP 4
57	BHBPM4	Num	3		HEART RATE 4
58	BHSYS5	Num	3		SYSTOLIC BP 5
59	BHDIAS5	Num	3		DIASTOLIC BP 5
60	BHBPM5	Num	3		HEART RATE 5
61	BHSYS10	Num	3		SYSTOLIC BP 10
62	BHDIAS10	Num	3		DIASTOLIC BP 10
63	BHBPM10	Num	3		HEART RATE 10
64	BHVALMAN	Num	3		VAL.COMP(1-NEITHER,2-BOTH,3-VAL1,4-VAL2)
65	BHVRPT	Num	3		VALSALVA-REPEAT EVALUATION
66	BHQUALIT	Num	3		QUALIT(1-NO,2-BAD,3-FAIR,4-GOOD,5-EXCEL)
67	BHPREP	Num	3		PREPAREDNESS (1-NOT,2-SOMEWHAT,3-WELL)
68	BHREPEAT	Num	3		REPEAT EVALUATION
69	MASK_PAT	Num	8		Patient ID number

Data Set Name: f033new.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4		DCCT form number
2	TOTMA	Num	8		Microaneurysms: Total count
3	EYE	Num	3		Eye code: 0 = right, 1 = left
4	VISIT	Num	3		Quarterly visit
5	MISS1	Num	3		Indicator: Field 1 missing (1 = yes)
6	NVD	Num	3		Filed 1: New vessels on disc
7	DLTD	Num	3		Fld 1: Dilated tips of new vessels, disc
8	FPD	Num	3		Field 1: Fibrous proliferation on disc
9	PPD	Num	3		Field 1: Plane of proliferation on disc
10	PS	Num	3		Field 1: Papillary swelling
11	MISS2	Num	3		Indicator: Field 2 missing (1 = yes)
12	RH2F	Num	3		Retinal hemorrhage, number in Field 2
13	CTMA2F	Num	3		Microaneurysms, number in field 2
14	HMA2F	Num	3		Hemorrhage/microaneurysms, amt in Fld 2
15	DRU2F	Num	3		Drusen, Field 2
16	HE2F	Num	3		Hard exudate, field 2
17	HERG	Num	3		Fld 2: Percent of hard exudate in rings
18	SE2F	Num	3		Soft exudate, Field 2
19	IRMA2F	Num	3		Intraretinal microvascular abnorm, Fld 2
20	PVDT	Num	3		Field 2: Posterior vitreous detachment
21	REL2F	Num	3		Retinal detachment, Field 2
22	PRH2F	Num	3		Preretinal hemorrhage, Field 2
23	VH2F	Num	3		Vitreous hemorrhage, field 2
24	FTSZ	Num	3		Fld 2: Size of area w/retinal thickening
25	FDTK	Num	3		Field 2: Maximum thickness of retina
26	MTSZ	Num	3		Fld 2: Area of ret'l thick'g w/i 2DD ctr
27	MCTK	Num	3		Fld 2: Max. ret'l thickness w/i 2 DD ctr
28	CRTK	Num	3		Fld 2: retinal thickness @ ctr of macula
29	HELE1	Num	3		Field 2: Hard exudate < 1 DD from macula
30	CYST	Num	3		Field 2: Cyst at/near center of macula
31	HECR	Num	3		Field 2: Hard exudate @ center of macula
32	NVRS	Num	3		Field 2: New vessels on retinal surface
33	FPRS	Num	3		Fld 2: Fibr prolif ret'l surface w/i 1DD
34	NVHY	Num	3		Field 2: New vessels on detached hyaloid
35	FPHY	Num	3		Fld 2: Fibr prolif detach hyaloid wi 1DD
36	PIGM	Num	3		Field 2: Pigment abnormal w/in 1 DD ctr

Num	Variable	Type	Len	Format	Label
37	TNLN	Num	3		Fld 2: Tension lines w/in 1DD ctr macula
38	HOLE	Num	3		Field 2: Macular hole w/i 1 DD of center
39	NVCM	Num	3		Field 2: New vessels at center of macula
40	FPCM	Num	3		Fld 2: Fibrous prolif'n, ctr of macula
41	RDCM	Num	3		Fld 2: Retinal detachment, center macula
42	TLCM	Num	3		Fld 2: Tension lines at center of macula
43	DRAG	Num	3		Field 2: Dragged macula
44	RHCM	Num	3		Fld 2: Retinal hemorrhage, ctr of macula
45	PRHC	Num	3		Fld 2: Preretinal hemorrhage @macula ctr
46	SRHC	Num	3		Fld 2: Subretinal hemorrhage ctr macula
47	EXSC	Num	3		Fld 2: Exudate plaque/fibrous scar, ctr
48	DEEP	Num	3		Field 2: Deep white spot @ macula center
49	VHCM	Num	3		Fld 2: Vitr. hem. obscures ctr of macula
50	CSME	Num	3		Fld 2: Clinically signif. macular edema
51	MISS3	Num	3		Indicator: Field 3 missing (1 = yes)
52	MISS4	Num	3		Indicator: Field 4 missing (1 = yes)
53	MISS5	Num	3		Indicator: Field 5 missing (1 = yes)
54	MISS6	Num	3		Indicator: Field 6 missing (1 = yes)
55	MISS7	Num	3		Indicator: Field 7 missing (1 = yes)
56	MISS8	Num	3		Indicator: Field 8A missing (1 = yes)
57	MISS9	Num	3		Indicator: Field 8B missing (1 = yes)
58	RHMAX	Num	3		Retinal hemorrhage: Interim maximum
59	HMAMAX	Num	3		Hemorrhage/microaneurysms: Interim max.
60	DRUMAX	Num	3		Drusen: Interim maximum score for eye
61	HEMAX	Num	3		Hard exudate: Interim maximum for eye
62	SEMAX	Num	3		Soft exudate: Interim maximum for eye
63	VBMAX	Num	3		Venous beading: Interim maximum for eye
64	VNMAX	Num	3		Venous narrowing: Interim maximum
65	VLRMAX	Num	3		Venous loop/reduplication: Interim max.
66	VSMAX	Num	3		Venous sheathing: Interim maximum
67	PVEMAX	Num	3		Perivenous exudate: Interim maximum
68	IRMAMAX	Num	3		Intraret. microvasc. abnorm: Interim max
69	ANMAX	Num	3		Arteriolar narrowing: Interim maximum
70	ASMAX	Num	3		Arteriolar sheathing: Interim maximum
71	AVNMAX	Num	3		Arterio-venous nicking: Interim maximum
72	NVEMAX	Num	3		New vessels elsewhere: Interim maximum
73	DLTEMAX	Num	3		Dilated tips elsewhere: Interim maximum
74	FPEMAX	Num	3		Fibrous proliferation: Interim maximum
75	PPEMAX	Num	3		Plane of prolif elsewhr: Interim maximum

Num	Variable	Type	Len	Format	Label
76	RELMAX	Num	3		Retinal detachment: Interim maximum
77	PRHMAX	Num	3		Preretinal hemorrhage: Interim maximum
78	VHMAX	Num	3		Vitreous hemorrhage: Interim maximum
79	RHNUM	Num	3		Retinal hemorrhage: No. of flds w / max.
80	HMANUM	Num	3		Hemorrhage/MA: No. of fields w/ maximum
81	DRUNUM	Num	3		Drusen: No. of fields with maximum
82	HENUM	Num	3		Hard exudate: No. of fields w/ maximum
83	SENUM	Num	3		Soft exudate: No. of fields w / maximum
84	VBNUM	Num	3		Venous beading: No. of fields w/ maximum
85	VNNUM	Num	3		Venous narrowing: No. of fields w / max.
86	VLRNUM	Num	3		Venous loop/redup'n: No. of fields w/max
87	VSNUM	Num	3		Venous sheathing: No. of fields w / max.
88	PVENUM	Num	3		Perivenous exudate: No. of flds w / max.
89	IRMANUM	Num	3		IRMA: Number of fields with maximum
90	ANNUM	Num	3		Arteriolar narrowing: No. of flds w/max.
91	ASNUM	Num	3		Arteriolar sheathing: No. of flds w/max.
92	AVNNUM	Num	3		Arterio-venous nicking: No. flds w/max.
93	NVENUM	Num	3		New vessels elsewhere: No. fields w/ max
94	DLTENUM	Num	3		Dilated tips elswh: No. of fields w/max.
95	FPENUM	Num	3		Fibrous prolif'n: No. of fields w/max.
96	PPENUM	Num	3		Plane of prolif elsewhr: No. flds w/ max
97	RELNUM	Num	3		Retinal detachment: No. of flds w / max.
98	PRHNUM	Num	3		Preretinal hemorrhage: No. of flds w/max
99	VHNUM	Num	3		Vitreous hemorrhage: No. of fields w/max
100	RHCG	Num	3		Retinal hemorrhage: No. flds ungradable
101	HMACG	Num	3		Hemorrhage/MA: No. of fields ungradable
102	DRUCG	Num	3		Drusen: No. of fields ungradable
103	HECG	Num	3		Hard exudate: No. of fields ungradable
104	SECG	Num	3		Soft exudate: No. of fields ungradable
105	VBCG	Num	3		Venous beading: No. of fields ungradable
106	VNCG	Num	3		Venous narrowing: No. of flds ungradable
107	VLRCG	Num	3		Venous loop/redup'n: No. flds ungradable
108	VSCG	Num	3		Venous sheathing: No. of flds ungradable
109	PVECG	Num	3		Perivenous exudate: No. flds ungradable
110	IRMACG	Num	3		IRMA: Number of fields ungradable
111	ANCG	Num	3		Art. narrowing: No. of fields ungradable
112	ASCG	Num	3		Art. sheathing: No. of fields ungradable
113	AVNCG	Num	3		A-V nicking: No. of fields ungradable
114	NVECG	Num	3		New vessels elsewhr: No. flds ungradable

Num	Variable	Type	Len	Format	Label
115	DLTECG	Num	3		Dilated tips elsewh: No. flds ungradable
116	FPECG	Num	3		Fibrous prolif'n: No. of flds ungradable
117	PPECG	Num	3		Plane prolif'n else: No. flds ungradable
118	RELCG	Num	3		Retinal detachment: No. flds ungradable
119	PRHCG	Num	3		Preret'l hemorrhage: No. flds ungradable
120	VHCG	Num	3		Vitreous hemorrhage: No. flds ungradable
121	SCAR2F	Num	3		Photocoagulation scars, pct of Field 2
122	SCAR6F	Num	3		Photocoagulation scars, pct of Field 6
123	OBSC2F	Num	3		Obscurities: percent of Field 2 obscured
124	OBSC6F	Num	3		Obscurities: percent of Field 6 obscured
125	CORR	Num	3		Correction code: . or 0 => original
126	ETDRSEYE	Num	3		ETDRS final scale: Eye level
127	ETDRSSRC	Num	3		ETDRS final scale: Source of levels
128	ETDRSPAT	Num	3		ETDRS final scale: Patient level
129	DCCTRET	Num	3		DCCT interim scale: Eye level
130	DCCTSRC	Num	3		DCCT interim scale: Source of levels
131	DCCTPAT	Num	3		DCCT interim scale: Patient level
132	LESIONB	Num	3		Non-diabetic lesion: Asteroid hyalosis
133	LESIONC	Num	3		Non-diab. lesion: Central vein occlusion
134	LESIOND	Num	3		Non-diab. lesion: Branch vein occlusion
135	LESIONE	Num	3		Non-diab.: Central arteriolar occlusion
136	LESIONF	Num	3		Non-diab.: Branch arteriolar occlusion
137	LESIONG	Num	3		Non-diabetic les'n: Macular degeneration
138	LESIONH	Num	3		Non-diabetic lesion: Chorioretinal scar
139	LESIONI	Num	3		Non-diabetic lesion: Nevus
140	LESIONJ	Num	3		Non-diabetic: Subretinal fibrous tissue
141	LESIONK	Num	3		Non-diab. lesion: Coloboma or staphyloma
142	LESIONL	Num	3		Non-diabetic lesion: Other
143	EYEQUAL	Num	3		Quality score for fundus photograph
144	RECDCORU	Num	3	MMDDYY8.	Date photos received at Reading Center
145	SUBMIS	Num	3		Submission type
146	DCCTSUM	Num	3		DCCT interim scale: Sum of eye variables
147	ONORET	Num	3		191 classification: level for eye
148	ONOSRC	Num	3		191 classification: source of eye level
149	ONOPAT	Num	3		191 classification: patient category
150	ONOSUM	Num	3		191 classification: sum of eye variables
151	FSASDATE	Num	4	MMDDYY8.	Date of photographs (SAS date value)
152	MASK_PAT	Num	8		Patient ID number
153	FUNDREF1	Num	3		Fundus reflex opacities, grader 1

Num	Variable	Type	Len	Format	Label
154	FUNDREF2	Num	3		Fundus reflex opacities, grader 2
155	RH1F	Num	3		Retinal hemorrhage, number in Field 1
156	SE1F	Num	3		Soft exudate, Field 1
157	NVE1F	Num	3		New vessels elsewhere, Field 1
158	DLTE1F	Num	3		Dilated tips elsewhere, Field 1
159	FPE1F	Num	3		Fibrous proliferation elsewhere, Field 1
160	PPE1F	Num	3		Plane of proliferation elsewhere, Fld 1
161	PRH1F	Num	3		Preretinal hemorrhage, Field 1
162	VH1F	Num	3		Vitreous hemorrhage, Field 1
163	SCAR1F	Num	3		Photocoagulation scars, pct of Field 1
164	OBSC1F	Num	3		Obscurities: percent of Field 1 obscured
165	CTMA1F	Num	3		Microaneurysms, number in Field 1
166	RH3F	Num	3		Retinal hemorrhage, number in Field 3
167	HMA3F	Num	3		Hemorrhage/microaneurysms, amt in Fld 3
168	DRU3F	Num	3		Drusen, Field 3
169	HE3F	Num	3		Hard exudate, Field 3
170	SE3F	Num	3		Soft exudate, Field 3
171	VB3F	Num	3		Venous beading, Field 3
172	VN3F	Num	3		Venous narrowing, Field 3
173	VLR3F	Num	3		Venous loop/reduplication, Field 3
174	VS3F	Num	3		Venous sheathing, Field 3
175	PVE3F	Num	3		Perivenous exudate, Field 3
176	IRMA3F	Num	3		Intraretinal microvascular abnorm, Fld 3
177	AN3F	Num	3		Arteriolar narrowing, Field 3
178	AS3F	Num	3		Arteriolar sheathing, Field 3
179	AVN3F	Num	3		Arterio-venous nicking, Field 3
180	NVE3F	Num	3		New vessels elsewhere, Field 3
181	DLTE3F	Num	3		Dilated tips elsewhere, Field 3
182	FPE3F	Num	3		Fibrous proliferation, Field 3
183	PPE3F	Num	3		Plane of proliferation, Field 3
184	REL3F	Num	3		Retinal detachment, Field 3
185	PRH3F	Num	3		Preretinal hemorrhage, Field 3
186	VH3F	Num	3		Vitreous hemorrhage, Field 3
187	SCAR3F	Num	3		Photocoagulation scars, pct of Field 3
188	OBSC3F	Num	3		Obscurities: percent of Field 3 obscured
189	CTMA3F	Num	3		Microaneurysms, number in Field 3
190	RH4F	Num	3		Retinal hemorrhage, number in Field 4
191	HMA4F	Num	3		Hemorrhage/microaneurysms, amt in Fld 4
192	DRU4F	Num	3		Drusen, Field 4

Num	Variable	Type	Len	Format	Label
193	HE4F	Num	3		Hard exudate, Field 4
194	SE4F	Num	3		Soft exudate, Field 4
195	VB4F	Num	3		Venous beading, Field 4
196	VN4F	Num	3		Venous narrowing, Field 4
197	VLR4F	Num	3		Venous loop/reduplication, Field 4
198	VS4F	Num	3		Venous sheathing, Field 4
199	PVE4F	Num	3		Perivenous exudate, Field 4
200	IRMA4F	Num	3		Intraretinal microvascular abnorm, Fld 4
201	AN4F	Num	3		Arteriolar narrowing, Field 4
202	AS4F	Num	3		Arteriolar sheathing, Field 4
203	AVN4F	Num	3		Arterio-venous nicking, Field 4
204	NVE4F	Num	3		New vessels elsewhere, Field 4
205	DLTE4F	Num	3		Dilated tips elsewhere, Field 4
206	FPE4F	Num	3		Fibrous proliferation, Field 4
207	PPE4F	Num	3		Plane of proliferation, Field 4
208	REL4F	Num	3		Retinal detachment, Field 4
209	PRH4F	Num	3		Preretinal hemorrhage, Field 4
210	VH4F	Num	3		Vitreous hemorrhage, Field 4
211	SCAR4F	Num	3		Photocoagulation scars, pct of Field 4
212	OBSC4F	Num	3		Obscurities: percent of Field 4 obscured
213	CTMA4F	Num	3		Microaneurysms, number in Field 4
214	RH5F	Num	3		Retinal hemorrhage, number in Field 5
215	HMA5F	Num	3		Hemorrhage/microaneurysms, amt in Fld 5
216	DRU5F	Num	3		Drusen, Field 5
217	HE5F	Num	3		Hard exudate, Field 5
218	SE5F	Num	3		Soft exudate, Field 5
219	VB5F	Num	3		Venous beading, Field 5
220	VN5F	Num	3		Venous narrowing, Field 5
221	VLR5F	Num	3		Venous loop/reduplication, Field 5
222	VS5F	Num	3		Venous sheathing, Field 5
223	PVE5F	Num	3		Perivenous exudate, Field 5
224	IRMA5F	Num	3		Intraretinal microvascular abnorm, Fld 5
225	AN5F	Num	3		Arteriolar narrowing, Field 5
226	AS5F	Num	3		Arteriolar sheathing, Field 5
227	AVN5F	Num	3		Arterio-venous nicking, Field 5
228	NVE5F	Num	3		New vessels elsewhere, Field 5
229	DLTE5F	Num	3		Dilated tips elsewhere, Field 5
230	FPE5F	Num	3		Fibrous proliferation, Field 5
231	PPE5F	Num	3		Plane of proliferation, Field 5

Num	Variable	Type	Len	Format	Label
232	REL5F	Num	3		Retinal detachment, Field 5
233	PRH5F	Num	3		Preretinal hemorrhage, Field 5
234	VH5F	Num	3		Vitreous hemorrhage, Field 5
235	SCAR5F	Num	3		Photocoagulation scars, pct of Field 5
236	OBSC5F	Num	3		Obscurities: percent of Field 5 obscured
237	CTMA5F	Num	3		Microaneurysms, number in Field 5
238	RH6F	Num	3		Retinal hemorrhage, number in Field 6
239	HMA6F	Num	3		Hemorrhage/microaneurysms, amt in Fld 6
240	DRU6F	Num	3		Drusen, Field 6
241	HE6F	Num	3		Hard exudate, Field 6
242	SE6F	Num	3		Soft exudate, Field 6
243	VB6F	Num	3		Venous beading, Field 6
244	VN6F	Num	3		Venous narrowing, Field 6
245	VLR6F	Num	3		Venous loop/reduplication, Field 6
246	VS6F	Num	3		Venous sheathing, Field 6
247	PVE6F	Num	3		Perivenous exudate, Field 6
248	IRMA6F	Num	3		Intraretinal microvascular abnorm, Fld 6
249	AN6F	Num	3		Arteriolar narrowing, Field 6
250	AS6F	Num	3		Arteriolar sheathing, Field 6
251	AVN6F	Num	3		Arterio-venous nicking, Field 6
252	NVE6F	Num	3		New vessels elsewhere, Field 6
253	DLTE6F	Num	3		Dilated tips elsewhere, Field 6
254	FPE6F	Num	3		Fibrous proliferation, Field 6
255	PPE6F	Num	3		Plane of proliferation, Field 6
256	REL6F	Num	3		Retinal detachment, Field 6
257	PRH6F	Num	3		Preretinal hemorrhage, Field 6
258	VH6F	Num	3		Vitreous hemorrhage, Field 6
259	CTMA6F	Num	3		Microaneurysms, number in Field 6
260	RH7F	Num	3		Retinal hemorrhage, number in Field 7
261	HMA7F	Num	3		Hemorrhage/microaneurysms, amt in Fld 7
262	DRU7F	Num	3		Drusen, Field 7
263	HE7F	Num	3		Hard exudate, Field 7
264	SE7F	Num	3		Soft exudate, Field 7
265	VB7F	Num	3		Venous beading, Field 7
266	VN7F	Num	3		Venous narrowing, Field 7
267	VLR7F	Num	3		Venous loop/reduplication, Field 7
268	VS7F	Num	3		Venous sheathing, Field 7
269	PVE7F	Num	3		Perivenous exudate, Field 7
270	IRMA7F	Num	3		Intraretinal microvascular abnorm, Fld 7

Num	Variable	Type	Len	Format	Label
271	AN7F	Num	3		Arteriolar narrowing, Field 7
272	AS7F	Num	3		Arteriolar sheathing, Field 7
273	AVN7F	Num	3		Arterio-venous nicking, Field 7
274	NVE7F	Num	3		New vessels elsewhere, Field 7
275	DLTE7F	Num	3		Dilated tips elsewhere, Field 7
276	FPE7F	Num	3		Fibrous proliferation, Field 7
277	PPE7F	Num	3		Plane of proliferation, Field 7
278	REL7F	Num	3		Retinal detachment, Field 7
279	PRH7F	Num	3		Preretinal hemorrhage, Field 7
280	VH7F	Num	3		Vitreous hemorrhage, Field 7
281	SCAR7F	Num	3		Photocoagulation scars, % of Field 7
282	OBSC7F	Num	3		Obscurities: percent of Field 7 obscured
283	CTMA7F	Num	3		Microaneurysms, number in Field 7
284	RH_MNUM	Char	5		Retinal hemorrhage, max. / no. of fields
285	HMA_MNUM	Char	5		Hem/microaneurysms, max. / no. of fields
286	DRU_MNUM	Char	5		Drusen, maximum / number of fields
287	HE_MNUM	Char	5		Hard exudate, maximum / no. of fields
288	SE_MNUM	Char	5		Soft exudate, maximum / no. of fields
289	VB_MNUM	Char	5		Venous beading, maximum / no. of fields
290	VN_MNUM	Char	5		Venous narrowing, max. / no. of fields
291	VLR_MNUM	Char	5		Venous loop/redup, max. / no. of fields
292	VS_MNUM	Char	5		Venous sheathing, max. / no. of fields
293	PVE_MNUM	Char	5		Perivenous exudate, max. / no. of fields
294	IRMAMNUM	Char	5		Intraretinal microvasc abnorm, max/#flds
295	AN_MNUM	Char	5		Arteriolar narrowing, max. / no. fields
296	AS_MNUM	Char	5		Arteriolar sheathing max. / no. fields
297	AVN_MNUM	Char	5		Arterio-venous nicking, max. / no. flds
298	NVE_MNUM	Char	5		New vessels elsewhere, max. / no. flds
299	DLTEMNUM	Char	5		Dilated tips elsewhere, max. / no. flds
300	FPE_MNUM	Char	5		Fibrous proliferation, max. / no. fields
301	PPE_MNUM	Char	5		Plane of proliferation, max / no. fields
302	REL_MNUM	Char	5		Retinal detachment, max. / no. of fields
303	PRH_MNUM	Char	5		Preretinal hemorrhage, max. / no. fields
304	VH_MNUM	Char	5		Vitreous hemorrhage, max. / no. fields

Data Set Name: f0342.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	5	MMDDYY8.	Date of photographs (SAS date value)
2	FORM	Num	4		DCCT form number
3	EYE	Num	3		Eye code: 0 = right, 1 = left
4	VISIT	Num	3		Quarterly visit number
5	RSE	Num	3		Rapid series eye: 0 = right, 1 = left
6	UNSCHVIS	Num	3		Unscheduled visit? (1 = yes)
7	PQ2FMCTR	Num	3		Photo quality, Field 2 early/mid center
8	PQ2FMINN	Num	3		Photo quality, Field 2 early/mid inner
9	PQ2FMOUT	Num	3		Photo quality, Field 2 early/mid outer
10	PQ2FMFT	Num	3		Photo quality, Fld 2 early/mid far temp.
11	PQ2FLCTR	Num	3		Photo quality, Field 2 late center
12	PQ2FLINN	Num	3		Photo quality, Field 2 late inner
13	PQ2FLOUT	Num	3		Photo quality, Field 2 late outer
14	PQ2FLFT	Num	3		Photo quality, Field 2 late far temporal
15	PQ1FM	Num	3		Photo quality, Field 1 midphase
16	GIOUTFAZ	Num	3		Foveal avascular zone outline
17	GISZFAZ	Num	3		Foveal avascular zone size
18	CL2FCTR	Num	3		Capillary loss, Field 2 center
19	CL2FISUP	Num	3		Capillary loss, Field 2 inner superior
20	CL2FINAS	Num	3		Capillary loss, Field 2 inner nasal
21	CL2FIINF	Num	3		Capillary loss, Field 2 inner inferior
22	CL2FITMP	Num	3		Capillary loss, Field 2 inner termporal
23	CL2FOSUP	Num	3		Capillary loss, Field 2 outer superior
24	CL2FONAS	Num	3		Capillary loss, Field 2 outer nasal
25	CL2FOINF	Num	3		Capillary loss, Field 2 outer inferior
26	CL2FOTMP	Num	3		Capillary loss, Field 2 outer temporal
27	CL2FFTMP	Num	3		Capillary loss, Field 2 far temporal
28	CL1F	Num	3		Capillary loss, Field 1
29	CD2FCTR	Num	3		Capillary dilatation, Field 2 center
30	CD2FISUP	Num	3		Capillary dilatation, Fld 2 inner super.
31	CD2FINAS	Num	3		Capillary dilatation, Fld 2 inner nasal
32	CD2FIINF	Num	3		Capillary dilatation, Fld 2 inner infer.
33	CD2FITMP	Num	3		Capillary dilatation, Fld 2 inner temp'l
34	CD2FOSUP	Num	3		Capillary dilatation, Fld 2 outer super.
35	CD2FONAS	Num	3		Capillary dilatation, Fld 2 outer nasal
36	CD2FOINF	Num	3		Capillary dilatation, Fld 2 outer infer.

Num	Variable	Type	Len	Format	Label
37	CD2FOTMP	Num	3		Capillary dilatation, Fld 2 outer temp'l
38	CD2FFTMP	Num	3		Capillary dilatation, Fld 2 far temporal
39	CD1F	Num	3		Capillary dilatation, Field 1
40	RP2FCTR	Num	3		Retinal pigment epithelium abn Fld 2 ctr
41	RP2FISUP	Num	3		RPE abnormalities, Fld 2 inner superior
42	RP2FINAS	Num	3		RPE abnormalities, Fld 2 inner nasal
43	RP2FIINF	Num	3		RPE abnormalities, Fld 2 inner inferior
44	RP2FITMP	Num	3		RPE abnormalities, Fld 2 inner temporal
45	RP2FOSUP	Num	3		RPE abnormalities, Fld 2 outer superior
46	RP2FONAS	Num	3		RPE abnormalities, Fld 2 outer nasal
47	RP2FOINS	Num	3		RPE abnormalities, Fld 2 outer inferior
48	RP2FOTMP	Num	3		RPE abnormalities, Fld 2 outer temporal
49	RP2FFTMP	Num	3		RPE abnormalities, Field 2 far temporal
50	FL2FCTRP	Num	3		Fluorescein leakage, Fld 2 center point
51	FL2FCTR	Num	3		Fluorescein leakage, Field 2 center
52	FL2FISUP	Num	3		Fluorescein leakage, Fld 2 inner super.
53	FL2FINAS	Num	3		Fluorescein leakage, Fld 2 inner nasal
54	FL2FIINF	Num	3		Fluorescein leakage, Fld 2 inner infer.
55	FL2FITMP	Num	3		Fluorescein leakage, Fld 2 inner temp'l
56	FL2FOSUP	Num	3		Fluorescein leakage, Fld 2 outer super.
57	FL2FONAS	Num	3		Fluorescein leakage, Fld 2 outer nasal
58	FL2FOINF	Num	3		Fluorescein leakage, Fld 2 outer infer.
59	FL2FOTMP	Num	3		Fluorescein leakage, Fld 2 outer temp'l
60	FL2FFTMP	Num	3		Fluorescein leakage, Fld 2 far temporal
61	SL2FCTR	Num	3		Source of leakage, Field 2 center
62	SL2FISUP	Num	3		Source of leakage, Fld 2 inner superior
63	SL2FINAS	Num	3		Source of leakage, Fld 2 inner nasal
64	SL2FIINF	Num	3		Source of leakage, Fld 2 inner inferior
65	SL2FITMP	Num	3		Source of leakage, Fld 2 inner temporal
66	SL2FOSUP	Num	3		Source of leakage, Fld 2 outer superior
67	SL2FONAS	Num	3		Source of leakage, Fld 2 outer nasal
68	SL2FOINF	Num	3		Source of leakage, Fld 2 outer inferior
69	SL2FOTMP	Num	3		Source of leakage, Fld 2 outer temporal
70	SL2FFTMP	Num	3		Source of leakage, Field 2 far temporal
71	CC2FCTR	Num	3		Cysts, Field 2 center
72	CC2FISUP	Num	3		Cysts, Field 2 inner superior
73	CC2FINAS	Num	3		Cysts, Field 2 inner nasal
74	CC2FIINF	Num	3		Cysts, Field 2 inner inferior
75	CC2FITMP	Num	3		Cysts, Field 2 inner temporal

Num	Variable	Type	Len	Format	Label
76	CC2FOSUP	Num	3		Cysts, Field 2 outer superior
77	CC2FONAS	Num	3		Cysts, Field 2 outer nasal
78	CC2FOINF	Num	3		Cysts, Field 2 outer inferior
79	CC2FOTMP	Num	3		Cysts, Field 2 outer temporal
80	CC2FFTMP	Num	3		Cysts, Field 2 far temporal
81	FA2FISUP	Num	3		Focal narrowing, Field 2 inner superior
82	FA2FINAS	Num	3		Focal narrowing, Field 2 inner nasal
83	FA2FIINF	Num	3		Focal narrowing, Field 2 inner inferior
84	FA2FITMP	Num	3		Focal narrowing, Field 2 inner temporal
85	FA2FOSUP	Num	3		Focal narrowing, Field 2 outer superior
86	FA2FONAS	Num	3		Focal narrowing, Field 2 outer nasal
87	FA2FOINF	Num	3		Focal narrowing, Field 2 outer inferior
88	FA2FOTMP	Num	3		Focal narrowing, Field 2 outer temporal
89	FA2FFTMP	Num	3		Focal narrowing, Field 2 far temporal
90	FA2FOTHR	Num	3		Focal narrowing, Field 2 other
91	FA1F	Num	3		Focal narrowing, Field 1
92	NA2FISUP	Num	3		Narrowing/pruning, Fld 2 inner superior
93	NA2FINAS	Num	3		Narrowing/pruning, Field 2 inner nasal
94	NA2FIINF	Num	3		Narrowing/pruning, Fld 2 inner inferior
95	NA2FITMP	Num	3		Narrowing/pruning, Fld 2 inner temporal
96	NA2FOSUP	Num	3		Narrowing/pruning, Fld 2 outer superior
97	NA2FONAS	Num	3		Narrowing/pruning, Field 2 outer nasal
98	NA2FOINF	Num	3		Narrowing/pruning, Fld 2 outer inferior
99	NA2FOTMP	Num	3		Narrowing/pruning, Fld 2 outer temporal
100	NA2FFTMP	Num	3		Narrowing/pruning, Field 2 far temporal
101	NA2FOTHR	Num	3		Narrowing/pruning, Field 2 other
102	NA1F	Num	3		Narrowing/pruning, Field 1
103	SA2FISUP	Num	3		Staining of arterioles, Fld 2 inner sup.
104	SA2FINAS	Num	3		Staining of arterioles, Fld 2 innr nasal
105	SA2FIINF	Num	3		Staining of arterioles, Fld 2 inner inf.
106	SA2FITMP	Num	3		Staining of arterioles, Fld 2 inner tmp.
107	SA2FOSUP	Num	3		Staining of arterioles, Fld 2 outer sup.
108	SA2FONAS	Num	3		Staining of arterioles, Fld 2 outr nasal
109	SA2FOINF	Num	3		Staining of arterioles, Fld 2 outer inf.
110	SA2FOTMP	Num	3		Staining of arterioles, Fld 2 outer tmp.
111	SA2FFTMP	Num	3		Staining of arterioles, Fld 2 far temp'l
112	SA2FOTHR	Num	3		Staining of arterioles, Fld 2 other
113	SA1F	Num	3		Staining of arterioles, Field 1
114	CA2FISUP	Num	3		Arteriolar contour, Fld 2 inner superior

Num	Variable	Type	Len	Format	Label
115	CA2FINAS	Num	3		Arteriolar contour, Field 2 inner nasal
116	CA2FIINF	Num	3		Arteriolar contour, Fld 2 inner inferior
117	CA2FITMP	Num	3		Arteriolar contour, Fld 2 inner temporal
118	CA2FOSUP	Num	3		Arteriolar contour, Fld 2 outer superior
119	CA2FONAS	Num	3		Arteriolar contour, Field 2 outer nasal
120	CA2FOINF	Num	3		Arteriolar contour, Fld 2 outer inferior
121	CA2FOTMP	Num	3		Arteriolar contour, Fld 2 outer temporal
122	CA2FFTMP	Num	3		Arteriolar contour, Field 2 far temporal
123	CA2FOTHR	Num	3		Arteriolar contour, Field 2 other
124	CA1F	Num	3		Arteriolar contour, Field 1
125	FILLDELY	Num	3		Other abnormality: Filling delay
126	CHORLKG	Num	3		Other abnormality: Choroidal leakage
127	MACHOLE	Num	3		Other abnormality: Macular hole
128	OTHRABN	Num	3		Other abnormality
129	MA2FCNT	Num	3		Microaneurysm count, Field 2
130	MA1FCNT	Num	3		Microaneurysm count, Field 1
131	CL_MAX	Num	3		Capillary loss: Maximum for eye
132	CL_NUM	Num	3		Capillary loss: No. of subfields w/ max.
133	CL_INMAX	Num	3		Capillary loss: Maximum, inner subfields
134	CL_INNUM	Num	3		Capillary loss: No. inner subflds w/max.
135	CD_MAX	Num	3		Capillary dilatation: Maximum for eye
136	CD_NUM	Num	3		Capillary dilatation: No. subflds w/max.
137	RPE_MAX	Num	3		Retinal pigment epithelium: Max. for eye
138	RPE_NUM	Num	3		RPE abnormalities: No. of subflds w/max.
139	LK_MAX	Num	3		Fluorescein leakage: Maximum for eye
140	LK_NUM	Num	3		Leakage: No. of subfields with maximum
141	LK_INMAX	Num	3		Leakage: Maximum for inner subfields
142	LK_INNUM	Num	3		Leakage: No. inner subfields w/ maximum
143	SL_MAX	Num	3		Source of leakage: Maximum for eye
144	SL_NUM	Num	3		Source of leakage: No. subfields w/ max.
145	CC_MAX	Num	3		Cystoid changes: Maximum for eye
146	CC_NUM	Num	3		Cystoid changes: No. of subfields w/max.
147	CC_INMAX	Num	3		Cystoid changes: Max for inner subfields
148	CC_INNUM	Num	3		Cystoid changes: No. inner subfld w/max.
149	FA_MAX	Num	3		Focal narrowing: Maximum for eye
150	FA_NUM	Num	3		Focal narrowing: No. of subfields w/max.
151	NA_MAX	Num	3		Narrowing/pruning: Maximum for eye
152	NA_NUM	Num	3		Narrowing/pruning: No. of subflds w/max.
153	SA_MAX	Num	3		Staining of arterioles: Maximum for eye

Num	Variable	Type	Len	Format	Label
154	SA_NUM	Num	3		Staining arterioles: No. subflds w/ max.
155	CA_MAX	Num	3		Arteriolar contour: Maximum for eye
156	CA_NUM	Num	3		Arteriolar contour: No. subfields w/max.
157	TOTAL_MA	Num	3		Microaneurysms: Total count for eye
158	FAQUAL	Num	3		Quality of fluorescein angiogram
159	RECDCORU	Num	3	MMDDYY8.	Date photographs received at CORU
160	CORR	Num	3		Correction code
161	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0351.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	CEVSITNO	Num	4		FOLLOW-UP VISIT NUMBER
4	TSCANX	Num	8		T-SCORE -ANXIETY
5	TSCDEP	Num	8		T-SCORE -DEPRESSION
6	TSCHOS	Num	8		T-SCORE -HOSTILITY
7	TSCINT	Num	8		T-SCORE -INTERPERSONAL SENSITIVITY
8	TSCOBS	Num	8		T-SCORE -OBSESSIVE-COMPULSIVE
9	TSCPAR	Num	8		T-SCORE -PARANOID IDEATION
10	TSCPHO	Num	8		T-SCORE -PHOBIC ANXIETY
11	TSCPSY	Num	8		T-SCROE -PSYCHOTICISM
12	TSCSOM	Num	8		T-SCORE -SOMATIZATION
13	TSCGSI	Num	8		T-SCORE GLOBAL SEVERITY INDEX
14	TSCPSDI	Num	8		T-SCORE POSITIVE SYMPTOM DISTRESS INDEX
15	TSCPST	Num	8		T-SCORE POSITIVE SYMPTOM TOTAL
16	PST	Num	8		POSITIVE SYMPTOM TOTAL
17	PSDI	Num	8		POSITIVE SYMPTOM DISTRESS INDEX
18	AGE	Num	4		PATIENT"S AGE
19	NADDI	Num	4		NUMBER ANSWERED-ADDITIONAL ITEMS
20	NANX	Num	4		NUMBER ANSWERED-ANXIETY
21	NDEP	Num	4		NUMBER ANSWERED-DEPRESSION
22	NHOS	Num	4		NUMBER ANSWERED-HOSTILITY
23	NINT	Num	4		NO. ANSWERED-INTERPERSONAL SENSITIVIT
24	NOBS	Num	4		NUMBER ANSWERED-OBSESSIVE-COMPULSIVE
25	NPAR	Num	4		NUMBER ANSWERED-PARANOID IDEATION
26	NPHO	Num	4		NUMBER ANSWERED-PHOBIC ANXIETY
27	NPSY	Num	4		NUMBER ANSWERED-PSYCHOTICISM
28	NSOM	Num	4		NUMBER ANSWERED-SOMATIZATION
29	NTOTAL	Num	4		NUMBER ANSWERED
30	TOTADDI	Num	4		TOTAL SCORE -ADDITIONAL ITEM
31	TOTANX	Num	4		TOTAL SCORE -ANXIETY
32	TOTDEP	Num	4		TOTAL SCORE -DEPRESSION
33	TOTHOS	Num	4		TOTAL SCORE -HOSTILITY
34	TOTINT	Num	4		TOTAL SCORE -INTERPERSONAL SENSITIVITY
35	TOTOBS	Num	4		TOTAL SCORE -OBSESSIVE-COMPULSIVE
36	TOTPAR	Num	4		TOTAL SCORE -PARANOID IDEATION

Num	Variable	Type	Len	Format	Label
37	TOTPHO	Num	4		TOTAL SCORE -PHOBIC ANXIETY
38	TOTPSY	Num	4		TOTAL SCORE -PSYCHOTICISM
39	TOTSOM	Num	4		TOTAL SCORE -SOMATIZATION
40	TOTAL	Num	4		TOTAL SCORE -90 ITEMS
41	RAWADDI	Num	8		RAW SCORE -ADDITIONAL ITEM
42	RAWANX	Num	8		RAW SCORE -ANXIETY
43	RAWDEP	Num	8		RAW SCORE -DEPRESSION
44	RAWHOS	Num	8		RAW SCORE -HOSTILITY
45	RAWINT	Num	8		RAW SCORE -INTERPERSONAL SENSITIVITY
46	RAWOBS	Num	8		RAW SCORE -OBSESSIVE-COMPULSIVE
47	RAWPAR	Num	8		RAW SCORE -PARANOID IDEATION
48	RAWPHO	Num	8		RAW SCORE -PHOBIC ANXIETY
49	RAWPSY	Num	8		RAW SCORE -PSYCHOTICISM
50	RAWSOM	Num	8		RAW SCORE -SOMATIZATION
51	CEWINDOW	Num	3		VISIT HELD WITHIN TIME WINDOW
52	CEQ1	Num	3		QUESTION1
53	CEQ2	Num	3		QUESTION2
54	CEQ3	Num	3		QUESTION3
55	CEQ4	Num	3		QUESTION4
56	CEQ5	Num	3		QUESTION5
57	CEQ6	Num	3		QUESTION6
58	CEQ7	Num	3		QUESTION7
59	CEQ8	Num	3		QUESTION8
60	CEQ9	Num	3		QUESTION9
61	CEQ10	Num	3		QUESTION10
62	CEQ11	Num	3		QUESTION11
63	CEQ12	Num	3		QUESTION12
64	CEQ13	Num	3		QUESTION13
65	CEQ14	Num	3		QUESTION14
66	CEQ15	Num	3		QUESTION15
67	CEQ16	Num	3		QUESTION16
68	CEQ17	Num	3		QUESTION17
69	CEQ18	Num	3		QUESTION18
70	CEQ19	Num	3		QUESTION19
71	CEQ20	Num	3		QUESTION20
72	CEQ21	Num	3		QUESTION21
73	CEQ22	Num	3		QUESTION22
74	CEQ23	Num	3		QUESTION23
75	CEQ24	Num	3		QUESTION24

Num	Variable	Type	Len	Format	Label
76	CEQ25	Num	3		QUESTION25
77	CEQ26	Num	3		QUESTION26
78	CEQ27	Num	3		QUESTION27
79	CEQ28	Num	3		QUESTION28
80	CEQ29	Num	3		QUESTION29
81	CEQ30	Num	3		QUESTION30
82	CEQ31	Num	3		QUESTION31
83	CEQ32	Num	3		QUESTION32
84	CEQ33	Num	3		QUESTION33
85	CEQ34	Num	3		QUESTION34
86	CEQ35	Num	3		QUESTION35
87	CEQ36	Num	3		QUESTION36
88	CEQ37	Num	3		QUESTION37
89	CEQ38	Num	3		QUESTION38
90	CEQ39	Num	3		QUESTION39
91	CEQ40	Num	3		QUESTION40
92	CEQ41	Num	3		QUESTION41
93	CEQ42	Num	3		QUESTION42
94	CEQ43	Num	3		QUESTION43
95	CEQ44	Num	3		QUESTION44
96	CEQ45	Num	3		QUESTION45
97	CEQ46	Num	3		QUESTION46
98	CEQ47	Num	3		QUESTION47
99	CEQ48	Num	3		QUESTION48
100	CEQ49	Num	3		QUESTION49
101	CEQ50	Num	3		QUESTION50
102	CEQ51	Num	3		QUESTION51
103	CEQ52	Num	3		QUESTION52
104	CEQ53	Num	3		QUESTION53
105	CEQ54	Num	3		QUESTION54
106	CEQ55	Num	3		QUESTION55
107	CEQ56	Num	3		QUESTION56
108	CEQ57	Num	3		QUESTION57
109	CEQ58	Num	3		QUESTION58
110	CEQ59	Num	3		QUESTION59
111	CEQ60	Num	3		QUESTION60
112	CEQ61	Num	3		QUESTION61
113	CEQ62	Num	3		QUESTION62
114	CEQ63	Num	3		QUESTION63

Num	Variable	Type	Len	Format	Label
115	CEQ64	Num	3		QUESTION64
116	CEQ65	Num	3		QUESTION65
117	CEQ66	Num	3		QUESTION66
118	CEQ67	Num	3		QUESTION67
119	CEQ68	Num	3		QUESTION68
120	CEQ69	Num	3		QUESTION69
121	CEQ70	Num	3		QUESTION70
122	CEQ71	Num	3		QUESTION71
123	CEQ72	Num	3		QUESTION72
124	CEQ73	Num	3		QUESTION73
125	CEQ74	Num	3		QUESTION74
126	CEQ75	Num	3		QUESTION75
127	CEQ76	Num	3		QUESTION76
128	CEQ77	Num	3		QUESTION77
129	CEQ78	Num	3		QUESTION78
130	CEQ79	Num	3		QUESTION79
131	CEQ80	Num	3		QUESTION80
132	CEQ81	Num	3		QUESTION81
133	CEQ82	Num	3		QUESTION82
134	CEQ83	Num	3		QUESTION83
135	CEQ84	Num	3		QUESTION84
136	CEQ85	Num	3		QUESTION85
137	CEQ86	Num	3		QUESTION86
138	CEQ87	Num	3		QUESTION87
139	CEQ88	Num	3		QUESTION88
140	CEQ89	Num	3		QUESTION89
141	CEQ90	Num	3		QUESTION90
142	AGEGRP	Num	8		AGE GROUP: 1=ADULT, 2=ADOLESCENT
143	TESTAGE	Num	3		AGE AT TIME OF TEST, BASED ON VISIT
144	SEX	Char	1		Form 001 Sex
145	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0361.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	CFVSITNO	Num	3		FOLLOW-UP VISIT NUMBER
4	TOTQOL	Num	8		TOTAL - QOL
5	NQOL	Num	8		NUMBER ANSWERED -QOL
6	TOTSAT	Num	8		TOTAL SATISFACTION
7	NSAT	Num	8		NUMBER ANSWERED -SATISFACTION
8	TOTSATA	Num	8		TOTAL - ADOL SPECIFIC SATIS.(SCHL)
9	NSATA	Num	8		NO. ANSWERED-ADOL SPECIFIC SATIS.(SCHL)
10	TOTIMP	Num	8		TOTAL - IMPACT
11	NIMP	Num	8		NUMBER ANSWERED -IMPACT
12	TOTIMPA	Num	8		TOTAL - ADOL. SPECIFIC IMPACT(SCHOOL)
13	NIMPA	Num	8		NO. ANSWERED-ADOL SPECIFIC IMPACT(SCHL)
14	TOTIMPP	Num	8		TOTAL - ADOL SPECIFIC IMPACT W/PARENT
15	NIMPP	Num	8		NO. ANSW.- ADOL SPECIFIC IMPACT W/PARENT
16	TOTWOR	Num	8		TOTAL - WORRY - DIABETIC RELATED
17	NWOR	Num	8		NUMBER ANSWERED -WORRY -DIAETIC RELATED
18	TOTWORS	Num	8		TOTAL - WORRY - SOCIAL/VOCATIONAL
19	NWORS	Num	8		NUMBER ANSWERED - WORRY -SOCIAL/VOCATION
20	TOTWORA	Num	8		TOTAL - WORRY-ADOLESCENT SPECIFIC(SCHOOL
21	NWORA	Num	8		NO. ANS. WORRY-ADOL SPECIFIC(SCHOOL)
22	TOTGLO	Num	8		TOTAL GLOBAL HEALTH PERCEPTION QUESTION
23	NGLO	Num	8		NO. ANSW. - GLOBAL HEALTH PERCEPT. QUES.
24	QOL	Num	8		TOTAL QOL
25	SAT	Num	8		SATISFACTION
26	SATA	Num	8		ADOLESCENT SPECIFIC SATIS.(SCHOOL)
27	IMP	Num	8		IMPACT
28	IMPA	Num	8		ADOLESCENT SPECIFIC IMPACT(SCHOOL)
29	IMPP	Num	8		ADOLESCENT SPECIFIC IMPACT W/PARENT
30	WOR	Num	8		WORRY - DIABETIC RELATED
31	WORS	Num	8		WORRY - SOCIAL/VOCATIONAL
32	WORA	Num	8		WORRY - ADOLESCENT SPECIFIC(SCHOOL)
33	GLO	Num	8		GLOBAL HEALTH PERCEPTION QUESTION
34	CFAA1	Num	3		TIME SPENT MANAGING DIABETES
35	CFAA2	Num	3		TIME SPENT GETTING CHECKUPS
36	CFAA3	Num	3		TIME IT TAKES TO DETERMINE SUGAR

Num	Variable	Type	Len	Format	Label
37	CFAA4	Num	3		CURRENT TREATMENT
38	CFAA5	Num	3		DIET FLEXIBILITY
39	CFAA6	Num	3		BURDEN ON FAMILY
40	CFAA7	Num	3		KNOWLEDGE ABOUT DIABETES
41	CFAB1	Num	3		SLEEP
42	CFAB2	Num	3		SOCIAL RELATIONSHIPS
43	CFAB3	Num	3		SEX LIFE
44	CFAB4	Num	3		WORK, SCHOOL & HOUSEHOLD ACTIVITIES
45	CFAB5	Num	3		APPEARANCE OF BODY
46	CFAB6	Num	3		TIME SPENT EXERCISING
47	CFAB7	Num	3		LEISURE TIME
48	CFAB8	Num	3		LIFE IN GENERAL
49	CFAC1	Num	3		SCHOOL PERFORMANCE
50	CFAC2	Num	3		HOW CLASSMATES TREAT YOU
51	CFAC3	Num	3		ATTENDANCE IN SCHOOL
52	CFAD1	Num	3		HEALTH ASSESSMENT
53	CFBA1	Num	3		PAIN WITH TREATMENT
54	CFBA2	Num	3		EMBARRASSED DEALING W/ DIABETES
55	CFBA3	Num	3		LOW BLOOD SUGAR
56	CFBA4	Num	3		FEEL PHYSICALLY ILL
57	CFBA5	Num	3		INTERFERE WITH FAMILY LIFE
58	CFBA6	Num	3		BAD NIGHT'S SLEEP
59	CFBA7	Num	3		LIMITING SOCIAL RELATIONSHIPS
60	CFBA8	Num	3		FEEL GOOD ABOUT SELF
61	CFBA9	Num	3		FEEL RESTRICTED BY DIET
62	CFBA10	Num	3		INTERFERE WITH SEX LIFE
63	CFBA11	Num	3		KEPT FROM DRIVING OR USING MACHINE
64	CFBA12	Num	3		INTERFERE WITH EXERCISING
65	CFBA13	Num	3		MISS WORK, SCHOOL OR HOUSEHOLD DUTIES
66	CFBA14	Num	3		EXPLAINING DIABETES
67	CFBA15	Num	3		INTERRUPTS LEISURE TIME ACTIVITIES
68	CFBA16	Num	3		TELL OTHERS ABOUT DIABETES
69	CFBA17	Num	3		TEASED ABOUT DIABETES
70	CFBA18	Num	3		GO TO BATHROOM MORE OFTEN
71	CFBA19	Num	3		EAT SOMETHING YOU SHOULDN'T
72	CFBA20	Num	3		HIDE INSULIN REACTION
73	CFBB1	Num	3		PREVENTS SCHOOL ACTIVITES
74	CFBB2	Num	3		PREVENTS GOING OUT TO EAT
75	CFBB3	Num	3		LIMITING CAREER

Num	Variable	Type	Len	Format	Label
76	CFBC1	Num	3		PARENTS TOO PROTECTIVE
77	CFBC2	Num	3		PARENTS WORRY TOO MUCH
78	CFBC3	Num	3		FAMILY TEASES YOU
79	CFBC4	Num	3		PARENTS ACT LIKE IT'S THEIR DISEASE
80	CFCA1	Num	3		GETTING MARRIED
81	CFCA2	Num	3		HAVE CHILDREN
82	CFCA3	Num	3		NOT GET A JOB
83	CFCA4	Num	3		PASS OUT
84	CFCA5	Num	3		DENIED INSURANCE
85	CFCA6	Num	3		CAN'T COMPLETE EDUCATION
86	CFCA7	Num	3		MISS WORK
87	CFCA8	Num	3		TAKE VACATION OR TRIP
88	CFCA9	Num	3		BODY LOOKS DIFFERENT
89	CFCA10	Num	3		GET COMPLICATIONS
90	CFCA11	Num	3		SOMEONE WILL NOT GO OUT WITH YOU
91	CFCB1	Num	3		TEACHERS TREAT YOU DIFFERENTLY
92	CFCB2	Num	3		DISRUPT SCHOOL ACTIVITY
93	CFCB3	Num	3		NOT KEEPING UP WITH FRIENDS
94	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0372.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	CGB1A	Num	4		WRIST-ABD. POLL. BREV. MUSCLE DIST.(MM)
4	CGB1B	Num	8		WRIST-ABD. POLL. BREV. MUSC. LATE.(MSEC)
5	CGB1C	Num	8		WRIST-ABD. POLL. BREV. MUSC. AMP.(MV)
6	CGB1D	Num	8		F-WAVE-WRIST LATENCY(MSEC)
7	CGB1E	Num	8		ELBOW-WRIST TEMP. BEFORE (C)
8	CGB1F	Num	4		ELBOW-WRIST DIST.(MM)
9	CGB1G	Num	8		ELBOW-WRIST LATE.(MSEC)
10	CGB1H	Num	8		ELBOW-WRIST VELOC.(M/SEC)
11	CGB1I	Num	8		ELBOW-WRIST AMP.(MV)
12	CGB1J	Num	8		ELBOW-WRIST TEMP. AFTER (C)
13	CGB2A	Num	8		DIGIT II-WRIST TEMP. BEFORE (C)
14	CGB2B	Num	4		DIGIT II-WRIST DIST.(MM)
15	CGB2C	Num	8		DIGIT II-WRIST LAT.(MSEC)
16	CGB2D	Num	8		DIGIT II-WRIST VELOC.(M/SEC)
17	CGB2F	Num	8		DIGIT II-WRIST TEMP. AFTER (C)
18	CGB3A	Num	4		ANKLE-EXT. DIG. BREV. DIST.(MM)
19	CGB3B	Num	8		ANKLE-EXT. DIG. BREV. LATE.(MSEC)
20	CGB3C	Num	8		ANKLE-EXT. DIG. BREV. AMP.(MV)
21	CGB3D	Num	8		BELOW CAP. FIB.-ANKLE TEMP. BEFORE (C)
22	CGB3E	Num	4		BELOW CAP. FIB.-ANKLE DIST.(MM)
23	CGB3F	Num	8		BELOW CAP. FIB.-ANKLE LATE.(MSEC)
24	CGB3G	Num	8		BELOW CAP. FIB.-ANKLE VELOC.(M/SEC)
25	CGB3H	Num	8		BELOW CAP. FIB.-ANKLE AMP.(MV)
26	CGB3I	Num	8		BELOW CAP. FIB.-ANKLE TEMP. AFTER (C)
27	CGB3J	Num	8		F-WAVE-ANKLE LATE (MSEC)
28	CGB4A	Num	8		CALF-LAT. MALL. 14 CM TEMP. BEFORE (C)
29	CGB4B	Num	4		CALF-LAT. MALL. 14 CM DIST.(MM)
30	CGB4C	Num	8		CALF-LAT. MALL. 14 CM LATE.(MSEC)
31	CGB4D	Num	8		CALF-LAT. MALL. 14 CM VELOC.(M/SEC)
32	CGB4F	Num	8		CALF-LAT. MALL. 14 CM TEMP. AFTER (C)
33	CGVSITNO	Num	3		FOLLOW-UP VISIT #
34	CGWINDOW	Num	3		VISIT HELD WITHIN TIME WINDOW
35	CGSIDE	Num	3		PATIENT'S DOMINANT SIDE
36	CGB2E	Num	3		DIGIT II-WRIST AMP.(MICROV)

Num	Variable	Type	Len	Format	Label
37	CGB4E	Num	3		CALF-LAT. MALL. 14 CM AMP.(MICROV)
38	MASK_PAT	Num	8		Patient ID number

Data Set Name: f045cmb2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	DEQ1	Num	3		DOCTORS SPECIALIZING
4	DEQ2	Num	3		ONE OF THE STUDY PURPOSES
5	DEQ3	Num	3		RANDOM ASSIGNMENT MEANS
6	DEQ4	Num	3		STD. RX GROUP WILL RECEIVE
7	DEQ5	Num	3		EXP. RX GROUP WILL RECEIVE
8	DEQ6	Num	3		COMPARED TO CURRENT RX, STD. RX
9	DEQ7	Num	3		COMPARED TO CURRENT RX, EXP. RX
10	DEQ8	Num	3		EXPECTED TO PARTICIPATE
11	DEQ9	Num	3		STD. RX MAKE VISITS
12	DEQ10	Num	3		EXP. RX MAKE VISITS
13	DEQ11	Num	3		WHICH IS NOT EXPECTED
14	DEQ12	Num	3		EXP. RX INITIALLY HOSPITALIZED
15	DEQ13	Num	3		WHICH COMPLICATION NOT MEASURED
16	DEQ14	Num	3		A RISK OF FLUORESCEIN
17	MASK_PAT	Num	8		Patient ID number

Data Set Name: f046cmb2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	8		DCCT FORM NUMBER
2	DFQ1	Num	8		ONE OF THE STUDY PURPOSES
3	DFQ2	Num	8		DOCTORS SPECIALIZING
4	DFQ3	Num	8		EXP. RX GROUP WILL RECEIVE
5	DFQ4	Num	8		STD. RX GROUP WILL RECEIVE
6	DFQ5	Num	8		RANDOM ASSIGNMENT MEANS
7	DFQ6	Num	8		EXPECTED TO PARTICIPATE
8	DFQ7	Num	8		WHICH IS NOT EXPECTED
9	DFQ8	Num	8		COMPARED TO CURRENT RX, EXP. RX
10	DFQ9	Num	8		COMPARED TO CURRENT RX, STD. RX
11	DFQ10	Num	8		STD. RX MAKE VISITS
12	DFQ11	Num	8		EXP. RX MAKE VISITS
13	DFQ12	Num	8		A RISK OF FLUORESCEIN
14	DFQ13	Num	8		WHICH COMPLICATION NOT MEASURED
15	DFQ14	Num	8		EXP. RX INITIALLY HOSPITALIZED
16	FSASDATE	Num	8	MMDDYY8.	FORMDATE AS SAS DATE VALUE
17	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0471.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	DGB1A	Num	3		PLANS A MOVE SOON
4	DGB1B	Num	4		MONTH AND YEAR MOVING
5	DGB1C	Num	3		VISIT ONCE/WK AFTER MOVE IF REQUIRED
6	DGB1D	Num	3		CONTINUE AT ANOTHER CLINIC
7	DGB2	Num	3		VISIT ONCE/WK NOW IF REQUIRED
8	DGB3	Num	3		HOW GOT TO CLINIC TODAY
9	DGB4	Num	3		TROUBLE GETTING TO CLINIC TODAY
10	DGB5	Num	3		EVER HAVE TRANSPORTATION PROBLEMS
11	DGB6A	Num	3		HAVE CHILDREN
12	DGB6B	Num	3		EVER HAVE PROBLEM GETTING CHILDCARE
13	DGB8	Num	3		EMPLOYER"S FLEXIBILITY
14	DGB9	Num	3		NEED TO TAKE VACATION OR SICK TIME
15	DGB10	Num	3		HAVE TELEPHONE
16	DGC2	Num	3		NOT FOLLOWED INSULIN INJECTION PLAN
17	DGC3	Num	3		DECIDE NOT TO TAKE INJECTION
18	DGC4	Num	3		GONE WHOLE DAY W/O MONITORING
19	DGC5	Num	3		DECIDE NOT TO TEST URINE
20	DGC6	Num	3		DID NOT FOLLOW MEAL PLAN
21	DGC7	Num	3		DECIDED NOT TO FOLLOW MEAL PLAN
22	DGC8	Num	3		WORK OR SCHOOL INTERFERES W/PLAN
23	DGC9	Num	3		VACATION INTERFERES W/PLAN
24	DGC10	Num	3		SOCIAL SITUATIONS INTERFERE W/PLAN
25	DGC11	Num	3		FAMILY LIFE INTERFERES W/PLAN
26	DGC12	Num	3		NOT FOLLOWED PLAN DUE TO ILLNESS
27	DGD1	Num	3		TREATMENT GROUP PREFERENCE
28	DGD2	Num	3		WILLING TO BE RANDOMIZED
29	DGD3A	Num	3		BLOOD SUGAR EXPECTATIONS
30	DGD3B	Num	3		COMPLICATIONS EXPECTATIONS
31	DGD3C	Num	3		GENERAL WELL-BEING EXPECTATIONS
32	DGD4	Num	3		ATTITUDE TOWARD PUBLIC USE OF EQUIPMENT
33	DGD5	Num	3		EXPECTED EFFECT ON CURRENT DAILY ROUTINE
34	DGD6	Num	3		EXPECTED EFFECT ON FAMILY
35	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0481.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	DHB1	Num	3		PURPOSE OF THE DCCT
4	DHB2	Num	3		HOW INSULIN USED IN STANDARD GROUP
5	DHB3	Num	3		HOW INSULIN USED IN EXPERIMENTAL GROUP
6	DHB4	Num	3		MEANING OF RANDOMIZATION
7	DHB5	Num	3		STRONG TREATMENT PREFERENCE
8	DHB6	Num	3		WILL SUPPORT PATIENTS DECISION
9	DHB7A	Num	3		BLOOD SUGAR EXPECTATIONS
10	DHB7B	Num	3		COMPLICATIONS EXPECTATIONS
11	DHB7C	Num	3		GENERAL WELL-BEING EXPECTATIONS
12	DHB8	Num	3		VISIT FREQUENCY IN STANDARD GROUP
13	DHB9	Num	3		VISIT FREQUENCY IN EXPERIMENTAL GROUP
14	DHB10	Num	3		PROBLEMS W/GIVING PRIORITY TO STUDY
15	DHB11	Num	3		ATTITUDE TOWARD INSULIN PUMP
16	DHB12	Num	3		ATTITUDE TOWARD BLOOD GLUCOSE MONITORING
17	DHB13	Num	3		ATTITUDE TOWARD URINE GLUCOSE MONITORING
18	DHB14	Num	3		ATTITUDE TOWARD MONITORING IN PUBLIC
19	DHB15	Num	3		ATTITUDE TOWARD IDENTIFYING DIABETIC
20	DHB16	Num	3		HELP IF SUBJECT BECOMES ILL
21	DHDAD	Num	3		SUBJECT'S FATHER
22	DHMOM	Num	3		SUBJECT'S MOTHER
23	DHGUARD	Num	3		SUBJECT'S GUARDIAN
24	DHSPOUSE	Num	3		SUBJECT'S SPOUSE
25	DHSIBLNG	Num	3		SUBJECT'S SIBLING
26	DHCHILD	Num	3		SUBJECT'S CHILD
27	DHRELATV	Num	3		SUBJECT'S OTHER RELATIVE
28	DHFRIEND	Num	3		SUBJECT'S FRIEND
29	MASK_PAT	Num	8		Patient ID number

Data Set Name: f049cmb2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	DI1ST2ND	Num	3		ADMINISTRATION SEQUENCE
4	DIB1	Num	3		TEST URINE 3-4 TIMES/DAY
5	DIB2	Num	3		TEST URINE AT LEAST TWICE/DAY
6	DIB3	Num	3		TEST URINE AT LEAST ONCE/DAY
7	DIB4	Num	3		TEST FOR ACETONE AT LEAST ONCE/DAY
8	DIB5	Num	3		TEST BLOOD 7 TIMES/DAY
9	DIB6	Num	3		TEST BLOOD 4 TIMES/DAY
10	DIB7	Num	3		TEST BLOOD 1-2 TIMES/DAY
11	DIB8	Num	3		DO 3 A.M. TEST ONCE/WEEK
12	DIB9	Num	3		DO 3 A.M. TEST ONCE/MONTH
13	DIB10	Num	3		DO 3A.M. TEST ONCE EVERY 3 MONTHS
14	DIB11	Num	3		COLLECT CAPILLARY BLOOD SPECIMENS
15	DIB12	Num	3		TAKE INSULIN 1-2 TIMES/DAY
16	DIB13	Num	3		TAKE INSULIN 3-4 TIMES/DAY
17	DIB14	Num	3		TAKE INSULIN 4 TIMES/DAY
18	DIB15	Num	3		USE INSULIN PUMP
19	DIB16	Num	3		FOLLOW DIET EVERY DAY
20	DIB17	Num	3		FOLLOW DIET MOST DAYS
21	DIB18	Num	3		FOLLOW DIET EVERY MEAL
22	DIB19	Num	3		FOLLOW DIET 2 MEALS/DAY
23	DIB20	Num	3		FOLLOW DIET 1 MEAL/DAY
24	DIB21	Num	3		VISIT CLINIC EVERY 3 MONTHS FOR 2 YRS.
25	DIB22	Num	3		VISIT CLINIC EVERY MONTH FOR 2 YRS.
26	DIB23	Num	3		VISIT CLINIC EVERY WEEK FOR 2 YRS.
27	DIB24	Num	3		KEEP DAILY RECORDS
28	DIB25	Num	3		KEEP WEEKLY RECORDS
29	DIC1	Num	3		TEST URINE 3-4 TIMES/DAY (%) - STD
30	DIC2	Num	3		TAKE INSULIN 1-2 TIMES/DAY (%) - STD
31	DIC3	Num	3		KEEP DAILY RECORDS (%) - STD
32	DIC4	Num	3		VISIT EVERY 3 MONTHS (%) - STD
33	DIC5	Num	3		CAPILLARY COLLECTION EVERY 3 MOS (%)-STD
34	DIC6	Num	3		FOLLOW DIET (%) - STD
35	DIC7	Num	3		TEST BLOOD 7 TIMES/DAY (%) - EXP
36	DIC8	Num	3		TEST BLOOD 4 TIMES/DAY (%) - EXP

Num	Variable	Type	Len	Format	Label
37	DIC9	Num	3		TEST BLOOD AT 3 A.M. (%) - EXP
38	DIC10	Num	3		TAKE INSULIN 3-4 TIMES/DAY (%) - EXP
39	DIC11	Num	3		WEAR PUMP 24 HRS/DAY (%) - EXP
40	DIC12	Num	3		KEEP DAILY RECORDS (%) - EXP
41	DIC13	Num	3		VISIT EVERY 3 MONTHS (%) - EXP
42	DIC14	Num	3		VISIT EVERY MONTH (%) - EXP
43	DIC15	Num	3		VISIT WEEKLY (%) - EXP
44	DIC16	Num	3		CAPILLARY COLLECTION EVERY 3 MOS (%)-EXP
45	DIC17	Num	3		FOLLOW DIET (%) - EXP
46	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0561.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	EFB1A1	Num	3		TASK 1 (DRAW 9 U IN 0.5CC) TRIAL 1
4	EFB1A2	Num	3		TASK 1 (DRAW 9 U IN 0.5CC) TRIAL 2
5	EFB1B1	Num	3		TASK 2 (DRAW 16 U IN 1CC) TRIAL 1
6	EFB1B2	Num	3		TASK 2 (DRAW 16 U IN 1CC) TRIAL 2
7	EFB1C1	Num	3		TASK 3 (MIX 14 U WITH 6 U) TRIAL 1
8	EFB1C2	Num	3		TASK 3 (MIX 14 U WITH 6 U) TRIAL 2
9	EFB1D11	Num	3		TASK 4 (TEST URINE CLINITEST), TRIAL 1
10	EFB1D12	Num	3		TASK 4 (TEST URINE CLINITEST), TRIAL 2
11	EFB1D21	Num	3		TASK 4 (TEST URINE DIASTIK), TRIAL 1
12	EFB1D22	Num	3		TASK 4 (TEST URINE DIASTIK), TRIAL 2
13	EFB1D31	Num	3		TASK 4 (TESTAPE), TRIAL 1
14	EFB1D32	Num	3		TASK 4 (TESTAPE), TRIAL 2
15	EFB1E1	Num	3		TASK 5 (COLLECT CAPILLARY BLOOD) TRIAL 1
16	EFB1E2	Num	3		TASK 5 (COLLECT CAPILLARY BLOOD) TRIAL 2
17	EFB21	Num	3		TASK 6 (DRAW 9 U IN 0.5CC) TRIAL 1
18	EFB22	Num	3		TASK 6 (DRAW 9 U IN 0.5CC) TRIAL 2
19	EFB3A1	Num	3		TASK 7 (LEAVE GAME), TRIAL 1
20	EFB3A2	Num	3		TASK 7 (LEAVE GAME), TRIAL 2
21	EFB3B1	Num	3		TASK 7 (TAKE SIMPLE CARBOS), TRIAL 1
22	EFB3B2	Num	3		TASK 7 (TAKE SIMPLE CARBOS), TRIAL 2
23	EFB3C1	Num	3		TASK 7 (CHECK BLOOD SUGAR), TRIAL 1
24	EFB3C2	Num	3		TASK 7 (CHECK BLOOD SUGAR), TRIAL 2
25	EFB3D1	Num	3		TASK 7 (OTHER ACTION), TRIAL1
26	EFB3D2	Num	3		TASK 7 (OTHER ACTION), TRIAL2
27	EFB4A1	Num	3		TASK 8(FAILURE TO TAKE INSULIN), TRIAL 1
28	EFB4A2	Num	3		TASK 8(FAILURE TO TAKE INSULIN), TRIAL 2
29	EFB4B1	Num	3		TASK 8 (INFECTION), TRIAL 1
30	EFB4B2	Num	3		TASK 8 (INFECTION), TRIAL 2
31	EFB4C1	Num	3		TASK 8 (OTHER CAUSE), TRIAL 1
32	EFB4C2	Num	3		TASK 8 (OTHER CAUSE), TRIAL 2
33	EFB5A1	Num	3		TASK 9 (CHECK ACETONE), TRIAL 1
34	EFB5A2	Num	3		TASK 9 (CHECK ACETONE), TRIAL 2
35	EFB5B1	Num	3		TASK 9 (CALL DOCTOR), TRIAL 1
36	EFB5B2	Num	3		TASK 9 (CALL DOCTOR), TRIAL 2

Num	Variable	Type	Len	Format	Label
37	EFB5C1	Num	3		TASK 9 (OTHER ACTION), TRIAL 1
38	EFB5C2	Num	3		TASK 9 (OTHER ACTION), TRIAL 2
39	EFB6A1	Num	3		TASK 10 (UNITS IN A.M.), TRIAL 1
40	EFB6A2	Num	3		TASK 10 (UNITS IN A.M.), TRIAL 2
41	EFB6B1	Num	3		TASK 10 (UNITS IN P.M.), TRIAL 1
42	EFB6B2	Num	3		TASK 10 (UNITS IN P.M.), TRIAL 2
43	EFB6C1	Num	3		TASK 10 (PEAK TIME), TRIAL 1
44	EFB6C2	Num	3		TASK 10 (PEAK TIME), TRIAL 2
45	MASK_PAT	Num	8		Patient ID number

Data Set Name: f057cmb3.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	8		DCCT FORM NUMBER
2	EGBTDATE	Char	8		DATE HOME BEHAVIORAL TASKS STARTED
3	EGB2A1	Num	8		# TIMES COMPLIANT W/ DOUBLE VOID
4	EGB2A2	Num	8		% COMPLIANCE W/ DOUBLE VOID
5	EGB2B1	Num	8		# TIMES URINE TESTS PERFORMED
6	EGB2B2	Num	8		% COMPLIANCE W/ URINE TESTING
7	EGB2C	Num	8		# POSITIVE URINE TESTS
8	EGB3A1	Num	8		# TIMES COMPLIANT W/ PRE-BREAKFAST TESTS
9	EGB3A2	Num	8		% COMPLIANCE W/ PRE-BREAKFAST TESTS
10	EGB3B1	Num	8		# TIMES COMPL. W/ POST-BREAKFAST TESTS
11	EGB3B2	Num	8		% COMPLIANCE W/ POST-BREAKFAST TESTS
12	EGB3C1	Num	8		# TIMES COMPLIANT W/ PRE-LUNCH TESTS
13	EGB3C2	Num	8		% COMPLIANCE W/ PRE-LUNCH TESTS
14	EGB3D1	Num	8		# TIMES COMPLIANT W/ POST-LUNCH TESTS
15	EGB3D2	Num	8		% COMPLIANCE W/ POST-LUNCH TESTS
16	EGB3E1	Num	8		# TIMES COMPLIANT W/ PRE-SUPPER TESTS
17	EGB3E2	Num	8		% COMPLIANCE W/ PRE-SUPPER TESTS
18	EGB3F1	Num	8		# TIMES COMPLIANT W/ POST-SUPPER TESTS
19	EGB3F2	Num	8		% COMPLIANCE W/ POST-SUPPER TESTS
20	EGB3G1	Num	8		# TIMES COMPLIANT W/ BEDTIME TESTS
21	EGB3G2	Num	8		% COMPLIANCE W/ BEDTIME TESTS
22	EGB3H1	Num	8		# TIMES COMPLIANT W/ 3 A.M. TESTS
23	EGB3H2	Num	8		% COMPLIANCE W/ 3 A.M. TESTS
24	EGB4A1	Num	8		# TIMES CONSISTENT W/ INSULIN INJECTION
25	EGB4A2	Num	8		% CONSISTENCY W/ INSULIN INJECTION
26	EGB4B	Num	8		DID PATIENT ROTATE INJECTION SITE?
27	EGB5A1	Num	8		# DAYS COMPLETED FOOD RECORD
28	EGB5A2	Num	8		% COMPLIANCE WITH KEEPING FOOD RECORD
29	EGB6A	Num	8		# TIMES ATE BREAKFAST
30	EGB6B	Num	8		# TIMES ATE MORNING SNACK
31	EGB6C	Num	8		# TIMES ATE LUNCH
32	EGB6D	Num	8		# TIMES ATE AFTERNOON SNACK
33	EGB6E	Num	8		# TIMES ATE DINNER
34	EGB6F	Num	8		# TIMES ATE EVENING SNACK
35	EGB7	Num	8		# DAYS ENGAGED IN PHYSICAL ACTIVITY
36	FSASDATE	Num	8	MMDDYY8.	FORMDATE AS SAS DATE VALUE

Num	Variable	Type	Len	Format	Label
37	MASK_PAT	Num	8		Patient ID number

Data Set Name: f083cmb2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	DATE OF EVENT AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	HCCOMDAT	Char	6		DATE FORM COMPLETED
4	HCLEARN	Char	6		DATE DCCT CLINIC LEARNED OF INTER. EVENT
5	DUPOK	Char	1		NOT QUITE DUPLICATE FORM
6	HCBGMEAS	Num	4		BG BEFORE: MEASUREMENT VALUE
7	HCREDMSR	Num	4		BG AFTER: MEASUREMENT VALUE
8	HCRANDOM	Num	3		HAS PATIENT BEEN RANDOMIZED
9	HCUNCRTN	Num	3		DATE OF EVENT UNCERTAIN
10	HCHOWLRN	Num	3		HOW CLINIC LEARNED OF EVENT
11	HCSLPWAK	Num	3		EPISODE OCCURRED WHILE PATIENT SLEEP/AW
12	HCLCONSC	Num	3		LOSS OF CONSCIOUSNESS
13	HCSEIZ	Num	3		SEIZURE
14	HCSPSEIZ	Num	3		SUSPECTED SEIZURE
15	HCDIFAWK	Num	3		DIFFICULTY IN AWAKENING
16	HCIRRAT	Num	3		IRRATIONAL BEHAVIOR
17	HCUNCTRL	Num	3		UNCONTROLLABLE BEHAVIOR
18	HCCONFUS	Num	3		CONFUSION
19	HCMEMLSS	Num	3		MEMORY LOSS
20	HCBGBEF	Num	3		BG BEFORE: WAS MEASURED?
21	HCBEFWHO	Num	3		BG BEFORE: WHO MEASURED?
22	HCBGUNKN	Num	3		BG BEFORE: MEASUREMENT UNKNOWN
23	HCBGMONT	Num	3		METHOD USED MONITORING BEFORE
24	HCBGAFT	Num	3		BG AFTER: WAS MEASURED?
25	HCAFTWHO	Num	3		BG AFTER: WHO MEASURED?
26	HCUNKNWN	Num	3		BG AFTER: MEASUREMENT UNKNOWN
27	HCBGMETH	Num	3		METHOD USED MONITORING AFTER
28	HCREVRS	Num	3		SYMPTOMS REVERSE WITHOUT TREATMENT
29	HCTRSLF	Num	3		PATIENT TREATED SELF
30	HCRCVAST	Num	3		PATIENT RECEIVED ASSISTANCE
31	HCSLFTRT	Num	3		PATIENT CAPABLE SELF TREATMENT
32	HCNOTRT	Num	3		PATIENT INCAPABLE OF TREATING SELF
33	HCHOSPTL	Num	3		PATIENT HOSPITALIZED
34	HCIVGLUC	Num	3		GIVEN INTRAVENOUS GLUCOSE TREATMENT
35	HCGLUCGO	Num	3		GIVEN GLUCAGON TREATMENT
36	HCORLCAR	Num	3		GIVEN ORAL CARBOHYDRATES TREATMENT

Num	Variable	Type	Len	Format	Label
37	HCOTHER	Num	3		OTHER TREATMENT ADMINISTERED
38	HCASOCEV	Num	3		ANY ASSOCIATED EVENTS?
39	HCDEATH	Num	3		DEATH
40	HCNEUDAM	Num	3		IRREVERSIBLE NEUROLOGICAL DAMAGE
41	HCMI	Num	3		MYOCARDIAL INFARCTION
42	HCSTROKE	Num	3		STROKE OCCURRED
43	HCHOSINJ	Num	3		INJURY REQUIRING HOSPITALIZATION
44	HCINJOTR	Num	3		INJURY TO ANOTHER PERSON
45	HCPROPDM	Num	3		PROPERTY DAMAGE
46	HCTRAFIC	Num	3		TRAFFIC VIOLATION
47	HCWHTTRT	Num	3		CURRENT TREATMENT REGIMEN
48	HCEXPER	Num	3		EXPER. PATIENT ON MDI, PUMP, OR BOTH
49	HCPMPMAL	Num	3		PUMP MALFUNCTION SUSPECTED
50	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0882.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4		DCCT FORM NUMBER
2	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
3	HHRATEDT	Char	6		DATE RATED
4	HHRATINT	Char	3		RATER'S INITIALS
5	HHINTEL	Char	2		INTELLIGENCE
6	HHVERBAL	Char	2		VERBAL FLUENCY
7	HHABSTR	Char	2		ABSTRACTION
8	HHCALC	Char	2		CALCULATION
9	HHLEARN	Char	2		LEARNING
10	HHSHORTM	Char	2		SHORT-TERM MEMORY
11	HHLONGM	Char	2		LONG-TERM MEMORY
12	HHVISUO	Char	2		VISUOSPATIAL
13	HHCONST	Char	2		CONSTRUCTIONAL
14	HHATTEN	Char	2		ATTENTION
15	HHPERCEP	Char	2		PERCEPTUOMOTOR
16	HHSPEED	Char	2		SPEED & DEXTERITY
17	HHASYM	Char	2		ASYMMETRY
18	HHGLOBAL	Char	2		GLOBAL JUDGEMENT
19	HHCHANGE	Char	2		CHANGE FROM LAST ASSESSMENT
20	RKINTEL	Num	3		RANK: INTELLIGENCE
21	RKVERBAL	Num	3		RANK: VERBAL FLUENCY
22	RKABSTR	Num	3		RANK: ABSTRACTION
23	RKCALC	Num	3		RANK: CALCULATION
24	RKLEARN	Num	3		RANK: LEARNING
25	RKSHORTM	Num	3		RANK: SHORT-TERM MEMORY
26	RKLONGM	Num	3		RANK: LONG-TERM MEMORY
27	RKVISUO	Num	3		RANK: VISUOSPATIAL
28	RKCONST	Num	3		RANK: CONSTRUCTIONAL
29	RKATTEN	Num	3		RANK: ATTENTION
30	RKPERCEP	Num	3		RANK: PERCEPTUOMOTOR
31	RKSPEED	Num	3		RANK: SPEED & DEXTERITY
32	RKASYM	Num	3		RANK: ASYMMETRY
33	RKGLOBAL	Num	3		RANK: GLOBAL JUDGMENT
34	HHVSITNO	Num	3		VISIT NUMBER
35	HHRATER	Num	3		RATER NUMBER
36	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0922.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	IBF6D	Num	4		3AM VALUE-BL. GL. TEST. BEFORE EVENT
4	IBD1B	Char	5		EXACT TIME-ONSET OF EPISODE
5	IBF92DAT	Char	6		DATE FORM 92 COMPLETED
6	IBF20DAT	Char	6		DATE FORM 20 COMPLETED
7	IBCLINDT	Char	6		DATE CLINIC LEARNED-HYPOGLYCEMIC EVENT
8	DUPOK	Char	1		NOT QUITE DUPLICATE FORM
9	IBUNCERT	Num	3		DATE OF HYPOGLYCEMIC EVENT UNCERTAIN
10	IBHOWLRN	Num	3		HOW CLINIC LEARNED-HYPOGLYCEMIC EVENT
11	IBLIVE	Num	3		PATIENT'S LIVING ARRANGEMENT
12	IBC2A	Num	3		PARENT WITH PATIENT-ONSET OF SYMPTOMS
13	IBC2B	Num	3		CLASSMATE W/PATIENT-ONSET OF SYMPTOMS
14	IBC2C	Num	3		PASSERBY W/PATIENT-ONSET OF SYMPTOMS
15	IBC2D	Num	3		PERSON NOT PARENT, ETC. SAW SYMPTOMS
16	IBC2E	Num	3		PATIENT ALONE AT ONSET OF SYMPTOMS
17	IBC2F	Num	3		UNKNOWN: PATIENT CANNOT RECALL
18	IBC3	Num	3		PERSON PRESENT-RECOGNIZE SYMPTOMS
19	IBC4	Num	3		PERSON PRESENT-REDUCE SEVERITY-HYPO.
20	IBC5A	Num	3		PERSON PRESENT GAVE ORAL CARBOHYDRATES
21	IBC5B	Num	3		PERSON PRESENT GAVE GLUCAGON
22	IBC5C	Num	3		UNKNOWN WHAT PERSON PRESENT GAVE
23	IBC5D	Num	3		WHAT ELSE PERSON PRESENT DID TO HELP
24	IBD1A	Num	3		APPROXIMATE TIME FRAME-ONSET OF EPISODE
25	IBD1C	Num	3		EXACT TIME OF ONSET: AM, PM, OR UNKNOWN
26	IBE1	Num	3		PATIENT'S LOCATION AT ONSET OF EPISODE
27	IBE2A	Num	3		IF PATIENT AWAKE, WARN. SIGNS/SYMPTOMS
28	IBE2B	Num	3		SYMPT. KNOWN AS HYPOGLYC. BY PATIENT
29	IBE2C	Num	3		SYMPT. KNOWN AS HYPO. BY OTHER PERSON
30	IBF1A	Num	3		EXERCISE DURING 4 HRS BEFORE HYPOGL.
31	IBF1B	Num	3		UNUSUAL EXERCISE 4 HRS. BEFORE HYPOGL.
32	IBF1C	Num	3		EXERCISE 24 HRS. PRIOR-HYPOGLYCEMIA
33	IBF1D	Num	3		UNUSUAL EXERCISE PRIOR TO EVENT
34	IBF2A1	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED MEAL
35	IBF2A2	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED SNACK
36	IBF2A3	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED-UNK

Num	Variable	Type	Len	Format	Label
37	IBF2A4	Num	3		DIET 4 HRS. BEFORE EVENT: DELAYED MEAL
38	IBF2A5	Num	3		DIET 4HRS. BEFORE EVENT: DELAYED SNACK
39	IBF2A6	Num	3		DIET 4 HRS. BEFORE EVENT: DELAYED-UNK
40	IBF2A7	Num	3		DIET 4HRS. BEFORE:ATE < THAN USUAL-NO
41	IBF2A8	Num	3		DIET 4HRS. BEFORE:ATE < THAN USUAL-YES
42	IBF2A9	Num	3		DIET 4HRS. BEFORE:ATE < THAN USUAL-UNK
43	IBF2B1	Num	3		DIET 24 HRS,EXCLUD 4HRS.: MISSED MEAL
44	IBF2B2	Num	3		DIET 24 HRS.EXCLUD 4 HRS.:MISSED SNACK
45	IBF2B3	Num	3		DIET 24 HRS.EXCLUD 4 HRS.: MISSED-UNK
46	IBF2B4	Num	3		DIET 24HRS.EXCLUD 4HRS.: DELAYED MEAL
47	IBF2B5	Num	3		DIET 24HRS.EXCLUD 4HRS.: DELAYED SNACK
48	IBF2B6	Num	3		DIET 24HRS.EXCLUD 4HRS.: DELAYED-UNK
49	IBF2B7	Num	3		DIET 24HRS.EXCLUD 4HRS.:LESS USUAL-NO
50	IBF2B8	Num	3		DIET 24HRS.EXCLUD 4HRS.:LESS USUAL-YES
51	IBF2B9	Num	3		DIET 24HRS.EXCLUD 4HRS.:LESS USUAL-UNK
52	IBF3A1	Num	3		ALTER INSUL. DOSE DURING 4 HRS.BEFORE
53	IBF3A2	Num	3		ALTER INSUL. DOSE 24 HRS. BEFORE EVENT
54	IBF3B1	Num	3		ALTER TIMING/SCHED. INSUL.-4HRS. PRIOR
55	IBF3B2	Num	3		ALTER TIME/SCHED. INSUL.-24HRS. PRIOR
56	IBF4A	Num	3		SEX DURING 4 HRS. BEFORE HYPOG. EVENT
57	IBF4B	Num	3		SEX 24 HRS.EXCLUD 4 HRS. BEFORE HYPOG.
58	IBF5A	Num	3		ALCOHOL/DRUG DURING 4HRS. BEFORE HYPOG.
59	IBF5B	Num	3		ALCOHOL/DRUG 24HRS.EXCLUD 4HRS. BEFORE
60	IBF6A	Num	3		% EXPECTED GLUC. MONIT. DONE BEFORE
61	IBF6B	Num	3		EXPECT GLUC. TESTS DURING PRIOR 24 HRS.
62	IBF6C	Num	3		WEEK PRIOR TO EVENT: 3AM BL.GL. TESTING
63	IBF7A	Num	3		PATIENT MENSTRUATING AT TIME OF EPISODE
64	IBF7B	Num	3		ORAL CONTRACEPT. USED AT TIME OF EVENT
65	IBF7C1	Num	3		MENSES CYCLE: REGULAR, IRREGULAR, UNK.
66	IBF7C2	Num	3		IF REGULAR, USUAL LENGTH-MENSES CYCLE
67	IBF7D	Num	3		BLOOD OR URINE GLUC. CHANGE:TIME-MENSES
68	IBF8	Num	3		RECENT STRESS/OTHER PSYCHO. DISTURBANCES
69	IBF9	Num	3		OTHER POTENTIALLY CONTRIB. FACTORS
70	IBF10A	Num	3		USUAL HAVE SOMETHING-TREAT REACT.
71	IBF10B	Num	3		HAVE SOMETHING TO TREAT EPISODE
72	MASK_PAT	Num	8		Patient ID number

Data Set Name: f0971.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	IGBLPRE	Num	4		BLOOD GLUCOSE(PRE)
4	IGBLMID	Num	4		BLOOD GLUCOSE(MIDPOINT)
5	IGUTIMTP	Char	5		ADMIN. TIME: T-PRE
6	IGTIMSSK	Char	5		ADMIN. TIME: SSKI
7	IGTIM125	Char	5		URINE-TIME: IOTHALAMATE INJECTION
8	IGUTIMT0	Char	5		URINE-TIME: T-0
9	IGUTIMT1	Char	5		URINE-TIME: T-1
10	IGUTIMT2	Char	5		URINE-TIME: T-2
11	IGUTIMT3	Char	5		URINE-TIME: T-3
12	IGUTIMT4	Char	5		URINE-TIME: T-4
13	IGTIM4HR	Char	5		URINE-TIME: 4-HOUR RENAL
14	IGBTIMTP	Char	5		BLOOD-TIME: T-PRE
15	IGBTIMT0	Char	5		BLOOD-TIME: T-0
16	IGBTIMT1	Char	5		BLOOD-TIME: T-1
17	IGBTIMT2	Char	5		BLOOD-TIME: T-2
18	IGBTIMT3	Char	5		BLOOD-TIME: T-3
19	IGBTIMT4	Char	5		BLOOD-TIME: T-4
20	IGACCS	Num	5		ACCESSION NUMBER
21	IGVOLT0	Num	5		URINE-VOLUME: T-0
22	IGVOLT1	Num	5		URINE-VOLUME: T-1
23	IGVOLT2	Num	5		URINE-VOLUME: T-2
24	IGVOLT3	Num	5		URINE-VOLUME: T-3
25	IGVOLT4	Num	5		URINE-VOLUME: T-4
26	IGVOL4HR	Num	5		URINE-VOLUME: 4-HOUR RENAL
27	IGVSITNO	Num	3		VISIT
28	IGHEIGHT	Num	3		HEIGHT
29	IGWEIGHT	Num	3		WEIGHT
30	IGTEST	Num	3		BEGAN TEST IN THE
31	IGBLCOLL	Num	3		BLOOD GLUCOSE(AFTER COLLECTION)
32	IGA11	Num	3		DID WATER LOAD BEGAN AT HOME?
33	IGA12	Num	3		PATIENT COMPLY WITH DIETARY RESTRICTIONS
34	IGA13	Num	3		FOUR HOUR RENAL TEST
35	IGA14	Num	3		QUALITY CONTROL SPECIMEN COLLECT.
36	IGA15	Num	3		WAS THE STUDY COMPLETED

Num	Variable	Type	Len	Format	Label
37	IGA15A	Num	3		WHAT WAS THE LAST COLLECTION
38	IGTERMIN	Num	3		REASON FOR TERMINATION
39	MASK_PAT	Num	8		Patient ID number

Data Set Name: f106cmb3.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	JFCOMDAT	Char	6		DATE FORM COMPLETED
4	JFLEARN	Char	6		DATE CLINIC LEARNED OF EVENT
5	JFD1DAT	Char	6		DATE OF TERMINATION
6	JFD3DAT	Char	6		DATE LAST MENSTRUAL PERIOD (LMP)
7	JFE1DAT	Char	6		DATE OF BIRTH
8	JFE2DAT	Char	6		DATE OF START OF LMP
9	JFICDA	Char	7		COMPLICATION-ICDA CODE
10	JFC2A	Char	20		SPECIFY TYPE OF INFECTION OR ILLNESS-A
11	JFC2B	Char	20		SPECIFY TYPE OF INFECTION OR ILLNESS-B
12	JFE5	Char	20		IF INDUCED, SPECIFY WHY
13	JFE7H	Char	20		ITEM E.7 SPECIFY OTHER MATERNAL ILLNESS
14	JFDETHCA	Char	20		COMPLICATION-CAUSE OF DEATH
15	JFH1SPEC	Char	40		MALFORMATIONS PRESENT, SPECIFY
16	DUPOK	Char	1		NOT QUITE DUPLICATE FORM-TWINS
17	JFF3	Num	8		NURSERY ADMISSION:--LENGTH (CM)
18	JFF4	Num	8		NURSERY ADMISSION:--BIRTHWEIGHT (GRAMS)
19	JFF5	Num	8		NURSERY ADMISSION:--HEAD CIRCUM.(CM)
20	JFF6	Num	8		NURSERY ADMISSION:--CHEST CIRCUM. (CM)
21	JFG1C1	Num	8		COMPLICATION: HIGHEST MEASURED LEVEL
22	JFOCCUR	Num	3		DATE OF EVENT UNCERTAIN
23	JFPRPREG	Num	3		HOW MANY PRIOR PREGNANCIES
24	JFABORT	Num	3		PREGNANCIES RESULTED IN INDUCED ABORTION
25	JFMCARG	Num	3		PREGNANCIES RESULTED IN MISCARRIAGES
26	JFSTILLB	Num	3		PREGNANCIES RESULTED IN STILLBIRTHS
27	JFLIVE	Num	3		PREGNANCIES RESULTED IN LIVE BIRTHS
28	JFDEATH	Num	3		HOW MANY NEONATAL DEATHS
29	JFCHILIV	Num	3		HOW MANY CHILDREN STILL LIVING
30	JFPRETRM	Num	3		PREGNANCIES DELIVERED PRETERM
31	JFPOSTRM	Num	3		PREGNANCIES DELIVERED POSTTERM
32	JFC1ASPI	Num	3		ASPIRIN TAKEN DURING PREGNANCY
33	JFC1LITH	Num	3		LITHIUM TAKEN DURING PREGNANCY
34	JFC1MARI	Num	3		MARIJUANA TAKEN DURING PREGNANCY
35	JFC1ISOT	Num	3		ISOTRETINOIN (ACCUTANE) DURING PREGNANCY
36	JFC1COCA	Num	3		COCAINE TAKEN DURING PREGNANCY

Num	Variable	Type	Len	Format	Label
37	JFC1TETR	Num	3		TETRACYCLINE TAKEN DURING PREGNANCY
38	JFC1METH	Num	3		METHADONE/HEROIN TAKEN DURING PREGNANCY
39	JFC1ESTR	Num	3		ESTROGENS/PROGESTINS--DURING PREGNANCY
40	JFC1ACOA	Num	3		ANTICOAGULANTS TAKEN DURING PREGNANCY
41	JFC1AEPI	Num	3		ANTIEPILEPTICS TAKEN DURING PREGNANCY
42	JFC1OTH	Num	3		OTHER--TAKEN DURING PREGNANCY
43	JFC2	Num	3		INFECTION OR ILLNESS DURING PREGNANCY
44	JFC2AWK	Num	3		WEEK NO. WHEN HAD INFECTION OR ILL-A
45	JFC2BWK	Num	3		WEEK NO. WHEN HAD INFECTION OR ILL-B
46	JFC3	Num	3		PRETERM LABOR OCCURRED
47	JFC3A	Num	3		PRETERM LABOR--WHAT WK OF GESTATION
48	JFC3BRIT	Num	3		MEDICINE USED TO STOP LABOR: RITODINE
49	JFC3BMAG	Num	3		MEDICINE USED TO STOP LABOR: MAGNESIUM
50	JFC3BTER	Num	3		MEDICINE USED TO STOP LABOR: TERBITALINE
51	JFC3BOTH	Num	3		MEDICINE USED TO STOP LABOR: OTHER
52	JFC3C	Num	3		SUCCEED STOPPING LABOR WITH THERAPY
53	JFC4A	Num	3		PREECLAMPSIA/ECLAMPSIA-DURING PREGNANCY
54	JFC4AWK	Num	3		PREECLAMPSIA--WEEK OF ONSET
55	JFC4B1	Num	3		PROTEIN (>0.6 G)
56	JFC4B1WK	Num	3		PROTEIN (>0.6) WEEK OF ONSET
57	JFC4B2	Num	3		HYPERTENSION (< 140 OR > 90)
58	JFC4B2WK	Num	3		HYPER.(<140 OR > 90)-WEEK OF ONSET
59	JFC4B3	Num	3		EDEMA
60	JFC4B3WK	Num	3		EDEMA--WEEK OF ONSET
61	JFC4B4	Num	3		HYPERREFLEXIA
62	JFC4B4WK	Num	3		HYPERREFLEXIA--WEEK OF ONSET
63	JFC4B5	Num	3		CHANGE IN RENAL FUNCTION
64	JFC4B5WK	Num	3		CHANGE IN RENAL FUNC.-WEEK OF ONSET
65	JFC4B6	Num	3		CEREBAL SYMPT.(LETHARGY, HEADACHE)
66	JFC4B6WK	Num	3		CEREBRAL SYMPTOMS-WEEK OF ONSET
67	JFC4B7	Num	3		OTHER
68	JFC4B7WK	Num	3		OTHER--WEEK OF ONSET
69	JFC4C1	Num	3		DELIVERY
70	JFC4C1WK	Num	3		DELIVERY--WEEK OF ONSET
71	JFC4C2	Num	3		MGS04
72	JFC4C2WK	Num	3		MSG04--WEEK OF ONSET
73	JFC4C3	Num	3		ANTIHYPERTENSIVE RX
74	JFC4C3WK	Num	3		ANTIHYPERTENSIVE RX--WK.OF ONSET
75	JFC4C4	Num	3		OTHER

Num	Variable	Type	Len	Format	Label
76	JFC4C4WK	Num	3		OTHER--WEEK OF ONSET
77	JFC4D5	Num	3		ECLAMPSIA
78	JFC4D5WK	Num	3		ECLAMPSIA--WEEK OF ONSET
79	JFC5	Num	3		ANEMIA (HCT<=30%)
80	JFC5A	Num	3		SPOTTING
81	JFC5AWK	Num	3		SPOTTING--WEEK OF ONSET
82	JFC5B	Num	3		BLEEDING
83	JFC5BWK	Num	3		BLEEDING--WEEK OF ONSET
84	JFC5C	Num	3		FEVER
85	JFC5CWK	Num	3		FEVER--WEEK OF ONSET
86	JFC5D	Num	3		=AMNIOTIC FLUID LEAKAGE
87	JFC5DWK	Num	3		AMNIOTIC FLUID LEAKAGE-WK. OF ONSET
88	JFC5E	Num	3		PLACENTAL ABRUPTION
89	JFC5EWK	Num	3		PLACENTAL ABRUPTION-WEEK OF ONSET
90	JFC5F	Num	3		ANEMIA (HCT<= 30%)
91	JFC5FWK	Num	3		ANEMIA(HCT<=30%)--WEEK OF ONSET
92	JFC5G	Num	3		THROMBOPHLEBITIS
93	JFC5GWK	Num	3		THROMBOPHLEBITIS--WEEK OF ONSET
94	JFC5H	Num	3		HYDRAMNIOS
95	JFC5HWK	Num	3		HYDRAMNIOS--WEEK OF ONSET
96	JFC5I	Num	3		PULMONARY EMBOLISM
97	JFC5IWK	Num	3		PULMONARY EMBOLISM--WEEK OF ONSET
98	JFC5J	Num	3		D & C
99	JFC5JWK	Num	3		D & C--WEEK OF ONSET
100	JFC5K	Num	3		PLACENTA PREVIA
101	JFC5KWK	Num	3		PLACENTA PREVIA--WEEK OF ONSET
102	JFC5L	Num	3		PREMATURE RUPT. OF MEMBRANES
103	JFC5LWK	Num	3		PREMATURE RUPT. OF MEMB.--WK. OF ONSET
104	JFD2	Num	3		GESTATIONAL AGE
105	JFE3LMP	Num	3		GESTATIONAL AGE(WKS)-BY DATES FROM LMP
106	JFE3ULT	Num	3		GESTATIONAL AGE(WKS)-BY ULTRASOUND
107	JFE4	Num	3		TYPE OF DELIVERY
108	JFE6A	Num	3		IF C/S, INDICATION: REPEAT
109	JFE6B	Num	3		IF C/S, INDICAT.: FAILURE OF PROGRESSION
110	JFE6C	Num	3		IF C/S, CEPHALO/PELVIC DISPROPORTION
111	JFE6D	Num	3		IF C/S, INDICATION: FETAL DISTRESS
112	JFE6E	Num	3		IF C/S, INDICATION: PREECLAMPSIA
113	JFE6F	Num	3		IF C/S, INDICATION: ECLAMPSIA
114	JFE6G	Num	3		IF C/S, INDICAT.:OBSTETRICIAN ELECTION

Num	Variable	Type	Len	Format	Label
115	JFE6H	Num	3		IF C/S, INDICATION: PATIENT CHOICE
116	JFE6I	Num	3		IF C/S, INDICATION: OTHER, SPECIFY
117	JFE7A	Num	3		POSTPARTUM INFECTION: ENDOMETRITIS
118	JFE7B	Num	3		POSTPART. INFECT.:OTHER PELVIC INFECTION
119	JFE7C	Num	3		POSTPARTUM INFECTION: URINARY INFECTION
120	JFE7D	Num	3		POSTPARTUM INFECTION: WOUND INFECTION
121	JFE7E	Num	3		POSTPARTUM INFECT.:PULMONARY INFECTION
122	JFE7F	Num	3		POSTPART. INFECT.:CHORIOAMNIONITIS-LABOR
123	JFE7G	Num	3		POSTPART.INFECT.:OTHER MATERNAL ILLNESS
124	JFF1	Num	3		NUMBER OF INFANTS
125	JFF2	Num	3		INFANTS GENDER
126	JFF7A	Num	3		NURSERY ADMISSION: APGAR SCORES-1 MIN.
127	JFF7B	Num	3		NURSERY ADMISSION: APGAR SCORES-5 MIN.
128	JFF8	Num	3		BORN OUTSIDE STUDY CENTER FACILITIES
129	JFF9	Num	3		HIGHEST LEVEL OF CARE REQUIRED
130	JFF10	Num	3		LOWEST VENOUS GLUCOSE-FIRST 6 HOURS
131	JFF11	Num	3		FATHER'S AGE AT TIME OF BIRTH
132	JFF12	Num	3		IS FATHER IDDM?
133	JFG1A	Num	3		COMPLICATION--HYPOGLYCEMIA
134	JFG1B	Num	3		COMPLICATION--RESPIRATORY DISTRESS
135	JFG1C	Num	3		COMPLICATION--BILIRUBIN
136	JFG1C2	Num	3		INFANT-AGE WHEN BILIRUBIN DRAWN (HRS)
137	JFG1D	Num	3		COMPLICATION-HYPOCALCEMIA(CAL.<7.0MG/D1)
138	JFG1E	Num	3		COMPLIC.-ABNORMAL STATE CONSCIOUSNESS
139	JFG1F	Num	3		COMPLICATION-OTHER (LIST)
140	JFG1G	Num	3		COMPLICATION-BIRTH TRAUMA
141	JFG1G1	Num	3		BIRTH TRAUMA-ERB'S PARALYSIS
142	JFG1H	Num	3		COMPLICATION-PROVEN INFECTION
143	JFG1I	Num	3		COMPLICATION-DEATH
144	JFDETHDT	Char	8		COMPLICATION-DATE OF DEATH
145	JFHDAT	Char	8		DATE OF EXAMINATION
146	JFH1	Num	3		MALFORMATIONS PRESENT
147	JFD4	Num	3		REASON FOR TERMINATION
148	MASK_PAT	Num	8		Patient ID number

Data Set Name: f1081.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	JHCODE	Char	3		FATHER,MOTHER,SIBLINGS
4	JHDIAKID	Char	1		PATIENT HAS DIABETIC OFFSPRING
5	JHSEX	Char	1		MALE OR FEMALE
6	JHPARENT	Char	1		SAME BIOLOGICAL PARENTS
7	JHDOB	Char	6		DATE OF BIRTH
8	JHPAGE	Num	3		PAGE 1 OR PAGE 2
9	JHLIVING	Num	3		LIVING-NO(1),YES(2)
10	JHCURAGE	Num	3		CURRENT AGE OR AGE AT DEATH
11	JHDIABET	Num	3		DIABETIC-NO(1),YES(2)
12	JHDIAGN	Num	3		AGE DIABETES DIAGNOSED
13	JHINSUL	Num	3		USE INSULIN-NO(1),YES(2)
14	MASK_PAT	Num	8		Patient ID number

Data Set Name: f114cmb3.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	KDHYWSTN	Num	8		WAIST CIRC.-NATURAL: LIPOHYPER. PRESENT
4	KDWSTNA	Num	8		WAIST CIRC.-NATURAL: 1ST MEASUREMENT
5	KDWSTNB	Num	8		WAIST CIRC.-NATURAL: 2ND MEASUREMENT
6	KDWSTNC	Num	8		WAIST CIRC.-NATURAL: 3RD MEASUREMENT
7	KDWSTND	Num	8		WAIST CIRC.-NATURAL: 4TH MEASUREMENT
8	KDHYWSTI	Num	8		WAIST CIRC.-ILIAC: LIPOHYP. PRESENT
9	KDWSTIA	Num	8		WAIST CIRC.-ILIAC: 1ST MEASUREMENT
10	KDWSTIB	Num	8		WAIST CIRC.-ILIAC: 2ND MEASUREMENT
11	KDWSTIC	Num	8		WAIST CIRC.-ILIAC: 3RD MEASUREMENT
12	KDWSTID	Num	8		WAIST CIRC.-ILIAC: 4TH MEASUREMENT
13	KDHYHIP	Num	8		HIP CIRC.: LIPOHYP. PRESENT
14	KDHIPA	Num	8		HIP CIRC.: 1ST MEASUREMENT
15	KDHIPB	Num	8		HIP CIRC.: 2ND MEASUREMENT
16	KDHIPC	Num	8		HIP CIRC.: 3RD MEASUREMENT
17	KDHIPD	Num	8		HIP CIRC.: 4TH MEASUREMENT
18	KDWTA	Num	8		WEIGHT: 1ST MEASUREMENT
19	KDWTB	Num	8		WEIGHT: 2ND MEASUREMENT
20	KDWTC	Num	8		WEIGHT: 3RD MEASUREMENT
21	KDWTD	Num	8		WEIGHT: 4TH MEASUREMENT
22	KDHTA	Num	8		HEIGHT: 1ST MEASUREMENT
23	KDHTB	Num	8		HEIGHT: 2ND MEASUREMENT
24	KDHTC	Num	8		HEIGHT: 3RD MEASUREMENT
25	KDHTD	Num	8		HEIGHT: 4TH MEASUREMENT
26	KDVSITNO	Num	3		VISIT NUMBER
27	KDRARLA1	Num	3		R ARM - R LEG: RESISTANCE-1ST
28	KDRARLA2	Num	3		R ARM - R LEG: REACTANCE-1ST
29	KDRARLB1	Num	3		R ARM - R LEG: RESISTANCE-2ND
30	KDRARLB2	Num	3		R ARM - R LEG: REACTANCE-2ND
31	KDRARLC1	Num	3		R ARM - R LEG: RESISTANCE-3RD
32	KDRARLC2	Num	3		R ARM - R LEG: REACTANCE-3RD
33	KDRARLD1	Num	3		R ARM - R LEG: RESISTANCE-4TH
34	KDRARLD2	Num	3		R ARM - R LEG: REACTANCE-4TH
35	KDRALLA1	Num	3		R ARM - L LEG: RESISTANCE-1ST
36	KDRALLA2	Num	3		R ARM - L LEG: REACTANCE-1ST

Num	Variable	Type	Len	Format	Label
37	KDRALLB1	Num	3		R ARM - L LEG: RESISTANCE-2ND
38	KDRALLB2	Num	3		R ARM - L LEG: REACTANCE-2ND
39	KDRALLC1	Num	3		R ARM - L LEG: RESISTANCE-3RD
40	KDRALLC2	Num	3		R ARM - L LEG: REACTANCE-3RD
41	KDRALLD1	Num	3		R ARM - L LEG: RESISTANCE-4TH
42	KDRALLD2	Num	3		R ARM - L LEG: REACTANCE-4TH
43	KDLALLA1	Num	3		L ARM - L LEG: RESISTANCE-1ST
44	KDLALLA2	Num	3		L ARM - L LEG: REACTANCE-1ST
45	KDLALLB1	Num	3		L ARM - L LEG: RESISTANCE-2ND
46	KDLALLB2	Num	3		L ARM - L LEG: REACTANCE-2ND
47	KDLALLC1	Num	3		L ARM - L LEG: RESISTANCE-3RD
48	KDLALLC2	Num	3		L ARM - L LEG: REACTANCE-3RD
49	KDLALLD1	Num	3		L ARM - L LEG: RESISTANCE-4TH
50	KDLALLD2	Num	3		L ARM - L LEG: REACTANCE-4TH
51	KDLARLA1	Num	3		L ARM - R LEG: RESISTANCE-1ST
52	KDLARLA2	Num	3		L ARM - R LEG: REACTANCE-1ST
53	KDLARLB1	Num	3		L ARM - R LEG: RESISTANCE-2ND
54	KDLARLB2	Num	3		L ARM - R LEG: REACTANCE-2ND
55	KDLARLC1	Num	3		L ARM - R LEG: RESISTANCE-3RD
56	KDLARLC2	Num	3		L ARM - R LEG: REACTANCE-3RD
57	KDLARLD1	Num	3		L ARM - R LEG: RESISTANCE-4TH
58	KDLARLD2	Num	3		L ARM - R LEG: REACTANCE-4TH
59	KDATWSTN	Num	3		WAIST CIRC.-NATURAL: LIPOATR. PRESENT?
60	KDATWSTI	Num	3		WAIST CIRC.-ILIAC: LIPOATR. PRESENT?
61	KDATHIP	Num	3		HIP CIRC.: LIPOATR. PRESENT?
62	KDMED1N	Char	20		1ST MEDICATION: GENERIC NAME (IE. HCTZ)
63	KDMED1C	Char	20		1ST MEDICATION: DRUG CLASS(IE. DIURETIC)
64	KDMED2N	Char	20		2ND MEDICATION: GENERIC NAME (IE. HCTZ)
65	KDMED2C	Char	20		2ND MEDICATION: DRUG CLASS(IE. DIURETIC)
66	KDMED3N	Char	20		3RD MEDICATION: GENERIC NAME (IE. HCTZ)
67	KDMED3C	Char	20		3RD MEDICATION: DRUG CLASS(IE. DIURETIC)
68	KDMEDS	Num	3		CURRENTLY USING MEDS OTHER THAN INSULIN
69	MASK_PAT	Num	8		Patient ID number

Data Set Name: f1221.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	LBB1	Num	3		WHAT EFFECT DID DCCT HAVE ON YOUR LIFE
4	LBB2A1	Num	3		INFLUENCE ON PARTICIPATION-MHP
5	LBB2A2	Num	3		INFLUENCE ON PARTICIPATION-DIETITIAN
6	LBB2A3	Num	3		INFLUENCE ON PARTICIPATION-NURSE
7	LBB2A4	Num	3		INFLUENCE ON PARTICIPATION-DOCTOR
8	LBB2B1	Num	3		RANK INFLUENCE ON PARTIC.-DIETICIAN
9	LBB2B2	Num	3		RANK INFLUENCE ON PARTIC.-NURSE
10	LBB2B3	Num	3		RANK INFLUENCE ON PARTIC.-MHP
11	LBB2B4	Num	3		RANK INFLUENCE ON PARTIC.-DOCTOR
12	LBB2C	Num	3		DID YOU EXPERIENCE STAFF CHANGES
13	LBB2C1	Num	3		EFFECT OF STAFF CHANGE-NURSE
14	LBB2C2	Num	3		EFFECT OF STAFF CHANGE-DIETITIAN
15	LBB2C3	Num	3		EFFECT OF STAFF CHANGE-DOCTOR
16	LBB2C4	Num	3		EFFECT OF STAFF CHANGE-MHP
17	LBB3A	Num	3		CLINIC VISIT-SCHEDULING
18	LBB3B	Num	3		CLINIC VISIT-TIME ABSENT FROM WORK,SCH.,
19	LBB3C	Num	3		CLINIC VISIT-DISTANCE TO THE CLINIC
20	LBB3D	Num	3		CLINIC VISIT-CONVENIENCE OF PARKING
21	LBB3E	Num	3		CLINIC VISIT-WAITING TIME
22	LBB3F	Num	3		CLINIC VISIT-CHILD CARE CONCERNS
23	LBB3G	Num	3		CLINIC VISIT-NEED OF TRANSPORTATION HELP
24	LBB4A	Num	3		COMMUNICATION-TOO MANY PHONE CALLS
25	LBB4B	Num	3		COMMUNICATION-TOO FEW PHONE CALLS
26	LBB4C	Num	3		COMMUNICATION-PHONE CALLS TOO LONG
27	LBB4D	Num	3		COMMUNICATION-PHONE CALLS TOO SHORT
28	LBB4E	Num	3		COMMUNICATION-AVAIL. OF STAFF FOR CALLS
29	LBB4F	Num	3		COMMUNICATION-FLEXIBILE/CONVENIENT CALLS
30	LBB4G	Num	3		COMMUNICATION-RESPONSE TO QUESTS./NEEDS
31	LBB5A	Num	3		REQUIREMENTS-TREATMENT GROUP ASSIGNMENT
32	LBB5B	Num	3		REQUIREMENTS-NOT KNOWING TEST RESULTS
33	LBB5C	Num	3		REQUIREMENTS-NUMBER OF CLINIC VISITS
34	LBB5D	Num	3		REQUIREMENTS-NO. OF ADDED PROCEDURES
35	LBB5E	Num	3		REQUIREMENTS-NO. OF INSULIN INJECTIONS
36	LBB5F	Num	3		REQUIREMENTS-NEED TO USE PUMP

Num	Variable	Type	Len	Format	Label
37	LBB5G	Num	3		REQUIREMENTS-NO. DAYTIME GLUCOSE TESTS
38	LBB5H	Num	3		REQUIREMENTS-3AM GLUCOSE TESTING
39	LBB5I	Num	3		REQUIREMENTS-AMOUNT OF RECORD KEEPING
40	LBB6A	Num	3		TESTS-NON-FASTING BLOOD TESTS
41	LBB6B	Num	3		TESTS-FASTING BLOOD TESTS
42	LBB6C	Num	3		TESTS-BLOOD GLUCOSE PROFILE SETS (QV)
43	LBB6D	Num	3		TESTS-4HR URINE COLLECTION (ANNUALLY)
44	LBB7A	Num	3		EXAMS-HISTORY AND PHYSICAL EXAM (QV)
45	LBB7B	Num	3		EXAMS-BLOOD PRESSURE MEASUREMENTS
46	LBB7C	Num	3		EXAMS-EYE PHOTOS
47	LBB7D	Num	3		EXAMS-EYE EXAMS
48	LBB7E	Num	3		EXAMS-NEUROLOGICAL EXAMS
49	LBB7F	Num	3		EXAMS-NERVE CONDUCTION (EEG)
50	LBB7G	Num	3		EXAMS-AUTONOMIC NERVOUS SYSTEM (ANS)
51	LBB7H	Num	3		EXAMS-ELECTROCARDIOGRAM (EKG)
52	LBB7I	Num	3		EXAMS-NEUROBEHAVIORAL ASSESSMENT
53	LBB7J	Num	3		EXAMS-PSYCHOLOGICAL SYMPTOMS FORMS
54	LBB7K	Num	3		EXAMS-QUALITY OF LIFE QUESTIONNAIRES
55	LBB7L	Num	3		EXAMS-DIET HISTORIES (IN CLINIC)
56	LBB7M	Num	3		EXAMS-FLUROESCEIN ANGIOGRAMS
57	LBB8A	Num	3		OTHER TESTS-24 HR URINE COLLECTION
58	LBB8B	Num	3		OTHER TESTS-GFR STUDY
59	LBB8C	Num	3		OTHER TESTS-BODY MEASUREMENTS
60	LBB8D	Num	3		OTHER TESTS-BIA
61	LBB8E	Num	3		OTHER TESTS-GENETIC/FAMILY STUDIES
62	LBB8F	Num	3		OTHER TESTS-SKIN BIOPSIES (IF PERFORMED)
63	LBB9A	Num	3		SERVICES-EDUCATION PROGRAMS
64	LBB9B	Num	3		SERVICES-SOCIAL EVENTS
65	LBB9C	Num	3		SERVICES-NEWSLETTERS
66	LBB9D	Num	3		SERVICES-GIFTS AND OTHER INCENTIVES
67	LBB9E	Num	3		SERVICES-OTHER COMMUNICATION (CARDS,ETC)
68	LBB9F	Num	3		SERVICES-MEALS
69	LBB10A	Num	3		SUPPORT-SPOUSE/SIGNIFICANT OTHER
70	LBB10B	Num	3		SUPPORT-CHILDREN
71	LBB10C	Num	3		SUPPORT-PARENTS
72	LBB10D	Num	3		SUPPORT-FRIENDS
73	LBB10E	Num	3		SUPPORT-EMPLOYERS
74	LBB10F	Num	3		SUPPORT-OTHER STUDY PARTICIPANTS
75	LBB10G	Num	3		SUPPORT-OTHER INDIVIDUAL WITH DIABETES

Num	Variable	Type	Len	Format	Label
76	LBB11	Num	3		EFFECT OF FREE DIABETES MEDICAL CARE
77	LBB12	Num	3		EFFECT OF FREE DIABETES SUPPLIES
78	LBB13	Num	3		WOULD YOU DO IT ALL OVER AGAIN
79	LBB14	Num	3		MOST IMP.REASON FOR CONTINUING IN DCCT
80	LBB15A	Num	3		LIFE DECISIONS-CHANGING JOBS
81	LBB15B	Num	3		LIFE DECISIONS-GOING TO SCHOOL
82	LBB15C	Num	3		LIFE DECISIONS-CHANGING RESIDENCE
83	LBB15D	Num	3		LIFE DECISIONS-CHANGE IN MARRAIGE
84	LBB15E	Num	3		LIFE DECISIONS-HAVING A BABY
85	LBB15F	Num	3		LIFE DECISIONS-HEALTH INSURANCE
86	MASK_PAT	Num	8		Patient ID number

Data Set Name: f1281.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	4	MMDDYY8.	FORMDATE AS SAS DATE VALUE
2	FORM	Num	4		DCCT FORM NUMBER
3	LHVSITNO	Num	3		VISIT NUMBER
4	LH1	Num	3		GENERALLY HOW WOULD YOU RATE YOUR HEALTH
5	LH2	Num	3		RATE HEALTH NOW COMPARED TO ONE YEAR AGO
6	LH3A	Num	3		HEALTH LIMITED BY-VIGOROUS ACTIVITIES
7	LH3B	Num	3		HEALTH LIMITED BY-MODERATE ACTIVITIES
8	LH3C	Num	3		HEALTH LIMITED BY-LIFT/CARRY GROCERIES
9	LH3D	Num	3		HEALTH LIMITED BY-CLIMB SEVERAL STAIRS
10	LH3E	Num	3		HEALTH LIMITED BY-CLIMBING ONE FLIGHT
11	LH3F	Num	3		HEALTH LIMITED BY-BENDING,KNEELING,ETC.
12	LH3G	Num	3		HEALTH LIMITED BY-WALK MORE THAN A MILE
13	LH3H	Num	3		HEALTH LIMITED BY-WALKING SEVERAL BLOCKS
14	LH3I	Num	3		HEALTH LIMITED BY-WALKING ONE BLOCK
15	LH3J	Num	3		HEALTH LIMITED BY-BATHING/DRESS YOURSELF
16	LH4A	Num	3		DUE TO PHYSICAL HEALTH-CUT DOWN ON WORK
17	LH4B	Num	3		DUE TO PHYSICAL HEALTH-ACCOMPLISHED LESS
18	LH4C	Num	3		DUE TO PHYS.HEALTH-LIMITED KIND OF WORK
19	LH4D	Num	3		DUE TO PHYS.HEALTH-DIFFICULTY PERFORMING
20	LH5A	Num	3		DUE TO EMOTIONAL PROB.-CUT DOWN ON WORK
21	LH5B	Num	3		DUE TO EMOTIONAL PROB.-ACCOMPLISH LESS
22	LH5C	Num	3		DUE TO EMOTN. PROB.-DIDNT WORK CAREFULLY
23	LH6	Num	3		HAS PHYS.HEALTH AFFECT.SOCIAL ACTIVITIES
24	LH7	Num	3		HOW MUCH BODILY PAIN IN THE PAST 4 WEEKS
25	LH8	Num	3		DOES PAIN INTERFERE IN YOUR NORMAL WORK
26	LH9A	Num	3		PAST MONTH-DID YOU FEEL FULL OF PEP
27	LH9B	Num	3		PAST MONTH-BEEN A NERVOUS PERSON
28	LH9C	Num	3		PAST MONTH-FELT DOWN IN THE DUMPS
29	LH9D	Num	3		PAST MONTH-FELT CALM AND PEACEFUL
30	LH9E	Num	3		PAST MONTH-HAVE A LOT OF ENERGY
31	LH9F	Num	3		PAST MONTH-FELT DOWNHEARTED AND BLUE
32	LH9G	Num	3		PAST MONTH-DO YOU FEEL WORN OUT
33	LH9H	Num	3		PAST MONTH-BEEN A HAPPY PERSON
34	LH9I	Num	3		PAST MONTH-FEEL TIRED
35	LH9J	Num	3		PAST MONTH-HEALTH LIMITED SOC.ACTIVITIES
36	LH10A	Num	3		I GET SICK EASIER THAN OTHER PEOPLE

Num	Variable	Type	Len	Format	Label
37	LH10B	Num	3		I AM AS HEALTHY AS ANYBODY I KNOW
38	LH10C	Num	3		I EXPECT MY HEALTH TO GET WORSE
39	LH10D	Num	3		MY HEALTH IS EXCELLENT
40	FPHYS	Num	4		Physical Functioning Status
41	FSOCIAL	Num	4		Social Functioning Status
42	RFPHYS	Num	4		Role Limitations-Physical Problems
43	RFEMOT	Num	4		Role Limitations-Emotional Problems
44	MENTAL	Num	4		Well-Being: Mental Health
45	ENERGY	Num	4		Well-Being: Energy/Fatigue
46	PAIN	Num	4		Well-Being: Pain
47	CHANGE	Num	4		Change in Health During Past Year
48	PERCEPT	Num	8		Overall General Health Perception
49	TFPHYS	Num	4		(TS%) Physical Functioning Status
50	TFSOCIAL	Num	4		(TS%) Social Functioning Status
51	TRFPHYS	Num	4		(TS%) Role Limitations-Physical Problems
52	TRFEMOT	Num	4		(TS%) Role Limitations-Emotional Probs.
53	TMENTAL	Num	4		(TS%) Well-Being: Mental Health
54	TENERGY	Num	4		(TS%) Well-Being: Energy/Fatigue
55	TPAIN	Num	4		(TS%) Well-Being: Pain
56	TCHANGE	Num	4		(TS%) Change in Health During Past Year
57	TPERCEPT	Num	8		(TS%) Overall General Health Perception
58	R_LH1	Num	8		LH1 RECODE:1=5.0,2=4.4,3=3.4,4=2.0,5=1.0
59	R_LH2	Num	4		LH2 Recode: 1=5, 2=4, 3=3, 4=2, 5=1
60	R_LH4A	Num	4		LH4A Recode: 1=0, 2=1
61	R_LH4B	Num	4		LH4B Recode: 1=0, 2=1
62	R_LH4C	Num	4		LH4C Recode: 1=0, 2=1
63	R_LH4D	Num	4		LH4D Recode: 1=0, 2=1
64	R_LH5A	Num	4		LH5A Recode: 1=0, 2=1
65	R_LH5B	Num	4		LH5B Recode: 1=0, 2=1
66	R_LH5C	Num	4		LH5C Recode: 1=0, 2=1
67	R_LH6	Num	4		LH6 Recode: 1=5, 2=4, 3=3, 4=2, 5=1
68	R_LH7	Num	4		LH7 Recode: 1=6, 2=5, 3=4, 4=3, 5=2, 1=6
69	R_LH8	Num	4		LH8 Recode: 1=5, 2=4, 3=3, 4=2, 5=1
70	R_LH9A	Num	4		LH9A Recode:1=6, 2=5, 3=4, 4=3, 5=2, 1=6
71	R_LH9D	Num	4		LH9D Recode:1=6, 2=5, 3=4, 4=3, 5=2, 1=6
72	R_LH9E	Num	4		LH9E Recode:1=6, 2=5, 3=4, 4=3, 5=2, 1=6
73	R_LH9H	Num	4		LH9H Recode:1=6, 2=5, 3=4, 4=3, 5=2, 1=6
74	R_LH10B	Num	4		LH10B Recode: 1=5, 2=4, 3=3, 4=2, 5=1
75	R_LH10D	Num	4		LH10D Recode: 1=5, 2=4, 3=3, 4=2, 5=1

Num	Variable	Type	Len	Format	Label
76	MASK_PAT	Num	8		Patient ID number

Data Set Name: hbam.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MAXMONTH	Num	4		Most Recent HbA1c Month
2	HBAM000	Num	8		HBA1C (MONTH 000)
3	HBAM001	Num	8		HBA1C (MONTH 001)
4	HBAM002	Num	8		HBA1C (MONTH 002)
5	HBAM003	Num	8		HBA1C (MONTH 003)
6	HBAM004	Num	8		HBA1C (MONTH 004)
7	HBAM005	Num	8		HBA1C (MONTH 005)
8	HBAM006	Num	8		HBA1C (MONTH 006)
9	HBAM007	Num	8		HBA1C (MONTH 007)
10	HBAM008	Num	8		HBA1C (MONTH 008)
11	HBAM009	Num	8		HBA1C (MONTH 009)
12	HBAM010	Num	8		HBA1C (MONTH 010)
13	HBAM011	Num	8		HBA1C (MONTH 011)
14	HBAM012	Num	8		HBA1C (MONTH 012)
15	HBAM013	Num	8		HBA1C (MONTH 013)
16	HBAM014	Num	8		HBA1C (MONTH 014)
17	HBAM015	Num	8		HBA1C (MONTH 015)
18	HBAM016	Num	8		HBA1C (MONTH 016)
19	HBAM017	Num	8		HBA1C (MONTH 017)
20	HBAM018	Num	8		HBA1C (MONTH 018)
21	HBAM019	Num	8		HBA1C (MONTH 019)
22	HBAM020	Num	8		HBA1C (MONTH 020)
23	HBAM021	Num	8		HBA1C (MONTH 021)
24	HBAM022	Num	8		HBA1C (MONTH 022)
25	HBAM023	Num	8		HBA1C (MONTH 023)
26	HBAM024	Num	8		HBA1C (MONTH 024)
27	HBAM025	Num	8		HBA1C (MONTH 025)
28	HBAM026	Num	8		HBA1C (MONTH 026)
29	HBAM027	Num	8		HBA1C (MONTH 027)
30	HBAM028	Num	8		HBA1C (MONTH 028)
31	HBAM029	Num	8		HBA1C (MONTH 029)
32	HBAM030	Num	8		HBA1C (MONTH 030)
33	HBAM031	Num	8		HBA1C (MONTH 031)
34	HBAM032	Num	8		HBA1C (MONTH 032)
35	HBAM033	Num	8		HBA1C (MONTH 033)
36	HBAM034	Num	8		HBA1C (MONTH 034)

Num	Variable	Type	Len	Format	Label
37	HBAM035	Num	8		HBA1C (MONTH 035)
38	HBAM036	Num	8		HBA1C (MONTH 036)
39	HBAM037	Num	8		HBA1C (MONTH 037)
40	HBAM038	Num	8		HBA1C (MONTH 038)
41	HBAM039	Num	8		HBA1C (MONTH 039)
42	HBAM040	Num	8		HBA1C (MONTH 040)
43	HBAM041	Num	8		HBA1C (MONTH 041)
44	HBAM042	Num	8		HBA1C (MONTH 042)
45	HBAM043	Num	8		HBA1C (MONTH 043)
46	HBAM044	Num	8		HBA1C (MONTH 044)
47	HBAM045	Num	8		HBA1C (MONTH 045)
48	HBAM046	Num	8		HBA1C (MONTH 046)
49	HBAM047	Num	8		HBA1C (MONTH 047)
50	HBAM048	Num	8		HBA1C (MONTH 048)
51	HBAM049	Num	8		HBA1C (MONTH 049)
52	HBAM050	Num	8		HBA1C (MONTH 050)
53	HBAM051	Num	8		HBA1C (MONTH 051)
54	HBAM052	Num	8		HBA1C (MONTH 052)
55	HBAM053	Num	8		HBA1C (MONTH 053)
56	HBAM054	Num	8		HBA1C (MONTH 054)
57	HBAM055	Num	8		HBA1C (MONTH 055)
58	HBAM056	Num	8		HBA1C (MONTH 056)
59	HBAM057	Num	8		HBA1C (MONTH 057)
60	HBAM058	Num	8		HBA1C (MONTH 058)
61	HBAM059	Num	8		HBA1C (MONTH 059)
62	HBAM060	Num	8		HBA1C (MONTH 060)
63	HBAM061	Num	8		HBA1C (MONTH 061)
64	HBAM062	Num	8		HBA1C (MONTH 062)
65	HBAM063	Num	8		HBA1C (MONTH 063)
66	HBAM064	Num	8		HBA1C (MONTH 064)
67	HBAM065	Num	8		HBA1C (MONTH 065)
68	HBAM066	Num	8		HBA1C (MONTH 066)
69	HBAM067	Num	8		HBA1C (MONTH 067)
70	HBAM068	Num	8		HBA1C (MONTH 068)
71	HBAM069	Num	8		HBA1C (MONTH 069)
72	HBAM070	Num	8		HBA1C (MONTH 070)
73	HBAM071	Num	8		HBA1C (MONTH 071)
74	HBAM072	Num	8		HBA1C (MONTH 072)
75	HBAM073	Num	8		HBA1C (MONTH 073)

Num	Variable	Type	Len	Format	Label
76	HBAM074	Num	8		HBA1C (MONTH 074)
77	HBAM075	Num	8		HBA1C (MONTH 075)
78	HBAM076	Num	8		HBA1C (MONTH 076)
79	HBAM077	Num	8		HBA1C (MONTH 077)
80	HBAM078	Num	8		HBA1C (MONTH 078)
81	HBAM079	Num	8		HBA1C (MONTH 079)
82	HBAM080	Num	8		HBA1C (MONTH 080)
83	HBAM081	Num	8		HBA1C (MONTH 081)
84	HBAM082	Num	8		HBA1C (MONTH 082)
85	HBAM083	Num	8		HBA1C (MONTH 083)
86	HBAM084	Num	8		HBA1C (MONTH 084)
87	HBAM085	Num	8		HBA1C (MONTH 085)
88	HBAM086	Num	8		HBA1C (MONTH 086)
89	HBAM087	Num	8		HBA1C (MONTH 087)
90	HBAM088	Num	8		HBA1C (MONTH 088)
91	HBAM089	Num	8		HBA1C (MONTH 089)
92	HBAM090	Num	8		HBA1C (MONTH 090)
93	HBAM091	Num	8		HBA1C (MONTH 091)
94	HBAM092	Num	8		HBA1C (MONTH 092)
95	HBAM093	Num	8		HBA1C (MONTH 093)
96	HBAM094	Num	8		HBA1C (MONTH 094)
97	HBAM095	Num	8		HBA1C (MONTH 095)
98	HBAM096	Num	8		HBA1C (MONTH 096)
99	HBAM097	Num	8		HBA1C (MONTH 097)
100	HBAM098	Num	8		HBA1C (MONTH 098)
101	HBAM099	Num	8		HBA1C (MONTH 099)
102	HBAM100	Num	8		HbA1c (Month 100)
103	HBAM101	Num	8		HbA1c (Month 101)
104	HBAM102	Num	8		HbA1c (Month 102)
105	HBAM103	Num	8		HbA1c (Month 103)
106	HBAM104	Num	8		HbA1c (Month 104)
107	HBAM105	Num	8		HbA1c (Month 105)
108	HBAM106	Num	8		HbA1c (Month 106)
109	HBAM107	Num	8		HbA1c (Month 107)
110	HBAM108	Num	8		HbA1c (Month 108)
111	HBAM109	Num	8		HbA1c (Month 109)
112	HBAM110	Num	8		HbA1c (Month 110)
113	HBAM111	Num	8		HbA1c (Month 111)
114	HBAM112	Num	8		HbA1c (Month 112)

Num	Variable	Type	Len	Format	Label
115	HBAM113	Num	8		HbA1c (Month 113)
116	HBAM114	Num	8		HbA1c (Month 114)
117	HBAM115	Num	8		HbA1c (Month 115)
118	HBAM999	Num	8		Closeout Month HbA1c
119	HBAD000	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 000)
120	HBAD001	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 001)
121	HBAD002	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 002)
122	HBAD003	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 003)
123	HBAD004	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 004)
124	HBAD005	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 005)
125	HBAD006	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 006)
126	HBAD007	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 007)
127	HBAD008	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 008)
128	HBAD009	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 009)
129	HBAD010	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 010)
130	HBAD011	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 011)
131	HBAD012	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 012)
132	HBAD013	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 013)
133	HBAD014	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 014)
134	HBAD015	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 015)
135	HBAD016	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 016)
136	HBAD017	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 017)
137	HBAD018	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 018)
138	HBAD019	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 019)
139	HBAD020	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 020)
140	HBAD021	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 021)
141	HBAD022	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 022)
142	HBAD023	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 023)
143	HBAD024	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 024)
144	HBAD025	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 025)
145	HBAD026	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 026)
146	HBAD027	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 027)
147	HBAD028	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 028)
148	HBAD029	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 029)
149	HBAD030	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 030)
150	HBAD031	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 031)
151	HBAD032	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 032)
152	HBAD033	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 033)
153	HBAD034	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 034)

Num	Variable	Type	Len	Format	Label
154	HBAD035	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 035)
155	HBAD036	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 036)
156	HBAD037	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 037)
157	HBAD038	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 038)
158	HBAD039	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 039)
159	HBAD040	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 040)
160	HBAD041	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 041)
161	HBAD042	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 042)
162	HBAD043	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 043)
163	HBAD044	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 044)
164	HBAD045	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 045)
165	HBAD046	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 046)
166	HBAD047	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 047)
167	HBAD048	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 048)
168	HBAD049	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 049)
169	HBAD050	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 050)
170	HBAD051	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 051)
171	HBAD052	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 052)
172	HBAD053	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 053)
173	HBAD054	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 054)
174	HBAD055	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 055)
175	HBAD056	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 056)
176	HBAD057	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 057)
177	HBAD058	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 058)
178	HBAD059	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 059)
179	HBAD060	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 060)
180	HBAD061	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 061)
181	HBAD062	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 062)
182	HBAD063	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 063)
183	HBAD064	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 064)
184	HBAD065	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 065)
185	HBAD066	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 066)
186	HBAD067	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 067)
187	HBAD068	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 068)
188	HBAD069	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 069)
189	HBAD070	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 070)
190	HBAD071	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 071)
191	HBAD072	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 072)
192	HBAD073	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 073)

Num	Variable	Type	Len	Format	Label
193	HBAD074	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 074)
194	HBAD075	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 075)
195	HBAD076	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 076)
196	HBAD077	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 077)
197	HBAD078	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 078)
198	HBAD079	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 079)
199	HBAD080	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 080)
200	HBAD081	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 081)
201	HBAD082	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 082)
202	HBAD083	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 083)
203	HBAD084	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 084)
204	HBAD085	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 085)
205	HBAD086	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 086)
206	HBAD087	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 087)
207	HBAD088	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 088)
208	HBAD089	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 089)
209	HBAD090	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 090)
210	HBAD091	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 091)
211	HBAD092	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 092)
212	HBAD093	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 093)
213	HBAD094	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 094)
214	HBAD095	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 095)
215	HBAD096	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 096)
216	HBAD097	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 097)
217	HBAD098	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 098)
218	HBAD099	Num	4	MMDDYY6.	HBA1C COLLECTION DATE (MONTH 099)
219	HBAD100	Num	4	MMDDYY6.	HbA1c Collection Date (Month 100)
220	HBAD101	Num	4	MMDDYY6.	HbA1c Collection Date (Month 101)
221	HBAD102	Num	4	MMDDYY6.	HbA1c Collection Date (Month 102)
222	HBAD103	Num	4	MMDDYY6.	HbA1c Collection Date (Month 103)
223	HBAD104	Num	4	MMDDYY6.	HbA1c Collection Date (Month 104)
224	HBAD105	Num	4	MMDDYY6.	HbA1c Collection Date (Month 105)
225	HBAD106	Num	4	MMDDYY6.	HbA1c Collection Date (Month 106)
226	HBAD107	Num	4	MMDDYY6.	HbA1c Collection Date (Month 107)
227	HBAD108	Num	4	MMDDYY6.	HbA1c Collection Date (Month 108)
228	HBAD109	Num	4	MMDDYY6.	HbA1c Collection Date (Month 109)
229	HBAD110	Num	4	MMDDYY6.	HbA1c Collection Date (Month 110)
230	HBAD111	Num	4	MMDDYY6.	HbA1c Collection Date (Month 111)
231	HBAD112	Num	4	MMDDYY6.	HbA1c Collection Date (Month 112)

Num	Variable	Type	Len	Format	Label
232	HBAD113	Num	4	MMDDYY6.	HbA1c Collection Date (Month 113)
233	HBAD114	Num	4	MMDDYY6.	HbA1c Collection Date (Month 114)
234	HBAD115	Num	4	MMDDYY6.	HbA1c Collection Date (Month 115)
235	HBAD999	Num	4	MMDDYY6.	Closeout Visit Collection Date
236	MASK_PAT	Num	8		Patient ID number

Data Set Name: master_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	STRATUM	Char	22		Baseline retinopathy stratum
2	GROUP	Char	13		Randomized treatment assignment
3	PHASE	Num	3		Phase Randomized (2,3)
4	RANDSAS	Num	4	MMDDYY8.	Randomization Date (SAS Value)
5	AGE	Num	3		Form 001 Age
6	SEX	Char	1		Form 001 Sex
7	DURATION	Num	8		Duration of IDDM (Total Months)
8	MASK_PAT	Num	8		Patient ID number

Data Set Name: status_c.sas7bdat

Num	Variable	Type	Len	Format	Label
1	GROUP	Char	12		Randomized treatment assignment
2	STRATUM	Char	22		Baseline retinopathy stratum
3	PHASE	Num	3		Phase of Randomization
4	PSTATUS	Char	8		Current Patient Status
5	RANDSAS	Num	4	MMDDYY8.	Randomization Date
6	CHANGES	Num	3		Total Number of Status Changes
7	STATUS	Char	9		Reason for LAST Status Change
8	DEVREAS	Char	12		Reason for LAST Deviation
9	CURSTAT	Num	3		Is LAST Status Change Current? (0=N 1=Y)
10	PREG	Num	3		Is LAST Deviation Due to Preg? (0=N 1=Y)
11	START	Num	4	MMDDYY8.	Start Date of LAST Status Change
12	END	Num	4	MMDDYY8.	End Date of LAST Status Change
13	STATDUR	Num	8		Duration of LAST Status Change
14	STATUS1	Char	9		Reason for Status Change #1
15	STATUS2	Char	9		Reason for Status Change #2
16	STATUS3	Char	9		Reason for Status Change #3
17	STATUS4	Char	9		Reason for Status Change #4
18	STATUS5	Char	9		Reason for Status Change #5
19	DEVREAS1	Char	12		Reason for Deviation #1
20	DEVREAS2	Char	12		Reason for Deviation #2
21	DEVREAS3	Char	12		Reason for Deviation #3
22	DEVREAS4	Char	12		Reason for Deviation #4
23	DEVREAS5	Char	12		Reason for Deviation #5
24	CURSTAT1	Num	3		Is Status Change #1 Current? (0=N 1=Y)
25	CURSTAT2	Num	3		Is Status Change #2 Current? (0=N 1=Y)
26	CURSTAT3	Num	3		Is Status Change #3 Current? (0=N 1=Y)
27	CURSTAT4	Num	3		Is Status Change #4 Current? (0=N 1=Y)
28	CURSTAT5	Num	3		Is Status Change #5 Current? (0=N 1=Y)
29	PREG1	Num	3		Is Deviation #1 Due to Preg.? (0=N 1=Y)
30	PREG2	Num	3		Is Deviation #2 Due to Preg.? (0=N 1=Y)
31	PREG3	Num	3		Is Deviation #3 Due to Preg.? (0=N 1=Y)
32	PREG4	Num	3		Is Deviation #4 Due to Preg.? (0=N 1=Y)
33	PREG5	Num	3		Is Deviation #5 Due to Preg.? (0=N 1=Y)
34	START1	Num	4	MMDDYY8.	Start Date of Status Change #1
35	START2	Num	4	MMDDYY8.	Start Date of Status Change #2
36	START3	Num	4	MMDDYY8.	Start Date of Status Change #3

Num	Variable	Type	Len	Format	Label
37	START4	Num	4	MMDDYY8.	Start Date of Status Change #4
38	START5	Num	4		Start Date of Status Change #5
39	END1	Num	4	MMDDYY8.	End Date of Status Change #1
40	END2	Num	4	MMDDYY8.	End Date of Status Change #2
41	END3	Num	4	MMDDYY8.	End Date of Status Change #3
42	END4	Num	4	MMDDYY8.	End Date of Status Change #4
43	END5	Num	4		End Date of Status Change #5
44	STATDUR1	Num	8		Duration of Status Change #1
45	STATDUR2	Num	8		Duration of Status Change #2
46	STATDUR3	Num	8		Duration of Status Change #3
47	STATDUR4	Num	8		Duration of Status Change #4
48	STATDUR5	Num	8		Duration of Status Change #5
49	INSTUDY	Num	8		Total Possible Follow-up Time (Months)
50	TOTALDUR	Num	8		Total Duration of Status Changes(Months)
51	TOTALDEV	Num	8		Total Duration of Deviations (Months)
52	TOTALINA	Num	8		Total Duration of Inactive Stat.(Months)
53	TOTALPRG	Num	8		Total Duration Pregnant/Seeking (Months)
54	PCTTREAT	Num	8		% of Follow-up on Assigned Treatment
55	ONDEV	Num	8		% of Follow-up on Deviation
56	ONINACT	Num	8		% of Follow-up on Inactive Status
57	ONPREG	Num	8		% of Follow-up Pregnant/Seeking Preg
58	PCTDEV	Num	8		% of Total Status Change on Deviation
59	PCTINACT	Num	8		% of Total Status Change Inactive
60	PCTPREG	Num	8		% of Total Status Change Preg./Seeking
61	STATPCT	Num	8		LAST Status Change % of TOTALDUR
62	MASK_PAT	Num	8		Patient ID number

Data Set Name: dcct_lipoprotein.sas7bdat

Num	Variable	Type	Len	Label
1	MASK_PAT	Num	8	Masked Patient ID Number
2	RF	Num	8	Relative flotation rate
3	AI	Num	5	Apoliporotein A1
4	B	Num	5	Apolipoprotein B
5	LPA	Num	8	Lipoprotein(a)

Data Set Name: gad65_dcct_data.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	mask_pat	Num	8		Deidentified Patient ID
2	visitno	Char	7	$7.	DCCT Visit (00 = DCCT Baseline, 04 = DCCT Year 4)
3	sample_1	Char	10		Sample1 ID [GAD65 Ab RIA Results]
4	sample_1_dilution_factor	Num	8		Sample1 Dilution Factor [GAD65 Ab RIA Results]
5	sample_1_GADNDX	Num	8		Sample1 GAD65Ab Index [GAD65 Ab RIA Results]
6	sample_1_GADunits	Num	8		Sample1 Units/ml x DF [GAD65 Ab RIA Results]
7	sample_2	Char	10		Sample2 ID [IA2 Ab RIA Results Results]
8	sample_2_dilution_factor	Num	8		Sample2 Dilution Factor [IA2 Ab RIA Results Results]
9	sample_2_IA2NDX	Num	8		Sample2 IA2Ab Index [IA2 Ab RIA Results Results]
10	sample_2_IA2units	Num	8		Sample2 Units/ml x DF [IA2 Ab RIA Results Results]

Data Set Name: ageldl_ic_dcct_bl.sas7bdat

Num	Variable	Type	Len	Label
1	AGE_LDLIC_ugChol_mL_serum	Num	8	AGE LDL-IC ug/ml Cholesterol Standardized
2	AGE_LDLIC_ugApoB_mL_Serum	Num	8	AGE LDL-IC ug/ml ApoB Standardized
3	MASK_PAT	Num	8	Patient ID number
4	collection_date_days	Num	8	Collection Date (Number of Days since Randomization)

Data Set Name: alaupovic_lipoprotiens.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AlaupovicNumber	Num	8			AlaupovicNumber
2	AlaupovicPatient	Num	8			AlaupovicPatient
3	AlaupovicTChol	Num	8			Alaupovic Total Cholesterol
4	AlaupovicTrig	Num	8			Alaupovic Triglycerides
5	AlaupovicApoAII	Num	8			Alaupovic Apoloprotien AII
6	AlaupovicApoAI	Num	8			Alaupovic Apoloprotien AI
7	AlaupovicLpAI	Num	8			Alaupovic Lp AI
8	AlaupovicLpAI_AII	Num	8			Alaupovic Lp AI AII
9	AlaupovicApoCIII	Num	8			Alaupovic Apoloprotien CIII
10	AlaupovicApoCIIIR	Num	8			Alaupovic Apoloprotien CIII R
11	AlaupovicApoCIIIHS	Num	8			Alaupovic Apoloprotien CIII HS
12	AlaupovicApoCIIIHP	Num	8			Alaupovic Apoloprotien CIII HP
13	AlaupovicApoE	Num	8			Alaupovic Apoloprotien E
14	AlaupovicApoB	Num	8			Alaupovic Apoloprotien B
15	AlaupovicLpB	Num	8			Alaupovic Lp B
16	AlaupovicLpB_EPlusLpB_C_E	Num	8			Alaupovic B E Plus Lp B C E
17	AlaupovicLpB_C	Num	8			Alaupovic Lp B C
18	AlaupovicLpAII_B_C_D_E	Num	8			Alaupovic Lp AII B C D E
19	AlaupovicEXT_DATE	Char	6	$6.	$6.	AlaupovicEXT_DATE
20	AlaupovicComments	Char	8	$8.	$8.	AlaupovicComments
21	LPa_mg_dL	Num	8			Lipoprotien (a)
22	Apo_A1_mg_dL	Num	8			Apolipoprotien A1
23	Apo_B_mg_dL	Num	8			Apolipoprotien B-100
24	ApoB_IC_ug_per_ml	Num	8			Apolipoprotien B (Apo B) Content
25	ApoCIII_Serum_Conc_mg_dl	Num	8			Apoloprotien C III
26	APO_E	Num	8			Apoloprotien E
27	Paroxonase	Num	8			Paroxonase Activity
28	Arylesterase	Num	8			Arylesterase Activity
29	PON_ARYL_Ratio	Num	8			Paroxonase Activity to Arylesterase Activity Ratio
30	HDL_Protein_ugml	Num	8			HDL Protien
31	HDL_Free_Cholesterol_ugml	Num	8			HDL Free Cholesterol
32	HDL_Cholesterol_Ester_ugml	Num	8			HDL Cholesterol Ester
33	HDL_Triglycerides_ugml	Num	8			HDL Triglycerides
34	HDL_Phospholipids_ugml	Num	8			HDL Phospholipids
35	LDL_Protein_ugml	Num	8			LDL Protien
36	LDL_Free_Cholesterol_ugml	Num	8			LDL Free Cholesterol

Num	Variable	Type	Len	Format	Informat	Label
37	LDL_Cholesterol_Ester_ugml	Num	8			LDL Cholesterol Ester
38	LDL_Triglycerides_ugml	Num	8			LDL Triglycerides
39	LDL_Phospholipids_ugml	Num	8			LDL Phospholipids
40	MASK_PAT	Num	8			Patient ID number
41	collection_date_days	Num	8			Collection Date (Number of Days since Randomization)

Data Set Name: cytokines_chemokines_musc.sas7bdat

Num	Variable	Type	Len	Label
1	Adiponectin_ng_ml_	Num	8	Adiponectin
2	C3a_des_Arg_ng_ml	Num	8	Acylation Stimulating Protien
3	MASK_PAT	Num	8	Patient ID number
4	collection_date_days	Num	8	Collection Date (Number of Days since Randomization)

Data Set Name: fibrinolysis_musc.sas7bdat

Num	Variable	Type	Len	Label
1	PAI_1_Mass_ng_mL	Num	8	Plasminogen Activity Inhibitor-1 Mass
2	PAI_1_Activity_IU_mL	Num	8	Plasminogen Activator Inhibitor-1 Activity
3	tPA_Mass_ng_mL	Num	8	Tissue Plasminogen Activator Mass
4	tPA_Activity_IU_mL	Num	8	Tissue Plasminogen Activator Activity
5	d_Dimer_ng_mL	Num	8	D-Dimer Compound
6	F_1_plus_2_nmol_L	Num	8	Prothrombin Fragment 1+2
7	Fibrinogen_mg_dL	Num	8	Fibrinogen
8	MASK_PAT	Num	8	Patient ID number
9	collection_date_days	Num	8	Collection Date (Number of Days since Randomization)

Data Set Name: general_biochemical_panel_musc.sas7bdat

Num	Variable	Type	Len	Label
1	Transferrin_Saturation_Pct	Num	8	Iron, Transferrin Saturation Percent
2	Serum_Albumin_g_dl	Num	8	Serum Albumin
3	Ferritin_ng_ml	Num	8	Ferritin
4	Iron_mcg_dl	Num	8	Iron
5	Total_Bilirubin_mg_dl	Num	8	Total Bilirubin
6	Tot_Iron_Bind_Capacity_mcg_dl	Num	8	Iron Binding Capacity: Total
7	Serum_Total_Protein_g_dl	Num	8	Protein: Serum Total
8	Unsaturated_Iron_Bind_mcg_dl	Num	8	Iron Binding Capacity: Unsaturated
9	Uric_Acid_mg_dl	Num	8	Iron Binding Capacity: Uric Acid
10	Blood_Urea_Nitrogen_mg_dl	Num	8	Blood Urea Nitrogen (BUN)
11	MASK_PAT	Num	8	Patient ID number
12	collection_date_days	Num	8	Collection Date (Number of Days since Randomization)

Data Set Name: genetic_polymorphisms_musc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	Adiponectin_T45G_Poly	Char	3	$3.	$3.	Adiponectin T45G Polymorphism
2	Beta_Fibrinogen_455_Poly	Char	2	$2.	$2.	Beta Fibrinogen G/A 455 Polymorphism
3	Apo_C_III_Polymorphism	Char	2	$2.	$2.	Apolipoprotein C-III 482 Polymorphism
4	Apo_B_Insertion_Deletion_Poly	Char	3	$3.	$3.	Apolipoprotein B Insertion/Deletion Polymorphism
5	Apo_B_XbaI_Polymorphism	Char	3	$3.	$3.	Apolipoprotein B Xbal Polymorphism
6	Apo_B_EcoRI_Polymorphism	Char	3	$3.	$3.	Apolipoprotein B EcoRI Polymorphism
7	B1_Kallikrein_Exon_3_Poly	Num	8			Kallikrein B1 Exon 3 Polymorphism
8	B2_Kallikrein_Exon_3_Poly	Num	8			Kallikrein B2 Exon 3 Polymorphism
9	CETP_Polymorphism	Char	4	$4.	$4.	Cholesterol Ester Transfer Protien Polymorphism
10	CTGF_Polymorphism	Num	8			Connective Tissue Growth Factor Gene Polymorphism
11	ELAM_Polymorphism	Char	2	$2.	$2.	Endothelial-Leukocyte Ashesion Molecule 1 Gene Polymorphism
12	Fibrinogen_Polymorphism	Char	2	$2.	$2.	Fibrinogen Gene Polymorphism
13	Kallikrein_Exon_1_Gene_Poly	Num	8			Kallikrein Exon 1 Gene Polymorphism
14	Kallikrein_Exon_3_Gene_Poly	Num	8			Kallikrein Exon 3 Gene Polymorphism
15	MTHFR1_Polymorphism	Char	2	$2.	$2.	Methylene Tetrahydrofolate Reductase 1 Polymorphism
16	MTHFR2_Polymorphism	Char	2	$2.	$2.	Methylene Tetrahydrofolate Reductase 2 Polymorphism
17	PON1_192	Num	8			Paroxonase-1 192 Gene Polymorphism
18	PON1_55	Num	8			Paroxonase 55 Polymorphism
19	PON2_311	Num	8			Paroxonase-2 Codon 311 Gene Polymorphism
20	PAI_1_Polymorphism	Char	4	$4.	$4.	Plasminogen Activator Inhibitor-1 Gene Polymorphism
21	Prekallikr_Exon_9_Poly	Num	8			Prekallikrein Exon 9 Gene Polymorphism
22	Sac1_Polymorphism	Char	2	$2.	$2.	Sac1 Gene Polymorphism in Exon 13
23	MASK_PAT	Num	8			Patient ID number
24	collection_date_days	Num	8			Collection Date (Number of Days since Randomization)

Data Set Name: growth_factors_musc.sas7bdat

Num	Variable	Type	Len	Label
1	Factor_XII_units_per_ml	Num	8	Factor XII
2	vegf	Num	8	Vascular Endothelial Growth Factor (VEGF)
3	vegf_indicator	Num	8	VEGF Indicator
4	vegf_lod	Num	8	VEGF LOD Score
5	bFGF	Num	8	Basic Fibroblast Growth Factor (BFGF)
6	bFGF_indicator	Num	8	BFGF Indicator
7	bFGF_lod	Num	8	BFGF LOD Score
8	HGF	Num	8	Hepatocyte Growth Factor (HGF)
9	HGF_indicator	Num	8	HGF Indicator
10	HGF_lod	Num	8	HGF LOD Score
11	PDGF	Num	8	Platelet Derived Growth Factor (PDGF)
12	PDGF_Indicator	Num	8	PDGF Indicator
13	PDGF_lod	Num	8	PDGF LOD Score
14	amphi	Num	8	Human Aleveolar Macrophages -Phi
15	amphi_indicator	Num	8	Human Aleveolar Macrophages -Phi Indicator
16	amphi_lod	Num	8	Human Aleveolar Macrophages -Phi LOD Score
17	TGFa	Num	8	Transforming Growth Factor Alpha
18	TGFa_indicator	Num	8	TGFa Indicator
19	TGFa_lod	Num	8	TGFa LOD Score
20	Fib_Number	Num	8	Fib_Number
21	CTGF_Whole_Fragment_ng_ml	Num	8	Connective Tissue Growth Factor Whole (CTGF)
22	CTGF_Whole_N_Fragments_ng_ml	Num	8	Connective Tissue Growth Factor Whole and N Fragments
23	C_plus_W_CTGF_Fragments_ng_ml	Num	8	Connective Tissue Growth Factor Whole and C Fragments
24	CTGF_N_Fragment_ng_ml	Num	8	Connective Tissue Growth Factor N Fragment
25	CTGF_C_Fragment_ng_ml	Num	8	Connective Tissue Growth Factor C Fragment
26	MASK_PAT	Num	8	Patient ID number
27	collection_date_days	Num	8	Collection Date (Number of Days since Randomization)

Data Set Name: inflammatory_markers_musc.sas7bdat

Num	Variable	Type	Len	Label
1	CRP	Num	8	C-Reactive Protein
2	Gly_LDL_Antibody	Num	8	Glycated Low Density Lipoprotein Antibody Level
3	MASK_PAT	Num	8	Patient ID number
4	collection_date_days	Num	8	Collection Date (Number of Days since Randomization)

Data Set Name: mdaldl_ic_dcct_bl.sas7bdat

Num	Variable	Type	Len	Label
1	MDA_LDLIC_ugChol_mL_serum	Num	8	MDA LDL-IC ug/ml Cholesterol Standardized
2	MDA_LDLIC_ugApoB_mL_Serum	Num	8	MDA LDL-IC ug/ml ApoB Standardized
3	MASK_PAT	Num	8	Patient ID number
4	collection_date_days	Num	8	Collection Date (Number of Days since Randomization)

Data Set Name: nmr_lipoprotiens.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	v3_Total_VLDL_Part_nM	Num	8			Total VLDL Particle Count
2	v3_Lg_VLDL_Part_nM	Num	8			Large VLDL Particle Count
3	v3_Med_VLDL_Part_nM	Num	8			Medium VLDL Particle Count
4	v3_Small_VLDL_Part_nM	Num	8			Small VLDL Particle Count
5	v3_Total_LDL_Part_nM	Num	8			Total LDL Particle Count
6	v3_IDL_Part_nM	Num	8			Total IDL Particle Count
7	v3_Lg_LDL_Part_nM	Num	8			Large LDL Particle Count
8	v3_Small_LDL_Part_nM	Num	8			Small LDL Particle Count
9	v3_Med_Small_LDL_Part_nM	Num	8			Medium-Small LDL Particle Count
10	v3_Very_Small_LDL_Part_nM	Num	8			Very Small LDL Particle Count
11	v3_Total_HDL_Part_uM	Num	8			Total HDL Particle Count
12	v3_Lg_HDL_Part_uM	Num	8			Large LDL Paricle Count
13	v3_Med_HDL_Part_uM	Num	8			Medium HDL Particle Count
14	v3_Small_HDL_Part_uM	Num	8			Small HDL Particle Count
15	v3_VLDL_Size_nm	Num	8			Mean VLDL Size (nm)
16	v3_LDL_Size_nm	Num	8			Mean LDL Size (nm)
17	v3_HDL_Size_nm	Num	8			Mean HDL Size (nm)
18	v3_NMR_Total_Trig_mgdL	Num	8			NMR Triglycerides (mg/dl)
19	v3_NMR_VLDL_Trig_mgdL	Num	8			NMR VLDL Triglycerides (mg/dl)
20	v3_NMR_HDL_Chol_mgdL	Num	8			NMR HDL Cholesterol (mg/dl)
21	v3_NMR_Comments	Char	1	$1.	$1.	v3_NMR_Comments
22	MASK_PAT	Num	8			Patient ID number
23	collection_date_days	Num	8			Collection Date (Number of Days since Randomization)

Data Set Name: oxldl_ic_dcct_bl.sas7bdat

Num	Variable	Type	Len	Label
1	OxLDLIC_ugChol_mL_serum	Num	8	Ox LDL-IC ug/ml Cholesterol Standardized
2	OxLDLIC_ugApoB_mL_Serum	Num	8	Ox LDL-IC ug/ml ApoB Standardized
3	MASK_PAT	Num	8	Patient ID number
4	collection_date_days	Num	8	Collection Date (Number of Days since Randomization)

Data Set Name: weishaz2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASK_PAT	Num	8			Masked Patient ID Number
2	Collection_date	Num	8	MMDDYY10.	MMDDYY10.	Collection date
3	Original_specimen_volume	Num	8	BEST12.	BEST32.	Original specimen volume
4	Collection_time_minutes	Num	8	BEST12.	BEST32.	Collection time (minutes)
5	Urine_Creatinine_mg_dl	Num	8	BEST12.	BEST32.	Urine Creatinine (mg/dl)
6	Total_Creat_mg_TV	Num	8	BEST12.	BEST32.	Total Creat (mg/TV)
7	Creat_Exc_Rate_mg_min	Num	8	BEST12.	BEST32.	Creat Exc Rate (mg/min)
8	Urine_albumin	Num	8	BEST12.	BEST32.	Urine albumin (µg/min)(AERperJean Buksa/or conc?)
9	Serum_creatinine_mg_dl	Num	8	BEST12.	BEST32.	Serum creatinine (mg/dl)
10	Total_creat_mg_collection	Num	8	BEST12.	BEST32.	Total creat (mg/collection)
11	Serum_albumin_g_L	Num	8	BEST12.	BEST32.	Serum albumin (g/L)
12	Raw_clearance	Num	8	BEST12.	BEST32.	Raw clearance
13	Standard_clearance	Num	8	BEST12.	BEST32.	Standard clearance
14	Mir_calculates_creat_clearance	Num	8	BEST12.	BEST32.	Mir' calculates creat clearance
15	Nagase_u_ml	Num	8	BEST12.	BEST32.	Nagase (u/ml)
16	Total_NAGase_U_total_vol	Num	8	BEST12.	BEST32.	Total NAGase (U/total vol)
17	NAGase_excretion_rate_U_min	Num	8	BEST12.	BEST32.	NAGase excretion rate (U/min)
18	Nagase_creat_corrected_units_mg	Num	8	BEST12.	BEST32.	Nagase/creat (corrected)units/mg
19	Nagase_standard_clearance	Num	8	BEST12.	BEST32.	Nagase/standard clearance
20	Pento_pmol_ml	Num	8	BEST12.	BEST32.	Pento (pmol/ml)
21	Total_pentosidine_nmol_total_vo	Num	8	BEST12.	BEST32.	Total pentosidine (nmol/total volume)
22	Pentosidine_excretion_rate_pmol	Num	8	BEST12.	BEST32.	Pentosidine excretion rate (pmol/min)
23	Pentosidine_creat_pmol_mg_creat	Num	8	BEST12.	BEST32.	Pentosidine/creat (pmol/mg creat)
24	Pentosidine_standard_clearance	Num	8	BEST12.	BEST32.	Pentosidine/standard clearance
25	Unique_ID	Num	8	BEST12.	BEST32.	Unique ID*
26	AGE_fluorescence	Num	8	BEST12.	BEST32.	AGE fluorescence
27	Total_AGE_fluor	Num	8	BEST12.	BEST32.	Total AGE fluor
28	Fluor_excretion_rate	Num	8	BEST12.	BEST32.	Fluor excretion rate
29	Fluor_creat	Num	8	BEST12.	BEST32.	Fluor/creat
30	Fluor_standard_creat	Num	8	BEST12.	BEST32.	Fluor/standard creat
31	Label_nbr	Num	8	BEST12.	BEST32.	Label #
32	PGF2alpha_ng_ml	Num	8	BEST12.	BEST32.	PGF2alpha (ng/ml)
33	PGF2alpha_total_excretion_ng_TV	Num	8	BEST12.	BEST32.	PGF2alpha total excretion (ng/TV)
34	PGF2a_excretion_rate_ng_min	Num	8	BEST12.	BEST32.	PGF2a excretion rate (ng/min)
35	PGF2a_creat_ng_mg	Num	8	BEST12.	BEST32.	PGF2a/creat (ng/mg)
36	PGF2a_standard_clearance	Num	8	BEST12.	BEST32.	PGF2a/standard clearance

Num	Variable	Type	Len	Format	Informat	Label
37	isoPGF2a_VI	Num	8	BEST12.	BEST32.	8-isoPGF2a-VI
38	iso_total_ng_TV	Num	8	BEST12.	BEST32.	8 iso total (ng/TV)
39	iso_excretion_rate_ng_min	Num	8	BEST12.	BEST32.	8 iso excretion rate (ng/min)
40	iso_creat_ng_mg	Num	8	BEST12.	BEST32.	8 iso/creat (ng/mg)
41	iso_standard_clearance	Num	8	BEST12.	BEST32.	8 iso/standard clearance
42	dinor_PGF2a	Num	8	BEST12.	BEST32.	dinor-PGF2a
43	dinor_PGF2a_Total_mg_TV	Num	8	BEST12.	BEST32.	dinor PGF2a Total (mg/TV)
44	dinor_excretion_rate_ng_min	Num	8	BEST12.	BEST32.	dinor excretion rate (ng/min)
45	dinor_creat_ng_mg	Num	8	BEST12.	BEST32.	dinor/creat (ng/mg)
46	Dinor_Standard_clearance	Num	8	BEST12.	BEST32.	Dinor/Standard clearance

Data Set Name: edicbase.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MASK_PAT	Num	8	Z5.	Patient ID Deidentified
2	HT	Num	3	YESNO.	History of hypertension (1 = yes)
3	SMOKING	Num	3	CIGARRET.	Smoking (1=never, 2=former, 3=current)
4	HBA1C	Num	8		Last Non-Missing HbA1c During EDIC Year 1&2 (Tb4)
5	TCHOL	Num	4		Serum total cholesterol (mg/dl)
6	TRIGLYC	Num	4		Serum triglycerides (mg/dl)
7	HDL	Num	4		Serum HDL cholesterol (mg/dl)
8	LDL	Num	4		Serum LDL cholesterol (mg/dl)
9	SEX	Char	1	$GENDERF.	Gender (coded M or F)
10	BMI	Num	8		Body mass index (kg/m**2)
11	YRS_IDDM	Num	8		Current duration of IDDM (years)
12	LOW_HDL	Num	8	YESNO.	HDL < 35 mg/dl (0 = no, 1 = yes)
13	HIGH_LDL	Num	8	YESNO.	LDL > 130 mg/dl (0 = no, 1 = yes)
14	OVER_WT	Num	8	YESNO.	Overweight (BMI>=27.8 M, 27.3 F)(Table4)
15	OBDRINK1	Num	3	YESNOFMT.	Drinks 1+ alcoholic beverage/week (2=y)
16	WHR	Num	8		Waist-to-hip ratio (natural waist)
17	STD_INS	Num	8		Insulin dose (units/kg/day)
18	EXERCISE	Num	8	EXERCFMT.	Current exercise level
19	AER	Num	8		Albumin excretion rate (mg/day)
20	AGE	Num	8		Age at Edic Year 2 (Table 4)
21	MAB1	Num	3	YESNOFMT.	Was patient debriefed?
22	MAC1	Num	3	CAREFMT.	Future diabetes care
23	HBAM999	Num	8		DCCT close-out HBA1c (Table3)
24	GROUP	Char	13	$GPFMT.	TREATMENT GROUP
25	EXIT_AGE	Num	8		Age (years) at DCCT Close-Out (Table 3)
26	EXIT_DUR	Num	8		Duration of IDDM (years) at DCCT Close-Out
27	IN_EDIC	Num	8	YESNO.	EDIC participant
28	DECADE	Char	8		Age Decade at EDIC Year 2 (Table 5)
29	LOW_AAR	Num	3	YESNO.	Ankle/arm < 0.8
30	HIGH_AAR	Num	3	YESNO.	Ankle/arm > 1.4
31	LDP_MEAN	Num	8		Left Ankle Arm ratio
32	RDP_MEAN	Num	8		Right Ankle Arm ratio
33	QOL	Num	8		quality of life
34	HUM_INS	Num	3	YESNO.	Reports using human insulin
35	SBGM_4	Num	3	YESNO.	SBGM => 4 times/day
36	OBINSREG	Num	3	REGFMT.	Current insulin regimen

Num	Variable	Type	Len	Format	Label
37	OW	Num	8	YESNO.	Overweight (BMI>=27.8 M, 27.3 F)(Table6)
38	PT_CS	Num	8		100 * (Coma,Seizure)/Days
39	PT_RA	Num	8		100 * (Requiring Assistance)/Days
40	PT_DKA	Num	8		100 * (DKA)/Days
41	COMMON	Num	8		Average maximum thickness: Common
42	INTERNAL	Num	8		Average maximum thickness: Internal
43	DEC_IMT	Char	8		Age Decade When IMT Was Taken (Table 5)
44	DCCT_HBA	Num	8		DCCT close-out HBA1c (Figure2)
45	HBA1	Num	8		HbA1c at EDIC year 1
46	HBA2	Num	8		HbA1c at EDIC Year 2

Data Set Name: nih_cmri_risk1240.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DTED_BMI	Num	8	8.2	Time weighted mean BMI DCCT+EDIC to date
2	SEX	Char	1		Sex
3	MRI_SCAN	Num	8		Type of MRI scanner.1=Siemens;2=GE;3=Philips
4	LVDMBSA	Num	8		Left Ventricular end diastolic mass index (g/m2)
5	EDV	Num	8		End Diastolic Volume (ml)
6	ESV	Num	8		End Systolic Volume (ml)
7	SV	Num	8		Stroke Volume (ml)
8	EF	Num	8		Ejection fraction (%)
9	LVDM	Num	8		Left Ventricular end diastolic mass (g)
10	EDVBSA	Num	8		End Diastolic Volume index (mL/m2)
11	ESVBSA	Num	8		End Systolic Volume index (mL/m2)
12	SVBSA	Num	8		Stroke Volume index (mL/m2)
13	CAROUT	Num	8		Cardiac output (L/min)
14	CAROUBSA	Num	8		Cardiac Output index (L/min/m2)
15	MRICOMP	Num	8		Participants with CMR (1=Yes 0=No)
16	LVDMEDV	Num	8		Left Ventricular mass/volume ratio (g/mL)
17	TCHOL	Num	8		LIPID-TOTAL CHOLESTEROL (MG/DL)
18	TRIG	Num	8		LIPID-TRIGLYCERIDE (MG/DL)
19	HDL	Num	8		Lipid-HDL Cholesterol (mg/dl)
20	LDL	Num	8		Lipid-LDL Cholesterol (mg/dl)
21	BMI	Num	8		Body Mass Insex (kg/m2)
22	BMI30	Num	8		BMI >= 30 (1=Yes 0=No)
23	SMOKE	Num	8		Smoking status (1=Yes 0=No)
24	DRINK	Num	8		Drinking status (1=Yes 0=No)
25	AGE	Num	8		Age (yrs)
26	HBA1C	Num	8		HBA1C RESULTS (%)
27	WTMHBA	Num	8		Time weighted mean HBA1C DCCT+EDIC to date
28	SBP	Num	8		Systolic blood pressure (mm Hg)
29	DBP	Num	8		Diastolic blood pressure (mm Hg)
30	LIPID	Num	8		Lipid-lowering medication (1=Yes 0=No)
31	HYPERTEN	Num	8		Antihypertensive medication (1=Yes 0=No)
32	HT	Num	8		Hypertension (1=Yes 0=No)
33	RETBASE	Char	4		Retinopathy at Baseline (PRIM,SCND)
34	COMMNW12	Num	8		Common IMT(mm) (yr12)
35	CTGT0	Num	8		Calcium deposit > 0 (1=Yes 0=No)
36	CTGT200	Num	8		Calcium deposit > 200 (1=Yes 0=No)

Num	Variable	Type	Len	Format	Label
37	IDDMYR	Num	8		Attained duration of IDDM (yrs)
38	FSCORE	Num	8		FRAMINGHAM RISK SCORE
39	DTED_SBP	Num	8	8.2	Time weighted mean SBP DCCT+EDIC to date
40	DTED_DBP	Num	8	8.2	Time weighted mean DBP DCCT+EDIC to date
41	DTED_CHL	Num	8	8.2	Time weighted mean TCHOL DCCT+EDIC to date
42	DTED_HDL	Num	8	8.2	Time weighted mean HDL DCCT+EDIC to date
43	DTED_LDL	Num	8	8.2	Time weighted mean LDL DCCT+EDIC to date
44	DTED_TRG	Num	8	8.2	Time weighted mean TRIGLYCERIDE DCCT+EDIC to date
45	MRI_SCAR	Num	8		Participants with Gadolinium CMR (1=Yes 0=No)
46	WEIGHT	Num	8		Patient weight (kg)
47	HEIGHT	Num	8		Patient height (cm)
48	AFTEDIC13	Num	8		Abnormal autonomic function EY13-14 (1=Yes 0=No)
49	CCNEDIC	Num	8		Confirmed clinical neuropahy edicyear 13/14 (1=Yes 0=No)
50	ANYAE300	Num	8		Any AER>=300/ESRD (1=Yes 0=No)
51	ANYSAE30	Num	8		Any Sustained AER>=30/ESRD (1=Yes 0=No)
52	ANYPDR	Num	8		Any PDR (1=Yes 0=No)
53	HLIP	Num	8		Hypercholeserolemia (1=Yes 0=No)
54	AKLARM	Num	8		ANKLE/ARM RATIO < 0.9 (%) (1=Yes 0=No)
55	COMP_SCORE	Num	8		Number of Complications
56	MASK_PAT	Num	8		Patient ID number

Data Set Name: cvd_riskfactors_rel.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DCCTQTR	Num	8	Z2.	DCCT Quarterly Visit Number
2	HBA1C	Num	8	6.2	Current HbA1c
3	DTED_HBA	Num	8		DCCT/EDIC Time-Weighted Mean HbA1c
4	WEIGHT	Num	8	8.2	Weight
5	DTED_WT	Num	8		Time-weighted Mean DCCT/EDIC Weight
6	BMI	Num	8	8.2	BMI
7	DTED_BMI	Num	8		Time-weighted Mean DCCT/EDIC BMI
8	BPS	Num	8	8.1	Systolic Blood Pressure
9	DTED_BPS	Num	8		Time-weighted Mean DCCT/EDIC SBP
10	BPD	Num	8	8.1	Diastolic Blood Pressure
11	DTED_BPD	Num	8		Time-weighted Mean DCCT/EDIC DBP
12	HT	Num	8		Hypertension: 140/90 or Medication
13	HLIP	Num	8		Hyperlipidemia: LDL>=130 or Medication
14	HDL	Num	8	8.2	HDL Cholesterol
15	LDL	Num	8	8.2	LDL Cholesterol
16	CHL	Num	8	8.2	Total Cholesterol
17	TRG	Num	8	8.2	Triglycerides
18	DTED_HDL	Num	8	8.2	Time-weighted Mean DCCT/EDIC HDL
19	DTED_LDL	Num	8	8.2	Time-weighted Mean DCCT/EDIC LDL
20	DTED_CHL	Num	8	8.2	Time-weighted Mean DCCT/EDIC CHL
21	DTED_TRG	Num	8	8.2	Time-weighted Mean DCCT/EDIC TRG
22	PULSE	Num	8	3.	Pulse
23	DTED_PUL	Num	8		Time-weighted Mean DCCT/EDIC Pulse
24	STD_INS	Num	8		Insulin Dose (units/kg/day)
25	DTED_INS	Num	8		Time-weighted Mean DCCT/EDIC Insulin
26	NDEFC	Num	8		Hypoglycemia coma/seizure (# events)
27	NDEFR	Num	8		Hypoglycemia req assistance (# events)
28	LIPID2	Num	8		Medication: Lipid-lowering
29	ACE_ANY2	Num	8		Medication: ACE
30	ARB_ANY2	Num	8		Medication: ARB
31	BB_ANY	Num	8		Medication: Beta Blockers
32	CALC_BLK	Num	8		Medication: Calcium Channel
33	EXERCISE	Num	8		Exercise
34	SMOKES	Num	8		Current Smoker
35	DRINKS	Num	8		Current Drinker
36	FSASDATE	Num	8	MMDDYY8.	Annual Visit Date

Num	Variable	Type	Len	Format	Label
37	YEAR	Num	8		Years Since Randomization
38	GROUP	Char	13		Randomization Group
39	RETBASE	Char	4		Retinopathy at Baseline (PRIM,SCND)
40	SEX	Char	1		Sex (From Master)
41	ADULT	Num	8		Adult >=18 (0=no/1=yes)
42	AGE	Num	8		Age (From Master) at entry
43	DURATION	Num	8		IDDM Duration (months) at entry
44	FAMIDDM	Num	8		Family History of IDDM (0=no/1=yes)
45	FAMNIDDM	Num	8		Family History of NIDDM (0=no/1=yes)
46	FAMHT	Num	8		Family History of HT (0=no/1=yes)
47	FAMMI	Num	8		Family History of MI (0=no/1=yes)
48	NEURODEF	Num	8		Clinical Neuropathy at entry
49	AERBS40	Num	8		AER >= 40 at DCCT Baseline
50	CPEPLT5	Num	8		Stim. C-peptide (nmol/L) Duration < 60 months
51	CPEPGE5	Num	8		Stim. C-peptide (nmol/L) Duration >= 60 months
52	CKD_GFR	Num	8		CKD-EPI GFR definition
53	CKDGFR60	Num	8		CKD-EPI Definition GFR<60
54	ANYCG60	Num	8		Any CKD-EPI GFR<60 up to visit
55	CAER	Num	8		AER - missing filled with eAER
56	ANYAER40	Num	8		Any cAER>=40 up to visit
57	ANYAE300	Num	8		Any cAER>=300/ESRD up to visit
58	AER40	Num	8		cAER>=40 or ESRD
59	AER300	Num	8		AER>=300 or ESRD
60	SAER30	Num	8		Sustained cAER>=30
61	WTGNM	Num	8		Weight gain for Males since DCCT Baseline; Females = 0
62	WTGNF	Num	8		Weight gain for Females since DCCT Baseline; Males = 0
63	HTCUM	Num	8		History of Hypertension: 140/90 or Medication
64	PULPRES	Num	8		Pulse Pressure (Systolic - Diastolic)
65	EGDR	Num	8		Estimated Glucose Disposal Rate
66	MASK_PAT	Num	8		Patient ID number

Data Set Name: nih_cvd30yr_1441.sas7bdat

Num	Variable	Type	Len	Format	Label
1	GROUP	Char	13		Randomization Group
2	RETBASE	Char	4		Retinopathy at Baseline (PRIM,SCND)
3	SEX	Char	1		Sex (From Master)
4	AGE00	Num	8		Age in Baseline
5	BMI00	Num	8		Body Mass Index in Baseline
6	DBP00	Num	8		Diastolic blood pressure in Baseline
7	SBP00	Num	8		Systolic blood pressure in Baseline
8	AER00	Num	8		Albumin excretion rate in Baseline
9	CHL00	Num	8		Total Cholesterol in Baseline
10	TRG00	Num	8		Triglycerides in Baseline
11	HDL00	Num	8		HDL Cholesterol in Baseline
12	LDL00	Num	8		LDL Cholesterol in Baseline
13	HBAEL	Num	8		Hemoglobin A1c at Eligibility
14	HBAEL_MMOL	Num	8		Hemoglobin A1c(mmol/mol) in Baseline
15	DUR_YR00	Num	8		Duration in Baseline
16	AER300_00	Num	8		Microalbuminuria (AER>=300 or ESRD) in Baseline
17	NHLIP00	Num	8		Hyperlipidemia in Baseline
18	NHTEN00	Num	8		Hypertension in Baseline
19	SMOKE00	Num	8		Smoking status in Baseline; 1:Smoking, 0:Non-smoking
20	HRATE00	Num	8		Heart rate in Baseline
21	SAER30_00	Num	8		Sustained Microalbuminuria (Sustained AER>=30 or ESRD) in Baseline
22	CKDGFR1500	Num	8		Kidney failure (eGFR<15 or ESRD) in Baseline
23	BMI99	Num	8	5.1	Body Mass Index in Closeout
24	DBP99	Num	8		Diastolic blood pressure in Closeout
25	SBP99	Num	8		Systolic blood pressure in Closeout
26	AGE99	Num	8		Age in Closeout
27	AER99	Num	8		Albumin excretion rate in Closeout
28	CHL99	Num	8		Total Cholesterol in Closeout
29	HDL99	Num	8		HDL Cholesterol in Closeout
30	LDL99	Num	8		LDL Cholesterol in Closeout
31	TRG99	Num	8		Triglycerides in Closeout
32	SMOKE99	Num	8		Smoking status in Closeout; 1:Smoking, 0:Non-smoking
33	DUR_YR99	Num	8		Duration in Closeout
34	NHLIP99	Num	8		Hyperlipidemia in Closeout
35	DC99	Num	8		Record in Closeout; 1:Yes, 0:No
36	NHTEN99	Num	8		Hypertension in Closeout

Num	Variable	Type	Len	Format	Label
37	HBA1C99	Num	8		Hemoglobin A1c(%) in Closeout
38	DCCT_HBA	Num	8		Time-weighted mean HbA1c(%) in Closeout
39	HBA1C99_MMOL	Num	8		Hemoglobin A1c(mmol/mol) in Closeout
40	DCCT_HBA_MMOL	Num	8		Time-weighted mean HbA1c(mmol/mol) in Closeout
41	AER300_99	Num	8		Microalbuminuria (AER>=300 or ESRD) in Closeout
42	SAER30_99	Num	8		Sustained Microalbuminuria (Sustained AER>=30 or ESRD) in Closeout
43	CKDGFR1599	Num	8		Kidney failure (eGFR<15 or ESRD) in Closeout
44	HRATE99	Num	8		Heart rate in Closeout
45	REGMIN99	Num	8		Intensive diabetes management in Closeout
46	SMOKEYR11	Num	8		Smoking status in EDIC Year 11; 1:Smoking, 0:Non-smoking
47	DUR_YR11	Num	8		Duration in EDIC Year 11
48	AGEYR11	Num	8		Age in EDIC Year 11
49	ED11	Num	8		Record in EDIC Year 11; 1:Yes, 0:No
50	BMIYR11	Num	8		Body Mass Index in EDIC Year 11
51	SBPYR11	Num	8		Systolic blood pressure in EDIC Year 11
52	DBPYR11	Num	8		Diastolic blood pressure in EDIC Year 11
53	HDLYR11	Num	8		HDL Cholesterol in EDIC Year 11
54	LDLYR11	Num	8		LDL Cholesterol in EDIC Year 11
55	CHLYR11	Num	8		Total Cholesterol in EDIC Year 11
56	TRGYR11	Num	8		Triglycerides in EDIC Year 11
57	HBA1CYR11	Num	8		Hemoglobin A1c(%) in EDIC Year 11
58	DTED_HBAYR11	Num	8		Time-weighted mean HbA1c(%) in EDIC Year 11
59	HBA1CYR11_MMOL	Num	8		Hemoglobin A1c(mmol/mol) in EDIC Year 11
60	DTED_HBAYR11_MMOL	Num	8		Time-weighted mean HbA1c(%) in EDIC Year 11
61	NHTENYR11	Num	8		Hypertension in EDIC Year 11
62	NHLIPYR11	Num	8		Hyperlipidemia in EDIC Year 11
63	AERYR11	Num	8		Albumin excretion rate in EDIC Year 11
64	AER300_YR11	Num	8		Microalbuminuria (AER>=300 or ESRD) in EDIC Year 11
65	SAER30_YR11	Num	8		Sustained Microalbuminuria (Sustained AER>=30 or ESRD) in EDIC Year 11
66	CKDGFR15YR11	Num	8		Kidney failure (eGFR<15 or ESRD) in EDIc Year 11
67	HRATEYR11	Num	8		Heart rate in EDIC Year 11
68	ASPGE14T_YR11	Num	8		>= 14 Aspirin tablets/month in EDIC Year 11
69	HRT_YR11	Num	8		Hormone-replacement therapy in EDIC Year 11
70	LIP_STAT_YR11	Num	8		Statin in EDIC Year 11
71	ACE_ARB_ANY_YR11	Num	8		ACE inhibitors or ARBs in EDIC Year 11
72	BB_ANY_YR11	Num	8		Beta-blocker in EDIC Year 11
73	REGMIN_YR11	Num	8		Intensive diabetes management in EDIC Year 11
74	SMOKEYR19	Num	8		Smoking status in EDIC Year 19/20; 1:Smoking, 0:Non-smoking
75	AGEYR19	Num	8		Age in EDIC Year 19/20

Num	Variable	Type	Len	Format	Label
76	DUR_YR19	Num	8		Duration in EDIC Year 19/20
77	ED19	Num	8		Record in EDIC Year 19/20; 1:Yes, 0:No
78	BMIYR19	Num	8		Body Mass Index in EDIC Year 19/20
79	SBPYR19	Num	8		Systolic blood pressure in EDIC Year 19/20
80	DBPYR19	Num	8		Diastolic blood pressure in EDIC Year 19/20
81	NHTENYR19	Num	8		Hypertension in EDIC Year 19/20
82	NHLIPYR19	Num	8		Hyperlipidemia in EDIC Year 19/20
83	HDLYR19	Num	8		HDL Cholesterol in EDIC Year 19/20
84	LDLYR19	Num	8		LDL Cholesterol in EDIC Year 19/20
85	CHLYR19	Num	8		Total Cholesterol in EDIC Year 19/20
86	TRGYR19	Num	8		Triglycerides in EDIC Year 19/20
87	HBA1CYR19	Num	8		Hemoglobin A1c(%) in EDIC Year 19/20
88	DTED_HBAYR19	Num	8		Time-weighted mean HbA1c(%) in EDIC Year 19/20
89	HBA1CYR19_MMOL	Num	8		Hemoglobin A1c(mmol/mol) in EDIC Year 19/20
90	DTED_HBAYR19_MMOL	Num	8		Time-weighted mean HbA1c(%) in EDIC Year 19/20
91	HRATEYR19	Num	8		Heart rate in EDIC Year 19/20
92	CKDGFR15YR19	Num	8		Kidney failure (eGFR<15 or ESRD) in EDIC Year 19/20
93	AERYR19	Num	8		Albumin excretion rate in EDIC Year 19/20
94	AER300_YR19	Num	8		Microalbuminuria (AER>=300 or ESRD) in EDIC Year 19/20
95	SAER30_YR19	Num	8		Sustained Microalbuminuria (Sustained AER>=30 or ESRD) in EDIC Year 19/20
96	ASPGE14T_YR19	Num	8		>= 14 Aspirin tablets/month in EDIC Year 19/20
97	HRT_YR19	Num	8		Hormone-replacement therapy in EDIC Year 19/20
98	LIP_STAT_YR19	Num	8		Statin in EDIC Year 19/20
99	ACE_ARB_ANY_YR19	Num	8		ACE inhibitors or ARBs in EDIC Year 19/20
100	BB_ANY_YR19	Num	8		Beta-blocker in EDIC Year 19/20
101	REGMIN_YR19	Num	8		Intensive diabetes management in EDIC Year 19/20
102	DEATH99	Num	8		Vital status in closeout; 1:Dead 0:Alive
103	DEATHYR11	Num	8		Vital status in EDIC Year 11; 1:Dead 0:Alive
104	DEATHYR19	Num	8		Vital status in EDIC Year 19/20; 1:Dead 0:Alive
105	CARV	Num	8		All CVD events
106	HARD	Num	8		MACE
107	CARVTIME1	Num	8		Time to first CVD event/censor date
108	HARDTIME1	Num	8		Time to first Hard event date
109	MASK_PAT	Num	8		Patient ID number

Data Set Name: nih_cvd30yr_ev_366.sas7bdat

Num	Variable	Type	Len	Label
1	CVD_EVENT	Num	8	1:MI;2:CVA;3:CM;4:SIL;5:ANGC;6:CAD;7:CHF
2	INIT_EVENT	Num	8	1:Initial event; 0:Additional event
3	MASK_PAT	Num	8	Patient ID number

Data Set Name: cheiro.sas7bdat

Num	Variable	Type	Len	Format	Label
1	mask_pat	Num	8		DEIDENTIFIED PATIENT ID
2	B12A	Num	8	1.	CARPAL TUNNEL SYNDROME RIGHT HAND
3	B12B	Num	8	1.	CARPAL TUNNEL SYNDROME LEFT HAND
4	B17A	Num	8	1.	TRIGGER FINGER RIGHT
5	B17B	Num	8	1.	TRIGGER FINGER LEFT
6	B22A	Num	8	1.	DUPYTRENS CONTRACTURE RIGHT
7	B22B	Num	8	1.	DUPYTRENS CONTRACTURE LEFT
8	B6	Num	8		DOMINANT HAND
9	B7A	Num	8	1.	FROZEN SHOULDER RIGHT
10	B7B	Num	8	1.	FROZEN SHOULDER LEFT
11	C1E1	Num	8		POSITIVE PRAYER SIGN
12	CHIROAGE	Num	8		Age at visit (years)
13	CHRDURAT	Num	8		Diabetes duration at visit (years)
14	DASHSYMP	Num	8		DASH Disability/Symptom Score
15	DASHWORK	Num	8		DASH Work Module Score
16	DASHSPORT	Num	8		DASH Sports/Performing Arts Module Score
17	SEX	Char	1		Sex
18	GROUP	Char	13		TREATMENT GROUP
19	RETBASE	Char	4		Retinopathy at Baseline (PRIM,SCND)
20	DCCT_HBA_MEAN	Num	8	6.2	DCCT mean HbA1c (%)
21	SMOKYR18	Num	8		CURRENT CIGARETTE SMOKER: YEAR 18
22	MARRY_18	Num	8		MARRIED: YEAR 18
23	EDIC_HBA	Num	8	6.2	EDIC mean HbA1c (%)
24	DTED_HBA	Num	8	6.2	Time-weighted DCCT/EDIC HbA1c (%)
25	C_BMI	Num	8	8.2	BMI (kg/m2)
26	MENO	Num	8		Menopause (females only)
27	SIF1	Num	8		Skin intrinsic fluorescence (AU)
28	SAER30	Num	8		Sustained AER >= 30 at 2 consecutive visits
29	CCNEDIC	Num	8		Confirmed Clinical Neuropathy EDIC Year 13/14
30	PDR	Num	8		Proliferative diabetic retinopathy
31	CHEIRO	Num	8		Cheiroarthropathy present vs. absent
32	TOTAL	Num	8		Total number of musculoskeletal complications

Data Set Name: shoulder.sas7bdat

Num	Variable	Type	Len	Format	Label
1	mask_pat	Num	8		DEIDENTIFIED PATIENT ID
2	H1A	Num	8	3.	RIGHT SHOULDER 1ST MEASURE
3	H1A1	Num	8	3.	RIGHT SHOULDER 2ND MEASURE
4	H2A	Num	8	3.	RIGHT SHOULDER 3RD MEASURE
5	H2A1	Num	8	3.	RIGHT SHOULDER 4TH MEASURE
6	H3A	Num	8	3.	LEFT SHOULDER 1ST MEASURE
7	H3A1	Num	8	3.	LEFT SHOULDER 2ND MEASURE
8	H4A	Num	8	3.	LEFT SHOULDER 3RD MEASURE
9	H4A1	Num	8	3.	LEFT SHOULDER 4TH MEASURE

Data Set Name: cystatin_c.sas7bdat

Num	Variable	Type	Len	Label
1	EDICYEAR	Num	8	EDIC FOLLOWUP YEAR
2	CG_Cyst	Num	8	Calibrated Cyst: Dade Behring to Gentian
3	DCCTQTR	Num	8	DCCT quarterly visit
4	MASK_PAT	Num	8	Patient ID number

Data Set Name: gfr2010.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
2	dtedyear	Num	8			DCCT Yr or DCCT Closeout (99) or EDICYEAR*100
3	AER	Num	8			Albumin Excretion Rate
4	AER_PREV	Num	8			Average AER for years w multiple samples
5	AER30	Num	8			AER>=30 or ESRD
6	AER300	Num	8			AER>=300 or ESRD
7	AER30_P	Num	8			Prevalent AER>=30 for average AER w multiple samples
8	AER300_P	Num	8			AER>=300 or ESRD (prevalence data)
9	SAER30	Num	8			Sustained AER>=30
10	DTED_AER	Num	8			DCCT/EDIC time weighted AER
11	LGDEAER	Num	8			Log(DTED_AER)
12	HBA1C	Num	8	6.2		HBA1c
13	DTED_HBA	Num	8			DCCT-EDIC running mean HBA1c
14	HT	Num	8			Hypertension
15	HLIP	Num	8			Hypercholesterolemia(LDL>=130 or Lipid lowering med
16	CHOL	Num	8			Total cholesterol
17	HDL	Num	8			High density lipoprotein
18	LDL	Num	8			Low density lipoprotein
19	TRIG	Num	8			Triglycerides
20	SMOKE	Num	8			Currently smoking
21	DRINK	Num	8			Current drinker
22	ATTAGE	Num	8			Attained age
23	ATT_DUR	Num	8			Attained duration of IDDM
24	MDI	Num	8			Pump or multiple daily injections
25	GLUC4	Num	8			Self monitored glucose >=4 times a day
26	BMI	Num	8			Body mass index
27	SBP	Num	8			Systolic blood pressure
28	DBP	Num	8			Diastolic blood pressure
29	MBP	Num	8			Mean blood pressure
30	LGDTEDHB	Num	8			log(DTED_HBA)
31	ANYCG45	Num	8			Any CKD-EPI GFR<45 up to visit
32	EDICYEAR	Num	8		8.	EDIC FOLLOWUP YEAR
33	eSCR	Num	8			Calibrated SCR-old assay, new SCR-new assay
34	CKD_GFR	Num	8			CKD-EPI GFR definition
35	CKDGFR_A	Num	8			Average GFR for years w multiple samples
36	ANYCG30	Num	8			Any CKD-EPI GFR<30 up to visit

Num	Variable	Type	Len	Format	Informat	Label
37	ANYCG60	Num	8			Any CKD-EPI GFR<60 up to visit
38	SCGFR60	Num	8			Sustained CKD-EPI GFR<60 over two visits
39	ANYSCG60	Num	8			Any sustained CGFR60 up to date?
40	DTEDYR2	Num	8			Years since DCCT randomization
41	HBAEL	Num	8			HBA1c at DCCT eligibility
42	GROUP	Char	13			Treatment Group
43	AGE0	Num	8			AGE at DCCT baseline
44	MBP00	Num	8			Mean BP (baseline, F021)
45	BMI00	Num	8			Body Mass Index (baseline)
46	MBP99	Num	8			Mean BP (CloseOut, F021)
47	BMI99	Num	8			Body Mass Index (CloseOut)
48	AER00	Num	8			AER - Mon 0 (CBL calc)
49	AER99	Num	8			AER - CloseOut (CBL calc)
50	CHL00	Num	5			Total Cholesterol - Mon 0
51	CHL99	Num	5			Total Cholesterol - CloseOut
52	TRG00	Num	5			Triglycerides - Mon 0
53	TRG99	Num	5			Triglycerides - CloseOut
54	LDL00	Num	5			LDL Cholesterol - Mon 0
55	HDL00	Num	5			HDL Cholesterol - Mon 0
56	HDL99	Num	5			HDL Cholesterol - CloseOut
57	DURYR0	Num	8			IDDM duration (years): DCCT baseline
58	DURYR99	Num	8			IDDM duration (years): DCCT Closeout
59	AGE99	Num	8			AGE at DCCT closeout
60	LDL99	Num	5			LDL Cholesterol - CloseOut
61	HLIP00	Num	8			Hyperlipidemia at DCCT base
62	HLIP99	Num	8			Hyperlipidemia at DCCT close
63	AER30_00	Num	8			AER>=30 at DCCT base
64	AER30_99	Num	8			AER>=30 at DCCT close
65	FEMALE	Num	8			Female
66	PRIMARY	Num	8			PRIMARY cohort (1) Secondary cohort (0)
67	SBP00	Num	8			SBP (baseline, F021)
68	DBP00	Num	8			DBP (baseline, F021)
69	SBP99	Num	8			SBP (CloseOut, F021)
70	DBP99	Num	8			DBP (CloseOut, F021)
71	SMOKE00	Num	8			Current Smoker(0/1) at DCCT Baseline
72	SMOKE99	Num	8			Current Smoker(0/1) at DCCT Closeout
73	GFR00	Num	8			CKDGFR at DCCT Base
74	GFR99	Num	8			CKDGFR at DCCT Closeout
75	DTMEANHB	Num	8			DCCT mean HBa1c by Closeout

Num	Variable	Type	Len	Format	Informat	Label
76	HT00	Num	8			Hypertension DCCT base
77	HT99	Num	8			Hypertension DCCT Close
78	DRINK00	Num	8			Current Drinker DCCT base
79	DRINK99	Num	8			Current Drinker DCCT close
80	ACEARB	Num	8			On ACEI or ARB
81	ANTIHYP	Num	8			On anti-hypertensive med
82	ANYESRD	Num	8			Any ESRD up to date
83	EDIC_HBA	Num	8			EDIC running mean HBA1c
84	Y_CG30	Num	8			CKD_GFR<30 onset years since randomization
85	Y_CG60	Num	8			CKD_GFR<60 onset years since randomization
86	Y_SCG60	Num	8			Sustained GFR<60 onset years since random
87	Y_ESRD	Num	8			ESRD onset years since randomization
88	Y_CG45	Num	8			CKD_GFR<45 onset years since randomization
89	E_COMP	Num	8			Any sustained GFR<60 or death (composite) ever
90	Y_COMP	Num	8			Composite event onset years since randomization

Data Set Name: glyc_var_long.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	_imp	Num	8	BEST12.	BEST32.	Imputation Number
2	DCCTQTR	Num	8			DCCT quarterly visit
3	BGP1	Num	8	BEST12.		Blood glucose profile (T1)
4	BGP2	Num	8	BEST12.		Blood glucose profile (T2)
5	BGP3	Num	8	BEST12.		Blood glucose profile (T3)
6	BGP4	Num	8	BEST12.		Blood glucose profile (T4)
7	BGP5	Num	8	BEST12.		Blood glucose profile (T5)
8	BGP6	Num	8	BEST12.		Blood glucose profile (T6)
9	BGP7	Num	8	BEST12.		Blood glucose profile (T7)
10	BGPCV	Num	8	BEST12.		BGP Coefficient of variation
11	BGPMAGE	Num	8	BEST12.		BGP MAGE value
12	BGPMVALUE	Num	8	BEST12.		BGP M-Value
13	BGPS	Num	8	BEST12.		BGP Standard deviation
14	BGPXA	Num	8	BEST12.		Post-prandial BGP mean
15	BGPXB	Num	8	BEST12.		Pre-prandial BGP mean
16	BGPX	Num	8	BEST12.		BGP Mean Within-Profile
17	BMI	Num	8	BEST12.		Body mass index
18	HBAQV	Num	8	BEST12.		HbA1c(%) at quarterly visit
19	INSUL	Num	8	BEST12.		Insulin dose
20	MHBA	Num	8	BEST12.		Mean HbA1c
21	SDHBA	Num	8	BEST12.		Updated SD HbA1c from baseline to current visit
22	AFT	Num	8	BEST12.		Abnormal autonomic function
23	LAER	Num	8	BEST12.		Log AER
24	MWPMAGE	Num	8	BEST12.		Updated mean Mage of 7-point BGP up to current visit
25	MWPMB	Num	8	BEST12.		Updated Between Profile Variance up to current visit
26	MWPMG	Num	8	BEST12.		Updated Grand Mean up to current visit
27	MWPMS	Num	8	BEST12.		Updated mean Std dev of 7-point BGP up to current visit
28	MWPMCV	Num	8	BEST12.		Updated variance of the mean Within-Profile BG up to current visit
29	MWPMT	Num	8	BEST12.		Updated Total Variance up to current visit
30	MWPMVAL	Num	8	BEST12.		Updated M-value up to current visit
31	MWPMX	Num	8	BEST12.		Updated mean Within-Profile BG up to current visit
32	MWPMXA	Num	8	BEST12.		Updated mean Post-prandial BGP up to current visit
33	MWPMXB	Num	8	BEST12.		Updated mean Pre-prandial BGP up to current visit
34	MWPMXV	Num	8	BEST12.		Updated variance of the mean Within-Profile BG up to current visit
35	NDEFRDC	Num	8	BEST12.		Number of hypoglycemia events require assistance
36	ADULT	Num	8	BEST12.	BEST32.	Adult at baseline (1=yes, 0=no)

Num	Variable	Type	Len	Format	Informat	Label
37	ETD3PFLG	Num	8	BEST12.	BEST32.	ETDRS persistent 3 Step change flag(0=No, 1=Yes)
38	ETD3PVIS	Num	8	BEST12.	BEST32.	Visit of persistent 3 step change or censoring
39	GROUP	Char	12	$12.	$12.	TREATMENT GROUP
40	DURATION	Num	8	BEST12.	BEST32.	DURATION OF IDDM (TOTAL MONTHS)
41	HBAEL	Num	8	BEST12.	BEST32.	HbA1c(%) at eligibility
42	HBA_BASE	Num	8	BEST12.	BEST32.	Baseline HbA1c(%)
43	AGE	Num	8	BEST12.	BEST32.	PATIENT"S AGE
44	LASTQV	Num	8	BEST12.	BEST32.	Last DCCT visit
45	MMBGLV	Num	8	BEST12.	BEST32.	Mean Within-Profile BG up to Last Visit
46	MMBGLVS	Num	8	BEST12.	BEST32.	Mean Std dev of 7-point BGP up to Last Visit
47	MMBGLVXB	Num	8	BEST12.	BEST32.	Mean Pre-prandial BGP up to Last Visit
48	MMBGLVXA	Num	8	BEST12.	BEST32.	Mean Post-prandial BGP up to Last Visit
49	MMBGLVP	Num	8	BEST12.	BEST32.	Pooled Within Variance of 7-point BGP up to Last Visit
50	MMBGLVG	Num	8	BEST12.	BEST32.	Overall Grand Mean for Profile BG
51	TOTVAR	Num	8	BEST12.	BEST32.	Total Profile Variance up to Last Visit
52	BETWVAR	Num	8	BEST12.	BEST32.	Between Profile Variance up to Last Visit
53	MMBGLVMVal	Num	8	BEST12.	BEST32.	Mean M-Value of 7-point BGP up to Last Visit
54	MMBGLVMAGE	Num	8	BEST12.	BEST32.	Mean MAGE of 7-point BGP up to the Last Visit
55	SEX	Char	1			Sex
56	MASK_PAT	Num	8			Patient ID number

Data Set Name: ansonly.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	AFT00	Num	8		AFT00 ABNORMAL AUTONOMIC FUNCTION (BASELINE)
8	AFT99	Num	8		AFT99 ABNORMAL AUTONOMIC FUNCTION (CLOSE-OUT)
9	ANSD00	Num	8	8.	ANSD00 DEIDENTIFIED ANS VISIT DATE (YR 0)
10	ANSD99	Num	8	8.	ANSD99 DEIDENTIFIED ANS VISIT DATE (CLOSEOUT)
11	ANSDATE	Num	8	8.	ANSDATE DEIDENTIFIED EDIC: ANS DATA-TESTING DATE
12	ANS_AGE	Num	8		ANS_AGE AGE AT EDIC ANS TESTING
13	BHRATI	Num	8		BHRATI VALSALVA RATIO STUDY I
14	BHRATII	Num	8		BHRATII VALSALVA RATIO STUDY II
15	BHRRVAR	Num	8		BHRRVAR RR VARIATION X 1000
16	BHSIXMIN	Num	8		BHSIXMIN 6 MIN RECORD AVAILABLE(1-OK,2-NOT OK)
17	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED ANS TESTING DATE (TEMP VAR FROM ANSDATE)
18	LORREDIC	Num	8		LORREDIC EDIC: RR VARIATION < 15
19	LOWRR00	Num	8		LOWRR00 RR VARIATION BELOW 15 (BASELINE)
20	LOWRR99	Num	8		LOWRR99 RR VARIATION BELOW 15 (CLOSE-OUT)
21	LOWVAL00	Num	8		LOWVAL00 VALSALVA RATIO <= 1.5 (BASELINE)
22	LOWVAL99	Num	8		LOWVAL99 VALSALVA RATIO <= 1.5 (CLOSE-OUT)
23	NVLRATIO	Num	8		NVLRATIO EDIC: # OF VALSALVA RATIOS MISSING
24	ORTHO00	Num	8		ORTHO00 ORTHOSTATIC HYPOTENSION (BASELINE)
25	ORTHO99	Num	8		ORTHO99 ORTHOSTATIC HYPOTENSION (CLOSE-OUT)
26	RRANDVAL	Num	8		RRANDVAL EDIC: RR < 20 & VALSALVA RATIO <= 1.5
27	RRV00	Num	8		RRV00 RR VAR (X 1000) (YR 0)
28	RRV99	Num	8		RRV99 RR VAR (X 1000) (CLOSEOUT)
29	RRVAL00	Num	8		RRVAL00 REDUCED RR & VALSALVA RATIO (BASELINE)
30	RRVAL99	Num	8		RRVAL99 REDUCED RR & VALSALVA RATIO (CLOSE-OUT)
31	RRVRLT20	Num	8		RRVRLT20 EDIC: RR VARIATION < 20
32	VALRATIO	Num	8		VALRATIO EDIC: VALSALVA RATIO <= 1.5
33	VALS00	Num	8		VALS00 MEAN VALS RATIO (YR 0)
34	VALS99	Num	8		VALS99 MEAN VALS RATIO (CLOSEOUT)
35	VALSEDIC	Num	8		VALSEDIC EDIC: MEAN VALSALVA RATIO

Data Set Name: ansreprt.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	AFT00	Num	8		AFT00 ABNORMAL AUTONOMIC FUNCTION (BASELINE)
8	AFT99	Num	8		AFT99 ABNORMAL AUTONOMIC FUNCTION (CLOSE-OUT)
9	AFTEDIC	Num	8		AFTEDIC EDIC: ABNORMAL AUTONOMIC FUNCTION
10	ANSD00	Num	8	8.	ANSD00 DEIDENTIFIED ANS VISIT DATE (YR 0)
11	ANSD99	Num	8	8.	ANSD99 DEIDENTIFIED ANS VISIT DATE (CLOSEOUT)
12	ANSDATE	Num	8	8.	ANSDATE DEIDENTIFIED EDIC: ANS DATA-TESTING DATE
13	ANS_AGE	Num	8		ANS_AGE AGE AT EDIC ANS TESTING
14	BHRATI	Num	8		BHRATI VALSALVA RATIO STUDY I
15	BHRATII	Num	8		BHRATII VALSALVA RATIO STUDY II
16	BHRRVAR	Num	8		BHRRVAR RR VARIATION X 1000
17	BHSIXMIN	Num	8		BHSIXMIN 6 MIN RECORD AVAILABLE(1-OK,2-NOT OK)
18	DBP_DIFF	Num	8		DBP_DIFF DIFFERENCE IN DIASTOLIC BP (MM HG)
19	DECREASE	Num	8		DECREASE DECREASE IN DIASTOLIC BP >= 10 MM HG
20	ELIGIBLE	Num	8		ELIGIBLE EDIC: PT ELIGIBLE FOR ANS:0=NO/1=YES
21	F552B1	Num	8		F552B1 ANY FOOD SINCE MIDNIGHT ?
22	F552B10	Num	8		F552B10 ACUTE ILLNESS IN THE LAST 48 HOURS ?
23	F552B11	Num	8		F552B11 ANY HYPOGLYCEMIC EPISODES SINCE MIDNIGHT ?
24	F552B12A	Num	8		F552B12A FASTING BLOOD SUGAR VALUE
25	F552B12B	Num	8		F552B12B BELOW 50 OR SIGNS OR SYMPTOMS OF HYPOGLYCEMIA ?
26	F552B2	Num	8		F552B2 ANY LIQUIDS SINCE MIDNIGHT (EXCEPT WATER) ?
27	F552B3	Num	8		F552B3 ANY CAFFEINE SINCE MIDNIGHT ?
28	F552B4	Num	8		F552B4 ANY MEDICATION SINCE MIDNIGHT ?
29	F552B5	Num	8		F552B5 ANY OVER-THE COUNTER DRUGS SINCE MIDNIGHT ?
30	F552B6	Num	8		F552B6 ANY ALCOHOL IN THE LAST 24 HOURS ?
31	F552B7	Num	8		F552B7 ANY TOBACCO SINCE MIDNIGHT ?
32	F552B8	Num	8		F552B8 ANY VIGOROUS EXERCISE IN THE LAST 24 HOURS ?
33	F552B9	Num	8		F552B9 ANY EMOTIONAL UPSET IN THE LAST 24 HOURS ?
34	F552D3	Num	8		F552D3 DID POSTURAL HYPOTENSION OCCUR ?
35	F55D1BII	Num	8		F55D1BII DIASTOLIC BLOOD PRESSURE AFTER TO R-R
36	F55D2AII	Num	8		F55D2AII DIASTOLIC BP/POSTURAL STUDY/1 MINUTE

Num	Variable	Type	Len	Format	Label
37	F55D2BII	Num	8		F55D2BII DIASTOLIC BP/POSTURAL STUDY/2 MINUTES
38	F55D2CII	Num	8		F55D2CII DIASTOLIC BP/POSTURAL STUDY/3 MINUTES
39	F55D2DII	Num	8		F55D2DII DIASTOLIC BP/POSTURAL STUDY/4 MINUTES
40	F55D2EII	Num	8		F55D2EII DIASTOLIC BP/POSTURAL STUDY/5 MINUTES
41	F55D2FII	Num	8		F55D2FII DIASTOLIC BP/POSTURAL STUDY/10 MINUTES
42	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
43	LORREDIC	Num	8		LORREDIC EDIC: RR VARIATION < 15
44	LOWRR00	Num	8		LOWRR00 RR VARIATION BELOW 15 (BASELINE)
45	LOWRR99	Num	8		LOWRR99 RR VARIATION BELOW 15 (CLOSE-OUT)
46	LOWVAL00	Num	8		LOWVAL00 VALSALVA RATIO <= 1.5 (BASELINE)
47	LOWVAL99	Num	8		LOWVAL99 VALSALVA RATIO <= 1.5 (CLOSE-OUT)
48	NVLRATIO	Num	8		NVLRATIO EDIC: # OF VALSALVA RATIOS MISSING
49	ORTHO00	Num	8		ORTHO00 ORTHOSTATIC HYPOTENSION (BASELINE)
50	ORTHO99	Num	8		ORTHO99 ORTHOSTATIC HYPOTENSION (CLOSE-OUT)
51	RRANDVAL	Num	8		RRANDVAL EDIC: RR < 20 & VALSALVA RATIO <= 1.5
52	RRV00	Num	8		RRV00 RR VAR (X 1000) (YR 0)
53	RRV99	Num	8		RRV99 RR VAR (X 1000) (CLOSEOUT)
54	RRVAL00	Num	8		RRVAL00 REDUCED RR & VALSALVA RATIO (BASELINE)
55	RRVAL99	Num	8		RRVAL99 REDUCED RR & VALSALVA RATIO (CLOSE-OUT)
56	RRVRLT20	Num	8		RRVRLT20 EDIC: RR VARIATION < 20
57	VALRATIO	Num	8		VALRATIO EDIC: VALSALVA RATIO <= 1.5
58	VALS00	Num	8		VALS00 MEAN VALS RATIO (YR 0)
59	VALS99	Num	8		VALS99 MEAN VALS RATIO (CLOSEOUT)
60	VALSEDIC	Num	8		VALSEDIC EDIC: MEAN VALSALVA RATIO

Data Set Name: ocular.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DCCTQTR	Num	8		DCCT QUARTER
2	DTEDYEAR	Num	8	8.	DCCT/EDIC Year
3	EDICYEAR	Num	8	8.	EDIC Year
4	WOR_VA_C	Num	8		VA Category in the Worse Eye
5	ANYCATA	Num	8		Any cataract surgery up to date?
6	ANYENUC	Num	8		Any enucleation up to date?
7	ANYLASI	Num	8		Any lasik up to date?
8	ANYVIT	Num	8		Any vitrectomy up to date?
9	ANYLIOP	Num	8		Any glaucoma related surgery up to date?
10	ANYYAG	Num	8		Any YAG capsulatomy up to date?
11	ANYCOR	Num	8		Any corneal related surgeries up to date?
12	ANYPLAS	Num	8		Any oculoplastic surgery up to date?
13	ANYNAR	Num	8		Any narrow angle glaucoma treatment?
14	ANYDET	Num	8		Any retinal detachment?
15	ANYCOTH	Num	8		Any cataract extraction with other treatment?
16	ANYVTRD	Num	8		Any vitrectomy(incl. detachment) up to date?
17	ANYDTNV	Num	8		Any retinal detachment(excl. vitrecomy)?
18	ANYSURG2	Num	8		Any ocular surgery(composite) excl. focal/scatter
19	TN_LIOP	Num	8		Total # Glaucoma related surgery eye level
20	TN_CATA	Num	8		Total # Cataract extraction eye level
21	TN_VIT	Num	8		Total # Vitrectomy eye level
22	TN_ENUC	Num	8		Total # Enucleation eye level
23	TN_LASI	Num	8		Total # LASIK eye level
24	TN_YAG	Num	8		Total # YAG capsulotomy eye level
25	TN_COR	Num	8		Total # Corneal related surgeries eye level
26	TN_PLAS	Num	8		Total # oculoplastic surgery eye level
27	TN_NAR	Num	8		Total # Narrow angle glaucoma treatment eye level
28	TN_DET	Num	8		Total # Retinal detachment treatment eye level
29	TN_COTH	Num	8		Total # Cataract extraction with other treatment eye level
30	TN_VTRD	Num	8		Total # vitrectomy(incl. detachment) eye level
31	TN_DTNV	Num	8		Total # retinal detachment(excl. vitrecomy) eye level
32	TN_SURG2	Num	8		Total # ocular surgeries eye level
33	ANYLIOPB	Num	8		Any glaucoma related surgery-bilateral
34	ANYCATAB	Num	8		Any cataract extration-bilateral
35	ANYENUCB	Num	8		Any enucleation-bilateral
36	ANYLASIB	Num	8		Any LASIK surgery-bilateral

Num	Variable	Type	Len	Format	Label
37	ANYYAGB	Num	8		Any YAG capsulotomy-bilateral
38	ANYCORB	Num	8		Any corneal related surgery-bilateral
39	ANYPLASB	Num	8		Any oculoplastic surgery-bilateral
40	ANYVTRDB	Num	8		Any vitrectomy(incl. detachment) up to date?-BI
41	ND_SURG2	Num	8		# distinct ocular surgeries up to year
42	HT	Num	8		Hypertension
43	ATTAGE	Num	8		Attained age
44	ATT_DUR	Num	8		Attained duration of IDDM in months
45	CKD_GFR	Num	8		CKD-EPI GFR definition
46	SCGFR60A	Num	8		Sustained average CKD-EPI eGFR<60
47	AER_PREV	Num	8		AER for Prevalence Analysis
48	AER300_P	Num	8		AER>=300 or ESRD (prevalence data)
49	SAER30_P	Num	8		Sustained AER>=30: prevalence data
50	CSME	Num	8		CSME
51	HBA1C	Num	8	6.2	HBA1C CBL HbA1c result (%) (DORESULT)
52	DTED_HBA	Num	8	6.2	DTED_HBA time weighted mean HbA1c DCCT+EDIC to date
53	CCN	Num	8		Confirmed clinical neuropathy
54	ACEARB	Num	8		On ACEI or ARB
55	HBAEL	Num	8		HBA1c at DCCT eligibility
56	AGE0	Num	8		AGE at DCCT baseline
57	DURYR0	Num	8		IDDM duration (years): DCCT baseline
58	CONV	Num	8		Conventional
59	FEMALE	Num	8		Female
60	PRIMARY	Num	8		Primary
61	DCCT_10	Num	8		No Ret:ETDPAT00=1
62	DCCT_20	Num	8		MA only:ETDPAT00=2/3
63	DCCT_30	Num	8		Mild NPDR:ETDPAT00=4/5
64	DCCT_40	Num	8		Moderate/Severe NPDR:ETDPAT00=6-11
65	DCCT_50	Num	8		PDR+:ETDPAT00>=12
66	DTEDYR	Num	8		calculated DCCT/EDIC Year
67	Y_COR	Num	8		Single Cornea related surgery years since randomization
68	Y_LIOP	Num	8		Single Glaucoma related surgery years since randomization
69	Y_CATA	Num	8		Single Cataract Extraction years since randomization
70	Y_ENUC	Num	8		Single Enucleation years since randomization
71	Y_YAG	Num	8		Single YAG capsulotomy years since randomization
72	Y_PLAS	Num	8		Single Plastic surgery years since randomization
73	Y_LASI	Num	8		Single LASIK years since randomization
74	Y_VTRD	Num	8		Single Vitrectomy or detachment years since randomization
75	Y_SRG2	Num	8		Single Composite surgery no laser years since randomization

Num	Variable	Type	Len	Format	Label
76	MASK_PAT	Num	8		Patient ID number

Data Set Name: optimret.sas7bdat

Num	Variable	Type	Len	Label
1	ETDRSPAT	Num	8	ETDRS final patient score
2	EDICYEAR	Char	1	EDIC follow-up year
3	DCCTQTR	Num	8	DCCT quarterly visit
4	FSMOKES	Num	8	Currently smoking (0=No, 1=Yes)
5	HBA1C	Num	8	Current HbA1c(%)
6	DCCT_EDIC_HBA	Num	8	DCCT/EDIC time weighted mean HbA1c(%)
7	HT	Num	8	Hypertension (BP>=140/90 or anti-hypertensive medication taken)(0=No, 1=Yes)
8	HLIP	Num	8	Hyperlipidemia (LDL>=130 or lipid lowering medication taken)(0=No, 1=Yes)
9	c_bmi	Num	8	Calculated BMI at visit date (kg/m2)
10	SEX	Char	1	Sex
11	GROUP	Char	8	Treatment group
12	DURATION	Num	8	Baseline diabetes duration (months)
13	CURR_AGE	Num	8	Age at visit date (years)
14	time	Num	8	Years since diabetes diagnosis (current duration)
15	RET_STATE	Num	8	Current retinopathy state(1-5)
16	MASK_PAT	Num	8	Masked Patient ID

Data Set Name: f1301.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	8		Collection Date Deidentified
2	JHDIAKID	Char	1	$YN.	PATIENT HAS DIABETIC OFFSPRING
3	JHCODE	Char	3	$GEN_REL.	RELATIVE CODE
4	JHSEX	Char	1	$GENDERF.	GENDER
5	JHLIVING	Num	3	YESNOFMT.	LIVING
6	JHDIABET	Num	3	YESNOFMT.	ANY DIABETIC
7	JHDIAGN	Num	3		AGE DIABETES DIAGNOSED
8	JHINSUL	Num	3	YESNOFMT.	USES INSULIN
9	JHRETIN	Num	3	YESNOFMT.	RETINOPATHY
10	JHNEPH	Num	3	YESNOFMT.	NEPHROPATHY
11	JHPARENT	Num	8	YESNOFMT.	SAME BIOLOGICAL PARENTS
12	JHCURAGE	Num	8		Age at Collection or Age at Death
13	MASK_PAT	Num	8		Patient ID Deidentified
14	MASKCLIN	Num	8		Clinic ID Deidentified

Data Set Name: edret10.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MASK_PAT	Num	8		MASK_PAT de-identified EDIC PATIENT id
2	ADULT	Num	8		ADULT Adult at DCCT enrollment (0=n 1=y)
3	AGE0	Num	8		AGE0 AGE at DCCT baseline (years)
4	ANY3STP	Num	8		ANY3STP Any 3 step change DCCT/EDIC to date (0=n 1=y)
5	ANALYSIS	Num	8		ANALYSIS Retinopathy Analysis Population (0=n 1=y)
6	ANYCSME	Num	8		ANYCSME Any CSME DCCT/EDIC to date (0=n 1=y)
7	ANYFOCA	Num	8		ANYFOCA Any FOCAL DCCT/EDIC to date (0=n 1=y)
8	ANYFOCD	Num	8	8.	ANYFOCD First FOCAL Date in DCCT/EDIC
9	ANYHRC	Num	8		ANYHRC Any HRC DCCT/EDIC to date (0=n 1=y)
10	ANYLASE	Num	8		ANYLASE Any LASER DCCT/EDIC to date (0=n 1=y)
11	ANYPDR	Num	8		ANYPDR Any PDR DCCT/EDIC to date (0=n 1=y)
12	ANYPDRD	Num	8	8.	ANYPDRD First PDR Date in DCCT/EDIC
13	ANYSCAD	Num	8	8.	ANYSCAD First SCATTER Date in DCCT/EDIC
14	ANYSCAT	Num	8		ANYSCAT Any SCATTER DCCT/EDIC to date (0=n 1=y)
15	ANYSNP	Num	8		ANYSNP Any SNPDR DCCT/EDIC to date (0=n 1=y)
16	ANYSTOP	Num	8		ANYSTOP Any STOP DCCT/EDIC to date (0=n 1=y)
17	CSME	Num	8		CSME Clinically Significant Macular Edema (0=n 1=y)
18	CSMEANAL	Num	8		CSMEANAL CSME analysis population (0=n 1=y)
19	DCCT10	Num	8		DCCT10 Level 10/10 at DCCT close-out (0=n 1=y)
20	DCCT20	Num	8		DCCT20 Level 20/<20 at DCCT close-out (0=n 1=y)
21	DCCT30	Num	8		DCCT30 Level 30/<30 at DCCT close-out (0=n 1=y)
22	DCCT3STP	Num	8		DCCT3STP Any 3 Step Change through DCCT (0=n 1=y)
23	DCCT40	Num	8		DCCT40 Level 40/<40 at DCCT close-out (0=n 1=y)
24	DCCT50	Num	8		DCCT50 Level 50/<50 at DCCT close-out (0=n 1=y)
25	DCCTCSME	Num	8		DCCTCSME Any CSME through DCCT (0=n 1=y)
26	DCCTFOCA	Num	8		DCCTFOCA Any FOCAL through DCCT (0=n 1=y)
27	DCCTHRC	Num	8		DCCTHRC Any HRC through DCCT (0=n 1=y)
28	DCCTLASE	Num	8		DCCTLASE Any LASER through DCCT (0=n 1=y)
29	DCCTMON	Num	8		DCCTMON Time on randomized treatment (months)
30	DCCTPDR	Num	8		DCCTPDR Any PDR through DCCT (0=n 1=y)
31	DCCTSCAT	Num	8		DCCTSCAT Any SCATTER through DCCT (0=n 1=y)
32	DCCTSNP	Num	8		DCCTSNP Any SNPDR through DCCT (0=n 1=y)
33	DCCTSTOP	Num	8		DCCTSTOP Any STOP through DCCT (0=n 1=y)
34	DCCT_HBA	Num	8		DCCT_HBA DCCT mean HBA1C (%)
35	DURYR0	Num	8		DURYR0 IDDM duration (years): DCCT baseline
36	EDIC3SFD	Num	8	8.	EDIC3SFD First further 3 Step Change Date in EDIC

Num	Variable	Type	Len	Format	Label
37	EDIC3STF	Num	8		EDIC3STF Any further 3 STEP change through EDIC (0=n 1=y .D=DCCT)
38	EDICYR	Num	8		EDICYR EDIC year
39	ETDPAT00	Num	8		ETDPAT00 DCCT baseline ETDRSPAT score
40	ETDPAT99	Num	8		ETDPAT99 DCCT closeout ETDRSPAT score
41	ETDRSPAT	Num	8		ETDRSPAT Current ETDRSPAT score
42	FOCAL	Num	8		FOCAL Focal Laser (0=n 1=y)
43	FSASDATE	Num	8	8.	FSASDATE PHOTO DATE
44	GROUP	Char	13		GROUP Treatment Group (EXPERIMENTAL STANDARD)
45	HBAEL	Num	8		HBAEL HBA1c at DCCT eligibility
46	HRC	Num	8		HRC High Risk Characteristics (0=n 1=y)
47	LASER	Num	8		LASER Laser (0=n 1=y)
48	LIPFLG	Num	8		LIPFLG HYPERLIPIDEMIA EVER (0=n 1=y)
49	MBP99	Num	8	5.1	MBP99 Mean BP (CloseOut, F021)
50	PDR	Num	8		PDR Proliferative Diabetic Retinopathy (0=n 1=y)
51	RETBASE	Char	4		RETBASE RETINOPATHY AT BASELINE (PRIM SCND)
52	SCAT	Num	8		SCAT SCATTER Laser (0=n 1=y)
53	SEX	Char	1		SEX Sex (F M)
54	SNPDR	Num	8		SNPDR Severe Non-Proliferative Diabetic Retinopathy (0=n 1=y)
55	STEP3	Num	8		STEP3 3 Step change from DCCT baseline (0=n 1=y)
56	STEP3F	Num	8		STEP3F Further 3 Step change from DCCT closeout (0=n 1=y .D=DCCT)
57	STOP	Num	8		STOP Stopped Fundus Photo (0=n 1=y)

Data Set Name: edrettab.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MASK_PAT	Num	8		MASK_PAT de-identified EDIC PATIENT id
2	AER00	Num	8		AER00 AER at DCCT baseline
3	AGE0	Num	8		AGE0 AGE at DCCT baseline (years)
4	AGE99	Num	8		AGE99 AGE at DCCT closeout (years)
5	ANYFOCA	Num	8		ANYFOCA Any FOCAL DCCT/EDIC to date (0=n 1=y)
6	ANYSCAT	Num	8		ANYSCAT Any SCATTER DCCT/EDIC to date (0=n 1=y)
7	BMI00	Num	8	5.1	BMI00 Body Mass Index (baseline)
8	DCCTYEAR	Num	8		DCCTYEAR Time on randomized treatment (Yr)
9	DCCT_HBA	Num	8		DCCT_HBA DCCT mean HBA1C (%)
10	DTCLSETD	Num	8		DTCLSETD DCCT closeout ETDRS level comb DCCT10-DCCT50
11	DTED_HBA	Num	8		DTED_HBA DCCT-EDIC mean HBA1c up to Year 10
12	DURYR0	Num	8		DURYR0 IDDM duration (years): DCCT baseline
13	DURYR99	Num	8		DURYR99 IDDM duration (years): DCCT Closeout
14	EDICYR	Num	8		EDICYR EDIC Year after change 19 Year 11 pts to Year 10
15	EDIC_HBA	Num	8		EDIC_HBA EDIC mean HBA1c up to Year 10
16	ETDRSPAT	Num	8		ETDRSPAT Current ETDRSPAT score
17	FSASDATE	Num	8	8.	FSASDATE PHOTO DATE
18	GLUC410	Num	8		GLUC410 BGSM >=4 times a day @ EDIC YR 10 (0=n 1=y .U=uncertain)
19	GLUC499	Num	8		GLUC499 BGSM >=4 times a day @ DCCT Close (0=n 1=y)
20	GROUP	Char	13		GROUP Treatment Group (EXPERIMENTAL STANDARD)
21	HBA99	Num	8		HBA99 HBA1c at DCCT closeout (%)
22	HBAEL	Num	8		HBAEL HBA1c at DCCT eligibility (%)
23	LIPFLG	Num	8		LIPFLG HYPERLIPIDEMIA EVER (0=n 1=y)
24	MBP99	Num	8	5.1	MBP99 Mean BP (CloseOut, F021)
25	MDI10	Num	8		MDI10 Pump or MDI @ EDIC Yr 10 (0=n 1=y)
26	MDI99	Num	8		MDI99 Pump or MDI @ DCCT closeout (0=n 1=y)
27	RETBASE	Char	4		RETBASE RETINOPATHY AT BASELINE (PRIM SCND)
28	SEX	Char	1		SEX Sex (F M)

Data Set Name: nih_usone1116.sas7bdat

Num	Variable	Type	Len	Label
1	WTMHBA01	Num	8	Weighted mean HbA1C from DCCT to EDIC year 1
2	WTMHBA06	Num	8	Weighted mean HbA1C from DCCT to EDIC year 6
3	WTMHBA12	Num	8	Weighted mean HbA1C from DCCT to EDIC year 12
4	AER06	Num	8	AER (mg/24hr) (yr5-6)
5	AER40_06	Num	8	AER >= 40(yr5-6) (1=Yes, 0=No)
6	A_AGE01	Num	8	Attained age(yrs) (yr1)
7	A_AGE06	Num	8	Attained age(yrs) (yr6)
8	A_DRN06	Num	8	Attained duration(yrs) (yr6)
9	BMI30_01	Num	8	BMI >=30 (Obese)(yr1) (1=Yes, 0=No)
10	BMI30_06	Num	8	BMI >=30 (Obese)(yr6) (1=Yes, 0=No)
11	COMMNW01	Num	8	Common IMT(mm) (yr1)
12	COMMNW06	Num	8	Common IMT(mm) (yr6)
13	COMMNW12	Num	8	Common IMT(mm) (yr12)
14	DBP06	Num	8	Diastolic BP(mm Hg) (yr6)
15	DEVPRB01	Num	8	Imaging device (yr1)
16	DEVPRB06	Num	8	Imaging device (yr6)
17	DEVPRB12	Num	8	Imaging device (yr12)
18	EDHBA06	Num	8	Mean HbA1C during EDIC 1-6 (yr6)
19	EDHBA12	Num	8	MEAN HBA1C DURING EDIC1-12 (yr12)
20	HDL06	Num	8	HDL Cholesterol (serum,mg/dl)(yr6)
21	HLIP06	Num	8	Hyperlipidemia (LDL >=130 or medication) (yr6)(1=Yes, 0=No)
22	HT06	Num	8	Hypertension (BP >= 140/90) (yr6)(1=Yes, 0=No)
23	LDL06	Num	8	LDL Cholesterol (serum,mg/dl)(yr6)
24	LOGAER06	Num	8	LOG_AER (yr6)
25	SBP01	Num	8	Systolic BP (mm Hg) (yr1)
26	SBP06	Num	8	Systolic BP (mm Hg) (yr6)
27	SMOKE01	Num	8	Smoker Past 12 mon Cigarette/Cigarillos (yr1)
28	SMOKE06	Num	8	Smoker Past 12 mon Cigarette/Cigarillos (yr6)
29	TCHOL06	Num	8	Total Cholesterol (serum,mg/dl)(yr6)
30	TRIG06	Num	8	Triglycerides (serum,mg/dl)(yr6)
31	DCCT_HBA	Num	8	Weighted mean HbA1C during DCCT
32	GROUP	Char	13	Randomization Group
33	RETBASE	Char	4	Retinopathy at Baseline (PRIM,SCND)
34	SEX	Char	1	Sex (From Master)
35	READ01	Num	8	IMT reader (yr1)
36	READ06	Num	8	IMT reader (yr6)

Num	Variable	Type	Len	Label
37	READ12	Num	8	IMT reader (yr12)
38	A40Y01	Num	8	AER >= 40 or dialysis/transplant(ever)(DCCCT/EDIC to yr1-2)
39	A300Y01	Num	8	AER >= 300 or dialysis/transplant(ever)(DCCCT/EDIC to yr1-2)
40	A40Y06	Num	8	AER >= 40 or dialysis/transplant(ever)(DCCCT/EDIC to yr5-6)
41	A300Y06	Num	8	AER >= 300 or dialysis/transplant(ever)(DCCCT/EDIC to yr5-6)
42	A40Y12	Num	8	AER >= 40 or dialysis/transplant(ever)(DCCCT/EDIC to yr11-12)
43	A300Y12	Num	8	AER >= 300 or dialysis/transplant(ever)(DCCCT/EDIC to yr11-12)
44	MASK_PAT	Num	8	Patient ID number

Data Set Name: mscognit.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EXP	Num	8		Treatment Group (1=INT/2=CON)
4	MALE	Num	8		Gender (1=Male/2=Female)
5	FOLLOW	Num	8		Length of Follow-Up (Years)
6	AGE12	Num	8		Age (years)
7	RVAR4	Num	8		Verbal Fluency (total num words)
8	RVAR8	Num	8		Similarities (scaled score)
9	RVAR10	Num	8		Block Design (scaled score)
10	RVAR19	Num	8		Tactual Performance Memory Score (num correct)
11	RVAR25	Num	8		Symbol Digit Learning Total (num correct)
12	RVAR26	Num	8		VR, Immediate Recall Total (num correct)
13	RVAR30	Num	8		Short Term Memory Total Retention (num correct)
14	RVAR31	Num	8		Digit Symbol (num correct)
15	RVAR35	Num	8		VR, Delayed Recall Total (num correct)
16	RVAR40	Num	8		Embedded Figures (time in secs)
17	RVAR46	Num	8		Object Assembly (scaled score)
18	RVAR47	Num	8		Digit Vigilance (time in secs)
19	RVAR48	Num	8		Digit Vigilance (num errors)
20	RVAR49	Num	8		WAIS Digit Span (scaled score)
21	RVAR54	Num	8		Digit Symbol - 90 Second Total (num correct)
22	RVAR56	Num	8		Trail Making - Part B (time in secs)
23	RVAR60	Num	8		Finger Tapping Dom Hand (num taps 10 secs)
24	RVAR62	Num	8		Finger Tapping Nondom Hand (num taps 10 secs)
25	RVAR63	Num	8		Grooved Pegboard Dom Hand (time in secs)
26	RVAR65	Num	8		Grooved Pegboard Nondom Hand (time in secs)
27	RVAR71	Num	8		Category Test (num errors)
28	RVAR72	Num	8		Tactual Performance Memory Score (num correct)
29	RVAR73	Num	8		Log. Immed. Mem.s- Stories 1&2 (num correct)
30	RVAR74	Num	8		Log. Delayed Mem - Stories 1&2 (num correct)
31	CUMCNT	Num	8		Cum Coma/Seizures
32	HYPO	Num	8		Hypo Event Ever in DCCT/EDIC? (1=Yes/2=No)
33	XHBA	Num	8		Time-Weighted HBA1C
34	DAD1	Num	8		Domain 1 - Problem Solving
35	DAD2	Num	8		Domain 2 - Learning
36	DAD3	Num	8		Domain 3 - Immediate Memory

Num	Variable	Type	Len	Format	Label
37	DAD4	Num	8		Domain 4 - Delayed Recall
38	DAD5	Num	8		Domain 5 - Spatial Information
39	DAD6	Num	8		Domain 6 - Attention
40	DAD7	Num	8		Domain 7 - Psychomotor Efficiency
41	DAD8	Num	8		Domain 8 - Motor Speed
42	TESTSUM	Num	8		Num of NB Tests Taken Since Baseline
43	HBAEL	Num	8		Eligibility HbA1c (%)
44	EDYRS	Num	8		Baseline Years of Education
45	QV00_R63	Num	8		Base Grooved Pegboard Dom Hand (time in secs)
46	QV00_R65	Num	8		Base Grooved Pegboard Nondom Hand (time in secs)
47	QV00_R56	Num	8		Base Trail Making - Part B (time in secs)
48	QV00_R4	Num	8		Base Verbal Fluency (total num words)
49	QV00_R60	Num	8		Base Finger Tapping Dom Hand (num taps 10 secs)
50	QV00_R62	Num	8		Base Finger Tapping Nondom Hand (num taps 10 secs)
51	QV00_R54	Num	8		Base Digit Symbol - 90 Second Total (num correct)
52	QV00_R31	Num	8		Base Digit Symbol (num correct)
53	QV00_R40	Num	8		Base Embedded Figures (time in secs)
54	QV00_R49	Num	8		Base WAIS Digit Span (scaled score)
55	QV00_R19	Num	8		Base Tactual Performance Memory Score (num correct)
56	QV00_R26	Num	8		Base VR, Immediate Recall Total (num correct)
57	QV00_R35	Num	8		Base VR, Delayed Recall Total (num correct)
58	QV00_R47	Num	8		Base Digit Vigilance (time in secs)
59	QV00_R48	Num	8		Base Digit Vigilance (num errors)
60	QV00_R25	Num	8		Base Symbol Digit Learning Total (num correct)
61	QV00_R30	Num	8		Base Short Term Memory Total Retention (num correct)
62	QV00_R71	Num	8		Base Category Test (num errors)
63	QV00_R73	Num	8		Base Log. Immed. Mem.s- Stories 1&2 (num correct)
64	QV00_R74	Num	8		Base Log. Delayed Mem - Stories 1&2 (num correct)
65	QV00_R72	Num	8		Base Tactual Performance Memory Score (num correct)
66	QV00_R8	Num	8		Base Similarities (scaled score)
67	QV00_R46	Num	8		Base Object Assembly (scaled score)
68	QV00_R10	Num	8		Base Block Design (scaled score)
69	RETBASE	Char	4		Retinopathy at Baseline (Prim,Scnd)
70	ADULT00	Num	8		Adult >= 18 (1=Yes/2=No)
71	AGE00	Num	8		Age (years)
72	DUR00	Num	8		Diabetes Duration (years)
73	DBP00	Num	8		Diastolic Blood Pressure (mm Hg)
74	SBP00	Num	8		Systolic Blood Pressure (mm Hg)
75	VERBAL00	Num	8		Verbal IQ

Num	Variable	Type	Len	Format	Label
76	PERFORM00	Num	8		Full Scale IQ
77	DEPRESS00	Num	8	6.2	T-Score Depression
78	CHOL00	Num	8		Total Cholesterol (mg/dl)
79	LDL00	Num	8		LDL Cholesterol (mg/dl)
80	NEUR00	Num	8		Pain or Numbness in Hands Only (1=Yes/2=No)
81	WHITE	Num	8		White Race (1=Yes/2=No)
82	COLL00	Num	8		College Graduate (1=Yes/2=No)
83	MARRY00	Num	8		Martial Status (1=Never/2=Married/3=Sep/4=Div)
84	PROF00	Num	8		Professional/Technical Job (1=Yes/2=No)
85	UNEMP00	Num	8		Unemployed/Retired (1=Yes/2=No)
86	SMOKE00	Num	8		Current Cigarette Smoker (1=Yes/2=No)
87	CHOL12	Num	8		Total Cholesterol (mg/dl)
88	LDL12	Num	8		LDL Cholesterol (mg/dl)
89	SBP12	Num	8		Systolic Blood Pressure (mm Hg)
90	DBP12	Num	8		Diastolic Blood Pressure (mm Hg)
91	DUR12	Num	8		Diabetes Duration (years)
92	SMOKE12	Num	8		Current Cigarette Smoker (1=Yes/2=No)
93	HYPER12	Num	8		Treated Hypertension (1=Yes/0=No)
94	HBA	Num	8		Hemoglobin A1c at EDIC Year 12 (%)
95	DEPRESS12	Num	8		T-Score Depression
96	WOR12	Num	8		Visual Acuity Worse Than 20/40 (1=Yes/2=No)
97	RET12	Num	8		Any Retinopathy? (1=Yes/0=No)
98	COLL12	Num	8		College Graduate (1=Yes/2=No)
99	MARRY12	Num	8		Martial Status (1=Never/2=Married/3=Sep/4=Div)
100	PROF12	Num	8		Professional/Technical Job (1=Yes/2=No)
101	UNEMP12	Num	8		Unemployed/Retired (1=Yes/2=No)
102	NEUR12	Num	8		Pain or Numbness in Hands or Feet (1=Yes/2=No)
103	LIPMED12	Num	8		Lipid Lower Medications (1=Yes/2=No)

Data Set Name: edren18.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ANYESRD	Num	8			Any ESRD
2	ANYESRDV	Num	8			First DTEDYEAR of ESRD
3	ANYDIAL	Num	8			Any dialysis
4	ANYTRAN	Num	8			Any kidney transplant
5	ANYDIALV	Num	8			First DTEDYEAR of Dialysis
6	ANYTRANV	Num	8			First DTEDYEAR of kidney transplant
7	EVENSEQ	Num	8			Scheduled Renal Visit: Even(1)/Odd(0)
8	EDICYEAR	Num	8		8.	EDICYEAR EDIC FOLLOWUP YEAR
9	DTEDYEAR	Num	8			DCCT/EDIC Year
10	Cycle	Num	8			EDIC AER Cycle (every 2 years)
11	DCCTQTR	Num	8			DCCT quarterly visit
12	AER	Num	8			AER
13	ANYAER40	Num	8			Any AER>=40 up to visit
14	ANYAE300	Num	8			Any AER>=300/ESRD up to visit
15	ANAER40V	Num	8			First DTEDYEAR of AER>=40
16	AAER300V	Num	8			First DTEDYEAR of AER>=300/ESRD
17	AER40	Num	8			AER>=40 or ESRD
18	AER300	Num	8			Def1: AER>=300 or ESRD
19	AER1CAT	Num	8			AER Category1:1/2(30-300)/3(300)/4ESRD
20	SAER30	Num	8			Sustained AER>=30
21	ANYSAE30	Num	8			Any Sus AER>=30
22	ASAE30V1	Num	8			First DTEDYEAR (first) of Sus AER>=30
23	LOGAER	Num	8			Log(AER)
24	DTAER40	Num	8			AER>=40 onset in DCCT
25	EDAER40	Num	8			AER>=40 onset in EDIC
26	DTSAER30	Num	8			Sustained AER>=30 onset in DCCT
27	EDSAER30	Num	8			Sustained AER>=30 onset in EDIC
28	DTAER300	Num	8			AER>=300/ESRD onset in DCCT
29	EDAER300	Num	8			AER>=300/ESRD onset in EDIC
30	eSCR	Num	8			Calibrated SCR-old assay, new SCR-new assay
31	CKD_GFR	Num	8			CKD-EPI GFR definition
32	ANYCG30	Num	8			Any CKD-EPI GFR<30 up to visit
33	ANYDSCR	Num	8			Any doubling of SCR since baseline
34	ANYSCR2	Num	8			Any SCR>2 up to visit
35	ANYREN	Num	8			Any renal insufficiency up to visit
36	ANYDSCRV	Num	8			Visit of first doubling of SCR since baseline

Num	Variable	Type	Len	Format	Informat	Label
37	ANYSCR2V	Num	8			Visit of first SCR>2
38	ANYRENV	Num	8			Visit of first renal insufficiency
39	ANYSCG60	Num	8			Any sustained CGFR60 up to date?
40	ANSCG60V	Num	8			Visit of first sustained CGFR60
41	DTSCG60	Num	8			Sustained eGFR<60 Onset in DCCT
42	EDSCG60	Num	8			Sustained eGFR<60 Onset in EDIC
43	DTCG30	Num	8			eGFR<30 Onset in DCCT
44	EDCG30	Num	8			eGFR<30 Onset in EDIC
45	DCCTREN	Num	8			Renal Insufficiency Onset in DCCT
46	EDICREN	Num	8			Renal Insufficiency Onset in EDIC
47	DCCTDSCR	Num	8			Double SCR from DCCT base onset in DCCT
48	EDICDSCR	Num	8			Double SCR from DCCT base onset in EDIC
49	DCCTSCR2	Num	8			SCR>2 onset in DCCT
50	EDICSCR2	Num	8			SCR>2 onset in EDIC
51	RENALPOP	Num	8			Renal Analysis Population
52	CLR	Num	8			Standard clearance
53	LIPID	Num	8			LIPID2 Lipid-Lowering (form 4 or text hits)
54	ACEARB	Num	8			On ACEI or ARB
55	ANTIHYP	Num	8			HTRX_ANY2 (odb14xxx or ACE_ANY2 or ARB_ANY2 or BB_ANY)
56	ANACEARB	Num	8			Any ACE/ARB inhibitors taken to date
57	ANYANHYP	Num	8			Any anti-hypertensives taken(form 4 or text)
58	ANYLIPID	Num	8			Any lipid lowering meds taken to date
59	RAAS_HYP	Num	8			ACEI/ARB for Hypertension
60	RAAS_NEP	Num	8			ACEI/ARB for Nephropathy
61	RAAS_PRO	Num	8			ACEI/ARB for Prophylactic
62	RAAS_RSN	Num	8			Reason for RAAS
63	EDRENPOP	Num	8			EDIC Renal Analysis Population
64	HBAEL	Num	8			HBA1c at DCCT eligibility
65	AGE0	Num	8			AGE at DCCT baseline
66	MBP00	Num	8	5.1		Mean BP (baseline, F021)
67	BMI00	Num	8	5.1		Body Mass Index (baseline)
68	MBP99	Num	8	5.1		Mean BP (CloseOut, F021)
69	BMI99	Num	8	5.1		Body Mass Index (CloseOut)
70	AER00	Num	8			AER - Mon 0 (CBL calc)
71	AER99	Num	8			AER - CloseOut (CBL calc)
72	CHL00	Num	8			Total Cholesterol - Mon 0
73	CHL99	Num	8			Total Cholesterol - CloseOut
74	TRG00	Num	8			Triglycerides - Mon 0
75	TRG99	Num	8			Triglycerides - CloseOut

Num	Variable	Type	Len	Format	Informat	Label
76	LDL00	Num	8			LDL Cholesterol - Mon 0
77	HDL00	Num	8			HDL Cholesterol - Mon 0
78	HDL99	Num	8			HDL Cholesterol - CloseOut
79	DURYR0	Num	8			IDDM duration (years): DCCT baseline
80	DURYR99	Num	8			IDDM duration (years): DCCT Closeout
81	AGE99	Num	8			AGE at DCCT closeout
82	LDL99	Num	8			LDL Cholesterol - CloseOut
83	HLIP00	Num	8			Hyperlipidemia at DCCT base
84	HLIP99	Num	8			Hyperlipidemia at DCCT close
85	CONV	Num	8			Conventional
86	FEMALE	Num	8			Female
87	PRIMARY	Num	8			Primary
88	SBP00	Num	8			SBP (baseline, F021)
89	DBP00	Num	8			DBP (baseline, F021)
90	SBP99	Num	8			SBP (CloseOut, F021)
91	DBP99	Num	8			DBP (CloseOut, F021)
92	HT00	Num	8			Hypertension DCCT base
93	HT99	Num	8			Hypertension DCCT Close
94	GFR00	Num	8			CKDGFR at DCCT Base
95	GFR99	Num	8			CKDGFR at DCCT Closeout
96	CCN00	Num	8			Confirmed Clinical Neuropathy at DCCT base
97	CCN99	Num	8			Confirmed Clinical Neuropathy at DCCT closeout
98	DCCT_HBA	Num	8	6.2		DCCT mean HBA1c
99	MDI00	Num	8			Pump/MDI at DCCT baseline
100	MDI99	Num	8			Pump/MDI at DCCT closeout
101	GLUC400	Num	8			Glucose Monitor>=4 DCCT base
102	GLUC499	Num	8			GLucose Monitor>=4 DCCT close
103	AGE	Num	8			Attained age at visit
104	CKDGFR60	Num	8			CKD-EPI Definition GFR<60
105	SCGFR60	Num	8			Sustained CKD-EPI GFR<60 over two visits
106	ETDRSPAT	Num	8			ETDRSPAT ETDRS FINAL PATIENT LEVEL
107	HT	Num	8			Hypertension
108	HLIP	Num	8			Hypercholesterolemia(LDL>=130 or Lipid lowering med
109	ATT_DUR	Num	8			Attained duration of IDDM in months
110	MDI	Num	8			Pump or multiple daily injections
111	GLUC4	Num	8			Self monitored glucose >=4 times a day
112	EDIC_HBA	Num	8			EDIC mean HbA1c
113	HBA1C	Num	8	6.2		HbA1c (%)
114	DTED_HBA	Num	8	6.2		T-W DCCT+EDIC HbA1c

Num	Variable	Type	Len	Format	Informat	Label
115	BMI	Num	8	8.2		Body mass index
116	SBP	Num	8	8.2		Systolic blood pressure
117	DBP	Num	8	8.2		Diastolic blood pressure
118	BPM	Num	8	8.1		Mean blood pressure
119	CHL	Num	8	8.		Total cholesterol
120	HDL	Num	8	8.		High density lipoprotein
121	LDL	Num	8	8.		Low density lipoprotein
122	TRG	Num	8	8.		Triglycerides
123	SMOKES	Num	8			Currently smoking
124	OBESE	Num	8			Obesity(BMI>=30)
125	ATTDURY	Num	8			Attained duration of IDDM in years
126	AER30	Num	8			AER>=30 or ESRD
127	CSME1	Num	8			CSME either eye
128	CSME2	Num	8			CSME either eye
129	CSME3	Num	8			CSME either eye
130	CCN	Num	8			Confirmed clinical neuropathy
131	AFT	Num	8			Abnormal autonomic function
132	SEX	Char	1			Sex
133	GROUP	Char	13			TREATMENT GROUP
134	RETBASE	Char	4			RETINOPATHY AT BASELINE
135	FSAER30	Num	8			Sustained AER>30- no missing
136	FSCGFR60	Num	8			Sustained GFR>60- no missing
137	FAER300	Num	8			AER>300- no missing
138	FSMOKES	Num	8			Currently smoking-no missing
139	FHDL	Num	8			HDL-no missing
140	FLDL	Num	8			LDL-no missing
141	FCHL	Num	8			Total cholesterol-no missing
142	FTRG	Num	8			Triglycerides-no missing
143	FHLIP	Num	8			Hyperlipidemia-no missing
144	FGLUC4	Num	8			Glucose monitoring >=4 times a day or pump-no missing
145	FHT	Num	8			Hypertension-no missing
146	FBPM	Num	8			Mean blood pressing-no missing
147	FMDI	Num	8			Multiple daily injections-no missing
148	FSBP	Num	8			Systolic blood pressure-no missing
149	FDBP	Num	8			Diastolic blood pressure-no missing
150	FEDIC_HBA	Num	8			EDIC mean HBA1C-no missing
151	FDTED_HBA	Num	8			DCCT/EDIC mean HBA1C-no missing
152	FHBA1C	Num	8			HBA1C(%)-no missing
153	FATT_DUR	Num	8			Attained duration in months at visit-missing imputed

Num	Variable	Type	Len	Format	Informat	Label
154	FCKDGFR	Num	8			Estimated CKD-EPI GFR multiple visit year average-no missing
155	FESCR	Num	8			Estimated SCR multiple visit year average-no missing
156	FBMI	Num	8			Body mass index- no missing
157	FOBESE	Num	8			Obesity(BMI>=30)- no missing
158	ANYCG60	Num	8			Any CKD-EPI eGFR<60
159	ANYAER30	Num	8			Any AER>30 or ESRD
160	ANYCCN	Num	8			Any confirmed clinical neuropathy
161	ANYAFT	Num	8			Any abnormal autonomic function
162	ANYSAER30	Num	8			Any sustained AER>30 or ESRD
163	ETDRSCAT1	Num	8			ETDRS category w/ self reported scatter
164	ETDRSCAT2	Num	8			ETDRS category w/ confirmed scatter
165	ETDRSCAT3	Num	8			ETDRS category w/ analysis scatter
166	FATTDURY	Num	8			Attained duration in years at visit-missing imputed
167	AER1718	Num	8			PAT w Y 17/18 AER data
168	RENAL18	Num	8			PAT w Y17/18 AER or Y18 GFR
169	MASK_PAT	Num	8			Patient ID number
170	RANDSAS	Num	8			Randomization Date (SAS Value)

Data Set Name: edret18.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ETDRSPAT	Num	8			ETDRSPAT ETDRS FINAL PATIENT LEVEL
2	EDICYEAR	Num	8		8.	EDICYEAR EDIC YEAR
3	CYCLE	Num	8			Cycle with complete cohort
4	DTEDYEAR	Num	8			DCCT/EDIC Year
5	DCCTQTR	Num	8			DCCT Quarter
6	EDSTAT	Char	8			EDSTAT EDIC Status
7	ANYAVEGF	Num	8			Any anti-VEGF medication up to visit
8	ANYASCAT	Num	8			Any self rep. or confirmed scatter
9	ANYAFOCA	Num	8			Any self rep. or confirmed focal or anti-VEGF
10	DTEDYR	Num	8			calculated DCCT/EDIC Year
11	RET	Num	8			Retinopathy in either eye
12	MINPDR	Num	8			Mild NPDR in either eye
13	MONPDR	Num	8			Moderate NPDR in either eye
14	SNPDR	Num	8			Severe NPDR in either eye
15	PDR	Num	8			Proliferative diabetic retinopathy in either eye
16	ANYRET	Num	8			Any RET up to visit?
17	ANYMIN	Num	8			Any MINPDR up to visit?
18	ANYMON	Num	8			Any MONPDR up to visit?
19	ANYSNP	Num	8			Any SNPDR up to visit?
20	ANYPDR	Num	8			Any PDR up to visit?
21	ANYSTP3F	Num	8			Any STEP3F up to visit?
22	ANYSTEP3	Num	8			Any STEP3 up to visit?
23	ANYSSTP3	Num	8			Any SSTEP3 up to visit?
24	ANYRETV	Num	8			Visit of first RET
25	ANYMINV	Num	8			Visit of first HRC
26	ANYMONV	Num	8			Visit of first MONPDR
27	ANYSNPV	Num	8			Visit of first SNPDR
28	ANYPDRV	Num	8			Visit of first PDR
29	ANSTP3FV	Num	8			Visit of first STEP3F
30	ANYSTP3V	Num	8			Visit of first STEP3
31	ANYSST3V	Num	8			Visit of first SSTEP3
32	STEP3F	Num	8			Further 3 step progression since DCCT closeout
33	STEP3	Num	8			3 step progression since DCCT baseline
34	PREVANAL	Num	8			Prevalence ANALYSIS, 1 per cycle
35	AGE	Num	8			Attained age at visit
36	CKDGFR60	Num	8			CKD-EPI Definition GFR<60

Num	Variable	Type	Len	Format	Informat	Label
37	CKDGFR_A	Num	8			Average GFR for years w multiple samples
38	ESCR_A	Num	8			Average ESCR for years w multiple samples
39	SCGFR60	Num	8			Sustained CKD-EPI GFR<60 over two visits
40	HT	Num	8			Hypertension
41	HLIP	Num	8			Hypercholesterolemia(LDL>=130 or Lipid lowering med
42	ATT_DUR	Num	8			Attained duration of IDDM in months
43	MDI	Num	8			Pump or multiple daily injections
44	GLUC4	Num	8			Self monitored glucose >=4 times a day
45	EDIC_HBA	Num	8			EDIC mean HbA1c
46	HBA1C	Num	8	6.2		HbA1c (%)
47	DTED_HBA	Num	8	6.2		T-W DCCT+EDIC HbA1c
48	BMI	Num	8	8.2		Body mass index
49	SBP	Num	8	8.2		Systolic blood pressure
50	DBP	Num	8	8.2		Diastolic blood pressure
51	BPM	Num	8	8.1		Mean blood pressure
52	CHL	Num	8	8.		Total cholesterol
53	HDL	Num	8	8.		High density lipoprotein
54	LDL	Num	8	8.		Low density lipoprotein
55	TRG	Num	8	8.		Triglycerides
56	SMOKES	Num	8			Currently smoking
57	OBESE	Num	8			Obesity(BMI>=30)
58	ATTDURY	Num	8			Attained duration of IDDM in years
59	AER	Num	8			AER
60	AER30	Num	8			AER>=30 or ESRD
61	AER300	Num	8			Def1: AER>=300 or ESRD
62	SAER30	Num	8			Sustained AER>=30
63	CCN	Num	8			Confirmed clinical neuropathy
64	AFT	Num	8			Abnormal autonomic function
65	SEX	Char	1			Sex
66	GROUP	Char	13			TREATMENT GROUP
67	RETBASE	Char	4			RETINOPATHY AT BASELINE
68	DCCT_HBA	Num	8	6.2		DCCT_HBA_MEAN DCCT mean HBA qv01-qv39 in hba_data
69	FETDRSPAT	Num	8			ETDRSPAT score-no missing
70	FSAER30	Num	8			Sustained AER>30- no missing
71	FSCGFR60	Num	8			Sustained GFR>60- no missing
72	FAER300	Num	8			AER>300- no missing
73	FSMOKES	Num	8			Currently smoking-no missing
74	FHDL	Num	8			HDL-no missing
75	FLDL	Num	8			LDL-no missing

Num	Variable	Type	Len	Format	Informat	Label
76	FCHL	Num	8			Total cholesterol-no missing
77	FTRG	Num	8			Triglycerides-no missing
78	FHLIP	Num	8			Hyperlipidemia-no missing
79	FGLUC4	Num	8			Glucose monitoring >=4 times a day or pump-no missing
80	FHT	Num	8			Hypertension-no missing
81	FBPM	Num	8			Mean blood pressing-no missing
82	FMDI	Num	8			Multiple daily injections-no missing
83	FSBP	Num	8			Systolic blood pressure-no missing
84	FDBP	Num	8			Diastolic blood pressure-no missing
85	FEDIC_HBA	Num	8			EDIC mean HBA1C-no missing
86	FDTED_HBA	Num	8			DCCT/EDIC mean HBA1C-no missing
87	FHBA1C	Num	8			HBA1C(%)-no missing
88	FATT_DUR	Num	8			Attained duration in months at visit-missing imputed
89	FCKDGFR_A	Num	8			Estimated CKD-EPI GFR multiple visit year average-no missing
90	FESCR_A	Num	8			Estimated SCR multiple visit year average-no missing
91	FBMI	Num	8			Body mass index- no missing
92	FOBESE	Num	8			Obesity(BMI>=30)- no missing
93	ANYSCG60	Num	8			Any sustained eGFR<60
94	ANYCG60	Num	8			Any CKD-EPI eGFR<60
95	ANYAER30	Num	8			Any AER>30 or ESRD
96	ANYAE300	Num	8			Any AER>300 or ESRD
97	ANYSCAT1	Num	8			Any self rep. scatter laser
98	ANYSCAT2	Num	8			Any confirmed scatter laser
99	ANYSCAT3	Num	8			Any analysis scatter laser
100	ANYCCN	Num	8			Any confirmed clinical neuropathy
101	ANYAFT	Num	8			Any abnormal autonomic function
102	ANYFOCAL1	Num	8			Any self rep. focal laser
103	ANYFOCAL2	Num	8			Any confirmed focal laser or anti-VEGF
104	ANYFOCAL3	Num	8			Any confirmed or self rep focal or anti-VEGF
105	ANYESRD	Num	8			Any ESRD
106	ANYSAER30	Num	8			Any sustained AER>30 or ESRD
107	ETDRSCAT1	Num	8			ETDRS category w/ self reported scatter
108	ETDRSCAT2	Num	8			ETDRS category w/ confirmed scatter
109	ETDRSCAT3	Num	8			ETDRS category w/ analysis scatter
110	FATTDURY	Num	8			Attained duration in years at visit-missing imputed
111	ACEARB	Num	8			On ACEI or ARB
112	OCULAR	Num	8			OCULAR Eye - L or R - Medications Req Rx
113	HBAEL	Num	8			HBA1c at DCCT eligibility
114	ETDPAT00	Num	8			DCCT baseline ETDRSPAT score

Num	Variable	Type	Len	Format	Informat	Label
115	ETDPAT99	Num	8			DCCT closeout ETDRSPAT score
116	DURYR0	Num	8			IDDM duration (years): DCCT baseline
117	DCCT10	Num	8			Level 10/10 at DCCT close-out
118	DCCT20	Num	8			Level 20/<20 at DCCT close-out
119	DCCT30	Num	8			Level 30/<30 at DCCT close-out
120	DCCT40	Num	8			Moderate NPDR or Worse
121	DTCLSETD	Num	8			DCCT closeout ETDRS level combining DCCT10-DCCT50
122	PRIMARY	Num	8			Primary Cohort
123	CONV	Num	8			Conventional Treatment
124	TDCTIME	Num	8			Visit Date since DCCT closeout
125	CSME	Num	8			CSME either eye
126	AFOCAV	Num	8			Visit of confirmed or self rep focal laser or antiVEGF
127	ANYCSME	Num	8			Any CSME up to date
128	ANYCSMV	Num	8			Visit of first CSME
129	DMEONLY	Num	8			Diabetic macular edema in either eye
130	CSMEPANAL	Num	8			CSME prevalent analysis-one per cycle
131	MASK_PAT	Num	8			Patient ID number
132	ADULT	Num	8			
133	ANYLASER	Num	8			
134	FSASDATE	Num	8			FSASDATE Photo Date
135	AFOCAD	Num	8			Date of confirmed or self rep focal laser or antiVEGF
136	ANYCSMD	Num	8			Date of first CSME

Data Set Name: edicimt1.sas7bdat

Num	Variable	Type	Len	Format	Label
1	COMMON	Num	8		Average maximum thickness: Common
2	INTERNAL	Num	8		Average maximum thickness: Internal
3	SMOKING	Num	3	YESNO.	Indicator for cigarette smoking
4	HEIGHT	Num	8		Height (cm)
5	SBP	Num	8		Systolic blood pressure (mm Hg)
6	DBP	Num	8		Diastolic blood pressure (mm Hg)
7	BMI	Num	8		Body mass index
8	NWST_HIP	Num	8		Natural waist-to-hip ratio
9	STD_INS	Num	8		Insulin dose (units/kg)
10	TCHOL	Num	8		Total cholesterol (mg/dl) -- EDIC
11	TRIG	Num	8		Triglycerides (mg/dl) -- EDIC
12	HDL	Num	8		HDL cholesterol (mg/dl) -- EDIC
13	LDL	Num	8		LDL cholesterol (mg/dl) -- EDIC
14	AER	Num	8		AER -- first EDIC measurement
15	GFR	Num	8		GFR -- first EDIC measurement
16	HBA1C	Num	8		HbA1c -- first EDIC measurement
17	GROUP	Char	13		Randomization Group
18	SEX	Char	1		Form 001 Sex
19	ATT_AGE	Num	8		Attained age (years)
20	ATT_DURN	Num	8		Attained duration of IDDM (months)
21	CUM_SMOK	Num	8		Cumulative tobacco exposure (pack-years)
22	AVG_A1C	Num	8		Study average HbA1c
23	FSCORE	Num	8		Current Framingham risk score
24	BMI_27	Num	3	YESNO.	BMI > 27
25	AER_40	Num	3	YESNO.	AER >= 40
26	HT	Num	3	YESNO.	Diagnosed hypertensive
27	R_INT	Num	8		Reciprocal of Internal IMT
28	Decade	Char	7		Attained Age Decade
29	MASK_PAT	Num	8		Patient ID number

Data Set Name: edcimt1x.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Att_Age	Num	8		Attained Age
2	Common	Num	8		Common carotid: average maximum
3	Internal	Num	8		Internal carotid: average maximum
4	Decade	Char	7		Attained Age Decade
5	GENDER	Num	8	SEXFMT.	Gender
6	MASK_PAT	Num	8		Patient ID number

Data Set Name: edad4hyp.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DANYCS	Num	8	YESNO.	Any Coma/Seizure during DCCT
2	DTCS	Num	8		Total # of Coma/Seizure during DCCT
3	DCSDAY	Num	8		C/S Follow up days during DCCT
4	DTCSRT	Num	8		Average Coma/Seizure Event rate during DCCT
5	DANYRA	Num	8	YESNO.	Any Requiring Assistance during DCCT
6	DTRA	Num	8		Total # of R.A. during DCCT
7	DRADAY	Num	8		R.A. Follow up days during DCCT
8	DTRART	Num	8		Average R.A. Event rate during DCCT
9	GROUP	Char	13		TREATMENT GROUP
10	MASK_PAT	Num	8		Patient ID number

Data Set Name: edad4adl.sas7bdat

Num	Variable	Type	Len	Format	Label
1	EDCS	Num	8		total # of C/S during EDIC yr1-4
2	EDRA	Num	8		total # of R.A. during EDIC yr1-4
3	TEEN	Num	8	YESNO.	Adolescent:1/0
4	EDANYCS	Num	8	YESNO.	Any Coma/Seizure during EDIC yr1-4
5	EDANYRA	Num	8	YESNO.	Any R.A. during EDIC yr 1-4
6	EDMON	Num	8		Total Follow up days during EDIC yr1-4
7	EDCSRATE	Num	8		C/S event rate during EDIC yr1-4
8	EDRARATE	Num	8		R.A. event rate during EDIC yr1-4
9	DC_STEP3	Num	8	YESNO.	3 step progression from DCCT base at DCCT close
10	STEP3	Num	3	YESNO.	3 step progression from DCCT base at EDIC yr4
11	GROUP	Char	13		Treatment Group
12	DCAER300	Num	3	YESNO.	AER>=208 ug/min at DCCT closeout
13	AER_300	Num	3	YESNO.	AER>=208 ug/min at EDIC year 4
14	EDIC_HBA	Num	8		EDIC mean HBa1c
15	MASK_PAT	Num	8		Patient ID number

Data Set Name: edicado4.sas7bdat

Num	Variable	Type	Len	Format	Label
1	HBA1C	Num	8		HBA1C RESULTS (%)
2	GROUP	Char	13		Randomization Group
3	SEX	Char	1		Form 001 Sex
4	ATT_AGE	Num	8		Attained Age at EDIC yr4
5	ATT_DUR	Num	8		Attained IDDM Duration(yr)@ EDIC Yr4
6	IN_STUDY	Num	8		Duration since entry into DCCT by EDIC yr4
7	PREGNANT	Num	8	YESNO.	Pregant at EDIC Year 4?
8	TOT_PREG	Num	8		Total number of pregnancies during EDIC as of Yr4
9	OBINSREG	Num	3	INSFMT.	Insulin Regimen at EDIC year 4
10	STD_INS	Num	8		Total daily dose (u/kg/day) at EDIC year 4
11	SBGM_4	Num	8	YESNO.	SMBG>=4/dayat EDIC year 4
12	NEW3STEP	Num	8	YESNO.	Further 3 step prog. from DCCT close @ EDIC yr4
13	SUBGRPR	Num	8	RETSTAT.	DCCT baseline Retinopathy status
14	NEWSNPDR	Num	8	YESNO.	SNPDR+ at EDIC yr4 but not at DCCT close
15	NEWPDR	Num	8	YESNO.	PDR+ at EDIC yr4 but not at DCCT close
16	NEWHRC	Num	8	YESNO.	HRC+ at EDIC yr4 but not at DCCT close
17	NEWEDEMA	Num	8	YESNO.	CSME at EDIC yr4 but not at DCCT close
18	NEWLASER	Num	8	YESNO.	Laser at EDIC yr4 but not at DCCT close
19	DC_AER40	Num	3	YESNO.	AER>28ug/min at DCCT closeout
20	DCAER300	Num	3	YESNO.	AER>208ug/min at DCCT closeout
21	AER_40	Num	3	YESNO.	AER>28ug/min at EDIC year 3/4
22	AER_300	Num	3	YESNO.	AER>208ug/min at EDIC year 3/4
23	D_AER40	Num	8	YESNO.	AER>28 at EDIC yr 3/4 among DC_AER40=0
24	DAER300	Num	8	YESNO.	AER>208 at EDIC yr 3/4 among DC_AER300=0
25	STEP3	Num	3	YESNO.	3 Step progression from DCCT base at EDIC year 4
26	SNPDR	Num	3	YESNO.	SNPDR at EDIC year 4
27	DCSTEP3	Num	8	YESNO.	3 Step progression from DCCT base at DCCT closeout
28	DCSNPDR	Num	8	YESNO.	SNPDR at DCCT closeout
29	MASK_PAT	Num	8		Patient ID number

Data Set Name: edicren4.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DC_AER40	Num	3	YESNO.	Close-out AER > 40 mg/day
2	DCAER300	Num	3	YESNO.	Close-out AER > 300 mg/day
3	DC_CLR70	Num	3	YESNO.	Close-out creatinine clearance < 70
4	AER_40	Num	3	YESNO.	AER>40 mg/day at EDIC Year 4
5	AER_300	Num	3	YESNO.	AER>300 mg/day at EDIC Year 4
6	CLR_70	Num	3	YESNO.	Creatinine Clearance<70 ml/min/1.73m2 at Yr4
7	EDICYEAR	Num	3	Z2.	EDIC FOLLOW-UP YEAR
8	AER99	Num	8		DCCT close-out AER (mg/day)
9	AER	Num	8		AER (mg/day) at EDIC year 4
10	MASK_PAT	Num	8		Patient ID number

Data Set Name: edicret4.sas7bdat

Num	Variable	Type	Len	Format	Label
1	EDICYEAR	Num	3	Z2.	EDIC FOLLOWUP YEAR
2	SEX	Char	1		Sex
3	GROUP	Char	13		TREATMENT GROUP
4	AGE	Num	8		AGE at DCCT base
5	RETBASE	Char	4		RETINOPATHY AT BASELINE
6	EDSTAT	Char	8		EDIC status
7	EDDATE	Num	8		Deidentified EDIC Status Change date
8	DCCT10	Num	3	YESNO.	Level 10/10 at DCCT close-out
9	DCCT20	Num	3	YESNO.	Level 20/<20 at DCCT close-out
10	DCCT30	Num	3	YESNO.	Level 30/<30 at DCCT close-out
11	DCCT40	Num	3	YESNO.	Level 40/<40 at DCCT close-out
12	DCCT50	Num	3	YESNO.	Level 50/<50 or worse at DCCT close-out
13	ANYLASER	Num	3	YESNO.	Any prior photocoagulation, DCCT or EDIC
14	ANY_SCAT	Num	3	YESNO.	Any prior scatter photoco., DCCT or EDIC
15	ANYFOCAL	Num	3	YESNO.	Any prior focal photocoag., DCCT or EDIC
16	EDIC_LAS	Num	3	YESNO.	Any photocoagulation during EDIC
17	EDEMA	Num	3		Macular edema
18	STEP3	Num	3	YESNO.	>=3 step prog. from DCCT base
19	SNPDR	Num	3	YESNO.	SNPDR
20	PDR	Num	3	YESNO.	PDR
21	NO_RET	Num	3	YESNO.	Free from retinopathy
22	ANY_CSME	Num	3	YESNO.	CSME at any time to date
23	ANY3STEP	Num	3	YESNO.	3 stp change from DCCT base at any time to date
24	ANYSNPDR	Num	3	YESNO.	SNPDR at any time to date
25	ANY_PDR	Num	3	YESNO.	PDR at any time to date
26	ETDRS	Num	3		Current EDIC ETDRS score
27	HBAEL	Num	8		Hemoglobin A1c (%) at Eligibility
28	DCCTSCAT	Num	3	YESNO.	Scatter photocoagulation during DCCT
29	DCCT_FOC	Num	3	YESNO.	Focal photocoagulation during DCCT
30	ETDPAT00	Num	3		DCCT baseline ETDRS score
31	DCCTETD	Num	3		DCCT close-out ETDRS score
32	DCCT_LAS	Num	8	YESNO.	Any photocoagulation during DCCT
33	FSASDATE	Num	8		Deidentified Fundus Photo date
34	FOC_DATE	Num	8		Deidentified Focal date
35	SCATDATE	Num	8		Deidentified Scatter date
36	EDIC_FOC	Num	8	YESNO.	Focal photocoagulation during EDIC

Num	Variable	Type	Len	Format	Label
37	EDICSCAT	Num	8	YESNO.	Scatter photocoagulation during EDIC
38	EDIC_HBA	Num	8		Mean HbA1c (EDIC only)
39	DCCT_HBA	Num	8		Mean HbA1c during DCCT
40	ATT_DURN	Num	8		IDDM duration (months): DCCT close-out
41	DE_HBAMN	Num	8		Time-weighted mean HbA1c, DCCT and EDIC
42	DURATION	Num	4		IDDM duration (yr): DCCT baseline
43	CLOSEAGE	Num	8		Age at DCCT closeout/EDIC entry
44	CLOSEDUR	Num	8		IDDM duration (yr): DCCT closeout
45	DCCTYR	Num	8		DCCT follow-up (yr)
46	Y4RETPOP	Num	8	YESNO.	Year 4 Ret. Prevalence Population(1208)
47	SBGM_4	Num	8	YESNO.	Self-mon. glucose >=4 times/day at Year 4
48	INSREG	Num	8	INSREG.	Insulin Regiman at EDIC yr 4
49	STP3F_Y4	Num	8	YESNO.	Further 3 step change from DCCT close at Yr4
50	HBA1c	Num	8		Current Hemoglobin A1c (%) run
51	LASER	Num	8	YESNO.	Focal or Scatter laser (DCCT or EDIC)
52	NEW3STEP	Num	8	YESNO.	Further >=3 step change from DCCT close
53	MASK_PAT	Num	8		Patient ID number

Data Set Name: edicimt6.sas7bdat

Num	Variable	Type	Len	Format	Label
1	COMMON	Num	8		Common IMT Year 1
2	INTERN	Num	8		Internal IMT Year 1
3	R_INT	Num	8		Reciprocal of Internal Year 1
4	SEX	Char	1	$GENDERF.	Sex
5	GROUP	Char	13	$GPFMT.	TREATMENT GROUP
6	COMDF6	Num	8		diff (yr6-yr1), common
7	ATT_AGE	Num	8		Attained Age Year 1
8	ATT_DURN	Num	8		Attained duration (years) Year 1
9	SMOKING	Num	3	YESNO.	Current smoking (yes=1) Year 1
10	SBP	Num	8		Systolic BP Year 1
11	DBP	Num	8		Diastolic BP Year 1
12	BMI	Num	8		BMI Year 1
13	WHRATIO	Num	8		Waist/hip ratio Year 1
14	LA9	Num	8	YESNO.	Ankle/arm ratio < 0.9 Year 1 (yes=1)
15	TCHOL	Num	4		Total Cholesterol Year 1 or 2
16	TRIG	Num	4		Triglyceride Year 1 or 2
17	HDL	Num	4		HDL Year 1 or 2
18	LDL	Num	4		LDL Year 1 or 2
19	LHRATIO	Num	8		LDL/HDL ratio Year 1 or 2
20	AER	Num	8		AER Year 1 or 2
21	AER40	Num	8	YESNO.	AER >= 40 Year 1 or 2
22	HBA1C	Num	8		HbA1c at Year 1
23	DCCT_HBA	Num	8		Average HbA1c during the DCCT
24	COMMYR6	Num	8		Common at year 6
25	INTNYR6	Num	8		Internal IMT Year 6
26	R_INT6	Num	8		reciprocal of internal year 6
27	COMINT1A	Num	8		Combined IMT Year 1
28	COMINT6A	Num	8		Combined IMT Year 6
29	DF16A	Num	8		diff (comint6a - 1a)
30	HLIP	Num	8	YESNO.	LDL >=130 or medication Year 1 (yes=1)
31	HT	Num	8	YESNO.	Hypertension Year 1 (yes=1)
32	MACH16	Num	8		Ultrasonography Equipment combinations
33	LOG_AER	Num	8		Natural logarithm of AER
34	MASK_PAT	Num	8		Patient ID number

Data Set Name: edicimt6x.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SEX	Char	6	$GENDERF.	SEX
2	COMMYR6	Num	8		Common IMT at year 6
3	INTNYR6	Num	8		Internal IMT at year 6
4	MASK_PAT	Num	8		Patient ID Number

Data Set Name: edicct.sas7bdat

Num	Variable	Type	Len	Label
1	MASK_PAT	Num	8	DE-IDENTIFIED EDIC PATIENT ID
2	SCANUMBR	Num	8	SCANNING CENTER
3	SEX	Char	1	SEX (F M)
4	GROUP	Char	13	TREATMENT GROUP
5	AGE0	Num	8	AGE AT ENTRY INTO DCCT (YEARS)
6	DCCT_FUY	Num	8	DCCT FOLLOW-UP YEARS
7	EDIC_FUY	Num	8	EDIC FOLLOW-UP YEARS
8	RETBASE	Char	4	RETINATOPATHY AT DCCT BASELINE (PRIM,SCND)
9	AER0	Num	8	AER (MG/24HR) AT DCCT BASELINE
10	DURMN0	Num	8	DIABETES DURATION (MONTHS) AT DCCT BASELINE
11	ATT_AGE	Num	8	ATTAINED AGE UP TO CT SCAN DATE (YEARS)
12	DECADE	Char	10	AGE IN DECADES AT CT SCAN (20-29, 30-39, 40-49 >=50)
13	SMOKING	Num	8	CURRENT SMOKER (0=NO 1=YES)
14	DURN_YRS	Num	8	DIABETES DURATION (YEARS)
15	BMI	Num	8	BODY MASS INDEX (KG/M2)
16	WEIGHT	Num	8	WEIGHT (KG)
17	HEIGHT	Num	8	HEIGHT (CM)
18	WHRATIO	Num	8	NATURAL WAIST TO HIP RATIO
19	AARATIO	Num	8	ANKLE TO ARM BLOOD PRESSURE RATIO (MM HG)
20	AARLT09	Num	8	ANKLE ARM BLOOD PRESSURE RATIO < 0.9 (0=NO 1=YES)
21	SBP	Num	8	SYSTOLIC BLOOD PRESSURE (MM HG)
22	DBP	Num	8	DIASTOLIC BLOOD PRESSURE (MM HG)
23	HT	Num	8	BP >=140/90 OR ANTIHYPERTENSIVES (0=NO 1=YES)
24	ASPIRIN	Num	8	ASPIRIN (>= 14 TABLETS PER MONTH) (0=NO 1=YES)
25	MENO	Num	8	MENOPAUSE (CEASED+PERM) (0=NO 1=YES)
26	PARTYII	Num	8	ONE OR BOTH PARENTS WITH TYPE II DIABETES (0=NO 1=YES)
27	COMMYR6	Num	8	CAROTID INTIMA MEDIA THICKNESS (IMT) YEAR 6
28	TCHOL	Num	8	LIPID-TOTAL CHOLESTEROL (MG/DL)
29	HDL	Num	8	LIPID-HDL CHOLESTEROL (MG/DL)
30	LDL	Num	8	LIPID-LDL CHOLESTEROL (MG/DL)
31	LHRATIO	Num	8	LDL/HDL RATIO
32	TRIG	Num	8	LIPID-TRIGLYCERIDE (MG/DL)
33	HLIP	Num	8	LDL >=130 OR MEDICATION (0=NO 1=YES)
34	AER	Num	8	AER (MG/24HR) AT VISIT PRIOR TO CT
35	AER40	Num	8	AER >40 AT VISIT PRIOR TO CT (0=NO 1=YES)
36	HBAEL	Num	8	HEMOGLOBIN A1C AT DCCT ELIGIBILITY

Num	Variable	Type	Len	Label
37	DCCT_HBA	Num	8	HEMOGLOBIN A1C MEAN DURING DCCT
38	HBAM999	Num	8	HEMOGLOBIN A1C AT DCCT CLOSE-OUT
39	EDICMHBA	Num	8	HEMOGLOBIN A1C MEAN DURING EDIC
40	HBA1C	Num	8	HEMOGLOBIN A1C AT VISIT PRIOR TO CT
41	WTMHBA	Num	8	HEMOGLOBIN A1C WEIGHTED MEAN DURING DCCT EDIC
42	CTMEAN	Num	8	CAC MEAN VALUE CT SCAN 1+2 (AGATSTON UNITS)
43	CTGT0	Num	8	CAC CALCIUM DEPOSIT > 0 (0=NO 1=YES)
44	CTGT200	Num	8	CAC CALCIUM DEPOSIT > 200 (0=NO 1=YES)
45	CT0_200	Char	9	CAC CALCIUM DEPOSIT (0, 1-200, >200)
46	LOGCT	Num	8	LOG CAC FOR TOBIT MODEL

Data Set Name: neph_8yr.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DOUBLE	Num	3	YESNO.	Serum creatinine doubled from DCCT baseline
2	REN_INSF	Num	3	YESNO.	Renal insufficiency: SCR > 2, dialysis, or transplant
3	COMBINED	Num	3	YESNO.	SCR > 2, StdClr < 70, and AER > 300 simultaneously
4	NEW_40	Num	3	YESNO.	Indicator of first AER > 40
5	NEW_300	Num	3	YESNO.	Indicator of first AER > 300
6	CI_40	Num	3	YESNO.	Cumulative incidence indicator for AER > 40
7	CI_300	Num	3	YESNO.	Cumulative incidence indicator for AER > 300
8	P_40	Num	3	YESNO.	Prevalence indicator of current AER > 40
9	P_300	Num	3	YESNO.	Prevalence indicator of current AER > 300
10	CLOSE_40	Num	3	YESNO.	AER > 40 at DCCT close-out
11	CLOSE300	Num	3	YESNO.	AER > 300 at DCCT close-out
12	BASE_40	Num	3	YESNO.	AER > 40 at DCCT Baseline
13	CLR_70	Num	3	YESNO.	Standard clearance < 70
14	SBP	Num	4		Systolic blood pressure (mm Hg)
15	DBP	Num	4		Diastolic blood pressure (mm Hg)
16	HEIGHT	Num	8		Height (cm)
17	WEIGHT	Num	8		Weight (kg)
18	BMI	Num	8	5.1	Body mass index (kg/m**2)
19	LAB_DATE	Num	5		Deidentified Serum Creatinine Speciman Date
20	AER	Num	8		Albumin excretion rate (mg/day)
21	SERUMCR	Num	8		Serum creatinine (mg/dL)
22	STDCLR	Num	5		Standard creatinine clearance
23	TCHOL	Num	5		Total cholesterol (mg/dL)
24	TRIG	Num	5		Triglycerides (mg/dL)
25	LDL	Num	5		LDL (mg/dL)
26	HDL	Num	5		HDL (mg/dL)
27	HBA1C	Num	8		HbA1c (percent)
28	PULSE	Num	8		Pulse (bpm)
29	HT	Num	3	YESNO.	Current Hypertension (>=140/90)
30	EDICYEAR	Num	8	Z2.	EDIC FOLLOWUP YEAR
31	F2_HT130	Num	8	YESNO.	Hypertension >=130/80
32	DIALYSIS	Num	3	YESNO.	Current or previous dialysis
33	TRANS	Num	3	YESNO.	Current or previous renal transplant
34	FSASDATE	Num	8		Deidentified Form Date
35	MAP	Num	8		2/3 DBP + 1/3 SBP
36	OTHER_HT	Num	3	YESNO.	Anti-hypertensive Med Other Than ACE

Num	Variable	Type	Len	Format	Label
37	HYPERTEN	Num	3	YESNO.	On Anti-hypertensive Medication
38	ACE	Num	3	YESNO.	On ACE Inhibitors (all causes)
39	LIPID	Num	3	YESNO.	Lipid-lowering medications
40	SEX	Char	1	$GENDERF.	Gender
41	GROUP	Char	13	$GPFMT.	TREATMENT GROUP
42	RETBASE	Char	4	$RETBASF.	RETINOPATHY AT BASELINE
43	EDSTAT	Char	8	$8.	Current EDIC status
44	EDDATE	Num	8		Deidentified EDIC Status Change Date
45	AER00	Num	8		AER at DCCT baseline
46	SCR00	Num	8		Serum creatinine at DCCT baseline
47	CLR00	Num	5		Standard clearance at DCCT baseline
48	ATT_AGE	Num	8		Attained age (years)
49	GFRXB99	Num	8		GFR at DCCT Closeout
50	GFRXB70	Num	8	YESNO.	GFR < 70 DCCT Closeout
51	SMOKE99	Num	8	YESNO.	Smoking DCCT Closeout
52	ATT_DU99	Num	8		Attained Duration at DCCT Closeout (yr)
53	MASK_PAT	Num	8		Patient ID number

Data Set Name: neuro_8yr.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PT_HIGH	Num	3	YESNOE.	MNSI: PATIENT SCORE > 6
2	C_HIGH	Num	3	YESNOE.	MNSI: CLINICAL SCORE > 2
3	EDICYEAR	Num	3	NUM.	EDIC YEAR
4	FSASDATE	Num	8		DEIDENTIFIED FORMDATE
5	EOB1	Num	3	YESNOERR.	ARE YOUR LEGS AND/OR FEET NUMB
6	EOB2	Num	3	YESNOERR.	EVER HAVE ANY BURNING PAIN IN LEGS/FEET
7	EOB3	Num	3	YESNOERR.	ARE YOUR FEET TOO SENSITIVE TO TOUCH
8	EOB4	Num	3	YESNOERR.	GET MUSCLE CRAMPS IN YOUR LEGS/FEET
9	EOB5	Num	3	YESNOERR.	ANY PRICKLING FEELINGS IN LEGS/FEET
10	EOB6	Num	3	YESNOERR.	HURT WHEN BED COVERS TOUCH YOUR SKIN
11	EOB7	Num	3	YESNOERR.	ARE YOU ABLE TO TELL HOT/COLD WATER
12	EOB8	Num	3	YESNOERR.	EVER HAD AN OPEN SORE ON YOUR FEET
13	EOB9	Num	3	YESNOERR.	EVER HAD DIABETIC NEUROPATHY
14	EOB10	Num	3	YESNOERR.	FEEL WEAK ALL OVER MOST OF THE TIME
15	EOB11	Num	3	YESNOERR.	ARE YOUR SYMPTOMS WORSE AT NIGHT
16	EOB12	Num	3	YESNOERR.	DO YOUR LEGS HURT WHEN YOU WALK
17	EOB13	Num	3	YESNOERR.	ABLE TO SENSE YOUR FEET WHEN YOU WALK
18	EOB14	Num	3	YESNOERR.	IS SKIN ON FEET SO DRY IT CRACKS OPEN
19	EOB15	Num	3	YESNOERR.	HAVE YOU EVER HAD AN AMPUTATION
20	EOCAR	Num	3	YESNOERR.	APPEARANCE (R) NORMAL
21	EOCAL	Num	3	YESNOERR.	APPEARANCE (L) NORMAL
22	EOCB1R	Num	3	YESNOE.	APPEARANCE (R) DEFORMITIES
23	EOCB1L	Num	3	YESNOE.	APPEARANCE (L) DEFORMITIES
24	EOCB2R	Num	3	YESNOE.	APPEARANCE (R) DRY SKIN, CALLUS
25	EOCB2L	Num	3	YESNOE.	APPEARANCE (L) DRY SKIN, CALLUS
26	EOCB3R	Num	3	YESNOE.	APPEARANCE (R) INFECTION
27	EOCB3L	Num	3	YESNOE.	APPEARANCE (L) INFECTION
28	EOCB4R	Num	3	YESNOE.	APPEARANCE (R) FISSURE
29	EOCB4L	Num	3	YESNOE.	APPEARANCE (L) FISSURE
30	EOCB5R	Num	3	YESNOE.	APPEARANCE (R) OTHER
31	EOCB5L	Num	3	YESNOE.	APPEARANCE (L) OTHER
32	EOC2R	Num	3	ABSTPRST.	ULCERATION (R)
33	EOC2L	Num	3	ABSTPRST.	ULCERATION (L)
34	EOC3R	Num	3	REINFORC.	ANKLE REFLEXES (R)
35	EOC3L	Num	3	REINFORC.	ANKLE REFLEXES (L)
36	EOC4R	Num	3	REDUCED.	VIBRATION PERCEPTION AT GREAT TOE (R)

Num	Variable	Type	Len	Format	Label
37	EOC4L	Num	3	REDUCED.	VIBRATION PERCEPTION AT GREAT TOE (L)
38	EOC5R	Num	3	REDUCED.	10 GRAM FILAMENT (R)
39	EOC5L	Num	3	REDUCED.	10 GRAM FILAMENT (L)
40	PT_SCORE	Num	8	NUM.	MNSI: SCORE FROM PATIENT CHECKLIST
41	C_SCORE	Num	8	NUM.	MNSI: SCORE FROM CLINICAL EXAM
42	HBA_DATE	Num	4		DEIDENTIFIED HBA1C COLLECTION DATE
43	HBA1C	Num	8		CURRENT HBA1C
44	EDIC_HBA	Num	8		AVERAGE HBA1C DURING EDIC (THRU CURRENT VISIT)
45	GROUP	Char	13		RANDOMIZED TREATMENT GROUP
46	HBAEL	Num	8		HBA1C BASELINE ELIGIBILITY
47	DCCT_HBA	Num	8		AVERAGE HBA1C DURING DCCT
48	DCCT_DN	Num	8	YESNOE.	DCCT NEUROPATHY
49	SUMFOOT	Num	8	NUM.	FOOT ULCERS REQ MED/SURGICAL TREATMENT (EDIC TOTAL)
50	SUMLEG	Num	8	NUM.	LEG ULCERS REQ MED/SURGICAL TREATMENT (EDIC TOTAL)
51	SUMAMP	Num	8	NUM.	AMPUTATION (EDIC TOTAL)
52	MASK_PAT	Num	8		Patient ID number

Data Set Name: cbldata.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
2	EDICYEAR	Num	3	Z2.	EDIC FOLLOW-UP YEAR
3	ABVAL3	Num	8		LIPID-SERUM CREATININE (MG/DL)
4	ABVAL21	Num	4		LIPID-TOTAL CHOLESTEROL (MG/DL)
5	ABVAL22	Num	4		LIPID-TRIGLYCERIDE (MG/DL)
6	ABVAL23	Num	4		LIPID-HDL CHOLESTEROL (MG/DL)
7	ABVAL24	Num	4		LIPID-LDL CHOLESTEROL (MG/DL)
8	ABCLD3	Num	8		Deidentified LIPID Collection Date
9	BAVAL12	Num	8		4 HR REN-SERUM ALBUMIN (G/DL)
10	BAVAL13	Num	8		4 HR REN-SERUM CREATININE (MG/DL)
11	BAVAL14	Num	4		4 HR REN-URINE ALBUMIN (MG/L)
12	BAVAL15	Num	4		4 HR REN-ALBUMIN EXCRETION (UG/MIN)
13	BAVAL16	Num	4		4 HR REN-URINE CREATININE (MG/DL)
14	BAVAL17	Num	8		4 HR REN-HEIGHT (CM)
15	BAVAL18	Num	8		4 HR REN-WEIGHT (KG)
16	BAVAL19	Num	4		4 HR REN-RAW CLEARANCE (ML/MIN)
17	BAVAL20A	Num	4		4 HR REN-STANDARD CLEARANCE (/1.73 M2)
18	BAVAL20B	Num	8		4 HR REN-DURATION (HOURS)
19	BAVAL20C	Num	4		4 HR REN-VOLUME (ML)
20	BACLD12	Num	8		Deidentified RENAL Collection Date
21	BOURINEB	Num	5		GFR RAW COUNT: URINE-BACKGROUND
22	BOURINE1	Num	5		GFR RAW COUNT: URINE-T1
23	BOURINE2	Num	5		GFR RAW COUNT: URINE-T2
24	BOURINE3	Num	5		GFR RAW COUNT: URINE-T3
25	BOURINE4	Num	5		GFR RAW COUNT: URINE-T4
26	BOURINE5	Num	5		GFR RAW COUNT: URINE-T5
27	BOSERUMB	Num	5		GFR RAW COUNT: SERUM-BACKGROUND
28	BOSERUM0	Num	5		GFR RAW COUNT: SERUM-T0
29	BOSERUM1	Num	5		GFR RAW COUNT: SERUM-T1
30	BOSERUM2	Num	5		GFR RAW COUNT: SERUM-T2
31	BOSERUM3	Num	5		GFR RAW COUNT: SERUM-T3
32	BOSERUM4	Num	5		GFR RAW COUNT: SERUM-T4
33	BOSERUM5	Num	5		GFR RAW COUNT: SERUM-T5
34	BOSGLUCB	Num	4		SERUM GLUCOSE PRE (MG/DL)
35	BOSGLUC0	Num	4		SERUM GLUCOSE-T0 (MG/DL)
36	BOSGLUC1	Num	4		SERUM GLUCOSE-T1 (MG/DL)

Num	Variable	Type	Len	Format	Label
37	BOSGLUC2	Num	4		SERUM GLUCOSE-T2 (MG/DL)
38	BOSGLUC3	Num	4		SERUM GLUCOSE-T3 (MG/DL)
39	BOSGLUC4	Num	4		SERUM GLUCOSE-T4 (MG/DL)
40	BOSGLUC5	Num	4		SERUM GLUCOSE-T5 (MG/DL)
41	BOHEIGHT	Num	8		GFR HEIGHT (CM)
42	BOWEIGHT	Num	8		GFR WEIGHT (KG)
43	BOUTIMT0	Char	4		GFR URINE-TIME: T-0
44	BOUTIMT1	Char	4		GFR URINE-TIME: T-1
45	BOUTIMT2	Char	4		GFR URINE-TIME: T-2
46	BOUTIMT3	Char	4		GFR URINE-TIME: T-3
47	BOUTIMT4	Char	4		GFR URINE-TIME: T-4
48	BOVOLT1	Num	5		GFR URINE-VOLUME: T-1
49	BOVOLT2	Num	5		GFR URINE-VOLUME: T-2
50	BOVOLT3	Num	5		GFR URINE-VOLUME: T-3
51	BOVOLT4	Num	5		GFR URINE-VOLUME: T-4
52	BOSC0	Num	5		GFR SERUM COUNT DIFF: BASELINE TO T-0
53	BOSC1	Num	5		GFR SERUM COUNT DIFF: BASELINE TO T-1
54	BOSC2	Num	5		GFR SERUM COUNT DIFF: BASELINE TO T-2
55	BOSC3	Num	5		GFR SERUM COUNT DIFF: BASELINE TO T-3
56	BOSC4	Num	5		GFR SERUM COUNT DIFF: BASELINE TO T-4
57	BOUC1	Num	5		GFR URINE COUNT DIFF: T-0 TO T-1 SAMPLE
58	BOUC2	Num	5		GFR URINE COUNT DIFF: T-0 TO T-2 SAMPLE
59	BOUC3	Num	5		GFR URINE COUNT DIFF: T-0 TO T-3 SAMPLE
60	BOUC4	Num	5		GFR URINE COUNT DIFF: T-0 TO T-4 SAMPLE
61	BOETIME1	Num	4		GFR ELAPSED TIME FROM T-0 TO T-1 SAMPLE
62	BOETIME2	Num	4		GFR ELAPSED TIME FROM T-1 TO T-2 SAMPLE
63	BOETIME3	Num	4		GFR ELAPSED TIME FROM T-2 TO T-3 SAMPLE
64	BOETIME4	Num	4		GFR ELAPSED TIME FROM T-3 TO T-4 SAMPLE
65	BOV1	Num	8		GFR FLOW (ML/MIN): T-0 TO T-1 SAMPLE
66	BOV2	Num	8		GFR FLOW (ML/MIN): T-1 TO T-2 SAMPLE
67	BOV3	Num	8		GFR FLOW (ML/MIN): T-2 TO T-3 SAMPLE
68	BOV4	Num	8		GFR FLOW (ML/MIN): T-3 TO T-4 SAMPLE
69	BOPP1	Num	8		GFR-LOG TRANSF.-SERUM COUNT DIFF (T-0-1)
70	BOPP2	Num	8		GFR-LOG TRANSF.-SERUM COUNT DIFF (T-1-2)
71	BOPP3	Num	8		GFR-LOG TRANSF.-SERUM COUNT DIFF (T-2-3)
72	BOPP4	Num	8		GFR-LOG TRANSF.-SERUM COUNT DIFF (T-3-4)
73	BOBSA	Num	8		GFR BODY SURFACE AREA: USES BO-WT/HT
74	BOGFR_U1	Num	8		GFR UNADJUSTED 1ST TIME PERIOD
75	BOGFR_U2	Num	8		GFR UNADJUSTED 2ND TIME PERIOD

Num	Variable	Type	Len	Format	Label
76	BOGFR_U3	Num	8		GFR UNADJUSTED 3RD TIME PERIOD
77	BOGFR_U4	Num	8		GFR UNADJUSTED 4TH TIME PERIOD
78	BOGFR_UX	Num	8		GFR UNADJUSTED MEAN (TIME PERIODS 1-4)
79	BOGFR_A1	Num	8		GFR ADJUSTED 1ST TIME PERIOD
80	BOGFR_A2	Num	8		GFR ADJUSTED 2ND TIME PERIOD
81	BOGFR_A3	Num	8		GFR ADJUSTED 3RD TIME PERIOD
82	BOGFR_A4	Num	8		GFR ADJUSTED 4TH TIME PERIOD
83	BOGFR_AX	Num	8		GFR ADJUSTED MEAN (TIME PERIODS 1-4)
84	BOGFRCV	Num	8		GFR COEFFICIENT OF VARIATION
85	BOCLD	Num	8		Deidentified GFR Collection Date
86	DORESULT	Num	8		HBA1C RESULTS (%)
87	DOCLD	Num	8		Deidentified HbA1C Collection Date
88	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0022.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
2	OBO2D	Num	3		WAS PREGNANCY TEST PERFORMED
3	FORM	Num	4	Z4.	EDIC FORM NUMBER
4	OBCARDAB	Num	5		OTHER CARDIAC ABNORMALITY
5	OBDMURMR	Num	5		DIASTOLIC MURMUR
6	OBOMURMR	Num	5		OTHER MURMUR
7	OBSMURMR	Num	5		SYSTOLIC EJECTION MURMUR
8	OBMEGALY	Num	5		CARDIOMEGALY
9	OBRHYTHM	Num	5		CARDIAC RHYTHM
10	OBRUB	Num	5		RUB
11	OBS3GALP	Num	5		S3 GALLOP
12	OBS4GALP	Num	5		S4 GALLOP
13	OBVENPRS	Num	5		VENOUS PRESSURE
14	EDICYEAR	Num	3		EDIC FOLLOW-UP YEAR
15	FSASDATE	Num	8		Deidentified FORM DATE
16	OBMARRY	Num	3		MARITAL STATUS OF PATIENT
17	OBMARNO	Num	3		NUMBER OF TIMES MARRIED
18	OBPATJOB	Num	3		PATIENT'S OCCUPATION
19	OBSPJOB	Num	3		SPOUSE'S OCCUPATION
20	OBMOMJOB	Num	3		MOTHER'S OCCUPATION
21	OBDADJOB	Num	3		FATHER'S OCCUPATION
22	OBFRIJOB	Num	3		GUARDIAN/FRIEND'S OCCUPATION
23	OBPATNOJ	Num	3		PATIENT UNEMPLOYED OR RETIRED
24	OBSPONOJ	Num	3		SPOUSE UNEMPLOYED OR RETIRED
25	OBMOMNOJ	Num	3		MOTHER UMEMPLOYED OR RETIRED
26	OBDADNOJ	Num	3		FATHER UMEMPLOYED OR RETIRED
27	OBFRINOJ	Num	3		GUARDIAN/FRIEND'S UMEMPLOY.OR RETIRED
28	OBPJOBCH	Num	3		PATIENT'S JOB STATUS CHANGED
29	OBSJOBCH	Num	3		SPOUSE'S JOB STATUS CHANGED
30	OBMJOBCH	Num	3		MOTHER'S JOB STATUS CHANGED
31	OBDJOBCH	Num	3		FATHER'S JOB STATUS CHANGED
32	OBFJOBCH	Num	3		GUARDIAN/FRIEND'S JOB STATUS CHANGED
33	OBPATED	Num	3		PATIENT'S EDUCATION LEVEL
34	OBSPOED	Num	3		SPOUSE'S EDUCATION LEVEL
35	OBMOMED	Num	3		MOTHER'S EDUCATION LEVEL
36	OBDADED	Num	3		FATHER'S EDUCATION LEVEL

Num	Variable	Type	Len	Format	Label
37	OBFRIED	Num	3		GUARDIAN/FRIEND'S EDUCATION LEVEL
38	OBSMOKE1	Num	3		SMOKE CIGARETTES/CIGAR. IN PAST YR.
39	OBSMOKE2	Num	3		CURRENTLY SMOKE CIGARETTES/CIGAR.
40	OBSMOKE3	Num	3		MONTHS SINCE QUIT CIGARETTES/CIGAR.
41	OBSMOKE4	Num	3		HOW MANY CIGARET./CIGAR. IN PAST YR.
42	OBSMOKE5	Num	3		SMOKED PIPES OR CIGARS IN PAST YR.
43	OBSMOKE6	Num	3		CURRENTLY SMOKE PIPES OR CIGARS
44	OBSMOKE7	Num	3		QUIT SMOKING PIPES OR CIGARS
45	OBSMOKE8	Num	3		PIPEFULS/CIGARS PER WK. IN PAST YR.
46	OBSMOK9A	Num	3		PAST 12 MONTHS LIVED WHERE PERSON SMOKED
47	OBSMOK9B	Num	3		PAST 12 MONTHS WORK WHERE PERSON SMOKED
48	OBDRINK1	Num	3		AT LEAST ONE ALCOHOLIC BEV. WEEK
49	OBDRINK2	Num	3		BOTTLES OF BEER IN LAST 7 DAYS
50	OBDRINK3	Num	3		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
51	OBDRINK4	Num	3		GLASSES OF WINE IN LAST 7 DAYS
52	OBDRINK5	Num	3		HARD LIQUOR IN LAST 7 DAYS
53	OBDRINK6	Num	3		TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS
54	OBEXER1	Num	3		PATIENT'S LEVEL OF ACTIVITY
55	OBEXER2	Num	4		HOURS & MINUTES OF LIGHT ACTIVITY
56	OBEXER3	Num	4		HOURS & MINUTES OF MODERATE ACTIVITY
57	OBEXER4	Num	4		HOURS & MINUTES OF HARD ACTIVITY
58	OBEXER5	Num	4		HOURS & MINUTES OF VERY HARD ACTIVITY
59	OBHUREG	Num	3		TYPE OF INSULIN-HUMAN REGULAR
60	OBPOREG	Num	3		TYPE OF INSULIN-PORK REGULAR
61	OBHUSEMI	Num	3		TYPE OF INSULIN-HUMAN SEMILENTE
62	OBPOSEMI	Num	3		TYPE OF INSULIN-PORK SEMILENTE
63	OBHUNPH	Num	3		TYPE OF INSULIN-HUMAN NPH
64	OBPONPH	Num	3		TYPE OF INSULIN-PORK NPH
65	OBHULEN	Num	3		TYPE OF INSULIN-HUMAN LENTE
66	OBPOLEN	Num	3		TYPE OF INSULIN-PORK LENTE
67	OBHUULT	Num	3		TYPE OF INSULIN-HUMAN ULTRALENTE
68	OBHU7030	Num	3		TYPE OF INSULIN-HUMAN 70/30
69	OBBPREG	Num	3		TYPE OF INSULIN-BEEF/PORK REGULAR
70	OBBPSEMI	Num	3		TYPE OF INSULIN-BEEF/PORK SEMILENTE
71	OBBPNPH	Num	3		TYPE OF INSULIN-BEEF/PORK NPH
72	OBBPLEN	Num	3		TYPE OF INSULIN-BEEF/PORK LENTE
73	OBINSREG	Num	3		CURRENT INSULIN REGIMEN
74	OBTOTUNT	Num	4		TOTAL NUMBER OF UNITS/DAY OF INSULIN
75	OBREGBRK	Num	3		UNITS REGULAR INSULIN USED-BREAKFAST

Num	Variable	Type	Len	Format	Label
76	OBREGLUN	Num	3		UNITS REGULAR INSULIN USED-LUNCH
77	OBREGSUP	Num	3		UNITS REGULAR INSULIN USED-SUPPER
78	OBREGBED	Num	3		UNITS REGULAR INSULIN USED-BEDTIME
79	OBREGOTH	Num	3		UNITS REGULAR INSULIN USED-OTHER
80	OBSEMBRK	Num	3		UNITS SEMILENTE INSULIN USED-BREAKFAST
81	OBSEMLUN	Num	3		UNITS SEMILENTE INSULIN USED-LUNCH
82	OBSEMSUP	Num	3		UNITS SEMILENTE INSULIN USED-SUPPER
83	OBSEMBED	Num	3		UNITS SEMILENTE INSULIN USED-BEDTIME
84	OBSEMOTH	Num	3		UNITS SEMILENTE INSULIN USED-OTHER
85	OBNPHBRK	Num	3		UNITS NPH INSULIN USED-BREAKFAST
86	OBNPHLUN	Num	3		UNITS NPH INSULIN USED-LUNCH
87	OBNPHSUP	Num	3		UNITS NPH INSULIN USED-SUPPER
88	OBNPHBED	Num	3		UNITS NPH INSULIN USED BEDTIME
89	OBNPHOTH	Num	3		UNITS NPH INSULIN USED-OTHER
90	OBLENBRK	Num	3		UNITS LENTE INSULIN USED-BREAKFAST
91	OBLENLUN	Num	3		UNITS LENTE INSULIN USED LUNCH
92	OBLENSUP	Num	3		UNITS LENTE INSULIN USED-SUPPER
93	OBLENBED	Num	3		UNITS LENTE INSULIN USED-BEDTIME
94	OBLENOTH	Num	3		UNITS LENTE INSULIN USED-OTHER
95	OBULTBRK	Num	3		UNITS ULTRALENTE INSULIN USED-BREAKFAST
96	OBULTLUN	Num	3		UNITS ULTRALENTE INSULIN USED-LUNCH
97	OBULTSUP	Num	3		UNITS ULTRALENTE INSULIN USED-SUPPER
98	OBULTBED	Num	3		UNITS ULTRALENTE INSULIN USED-BEDTIME
99	OBULTOTH	Num	3		UNITS ULTRALENTE INSULIN USED-OTHER
100	OB7030BR	Num	3		UNITS 70/30 INSULIN USED-BREAKFAST
101	OB7030LU	Num	3		UNITS 70/30 INSULIN USED-LUNCH
102	OB7030SU	Num	3		UNITS 70/30 INSULIN USED-SUPPER
103	OB7030BE	Num	3		UNITS 70/30 INSULIN USED-BEDTIME
104	OB7030OT	Num	3		UNITS 70/30 INSULIN USED-OTHER
105	OBF4	Num	3		DESCRIBE INSULIN REGIMEN
106	OBF5A	Num	3		UNITS BASAL INSULIN INFUSED DAILY
107	OBF5B	Num	3		DIFFERENT BASAL RATES USED/DAY
108	OBF5C	Num	3		TECHN. PROBLEMS-INSULIN INFUSION PUMP
109	OBF6A	Num	3		PRESCRIBED CHANGE IN INSULIN REGIMEN
110	OBF6A1	Num	3		CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSIA/NOCTURIA
111	OBF6A2	Num	3		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.
112	OBF6A3	Num	3		CHANGE DOSE-RECURRENT KETONURIA
113	OBF6A4	Num	3		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
114	OBF6A5	Num	3		CHANGE DOSE-PREGNANCY

Num	Variable	Type	Len	Format	Label
115	OBF6A6	Num	3		CHANGE DOSE-OTHER
116	OBF7A	Num	3		SELF BLOOD GLUCOSE MONITORING
117	OBF7B	Num	3		FREQUENCY PER DAY OF SBGM
118	OBF7C	Num	3		URINE GLUCOSE MONITORING
119	OBF7D	Num	3		FREQUENCY PER DAY OF UGM
120	OBG1	Num	3		SINCE LAST VISIT-ON INACTIVE STATUS
121	OBG1A	Num	3		CURRENTLY ON TRANSFER TO INACTIVE STATUS
122	OBH1	Num	3		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
123	OBH2	Num	3		CURRENTLY ON MODIFIED FOLLOW-UP SCHEDULE
124	OBI1A	Num	3		SINCE LAST VISIT, COMPLETED QT INTERVIEW
125	OBI1B	Char	6		IF YES, WHEN WAS THE LAST QTI HELD
126	OBI2A	Num	3		FREQUENCY OF DKA
127	OBI2B	Num	3		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
128	OBI3	Num	3		FREQ. DAYS-MODERATE OR LARGE KETONURIA
129	OBI3A	Num	3		UNKNOWN # OF DAYS MOD.-LARGE KETONURIA
130	OBI3AA	Num	3		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
131	OBI3B	Num	3		MODERATE/LARGE KETONUR.-DUE TO ILLNESS
132	OBI3C	Num	3		MODERATE/LARGE KETONUR.-EQUIPM. FAILED
133	OBI3D	Num	3		MODERATE/LARGE KETONUR.-SPONTANEOUS
134	OBI4A	Num	3		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
135	OBI4B1	Num	3		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
136	OBI4B2	Num	3		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
137	OBI4C1	Num	3		HYPOG.-REQUIRED PROF. MEDICAL HELP
138	OBI4C2	Num	3		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
139	OBI4C3	Num	3		HYPOG.-NOT NEED DOCTOR OR OTHER PERSON
140	OBI4D1	Num	3		FREQENCY RECEIVE GLUCAGON
141	OBI4D2	Num	3		FREQUENCY RECEIVE IV GLUCOSE
142	OBI4D3	Num	3		EPISODES RESULT IN INJURY-PT/OTHERS
143	OBI4E	Num	3		HIST.RECURRENT HYPOG UNABLE TO HELP SELF
144	OBI4F	Num	3		HIST.RECURRENT HYPOG ABLE TO HELP SELF
145	OBI4G	Num	3		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
146	OBI4H1	Num	3		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
147	OBI4H2A	Num	3		REASON HYPOG: MISSED MEAL OR SNACK
148	OBI4H2B	Num	3		REASON HYPOG:DECREASED FOOT INTAKE
149	OBI4H2C	Num	3		REASON HYPOG:INCREASED EXERCISE LEVEL
150	OBI4H2D	Num	3		REASON HYPOG:TOO MUCH INSULIN TAKEN
151	OBI4H2E	Num	3		REASON HYPOG:LACK EARLY WARNING-LOW BG
152	OBI4H2F	Num	3		REASON HYPOGLYCEMIA: OTHER
153	OBI4H2G	Num	3		REASON HYPOGLYCEMIA: UNEXPLAINED

Num	Variable	Type	Len	Format	Label
154	OBI4H3A	Num	3		SYMPTOMS W HYPOG: ADRENERGIC WARNING
155	OBI4H3B	Num	3		SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)
156	OBI4H3C	Num	3		SYMPTOMS W HYPOG: ALTER. MENTAL STATUS
157	OBI4H3D	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER
158	OBI4H3E	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
159	OBJ1A	Num	3		CV EVENT: MYOCARDIAL INFARCTION
160	OBJ1B	Num	3		CV EVENT: ANGINA PECTORIS
161	OBJ1C	Num	3		CV EVENT: CORONARY ARTERY DISEASE
162	OBJ1D	Num	3		CV EVENT: ARRHYTHMIA
163	OBJ1E	Num	3		CV EVENT: CHEST PAIN OR DISCOMFORT
164	OBJ2A	Num	3		CB EVENT: CEREBROVASCULAR ACCIDENT
165	OBJ2B	Num	3		CB EVENT: TRANSIENT ISCHEMIC ATTACK
166	OBJ3A	Num	3		PV EVENT: PERIPHERAL ISCHEMIA
167	OBJ3B	Num	3		PV EVENT: AMPUTATION
168	OBJ3C	Num	3		PV EVENT: LOWER EXTREMITY ULCER
169	OBJ3D	Num	3		PV EVENT: OTHER ARTERIAL EVENTS
170	OBJ4A	Num	3		NERVOUSNESS OR ANXIETY
171	OBJ4B	Num	3		UNREASONABLE FEARS
172	OBJ4C	Num	3		EATING DISTURBANCE
173	OBJ4D	Num	3		AFFECTIVE DISORDER
174	OBJ4E	Num	3		SUICIDE ATTEMPT
175	OBJ4F	Num	3		CRIMINAL CONDUCT
176	OBJ4G	Num	3		PSYCHIATRIC TREATMENT
177	OBJ4H	Num	3		OTHER PSYCHIATRIC CONDITION
178	OBJ5	Num	3		EXPERIENCED ANY MAJOR ACCIDENTS
179	OBK1	Num	3		RENAL: CYSTITIS
180	OBK2	Num	3		RENAL: PYELONEPHRITIS
181	OBK3	Num	3		RENAL: UNCONTROLLABLE HYPERTENSION
182	OBK4	Num	3		RENAL: EDEMA
183	OBK5	Num	3		RENAL: DIALYSIS
184	OBK6	Num	3		RENAL: RENAL TRANSPLANTATION
185	OBK7	Num	3		RENAL:OTHER RENAL PROBLEM
186	OBL1AR	Num	3		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE
187	OBL1AL	Num	3		OPHTH:BLURRED/REDUCED VISION-LEFT EYE
188	OBL2AR	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
189	OBL2AL	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
190	OBL3AR	Num	3		OPHTH:RIGHT EYE ENUCLEATED
191	OBL3BL	Num	3		OPHTH:LEFT EYE ENUCLEATED
192	OBL3CR	Num	3		RIGHT EYE ENCLEATED SINCE LAST VISIT

Num	Variable	Type	Len	Format	Label
193	OBL3DL	Num	3		LEFT EYE ENCLEATED SINCE LAST VISIT
194	OBL4AR	Num	3		OCULAR SURGERY TO RE SINCE LAST VISIT
195	OBL4BL	Num	3		OCULAR SURGERY TO LE SINCE LAST VISIT
196	OBL4CR	Num	3		EXTERNAL PLASTIC SURGERY TO RE0271
197	OBL4DL	Num	3		EXTERNAL PLASTIC SURGERY TO LE0271
198	OBL4ER	Num	3		EXTRAOCULAR MUSCLE SURGERY TO RE
199	OBL4FL	Num	3		EXTRAOCULAR MUSCLE SURGERY TO LE
200	OBL4GR	Num	3		CORNEAL TRANSPLANT -- RIGHT EYE
201	OBL4HL	Num	3		CORNEAL TRANSPLANT -- LEFTT EYE
202	OBL4IR	Num	3		OTHER CORNEAL SURGERY -- RIGHT EYE
203	OBL4JL	Num	3		OTHER CORNEAL SURGERY -- LEFT EYE
204	OBL4KR	Num	3		PROCEDURE TO LOWER IOP IN RIGHT EYE
205	OBL4LL	Num	3		PROCEDURE TO LOWER IOP IN LEFT EYE
206	OBL4MR	Num	3		CATARACT EXTRACTION IN RIGHT EYE
207	OBL4NL	Num	3		CATARACT EXTRACTION IN LEFT EYE
208	OBL4OR	Num	3		VITRECTOMY -- RIGHT EYE
209	OBL4PL	Num	3		VITRECTOMY -- LEFT EYE
210	OBL4QR	Num	3		RETINAL DETACHMENT SURGERY IN RE
211	OBL4RL	Num	3		RETINAL DETACHMENT SURGERY IN LE
212	OBL4SR	Num	3		OTHER SURGERY TO RIGHT EYE
213	OBL4TL	Num	3		OTHER SURGERY TO LEFT EYE
214	OBL5AR	Num	3		PHOTOCOAGULATION OF RIGHT EYE
215	OBL5BL	Num	3		PHOTOCOAGULATION OF LEFT EYE
216	OBL5CR	Num	3		SCATTER TREATMENT OF RIGHT EYE
217	OBL5DL	Num	3		SCATTER TREATMENT OF LEFT EYE
218	OBL5ER	Num	3		FOCAL TREATMENT OF RIGHT EYE
219	OBL5FL	Num	3		FOCAL TREATMENT OF LEFT EYE
220	OBL5GR	Num	3		OTHER TREATMENT OF RIGHT EYE
221	OBL5HL	Num	3		OTHER TREATMENT OF LEFT EYE
222	OBL6AR	Num	3		DX OF GLAUCOMA IN RIGHT EYE
223	OBL6BL	Num	3		DX OF GLAUCOMA IN LEFT EYE
224	OBL7AR	Num	3		USED PRESCRIPTION MEDICATION IN RE
225	OBL7BL	Num	3		USED PRESCRIPTION MEDICATION IN LE
226	OBL8AR	Num	3		MD-ADMINISTERED TREATMENT TO RE
227	OBL8BL	Num	3		MD-ADMINISTERED TREATMENT TO LE
228	OBL8CR	Num	3		RETROBULBAR STEROIDS FOR RE
229	OBL8DL	Num	3		RETROBULBAR STEROIDS FOR LE
230	OBL8ER	Num	3		RETROBULBAR ALCOHOL FOR RE
231	OBL8FL	Num	3		RETROBULBAR ALCOHOL FOR LE

Num	Variable	Type	Len	Format	Label
232	OBL8GR	Num	3		OTHER MD-ADMIN. RX TO RIGHT EYE
233	OBL8HL	Num	3		OTHER MD-ADMIN. RX TO LEFT EYE
234	OBL9AR	Num	3		SYMPTOMS OF VITREOUS HEMORRHAGE - RE
235	OBL9BL	Num	3		SYMPTOMS OF VITREOUS HEMORRHAGE - LE
236	OBL10A	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
237	OBL10B	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
238	OBL11	Num	3		WILL BE SENT TO OPHTH. SPECIAL VISIT
239	OBM1	Num	3		NEUR: PAIN/NUMBNESS IN HANDS/FEET
240	OBM1I	Num	3		IF PAIN, IS PATIENT TAKING MEDICATION
241	OBM2	Num	3		NEUR: UNEXPLAINED MUSCLE WEAKNESS
242	OBM3	Num	3		NEUR: VOMITING/BLOATING AFTER MEALS
243	OBM4	Num	3		NEUR: RECURRENT DIARRHEA
244	OBM5	Num	3		NEUR: URINARY RETENTION
245	OBM6	Num	3		NEUR: DIZZINESS/LIGHTHEADEDNESS
246	OBM7	Num	3		NEUR: FAINTING (NOT WITH HYPOG.)
247	OBM8	Num	3		NEUR: SEIZURE (NOT DUE TO HYPOG.)
248	OBM9	Num	3		NEUR: IMPOTENCE
249	OBM10	Num	3		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.
250	OBM11	Num	3		NEUR: OTHER NEUROLOGICAL PROBLEM
251	OBM12	Num	3		NEUR: WILL GO TO NEUROL. FOR VISIT
252	OBN1A	Num	3		INFECT: URINARY TRACT INFECTION
253	OBN1B	Num	3		INFECT: UPPER/LOWER RESPIRATORY TRACT
254	OBN1C	Num	3		INFECT: GASTROENTERITIS
255	OBN1D	Num	3		INFECT: CUTANEOUS/MUCOCUTANEOUS
256	OBN1E	Num	3		INFECT: POST-OPERATIVE OR DEEP WOUND
257	OBN1F	Num	3		INFECT: GANGRENE
258	OBN1G	Num	3		INFECT: OTHER-MONONUCLEOSIS, MEASLES
259	OBN1H	Num	3		INFECT: AT INSERTION SITE
260	OBN2	Num	3		MAJOR SURGERY
261	OBN3	Num	3		MINOR OUTPATIENT SURGERY/INCIDENTAL
262	OBN4	Num	3		INTERCURRENT ENDOCRINE EVENT
263	OBN5A1	Num	3		ERUPTIVE XANTHOMA
264	OBN5A2	Num	3		XANTHELASMA
265	OBN5A3	Num	3		NECROBIOSIS
266	OBN5A4	Num	3		SHIN SPOT
267	OBN5B	Num	3		OTHER SIGNIF. SKIN CONDITION
268	OBO1A	Num	3		VAGINAL ITCHING OR DISCHARGE
269	OBO1B	Num	3		PATIENT TREATED FOR VAGINAL ITCHING
270	OBO2A	Num	3		DOES PATIENT MENSTRUATE

Num	Variable	Type	Len	Format	Label
271	OBO2C	Num	3		LAST MENSTRUAL PERIOD > 5 WKS. AGO
272	OBO2E	Num	3		DID TEST INDICATE PREGNANCY
273	OBO3	Num	3		COMPLETED/TERMINATED PREGNANCY
274	OBO4A	Num	3		NODULES IN BREAST
275	OBO4B	Num	3		BREAST CANCER
276	OBO4C	Num	3		BREAST DISCHARGE
277	OBO4D	Num	3		IRREGULAR MENSES
278	OBO4E	Num	3		DYSMENORRHEA
279	OBO4F	Num	3		VAGINITIS
280	OBO5	Num	3		OTHER SIGNIF. GYNECOLOGIC CONDITION
281	OBO6	Num	3		EVER USED ORAL CONTRACEPTIVES
282	OBO6A	Num	3		NOW USES ORAL CONTRACEPTIVES
283	OBO7	Num	3		USES OTHER BIRTH CONTROL
284	OBO8	Num	3		ANY DIFFICULTIES WITH SEXUAL FUNCTION?
285	OBP1	Num	3		RX: HAS USED OR IS USING PRESCRIPTION
286	OBP2	Num	3		RX: USED OVER-THE-COUNTER DRUGS
287	OBP3	Num	3		RX: VITAMIN SUPPLEMENTS-REGULARLY
288	OBQ1A	Num	8		WEIGHT: 1ST MEASUREMENT
289	OBQ1B	Num	8		WEIGHT: 2ND MEASUREMENT
290	OBQ1C	Num	8		WEIGHT: 3RD MEASUREMENT
291	OBQ1D	Num	8		WEIGHT: 4TH MEASUREMENT
292	OBQ2	Num	8		PATIENT'S DESIRED WEIGHT
293	OBQ3A	Num	8		HEIGHT: 1ST MEASUREMENT
294	OBQ3B	Num	8		HEIGHT: 2ND MEASUREMENT
295	OBQ3C	Num	8		HEIGHT: 3RD MEASUREMENT
296	OBQ3D	Num	8		HEIGHT: 4TH MEASUREMENT
297	OBQ41	Num	3		WAIST CIRC.-NATURAL: LIPOHYP. PRESENT?
298	OBQ42	Num	3		WAIST CIRC.-NATURAL: LIPOATR. PRESENT?
299	OBQ4A	Num	8		WAIST CIRC.-NATURAL: 1ST MEASUREMENT
300	OBQ4B	Num	8		WAIST CIRC.-NATURAL: 2ND MEASUREMENT
301	OBQ4C	Num	8		WAIST CIRC.-NATURAL: 3RD MEASUREMENT
302	OBQ4D	Num	8		WAIST CIRC.-NATURAL: 4TH MEASUREMENT
303	OBQ51	Num	3		WAIST CIRC.-ILIAC: LIPOHYP PRESENT?
304	OBQ52	Num	3		WAIST CIRC.-ILIAC: LIPOATR PRESENT?
305	OBQ5A	Num	8		WAIST CIRC.-ILIAC: 1ST MEASUREMENT
306	OBQ5B	Num	8		WAIST CIRC.-ILIAC: 2ND MEASUREMENT
307	OBQ5C	Num	8		WAIST CIRC.-ILIAC: 3RD MEASUREMENT
308	OBQ5D	Num	8		WAIST CIRC.-ILIAC: 4TH MEASUREMENT
309	OBQ61	Num	3		HIP CIRC.: LIPOHYP. PRESENT?

Num	Variable	Type	Len	Format	Label
310	OBQ62	Num	3		HIP CIRC.: LIPOATR. PRESENT?
311	OBQ6A	Num	8		HIP CIRC.: 1ST MEASUREMENT
312	OBQ6B	Num	8		HIP CIRC.: 2ND MEASUREMENT
313	OBQ6C	Num	8		HIP CIRC.: 3RD MEASUREMENT
314	OBQ6D	Num	8		HIP CIRC.: 4TH MEASUREMENT
315	OBPULSE	Num	8		PULSE
316	OBSYSTR	Num	8		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
317	OBDIASR	Num	8		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
318	OBHYPDOC	Num	3		HYPER. DOCUMENTED SENT TO COOR.CENTER
319	OBHIBLP	Num	3		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
320	OBQ9AR	Num	8		R BRACHIAL DOPPLER SYSTOLIC BP
321	OBQ9AL	Num	8		L BRACHIAL DOPPLER SYSTOLIC BP
322	OBQ9BR	Num	8		R DORSALIS PEDIS DOPPLER SYSTOLIC BP
323	OBQ9BL	Num	8		L DORSALIS PEDIS DOPPLER SYSTOLIC BP
324	OBQ9CR	Num	8		R POSTERIOR TIBIAL DOPPLER SYSTOLIC BP
325	OBQ9CL	Num	8		L POSTERIOR TIBIAL DOPPLER SYSTOLIC BP
326	OBENT	Num	3		ABNORMALITY OF EARS, NOSE AND THROAT
327	OBTHYRD	Num	3		ABNORMALITY OF THYROID
328	OBLUNGS	Num	3		ABNORMALITY OF LUNGS
329	OBBREAST	Num	3		ABNORMALITY OF BREASTS
330	OBABDOM	Num	3		ABNORMALITY OF ABDOMEN
331	OBHEPATO	Num	3		ABDOMEN--HEPATOMEGALY
332	OBSPAN	Num	3		ABDOMEN-IF PRESENT, HOW LARGE (SPAN)
333	OBLYMPH	Num	3		ABNORMALITY OF LYMPHATIC SYSTEM
334	OBRECTUM	Num	3		ABNORMALITY OF RECTUM
335	OBPELVIS	Num	3		ABNORMALITY OF PELVIS
336	OBGENIT	Num	3		ABNORMALITY OF GENITALIA
337	OBP12A1R	Num	3		GRADE OF RIGHT CAROTID PULSE
338	OBP12A1L	Num	3		GRADE OF LEFT CAROTID PULSE
339	OBP12A2R	Num	3		GRADE OF RIGHT BRACHIAL PULSE
340	OBP12A2L	Num	3		GRADE OF LEFT BRACHIAL PULSE
341	OBP12A3R	Num	3		GRADE OF RIGHT RADIAL PULSE
342	OBP12A3L	Num	3		GRADE OF LEFT RADIAL PULSE
343	OBP12A4R	Num	3		GRADE OF RIGHT FEMORAL PULSE
344	OBP12A4L	Num	3		GRADE OF LEFT FEMORAL PULSE
345	OBP12A5R	Num	3		GRADE OF RIGHT POPLITEAL PULSE
346	OBP12A5L	Num	3		GRADE OF LEFT POPLITEAL PULSE
347	OBP12A6R	Num	3		GRADE OF RIGHT POST. TIBIAL PULSE
348	OBP12A6L	Num	3		GRADE OF LEFT POST. TIBIAL PULSE

Num	Variable	Type	Len	Format	Label
349	OBP12A7R	Num	3		GRADE OF RIGHT D. PEDIS PULSE
350	OBP12A7L	Num	3		GRADE OF LEFT D. PEDIS PULSE
351	OBP12B1R	Num	3		RIGHT FEMORAL BRUIT
352	OBP12B1L	Num	3		LEFT FEMORAL BRUIT
353	OBP12B2R	Num	3		RIGHT CAROTID BRUIT
354	OBP12B2L	Num	3		LEFT CAROTID BRUIT
355	OBP12B3R	Num	3		RIGHT OTHER BRUIT
356	OBP12B3L	Num	3		LEFT OTHER BRUIT
357	OBP13AR	Num	3		ULCERATION - RIGHT SIDE
358	OBP13AL	Num	3		ULCERATION - LEFT SIDE
359	OBP13BR	Num	3		SKIN DISCOLORATION - RIGHT SIDE
360	OBP13BL	Num	3		SKIN DISCOLORATION - LEFT SIDE
361	OBP13CR	Num	3		GANGRENE - RIGHT SIDE
362	OBP13CL	Num	3		GANGRENE - LEFT SIDE
363	OBP13DR	Num	3		CHARCOT JOINT - RIGHT SIDE
364	OBP13DL	Num	3		CHARCOT JOINT - LEFT SIDE
365	OBP13ER	Num	3		DEFORMITY - RIGHT SIDE
366	OBP13EL	Num	3		DEFORMITY - LEFT SIDE
367	OBP14A	Num	3		INJECTION SITE--LIPOATROPHY
368	OBP14B	Num	3		INJECTION SITE--LIPOHYPERTROPHY
369	OBP14C	Num	3		INJECTION SITE--INFLAMMATION
370	OBP15A	Num	3		FOOT-ULCER
371	OBP15B	Num	3		FOOT-INFECTION
372	OBP15C	Num	3		FOOT-ABNORMAL TOENAILS
373	OBP15D	Num	3		FOOT-OTHER
374	OBP16	Num	3		OTHER ABONORMALITIES ON PHYSICAL EXAM
375	HEIGHT	Num	8		AVG HEIGHT OF 4 MEASUREMENT (cm)
376	MASK_PAT	Num	8		Deidentified Patient ID
377	OBMRDATE	Num	8	MMDDYY.	Deidentified DATE MARITAL STATUS CHANGED
378	OBG1A1	Num	8	MMDDYY.	Deidentified DATE OF RETURN TO ACTIVE STATUS
379	OBG1A2	Num	8	MMDDYY.	Deidentified NEW TRANSFER-INACTIVE STATUS-DATE F016
380	OBLSTVST	Num	8	MMDDYY.	Deidentified DATE OF LAST COMPLETED VISIT
381	OBO2B	Num	8	MMDDYY.	Deidentified DATE OF LAST MENSTRUAL PERIOD

Data Set Name: f0023.sas7bdat

Num	Variable	Type	Len	Format	Label
1	OBF4A	Num	4		TOTAL NUMBER OF UNITS/DAY OF INSULIN
2	OBQ11A1L	Num	5		GRADE OF LEFT CAROTID PULSE
3	OBQ11A1R	Num	5		GRADE OF RIGHT CAROTID PULSE
4	OBQ11A2L	Num	5		GRADE OF LEFT BRACHIAL PULSE
5	OBQ11A2R	Num	5		GRADE OF RIGHT BRACHIAL PULSE
6	OBQ11A3L	Num	5		GRADE OF LEFT RADIAL PULSE
7	OBQ11A3R	Num	5		GRADE OF RIGHT RADIAL PULSE
8	OBQ11A4L	Num	5		GRADE OF LEFT FEMORAL PULSE
9	OBQ11A4R	Num	5		GRADE OF RIGHT FEMORAL PULSE
10	OBQ11A5L	Num	5		GRADE OF LEFT POPLITEAL PULSE
11	OBQ11A5R	Num	5		GRADE OF RIGHT POPLITEAL PULSE
12	OBQ11A6L	Num	5		GRADE OF LEFT POST. TIBIAL PULSE
13	OBQ11A6R	Num	5		GRADE OF RIGHT POST. TIBIAL PULSE
14	OBQ11A7L	Num	5		GRADE OF LEFT D. PEDIS PULSE
15	OBQ11A7R	Num	5		GRADE OF RIGHT D. PEDIS PULSE
16	OBQ11B1L	Num	5		LEFT FEMORAL BRUIT
17	OBQ11B1R	Num	5		RIGHT FEMORAL BRUIT
18	OBQ11B2L	Num	5		LEFT CAROTID BRUIT
19	OBQ11B2R	Num	5		RIGHT CAROTID BRUIT
20	OBQ11B3L	Num	5		LEFT OTHER BRUIT
21	OBQ11B3R	Num	5		RIGHT OTHER BRUIT
22	OBQ12AL	Num	5		ULCERATION - LEFT SIDE
23	OBQ12AR	Num	5		ULCERATION - RIGHT SIDE
24	OBQ12BL	Num	5		GANGRENE - LEFT SIDE
25	OBQ12BR	Num	5		GANGRENE - RIGHT SIDE
26	OBQ12CL	Num	5		NECROBIOSIS - LEFT SIDE
27	OBQ12CR	Num	5		NECROBIOSIS - RIGHT SIDE
28	OBQ12DL	Num	5		XANTHELASMA - LEFT SIDE
29	OBQ12DR	Num	5		XANTHELASMA - RIGHT SIDE
30	OBQ12EL	Num	5		ERUPTIVE XANTHOMA - LEFT SIDE
31	OBQ12ER	Num	5		ERUPTIVE XANTHOMA - RIGHT SIDE
32	OBQ12FL	Num	5		CHARCOT JOINT - LEFT SIDE
33	OBQ12FR	Num	5		CHARCOT JOINT - RIGHT SIDE
34	OBQ12GL	Num	5		DEFORMITY - LEFT SIDE
35	OBQ12GR	Num	5		DEFORMITY - RIGHT SIDE
36	OBQ13A	Num	5		INJECTION SITE--LIPOATROPHY

Num	Variable	Type	Len	Format	Label
37	OBQ13B	Num	5		INJECTION SITE--LIPOHYPERTROPHY
38	OBQ13C	Num	5		INJECTION SITE--INFLAMMATION
39	OBQ14A	Num	5		FOOT-ULCER
40	OBQ14B	Num	5		FOOT-INFECTION
41	OBQ14C	Num	5		FOOT-ABNORMAL TOENAILS
42	OBQ14D	Num	5		FOOT-OTHER
43	OBQ15	Num	5		OTHER ABONORMALITIES ON PHYSICAL EXAM
44	OBR1	Num	5		CONTACT W/PATIENT SINCE LAST ANN. VISIT
45	OBR2	Num	5		HOW MANY TIMES CONTACT W/PATIENT
46	OBR3A	Num	5		TELEPHONE CALL
47	OBR3B	Num	5		TALKED TO PATIENT IN PERSON
48	OBR3C	Num	5		SENT CARD OR LETTER
49	OBR3D	Num	5		SENT NEWSLETTER OR UNIV. PUBLICATION
50	OBR3E	Num	5		OTHER MEANS OF CONTACTING PATIENT
51	OBCARDAB	Num	5		OTHER CARDIAC ABNORMALITY
52	OBDMURMR	Num	5		DIASTOLIC MURMUR
53	OBOMURMR	Num	5		OTHER MURMUR
54	OBSMURMR	Num	5		SYSTOLIC EJECTION MURMUR
55	OBMEGALY	Num	5		CARDIOMEGALY
56	OBRHYTHM	Num	5		CARDIAC RHYTHM
57	OBRUB	Num	5		RUB
58	OBS3GALP	Num	5		S3 GALLOP
59	OBS4GALP	Num	5		S4 GALLOP
60	OBVENPRS	Num	5		VENOUS PRESSURE
61	FORM	Num	4	Z4.	EDIC FORM NUMBER
62	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
63	EDICYEAR	Num	3		EDIC FOLLOW-UP YEAR
64	OBMARRY	Num	3		MARITAL STATUS OF PATIENT
65	OBMARNO	Num	3		NUMBER OF TIMES MARRIED
66	OBPATJOB	Num	3		PATIENT'S OCCUPATION
67	OBSPJOB	Num	3		SPOUSE'S OCCUPATION
68	OBMOMJOB	Num	3		MOTHER'S OCCUPATION
69	OBDADJOB	Num	3		FATHER'S OCCUPATION
70	OBFRIJOB	Num	3		GUARDIAN/FRIEND'S OCCUPATION
71	OBPATNOJ	Num	3		PATIENT UNEMPLOYED OR RETIRED
72	OBSPONOJ	Num	3		SPOUSE UNEMPLOYED OR RETIRED
73	OBMOMNOJ	Num	3		MOTHER UMEMPLOYED OR RETIRED
74	OBDADNOJ	Num	3		FATHER UMEMPLOYED OR RETIRED
75	OBFRINOJ	Num	3		GUARDIAN/FRIEND'S UMEMPLOYED/RETIRED

Num	Variable	Type	Len	Format	Label
76	OBPATED	Num	3		PATIENT'S EDUCATION LEVEL
77	OBSPOED	Num	3		SPOUSE'S EDUCATION LEVEL
78	OBMOMED	Num	3		MOTHER'S EDUCATION LEVEL
79	OBDADED	Num	3		FATHER'S EDUCATION LEVEL
80	OBFRIED	Num	3		GUARDIAN/FRIEND'S EDUCATION LEVEL
81	OBSMOKE1	Num	3		SMOKE CIGARETTES/CIGAR. IN PAST YR.
82	OBSMOKE2	Num	3		CURRENTLY SMOKE CIGARETTES/CIGAR.
83	OBSMOKE3	Num	3		MONTHS SINCE QUIT CIGARETTES/CIGAR.
84	OBSMOKE4	Num	3		HOW MANY CIGARET./CIGAR. IN PAST YR.
85	OBSMOKE5	Num	3		SMOKED PIPES OR CIGARS IN PAST YR.
86	OBSMOKE6	Num	3		CURRENTLY SMOKE PIPES OR CIGARS
87	OBSMOKE7	Num	3		QUIT SMOKING PIPES OR CIGARS
88	OBSMOKE8	Num	3		PIPEFULS/CIGARS PER WK. IN PAST YR.
89	OBSMOK9A	Num	3		PAST 12 MTHS LIVED WHERE PERSON SMOKED
90	OBSMOK9B	Num	3		PAST 12 MTHS WORK WHERE PERSON SMOKED
91	OBDRINK1	Num	3		AT LEAST ONE ALCOHOLIC BEV. WEEK
92	OBDRINK2	Num	3		BOTTLES OF BEER IN LAST 7 DAYS
93	OBDRINK3	Num	3		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
94	OBDRINK4	Num	3		GLASSES OF WINE IN LAST 7 DAYS
95	OBDRINK5	Num	3		HARD LIQUOR IN LAST 7 DAYS
96	OBDRINK6	Num	3		TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS
97	OBEXER1	Num	3		PATIENT'S LEVEL OF ACTIVITY
98	OBEXER2	Num	4		HOURS & MINUTES OF LIGHT ACTIVITY
99	OBEXER3	Num	4		HOURS & MINUTES OF MODERATE ACTIVITY
100	OBEXER4	Num	4		HOURS & MINUTES OF HARD ACTIVITY
101	OBEXER5	Num	4		HOURS & MINUTES OF VERY HARD ACTIVITY
102	OBHUREG	Num	3		TYPE OF INSULIN-HUMAN REGULAR
103	OBPOREG	Num	3		TYPE OF INSULIN-PORK REGULAR
104	OBHUNPH	Num	3		TYPE OF INSULIN-HUMAN NPH
105	OBPONPH	Num	3		TYPE OF INSULIN-PORK NPH
106	OBHULEN	Num	3		TYPE OF INSULIN-HUMAN LENTE
107	OBPOLEN	Num	3		TYPE OF INSULIN-PORK LENTE
108	OBHUULT	Num	3		TYPE OF INSULIN-HUMAN ULTRALENTE
109	OBHU7030	Num	3		TYPE OF INSULIN-HUMAN 70/30
110	OBHULOG	Num	3		TYPE OF INSULIN-HUMALOG
111	OBBPREG	Num	3		TYPE OF INSULIN-BEEF/PORK REGULAR
112	OBBPNPH	Num	3		TYPE OF INSULIN-BEEF/PORK NPH
113	OBBPLEN	Num	3		TYPE OF INSULIN-BEEF/PORK LENTE
114	OBINSREG	Num	3		CURRENT INSULIN REGIMEN

Num	Variable	Type	Len	Format	Label
115	OBTOTUNT	Num	4		TOTAL NUMBER OF UNITS/DAY OF INSULIN
116	OBREGBRK	Num	3		UNITS REGULAR INSULIN USED-BREAKFAST
117	OBREGLUN	Num	3		UNITS REGULAR INSULIN USED-LUNCH
118	OBREGSUP	Num	3		UNITS REGULAR INSULIN USED-SUPPER
119	OBREGBED	Num	3		UNITS REGULAR INSULIN USED-BEDTIME
120	OBREGOTH	Num	3		UNITS REGULAR INSULIN USED-OTHER
121	OBNPHBRK	Num	3		UNITS NPH INSULIN USED-BREAKFAST
122	OBNPHLUN	Num	3		UNITS NPH INSULIN USED-LUNCH
123	OBNPHSUP	Num	3		UNITS NPH INSULIN USED-SUPPER
124	OBNPHBED	Num	3		UNITS NPH INSULIN USED BEDTIME
125	OBNPHOTH	Num	3		UNITS NPH INSULIN USED-OTHER
126	OBLENBRK	Num	3		UNITS LENTE INSULIN USED-BREAKFAST
127	OBLENLUN	Num	3		UNITS LENTE INSULIN USED LUNCH
128	OBLENSUP	Num	3		UNITS LENTE INSULIN USED-SUPPER
129	OBLENBED	Num	3		UNITS LENTE INSULIN USED-BEDTIME
130	OBLENOTH	Num	3		UNITS LENTE INSULIN USED-OTHER
131	OBULTBRK	Num	3		UNITS ULTRALENTE INSULIN USED-BREAKFAST
132	OBULTLUN	Num	3		UNITS ULTRALENTE INSULIN USED-LUNCH
133	OBULTSUP	Num	3		UNITS ULTRALENTE INSULIN USED-SUPPER
134	OBULTBED	Num	3		UNITS ULTRALENTE INSULIN USED-BEDTIME
135	OBULTOTH	Num	3		UNITS ULTRALENTE INSULIN USED-OTHER
136	OB7030BR	Num	3		UNITS 70/30 INSULIN USED-BREAKFAST
137	OB7030LU	Num	3		UNITS 70/30 INSULIN USED-LUNCH
138	OB7030SU	Num	3		UNITS 70/30 INSULIN USED-SUPPER
139	OB7030BE	Num	3		UNITS 70/30 INSULIN USED-BEDTIME
140	OB7030OT	Num	3		UNITS 70/30 INSULIN USED-OTHER
141	OBHULBRK	Num	3		UNITS HUMALOG INSULIN USED-BREAKFAST
142	OBHULLUN	Num	3		UNITS HUMALOG INSULIN USED-LUNCH
143	OBHULSUP	Num	3		UNITS HUMALOG INSULIN USED-SUPPER
144	OBHULBED	Num	3		UNITS HUMALOG INSULIN USED-BEDTIME
145	OBHULOTH	Num	3		UNITS HUMALOG INSULIN USED-OTHER
146	OBF4	Num	3		DESCRIBE INSULIN REGIMEN
147	OBF5A	Num	3		DIFFERENT BASAL RATES USED/DAY
148	OBF5B	Num	3		UNITS OF BASAL INSULIN INFUSED DAILY
149	OBF5C	Num	3		TECHN. PROBLEMS-INSULIN INFUSION PUMP
150	OBF6A	Num	3		PRESCRIBED CHANGE IN INSULIN REGIMEN
151	OBF6A1	Num	3		CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSIA
152	OBF6A2	Num	3		CHANGE DOSE-NOCTURIA
153	OBF6A3	Num	3		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.

Num	Variable	Type	Len	Format	Label
154	OBF6A4	Num	3		CHANGE DOSE-RECURRENT KETONURIA
155	OBF6A5	Num	3		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
156	OBF6A6	Num	3		CHANGE DOSE-OTHER
157	OBF7A	Num	3		SELF BLOOD GLUCOSE MONITORING
158	OBF7B	Num	3		FREQUENCY PER DAY OF SBGM
159	OBF7C	Num	3		URINE GLUCOSE MONITORING
160	OBF7D	Num	3		FREQUENCY PER DAY OF UGM
161	OBF7E1	Num	3		ADJUST USUAL REGIMEN:GLUCOSE MONITORING
162	OBF7E2	Num	3		ADJUST USUAL REGIMEN:FOOD INTAKE
163	OBF7E3	Num	3		ADJUST USUAL REGIMEN:EXERCISE
164	OBG1	Num	3		SINCE LAST VISIT-ON INACTIVE STATUS
165	OBG1A	Num	3		CURRENTLY ON TRANSFER TO INACT. STATUS
166	OBH1	Num	3		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
167	OBH2	Num	3		CURRENTLY ON MOD. FOLLOW-UP SCHEDULE
168	OBI1A	Num	3		FREQUENCY OF DKA
169	OBI1B	Num	3		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
170	OBI2	Num	3		FREQ. DAYS-MODERATE OR LARGE KETONURIA
171	OBI2A	Num	3		UNKNOWN # OF DAYS MOD.-LARGE KETONURIA
172	OBI2AA	Num	3		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
173	OBI2B	Num	3		MODERATE/LARGE KETONUR.-DUE TO ILLNESS
174	OBI2C	Num	3		MODERATE/LARGE KETONUR.-EQUIPM. FAILED
175	OBI2D	Num	3		MODERATE/LARGE KETONUR.-SPONTANEOUS
176	OBI3A	Num	3		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
177	OBI3B1	Num	3		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
178	OBI3B2	Num	3		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
179	OBI3C1	Num	3		HYPOG.-REQUIRED PROF. MEDICAL HELP
180	OBI3C2	Num	3		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
181	OBI3C3	Num	3		HYPOG.-NOT NEED DOCTOR OR OTHER PERSON
182	OBI3D1	Num	3		FREQENCY RECEIVE GLUCAGON
183	OBI3D2	Num	3		FREQUENCY RECEIVE IV GLUCOSE
184	OBI3D3	Num	3		EPISODES RESULT IN INJURY-PT/OTHERS
185	OBI3E	Num	3		RECURRENT HYPOG UNABLE TO HELP SELF
186	OBI3F	Num	3		RECURRENT HYPOG ABLE TO HELP SELF
187	OBI3G	Num	3		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
188	OBI3H1	Num	3		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
189	OBI3H2A	Num	3		REASON HYPOG: MISSED MEAL OR SNACK
190	OBI3H2B	Num	3		REASON HYPOG:DECREASED FOOT INTAKE
191	OBI3H2C	Num	3		REASON HYPOG:DELAYED MEAL OR SNACK
192	OBI3H2D	Num	3		REASON HYPOG:INCREASED EXERCISE LEVEL

Num	Variable	Type	Len	Format	Label
193	OBI3H2E	Num	3		REASON HYPOG:TOO MUCH INSULIN TAKEN
194	OBI3H2F	Num	3		REASON HYPOG:LACK EARLY WARNING-LOW BG
195	OBI3H2G	Num	3		REASON HYPOGLYCEMIA: OTHER
196	OBI3H2H	Num	3		REASON HYPOGLYCEMIA: UNEXPLAINED
197	OBI3H3A	Num	3		SYMPTOMS W HYPOG: ADRENERGIC WARNING
198	OBI3H3B	Num	3		SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)
199	OBI3H3C	Num	3		SYMPTOMS W HYPOG: ALTER. MENTAL STATUS
200	OBI3H3D	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER
201	OBI3H3E	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
202	OBJ1A	Num	3		CV EVENT: MYOCARDIAL INFARCTION
203	OBJ1B	Num	3		CV EVENT: ANGINA PECTORIS
204	OBJ1C	Num	3		CV EVENT: CORONARY ARTERY DISEASE
205	OBJ1D	Num	3		CV EVENT: ARRHYTHMIA
206	OBJ2	Num	3		IF PATIENT HAS COMPLAINED OF PAIN
207	OBJ2A1A	Num	3		COMPLAINED OF PAIN IN L ANTERIOR CHEST
208	OBJ2A1B	Num	3		COMPLAINED OF PAIN IN LEFT ARM
209	OBJ2A1C	Num	3		COMPLAINED OF PAIN IN JAW
210	OBJ2A1D	Num	3		COMPLAINED OF PAIN IN STERNUM UPPER/MID
211	OBJ2A1E	Num	3		COMPLAINED OF PAIN IN STERNUM LOWER
212	OBJ2A2A	Num	3		COMPLAINED OF PAIN IN THE BACK
213	OBJ2A2B	Num	3		COMPLAINED OF PAIN IN THE SHOULDER
214	OBJ2A2C	Num	3		COMPLAINED OF PAIN IN THE RIGHT ARM
215	OBJ2A2D	Num	3		COMPLAINED OF PAIN IN THE ABDOMEN
216	OBJ2B1	Num	3		PAIN LASTED FOR MORE THAN 20 MIN
217	OBJ2B2	Num	3		DEFINITE NON-CARDIAC CAUSE FOR PAIN
218	OBJ2B3	Num	3		ADDITIONAL DOSES OF NITRATES OR CAL CB
219	OBJ2C	Num	3		FEELING OF PRESS. OR HEAVINESS IN CHEST
220	OBJ2D1	Num	3		PAIN/DISCOMF.: WALKING UP HILL/HURRING
221	OBJ2D2	Num	3		PAIN/DISCOMF.: WALKING ORDINARY PACE
222	OBJ2D3	Num	3		PAIN/DISCOMFORT:WHEN STOP - SLOW - SAME
223	OBJ2D4	Num	3		PAIN/DISCOMFORT: STANDING STILL
224	OBJ2D5	Num	3		PAIN GOES AWAY: 10 MIN OR MORE
225	OBJ2E	Num	3		DIAGNOSTIC TESTS PERFORMED
226	OBJ2TES1	Char	20		DIAGNOSTIC TESTS: TEST 1
227	OBJ2RES1	Num	3		DIAGNOSTIC TESTS: TEST 1 RESULTS
228	OBJ2TES2	Char	20		DIAGNOSTIC TESTS: TEST 2
229	OBJ2RES2	Num	3		DIAGNOSTIC TESTS: TEST 2 RESULTS
230	OBJ2TES3	Char	20		DIAGNOSTIC TESTS: TEST 3
231	OBJ2RES3	Num	3		DIAGNOSTIC TESTS: TEST 3 RESULTS

Num	Variable	Type	Len	Format	Label
232	OBJ2TES4	Char	20		DIAGNOSTIC TESTS: TEST 4
233	OBJ2RES4	Num	3		DIAGNOSTIC TESTS: TEST 4 RESULTS
234	OBJ2TES5	Char	20		DIAGNOSTIC TESTS: TEST 5
235	OBJ2RES5	Num	3		DIAGNOSTIC TESTS: TEST 5 RESULTS
236	OBJ3A	Num	3		CB EVENT: CEREBROVASCULAR ACCIDENT
237	OBJ3B	Num	3		CB EVENT: TRANSIENT ISCHEMIC ATTACK
238	OBJ4A	Num	3		PV EVENT: AMPUTATION
239	OBJ4B	Num	3		PV EVENT: LOWER EXTREMITY ULCER
240	OBJ4C	Num	3		PV EVENT: OTHER ARTERIAL EVENTS
241	OBJ5	Num	3		PI EVENT: DOES PATIENT HAVE PAIN
242	OBJ5A	Num	3		PI EVENT: PAIN IN LEG WHEN WALK
243	OBJ5B	Num	3		PI EVENT: PAIN BEGIN WHEN STAND.
244	OBJ5CR	Num	3		PI EVENT: PAIN IN PART OF R-LEG
245	OBJ5CL	Num	3		PI EVENT: PAIN IN PART OF L-LEG
246	OBJ5D	Num	3		PI EVENT: PAIN IN LEG WHEN HURRING
247	OBJ5E	Num	3		PI EVENT: PAIN IN LEG WHEN REG. PACE
248	OBJ5F	Num	3		PI EVENT: DOES PAIN EVER DISPPEAR
249	OBJ5G	Num	3		PI EVENT: WHAT DOES PATIENT DO
250	OBJ5H	Num	3		PI EVENT: WHAT HAPPENS TO PAIN
251	OBJ5I	Num	3		PI EVENT: IS PAIN RELIEVED BY STAND.
252	OBJ5J	Num	3		PI EVENT: NOTICED CHANGE IN SEVERITY
253	OBJ5K	Num	3		DIAGNOSTIC TESTS PERFORMED
254	OBJ5TES1	Char	20		DIAGNOSTIC TESTS: TEST 1
255	OBJ5RES1	Num	3		DIAGNOSTIC TESTS: TEST 1 RESULTS
256	OBJ5TES2	Char	20		DIAGNOSTIC TESTS: TEST 2
257	OBJ5RES2	Num	3		DIAGNOSTIC TESTS: TEST 2 RESULTS
258	OBJ5TES3	Char	20		DIAGNOSTIC TESTS: TEST 3
259	OBJ5RES3	Num	3		DIAGNOSTIC TESTS: TEST 3 RESULTS
260	OBJ5TES4	Char	20		DIAGNOSTIC TESTS: TEST 4
261	OBJ5RES4	Num	3		DIAGNOSTIC TESTS: TEST 4 RESULTS
262	OBJ5TES5	Char	20		DIAGNOSTIC TESTS: TEST 5
263	OBJ5RES5	Num	3		DIAGNOSTIC TESTS: TEST 5 RESULTS
264	OBJ6A	Num	3		NERVOUSNESS OR ANXIETY
265	OBJ6B	Num	3		UNREASONABLE FEARS
266	OBJ6C	Num	3		EATING DISTURBANCE
267	OBJ6D	Num	3		AFFECTIVE DISORDER
268	OBJ6E	Num	3		SUICIDE ATTEMPT
269	OBJ6F	Num	3		CRIMINAL CONDUCT
270	OBJ6G	Num	3		PSYCHIATRIC TREATMENT

Num	Variable	Type	Len	Format	Label
271	OBJ6H	Num	3		OTHER PSYCHIATRIC CONDITION
272	OBJ7	Num	3		EXPERIENCED ANY MAJOR ACCIDENTS
273	OBK1	Num	3		RENAL: CYSTITIS
274	OBK2	Num	3		RENAL: PYELONEPHRITIS
275	OBK3	Num	3		RENAL: UNCONTROLLABLE HYPERTENSION
276	OBK4	Num	3		RENAL: EDEMA
277	OBK5	Num	3		RENAL: DIALYSIS
278	OBK6	Num	3		RENAL: RENAL TRANSPLANTATION
279	OBK7	Num	3		RENAL:OTHER RENAL PROBLEM
280	OBL1AR	Num	3		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE
281	OBL1AL	Num	3		OPHTH:BLURRED/REDUCED VISION-LEFT EYE
282	OBL2AR	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
283	OBL2AL	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
284	OBL3AR	Num	3		OPHTH:RIGHT EYE ENUCLEATED
285	OBL3BL	Num	3		OPHTH:LEFT EYE ENUCLEATED
286	OBL3CR	Num	3		RIGHT EYE ENCLEATED SINCE LAST VISIT
287	OBL3DL	Num	3		LEFT EYE ENCLEATED SINCE LAST VISIT
288	OBL4AR	Num	3		OCULAR SURGERY TO RE SINCE LAST VISIT
289	OBL4BL	Num	3		OCULAR SURGERY TO LE SINCE LAST VISIT
290	OBL4CR	Num	3		CORNEAL TRANSPLANT -- RIGHT EYE
291	OBL4DL	Num	3		CORNEAL TRANSPLANT -- LEFTT EYE
292	OBL4ER	Num	3		OTHER CORNEAL SURGERY -- RIGHT EYE
293	OBL4FL	Num	3		OTHER CORNEAL SURGERY -- LEFT EYE
294	OBL4GR	Num	3		PROCEDURE TO LOWER IOP IN RIGHT EYE
295	OBL4HL	Num	3		PROCEDURE TO LOWER IOP IN LEFT EYE
296	OBL4IR	Num	3		CATARACT EXTRACTION IN RIGHT EYE
297	OBL4JL	Num	3		CATARACT EXTRACTION IN LEFT EYE
298	OBL4KR	Num	3		VITRECTOMY -- RIGHT EYE
299	OBL4LL	Num	3		VITRECTOMY -- LEFT EYE
300	OBL4MR	Num	3		RETINAL DETACHMENT SURGERY IN RE
301	OBL4NL	Num	3		RETINAL DETACHMENT SURGERY IN LE
302	OBL4OR	Num	3		OTHER SURGERY TO RIGHT EYE
303	OBL4PL	Num	3		OTHER SURGERY TO LEFT EYE
304	OBL5AR	Num	3		PHOTOCOAGULATION OF RIGHT EYE
305	OBL5BL	Num	3		PHOTOCOAGULATION OF LEFT EYE
306	OBL5CR	Num	3		SCATTER TREATMENT OF RIGHT EYE
307	OBL5DL	Num	3		SCATTER TREATMENT OF LEFT EYE
308	OBL5ER	Num	3		FOCAL TREATMENT OF RIGHT EYE
309	OBL5FL	Num	3		FOCAL TREATMENT OF LEFT EYE

Num	Variable	Type	Len	Format	Label
310	OBL5GR	Num	3		OTHER TREATMENT OF RIGHT EYE
311	OBL5HL	Num	3		OTHER TREATMENT OF LEFT EYE
312	OBL6AR	Num	3		DX OF GLAUCOMA IN RIGHT EYE
313	OBL6BL	Num	3		DX OF GLAUCOMA IN LEFT EYE
314	OBL7AR	Num	3		USED PRESCRIPTION MEDICATION IN RE
315	OBL7BL	Num	3		USED PRESCRIPTION MEDICATION IN LE
316	OBL8AR	Num	3		MD-ADMINISTERED TREATMENT TO RE
317	OBL8BL	Num	3		MD-ADMINISTERED TREATMENT TO LE
318	OBL9AR	Num	3		SYMPTOMS OF VITREOUS HEMORRHAGE - RE
319	OBL9BL	Num	3		SYMPTOMS OF VITREOUS HEMORRHAGE - LE
320	OBL10R	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
321	OBL10L	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
322	OBL11	Num	3		WILL BE SENT TO OPHTH. SPECIAL VISIT
323	OBM1	Num	3		NEUR: PAIN/NUMBNESS IN HANDS/FEET
324	OBM1I	Num	3		IF PAIN, IS PATIENT TAKING MEDICATION
325	OBM2	Num	3		NEUR: UNEXPLAINED MUSCLE WEAKNESS
326	OBM3	Num	3		NEUR: VOMITING/BLOATING AFTER MEALS
327	OBM4	Num	3		NEUR: RECURRENT DIARRHEA
328	OBM5	Num	3		NEUR: DIARRHEA WITH FECAL INCONTINENCE
329	OBM6	Num	3		NEUR: URINARY RETENTION
330	OBM7	Num	3		NEUR: DIZZINESS/LIGHTHEADEDNESS
331	OBM8	Num	3		NEUR: FAINTING (NOT WITH HYPOG.)
332	OBM9	Num	3		NEUR: SEIZURE (NOT DUE TO HYPOG.)
333	OBM10	Num	3		NEUR: IMPOTENCE
334	OBM11	Num	3		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.
335	OBM12	Num	3		NEUR: OTHER NEUROLOGICAL PROBLEM
336	OBM13	Num	3		NEUR: WILL GO TO NEUROL. FOR VISIT
337	OBN1A	Num	3		INFECT: CUTANEOUS/MUCOCUTANEOUS
338	OBN1B	Num	3		INFECT: POST-OPERATIVE OR DEEP WOUND
339	OBN1C	Num	3		INFECT: GANGRENE
340	OBN1D	Num	3		INFECT: MONONUCLEOSIS, EPIDIDYMITIS
341	OBN1E	Num	3		INFECT: AT INSERTION SITE
342	OBN2	Num	3		MAJOR SURGERY
343	OBN3	Num	3		AUTOIMMUNE ENDOCRINE EVENT
344	OBN3A	Num	3		AUTO. ENDOCRINE EVENT:HYPOTHYDROIDISM
345	OBN3B	Num	3		AUTO. ENDOCRINE EVENT:ADRENAL INSUFF.
346	OBN3C	Num	3		AUTO. ENDOCRINE EVENT:PERNICIOUS ANEM.
347	OBN3D	Num	3		AUTO. ENDOCRINE EVENT:PREMAT. OVARIAN
348	OBO1A	Num	3		VAGINAL ITCHING OR DISCHARGE

Num	Variable	Type	Len	Format	Label
349	OBO1B	Num	3		PATIENT TREATED FOR VAGINAL ITCHING
350	OBO2A	Num	3		DOES PATIENT MENSTRUATE
351	OBO2C	Num	3		LAST MENSTRUAL PERIOD > 5 WKS. AGO
352	OBO2D	Num	3		WAS PREGNANCY TEST PERFORMED
353	OBO2E	Num	3		DID TEST INDICATE PREGNANCY
354	OBO3	Num	3		COMPLETED/TERMINATED PREGNANCY
355	OBO4A	Num	3		NODULES IN BREAST
356	OBO4B	Num	3		BREAST CANCER
357	OBO4C	Num	3		BREAST DISCHARGE
358	OBO4D	Num	3		IRREGULAR MENSES
359	OBO4E	Num	3		DYSMENORRHEA
360	OBO5	Num	3		OTHER SIGNIF. GYNECOLOGIC CONDITION
361	OBO6	Num	3		EVER USED ORAL CONTRACEPTIVES
362	OBO7	Num	3		USES OTHER BIRTH CONTROL
363	OBP1	Num	3		RX: HAS USED OR IS USING PRESCRIPTION
364	OBP2	Num	3		RX: USED OVER-THE-COUNTER DRUGS
365	OBP3	Num	3		RX: VITAMIN SUPPLEMENTS-REGULARLY
366	OBQ1A	Num	8		WEIGHT: 1ST MEASUREMENT
367	OBQ1B	Num	8		WEIGHT: 2ND MEASUREMENT
368	OBQ1C	Num	8		WEIGHT: 3RD MEASUREMENT
369	OBQ1D	Num	8		WEIGHT: 4TH MEASUREMENT
370	OBQ2	Num	8		PATIENT'S DESIRED WEIGHT
371	OBQ3A	Num	8		HEIGHT: 1ST MEASUREMENT
372	OBQ3B	Num	8		HEIGHT: 2ND MEASUREMENT
373	OBQ3C	Num	8		HEIGHT: 3RD MEASUREMENT
374	OBQ3D	Num	8		HEIGHT: 4TH MEASUREMENT
375	OBQ4HYPE	Num	3		WAIST CIRC.-NATURAL: LIPOHYP. PRESENT?
376	OBQ4ATRO	Num	3		WAIST CIRC.-NATURAL: LIPOATR. PRESENT?
377	OBQ4A	Num	8		WAIST CIRC.-NATURAL: 1ST MEASUREMENT
378	OBQ4B	Num	8		WAIST CIRC.-NATURAL: 2ND MEASUREMENT
379	OBQ4C	Num	8		WAIST CIRC.-NATURAL: 3RD MEASUREMENT
380	OBQ4D	Num	8		WAIST CIRC.-NATURAL: 4TH MEASUREMENT
381	OBQ5HYPE	Num	3		WAIST CIRC.-ILIAC: LIPOHYP PRESENT?
382	OBQ5ATRO	Num	3		WAIST CIRC.-ILIAC: LIPOATR PRESENT?
383	OBQ5A	Num	8		WAIST CIRC.-ILIAC: 1ST MEASUREMENT
384	OBQ5B	Num	8		WAIST CIRC.-ILIAC: 2ND MEASUREMENT
385	OBQ5C	Num	8		WAIST CIRC.-ILIAC: 3RD MEASUREMENT
386	OBQ5D	Num	8		WAIST CIRC.-ILIAC: 4TH MEASUREMENT
387	OBQ6HYPE	Num	3		HIP CIRC.: LIPOHYP. PRESENT?

Num	Variable	Type	Len	Format	Label
388	OBQ6ATRO	Num	3		HIP CIRC.: LIPOATR. PRESENT?
389	OBQ6A	Num	8		HIP CIRC.: 1ST MEASUREMENT
390	OBQ6B	Num	8		HIP CIRC.: 2ND MEASUREMENT
391	OBQ6C	Num	8		HIP CIRC.: 3RD MEASUREMENT
392	OBQ6D	Num	8		HIP CIRC.: 4TH MEASUREMENT
393	OBPULSE	Num	8		PULSE
394	OBSYSTR	Num	8		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
395	OBDIASR	Num	8		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
396	OBHYPDOC	Num	3		HYPER. DOCUMENTED SENT TO COOR.CENTER
397	OBHIBLP	Num	3		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
398	OBQ9AR	Num	8		R BRACHIAL DOPPLER SYSTOLIC BP
399	OBQ9AL	Num	8		L BRACHIAL DOPPLER SYSTOLIC BP
400	OBQ9BR	Num	8		R DORSALIS PEDIS DOPPLER SYSTOLIC BP
401	OBQ9BL	Num	8		L DORSALIS PEDIS DOPPLER SYSTOLIC BP
402	OBQ9CR	Num	8		R POSTERIOR TIBIAL DOPPLER SYSTOLIC BP
403	OBQ9CL	Num	8		L POSTERIOR TIBIAL DOPPLER SYSTOLIC BP
404	FSASDATE	Num	8		Deidentified FORM DATE
405	HEIGHT	Num	8		AVG HEIGHT OF 4 MEASUREMENT (cm)
406	MASK_PAT	Num	8		Deidentified Patient ID
407	OBMRDATE	Num	8	MMDDYY.	Deidentified DATE MARITAL STATUS CHANGED
408	OBG1A1	Num	8	MMDDYY.	Deidentified DATE OF RETURN TO ACTIVE STATUS
409	OBG1A2	Num	8	MMDDYY.	Deidentified NEW TRANSFER-INACTIVE STATUS-DATE F016
410	OBLSTVST	Num	8	MMDDYY.	Deidentified DATE OF LAST COMPLETED VISIT
411	OBO2B	Num	8	MMDDYY.	Deidentified DATE OF LAST MENSTRUAL PERIOD
412	OBO2E1	Num	8	MMDDYY.	Deidentified ESTIMATED DATE OF CONCEPTION
413	OBO3A	Num	8	MMDDYY.	Deidentified ESTIMATED DATE OF CONCEPTION
414	OBO3B	Num	8	MMDDYY.	Deidentified DATE OF TERMINATION

Data Set Name: f0024.sas7bdat

Num	Variable	Type	Len	Format	Label
1	OBF4A	Num	4		TOTAL NUMBER OF UNITS/DAY OF INSULIN
2	OBQ11A1L	Num	5		GRADE OF LEFT CAROTID PULSE
3	OBQ11A1R	Num	5		GRADE OF RIGHT CAROTID PULSE
4	OBQ11A2L	Num	5		GRADE OF LEFT BRACHIAL PULSE
5	OBQ11A2R	Num	5		GRADE OF RIGHT BRACHIAL PULSE
6	OBQ11A3L	Num	5		GRADE OF LEFT RADIAL PULSE
7	OBQ11A3R	Num	5		GRADE OF RIGHT RADIAL PULSE
8	OBQ11A4L	Num	5		GRADE OF LEFT FEMORAL PULSE
9	OBQ11A4R	Num	5		GRADE OF RIGHT FEMORAL PULSE
10	OBQ11A5L	Num	5		GRADE OF LEFT POPLITEAL PULSE
11	OBQ11A5R	Num	5		GRADE OF RIGHT POPLITEAL PULSE
12	OBQ11A6L	Num	5		GRADE OF LEFT POST. TIBIAL PULSE
13	OBQ11A6R	Num	5		GRADE OF RIGHT POST. TIBIAL PULSE
14	OBQ11A7L	Num	5		GRADE OF LEFT D. PEDIS PULSE
15	OBQ11A7R	Num	5		GRADE OF RIGHT D. PEDIS PULSE
16	OBQ11B1L	Num	5		LEFT FEMORAL BRUIT
17	OBQ11B1R	Num	5		RIGHT FEMORAL BRUIT
18	OBQ11B2L	Num	5		LEFT CAROTID BRUIT
19	OBQ11B2R	Num	5		RIGHT CAROTID BRUIT
20	OBQ11B3L	Num	5		LEFT OTHER BRUIT
21	OBQ11B3R	Num	5		RIGHT OTHER BRUIT
22	OBQ12AL	Num	5		ULCERATION - LEFT SIDE
23	OBQ12AR	Num	5		ULCERATION - RIGHT SIDE
24	OBQ12BL	Num	5		GANGRENE - LEFT SIDE
25	OBQ12BR	Num	5		GANGRENE - RIGHT SIDE
26	OBQ12CL	Num	5		NECROBIOSIS - LEFT SIDE
27	OBQ12CR	Num	5		NECROBIOSIS - RIGHT SIDE
28	OBQ12DL	Num	5		XANTHELASMA - LEFT SIDE
29	OBQ12DR	Num	5		XANTHELASMA - RIGHT SIDE
30	OBQ12EL	Num	5		ERUPTIVE XANTHOMA - LEFT SIDE
31	OBQ12ER	Num	5		ERUPTIVE XANTHOMA - RIGHT SIDE
32	OBQ12FL	Num	5		CHARCOT JOINT - LEFT SIDE
33	OBQ12FR	Num	5		CHARCOT JOINT - RIGHT SIDE
34	OBQ12GL	Num	5		DEFORMITY - LEFT SIDE
35	OBQ12GR	Num	5		DEFORMITY - RIGHT SIDE
36	OBQ13A	Num	5		INJECTION SITE--LIPOATROPHY

Num	Variable	Type	Len	Format	Label
37	OBQ13B	Num	5		INJECTION SITE--LIPOHYPERTROPHY
38	OBQ13C	Num	5		INJECTION SITE--INFLAMMATION
39	OBQ14A	Num	5		FOOT-ULCER
40	OBQ14B	Num	5		FOOT-INFECTION
41	OBQ14C	Num	5		FOOT-ABNORMAL TOENAILS
42	OBQ14D	Num	5		FOOT-OTHER
43	OBQ15	Num	5		OTHER ABONORMALITIES ON PHYSICAL EXAM
44	OBR1	Num	5		CONTACT W/PATIENT SINCE LAST ANN. VISIT
45	OBR2	Num	5		HOW MANY TIMES CONTACT W/PATIENT
46	OBR3A	Num	5		TELEPHONE CALL
47	OBR3B	Num	5		TALKED TO PATIENT IN PERSON
48	OBR3C	Num	5		SENT CARD OR LETTER
49	OBR3D	Num	5		SENT NEWSLETTER OR UNIV. PUBLICATION
50	OBR3E	Num	5		OTHER MEANS OF CONTACTING PATIENT
51	OBCARDAB	Num	5		OTHER CARDIAC ABNORMALITY
52	OBDMURMR	Num	5		DIASTOLIC MURMUR
53	OBOMURMR	Num	5		OTHER MURMUR
54	OBSMURMR	Num	5		SYSTOLIC EJECTION MURMUR
55	OBMEGALY	Num	5		CARDIOMEGALY
56	OBRHYTHM	Num	5		CARDIAC RHYTHM
57	OBRUB	Num	5		RUB
58	OBS3GALP	Num	5		S3 GALLOP
59	OBS4GALP	Num	5		S4 GALLOP
60	OBVENPRS	Num	5		VENOUS PRESSURE
61	FORM	Num	4	Z4.	EDIC FORM NUMBER
62	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
63	EDICYEAR	Num	3		EDIC FOLLOW-UP YEAR
64	OBMARRY	Num	3		MARITAL STATUS OF PATIENT
65	OBMARNO	Num	3		NUMBER OF TIMES MARRIED
66	OBPATJOB	Num	3		PATIENT'S OCCUPATION
67	OBSPJOB	Num	3		SPOUSE'S OCCUPATION
68	OBMOMJOB	Num	3		MOTHER'S OCCUPATION
69	OBDADJOB	Num	3		FATHER'S OCCUPATION
70	OBFRIJOB	Num	3		GUARDIAN/FRIEND'S OCCUPATION
71	OBPATNOJ	Num	3		PATIENT UNEMPLOYED OR RETIRED
72	OBSPONOJ	Num	3		SPOUSE UNEMPLOYED OR RETIRED
73	OBMOMNOJ	Num	3		MOTHER UMEMPLOYED OR RETIRED
74	OBDADNOJ	Num	3		FATHER UMEMPLOYED OR RETIRED
75	OBFRINOJ	Num	3		GUARDIAN/FRIEND'S UMEMPLOYED/RETIRED

Num	Variable	Type	Len	Format	Label
76	OBPATED	Num	3		PATIENT'S EDUCATION LEVEL
77	OBSPOED	Num	3		SPOUSE'S EDUCATION LEVEL
78	OBMOMED	Num	3		MOTHER'S EDUCATION LEVEL
79	OBDADED	Num	3		FATHER'S EDUCATION LEVEL
80	OBFRIED	Num	3		GUARDIAN/FRIEND'S EDUCATION LEVEL
81	OBSMOKE1	Num	3		SMOKE CIGARETTES/CIGAR. IN PAST YR.
82	OBSMOKE2	Num	3		CURRENTLY SMOKE CIGARETTES/CIGAR.
83	OBSMOKE3	Num	3		MONTHS SINCE QUIT CIGARETTES/CIGAR.
84	OBSMOKE4	Num	3		HOW MANY CIGARET./CIGAR. IN PAST YR.
85	OBSMOKE5	Num	3		SMOKED PIPES OR CIGARS IN PAST YR.
86	OBSMOKE6	Num	3		CURRENTLY SMOKE PIPES OR CIGARS
87	OBSMOKE7	Num	3		QUIT SMOKING PIPES OR CIGARS
88	OBSMOKE8	Num	3		PIPEFULS/CIGARS PER WK. IN PAST YR.
89	OBSMOK9A	Num	3		PAST 12 MTHS LIVED WHERE PERSON SMOKED
90	OBSMOK9B	Num	3		PAST 12 MTHS WORK WHERE PERSON SMOKED
91	OBDRINK1	Num	3		AT LEAST ONE ALCOHOLIC BEV. WEEK
92	OBDRINK2	Num	3		BOTTLES OF BEER IN LAST 7 DAYS
93	OBDRINK3	Num	3		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
94	OBDRINK4	Num	3		GLASSES OF WINE IN LAST 7 DAYS
95	OBDRINK5	Num	3		HARD LIQUOR IN LAST 7 DAYS
96	OBDRINK6	Num	3		TOTAL AMOUNT OF ALCHOL IN LAST 7 DAYS
97	OBEXER1	Num	3		PATIENT'S LEVEL OF ACTIVITY
98	OBEXER2	Num	4		HOURS & MINUTES OF LIGHT ACTIVITY
99	OBEXER3	Num	4		HOURS & MINUTES OF MODERATE ACTIVITY
100	OBEXER4	Num	4		HOURS & MINUTES OF HARD ACTIVITY
101	OBEXER5	Num	4		HOURS & MINUTES OF VERY HARD ACTIVITY
102	OBHUREG	Num	3		TYPE OF INSULIN-HUMAN REGULAR
103	OBPOREG	Num	3		TYPE OF INSULIN-PORK REGULAR
104	OBHUNPH	Num	3		TYPE OF INSULIN-HUMAN NPH
105	OBPONPH	Num	3		TYPE OF INSULIN-PORK NPH
106	OBHULEN	Num	3		TYPE OF INSULIN-HUMAN LENTE
107	OBPOLEN	Num	3		TYPE OF INSULIN-PORK LENTE
108	OBHUULT	Num	3		TYPE OF INSULIN-HUMAN ULTRALENTE
109	OBHU7030	Num	3		TYPE OF INSULIN-HUMAN 70/30
110	OBHULOG	Num	3		TYPE OF INSULIN-HUMALOG
111	OBBPREG	Num	3		TYPE OF INSULIN-BEEF/PORK REGULAR
112	OBBPNPH	Num	3		TYPE OF INSULIN-BEEF/PORK NPH
113	OBBPLEN	Num	3		TYPE OF INSULIN-BEEF/PORK LENTE
114	OBINSREG	Num	3		CURRENT INSULIN REGIMEN

Num	Variable	Type	Len	Format	Label
115	OBTOTUNT	Num	4		TOTAL NUMBER OF UNITS/DAY OF INSULIN
116	OBREGBRK	Num	3		UNITS REGULAR INSULIN USED-BREAKFAST
117	OBREGLUN	Num	3		UNITS REGULAR INSULIN USED-LUNCH
118	OBREGSUP	Num	3		UNITS REGULAR INSULIN USED-SUPPER
119	OBREGBED	Num	3		UNITS REGULAR INSULIN USED-BEDTIME
120	OBREGOTH	Num	3		UNITS REGULAR INSULIN USED-OTHER
121	OBNPHBRK	Num	3		UNITS NPH INSULIN USED-BREAKFAST
122	OBNPHLUN	Num	3		UNITS NPH INSULIN USED-LUNCH
123	OBNPHSUP	Num	3		UNITS NPH INSULIN USED-SUPPER
124	OBNPHBED	Num	3		UNITS NPH INSULIN USED BEDTIME
125	OBNPHOTH	Num	3		UNITS NPH INSULIN USED-OTHER
126	OBLENBRK	Num	3		UNITS LENTE INSULIN USED-BREAKFAST
127	OBLENLUN	Num	3		UNITS LENTE INSULIN USED LUNCH
128	OBLENSUP	Num	3		UNITS LENTE INSULIN USED-SUPPER
129	OBLENBED	Num	3		UNITS LENTE INSULIN USED-BEDTIME
130	OBLENOTH	Num	3		UNITS LENTE INSULIN USED-OTHER
131	OBULTBRK	Num	3		UNITS ULTRALENTE INSULIN USED-BREAKFAST
132	OBULTLUN	Num	3		UNITS ULTRALENTE INSULIN USED-LUNCH
133	OBULTSUP	Num	3		UNITS ULTRALENTE INSULIN USED-SUPPER
134	OBULTBED	Num	3		UNITS ULTRALENTE INSULIN USED-BEDTIME
135	OBULTOTH	Num	3		UNITS ULTRALENTE INSULIN USED-OTHER
136	OB7030BR	Num	3		UNITS 70/30 INSULIN USED-BREAKFAST
137	OB7030LU	Num	3		UNITS 70/30 INSULIN USED-LUNCH
138	OB7030SU	Num	3		UNITS 70/30 INSULIN USED-SUPPER
139	OB7030BE	Num	3		UNITS 70/30 INSULIN USED-BEDTIME
140	OB7030OT	Num	3		UNITS 70/30 INSULIN USED-OTHER
141	OBHULBRK	Num	3		UNITS HUMALOG INSULIN USED-BREAKFAST
142	OBHULLUN	Num	3		UNITS HUMALOG INSULIN USED-LUNCH
143	OBHULSUP	Num	3		UNITS HUMALOG INSULIN USED-SUPPER
144	OBHULBED	Num	3		UNITS HUMALOG INSULIN USED-BEDTIME
145	OBHULOTH	Num	3		UNITS HUMALOG INSULIN USED-OTHER
146	OBF4	Num	3		DESCRIBE INSULIN REGIMEN
147	OBF5A	Num	3		DIFFERENT BASAL RATES USED/DAY
148	OBF5B	Num	3		UNITS OF BASAL INSULIN INFUSED DAILY
149	OBF5C	Num	3		TECHN. PROBLEMS-INSULIN INFUSION PUMP
150	OBF6A	Num	3		PRESCRIBED CHANGE IN INSULIN REGIMEN
151	OBF6A1	Num	3		CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSIA
152	OBF6A2	Num	3		CHANGE DOSE-NOCTURIA
153	OBF6A3	Num	3		CHANGE DOSE-UNACCEPTABLE DEGREE HYPOGL.

Num	Variable	Type	Len	Format	Label
154	OBF6A4	Num	3		CHANGE DOSE-RECURRENT KETONURIA
155	OBF6A5	Num	3		CHANGE DOSE-HEMOGLOBIN A1C ABOVE LIMIT
156	OBF6A6	Num	3		CHANGE DOSE-OTHER
157	OBF7A	Num	3		SELF BLOOD GLUCOSE MONITORING
158	OBF7B	Num	3		FREQUENCY PER DAY OF SBGM
159	OBF7C	Num	3		URINE GLUCOSE MONITORING
160	OBF7D	Num	3		FREQUENCY PER DAY OF UGM
161	OBF7B1	Num	3		PATIENT ADJUST USUAL INSULIN REGIMEN
162	OBF7E1	Num	3		ADJUST USUAL REGIMEN:GLUCOSE MONITORING
163	OBF7E2	Num	3		ADJUST USUAL REGIMEN:FOOD INTAKE
164	OBF7E3	Num	3		ADJUST USUAL REGIMEN:EXERCISE
165	OBF7E4	Num	3		ADJUST USUAL REGIMEN:HYPOGLYCEMIA
166	OBF7E5	Num	3		ADJUST USUAL REGIMEN:PRESCRIBED
167	OBF7E6	Num	3		ADJUST USUAL REGIMEN:OTHER
168	OBG1	Num	3		SINCE LAST VISIT-ON INACTIVE STATUS
169	OBG1A	Num	3		CURRENTLY ON TRANSFER TO INACT. STATUS
170	OBH1	Num	3		MODIFIED FOLLOW-UP SCHEDULE AT ANY TIME
171	OBH2	Num	3		CURRENTLY ON MOD. FOLLOW-UP SCHEDULE
172	OBI1A	Num	3		FREQUENCY OF DKA
173	OBI1B	Num	3		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
174	OBI2	Num	3		FREQ. DAYS-MODERATE OR LARGE KETONURIA
175	OBI2A	Num	3		UNKNOWN # OF DAYS MOD.-LARGE KETONURIA
176	OBI2AA	Num	3		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
177	OBI2B	Num	3		MODERATE/LARGE KETONUR.-DUE TO ILLNESS
178	OBI2C	Num	3		MODERATE/LARGE KETONUR.-EQUIPM. FAILED
179	OBI2D	Num	3		MODERATE/LARGE KETONUR.-SPONTANEOUS
180	OBI3A	Num	3		NO. HOSPITALIZATIONS FOR HYPOGLYCEMIA
181	OBI3B1	Num	3		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
182	OBI3B2	Num	3		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
183	OBI3C1	Num	3		HYPOG.-REQUIRED PROF. MEDICAL HELP
184	OBI3C2	Num	3		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
185	OBI3C3	Num	3		HYPOG.-NOT NEED DOCTOR OR OTHER PERSON
186	OBI3D1	Num	3		FREQENCY RECEIVE GLUCAGON
187	OBI3D2	Num	3		FREQUENCY RECEIVE IV GLUCOSE
188	OBI3D3	Num	3		EPISODES RESULT IN INJURY-PT/OTHERS
189	OBI3E	Num	3		RECURRENT HYPOG UNABLE TO HELP SELF
190	OBI3F	Num	3		RECURRENT HYPOG ABLE TO HELP SELF
191	OBI3G	Num	3		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
192	OBI3H1	Num	3		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP

Num	Variable	Type	Len	Format	Label
193	OBI3H2A	Num	3		REASON HYPOG: MISSED MEAL OR SNACK
194	OBI3H2B	Num	3		REASON HYPOG:DECREASED FOOT INTAKE
195	OBI3H2C	Num	3		REASON HYPOG:DELAYED MEAL OR SNACK
196	OBI3H2D	Num	3		REASON HYPOG:INCREASED EXERCISE LEVEL
197	OBI3H2E	Num	3		REASON HYPOG:TOO MUCH INSULIN TAKEN
198	OBI3H2F	Num	3		REASON HYPOG:LACK EARLY WARNING-LOW BG
199	OBI3H2G	Num	3		REASON HYPOGLYCEMIA: OTHER
200	OBI3H2H	Num	3		REASON HYPOGLYCEMIA: UNEXPLAINED
201	OBI3H3A	Num	3		SYMPTOMS W HYPOG: ADRENERGIC WARNING
202	OBI3H3B	Num	3		SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)
203	OBI3H3C	Num	3		SYMPTOMS W HYPOG: ALTER. MENTAL STATUS
204	OBI3H3D	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTHER
205	OBI3H3E	Num	3		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
206	OBJ1A	Num	3		CV EVENT: MYOCARDIAL INFARCTION
207	OBJ1B	Num	3		CV EVENT: ANGINA PECTORIS
208	OBJ1C	Num	3		CV EVENT: CORONARY ARTERY DISEASE
209	OBJ1D	Num	3		CV EVENT: ARRHYTHMIA
210	OBJ2	Num	3		IF PATIENT HAS COMPLAINED OF PAIN
211	OBJ2A1A	Num	3		COMPLAINED OF PAIN IN L ANTERIOR CHEST
212	OBJ2A1B	Num	3		COMPLAINED OF PAIN IN LEFT ARM
213	OBJ2A1C	Num	3		COMPLAINED OF PAIN IN JAW
214	OBJ2A1D	Num	3		COMPLAINED OF PAIN IN STERNUM UPPER/MID
215	OBJ2A1E	Num	3		COMPLAINED OF PAIN IN STERNUM LOWER
216	OBJ2A2A	Num	3		COMPLAINED OF PAIN IN THE BACK
217	OBJ2A2B	Num	3		COMPLAINED OF PAIN IN THE SHOULDER
218	OBJ2A2C	Num	3		COMPLAINED OF PAIN IN THE RIGHT ARM
219	OBJ2A2D	Num	3		COMPLAINED OF PAIN IN THE ABDOMEN
220	OBJ2B1	Num	3		PAIN LASTED FOR MORE THAN 20 MIN
221	OBJ2B2	Num	3		DEFINITE NON-CARDIAC CAUSE FOR PAIN
222	OBJ2B3	Num	3		ADDITIONAL DOSES OF NITRATES OR CAL CB
223	OBJ2C	Num	3		FEELING OF PRESS. OR HEAVINESS IN CHEST
224	OBJ2D1	Num	3		PAIN/DISCOMF.: WALKING UP HILL/HURRING
225	OBJ2D2	Num	3		PAIN/DISCOMF.: WALKING ORDINARY PACE
226	OBJ2D3	Num	3		PAIN/DISCOMFORT:WHEN STOP - SLOW - SAME
227	OBJ2D4	Num	3		PAIN/DISCOMFORT: STANDING STILL
228	OBJ2D5	Num	3		PAIN GOES AWAY: 10 MIN OR MORE
229	OBJ2E	Num	3		DIAGNOSTIC TESTS PERFORMED
230	OBJ2TES1	Char	20		DIAGNOSTIC TESTS: TEST 1
231	OBJ2RES1	Num	3		DIAGNOSTIC TESTS: TEST 1 RESULTS

Num	Variable	Type	Len	Format	Label
232	OBJ2TES2	Char	20		DIAGNOSTIC TESTS: TEST 2
233	OBJ2RES2	Num	3		DIAGNOSTIC TESTS: TEST 2 RESULTS
234	OBJ2TES3	Char	20		DIAGNOSTIC TESTS: TEST 3
235	OBJ2RES3	Num	3		DIAGNOSTIC TESTS: TEST 3 RESULTS
236	OBJ2TES4	Char	20		DIAGNOSTIC TESTS: TEST 4
237	OBJ2RES4	Num	3		DIAGNOSTIC TESTS: TEST 4 RESULTS
238	OBJ2TES5	Char	20		DIAGNOSTIC TESTS: TEST 5
239	OBJ2RES5	Num	3		DIAGNOSTIC TESTS: TEST 5 RESULTS
240	OBJ3A	Num	3		CB EVENT: CEREBROVASCULAR ACCIDENT
241	OBJ3B	Num	3		CB EVENT: TRANSIENT ISCHEMIC ATTACK
242	OBJ4A	Num	3		PV EVENT: AMPUTATION
243	OBJ4B	Num	3		PV EVENT: LOWER EXTREMITY ULCER
244	OBJ4C	Num	3		PV EVENT: OTHER ARTERIAL EVENTS
245	OBJ5	Num	3		PI EVET: DOES PATIENT HAVE PAIN
246	OBJ5A	Num	3		PI EVENT: PAIN IN LEG WHEN WALK
247	OBJ5B	Num	3		PI EVENT: PAIN BEGIN WHEN STAND.
248	OBJ5CR	Num	3		PI EVENT: PAIN IN PART OF R-LEG
249	OBJ5CL	Num	3		PI EVENT: PAIN IN PART OF L-LEG
250	OBJ5D	Num	3		PI EVENT: PAIN IN LEG WHEN HURRING
251	OBJ5E	Num	3		PI EVENT: PAIN IN LEG WHEN REG. PACE
252	OBJ5F	Num	3		PI EVENT: DOES PAIN EVER DISPPEAR
253	OBJ5G	Num	3		PI EVENT: WHAT DOES PATIENT DO
254	OBJ5H	Num	3		PI EVENT: WHAT HAPPENS TO PAIN
255	OBJ5I	Num	3		PI EVENT: IS PAIN RELIEVED BY STAND.
256	OBJ5J	Num	3		PI EVENT: NOTICED CHANGE IN SEVERITY
257	OBJ5K	Num	3		DIAGNOSTIC TESTS PERFORMED
258	OBJ5TES1	Char	20		DIAGNOSTIC TESTS: TEST 1
259	OBJ5RES1	Num	3		DIAGNOSTIC TESTS: TEST 1 RESULTS
260	OBJ5TES2	Char	20		DIAGNOSTIC TESTS: TEST 2
261	OBJ5RES2	Num	3		DIAGNOSTIC TESTS: TEST 2 RESULTS
262	OBJ5TES3	Char	20		DIAGNOSTIC TESTS: TEST 3
263	OBJ5RES3	Num	3		DIAGNOSTIC TESTS: TEST 3 RESULTS
264	OBJ5TES4	Char	20		DIAGNOSTIC TESTS: TEST 4
265	OBJ5RES4	Num	3		DIAGNOSTIC TESTS: TEST 4 RESULTS
266	OBJ5TES5	Char	20		DIAGNOSTIC TESTS: TEST 5
267	OBJ5RES5	Num	3		DIAGNOSTIC TESTS: TEST 5 RESULTS
268	OBJ6A	Num	3		NERVOUSNESS OR ANXIETY
269	OBJ6B	Num	3		UNREASONABLE FEARS
270	OBJ6C	Num	3		EATING DISTURBANCE

Num	Variable	Type	Len	Format	Label
271	OBJ6D	Num	3		AFFECTIVE DISORDER
272	OBJ6E	Num	3		SUICIDE ATTEMPT
273	OBJ6F	Num	3		CRIMINAL CONDUCT
274	OBJ6G	Num	3		PSYCHIATRIC TREATMENT
275	OBJ6H	Num	3		OTHER PSYCHIATRIC CONDITION
276	OBJ7	Num	3		EXPERIENCED ANY MAJOR ACCIDENTS
277	OBK1	Num	3		RENAL: CYSTITIS
278	OBK2	Num	3		RENAL: PYELONEPHRITIS
279	OBK3	Num	3		RENAL: UNCONTROLLABLE HYPERTENSION
280	OBK4	Num	3		RENAL: EDEMA
281	OBK5	Num	3		RENAL: DIALYSIS
282	OBK6	Num	3		RENAL: RENAL TRANSPLANTATION
283	OBK7	Num	3		RENAL:OTHER RENAL PROBLEM
284	OBL1AR	Num	3		OPHTH:BLURRED/REDUCED VISION-RIGHT EYE
285	OBL1AL	Num	3		OPHTH:BLURRED/REDUCED VISION-LEFT EYE
286	OBL2AR	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
287	OBL2AL	Num	3		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
288	OBL3AR	Num	3		OPHTH:RIGHT EYE ENUCLEATED
289	OBL3BL	Num	3		OPHTH:LEFT EYE ENUCLEATED
290	OBL3CR	Num	3		RIGHT EYE ENCLEATED SINCE LAST VISIT
291	OBL3DL	Num	3		LEFT EYE ENCLEATED SINCE LAST VISIT
292	OBL4AR	Num	3		OCULAR SURGERY TO RE SINCE LAST VISIT
293	OBL4BL	Num	3		OCULAR SURGERY TO LE SINCE LAST VISIT
294	OBL4CR	Num	3		CORNEAL TRANSPLANT -- RIGHT EYE
295	OBL4DL	Num	3		CORNEAL TRANSPLANT -- LEFTT EYE
296	OBL4ER	Num	3		OTHER CORNEAL SURGERY -- RIGHT EYE
297	OBL4FL	Num	3		OTHER CORNEAL SURGERY -- LEFT EYE
298	OBL4GR	Num	3		PROCEDURE TO LOWER IOP IN RIGHT EYE
299	OBL4HL	Num	3		PROCEDURE TO LOWER IOP IN LEFT EYE
300	OBL4IR	Num	3		CATARACT EXTRACTION IN RIGHT EYE
301	OBL4JL	Num	3		CATARACT EXTRACTION IN LEFT EYE
302	OBL4KR	Num	3		VITRECTOMY -- RIGHT EYE
303	OBL4LL	Num	3		VITRECTOMY -- LEFT EYE
304	OBL4MR	Num	3		RETINAL DETACHMENT SURGERY IN RE
305	OBL4NL	Num	3		RETINAL DETACHMENT SURGERY IN LE
306	OBL4OR	Num	3		OTHER SURGERY TO RIGHT EYE
307	OBL4PL	Num	3		OTHER SURGERY TO LEFT EYE
308	OBL5AR	Num	3		PHOTOCOAGULATION OF RIGHT EYE
309	OBL5BL	Num	3		PHOTOCOAGULATION OF LEFT EYE

Num	Variable	Type	Len	Format	Label
310	OBL5CR	Num	3		SCATTER TREATMENT OF RIGHT EYE
311	OBL5DL	Num	3		SCATTER TREATMENT OF LEFT EYE
312	OBL5ER	Num	3		FOCAL TREATMENT OF RIGHT EYE
313	OBL5FL	Num	3		FOCAL TREATMENT OF LEFT EYE
314	OBL5GR	Num	3		OTHER TREATMENT OF RIGHT EYE
315	OBL5HL	Num	3		OTHER TREATMENT OF LEFT EYE
316	OBL6AR	Num	3		DX OF GLAUCOMA IN RIGHT EYE
317	OBL6BL	Num	3		DX OF GLAUCOMA IN LEFT EYE
318	OBL7AR	Num	3		USED PRESCRIPTION MEDICATION IN RE
319	OBL7BL	Num	3		USED PRESCRIPTION MEDICATION IN LE
320	OBL8AR	Num	3		MD-ADMINISTERED TREATMENT TO RE
321	OBL8BL	Num	3		MD-ADMINISTERED TREATMENT TO LE
322	OBL9AR	Num	3		SYMPTOMS OF VITREOUS HEMORRHAGE - RE
323	OBL9BL	Num	3		SYMPTOMS OF VITREOUS HEMORRHAGE - LE
324	OBL10R	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
325	OBL10L	Num	3		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
326	OBL11	Num	3		WILL BE SENT TO OPHTH. SPECIAL VISIT
327	OBM1	Num	3		NEUR: PAIN/NUMBNESS IN HANDS/FEET
328	OBM1I	Num	3		IF PAIN, IS PATIENT TAKING MEDICATION
329	OBM2	Num	3		NEUR: UNEXPLAINED MUSCLE WEAKNESS
330	OBM3	Num	3		NEUR: VOMITING/BLOATING AFTER MEALS
331	OBM4	Num	3		NEUR: RECURRENT DIARRHEA
332	OBM5	Num	3		NEUR: DIARRHEA WITH FECAL INCONTINENCE
333	OBM6	Num	3		NEUR: URINARY RETENTION
334	OBM7	Num	3		NEUR: DIZZINESS/LIGHTHEADEDNESS
335	OBM8	Num	3		NEUR: FAINTING (NOT WITH HYPOG.)
336	OBM9	Num	3		NEUR: SEIZURE (NOT DUE TO HYPOG.)
337	OBM10	Num	3		NEUR: IMPOTENCE
338	OBM11	Num	3		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP.
339	OBM12	Num	3		NEUR: OTHER NEUROLOGICAL PROBLEM
340	OBM13	Num	3		NEUR: WILL GO TO NEUROL. FOR VISIT
341	OBN1A	Num	3		INFECT: CUTANEOUS/MUCOCUTANEOUS
342	OBN1B	Num	3		INFECT: POST-OPERATIVE OR DEEP WOUND
343	OBN1C	Num	3		INFECT: GANGRENE
344	OBN1D	Num	3		INFECT: MONONUCLEOSIS, EPIDIDYMITIS
345	OBN1E	Num	3		INFECT: AT INSERTION SITE
346	OBN2	Num	3		MAJOR SURGERY
347	OBN3	Num	3		AUTOIMMUNE ENDOCRINE EVENT
348	OBN3A	Num	3		AUTO. ENDOCRINE EVENT:HYPOTHYDROIDISM

Num	Variable	Type	Len	Format	Label
349	OBN3B	Num	3		AUTO. ENDOCRINE EVENT:ADRENAL INSUFF.
350	OBN3C	Num	3		AUTO. ENDOCRINE EVENT:PERNICIOUS ANEM.
351	OBN3D	Num	3		AUTO. ENDOCRINE EVENT:PREMAT. OVARIAN
352	OBO1A	Num	3		VAGINAL ITCHING OR DISCHARGE
353	OBO1B	Num	3		PATIENT TREATED FOR VAGINAL ITCHING
354	OBO2A	Num	3		DOES PATIENT MENSTRUATE
355	OBO2C	Num	3		LAST MENSTRUAL PERIOD > 5 WKS. AGO
356	OBO2D	Num	3		WAS PREGNANCY TEST PERFORMED
357	OBO2E	Num	3		DID TEST INDICATE PREGNANCY
358	OBO3	Num	3		COMPLETED/TERMINATED PREGNANCY
359	OBO4A	Num	3		NODULES IN BREAST
360	OBO4B	Num	3		BREAST CANCER
361	OBO4C	Num	3		BREAST DISCHARGE
362	OBO4D	Num	3		IRREGULAR MENSES
363	OBO4E	Num	3		DYSMENORRHEA
364	OBO5	Num	3		OTHER SIGNIF. GYNECOLOGIC CONDITION
365	OBO6	Num	3		EVER USED ORAL CONTRACEPTIVES
366	OBO7	Num	3		USES OTHER BIRTH CONTROL
367	OBP1	Num	3		RX: HAS USED OR IS USING PRESCRIPTION
368	OBP2	Num	3		RX: USED OVER-THE-COUNTER DRUGS
369	OBP3	Num	3		RX: VITAMIN SUPPLEMENTS-REGULARLY
370	OBQ1A	Num	8		WEIGHT: 1ST MEASUREMENT
371	OBQ1B	Num	8		WEIGHT: 2ND MEASUREMENT
372	OBQ1C	Num	8		WEIGHT: 3RD MEASUREMENT
373	OBQ1D	Num	8		WEIGHT: 4TH MEASUREMENT
374	OBQ2	Num	8		PATIENT'S DESIRED WEIGHT
375	OBQ3A	Num	8		HEIGHT: 1ST MEASUREMENT
376	OBQ3B	Num	8		HEIGHT: 2ND MEASUREMENT
377	OBQ3C	Num	8		HEIGHT: 3RD MEASUREMENT
378	OBQ3D	Num	8		HEIGHT: 4TH MEASUREMENT
379	OBQ4HYPE	Num	3		WAIST CIRC.-NATURAL: LIPOHYP. PRESENT?
380	OBQ4ATRO	Num	3		WAIST CIRC.-NATURAL: LIPOATR. PRESENT?
381	OBQ4A	Num	8		WAIST CIRC.-NATURAL: 1ST MEASUREMENT
382	OBQ4B	Num	8		WAIST CIRC.-NATURAL: 2ND MEASUREMENT
383	OBQ4C	Num	8		WAIST CIRC.-NATURAL: 3RD MEASUREMENT
384	OBQ4D	Num	8		WAIST CIRC.-NATURAL: 4TH MEASUREMENT
385	OBQ5HYPE	Num	3		WAIST CIRC.-ILIAC: LIPOHYP PRESENT?
386	OBQ5ATRO	Num	3		WAIST CIRC.-ILIAC: LIPOATR PRESENT?
387	OBQ5A	Num	8		WAIST CIRC.-ILIAC: 1ST MEASUREMENT

Num	Variable	Type	Len	Format	Label
388	OBQ5B	Num	8		WAIST CIRC.-ILIAC: 2ND MEASUREMENT
389	OBQ5C	Num	8		WAIST CIRC.-ILIAC: 3RD MEASUREMENT
390	OBQ5D	Num	8		WAIST CIRC.-ILIAC: 4TH MEASUREMENT
391	OBQ6HYPE	Num	3		HIP CIRC.: LIPOHYP. PRESENT?
392	OBQ6ATRO	Num	3		HIP CIRC.: LIPOATR. PRESENT?
393	OBQ6A	Num	8		HIP CIRC.: 1ST MEASUREMENT
394	OBQ6B	Num	8		HIP CIRC.: 2ND MEASUREMENT
395	OBQ6C	Num	8		HIP CIRC.: 3RD MEASUREMENT
396	OBQ6D	Num	8		HIP CIRC.: 4TH MEASUREMENT
397	OBPULSE	Num	8		PULSE
398	OBSYSTR	Num	8		SYSTOLIC-FIRST SITTING BLOOD PRESSURE
399	OBDIASR	Num	8		DIASTOLIC-FIRST SITTING BLOOD PRESSURE
400	OBHYPDOC	Num	3		HYPER. DOCUMENTED SENT TO COOR.CENTER
401	OBHIBLP	Num	3		BLD. PRESS-MEET DEFIN. OF HYPERTENSION
402	OBQ9AR	Num	8		R BRACHIAL DOPPLER SYSTOLIC BP
403	OBQ9AL	Num	8		L BRACHIAL DOPPLER SYSTOLIC BP
404	OBQ9BR	Num	8		R DORSALIS PEDIS DOPPLER SYSTOLIC BP
405	OBQ9BL	Num	8		L DORSALIS PEDIS DOPPLER SYSTOLIC BP
406	OBQ9CR	Num	8		R POSTERIOR TIBIAL DOPPLER SYSTOLIC BP
407	OBQ9CL	Num	8		L POSTERIOR TIBIAL DOPPLER SYSTOLIC BP
408	FSASDATE	Num	8		Deidentified FORM DATE
409	HEIGHT	Num	8		AVG HEIGHT OF 4 MEASUREMENT (cm)
410	MASK_PAT	Num	8		Deidentified Patient ID
411	OBMRDATE	Num	8	MMDDYY.	Deidentified DATE MARITAL STATUS CHANGED
412	OBG1A1	Num	8	MMDDYY.	Deidentified DATE OF RETURN TO ACTIVE STATUS
413	OBG1A2	Num	8	MMDDYY.	Deidentified NEW TRANSFER-INACTIVE STATUS-DATE F016
414	OBLSVST	Num	8	MMDDYY.	Deidentified DATE OF LAST COMPLETED VISIT
415	OBO2B	Num	8	MMDDYY.	Deidentified DATE OF LAST MENSTRUAL PERIOD
416	OBO2E1	Num	8	MMDDYY.	Deidentified ESTIMATED DATE OF CONCEPTION
417	OBO3A	Num	8	MMDDYY.	Deidentified ESTIMATED DATE OF CONCEPTION
418	OBO3B	Num	8	MMDDYY.	Deidentified DATE OF TERMINATION

Data Set Name: f0042.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	ODB1A	Num	3		CURRENT MEDI: TRANQUILIZERS
4	ODB1B	Num	3		CURRENT MEDI: ANTIDEPRESSANTS
5	ODB2	Num	3		PATIENT TAKE ANTIHYPERTENSIVES?
6	ODB2A	Num	3		DIURETICS
7	ODB2A1	Num	3		HYDROCHLOROTHIAZIDE
8	ODB2A2	Num	3		SPECIFY-- OTHER THIAZIDE DIURETIC
9	ODB2A3	Num	3		FUROSEMIDE
10	ODB2A4	Num	3		SPECIFY-- OTHER LOOP DIURETIC
11	ODB2A5	Num	3		METOLAZONE
12	ODB2B	Num	3		SPECIFY-- BETA BLOCKERS
13	ODB2C	Num	3		LABETALOL
14	ODB2D	Num	3		ACE INHIBITORS
15	ODB2E	Num	3		PRAZOSIN-LIKE AGENTS
16	ODB2F	Num	3		HYDRALAZINE
17	ODB2G	Num	3		GUANABENZ
18	ODB2H	Num	3		CLONIDINE
19	ODB2I	Num	3		METHYLDOPA
20	ODB2J	Num	3		MINOXIDIL
21	ODB2K	Num	3		CALCIUM CHANNEL BLOCKERS
22	ODB2L	Num	3		SPECIFY-- OTHER BETA BLOCKERS
23	ODB3	Num	3		SPECIFY-- USE OF VASODILATORS
24	ODB4	Num	3		USE OF DIGITALIS
25	ODB5	Num	3		USE OF ANTIHYPSARRYTHMIC MEDICATIONS
26	ODB5A	Num	3		QUINIDINE
27	ODB5B	Num	3		PROCAINE AMIDE
28	ODB5C	Num	3		DPH (DIPHENYLHYDANTOIN)
29	ODB5D	Num	3		SPECIFY-- OTHER ANTIHYPSARRYTHMIC
30	ODB6	Num	3		USE OF HORMONES
31	ODB6A	Num	3		SPECIFY-- USE OF THYROID
32	ODB6B	Num	3		USE OF GLUCOCORTICOIDS
33	ODB6C	Num	3		SPECIFY-- OTHER USE OF HORMONES
34	ODB7	Num	3		SPECIFY-- LIPID LOWERING MEDICATIONS
35	ODB8	Num	3		SPECIFY--USE OF ANTICOAGULANTS
36	ODB9A	Num	3		FEMALE: USE ORAL CONTRACEPTIVES

Num	Variable	Type	Len	Format	Label
37	ODB9A1	Num	3		TAKING ORAL CONTRACEPTIVES YEARS
38	ODB9A2	Num	3		TAKING ORAL CONTRACEPTIVES MONTHS
39	ODB9B	Num	3		HORMONE REPLACEMENT THERAPY
40	ODB9B1	Num	3		YEARS: HAS THE PATIENT TAKEN HRT
41	ODB9B2	Num	3		MONTHS: HAS THE PATIENT TAKEN HRT
42	ODB9B3	Num	3		INCLUDE A PROGESTATIONAL AGENT?
43	ODB10A	Num	3		LAST MONTH ANY ASPIRIN TAKEN?
44	ODB10B	Num	3		LAST MONTH HOW MANY DAYS ASPIRIN TAKEN
45	ODB10C	Num	4		LAST MONTH HOW MANY ASPIRIN TABLETS?
46	ODB11	Num	3		LAST MONTH NON-STERO.ANTI-INFLA.TAKEN?
47	ODB11A	Num	3		LAST MONTH HOW MANY DAYS MEDI. TAKEN?
48	ODB11B	Num	3		MEDICATION TAKEN
49	ODB12AR	Num	3		OCULAR MEDI.REQUIRE PRESCRIPTION R-EYE
50	ODB12BL	Num	3		OCULAR MEDI.REQUIRE PRESCRIPTION L-EYE
51	ODB12A1R	Num	3		REQUIRE PRESCRIPTION--STEROID DROPS-RE
52	ODB12A2L	Num	3		REQUIRE PRESCRIPTION--STERIOD DROPS-LE
53	ODB12B1R	Num	3		REQUIRE PRESCRIPTION-GLAUCOMA DROPS-RE
54	ODB12B2L	Num	3		REQUIRE PRESCRIPTION-GLAUCOMA DROPS-LE
55	ODB12C1R	Num	3		REQUIRE PRESCRIPTION--MYDRIATICS R-EYE
56	ODB12C2L	Num	3		REQUIRE PRESCRIPTION--MYDRIATICS L-EYE
57	ODB12D1R	Num	3		SPECIFY-- OTHER OCULAR MEDI. RIGHT EYE
58	ODB12D2L	Num	3		SPECIFY-- OTHER OCULAR MEDI. LEFT EYE
59	ODB13	Num	3		SPECIFY-- USE OF MEDICATION FOR PAIN
60	ODB14	Num	3		USE OF OVER-THE-COUNTER MEDICATIONS
61	ODB14A	Num	3		OVER-THE-COUNTER--TYLENOL,ADVIL,MOTRIN
62	ODB14B	Num	3		OVER-THE-COUNTER-- COLD MEDICATIONS
63	ODB14C	Num	3		SPECIFY-- OTHER OVER-THE COUNTER MEDI.
64	ODB15	Num	3		USE OF VITAMIN/MINERAL SUPPLEMENTS
65	ODB16	Num	3		SPECIFY-- USE OF OTHER MEDICATIONS
66	FSASDATE	Num	8		Deidentified FORM DATE
67	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0043.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	ODB1	Num	3		USE OF OVER-THE-COUNTER MEDICATIONS
4	ODB1A1	Num	3		LAST MONTH ANY ASPIRIN TAKEN?
5	ODB1A2	Num	3		LAST MON H HOW MANY DAYS ASPIRIN TAKEN
6	ODB1A3	Num	3		LAST MONTH HOW MANY ASPIRIN TABLETS?
7	ODB1B	Num	3		OVER-THE-COUNTER--TYLENOL,ADVIL,MOTRIN
8	ODB1C	Num	3		OVER-THE-COUNTER-- COLD MEDICATIONS
9	ODB1D	Num	3		SPECIFY-- OTHER OVER-THE COUNTER MEDI.
10	ODB1STP	Num	3		QUES. B.1: FORM COMPLETED/STOPPED
11	ODB2	Num	3		USE OF VITAMIN/MINERAL SUPPLEMENTS
12	ODB2STP	Num	3		QUES. B.2: FORM COMPLETED/STOPPED
13	ODB3A	Num	3		LAST MONTH NON-STERO.ANTI-INFLA.TAKEN?
14	ODB3A1	Num	3		LAST MONTH HOW MANY DAYS MEDI. TAKEN?
15	ODB3A2	Num	3		MEDICATION TAKEN
16	ODB3STP	Num	3		QUES. B.3: FORM COMPLETED/STOPPED
17	ODB4	Num	3		SPECIFY-- USE OF MEDICATION FOR PAIN
18	ODB4STP	Num	3		QUES. B.4: FORM COMPLETED/STOPPED
19	ODB5A	Num	3		FEMALE: USE ORAL CONTRACEPTIVES
20	ODB5A1	Num	3		TAKING ORAL CONTRACEPTIVES YEARS
21	ODB5A2	Num	3		TAKING ORAL CONTRACEPTIVES MONTHS
22	ODB5B	Num	3		HORMONE REPLACEMENT THERAPY
23	ODB5B1	Num	3		YEARS: HAS THE PATIENT TAKEN HRT
24	ODB5B2	Num	3		MONTHS: HAS THE PATIENT TAKEN HRT
25	ODB5B3	Num	3		INCLUDE A PROGESTATIONAL AGENT?
26	ODB5STP	Num	3		QUES. B.5: FORM COMPLETED/STOPPED
27	ODB6	Num	3		USE OF HORMONES
28	ODB6A	Num	3		SPECIFY-- USE OF THYROID
29	ODB6B	Num	3		USE OF GLUCOCORTICOIDS
30	ODB6C	Num	3		SPECIFY-- OTHER USE OF HORMONES
31	ODB6STP	Num	3		QUES. B.6: FORM COMPLETED/STOPPED
32	ODB7	Num	3		SPECIFY-- LIPID LOWERING MEDICATIONS
33	ODB7STP	Num	3		QUES. B.7: FORM COMPLETED/STOPPED
34	ODB8	Num	3		SPECIFY--USE OF ANTICOAGULANTS
35	ODB8STP	Num	3		QUES. B.8: FORM COMPLETED/STOPPED
36	ODB9A	Num	3		CURRENT MEDI: TRANQUILIZERS

Num	Variable	Type	Len	Format	Label
37	ODB9B	Num	3		CURRENT MEDI: ANTIDEPRESSANTS
38	ODB9STP	Num	3		QUES. B.9: FORM COMPLETED/STOPPED
39	ODB10	Num	3		SPECIFY-- USE OF VASODILATORS
40	ODB10STP	Num	3		QUES. B.10: FORM COMPLETED/STOPPED
41	ODB11	Num	3		USE OF DIGITALIS
42	ODB11STP	Num	3		QUES. B.11: FORM COMPLETED/STOPPED
43	ODB12	Num	3		USE OF ANTIHYPSARRYTHMIC MEDICATIONS
44	ODB12A	Num	3		QUINIDINE
45	ODB12B	Num	3		PROCAINE AMIDE
46	ODB12C	Num	3		DPH (DIPHENYLHYDANTOIN)
47	ODB12D	Num	3		SPECIFY-- OTHER ANTIHYPSARRYTHMIC
48	ODB12STP	Num	3		QUES. B.12: FORM COMPLETED/STOPPED
49	ODB13	Num	3		ACE INHIBITORS
50	ODB13STP	Num	3		QUES. B.13: FORM COMPLETED/STOPPED
51	ODB14	Num	3		PATIENT TAKE ANTIHYPERTENSIVES?
52	ODB14A	Num	3		DIURETICS
53	ODB14A1	Num	3		HYDROCHLOROTHIAZIDE
54	ODB14A2	Num	3		SPECIFY-- OTHER THIAZIDE DIURETIC
55	ODB14A3	Num	3		FUROSEMIDE
56	ODB14A4	Num	3		SPECIFY-- OTHER LOOP DIURETIC
57	ODB14A5	Num	3		METOLAZONE
58	ODB14B	Num	3		SPECIFY-- BETA BLOCKERS
59	ODB14C	Num	3		LABETALOL
60	ODB14D	Num	3		PRAZOSIN-LIKE AGENTS
61	ODB14E	Num	3		HYDRALAZINE
62	ODB14F	Num	3		GUANABENZ
63	ODB14G	Num	3		CLONIDINE
64	ODB14H	Num	3		METHYLDOPA
65	ODB14I	Num	3		MINOXIDIL
66	ODB14J	Num	3		CALCIUM CHANNEL BLOCKERS
67	ODB14K	Num	3		SPECIFY-- OTHER BETA BLOCKERS
68	ODB14STP	Num	3		QUES. B.14: FORM COMPLETED/STOPPED
69	ODB15RE	Num	3		OCULAR MEDI.REQUIRE PRESCRIPTION R-EYE
70	ODB15LE	Num	3		OCULAR MEDI.REQUIRE PRESCRIPTION L-EYE
71	ODB15ARE	Num	3		REQUIRE PRESCRIPTION--STEROID DROPS-RE
72	ODB15ALE	Num	3		REQUIRE PRESCRIPTION--STERIOD DROPS-LE
73	ODB15BRE	Num	3		REQUIRE PRESCRIPTION-GLAUCOMA DROPS-RE
74	ODB15BLE	Num	3		REQUIRE PRESCRIPTION-GLAUCOMA DROPS-LE
75	ODB15CRE	Num	3		REQUIRE PRESCRIPTION--MYDRIATICS R-EYE

Num	Variable	Type	Len	Format	Label
76	ODB15CLE	Num	3		REQUIRE PRESCRIPTION--MYDRIATICS L-EYE
77	ODB15DRE	Num	3		SPECIFY-- OTHER OCULAR MEDI. RIGHT EYE
78	ODB15DLE	Num	3		SPECIFY-- OTHER OCULAR MEDI. LEFT EYE
79	ODB16	Num	3		SPECIFY-- USE OF OTHER MEDICATIONS
80	FSASDATE	Num	8		Deidentified FORM DATE
81	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0044.sas7bdat

Num	Variable	Type	Len	Format	Label
1	EDICYEAR	Num	8	Z2.	EDIC YEAR
2	FORM	Num	4	Z4.	EDIC FORM NUMBER
3	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
4	ODB1	Num	3		USE OF OVER-THE-COUNTER MEDICATIONS
5	ODB1A1	Num	3		LAST MONTH ANY ASPIRIN TAKEN?
6	ODB1A2	Num	3		LAST MONTH HOW MANY DAYS ASPIRIN TAKEN
7	ODB1A3	Num	3		LAST MONTH HOW MANY ASPIRIN TABLETS?
8	ODB1B	Num	3		OVER-THE-COUNTER--TYLENOL,ADVIL,MOTRIN
9	ODB1C	Num	3		OVER-THE-COUNTER-- COLD MEDICATIONS
10	ODB1D	Num	3		SPECIFY-- OTHER OVER-THE-COUNTER MEDI.
11	ODB1STP	Num	3		QUES. B.1: FORM COMPLETED/STOPPED
12	ODB2	Num	3		USE OF VITAMIN/MINERAL SUPPLEMENTS
13	ODB2STP	Num	3		QUES. B.2: FORM COMPLETED/STOPPED
14	ODB3A	Num	3		LAST MONTH NON-STERO.ANTI-INFLA.TAKEN?
15	ODB3A1	Num	3		LAST MONTH HOW MANY DAYS MEDI. TAKEN?
16	ODB3A2	Num	3		MEDICATION TAKEN
17	ODB3STP	Num	3		QUES. B.3: FORM COMPLETED/STOPPED
18	ODB4	Num	3		SPECIFY-- USE OF MEDICATION FOR PAIN
19	ODB4STP	Num	3		QUES. B.4: FORM COMPLETED/STOPPED
20	ODB5A	Num	3		FEMALE: USE ORAL CONTRACEPTIVES
21	ODB5A1	Num	3		TAKING ORAL CONTRACEPTIVES YEARS
22	ODB5A2	Num	3		TAKING ORAL CONTRACEPTIVES MONTHS
23	ODB5B	Num	3		HORMONE REPLACEMENT THERAPY
24	ODB5B1	Num	3		YEARS: HAS THE PATIENT TAKEN HRT
25	ODB5B2	Num	3		MONTHS: HAS THE PATIENT TAKEN HRT
26	ODB5B3	Num	3		INCLUDE A PROGESTATIONAL AGENT?
27	ODB5STP	Num	3		QUES. B.5: FORM COMPLETED/STOPPED
28	ODB6	Num	3		USE OF HORMONES
29	ODB6A	Num	3		SPECIFY-- USE OF THYROID
30	ODB6B	Num	3		USE OF GLUCOCORTICOIDS
31	ODB6C	Num	3		SPECIFY-- OTHER USE OF HORMONES
32	ODB6STP	Num	3		QUES. B.6: FORM COMPLETED/STOPPED
33	ODB7	Num	3		SPECIFY-- LIPID LOWERING MEDICATIONS
34	ODB7STP	Num	3		QUES. B.7: FORM COMPLETED/STOPPED
35	ODB8	Num	3		SPECIFY--USE OF ANTICOAGULANTS
36	ODB8STP	Num	3		QUES. B.8: FORM COMPLETED/STOPPED

Num	Variable	Type	Len	Format	Label
37	ODB9A	Num	3		CURRENT MEDI: TRANQUILIZERS
38	ODB9B	Num	3		CURRENT MEDI: ANTIDEPRESSANTS
39	ODB9STP	Num	3		QUES. B.9: FORM COMPLETED/STOPPED
40	ODB10	Num	3		SPECIFY-- USE OF VASODILATORS
41	ODB10STP	Num	3		QUES. B.10: FORM COMPLETED/STOPPED
42	ODB11	Num	3		USE OF DIGITALIS
43	ODB11STP	Num	3		QUES. B.11: FORM COMPLETED/STOPPED
44	ODB12	Num	3		USE OF ANTIHYPSARRYTHMIC MEDICATIONS
45	ODB12A	Num	3		QUINIDINE
46	ODB12B	Num	3		PROCAINE AMIDE
47	ODB12C	Num	3		DPH (DIPHENYLHYDANTOIN)
48	ODB12D	Num	3		SPECIFY-- OTHER ANTIHYPSARRYTHMIC
49	ODB12STP	Num	3		QUES. B.12: FORM COMPLETED/STOPPED
50	ODB13	Num	3		ACE INHIBITORS
51	ODB13STP	Num	3		QUES. B.13: FORM COMPLETED/STOPPED
52	ODB14	Num	3		PATIENT TAKE ANTIHYPERTENSIVES?
53	ODB14A	Num	3		DIURETICS
54	ODB14A1	Num	3		HYDROCHLOROTHIAZIDE
55	ODB14A2	Num	3		SPECIFY-- OTHER THIAZIDE DIURETIC
56	ODB14A3	Num	3		FUROSEMIDE
57	ODB14A4	Num	3		SPECIFY-- OTHER LOOP DIURETIC
58	ODB14A5	Num	3		METOLAZONE
59	ODB14B	Num	3		SPECIFY-- BETA BLOCKERS
60	ODB14C	Num	3		LABETALOL
61	ODB14D	Num	3		PRAZOSIN-LIKE AGENTS
62	ODB14E	Num	3		HYDRALAZINE
63	ODB14F	Num	3		GUANABENZ
64	ODB14G	Num	3		CLONIDINE
65	ODB14H	Num	3		METHYLDOPA
66	ODB14I	Num	3		MINOXIDIL
67	ODB14J	Num	3		CALCIUM CHANNEL BLOCKERS
68	ODB14K	Num	3		SPECIFY-- OTHER BETA BLOCKERS
69	ODB14STP	Num	3		QUES. B.14: FORM COMPLETED/STOPPED
70	ODB15RE	Num	3		OCULAR MEDI.REQUIRE PRESCRIPTION R-EYE
71	ODB15LE	Num	3		OCULAR MEDI.REQUIRE PRESCRIPTION L-EYE
72	ODB15ARE	Num	3		REQUIRE PRESCRIPTION--STEROID DROPS-RE
73	ODB15ALE	Num	3		REQUIRE PRESCRIPTION--STERIOD DROPS-LE
74	ODB15BRE	Num	3		REQUIRE PRESCRIPTION-GLAUCOMA DROPS-RE
75	ODB15BLE	Num	3		REQUIRE PRESCRIPTION-GLAUCOMA DROPS-LE

Num	Variable	Type	Len	Format	Label
76	ODB15CRE	Num	3		REQUIRE PRESCRIPTION--MYDRIATICS R-EYE
77	ODB15CLE	Num	3		REQUIRE PRESCRIPTION--MYDRIATICS L-EYE
78	ODB15DRE	Num	3		SPECIFY-- OTHER OCULAR MEDI. RIGHT EYE
79	ODB15DLE	Num	3		SPECIFY-- OTHER OCULAR MEDI. LEFT EYE
80	ODB16	Num	3		SPECIFY-- USE OF OTHER MEDICATIONS
81	FSASDATE	Num	8		Deidentified FORM DATE
82	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0302.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	EDICYEAR	Num	3	Z2.	EDIC YEAR
3	COREFRAC	Num	3		REFRACTION PERFORMED FOR BOTH EYES
4	COPVARE	Num	3		POOR VISUAL ACUITY IN RIGHT EYE
5	COPVALE	Num	3		POOR VISUAL ACUITY IN LEFT EYE
6	COENUCRE	Num	3		RIGHT EYE ENUCLEATED
7	COENUCLE	Num	3		LEFT EYE ENUCLEATED
8	COOREFRE	Num	3		OTHER REASON FOR NO RE REFRACTION
9	COOREFLE	Num	3		OTHER REASON FOR NO LE REFRACTION
10	COSPHRE	Char	6		SPHERE -- RIGHT EYE
11	COSPHLE	Char	6		SPHERE -- LEFT EYE
12	COCYLRE	Char	6		CYLINDER -- RIGHT EYE
13	COCYLLE	Char	6		CYLINDER -- LEFT EYE
14	COAXISRE	Num	4		AXIS -- RIGHT EYE
15	COAXISLE	Num	4		AXIS -- LEFT EYE
16	COZERORE	Num	3		SPHERE, CYL. & AXIS ALL ZERO - RE
17	COZEROLE	Num	3		SPHERE, CYL. & AXIS ALL ZERO - LE
18	COMYOPIA	Num	3		MYOPIA > 7 DIOPTERS
19	CODIST	Num	8		DISTANCE BETWEEN PATIENT & CHART (M)
20	CO200RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/200 RE
21	CO160RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/160 RE
22	CO125RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/125 RE
23	CO100RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/100 RE
24	CO80RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/80 RE
25	CO63RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/63 RE
26	CO50RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/50 RE
27	CO40RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/40 RE
28	CO32RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/32 RE
29	CO25RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/25 RE
30	CO20RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/20 RE
31	CO16RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/16 RE
32	CO13RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/13 RE
33	CO10RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/10 RE
34	CO4MRE	Num	3		LETTERS CORRECT AT 4 M -- RIGHT EYE
35	CO200LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/200 LE
36	CO160LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/160 LE

Num	Variable	Type	Len	Format	Label
37	CO125LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/125 LE
38	CO100LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/100 LE
39	CO80LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/80 LE
40	CO63LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/63 LE
41	CO50LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/50 LE
42	CO40LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/40 LE
43	CO32LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/32 LE
44	CO25LE4	Num	3		VA/4 METERS/LETTERS CORREST 20/25 LE
45	CO20LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/20 LE
46	CO16LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/16 LE
47	CO13LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/13 LE
48	CO10LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/10 LE
49	CO4MLE	Num	3		LETTERS CORRECT AT 4 M -- LEFT EYE
50	CO1MTRE	Num	3		RIGHT EYE TO BE TESTED AT 1 METER
51	CO5200R1	Num	3		VA/1 METER/LETTERS CORRECT 5/200 RE
52	CO5160R1	Num	3		VA/1 METER/LETTERS CORRECT 5/160 RE
53	CO5125R1	Num	3		VA/1 METER/LETTERS CORRECT 5/125 RE
54	CO1200R1	Num	3		VA/1 METER/LETTERS CORRECT 10/200 RE
55	CO1160R1	Num	3		VA/1 METER/LETTERS CORRECT 10/160 RE
56	CO1125R1	Num	3		VA/1 METER/LETTERS CORRECT 10/125 RE
57	CO2200R1	Num	3		VA/1 METER/LETTERS CORRECT 20/200 RE
58	CO2160R1	Num	3		VA/1 METER/LETTERS CORRECT 20/160 RE
59	CO2125R1	Num	3		VA/1 METER/LETTERS CORRECT 20/125 RE
60	CO2100R1	Num	3		VA/1 METER/LETTERS CORRECT 20/100 RE
61	CO280R1	Num	3		VA/1 METER/LETTERS CORRECT 20/80 RE
62	CO263R1	Num	3		VA/1 METER/LETTERS CORRECT 20/63 RE
63	CO250R1	Num	3		VA/1 METER/LETTERS CORRECT 20/50 RE
64	CO240R1	Num	3		VA/1 METER/LETTERS CORRECT 20/40 RE
65	CO1MRE	Num	3		LETTERS CORRECT AT 1 M -- RIGHT EYE
66	COCTRE	Num	3		CT. FINGERS, HAND MOTION, LIGHT -- RE
67	CO1MTLE	Num	3		LEFT EYE TO BE TESTED AT 1 METER
68	CO5200L1	Num	3		VA/1 METER/LETTERS CORRECT 5/200 LE
69	CO5160L1	Num	3		VA/1 METER/LETTERS CORRECT 5/160 LE
70	CO5125L1	Num	3		VA/1 METER/LETTERS CORRECT 5/125 LE
71	CO1200L1	Num	3		VA/1 METER/LETTERS CORRECT 10/200 LE
72	CO1160L1	Num	3		VA/1 METER/LETTERS CORRECT 10/160 LE
73	CO1125L1	Num	3		VA/1 METER/LETTERS CORRECT 10/125 LE
74	CO2200L1	Num	3		VA/1 METER/LETTERS CORRECT 20/200 LE
75	CO2160L1	Num	3		VA/1 METER/LETTERS CORRECT 20/160 LE

Num	Variable	Type	Len	Format	Label
76	CO2125L1	Num	3		VA/1 METER/LETTERS CORRECT 20/125 LE
77	CO2100L1	Num	3		VA/1 METER/LETTERS CORRECT 20/100 LE
78	CO280L1	Num	3		VA/1 METER/LETTERS CORRECT 20/80 LE
79	CO263L1	Num	3		VA/1 METER/LETTERS CORRECT 20/63 LE
80	CO250L1	Num	3		VA/1 METER/LETTERS CORRECT 20/50 LE
81	CO240L1	Num	3		VA/1 METER/LETTERS CORRECT 20/40 LE
82	CO1MLE	Num	3		LETTERS CORRECT AT 1 M -- LEFT EYE
83	COCTLE	Num	3		CT. FINGERS, HAND MOTION, LIGHT -- LE
84	COIOPRE	Num	3		RIGHT EYE INTRAOCULAR PRESSURE (MM HG)
85	COIOPLE	Num	3		LEFT EYE INTRAOCULAR PRESSURE (MM HG)
86	COLENSRE	Num	3		RIGHT LENS MISSING
87	COLENSLE	Num	3		LEFT LENS MISSING
88	COIRISRE	Num	3		IRIS NEOVASCULARIZATION IN RIGHT EYE
89	COIRISLE	Num	3		IRIS NEOVASCULARIZATION IN LEFT EYE
90	COANGLRE	Num	3		ANGLE NEOVASCULARIZATION IN RE
91	COANGLLE	Num	3		ANGLE NEOVASCULARIZATION IN LE
92	COOPHRE	Num	3		OPHTHALMOSCOPIC EXAM OF RE FUNDUS OKAY
93	COOPHLE	Num	3		OPHTHALMOSCOPIC EXAM OF LE FUNDUS OKAY
94	COREASRE	Num	3		REASON OPHTH. EXAM NOT OKAY -- RE
95	COREASLE	Num	3		REASON OPHTH. EXAM NOT OKAY -- LE
96	COCLARRE	Num	3		CLARITY OF RIGHT LENS
97	COCLARLE	Num	3		CLARITY OF LEFT LENS
98	COHEMRE	Num	3		VITREOUS OR RETINAL HEMORRHAGE - RE
99	COHEMLE	Num	3		VITREOUS OR RETINAL HEMORRHAGE - LE
100	COOBSCRE	Num	3		HEMORRHAGE OBSCURES DISC AREA - RE
101	COOBSCLE	Num	3		HEMORRHAGE OBSCURES DISC AREA - LE
102	CO7STDRE	Num	3		WITHIN 7 STD. FIELDS - RIGHT EYE
103	CO7STDLE	Num	3		WITHIN 7 STD. FIELDS - LEFT EYE
104	COOUT7RE	Num	3		OUTSIDE 7 STD. FIELDS - RIGHT EYE
105	COOUT7LE	Num	3		OUTSIDE 7 STD. FIELDS - LEFT EYE
106	COANTRRE	Num	3		ANTERIOR TO VORTEX AMPULLAE -- RE
107	COANTRLE	Num	3		ANTERIOR TO VORTEX AMPULLAE -- LE
108	CONVDRE	Num	3		NVD -- RIGHT EYE
109	CONVDLE	Num	3		NVD -- LEFT EYE
110	COSNVDRE	Num	3		VESSELS > OR = DRS PHOTO 10A -- RE
111	COSNVDLE	Num	3		VESSELS > OR = DRS PHOTO 10A -- LE
112	CONVERE	Num	3		NVE -- RIGHT EYE
113	CONVELE	Num	3		NVE -- LEFT EYE
114	COWNVERE	Num	3		NVE WITHIN 7 STD. FIELDS -- RE

Num	Variable	Type	Len	Format	Label
115	COWNVELE	Num	3		NVE WITHIN 7 STD. FIELDS -- LE
116	COONVERE	Num	3		NVE OUTSIDE 7 STD. FIELDS -- RE
117	COONVELE	Num	3		NVE OUTSIDE 7 STD. FIELDS -- LE
118	COSNVERE	Num	3		VESSELS > OR = 1/2 DA IN SIZE -- RE
119	COSNVELE	Num	3		VESSELS > OR = 1/2 DA IN SIZE -- LE
120	COTHIKRE	Num	3		RETINAL THICKENING -- RIGHT EYE
121	COTHIKLE	Num	3		RETINAL THICKENING -- LEFT EYE
122	COCNTRRE	Num	3		CENTER OF MACULA IS INVOLVED - RE
123	COCNTRLE	Num	3		CENTER OF MACULA IS INVOLVED - LE
124	COCYSTRE	Num	3		CYSTOID CHANGES PRESENT -- RE
125	COCYSTLE	Num	3		CYSTOID CHANGES PRESENT -- LE
126	COHRCRE	Num	3		HIGH RISK CHARACTERISTICS -- RE
127	COHRCLE	Num	3		HIGH RISK CHARACTERISTICS -- LE
128	COPLANRE	Num	3		PLAN TO PHOTOCOAGULATE RIGHT EYE
129	COPLANLE	Num	3		PLAN TO PHOTOCOAGULATE LEFT EYE
130	COREFRE	Num	3		PATIENT REFUSES LASER -- RIGHT EYE
131	COREFLE	Num	3		PATIENT REFUSES LASER -- LEFT EYE
132	COUNHMRE	Num	3		UNABLE TO LASER RE DUE TO HEMORRHAGE
133	COUNHMLE	Num	3		UNABLE TO LASER LE DUE TO HEMORRHAGE
134	COUNORRE	Num	3		UNABLE TO LASER RE -- OTHER REASON
135	COUNORLE	Num	3		UNABLE TO LASER LE -- OTHER REASON
136	COPREFRE	Num	3		PREFER NOT TO LASER RIGHT EYE
137	COPREFLE	Num	3		PREFER NOT TO LASER LEFT EYE
138	COOLASRE	Num	3		OTHER REASON FOR NOT LASERING RE
139	COOLASLE	Num	3		OTHER REASON FOR NOT LASERING LE
140	COABNRE	Num	3		OTHER MAJOR OPHTHALM. ABNORMALITY - RE
141	COABNLE	Num	3		OTHER MAJOR OPHTHALM. ABNORMALITY - LE
142	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
143	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0303.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3	Z2.	EDIC YEAR
4	COREFRAC	Num	3		REFRACTION PERFORMED FOR BOTH EYES
5	COPVARE	Num	3		POOR VISUAL ACUITY IN RIGHT EYE
6	COPVALE	Num	3		POOR VISUAL ACUITY IN LEFT EYE
7	COENUCRE	Num	3		RIGHT EYE ENUCLEATED
8	COENUCLE	Num	3		LEFT EYE ENUCLEATED
9	COOREFRE	Num	3		OTHER REASON FOR NO RE REFRACTION
10	COOREFLE	Num	3		OTHER REASON FOR NO LE REFRACTION
11	COSPHRE	Char	6		SPHERE -- RIGHT EYE
12	COSPHLE	Char	6		SPHERE -- LEFT EYE
13	COCYLRE	Char	6		CYLINDER -- RIGHT EYE
14	COCYLLE	Char	6		CYLINDER -- LEFT EYE
15	COAXISRE	Num	4		AXIS -- RIGHT EYE
16	COAXISLE	Num	4		AXIS -- LEFT EYE
17	COZERORE	Num	3		SPHERE, CYL. & AXIS ALL ZERO - RE
18	COZEROLE	Num	3		SPHERE, CYL. & AXIS ALL ZERO - LE
19	COMYOPIA	Num	3		MYOPIA > 7 DIOPTERS
20	CODIST	Num	8		DISTANCE BETWEEN PATIENT & CHART (M)
21	CO200RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/200 RE
22	CO160RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/160 RE
23	CO125RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/125 RE
24	CO100RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/100 RE
25	CO80RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/80 RE
26	CO63RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/63 RE
27	CO50RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/50 RE
28	CO40RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/40 RE
29	CO32RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/32 RE
30	CO25RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/25 RE
31	CO20RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/20 RE
32	CO16RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/16 RE
33	CO13RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/13 RE
34	CO10RE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/10 RE
35	CO4MRE	Num	3		LETTERS CORRECT AT 4 M -- RIGHT EYE
36	CO200LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/200 LE

Num	Variable	Type	Len	Format	Label
37	CO160LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/160 LE
38	CO125LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/125 LE
39	CO100LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/100 LE
40	CO80LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/80 LE
41	CO63LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/63 LE
42	CO50LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/50 LE
43	CO40LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/40 LE
44	CO32LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/32 LE
45	CO25LE4	Num	3		VA/4 METERS/LETTERS CORREST 20/25 LE
46	CO20LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/20 LE
47	CO16LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/16 LE
48	CO13LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/13 LE
49	CO10LE4	Num	3		VA/4 METERS/LETTERS CORRECT 20/10 LE
50	CO4MLE	Num	3		LETTERS CORRECT AT 4 M -- LEFT EYE
51	CO1MTRE	Num	3		RIGHT EYE TO BE TESTED AT 1 METER
52	CO5200R1	Num	3		VA/1 METER/LETTERS CORRECT 5/200 RE
53	CO5160R1	Num	3		VA/1 METER/LETTERS CORRECT 5/160 RE
54	CO5125R1	Num	3		VA/1 METER/LETTERS CORRECT 5/125 RE
55	CO1200R1	Num	3		VA/1 METER/LETTERS CORRECT 10/200 RE
56	CO1160R1	Num	3		VA/1 METER/LETTERS CORRECT 10/160 RE
57	CO1125R1	Num	3		VA/1 METER/LETTERS CORRECT 10/125 RE
58	CO2200R1	Num	3		VA/1 METER/LETTERS CORRECT 20/200 RE
59	CO2160R1	Num	3		VA/1 METER/LETTERS CORRECT 20/160 RE
60	CO2125R1	Num	3		VA/1 METER/LETTERS CORRECT 20/125 RE
61	CO2100R1	Num	3		VA/1 METER/LETTERS CORRECT 20/100 RE
62	CO280R1	Num	3		VA/1 METER/LETTERS CORRECT 20/80 RE
63	CO263R1	Num	3		VA/1 METER/LETTERS CORRECT 20/63 RE
64	CO250R1	Num	3		VA/1 METER/LETTERS CORRECT 20/50 RE
65	CO240R1	Num	3		VA/1 METER/LETTERS CORRECT 20/40 RE
66	CO1MRE	Num	3		LETTERS CORRECT AT 1 M -- RIGHT EYE
67	COCTRE	Num	3		CT. FINGERS, HAND MOTION, LIGHT -- RE
68	CO1MTLE	Num	3		LEFT EYE TO BE TESTED AT 1 METER
69	CO5200L1	Num	3		VA/1 METER/LETTERS CORRECT 5/200 LE
70	CO5160L1	Num	3		VA/1 METER/LETTERS CORRECT 5/160 LE
71	CO5125L1	Num	3		VA/1 METER/LETTERS CORRECT 5/125 LE
72	CO1200L1	Num	3		VA/1 METER/LETTERS CORRECT 10/200 LE
73	CO1160L1	Num	3		VA/1 METER/LETTERS CORRECT 10/160 LE
74	CO1125L1	Num	3		VA/1 METER/LETTERS CORRECT 10/125 LE
75	CO2200L1	Num	3		VA/1 METER/LETTERS CORRECT 20/200 LE

Num	Variable	Type	Len	Format	Label
76	CO2160L1	Num	3		VA/1 METER/LETTERS CORRECT 20/160 LE
77	CO2125L1	Num	3		VA/1 METER/LETTERS CORRECT 20/125 LE
78	CO2100L1	Num	3		VA/1 METER/LETTERS CORRECT 20/100 LE
79	CO280L1	Num	3		VA/1 METER/LETTERS CORRECT 20/80 LE
80	CO263L1	Num	3		VA/1 METER/LETTERS CORRECT 20/63 LE
81	CO250L1	Num	3		VA/1 METER/LETTERS CORRECT 20/50 LE
82	CO240L1	Num	3		VA/1 METER/LETTERS CORRECT 20/40 LE
83	CO1MLE	Num	3		LETTERS CORRECT AT 1 M -- LEFT EYE
84	COCTLE	Num	3		CT. FINGERS, HAND MOTION, LIGHT -- LE
85	COIOPRE	Num	3		RIGHT EYE INTRAOCULAR PRESSURE (MM HG)
86	COIOPLE	Num	3		LEFT EYE INTRAOCULAR PRESSURE (MM HG)
87	COLENSRE	Num	3		RIGHT LENS MISSING
88	COLENSLE	Num	3		LEFT LENS MISSING
89	COIRISRE	Num	3		IRIS NEOVASCULARIZATION IN RIGHT EYE
90	COIRISLE	Num	3		IRIS NEOVASCULARIZATION IN LEFT EYE
91	COANGLRE	Num	3		ANGLE NEOVASCULARIZATION IN RE
92	COANGLLE	Num	3		ANGLE NEOVASCULARIZATION IN LE
93	COOPHRE	Num	3		OPHTHALMOSCOPIC EXAM OF RE FUNDUS OKAY
94	COOPHLE	Num	3		OPHTHALMOSCOPIC EXAM OF LE FUNDUS OKAY
95	COREASRE	Num	3		REASON OPHTH. EXAM NOT OKAY -- RE
96	COREASLE	Num	3		REASON OPHTH. EXAM NOT OKAY -- LE
97	COCLARRE	Num	3		CLARITY OF RIGHT LENS
98	COCLARLE	Num	3		CLARITY OF LEFT LENS
99	COHEMRE	Num	3		VITREOUS OR RETINAL HEMORRHAGE - RE
100	COHEMLE	Num	3		VITREOUS OR RETINAL HEMORRHAGE - LE
101	COOBSCRE	Num	3		HEMORRHAGE OBSCURES DISC AREA - RE
102	COOBSCLE	Num	3		HEMORRHAGE OBSCURES DISC AREA - LE
103	CO7STDRE	Num	3		WITHIN 7 STD. FIELDS - RIGHT EYE
104	CO7STDLE	Num	3		WITHIN 7 STD. FIELDS - LEFT EYE
105	COOUT7RE	Num	3		OUTSIDE 7 STD. FIELDS - RIGHT EYE
106	COOUT7LE	Num	3		OUTSIDE 7 STD. FIELDS - LEFT EYE
107	COANTRRE	Num	3		ANTERIOR TO VORTEX AMPULLAE -- RE
108	COANTRLE	Num	3		ANTERIOR TO VORTEX AMPULLAE -- LE
109	CONVDRE	Num	3		NVD -- RIGHT EYE
110	CONVDLE	Num	3		NVD -- LEFT EYE
111	COSNVDRE	Num	3		VESSELS > OR = DRS PHOTO 10A -- RE
112	COSNVDLE	Num	3		VESSELS > OR = DRS PHOTO 10A -- LE
113	CONVERE	Num	3		NVE -- RIGHT EYE
114	CONVELE	Num	3		NVE -- LEFT EYE

Num	Variable	Type	Len	Format	Label
115	COWNVERE	Num	3		NVE WITHIN 7 STD. FIELDS -- RE
116	COWNVELE	Num	3		NVE WITHIN 7 STD. FIELDS -- LE
117	COONVERE	Num	3		NVE OUTSIDE 7 STD. FIELDS -- RE
118	COONVELE	Num	3		NVE OUTSIDE 7 STD. FIELDS -- LE
119	COSNVERE	Num	3		VESSELS > OR = 1/2 DA IN SIZE -- RE
120	COSNVELE	Num	3		VESSELS > OR = 1/2 DA IN SIZE -- LE
121	COTHIKRE	Num	3		RETINAL THICKENING -- RIGHT EYE
122	COTHIKLE	Num	3		RETINAL THICKENING -- LEFT EYE
123	COCNTRRE	Num	3		CENTER OF MACULA IS INVOLVED - RE
124	COCNTRLE	Num	3		CENTER OF MACULA IS INVOLVED - LE
125	COCYSTRE	Num	3		CYSTOID CHANGES PRESENT -- RE
126	COCYSTLE	Num	3		CYSTOID CHANGES PRESENT -- LE
127	COHRCRE	Num	3		HIGH RISK CHARACTERISTICS -- RE
128	COHRCLE	Num	3		HIGH RISK CHARACTERISTICS -- LE
129	COPLANRE	Num	3		PLAN TO PHOTOCOAGULATE RIGHT EYE
130	COPLANLE	Num	3		PLAN TO PHOTOCOAGULATE LEFT EYE
131	COREFRE	Num	3		PATIENT REFUSES LASER -- RIGHT EYE
132	COREFLE	Num	3		PATIENT REFUSES LASER -- LEFT EYE
133	COUNHMRE	Num	3		UNABLE TO LASER RE DUE TO HEMORRHAGE
134	COUNHMLE	Num	3		UNABLE TO LASER LE DUE TO HEMORRHAGE
135	COUNORRE	Num	3		UNABLE TO LASER RE -- OTHER REASON
136	COUNORLE	Num	3		UNABLE TO LASER LE -- OTHER REASON
137	COPREFRE	Num	3		PREFER NOT TO LASER RIGHT EYE
138	COPREFLE	Num	3		PREFER NOT TO LASER LEFT EYE
139	COOLASRE	Num	3		OTHER REASON FOR NOT LASERING RE
140	COOLASLE	Num	3		OTHER REASON FOR NOT LASERING LE
141	COABNRE	Num	3		OTHER MAJOR OPHTHALM. ABNORMALITY - RE
142	COABNLE	Num	3		OTHER MAJOR OPHTHALM. ABNORMALITY - LE
143	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
144	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0422.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	DBA5B	Num	3		DATE OF EVENT UNCERTAIN
4	DBB1	Num	3		LOSS OF CONSCIOUSNESS
5	DBB2	Num	3		SEIZURE
6	DBB3	Num	3		SUSPECTED SEIZURE
7	DBB4	Num	3		DIFFICULTY IN AWAKENING
8	DBB5	Num	3		IRRATIONAL BEHAVIOR
9	DBB6	Num	3		UNCONTROLLABLE BEHAVIOR
10	DBB7	Num	3		CONFUSION
11	DBB8	Num	3		MEMORY LOSS
12	DBB9	Num	3		CLINICAL MANIFESTATION: OTHER
13	DBB10	Num	3		CLINICAL MANIFESTATION: NONE
14	DBC1	Num	3		BG BEFORE: WAS MEASURED?
15	DBC2	Num	3		BG BEFORE: WHO MEASURED?
16	DBC3A	Num	4		BG BEFORE: MEASUREMENT VALUE
17	DBC3B	Num	3		BG BEFORE: MEASUREMENT UNKNOWN
18	DBC4	Num	3		METHOD USED MONITORING BEFORE
19	DBC5	Num	3		BG AFTER: WAS MEASURED?
20	DBC6	Num	4		BG AFTER: WHO MEASURED?
21	DBC7A	Num	3		BG AFTER: MEASUREMENT VALUE
22	DBC7B	Num	3		BG AFTER: MEASUREMENT UNKNOWN
23	DBC8	Num	3		METHOD USED MONITORING AFTER
24	DBD1	Num	3		SYMPTOMS REVERSE WITHOUT TREATMENT
25	DBD2A	Num	3		PATIENT RECEIVED ASSISTANCE
26	DBD2B	Num	3		PATIENT INCAPABLE OF TREATING SELF
27	DBD3	Num	3		PATIENT HOSPITALIZED
28	DBD4A	Num	3		GIVEN INTRAVENOUS GLUCOSE TREATMENT
29	DBD4B	Num	3		GIVEN GLUCAGON TREATMENT
30	DBD4C	Num	3		GIVEN ORAL CARBOHYDRATES TREATMENT
31	DBD4D	Num	3		OTHER TREATMENT ADMINISTERED
32	DBE1	Num	3		ANY ASSOCIATED EVENTS?
33	DBE1A	Num	3		DEATH
34	DBE1B	Num	3		IRREVERSIBLE NEUROLOGICAL DAMAGE
35	DBE1C	Num	3		MYOCARDIAL INFARCTION
36	DBE1D	Num	3		STROKE OCCURRED

Num	Variable	Type	Len	Format	Label
37	DBE1E	Num	3		INJURY REQUIRING HOSPITALIZATION
38	DBE1F	Num	3		INJURY TO ANOTHER PERSON
39	DBE1G	Num	3		PROPERTY DAMAGE
40	DBE1H	Num	3		TRAFFIC VIOLATION
41	DBF1	Num	3		EXPER. PATIENT ON MDI, PUMP, OR BOTH
42	DBF2	Num	3		PUMP MALFUNCTION SUSPECTED
43	DBG1	Num	3		PATIENT'S LIVING ARRANGEMENT
44	DBG2A	Num	3		PARENT WITH PATIENT-ONSET OF SYMPTOMS
45	DBG2B	Num	3		CLASSMATE W/PATIENT-ONSET OF SYMPTOMS
46	DBG2C	Num	3		PASSERBY W/PATIENT-ONSET OF SYMPTOMS
47	DBG2D	Num	3		PERSON NOT PARENT, ETC. SAW SYMPTOMS
48	DBG2E	Num	3		PATIENT ALONE AT ONSET OF SYMPTOMS
49	DBG2F	Num	3		UNKNOWN: PATIENT CANNOT RECALL
50	DBG3	Num	3		PERSON PRESENT-RECOGNIZE SYMPTOMS
51	DBG4	Num	3		PERSON PRESENT-REDUCE SEVERITY-HYPO.
52	DBG5A	Num	3		PERSON PRESENT GAVE ORAL CARBOHYDRATES
53	DBG5B	Num	3		PERSON PRESENT GAVE GLUCAGON
54	DBG5C	Num	3		PERSON PRESENT CALLED PARAMEDICS
55	DBG5D	Num	3		UNKNOWN WHAT PERSON PRESENT GAVE
56	DBG5E	Num	3		WHAT ELSE PERSON PRESENT DID TO HELP
57	DBH1A	Num	3		APPROX. TIME FRAME-ONSET OF EPISODE
58	DBH1B	Char	5		EXACT TIME-ONSET OF EPISODE
59	DBH1C	Num	3		EXACT TIME OF ONSET: AM/PM, OR UNKNOWN
60	DBH2	Num	3		ONSET OF HYPOGLYCEMIA OCCURRED WHILE
61	DBI1	Num	3		PT'S LOCATION AT ONSET OF EPISODE
62	DBI2A	Num	3		IF PATIENT AWAKE, WARN. SIGNS/SYMPTOMS
63	DBI2B	Num	3		SYMPT. KNOWN AS HYPOGLYC. BY PATIENT
64	DBI2C	Num	3		SYMPT. KNOWN AS HYPO. BY OTHER PERSON
65	DBJ1A	Num	3		EXERCISE DURING 4 HRS BEFORE HYPOGL.
66	DBJ1B	Num	3		UNUSUAL EXERCISE 4 HRS. BEFORE HYPOGL.
67	DBJ1C	Num	3		EXERCISE 24 HRS. PRIOR-HYPOGLYCEMIA
68	DBJ1D	Num	3		UNUSUAL EXERCISE PRIOR TO EVENT
69	DBJ2A1	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED MEAL
70	DBJ2A2	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED SNACK
71	DBJ2A3	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED-UNK
72	DBJ2A4	Num	3		DIET 4 HRS. BEFORE EVENT: DELAYED MEAL
73	DBJ2A5	Num	3		DIET 4 HRS. BEFORE EVENT: DELAYED SNACK
74	DBJ2A6	Num	3		DIET 4 HRS. BEFORE EVENT: DELAYED-UNK
75	DBJ2A7	Num	3		DIET 4 HRS. BEFORE: ATE < THAN USUAL-NO

Num	Variable	Type	Len	Format	Label
76	DBJ2A8	Num	3		DIET 4 HRS. BEFORE: ATE < THAN USUAL-YES
77	DBJ2A9	Num	3		DIET 4 HRS. BEFORE: ATE < THAN USUAL-UNK
78	DBJ2B1	Num	3		DIET 24 HRS, EXCLUD 4 HRS.: MISSED MEAL
79	DBJ2B2	Num	3		DIET 24 HRS, EXCLUD 4 HRS.: MISSED SNACK
80	DBJ2B3	Num	3		DIET 24 HRS, EXCLUD 4 HRS.: MISSED-UNK
81	DBJ2B4	Num	3		DIET 24 HRS, EXCLUD 4 HRS: DELAYED MEAL
82	DBJ2B5	Num	3		DIET 24 HRS, EXCLUD 4 HRS: DELAYED SNACK
83	DBJ2B6	Num	3		DIET 24 HRS, EXCLUD 4 HRS: DELAYED-UNK
84	DBJ2B7	Num	3		DIET 24 HRS, EXCLUD 4 HRS: LESS USUAL-NO
85	DBJ2B8	Num	3		DIET 24 HRS EXCLUD 4 HRS: LESS USUAL-YES
86	DBJ2B9	Num	3		DIET 24 HRS EXCLUD 4 HRS: LESS USUAL-UNK
87	DBJ3A1	Num	3		ALTER INSULIN DOSE DURING 4 HRS. BEFORE
88	DBJ3A2	Num	3		ALTER INSULIN DOSE 24 HRS. BEFORE EVENT
89	DBJ3B1	Num	3		ALTER TIMING/SCHED. INSULIN 4 HRS. PRIOR
90	DBJ3B2	Num	3		ALTER TIME/SCHED. INSULIN 24 HRS. PRIOR
91	DBJ4A	Num	3		SEX DURING 4 HRS. BEFORE HYPOG. EVENT
92	DBJ4B	Num	3		SEX 24 HRS EXCLUDING 4 HRS BEFORE HYPOG.
93	DBJ5A	Num	3		ALCOHOL/DRUG DURING 4 HRS BEFORE HYPOG.
94	DBJ5B	Num	3		ALCOHOL/DRUG 24 HRS EXCLUD 4 HRS BEFORE
95	DBJ6A1	Num	3		GLUCOSE MONITORING: SELF BLOOD GLUCOSE
96	DBJ6A2	Num	3		GLUCOSE MONITORING: URINE GLUCOSE
97	DBJ6B	Num	3		GLUCOSE MONITORING: NUMBER OF TESTS/WK
98	DBJ6C	Num	3		EXPECT GLUC. TESTS DURING PRIOR 24 HRS.
99	DBJ6D	Num	3		WK PRIOR TO EVENT: 3 AM BL. GL. TESTING
100	DBJ6E	Num	4		3 AM VALUE - BL. GL. TEST. BEFORE EVENT
101	DBJ7A	Num	3		PT MENSTRUATING AT TIME OF EPISODE
102	DBJ7B	Num	3		ORAL CONTRACEPT. USED AT TIME OF EVENT
103	DBJ7C1	Num	3		MENSES CYCLE: REGULAR, IRREGULAR, UNK.
104	DBJ7C2	Num	3		IF REGULAR, USUAL LENGTH OF MENSES CYCLE
105	DBJ7D	Num	3		BLOOD/URINE GLUC. CHANGE: TIME OF MENSES
106	DBJ8	Num	3		RECENT STRESS/OTHER PSYCH. DISTURBANCE
107	DBJ9	Num	3		OTHER POTENTIALLY CONTRIB. FACTORS
108	DBJ10A	Num	3		USUAL HAVE SOMETHING TO TREAT REACTION
109	DBJ10B	Num	3		HAVE SOMETHING TO TREAT EPISODE
110	FSASDATE	Num	8		Deidentified FORM DATE
111	MASK_PAT	Num	8		Deidentified Patient ID
112	DBA6	Num	8		Deidentified DATE EDIC CLINIC LEARNED INTER. EVENT
113	DBCOMDAT	Num	8		Deidentified DATE FORM COMPLETED

Data Set Name: f0423.sas7bdat

Num	Variable	Type	Len	Format	Label
1	EDICYRB	Num	8	Z2.	LAST EDIC YEAR
2	FORM	Num	4	Z4.	EDIC FORM NUMBER
3	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
4	DBA5B	Num	3		DATE OF EVENT UNCERTAIN
5	DBB1	Num	3		LOSS OF CONSCIOUSNESS
6	DBB2	Num	3		SEIZURE
7	DBB3	Num	3		SUSPECTED SEIZURE
8	DBB4	Num	3		DIFFICULTY IN AWAKENING
9	DBB5	Num	3		IRRATIONAL BEHAVIOR
10	DBB6	Num	3		UNCONTROLLABLE BEHAVIOR
11	DBB7	Num	3		CONFUSION
12	DBB8	Num	3		MEMORY LOSS
13	DBB9	Num	3		CLINICAL MANIFESTATION: OTHER
14	DBB10	Num	3		CLINICAL MANIFESTATION: NONE
15	DBC1	Num	3		BG BEFORE: WAS MEASURED?
16	DBC2	Num	3		BG BEFORE: WHO MEASURED?
17	DBC3A	Num	4		BG BEFORE: MEASUREMENT VALUE
18	DBC3B	Num	3		BG BEFORE: MEASUREMENT UNKNOWN
19	DBC4	Num	3		METHOD USED MONITORING BEFORE
20	DBC5	Num	3		BG AFTER: WAS MEASURED?
21	DBC6	Num	4		BG AFTER: WHO MEASURED?
22	DBC7A	Num	3		BG AFTER: MEASUREMENT VALUE
23	DBC7B	Num	3		BG AFTER: MEASUREMENT UNKNOWN
24	DBC8	Num	3		METHOD USED MONITORING AFTER
25	DBD1	Num	3		SYMPTOMS REVERSE WITHOUT TREATMENT
26	DBD2A	Num	3		PATIENT RECEIVED ASSISTANCE
27	DBD2B	Num	3		PATIENT INCAPABLE OF TREATING SELF
28	DBD3	Num	3		PATIENT HOSPITALIZED
29	DBD4A	Num	3		GIVEN INTRAVENOUS GLUCOSE TREATMENT
30	DBD4B	Num	3		GIVEN GLUCAGON TREATMENT
31	DBD4C	Num	3		GIVEN ORAL CARBOHYDRATES TREATMENT
32	DBD4D	Num	3		OTHER TREATMENT ADMINISTERED
33	DBE1	Num	3		ANY ASSOCIATED EVENTS?
34	DBE1A	Num	3		DEATH
35	DBE1B	Num	3		IRREVERSIBLE NEUROLOGICAL DAMAGE
36	DBE1C	Num	3		MYOCARDIAL INFARCTION

Num	Variable	Type	Len	Format	Label
37	DBE1D	Num	3		STROKE OCCURRED
38	DBE1E	Num	3		INJURY REQUIRING HOSPITALIZATION
39	DBE1F	Num	3		INJURY TO ANOTHER PERSON
40	DBE1G	Num	3		PROPERTY DAMAGE
41	DBE1H	Num	3		TRAFFIC VIOLATION
42	DBF1	Num	3		EXPER. PATIENT ON MDI, PUMP, OR BOTH
43	DBF2	Num	3		PUMP MALFUNCTION SUSPECTED
44	DBG1	Num	3		PATIENT'S LIVING ARRANGEMENT
45	DBG2A	Num	3		PARENT WITH PATIENT-ONSET OF SYMPTOMS
46	DBG2B	Num	3		CLASSMATE W/PATIENT-ONSET OF SYMPTOMS
47	DBG2C	Num	3		PASSERBY W/PATIENT-ONSET OF SYMPTOMS
48	DBG2D	Num	3		PERSON NOT PARENT, ETC. SAW SYMPTOMS
49	DBG2E	Num	3		PATIENT ALONE AT ONSET OF SYMPTOMS
50	DBG2F	Num	3		UNKNOWN: PATIENT CANNOT RECALL
51	DBG3	Num	3		PERSON PRESENT-RECOGNIZE SYMPTOMS
52	DBG4	Num	3		PERSON PRESENT-REDUCE SEVERITY-HYPO.
53	DBG5A	Num	3		PERSON PRESENT GAVE ORAL CARBOHYDRATES
54	DBG5B	Num	3		PERSON PRESENT GAVE GLUCAGON
55	DBG5C	Num	3		PERSON PRESENT CALLED PARAMEDICS
56	DBG5D	Num	3		UNKNOWN WHAT PERSON PRESENT GAVE
57	DBG5E	Num	3		WHAT ELSE PERSON PRESENT DID TO HELP
58	DBH1A	Num	3		APPROX. TIME FRAME-ONSET OF EPISODE
59	DBH1B	Char	5		EXACT TIME-ONSET OF EPISODE
60	DBH1C	Num	3		EXACT TIME OF ONSET: AM/PM, OR UNKNOWN
61	DBH2	Num	3		ONSET OF HYPOGLYCEMIA OCCURRED WHILE
62	DBI1	Num	3		PT'S LOCATION AT ONSET OF EPISODE
63	DBI2A	Num	3		IF PATIENT AWAKE, WARN. SIGNS/SYMPTOMS
64	DBI2B	Num	3		SYMPT. KNOWN AS HYPOGLYC. BY PATIENT
65	DBI2C	Num	3		SYMPT. KNOWN AS HYPO. BY OTHER PERSON
66	DBJ1A	Num	3		EXERCISE DURING 4 HRS BEFORE HYPOGL.
67	DBJ1B	Num	3		UNUSUAL EXERCISE 4 HRS. BEFORE HYPOGL.
68	DBJ1C	Num	3		EXERCISE 24 HRS. PRIOR-HYPOGLYCEMIA
69	DBJ1D	Num	3		UNUSUAL EXERCISE PRIOR TO EVENT
70	DBJ2A1	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED MEAL
71	DBJ2A2	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED SNACK
72	DBJ2A3	Num	3		DIET 4 HRS. BEFORE EVENT: MISSED-UNK
73	DBJ2A4	Num	3		DIET 4 HRS. BEFORE EVENT: DELAYED MEAL
74	DBJ2A5	Num	3		DIET 4 HRS. BEFORE EVENT: DELAYED SNACK
75	DBJ2A6	Num	3		DIET 4 HRS. BEFORE EVENT: DELAYED-UNK

Num	Variable	Type	Len	Format	Label
76	DBJ2A7	Num	3		DIET 4 HRS. BEFORE: ATE < THAN USUAL-NO
77	DBJ2A8	Num	3		DIET 4 HRS. BEFORE: ATE < THAN USUAL-YES
78	DBJ2A9	Num	3		DIET 4 HRS. BEFORE: ATE < THAN USUAL-UNK
79	DBJ2B1	Num	3		DIET 24 HRS, EXCLUD 4 HRS.: MISSED MEAL
80	DBJ2B2	Num	3		DIET 24 HRS, EXCLUD 4 HRS.: MISSED SNACK
81	DBJ2B3	Num	3		DIET 24 HRS, EXCLUD 4 HRS.: MISSED-UNK
82	DBJ2B4	Num	3		DIET 24 HRS, EXCLUD 4 HRS: DELAYED MEAL
83	DBJ2B5	Num	3		DIET 24 HRS, EXCLUD 4 HRS: DELAYED SNACK
84	DBJ2B6	Num	3		DIET 24 HRS, EXCLUD 4 HRS: DELAYED-UNK
85	DBJ2B7	Num	3		DIET 24 HRS, EXCLUD 4 HRS: LESS USUAL-NO
86	DBJ2B8	Num	3		DIET 24 HRS EXCLUD 4 HRS: LESS USUAL-YES
87	DBJ2B9	Num	3		DIET 24 HRS EXCLUD 4 HRS: LESS USUAL-UNK
88	DBJ3A1	Num	3		ALTER INSULIN DOSE DURING 4 HRS. BEFORE
89	DBJ3A2	Num	3		ALTER INSULIN DOSE 24 HRS. BEFORE EVENT
90	DBJ3B1	Num	3		ALTER TIMING/SCHED. INSULIN 4 HRS. PRIOR
91	DBJ3B2	Num	3		ALTER TIME/SCHED. INSULIN 24 HRS. PRIOR
92	DBJ4A	Num	3		SEX DURING 4 HRS. BEFORE HYPOG. EVENT
93	DBJ4B	Num	3		SEX 24 HRS EXCLUDING 4 HRS BEFORE HYPOG.
94	DBJ5A	Num	3		ALCOHOL/DRUG DURING 4 HRS BEFORE HYPOG.
95	DBJ5B	Num	3		ALCOHOL/DRUG 24 HRS EXCLUD 4 HRS BEFORE
96	DBJ6A1	Num	3		GLUCOSE MONITORING: SELF BLOOD GLUCOSE
97	DBJ6A2	Num	3		GLUCOSE MONITORING: URINE GLUCOSE
98	DBJ6B	Num	3		GLUCOSE MONITORING: NUMBER OF TESTS/WK
99	DBJ6C	Num	3		EXPECT GLUC. TESTS DURING PRIOR 24 HRS.
100	DBJ6D	Num	3		WK PRIOR TO EVENT: 3 AM BL. GL. TESTING
101	DBJ6E	Num	4		3 AM VALUE - BL. GL. TEST. BEFORE EVENT
102	DBJ7A	Num	3		PT MENSTRUATING AT TIME OF EPISODE
103	DBJ7B	Num	3		ORAL CONTRACEPT. USED AT TIME OF EVENT
104	DBJ7C1	Num	3		MENSES CYCLE: REGULAR, IRREGULAR, UNK.
105	DBJ7C2	Num	3		IF REGULAR, USUAL LENGTH OF MENST. CYCLE
106	DBJ7D	Num	3		BLOOD/URINE GLUC. CHANGE: TIME OF MENSES
107	DBJ8	Num	3		RECENT STRESS/OTHER PSYCH. DISTURBANCE
108	DBJ9	Num	3		OTHER POTENTIALLY CONTRIB. FACTORS
109	DBJ10A	Num	3		USUALLY HAVE SOMETHING TO TREAT REACTION
110	DBJ10B	Num	3		HAVE SOMETHING TO TREAT EPISODE
111	FSASDATE	Num	8		Deidentified FORM DATE
112	EDICYEAR	Num	8		EDIC YEAR
113	MASK_PAT	Num	8		Deidentified Patient ID
114	DBA6	Num	8		Deidentified DATE EDIC CLINIC LEARNED INTER. EVENT

Num	Variable	Type	Len	Format	Label
115	DBCOMDAT	Num	8		Deidentified DATE OF INTERCURRENT EVENT

Data Set Name: f0502.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	EOB1	Num	3		ARE YOUR LEGS AND/OR FEET NUMB
3	EOB2	Num	3		EVER HAVE ANY BURNING PAIN IN LEGS/FEET
4	EOB3	Num	3		ARE YOUR FEET TOO SENSITIVE TO TOUCH
5	EOB4	Num	3		GET MUSCLE CRAMPS IN YOUR LEGS/FEET
6	EOB5	Num	3		ANY PRICKLING FEELINGS IN LEGS/FEET
7	EOB6	Num	3		HURT WHEN BED COVERS TOUCH YOUR SKIN
8	EOB7	Num	3		ARE YOU ABLE TO TELL HOT/COLD WATER
9	EOB8	Num	3		EVER HAD AN OPEN SORE ON YOUR FEET
10	EOB9	Num	3		EVER HAD DIABETIC NEUROPATHY
11	EOB10	Num	3		FEEL WEAK ALL OVER MOST OF THE TIME
12	EOB11	Num	3		ARE YOUR SYMPTOMS WORSE AT NIGHT
13	EOB12	Num	3		DO YOUR LEGS HURT WHEN YOU WALK
14	EOB13	Num	3		ABLE TO SENSE YOUR FEET WHEN YOU WALK
15	EOB14	Num	3		IS SKIN ON FEET SO DRY IT CRACKS OPEN
16	EOB15	Num	3		HAVE YOU EVER HAD AN AMPUTATION
17	EOCAR	Num	3		APPEARANCE (R) NORMAL
18	EOCAL	Num	3		APPEARANCE (L) NORMAL
19	EOCB1R	Num	3		APPEARANCE (R) DEFORMITIES
20	EOCB1L	Num	3		APPEARANCE (L) DEFORMITIES
21	EOCB2R	Num	3		APPEARANCE (R) DRY SKIN, CALLUS
22	EOCB2L	Num	3		APPEARANCE (L) DRY SKIN, CALLUS
23	EOCB3R	Num	3		APPEARANCE (R) INFECTION
24	EOCB3L	Num	3		APPEARANCE (L) INFECTION
25	EOCB4R	Num	3		APPEARANCE (R) FISSURE
26	EOCB4L	Num	3		APPEARANCE (L) FISSURE
27	EOCB5R	Num	3		APPEARANCE (R) OTHER
28	EOCB5L	Num	3		APPEARANCE (L) OTHER
29	EOC2R	Num	3		ULCERATION (R)
30	EOC2L	Num	3		ULCERATION (L)
31	EOC3R	Num	3		ANKLE REFLEXES (R)
32	EOC3L	Num	3		ANKLE REFLEXES (L)
33	EOC4R	Num	3		VIBRATION PERCEPTION AT GREAT TOE (R)
34	EOC4L	Num	3		VIBRATION PERCEPTION AT GREAT TOE (L)
35	EOC5R	Num	3		10 GRAM FILAMENT (R)
36	EOC5L	Num	3		10 GRAM FILAMENT (L)

Num	Variable	Type	Len	Format	Label
37	FSASDATE	Num	8		Deidentified FORM DATE
38	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0503.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3	Z2.	EDIC YEAR
4	EOB1	Num	3		ARE YOUR LEGS AND/OR FEET NUMB
5	EOB2	Num	3		EVER HAVE ANY BURNING PAIN IN LEGS/FEET
6	EOB3	Num	3		ARE YOUR FEET TOO SENSITIVE TO TOUCH
7	EOB4	Num	3		GET MUSCLE CRAMPS IN YOUR LEGS/FEET
8	EOB5	Num	3		ANY PRICKLING FEELINGS IN LEGS/FEET
9	EOB6	Num	3		HURT WHEN BED COVERS TOUCH YOUR SKIN
10	EOB7	Num	3		ARE YOU ABLE TO TELL HOT/COLD WATER
11	EOB8	Num	3		EVER HAD AN OPEN SORE ON YOUR FEET
12	EOB9	Num	3		EVER HAD DIABETIC NEUROPATHY
13	EOB10	Num	3		FEEL WEAK ALL OVER MOST OF THE TIME
14	EOB11	Num	3		ARE YOUR SYMPTOMS WORSE AT NIGHT
15	EOB12	Num	3		DO YOUR LEGS HURT WHEN YOU WALK
16	EOB13	Num	3		ABLE TO SENSE YOUR FEET WHEN YOU WALK
17	EOB14	Num	3		IS SKIN ON FEET SO DRY IT CRACKS OPEN
18	EOB15	Num	3		HAVE YOU EVER HAD AN AMPUTATION
19	EOCAR	Num	3		APPEARANCE (R) NORMAL
20	EOCAL	Num	3		APPEARANCE (L) NORMAL
21	EOCB1R	Num	3		APPEARANCE (R) DEFORMITIES
22	EOCB1L	Num	3		APPEARANCE (L) DEFORMITIES
23	EOCB2R	Num	3		APPEARANCE (R) DRY SKIN, CALLUS
24	EOCB2L	Num	3		APPEARANCE (L) DRY SKIN, CALLUS
25	EOCB3R	Num	3		APPEARANCE (R) INFECTION
26	EOCB3L	Num	3		APPEARANCE (L) INFECTION
27	EOCB4R	Num	3		APPEARANCE (R) FISSURE
28	EOCB4L	Num	3		APPEARANCE (L) FISSURE
29	EOCB5R	Num	3		APPEARANCE (R) OTHER
30	EOCB5L	Num	3		APPEARANCE (L) OTHER
31	EOC2R	Num	3		ULCERATION (R)
32	EOC2L	Num	3		ULCERATION (L)
33	EOC3R	Num	3		ANKLE REFLEXES (R)
34	EOC3L	Num	3		ANKLE REFLEXES (L)
35	EOC4R	Num	3		VIBRATION PERCEPTION AT GREAT TOE (R)
36	EOC4L	Num	3		VIBRATION PERCEPTION AT GREAT TOE (L)

Num	Variable	Type	Len	Format	Label
37	EOC5R	Num	3		10 GRAM FILAMENT (R)
38	EOC5L	Num	3		10 GRAM FILAMENT (L)
39	FSASDATE	Num	8		Deidentified FORM DATE
40	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0602.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	DCCT FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified DCCT CLINIC NUMBER
3	EDICYEAR	Num	3		EDIC YEAR
4	FOA1	Num	3		TIME SPENT MANAGING DIABETES
5	FOA2	Num	3		TIME SPENT GETTING CHECKUPS
6	FOA3	Num	3		TIME IT TAKES TO DETERMINE SUGAR
7	FOA4	Num	3		CURRENT TREATMENT
8	FOA5	Num	3		DIET FLEXIBILITY
9	FOA6	Num	3		BURDEN ON FAMILY
10	FOA7	Num	3		KNOWLEDGE ABOUT DIABETES
11	FOA8	Num	3		SLEEP
12	FOA9	Num	3		SOCIAL RELATIONSHIPS
13	FOA10	Num	3		SEX LIFE
14	FOA11	Num	3		WORK, SCHOOL & HOUSEHOLD ACTIVITIES
15	FOA12	Num	3		APPEARANCE OF BODY
16	FOA13	Num	3		TIME SPENT EXERCISING
17	FOA14	Num	3		LEISURE TIME
18	FOA15	Num	3		LIFE IN GENERAL
19	FOA16	Num	3		SCHOOL PERFORMANCE
20	FOA17	Num	3		HOW CLASSMATES TREAT YOU
21	FOA18	Num	3		ATTENDANCE IN SCHOOL
22	FOA19	Num	3		HEALTH ASSESSMENT
23	FOB1	Num	3		PAIN WITH TREATMENT
24	FOB2	Num	3		EMBARRASSED DEALING W/ DIABETES
25	FOB3	Num	3		LOW BLOOD SUGAR
26	FOB4	Num	3		FEEL PHYSICALLY ILL
27	FOB5	Num	3		INTERFERE WITH FAMILY LIFE
28	FOB6	Num	3		BAD NIGHT'S SLEEP
29	FOB7	Num	3		LIMITING SOCIAL RELATIONSHIPS
30	FOB8	Num	3		FEEL GOOD ABOUT SELF
31	FOB9	Num	3		FEEL RESTRICTED BY DIET
32	FOB10	Num	3		INTERFERE WITH SEX LIFE
33	FOB11	Num	3		KEPT FROM DRIVING OR USING MACHINE
34	FOB12	Num	3		INTERFERE WITH EXERCISING
35	FOB13	Num	3		MISS WORK, SCHOOL / HOUSEHOLD DUTIES
36	FOB14	Num	3		EXPLAINING DIABETES

Num	Variable	Type	Len	Format	Label
37	FOB15	Num	3		INTERRUPTS LEISURE TIME ACTIVITIES
38	FOB16	Num	3		TELL OTHERS ABOUT DIABETES
39	FOB17	Num	3		TEASED ABOUT DIABETES
40	FOB18	Num	3		GO TO BATHROOM MORE OFTEN
41	FOB19	Num	3		EAT SOMETHING YOU SHOULDN'T
42	FOB20	Num	3		HIDE INSULIN REACTION
43	FOB21	Num	3		PREVENTS SCHOOL ACTIVITES
44	FOB22	Num	3		PREVENTS GOING OUT TO EAT
45	FOB23	Num	3		LIMITING CAREER
46	FOB24	Num	3		PARENTS TOO PROTECTIVE
47	FOB25	Num	3		PARENTS WORRY TOO MUCH
48	FOB26	Num	3		FAMILY TEASES YOU
49	FOB27	Num	3		PARENTS ACT LIKE IT'S THEIR DISEASE
50	FOC1	Num	3		GETTING MARRIED
51	FOC2	Num	3		HAVE CHILDREN
52	FOC3	Num	3		NOT GET A JOB
53	FOC4	Num	3		PASS OUT
54	FOC5	Num	3		DENIED INSURANCE
55	FOC6	Num	3		CAN'T COMPLETE EDUCATION
56	FOC7	Num	3		MISS WORK
57	FOC8	Num	3		TAKE VACATION OR TRIP
58	FOC9	Num	3		BODY LOOK S DIFFERENT
59	FOC10	Num	3		GET COMP LICATIONS
60	FOC11	Num	3		SOMEONE WILL NOT GO OUT WITH YOU
61	FOC12	Num	3		TEACHERS TREAT YOU DIFFERENTLY
62	FOC13	Num	3		DISRUPT SCHOOL ACTIVITY
63	FOC14	Num	3		NOT KEEPING UP WITH FRIENDS
64	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
65	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0612.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	DCCT FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified DCCT CLINIC NUMBER
3	EDICYEAR	Num	3		EDIC YEAR
4	FA1	Num	3		GENERALLY HOW WOULD YOU RATE/HEALTH
5	FA2	Num	3		RATE HEALTH NOW COMPARED/ONE YEAR AGO
6	FA3	Num	3		HEALTH LIMITED BY-VIGOROUS ACTIVITIES
7	FA4	Num	3		HEALTH LIMITED BY-MODERATE ACTIVITIES
8	FA5	Num	3		HEALTH LIMITED BY-LIFT/CARRY GROCERIES
9	FA6	Num	3		HEALTH LIMITED BY-CLIMB SEVERAL STAIRS
10	FA7	Num	3		HEALTH LIMITED BY-CLIMBING ONE FLIGHT
11	FA8	Num	3		HEALTH LIMITED BY-BENDING,KNEELING,ETC.
12	FA9	Num	3		HEALTH LIMITED BY-WALK MORE THAN A MILE
13	FA10	Num	3		HEALTH LIMITED WALKING SEVERAL BLOCKS
14	FA11	Num	3		HEALTH LIMITED BY-WALKING ONE BLOCK
15	FA12	Num	3		HEALTH LIMITED BATHING/DRESS YOURSELF
16	FA13	Num	3		DUE TO PHYSICAL HEALTH-CUT DOWN ON WORK
17	FA14	Num	3		DUE TO PHYS. HEALTH-ACCOMPLISHED LESS
18	FA15	Num	3		DUE TO PHYS.HEALTH-LIMITED KIND OF WORK
19	FA16	Num	3		DUE TO PHYS.HEALTH-DIFFICULTY PERFORM.
20	FA17	Num	3		DUE TO EMOTIONAL PROB.-CUT DOWN ON WORK
21	FA18	Num	3		DUE TO EMOTIONAL PROB.-ACCOMPLISH LESS
22	FA19	Num	3		DUE TO EMOTN.PROB.-DIDNT WORK CAREFULLY
23	FA20	Num	3		HAS PHYS.HEALTH AFFECT.SOC. ACTIVITIES
24	FA21	Num	3		HOW MUCH BODILY PAIN IN PAST 4 WEEKS
25	FA22	Num	3		DOES PAIN INTERFERE IN YOUR NORMAL WORK
26	FA23	Num	3		PAST MONTH-DID YOU FEEL FULL OF PEP
27	FA24	Num	3		PAST MONTH-BEEN A NERVOUS PERSON
28	FA25	Num	3		PAST MONTH-FELT DOWN IN THE DUMPS
29	FA26	Num	3		PAST MONTH-FELT CALM AND PEACEFUL
30	FA27	Num	3		PAST MONTH-HAVE A LOT OF ENERGY
31	FA28	Num	3		PAST MONTH-FELT DOWNHEARTED AND BLUE
32	FA29	Num	3		PAST MONTH-DO YOU FEEL WORN OUT
33	FA30	Num	3		PAST MONTH-BEEN A HAPPY PERSON
34	FA31	Num	3		PAST MONTH-FEEL TIRED
35	FA32	Num	3		HAS PHYS. HEALTH INTERFERED/SOC.ACTIV.
36	FA33	Num	3		I GET SICK EASIER THAN OTHER PEOPLE

Num	Variable	Type	Len	Format	Label
37	FA34	Num	3		I AM AS HEALTHY AS ANYBODY I KNOW
38	FA35	Num	3		I EXPECT MY HEALTH TO GET WORSE
39	FA36	Num	3		MY HEALTH IS EXCELLENT
40	FA37	Num	3		2 WEEKS.YOU FELT SAD/BLUE/DEPRESSED
41	FA38	Num	3		2 YEARS/FELT DEPRESSED/SAD MOST DAYS
42	FA39	Num	3		HAVE YOU FELT DEPRESSED/SAD/PAST/YEAR
43	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
44	MASK_PAT	Num	8		Deidentified Patient ID

Data Set Name: f0702.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
2	FORM	Num	4	Z4.	EDIC FORM NUMBER
3	EDICYEAR	Num	3		EDIC YEAR
4	GOB1	Num	3		WERE YOU A PATIENT IN A NURSING HOME
5	GOB1A	Num	4		# NIGHTS STAYED IN NURSING HOME
6	GOB2	Num	4		DID YOU STAY IN HOSPITAL OVERNIGHT
7	GOB2A	Num	4		TOTAL # OF TIMES STAY IN HOSPITAL
8	GOB2B	Num	4		HOW MANY NIGHTS ALL TOGETHER IN HOSP
9	GOB2D	Num	4		#NIGHTS IN HOSP OVERNIGHT NOT PAID FOR
10	GOB2DI	Num	4		#TIMES HOSP STAY OVENIGHT NOT PAID FOR
11	GOB2DII	Num	4		TOTAL# NIGHTS IN HOSP NOT PAID FOR
12	GOB3A	Num	3		ENDOCRINOLOGIST: EVER SEEN
13	GOB3B	Num	3		OPH. (CHECK-UP) EVER SEEN
14	GOB3C	Num	3		OPH.(OTHER REASON)CATARACTS, EVER SEEN
15	GOB3D	Num	3		OPTOMETRIST: EVER SEEN
16	GOB3E	Num	3		CARDIOLOGIST: EVER SEEN
17	GOB3F	Num	3		PODIATRIST: EVER SEEN
18	GOB3G	Num	3		NEPHROLOGIST: EVER SEEN
19	GOB3H	Num	3		PRACTITIONER: EVER SEEN
20	GOB3I	Num	3		OTHER DOCTOR: EVER SEEN
21	GOB4A	Num	3		EYE DOCTOR: VISITS PER YEAR
22	GOB4B	Num	3		FOOT DOCTOR: VISITS PER YEAR
23	GOB4C	Num	3		EDUCATION SPECIALIST: VISITS PER YEAR
24	GOB4D	Num	3		DIETITIAN: VISITS PER YEAR
25	GOB5	Num	3		PAST 2 WEEKS TOTAL VISITS TO DOCTORS
26	GOB6A	Num	3		DIABETES DOC. SEEN PAST 6 MONTHS
27	GOB6A1	Num	3		DIABETES DOC. # OF VISITS
28	GOB6A2	Num	3		DIABETES DOC. PAID BY INSURANCE
29	GOB6A3	Num	3		DIABETES DOC. PAID BY OTH.INS.
30	GOB6A4	Num	3		DIABETES DOC. PAID BY SELF
31	GOB6B	Num	3		ENDOCRINOLOGIST: SEEN PAST 6 MONTHS
32	GOB6B1	Num	3		ENDOCRINOLOGIST: # OF VISITS
33	GOB6B2	Num	3		ENDOCRINOLOGIST: PAID BY INSURANCE
34	GOB6B3	Num	3		ENDOCRINOLOGIST: PAID BY OTH. INS.
35	GOB6B4	Num	3		ENDOCRINOLOGIST: PAID BY SELF
36	GOB6C	Num	3		OPHTHALMOLOGIST: SEEN PAST 6 MONTHS

Num	Variable	Type	Len	Format	Label
37	GOB6C1	Num	3		OPHTHALMOLOGIST: # VISITS
38	GOB6C2	Num	3		OPHTHALMOLOGIST: PAID BY INSURANCE
39	GOB6C3	Num	3		OPHTHALMOLOGIST: PAID BY OTH.INS.
40	GOB6C4	Num	3		OPHTHALMOLOGIST: PAID BY SELF
41	GOB6D	Num	3		OPTOMETRIST: SEEN PAST 6 MONTHS
42	GOB6D1	Num	3		OPTOMETRIST: # OF VISITS
43	GOB6D2	Num	3		OPTOMETRIST: PAID BY INSURANCE
44	GOB6D3	Num	3		OPTOMETRIST: PAID BY OTH.INS.
45	GOB6D4	Num	3		OPTOMETRIST: PAID BY SELF
46	GOB6E	Num	3		CARDIOLOGIST: SEEN PAST 6 MONTHS
47	GOB6E1	Num	3		CARDIOLOGIST: # OF VISITS
48	GOB6E2	Num	3		CARDIOLOGIST: PAID BY INSURANCE
49	GOB6E3	Num	3		CARDIOLOGIST: PAID BY OTH. INS.
50	GOB6E4	Num	3		CARDIOLOGIST: PAID BY SELF
51	GOB6F	Num	3		NEPHROLOGIST: SEEN PAST 6 MONTHS
52	GOB6F1	Num	3		NEPHROLOGIST: # OF VISITS
53	GOB6F2	Num	3		NEPHROLOGIST: PAID BY INSURANCE
54	GOB6F3	Num	3		NEPHROLOGIST: PAID BY OTH. INS.
55	GOB6F4	Num	3		NEPHROLOGIST: PAID BY SELF
56	GOB6G	Num	3		SURGEON: SEEN PAST 6 MONTHS
57	GOB6G1	Num	3		SURGEON: # OF VISITS
58	GOB6G2	Num	3		SURGEON: PAID BY INSURANCE
59	GOB6G3	Num	3		SURGEON: PAID BY OTH. INS.
60	GOB6G4	Num	3		SURGEON: PAID BY SELF
61	GOB6H	Num	3		UROLOGIST: SEEN PAST 6 MONTHS
62	GOB6H1	Num	3		UROLOGIST: # OF VISITS
63	GOB6H2	Num	3		UROLOGIST: PAID BY INSURANCE
64	GOB6H3	Num	3		UROLOGIST: PAID BY OTH. INS.
65	GOB6H4	Num	3		UROLOGIST: PAID BY SELF
66	GOB6I	Num	3		PSYCHIATRIST: SEEN PAST 6 MONTHS
67	GOB6I1	Num	3		PSYCHIATRIST: # OF VISITS
68	GOB6I2	Num	3		PSYCHIATRIST: PAID BY INSURANCE
69	GOB6I3	Num	3		PSYCHIATRIST: PAID BY OTHER INS
70	GOB6I4	Num	3		PSYCHIATRIST: PAID BY SELF
71	GOB6J	Num	3		GENERAL INTERNIST: SEEN PAST 6 MONTHS
72	GOB6J1	Num	3		GENERAL INTERNIST: # OF VISITS
73	GOB6J2	Num	3		GERENAL INTERNIST: PAID BY INSURANCE
74	GOB6J3	Num	3		GENERAL INTERNIST: PAID BY OTH. INS.
75	GOB6J4	Num	3		GENERAL INTERNIST: PAID BY SELF

Num	Variable	Type	Len	Format	Label
76	GOB6K	Num	3		PODIATRIST: SEEN PAST 6 MONTHS
77	GOB6K1	Num	3		PODIATRIST: # OF VISITS
78	GOB6K2	Num	3		PODIATRIST: PAID BY INSURANCE
79	GOB6K3	Num	3		PODIATRIST: PAID BY OTH. INS.
80	GOB6K4	Num	3		PODIATRIST: PAID BY SELF
81	GOB6L	Num	3		NURSE PRACTITIONER: SEEN PAST 6 MONTHS
82	GOB6L1	Num	3		NURSE PRACTITIONER: # OF VISITS
83	GOB6L2	Num	3		NURSE PRACTITIONER: PAID BY INSURANCE
84	GOB6L3	Num	3		NURSE PRACTITIONER: PAID BY OTH. INS.
85	GOB6L4	Num	3		NURSE PARCTITIONER: PAID BY SELF
86	GOB6M	Num	3		DIETITIAN: SEEN PAST 6 MONTHS
87	GOB6M1	Num	3		DIETITIAN: # OF VISITS
88	GOB6M2	Num	3		DIETITIAN: PAID BY INSURANCE
89	GOB6M3	Num	3		DIETITIAN: PAID OTH. INS.
90	GOB6M4	Num	3		DIETITIAN: PAID BY SELF
91	GOB6N	Num	3		OTHER PROVIDER: SEEN PAST 6 MONTHS
92	GOB6N1	Num	3		OTHER PROVIDER: # OF VISITS
93	GOB6N2	Num	3		OTHER PROVIDER: PAID BY INSURANCE
94	GOB6N3	Num	3		OTHER PROVIDER: PAID BY OTH. INS.
95	GOB6N4	Num	3		OTHER PROVIDER: PAID BY SELF
96	GOB7	Num	4		PAST 6 MONTH TOTAL# HEALTH CARE VISITS
97	GOB8A	Num	4		BLOOD GLUCOSE: IN PAST 6 MONTHS
98	GOB8A1	Num	4		BLOOD GLUCOSE: HOW MANY TIMES
99	GOB8A2	Num	4		BLOOD GLUCOSE: PAID BY INSURANCE
100	GOB8A3	Num	4		BLOOD GLUCOSE: PAID BY OTH. INS
101	GOB8A4	Num	4		BLOOD GLUCOSE: PAID BY SELF
102	GOB8B	Num	4		OTHER BLOOD TESTS: IN PAST 6 MONTHS
103	GOB8B1	Num	4		OTHER BLOOD TESTS: HOW MANY TIMES
104	GOB8B2	Num	4		OTHER BLOOD TESTS: PAID BY INSURANCE
105	GOB8B3	Num	4		OTHER BLOOD TESTS: PAID OTH. INS.
106	GOB8B4	Num	4		OTHER BLOOD TESTS: PAID BY SELF
107	GOB8C	Num	4		ECG: IN PAST 6 MONTHS
108	GOB8C1	Num	4		ECG: HOW MANY TIMES
109	GOB8C2	Num	4		ECG: PAID BY INSURANCE
110	GOB8C3	Num	4		ECG: PAID BY OTH. INS.
111	GOB8C4	Num	4		ECG: PAID FOR BY SELF
112	GOB8D	Num	4		ECHOCARDIOGRAM: IN PAST 6 MONTHS
113	GOB8D1	Num	4		ECHOCARDIOGRAM: HOW MANY TIMES
114	GOB8D2	Num	4		ECHOCARDIOGRAM: PAID BY INSURANCE

Num	Variable	Type	Len	Format	Label
115	GOB8D3	Num	4		ECHOCARDIOGRAM: BY OTH.INS.
116	GOB8D4	Num	4		ECHOCARDIOGRAM: PAID BY SELF
117	GOB8E	Num	4		STRESS TEST: IN PAST 6 MONTHS
118	GOB8E1	Num	4		STRESS TEST: HOW MANY TIMES
119	GOB8E2	Num	4		STRESS TEST: PAID BY INSURANCE
120	GOB8E3	Num	4		STRESS TEST: PAID BY OTH.INS.
121	GOB8E4	Num	4		STRESS TEST: PAID BY SELF
122	GOB8F	Num	4		CHEST X-RAY: SEEN PAST 6 MONTHS
123	GOB8F1	Num	4		CHEST X-RAY: HOW MANY TIMES
124	GOB8F2	Num	4		CHEST X-RAY: PAID BY INSURANCE
125	GOB8F3	Num	4		CHEST X-RAY: PAID BY OTH. INS.
126	GOB8F4	Num	4		CHEST X-RAY: PAID BY SELF
127	GOB8G	Num	4		URINE TESTS: IN PAST 6 MONTHS
128	GOB8G1	Num	4		URINE TESTS: HOW MANY TIMES
129	GOB8G2	Num	4		URINE TESTS: PAID BY INSURANCE
130	GOB8G3	Num	4		URINE TESTS: PAID BY OTH. INS.
131	GOB8G4	Num	4		URINE TESTS: PAID BY SELF
132	GOB8HA	Num	4		A. OTHER MAJOR TESTS: IN PAST 6 MONTHS
133	GOB8HA1	Num	4		A. OTHER MAJOR TESTS: HOW MANY TIMES
134	GOB8HA2	Num	4		A. OTHER MAJOR TESTS: PAID BY INS.
135	GOB8HA3	Num	4		A. OTHER MAJOR TESTS: PAID BY OTH. INS
136	GOB8HA4	Num	4		A. OTHER MAJOR TESTS: PAID BY SELF
137	GOB8HB	Num	4		B. OTHER MAJOR TESTS: IN PAST 6 MONTHS
138	GOB8HB1	Num	4		B. OTHER MAJOR TESTS: HOW MANY TIMES
139	GOB8HB2	Num	4		B. OTHER MAJOR TESTS: PAID BY INS.
140	GOB8HB3	Num	4		B. OTHER MAJOR TESTS: PAID BY OTH. INS
141	GOB8HB4	Num	4		B. OTHER MAJOR TESTS: PAID BY SELF
142	GOB8HC	Num	4		C. OTHER MAJOR TESTS: IN PAST 6 MONTHS
143	GOB8HC1	Num	4		C. OTHER MAJOR TESTS: HOW MANY TIMES
144	GOB8HC2	Num	4		C. OTHER MAJOR TESTS: PAID BY INS.
145	GOB8HC3	Num	4		C. OTHER MAJOR TESTS: PAID BY OTH. INS
146	GOB8HC4	Num	4		C. OTHER MAJOR TESTS: PAID BY SELF
147	GOB8HD	Num	4		D. OTHER MAJOR TESTS: IN PAST 6 MONTHS
148	GOB8HD1	Num	4		D. OTHER MAJOR TESTS: HOW MANY TIMES
149	GOB8HD2	Num	4		D. OTHER MAJOR TESTS: PAID BY INS.
150	GOB8HD3	Num	4		D. OTHER MAJOR TESTS: PAID BY OTH. INS
151	GOB8HD4	Num	4		D. OTHER MAJOR TESTS: PAID BY SELF
152	GOB8HE	Num	4		E. OTHER MAJOR TESTS: IN PAST 6 MONTHS
153	GOB8HE1	Num	4		E. OTHER MAJOR TESTS: HOW MANY TIMES

Num	Variable	Type	Len	Format	Label
154	GOB8HE2	Num	4		E. OTHER MAJOR TESTS: PAID BY INS.
155	GOB8HE3	Num	4		E. OTHER MAJOR TESTS: PAID BY OTH. INS
156	GOB8HE4	Num	4		E. OTHER MAJOR TESTS: PAID BY SELF
157	GOC1	Num	4		INSURANCE PROVIDES FOR DIABETES CARE
158	GOC1A	Num	4		MEDICARE PROVIDES FOR DIABETES CARE
159	GOC1B	Num	4		MEDICAID PROVIDES FOR DIABETES CARE
160	GOC1C	Num	4		GOVT. PLAN PROVIDES FOR DIABETES CARE
161	GOC1C1	Num	4		GOVT: PLAN OBTAINED FROM
162	GOC1D	Num	4		BC/BS PROVIDES FOR DIABETES CARE
163	GOC1D1	Num	4		BC/BS PLAN OBTAINED FROM
164	GOC1E	Num	4		HMO. PROVIDES FOR DIABETES CARE
165	GOC1E1	Num	4		HMO. PLAN OBTAINED FROM
166	GOC1F	Num	4		PRIVATE INS. PROVIDES DIABETES CARE
167	GOC1F1	Num	4		PRIVATE INS. OBTAINED FROM
168	GOC1G	Num	4		OTHER PROVIDES FOR DIABETES CARE
169	GOC1G1	Num	4		OTHER OBTAINED FROM
170	GOC2A	Num	4		REIMBURSEMENT: INSULIN
171	GOC2B	Num	4		REIMBURSEMENT: BLOOD GLUCOSE METERS
172	GOC2C	Num	4		REIMBURSEMENT: BLOOD GLUCOSE STRIPS
173	GOC2D	Num	4		REIMBURSEMENT: SYRINGES,INFUSION PUMP
174	GOC2E	Num	4		REIMBURSEMENT: HEMOGLOBIN A1C TEST
175	GOC2F	Num	4		REIMBURSEMENT: DOCTORS VISITS
176	GOC2G	Num	4		REIMBURSEMENT: DIABETES EDUC. SERVICES
177	GOC2H	Num	4		REIMBURSEMENT: MENTAL HEALTH SERVICE
178	GOC2I	Num	4		REIMBURSEMENT: DIABETES COMPLICATIONS
179	GOD1	Num	4		DID NOT SEE DR. & WOULD HAVE LIKED TO
180	GODACARE	Num	4		GENERAL:DID NOT THINK CONDIT. SERIOUS
181	GODAEYE	Num	4		EYE CARE: DID NOT THINK WAS SERIOUS
182	GODAFOOT	Num	4		FOOT CARE: DID NOT THINK WAS SERIOUS
183	GODAOTH	Num	4		OTHER: DID NOT THINK WAS SERIOUS
184	GODBCARE	Num	4		GENERAL: THOUGHT WOULD COST TOO MUCH
185	GODBEYE	Num	4		EYE CARE: THOUGHT WOULD COST TO MUCH
186	GODBFOOT	Num	4		FOOT CARE: THOUGHT WOULD COST TOO MUCH
187	GODBOTH	Num	4		OTHER: THOUGHT WOULD COST TOO MUCH
188	GODCCARE	Num	4		GENERAL: DID NOT HAVE TIME
189	GODCEYE	Num	4		EYE CARE: DID NOT HAVE TIME
190	GODCFOOT	Num	4		FOOT CARE: DID NOT HAVE TIME
191	GODCOTH	Num	4		OTHER: DID NOT HAVE TIME OTHER
192	GODDCARE	Num	4		GENERAL: COULD NOT GET APPOINTMENT

Num	Variable	Type	Len	Format	Label
193	GODDEYE	Num	4		EYE CARE: COULD NOT GET APPOINTMENT
194	GODDFOOT	Num	4		FOOT CARE: COULD NOT GET APPOINTMENT
195	GODDOTH	Num	4		OTHER: COULD NOT GET APPOINTMENT
196	GODECARE	Num	4		GENERAL: DID NOT HAVE WAY TO DOC.
197	GODEEYE	Num	4		EYE CARE:DID NOT HAVE WAY TO DOC.
198	GODEFOOT	Num	4		FOOT CARE:DID NOT HAVE WAY TO DOC
199	GODEOTH	Num	4		OTHER: DID NOT HAVE WAY TO DOC.
200	GODFCARE	Num	4		GENETAL: DID NOT HAVE CARE FOR CHILD.
201	GODFEYE	Num	4		EYE CARE: DID NOT HAVE CARE FOR CHILD.
202	GODFFOOT	Num	4		FOOT CARE:DID NOT HAVE CARE FOR CHILD.
203	GODFOTH	Num	4		OTHER: DID NOT HAVE CARE FOR CHILD.
204	GODGCARE	Num	4		GENERAL: DR. COULD NOT DO FOR CONDIT.
205	GODGEYE	Num	4		EYE CARE: DR.COULD NOT DO FOR CONDIT.
206	GODGFOOT	Num	4		FOOT CARE: DR.COULD NOT DO FOR CONDIT.
207	GODGOTH	Num	4		OTHER: DR. COULD NOT DO FOR CONDIT.
208	GODHCARE	Num	4		GENERAL: AFRAID OF FINDING
209	GODHEYE	Num	4		EYE CARE: AFRAID OF FINDING
210	GODHFOOT	Num	4		FOOT CARE: AFRAID OF FINDING
211	GODHOTH	Num	4		OTHER: AFRAID OF FINDING
212	GODICARE	Num	4		GENERAL: OTHER CARE
213	GODIEYE	Num	4		EYE CARE: OTHER
214	GODIFOOT	Num	4		FOOT CARE: OTHER
215	GODIOTH	Num	4		OTHER: SPECIFY
216	GOD2	Num	4		PAST YEAR, DELAYED SEEING DOCTOR
217	GOD2A	Num	4		DELAY REASON: PRINCIPAL REASON
218	GOE1	Num	4		WHERE YOU MOST OFTEN RECEIVE MED. CARE
219	GOE2	Num	4		WHO IS CURRENTLY GIVING DIABETES CARE
220	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
221	MASK_PAT	Num	8		Deidentified Patient ID
222	GOB3A1	Num	8		Deidentified ENDOCRINOLOGIST:DATE MOST RECENT VISIT
223	GOB3B1	Num	8		Deidentified OPH.(CHECK-UP)DATE MOST RECENT VISIT
224	GOB3C1	Num	8		Deidentified OPH.(OTHER REASON) MOST RECENT VISIT
225	GOB3D1	Num	8		Deidentified OPTOMETRIST: DATE MOST RECENT VISIT
226	GOB3E1	Num	8		Deidentified CARDIOLOGIST: DATE MOST RECENT VISIT
227	GOB3F1	Num	8		Deidentified PODIATRIST: DATE MOST RECENT VISIT
228	GOB3G1	Num	8		Deidentified NEPHROLOGIST: DATE MOST RECENT VISIT
229	GOB3H1	Num	8		Deidentified PRACTITIONER: DATE MOST RECENT VISIT
230	GOB3I1	Num	8		Deidentified OTHER DOCTOR: DATE MOST RECENT VISIT

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Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
2	FORM	Num	4	Z4.	EDIC FORM NUMBER
3	EDICYEAR	Num	3		EDIC YEAR
4	GOB1	Num	3		DID YOU STAY IN HOSPITAL OVERNIGHT
5	GOB1A	Num	4		TOTAL # OF TIMES STAY IN HOSPITAL
6	GOB1B	Num	4		HOW MANY NIGHTS ALL TOGETHER IN HOSP
7	GOB1D	Num	4		#NIGHTS IN HOSP OVERNIGHT NOT PAID FOR
8	GOB1DI	Num	4		#TIMES HOSP STAY OVENIGHT NOT PAID FOR
9	GOB1DII	Num	4		TOTAL# NIGHTS IN HOSP NOT PAID FOR
10	GOB2A	Num	3		ENDOCRINOLOGIST: EVER SEEN
11	GOB2B	Num	3		OPH. (CHECK-UP) EVER SEEN
12	GOB2C	Num	3		OPH.(OTHER REASON)CATARACTS, EVER SEEN
13	GOB2D	Num	3		OPTOMETRIST: EVER SEEN
14	GOB2E	Num	3		CARDIOLOGIST: EVER SEEN
15	GOB2F	Num	3		PODIATRIST: EVER SEEN
16	GOB2G	Num	3		NEPHROLOGIST: EVER SEEN
17	GOB2H	Num	3		PRACTITIONER: EVER SEEN
18	GOB2I	Num	3		OTHER DOCTOR: EVER SEEN
19	GOB3	Num	3		WERE YOU A PATIENT IN A NURSING HOME
20	GOB3A	Num	4		# NIGHTS STAYED IN NURSING HOME
21	GOB4A	Num	3		EYE DOCTOR: VISITS PER YEAR
22	GOB4B	Num	3		FOOT DOCTOR: VISITS PER YEAR
23	GOB4C	Num	3		EDUCATION SPECIALIST: VISITS PER YEAR
24	GOB4D	Num	3		DIETITIAN: VISITS PER YEAR
25	GOB5	Num	3		PAST 2 WEEKS TOTAL VISITS TO DOCTORS
26	GOB6A	Num	3		DIABETES DOC. SEEN PAST 6 MONTHS
27	GOB6A1	Num	3		DIABETES DOC. # OF VISITS
28	GOB6A2	Num	3		DIABETES DOC. PAID BY INSURANCE
29	GOB6A3	Num	3		DIABETES DOC. PAID BY OTH.INS.
30	GOB6A4	Num	3		DIABETES DOC. PAID BY SELF
31	GOB6B	Num	3		ENDOCRINOLOGIST: SEEN PAST 6 MONTHS
32	GOB6B1	Num	3		ENDOCRINOLOGIST: # OF VISITS
33	GOB6B2	Num	3		ENDOCRINOLOGIST: PAID BY INSURANCE
34	GOB6B3	Num	3		ENDOCRINOLOGIST: PAID BY OTH. INS.
35	GOB6B4	Num	3		ENDOCRINOLOGIST: PAID BY SELF
36	GOB6C	Num	3		OPHTHALMOLOGIST: SEEN PAST 6 MONTHS

Num	Variable	Type	Len	Format	Label
37	GOB6C1	Num	3		OPHTHALMOLOGIST: # VISITS
38	GOB6C2	Num	3		OPHTHALMOLOGIST: PAID BY INSURANCE
39	GOB6C3	Num	3		OPHTHALMOLOGIST: PAID BY OTH.INS.
40	GOB6C4	Num	3		OPHTHALMOLOGIST: PAID BY SELF
41	GOB6D	Num	3		OPTOMETRIST: SEEN PAST 6 MONTHS
42	GOB6D1	Num	3		OPTOMETRIST: # OF VISITS
43	GOB6D2	Num	3		OPTOMETRIST: PAID BY INSURANCE
44	GOB6D3	Num	3		OPTOMETRIST: PAID BY OTH.INS.
45	GOB6D4	Num	3		OPTOMETRIST: PAID BY SELF
46	GOB6E	Num	3		CARDIOLOGIST: SEEN PAST 6 MONTHS
47	GOB6E1	Num	3		CARDIOLOGIST: # OF VISITS
48	GOB6E2	Num	3		CARDIOLOGIST: PAID BY INSURANCE
49	GOB6E3	Num	3		CARDIOLOGIST: PAID BY OTH. INS.
50	GOB6E4	Num	3		CARDIOLOGIST: PAID BY SELF
51	GOB6F	Num	3		NEPHROLOGIST: SEEN PAST 6 MONTHS
52	GOB6F1	Num	3		NEPHROLOGIST: # OF VISITS
53	GOB6F2	Num	3		NEPHROLOGIST: PAID BY INSURANCE
54	GOB6F3	Num	3		NEPHROLOGIST: PAID BY OTH. INS.
55	GOB6F4	Num	3		NEPHROLOGIST: PAID BY SELF
56	GOB6G	Num	3		SURGEON: SEEN PAST 6 MONTHS
57	GOB6G1	Num	3		SURGEON: # OF VISITS
58	GOB6G2	Num	3		SURGEON: PAID BY INSURANCE
59	GOB6G3	Num	3		SURGEON: PAID BY OTH. INS.
60	GOB6G4	Num	3		SURGEON: PAID BY SELF
61	GOB6H	Num	3		UROLOGIST: SEEN PAST 6 MONTHS
62	GOB6H1	Num	3		UROLOGIST: # OF VISITS
63	GOB6H2	Num	3		UROLOGIST: PAID BY INSURANCE
64	GOB6H3	Num	3		UROLOGIST: PAID BY OTH. INS.
65	GOB6H4	Num	3		UROLOGIST: PAID BY SELF
66	GOB6I	Num	3		PSYCHIATRIST: SEEN PAST 6 MONTHS
67	GOB6I1	Num	3		PSYCHIATRIST: # OF VISITS
68	GOB6I2	Num	3		PSYCHIATRIST: PAID BY INSURANCE
69	GOB6I3	Num	3		PSYCHIATRIST: PAID BY OTHER INS
70	GOB6I4	Num	3		PSYCHIATRIST: PAID BY SELF
71	GOB6J	Num	3		GENERAL INTERNIST: SEEN PAST 6 MONTHS
72	GOB6J1	Num	3		GENERAL INTERNIST: # OF VISITS
73	GOB6J2	Num	3		GERENAL INTERNIST: PAID BY INSURANCE
74	GOB6J3	Num	3		GENERAL INTERNIST: PAID BY OTH. INS.
75	GOB6J4	Num	3		GENERAL INTERNIST: PAID BY SELF

Num	Variable	Type	Len	Format	Label
76	GOB6K	Num	3		PODIATRIST: SEEN PAST 6 MONTHS
77	GOB6K1	Num	3		PODIATRIST: # OF VISITS
78	GOB6K2	Num	3		PODIATRIST: PAID BY INSURANCE
79	GOB6K3	Num	3		PODIATRIST: PAID BY OTH. INS.
80	GOB6K4	Num	3		PODIATRIST: PAID BY SELF
81	GOB6L	Num	3		NURSE PRACTITIONER: SEEN PAST 6 MONTHS
82	GOB6L1	Num	3		NURSE PRACTITIONER: # OF VISITS
83	GOB6L2	Num	3		NURSE PRACTITIONER: PAID BY INSURANCE
84	GOB6L3	Num	3		NURSE PRACTITIONER: PAID BY OTH. INS.
85	GOB6L4	Num	3		NURSE PARCTITIONER: PAID BY SELF
86	GOB6M	Num	3		DIETITIAN: SEEN PAST 6 MONTHS
87	GOB6M1	Num	3		DIETITIAN: # OF VISITS
88	GOB6M2	Num	3		DIETITIAN: PAID BY INSURANCE
89	GOB6M3	Num	3		DIETITIAN: PAID OTH. INS.
90	GOB6M4	Num	3		DIETITIAN: PAID BY SELF
91	GOB6N	Num	3		OTHER PROVIDER: SEEN PAST 6 MONTHS
92	GOB6N1	Num	3		OTHER PROVIDER: # OF VISITS
93	GOB6N2	Num	3		OTHER PROVIDER: PAID BY INSURANCE
94	GOB6N3	Num	3		OTHER PROVIDER: PAID BY OTH. INS.
95	GOB6N4	Num	3		OTHER PROVIDER: PAID BY SELF
96	GOB7	Num	4		PAST 6 MONTH TOTAL# HEALTH CARE VISITS
97	GOB8A	Num	3		HBA1C: IN PAST 6 MONTHS
98	GOB8A1	Num	3		HBA1C: HOW MANY TIMES
99	GOB8A2	Num	3		HBA1C: PAID BY INSURANCE
100	GOB8A3	Num	3		HBA1C: PAID BY OTH. INS.
101	GOB8A4	Num	3		HBA1C: PAID BY SELF
102	GOB8B	Num	3		BLOOD GLUCOSE: IN PAST 6 MONTHS
103	GOB8B1	Num	3		BLOOD GLUCOSE: HOW MANY TIMES
104	GOB8B2	Num	3		BLOOD GLUCOSE: PAID BY INSURANCE
105	GOB8B3	Num	3		BLOOD GLUCOSE: PAID BY OTH. INS
106	GOB8B4	Num	3		BLOOD GLUCOSE: PAID BY SELF
107	GOB8C	Num	3		OTHER BLOOD TESTS: IN PAST 6 MONTHS
108	GOB8C1	Num	3		OTHER BLOOD TESTS: HOW MANY TIMES
109	GOB8C2	Num	3		OTHER BLOOD TESTS: PAID BY INSURANCE
110	GOB8C3	Num	3		OTHER BLOOD TESTS: PAID OTH. INS.
111	GOB8C4	Num	3		OTHER BLOOD TESTS: PAID BY SELF
112	GOB8D	Num	3		ECG: IN PAST 6 MONTHS
113	GOB8D1	Num	3		ECG: HOW MANY TIMES
114	GOB8D2	Num	3		ECG: PAID BY INSURANCE

Num	Variable	Type	Len	Format	Label
115	GOB8D3	Num	3		ECG: PAID BY OTH. INS.
116	GOB8D4	Num	3		ECG: PAID FOR BY SELF
117	GOB8E	Num	3		ECHOCARDIOGRAM: IN PAST 6 MONTHS
118	GOB8E1	Num	3		ECHOCARDIOGRAM: HOW MANY TIMES
119	GOB8E2	Num	3		ECHOCARDIOGRAM: PAID BY INSURANCE
120	GOB8E3	Num	3		ECHOCARDIOGRAM: BY OTH.INS.
121	GOB8E4	Num	3		ECHOCARDIOGRAM: PAID BY SELF
122	GOB8F	Num	3		STRESS TEST: IN PAST 6 MONTHS
123	GOB8F1	Num	3		STRESS TEST: HOW MANY TIMES
124	GOB8F2	Num	3		STRESS TEST: PAID BY INSURANCE
125	GOB8F3	Num	3		STRESS TEST: PAID BY OTH.INS.
126	GOB8F4	Num	3		STRESS TEST: PAID BY SELF
127	GOB8G	Num	3		CHEST X-RAY: SEEN PAST 6 MONTHS
128	GOB8G1	Num	3		CHEST X-RAY: HOW MANY TIMES
129	GOB8G2	Num	3		CHEST X-RAY: PAID BY INSURANCE
130	GOB8G3	Num	3		CHEST X-RAY: PAID BY OTH. INS.
131	GOB8G4	Num	3		CHEST X-RAY: PAID BY SELF
132	GOB8H	Num	3		URINE TESTS: IN PAST 6 MONTHS
133	GOB8H1	Num	3		URINE TESTS: HOW MANY TIMES
134	GOB8H2	Num	3		URINE TESTS: PAID BY INSURANCE
135	GOB8H3	Num	3		URINE TESTS: PAID BY OTH. INS.
136	GOB8H4	Num	3		URINE TESTS: PAID BY SELF
137	GOB8IA	Num	3		A. OTHER MAJOR TESTS: IN PAST 6 MONTHS
138	GOB8IA1	Num	3		A. OTHER MAJOR TESTS: HOW MANY TIMES
139	GOB8IA2	Num	3		A. OTHER MAJOR TESTS: PAID BY INSURANCE
140	GOB8IA3	Num	3		A. OTHER MAJOR TESTS: PAID BY OTH. INS.
141	GOB8IA4	Num	3		A. OTHER MAJOR TESTS: PAID BY SELF
142	GOB8IB	Num	3		B. OTHER MAJOR TESTS: IN PAST 6 MONTHS
143	GOB8IB1	Num	3		B. OTHER MAJOR TESTS: HOW MANY TIMES
144	GOB8IB2	Num	3		B. OTHER MAJOR TESTS: PAID BY INSURANCE
145	GOB8IB3	Num	3		B. OTHER MAJOR TESTS: PAID BY OTH. INS.
146	GOB8IB4	Num	3		B. OTHER MAJOR TESTS: PAID BY SELF
147	GOB8IC	Num	3		C. OTHER MAJOR TESTS: IN PAST 6 MONTHS
148	GOB8IC1	Num	3		C. OTHER MAJOR TESTS: HOW MANY TIMES
149	GOB8IC2	Num	3		C. OTHER MAJOR TESTS: PAID BY INSURANCE
150	GOB8IC3	Num	3		C. OTHER MAJOR TESTS: PAID BY OTH. INS.
151	GOB8IC4	Num	3		C. OTHER MAJOR TESTS: PAID BY SELF
152	GOB8ID	Num	3		D. OTHER MAJOR TESTS: IN PAST 6 MONTHS
153	GOB8ID1	Num	3		D. OTHER MAJOR TESTS: HOW MANY TIMES

Num	Variable	Type	Len	Format	Label
154	GOB8ID2	Num	3		D. OTHER MAJOR TESTS: PAID BY INSURANCE
155	GOB8ID3	Num	3		D. OTHER MAJOR TESTS: PAID BY OTH. INS.
156	GOB8ID4	Num	3		D. OTHER MAJOR TESTS: PAID BY SELF
157	GOB8IE	Num	3		E. OTHER MAJOR TESTS: IN PAST 6 MONTHS
158	GOB8IE1	Num	3		E. OTHER MAJOR TESTS: HOW MANY TIMES
159	GOB8IE2	Num	3		E. OTHER MAJOR TESTS: PAID BY INSURANCE
160	GOB8IE3	Num	3		E. OTHER MAJOR TESTS: PAID BY OTH. INS.
161	GOB8IE4	Num	3		E. OTHER MAJOR TESTS: PAID BY SELF
162	GOC1	Num	3		INSURANCE PROVIDES FOR DIABETES CARE
163	GOC1A	Num	3		MEDICARE PROVIDES FOR DIABETES CARE
164	GOC1B	Num	3		MEDICAID PROVIDES FOR DIABETES CARE
165	GOC1C	Num	3		GOVT. PLAN PROVIDES FOR DIABETES CARE
166	GOC1C1	Num	3		GOVT: PLAN OBTAINED FROM
167	GOC1D	Num	3		BC/BS PROVIDES FOR DIABETES CARE
168	GOC1D1	Num	3		BC/BS PLAN OBTAINED FROM
169	GOC1E	Num	3		HMO. PROVIDES FOR DIABETES CARE
170	GOC1E1	Num	3		HMO. PLAN OBTAINED FROM
171	GOC1F	Num	3		PRIVATE INS. PROVIDES FOR DIABETES CARE
172	GOC1F1	Num	3		PRIVATE INS. OBTAINED FROM
173	GOC1G	Num	3		OTHER PROVIDES FOR DIABETES CARE
174	GOC1G1	Num	3		OTHER OBTAINED FROM
175	GOC2A	Num	3		REIMBURSEMENT: INSULIN
176	GOC2B	Num	3		REIMBURSEMENT: BLOOD GLUCOSE METERS
177	GOC2C	Num	3		REIMBURSEMENT: BLOOD GLUCOSE STRIPS
178	GOC2D	Num	3		REIMBURSEMENT: GLUCOSE TABLETS/GLUCAGON
179	GOC2E	Num	3		REIMBURSEMENT: SYRINGES
180	GOC2F	Num	3		REIMBURSEMENT: INFUSION PUMP SUPPLIES
181	GOC2G	Num	3		REIMBURSEMENT: HEMOGLOBIN A1C TEST
182	GOC2H	Num	3		REIMBURSEMENT: DOCTORS VISITS
183	GOC2I	Num	3		REIMBURSEMENT: DIABETES EDUC. SERVICES
184	GOC2J	Num	3		REIMBURSEMENT: MENTAL HEALTH SERVICE
185	GOC2K	Num	3		REIMBURSEMENT: DIABETES COMPLICATIONS
186	GOD1	Num	3		DIDN,T SEE DOC.BUT WOULD HAVE LIKED TO
187	GODACARE	Num	3		GENERAL:DID NOT THINK CONDITION SERIOUS
188	GODAEYE	Num	3		EYE CARE: DID NOT THINK WAS SERIOUS
189	GODAFOOT	Num	3		FOOT CARE: DID NOT THINK WAS SERIOUS
190	GODAOTH	Num	3		OTHER: DID NOT THINK WAS SERIOUS
191	GODBCARE	Num	3		GENERAL: THOUGHT WOULD COST TOO MUCH
192	GODBEYE	Num	3		EYE CARE: THOUGHT WOULD COST TO MUCH

Num	Variable	Type	Len	Format	Label
193	GODBFOOT	Num	3		FOOT CARE: THOUGHT WOULD COST TOO MUCH
194	GODBOTH	Num	3		OTHER: THOUGHT WOULD COST TOO MUCH
195	GODCCARE	Num	3		GENERAL: DID NOT HAVE TIME
196	GODCEYE	Num	3		EYE CARE: DID NOT HAVE TIME
197	GODCFOOT	Num	3		FOOT CARE: DID NOT HAVE TIME
198	GODCOTH	Num	3		OTHER: DID NOT HAVE TIME OTHER
199	GODDCARE	Num	3		GENERAL: COULD NOT GET APPOINTMENT
200	GODDEYE	Num	3		EYE CARE: COULD NOT GET APPOINTMENT
201	GODDFOOT	Num	3		FOOT CARE: COULD NOT GET APPOINTMENT
202	GODDOTH	Num	3		OTHER: COULD NOT GET APPOINTMENT
203	GODECARE	Num	3		GENERAL: DID NOT HAVE WAY TO DOC.
204	GODEEYE	Num	3		EYE CARE:DID NOT HAVE WAY TO DOC.
205	GODEFOOT	Num	3		FOOT CARE:DID NOT HAVE WAY TO DOC
206	GODEOTH	Num	3		OTHER: DID NOT HAVE WAY TO DOC.
207	GODFCARE	Num	3		GENETAL: DIDN,T HAVE CARE FOR CHILDREN
208	GODFEYE	Num	3		EYE CARE: DIDN,T HAVE CARE FOR CHILDREN
209	GODFFOOT	Num	3		FOOT CARE:DIDN,T HAVE CARE FOR CHILDREN
210	GODFOTH	Num	3		OTHER: DIDN,T HAVE CARE FOR CHILDREN
211	GODGCARE	Num	3		GENERAL: DOC. COULDN,T DO FOR CONDITION
212	GODGEYE	Num	3		EYE CARE: DOC.COULDN,T DO FOR CONDITION
213	GODGFOOT	Num	3		FOOT CARE:DOC.COULDN,T DO FOR CONDITION
214	GODGOTH	Num	3		OTHER: DOC.COULDN,T DO FOR CONDITION
215	GODHCARE	Num	3		GENERAL: AFRAID OF FINDING
216	GODHEYE	Num	3		EYE CARE: AFRAID OF FINDING
217	GODHFOOT	Num	3		FOOT CARE: AFRAID OF FINDING
218	GODHOTH	Num	3		OTHER: AFRAID OF FINDING
219	GODICARE	Num	3		GENERAL: OTHER CARE
220	GODIEYE	Num	3		EYE CARE: OTHER
221	GODIFOOT	Num	3		FOOT CARE: OTHER
222	GODIOTH	Num	3		OTHER: SPECIFY
223	GOD2	Num	3		PAST YEAR, DELAYED SEEING DOCTOR
224	GOD2A	Num	3		DELAY REASON: PRINCIPAL REASON
225	GOE1	Num	3		WHERE YOU MOST OFTEN RECEIVE MED. CARE
226	GOE2	Num	3		WHO IS CURRENTLY GIVING DIABETES CARE
227	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
228	MASK_PAT	Num	8		Deidentified Patient ID
229	GOB2A1	Num	8		Deidentified ENDOCRINOLOGIST:DATE MOST RECENT VISIT
230	GOB2B1	Num	8		Deidentified OPH.(CHECK-UP)DATE MOST RECENT VISIT
231	GOB2C1	Num	8		Deidentified OPH.(OTHER REASON) MOST RECENT VISIT

Num	Variable	Type	Len	Format	Label
232	GOB2D1	Num	8		Deidentified OPTOMETRIST: DATE MOST RECENT VISIT
233	GOB2E1	Num	8		Deidentified CARDIOLOGIST: DATE MOST RECENT VISIT
234	GOB2F1	Num	8		Deidentified PODIATRIST: DATE MOST RECENT VISIT
235	GOB2G1	Num	8		Deidentified NEPHROLOGIST: DATE MOST RECENT VISIT
236	GOB2H1	Num	8		Deidentified PRACTITIONER: DATE MOST RECENT VISIT
237	GOB2I1	Num	8		Deidentified OTHER DOCTOR: DATE MOST RECENT VISIT

Data Set Name: f0704.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
2	FORM	Num	3	Z4.	EDIC FORM NUMBER
3	EDICYEAR	Num	3		EDIC YEAR
4	GOB1	Num	3		DID NOT HAVE HEALTH COV. LAST 12 MOS.
5	GOB2	Num	3		HOW MANY MONTHS W/O COVERAGE
6	GOB3	Num	3		CURRENTLY HAVE HEALTH INSURANCE
7	GOB4BA	Num	3		INDEMNITY PLAN
8	GOB4BB	Num	3		HMO
9	GOB4BC	Num	3		PPO
10	GOB4BD	Num	3		POINT OF SERVICE
11	GOB4CA	Num	3		INDIVIDUAL PLAN
12	GOB4CB	Num	3		GROUP PLAN THROUGH EMPLOYER
13	GOB4CC	Num	3		GOVERNMENT PLAN
14	GOB4CC1	Num	3		U.S. GOVERNMENT HEALTH PLAN
15	GOB4CC2	Num	3		CANADIAN GOVERNMENT PLAN
16	GOB4CC3	Num	3		MEDICAID
17	GOB4CC4	Num	3		MEDICARE
18	GOB5A	Num	3		MED. VISITS FOR DIABETES - DOCTOR
19	GOB5B	Num	3		MED. VISITS FOR DIABETES - NURSE
20	GOB5C	Num	3		INSULIN
21	GOB5D	Num	3		SYRINGES
22	GOB5E	Num	3		BLOOD GLUCOSE TESTING STRIPS
23	GOB5F	Num	3		BLOOD GLUCOSE TESTING METERS
24	GOB5G	Num	3		GLUCOSE TABLETS
25	GOB5H	Num	3		GLUCAGON
26	GOB5I	Num	3		INSULIN INFUSION PUMP
27	GOB5J	Num	3		INSULIN INFUSION PUMP SUPPLIES
28	GOB5K	Num	3		HBA1C TEST
29	GOB5L	Num	3		FRUCTOSAMINE TEST
30	GOB5M	Num	3		BLOOD TESTS
31	GOB5N	Num	3		URINE TESTS
32	GOB5O	Num	3		ELECTROCARDIOGRAMS
33	GOB5P	Num	3		CARDIOVASCULAR STRESS TESTS
34	GOB5Q	Num	3		DILATED EYE EXAMS
35	GOB5R	Num	3		EYE PHOTOS
36	GOB5S	Num	3		LASER TREATMENT FOR EYES

Num	Variable	Type	Len	Format	Label
37	GOB5T	Num	3		DIALYSIS
38	GOB5U	Num	3		NUTRITION COUNSELING
39	GOB5V	Num	3		DIABETES EDUCATION SERVICES
40	GOB5W	Num	3		SERVICES OF MENTAL HEALTH PROFESSIONALS
41	GOB5X	Num	3		EMERGENCY ROOM VISITS
42	GOB5Y	Num	3		WALK-IN CLINICS
43	GOB5Z	Num	3		HOSP. DUE TO DIABETES COMPLICATIONS
44	GOB5AA	Num	3		HOSP. FOR OTHER HEALTH ISSUES
45	GOB5BB	Num	3		NURSING HOME/REHAB CARE
46	GOB5CC	Num	3		HOME HEALTH CARE SERVICES
47	GOC1	Num	3		WHERE RECEIVE DIABETES HEALTH CARE
48	GOC2	Num	3		WHO PROVIDES DIABETES HEALTH CARE
49	GOC3	Num	3		PROVIDER MEMBER OF DCCT OR EDIC
50	GOC4	Num	3		WHERE RECEIVE GENERAL HEALTH CARE
51	GOC5	Num	3		WHO PROVIDES GENERAL HEALTH CARE
52	GOC6	Num	3		SAME PERSON, DIAB. & GEN. CARE
53	GOC7	Num	3		VISITED EDIC CLINIC FOR UNRELATED CARE
54	GOC71	Num	3		# VISITS UNRELATED TO EDIC
55	GOC8	Num	3		EDIC ONLY HEALTH SERVICES
56	GOC9	Num	3		% HEALTH CARE PROVIDED BY EDIC
57	GOC10A	Num	3		GENERALIST VISIT
58	GOC10A1	Num	3		GENERALIST VISIT - # VISITS
59	GOC10B	Num	3		SPECIALIST VISIT
60	GOC10B1	Num	3		SPECIALIST VISIT - # VISITS
61	GOC10C	Num	3		NURSE EDUCATOR
62	GOC10C1	Num	3		NURSE EDUCATOR - # VISITS
63	GOC10D	Num	3		DIETITIAN
64	GOC10D1	Num	3		DIETITIAN - # VISITS
65	GOC10E	Num	3		PSYCHIATRIST
66	GOC10E1	Num	3		PSYCHIATRIST - # VISITS
67	GOC10F	Num	3		PSYCHOLOGIST
68	GOC10F1	Num	3		PSYCHOLOGIST - # VISITS
69	GOC10G	Num	3		SOCIAL WORKER
70	GOC10G1	Num	3		SOCIAL WORKER - # VISITS
71	GOC10H	Num	3		OPHTHALMOLOGIST
72	GOC10H1	Num	3		OPHTHALMOLOGIST - # VISITS
73	GOC10I	Num	3		OPTOMETRIST
74	GOC10I1	Num	3		OPTOMETRIST - # VISITS
75	GOC10J	Num	3		CARDIOLOGIST

Num	Variable	Type	Len	Format	Label
76	GOC10J1	Num	3		CARDIOLOGIST - # VISITS
77	GOC10K	Num	3		PODIATRIST
78	GOC10K1	Num	3		PODIATRIST - # VISITS
79	GOC10L	Num	3		NEPHROLOGIST
80	GOC10L1	Num	3		NEPHROLOGIST - # VISITS
81	GOC10M	Num	3		GASTROENTEROLOGIST
82	GOC10M1	Num	3		GASTROENTEROLOGIST - # VISITS
83	GOC10N	Num	3		NEUROLOGIST
84	GOC10N1	Num	3		NEUROLOGIST - # VISITS
85	GOC10O	Num	3		ONCOLOGIST
86	GOC10O1	Num	3		ONCOLOGIST - # VISITS
87	GOC10P	Num	3		SURGEON
88	GOC10P1	Num	3		SURGEON - # VISITS
89	GOC10Q	Num	3		GYNECOLOGIST
90	GOC10Q1	Num	3		GYNECOLOGIST - # VISITS
91	GOC10R	Num	3		UROLOGIST
92	GOC10R1	Num	3		UROLOGIST - # VISITS
93	GOC10S	Num	3		DERMATOLOGIST
94	GOC10S1	Num	3		DERMATOLOGIST - # VISITS
95	GOC10T	Num	3		ORTHOPEDIST
96	GOC10T1	Num	3		ORTHOPEDIST - # VISITS
97	GOC10U	Num	3		PHYSICAL THERAPIST
98	GOC10U1	Num	3		PHYSICAL THERAPIST - # VISITS
99	GOC10V	Num	3		CHIROPRACTOR
100	GOC10V1	Num	3		CHIROPRACTOR - # VISITS
101	GOC10W	Num	3		DENTIST
102	GOC10W1	Num	3		DENTIST - # VISITS
103	GOC10X	Num	3		ORAL SURGEON
104	GOC10X1	Num	3		ORAL SURGEON - # VISITS
105	GOC10Y	Num	3		OTHER HEALTH CARE PROVIDER
106	GOC10Y1	Num	3		OTHER HEALTH CARE PROVIDER - # VISITS
107	GOC10YA	Num	3		OTHER PROVIDER 1
108	GOC10YA1	Num	3		OTHER PROVIDER 1 - # VISITS
109	GOC10YB	Num	3		OTHER CARE PROVIDER 2
110	GOC10YB1	Num	3		OTHER CARE PROVIDER 2 - # VISITS
111	GOD1	Num	3		ADMITTED OVERNIGHT TO HOSPITAL
112	GOD1A	Num	3		# TIMES ADMITTED OVERNIGHT
113	GOD1B	Num	3		# NIGHTS STAYED IN HOSPITAL
114	GOD1CA2	Num	3		# NIGHTS, HOSPITAL STAY 1

Num	Variable	Type	Len	Format	Label
115	GOD1CB2	Num	3		# NIGHTS, HOSPITAL STAY 2
116	GOD1CC2	Num	3		# NIGHTS, HOSPITAL STAY 3
117	GOD1CD2	Num	3		# NIGHTS, HOSPITAL STAY 4
118	GOD1CE2	Num	3		# NIGHTS, HOSPITAL STAY 5
119	GOD1CF2	Num	3		# NIGHTS, HOSPITAL STAY 6
120	GOD2	Num	3		EMERGENCY ROOM LAST 12 MONTHS
121	GOD2A	Num	3		# TIMES IN EMERGENCY ROOM
122	GOD2B	Num	3		# TIMES RELATED TO DIABETES
123	GOD3	Num	3		NURSING HOME LAST 12 MONTHS
124	GOD3A	Num	3		# NIGHTS IN NURSING HOME
125	GOD3BA2	Num	3		# NIGHTS, NURSING HOME STAY 1
126	GOD3BB2	Num	3		# NIGHTS, NURSING HOME STAY 2
127	GOD3BC2	Num	3		# NIGHTS, NURSING HOME STAY 3
128	GOD4A	Num	3		HBA1C
129	GOD4A1	Num	3		HBA1C - # TIMES
130	GOD4B	Num	3		FRUCTOSAMINE
131	GOD4B1	Num	3		FRUCTOSAMINE - # TIMES
132	GOD4C	Num	3		BLOOD GLUCOSE
133	GOD4C1	Num	3		BLOOD GLUCOSE - # TIMES
134	GOD4D	Num	3		FASTING LIPID TEST
135	GOD4D1	Num	3		FASTING LIPID TEST - # TIMES
136	GOD4E	Num	3		OTHER BLOOD TESTS
137	GOD4E1	Num	3		OTHER BLOOD TESTS - # TIMES
138	GOD4F	Num	3		EKG
139	GOD4F1	Num	3		EKG - # TIMES
140	GOD4G	Num	3		STRESS TEST
141	GOD4G1	Num	3		STRESS TEST - # TIMES
142	GOD4H	Num	3		DILATED EYE EXAM
143	GOD4H1	Num	3		DILATED EYE EXAM - # TIMES
144	GOD4I	Num	3		EYE PHOTOGRAPHS
145	GOD4I1	Num	3		EYE PHOTOGRAPHS - # TIMES
146	GOD4J	Num	3		FLUORESCEIN ANGIOGRAM
147	GOD4J1	Num	3		FLUORESCEIN ANGIOGRAM - # TIMES
148	GOD4K	Num	3		LASER TREATMENT FOR EYES
149	GOD4K1	Num	3		LASER TREATMENT FOR EYES - # TIMES
150	GOD4L	Num	3		TIMED URINE COLLECTION
151	GOD4L1	Num	3		TIMED URINE COLLECTION - # TIMES
152	GOD4M	Num	3		OTHER URINE TESTS
153	GOD4M1	Num	3		OTHER URINE TESTS - # TIMES

Num	Variable	Type	Len	Format	Label
154	GOD4N	Num	3		KIDNEY DIALYSIS
155	GOD4N1	Num	3		KIDNEY DIALYSIS - # TIMES
156	GOD4O	Num	3		GASTRIC EMPTYING STUDIES
157	GOD4O1	Num	3		GASTRIC EMPTYING STUDIES - # TIMES
158	GOD4P	Num	3		PAP SMEAR TEST
159	GOD4P1	Num	3		PAP SMEAR TEST - # TIMES
160	GOD4Q	Num	3		FLU SHOT
161	GOD4Q1	Num	3		FLU SHOT - # TIMES
162	GOD5	Num	3		ANY OTHER TESTS OR EVALUATIONS
163	GOD51	Char	40		OTHER TESTS, SPECIFIED
164	GOD6	Num	3		ANY OTHER MEDICAL TREATMENTS
165	GOD61	Char	40		OTHER TREATMENTS, SPECIFIED
166	GOD7	Num	3		WORK/SCHOOL DAYS MISSED LAST 12 MOS.
167	GOD7A	Num	3		DAYS MISSED DUE TO DIABETES
168	GOE1	Num	3		ASKED TO PARTICIPATE IN OTHER HEALTH RES
169	GOE2	Num	3		DID YOU PARTICIPATE
170	GOE3A	Num	3		SPECIFIC DRUGS
171	GOE3B	Num	3		TEST PROCEDURES
172	GOE3C	Num	3		INSULIN REGIMEN CHANGES
173	GOE3D	Num	3		DIET CHANGES
174	GOE3E	Num	3		EXERCISE MODIFICATIONS
175	GOE3F	Num	3		QUESTIONNAIRES
176	GOE3G	Num	3		INTERVIEWS
177	GOE3H	Num	3		PROJECT INVOLVED: OTHER
178	GOE3H1	Char	40		PROJECT INVOLVED: OTHER, SPECIFY
179	GOF1	Num	3		LIKE TO HAVE SEEN DOCTOR BUT DID NOT
180	GOF2A	Num	3		DID NOT THINK CONDITION WAS SERIOUS
181	GOF2B	Num	3		NOT COVERED BY HEALTH INSURANCE
182	GOF2C	Num	3		THOUGHT CARE WOULD COST TOO MUCH
183	GOF2D	Num	3		DID NOT HAVE MONEY TO COVER COST
184	GOF2E	Num	3		DID NOT HAVE TIME
185	GOF2F	Num	3		COULD NOT GET APPOINTMENT
186	GOF2G	Num	3		COULD NOT GET TO OFFICE
187	GOF2H	Num	3		DISTANCE TOO GREAT
188	GOF2I	Num	3		NO ONE TO CARE FOR CHILDREN
189	GOF2J	Num	3		FELT PROVIDER COULD NOT HELP CONDITION
190	GOF2K	Num	3		DID NOT FEEL PROVIDER CARED ABOUT MY HEA
191	GOF2L	Num	3		WAS AFRAID TO FIND OUT WHAT WRONG
192	GOF2M	Num	3		FELT PROBLEM COULD BE REMEDIED AT HOME

Num	Variable	Type	Len	Format	Label
193	GOF2N	Num	3		HAD LAPSE IN INSURANCE
194	GOF2O	Num	3		OTHER REASON DID NOT SEE DOCTOR
195	GOF2O1	Char	40		OTHER REASON DID NOT SEE DOCTOR, SPECIFI
196	GOF3	Num	3		DELAYED SEEING DOCTOR
197	GOF4A	Num	3		DID NOT THINK CONDITION WAS SERIOUS
198	GOF4B	Num	3		NOT COVERED BY HEALTH INSURANCE
199	GOF4C	Num	3		THOUGHT CARE WOULD COST TOO MUCH
200	GOF4D	Num	3		DID NOT HAVE MONEY TO COVER COST
201	GOF4E	Num	3		DID NOT HAVE TIME
202	GOF4F	Num	3		COULD NOT GET APPOINTMENT
203	GOF4G	Num	3		COULD NOT GET TO OFFICE
204	GOF4H	Num	3		DISTANCE TOO GREAT
205	GOF4I	Num	3		NO ONE TO CARE FOR CHILDREN
206	GOF4J	Num	3		FELT PROVIDER COULD NOT HELP CONDITION
207	GOF4K	Num	3		DID NOT FEEL PROVIDER CARED ABOUT MY HEA
208	GOF4L	Num	3		WAS AFRAID TO FIND OUT WHAT WRONG
209	GOF4M	Num	3		FELT PROBLEM COULD BE REMEDIED AT HOME
210	GOF4N	Num	3		HAD LAPSE IN INSURANCE
211	GOF4O	Num	3		OTHER REASON DELAYED SEEING DOCTOR
212	GOF4O1	Char	40		OTHER REASON DELAYED SEEING DOCTOR
213	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
214	MASK_PAT	Num	8		Deidentified Patient ID
215	GOD1CA1	Num	8		Deidentified DATE OF ADMISSION, HOSPITAL STAY 1
216	GOD1CB1	Num	8		Deidentified DATE OF ADMISSION, HOSPITAL STAY 2
217	GOD1CC1	Num	8		Deidentified DATE OF ADMISSION, HOSPITAL STAY 3
218	GOD1CD1	Num	8		Deidentified DATE OF ADMISSION, HOSPITAL STAY 4
219	GOD1CE1	Num	8		Deidentified DATE OF ADMISSION, HOSPITAL STAY 5
220	GOD1CF1	Num	8		Deidentified DATE OF ADMISSION, HOSPITAL STAY 6
221	GOD3BA1	Num	8		Deidentified DATE OF ADMISSION, NURSING HOME STAY 1
222	GOD3BB1	Num	8		Deidentified DATE OF ADMISSION, NURSING HOME STAY 2
223	GOD3BC1	Num	8		Deidentified DATE OF ADMISSION, NURSING HOME STAY 3

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Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3		EDIC YEAR
4	GOB1	Num	3		ANYTIME YOU DID NOT HAVE HEALTH INSUR
5	GOB2	Num	3		HOW LONG WERE YOU WITHOUT COVERAGE
6	GOB3	Num	3		CURRENTLY DO YOU HAVE HEALTH INS COV
7	GOB4BA	Num	3		INDIVIDUAL PLAN - MEMBER PAYS
8	GOB4BB	Num	3		GROUP PLAN - EMPLOYER PAYS
9	GOB4BC	Num	3		GOVERNMENT PLAN - GOVERNMENT PAYS
10	GOB4BC1	Num	3		U.S. GOVERNMENT HEALTH PLAN
11	GOB4BC2	Num	3		CANADIAN GOVERNMENT PLAN
12	GOB4BC3	Num	3		MEDICAID
13	GOB4BC4	Num	3		MEDICARE
14	GOB4CA	Num	3		INDEMNITY OR FEE-FOR-SERVICE PLAN
15	GOB4CB	Num	3		HEALTH MAINTENANCE ORGANIZATION - HMO
16	GOB4CC	Num	3		PREFERRED PROVIDER ORGANIZATION - PPO
17	GOB4CD	Num	3		POINT OF SERVICE - POS
18	GOB4CE	Num	3		OTHER: TYPE OF HEALTH INS COV
19	GOB5A	Num	3		MEDICAL VISITS FOR DIABETES (MEDICAL)
20	GOB5B	Num	3		MEDICAL VISITS FOR DIABETES (NURSE)
21	GOB5C	Num	3		INSULIN
22	GOB5D	Num	3		SYRINGES
23	GOB5E	Num	3		BLOOD GLUCOSE TESTING STRIPS
24	GOB5F	Num	3		BLOOD GLUCOSE TESTING METERS
25	GOB5G	Num	3		GLUCOSE TABLETS
26	GOB5H	Num	3		GLUCAGON
27	GOB5I	Num	3		INSULIN INFUSION PUMP
28	GOB5J	Num	3		INSULIN INFUSION PUMP SUPPLIES
29	GOB5K	Num	3		GLYCOSYLATED HEMOGLOBIN OR HBA1C
30	GOB5L	Num	3		FRUCTOSAMINE TEST
31	GOB5M	Num	3		BLOOD TESTS
32	GOB5N	Num	3		URINE TESTS
33	GOB5O	Num	3		ELECTROCARDIOGRAMS (EKG)
34	GOB5P	Num	3		CARDIOVASCULAR STRESS TESTS
35	GOB5Q	Num	3		DILATED EYE EXAMS
36	GOB5R	Num	3		EYE PHOTOS

Num	Variable	Type	Len	Format	Label
37	GOB5S	Num	3		LASER TREATMENT FOR EYES
38	GOB5T	Num	3		DIALYSIS
39	GOB5U	Num	3		NUTRITION COUNSELING
40	GOB5V	Num	3		DIABETES EDUCATION SERVICES
41	GOB5W	Num	3		SERVICES OF MENTAL HEALTH PROFESS
42	GOB5X	Num	3		EMERGENCY ROOM VISITS
43	GOB5Y	Num	3		WALK-IN CLINICS OR URGENT CARE CNTR
44	GOB5Z	Num	3		HOSPITALIZATION DUE TO DIABETES
45	GOB5AA	Num	3		HOSPITALIZATION FOR OTHER HEALTH
46	GOB5BB	Num	3		NURSING HOME CARE, CONVALESCENT CARE
47	GOB5CC	Num	3		HOME HEALTH CARE SERVICES
48	GOC1	Num	3		WHERE DO YOU RECEIVE DIABETES CARE
49	GOC2	Num	3		WHO PROVIDES YOUR DIABETES CARE
50	GOC3	Num	3		WAS PROVIDER DCCT OR EDIC STAFF
51	GOC4	Num	3		WHERE DO YOU RECEIVE GENERAL CARE
52	GOC5	Num	3		WHO PROVIDES YOUR GENERAL CARE
53	GOC6	Num	3		IS GENERAL PROVIDER SAME AS DIABETES
54	GOC7	Num	3		HAVE YOU VISITED EDIC CLINIC UNRELATED
55	GOC71	Num	3		NUMBER OF VISITS TO EDIC CLINIC
56	GOC8	Num	3		HAVE EDIC EVAL BEEN ONLY SERVICES
57	GOC9A	Num	3		GENERALIST: SEEN PAST 12 MONTHS
58	GOC9A1	Num	3		GENERALIST: NUMBER OF VISITS
59	GOC9B	Num	3		SPECIALIST: SEEN PAST 12 MONTHS
60	GOC9B1	Num	3		SPECIALIST: NUMBER OF VISITS
61	GOC9C	Num	3		NURSE EDUCATOR: SEEN PAST 12 MONTHS
62	GOC9C1	Num	3		NURSE EDUCATOR: NUMBER OF VISITS
63	GOC9D	Num	3		DIETITIAN: SEEN PAST 12 MONTHS
64	GOC9D1	Num	3		DIETITIAN: NUMBER OF VISITS
65	GOC9E	Num	3		PSYCHIATRIST: SEEN PAST 12 MONTHS
66	GOC9E1	Num	3		PSYCHIATRIST: NUMBER OF VISITS
67	GOC9F	Num	3		PSYCHOLOGIST: SEEN PAST 12 MONTHS
68	GOC9F1	Num	3		PSYCHOLOGIST: NUMBER OF VISITS
69	GOC9G	Num	3		SOCIAL WORKER: SEEN PAST 12 MONTHS
70	GOC9G1	Num	3		SOCIAL WORKER: NUMBER OF VISITS
71	GOC9H	Num	3		OPHTHALMOLOGIST: SEEN PAST 12 MONTHS
72	GOC9H1	Num	3		OPHTHALMOLOGIST: NUMBER OF VISITS
73	GOC9I	Num	3		OPTOMETRIST: SEEN PAST 12 MONTHS
74	GOC9I1	Num	3		OPTOMETRIST: NUMBER OF VISITS
75	GOC9J	Num	3		CARDIOLOGIST: SEEN PAST 12 MONTHS

Num	Variable	Type	Len	Format	Label
76	GOC9J1	Num	3		CARDIOLOGIST: NUMBER OF VISITS
77	GOC9K	Num	3		PODIATRIST: SEEN PAST 12 MONTHS
78	GOC9K1	Num	3		PODIATRIST: NUMBER OF VISITS
79	GOC9L	Num	3		NEPHROLOGIST: SEEN PAST 12 MONTHS
80	GOC9L1	Num	3		NEPHROLOGIST: NUMBER OF VISITS
81	GOC9M	Num	3		GASTROENTEROL: SEEN PAST 12 MONTHS
82	GOC9M1	Num	3		GASTROENTEROL: NUMBER OF VISITS
83	GOC9N	Num	3		NEUROLOGIST: SEEN PAST 12 MONTHS
84	GOC9N1	Num	3		NEUROLOGIST: NUMBER OF VISITS
85	GOC9O	Num	3		ONCOLOGIST: SEEN PAST 12 MONTHS
86	GOC9O1	Num	3		ONCOLOGIST: NUMBER OF VISITS
87	GOC9P	Num	3		SURGEON: SEEN PAST 12 MONTHS
88	GOC9P1	Num	3		SURGEON: NUMBER OF VISITS
89	GOC9Q	Num	3		GYNECOLOGIST: SEEN PAST 12 MONTHS
90	GOC9Q1	Num	3		GYNECOLOGIST: NUMBER OF VISITS
91	GOC9R	Num	3		UROLOGIST: SEEN PAST 12 MONTHS
92	GOC9R1	Num	3		UROLOGIST: NUMBER OF VISITS
93	GOC9S	Num	3		DERMATOLOGIST: SEEN PAST 12 MONTHS
94	GOC9S1	Num	3		DERMATOLOGIST: NUMBER OF VISITS
95	GOC9T	Num	3		ORTHOPEDIST: SEEN PAST 12 MONTHS
96	GOC9T1	Num	3		ORTHOPEDIST: NUMBER OF VISITS
97	GOC9U	Num	3		PHYSICAL THER: SEEN PAST 12 MONTHS
98	GOC9U1	Num	3		PHYSICAL THER: NUMBER OF VISITS
99	GOC9V	Num	3		CHIROPRACTOR: SEEN PAST 12 MONTHS
100	GOC9V1	Num	3		CHIROPRACTOR: NUMBER OF VISITS
101	GOC9W	Num	3		DENTIST: SEEN PAST 12 MONTHS
102	GOC9W1	Num	3		DENTIST: NUMBER OF VISITS
103	GOC9X	Num	3		ORAL SURGEON: SEEN PAST 12 MONTHS
104	GOC9X1	Num	3		ORAL SURGEON: NUMBER OF VISITS
105	GOC9Y	Num	3		OTHER PROVIDER: SEEN PAST 12 MONTHS
106	GOC9Y1	Num	3		OTHER PROVIDER: NUMBER OF VISITS
107	GOC9YA	Num	3		SPECIFY PROVIDER: YES/NO
108	GOC9YA1	Num	3		SPECIFY PROVIDER: NUMBER OF VISITS
109	GOC9YB	Num	3		SPECIFY PROVIDER: YES/NO
110	GOC9YB1	Num	3		SPECIFY PROVIDER: NUMBER OF VISITS
111	GOD1	Num	3		ADMITTED OVERNIGHT TO A HOSPITAL
112	GOD1A	Num	3		HOW MANY TIMES WERE YOU ADMITTED
113	GOD1B	Num	3		HOW MANY TOTAL NIGHTS IN HOSPITAL
114	GOD1CA2	Char	40		NUMBER OF NIGHTS

Num	Variable	Type	Len	Format	Label
115	GOD1CB2	Char	40		NUMBER OF NIGHTS
116	GOD1CC2	Char	40		NUMBER OF NIGHTS
117	GOD1CD2	Char	40		NUMBER OF NIGHTS
118	GOD1CE2	Char	40		NUMBER OF NIGHTS
119	GOD1CF2	Char	40		NUMBER OF NIGHTS
120	GOD2	Num	3		WERE YOU SEEN IN A HOSPITAL ER
121	GOD2A	Num	3		HOW MANY TIMES IN HOSPITAL ER
122	GOD2B	Num	3		HOW MANY OF TIMES RELATED TO DIABETES
123	GOD3	Num	3		PATIENT IN NURSING HOME OR CONVALESCE
124	GOD3A	Num	4		HOW MANY TOTAL NIGHTS IN NURSING HOME
125	GOD3BA2	Char	40		NUMBER OF NIGHTS
126	GOD3BB2	Char	40		NUMBER OF NIGHTS
127	GOD3BC2	Char	40		NUMBER OF NIGHTS
128	GOD4A	Num	3		HBA1C: IN PAST 12 MONTHS
129	GOD4A1	Num	3		HBA1C: NUMBER OF TIMES
130	GOD4B	Num	3		FRUCTOSAMINE: IN THE PAST 12 MONTHS
131	GOD4B1	Num	3		FRUCTOSAMINE: NUMBER OF TIMES
132	GOD4C	Num	3		BLOOD GLUCOSE: IN PAST 12 MONTHS
133	GOD4C1	Num	3		BLOOD GLUCOSE: NUMBER OF TIMES
134	GOD4D	Num	3		FASTING LIPID: IN PAST 12 MONTHS
135	GOD4D1	Num	3		FASTING LIPID: NUMBER OF TIMES
136	GOD4E	Num	3		OTHER BLOOD: IN PAST 12 MONTHS
137	GOD4E1	Num	3		OTHER BLOOD: NUMBER OF TIMES
138	GOD4F	Num	3		EKG: IN THE PAST 12 MONTHS
139	GOD4F1	Num	3		EKG: NUMBER OF TIMES
140	GOD4G	Num	3		STRESS TEST: IN PAST 12 MONTHS
141	GOD4G1	Num	3		STRESS TEST: NUMBER OF TIMES
142	GOD4H	Num	3		DILATED EYE: IN PAST 12 MONTHS
143	GOD4H1	Num	3		DILATED EYE: NUMBER OF TIMES
144	GOD4I	Num	3		EYE PHOTO: IN PAST 12 MONTHS
145	GOD4I1	Num	3		EYE PHOTO: NUMBER OF TIMES
146	GOD4J	Num	3		FLUORESCEIN: IN THE PAST 12 MONTHS
147	GOD4J1	Num	3		FLUORESCEIN: NUMBER OF TIMES
148	GOD4K	Num	3		LASER TREATMENT: IN PAST 12 MONTHS
149	GOD4K1	Num	3		LASER TREATMENT: NUMBER OF TIMES
150	GOD4L	Num	3		TIMED URINE: IN PAST 12 MONTHS
151	GOD4L1	Num	3		TIMED URINE: NUMBER OF TIMES
152	GOD4M	Num	3		OTHER URINE: IN PAST 12 MONTHS
153	GOD4M1	Num	3		OTHER URINE: NUMBER OF TIMES

Num	Variable	Type	Len	Format	Label
154	GOD4N	Num	4		KIDNEY DIALYSIS: IN PAST 12 MONTHS
155	GOD4N1	Num	3		KIDNEY DIALYSIS: NUMBER OF TIMES
156	GOD4O	Num	3		GASTRIC: IN PAST 12 MONTHS
157	GOD4O1	Num	3		GASTRIC: NUMBER OF TIMES
158	GOD4P	Num	3		PAP SMEAR: IN PAST 12 MONTHS
159	GOD4P1	Num	3		PAP SMEAR: NUMBER OF TIMES
160	GOD4Q	Num	3		FLU SHOT: IN PAST 12 MONTHS
161	GOD4Q1	Num	3		FLU SHOT: NUMBER OF TIMES
162	GOD5	Num	3		HAD ANY OTHER LAB TESTS OR EVAL
163	GOD51	Char	40		SPECIFY: OTHER TESTS OR EVAL
164	GOD6	Num	3		RECEIVED ANY OTHER MEDICAL TREATMENT
165	GOD61	Char	40		SPECIFY: OTHER MEDICAL TREATMENT
166	GOD7	Num	4		HOW MANY DAYS MISSED WORK/SCHOOL
167	GOD7A	Num	4		HOW MANY DAYS RELATED TO DIABETES
168	GOE1	Num	3		ASKED TO PARTICIPATE IN RESEARCH
169	GOE2	Num	3		DID YOU PARTICIPATE IN PROJECT
170	GOE3A	Num	3		SPECIFIC DRUGS: DID RESEARCH INVOLVE
171	GOE3B	Num	3		TEST PROCEDURES: DID RESEARCH INVOLVE
172	GOE3C	Num	3		INSULIN CHANGES: DID RESEARCH INVOLVE
173	GOE3D	Num	3		DIET CHANGES: DID RESEARCH INVOLVE
174	GOE3E	Num	3		EXERCISE MOD: DID RESEARCH INVOLVE
175	GOE3F	Num	3		QUESTIONNAIRES: DID RESEARCH INVOLVE
176	GOE3G	Num	3		INTERVIEWS: DID RESEARCH INVOLVE
177	GOE3H	Num	3		OTHER: DID RESEARCH INVOLVE
178	GOE3H1	Char	40		SPECIFY: WHAT RESEARCH INVOLVED
179	GOF1	Num	3		ANY HEALTH PROBLEM OR CONDITIONS
180	GOF2A	Num	3		DID NOT THNK CONDITION SERIOUS
181	GOF2B	Num	3		PROBLEM NOT COVERED BY INSURANCE
182	GOF2C	Num	3		MEDICAL CARE COST TOO MUCH
183	GOF2D	Num	3		DID NOT HAVE MONEY TO COVER COST
184	GOF2E	Num	3		DID NOT HAVE TIME TO SEE PROVIDER
185	GOF2F	Num	3		COULD NOT GET APPOINTMENT
186	GOF2G	Num	3		DID NOT HAVE A WAY TO OFFICE
187	GOF2H	Num	3		DISTANCE TO CLINIC/OFFICE TOO GREAT
188	GOF2I	Num	3		DID NOT HAVE CHILD CARE
189	GOF2J	Num	3		FELT PROVIDER COULD NOT HELP
190	GOF2K	Num	3		DID NOT FEEL PROVIDER CARED
191	GOF2L	Num	3		AFRAID OF FINDING OUT WHAT'S WRONG
192	GOF2M	Num	3		FELT PROBLEM COULD BE HOME REMEDIED

Num	Variable	Type	Len	Format	Label
193	GOF2N	Num	3		HAD A LAPSE IN INSURANCE
194	GOF2O	Num	3		OTHER: REASON(S) DID NOT SEE DOCTOR
195	GOF2O1	Char	40		SPECIFY: REASON(S) DID NOT SEE DOCTOR
196	GOF3	Num	3		DID YOU DELAY SEEING A DOCTOR
197	GOF4A	Num	3		DID NOT THNK CONDITION SERIOUS
198	GOF4B	Num	3		PROBLEM NOT COVERED BY INSURANCE
199	GOF4C	Num	3		MEDICAL CARE COST TOO MUCH
200	GOF4D	Num	3		DID NOT HAVE MONEY TO COVER COST
201	GOF4E	Num	3		DID NOT HAVE TIME TO SEE PROVIDER
202	GOF4F	Num	3		COULD NOT GET APPOINTMENT
203	GOF4G	Num	3		DID NOT HAVE A WAY TO OFFICE
204	GOF4H	Num	3		DISTANCE TO CLINIC/OFFICE TOO GREAT
205	GOF4I	Num	3		DID NOT HAVE CHILD CARE
206	GOF4J	Num	3		FELT PROVIDER COULD NOT HELP
207	GOF4K	Num	3		DID NOT FEEL PROVIDER CARED
208	GOF4L	Num	3		AFRAID OF FINDING OUT WHAT'S WRONG
209	GOF4M	Num	3		FELT PROBLEM COULD BE HOME REMEDIED
210	GOF4N	Num	3		HAD A LAPSE IN INSURANCE
211	GOF4O	Num	3		OTHER: REASON(S) DELAYED TO SEE DOCTOR
212	GOF4O1	Char	40		SPECIFY: WHY DELAYED TO SEE DOCTOR
213	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
214	MASK_PAT	Num	8		Deidentified Patient ID
215	GOD1CA1	Num	8		Deidentified DATE OF ADMISSION
216	GOD1CB1	Num	8		Deidentified DATE OF ADMISSION
217	GOD1CC1	Num	8		Deidentified DATE OF ADMISSION
218	GOD1CD1	Num	8		Deidentified DATE OF ADMISSION
219	GOD1CE1	Num	8		Deidentified DATE OF ADMISSION
220	GOD1CF1	Num	8		Deidentified DATE OF ADMISSION
221	GOD3BA1	Num	8		Deidentified DATE OF ADMISSION
222	GOD3BB1	Num	8		Deidentified DATE OF ADMISSION
223	GOD3BC1	Num	8		Deidentified DATE OF ADMISSION

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Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IOB1B	Num	3		IF DATE UNCERTAIN
4	IOB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IOC1AI	Num	3		CHEST PAIN: LEFT ANTERIOR CHEST
6	IOC1AII	Num	3		CHEST PAIN: LEFT ARM
7	IOC1AIII	Num	3		CHEST PAIN: JAW
8	IOC1AIV	Num	3		CHEST PAIN: STERNUM UPPER/MIDDLE
9	IOC1AV	Num	3		CHEST PAIN: STERNUM LOWER
10	IOC1BI	Num	3		PAIN INVOLVE: THE BACK
11	IOC1BII	Num	3		PAIN INVOLVE: THE SHOULDER
12	IOC1BIII	Num	3		PAIN INVOLVE: THE RIGHT ARM
13	IOC1BIV	Num	3		PAIN INVOLVE: ABDOMEN OR BOTH SIDES
14	IOC2A	Num	3		DID PAIN LAST MORE THAN 20 MINUTES
15	IOC2B	Num	3		NON-CARDIAC CAUSE FOR THE PAIN
16	IOC2C	Num	3		SELF-ADMINISTERED WITHOUT RELIEF/PAIN
17	IOC3	Num	3		PATIENT EVER HAD FEELING OF PRESSURE
18	IOC4A	Num	3		DID YOU GET THIS PAIN WHEN WALK
19	IOC4B	Num	3		PAIN WHEN YOU WALK AN ORDINARY PACE
20	IOC4C	Num	3		WHEN YOU GET THIS PAIN WHAT TO DO
21	IOC4D	Num	3		WHAT HAPPENS TO PAIN / STAND STILL
22	IOC4E	Num	3		HOW SOON DOES THE PAIN GO AWAY
23	IOD1AI	Num	3		ENZYME:CPK AT LEAST TWICE UPPER LIMIT
24	IOD1AII	Num	4		ENZYME: WHAT WAS THE CPK VALUE
25	IOD1BI	Num	3		ENZYME: WAS CPK-MB PRESENT
26	IOD1BII	Num	4		ENZYME: WHAT WAS THE CPK-MB VALUE
27	IOD1CI	Num	3		ENZYME: EITHER CPK-MB HEART FRACTION
28	IOD1CII1	Num	4		ENZYME: CPK-MB HEART FRACTION
29	IOD1CII2	Num	4		ENZYME: LDH
30	IOD1CII3	Num	4		ENZYME: SGOT
31	IOD1D	Num	3		ENZYME: WAS THERE A KNOWN NON-ISCHEMIC
32	IOD1DOTH	Char	20		ENZYME: SPECIFY, OTHER
33	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
34	MASK_PAT	Num	8		Deidentified Patient ID
35	IOB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
36	IOB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0903.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IOB1B	Num	3		CHECK HERE IF DATE UNCERTAIN
4	IOB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IOB4A	Num	3		EMERGENCY ROOM
6	IOB4B	Num	3		IN-PATIENT HOSPITALIZATION
7	IOB4C	Num	3		Deidentified EDIC CLINIC
8	IOB4D	Num	3		OTHER, SPECIFY
9	IOC	Num	3		IF NO PAIN SKIP
10	IOC1AI	Num	3		CHEST PAIN: LEFT ANTERIOR CHEST
11	IOC1AII	Num	3		CHEST PAIN: LEFT ARM
12	IOC1AIII	Num	3		CHEST PAIN: JAW
13	IOC1AIV	Num	3		CHEST PAIN: STERNUM UPPER/MIDDLE
14	IOC1AV	Num	3		CHEST PAIN: STERNUM LOWER
15	IOC1BI	Num	3		PAIN INVOLVE: THE BACK
16	IOC1BII	Num	3		PAIN INVOLVE: THE SHOULDER
17	IOC1BIII	Num	3		PAIN INVOLVE: THE RIGHT ARM
18	IOC1BIV	Num	3		PAIN INVOLVE: ABDOMEN OR BOTH SIDES
19	IOC2A	Num	3		DID PAIN LAST MORE THAN 20 MINUTES
20	IOC2B	Num	3		NON-CARDIAC CAUSE FOR THE PAIN
21	IOC2C	Num	3		SELF-ADMINISTERED WITHOUT RELIEF/PAIN
22	IOC3	Num	3		PATIENT EVER HAD FEELING OF PRESSURE
23	IOC4A	Num	3		DID YOU GET THIS PAIN WHEN YOU WALK
24	IOC4B	Num	3		PAIN WHEN YOU WALK AT AN ORDINARY PACE
25	IOC4C	Num	3		WHEN YOU GET THIS PAIN WHAT DO YOU DO
26	IOC4D	Num	3		WHAT HAPPENS TO PAIN / STAND STILL
27	IOC4E	Num	3		HOW SOON DOES THE PAIN GO AWAY
28	IOC5	Num	3		ANY DIAGNOSTIC TESTS PERFORMED?
29	IOC5TES1	Char	20		WHAT TESTS WERE PERFORMED? TEST 1
30	IOC5RES1	Num	3		WHAT WERE THE RESULTS? RESULT 1
31	IOC5TES2	Char	20		WHAT TESTS WERE PERFORMED? TEST 2
32	IOC5RES2	Num	3		WHAT WERE THE RESULTS? RESULT 2
33	IOC5TES3	Char	20		WHAT TESTS WERE PERFORMED? TEST 3
34	IOC5RES3	Num	3		WHAT WERE THE RESULTS? RESULT 3
35	IOC5TES4	Char	20		WHAT TESTS WERE PERFORMED? TEST 4
36	IOC5RES4	Num	3		WHAT WERE THE RESULTS? RESULT 4

Num	Variable	Type	Len	Format	Label
37	IOC5TES5	Char	20		WHAT TESTS WERE PERFORMED? TEST 5
38	IOC5RES5	Num	3		WHAT WERE THE RESULTS? RESULT 5
39	IOD1A	Num	4		ENZYME: CPK AT LEAST TWICE UPPER LIMIT
40	IOD1B	Num	4		ENZYME: WHAT WAS THE CPK VALUE
41	IOD2A	Num	3		ENZYME: WAS CPK-MB PRESENT
42	IOD2B	Num	4		ENZYME: WHAT WAS THE CPK-MB VALUE
43	IOD3A	Num	3		ENZYME: EITHER CPK-MB HEART FRACTION
44	IOD3B1	Num	4		ENZYME: CPK-MB HEART FRACTION
45	IOD3B2	Num	4		ENZYME: LDH
46	IOD3B3	Num	4		ENZYME: SGOT
47	IOD4	Num	3		ENZYME: WAS THERE A KNOWN NON-ISCHEMIC
48	IOD4OTH	Char	20		ENZYME: SPECIFY, OTHER
49	IOEECG	Num	3		ARE ECG TRACINGS ATTACHED?
50	IOFHOSRE	Num	3		ARE HOSPITAL RECORDS ATTACHED?
51	IOGMED	Num	3		OUTCOME OF EVENT: MEDICATION
52	IOGCARD	Num	3		OUTCOME OF EVENT: CARDIOLOGY FOLLOW-UP
53	IOGSURG	Num	3		OUTCOME OF EVENT: SURGERY
54	IOGTPA	Num	3		OUTCOME OF EVENT: TPA
55	IOGOTH	Num	3		OUTCOME OF EVENT: OTHER, SPECIFY:
56	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
57	MASK_PAT	Num	8		Deidentified Patient ID
58	IOB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
59	IOB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0904.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3	Z2.	EDIC YEAR
4	EDICYRB	Num	3	Z2.	LAST EDIC YEAR
5	IOB0A	Num	3		MYOCARDIAL INFARCTION
6	IOB0B	Num	3		ANGINA PECTORIS
7	IOB0C	Num	3		CORONARY ARTERY DISEASE
8	IOB0D	Num	3		ARRHYTHMIA
9	IOB1B	Num	3		CHECK HERE IF DATE UNCERTAIN
10	IOB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
11	IOB4A	Num	3		EMERGENCY ROOM
12	IOB4B	Num	3		IN-PATIENT HOSPITALIZATION
13	IOB4C	Num	3		Deidentified EDIC CLINIC
14	IOB4D	Num	3		OTHER, SPECIFY
15	IOC	Num	3		IF NO PAIN SKIP
16	IOC1AI	Num	3		CHEST PAIN: LEFT ANTERIOR CHEST
17	IOC1AII	Num	3		CHEST PAIN: LEFT ARM
18	IOC1AIII	Num	3		CHEST PAIN: JAW
19	IOC1AIV	Num	3		CHEST PAIN: STERNUM UPPER/MIDDLE
20	IOC1AV	Num	3		CHEST PAIN: STERNUM LOWER
21	IOC1BI	Num	3		PAIN INVOLVE: THE BACK
22	IOC1BII	Num	3		PAIN INVOLVE: THE SHOULDER
23	IOC1BIII	Num	3		PAIN INVOLVE: THE RIGHT ARM
24	IOC1BIV	Num	3		PAIN INVOLVE: ABDOMEN OR BOTH SIDES
25	IOC2A	Num	3		DID PAIN LAST MORE THAN 20 MINUTES
26	IOC2B	Num	3		NON-CARDIAC CAUSE FOR THE PAIN
27	IOC2C	Num	3		SELF-ADMINISTERED WITHOUT RELIEF/PAIN
28	IOC3	Num	3		PATIENT EVER HAD FEELING OF PRESSURE
29	IOC4A	Num	3		DID YOU GET THIS PAIN WHEN YOU WALK
30	IOC4B	Num	3		PAIN WHEN YOU WALK AT AN ORDINARY PACE
31	IOC4C	Num	3		WHEN YOU GET THIS PAIN WHAT DO YOU DO
32	IOC4D	Num	3		WHAT HAPPENS TO PAIN / STAND STILL
33	IOC4E	Num	3		HOW SOON DOES THE PAIN GO AWAY
34	IOC5	Num	3		ANY DIAGNOSTIC TESTS PERFORMED?
35	IOC5TES1	Char	20		WHAT TESTS WERE PERFORMED? TEST 1
36	IOC5RES1	Num	3		WHAT WERE THE RESULTS? RESULT 1

Num	Variable	Type	Len	Format	Label
37	IOC5TES2	Char	20		WHAT TESTS WERE PERFORMED? TEST 2
38	IOC5RES2	Num	3		WHAT WERE THE RESULTS? RESULT 2
39	IOC5TES3	Char	20		WHAT TESTS WERE PERFORMED? TEST 3
40	IOC5RES3	Num	3		WHAT WERE THE RESULTS? RESULT 3
41	IOC5TES4	Char	20		WHAT TESTS WERE PERFORMED? TEST 4
42	IOC5RES4	Num	3		WHAT WERE THE RESULTS? RESULT 4
43	IOC5TES5	Char	20		WHAT TESTS WERE PERFORMED? TEST 5
44	IOC5RES5	Num	3		WHAT WERE THE RESULTS? RESULT 5
45	IOD1A	Num	4		ENZYME: CPK AT LEAST TWICE UPPER LIMIT
46	IOD1B	Num	4		ENZYME: WHAT WAS THE CPK VALUE
47	IOD2A	Num	3		ENZYME: WAS CPK-MB PRESENT
48	IOD2B	Num	4		ENZYME: WHAT WAS THE CPK-MB VALUE
49	IOD3A	Num	3		ENZYME: EITHER CPK-MB HEART FRACTION
50	IOD3B1	Num	4		ENZYME: CPK-MB HEART FRACTION
51	IOD3B2	Num	4		ENZYME: LDH
52	IOD3B3	Num	4		ENZYME: SGOT
53	IOD4	Num	3		ENZYME: WAS THERE A KNOWN NON-ISCHEMIC
54	IOD4OTH	Char	20		ENZYME: SPECIFY, OTHER
55	IOEECG	Num	3		ARE ECG TRACINGS ATTACHED?
56	IOFHOSRE	Num	3		ARE HOSPITAL RECORDS ATTACHED?
57	IOGMED	Num	3		OUTCOME OF EVENT: MEDICATION
58	IOGCARD	Num	3		OUTCOME OF EVENT: CARDIOLOGY FOLLOW-UP
59	IOGSURG	Num	3		OUTCOME OF EVENT: SURGERY
60	IOGTPA	Num	3		OUTCOME OF EVENT: TPA
61	IOGOTH	Num	3		OUTCOME OF EVENT: OTHER, SPECIFY:
62	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
63	MASK_PAT	Num	8		Deidentified Patient ID
64	IOB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
65	IOB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0913.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4		EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IAB1B	Num	3		IF DATE UNCERTAIN, CHECK HERE
4	IAB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IAB4A	Num	3		EMERGENCY ROOM
6	IAB4B	Num	3		INPATIENT HOSPITALIZATION
7	IAB4C	Num	3		Deidentified EDIC CLINIC
8	IAB4D	Num	3		OTHER FACILITY
9	IAC1A1	Num	3		WEAKNESS OR NUMBNESS IN CONTRALATERAL
10	IAC1A2	Num	3		CONTRALATERAL HOMONYMOUS HEMIANOPSIA
11	IAC1A3	Num	3		CAROTID ARTERIAL SYSTEM: DSYPHASIA
12	IAC1A4	Num	3		CAROTID ARTERIAL SYSTEM: AGNOSIA
13	IAC1B1	Num	3		ARTERY SYSTEM: WEAKNESS SINGLE/LIMBS
14	IAC1B2	Num	3		ARTERY SYSTEM: NUMBNESS OF THE FACE
15	IAC1B3	Num	3		ARTERY SYSTEM: DIPLOPIA
16	IAC1B4	Num	3		ARTERY SYSTEM: DYSPHAGIA
17	IAC1B5	Num	3		ARTERY SYSTEM: DYSARTHRIA
18	IAC1B6	Num	3		ARTERY SYSTEM: HEMONYMOUS HEMIANOPSIA
19	IAC1B7	Num	3		ARTERY SYSTEM: ATAXIA
20	IAC1B8	Num	3		ARTERY SYSTEM: NYSTAGMUS
21	IAC1B9	Num	3		ARTERY SYSTEM: ALTERED CONSCIOUSNESS
22	IAC1B10	Num	3		ARTERY SYSTEM: VERTIGO
23	IAC1B11	Num	3		ARTERY SYSTEM: NAUSEA
24	IAC2A	Num	3		DID SYMPTOMS/SIGNS AT LEAST 10 MIN.
25	IAC2B	Num	3		WERE SYMPTOMS/ OR SIGNS OVER 24 HR.
26	IAC3A	Num	3		NEUROLOGICAL EXAMINATION
27	IAC3B	Num	3		DISABILITY THAT INTERFERES/ACTIVITIES
28	IAC4	Num	3		WAS ANGIOGRAPHY TESTING PERFORMED
29	IAC5	Num	3		DIAGNOSTIC TESTS PERFORMED
30	IAC5TES1	Char	20		TEST 1
31	IAC5RES1	Num	3		RESULT OF TEST 1
32	IAC5TES2	Char	20		TEST 2
33	IAC5RES2	Num	3		RESULT OF TEST 2
34	IAC5TES3	Char	20		TEST 3
35	IAC5RES3	Num	3		RESULT OF TEST 3
36	IAC5TES4	Char	20		TEST 4

Num	Variable	Type	Len	Format	Label
37	IAC5RES4	Num	3		RESULT OF TEST 4
38	IAC5TES5	Char	20		TEST 5
39	IAC5RES5	Num	3		RESULT OF TEST 5
40	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
41	MASK_PAT	Num	8		Deidentified Patient ID
42	IAB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
43	IAB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0914.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4		EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3	Z2.	EDIC YEAR
4	EDICYRB	Num	3	Z2.	LAST EDIC YEAR
5	IAB0A	Num	3		CVA
6	IAB0B	Num	3		TIA
7	IAB1B	Num	3		IF DATE UNCERTAIN, CHECK HERE
8	IAB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
9	IAB4A	Num	3		EMERGENCY ROOM
10	IAB4B	Num	3		INPATIENT HOSPITALIZATION
11	IAB4C	Num	3		Deidentified EDIC CLINIC
12	IAB4D	Num	3		OTHER FACILITY
13	IAC1A1	Num	3		WEAKNESS OR NUMBNESS IN CONTRALATERAL
14	IAC1A2	Num	3		CONTRALATERAL HOMONYMOUS HEMIANOPSIA
15	IAC1A3	Num	3		CAROTID ARTERIAL SYSTEM: DSYPHASIA
16	IAC1A4	Num	3		CAROTID ARTERIAL SYSTEM: AGNOSIA
17	IAC1B1	Num	3		ARTERY SYSTEM: WEAKNESS SINGLE/LIMBS
18	IAC1B2	Num	3		ARTERY SYSTEM: NUMBNESS OF THE FACE
19	IAC1B3	Num	3		ARTERY SYSTEM: DIPLOPIA
20	IAC1B4	Num	3		ARTERY SYSTEM: DYSPHAGIA
21	IAC1B5	Num	3		ARTERY SYSTEM: DYSARTHRIA
22	IAC1B6	Num	3		ARTERY SYSTEM: HEMONYMOUS HEMIANOPSIA
23	IAC1B7	Num	3		ARTERY SYSTEM: ATAXIA
24	IAC1B8	Num	3		ARTERY SYSTEM: NYSTAGMUS
25	IAC1B9	Num	3		ARTERY SYSTEM: ALTERED CONSCIOUSNESS
26	IAC1B10	Num	3		ARTERY SYSTEM: VERTIGO
27	IAC1B11	Num	3		ARTERY SYSTEM: NAUSEA
28	IAC2A	Num	3		DID SYMPTOMS/SIGNS AT LEAST 10 MIN.
29	IAC2B	Num	3		WERE SYMPTOMS/ OR SIGNS OVER 24 HR.
30	IAC3A	Num	3		NEUROLOGICAL EXAMINATION
31	IAC3B	Num	3		DISABILITY THAT INTERFERES/ACTIVITIES
32	IAC4	Num	3		WAS ANGIOGRAPHY TESTING PERFORMED
33	IAC5	Num	3		DIAGNOSTIC TESTS PERFORMED
34	IAC5TES1	Char	20		TEST 1
35	IAC5RES1	Num	3		RESULT OF TEST 1
36	IAC5TES2	Char	20		TEST 2

Num	Variable	Type	Len	Format	Label
37	IAC5RES2	Num	3		RESULT OF TEST 2
38	IAC5TES3	Char	20		TEST 3
39	IAC5RES3	Num	3		RESULT OF TEST 3
40	IAC5TES4	Char	20		TEST 4
41	IAC5RES4	Num	3		RESULT OF TEST 4
42	IAC5TES5	Char	20		TEST 5
43	IAC5RES5	Num	3		RESULT OF TEST 5
44	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
45	MASK_PAT	Num	8		Deidentified Patient ID
46	IAB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
47	IAB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0922.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IBB1B	Num	3		IF DATE UNCERTAIN
4	IBB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IBC1	Num	3		DO YOU GET PAIN IN EITHER LEG/WALKING
6	IBC2	Num	3		DOES PAIN BEGIN WHEN STANDING/SETTING
7	IBC3R	Num	3		IN WHAT PART OF YOUR (R) LEG
8	IBC3L	Num	3		IN WHAT PART OF YOUR (L) LEG
9	IBC4	Num	3		DO YOU GET IT IF YOU WALK UPHILL/HURRY
10	IBC5	Num	3		DO YOU GET IF YOU WALK/ORDINARY PACE
11	IBC6	Num	3		DOES THE PAIN DISAPPEAR WHILE/WALKING
12	IBC7	Num	3		WHAT DO YOU DO IF YOU GET PAIN/WALKING
13	IBC8	Num	3		WHAT HAPPENS TO PAIN IF STAND STILL
14	IBC9	Num	3		IF PAIN IS RELIEVED BY STANDING STILL
15	IBC10	Num	3		SINCE FIRST NOTICING THE PAIN
16	IBD1	Num	3		AMPUTATION:PART OF THE LOWER EXTREMITY
17	IBD2A	Num	3		AMPUTATION: TRAUMATIC
18	IBD2B	Num	3		AMPUTATION: SURGICAL
19	IBE1	Num	3		HAS PATIENT HAD OTHER ARTERIAL EVENTS
20	IBE2A	Num	3		OTHER ARTERIAL EVENTS: BYPASS
21	IBE2B	Num	3		OTHER ARTERIAL EVENTS: ANGIOPLASTY
22	IBE2C	Num	3		OTHER ARTERIAL EVENTS
23	IBE2COTH	Char	20		OTHER ARTERIAL EVENTS: SPECIFY
24	IBF1	Num	3		HAS THE PATIENT HAD EXTREMITY/ULCER
25	IBF2AF	Num	3		LOWER ULCER: RIGHT SIDE FOOT
26	IBF2AL	Num	3		LOWER ULCER: RIGHT SIDE LEG
27	IBF2BF	Num	3		LOWER ULCER: LEFT SIDE FOOT
28	IBF2BL	Num	3		LOWER ULCER: LEFT SIDE LEG
29	IBF2CF	Num	3		LOWER ULCER: TRAUMATIC FOOT
30	IBF2CL	Num	3		LOWER ULCER: TRAUMATIC LEG
31	IBF2DF	Num	3		LOWER ULCER: NON-TRAUMATIC FOOT
32	IBF2DL	Num	3		LOWER ULCER: NON-TRAUMATIC LEG
33	IBF2EF	Num	3		LOWER ULCER: EXCAVAT. OF SUBCUT. FOOT
34	IBF2EL	Num	3		LOWER ULCER: EXCAVAT. OF SUBCUT. LEG
35	IBF2FF	Num	3		LOWER ULCER: LOSS/SUBCUTAN. TISS. FOOT
36	IBF2FL	Num	3		LOWER ULCER: LOSS/SUBCUTAN. TISS. LEG

Num	Variable	Type	Len	Format	Label
37	IBF2GF	Num	3		LOWER ULCER: INFLAMMATION FOOT
38	IBF2GL	Num	3		LOWER ULCER: INFLAMMATION LEG
39	IBF2HF	Num	3		LOWER ULCER: INFECTION FOOT
40	IBF2HL	Num	3		LOWER ULCER: INFECTION LEG
41	IBF2IF	Num	3		LOWER ULCER: TREATMENT IN OFF. FOOT
42	IBF2IL	Num	3		LOWER ULCER: TREATMENT IN OFF. LEG
43	IBF2JF	Num	3		LOWER ULCER: TREATMENT IN HOSP. FOOT
44	IBF2JL	Num	3		LOWER ULCER: TREATMENT IN HOSP. LEG
45	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
46	MASK_PAT	Num	8		Deidentified Patient ID
47	IBB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
48	IBB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0923.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4		EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IBB1B	Num	3		CHECK HERE IF DATE UNCERTAIN
4	IBB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IBB4A	Num	3		EMERGENCY ROOM
6	IBB4B	Num	3		IN_PATIENT HOSPITALIZATION
7	IBB4C	Num	3		Deidentified EDIC CLINIC
8	IBB4D	Num	3		OTHER, SPECIFY
9	IBC1	Num	3		DO YOU GET PAIN IN EITHER LEG WALKING
10	IBC2	Num	3		DOES PAIN BEGIN WHEN STANDING/SITTING
11	IBC3R	Num	3		IN WHAT PART OF YOUR (R) LEG
12	IBC3L	Num	3		IN WHAT PART OF YOUR (L) LEG
13	IBC4	Num	3		DO YOU GET IT IF YOU WALK UPHILL/HURRY
14	IBC5	Num	3		DO YOU GET IF YOU WALK AT ORDINARY PACE
15	IBC6	Num	3		DOES THE PAIN DISAPPEAR WHILE WALKING
16	IBC7	Num	3		WHAT DO YOU DO IF YOU GET PAIN/WALKING
17	IBC8	Num	3		WHAT HAPPENS TO PAIN IF YOU STAND STILL
18	IBC9	Num	3		IF PAIN IS RELIEVED BY STANDING STILL
19	IBC10	Num	3		SINCE FIRST NOTICING THE PAIN
20	IBC11	Num	3		ANY DIAGNOSTIC TESTS PERFORMED?
21	IBC11TE1	Char	20		WHAT TESTS WERE PERFORMED? TEST 1
22	IBC11RE1	Num	3		WHAT WERE THE RESULTS? RESULT 1
23	IBC11TE2	Char	20		WHAT TESTS WERE PERFORMED? TEST 2
24	IBC11RE2	Num	3		WHAT WERE THE RESULTS? RESULT 2
25	IBC11TE3	Char	20		WHAT TESTS WERE PERFORMED? TEST 3
26	IBC11RE3	Num	3		WHAT WERE THE RESULTS? RESULT 3
27	IBC11TE4	Char	20		WHAT TESTS WERE PERFORMED? TEST 4
28	IBC11RE4	Num	3		WHAT WERE THE RESULTS? RESULT 4
29	IBC11TE5	Char	20		WHAT TESTS WERE PERFORMED? TEST 5
30	IBC11RE5	Num	3		WHAT WERE THE RESULTS? RESULT 5
31	IBD1R	Num	3		AMPUTATION: PART OF RIGHT LOWR EXTREMITY
32	IBD1L	Num	3		AMPUTATION: PART OF LEFT LOWER EXTREMITY
33	IBD2AR	Num	3		AMPUTATION: RIGHT, TRAUMATIC
34	IBD2AL	Num	3		AMPUTATION: LEFT, TRAUMATIC
35	IBD2BR	Num	3		AMPUTATION: RIGHT, SURGICAL
36	IBD2BL	Num	3		AMPUTATION: LEFT, SURGICAL

Num	Variable	Type	Len	Format	Label
37	IBE1	Num	3		HAS PATIENT HAD OTHER ARTERIAL EVENTS
38	IBE2A	Num	3		OTHER ARTERIAL EVENTS: BYPASS
39	IBE2B	Num	3		OTHER ARTERIAL EVENTS: ANGIOPLASTY
40	IBE2C	Num	3		OTHER ARTERIAL EVENTS
41	IBF1	Num	3		HAS THE PATIENT HAD EXTREMITY/ULCER
42	IBF2LEGR	Num	3		EXTREMITY/ULCER: RIGHT LEG
43	IBF2LEGL	Num	3		EXTREMITY/ULCER: LEFT LEG
44	IBF2FOTR	Num	3		EXTREMITY/ULCER: RIGHT FOOT
45	IBF2FOTL	Num	3		EXTREMITY/ULCER: LEFT FOOT
46	IBF3AFOT	Num	3		LOWER ULCER: TRAUMATIC FOOT
47	IBF3ALEG	Num	3		LOWER ULCER: TRAUMATIC LEG
48	IBF3BFOT	Num	3		LOWER ULCER: NON-TRAUMATIC FOOT
49	IBF3BLEG	Num	3		LOWER ULCER: NON-TRAUMATIC LEG
50	IBF3CFOT	Num	3		LOWER ULCER: EXCAVATION OF SUBCUT., FOOT
51	IBF3CLEG	Num	3		LOWER ULCER: EXCAVATION OF SUBCUT., LEG
52	IBF3DFOT	Num	3		LOWER ULCER: LOSS SUBCUTAN. TISSUE, FOOT
53	IBF3DLEG	Num	3		LOWER ULCER: LOSS SUBCUTAN. TISSUE, LEG
54	IBF3EFOT	Num	3		LOWER ULCER: INFLAMMATION IN FOOT
55	IBF3ELEG	Num	3		LOWER ULCER: INFLAMMATION IN LEG
56	IBF3FFOT	Num	3		LOWER ULCER: INFECTION IN FOOT
57	IBF3FLEG	Num	3		LOWER ULCER: INFECTION IN LEG
58	IBF3GFOT	Num	3		LOWER ULCER: TREATMENT IN OFFICE, FOOT
59	IBF3GLEG	Num	3		LOWER ULCER: TREATMENT IN OFFICE, LEG
60	IBF3HFOT	Num	3		LOWER ULCER: TREATMENT IN HOSPITAL, FOOT
61	IBF3HLEG	Num	3		LOWER ULCER: TREATMENT IN HOSPITAL, LEG
62	IBF3OTHF	Num	3		OTHER: FOOT
63	IBF3OTHL	Num	3		OTHER: LEG
64	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
65	MASK_PAT	Num	8		Deidentified Patient ID
66	IBB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
67	IBB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0924.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3	Z2.	EDIC YEAR
4	EDICYRB	Num	3	Z2.	LAST EDIC YEAR
5	IBB1B	Num	3		CHECK HERE IF DATE UNCERTAIN
6	IBB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
7	IBB4A	Num	3		EMERGENCY ROOM
8	IBB4B	Num	3		IN_PATIENT HOSPITALIZATION
9	IBB4C	Num	3		Deidentified EDIC CLINIC
10	IBB4D	Num	3		OTHER, SPECIFY
11	IBC1	Num	3		DO YOU GET PAIN IN EITHER LEG WALKING
12	IBC2	Num	3		DOES PAIN BEGIN WHEN STANDING/SITTING
13	IBC3R	Num	3		IN WHAT PART OF YOUR (R) LEG
14	IBC3L	Num	3		IN WHAT PART OF YOUR (L) LEG
15	IBC4	Num	3		DO YOU GET IT IF YOU WALK UPHILL/HURRY
16	IBC5	Num	3		DO YOU GET IF YOU WALK AT ORDINARY PACE
17	IBC6	Num	3		DOES THE PAIN DISAPPEAR WHILE WALKING
18	IBC7	Num	3		WHAT DO YOU DO IF YOU GET PAIN/WALKING
19	IBC8	Num	3		WHAT HAPPENS TO PAIN IF YOU STAND STILL
20	IBC9	Num	3		IF PAIN IS RELIEVED BY STANDING STILL
21	IBC10	Num	3		SINCE FIRST NOTICING THE PAIN
22	IBC11	Num	3		ANY DIAGNOSTIC TESTS PERFORMED?
23	IBC11TE1	Char	20		WHAT TESTS WERE PERFORMED? TEST 1
24	IBC11RE1	Num	3		WHAT WERE THE RESULTS? RESULT 1
25	IBC11TE2	Char	20		WHAT TESTS WERE PERFORMED? TEST 2
26	IBC11RE2	Num	3		WHAT WERE THE RESULTS? RESULT 2
27	IBC11TE3	Char	20		WHAT TESTS WERE PERFORMED? TEST 3
28	IBC11RE3	Num	3		WHAT WERE THE RESULTS? RESULT 3
29	IBC11TE4	Char	20		WHAT TESTS WERE PERFORMED? TEST 4
30	IBC11RE4	Num	3		WHAT WERE THE RESULTS? RESULT 4
31	IBC11TE5	Char	20		WHAT TESTS WERE PERFORMED? TEST 5
32	IBC11RE5	Num	3		WHAT WERE THE RESULTS? RESULT 5
33	IBD1R	Num	3		AMPUTATION: PART OF RIGHT LOWR EXTREMITY
34	IBD1L	Num	3		AMPUTATION: PART OF LEFT LOWER EXTREMITY
35	IBD2AR	Num	3		AMPUTATION: RIGHT, TRAUMATIC
36	IBD2AL	Num	3		AMPUTATION: LEFT, TRAUMATIC

Num	Variable	Type	Len	Format	Label
37	IBD2BR	Num	3		AMPUTATION: RIGHT, SURGICAL
38	IBD2BL	Num	3		AMPUTATION: LEFT, SURGICAL
39	IBE1	Num	3		HAS PATIENT HAD OTHER ARTERIAL EVENTS
40	IBE2A	Num	3		OTHER ARTERIAL EVENTS: BYPASS
41	IBE2B	Num	3		OTHER ARTERIAL EVENTS: ANGIOPLASTY
42	IBE2C	Num	3		OTHER ARTERIAL EVENTS
43	IBF1	Num	3		HAS THE PATIENT HAD EXTREMITY/ULCER
44	IBF2LEGR	Num	3		EXTREMITY/ULCER: RIGHT LEG
45	IBF2LEGL	Num	3		EXTREMITY/ULCER: LEFT LEG
46	IBF2FOTR	Num	3		EXTREMITY/ULCER: RIGHT FOOT
47	IBF2FOTL	Num	3		EXTREMITY/ULCER: LEFT FOOT
48	IBF3AFOT	Num	3		LOWER ULCER: TRAUMATIC FOOT
49	IBF3ALEG	Num	3		LOWER ULCER: TRAUMATIC LEG
50	IBF3BFOT	Num	3		LOWER ULCER: NON-TRAUMATIC FOOT
51	IBF3BLEG	Num	3		LOWER ULCER: NON-TRAUMATIC LEG
52	IBF3CFOT	Num	3		LOWER ULCER: EXCAVATION OF SUBCUT., FOOT
53	IBF3CLEG	Num	3		LOWER ULCER: EXCAVATION OF SUBCUT., LEG
54	IBF3DFOT	Num	3		LOWER ULCER: LOSS SUBCUTAN. TISSUE, FOOT
55	IBF3DLEG	Num	3		LOWER ULCER: LOSS SUBCUTAN. TISSUE, LEG
56	IBF3EFOT	Num	3		LOWER ULCER: INFLAMMATION IN FOOT
57	IBF3ELEG	Num	3		LOWER ULCER: INFLAMMATION IN LEG
58	IBF3FFOT	Num	3		LOWER ULCER: INFECTION IN FOOT
59	IBF3FLEG	Num	3		LOWER ULCER: INFECTION IN LEG
60	IBF3GFOT	Num	3		LOWER ULCER: TREATMENT IN OFFICE, FOOT
61	IBF3GLEG	Num	3		LOWER ULCER: TREATMENT IN OFFICE, LEG
62	IBF3HFOT	Num	3		LOWER ULCER: TREATMENT IN HOSPITAL, FOOT
63	IBF3HLEG	Num	3		LOWER ULCER: TREATMENT IN HOSPITAL, LEG
64	IBF3OTHF	Num	3		OTHER: FOOT
65	IBF3OTHL	Num	3		OTHER: LEG
66	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
67	MASK_PAT	Num	8		Deidentified Patient ID
68	IBB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
69	IBB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0932.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	ICB1B	Num	3		IF DATE UNCERTAIN
4	ICB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	ICC1	Num	3		WAS SYMPTOMATIC DIABETIC STATE PRESENT
6	ICC2A	Num	3		WERE SERUM KETONES PRESENT
7	ICC2B	Num	3		WERE LARGE/MODERATE KETONES IN URINE
8	ICC3AI	Num	3		WAS ARTERIAL BLOOD PH LESS THAN 7.30
9	ICC3AII	Num	8		RECORD ARTERIAL BLOOD PH LEVEL
10	ICC3BI	Num	3		WAS VENOUS BLOOD PH LESS THAN 7.25
11	ICC3BII	Num	8		RECORD VENOUS BLOOD PH LEVEL
12	ICC3CI	Num	3		WAS SERUM HCO/3 LESS THAN 15 MEQ/L
13	ICC3CII	Num	4		RECORD SERUM HCO/3 IF AVAILABLE
14	ICC4	Num	3		HEALTH CARE: WAS PATIENT TREATED
15	ICC4A	Num	3		EMERGENCY ROOM
16	ICC4B	Num	3		INPATIENT HOSPITALIZATION
17	ICC5A	Num	3		OCCURRENCE/EPISODE:OMISSION OF INSULIN
18	ICC5B	Num	3		OCCURRENCE/EPISODE: PUMP MALFUNCTION
19	ICC5C	Num	3		OCCURRENCE/EPISODE: ILLNESS
20	ICC5D	Num	3		OCCURRENCE/EPISODE: OTHER
21	ICC5DOTH	Char	20		OCCURRENCE/EPISODE: SPECIFY
22	FSASDATE	Num	8		Deidentified FORM DATE
23	MASK_PAT	Num	8		Deidentified Patient ID
24	ICB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
25	ICB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0933.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	ICB1B	Num	3		IF DATE UNCERTAIN
4	ICB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	ICC1	Num	3		WAS SYMPTOMATIC DIABETIC STATE PRESENT
6	ICC2A	Num	3		WERE SERUM KETONES PRESENT
7	ICC2B	Num	3		WERE LARGE/MODERATE KETONES IN URINE
8	ICC3AI	Num	3		WAS ARTERIAL BLOOD PH LESS THAN 7.30
9	ICC3AII	Num	8		RECORD ARTERIAL BLOOD PH LEVEL
10	ICC3BI	Num	3		WAS VENOUS BLOOD PH LESS THAN 7.25
11	ICC3BII	Num	8		RECORD VENOUS BLOOD PH LEVEL
12	ICC3CI	Num	3		WAS SERUM HCO/3 LESS THAN 15 MEQ/L
13	ICC3CII	Num	4		RECORD SERUM HCO/3 IF AVAILABLE
14	ICC4	Num	3		HEALTH CARE: WAS PATIENT TREATED
15	ICC4A	Num	3		EMERGENCY ROOM
16	ICC4B	Num	3		INPATIENT HOSPITALIZATION
17	ICC5A	Num	3		OCCURRENCE/EPISODE:OMISSION OF INSULIN
18	ICC5B	Num	3		OCCURRENCE/EPISODE: PUMP MALFUNCTION
19	ICC5C	Num	3		OCCURRENCE/EPISODE: ILLNESS
20	ICC5D	Num	3		OCCURRENCE/EPISODE: OTHER
21	ICC5DOTH	Char	20		OCCURRENCE/EPISODE: SPECIFY
22	FSASDATE	Num	8		Deidentified FORM DATE
23	MASK_PAT	Num	8		Deidentified Patient ID
24	ICB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
25	ICB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0934.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	ICB1B	Num	3		IF DATE UNCERTAIN
4	ICB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	ICC1	Num	3		WAS SYMPTOMATIC DIABETIC STATE PRESENT
6	ICC2A	Num	3		WERE SERUM KETONES PRESENT
7	ICC2B	Num	3		WERE LARGE/MODERATE KETONES IN URINE
8	ICC3AI	Num	3		WAS ARTERIAL BLOOD PH LESS THAN 7.30
9	ICC3AII	Num	8		RECORD ARTERIAL BLOOD PH LEVEL
10	ICC3BI	Num	3		WAS VENOUS BLOOD PH LESS THAN 7.25
11	ICC3BII	Num	8		RECORD VENOUS BLOOD PH LEVEL
12	ICC3CI	Num	3		WAS SERUM HCO/3 LESS THAN 15 MEQ/L
13	ICC3CII	Num	4		RECORD SERUM HCO/3 IF AVAILABLE
14	ICC4	Num	3		HEALTH CARE: WAS PATIENT TREATED
15	ICC4A	Num	3		EMERGENCY ROOM
16	ICC4B	Num	3		INPATIENT HOSPITALIZATION
17	ICC5A	Num	3		OCCURRENCE/EPISODE:OMISSION OF INSULIN
18	ICC5B	Num	3		OCCURRENCE/EPISODE: PUMP MALFUNCTION
19	ICC5C	Num	3		OCCURRENCE/EPISODE: ILLNESS
20	ICC5D	Num	3		OCCURRENCE/EPISODE: OTHER
21	ICC5DOTH	Char	20		OCCURRENCE/EPISODE: SPECIFY
22	ICC4C	Num	3		Deidentified EDIC CLINIC
23	ICC4D	Num	3		OTHER
24	ICC4DOTH	Char	20		SPECIFY
25	FSASDATE	Num	8		Deidentified FORM DATE
26	EDICYEAR	Num	3	Z2.	EDIC YEAR
27	EDICYRB	Num	3	Z2.	LAST EDIC YEAR
28	MASK_PAT	Num	8		Deidentified Patient ID
29	ICB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
30	ICB2BDAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0942.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IDB1B	Num	3		IF DATE UNCERTAIN
4	IDB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IDC1A	Num	3		PSYCHIATRIC SOCIAL WORKER
6	IDC1B	Num	3		PSYCHOLOGIST
7	IDC1C	Num	3		PSYCHIATRIST
8	IDC1D	Num	3		OTHER
9	IDC1DOTH	Char	20		SPECIFY:
10	IDC2	Num	3		PATIENT RECEIVE OUTPATIENT TREATMENT
11	IDC2A	Num	3		EMERGENCY ROOM
12	IDC2B	Num	3		OFFICE
13	IDC2C	Num	3		MED/SUR.INPAT. PRIMARY MEDICAL PROBLEM
14	IDC2D	Num	3		OUTPATIENT TREATMENT OTHER
15	IDC2DOTH	Char	20		SPECIFY:
16	IDC3	Num	3		PATIENT RECEIVE INPATIENT TREATMENT
17	IDC4	Num	3		USING CRIT. IN DIAG. & STATI. M/M DIS.
18	IDCDIAGN	Char	40		SPECIFY THE DIAGNOSIS
19	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
20	MASK_PAT	Num	8		Deidentified Patient ID
21	IDB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
22	IDB2DAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0943.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IDB1B	Num	3		CHECK HERE IF DATE UNCERTAIN
4	IDB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IDC1A	Num	3		PSYCHIATRIC SOCIAL WORKER
6	IDC1B	Num	3		PSYCHOLOGIST
7	IDC1C	Num	3		PSYCHIATRIST
8	IDC1D	Num	3		OTHER
9	IDC1DOTH	Char	20		SPECIFY:
10	IDC2	Num	3		PATIENT RECEIVED OUTPATIENT TREATMENT
11	IDC2A	Num	3		EMERGENCY ROOM
12	IDC2B	Num	3		OFFICE
13	IDC2C	Num	3		MED/SURG. INPAT. PRIMARY MEDICAL PROBLEM
14	IDC2D	Num	3		OUTPATIENT TREATMENT, OTHER
15	IDC2DOTH	Char	20		SPECIFY:
16	IDC3	Num	3		PATIENT RECEIVED IN-PATIENT TREATMENT
17	IDC4	Num	3		USING CRITERIA IN DIAG. & STAT. M/M DIS.
18	IDCDIAGN	Char	40		SPECIFY THE DIAGNOSIS
19	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
20	MASK_PAT	Num	8		Deidentified Patient ID
21	IDB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
22	IDB2DAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0944.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3	Z2.	EDIC YEAR
4	EDICYRB	Num	3		LAST EDIC YEAR
5	IDB1B	Num	3		CHECK HERE IF DATE UNCERTAIN
6	IDB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
7	IDC1A	Num	3		PSYCHIATRIC SOCIAL WORKER
8	IDC1B	Num	3		PSYCHOLOGIST
9	IDC1C	Num	3		PSYCHIATRIST
10	IDC1D	Num	3		OTHER
11	IDC1DOTH	Char	20		SPECIFY:
12	IDC2	Num	3		PATIENT RECEIVED OUTPATIENT TREATMENT
13	IDC2A	Num	3		EMERGENCY ROOM
14	IDC2B	Num	3		OFFICE
15	IDC2C	Num	3		MED/SURG. INPAT. PRIMARY MEDICAL PROBLEM
16	IDC2D	Num	3		OUTPATIENT TREATMENT, OTHER
17	IDC2DOTH	Char	20		SPECIFY:
18	IDC3	Num	3		PATIENT RECEIVED IN-PATIENT TREATMENT
19	IDC4	Num	3		USING CRITERIA IN DIAG. & STAT. M/M DIS.
20	IDCDIAGN	Char	40		SPECIFY THE DIAGNOSIS
21	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
22	MASK_PAT	Num	8		Deidentified Patient ID
23	IDB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
24	IDB2DAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT

Data Set Name: f0952.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IEB1B	Num	3		IF DATE UNCERTAIN
4	IEB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IEC1	Num	3		WHAT TYPE OF MAJOR ACCIDENT?
6	IEC1OTH	Char	20		OTHER, SPECIFY:
7	IEC2	Num	3		PATIENT HOSPITALIZATION
8	IEC3A	Num	3		EMERGENCY ROOM
9	IEC3B	Num	3		HOSPITAL INPATIENT WARD
10	IEC3C	Num	3		Deidentified EDIC CLINIC
11	IEC3D	Num	3		OTHER
12	IEC3DOTH	Char	20		SPECIFY:
13	IEC4	Num	3		ANY OPERATION PERFORMED RESULT OF ACCI
14	IERESULT	Char	40		SPECIFY OPERATION AND RESULT
15	IEC5B1	Num	3		IF TREATMENT IS STILL IN PROGRESS:
16	IEC6A	Num	3		OCCURRED AS A RESULT OF ACCIDENT:DEATH
17	IEC6B	Num	3		ACCIDENT: INJURY TO ANOTHER PERSON
18	IEC6C	Num	3		ACCIDENT: PROPERTY DAMAGE
19	IEC6D	Num	3		ACCIDENT: TRAFFIC VIOLATION
20	IEC6E	Num	3		ACCIDENT: OTHER
21	IEC6EOTH	Char	20		SPECIFY:
22	IEC7	Num	3		CLINIC'S OPINION: HYPOGLYCEMIA
23	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
24	MASK_PAT	Num	8		Deidentified Patient ID
25	IEB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
26	IEB2DAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT
27	IEC5ADAT	Num	8		Deidentified DATE OF ADMISSION
28	IEC5BDAT	Num	8		Deidentified DATE OF DISCHARGE

Data Set Name: f0953.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	IEB1B	Num	3		CHECK HERE IF DATE UNCERTAIN
4	IEB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
5	IEC1	Num	3		WHAT TYPE OF MAJOR ACCIDENT
6	IEC1OTH	Char	20		OTHER, SPECIFY:
7	IEC2ACCI	Char	120		BRIEF DESCRIPTION OF ACCIDENT
8	IEC3	Num	3		PATIENT HOSPITALIZATION
9	IEC3OTH	Char	20		OTHER, SPECIFY
10	IEC4A	Num	3		EMERGENCY ROOM
11	IEC4B	Num	3		HOSPITAL IN-PATIENT WARD
12	IEC4C	Num	3		Deidentified EDIC CLINIC
13	IEC4D	Num	3		OTHER
14	IEC4DOTH	Char	20		SPECIFY
15	IEC5	Num	3		WAS ANY OPERATION PERFORMED
16	IETEST1	Char	20		TEST 1
17	IERESUL1	Num	3		RESULT 1
18	IETEST2	Char	20		TEST 2
19	IERESUL2	Num	3		RESULT 2
20	IETEST3	Char	20		TEST 3
21	IERESUL3	Num	3		RESULT 3
22	IETEST4	Char	20		TEST 4
23	IERESUL4	Num	3		RESULT 4
24	IETEST5	Char	20		TEST 5
25	IERESUL5	Num	3		RESULT 5
26	IEC6B1	Num	3		IF TREATMENT IS STILL IN PROGRESS
27	IEC7A	Num	3		ACCIDENT: DEATH (FORM 140)
28	IEC7B	Num	3		ACCIDENT: INJURY TO ANOTHER PERSON
29	IEC7C	Num	3		ACCIDENT: PROPERTY DAMAGE
30	IEC7D	Num	3		ACCIDENT: TRAFFIC VIOLATION
31	IEC7E	Num	3		ACCIDENT: OTHER
32	IEC7EOTH	Char	20		SPECIFY:
33	IEC8	Num	3		CLINIC'S OPINION: HYPOGLYCEMIA
34	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
35	MASK_PAT	Num	8		Deidentified Patient ID
36	IEB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE

Num	Variable	Type	Len	Format	Label
37	IEB2DAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT
38	IEC6ADAT	Num	8		Deidentified DATE OF ADMISSION
39	IEC6BDAT	Num	8		Deidentified DATE OF DISCHARGE

Data Set Name: f0954.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3	Z2.	EDIC YEAR
4	EDICYRB	Num	3		LAST EDIC YEAR
5	IEB1B	Num	3		CHECK HERE IF DATE UNCERTAIN
6	IEB3	Num	3		HOW DID CLINIC LEARN OF THE EVENT
7	IEC1	Num	3		WHAT TYPE OF MAJOR ACCIDENT
8	IEC1OTH	Char	20		OTHER, SPECIFY:
9	IEC2ACCI	Char	120		BRIEF DESCRIPTION OF ACCIDENT
10	IEC3	Num	3		PATIENT HOSPITALIZATION
11	IEC3OTH	Char	20		OTHER, SPECIFY
12	IEC4A	Num	3		EMERGENCY ROOM
13	IEC4B	Num	3		HOSPITAL IN-PATIENT WARD
14	IEC4C	Num	3		Deidentified EDIC CLINIC
15	IEC4D	Num	3		OTHER
16	IEC4DOTH	Char	20		SPECIFY
17	IEC5	Num	3		WAS ANY OPERATION PERFORMED
18	IETEST1	Char	20		TEST 1
19	IERESUL1	Num	3		RESULT 1
20	IETEST2	Char	20		TEST 2
21	IERESUL2	Num	3		RESULT 2
22	IETEST3	Char	20		TEST 3
23	IERESUL3	Num	3		RESULT 3
24	IETEST4	Char	20		TEST 4
25	IERESUL4	Num	3		RESULT 4
26	IETEST5	Char	20		TEST 5
27	IERESUL5	Num	3		RESULT 5
28	IEC6B1	Num	3		IF TREATMENT IS STILL IN PROGRESS
29	IEC7A	Num	3		ACCIDENT: DEATH (FORM 140)
30	IEC7B	Num	3		ACCIDENT: INJURY TO ANOTHER PERSON
31	IEC7C	Num	3		ACCIDENT: PROPERTY DAMAGE
32	IEC7D	Num	3		ACCIDENT: TRAFFIC VIOLATION
33	IEC7E	Num	3		ACCIDENT: OTHER
34	IEC7EOTH	Char	20		SPECIFY:
35	IEC8	Num	3		CLINIC'S OPINION: HYPOGLYCEMIA
36	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED

Num	Variable	Type	Len	Format	Label
37	MASK_PAT	Num	8		Deidentified Patient ID
38	IEB1ADAT	Num	8		Deidentified DATE OF OCCURRENCE
39	IEB2DAT	Num	8		Deidentified DATE CLINIC LEARNED OF THE EVENT
40	IEC6ADAT	Num	8		Deidentified DATE OF ADMISSION
41	IEC6BDAT	Num	8		Deidentified DATE OF DISCHARGE

Data Set Name: f1301.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FSASDATE	Num	8		Collection Date Deidentified
2	JHDIAKID	Char	1	$YN.	PATIENT HAS DIABETIC OFFSPRING
3	JHCODE	Char	3	$GEN_REL.	RELATIVE CODE
4	JHSEX	Char	1	$GENDERF.	GENDER
5	JHLIVING	Num	3	YESNOFMT.	LIVING
6	JHDIABET	Num	3	YESNOFMT.	ANY DIABETIC
7	JHDIAGN	Num	3		AGE DIABETES DIAGNOSED
8	JHINSUL	Num	3	YESNOFMT.	USES INSULIN
9	JHRETIN	Num	3	YESNOFMT.	RETINOPATHY
10	JHNEPH	Num	3	YESNOFMT.	NEPHROPATHY
11	JHPARENT	Num	8	YESNOFMT.	SAME BIOLOGICAL PARENTS
12	JHCURAGE	Num	8		Age at Collection or Age at Death
13	MASK_PAT	Num	8		Patient ID Deidentified
14	MASKCLIN	Num	8		Clinic ID Deidentified

Data Set Name: f1402.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	NOB3	Num	3		PLACE OF DEATH
4	NOB4	Num	3		PATIENT PRONOUNCED DEAD BY PHYSICIAN
5	NOC1	Num	3		ANTECEDENT MEDICIAL HISTORY PRIOR TO
6	NOD1B	Num	3		AUTOPSY PENDING
7	NOD1C	Num	3		AUTOPSY REPORT: PRELIMINARY OR FINAL
8	NOD1D	Num	3		REASON AUTOPSY WAS NOT PERFORMED
9	NOD2	Num	3		POST-MORTEM DIAGNOSIS NOT AVAILABLE
10	NOD3	Num	3		DEATH CERTIFICATE ENCLOSED
11	NOD4	Num	3		AUTOPSY REPORT ENCLOSED
12	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
13	MASK_PAT	Num	8		Deidentified Patient ID
14	NOB1	Num	8		Deidentified DATE OF DEATH
15	NOB2	Num	8		Deidentified DATE CLINIC LEARNED OF DEATH
16	NOD1A	Num	8		Deidentified DATE AUTOPSY WAS PERFORMED

Data Set Name: f1412.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	DCCT FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified DCCT CLINIC NUMBER
3	NAINTERM	Num	3		INTERIM MANAGEMENT VISIT
4	EDICYEAR	Num	3		EDIC YEAR
5	NAMHPE	Num	3		ANNUAL MED. HISTORY/PHY. EXAM.
6	NAQTI	Num	3		QUARTERLY VISIT
7	NAOEVA	Num	3		ENDPOINT VISIT OPHTHALMIC EXAM.
8	NAMNSI	Num	3		MICHIGAN NEUROPATHY SCREENING INSTR.
9	NAQOLIFE	Num	3		QUALITY OF LIFE QUESTIONAIRE
10	NAHSQ	Num	3		HEALTH STATUS QUESTIONAIRE
11	NAHCARE	Num	3		HEALTH CARE DELIVERY QUESTIONAIRE
12	NAHFOODF	Num	3		HARVARD FOOD FREQUENCY QUESTIONAIRE
13	NAEKG	Num	3		RESTING EKG/ELECTROCARDIOGRAM LIST
14	NACAROAU	Num	3		CAROTID ARTERY ULTRASOUND MAILING LIST
15	NALIPID	Num	3		LIPID SPECIMEN MAILING LIST
16	NARENAL	Num	3		RENAL STUDIES SPECIMEN MAILING LIST
17	NAGFR	Num	3		RENAL STUDIES: GFR
18	NAFUNDPH	Num	3		FUNDUS PHOT./FUNDUS MAILING LSIT
19	NAHBA1C	Num	3		HEMOGLOBIN A1C SPEC. MAIL. LIST
20	NAOTHER	Num	3		OTHER-SPECIFY
21	NACONTAC	Num	3		CONTACT WITH/CONTACTED BY DCCT
22	NAREASON	Num	3		REASON FOR MISSED VISIT
23	NAMISSED	Num	3		MISSED PROCEDURES - COMPLETED LATER
24	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
25	MASK_PAT	Num	8		Deidentified Patient ID
26	NATARGET	Num	8		Deidentified TARGET DATE FOR MISSED VISIT

Data Set Name: f1413.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	EDICYEAR	Num	3		EDIC YEAR
4	NAMHPE	Num	3		ANNUAL MEDICAL HISTORY/PHYSICAL EXAM
5	NAOEVA	Num	3		ENDPOINT VISIT OPHTHALMIC EXAM
6	NAMNSI	Num	3		MICHIGAN NEUROPATHY SCREENING INSTRUMENT
7	NAQOLIFE	Num	3		QUALITY-OF-LIFE QUESTIONNAIRE
8	NAHSQ	Num	3		HEALTH STATUS QUESTIONNAIRE
9	NAHCARE	Num	3		HEALTH-CARE DELIVERY QUESTIONNAIRE
10	NAHFOODF	Num	3		HARVARD FOOD FREQUENCY QUESTIONNAIRE
11	NAEKG	Num	3		RESTING EKG/ELECTROCARDIOGRAM LIST
12	NACAROAU	Num	3		CAROTID ARTERY ULTRASOUND MAILING LIST
13	NALIPID	Num	3		LIPID SPECIMEN MAILING LIST
14	NARENAL	Num	3		RENAL STUDIES SPECIMEN MAILING LIST
15	NAGFR	Num	3		RENAL STUDIES: GFR
16	NAFUNDPH	Num	3		FUNDUS PHOTOGRAPHS/FUNDUS MAILING LIST
17	NAHBA1C	Num	3		HEMOGLOBIN A1C SPECIMEN MAILING LIST
18	NAOTHER	Num	3		OTHER -- SPECIFY
19	NACONTAC	Num	3		CONTACT WITH/CONTACTED BY EDIC
20	NAREASON	Num	3		REASON FOR MISSED VISIT
21	NAMISSED	Num	3		MISSED PROCEDURES - COMPLETED LATER
22	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
23	MASK_PAT	Num	8		Deidentified Patient ID
24	NATARGET	Num	8		Deidentified TARGET DATE FOR MISSED VISIT

Data Set Name: f1422.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	NBB1	Num	3		Deidentified REASON FOR CLINIC TRANSFER
4	NBB3B	Num	3		EDIC FOLLOW-UP YEAR
5	NBB4	Num	3		Deidentified CLINIC TO WHICH PATIENT WILL TRANSFER
6	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
7	MASK_PAT	Num	8		Deidentified Patient ID
8	NBB2DAT	Num	8		Deidentified DATE MED. RECS. WILL SEND TO NEW CLINIC
9	NBB3ADAT	Num	8		Deidentified DATE FIRST VISIT-NEW TREATMENT CENTER
10	NBB3CDAT	Num	8		Deidentified TEMP. MOVE-DATE PT. STOP - NEW CENTER

Data Set Name: f1442.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	NDB1A	Num	3		JUDGMENT OF PRINCIPAL
4	NDB1B	Num	3		CATASTROPHIC INJURY
5	NDB1C	Num	3		INACCESSIBILITY TO METABOLIC
6	NDB1D	Num	3		PATIENT HAS WITHDRAWN CONSENT
7	NDB1E	Num	3		OTHER
8	NDB3A	Num	3		IF UNCERTAIN,CHECK HERE
9	NDC1	Num	3		ATTEMPT TO CONTACT PATIENT
10	NDC2	Num	3		Deidentified WILLING TO RETURN TO CLINIC
11	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
12	MASK_PAT	Num	8		Deidentified Patient ID
13	NDB3DAT	Num	8		Deidentified INACTIVE STATUS BECOME EFFECTIVE

Data Set Name: f1443.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	NDB1A	Num	3		CATASTROPHIC INJURY
4	NDB1B	Num	3		INACCESSIBILITY TO MONITORING
5	NDB1C	Num	3		PATIENT HAS WITHDRAWN CONSENT
6	NDB1D	Num	3		PATIENT HAS AGREED TO PARTICIPATE
7	NDB1E	Num	3		OTHER
8	NDB3A	Num	3		IF UNCERTAIN, CHECK HERE
9	NDC1	Num	3		Deidentified WILL CLINIC ATTEMPT TO CONTACT PATIENT
10	NDC2	Num	3		Deidentified WILLING TO RETURN TO CLINIC
11	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
12	MASK_PAT	Num	8		Deidentified Patient ID
13	NDB3DAT	Num	8		Deidentified DATE INACTIVE STATUS TO BECOME EFFECTIVE

Data Set Name: f1452.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FORM	Num	4	Z4.	EDIC FORM NUMBER
2	CLINIC	Num	3	Z2.	Deidentified EDIC CLINIC NUMBER
3	NEA4	Num	3		GENDER
4	NEB1	Num	3		CLINIC ATTEMPT TO CONTACT THE PATIENT
5	NEB2	Num	3		DID THE CLINIC TALK TO THE PATIENT
6	NEC1	Num	3		IS THE PATIENT LIVING
7	NEC2A	Num	3		ANY DIABETES RELATED EYE PROBLEMS
8	NEC2B	Num	3		EYE: LASER TREATMENT
9	NEC2C	Num	3		EYE: SEVERE VISION LOSS (<20/200)
10	NEC2D	Num	3		EYE: CATARACTS
11	NEC2E	Num	3		DETACHED RETINA
12	NEC2F	Num	3		EYE: INFORMATION OBTAINED FROM:
13	NEC3A	Num	3		DIABETIC KIDNEY PROBLEMS
14	NEC3B	Num	3		PROTEIN OR ALBUMIN IN URINE
15	NEC3C	Num	3		KIDNEY TRANSPLANT
16	NEC3D	Num	3		KIDNEY DIALYSIS
17	NEC3E	Num	3		KIDNEY: INFORMATION OBTAINED FROM:
18	NEC4A	Num	3		PROBLEMS WITH HEART/BLOOD VESSELS
19	NEC4B	Num	3		ABNORMAL ECG
20	NEC4C	Num	3		HEART PAINS OR ANGINA
21	NEC4D	Num	3		HEART ATTACK
22	NEC4E	Num	3		CORONARY BYPASS SURGERY
23	NEC4F	Num	3		STROKE
24	NEC4G	Num	3		HIGH BLOOD PRESSURE
25	NEC4H	Num	3		DRUG TREATMENT FOR HIGH BP
26	NEC4H1	Num	3		NOW ON DRUG TREATMENT FOR HI BP
27	NEC4H1I	Num	3		CARDIOVASCULAR: INFO. OBTAINED FROM:
28	NEC5A	Num	3		TROUBLE WITH CIRCULATION IN LEGS
29	NEC5B	Num	3		FOOT ULCERS
30	NEC5C	Num	3		GANGRENE
31	NEC5D	Num	3		NON-TRAUMATIC AMPUTATION
32	NEC5E	Num	3		VASCULAR: INFO OBTAINED FROM
33	NEC6A	Num	3		ANY SERIOUS MEDICAL PROBLEMS
34	FSASDATE	Num	8		Deidentified DATE FORM COMPLETED
35	MASK_PAT	Num	8		Deidentified Patient ID
36	NEB3A	Num	8		Deidentified DATE OF FACE TO FACE PATIENT CONT.

Num	Variable	Type	Len	Format	Label
37	NEB3B	Num	8		Deidentified LAST DATE OF TELEPHONE CONTACT
38	NEB3C	Num	8		Deidentified LAST DATE OF CONT.WITH INDIVIDUALS

Data Set Name: f0025_rev.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	OB7030BE	Num	4		UNITS 70/30 INSULIN USED-BEDTIME
7	OB7030BR	Num	4		UNITS 70/30 INSULIN USED-BREAKFAST
8	OB7030LU	Num	4		UNITS 70/30 INSULIN USED-LUNCH
9	OB7030OT	Num	4		UNITS 70/30 INSULIN USED-OTHER
10	OB7030SU	Num	4		UNITS 70/30 INSULIN USED-SUPPER
11	OB7525BE	Num	4		UNITS 75/25 INSULIN USED-BEDTIME
12	OB7525BK	Num	4		UNITS 75/25 INSULIN USED-BREAKFAST
13	OB7525LU	Num	4		UNITS 75/25 INSULIN USED-LUNCH
14	OB7525OT	Num	4		UNITS 75/25 INSULIN USED-OTHER
15	OB7525SU	Num	4		UNITS 75/25 INSULIN USED-SUPPER
16	OB9CUFFA	Num	4		DOPPLER BP: BRACHIAL CUFF SIZE
17	OB9CUFFB	Num	4		DOPPLER BP: DORSALIS PEDIS CUFF SIZE
18	OB9CUFFC	Num	4		DOPPLER BP: POSTERIOR TIBIAL CUFF SIZE
19	OBBPLEN	Num	4		TYPE OF INSULIN-BEEF/PORK LENTE
20	OBBPNPH	Num	4		TYPE OF INSULIN-BEEF/PORK NPH
21	OBBPREG	Num	4		TYPE OF INSULIN-BEEF/PORK REGULAR
22	OBCARDAB	Num	4		OTHER CARDIAC ABNORMALITY
23	OBCUFFRA	Num	4		BP SYSTOLIC 1ST MEAS - CUFF SIZE
24	OBCUFFRB	Num	4		BP DIASTOLIC 1ST MEAS - CUFF SIZE
25	OBCUFFRC	Num	4		BP SYSTOLIC 2ND MEAS - CUFF SIZE
26	OBCUFFRD	Num	4		BP DIASTOLIC 2ND MEAS - CUFF SIZE
27	OBDADED	Num	4		FATHER EDUCATION LEVEL
28	OBDADJOB	Num	4		FATHER OCCUPATION
29	OBDADNOJ	Num	4		FATHER UMEMPLOYED OR RETIRED
30	OBDIASRB	Num	8	8.	BP DIASTOLIC 1ST MEAS. (MM HG)
31	OBDIASRD	Num	8	8.	BP DIASTOLIC 2ND MEAS. (MM HG)
32	OBDMURMR	Num	4		DIASTOLIC MURMUR
33	OBDRINK1	Num	4		AT LEAST ONE ALCOHOLIC BEV. WEEK
34	OBDRINK2	Num	4		BOTTLES OF BEER IN LAST 7 DAYS
35	OBDRINK3	Num	4		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
36	OBDRINK4	Num	4		GLASSES OF WINE IN LAST 7 DAYS

Num	Variable	Type	Len	Format	Label
37	OBDRINK5	Num	4		HARD LIQUOR IN LAST 7 DAYS
38	OBDRINK6	Num	4		TOTAL AMOUNT OF ALCHOL/ LAST 7 DAYS
39	OBEXER1	Num	4		PATIENT LEVEL OF ACTIVITY
40	OBEXER2	Num	4		HOURS & MINUTES OF LIGHT ACTIVITY
41	OBEXER3	Num	4		HOURS & MINUTES OF MODERATE ACTIVITY
42	OBEXER4	Num	4		HOURS & MINUTES OF HARD ACTIVITY
43	OBEXER5	Num	4		HOURS & MINUTES OF VERY HARD ACTIVITY
44	OBF4	Num	4		DESCRIBE INSULIN REGIMEN
45	OBF4A	Num	4		TOTAL NUMBER OF UNITS/DAY OF INSULIN
46	OBF5A	Num	4		DIFFERENT BASAL RATES USED/DAY
47	OBF5B	Num	4		UNITS OF BASAL INSULIN INFUSED DAILY
48	OBF5C	Num	4		TECHN. PROBLEMS-INSULIN INFUSION PUMP
49	OBF6A	Num	4		PRESCRIBED CHANGE IN INSULIN REGIMEN
50	OBF6A1	Num	4		CHANGE DOSE-SYMPT. POLYURIA,POLYDIPSI
51	OBF6A2	Num	4		CHANGE DOSE-NOCTURIA
52	OBF6A3	Num	4		CHANGE DOSE-UNACCEPTABLE/HYPOG
53	OBF6A4	Num	4		CHANGE DOSE-RECURRENT KETONURIA
54	OBF6A5	Num	4		CHANGE DOSE-HEMOGLOBIN A1C ABOVE
55	OBF6A6	Num	4		PREGNANCY
56	OBF7A	Num	4		SELF BLOOD GLUCOSE MONITORING
57	OBF7B	Num	4		FREQUENCY PER DAY OF SBGM
58	OBF7B1	Num	4		PATIENT ADJUST USUAL INSULIN REGIMEN
59	OBF7C	Num	4		URINE GLUCOSE MONITORING
60	OBF7D	Num	4		FREQUENCY PER DAY OF UGM
61	OBF7E1	Num	4		ADJUST USUAL REGIMEN:GLUCOSE MONIT.
62	OBF7E2	Num	4		ADJUST USUAL REGIMEN:FOOD INTAKE
63	OBF7E3	Num	4		ADJUST USUAL REGIMEN:EXERCISE
64	OBF7E4	Num	4		ADJUST USUAL REGIMEN:HYPOGLYCEMIA
65	OBF7E5	Num	4		ADJUST USUAL REGIMEN:PRESCRIBED
66	OBF7E6	Num	4		ADJUST USUAL REGIMEN:OTHER
67	OBFRIED	Num	4		GUARDIAN/FRIEND EDUCATION LEVEL
68	OBFRIJOB	Num	4		GUARDIAN/FRIEND OCCUPATION
69	OBFRINOJ	Num	4		GUARDIAN/FRIEND UMEMPLOY/RETIRED
70	OBG1	Num	4		SINCE LAST VISIT-ON INACTIVE STATUS
71	OBG1A	Num	4		CURRENTLY ON TRANSFER TO INACT.STATUS
72	OBG1A1	Num	8	8.	DEIDENTIFIED DATE OF RETURN TO ACTIVE STATUS
73	OBG1A2	Num	8	8.	DEIDENTIFIED NEW TRANSFER-INACTIVE STATUS-DATE
74	OBH1	Num	4		MODIFIED FOLLOW-UP SCHEDULE AT ANY
75	OBH2	Num	4		CURRENTLY ON MOD. FOLLOW-UP SCHEDULE

Num	Variable	Type	Len	Format	Label
76	OBHIBLP	Num	4	3.	BLD. PRESS-MEET DEFIN./HYPERTENSION
77	OBHU7030	Num	4		TYPE OF INSULIN-HUMAN 70/30
78	OBHU7525	Num	4		TYPE OF INSULIN-HUMAN 75/25
79	OBHULBED	Num	4		UNITS HUMALOG INSULIN USED-BEDTIME
80	OBHULBRK	Num	4		UNITS HUMALOG INSULIN USED-BREAKFAST
81	OBHULEN	Num	4		TYPE OF INSULIN-HUMAN LENTE
82	OBHULLUN	Num	4		UNITS HUMALOG INSULIN USED-LUNCH
83	OBHULOG	Num	4		TYPE OF INSULIN-HUMALOG
84	OBHULOTH	Num	4		UNITS HUMALOG INSULIN USED-OTHER
85	OBHULSUP	Num	4		UNITS HUMALOG INSULIN USED-SUPPER
86	OBHUNPH	Num	4		TYPE OF INSULIN-HUMAN NPH
87	OBHUREG	Num	4		TYPE OF INSULIN-HUMAN REGULAR
88	OBHUULT	Num	4		TYPE OF INSULIN-HUMAN ULTRALENTE
89	OBI1A	Num	4		FREQUENCY OF DKA
90	OBI1B	Num	4		EXPERIENCE OTHER SYMPTOMS HYPERGLYC.
91	OBI2	Num	4		FREQ.DAYS-MODERATE OR LARGE KETONURIA
92	OBI2A	Num	4		UNKNOWN
93	OBI2AA	Num	4		MODERATE/LARGE KETONUR.-CHANGE ROUTINE
94	OBI2B	Num	4		MODERATE/LARGE KETONUR.-DUE/ILLNESS
95	OBI2C	Num	4		MODERATE/LARGE KETONUR.-EQUIPM.FAILED
96	OBI2D	Num	4		MODERATE/LARGE KETONUR.-SPONTANEOUS
97	OBI3A	Num	4		# HOSPITALIZATIONS FOR HYPOGLYCEMIA
98	OBI3B1	Num	4		HYPOG.-LOST CONSCIOUS. W/OUT SEIZURE
99	OBI3B2	Num	4		HYPOG.-LOST CONSCIOUS. WITH SEIZURE
100	OBI3C1	Num	4		HYPOG.-REQUIRED PROF. MEDICAL HELP
101	OBI3C2	Num	4		HYPOG.-REQUIRE HELP OF ANOTHER PERSON
102	OBI3C3	Num	4		HYPOG.-NOT NEED DOCTOR/OTHER PERSON
103	OBI3D1	Num	4		FREQENCY RECEIVE GLUCAGON
104	OBI3D2	Num	4		FREQUENCY RECEIVE IV GLUCOSE
105	OBI3D3	Num	4		EPISODES RESULT IN INJURY-PT/OTHERS
106	OBI3E	Num	4		RECURRENT HYPOG UNABLE TO HELP SELF
107	OBI3F	Num	4		RECURRENT HYPOG ABLE TO HELP SELF
108	OBI3G	Num	4		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
109	OBI3H1	Num	4		HYPOGLYCEMIA OCCUR WHILE AWAKE/ASLEEP
110	OBI3H2A	Num	4		REASON HYPOG: MISSED MEAL OR SNACK
111	OBI3H2B	Num	4		REASON HYPOG:DECREASED FOOT INTAKE
112	OBI3H2C	Num	4		REASON HYPOG:DELAYED MEAL OR SNACK
113	OBI3H2D	Num	4		REASON HYPOG:INCREASED EXERCISE LEVEL
114	OBI3H2E	Num	4		REASON HYPOG:TOO MUCH INSULIN TAKEN

Num	Variable	Type	Len	Format	Label
115	OBI3H2F	Num	4		REASON HYPOG:LACK EARLY WARN-LOW BG.
116	OBI3H2G	Num	4		REASON HYPOGLYCEMIA: OTHER
117	OBI3H2H	Num	4		REASON HYPOGLYCEMIA: UNEXPLAINED
118	OBI3H3A	Num	4		SYMPTOMS W HYPOG: ADRENERGIC WARNING
119	OBI3H3B	Num	4		SYMPTOMS W HYPOG: DIAPHORESIS(SWEAT)
120	OBI3H3C	Num	4		SYMPTOMS W HYPOG: ALTER.MENTAL STATUS
121	OBI3H3D	Num	4		SYMPTOMS WITH MILD HYPOGLYCEMIA: OTH.
122	OBI3H3E	Num	4		SYMPTOMS WITH MILD HYPOGLYCEMIA: NONE
123	OBINSREG	Num	4		CURRENT INSULIN REGIMEN
124	OBJ1A	Num	4		CV EVENT: MYOCARDIAL INFARCTION
125	OBJ1B	Num	4		CV EVENT: ANGINA PECTORIS
126	OBJ1C	Num	4		CV EVENT: CORONARY ARTERY DISEASE
127	OBJ1D	Num	4		CV EVENT: ARRHYTHMIA
128	OBJ2	Num	4		IF PATIENT HAS COMPLAINED OF PAIN
129	OBJ2A1A	Num	4		COMPLAINED OF PAIN IN CHEST
130	OBJ2A1B	Num	4		COMPLAINED OF PAIN IN LEFT ARM
131	OBJ2A1C	Num	4		COMPLAINED OF PAIN IN JAW
132	OBJ2A1D	Num	4		COMPLAINED OF PAIN STERNUM UPPER/MI
133	OBJ2A1E	Num	4		COMPLAINED OF PAIN IN STERNUM LOWER
134	OBJ2A2A	Num	4		COMPLAINED OF PAIN IN THE BACK
135	OBJ2A2B	Num	4		COMPLAINED OF PAIN IN THE SHOULDER
136	OBJ2A2C	Num	4		COMPLAINED OF PAIN IN THE RIGHT ARM
137	OBJ2A2D	Num	4		COMPLAINED OF PAIN IN THE ABDOMEN
138	OBJ2B1	Num	4		PAIN LASTED FOR MORE THAN 20 MIN
139	OBJ2B2	Num	4		DEFINITE NON-CARDIAC CAUSE FOR PAIN
140	OBJ2B3	Num	4		ADDITIONAL DOSES / NITRATES OR CAL CB
141	OBJ2C	Num	4		FEELING OF PRESS./HEAVINESS IN CHEST
142	OBJ2D1	Num	4		PAIN/DISCOMF.: WALKING/ HILL/HURRING
143	OBJ2D2	Num	4		PAIN/DISCOMF.: WALKING ORDINARY PACE
144	OBJ2D3	Num	4		PAIN/DISCOMFORT:WHEN STOP - SLOW-SAME
145	OBJ2D4	Num	4		PAIN/DISCOMFORT: STANDING STILL
146	OBJ2D5	Num	4		PAIN GOES AWAY: 10 MIN OR MORE
147	OBJ2E	Num	4		DIAGNOSTIC TESTS PERFORMED
148	OBJ2RES1	Num	4		RESULT 1 (POS / NEG / EQUIV)
149	OBJ2RES2	Num	4		RESULT 2 (POS / NEG / EQUIV)
150	OBJ2RES3	Num	4		RESULT 3 (POS / NEG / EQUIV)
151	OBJ2RES4	Num	4		RESULT 4 (POS / NEG / EQUIV)
152	OBJ2RES5	Num	4		RESULT 5 (POS / NEG / EQUIV)
153	OBJ2TES1	Char	20		TEST 1 PERFORMED

Num	Variable	Type	Len	Format	Label
154	OBJ2TES2	Char	20		TEST 2 PERFORMED
155	OBJ2TES3	Char	20		TEST 3 PERFORMED
156	OBJ2TES4	Char	20		TEST 4 PERFORMED
157	OBJ2TES5	Char	20		TEST 5 PERFORMED
158	OBJ3A	Num	4		CB EVENT: CEREBROVASCULAR ACCIDENT
159	OBJ3B	Num	4		CB EVENT: TRANSIENT ISCHEMIC ATTACK
160	OBJ4A	Num	4		PV EVENT: AMPUTATION
161	OBJ4B	Num	4		PV EVENT: LOWER EXTREMITY ULCER
162	OBJ4C	Num	4		PV EVENT: OTHER ARTERIAL EVENTS
163	OBJ5	Num	4		PI EVENT: DOES PATIENT HAVE PAIN
164	OBJ5A	Num	4		PI EVENT: PAIN IN LEG WHEN WALK
165	OBJ5B	Num	4		PI EVENT: PAIN BEGIN WHEN STAND.
166	OBJ5CL	Num	4		PI EVENT: PAIN IN PART OF L-LEG
167	OBJ5CR	Num	4		PI EVENT: PAIN IN PART OF R-LEG
168	OBJ5D	Num	4		PI EVENT: PAIN IN LEG WHEN HURRING
169	OBJ5E	Num	4		PI EVENT: PAIN IN LEG WHEN REG. PACE
170	OBJ5F	Num	4		PI EVENT: DOES PAIN EVER DISPPEAR
171	OBJ5G	Num	4		PI EVENT: WHAT DOES PATIENT DO
172	OBJ5H	Num	4		PI EVENT: WHAT HAPPENS TO PAIN
173	OBJ5I	Num	4		PI EVENT: IS PAIN RELIEVED BY STAND.
174	OBJ5J	Num	4		PI EVENT: NOTICED CHANGE IN SEVERITY
175	OBJ5K	Num	4		DIAGNOSTIC TESTS PERFORMED
176	OBJ5RES1	Num	4		RESULT 1 (POS / NEG / EQUIV)
177	OBJ5RES2	Num	4		RESULT 2 (POS / NEG / EQUIV)
178	OBJ5RES3	Num	4		RESULT 3 (POS / NEG / EQUIV)
179	OBJ5RES4	Num	4		RESULT 4 (POS / NEG / EQUIV)
180	OBJ5RES5	Num	4		RESULT 5 (POS / NEG / EQUIV)
181	OBJ5TES1	Char	20		TEST 1 PERFORMED
182	OBJ5TES2	Char	20		TEST 2 PERFORMED
183	OBJ5TES3	Char	20		TEST 3 PERFORMED
184	OBJ5TES4	Char	20		TEST 4 PERFORMED
185	OBJ5TES5	Char	20		TEST 5 PERFORMED
186	OBJ6A	Num	4		NERVOUSNESS OR ANXIETY
187	OBJ6B	Num	4		UNREASONABLE FEARS
188	OBJ6C	Num	4		EATING DISTURBANCE
189	OBJ6D	Num	4		AFFECTIVE DISORDER
190	OBJ6E	Num	4		SUICIDE ATTEMPT
191	OBJ6F	Num	4		CRIMINAL CONDUCT
192	OBJ6G	Num	4		PSYCHIATRIC TREATMENT

Num	Variable	Type	Len	Format	Label
193	OBJ6H	Num	4		OTHER PSYCHIATRIC CONDITION
194	OBJ7	Num	4		EXPERIENCED ANY MAJOR ACCIDENTS
195	OBK1	Num	4		RENAL: CYSTITIS
196	OBK2	Num	4		RENAL: PYELONEPHRITIS
197	OBK3	Num	4		RENAL: UNCONTROLLABLE HYPERTENSION
198	OBK4	Num	4		RENAL: EDEMA
199	OBK5	Num	4		RENAL: DIALYSIS
200	OBK6	Num	4		RENAL: RENAL TRANSPLANTATION
201	OBK7	Num	4		RENAL:PANCRESS TRANSPLANTATION
202	OBK8	Num	4		RENAL:OTHER RENAL PROBLEM
203	OBL10L	Num	4		OPHTH: ANY OTHER EYE PROBLEMS-LEFT
204	OBL10R	Num	4		OPHTH: ANY OTHER EYE PROBLEMS-RIGHT
205	OBL11	Num	4		WILL BE SENT TO OPHTH. SPECIAL VISIT
206	OBL1AL	Num	4		OPHTH:BLURRED/REDUCED VISION-LEFT E.
207	OBL1AR	Num	4		OPHTH:BLURRED/REDUCED VISION-RIGHT E.
208	OBL2AL	Num	4		OPHTH:FLOATERS/FLASHING LIGHTS-LEFT
209	OBL2AR	Num	4		OPHTH:FLOATERS/FLASHING LIGHTS-RIGHT
210	OBL3AR	Num	4		OPHTH:RIGHT EYE ENUCLEATED
211	OBL3BL	Num	4		OPHTH:LEFT EYE ENUCLEATED
212	OBL3CR	Num	4		RIGHT EYE ENCLEATED SINCE LAST VISIT
213	OBL3DL	Num	4		LEFT EYE ENCLEATED SINCE LAST VISIT
214	OBL4AR	Num	4		OCULAR SURGERY TO RE SINCE LAST VISIT
215	OBL4BL	Num	4		OCULAR SURGERY TO LE SINCE LAST VISIT
216	OBL4CR	Num	4		CORNEAL TRANSPLANT -- RIGHT EYE
217	OBL4DL	Num	4		CORNEAL TRANSPLANT -- LEFTT EYE
218	OBL4ER	Num	4		OTHER CORNEAL SURGERY -- RIGHT EYE
219	OBL4FL	Num	4		OTHER CORNEAL SURGERY -- LEFT EYE
220	OBL4GR	Num	4		PROCEDURE TO LOWER IOP IN RIGHT EYE
221	OBL4HL	Num	4		PROCEDURE TO LOWER IOP IN LEFT EYE
222	OBL4IR	Num	4		CATARACT EXTRACTION IN RIGHT EYE
223	OBL4JL	Num	4		CATARACT EXTRACTION IN LEFT EYE
224	OBL4KR	Num	4		VITRECTOMY -- RIGHT EYE
225	OBL4LL	Num	4		VITRECTOMY -- LEFT EYE
226	OBL4MR	Num	4		RETINAL DETACHMENT SURGERY IN RE
227	OBL4NL	Num	4		RETINAL DETACHMENT SURGERY IN LE
228	OBL4OR	Num	4		OTHER SURGERY TO RIGHT EYE
229	OBL4PL	Num	4		OTHER SURGERY TO LEFT EYE
230	OBL5AR	Num	4		PHOTOCOAGULATION OF RIGHT EYE
231	OBL5BL	Num	4		PHOTOCOAGULATION OF LEFT EYE

Num	Variable	Type	Len	Format	Label
232	OBL5CR	Num	4		SCATTER TREATMENT OF RIGHT EYE
233	OBL5DL	Num	4		SCATTER TREATMENT OF LEFT EYE
234	OBL5ER	Num	4		FOCAL TREATMENT OF RIGHT EYE
235	OBL5FL	Num	4		FOCAL TREATMENT OF LEFT EYE
236	OBL5GR	Num	4		OTHER TREATMENT OF RIGHT EYE
237	OBL5HL	Num	4		OTHER TREATMENT OF LEFT EYE
238	OBL6AR	Num	4		DX OF GLAUCOMA IN RIGHT EYE
239	OBL6BL	Num	4		DX OF GLAUCOMA IN LEFT EYE
240	OBL7AR	Num	4		USED PRESCRIPTION MEDICATION IN RE
241	OBL7BL	Num	4		USED PRESCRIPTION MEDICATION IN LE
242	OBL8AR	Num	4		MD-ADMINISTERED TREATMENT TO RE
243	OBL8BL	Num	4		MD-ADMINISTERED TREATMENT TO LE
244	OBL9AR	Num	4		SYMPTOMS OF VITREOUS HEMORRHAGE - RE
245	OBL9BL	Num	4		SYMPTOMS OF VITREOUS HEMORRHAGE - LE
246	OBLANBED	Num	4		UNITS LANTUS INSULIN USED-BEDTIME
247	OBLANBRK	Num	4		UNITS LANTUS INSULIN USED-BREAKFAST
248	OBLANLUN	Num	4		UNITS LANTUS INSULIN USED-LUNCH
249	OBLANOTH	Num	4		UNITS LANTUS INSULIN USED-OTHER
250	OBLANSUP	Num	4		UNITS LANTUS INSULIN USED-SUPPER
251	OBLANTUS	Num	4		TYPE OF INSULIN-LANTUS-GLARGINE
252	OBLENBED	Num	4		UNITS LENTE INSULIN USED-BEDTIME
253	OBLENBRK	Num	4		UNITS LENTE INSULIN USED-BREAKFAST
254	OBLENLUN	Num	4		UNITS LENTE INSULIN USED LUNCH
255	OBLENOTH	Num	4		UNITS LENTE INSULIN USED-OTHER
256	OBLENSUP	Num	4		UNITS LENTE INSULIN USED-SUPPER
257	OBLSVST	Num	8	8.	DEIDENTIFIED DATE OF LAST COMPLETED VISIT
258	OBM1	Num	4		NEUR: PAIN/NUMBNESS IN HANDS/FEET
259	OBM10	Num	4		NEUR: IMPOTENCE
260	OBM11	Num	4		NEUR: SYMPTOMS COMPAT. W FOCAL NEUROP
261	OBM12	Num	4		NEUR: OTHER NEUROLOGICAL PROBLEM
262	OBM13	Num	4		NEUR: WILL GO TO NEUROL. FOR VISIT
263	OBM1I	Num	4		IF PAIN, IS PATIENT TAKING MEDICATION
264	OBM2	Num	4		NEUR: UNEXPLAINED MUSCLE WEAKNESS
265	OBM3	Num	4		NEUR: VOMITING/BLOATING AFTER MEALS
266	OBM4	Num	4		NEUR: RECURRENT DIARRHEA
267	OBM5	Num	4		NEUR: DIARRHEA WITH FECAL INCONTINENC
268	OBM6	Num	4		NEUR: URINARY RETENTION
269	OBM7	Num	4		NEUR: DIZZINESS/LIGHTHEADEDNESS
270	OBM8	Num	4		NEUR: FAINTING (NOT WITH HYPOG.)

Num	Variable	Type	Len	Format	Label
271	OBM9	Num	4		NEUR: SEIZURE (NOT DUE TO HYPOG.)
272	OBMARNO	Num	4		NUMBER OF TIMES MARRIED
273	OBMARRY	Num	4		MARITAL STATUS OF PATIENT
274	OBMEGALY	Num	4		CARDIOMEGALY
275	OBMOMED	Num	4		MOTHER EDUCATION LEVEL
276	OBMOMJOB	Num	4		MOTHER OCCUPATION
277	OBMOMNOJ	Num	4		MOTHER UMEMPLOYED OR RETIRED
278	OBMRDATE	Num	8	8.	DEIDENTIFIED DATE MARITAL STATUS CHANGED
279	OBN1A	Num	4		INFECT: CUTANEOUS/MUCOCUTANEOUS
280	OBN1B	Num	4		INFECT: POST-OPERATIVE OR DEEP WOUND
281	OBN1C	Num	4		INFECT: GANGRENE
282	OBN1D	Num	4		INFECT: MONONUCLEOSIS, EPIDIDYMITIS
283	OBN1E	Num	4		INFECT: AT INSERTION SITE
284	OBN2	Num	4		MAJOR SURGERY
285	OBN3	Num	4		AUTOIMMUNE ENDOCRINE EVENT
286	OBN3A	Num	4		AI: HYPOTHYROID
287	OBN3B	Num	4		AI: ADRENAL INSUFFICIENCY
288	OBN3C	Num	4		AI: PERNICIOUS ANEMIA
289	OBN3D	Num	4		AI: PREMATURE OVARIAN FAILURE
290	OBNPHBED	Num	4		UNITS NPH INSULIN USED BEDTIME
291	OBNPHBRK	Num	4		UNITS NPH INSULIN USED-BREAKFAST
292	OBNPHLUN	Num	4		UNITS NPH INSULIN USED-LUNCH
293	OBNPHOTH	Num	4		UNITS NPH INSULIN USED-OTHER
294	OBNPHSUP	Num	4		UNITS NPH INSULIN USED-SUPPER
295	OBO1A	Num	4		VAGINAL ITCHING OR DISCHARGE
296	OBO1B	Num	4		PATIENT TREATED FOR VAGINAL ITCHING
297	OBO2A	Num	4		DOES PATIENT MENSTRUATE
298	OBO2B	Num	8	8.	DEIDENTIFIED DATE OF LAST MENSTRUAL PERIOD
299	OBO2C	Num	4		LAST MENSTRUAL PERIOD > 5 WKS. AGO
300	OBO2D	Num	4		WAS PREGNANCY TEST PERFORMED
301	OBO2E	Num	4	3.	DID TEST INDICATE PREGNANCY
302	OBO2E1	Num	8	8.	DEIDENTIFIED ESTIMATED DATE OF CONCEPTION
303	OBO3	Num	4		COMPLETED/TERMINATED PREGNANCY
304	OBO3A	Num	8	8.	DEIDENTIFIED ESTIMATED DATE OF CONCEPTION
305	OBO3B	Num	8	8.	DEIDENTIFIED DATE OF TERMINATION
306	OBO4A	Num	4		NODULES IN BREAST
307	OBO4B	Num	4		BREAST CANCER
308	OBO4C	Num	4		BREAST DISCHARGE
309	OBO4D	Num	4		IRREGULAR MENSES

Num	Variable	Type	Len	Format	Label
310	OBO4E	Num	4		DYSMENORRHEA
311	OBO5	Num	4		OTHER SIGNIF. GYNECOLOGIC CONDITION
312	OBO6	Num	4		EVER USED ORAL CONTRACEPTIVES
313	OBO7	Num	4		USES OTHER BIRTH CONTROL
314	OBO8A	Num	4		PATIENT,S MENSTRUAL CEASED
315	OBO8B	Num	4		IF YES, CONSIDERED PERMANENT?
316	OBO8C	Num	4		AT WHAT AGE DID PERIODS CEASE?
317	OBO8D	Num	4		PERIODS CEASED - FOR WHAT REASON?
318	OBO8E1	Num	4		SURGERY, WERE BOTH OVARIES REMOVED
319	OBO8E2	Num	4		SURGERY, WAS ONLY ONE OVARY REMOVED
320	OBO8E3	Num	4		SURGERY, WAS ONLY ONE UTERUS
321	OBO8F	Num	4		AFTER PERIODS CEASED WERE FEMALE HORMONES TAKEN?
322	OBO8G	Num	4		AFTER PERIODS CEASED, HORMONES TAKEN FOR HOW LONG?
323	OBOMURMR	Num	4		OTHER MURMUR
324	OBOTHER	Num	4		TYPE OF INSULIN-OTHER
325	OBP1	Num	4		RX: HAS USED OR IS USING PRESCRIPTION
326	OBP2	Num	4		RX: USED OVER-THE-COUNTER DRUGS
327	OBP3	Num	4		RX: VITAMIN SUPPLEMENTS-REGULARLY
328	OBPATED	Num	4		PATIENT EDUCATION LEVEL
329	OBPATJOB	Num	4		PATIENT OCCUPATION
330	OBPATNOJ	Num	4		PATIENT UNEMPLOYED OR RETIRED
331	OBPOLEN	Num	4		TYPE OF INSULIN-PORK LENTE
332	OBPONPH	Num	4		TYPE OF INSULIN-PORK NPH
333	OBPOREG	Num	4		TYPE OF INSULIN-PORK REGULAR
334	OBPULSE	Num	8	8.	PULSE (BPM)
335	OBQ11A1L	Num	4		GRADE OF LEFT CAROTID PULSE
336	OBQ11A1R	Num	4		GRADE OF RIGHT CAROTID PULSE
337	OBQ11A2L	Num	4		GRADE OF LEFT BRACHIAL PULSE
338	OBQ11A2R	Num	4		GRADE OF RIGHT BRACHIAL PULSE
339	OBQ11A3L	Num	4		GRADE OF LEFT RADIAL PULSE
340	OBQ11A3R	Num	4		GRADE OF RIGHT RADIAL PULSE
341	OBQ11A4L	Num	4		GRADE OF LEFT FEMORAL PULSE
342	OBQ11A4R	Num	4		GRADE OF RIGHT FEMORAL PULSE
343	OBQ11A5L	Num	4		GRADE OF LEFT POPLITEAL PULSE
344	OBQ11A5R	Num	4		GRADE OF RIGHT POPLITEAL PULSE
345	OBQ11A6L	Num	4		GRADE OF LEFT POST. TIBIAL PULSE
346	OBQ11A6R	Num	4		GRADE OF RIGHT POST. TIBIAL PULSE
347	OBQ11A7L	Num	4		GRADE OF LEFT D. PEDIS PULSE
348	OBQ11A7R	Num	4		GRADE OF RIGHT D. PEDIS PULSE

Num	Variable	Type	Len	Format	Label
349	OBQ11B1L	Num	4		LEFT FEMORAL BRUIT
350	OBQ11B1R	Num	4		RIGHT FEMORAL BRUIT
351	OBQ11B2L	Num	4		LEFT CAROTID BRUIT
352	OBQ11B2R	Num	4		RIGHT CAROTID BRUIT
353	OBQ11B3L	Num	4		LEFT OTHER BRUIT
354	OBQ11B3R	Num	4		RIGHT OTHER BRUIT
355	OBQ12AL	Num	4		ULCERATION - LEFT SIDE
356	OBQ12AR	Num	4		ULCERATION - RIGHT SIDE
357	OBQ12BL	Num	4		GANGRENE - LEFT SIDE
358	OBQ12BR	Num	4		GANGRENE - RIGHT SIDE
359	OBQ12CL	Num	4		NECROBIOSIS - LEFT SIDE
360	OBQ12CR	Num	4		NECROBIOSIS - RIGHT SIDE
361	OBQ12DL	Num	4		XANTHELASMA - LEFT SIDE
362	OBQ12DR	Num	4		XANTHELASMA - RIGHT SIDE
363	OBQ12EL	Num	4		ERUPTIVE XANTHOMA - LEFT SIDE
364	OBQ12ER	Num	4		ERUPTIVE XANTHOMA - RIGHT SIDE
365	OBQ12FL	Num	4		CHARCOT JOINT - LEFT SIDE
366	OBQ12FR	Num	4		CHARCOT JOINT - RIGHT SIDE
367	OBQ12GL	Num	4		DEFORMITY - LEFT SIDE
368	OBQ12GR	Num	4		DEFORMITY - RIGHT SIDE
369	OBQ13A	Num	4		INJECTION SITE--LIPOATROPHY
370	OBQ13B	Num	4		INJECTION SITE--LIPOHYPERTROPHY
371	OBQ13C	Num	4		INJECTION SITE--INFLAMMATION
372	OBQ14A	Num	4		FOOT-ULCER
373	OBQ14B	Num	4		FOOT-INFECTION
374	OBQ14C	Num	4		FOOT-ABNORMAL TOENAILS
375	OBQ14D	Num	4		FOOT-OTHER
376	OBQ15	Num	4		OTHER ABONORMALITIES ON PHYSICAL EXAM
377	OBQ1A	Num	8	8.1	WEIGHT (KG): 1ST MEASUREMENT
378	OBQ1B	Num	8	8.1	WEIGHT (KG): 2ND MEASUREMENT
379	OBQ1C	Num	8	8.1	WEIGHT (KG): 3RD MEASUREMENT
380	OBQ1D	Num	8	8.1	WEIGHT (KG): 4TH MEASUREMENT
381	OBQ2	Num	8		PATIENT DESIRED WEIGHT
382	OBQ3A	Num	8	8.1	HEIGHT (CM): 1ST MEASUREMENT
383	OBQ3B	Num	8	8.1	HEIGHT (CM): 2ND MEASUREMENT
384	OBQ3C	Num	8	8.1	HEIGHT (CM): 3RD MEASUREMENT
385	OBQ3D	Num	8	8.1	HEIGHT (CM): 4TH MEASUREMENT
386	OBQ4A	Num	8	8.1	WAIST NATURAL CIRCUMF (CM): 1ST MEASUREMENT
387	OBQ4ATRO	Num	4	3.	WAIST NATURAL CIRCUMF: LIPOATRO PRESENT

Num	Variable	Type	Len	Format	Label
388	OBQ4B	Num	8	8.1	WAIST NATURAL CIRCUMF (CM): 2ND MEASUREMENT
389	OBQ4C	Num	8	8.1	WAIST NATURAL CIRCUMF (CM): 3RD MEASUREMENT
390	OBQ4D	Num	8	8.1	WAIST NATURAL CIRCUMF (CM): 4TH MEASUREMENT
391	OBQ4HYPE	Num	4	3.	WAIST NATURAL CIRCUMF: LIPOHYP PRESENT
392	OBQ5A	Num	8	8.1	WAIST ILIAC CIRCUMF (CM): 1ST MEASUREMENT
393	OBQ5ATRO	Num	4	3.	WAIST ILIAC CIRCUMF: LIPOATRO PRESENT
394	OBQ5B	Num	8	8.1	WAIST ILIAC CIRCUMF (CM): 2ND MEASUREMENT
395	OBQ5C	Num	8	8.1	WAIST ILIAC CIRCUMF (CM): 3RD MEASUREMENT
396	OBQ5D	Num	8	8.1	WAIST ILIAC CIRCUMF (CM): 4TH MEASUREMENT
397	OBQ5HYPE	Num	4	3.	WAIST ILIAC CIRCUMF: LIPOHYP PRESENT
398	OBQ6A	Num	8	8.1	HIP CIRCUMF (CM): 1ST MEASUREMENT
399	OBQ6ATRO	Num	4	3.	HIP CIRCUMF: LIPOATRO PRESENT
400	OBQ6B	Num	8	8.1	HIP CIRCUMF (CM): 2ND MEASUREMENT
401	OBQ6C	Num	8	8.1	HIP CIRCUMF (CM): 3RD MEASUREMENT
402	OBQ6D	Num	8	8.1	HIP CIRCUMF (CM): 4TH MEASUREMENT
403	OBQ6HYPE	Num	4	3.	HIP CIRCUMF: LIPOHYP PRESENT
404	OBQ9AL	Num	8	8.	DOPPLER BP: LEFT BRACHIAL
405	OBQ9AR	Num	8	8.	DOPPLER BP: RIGHT BRACHIAL
406	OBQ9BL	Num	8	8.	DOPPLER BP: LEFT DORSALIS PEDIS
407	OBQ9BR	Num	8	8.	DOPPLER BP: RIGHT DORSALIS PEDIS
408	OBQ9CL	Num	8	8.	DOPPLER BP: LEFT POSTERIOR TIBIAL
409	OBQ9CR	Num	8	8.	DOPPLER BP: RIGHT POSTERIOR TIBIAL
410	OBR1	Num	4		CONTACT W/PATIENT SINCE LAST ANN.VISIT
411	OBR2	Num	4		HOW MANY TIMES CONTACT W/PATIENT
412	OBR3A	Num	4		TELEPHONE CALL
413	OBR3B	Num	4		TALKED TO PATIENT IN PERSON
414	OBR3C	Num	4		SENT CARD OR LETTER OR EMAIL
415	OBR3D	Num	4		SENT NEWSLETTER OR UNIV. PUBLICATION
416	OBR3E	Num	4		OTHER MEANS OF CONTACTING PATIENT
417	OBREGBED	Num	4		UNITS REGULAR INSULIN USED-BEDTIME
418	OBREGBRK	Num	4		UNITS REGULAR INSULIN USED-BREAKFAST
419	OBREGLUN	Num	4		UNITS REGULAR INSULIN USED-LUNCH
420	OBREGOTH	Num	4		UNITS REGULAR INSULIN USED-OTHER
421	OBREGSUP	Num	4		UNITS REGULAR INSULIN USED-SUPPER
422	OBRHYTHM	Num	4		CARDIAC RHYTHM
423	OBRUB	Num	4		RUB
424	OBS3GALP	Num	4		S3 GALLOP
425	OBS4GALP	Num	4		S4 GALLOP
426	OBSMOK9A	Num	4		PAST 12 MTHS LIVED WHERE PERSON SMOKE

Num	Variable	Type	Len	Format	Label
427	OBSMOK9B	Num	4		PAST 12 MTHS WORK WHERE PERSON SMOKED
428	OBSMOKE1	Num	4		SMOKE CIGARETTES/CIGARILLOS IN PAST YR
429	OBSMOKE2	Num	4		CURRENTLY SMOKE CIGARETTES/CIGARILLOS
430	OBSMOKE3	Num	4		MONTHS SINCE QUIT CIGARETTES/CIGARILLOS
431	OBSMOKE4	Num	4		HOW MANY CIGARETTES/CIGARILLOS PER DAY IN PAST YR
432	OBSMOKE5	Num	4		SMOKED PIPES OR CIGARS IN PAST YR.
433	OBSMOKE6	Num	4		CURRENTLY SMOKE PIPES OR CIGARS
434	OBSMOKE7	Num	4		MONTHS SINCE QUIT SMOKING PIPES OR CIGARS
435	OBSMOKE8	Num	4		PIPEFULS/CIGARS PER WK. IN PAST YR.
436	OBSMURMR	Num	4		SYSTOLIC EJECTION MURMUR
437	OBSPJOB	Num	4		SPOUSE OCCUPATION
438	OBSPOED	Num	4		SPOUSE EDUCATION LEVEL
439	OBSPONOJ	Num	4		SPOUSE UNEMPLOYED OR RETIRED
440	OBSYSTRA	Num	8	8.	BP SYSTOLIC 1ST MEAS. (MM HG)
441	OBSYSTRC	Num	8	8.	BP SYSTOLIC 2ND MEAS. (MM HG)
442	OBTOTUNT	Num	4		TOTAL # UNITS / DAY OF INSULIN
443	OBULTBED	Num	4		UNITS ULTRALENTE INSULIN USED-BEDTIME
444	OBULTBRK	Num	4		UNITS ULTRALENTE INSULIN USED-BRK
445	OBULTLUN	Num	4		UNITS ULTRALENTE INSULIN USED-LUNCH
446	OBULTOTH	Num	4		UNITS ULTRALENTE INSULIN USED-OTHER
447	OBULTSUP	Num	4		UNITS ULTRALENTE INSULIN USED-SUPPER
448	OBVENPRS	Num	4		VENOUS PRESSURE
449	MEMNAME	Num	8		
450	MEMB	Num	8		

Data Set Name: f0026_rev.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	OB7030BE	Num	4		HUMAN 70/30 - BEDTIME
7	OB7030BR	Num	4		HUMAN 70/30 - BREAKFAST
8	OB7030LU	Num	4		HUMAN 70/30 - LUNCH
9	OB7030OT	Num	4		HUMAN 70/30 - OTHER
10	OB7030SU	Num	4		HUMAN 70/30 - SUPPER
11	OB7525BE	Num	4		HUMALOG 75/25 - BEDTIME
12	OB7525BK	Num	4		HUMALOG 75/25 - BREAKFAST
13	OB7525LU	Num	4		HUMALOG 75/25 - LUNCH
14	OB7525OT	Num	4		HUMALOG 75/25 - OTHER
15	OB7525SU	Num	4		HUMALOG 75/25 - SUPPER
16	OB7B1	Num	4		PATIENT ADJUST USUAL INSULIN REGIMEN?
17	OB7E1	Num	4		ADJUST USUAL INSULIN REGIMEN - GLUCOSE MONTORING?
18	OB7E2	Num	4		ADJUST USUAL INSULIN REGIMEN - FOOD INTAKE?
19	OB7E3	Num	4		ADJUST USUAL INSULIN REGIMEN - EXERCISE?
20	OB7E4	Num	4		ADJUST USUAL INSULIN REGIMEN - HYPOGLYCEMIA?
21	OB7E4A	Num	4		ADJUST USUAL INSULIN REGIMEN - ILLNESS?
22	OB7E6	Num	4		ADJUST USUAL INSULIN REGIMEN - OTHER?
23	OB9CEU	Num	4		CARDIAC EXAM-UNABLE TO ASSESS
24	OB9CUFFA	Num	8		DOPPLER BP: BRACHIAL CUFF SIZE
25	OB9CUFFB	Num	8		DOPPLER BP: DORSALIS PEDIS CUFF SIZE
26	OB9CUFFC	Num	8		DOPPLER BP: POSTERIOR TIBIAL CUFF SIZE
27	OB9MEAS	Num	8		CHECK IF ANY DOPPLER BP NOT MEASURED
28	OBAPIBET	Num	4		APIDRA - BEDTIME
29	OBAPIBRK	Num	4		APIDRA - BREAKFAST
30	OBAPIDRA	Num	4		TYPE OF INSULIN -APIDRA
31	OBAPILUN	Num	4		APIDRA - LUNCH
32	OBAPIOTH	Num	4		APIDRA - OTHER
33	OBAPISUP	Num	4		APIDRA - SUPPER
34	OBC1	Num	4		BONE LYMPH CANCER: DIAGNOSIS
35	OBC10	Num	4		OTHER CANCER: DIAGNOSIS
36	OBC10A	Num	4		OTHER CANCER: METASTASIZED

Num	Variable	Type	Len	Format	Label
37	OBC10B	Num	4		OTHER CANCER: SURGERY
38	OBC10C	Num	4		OTHER CANCER: CHEMOTHERAPY
39	OBC10D	Num	4		OTHER CANCER: RADIATION
40	OBC10E	Num	4		OTHER CANCER: OTHER
41	OBC10F	Num	4		OTHER CANCER: REMISSION
42	OBC1A	Num	4		BONE LYMPH CANCER TREAT: METASTASIZED
43	OBC1B	Num	4		BONE LYMPH CANCER TREAT: SURGERY
44	OBC1C	Num	4		BONE LYMPH CANCER TREAT: CHEMOTHERAPY
45	OBC1D	Num	4		BONE LYMPH CANCER TREAT: RADIATION
46	OBC1E	Num	4		BONE LYMPH CANCER TREAT: OTHER
47	OBC1F	Num	4		BONE LYMPH CANCER TREAT: REMISSION
48	OBC2	Num	4		BREAST CANCER TREAT: DIAGNOSIS
49	OBC2A	Num	4		BREAST CANCER TREAT: METASTASIZED
50	OBC2B	Num	4		BREAST CANCER TREAT: SURGERY
51	OBC2C	Num	4		BREAST CANCER TREAT: CHEMOTHERAPY
52	OBC2D	Num	4		BREAST CANCER TREAT: RADIATION
53	OBC2E	Num	4		BREAST CANCER TREAT: OTHER
54	OBC2F	Num	4		BREAST CANCER TREAT: REMISSION
55	OBC3	Num	4		DIGESTIVE CANCER TREAT: DIAGNOSIS
56	OBC3A	Num	4		DIGESTIVE CANCER TREAT: METASTASIZED
57	OBC3B	Num	4		DIGESTIVE CANCER TREAT: SURGERY
58	OBC3C	Num	4		DIGESTIVE CANCER TREAT: CHEMOTHERAPY
59	OBC3D	Num	4		DIGESTIVE CANCER TREAT: RADIATION
60	OBC3E	Num	4		DIGESTIVE CANCER TREAT: OTHER
61	OBC3F	Num	4		DIGESTIVE CANCER TREAT: REMISSION
62	OBC4	Num	4		HEAD/NECK CANCER TREAT: DIAGNOSIS
63	OBC4A	Num	4		HEAD/NECK CANCER TREAT: METASTASIZED
64	OBC4B	Num	4		HEAD/NECK CANCER TREAT: SURGERY
65	OBC4C	Num	4		HEAD/NECK CANCER TREAT: CHEMOTHERAPY
66	OBC4D	Num	4		HEAD/NECK CANCER TREAT: RADIATION
67	OBC4E	Num	4		HEAD/NECK CANCER TREAT: OTHER
68	OBC4F	Num	4		HEAD/NECK CANCER TREAT: REMISSION
69	OBC5	Num	4		PROSTATE CANCER: DIAGNOSIS
70	OBC5A	Num	4		PROSTATE CANCER: METASTASIZED
71	OBC5B	Num	4		PROSTATE CANCER: SURGERY
72	OBC5C	Num	4		PROSTATE CANCER: CHEMOTHERAPY
73	OBC5D	Num	4		PROSTATE CANCER: RADIATION
74	OBC5E	Num	4		PROSTATE CANCER: OTHER
75	OBC5F	Num	4		PROSTATE CANCER: REMISSION

Num	Variable	Type	Len	Format	Label
76	OBC6	Num	4		REPRODUCTIVE CANCER: DIAGNOSIS
77	OBC6A	Num	4		REPRODUCTIVE CANCER: METASTASIZED
78	OBC6B	Num	4		REPRODUCTIVE CANCER: SURGERY
79	OBC6C	Num	4		REPRODUCTIVE CANCER: CHEMOTHERAPY
80	OBC6D	Num	4		REPRODUCTIVE CANCER: RADIATION
81	OBC6E	Num	4		REPRODUCTIVE CANCER: OTHER
82	OBC6F	Num	4		REPRODUCTIVE CANCER: REMISSION
83	OBC7	Num	4		SKIN CANCER, MELANOMA: DIAGNOSIS
84	OBC7A	Num	4		SKIN CANCER, MELANOMA: METASTASIZED
85	OBC7B	Num	4		SKIN CANCER, MELANOMA: SURGERY
86	OBC7C	Num	4		SKIN CANCER, MELANOMA: CHEMOTHERAPY
87	OBC7D	Num	4		SKIN CANCER, MELANOMA: RADIATION
88	OBC7E	Num	4		SKIN CANCER, MELANOMA: OTHER
89	OBC7F	Num	4		SKIN CANCER, MELANOMA: REMISSION
90	OBC8	Num	4		THORACIC CANCER: DIAGNOSIS
91	OBC8A	Num	4		THORACIC CANCER: METASTASIZED
92	OBC8B	Num	4		THORACIC CANCER: SURGERY
93	OBC8C	Num	4		THORACIC CANCER: CHEMOTHERAPY
94	OBC8D	Num	4		THORACIC CANCER: RADIATION
95	OBC8E	Num	4		THORACIC CANCER: OTHER
96	OBC8F	Num	4		THORACIC CANCER: REMISSION
97	OBC9	Num	4		URINARY CANCER: DIAGNOSIS
98	OBC9A	Num	4		URINARY CANCER: METASTASIZED
99	OBC9B	Num	4		URINARY CANCER: SURGERY
100	OBC9C	Num	4		URINARY CANCER: CHEMOTHERAPY
101	OBC9D	Num	4		URINARY CANCER: RADIATION
102	OBC9E	Num	4		URINARY CANCER: OTHER
103	OBC9F	Num	4		URINARY CANCER: REMISSION
104	OBCAN	Num	4		HISTORICAL INFORMATION CANCER COMPLETED PREVIOUSLY?
105	OBCAN1	Num	4		PATIENT EVER DIAGNOSED W/CANCER?
106	OBCANDT	Num	8	8.	DEIDENTIFIED SPECIFY CANCER DIAGNOSIS DATE
107	OBCUFFRA	Num	8		BP SYSTOLIC 1ST MEAS - CUFF SIZE
108	OBCUFFRB	Num	8		BP DIASTOLIC 1ST MEAS - CUFF SIZE
109	OBCUFFRC	Num	8		BP SYSTOLIC 2ND MEAS - CUFF SIZE
110	OBCUFFRD	Num	8		BP DIASTOLIC 2ND MEAS - CUFF SIZE
111	OBD1	Num	4		BONE LYMPH CANCER: DIAGNOSIS
112	OBD10	Num	4		OTHER CANCER: DIAGNOSIS
113	OBD10A	Num	4		OTHER CANCER: STATUS CHANGE
114	OBD10B	Num	4		OTHER CANCER: METASTASIZED

Num	Variable	Type	Len	Format	Label
115	OBD10C	Num	4		OTHER CANCER: SURGERY
116	OBD10D	Num	4		OTHER CANCER: CHEMOTHERAPY
117	OBD10E	Num	4		OTHER CANCER: RADIATION
118	OBD10F	Num	4		OTHER CANCER: OTHER
119	OBD10G	Num	4		OTHER CANCER: REMISSION
120	OBD1A	Num	4		BONE LYMPH CANCER: STATUS CHANGE
121	OBD1B	Num	4		BONE LYMPH CANCER: METASTASIZED
122	OBD1C	Num	4		BONE LYMPH CANCER: SURGERY
123	OBD1D	Num	4		BONE LYMPH CANCER: CHEMOTHERAPY
124	OBD1E	Num	4		BONE LYMPH CANCER: RADIATION
125	OBD1F	Num	4		BONE LYMPH CANCER: OTHER
126	OBD1G	Num	4		BONE LYMPH CANCER: REMISSION
127	OBD2	Num	4		BREAST CANCER: DIAGNOSIS
128	OBD2A	Num	4		BREAST CANCER: STATUS CHANGE
129	OBD2B	Num	4		BREAST CANCER: METASTASIZED
130	OBD2C	Num	4		BREAST CANCER: SURGERY
131	OBD2D	Num	4		BREAST CANCER: CHEMOTHERAPY
132	OBD2E	Num	4		BREAST CANCER: RADIATION
133	OBD2F	Num	4		BREAST CANCER: OTHER
134	OBD2G	Num	4		BREAST CANCER: REMISSION
135	OBD3	Num	4		DIGESTIVE CANCER: DIAGNOSIS
136	OBD3A	Num	4		DIGESTIVE CANCER: STATUS CHANGE
137	OBD3B	Num	4		DIGESTIVE CANCER: METASTASIZED
138	OBD3C	Num	4		DIGESTIVE CANCER: SURGERY
139	OBD3D	Num	4		DIGESTIVE CANCER: CHEMOTHERAPY
140	OBD3E	Num	4		DIGESTIVE CANCER: RADIATION
141	OBD3F	Num	4		DIGESTIVE CANCER: OTHER
142	OBD3G	Num	4		DIGESTIVE CANCER: REMISSION
143	OBD4	Num	4		HEAD/NECK CANCER TREAT: DIAGNOSIS
144	OBD4A	Num	4		HEAD/NECK CANCER TREAT: STATUS CHANGE
145	OBD4B	Num	4		HEAD/NECK CANCER TREAT: METASTASIZED
146	OBD4C	Num	4		HEAD/NECK CANCER TREAT: SURGERY
147	OBD4D	Num	4		HEAD/NECK CANCER TREAT: CHEMOTHERAPY
148	OBD4E	Num	4		HEAD/NECK CANCER TREAT: RADIATION
149	OBD4F	Num	4		HEAD/NECK CANCER TREAT: OTHER
150	OBD4G	Num	4		HEAD/NECK CANCER TREAT: REMISSION
151	OBD5	Num	4		PROSTATE CANCER: DIAGNOSIS
152	OBD5A	Num	4		PROSTATE CANCER: STATUS CHANGE
153	OBD5B	Num	4		PROSTATE CANCER: METASTASIZED

Num	Variable	Type	Len	Format	Label
154	OBD5C	Num	4		PROSTATE CANCER: SURGERY
155	OBD5D	Num	4		PROSTATE CANCER: CHEMOTHERAPY
156	OBD5E	Num	4		PROSTATE CANCER: RADIATION
157	OBD5F	Num	4		PROSTATE CANCER: OTHER
158	OBD5G	Num	4		PROSTATE CANCER: REMISSION
159	OBD6	Num	4		REPRODUCTIVE CANCER: DIAGNOSIS
160	OBD6A	Num	4		REPRODUCTIVE CANCER: STATUS CHANGE
161	OBD6B	Num	4		REPRODUCTIVE CANCER: METASTASIZED
162	OBD6C	Num	4		REPRODUCTIVE CANCER: SURGERY
163	OBD6D	Num	4		REPRODUCTIVE CANCER: CHEMOTHERAPY
164	OBD6E	Num	4		REPRODUCTIVE CANCER: RADIATION
165	OBD6F	Num	4		REPRODUCTIVE CANCER: OTHER
166	OBD6G	Num	4		REPRODUCTIVE CANCER: REMISSION
167	OBD7	Num	4		SKIN CANCER, MELANOMA: DIAGNOSIS
168	OBD7A	Num	4		SKIN CANCER, MELANOMA: STATUS CHANGE
169	OBD7B	Num	4		SKIN CANCER, MELANOMA: METASTASIZED
170	OBD7C	Num	4		SKIN CANCER, MELANOMA: SURGERY
171	OBD7D	Num	4		SKIN CANCER, MELANOMA: CHEMOTHERAPY
172	OBD7E	Num	4		SKIN CANCER, MELANOMA: RADIATION
173	OBD7F	Num	4		SKIN CANCER, MELANOMA: OTHER
174	OBD7G	Num	4		SKIN CANCER, MELANOMA: REMISSION
175	OBD8	Num	4		THORACIC CANCER: DIAGNOSIS
176	OBD8A	Num	4		THORACIC CANCER: STATUS CHANGE
177	OBD8B	Num	4		THORACIC CANCER: METASTASIZED
178	OBD8C	Num	4		THORACIC CANCER: SURGERY
179	OBD8D	Num	4		THORACIC CANCER: CHEMOTHERAPY
180	OBD8E	Num	4		THORACIC CANCER: RADIATION
181	OBD8F	Num	4		THORACIC CANCER: OTHER
182	OBD8G	Num	4		THORACIC CANCER: REMISSION
183	OBD9	Num	4		URINARY CANCER: DIAGNOSIS
184	OBD9A	Num	4		URINARY CANCER: STATUS CHANGE
185	OBD9B	Num	4		URINARY CANCER: METASTASIZED
186	OBD9C	Num	4		URINARY CANCER: SURGERY
187	OBD9D	Num	4		URINARY CANCER: CHEMOTHERAPY
188	OBD9E	Num	4		URINARY CANCER: RADIATION
189	OBD9F	Num	4		THORACIC CANCER: OTHER
190	OBD9G	Num	4		URINARY CANCER: REMISSION
191	OBDCAN2	Num	4		SINCE LAST EVAL, WAS PT DIAGNOSED W/CANCER?
192	OBDCAN3	Num	4		SINCE LAST EVAL, CHANGE IN CANCER STATUS?

Num	Variable	Type	Len	Format	Label
193	OBDCANDT	Num	8	8.	DEIDENTIFIED CANCER DIAGNOSIS DATE
194	OBDIASRB	Num	4	8.	BP DIASTOLIC 1ST MEAS. (MM HG)
195	OBDIASRD	Num	4	8.	BP DIASTOLIC 2ND MEAS. (MM HG)
196	OBDRINK1	Num	4		AT LEAST ONE ALCOHOLIC BEV WEEK
197	OBDRINK2	Num	4		BOTTLES OF BEER IN LAST 7 DAYS
198	OBDRINK3	Num	4		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
199	OBDRINK4	Num	4		GLASSES OF WINE IN LAST 7 DAYS
200	OBDRINK5	Num	4		HARD LIQUOR IN LAST 7 DAYS
201	OBEXER1	Num	4		PATIENT LEVEL OF ACTIVITY
202	OBF4	Num	4		DESCRIBE INSULIN REGIMEN
203	OBF4A	Num	4		INSULIN - TOTAL NUMBER UNITS PER DAY
204	OBF5A	Num	4		DIFFERENT BASAL RATES PER DAY
205	OBF5B	Num	4		UNITS OF BASAL INSULIN INFUSED DAILY
206	OBF5C	Num	4		TECHN. PROBLEMS - INSULIN INFUSION PUMP
207	OBF7A	Num	4		SELF BLOOD GLUCOSE MONITORING
208	OBF7B	Num	4		FREQ PER DAY SELF BLOOD GLUCOSE MONITORING
209	OBFRIDIJ	Num	4		GUARDIAN DISABLED: DIABETIC OR NON-DIABETIC
210	OBFRIED	Num	4		GUARDIAN/FRIEND EDUCATION LEVEL
211	OBFRIJOB	Num	4		GUARDIAN/FRIEND OCCUPATION
212	OBFRINOJ	Num	4		GUARDIAN/FRIEND UNEMPLOY/RETIRED
213	OBHIBLP	Num	8	3.	BLOOD PRESSURE (140 SYS OR 90 DIAS)
214	OBHIBLPF	Num	8	3.	BLOOD PRESSURE (130 SYS OR 80 DIAS)
215	OBHU7030	Num	4		TYPE OF INSULIN - HUMAN 70/30
216	OBHU7525	Num	4		TYPE OF INSULIN - HUMALOG 75/25
217	OBHULBET	Num	4		HUMALOG - BEDTIME
218	OBHULBRK	Num	4		HUMALOG - BREAKFAST
219	OBHULLUN	Num	4		HUMALOG - LUNCH
220	OBHULOG	Num	4		TYPE OF INSULIN -HUMALOG
221	OBHULOTH	Num	4		HUMALOG - OTHER
222	OBHULSUP	Num	4		HUMALOG - SUPPER
223	OBHUNPH	Num	4		TYPE OF INSULIN - HUMAN NPH
224	OBHUREG	Num	4		TYPE OF INSULIN - HUMAN REGULAR
225	OBI3A	Num	4		# HOSPITALIZATION FOR HYPOGLYCEMIA
226	OBI3B1	Num	4		HYPOG - LOST CONSCIOUS WITHOUT SEIZURE
227	OBI3B2	Num	4		HYPOG - LOST CONSCIOUS WITH SEIZURE
228	OBI3C1	Num	4		HYPOG - REQUIRED PROF. MEDICAL HELP
229	OBI3C2	Num	4		HYPOG - REQUIRE HELP OF ANOTHER PERSON
230	OBI3C3	Num	4		HYPOG - NOT NEED DOCTOR/OTHER PERSON
231	OBI3D1	Num	4		FREQUENCY RECEIVE GLUCAGON

Num	Variable	Type	Len	Format	Label
232	OBI3D2	Num	4		FREQUENCY RECEIVE IV GLUCOSE
233	OBI3D3	Num	4		EPISODES RESULT IN INJURY-PT/OTHERS
234	OBI3E	Num	4		RECURRENT HYPOG UNABLE TO HELP SELF
235	OBI3F	Num	4		RECURRENT HYPOG ABLE TO HELP SELF
236	OBI3G	Num	4		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
237	OBI3H1	Num	4		HYPOGLYCEMIA OCCUR WHILE AWAKE/SLEEP/BOTH
238	OBI3H2A	Num	4		REASON HYPOG: MISSED MEAL OR SNACK
239	OBI3H2B	Num	4		REASON HYPOG: DECREASED FOOD INTAKE
240	OBI3H2C	Num	4		REASON HYPOG: DELAYED MEAL OR SNACK
241	OBI3H2D	Num	4		REASON HYPOG: INCREASED EXERCISE LEVEL
242	OBI3H2E	Num	4		REASON HYPOG: TOO MUCG INSULIN TAKEN
243	OBI3H2F	Num	4		REASON HYPOG: LACK EARLY WARN-LOW BG
244	OBI3H2G	Num	4		REASON HYPOGLYCEMIA: OTHER
245	OBI3H2H	Num	4		REASON HYPOGLYCEMIA: UNEXPLAINED
246	OBI3H3B	Num	4		SYMPTOMS W MILD HYPOG: DIAPHORESIS (SWEATING)
247	OBI3H3C	Num	4		SYMPTOMS W MILD HYPOG: ALTER.MENTAL STATUS
248	OBI3H3D	Num	4		SYMPTOMS W MILD HYPOG: OTHER
249	OBI3H3E	Num	4		SYMPTOMS W MILD HYPOG: NONE
250	OBI3H3F	Num	4		SYMPTOMS W MILD HYPOG: HUNGER
251	OBI3H3G	Num	4		SYMPTOMS W MILD HYPOG: RAPID HEART RATE
252	OBI3H3H	Num	4		SYMPTOMS W MILD HYPOG: ANXIETY
253	OBI3H3I	Num	4		SYMPTOMS W MILD HYPOG: TREMORS
254	OBI3H3J	Num	4		SYMPTOMS W MILD HYPOG: HEADACHE
255	OBIA	Num	4		FREQUENCY OF DKA IN PAST 3 MONTHS
256	OBINHBET	Num	4		INHALED INSULIN - BEDTIME
257	OBINHBRK	Num	4		INHALED INSULIN - BREAKFAST
258	OBINHINS	Num	4		TYPE OF INSULIN -INHALED INSULIN
259	OBINHLUN	Num	4		INHALED INSULIN - LUNCH
260	OBINHOTH	Num	4		INHALED INSULIN - OTHER
261	OBINHSUP	Num	4		INHALED INSULIN - SUPPER
262	OBINSREG	Num	4		CURRENT INSULIN REGIMEN
263	OBJ1A	Num	4		CV EVENT - MYOCARDIAL INFARCTION
264	OBJ1B	Num	4		CV EVENT - ANGINA PECTORIS
265	OBJ1C	Num	4		CV EVENT - CORONARY ARTERY DISEASE
266	OBJ1D	Num	4		CV EVENT - ARRHYTHMIA
267	OBJ1E	Num	4		CV EVENT - CONGESTIVE HEART FAILURE
268	OBJ2	Num	4		IF PATIENT HAS COMPLAINED OF CHEST PAIN
269	OBJ2A1A	Num	4		COMPLAINED OF PAIN LEFT ANTERIOR CHEST
270	OBJ2A1B	Num	4		COMPLAINED OF PAIN LEFT ARM

Num	Variable	Type	Len	Format	Label
271	OBJ2A1C	Num	4		COMPLAINED OF PAIN IN JAW
272	OBJ2A1D	Num	4		COMPLAINED OF PAIN STERNUM UPPER OR MIDDLE
273	OBJ2A1E	Num	4		COMPLAINED OF PAIN STERNUM LOWER
274	OBJ2A1F	Num	4		COMPLAINED OF PAIN - OTHER
275	OBJ2A2A	Num	4		COMPLAINED OF PAIN THE BACK
276	OBJ2A2B	Num	4		COMPLAINED OF PAIN THE SHOULDER
277	OBJ2A2C	Num	4		COMPLAINED OF PAIN THE RIGHT ARM
278	OBJ2A2D	Num	4		COMPLAINED OF PAIN THE ABDOMEN/BOTH SIDES
279	OBJ2A2E	Num	4		COMPLAINED OF PAIN - OTHER
280	OBJ2B1	Num	4		PAIN LASTED FOR MORE THAN 20 MIN
281	OBJ2B2	Num	4		DEFINITE NON-CARDIAC CAUSE FOR PAIN
282	OBJ2B3	Num	4		ADDTL DOSES/NITRATES OR CALCIUM CHANNEL BLOCKERS
283	OBJ2C	Num	4		FEELING OF PRESS/HEAVINESS IN CHEST
284	OBJ2D1	Num	4		PAIN/DISCOM: WALKING UPHILL OR HURRYING
285	OBJ2D2	Num	4		PAIN/DISCOM: WALKING AT ORDINARY PACE
286	OBJ2D3	Num	4		PAIN DISCOM: STOP/SLOW DOWN/ CONT AT SAME PACE
287	OBJ2D4	Num	4		PAIN: STANDING STILL? RELIEVED/NOT RELIEVED
288	OBJ2D5	Num	4		PAIN STANDING STILL? <=10 MIN OR >10 MIN
289	OBJ3A	Num	4		CB EVENT: CEREBROVASCULAR ACCIDENT(CVA)
290	OBJ3B	Num	4		CB EVENT: TRANSIENT ISCHEMIC ATTACK(TIA)
291	OBJ4A	Num	4		PV EVENT: AMPUTATION
292	OBJ4B	Num	4		PV EVENT: LOWER EXTREMITY ULCER
293	OBJ4C	Num	4		PV EVENT: OTHER ARTERIAL EVENTS
294	OBJ5	Num	4		PV EVENT: PERIPHERAL PAIN
295	OBJ5A	Num	4		PV EVENT: PAIN IN LEG WHEN WALKING
296	OBJ5B	Num	4		PV EVENT: PAIN BEGIN STANDING STILL OR SITTING
297	OBJ5CL	Num	4		PV EVENT: PAIN IN PART OF LEFT LEG
298	OBJ5CR	Num	4		PV EVENT: PAIN IN PART OF RIGHT LEG
299	OBJ5D	Num	4		PV EVENT: PAIN IN LEG WHEN HURRYING
300	OBJ5E	Num	4		PV EVENT: PAIN IN LEG WHEN REG PACE
301	OBJ5F	Num	4		PV EVENT: DOES PAIN EVER DISAPPEAR
302	OBJ5G	Num	4		PV EVENT: WHAT DOES PT DO IF PAIN WHEN WALKING?
303	OBJ5H	Num	4		PV EVENT: WHAT HAPPENS TO PAIN IF STANDING STILL?
304	OBJ5I	Num	4		PV EVENT: IS PAIN RELIEVED BY STANDING - HOW SOON?
305	OBJ5J	Num	4		PV EVENT: NOTICED CHANGED IN SEVERITY?
306	OBJ5K	Num	4		DIAGNOSTIC TESTS PERFORMED
307	OBJ5RES1	Num	4		RESULT 1 (POS / NEG / EQUIV)
308	OBJ5RES2	Num	4		RESULT 2 (POS / NEG / EQUIV)
309	OBJ5RES3	Num	4		RESULT 3 (POS / NEG / EQUIV)

Num	Variable	Type	Len	Format	Label
310	OBJ5RES4	Num	4		RESULT 4 (POS / NEG / EQUIV)
311	OBJ5RES5	Num	4		RESULT 5 (POS / NEG / EQUIV)
312	OBJ5TES1	Char	20		TEST 1 PERFORMED
313	OBJ5TES2	Char	20		TEST 2 PERFORMED
314	OBJ5TES3	Char	20		TEST 3 PERFORMED
315	OBJ5TES4	Char	20		TEST 4 PERFORMED
316	OBJ5TES5	Char	20		TEST 5 PERFORMED
317	OBJ6A	Num	4		NERVOUSNESS OR ANXIETY
318	OBJ6B	Num	4		UNREASONABLE FEARS
319	OBJ6C	Num	4		EATING DISTURBANCE
320	OBJ6D	Num	4		AFFECTIVE DISORDER
321	OBJ6E	Num	4		SUICIDE IDEATION
322	OBJ6F	Num	4		SUICIDE ATTEMPT
323	OBJ6G	Num	4		CRIMINAL CONDUCT
324	OBJ6H	Num	4		PSYCHIATRIC TREATMENT
325	OBJ6I	Num	4		OTHER SIGNIFICANT PSYCHIATRIC CONDITION
326	OBJ7	Num	4		EXPERIENCED ANY MAJOR ACCIDENTS
327	OBJCHK	Num	4		CHF: ANY SYMPTOMS OF CONGESTIVE HEART FAILURE
328	OBJCHKA	Num	4		CHF: PAROXYSMAL NOCTURNAL DYSPNEA
329	OBJCHKB	Num	4		CHF: ORTHOPNEA
330	OBJCHKC	Num	4		CHF: DYSPNEA AT REST
331	OBJCHKD	Num	4		CHF: NYHAF CLASSIFICATION III
332	OBK1	Num	4		RENAL: CYSTITIS
333	OBK2	Num	4		RENAL: PYELONEPHRITIS
334	OBK3	Num	4		RENAL: UNCONTROLLABLE HYPERTENSION
335	OBK4	Num	4		RENAL: EDEMA
336	OBK5	Num	4		RENAL: DIALYSIS
337	OBK6	Num	4		RENAL: RENAL TRANSPLANTATION
338	OBK7	Num	4		RENAL: PANCREAS TRANSPLANTATION
339	OBK8	Num	4		RENAL: OTHER RENAL PROBLEMS
340	OBL10L	Num	4		ANY OTHER EYE PROBLEMS L-EYE?
341	OBL10R	Num	4		ANY OTHER EYE PROBLEMS R-EYE?
342	OBL11	Num	8		REFERRED TO OPTHAMOLOGIST NOTICED THIS EXAM?
343	OBL1AL	Num	4		OPHTH: BLURRED/REDUCED VISION L-EYE?
344	OBL1AR	Num	4		OPHTH: BLURRED/REDUCED VISION R-EYE?
345	OBL1AVL	Num	4		CHANGE IN VISION LEFT-EYE?
346	OBL1AVR	Num	4		CHANGE IN VISION RIGHT-EYE?
347	OBL2AL	Num	4		OPHTH: FLOATERS/FLASHING LIGHTS L-EYE?
348	OBL2AR	Num	4		OPHTH: FLOATERS/FLASHING LIGHTS R-EYE?

Num	Variable	Type	Len	Format	Label
349	OBL3AR	Num	4		OPHTH: IS THE R-EYE ENUCLEATED?
350	OBL3BL	Num	4		OPHTH: IS THE L-EYE ENUCLEATED?
351	OBL3CR	Num	4		R-EYE ENUCLEATED SINCE LAST VISIT?
352	OBL3DL	Num	4		L-EYE ENUCLEATED SINCE LAST VISIT?
353	OBL4AR	Num	4		OCULAR SURGERY R-EYE SINCE LAST VISIT?
354	OBL4BL	Num	4		OCULAR SURGERY L-EYE SINCE LAST VISIT?
355	OBL4CR	Num	4		CORNEAL TRANSPLANT R-EYE
356	OBL4DL	Num	4		CORNEAL TRANSPLANT L-EYE
357	OBL4ER	Num	4		OTHER CORNEAL SURGERY R-EYE
358	OBL4FL	Num	4		OTHER CORNEAL SURGERY L-EYE
359	OBL4GR	Num	4		PROCEDURE TO LOWER IOP R-EYE
360	OBL4HL	Num	4		PROCEDURE TO LOWER IOP L-EYE
361	OBL4IR	Num	4		CATARACT EXTRACTION R-EYE
362	OBL4JL	Num	4		CATARACT EXTRACTION L-EYE
363	OBL4KR	Num	4		VITRECTOMY R-EYE
364	OBL4LL	Num	4		VITRECTOMY L-EYE
365	OBL4MR	Num	4		RETINAL DETACHMENT SURGERY R-EYE
366	OBL4NL	Num	4		RETINAL DETACHMENT SURGERY L-EYE
367	OBL4OR	Num	4		OTHER SURGERY R-EYE
368	OBL4PL	Num	4		OTHER SURGERY L-EYE
369	OBL5AR	Num	4		PHOTOCOAGULATION OF R-EYE?
370	OBL5BL	Num	4		PHOTOCOAGULATION OF L-EYE?
371	OBL5CR	Num	4		SCATTER TRESTMENT R-EYE?
372	OBL5DL	Num	4		SCATTER TREATMENT L-EYE?
373	OBL5ER	Num	4		FOCAL TREATMENT R-EYE?
374	OBL5FL	Num	4		FOCAL TREATMENT L-EYE?
375	OBL5GR	Num	4		OTHER TREATMENT R-EYE?
376	OBL5HL	Num	4		OTHER TREATMENT L-EYE?
377	OBL6AR	Num	4		DIAGNOSED OF GLAUCOMA R-EYE?
378	OBL6BL	Num	4		DIAGNOSED OF GLAUCOMA L-EYE?
379	OBL7AR	Num	4		USED PRESCRIPTION MEDS R-EYE?
380	OBL7BL	Num	4		USED PRESCRIPTION MEDS L-EYE?
381	OBL8AR	Num	4		OCULAR TREAT SINCE ANNUAL VISIT R-EYE?
382	OBL8BL	Num	4		OCULAR TREAT SINCE ANNUAL VISIT L-EYE?
383	OBL9AR	Num	4		SYMPTOMS VITREOUS HEMMORHAGE R-EYE?
384	OBL9BL	Num	4		SYMPTOMS VITREOUS HEMMORHAGE L-EYE?
385	OBLANBET	Num	4		LANTUS - BEDTIME
386	OBLANBRK	Num	4		LANTUS - BREAKFAST
387	OBLANLUN	Num	4		LANTUS - LUNCH

Num	Variable	Type	Len	Format	Label
388	OBLANOTH	Num	4		LANTUS - OTHER
389	OBLANSUP	Num	4		LANTUS - SUPPER
390	OBLANTUS	Num	4		TYPE OF INSULIN - LANTUS
391	OBLEVBET	Num	4		LEVEMIR - BEDTIME
392	OBLEVBRK	Num	4		LEVEMIR - BREAKFAST
393	OBLEVEM	Num	4		TYPE OF INSULIN - LEVEMIR
394	OBLEVLUN	Num	4		LEVEMIR - LUNCH
395	OBLEVOTH	Num	4		LEVEMIR - OTHER
396	OBLEVSUP	Num	4		LEVEMIR - SUPPER
397	OBLSVST	Num	8	8.	DEIDENTIFIED ENTER THE DATE OF THE LAST COMPLETED ANNUAL V
398	OBM1	Num	4		NEURO: PARESTHESIAS IN HAND/FEET
399	OBM10	Num	4		NEURO: IMPOTENCE
400	OBM11	Num	4		NEURO: SYM COMP W/FOCAL NEUROPATHY
401	OBM12	Num	4		NEURO: OTHER NEUROLOGICAL PROBLEMS
402	OBM13	Num	4		NEURO: REFERRED TO NEUROLOGIST THIS VISIT?
403	OBM14	Num	4		NEURO: TOLD YOU HAVE GASTROPARESIS?
404	OBM14A	Num	4		NEURO: GASTROPARESIS CONFIRMED BY DIAGNOSTIC TEST?
405	OBM15	Num	4		NEURO: RECURRENT CONSTIPATION?
406	OBM16	Num	4		NEURO: RECURRENT URINARY INCONTINENCE
407	OBM16A	Num	4		NEURO: STRESS INCONTINENCE
408	OBM16B	Num	4		NEURO: URGE INCONTINENCE
409	OBM16C	Num	4		NEURO: MIXED INCONTINENCE
410	OBM16D	Num	4		NEURO: OVERFLOW INCONTINENCE
411	OBM16E	Num	4		NEURO: FUNCTIONAL INCONTINENCE
412	OBM17	Num	4		NEURO: FEMALE SEXUAL DYSFUNCTION
413	OBM1I	Num	4		NEURO: IF PAIN IS PATIENT ON MEDS
414	OBM2	Num	4		NEURO: UNEXPLAINED MUSCLE WEAKNESS
415	OBM3	Num	4		NEURO: VOMITING/BLOATING AFTER MEALS
416	OBM4	Num	4		NEURO: PRESISTENT/RECURRENT DIARRHEA
417	OBM5	Num	4		NEURO: DIARRHEA W/FECAL INCONTINENCE
418	OBM6	Num	4		NEURO: URINARY RETENTION
419	OBM7	Num	4		NEURO: DIZZINESS OR LIGHTHEADEDNESS
420	OBM8	Num	4		NEURO: FAINTING (UNASSOCIATED HYPOGLYCEMIA)
421	OBM9	Num	4		NEURO: SEIZURE (NOT DUE TO HYPOGLYCEMIA)
422	OBMARNO	Num	4		IF MARRIED, HOW MANY TIMES?
423	OBMARRY	Num	4		MARITAL STATUS OF PATIENT:
424	OBMRMO	Num	4		DATE MARITAL STATUS CHANGE MO
425	OBMRYR	Num	4		DATE MARITAL STATUS CHANGE YR
426	OBN1A	Num	4		INFECT: CUTANEOUS / MUCOCUTANEOUS

Num	Variable	Type	Len	Format	Label
427	OBN1B	Num	4		INFECT: POST-OPERATIVE/DEEP WOUND
428	OBN1C	Num	4		INFECT: GANGRENE
429	OBN1D	Num	4		INFECT: MONO, MEASLES CHICKEN POX, EPIDIDMITIS
430	OBN1E	Num	4		INFECT: AT INSERTION SITE
431	OBN2A	Num	4		MAJOR SURGERY INPATIENT
432	OBN2B	Num	4		OUT PATIENT PROCEDURES
433	OBN3	Num	4		AUTOIMMUNE ENDOCRINE EVENT
434	OBN3A	Num	4		AI: HASHIMOTOS DISEASE (HYPOTHYROID)
435	OBN3B	Num	4		AI: ADDISONS DISEASE
436	OBN3C	Num	4		AI: PERNICIOUS ANEMIA
437	OBN3F	Num	4		AI: ULCERATIVE COLITIS
438	OBN3G	Num	4		AI: CROHNS DISEASE
439	OBN3H	Num	4		AI: SYSTEMIC LUPUS ERYTHEMATOSOS
440	OBN3I	Num	4		AI: RHEUMATOID ARTHRITIS
441	OBN3J	Num	4		AI: MULTIPLE SCLEROSIS
442	OBN3K	Num	4		AI: CELIAC SPRUE
443	OBN3L	Num	4		AI: GRAVES DISEASE (HYPERTHYROID)
444	OBN3M	Num	4		AI: VITILIGO
445	OBN3N	Num	4		AI: ALOPECIA
446	OBN3O	Num	4		OTHER AUTOIMMUNE
447	OBNOVBET	Num	4		NOVOLOG - BEDTIME
448	OBNOVBRK	Num	4		NOVOLOG - BREAKFAST
449	OBNOVLUN	Num	4		NOVOLOG - LUNCH
450	OBNOVOL	Num	4		TYPE OF INSULIN -NOVOLOG
451	OBNOVOTH	Num	4		NOVOLOG - OTHER
452	OBNOVSUP	Num	4		NOVOLOG - SUPPER
453	OBNPHBED	Num	4		HUMAN NPH - BEDTIME
454	OBNPHBRK	Num	4		HUMAN NPH - BREAKFAST
455	OBNPHLUN	Num	4		HUMAN NPH - LUNCH
456	OBNPHOTH	Num	4		HUMAN NPH - OTHER
457	OBNPHSUP	Num	4		HUMAN NPH - SUPPER
458	OBO1A	Num	4		VAGINAL ITCHING OR DISCHARGE
459	OBO1B	Num	4		WAS PATIENT TREATED FOR VAGINAL ITCHING/DISCHARGE
460	OBO2A	Num	4		DOES PATIENT MENSTRUATE?
461	OBO2B	Num	8	8.	DEIDENTIFIED DATE OF LAST MENSTRUAL PERIOD
462	OBO2C	Num	4		LAST MENSTRUAL PERIOD > 5 WKS AGO
463	OBO2D	Num	4		WAS PREGNANCY TEST PERFORMED?
464	OBO2E	Num	4	3.	IS PATIENT CURRENTLY PREGNANT?
465	OBO2E1DT	Num	8	8.	DEIDENTIFIED IF PREGNANT - EST DATE OF CONCEPTION

Num	Variable	Type	Len	Format	Label
466	OBO3	Num	4		COMPLETED/TERMINATED PREGNANCY?
467	OBO3ADT	Num	8	8.	DEIDENTIFIED IF COMPL/TERM PREGNANCY - EST DATE CONCEPTION
468	OBO3BDT	Num	8	8.	DEIDENTIFIED IF COMPL/TERM PREGNANCY - -EST DATE TERMINATI
469	OBO4A	Num	4		NODULES IN BREAST
470	OBO4B	Num	4		BREAST CANCER
471	OBO4C	Num	4		BREAST DISCHARGE
472	OBO4D	Num	4		IRREGULAR MENSES
473	OBO4E	Num	4		DYSMENORRHEA
474	OBO5	Num	4		OTHER SIG GYNECOLOGIC CONDITIONS
475	OBO6	Num	4		EVER USED ORAL CONTRACEPTIVES?
476	OBO7	Num	4		USED OTHER BIRTH CONTROLS?
477	OBO8A	Num	4		MENSTRUAL PERIOD CEASED?
478	OBO8B	Num	4		PERIODS CEASED - IS IT PERMANENT?
479	OBO8B1	Num	4		PERIODS CEASED PERMANENTLY - IF YES TO QUESTION A & B
480	OBO8C	Num	4		AT WHAT AGE DID PERIODS CEASE?
481	OBO8D	Num	4		PERIODS CEASED - FOR WHAT REASON?
482	OBO8E1	Num	4		SURGERY: BOTH OVARIES REMOVED?
483	OBO8E2	Num	4		SURGERY: WAS ONLY ONE OVARIES REMOVED?
484	OBO8E3	Num	4		SURGERY: WAS ONLY THE UTERUS REMOVED?
485	OBO8F	Num	4		AFTER PERIODS CEASED WERE FEMALE HORMONES TAKEN?
486	OBO8G	Num	4		AFTER PERIODS CEASED, HORMONES TAKEN FOR HOW LONG?
487	OBOTHER	Num	4		TYPE OF INSULIN - OTHER
488	OBOTHER1	Num	4		TYPE OF INSULIN - OTHER 1
489	OBOTHER2	Num	4		TYPE OF INSULIN - OTHER 2
490	OBOTHER3	Num	4		TYPE OF INSULIN - OTHER 3
491	OBP1	Num	4		RX: HAS USED OR IS USING PRESCRIPTION DRUGS
492	OBP2	Num	4		RX: USED OVER-THE-COUNTR DRUGS
493	OBP3	Num	4		RX: VITAMIN SUPPLEMENTS-REGULARLY
494	OBPATDIJ	Num	4		PATIENT DISABLED: DIABETIC OR NON-DIABETIC
495	OBPATED	Num	4		PATIENT EDUCATION LEVEL
496	OBPATJOB	Num	4		PATIENT OCCUPATION
497	OBPATNOJ	Num	4		PATIENT UNEMPLOYED OR RETIRED
498	OBPPE	Num	4		PERIPHERAL PULSE-UNABLE TO OBTAIN
499	OBPULSE	Num	4	8.	PULSE (BPM)
500	OBQ1	Num	4		PHONE INTERVIEW?
501	OBQ11A1L	Num	4		LEFT SIDE CAROTID
502	OBQ11A1R	Num	4		RIGHT SIDE CAROTID
503	OBQ11A2L	Num	4		LEFT SIDE BRACHIAL
504	OBQ11A2R	Num	4		RIGHT SIDE BRACHIAL

Num	Variable	Type	Len	Format	Label
505	OBQ11A3L	Num	4		LEFT SIDE RADIAL
506	OBQ11A3R	Num	4		RIGHT SIDE RADIAL
507	OBQ11A4L	Num	4		LEFT SIDE FEMORAL
508	OBQ11A4R	Num	4		RIGHT SIDE FEMORAL
509	OBQ11A5L	Num	4		LEFT SIDE POPLITEAL
510	OBQ11A5R	Num	4		RIGHT SIDE POPLITEAL
511	OBQ11A6L	Num	4		LEFT SIDE POSTERIOR TIBIAL
512	OBQ11A6R	Num	4		RIGHT SIDE POSTERIOR TIBIAL
513	OBQ11A7L	Num	4		LEFT SIDE DORSALIS PEDIS
514	OBQ11A7R	Num	4		RIGHT SIDE DORSALIS PEDIS
515	OBQ11B1L	Num	4		LEFT FEMORAL BRUITS
516	OBQ11B1R	Num	4		RIGHT FEMORAL BRUITS
517	OBQ11B2L	Num	4		LEFT CAROTID BRUITS
518	OBQ11B2R	Num	4		RIGHT CAROTID BRUITS
519	OBQ11B3L	Num	4		LEFT OTHER BRUITS
520	OBQ11B3R	Num	4		RIGHT OTHER BRUITS
521	OBQ12AL	Num	4		ULCERATION - LEFT SIDE
522	OBQ12AR	Num	4		ULCERATION - RIGHT SIDE
523	OBQ12BL	Num	4		GANGRENE - LEFT SIDE
524	OBQ12BR	Num	4		GANGRENE - RIGHT SIDE
525	OBQ12CL	Num	4		NECROBIOSIS - LEFT SIDE
526	OBQ12CR	Num	4		NECROBIOSIS - RIGHT SIDE
527	OBQ12DL	Num	4		XANTHELASMA - LEFT SIDE
528	OBQ12DR	Num	4		XANTHELASMA - RIGHT SIDE
529	OBQ12EL	Num	4		ERUPTIVE XANTHOMA - LEFT SIDE
530	OBQ12ER	Num	4		ERUPTIVE XANTHOMA - RIGHT SIDE
531	OBQ12FL	Num	4		CHARCOT JOINT - LEFT SIDE
532	OBQ12FR	Num	4		CHARCOT JOINT - RIGHT SIDE
533	OBQ12GL	Num	4		DEFORMITY - LEFT SIDE
534	OBQ12GR	Num	4		DEFORMITY - RIGHT SIDE
535	OBQ13A	Num	4		INJECTION SITE - LIPOATROPHY
536	OBQ13B	Num	4		INJECTION SITE - LIPOHYPERTROPHY
537	OBQ13C	Num	4		INJECTION SITE - INFLAMATION
538	OBQ14A	Num	4		FEET: ULCERS
539	OBQ14B	Num	4		FEET: INFECTION
540	OBQ14C	Num	4		FEET: ABNORMAL TOENAILS
541	OBQ14C1	Num	4		FEET: AMPUTATION
542	OBQ14D	Num	4		FEET: OTHER
543	OBQ15	Num	4		OTHER ABNORMALTIES NOTED

Num	Variable	Type	Len	Format	Label
544	OBQ15A	Num	4		NEW ON MEDICAL HISTORY
545	OBQ1A	Num	6	8.1	WEIGHT (KG): 1ST MEASUREMENT
546	OBQ1B	Num	6	8.1	WEIGHT (KG): 2ND MEASUREMENT
547	OBQ1C	Num	6	8.1	WEIGHT (KG): 3RD MEASUREMENT
548	OBQ1D	Num	6	8.1	WEIGHT (KG): 4TH MEASUREMENT
549	OBQ3A	Num	6	8.1	HEIGHT (CM): 1ST MEASUREMENT
550	OBQ3B	Num	6	8.1	HEIGHT (CM): 2ND MEASUREMENT
551	OBQ3C	Num	6	8.1	HEIGHT (CM): 3RD MEASUREMENT
552	OBQ3D	Num	6	8.1	HEIGHT (CM): 4TH MEASUREMENT
553	OBQ4A	Num	6	8.1	WAIST NATURAL CIRCUMF (CM): 1ST MEASUREMENT
554	OBQ4ATRO	Num	8	3.	WAIST NATURAL CIRCUMF: LIPOATRO PRESENT
555	OBQ4B	Num	6	8.1	WAIST NATURAL CIRCUMF (CM): 2ND MEASUREMENT
556	OBQ4C	Num	6	8.1	WAIST NATURAL CIRCUMF (CM): 3RD MEASUREMENT
557	OBQ4D	Num	6	8.1	WAIST NATURAL CIRCUMF (CM): 4TH MEASUREMENT
558	OBQ4HYPE	Num	8	3.	WAIST NATURAL CIRCUMF: LIPOHYP PRESENT
559	OBQ5A	Num	6	8.1	WAIST ILIAC CIRCUMF (CM): 1ST MEASUREMENT
560	OBQ5ATRO	Num	8	3.	WAIST ILIAC CIRCUMF: LIPOATRO PRESENT
561	OBQ5B	Num	6	8.1	WAIST ILIAC CIRCUMF (CM): 2ND MEASUREMENT
562	OBQ5C	Num	6	8.1	WAIST ILIAC CIRCUMF (CM): 3RD MEASUREMENT
563	OBQ5D	Num	6	8.1	WAIST ILIAC CIRCUMF (CM): 4TH MEASUREMENT
564	OBQ5HYPE	Num	8	3.	WAIST ILIAC CIRCUMF: LIPOHYP PRESENT
565	OBQ6A	Num	6	8.1	HIP CIRCUMF (CM): 1ST MEASUREMENT
566	OBQ6ATRO	Num	8	3.	HIP CIRCUMF: LIPOATRO PRESENT
567	OBQ6B	Num	6	8.1	HIP CIRCUMF (CM): 2ND MEASUREMENT
568	OBQ6C	Num	6	8.1	HIP CIRCUMF (CM): 3RD MEASUREMENT
569	OBQ6D	Num	6	8.1	HIP CIRCUMF (CM): 4TH MEASUREMENT
570	OBQ6HYPE	Num	8	3.	HIP CIRCUMF: LIPOHYP PRESENT
571	OBQ9AL	Num	4	8.	DOPPLER BP: LEFT BRACHIAL
572	OBQ9AR	Num	4	8.	DOPPLER BP: RIGHT BRACHIAL
573	OBQ9BL	Num	4	8.	DOPPLER BP: LEFT DORSALIS PEDIS
574	OBQ9BR	Num	4	8.	DOPPLER BP: RIGHT DORSALIS PEDIS
575	OBQ9CL	Num	4	8.	DOPPLER BP: LEFT POSTERIOR TIBIAL
576	OBQ9CR	Num	4	8.	DOPPLER BP: RIGHT POSTERIOR TIBIAL
577	OBR1	Num	4		CONTACT W/PATIENT SINCE LAST ANN. VISIT
578	OBR2	Num	4		HOW MANY TIMES CONTACT W/PATIENT
579	OBR2A	Num	4		CONTACT W/PATIENT MORE THAN ONCE PER MONTH
580	OBR3A	Num	4		CONTACT: TELEPHONE CALL
581	OBR3B	Num	4		CONTACT: TALKED IN PERSON
582	OBR3C	Num	4		CONTACT: CARD, LETTER, OR EMAIL

Num	Variable	Type	Len	Format	Label
583	OBR3D	Num	4		CONTACT: NEWSLETTER OR UNIVERSITY PUB
584	OBR3E	Num	4		CONTACT: OTHER
585	OBREGBED	Num	4		HUMAN REGULAR - BEDTIME
586	OBREGBRK	Num	4		HUMAN REGULAR - BREAKFAST
587	OBREGLUN	Num	4		HUMAN REGULAR - LUNCH
588	OBREGOTH	Num	4		HUMAN REGULAR - OTHER
589	OBREGSUP	Num	4		HUMAN REGULAR - SUPPER
590	OBRHYTHM	Num	4		CARDIAC RHYTHM
591	OBSMOKE1	Num	4		SMOKE CIGARETTES/CIGARILLOS IN PAST YR
592	OBSMOKE2	Num	4		CURRENTLY SMOKE CIGARETTES/CIGARILLOS
593	OBSMOKE3	Num	4		MONTHS SINCE QUIT CIGARETTES/CIGARILLOS
594	OBSMOKE4	Num	4		HOW MANY CIGARETTES/CIGARILLOS PER DAY IN PAST YR
595	OBSMOKE5	Num	4		SMOKED PIPES OR CIGARS IN PAST YR
596	OBSMOKE6	Num	4		CURRENTLY SMOKE PIPES OR CIGARS
597	OBSMOKE7	Num	4		MONTHS SINCE QUIT SMOKING PIPES OR CIGARS
598	OBSMOKE8	Num	4		PIPEFULS/CIGARS PER WK IN PAST YR
599	OBSMOKE9A	Num	4		PAST 12 MTHS LIVED WHERE PERSON SMOKE
600	OBSMOKE9B	Num	4		PAST 12 MTHS WORK WHERE PERSON SMOKE
601	OBSPDJOB	Num	4		SPOUSE DISABLED: DIABETIC OR NON-DIABETIC
602	OBSPJOB	Num	4		SPOUSE OCCUPATION
603	OBSPOED	Num	4		SPOUSE EDUCATION LEVEL
604	OBSPONOJ	Num	4		SPOUSE UNEMPLOYED OR RETIRED
605	OBSYSTRA	Num	4	8.	BP SYSTOLIC 1ST MEAS. (MM HG)
606	OBSYSTRC	Num	4	8.	BP SYSTOLIC 2ND MEAS. (MM HG)
607	OBTH1BET	Num	4		OTHER INSULIN 2 - BEDTIME
608	OBTH1BRK	Num	4		OTHER INSULIN 2 - BREAKFAST
609	OBTH1LUN	Num	4		OTHER INSULIN 2 - LUNCH
610	OBTH1OTH	Num	4		OTHER INSULIN 2 - OTHER
611	OBTH1SUP	Num	4		OTHER INSULIN 2 - SUPPER
612	OBTHEBET	Num	4		OTHER INSULIN 1 - BEDTIME
613	OBTHEBRK	Num	4		OTHER INSULIN 1 - BREAKFAST
614	OBTHELUN	Num	4		OTHER INSULIN 1 - LUNCH
615	OBTHEOTH	Num	4		OTHER INSULIN 1 - OTHER
616	OBTHESUP	Num	4		OTHER INSULIN 1 - SUPPER
617	OBTOTUNT	Num	4		TOTAL # UNITS / DAY OF INSULIN
618	OBVTYP	Num	4		IN-PERSON VISIT OR PHONE VISIT

Data Set Name: f0027_rev.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	OB10SKIN	Num	4		ABNORMALITIES IN EXTREMITIES / SKIN EXAM?
7	OB7030BE	Num	4		HUMAN 70/30 - BEDTIME
8	OB7030BR	Num	4		HUMAN 70/30 - BREAKFAST
9	OB7030LU	Num	4		HUMAN 70/30 - LUNCH
10	OB7030OT	Num	4		HUMAN 70/30 - OTHER
11	OB7030SU	Num	4		HUMAN 70/30 - SUPPER
12	OB7525BE	Num	4		HUMALOG 75/25 - BEDTIME
13	OB7525BK	Num	4		HUMALOG 75/25 - BREAKFAST
14	OB7525LU	Num	4		HUMALOG 75/25 - LUNCH
15	OB7525OT	Num	4		HUMALOG 75/25 - OTHER
16	OB7525SU	Num	4		HUMALOG 75/25 - SUPPER
17	OB7B1	Num	4		PATIENT ADJUST USUAL INSULIN REGIMEN?
18	OB7E1	Num	4		ADJUST USUAL INSULIN REGIMEN - GLUCOSE MONITORING?
19	OB7E2	Num	4		ADJUST USUAL INSULIN REGIMEN - FOOD INTAKE?
20	OB7E3	Num	4		ADJUST USUAL INSULIN REGIMEN - EXERCISE?
21	OB7E4	Num	4		ADJUST USUAL INSULIN REGIMEN - HYPOGLYCEMIA?
22	OB7E4A	Num	4		ADJUST USUAL INSULIN REGIMEN - ILLNESS?
23	OB7E6	Num	4		ADJUST USUAL INSULIN REGIMEN - OTHER?
24	OB9CAR	Num	4		ABNORMALITIES IN CARDIO-VASCULAR EXAM?
25	OB9CUFFA	Num	4		DOPPLER BP: BRACHIAL CUFF SIZE
26	OB9CUFFB	Num	4		DOPPLER BP: DORSALIS PEDIS CUFF SIZE
27	OB9CUFFC	Num	4		DOPPLER BP: POSTERIOR TIBIAL CUFF SIZE
28	OB9MEAS	Num	4		CHECK IF ANY DOPPLER BP NOT MEASURED
29	OBAPIBET	Num	4		APIDRA - BEDTIME
30	OBAPIBRK	Num	4		APIDRA - BREAKFAST
31	OBAPIDRA	Num	4		TYPE OF INSULIN -APIDRA
32	OBAPILUN	Num	4		APIDRA - LUNCH
33	OBAPIOTH	Num	4		APIDRA - OTHER
34	OBAPISUP	Num	4		APIDRA - SUPPER
35	OBC1	Num	4		BONE LYMPH CANCER: DIAGNOSIS
36	OBC10	Num	4		OTHER CANCER: DIAGNOSIS

Num	Variable	Type	Len	Format	Label
37	OBC10A	Num	4		OTHER CANCER: METASTASIZED
38	OBC10B	Num	4		OTHER CANCER: SURGERY
39	OBC10C	Num	4		OTHER CANCER: CHEMOTHERAPY
40	OBC10D	Num	4		OTHER CANCER: RADIATION
41	OBC10E	Num	4		OTHER CANCER: OTHER
42	OBC10F	Num	4		OTHER CANCER: REMISSION
43	OBC1A	Num	4		BONE LYMPH CANCER TREAT: METASTASIZED
44	OBC1B	Num	4		BONE LYMPH CANCER TREAT: SURGERY
45	OBC1C	Num	4		BONE LYMPH CANCER TREAT: CHEMOTHERAPY
46	OBC1D	Num	4		BONE LYMPH CANCER TREAT: RADIATION
47	OBC1E	Num	4		BONE LYMPH CANCER TREAT: OTHER
48	OBC1F	Num	4		BONE LYMPH CANCER TREAT: REMISSION
49	OBC2	Num	4		BREAST CANCER TREAT: DIAGNOSIS
50	OBC2A	Num	4		BREAST CANCER TREAT: METASTASIZED
51	OBC2B	Num	4		BREAST CANCER TREAT: SURGERY
52	OBC2C	Num	4		BREAST CANCER TREAT: CHEMOTHERAPY
53	OBC2D	Num	4		BREAST CANCER TREAT: RADIATION
54	OBC2E	Num	4		BREAST CANCER TREAT: OTHER
55	OBC2F	Num	4		BREAST CANCER TREAT: REMISSION
56	OBC3	Num	4		DIGESTIVE CANCER TREAT: DIAGNOSIS
57	OBC3A	Num	4		DIGESTIVE CANCER TREAT: METASTASIZED
58	OBC3B	Num	4		DIGESTIVE CANCER TREAT: SURGERY
59	OBC3C	Num	4		DIGESTIVE CANCER TREAT: CHEMOTHERAPY
60	OBC3D	Num	4		DIGESTIVE CANCER TREAT: RADIATION
61	OBC3E	Num	4		DIGESTIVE CANCER TREAT: OTHER
62	OBC3F	Num	4		DIGESTIVE CANCER TREAT: REMISSION
63	OBC4	Num	4		HEAD/NECK CANCER TREAT: DIAGNOSIS
64	OBC4A	Num	4		HEAD/NECK CANCER TREAT: METASTASIZED
65	OBC4B	Num	4		HEAD/NECK CANCER TREAT: SURGERY
66	OBC4C	Num	4		HEAD/NECK CANCER TREAT: CHEMOTHERAPY
67	OBC4D	Num	4		HEAD/NECK CANCER TREAT: RADIATION
68	OBC4E	Num	4		HEAD/NECK CANCER TREAT: OTHER
69	OBC4F	Num	4		HEAD/NECK CANCER TREAT: REMISSION
70	OBC5	Num	4		PROSTATE CANCER: DIAGNOSIS
71	OBC5A	Num	4		PROSTATE CANCER: METASTASIZED
72	OBC5B	Num	4		PROSTATE CANCER: SURGERY
73	OBC5C	Num	4		PROSTATE CANCER: CHEMOTHERAPY
74	OBC5D	Num	4		PROSTATE CANCER: RADIATION
75	OBC5E	Num	4		PROSTATE CANCER: OTHER

Num	Variable	Type	Len	Format	Label
76	OBC5F	Num	4		PROSTATE CANCER: REMISSION
77	OBC6	Num	4		REPRODUCTIVE CANCER: DIAGNOSIS
78	OBC6A	Num	4		REPRODUCTIVE CANCER: METASTASIZED
79	OBC6B	Num	4		REPRODUCTIVE CANCER: SURGERY
80	OBC6C	Num	4		REPRODUCTIVE CANCER: CHEMOTHERAPY
81	OBC6D	Num	4		REPRODUCTIVE CANCER: RADIATION
82	OBC6E	Num	4		REPRODUCTIVE CANCER: OTHER
83	OBC6F	Num	4		REPRODUCTIVE CANCER: REMISSION
84	OBC7	Num	4		SKIN CANCER, MELANOMA: DIAGNOSIS
85	OBC7A	Num	4		SKIN CANCER, MELANOMA: METASTASIZED
86	OBC7B	Num	4		SKIN CANCER, MELANOMA: SURGERY
87	OBC7C	Num	4		SKIN CANCER, MELANOMA: CHEMOTHERAPY
88	OBC7D	Num	4		SKIN CANCER, MELANOMA: RADIATION
89	OBC7E	Num	4		SKIN CANCER, MELANOMA: OTHER
90	OBC7F	Num	4		SKIN CANCER, MELANOMA: REMISSION
91	OBC8	Num	4		THORACIC CANCER: DIAGNOSIS
92	OBC8A	Num	4		THORACIC CANCER: METASTASIZED
93	OBC8B	Num	4		THORACIC CANCER: SURGERY
94	OBC8C	Num	4		THORACIC CANCER: CHEMOTHERAPY
95	OBC8D	Num	4		THORACIC CANCER: RADIATION
96	OBC8E	Num	4		THORACIC CANCER: OTHER
97	OBC8F	Num	4		THORACIC CANCER: REMISSION
98	OBC9	Num	4		URINARY CANCER: DIAGNOSIS
99	OBC9A	Num	4		URINARY CANCER: METASTASIZED
100	OBC9B	Num	4		URINARY CANCER: SURGERY
101	OBC9C	Num	4		URINARY CANCER: CHEMOTHERAPY
102	OBC9D	Num	4		URINARY CANCER: RADIATION
103	OBC9E	Num	4		URINARY CANCER: OTHER
104	OBC9F	Num	4		URINARY CANCER: REMISSION
105	OBCAN	Num	4		HISTORICAL INFORMATION CANCER COMPLETED PREVIOUSLY?
106	OBCAN1	Num	4		PATIENT EVER DIAGNOSED W/CANCER?
107	OBCANDT	Num	8	8.	DEIDENTIFIED CANCER DIAGNOSIS DATE
108	OBCUFFRA	Num	4		BP SYSTOLIC 1ST MEAS - CUFF SIZE
109	OBCUFFRB	Num	4		BP DIASTOLIC 1ST MEAS - CUFF SIZE
110	OBCUFFRC	Num	4		BP SYSTOLIC 2ND MEAS - CUFF SIZE
111	OBCUFFRD	Num	4		BP DIASTOLIC 2ND MEAS - CUFF SIZE
112	OBD1	Num	4		BONE LYMPH CANCER: DIAGNOSIS
113	OBD10	Num	4		OTHER CANCER: DIAGNOSIS
114	OBD10A	Num	4		OTHER CANCER: STATUS CHANGE

Num	Variable	Type	Len	Format	Label
115	OBD10B	Num	4		OTHER CANCER: METASTASIZED
116	OBD10C	Num	4		OTHER CANCER: SURGERY
117	OBD10D	Num	4		OTHER CANCER: CHEMOTHERAPY
118	OBD10E	Num	4		OTHER CANCER: RADIATION
119	OBD10F	Num	4		OTHER CANCER: OTHER
120	OBD10G	Num	4		OTHER CANCER: REMISSION
121	OBD1A	Num	4		BONE LYMPH CANCER: STATUS CHANGE
122	OBD1B	Num	4		BONE LYMPH CANCER: METASTASIZED
123	OBD1C	Num	4		BONE LYMPH CANCER: SURGERY
124	OBD1D	Num	4		BONE LYMPH CANCER: CHEMOTHERAPY
125	OBD1E	Num	4		BONE LYMPH CANCER: RADIATION
126	OBD1F	Num	4		BONE LYMPH CANCER: OTHER
127	OBD1G	Num	4		BONE LYMPH CANCER: REMISSION
128	OBD2	Num	4		BREAST CANCER: DIAGNOSIS
129	OBD2A	Num	4		BREAST CANCER: STATUS CHANGE
130	OBD2B	Num	4		BREAST CANCER: METASTASIZED
131	OBD2C	Num	4		BREAST CANCER: SURGERY
132	OBD2D	Num	4		BREAST CANCER: CHEMOTHERAPY
133	OBD2E	Num	4		BREAST CANCER: RADIATION
134	OBD2F	Num	4		BREAST CANCER: OTHER
135	OBD2G	Num	4		BREAST CANCER: REMISSION
136	OBD3	Num	4		DIGESTIVE CANCER: DIAGNOSIS
137	OBD3A	Num	4		DIGESTIVE CANCER: STATUS CHANGE
138	OBD3B	Num	4		DIGESTIVE CANCER: METASTASIZED
139	OBD3C	Num	4		DIGESTIVE CANCER: SURGERY
140	OBD3D	Num	4		DIGESTIVE CANCER: CHEMOTHERAPY
141	OBD3E	Num	4		DIGESTIVE CANCER: RADIATION
142	OBD3F	Num	4		DIGESTIVE CANCER: OTHER
143	OBD3G	Num	4		DIGESTIVE CANCER: REMISSION
144	OBD4	Num	4		HEAD/NECK CANCER TREAT: DIAGNOSIS
145	OBD4A	Num	4		HEAD/NECK CANCER TREAT: STATUS CHANGE
146	OBD4B	Num	4		HEAD/NECK CANCER TREAT: METASTASIZED
147	OBD4C	Num	4		HEAD/NECK CANCER TREAT: SURGERY
148	OBD4D	Num	4		HEAD/NECK CANCER TREAT: CHEMOTHERAPY
149	OBD4E	Num	4		HEAD/NECK CANCER TREAT: RADIATION
150	OBD4F	Num	4		HEAD/NECK CANCER TREAT: OTHER
151	OBD4G	Num	4		HEAD/NECK CANCER TREAT: REMISSION
152	OBD5	Num	4		PROSTATE CANCER: DIAGNOSIS
153	OBD5A	Num	4		PROSTATE CANCER: STATUS CHANGE

Num	Variable	Type	Len	Format	Label
154	OBD5B	Num	4		PROSTATE CANCER: METASTASIZED
155	OBD5C	Num	4		PROSTATE CANCER: SURGERY
156	OBD5D	Num	4		PROSTATE CANCER: CHEMOTHERAPY
157	OBD5E	Num	4		PROSTATE CANCER: RADIATION
158	OBD5F	Num	4		PROSTATE CANCER: OTHER
159	OBD5G	Num	4		PROSTATE CANCER: REMISSION
160	OBD6	Num	4		REPRODUCTIVE CANCER: DIAGNOSIS
161	OBD6A	Num	4		REPRODUCTIVE CANCER: STATUS CHANGE
162	OBD6B	Num	4		REPRODUCTIVE CANCER: METASTASIZED
163	OBD6C	Num	4		REPRODUCTIVE CANCER: SURGERY
164	OBD6D	Num	4		REPRODUCTIVE CANCER: CHEMOTHERAPY
165	OBD6E	Num	4		REPRODUCTIVE CANCER: RADIATION
166	OBD6F	Num	4		REPRODUCTIVE CANCER: OTHER
167	OBD6G	Num	4		REPRODUCTIVE CANCER: REMISSION
168	OBD7	Num	4		SKIN CANCER, MELANOMA: DIAGNOSIS
169	OBD7A	Num	4		SKIN CANCER, MELANOMA: STATUS CHANGE
170	OBD7B	Num	4		SKIN CANCER, MELANOMA: METASTASIZED
171	OBD7C	Num	4		SKIN CANCER, MELANOMA: SURGERY
172	OBD7D	Num	4		SKIN CANCER, MELANOMA: CHEMOTHERAPY
173	OBD7E	Num	4		SKIN CANCER, MELANOMA: RADIATION
174	OBD7F	Num	4		SKIN CANCER, MELANOMA: OTHER
175	OBD7G	Num	4		SKIN CANCER, MELANOMA: REMISSION
176	OBD8	Num	4		THORACIC CANCER: DIAGNOSIS
177	OBD8A	Num	4		THORACIC CANCER: STATUS CHANGE
178	OBD8B	Num	4		THORACIC CANCER: METASTASIZED
179	OBD8C	Num	4		THORACIC CANCER: SURGERY
180	OBD8D	Num	4		THORACIC CANCER: CHEMOTHERAPY
181	OBD8E	Num	4		THORACIC CANCER: RADIATION
182	OBD8F	Num	4		THORACIC CANCER: OTHER
183	OBD8G	Num	4		THORACIC CANCER: REMISSION
184	OBD9	Num	4		URINARY CANCER: DIAGNOSIS
185	OBD9A	Num	4		URINARY CANCER: STATUS CHANGE
186	OBD9B	Num	4		URINARY CANCER: METASTASIZED
187	OBD9C	Num	4		URINARY CANCER: SURGERY
188	OBD9D	Num	4		URINARY CANCER: CHEMOTHERAPY
189	OBD9E	Num	4		URINARY CANCER: RADIATION
190	OBD9F	Num	4		URINARY CANCER: OTHER
191	OBD9G	Num	4		URINARY CANCER: REMISSION
192	OBDCAN2	Num	4		SINCE LAST EVAL, WAS PT DIAGNOSED W/CANCER?

Num	Variable	Type	Len	Format	Label
193	OBDCAN3	Num	4		SINCE LAST EVAL, CHANGE IN CANCER STATUS?
194	OBDCANDT	Num	8	8.	DEIDENTIFIED CANCER DIAGNOSIS DATE
195	OBDIASRB	Num	4	8.	BP DIASTOLIC 1ST MEAS. (MM HG)
196	OBDIASRD	Num	4	8.	BP DIASTOLIC 2ND MEAS. (MM HG)
197	OBDRINK1	Num	4		AT LEAST ONE ALCOHOLIC BEV WEEK
198	OBDRINK2	Num	4		BOTTLES OF BEER IN LAST 7 DAYS
199	OBDRINK3	Num	4		BOTTLES OF LIGHT BEER IN LAST 7 DAYS
200	OBDRINK4	Num	4		GLASSES OF WINE IN LAST 7 DAYS
201	OBDRINK5	Num	4		HARD LIQUOR IN LAST 7 DAYS
202	OBEXER1	Num	4		PATIENT LEVEL OF ACTIVITY
203	OBF4	Num	4		DESCRIBE INSULIN REGIMEN
204	OBF4A	Num	4		INSULIN - TOTAL NUMBER UNITS PER DAY
205	OBF5A	Num	4		DIFFERENT BASAL RATES PER DAY
206	OBF5B	Num	4		UNITS OF BASAL INSULIN INFUSED DAILY
207	OBF5C	Num	4		TECHN. PROBLEMS - INSULIN INFUSION PUMP
208	OBF7A	Num	4		SELF BLOOD GLUCOSE MONITORING
209	OBF7B	Num	4		FREQ PER DAY SELF BLOOD GLUCOSE MONITORING
210	OBFRIDIJ	Num	4		GUARDIAN DISABLED: DIABETIC OR NON-DIABETIC
211	OBFRIED	Num	4		GUARDIAN/FRIEND EDUCATION LEVEL
212	OBFRIJOB	Num	4		GUARDIAN/FRIEND OCCUPATION
213	OBFRINOJ	Num	4		GUARDIAN/FRIEND UNEMPLOY/RETIRED
214	OBHIBLP	Num	4	3.	BLOOD PRESSURE (140 SYS OR 90 DIAS)
215	OBHIBLPF	Num	4	3.	BLOOD PRESSURE (130 SYS OR 80 DIAS)
216	OBHU7030	Num	4		TYPE OF INSULIN - HUMAN 70/30
217	OBHU7525	Num	4		TYPE OF INSULIN - HUMALOG 75/25
218	OBHULBET	Num	4		HUMALOG - BEDTIME
219	OBHULBRK	Num	4		HUMALOG - BREAKFAST
220	OBHULLUN	Num	4		HUMALOG - LUNCH
221	OBHULOG	Num	4		TYPE OF INSULIN -HUMALOG
222	OBHULOTH	Num	4		HUMALOG - OTHER
223	OBHULSUP	Num	4		HUMALOG - SUPPER
224	OBHUNPH	Num	4		TYPE OF INSULIN - HUMAN NPH
225	OBHUREG	Num	4		TYPE OF INSULIN - HUMAN REGULAR
226	OBI3A	Num	4		# HOSPITALIZATION FOR HYPOGLYCEMIA
227	OBI3B1	Num	4		HYPOG - LOST CONSCIOUS WITHOUT SEIZURE
228	OBI3B2	Num	4		HYPOG - LOST CONSCIOUS WITH SEIZURE
229	OBI3C1	Num	4		HYPOG - REQUIRED PROF. MEDICAL HELP
230	OBI3C2	Num	4		HYPOG - REQUIRE HELP OF ANOTHER PERSON
231	OBI3C3	Num	4		HYPOG - NOT NEED DOCTOR/OTHER PERSON

Num	Variable	Type	Len	Format	Label
232	OBI3D1	Num	4		FREQUENCY RECEIVE GLUCAGON
233	OBI3D2	Num	4		FREQUENCY RECEIVE IV GLUCOSE
234	OBI3D3	Num	4		EPISODES RESULT IN INJURY-PT/OTHERS
235	OBI3E	Num	4		RECURRENT HYPOG UNABLE TO HELP SELF
236	OBI3F	Num	4		RECURRENT HYPOG ABLE TO HELP SELF
237	OBI3G	Num	4		LAST 7 DAYS-MILD HYPOGL. TREAT SELF
238	OBI3H1	Num	4		HYPOGLYCEMIA OCCUR WHILE AWAKE/SLEEP/BOTH
239	OBI3H2A	Num	4		REASON HYPOG: MISSED MEAL OR SNACK
240	OBI3H2B	Num	4		REASON HYPOG: DECREASED FOOD INTAKE
241	OBI3H2C	Num	4		REASON HYPOG: DELAYED MEAL OR SNACK
242	OBI3H2D	Num	4		REASON HYPOG: INCREASED EXERCISE LEVEL
243	OBI3H2E	Num	4		REASON HYPOG: TOO MUCH INSULIN TAKEN
244	OBI3H2F	Num	4		REASON HYPOG: LACK EARLY WARN-LOW BG
245	OBI3H2G	Num	4		REASON HYPOGLYCEMIA: OTHER
246	OBI3H2H	Num	4		REASON HYPOGLYCEMIA: UNEXPLAINED
247	OBI3H3B	Num	4		SYMPTOMS W MILD HYPOG: DIAPHORESIS (SWEATING)
248	OBI3H3C	Num	4		SYMPTOMS W MILD HYPOG: ALTER.MENTAL STATUS
249	OBI3H3D	Num	4		SYMPTOMS W MILD HYPOG: OTHER
250	OBI3H3E	Num	4		SYMPTOMS W MILD HYPOG: NONE
251	OBI3H3F	Num	4		SYMPTOMS W MILD HYPOG: HUNGER
252	OBI3H3G	Num	4		SYMPTOMS W MILD HYPOG: RAPID HEART RATE
253	OBI3H3H	Num	4		SYMPTOMS W MILD HYPOG: ANXIETY
254	OBI3H3I	Num	4		SYMPTOMS W MILD HYPOG: TREMORS
255	OBI3H3J	Num	4		SYMPTOMS W MILD HYPOG: HEADACHE
256	OBIA	Num	4		FREQUENCY OF DKA IN PAST 3 MONTHS
257	OBINHBET	Num	4		INHALED INSULIN - BEDTIME
258	OBINHBRK	Num	4		INHALED INSULIN - BREAKFAST
259	OBINHINS	Num	4		TYPE OF INSULIN -INHALED INSULIN
260	OBINHLUN	Num	4		INHALED INSULIN - LUNCH
261	OBINHOTH	Num	4		INHALED INSULIN - OTHER
262	OBINHSUP	Num	4		INHALED INSULIN - SUPPER
263	OBINSREG	Num	4		CURRENT INSULIN REGIMEN
264	OBJ1A	Num	4		CV EVENT - MYOCARDIAL INFARCTION
265	OBJ1B	Num	4		CV EVENT - ANGINA PECTORIS
266	OBJ1C	Num	4		CV EVENT - CORONARY ARTERY DISEASE
267	OBJ1D	Num	4		CV EVENT - ARRHYTHMIA
268	OBJ1E	Num	4		CV EVENT - CONGESTIVE HEART FAILURE
269	OBJ2	Num	4		IF PATIENT HAS COMPLAINED OF CHEST PAIN
270	OBJ2A1A	Num	4		COMPLAINED OF PAIN LEFT ANTERIOR CHEST

Num	Variable	Type	Len	Format	Label
271	OBJ2A1B	Num	4		COMPLAINED OF PAIN LEFT ARM
272	OBJ2A1C	Num	4		COMPLAINED OF PAIN IN JAW
273	OBJ2A1D	Num	4		COMPLAINED OF PAIN STERNUM UPPER OR MIDDLE
274	OBJ2A1E	Num	4		COMPLAINED OF PAIN STERNUM LOWER
275	OBJ2A1F	Num	4		COMPLAINED OF PAIN - OTHER
276	OBJ2A2A	Num	4		COMPLAINED OF PAIN THE BACK
277	OBJ2A2B	Num	4		COMPLAINED OF PAIN THE SHOULDER
278	OBJ2A2C	Num	4		COMPLAINED OF PAIN THE RIGHT ARM
279	OBJ2A2D	Num	4		COMPLAINED OF PAIN THE ABDOMEN/BOTH SIDES
280	OBJ2A2E	Num	4		COMPLAINED OF PAIN - OTHER
281	OBJ2A2F	Num	8		PAIN INVOLVED - NONE OF THE ABOVE
282	OBJ2B1	Num	4		PAIN LASTED FOR MORE THAN 20 MIN
283	OBJ2B2	Num	4		DEFINITE NON-CARDIAC CAUSE FOR PAIN
284	OBJ2B3	Num	4		ADDTL DOSES/NITRATES OR CALCIUM CHANNEL BLOCKERS
285	OBJ2C	Num	4		FEELING OF PRESS/HEAVINESS IN CHEST
286	OBJ2D1	Num	4		PAIN/DISCOM: WALKING UPHILL OR HURRYING
287	OBJ2D2	Num	4		PAIN/DISCOM: WALKING AT ORDINARY PACE
288	OBJ2D3	Num	4		PAIN DISCOM: STOP/SLOW DOWN/ CONT AT SAME PACE
289	OBJ2D4	Num	4		PAIN: STANDING STILL? RELIEVED/NOT RELIEVED
290	OBJ2D5	Num	4		PAIN STANDING STILL? <=10 MIN OR >10 MIN
291	OBJ3A	Num	4		CB EVENT: CEREBROVASCULAR ACCIDENT(CVA)
292	OBJ3B	Num	4		CB EVENT: TRANSIENT ISCHEMIC ATTACK(TIA)
293	OBJ4A	Num	4		PV EVENT: AMPUTATION
294	OBJ4B	Num	4		PV EVENT: LOWER EXTREMITY ULCER
295	OBJ4C	Num	4		PV EVENT: OTHER ARTERIAL EVENTS
296	OBJ5	Num	4		PV EVENT: PERIPHERAL PAIN
297	OBJ5A	Num	4		PV EVENT: PAIN IN LEG WHEN WALKING
298	OBJ5B	Num	4		PV EVENT: PAIN BEGIN WHEN STANDING
299	OBJ5CL	Num	4		PV EVENT: PAIN IN PART OF LEFT LEG
300	OBJ5CR	Num	4		PV EVENT: PAIN IN PART OF RIGHT LEG
301	OBJ5D	Num	4		PV EVENT: PAIN IN LEG WHEN HURRYING
302	OBJ5E	Num	4		PV EVENT: PAIN IN LEG WHEN REG PACE
303	OBJ5F	Num	4		PV EVENT: DOES PAIN EVER DISAPPEAR WHILE WALKING
304	OBJ5G	Num	4		PV EVENT: WHAT DOES PATIENT DO WHEN PAIN WHEN WALKING?
305	OBJ5H	Num	4		PV EVENT: WHAT HAPPENS TO PAIN IF STILL - REL/NOT REL?
306	OBJ5I	Num	4		PV EVENT: IS PAIN RELIEVED BY STANDING?
307	OBJ5J	Num	4		PV EVENT: NOTICED CHANGED IN SEVERITY?
308	OBJ5K	Num	4		CARDIOVASCULAR DIAGNOSTIC TESTS PERFORMED
309	OBJ5RES1	Num	4		RESULT 1 (POS / NEG / EQUIV)

Num	Variable	Type	Len	Format	Label
310	OBJ5RES2	Num	4		RESULT 2 (POS / NEG / EQUIV)
311	OBJ5RES3	Num	4		RESULT 3 (POS / NEG / EQUIV)
312	OBJ5RES4	Num	4		RESULT 4 (POS / NEG / EQUIV)
313	OBJ5RES5	Num	4		RESULT 5 (POS / NEG / EQUIV)
314	OBJ5TES1	Char	20		TEST 1 PERFORMED
315	OBJ5TES2	Char	20		TEST 2 PERFORMED
316	OBJ5TES3	Char	20		TEST 3 PERFORMED
317	OBJ5TES4	Char	20		TEST 4 PERFORMED
318	OBJ5TES5	Char	20		TEST 5 PERFORMED
319	OBJ6A	Num	4		NERVOUSNESS OR ANXIETY
320	OBJ6B	Num	4		UNREASONABLE FEARS
321	OBJ6C	Num	4		EATING DISTURBANCE
322	OBJ6D	Num	4		AFFECTIVE DISORDER
323	OBJ6E	Num	4		SUICIDE IDEATION
324	OBJ6F	Num	4		SUICIDE ATTEMPT
325	OBJ6G	Num	4		CRIMINAL CONDUCT
326	OBJ6H	Num	4		PSYCHIATRIC TREATMENT INCLUDING TRANQUILIZERS
327	OBJ6I	Num	4		OTHER SIGNIFICANT PSYCHIATRIC CONDITION
328	OBJ7	Num	4		EXPERIENCED ANY MAJOR ACCIDENTS
329	OBJCHK	Num	4		CHF: ANY SYMPTOMS OF CONGESTIVE HEART FAILURE
330	OBJCHKA	Num	4		CHF: PAROXYSMAL NOCTURNAL DYSPNEA
331	OBJCHKB	Num	4		CHF: ORTHOPNEA
332	OBJCHKC	Num	4		CHF: DYSPNEA AT REST
333	OBJCHKD	Num	4		CHF: NYHAF CLASSIFICATION III
334	OBK1	Num	4		RENAL: CYSTITIS
335	OBK2	Num	4		RENAL: PYELONEPHRITIS
336	OBK3	Num	4		RENAL: UNCONTROLLABLE HYPERTENSION
337	OBK4	Num	4		RENAL: EDEMA
338	OBK5	Num	4		RENAL: DIALYSIS
339	OBK6	Num	4		RENAL: RENAL TRANSPLANTATION
340	OBK7	Num	4		RENAL: PANCREAS TRANSPLANTATION
341	OBK8	Num	4		RENAL: OTHER RENAL PROBLEMS
342	OBL10L	Num	4		ANY OTHER EYE PROBLEMS L-EYE?
343	OBL10R	Num	4		ANY OTHER EYE PROBLEMS R-EYE?
344	OBL11	Num	8		REFERRED TO OPTHAMOLOGIST NOTICED THIS EXAM?
345	OBL1AL	Num	4		OPHTH: BLURRED/REDUCED VISION L-EYE?
346	OBL1AR	Num	4		OPHTH: BLURRED/REDUCED VISION R-EYE?
347	OBL1AVL	Num	4		CHANGE IN VISION LEFT-EYE?
348	OBL1AVR	Num	4		CHANGE IN VISION RIGHT-EYE?

Num	Variable	Type	Len	Format	Label
349	OBL2AL	Num	4		OPHTH: FLOATERS/FLASHING LIGHTS L-EYE?
350	OBL2AR	Num	4		OPHTH: FLOATERS/FLASHING LIGHTS R-EYE?
351	OBL3AR	Num	4		OPHTH: IS THE R-EYE ENUCLEATED?
352	OBL3BL	Num	4		OPHTH: IS THE L-EYE ENUCLEATED?
353	OBL3CR	Num	4		R-EYE ENUCLEATED SINCE LAST VISIT?
354	OBL3DL	Num	4		L-EYE ENUCLEATED SINCE LAST VISIT?
355	OBL4AR	Num	4		OCULAR SURGERY R-EYE SINCE LAST VISIT?
356	OBL4BL	Num	4		OCULAR SURGERY L-EYE SINCE LAST VISIT?
357	OBL4CR	Num	4		CORNEAL TRANSPLANT R-EYE
358	OBL4DL	Num	4		CORNEAL TRANSPLANT L-EYE
359	OBL4ER	Num	4		OTHER CORNEAL SURGERY R-EYE
360	OBL4FL	Num	4		OTHER CORNEAL SURGERY L-EYE
361	OBL4GR	Num	4		PROCEDURE TO LOWER IOP R-EYE
362	OBL4HL	Num	4		PROCEDURE TO LOWER IOP L-EYE
363	OBL4IR	Num	4		CATARACT EXTRACTION R-EYE
364	OBL4JL	Num	4		CATARACT EXTRACTION L-EYE
365	OBL4KR	Num	4		VITRECTOMY R-EYE
366	OBL4LL	Num	4		VITRECTOMY L-EYE
367	OBL4MR	Num	4		RETINAL DETACHMENT SURGERY R-EYE
368	OBL4NL	Num	4		RETINAL DETACHMENT SURGERY L-EYE
369	OBL4OR	Num	4		OTHER SURGERY R-EYE
370	OBL4PL	Num	4		OTHER SURGERY L-EYE
371	OBL5AR	Num	4		PHOTOCOAGULATION OF R-EYE?
372	OBL5BL	Num	4		PHOTOCOAGULATION OF L-EYE?
373	OBL5CR	Num	4		SCATTER TRESTMENT R-EYE?
374	OBL5DL	Num	4		SCATTER TREATMENT L-EYE?
375	OBL5ER	Num	4		FOCAL TREATMENT R-EYE?
376	OBL5FL	Num	4		FOCAL TREATMENT L-EYE?
377	OBL5GR	Num	4		OTHER TREATMENT R-EYE?
378	OBL5HL	Num	4		OTHER TREATMENT L-EYE?
379	OBL6AR	Num	4		DIAGNOSED OF GLAUCOMA R-EYE?
380	OBL6BL	Num	4		DIAGNOSED OF GLAUCOMA L-EYE?
381	OBL7AR	Num	4		USED PRESCRIPTION MEDS R-EYE?
382	OBL7BL	Num	4		USED PRESCRIPTION MEDS L-EYE?
383	OBL8AR	Num	4		OCULAR TREAT SINCE ANNUAL VISIT R-EYE?
384	OBL8BL	Num	4		OCULAR TREAT SINCE ANNUAL VISIT L-EYE?
385	OBL9AR	Num	4		SYMPTOMS VITREOUS HEMORRHAGE R-EYE?
386	OBL9BL	Num	4		SYMPTOMS VITREOUS HEMORRHAGE L-EYE?
387	OBLANBET	Num	4		LANTUS - BEDTIME

Num	Variable	Type	Len	Format	Label
388	OBLANBRK	Num	4		LANTUS - BREAKFAST
389	OBLANLUN	Num	4		LANTUS - LUNCH
390	OBLANOTH	Num	4		LANTUS - OTHER
391	OBLANSUP	Num	4		LANTUS - SUPPER
392	OBLANTUS	Num	4		TYPE OF INSULIN - LANTUS
393	OBLEVBET	Num	4		LEVEMIR - BEDTIME
394	OBLEVBRK	Num	4		LEVEMIR - BREAKFAST
395	OBLEVEM	Num	4		TYPE OF INSULIN - LEVEMIR
396	OBLEVLUN	Num	4		LEVEMIR - LUNCH
397	OBLEVOTH	Num	4		LEVEMIR - OTHER
398	OBLEVSUP	Num	4		LEVEMIR - SUPPER
399	OBLSVST	Num	8	8.	DEIDENTIFIED ENTER THE DATE OF THE LAST COMPLETED ANNUAL V
400	OBM1	Num	4		NEURO: PARESTHESIAS IN HAND/FEET
401	OBM10	Num	4		NEURO: IMPOTENCE
402	OBM11	Num	4		NEURO: SYM COMP W/FOCAL NEUROPATHY
403	OBM12	Num	4		NEURO: OTHER NEUROLOGICAL PROBLEMS
404	OBM13	Num	4		NEURO: REFERRED TO NEUROLOGIST THIS VISIT?
405	OBM14	Num	4		NEURO: TOLD YOU HAVE GASTROPARESIS?
406	OBM14A	Num	4		NEURO: GASTROPARESIS CONFIRMED BY DIAGNOSTIC TEST?
407	OBM15	Num	4		NEURO: RECURRENT CONSTIPATION?
408	OBM16	Num	4		NEURO: RECURRENT URINARY INCONTINENCE
409	OBM16A	Num	4		NEURO: STRESS INCONTINENCE
410	OBM16B	Num	4		NEURO: URGE INCONTINENCE
411	OBM16C	Num	4		NEURO: MIXED INCONTINENCE
412	OBM16D	Num	4		NEURO: OVERFLOW INCONTINENCE
413	OBM16E	Num	4		NEURO: FUNCTIONAL INCONTINENCE
414	OBM17	Num	4		NEURO: FEMALE SEXUAL DYSFUNCTION
415	OBM1I	Num	4		NEURO: IF PAIN IS PATIENT ON MEDS
416	OBM2	Num	4		NEURO: UNEXPLAINED MUSCLE WEAKNESS
417	OBM3	Num	4		NEURO: VOMITING/BLOATING AFTER MEALS
418	OBM4	Num	4		NEURO: PERSISTENT/RECURRENT DIARRHEA
419	OBM5	Num	4		NEURO: DIARRHEA W/FECAL INCONTINENCE
420	OBM6	Num	4		NEURO: URINARY RETENTION
421	OBM7	Num	4		NEURO: DIZZINESS OR LIGHTHEADEDNESS
422	OBM8	Num	4		NEURO: FAINTING (UNASSOCIATED HYPOGLYCEMIA)
423	OBM9	Num	4		NEURO: SEIZURE (NOT DUE TO HYPOGLYCEMIA)
424	OBMARNO	Num	4		IF MARRIED, HOW MANY TIMES?
425	OBMARRY	Num	4		MARITAL STATUS OF PATIENT:
426	OBMRMO	Num	4		DATE MARITAL STATUS CHANGE MO

Num	Variable	Type	Len	Format	Label
427	OBMRYR	Num	4		DATE MARITAL STATUS CHANGE YR
428	OBN1A	Num	4		INFECT: CUTANEOUS / MUCOCUTANEOUS
429	OBN1B	Num	4		INFECT: POST-OPERATIVE/DEEP WOUND
430	OBN1C	Num	4		INFECT: GANGRENE
431	OBN1D	Num	4		INFECT: MONO, MEASLES CHICKEN POX, EPIDIDMITIS
432	OBN1E	Num	4		INFECT: AT INSERTION SITE
433	OBN2A	Num	4		MAJOR SURGERY INPATIENT
434	OBN2B	Num	4		OUT-PATIENT PROCEDURES
435	OBN3	Num	4		AUTOIMMUNE ENDOCRINE EVENT
436	OBN3A	Num	4		AI: HASHIMOTOS DISEASE (HYPOTHYROID)
437	OBN3B	Num	4		AI: ADDISONS DISEASE
438	OBN3C	Num	4		AI: PERNICIOUS ANEMIA
439	OBN3F	Num	4		AI: ULCERATIVE COLITIS
440	OBN3G	Num	4		AI: CROHNS DISEASE
441	OBN3H	Num	4		AI: SYSTEMIC LUPUS ERYTHEMATOSOS
442	OBN3I	Num	4		AI: RHEUMATOID ARTHRITIS
443	OBN3J	Num	4		AI: MULTIPLE SCLEROSIS
444	OBN3K	Num	4		AI: CELIAC SPRUE
445	OBN3L	Num	4		AI: GRAVES DISEASE (HYPERTHYROID)
446	OBN3M	Num	4		AI: VITILIGO
447	OBN3N	Num	4		AI: ALOPECIA
448	OBN3O	Num	4		OTHER AUTOIMMUNE DISEASE
449	OBNOVBET	Num	4		NOVOLOG - BEDTIME
450	OBNOVBRK	Num	4		NOVOLOG - BREAKFAST
451	OBNOVLUN	Num	4		NOVOLOG - LUNCH
452	OBNOVOL	Num	4		TYPE OF INSULIN -NOVOLOG
453	OBNOVOTH	Num	4		NOVOLOG - OTHER
454	OBNOVSUP	Num	4		NOVOLOG - SUPPER
455	OBNPHBED	Num	4		HUMAN NPH - BEDTIME
456	OBNPHBRK	Num	4		HUMAN NPH - BREAKFAST
457	OBNPHLUN	Num	4		HUMAN NPH - LUNCH
458	OBNPHOTH	Num	4		HUMAN NPH - OTHER
459	OBNPHSUP	Num	4		HUMAN NPH - SUPPER
460	OBO1A	Num	4		VAGINAL ITCHING OR DISCHARGE
461	OBO1B	Num	4		WAS PATIENT TREATED FOR VAGINAL ITCHING OR DISCHARGE
462	OBO2A	Num	4		DOES PATIENT MENSTRUATE?
463	OBO2B	Num	8	8.	DEIDENTIFIED DATE OF LAST MENSTRUAL PERIOD
464	OBO2C	Num	4		LAST MENSTRUAL PERIOD > 5 WKS AGO
465	OBO2D	Num	4		WAS PREGNANCY TEST PERFORMED?

Num	Variable	Type	Len	Format	Label
466	OBO2E	Num	4	3.	IS PATIENT CURRENTLY PREGNANT?
467	OBO2E1DT	Num	8	8.	DEIDENTIFIED IF PREGNANT - EST DATE OF CONCEPTION
468	OBO3	Num	4		COMPLETED/TERMINATED PREGNANCY?
469	OBO3ADT	Num	8	8.	DEIDENTIFIED WAS PREGNANT - EST DATE OF CONCEPTION
470	OBO3BDT	Num	8	8.	DEIDENTIFIED WAS PREGNANT - EST DATE OF TERMINATION
471	OBO4A	Num	4		NODULES IN BREAST
472	OBO4B	Num	4		BREAST CANCER
473	OBO4C	Num	4		BREAST DISCHARGE
474	OBO4D	Num	4		IRREGULAR MENSES
475	OBO4E	Num	4		DYSMENORRHEA
476	OBO5	Num	4		OTHER SIGNIF GYNECOLOGIC CONDITIONS
477	OBO6	Num	4		EVER USED ORAL CONTRACEPTIVES?
478	OBO7	Num	4		USED OTHER FORM BIRTH CONTROL?
479	OBO8A	Num	4		MENSTRUAL PERIOD CEASED?
480	OBO8B	Num	4		PERIODS CEASED - IS IT PERMANENT?
481	OBO8B1	Num	4		PERIODS CEASED PERMANENTLY - IF YES TO QUESTION A & B
482	OBO8C	Num	4		AT WHAT AGE DID PERIODS CEASE?
483	OBO8D	Num	4		PERIODS CEASED - FOR WHAT REASON?
484	OBO8E1	Num	4		SURGERY: BOTH OVARIES REMOVED?
485	OBO8E2	Num	4		SURGERY: WAS ONLY ONE OVARY REMOVED?
486	OBO8E3	Num	4		SURGERY: WAS ONLY THE UTERUS REMOVED?
487	OBO8F	Num	4		AFTER PERIODS CEASED, FEMALE HORMONES TAKEN?
488	OBO8G	Num	4		POST MENOPAUSAL HORMONE TX - FOR HOW LONG?
489	OBOTHER	Num	4		TYPE OF INSULIN - OTHER
490	OBOTHER1	Num	4		TYPE OF INSULIN - OTHER 1
491	OBOTHER2	Num	4		TYPE OF INSULIN - OTHER 2
492	OBOTHER3	Num	4		TYPE OF INSULIN - OTHER 3
493	OBP1	Num	4		RX: HAS USED OR IS USING PRESCRIPTION DRUGS
494	OBP2	Num	4		RX: USED OVER-THE-COUNTR DRUGS
495	OBP3	Num	4		RX: VITAMIN SUPPLEMENTS-REGULARLY
496	OBPATDIJ	Num	4		PATIENT DISABLED: DIABETIC OR NON-DIABETIC
497	OBPATED	Num	4		PATIENT EDUCATION LEVEL
498	OBPATJOB	Num	4		PATIENT OCCUPATION
499	OBPATNOJ	Num	4		PATIENT UNEMPLOYED OR RETIRED
500	OBPULSE	Num	4	8.	PULSE (BPM)
501	OBQ1	Num	4		PHONE INTERVIEW?
502	OBQ12AL	Num	4		ULCERATION - LEFT SIDE
503	OBQ12AR	Num	4		ULCERATION - RIGHT SIDE
504	OBQ12BL	Num	4		GANGRENE - LEFT SIDE

Num	Variable	Type	Len	Format	Label
505	OBQ12BR	Num	4		GANGRENE - RIGHT SIDE
506	OBQ12CL	Num	4		NECROBIOSIS - LEFT SIDE
507	OBQ12CR	Num	4		NECROBIOSIS - RIGHT SIDE
508	OBQ12GL	Num	4		DEFORMITY - LEFT SIDE
509	OBQ12GR	Num	4		DEFORMITY - RIGHT SIDE
510	OBQ13A	Num	4		INJECTION SITE - LIPOATROPHY
511	OBQ13B	Num	4		INJECTION SITE - LIPOHYPERTROPHY
512	OBQ13C	Num	4		INJECTION SITE - INFLAMATION
513	OBQ14A	Num	4		FEET: ULCERS
514	OBQ14B	Num	4		FEET: INFECTION
515	OBQ14C	Num	4		FEET: ABNORMAL TOENAILS
516	OBQ14C1	Num	4		FEET: AMPUTATION
517	OBQ14D	Num	4		FEET: OTHER
518	OBQ15	Num	4		OTHER ABNORMALTIES NOTED
519	OBQ15A	Num	4		NEW ON MEDICAL HISTORY
520	OBQ1A	Num	6	8.1	WEIGHT (KG): 1ST MEASUREMENT
521	OBQ1B	Num	6	8.1	WEIGHT (KG): 2ND MEASUREMENT
522	OBQ1C	Num	6	8.1	WEIGHT (KG): 3RD MEASUREMENT
523	OBQ1D	Num	6	8.1	WEIGHT (KG): 4TH MEASUREMENT
524	OBQ3A	Num	6	8.1	HEIGHT (CM): 1ST MEASUREMENT
525	OBQ3B	Num	6	8.1	HEIGHT (CM): 2ND MEASUREMENT
526	OBQ3C	Num	6	8.1	HEIGHT (CM): 3RD MEASUREMENT
527	OBQ3D	Num	6	8.1	HEIGHT (CM): 4TH MEASUREMENT
528	OBQ4A	Num	6	8.1	WAIST NATURAL CIRCUMF (CM): 1ST MEASUREMENT
529	OBQ4ATRO	Num	4	3.	WAIST NATURAL CIRCUMF: LIPOATRO PRESENT
530	OBQ4B	Num	6	8.1	WAIST NATURAL CIRCUMF (CM): 2ND MEASUREMENT
531	OBQ4C	Num	6	8.1	WAIST NATURAL CIRCUMF (CM): 3RD MEASUREMENT
532	OBQ4D	Num	6	8.1	WAIST NATURAL CIRCUMF (CM): 4TH MEASUREMENT
533	OBQ4HYPE	Num	4	3.	WAIST NATURAL CIRCUMF: LIPOHYP PRESENT
534	OBQ5A	Num	6	8.1	WAIST ILIAC CIRCUMF (CM): 1ST MEASUREMENT
535	OBQ5ATRO	Num	4	3.	WAIST ILIAC CIRCUMF: LIPOATRO PRESENT
536	OBQ5B	Num	6	8.1	WAIST ILIAC CIRCUMF (CM): 2ND MEASUREMENT
537	OBQ5C	Num	6	8.1	WAIST ILIAC CIRCUMF (CM): 3RD MEASUREMENT
538	OBQ5D	Num	6	8.1	WAIST ILIAC CIRCUMF (CM): 4TH MEASUREMENT
539	OBQ5HYPE	Num	4	3.	WAIST ILIAC CIRCUMF: LIPOHYP PRESENT
540	OBQ6A	Num	6	8.1	HIP CIRCUMF (CM): 1ST MEASUREMENT
541	OBQ6ATRO	Num	4	3.	HIP CIRCUMF: LIPOATRO PRESENT
542	OBQ6B	Num	6	8.1	HIP CIRCUMF (CM): 2ND MEASUREMENT
543	OBQ6C	Num	6	8.1	HIP CIRCUMF (CM): 3RD MEASUREMENT

Num	Variable	Type	Len	Format	Label
544	OBQ6D	Num	6	8.1	HIP CIRCUMF (CM): 4TH MEASUREMENT
545	OBQ6HYPE	Num	4	3.	HIP CIRCUMF: LIPOHYP PRESENT
546	OBQ9AL	Num	4	8.	DOPPLER BP: LEFT BRACHIAL
547	OBQ9AR	Num	4	8.	DOPPLER BP: RIGHT BRACHIAL
548	OBQ9BL	Num	4	8.	DOPPLER BP: LEFT DORSALIS PEDIS
549	OBQ9BR	Num	4	8.	DOPPLER BP: RIGHT DORSALIS PEDIS
550	OBQ9CL	Num	4	8.	DOPPLER BP: LEFT POSTERIOR TIBIAL
551	OBQ9CR	Num	4	8.	DOPPLER BP: RIGHT POSTERIOR TIBIAL
552	OBR1	Num	4		CONTACT W/PATIENT SINCE LAST ANN. VISIT
553	OBR2	Num	4		HOW MANY TIMES CONTACT W/PATIENT
554	OBR2A	Num	4		CONTACT W/PATIENT MORE THAN ONCE PER MONTH
555	OBR3A	Num	4		CONTACT: TELEPHONE CALL
556	OBR3B	Num	4		CONTACT: TALKED IN PERSON
557	OBR3C	Num	4		CONTACT: CARD, LETTER, OR EMAIL
558	OBR3D	Num	4		CONTACT: NEWSLETTER OR UNIVERSITY PUB
559	OBR3E	Num	4		CONTACT: OTHER
560	OBREGBED	Num	4		HUMAN REGULAR - BEDTIME
561	OBREGBRK	Num	4		HUMAN REGULAR - BREAKFAST
562	OBREGLUN	Num	4		HUMAN REGULAR - LUNCH
563	OBREGOTH	Num	4		HUMAN REGULAR - OTHER
564	OBREGSUP	Num	4		HUMAN REGULAR - SUPPER
565	OBSMOKE1	Num	4		SMOKE CIGARETTES/CIGARILLOS IN PAST YR
566	OBSMOKE2	Num	4		CURRENTLY SMOKE CIGARETTES/CIGARILLOS
567	OBSMOKE3	Num	4		MONTHS SINCE QUIT CIGARETTES/CIGARILLOS
568	OBSMOKE4	Num	4		HOW MANY CIGARETTES/CIGARILLOS PER DAY IN PAST YR
569	OBSMOKE5	Num	4		SMOKED PIPES OR CIGARS IN PAST YR
570	OBSMOKE6	Num	4		CURRENTLY SMOKE PIPES OR CIGARS
571	OBSMOKE7	Num	4		MONTHS SINCE QUIT SMOKING PIPES OR CIGARS
572	OBSMOKE8	Num	4		PIPEFULS/CIGARS PER WK IN PAST YR
573	OBSMOKE9A	Num	4		PAST 12 MTHS LIVED WHERE PERSON SMOKED
574	OBSMOKE9B	Num	4		PAST 12 MTHS WORKED WHERE PERSON SMOKED
575	OBSPDJOB	Num	4		SPOUSE DISABLED: DIABETIC OR NON-DIABETIC
576	OBSPJOB	Num	4		SPOUSE OCCUPATION
577	OBSPOED	Num	4		SPOUSE EDUCATION LEVEL
578	OBSPONOJ	Num	4		SPOUSE UNEMPLOYED OR RETIRED
579	OBSYSTRA	Num	4	8.	BP SYSTOLIC 1ST MEAS. (MM HG)
580	OBSYSTRC	Num	4	8.	BP SYSTOLIC 2ND MEAS. (MM HG)
581	OBTH1BET	Num	4		OTHER INSULIN 2 - BEDTIME
582	OBTH1BRK	Num	4		OTHER INSULIN 2 - BREAKFAST

Num	Variable	Type	Len	Format	Label
583	OBTH1LUN	Num	4		OTHER INSULIN 2 - LUNCH
584	OBTH1OTH	Num	4		OTHER INSULIN 2 - OTHER
585	OBTH1SUP	Num	4		OTHER INSULIN 2 - SUPPER
586	OBTHEBET	Num	4		OTHER INSULIN 1- BEDTIME
587	OBTHEBRK	Num	4		OTHER INSULIN 1- BREAKFAST
588	OBTHELUN	Num	4		OTHER INSULIN 1- LUNCH
589	OBTHEOTH	Num	4		OTHER INSULIN 1- OTHER
590	OBTHESUP	Num	4		OTHER INSULIN 1- SUPPER
591	OBTOTUNT	Num	4		TOTAL # UNITS / DAY OF INSULIN
592	OBVTYP	Num	4		IN-PERSON VISIT OR PHONE VISIT

Data Set Name: f0044.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	8	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	ODB1	Num	8		USE OF OVER-THE-COUNTER MEDICATIONS
7	ODB10	Num	8		SPECIFY-- USE OF VASODILATORS
8	ODB10STP	Num	8		QUES. B.10: FORM COMPLETED/STOPPED
9	ODB11	Num	8		USE OF DIGITALIS
10	ODB11STP	Num	8		QUES. B.11: FORM COMPLETED/STOPPED
11	ODB12	Num	8		USE OF ANTIHYPSARRYTHMIC MEDICATIONS
12	ODB12A	Num	8		QUINIDINE
13	ODB12B	Num	8		PROCAINE AMIDE
14	ODB12C	Num	8		DPH (DIPHENYLHYDANTOIN)
15	ODB12D	Num	8		SPECIFY-- OTHER ANTIHYPSARRYTHMIC
16	ODB12STP	Num	8		QUES. B.12: FORM COMPLETED/STOPPED
17	ODB13	Num	8		ACE INHIBITORS
18	ODB13STP	Num	8		QUES. B.13: FORM COMPLETED/STOPPED
19	ODB14	Num	8		PATIENT TAKE ANTIHYPERTENSIVES?
20	ODB14A	Num	8		DIURETICS
21	ODB14A1	Num	8		HYDROCHLOROTHIAZIDE
22	ODB14A2	Num	8		SPECIFY-- OTHER THIAZIDE DIURETIC
23	ODB14A3	Num	8		FUROSEMIDE
24	ODB14A4	Num	8		SPECIFY-- OTHER LOOP DIURETIC
25	ODB14A5	Num	8		METOLAZONE
26	ODB14B	Num	8		SPECIFY-- BETA BLOCKERS
27	ODB14C	Num	8		LABETALOL
28	ODB14D	Num	8		PRAZOSIN-LIKE AGENTS
29	ODB14E	Num	8		HYDRALAZINE
30	ODB14F	Num	8		GUANABENZ
31	ODB14G	Num	8		CLONIDINE
32	ODB14H	Num	8		METHYLDOPA
33	ODB14I	Num	8		MINOXIDIL
34	ODB14J	Num	8		CALCIUM CHANNEL BLOCKERS
35	ODB14K	Num	8		SPECIFY-- OTHER BETA BLOCKERS
36	ODB14STP	Num	8		QUES. B.14: FORM COMPLETED/STOPPED

Num	Variable	Type	Len	Format	Label
37	ODB15ALE	Num	8		REQUIRE PRESCRIPTION--STERIOD DROPS-LE
38	ODB15ARE	Num	8		REQUIRE PRESCRIPTION--STEROID DROPS-RE
39	ODB15BLE	Num	8		REQUIRE PRESCRIPTION-GLAUCOMA DROPS-LE
40	ODB15BRE	Num	8		REQUIRE PRESCRIPTION-GLAUCOMA DROPS-RE
41	ODB15CLE	Num	8		REQUIRE PRESCRIPTION--MYDRIATICS L-EYE
42	ODB15CRE	Num	8		REQUIRE PRESCRIPTION--MYDRIATICS R-EYE
43	ODB15DLE	Num	8		SPECIFY-- OTHER OCULAR MEDI. LEFT EYE
44	ODB15DRE	Num	8		SPECIFY-- OTHER OCULAR MEDI. RIGHT EYE
45	ODB15LE	Num	8		OCULAR MEDI.REQUIRE PRESCRIPTION L-EYE
46	ODB15RE	Num	8		OCULAR MEDI.REQUIRE PRESCRIPTION R-EYE
47	ODB16	Num	8		SPECIFY-- USE OF OTHER MEDICATIONS
48	ODB1A1	Num	8		ANY ASPIRIN TAKEN LAST MONTH?
49	ODB1A2	Num	8		ASPIRIN - # DAYS LAST MONTH
50	ODB1A3	Num	8		ASPIRIN - # TABLETS LAST MONTH
51	ODB1B	Num	8		OVER-THE-COUNTER--TYLENOL,ADVIL,MOTRIN
52	ODB1C	Num	8		OVER-THE-COUNTER-- COLD MEDICATIONS
53	ODB1D	Num	8		SPECIFY-- OTHER OVER-THE-COUNTER MEDI.
54	ODB1STP	Num	8		QUES. B.1: FORM COMPLETED/STOPPED
55	ODB2	Num	8		USE OF VITAMIN/MINERAL SUPPLEMENTS
56	ODB2STP	Num	8		QUES. B.2: FORM COMPLETED/STOPPED
57	ODB3A	Num	8		LAST MONTH NON-STERO.ANTI-INFLA.TAKEN?
58	ODB3A1	Num	8		LAST MONTH # DAYS ON NON-STEROIDAL ANTI-INFLAMMATORY MEDICA
59	ODB3A2	Num	8		MEDICATION TAKEN
60	ODB3STP	Num	8		QUES. B.3: FORM COMPLETED/STOPPED
61	ODB4	Num	8		SPECIFY-- USE OF MEDICATION FOR PAIN
62	ODB4STP	Num	8		QUES. B.4: FORM COMPLETED/STOPPED
63	ODB5A	Num	8		FEMALE: USE ORAL CONTRACEPTIVES
64	ODB5A1	Num	8		TAKING ORAL CONTRACEPTIVES YEARS
65	ODB5A2	Num	8		TAKING ORAL CONTRACEPTIVES MONTHS
66	ODB5B	Num	8		HORMONE REPLACEMENT THERAPY
67	ODB5B1	Num	8		YEARS: HAS THE PATIENT TAKEN HRT
68	ODB5B2	Num	8		MONTHS: HAS THE PATIENT TAKEN HRT
69	ODB5B3	Num	8		INCLUDE A PROGESTATIONAL AGENT?
70	ODB5STP	Num	8		QUES. B.5: FORM COMPLETED/STOPPED
71	ODB6	Num	8		USE OF HORMONES
72	ODB6A	Num	8		SPECIFY-- USE OF THYROID
73	ODB6B	Num	8		USE OF GLUCOCORTICOIDS
74	ODB6C	Num	8		SPECIFY-- OTHER USE OF HORMONES
75	ODB6STP	Num	8		QUES. B.6: FORM COMPLETED/STOPPED

Num	Variable	Type	Len	Format	Label
76	ODB7	Num	8		SPECIFY-- LIPID LOWERING MEDICATIONS
77	ODB7STP	Num	8		QUES. B.7: FORM COMPLETED/STOPPED
78	ODB8	Num	8		SPECIFY--USE OF ANTICOAGULANTS
79	ODB8STP	Num	8		QUES. B.8: FORM COMPLETED/STOPPED
80	ODB9A	Num	8		CURRENT MEDI: TRANQUILIZERS
81	ODB9B	Num	8		CURRENT MEDI: ANTIDEPRESSANTS
82	ODB9STP	Num	8		QUES. B.9: FORM COMPLETED/STOPPED

Data Set Name: f0045.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	8	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	ODB1	Num	8		USE OF OVER-THE-COUNTER MEDICATIONS
7	ODB10	Num	8		SPECIFY-- USE OF VASODILATORS
8	ODB10STP	Num	8		QUES. B.10: FORM COMPLETED/STOPPED
9	ODB11	Num	8		USE OF DIGITALIS
10	ODB11STP	Num	8		QUES. B.11: FORM COMPLETED/STOPPED
11	ODB12	Num	8		USE OF ANTIARRYTHMIC MEDICATIONS
12	ODB12A	Num	8		QUINIDINE
13	ODB12B	Num	8		PROCAINE AMIDE
14	ODB12C	Num	8		DPH (DIPHENYLHYDANTOIN)
15	ODB12D	Num	8		SPECIFY-- OTHER ANTIARRYTHMIC
16	ODB12STP	Num	8		QUES. B.12: FORM COMPLETED/STOPPED
17	ODB13	Num	8		ACE INHIBITORS
18	ODB13A	Num	8		ACE-INH. FOR HYPERTENSION
19	ODB13B	Num	8		ACE-INH. FOR NEPHROPATHY
20	ODB13B1	Num	8		ACE-INH. FOR MACROALBUMINURIA
21	ODB13B2	Num	8		ACE-INH. FOR MICROALBUMINURIA
22	ODB13C	Num	8		ACE-INH. FOR PROPHYLACTIC REASONS
23	ODB14	Num	8		PATIENT TAKE ANTIHYPERTENSIVES?
24	ODB14A	Num	8		DIURETICS
25	ODB14A1	Num	8		HYDROCHLOROTHIAZIDE
26	ODB14A2	Num	8		SPECIFY-- OTHER THIAZIDE DIURETIC
27	ODB14A3	Num	8		FUROSEMIDE
28	ODB14A4	Num	8		SPECIFY-- OTHER LOOP DIURETIC
29	ODB14A5	Num	8		METOLAZONE
30	ODB14B	Num	8		SPECIFY-- BETA BLOCKERS
31	ODB14C	Num	8		LABETALOL
32	ODB14D	Num	8		PRAZOSIN-LIKE AGENTS
33	ODB14E	Num	8		HYDRALAZINE
34	ODB14F	Num	8		GUANABENZ
35	ODB14G	Num	8		CLONIDINE
36	ODB14H	Num	8		METHYLDOPA

Num	Variable	Type	Len	Format	Label
37	ODB14I	Num	8		MINOXIDIL
38	ODB14J	Num	8		CALCIUM CHANNEL BLOCKERS
39	ODB14K	Num	8		SPECIFY-- OTHER BETA BLOCKERS
40	ODB14STP	Num	8		QUES. B.14: FORM COMPLETED/STOPPED
41	ODB15ALE	Num	8		REQUIRE PRESCRIPTION--STERIOD DROP-LE
42	ODB15ARE	Num	8		REQUIRE PRESCRIPTION--STEROID DROP-RE
43	ODB15BLE	Num	8		REQUIRE PRESCRIPTION-GLAUCOMA DROP-LE
44	ODB15BRE	Num	8		REQUIRE PRESCRIPTION-GLAUCOMA DROP-RE
45	ODB15CLE	Num	8		REQUIRE PRESCRIPTION--MYDRIATICS LE
46	ODB15CRE	Num	8		REQUIRE PRESCRIPTION--MYDRIATICS RE
47	ODB15DLE	Num	8		SPECIFY-- OTHER OCULAR MEDI. LE
48	ODB15DRE	Num	8		SPECIFY-- OTHER OCULAR MEDI. RE
49	ODB15LE	Num	8		OCULAR MEDI.REQUIRE PRESCRIPTION LE
50	ODB15RE	Num	8		OCULAR MEDI.REQUIRE PRESCRIPTION RE
51	ODB16	Num	8		SPECIFY-- USE OF OTHER MEDICATIONS
52	ODB1A1	Num	8		ANY ASPIRIN TAKEN LAST MONTH?
53	ODB1A2	Num	8		ASPIRIN - # DAYS LAST MONTH
54	ODB1A3	Num	8		ASPIRIN - # TABLETS LAST MONTH
55	ODB1B	Num	8		OVER-THE-COUNTER--TYLENOL,ADVIL,MOTRI
56	ODB1C	Num	8		OVER-THE-COUNTER-- COLD MEDICATIONS
57	ODB1D	Num	8		SPECIFY-- OTHER OVER-THE COUNTER MEDI
58	ODB1STP	Num	8		QUES. B.1: FORM COMPLETED/STOPPED
59	ODB2	Num	8		USE OF VITAMIN/MINERAL SUPPLEMENTS
60	ODB2STP	Num	8		QUES. B.2: FORM COMPLETED/STOPPED
61	ODB3A	Num	8		LAST MONTH NON-STERO.ANTI-INFLA.TAKEN
62	ODB3A1	Num	8		LAST MONTH # DAYS ON NON-STEROIDAL ANTI-INFLAMMATORY MEDICA
63	ODB3A2	Num	8		MEDICATION TAKEN
64	ODB3STP	Num	8		QUES. B.3: FORM COMPLETED/STOPPED
65	ODB4	Num	8		SPECIFY-- USE OF MEDICATION FOR PAIN
66	ODB4STP	Num	8		QUES. B.4: FORM COMPLETED/STOPPED
67	ODB5A	Num	8		FEMALE: USE ORAL CONTRACEPTIVES
68	ODB5A1	Num	8		TAKING ORAL CONTRACEPTIVES YEARS
69	ODB5A2	Num	8		TAKING ORAL CONTRACEPTIVES MONTHS
70	ODB5B	Num	8		HORMONE REPLACEMENT THERAPY
71	ODB5B1	Num	8		YEARS: HAS THE PATIENT TAKEN HRT
72	ODB5B2	Num	8		MONTHS: HAS THE PATIENT TAKEN HRT
73	ODB5B3	Num	8		INCLUDE A PROGESTATIONAL AGENT?
74	ODB5STP	Num	8		QUES. B.5: FORM COMPLETED/STOPPED
75	ODB6	Num	8		USE OF HORMONES

Num	Variable	Type	Len	Format	Label
76	ODB6A	Num	8		SPECIFY-- USE OF THYROID
77	ODB6B	Num	8		USE OF GLUCOCORTICOIDS
78	ODB6C	Num	8		SPECIFY-- OTHER USE OF HORMONES
79	ODB6STP	Num	8		QUES. B.6: FORM COMPLETED/STOPPED
80	ODB7	Num	8		SPECIFY-- LIPID LOWERING MEDICATIONS
81	ODB7STP	Num	8		QUES. B.7: FORM COMPLETED/STOPPED
82	ODB8	Num	8		SPECIFY--USE OF ANTICOAGULANTS
83	ODB8STP	Num	8		QUES. B.8: FORM COMPLETED/STOPPED
84	ODB9A	Num	8		CURRENT MEDI: TRANQUILIZERS
85	ODB9B	Num	8		CURRENT MEDI: ANTIDEPRESSANTS
86	ODB9STP	Num	8		QUES. B.9: FORM COMPLETED/STOPPED

Data Set Name: f0046.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	8	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	ODB1	Num	8		USED OVER-THE-COUNTER MEDICATIONS
7	ODB10	Num	8		HAS THE PATIENT TAKEN CORONARY VASODILATORS
8	ODB10STP	Num	8		STOP AFTER QUESTION B.10 ON PAGE 4
9	ODB11	Num	8		USE OF DIGITALIS
10	ODB11STP	Num	8		STOP AFTER QUESTION B.11 ON PAGE 4
11	ODB12	Num	8		HAS THE PATIENT TAKEN ANTIARRYTHMIC MEDICATIONS
12	ODB12A	Num	8		QUINIDINE
13	ODB12B	Num	8		PROCAINE AMIDE
14	ODB12C	Num	8		DPH (DIPHENYLHYDANTOIN)
15	ODB12D	Num	8		OTHER ANTIARRYTHMIC
16	ODB12STP	Num	8		STOP AFTER QUESTION B.12 ON PAGE 4
17	ODB13	Num	8		ACE (ANGIOTENSIN CONVERTING ENZYME) INHIBITORS
18	ODB13A	Num	8		ACE-INH. FOR HYPERTENSION
19	ODB13B	Num	8		ACE-INH. FOR NEPHROPATHY
20	ODB13B1	Num	8		ACE-INH. FOR MACROALBUMINURIA
21	ODB13B2	Num	8		ACE-INH. FOR MICROALBUMINURIA
22	ODB13C	Num	8		ACE-INH. FOR PROPHYLACTIC REASONS
23	ODB13STP	Num	8		STOP AFTER QUESTION B.13 ON PAGE 4
24	ODB14	Num	8		HAS THE PATIENT TAKEN ANY ANTIHYPERTENSIVES
25	ODB14A	Num	8		DIURETICS
26	ODB14A1	Num	8		HYDROCHLOROTHIAZIDE (HYDRODIURIL)
27	ODB14A2	Num	8		OTHER THIAZIDE DIURETIC
28	ODB14A3	Num	8		FUROSEMIDE (LASIX)
29	ODB14A4	Num	8		OTHER LOOP DIURETIC
30	ODB14B	Num	8		BETA BLOCKERS
31	ODB14C	Num	8		LABETALOL (NORMODYNE)
32	ODB14D	Num	8		PRAZOSIN-LIKE AGENTS/ALPHA-BLOCKERS
33	ODB14E	Num	8		HYDRALAZINE (APRESOLINE, RESERPINE, SERPASIL)
34	ODB14F	Num	8		GUANABENZ (WYTENSIN)
35	ODB14G	Num	8		CLONIDINE (CATAPRESS)
36	ODB14H	Num	8		METHYLDOPA (ALDOMET)

Num	Variable	Type	Len	Format	Label
37	ODB14I	Num	8		MINOXIDIL
38	ODB14J	Num	8		CALCIUM CHANNEL BLOCKERS
39	ODB14K	Num	8		OTHER BETA BLOCKERS
40	ODB14STP	Num	8		STOP AFTER QUESTION B.14 ON PAGE 4
41	ODB14TEN	Num	8		GUANFACINE (TENEX)
42	ODB15ALE	Num	8		STEROID DROPS LE
43	ODB15ARE	Num	8		STEROID DROPS RE
44	ODB15BLE	Num	8		GLAUCOMA DROPS LE
45	ODB15BRE	Num	8		GLAUCOMA DROPS RE
46	ODB15CLE	Num	8		MYDRIATICS LE
47	ODB15CRE	Num	8		MYDRIATICS RE
48	ODB15DLE	Num	8		OTHER OCULAR, LE
49	ODB15DRE	Num	8		OTHER OCULAR, RE
50	ODB15LE	Num	8		OCULAR MEDICATION REQUIRE A PRESCRIPTION LE
51	ODB15RE	Num	8		OCULAR MEDICATION REQUIRE A PRESCRIPTION RE
52	ODB15STP	Num	8		STOP AFTER QUESTION B.15 ON PAGE 4
53	ODB16	Num	8		HAS THE PATIENT TAKEN ANY OTHER MEDICATION
54	ODB17A	Num	8		ARB (ANGIOTENSIN RECEPTOR BLOCKERS) INHIBITORS
55	ODB17A1	Num	8		ARB FOR HYPERTENSION
56	ODB17B	Num	8		ARB FOR NEPHROPATHY
57	ODB17B1	Num	8		ARB FOR MACROALBUMINURIA
58	ODB17B2	Num	8		ARB FOR MICROALBUMINURIA
59	ODB17C	Num	8		ARB FOR PROPHYLACTIC REASONS
60	ODB18STP	Num	8		STOP AFTER QUESTION B.18 ON PAGE 6
61	ODB1A1	Num	8		ANY ASPIRIN TAKEN LAST MONTH?
62	ODB1A_3	Num	8		WAS ASPIRIN TAKEN FOR PAIN
63	ODB1B	Num	8		TYLENOL, ADVIL, MOTRIN
64	ODB1C	Num	8		COLD MEDICATIONS
65	ODB1D	Num	8		OTHER OVER THE COUNTER
66	ODB1STP	Num	8		STOP AFTER QUESTION B.01 ON PAGE 1
67	ODB2	Num	8		USED VITAMIN AND/OR MINERAL SUPPLEMENT
68	ODB2STP	Num	8		STOP AFTER QUESTION B.04 ON PAGE 2
69	ODB3	Num	8		USED ANY HERBAL SUPPLEMENTS ON A REGULAR BASIS?
70	ODB3A	Num	8		NON-STEROIDAL ANTI-INFLAMMATORY MEDICATIONS
71	ODB3A1	Num	8		LAST MONTH # DAYS ON NON-STEROIDAL ANTI-INFLAMMATORY MEDICA
72	ODB4	Num	8		ANY OTHER PRESCRIPTION MEDICATION FOR PAIN
73	ODB510J	Num	8		MECLOMIN
74	ODB511K	Num	8		OTHER NSAIDS
75	ODB51A	Num	8		IBUPROFEN (E.G., ADVIL, MEDIPREN, MOTRIN, NUPRIN)

Num	Variable	Type	Len	Format	Label
76	ODB52B	Num	8		NAPROXEN (E.G., NAPROSYN, ANAPROX, ALEVE)
77	ODB53C	Num	8		DICLOFENAC
78	ODB54D	Num	8		NABUMETONE
79	ODB55E	Num	8		INDOMETHACIN (E.G., INDOCIN)
80	ODB56F	Num	8		ETODOLAC
81	ODB57G	Num	8		PIROXICAM (E.G., FELDENE)
82	ODB58H	Num	8		CLINORIL
83	ODB59I	Num	8		DOLOBID
84	ODB5A	Num	8		USED ORAL CONTRACEPTIVES SINCE THE LAST VISIT?
85	ODB5A1	Num	8		HOW LONG HAS THE PATIENT TAKEN OCS? (YEARS)
86	ODB5A2	Num	8		HOW LONG HAS THE PATIENT TAKEN OCS? (MONTHS)
87	ODB5B	Num	8		TAKEN HORMONE REPLACEMENT THERAPY (HRT)
88	ODB5B1	Num	8		HOW LONG HAS THE PATIENT TAKEN HRT? (YEARS)
89	ODB5B2	Num	8		HOW LONG HAS THE PATIENT TAKEN HRT? (MONTHS)
90	ODB5B3	Num	8		DOES THIS INCLUDE PROGESTATIONAL AGENT?
91	ODB5STP	Num	8		STOP AFTER QUESTION B.05 ON PAGE 2
92	ODB6	Num	8		HAS THE PATIENT TAKEN ANY OTHER HORMONES? IF NO, SKIP TO 10
93	ODB6A	Num	8		THYROID
94	ODB6B	Num	8		GLUCOCORTICOIDS
95	ODB6C	Num	8		MINERALCORTICOIDS
96	ODB6D	Num	8		AMYLIN
97	ODB6STP	Num	8		STOP AFTER QUESTION B.06 ON PAGE 2
98	ODB6_C	Num	8		MINERALCORTICOIDS
99	ODB7	Num	8		TAKEN LIPID LOWERING MEDICATIONS
100	ODB7B	Num	8		USED ANY OTHER HORMONAL CONTRACEPTION THERAPY
101	ODB7STP	Num	8		STOP AFTER QUESTION B.07 ON PAGE 3
102	ODB8	Num	8		HAS THE PATIENT TAKEN ANTICOAGULANTS
103	ODB8A	Num	8		TAKEN ANY MEDICATIONS FOR IMPOTENCE?
104	ODB8STP	Num	8		STOP AFTER QUESTION B.08 ON PAGE 3
105	ODB9A	Num	8		TRANQUILIZERS
106	ODB9B	Num	8		ANTIDEPRESSANTS
107	ODB9STP	Num	8		STOP AFTER QUESTION B.09 ON PAGE 3
108	ODB_4	Num	8		USED ANY DIETARY SUPPLEMENTS ON REGULAR BASIS
109	ODDAY081	Num	8		ASPIRIN 81 MG - DAYS TOTAL #
110	ODDAY227	Num	8		ASPIRIN 227 MG - DAYS TOTAL #
111	ODDAY325	Num	8		ASPIRIN 325 MG - DAYS TOTAL #
112	ODDAY400	Num	8		ASPIRIN 400 MG - DAYS TOTAL #
113	ODDAY500	Num	8		ASPIRIN 500 MG - DAYS TOTAL #
114	ODTAB081	Num	8		ASPIRIN 81 MG - TABLETS TOTAL #

Num	Variable	Type	Len	Format	Label
115	ODTAB227	Num	8		ASPIRIN 227 MG - TABLETS TOTAL #
116	ODTAB325	Num	8		ASPIRIN 325 MG - TABLETS TOTAL #
117	ODTAB400	Num	8		ASPIRIN 400 MG - TABLETS TOTAL #
118	ODTAB500	Num	8		ASPIRIN 500 MG - TABLETS TOTAL #

Data Set Name: f0303.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	8	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	CO100LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/100 LE
7	CO100RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/100 RE
8	CO10LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/10 LE
9	CO10RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/10 RE
10	CO1125L1	Num	8		VA/1 METER/LETTERS CORRECT 10/125 LE
11	CO1125R1	Num	8		VA/1 METER/LETTERS CORRECT 10/125 RE
12	CO1160L1	Num	8		VA/1 METER/LETTERS CORRECT 10/160 LE
13	CO1160R1	Num	8		VA/1 METER/LETTERS CORRECT 10/160 RE
14	CO1200L1	Num	8		VA/1 METER/LETTERS CORRECT 10/200 LE
15	CO1200R1	Num	8		VA/1 METER/LETTERS CORRECT 10/200 RE
16	CO125LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/125 LE
17	CO125RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/125 RE
18	CO13LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/13 LE
19	CO13RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/13 RE
20	CO160LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/160 LE
21	CO160RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/160 RE
22	CO16LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/16 LE
23	CO16RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/16 RE
24	CO1MLE	Num	8		LETTERS CORRECT AT 1 M -- LEFT EYE
25	CO1MRE	Num	8		LETTERS CORRECT AT 1 M -- RIGHT EYE
26	CO1MTLE	Num	8		LEFT EYE TO BE TESTED AT 1 METER
27	CO1MTRE	Num	8		RIGHT EYE TO BE TESTED AT 1 METER
28	CO200LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/200 LE
29	CO200RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/200 RE
30	CO20LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/20 LE
31	CO20RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/20 RE
32	CO2100L1	Num	8		VA/1 METER/LETTERS CORRECT 20/100 LE
33	CO2100R1	Num	8		VA/1 METER/LETTERS CORRECT 20/100 RE
34	CO2125L1	Num	8		VA/1 METER/LETTERS CORRECT 20/125 LE
35	CO2125R1	Num	8		VA/1 METER/LETTERS CORRECT 20/125 RE
36	CO2160L1	Num	8		VA/1 METER/LETTERS CORRECT 20/160 LE

Num	Variable	Type	Len	Format	Label
37	CO2160R1	Num	8		VA/1 METER/LETTERS CORRECT 20/160 RE
38	CO2200L1	Num	8		VA/1 METER/LETTERS CORRECT 20/200 LE
39	CO2200R1	Num	8		VA/1 METER/LETTERS CORRECT 20/200 RE
40	CO240L1	Num	8		VA/1 METER/LETTERS CORRECT 20/40 LE
41	CO240R1	Num	8		VA/1 METER/LETTERS CORRECT 20/40 RE
42	CO250L1	Num	8		VA/1 METER/LETTERS CORRECT 20/50 LE
43	CO250R1	Num	8		VA/1 METER/LETTERS CORRECT 20/50 RE
44	CO25LE4	Num	8		VA/4 METERS/LETTERS CORREST 20/25 LE
45	CO25RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/25 RE
46	CO263L1	Num	8		VA/1 METER/LETTERS CORRECT 20/63 LE
47	CO263R1	Num	8		VA/1 METER/LETTERS CORRECT 20/63 RE
48	CO280L1	Num	8		VA/1 METER/LETTERS CORRECT 20/80 LE
49	CO280R1	Num	8		VA/1 METER/LETTERS CORRECT 20/80 RE
50	CO32LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/32 LE
51	CO32RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/32 RE
52	CO40LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/40 LE
53	CO40RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/40 RE
54	CO4MLE	Num	8		LETTERS CORRECT AT 4 M -- LEFT EYE
55	CO4MRE	Num	8		LETTERS CORRECT AT 4 M -- RIGHT EYE
56	CO50LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/50 LE
57	CO50RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/50 RE
58	CO5125L1	Num	8		VA/1 METER/LETTERS CORRECT 5/125 LE
59	CO5125R1	Num	8		VA/1 METER/LETTERS CORRECT 5/125 RE
60	CO5160L1	Num	8		VA/1 METER/LETTERS CORRECT 5/160 LE
61	CO5160R1	Num	8		VA/1 METER/LETTERS CORRECT 5/160 RE
62	CO5200L1	Num	8		VA/1 METER/LETTERS CORRECT 5/200 LE
63	CO5200R1	Num	8		VA/1 METER/LETTERS CORRECT 5/200 RE
64	CO63LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/63 LE
65	CO63RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/63 RE
66	CO7STDLE	Num	8		WITHIN 7 STD. FIELDS - LEFT EYE
67	CO7STDRE	Num	8		WITHIN 7 STD. FIELDS - RIGHT EYE
68	CO80LE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/80 LE
69	CO80RE4	Num	8		VA/4 METERS/LETTERS CORRECT 20/80 RE
70	COABNLE	Num	8		OTHER MAJOR OPHTHALM. ABNORMALITY - LE
71	COABNRE	Num	8		OTHER MAJOR OPHTHALM. ABNORMALITY - RE
72	COANGLLE	Num	8		ANGLE NEOVASCULARIZATION IN LE
73	COANGLRE	Num	8		ANGLE NEOVASCULARIZATION IN RE
74	COANTRLE	Num	8		ANTERIOR TO VORTEX AMPULLAE -- LE
75	COANTRRE	Num	8		ANTERIOR TO VORTEX AMPULLAE -- RE

Num	Variable	Type	Len	Format	Label
76	COAXISLE	Num	8		AXIS -- LEFT EYE
77	COAXISRE	Num	8		AXIS -- RIGHT EYE
78	COCLARLE	Num	8		CLARITY OF LEFT LENS
79	COCLARRE	Num	8		CLARITY OF RIGHT LENS
80	COCNTRLE	Num	8		CENTER OF MACULA IS INVOLVED - LE
81	COCNTRRE	Num	8		CENTER OF MACULA IS INVOLVED - RE
82	COCTLE	Num	8		CT. FINGERS, HAND MOTION, LIGHT -- LE
83	COCTRE	Num	8		CT. FINGERS, HAND MOTION, LIGHT -- RE
84	COCYLLE	Char	6		CYLINDER -- LEFT EYE
85	COCYLRE	Char	6		CYLINDER -- RIGHT EYE
86	COCYSTLE	Num	8		CYSTOID CHANGES PRESENT -- LE
87	COCYSTRE	Num	8		CYSTOID CHANGES PRESENT -- RE
88	CODIST	Num	8		DISTANCE BETWEEN PATIENT & CHART (M)
89	COENUCLE	Num	8		LEFT EYE ENUCLEATED
90	COENUCRE	Num	8		RIGHT EYE ENUCLEATED
91	COHEMLE	Num	8		VITREOUS OR RETINAL HEMORRHAGE - LE
92	COHEMRE	Num	8		VITREOUS OR RETINAL HEMORRHAGE - RE
93	COHRCLE	Num	8		HIGH RISK CHARACTERISTICS -- LE
94	COHRCRE	Num	8		HIGH RISK CHARACTERISTICS -- RE
95	COIOPLE	Num	8		LEFT EYE INTRAOCULAR PRESSURE (MM HG)
96	COIOPRE	Num	8		RIGHT EYE INTRAOCULAR PRESSURE (MM HG)
97	COIRISLE	Num	8		IRIS NEOVASCULARIZATION IN LEFT EYE
98	COIRISRE	Num	8		IRIS NEOVASCULARIZATION IN RIGHT EYE
99	COLENSLE	Num	8		LEFT LENS MISSING
100	COLENSRE	Num	8		RIGHT LENS MISSING
101	COMYOPIA	Num	8		MYOPIA > 7 DIOPTERS
102	CONVDLE	Num	8		NVD -- LEFT EYE
103	CONVDRE	Num	8		NVD -- RIGHT EYE
104	CONVELE	Num	8		NVE -- LEFT EYE
105	CONVERE	Num	8		NVE -- RIGHT EYE
106	COOBSCLE	Num	8		HEMORRHAGE OBSCURES DISC AREA - LE
107	COOBSCRE	Num	8		HEMORRHAGE OBSCURES DISC AREA - RE
108	COOLASLE	Num	8		OTHER REASON FOR NOT LASERING LE
109	COOLASRE	Num	8		OTHER REASON FOR NOT LASERING RE
110	COONVELE	Num	8		NVE OUTSIDE 7 STD. FIELDS -- LE
111	COONVERE	Num	8		NVE OUTSIDE 7 STD. FIELDS -- RE
112	COOPHLE	Num	8		OPHTHALMOSCOPIC EXAM OF LE FUNDUS OKAY
113	COOPHRE	Num	8		OPHTHALMOSCOPIC EXAM OF RE FUNDUS OKAY
114	COOREFLE	Num	8		OTHER REASON FOR NO LE REFRACTION

Num	Variable	Type	Len	Format	Label
115	COOREFRE	Num	8		OTHER REASON FOR NO RE REFRACTION
116	COOUT7LE	Num	8		OUTSIDE 7 STD. FIELDS - LEFT EYE
117	COOUT7RE	Num	8		OUTSIDE 7 STD. FIELDS - RIGHT EYE
118	COPLANLE	Num	8		PLAN TO PHOTOCOAGULATE LEFT EYE
119	COPLANRE	Num	8		PLAN TO PHOTOCOAGULATE RIGHT EYE
120	COPREFLE	Num	8		PREFER NOT TO LASER LEFT EYE
121	COPREFRE	Num	8		PREFER NOT TO LASER RIGHT EYE
122	COPVALE	Num	8		POOR VISUAL ACUITY IN LEFT EYE
123	COPVARE	Num	8		POOR VISUAL ACUITY IN RIGHT EYE
124	COREASLE	Num	8		REASON OPHTH. EXAM NOT OKAY -- LE
125	COREASRE	Num	8		REASON OPHTH. EXAM NOT OKAY -- RE
126	COREFLE	Num	8		PATIENT REFUSES LASER -- LEFT EYE
127	COREFRAC	Num	8		REFRACTION PERFORMED FOR BOTH EYES
128	COREFRE	Num	8		PATIENT REFUSES LASER -- RIGHT EYE
129	COSNVDLE	Num	8		VESSELS > OR = DRS PHOTO 10A -- LE
130	COSNVDRE	Num	8		VESSELS > OR = DRS PHOTO 10A -- RE
131	COSNVELE	Num	8		VESSELS > OR = 1/2 DA IN SIZE -- LE
132	COSNVERE	Num	8		VESSELS > OR = 1/2 DA IN SIZE -- RE
133	COSPHLE	Char	6		SPHERE -- LEFT EYE
134	COSPHRE	Char	6		SPHERE -- RIGHT EYE
135	COTHIKLE	Num	8		RETINAL THICKENING -- LEFT EYE
136	COTHIKRE	Num	8		RETINAL THICKENING -- RIGHT EYE
137	COUNHMLE	Num	8		UNABLE TO LASER LE DUE TO HEMORRHAGE
138	COUNHMRE	Num	8		UNABLE TO LASER RE DUE TO HEMORRHAGE
139	COUNORLE	Num	8		UNABLE TO LASER LE -- OTHER REASON
140	COUNORRE	Num	8		UNABLE TO LASER RE -- OTHER REASON
141	COWNVELE	Num	8		NVE WITHIN 7 STD. FIELDS -- LE
142	COWNVERE	Num	8		NVE WITHIN 7 STD. FIELDS -- RE
143	COZEROLE	Num	8		SPHERE, CYL. & AXIS ALL ZERO - LE
144	COZERORE	Num	8		SPHERE, CYL. & AXIS ALL ZERO - RE

Data Set Name: f03032.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	8		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	CO100LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/100
7	CO100RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/100
8	CO10LE	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/10
9	CO10RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/10
10	CO1125L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 10/125
11	CO1125R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 10/125
12	CO1160L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 10/160
13	CO1160R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 10/160
14	CO1200L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 10/200
15	CO1200R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 10/200
16	CO125LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/125
17	CO125RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/125
18	CO13LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/13
19	CO13RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/13
20	CO160LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/160
21	CO160RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/160
22	CO16LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/16
23	CO16RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/16
24	CO1MLE	Num	8		TOTAL NUMBER CORRECT AT FOUR METERS
25	CO1MRE	Num	8		TOTAL NUMBER CORRECT AT FOUR METERS
26	CO1MTLE	Num	8		WILL THE LEFT EYE BE TESTED?
27	CO1MTRE	Num	8		WILL RIGHT EYE BE TESTED?
28	CO200LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/200
29	CO200RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/200
30	CO20LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/20
31	CO20RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/20
32	CO2100L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/100
33	CO2100R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/100
34	CO2125L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/125
35	CO2125R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/125
36	CO2160L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/160

Num	Variable	Type	Len	Format	Label
37	CO2160R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/160
38	CO2200L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/200
39	CO2200R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/200
40	CO240L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/40
41	CO240R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/40
42	CO250L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/50
43	CO250R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/50
44	CO25LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/25
45	CO25RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/25
46	CO263L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/63
47	CO263R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/63
48	CO280L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/80
49	CO280R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/80
50	CO32LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/32
51	CO32RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/32
52	CO40LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/40
53	CO40RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/40
54	CO4MLE	Num	8		TOTAL NUMBER CORRECT AT FOUR METERS
55	CO4MRE	Num	8		TOTAL NUMBER CORRECT AT FOUR METERS
56	CO50LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/50
57	CO50RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/50
58	CO5125L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 5/125
59	CO5125R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 5/125
60	CO5160L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 5/160
61	CO5160R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 5/160
62	CO5200L1	Num	8		VA/CHART 2 LETTERS LEFT EYE 5/200
63	CO5200R1	Num	8		VA/CHART 1 LETTERS RIGHT EYE 5/200
64	CO63LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/63
65	CO63RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/63
66	CO7STDLE	Num	8		WITHIN SEVEN STANDARD FIELDS-LEFT EYE
67	CO7STDRE	Num	8		WITHIN SEVEN STANDARD FIELDS-RIGHT EYE
68	CO80LE4	Num	8		VA/CHART 2 LETTERS LEFT EYE 20/80
69	CO80RE4	Num	8		VA/CHART 1 LETTERS RIGHT EYE 20/80
70	COABNLE	Num	8		MAJOR OPHTHALMOSCOPIC ABNORMALITY-LEFT EYE
71	COABNRE	Num	8		MAJOR OPHTHALMOSCOPIC ABNORMALITY-RIGHT EYE
72	COANGLLE	Num	8		ANGLE NEOVASCULARIZATION-LEFT EYE?
73	COANGLRE	Num	8		ANGLE NEOVASCULARIZATION-RIGHT EYE?
74	COANTRLE	Num	8		ANTERIOR TO VORTEX AMPULLAE-LEFT EYE
75	COANTRRE	Num	8		ANTERIOR TO VORTEX AMPULLAE-RIGHT EYE

Num	Variable	Type	Len	Format	Label
76	COAXISLE	Num	8		AXIS - LEFT EYE
77	COAXISRE	Num	8		AXIS - RIGHT EYE
78	COCLARLE	Num	8		CLARITY OF LENS-LEFT EYE
79	COCLARRE	Num	8		CLARITY OF LENS-RIGHT EYE
80	COCNTRLE	Num	8		IS CENTER OF MACULAR INVOLVED-LEFT EYE?
81	COCNTRRE	Num	8		IS CENTER OF MACULAR INVOLVED-RIGHT EYE?
82	COCTLE	Num	8		CT FINGERS, HAND MOTION, LIGHT PRECEPTION PRESENT?
83	COCTRE	Num	8		CT FINGERS, HAND MOTION, LIGHT PRECEPTION PRESENT?
84	COCYLLE	Char	6		CYLINDER - LEFT EYE
85	COCYLRE	Char	6		CYLINDER - RIGHT EYE
86	COCYSTLE	Num	8		ARE CYSTOID CHANGES PRESENT-LEFT EYE?
87	COCYSTRE	Num	8		ARE CYSTOID CHANGES PRESENT-RIGHT EYE?
88	CODIST	Num	8		DISTANT BETWEEN PATIENT & CHART (METERS)
89	COENUCLE	Num	8		LEFT EYE(S) ENUCLEATED
90	COENUCRE	Num	8		RIGHT EYE(S) ENUCLEATED
91	COHEMLE	Num	8		VITREOUS OR PRERETINAL HEMORRHAGE-LEFT EYE
92	COHEMRE	Num	8		VITREOUS OR PRERETINAL HEMORRHAGE-RIGHT EYE
93	COHRCLE	Num	8		HIGH RISK CHARACTERISTICS PRESENT-LEFT EYE?
94	COHRCRE	Num	8		HIGH RISK CHARACTERISTICS PRESENT-RIGHT EYE?
95	COIOPLE	Num	8		INTRAOCULAR PRESSURE MM HG-LEFT EYE
96	COIOPRE	Num	8		INTRAOCULAR PRESSURE MM HG-RIGHT EYE
97	COIRISLE	Num	8		IRIS NEOVASCULARIZATION-LEFT EYE?
98	COIRISRE	Num	8		IRIS NEOVASCULARIZATION-RIGHT EYE?
99	COLENSLE	Num	8		IS THE LENS MISSING-LEFT EYE?
100	COLENSRE	Num	8		IS THE LENS MISSING-RIGHT EYE?
101	COMYOPIA	Num	8		IS MYOPIA > DIOPTERS IN ONE OR BOTH EYES
102	CONVDLE	Num	8		ARE NEW VESSELS PRESENT (NVD)-LEFT EYE
103	CONVDRE	Num	8		ARE NEW VESSELS PRESENT (NVD)-RIGHT EYE
104	CONVELE	Num	8		ARE NEW VESSELS ELSEWHERE PRESENT-LEFT EYE?
105	CONVERE	Num	8		ARE NEW VESSELS ELSEWHERE PRESENT-RIGHT EYE?
106	COOBSCLE	Num	8		HEMORRHAGE OBSCURE DISC AREA-LEFT EYE
107	COOBSCRE	Num	8		HEMORRHAGE OBSCURE DISC AREA-RIGHT EYE
108	COOLASLE	Num	8		OTHER REASON-LEFT EYE
109	COOLASRE	Num	8		OTHER REASON-RIGHT EYE
110	COONVELE	Num	8		NEW VESSELS OUTSIDE 7 STD FIELDS-LEFT EYE?
111	COONVERE	Num	8		NEW VESSELS OUTSIDE 7 STD FIELDS-RIGHT EYE?
112	COOPHLE	Num	8		OPTHALMOSCOPIC EXAM SATISFACTORY-LEFT EYE?
113	COOPHRE	Num	8		OPTHALMOSCOPIC EXAM SATISFACTORY-RIGHT EYE?
114	COOREFLE	Num	8		OTHER/NO LEFT EYE REFRACTION

Num	Variable	Type	Len	Format	Label
115	COOREFRE	Num	8		OTHER/NO RIGHT EYE REFRACTION
116	COOUT7LE	Num	8		OUTSIDE SEVEN STANDARD FIELDS-LEFT EYE
117	COOUT7RE	Num	8		OUTSIDE SEVEN STANDARD FIELDS-RIGHT EYE
118	COPLANLE	Num	8		PLAN TO PERFORM PHOTOCOAGULATION-LEFT EYE?
119	COPLANRE	Num	8		PLAN TO PERFORM PHOTOCOAGULATION-RIGHT EYE?
120	COPREFLE	Num	8		WOULD PREFER NOT TO TREAT-LEFT EYE
121	COPREFRE	Num	8		WOULD PREFER NOT TO TREAT-RIGHT EYE
122	COPVALE	Num	8		POOR VISUAL ACUITY IN LEFT EYE
123	COPVARE	Num	8		POOR VISUAL ACUITY IN RIGHT EYE
124	COREASLE	Num	8		REASON FUNDUS EXAM UNSAT-LEFT EYE
125	COREASRE	Num	8		REASON FUNDUS EXAM UNSAT-RIGHT EYE
126	COREFLE	Num	8		PATIENT REFUSES-LEFT EYE
127	COREFRAC	Num	8		WAS A REFRACTION PERFORMED FOR BOTH EYES?
128	COREFRE	Num	8		PATIENT REFUSES-RIGHT EYE
129	COSNDVLE	Num	8		VESSELS > OR = DRS STD PHOTO 10A-LEFT EYE
130	COSNVDRE	Num	8		VESSELS > OR = DRS STD PHOTO 10A-RIGHT EYE
131	COSNVELE	Num	8		NEW VESSELS >OR = 1/2 DA IN SIZE-LEFT EYE?
132	COSNVERE	Num	8		NEW VESSELS >OR = 1/2 DA IN SIZE-RIGHT EYE?
133	COSPHLE	Char	6		Sphere - Left Eye
134	COSPHRE	Char	6		Sphere - Right Eye
135	COTHIKLE	Num	8		RETINAL THICKNENING-LEFT EYE?
136	COTHIKRE	Num	8		RETINAL THICKNENING-RIGHT EYE?
137	COUNHMLE	Num	8		UNABLE TO TREAT DUE TO HEMORRHAGE-LEFT EYE
138	COUNHMRE	Num	8		UNABLE TO TREAT DUE TO HEMORRHAGE-RIGHT EYE
139	COUNORLE	Num	8		UNABLE TO TREAT FOR OTHER REASON-LEFT EYE
140	COUNORRE	Num	8		UNABLE TO TREAT FOR OTHER REASON-RIGHT EYE
141	COWNVELE	Num	8		NEW VESSELS WITHIN 7 STD FIELDS-LEFT EYE?
142	COWNVERE	Num	8		NEW VESSELS WITHIN 7 STD FIELDS-RIGHT EYE?
143	COZEROLE	Num	8		SPHERE, CYLINDER, AXIS ALL ZERO-LEFT EYE
144	COZERORE	Num	8		SPHERE, CYLINDER, AXIS ALL ZERO-RIGHT EYE

Data Set Name: f0423.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	DBA5B	Num	4		DATE OF EVENT UNCERTAIN
7	DBA6	Num	8	8.	DEIDENTIFIED DATE EDIC CLINIC LEARNED INTER. EVENT
8	DBB1	Num	4		LOSS OF CONSCIOUSNESS
9	DBB10	Num	4		CLINICAL MANIFESTATION: NONE
10	DBB2	Num	4		SEIZURE
11	DBB3	Num	4		SUSPECTED SEIZURE
12	DBB4	Num	4		UNUSUAL DIFFICULTY IN AWAKENING
13	DBB5	Num	4		IRRATIONAL BEHAVIOR
14	DBB6	Num	4		UNCONTROLLABLE BEHAVIOR
15	DBB7	Num	4		CONFUSION
16	DBB8	Num	4		MEMORY LOSS
17	DBB9	Num	4		CLINICAL MANIFESTATION: OTHER
18	DBC1	Num	4		BG BEFORE: WAS MEASURED?
19	DBC2	Num	4		BG BEFORE: WHO MEASURED?
20	DBC3A	Num	4		BG BEFORE: MEASUREMENT VALUE
21	DBC3B	Num	4		BG BEFORE: MEASUREMENT UNKNOWN
22	DBC4	Num	4		METHOD USED MONITORING BEFORE
23	DBC5	Num	4		BG AFTER: WAS MEASURED?
24	DBC6	Num	4		BG AFTER: WHO MEASURED?
25	DBC7A	Num	4		BG AFTER: MEASUREMENT VALUE
26	DBC7B	Num	4		BG AFTER: MEASUREMENT UNKNOWN
27	DBC8	Num	4		METHOD USED MONITORING AFTER
28	DBCOMDAT	Num	8	8.	DEIDENTIFIED DATE OF HYPOGLYCEMIC EVENT
29	DBD1	Num	4		SYMPTONS REVERSE WITHOUT TREATMENT?
30	DBD2A	Num	4		DID PATIENT RECEIVE ASSISTANCE?
31	DBD2B	Num	4		PATIENT INCAPABLE OF TREATING SELF
32	DBD3	Num	4		PATIENT HOSPITALIZED
33	DBD4A	Num	4		TREATMENT: INTRAVENOUS GLUCOSE
34	DBD4B	Num	4		TREATMENT: GLUCAGON
35	DBD4C	Num	4		TREATMENT: ORAL CARBOHYDRATES
36	DBD4D	Num	4		TREATMENT: OTHER

Num	Variable	Type	Len	Format	Label
37	DBE1	Num	4		DID ASSOCIATED EVENTS OCCUR WITH HYPOGLYCEMIA?
38	DBE1A	Num	4		ASSOC. EVENT: DEATH
39	DBE1B	Num	4		ASSOC. EVENT: NEUROLOGICAL/HOSPILIZATION
40	DBE1C	Num	4		ASSOC. EVENT: MYOCARDIAL INFARCTION
41	DBE1D	Num	4		ASSOC. EVENT: STROKE
42	DBE1E	Num	4		ASSOC. EVENT: INJURY/HOSPITALIZATION
43	DBE1F	Num	4		ASSOC. EVENT: INJURY TO ANOTHER PERSON
44	DBE1G	Num	4		ASSOC. EVENT: PROPERTY DAMAGE
45	DBE1H	Num	4		ASSOC. EVENT: TRAFFIC VIOLATION
46	DBF1	Num	4		TREATMENT REGIMEN HYPOGLYCEMIC OCCUR?
47	DBF2	Num	4		PUMP MALFUNCTION SUSPECTED
48	DBG1	Num	4		PATIENT LIVING ARRANGEMENT
49	DBG2A	Num	4		PARENT WITH PATIENT-ONSET OF SYMPTOMS
50	DBG2B	Num	4		CLASSMATE W/PATIENT-ONSET OF SYMPTOMS
51	DBG2C	Num	4		PASSERBY W/PATIENT-ONSET OF SYMPTOMS
52	DBG2D	Num	4		PERSON NOT PARENT, ETC. SAW SYMPTOMS
53	DBG2E	Num	4		PATIENT ALONE AT ONSET OF SYMPTOMS
54	DBG2F	Num	4		UNKNOWN: PATIENT CANNOT RECALL
55	DBG3	Num	4		PERSON PRESENT-RECOGNIZE SYMPTOMS
56	DBG4	Num	4		PERSON PRESENT-REDUCE SEVERITY-HYPO.
57	DBG5A	Num	4		PERSON PRESENT GAVE ORAL CARBOHYDRATES
58	DBG5B	Num	4		PERSON PRESENT GAVE GLUCAGON
59	DBG5C	Num	4		PERSON PRESENT CALLED PARAMEDICS
60	DBG5D	Num	4		UNKNOWN WHAT PERSON PRESENT GAVE
61	DBG5E	Num	4		WHAT ELSE PERSON PRESENT DID TO HELP
62	DBH1A	Num	4		APPROX. TIME FRAME-ONSET OF EPISODE
63	DBH1B	Num	8	TIME5.	EXACT TIME-ONSET OF EPISODE
64	DBH1C	Num	4		EXACT TIME ONSET (AM PM UNKN)
65	DBH2	Num	4		ONSET OF HYPOGLYCEMIA OCCURRED WHILE ASLEEP OR AWAKE
66	DBI1	Num	4		PT LOCATION AT ONSET OF EPISODE
67	DBI2A	Num	4		IF PATIENT AWAKE, WARN. SIGNS/SYMPTOMS
68	DBI2B	Num	4		SYMPT. KNOWN AS HYPOGLYC. BY PATIENT
69	DBI2C	Num	4		SYMPT. KNOWN AS HYPO. BY OTHER PERSON
70	DBJ10A	Num	4		USUALLY HAVE SOMETHING TO TREAT REACTION
71	DBJ10B	Num	4		HAVE SOMETHING TO TREAT EPISODE
72	DBJ1A	Num	4		EXERCISE DURING 4 HRS BEFORE HYPOGL.
73	DBJ1B	Num	4		UNUSUAL EXERCISE 4 HRS. BEFORE HYPOGL.
74	DBJ1C	Num	4		EXERCISE 24 HRS. PRIOR-HYPOGLYCEMIA
75	DBJ1D	Num	4		UNUSUAL EXERCISE 24 HRS. BEFORE HYPOGL.

Num	Variable	Type	Len	Format	Label
76	DBJ2A1	Num	4		DIET SAME 4 HR: MISSED MEAL
77	DBJ2A2	Num	4		DIET SAME 4 HR: MISSED SNACK
78	DBJ2A3	Num	4		DIET SAME 4 HR: MISSED UNKNOWN
79	DBJ2A4	Num	4		DIET SAME 4 HR: DELAYED MEAL
80	DBJ2A5	Num	4		DIET SAME 4 HR: DELAYED SNACK
81	DBJ2A6	Num	4		DIET SAME 4 HR: DELAYED UNKNOWN
82	DBJ2A7	Num	4		DIET SAME 4 HR: ATE < USUAL (NO)
83	DBJ2A8	Num	4		DIET SAME 4 HR: ATE < USUAL (YES)
84	DBJ2A9	Num	4		DIET SAME 4 HR: ATE < USUAL (UNKNOWN)
85	DBJ2B1	Num	4		DIET PRIOR 24 HR: MISSED MEAL
86	DBJ2B2	Num	4		DIET PRIOR 24 HR: MISSED SNACK
87	DBJ2B3	Num	4		DIET PRIOR 24 HR: MISSED UNKNOWN
88	DBJ2B4	Num	4		DIET PRIOR 24 HR: DELAYED MEAL
89	DBJ2B5	Num	4		DIET PRIOR 24 HR: DELAYED SNACK
90	DBJ2B6	Num	4		DIET PRIOR 24 HR: DELAYED UNKNOWN
91	DBJ2B7	Num	4		DIET PRIOR 24 HR: ATE < USUAL (NO)
92	DBJ2B8	Num	4		DIET PRIOR 24 HR: ATE < USUAL (YES)
93	DBJ2B9	Num	4		DIET PRIOR 24 HR: ATE < USUAL (UNKNOWN)
94	DBJ3A1	Num	4		ALTER INSULIN DOSE DURING 4 HRS. BEFORE
95	DBJ3A2	Num	4		ALTER INSULIN DOSE 24 HRS. BEFORE EVENT
96	DBJ3B1	Num	4		ALTER TIMING/SCHED. INSULIN 4 HRS. PRIOR
97	DBJ3B2	Num	4		ALTER TIME/SCHED. INSULIN 24 HRS. PRIOR
98	DBJ4A	Num	4		SEXUAL ACTIVITY SAME 4 HR PERIOD
99	DBJ4B	Num	4		SEXUAL ACTIVITY PRIOR 24 HR PERIOD
100	DBJ5A	Num	4		ALCOHOL/DRUGS SAME 4 HR PERIOD
101	DBJ5B	Num	4		ALCOHOL/DRUGS PRIOR 24 HR PERIOD
102	DBJ6A1	Num	4		GLUCOSE MONITORING: SELF BLOOD GLUCOSE
103	DBJ6A2	Num	4		GLUCOSE MONITORING: URINE GLUCOSE
104	DBJ6B	Num	4		GLUCOSE MONITORING: # TESTS PRIOR WEEK
105	DBJ6C	Num	4		EXPECT GLUC. TESTS DURING PRIOR 24 HRS.
106	DBJ6D	Num	4		WK PRIOR TO EVENT: 3 AM BL. GL. TESTING
107	DBJ6E	Num	4		3 AM VALUE - BL. GL. TEST. BEFORE EVENT
108	DBJ7A	Num	4		PT MENSTRUATING AT TIME OF EPISODE
109	DBJ7B	Num	4		ORAL CONTRACEPT. USED AT TIME OF EVENT
110	DBJ7C1	Num	4		MENSES CYCLE: REGULAR, IRREGULAR, UNK.
111	DBJ7C2	Num	4		IF REGULAR, USUAL LENGTH OF MENST. CYCLE
112	DBJ7D	Num	4		BLOOD/URINE GLUC. CHANGE: TIME OF MENSES
113	DBJ8	Num	4		RECENT STRESS WK PRIOR TO EPISODE?
114	DBJ9	Num	4		OTHER POTENTIALLY CONTRIB. FACTORS

Num	Variable	Type	Len	Format	Label
115	EDICYRB	Num	4	Z2.	LAST EDIC FOLLOW-UP YEAR

Data Set Name: f0423_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	DBA5B	Num	4		IF DATE UNCERTAIN, CHECK HERE:
7	DBA6	Num	8	8.	DEIDENTIFIED DATE EDIC CLINIC LEARNED OF EVENT
8	DBB1	Num	4		LOSS OF CONSCIOUSNESS
9	DBB10	Num	4		CLINICAL MANIFESTATION: NONE
10	DBB2	Num	4		SEIZURE
11	DBB3	Num	4		SUSPECTED SEIZURE
12	DBB4	Num	4		UNUSUAL DIFFICULTY IN AWAKENING
13	DBB5	Num	4		IRRATIONAL
14	DBB6	Num	4		UNCONTROLLABLE BEHAVIOR
15	DBB7	Num	4		CONFUSION
16	DBB8	Num	4		MEMORY LOSS
17	DBB9	Num	4		OTHER CLINICAL MANIFESTATION
18	DBC1	Num	4		BLOOD GLUCOSE MEASURED BEFORE TREATMENT?
19	DBC2	Num	4		BLOOD GLUCOSE MEASURED BY WHOM?
20	DBC3A	Num	4		BLOOD GLUCOSE RECORD MEASUREMENT(MG/LD)
21	DBC3B	Num	4		BLOOD GLUCOSE RECORD MEAS. IF UNKNOWN
22	DBC4	Num	4		BLOOD GLUCOSE METHOD USED
23	DBC5	Num	4		BLOOD GLUCOSE MEASURED AFTER TREATMENT?
24	DBC6	Num	4		BLOOD GLUCOSE MEASURED BY WHOM?
25	DBC7A	Num	4		BLOOD GLUCOSE RECORD MEASUREMENT (MG/DL)
26	DBC7B	Num	4		BLOOD GLUCOSE RECORD MEAS. IF UNKNOWN
27	DBC8	Num	4		BLOOD GLUCOSE METHOD USED
28	DBCOMDAT	Num	8	8.	DEIDENTIFIED DATE OF HYPOGLYCEMIC EVENT
29	DBD1	Num	4		SYMPTONS REVERSE WITHOUT TREATMENT?
30	DBD2A	Num	4		DID PATIENT RECEIVE ASSISTANCE?
31	DBD2B	Num	4		PATIENT INCAPABLE OF TREATING SELF?
32	DBD3	Num	4		PATIENT HOSPITALIZED?
33	DBD4A	Num	4		TREATMENT: INTRAVENOUS GLUCOSE
34	DBD4B	Num	4		TREATMENT: GLUCAGON
35	DBD4C	Num	4		TREATMENT: ORAL CARBOHYDRATES
36	DBD4D	Num	4		TREATMENT: OTHER

Num	Variable	Type	Len	Format	Label
37	DBE1	Num	4		DID ASSOCIATED EVENTS OCCUR WITH HYPOGLYCEMIA?
38	DBE1A	Num	4		ASSOC. EVENT: DEATH
39	DBE1B	Num	4		ASSOC. EVENT: NEUROLOGICAL/HOSPILIZATION
40	DBE1C	Num	4		ASSOC. EVENT: MYOCARDIAL INFARCTION
41	DBE1D	Num	4		ASSOC. EVENT: STROKE
42	DBE1E	Num	4		ASSOC. EVENT: INJURY/HOSPITALIZATION
43	DBE1F	Num	4		ASSOC. EVENT: INJURY TO ANOTHER PERSON
44	DBE1G	Num	4		ASSOC. EVENT: PROPERTY DAMAGE
45	DBE1H	Num	4		ASSOC. EVENT: TRAFFIC VIOLATION
46	DBF1	Num	4		TREATMENT REGIMEN HYPOGLYCEMIC OCCUR?
47	DBF2	Num	4		PUMP MALFUNCTION SUSPECTED?
48	DBG1	Num	4		PATIENT LIVING ARRANGEMENT
49	DBG2A	Num	4		PARENTS W/PATIENT @ ONSET OF SYMPTOMS
50	DBG2B	Num	4		CLASSMATES W/PATIENT @ ONSET OF SYMPTOMS
51	DBG2C	Num	4		PASSERBY W/PATIENT @ ONSET OF SYMPTOMS
52	DBG2D	Num	4		OTHER W/PATIENT @ ONSET OF SYMPTOMS
53	DBG2E	Num	4		PATIENT ALONE @ ONSET OF SYMPTOMS
54	DBG2F	Num	4		UNKNOWN: PATIENT CANNOT RECALL
55	DBG3	Num	4		PERSON CAPABLE OF RECOGNIZING SYMPTOMS
56	DBG4	Num	4		PERSON PRESENT-REDUCE SEVERITY-HYPO.
57	DBG5A	Num	4		ADMINISTER ORAL CARBOHYDRATES
58	DBG5B	Num	4		ADMINISTER GLUCAGON
59	DBG5C	Num	4		CALLED PARAMEDICS
60	DBG5D	Num	4		UNKNOWN WHAT PERSON PRESENT GAVE
61	DBG5E	Num	4		WHAT ELSE PERSON PRESENT DID TO HELP
62	DBH1A	Num	4		TIME OF ONSET OF EPISODE
63	DBH1B	Num	8	TIME5.	EXACT TIME-ONSET OF EPISODE
64	DBH1C	Num	4		EXACT TIME ONSET (AM PM UNKN)
65	DBH2	Num	4		ONSET OF HYPOGLYCEMIA OCCURRED WHILE ASLEEP OR AWAKE
66	DBI1	Num	4		PATIENT LOCALE @ ONSET OF EPISODE
67	DBI2A	Num	4		IF PATIENT AWAKE, WARN. SIGNS/SYMPTOMS
68	DBI2B	Num	4		SYMPT. KNOWN AS HYPOGLYC. BY PATIENT
69	DBI2C	Num	4		SYMPT. KNOWN AS HYPO. BY OTHER PERSON
70	DBJ10A	Num	4		PT CARRY SOMETHING TO TREAT REACTIONS?
71	DBJ10B	Num	4		DID PT HAVE SOMETHING TO TREAT REACTIONS?
72	DBJ1A	Num	4		EXERCISE 4 HRS BEFORE HYPOGLYCEMIA EVENT
73	DBJ1B	Num	4		UNUSUAL EXERCISE 4 HRS. BEFORE HYPOGL.
74	DBJ1C	Num	4		EXERCISE 24 HRS PRIOR HYPOGLYCEMIA EVENT
75	DBJ1D	Num	4		UNUSUAL EXERCISE 24 HRS. BEFORE HYPOGL.

Num	Variable	Type	Len	Format	Label
76	DBJ2A1	Num	4		DIET SAME 4 HR: MISSED MEAL
77	DBJ2A2	Num	4		DIET SAME 4 HR: MISSED SNACK
78	DBJ2A3	Num	4		DIET SAME 4 HR: MISSED UNKNOWN
79	DBJ2A4	Num	4		DIET SAME 4 HR: DELAYED MEAL
80	DBJ2A5	Num	4		DIET SAME 4 HR: DELAYED SNACK
81	DBJ2A6	Num	4		DIET SAME 4 HR: DELAYED UNKNOWN
82	DBJ2A7	Num	4		DIET SAME 4 HR: ATE < USUAL (NO)
83	DBJ2A8	Num	4		DIET SAME 4 HR: ATE < USUAL (YES)
84	DBJ2A9	Num	4		DIET SAME 4 HR: ATE < USUAL (UNKNOWN)
85	DBJ2B1	Num	4		DIET PRIOR 24 HR: MISSED MEAL
86	DBJ2B2	Num	4		DIET PRIOR 24 HR: MISSED SNACK
87	DBJ2B3	Num	4		DIET PRIOR 24 HR: MISSED UNKNOWN
88	DBJ2B4	Num	4		DIET PRIOR 24 HR: DELAYED MEAL
89	DBJ2B5	Num	4		DIET PRIOR 24 HR: DELAYED SNACK
90	DBJ2B6	Num	4		DIET PRIOR 24 HR: DELAYED UNKNOWN
91	DBJ2B7	Num	4		DIET PRIOR 24 HR: ATE < USUAL (NO)
92	DBJ2B8	Num	4		DIET PRIOR 24 HR: ATE < USUAL (YES)
93	DBJ2B9	Num	4		DIET PRIOR 24 HR: ATE < USUAL (UNKNOWN)
94	DBJ3A1	Num	4		ALTER INSULIN DOSE DURING 4 HRS. BEFORE
95	DBJ3A2	Num	4		ALTER INSULIN DOSE 24 HRS. BEFORE EVENT
96	DBJ3B1	Num	4		ALTER TIMING/SCHED. INSULIN 4 HRS. PRIOR
97	DBJ3B2	Num	4		ALTER TIME/SCHED. INSULIN 24 HRS. PRIOR
98	DBJ4A	Num	4		SEXUAL ACTIVITY SAME 4 HR PERIOD
99	DBJ4B	Num	4		SEXUAL ACTIVITY PRIOR 24 HR PERIOD
100	DBJ5A	Num	4		ALCOHOL/DRUGS SAME 4 HR PERIOD
101	DBJ5B	Num	4		ALCOHOL/DRUGS PRIOR 24 HR PERIOD
102	DBJ6A1	Num	4		SELF BLOOD GLUCOSE MONITORING
103	DBJ6A2	Num	4		URINE GLUCOSE MONITORING
104	DBJ6B	Num	4		GLUCOSE MONITORING: # TESTS PRIOR WEEK
105	DBJ6C	Num	4		EXPECT GLUC. TESTS DURING PRIOR 24 HRS.
106	DBJ6D	Num	4		WK PRIOR TO EVENT: 3 AM BL. GL. TESTING
107	DBJ6E	Num	4		3 AM VALUE - BL. GL. TEST. BEFORE EVENT
108	DBJ7A	Num	4		PT MENSTRUATING AT TIME OF EPISODE
109	DBJ7B	Num	4		ORAL CONTRACEPT. USED AT TIME OF EVENT
110	DBJ7C1	Num	4		MENSES CYCLE: REGULAR, IRREGULAR, UNK.
111	DBJ7C2	Num	4		IF REGULAR, USUAL LENGTH OF MENST. CYCLE
112	DBJ7D	Num	4		BLOOD/URINE GLUC. CHANGE: TIME OF MENSES
113	DBJ8	Num	4		RECENT STRESS WK PRIOR TO EPISODE?
114	DBJ9	Num	4		OTHER POTENTIALLY CONTRIB. FACTORS

Num	Variable	Type	Len	Format	Label
115	DBSEQNO	Num	8		SEQ # HYPOGLYCEMIC EVENT FORM
116	EDICYRB	Num	4		LAST EDIC FOLLOW-UP YEAR

Data Set Name: f0503.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EOB1	Num	4		ARE YOUR LEGS AND/OR FEET NUMB
7	EOB10	Num	4		FEEL WEAK ALL OVER MOST OF THE TIME
8	EOB11	Num	4		ARE YOUR SYMPTOMS WORSE AT NIGHT
9	EOB12	Num	4		DO YOUR LEGS HURT WHEN YOU WALK
10	EOB13	Num	4		ABLE TO SENSE YOUR FEET WHEN YOU WALK
11	EOB14	Num	4		IS SKIN ON FEET SO DRY IT CRACKS OPEN
12	EOB15	Num	4		HAVE YOU EVER HAD AN AMPUTATION
13	EOB2	Num	4		EVER HAVE ANY BURNING PAIN IN LEGS/FEET
14	EOB3	Num	4		ARE YOUR FEET TOO SENSITIVE TO TOUCH
15	EOB4	Num	4		GET MUSCLE CRAMPS IN YOUR LEGS/FEET
16	EOB5	Num	4		ANY PRICKLING FEELINGS IN LEGS/FEET
17	EOB6	Num	4		HURT WHEN BED COVERS TOUCH YOUR SKIN
18	EOB7	Num	4		IN TUB OR SHOWER, ABLE TO TELL HOT FROM COLD WATER
19	EOB8	Num	4		EVER HAD AN OPEN SORE ON YOUR FEET
20	EOB9	Num	4		EVER HAD DIABETIC NEUROPATHY
21	EOC2L	Num	4		ULCERATION (L)
22	EOC2R	Num	4		ULCERATION (R)
23	EOC3L	Num	4		ANKLE REFLEXES (L)
24	EOC3R	Num	4		ANKLE REFLEXES (R)
25	EOC4L	Num	4		VIBRATION PERCEPTION AT GREAT TOE (L)
26	EOC4R	Num	4		VIBRATION PERCEPTION AT GREAT TOE (R)
27	EOC5L	Num	4		10 GRAM FILAMENT (L)
28	EOC5R	Num	4		10 GRAM FILAMENT (R)
29	EOCAL	Num	4		APPEARANCE FEET (L) NORMAL
30	EOCAR	Num	4		APPEARANCE FEET (R) NORMAL
31	EOCB1L	Num	4		LEFT FOOT HAS DEFORMITIES
32	EOCB1R	Num	4		RIGHT FOOT HAS DEFORMITIES
33	EOCB2L	Num	4		LEFT FOOT HAS DRY SKIN, CALLUS
34	EOCB2R	Num	4		RIGHT FOOT HAS DRY SKIN, CALLUS
35	EOCB3L	Num	4		LEFT FOOT HAS INFECTION
36	EOCB3R	Num	4		RIGHT FOOT HAS INFECTION

Num	Variable	Type	Len	Format	Label
37	EOCB4L	Num	4		LEFT FOOT HAS FISSURE
38	EOCB4R	Num	4		RIGHT FOOT HAS FISSURE
39	EOCB5L	Num	4		LEFT FOOT HAS OTHER PROBLEM
40	EOCB5R	Num	4		RIGHT FOOT HAS OTHER PROBLEM

Data Set Name: f0602.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	FOA1	Num	4		TIME SPENT MANAGING DIABETES
7	FOA10	Num	4		SEX LIFE
8	FOA11	Num	4		WORK, SCHOOL & HOUSEHOLD ACTIVITIES
9	FOA12	Num	4		APPEARANCE OF BODY
10	FOA13	Num	4		TIME SPENT EXERCISING
11	FOA14	Num	4		LEISURE TIME
12	FOA15	Num	4		LIFE IN GENERAL
13	FOA16	Num	4		SCHOOL PERFORMANCE
14	FOA17	Num	4		HOW CLASSMATES TREAT YOU
15	FOA18	Num	4		ATTENDANCE IN SCHOOL
16	FOA19	Num	4		HEALTH ASSESSMENT
17	FOA2	Num	4		TIME SPENT GETTING CHECKUPS
18	FOA3	Num	4		TIME IT TAKES TO DETERMINE SUGAR
19	FOA4	Num	4		CURRENT TREATMENT
20	FOA5	Num	4		DIET FLEXIBILITY
21	FOA6	Num	4		BURDEN ON FAMILY
22	FOA7	Num	4		KNOWLEDGE ABOUT DIABETES
23	FOA8	Num	4		SLEEP
24	FOA9	Num	4		SOCIAL RELATIONSHIPS
25	FOB1	Num	4		PAIN WITH TREATMENT
26	FOB10	Num	4		INTERFERE WITH SEX LIFE
27	FOB11	Num	4		KEPT FROM DRIVING OR USING MACHINE
28	FOB12	Num	4		INTERFERE WITH EXERCISING
29	FOB13	Num	4		MISS WORK, SCHOOL / HOUSEHOLD DUTIES
30	FOB14	Num	4		EXPLAINING DIABETES
31	FOB15	Num	4		INTERRUPTS LEISURE TIME ACTIVITIES
32	FOB16	Num	4		TELL OTHERS ABOUT DIABETES
33	FOB17	Num	4		TEASED ABOUT DIABETES
34	FOB18	Num	4		GO TO BATHROOM MORE OFTEN
35	FOB19	Num	4		EAT SOMETHING YOU SHOULD NOT
36	FOB2	Num	4		EMBARRASSED DEALING W/ DIABETES

Num	Variable	Type	Len	Format	Label
37	FOB20	Num	4		HIDE INSULIN REACTION
38	FOB21	Num	4		PREVENTS SCHOOL ACTIVITES
39	FOB22	Num	4		PREVENTS GOING OUT TO EAT
40	FOB23	Num	4		LIMITING CAREER
41	FOB24	Num	4		PARENTS TOO PROTECTIVE
42	FOB25	Num	4		PARENTS WORRY TOO MUCH
43	FOB26	Num	4		FAMILY TEASES YOU
44	FOB27	Num	4		PARENTS ACT LIKE IT IS THEIR DISEASE
45	FOB3	Num	4		LOW BLOOD SUGAR
46	FOB4	Num	4		FEEL PHYSICALLY ILL
47	FOB5	Num	4		INTERFERE WITH FAMILY LIFE
48	FOB6	Num	4		BAD NIGHT SLEEP
49	FOB7	Num	4		LIMITING SOCIAL RELATIONSHIPS
50	FOB8	Num	4		FEEL GOOD ABOUT SELF
51	FOB9	Num	4		FEEL RESTRICTED BY DIET
52	FOC1	Num	4		GETTING MARRIED
53	FOC10	Num	4		GET COMP LICATIONS
54	FOC11	Num	4		SOMEONE WILL NOT GO OUT WITH YOU
55	FOC12	Num	4		TEACHERS TREAT YOU DIFFERENTLY
56	FOC13	Num	4		DISRUPT SCHOOL ACTIVITY
57	FOC14	Num	4		NOT KEEPING UP WITH FRIENDS
58	FOC2	Num	4		HAVE CHILDREN
59	FOC3	Num	4		NOT GET A JOB
60	FOC4	Num	4		PASS OUT
61	FOC5	Num	4		DENIED INSURANCE
62	FOC6	Num	4		CAN NOT COMPLETE EDUCATION
63	FOC7	Num	4		MISS WORK
64	FOC8	Num	4		TAKE VACATION OR TRIP
65	FOC9	Num	4		BODY LOOK S DIFFERENT

Data Set Name: f0612.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	FA1	Num	4		GENERALLY HOW WOULD YOU RATE/HEALTH
7	FA10	Num	4		HEALTH LIMITED WALKING SEVERAL BLOCKS
8	FA11	Num	4		HEALTH LIMITED BY-WALKING ONE BLOCK
9	FA12	Num	4		HEALTH LIMITED BATHING/DRESS YOURSELF
10	FA13	Num	4		DUE TO PHYSICAL HEALTH-CUT DOWN ON WORK
11	FA14	Num	4		DUE TO PHYS. HEALTH-ACCOMPLISHED LESS
12	FA15	Num	4		DUE TO PHYS.HEALTH-LIMITED KIND OF WORK
13	FA16	Num	4		DUE TO PHYS.HEALTH-DIFFICULTY PERFORM.
14	FA17	Num	4		DUE TO EMOTIONAL PROB.-CUT DOWN ON WORK
15	FA18	Num	4		DUE TO EMOTIONAL PROB.-ACCOMPLISH LESS
16	FA19	Num	4		DUE TO EMOTN.PROB.-DID NOT WORK CAREFULLY
17	FA2	Num	4		RATE HEALTH NOW COMPARED/ONE YEAR AGO
18	FA20	Num	4		HAS PHYS.HEALTH AFFECT.SOC. ACTIVITIES
19	FA21	Num	4		HOW MUCH BODILY PAIN IN PAST 4 WEEKS
20	FA22	Num	4		DOES PAIN INTERFERE IN YOUR NORMAL WORK
21	FA23	Num	4		PAST MONTH-DID YOU FEEL FULL OF PEP
22	FA24	Num	4		PAST MONTH-BEEN A NERVOUS PERSON
23	FA25	Num	4		PAST MONTH-FELT DOWN IN THE DUMPS
24	FA26	Num	4		PAST MONTH-FELT CALM AND PEACEFUL
25	FA27	Num	4		PAST MONTH-HAVE A LOT OF ENERGY
26	FA28	Num	4		PAST MONTH-FELT DOWNHEARTED AND BLUE
27	FA29	Num	4		PAST MONTH-DO YOU FEEL WORN OUT
28	FA3	Num	4		HEALTH LIMITED BY-VIGOROUS ACTIVITIES
29	FA30	Num	4		PAST MONTH-BEEN A HAPPY PERSON
30	FA31	Num	4		PAST MONTH-FEEL TIRED
31	FA32	Num	4		HAS PHYS. HEALTH INTERFERED/SOC.ACTIV.
32	FA33	Num	4		I GET SICK EASIER THAN OTHER PEOPLE
33	FA34	Num	4		I AM AS HEALTHY AS ANYBODY I KNOW
34	FA35	Num	4		I EXPECT MY HEALTH TO GET WORSE
35	FA36	Num	4		MY HEALTH IS EXCELLENT
36	FA37	Num	4		2 WEEKS.YOU FELT SAD/BLUE/DEPRESSED

Num	Variable	Type	Len	Format	Label
37	FA38	Num	4		2 YEARS/FELT DEPRESSED/SAD MOST DAYS
38	FA39	Num	4		HAVE YOU FELT DEPRESSED/SAD/PAST/YEAR
39	FA4	Num	4		HEALTH LIMITED BY-MODERATE ACTIVITIES
40	FA5	Num	4		HEALTH LIMITED BY-LIFT/CARRY GROCERIES
41	FA6	Num	4		HEALTH LIMITED BY-CLIMB SEVERAL STAIRS
42	FA7	Num	4		HEALTH LIMITED BY-CLIMBING ONE FLIGHT
43	FA8	Num	4		HEALTH LIMITED BY-BENDING,KNEELING,ETC.
44	FA9	Num	4		HEALTH LIMITED BY-WALK MORE THAN A MILE

Data Set Name: f0705.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	GOB1	Num	4		ANYTIME YOU DID NOT HAVE HEALTH INSUR
7	GOB2	Num	4		HOW LONG WERE YOU WITHOUT COVERAGE
8	GOB3	Num	4		CURRENTLY DO YOU HAVE HEALTH INS COV
9	GOB4BA	Num	4		INDIVIDUAL PLAN - MEMBER PAYS
10	GOB4BB	Num	4		GROUP PLAN - EMPLOYER PAYS
11	GOB4BC	Num	4		GOVERNMENT PLAN - GOVERNMENT PAYS
12	GOB4BC1	Num	4		U.S. GOVERNMENT HEALTH PLAN
13	GOB4BC2	Num	4		CANADIAN GOVERNMENT PLAN
14	GOB4BC3	Num	4		MEDICAID
15	GOB4BC4	Num	4		MEDICARE
16	GOB4CA	Num	4		INDEMNITY OR FEE-FOR-SERVICE PLAN
17	GOB4CB	Num	4		HEALTH MAINTENANCE ORGANIZATION - HMO
18	GOB4CC	Num	4		PREFERRED PROVIDER ORGANIZATION - PPO
19	GOB4CD	Num	4		POINT OF SERVICE - POS
20	GOB4CE	Num	4		OTHER: TYPE OF HEALTH INS COV
21	GOB5A	Num	4		MEDICAL VISITS FOR DIABETES (MEDICAL)
22	GOB5AA	Num	4		HOSPITALIZATION FOR OTHER HEALTH
23	GOB5B	Num	4		MEDICAL VISITS FOR DIABETES (NURSE)
24	GOB5BB	Num	4		NURSING HOME CARE, CONVALESCENT CARE
25	GOB5C	Num	4		INSULIN
26	GOB5CC	Num	4		HOME HEALTH CARE SERVICES
27	GOB5D	Num	4		SYRINGES
28	GOB5E	Num	4		BLOOD GLUCOSE TESTING STRIPS
29	GOB5F	Num	4		BLOOD GLUCOSE TESTING METERS
30	GOB5G	Num	4		GLUCOSE TABLETS
31	GOB5H	Num	4		GLUCAGON
32	GOB5I	Num	4		INSULIN INFUSION PUMP
33	GOB5J	Num	4		INSULIN INFUSION PUMP SUPPLIES
34	GOB5K	Num	4		GLYCOSYLATED HEMOGLOBIN OR HBA1C
35	GOB5L	Num	4		FRUCTOSAMINE TEST
36	GOB5M	Num	4		BLOOD TESTS

Num	Variable	Type	Len	Format	Label
37	GOB5N	Num	4		URINE TESTS
38	GOB5O	Num	4		ELECTROCARDIOGRAMS (EKG)
39	GOB5P	Num	4		CARDIOVASCULAR STRESS TESTS
40	GOB5Q	Num	4		DILATED EYE EXAMS
41	GOB5R	Num	4		EYE PHOTOS
42	GOB5S	Num	4		LASER TREATMENT FOR EYES
43	GOB5T	Num	4		DIALYSIS
44	GOB5U	Num	4		NUTRITION COUNSELING
45	GOB5V	Num	4		DIABETES EDUCATION SERVICES
46	GOB5W	Num	4		SERVICES OF MENTAL HEALTH PROFESS
47	GOB5X	Num	4		EMERGENCY ROOM VISITS
48	GOB5Y	Num	4		WALK-IN CLINICS OR URGENT CARE CNTR
49	GOB5Z	Num	4		HOSPITALIZATION DUE TO DIABETES
50	GOC1	Num	4		WHERE DO YOU RECEIVE DIABETES CARE
51	GOC2	Num	4		WHO PROVIDES YOUR DIABETES CARE
52	GOC3	Num	4		WAS PROVIDER DCCT OR EDIC STAFF
53	GOC4	Num	4		WHERE DO YOU RECEIVE GENERAL CARE
54	GOC5	Num	4		WHO PROVIDES YOUR GENERAL CARE
55	GOC6	Num	4		IS GENERAL PROVIDER SAME AS DIABETES
56	GOC7	Num	4		HAVE YOU VISITED EDIC CLINIC UNRELATED
57	GOC71	Num	4		NUMBER OF VISITS TO EDIC CLINIC
58	GOC8	Num	4		HAVE EDIC EVAL BEEN ONLY SERVICES
59	GOC9A	Num	4		GENERALIST: SEEN PAST 12 MONTHS
60	GOC9A1	Num	4		GENERALIST: NUMBER OF VISITS
61	GOC9B	Num	4		SPECIALIST: SEEN PAST 12 MONTHS
62	GOC9B1	Num	4		SPECIALIST: NUMBER OF VISITS
63	GOC9C	Num	4		NURSE EDUCATOR: SEEN PAST 12 MONTHS
64	GOC9C1	Num	4		NURSE EDUCATOR: NUMBER OF VISITS
65	GOC9D	Num	4		DIETITIAN: SEEN PAST 12 MONTHS
66	GOC9D1	Num	4		DIETITIAN: NUMBER OF VISITS
67	GOC9E	Num	4		PSYCHIATRIST: SEEN PAST 12 MONTHS
68	GOC9E1	Num	4		PSYCHIATRIST: NUMBER OF VISITS
69	GOC9F	Num	4		PSYCHOLOGIST: SEEN PAST 12 MONTHS
70	GOC9F1	Num	4		PSYCHOLOGIST: NUMBER OF VISITS
71	GOC9G	Num	4		SOCIAL WORKER: SEEN PAST 12 MONTHS
72	GOC9G1	Num	4		SOCIAL WORKER: NUMBER OF VISITS
73	GOC9H	Num	4		OPHTHALMOLOGIST: SEEN PAST 12 MONTHS
74	GOC9H1	Num	4		OPHTHALMOLOGIST: NUMBER OF VISITS
75	GOC9I	Num	4		OPTOMETRIST: SEEN PAST 12 MONTHS

Num	Variable	Type	Len	Format	Label
76	GOC9I1	Num	4		OPTOMETRIST: NUMBER OF VISITS
77	GOC9J	Num	4		CARDIOLOGIST: SEEN PAST 12 MONTHS
78	GOC9J1	Num	4		CARDIOLOGIST: NUMBER OF VISITS
79	GOC9K	Num	4		PODIATRIST: SEEN PAST 12 MONTHS
80	GOC9K1	Num	4		PODIATRIST: NUMBER OF VISITS
81	GOC9L	Num	4		NEPHROLOGIST: SEEN PAST 12 MONTHS
82	GOC9L1	Num	4		NEPHROLOGIST: NUMBER OF VISITS
83	GOC9M	Num	4		GASTROENTEROL: SEEN PAST 12 MONTHS
84	GOC9M1	Num	4		GASTROENTEROL: NUMBER OF VISITS
85	GOC9N	Num	4		NEUROLOGIST: SEEN PAST 12 MONTHS
86	GOC9N1	Num	4		NEUROLOGIST: NUMBER OF VISITS
87	GOC9O	Num	4		ONCOLOGIST: SEEN PAST 12 MONTHS
88	GOC9O1	Num	4		ONCOLOGIST: NUMBER OF VISITS
89	GOC9P	Num	4		SURGEON: SEEN PAST 12 MONTHS
90	GOC9P1	Num	4		SURGEON: NUMBER OF VISITS
91	GOC9Q	Num	4		GYNECOLOGIST: SEEN PAST 12 MONTHS
92	GOC9Q1	Num	4		GYNECOLOGIST: NUMBER OF VISITS
93	GOC9R	Num	4		UROLOGIST: SEEN PAST 12 MONTHS
94	GOC9R1	Num	4		UROLOGIST: NUMBER OF VISITS
95	GOC9S	Num	4		DERMATOLOGIST: SEEN PAST 12 MONTHS
96	GOC9S1	Num	4		DERMATOLOGIST: NUMBER OF VISITS
97	GOC9T	Num	4		ORTHOPEDIST: SEEN PAST 12 MONTHS
98	GOC9T1	Num	4		ORTHOPEDIST: NUMBER OF VISITS
99	GOC9U	Num	4		PHYSICAL THER: SEEN PAST 12 MONTHS
100	GOC9U1	Num	4		PHYSICAL THER: NUMBER OF VISITS
101	GOC9V	Num	4		CHIROPRACTOR: SEEN PAST 12 MONTHS
102	GOC9V1	Num	4		CHIROPRACTOR: NUMBER OF VISITS
103	GOC9W	Num	4		DENTIST: SEEN PAST 12 MONTHS
104	GOC9W1	Num	4		DENTIST: NUMBER OF VISITS
105	GOC9X	Num	4		ORAL SURGEON: SEEN PAST 12 MONTHS
106	GOC9X1	Num	4		ORAL SURGEON: NUMBER OF VISITS
107	GOC9Y	Num	4		OTHER PROVIDER: SEEN PAST 12 MONTHS
108	GOC9Y1	Num	4		OTHER PROVIDER: NUMBER OF VISITS
109	GOC9YA	Num	4		SPECIFY PROVIDER: YES/NO
110	GOC9YA1	Num	4		SPECIFY PROVIDER: NUMBER OF VISITS
111	GOC9YB	Num	4		SPECIFY PROVIDER: YES/NO
112	GOC9YB1	Num	4		SPECIFY PROVIDER: NUMBER OF VISITS
113	GOD1	Num	4		ADMITTED OVERNIGHT TO A HOSPITAL
114	GOD1A	Num	4		HOW MANY TIMES WERE YOU ADMITTED

Num	Variable	Type	Len	Format	Label
115	GOD1B	Num	4		HOW MANY TOTAL NIGHTS IN HOSPITAL
116	GOD1CA1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, HOSPITAL STAY 1
117	GOD1CA2	Num	4		NUMBER OF NIGTS, HOSPITAL STAY 1
118	GOD1CB1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, HOSPITAL STAY 2
119	GOD1CB2	Num	4		NUMBER OF NIGHTS, HOSPITAL STAY 2
120	GOD1CC1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, HOSPITAL STAY 3
121	GOD1CC2	Num	4		NUMBER OF NIGHTS, HOSPITAL STAY 3
122	GOD1CD1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, HOSPITAL STAY 4
123	GOD1CD2	Num	4		NUMBER OF NIGHTS, HOSPITAL STAY 4
124	GOD1CE1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, HOSPITAL STAY 5
125	GOD1CE2	Num	4		NUMBER OF NIGHTS, HOSPITAL STAY 5
126	GOD1CF1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, HOSPITAL STAY 6
127	GOD1CF2	Num	4		NUMBER OF NIGHTS, HOSPITAL STAY 6
128	GOD2	Num	4		WERE YOU SEEN IN A HOSPITAL ER
129	GOD2A	Num	4		HOW MANY TIMES IN HOSPITAL ER
130	GOD2B	Num	4		HOW MANY OF TIMES RELATED TO DIABETES
131	GOD3	Num	4		PATIENT IN NURSING HOME OR CONVALESCE
132	GOD3A	Num	4		HOW MANY TOTAL NIGHTS IN NURSING HOME
133	GOD3BA1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, NURSING HOME, STAY 1
134	GOD3BA2	Num	4		NUMBER OF NIGHTS, NURSING HOME, STAY 1
135	GOD3BB1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, NURSING HOME, STAY 2
136	GOD3BB2	Num	4		NUMBER OF NIGHTS, NURSING HOME, STAY 2
137	GOD3BC1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION, NURSING HOME, STAY 3
138	GOD3BC2	Num	4		NUMBER OF NIGHTS, NURSING HOME, STAY 3
139	GOD4A	Num	4		HBA1C: IN PAST 12 MONTHS
140	GOD4A1	Num	4		HBA1C: NUMBER OF TIMES
141	GOD4B	Num	4		FRUCTOSAMINE: IN THE PAST 12 MONTHS
142	GOD4B1	Num	4		FRUCTOSAMINE: NUMBER OF TIMES
143	GOD4C	Num	4		BLOOD GLUCOSE: IN PAST 12 MONTHS
144	GOD4C1	Num	4		BLOOD GLUCOSE: NUMBER OF TIMES
145	GOD4D	Num	4		FASTING LIPID: IN PAST 12 MONTHS
146	GOD4D1	Num	4		FASTING LIPID: NUMBER OF TIMES
147	GOD4E	Num	4		OTHER BLOOD: IN PAST 12 MONTHS
148	GOD4E1	Num	4		OTHER BLOOD: NUMBER OF TIMES
149	GOD4F	Num	4		EKG: IN THE PAST 12 MONTHS
150	GOD4F1	Num	4		EKG: NUMBER OF TIMES
151	GOD4G	Num	4		STRESS TEST: IN PAST 12 MONTHS
152	GOD4G1	Num	4		STRESS TEST: NUMBER OF TIMES
153	GOD4H	Num	4		DILATED EYE: IN PAST 12 MONTHS

Num	Variable	Type	Len	Format	Label
154	GOD4H1	Num	4		DILATED EYE: NUMBER OF TIMES
155	GOD4I	Num	4		EYE PHOTO: IN PAST 12 MONTHS
156	GOD4I1	Num	4		EYE PHOTO: NUMBER OF TIMES
157	GOD4J	Num	4		FLUORESCEIN: IN THE PAST 12 MONTHS
158	GOD4J1	Num	4		FLUORESCEIN: NUMBER OF TIMES
159	GOD4K	Num	4		LASER TREATMENT: IN PAST 12 MONTHS
160	GOD4K1	Num	4		LASER TREATMENT: NUMBER OF TIMES
161	GOD4L	Num	4		TIMED URINE: IN PAST 12 MONTHS
162	GOD4L1	Num	4		TIMED URINE: NUMBER OF TIMES
163	GOD4M	Num	4		OTHER URINE: IN PAST 12 MONTHS
164	GOD4M1	Num	4		OTHER URINE: NUMBER OF TIMES
165	GOD4N	Num	4		KIDNEY DIALYSIS: IN PAST 12 MONTHS
166	GOD4N1	Num	4		KIDNEY DIALYSIS: NUMBER OF TIMES
167	GOD4O	Num	4		GASTRIC: IN PAST 12 MONTHS
168	GOD4O1	Num	4		GASTRIC: NUMBER OF TIMES
169	GOD4P	Num	4		PAP SMEAR: IN PAST 12 MONTHS
170	GOD4P1	Num	4		PAP SMEAR: NUMBER OF TIMES
171	GOD4Q	Num	4		FLU SHOT: IN PAST 12 MONTHS
172	GOD4Q1	Num	4		FLU SHOT: NUMBER OF TIMES
173	GOD5	Num	4		HAD ANY OTHER LAB TESTS OR EVAL
174	GOD51	Char	40		SPECIFY: OTHER TESTS OR EVAL
175	GOD6	Num	4		RECEIVED ANY OTHER MEDICAL TREATMENT
176	GOD61	Char	40		SPECIFY: OTHER MEDICAL TREATMENT
177	GOD7	Num	4		HOW MANY DAYS MISSED WORK/SCHOOL
178	GOD7A	Num	4		HOW MANY DAYS RELATED TO DIABETES
179	GOE1	Num	4		ASKED TO PARTICIPATE IN RESEARCH
180	GOE2	Num	4		DID YOU PARTICIPATE IN PROJECT
181	GOE3A	Num	4		SPECIFIC DRUGS: DID RESEARCH INVOLVE
182	GOE3B	Num	4		TEST PROCEDURES: DID RESEARCH INVOLVE
183	GOE3C	Num	4		INSULIN CHANGES: DID RESEARCH INVOLVE
184	GOE3D	Num	4		DIET CHANGES: DID RESEARCH INVOLVE
185	GOE3E	Num	4		EXERCISE MOD: DID RESEARCH INVOLVE
186	GOE3F	Num	4		QUESTIONNAIRES: DID RESEARCH INVOLVE
187	GOE3G	Num	4		INTERVIEWS: DID RESEARCH INVOLVE
188	GOE3H	Num	4		OTHER: DID RESEARCH INVOLVE
189	GOF1	Num	4		ANY HEALTH PROBLEM OR CONDITIONS
190	GOF2A	Num	4		DID NOT THNK CONDITION SERIOUS
191	GOF2B	Num	4		PROBLEM NOT COVERED BY INSURANCE
192	GOF2C	Num	4		MEDICAL CARE COST TOO MUCH

Num	Variable	Type	Len	Format	Label
193	GOF2D	Num	4		DID NOT HAVE MONEY TO COVER COST
194	GOF2E	Num	4		DID NOT HAVE TIME TO SEE PROVIDER
195	GOF2F	Num	4		COULD NOT GET APPOINTMENT
196	GOF2G	Num	4		DID NOT HAVE A WAY TO OFFICE
197	GOF2H	Num	4		DISTANCE TO CLINIC/OFFICE TOO GREAT
198	GOF2I	Num	4		DID NOT HAVE CHILD CARE
199	GOF2J	Num	4		FELT PROVIDER COULD NOT HELP
200	GOF2K	Num	4		DID NOT FEEL PROVIDER CARED
201	GOF2L	Num	4		AFRAID OF FINDING OUT WHAT IS WRONG
202	GOF2M	Num	4		FELT PROBLEM COULD BE HOME REMEDIED
203	GOF2N	Num	4		HAD A LAPSE IN INSURANCE
204	GOF2O	Num	4		OTHER: REASON(S) DID NOT SEE DOCTOR
205	GOF3	Num	4		DID YOU DELAY SEEING A DOCTOR
206	GOF4A	Num	4		DID NOT THNK CONDITION SERIOUS
207	GOF4B	Num	4		PROBLEM NOT COVERED BY INSURANCE
208	GOF4C	Num	4		MEDICAL CARE COST TOO MUCH
209	GOF4D	Num	4		DID NOT HAVE MONEY TO COVER COST
210	GOF4E	Num	4		DID NOT HAVE TIME TO SEE PROVIDER
211	GOF4F	Num	4		COULD NOT GET APPOINTMENT
212	GOF4G	Num	4		DID NOT HAVE A WAY TO OFFICE
213	GOF4H	Num	4		DISTANCE TO CLINIC/OFFICE TOO GREAT
214	GOF4I	Num	4		DID NOT HAVE CHILD CARE
215	GOF4J	Num	4		FELT PROVIDER COULD NOT HELP
216	GOF4K	Num	4		DID NOT FEEL PROVIDER CARED
217	GOF4L	Num	4		AFRAID OF FINDING OUT WHAT IS WRONG
218	GOF4M	Num	4		FELT PROBLEM COULD BE HOME REMEDIED
219	GOF4N	Num	4		HAD A LAPSE IN INSURANCE
220	GOF4O	Num	4		OTHER: REASON(S) DELAYED TO SEE DOCTOR

Data Set Name: f0705_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	GOB1	Num	8		ANYTIME YOU DID NOT HAVE HEALTH INSURANCE
7	GOB2	Num	8		HOW LONG WERE YOU WITHOUT INSURANCE
8	GOB3	Num	8		CURRENTLY, DO YOU HAVE HEALTH INS COV?
9	GOB4BA	Num	8		AN INDIVIDUAL PLAN
10	GOB4BB	Num	8		A GROUP PLAN THROUGH EMPLOYER
11	GOB4BC	Num	8		A GOVERNMENT PLAN
12	GOB4BC1	Num	8		U.S. GOVERNMENT HEALTH PLAN
13	GOB4BC2	Num	8		CANADIAN GOVERNMENT PLAN
14	GOB4BC3	Num	8		MEDICAID
15	GOB4BC4	Num	8		MEDICARE
16	GOB4CA	Num	8		INDEMNITY OR FEE FOR SERVICE PLAN
17	GOB4CB	Num	8		HEALTH MAINTENANCE ORGANIZATION (HMO)
18	GOB4CC	Num	8		PREFERRED PROVIDER ORGANIZATION
19	GOB4CD	Num	8		POINT OF SERVICE (POS)
20	GOB4CE	Num	8		OTHER HEALTH INSURANCE
21	GOB5A	Num	8		MEDICAL VISITS FOR DIABETES (DOCTOR)
22	GOB5AA	Num	8		HOSPITALIZATION FOR OTHER HEALTH ISSUES
23	GOB5B	Num	8		MEDICAL VISITS FOR DIABETES (NURSE)
24	GOB5BB	Num	8		NURSING HOME/CONVALESCENT CARE
25	GOB5C	Num	8		INSULIN
26	GOB5CC	Num	8		HOME HEALTH CARE SERVICES
27	GOB5D	Num	8		SYRINGES
28	GOB5E	Num	8		BLOOD GLUCOSE TESTING STRIPS
29	GOB5F	Num	8		BLOOD GLUCOSE TESTING METERS
30	GOB5G	Num	8		GLUCOSE TABLETS
31	GOB5H	Num	8		GLUCAGON
32	GOB5I	Num	8		INSULIN INFUSION PUMP
33	GOB5J	Num	8		INSULIN INFUSION PUMP SUPPLIES
34	GOB5K	Num	8		GLYCOSYLATED HEMOGLOBIN OR HBA1C TEST
35	GOB5L	Num	8		FRUCTOSAMINE TEST
36	GOB5M	Num	8		BLOOD TESTS(IN GENERAL)

Num	Variable	Type	Len	Format	Label
37	GOB5N	Num	8		URINE TESTS (IN GENERAL)
38	GOB5O	Num	8		ELECTROCARDIOGRAMS (EKG)
39	GOB5P	Num	8		CARDIOVASCULAR STRESS TESTS
40	GOB5Q	Num	8		DILATED EYE EXAMS
41	GOB5R	Num	8		EYE PHOTOS
42	GOB5S	Num	8		LASER TREATMENT FOR EYES
43	GOB5T	Num	8		DIALYSIS (IN-HOME OR OUTPATIENT)
44	GOB5U	Num	8		NUTRITION COUNSELING
45	GOB5V	Num	8		DIABETES EDUCATION SERVICES
46	GOB5W	Num	8		SERVICES OF MENTAL HEALTH PROFESSIONALS
47	GOB5X	Num	8		EMERGENCY ROOM VISITS
48	GOB5Y	Num	8		WALK-IN CLINICS OR URGENT CARE CENTER VISITS
49	GOB5Z	Num	8		HOSPITALIZATION/DIABETES RELATED COMPLICATIONS
50	GOC1	Num	8		DIABETES HEALTH CARE SERVICES:WHERE?
51	GOC2	Num	8		DIABETES HEALTH CARE SERVICES:WHO?
52	GOC3	Num	8		DIABETES CARE PROVIDER IS DCCT OR EDIC STAFF (IN ITEM #2)?
53	GOC4	Num	8		GENERAL HEALTH SERVICES: WHERE?
54	GOC5	Num	8		GENERAL HEALTH SERVICES: WHO?
55	GOC6	Num	8		IS GENERAL PROVIDER SAME AS DIABETES?
56	GOC7	Num	8		VISTED EDIC CLINIC UNRELATED TO STUDY?
57	GOC71	Num	8		NUMBER OF VISITS
58	GOC8	Num	8		EDIC ANNUAL EVAL ONLY HEALTH CARE PROVEDED?
59	GOC9A	Num	8		GENERALIST VISIT: PAST 12 MONTHS
60	GOC9A1	Num	8		GENERALIST VISIT: # OF VISITS
61	GOC9B	Num	8		SPECIALIST VISIT: PAST 12 MONTHS
62	GOC9B1	Num	8		SPECIALIST VISIT: # OF VISITS
63	GOC9C	Num	8		NURSE EDUCATOR: PAST 12 MONTHS
64	GOC9C1	Num	8		NURSE EDUCATOR: # OF VISITS
65	GOC9D	Num	8		DIETITIAN: PAST 12 MONTHS
66	GOC9D1	Num	8		DIETITIAN: # OF VISITS
67	GOC9E	Num	8		PSYCHIATRIST(MD): PAST 12 MONTHS
68	GOC9E1	Num	8		PSYCHIATRIST(MD): # OF VISITS
69	GOC9F	Num	8		PSYCHOLOGIST: PAST 12 MONTHS
70	GOC9F1	Num	8		PSYCHOLOGIST: # OF VISITS
71	GOC9G	Num	8		SOCIAL WORKER: PAST 12 MONTHS
72	GOC9G1	Num	8		SOCIAL WORKER: # OF VISITS
73	GOC9H	Num	8		OPHTHALMOLOGIST: PAST 12 MONTHS
74	GOC9H1	Num	8		OPHTHALMOLOGIST: # OF VISITS
75	GOC9I	Num	8		OPTOMETRIST: PAST 12 MONTHS

Num	Variable	Type	Len	Format	Label
76	GOC9I1	Num	8		OPTOMETRIST: # OF VISITS
77	GOC9J	Num	8		CARDIOLOGIST: PAST 12 MONTHS
78	GOC9J1	Num	8		CARDIOLOGIST: # OF VISITS
79	GOC9K	Num	8		PODIATRIST: PAST 12 MONTHS
80	GOC9K1	Num	8		PODIATRIST: # OF VISITS
81	GOC9L	Num	8		NEPHROLOGIST: PAST 12 MONTHS
82	GOC9L1	Num	8		NEPHROLOGIST: # OF VISITS
83	GOC9M	Num	8		GASTROENTEROLIST: PAST 12 MONTHS
84	GOC9M1	Num	8		GASTROENTEROLIST: # OF VISITS
85	GOC9N	Num	8		NEUROLOGIST: PAST 12 MONTHS
86	GOC9N1	Num	8		NEUROLOGIST: # OF VISITS
87	GOC9O	Num	8		ONCOLOGIST: PAST 12 MONTHS
88	GOC9O1	Num	8		ONCOLOGIST: # OF VISITS
89	GOC9P	Num	8		SURGEON: PAST 12 MONTHS
90	GOC9P1	Num	8		SURGEON: # OF VISITS
91	GOC9Q	Num	8		GYNECOLOGIST OR OBSTETRICIAN: PAST 12 MONTHS
92	GOC9Q1	Num	8		GYNECOLOGIST OR OBSTETRICIAN: # OF VISITS
93	GOC9R	Num	8		UROLOGIST: PAST 12 MONTHS
94	GOC9R1	Num	8		UROLOGIST: # OF VISITS
95	GOC9S	Num	8		DERMATOLOGIST: PAST 12 MONTHS
96	GOC9S1	Num	8		DERMATOLOGIST: # OF VISITS
97	GOC9T	Num	8		ORTHOPEDIST: PAST 12 MONTHS
98	GOC9T1	Num	8		ORTHOPEDIST: # OF VISITS
99	GOC9U	Num	8		PHYSICAL THERAPIST: PAST 12 MONTHS
100	GOC9U1	Num	8		PHYSICAL THERAPIST: # OF VISITS
101	GOC9V	Num	8		CHIROPRACTOR: PAST 12 MONTHS
102	GOC9V1	Num	8		CHIROPRACTOR: # OF VISITS
103	GOC9W	Num	8		DENTIST: PAST 1 MONTHS
104	GOC9W1	Num	8		DENTIST: # OF VISITS
105	GOC9X	Num	8		ORAL SURGEON: PAST 12 MONTHS
106	GOC9X1	Num	8		ORAL SURGEON: # OF VISITS
107	GOC9Y	Num	8		OTHER PROVIDER(S): PAST 12 MONTHS
108	GOC9Y1	Num	8		OTHER PROVIDER(S): # OF VISITS
109	GOC9YA	Num	8		SPECIFY PROVIDER: PAST 12 MONTHS
110	GOC9YA1	Num	8		SPECIFY PROVIDER: # OF VISITS
111	GOC9YB	Num	8		SPECIFY PROVIDER: PAST 12 MONTHS
112	GOC9YB1	Num	8		SPECIFY PROVIDER: # OF VISITS
113	GOD1	Num	8		ADMITTED TO HOSPITAL OVERNIGHT
114	GOD1A	Num	8		HOW MANY TIME WERE YOU ADMITTED?

Num	Variable	Type	Len	Format	Label
115	GOD1B	Num	8		TOTAL NIGHTS IN HOSPITAL?
116	GOD1CA1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
117	GOD1CA2	Num	8		NUMBER OF NIGHTS
118	GOD1CB1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
119	GOD1CB2	Num	8		NUMBER OF NIGHTS
120	GOD1CC1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
121	GOD1CC2	Num	8		NUMBER OF NIGHTS
122	GOD1CD1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
123	GOD1CD2	Num	8		NUMBER OF NIGHTS
124	GOD1CE1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
125	GOD1CE2	Num	8		NUMBER OF NIGHTS
126	GOD1CF1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
127	GOD1CF2	Num	8		NUMBER OF NIGHTS
128	GOD2	Num	8		WERE YOU SEEN IN A HOSPITAL ER?
129	GOD2A	Num	8		HOW MANY TIMES IN HOSPITAL ER?
130	GOD2B	Num	8		HOW MANY TIMES RELATED TO DIABETES?
131	GOD3	Num	8		PATIENT IN NURSING HOME OR CONVALESCENT FACILITY?
132	GOD3A	Num	8		TOTAL NIGHTS IN NURSING HOME OR CONVALESCENT FACILITY
133	GOD3BA1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
134	GOD3BA2	Num	8		NUMBER OF NIGHTS
135	GOD3BB1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
136	GOD3BB2	Num	8		NUMBER OF NIGHTS
137	GOD3BC1	Num	8	8.	DEIDENTIFIED DATE OF ADMISSION
138	GOD3BC2	Num	8		NUMBER OF NIGHTS
139	GOD4A	Num	8		PAST 12 MONTHS: HBA1C
140	GOD4A1	Num	8		NUMBER OF TIMES: HBA1C
141	GOD4B	Num	8		PAST 12 MONTHS: FRUCTOSAMINE
142	GOD4B1	Num	8		NUMBER OF TIMES: FRUCTOSAMINE
143	GOD4C	Num	8		PAST 12 MONTHS: BLOOD GLUCOSE
144	GOD4C1	Num	8		NUMBER OF TIMES: BLOOD GLUCOSE
145	GOD4D	Num	8		PAST 12 MONTHS: FASTING LIPID TEST
146	GOD4D1	Num	8		NUMBER OF TIMES: FASTING LIPID TEST
147	GOD4E	Num	8		PAST 12 MONTHS: OTHER BLOOD TESTS
148	GOD4E1	Num	8		NUMBER OF TIMES: OTHER BLOOD TESTS
149	GOD4F	Num	8		PAST 12 MONTHS: ELECTROCARDIOGRAM (EKG)
150	GOD4F1	Num	8		NUMBER OF TIMES: ELECTROCARDIOGRAM (EKG)
151	GOD4G	Num	8		PAST 12 MONTHS: STRESS TEST
152	GOD4G1	Num	8		NUMBER OF TIMES: STRESS TEST
153	GOD4H	Num	8		PAST 12 MONTHS: DILATED EYE EXAM

Num	Variable	Type	Len	Format	Label
154	GOD4H1	Num	8		NUMBER OF TIMES: DILATED EYE EXAM
155	GOD4I	Num	8		PAST 12 MONTHS: EYE PHOTOGRAPHS
156	GOD4I1	Num	8		NUMBER OF TIMES: EYE PHOTOGRAPHS
157	GOD4J	Num	8		PAST 12 MONTHS: FLUORESCEIN ANGIOGRAM
158	GOD4J1	Num	8		NUMBER OF TIMES: FLUORESCEIN ANGIOGRAM
159	GOD4K	Num	8		PAST 12 MONTHS: LASER TREATMENT
160	GOD4K1	Num	8		NUMBER OF TIMES: LASER TREATMENT
161	GOD4L	Num	8		PAST 12 MONTHS: TIMED URINE COLLECTION
162	GOD4L1	Num	8		NUMBER OF TIMES: TIMED URINE COLLECTION
163	GOD4M	Num	8		PAST 12 MONTHS: OTHER URINE TESTS
164	GOD4M1	Num	8		NUMBER OF TIMES: OTHER URINE TESTS
165	GOD4N	Num	8		PAST 12 MONTHS: KIDNEY DIALYSIS
166	GOD4N1	Num	8		NUMBER OF TIMES: KIDNEY DIALYSIS
167	GOD4O	Num	8		PAST 12 MONTHS: GASTRIC EMPTYING STUDIES
168	GOD4O1	Num	8		NUMBER OF TIMES: GASTRIC EMPTYING STUDIES
169	GOD4P	Num	8		PAST 12 MONTHS: PAP SMEAR TEST
170	GOD4P1	Num	8		NUMBER OF TIMES: PAP SMEAR TEST
171	GOD4Q	Num	8		PAST 12 MONTHS: FLU SHOT
172	GOD4Q1	Num	8		NUMBER OF TIMES: FLU SHOT
173	GOD5	Num	8		PAST 12 MONTHS: ANY OTHER LAB TEST/EVAL
174	GOD51	Char	40		LAB TEST/EVALUATIONS: IF YES, (SPECIFY)
175	GOD6	Num	8		PAST 12 MONTHS: ANY OTHER MEDICAL TREATMENTS
176	GOD61	Char	40		MEDICAL TREATMENTS: IF YES, (SPECIFY)
177	GOD7	Num	8		PAST 12 MONTHS: MISSED DAYS WORK ETC.
178	GOD7A	Num	8		PAST 12 MONTHS: MISSED DAYS DIABETES RELATED
179	GOE1	Num	4		PAST 12 MOS: ASK TO PARTICIPATED HEALTH RESEARCH
180	GOE2	Num	4		PAST 12 MONTHS: DID YOU PARTICIPATE?
181	GOE3A	Num	4		DID RESEARCH INVOLVE: SPECIFIC DRUGS
182	GOE3B	Num	4		DID RESEARCH INVOLVE: TEST PROCEDURES
183	GOE3C	Num	4		DID RESEARCH INVOLVE: INSULIN REGIMEN CHANGES
184	GOE3D	Num	4		DID RESEARCH INVOLVE: DIET CHANGES
185	GOE3E	Num	4		DID RESEARCH INVOLVE: EXERCISE MODIFICATIONS
186	GOE3F	Num	4		DID RESEARCH INVOLVE: QUESTIONNAIRES
187	GOE3G	Num	4		DID RESEARCH INVOLVE: INTERVIEWS
188	GOE3H	Num	4		DID RESEARCH INVOLVE: OTHER
189	GOF1	Num	4		ANY OTHER HEALTH PROBLEMS/CONDITIONS
190	GOF2A	Num	4		DID NOT THINK CONDITION SERIOUS
191	GOF2B	Num	4		PROBLEM NOT COVERED BY INSURANCE
192	GOF2C	Num	4		THOUGHT MEDICAL CARE COST TOO MUCH

Num	Variable	Type	Len	Format	Label
193	GOF2D	Num	4		DID NOT HAVE MONEY TO COVER COST
194	GOF2E	Num	4		DID NOT HAVE TIME TO SEE HEALTH CARE PROVIDER
195	GOF2F	Num	4		COULD NOT GET APPOINTMENT
196	GOF2G	Num	4		DID NOT HAVE TRANSPORT TO OFFICE/CLINIC
197	GOF2H	Num	4		DISTANCE TO CLINIC/DOCTOR TOO GREAT
198	GOF2I	Num	4		DID NOT HAVE ANYONE TO CARE FOR CHILDREN
199	GOF2J	Num	4		HEALTH CARE PROVIDER COULD NOT HELP
200	GOF2K	Num	4		DID NOT FEEL HEALTH CARE PROVIDER CARED
201	GOF2L	Num	4		AFRAID OF FINDING OUT WHAT WAS WRONG
202	GOF2M	Num	4		FELT PROBLEM COULD BE REMEDIED AT HOME
203	GOF2N	Num	4		HAD A LAPSE IN INSURANCE
204	GOF2O	Num	4		OTHER
205	GOF3	Num	4		PAST 12 MOS: DELAY SEEING A DOCTOR
206	GOF4A	Num	4		DID NOT THINK CONDITION SERIOUS
207	GOF4B	Num	4		PROBLEM NOT COVERED BY INSURANCE
208	GOF4C	Num	4		THOUGHT MEDICAL CARE COST TOO MUCH
209	GOF4D	Num	4		DID NOT HAVE MONEY TO COVER COST
210	GOF4E	Num	4		DID NOT HAVE TIME TO SEE HEALTH CARE PROVIDER
211	GOF4F	Num	4		COULD NOT GET APPOINTMENT
212	GOF4G	Num	4		DID NOT HAVE TRANSPORT TO OFFICE/CLINIC
213	GOF4H	Num	4		DISTANCE TO CLINIC/DOCTOR TOO GREAT
214	GOF4I	Num	4		DID NOT HAVE ANYONE TO CARE FOR CHILDREN
215	GOF4J	Num	4		HEALTH CARE PROVIDER COULD NOT HELP
216	GOF4K	Num	4		DID NOT FEEL HEALTH CARE PROVIDER CARED
217	GOF4L	Num	4		AFRAID OF FINDING OUT WHAT WAS WRONG
218	GOF4M	Num	4		FELT PROBLEM COULD BE REMEDIED AT HOME
219	GOF4N	Num	4		HAD A LAPSE IN INSURANCE
220	GOF4O	Num	4		OTHER

Data Set Name: f0904.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	4	Z2.	LAST EDIC FOLLOW-UPYEAR
7	IOB0A	Num	4		MYOCARDIAL INFARCTION
8	IOB0B	Num	4		ANGINA PECTORIS
9	IOB0C	Num	4		CORONARY ARTERY DISEASE
10	IOB0D	Num	4		ARRHYTHMIA
11	IOB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURRENCE
12	IOB1B	Num	4		IF DATE UNCERTAIN, CHECK HERE
13	IOB2BDAT	Num	8	8.	DEIDENTIFIED DATE CLINIC LEARNED OF THE EVENT
14	IOB3	Num	4		HOW DID CLINIC LEARN OF THE EVENT
15	IOB4A	Num	4		TREAT @ EMERGENCY ROOM
16	IOB4B	Num	4		TREAT @ INPT. HOSPITALIZATION
17	IOB4C	Num	4		TREAT @ EDIC CLINIC
18	IOB4D	Num	4		TREAT @ OTHER FACILITY
19	IOC	Num	4		IF NO PAIN, CHECK HERE AND SKIP TO C.3
20	IOC1AI	Num	4		CHEST PAIN: LEFT ANTERIOR CHEST
21	IOC1AII	Num	4		CHEST PAIN: LEFT ARM
22	IOC1AIII	Num	4		CHEST PAIN: JAW
23	IOC1AIV	Num	4		CHEST PAIN: STERNUM UPPER/MIDDLE
24	IOC1AV	Num	4		CHEST PAIN: STERNUM LOWER
25	IOC1BI	Num	4		PAIN INVOLVE: THE BACK
26	IOC1BII	Num	4		PAIN INVOLVE: THE SHOULDER
27	IOC1BIII	Num	4		PAIN INVOLVE: THE RIGHT ARM
28	IOC1BIV	Num	4		PAIN INVOLVE: ABDOMEN (1 OR BOTH SIDES)
29	IOC2A	Num	4		DID PAIN LAST MORE THAN 20 MINUTES
30	IOC2B	Num	4		NON-CARDIAC CAUSE FOR THE PAIN
31	IOC2C	Num	4		SELF-ADMIN. NITRATE/CCB WITHOUT RELIEF
32	IOC3	Num	4		PATIENT EVER HAD FEELING OF PRESSURE
33	IOC4A	Num	4		DID YOU GET THIS PAIN WHEN HURRYING OR GOING UPHILL
34	IOC4B	Num	4		PAIN WHEN YOU WALK AT AN ORDINARY PACE
35	IOC4C	Num	4		WHEN YOU GET THIS PAIN WHAT DO YOU DO
36	IOC4D	Num	4		WHAT HAPPENS TO PAIN / STAND STILL

Num	Variable	Type	Len	Format	Label
37	IOC4E	Num	4		HOW SOON DOES THE PAIN GO AWAY
38	IOC5	Num	4		ANY DIAGNOSTIC TESTS PERFORMED?
39	IOC5RES1	Num	4		RESULT 1 (POS / NEG / EQUIV)
40	IOC5RES2	Num	4		RESULT 2 (POS / NEG / EQUIV)
41	IOC5RES3	Num	4		RESULT 3 (POS / NEG / EQUIV)
42	IOC5RES4	Num	4		RESULT 4 (POS / NEG / EQUIV)
43	IOC5RES5	Num	4		RESULT 5 (POS / NEG / EQUIV)
44	IOC5TES1	Char	20		TEST 1 PERFORMED
45	IOC5TES2	Char	20		TEST 2 PERFORMED
46	IOC5TES3	Char	20		TEST 3 PERFORMED
47	IOC5TES4	Char	20		TEST 4 PERFORMED
48	IOC5TES5	Char	20		TEST 5 PERFORMED
49	IOD1A	Num	4		ENZYME: CPK AT LEAST TWICE UPPER LIMIT
50	IOD1B	Num	4		ENZYME: WHAT WAS THE CPK VALUE
51	IOD2A	Num	4		ENZYME: WAS CPK-MB PRESENT
52	IOD2B	Num	4		ENZYME: WHAT WAS THE CPK-MB VALUE
53	IOD3A	Num	4		ENZYME: EITHER CPK-MB OR TOTAL LDH OR SGOT 2X UL
54	IOD3B1	Num	4		ENZYME: CPK-MB HEART FRACTION
55	IOD3B2	Num	4		ENZYME: LDH
56	IOD3B3	Num	4		ENZYME: SGOT
57	IOD4	Num	4		ENZYME: WAS THERE A KNOWN NON-ISCHEMIC CAUSE
58	IOD4OTH	Char	20		ENZYME: SPECIFY, OTHER CAUSE
59	IOEECG	Num	4		ARE ECG TRACINGS ATTACHED?
60	IOFHOSRE	Num	4		ARE HOSPITAL RECORDS ATTACHED?
61	IOGCARD	Num	4		EVENT OUTCOME: CARDIOLOGY F/U
62	IOGMED	Num	4		EVENT OUTCOME: MEDICATION
63	IOGOTH	Num	4		EVENT OUTCOME: OTHER
64	IOGSURG	Num	4		EVENT OUTCOME: SURGERY
65	IOGTPA	Num	4		EVENT OUTCOME: TPA

Data Set Name: f0905.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	8		LAST EDIC FOLLOW-UPYEAR
7	IO4OTH	Char	50		ENZYME: SPECIFY
8	IOB0A	Num	8		MYOCARDIAL INFARCTION
9	IOB0B	Num	8		ANGINA PECTORIS
10	IOB0C	Num	8		CORONARY ARTERY DISEASE
11	IOB0D	Num	8		ARRHYTHMIA
12	IOB0E	Num	8		CONGESTIVE HEART FAILURE
13	IOB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURRENCE
14	IOB1B	Num	8		IF DATE UNCERTAIN, CHECK HERE
15	IOB2BDAT	Num	8	8.	DEIDENTIFIED DATE EDIC CLINIC LEARNED OF THE EVENT:
16	IOB3	Num	8		HOW DID CLINIC LEARNED OF THE EVENT?
17	IOB4A	Num	8		TREAT @ EMERGENCY ROOM
18	IOB4B	Num	8		TREAT @ INPT. HOSPITALIZATION
19	IOB4C	Num	8		TREAT @ EDIC CLINIC
20	IOB4D	Num	8		TREAT @ OTHER FACILITY
21	IOC	Num	8		IF NO PAIN, CHECK HERE AND SKIP TO C.3
22	IOC1AI	Num	8		CHEST PAIN: LEFT ANTERIOR CHEST
23	IOC1AII	Num	8		CHEST PAIN: LEFT ARM
24	IOC1AIII	Num	8		CHEST PAIN: JAW
25	IOC1AIV	Num	8		CHEST PAIN: STERNUM UPPER OR MIDDLE
26	IOC1AV	Num	8		CHEST PAIN: STERNUM LOWER
27	IOC1BI	Num	8		PAIN INVOLVE: THE BACK
28	IOC1BII	Num	8		PAIN INVOLVE: THE SHOULDER
29	IOC1BIII	Num	8		PAIN INVOLVE: THE RIGHT ARM
30	IOC1BIV	Num	8		PAIN INVOLVE: ABDOMEN (1 OR BOTH SIDES)
31	IOC2A	Num	8		DID PAIN LAST MORE THAN MORE THAN 20
32	IOC2B	Num	8		NON-CARDIAC CAUSE FOR THE PAIN
33	IOC2C	Num	8		SELF-ADMIN. NITRATE/CCB WITHOUT RELIEF
34	IOC3	Num	8		PATIENT EVER HAD FEELING OF PRESSURE
35	IOC4A	Num	8		DID YOU GET THIS PAIN WHEN HURRYING OR GOING UPHILL
36	IOC4B	Num	8		PAIN WHEN WALKING AT AN ORDINARY PACE

Num	Variable	Type	Len	Format	Label
37	IOC4C	Num	8		WHEN THE PATIENT GETS THIS PAIN, WHAT DO YOU DO
38	IOC4D	Num	8		WHAT HAPPENS TO THE PAIN WHEN STANDING STILL?
39	IOC4E	Num	8		HOW SOON DOES THE PAIN GO AWAY
40	IOC5	Num	8		ANY DIAGNOSTIC TESTS PERFORMED
41	IOC5RES1	Num	8		RESULT 1 (POS / NEG / EQUIV)
42	IOC5RES2	Num	8		RESULT 2 (POS / NEG / EQUIV)
43	IOC5RES3	Num	8		RESULT 3 (POS / NEG / EQUIV)
44	IOC5RES4	Num	8		RESULT 4 (POS / NEG / EQUIV)
45	IOC5RES5	Num	8		RESULT 5 (POS / NEG / EQUIV)
46	IOC5TES1	Char	20		TEST 1 PERFORMED
47	IOC5TES2	Char	20		TEST 2 PERFORMED
48	IOC5TES3	Char	20		TEST 3 PERFORMED
49	IOC5TES4	Char	20		TEST 4 PERFORMED
50	IOC5TES5	Char	20		TEST 5 PERFORMED
51	IOD1A	Num	8		ENZYME: CPK AT LEAST TWICE UPPER LIMIT
52	IOD1B	Num	8		ENZYME: WHAT WAS THE CPK VALUE? IU/L
53	IOD2A	Num	8		ENZYME:WAS THE CPK-MB PRESENT?
54	IOD2B	Num	8		ENZYME: WHAT WAS THE CPK MB VALUE? NG/ML
55	IOD3A	Num	8		ENZYME: CPK-MB, LDH, SGOT,,TROPONIN OR BNP > 2X UL
56	IOD3B1	Num	8		ENZYME: CPK-MB HEART FRACTION %
57	IOD3B2	Num	8		ENZYME: LDH U/L
58	IOD3B3	Num	8		ENZYME: SGOT U/L
59	IOD3B4	Num	8		ENZYME: TROPONIN UG/L
60	IOD3B5	Num	8		ENZYME: BNP NG/L
61	IOD4	Num	8		ENZYME: WAS THERE A KNOWN NON-ISCHEMIC CAUSE
62	IOEA	Num	8		CHF: CATEGORY A:PAROXYSMAL NOCTURNAL DYSPNEA
63	IOEB	Num	8		CHF: CATEGORY B: RALES, ANKLE EDEMA, TACHYCARDIA,
64	IOEECG	Num	8		ARE ECG TRACINGS ATTACHED?
65	IOFHOSRE	Num	8		ARE HOSPITAL RECORDS ATTACHED?
66	IOGCARD	Num	8		EVENT OUTCOME: CARDIOLOGY F/U
67	IOGMED	Num	8		EVENT OUTCOME: MEDICATION
68	IOGOTH	Num	8		EVENT OUTCOME: OTHER
69	IOGSURG	Num	8		EVENT OUTCOME: SURGERY
70	IOGTPA	Num	8		EVENT OUTCOME: TPA
71	IOSEQNO	Num	8		SEQ # CARDIOVASC. EVENT FORM

Data Set Name: f0914.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4	Z2.	EDICYEAR FORM 091 COMPLETED
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	4	Z2.	LAST EDIC FOLLOW-UP YEAR
7	IAB0A	Num	4		CVA
8	IAB0B	Num	4		TIA
9	IAB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURRENCE
10	IAB1B	Num	4		IF DATE UNCERTAIN, CHECK HERE
11	IAB2BDAT	Num	8	8.	DEIDENTIFIED DATE CLINIC LEARNED OF THE EVENT
12	IAB3	Num	4		HOW DID CLINIC LEARN OF THE EVENT
13	IAB4A	Num	4		TREAT @ EMERGENCY ROOM
14	IAB4B	Num	4		TREAT @ INPT. HOSPITALIZATION
15	IAB4C	Num	4		TREAT @ EDIC CLINIC
16	IAB4D	Num	4		TREAT @ OTHER FACILITY
17	IAC1A1	Num	4		WEAKNESS OR NUMBNESS IN CONTRALATERAL LIMBS
18	IAC1A2	Num	4		CONTRALATERAL HOMONYMOUS HEMIANOPSIA
19	IAC1A3	Num	4		CAROTID ARTERIAL: DSYPHASIA
20	IAC1A4	Num	4		CAROTID ARTERIAL: AGNOSIA
21	IAC1B1	Num	4		VB ARTERY: WEAKNESS IN LIMBS
22	IAC1B10	Num	4		VB ARTERY: VERTIGO
23	IAC1B11	Num	4		VB ARTERY: NAUSEA
24	IAC1B2	Num	4		VB ARTERY: NUMBNESS OF THE FACE
25	IAC1B3	Num	4		VB ARTERY: DIPLOPIA
26	IAC1B4	Num	4		VB ARTERY: DYSPHAGIA
27	IAC1B5	Num	4		VB ARTERY: DYSARTHRIA
28	IAC1B6	Num	4		VB ARTERY: HEMONYMOUS HEMIANOPSIA
29	IAC1B7	Num	4		VB ARTERY: ATAXIA
30	IAC1B8	Num	4		VB ARTERY: NYSTAGMUS
31	IAC1B9	Num	4		VB ARTERY: ALTERED CONSCIOUSNESS
32	IAC2A	Num	4		DID SYMPTOMS LAST > 10 MIN. BUT < 24 HRS
33	IAC2B	Num	4		WERE SYMPTOMS OR SIGNS PERSISTENT > 24 HR
34	IAC3A	Num	4		PERSISTENT ABN. CNS - NEUROL. EXAM
35	IAC3B	Num	4		DISABILITY THAT INTERFERES W/ DAILY ACTIVITIES
36	IAC4	Num	4		WAS ANGIOGRAPHY OR NON-INVAS. TESTING PERFORMED

Num	Variable	Type	Len	Format	Label
37	IAC5	Num	4		ANY DIAGNOSTIC TESTS PERFORMED
38	IAC5RES1	Num	4		RESULT 1 (POS / NEG / EQUIV)
39	IAC5RES2	Num	4		RESULT 2 (POS / NEG / EQUIV)
40	IAC5RES3	Num	4		RESULT 3 (POS / NEG / EQUIV)
41	IAC5RES4	Num	4		RESULT 4 (POS / NEG / EQUIV)
42	IAC5RES5	Num	4		RESULT 5 (POS / NEG / EQUIV)
43	IAC5TES1	Char	20		TEST 1 PERFORMED
44	IAC5TES2	Char	20		TEST 2 PERFORMED
45	IAC5TES3	Char	20		TEST 3 PERFORMED
46	IAC5TES4	Char	20		TEST 4 PERFORMED
47	IAC5TES5	Char	20		TEST 5 PERFORMED

Data Set Name: f0914_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	8		LAST EDIC FOLLOW-UP YEAR
7	IAB0A	Num	8		CVA
8	IAB0B	Num	8		TIA
9	IAB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURENCE
10	IAB1B	Num	8		IF DATE UNCERTIAN, CHECK HERE
11	IAB2BDAT	Num	8	8.	DEIDENTIFIED DATE CLINIC LEARNED OF THE EVENT
12	IAB3	Num	8		HOW DID CLINIC LEARN OF THE EVENT
13	IAB4A	Num	8		TREAT @ EMERGENCY ROOM
14	IAB4B	Num	8		TREAT @ INPT. HOSPITALIZATION
15	IAB4C	Num	8		TREAT @ EDIC CLINIC
16	IAB4D	Num	8		TREAT @ OTHER FACILITY
17	IAC1A1	Num	8		WEAKNESS OR NUMBNESS IN CONTRALATERAL LIMBS
18	IAC1A2	Num	8		CONTRALATERAL HOMONYMOUS HEMIANOPSIA
19	IAC1A3	Num	8		CAROTID ARTERIAL: DSYPHASIA
20	IAC1A4	Num	8		CAROTID ARTERIAL: AGNOSIA
21	IAC1B1	Num	8		VB ARTERY: WEAKNESS IN LIMBS
22	IAC1B10	Num	8		VB ARTERY: VERTIGO
23	IAC1B11	Num	8		VB ARTERY: NAUSEA
24	IAC1B2	Num	8		VB ARTERY: NUMBNESS OF THE FACE
25	IAC1B3	Num	8		VB ARTERY: DIPLOPIA
26	IAC1B4	Num	8		VB ARTERY: DYSPHAGIA
27	IAC1B5	Num	8		VB ARTERY: DYSPHAGIA
28	IAC1B6	Num	8		VB ARTERY: HEMONYMOUS HEMIANOPSIA
29	IAC1B7	Num	8		VB ARTERY: ATAXIA
30	IAC1B8	Num	8		VB ARTERY: NYSTAGMUS
31	IAC1B9	Num	8		VB ARTERY: ALTERED CONSCIOUSNESS
32	IAC2A	Num	8		DID SYMPTOMS LAST > 10 MIN. BUT < 24 HRS
33	IAC2B	Num	8		WERE SYMPTOMS OR SIGNS PERSISTENT > 24 HR
34	IAC3A	Num	8		PERSISTENT ABN. CNS - NEUROL. EXAM
35	IAC3B	Num	8		DISABILITY THAT INTERFERES W/ DAILY ACTIVITIES
36	IAC4	Num	8		WAS ANGIOGRAPHY OR NON-INVAS. TESTING PERFORMED

Num	Variable	Type	Len	Format	Label
37	IAC5	Num	8		ANY DIAGNOSTIC TESTS PERFORMED
38	IAC5RES1	Num	8		RESULT 1 (POS / NEG / EQUIV)
39	IAC5RES2	Num	8		RESULT 2 (POS / NEG / EQUIV)
40	IAC5RES3	Num	8		RESULT 3 (POS / NEG / EQUIV)
41	IAC5RES4	Num	8		RESULT 4 (POS / NEG / EQUIV)
42	IAC5RES5	Num	8		RESULT 5 (POS / NEG / EQUIV)
43	IAC5TES1	Char	20		TEST 1 PERFORMED
44	IAC5TES2	Char	20		TEST 2 PERFORMED
45	IAC5TES3	Char	20		TEST 3 PERFORMED
46	IAC5TES4	Char	20		TEST 4 PERFORMED
47	IAC5TES5	Char	20		TEST 5 PERFORMED
48	IASEQNO	Num	8		SEQ # CEREBROVASC. EVENT FORM

Data Set Name: f0924.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	4	Z2.	LAST EDIC FOLLOW-UP YEAR
7	IBB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURRENCE
8	IBB1B	Num	4		IF DATE UNCERTAIN, CHECK HERE
9	IBB2BDAT	Num	8	8.	DEIDENTIFIED DATE CLINIC LEARNED OF THE EVENT
10	IBB3	Num	4		HOW DID CLINIC LEARN OF THE EVENT
11	IBB4A	Num	4		TREAT @ EMERGENCY ROOM
12	IBB4B	Num	4		TREAT @ INPT. HOSPITALIZATION
13	IBB4C	Num	4		TREAT @ EDIC CLINIC
14	IBB4D	Num	4		TREAT @ OTHER FACILITY
15	IBC1	Num	4		PAIN IN EITHER LEG ON WALKING
16	IBC10	Num	4		PAIN - CHANGE IN SEVERITY
17	IBC11	Num	4		ANY DIAGNOSTIC TESTS PERFORMED
18	IBC11RE1	Num	4		RESULT 1 (POS / NEG / EQUIV)
19	IBC11RE2	Num	4		RESULT 2 (POS / NEG / EQUIV)
20	IBC11RE3	Num	4		RESULT 3 (POS / NEG / EQUIV)
21	IBC11RE4	Num	4		RESULT 4 (POS / NEG / EQUIV)
22	IBC11RE5	Num	4		RESULT 5 (POS / NEG / EQUIV)
23	IBC11TE1	Char	20		TEST 1 PERFORMED
24	IBC11TE2	Char	20		TEST 2 PERFORMED
25	IBC11TE3	Char	20		TEST 3 PERFORMED
26	IBC11TE4	Char	20		TEST 4 PERFORMED
27	IBC11TE5	Char	20		TEST 5 PERFORMED
28	IBC2	Num	4		PAIN EVER BEGIN WHEN STILL OR SITTING
29	IBC3L	Num	4		PAIN IN WHAT PART OF (L) LEG
30	IBC3R	Num	4		PAIN IN WHAT PART OF (R) LEG
31	IBC4	Num	4		PAIN WHEN WALKING UPHILL OR HURRYING?
32	IBC5	Num	4		PAIN WALKING AT ORDINARY PACE ON LEVEL SURFACE?
33	IBC6	Num	4		PAIN DISAPPEAR WHILE WALKING?
34	IBC7	Num	4		WHAT DOES PATIENT DO IF PAIN WHILE WALKING?
35	IBC8	Num	4		WHAT HAPPENS TO PAIN IF STANDS STILL?
36	IBC9	Num	4		HOW SOON IS PAIN RELIEVED BY STANDING STILL?

Num	Variable	Type	Len	Format	Label
37	IBD1L	Num	4		AMPUTATION LEFT LOWER EXTREMITY (ALL OR PART)
38	IBD1R	Num	4		AMPUTATION RIGHT LOWER EXTREMITY (ALL OR PART)
39	IBD2AL	Num	4		AMPUTATION: LEFT, TRAUMATIC
40	IBD2AR	Num	4		AMPUTATION: RIGHT, TRAUMATIC
41	IBD2BL	Num	4		AMPUTATION: LEFT, SURGICAL
42	IBD2BR	Num	4		AMPUTATION: RIGHT, SURGICAL
43	IBE1	Num	4		HAS PATIENT HAD OTHER ARTERIAL EVENTS
44	IBE2A	Num	4		OTHER ARTERIAL EVENTS: BYPASS
45	IBE2B	Num	4		OTHER ARTERIAL EVENTS: ANGIOPLASTY
46	IBE2C	Num	4		OTHER ARTERIAL EVENTS, OTHER TREATMENT
47	IBF1	Num	4		PATIENT HAD LOWER EXTREMITY ULCER
48	IBF2FOTL	Num	4		ULCER: FOOT (L)
49	IBF2FOTR	Num	4		ULCER: FOOT (R)
50	IBF2LEGL	Num	4		ULCER: LEG (L)
51	IBF2LEGR	Num	4		ULCER: LEG (R)
52	IBF3AFOT	Num	4		ULCER: FOOT TRAUMATIC
53	IBF3ALEG	Num	4		ULCER: LEG TRAUMATIC
54	IBF3BFOT	Num	4		ULCER: FOOT NON-TRAUMATIC
55	IBF3BLEG	Num	4		ULCER: LEG NON-TRAUMATIC
56	IBF3CFOT	Num	4		ULCER: FOOT EXCAVATION SUBCUTANEOUS
57	IBF3CLEG	Num	4		ULCER: LEG EXCAVATION SUBCUTANEOUS
58	IBF3DFOT	Num	4		ULCER: FOOT LOSS SUBCUTAN. TISSUE
59	IBF3DLEG	Num	4		ULCER: LEG LOSS SUBCUTAN. TISSUE
60	IBF3EFOT	Num	4		ULCER: FOOT INFLAMMATION
61	IBF3ELEG	Num	4		ULCER: LEG INFLAMMATION
62	IBF3FFOT	Num	4		ULCER: FOOT INFECTION
63	IBF3FLEG	Num	4		ULCER: LEG INFECTION
64	IBF3GFOT	Num	4		ULCER: FOOT OFFICE TREATMENT
65	IBF3GLEG	Num	4		ULCER: LEG OFFICE TREATMENT
66	IBF3HFOT	Num	4		ULCER: FOOT HOSPITAL TREATMENT
67	IBF3HLEG	Num	4		ULCER: LEG HOSPITAL TREATMENT
68	IBF3OTHF	Num	4		ULCER: FOOT OTHER
69	IBF3OTHL	Num	4		ULCER: LEG OTHER

Data Set Name: f0924_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	8		LAST EDIC FOLLOW-UP YEAR
7	IBB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURENCE
8	IBB1B	Num	8		IF DATE UNCERTAIN, CHECK HERE
9	IBB2BDAT	Num	8	8.	DEIDENTIFIED DATE CLINIC LEARNED OF THE EVENT
10	IBB3	Num	8		HOW DID CLINIC LEARN OF EVENT?
11	IBB4A	Num	8		TREAT @ EMERGENCY ROOM
12	IBB4B	Num	8		TREAT @ INPT. HOSPITALIZATION
13	IBB4C	Num	8		TREAT @ EDIC CLINIC
14	IBB4D	Num	8		TREAT @ OTHER FACILITY
15	IBC1	Num	8		PAIN IN EITHER LEG ON WALKING
16	IBC10	Num	8		PAIN - CHANGE IN SEVERITY
17	IBC11	Num	8		ANY DIAGNOSTIC TESTS PERFORMED
18	IBC11RE1	Num	8		RESULT 1 (POS / NEG / EQUIV)
19	IBC11RE2	Num	8		RESULT 2 (POS / NEG / EQUIV)
20	IBC11RE3	Num	8		RESULT 3 (POS / NEG / EQUIV)
21	IBC11RE4	Num	8		RESULT 4 (POS / NEG / EQUIV)
22	IBC11RE5	Num	8		RESULT 5 (POS / NEG / EQUIV)
23	IBC11TE1	Char	20		TEST 1 PERFORMED
24	IBC11TE2	Char	20		TEST 2 PERFORMED
25	IBC11TE3	Char	20		TEST 3 PERFORMED
26	IBC11TE4	Char	20		TEST 4 PERFORMED
27	IBC11TE5	Char	20		TEST 5 PERFORMED
28	IBC2	Num	8		PAIN EVER BEGIN WHEN STILL OR SITTING
29	IBC3L	Num	8		PAIN IN WHAT PART OF (L) LEG
30	IBC3R	Num	8		PAIN IN WHAT PART OF (R) LEG
31	IBC4	Num	8		PAIN WHEN WALKING UPHILL OR HURRYING?
32	IBC5	Num	8		PAIN WALKING AT ORDINARY PACE ON LEVEL SURFACE
33	IBC6	Num	8		PAIN DISAPPEAR WHILE WALKING?
34	IBC7	Num	8		WHAT DOES PATIENT DO IF PAIN WHILE WALKING?
35	IBC8	Num	8		WHAT HAPPENS TO PAIN IF STANDS STILL?
36	IBC9	Num	8		HOW SOON IS PAIN RELIEVED BY STANDING STILL?

Num	Variable	Type	Len	Format	Label
37	IBD1L	Num	8		AMPUTATION LEFT LOWER EXTREMITY (ALL OR PART)
38	IBD1R	Num	8		AMPUTATION RIGHT LOWER EXTREMITY (ALL OR PART)
39	IBD2AL	Num	8		AMPUTATION: LEFT, TRAUMATIC
40	IBD2AR	Num	8		AMPUTATION: RIGHT, TRAUMATIC
41	IBD2BL	Num	8		AMPUTATION: LEFT, SURGICAL
42	IBD2BR	Num	8		AMPUTATION: RIGHT, SURGICAL
43	IBE1	Num	8		HAS PATIENT HAD OTHER ARTERIAL EVENTS
44	IBE2A	Num	8		OTHER ARTERIAL EVENTS: BYPASS
45	IBE2B	Num	8		OTHER ARTERIAL EVENTS: ANGIOPLASTY
46	IBE2C	Num	8		OTHER ARTERIAL EVENTS, OTHER TREATMENT
47	IBE2SPEC	Char	40		OTHER ARTERIAL EVENTS, OTHER TX, SPECIFY
48	IBF1	Num	8		PATIENT HAD LOWER EXTREMITY ULCER
49	IBF2FOTL	Num	8		ULCER: FOOT (L)
50	IBF2FOTR	Num	8		ULCER: FOOT (R)
51	IBF2LEGL	Num	8		ULCER: LEG (L)
52	IBF2LEGR	Num	8		ULCER: LEG (R)
53	IBF3AFOT	Num	8		ULCER: FOOT TRAUMATIC
54	IBF3ALEG	Num	8		ULCER: LEG TRAUMATIC
55	IBF3BFOT	Num	8		ULCER: FOOT NON-TRAUMATIC
56	IBF3BLEG	Num	8		ULCER: LEG NON-TRAUMATIC
57	IBF3CFOT	Num	8		ULCER: FOOT EXCAVATION SUBCUTANEOUS
58	IBF3CLEG	Num	8		ULCER: LEG EXCAVATION SUBCUTANEOUS
59	IBF3DFOT	Num	8		ULCER: FOOT LOSS SUBCUTAN. TISSUE
60	IBF3DLEG	Num	8		ULCER: LEG LOSS SUBCUTAN. TISSUE
61	IBF3EFOT	Num	8		ULCER: FOOT INFLAMMATION
62	IBF3ELEG	Num	8		ULCER: LEG INFLAMMATION
63	IBF3FFOT	Num	8		ULCER: FOOT INFECTION
64	IBF3FLEG	Num	8		ULCER: LEG INFECTION
65	IBF3GFOT	Num	8		ULCER: FOOT OFFICE TREATMENT
66	IBF3GLEG	Num	8		ULCER: LEG OFFICE TREATMENT
67	IBF3HFOT	Num	8		ULCER: FOOT HOSPITAL TREATMENT
68	IBF3HLEG	Num	8		ULCER: LEG HOSPITAL TREATMENT
69	IBF3OTHF	Num	8		ULCER: FOOT OTHER
70	IBF3OTHL	Num	8		ULCER: LEG OTHER
71	IBSEQNO	Num	8		SEQ # PERIPH. VASC. EVENT FORM

Data Set Name: f0933.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	ICB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURRENCE
7	ICB1B	Num	4		DATE OCCURENCE UNCERTAIN, CHECK HERE
8	ICB2BDAT	Num	8	8.	DEIDENTIFIED DATE EDIC CLINIC LEARNED OF THE EVENT
9	ICB3	Num	4		HOW DID CLINIC LEARN OF THE EVENT
10	ICC1	Num	4		WAS SYMPTOMATIC DIABETIC STATE PRESENT
11	ICC2A	Num	4		WERE SERUM KETONES PRESENT
12	ICC2B	Num	4		WERE LARGE/MODERATE KETONES IN URINE
13	ICC3AI	Num	4		WAS ARTERIAL BLOOD PH < 7.30
14	ICC3AII	Num	8		ARTERIAL BLOOD PH LEVEL VALUE
15	ICC3BI	Num	4		WAS VENOUS BLOOD PH < 7.25
16	ICC3BII	Num	8		VENOUS BLOOD PH LEVEL VALUE
17	ICC3CI	Num	4		WAS SERUM HCO3 < 15 MEQ/L
18	ICC3CII	Num	4		SERUM HCO3 LEVEL VALUE
19	ICC4	Num	4		WAS PATIENT TREATED IN HEALTH CARE FACILITY
20	ICC4A	Num	4		TREAT @ EMERGENCY ROOM
21	ICC4B	Num	4		TREAT @ INPT. HOSPITALIZATION
22	ICC4C	Num	4		TREAT @ EDIC CLINIC
23	ICC4D	Num	4		TREAT @ OTHER FACILITY
24	ICC5A	Num	4		CONTRIBUTING: OMISSION INSULIN
25	ICC5B	Num	4		CONTRIBUTING: PUMP MALFUNCTION
26	ICC5C	Num	4		CONTRIBUTING: ILLNESS
27	ICC5D	Num	4		CONTRIBUTING: OTHER
28	ICC5DOTH	Char	20		CONTRIBUTING: OTHER, SPECIFY

Data Set Name: f0934.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	4	Z2.	LAST EDIC FOLLOW-UPYEAR
7	ICB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURRENCE
8	ICB1B	Num	4		DATE OCCURENCE UNCERTAIN, CHECK HERE
9	ICB2BDAT	Num	8	8.	DEIDENTIFIED DATE EDIC CLINIC LEARNED OF THE EVENT
10	ICB3	Num	4		HOW DID CLINIC LEARN OF THE EVENT
11	ICC1	Num	4		WAS SYMPTOMATIC DIABETIC STATE PRESENT
12	ICC2A	Num	4		WERE SERUM KETONES PRESENT
13	ICC2B	Num	4		WERE LARGE/MODERATE KETONES IN URINE
14	ICC3AI	Num	4		WAS ARTERIAL BLOOD PH < 7.30
15	ICC3AII	Num	8		ARTERIAL BLOOD PH LEVEL VALUE
16	ICC3BI	Num	4		WAS VENOUS BLOOD PH < 7.25
17	ICC3BII	Num	8		VENOUS BLOOD PH LEVEL VALUE
18	ICC3CI	Num	4		WAS SERUM HCO3 < 15 MEQ/L
19	ICC3CII	Num	4		SERUM HCO3 LEVEL VALUE
20	ICC4	Num	4		WAS PATIENT TREATED IN HEALTH CARE FACILITY
21	ICC4A	Num	4		TREAT @ EMERGENCY ROOM
22	ICC4B	Num	4		TREAT @ INPT. HOSPITALIZATION
23	ICC4C	Num	4		TREAT @ EDIC CLINIC
24	ICC4D	Num	4		TREAT @ OTHER FACILITY
25	ICC5A	Num	4		CONTRIBUTING: OMISSION INSULIN
26	ICC5B	Num	4		CONTRIBUTING: PUMP MALFUNCTION
27	ICC5C	Num	4		CONTRIBUTING: ILLNESS
28	ICC5D	Num	4		CONTRIBUTING: OTHER
29	ICC5DOTH	Char	40		CONTRIBUTING: OTHER, SPECIFY

Data Set Name: f0934_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	8		LAST EDIC FOLLOW-UPYEAR
7	ICB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURENCE
8	ICB1B	Num	8		DATE OCCURENCE UNCERTAIN, CHECK HERE
9	ICB2BDAT	Num	8	8.	DEIDENTIFIED DATE EDIC CLINIC LEARNED OF THE EVENT
10	ICB3	Num	8		HOW DID CLINIC LEARN OF EVENT?
11	ICC1	Num	8		WAS A SYMPTOMATIC DIABETIC STATE PRESENT?
12	ICC2A	Num	8		WAS SERUM KETONES PRESENT?
13	ICC2B	Num	8		WERE LARGE/MODERATE KETONES IN URINE?
14	ICC3AI	Num	8		WAS ARTERIAL BLOOD PH < 7.30
15	ICC3AII	Num	8		ARTERIAL BLOOD PH LEVEL VALUE
16	ICC3BI	Num	8		WAS VENOUS BLOOD PH < 7.25
17	ICC3BII	Num	8		VENOUS BLOOD PH LEVEL VALUE
18	ICC3CI	Num	8		WAS SERUM HCO3 < 15 MEQ/L
19	ICC3CII	Num	8		SERUM HCO3 LEVEL VALUE
20	ICC4	Num	8		WAS PATIENT TREATED IN HEALTH CARE FACILITY
21	ICC4A	Num	8		TREAT @ EMERGENCY ROOM
22	ICC4B	Num	8		TREAT @ INPT. HOSPITALIZATION
23	ICC4C	Num	8		TREAT @ EDIC CLINIC
24	ICC4D	Num	8		TREAT @ OTHER FACILITY
25	ICC5A	Num	8		CONTRIBUTING: OMISSION INSULIN
26	ICC5B	Num	8		CONTRIBUTING: PUMP MALFUNCTION
27	ICC5C	Num	8		CONTRIBUTING: ILLNESS
28	ICC5D	Num	8		CONTRIBUTING: OTHER
29	ICC5DOTH	Char	40		CONTRIBUTING: OTHER, SPECIFY
30	ICSEQNO	Num	8		SEQ # DKA EVENT FORM

Data Set Name: f0944.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	4		LAST EDIC FOLLOW-UP YEAR
7	IDB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURRENCE
8	IDB1B	Num	4		DATE OCCURENCE UNCERTAIN, CHECK HERE
9	IDB2DAT	Num	8	8.	DEIDENTIFIED DATE EDIC CLINIC LEARNED OF THE EVENT
10	IDB3	Num	4		HOW DID CLINIC LEARN OF THE EVENT
11	IDC1A	Num	4		TREATED BY PSYCHIATRIC SOCIAL WORKER
12	IDC1B	Num	4		TREATED BY PSYCHOLOGIST
13	IDC1C	Num	4		TREATED BY PSYCHIATRIST
14	IDC1D	Num	4		TREATED BY OTHER
15	IDC1DOTH	Char	20		TREATED BY OTHER, SPECIFY
16	IDC2	Num	4		PATIENT RECEIVED OUTPATIENT TREATMENT
17	IDC2A	Num	4		TREAT @ EMERGENCY ROOM
18	IDC2B	Num	4		TREAT @ OFFICE
19	IDC2C	Num	4		TREAT WHILE INPATIENT FOR A PRIMARY MEDICAL PROBLEM
20	IDC2D	Num	4		TREAT @ OUTPAT. OTHER
21	IDC2DOTH	Char	20		TREAT @ OUTPAT. OTHER, SPECIFY
22	IDC3	Num	4		TREAT INPATIENT (PSYCH ADMIT)
23	IDC4	Num	4		WAS DIAGONSIS OF PSYCHIATRIC ILLNESS MADE?

Data Set Name: f0944_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	8		LAST EDIC FOLLOW-UP YEAR
7	IDB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURENCE
8	IDB1B	Num	8		DATE OCCURENCE UNCERTAIN, CHECK HERE
9	IDB2DAT	Num	8	8.	DEIDENTIFIED DATE EDIC CLINIC LEARNED OF THE EVENT
10	IDB3	Num	8		HOW DID CLINIC LEARN OF EVENT?
11	IDC1A	Num	8		TREATED BY PSYCHIATRIC SOCIAL WORKER
12	IDC1B	Num	8		TREATED BY PSYCHOLOGIST
13	IDC1C	Num	8		TREATED BY PSYCHIATRIST
14	IDC1D	Num	8		TREATED BY OTHER
15	IDC1DOTH	Char	40		TREATED BY OTHER, SPECIFY
16	IDC2	Num	8		PATIENT RECEIVED OUTPATIENT TREATMENT
17	IDC2A	Num	8		TREAT @ EMERGENCY ROOM
18	IDC2B	Num	8		TREAT @ OFFICE
19	IDC2C	Num	8		TREAT WHILE INPATIENT FOR A PRIMARY MEDICAL PROBLEM
20	IDC2D	Num	8		TREAT @ OUTPAT. OTHER
21	IDC2DOTH	Char	40		TREAT @ OUTPAT. OTHER, SPECIFY
22	IDC3	Num	8		TREAT INPATIENT (PSYCH ADMIT)
23	IDC4	Num	8		WAS DIAGONSIS OF PSYCHIATRIC ILLNESS MADE?
24	IDSEQNO	Num	8		SEQ # PSYCH. EVENT FORM

Data Set Name: f0954.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4	Z2.	EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	4		LAST EDIC FOLLOW-UP YEAR
7	IEB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURRENCE
8	IEB1B	Num	4		CHECK HERE IF DATE UNCERTAIN
9	IEB2DAT	Num	8	8.	DEIDENTIFIED DATE CLINIC LEARNED OF THE EVENT
10	IEB3	Num	4		HOW DID CLINIC LEARN OF THE EVENT
11	IEC1	Num	4		WHAT TYPE OF MAJOR ACCIDENT
12	IEC1OTH	Char	20		OTHER TYPE ACCIDENT, SPECIFY
13	IEC3	Num	4		PATIENT HOSPITALIZATION
14	IEC3OTH	Char	20		OTHER TYPE TREATMENT, SPECIFY
15	IEC4A	Num	4		TREAT @ EMERGENCY ROOM
16	IEC4B	Num	4		TREAT @ HOSPITAL INPATIENT WARD
17	IEC4C	Num	4		TREAT @ EDIC CLINIC
18	IEC4D	Num	4		TREAT @ OTHER FACILITY
19	IEC4DOTH	Char	20		TREAT @ OTHER FACILITY, SPECIFY
20	IEC5	Num	4		WAS ANY OPERATION PERFORMED
21	IEC6ADAT	Num	8	8.	DEIDENTIFIED DATE ADMISSION OR TREATMENT START
22	IEC6B1	Num	4		IF TREATMENT IS STILL IN PROGRESS, CHECK HERE
23	IEC6BDAT	Num	8	8.	DEIDENTIFIED DATE DISCHARGE OR TREATMENT END
24	IEC7A	Num	4		ACCIDENT: DEATH (FORM 140)
25	IEC7B	Num	4		ACCIDENT: INJURY TO ANOTHER PERSON
26	IEC7C	Num	4		ACCIDENT: PROPERTY DAMAGE
27	IEC7D	Num	4		ACCIDENT: TRAFFIC VIOLATION
28	IEC7E	Num	4		ACCIDENT: OTHER RESULT
29	IEC8	Num	4		CLINIC OPINION: HYPOGLYCEMIA ROLE IN ACCIDENT
30	IERESUL1	Num	4		RESULT 1 (POS / NEG / EQUIV)
31	IERESUL2	Num	4		RESULT 2 (POS / NEG / EQUIV)
32	IERESUL3	Num	4		RESULT 3 (POS / NEG / EQUIV)
33	IERESUL4	Num	4		RESULT 4 (POS / NEG / EQUIV)
34	IERESUL5	Num	4		RESULT 5 (POS / NEG / EQUIV)
35	IETEST1	Char	20		TEST 1 PERFORMED
36	IETEST2	Char	20		TEST 2 PERFORMED

Num	Variable	Type	Len	Format	Label
37	IETEST3	Char	20		TEST 3 PERFORMED
38	IETEST4	Char	20		TEST 4 PERFORMED
39	IETEST5	Char	20		TEST 5 PERFORMED

Data Set Name: f0954_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	EDICYRB	Num	8		LAST EDIC FOLLOW-UP YEAR
7	IEB1ADAT	Num	8	8.	DEIDENTIFIED DATE OF OCCURENCE
8	IEB1B	Num	8		CHECK HERE, IF DATE UNCERTIAN
9	IEB2DAT	Num	8	8.	DEIDENTIFIED DATE CLINIC LEARNED OF EVENT
10	IEB3	Num	8		HOW DID CLINIC LEARN OF EVENT?
11	IEC1	Num	8		WHAT TYPE OF MAJOR ACCIDENT
12	IEC3	Num	8		PATIENT HOSPITALIZATION
13	IEC4A	Num	8		TREAT @ EMERGENCY ROOM
14	IEC4B	Num	8		TREAT @ HOSPITAL INPATIENT WARD
15	IEC4C	Num	8		TREAT @ EDIC CLINIC (1=Y)
16	IEC4D	Num	8		TREAT @ OTHER FACILITY
17	IEC5	Num	8		WAS ANY OPERATION PERFORMED?
18	IEC6ADAT	Num	8	8.	DEIDENTIFIED DATE ADMISSION OR TREATMENT START
19	IEC6B1	Num	8		IF TREATMENT IS STILL IN PROGRESS, CHECK HERE
20	IEC6BDAT	Num	8	8.	DEIDENTIFIED DATE DISCHARGE OR TREATMENT END
21	IEC7A	Num	8		ACCIDENT: DEATH (FORM 140)
22	IEC7B	Num	8		ACCIDENT: INJURY TO ANOTHER PERSON
23	IEC7C	Num	8		ACCIDENT: PROPERTY DAMAGE
24	IEC7D	Num	8		ACCIDENT: TRAFFIC VIOLATION
25	IEC7E	Num	8		ACCIDENT: OTHER RESULT
26	IEC8	Num	8		CLINIC OPINION: HYPOGLYCEMIA ROLE IN ACCIDENT
27	IERESUL1	Num	8		RESULT 1 (POS / NEG / EQUIV)
28	IERESUL2	Num	8		RESULT 2 (POS / NEG / EQUIV)
29	IERESUL3	Num	8		RESULT 3 (POS / NEG / EQUIV)
30	IERESUL4	Num	8		RESULT 4 (POS / NEG / EQUIV)
31	IERESUL5	Num	8		RESULT 5 (POS / NEG / EQUIV)
32	IESEQNO	Num	8		SEQ # MAJOR ACCIDENT EVENT FORM
33	IETEST1	Char	20		TEST 1 PERFORMED
34	IETEST2	Char	20		TEST 2 PERFORMED
35	IETEST3	Char	20		TEST 3 PERFORMED
36	IETEST4	Char	20		TEST 4 PERFORMED

Num	Variable	Type	Len	Format	Label
37	IETEST5	Char	20		TEST 5 PERFORMED

Data Set Name: f1413.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	NACAROAU	Num	4		CAROTID ARTERY ULTRASOUND MAILING LIST (104)
7	NACONTAC	Num	4		CONTACT WITH / CONTACTED BY EDIC CLINIC
8	NAEKG	Num	4		RESTING ELECTROCARDIOGRAM MAILING LIST (103)
9	NAFUNDPH	Num	4		FUNDUS PHOTO MAILING LIST (107)
10	NAGFR	Num	4		RENAL STUDIES: GFR
11	NAHBA1C	Num	4		HEMOGLOBIN A1C SPECIMEN MAILING LIST (108)
12	NAHCARE	Num	4		HEALTH CARE DELIVERY QUESTIONNAIRE (070)
13	NAHFOODF	Num	4		HARVARD FOOD FREQUENCY QUESTIONNAIRE
14	NAHSQ	Num	4		HEALTH STATUS QUESTIONNAIRE (061)
15	NALIPID	Num	4		LIPID SPECIMEN MAILING LIST (105)
16	NAMHPE	Num	4		MEDICAL HISTORY AND PHYSICAL EXAMINATION (002)
17	NAMISSED	Num	4		WILL ANY MISSED PROCS BE COMPLETED LATER
18	NAMNSI	Num	4		MICHIGAN NEUROPATHY SCREENING INSTRUMENT FILAMENT (050)
19	NAOEVA	Num	4		OPHTHALMIC EXAMINATION AND VISUAL ACUITY (030)
20	NAOTHER	Num	4		MISSED PROC - OTHER
21	NAQOLIFE	Num	4		QUALITY OF LIFE QUESTIONNAIRE (060)
22	NAREASON	Num	4		MAIN REASON MISSED VISIT
23	NARENAL	Num	4		RENAL SPECIMEN MAILING LIST (115) & GFR WRKSHT (106)
24	NATARGET	Num	8	8.	DEIDENTIFIED TARGET DATE FOR MISSED VISIT

Data Set Name: f1414.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	NAANS	Num	8		ANS TESTING ELIGIBILITY (055)
7	NAANSL	Num	8		LIPOPROTEIN ANCILLARY STUDY SPECIMEN MAILING LIST (114)
8	NAASP	Num	8		AUTONOMIC SYMPTOM PROFILE (057)
9	NACAROAU	Num	8		CAROTID ARTERY ULTRASOUND MAILING LIST (104)
10	NACONTAC	Num	8		CONTACT WITH / CONTACTED BY EDIC CLINIC
11	NACST	Num	8		NERVE CONDUCTION STUDIES (052)
12	NAEKG	Num	8		RESTING ELECTROCARDIOGRAM MAILING LIST (103)
13	NAEYE	Num	8		NATL EYE INST VISUAL FUNCTIONING QUESTIONNAIRE (033)
14	NAFUNDPH	Num	8		FUNDUS PHOTO MAILING LIST (107)
15	NAHBA1C	Num	8		HEMOGLOBIN A1C SPECIMEN MAILING LIST (108)
16	NAHCARE	Num	8		HEALTH CARE DELIVERY QUESTIONNAIRE (070)
17	NAHFOODF	Num	8		HARVARD FOOD FREQUENCY QUESTIONNAIRE MAILING LIST (109)
18	NAHSQ	Num	8		HEALTH STATUS QUESTIONNAIRE (061)
19	NALIPID	Num	8		LIPID SPECIMEN MAILING LIST (105)
20	NALOCATR	Num	8		NOTIFICATION OF UPDATE TO PERSONAL LOCATOR FORM (143)
21	NAMED	Num	8		CURRENT MEDICATIONS (004)
22	NAMHPE	Num	8		MEDICAL HISTORY AND PHYSICAL EXAMINATION (002)
23	NAMISSED	Num	8		WILL ANY MISSED PROCS BE COMPLETED LATER
24	NAMNSI	Num	8		MICHIGAN NEUROPATHY SCREENING INSTRUMENT FILAMENT (050)
25	NANAML	Num	8		NEUROBEHAVIORAL ASSESSMENT MAILING LIST (119)
26	NANEUR	Num	8		NEUROLOGICAL HISTORY AND EXAMINATION (501)
27	NANSQL	Num	8		NEUROPATHY SPECIFIC QUALITY OF LIFE QUESTIONNAIRE (058)
28	NAOEVA	Num	8		OPHTHALMIC EXAMINATION AND VISUAL ACUITY (030)
29	NAOTHER	Num	8		MISSED PROC - OTHER
30	NAQCGFR	Num	8		GFR QUALITY CONTROL MAILING LIST (112)
31	NAQCHBA	Num	8		HBA1C QUALITY CONTROL MAILING LIST (110)
32	NAQCLIP	Num	8		LIPID QUALITY CONTROL MAILING LIST (113)
33	NAQCREN	Num	8		RENAL QUALITY CONTROL MAILING LIST (111)
34	NAQOLIFE	Num	8		QUALITY OF LIFE QUESTIONNAIRE (060)
35	NAQWB	Num	8		QUALITY OF WELL-BEING SCALE, QWB-SA (062)
36	NAREASON	Num	8		MAIN REASON MISSED VISIT

Num	Variable	Type	Len	Format	Label
37	NARENAL	Num	8		RENAL STUDIES SPECIMEN MAILING LIST (115)
38	NASERCYS	Num	8		SERUM CYSTATIN C (118)
39	NATARGET	Num	8	8.	DEIDENTIFIED TARGET DATE FOR MISSED VISIT
40	NAUROMEN	Num	8		UROLOGICAL COMPLICATIONS QUESTIONNAIRE FOR MEN (161)
41	NAUROWOM	Num	8		UROLOGICAL COMPLICATIONS QUESTIONNAIRE FOR WOMEN (160)
42	NAVPT	Num	8		VIBRATION PERCEPTION THRESHOLD (054)

Data Set Name: f1422.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	NBB1	Num	4		REASON FOR CLINIC TRANSFER
7	NBB2DAT	Num	8	8.	DEIDENTIFIED DATE MED. REC. MAILED TO NEW F/U CENTER
8	NBB3ADAT	Num	8	8.	DEIDENTIFIED DATE 1ST VISIT TO NEW F/U CENTER
9	NBB3B	Num	4		EDIC YEAR 1ST VISIT TO NEW F/U CENTER
10	NBB3CDAT	Num	8	8.	DEIDENTIFIED TEMP. MOVE - DATE STOP VISITS AT NEW F/U CENT
11	NBB4	Num	4		DEIDENTIFIED EDIC CLINIC TRANSFERRING TO

Data Set Name: f1443.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	NDB1A	Num	4		CATASTROPHIC INJURY OR ILLNESS
7	NDB1B	Num	4		INACCESSIBILITY TO MONITORING
8	NDB1C	Num	4		PATIENT HAS WITHDRAWN CONSENT
9	NDB1D	Num	4		AGREED TO PARTICIPATE, BUT CANCELLED REPEATEDLY
10	NDB1E	Num	4		OTHER REASON FOR TRANSFER TO INACTIVE
11	NDB3A	Num	4		IF UNCERTAIN EFF. DT, CHECK HERE
12	NDB3DAT	Num	8	8.	DEIDENTIFIED DATE INACTIVE STATUS TO BECOME EFFECTIVE
13	NDC1	Num	4		WILL CLINIC ATTEMPT TO CONTACT PATIENT
14	NDC2	Num	4		WILLING TO RETURN TO CLINIC FOR AT LEAST SOME F/U

Data Set Name: f1452.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	4	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	NEA4	Num	4		GENDER
7	NEB1	Num	4		DID CLINIC ATTEMPT TO CONTACT PATIENT?
8	NEB2	Num	4		DID THE CLINIC TALK TO THE PATIENT
9	NEB3A	Num	8	8.	DEIDENTIFIED LAST DATE OF FACE TO FACE CONTACT
10	NEB3B	Num	8	8.	DEIDENTIFIED LAST DATE OF TELEPHONE CONTACT
11	NEB3C	Num	8	8.	DEIDENTIFIED LAST DATE CONTACT W/OTHER INDIVIDUALS
12	NEC1	Num	4		IS THE PATIENT LIVING
13	NEC2A	Num	4		ANY DIABETES RELATED EYE PROBLEMS
14	NEC2B	Num	4		EYE: LASER TREATMENT
15	NEC2C	Num	4		EYE: SEVERE VISION LOSS (<20/200)
16	NEC2D	Num	4		EYE: CATARACTS
17	NEC2E	Num	4		EYE: DETACHED RETINA
18	NEC2F	Num	4		EYE: INFORMATION OBTAINED FROM
19	NEC3A	Num	4		KIDNEY: DIABETIC KIDNEY PROBLEMS
20	NEC3B	Num	4		KIDNEY: PROTEIN OR ALBUMIN IN URINE
21	NEC3C	Num	4		KIDNEY: TRANSPLANT
22	NEC3D	Num	4		KIDNEY: DIALYSIS
23	NEC3E	Num	4		KIDNEY: INFORMATION OBTAINED FROM
24	NEC4A	Num	4		CV: PROBLEMS WITH HEART OR BLOOD VESSELS?
25	NEC4B	Num	4		CV: ABNORMAL ECG
26	NEC4C	Num	4		CV: HEART PAINS OR ANGINA
27	NEC4D	Num	4		CV: HEART ATTACK
28	NEC4E	Num	4		CV: CORONARY BYPASS SURGERY
29	NEC4F	Num	4		CV: STROKE
30	NEC4G	Num	4		CV: HIGH BLOOD PRESSURE
31	NEC4H	Num	4		CV: DRUG TREAT FOR HIGH BP
32	NEC4H1	Num	4		CV: NOW ON DRUG TREAT FOR HI BP
33	NEC4I	Num	4		CV: INFORMATION OBTAINED FROM
34	NEC5A	Num	4		PV: TROUBLE W/CIRCULATION IN LEGS
35	NEC5B	Num	4		PV: FOOT ULCERS
36	NEC5C	Num	4		PV: GANGRENE

Num	Variable	Type	Len	Format	Label
37	NEC5D	Num	4		PV: NON-TRAUMATIC AMPUTATION
38	NEC5E	Num	4		PV: INFORMATION OBTAINED FROM
39	NEC6A	Num	4		ANY OTHER SERIOUS MEDICAL PROBLEMS

Data Set Name: f1452_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		XM_FRMNUM EDIC FORM AND VERSION NUMBER
2	MASK_PAT	Num	8	Z5.	DEIDENTIFIED PATIENT ID NUMBER
3	FSASDATE	Num	8	8.	DEIDENTIFIED FORM DATE
4	EDICYEAR	Num	4		EDIC FOLLOW-UP YEAR
5	CLINIC	Num	8	Z2.	DEIDENTIFIED EDIC CLINIC COMPLETING FORM
6	NEA4	Num	8		GENDER
7	NEB1	Num	8		DID CLINIC ATTEMPT TO CONTACT PATIENT?
8	NEB2	Num	8		DID THE CLINIC TALK TO THE PATIENT
9	NEB3A	Num	8	8.	DEIDENTIFIED LAST DATE OF FACE TO FACE CONTACT
10	NEB3B	Num	8	8.	DEIDENTIFIED LAST DATE OF TELEPHONE CONTACT
11	NEB3C	Num	8	8.	DEIDENTIFIED LAST DATE CONTACT W/OTHER INDIVIDUALS
12	NEC1	Num	8		IS PATIENT LIVING?
13	NEC2A	Num	8		ANY DIABETES RELATED EYE PROBLEMS
14	NEC2B	Num	8		EYE: LASER TREATMENT
15	NEC2C	Num	8		EYE: SEVERE VISION LOSS (<20/200)
16	NEC2D	Num	8		EYE: CATARACTS
17	NEC2E	Num	8		EYE: DETACHED RETINA
18	NEC2F	Num	8		EYE: INFORMATION OBTAINED FROM
19	NEC3A	Num	8		KIDNEY: DIABETIC KIDNEY PROBLEMS
20	NEC3B	Num	8		KIDNEY: PROTEIN OR ALBUMIN IN URINE
21	NEC3C	Num	8		KIDNEY: TRANSPLANT
22	NEC3D	Num	8		KIDNEY: DIALYSIS
23	NEC3E	Num	8		KIDNEY: INFORMATION OBTAINED FROM
24	NEC4A	Num	8		CV: PROBLEMS WITH HEART OR BLOOD VESSELS?
25	NEC4B	Num	8		CV: ABNORMAL ECG
26	NEC4C	Num	8		CV: HEART PAINS OR ANGINA
27	NEC4D	Num	8		CV: HEART ATTACK
28	NEC4E	Num	8		CV: CORONARY BYPASS SURGERY
29	NEC4F	Num	8		CV: STROKE
30	NEC4G	Num	8		CV: HIGH BLOOD PRESSURE
31	NEC4H	Num	8		CV: DRUG TREAT FOR HIGH BP
32	NEC4H1	Num	8		CV: NOW ON DRUG TREAT FOR HI BP
33	NEC4I	Num	8		CV: INFORMATION OBTAINED FROM
34	NEC5A	Num	8		PV: TROUBLE W/CIRCULATION IN LEGS
35	NEC5B	Num	8		PV: FOOT ULCERS
36	NEC5C	Num	8		PV: GANGRENE

Num	Variable	Type	Len	Format	Label
37	NEC5D	Num	8		PV: NON-TRAUMATIC AMPUTATION
38	NEC5E	Num	8		PV: INFORMATION OBTAINED FROM
39	NEC6A	Num	8		ANY OTHER SERIOUS MEDICAL PROBLEMS

Data Set Name: newcbl2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MASK_PAT	Num	8		MASK_PAT MASKED PATIENT ID
2	EDICYEAR	Num	8	Z2.	EDICYEAR EDIC FOLLOW-UP YEAR
3	ABVAL21	Num	8		ABVAL21 LIPID-TOTAL CHOLESTEROL (MG/DL)
4	ABVAL22	Num	8		ABVAL22 LIPID-TRIGLYCERIDE (MG/DL)
5	ABVAL23	Num	8		ABVAL23 LIPID-HDL CHOLESTEROL (MG/DL)
6	ABVAL24	Num	8		ABVAL24 LIPID-LDL CHOLESTEROL (MG/DL)
7	ABVAL3	Num	8		ABVAL3 LIPID-SERUM CREATININE (MG/DL)
8	BAVAL13	Num	8		BAVAL13 4 HR REN-SERUM CREATININE (MG/DL)
9	BAVAL14	Num	8		BAVAL14 4 HR REN-URINE ALBUMIN (MG/L)
10	BAVAL15	Num	8		BAVAL15 4 HR REN-ALBUMIN EXCRETION (UG/MIN)
11	BAVAL16	Num	8		BAVAL16 4 HR REN-URINE CREATININE (MG/DL)
12	BAVAL19	Num	8		BAVAL19 4 HR REN-RAW CLEARANCE (ML/MIN)
13	BAVAL20A	Num	8		BAVAL20A 4 HR REN-STANDARD CLEARANCE (/1.73 M2)
14	BAVAL20B	Num	8		BAVAL20B 4 HR REN-DURATION (HOURS)
15	BAVAL20C	Num	8		BAVAL20C 4 HR REN-VOLUME (ML)
16	DORESULT	Num	8		DORESULT HBA1C RESULTS (%)
17	MASK_CLN	Num	8		MASK_CLN MASKED CLINIC ID
18	ABCLD3	Num	8	5.	ABCLD3 MASKED LIPID PROFILE COLLECTION DATE
19	BACLD12	Num	8	5.	BACLD12 MASKED 4 HR RENAL COLLECTION DATE
20	DOCLD	Num	8	5.	DOCLD MASKED HBA1C COLLECTION DATE

Data Set Name: f0027.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE OF VISIT
8	OB10SKIN	Num	8		OB10SKIN ABNORMALITIES IN EXTREMETIES / SKIN EXAM?
9	OB7030BE	Num	8		OB7030BE HUMAN 70/30 - BEDTIME
10	OB7030BR	Num	8		OB7030BR HUMAN 70/30 - BREAKFAST
11	OB7030LU	Num	8		OB7030LU HUMAN 70/30 - LUNCH
12	OB7030OT	Num	8		OB7030OT HUMAN 70/30 - OTHER
13	OB7030SU	Num	8		OB7030SU HUMAN 70/30 - SUPPER
14	OB7525BE	Num	8		OB7525BE HUMALOG 75/25 - BEDTIME
15	OB7525BK	Num	8		OB7525BK HUMALOG 75/25 - BREAKFAST
16	OB7525LU	Num	8		OB7525LU HUMALOG 75/25 - LUNCH
17	OB7525OT	Num	8		OB7525OT HUMALOG 75/25 - OTHER
18	OB7525SU	Num	8		OB7525SU HUMALOG 75/25 - SUPPER
19	OB7B1	Num	8		OB7B1 PATIENT ADJUST USUAL INSULIN REGIMEN?
20	OB7E1	Num	8		OB7E1 ADJUST USUAL INSULIN REGIMEN - GLUCOSE MONITORING?
21	OB7E2	Num	8		OB7E2 ADJUST USUAL INSULIN REGIMEN - FOOD INTAKE?
22	OB7E3	Num	8		OB7E3 ADJUST USUAL INSULIN REGIMEN - EXERCISE?
23	OB7E4	Num	8		OB7E4 ADJUST USUAL INSULIN REGIMEN - HYPOGLYCEMIA?
24	OB7E4A	Num	8		OB7E4A ADJUST USUAL INSULIN REGIMEN - ILLNESS?
25	OB7E6	Num	8		OB7E6 ADJUST USUAL INSULIN REGIMEN - OTHER?
26	OB9CAR	Num	8		OB9CAR ABNORMALITIES IN CARDIO-VASCULAR EXAM?
27	OB9CUFFA	Num	8		OB9CUFFA BRACHIAL BP CUFF SIZE
28	OB9CUFFB	Num	8		OB9CUFFB DORSALIS PEDIS BP CUFF SIZE
29	OB9CUFFC	Num	8		OB9CUFFC POSTERIOR TIBIAL BP CUFF SIZE
30	OB9MEAS	Num	8		OB9MEAS CHECK IF ANY DOPPLER BP NOT MEASURED
31	OBAPIBET	Num	8		OBAPIBET APIDRA - BEDTIME
32	OBAPIBRK	Num	8		OBAPIBRK APIDRA - BREAKFAST
33	OBAPIDRA	Num	8		OBAPIDRA TYPE OF INSULIN - APIDRA
34	OBAPILUN	Num	8		OBAPILUN APIDRA - LUNCH
35	OBAPIOTH	Num	8		OBAPIOTH APIDRA - OTHER
36	OBAPISUP	Num	8		OBAPISUP APIDRA - SUPPER

Num	Variable	Type	Len	Format	Label
37	OBC1	Num	8		OBC1 BONE LYMPH CANCER: DIAGNOSIS
38	OBC10A	Num	8		OBC10A OTHER CANCER: METASTASIZED
39	OBC10B	Num	8		OBC10B OTHER CANCER: SURGERY
40	OBC10C	Num	8		OBC10C OTHER CANCER: CHEMOTHERAPY
41	OBC10D	Num	8		OBC10D OTHER CANCER: RADIATION
42	OBC10E	Num	8		OBC10E OTHER CANCER: OTHER
43	OBC10F	Num	8		OBC10F OTHER CANCER: REMISSION
44	OBC1A	Num	8		OBC1A BONE LYMPH CANCER: METASTASIZED
45	OBC1B	Num	8		OBC1B BONE LYMPH CANCER: SURGERY
46	OBC1C	Num	8		OBC1C BONE LYMPH CANCER: CHEMOTHERAPY
47	OBC1D	Num	8		OBC1D BONE LYMPH CANCER: RADIATION
48	OBC1E	Num	8		OBC1E BONE LYMPH CANCER: OTHER
49	OBC1F	Num	8		OBC1F BONE LYMPH CANCER: REMISSION
50	OBC2	Num	8		OBC2 BREAST CANCER: DIAGNOSIS
51	OBC2A	Num	8		OBC2A BREAST CANCER: METASTASIZED
52	OBC2B	Num	8		OBC2B BREAST CANCER: SURGERY
53	OBC2C	Num	8		OBC2C BREAST CANCER: CHEMOTHERAPY
54	OBC2D	Num	8		OBC2D BREAST CANCER: RADIATION
55	OBC2E	Num	8		OBC2E BREAST CANCER: OTHER
56	OBC2F	Num	8		OBC2F BREAST CANCER: REMISSION
57	OBC3	Num	8		OBC3 DIGESTIVE CANCER: DIAGNOSIS
58	OBC3A	Num	8		OBC3A DIGESTIVE CANCER: METASTASIZED
59	OBC3B	Num	8		OBC3B DIGESTIVE CANCER: SURGERY
60	OBC3C	Num	8		OBC3C DIGESTIVE CANCER: CHEMOTHERAPY
61	OBC3D	Num	8		OBC3D DIGESTIVE CANCER: RADIATION
62	OBC3E	Num	8		OBC3E DIGESTIVE CANCER: OTHER
63	OBC3F	Num	8		OBC3F DIGESTIVE CANCER: REMISSION
64	OBC4	Num	8		OBC4 HEAD/NECK CANCER: DIAGNOSIS
65	OBC4A	Num	8		OBC4A HEAD/NECK CANCER: METASTASIZED
66	OBC4B	Num	8		OBC4B HEAD/NECK CANCER: SURGERY
67	OBC4C	Num	8		OBC4C HEAD/NECK CANCER: CHEMOTHERAPY
68	OBC4D	Num	8		OBC4D HEAD/NECK CANCER: RADIATION
69	OBC4E	Num	8		OBC4E HEAD/NECK CANCER: OTHER
70	OBC4F	Num	8		OBC4F HEAD/NECK CANCER: REMISSION
71	OBC5	Num	8		OBC5 PROSTATE CANCER: DIAGNOSIS
72	OBC5A	Num	8		OBC5A PROSTATE CANCER: METASTASIZED
73	OBC5B	Num	8		OBC5B PROSTATE CANCER: SURGERY
74	OBC5C	Num	8		OBC5C PROSTATE CANCER: CHEMOTHERAPY
75	OBC5D	Num	8		OBC5D PROSTATE CANCER: RADIATION

Num	Variable	Type	Len	Format	Label
76	OBC5E	Num	8		OBC5E PROSTATE CANCER: OTHER
77	OBC5F	Num	8		OBC5F PROSTATE CANCER: REMISSION
78	OBC6	Num	8		OBC6 REPRODUCTIVE CANCER: DIAGNOSIS
79	OBC6A	Num	8		OBC6A REPRODUCTIVE CANCER: METASTASIZED
80	OBC6B	Num	8		OBC6B REPRODUCTIVE CANCER: SURGERY
81	OBC6C	Num	8		OBC6C REPRODUCTIVE CANCER: CHEMOTHERAPY
82	OBC6D	Num	8		OBC6D REPRODUCTIVE CANCER: RADIATION
83	OBC6E	Num	8		OBC6E REPRODUCTIVE CANCER: OTHER
84	OBC6F	Num	8		OBC6F REPRODUCTIVE CANCER: REMISSION
85	OBC7	Num	8		OBC7 SKIN CANCER, MELANOMA: DIAGNOSIS
86	OBC7A	Num	8		OBC7A SKIN CANCER, MELANOMA: METASTASIZED
87	OBC7B	Num	8		OBC7B SKIN CANCER, MELANOMA: SURGERY
88	OBC7C	Num	8		OBC7C SKIN CANCER, MELANOMA: CHEMOTHERAPY
89	OBC7D	Num	8		OBC7D SKIN CANCER, MELANOMA: RADIATION
90	OBC7E	Num	8		OBC7E SKIN CANCER, MELANOMA: OTHER
91	OBC7F	Num	8		OBC7F SKIN CANCER, MELANOMA: REMISSION
92	OBC8	Num	8		OBC8 THORACIC CANCER: DIAGNOSIS
93	OBC8A	Num	8		OBC8A THORACIC CANCER: METASTASIZED
94	OBC8B	Num	8		OBC8B THORACIC CANCER: SURGERY
95	OBC8C	Num	8		OBC8C THORACIC CANCER: CHEMOTHERAPY
96	OBC8D	Num	8		OBC8D THORACIC CANCER: RADIATION
97	OBC8E	Num	8		OBC8E THORACIC CANCER: OTHER
98	OBC8F	Num	8		OBC8F THORACIC CANCER: REMISSION
99	OBC9	Num	8		OBC9 URINARY CANCER: DIAGNOSIS
100	OBC9A	Num	8		OBC9A URINARY CANCER: METASTASIZED
101	OBC9B	Num	8		OBC9B URINARY CANCER: SURGERY
102	OBC9C	Num	8		OBC9C URINARY CANCER: CHEMOTHERAPY
103	OBC9D	Num	8		OBC9D URINARY CANCER: RADIATION
104	OBC9E	Num	8		OBC9E URINARY CANCER: OTHER
105	OBC9F	Num	8		OBC9F URINARY CANCER: REMISSION
106	OBCAN	Num	8		OBCAN HISTORICAL INFORMATION CANCER COMPLETED?
107	OBCAN1	Num	8		OBCAN1 PATIENT EVER DIAGNOSED W/CANCER
108	OBCANDT	Num	8	8.	OBCANDT DEIDENTIFIED CANCER DIAGNOSIS DATE
109	OBCUFFRA	Num	8		OBCUFFRA BPS - 1ST MEAS - CUFF SIZE
110	OBCUFFRB	Num	8		OBCUFFRB BPD - 1ST MEAS - CUFF SIZE
111	OBCUFFRC	Num	8		OBCUFFRA BPS - 2ND MEAS - CUFF SIZE
112	OBCUFFRD	Num	8		OBCUFFRB BPD - 2ND MEAS - CUFF SIZE
113	OBD1	Num	8		OBD1 BONE LYMPH CANCER: DIAGNOSIS
114	OBD10	Num	8		OBD10 OTHER CANCER: DIAGNOSIS

Num	Variable	Type	Len	Format	Label
115	OBD10A	Num	8		OBD10A OTHER CANCER:: STATUS CHANGE
116	OBD10B	Num	8		OBD10B OTHER CANCER: METASTASIZED
117	OBD10C	Num	8		OBD10C OTHER CANCER: SURGERY
118	OBD10D	Num	8		OBD10D OTHER CANCER: CHEMOTHERAPY
119	OBD10E	Num	8		OBD10E OTHER CANCER: RADIATION
120	OBD10F	Num	8		OBD10F OTHER CANCER: OTHER
121	OBD10G	Num	8		OBD10G OTHER CANCER: REMISSION
122	OBD1A	Num	8		OBD1A BONE LYMPH CANCER: STATUS CHANGE
123	OBD1B	Num	8		OBD1B BONE LYMPH CANCER: METASTASIZED
124	OBD1C	Num	8		OBD1C BONE LYMPH CANCER: SURGERY
125	OBD1D	Num	8		OBD1D BONE LYMPH CANCER: CHEMOTHERAPY
126	OBD1E	Num	8		OBD1E BONE LYMPH CANCER: RADIATION
127	OBD1F	Num	8		OBD1F BONE LYMPH CANCER: OTHER
128	OBD1G	Num	8		OBD1G BONE LYMPH CANCER: REMISSION
129	OBD2	Num	8		OBD2 BREAST CANCER: DIAGNOSIS
130	OBD2A	Num	8		OBD2A BREAST CANCER: STATUS CHANGE
131	OBD2B	Num	8		OBD2B BREAST CANCER: METASTASIZED
132	OBD2C	Num	8		OBD2C BREAST CANCER: SURGERY
133	OBD2D	Num	8		OBD2D BREAST CANCER: CHEMOTHERAPY
134	OBD2E	Num	8		OBD2E BREAST CANCER: RADIATION
135	OBD2F	Num	8		OBD2F BREAST CANCER: OTHER
136	OBD2G	Num	8		OBD2G BREAST CANCER: REMISSION
137	OBD3	Num	8		OBD3 DIGESTIVE CANCER: DIAGNOSIS
138	OBD3A	Num	8		OBD3A DIGESTIVE CANCER: STATUS CHANGE
139	OBD3B	Num	8		OBD3B DIGESTIVE CANCER: METASTASIZED
140	OBD3C	Num	8		OBD3C DIGESTIVE CANCER: SURGERY
141	OBD3D	Num	8		OBD3D DIGESTIVE CANCER: CHEMOTHERAPY
142	OBD3E	Num	8		OBD3E DIGESTIVE CANCER: RADIATION
143	OBD3F	Num	8		OBD3F DIGESTIVE CANCER: OTHER
144	OBD3G	Num	8		OBD3G DIGESTIVE CANCER: REMISSION
145	OBD4	Num	8		OBD4 HEAD/NECK CANCER TREAT: DIAGNOSIS
146	OBD4A	Num	8		OBD4A HEAD/NECK CANCER TREAT: STATUS CHANGE
147	OBD4B	Num	8		OBD4B HEAD/NECK CANCER TREAT: METASTASIZED
148	OBD4C	Num	8		OBD4C HEAD/NECK CANCER TREAT: SURGERY
149	OBD4D	Num	8		OBD4D HEAD/NECK CANCER TREAT: CHEMOTHERAPY
150	OBD4E	Num	8		OBD4E HEAD/NECK CANCER TREAT: RADIATION
151	OBD4F	Num	8		OBD4F HEAD/NECK CANCER TREAT: OTHER
152	OBD4G	Num	8		OBD4G HEAD/NECK CANCER TREAT: REMISSION
153	OBD5	Num	8		OBD5 PROSTATE CANCER: DIAGNOSIS

Num	Variable	Type	Len	Format	Label
154	OBD5A	Num	8		OBD5A PROSTATE CANCER: STATUS CHANGE
155	OBD5B	Num	8		OBD5B PROSTATE CANCER: METASTASIZED
156	OBD5C	Num	8		OBD5C PROSTATE CANCER: SURGERY
157	OBD5D	Num	8		OBD5D PROSTATE CANCER: CHEMOTHERAPY
158	OBD5E	Num	8		OBD5E PROSTATE CANCER: RADIATION
159	OBD5F	Num	8		OBD5F PROSTATE CANCER: OTHER
160	OBD5G	Num	8		OBD5G PROSTATE CANCER: REMISSION
161	OBD6	Num	8		OBD6 REPRODUCTIVE CANCER: DIAGNOSIS
162	OBD6A	Num	8		OBD6A REPRODUCTIVE CANCER: STATUS CHANGE
163	OBD6B	Num	8		OBD6B REPRODUCTIVE CANCER: METASTASIZED
164	OBD6C	Num	8		OBD6C REPRODUCTIVE CANCER: SURGERY
165	OBD6D	Num	8		OBD6D REPRODUCTIVE CANCER: CHEMOTHERAPY
166	OBD6E	Num	8		OBD6E REPRODUCTIVE CANCER: RADIATION
167	OBD6F	Num	8		OBD6F REPRODUCTIVE CANCER: OTHER
168	OBD6G	Num	8		OBD6G REPRODUCTIVE CANCER: REMISSION
169	OBD7	Num	8		OBD7 SKIN CANCER, MELANOMA: DIAGNOSIS
170	OBD7A	Num	8		OBD7A SKIN CANCER, MELANOMA: STATUS CHANGE
171	OBD7B	Num	8		OBD7B SKIN CANCER, MELANOMA: METASTASIZED
172	OBD7C	Num	8		OBD7C SKIN CANCER, MELANOMA: SURGERY
173	OBD7D	Num	8		OBD7D SKIN CANCER, MELANOMA: CHEMOTHERAPY
174	OBD7E	Num	8		OBD7E SKIN CANCER, MELANOMA: RADIATION
175	OBD7F	Num	8		OBD7F SKIN CANCER, MELANOMA: OTHER
176	OBD7G	Num	8		OBD7G SKIN CANCER, MELANOMA: REMISSION
177	OBD8	Num	8		OBD8 THORACIC CANCER: DIAGNOSIS
178	OBD8A	Num	8		OBD8A THORACIC CANCER: STATUS CHANGE
179	OBD8B	Num	8		OBD8B THORACIC CANCER: METASTASIZED
180	OBD8C	Num	8		OBD8C THORACIC CANCER: SURGERY
181	OBD8D	Num	8		OBD8D THORACIC CANCER: CHEMOTHERAPY
182	OBD8E	Num	8		OBD8E THORACIC CANCER: RADIATION
183	OBD8F	Num	8		OBD8F THORACIC CANCER: OTHER
184	OBD8G	Num	8		OBD8G THORACIC CANCER: REMISSION
185	OBD9	Num	8		OBD9 URINARY CANCER: DIAGNOSIS
186	OBD9A	Num	8		OBD9A URINARY CANCER: STATUS CHANGE
187	OBD9B	Num	8		OBD9B URINARY CANCER: METASTASIZED
188	OBD9C	Num	8		OBD9C URINARY CANCER: SURGERY
189	OBD9D	Num	8		OBD9D URINARY CANCER: CHEMOTHERAPY
190	OBD9E	Num	8		OBD9E URINARY CANCER: RADIATION
191	OBD9F	Num	8		OBD9F URINARY CANCER: OTHER
192	OBD9G	Num	8		OBD9G URINARY CANCER: REMISSION

Num	Variable	Type	Len	Format	Label
193	OBDCAN2	Num	8		OBDCAN2 SINCE LAST EVAL, WAS PT DIAGNOSED W/CANCER?
194	OBDCAN3	Num	8		OBDCAN3 SINCE LAST EVAL, CHANGE IN CANCER STATUS?
195	OBDCANDT	Num	8	8.	OBDCANDT DEIDENTIFIED CANCER DIAGNOSIS DATE
196	OBDIASRB	Num	8		OBDIASRB BP DIASTOLIC - 1ST MEAS (MM HG)
197	OBDIASRD	Num	8		OBDIASRD BP DIASTOLIC - 2ND MEAS (MM HG)
198	OBDRINK1	Num	8		OBDRINK1 AT LEAST ONE ALCOHOLIC BEV WEEK
199	OBDRINK2	Num	8		OBDRINK2 BOTTLES OF BEER IN LAST 7 DAYS
200	OBDRINK3	Num	8		OBDRINK3 BOTTLES OF LIGHT BEER IN LAST 7 DAYS
201	OBDRINK4	Num	8		OBDRINK4 GLASSES OF WINE IN LAST 7 DAYS
202	OBDRINK5	Num	8		OBDRINK5 HARD LIQUOR IN LAST 7 DAYS
203	OBEXER1	Num	8		OBEXER1 PATIENT LEVEL OF ACTIVITY
204	OBF4	Num	8		OBF4 DESCRIBE INSULIN REGIMEN
205	OBF4A	Num	8		OBF4A INSULIN - TOTAL NUMBER UNITS PER DAY
206	OBF5A	Num	8		OBF5A # DIFFERENT BASAL RATES PER DAY
207	OBF5B	Num	8		OBF5B UNITS BASAL INSULIN INFUSED PER DAY
208	OBF5C	Num	8		OBF5C TECHN. PROBLEMS - INSULIN INFUSION PUMP
209	OBF7A	Num	8		OBF7A SELF BLOOD GLUCOSE MONITORING
210	OBF7B	Num	8		OBF7B FREQUENCY PER DAY - SELF BLOOD GLUCOSE MONITORING
211	OBFRIDIJ	Num	8		OBFRIDIJ GUARDIAN/FRIEND DISABLED: DIABETIC OR NON-DIABETIC
212	OBFRIED	Num	8		OBFRIED GUARDIAN/FRIEND EDUCATION LEVEL
213	OBFRIJOB	Num	8		OBFRIJOB GUARDIAN/FRIEND OCCUPATION
214	OBFRINOJ	Num	8		OBFRINOJ GUARDIAN/FRIEND UNEMPLOY/RETIRED
215	OBHIBLP	Num	8		OBHIBLP BLOOD PRESSURE (140 SYS OR 90 DIAS)
216	OBHIBLPF	Num	8		OBHIBLPF BLOOD PRESSURE (130 SYS OR 80 DIAS)
217	OBHU7030	Num	8		OBHU7030 TYPE OF INSULIN - HUMAN 70/30
218	OBHU7525	Num	8		OBHU7525 TYPE OF INSULIN - HUMALOG 75/25
219	OBHULBET	Num	8		OBHULBET HUMALOG - BEDTIME
220	OBHULBRK	Num	8		OBHULBRK HUMALOG - BREAKFAST
221	OBHULLUN	Num	8		OBHULLUN HUMALOG - LUNCH
222	OBHULOG	Num	8		OBHULOG TYPE OF INSULIN -HUMALOG
223	OBHULOTH	Num	8		OBHULOTH HUMALOG - OTHER
224	OBHULSUP	Num	8		OBHULSUP HUMALOG - SUPPER
225	OBHUNPH	Num	8		OBHUNPH TYPE OF INSULIN - HUMAN NPH
226	OBHUREG	Num	8		OBHUREG TYPE OF INSULIN - HUMAN REGULAR
227	OBI3A	Num	8		OBI3A # HOSPITALIZATION FOR HYPOGLYCEMIA
228	OBI3B1	Num	8		OBI3B1 HYPOG - LOST CONSCIOUS WITHOUT SEIZURE
229	OBI3B2	Num	8		OBI3B2 HYPOG - LOST CONSCIOUS WITH SEIZURE
230	OBI3C1	Num	8		OBI3C1 HYPOG - REQUIRED PROF. MEDICAL HELP
231	OBI3C2	Num	8		OBI3C2 HYPOG - REQUIRE HELP OF ANOTHER PERSON

Num	Variable	Type	Len	Format	Label
232	OBI3C3	Num	8		OBI3C3 HYPOG - NOT NEED DOCTOR/OTHER PERSON
233	OBI3D1	Num	8		OBI3D1 FREQUENCY RECEIVE GLUCAGON
234	OBI3D2	Num	8		OBI3D2 FREQUENCY RECEIVE IV GLUCOSE
235	OBI3D3	Num	8		OBI3D3 EPISODES RESULT IN INJURY - PT/OTHERS
236	OBI3E	Num	8		OBI3E RECURRENT HYPOG UNABLE TO HELP SELF
237	OBI3F	Num	8		OBI3F RECURRENT HYPOG ABLE TO HELP SELF
238	OBI3G	Num	8		OBI3G LAST 7 DAYS-MILD HYPOGL. TREAT SELF
239	OBI3H1	Num	8		OBI3H1 HYPOGLYCEMIA OCCUR WHILE AWAKE/SLEEP/BOTH
240	OBI3H2A	Num	8		OBI3H2A REASON HYPOG: MISSED MEAL OR SNACK
241	OBI3H2B	Num	8		OBI3H2B REASON HYPOG: DECREASED FOOD INTAKE
242	OBI3H2C	Num	8		OBI3H2C REASON HYPOG: DELAYED MEAL OR SNACK
243	OBI3H2D	Num	8		OBI3H2D REASON HYPOG: INCREASED EXERCISE LEVEL
244	OBI3H2E	Num	8		OBI3H2E REASON HYPOG: TOO MUCH INSULIN TAKEN
245	OBI3H2F	Num	8		OBI3H2F REASON HYPOG: LACK EARLY WARN-LOW BG
246	OBI3H2G	Num	8		OBI3H2G REASON HYPOGLYCEMIA: OTHER
247	OBI3H2H	Num	8		OBI3H2H REASON HYPOGLYCEMIA: UNEXPLAINED
248	OBI3H3B	Num	8		OBI3H3B SYMPTOMS W MILD HYPOG: DIAPHORESIS (SWEATING)
249	OBI3H3C	Num	8		OBI3H3C SYMPTOMS W MILD HYPOG: ALTER.MENTAL STATUS
250	OBI3H3D	Num	8		OBI3H3D SYMPTOMS W MILD HYPOG: OTHER
251	OBI3H3E	Num	8		OBI3H3E SYMPTOMS W MILD HYPOG: NONE
252	OBI3H3F	Num	8		OBI3H3F SYMPTOMS W MILD HYPOG: HUNGER
253	OBI3H3G	Num	8		OBI3H3G SYMPTOMS W MILD HYPOG: RAPID HEART RATE
254	OBI3H3H	Num	8		OBI3H3H SYMPTOMS W MILD HYPOG: ANXIETY
255	OBI3H3I	Num	8		OBI3H3I SYMPTOMS W MILD HYPOG: TREMORS
256	OBI3H3J	Num	8		OBI3H3J SYMPTOMS W MILD HYPOG: HEADACHE
257	OBIA	Num	8		OBIA FREQUENCY OF DKA IN PAST 3 MONTHS
258	OBINHBET	Num	8		OBINHBET INHALED INSULIN - BEDTIME
259	OBINHBRK	Num	8		OBINHBRK INHALED INSULIN - BREAKFAST
260	OBINHINS	Num	8		OBINHINS TYPE OF INSULIN -INHALED INSULIN
261	OBINHLUN	Num	8		OBINHLUN INHALED INSULIN - LUNCH
262	OBINHOTH	Num	8		OBINHOTH INHALED INSULIN - OTHER
263	OBINHSUP	Num	8		OBINHSUP INHALED INSULIN - SUPPER
264	OBINSREG	Num	8		OBINSREG CURRENT INSULIN REGIMEN
265	OBJ1A	Num	8		OBJ1A CV EVENT - MYOCARDIAL INFARCTION
266	OBJ1B	Num	8		OBJ1B CV EVENT - ANGINA PECTORIS
267	OBJ1C	Num	8		OBJ1C CV EVENT - CORONARY ARTERY DISEASE
268	OBJ1D	Num	8		OBJ1D CV EVENT - ARRHYTHMIA
269	OBJ1E	Num	8		OBJ1E CV EVENT - CONGESTIVE HEART FAILURE
270	OBJ2	Num	8		OBJ2 IF PATIENT HAS COMPLAINED OF CHEST PAIN

Num	Variable	Type	Len	Format	Label
271	OBJ2A1A	Num	8		OBJ2A1A COMPLAINED OF PAIN LEFT ANTERIOR CHEST
272	OBJ2A1B	Num	8		OBJ2A1B COMPLAINED OF PAIN LEFT ARM
273	OBJ2A1C	Num	8		OBJ2A1C COMPLAINED OF PAIN IN JAW
274	OBJ2A1D	Num	8		OBJ2A1D COMPLAINED OF PAIN STERNUM UPPER OR MIDDLE
275	OBJ2A1E	Num	8		OBJ2A1E COMPLAINED OF PAIN STERNUM LOWER
276	OBJ2A1F	Num	8		OBJ2A1F COMPLAINED OF PAIN - OTHER
277	OBJ2A2A	Num	8		OBJ2A2A COMPLAINED OF PAIN THE BACK
278	OBJ2A2B	Num	8		OBJ2A2B COMPLAINED OF PAIN THE SHOULDER
279	OBJ2A2C	Num	8		OBJ2A2C COMPLAINED OF PAIN THE RIGHT ARM
280	OBJ2A2D	Num	8		OBJ2A2D COMPLAINED OF PAIN THE ABDOMEN/BOTH SIDES
281	OBJ2A2E	Num	8		OBJ2A2E COMPLAINED OF PAIN - OTHER
282	OBJ2A2F	Num	8		OBJ2A2F PAIN INVOLVED - NONE OF THE ABOVE
283	OBJ2B1	Num	8		OBJ2B1 PAIN LASTED FOR MORE THAN 20 MIN
284	OBJ2B2	Num	8		OBJ2B2 DEFINITE NON-CARDIAC CAUSE FOR PAIN
285	OBJ2B3	Num	8		OBJ2B3 ADDTL DOSES/NITRATES OR CALCIUM CHANNEL BLOCKERS
286	OBJ2C	Num	8		OBJ2C FEELING OF PRESS/HEAVINESS IN CHEST
287	OBJ2D1	Num	8		OBJ2D1 PAIN/DISCOM: WALKING UPHILL OR HURRYING
288	OBJ2D2	Num	8		OBJ2D2 PAIN/DISCOM: WALKING AT ORDINARY PACE
289	OBJ2D3	Num	8		OBJ2D3 PAIN DISCOM: STOP/SLOW DOWN/ CONT AT SAME PACE
290	OBJ2D4	Num	8		OBJ2D4 PAIN: STANDING STILL? RELIEVED/NOT RELIEVED
291	OBJ2D5	Num	8		OBJ2D5 PAIN STANDING STILL? <=10 MIN OR > 10 MIN
292	OBJ3A	Num	8		OBJ3A CB EVENT: CEREBROVASCULAR ACCIDENT(CVA)
293	OBJ3B	Num	8		OBJ3B CB EVENT: TRANSIENT ISCHEMIC ATTACK(TIA)
294	OBJ4A	Num	8		OBJ4A PV EVENT: AMPUTATION
295	OBJ4B	Num	8		OBJ4B PV EVENT: LOWER EXTREMITY ULCER
296	OBJ4C	Num	8		OBJ4C PV EVENT: OTHER ARTERIAL EVENTS
297	OBJ5	Num	8		OBJ5 PV EVENT: PERIPHERAL PAIN
298	OBJ5A	Num	8		OBJ5A PV EVENT: PAIN IN LEG WHEN WALKING
299	OBJ5B	Num	8		OBJ5B PV EVENT: PAIN BEGIN WHEN STANDING
300	OBJ5CL	Num	8		OBJ5CL PV EVENT: PAIN IN PART OF LEFT LEG
301	OBJ5CR	Num	8		OBJ5CR PV EVENT: PAIN IN PART OF RIGHT LEG
302	OBJ5D	Num	8		OBJ5D PV EVENT: PAIN IN LEG WHEN HURRYING
303	OBJ5E	Num	8		OBJ5E PV EVENT: PAIN IN LEG WHEN REG PACE
304	OBJ5F	Num	8		OBJ5F PV EVENT: DOES PAIN EVER DISAPPEAR WHILE WALKING
305	OBJ5G	Num	8		OBJ5G PV EVENT: WHAT DOES PATIENT DO WHEN PAIN WHEN WAL
306	OBJ5H	Num	8		OBJ5H PV EVENT: WHAT HAPPENS TO PAIN IF STILL - REL/NOT
307	OBJ5I	Num	8		OBJ5I PV EVENT: IS PAIN RELIEVED BY STANDING?
308	OBJ5J	Num	8		OBJ5J PV EVENT: NOTICED CHANGED IN SEVERITY?
309	OBJ5K	Num	8		OBJ5K CARDIOVASCULAR DIAGNOSTIC TESTS PERFORMED

Num	Variable	Type	Len	Format	Label
310	OBJ5RES1	Num	8		OBJ5RES1 DIAG TEST 1 RESULTS (POS NEG EQUIV)
311	OBJ5RES2	Num	8		OBJ5RES2 DIAG TEST 2 RESULTS (POS NEG EQUIV)
312	OBJ5RES3	Num	8		OBJ5RES3 DIAG TEST 3 RESULTS (POS NEG EQUIV)
313	OBJ5RES4	Num	8		OBJ5RES4 DIAG TEST 4 RESULTS (POS NEG EQUIV)
314	OBJ5RES5	Num	8		OBJ5RES5 DIAG TEST 5 RESULTS (POS NEG EQUIV)
315	OBJ5TES1	Char	20		OBJ5TES1 DIAGNOSTIC TEST 1 PERFORMED
316	OBJ5TES2	Char	20		OBJ5TES2 DIAGNOSTIC TEST 2 PERFORMED
317	OBJ5TES3	Char	20		OBJ5TES3 DIAGNOSTIC TEST 3 PERFORMED
318	OBJ5TES4	Char	20		OBJ5TES4 DIAGNOSTIC TEST 4 PERFORMED
319	OBJ5TES5	Char	20		OBJ5TES5 DIAGNOSTIC TEST 5 PERFORMED
320	OBJ6A	Num	8		OBJ6A NERVOUSNESS OR ANXIETY
321	OBJ6B	Num	8		OBJ6B UNREASONABLE FEARS
322	OBJ6C	Num	8		OBJ6C EATING DISTURBANCE
323	OBJ6D	Num	8		OBJ6D AFFECTIVE DISORDER
324	OBJ6E	Num	8		OBJ6E SUICIDE IDEATION
325	OBJ6F	Num	8		OBJ6F SUICIDE ATTEMPT
326	OBJ6G	Num	8		OBJ6G CRIMINAL CONDUCT
327	OBJ6H	Num	8		OBJ6H PSYCHIATRIC TREATMENT INCLUDING TRANQUILIZERS
328	OBJ6I	Num	8		OBJ6I OTHER SIGNIFICANT PSYCHIATRIC CONDITION
329	OBJ7	Num	8		OBJ7 EXPERIENCED ANY MAJOR ACCIDENTS
330	OBJCHK	Num	8		OBJCHK CHF: ANY SYMPTOMS OF CONGESTIVE HEART FAILURE
331	OBJCHKA	Num	8		OBJCHKA CHF: PAROXYSMAL NOCTURNAL DYSPNEA
332	OBJCHKB	Num	8		OBJCHKB CHF: ORTHOPNEA
333	OBJCHKC	Num	8		OBJCHKC CHF: DYSPNEA AT REST
334	OBJCHKD	Num	8		OBJCHKD CHF: NYHAF CLASSIFICATION III
335	OBK1	Num	8		OBK1 RENAL: CYSTITIS
336	OBK2	Num	8		OBK2 RENAL: PYELONEPHRITIS
337	OBK3	Num	8		OBK3 RENAL: UNCONTROLLABLE HYPERTENSION
338	OBK4	Num	8		OBK4 RENAL: EDEMA
339	OBK5	Num	8		OBK5 RENAL: DIALYSIS
340	OBK6	Num	8		OBK6 RENAL: RENAL TRANSPLANTATION
341	OBK7	Num	8		OBK7 RENAL: PANCREAS TRANSPLANTATION
342	OBK8	Num	8		OBK8 RENAL: OTHER RENAL PROBLEMS
343	OBL10L	Num	8		OBL10L ANY OTHER EYE PROBLEMS L-EYE?
344	OBL10R	Num	8		OBL10R ANY OTHER EYE PROBLEMS R-EYE?
345	OBL11	Num	8		OBL11 REFERRED TO OPTHAMOLOGIST NOTICED THIS EXAM?
346	OBL1AL	Num	8		OBL1AL OPHTH: BLURRED/REDUCED VISION L-EYE?
347	OBL1AR	Num	8		OBL1AR OPHTH: BLURRED/REDUCED VISION R-EYE?
348	OBL1AVL	Num	8		OBL1AVL CHANGE IN VISION LEFT-EYE?

Num	Variable	Type	Len	Format	Label
349	OBL1AVR	Num	8		OBL1AVR CHANGE IN VISION RIGHT-EYE?
350	OBL2AL	Num	8		OBL2AL OPHTH: FLOATERS/FLASHING LIGHTS L-EYE?
351	OBL2AR	Num	8		OBL2AR OPHTH: FLOATERS/FLASHING LIGHTS R-EYE?
352	OBL3AR	Num	8		OBL3AR OPHTH: IS THE R-EYE ENUCLEATED?
353	OBL3BL	Num	8		OBL3BL OPHTH: IS THE L-EYE ENUCLEATED?
354	OBL3CR	Num	8		OBL3CR R-EYE ENUCLEATED SINCE LAST VISIT?
355	OBL3DL	Num	8		OBL3DL L-EYE ENUCLEATED SINCE LAST VISIT?
356	OBL4AR	Num	8		OBL4AR OCULAR SURGERY R-EYE SINCE LAST VISIT?
357	OBL4BL	Num	8		OBL4BL OCULAR SURGERY L-EYE SINCE LAST VISIT?
358	OBL4CR	Num	8		OBL4CR CORNEAL TRANSPLANT R-EYE
359	OBL4DL	Num	8		OBL4DL CORNEAL TRANSPLANT L-EYE
360	OBL4ER	Num	8		OBL4ER OTHER CORNEAL SURGERY R-EYE
361	OBL4FL	Num	8		OBL4FL OTHER CORNEAL SURGERY L-EYE
362	OBL4GR	Num	8		OBL4GR PROCEDURE TO LOWER IOP R-EYE
363	OBL4HL	Num	8		OBL4HL PROCEDURE TO LOWER IOP L-EYE
364	OBL4IR	Num	8		OBL4IR CATARACT EXTRACTION R-EYE
365	OBL4JL	Num	8		OBL4JL CATARACT EXTRACTION L-EYE
366	OBL4KR	Num	8		OBL4KR VITRECTOMY R-EYE
367	OBL4LL	Num	8		OBL4LL VITRECTOMY L-EYE
368	OBL4MR	Num	8		OBL4MR RETINAL DETACHMENT SURGERY R-EYE
369	OBL4NL	Num	8		OBL4NL RETINAL DETACHMENT SURGERY L-EYE
370	OBL4OR	Num	8		OBL4OR OTHER SURGERY R-EYE
371	OBL4PL	Num	8		OBL4PL OTHER SURGERY L-EYE
372	OBL5AR	Num	8		OBL5AR PHOTOCOAGULATION OF R-EYE?
373	OBL5BL	Num	8		OBL5BL PHOTOCOAGULATION OF L-EYE?
374	OBL5CR	Num	8		OBL5CR SCATTER TRESTMENT R-EYE?
375	OBL5DL	Num	8		OBL5DL SCATTER TREATMENT L-EYE?
376	OBL5ER	Num	8		OBL5ER FOCAL TREATMENT R-EYE?
377	OBL5FL	Num	8		OBL5FL FOCAL TREATMENT L-EYE?
378	OBL5GR	Num	8		OBL5GR OTHER TREATMENT R-EYE?
379	OBL5HL	Num	8		OBL5HL OTHER TREATMENT L-EYE?
380	OBL6AR	Num	8		OBL6AR DIAGNOSED OF GLAUCOMA R-EYE?
381	OBL6BL	Num	8		OBL6BL DIAGNOSED OF GLAUCOMA L-EYE?
382	OBL7AR	Num	8		OBL7AR USED PRESCRIPTION MEDS R-EYE?
383	OBL7BL	Num	8		OBL7BL USED PRESCRIPTION MEDS L-EYE?
384	OBL8AR	Num	8		OBL8AR OCULAR TREAT SINCE ANNUAL VISIT R-EYE?
385	OBL8BL	Num	8		OBL8BL OCULAR TREAT SINCE ANNUAL VISIT L-EYE?
386	OBL9AR	Num	8		OBL9AR SYMPTOMS VITREOUS HEMORRHAGE R-EYE?
387	OBL9BL	Num	8		OBL9BL SYMPTOMS VITREOUS HEMORRHAGE L-EYE?

Num	Variable	Type	Len	Format	Label
388	OBLANBET	Num	8		OBLANBET LANTUS - BEDTIME
389	OBLANBRK	Num	8		OBLANBRK LANTUS - BREAKFAST
390	OBLANLUN	Num	8		OBLANLUN LANTUS - LUNCH
391	OBLANOTH	Num	8		OBLANOTH LANTUS - OTHER
392	OBLANSUP	Num	8		OBLANSUP LANTUS - SUPPER
393	OBLANTUS	Num	8		OBLANTUS TYPE OF INSULIN - LANTUS
394	OBLEVBET	Num	8		OBLEVBET LEVEMIR - BEDTIME
395	OBLEVBRK	Num	8		OBLEVBRK LEVEMIR - BREAKFAST
396	OBLEVEM	Num	8		OBLEVEM TYPE OF INSULIN - LEVEMIR
397	OBLEVLUN	Num	8		OBLEVLUN LEVEMIR - LUNCH
398	OBLEVOTH	Num	8		OBLEVOTH LEVEMIR - OTHER
399	OBLEVSUP	Num	8		OBLEVSUP LEVEMIR - SUPPER
400	OBLSVST	Num	8	8.	OBLSVST DEIDENTIFIED ENTER THE DATE OF THE LAST COMPLETED ANNUAL VISIT
401	OBM1	Num	8		OBM1 NEURO: PARESTHESIAS IN HAND/FEET
402	OBM10	Num	8		OBM10 NEURO: IMPOTENCE
403	OBM11	Num	8		OBM11 NEURO: SYM COMP W/FOCAL NEUROPATHY
404	OBM12	Num	8		OBM12 NEURO: OTHER NEUROLOGICAL PROBLEMS
405	OBM13	Num	8		OBM13 NEURO: REFERRED TO NEUROLOGIST THIS VISIT?
406	OBM14	Num	8		OBM14 NEURO: TOLD YOU HAVE GASTROPARESIS?
407	OBM14A	Num	8		OBM14A NEURO: GASTROPARESIS CONFIRMED BY DIAGNOSTIC TEST?
408	OBM15	Num	8		OBM15 NEURO: RECURRENT CONSTIPATION?
409	OBM16	Num	8		OBM16 NEURO: RECURRENT URINARY INCONTINENCE
410	OBM16A	Num	8		OBM16A NEURO: STRESS INCONTINENCE
411	OBM16B	Num	8		OBM16B NEURO: URGE INCONTINENCE
412	OBM16C	Num	8		OBM16C NEURO: MIXED INCONTINENCE
413	OBM16D	Num	8		OBM16D NEURO: OVERFLOW INCONTINENCE
414	OBM16E	Num	8		OBM16E NEURO: FUNCTIONAL INCONTINENCE
415	OBM17	Num	8		OBM17 NEURO: FEMALE SEXUAL DYSFUNCTION
416	OBM1I	Num	8		OBM1I NEURO: IF PAIN IS PATIENT ON MEDS
417	OBM2	Num	8		OBM2 NEURO: UNEXPLAINED MUSCLE WEAKNESS
418	OBM3	Num	8		OBM3 NEURO: VOMITING/BLOATING AFTER MEALS
419	OBM4	Num	8		OBM4 NEURO: PERSISTENT/RECURRENT DIARRHEA
420	OBM5	Num	8		OBM5 NEURO: DIARRHEA W/FECAL INCONTINENCE
421	OBM6	Num	8		OBM6 NEURO: URINARY RETENTION
422	OBM7	Num	8		OBM7 NEURO: DIZZINESS OR LIGHTHEADEDNESS
423	OBM8	Num	8		OBM8 NEURO: FAINTING (UNASSOCIATED HYPOGLYCEMIA)
424	OBM9	Num	8		OBM9 NEURO: SEIZURE (NOT DUE TO HYPOGLYCEMIA)
425	OBMARNO	Num	8		OBMARNO IF MARRIED, HOW MANY TIMES?

Num	Variable	Type	Len	Format	Label
426	OBMARRY	Num	8		OBMARRY MARITAL STATUS OF PATIENT:
427	OBN1A	Num	8		OBN1A INFECT: CUTANEOUS MUCOCUTANEOUS
428	OBN1B	Num	8		OBN1B INFECT: POST-OPERATIVE/DEEP WOUND
429	OBN1C	Num	8		OBN1C INFECT: GANGRENE
430	OBN1D	Num	8		OBN1D INFECT: MONO, MEASLES CHICKEN POX, EPIDIDMITIS
431	OBN1E	Num	8		OBN1E INFECT: AT INSERTION SITE
432	OBN2A	Num	8		OBN2A MAJOR SURGERY INPATIENT
433	OBN2B	Num	8		OBN2B OUT-PATIENT PROCEDURES
434	OBN3	Num	8		OBN3 AUTOIMMUNE ENDOCRINE EVENT
435	OBN3A	Num	8		OBN3A AI: HASHIMOTOS DISEASE
436	OBN3B	Num	8		OBN3B AI: ADDISONS DISEASE
437	OBN3C	Num	8		OBN3C AI: PERNICIOUS ANEMIA
438	OBN3F	Num	8		OBN3F AI: ULCERATIVE COLITIS
439	OBN3G	Num	8		OBN3G AI: CROHNS DISEASE
440	OBN3H	Num	8		OBN3H AI: SYSTEMIC LUPUS ERYTHEMATOSUS
441	OBN3I	Num	8		OBN3I AI: RHEUMATOID ARTHRITIS
442	OBN3J	Num	8		OBN3J AI: MULTIPLE SCLEROSIS
443	OBN3K	Num	8		OBN3K AI: CELIAC SPRUE
444	OBN3L	Num	8		OBN3L AI: GRAVES DISEASE (HYPERTHYROID)
445	OBN3M	Num	8		OBN3M AI: VITILIGO
446	OBN3N	Num	8		OBN3N AI: ALOPECIA
447	OBN3O	Num	8		OBN3O AI: OTHER AUTOIMMUNE DISEASE
448	OBNOVBET	Num	8		OBNOVBET NOVOLOG - BEDTIME
449	OBNOVBRK	Num	8		OBNOVBRK NOVOLOG - BREAKFAST
450	OBNOVLUN	Num	8		OBNOVLUN NOVOLOG - LUNCH
451	OBNOVOL	Num	8		OBNOVOL TYPE OF INSULIN -NOVOLOG
452	OBNOVOTH	Num	8		OBNOVOTH NOVOLOG - OTHER
453	OBNOVSUP	Num	8		OBNOVSUP NOVOLOG - SUPPER
454	OBNPHBED	Num	8		OBNPHBED HUMAN NPH - BEDTIME
455	OBNPHBRK	Num	8		OBNPHBRK HUMAN NPH - BREAKFAST
456	OBNPHLUN	Num	8		OBNPHLUN HUMAN NPH - LUNCH
457	OBNPHOTH	Num	8		OBNPHOTH HUMAN NPH - OTHER
458	OBNPHSUP	Num	8		OBNPHSUP HUMAN NPH - SUPPER
459	OBO1A	Num	8		OBO1A VAGINAL ITCHING OR DISCHARGE
460	OBO1B	Num	8		OBO1B WAS PATIENT TREATED FOR VAGINAL ITCHING OR DISCHAR
461	OBO2A	Num	8		OBO2A DOES PATIENT MENSTRUATE?
462	OBO2B	Num	8	8.	OBO2B DEIDENTIFIED DATE OF LAST MENSTRUAL PERIOD
463	OBO2C	Num	8		OBO2C LAST MENSTRUAL PERIOD > 5 WKS AGO
464	OBO2D	Num	8		OBO2D WAS PREGNANCY TEST PERFORMED?

Num	Variable	Type	Len	Format	Label
465	OBO2E	Num	8		OBO2E IS PATIENT CURRENTLY PREGNANT?
466	OBO2E1DT	Num	8	8.	OBO2E1DT DEIDENTIFIED IF PREGNANT - EST DATE OF CONCEPTION
467	OBO3	Num	8		OBO3 COMPLETED/TERMINATED PREGNANCY?
468	OBO3ADT	Num	8	8.	OBO3ADT DEIDENTIFIED WAS PREGNANT - EST DATE OF CONCEPTION
469	OBO3BDT	Num	8	8.	OBO3BDT DEIDENTIFIED WAS PREGNANT - EST DATE OF TERMINATION
470	OBO4A	Num	8		OBO4A NODULES IN BREAST
471	OBO4B	Num	8		OBO4B BREAST CANCER
472	OBO4C	Num	8		OBO4C BREAST DISCHARGE
473	OBO4D	Num	8		OBO4D IRREGULAR MENSES
474	OBO4E	Num	8		OBO4E DYSMENORRHEA
475	OBO5	Num	8		OBO5 OTHER SIGNIF GYNECOLOGIC CONDITIONS
476	OBO6	Num	8		OBO6 EVER USED ORAL CONTRACEPTIVES?
477	OBO7	Num	8		OBO7 USED OTHER FORM BIRTH CONTROL?
478	OBO8A	Num	8		OBO8A MENSTRUAL PERIOD CEASED?
479	OBO8B	Num	8		OBO8B PERIODS CEASED -IS IT PERMENANT?
480	OBO8B1	Num	8		OBO8B1 PERDIODS CEASED PERMANENTLY - IF YES TO QUESTION A
481	OBO8C	Num	8		OBO8C AT WHAT AGE DID PERIODS CEASE?
482	OBO8D	Num	8		OBO8D PERIODS CEASED - FOR WHAT REASON?
483	OBO8E1	Num	8		OBO8E1 SURGERY: BOTH OVARIES REMOVED?
484	OBO8E2	Num	8		OBO8E2 SURGERY: WAS ONLY ONE OVARY REMOVED?
485	OBO8E3	Num	8		OBO8E3 SURGERY: WAS ONLY THE UTERUS REMOVED?
486	OBO8F	Num	8		OBO8F AFTER PERIODS CEASED, FEMALE HORMONES TAKEN?
487	OBO8G	Num	8		OBO8G POST MENOPAUSAL HORMONE TX - FOR HOW LONG?
488	OBOTHER	Num	8		OBOTHER TYPE OF INSULIN - OTHER
489	OBOTHER1	Num	8		OBOTHER1 TYPE OF INSULIN - OTHER 1
490	OBOTHER2	Num	8		OBOTHER2 TYPE OF INSULIN - OTHER 2
491	OBOTHER3	Num	8		OBOTHER3 TYPE OF INSULIN - OTHER 3
492	OBP1	Num	8		OBP1 RX: HAS USED OR IS USING PRESCRIPTION DRUGS
493	OBP2	Num	8		OBP2 RX: USED OVER-THE-COUNTR DRUGS
494	OBP3	Num	8		OBP3 RX: VITAMIN SUPPLEMENTS-REGULARLY
495	OBPATDIJ	Num	8		OBPATDIJ PATIENT DISABLED: DIABETIC OR NON-DIABETIC
496	OBPATED	Num	8		OBPATED PATIENT EDUCATION LEVEL
497	OBPATJOB	Num	8		OBPATJOB PATIENT OCCUPATION
498	OBPATNOJ	Num	8		OBPATNOJ PATIENT UNEMPLOYED OR RETIRED
499	OBPULSE	Num	8		OBPULSE PULSE (BPM)
500	OBQ1	Num	8		OBQ1 PHONE INTERVIEW?
501	OBQ12AL	Num	8		OBQ12AL ULCERATION - LEFT SIDE
502	OBQ12AR	Num	8		OBQ12AR ULCERATION - RIGHT SIDE
503	OBQ12BL	Num	8		OBQ12BL GANGRENE - LEFT SIDE

Num	Variable	Type	Len	Format	Label
504	OBQ12BR	Num	8		OBQ12BR GANGRENE - RIGHT SIDE
505	OBQ12CL	Num	8		OBQ12CL NECROBIOSIS - LEFT SIDE
506	OBQ12CR	Num	8		OBQ12CR NECROBIOSIS - RIGHT SIDE
507	OBQ12GL	Num	8		OBQ12GL DEFORMITY - LEFT SIDE
508	OBQ12GR	Num	8		OBQ12GR DEFORMITY - RIGHT SIDE
509	OBQ13A	Num	8		OBQ13A INJECTION SITE - LIPOATROPHY
510	OBQ13B	Num	8		OBQ13B INJECTION SITE - LIPOHYPERTROPHY
511	OBQ13C	Num	8		OBQ13C INJECTION SITE - INFLAMATION
512	OBQ14A	Num	8		OBQ14A FEET: ULCERS
513	OBQ14B	Num	8		OBQ14B FEET: INFECTION
514	OBQ14C	Num	8		OBQ14C FEET: ABNORMAL TOENAILS
515	OBQ14C1	Num	8		OBQ14C1 FEET: AMPUTATION
516	OBQ14D	Num	8		OBQ14D FEET: OTHER
517	OBQ15	Num	8		OBQ15 OTHER ABNORMALTIES NOTED
518	OBQ15A	Num	8		OBQ15A NEW ON MEDICAL HISTORY
519	OBQ1A	Num	8		OBQ1A WEIGHT - 1ST MEAS. (KG)
520	OBQ1B	Num	8		OBQ1B WEIGHT - 2ND MEAS. (KG)
521	OBQ1C	Num	8		OBQ1C WEIGHT - 3RD MEAS. (KG)
522	OBQ1D	Num	8		OBQ1D WEIGHT - 4TH MEAS. (KG)
523	OBQ3A	Num	8		OBQ3A HEIGHT - 1ST MEAS. (CM)
524	OBQ3B	Num	8		OBQ3B HEIGHT - 2ND MEAS. (CM)
525	OBQ3C	Num	8		OBQ3C HEIGHT - 3RD MEAS. (CM)
526	OBQ3D	Num	8		OBQ3D HEIGHT - 4TH MEAS. (CM)
527	OBQ4A	Num	8		OBQ4A WAIST NATURAL - 1ST MEAS. (CM)
528	OBQ4ATRO	Num	8		OBQ4ATRO WAIST NATURAL - LIPOATRO PRESENT
529	OBQ4B	Num	8		OBQ4B WAIST NATURAL - 2ND MEAS. (CM)
530	OBQ4C	Num	8		OBQ4C WAIST NATURAL - 3RD MEAS. (CM)
531	OBQ4D	Num	8		OBQ4D WAIST NATURAL - 4TH MEAS. (CM)
532	OBQ4HYPE	Num	8		OBQ4HYPE WAIST NATURAL - LIPOHYP PRESENT
533	OBQ5A	Num	8		OBQ5A WAIST ILIAC - 1ST MEAS. (CM)
534	OBQ5ATRO	Num	8		OBQ5ATRO WAIST ILIAC - LIPOATRO PRESENT
535	OBQ5B	Num	8		OBQ5B WAIST ILIAC - 2ND MEAS. (CM)
536	OBQ5C	Num	8		OBQ5C WAIST ILIAC - 3RD MEAS. (CM)
537	OBQ5D	Num	8		OBQ5D WAIST ILIAC - 4TH MEAS. (CM)
538	OBQ5HYPE	Num	8		OBQ5HYPE WAIST ILIAC - LIPOHYP PRESENT
539	OBQ6A	Num	8		OBQ6A HIP CIRCUMF - 1ST MEAS. (CM)
540	OBQ6ATRO	Num	8		OBQ6ATRO HIP CIRCUMF - LIPOATRO PRESENT
541	OBQ6B	Num	8		OBQ6B HIP CIRCUMF - 2ND MEAS. (CM)
542	OBQ6C	Num	8		OBQ6C HIP CIRCUMF - 3RD MEAS. (CM)

Num	Variable	Type	Len	Format	Label
543	OBQ6D	Num	8		OBQ6D HIP CIRCUMF - 4TH MEAS. (CM)
544	OBQ6HYPE	Num	8		OBQ6HYPE HIP CIRCUMF - LIPOHYP PRESENT
545	OBQ9AL	Num	8		OBQ9AL DOPPLER BP L BRACHIAL
546	OBQ9AR	Num	8		OBQ9AR DOPPLER BP R BRACHIAL
547	OBQ9BL	Num	8		OBQ9BL DOPPLER BP L DORSALIS PEDIS
548	OBQ9BR	Num	8		OBQ9BR DOPPLER BP R DORSALIS PEDIS
549	OBQ9CL	Num	8		OBQ9CL DOPPLER BP L POSTERIOR TIBIAL
550	OBQ9CR	Num	8		OBQ9CR DOPPLER BP R POSTERIOR TIBIAL
551	OBR1	Num	8		OBR1 CONTACT W/PATIENT SINCE LAST ANN. VISIT
552	OBR2	Num	8		OBR2 HOW MANY TIMES CONTACT W/PATIENT
553	OBR2A	Num	8		OBR2A CONTACT W/PATIENT MORE THAN ONCE PER MONTH
554	OBR3A	Num	8		OBR3A CONTACT: TELEPHONE CALL
555	OBR3B	Num	8		OBR3B CONTACT: TALKED IN PERSON
556	OBR3C	Num	8		OBR3C CONTACT: CARD, LETTER, OR EMAIL
557	OBR3D	Num	8		OBR3D CONTACT: NEWSLETTER OR UNIVERSITY PUB
558	OBR3E	Num	8		OBR3E CONTACT: OTHER
559	OBREGBED	Num	8		OBREGBED HUMAN REGULAR - BEDTIME
560	OBREGBRK	Num	8		OBREGBRK HUMAN REGULAR - BREAKFAST
561	OBREGLUN	Num	8		OBREGLUN HUMAN REGULAR - LUNCH
562	OBREGOTH	Num	8		OBREGOTH HUMAN REGULAR - OTHER
563	OBREGSUP	Num	8		OBREGSUP HUMAN REGULAR - SUPPER
564	OBSMOKE1	Num	8		OBSMOKE1 SMOKE CIGARETTES CIGARILLOS IN PAST YR
565	OBSMOKE2	Num	8		OBSMOKE2 CURRENTLY SMOKE CIGARETTES CIGARILLOS
566	OBSMOKE3	Num	8		OBSMOKE3 MONTHS SINCE QUIT CIGARETTES CIGARILLOS
567	OBSMOKE4	Num	8		OBSMOKE4 # PER DAY CIGARETTES CIGARILLOS IN PAST YR
568	OBSMOKE5	Num	8		OBSMOKE5 SMOKED PIPES OR CIGARS IN PAST YR
569	OBSMOKE6	Num	8		OBSMOKE6 CURRENTLY SMOKE PIPES OR CIGARS
570	OBSMOKE7	Num	8		OBSMOKE7 MONTHS SINCE QUIT SMOKING PIPES OR CIGARS
571	OBSMOKE8	Num	8		OBSMOKE8 # PER WEEK PIPEFULS/CIGARS IN PAST YR
572	OBSMOKE9A	Num	8		OBSMOKE9A PAST 12 MTHS LIVED WHERE PERSON SMOKED
573	OBSMOKE9B	Num	8		OBSMOKE9B PAST 12 MTHS WORKED WHERE PERSON SMOKED
574	OBSPDJOB	Num	8		OBSPDJOB SPOUSE DISABLED: DIABETIC OR NON-DIABETIC
575	OBSPJOB	Num	8		OBSPJOB SPOUSE OCCUPATION
576	OBSPOED	Num	8		OBSPOED SPOUSE EDUCATION LEVEL
577	OBSPONOJ	Num	8		OBSPONOJ SPOUSE UNEMPLOYED OR RETIRED
578	OBSYSTRA	Num	8		OBSYSTRA BP SYSTOLIC - 1ST MEAS (MM HG)
579	OBSYSTRC	Num	8		OBSYSTRC BP SYSTOLIC - 2ND MEAS (MM HG)
580	OBTH1BET	Num	8		OBTH1BET OTHER INSULIN 2 - BEDTIME
581	OBTH1BRK	Num	8		OBTH1BRK OTHER INSULIN 2 - BREAKFAST

Num	Variable	Type	Len	Format	Label
582	OBTH1LUN	Num	8		OBTH1LUN OTHER INSULIN 2 - LUNCH
583	OBTH1OTH	Num	8		OBTH1OTH OTHER INSULIN 2 - OTHER
584	OBTH1SUP	Num	8		OBTH1SUP OTHER INSULIN 2 - SUPPER
585	OBTHEBET	Num	8		OBTHEBET OTHER INSULIN 1 - BEDTIME
586	OBTHEBRK	Num	8		OBTHEBRK OTHER INSULIN 1 - BREAKFAST
587	OBTHELUN	Num	8		OBTHELUN OTHER INSULIN 1 - LUNCH
588	OBTHEOTH	Num	8		OBTHEOTH OTHER INSULIN 1 - OTHER
589	OBTHESUP	Num	8		OBTHESUP OTHER INSULIN 1 - SUPPER
590	OBTOTUNT	Num	8		OBTOTUNT TOTAL # UNITS / DAY OF INSULIN
591	OBVTYP	Num	8		OBVTYP IN-PERSON VISIT OR PHONE VISIT
592	OOBC10	Num	8		OOBC10 OTHER CANCER: DIAGNOSIS

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Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
8	OBD11	Num	8		OBD11 DIGITALIS
9	ODB1	Num	8		ODB1 OVER-THE-COUNTER MEDICATIONS
10	ODB10	Num	8		ODB10 CORONARY VASODILATORS
11	ODB10STP	Num	8		ODB10STP STOP AFTER B.10 ON PG 4
12	ODB11STP	Num	8		ODB11STP STOP AFTER B.11 ON PG 4
13	ODB12	Num	8		ODB12 ANTIARRYTHMIC MEDICATIONS
14	ODB12A	Num	8		ODB12A QUINIDINE
15	ODB12B	Num	8		ODB12B PROCAINE AMIDE
16	ODB12C	Num	8		ODB12C DPH (DIPHENYLHYDANTOIN)
17	ODB12D	Num	8		ODB12D OTHER ANTIARRYTHMIC MEDICATIONS
18	ODB12STP	Num	8		ODB12STP STOP AFTER B.12 ON PG 4
19	ODB13	Num	8		ODB13 ACE (ANGIOTENSIN CONVERTING ENZYME) INHIBITORS
20	ODB13A	Num	8		ODB13A ACEI FOR HYPERTENSION
21	ODB13B	Num	8		ODB13B ACEI FOR NEPHROPATHY
22	ODB13B1	Num	8		ODB13B1 ACEI FOR MACROALBUMINURIA
23	ODB13B2	Num	8		ODB13B2 ACEI FOR MICROALBUMINURIA
24	ODB13C	Num	8		ODB13C ACEI FOR PROPHYLACTIC REASONS
25	ODB13STP	Num	8		ODB13STP STOP AFTER B.13 ON PG 4
26	ODB14	Num	8		ODB14 ANY ANTIHYPERTENSIVES
27	ODB14A	Num	8		ODB14A DIURETICS
28	ODB14A1	Num	8		ODB14A1 HYDROCHLOROTHIAZIDE (HYDRODIURIL)
29	ODB14A2	Num	8		ODB14A2 OTHER THIAZIDE DIURETIC
30	ODB14A3	Num	8		ODB14A3 FUROSEMIDE (LASIX)
31	ODB14A4	Num	8		ODB14A4 OTHER LOOP DIURETIC
32	ODB14B	Num	8		ODB14B BETA BLOCKERS
33	ODB14C	Num	8		ODB14C LABETALOL (NORMODYNE)
34	ODB14D	Num	8		ODB14D PRAZOSIN-LIKE AGENTS / ALPHA-BLOCKERS
35	ODB14E	Num	8		ODB14E HYDRALAZINE (APRESOLINE, RESERPINE, SERPASIL)
36	ODB14F	Num	8		ODB14F GUANABENZ (WYTENSIN)

Num	Variable	Type	Len	Format	Label
37	ODB14G	Num	8		ODB14G CLONIDINE (CATAPRESS)
38	ODB14H	Num	8		ODB14H METHYLDOPA (ALDOMET)
39	ODB14I	Num	8		ODB14I MINOXIDIL
40	ODB14J	Num	8		ODB14J CALCIUM CHANNEL BLOCKERS
41	ODB14K	Num	8		ODB14K OTHER BETA BLOCKERS
42	ODB14STP	Num	8		ODB14STP STOP AFTER B.14 ON PG 4
43	ODB14TEN	Num	8		ODB14TEN GUANFACINE (TENEX)
44	ODB15ALE	Num	8		ODB15ALE STEROID DROPS LE
45	ODB15ARE	Num	8		ODB15ARE STEROID DROPS RE
46	ODB15BLE	Num	8		ODB15BLE GLAUCOMA DROPS LE
47	ODB15BRE	Num	8		ODB15BRE GLAUCOMA DROPS RE
48	ODB15CLE	Num	8		ODB15CLE MYDRIATICS LE
49	ODB15CRE	Num	8		ODB15CRE MYDRIATICS RE
50	ODB15DLE	Num	8		ODB15DLE OTHER OCULAR LE
51	ODB15DRE	Num	8		ODB15DRE OTHER OCULAR RE
52	ODB15LE	Num	8		ODB15LE OCULAR MEDICATION RX LE
53	ODB15RE	Num	8		ODB15RE OCULAR MEDICATION RX RE
54	ODB15STP	Num	8		ODB15STP STOP AFTER B.15 ON PG 4
55	ODB16	Num	8		ODB16 ANY OTHER MEDICATION NOS
56	ODB17A	Num	8		ODB17A ARB (ANGIOTENSIN RECEPTOR BLOCKERS) INHIBITORS
57	ODB17A1	Num	8		ODB17A1 ARB FOR HYPERTENSION
58	ODB17B	Num	8		ODB17B ARB FOR NEPHROPATHY
59	ODB17B1	Num	8		ODB17B1 ARB FOR MACROALBUMINURIA
60	ODB17B2	Num	8		ODB17B2 ARB FOR MICROALBUMINURIA
61	ODB17C	Num	8		ODB17C ARB FOR PROPHYLACTIC REASONS
62	ODB18STP	Num	8		ODB18STP STOP AFTER B.18 ON PG 6
63	ODB1A1	Num	8		ODB1A1 ANY ASPIRIN TAKEN IN LAST MONTH
64	ODB1A_3	Num	8		ODB1A_3 ASPIRIN FOR 1-PAIN 2-PROPHYLACTIC 3-OTHER
65	ODB1B	Num	8		ODB1B TYLENOL, ADVIL, MOTRIN
66	ODB1C	Num	8		ODB1C COLD MEDICATIONS
67	ODB1D	Num	8		ODB1D OTHER OVER THE COUNTER
68	ODB1STP	Num	8		ODB1STP STOP AFTER B.01 ON PG 1
69	ODB2	Num	8		ODB2 VITAMIN OR MINERAL SUPPLEMENT
70	ODB2STP	Num	8		ODB2STP STOP AFTER B.04 ON PG 2
71	ODB3	Num	8		ODB3 ANY HERBAL SUPPLEMENTS ON A REGULAR BASIS
72	ODB3A	Num	8		ODB3A NON-STEROIDAL ANTI-INFLAMMATORY MEDICATIONS
73	ODB3A1	Num	8		ODB3A1 # DAYS IN LAST MONTH NSAID
74	ODB4	Num	8		ODB4 ANY OTHER PRESCRIPTION PAIN MEDICATION
75	ODB510J	Num	8		ODB510J MECLOMIN

Num	Variable	Type	Len	Format	Label
76	ODB511K	Num	8		ODB511K OTHER NSAID
77	ODB51A	Num	8		ODB51A IBUPROFEN (E.G., ADVIL, MEDIPREN, MOTRIN, NUPRIN)
78	ODB52B	Num	8		ODB52B NAPROXEN (E.G., NAPROSYN, ANAPROX, ALEVE)
79	ODB53C	Num	8		ODB53C DICLOFENAC
80	ODB54D	Num	8		ODB54D NABUMETONE
81	ODB55E	Num	8		ODB55E INDOMETHACIN (E.G., INDOCIN)
82	ODB56F	Num	8		ODB56F ETODOLAC
83	ODB57G	Num	8		ODB57G PIROXICAM (E.G., FELDENE)
84	ODB58H	Num	8		ODB58H CLINORIL
85	ODB59I	Num	8		ODB59I DOLOBID
86	ODB5A	Num	8		ODB5A USED ORAL CONTRACEPTIVES OC SINCE LAST VISIT
87	ODB5A1	Num	8		ODB5A1 HOW LONG TAKEN OC? (YEARS)
88	ODB5A2	Num	8		ODB5A2 HOW LONG TAKEN OC? (MONTHS)
89	ODB5B	Num	8		ODB5B TAKEN HORMONE REPLACEMENT THERAPY (HRT)
90	ODB5B1	Num	8		ODB5B1 HOW LONG TAKEN HRT? (YEARS)
91	ODB5B2	Num	8		ODB5B2 HOW LONG TAKEN HRT? (MONTHS)
92	ODB5B3	Num	8		ODB5B3 DOES HRT INCLUDE PROGESTATIONAL AGENT
93	ODB5STP	Num	8		ODB5STP STOP AFTER B.05 ON PG 2
94	ODB6	Num	8		ODB6 ANY OTHER HORMONES
95	ODB6A	Num	8		ODB6A THYROID
96	ODB6B	Num	8		ODB6B GLUCOCORTICOIDS
97	ODB6C	Num	8		ODB6C OTHER HORMONES
98	ODB6D	Num	8		ODB6D AMYLIN
99	ODB6STP	Num	8		ODB6STP STOP AFTER B.06 ON PG 2
100	ODB6_C	Num	8		ODB6_C MINERALCORTICOIDS
101	ODB7	Num	8		ODB7 LIPID LOWERING MEDICATIONS
102	ODB7B	Num	8		ODB7B OTHER HORMONAL THERAPY FOR CONTRACEPTION
103	ODB7STP	Num	8		ODB7STP STOP AFTER B.07 ON PG 3
104	ODB8	Num	8		ODB8 ANTICOAGULANTS
105	ODB8A	Num	8		ODB8A IMPOTENCE MEDICATIONS
106	ODB8STP	Num	8		ODB8STP STOP AFTER B.08 ON PG 3
107	ODB9A	Num	8		ODB9A TRANQUILIZERS
108	ODB9B	Num	8		ODB9B ANTIDEPRESSANTS
109	ODB9STP	Num	8		ODB9STP STOP AFTER B.09 ON PG 3
110	ODB_4	Num	8		ODB_4 DIETARY SUPPLEMENTS ON A REGULAR BASIS
111	ODDAY227	Num	8		ODDAY227 ASPIRIN 227 MG DAYS TOTAL #
112	ODDAY325	Num	8		ODDAY325 ASPIRIN 325 MG DAYS TOTAL #
113	ODDAY400	Num	8		ODDAY400 ASPIRIN 400 MG DAYS TOTAL #
114	ODDAY500	Num	8		ODDAY500 ASPIRIN 500 MG DAYS TOTAL #

Num	Variable	Type	Len	Format	Label
115	ODDAYS	Num	8		ODDAYS ASPIRIN 081 MG DAYS TOTAL #
116	ODTAB227	Num	8		ODTAB227 ASPIRIN 227 MG TABLETS TOTAL #
117	ODTAB325	Num	8		ODTAB325 ASPIRIN 325 MG TABLETS TOTAL #
118	ODTAB400	Num	8		ODTAB400 ASPIRIN 400 MG TABLETS TOTAL #
119	ODTAB500	Num	8		ODTAB500 ASPIRIN 500 MG TABLETS TOTAL #
120	ODTABLET	Num	8		ODTABLET ASPIRIN 081 MG TABLETS TOTAL #

Data Set Name: f0303_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	CL5160L1	Num	8		CL5160L1 VA/CHART 2 LETTERS LEFT EYE 5/160
8	CO100LE4	Num	8		CO100LE4 VA/CHART 2 LETTERS LEFT EYE 20/100
9	CO100RE4	Num	8		CO100RE4 VA/CHART 1 LETTERS RIGHT EYE 20/100
10	CO10LE	Num	8		CO10LE VA/CHART 2 LETTERS LEFT EYE 20/10
11	CO10RE4	Num	8		CO10RE4 VA/CHART 1 LETTERS RIGHT EYE 20/10
12	CO1125L1	Num	8		CO1125L1 VA/CHART 2 LETTERS LEFT EYE 10/125
13	CO1125R1	Num	8		CO1125R1 VA/CHART 1 LETTERS RIGHT EYE 10/125
14	CO1160L1	Num	8		CO1160L1 VA/CHART 2 LETTERS LEFT EYE 10/160
15	CO1160R1	Num	8		CO1160R1 VA/CHART 1 LETTERS RIGHT EYE 10/160
16	CO1200L1	Num	8		CO1200L1 VA/CHART 2 LETTERS LEFT EYE 10/200
17	CO1200R1	Num	8		CO1200R1 VA/CHART 1 LETTERS RIGHT EYE 10/200
18	CO125LE4	Num	8		CO125LE4 VA/CHART 2 LETTERS LEFT EYE 20/125
19	CO125RE4	Num	8		CO125RE4 VA/CHART 1 LETTERS RIGHT EYE 20/125
20	CO13LE4	Num	8		CO13LE4 VA/CHART 2 LETTERS LEFT EYE 20/13
21	CO13RE4	Num	8		CO13RE4 VA/CHART 1 LETTERS RIGHT EYE 20/13
22	CO160LE4	Num	8		CO160LE4 VA/CHART 2 LETTERS LEFT EYE 20/160
23	CO160RE4	Num	8		CO160RE4 VA/CHART 1 LETTERS RIGHT EYE 20/160
24	CO16LE4	Num	8		CO16LE4 VA/CHART 2 LETTERS LEFT EYE 20/16
25	CO16RE4	Num	8		CO16RE4 VA/CHART 1 LETTERS RIGHT EYE 20/16
26	CO1MLE	Num	8		CO1MLE TOTAL NUMBER CORRECT AT FOUR METERS
27	CO1MRE	Num	8		CO1MRE TOTAL NUMBER CORRECT AT FOUR METERS
28	CO1MTLE	Num	8		CO1MTLE WILL THE LEFT EYE BE TESTED?
29	CO1MTRE	Num	8		CO1MTRE WILL RIGHT EYE BE TESTED?
30	CO200LE4	Num	8		CO200LE4 VA/CHART 2 LETTERS LEFT EYE 20/200
31	CO200RE4	Num	8		CO200RE4 VA/CHART 1 LETTERS RIGHT EYE 20/200
32	CO20LE4	Num	8		CO20LE4 VA/CHART 2 LETTERS LEFT EYE 20/20
33	CO20RE4	Num	8		CO20RE4 VA/CHART 1 LETTERS RIGHT EYE 20/20
34	CO2100L1	Num	8		CO2100L1 VA/CHART 2 LETTERS LEFT EYE 20/100
35	CO2100R1	Num	8		CO2100R1 VA/CHART 1 LETTERS RIGHT EYE 20/100
36	CO2125L1	Num	8		CO2125L1 VA/CHART 2 LETTERS LEFT EYE 20/125

Num	Variable	Type	Len	Format	Label
37	CO2125R1	Num	8		CO2125R1 VA/CHART 1 LETTERS RIGHT EYE 20/125
38	CO2160L1	Num	8		CO2160L1 VA/CHART 2 LETTERS LEFT EYE 20/160
39	CO2160R1	Num	8		CO2160R1 VA/CHART 1 LETTERS RIGHT EYE 20/160
40	CO2200L1	Num	8		CO2200L1 VA/CHART 2 LETTERS LEFT EYE 20/200
41	CO2200R1	Num	8		CO2200R1 VA/CHART 1 LETTERS RIGHT EYE 20/200
42	CO240L1	Num	8		CO240L1 VA/CHART 2 LETTERS LEFT EYE 20/40
43	CO240R1	Num	8		CO240R1 VA/CHART 1 LETTERS RIGHT EYE 20/40
44	CO250L1	Num	8		CO250L1 VA/CHART 2 LETTERS LEFT EYE 20/50
45	CO250R1	Num	8		CO250R1 VA/CHART 1 LETTERS RIGHT EYE 20/50
46	CO25LE4	Num	8		CO25LE4 VA/CHART 2 LETTERS LEFT EYE 20/25
47	CO25RE4	Num	8		CO25RE4 VA/CHART 1 LETTERS RIGHT EYE 20/25
48	CO263L1	Num	8		CO263L1 VA/CHART 2 LETTERS LEFT EYE 20/63
49	CO263R1	Num	8		CO263R1 VA/CHART 1 LETTERS RIGHT EYE 20/63
50	CO280L1	Num	8		CO280L1 VA/CHART 2 LETTERS LEFT EYE 20/80
51	CO280R1	Num	8		CO280R1 VA/CHART 1 LETTERS RIGHT EYE 20/80
52	CO32LE4	Num	8		CO32LE4 VA/CHART 2 LETTERS LEFT EYE 20/32
53	CO32RE4	Num	8		CO32RE4 VA/CHART 1 LETTERS RIGHT EYE 20/32
54	CO40LE4	Num	8		CO40LE4 VA/CHART 2 LETTERS LEFT EYE 20/40
55	CO40RE4	Num	8		CO40RE4 VA/CHART 1 LETTERS RIGHT EYE 20/40
56	CO4MLE	Num	8		CO4MLE TOTAL NUMBER CORRECT AT FOUR METERS
57	CO4MRE	Num	8		CO4MRE TOTAL NUMBER CORRECT AT FOUR METERS
58	CO50LE4	Num	8		CO50LE4 VA/CHART 2 LETTERS LEFT EYE 20/50
59	CO50RE4	Num	8		CO50RE4 VA/CHART 1 LETTERS RIGHT EYE 20/50
60	CO5125L1	Num	8		CO5125L1 VA/CHART 2 LETTERS LEFT EYE 5/125
61	CO5125R1	Num	8		CO5125R1 VA/CHART 1 LETTERS RIGHT EYE 5/125
62	CO5160R1	Num	8		CO5160R1 VA/CHART 1 LETTERS RIGHT EYE 5/160
63	CO5200L1	Num	8		CO5200L1 VA/CHART 2 LETTERS LEFT EYE 5/200
64	CO5200R1	Num	8		CO5200R1 VA/CHART 1 LETTERS RIGHT EYE 5/200
65	CO63LE4	Num	8		CO63LE4 VA/CHART 2 LETTERS LEFT EYE 20/63
66	CO63RE4	Num	8		CO63RE4 VA/CHART 1 LETTERS RIGHT EYE 20/63
67	CO7STDLE	Num	8		CO7STDLE WITHIN SEVEN STANDARD FIELDS-LEFT EYE
68	CO7STDRE	Num	8		CO7STDRE WITHIN SEVEN STANDARD FIELDS-RIGHT EYE
69	CO80LE4	Num	8		CO80LE4 VA/CHART 2 LETTERS LEFT EYE 20/80
70	CO80RE4	Num	8		CO80RE4 VA/CHART 1 LETTERS RIGHT EYE 20/80
71	COABNLE	Num	8		COABNLE MAJOR OPHTHALMOSCOPIC ABNORMALITY-LEFT EYE
72	COABNRE	Num	8		COABNRE MAJOR OPHTHALMOSCOPIC ABNORMALITY-RIGHT EYE
73	COANGLLE	Num	8		COANGLLE ANGLE NEOVASCULARIZATION-LEFT EYE?
74	COANGLRE	Num	8		COANGLRE ANGLE NEOVASCULARIZATION-RIGHT EYE?
75	COANTRLE	Num	8		COANTRLE ANTERIOR TO VORTEX AMPULLAE-LEFT EYE

Num	Variable	Type	Len	Format	Label
76	COANTRRE	Num	8		COANTRRE ANTERIOR TO VORTEX AMPULLAE-RIGHT EYE
77	COAXISLE	Num	8		COAXISLE AXIS - LEFT EYE
78	COAXISRE	Num	8		COAXISRE AXIS - RIGHT EYE
79	COCLARLE	Num	8		COCLARLE CLARITY OF LENS-LEFT EYE
80	COCLARRE	Num	8		COCLARRE CLARITY OF LENS-RIGHT EYE
81	COCNTRLE	Num	8		COCNTRLE IS CENTER OF MACULAR INVOLVED-LEFT EYE?
82	COCNTRRE	Num	8		COCNTRRE IS CENTER OF MACULAR INVOLVED-RIGHT EYE?
83	COCTLE	Num	8		COCTLE CT FINGERS, HAND MOTION, LIGHT PRECEPTION PRESENT?
84	COCTRE	Num	8		COCTRE CT FINGERS, HAND MOTION, LIGHT PRECEPTION PRESENT?
85	COCYLLE	Char	6		COCYLLE CYLINDER - LEFT EYE
86	COCYLRE	Char	6		COCYLRE CYLINDER - RIGHT EYE
87	COCYSTLE	Num	8		COCYSTLE ARE CYSTOID CHANGES PRESENT-LEFT EYE?
88	COCYSTRE	Num	8		COCYSTRE ARE CYSTOID CHANGES PRESENT-RIGHT EYE?
89	CODIST	Num	8		CODIST DISTANT BETWEEN PATIENT & CHART (METERS)
90	COENUCLE	Num	8		COENUCLE LEFT EYE(S) ENUCLEATED
91	COENUCRE	Num	8		COENUCRE RIGHT EYE(S) ENUCLEATED
92	COHEMLE	Num	8		COHEMLE VITREOUS OR PRERETINAL HEMORRHAGE-LEFT EYE
93	COHEMRE	Num	8		COHEMRE VITREOUS OR PRERETINAL HEMORRHAGE-RIGHT EYE
94	COHRCLE	Num	8		COHRCLE HIGH RISK CHARACTERISTICS PRESENT-LEFT EYE?
95	COHRCRE	Num	8		COHRCRE HIGH RISK CHARACTERISTICS PRESENT-RIGHT EYE?
96	COIOPLE	Num	8		COIOPLE INTRAOCULAR PRESSURE MM HG-LEFT EYE
97	COIOPRE	Num	8		COIOPRE INTRAOCULAR PRESSURE MM HG-RIGHT EYE
98	COIRISLE	Num	8		COIRISLE IRIS NEOVASCULARIZATION-LEFT EYE?
99	COIRISRE	Num	8		COIRISRE IRIS NEOVASCULARIZATION-RIGHT EYE?
100	COLENSLE	Num	8		COLENSLE IS THE LENS MISSING-LEFT EYE?
101	COLENSRE	Num	8		COLENSRE IS THE LENS MISSING-RIGHT EYE?
102	COMYOPIA	Num	8		COMYOPIA IS MYOPIA > DIOPTERS IN ONE OR BOTH EYES
103	CONVDLE	Num	8		CONVDLE ARE NEW VESSELS PRESENT (NVD)-LEFT EYE
104	CONVDRE	Num	8		CONVDRE ARE NEW VESSELS PRESENT (NVD)-RIGHT EYE
105	CONVELE	Num	8		CONVELE ARE NEW VESSELS ELSEWHERE PRESENT-LEFT EYE?
106	CONVERE	Num	8		CONVERE ARE NEW VESSELS ELSEWHERE PRESENT-RIGHT EYE?
107	COOBSCLE	Num	8		COOBSCLE HEMORRHAGE OBSCURE DISC AREA-LEFT EYE
108	COOBSCRE	Num	8		COOBSCRE HEMORRHAGE OBSCURE DISC AREA-RIGHT EYE
109	COOLASLE	Num	8		COOLASLE OTHER REASON-LEFT EYE
110	COOLASRE	Num	8		COOLASRE OTHER REASON-RIGHT EYE
111	COONVELE	Num	8		COONVELE NEW VESSELS OUTSIDE 7 STD FIELDS-LEFT EYE?
112	COONVERE	Num	8		COONVERE NEW VESSELS OUTSIDE 7 STD FIELDS-RIGHT EYE?
113	COOPHLE	Num	8		COOPHLE OPTHALMOSCOPIC EXAM SATISFACTORY-LEFT EYE?
114	COOPHRE	Num	8		COOPHRE OPTHALMOSCOPIC EXAM SATISFACTORY-RIGHT EYE?

Num	Variable	Type	Len	Format	Label
115	COOREFLE	Num	8		COOREFLE OTHER/NO LEFT EYE REFRACTION
116	COOREFRE	Num	8		COOREFRE OTHER/NO RIGHT EYE REFRACTION
117	COOUT7LE	Num	8		COOUT7LE OUTSIDE SEVEN STANDARD FIELDS-LEFT EYE
118	COOUT7RE	Num	8		COOUT7RE OUTSIDE SEVEN STANDARD FIELDS-RIGHT EYE
119	COPLANLE	Num	8		COPLANLE PLAN TO PERFORM PHOTOCOAGULATION-LEFT EYE?
120	COPLANRE	Num	8		COPLANRE PLAN TO PERFORM PHOTOCOAGULATION-RIGHT EYE?
121	COPREFLE	Num	8		COPREFLE WOULD PREFER NOT TO TREAT-LEFT EYE
122	COPREFRE	Num	8		COPREFRE WOULD PREFER NOT TO TREAT-RIGHT EYE
123	COPVALE	Num	8		COPVALE POOR VISUAL ACUITY IN LEFT EYE
124	COPVARE	Num	8		COPVARE POOR VISUAL ACUITY IN RIGHT EYE
125	COREASLE	Num	8		COREASLE REASON FUNDUS EXAM UNSAT-LEFT EYE
126	COREASRE	Num	8		COREASRE REASON FUNDUS EXAM UNSAT-RIGHT EYE
127	COREFLE	Num	8		COREFLE PATIENT REFUSES-LEFT EYE
128	COREFRAC	Num	8		COREFRAC WAS A REFRACTION PERFORMED FOR BOTH EYES?
129	COREFRE	Num	8		COREFRE PATIENT REFUSES-RIGHT EYE
130	COSNDVLE	Num	8		COSNDVLE VESSELS > OR = DRS STD PHOTO 10A-LEFT EYE
131	COSNVDRE	Num	8		COSNVDRE VESSELS > OR = DRS STD PHOTO 10A-RIGHT EYE
132	COSNVELE	Num	8		COSNVELE NEW VESSELS >OR = 1/2 DA IN SIZE-LEFT EYE?
133	COSNVERE	Num	8		COSNVERE NEW VESSELS >OR = 1/2 DA IN SIZE-RIGHT EYE?
134	COSPHLE	Char	6		COSPHLE SPHERE - LEFT EYE
135	COSPHRE	Char	6		COSPHRE SPHERE - RIGHT EYE
136	COTHIKLE	Num	8		COTHIKLE RETINAL THICKNENING-LEFT EYE?
137	COTHIKRE	Num	8		COTHIKRE RETINAL THICKNENING-RIGHT EYE?
138	COUNHMLE	Num	8		COUNHMLE UNABLE TO TREAT DUE TO HEMORRHAGE-LEFT EYE
139	COUNHMRE	Num	8		COUNHMRE UNABLE TO TREAT DUE TO HEMORRHAGE-RIGHT EYE
140	COUNORLE	Num	8		COUNORLE UNABLE TO TREAT FOR OTHER REASON-LEFT EYE
141	COUNORRE	Num	8		COUNORRE UNABLE TO TREAT FOR OTHER REASON-RIGHT EYE
142	COWNVELE	Num	8		COWNVELE NEW VESSELS WITHIN 7 STD FIELDS-LEFT EYE?
143	COWNVERE	Num	8		COWNVERE NEW VESSELS WITHIN 7 STD FIELDS-RIGHT EYE?
144	COZEROLE	Num	8		COZEROLE SPHERE, CYLINDER, AXIS ALL ZERO-LEFT EYE
145	COZERORE	Num	8		COZERORE SPHERE, CYLINDER, AXIS ALL ZERO-RIGHT EYE
146	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0331.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	F33B1	Char	1		F33B1 IN GENERAL, WOULD YOU SAY YOUR OVERALL HEALTH IS:
8	F33B2	Char	1		F33B2 EYESIGHT USING BOTH EYES IS:
9	F33B3	Char	1		F33B3 HOW MUCH OF THE TIME DO YOU WORRY ABOUT YOUR EYESI
10	F33B4	Char	1		F33B4 HOW MUCH PAIN OR DISCOMFORT IN OR AROUND EYES?
11	F33C10	Char	1		F33C10 NOTICING OBJECTS OFF TO THE SIDE WHILE YOU ARE WAL
12	F33C11	Char	1		F33C11 SEEING HOW PEOPLE REACT TO THINGS YOU SAY?
13	F33C12	Char	1		F33C12 PICKING OUT AND MATCHING CLOTHES?
14	F33C13	Char	1		F33C13 VISITING WITH PEOPLE?
15	F33C14	Char	1		F33C14 GOING OUT TO SEE MOVIES, PLAYS, OR SPORTS EVENTS?
16	F33C15	Char	1		F33C15 ARE YOU CURRENTLY DRIVING, AT LEAST ONCE IN A WHIL
17	F33C15A	Char	1		F33C15A NEVER DRIVEN A CAR OR GIVEN UP DRIVING?
18	F33C15B	Char	1		F33C15B IF YOU GAVE UP DRIVING: WAS THAT MAINLY BECAUSE...
19	F33C15C	Char	1		F33C15C DIFFICULTY DRIVING DURING THE DAYTIME IN FAMILIAR
20	F33C16	Char	1		F33C16 DIFFICULTY DRIVING AT NIGHT?
21	F33C16A	Char	1		F33C16A DIFFICULTY DRIVING IN DIFFICULT CONDITIONS?
22	F33C5	Char	1		F33C5 READING ORDINARY PRINT IN NEWSPAPERS?
23	F33C6	Char	1		F33C6 DOING WORK OR HOBBIES?
24	F33C7	Char	1		F33C7 FINDING SOMETHING ON A CROWDED SHELF?
25	F33C8	Char	1		F33C8 READING STREET SIGNS OR THE NAMES OF STORES?
26	F33C9	Char	1		F33C9 GOING DOWN STEPS, STAIRS, OR CURBS IN DIM LIGHT OR
27	F33D17	Char	1		F33D17 DO YOU ACCOMPLISH LESS THAN YOU WOULD LIKE?
28	F33D18	Char	1		F33D18 LIMITED IN HOW LONG YOU CAN WORK OR DO OTHER ACTIV
29	F33D19	Char	1		F33D19 HOW MUCH DOES EYE PAIN OR DISCOMFORT KEEP YOU FROM
30	F33D20	Char	1		F33D20 I STAY HOME MOST OF THE TIME BECAUSE OF MY EYESIGH
31	F33D21	Char	1		F33D21 I FEEL FRUSTRATED A LOT OF THE TIME BECAUSE OF MY
32	F33D22	Char	1		F33D22 I HAVE MUCH LESS CONTROL OVER WHAT I DO
33	F33D23	Char	1		F33D23 I HAVE TO RELY TOO MUCH ON WHAT OTHER PEOPLE TELL
34	F33D24	Char	1		F33D24 I NEED A LOT OF HELP FROM OTHERS BECAUSE OF MY EYE
35	F33D25	Char	1		F33D25 I WORRY ABOUT DOING THINGS THAT WILL EMBARRASS
36	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED:

Data Set Name: f0423_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	DBA5B	Num	8		DBA5B IF DATE UNCERTAIN, CHECK HERE:
8	DBA6	Num	8	8.	DBA6 DEIDENTIFIED DATE EDIC CLINIC LEARNED OF EVENT
9	DBB1	Num	8		DBB1 LOSS OF CONSCIOUSNESS
10	DBB10	Num	8		DBB10 NONE
11	DBB2	Num	8		DBB2 SEIZURE
12	DBB3	Num	8		DBB3 SUSPECTED SEIZURE
13	DBB4	Num	8		DBB4 UNUSUAL DIFFICULTY IN AWAKENING
14	DBB5	Num	8		DBB5 IRRATIONAL
15	DBB6	Num	8		DBB6 UNCONTROLLABLE BEHAVIOR
16	DBB7	Num	8		DBB7 CONFUSION
17	DBB8	Num	8		DBB8 MEMORY LOSS
18	DBB9	Num	8		DBB9 OTHER CLINICAL MANIFESTATION
19	DBC1	Num	8		DBC1 BLOOD GLUCOSE MEASURED BEFORE TREATMENT?
20	DBC2	Num	8		DBC2 BLOOD GLUCOSE MEASURED BY WHOM?
21	DBC3A	Num	8		DBC3A BLOOD GLUCOSE RECORD MEASUREMENT(MG/LD)
22	DBC3B	Num	8		DBC3B BLOOD GLUCOSE RECORD MEAS. IF UNKNOWN
23	DBC4	Num	8		DBC4 BLOOD GLUCOSE METHOD USED
24	DBC5	Num	8		DBC5 BLOOD GLUCOSE MEASURED AFTER TREATMENT?
25	DBC6	Num	8		DBC6 BLOOD GLUCOSE MEASURED BY WHOM?
26	DBC7A	Num	8		DBC7A BLOOD GLUCOSE RECORD MEASUREMENT(MG/LD)
27	DBC7B	Num	8		DBC7B BLOOD GLUCOSE RECORD MEAS. IF UNKNOWN
28	DBC8	Num	8		DBC8 BLOOD GLUCOSE METHOD USED
29	DBCOMDAT	Num	8	8.	DBCOMDAT DEIDENTIFIED DATE OF HYPOGLYCEMIC EVENT
30	DBD1	Num	8		DBD1 SYMPTONS REVERSE WITHOUT TREATMENT?
31	DBD2A	Num	8		DBD2A DID PATIENT RECEIVE ASSISTANCE?
32	DBD2B	Num	8		DBD2B PATIENT INCAPABLE OF TREATING SELF?
33	DBD3	Num	8		DBD3 PATIENT HOSPITALIZED?
34	DBD4A	Num	8		DBD4A TREATMENT: INTRAVENOUS GLUCOSE
35	DBD4B	Num	8		DBD4B TREATMENT: GLUCAGON
36	DBD4C	Num	8		DBD4C TREATMENT: ORAL CARBOHYDRATES

Num	Variable	Type	Len	Format	Label
37	DBD4D	Num	8		DBD4D TREATMENT: OTHER
38	DBE1	Num	8		DBE1 DID ASSOCIATED EVENTS OCCUR WITH HYPOGLYCEMIA?
39	DBE1A	Num	8		DBE1A ASSOCIATED EVENTS: DEATH
40	DBE1B	Num	8		DBE1B ASSOCIATED EVENTS: NEUROLOGICAL/HOSPILIZATION
41	DBE1C	Num	8		DBE1C ASSOCIATED EVENTS: MYOCARDIAL INFRACTION
42	DBE1D	Num	8		DBE1D ASSOCIATED EVENTS: STROKE
43	DBE1E	Num	8		DBE1E ASSOCIATED EVENTS: INJURY/HOSPITALIZATION
44	DBE1F	Num	8		DBE1F ASSOCIATED EVENTS: INJURY TO ANOTHER PERSON
45	DBE1G	Num	8		DBE1G ASSOCIATED EVENTS: PROPERTY DAMAGE
46	DBE1H	Num	8		DBE1H ASSOCIATED EVENTS: TRAFFIC VIOLATION
47	DBF1	Num	8		DBF1 TREATMENT REGIMEN HYPOGLYCEMIC OCCUR?
48	DBF2	Num	8		DBF2 PUMP MALFUNCTION SUSPECTED?
49	DBG1	Num	8		DBG1 PATIENT LIVING ARRANGEMENT
50	DBG2A	Num	8		DBG2A PARENT SPOUSE CHILD W/PATIENT @ ONSET OF SYMPTOMS
51	DBG2B	Num	8		DBG2B CLASSMATE TEACHER W/PATIENT @ ONSET OF SYMPTOMS
52	DBG2C	Num	8		DBG2C PASSERBY W/PATIENT @ ONSET OF SYMPTOMS
53	DBG2D	Num	8		DBG2D OTHER W/PATIENT @ ONSET OF SYMPTOMS
54	DBG2E	Num	8		DBG2E PATIENT ALONE @ ONSET OF SYMPTOMS
55	DBG2F	Num	8		DBG2F UNKNOWN: @ ONSET OF SYMPTOMS
56	DBG3	Num	8		DBG3 PERSON CAPABLE OF RECOGNIZING SYMPTOMS
57	DBG4	Num	8		DBG4 SEVERITY OF HYPOGLYCEMIC EPISODE
58	DBG5A	Num	8		DBG5A ADMINISTER ORAL CARBOHYDRATES
59	DBG5B	Num	8		DBG5B ADMINISTER GLUCAGON
60	DBG5C	Num	8		DBG5C CALLED PARAMEDICS
61	DBG5D	Num	8		DBG5D UNKNOWN
62	DBG5E	Num	8		DBG5E OTHER
63	DBH1A	Num	8		DBH1A TIME OF ONSET OF EPISODE
64	DBH1B	Num	8	TIME5.	DBH1B RECORD TIME IF KNOWN
65	DBH1C	Num	8		DBH1C RECORD TIME IF KNOWN (AM, PM, UNK)
66	DBH2	Num	8		DBH2 ONSET OF HYPOGLYCEMIA OCCURED:
67	DBI1	Num	8		DBI1 PATIENT S LOCALE @ ONSET OF EPISODE
68	DBI2A	Num	8		DBI2A SYMPTOMS PRIOR TO EPISODE
69	DBI2B	Num	8		DBI2B HYPOGLYCEMIA SYMPTOMS BY PATIENT
70	DBI2C	Num	8		DBI2C HYPOGLYCEMIA SYMPTOMS BY ANOTHER PERSON
71	DBJ10A	Num	8		DBJ10A PT CARRY SOMETHING TO TREAT REACTIONS?
72	DBJ10B	Num	8		DBJ10B DID PT HAVE SOMETHING TO TREAT REACTIONS?
73	DBJ1A	Num	8		DBJ1A EXERCISE 4 HRS BEFORE HYPOGLYCEMIA EVENT
74	DBJ1B	Num	8		DBJ1B WAS THIS UNUSAL FOR THIS PATIENT?

Num	Variable	Type	Len	Format	Label
75	DBJ1C	Num	8		DBJ1C EXERCISE 24 HRS PRIOR HYPOGLYCEMIA EVENT
76	DBJ1D	Num	8		DBJ1D WAS THIS UNUSAL FOR THIS PATIENT?
77	DBJ2A1	Num	8		DBJ2A1 DIET SAME 4 HR: MISSED MEAL
78	DBJ2A2	Num	8		DBJ2A2 DIET SAME 4 HR: MISSED SNACK
79	DBJ2A3	Num	8		DBJ2A3 DIET SAME 4 HR: MISSED UNKNOWN
80	DBJ2A4	Num	8		DBJ2A4 DIET SAME 4 HR: DELAYED MEAL
81	DBJ2A5	Num	8		DBJ2A5 DIET SAME 4 HR: DELAYED SNACK
82	DBJ2A6	Num	8		DBJ2A6 DIET SAME 4 HR: DELAYED UNKNOWN
83	DBJ2A7	Num	8		DBJ2A7 DIET SAME 4 HR: ATE < USUAL (NO)
84	DBJ2A8	Num	8		DBJ2A8 DIET SAME 4 HR: ATE < USUAL (YES)
85	DBJ2A9	Num	8		DBJ2A9 DIET SAME 4 HR: ATE < USUAL (UNKNOWN)
86	DBJ2B1	Num	8		DBJ2B1 DIET PRIOR 24 HR: MISSED MEAL
87	DBJ2B2	Num	8		DBJ2B2 DIET PRIOR 24 HR: MISSED SNACK
88	DBJ2B3	Num	8		DBJ2B3 DIET PRIOR 24 HR: MISSED UNKNOWN
89	DBJ2B4	Num	8		DBJ2B4 DIET PRIOR 24 HR: DELAYED MEAL
90	DBJ2B5	Num	8		DBJ2B5 DIET PRIOR 24 HR: DELAYED SNACK
91	DBJ2B6	Num	8		DBJ2B6 DIET PRIOR 24 HR: DELAYED UNKNOWN
92	DBJ2B7	Num	8		DBJ2B7 DIET PRIOR 24 HR: ATE < USUAL (NO)
93	DBJ2B8	Num	8		DBJ2B8 DIET PRIOR 24 HR: ATE < USUAL (YES)
94	DBJ2B9	Num	8		DBJ2B9 DIET PRIOR 24 HR: ATE < USUAL (UNKNOWN)
95	DBJ3A1	Num	8		DBJ3A1 DEVIATIONS FROM USUAL SAME 4 HR PERIOD
96	DBJ3A2	Num	8		DBJ3A2 DEVIATIONS FROM USUAL PRIOR 24 HR PERIOD
97	DBJ3B1	Num	8		DBJ3B1 DEVIATIONS FROM TIMING 4 HR PERIOD
98	DBJ3B2	Num	8		DBJ3B2 DEVIATIONS FROM TIMING 24 HR PERIOD
99	DBJ4A	Num	8		DBJ4A SEXUAL ACTIVITY SAME 4 HR PERIOD
100	DBJ4B	Num	8		DBJ4B SEXUAL ACTIVITY PRIOR 24 HR PERIOD
101	DBJ5A	Num	8		DBJ5A ALCOHOL/DRUGS SAME 4 HR PERIOD
102	DBJ5B	Num	8		DBJ5B ALCOHOL/DRUGS PRIOR 24 HR PERIOD
103	DBJ6A1	Num	8		DBJ6A1 SELF BLOOD GLUCOSE MONITORING
104	DBJ6A2	Num	8		DBJ6A2 URINE GLUCOSE MONITORING
105	DBJ6B	Num	8		DBJ6B # TESTS PERFORMED PRIOR WEEK
106	DBJ6C	Num	8		DBJ6C # TESTS PERFORMED 24 HRS TO EPISODE
107	DBJ6D	Num	8		DBJ6D PERFORM 3:AM TEST WK PRIOR TO EPISODE
108	DBJ6E	Num	8		DBJ6E RECORD 3:00 AM VALUE
109	DBJ7A	Num	8		DBJ7A PT MENSTRUATING AT TIME OF EPISODE
110	DBJ7B	Num	8		DBJ7B BIRTH CONTROL AT TIME OF EPISODE
111	DBJ7C1	Num	8		DBJ7C1 CHARACTERIZE PATIENT S CYCLE
112	DBJ7C2	Num	8		DBJ7C2 CHARACTERIZE PATIENT S CYCLE: LENGTH
113	DBJ7D	Num	8		DBJ7D BLOOD/GLUCOSE FLUCTUATE AT TIME OF MENSES?

Num	Variable	Type	Len	Format	Label
114	DBJ8	Num	8		DBJ8 RECENT STRESS WK PRIOR TO EPISODE?
115	DBJ9	Num	8		DBJ9 POTENTIAL CONTRIBUTING FACTORS?
116	DBSEQNO	Num	8		DBSEQNO FOR DCC USE ONLY. SEQUENCE NO.
117	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
118	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0503_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	X_FRMNUM	Char	8			X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.		PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.		FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.		CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8			X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EOB1	Num	8	1.		EOB1 LEGS/FEET NUMB?
8	EOB10	Num	8	1.		EOB10 FEEL WEAK MOST OF THE TIME?
9	EOB11	Num	8	1.		EOB11 SYMPTOMS WORSE AT NIGHT?
10	EOB12	Num	8	1.		EOB12 LEGS HURT WHEN YOU WALK?
11	EOB13	Num	8	1.		EOB13 SENSE FEET WHEN WALKING?
12	EOB14	Num	8	1.		EOB14 SKIN ON FEET CRACK FROM DRYNESS?
13	EOB15	Num	8	1.		EOB15 HAD AN AMPUTATION?
14	EOB2	Num	8	1.		EOB2 BURNING PAIN IN LEGS/FEET?
15	EOB3	Num	8	1.		EOB3 FEET TOO SENSITIVE?
16	EOB4	Num	8	1.		EOB4 MUSCLE CRAMPS IN LEGS/FEET?
17	EOB5	Num	8	1.		EOB5 PRICKLING FEELINGS IN LEGS/FEET?
18	EOB6	Num	8	1.		EOB6 HURT WHEN BEDDING TOUCH SKIN?
19	EOB7	Num	8	1.		EOB7 TELL HOT/COLD WATER IN TUB?
20	EOB8	Num	8	1.		EOB8 OPEN SORE ON YOUR FOOT?
21	EOB9	Num	8	1.		EOB9 TOLD YOU HAVE DIABETIC NEUROPATHY?
22	EOC2L	Num	8			EOC2L LEFT ULCERATION
23	EOC2R	Num	8			EOC2R RIGHT ULCERATION
24	EOC3L	Num	8			EOC3L LEFT ANKLE REFLEXES
25	EOC3R	Num	8			EOC3R RIGHT ANKLE REFLEXES
26	EOC4L	Num	8			EOC4L LEFT VP AT GREAT TOE
27	EOC4R	Num	8			EOC4R RIGHT VPAT GREAT TOE
28	EOC5L	Num	8			EOC5L LEFT 10GM FILAMENT
29	EOC5R	Num	8			EOC5R RIGHT 10GM FILAMENT
30	EOCAL	Num	8	1.		EOCAL NORMAL
31	EOCAR	Num	8	1.		EOCAR NORMAL
32	EOCB1L	Num	8			EOCB1L DEFORMITIES
33	EOCB1R	Num	8			EOCB1R DEFORMITIES
34	EOCB2L	Num	8			EOCB2L DRY SKIN, CALLUS
35	EOCB2R	Num	8			EOCB2R DRY SKIN, CALLUS
36	EOCB3L	Num	8			EOCB3L INFECTION

Num	Variable	Type	Len	Format	Informat	Label
37	EOCB3R	Num	8			EOCB3R INFECTION
38	EOCB4L	Num	8			EOCB4L FISSURE
39	EOCB4R	Num	8			EOCB4R FISSURE
40	EOCB5L	Num	8			EOCB5L OTHER
41	EOCB5R	Num	8			EOCB5R OTHER
42	F0503A1	Num	8	2.		F0503A1 DEIDENTIFIED CLINIC
43	FSASDATE	Num	8	8.		FSASDATE DEIDENTIFIED DATE FORM COMPLETED:
44	NERRORS_	Num	8	6.	6.	NERRORS_ NERRORS_
45	NFIELDS_	Num	8	6.	6.	NFIELDS_ NFIELDS_
46	SEQNO_	Num	8	6.	6.	SEQNO_ SEQNO_

Data Set Name: f0511.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	F511A	Num	8		F511A CONDITION OTHER THAN DIABETES THAT COULD CAUSE NEU
8	F511B	Num	8		F511B EXPOSURE TO KNOWN NEUROTOXINS ?
9	F511B2D	Num	8	8.	F511B2D DEIDENTIFIED DATE EXPOSED TO 2ND TOXIN
10	F511B3D	Num	8	8.	F511B3D DEIDENTIFIED DATE EXPOSED TO 3RD TOXIN
11	F511B4D	Num	8	8.	F511B4D DEIDENTIFIED DATE EXPOSED TO 4TH TOXIN
12	F511C	Num	8		F511C FAMILY HISTORY OF NEUROMUSCULAR DISORDERS ?
13	F512A	Num	8		F512A IS NUMBNESS PRESENT IN HANDS OR FEET ?
14	F512B	Num	8		F512B IS DYSTHESIAS, PARESTHESIAS PRESENT IN HANDS OR FE
15	F512C	Num	8		F512C IS HYPERSENSITIVITY TO TOUCH PRESENT IN HANDS OR F
16	F512D	Num	8		F512D IS BURNING/ACHING STABBING PAIN PRESENT IN HANDS O
17	F513A	Num	8		F513A IS THE FOLLOWING MOTOR SYMPTOM PRESENT: ANKLE WEAK
18	F513B	Num	8		F513B IS THE FOLLOWING MOTOR SYMPTOM PRESENT: CRAMPS ?
19	F514A	Num	8		F514A IS WEAKNESS ON STANDING RELIEVED BY LYING DOWN ?
20	F514B	Num	8		F514B IS FAINTING ON STANDING RELIEVED BY LYING DOWN ?
21	F514C	Num	8		F514C GASTROPARESIS: DYSPHAGIA (DIFFICULTY SWALLOWING) ?
22	F514D	Num	8		F514D GASTROPARESIS: ANOREXIA ?
23	F514E	Num	8		F514E GASTROPARESIS: NAUSEA ?
24	F514F	Num	8		F514F GASTROPARESIS: VOMITING ?
25	F514G	Num	8		F514G GASTROPARESIS: VAGUE FULLNESS AFTER MEAL ?
26	F514H	Num	8		F514H DIABETIC DIARRHEA: NOCTURNAL DIARRHEA ?
27	F514I	Num	8		F514I DIABETIC DIARRHEA: FECAL INCONTINENCE ?
28	F514J	Num	8		F514J DIABETIC DIARRHEA: MORE THAN 20 BOWEL MOVEMENTS/DA
29	F514K	Num	8		F514K COLONIC ATONY: LESS THAN 2 BOWEL MOVEMENTS/WEEK ?
30	F514L	Num	8		F514L COLONIC ATONY: LESS THAN 1 BOWEL MOVEMENTS/3 DAYS
31	F514M	Num	8		F514M GENITOURINARY: IMPOTENCE(NOT DUE TO OTHER CAUSES)
32	F514N	Num	8		F514N GENITOURINARY: RETROGRADE EJACULATION ?
33	F514O	Num	8		F514O GENITOURINARY: OVERFLOW BLADDER INCONTINENCE ?
34	F514P	Num	8		F514P GENITOURINARY: URINARY DRIBBLING ?
35	F514Q	Num	8		F514Q GENITOURINARY: INCOMPLETE BLADDER EMPTYING ?
36	F514R	Num	8		F514R GENITOURINARY: INCREASED URINARY VOLUME ?

Num	Variable	Type	Len	Format	Label
37	F514S	Num	8		F514S GENITOURINARY: DECREASED URINARY FREQUENCY ?
38	F514T	Num	8		F514T SUDOMOTOR ABNORMALITY: DIMINISHED SWEATING OF LEGS
39	F514U	Num	8		F514U SUDOMOTOR ABNORMALITY: FEELING OF INCREASED SWEATI
40	F514V	Num	8		F514V HYPOGLYCEMIC UNAWARENESS:DECREASED ADRENERGIC AWAR
41	F51A1	Num	8		F51A1 DEIDENTIFIED CLINIC NUMBER
42	F51C1A	Num	8		F51C1A ABNORMALITIES OF PROXIMAL MUSCLES ?
43	F51C1B	Num	8		F51C1B ABNORMALITIES OF DISTAL MUSCLES ?
44	F51C1C	Num	8		F51C1C ABNORMALITIES OF SENSORY FUNCTION OF SMALL FIBERS
45	F51C1D	Num	8		F51C1D ABNORMALITIES OF SENSORY FUNCTION OF LARGE FIBERS
46	F51C1E	Num	8		F51C1E ABNORMALITIES OF GAIT AND COORDINATION ?
47	F51C2AL	Num	8		F51C2AL REFLEX PATTERN: BICEPS - LEFT
48	F51C2AR	Num	8		F51C2AR REFLEX PATTERN: BICEPS - RIGHT
49	F51C2BL	Num	8		F51C2BL REFLEX PATTERN: TRICEPS - LEFT
50	F51C2BR	Num	8		F51C2BR REFLEX PATTERN: TRICEPS - RIGHT
51	F51C2CL	Num	8		F51C2CL REFLEX PATTERN: BRACHIORADIALIS - LEFT
52	F51C2CR	Num	8		F51C2CR REFLEX PATTERN: BRACHIORADIALIS - RIGHT
53	F51C2DL	Num	8		F51C2DL REFLEX PATTERN: QUADRICEPS - LEFT
54	F51C2DR	Num	8		F51C2DR REFLEX PATTERN: QUADRICEPS - RIGHT
55	F51C2EL	Num	8		F51C2EL REFLEX PATTERN: GASTROC/SOLEUS - LEFT
56	F51C2ER	Num	8		F51C2ER REFLEX PATTERN: GASTROC/SOLEUS - RIGHT
57	F51D1A	Num	8		F51D1A SYMPTOMS OF DISTAL SYMMETRICL POLYNEUROPATHY ?
58	F51D1B	Num	8		F51D1B ABNORMAL SENSORY EXAM INDICATING DISTAL SYMMETRICL
59	F51D2	Num	8		F51D2 DOES PATIENT HAVE CLINICALLY-EVIDENT DIABETIC PERI
60	F51D3	Num	8		F51D3 IF PATIENT HAS DIABETIC NEUROPATHY IS IT DIFFUSE O
61	F51D4	Num	8		F51D4 EVIDENCE OF A NEUROLOGICAL DISORDER OTHER THAN DIA
62	F55D1C	Num	8		F55D1C BASED ON HISTORY & EXAM: DECREASED OR ABSENT DEEP
63	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0522_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EBA6	Num	8		EBA6 PATIENT DOMINANT SIDE
8	EBA7	Num	8		EBA7 WILL PATIENT DOMINANT SIDE BE TESTED ?
9	EBB1A	Num	8		EBB1A MEDIAN NERVE(MOTOR): WRIST TO ABD. DISTANCE (MM)
10	EBB1B	Num	8	4.1	EBB1B MEDIAN NERVE(MOTOR): WRIST TO ABD. DISTAL LATENCY
11	EBB1C	Num	8	4.1	EBB1C MEDIAN NERVE(MOTOR): WRIST TO ABD. AMPLITUDE(MV) B
12	EBB1D	Num	8	4.1	EBB1D MEDIAN NERVE(MOTOR):ELBOW TO WRIST:TEMP.(MID-FOREA
13	EBB1E	Num	8	4.1	EBB1E MEDIAN NERVE(MOTOR):ELBOW TO WRIST:DISTANCE (MM)
14	EBB1F	Num	8	4.1	EBB1F MEDIAN NERVE(MOTOR):ELBOW TO WRIST:PROXIMAL LATENC
15	EBB1G	Num	8	4.1	EBB1G MEDIAN NERVE(MOTOR):ELBOW TO WRIST:CONDUCTION VELO
16	EBB1H	Num	8	4.1	EBB1H MEDIAN NERVE(MOTOR):ELBOW TO WRIST:AMPLITUDE(MV) B
17	EBB1I	Num	8	4.1	EBB1I MEDIAN NERVE(MOTOR):ELBOW TO WRIST:TEMP.(MID-FOREA
18	EBB1J	Num	8	4.1	EBB1J MEDIAN NERVE(MOTOR):F-WAVE(STIMULATE WRIST)LATENCY
19	EBB2A	Num	8	4.1	EBB2A MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:TEMP-MID-P
20	EBB2B	Num	8		EBB2B MEDIAN NERVE(SENSORY):DIGIT II TO WRIST: DISTANCE
21	EBB2C	Num	8	4.1	EBB2C MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:LATENCY TO
22	EBB2D	Num	8	4.1	EBB2D MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:CONDUCTION
23	EBB2E	Num	8		EBB2E MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:AMPLITUDE-
24	EBB2F	Num	8	4.1	EBB2F MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:TEMP.(MID-
25	EBB3A	Num	8		EBB3A PERONEAL NERVE(MOTOR):ANKLE TO EXT DIG BREV: DISTA
26	EBB3B	Num	8	4.1	EBB3B PERONEAL NERVE(MOTOR):ANKLE TO EXT DIG BREV:DISTAL
27	EBB3C	Num	8	4.1	EBB3C PERONEAL NERVE(MOTOR):ANKLE TO EXT DIG BREV: AMPLI
28	EBB3D	Num	8	4.1	EBB3D PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:
29	EBB3E	Num	8		EBB3E PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:
30	EBB3F	Num	8	4.1	EBB3F PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:
31	EBB3G	Num	8	4.1	EBB3G PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:
32	EBB3H	Num	8	4.1	EBB3H PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:
33	EBB3I	Num	8	4.1	EBB3I PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:
34	EBB3J	Num	8	4.1	EBB3J PERONEAL NERVE(MOTOR): F-WAVE(STIMULATE ANKLE)LATE
35	EBB4A	Num	8	4.1	EBB4A SURAL NERVE(SENSORY): TEMP. (LOWER CALF) PRE-TESTI
36	EBB4B	Num	8		EBB4B SURAL NERVE(SENSORY): DISTANCE (MM)

Num	Variable	Type	Len	Format	Label
37	EBB4C	Num	8	4.1	EBB4C SURAL NERVE(SENSORY): LATENCY TO ONSET (MSEC) (NOT
38	EBB4D	Num	8	4.1	EBB4D SURAL NERVE(SENSORY): CONDUCTION VELOCITY (M/SEC)
39	EBB4E	Num	8		EBB4E SURAL NERVE(SENSORY): AMPLITUDE (BASELINE TO NEG.
40	EBB4F	Num	8	4.1	EBB4F SURAL NERVE(SENSORY): TEMP. (LOWER CALF) POST-TEST
41	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0541.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDB1	Num	8		EDB1 PATIENT DOMINANT SIDE
8	EDB2	Num	8		EDB2 WILL THE PATIENT DOMINANT SIDE BE TESTED ?
9	EDB3A	Num	8		EDB3A NUMBER OF TRIALS: INDEX FINGER
10	EDB3B	Num	8		EDB3B NUMBER OF TRIALS: GREAT TOE
11	EDB4A	Num	8	4.1	EDB4A 1ST ERROR (VIBRATION UNITS): INDEX FINGER
12	EDB4B	Num	8	4.1	EDB4B #1 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
13	EDB4C	Num	8	4.1	EDB4C 1ST ERROR (VIBRATION UNITS): GREAT TOE
14	EDB4D	Num	8	4.1	EDB4D #1 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
15	EDB5A	Num	8	4.1	EDB5A 2ND ERROR (VIBRATION UNITS): INDEX FINGER
16	EDB5B	Num	8	4.1	EDB5B #2 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
17	EDB5C	Num	8	4.1	EDB5C 2ND ERROR (VIBRATION UNITS): GREAT TOE
18	EDB5D	Num	8	4.1	EDB5D #2 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
19	EDB6A	Num	8	4.1	EDB6A 3RD ERROR (VIBRATION UNITS): INDEX FINGER
20	EDB6B	Num	8	4.1	EDB6B #3 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
21	EDB6C	Num	8	4.1	EDB6C 3RD ERROR (VIBRATION UNITS): GREAT TOE
22	EDB6D	Num	8	4.1	EDB6D #3 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
23	EDB7A	Num	8	4.1	EDB7A 4TH ERROR (VIBRATION UNITS): INDEX FINGER
24	EDB7B	Num	8	4.1	EDB7B #4 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
25	EDB7C	Num	8	4.1	EDB7C 4TH ERROR (VIBRATION UNITS): GREAT TOE
26	EDB7D	Num	8	4.1	EDB7D #4 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
27	EDB8A	Num	8	4.1	EDB8A 5TH ERROR (VIBRATION UNITS): INDEX FINGER
28	EDB8B	Num	8	4.1	EDB8B #5 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
29	EDB8C	Num	8	4.1	EDB8C 5TH ERROR (VIBRATION UNITS): GREAT TOE
30	EDB8D	Num	8	4.1	EDB8D #5 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
31	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
32	PROTVIOL	Num	8		PROTVIOL PROTOCOL VIOLATION
33	QC	Num	8		QC 1 = QC

Data Set Name: f0551.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EEA1CLIN	Num	8		EEA1CLIN DEIDENTIFIED CLINIC NUMBER
8	EEA6	Num	8		EEA6 IS SUBJECT A NORMAL CONTROL?
9	EEA7	Num	8		EEA7 TEST FOR ANS CERTIFICATION ?
10	EEB1	Num	8		EEB1 ANY FOOD SINCE MIDNIGHT ?
11	EEB10	Num	8		EEB10 ACUTE ILLNESS IN THE LAST 48 HOURS ?
12	EEB11	Num	8		EEB11 ANY HYPOGLYCEMIC EPISODES SINCE MIDNIGHT ?
13	EEB12A	Num	8		EEB12A FASTING BLOOD SUGAR VALUE
14	EEB12B	Num	8		EEB12B BELOW 50 OR SIGNS OR SYMPTOMS OF HYPOGLYCEMIA ?
15	EEB2	Num	8		EEB2 ANY LIQUIDS SINCE MIDNIGHT (EXCEPT WATER) ?
16	EEB3	Num	8		EEB3 ANY CAFFEINE SINCE MIDNIGHT ?
17	EEB4	Num	8		EEB4 ANY MEDICATION SINCE MIDNIGHT ?
18	EEB5	Num	8		EEB5 ANY OVER-THE COUNTER DRUGS SINCE MIDNIGHT ?
19	EEB6	Num	8		EEB6 ANY ALCOHOL IN THE LAST 24 HOURS ?
20	EEB7	Num	8		EEB7 ANY TOBACCO SINCE MIDNIGHT ?
21	EEB8	Num	8		EEB8 ANY VIGOROUS EXERCISE IN THE LAST 24 HOURS ?
22	EEB9	Num	8		EEB9 ANY EMOTIONAL UPSET IN THE LAST 24 HOURS ?
23	EEC1	Num	8		EEC1 HEIGHT
24	EEC2	Num	8		EEC2 WEIGHT
25	EED1AI	Num	8		EED1AI SYSTOLIC BLOOD PRESSURE PRIOR TO R-R
26	EED1AII	Num	8		EED1AII DIASTOLIC BLOOD PRESSURE PRIOR TO R-R
27	EED1BI	Num	8		EED1BI SYSTOLIC BLOOD PRESSURE AFTER TO R-R
28	EED1BII	Num	8		EED1BII DIASTOLIC BLOOD PRESSURE AFTER TO R-R
29	EED2AI	Num	8		EED2AI SYSTOLIC BP/POSTURAL STUDY/1 MINUTE
30	EED2AII	Num	8		EED2AII DIASTOLIC BP/POSTURAL STUDY/1 MINUTE
31	EED2BI	Num	8		EED2BI SYSTOLIC BP/POSTURAL STUDY/2 MINUTES
32	EED2BII	Num	8		EED2BII DIASTOLIC BP/POSTURAL STUDY/2 MINUTES
33	EED2CI	Num	8		EED2CI SYSTOLIC BP/POSTURAL STUDY/3 MINUTES
34	EED2CII	Num	8		EED2CII DIASTOLIC BP/POSTURAL STUDY/3 MINUTES
35	EED2DI	Num	8		EED2DI SYSTOLIC BP/POSTURAL STUDY/4 MINUTES
36	EED2DII	Num	8		EED2DII DIASTOLIC BP/POSTURAL STUDY/4 MINUTES

Num	Variable	Type	Len	Format	Label
37	EED2EI	Num	8		EED2EI SYSTOLIC BP/POSTURAL STUDY/5 MINUTES
38	EED2EII	Num	8		EED2EII DIASTOLIC BP/POSTURAL STUDY/5 MINUTES
39	EED2FI	Num	8		EED2FI SYSTOLIC BP/POSTURAL STUDY/10 MINUTES
40	EED2FII	Num	8		EED2FII DIASTOLIC BP/POSTURAL STUDY/10 MINUTES
41	EED3	Num	8		EED3 DID POSTURAL HYPOTENSION OCCUR ?
42	EED4	Num	8		EED4 HOW MANY MINUTES INTO THE TEST DID THE POSTURAL HY
43	EEE1A	Num	8		EEE1A WAS THE R-R PORTION OF THE TEST COMPLETED ?
44	EEE2A	Num	8		EEE2A WAS THE POSTURAL STUDY COMPLETED ?
45	EEE3	Num	8		EEE3 NUMBER OF VALSALVA STUDIES ATTEMPTED
46	EEE4	Num	8		EEE4 NUMBER OF VALSALVA STUDIES COMPLETED
47	EEE5	Num	8		EEE5 MOST APPROPRIATE REASON WHY VALSALVA STUDIES NOT C
48	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0552.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	F552A1	Num	8		F552A1 DEIDENTIFIED CLINIC NUMBER
8	F552A6	Num	8		F552A6 IS SUBJECT A NORMAL CONTROL?
9	F552A7	Num	8		F552A7 TEST FOR ANS CERTIFICATION ?
10	F552B1	Num	8		F552B1 ANY FOOD SINCE MIDNIGHT ?
11	F552B10	Num	8		F552B10 ACUTE ILLNESS IN THE LAST 48 HOURS ?
12	F552B11	Num	8		F552B11 ANY HYPOGLYCEMIC EPISODES SINCE MIDNIGHT ?
13	F552B12A	Num	8		F552B12A FASTING BLOOD SUGAR VALUE
14	F552B12B	Num	8		F552B12B BELOW 50 OR SIGNS OR SYMPTOMS OF HYPOGLYCEMIA ?
15	F552B2	Num	8		F552B2 ANY LIQUIDS SINCE MIDNIGHT (EXCEPT WATER) ?
16	F552B3	Num	8		F552B3 ANY CAFFEINE SINCE MIDNIGHT ?
17	F552B4	Num	8		F552B4 ANY MEDICATION SINCE MIDNIGHT ?
18	F552B5	Num	8		F552B5 ANY OVER-THE COUNTER DRUGS SINCE MIDNIGHT ?
19	F552B6	Num	8		F552B6 ANY ALCOHOL IN THE LAST 24 HOURS ?
20	F552B7	Num	8		F552B7 ANY TOBACCO SINCE MIDNIGHT ?
21	F552B8	Num	8		F552B8 ANY VIGOROUS EXERCISE IN THE LAST 24 HOURS ?
22	F552B9	Num	8		F552B9 ANY EMOTIONAL UPSET IN THE LAST 24 HOURS ?
23	F552C1	Num	8		F552C1 HEIGHT
24	F552C2	Num	8		F552C2 WEIGHT
25	F552D3	Num	8		F552D3 DID POSTURAL HYPOTENSION OCCUR ?
26	F552D4	Num	8		F552D4 HOW MANY MINUTES INTO THE TEST DID THE POSTURAL HY
27	F552E1	Num	8		F552E1 WAS THE R-R PORTION OF THE TEST COMPLETED ?
28	F552E2	Num	8		F552E2 WAS THE POSTURAL STUDY COMPLETED ?
29	F552E3	Num	8		F552E3 NUMBER OF VALSALVA STUDIES ATTEMPTED
30	F552E4	Num	8		F552E4 NUMBER OF VALSALVA STUDIES COMPLETED
31	F552E5A	Num	8		F552E5A MOST APPROPRIATE REASON WHY VALSALVA STUDIES NOT C
32	F55D1AI	Num	8		F55D1AI SYSTOLIC BLOOD PRESSURE PRIOR TO R-R
33	F55D1AII	Num	8		F55D1AII DIASTOLIC BLOOD PRESSURE PRIOR TO R-R
34	F55D1BI	Num	8		F55D1BI SYSTOLIC BLOOD PRESSURE AFTER TO R-R
35	F55D1BII	Num	8		F55D1BII DIASTOLIC BLOOD PRESSURE AFTER TO R-R
36	F55D2AI	Num	8		F55D2AI SYSTOLIC BP/POSTURAL STUDY/1 MINUTE

Num	Variable	Type	Len	Format	Label
37	F55D2AII	Num	8		F55D2AII DIASTOLIC BP/POSTURAL STUDY/1 MINUTE
38	F55D2BI	Num	8		F55D2BI SYSTOLIC BP/POSTURAL STUDY/2 MINUTES
39	F55D2BII	Num	8		F55D2BII DIASTOLIC BP/POSTURAL STUDY/2 MINUTES
40	F55D2CI	Num	8		F55D2CI SYSTOLIC BP/POSTURAL STUDY/3 MINUTES
41	F55D2CII	Num	8		F55D2CII DIASTOLIC BP/POSTURAL STUDY/3 MINUTES
42	F55D2DI	Num	8		F55D2DI SYSTOLIC BP/POSTURAL STUDY/4 MINUTES
43	F55D2EI	Num	8		F55D2EI SYSTOLIC BP/POSTURAL STUDY/5 MINUTES
44	F55D2EII	Num	8		F55D2EII DIASTOLIC BP/POSTURAL STUDY/5 MINUTES
45	F55D2FI	Num	8		F55D2FI SYSTOLIC BP/POSTURAL STUDY/10 MINUTES
46	F55D2FII	Num	8		F55D2FII DIASTOLIC BP/POSTURAL STUDY/10 MINUTES
47	F55D3DII	Num	8		F55D3DII DIASTOLIC BP/POSTURAL STUDY/4 MINUTES
48	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0553.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	F553A1	Num	8	2.	F553A1 DEIDENTIFIED CLINIC NUMBER
8	F553A6	Num	8	1.	F553A6 IS SUBJECT A NORMAL CONTROL
9	F553A7	Num	8	1.	F553A7 IS THIS TESTING BEING PERFORMED FOR ANS CERIFICATI
10	F553B1	Num	8	1.	F553B1 ANY FOOD SINCE MIDNIGHT
11	F553B10	Num	8	1.	F553B10 ACUTE ILLNESS IN LAST 48 HOURS
12	F553B11	Num	8	1.	F553B11 ANY HYPOGLYCEMIC EPISODES SINCE MIDNIGHT
13	F553B12A	Num	8	3.	F553B12A FASTING BLOOD SUGAR VALUE
14	F553B12B	Num	8	1.	F553B12B BELOW 50 OR SIGNS OR SYMPTOMS OF HYPOGLYCEMIA
15	F553B2	Num	8	1.	F553B2 ANY LIQUIDS (EXCEPT WATER) SINCE MIDNIGHT
16	F553B3	Num	8	1.	F553B3 ANY CAFFEINE SINCE MIDNIGHT
17	F553B4	Num	8	1.	F553B4 ANY MEDICATION SINCE MIDNIGHT (EXCLUDING BASAL PUM
18	F553B5	Num	8	1.	F553B5 ANY OVER-THE-COUNTER DRUGS SINCE MIDNIGHT
19	F553B6	Num	8	1.	F553B6 ANY ALCOHOL IN THE LAST 24 HOURS
20	F553B7	Num	8	1.	F553B7 ANY TOBACCO SINCE MIDNIGHT
21	F553B8	Num	8	1.	F553B8 ANY VIGOROUS EXERCISE IN THE LAST 24 HOURS
22	F553B9	Num	8	1.	F553B9 ANY EMOTIONAL UPSET IN THE LAST 24 HOURS
23	F553C1	Num	8	5.1	F553C1 HEIGHT
24	F553C2	Num	8	5.1	F553C2 WEIGHT
25	F553D1AI	Num	8	3.	F553D1AI SYSTOLIC
26	F553D1AII	Num	8	3.	F553D1AII DIASTOLIC
27	F553D1BI	Num	8	3.	F553D1BI SYSTOLIC
28	F553D1BII	Num	8	3.	F553D1BII DIASTOLIC
29	F553D2AI	Num	8	3.	F553D2AI SYSTOLIC
30	F553D2AII	Num	8	3.	F553D2AII DIASTOLIC
31	F553D2BI	Num	8	3.	F553D2BI SYSTOLIC
32	F553D2BII	Num	8	3.	F553D2BII DIASTOLIC
33	F553D2CI	Num	8	3.	F553D2CI SYSTOLIC
34	F553D2CII	Num	8	3.	F553D2CII DIASTOLIC
35	F553D2DI	Num	8	3.	F553D2DI SYSTOLIC
36	F553D2DII	Num	8	3.	F553D2DII DIASTOLIC

Num	Variable	Type	Len	Format	Label
37	F553D2EI	Num	8	3.	F553D2EI SYSTOLIC
38	F553D2EII	Num	8	3.	F553D2EII DIASTOLIC
39	F553D2FI	Num	8	3.	F553D2FI SYSTOLIC
40	F553D2FII	Num	8	3.	F553D2FII DIASTOLIC
41	F553D3	Num	8	1.	F553D3 DID POSTURAL HYPOTENSION OCCUR
42	F553D4	Num	8	2.	F553D4 APPROXIMATELY HOW MANY MINUTES INTO THE TEST DID T
43	F553E1	Num	8	1.	F553E1 WAS THE R-R PORTION OF THE TEST COMPLETED
44	F553E2	Num	8	1.	F553E2 WAS THE POSTURAL STUDY COMPLETED
45	F553E3	Num	8	1.	F553E3 ENTER NUMBER OF VALSALVA STUDIES ATTEMPTED
46	F553E4	Num	8	1.	F553E4 ENTER NUMBER OF VALSALVA STUDIES COMPLETED
47	F553E5A	Num	8		F553E5A IF THE NUMBER LISTED IN E4 IS LESS THAN 2
48	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

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Num	Variable	Type	Len	Format	Informat	Label
1	X_FRMNUM	Char	8			X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.		PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.		FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.		CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8			X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	F57120B1	Num	8	8.		F57120B1 DEIDENTIFIED B120. DATE QUIT
8	F57120C1	Num	8	2.		F57120C1 B120. # CIGS PER DAY
9	F57A1	Num	8	2.		F57A1 DEIDENTIFIED CLINIC NUMBER
10	F57B10	Num	8			F57B10 IN THE PAST YR, HOW OFTEN ENDED UP FAINTING SOON A
11	F57B100	Num	8			F57B100 IN THE PAST YEAR, HAVE YOU HAD DIFFICULTY SEEING A
12	F57B101	Num	8			F57B101 HOW SEVERE IS THIS FOCUSING PROBLEM
13	F57B102	Num	8			F57B102 IN THE PAST YEAR, HAS THE SAME DEGREE OF LIGHT SEE
14	F57B103	Num	8			F57B103 WHICH ONE OF THE FOLLOWING EYE SYMPTOMS IS THE MOS
15	F57B104	Num	8			F57B104 HOW LONG HAVE YOU HAD THIS MOST TROUBLESOME EYE SY
16	F57B105	Num	8			F57B105 IS THIS MOST TROUBLESOME SYMPTOM WITH YOUR EYES GE
17	F57B106	Num	8	1.		F57B106 IN PAST YR, EVER NOTICED/TOLD WHILE SLEEPING STOP
18	F57B107	Num	8	1.		F57B107 IN PAST YR, EVER NOTICED/BEEN TOLD WHILE SLEEPING
19	F57B108	Num	8			F57B108 NARCOLEPSY
20	F57B109	Num	8			F57B109 OBSTRUCTIVE SLEEP APNEA
21	F57B11	Num	8			F57B11 HOW CAUTIOUS ARE YOU ABOUT STANDING UP FROM A SITT
22	F57B110	Num	8			F57B110 ABNORMAL OR DISORDERED SLEEP PATTERNS
23	F57B111	Num	8			F57B111 CURRENTLY, HOW REFRESHING AND RESTORATIVE IS YOUR
24	F57B112	Num	8			F57B112 COMPARED WITH YR AGO, RATE YOUR OWN SLEEP OVER LAS
25	F57B113	Num	8	1.		F57B113 EVER IN ADULT LIFE HAD DIFFICULTY GETTING TO SLEEP
26	F57B114	Num	8	1.		F57B114 IN PAST YR, EVER NOTICED/TOLD THAT DURING DAY SOME
27	F57B115A	Num	8			F57B115A B115. I HAVE NOT DRANK ANY ALCOHOL OVER THE PAST Y
28	F57B115B	Num	8			F57B115B B115. I DRINK SOCIALLY ONLY
29	F57B115C	Num	8			F57B115C B115. I HAVE USED ALCOHOL EXCESSIVELY IN THE PAST

Num	Variable	Type	Len	Format	Informat	Label
30	F57B115D	Num	8			F57B115D B115. I HAVE BEEN INTOXICATED ONE OR MORE TIMES IN
31	F57B115E	Num	8			F57B115E B115. PASSED OUT FROM DRINKING TOO MUCH ALCOHOL ON
32	F57B116A	Num	8			F57B116A B116. I HAVE NOT USED DRUGS OVER THE PAST YEAR
33	F57B116B	Num	8			F57B116B B116. I HAVE USED DRUGS EXCESSIVELY IN THE PAST YE
34	F57B116C	Num	8			F57B116C B116. I HAVE BEEN HIGH ONE OR MORE TIMES IN THE PA
35	F57B116D	Num	8			F57B116D B116. PASSED OUT FROM USING DRUGS ONE OR MORE TIME
36	F57B117	Num	8	1.		F57B117 HAVE YOU EVER FELT THAT YOU HAVE USED ALCOHOL OR D
37	F57B118	Num	8	1.		F57B118 EVER TOLD/BEEN DIAGNOSED AS HAVING ALCOHOL OR DRUG
38	F57B119	Num	8	1.		F57B119 HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOL OR OT
39	F57B12	Num	8			F57B12 WHAT PART OF THE DAY ARE THESE FEELINGS WORSE
40	F57B120A	Num	8			F57B120A B120. I HAVE NEVER SMOKED CIGARETTES
41	F57B120B	Num	8			F57B120B B120. I HAVE SMOKED CIGARETTES IN THE PAST BUT HAV
42	F57B120C	Num	8			F57B120C B120. I AM CURRENTLY SMOKING
43	F57B121	Num	8			F57B121 IN PAST 5 YRS, RATE AMOUNT OF TROUBLE HAD WITH OVE
44	F57B122	Num	8	1.		F57B122 EVER IN ADULT LIFE HAD DIFFICULTY KEEPING MIND ON
45	F57B13	Num	8			F57B13 IN THE PAST YEAR, HAVE THESE FEELINGS OR SYMPTOMS
46	F57B14	Num	8			F57B14 B14. RAPID OR INCREASED HEART RATE (PALPITATIONS)
47	F57B15	Num	8			F57B15 B15. SICKNESS TO YOUR STOMACH (NAUSEA)
48	F57B16	Num	8			F57B16 B16. A SPINNING OR SWIMMING SENSATION
49	F57B17	Num	8			F57B17 B17. DIZZINESS?
50	F57B18	Num	8			F57B18 B18. BLURRED VISION
51	F57B19	Num	8			F57B19 B19. FEELING OF WEAKNESS
52	F57B20	Num	8			F57B20 B20. FEELING SHAKY OR SHAKING SENSATION
53	F57B21	Num	8			F57B21 B21. FEELING ANXIOUS OR NERVOUS
54	F57B22	Num	8			F57B22 B22. TURNING PALE
55	F57B23	Num	8			F57B23 B23. CLAMMY FEELING TO YOUR SKIN
56	F57B24	Num	8	1.		F57B24 DO YOU HAVE ANY BIOLOGIC RELATIVES WHO HAVE FREQUE
57	F57B25	Num	8	1.		F57B25 SOON AFTER A MEAL
58	F57B26	Num	8	1.		F57B26 AFTER STANDING FOR A LONG TIME
59	F57B27	Num	8	1.		F57B27 DURING OR SOON AFTER PHYSICAL ACTIVITY OR EXERCISE
60	F57B28	Num	8	1.		F57B28 DURING OR SOON AFTER BEING IN A HOT BATH, SHOWER,

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61	F57B29	Num	8	1.		F57B29 EVER FELT DIZZY OR FAINT, OR ACTUALLY FAINTED WHEN
62	F57B30	Num	8	1.		F57B30 WHILE PASSING URINE
63	F57B31	Num	8	1.		F57B31 WHILE COUGHING
64	F57B32	Num	8	1.		F57B32 WHILE PRESSING ON SIDE OF NECK
65	F57B33	Num	8	1.		F57B33 BEFORE A PUBLIC SPEECH
66	F57B34	Num	8	1.		F57B34 ANY OTHER TIME
67	F57B35	Num	8	1.		F57B35 IN PAST YR, EVER COMPLETELY LOST CONSCIOUSNESS AFT
68	F57B36	Num	8	1.		F57B36 IN THE PAST YEAR, HAVE YOU HAD ANY SEIZURES OR CON
69	F57B37	Num	8			F57B37 WITH PARALYSIS IN PARTS OF YOUR FACE
70	F57B38	Num	8			F57B38 WITH FEELINGS OF COMPLETE WEAKNESS ALL OVER YOUR B
71	F57B39	Num	8			F57B39 WITH ATTACKS OF UNCONTROLLABLE MOVEMENTS OF YOUR A
72	F57B40	Num	8			F57B40 WITH ATTACKS IN WHICH YOU COULDN T CONTROL YOUR SP
73	F57B41	Num	8	1.		F57B41 HAVE YOU EVER IN YOUR ADULT LIFE HAD A SPELL OF DI
74	F57B42	Num	8	1.		F57B42 IN PAST YR, EVER NOTICED COLOR CHANGES IN SKIN, SU
75	F57B43A	Num	8			F57B43A B43. MY SKIN TURNS RED
76	F57B43B	Num	8			F57B43B B43. MY SKIN TURNS WHITE
77	F57B43C	Num	8			F57B43C B43. MY SKIN TURNS PURPLE
78	F57B43D	Num	8			F57B43D B43. OTHER,
79	F57B44A	Num	8			F57B44A B44. MY HANDS
80	F57B44B	Num	8			F57B44B B44. MY FEET
81	F57B44C	Num	8			F57B44C B44. OTHER PARTS
82	F57B44D	Num	8			F57B44D B44. ENTIRE BODY
83	F57B45	Num	8			F57B45 FOR HOW LONG HAVE YOU BEEN EXPERIENCING THESE CHAN
84	F57B46	Num	8			F57B46 ARE THESE CHANGES IN YOUR SKIN COLOR
85	F57B47	Num	8	1.		F57B47 IN PAST YR, AFTER A LONG HOT BATH/SHOWER, EVER NOT
86	F57B48	Num	8			F57B48 IN THE PAST 5 YEARS, WHAT CHANGES, IF ANY, HAVE OC
87	F57B49	Num	8			F57B49 IN THE PAST 5 YEARS, WHAT CHANGES, IF ANY, HAVE OC
88	F57B50	Num	8			F57B50 IN PAST 5 YRS, WHAT CHANGES, OCCURRED IN FACIAL SW
89	F57B51A	Num	8			F57B51A B51. I NOW GET MORE OVERHEATED
90	F57B51B	Num	8			F57B51B B51. I NOW GET DIZZY
91	F57B51C	Num	8			F57B51C B51. I NOW GET SHORT OF BREATH
92	F57B51D	Num	8			F57B51D B51. OTHER CHANGES

Num	Variable	Type	Len	Format	Informat	Label
93	F57B51E	Num	8			F57B51E B51. NO CHANGE
94	F57B52	Num	8	1.		F57B52 DO YOUR EYES FEEL EXCESSIVELY DRY
95	F57B53	Num	8	1.		F57B53 DOES YOUR MOUTH FEEL EXCESSIVELY DRY
96	F57B54	Num	8	1.		F57B54 DO YOU HAVE EXCESSIVE AMOUNTS OF SALIVA FORMATION
97	F57B55	Num	8			F57B55 LONGEST TIME HAD ANY OF THESE SYMPTOMS: DRY EYES,
98	F57B56	Num	8			F57B56 FOR DRY EYES, DRY MOUTH, OR INCREASED SALIVA HAD L
99	F57B57A	Num	8			F57B57A WHAT WEIGHT CHANGES, IF ANY, HAVE YOU HAD OVER THE
100	F57B57A1	Num	8	3.		F57B57A1 B57=1
101	F57B57C1	Char	2	$2.	$2.	F57B57C1 B57=3
102	F57B58	Num	8			F57B58 IN PAST YR, NOTICED ANY CHANGES IN HOW QUICKLY GET
103	F57B59	Num	8			F57B59 IN PAST YR, FELT EXCESSIVELY FULL OR PERSISTENTLY
104	F57B6	Num	8	1.		F57B6 IN PAST YR, FELT FAINT, DIZZY, "GOOFY", OR DIFFICU
105	F57B60	Num	8			F57B60 IN THE PAST YEAR, HAVE YOU FELT LIKE YOU HAD A PER
106	F57B61	Num	8			F57B61 IN THE PAST YEAR, HAVE YOU VOMITED AFTER A MEAL
107	F57B62	Num	8			F57B62 IN THE PAST YEAR, HAVE YOU HAD A CRAMPING OR COLIC
108	F57B63	Num	8	1.		F57B63 ARE THESE PAINS USUALLY AFTER A MEAL
109	F57B64	Num	8			F57B64 HOW LONG HAVE YOU HAD THESE CRAMPING OR COLICKY AB
110	F57B65	Num	8	1.		F57B65 IN THE PAST YEAR, HAVE YOU HAD ANY BOUTS OF DIARRH
111	F57B66	Num	8			F57B66 HOW FREQUENTLY DOES THIS OCCUR
112	F57B66C	Num	8	2.		F57B66C B66=3
113	F57B67	Num	8			F57B67 HOW SEVERE ARE THESE BOUTS OF DIARRHEA
114	F57B68	Num	8			F57B68 WHAT PART OF THE DAY DO THEY SEEM TO BE WORSE
115	F57B69	Num	8	1.		F57B69 DO THESE BOUTS OF DIARRHEA USUALLY OCCUR AFTER MEA
116	F57B7	Num	8			F57B7 WHEN STANDING UP, HOW FREQUENTLY DO YOU GET THESE
117	F57B70	Num	8			F57B70 ARE THESE BOUTS OF DIARRHEA ACCOMPANIED BY A LOT O
118	F57B71	Num	8			F57B71 ARE YOUR BOUTS WITH DIARRHEA
119	F57B72	Num	8	1.		F57B72 IN THE PAST YEAR, HAVE YOU BEEN CONSTIPATED
120	F57B73	Num	8			F57B73 HOW FREQUENTLY ARE YOU CONSTIPATED
121	F57B73C	Num	8	2.		F57B73C B73=3
122	F57B74	Num	8			F57B74 HOW SEVERE ARE THESE EPISODES OF CONSTIPATION
123	F57B75	Num	8			F57B75 IS YOUR CONSTIPATION GETTING

Num	Variable	Type	Len	Format	Informat	Label
124	F57B76	Num	8			F57B76 OVERALL, ABDOMINAL SYMPTOMS OF VOMITING/DIARRHEA/C
125	F57B77	Num	8			F57B77 WHICH ONE OF THE FOLLOWING SYMPTOMS HAS BEEN MOST
126	F57B78	Num	8			F57B78 HOW LONG HAVE YOU HAD THIS MOST TROUBLESOME SYMPTO
127	F57B79	Num	8			F57B79 IS THIS MOST TROUBLESOME SYMPTOM GETTING
128	F57B8	Num	8			F57B8 HOW WOULD YOU RATE THE SEVERITY OF THESE FEELINGS
129	F57B80	Num	8			F57B80 IN PAST 5 YRS, RATE AMOUNT OF TROUBLE HAD WITH DIF
130	F57B81	Num	8			F57B81 IN PAST 5 YRS, RATE AMOUNT OF TROUBLE HAD WITH EVE
131	F57B82	Num	8	1.		F57B82 BEEN NAUSEATED OR VOMITED
132	F57B83	Num	8	1.		F57B83 HAD A BOUT OF DIARRHEA
133	F57B84	Num	8	1.		F57B84 LOST YOUR APPETITE FOR AT LEAST PART OF A DAY
134	F57B85	Num	8	1.		F57B85 FELT DISCOMFORT OR PAIN IN THE PIT OF YOUR STOMACH
135	F57B86	Num	8			F57B86 IN PAST YR, EVER LEAKED URINE OR LOST CONTROL OF Y
136	F57B86C	Num	8	2.		F57B86C B86=3
137	F57B87	Num	8			F57B87 IN THE PAST YEAR, HAVE YOU HAD DIFFICULTY PASSING
138	F57B87C	Num	8	2.		F57B87C B87=3
139	F57B88	Num	8			F57B88 IN PAST YR, HAVE YOU HAD TROUBLE COMPLETELY EMPTYI
140	F57B88C	Num	8	2.		F57B88C B88=3
141	F57B89	Num	8			F57B89 HOW WOULD YOU DESCRIBE YOUR CURRENT SEXUAL DESIRE
142	F57B9	Num	8			F57B9 FOR HOW LONG HAVE YOU BEEN EXPERIENCING THESE FEEL
143	F57B90	Num	8			F57B90 ARE YOU ABLE TO HAVE A FULL ERECTION
144	F57B91A	Num	8			F57B91A B91. MY ABILITY TO HAVE INTERCOURSE HAS NOT CHANGE
145	F57B91B	Num	8			F57B91B B91. I HAVE ERECTIONS BUT AM UNABLE TO HAVE INTERC
146	F57B91C	Num	8			F57B91C B91. I CAN HAVE INTERCOURSE ONLY SOME OF THE TIME
147	F57B91D	Num	8			F57B91D B91. MY ERECTIONS ARE DEFINITELY IMPAIRED
148	F57B91E	Num	8			F57B91E B91. I AM ABLE TO HAVE INTERCOURSE, BUT AM UNABLE
149	F57B91F	Num	8			F57B91F B91. I HAVE "DRY ORGASMS" AND AFTERWARD MY URINE L
150	F57B91G	Num	8			F57B91G B91. UNABLE TO HAVE ERECTIONS/IMPAIRED SINCE START
151	F57B91H	Num	8			F57B91H B91. OTHER SITUATION
152	F57B91I	Num	8			F57B91I B91. NONE OF THE ABOVE APPLY

Num	Variable	Type	Len	Format	Informat	Label
153	F57B92	Num	8			F57B92 HOW LONG HAVE YOU HAD DIFFICULTY WITH ERECTILE FUN
154	F57B93	Num	8			F57B93 IS THIS DIFFICULTY GETTING
155	F57B94	Num	8			F57B94 IN PAST YR, WITHOUT SUNGLASSES/TINTED GLASSES, BRI
156	F57B95	Num	8			F57B95 HOW SEVERE IS THIS SENSITIVITY TO BRIGHT LIGHT
157	F57B96	Num	8			F57B96 IN THE PAST YEAR, HAVE YOU HAD TROUBLE FOCUSING YO
158	F57B97	Num	8			F57B97 HOW SEVERE IS THIS FOCUSING PROBLEM
159	F57B98	Num	8			F57B98 IN THE PAST YEAR, HAVE YOU HAD BLURRED VISION
160	F57B99	Num	8			F57B99 HOW SEVERE IS THIS FOCUSING PROBLEM
161	FSASDATE	Num	8	8.		FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0581.sas7bdat

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1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
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4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	F58B10A	Num	8		F58B10A HOW MUCH HAVE FOOT PROBLEMS INTERFERED WITH CLOSE
8	F58B10B	Num	8		F58B10B FELT MORE EMOTIONALLY DEPENDENT ON CLOSE PEOPLE DU
9	F58B10C	Num	8		F58B10C HAS YOUR ROLE IN FAMILY CHANGED DUE TO FOOT PROBLE
10	F58B10D	Num	8		F58B10D HAVE CHANGES IN RELATIONSHIPS DUE TO FOOT PROBLEMS
11	F58B11A	Num	8		F58B11A HOW IMPORTANT IS THIS ASPECT OF YOUR LIFE (CLOSE R
12	F58B11B	Num	8		F58B11B HOW IMPORTANT IS THIS ASPECT OF YOUR LIFE (EMOTION
13	F58B11C	Num	8		F58B11C HOW IMPORTANT IS THIS ASPECT OF YOUR LIFE (ROLE IN
14	F58B12A	Num	8		F58B12A I AM TREATED DIFFERENTLY AS A RESULT OF MY FOOT PR
15	F58B12B	Num	8		F58B12B I FEEL OLDER THAN MY YEARS DUE TO FOOT PROBLEMS
16	F58B12C	Num	8		F58B12C MY SELF-CONFIDENCE IS AFFECTED AS A RESULT OF MY F
17	F58B12D	Num	8		F58B12D MY FOOT PROBLEMS MAKE MY LIFE A STRUGGLE
18	F58B12E	Num	8		F58B12E I GENERALLY FEEL FRUSTRATED DUE TO MY FOOT PROBLEM
19	F58B12F	Num	8		F58B12F MY FOOT PROBLEMS CAUSE ME EMBARASSMENT
20	F58B13A	Num	8		F58B13A HOW MUCH DID THIS BOTHER YOU (TREATED DIFFERENTLY
21	F58B13B	Num	8		F58B13B HOW MUCH DID THIS BOTHER YOU (FEELING OLDER DUE TO
22	F58B13C	Num	8		F58B13C HOW MUCH DID THIS BOTHER YOU (SELF-CONFIDENCE AFFE
23	F58B13D	Num	8		F58B13D HOW MUCH DID THIS BOTHER YOU (FOOT PROBLEMS MAKE M
24	F58B13E	Num	8		F58B13E HOW MUCH DID THIS BOTHER YOU (FEEL FRUSTREATED DUE
25	F58B13F	Num	8		F58B13F HOW MUCH DID THIS BOTHER YOU (FOOT PROBLEMS CAUSE
26	F58B14A	Num	8		F58B14A HOW DEPRESSED HAVE YOU FELT IN THE PAST 4 WEEKS DU
27	F58B15A	Num	8		F58B15A HOW MUCH DID THIS BOTHER YOU (DEPRESSION DUE TO FO
28	F58B16	Num	8		F58B16 HAVE DEPRESSED FEELINGS DUE TO FOOT PROBLEMS REDUC
29	F58B17	Num	8		F58B17 OVERALL,PROBLEMS WITH MY FEET HAVE REDUCED MY QUAL
30	F58B18	Num	8		F58B18 OVERALL, I WOULD RATE MY QUALITY OF LIFE AS:
31	F58B1A	Num	8		F58B1A HOW OFTEN HAVE YOU HAD BURNING IN LEGS OR FEET IN
32	F58B1B	Num	8		F58B1B HOW OFTEN HAVE YOU HAD EXCESSIVE HEAT/COLD IN LEGS
33	F58B1C	Num	8		F58B1C HOW OFTEN HAVE YOU HAD PINS/NEEDLES IN LEGS/FEET I
34	F58B1D	Num	8		F58B1D HOW OFTEN HAVE YOU HAD SHOOTING/STABBING PAIN-LEGS
35	F58B1E	Num	8		F58B1E HOW OFTEN HAVE YOU HAD THROBBING IN YOUR LEGS/FEET
36	F58B1F	Num	8		F58B1F HOW OFTEN HAVE YOU HAD SENSATIONS IN LEGS/FEET MAK

Num	Variable	Type	Len	Format	Label
37	F58B1G	Num	8		F58B1G HOW OFTEN HAVE YOU HAD SKIN IRRITATION DUE TO FEET
38	F58B1H	Num	8		F58B1H HAVE THESE PAINFUL SYMPTOMS IN (LEGS/FEET) REDUCED
39	F58B2A	Num	8		F58B2A HOW MUCH DID THIS BOTHER YOU (BURNING IN LEGS/FEET
40	F58B2B	Num	8		F58B2B HOW MUCH DID THIS BOTHER YOU (HEAT/COLD IN LEGS/FE
41	F58B2C	Num	8		F58B2C HOW MUCH DID THIS BOTHER YOU (PINS/NEEDLES IN LEGS
42	F58B2D	Num	8		F58B2D HOW MUCH DID THIS BOTHER YOU(SHOOTING/STABBING PAI
43	F58B2E	Num	8		F58B2E HOW MUCH DID THIS BOTHER YOU(THROBBING IN LEGS/FEE
44	F58B2F	Num	8		F58B2F HOW MUCH DID THIS BOTHER YOU(SENSATIONS LEGS/FEET
45	F58B2G	Num	8		F58B2G HOW MUCH DID THIS BOTHER YOU(SKIN IRRITATION/FEET
46	F58B3A	Num	8		F58B3A HOW OFTEN HAVE YOU HAD NUMBNESS IN YOUR FEET IN TH
47	F58B3B	Num	8		F58B3B HOW OFTEN INABILITY TO FEEL DIFFERENCE BETWEEN HOT
48	F58B3C	Num	8		F58B3C HOW OFTEN INABILITY TO FEEL OBJECTS WITH YOUR FEET
49	F58B3D	Num	8		F58B3D HAVE THESE LAST 3 SYMPTOMS (FOOT PROBLEMS) REDUCED
50	F58B4A	Num	8		F58B4A HOW MUCH DID THIS BOTHER YOU (NUMBNESS IN YOUR FEE
51	F58B4B	Num	8		F58B4B HOW MUCH DID THIS BOTHER YOU(CANNOT FEEL DIFFER. H
52	F58B4C	Num	8		F58B4C HOW MUCH DID THIS BOTHER YOU (CANNOT FEEL OBJECTS
53	F58B5A	Num	8		F58B5A HOW OFTEN HAVE YOU HAD WEAKNESS IN YOUR HANDS IN T
54	F58B5B	Num	8		F58B5B HOW OFTEN HAVE YOU BEEN IMBALANCE/UNSTEADY WHILE W
55	F58B5C	Num	8		F58B5C HOW OFTEN HAVE YOU BEEN IMBALANCED/UNSTEADY WHILE
56	F58B5D	Num	8		F58B5D HAVE THESE LAST 3 SYMPTOMS(5A,B,C) REDUCED YOUR QU
57	F58B6A	Num	8		F58B6A HOW MUCH DID THIS BOTHER YOU (WEAKNESS IN HANDS) ?
58	F58B6B	Num	8		F58B6B HOW MUCH DID THIS BOTHER YOU (IMBALANCE/UNSTEADY W
59	F58B6C	Num	8		F58B6C HOW MUCH DID THIS BOTHER YOU (IMBALANCE/UNSTEADY W
60	F58B7	Num	8	1.	F58B7 ARE YOU IN PAID WORK ?
61	F58B8A	Num	8		F58B8A HOW MUCH HAVE FOOT PROBLEMS INTERFERED WITH ABILIT
62	F58B8B	Num	8		F58B8B HOW MUCH HAVE FOOT PROBLEMS INTERFERED WITH HOUSE/
63	F58B8C	Num	8		F58B8C HOW MUCH HAVE FOOT PROBLEMS INTERFERED WITH LEISUR
64	F58B8D	Num	8		F58B8D CHANGES IN DAILY ACTIVITY DUE TO FOOT PROBLEMS,RED
65	F58B9A	Num	8		F58B9A HOW IMPORTANT IS THIS ASPCET OF YOUR LIFE (PAID WO
66	F58B9B	Num	8		F58B9B HOW IMPORTANT IS THIS ASPCET OF YOUR LIFE (HOUSE/G
67	F58B9C	Num	8		F58B9C HOW IMPORTANT IS THIS ASPCET OF YOUR LIFE (LEISURE
68	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0602_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	FOA1	Num	8		FOA1 HOW SATISFIED: AMOUNT TIME TO MANAGE DIABETED?
8	FOA10	Num	8		FOA10 HOW SATISFIED: ARE YOU WITH YOUR SEX LIFE?
9	FOA11	Num	8		FOA11 HOW SATISFIED: WITH YOUR WORK, SCHOOL & HOUSEHOLD
10	FOA12	Num	8		FOA12 HOW SATISFIED: ARE YOU WITH THE APPEARANCE OF YOU
11	FOA13	Num	8		FOA13 HOW SATISFIED: ARE YOU WITH THE TIME YOU SPEND EX
12	FOA14	Num	8		FOA14 HOW SATISFIED: ARE YOU WITH YOUR LEISURE TIME?
13	FOA15	Num	8		FOA15 HOW SATISFIED: ARE YOU WITH YOUR LIFE IN GENERAL?
14	FOA16	Num	8		FOA16 HOW SATISFIED: ARE YOU WITH YOUR PERFORMANCE IN S
15	FOA17	Num	8		FOA17 HOW SATISFIED: ARE YOU WITH HOW YOUR CLASSMATES T
16	FOA18	Num	8		FOA18 HOW SATISFIED: ARE YOU WITH YOUR ATTEDANCE IN SCH
17	FOA19	Num	8		FOA19 COMPARED TO OTHER PERSONS YOUR AGE, WOULD YOU SAY
18	FOA2	Num	8		FOA2 HOW SATISFIED: AMOUNT TIME SPEND GETTING CHECKUP?
19	FOA3	Num	8		FOA3 HOW SATISFIED: TIME TO DETERMINE YOUR SUGAR LEVEL
20	FOA4	Num	8		FOA4 HOW SATISFIED: WITH YOUR CURRENT TREATMENT?
21	FOA5	Num	8		FOA5 HOW SATISFIED: WITH THE FLEXIBILITY IN YOUR DIET?
22	FOA6	Num	8		FOA6 HOW SATISFIED: WITH BURDEN DIABETES PLACE ON FAMI
23	FOA7	Num	8		FOA7 HOW SATISFIED: WITH YOUR KNOWLEDGE ABOUT YOUR DIA
24	FOA8	Num	8		FOA8 HOW SATISFIED: ARE YOU WITH YOUR SLEEP?
25	FOA9	Num	8		FOA9 HOW SATISFIED: SOCIAL RELATIONSHIPS AND FRIENDSHI
26	FOB1	Num	8		FOB1 HOW OFTEN: FEEL PAIN ASSOCIATED WITH DIABETES TRE
27	FOB10	Num	8		FOB10 HOW OFTEN: DOES YOUR DIABETES INTERFERE WITH YOUR
28	FOB11	Num	8		FOB11 HOW OFTEN: DOES YOUR DIABETES KEEP YOU FROM DRIVI
29	FOB12	Num	8		FOB12 HOW OFTEN: DOES YOUR DIABETES INTERFERE WITH YOUR
30	FOB13	Num	8		FOB13 HOW OFTEN: DO YOU MISS WORK, SCHOOLL OR HOUSEHOLD
31	FOB14	Num	8		FOB14 HOW OFTEN: DO YOU FIND YOURSELF EXPLAINING WHAT I
32	FOB15	Num	8		FOB15 HOW OFTEN: DO YOU FIND THAT YOUR DIABETES INTERRU
33	FOB16	Num	8		FOB16 HOW OFTEN: DO YOU TELL OTHERS ABOUT YOUR DIABETES
34	FOB17	Num	8		FOB17 HOW OFTEN: ARE YOU TEASED BECAUSE YOU HAVE DIABET
35	FOB18	Num	8		FOB18 HOW OFTEN: DO YOU FEEL THAT BECAUSE OF YOUR DIA
36	FOB19	Num	8		FOB19 HOW OFTEN: DO YOU FIND YOU EAT SOMETHING YOU SHOU

Num	Variable	Type	Len	Format	Label
37	FOB2	Num	8		FOB2 HOW OFTEN: ARE YOU EMBARRASSED BY HAVING TO DEAL
38	FOB20	Num	8		FOB20 HOW OFTEN: DO YOU FIND YOU HIDE FROM OTHERS THE F
39	FOB21	Num	8		FOB21 HOW OFTEN: DO YOU FIND THAT YOUR DIABETES PREVENT
40	FOB22	Num	8		FOB22 HOW OFTEN: DO YOU FIND THAT YOUR DIABETES PREVENT
41	FOB23	Num	8		FOB23 HOW OFTEN: DO YOU FIND THAT YOUR DIABETES IS LIMI
42	FOB24	Num	8		FOB24 HOW OFTEN: DO YOU FIND THAT YOUR PARENTS ARE TOO
43	FOB25	Num	8		FOB25 HOW OFTEN: DO YOU FEEL THAT YOUR PARENTS WORRY TO
44	FOB26	Num	8		FOB26 HOW OFTEN: DO YOU FIND THAT CLOSE FAMILY MEMBERS
45	FOB27	Num	8		FOB27 HOW OFTEN: DO YOU FIND THAT YOUR PARENTS ACT LIKE
46	FOB3	Num	8		FOB3 HOW OFTEN: DO YOU HAVE LOW BLOOD SUGAR?
47	FOB4	Num	8		FOB4 HOW OFTEN: DO YOU FEEL PHYSICALLY ILL?
48	FOB5	Num	8		FOB5 HOW OFTEN: DOES YOUR DIABETES INTERFERE WITH YOUR
49	FOB6	Num	8		FOB6 HOW OFTEN: DO YOU HAVE A BAD NIGHTS SLEEP?
50	FOB7	Num	8		FOB7 HOW OFTEN: DO YOU FIND YOUR DIABETES LIMITING YOU
51	FOB8	Num	8		FOB8 HOW OFTEN: DO YOU FEEL GOOD ABOUT YOURSELF?
52	FOB9	Num	8		FOB9 HOW OFTEN: DO YOU FEEL RESTRICTED BY YOUR DIET?
53	FOC1	Num	8		FOC1 HOW OFTEN: DO YOU WORRY ABOUT WHETHER YOU WILL GE
54	FOC10	Num	8		FOC10 HOW OFTEN: DO YOU WORRY THAT YOU WILL GET COMPLIC
55	FOC11	Num	8		FOC11 HOW OFTEN: DO YOU WORRY ABOUT WHETHER SOMEONE WIL
56	FOC12	Num	8		FOC12 HOW OFTEN: DO YOU WORRY THAT YOUR TEACHERS TREAT
57	FOC13	Num	8		FOC13 HOW OFTEN: DO YOU WORRY THAT YOUR DIABETES WILL D
58	FOC14	Num	8		FOC14 HOW OFTEN: DO YOU WORRY THAT BECAUSE OF YOUR DIAB
59	FOC2	Num	8		FOC2 HOW OFTEN: DO YOU WORRY ABOUT WHETHER YOU WILL HA
60	FOC3	Num	8		FOC3 HOW OFTEN: DO YOU WORRY ABOUT WHETHER YOU WILL NO
61	FOC4	Num	8		FOC4 HOW OFTEN: DO YOU WORRY ABOUT WHETHER YOU WILL PA
62	FOC5	Num	8		FOC5 HOW OFTEN: DO YOU WORRY ABOUT WHETHER YOU WILL BE
63	FOC6	Num	8		FOC6 HOW OFTEN: DO YOU WORRY ABOUT WHETHER YOU WILL BE
64	FOC7	Num	8		FOC7 HOW OFTEN: DO YOU WORRY ABOUT WHETHER YOU WILL MI
65	FOC8	Num	8		FOC8 HOW OFTEN: DO YOU WORRY ABOUT WHETHER YOU WILL BE
66	FOC9	Num	8		FOC9 HOW OFTEN: DO YOU WORRY THAT YOUR BODY LOOKS DIFF
67	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0621.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	FB1A	Num	8		FB1A A) BLINDNESS OR SEVERELY IMPAIRED VISION IN BOTH E
8	FB1A1	Num	8		FB1A1 A) BLINDNESS OR SEVERELY IMPAIRED VISION IN ONLY O
9	FB1A2	Num	8		FB1A2 A)DENTURES?
10	FB1B	Num	8		FB1B B)SPEECH PROBLEMS SUCH AS STUTTERING
11	FB1B2	Num	8		FB1B2 B)OXYGEN TANK?
12	FB1C	Num	8		FB1C C)MISSING OR PARALYZED HANDS, FEET, ARMS, OR LEGS?
13	FB1C1	Num	8		FB1C1 C)MISSING OR PARALYZED FINGERS OR TOES?
14	FB1C2	Num	8		FB1C2 C)PROSTHESIS?
15	FB1D	Num	8		FB1D D)DEFORMITY OF THE FACE, FINGERS, HAND OR ARM, FOO
16	FB1D2	Num	8		FB1D2 D)EYE GLASSES OR CONTACT LENSES?
17	FB1E	Num	8		FB1E E)GENERAL FATIGUE, TIREDNESS, OR WEAKNESS?
18	FB1E2	Num	8		FB1E2 E)HEARING AIDE?
19	FB1F	Num	8		FB1F F)A PROBLEM WITH UNWANTED WEIGHT GAIN OR WEIGHT LO
20	FB1F2	Num	8		FB1F2 F)MAGNIFYING GLASS?
21	FB1G	Num	8		FB1G G)A PROBLEM WITH BEING UNDER OR OVER WEIGHT?
22	FB1G2	Num	8		FB1G2 G)NECK, BACK, OR LEG BRACE?
23	FB1H	Num	8		FB1H H)PROBLEMS CHEWING YOUR FOOD ADEQUATELY?
24	FB1I	Num	8		FB1I I)ANY HEARING LOSS OR DEAFNESS?
25	FB1J	Num	8		FB1J J)ANY NOTICEABLE SKIN PROBLEMS, SUCH AS BAD ACNE
26	FB1K	Num	8		FB1K K)ECZEMA OR BURNING/ITCHING RASH?
27	FB2A1	Num	8		FB2A1 A) ANY PROBLEMS WITH YOUR VISION (NO DAYS)
28	FB2A2	Num	8		FB2A2 A) ANY PROBLEMS WITH YOUR VISION (YESTERDAY)
29	FB2A3	Num	8		FB2A3 A) ANY PROBLEMS WITH YOUR VISION (2 DAYS AGO)
30	FB2A4	Num	8		FB2A4 A) ANY PROBLEMS WITH YOUR VISION (3 DAYS AGO)
31	FB2B1	Num	8		FB2B1 B) ANY EYE PAIN, IRRITATION, DISCHARGE (NO DAYS)
32	FB2B2	Num	8		FB2B2 B) ANY EYE PAIN, IRRITATION, DISCHARGE (YESTERDAY)
33	FB2B3	Num	8		FB2B3 B) ANY EYE PAIN, IRRITATION, DISCHARGE (2 DAYS AGO
34	FB2B4	Num	8		FB2B4 B) ANY EYE PAIN, IRRITATION, DISCHARGE (3 DAYS AGO
35	FB2C1	Num	8		FB2C1 C) A HEADACHE? (NO DAYS)
36	FB2C2	Num	8		FB2C2 C) A HEADACHE? (YESTERDAY)

Num	Variable	Type	Len	Format	Label
37	FB2C3	Num	8		FB2C3 C) A HEADACHE? (2 DAYS AGO)
38	FB2C4	Num	8		FB2C4 C) A HEADACHE? (3 DAYS AGO)
39	FB2D1	Num	8		FB2D1 D) DIZZINESS, EARACHE, OR RINGING IN YOUR EARS? (N
40	FB2D2	Num	8		FB2D2 D) DIZZINESS, EARACHE, OR RINGING IN YOUR EARS? (Y
41	FB2D3	Num	8		FB2D3 D) DIZZINESS, EARACHE, OR RINGING IN YOUR EARS? (2
42	FB2D4	Num	8		FB2D4 D) DIZZINESS, EARACHE, OR RINGING IN YOUR EARS? (3
43	FB2E1	Num	8		FB2E1 E) DIFFICULTY HEARING, OR DISCHARGE, OR BLEEDING (
44	FB2E2	Num	8		FB2E2 E) DIFFICULTY HEARING, OR DISCHARGE, OR BLEEDING (
45	FB2E3	Num	8		FB2E3 E) DIFFICULTY HEARING, OR DISCHARGE, OR BLEEDING (
46	FB2E4	Num	8		FB2E4 E) DIFFICULTY HEARING, OR DISCHARGE, OR BLEEDING (
47	FB2F1	Num	8		FB2F1 F) STUFFY, RUNNY NOSE, OR BLEEDING FROM THE NOSE?
48	FB2F2	Num	8		FB2F2 F) STUFFY, RUNNY NOSE, OR BLEEDING FROM THE NOSE?
49	FB2F3	Num	8		FB2F3 F) STUFFY, RUNNY NOSE, OR BLEEDING FROM THE NOSE?
50	FB2F4	Num	8		FB2F4 F) STUFFY, RUNNY NOSE, OR BLEEDING FROM THE NOSE?
51	FB2G1	Num	8		FB2G1 G) A SORE THROAT, DIFFICULTY SWALLOWING? (NO DAYS)
52	FB2G2	Num	8		FB2G2 G) A SORE THROAT, DIFFICULTY SWALLOWING? (YESTERDA
53	FB2G3	Num	8		FB2G3 G) A SORE THROAT, DIFFICULTY SWALLOWING? (2 DAYS A
54	FB2G4	Num	8		FB2G4 G) A SORE THROAT, DIFFICULTY SWALLOWING? (3 DAYS A
55	FB2H1	Num	8		FB2H1 H) A TOOTH ACHE OR JAW PAIN? (NO DAYS)
56	FB2H2	Num	8		FB2H2 H) A TOOTH ACHE OR JAW PAIN? (YESTERDAY)
57	FB2H3	Num	8		FB2H3 H) A TOOTH ACHE OR JAW PAIN? (2 DAYS AGO)
58	FB2H4	Num	8		FB2H4 H) A TOOTH ACHE OR JAW PAIN? (3 DAYS AGO)
59	FB2I1	Num	8		FB2I1 I) SORE OR BLEEDING LIPS, TONGUE, OR GUMS? (NO DAY
60	FB2I2	Num	8		FB2I2 I) SORE OR BLEEDING LIPS, TONGUE, OR GUMS? (YESTER
61	FB2I3	Num	8		FB2I3 I) SORE OR BLEEDING LIPS, TONGUE, OR GUMS? (2 DAYS
62	FB2I4	Num	8		FB2I4 I) SORE OR BLEEDING LIPS, TONGUE, OR GUMS? (3 DAYS
63	FB2J1	Num	8		FB2J1 J) COUGHING OR WHEEZING? (NO DAYS)
64	FB2J2	Num	8		FB2J2 J) COUGHING OR WHEEZING? (YESTERDAY)
65	FB2J3	Num	8		FB2J3 J) COUGHING OR WHEEZING? (2 DAYS AGO)
66	FB2J4	Num	8		FB2J4 J) COUGHING OR WHEEZING? (3 DAYS AGO)
67	FB2K1	Num	8		FB2K1 K) SHORTNESS OF BREATH OR DIFFICULTY BREATHING? (N
68	FB2K2	Num	8		FB2K2 K) SHORTNESS OF BREATH OR DIFFICULTY BREATHING? (Y
69	FB2K3	Num	8		FB2K3 K) SHORTNESS OF BREATH OR DIFFICULTY BREATHING? (2
70	FB2K4	Num	8		FB2K4 K) SHORTNESS OF BREATH OR DIFFICULTY BREATHING? (3
71	FB2L1	Num	8		FB2L1 L) CHEST PAIN, PRESSURE, PALPITATIONS (NO DAYS)
72	FB2L2	Num	8		FB2L2 L) CHEST PAIN, PRESSURE, PALPITATIONS (YESTERDAY)
73	FB2L3	Num	8		FB2L3 L) CHEST PAIN, PRESSURE, PALPITATIONS (2 DAYS AGO)
74	FB2L4	Num	8		FB2L4 L) CHEST PAIN, PRESSURE, PALPITATIONS (3 DAYS AGO)
75	FB2M1	Num	8		FB2M1 M) AN UPSET STOMACH, ABDOMINAL PAIN, NAUSEA (NO DA

Num	Variable	Type	Len	Format	Label
76	FB2M2	Num	8		FB2M2 M) AN UPSET STOMACH, ABDOMINAL PAIN, NAUSEA (YESTE
77	FB2M3	Num	8		FB2M3 M) AN UPSET STOMACH, ABDOMINAL PAIN, NAUSEA (2 DAY
78	FB2M4	Num	8		FB2M4 M) AN UPSET STOMACH, ABDOMINAL PAIN, NAUSEA (3 DAY
79	FB2N1	Num	8		FB2N1 N) DIFFICULTY WITH BOWEL MOVEMENTS, DIARRHEA (NO D
80	FB2N2	Num	8		FB2N2 N) DIFFICULTY WITH BOWEL MOVEMENTS, DIARRHEA (YEST
81	FB2N3	Num	8		FB2N3 N) DIFFICULTY WITH BOWEL MOVEMENTS, DIARRHEA (2 DA
82	FB2N4	Num	8		FB2N4 N) DIFFICULTY WITH BOWEL MOVEMENTS, DIARRHEA (3 DA
83	FB2O1	Num	8		FB2O1 O) PAIN, BURNING, OR BLOOD IN URINE? (NO DAYS)
84	FB2O2	Num	8		FB2O2 O) PAIN, BURNING, OR BLOOD IN URINE? (YESTERDAY)
85	FB2O3	Num	8		FB2O3 O) PAIN, BURNING, OR BLOOD IN URINE? (2 DAYS AGO)
86	FB2O4	Num	8		FB2O4 O) PAIN, BURNING, OR BLOOD IN URINE? (3 DAYS AGO)
87	FB2P1	Num	8		FB2P1 P) LOSS OF BLADDER CONTROL (NO DAYS)
88	FB2P2	Num	8		FB2P2 P) LOSS OF BLADDER CONTROL (YESTERDAY)
89	FB2P3	Num	8		FB2P3 P) LOSS OF BLADDER CONTROL (2 DAYS AGO)
90	FB2P4	Num	8		FB2P4 P) LOSS OF BLADDER CONTROL (3 DAYS AGO)
91	FB2Q1	Num	8		FB2Q1 Q) GENITAL PAIN, ITCHING, BURNING (NO DAYS)
92	FB2Q2	Num	8		FB2Q2 Q) GENITAL PAIN, ITCHING, BURNING (YESTERDAY)
93	FB2Q3	Num	8		FB2Q3 Q) GENITAL PAIN, ITCHING, BURNING (2 DAYS AGO)
94	FB2Q4	Num	8		FB2Q4 Q) GENITAL PAIN, ITCHING, BURNING (3 DAYS AGO)
95	FB2R1	Num	8		FB2R1 R) A BROKEN ARM, WRIST, FOOT, LEG (NO DAYS)
96	FB2R2	Num	8		FB2R2 R) A BROKEN ARM, WRIST, FOOT, LEG (YESTERDAY)
97	FB2R3	Num	8		FB2R3 R) A BROKEN ARM, WRIST, FOOT, LEG (2 DAYS AGO)
98	FB2R4	Num	8		FB2R4 R) A BROKEN ARM, WRIST, FOOT, LEG (3 DAYS AGO)
99	FB2S1	Num	8		FB2S1 S) PAIN, STIFFNESS, CRAMPS, WEAKNESS (NO DAYS)
100	FB2S2	Num	8		FB2S2 S) PAIN, STIFFNESS, CRAMPS, WEAKNESS (YESTERDAY)
101	FB2S3	Num	8		FB2S3 S) PAIN, STIFFNESS, CRAMPS, WEAKNESS (2 DAYS AGO)
102	FB2S4	Num	8		FB2S4 S) PAIN, STIFFNESS, CRAMPS, WEAKNESS (3 DAYS AGO)
103	FB2T1	Num	8		FB2T1 T) PAIN, STIFFNESS, CRAMPS, WEAKNESS (NO DAYS)
104	FB2T2	Num	8		FB2T2 T) PAIN, STIFFNESS, CRAMPS, WEAKNESS (YESTERDAY)
105	FB2T3	Num	8		FB2T3 T) PAIN, STIFFNESS, CRAMPS, WEAKNESS (2 DAYS AGO)
106	FB2T4	Num	8		FB2T4 T) PAIN, STIFFNESS, CRAMPS, WEAKNESS (3 DAYS AGO)
107	FB2U1	Num	8		FB2U1 U) PAIN, STIFFNESS, CRAMPS, WEAKNESS (NO DAYS)
108	FB2U2	Num	8		FB2U2 U) PAIN, STIFFNESS, CRAMPS, WEAKNESS (YESTERDAY)
109	FB2U3	Num	8		FB2U3 U) PAIN, STIFFNESS, CRAMPS, WEAKNESS (2 DAYS AGO)
110	FB2U4	Num	8		FB2U4 U) PAIN, STIFFNESS, CRAMPS, WEAKNESS (3 DAYS AGO)
111	FB2V1	Num	8		FB2V1 V) SWELLING OF THE ANKLES, HANDS, FEET (NO DAYS)
112	FB2V2	Num	8		FB2V2 V) SWELLING OF THE ANKLES, HANDS, FEET (YESTERDAY)
113	FB2V3	Num	8		FB2V3 V) SWELLING OF THE ANKLES, HANDS, FEET (2 DAYS AGO
114	FB2V4	Num	8		FB2V4 V) SWELLING OF THE ANKLES, HANDS, FEET (3 DAYS AGO

Num	Variable	Type	Len	Format	Label
115	FB2W1	Num	8		FB2W1 W) FEVER, CHILLS, OR SWEATS? (NO DAYS)
116	FB2W2	Num	8		FB2W2 W) FEVER, CHILLS, OR SWEATS? (YESTERDAY)
117	FB2W3	Num	8		FB2W3 W) FEVER, CHILLS, OR SWEATS? (2 DAYS AGO)
118	FB2W4	Num	8		FB2W4 W) FEVER, CHILLS, OR SWEATS? (3 DAYS AGO)
119	FB2X1	Num	8		FB2X1 X) LOSS OF CONSCIOUSNESS, FAINTING, OR SEIZURES? (
120	FB2X2	Num	8		FB2X2 X) LOSS OF CONSCIOUSNESS, FAINTING, OR SEIZURES? (
121	FB2X3	Num	8		FB2X3 X) LOSS OF CONSCIOUSNESS, FAINTING, OR SEIZURES? (
122	FB2X4	Num	8		FB2X4 X) LOSS OF CONSCIOUSNESS, FAINTING, OR SEIZURES? (
123	FB2Y1	Num	8		FB2Y1 Y) DIFFICULTY WITH BALANCE, STANDING, OR WALKING?(
124	FB2Y2	Num	8		FB2Y2 Y) DIFFICULTY WITH BALANCE, STANDING, OR WALKING?(
125	FB2Y3	Num	8		FB2Y3 Y) DIFFICULTY WITH BALANCE, STANDING, OR WALKING?(
126	FB2Y4	Num	8		FB2Y4 Y) DIFFICULTY WITH BALANCE, STANDING, OR WALKING?(
127	FB3A1	Num	8		FB3A1 A) TROUBLE FALLING ASLEEP OR STAYING ASLEEP? (NO D
128	FB3A2	Num	8		FB3A2 A) TROUBLE FALLING ASLEEP OR STAYING ASLEEP? (YEST
129	FB3A3	Num	8		FB3A3 A) TROUBLE FALLING ASLEEP OR STAYING ASLEEP? (2 DA
130	FB3A4	Num	8		FB3A4 A) TROUBLE FALLING ASLEEP OR STAYING ASLEEP? (3 DA
131	FB3B1	Num	8		FB3B1 B) SPELLS OF FEELING NERVOUS OR SHAKY? (NO DAYS)
132	FB3B2	Num	8		FB3B2 B) SPELLS OF FEELING NERVOUS OR SHAKY? (YESTERDAY)
133	FB3B3	Num	8		FB3B3 B) SPELLS OF FEELING NERVOUS OR SHAKY? (2 DAYS AGO
134	FB3B4	Num	8		FB3B4 B) SPELLS OF FEELING NERVOUS OR SHAKY? (3 DAYS AGO
135	FB3C1	Num	8		FB3C1 C)SPELLS OF FEELING UPSET, DOWNHEARTED, OR BLUE?(N
136	FB3C2	Num	8		FB3C2 C)SPELLS OF FEELING UPSET, DOWNHEARTED, OR BLUE?(Y
137	FB3C3	Num	8		FB3C3 C)SPELLS OF FEELING UPSET, DOWNHEARTED, OR BLUE?(2
138	FB3C4	Num	8		FB3C4 C)SPELLS OF FEELING UPSET, DOWNHEARTED, OR BLUE?(3
139	FB3D1	Num	8		FB3D1 D)EXCESSIVE WORRY OR ANXIETY? (NO DAYS)
140	FB3D2	Num	8		FB3D2 D)EXCESSIVE WORRY OR ANXIETY? (YESTERDAY)
141	FB3D3	Num	8		FB3D3 D)EXCESSIVE WORRY OR ANXIETY? (2 DAYS AGO)
142	FB3D4	Num	8		FB3D4 D)EXCESSIVE WORRY OR ANXIETY? (3 DAYS AGO)
143	FB3E1	Num	8		FB3E1 E) FEELINGS THAT YOU HAD LITTLE OR NO CONTROL (NO
144	FB3E2	Num	8		FB3E2 E) FEELINGS THAT YOU HAD LITTLE OR NO CONTROL (YES
145	FB3E3	Num	8		FB3E3 E) FEELINGS THAT YOU HAD LITTLE OR NO CONTROL (2 D
146	FB3E4	Num	8		FB3E4 E) FEELINGS THAT YOU HAD LITTLE OR NO CONTROL (3 D
147	FB3F1	Num	8		FB3F1 F) FEELINGS OF BEING LONELY OR ISOLATED? (NO DAYS)
148	FB3F2	Num	8		FB3F2 F) FEELINGS OF BEING LONELY OR ISOLATED? (YESTERDA
149	FB3F3	Num	8		FB3F3 F) FEELINGS OF BEING LONELY OR ISOLATED? (2 DAYS A
150	FB3F4	Num	8		FB3F4 F) FEELINGS OF BEING LONELY OR ISOLATED? (3 DAYS A
151	FB3G1	Num	8		FB3G1 G) FEELINGS OF FRUSTRATION, IRRITATION (NO DAYS)
152	FB3G2	Num	8		FB3G2 G) FEELINGS OF FRUSTRATION, IRRITATION (YESTERDAY)
153	FB3G3	Num	8		FB3G3 G) FEELINGS OF FRUSTRATION, IRRITATION (2 DAYS AGO

Num	Variable	Type	Len	Format	Label
154	FB3G4	Num	8		FB3G4 G) FEELINGS OF FRUSTRATION, IRRITATION (3 DAYS AGO
155	FB3H1	Num	8		FB3H1 H) A HANGOVER? (NO DAYS)
156	FB3H2	Num	8		FB3H2 H) A HANGOVER? (YESTERDAY)
157	FB3H3	Num	8		FB3H3 H) A HANGOVER? (2 DAYS AGO)
158	FB3H4	Num	8		FB3H4 H) A HANGOVER? (3 DAYS AGO)
159	FB3I1	Num	8		FB3I1 I) DECREASE IN SEXUAL INTEREST OR PERFORMANCE? (NO
160	FB3I2	Num	8		FB3I2 I) DECREASE IN SEXUAL INTEREST OR PERFORMANCE? (YE
161	FB3I3	Num	8		FB3I3 I) DECREASE IN SEXUAL INTEREST OR PERFORMANCE? (2
162	FB3I4	Num	8		FB3I4 I) DECREASE IN SEXUAL INTEREST OR PERFORMANCE? (3
163	FB3J1	Num	8		FB3J1 J) CONFUSION, DIFFICULTY UNDERSTANDING (NO DAYS)
164	FB3J2	Num	8		FB3J2 J) CONFUSION, DIFFICULTY UNDERSTANDING (YESTERDAY)
165	FB3J3	Num	8		FB3J3 J) CONFUSION, DIFFICULTY UNDERSTANDING (2 DAYS AGO
166	FB3J4	Num	8		FB3J4 J) CONFUSION, DIFFICULTY UNDERSTANDING (3 DAYS AGO
167	FB3K1	Num	8		FB3K1 K) THOUGHTS OR IMAGES YOU COULD NOT GET (NO DAYS)
168	FB3K2	Num	8		FB3K2 K) THOUGHTS OR IMAGES YOU COULD NOT GET (YESTERDAY
169	FB3K3	Num	8		FB3K3 K) THOUGHTS OR IMAGES YOU COULD NOT GET (2 DAYS AG
170	FB3K4	Num	8		FB3K4 K) THOUGHTS OR IMAGES YOU COULD NOT GET (3 DAYS AG
171	FB3L1	Num	8		FB3L1 L) ANY MEDICATION INCLUDING OVER-THE-COUNTER (NO
172	FB3L2	Num	8		FB3L2 L) ANY MEDICATION INCLUDING OVER-THE-COUNTER (YES
173	FB3L3	Num	8		FB3L3 L) ANY MEDICATION INCLUDING OVER-THE-COUNTER (2 D
174	FB3L4	Num	8		FB3L4 L) ANY MEDICATION INCLUDING OVER-THE-COUNTER (3 D
175	FB3M1	Num	8		FB3M1 M) MEDICALLY PRESCRIBED DIET FOR HEALTH REASONS?
176	FB3M2	Num	8		FB3M2 M) MEDICALLY PRESCRIBED DIET FOR HEALTH REASONS?
177	FB3M3	Num	8		FB3M3 M) MEDICALLY PRESCRIBED DIET FOR HEALTH REASONS? (
178	FB3M4	Num	8		FB3M4 M) MEDICALLY PRESCRIBED DIET FOR HEALTH REASONS? (
179	FB3N1	Num	8		FB3N1 N) A LOSS OF APPETITE OR OVER-EATING? (NO DAYS)
180	FB3N2	Num	8		FB3N2 N) A LOSS OF APPETITE OR OVER-EATING? (YESTERDAY)
181	FB3N3	Num	8		FB3N3 N) A LOSS OF APPETITE OR OVER-EATING? (2 DAYS AGO)
182	FB3N4	Num	8		FB3N4 N) A LOSS OF APPETITE OR OVER-EATING? (3 DAYS AGO)
183	FB4	Num	8		FB4 IN THE LAST 3 DAYS DID YOU HAVE ANY SYMPTOMS
184	FB4A1	Num	8		FB4A1 SYSTOM A. (NO DAYS)
185	FB4A2	Num	8		FB4A2 SYSTOM A. (YESTERDAY)
186	FB4A3	Num	8		FB4A3 SYSTOM A. (2 DAYS AGO)
187	FB4A4	Num	8		FB4A4 SYSTOM A. (3 DAYS AGO)
188	FB4B1	Num	8		FB4B1 SYSTOM B. (NO DAYS)
189	FB4B2	Num	8		FB4B2 SYSTOM B. (YESTERDAY)
190	FB4B3	Num	8		FB4B3 SYSTOM B. (2 DAYS AGO)
191	FB4B4	Num	8		FB4B4 SYSTOM B. (3 DAYS AGO)

Num	Variable	Type	Len	Format	Label
192	FB5A1	Num	8		FB5A1 A) REHABILITATION CENTER? (NO DAYS)
193	FB5A2	Num	8		FB5A2 A) REHABILITATION CENTER? (YESTERDAY)
194	FB5A3	Num	8		FB5A3 A) REHABILITATION CENTER? (2 DAYS AGO)
195	FB5A4	Num	8		FB5A4 A) REHABILITATION CENTER? (3 DAYS AGO)
196	FB5B1	Num	8		FB5B1 B) NEED HELP WITH YOUR PERSONAL CARE (NO DAYS)
197	FB5B2	Num	8		FB5B2 B) NEED HELP WITH YOUR PERSONAL CARE (YESTERDAY)
198	FB5B3	Num	8		FB5B3 B) NEED HELP WITH YOUR PERSONAL CARE (2 DAYS AGO)
199	FB5B4	Num	8		FB5B4 B) NEED HELP WITH YOUR PERSONAL CARE (3 DAYS AGO)
200	FB6A1	Num	8		FB6A1 A) WHICH DAYS DID YOU DRIVE A MOTOR VEHICLE? (NO D
201	FB6A2	Num	8		FB6A2 A) WHICH DAYS DID YOU DRIVE A MOTOR VEHICLE? (YEST
202	FB6A3	Num	8		FB6A3 A) WHICH DAYS DID YOU DRIVE A MOTOR VEHICLE? (2 DA
203	FB6A4	Num	8		FB6A4 A) WHICH DAYS DID YOU DRIVE A MOTOR VEHICLE? (3 DA
204	FB6B1	Num	8		FB6B1 B) WHICH DAYS DID YOU USE PUBLIC TRANSPORTATION (N
205	FB6B2	Num	8		FB6B2 B) WHICH DAYS DID YOU USE PUBLIC TRANSPORTATION (Y
206	FB6B3	Num	8		FB6B3 B) WHICH DAYS DID YOU USE PUBLIC TRANSPORTATION (2
207	FB6B4	Num	8		FB6B4 B) WHICH DAYS DID YOU USE PUBLIC TRANSPORTATION (3
208	FB6C1	Num	8		FB6C1 C) WHICH DAYS DID YOU EITHER NOT DRIVE (NO DAYS)
209	FB6C2	Num	8		FB6C2 C) WHICH DAYS DID YOU EITHER NOT DRIVE (YESTERDAY)
210	FB6C3	Num	8		FB6C3 C) WHICH DAYS DID YOU EITHER NOT DRIVE (2 DAYS AGO
211	FB6C4	Num	8		FB6C4 C) WHICH DAYS DID YOU EITHER NOT DRIVE (3 DAYS AGO
212	FB7A1	Num	8		FB7A1 A) HAVE TROUBLE CLIMBING STAIRS OR INCLINES (NO DA
213	FB7A2	Num	8		FB7A2 A) HAVE TROUBLE CLIMBING STAIRS OR INCLINES (YESTE
214	FB7A3	Num	8		FB7A3 A) HAVE TROUBLE CLIMBING STAIRS OR INCLINES (2 DAY
215	FB7A4	Num	8		FB7A4 A) HAVE TROUBLE CLIMBING STAIRS OR INCLINES (3 DAY
216	FB7B1	Num	8		FB7B1 B) AVOID WALKING, HAVE TROUBLE WALKING, (NO DAYS)
217	FB7B2	Num	8		FB7B2 B) AVOID WALKING, HAVE TROUBLE WALKING, (YESTERDA
218	FB7B3	Num	8		FB7B3 B) AVOID WALKING, HAVE TROUBLE WALKING, (2 DAYS A
219	FB7B4	Num	8		FB7B4 B) AVOID WALKING, HAVE TROUBLE WALKING, (3 DAYS A
220	FB7C1	Num	8		FB7C1 C) LIMP OR USE A CANE, CRUTCHES, OR WALKER? (NO D
221	FB7C2	Num	8		FB7C2 C) LIMP OR USE A CANE, CRUTCHES, OR WALKER? (YEST
222	FB7C3	Num	8		FB7C3 C) LIMP OR USE A CANE, CRUTCHES, OR WALKER? (2 DA
223	FB7C4	Num	8		FB7C4 C) LIMP OR USE A CANE, CRUTCHES, OR WALKER? (3 DA
224	FB7D1	Num	8		FB7D1 D) AVOID OR HAVE TROUBLE BENDING OVER, (NO DAYS)
225	FB7D2	Num	8		FB7D2 D) AVOID OR HAVE TROUBLE BENDING OVER, (YESTERDAY
226	FB7D3	Num	8		FB7D3 D) AVOID OR HAVE TROUBLE BENDING OVER, (2 DAYS AG
227	FB7D4	Num	8		FB7D4 D) AVOID OR HAVE TROUBLE BENDING OVER, (3 DAYS AG
228	FB7E1	Num	8		FB7E1 E) HAVE ANY TROUBLE LIFTING OR CARRYING (NO DAYS)
229	FB7E2	Num	8		FB7E2 E) HAVE ANY TROUBLE LIFTING OR CARRYING (YESTERDAY
230	FB7E3	Num	8		FB7E3 E) HAVE ANY TROUBLE LIFTING OR CARRYING (2 DAYS AG

Num	Variable	Type	Len	Format	Label
231	FB7E4	Num	8		FB7E4 E) HAVE ANY TROUBLE LIFTING OR CARRYING (3 DAYS AG
232	FB7F1	Num	8		FB7F1 F) ANY OTHER LIMITATIONS IN PHYSICAL MOVEMENTS? (N
233	FB7F2	Num	8		FB7F2 F) ANY OTHER LIMITATIONS IN PHYSICAL MOVEMENTS? (Y
234	FB7F3	Num	8		FB7F3 F) ANY OTHER LIMITATIONS IN PHYSICAL MOVEMENTS? (2
235	FB7F4	Num	8		FB7F4 F) ANY OTHER LIMITATIONS IN PHYSICAL MOVEMENTS? (3
236	FB7G1	Num	8		FB7G1 G) SPEND ALL OR MOST OF THE DAY IN A BED (NO DAYS)
237	FB7G2	Num	8		FB7G2 G) SPEND ALL OR MOST OF THE DAY IN A BED (YESTERDA
238	FB7G3	Num	8		FB7G3 G) SPEND ALL OR MOST OF THE DAY IN A BED (2 DAYS A
239	FB7G4	Num	8		FB7G4 G) SPEND ALL OR MOST OF THE DAY IN A BED (3 DAYS A
240	FB7H1	Num	8		FB7H1 H) SPEND ALL OR MOST OF THE DAY IN A WHEELCHAIR? (
241	FB7H1A	Num	8		FB7H1A H) IF IN A WHEELCHAIR, ON WHICH DAYS (NO DAYS)
242	FB7H2	Num	8		FB7H2 H) SPEND ALL OR MOST OF THE DAY IN A WHEELCHAIR? (
243	FB7H2A	Num	8		FB7H2A H) IF IN A WHEELCHAIR, ON WHICH DAYS (YESTERDAY)
244	FB7H3	Num	8		FB7H3 H) SPEND ALL OR MOST OF THE DAY IN A WHEELCHAIR? (
245	FB7H3A	Num	8		FB7H3A H) IF IN A WHEELCHAIR, ON WHICH DAYS (2 DAYS AGO)
246	FB7H4	Num	8		FB7H4 H) SPEND ALL OR MOST OF THE DAY IN A WHEELCHAIR? (
247	FB7H4A	Num	8		FB7H4A H) IF IN A WHEELCHAIR, ON WHICH DAYS (3 DAYS AGO)
248	FB8A1	Num	8		FB8A1 A) WHICH DAYS DID YOU AVOID, NEED HELP (NO DAYS)
249	FB8A2	Num	8		FB8A2 A) WHICH DAYS DID YOU AVOID, NEED HELP (YESTERDAY)
250	FB8A3	Num	8		FB8A3 A) WHICH DAYS DID YOU AVOID, NEED HELP (2 DAYS AGO
251	FB8A4	Num	8		FB8A4 A) WHICH DAYS DID YOU AVOID, NEED HELP (3 DAYS AGO
252	FB8B1	Num	8		FB8B1 B) WHICH DAYS DID YOU AVOID OR FEEL LIMITED (NO DA
253	FB8B2	Num	8		FB8B2 B) WHICH DAYS DID YOU AVOID OR FEEL LIMITED (YESTE
254	FB8B3	Num	8		FB8B3 B) WHICH DAYS DID YOU AVOID OR FEEL LIMITED (2 DAY
255	FB8B4	Num	8		FB8B4 B) WHICH DAYS DID YOU AVOID OR FEEL LIMITED (3 DAY
256	FB8C1	Num	8		FB8C1 C) WHICH DAYS DID YOU CHANGE ANY OF YOUR PLANS (NO
257	FB8C2	Num	8		FB8C2 C) WHICH DAYS DID YOU CHANGE ANY OF YOUR PLANS (YE
258	FB8C3	Num	8		FB8C3 C) WHICH DAYS DID YOU CHANGE ANY OF YOUR PLANS (2
259	FB8C4	Num	8		FB8C4 C) WHICH DAYS DID YOU CHANGE ANY OF YOUR PLANS (3
260	FB9A1	Num	8		FB9A1 A) WOULD YOU SAY THAT YOUR HEALTH IS:
261	FB9B1	Num	8		FB9B1 B) SOMEWHAT BETTER NOW THAN ONE YEAR AGO
262	FB9C	Num	8		FB9C C) THINK ABOUT A SCALE OF 0 TO 100:
263	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED

Data Set Name: f0705_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM 070 COMPLETED
8	GOB1	Num	8		GOB1 ANYTIME YOU DID NOT HAVE HEALTH INSURANCE
9	GOB2	Num	8		GOB2 HOW LONG WERE YOU WITHOUT INSURANCE
10	GOB3	Num	8		GOB3 CURRENTLY, DO YOU HAVE HEALTH INS COV?
11	GOB4BA	Num	8		GOB4BA AN INDIVIDUAL PLAN
12	GOB4BB	Num	8		GOB4BB A GROUP PLAN THROUGH EMPLOYER
13	GOB4BC	Num	8		GOB4BC A GOVERNMENT PLAN
14	GOB4BC1	Num	8		GOB4BC1 U.S. GOVERNMENT HEALTH PLAN
15	GOB4BC2	Num	8		GOB4BC2 CANADIAN GOVERNMENT PLAN
16	GOB4BC3	Num	8		GOB4BC3 MEDICAID
17	GOB4BC4	Num	8		GOB4BC4 MEDICARE
18	GOB4CA	Num	8		GOB4CA INDEMNITY OR FEE FOR SERVICE PLAN
19	GOB4CB	Num	8		GOB4CB HEALTH MAINTENANCE ORGANIZATION (HMO)
20	GOB4CC	Num	8		GOB4CC PREFERRED PROVIDER ORGANIZATION
21	GOB4CD	Num	8		GOB4CD POINT OF SERVICE (POS)
22	GOB4CE	Num	8		GOB4CE OTHER HEALTH INSURANCE
23	GOB5A	Num	8		GOB5A MEDICAL VISITS FOR DIABETES (DOCTOR)
24	GOB5AA	Num	8		GOB5AA HOSPITALIZATION FOR OTHER HEALTH ISSUES
25	GOB5B	Num	8		GOB5B MEDICAL VISITS FOR DIABETES (NURSE)
26	GOB5BB	Num	8		GOB5BB NURSING HOME/CONVALESCENT CARE
27	GOB5C	Num	8		GOB5C INSULIN
28	GOB5CC	Num	8		GOB5CC HOME HEALTH CARE SERVICES
29	GOB5D	Num	8		GOB5D SYRINGES
30	GOB5E	Num	8		GOB5E BLOOD GLUCOSE TESTING STRIPS
31	GOB5F	Num	8		GOB5F BLOOD GLUCOSE TESTING METERS
32	GOB5G	Num	8		GOB5G GLUCOSE TABLETS
33	GOB5H	Num	8		GOB5H GLUCAGON
34	GOB5I	Num	8		GOB5I INSULIN INFUSION PUMP
35	GOB5J	Num	8		GOB5J INSULIN INFUSION PUMP SUPPLIES
36	GOB5K	Num	8		GOB5K GLYCOSYLATED HEMOGLOBIN OR HBA1C TEST

Num	Variable	Type	Len	Format	Label
37	GOB5L	Num	8		GOB5L FRUCTOSAMINE TEST
38	GOB5M	Num	8		GOB5M BLOOD TESTS(IN GENERAL)
39	GOB5N	Num	8		GOB5N URINE TESTS(IN GENERAL)
40	GOB5O	Num	8		GOB5O ELECTROCARDIOGRAMS (EKG)
41	GOB5P	Num	8		GOB5P CARDIOVASCULAR STRESS TESTS
42	GOB5Q	Num	8		GOB5Q DILATED EYE EXAMS
43	GOB5R	Num	8		GOB5R EYE PHOTOS
44	GOB5S	Num	8		GOB5S LASER TREATMENT/MACULAR EDEMA
45	GOB5T	Num	8		GOB5T DIALYSIS (IN-HOME OR OUTPATIENT)
46	GOB5U	Num	8		GOB5U NUTRITION COUNSELING
47	GOB5V	Num	8		GOB5V DIABETES EDUCATION SERVICES
48	GOB5W	Num	8		GOB5W SERVICES OF MENTAL HEALTH PROFESSIONALS
49	GOB5X	Num	8		GOB5X EMERGENCY ROOM VISITS
50	GOB5Y	Num	8		GOB5Y WALK-IN CLINICS OR URGENT CARE CENTER VISITS
51	GOB5Z	Num	8		GOB5Z HOSPITALIZATION/DIABETES RELATED COMPLICATIONS
52	GOC1	Num	8		GOC1 DIABETES HEALTH CARE SERVICES:WHERE?
53	GOC2	Num	8		GOC2 DIABETES HEALTH CARE SERVICES:WHO?
54	GOC3	Num	8		GOC3 DIABETES PROVIDER CHECK IN ITEM #2?
55	GOC4	Num	8		GOC4 GENERAL HEALTH SERVICES: WHERE?
56	GOC5	Num	8		GOC5 GENERAL HEALTH SERVICES: WHO?
57	GOC6	Num	8		GOC6 IS GENERAL PROVIDER SAME AS DIABETES?
58	GOC7	Num	8		GOC7 VISTED EDIC CLINIC UNRELATED TO STUDY?
59	GOC71	Num	8		GOC71 NUMBER OF VISITS
60	GOC8	Num	8		GOC8 EDIC ANNUAL EVAL ONLY HEALTH CARE PROVEDED?
61	GOC9A	Num	8		GOC9A GENERALIST VISIT: PAST 12 MONTHS
62	GOC9A1	Num	8		GOC9A1 GENERALIST VISIT: # OF VISITS
63	GOC9B	Num	8		GOC9B SPECIALIST VISIT: PAST 12 MONTHS
64	GOC9B1	Num	8		GOC9B1 SPECIALIST VISIT: # OF VISITS
65	GOC9C	Num	8		GOC9C NURSE EDUCATOR: PAST 12 MONTHS
66	GOC9C1	Num	8		GOC9C1 NURSE EDUCATOR: # OF VISITS
67	GOC9D	Num	8		GOC9D DIETITIAN: PAST 12 MONTHS
68	GOC9D1	Num	8		GOC9D1 DIETITIAN: # OF VISITS
69	GOC9E	Num	8		GOC9E PSYCHIATRIST(MD): PAST 12 MONTHS
70	GOC9E1	Num	8		GOC9E1 PSYCHIATRIST(MD): # OF VISITS
71	GOC9F	Num	8		GOC9F PSYCHOLOGIST: PAST 12 MONTHS
72	GOC9F1	Num	8		GOC9F1 PSYCHOLOGIST: # OF VISITS
73	GOC9G	Num	8		GOC9G SOCIAL WORKER: PAST 12 MONTHS
74	GOC9G1	Num	8		GOC9G1 SOCIAL WORKER: # OF VISITS
75	GOC9H	Num	8		GOC9H OPHTHALMOLOGIST: PAST 12 MONTHS

Num	Variable	Type	Len	Format	Label
76	GOC9H1	Num	8		GOC9H1 OPHTHALMOLOGIST: # OF VISITS
77	GOC9I	Num	8		GOC9I OPTOMETRIST: PAST 12 MONTHS
78	GOC9I1	Num	8		GOC9I1 OPTOMETRIST: # OF VISITS
79	GOC9J	Num	8		GOC9J CARDIOLOGIST: PAST 12 MONTHS
80	GOC9J1	Num	8		GOC9J1 CARDIOLOGIST: # OF VISITS
81	GOC9K	Num	8		GOC9K PODIATRIST: PAST 12 MONTHS
82	GOC9K1	Num	8		GOC9K1 PODIATRIST: # OF VISITS
83	GOC9L	Num	8		GOC9L NEPHROLOGIST: PAST 12 MONTHS
84	GOC9L1	Num	8		GOC9L1 NEPHROLOGIST: # OF VISITS
85	GOC9M	Num	8		GOC9M GASTROENTEROLIST: PAST 12 MONTHS
86	GOC9M1	Num	8		GOC9M1 GASTROENTEROLIST: # OF VISITS
87	GOC9N	Num	8		GOC9N NEUROLOGIST: PAST 12 MONTHS
88	GOC9N1	Num	8		GOC9N1 NEUROLOGIST: # OF VISITS
89	GOC9O	Num	8		GOC9O ONCOLOGIST: PAST 12 MONTHS
90	GOC9O1	Num	8		GOC9O1 ONCOLOGIST: # OF VISITS
91	GOC9P	Num	8		GOC9P SURGEON: PAST 12 MONTHS
92	GOC9P1	Num	8		GOC9P1 SURGEON: # OF VISITS
93	GOC9Q	Num	8		GOC9Q GYNECOLOGIST OR OBSTETRICIAN: PAST 12 MONTHS
94	GOC9Q1	Num	8		GOC9Q1 GYNECOLOGIST OR OBSTETRICIAN: # OF VISITS
95	GOC9R	Num	8		GOC9R UROLOGIST: PAST 12 MONTHS
96	GOC9R1	Num	8		GOC9R1 UROLOGIST: # OF VISITS
97	GOC9S	Num	8		GOC9S DERMATOLOGIST: PAST 12 MONTHS
98	GOC9S1	Num	8		GOC9S1 DERMATOLOGIST: # OF VISITS
99	GOC9T	Num	8		GOC9T ORTHOPEDIST: PAST 12 MONTHS
100	GOC9T1	Num	8		GOC9T1 ORTHOPEDIST: # OF VISITS
101	GOC9U	Num	8		GOC9U PHYSICAL THERAPIST: PAST 12 MONTHS
102	GOC9U1	Num	8		GOC9U1 PHYSICAL THERAPIST: # OF VISITS
103	GOC9V	Num	8		GOC9V CHIROPRACTOR: PAST 12 MONTHS
104	GOC9V1	Num	8		GOC9V1 CHIROPRACTOR: # OF VISITS
105	GOC9W	Num	8		GOC9W DENTIST: PAST 1 MONTHS
106	GOC9W1	Num	8		GOC9W1 DENTIST: # OF VISITS
107	GOC9X	Num	8		GOC9X ORAL SURGEON: PAST 12 MONTHS
108	GOC9X1	Num	8		GOC9X1 ORAL SURGEON: # OF VISITS
109	GOC9Y	Num	8		GOC9Y OTHER PROVIDER(S): PAST 12 MONTHS
110	GOC9Y1	Num	8		GOC9Y1 OTHER PROVIDER(S): # OF VISITS
111	GOC9YA	Num	8		GOC9YA SPECIFY PROVIDER: PAST 12 MONTHS
112	GOC9YA1	Num	8		GOC9YA1 SPECIFY PROVIDER: # OF VISITS
113	GOC9YB	Num	8		GOC9YB SPECIFY PROVIDER: PAST 12 MONTHS
114	GOC9YB1	Num	8		GOC9YB1 SPECIFY PROVIDER: # OF VISITS

Num	Variable	Type	Len	Format	Label
115	GOD1	Num	8		GOD1 ADMITTED TO HOSPITAL OVERNIGHT
116	GOD1A	Num	8		GOD1A HOW MANY TIME WERE YOU ADMITTED?
117	GOD1B	Num	8		GOD1B TOTAL NIGHTS IN HOSPITAL?
118	GOD1CA1	Num	8	8.	GOD1CA1 DEIDENTIFIED DATE OF ADMISSION
119	GOD1CA2	Num	8		GOD1CA2 NUMBER OF NIGHTS
120	GOD1CB1	Num	8	8.	GOD1CB1 DEIDENTIFIED DATE OF ADMISSION
121	GOD1CB2	Num	8		GOD1CB2 NUMBER OF NIGHTS
122	GOD1CC1	Num	8	8.	GOD1CC1 DEIDENTIFIED DATE OF ADMISSION
123	GOD1CC2	Num	8		GOD1CC2 NUMBER OF NIGHTS
124	GOD1CD1	Num	8	8.	GOD1CD1 DEIDENTIFIED DATE OF ADMISSION
125	GOD1CD2	Num	8		GOD1CD2 NUMBER OF NIGHTS
126	GOD1CE1	Num	8	8.	GOD1CE1 DEIDENTIFIED DATE OF ADMISSION
127	GOD1CE2	Num	8		GOD1CE2 NUMBER OF NIGHTS
128	GOD1CF1	Num	8	8.	GOD1CF1 DEIDENTIFIED DATE OF ADMISSION
129	GOD1CF2	Num	8		GOD1CF2 NUMBER OF NIGHTS
130	GOD2	Num	8		GOD2 WERE YOU SEEN IN A HOSPITAL ER?
131	GOD2A	Num	8		GOD2A HOW MANY TIMES IN HOSPITAL ER?
132	GOD2B	Num	8		GOD2B HOW MANY TIMES RELATED TO DIABETES?
133	GOD3	Num	8		GOD3 PATIENT IN NURSING HOME OR CONVALESCENT FACILITY?
134	GOD3A	Num	8		GOD3A TOTAL NIGHTS IN NURSING HOME OR CONVALESCENT FACIL
135	GOD3BA1	Num	8	8.	GOD3BA1 DEIDENTIFIED DATE OF ADMISSION
136	GOD3BA2	Num	8		GOD3BA2 NUMBER OF NIGHTS
137	GOD3BB1	Num	8	8.	GOD3BB1 DEIDENTIFIED DATE OF ADMISSION
138	GOD3BB2	Num	8		GOD3BB2 NUMBER OF NIGHTS
139	GOD3BC1	Num	8	8.	GOD3BC1 DEIDENTIFIED DATE OF ADMISSION
140	GOD3BC2	Num	8		GOD3BC2 NUMBER OF NIGHTS
141	GOD4A	Num	8		GOD4A PAST 12 MONTHS: HBA1C
142	GOD4A1	Num	8		GOD4A1 NUMBER OF TIMES: HBA1C
143	GOD4B	Num	8		GOD4B PAST 12 MONTHS: FRUCTOSAMINE
144	GOD4B1	Num	8		GOD4B1 NUMBER OF TIMES: FRUCTOSAMINE
145	GOD4C	Num	8		GOD4C PAST 12 MONTHS: BLOOD GLUCOSE
146	GOD4C1	Num	8		GOD4C1 NUMBER OF TIMES: BLOOD GLUCOSE
147	GOD4D	Num	8		GOD4D PAST 12 MONTHS: FASTING LIPID TEST
148	GOD4D1	Num	8		GOD4D1 NUMBER OF TIMES: FASTING LIPID TEST
149	GOD4E	Num	8		GOD4E PAST 12 MONTHS: OTHER BLOOD TESTS
150	GOD4E1	Num	8		GOD4E1 NUMBER OF TIMES: OTHER BLOOD TESTS
151	GOD4F	Num	8		GOD4F PAST 12 MONTHS: ELECTROCARDIOGRAM (EKG)
152	GOD4F1	Num	8		GOD4F1 NUMBER OF TIMES: ELECTROCARDIOGRAM (EKG)

Num	Variable	Type	Len	Format	Label
153	GOD4G	Num	8		GOD4G PAST 12 MONTHS: STRESS TEST
154	GOD4G1	Num	8		GOD4G1 NUMBER OF TIMES: STRESS TEST
155	GOD4H	Num	8		GOD4H PAST 12 MONTHS: DILATED EYE EXAM
156	GOD4H1	Num	8		GOD4H1 NUMBER OF TIMES: DILATED EYE EXAM
157	GOD4I	Num	8		GOD4I PAST 12 MONTHS: EYE PHOTOGRAPHS
158	GOD4I1	Num	8		GOD4I1 NUMBER OF TIMES: EYE PHOTOGRAPHS
159	GOD4J	Num	8		GOD4J PAST 12 MONTHS: FLUORESCEIN ANGIOGRAM
160	GOD4J1	Num	8		GOD4J1 NUMBER OF TIMES: FLUORESCEIN ANGIOGRAM
161	GOD4K	Num	8		GOD4K PAST 12 MONTHS: LASER TREATMENT
162	GOD4K1	Num	8		GOD4K1 NUMBER OF TIMES: LASER TREATMENT
163	GOD4L	Num	8		GOD4L PAST 12 MONTHS: TIMED URINE COLLECTION
164	GOD4L1	Num	8		GOD4L1 NUMBER OF TIMES: TIMED URINE COLLECTION
165	GOD4M	Num	8		GOD4M PAST 12 MONTHS: OTHER URINE TESTS
166	GOD4M1	Num	8		GOD4M1 NUMBER OF TIMES: OTHER URINE TESTS
167	GOD4N	Num	8		GOD4N PAST 12 MONTHS: KIDNEY DIALYSIS
168	GOD4N1	Num	8		GOD4N1 NUMBER OF TIMES: KIDNEY DIALYSIS
169	GOD4O	Num	8		GOD4O PAST 12 MONTHS: GASTRIC EMPTYING STUDIES
170	GOD4O1	Num	8		GOD4O1 NUMBER OF TIMES: GASTRIC EMPTYING STUDIES
171	GOD4P	Num	8		GOD4P PAST 12 MONTHS: PAP SMEAR TEST
172	GOD4P1	Num	8		GOD4P1 NUMBER OF TIMES: PAP SMEAR TEST
173	GOD4Q	Num	8		GOD4Q PAST 12 MONTHS: FLU SHOT
174	GOD4Q1	Num	8		GOD4Q1 NUMBER OF TIMES: FLU SHOT
175	GOD5	Num	8		GOD5 PAST 12 MONTHS: ANY OTHER LAB TEST/EVAL
176	GOD6	Num	8		GOD6 PAST 12 MONTHS: ANY OTHER MEDICAL TREATMENTS
177	GOD7	Num	8		GOD7 PAST 12 MONTHS: MISSED DAYS WORK ETC.
178	GOD7A	Num	8		GOD7A PAST 12 MONTHS: MISSED DAYS DIABETES RELATED
179	GOE1	Num	8		GOE1 PAST 12 MOS: ASK TO PARTICIPATED HEALTH RESEARCH
180	GOE2	Num	8		GOE2 PAST 12 MONTHS: DID YOU PARTICIPATE?
181	GOE3A	Num	8		GOE3A DID RESEARCH INVOLVE: SPECIFIC DRUGS
182	GOE3B	Num	8		GOE3B DID RESEARCH INVOLVE: TEST PROCEDURES
183	GOE3C	Num	8		GOE3C DID RESEARCH INVOLVE: INSULIN REGIMEN CHANGES
184	GOE3D	Num	8		GOE3D DID RESEARCH INVOLVE: DIET CHANGES
185	GOE3E	Num	8		GOE3E DID RESEARCH INVOLVE: EXERCISE MODIFICATIONS
186	GOE3F	Num	8		GOE3F DID RESEARCH INVOLVE: QUESTIONNAIRES
187	GOE3G	Num	8		GOE3G DID RESEARCH INVOLVE: INTERVIEWS
188	GOE3H	Num	8		GOE3H DID RESEARCH INVOLVE: OTHER
189	GOF1	Num	8		GOF1 ANY OTHER HEALTH PROBLEMS/CONDITIONS
190	GOF2A	Num	8		GOF2A DID NOT THINK CONDITION SERIOUS
191	GOF2B	Num	8		GOF2B PROBLEM NOT COVERED BY INSURANCE

Num	Variable	Type	Len	Format	Label
192	GOF2C	Num	8		GOF2C THOUGHT MEDICAL CARE COST TOO MUCH
193	GOF2D	Num	8		GOF2D DID NOT HAVE MONEY TO COVER COST
194	GOF2E	Num	8		GOF2E DID NOT HAVE TIME TO SEE HEALTH CARE PROVIDER
195	GOF2F	Num	8		GOF2F COULD NOT GET APPOINTMENT
196	GOF2G	Num	8		GOF2G DID NOT HAVE TRANSPORT TO OFFICE/CLINIC
197	GOF2H	Num	8		GOF2H DISTANCE TO CLINIC/DOCTOR TOO GREAT
198	GOF2I	Num	8		GOF2I DID NOT HAVE ANYONE TO CARE FOR CHILDREN
199	GOF2J	Num	8		GOF2J HEALTH CARE PROVIDER COULD NOT HELP
200	GOF2K	Num	8		GOF2K DID NOT FEEL HEALTH CARE PROVIDER CARED
201	GOF2L	Num	8		GOF2L AFRAID OF FINDING OUT WHAT WAS WRONG
202	GOF2M	Num	8		GOF2M FELT PROBLEM COULD BE REMEDIED AT HOME
203	GOF2N	Num	8		GOF2N HAD A LAPSE IN INSURANCE
204	GOF2O	Num	8		GOF2O OTHER
205	GOF3	Num	8		GOF3 PAST 12 MOS: DELAY SEEING A DOCTOR
206	GOF4A	Num	8		GOF4A DID NOT THINK CONDITION SERIOUS
207	GOF4B	Num	8		GOF4B PROBLEM NOT COVERED BY INSURANCE
208	GOF4C	Num	8		GOF4C THOUGHT MEDICAL CARE COST TOO MUCH
209	GOF4D	Num	8		GOF4D DID NOT HAVE MONEY TO COVER COST
210	GOF4E	Num	8		GOF4E DID NOT HAVE TIME TO SEE HEALTH CARE PROVIDER
211	GOF4F	Num	8		GOF4F COULD NOT GET APPOINTMENT
212	GOF4G	Num	8		GOF4G DID NOT HAVE TRANSPORT TO OFFICE/CLINIC
213	GOF4H	Num	8		GOF4H DISTANCE TO CLINIC/DOCTOR TOO GREAT
214	GOF4I	Num	8		GOF4I DID NOT HAVE ANYONE TO CARE FOR CHILDREN
215	GOF4J	Num	8		GOF4J HEALTH CARE PROVIDER COULD NOT HELP
216	GOF4K	Num	8		GOF4K DID NOT FEEL HEALTH CARE PROVIDER CARED
217	GOF4L	Num	8		GOF4L AFRAID OF FINDING OUT WHAT WAS WRONG
218	GOF4M	Num	8		GOF4M FELT PROBLEM COULD BE REMEDIED AT HOME
219	GOF4N	Num	8		GOF4N HAD A LAPSE IN INSURANCE
220	GOF4O	Num	8		GOF4O OTHER

Data Set Name: f0905.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
8	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
9	IO4OTH	Char	50		IO4OTH ENZYME: SPECIFY
10	IOB0A	Num	8		IOB0A MYOCARDIAL INFARCTION
11	IOB0B	Num	8		IOB0B ANGINA PECTORIS
12	IOB0C	Num	8		IOB0C CORONARY ARTERY DISEASE
13	IOB0D	Num	8		IOB0D ARRHYTHMIA
14	IOB1ADAT	Num	8	8.	IOB1ADAT DEIDENTIFIED DATE OF OCCURRENCE
15	IOB1B	Num	8		IOB1B CHECK HERE IF DATE UNCERTAIN
16	IOB2BDAT	Num	8	8.	IOB2BDAT DEIDENTIFIED DATE EDIC CLINIC LEARNED OF THE EVENT:
17	IOB3	Num	8		IOB3 HOW DID CLINIC LEARNED OF THE EVENT?
18	IOB4A	Num	8		IOB4A TREATED IN EMERGENCY ROOM
19	IOB4B	Num	8		IOB4B TREATED IN INPATIENT HOSPITALIZATION
20	IOB4C	Num	8		IOB4C TREATED AT EDIC CLINIC
21	IOB4D	Num	8		IOB4D TREATED AT OTHER
22	IOBOE	Num	8		IOBOE CONGESTIVE HEART FAILURE (NEW)
23	IOC	Num	8		IOC IF NO PAIN, HERE AND SKIP TO C.3
24	IOC1AI	Num	8		IOC1AI CHEST PAIN: LEFT ANTERIOR CHEST
25	IOC1AII	Num	8		IOC1AII CHEST PAIN: LEFT ARM
26	IOC1AIII	Num	8		IOC1AIII CHEST PAIN: JAW
27	IOC1AIV	Num	8		IOC1AIV CHEST PAIN: STERNUM UPPER OR MIDDLE
28	IOC1AV	Num	8		IOC1AV CHEST PAIN: STERNUM LOWER
29	IOC1BI	Num	8		IOC1BI PAIN INVOLVE: THE: BACK
30	IOC1BII	Num	8		IOC1BII PAIN INVOLVE: THE SHOULDER
31	IOC1BIII	Num	8		IOC1BIII PAIN INVOLVE: THE RIGHT ARM
32	IOC1BIV	Num	8		IOC1BIV PAIN INVOLVE: THE ABDOMEN OR BOTH SIDES
33	IOC2A	Num	8		IOC2A DID PAIN LAST MORE THAN MORE THAN 20
34	IOC2B	Num	8		IOC2B NON-CARDIAC CAUSE FOR THE PAIN
35	IOC2C	Num	8		IOC2C SELF-ADMINISTERED WITHOUT RELIEF / PAIN
36	IOC3	Num	8		IOC3 PATIENT EVER HAD FEELING OF PRESSURE

Num	Variable	Type	Len	Format	Label
37	IOC4A	Num	8		IOC4A DID YOU GET THIS PAIN WHEN WALKING
38	IOC4B	Num	8		IOC4B PAIN WHEN WALKING AT AN ORDINARY PACE
39	IOC4C	Num	8		IOC4C WHEN THE PATIENT GETS THIS PAIN, WHAT DO YOU DO
40	IOC4D	Num	8		IOC4D WHAT HAPPENS TO THE PAIN WHEN STANDING STILL?
41	IOC4E	Num	8		IOC4E HOW SOON DOES THE PAIN GO AWAY
42	IOC5	Num	8		IOC5 ANY DIAGNOSTIC TESTS PERFORMED
43	IOC5RES1	Num	8		IOC5RES1 WHAT WAS THE RESULTS? RESULT 1
44	IOC5RES2	Num	8		IOC5RES2 WHAT WAS THE RESULTS? RESULT 2
45	IOC5RES3	Num	8		IOC5RES3 WHAT WAS THE RESULTS? RESULT 3
46	IOC5RES4	Num	8		IOC5RES4 WHAT WAS THE RESULTS? RESULT 4
47	IOC5RES5	Num	8		IOC5RES5 WHAT WAS THE RESULTS? RESULT 5
48	IOC5TES1	Char	20		IOC5TES1 WHAT TESTS WERE PERFORMED? TEST 1
49	IOC5TES2	Char	20		IOC5TES2 WHAT TESTS WERE PERFORMED? TEST 2
50	IOC5TES3	Char	20		IOC5TES3 WHAT TESTS WERE PERFORMED? TEST 3
51	IOC5TES4	Char	20		IOC5TES4 WHAT TESTS WERE PERFORMED? TEST 4
52	IOC5TES5	Char	20		IOC5TES5 WHAT TESTS WERE PERFORMED? TEST 5
53	IOD1A	Num	8		IOD1A ENZYME: CPK AT LEAST TWICE UPPER LIMIT
54	IOD1B	Num	8		IOD1B ENZYME: WHAT WAS THE CPK VALUE? IU/L
55	IOD2A	Num	8		IOD2A ENZYME:WAS THE CPK-MB "PRESENT"?
56	IOD2B	Num	8		IOD2B ENZYME: WHAT WAS THE CPK MB VALUE? NG/ML
57	IOD3A	Num	8		IOD3A ENZYME: EITHER CPK-MB HEART FRACTION
58	IOD3B1	Num	8		IOD3B1 ENZYME: CPK-MB HEART FRACTION %
59	IOD3B2	Num	8		IOD3B2 ENZYME: LDH U/L
60	IOD3B3	Num	8		IOD3B3 ENZYME: SGOT U/L
61	IOD3B4	Num	8		IOD3B4 ENZYME: TROPONIN UG/L
62	IOD3B5	Num	8		IOD3B5 ENZYME: BNP NG/L
63	IOD4	Num	8		IOD4 ENZYME: WAS THERE A KNOWN NON-ISCHEMIC
64	IOEA	Num	8		IOEA CHF: CATEGORY A:PAROXYSMAL NOCTURNAL DYSPNEA
65	IOEB	Num	8		IOEB CHF: CATEGORY B: RALES, ANKLE EDEMA, TACHYCARDIA,
66	IOEECG	Num	8		IOEECG ARE ECG TRACINGS ATTACHED?
67	IOFHOSRE	Num	8		IOFHOSRE ARE HOSPITAL RECORDS ATTACHED? IF NO, WHY NOT?
68	IOGCARD	Num	8		IOGCARD OUTCOME OF EVENT :CARDIOLOGY FOLLOWUP
69	IOGMED	Num	8		IOGMED OUTCOME OF EVENT : MEDICATION
70	IOGOTH	Num	8		IOGOTH OUTCOME OF EVENT :OTHER,
71	IOGSURG	Num	8		IOGSURG OUTCOME OF EVENT : SURGERY
72	IOGTPA	Num	8		IOGTPA OUTCOME OF EVENT : TPA
73	IOSEQNO	Num	8		IOSEQNO FOR DCC USE ONLY. SEQUENCE NO.

Data Set Name: f0914_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
8	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
9	IAB0A	Num	8		IAB0A CVA
10	IAB0B	Num	8		IAB0B TIA
11	IAB1ADAT	Num	8	8.	IAB1ADAT DEIDENTIFIED DATE OF OCCURENCE
12	IAB1B	Num	8		IAB1B IF DATE UNCERTIAN, CHECK HERE
13	IAB2BDAT	Num	8	8.	IAB2BDAT DEIDENTIFIED DATE CLINIC LEARNED OF THE EVENT
14	IAB3	Num	8		IAB3 HOW CLINIC LEARNED OF EVENT
15	IAB4A	Num	8		IAB4A TREATED IN EMERGENCY ROOM
16	IAB4B	Num	8		IAB4B TREATED IN INPATIENT HOSPITALIZATION
17	IAB4C	Num	8		IAB4C TREATED AT EDIC CLINIC
18	IAB4D	Num	8		IAB4D TREATED AT OTHER
19	IAC1A1	Num	8		IAC1A1 WEAKNESS OR NUMBNESS IN CONTRALATERAL
20	IAC1A2	Num	8		IAC1A2 CONTRALATERAL HOMONYMOUS HEMIANOPSIA
21	IAC1A3	Num	8		IAC1A3 DYSPHASIA
22	IAC1A4	Num	8		IAC1A4 AGNOSIA
23	IAC1B1	Num	8		IAC1B1 WEAKNESS: SINGLE/MULTIPLE LIMBS
24	IAC1B10	Num	8		IAC1B10 VERTIGO
25	IAC1B11	Num	8		IAC1B11 NAUSEA
26	IAC1B2	Num	8		IAC1B2 NUMBNESS OF THE FACE
27	IAC1B3	Num	8		IAC1B3 DIPLOPIA
28	IAC1B4	Num	8		IAC1B4 DYSPHAGIA
29	IAC1B5	Num	8		IAC1B5 DYSARTHRIA
30	IAC1B6	Num	8		IAC1B6 HEMONYMOUS HEMIANOPSIA
31	IAC1B7	Num	8		IAC1B7 ATAXIA
32	IAC1B8	Num	8		IAC1B8 NYSTAGMUS
33	IAC1B9	Num	8		IAC1B9 ALTERED CONSCIOUSNESS
34	IAC2A	Num	8		IAC2A DID SYMPTONS/SIGNS AT LEAST 10 MIN > 24 HRS
35	IAC2B	Num	8		IAC2B SYMPTONS/SIGNS PERSIST OVER 24 HRS
36	IAC3A	Num	8		IAC3A NEUROLOGICAL EXAMINATION?

Num	Variable	Type	Len	Format	Label
37	IAC3B	Num	8		IAC3B DISABILITIY INTERFERES W/DAILY ACTIVITIES?
38	IAC4	Num	8		IAC4 WAS ANGIOGRAPHY TESTING PERFORMED?
39	IAC5	Num	8		IAC5 WERE DIAGNOSTIC TESTS PERFORMED?
40	IAC5RES1	Num	8		IAC5RES1 RESULTS OF TEST 1
41	IAC5RES2	Num	8		IAC5RES2 RESULTS OF TEST 2
42	IAC5RES3	Num	8		IAC5RES3 RESULTS OF TEST 3
43	IAC5RES4	Num	8		IAC5RES4 RESULTS OF TEST 4
44	IAC5RES5	Num	8		IAC5RES5 RESULTS OF TEST 5
45	IAC5TES1	Char	20		IAC5TES1 TEST 1
46	IAC5TES2	Char	20		IAC5TES2 TEST 2
47	IAC5TES3	Char	20		IAC5TES3 TEST 3
48	IAC5TES4	Char	20		IAC5TES4 TEST 4
49	IAC5TES5	Char	20		IAC5TES5 TEST 5
50	IASEQNO	Num	8		IASEQNO FOR DCC USE ONLY: SEQUENCE NO.

Data Set Name: f0915.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
8	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
9	IAB0A	Num	8		IAB0A STROKE (FORMERLY CVA)
10	IAB0A1	Num	8		IAB0A1 HEMORRHAGIC?
11	IAB0A2	Num	8		IAB0A2 ISCHEMIC?
12	IAB0A3	Num	8		IAB0A3 UNKNOWN?
13	IAB0B	Num	8		IAB0B TIA
14	IAB1ADAT	Num	8	8.	IAB1ADAT DEIDENTIFIED DATE OF OCCURENCE
15	IAB1B	Num	8		IAB1B IF DATE UNCERTAIN, CHECK HERE
16	IAB2BDAT	Num	8	8.	IAB2BDAT DEIDENTIFIED DATE CLINIC LEARNED OF THE EVENT
17	IAB3	Num	8		IAB3 HOW CLINIC LEARNED OF EVENT
18	IAB4A	Num	8		IAB4A TREATED IN EMERGENCY ROOM
19	IAB4B	Num	8		IAB4B TREATED IN INPATIENT HOSPITALIZATION
20	IAB4C	Num	8		IAB4C TREATED AT EDIC CLINIC
21	IAB4D	Num	8		IAB4D TREATED AT OTHER
22	IAC1A1	Num	8		IAC1A1 WEAKNESS OR NUMBNESS IN LIMBS
23	IAC1A2	Num	8		IAC1A2 PARTIAL LOSS OF VISUAL FIELD
24	IAC1A3	Num	8		IAC1A3 DIFFICULTY PRODUCING/UNDERSTANDING SPEECH OR WRITI
25	IAC1A4	Num	8		IAC1A4 LOSS OF ABILITY TO RECOGIZE OBJECTS
26	IAC1B1	Num	8		IAC1B1 WEAKNESS: SINGLE/MULTIPLE LIMBS
27	IAC1B10	Num	8		IAC1B10 SENSE OF RAPID SPINNING
28	IAC1B11	Num	8		IAC1B11 FEELING THE NEED TO VOMIT WITHOUT VOMITING
29	IAC1B2	Num	8		IAC1B2 NUMBNESS OF THE FACE
30	IAC1B3	Num	8		IAC1B3 DOUBLE VISION
31	IAC1B4	Num	8		IAC1B4 DIFFICULTY SWALLOWING
32	IAC1B5	Num	8		IAC1B5 SLURRING OF SPEECH
33	IAC1B6	Num	8		IAC1B6 PARTIAL LOSS OF VISUAL FIELD
34	IAC1B7	Num	8		IAC1B7 LACK OF COORDINATION OF MUSCLE MOVEMENT
35	IAC1B8	Num	8		IAC1B8 FAST RHYTHMIC EYE TWITCHING
36	IAC1B9	Num	8		IAC1B9 ALTERED CONSCIOUSNESS

Num	Variable	Type	Len	Format	Label
37	IAC1D1	Num	8		IAC1D1 HEADACHE
38	IAC1D2	Num	8		IAC1D2 LOSS OF CONSCIOUSNESS
39	IAC1D3	Num	8		IAC1D3 VOMITING
40	IAC1D4	Num	8		IAC1D4 SEIZURES
41	IAC2A0	Num	8		IAC2A0 LESS THAN 10 MINS?
42	IAC2A1	Num	8		IAC2A1 AT LEAST 10 MINS BUT LESS THAN 60 MINS?
43	IAC2A2	Num	8		IAC2A2 AT LEAST 1 HR BUT LESS THAN 24 HRS?
44	IAC2B	Num	8		IAC2B AT LEAST 24 HRS?
45	IAC3A	Num	8		IAC3A NEUROLOGICAL EXAMINATION?
46	IAC3B	Num	8		IAC3B DISABILITIY INTERFERES W/DAILY ACTIVITIES?
47	IAC4A	Num	8		IAC4A CT SCAN OF BRAIN?
48	IAC4B	Num	8		IAC4B MRI?
49	IAC4C	Num	8		IAC4C CT ANGIOGRAPHY?
50	IAC4D	Num	8		IAC4D MR ANGIOGRAPHY?
51	IAC4E	Num	8		IAC4E ANGIOGRAM OF THE HEAD?
52	IAC4F	Num	8		IAC4F ELECTROCARDIOGRAM?
53	IAC4G	Num	8		IAC4G CAROTID DUPLEX?
54	IAC4H	Num	8		IAC4H ECHOCARDIOGRAM?
55	IAC4I	Num	8		IAC4I OTHER?
56	IAC5RES1	Num	8		IAC5RES1 RESULTS OF TEST 1
57	IAC5RES2	Num	8		IAC5RES2 RESULTS OF TEST 2
58	IAC5RES3	Num	8		IAC5RES3 RESULTS OF TEST 3
59	IAC5RES4	Num	8		IAC5RES4 RESULTS OF TEST 4
60	IAC5RES5	Num	8		IAC5RES5 RESULTS OF TEST 5
61	IAC5RES6	Num	8		IAC5RES6 RESULTS OF TEST 6
62	IAC5TES1	Char	20		IAC5TES1 TEST 1
63	IAC5TES2	Char	20		IAC5TES2 TEST 2
64	IAC5TES3	Char	20		IAC5TES3 TEST 3
65	IAC5TES4	Char	20		IAC5TES4 TEST 4
66	IAC5TES5	Char	20		IAC5TES5 TEST 5
67	IAC5TES6	Char	20		IAC5TES6 TEST 6
68	IAD1	Num	8		IAD1 WAS THERE A SURGICAL CAUSE TO THE STROKE?
69	IAD2A	Num	8		IAD2A WAS THERE A TRAUMATIC CAUSE?
70	IAD2B	Num	8		IAD2B DID THE PATIENT HAVE A PREDISPOSITION?
71	IAEA	Num	8		IAEA CT SCAN OF BRAIN?
72	IAEB	Num	8		IAEB MRI SCAN OF BRAIN?
73	IAEC	Num	8		IAEC CT ANGIOGRAPHY?
74	IAED	Num	8		IAED MR ANGIOGRAPHY?
75	IAEE	Num	8		IAEE ANGIOGRAM OF THE HEAD?

Num	Variable	Type	Len	Format	Label
76	IAFA	Num	8		IAFA NEUROLOGY CONSULT NOTES
77	IAFB	Num	8		IAFB DISCHARGE SUMMARY:
78	IAFC	Num	8		IAFC DOC. OF ADMIN. OF THROMBOLYSIS OR SURG. INTERVENTI
79	IAGMED	Num	8		IAGMED MEDICATION
80	IAGNEUR	Num	8		IAGNEUR NEUROLOGY FOLLOWUP
81	IAGOTH	Num	8		IAGOTH OTHER
82	IAGSURG	Num	8		IAGSURG SURGERY
83	IAGTPA	Num	8		IAGTPA TISSUE PLASMINOGEN ACTIVATOR/CLOTBUSTER
84	IASEQNO	Num	8		IASEQNO FOR DCC USE ONLY: SEQUENCE NO.

Data Set Name: f0924_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
8	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
9	IBB1ADAT	Num	8	8.	IBB1ADAT DEIDENTIFIED DATE OF OCCURENCE
10	IBB1B	Num	8		IBB1B CHECK HERE IF DATE UNCERTAIN
11	IBB2BDAT	Num	8	8.	IBB2BDAT DEIDENTIFIED DATE CLINIC LEARNED OF EVENT
12	IBB3	Num	8		IBB3 HOW DID CLINIC LEARN OF EVENT?
13	IBB4A	Num	8		IBB4A TREATED IN EMERGENCY ROOM
14	IBB4B	Num	8		IBB4B TREATED IN INPATIENT HOSPITALIZATION
15	IBB4C	Num	8		IBB4C TREATED AT EDIC CLINIC
16	IBB4D	Num	8		IBB4D TREATED AT OTHER
17	IBC1	Num	8		IBC1 DID PAIN GET IN EITHER LEG ON WALKING?
18	IBC10	Num	8		IBC10 SINCE FIRST NOTICED PAIN/SEVERITY?
19	IBC11	Num	8		IBC11 WERE ANY DIAGNOSTIC TEST PERFORMED?
20	IBC11RE1	Num	8		IBC11RE1 TEST PERFORMED? RESULT 1
21	IBC11RE2	Num	8		IBC11RE2 TEST PERFORMED? RESULT 2
22	IBC11RE3	Num	8		IBC11RE3 TEST PERFORMED? RESULT 3
23	IBC11RE4	Num	8		IBC11RE4 TEST PERFORMED? RESULT 4
24	IBC11RE5	Num	8		IBC11RE5 TEST PERFORMED? RESULT 5
25	IBC11TE1	Char	20		IBC11TE1 TEST PERFORMED? TEST 1
26	IBC11TE2	Char	20		IBC11TE2 TEST PERFORMED? TEST 2
27	IBC11TE3	Char	20		IBC11TE3 TEST PERFORMED? TEST 3
28	IBC11TE4	Char	20		IBC11TE4 TEST PERFORMED? TEST 4
29	IBC11TE5	Char	20		IBC11TE5 TEST PERFORMED? TEST 5
30	IBC2	Num	8		IBC2 DOES PAIN BEGIN WHEN STANDING/SITTING?
31	IBC3L	Num	8		IBC3L IN WHAT PART OF YOUR (L) LEG?
32	IBC3R	Num	8		IBC3R IN WHAT PART OF YOUR (R) LEG?
33	IBC4	Num	8		IBC4 PAIN WHEN WALKING UPHILL OR HURRYING?
34	IBC5	Num	8		IBC5 PAIN WALKING AT ORDINARY PACE ON LEVEL SURFACE?
35	IBC6	Num	8		IBC6 PAIN DISAPPEAR WHILE WALKING?
36	IBC7	Num	8		IBC7 WHAT DOES PATIENT DO IF PAIN WHILE WALKING?

Num	Variable	Type	Len	Format	Label
37	IBC8	Num	8		IBC8 WHAT HAPPENS TO PAIN IF STANDS STILL?
38	IBC9	Num	8		IBC9 IF PAIN IS RELIEVED WHILE STANDING STILL?
39	IBD1L	Num	8		IBD1L AMPUTATION: RESECTION LOWER EXTREMITY (L)
40	IBD1R	Num	8		IBD1R AMPUTATION: RESECTION LOWER EXTREMITY (R)
41	IBD2AL	Num	8		IBD2AL AMPUTATION: RESECTION TRAUMATIC? (L)
42	IBD2AR	Num	8		IBD2AR AMPUTATION: RESECTION TRAUMATIC? (R)
43	IBD2BL	Num	8		IBD2BL AMPUTATION: RESECTION SURGICAL? (L)
44	IBD2BR	Num	8		IBD2BR AMPUTATION: RESECTION SURGICAL? (R)
45	IBE1	Num	8		IBE1 HAS PATIENT HAD OTHER ARTERIAL EVENTS?
46	IBE2A	Num	8		IBE2A IF YES, DID IT REQUIRE BYPASS?
47	IBE2B	Num	8		IBE2B IF YES, DID IT REQUIRE ANGIOPLASTY?
48	IBE2C	Num	8		IBE2C IF YES, DID IT REQUIRE OTHER?
49	IBE2SPEC	Char	40		IBE2SPEC IF YES, (SPECIFY)
50	IBF1	Num	8		IBF1 PATIENT HAD LOWER EXTREMITY ULCER?
51	IBF2FOTL	Num	8		IBF2FOTL IF YES, LEFT FOOT?
52	IBF2FOTR	Num	8		IBF2FOTR IF YES, RIGHT FOOT?
53	IBF2LEGL	Num	8		IBF2LEGL IF YES, LEFT LEG?
54	IBF2LEGR	Num	8		IBF2LEGR IF YES, RIGHT LEG?
55	IBF3AFOT	Num	8		IBF3AFOT LOWER ULCER: TRAUMATIC FOOT
56	IBF3ALEG	Num	8		IBF3ALEG LOWER ULCER: TRAUMATIC LEG
57	IBF3BFOT	Num	8		IBF3BFOT LOWER ULCER: NON-TRAUMATIC FOOT
58	IBF3BLEG	Num	8		IBF3BLEG LOWER ULCER: NON-TRAUMATIC LEG
59	IBF3CFOT	Num	8		IBF3CFOT LOWER ULCER: EXCAV/SUBCUTANEOUS TISSUE FOOT
60	IBF3CLEG	Num	8		IBF3CLEG LOWER ULCER: EXCAV/SUBCUTANEOUS TISSUE LEG
61	IBF3DFOT	Num	8		IBF3DFOT LOWER ULCER: LOSS OF SUBCUTANEOUS TISSUE FOOT
62	IBF3DLEG	Num	8		IBF3DLEG LOWER ULCER: LOSS OF SUBCUTANEOUS TISSUE LEG
63	IBF3EFOT	Num	8		IBF3EFOT LOWER ULCER: INFLAMATION FOOT
64	IBF3ELEG	Num	8		IBF3ELEG LOWER ULCER: INFLAMATION LEG
65	IBF3FFOT	Num	8		IBF3FFOT LOWER ULCER: INFECTION FOOT
66	IBF3FLEG	Num	8		IBF3FLEG LOWER ULCER: INFECTION LEG
67	IBF3GFOT	Num	8		IBF3GFOT LOWER ULCER: MEDICAL TREATMENT/OFFICE FOOT
68	IBF3GLEG	Num	8		IBF3GLEG LOWER ULCER: MEDICAL TREATMENT/OFFICE LEG
69	IBF3HFOT	Num	8		IBF3HFOT LOWER ULCER: MEDICAL TREATMENT/HOSPITAL FOOT
70	IBF3HLEG	Num	8		IBF3HLEG LOWER ULCER: MEDICAL TREATMENT/HOSPITAL LEG
71	IBF3OTHF	Num	8		IBF3OTHF LOWER ULCER: OTHER FOOT
72	IBF3OTHL	Num	8		IBF3OTHL LOWER ULCER: OTHER LEG
73	IBSEQNO	Num	8		IBSEQNO FOR DCC USE ONLY: SEQUENCE NO.

Data Set Name: f0934_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
8	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
9	ICB1ADAT	Num	8	8.	ICB1ADAT DEIDENTIFIED DATE OF OCCURENCE
10	ICB1B	Num	8		ICB1B IF DATE UNCERTAIN: CHECK HERE
11	ICB2BDAT	Num	8	8.	ICB2BDAT DEIDENTIFIED DATE CLINIC LEARNED OF EVENT
12	ICB3	Num	8		ICB3 HOW DID CLINIC LEARN OF EVENT?
13	ICC1	Num	8		ICC1 WAS A SYMPTOMATIC DIABETIC STATE PRESENT?
14	ICC2A	Num	8		ICC2A WAS SERUM KETONES PRESENT?
15	ICC2B	Num	8		ICC2B WERE LARGE/MODERATE KETONES IN URINE?
16	ICC3AI	Num	8		ICC3AI WAS ARTERIAL BLOOD PH LESS THAN 7.30?
17	ICC3AII	Num	8		ICC3AII RECORD ARTERIAL BLOOD PH LEVEL IF AVAILABLE
18	ICC3BI	Num	8		ICC3BI WAS VENOUS BLOOD PH LESS THAN 7.25?
19	ICC3BII	Num	8		ICC3BII RECORD VENOUS BLOOD PH LEVEL IF AVAILABLE
20	ICC3CI	Num	8		ICC3CI WAS SERUM HCO3 LESS THAN 15 MEG/L?
21	ICC3CII	Num	8		ICC3CII RECORD SERUM HCO3 IF AVAILABLE
22	ICC4	Num	8		ICC4 WAS PATIENT TREATED IN HEALTH CARE FACILITY?
23	ICC4A	Num	8		ICC4A TREATED IN EMERGENCY ROOM
24	ICC4B	Num	8		ICC4B TREATED IN INPATIENT HOSPITALIZATION
25	ICC4C	Num	8		ICC4C TREATED AT EDIC CLINIC
26	ICC4D	Num	8		ICC4D TREATED AT OTHER
27	ICC5A	Num	8		ICC5A FACTORS CONTRIBUTED: OMISSION OF INSULIN
28	ICC5B	Num	8		ICC5B FACTORS CONTRIBUTED: PUMP MALFUNCTION
29	ICC5C	Num	8		ICC5C FACTORS CONTRIBUTED: ILLNESS
30	ICC5D	Num	8		ICC5D FACTORS CONTRIBUTED: OTHER
31	ICSEQNO	Num	8		ICSEQNO FOR DCC USE ONLY: SEQUENCE NO.

Data Set Name: f0944_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
8	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
9	IDB1ADAT	Num	8	8.	IDB1ADAT DEIDENTIFIED DATE OF OCCURENCE
10	IDB1B	Num	8		IDB1B IF DATE UNCERTAIN, CHECK HERE
11	IDB2DAT	Num	8	8.	IDB2DAT DEIDENTIFIED SPECIFY DATE EDIC CLINIC LEARNED OF EVENT
12	IDB3	Num	8		IDB3 HOW DID CLINIC LEARN OF EVENT?
13	IDC1A	Num	8		IDC1A PATIENT TREATED BY: PSYCHIATRIC SOCIAL WORKER
14	IDC1B	Num	8		IDC1B PATIENT TREATED BY: PSYCHOLOGIST
15	IDC1C	Num	8		IDC1C PATIENT TREATED BY: PSYCHIATRIST
16	IDC1D	Num	8		IDC1D PATIENT TREATED BY: OTHER
17	IDC1DOTH	Char	40		IDC1DOTH PATIENT TREATED BY: OTHER (SPECIFY)
18	IDC2	Num	8		IDC2 DID PATIENT RECEIVE OUTPATIENT TREATMENT?
19	IDC2A	Num	8		IDC2A TREATMENT GIVEN: EMERGENCY ROOM?
20	IDC2B	Num	8		IDC2B TREATMENT GIVEN: OFFICE?
21	IDC2C	Num	8		IDC2C TREATMENT GIVEN: MEDICAL/SURGICAL INPATIENT?
22	IDC2D	Num	8		IDC2D TREATMENT GIVEN: OTHER?
23	IDC2DOTH	Char	40		IDC2DOTH TREATMENT GIVEN: OTHER (SPECIFY)
24	IDC3	Num	8		IDC3 DID PATIENT RECEIVE INPATIENT TREATMENT?
25	IDC4	Num	8		IDC4 WAS DIAGONSIS OF PSYCHIATRIC ILLNESS MADE?
26	IDSEQNO	Num	8		IDSEQNO FOR DCC USE ONLY: SEQUENCE NO.

Data Set Name: f0954_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
8	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
9	IEB1ADAT	Num	8	8.	IEB1ADAT DEIDENTIFIED DATE OF OCCURENCE
10	IEB1B	Num	8		IEB1B CHECK HERE, IF DATE UNCERTIAN
11	IEB2DAT	Num	8	8.	IEB2DAT DEIDENTIFIED DATE CLINIC LEARNED OF EVENT
12	IEB3	Num	8		IEB3 HOW DID CLINIC LEARN OF EVENT?
13	IEC1	Num	8		IEC1 WHAT TYPE MAJOR EVENT DID PATIENT HAVE?
14	IEC3	Num	8		IEC3 PATIENT HOSPITALIZATION
15	IEC4A	Num	8		IEC4A WHERE PATIENT TREATED: EMERGENCY ROOM
16	IEC4B	Num	8		IEC4B WHERE PATIENT TREATED: HOSPITAL INPATIENT WARD
17	IEC4C	Num	8		IEC4C WHERE PATIENT TREATED: EDIC CLINIC
18	IEC4D	Num	8		IEC4D WHERE PATIENT TREATED: OTHER
19	IEC5	Num	8		IEC5 WAS ANY OPERATION PERFORMED?
20	IEC6ADAT	Num	8	8.	IEC6ADAT DEIDENTIFIED DATE OF ADMISSION
21	IEC6B1	Num	8		IEC6B1 IF TREATMENT STILL IN PROGRESS
22	IEC6BDAT	Num	8	8.	IEC6BDAT DEIDENTIFIED DATE OF DISCHARGE
23	IEC7A	Num	8		IEC7A ACCIDENT: DEATH (FORM 140)
24	IEC7B	Num	8		IEC7B ACCIDENT: INJURY TO ANOTHER PERSON
25	IEC7C	Num	8		IEC7C ACCIDENT: PROPERTY DAMAGE
26	IEC7D	Num	8		IEC7D ACCIDENT: TRAFFIC VIOLATION
27	IEC7E	Num	8		IEC7E ACCIDENT: OTHER
28	IEC8	Num	8		IEC8 CLINIC S OPINION: HYPOGLYCEMIA S ROLE
29	IERESUL1	Num	8		IERESUL1 RESULT 1
30	IERESUL2	Num	8		IERESUL2 RESULT 2
31	IERESUL3	Num	8		IERESUL3 RESULT 3
32	IERESUL4	Num	8		IERESUL4 RESULT 4
33	IERESUL5	Num	8		IERESUL5 RESULT 5
34	IESEQNO	Num	8		IESEQNO FOR DCC USE ONLY: SEQUENCE NO.
35	IETEST1	Char	20		IETEST1 TEST 1
36	IETEST2	Char	20		IETEST2 TEST 2

Num	Variable	Type	Len	Format	Label
37	IETEST3	Char	20		IETEST3 TEST 3
38	IETEST4	Char	20		IETEST4 TEST 4
39	IETEST5	Char	20		IETEST5 TEST 5

Data Set Name: f0961.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	EDICYRB	Num	8		EDICYRB LAST EDIC FOLLOW-UPYEAR:
8	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
9	IFB1A	Num	8		IFB1A DIALYSIS?
10	IFB1B	Num	8		IFB1B KIDNEY/RENAL TRANSPLANTATION?
11	IFB2A	Num	8	8.	IFB2A DEIDENTIFIED SPECIFY DATE OF OCCURRENCE:
12	IFB2B	Num	8		IFB2B IF DATE UNCERTAIN, CHECK HERE:
13	IFB3	Num	8	8.	IFB3 DEIDENTIFIED DATE LEARNED OF EVENT:
14	IFB4	Num	8		IFB4 HOW DID CLINIC LEARN OF THE EVENT?
15	IFB5A	Num	8		IFB5A TREATED IN EMERGENCY ROOM
16	IFB5B	Num	8		IFB5B TREATED IN INPATIENT HOSPITALIZATION
17	IFB5C	Num	8		IFB5C TREATED IN EDIC CLINIC
18	IFB5D	Num	8		IFB5D TREATED IN TRANSPLANT SURGERY
19	IFB5E	Num	8		IFB5E TREATED IN NEPHROLOGY CONSULTATION
20	IFB5F	Num	8		IFB5F TREATED IN OTHER
21	IFC1A	Num	8		IFC1A RENAL FAILURE (DIALYSIS OR TRANSPLANT):
22	IFC1B	Num	8		IFC1B RENAL INSUFFICIENCY:
23	IFC1C	Num	8		IFC1C CHRONIC KIDNEY DISEASE (AS DIAGNOSED BY A PHYSICIA
24	IFC1D	Num	8		IFC1D UNKNOWN:
25	IFC1E	Num	8		IFC1E NONE OF THE ABOVE:
26	IFD1	Num	8		IFD1 WAS RENAL FAILURE EPISODE (CHECK ONLY ONE):
27	IFD2	Num	8		IFD2 IF ACUTE, DID THE RENAL FAILURE LAST FOR MORE THAN
28	IFD3	Num	8		IFD3 WAS THERE A DEFINITE NON-DIABETIC CAUSE FOR THE RE
29	IFE1	Num	8		IFE1 WAS THE DISEASE RESOLVED?
30	IFE1A	Num	8	8.	IFE1A DEIDENTIFIED SPECIFY DATE OF RESOLUTION OF DISEASE OR EVENT:
31	IFE1B	Num	8		IFE1B IF DATE UNCERTIAN, CHECK HERE:
32	IFE2A	Num	8		IFE2A TREATMENT BY KIDNEY TRANSPLANT:
33	IFE2C	Num	8		IFE2C TREATMENT BY CONTINUED (OUTPATIENT) DIALYSIS TREAT
34	IFE2D	Num	8		IFE2D TREATMENT BY ANOTHER MODALITY:
35	IFE3	Num	8		IFE3 IF TRANSPLANT WAS DONE, WAS THE GRAFT REJECTED?
36	IFEB2	Num	8		IFEB2 TREATMENT BY SINGLE DIALYSIS:

Num	Variable	Type	Len	Format	Label
37	IFF	Num	8		IFF ARE HOSPITAL RECORDS ATTACHED?
38	IFSEQNO	Num	8		IFSEQNO SEQUENCE #:

Data Set Name: f1414.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.	EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE FORM COMPLETED
8	NAANS	Num	8		NAANS ANS TESTING ELIGIBILITY (055)
9	NAANSL	Num	8		NAANSL LIPOPROTEIN ANCILLARY STUDY SPECIMEN MAILING LIST
10	NAASP	Num	8		NAASP AUTONOMIC SYMPTOM PROFILE (057)
11	NACARE	Num	8		NACARE HEALTH CARE DELIVERY QUESTIONNAIRE (070)
12	NACAROAU	Num	8		NACAROAU CAROTID ARTERY ULTRASOUND MAILING LIST (104)
13	NACONTAC	Num	8		NACONTAC CONTACT WITH / CONTACTED BY EDIC
14	NACST	Num	8		NACST NERVE CONDUCTION STUDIES (052)
15	NAECG	Num	8		NAECG RESTING ELECTROCARDIOGRAM MAILING LIST (103)
16	NAEYE	Num	8		NAEYE NATIONAL EYE INSTITUTE VISUAL FUNCTIONING QUESTION
17	NAFUNDPH	Num	8		NAFUNDPH FUNDUS PHOTOGRAPH MAILING LIST (107)
18	NAHBA1C	Num	8		NAHBA1C HEMOGLOBIN A1C SPECIMEN MAILING LIST (108)
19	NAHFOODF	Num	8		NAHFOODF HARVARD FOOD FREQUENCY QUESTIONNAIRE MAILING LIST
20	NAHSQ	Num	8		NAHSQ HEALTH STATUS QUESTIONNAIRE (061)
21	NALIPID	Num	8		NALIPID LIPID SPECIMEN MAILING LIST (105)
22	NALOCATR	Num	8		NALOCATR NOTIFICATION OF UPDATE TO PERSONAL LOCATOR FORM (
23	NAMED	Num	8		NAMED CURRENT MEDICATIONS (004)
24	NAMHPE	Num	8		NAMHPE MEDICAL HISTORY AND PHYSICAL EXAMINATION (002)
25	NAMISSED	Num	8		NAMISSED MISSED PROCEDURES COMPLETED LATER
26	NAMNSI	Num	8		NAMNSI MICHIGAN NEUROPATHY SCREENING INSTRUMENT FILAMENT
27	NANAML	Num	8		NANAML NEUROBEHAVIORAL ASSESSMENT MAILING LIST (119)
28	NANEUR	Num	8		NANEUR NEUROLOGICAL HISTORY AND EXAMINATION (501)
29	NANSQL	Num	8		NANSQL NEUROPATHY SPECIFIC QUALITY OF LIFE QUESTIONNAIRE
30	NAOEVA	Num	8		NAOEVA OPHTHALMIC EXAMINATION AND VISUAL ACUITY (030)
31	NAOTHER	Num	8		NAOTHER OTHER,
32	NAQCGFR	Num	8		NAQCGFR GFR QUALITY CONTROL MAILING LIST (112)
33	NAQCHBA	Num	8		NAQCHBA HBA1C QUALITY CONTROL MAILING LIST (110)
34	NAQCLIP	Num	8		NAQCLIP LIPID QUALITY CONTROL MAILING LIST (113)
35	NAQCREN	Num	8		NAQCREN RENAL QUALITY CONTROL MAILING LIST (111)
36	NAQLIFE	Num	8		NAQLIFE QUALITY OF LIFE QUESTIONNAIRE (060)

Num	Variable	Type	Len	Format	Label
37	NAQWB	Num	8		NAQWB QUALITY OF WELL-BEING SCALE, QWB-SA (062)
38	NAREASON	Num	8		NAREASON REASON FOR THE MISSED VISIT?
39	NARENAL	Num	8		NARENAL RENAL STUDIES SPECIMEN MAILING LIST (115)
40	NASERCYS	Num	8		NASERCYS SERUM CYSTATIN C (118)
41	NATARGET	Num	8	8.	NATARGET DEIDENTIFIED TARGET DATE FOR MISSED VISIT
42	NAUROMEN	Num	8		NAUROMEN UROLOGICAL COMPLICATIONS QUESTIONNAIRE FOR MEN (1
43	NAUROWOM	Num	8		NAUROWOM UROLOGICAL COMPLICATIONS QUESTIONNAIRE FOR WOMEN
44	NAVPT	Num	8		NAVPT VIBRATION PERCEPTION THRESHOLD (054)

Data Set Name: f1423.sas7bdat

Num	Variable	Type	Len	Format	Label
1	X_FRMNUM	Char	8		X_FRMNUM FORM NUMBER
2	mask_pat	Num	8	Z5.	PATIENT DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8		EDICYEAR EDIC FOLLOW-UP YEAR
4	FORMDATE	Num	8	8.	FORMDATE DEIDENTIFIED FORMDATE (DAYS SINCE RANDDT)
5	CLINIC	Num	8	Z2.	CLINIC DEIDENTIFIED CLINIC
6	X_IDSEQN	Num	8		X_IDSEQN SEQUENCE # WITHIN EDICYEAR AS NEEDED
7	FSASDATE	Num	8	8.	FSASDATE DEIDENTIFIED DATE OF THIS CONTRACT
8	NBB1	Num	8		NBB1 REASON FOR CLINIC TRANSFER
9	NBB2DAT	Num	8	8.	NBB2DAT DEIDENTIFIED DATE MED. REC. MAILED TO FOLLOW-UP CENTER
10	NBB3ADAT	Num	8	8.	NBB3ADAT DEIDENTIFIED DATE FIRST VISIT TO NEW FOLLOW-UP CENTER
11	NBB3B	Num	8		NBB3B EDIC FOLLOW-UP YEAR
12	NBB3CDAT	Num	8	8.	NBB3CDAT DEIDENTIFIED TEMPORARY MOVE: DATE STOPPED
13	NBB4	Num	8		NBB4 DEIDENTIFIED CLINIC TRANSFERRING TO
14	NBB5	Num	8		NBB5 PATIENT TRANSFERRING TO NON-EDIC CLINIC

Data Set Name: newcbl3.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MASK_PAT	Num	8		MASK_PAT MASKED PATIENT ID
2	EDICYEAR	Num	8	Z2.	EDICYEAR EDIC FOLLOW-UP YEAR
3	ABVAL21	Num	8		ABVAL21 LIPID-TOTAL CHOLESTEROL (MG/DL)
4	ABVAL22	Num	8		ABVAL22 LIPID-TRIGLYCERIDE (MG/DL)
5	ABVAL23	Num	8		ABVAL23 LIPID-HDL CHOLESTEROL (MG/DL)
6	ABVAL24	Num	8		ABVAL24 LIPID-LDL CHOLESTEROL (MG/DL)
7	ABVAL3	Num	8		ABVAL3 LIPID-SERUM CREATININE (MG/DL)
8	BAVAL13	Num	8		BAVAL13 4 HR REN-SERUM CREATININE (MG/DL)
9	BAVAL14	Num	8		BAVAL14 4 HR REN-URINE ALBUMIN (MG/L)
10	BAVAL15	Num	8		BAVAL15 4 HR REN-ALBUMIN EXCRETION (UG/MIN)
11	BAVAL16	Num	8		BAVAL16 4 HR REN-URINE CREATININE (MG/DL)
12	BAVAL19	Num	8		BAVAL19 4 HR REN-RAW CLEARANCE (ML/MIN)
13	BAVAL20A	Num	8		BAVAL20A 4 HR REN-STANDARD CLEARANCE (/1.73 M2)
14	BAVAL20B	Num	8		BAVAL20B 4 HR REN-DURATION (HOURS)
15	BAVAL20C	Num	8		BAVAL20C 4 HR REN-VOLUME (ML)
16	DORESULT	Num	8		DORESULT HBA1C RESULTS (%)
17	MASK_CLN	Num	8		MASK_CLN MASKED CLINIC ID
18	ABCLD3	Num	8	8.	ABCLD3 MASKED LIPID PROFILE COLLECTION DATE
19	BACLD12	Num	8	8.	BACLD12 MASKED 4 HR RENAL COLLECTION DATE
20	DOCLD	Num	8	8.	DOCLD MASKED HBA1C COLLECTION DATE

Data Set Name: all_coru.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FORMDATE	Num	8	MMDDYY10.		PHOTO. DATE IN FORMAT MMDDYY
4	EYE	Num	8			EYE INDICATOR: 0= RE AND 1 = LE
5	REFLEX	Num	8			FUNDUS REFLEX
6	RECDCORU	Num	8	MMDDYY10.		DATE PHOTOS RECEIVED AT READING CENTER
7	ETDRSCOD	Char	1			ETDRS CODE-FINAL LEVEL CLASSIFICATION
8	RAN	Num	8	Z6.	4.	RANDOMIZED ACCESSION NUMBER
9	ETDRSA	Char	3			ETDRS FINAL EYE LEVEL + ETDRS CODE-FINAL LEVEL CLASSIFICATION
10	FORM	Num	8			FORM #
11	TOTMA	Num	8			COUNT OF MICROANEURYSMS-TOTAL NUMBER
12	MISS1	Num	8			F1 MARKER-FIELD 1: 1=MISSING
13	NVD	Num	8			F1 NEW VESSELS ON DISC
14	DLTD	Num	8			F1 DILATED TIPS OF NEW VESSELS ON DISC
15	FPD	Num	8			F1 FIBROUS PROLIFERATION ON DISC
16	PPD	Num	8			F1 PLANE OF PROLIFERATION ON DISC
17	PS	Num	8			F1 PAPILLARY SWELLING
18	MISS2	Num	8			F2 MARKER FIELD 2: CODE 2-MISSING
19	MA	Num	8			F2 RETINAL HEMMORRHAGE
20	CTMA	Num	8			F2 COUNT OF MICROANEURYSMS
21	HMA	Num	8			F2 HEMORRHAGES/MICROANEURYSMS
22	DRU	Num	8			F2 DRUSEN
23	HE	Num	8			F2 HARD EXUDATES
24	HERG	Num	8			F2 HARD EXUDATE RINGS
25	SE	Num	8			F2 SOFT EXUDATE
26	IRMA	Num	8			F2 INTRARETINAL MICROVASCULAR ABNORM.
27	PVDT	Num	8			F2 POSTERIOR VITREOUS DETACHMENT
28	REL	Num	8			F2 RETINAL ELEVATION
29	PRH	Num	8			F2 PRERETINAL HEMORRHAGE
30	VH	Num	8			F2 VITREOUS HEMORRHAGE
31	FTSZ	Num	8			F2 RET. THICK. FIELD, PRESENCE/SIZE
32	FDTK	Num	8			F2 MAX. THICKNESS OF RETINA IN FIELD
33	MTSZ	Num	8			F2 RET.THICK. WITHIN 1DD
34	MCTK	Num	8			F2 MAX. THICK.-RETINA IN MACULAR AREA
35	CRTK	Num	8			F2 THICK. OF RETINA-CENTER OF MACULA
36	HELE1	Num	8			F2 HARD EXUDATES IN MACULAR AREA

Num	Variable	Type	Len	Format	Informat	Label
37	CYST	Num	8			F2 CYST AT OR NEAR CENTER OF MACULA
38	HECR	Num	8			F2 HARD EXUDATE AT CENTER OF MACULA
39	NVRS	Num	8			F2 1DD -NEW VESSELS ON RETINAL SURFACE
40	FPRS	Num	8			F2 1DD-FIBROUS PROLIF. ON RETINAL SURF
41	NVHY	Num	8			F2 1DD NEW VESSELS ON DET. POST. HYALOID
42	FPHY	Num	8			F2 1DD FIB. PROLIF. ON DET. POST HYALOID
43	PIGM	Num	8			F2 1DD PIGMENTARY DISTURBANCE
44	TNLN	Num	8			F2 1DD OF CM-TENSION LINES
45	HOLE	Num	8			F2 1DD OF CM-RETINAL HOLE
46	NVCM	Num	8			F2 CM-NEW VESSELS
47	FPCM	Num	8			F2 CM-FIBROUS PROLIFERATION
48	RDCM	Num	8			F2 CM-RETINAL DETACHMENT
49	TLCM	Num	8			F2 CM-TENSION LINES
50	DRAG	Num	8			F2 DRAGGED MACULA
51	RHCM	Num	8			F2 RETINAL HEMORRHAGE
52	PRHC	Num	8			F2 PRERETINAL HEMORRHAGE
53	SRHC	Num	8			F2 SUBRETINAL HEMORRHAGE
54	EXSC	Num	8			F2 EXUDATE PLAQUE-FIBROUS SCAR
55	DEEP	Num	8			F2 DEEP PALE DOT
56	VHCM	Num	8			F2 VITREOUS HEMORRHAGE
57	CSME	Num	8			F2 CLIN. SIGNIF. MACULAR EDEMA
58	MISS3	Num	8			MFL-MISS3
59	MISS4	Num	8			MFL-MISS4
60	MISS5	Num	8			MFL-MISS5
61	MISS6	Num	8			MFL-MISS6
62	MISS7	Num	8			MFL-MISS7
63	MISS8	Num	8			MFL-MISS8A
64	MISS9	Num	8			MFL-MISS8B
65	RHMAX	Num	8			RH-MAXIMUM FOR EYE
66	HMAMAX	Num	8			HMA-MAXIMUM FOR EYE
67	DRUMAX	Num	8			DRUSEN-MAXIMUM FOR EYE
68	HEMAX	Num	8			HARD EXUDATE-MAXIMUM FOR EYE
69	SEMAX	Num	8			SOFT EXUDATE-MAXIMUM FOR EYE
70	VBMAX	Num	8			VENOUS BEADING-MAXIMUM FOR EYE
71	VNMAX	Num	8			VENOUS NARROWING-MAXIMUM FOR EYE
72	VLRMAX	Num	8			VENOUS LOOPS/REDUP.-MAXIMUM FOR EYE
73	VSMAX	Num	8			VENOUS SHEATHING-MAXIMUM FOR EYE
74	PVEMAX	Num	8			PERIVENOUS EXUDATE-MAXIMUM FOR EYE
75	IRMAMAX	Num	8			IRMA-MAXIMUM FOR EYE

Num	Variable	Type	Len	Format	Informat	Label
76	ANMAX	Num	8			ARTERIOLAR NARROWING-MAXIMUM FOR EYE
77	ASMAX	Num	8			ARTERIOLAR SHEATHING-MAXIMUM FOR EYE
78	AVNMAX	Num	8			ARTERIO-VENOUS NICKING-MAXIMUM FOR EYE
79	NVEMAX	Num	8			NEW VESSELS ELSEWHERE-MAXIMUM FOR EYE
80	DLTEMAX	Num	8			DILATED TIPS-NEW VESSELS-MAX. FOR EYE
81	FPEMAX	Num	8			FIBROUS PROLIF. ELSEWHERE-MAX.FOR EYE
82	PPEMAX	Num	8			PLANE OF PROLIF.-MAX. FOR EYE
83	RELMAX	Num	8			RETINAL ELEVATION-MAX. FOR EYE
84	PRHMAX	Num	8			PRERETINAL HEMORRHAGE-MAX. FOR EYE
85	VHMAX	Num	8			VITREOUS HEMORRHAGE-MAX. FOR EYE
86	RHNUM	Num	8			RH-# FIELDS WITH MAXIMUM
87	HMANUM	Num	8			HMA-# FIELDS WITH MAX.
88	DRUNUM	Num	8			DRU-# FIELDS WITH MAX.
89	HENUM	Num	8			HE-# FIELDS WITH MAX.
90	SENUM	Num	8			SE-# FIELDS WITH MAX.
91	VBNUM	Num	8			VB-# FIELDS WITH MAX.
92	VNNUM	Num	8			VN-# FLELDS WITH MAX.
93	VLRNUM	Num	8			VLR-# FIELDS WITH MAX.
94	VSNUM	Num	8			VS-# FIELDS WITH MAX.
95	PVENUM	Num	8			PVE-# FIELDS WITH MAX.
96	IRMANUM	Num	8			IRMA-# FIELDS WITH MAX.
97	ANNUM	Num	8			AN-# FIELDS WITH MAX.
98	ASNUM	Num	8			AS-# FIELDS WITH MAX.
99	AVNNUM	Num	8			AVN-# FIELDS WITH MAX.
100	NVENUM	Num	8			NVE-# FIELDS WITH MAX.
101	DLTENUM	Num	8			DLTE-# FIELDS WITH MAX.
102	FPENUM	Num	8			FPE-# FIELDS WITH MAX.
103	PPENUM	Num	8			PPE-# FIELDS WITH MAX.
104	RELNUM	Num	8			REL-# FIELDS WITH MAX.
105	PRHNUM	Num	8			PRH-# FIELDS WITH MAX.
106	VHNUM	Num	8			VH-# FIELDS WITH MAX.
107	RHCG	Num	8			RH-# FIELDS UNGRADABLE
108	HMACG	Num	8			HMA-# FIELDS UNGRADABLE
109	DRUCG	Num	8			DRU-# FIELDS UNGRADABLE
110	HECG	Num	8			HE-# FIELDS UNGRADABLE
111	SECG	Num	8			SE-# FIELDS UNGRADABLE
112	VBCG	Num	8			VB-# FIELDS UNGRADABLE
113	VNCG	Num	8			VN-# FIELDS UNGRADABLE
114	VLRCG	Num	8			VLR-# FIELDS UNGRADABLE

Num	Variable	Type	Len	Format	Informat	Label
115	VSCG	Num	8			VS-# FIELDS UNGRADABLE
116	PVECG	Num	8			PVE-# FIELDS UNGRADABLE
117	IRMACG	Num	8			IRMA-# FIELDS UNGRADABLE
118	ANCG	Num	8			AN-# FIELDS UNGRADABLE
119	ASCG	Num	8			AS-# FIELDS UNGRADABLE
120	AVNCG	Num	8			AVN-# FIELDS UNGRADABLE
121	NVECG	Num	8			NVE-# FIELDS UNGRADABLE
122	DLTECG	Num	8			DLTE-# FIELDS UNGRADABLE
123	FPECG	Num	8			FPE-# FIELDS UNGRADABLE
124	PPECG	Num	8			PPE-# FIELDS UNGRADABLE
125	RELCG	Num	8			REL-# FIELDS UNGRADABLE
126	PRHCG	Num	8			PRH-# FIELDS UNGRADABLE
127	VHCG	Num	8			VH-# FIELDS UNGRADABLE
128	SCARF2	Num	8			FIELD 2 SCARS
129	SCARF6	Num	8			FIELD 6 SCARS
130	OBSCF2	Num	8			FIELD 2 OBSCURITIES
131	OBSCF6	Num	8			FIELD 6 OBSCURITIES
132	CORR	Num	8			CORRECTION CODE ., 0=ORIG
133	ETDRSEYE	Num	8			ETDRS FINAL EYE LEVEL
134	ETDRSSRC	Num	8			ETDRS SOURCE OF NEW LEVEL
135	ETDRSPAT	Num	8			ETDRS FINAL PATIENT LEVEL
136	DCCTRET	Num	8			DCCT CLASSIFICATION:EYE LEVEL
137	DCCTSRC	Num	8			DCCT CLASSIFICATION:SOURCE OF LEVEL
138	DCCTPAT	Num	8			DCCT CLASSIFICATION:PATIENT LEVEL
139	LESIONB	Num	8			NDL-ASTERIOD HYALOSIS
140	LESIONC	Num	8			NDL-CENTRAL VEIN OCCLUSION
141	LESIOND	Num	8			NDL-BRANCH VEIN OCCLUSION
142	LESIONE	Num	8			NDL-CENTRAL ARTERY OCCLUSION
143	LESIONF	Num	8			NDL-BRANCH ARTERY OCCLUSION
144	LESIONG	Num	8			NDL-MACULAR DEGENERATION
145	LESIONH	Num	8			NDL-CHORIORETINAL SCAR
146	LESIONI	Num	8			NDL-NEVUS
147	LESIONJ	Num	8			NDL-SUBRETINAL FIBROUS TISSUE
148	LESIONK	Num	8			NDL-COLOBOMA OR STAPHYLOMA
149	LESIONL	Num	8			NDL-OTHER
150	EYEQUAL	Num	8			FUNDUS PHOTO, QUALITY
151	SUBMIS	Num	8			SUBMISSION TYPE
152	FSASDATE	Num	8	MMDDYY8.		PHOTO DATE (SAS VALUE)
153	EDICYEAR	Num	8			EDIC YEAR

Num	Variable	Type	Len	Format	Informat	Label
154	FLAG	Num	8			EDICYEAR BEFORE 07/08/2008
155	PHOTOTYP	Char	1			PHOTO TYPE - D = DIGITAL
156	EXPORTDT	Num	8			DATE EXPORT FILE WAS WRITTEN
157	COMPLDTE	Num	8			DATE GRADING COMPLETED
158	SAVEDATE	Num	8			DATE GRADING RECORD WAS LAST SAVED
159	HE_CI	Num	8			TOTAL DA OF HARD EXUDATE CENTER/INNER SUBFIELDS
160	HE_CIO	Num	8			TOTAL DA OF HARD EXUDATE CENTER/INNER/OUTER SUBFIELDS
161	RTCICALC	Num	8			TOTAL EST. DA OF RT IN CENTER/INNER SUBFIELDS-CALC
162	RTCI_EST	Num	8			TOTAL EST. DA OF RT IN CENTER & INNER SUBFIELDS
163	RTCIOEST	Num	8			TOTAL EST. DA OF RT IN CENTER/INNER/OUTER SUBFIELDS
164	RT_CI	Num	8			TOTAL DA OF RT CENTER & INNER SUBFIELDS
165	RTCIOCAL	Num	8			TOTAL EST. DA OF RT IN CENTER/INNER/OUTER SUBFIELDS
166	UNIQUEID	Num	8			UNIQUE ID FOR THE GRADING RECORD
167	RTPROXIM	Num	8			PROXIMITY OF RETINAL THICKENING
168	RTCENTER	Num	8			RETINAL THICKENING AREA WITHIN GRID
169	RT_IS	Num	8			RETINAL THICKENING AREA INNER SUPERIOR SUBFIELD
170	RT_IN	Num	8			RETINAL THICKENING AREA INNER NASAL SUBFIELD
171	RT_II	Num	8			RETINAL THICKENING AREA INNER INFERIOR SUBFIELD
172	RT_IT	Num	8			RETINAL THICKENING AREA INNER TEMPORAL SUBFIELD
173	RT_OS	Num	8			RETINAL THICKENING AREA OUTER SUPERIOR SUBFIELD
174	RT_ON	Num	8			RETINAL THICKENING AREA OUTER NASAL SUBFIELD
175	RT_OI	Num	8			RETINAL THICKENING AREA OUTER INFERIOR SUBFIELD
176	RT_OT	Num	8			RETINAL THICKENING AREA OUTER TEMPORAL SUBFIELD
177	RT_CI_CG	Num	8			TOTAL DA OF RT UNGRADEABLE CENTER/INNER SUBFIELDS
178	RT_CIO	Num	8			TOTAL DA OF RT CENTER/INNER/OUTER SUBFIELDS
179	RT_CIOCG	Num	8			TOTAL DA OF RT UNGRADEABLE DENTER/INNER/OUTER SUBFIELDS
180	ENTERDBY	Num	8			IDENTITY NUMBER OF USER WHO MADE LATEST UPDATE
181	PHOTO_ID	Num	8			IMAGE IDENTIFICATION NUMBER
182	FOTOGRFR	Num	8			SQL PHOTOGRAPHER CERTIFICATION NUMBER
183	GRADETYP	Char	4			TYPE OF GRADE:QC/STANDARD
184	GRADERID	Num	8			ID OF GRADER
185	CAMERA	Num	8			CAMERA TYPE & GRID TYPE
186	FUNDUSRF	Num	8			FUNDUS REFLEX
187	PC_ME	Num	8			FOCAL/GRID PHOTOCOAGULATION FOR MACULAR EDEMA
188	PCPANRET	Num	8			SCATTER (PANRETINAL) PHOTOCOAGULATION
189	MACOUNT	Num	8			# OF MICROANEURYSMS REQUIRED-ONLY IF DRSEVERITY <= 20
190	RTPRESNC	Num	8			PRESENCE OF RETINAL THICKENING

Num	Variable	Type	Len	Format	Informat	Label
191	RTATCNTR	Num	8			RETINAL THICKENING AT CENTER OF MACULA
192	RTCIO	Num	8			METHOD USED TO COLLECT RT CENTER INNER OUTER
193	HEINGRID	Num	8			HARD EXUDATE WITHIN GRID, FIELD 2
194	OCULRABN	Num	8			OCULAR ABNORMALITIES
195	ABNORML1	Num	8			ABNORMALITY 1
196	ABNORML2	Num	8			ABNORMALITY 2
197	MACULARA	Num	8			MACULAR ABNORMALITIES
198	SWRERMIG	Num	8			SURFACE WRINKLING RETINOPATHY
199	TRACTION	Num	8			RETINAL TRACTION WITHIN GRID
200	RELINGRD	Num	8			RETINAL ELEVATION WITHIN GRID
201	HE_SCAR	Num	8			HE ORGANIZED PLAQUE/FIBROUS SCAR AT CENTER
202	OTHMACAB	Num	8			OTHER MACULAR ABNORMALITY
203	HECENTER	Num	8			HARD EXUDATE WITHIN GRID (CENTER CIRCLE SUBFIELD)
204	HE_INERS	Num	8			HARD EXUDATE INNER SUPERIOR SUBFIELD
205	HE_INERN	Num	8			HARD EXUDATE INNER NASAL SUBFIELD
206	HE_INERI	Num	8			HARD EXUDATE INNER INFERIOR SUBFIELD
207	HE_INERT	Num	8			HARD EXUDATE INNER TEMPORAL SUBFIELD
208	HE_OUTRS	Num	8			HARD EXUDATE OUTER SUPERIOR SUBFIELD
209	HE_OUTRN	Num	8			HARD EXUDATE OUTER NASAL SUBFIELD
210	HE_OUTRI	Num	8			HARD EXUDATE OUTER INFERIOR SUBFIELD
211	HE_OUTRT	Num	8			HARD EXUDATE OUTER TEMPORAL SUBFIELD
212	HE_CI_CG	Num	8			# CENTER/INNER SUBFIELDS UNGRADEABLE FOR HARD EXUDATE
213	HE_CIOCG	Num	8			# CNTR/INNER/OUTR FIELDS UNGRADEABLE FOR HARD EXUDATE
214	NEW_QUAL	Num	8			CONFIDENCE SCORE - IMAGE QUALITY SCORE FOR VISIT

Data Set Name: f0027.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date of Visit
4	OB10SKIN	Num	8			Abnormalities in skin exam
5	OB9CAR	Num	8			Abnormalities in cardiovascular exam
6	OB9CUFFA	Num	8			Doppler Brachial Cuff Size
7	OB9CUFFB	Num	8			Doppler BP Dorsalis Pedis Cuff Size
8	OB9CUFFC	Num	8			Doppler BP Posterior Tibial Cuff Size
9	OB9MEAS	Num	8	1.		Doppler BP - any not measured
10	OBC1	Num	8	1.		Bone/Blood Cancer Dx
11	OBC10	Num	8	1.		Other Cancer Diagnosis
12	OBC10A	Num	8	1.		Other Cancer Metastasized
13	OBC10B	Num	8	1.		Other Cancer Treat: Surgery
14	OBC10C	Num	8	1.		Other Cancer Treat: Chemotherapy
15	OBC10D	Num	8	1.		Other Cancer Treat: Radiation
16	OBC10E	Num	8	1.		Other Cancer Treat: Other
17	OBC10F	Num	8	1.		Other Cancer In Remission
18	OBC1A	Num	8	1.		Bone/Blood Cancer Metastasized
19	OBC1B	Num	8	1.		Bone Cancer Treat: Surgery
20	OBC1C	Num	8	1.		Bone Cancer Treat: Chemotherapy
21	OBC1D	Num	8	1.		Bone Cancer Treat: Radiation
22	OBC1E	Num	8	1.		Bone Cancer Treat: Other
23	OBC1F	Num	8	1.		Bone Cancer In Remission
24	OBC2	Num	8	1.		Breast Cancer Diagnosis
25	OBC2A	Num	8	1.		Breast Cancer Metastasized
26	OBC2B	Num	8	1.		Breast Cancer Treat: Surgery
27	OBC2C	Num	8	1.		Breast Cancer Treat: Chemotherapy
28	OBC2D	Num	8	1.		Breast Cancer Treat: Radiation
29	OBC2E	Num	8	1.		Breast Cancer Treat: Other
30	OBC2F	Num	8	1.		Breast Cancer In Remission
31	OBC3	Num	8	1.		Digestive Cancer Diagnosis
32	OBC3A	Num	8	1.		Digestive Cancer Metastasized
33	OBC3B	Num	8	1.		Digestive Cancer Treat: Surgery
34	OBC3C	Num	8	1.		Digestive Cancer Treat: Chemotherapy
35	OBC3D	Num	8	1.		Digestive Cancer Treat: Radiation
36	OBC3E	Num	8	1.		Digestive Cancer Treat: Other

Num	Variable	Type	Len	Format	Informat	Label
37	OBC3F	Num	8	1.		Digestive Cancer In Remission
38	OBC4	Num	8	1.		Head/Neck Cancer Diagnosis
39	OBC4A	Num	8	1.		Head/Neck Cancer Metastasized
40	OBC4B	Num	8	1.		Head/Neck Cancer Treat: Surgery
41	OBC4C	Num	8	1.		Head/Neck Cancer Treat: Chemotherapy
42	OBC4D	Num	8	1.		Head/Neck Cancer Treat: Radiation
43	OBC4E	Num	8	1.		Head/Neck Cancer Treat: Other
44	OBC4F	Num	8	1.		Head/Neck Cancer In Remission
45	OBC5	Num	8	1.		Prostate Cancer Diagnosis
46	OBC5A	Num	8	1.		Prostate Cancer Metastasized
47	OBC5B	Num	8	1.		Prostate Cancer Treat: Surgery
48	OBC5C	Num	8	1.		Prostate Cancer Treat: Chemotherapy
49	OBC5D	Num	8	1.		Prostate Cancer Treat: Radiation
50	OBC5E	Num	8	1.		Prostate Cancer Treat: Other
51	OBC5F	Num	8	1.		Prostate Cancer In Remission
52	OBC6	Num	8	1.		Reproductive Cancer Diagnosis
53	OBC6A	Num	8	1.		Reproductive Cancer Metastasized
54	OBC6B	Num	8	1.		Reproductive Cancer Treat: Surgery
55	OBC6C	Num	8	1.		Reproductive Cancer Treat: Chemotherapy
56	OBC6D	Num	8	1.		Reproductive Cancer Treat: Radiation
57	OBC6E	Num	8	1.		Reproductive Cancer Treat: Other
58	OBC6F	Num	8	1.		Reproductive Cancer In Remission
59	OBC7	Num	8	1.		Skin Cancer, Melanoma Diagnosis
60	OBC7A	Num	8	1.		Skin Cancer, Melanoma Metastasized
61	OBC7B	Num	8	1.		Skin Cancer, Melanoma Treat: Surgery
62	OBC7C	Num	8	1.		Skin Cancer, Melanoma Treat: Chemotherapy
63	OBC7D	Num	8	1.		Skin Cancer, Melanoma Treat: Radiation
64	OBC7E	Num	8	1.		Skin Cancer, Melanoma Treat: Other
65	OBC7F	Num	8	1.		Skin Cancer, Melanoma In Remission
66	OBC8	Num	8	1.		Thoracic Cancer Diagnosis
67	OBC8A	Num	8	1.		Thoracic Cancer Metastasized
68	OBC8B	Num	8	1.		Thoracic Cancer Treat: Surgery
69	OBC8C	Num	8	1.		Thoracic Cancer Treat: Chemotherapy
70	OBC8D	Num	8	1.		Thoracic Cancer Treat: Radiation
71	OBC8E	Num	8	1.		Thoracic Cancer Treat: Other
72	OBC8F	Num	8	1.		Thoracic Cancer In Remission
73	OBC9	Num	8	1.		Urinary Cancer Diagnosis
74	OBC9A	Num	8	1.		Urinary Cancer Metastasized
75	OBC9B	Num	8	1.		Urinary Cancer Treat: Surgery

Num	Variable	Type	Len	Format	Informat	Label
76	OBC9C	Num	8	1.		Urinary Cancer Treat: Chemotherapy
77	OBC9D	Num	8	1.		Urinary Cancer Treat: Radiation
78	OBC9E	Num	8	1.		Urinary Cancer: Treat Other
79	OBC9F	Num	8	1.		Urinary Cancer In Remission
80	OBCAN	Num	8	1.		Historical Cancer Info Completed in Past
81	OBCAN1	Num	8	1.		Ever diagnosed w/Cancer
82	OBCANDT	Num	8	MMDDYY10.		Cancer Diagnosis Date
83	OBCUFFRA	Num	8			SBP Cuff Size - 1st measurement
84	OBCUFFRB	Num	8			DBP Cuff Size - 1st measurement
85	OBCUFFRC	Num	8			SBP Cuff Size - 2nd measurement
86	OBCUFFRD	Num	8			DBP Cuff Size - 2nd measurement
87	OBD1	Num	8	1.		Bone/Blood Cancer Diagnosis
88	OBD10	Num	8	1.		Other Cancer Diagnosis
89	OBD10A	Num	8	1.		Other Cancer Status Change
90	OBD10B	Num	8	1.		Other Cancer Metastasized
91	OBD10C	Num	8	1.		Other Cancer Treat: Surgery
92	OBD10D	Num	8	1.		Other Cancer Treat: Chemotherapy
93	OBD10E	Num	8	1.		Other Cancer Treat: Radiation
94	OBD10F	Num	8	1.		Other Cancer Treat: Other
95	OBD10G	Num	8	1.		Other Cancer In Remission
96	OBD1A	Num	8	1.		Bone/Blood Cancer Status Change
97	OBD1B	Num	8	1.		Bone Cancer Metastasized
98	OBD1C	Num	8	1.		Bone Cancer Treat: Surgery
99	OBD1D	Num	8	1.		Bone Cancer Treat: Chemotherapy
100	OBD1E	Num	8	1.		Bone Cancer Treat: Radiation
101	OBD1F	Num	8	1.		Bone Cancer Treat: Other
102	OBD1G	Num	8	1.		Bone Cancer In Remission
103	OBD2	Num	8	1.		Breast Cancer Diagnosis
104	OBD2A	Num	8	1.		Breast Cancer Status Change
105	OBD2B	Num	8	1.		Breast Cancer Metastasized
106	OBD2C	Num	8	1.		Breast Cancer Treat: Surgery
107	OBD2D	Num	8	1.		Breast Cancer Treat: Chemotherapy
108	OBD2E	Num	8	1.		Breast Cancer Treat: Radiation
109	OBD2F	Num	8	1.		Breast Cancer Treat: Other
110	OBD2G	Num	8	1.		Breast Cancer In Remission
111	OBD3	Num	8	1.		Digestive Cancer Diagnosis
112	OBD3A	Num	8	1.		Digestive Cancer Status Change
113	OBD3B	Num	8	1.		Digestive Cancer Metastasized
114	OBD3C	Num	8	1.		Digestive Cancer Treat: Surgery

Num	Variable	Type	Len	Format	Informat	Label
115	OBD3D	Num	8	1.		Digestive Cancer Treat: Chemotherapy
116	OBD3E	Num	8	1.		Digestive Cancer Treat: Radiation
117	OBD3F	Num	8	1.		Digestive Cancer Treat: Other
118	OBD3G	Num	8	1.		Digestive Cancer In Remission
119	OBD4	Num	8	1.		Head/Neck Cancer Diagnosis
120	OBD4A	Num	8	1.		Head/Neck Cancer Status Change
121	OBD4B	Num	8	1.		Head/Neck Cancer Metastasized
122	OBD4C	Num	8	1.		Head/Neck Cancer Treat: Surgery
123	OBD4D	Num	8	1.		Head/Neck Cancer Treat: Chemotherapy
124	OBD4E	Num	8	1.		Head/Neck Cancer Treat: Radiation
125	OBD4F	Num	8	1.		Head/Neck Cancer Treat: Other
126	OBD4G	Num	8	1.		Head/Neck Cancer In Remission
127	OBD5	Num	8	1.		Prostate Cancer Diagnosis
128	OBD5A	Num	8	1.		Prostate Cancer Status Change
129	OBD5B	Num	8	1.		Prostate Cancer Metastasized
130	OBD5C	Num	8	1.		Prostate Cancer Treat: Surgery
131	OBD5D	Num	8	1.		Prostate Cancer Treat: Chemotherapy
132	OBD5E	Num	8	1.		Prostate Cancer Treat: Radiation
133	OBD5F	Num	8	1.		Prostate Cancer Treat: Other
134	OBD5G	Num	8	1.		Prostate Cancer In Remission
135	OBD6	Num	8	1.		Reproductive Cancer Diagnosis
136	OBD6A	Num	8	1.		Reproductive Cancer Status Change
137	OBD6B	Num	8	1.		Reproductive Cancer Metastasized
138	OBD6C	Num	8	1.		Reproductive Cancer Treat: Surgery
139	OBD6D	Num	8	1.		Reproductive Cancer Treat: Chemotherapy
140	OBD6E	Num	8	1.		Reproductive Cancer Treat: Radiation
141	OBD6F	Num	8	1.		Reproductive Cancer Treat: Other
142	OBD6G	Num	8	1.		Reproductive Cancer In Remission
143	OBD7	Num	8	1.		Skin Cancer, Melanoma Diagnosis
144	OBD7A	Num	8	1.		Skin Cancer, Melanoma Status Change
145	OBD7B	Num	8	1.		Skin Cancer, Melanoma Metastasized
146	OBD7C	Num	8	1.		Skin Cancer, Melanoma Treat: Surgery
147	OBD7D	Num	8	1.		Skin Cancer, Melanoma Treat: Chemotherapy
148	OBD7E	Num	8	1.		Skin Cancer, Melanoma Treat: Radiation
149	OBD7F	Num	8	1.		Skin Cancer, Melanoma Treat: Other
150	OBD7G	Num	8	1.		Skin Cancer, Melanoma In Remission
151	OBD8	Num	8	1.		Thoracic Cancer Diagnosis
152	OBD8A	Num	8	1.		Thoracic Cancer Status Change
153	OBD8B	Num	8	1.		Thoracic Cancer Metastasized

Num	Variable	Type	Len	Format	Informat	Label
154	OBD8C	Num	8	1.		Thoracic Cancer Treat: Surgery
155	OBD8D	Num	8	1.		Thoracic Cancer Treat: Chemotherapy
156	OBD8E	Num	8	1.		Thoracic Cancer Treat: Radiation
157	OBD8F	Num	8	1.		Thoracic Cancer Treat: Other
158	OBD8G	Num	8	1.		Thoracic Cancer In Remission
159	OBD9	Num	8	1.		Urinary Cancer Diagnosis
160	OBD9A	Num	8	1.		Urinary Cancer Status Change
161	OBD9B	Num	8	1.		Urinary Cancer Metastasized
162	OBD9C	Num	8	1.		Urinary Cancer Treat: Surgery
163	OBD9D	Num	8	1.		Urinary Cancer Treat: Chemotherapy
164	OBD9E	Num	8	1.		Urinary Cancer Treat: Radiation
165	OBD9F	Num	8	1.		Urinary Cancer Treat: Other
166	OBD9G	Num	8	1.		Urinary Cancer In Remission
167	OBDCAN2	Num	8	1.		Since last eval. was pt diagnosed w/cancer
168	OBDCAN3	Num	8	1.		Since last eval. change in cancer status
169	OBDCANDT	Num	8	MMDDYY10.		Cancer Diagnosis Date
170	OBDIASRB	Num	8	3.		Diastolic BP (mm Hg) - 1st measurement
171	OBDIASRD	Num	8	3.		Diastolic BP (mm Hg) - 2nd measurement
172	OBHIBLP	Num	8	1.		Blood pressure (>=140 sys or >=90 dias)
173	OBHIBLPF	Num	8	1.		Blood pressure (>=130 sys or >=80 dias)
174	OBP1	Num	8	1.		any prescription drugs (other than insulin) (n/y)
175	OBP2	Num	8	1.		any over-the-counter drugs (n/y)
176	OBP3	Num	8	1.		Vitamin supplements (n/y)
177	OBPULSE	Num	8	3.		Pulse (bpm)
178	OBQ1	Num	8	1.		Physical Examination
179	OBQ12AL	Num	8			Ulceration - Left Side
180	OBQ12AR	Num	8			Ulceration - Right Side
181	OBQ12BL	Num	8			Gangrene - Left Side
182	OBQ12BR	Num	8			Gangrene - Right Side
183	OBQ12CL	Num	8			Necrobiosis - Left Side
184	OBQ12CR	Num	8			Necrobiosis - Right Side
185	OBQ12GL	Num	8			Deformity - Left Side
186	OBQ12GR	Num	8			Deformity - Right Side
187	OBQ13A	Num	8			Injection Site - Lipoatrophy
188	OBQ13B	Num	8			Injection Site - Lipohypertrophy
189	OBQ13C	Num	8			Injection Site - Inflamation
190	OBQ14A	Num	8			Feet: Ulcers
191	OBQ14B	Num	8			Feet: Infection
192	OBQ14C	Num	8			Feet: Abnormal Toenails

Num	Variable	Type	Len	Format	Informat	Label
193	OBQ14C1	Num	8			Feet: Amputation
194	OBQ14D	Num	8			Feet: Other
195	OBQ15	Num	8	1.		Other Abnormalties Noted
196	OBQ15A	Num	8	1.		New on Medical History
197	OBQ1A	Num	8	5.1		Weight (kg) - 1st measurement
198	OBQ1B	Num	8	5.1		Weight (kg) - 2nd measurement
199	OBQ1C	Num	8	5.1		Weight (kg) - 3rd measurement
200	OBQ1D	Num	8	5.1		Weight (kg) - 4th measurement
201	OBQ3A	Num	8	5.1		Height (cm) - 1st measurement
202	OBQ3B	Num	8	5.1		Height (cm) - 2nd measurement
203	OBQ3C	Num	8	5.1		Height (cm) - 3rd measurement
204	OBQ3D	Num	8	5.1		Height (cm) - 4th measurement
205	OBQ4A	Num	8	5.1		Waist Natural (cm) - 1st measurement
206	OBQ4ATRO	Num	8	1.		Waist Natural: Lipoatro Present
207	OBQ4B	Num	8	5.1		Waist Natural (cm) - 2nd measurement
208	OBQ4C	Num	8	5.1		Waist Natural (cm) - 3rd measurement
209	OBQ4D	Num	8	5.1		Waist Natural (cm) - 4th measurement
210	OBQ4HYPE	Num	8	1.		Waist Natural: Lipohyp Present
211	OBQ5A	Num	8	5.1		Waist Iliac (cm) - 1st measurement
212	OBQ5ATRO	Num	8	1.		Waist Iliac: Lipoatro Present
213	OBQ5B	Num	8	5.1		Waist Iliac (cm) - 2nd measurement
214	OBQ5C	Num	8	5.1		Waist Iliac (cm) - 3rd measurement
215	OBQ5D	Num	8	5.1		Waist Iliac (cm) - 4th measurement
216	OBQ5HYPE	Num	8	1.		Waist Iliac: Lipohyp Present
217	OBQ6A	Num	8	5.1		Hip Circumf (cm) - 1st measurement
218	OBQ6ATRO	Num	8	1.		Hip Cicumference: Lipoatro Present
219	OBQ6B	Num	8	5.1		Hip Circumf (cm) - 2nd measurement
220	OBQ6C	Num	8	5.1		Hip Circumf (cm) - 3rd measurement
221	OBQ6D	Num	8	5.1		Hip Circumf (cm) - 4th measurement
222	OBQ6HYPE	Num	8	1.		Hip Circumference: Lipohyp Present
223	OBQ9AL	Num	8	3.		Doppler BP Left Brachial
224	OBQ9AR	Num	8	3.		Doppler BP Right Brachial
225	OBQ9BL	Num	8	3.		Doppler BP Left Dorsalis Pedis
226	OBQ9BR	Num	8	3.		Doppler BP Right Dorsalis Pedis
227	OBQ9CL	Num	8	3.		Doppler BP Left Posterior Tibial
228	OBQ9CR	Num	8	3.		Doppler BP Right Posterior Tibial
229	OBR1	Num	8	1.		Contact w/pt since last annual visit
230	OBR2	Num	8	2.		Number Contacts Since Last Annual Visit
231	OBR2A	Num	8	1.		Contact w/pt more than once per month

Num	Variable	Type	Len	Format	Informat	Label
232	OBR3A	Num	8	1.		Contact: Telephone call
233	OBR3B	Num	8	1.		Contact: in person
234	OBR3C	Num	8	1.		Contact: Card, letter, or email
235	OBR3D	Num	8	1.		Contact: Newsletter or University Publication
236	OBR3E	Num	8	1.		Contact: Other
237	OBSYSTRA	Num	8	3.		Systolic BP (mm Hg) - 1st measurement
238	OBSYSTRC	Num	8	3.		Systolic BP (mm Hg) - 2nd measurement
239	OBJ6A	Num	8	1.		PSY Event: Nervousness or Anxiety
240	OBJ6B	Num	8	1.		PSY Event: Unreasonable Fears
241	OBJ6C	Num	8	1.		PSY Event: Eating Disturbance
242	OBJ6D	Num	8	1.		PSY Event: Affective Disorder
243	OBJ6E	Num	8	1.		PSY Event: Suicide Ideation
244	OBJ6F	Num	8	1.		PSY Event: Suicide Attempt
245	OBJ6G	Num	8	1.		PSY Event: Criminal Conduct
246	OBJ6H	Num	8	1.		PSY Event: Psych Tx Include Tranquilizers
247	OBJ6I	Num	8	1.		PSY Event: Other Psych Condition
248	OBJ7	Num	8	1.		Major Accidents
249	OBK1	Num	8	1.		Renal: Cystitis
250	OBK2	Num	8	1.		Renal: Pyelonephritis
251	OBK3	Num	8	1.		Renal: Uncontrollable Hypertension
252	OBK4	Num	8	1.		Renal: Edema
253	OBK5	Num	8	1.		Renal: Dialysis
254	OBK6	Num	8	1.		Renal: Renal Transplantation
255	OBK7	Num	8	1.		Renal: Pancreas Transplantation
256	OBK8	Num	8	1.		Renal: Other Complications
257	OBL10L	Num	8	1.		Other Eye Problems L-Eye
258	OBL10R	Num	8	1.		Other Eye Problems R-Eye
259	OBL11	Num	8	1.		Referred to Opthamologist From This Exam
260	OBL1AL	Num	8	1.		Blurred/Reduced Vision L-Eye
261	OBL1AR	Num	8	1.		Blurred/Reduced Vision R-Eye
262	OBL1AVL	Num	8	1.		Change in Vision L-Eye
263	OBL1AVR	Num	8	1.		Change in Vision R-Eye
264	OBL2AL	Num	8	1.		Floaters/Flashing Lights L-Eye
265	OBL2AR	Num	8	1.		Floaters/Flashing Lights R-Eye
266	OBL3AR	Num	8	1.		Eye enucleated R-Eye
267	OBL3BL	Num	8	1.		Eye Enucleated L-Eye
268	OBL3CR	Num	8	1.		R-Eye Enucleated Since Last Visit
269	OBL3DL	Num	8	1.		L-Eye Enucleated Since Last Visit
270	OBL4AR	Num	8	1.		Ocular Surgery R-Eye Since Last Visit

Num	Variable	Type	Len	Format	Informat	Label
271	OBL4BL	Num	8	1.		Ocular Surgery L-Eye Since Last Visit
272	OBL4CR	Num	8	1.		Corneal Transplant R-Eye
273	OBL4DL	Num	8	1.		Corneal Transplant L-Eye
274	OBL4ER	Num	8	1.		Other Corneal Surgery R-Eye
275	OBL4FL	Num	8	1.		Other Corneal Surgery L-Eye
276	OBL4GR	Num	8	1.		Procedure to Lower IOP R-Eye
277	OBL4HL	Num	8	1.		Procedure to Lower IOP L-Eye
278	OBL4IR	Num	8	1.		Cataract Extraction R-Eye
279	OBL4JL	Num	8	1.		Cataract Extraction L-Eye
280	OBL4KR	Num	8	1.		Vitrectomy R-Eye
281	OBL4LL	Num	8	1.		Vitrectomy L-Eye
282	OBL4MR	Num	8	1.		Retinal Detachment Surgery R-Eye
283	OBL4NL	Num	8	1.		Retinal Detachment Surgery L-Eye
284	OBL4OR	Num	8	1.		Other Surgery R-Eye
285	OBL4PL	Num	8	1.		Other Surgery L-Eye
286	OBL5AR	Num	8	1.		Photocoagulation R-Eye
287	OBL5BL	Num	8	1.		Photocoagulation L-Eye
288	OBL5CR	Num	8	1.		Scatter Trestment R-Eye
289	OBL5DL	Num	8	1.		Scatter Treatment L-Eye
290	OBL5ER	Num	8	1.		Focal Treatment R-Eye
291	OBL5FL	Num	8	1.		Focal Treatment L-Eye
292	OBL5GR	Num	8	1.		Other Treatment R-Eye
293	OBL5HL	Num	8	1.		Other Treatment L-Eye
294	OBL6AR	Num	8	1.		Diagnosis Glaucoma R-Eye
295	OBL6BL	Num	8	1.		Diagnosis Glaucoma L-Eye
296	OBL7AR	Num	8	1.		Used Prescription Meds R-Eye
297	OBL7BL	Num	8	1.		Used Prescription Meds L-Eye
298	OBL8AR	Num	8	1.		Ocular Treat Since Last Annual Visit R-Eye
299	OBL8BL	Num	8	1.		Ocular Treat Since Last Annual Visit L-Eye
300	OBL9AR	Num	8	1.		Symptoms Vitreous Hemmorhage R-Eye
301	OBL9BL	Num	8	1.		Symptoms Vitreous Hemmorhage L-Eye
302	OBM1	Num	8	1.		Neuro: Paresthesias in Hand/Feet
303	OBM10	Num	8	1.		Neuro: Impotence
304	OBM11	Num	8	1.		Neuro: Sym Comp w/Focal Neuropathy
305	OBM12	Num	8	1.		Neuro: Other Neurologic Problems
306	OBM13	Num	8	1.		Neuro: Referred to Neurologist per This Visit
307	OBM14	Num	8	1.		Neuro: Told You Have Gastroparesis
308	OBM14A	Num	8	1.		Neuro: Gastroparesis Confirmed by Test
309	OBM15	Num	8	1.		Neuro: Recurrent Constipation

Num	Variable	Type	Len	Format	Informat	Label
310	OBM16	Num	8	1.		Neuro: Recurrent Urinary Incontinence
311	OBM16A	Num	8	1.		Neuro: Stress Incontinence
312	OBM16B	Num	8	1.		Neuro: Urge Incontinence
313	OBM16C	Num	8	1.		Neuro: Mixed Incontinence
314	OBM16D	Num	8	1.		Neuro: Overflow Incontinence
315	OBM16E	Num	8	1.		Neuro: Functional Incontinence
316	OBM17	Num	8	1.		Neuro: Female Sexual Dysfunction
317	OBM1I	Num	8	1.		Neuro: If Pain, Taking Meds for Pain
318	OBM2	Num	8	1.		Neuro: Unexplained Muscle Weakness
319	OBM3	Num	8	1.		Neuro: Vomiting/Bloating after Meals
320	OBM4	Num	8	1.		Neuro: Presistent/Recurrent Diarrhea
321	OBM5	Num	8	1.		Neuro: Diarrhea w/Fecal Incontinence
322	OBM6	Num	8	1.		Neuro: Urinary Retention
323	OBM7	Num	8	1.		Neuro: Dizziness or Lightheadedness
324	OBM8	Num	8	1.		Neuro: Fainting (not assoc w/Hypoglycemia)
325	OBM9	Num	8	1.		Neuro: Seizure (not assoc w/Hypoglycemia)
326	OBN1A	Num	8	1.		Infect: Cutaneous/Muocutaneous
327	OBN1B	Num	8	1.		Infect: Post-Op / Deep Wound
328	OBN1C	Num	8	1.		Infect: Gangrene
329	OBN1D	Num	8	1.		Infect: Mono Epididmitis Measles Chicken Pox
330	OBN1E	Num	8	1.		Infect: At Insertion Site for Insulin Admin
331	OBN2A	Num	8	1.		Surgery - Inpatient
332	OBN2B	Num	8	1.		Out-Patient Procedures
333	OBN3	Num	8	1.		Autoimmune Endocrine Diagnosis
334	OBN3A	Num	8	1.		AI: Hashimotos Disease (Hypothyroid)
335	OBN3B	Num	8	1.		AI: Addisons Disease
336	OBN3C	Num	8	1.		AI: Pernicious Anemia
337	OBN3F	Num	8	1.		AI: Ulcerative Colitis
338	OBN3G	Num	8	1.		AI: Crohns Disease
339	OBN3H	Num	8	1.		AI: Systemic Lupus Erythematosus
340	OBN3I	Num	8	1.		AI: Rheumatoid Arthritis
341	OBN3J	Num	8	1.		AI: Multiple Sclerosis
342	OBN3K	Num	8	1.		AI: Celiac Sprue
343	OBN3L	Num	8	1.		AI: Graves Disease (Hyperthyroid)
344	OBN3M	Num	8	1.		AI: Vitiligo
345	OBN3N	Num	8	1.		AI: Alopecia
346	OBN3O	Num	8	1.		AI: Other
347	OBO1A	Num	8	1.		Vaginal Itching or Discharge
348	OBO1B	Num	8	1.		Vaginal Itching / Discharge - Treated

Num	Variable	Type	Len	Format	Informat	Label
349	OBO2A	Num	8	1.		Does Patient Menstruate
350	OBO2B	Num	8	MMDDYY10.		Date Last Menstrual Period
351	OBO2C	Num	8	1.		Last Menstrual Period > 5 wks ago
352	OBO2D	Num	8	1.		Was Pregnancy Test Performed
353	OBO2E	Num	8	1.		Is Patient Currently Pregnant
354	OBO2E1DT	Num	8	MMDDYY10.		Est Date of Conception
355	OBO3	Num	8	1.		Completed/Terminated Pregnancy Since Last Visit
356	OBO3ADT	Num	8	MMDDYY10.		Est Date of Conception
357	OBO3BDT	Num	8	MMDDYY10.		Est Date of Termination / Delivery
358	OBO4A	Num	8			Nodules in Breast
359	OBO4B	Num	8			Breast Cancer
360	OBO4C	Num	8			Breast Discharge
361	OBO4D	Num	8			Irregular Menses
362	OBO4E	Num	8			Dysmenorrhea
363	OBO5	Num	8	1.		Other Signif Gynecologic Conditions
364	OBO6	Num	8	1.		Ever Used Oral Contraceptives
365	OBO7	Num	8	1.		Used Other Form Birth Control
366	OBO8A	Num	8			Menstrual Period Ceased
367	OBO8B	Num	8			Menses Ceased - Permanently
368	OBO8B1	Num	8	1.		Menses Ceased (in past)
369	OBO8C	Num	8	2.		At What Age Did Periods Cease
370	OBO8D	Num	8			Periods Ceased - what reason
371	OBO8E1	Num	8	1.		Surgery: Both Ovaries Removed
372	OBO8E2	Num	8	1.		Surgery: Only One Ovary Removed
373	OBO8E3	Num	8	1.		Surgery: Only Uterus Removed
374	OBO8F	Num	8	1.		After Menopause, HRT Taken
375	OBO8G	Num	8	3.		After Menopause, HRT for how long?
376	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
377	FORM_	Char	8	$8.	$8.	FORM_
378	OB7030BE	Num	8	2.		Human 70/30[;]Bedtime
379	OB7030BR	Num	8	2.		Human 70/30[;]Breakfast
380	OB7030LU	Num	8	2.		Human 70/30[;]Lunch
381	OB7030OT	Num	8	2.		Human 70/30[;]Other
382	OB7030SU	Num	8	2.		Human 70/30[;]Supper
383	OB7525BE	Num	8	2.		Human 75/25[;]Bedtime
384	OB7525BK	Num	8	2.		Human 75/25[;]Breakfast
385	OB7525LU	Num	8	2.		Human 75/25[;]Lunch
386	OB7525OT	Num	8	2.		Human 75/25[;]Other
387	OB7525SU	Num	8	2.		Human 75/25[;]Supper

Num	Variable	Type	Len	Format	Informat	Label
388	OB7B1	Num	8	1.		Patient adjust usual insulin regimen?
389	OB7E1	Num	8			Adjust usual insulin regimen - Glucose Montoring?
390	OB7E2	Num	8			Adjust usual insulin regimen - Food Intake?
391	OB7E3	Num	8			Adjust usual insulin regimen - Exercise?
392	OB7E4	Num	8			Adjust usual insulin regimen - Hypoglycemia?
393	OB7E4A	Num	8			Adjust usual insulin regimen - Illness?
394	OB7E6	Num	8			Adjust usual insulin regimen - Other?
395	OBAPIBET	Num	8	2.		Apidra[;]Bedtime
396	OBAPIBRK	Num	8	2.		Apidra[;]Breakfast
397	OBAPIDRA	Num	8			Type of Insulin -Apidra
398	OBAPILUN	Num	8	2.		Apidra[;]Lunch
399	OBAPIOTH	Num	8	2.		Apidra[;]Other
400	OBAPISUP	Num	8	2.		Apidra[;]Supper
401	OBDRINK1	Num	8	1.		At Least One Alcoholic Beverage per Week
402	OBDRINK2	Num	8	2.		Bottles of Beer in Last 7 Days
403	OBDRINK3	Num	8	2.		Bottles of Light Beer in Last 7 Days
404	OBDRINK4	Num	8	2.		Glasses of Wine in Last 7 Days
405	OBDRINK5	Num	8	2.		Hard Liquor in Last 7 Days
406	OBEXER1	Num	8			Patient Level of Activity
407	OBF4	Num	8	1.		Describing Insulin Regimen
408	OBF4A	Num	8	3.		Insulin - Total number units per day
409	OBF5A	Num	8	2.		Different BASAL RATES per day
410	OBF5B	Num	8	2.		Different BASAL UNITS per day
411	OBF5C	Num	8	1.		Techn. Problems - INSULIN INFUSION PUMP
412	OBF7A	Num	8			Self Blood Glucose Monitoring
413	OBF7B	Num	8	2.		Freq per Day - Self Blood Glucose Monitoring
414	OBFRIDIJ	Num	8	1.		Guardian Disabled: Diabetes Related
415	OBFRIED	Num	8	20.		Guardian/Friend Education Level
416	OBFRIJOB	Num	8	20.		Guardian/Friend Occupation
417	OBFRINOJ	Num	8	1.		Guardian/Friend Unemploy/Retired
418	OBHU7030	Num	8			Type of Insulin - Human 70/30
419	OBHU7525	Num	8			Type of Insulin - Humalog 75/25
420	OBHULBET	Num	8	2.		Humalog[;]Bedtime
421	OBHULBRK	Num	8	2.		Humalog[;]Breakfast
422	OBHULLUN	Num	8	2.		Humalog[;]Lunch
423	OBHULOG	Num	8			Type of Insulin -Humalog
424	OBHULOTH	Num	8	2.		Humalog[;]Other
425	OBHULSUP	Num	8	2.		Humalog[;]Supper
426	OBHUNPH	Num	8			Type of Insulin - Human NPH

Num	Variable	Type	Len	Format	Informat	Label
427	OBHUREG	Num	8			Type of Insulin - Human Regular
428	OBI3A	Num	8	2.		# Hospitalization for Hypoglycemia in past 3 months
429	OBI3B1	Num	8	2.		Hypog - Lost conscious w/out seizure - # times
430	OBI3B2	Num	8	2.		Hypog - Lost conscious w/ seizure - # times
431	OBI3C1	Num	8	2.		Hypog - Required Prof. Medical Help
432	OBI3C2	Num	8	2.		Hypog - Require Help of Another Person
433	OBI3C3	Num	8	2.		Hypog - Not Need Doctor/Other Person
434	OBI3D1	Num	8	2.		Frequency Receive Glucagon
435	OBI3D2	Num	8	2.		Frequency Receive IV Glucose
436	OBI3D3	Num	8	1.		Episodes Result in Injury-Pt/Others
437	OBI3E	Num	8	1.		Recurrent Hypog - Unable To Help Self
438	OBI3F	Num	8	1.		Recurrent Hypog - Able To Help Self
439	OBI3G	Num	8	2.		Last 7 Days-Mild Hypogl. Treat Self
440	OBI3H1	Num	8			Hypoglycemia occur while Awake/Sleep/Both
441	OBI3H2A	Num	8			Reason Hypog: Missed Meal or Snack
442	OBI3H2B	Num	8			Reason Hypog: Decreased Food Intake
443	OBI3H2C	Num	8			Reason Hypog: Delayed meal or snack
444	OBI3H2D	Num	8			Reason Hypog: Increased Exercise Level
445	OBI3H2E	Num	8			Reason Hypog: Too Much Insulin Taken
446	OBI3H2F	Num	8			Reason Hypog: Lack Early Warn-Low BG
447	OBI3H2G	Num	8			Reason Hypoglycemia: Other
448	OBI3H2H	Num	8	1.		Reason Hypoglycemia: Unexplained
449	OBI3H3B	Num	8			Symptoms w Mild Hypog: Diaphoresis (sweating)
450	OBI3H3C	Num	8			Symptoms w Mild Hypog: Alter.Mental Status
451	OBI3H3D	Num	8			Symptoms w Mild Hypog: Other
452	OBI3H3E	Num	8			Symptoms w Mild Hypog: None
453	OBI3H3F	Num	8			Symptoms w Mild Hypog: Hunger
454	OBI3H3G	Num	8			Symptoms w Mild Hypog: Rapid Heart Rate
455	OBI3H3H	Num	8			Symptoms w Mild Hypog: Anxiety
456	OBI3H3I	Num	8			Symptoms w Mild Hypog: Tremors
457	OBI3H3J	Num	8			Symptoms w Mild Hypog: Headache
458	OBIA	Num	8	2.		Frequency DKA in past 3 months
459	OBINHBET	Num	8	2.		Inhaled Insulin[;]Bedtime
460	OBINHBRK	Num	8	2.		Inhaled Insulin[;]Breakfast
461	OBINHINS	Num	8			Type of Insulin -Inhaled Insulin
462	OBINHLUN	Num	8	2.		Inhaled Insulin[;]Lunch
463	OBINHOTH	Num	8	2.		Inhaled Insulin[;]Other
464	OBINHSUP	Num	8	2.		Inhaled Insulin[;]Supper
465	OBINSREG	Num	8			Current Insulin Regimen

Num	Variable	Type	Len	Format	Informat	Label
466	OBJ1A	Num	8	1.		CV Event - Myocardial Infarction
467	OBJ1B	Num	8	1.		CV Event - Angina Pectoris
468	OBJ1C	Num	8	1.		CV Event - Coronary Artery Disease
469	OBJ1D	Num	8	1.		CV Event - Arrhythmia
470	OBJ1E	Num	8	1.		CV Event - Congestive Heart Failure
471	OBJ2	Num	8	1.		Complained of Chest Pain
472	OBJ2A1A	Num	8			Complained of Pain Left Anterior Chest
473	OBJ2A1B	Num	8			Complained of Pain Left Arm
474	OBJ2A1C	Num	8			Complained of Pain In Jaw
475	OBJ2A1D	Num	8			Complained of Pain Sternum Upper or Middle
476	OBJ2A1E	Num	8			Complained of Pain Sternum Lower
477	OBJ2A1F	Num	8			Complained of Pain - Other
478	OBJ2A2A	Num	8			Complained of Pain The Back
479	OBJ2A2B	Num	8			Complained of Pain The Shoulder
480	OBJ2A2C	Num	8			Complained of Pain The Right Arm
481	OBJ2A2D	Num	8			Complained of Pain The Abdomen
482	OBJ2A2E	Num	8			Complained of Pain - Other
483	OBJ2A2F	Num	8			pain involved - None of the above
484	OBJ2B1	Num	8			Pain Lasted For More Than 20 Minutes
485	OBJ2B2	Num	8			Definite Non-Cardiac Cause For Pain
486	OBJ2B3	Num	8			Addtl Doses Nitrates or CCB
487	OBJ2C	Num	8	1.		Feeling Pressure Heaviness In Chest
488	OBJ2D1	Num	8	1.		Pain/Discom: Walking uphill or Hurrying
489	OBJ2D2	Num	8	1.		Pain/Discom: Walking at Ordinary Pace
490	OBJ2D3	Num	8			Pain Discom: Stop/Slow Down/ Cont at Same Pace
491	OBJ2D4	Num	8			Pain: Standing Still? Relieved/Not Relieved
492	OBJ2D5	Num	8			Pain Standing Still? 10 min
493	OBJ3A	Num	8	1.		CBV Event: Cerebrovascular Accident (CVA)
494	OBJ3B	Num	8	1.		CBV Event: Transient Ischemic Attack (TIA)
495	OBJ4A	Num	8	1.		PV Event: Amputation
496	OBJ4B	Num	8	1.		PV Event: Lower Extremity Ulcer
497	OBJ4C	Num	8	1.		PV Event: Other arterial Events
498	OBJ5	Num	8	1.		PV Event: Peripheral Pain
499	OBJ5A	Num	8	1.		PV Event: Pain in Leg When Walking
500	OBJ5B	Num	8	1.		PV Event: Pain Begin When Standing Still or Sitting
501	OBJ5CL	Num	8			PV Event: Pain in Part of Left Leg
502	OBJ5CR	Num	8			PV Event: Pain in Part of Right Leg
503	OBJ5D	Num	8	1.		PV Event: Pain in Leg When Hurrying
504	OBJ5E	Num	8	1.		PV Event: Pain in Leg When Reg Pace

Num	Variable	Type	Len	Format	Informat	Label
505	OBJ5F	Num	8	1.		PV Event: Does Pain Ever Disappear While Walking
506	OBJ5G	Num	8			PV Event: stop / slow down / same pace
507	OBJ5H	Num	8			PV Event: What Happens to Pain if Still - Rel/not Rel?
508	OBJ5I	Num	8			PV Event: how soon is pain relieved by standing still
509	OBJ5J	Num	8			PV Event: Noticed Changed in Severity
510	OBJ5K	Num	8	1.		Cardiovascular Diagnostic Tests Performed
511	OBJ5RES1	Num	8			Diagnostic Tests: Test 1 Results
512	OBJ5RES2	Num	8			Diagnostic Tests: Test 2 Results
513	OBJ5RES3	Num	8			Diagnostic Tests: Test 3 Results
514	OBJ5RES4	Num	8			Diagnostic Tests: Test 4 Results
515	OBJ5RES5	Num	8			Diagnostic Tests: Test 5 Results
516	OBJCHK	Num	8	1.		Congestive Heart Failure Symptoms
517	OBJCHKA	Num	8	1.		CHF - Paroxysmal Nocturnal Dyspnea
518	OBJCHKB	Num	8	1.		CHF - Orthopnea
519	OBJCHKC	Num	8	1.		CHF - Dyspnea at rest
520	OBJCHKD	Num	8	1.		CHF - NYHAF Classification III
521	OBLANBET	Num	8	2.		Lantus[;]Bedtime
522	OBLANBRK	Num	8	2.		Lantus[;]Breakfast
523	OBLANLUN	Num	8	2.		Lantus[;]Lunch
524	OBLANOTH	Num	8	2.		Lantus[;]Other
525	OBLANSUP	Num	8	2.		Lantus[;]Supper
526	OBLANTUS	Num	8			Type of Insulin - Lantus
527	OBLEVBET	Num	8	2.		Levemir[;]Bedtime
528	OBLEVBRK	Num	8	2.		Levemir[;]Breakfast
529	OBLEVEM	Num	8			Type of Insulin - Levemir
530	OBLEVLUN	Num	8	2.		Levemir[;]Lunch
531	OBLEVOTH	Num	8	2.		Levemir[;]Other
532	OBLEVSUP	Num	8	2.		Levemir[;]Supper
533	OBLSVST	Num	8	MMDDYY10.		Date of the LAST COMPLETED annual visit
534	OBMARNO	Num	8	1.		If married, how many times?
535	OBMARRY	Num	8			Marital status of patient:
536	OBMRMO	Num	8	2.		Date marital status change MO
537	OBMRYR	Num	8	4.		Date marital status change YR
538	OBNOVBET	Num	8	2.		Novolog[;]Bedtime
539	OBNOVBRK	Num	8	2.		Novolog[;]Breakfast
540	OBNOVLUN	Num	8	2.		Novolog[;]Lunch
541	OBNOVOL	Num	8			Type of Insulin -Novolog
542	OBNOVOTH	Num	8	2.		Novolog[;]Other
543	OBNOVSUP	Num	8	2.		Novolog[;]Supper

Num	Variable	Type	Len	Format	Informat	Label
544	OBNPHBED	Num	8	2.		Human NPH[;]Bedtime
545	OBNPHBRK	Num	8	2.		Human NPH[;]Breakfast
546	OBNPHLUN	Num	8	2.		Human NPH[;]Lunch
547	OBNPHOTH	Num	8	2.		Human NPH[;]Other
548	OBNPHSUP	Num	8	2.		Human NPH[;]Supper
549	OBOTHER	Num	8	1.		Type of Insulin - Other
550	OBOTHER1	Num	8	1.		Type of Insulin - Other 1
551	OBOTHER2	Num	8	1.		Type of Insulin - Other 2
552	OBOTHER3	Num	8	1.		Type of Insulin - Other 3
553	OBPATDIJ	Num	8	1.		Patient Disabled: Diabetes Related
554	OBPATED	Num	8	20.		Patient Education Level
555	OBPATJOB	Num	8	20.		Patient Occupation
556	OBPATNOJ	Num	8	1.		Patient: Unemployed or Retired
557	OBREGBED	Num	8	2.		Human Regular[;]Bedtime
558	OBREGBRK	Num	8	2.		Human Regular[;]Breakfast
559	OBREGLUN	Num	8	2.		Human Regular[;]Lunch
560	OBREGOTH	Num	8	2.		Human Regular[;]Other
561	OBREGSUP	Num	8	2.		Human Regular[;]Supper
562	OBSMOKE1	Num	8	1.		Smoked Cigarettes/Cigarillos in past yr
563	OBSMOKE2	Num	8	1.		Currently Smoke Cigarettes/Cigarillos
564	OBSMOKE3	Num	8	2.		Months Since Quit Cigarettes/Cigarillos
565	OBSMOKE4	Num	8	2.		cigarettes / day in past yr
566	OBSMOKE5	Num	8	1.		Smoked Pipes or Cigars in past yr
567	OBSMOKE6	Num	8	1.		Currently Smoke Pipes or Cigars
568	OBSMOKE7	Num	8	2.		Months since Quit Pipes or Cigars
569	OBSMOKE8	Num	8	2.		Pipefuls/Cigars Per Wk in Past Yr
570	OBSMOKE9A	Num	8	1.		Past 12 Mths Lived Where Person Smoked
571	OBSMOKE9B	Num	8	1.		Past 12 Mths Work Where Person Smoked
572	OBSPDJOB	Num	8	1.		Spouse Disabled: Diabetes Related
573	OBSPJOB	Num	8	20.		Spouse Occupation
574	OBSPOED	Num	8	20.		Spouse Education Level
575	OBSPONOJ	Num	8	1.		Spouse Unemployed or Retired
576	OBTH1BET	Num	8	2.		Other[;]Bedtime
577	OBTH1BRK	Num	8	2.		Other[;]Breakfast
578	OBTH1LUN	Num	8	2.		Other[;]Lunch
579	OBTH1OTH	Num	8	2.		Other[;]Other
580	OBTH1SUP	Num	8	2.		Other[;]Supper
581	OBTHEBET	Num	8	2.		Other[;]Bedtime
582	OBTHEBRK	Num	8	2.		Other[;]Breakfast

Num	Variable	Type	Len	Format	Informat	Label
583	OBTHELUN	Num	8	2.		Other[;]Lunch
584	OBTHEOTH	Num	8	2.		Other[;]Other
585	OBTHESUP	Num	8	2.		Other[;]Supper
586	OBTOTUNT	Num	8	3.		Total number of units (basal and bolus) per day:
587	OBVTYP	Num	8			In-person visit or Phone visit

Data Set Name: f0046.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	8		DEIDENTIFIED CLINIC
2	mask_pat	Num	8		DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	Z2.	Indicate which EDIC visit this was to be:
4	ODB1	Num	8		used over-the-counter medications
5	ODB1A1	Num	8		During the last month has the patient taken any aspirin?
6	ODB1A_3	Num	8		Was aspirin taken for pain
7	ODDAYS	Num	8		Total # of Days
8	ODDAY227	Num	8		Total # of Days
9	ODDAY325	Num	8		Total # of Days
10	ODDAY400	Num	8		Total # of Days
11	ODDAY500	Num	8		Total # of Days
12	ODTABLET	Num	8		Total # of Tablets
13	ODTAB227	Num	8		Total # of Tablets
14	ODTAB325	Num	8		Total # of Tablets
15	ODTAB400	Num	8		Total # of Tablets
16	ODTAB500	Num	8		Total # of Tablets
17	ODB1B	Num	8		Tylenol, Advil, Motrin
18	ODB1C	Num	8		Cold medications
19	ODB1D	Num	8		Other
20	ODB1STP	Num	8		If the patient uses no other prescription or non-prescription medications check here and STOP
21	ODB2	Num	8		Used vitamin and/or mineral
22	ODB3	Num	8		Has the patient used any herbal supplements on a regular basis?
23	ODB_4	Num	8		Has the patient used any dietary supplements on a regular basis?
24	ODB2STP	Num	8		Medications check here and STOP
25	ODB3A	Num	8		Non-Steroidal Anti-Inflammatory Medications
26	ODB3A1	Num	8		Prescription Non-Stero. Anti-Infla. taken
27	ODB51A	Num	8		Ibuprofen (e.g., Advil, Medipren, Motrin, Nuprin)
28	ODB52B	Num	8		Naproxen (e.g., Naprosyn, Anaprox, Aleve)
29	ODB53C	Num	8		Diclofenac
30	ODB54D	Num	8		Nabumetone
31	ODB55E	Num	8		Indomethacin (e.g., Indocin)
32	ODB56F	Num	8		Etodolac
33	ODB57G	Num	8		Piroxicam (e.g., Feldene)
34	ODB58H	Num	8		Clinoril
35	ODB59I	Num	8		Dolobid
36	ODB510J	Num	8		Meclomin

Num	Variable	Type	Len	Format	Label
37	ODB511K	Num	8		Other
38	ODB5STP	Num	8		Medications check here and STOP
39	ODB4	Num	8		Patient taken any other prescription medication
40	ODB6STP	Num	8		Medications check here and STOP
41	ODB5A	Num	8		Has the patient used oral contraceptives since the last visit?
42	ODB5A1	Num	8		How long has the patient taken HRT? (YEARS)
43	ODB5A2	Num	8		How long has the patient taken HRT? (MONTHS)
44	ODB7B	Num	8		Used any other hormonal therapy
45	ODB5B	Num	8		Taken hormone replacement therapy (HRT)
46	ODB5B1	Num	8		How long has the patient taken HRT? (YEARS)
47	ODB5B2	Num	8		How long has the patient taken HRT? (MONTHS)
48	ODB5B3	Num	8		Does this include progestational agent?
49	ODB7STP	Num	8		Medications check here and STOP
50	ODB8A	Num	8		Taken any medications for impotence?
51	ODB8STP	Num	8		Medications check here and STOP
52	ODB6	Num	8		Has the patient taken any other hormones?If NO, skip to 10.
53	ODB6A	Num	8		Thyroid
54	ODB6B	Num	8		Glucocorticoids
55	ODB6_C	Num	8		Mincralcovticoids
56	ODB6D	Num	8		Amylin
57	ODB6C	Num	8		Other Use of Hormones
58	ODB9STP	Num	8		Medications check here and STOP
59	ODB7	Num	8		Taken lipid lowering medications
60	ODB10STP	Num	8		Medications check here and STOP
61	ODB8	Num	8		Has the patient taken anticoagulants
62	ODB11STP	Num	8		Medications check here and STOP
63	ODB9A	Num	8		Tranquilizers
64	ODB9B	Num	8		Antidepressants
65	ODB12STP	Num	8		Medications check here and STOP
66	ODB10	Num	8		Has the patient taken coronary vasodilators
67	ODB13STP	Num	8		Medications check here and STOP
68	OBD11	Num	8		Has the patient taken digitalis
69	ODB14STP	Num	8		Medications check here and STOP
70	ODB12	Num	8		Has the patient taken antiarrythmic medications
71	ODB12A	Num	8		Quinidine
72	ODB12B	Num	8		Procaine amide
73	ODB12C	Num	8		DPH (diphenylhydantoin)
74	ODB12D	Num	8		Other Use of Antiarrythmic Medications
75	ODB15STP	Num	8		Medications check here and STOP

Num	Variable	Type	Len	Format	Label
76	ODB13	Num	8		ACE (angiotensin converting enzyme) inhibitors
77	ODB13A	Num	8		Hypertension
78	ODB13B	Num	8		Nephropathy
79	ODB13B1	Num	8		Macroalbuminuria
80	ODB13B2	Num	8		Microalbuminuria
81	ODB13C	Num	8		Prophylactic Reasons
82	ODB17A	Num	8		ARB (angiotensin receptor blockers) inhibitors
83	ODB17A1	Num	8		Hypertension
84	ODB17B	Num	8		Nephropathy
85	ODB17B1	Num	8		Macroalbuminuria
86	ODB17B2	Num	8		Microalbuminuria
87	ODB17C	Num	8		Prophylactic Reasons
88	ODB14	Num	8		Has the patient taken any antihypertensives
89	ODB14A	Num	8		Diuretics
90	ODB14A1	Num	8		Hydrochlorothiazide (HydroDIURIL)
91	ODB14A2	Num	8		Other thiazide diuretic
92	ODB14A3	Num	8		Furosemide (Lasix)
93	ODB14A4	Num	8		Other loop diuretic
94	ODB14B	Num	8		Beta blockers
95	ODB14J	Num	8		Calcium channel blockers
96	ODB14D	Num	8		Prazosin-like agents/alpha-blockers
97	ODB14G	Num	8		Clonidine (Catapress)
98	ODB14I	Num	8		Minoxidil
99	ODB14C	Num	8		Labetalol (Normodyne)
100	ODB14H	Num	8		Methyldopa (Aldomet)
101	ODB14E	Num	8		Hydralazine (Apresoline, Reserpine, Serpasil)
102	ODB14F	Num	8		Guanabenz (Wytensin)
103	ODB14TEN	Num	8		Guanfacine (Tenex)
104	ODB14K	Num	8		Other Beta Blockers
105	ODB18STP	Num	8		Medications check here and STOP
106	ODB15RE	Num	8		Ocular medication require a prescription RE
107	ODB15LE	Num	8		Ocular medication require a prescription LE
108	ODB15ARE	Num	8		Steroid drops RE
109	ODB15BRE	Num	8		Glaucoma drops RE
110	ODB15CRE	Num	8		Mydriatics RE
111	ODB15DRE	Num	8		Other Ocular Med. RE
112	ODB15ALE	Num	8		Steroid drops LE
113	ODB15BLE	Num	8		Steroid drops LE
114	ODB15CLE	Num	8		Mydriatics LE

Num	Variable	Type	Len	Format	Label
115	ODB15DLE	Num	8		Other Ocular Med. LE
116	ODB16	Num	8		Has the patient taken any other medication
117	FORM_	Char	8		Form name
118	FSASDATE	Num	8	MMDDYY10.	Date Form Completed:

Data Set Name: f0303_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
4	EDICYEAR	Num	8			EDIC YEAR
5	COREFRAC	Num	8			Was a Refraction Performed for both Eyes?
6	COPVARE	Num	8			Poor Visual Acuity in Right Eye
7	COPVALE	Num	8			Poor Visual Acuity in Left Eye
8	COENUCRE	Num	8			Right Eye(s) enucleated
9	COENUCLE	Num	8			Left Eye(s) enucleated
10	COOREFRE	Num	8			Other/No Right Eye Refraction
11	COOREFLE	Num	8			Other/No Left Eye Refraction
12	COSPHRE	Char	6	$6.	$6.	Sphere - Right Eye
13	COSPHLE	Char	6	$6.	$6.	Sphere - Left Eye
14	COCYLRE	Char	6	$6.	$6.	Cylinder - Right Eye
15	COCYLLE	Char	6	$6.	$6.	Cylinder - Left Eye
16	COAXISRE	Num	8			Axis - Right Eye
17	COAXISLE	Num	8			Axis - Left Eye
18	COZERORE	Num	8			Sphere, Cylinder, Axis all Zero-Right Eye
19	COZEROLE	Num	8			Sphere, Cylinder, Axis all Zero-Left Eye
20	COMYOPIA	Num	8			Is Myopia > diopters in one or both eyes
21	CODIST	Num	8			Distant between patient & chart (meters)
22	CO200RE4	Num	8			VA/Chart 1 letters Right Eye 20/200
23	CO160RE4	Num	8			VA/Chart 1 letters Right Eye 20/160
24	CO125RE4	Num	8			VA/Chart 1 letters Right Eye 20/125
25	CO100RE4	Num	8			VA/Chart 1 letters Right Eye 20/100
26	CO80RE4	Num	8			VA/Chart 1 letters Right Eye 20/80
27	CO63RE4	Num	8			VA/Chart 1 letters Right Eye 20/63
28	CO50RE4	Num	8			VA/Chart 1 letters Right Eye 20/50
29	CO40RE4	Num	8			VA/Chart 1 letters Right Eye 20/40
30	CO32RE4	Num	8			VA/Chart 1 letters Right Eye 20/32
31	CO25RE4	Num	8			VA/Chart 1 letters Right Eye 20/25
32	CO20RE4	Num	8			VA/Chart 1 letters Right Eye 20/20
33	CO16RE4	Num	8			VA/Chart 1 letters Right Eye 20/16
34	CO13RE4	Num	8			VA/Chart 1 letters Right Eye 20/13
35	CO10RE4	Num	8			VA/Chart 1 letters Right Eye 20/10
36	CO4MRE	Num	8			Total number correct at four meters

Num	Variable	Type	Len	Format	Informat	Label
37	CO200LE4	Num	8			VA/Chart 2 letters Left Eye 20/200
38	CO160LE4	Num	8			VA/Chart 2 letters Left Eye 20/160
39	CO125LE4	Num	8			VA/Chart 2 letters Left Eye 20/125
40	CO100LE4	Num	8			VA/Chart 2 letters Left Eye 20/100
41	CO80LE4	Num	8			VA/Chart 2 letters Left Eye 20/80
42	CO63LE4	Num	8			VA/Chart 2 letters Left Eye 20/63
43	CO50LE4	Num	8			VA/Chart 2 letters Left Eye 20/50
44	CO40LE4	Num	8			VA/Chart 2 letters Left Eye 20/40
45	CO32LE4	Num	8			VA/Chart 2 letters Left Eye 20/32
46	CO25LE4	Num	8			VA/Chart 2 letters Left Eye 20/25
47	CO20LE4	Num	8			VA/Chart 2 letters Left Eye 20/20
48	CO16LE4	Num	8			VA/Chart 2 letters Left Eye 20/16
49	CO13LE4	Num	8			VA/Chart 2 letters Left Eye 20/13
50	CO10LE	Num	8			VA/Chart 2 letters Left Eye 20/10
51	CO4MLE	Num	8			Total number correct at four meters
52	CO1MTRE	Num	8			Will Right Eye be tested?
53	CO5200R1	Num	8			VA/Chart 1 letters Right Eye 5/200
54	CO5160R1	Num	8			VA/Chart 1 letters Right Eye 5/160
55	CO5125R1	Num	8			VA/Chart 1 letters Right Eye 5/125
56	CO1200R1	Num	8			VA/Chart 1 letters Right Eye 10/200
57	CO1160R1	Num	8			VA/Chart 1 letters Right Eye 10/160
58	CO1125R1	Num	8			VA/Chart 1 letters Right Eye 10/125
59	CO2200R1	Num	8			VA/Chart 1 letters Right Eye 20/200
60	CO2160R1	Num	8			VA/Chart 1 letters Right Eye 20/160
61	CO2125R1	Num	8			VA/Chart 1 letters Right Eye 20/125
62	CO2100R1	Num	8			VA/Chart 1 letters Right Eye 20/100
63	CO280R1	Num	8			VA/Chart 1 letters Right Eye 20/80
64	CO263R1	Num	8			VA/Chart 1 letters Right Eye 20/63
65	CO250R1	Num	8			VA/Chart 1 letters Right Eye 20/50
66	CO240R1	Num	8			VA/Chart 1 letters Right Eye 20/40
67	CO1MRE	Num	8			Total number correct at four meters
68	COCTRE	Num	8			Ct fingers, hand motion, light preception present?
69	CO1MTLE	Num	8			Will the left eye be tested?
70	CO5200L1	Num	8			VA/Chart 2 letters Left Eye 5/200
71	CO5160L1	Num	8			VA/Chart 2 letters Left Eye 5/160
72	CO5125L1	Num	8			VA/Chart 2 letters Left Eye 5/125
73	CO1200L1	Num	8			VA/Chart 2 letters Left Eye 10/200
74	CO1160L1	Num	8			VA/Chart 2 letters Left Eye 10/160
75	CO1125L1	Num	8			VA/Chart 2 letters Left Eye 10/125

Num	Variable	Type	Len	Format	Informat	Label
76	CO2200L1	Num	8			VA/Chart 2 letters Left Eye 20/200
77	CO2160L1	Num	8			VA/Chart 2 letters Left Eye 20/160
78	CO2125L1	Num	8			VA/Chart 2 letters Left Eye 20/125
79	CO2100L1	Num	8			VA/Chart 2 letters Left Eye 20/100
80	CO280L1	Num	8			VA/Chart 2 letters Left Eye 20/80
81	CO263L1	Num	8			VA/Chart 2 letters Left Eye 20/63
82	CO250L1	Num	8			VA/Chart 2 letters Left Eye 20/50
83	CO240L1	Num	8			VA/Chart 2 letters Left Eye 20/40
84	CO1MLE	Num	8			Total number correct at four meters
85	COCTLE	Num	8			Ct fingers, hand motion, light preception present?
86	COIOPRE	Num	8			Intraocular pressure mm Hg-right eye
87	COIOPLE	Num	8			Intraocular pressure mm Hg-left eye
88	COLENSRE	Num	8			Is the lens missing-right eye?
89	COLENSLE	Num	8			Is the lens missing-left eye?
90	COIRISRE	Num	8			Iris Neovascularization-right eye?
91	COIRISLE	Num	8			Iris Neovascularization-left eye?
92	COANGLRE	Num	8			Angle Neovascularization-right eye?
93	COANGLLE	Num	8			Angle Neovascularization-left eye?
94	COOPHRE	Num	8			Opthalmoscopic exam satisfactory-right eye?
95	COOPHLE	Num	8			Opthalmoscopic exam satisfactory-left eye?
96	COREASRE	Num	8			Reason fundus exam unsat-right eye
97	COREASLE	Num	8			Reason fundus exam unsat-left eye
98	COCLARRE	Num	8			Clarity of lens-right eye
99	COCLARLE	Num	8			Clarity of lens-left eye
100	COHEMRE	Num	8			Vitreous or preretinal hemorrhage-right eye
101	COHEMLE	Num	8			Vitreous or preretinal hemorrhage-left eye
102	COOBSCRE	Num	8			Hemorrhage obscure disc area-right eye
103	COOBSCLE	Num	8			Hemorrhage obscure disc area-left eye
104	CO7STDRE	Num	8			Within seven standard fields-right eye
105	CO7STDLE	Num	8			Within seven standard fields-left eye
106	COOUT7RE	Num	8			outside seven standard fields-right eye
107	COOUT7LE	Num	8			outside seven standard fields-left eye
108	COANTRRE	Num	8			Anterior to vortex ampullae-right eye
109	COANTRLE	Num	8			Anterior to vortex ampullae-left eye
110	CONVDRE	Num	8			Are new vessels present (NVD)-right eye
111	CONVDLE	Num	8			Are new vessels present (NVD)-left eye
112	COSNVDRE	Num	8			Vessels > or = DRS std photo 10A-right eye
113	COSNDVLE	Num	8			Vessels > or = DRS std photo 10A-left eye
114	CONVERE	Num	8			Are new vessels elsewhere present-right eye?

Num	Variable	Type	Len	Format	Informat	Label
115	CONVELE	Num	8			Are new vessels elsewhere present-left eye?
116	COWNVERE	Num	8			New vessels within 7 std fields-right eye?
117	COWNVELE	Num	8			New vessels within 7 std fields-left eye?
118	COONVERE	Num	8			New vessels outside 7 std fields-right eye?
119	COONVELE	Num	8			New vessels outside 7 std fields-left eye?
120	COSNVERE	Num	8			New vessels >or = 1/2 DA in size-right eye?
121	COSNVELE	Num	8			New vessels >or = 1/2 DA in size-left eye?
122	COTHIKRE	Num	8			Retinal thicknening-right eye?
123	COTHIKLE	Num	8			Retinal thicknening-left eye?
124	COCNTRRE	Num	8			Is center of Macular involved-right eye?
125	COCNTRLE	Num	8			Is center of Macular involved-left eye?
126	COCYSTRE	Num	8			Are cystoid changes present-right eye?
127	COCYSTLE	Num	8			Are cystoid changes present-left eye?
128	COHRCRE	Num	8			High risk characteristics present-right eye?
129	COHRCLE	Num	8			High risk characteristics present-left eye?
130	COPLANRE	Num	8			Plan to perform photocoagulation-right eye?
131	COPLANLE	Num	8			Plan to perform photocoagulation-left eye?
132	COREFRE	Num	8			Patient refuses-right eye
133	COREFLE	Num	8			Patient refuses-left eye
134	COUNHMRE	Num	8			Unable to treat due to hemorrhage-right eye
135	COUNHMLE	Num	8			Unable to treat due to hemorrhage-left eye
136	COUNORRE	Num	8			Unable to treat for other reason-right eye
137	COUNORLE	Num	8			Unable to treat for other reason-left eye
138	COPREFRE	Num	8			Would prefer not to treat-right eye
139	COPREFLE	Num	8			Would prefer not to treat-left eye
140	COOLASRE	Num	8			Other reason-right eye
141	COOLASLE	Num	8			Other reason-left eye
142	COABNRE	Num	8			Major ophthalmoscopic abnormality-right eye
143	COABNLE	Num	8			Major ophthalmoscopic abnormality-left eye
144	FORM_	Char	8	$8.	$8.	Form name

Data Set Name: f0331.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date Form Completed:
4	EDICYEAR	Num	8			Indicate which EDIC visit this was to be:
5	F33B1	Char	1			In general, would you say your overall health is:
6	F33B2	Char	1			Eyesight using both eyes is:
7	F33B3	Char	1			How much of the time do you worry about your eyesight?
8	F33B4	Char	1			How much pain or discomfort?
9	F33C5	Char	1			Reading ordinary print in newspapers?
10	F33C6	Char	1			Doing work or hobbies?
11	F33C7	Char	1			Finding something on a crowded shelf?
12	F33C8	Char	1			Reading street signs or the names of stores?
13	F33C9	Char	1			Going down steps, stairs, or curbs in dim light or at night?
14	F33C10	Char	1			Noticing objects off to the side while you are walking?
15	F33C11	Char	1			Difficulty do you have seeing how people react?
16	F33C12	Char	1			Difficulty do you have picking out and matching clothes?
17	F33C13	Char	1			Difficulty do you have visiting with people?
18	F33C14	Char	1			Difficulty do you have going out to see events?
19	F33C15	Char	1			Are you currently driving, at least once in a while?
20	F33C15A	Char	1			Never driven a car or given up driving?
21	F33C15B	Char	1			IF YOU GAVE UP DRIVING: Was that mainly because...
22	F33C15C	Char	1			Difficulty driving during the daytime in familiar places?
23	F33C16	Char	1			How much difficulty do you have driving at night?
24	F33C16A	Char	1			Difficulty do you have driving in difficult conditions?
25	F33D17	Char	1			Do you accomplish less than you would like?
26	F33D18	Char	1			Limited in how long you can work or do other activities?
27	F33D19	Char	1			How much does pain or discomfort keep you from doing?
28	F33D20	Char	1			I stay home most of the time because of my eyesight
29	F33D21	Char	1			I feel frustrated a lot of the time because of my eyesight
30	F33D22	Char	1			I have much less control over what I do
31	F33D23	Char	1			I have to rely too much on what other people tell me
32	F33D24	Char	1			I need a lot of help from others because of my eyesight
33	F33D25	Char	1			I worry about doing things that will embarrass
34	FORM_	Char	8	$8.	$8.	Form name

Data Set Name: f0423_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	DBSEQNO	Num	8	2.		Sequence Number
4	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
5	FSASDATE	Num	8	MMDDYY10.		Date of Visit
6	FORM_	Char	8	$8.	$8.	FORM_
7	DBA5B	Num	8	1.		If date uncertain, check here:
8	DBA6	Num	8	MMDDYY10.		Date EDIC clinic learned of event
9	DBB1	Num	8	1.		Loss of consciousness
10	DBB10	Num	8	1.		None
11	DBB2	Num	8	1.		Seizure
12	DBB3	Num	8	1.		Suspected seizure
13	DBB4	Num	8	1.		Unusual difficulty in awakening
14	DBB5	Num	8	1.		Irrational
15	DBB7	Num	8	1.		Confusion
16	DBB8	Num	8	1.		Memory Loss
17	DBB9	Num	8	1.		Other clinical manifestation
18	DBC1	Num	8			Blood Glucose measured before treatment?
19	DBC2	Num	8			Blood Glucose measured by whom?
20	DBC3A	Num	8	3.		Blood Glucose Record Measurement(mg/ld)
21	DBC3B	Num	8	1.		Blood Glucose Record Meas. if unknown
22	DBC4	Num	8			Blood Glucose Method Used
23	DBC5	Num	8			Blood Glucose measured after treatment?
24	DBC6	Num	8			Blood Glucose measured by whom?
25	DBC7A	Num	8	3.		Blood Glucose Record Measurement(mg/ld)
26	DBC7B	Num	8	1.		Blood Glucose Record Meas. if unknown
27	DBC8	Num	8			Blood Glucose Method Used
28	CERTIF	Num	8	5.		Certification Number
29	DBCOMDAT	Num	8	MMDDYY10.		Date of Hypoglycemic event
30	DBD1	Num	8			Symptons reverse without treatment?
31	DBD2A	Num	8			Did patient receive assistance?
32	DBD2B	Num	8			Patient incapable of treating self?
33	DBD3	Num	8			Patient hospitalized?
34	DBD4A	Num	8	1.		Treatment: intravenous glucose
35	DBD4B	Num	8	1.		Treatment: glucagon
36	DBD4C	Num	8	1.		Treatment: oral carbohydrates

Num	Variable	Type	Len	Format	Informat	Label
37	DBD4D	Num	8	1.		Treatment: other
38	DBE1	Num	8	1.		Did associated events occur with hypoglycemia?
39	DBE1A	Num	8	1.		Associated Events: death
40	DBE1B	Num	8	1.		Associated Events: neurological/hospilization
41	DBE1C	Num	8	1.		Associated Events: myocardial infraction
42	DBE1D	Num	8	1.		Associated Events: stroke
43	DBE1E	Num	8	1.		Associated Events: injury/hospitalization
44	DBE1F	Num	8	1.		Associated Events: injury to another person
45	DBE1G	Num	8	1.		Associated Events: property damage
46	DBE1H	Num	8	1.		Associated Events: traffic violation
47	DBF1	Num	8			Treatment regimen hypoglycemic occur?
48	DBF2	Num	8			Pump malfunction suspected?
49	DBG1	Num	8			living arrangement of patient
50	DBG2A	Num	8	1.		Parents w/patient @ onset of symptoms
51	DBG2B	Num	8	1.		Classmates w/patient @ onset of symptoms
52	DBG2C	Num	8	1.		Passerby w/patient @ onset of symptoms
53	DBG2D	Num	8	1.		Other w/patient @ onset of symptoms
54	DBG2E	Num	8	1.		Patient alone @ onset of symptoms
55	DBG2F	Num	8	1.		Unknown: @ onset of symptoms
56	DBG3	Num	8			Person capable of recognizing symptoms
57	DBG4	Num	8			Severity of hypoglycemic episode
58	DBG5A	Num	8	1.		Administer oral carbohydrates
59	DBG5B	Num	8	1.		Administer glucagon
60	DBG5C	Num	8	1.		Called paramedics
61	DBG5D	Num	8	1.		Unknown action
62	DBG5E	Num	8	1.		Other action
63	DBH1A	Num	8			Time of onset of episode
64	DBH1B	Num	8	TIME5.		Record time if known
65	DBH1C	Num	8			Record time if known (am, pm, unk)
66	DBH2	Num	8			Onset of hypoglycemia occured:
67	DBI1	Num	8			locale @ onset of episode
68	DBI2A	Num	8			Symptoms prior to episode
69	DBI2B	Num	8			Hypoglycemia symptoms by patient
70	DBI2C	Num	8			Hypoglycemia symptoms by another person
71	DBJ10A	Num	8			Pt carry something to treat reactions?
72	DBJ10B	Num	8			Did pt have something to treat reactions?
73	DBJ1A	Num	8			Exercise 4 hrs before hypoglycemia event
74	DBJ1B	Num	8			Was this unusal for this patient?
75	DBJ1C	Num	8			Exercise 24 hrs prior hypoglycemia event

Num	Variable	Type	Len	Format	Informat	Label
76	DBJ1D	Num	8			Was this unusal for this patient?
77	DBJ2A1	Num	8	1.		Diet same 4 hr: Missed meal
78	DBJ2A2	Num	8	1.		Diet same 4 hr: Missed snack
79	DBJ2A3	Num	8	1.		Diet same 4 hr: Missed unknown
80	DBJ2A4	Num	8	1.		Diet same 4 hr: Delayed meal
81	DBJ2A5	Num	8	1.		Diet same 4 hr: Delayed snack
82	DBJ2A6	Num	8	1.		Diet same 4 hr: Delayed unknown
83	DBJ2A7	Num	8	1.		Diet same 4 hr: Ate < usual (NO)
84	DBJ2A8	Num	8	1.		Diet same 4 hr: Ate < usual (YES)
85	DBJ2A9	Num	8	1.		Diet same 4 hr: Ate < usual (UNKNOWN)
86	DBJ2B1	Num	8	1.		Diet prior 24 hr: Missed meal
87	DBJ2B2	Num	8	1.		Diet prior 24 hr: Missed snack
88	DBJ2B3	Num	8	1.		Diet prior 24 hr: Missed unknown
89	DBJ2B4	Num	8	1.		Diet prior 24 hr: Delayed meal
90	DBJ2B5	Num	8	1.		Diet prior 24 hr: Delayed snack
91	DBJ2B6	Num	8	1.		Diet prior 24 hr: Delayed unknown
92	DBJ2B7	Num	8	1.		Diet prior 24 hr: Ate < usual (NO)
93	DBJ2B8	Num	8	1.		Diet prior 24 hr: Ate < usual (YES)
94	DBJ2B9	Num	8	1.		Diet prior 24 hr: Ate < usual (UNKNOWN)
95	DBJ3A1	Num	8			Deviations from usual same 4 hr period
96	DBJ3A2	Num	8			Deviations from usual prior 24 hr period
97	DBJ3B1	Num	8			Deviations from timing 4 hr period
98	DBJ3B2	Num	8			Deviations from timing 24 hr period
99	DBJ4A	Num	8			Sexual activity same 4 hr period
100	DBJ4B	Num	8			Sexual activity prior 24 hr period
101	DBJ5A	Num	8			Alcohol/drugs same 4 hr period
102	DBJ5B	Num	8			Alcohol/drugs prior 24 hr period
103	DBJ6A1	Num	8			Self blood glucose monitoring
104	DBJ6A2	Num	8			Urine glucose monitoring
105	DBJ6B	Num	8	2.		# tests performed prior week
106	DBJ6C	Num	8			# tests performed 24 hrs to episode
107	DBJ6D	Num	8			Perform 3:am test wk prior to episode
108	DBJ6E	Num	8	3.		Record 3:00 am value
109	DBJ7A	Num	8			Pt menstruating at time of episode
110	DBJ7B	Num	8			Birth control at time of episode
111	DBJ7C1	Num	8			Characterize menstrual cycle
112	DBJ7C2	Num	8	2.		Characterize menstrual cycle: length
113	DBJ7D	Num	8			Blood/glucose fluctuate at time of menses?
114	DBJ8	Num	8			Recent stress wk prior to episode?

Num	Variable	Type	Len	Format	Informat	Label
115	DBJ9	Num	8			Potential contributing factors?
116	EDICYRB	Num	8	2.		Last EDIC Follow-upYear
117	FBB6	Num	8	1.		Uncontrollable behavior

Data Set Name: f0503_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date of Visit
4	EDICYEAR	Num	8	2.		EDIC YEAR
5	FORM_	Char	8	$8.	$8.	FORM_
6	EOB1	Num	8	1.		Legs/feet numb?
7	EOB10	Num	8	1.		Feel weak most of the time?
8	EOB11	Num	8	1.		Symptoms worse at night?
9	EOB12	Num	8	1.		Legs hurt when you walk?
10	EOB13	Num	8	1.		Sense feet when walking?
11	EOB14	Num	8	1.		Skin on feet crack from dryness?
12	EOB15	Num	8	1.		Had an amputation?
13	EOB2	Num	8	1.		Burning pain in legs/feet?
14	EOB3	Num	8	1.		Feet too sensitive?
15	EOB4	Num	8	1.		Muscle cramps in legs/feet?
16	EOB5	Num	8	1.		Prickling feelings in legs/feet?
17	EOB6	Num	8	1.		Hurt when bedding touch skin?
18	EOB7	Num	8	1.		Tell hot/cold water in tub?
19	EOB8	Num	8	1.		Open sore on your foot?
20	EOB9	Num	8	1.		Told you have Diabetic Neuropathy?
21	EOC2L	Num	8			LEFT Ulceration
22	EOC2R	Num	8			RIGHT Ulceration
23	EOC3L	Num	8			LEFT Ankle Reflexes
24	EOC3R	Num	8			RIGHT Ankle Reflexes
25	EOC4L	Num	8			LEFT VP at great toe
26	EOC4R	Num	8			RIGHT VPat great toe
27	EOC5L	Num	8			LEFT 10gm filament
28	EOC5R	Num	8			RIGHT 10gm filament
29	EOCAL	Num	8	1.		Normal
30	EOCB1L	Num	8			Deformities
31	EOCB2L	Num	8			Dry skin, callus
32	EOCB3L	Num	8			Infection
33	EOCB4L	Num	8			Fissure
34	EOCB5L	Num	8			Other
35	EOCAR	Num	8	1.		Normal
36	EOCB1R	Num	8			Deformities

Num	Variable	Type	Len	Format	Informat	Label
37	EOCB2R	Num	8			Dry skin, callus
38	EOCB3R	Num	8			Infection
39	EOCB4R	Num	8			Fissure
40	EOCB5R	Num	8			Other

Data Set Name: f0511.sas7bdat

Num	Variable	Type	Len	Label
1	CLINIC	Num	8	DEIDENTIFIED CLINIC
2	mask_pat	Num	8	DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	DATE FORM COMPLETED
4	F511B2D	Num	8	DATE EXPOSED TO 2ND TOXIN
5	F511B3D	Num	8	DATE EXPOSED TO 3RD TOXIN
6	F511B4D	Num	8	DATE EXPOSED TO 4TH TOXIN
7	EDICYEAR	Num	8	EDIC YEAR
8	F511A	Num	8	CONDITION OTHER THAN DIABETES THAT COULD CAUSE NEUROPATHY ?
9	F511B	Num	8	EXPOSURE TO KNOWN NEUROTOXINS ?
10	F511C	Num	8	FAMILY HISTORY OF NEUROMUSCULAR DISORDERS ?
11	F512A	Num	8	IS NUMBNESS PRESENT IN HANDS OR FEET ?
12	F512B	Num	8	IS DYSTHESIAS, PARESTHESIAS PRESENT IN HANDS OR FEET ?
13	F512C	Num	8	IS HYPERSENSITIVITY TO TOUCH PRESENT IN HANDS OR FEET ?
14	F512D	Num	8	IS BURNING/ACHING STABBING PAIN PRESENT IN HANDS OR FEET ?
15	F513A	Num	8	IS THE FOLLOWING MOTOR SYMPTOM PRESENT: ANKLE WEAKNESS ?
16	F513B	Num	8	IS THE FOLLOWING MOTOR SYMPTOM PRESENT: CRAMPS ?
17	F514A	Num	8	IS WEAKNESS ON STANDING RELIEVED BY LYING DOWN ?
18	F514B	Num	8	IS FAINTING ON STANDING RELIEVED BY LYING DOWN ?
19	F514C	Num	8	GASTROPARESIS: DYSPHAGIA (DIFFICULTY SWALLOWING) ?
20	F514D	Num	8	GASTROPARESIS: ANOREXIA ?
21	F514E	Num	8	GASTROPARESIS: NAUSEA ?
22	F514F	Num	8	GASTROPARESIS: VOMITING ?
23	F514G	Num	8	GASTROPARESIS: VAGUE FULLNESS AFTER MEAL ?
24	F514H	Num	8	DIABETIC DIARRHEA: NOCTURNAL DIARRHEA ?
25	F514I	Num	8	DIABETIC DIARRHEA: FECAL INCONTINENCE ?
26	F514J	Num	8	DIABETIC DIARRHEA: MORE THAN 20 BOWEL MOVEMENTS/DAY ?
27	F514K	Num	8	COLONIC ATONY: LESS THAN 2 BOWEL MOVEMENTS/WEEK ?
28	F514L	Num	8	COLONIC ATONY: LESS THAN 1 BOWEL MOVEMENTS/3 DAYS ?
29	F514M	Num	8	GENITOURINARY: IMPOTENCE(NOT DUE TO OTHER CAUSES) ?
30	F514N	Num	8	GENITOURINARY: RETROGRADE EJACULATION ?
31	F514O	Num	8	GENITOURINARY: OVERFLOW BLADDER INCONTINENCE ?
32	F514P	Num	8	GENITOURINARY: URINARY DRIBBLING ?
33	F514Q	Num	8	GENITOURINARY: INCOMPLETE BLADDER EMPTYING ?
34	F514R	Num	8	GENITOURINARY: INCREASED URINARY VOLUME ?
35	F514S	Num	8	GENITOURINARY: DECREASED URINARY FREQUENCY ?
36	F514T	Num	8	SUDOMOTOR ABNORMALITY: DIMINISHED SWEATING OF LEGS

Num	Variable	Type	Len	Label
37	F514U	Num	8	SUDOMOTOR ABNORMALITY: FEELING OF INCREASED SWEATING ELSEWHERE
38	F514V	Num	8	HYPOGLYCEMIC UNAWARENESS:DECREASED ADRENERGIC AWARENESS OF HYPOGLYCEMIA
39	F51C1A	Num	8	ABNORMALITIES OF PROXIMAL MUSCLES ?
40	F51C1B	Num	8	ABNORMALITIES OF DISTAL MUSCLES ?
41	F51C1C	Num	8	ABNORMALITIES OF SENSORY FUNCTION OF SMALL FIBERS ?
42	F51C1D	Num	8	ABNORMALITIES OF SENSORY FUNCTION OF LARGE FIBERS ?
43	F51C1E	Num	8	ABNORMALITIES OF GAIT AND COORDINATION ?
44	F51C2AR	Num	8	REFLEX PATTERN: BICEPS - RIGHT
45	F51C2AL	Num	8	REFLEX PATTERN: BICEPS - LEFT
46	F51C2BR	Num	8	REFLEX PATTERN: TRICEPS - RIGHT
47	F51C2BL	Num	8	REFLEX PATTERN: TRICEPS - LEFT
48	F51C2CR	Num	8	REFLEX PATTERN: BRACHIORADIALIS - RIGHT
49	F51C2CL	Num	8	REFLEX PATTERN: BRACHIORADIALIS - LEFT
50	F51C2DR	Num	8	REFLEX PATTERN: QUADRICEPS - RIGHT
51	F51C2DL	Num	8	REFLEX PATTERN: QUADRICEPS - LEFT
52	F51C2ER	Num	8	REFLEX PATTERN: GASTROC/SOLEUS - RIGHT
53	F51C2EL	Num	8	REFLEX PATTERN: GASTROC/SOLEUS - LEFT
54	F51D1A	Num	8	SYMPTOMS OF DISTAL SYMMETRICL POLYNEUROPATHY ?
55	F51D1B	Num	8	ABNORMAL SENSORY EXAM INDICATING DISTAL SYMMETRICL POLYNEUROPATHY ?
56	F55D1C	Num	8	BASED ON HISTORY & EXAM: DECREASED OR ABSENT DEEP TENDON REFLEXES ?
57	F51D2	Num	8	DOES PATIENT HAVE CLINICALLY-EVIDENT DIABETIC PERIPHERAL NEUROPATHY ?
58	F51D3	Num	8	IF PATIENT HAS DIABETIC NEUROPATHY IS IT DIFFUSE OR FOCAL ?
59	F51D4	Num	8	EVIDENCE OF A NEUROLOGICAL DISORDER OTHER THAN DIABETIC POLYNEUROPATHY?
60	F51A1	Num	8	CLINIC NUMBER
61	F511B1D	Char	10	DATE EXPOSED TO 1ST TOXIN

Data Set Name: f0522_2.sas7bdat

Num	Variable	Type	Len	Label
1	CLINIC	Num	8	DEIDENTIFIED CLINIC
2	mask_pat	Num	8	DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	DATE FORM COMPLETED
4	EBB1B	Num	8	MEDIAN NERVE(MOTOR): WRIST TO ABD. DISTAL LATENCY TO ONSET
5	EBB1C	Num	8	MEDIAN NERVE(MOTOR): WRIST TO ABD. AMPLITUDE(mV) BASELINE TO NEG. PEAK
6	EBB1D	Num	8	MEDIAN NERVE(MOTOR):ELBOW TO WRIST:TEMP.(MID-FOREARM) PRE-TESTING
7	EBB1E	Num	8	MEDIAN NERVE(MOTOR):ELBOW TO WRIST:DISTANCE (mm)
8	EBB1F	Num	8	MEDIAN NERVE(MOTOR):ELBOW TO WRIST:PROXIMAL LATENCY TO ONSET(msec)
9	EBB1G	Num	8	MEDIAN NERVE(MOTOR):ELBOW TO WRIST:CONDUCTION VELOCITY(m/sec)
10	EBB1H	Num	8	MEDIAN NERVE(MOTOR):ELBOW TO WRIST:AMPLITUDE(mV) BASELINE TO NEG. PEAK
11	EBB1I	Num	8	MEDIAN NERVE(MOTOR):ELBOW TO WRIST:TEMP.(MID-FOREARM) POST-TESTING
12	EBB1J	Num	8	MEDIAN NERVE(MOTOR):F-WAVE(STIMULATE WRIST)LATENCY(msec)SHORTEST OF 8
13	EBB2A	Num	8	MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:TEMP-MID-PALM PRE-TESTING
14	EBB2C	Num	8	MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:LATENCY TO ONSET(msec)NOT PEAK
15	EBB2D	Num	8	MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:CONDUCTION VELOCITY(m/sec)
16	EBB2F	Num	8	MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:TEMP.(MID-PLAM) POST-TESTING
17	EBB3B	Num	8	PERONEAL NERVE(MOTOR):ANKLE TO EXT DIG BREV:DISTAL LATENCY TO ONSET
18	EBB3C	Num	8	PERONEAL NERVE(MOTOR):ANKLE TO EXT DIG BREV: AMPLITUDE (mV)
19	EBB3D	Num	8	PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE: TEMP. PRE-TESTING
20	EBB3F	Num	8	PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:PROXIMAL LATENCY
21	EBB3G	Num	8	PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:CONDUCTION VELOCITY
22	EBB3H	Num	8	PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE: AMPLITUDE (mV)
23	EBB3I	Num	8	PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE:TEMP. POST TESTING
24	EBB3J	Num	8	PERONEAL NERVE(MOTOR): F-WAVE(STIMULATE ANKLE)LATENCY(msec) SHORTEST
25	EBB4A	Num	8	SURAL NERVE(SENSORY): TEMP. (LOWER CALF) PRE-TESTING
26	EBB4C	Num	8	SURAL NERVE(SENSORY): LATENCY TO ONSET (msec) (NOT PEAK)
27	EBB4D	Num	8	SURAL NERVE(SENSORY): CONDUCTION VELOCITY (m/sec)
28	EBB4F	Num	8	SURAL NERVE(SENSORY): TEMP. (LOWER CALF) POST-TESTING
29	EBB2E	Num	8	MEDIAN NERVE(SENSORY):DIGIT II TO WRIST:AMPLITUDE-BASELINE TO NEG PEAK
30	EBB4E	Num	8	SURAL NERVE(SENSORY): AMPLITUDE (BASELINE TO NEG. PEAK)
31	EDICYEAR	Num	8	EDIC YEAR
32	EBB2B	Num	8	MEDIAN NERVE(SENSORY):DIGIT II TO WRIST: DISTANCE (mm)
33	EBB3A	Num	8	PERONEAL NERVE(MOTOR):ANKLE TO EXT DIG BREV: DISTANCE (mm)
34	EBB3E	Num	8	PERONEAL NERVE(MOTOR):BELOW FIBULAR HEAD TO ANKLE: DISTANCE (mm)
35	EBB4B	Num	8	SURAL NERVE(SENSORY): DISTANCE (mm)
36	EBB1A	Num	8	MEDIAN NERVE(MOTOR): WRIST TO ABD. DISTANCE (mm)

Num	Variable	Type	Len	Label
37	EBA6	Num	8	PATIENT'S DOMINANT SIDE
38	EBA7	Num	8	WILL PATIENT'S DOMINANT SIDE BE TESTED ?

Data Set Name: f0541.sas7bdat

Num	Variable	Type	Len	Label
1	CLINIC	Num	8	DEIDENTIFIED CLINIC
2	mask_pat	Num	8	DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	DATE FORM COMPLETED
4	EDB4A	Num	8	1ST ERROR (VIBRATION UNITS): INDEX FINGER
5	EDB5A	Num	8	2ND ERROR (VIBRATION UNITS): INDEX FINGER
6	EDB7A	Num	8	4TH ERROR (VIBRATION UNITS): INDEX FINGER
7	EDB6A	Num	8	3RD ERROR (VIBRATION UNITS): INDEX FINGER
8	EDB8A	Num	8	5TH ERROR (VIBRATION UNITS): INDEX FINGER
9	EDB4B	Num	8	#1 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
10	EDB5B	Num	8	#2 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
11	EDB6B	Num	8	#3 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
12	EDB7B	Num	8	#4 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
13	EDB8B	Num	8	#5 LOWEST CORRECT (VIBRATION UNITS): INDEX FINGER
14	EDB4C	Num	8	1ST ERROR (VIBRATION UNITS): GREAT TOE
15	EDB5C	Num	8	2ND ERROR (VIBRATION UNITS): GREAT TOE
16	EDB6C	Num	8	3RD ERROR (VIBRATION UNITS): GREAT TOE
17	EDB7C	Num	8	4TH ERROR (VIBRATION UNITS): GREAT TOE
18	EDB8C	Num	8	5TH ERROR (VIBRATION UNITS): GREAT TOE
19	EDB4D	Num	8	#1 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
20	EDB5D	Num	8	#2 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
21	EDB6D	Num	8	#3 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
22	EDB7D	Num	8	#4 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
23	EDB8D	Num	8	#5 LOWEST CORRECT (VIBRATION UNITS): GREAT TOE
24	EDICYEAR	Num	8	EDIC YEAR
25	EDB1	Num	8	PATIENT'S DOMINANT SIDE
26	EDB2	Num	8	WILL THE PATIENT'S DOMINANT SIDE BE TESTED ?
27	EDB3A	Num	8	NUMBER OF TRIALS: INDEX FINGER
28	EDB3B	Num	8	NUMBER OF TRIALS: GREAT TOE
29	PROTVIOL	Num	8	PROTOCOL VIOLATION
30	QC	Num	8	1 = QC

Data Set Name: f0553.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date of Visit
4	OB10SKIN	Num	8			Abnormalities in skin exam
5	OB9CAR	Num	8			Abnormalities in cardiovascular exam
6	OB9CUFFA	Num	8			Doppler Brachial Cuff Size
7	OB9CUFFB	Num	8			Doppler BP Dorsalis Pedis Cuff Size
8	OB9CUFFC	Num	8			Doppler BP Posterior Tibial Cuff Size
9	OB9MEAS	Num	8	1.		Doppler BP - any not measured
10	OBC1	Num	8	1.		Bone/Blood Cancer Dx
11	OBC10	Num	8	1.		Other Cancer Diagnosis
12	OBC10A	Num	8	1.		Other Cancer Metastasized
13	OBC10B	Num	8	1.		Other Cancer Treat: Surgery
14	OBC10C	Num	8	1.		Other Cancer Treat: Chemotherapy
15	OBC10D	Num	8	1.		Other Cancer Treat: Radiation
16	OBC10E	Num	8	1.		Other Cancer Treat: Other
17	OBC10F	Num	8	1.		Other Cancer In Remission
18	OBC1A	Num	8	1.		Bone/Blood Cancer Metastasized
19	OBC1B	Num	8	1.		Bone Cancer Treat: Surgery
20	OBC1C	Num	8	1.		Bone Cancer Treat: Chemotherapy
21	OBC1D	Num	8	1.		Bone Cancer Treat: Radiation
22	OBC1E	Num	8	1.		Bone Cancer Treat: Other
23	OBC1F	Num	8	1.		Bone Cancer In Remission
24	OBC2	Num	8	1.		Breast Cancer Diagnosis
25	OBC2A	Num	8	1.		Breast Cancer Metastasized
26	OBC2B	Num	8	1.		Breast Cancer Treat: Surgery
27	OBC2C	Num	8	1.		Breast Cancer Treat: Chemotherapy
28	OBC2D	Num	8	1.		Breast Cancer Treat: Radiation
29	OBC2E	Num	8	1.		Breast Cancer Treat: Other
30	OBC2F	Num	8	1.		Breast Cancer In Remission
31	OBC3	Num	8	1.		Digestive Cancer Diagnosis
32	OBC3A	Num	8	1.		Digestive Cancer Metastasized
33	OBC3B	Num	8	1.		Digestive Cancer Treat: Surgery
34	OBC3C	Num	8	1.		Digestive Cancer Treat: Chemotherapy
35	OBC3D	Num	8	1.		Digestive Cancer Treat: Radiation
36	OBC3E	Num	8	1.		Digestive Cancer Treat: Other

Num	Variable	Type	Len	Format	Informat	Label
37	OBC3F	Num	8	1.		Digestive Cancer In Remission
38	OBC4	Num	8	1.		Head/Neck Cancer Diagnosis
39	OBC4A	Num	8	1.		Head/Neck Cancer Metastasized
40	OBC4B	Num	8	1.		Head/Neck Cancer Treat: Surgery
41	OBC4C	Num	8	1.		Head/Neck Cancer Treat: Chemotherapy
42	OBC4D	Num	8	1.		Head/Neck Cancer Treat: Radiation
43	OBC4E	Num	8	1.		Head/Neck Cancer Treat: Other
44	OBC4F	Num	8	1.		Head/Neck Cancer In Remission
45	OBC5	Num	8	1.		Prostate Cancer Diagnosis
46	OBC5A	Num	8	1.		Prostate Cancer Metastasized
47	OBC5B	Num	8	1.		Prostate Cancer Treat: Surgery
48	OBC5C	Num	8	1.		Prostate Cancer Treat: Chemotherapy
49	OBC5D	Num	8	1.		Prostate Cancer Treat: Radiation
50	OBC5E	Num	8	1.		Prostate Cancer Treat: Other
51	OBC5F	Num	8	1.		Prostate Cancer In Remission
52	OBC6	Num	8	1.		Reproductive Cancer Diagnosis
53	OBC6A	Num	8	1.		Reproductive Cancer Metastasized
54	OBC6B	Num	8	1.		Reproductive Cancer Treat: Surgery
55	OBC6C	Num	8	1.		Reproductive Cancer Treat: Chemotherapy
56	OBC6D	Num	8	1.		Reproductive Cancer Treat: Radiation
57	OBC6E	Num	8	1.		Reproductive Cancer Treat: Other
58	OBC6F	Num	8	1.		Reproductive Cancer In Remission
59	OBC7	Num	8	1.		Skin Cancer, Melanoma Diagnosis
60	OBC7A	Num	8	1.		Skin Cancer, Melanoma Metastasized
61	OBC7B	Num	8	1.		Skin Cancer, Melanoma Treat: Surgery
62	OBC7C	Num	8	1.		Skin Cancer, Melanoma Treat: Chemotherapy
63	OBC7D	Num	8	1.		Skin Cancer, Melanoma Treat: Radiation
64	OBC7E	Num	8	1.		Skin Cancer, Melanoma Treat: Other
65	OBC7F	Num	8	1.		Skin Cancer, Melanoma In Remission
66	OBC8	Num	8	1.		Thoracic Cancer Diagnosis
67	OBC8A	Num	8	1.		Thoracic Cancer Metastasized
68	OBC8B	Num	8	1.		Thoracic Cancer Treat: Surgery
69	OBC8C	Num	8	1.		Thoracic Cancer Treat: Chemotherapy
70	OBC8D	Num	8	1.		Thoracic Cancer Treat: Radiation
71	OBC8E	Num	8	1.		Thoracic Cancer Treat: Other
72	OBC8F	Num	8	1.		Thoracic Cancer In Remission
73	OBC9	Num	8	1.		Urinary Cancer Diagnosis
74	OBC9A	Num	8	1.		Urinary Cancer Metastasized
75	OBC9B	Num	8	1.		Urinary Cancer Treat: Surgery

Num	Variable	Type	Len	Format	Informat	Label
76	OBC9C	Num	8	1.		Urinary Cancer Treat: Chemotherapy
77	OBC9D	Num	8	1.		Urinary Cancer Treat: Radiation
78	OBC9E	Num	8	1.		Urinary Cancer: Treat Other
79	OBC9F	Num	8	1.		Urinary Cancer In Remission
80	OBCAN	Num	8	1.		Historical Cancer Info Completed in Past
81	OBCAN1	Num	8	1.		Ever diagnosed w/Cancer
82	OBCANDT	Num	8	MMDDYY10.		Cancer Diagnosis Date
83	OBCUFFRA	Num	8			SBP Cuff Size - 1st measurement
84	OBCUFFRB	Num	8			DBP Cuff Size - 1st measurement
85	OBCUFFRC	Num	8			SBP Cuff Size - 2nd measurement
86	OBCUFFRD	Num	8			DBP Cuff Size - 2nd measurement
87	OBD1	Num	8	1.		Bone/Blood Cancer Diagnosis
88	OBD10	Num	8	1.		Other Cancer Diagnosis
89	OBD10A	Num	8	1.		Other Cancer Status Change
90	OBD10B	Num	8	1.		Other Cancer Metastasized
91	OBD10C	Num	8	1.		Other Cancer Treat: Surgery
92	OBD10D	Num	8	1.		Other Cancer Treat: Chemotherapy
93	OBD10E	Num	8	1.		Other Cancer Treat: Radiation
94	OBD10F	Num	8	1.		Other Cancer Treat: Other
95	OBD10G	Num	8	1.		Other Cancer In Remission
96	OBD1A	Num	8	1.		Bone/Blood Cancer Status Change
97	OBD1B	Num	8	1.		Bone Cancer Metastasized
98	OBD1C	Num	8	1.		Bone Cancer Treat: Surgery
99	OBD1D	Num	8	1.		Bone Cancer Treat: Chemotherapy
100	OBD1E	Num	8	1.		Bone Cancer Treat: Radiation
101	OBD1F	Num	8	1.		Bone Cancer Treat: Other
102	OBD1G	Num	8	1.		Bone Cancer In Remission
103	OBD2	Num	8	1.		Breast Cancer Diagnosis
104	OBD2A	Num	8	1.		Breast Cancer Status Change
105	OBD2B	Num	8	1.		Breast Cancer Metastasized
106	OBD2C	Num	8	1.		Breast Cancer Treat: Surgery
107	OBD2D	Num	8	1.		Breast Cancer Treat: Chemotherapy
108	OBD2E	Num	8	1.		Breast Cancer Treat: Radiation
109	OBD2F	Num	8	1.		Breast Cancer Treat: Other
110	OBD2G	Num	8	1.		Breast Cancer In Remission
111	OBD3	Num	8	1.		Digestive Cancer Diagnosis
112	OBD3A	Num	8	1.		Digestive Cancer Status Change
113	OBD3B	Num	8	1.		Digestive Cancer Metastasized
114	OBD3C	Num	8	1.		Digestive Cancer Treat: Surgery

Num	Variable	Type	Len	Format	Informat	Label
115	OBD3D	Num	8	1.		Digestive Cancer Treat: Chemotherapy
116	OBD3E	Num	8	1.		Digestive Cancer Treat: Radiation
117	OBD3F	Num	8	1.		Digestive Cancer Treat: Other
118	OBD3G	Num	8	1.		Digestive Cancer In Remission
119	OBD4	Num	8	1.		Head/Neck Cancer Diagnosis
120	OBD4A	Num	8	1.		Head/Neck Cancer Status Change
121	OBD4B	Num	8	1.		Head/Neck Cancer Metastasized
122	OBD4C	Num	8	1.		Head/Neck Cancer Treat: Surgery
123	OBD4D	Num	8	1.		Head/Neck Cancer Treat: Chemotherapy
124	OBD4E	Num	8	1.		Head/Neck Cancer Treat: Radiation
125	OBD4F	Num	8	1.		Head/Neck Cancer Treat: Other
126	OBD4G	Num	8	1.		Head/Neck Cancer In Remission
127	OBD5	Num	8	1.		Prostate Cancer Diagnosis
128	OBD5A	Num	8	1.		Prostate Cancer Status Change
129	OBD5B	Num	8	1.		Prostate Cancer Metastasized
130	OBD5C	Num	8	1.		Prostate Cancer Treat: Surgery
131	OBD5D	Num	8	1.		Prostate Cancer Treat: Chemotherapy
132	OBD5E	Num	8	1.		Prostate Cancer Treat: Radiation
133	OBD5F	Num	8	1.		Prostate Cancer Treat: Other
134	OBD5G	Num	8	1.		Prostate Cancer In Remission
135	OBD6	Num	8	1.		Reproductive Cancer Diagnosis
136	OBD6A	Num	8	1.		Reproductive Cancer Status Change
137	OBD6B	Num	8	1.		Reproductive Cancer Metastasized
138	OBD6C	Num	8	1.		Reproductive Cancer Treat: Surgery
139	OBD6D	Num	8	1.		Reproductive Cancer Treat: Chemotherapy
140	OBD6E	Num	8	1.		Reproductive Cancer Treat: Radiation
141	OBD6F	Num	8	1.		Reproductive Cancer Treat: Other
142	OBD6G	Num	8	1.		Reproductive Cancer In Remission
143	OBD7	Num	8	1.		Skin Cancer, Melanoma Diagnosis
144	OBD7A	Num	8	1.		Skin Cancer, Melanoma Status Change
145	OBD7B	Num	8	1.		Skin Cancer, Melanoma Metastasized
146	OBD7C	Num	8	1.		Skin Cancer, Melanoma Treat: Surgery
147	OBD7D	Num	8	1.		Skin Cancer, Melanoma Treat: Chemotherapy
148	OBD7E	Num	8	1.		Skin Cancer, Melanoma Treat: Radiation
149	OBD7F	Num	8	1.		Skin Cancer, Melanoma Treat: Other
150	OBD7G	Num	8	1.		Skin Cancer, Melanoma In Remission
151	OBD8	Num	8	1.		Thoracic Cancer Diagnosis
152	OBD8A	Num	8	1.		Thoracic Cancer Status Change
153	OBD8B	Num	8	1.		Thoracic Cancer Metastasized

Num	Variable	Type	Len	Format	Informat	Label
154	OBD8C	Num	8	1.		Thoracic Cancer Treat: Surgery
155	OBD8D	Num	8	1.		Thoracic Cancer Treat: Chemotherapy
156	OBD8E	Num	8	1.		Thoracic Cancer Treat: Radiation
157	OBD8F	Num	8	1.		Thoracic Cancer Treat: Other
158	OBD8G	Num	8	1.		Thoracic Cancer In Remission
159	OBD9	Num	8	1.		Urinary Cancer Diagnosis
160	OBD9A	Num	8	1.		Urinary Cancer Status Change
161	OBD9B	Num	8	1.		Urinary Cancer Metastasized
162	OBD9C	Num	8	1.		Urinary Cancer Treat: Surgery
163	OBD9D	Num	8	1.		Urinary Cancer Treat: Chemotherapy
164	OBD9E	Num	8	1.		Urinary Cancer Treat: Radiation
165	OBD9F	Num	8	1.		Urinary Cancer Treat: Other
166	OBD9G	Num	8	1.		Urinary Cancer In Remission
167	OBDCAN2	Num	8	1.		Since last eval. was pt diagnosed w/cancer
168	OBDCAN3	Num	8	1.		Since last eval. change in cancer status
169	OBDCANDT	Num	8	MMDDYY10.		Cancer Diagnosis Date
170	OBDIASRB	Num	8	3.		Diastolic BP (mm Hg) - 1st measurement
171	OBDIASRD	Num	8	3.		Diastolic BP (mm Hg) - 2nd measurement
172	OBHIBLP	Num	8	1.		Blood pressure (>=140 sys or >=90 dias)
173	OBHIBLPF	Num	8	1.		Blood pressure (>=130 sys or >=80 dias)
174	OBP1	Num	8	1.		any prescription drugs (other than insulin) (n/y)
175	OBP2	Num	8	1.		any over-the-counter drugs (n/y)
176	OBP3	Num	8	1.		Vitamin supplements (n/y)
177	OBPULSE	Num	8	3.		Pulse (bpm)
178	OBQ1	Num	8	1.		Physical Examination
179	OBQ12AL	Num	8			Ulceration - Left Side
180	OBQ12AR	Num	8			Ulceration - Right Side
181	OBQ12BL	Num	8			Gangrene - Left Side
182	OBQ12BR	Num	8			Gangrene - Right Side
183	OBQ12CL	Num	8			Necrobiosis - Left Side
184	OBQ12CR	Num	8			Necrobiosis - Right Side
185	OBQ12GL	Num	8			Deformity - Left Side
186	OBQ12GR	Num	8			Deformity - Right Side
187	OBQ13A	Num	8			Injection Site - Lipoatrophy
188	OBQ13B	Num	8			Injection Site - Lipohypertrophy
189	OBQ13C	Num	8			Injection Site - Inflamation
190	OBQ14A	Num	8			Feet: Ulcers
191	OBQ14B	Num	8			Feet: Infection
192	OBQ14C	Num	8			Feet: Abnormal Toenails

Num	Variable	Type	Len	Format	Informat	Label
193	OBQ14C1	Num	8			Feet: Amputation
194	OBQ14D	Num	8			Feet: Other
195	OBQ15	Num	8	1.		Other Abnormalties Noted
196	OBQ15A	Num	8	1.		New on Medical History
197	OBQ1A	Num	8	5.1		Weight (kg) - 1st measurement
198	OBQ1B	Num	8	5.1		Weight (kg) - 2nd measurement
199	OBQ1C	Num	8	5.1		Weight (kg) - 3rd measurement
200	OBQ1D	Num	8	5.1		Weight (kg) - 4th measurement
201	OBQ3A	Num	8	5.1		Height (cm) - 1st measurement
202	OBQ3B	Num	8	5.1		Height (cm) - 2nd measurement
203	OBQ3C	Num	8	5.1		Height (cm) - 3rd measurement
204	OBQ3D	Num	8	5.1		Height (cm) - 4th measurement
205	OBQ4A	Num	8	5.1		Waist Natural (cm) - 1st measurement
206	OBQ4ATRO	Num	8	1.		Waist Natural: Lipoatro Present
207	OBQ4B	Num	8	5.1		Waist Natural (cm) - 2nd measurement
208	OBQ4C	Num	8	5.1		Waist Natural (cm) - 3rd measurement
209	OBQ4D	Num	8	5.1		Waist Natural (cm) - 4th measurement
210	OBQ4HYPE	Num	8	1.		Waist Natural: Lipohyp Present
211	OBQ5A	Num	8	5.1		Waist Iliac (cm) - 1st measurement
212	OBQ5ATRO	Num	8	1.		Waist Iliac: Lipoatro Present
213	OBQ5B	Num	8	5.1		Waist Iliac (cm) - 2nd measurement
214	OBQ5C	Num	8	5.1		Waist Iliac (cm) - 3rd measurement
215	OBQ5D	Num	8	5.1		Waist Iliac (cm) - 4th measurement
216	OBQ5HYPE	Num	8	1.		Waist Iliac: Lipohyp Present
217	OBQ6A	Num	8	5.1		Hip Circumf (cm) - 1st measurement
218	OBQ6ATRO	Num	8	1.		Hip Cicumference: Lipoatro Present
219	OBQ6B	Num	8	5.1		Hip Circumf (cm) - 2nd measurement
220	OBQ6C	Num	8	5.1		Hip Circumf (cm) - 3rd measurement
221	OBQ6D	Num	8	5.1		Hip Circumf (cm) - 4th measurement
222	OBQ6HYPE	Num	8	1.		Hip Circumference: Lipohyp Present
223	OBQ9AL	Num	8	3.		Doppler BP Left Brachial
224	OBQ9AR	Num	8	3.		Doppler BP Right Brachial
225	OBQ9BL	Num	8	3.		Doppler BP Left Dorsalis Pedis
226	OBQ9BR	Num	8	3.		Doppler BP Right Dorsalis Pedis
227	OBQ9CL	Num	8	3.		Doppler BP Left Posterior Tibial
228	OBQ9CR	Num	8	3.		Doppler BP Right Posterior Tibial
229	OBR1	Num	8	1.		Contact w/pt since last annual visit
230	OBR2	Num	8	2.		Number Contacts Since Last Annual Visit
231	OBR2A	Num	8	1.		Contact w/pt more than once per month

Num	Variable	Type	Len	Format	Informat	Label
232	OBR3A	Num	8	1.		Contact: Telephone call
233	OBR3B	Num	8	1.		Contact: in person
234	OBR3C	Num	8	1.		Contact: Card, letter, or email
235	OBR3D	Num	8	1.		Contact: Newsletter or University Publication
236	OBR3E	Num	8	1.		Contact: Other
237	OBSYSTRA	Num	8	3.		Systolic BP (mm Hg) - 1st measurement
238	OBSYSTRC	Num	8	3.		Systolic BP (mm Hg) - 2nd measurement
239	OBJ6A	Num	8	1.		PSY Event: Nervousness or Anxiety
240	OBJ6B	Num	8	1.		PSY Event: Unreasonable Fears
241	OBJ6C	Num	8	1.		PSY Event: Eating Disturbance
242	OBJ6D	Num	8	1.		PSY Event: Affective Disorder
243	OBJ6E	Num	8	1.		PSY Event: Suicide Ideation
244	OBJ6F	Num	8	1.		PSY Event: Suicide Attempt
245	OBJ6G	Num	8	1.		PSY Event: Criminal Conduct
246	OBJ6H	Num	8	1.		PSY Event: Psych Tx Include Tranquilizers
247	OBJ6I	Num	8	1.		PSY Event: Other Psych Condition
248	OBJ7	Num	8	1.		Major Accidents
249	OBK1	Num	8	1.		Renal: Cystitis
250	OBK2	Num	8	1.		Renal: Pyelonephritis
251	OBK3	Num	8	1.		Renal: Uncontrollable Hypertension
252	OBK4	Num	8	1.		Renal: Edema
253	OBK5	Num	8	1.		Renal: Dialysis
254	OBK6	Num	8	1.		Renal: Renal Transplantation
255	OBK7	Num	8	1.		Renal: Pancreas Transplantation
256	OBK8	Num	8	1.		Renal: Other Complications
257	OBL10L	Num	8	1.		Other Eye Problems L-Eye
258	OBL10R	Num	8	1.		Other Eye Problems R-Eye
259	OBL11	Num	8	1.		Referred to Opthamologist From This Exam
260	OBL1AL	Num	8	1.		Blurred/Reduced Vision L-Eye
261	OBL1AR	Num	8	1.		Blurred/Reduced Vision R-Eye
262	OBL1AVL	Num	8	1.		Change in Vision L-Eye
263	OBL1AVR	Num	8	1.		Change in Vision R-Eye
264	OBL2AL	Num	8	1.		Floaters/Flashing Lights L-Eye
265	OBL2AR	Num	8	1.		Floaters/Flashing Lights R-Eye
266	OBL3AR	Num	8	1.		Eye enucleated R-Eye
267	OBL3BL	Num	8	1.		Eye Enucleated L-Eye
268	OBL3CR	Num	8	1.		R-Eye Enucleated Since Last Visit
269	OBL3DL	Num	8	1.		L-Eye Enucleated Since Last Visit
270	OBL4AR	Num	8	1.		Ocular Surgery R-Eye Since Last Visit

Num	Variable	Type	Len	Format	Informat	Label
271	OBL4BL	Num	8	1.		Ocular Surgery L-Eye Since Last Visit
272	OBL4CR	Num	8	1.		Corneal Transplant R-Eye
273	OBL4DL	Num	8	1.		Corneal Transplant L-Eye
274	OBL4ER	Num	8	1.		Other Corneal Surgery R-Eye
275	OBL4FL	Num	8	1.		Other Corneal Surgery L-Eye
276	OBL4GR	Num	8	1.		Procedure to Lower IOP R-Eye
277	OBL4HL	Num	8	1.		Procedure to Lower IOP L-Eye
278	OBL4IR	Num	8	1.		Cataract Extraction R-Eye
279	OBL4JL	Num	8	1.		Cataract Extraction L-Eye
280	OBL4KR	Num	8	1.		Vitrectomy R-Eye
281	OBL4LL	Num	8	1.		Vitrectomy L-Eye
282	OBL4MR	Num	8	1.		Retinal Detachment Surgery R-Eye
283	OBL4NL	Num	8	1.		Retinal Detachment Surgery L-Eye
284	OBL4OR	Num	8	1.		Other Surgery R-Eye
285	OBL4PL	Num	8	1.		Other Surgery L-Eye
286	OBL5AR	Num	8	1.		Photocoagulation R-Eye
287	OBL5BL	Num	8	1.		Photocoagulation L-Eye
288	OBL5CR	Num	8	1.		Scatter Trestment R-Eye
289	OBL5DL	Num	8	1.		Scatter Treatment L-Eye
290	OBL5ER	Num	8	1.		Focal Treatment R-Eye
291	OBL5FL	Num	8	1.		Focal Treatment L-Eye
292	OBL5GR	Num	8	1.		Other Treatment R-Eye
293	OBL5HL	Num	8	1.		Other Treatment L-Eye
294	OBL6AR	Num	8	1.		Diagnosis Glaucoma R-Eye
295	OBL6BL	Num	8	1.		Diagnosis Glaucoma L-Eye
296	OBL7AR	Num	8	1.		Used Prescription Meds R-Eye
297	OBL7BL	Num	8	1.		Used Prescription Meds L-Eye
298	OBL8AR	Num	8	1.		Ocular Treat Since Last Annual Visit R-Eye
299	OBL8BL	Num	8	1.		Ocular Treat Since Last Annual Visit L-Eye
300	OBL9AR	Num	8	1.		Symptoms Vitreous Hemmorhage R-Eye
301	OBL9BL	Num	8	1.		Symptoms Vitreous Hemmorhage L-Eye
302	OBM1	Num	8	1.		Neuro: Paresthesias in Hand/Feet
303	OBM10	Num	8	1.		Neuro: Impotence
304	OBM11	Num	8	1.		Neuro: Sym Comp w/Focal Neuropathy
305	OBM12	Num	8	1.		Neuro: Other Neurologic Problems
306	OBM13	Num	8	1.		Neuro: Referred to Neurologist per This Visit
307	OBM14	Num	8	1.		Neuro: Told You Have Gastroparesis
308	OBM14A	Num	8	1.		Neuro: Gastroparesis Confirmed by Test
309	OBM15	Num	8	1.		Neuro: Recurrent Constipation

Num	Variable	Type	Len	Format	Informat	Label
310	OBM16	Num	8	1.		Neuro: Recurrent Urinary Incontinence
311	OBM16A	Num	8	1.		Neuro: Stress Incontinence
312	OBM16B	Num	8	1.		Neuro: Urge Incontinence
313	OBM16C	Num	8	1.		Neuro: Mixed Incontinence
314	OBM16D	Num	8	1.		Neuro: Overflow Incontinence
315	OBM16E	Num	8	1.		Neuro: Functional Incontinence
316	OBM17	Num	8	1.		Neuro: Female Sexual Dysfunction
317	OBM1I	Num	8	1.		Neuro: If Pain, Taking Meds for Pain
318	OBM2	Num	8	1.		Neuro: Unexplained Muscle Weakness
319	OBM3	Num	8	1.		Neuro: Vomiting/Bloating after Meals
320	OBM4	Num	8	1.		Neuro: Presistent/Recurrent Diarrhea
321	OBM5	Num	8	1.		Neuro: Diarrhea w/Fecal Incontinence
322	OBM6	Num	8	1.		Neuro: Urinary Retention
323	OBM7	Num	8	1.		Neuro: Dizziness or Lightheadedness
324	OBM8	Num	8	1.		Neuro: Fainting (not assoc w/Hypoglycemia)
325	OBM9	Num	8	1.		Neuro: Seizure (not assoc w/Hypoglycemia)
326	OBN1A	Num	8	1.		Infect: Cutaneous/Muocutaneous
327	OBN1B	Num	8	1.		Infect: Post-Op / Deep Wound
328	OBN1C	Num	8	1.		Infect: Gangrene
329	OBN1D	Num	8	1.		Infect: Mono Epididmitis Measles Chicken Pox
330	OBN1E	Num	8	1.		Infect: At Insertion Site for Insulin Admin
331	OBN2A	Num	8	1.		Surgery - Inpatient
332	OBN2B	Num	8	1.		Out-Patient Procedures
333	OBN3	Num	8	1.		Autoimmune Endocrine Diagnosis
334	OBN3A	Num	8	1.		AI: Hashimotos Disease (Hypothyroid)
335	OBN3B	Num	8	1.		AI: Addisons Disease
336	OBN3C	Num	8	1.		AI: Pernicious Anemia
337	OBN3F	Num	8	1.		AI: Ulcerative Colitis
338	OBN3G	Num	8	1.		AI: Crohns Disease
339	OBN3H	Num	8	1.		AI: Systemic Lupus Erythematosus
340	OBN3I	Num	8	1.		AI: Rheumatoid Arthritis
341	OBN3J	Num	8	1.		AI: Multiple Sclerosis
342	OBN3K	Num	8	1.		AI: Celiac Sprue
343	OBN3L	Num	8	1.		AI: Graves Disease (Hyperthyroid)
344	OBN3M	Num	8	1.		AI: Vitiligo
345	OBN3N	Num	8	1.		AI: Alopecia
346	OBN3O	Num	8	1.		AI: Other
347	OBO1A	Num	8	1.		Vaginal Itching or Discharge
348	OBO1B	Num	8	1.		Vaginal Itching / Discharge - Treated

Num	Variable	Type	Len	Format	Informat	Label
349	OBO2A	Num	8	1.		Does Patient Menstruate
350	OBO2B	Num	8	MMDDYY10.		Date Last Menstrual Period
351	OBO2C	Num	8	1.		Last Menstrual Period > 5 wks ago
352	OBO2D	Num	8	1.		Was Pregnancy Test Performed
353	OBO2E	Num	8	1.		Is Patient Currently Pregnant
354	OBO2E1DT	Num	8	MMDDYY10.		Est Date of Conception
355	OBO3	Num	8	1.		Completed/Terminated Pregnancy Since Last Visit
356	OBO3ADT	Num	8	MMDDYY10.		Est Date of Conception
357	OBO3BDT	Num	8	MMDDYY10.		Est Date of Termination / Delivery
358	OBO4A	Num	8			Nodules in Breast
359	OBO4B	Num	8			Breast Cancer
360	OBO4C	Num	8			Breast Discharge
361	OBO4D	Num	8			Irregular Menses
362	OBO4E	Num	8			Dysmenorrhea
363	OBO5	Num	8	1.		Other Signif Gynecologic Conditions
364	OBO6	Num	8	1.		Ever Used Oral Contraceptives
365	OBO7	Num	8	1.		Used Other Form Birth Control
366	OBO8A	Num	8			Menstrual Period Ceased
367	OBO8B	Num	8			Menses Ceased - Permanently
368	OBO8B1	Num	8	1.		Menses Ceased (in past)
369	OBO8C	Num	8	2.		At What Age Did Periods Cease
370	OBO8D	Num	8			Periods Ceased - what reason
371	OBO8E1	Num	8	1.		Surgery: Both Ovaries Removed
372	OBO8E2	Num	8	1.		Surgery: Only One Ovary Removed
373	OBO8E3	Num	8	1.		Surgery: Only Uterus Removed
374	OBO8F	Num	8	1.		After Menopause, HRT Taken
375	OBO8G	Num	8	3.		After Menopause, HRT for how long?
376	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
377	FORM_	Char	8	$8.	$8.	FORM_
378	OB7030BE	Num	8	2.		Human 70/30[;]Bedtime
379	OB7030BR	Num	8	2.		Human 70/30[;]Breakfast
380	OB7030LU	Num	8	2.		Human 70/30[;]Lunch
381	OB7030OT	Num	8	2.		Human 70/30[;]Other
382	OB7030SU	Num	8	2.		Human 70/30[;]Supper
383	OB7525BE	Num	8	2.		Human 75/25[;]Bedtime
384	OB7525BK	Num	8	2.		Human 75/25[;]Breakfast
385	OB7525LU	Num	8	2.		Human 75/25[;]Lunch
386	OB7525OT	Num	8	2.		Human 75/25[;]Other
387	OB7525SU	Num	8	2.		Human 75/25[;]Supper

Num	Variable	Type	Len	Format	Informat	Label
388	OB7B1	Num	8	1.		Patient adjust usual insulin regimen?
389	OB7E1	Num	8			Adjust usual insulin regimen - Glucose Montoring?
390	OB7E2	Num	8			Adjust usual insulin regimen - Food Intake?
391	OB7E3	Num	8			Adjust usual insulin regimen - Exercise?
392	OB7E4	Num	8			Adjust usual insulin regimen - Hypoglycemia?
393	OB7E4A	Num	8			Adjust usual insulin regimen - Illness?
394	OB7E6	Num	8			Adjust usual insulin regimen - Other?
395	OBAPIBET	Num	8	2.		Apidra[;]Bedtime
396	OBAPIBRK	Num	8	2.		Apidra[;]Breakfast
397	OBAPIDRA	Num	8			Type of Insulin -Apidra
398	OBAPILUN	Num	8	2.		Apidra[;]Lunch
399	OBAPIOTH	Num	8	2.		Apidra[;]Other
400	OBAPISUP	Num	8	2.		Apidra[;]Supper
401	OBDRINK1	Num	8	1.		At Least One Alcoholic Beverage per Week
402	OBDRINK2	Num	8	2.		Bottles of Beer in Last 7 Days
403	OBDRINK3	Num	8	2.		Bottles of Light Beer in Last 7 Days
404	OBDRINK4	Num	8	2.		Glasses of Wine in Last 7 Days
405	OBDRINK5	Num	8	2.		Hard Liquor in Last 7 Days
406	OBEXER1	Num	8			Patient Level of Activity
407	OBF4	Num	8	1.		Describing Insulin Regimen
408	OBF4A	Num	8	3.		Insulin - Total number units per day
409	OBF5A	Num	8	2.		Different BASAL RATES per day
410	OBF5B	Num	8	2.		Different BASAL UNITS per day
411	OBF5C	Num	8	1.		Techn. Problems - INSULIN INFUSION PUMP
412	OBF7A	Num	8			Self Blood Glucose Monitoring
413	OBF7B	Num	8	2.		Freq per Day - Self Blood Glucose Monitoring
414	OBFRIDIJ	Num	8	1.		Guardian Disabled: Diabetes Related
415	OBFRIED	Num	8	20.		Guardian/Friend Education Level
416	OBFRIJOB	Num	8	20.		Guardian/Friend Occupation
417	OBFRINOJ	Num	8	1.		Guardian/Friend Unemploy/Retired
418	OBHU7030	Num	8			Type of Insulin - Human 70/30
419	OBHU7525	Num	8			Type of Insulin - Humalog 75/25
420	OBHULBET	Num	8	2.		Humalog[;]Bedtime
421	OBHULBRK	Num	8	2.		Humalog[;]Breakfast
422	OBHULLUN	Num	8	2.		Humalog[;]Lunch
423	OBHULOG	Num	8			Type of Insulin -Humalog
424	OBHULOTH	Num	8	2.		Humalog[;]Other
425	OBHULSUP	Num	8	2.		Humalog[;]Supper
426	OBHUNPH	Num	8			Type of Insulin - Human NPH

Num	Variable	Type	Len	Format	Informat	Label
427	OBHUREG	Num	8			Type of Insulin - Human Regular
428	OBI3A	Num	8	2.		# Hospitalization for Hypoglycemia in past 3 months
429	OBI3B1	Num	8	2.		Hypog - Lost conscious w/out seizure - # times
430	OBI3B2	Num	8	2.		Hypog - Lost conscious w/ seizure - # times
431	OBI3C1	Num	8	2.		Hypog - Required Prof. Medical Help
432	OBI3C2	Num	8	2.		Hypog - Require Help of Another Person
433	OBI3C3	Num	8	2.		Hypog - Not Need Doctor/Other Person
434	OBI3D1	Num	8	2.		Frequency Receive Glucagon
435	OBI3D2	Num	8	2.		Frequency Receive IV Glucose
436	OBI3D3	Num	8	1.		Episodes Result in Injury-Pt/Others
437	OBI3E	Num	8	1.		Recurrent Hypog - Unable To Help Self
438	OBI3F	Num	8	1.		Recurrent Hypog - Able To Help Self
439	OBI3G	Num	8	2.		Last 7 Days-Mild Hypogl. Treat Self
440	OBI3H1	Num	8			Hypoglycemia occur while Awake/Sleep/Both
441	OBI3H2A	Num	8			Reason Hypog: Missed Meal or Snack
442	OBI3H2B	Num	8			Reason Hypog: Decreased Food Intake
443	OBI3H2C	Num	8			Reason Hypog: Delayed meal or snack
444	OBI3H2D	Num	8			Reason Hypog: Increased Exercise Level
445	OBI3H2E	Num	8			Reason Hypog: Too Much Insulin Taken
446	OBI3H2F	Num	8			Reason Hypog: Lack Early Warn-Low BG
447	OBI3H2G	Num	8			Reason Hypoglycemia: Other
448	OBI3H2H	Num	8	1.		Reason Hypoglycemia: Unexplained
449	OBI3H3B	Num	8			Symptoms w Mild Hypog: Diaphoresis (sweating)
450	OBI3H3C	Num	8			Symptoms w Mild Hypog: Alter.Mental Status
451	OBI3H3D	Num	8			Symptoms w Mild Hypog: Other
452	OBI3H3E	Num	8			Symptoms w Mild Hypog: None
453	OBI3H3F	Num	8			Symptoms w Mild Hypog: Hunger
454	OBI3H3G	Num	8			Symptoms w Mild Hypog: Rapid Heart Rate
455	OBI3H3H	Num	8			Symptoms w Mild Hypog: Anxiety
456	OBI3H3I	Num	8			Symptoms w Mild Hypog: Tremors
457	OBI3H3J	Num	8			Symptoms w Mild Hypog: Headache
458	OBIA	Num	8	2.		Frequency DKA in past 3 months
459	OBINHBET	Num	8	2.		Inhaled Insulin[;]Bedtime
460	OBINHBRK	Num	8	2.		Inhaled Insulin[;]Breakfast
461	OBINHINS	Num	8			Type of Insulin -Inhaled Insulin
462	OBINHLUN	Num	8	2.		Inhaled Insulin[;]Lunch
463	OBINHOTH	Num	8	2.		Inhaled Insulin[;]Other
464	OBINHSUP	Num	8	2.		Inhaled Insulin[;]Supper
465	OBINSREG	Num	8			Current Insulin Regimen

Num	Variable	Type	Len	Format	Informat	Label
466	OBJ1A	Num	8	1.		CV Event - Myocardial Infarction
467	OBJ1B	Num	8	1.		CV Event - Angina Pectoris
468	OBJ1C	Num	8	1.		CV Event - Coronary Artery Disease
469	OBJ1D	Num	8	1.		CV Event - Arrhythmia
470	OBJ1E	Num	8	1.		CV Event - Congestive Heart Failure
471	OBJ2	Num	8	1.		Complained of Chest Pain
472	OBJ2A1A	Num	8			Complained of Pain Left Anterior Chest
473	OBJ2A1B	Num	8			Complained of Pain Left Arm
474	OBJ2A1C	Num	8			Complained of Pain In Jaw
475	OBJ2A1D	Num	8			Complained of Pain Sternum Upper or Middle
476	OBJ2A1E	Num	8			Complained of Pain Sternum Lower
477	OBJ2A1F	Num	8			Complained of Pain - Other
478	OBJ2A2A	Num	8			Complained of Pain The Back
479	OBJ2A2B	Num	8			Complained of Pain The Shoulder
480	OBJ2A2C	Num	8			Complained of Pain The Right Arm
481	OBJ2A2D	Num	8			Complained of Pain The Abdomen
482	OBJ2A2E	Num	8			Complained of Pain - Other
483	OBJ2A2F	Num	8			pain involved - None of the above
484	OBJ2B1	Num	8			Pain Lasted For More Than 20 Minutes
485	OBJ2B2	Num	8			Definite Non-Cardiac Cause For Pain
486	OBJ2B3	Num	8			Addtl Doses Nitrates or CCB
487	OBJ2C	Num	8	1.		Feeling Pressure Heaviness In Chest
488	OBJ2D1	Num	8	1.		Pain/Discom: Walking uphill or Hurrying
489	OBJ2D2	Num	8	1.		Pain/Discom: Walking at Ordinary Pace
490	OBJ2D3	Num	8			Pain Discom: Stop/Slow Down/ Cont at Same Pace
491	OBJ2D4	Num	8			Pain: Standing Still? Relieved/Not Relieved
492	OBJ2D5	Num	8			Pain Standing Still? 10 min
493	OBJ3A	Num	8	1.		CBV Event: Cerebrovascular Accident (CVA)
494	OBJ3B	Num	8	1.		CBV Event: Transient Ischemic Attack (TIA)
495	OBJ4A	Num	8	1.		PV Event: Amputation
496	OBJ4B	Num	8	1.		PV Event: Lower Extremity Ulcer
497	OBJ4C	Num	8	1.		PV Event: Other arterial Events
498	OBJ5	Num	8	1.		PV Event: Peripheral Pain
499	OBJ5A	Num	8	1.		PV Event: Pain in Leg When Walking
500	OBJ5B	Num	8	1.		PV Event: Pain Begin When Standing Still or Sitting
501	OBJ5CL	Num	8			PV Event: Pain in Part of Left Leg
502	OBJ5CR	Num	8			PV Event: Pain in Part of Right Leg
503	OBJ5D	Num	8	1.		PV Event: Pain in Leg When Hurrying
504	OBJ5E	Num	8	1.		PV Event: Pain in Leg When Reg Pace

Num	Variable	Type	Len	Format	Informat	Label
505	OBJ5F	Num	8	1.		PV Event: Does Pain Ever Disappear While Walking
506	OBJ5G	Num	8			PV Event: stop / slow down / same pace
507	OBJ5H	Num	8			PV Event: What Happens to Pain if Still - Rel/not Rel?
508	OBJ5I	Num	8			PV Event: how soon is pain relieved by standing still
509	OBJ5J	Num	8			PV Event: Noticed Changed in Severity
510	OBJ5K	Num	8	1.		Cardiovascular Diagnostic Tests Performed
511	OBJ5RES1	Num	8			Diagnostic Tests: Test 1 Results
512	OBJ5RES2	Num	8			Diagnostic Tests: Test 2 Results
513	OBJ5RES3	Num	8			Diagnostic Tests: Test 3 Results
514	OBJ5RES4	Num	8			Diagnostic Tests: Test 4 Results
515	OBJ5RES5	Num	8			Diagnostic Tests: Test 5 Results
516	OBJCHK	Num	8	1.		Congestive Heart Failure Symptoms
517	OBJCHKA	Num	8	1.		CHF - Paroxysmal Nocturnal Dyspnea
518	OBJCHKB	Num	8	1.		CHF - Orthopnea
519	OBJCHKC	Num	8	1.		CHF - Dyspnea at rest
520	OBJCHKD	Num	8	1.		CHF - NYHAF Classification III
521	OBLANBET	Num	8	2.		Lantus[;]Bedtime
522	OBLANBRK	Num	8	2.		Lantus[;]Breakfast
523	OBLANLUN	Num	8	2.		Lantus[;]Lunch
524	OBLANOTH	Num	8	2.		Lantus[;]Other
525	OBLANSUP	Num	8	2.		Lantus[;]Supper
526	OBLANTUS	Num	8			Type of Insulin - Lantus
527	OBLEVBET	Num	8	2.		Levemir[;]Bedtime
528	OBLEVBRK	Num	8	2.		Levemir[;]Breakfast
529	OBLEVEM	Num	8			Type of Insulin - Levemir
530	OBLEVLUN	Num	8	2.		Levemir[;]Lunch
531	OBLEVOTH	Num	8	2.		Levemir[;]Other
532	OBLEVSUP	Num	8	2.		Levemir[;]Supper
533	OBLSVST	Num	8	MMDDYY10.		Date of the LAST COMPLETED annual visit
534	OBMARNO	Num	8	1.		If married, how many times?
535	OBMARRY	Num	8			Marital status of patient:
536	OBMRMO	Num	8	2.		Date marital status change MO
537	OBMRYR	Num	8	4.		Date marital status change YR
538	OBNOVBET	Num	8	2.		Novolog[;]Bedtime
539	OBNOVBRK	Num	8	2.		Novolog[;]Breakfast
540	OBNOVLUN	Num	8	2.		Novolog[;]Lunch
541	OBNOVOL	Num	8			Type of Insulin -Novolog
542	OBNOVOTH	Num	8	2.		Novolog[;]Other
543	OBNOVSUP	Num	8	2.		Novolog[;]Supper

Num	Variable	Type	Len	Format	Informat	Label
544	OBNPHBED	Num	8	2.		Human NPH[;]Bedtime
545	OBNPHBRK	Num	8	2.		Human NPH[;]Breakfast
546	OBNPHLUN	Num	8	2.		Human NPH[;]Lunch
547	OBNPHOTH	Num	8	2.		Human NPH[;]Other
548	OBNPHSUP	Num	8	2.		Human NPH[;]Supper
549	OBOTHER	Num	8	1.		Type of Insulin - Other
550	OBOTHER1	Num	8	1.		Type of Insulin - Other 1
551	OBOTHER2	Num	8	1.		Type of Insulin - Other 2
552	OBOTHER3	Num	8	1.		Type of Insulin - Other 3
553	OBPATDIJ	Num	8	1.		Patient Disabled: Diabetes Related
554	OBPATED	Num	8	20.		Patient Education Level
555	OBPATJOB	Num	8	20.		Patient Occupation
556	OBPATNOJ	Num	8	1.		Patient: Unemployed or Retired
557	OBREGBED	Num	8	2.		Human Regular[;]Bedtime
558	OBREGBRK	Num	8	2.		Human Regular[;]Breakfast
559	OBREGLUN	Num	8	2.		Human Regular[;]Lunch
560	OBREGOTH	Num	8	2.		Human Regular[;]Other
561	OBREGSUP	Num	8	2.		Human Regular[;]Supper
562	OBSMOKE1	Num	8	1.		Smoked Cigarettes/Cigarillos in past yr
563	OBSMOKE2	Num	8	1.		Currently Smoke Cigarettes/Cigarillos
564	OBSMOKE3	Num	8	2.		Months Since Quit Cigarettes/Cigarillos
565	OBSMOKE4	Num	8	2.		cigarettes / day in past yr
566	OBSMOKE5	Num	8	1.		Smoked Pipes or Cigars in past yr
567	OBSMOKE6	Num	8	1.		Currently Smoke Pipes or Cigars
568	OBSMOKE7	Num	8	2.		Months since Quit Pipes or Cigars
569	OBSMOKE8	Num	8	2.		Pipefuls/Cigars Per Wk in Past Yr
570	OBSMOKE9A	Num	8	1.		Past 12 Mths Lived Where Person Smoked
571	OBSMOKE9B	Num	8	1.		Past 12 Mths Work Where Person Smoked
572	OBSPDJOB	Num	8	1.		Spouse Disabled: Diabetes Related
573	OBSPJOB	Num	8	20.		Spouse Occupation
574	OBSPOED	Num	8	20.		Spouse Education Level
575	OBSPONOJ	Num	8	1.		Spouse Unemployed or Retired
576	OBTH1BET	Num	8	2.		Other[;]Bedtime
577	OBTH1BRK	Num	8	2.		Other[;]Breakfast
578	OBTH1LUN	Num	8	2.		Other[;]Lunch
579	OBTH1OTH	Num	8	2.		Other[;]Other
580	OBTH1SUP	Num	8	2.		Other[;]Supper
581	OBTHEBET	Num	8	2.		Other[;]Bedtime
582	OBTHEBRK	Num	8	2.		Other[;]Breakfast

Num	Variable	Type	Len	Format	Informat	Label
583	OBTHELUN	Num	8	2.		Other[;]Lunch
584	OBTHEOTH	Num	8	2.		Other[;]Other
585	OBTHESUP	Num	8	2.		Other[;]Supper
586	OBTOTUNT	Num	8	3.		Total number of units (basal and bolus) per day:
587	OBVTYP	Num	8			In-person visit or Phone visit

Data Set Name: f0571.sas7bdat

Num	Variable	Type	Len	Label
1	CLINIC	Num	8	DEIDENTIFIED CLINIC
2	mask_pat	Num	8	DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	Date Form Completed
4	F57120B1	Num	8	B120. Date Quit
5	F57120C1	Num	8	B120. # cigs per day
6	F57A1	Num	8	Clinic Number
7	EDICYEAR	Num	8	EDIC Follow-Up Year
8	F57B10	Num	8	In the past yr, how often ended up fainting soon after standing up
9	F57B100	Num	8	In the past year, have you had difficulty seeing at night
10	F57B101	Num	8	How severe is this focusing problem
11	F57B102	Num	8	In the past year, has the same degree of light seemed
12	F57B103	Num	8	Which one of the following eye symptoms is the most troublesome for you
13	F57B104	Num	8	How long have you had this most troublesome eye symptom
14	F57B105	Num	8	Is this most troublesome symptom with your eyes getting
15	F57B106	Num	8	In past yr, ever noticed/told while sleeping stop breathing for several secs
16	F57B107	Num	8	In past yr, ever noticed/been told while sleeping snore loudly
17	F57B108	Num	8	Narcolepsy
18	F57B109	Num	8	Obstructive sleep apnea
19	F57B11	Num	8	How cautious are you about standing up from a sitting or lying down position
20	F57B110	Num	8	Abnormal or disordered sleep patterns
21	F57B111	Num	8	Currently, how refreshing and restorative is your sleep
22	F57B112	Num	8	Compared with yr ago, rate your own sleep over last month
23	F57B113	Num	8	Ever in adult life had difficulty getting to sleep/staying asleep once asleep
24	F57B114	Num	8	In past yr, ever noticed/told that during day sometimes breathe very loudly (e.g., croup)
25	F57B115A	Num	8	B115. I have not drank any alcohol over the past year
26	F57B115B	Num	8	B115. I drink socially only
27	F57B115C	Num	8	B115. I have used alcohol excessively in the past year
28	F57B115D	Num	8	B115. I have been intoxicated one or more times in the past year
29	F57B115E	Num	8	B115. passed out from drinking too much alcohol one or more times in past yr
30	F57B116A	Num	8	B116. I have not used drugs over the past year
31	F57B116B	Num	8	B116. I have used drugs excessively in the past year
32	F57B116C	Num	8	B116. I have been high one or more times in the past year
33	F57B116D	Num	8	B116. Passed out from using drugs one or more times in the past yr
34	F57B117	Num	8	Have you ever felt that you have used alcohol or drugs excessively
35	F57B118	Num	8	Ever told/been diagnosed as having alcohol or drug dependency
36	F57B119	Num	8	Have you ever received treatment for alcohol or other drug dependency

Num	Variable	Type	Len	Label
37	F57B12	Num	8	What part of the day are these feelings worse
38	F57B120A	Num	8	B120. I have never smoked cigarettes
39	F57B120B	Num	8	B120. I have smoked cigarettes in the past but have stopped
40	F57B120C	Num	8	B120. I am currently smoking
41	F57B121	Num	8	In past 5 yrs, rate amount of trouble had with over sensitive hearing
42	F57B122	Num	8	Ever in adult life had difficulty keeping mind on job or task
43	F57B13	Num	8	In the past year, have these feelings or symptoms that you have experienced
44	F57B14	Num	8	B14. Rapid or increased[;]
45	F57B15	Num	8	B15. Sickness to your s[;]
46	F57B16	Num	8	B16. A spinning or swim[;]
47	F57B17	Num	8	B17. Dizziness?[;]
48	F57B18	Num	8	B18. Blurred vision?[;]
49	F57B19	Num	8	B19. Feeling of weaknes[;]
50	F57B20	Num	8	B20. Feeling shaky or s[;]
51	F57B21	Num	8	B21. Feeling anxious or[;]
52	F57B22	Num	8	B22. Turning pale?[;]
53	F57B23	Num	8	B23. Clammy feeling to[;]
54	F57B24	Num	8	Do you have any biologic relatives who have frequent dizziness
55	F57B25	Num	8	soon after a meal
56	F57B26	Num	8	after standing for a long time
57	F57B27	Num	8	during or soon after physical activity or exercise
58	F57B28	Num	8	during or soon after being in a hot bath, shower, tub, or sauna
59	F57B29	Num	8	Ever felt dizzy or faint, or actually fainted when saw blood or had blood taken
60	F57B30	Num	8	while passing urine
61	F57B31	Num	8	while coughing
62	F57B32	Num	8	while pressing on side of neck
63	F57B33	Num	8	before a public speech
64	F57B34	Num	8	any other time
65	F57B35	Num	8	In past yr, ever completely lost consciousness after a spell of dizziness
66	F57B36	Num	8	In the past year, have you had any seizures or convulsions
67	F57B37	Num	8	with paralysis in parts of your face
68	F57B38	Num	8	with feelings of complete weakness all over your body
69	F57B39	Num	8	with attacks of uncontrollable movements of your arms or legs
70	F57B40	Num	8	with attacks in which you couldn't control your speech
71	F57B41	Num	8	Have you ever in your adult life had a spell of dizziness
72	F57B42	Num	8	In past yr, ever noticed color changes in skin, such as red, white, or purple
73	F57B43A	Num	8	B43. My skin turns red
74	F57B43B	Num	8	B43. My skin turns white
75	F57B43C	Num	8	B43. My skin turns purple

Num	Variable	Type	Len	Label
76	F57B43D	Num	8	B43. Other,
77	F57B44A	Num	8	B44. My hands
78	F57B44B	Num	8	B44. My feet
79	F57B44C	Num	8	B44. Other parts
80	F57B44D	Num	8	B44. Entire body
81	F57B45	Num	8	For how long have you been experiencing these changes in skin color
82	F57B46	Num	8	Are these changes in your skin color
83	F57B47	Num	8	In past yr, after a long hot bath/shower, ever noticed pads on ends of fingers wrinkle
84	F57B48	Num	8	In the past 5 years, what changes, if any, have occurred in your general body sweating
85	F57B49	Num	8	In the past 5 years, what changes, if any, have occurred in the amount your feet sweat
86	F57B50	Num	8	In past 5 yrs, what changes, occurred in facial sweating after eating spicy foods
87	F57B51A	Num	8	B51. I now get more overheated
88	F57B51B	Num	8	B51. I now get dizzy
89	F57B51C	Num	8	B51. I now get short of breath
90	F57B51D	Num	8	B51. Other changes
91	F57B51E	Num	8	B51. No change
92	F57B52	Num	8	Do your eyes feel excessively dry
93	F57B53	Num	8	Does your mouth feel excessively dry
94	F57B54	Num	8	Do you have excessive amounts of saliva formation
95	F57B55	Num	8	Longest time had any of these symptoms: dry eyes, dry mouth, or increased saliva
96	F57B56	Num	8	For dry eyes, dry mouth, or increased saliva had longest
97	F57B57A	Num	8	What weight changes, if any, have you had over the past year
98	F57B57A1	Num	8	B57=1
99	F57B58	Num	8	In past yr, noticed any changes in how quickly get full when eating a meal
100	F57B59	Num	8	In past yr, felt excessively full or persistently full (bloated feeling) after meal
101	F57B6	Num	8	In past yr, felt faint, dizzy, "goofy", or difficulty thinking after standing...
102	F57B60	Num	8	In the past year, have you felt like you had a persistent upset stomach (nausea)
103	F57B61	Num	8	In the past year, have you vomited after a meal
104	F57B62	Num	8	In the past year, have you had a cramping or colicky abdominal pain
105	F57B63	Num	8	Are these pains usually after a meal
106	F57B64	Num	8	How long have you had these cramping or colicky abdominal pains
107	F57B65	Num	8	In the past year, have you had any bouts of diarrhea
108	F57B66	Num	8	How frequently does this occur
109	F57B66C	Num	8	B66=3
110	F57B67	Num	8	How severe are these bouts of diarrhea
111	F57B68	Num	8	What part of the day do they seem to be worse
112	F57B69	Num	8	Do these bouts of diarrhea usually occur after meal
113	F57B7	Num	8	When standing up, how frequently do you get these feelings or symptoms
114	F57B70	Num	8	Are these bouts of diarrhea accompanied by a lot of rectal gas (flatus)

Num	Variable	Type	Len	Label
115	F57B71	Num	8	Are your bouts with diarrhea
116	F57B72	Num	8	In the past year, have you been constipated
117	F57B73	Num	8	How frequently are you constipated
118	F57B73C	Num	8	B73=3
119	F57B74	Num	8	How severe are these episodes of constipation
120	F57B75	Num	8	Is your constipation getting
121	F57B76	Num	8	Overall, abdominal symptoms of vomiting/diarrhea/constipation/weight loss getting
122	F57B77	Num	8	Which one of the following symptoms has been most troublesome for you
123	F57B78	Num	8	How long have you had this most troublesome symptom
124	F57B79	Num	8	Is this most troublesome symptom getting
125	F57B8	Num	8	How would you rate the severity of these feelings or symptoms
126	F57B80	Num	8	In past 5 yrs, rate amount of trouble had with difficulty in swallowing
127	F57B81	Num	8	In past 5 yrs, rate amount of trouble had with everything eat tasting same
128	F57B82	Num	8	been nauseated or vomited
129	F57B83	Num	8	had a bout of diarrhea
130	F57B84	Num	8	lost your appetite for at least part of a day
131	F57B85	Num	8	felt discomfort or pain in the pit of your stomach
132	F57B86	Num	8	In past yr, ever leaked urine or lost control of your bladder function
133	F57B86C	Num	8	B86=3
134	F57B87	Num	8	In the past year, have you had difficulty passing urine
135	F57B87C	Num	8	B87=3
136	F57B88	Num	8	In past yr, have you had trouble completely emptying your bladder
137	F57B88C	Num	8	B88=3
138	F57B89	Num	8	How would you describe your current sexual desire
139	F57B9	Num	8	For how long have you been experiencing these feelings or symptoms
140	F57B90	Num	8	Are you able to have a full erection
141	F57B91A	Num	8	B91. My ability to have intercourse has not changed
142	F57B91B	Num	8	B91. I have erections but am unable to have intercourse
143	F57B91C	Num	8	B91. I can have intercourse only some of the time
144	F57B91D	Num	8	B91. My erections are definitely impaired
145	F57B91E	Num	8	B91. I am able to have intercourse, but am unable to ejaculate
146	F57B91F	Num	8	B91. I have "dry orgasms" and afterward my urine looks milky
147	F57B91G	Num	8	B91. Unable to have erections/impaired since started taking medication
148	F57B91H	Num	8	B91. Other situation
149	F57B91I	Num	8	B91. None of the above apply
150	F57B92	Num	8	How long have you had difficulty with erectile function
151	F57B93	Num	8	Is this difficulty getting
152	F57B94	Num	8	In past yr, without sunglasses/tinted glasses, bright light bothered eyes
153	F57B95	Num	8	How severe is this sensitivity to bright light

Num	Variable	Type	Len	Label
154	F57B96	Num	8	In the past year, have you had trouble focusing your eyes
155	F57B97	Num	8	How severe is this focusing problem
156	F57B98	Num	8	In the past year, have you had blurred vision
157	F57B99	Num	8	How severe is this focusing problem

Data Set Name: f0581.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	CLINIC	Num	8		DEIDENTIFIED CLINIC
2	mask_pat	Num	8		DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8		DATE FORM COMPLETED
4	FORM_	Char	8	$8.	FORM_
5	EDICYEAR	Num	8		EDIC YEAR
6	F58B10A	Num	8		HOW MUCH HAVE FOOT PROBLEMS INTERFERED WITH CLOSE RELATIONSHIPS ?
7	F58B10B	Num	8		FELT MORE EMOTIONALLY DEPENDENT ON CLOSE PEOPLE DUE TO FOOT PROBLEMS?
8	F58B10C	Num	8		HAS YOUR ROLE IN FAMILY CHANGED DUE TO FOOT PROBLEMS ?
9	F58B10D	Num	8		HAVE CHANGES IN RELATIONSHIPS DUE TO FOOT PROBLEMS REDUCED YOUR QOL ?
10	F58B11A	Num	8		HOW IMPORTANT IS THIS ASPECT OF YOUR LIFE (CLOSE RELATIONSHIPS) ?
11	F58B11B	Num	8		HOW IMPORTANT IS THIS ASPECT OF YOUR LIFE (EMOTIONALLY DEPENDENT) ?
12	F58B11C	Num	8		HOW IMPORTANT IS THIS ASPECT OF YOUR LIFE (ROLE IN FAMILY) ?
13	F58B12A	Num	8		I AM TREATED DIFFERENTLY AS A RESULT OF MY FOOT PROBLEMS
14	F58B12B	Num	8		I FEEL OLDER THAN MY YEARS DUE TO FOOT PROBLEMS
15	F58B12C	Num	8		MY SELF-CONFIDENCE IS AFFECTED AS A RESULT OF MY FOOT PROBLEMS
16	F58B12D	Num	8		MY FOOT PROBLEMS MAKE MY LIFE A STRUGGLE
17	F58B12E	Num	8		I GENERALLY FEEL FRUSTRATED DUE TO MY FOOT PROBLEMS
18	F58B12F	Num	8		MY FOOT PROBLEMS CAUSE ME EMBARASSMENT
19	F58B13A	Num	8		HOW MUCH DID THIS BOTHER YOU (TREATED DIFFERENTLY DUE TO FOOT PROB)
20	F58B13B	Num	8		HOW MUCH DID THIS BOTHER YOU (FEELING OLDER DUE TO FOOT PROBLEMS)
21	F58B13C	Num	8		HOW MUCH DID THIS BOTHER YOU (SELF-CONFIDENCE AFFECTED BY FOOT PROB)
22	F58B13D	Num	8		HOW MUCH DID THIS BOTHER YOU (FOOT PROBLEMS MAKE MY LIFE A STRUGGLE)
23	F58B13E	Num	8		HOW MUCH DID THIS BOTHER YOU (FEEL FRUSTREATED DUE TO FOOT PROBLEMS)
24	F58B13F	Num	8		HOW MUCH DID THIS BOTHER YOU (FOOT PROBLEMS CAUSE EMBARASSMENT)
25	F58B14A	Num	8		HOW DEPRESSED HAVE YOU FELT IN THE PAST 4 WEEKS DUE TO FOOT PROBLEMS ?
26	F58B15A	Num	8		HOW MUCH DID THIS BOTHER YOU (DEPRESSION DUE TO FOOT PROBLEMS) ?
27	F58B16	Num	8		HAVE DEPRESSED FEELINGS DUE TO FOOT PROBLEMS REDUCED YOUR QOL ?
28	F58B17	Num	8		OVERALL,PROBLEMS WITH MY FEET HAVE REDUCED MY QUALITY OF LIFE:
29	F58B18	Num	8		OVERALL, I WOULD RATE MY QUALITY OF LIFE AS:

Num	Variable	Type	Len	Informat	Label
30	F58B1A	Num	8		HOW OFTEN HAVE YOU HAD BURNING IN LEGS OR FEET IN PAST 4 WEEKS?
31	F58B1B	Num	8		HOW OFTEN HAVE YOU HAD EXCESSIVE HEAT/COLD IN LEGS/FEET IN PAST 4 WKS?
32	F58B1C	Num	8		HOW OFTEN HAVE YOU HAD PINS/NEEDLES IN LEGS/FEET IN PAST 4 WEEKS ?
33	F58B1D	Num	8		HOW OFTEN HAVE YOU HAD SHOOTING/STABBING PAIN-LEGS/FEET PAST 4 WKS ?
34	F58B1E	Num	8		HOW OFTEN HAVE YOU HAD THROBBING IN YOUR LEGS/FEET IN PAST 4 WEEKS ?
35	F58B1F	Num	8		HOW OFTEN HAVE YOU HAD SENSATIONS IN LEGS/FEET MAKE THEM JUMP ?
36	F58B1G	Num	8		HOW OFTEN HAVE YOU HAD SKIN IRRITATION DUE TO FEET TOUCHED (4 WKS) ?
37	F58B1H	Num	8		HAVE THESE PAINFUL SYMPTOMS IN (LEGS/FEET) REDUCED QUALITY OF LIFE ?
38	F58B2A	Num	8		HOW MUCH DID THIS BOTHER YOU (BURNING IN LEGS/FEET) ?
39	F58B2B	Num	8		HOW MUCH DID THIS BOTHER YOU (HEAT/COLD IN LEGS/FEET) ?
40	F58B2C	Num	8		HOW MUCH DID THIS BOTHER YOU (PINS/NEEDLES IN LEGS/FEET) ?
41	F58B2D	Num	8		HOW MUCH DID THIS BOTHER YOU(SHOOTING/STABBING PAIN-LEGS/FEET) ?
42	F58B2E	Num	8		HOW MUCH DID THIS BOTHER YOU(THROBBING IN LEGS/FEET) ?
43	F58B2F	Num	8		HOW MUCH DID THIS BOTHER YOU(SENSATIONS LEGS/FEET MAKE THEM JUMP) ?
44	F58B2G	Num	8		HOW MUCH DID THIS BOTHER YOU(SKIN IRRITATION/FEET TOUCHED) ?
45	F58B3A	Num	8		HOW OFTEN HAVE YOU HAD NUMBNESS IN YOUR FEET IN THE PAST 4 WEEKS ?
46	F58B3B	Num	8		HOW OFTEN INABILITY TO FEEL DIFFERENCE BETWEEN HOT/COLD WITH FEET ?
47	F58B3C	Num	8		HOW OFTEN INABILITY TO FEEL OBJECTS WITH YOUR FEET IN PAST 4 WEEKS ?
48	F58B3D	Num	8		HAVE THESE LAST 3 SYMPTOMS (FOOT PROBLEMS) REDUCED QUALITY OF LIFE ?
49	F58B4A	Num	8		HOW MUCH DID THIS BOTHER YOU (NUMBNESS IN YOUR FEET) ?
50	F58B4B	Num	8		HOW MUCH DID THIS BOTHER YOU(CANNOT FEEL DIFFER. HOT/COLD WITH FEET)?
51	F58B4C	Num	8		HOW MUCH DID THIS BOTHER YOU (CANNOT FEEL OBJECTS WITH FEET) ?
52	F58B5A	Num	8		HOW OFTEN HAVE YOU HAD WEAKNESS IN YOUR HANDS IN THE PAST 4 WEEKS ?
53	F58B5B	Num	8		HOW OFTEN HAVE YOU BEEN IMBALANCE/UNSTEADY WHILE WALKING(PAST 4 WKS) ?
54	F58B5C	Num	8		HOW OFTEN HAVE YOU BEEN IMBALANCED/UNSTEADY WHILE STANDING(PAST 4WK) ?
55	F58B5D	Num	8		HAVE THESE LAST 3 SYMPTOMS(5a,b,c) REDUCED YOUR QUALITY OF LIFE ?
56	F58B6A	Num	8		HOW MUCH DID THIS BOTHER YOU (WEAKNESS IN HANDS) ?
57	F58B6B	Num	8		HOW MUCH DID THIS BOTHER YOU (IMBALANCE/UNSTEADY WHILE WALKING) ?

Num	Variable	Type	Len	Informat	Label
58	F58B6C	Num	8		HOW MUCH DID THIS BOTHER YOU (IMBALANCE/UNSTEADY WHILE STANDING) ?
59	F58B7	Num	8		ARE YOU IN PAID WORK ?
60	F58B8A	Num	8		HOW MUCH HAVE FOOT PROBLEMS INTERFERED WITH ABILITY TO WORK ?
61	F58B8B	Num	8		HOW MUCH HAVE FOOT PROBLEMS INTERFERED WITH HOUSE/GARDEN WORK ?
62	F58B8C	Num	8		HOW MUCH HAVE FOOT PROBLEMS INTERFERED WITH LEISURE ACTIVITY ?
63	F58B8D	Num	8		CHANGES IN DAILY ACTIVITY DUE TO FOOT PROBLEMS,REDUCED LIFE QUALITY ?
64	F58B9A	Num	8		HOW IMPORTANT IS THIS ASPCET OF YOUR LIFE (PAID WORK) ?
65	F58B9B	Num	8		HOW IMPORTANT IS THIS ASPCET OF YOUR LIFE (HOUSE/GARDEN WORK) ?
66	F58B9C	Num	8		HOW IMPORTANT IS THIS ASPCET OF YOUR LIFE (LEISURE ACTIVITY) ?

Data Set Name: f0602_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
4	EDICYEAR	Num	8	2.		EDIC Year
5	FOA1	Num	8			How satisfied: amount time to manage diabeted?
6	FOA2	Num	8			How satisfied: amount time spend getting checkup?
7	FOA3	Num	8			How satisfied: time to determine your sugar level?
8	FOA4	Num	8			How satisfied: with your current treatment?
9	FOA5	Num	8			How satisfied: with the flexibility in your diet?
10	FOA6	Num	8			How satisfied: with burden diabetes place on family?
11	FOA7	Num	8			How satisfied: with your knowledge about your diabetes?
12	FOA8	Num	8			How satisfied: are you with your sleep?
13	FOA9	Num	8			How satisfied: social relationships and friendships?
14	FOA10	Num	8			How satisfied: are you with your sex life?
15	FOA11	Num	8			How satisfied: with your work, school & household activities?
16	FOA12	Num	8			How satisfied: are you with the appearance of your body?
17	FOA13	Num	8			How satisfied: are you with the time you spend exercising?
18	FOA14	Num	8			How satisfied: are you with your leisure time?
19	FOA15	Num	8			How satisfied: are you with your life in general?
20	FOA16	Num	8			How satisfied: are you with your performance in school?
21	FOA17	Num	8			How satisfied: are you with how your classmates treat you?
22	FOA18	Num	8			How satisfied: are you with your attedance in school?
23	FOA19	Num	8			Compared to other persons your age, would you say your health is:
24	FOB1	Num	8			How often: feel pain associated with diabetes treatment?
25	FOB2	Num	8			How often: are you embarrassed by having to deal with your diatetes in public?
26	FOB3	Num	8			How often: do you have low blood sugar?
27	FOB4	Num	8			How often: do you feel physically ill?
28	FOB5	Num	8			How often: does your diabetes interfere with your family life?
29	FOB6	Num	8			How often: do you have a bad nights sleep?
30	FOB7	Num	8			How often: do you find your diabetes limiting your social relationships and friendships?
31	FOB8	Num	8			How often: do you feel good about yourself?
32	FOB9	Num	8			How often: do you feel restricted by your diet?
33	FOB10	Num	8			How often: does your diabetes interfere with your sex life?
34	FOB11	Num	8			How often: does your diabetes keep you from driving a car or using a maching?

Num	Variable	Type	Len	Format	Informat	Label
35	FOB12	Num	8			How often: does your diabetes interfere with your exercising?
36	FOB13	Num	8			How often: do you miss work, schooll or household duties because of your diabetes?
37	FOB14	Num	8			How often: do you find yourself explaining what it means to have diabetes?
38	FOB15	Num	8			How often: do you find that your diabetes interrupts your leisure time activities?
39	FOB16	Num	8			How often: do you tell others about your diabetes?
40	FOB17	Num	8			How often: are you teased because you have diabetes?
41	FOB18	Num	8			How often: do you feel that because of your diabetes you go to the bathroom more than others?
42	FOB19	Num	8			How often: do you find you eat something you shouldn't rather than tell someone that you have diabe
43	FOB20	Num	8			How often: do you find you hide from others the fact that you are having an insulin reaction?
44	FOB21	Num	8			How often: do you find that your diabetes prevents you from participating in school activities?
45	FOB22	Num	8			How often: do you find that your diabetes prevents you from going out to eat with school friends?
46	FOB23	Num	8			How often: do you find that your diabetes is limiting your career or what you will be able to do in
47	FOB24	Num	8			How often: do you find that your parents are too protective of you?
48	FOB25	Num	8			How often: do you feel that your parents worry too much about your diabetes?
49	FOB26	Num	8			How often: do you find that close family members tease you about your diabetes?
50	FOB27	Num	8			How often: do you find that your parents act like diabetes is their disease, not yours?
51	FOC1	Num	8			How often: do you worry about whether you will get married?
52	FOC2	Num	8			How often: do you worry about whether you will have children?
53	FOC3	Num	8			How often: do you worry about whether you will not get a job you want?
54	FOC4	Num	8			How often: do you worry about whether you will pass out?
55	FOC5	Num	8			How often: do you worry about whether you will be denied insurance?
56	FOC6	Num	8			How often: do you worry about whether you will be be able to complete your education?
57	FOC7	Num	8			How often: do you worry about whether you will miss work?
58	FOC8	Num	8			How often: do you worry about whether you will be able to take a vacation or a trip?
59	FOC9	Num	8			How often: do you worry that your body looks different because you have diabetes?
60	FOC10	Num	8			How often: do you worry that you will get complications from your diabetes?
61	FOC11	Num	8			How often: do you worry about whether someone will not go out with you because you have diabetes?

Num	Variable	Type	Len	Format	Informat	Label
62	FOC12	Num	8			How often: do you worry that your teachers treat you differently because of your diabetes?
63	FOC13	Num	8			How often: do you worry that your diabetes will disrupt something you currently ate doing in school
64	FOC14	Num	8			How often: do you worry that because of your diabetes you are behind in terms of dating, going to p
65	FORM_	Char	8	$8.	$8.	Form name

Data Set Name: f0612_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
4	EDICYEAR	Num	8	2.		EDIC Year
5	FA1_7	Num	8			In general, would you say your health is:
6	FA2_8	Num	8			Compare to one year ago, how would you rate your health in general now?
7	FA3_9	Num	8			Vigorous activities, such as running, lifting heavy objects, participating in streneous sports
8	FA4_10	Num	8			Moderate activities, such as moving a table, pushing a vaccum cleaner, bowling, or playing golf
9	FA5_11	Num	8			Lifting or carrying groceries
10	FA6_12	Num	8			Climbing several flights of stairs
11	FA7_13	Num	8			Climbing one flight of stairs
12	FA8_14	Num	8			Bending, kneeling, or stooping
13	FA9_15	Num	8			Walking more than a mile
14	FA10_16	Num	8			Walking several blocks
15	FA11_17	Num	8			Walking one block
16	FA12_18	Num	8			Bathing or dressing yourself
17	FA20_26	Num	8			During the past 4 weeks, to what extent has your physical or emotional problems interferred with you
18	FA21_27	Num	8			How much bodily pain have you had during the past 4 weeks?
19	FA22_28	Num	8			During the past 4 weeks how much did pain interferred with your normal work (including both work out
20	FA23_29	Num	8			Did you feel full of pep?
21	FA24_30	Num	8			Have you been a very nervous person?
22	FA25_31	Num	8			Have you felt so down in the dumps that nothing could cheer you up?
23	FA26_32	Num	8			Have you felt calm and peaceful?
24	FA27_33	Num	8			Did you have a lot of energy?
25	FA28_34	Num	8			Have you felt downhearted and blue?
26	FA29_35	Num	8			Did you feel worn out?
27	FA30_36	Num	8			Have you been a happy person?
28	FA31_37	Num	8			Did you feel tired?
29	FA32_38	Num	8			During the past 4 weeks, how much of the time as your physical health or emotional problems interfer
30	FA33_39	Num	8			I seem to get sick a little easier than other people
31	FA34_40	Num	8			I am as healthy as anybody I know
32	FA35_41	Num	8			I expect my health to get worse
33	FA36_42	Num	8			My health is excellent

Num	Variable	Type	Len	Format	Informat	Label
34	FORM_	Char	8	$8.	$8.	Form name
35	FA13_19	Num	8			Cut down the amount of time you spend on work or other activities
36	FA14_20	Num	8			Accomplished less than you would like
37	FA15_21	Num	8			Were limited in the kind of work or other activities
38	FA16_22	Num	8			Had difficulty performing the work or other activities
39	FA17_23	Num	8			Cut down the amount of time you spend on work or other activities
40	FA18_24	Num	8			Accomplished less than you would like
41	FA19_25	Num	8			Didn't do work or other activities as carefully as usual
42	FA37_43	Num	8			In the past year, have you had 2 weeks or more during which you felt sad, blue, ordepressed
43	FA38_44	Num	8			Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt
44	FA39_45	Num	8			Have you felt depressed or sad much of the time in the past year?

Data Set Name: f0621.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	8		DEIDENTIFIED CLINIC
2	X_SRCDT	Num	8	MMDDYY8.	X_SRCDT CMS filedt of source data
3	X_SRCNM	Char	17		X_SRCNM CMS filetype.filename of source data
4	X_SRCVM	Char	5		X_SRCVM CMS workvm of source data
5	mask_pat	Num	8		DEIDENTIFIED PATIENT ID
6	FSASDATE	Num	8	MMDDYY10.	Date Form Completed
7	FB3L1	Num	8		l) any medication including over-the-counter (No Days)
8	FB3L2	Num	8		l) any medication including over-the-counter (Yesterday)
9	FB3L3	Num	8		l) any medication including over-the-counter (2 Days Ago)
10	FB3L4	Num	8		l) any medication including over-the-counter (3 Days Ago)
11	FB3M1	Num	8		m) medically prescribed diet for health reasons? (No Days)
12	FB3M2	Num	8		m) medically prescribed diet for health reasons? (Yesterday)
13	FB3M3	Num	8		m) medically prescribed diet for health reasons? (2 Days Ago)
14	FB3M4	Num	8		m) medically prescribed diet for health reasons? (3 Days Ago)
15	FB3N1	Num	8		n) a loss of appetite or over-eating? (No Days)
16	FB3N2	Num	8		n) a loss of appetite or over-eating? (Yesterday)
17	FB3N3	Num	8		n) a loss of appetite or over-eating? (2 Days Ago)
18	FB3N4	Num	8		n) a loss of appetite or over-eating? (3 Days Ago)
19	FB4	Num	8		In the last 3 days did you have any symptoms
20	FB4A1	Num	8		Systom A. (No Days)
21	FB4A2	Num	8		Systom A. (Yesterday)
22	FB4A3	Num	8		Systom A. (2 Days Ago)
23	FB4A4	Num	8		Systom A. (3 Days Ago)
24	FB4B1	Num	8		Systom B. (No Days)
25	FB4B2	Num	8		Systom B. (Yesterday)
26	FB4B3	Num	8		Systom B. (2 Days Ago)
27	FB4B4	Num	8		Systom B. (3 Days Ago)
28	FB5A1	Num	8		a) rehabilitation center? (No Days)
29	FB5A2	Num	8		a) rehabilitation center? (Yesterday)
30	FB5A3	Num	8		a) rehabilitation center? (2 Days Ago)
31	FB5A4	Num	8		a) rehabilitation center? (3 Days Ago)
32	FB5B1	Num	8		b) need help with your personal care (No Days)
33	FB5B2	Num	8		b) need help with your personal care (Yesterday)
34	FB5B3	Num	8		b) need help with your personal care (2 Days Ago)
35	FB5B4	Num	8		b) need help with your personal care (3 Days Ago)
36	FB6A1	Num	8		a) which days did you drive a motor vehicle? (No Days)

Num	Variable	Type	Len	Format	Label
37	FB6A2	Num	8		a) which days did you drive a motor vehicle? (Yesterday)
38	FB6A3	Num	8		a) which days did you drive a motor vehicle? (2 Days Ago)
39	FB6A4	Num	8		a) which days did you drive a motor vehicle? (3 Days Ago)
40	FB6B1	Num	8		b) which days did you use public transportation (No Days)
41	FB6B2	Num	8		b) which days did you use public transportation (Yesterday)
42	FB6B3	Num	8		b) which days did you use public transportation (2 Days Ago)
43	FB6B4	Num	8		b) which days did you use public transportation (3 Days Ago)
44	FB6C1	Num	8		c) which days did you either not drive (No Days)
45	FB6C2	Num	8		c) which days did you either not drive (Yesterday)
46	FB6C3	Num	8		c) which days did you either not drive (2 Days Ago)
47	FB6C4	Num	8		c) which days did you either not drive (3 Days Ago)
48	FB7A1	Num	8		a) have trouble climbing stairs or inclines (No Days)
49	FB7A2	Num	8		a) have trouble climbing stairs or inclines (Yesterday)
50	FB7A3	Num	8		a) have trouble climbing stairs or inclines (2 Days Ago)
51	FB7A4	Num	8		a) have trouble climbing stairs or inclines (3 Days Ago)
52	FB7B1	Num	8		b) avoid walking, have trouble walking, (No Days)
53	FB7B2	Num	8		b) avoid walking, have trouble walking, (Yesterday)
54	FB7B3	Num	8		b) avoid walking, have trouble walking, (2 Days Ago)
55	FB7B4	Num	8		b) avoid walking, have trouble walking, (3 Days Ago)
56	FB7C1	Num	8		c) limp or use a cane, crutches, or walker? (No Days)
57	FB7C2	Num	8		c) limp or use a cane, crutches, or walker? (Yesterday)
58	FB7C3	Num	8		c) limp or use a cane, crutches, or walker? (2 Days Ago)
59	FB7C4	Num	8		c) limp or use a cane, crutches, or walker? (3 Days Ago)
60	FB7D1	Num	8		d) avoid or have trouble bending over, (No Days)
61	FB7D2	Num	8		d) avoid or have trouble bending over, (Yesterday)
62	FB7D3	Num	8		d) avoid or have trouble bending over, (2 Days Ago)
63	FB7D4	Num	8		d) avoid or have trouble bending over, (3 Days Ago)
64	FB7E1	Num	8		e) have any trouble lifting or carrying (No Days)
65	FB7E2	Num	8		e) have any trouble lifting or carrying (Yesterday)
66	FB7E3	Num	8		e) have any trouble lifting or carrying (2 Days Ago)
67	FB7E4	Num	8		e) have any trouble lifting or carrying (3 Days Ago)
68	FB7F1	Num	8		f) any other limitations in physical movements? (No Days)
69	FB7F2	Num	8		f) any other limitations in physical movements? (Yesterday)
70	FB7F3	Num	8		f) any other limitations in physical movements? (2 Days Ago)
71	FB7F4	Num	8		f) any other limitations in physical movements? (3 Days Ago)
72	FB7G1	Num	8		g) spend all or most of the day in a bed (No Days)
73	FB7G2	Num	8		g) spend all or most of the day in a bed (Yesterday)
74	FB7G3	Num	8		g) spend all or most of the day in a bed (2 Days Ago)
75	FB7G4	Num	8		g) spend all or most of the day in a bed (3 Days Ago)

Num	Variable	Type	Len	Format	Label
76	FB7H1	Num	8		h) spend all or most of the day in a wheelchair? (No Days)
77	FB7H2	Num	8		h) spend all or most of the day in a wheelchair? (Yesterday)
78	FB7H3	Num	8		h) spend all or most of the day in a wheelchair? (2 Days Ago)
79	FB7H4	Num	8		h) spend all or most of the day in a wheelchair? (3 Days Ago)
80	FB7H1A	Num	8		h) If in a wheelchair, on which days (No Days)
81	FB7H2A	Num	8		h) If in a wheelchair, on which days (Yesterday)
82	FB7H3A	Num	8		h) If in a wheelchair, on which days (2 Days Ago)
83	FB7H4A	Num	8		h) If in a wheelchair, on which days (3 Days Ago)
84	FB8A1	Num	8		a) which days did you avoid, need help (No Days)
85	FB8A2	Num	8		a) which days did you avoid, need help (Yesterday)
86	FB8A3	Num	8		a) which days did you avoid, need help (2 Days Ago)
87	FB8A4	Num	8		a) which days did you avoid, need help (3 Days Ago)
88	FB8B1	Num	8		b) which days did you avoid or feel limited (No Days)
89	FB8B2	Num	8		b) which days did you avoid or feel limited (Yesterday)
90	FB8B3	Num	8		b) which days did you avoid or feel limited (2 Days Ago)
91	FB8B4	Num	8		b) which days did you avoid or feel limited (3 Days Ago)
92	FB8C1	Num	8		c) which days did you change any of your plans (No Days)
93	FB8C2	Num	8		c) which days did you change any of your plans (Yesterday)
94	FB8C3	Num	8		c) which days did you change any of your plans (2 Days Ago)
95	FB8C4	Num	8		c) which days did you change any of your plans (3 Days Ago)
96	FB9A1	Num	8		a) Would you say that your health is:
97	FB9B1	Num	8		b) Somewhat better now than one year ago
98	FB9C	Num	8		c) Think about a scale of 0 to 100:
99	FORM_	Char	8		Form name
100	EDICYEAR	Num	8		EDIC Follow-Up year
101	FB1A	Num	8		a) blindness or severely impaired vision in both eyes?
102	FB1A1	Num	8		a) blindness or severely impaired vision in only one eye?
103	FB1B	Num	8		b)speech problems such as stuttering
104	FB1C	Num	8		c)missing or paralyzed hands, feet, arms, or legs?
105	FB1C1	Num	8		c)missing or paralyzed fingers or toes?
106	FB1D	Num	8		d)deformity of the face, fingers, hand or arm, foot or leg, back
107	FB1E	Num	8		e)general fatigue, tiredness, or weakness?
108	FB1F	Num	8		f)a problem with unwanted weight gain or weight loss.
109	FB1G	Num	8		g)a problem with being under or over weight?
110	FB1H	Num	8		h)problems chewing your food adequately?
111	FB1I	Num	8		i)any hearing loss or deafness?
112	FB1J	Num	8		j)any noticeable skin problems, such as bad acne
113	FB1K	Num	8		k)eczema or burning/itching rash?
114	FB1A2	Num	8		a)dentures?

Num	Variable	Type	Len	Format	Label
115	FB1B2	Num	8		b)oxygen tank?
116	FB1C2	Num	8		c)prosthesis?
117	FB1D2	Num	8		d)eye glasses or contact lenses?
118	FB1E2	Num	8		e)hearing aide?
119	FB1F2	Num	8		f)magnifying glass?
120	FB1G2	Num	8		g)neck, back, or leg brace?
121	FB2A1	Num	8		a) any problems with your vision (No Days)
122	FB2A2	Num	8		a) any problems with your vision (Yesterday)
123	FB2A3	Num	8		a) any problems with your vision (2 Days ago)
124	FB2A4	Num	8		a) any problems with your vision (3 Days ago)
125	FB2B1	Num	8		b) any eye pain, irritation, discharge (No Days)
126	FB2B2	Num	8		b) any eye pain, irritation, discharge (Yesterday)
127	FB2B3	Num	8		b) any eye pain, irritation, discharge (2 Days Ago)
128	FB2B4	Num	8		b) any eye pain, irritation, discharge (3 Days Ago)
129	FB2C1	Num	8		c) a headache? (No Days)
130	FB2C2	Num	8		c) a headache? (Yesterday)
131	FB2C3	Num	8		c) a headache? (2 Days Ago)
132	FB2C4	Num	8		c) a headache? (3 Days Ago)
133	FB2D1	Num	8		d) dizziness, earache, or ringing in your ears? (No Days)
134	FB2D2	Num	8		d) dizziness, earache, or ringing in your ears? (Yesterday)
135	FB2D3	Num	8		d) dizziness, earache, or ringing in your ears? (2 Days Ago)
136	FB2D4	Num	8		d) dizziness, earache, or ringing in your ears? (3 Days Ago)
137	FB2E1	Num	8		e) difficulty hearing, or discharge, or bleeding (No Days)
138	FB2E2	Num	8		e) difficulty hearing, or discharge, or bleeding (Yesterday)
139	FB2E3	Num	8		e) difficulty hearing, or discharge, or bleeding (2 Days Ago)
140	FB2E4	Num	8		e) difficulty hearing, or discharge, or bleeding (3 Days Ago)
141	FB2F1	Num	8		f) stuffy, runny nose, or bleeding from the nose? (No Days)
142	FB2F2	Num	8		f) stuffy, runny nose, or bleeding from the nose? (Yesterday)
143	FB2F3	Num	8		f) stuffy, runny nose, or bleeding from the nose? (2 Days Ago)
144	FB2F4	Num	8		f) stuffy, runny nose, or bleeding from the nose? (3 Days Ago)
145	FB2G1	Num	8		g) a sore throat, difficulty swallowing? (No Days)
146	FB2G2	Num	8		g) a sore throat, difficulty swallowing? (Yesterday)
147	FB2G3	Num	8		g) a sore throat, difficulty swallowing? (2 Days Ago)
148	FB2G4	Num	8		g) a sore throat, difficulty swallowing? (3 Days Ago)
149	FB2H1	Num	8		h) a tooth ache or jaw pain? (No Days)
150	FB2H2	Num	8		h) a tooth ache or jaw pain? (Yesterday)
151	FB2H3	Num	8		h) a tooth ache or jaw pain? (2 Days Ago)
152	FB2H4	Num	8		h) a tooth ache or jaw pain? (3 Days Ago)
153	FB2I1	Num	8		i) sore or bleeding lips, tongue, or gums? (No days)

Num	Variable	Type	Len	Format	Label
154	FB2I2	Num	8		i) sore or bleeding lips, tongue, or gums? (Yesterday)
155	FB2I3	Num	8		i) sore or bleeding lips, tongue, or gums? (2 Days Ago)
156	FB2I4	Num	8		i) sore or bleeding lips, tongue, or gums? (3 Days Ago)
157	FB2J1	Num	8		j) coughing or wheezing? (No Days)
158	FB2J2	Num	8		j) coughing or wheezing? (Yesterday)
159	FB2J3	Num	8		j) coughing or wheezing? (2 Days Ago)
160	FB2J4	Num	8		j) coughing or wheezing? (3 Days Ago)
161	FB2K1	Num	8		k) shortness of breath or difficulty breathing? (No Days)
162	FB2K2	Num	8		k) shortness of breath or difficulty breathing? (Yesterday)
163	FB2K3	Num	8		k) shortness of breath or difficulty breathing? (2 Days Ago)
164	FB2K4	Num	8		k) shortness of breath or difficulty breathing? (3 Days Ago)
165	FB2L1	Num	8		l) chest pain, pressure, palpitations (No Days)
166	FB2L2	Num	8		l) chest pain, pressure, palpitations (Yesterday)
167	FB2L3	Num	8		l) chest pain, pressure, palpitations (2 Days Ago)
168	FB2L4	Num	8		l) chest pain, pressure, palpitations (3 Days Ago)
169	FB2M1	Num	8		m) an upset stomach, abdominal pain, nausea (No Days)
170	FB2M2	Num	8		m) an upset stomach, abdominal pain, nausea (Yesterday)
171	FB2M3	Num	8		m) an upset stomach, abdominal pain, nausea (2 Days Ago)
172	FB2M4	Num	8		m) an upset stomach, abdominal pain, nausea (3 Days Ago)
173	FB2N1	Num	8		n) difficulty with bowel movements, diarrhea (No Days)
174	FB2N2	Num	8		n) difficulty with bowel movements, diarrhea (Yesterday)
175	FB2N3	Num	8		n) difficulty with bowel movements, diarrhea (2 Days Ago)
176	FB2N4	Num	8		n) difficulty with bowel movements, diarrhea (3 Days Ago)
177	FB2O1	Num	8		o) pain, burning, or blood in urine? (No Days)
178	FB2O2	Num	8		o) pain, burning, or blood in urine? (Yesterday)
179	FB2O3	Num	8		o) pain, burning, or blood in urine? (2 Days Ago)
180	FB2O4	Num	8		o) pain, burning, or blood in urine? (3 Days Ago)
181	FB2P1	Num	8		p) loss of bladder control (No Days)
182	FB2P2	Num	8		p) loss of bladder control (Yesterday)
183	FB2P3	Num	8		p) loss of bladder control (2 Days Ago)
184	FB2P4	Num	8		p) loss of bladder control (3 Days Ago)
185	FB2Q1	Num	8		q) genital pain, itching, burning (No Days)
186	FB2Q2	Num	8		q) genital pain, itching, burning (Yesterday)
187	FB2Q3	Num	8		q) genital pain, itching, burning (2 Days Ago)
188	FB2Q4	Num	8		q) genital pain, itching, burning (3 Days Ago)
189	FB2R1	Num	8		r) a broken arm, wrist, foot, leg (No Days)
190	FB2R2	Num	8		r) a broken arm, wrist, foot, leg (Yesterday)
191	FB2R3	Num	8		r) a broken arm, wrist, foot, leg (2 Days Ago)
192	FB2R4	Num	8		r) a broken arm, wrist, foot, leg (3 Days Ago)

Num	Variable	Type	Len	Format	Label
193	FB2S1	Num	8		s) pain, stiffness, cramps, weakness (No Days)
194	FB2S2	Num	8		s) pain, stiffness, cramps, weakness (Yesterday)
195	FB2S3	Num	8		s) pain, stiffness, cramps, weakness (2 Days Ago)
196	FB2S4	Num	8		s) pain, stiffness, cramps, weakness (3 Days Ago)
197	FB2T1	Num	8		t) pain, stiffness, cramps, weakness (No Days)
198	FB2T2	Num	8		t) pain, stiffness, cramps, weakness (Yesterday)
199	FB2T3	Num	8		t) pain, stiffness, cramps, weakness (2 Days Ago)
200	FB2T4	Num	8		t) pain, stiffness, cramps, weakness (3 Days Ago)
201	FB2U1	Num	8		u) pain, stiffness, cramps, weakness (No Days)
202	FB2U2	Num	8		u) pain, stiffness, cramps, weakness (Yesterday)
203	FB2U3	Num	8		u) pain, stiffness, cramps, weakness (2 Days Ago)
204	FB2U4	Num	8		u) pain, stiffness, cramps, weakness (3 Days Ago)
205	FB2V1	Num	8		v) swelling of the ankles, hands, feet (No Days)
206	FB2V2	Num	8		v) swelling of the ankles, hands, feet (Yesterday)
207	FB2V3	Num	8		v) swelling of the ankles, hands, feet (2 Days Ago)
208	FB2V4	Num	8		v) swelling of the ankles, hands, feet (3 Days Ago)
209	FB2W1	Num	8		w) fever, chills, or sweats? (No Days)
210	FB2W2	Num	8		w) fever, chills, or sweats? (Yesterday)
211	FB2W3	Num	8		w) fever, chills, or sweats? (2 Days Ago)
212	FB2W4	Num	8		w) fever, chills, or sweats? (3 Days Ago)
213	FB2X1	Num	8		x) loss of consciousness, fainting, or seizures? (No Days)
214	FB2X2	Num	8		x) loss of consciousness, fainting, or seizures? (Yesterday)
215	FB2X3	Num	8		x) loss of consciousness, fainting, or seizures? (2 Days Ago)
216	FB2X4	Num	8		x) loss of consciousness, fainting, or seizures? (3 Days Ago)
217	FB2Y1	Num	8		y) difficulty with balance, standing, or walking?(No Days)
218	FB2Y2	Num	8		y) difficulty with balance, standing, or walking?(Yesterday)
219	FB2Y3	Num	8		y) difficulty with balance, standing, or walking?(2 Days Ago)
220	FB2Y4	Num	8		y) difficulty with balance, standing, or walking?(3 Days Ago)
221	FB3A1	Num	8		a) trouble falling asleep or staying asleep? (No Days)
222	FB3A2	Num	8		a) trouble falling asleep or staying asleep? (Yesterday)
223	FB3A3	Num	8		a) trouble falling asleep or staying asleep? (2 Days Ago)
224	FB3A4	Num	8		a) trouble falling asleep or staying asleep? (3 Days Ago)
225	FB3B1	Num	8		b) spells of feeling nervous or shaky? (No Days)
226	FB3B2	Num	8		b) spells of feeling nervous or shaky? (Yesterday)
227	FB3B3	Num	8		b) spells of feeling nervous or shaky? (2 Days Ago)
228	FB3B4	Num	8		b) spells of feeling nervous or shaky? (3 Days Ago)
229	FB3C1	Num	8		c)spells of feeling upset, downhearted, or blue?(No Days)
230	FB3C2	Num	8		c)spells of feeling upset, downhearted, or blue?(Yesterday)
231	FB3C3	Num	8		c)spells of feeling upset, downhearted, or blue?(2 Days Ago)

Num	Variable	Type	Len	Format	Label
232	FB3C4	Num	8		c)spells of feeling upset, downhearted, or blue?(3 Days Ago)
233	FB3D1	Num	8		d)excessive worry or anxiety? (No Days)
234	FB3D2	Num	8		d)excessive worry or anxiety? (Yesterday)
235	FB3D3	Num	8		d)excessive worry or anxiety? (2 Days Ago)
236	FB3D4	Num	8		d)excessive worry or anxiety? (3 Days Ago)
237	FB3E1	Num	8		e) feelings that you had little or no control (No Days)
238	FB3E2	Num	8		e) feelings that you had little or no control (Yesterday)
239	FB3E3	Num	8		e) feelings that you had little or no control (2 Days Ago)
240	FB3E4	Num	8		e) feelings that you had little or no control (3 Days Ago)
241	FB3F1	Num	8		f) feelings of being lonely or isolated? (No Days)
242	FB3F2	Num	8		f) feelings of being lonely or isolated? (Yesterday)
243	FB3F3	Num	8		f) feelings of being lonely or isolated? (2 Days Ago)
244	FB3F4	Num	8		f) feelings of being lonely or isolated? (3 Days Ago)
245	FB3G1	Num	8		g) feelings of frustration, irritation (No Days)
246	FB3G2	Num	8		g) feelings of frustration, irritation (Yesterday)
247	FB3G4	Num	8		g) feelings of frustration, irritation (3 Days Ago)
248	FB3G3	Num	8		g) feelings of frustration, irritation (2 Days Ago)
249	FB3H1	Num	8		h) A hangover? (No Days)
250	FB3H2	Num	8		h) A hangover? (Yesterday)
251	FB3H3	Num	8		h) A hangover? (2 Days Ago)
252	FB3H4	Num	8		h) A hangover? (3 Days Ago)
253	FB3I1	Num	8		i) decrease in sexual interest or performance? (No Days)
254	FB3I2	Num	8		i) decrease in sexual interest or performance? (Yesterday)
255	FB3I3	Num	8		i) decrease in sexual interest or performance? (2 Days Ago)
256	FB3I4	Num	8		i) decrease in sexual interest or performance? (3 Days Ago)
257	FB3J1	Num	8		j) confusion, difficulty understanding (No Days)
258	FB3J2	Num	8		j) confusion, difficulty understanding (Yesterday)
259	FB3J3	Num	8		j) confusion, difficulty understanding (2 Days Ago)
260	FB3J4	Num	8		j) confusion, difficulty understanding (3 Days Ago)
261	FB3K1	Num	8		k) thoughts or images you could not get (No Days)
262	FB3K2	Num	8		k) thoughts or images you could not get (Yesterday)
263	FB3K3	Num	8		k) thoughts or images you could not get (2 Days Ago)
264	FB3K4	Num	8		k) thoughts or images you could not get (3 Days Ago)

Data Set Name: f0705_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	FORM_	Char	8	$8.	$8.	FORM_
6	GBO4BB	Num	8	1.		A Group plan through employer
7	GOB1	Num	8			Anytime you did NOT have health insurance
8	GOB2	Num	8	2.		How long were you WITHOUT insurance
9	GOB3	Num	8			Currently, do you have health ins cov?
10	GOB4BA	Num	8	1.		An Individual plan
11	GOB4BC	Num	8	1.		A Government plan
12	GOB4BC1	Num	8	1.		U.S. Government Health Plan
13	GOB4BC2	Num	8	1.		Canadian Government Plan
14	GOB4BC3	Num	8	1.		Medicaid
15	GOB4BC4	Num	8	1.		Medicare
16	GOB4CA	Num	8	1.		Indemnity or fee for service plan
17	GOB4CB	Num	8	1.		Health Maintenance Organization (HMO)
18	GOB4CC	Num	8	1.		Preferred Provider Organization
19	GOB4CD	Num	8	1.		Point of Service (POS)
20	GOB4CE	Num	8	1.		Other health insurance
21	GOB5A	Num	8			a. Medical visits for d[;]
22	GOB5AA	Num	8			aa. Hospitalization for[;]
23	GOB5B	Num	8			b. Medical visits for d[;]
24	GOB5BB	Num	8			bb. Nursing home care,[;]
25	GOB5C	Num	8			c. Insulin[;]
26	GOB5CC	Num	8			cc. Home health care se[;]
27	GOB5D	Num	8			d. Syringes[;]
28	GOB5E	Num	8			e. Blood glucose testin[;]
29	GOB5F	Num	8			f. Blood glucose testin[;]
30	GOB5G	Num	8			g. Glucose tablets[;]
31	GOB5H	Num	8			h. Glucagon[;]
32	GOB5I	Num	8			i. Insulin infusion pum[;]
33	GOB5J	Num	8			j. Insulin infusion pum[;]
34	GOB5K	Num	8			k. Glycosylated hemoglo[;]
35	GOB5L	Num	8			l. Fructosamine test (b[;]
36	GOB5M	Num	8			m. Blood tests (in gene[;]

Num	Variable	Type	Len	Format	Informat	Label
37	GOB5N	Num	8			n. Urine tests (in gene[;]
38	GOB5O	Num	8			o. Electrocardiograms ([;]
39	GOB5P	Num	8			p. Cardiovascular stres[;]
40	GOB5Q	Num	8			q. Dilated eye exams[;]
41	GOB5R	Num	8			r. Eye photos[;]
42	GOB5S	Num	8			s. Laser treatment for[;]
43	GOB5T	Num	8			t. Dialysis (in-home or[;]
44	GOB5U	Num	8			u. Nutrition counseling[;]
45	GOB5V	Num	8			v. Diabetes education s[;]
46	GOB5W	Num	8			w. Services of mental h[;]
47	GOB5X	Num	8			x. Emergency room visit[;]
48	GOB5Y	Num	8			y. Walk-in clinics or u[;]
49	GOB5Z	Num	8			z. Hospitalization due[;]
50	GOC1	Num	8			Diabetes health care services:Where?
51	GOC2	Num	8			Diabetes health care services:Who?
52	GOC3	Num	8			Diabetes provider check in item #2?
53	GOC4	Num	8			General health services: Where?
54	GOC5	Num	8			General health services: Who?
55	GOC6	Num	8			Is general provider same as diabetes?
56	GOC7	Num	8			Visted EDIC clinic unrelated to study?
57	GOC71	Num	8	2.		Number of visits
58	GOC8	Num	8			EDIC annual eval only health care proveded?
59	GOC9A	Num	8			a. Generalist visit (ge[;]
60	GOC9A1	Num	8	2.		a. Generalist visit (ge[;]# of visits
61	GOC9B	Num	8			b. Specialist visit (di[;]
62	GOC9B1	Num	8	2.		b. Specialist visit (di[;]# of visits
63	GOC9C	Num	8			c. Nurse educator or ce[;]
64	GOC9C1	Num	8	2.		c. Nurse educator or ce[;]# of visits
65	GOC9D	Num	8			d. Dietitian[;]
66	GOC9D1	Num	8	2.		d. Dietitian[;]# of visits
67	GOC9E	Num	8			e. Psychiatrist (M.D.)[;]
68	GOC9E1	Num	8	2.		e. Psychiatrist (M.D.)[;]# of visits
69	GOC9F	Num	8			f. Psychologist[;]
70	GOC9F1	Num	8	2.		f. Psychologist[;]# of visits
71	GOC9G	Num	8			g. Social worker[;]
72	GOC9G1	Num	8	2.		g. Social worker[;]# of visits
73	GOC9H	Num	8			h. Ophthalmologist (eye[;]
74	GOC9H1	Num	8	2.		h. Ophthalmologist (eye[;]# of visits
75	GOC9I	Num	8			i. Optometrist (eye spe[;]

Num	Variable	Type	Len	Format	Informat	Label
76	GOC9I1	Num	8	2.		i. Optometrist (eye spe[;]# of visits
77	GOC9J	Num	8			j. Cardiologist (heart[;]
78	GOC9J1	Num	8	2.		j. Cardiologist (heart[;]# of visits
79	GOC9K	Num	8			k. Podiatrist (foot spe[;]
80	GOC9K1	Num	8	2.		k. Podiatrist (foot spe[;]# of visits
81	GOC9L	Num	8			l. Nephrologist (kidney[;]
82	GOC9L1	Num	8	2.		l. Nephrologist (kidney[;]# of visits
83	GOC9M	Num	8			m. Gastroenterologist ([;]
84	GOC9M1	Num	8	2.		m. Gastroenterologist ([;]# of visits
85	GOC9N	Num	8			n. Neurologist (nerve s[;]
86	GOC9N1	Num	8	2.		n. Neurologist (nerve s[;]# of visits
87	GOC9O	Num	8			o. Oncologist (cancer s[;]
88	GOC9O1	Num	8	2.		o. Oncologist (cancer s[;]# of visits
89	GOC9P	Num	8			p. Surgeon[;]
90	GOC9P1	Num	8	2.		p. Surgeon[;]# of visits
91	GOC9Q	Num	8			q. Gynecologist or obst[;]
92	GOC9Q1	Num	8	2.		q. Gynecologist or obst[;]# of visits
93	GOC9R	Num	8			r. Urologist (specialis[;]
94	GOC9R1	Num	8	2.		r. Urologist (specialis[;]# of visits
95	GOC9S	Num	8			s. Dermatologist (skin[;]
96	GOC9S1	Num	8	2.		s. Dermatologist (skin[;]# of visits
97	GOC9T	Num	8			t. Orthopedist (bone sp[;]
98	GOC9T1	Num	8	2.		t. Orthopedist (bone sp[;]# of visits
99	GOC9U	Num	8			u. Physical therapist[;]
100	GOC9U1	Num	8	2.		u. Physical therapist[;]# of visits
101	GOC9V	Num	8			v. Chiropractor[;]
102	GOC9V1	Num	8	2.		v. Chiropractor[;]# of visits
103	GOC9W	Num	8			w. Dentist[;]
104	GOC9W1	Num	8	2.		w. Dentist[;]# of visits
105	GOC9X	Num	8			x. Oral surgeon[;]
106	GOC9X1	Num	8	2.		x. Oral surgeon[;]# of visits
107	GOC9Y	Num	8			y. Other health care pr[;]
108	GOC9Y1	Num	8	2.		y. Other health care pr[;]# of visits
109	GOC9YA	Num	8			[;]
110	GOC9YA1	Num	8	2.		[;]# of visits
111	GOC9YB	Num	8			[;]
112	GOC9YB1	Num	8	2.		[;]# of visits
113	GOD1	Num	8			Admitted to hospital overnight
114	GOD1A	Num	8	2.		How many time were you admitted?

Num	Variable	Type	Len	Format	Informat	Label
115	GOD1B	Num	8	2.		Total nights in hospital?
116	GOD1CA2	Num	8	3.		[;]Number of nights
117	GOD1CB2	Num	8	3.		[;]Number of nights
118	GOD1CC2	Num	8	3.		[;]Number of nights
119	GOD1CD2	Num	8	3.		[;]Number of nights
120	GOD1CE2	Num	8	3.		[;]Number of nights
121	GOD1CF2	Num	8	3.		[;]Number of nights
122	GOD2	Num	8			Were you seen in a hospital ER?
123	GOD2A	Num	8	2.		How many times in hospital ER?
124	GOD2B	Num	8	2.		How many times related to diabetes?
125	GOD3	Num	8			Patient in nursing home or convalescent facility?
126	GOD3A	Num	8	3.		Total nights in nursing home or convalescent facility
127	GOD3BA2	Num	8	3.		[;]Number of nights
128	GOD3BB2	Num	8	3.		[;]Number of nights
129	GOD3BC2	Num	8	3.		[;]Number of nights
130	GOD4A	Num	8			a. Glycosylated hemoglo[;]
131	GOD4A1	Num	8	2.		a. Glycosylated hemoglo[;]# of times
132	GOD4B	Num	8			b. Fructosamine[;]
133	GOD4B1	Num	8	2.		b. Fructosamine[;]# of times
134	GOD4C	Num	8			c. Blood glucose (by la[;]
135	GOD4C1	Num	8	2.		c. Blood glucose (by la[;]# of times
136	GOD4D	Num	8			d. Fasting lipid test ([;]
137	GOD4D1	Num	8	2.		d. Fasting lipid test ([;]# of times
138	GOD4E	Num	8			e. Other blood tests[;]
139	GOD4E1	Num	8	2.		e. Other blood tests[;]# of times
140	GOD4F	Num	8			f. Electrocardiogram (E[;]
141	GOD4F1	Num	8	2.		f. Electrocardiogram (E[;]# of times
142	GOD4G	Num	8			g. Stress test[;]
143	GOD4G1	Num	8	2.		g. Stress test[;]# of times
144	GOD4H	Num	8			h. Dilated eye exam[;]
145	GOD4H1	Num	8	2.		h. Dilated eye exam[;]# of times
146	GOD4I	Num	8			i. Eye photographs[;]
147	GOD4I1	Num	8	2.		i. Eye photographs[;]# of times
148	GOD4J	Num	8			j. Fluorescein angiogra[;]
149	GOD4J1	Num	8	2.		j. Fluorescein angiogra[;]# of times
150	GOD4K	Num	8			k. Laser treatment for[;]
151	GOD4K1	Num	8	2.		k. Laser treatment for[;]# of times
152	GOD4L	Num	8			l. Timed urine collecti[;]
153	GOD4L1	Num	8	2.		l. Timed urine collecti[;]# of times

Num	Variable	Type	Len	Format	Informat	Label
154	GOD4M	Num	8			m. Other urine tests[;]
155	GOD4M1	Num	8	2.		m. Other urine tests[;]# of times
156	GOD4N	Num	8			n. Kidney dialysis[;]
157	GOD4N1	Num	8	2.		n. Kidney dialysis[;]# of times
158	GOD4O	Num	8			o. Gastric emptying stu[;]
159	GOD4O1	Num	8	2.		o. Gastric emptying stu[;]# of times
160	GOD4P	Num	8			p. Pap smear test[;]
161	GOD4P1	Num	8	2.		p. Pap smear test[;]# of times
162	GOD4Q	Num	8			q. Flu shot[;]
163	GOD4Q1	Num	8	2.		q. Flu shot[;]# of times
164	GOD5	Num	8			Past 12 Months: Any other lab test/eval
165	GOD6	Num	8			Past 12 Months: Any other medical treatments
166	GOD7	Num	8	3.		Past 12 Months: Missed days work etc.
167	GOD7A	Num	8	3.		Past 12 Months: Missed days diabetes related
168	GOE1	Num	8			Past 12 Mos: Ask to participated health research
169	GOE2	Num	8			Actually participate in project
170	GOE3A	Num	8	1.		Specific drugs
171	GOE3B	Num	8	1.		Test procedures
172	GOE3C	Num	8	1.		Insulin regimen changes
173	GOE3D	Num	8	1.		Diet changes
174	GOE3E	Num	8	1.		Exercise modifications and/or recommendations
175	GOE3F	Num	8	1.		Questionnaires
176	GOE3G	Num	8	1.		Interviews
177	GOE3H	Num	8	1.		Other
178	GOF1	Num	8			Any other health problems/conditions
179	GOF2A	Num	8	1.		Did not think that the condition was serious
180	GOF2B	Num	8	1.		Health care services for the problem or condition were not covered by health insurance
181	GOF2C	Num	8	1.		Thought the medical care would cost too much
182	GOF2D	Num	8	1.		Did not have money to cover the cost
183	GOF2E	Num	8	1.		Did not have time to see a health care provider
184	GOF2F	Num	8	1.		Could not get an appointment; office hours were inconvenient
185	GOF2G	Num	8	1.		Did not have a way to get to the office or clinic
186	GOF2H	Num	8	1.		Distance to clinic or doctor’s office was too great
187	GOF2I	Num	8	1.		Did not have anyone to care for the children
188	GOF2J	Num	8	1.		Felt the health care provider could not help the condition
189	GOF2K	Num	8	1.		Did not feel the health care provider cared about my health
190	GOF2L	Num	8	1.		Was afraid of finding out what was wrong
191	GOF2M	Num	8	1.		Felt the problem could be remedied at home

Num	Variable	Type	Len	Format	Informat	Label
192	GOF2N	Num	8	1.		Had a lapse in insurance
193	GOF2O	Num	8	1.		other
194	GOF3	Num	8			Past 12 Mos: Delay seeing a doctor
195	GOF4A	Num	8	1.		Did not think that the condition was serious
196	GOF4B	Num	8	1.		Health care services for the problem or condition were not covered by health insurance
197	GOF4C	Num	8	1.		Thought the medical care would cost too much
198	GOF4D	Num	8	1.		Did not have money to cover the cost
199	GOF4E	Num	8	1.		Did not have time to see a health care provider
200	GOF4F	Num	8	1.		Could not get an appointment; office hours were inconvenient
201	GOF4G	Num	8	1.		Did not have a way to get to the office or clinic
202	GOF4H	Num	8	1.		Distance to clinic or doctor’s office was too great
203	GOF4I	Num	8	1.		Did not have anyone to care for the children
204	GOF4J	Num	8	1.		Felt the health care provider could not help the condition
205	GOF4K	Num	8	1.		Did not feel the health care provider cared about my health
206	GOF4L	Num	8	1.		Was afraid of finding out what was wrong
207	GOF4M	Num	8	1.		Felt the problem could be remedied at home
208	GOF4N	Num	8	1.		Had a lapse in insurance
209	GOF4O	Num	8	1.		other
210	GOB4BB	Num	8			A Group plan through employer

Data Set Name: f0906.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	IOSEQNO	Num	8	2.		Sequence Number
6	IOC5TES1	Char	20	$20.	$20.	What tests were performed? Test 1
7	IOC5TES2	Char	20	$20.	$20.	What tests were performed? Test 2
8	IOC5TES3	Char	20	$20.	$20.	What tests were performed? Test 3
9	IOC5TES4	Char	20	$20.	$20.	What tests were performed? Test 4
10	IOC5TES5	Char	20	$20.	$20.	What tests were performed? Test 5
11	FORM_	Char	8	$8.	$8.	FORM_
12	IOB1ADAT	Num	8	MMDDYY10.		Date of occurrence
13	IOB1B	Num	8	1.		Check here if date uncertain
14	IOB2BDAT	Num	8	MMDDYY10.		Date EDIC clinic learned of the event:
15	IOB3	Num	8			How did clinic learned of the event?
16	IOB4A	Num	8	1.		Emergency room treatment
17	IOB4B	Num	8	1.		Inpatient hospitalization treatment
18	IOB4C	Num	8	1.		EDIC clinic treatment
19	IOB4D	Num	8	1.		Other location treatment
20	IOB0A	Num	8	1.		Myocardial infarction
21	IOB0B	Num	8	1.		Angina pectoris
22	IOB0C	Num	8	1.		Coronary artery disease
23	IOB0D	Num	8	1.		Arrhythmia
24	IOBOE	Num	8	1.		Congestive heart failure (NEW)
25	IOC	Num	8	1.		If NO pain, here and skip to C.3
26	IOC1AII	Num	8	1.		Chest pain: left arm
27	IOC1AIII	Num	8	1.		Chest pain: jaw
28	IOC1AIV	Num	8	1.		Chest pain: sternum upper or middle
29	IOC1AV	Num	8	1.		Chest pain: sternum lower
30	IOC1BI	Num	8	1.		Pain involve: the: back
31	IOC1BIII	Num	8	1.		Pain involve: the right arm
32	IOC1BIV	Num	8	1.		Pain involve: the abdomen or both sides
33	IOC2A	Num	8	1.		Did pain last more than more than 20
34	IOC2B	Num	8	1.		non-cardiac cause for the pain
35	IOC2C	Num	8	1.		self-administered without relief / pain
36	IOC3	Num	8	1.		Patient ever had feeling of pressure

Num	Variable	Type	Len	Format	Informat	Label
37	IOC4A	Num	8	1.		Did you get this pain when walking
38	IOC4B	Num	8	1.		pain when walking at an ordinary pace
39	IOC4C	Num	8			When the patient gets this pain, what do you do
40	IOC4D	Num	8			What happens to the pain when standing still?
41	IOC4E	Num	8			How soon does the pain go away
42	IOC5	Num	8	1.		any diagnostic tests performed
43	IOC5RES1	Num	8			What was the results? Result 1
44	IOC5RES2	Num	8			What was the results? Result 2
45	IOC5RES3	Num	8			What was the results? Result 3
46	IOC5RES4	Num	8			What was the results? Result 4
47	IOC5RES5	Num	8			What was the results? Result 5
48	IOC1AI	Num	8	1.		Chest pain: left anterior chest
49	CERTIF	Num	8	5.		Certification Number
50	IOC1BII	Num	8	1.		Pain involve: the shoulder
51	IOD1B	Num	8	4.		Enzyme: What was the CPK value? IU/L
52	IOD2A	Num	8			Enzyme:Was the CPK-MB "present"?
53	IOD2B	Num	8	5.2		Enzyme: What was the CPK MB value? ng/mL
54	IOD3A	Num	8			Enzyme: either CPK-MB heart fraction
55	IOD3B1	Num	8	5.2		Enzyme: CPK-MB heart fraction %
56	IOD3B2	Num	8	4.		Enzyme: LDH U/L
57	IOD3B3	Num	8	4.		Enzyme: SGOT U/L
58	IOD3B4	Num	8	5.2		Enzyme: Troponin ug/L
59	IOD3B5	Num	8	4.		Enzyme: BNP ng/L
60	IOD4	Num	8			Enzyme: was there a known NON-ISCHEMIC
61	IOD1A	Num	8			Enzyme: CPK at least twice upper limit
62	IOEA	Num	8	1.		CHF: Category A:Paroxysmal nocturnal dyspnea
63	IOEB	Num	8	1.		CHF: Category B: Rales, ankle edema, tachycardia,
64	EDICYRB	Num	8	2.		What is the LAST EDIC?
65	IOEECG	Num	8	1.		ARE ECG TRACINGS ATTACHED?
66	IOFHOSRE	Num	8	1.		ARE HOSPITAL RECORDS ATTACHED? If NO, why not?
67	IOGCARD	Num	8	1.		Outcome of event :Cardiology Followup
68	IOGMED	Num	8	1.		Outcome of event : Medication
69	IOGOTH	Num	8	1.		Outcome of event :Other,
70	IOGSURG	Num	8	1.		Outcome of event : Surgery
71	IOGTPA	Num	8	1.		Outcome of event : TPA

Data Set Name: f0914_2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	8		DEIDENTIFIED CLINIC
2	mask_pat	Num	8		DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.	FSASDATE Date Form Completed
4	IASEQNO	Num	8		IASEQNO For DCC use only: Sequence No.
5	EDICYRB	Num	8		EDICYRB Last EDIC Follow-upYear:
6	IAB0A	Num	8		IAB0A CVA
7	IAB0B	Num	8		IAB0B TIA
8	IAB1ADAT	Num	8	MMDDYY10.	IAB1ADAT Date of Occurence
9	IAB1B	Num	8		IAB1B If date uncertian, check here
10	IAB2BDAT	Num	8	MMDDYY10.	IAB2BDAT Date Clinic learned of the event
11	IAB3	Num	8		IAB3 How Clinic learned of event
12	IAB4A	Num	8		IAB4A Emergency Room
13	IAB4B	Num	8		IAB4B Inpatient Hospitalization
14	IAB4C	Num	8		IAB4C EDIC Clinic
15	IAB4D	Num	8		IAB4D Other Facility
16	IAC1A1	Num	8		IAC1A1 Weakness or Numbness in Contralateral
17	IAC1A2	Num	8		IAC1A2 Contralateral Homonymous Hemianopsia
18	IAC1A3	Num	8		IAC1A3 Dysphasia
19	IAC1A4	Num	8		IAC1A4 Agnosia
20	IAC1B1	Num	8		IAC1B1 Weakness: single/multiple limbs
21	IAC1B2	Num	8		IAC1B2 Numbness of the Face
22	IAC1B3	Num	8		IAC1B3 Diplopia
23	IAC1B4	Num	8		IAC1B4 Dysphagia
24	IAC1B5	Num	8		IAC1B5 Dysarthria
25	IAC1B6	Num	8		IAC1B6 Hemonymous Hemianopsia
26	IAC1B7	Num	8		IAC1B7 Ataxia
27	IAC1B8	Num	8		IAC1B8 Nystagmus
28	IAC1B9	Num	8		IAC1B9 Altered Consciousness
29	IAC1B10	Num	8		IAC1B10 Vertigo
30	IAC1B11	Num	8		IAC1B11 Nausea
31	IAC2A	Num	8		IAC2A Did Symptons/Signs at least 10 Min > 24 hrs
32	IAC2B	Num	8		IAC2B Symptons/Signs persist over 24 hrs
33	IAC3A	Num	8		IAC3A Neurological Examination?
34	IAC3B	Num	8		IAC3B Disabilitiy interferes w/daily activities?
35	IAC4	Num	8		IAC4 Was Angiography Testing Performed?
36	IAC5	Num	8		IAC5 Were Diagnostic Tests Performed?

Num	Variable	Type	Len	Format	Label
37	IAC5TES1	Char	20		IAC5TES1 TEST 1
38	IAC5RES1	Num	8		IAC5RES1 RESULTS OF TEST 1
39	IAC5TES2	Char	20		IAC5TES2 TEST 2
40	IAC5RES2	Num	8		IAC5RES2 RESULTS OF TEST 2
41	IAC5TES3	Char	20		IAC5TES3 TEST 3
42	IAC5RES3	Num	8		IAC5RES3 RESULTS OF TEST 3
43	IAC5TES4	Char	20		IAC5TES4 TEST 4
44	IAC5RES4	Num	8		IAC5RES4 RESULTS OF TEST 4
45	IAC5TES5	Char	20		IAC5TES5 TEST 5
46	IAC5RES5	Num	8		IAC5RES5 RESULTS OF TEST 5
47	FORM_	Char	8		FORM_ Form name
48	EDICYEAR	Num	8		EDICYEAR EDIC YEAR

Data Set Name: f0915.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	IASEQNO	Num	8	2.		Sequence Number
6	IAC5TES1	Char	20	$20.	$20.	TEST 1
7	IAC5TES2	Char	20	$20.	$20.	TEST 2
8	IAC5TES3	Char	20	$20.	$20.	TEST 3
9	IAC5TES4	Char	20	$20.	$20.	TEST 4
10	IAC5TES5	Char	20	$20.	$20.	TEST 5
11	IAC5TES6	Char	20	$20.	$20.	TEST 6
12	FORM_	Char	8	$8.	$8.	FORM_
13	IAB0A	Num	8	1.		Stroke (formerly CVA)
14	IAB0A1	Num	8	1.		Hemorrhagic?
15	IAB0A2	Num	8	1.		Ischemic?
16	IAB0A3	Num	8	1.		Unknown?
17	IAB0B	Num	8	1.		TIA
18	IAB1ADAT	Num	8	MMDDYY10.		Date of Occurence
19	IAB1B	Num	8	1.		If date uncertian, check here
20	IAB2BDAT	Num	8	MMDDYY10.		Date Clinic learned of the event
21	IAB3	Num	8			How did clinic learn of the event?
22	IAB4A	Num	8	1.		Emergency Room treatment
23	IAB4B	Num	8	1.		Inpatient Hospitalization treatment
24	IAB4C	Num	8	1.		EDIC Clinic treatment
25	IAB4D	Num	8	1.		Other location treatment
26	IAC1A1	Num	8			Weakness or numbness in limbs
27	IAC1A2	Num	8			Partial loss of visual field
28	IAC1A3	Num	8			Difficulty producing/understanding speech or writing
29	IAC1A4	Num	8			Loss of ability to recogize objects
30	IAC1B1	Num	8			Weakness of single or multiple limbs
31	IAC1B10	Num	8			Sense of rapid spinning
32	IAC1B11	Num	8			Feeling the need to vomit without vomiting
33	IAC1B2	Num	8			Numbness of the face (especially the mouth)
34	IAC1B3	Num	8			Double vision (Diplopia)
35	IAC1B4	Num	8			Difficulty swallowing (Dysphagia)
36	IAC1B5	Num	8			Slurring of speech (Dysarthria)

Num	Variable	Type	Len	Format	Informat	Label
37	IAC1B6	Num	8			Partial loss of visual field
38	IAC1B7	Num	8			Lack of coordination of muscle movement
39	IAC1B8	Num	8			Fast rhythmic eye twitching
40	IAC1B9	Num	8			Altered consciousness
41	IAC1D1	Num	8			Headache
42	IAC1D2	Num	8			Loss of consciousness
43	IAC1D3	Num	8			Vomiting
44	IAC1D4	Num	8			Seizures
45	IAC2A0	Num	8			Less than 10 mins?
46	IAC2A1	Num	8			At least 10 mins but less than 60 mins?
47	IAC2A2	Num	8			At least 1 hr but less than 24 hrs?
48	IAC2B	Num	8			At least 24 hrs?
49	IAC3A	Num	8			Neurological Examination?
50	IAC3B	Num	8			Disabilitiy interferes w/daily activities?
51	IAC4A	Num	8			CT scan of brain?
52	IAC4B	Num	8			MRI scan of the Brain
53	IAC4C	Num	8			CT Angiography
54	IAC4D	Num	8			MR Angiography
55	IAC4E	Num	8			Angiogram of the Head
56	IAC4F	Num	8			Electrocardiogram
57	IAC4G	Num	8			Carotid Duplex
58	IAC4H	Num	8			Echocardiogram
59	IAC4I	Num	8			Other
60	IAC5RES1	Num	8			RESULTS OF TEST 1
61	IAC5RES2	Num	8			RESULTS OF TEST 2
62	IAC5RES3	Num	8			RESULTS OF TEST 3
63	IAC5RES4	Num	8			RESULTS OF TEST 4
64	IAC5RES5	Num	8			RESULTS OF TEST 5
65	IAC5RES6	Num	8			RESULTS OF TEST 6
66	IAD1	Num	8			Was there a surgical cause to the stroke?
67	IAD2A	Num	8			Was there a traumatic cause?
68	IAD2B	Num	8			Did the patient have a predisposing condition?
69	IAEA	Num	8			CT scan of the Brain
70	IAEB	Num	8			MRI scan of the Brain
71	IAEC	Num	8			CT Angiography
72	IAED	Num	8			MR Angiography
73	EDICYRB	Num	8	2.		What is the last EDIC follow-up year?
74	IAEE	Num	8			Angiogram of the Head
75	IAFA	Num	8			Neurology Consult Notes

Num	Variable	Type	Len	Format	Informat	Label
76	IAFB	Num	8			Discharge Summary
77	IAFC	Num	8			Doc. of admin. of thrombolysis or surg. intervention
78	IAGMED	Num	8	1.		Medication
79	IAGNEUR	Num	8	1.		Neurology Followup
80	IAGOTH	Num	8	1.		Other
81	IAGSURG	Num	8	1.		Surgery
82	IAGTPA	Num	8	1.		Tissue Plasminogen Activator/clotbuster

Data Set Name: f0924_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	IBSEQNO	Num	8	2.		Sequence Number
6	IBC11TE1	Char	20	$20.	$20.	Test 1
7	IBC11TE2	Char	20	$20.	$20.	Test 2
8	IBC11TE3	Char	20	$20.	$20.	Test 3
9	IBC11TE4	Char	20	$20.	$20.	Test 4
10	IBC11TE5	Char	20	$20.	$20.	Test 5
11	FORM_	Char	8	$8.	$8.	FORM_
12	IBB1ADAT	Num	8	MMDDYY10.		Date of Occurence
13	IBB1B	Num	8	1.		Check here if date uncertain
14	IBB2BDAT	Num	8	MMDDYY10.		Specify date EDIC Clinic learned of the event:
15	IBB3	Num	8			How did Clinic learn of event?
16	IBB4A	Num	8	1.		Emergency Room
17	IBB4B	Num	8	1.		Inpatient Hospitalization
18	IBB4C	Num	8	1.		EDIC Clinic
19	IBB4D	Num	8	1.		Other
20	IBC1	Num	8	1.		Does the patient get pain in either leg on walking?
21	IBC10	Num	8			Since first experiencing the pain, has the patient noticed a change in its severity?
22	IBC11	Num	8	1.		Were any diagnostic tests performed on this patient?
23	IBC11RE1	Num	8			Result
24	IBC11RE2	Num	8			Result
25	IBC11RE3	Num	8			Result
26	IBC11RE4	Num	8			Result
27	IBC11RE5	Num	8			Result
28	IBC2	Num	8	1.		Does this pain ever begin when standing still or sitting?
29	IBC3L	Num	8			Left
30	IBC3R	Num	8			Right
31	IBC4	Num	8	1.		Does the patient have pain when walking uphill or hurrying?
32	IBC5	Num	8	1.		Does the patient have pain when walking at an ordinary pace on a level surface?
33	IBC6	Num	8	1.		Does the pain ever disappear while the patient is walking?
34	IBC7	Num	8			What does the patient do if he/she gets this pain when walking?
35	IBC8	Num	8			What happens to the pain if the patient stands still?

Num	Variable	Type	Len	Format	Informat	Label
36	IBC9	Num	8			If the pain is relieved by standing still, how soon does relief occur?
37	IBD1L	Num	8	1.		AMPUTATION: Resection lower extremity (L)
38	IBD1R	Num	8	1.		AMPUTATION: Resection lower extremity (R)
39	IBD2BL	Num	8	1.		AMPUTATION: Resection Surgical? (L)
40	IBD2BR	Num	8	1.		AMPUTATION: Resection Surgical? (R)
41	IBD2AL	Num	8	1.		AMPUTATION: Resection Traumatic? (L)
42	IBD2AR	Num	8	1.		AMPUTATION: Resection Traumatic? (R)
43	IBE1	Num	8	1.		Has the patient had other arterial events?
44	IBE2A	Num	8	1.		If yes, did it require Bypass?
45	IBE2B	Num	8	1.		Angioplasty
46	IBE2C	Num	8	1.		Other
47	EDICYRB	Num	8	2.		If event was reported between two annual visits. What is the LAST EDIC follow-up year?
48	IBF1	Num	8	1.		Has the patient had lower extremity Ulcer?
49	IBF2FOTL	Num	8	1.		Left foot
50	IBF2FOTR	Num	8	1.		Right foot
51	IBF2LEGL	Num	8	1.		Left leg
52	IBF2LEGR	Num	8	1.		Right leg
53	IBF3AFOT	Num	8	1.		Lower Ulcer: Traumatic 'foot'
54	IBF3ALEG	Num	8	1.		Lower Ulcer: Traumatic 'leg'
55	IBF3BFOT	Num	8	1.		Lower Ulcer: Non-Traumatic 'foot'
56	IBF3BLEG	Num	8	1.		Lower Ulcer: Non-Traumatic 'leg'
57	IBF3CFOT	Num	8	1.		Lower Ulcer: Excav/subcutaneous tissue 'foot'
58	IBF3CLEG	Num	8	1.		Lower Ulcer: Excav/subcutaneous tissue 'leg'
59	IBF3DFOT	Num	8	1.		Lower Ulcer: Loss of subcutaneous tissue 'foot'
60	IBF3DLEG	Num	8	1.		Lower Ulcer: Loss of subcutaneous tissue 'leg'
61	IBF3EFOT	Num	8	1.		Lower Ulcer: Inflamation 'foot'
62	IBF3ELEG	Num	8	1.		Lower Ulcer: Inflamation 'leg'
63	IBF3FFOT	Num	8	1.		Lower Ulcer: Infection 'foot'
64	IBF3FLEG	Num	8	1.		Lower Ulcer: Infection 'leg'
65	IBF3GFOT	Num	8	1.		Lower Ulcer: Medical treatment/office 'foot'
66	IBF3GLEG	Num	8	1.		Lower Ulcer: Medical treatment/office 'leg'
67	IBF3HFOT	Num	8	1.		Lower Ulcer: Medical treatment/hospital 'foot'
68	IBF3HLEG	Num	8	1.		Lower Ulcer: Medical treatment/hospital 'leg'
69	IBF3OTHF	Num	8	1.		Lower Ulcer: Other 'foot'
70	IBF3OTHL	Num	8	1.		Lower Ulcer: Other 'leg'

Data Set Name: f0934_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	ICSEQNO	Num	8	2.		Sequence Number
6	FORM_	Char	8	$8.	$8.	FORM_
7	ICB1ADAT	Num	8	MMDDYY10.		a) Specify date of occurrence or recognition of the event:
8	ICB1B	Num	8	1.		If date uncertain: check here
9	ICB2BDAT	Num	8	MMDDYY10.		Specify date EDIC Clinic learned of the event:
10	ICB3	Num	8			How did clinic learn of the event?
11	ICC1	Num	8			Was a symptomatic diabetic state present?
12	ICC2A	Num	8			Was serum ketones present?
13	ICC2B	Num	8			Were large/moderate ketones in urine?
14	ICC3AI	Num	8			Was arterial blood pH less than 7.30?
15	ICC3AII	Num	8	4.2		Record arterial blood pH level if available
16	ICC3BI	Num	8			Was venous blood pH less than 7.25?
17	ICC3BII	Num	8	4.2		Record venous blood pH level if available
18	ICC3CI	Num	8			Was serum HCO3 less than 15 mEg/L?
19	ICC3CII	Num	8	2.		Record serum HCO3 if available
20	ICC4	Num	8	1.		Was the patient treated within a health care facility?
21	ICC4A	Num	8	1.		Emergency Room?
22	ICC4B	Num	8	1.		Inpatient hospitalization?
23	ICC4C	Num	8	1.		EDIC Clinic?
24	ICC4D	Num	8	1.		Other Facility?
25	ICC5A	Num	8	1.		Omission of insulin
26	ICC5B	Num	8	1.		Pump malfunction
27	ICC5C	Num	8	1.		Illness
28	ICC5D	Num	8	1.		Other
29	EDICYRB	Num	8	2.		If event was reported between two annual visits. What is the LAST EDIC follow-up year?

Data Set Name: f0944_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	IDSEQNO	Num	8	2.		Sequence Number
6	IDCDIAGN	Char	40	$40.	$40.	If yes, specify diagnosis and treatment provided:
7	FORM_	Char	8	$8.	$8.	FORM_
8	IDB1ADAT	Num	8	MMDDYY10.		a) Specify date of occurrence or recognition of the event:
9	IDB1B	Num	8	1.		b) If date uncertain, check here:
10	IDB2DAT	Num	8	MMDDYY10.		Specify date EDIC Clinic learned of the event:
11	IDB3	Num	8			How did clinic learn of the event?
12	IDC1A	Num	8	1.		Psychiatric social worker
13	IDC1B	Num	8	1.		Psychologist
14	IDC1C	Num	8	1.		Psychiatrist
15	IDC1D	Num	8	1.		Other,
16	IDC2	Num	8	1.		Did the patient receive outpatient treatment?
17	IDC2A	Num	8	1.		Emergency Room
18	IDC2B	Num	8	1.		Office
19	IDC2C	Num	8	1.		While on medical/surgical inpatient service for a primary medical problem
20	IDC2D	Num	8	1.		Other,
21	IDC3	Num	8	1.		Did patient receive inpatient treatment?
22	IDC4	Num	8	1.		Was diagnosis of psychiatric illness made?
23	EDICYRB	Num	8	2.		If event was reported between two annual visits. What is the LAST EDIC follow-up year?

Data Set Name: f0954_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	IESEQNO	Num	8	2.		Sequence Number
6	IETEST1	Char	20	$20.	$20.	TEST 1
7	IETEST2	Char	20	$20.	$20.	TEST 2
8	IETEST3	Char	20	$20.	$20.	TEST 3
9	IETEST4	Char	20	$20.	$20.	TEST 4
10	IETEST5	Char	20	$20.	$20.	TEST 5
11	FORM_	Char	8	$8.	$8.	FORM_
12	IEB1ADAT	Num	8	MMDDYY10.		Specify date of occurrence or recognition of the event:
13	IEB1B	Num	8	1.		Check here, if date uncertian
14	IEB2DAT	Num	8	MMDDYY10.		Specify date EDIC Clinic learned of the event:
15	IEB3	Num	8			How did Clinic learn of the event?
16	IEC1	Num	8			What type of major accident did the patient have?
17	IEC3	Num	8			Which of the following did the patient require:
18	IEC4A	Num	8	1.		Emergency Room
19	IEC4B	Num	8	1.		Hospital inpatient ward
20	IEC4C	Num	8	1.		EDIC Clinic
21	IEC4D	Num	8	1.		Other
22	IEC5	Num	8	1.		Was any Operation performed?
23	IEC6ADAT	Num	8	MMDDYY10.		Date of admission or start of treatment:
24	IEC6B1	Num	8	1.		If treatment is still in progress, check here:
25	IEC6BDAT	Num	8	MMDDYY10.		Otherwise, enter date of discharge or conclusion of treatment:
26	IEC7A	Num	8	1.		Death (Complete Form 140)
27	IEC7B	Num	8	1.		Injury to another person
28	IEC7C	Num	8	1.		Property Damage
29	IEC7D	Num	8	1.		Traffic Violation
30	IEC7E	Num	8	1.		Other,
31	IEC8	Num	8			In the clinic's opinion, what role did hypoglycemia play in this accident?
32	EDICYRB	Num	8	2.		If event was reported between two annual visits. What is the LAST EDIC follow-up year?
33	IERESUL1	Num	8			RESULT 1
34	IERESUL2	Num	8			RESULT 2
35	IERESUL3	Num	8			RESULT 3
36	IERESUL4	Num	8			RESULT 4

Num	Variable	Type	Len	Format	Informat	Label
37	IERESUL5	Num	8			RESULT 5

Data Set Name: f0961.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	IFSEQNO	Num	8	2.		Sequence Number
6	FORM_	Char	8	$8.	$8.	FORM_
7	EDICYRB	Num	8	2.		If event was reported between two annual visits. What is the LAST EDIC follow-up year?
8	IFB1A	Num	8	1.		Dialysis?
9	IFB1B	Num	8	1.		Kidney/Renal Transplantation?
10	IFB1C	Num	8	1.		Pancreas Transplantation?
11	IFB2A	Num	8	MMDDYY10.		Specify date of occurrence or recognition of the event:
12	IFB2B	Num	8	1.		If date uncertain, check here:
13	IFB3	Num	8	MMDDYY10.		Specify date EDIC Clinic learned of the event:
14	IFB4	Num	8			How did clinic learn of the event?
15	IFB5A	Num	8	1.		Emergency room
16	IFB5B	Num	8	1.		Inpatient hospitalization
17	IFB5C	Num	8	1.		EDIC clinic
18	IFB5D	Num	8	1.		Transplantation surgery
19	IFB5E	Num	8	1.		Nephrology consultation
20	IFB5F	Num	8	1.		Other,
21	IFC1A	Num	8	1.		Renal Failure (dialysis or transplant)
22	IFC1B	Num	8	1.		Renal Insufficiency
23	IFC1C	Num	8	1.		Chronic Kidney Disease (as diagnosed by a physician):
24	IFC1D	Num	8	1.		Unknown:
25	IFC1E	Num	8	1.		None of the above:
26	IFD1	Num	8			Was renal failure episode (check only one):
27	IFD2	Num	8	1.		If acute, did the renal failure last for more than one week?
28	IFD3	Num	8			Was there a definite non-diabetic cause for the renal failure event?
29	IFE1	Num	8	1.		Was the disease resolved?
30	IFE1A	Num	8	MMDDYY10.		Specify date of resolution of disease or event:
31	IFE1B	Num	8	1.		If date uncertian, check here:
32	IFE2A	Num	8	1.		Treatment by kidney transplant:
33	IFE2B	Num	8	1.		Treatment by a single dialysis treatment
34	IFE2C	Num	8	1.		Treatment by continued (outpatient) dialysis treatments
35	IFE2D	Num	8	1.		Treatment by another modality
36	IFE2E	Num	8	1.		Treatment by pancreas transplant

Num	Variable	Type	Len	Format	Informat	Label
37	IFE3	Num	8	1.		If transplant was done, was the graft rejected?
38	IFF	Num	8	1.		Are hospital records attached?

Data Set Name: f1414.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-Up Year
4	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
5	FORM_	Char	8	$8.	$8.	FORM_
6	NAANS	Num	8	1.		ANS Testing Eligibility (055)
7	NAANSL	Num	8	1.		Lipoprotein Ancillary Study Specimen Mailing List (114)
8	NAASP	Num	8	1.		Autonomic Symptom Profile (057)
9	NACARE	Num	8	1.		Health Care Delivery Questionnaire (070)
10	NACAROAU	Num	8	1.		Carotid Artery Ultrasound Mailing List (104)
11	NACONTAC	Num	8	1.		Contact with / contacted by EDIC
12	NACONTCT	Num	8	1.		Has patient contacted clinic/clinic contacted patient
13	NACST	Num	8	1.		Nerve Conduction Studies (052)
14	NAECG	Num	8	1.		Resting Electrocardiogram
15	NAEYE	Num	8	1.		National Eye Institute Visual Functioning Questionnaire (033)
16	NAFUNDPH	Num	8	1.		Fundus Photography
17	NAHBA1C	Num	8	1.		Hemoglobin A1c Specimen
18	NAHFOODF	Num	8	1.		Harvard Food Frequency Questionnaire Mailing List (109)
19	NAHSQ	Num	8	1.		Health Status Questionnaire (061)
20	NALIPID	Num	8	1.		Lipid, Serum Creatinine, and Saved Specimen
21	NALOCATR	Num	8	1.		Notification of Update to Personal Locator Form (143)
22	NAMED	Num	8	1.		Current Medications (004)
23	NAMHPE	Num	8	1.		Medical History and Physical Examination (002)
24	NAMISSED	Num	8			Missed procedures completed later
25	NAMNSI	Num	8	1.		Michigan Neuropathy Screening Instrument Filament (050)
26	NANAML	Num	8	1.		Neurobehavioral Assessment Mailing List (119)
27	NANEUR	Num	8	1.		Neurological History and Examination (501)
28	NANSQL	Num	8	1.		Neuropathy Specific Quality of Life Questionnaire (058)
29	NAOEVA	Num	8	1.		Ophthalmic Examination and Visual Acuity (030)
30	NAOTHER	Num	8	1.		Other,
31	NAQCGFR	Num	8	1.		GFR Quality Control Mailing List (112)
32	NAQCHBA	Num	8	1.		HbA1c Quality Control
33	NAQCLIP	Num	8	1.		Lipid Quality Control
34	NAQCREN	Num	8	1.		Renal Studies Quality Control
35	NAQLIFE	Num	8	1.		Quality of Life Questionnaire (060)
36	NAQWB	Num	8	1.		Quality of Well-Being Scale, QWB-SA (062)

Num	Variable	Type	Len	Format	Informat	Label
37	NAREASON	Num	8			reason for the missed visit?
38	NARENAL	Num	8	1.		Renal Studies Specimen
39	NASERCYS	Num	8	1.		Serum Cystatin C (118)
40	NATARGET	Num	8	MMDDYY10.		Target date for missed visit
41	NAURO162	Num	8	1.		UROEDIC II: Follow-up Questionnaire for Women (162)
42	NAURO163	Num	8	1.		UROEDIC II: Follow-up Questionnaire for Men (163)
43	NAUROMEN	Num	8	1.		Urological Complications Questionnaire for Men (161)
44	NAUROWOM	Num	8	1.		Urological Complications Questionnaire for Women (160)
45	NAVPT	Num	8	1.		Vibration Perception Threshold (054)

Data Set Name: f1423.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
4	FORM_	Char	8	$8.	$8.	FORM_
5	NBB1	Num	8			Reason for Clinic Transfer
6	NBB2DAT	Num	8	MMDDYY10.		Date Med. Rec. Mailed to follow-up Center
7	NBB3ADAT	Num	8	MMDDYY10.		Date first visit to new follow-up Center
8	EDICYEAR	Num	8	2.		EDIC follow-up Year
9	NBB3CDAT	Num	8	MMDDYY10.		Temporary Move: Date stopped
10	NBB5	Num	8	1.		Patient transferring to non-EDIC clinic

Data Set Name: f1443_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	FSASDATE	Num	8	MMDDYY10.		Date Form Completed
4	FORM_	Char	8	$8.	$8.	FORM_
5	NDB1A	Num	8	1.		Catastrophic Injury
6	NDB1B	Num	8	1.		Inaccessibility to Monitoring
7	NDB1E	Num	8	1.		Other
8	NDB3A	Num	8	1.		If uncertiain, check here:
9	NDB3DAT	Num	8	MMDDYY10.		Date inactive status becomes effective
10	NDBIC	Num	8	1.		Patient has withdrawn consent
11	NDBID	Num	8	1.		Patient has agreed to participate
12	NDC1	Num	8			Will clinic attempt to contact patient?
13	NDC2	Num	8			Is patient willing to return to clinic?

Data Set Name: f1452_2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CLINIC	Num	8			DEIDENTIFIED CLINIC
2	mask_pat	Num	8			DEIDENTIFIED PATIENT ID
3	EDICYEAR	Num	8	2.		EDIC Follow-up Year
4	FSASDATE	Num	8	MMDDYY10.		Date of this Contact
5	FORM_	Char	8	$8.	$8.	FORM_
6	COMPDATE	Num	8	MMDDYY10.		Date of completion:
7	NEA4	Num	8			Gender
8	NEB1	Num	8	1.		Did Clinic attempt to contact patient?
9	NEB2	Num	8	1.		Did Clinic talk to patient?
10	NEB3A	Num	8	MMDDYY10.		Date face to face contact
11	NEB3B	Num	8	MMDDYY10.		Last date phone contact
12	NEB3C	Num	8	MMDDYY10.		Last date contact w/others individual
13	NEC1	Num	8			Is patient living?
14	NEC2A	Num	8			Diabetes related eye problems?
15	NEC2B	Num	8			Laser treatment?
16	NEC2C	Num	8			Severe vision loss? (<20/200)
17	NEC2D	Num	8			Cataracts?
18	NEC2E	Num	8			Detached Retina?
19	NEC2F	Num	8			Info obtained from?
20	NEC3A	Num	8			Diabetic Kidney problems?
21	NEC3B	Num	8			Protein or Albumin in urine?
22	NEC3C	Num	8			Kidney transplant?
23	NEC3D	Num	8			Kidney dialysis?
24	NEC3E	Num	8			Info obtained from?
25	NEC4A	Num	8			Problems with heart or blood vessels?
26	NEC4B	Num	8			Abnormal ECG?
27	NEC4C	Num	8			Heart pains or angina?
28	NEC4D	Num	8			Heart attack?
29	NEC4E	Num	8			Coronary bypass surgery?
30	NEC4F	Num	8			Stroke?
31	NEC4G	Num	8			High blood pressure?
32	NEC4H	Num	8			Drug treatment for HBP?
33	NEC4H1	Num	8			Currently receiving treatment for HBP?
34	NEC4I	Num	8			Info obtained from?
35	NEC5A	Num	8			Trouble with circulation in legs?
36	NEC5B	Num	8			Foot ulcers?

Num	Variable	Type	Len	Format	Informat	Label
37	NEC5C	Num	8			Gangrene?
38	NEC5D	Num	8			Non-traumatic amputation?
39	NEC5E	Num	8			Info obtained from?
40	NEC6A	Num	8			Serious medical problems not mentioned?

Data Set Name: newcbl2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	CLINIC	Num	8		DEIDENTIFIED CLINIC
2	mask_pat	Num	8		DEIDENTIFIED PATIENT ID
3	BARCODE	Char	9		BARCODE NUMBER -- D, E, & U'S STRIPPED
4	DOBARCOD	Char	9		HBA1C BARCODE NUMBER
5	DOCLD	Num	8	MMDDYY10.	HBA1C COLLECTION DATE
6	DOARD	Num	8	MMDDYY10.	HBA1C ARRIVAL DATE
7	DONLD	Num	8	MMDDYY10.	HBA1C ANALYSIS DATE
8	DORESULT	Num	8		HBA1C RESULTS (%)
9	ABBARCOD	Char	9		LIPID-PROFILE BARCODE NUMBER
10	ABCLD3	Num	8	MMDDYY10.	LIPID-PROFILE COLLECTION DATE
11	ABARD3	Num	8	MMDDYY10.	LIPID-PROFILE ARRIVAL DATE
12	ABNLD3	Num	8	MMDDYY10.	LIPID-SERUM CREATININE ANALYSIS DATE
13	ABNLD21	Num	8	MMDDYY10.	LIPID-TOTAL CHOLESTEROL ANALYSIS DATE
14	ABVAL21	Num	8		LIPID-TOTAL CHOLESTEROL (MG/DL)
15	ABNLD22	Num	8	MMDDYY10.	LIPID-TRIGLYCERIDE ANALYSIS DATE
16	ABVAL22	Num	8		LIPID-TRIGLYCERIDE (MG/DL)
17	ABNLD23	Num	8	MMDDYY10.	LIPID-HDL CHOLESTEROL ANALYSIS DATE
18	ABVAL23	Num	8		LIPID-HDL CHOLESTEROL (MG/DL)
19	ABNLD24	Num	8	MMDDYY10.	LIPID-LDL CHOLESTEROL ANALYSIS DATE
20	ABVAL24	Num	8		LIPID-LDL CHOLESTEROL (MG/DL)
21	BABARCOD	Char	9		4 HR REN-BARCODE NUMBER
22	BACLD12	Num	8	MMDDYY10.	4 HR REN-COLLECTION DATE
23	BAARD12	Num	8	MMDDYY10.	4 HR REN-ARRIVAL DATE
24	BANLD12	Num	8	MMDDYY10.	4 HR REN-ANALYSIS DATE
25	BAVAL12	Num	8		4 HR REN-SERUM ALBUMIN (G/DL)
26	BANLD13	Num	8	MMDDYY10.	4 HR REN-SERUM CREATININE ANALYSIS DATE
27	BANLD14	Num	8	MMDDYY10.	4 HR REN-URINE ALBUMIN ANALYSIS DATE
28	BAVAL14	Num	8		4 HR REN-URINE ALBUMIN (MG/L)
29	BANLD15	Num	8	MMDDYY10.	4 HR REN-ALBUMIN EXCRETION ANALYSIS DATE
30	BAVAL15	Num	8		4 HR REN-ALBUMIN EXCRETION (UG/MIN)
31	BANLD16	Num	8	MMDDYY10.	4 HR REN-URINE CREATININE ANALYSIS DATE
32	BAVAL17	Num	8		4 HR REN-HEIGHT (CM)
33	BAVAL18	Num	8		4 HR REN-WEIGHT (KG)
34	BANLD19	Num	8	MMDDYY10.	4 HR REN-RAW CLEARANCE ANALYSIS DATE
35	BAVAL19	Num	8		4 HR REN-RAW CLEARANCE (ML/MIN)
36	BAVAL20A	Num	8		4 HR REN-STANDARD CLEARANCE (/1.73 M2)

Num	Variable	Type	Len	Format	Label
37	BAVAL20B	Num	8		4 HR REN-DURATION (HOURS)
38	BAVAL20C	Num	8		4 HR REN-VOLUME (ML)
39	CYSTATIN	Num	8		SERUM CYSTATIN-C
40	DO_ADD	Num	8	MMDDYY10.	DATE HBA1C RECORD ADDED TO MASTER FILE
41	AB_ADD	Num	8	MMDDYY10.	DATE LIPID RECORD ADDED TO MASTER FILE
42	BA_ADD	Num	8	MMDDYY10.	DATE RENAL RECORD ADDED TO MASTER FILE
43	CY_ADD	Num	8	MMDDYY10.	DATE CYSTATIN-C ADDED TO MASTER FILE
44	CBL_DATE	Num	8	MMDDYY10.	DATE OF MOST RECENTLY ADDED CBL DATA
45	CYNLD23	Num	8	MMDDYY10.	CYSTATIN-C ANALYSIS DATE
46	CYARD3	Num	8	MMDDYY10.	CYSTATIN-C ARRIVAL DATE
47	CYCLD3	Num	8	MMDDYY10.	CYSTATIN-C COLLECTION DATE
48	OCYNLD23	Num	8	MMDDYY10.	CYSTATIN C-ANALYSIS DATE-OLD ASSAY
49	OCYCLD3	Num	8	MMDDYY10.	CYSTATIN C-COLLECTION DATE-OLD ASSAY
50	BOBARCOD	Char	9		GFR BARCODE NUMBER
51	BOCLD	Num	8	MMDDYY10.	GFR COLLECTION DATE
52	BOARD	Num	8	MMDDYY10.	GFR ARRIVAL DATE
53	BONLD	Num	8	MMDDYY10.	GFR ANALYSIS DATE
54	BOURINEB	Num	8		GFR RAW COUNT: URINE-BACKGROUND
55	BOURINE1	Num	8		GFR RAW COUNT: URINE-T1
56	BOURINE2	Num	8		GFR RAW COUNT: URINE-T2
57	BOURINE3	Num	8		GFR RAW COUNT: URINE-T3
58	BOURINE4	Num	8		GFR RAW COUNT: URINE-T4
59	BOURINE5	Num	8		GFR RAW COUNT: URINE-T5
60	BOSERUMB	Num	8		GFR RAW COUNT: SERUM-BACKGROUND
61	BOSERUM0	Num	8		GFR RAW COUNT: SERUM-T0
62	BOSERUM1	Num	8		GFR RAW COUNT: SERUM-T1
63	BOSERUM2	Num	8		GFR RAW COUNT: SERUM-T2
64	BOSERUM3	Num	8		GFR RAW COUNT: SERUM-T3
65	BOSERUM4	Num	8		GFR RAW COUNT: SERUM-T4
66	BOSERUM5	Num	8		GFR RAW COUNT: SERUM-T5
67	BOSGLUCB	Num	8		SERUM GLUCOSE PRE (MG/DL)
68	BOSGLUC0	Num	8		SERUM GLUCOSE-T0 (MG/DL)
69	BOSGLUC1	Num	8		SERUM GLUCOSE-T1 (MG/DL)
70	BOSGLUC2	Num	8		SERUM GLUCOSE-T2 (MG/DL)
71	BOSGLUC3	Num	8		SERUM GLUCOSE-T3 (MG/DL)
72	BOSGLUC4	Num	8		SERUM GLUCOSE-T4 (MG/DL)
73	BOSGLUC5	Num	8		SERUM GLUCOSE-T5 (MG/DL)
74	BOHEIGHT	Num	8		GFR HEIGHT (CM)
75	BOWEIGHT	Num	8		GFR WEIGHT (KG)

Num	Variable	Type	Len	Format	Label
76	BOUTIMT0	Char	4		GFR URINE-TIME: T-0
77	BOUTIMT1	Char	4		GFR URINE-TIME: T-1
78	BOUTIMT2	Char	4		GFR URINE-TIME: T-2
79	BOUTIMT3	Char	4		GFR URINE-TIME: T-3
80	BOUTIMT4	Char	4		GFR URINE-TIME: T-4
81	BOVOLT1	Num	8		GFR URINE-VOLUME: T-1
82	BOVOLT2	Num	8		GFR URINE-VOLUME: T-2
83	BOVOLT3	Num	8		GFR URINE-VOLUME: T-3
84	BOVOLT4	Num	8		GFR URINE-VOLUME: T-4
85	BOSC0	Num	8		GFR SERUM COUNT DIFF: BASELINE TO T-0
86	BOSC1	Num	8		GFR SERUM COUNT DIFF: BASELINE TO T-1
87	BOSC2	Num	8		GFR SERUM COUNT DIFF: BASELINE TO T-2
88	BOSC3	Num	8		GFR SERUM COUNT DIFF: BASELINE TO T-3
89	BOSC4	Num	8		GFR SERUM COUNT DIFF: BASELINE TO T-4
90	BOUC1	Num	8		GFR URINE COUNT DIFF: T-0 TO T-1 SAMPLE
91	BOUC2	Num	8		GFR URINE COUNT DIFF: T-0 TO T-2 SAMPLE
92	BOUC3	Num	8		GFR URINE COUNT DIFF: T-0 TO T-3 SAMPLE
93	BOUC4	Num	8		GFR URINE COUNT DIFF: T-0 TO T-4 SAMPLE
94	BOETIME1	Num	8		GFR ELAPSED TIME FROM T-0 TO T-1 SAMPLE
95	BOETIME2	Num	8		GFR ELAPSED TIME FROM T-1 TO T-2 SAMPLE
96	BOETIME3	Num	8		GFR ELAPSED TIME FROM T-2 TO T-3 SAMPLE
97	BOETIME4	Num	8		GFR ELAPSED TIME FROM T-3 TO T-4 SAMPLE
98	BOV1	Num	8		GFR FLOW (ML/MIN): T-0 TO T-1 SAMPLE
99	BOV2	Num	8		GFR FLOW (ML/MIN): T-1 TO T-2 SAMPLE
100	BOV3	Num	8		GFR FLOW (ML/MIN): T-2 TO T-3 SAMPLE
101	BOV4	Num	8		GFR FLOW (ML/MIN): T-3 TO T-4 SAMPLE
102	BOPP1	Num	8		GFR-LOG TRANSF.-SERUM COUNT DIFF (T-0-1)
103	BOPP2	Num	8		GFR-LOG TRANSF.-SERUM COUNT DIFF (T-1-2)
104	BOPP3	Num	8		GFR-LOG TRANSF.-SERUM COUNT DIFF (T-2-3)
105	BOPP4	Num	8		GFR-LOG TRANSF.-SERUM COUNT DIFF (T-3-4)
106	BOBSA	Num	8		GFR BODY SURFACE AREA: USES BO-WT/HT
107	BOGFR_U1	Num	8		GFR UNADJUSTED 1ST TIME PERIOD
108	BOGFR_U2	Num	8		GFR UNADJUSTED 2ND TIME PERIOD
109	BOGFR_U3	Num	8		GFR UNADJUSTED 3RD TIME PERIOD
110	BOGFR_U4	Num	8		GFR UNADJUSTED 4TH TIME PERIOD
111	BOGFR_UX	Num	8		GFR UNADJUSTED MEAN (TIME PERIODS 1-4)
112	BOGFR_A1	Num	8		GFR ADJUSTED 1ST TIME PERIOD
113	BOGFR_A2	Num	8		GFR ADJUSTED 2ND TIME PERIOD
114	BOGFR_A3	Num	8		GFR ADJUSTED 3RD TIME PERIOD

Num	Variable	Type	Len	Format	Label
115	BOGFR_A4	Num	8		GFR ADJUSTED 4TH TIME PERIOD
116	BOGFR_AX	Num	8		GFR ADJUSTED MEAN (TIME PERIODS 1-4)
117	BOGFRCV	Num	8		GFR COEFFICIENT OF VARIATION
118	BO_ADD	Num	8	MMDDYY10.	DATE GFR RECORD ADDED TO MASTER FILE
119	OLD_CYST	Num	8		SERUM CYSTATIN C-OLD ASSAY
120	RENLDATE	Num	8	MMDDYY10.	DATE 1ST RENAL RECORD ADDED TO MASTER FILE
121	CYBARCOD	Char	9		CYSTATIN C BARCODE
122	ABVAL3	Num	8		LIPID-SERUM CREATININE (MG/DL)
123	BAVAL13	Num	8		4 HR REN-SERUM CREATININE (MG/DL)
124	BAVAL16	Num	8		4 HR REN-URINE CREATININE (MG/DL)
125	RABVAL3	Num	8		CONVERTED VALUE FOR ABVAL3 - REPORTED TO PT
126	RBAVAL13	Num	8		CONVERTED VALUE FOR BAVAL13 - REPORTED TO PT
127	RBAVAL16	Num	8		CONVERTED VALUE FOR BAVAL16 - REPORTED TO PT
128	RBAVAL19	Num	8		RAW CLEARANCE BASED ON CONVERTED VALUES - REPORTED TO PT
129	RBAVL20A	Num	8		STANDARD CLEARANCE BASED ON CONVERTED VALUES - REPORTED TO PT
130	RANDOMAL	Num	8		RANDOM URINE ALBUMIN
131	RANDOMCR	Num	8		RANDOM URINE CREATININE
132	RANDMSCR	Num	8		RANDOM RENAL SERUM CREATININE
133	BAARDRN	Num	8	MMDDYY10.	RANDOM RENAL ARRIVAL DATE
134	BACLDRN	Num	8	MMDDYY10.	RANDOM RENAL COLLECTION DATE
135	BANLDSCR	Num	8	MMDDYY10.	RANDOM SERUM CREATININE ANALYSIS DATE
136	BANLDAL	Num	8	MMDDYY10.	RANDOM URINE ALBUMIN ANALYSIS DATE
137	BANLDUCR	Num	8	MMDDYY10.	RANDOM URINE CREATININE ANALYSIS DATE
138	BABCODRN	Char	9		RANDOM RENAL BARCODE
139	ACR	Num	8		RANDOM ACR (RANDOM ALBUMIN/RANDOM CREATININE)
140	SERUMCR	Num	8		SERUM CREATININE (BAVAL13/RANDMSCR/ABVAL3)
141	HBA1C_SI	Num	8		HBA1C IN SI UNITS (MMOL/MOL)
142	HBA1CFLG	Num	8		0=OLD HBA1C ASSAY/1=NEW HBA1C ASSAY AS OF 9/1/2012
143	SCRASSAY	Num	8		SERUM CREATININE ASSAY (0=OLD/1=NEW/2=NO SERUM CREATININE)
144	EDICYEAR	Num	8		EDIC FOLLOW-UP YEAR