

Data Set Name: form001.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PATIENT_GEND	Char	2	\$2.	\$2.	FO01: B2. Patient's Gender
2	PATIENT_RACE	Char	2	\$2.	\$2.	FO01: B3. Patient's Race
3	RACE_SOURCE	Num	8	X504F.	3.	FO01: B3a. Source of race information
4	HISP_LAT	Char	2	\$2.	\$2.	FO01: B4. Does the patient consider himself/herself to be Hispanic?
5	LAT_SOURCE	Num	8	X504F.	3.	FO01: B4a. Source of Latino/Hispanic information
6	INTER_TYPE	Num	8	INF_TYPEF.	3.	FO01: C2. Type of most recent interferon preparation used.
7	INIT_DOSE_MU	Num	8	X582F.	5.1	FO01: C3.1. Most recent dose (MU UNITS ONLY)
8	INIT_DOSE_MC	Num	8	X582F.	5.	FO01: C3.2. Most recent dose (MCG UNITS ONLY)
9	INT_PER_WEEK	Num	8	X582F.	3.	FO01: C4. Number of times per week of most recent dose.
10	INT_NO_WEEKS	Num	8	X582F.	4.	FO01: C5. Number of weeks this most recent treatment was given.
11	INT_RIB_USED	Num	8	X550F.	3.	FO01: C7. Was Ribavirin given with this most recent treatment?
12	INI_DO_RIB	Num	8	INIDORIBF.	5.	FO01: C8. Initial Ribavirin Dose in mg.
13	RIB_NO_WEEKS	Num	8	X582F.	4.	FO01: C9. Number of weeks ribavirin given
14	INT_ADJ	Num	8	X550F.	3.	FO01: C6. Was the dose of interferon adjusted?
15	RIB_ADJ	Num	8	X550F.	3.	FO01: C10. Was the dose of ribavirin adjusted?
16	DET_NON_RES	Num	8	X582F.	3.	FO01: C11. How was the patient's non-response to treatment determined?
17	PRIOR_FORM	Num	8	X550F.	3.	FO01: B0. Has Form #1 previously been completed for this patient?
18	EVENTTYPE_ID	Char	4	\$4.	\$4.	Visit number
19	subj_id	Num	8			Subject ID
20	inf_TI	Num	8			FO01: C1. # of days from start date of most recent treatment with any Interferon to enrollment.
21	age	Num	8			Age at enrollment

Data Set Name: form001\_new.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PATIENT_GEND	Char	2	\$2.	\$2.	FO01: B2. Patient's Gender
2	PATIENT_RACE	Char	2	\$2.	\$2.	FO01: B3. Patient's Race
3	RACE_SOURCE	Num	8	X504F.	3.	FO01: B3a. Source of race information
4	HISP_LAT	Char	2	\$2.	\$2.	FO01: B4. Does the patient consider himself/herself to be Hispanic?
5	LAT_SOURCE	Num	8	X504F.	3.	FO01: B4a. Source of Latino/Hispanic information
6	INTER_TYPE	Num	8	X582F.	3.	FO01: C2. Type of most recent interferon preparation used.
7	INIT_DOSE_MU	Num	8	X582F.	5.1	FO01: C3.1. Most recent dose (MU UNITS ONLY)
8	INIT_DOSE_MC	Num	8	X582F.	5.	FO01: C3.2. Most recent dose (MCG UNITS ONLY)
9	INT_PER_WEEK	Num	8	X582F.	3.	FO01: C4. Number of times per week of most recent dose.
10	INT_NO_WEEKS	Num	8	X582F.	4.	FO01: C5. Number of weeks this most recent treatment was given.
11	INT_RIB_USED	Num	8	X550F.	3.	FO01: C7. Was Ribavirin given with this most recent treatment?
12	INI_DO_RIB	Num	8	X582F.	5.	FO01: C8. Initial Ribavirin Dose in mg.
13	RIB_NO_WEEKS	Num	8	X582F.	4.	FO01: C9. Number of weeks ribavirin given
14	INT_ADJ	Num	8	X550F.	3.	FO01: C6. Was the dose of interferon adjusted?
15	RIB_ADJ	Num	8	X550F.	3.	FO01: C10. Was the dose of ribavirin adjusted?
16	DET_NON_RES	Num	8	X582F.	3.	FO01: C11. How was the patient's non-response to treatment determined?
17	PRIOR_FORM	Num	8	X550F.	3.	FO01: B0. Has Form #1 previously been completed for this patient?
18	EVENTTYPE_ID	Char	4	\$4.	\$4.	Visit number
19	subj_id	Num	8			random_ID
20	PATIENT_TYPE	Num	8	2.	2.	Patient type (1='LEAD' 2='EXPR' 3='BT' 4='RELAP'5='Screened but not enrolled')
21	inf_TI	Num	8			FO01: C1. # of days from start date of most recent treatment with any Interferon to enrollment.
22	age	Num	8			Age at enrollment
23	comp_age	Num	8			FO01: A3. Age of the patient when the form was completed

Data Set Name: form003.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CHR_LI_DIS	Num	8	X553F.	3.	FO03: B1. Chronic Liver Disease
2	STOM_DISEASE	Num	8	X553F.	3.	FO03: B4. Any other stomach or intestinal disease or abnormality?
3	OTH_BLO_DIS	Num	8	X553F.	3.	FO03: B7. Any other blood diseases or abnormality?
4	SYS_AUT_DIS	Num	8	X553F.	3.	FO03: B8. Systemic auto-immune disorder?
5	IMMUNE_DIS	Num	8	X553F.	3.	FO03: B9. Any other immune system disease or abnormality?
6	MALIGNANCY	Num	8	X553F.	3.	FO03: B10. A malignancy?
7	LOCAL_MAL	Num	8	X553F.	3.	FO03: B10a. Was it a local squamous or basal cell cancer?
8	SER_HEART	Num	8	X553F.	3.	FO03: B11. Serious heart, cerebrovascular or lung disease?
9	OTH_HEART_D	Num	8	X553F.	3.	FO03: B12. Any other heart disease or abnormality?
10	OTH_LUNG_D	Num	8	X553F.	3.	FO03: B13. Any other lung disease or abnormality?
11	NER_BRA	Num	8	X552F.	3.	FO03: B15. Nerve or brain disease?
12	DRU_ALL	Num	8	X552F.	3.	FO03: B16. Drug allergies?
13	HOR_ABN	Num	8	X552F.	3.	FO03: B17. Hormonal abnormalities?
14	MUS_BON	Num	8	X552F.	3.	FO03: B18. Muscle or bone disease?
15	GEN_URI	Num	8	X552F.	3.	FO03: B19. Genital or urinary disease?
16	SKI_DIS	Num	8	X552F.	3.	FO03: B20. Skin Disease or abnormality?
17	EYE_DIS	Num	8	X552F.	3.	FO03: B21. Any eye disease or abnormality?
18	EAR_NOSE	Num	8	X552F.	3.	FO03: B22. Ear, nose or throat disease or abnormality?
19	CHOL_TRE	Num	8	X552F.	3.	FO03: B23. High cholesterol or high triglycerides
20	CHOLEM_MED	Num	8	X552F.	3.	FO03: B23b. High cholesterol or high triglycerides medication?
21	HYSTERECTOMY	Num	8	X553F.	3.	FO03: B29. Is the patient or patient's partner unable to have children?
22	MAJ_DEP	Num	8	X553F.	3.	FO03: B33. Major Depression that was diagnosed and required treatment?
23	MAJ_DEP_HOS	Num	8	X553F.	3.	FO03: B33a. Was he/she hospitalized as a result of the depression?
24	OTH_COND	Num	8	X550F.	3.	FO03: D1. Are you aware of any significant conditions not listed
25	EXCLU_CRIT	Num	8	X550F.	3.	FO03: F1. Were any exclusion criteria in section B marked Yes?
26	DEP_RX_MEDS	Num	8	X555F.	3.	FO03: B35. Any other psychiatric disorder treated with medication?
27	EXPRESS	Num	8	X450F.	3.	FO03: E1. Is the patient Express (if eligible) or Lead-in?
28	HD_STABLE	Num	8	X555F.	3.	FO03: B12a. Any significant and stable heart disease?
29	SUICIDE	Num	8	X550F.	3.	FO03: B36. Has s/he ever attempted suicide?
30	EVENTTYPE_ID	Char	4	\$4.	\$4.	Study Visit
31	DIABETES	Num	8			FO03: B5. Diabetes?
32	subj_id	Num	8			Subject ID
33	VISIT_DAYS	Num	8			# days from First Screening Visit to enrollment
34	CDIAG_DAYS	Num	8			# days from cancer diagnosis to enrollment
35	CTX_DAYS	Num	8			# days end of cancer treatment to enrollment

Data Set Name: form004.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	IRON	Num	8	X582F.	4.	FO04: D6. Iron
2	IRON_BIN	Num	8	X582F.	4.	FO04: D8. Iron Binding capacity
3	SER_FERR	Num	8	X582F.	6.	FO04: D10. Serum Ferritin
4	CIDI_ADMIN	Num	8	X521F.	3.	FO04: E3. CIDI administrator
5	CIDI_DIAG	Num	8	X550F.	3.	FO04: E4. Were there any diagnoses by the CIDI program?
6	CIDI_COUNT	Num	8	X582F.	3.	FO04: E5. If Yes, how many?
7	GENE_TESTING	Num	8	X550F.	3.	FO04: G2. Did patient sign Genetic Testing - Consent for testing
8	GENE_INFO	Num	8	X550F.	3.	FO04: G3. Did patient sign Genetic Testing - Consent for information
9	ELIGIBLE	Num	8	X550F.	3.	FO04: H1. Immunology/virology ancillary study
10	IMMUN_CONSNT	Num	8	X550F.	3.	FO04: H1a. Did the patient sign a consent to participate in this study?
11	LIVER_FUNC	Num	8	X550F.	3.	FO04: H2. Quantitative Liver Function Testing Ancillary Study
12	QUANT_CONSNT	Num	8	X550F.	3.	FO04: H2a. Did the patient sign a consent to participate in this study
13	COGNITIVE	Num	8	X550F.	3.	FO04: H3. Cognitive Effects Ancillary Study
14	COG_CONSNT	Num	8	X550F.	3.	FO04: H3a. Did the patient sign a consent to participate in this study
15	ANA_RES	Num	8	X506F.	3.	FO04: D12. ANA result
16	CERULOPL	Num	8	X550F.	3.	FO04: D18. Ceruloplasmin
17	EVENTTYPE_ID	Char	4	\$4.	\$4.	EVENTTYPE_ID
18	subj_id	Num	8			Subject ID
19	SCREEN_DAYS	Num	8			Screen - # of days prior to enrollment
20	IRON_DAYS	Num	8			Iron test # of days prior to enrollment
21	IRON_BI_DAYS	Num	8			Iron binding capacity # of days prior to enrollment
22	SER_FER_DAYS	Num	8			Serum Ferritin # of days prior to enrollment
23	ANA_DAYS	Num	8			ANA test # of days prior to enrollment

Data Set Name: form006.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT_NUM	Char	3	\$3.	\$3.	FO06: A3. Visit Number
2	JAUND	Num	8	X550F.	3.	F06B2a. Tested symptoms
3	OTH_ILL	Num	8	X550F.	3.	F06B2b. Tested other illness
4	BLOOD_DON	Num	8	X550F.	3.	F06B2c. Tested blood donor
5	KNOWN_EXP	Num	8	X550F.	3.	F06B2d. Tested known exposure
6	EVAL_INS	Num	8	X550F.	3.	F06B2e. Tested insurance evaluation
7	DRUG_INJ	Num	8	X550F.	3.	F06B2f. Tested history inj drug use
8	TRANSFUSION	Num	8	X550F.	3.	F06B2g. Tested history transfusion
9	PRIOR_DIAG	Num	8	X550F.	3.	F06B2h. Tested prior diagnosis
10	OTH_REAS	Num	8	X550F.	3.	F06B2j. Tested other reason
11	TRANS_REC	Num	8	X550F.	3.	F06B3. Ever received a transfusion
12	HUM_BLOOD	Num	8	X550F.	3.	F06B4. Ever exposed to human blood job
13	NEEDLE_STICK	Num	8	X550F.	3.	F06B5. Ever experience needlestick
14	NEEDLE_COUNT	Num	8	NEEDLEF.	3.	F06B5a. Number times needlestick
15	TATTOO	Num	8	X550F.	3.	F06B6. Ever tattooed
16	PIERCE	Num	8	X550F.	3.	F06B7. Ever had body piercing, not ears
17	REC_DRUGS	Num	8	X550F.	3.	F06B8. Ever used needles recr drugs
18	REC_DRUG_COU	Num	8	X570F.	3.	F06B8c. Number times injected drugs
19	COCAINE	Num	8	X550F.	3.	F06B9. Ever snorted cocaine
20	COC_COUNT	Num	8	X570F.	3.	F06B9c. Number times snorted cocaine
21	MEDICAL_CON	Num	8	X550F.	3.	F06D1/C1. MD Infected HCV medical care
22	MED_CONF	Num	8	X513F.	3.	F06D2/C2. MD Confident inf Medical Care
23	EARLY_CONF	Num	8	X513F.	3.	F06D5/C4. MD confident early year correct
24	YEAR_RANGE	Num	8	X582F.	3.	F06D6/C5. MD give range if not confident?
25	RANGE_CONF	Num	8	X513F.	3.	F06D8/C7. MD confident range
26	PRIOR_INT	Num	8	X550F.	3.	F06E1/D1. Prior treatments interferon
27	TRANS_COUNT	Char	2			F06B3a. Number times transfused
28	INT_COURSES	Char	2			F06E2/D2. Number prior interferon
29	TATTOO_COUNT	Char	2			F06B6a. Number times tattooed
30	subj_id	Num	8			Subject ID
31	fm06_days	Num	8			FO06: A4. Visit Date - days from enrollment
32	tran_yrp1	Num	8			F06B3b. Yrs before enrollment - transfusion 1
33	tran_yrp2	Num	8			F06B3c. Yrs before enrollment - transfusion 2
34	tran_yrp3	Num	8			F06B3d. Yrs before enrollment - transfusion 3
35	tran_yrp4	Num	8			F06B3e. Yrs before enrollment - transfusion 4
36	hum_blood_yp1	Num	8			F06B4a. Yrs before enrollment - human blood 1
37	hum_blood_yp2	Num	8			F06B4b. Yrs before enrollment - human blood 2

Num	Variable	Type	Len	Format	Informat	Label
38	needle_yrp1	Num	8			F06B5b. Yrs before enrollment - needlestick 1
39	needle_yrp2	Num	8			F06B5c. Yrs before enrollment - needlestick 2
40	needle_yrp3	Num	8			F06B5d. Yrs before enrollment - needlestick 3
41	needle_yrp4	Num	8			F06B5e. Yrs before enrollment - needlestick 4
42	tattoo_yrp1	Num	8			F06B6b. Yrs before enrollment - tattoo 1
43	tattoo_yrp2	Num	8			F06B6c. Yrs before enrollment - tattoo 2
44	tattoo_yrp3	Num	8			F06B6d. Yrs before enrollment - tattoo 3
45	tattoo_yrp4	Num	8			F06B6e. Yrs before enrollment - tattoo 4
46	pierce_yrp1	Num	8			F06B7b. Yrs before enrollment - pierce 1
47	pierce_yrp2	Num	8			F06B7c. Yrs before enrollment - pierce 2
48	pierce_yrp3	Num	8			F06B7d. Yrs before enrollment - pierce 3
49	pierce_yrp4	Num	8			F06B7e. Yrs before enrollment - pierce 4
50	rec_drug_yrp1	Num	8			F06B8a. Yrs before enrollment - first injected drugs
51	rec_drug_yrp2	Num	8			F06B8b. Yrs before enrollment - last injected drugs
52	coc_yrp1	Num	8			F06B9a. Yrs before enrollment - first snorted coke
53	coc_yrp2	Num	8			F06B9b. Yrs before enrollment - last snorted coke
54	yrp_inf_pt	Num	8			F06B10. Yrs before enrollment - Pt estimated infected
55	yrp_inf_md	Num	8			F06D4/C3. Yrs before enrollment - MD est infected
56	range_yrp1	Num	8			F06D7a/C6a. Yrs before enrollment - MD est range earliest infected
57	range_yrp2	Num	8			F06D7b/C6b. Yrs before enrollment - MD est range latest infected
58	pos_yp	Num	8			F06B1. Yrs before enrollment - first tested pos
59	prior_yp	Num	8			F06B2i. Yrs before enrollment - prior diagnosis

**Data Set Name: form007\_012\_meds\_new.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	MEDTYPE	Char	12	\$CHAR12.	\$11.	Type of medication Rx/OTC/Herbal
2	MEDNAME	Char	40	\$40.	\$40.	Medication name
3	MCODE	Char	10	\$10.	\$10.	Medication code
4	START_VISIT	Char	3	\$3.	\$3.	Medication start visit
5	STOP_VISIT	Char	3	\$3.	\$3.	Medication stop visit
6	subj_id	Num	8			Subject ID
7	STOP_DAYS	Num	8			Stop Date - days since enrollment
8	START_DAYS	Num	8			Start Date - days since enrollment
9	MCODE2	Char	10			Corrected Medication Code
10	LAST_F10_VNUM	Char	3	\$3.	\$3.	Form 10 - last visit number
11	last_f10_days	Num	8			Form 10 - last date - days since enrollment
12	NEWSTAT	Num	8			Status (Lead/Resp/R_L/R_B/R_E)

**Data Set Name: form007\_everherb.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	EVERHERBNAME	Char	40	\$40.	\$40.	FO07: C2a. Herbal Medication name
2	EVERHERBCODE	Char	10	\$10.	\$10.	FO07: C2b. Herbal medication code
3	EVERHERBYEAR	Num	8	X401F.	3.	FO07: C2c. Number of years used this herbal once a week
4	EVERHERBMON	Num	8	X401F.	3.	FO07: C2d. Number of months used this herbal medication once a week
5	subj_id	Num	8			Subject ID



Data Set Name: form094.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	IRON	Num	8	X582F.	4.	FO94: D6. Iron
2	IRON_BIN	Num	8	X582F.	4.	FO94: D8. Iron Binding Capacity
3	SER_FERR	Num	8	X582F.	6.	FO94: D10. Serum Ferritin
4	ANA_RES	Num	8	X506F.	3.	FO94: D12. ANA result
5	CERULOPL	Num	8	X550F.	3.	FO94: D18. Ceruloplasmin
6	A_1_ANTITRYP	Num	8	X486F.	3.	FO94: D19. Alpha-1 antitrypsin
7	CIDI_ADMIN	Num	8	X521F.	3.	FO94: E3. CIDI administrator
8	CIDI_DIAG	Num	8	X550F.	3.	FO94: E4. Were there any diagnoses by the CIDI program?
9	CIDI_COUNT	Num	8	X582F.	3.	FO94: E5. If Yes, how many?
10	GENE_TESTING	Num	8	X550F.	3.	FO94: G2. Did patient sign Genetic Testing - Consent for testing
11	GENE_INFO	Num	8	X550F.	3.	FO94: G3. Did patient sign Genetic Testing - Consent for information
12	LIVER_FUNC	Num	8	X550F.	3.	FO94: H1. Quantitative Liver Function Testing Ancillary Study
13	QUANT_CONSNT	Num	8	X550F.	3.	FO94: H1a. Did the patient sign a consent to participate in this study
14	EVENTTYPE_ID	Char	4	\$4.	\$4.	Study Visit
15	subj_id	Num	8			Subject ID
16	SCREEN_DAYS	Num	8			FO94: A4. Screen date # of days prior to enrollment
17	IRON_DAYS	Num	8			FO94: D7. Iron test # of days prior to enrollment
18	IRON_BI_DAYS	Num	8			FO94: D9. Iron binding capacity # of days prior to enrollment
19	SER_FER_DAYS	Num	8			FO94: D11. Serum Ferritin # of days prior to enrollment
20	ANA_DAYS	Num	8			FO94: D13. ANA test # of days prior to enrollment

Data Set Name: haltc\_meds\_code\_atc2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MCODE2	Char	10	\$7.	\$7.	Corrected Medication Code
2	INGRED1	Char	35	\$CHAR35.	\$35.	HALT-C code list ingredient1
3	INGRED2	Char	35	\$CHAR35.	\$25.	HALT-C code list ingredient2
4	INGRED3	Char	35	\$CHAR35.	\$27.	HALT-C code list ingredient3
5	INGRED4	Char	35	\$CHAR35.	\$29.	HALT-C code list ingredient4
6	INGRED5	Char	35	\$CHAR35.	\$25.	HALT-C code list ingredient5
7	TYPEC	Char	4			Code list used, HERB, OTC, or RX
8	NINGRED	Num	8			HALT-C medication code number ingredients
9	ATC_CODE1	Char	8			ATC code for ingredient 1
10	ATC_CODE2	Char	8			ATC code for ingredient 2
11	ATC_CODE3	Char	8			ATC code for ingredient 3
12	ATC_CODE4	Char	8			ATC code for ingredient 4
13	ATC_CODE5	Char	8			ATC code for ingredient 5
14	ATC_NAME1	Char	44			ATC name for ingredient 1
15	ATC_NAME2	Char	44			ATC name for ingredient 2
16	ATC_NAME3	Char	44			ATC name for ingredient 3
17	ATC_NAME4	Char	44			ATC name for ingredient 4
18	ATC_NAME5	Char	44			ATC name for ingredient 5