

Data Set Name: accnuse_acntest.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	accno	Char	8	\$8.	\$8.	accno
2	haltld	Char	8	\$8.	\$8.	haltld
3	siteId	Num	8	6.	6.	siteId
4	timepointId	Char	3	\$3.	\$3.	timepointId
5	dvdate	Num	8	DATE9.	DATE9.	dvdate
6	samp	Num	8	6.	6.	samp
7	subsmp	Num	8	6.	6.	subsmp
8	date_label	Num	8	DATE9.	DATE9.	date_label
9	date_centlab	Num	8	DATE9.	DATE9.	date_centlab
10	date_repos	Num	8	DATE9.	DATE9.	date_repos
11	date_confirm	Num	8	DATE9.	DATE9.	date_confirm
12	date_rcpt	Num	8	DATE9.	DATE9.	date_rcpt
13	date_exp	Num	8	DATE9.	DATE9.	date_exp
14	date_act	Num	8	DATE9.	DATE9.	date_act
15	tcvol	Num	8	16.6	16.6	tcvol
16	shipnum	Num	8	11.	11.	shipnum
17	shipord	Num	8	6.	6.	shipord
18	dtshipped	Num	8	DATE9.	DATE9.	dtshipped
19	FedExNum	Char	50	\$50.	\$50.	FedExNum
20	ntype	Num	8	6.	6.	ntype
21	date_spec	Num	8	DATE9.	DATE9.	date_spec
22	value_tv	Num	8	13.3	13.3	value_tv
23	value_sv	Num	8	13.3	13.3	value_sv
24	value_24hr	Char	33	\$33.	\$33.	value_24hr
25	eGFR	Num	8	13.3	13.3	eGFR
26	sourcefile	Char	50	\$50.	\$50.	sourcefile
27	fromQuest	Num	8	2.	2.	fromQuest
28	dtImport	Num	8	DATE9.	DATE9.	dtImport
29	ckd_epi_egfr	Num	8	13.3	13.3	ckd_epi_egfr
30	badsmpl	Num	8	6.	6.	badsmpl
31	badsmpl_other	Char	50	\$50.	\$50.	badsmpl_other
32	sampleFlagId	Num	8	6.	6.	sampleFlagId
33	Reason	Char	100	\$100.	\$100.	Reason
34	visit	Num	8			

Data Set Name: dbo_tblnonlabaccn.sas7bdat

Num	Variable	Type	Len	Format
1	haltid	Char	8	
2	accno	Char	6	
3	repeatType	Char	2	
4	dtCreated	Num	8	MMDDYY10.
5	timepointId	Char	3	
6	KidneyNoScan	Num	3	
7	CardiacNoScan	Num	3	
8	LiverNoScan	Num	3	
9	RBFNoScan	Num	3	
10	NoScanReason	Char	100	

Data Set Name: endpoints_sep2014.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	siteid	Num	8	6.	6.	Site ID
3	timepointid	Char	3	\$3.	\$3.	Timepoint ID
4	study	Num	8	STUDYF.		Study
5	randtype	Num	8	RANDTYPEF.	6.	Treatment group
6	study_t	Num	8	STUDY_TF.		Study A/Study B
7	group	Num	8	GROUPF.		BP and Drug group
8	b1date	Num	8	MMDDYY10.	DATE9.	B1 visit date
9	b2date	Num	8	MMDDYY10.	DATE9.	B2 visit date
10	lastvisit_orig	Num	8	MMDDYY10.	DATE9.	Last study visit date
11	lastvisit_rev	Num	8	MMDDYY10.	DATE9.	Last study visit date, not including BV visits lastTimepoint_revLast study timepoint, not including BV visits
12	lastTimepoint_rev	Char	3	\$3.	\$3.	
13	dthdate	Num	8	MMDDYY10.	DATE9.	Date of Death
14	death	Num	8			Indicator for death
15	tosdate	Num	8	MMDDYY10.	DATE9.	ESRD date
16	esrd	Num	8			Indicator for ESRD
17	confsdate	Num	8	MMDDYY10.	DATE9.	eGFR 50% reduction date
18	egfr_50	Num	8			Indicator for eGFR 50% reduction
19	dmpdate	Num	8	MMDDYY10.	DATE9.	Modified participation date
20	partis	Num	8	6.	6.	Study participation status
21	fpcct	Num	8	6.	6.	Follow-up at the PCC
22	nafpcc	Num	8	2.	2.	Follow-up at the PCC is N/A
23	loclab	Num	8	6.	6.	Follow-up: Does participant agree to complete 6-month local lab work?
24	colbank	Num	8	6.	6.	Follow-up: Does the participant agree to all urine collections (including 24hr) and all specimen banking?
25	nafpcp	Num	8	2.	2.	Follow-up with the PCP and/or Nephrologist is N/A
26	fpcpt	Num	8	6.	6.	Follow-up: Office BP and Blood Work
27	fnlpcc	Num	8	6.	6.	Follow-up: Participant agrees to a single PCC visit at the end of the study
28	folrec	Num	8	6.	6.	Follow-up: Obtain records from PCP only
29	folref	Num	8	6.	6.	Participant refuses all follow-up
30	mr2yrs	Num	8	6.	6.	Study A participant agrees to MRI at 24 months
31	mr4yrs	Num	8	6.	6.	Study A participant agrees to MRI at 48 months
32	mr5yrs	Num	8	6.	6.	Study A participant agrees to MRI at 60 months
33	mpcmt	Char	452	\$452.	\$452.	Comment
34	modified_CanUse	Num	8			Modified participant but can treat as if full participant
35	modified_AnnualWithSCr	Num	8			Modified participant: annual w/o local labs or annual with centrally-processed serum creatinine
36	modified_RecsOnly	Num	8			Modified participant: medical records only

Num	Variable	Type	Len	Format	Informat	Label
37	modified_CannotUse	Num	8			Modified participant: cannot use
38	ckd_epi_eGFR0	Num	8	13.3	13.3	CKD EPI eGFR at baseline
39	any_endpoint	Num	8			Reach any endpoint
40	any_endpoint_date	Num	8	MMDDYY10.		Date endpoint reached
41	yrs_to_death	Num	8			Years from visit B2 to death
42	yrs_to_esrd	Num	8			Years from visit B2 to ESRD
43	yrs_to_50egfr	Num	8			Years from visit B2 to eGFR 50% reduction
44	yrs_to_anyendpt	Num	8			Years from visit B2 to any endpoint
45	yrs_in_study	Num	8			Years in study
46	monthsInStudyModified	Num	8	4.1		Months in study
47	stopDate	Num	8	MMDDYY10.		End date for study participation
48	yrsInStudyModified	Num	8			Years in study
49	diffTimeInStudy	Num	8	4.1		Difference between 2 methods of calculating time in study
50	oneDayDiff	Num	8			Difference between 2 methods of calculating time in study is +/- 1 day
51	lrsna	Num	8	13.3	13.3	S. sodium mEq/L
52	lrsk	Num	8	13.3	13.3	S. potassium mEq/L
53	lrscO2	Num	8	13.3	13.3	S. total CO2 mEq/L or mmol/L
54	lrsbun	Num	8	13.3	13.3	S. urea nitrogen (BUN) mg/dL
55	lrhgb	Num	8	13.3	13.3	Hemoglobin g/dL
56	Systolic_Avg	Num	8	13.3	13.3	Systolic BP measured at home
57	Diastolic_Avg	Num	8	13.3	13.3	Diastolic BP measred at home
58	Heart_Rate_Avg	Num	8	13.3	13.3	Heart Rate Avg
59	map	Num	8			Map measured at home
60	sys	Num	8			Systolic BP measred at office
61	dias	Num	8			Diastolic BP measured at office
62	ofmap	Num	8			Map measured at office
63	hr_of	Num	8			Heart Rate measured in office
64	serumCreat_avg	Num	8			Serum creatinine mg/dL
65	eGFR_avg	Num	8			eGFR mL/min/1.73m2 (MDRD)
66	uvol	Num	8			Urine volume ml/24 hrs
67	usodium	Num	8			Urine sodium mEq/24 hrs
68	upotassium	Num	8			Urine potassium mEq/24 hrs
69	ratio	Num	8			Urine sodium/potassium ratio
70	ualdos	Num	8			Urine aldosterone µg/24 hrs
71	ualbum	Num	8			Urine albumin mg/24 hrs
72	ucreat	Num	8			Urine creatinine
73	ckd_epi_egfr	Num	8	13.3	13.3	ckd_epi_egfr
74	mriDate	Num	8	MMDDYY10.	DATE9.	MRI date
75	cardiac_vol0	Num	8			LVM

Num	Variable	Type	Len	Format	Informat	Label
76	TKV	Num	8			TKV ml
77	liver_vol0	Num	8			Liver volume
78	livercyst_vol	Num	8			Liver cyst volume
79	mean_velocity_R1	Num	8	11.	11.	mean_velocity_R1
80	blood_flow_R1	Num	8	11.	11.	blood_flow_R1
81	mean_area_R1	Num	8	11.	11.	mean_area_R1
82	mean_velocity_L1	Num	8	11.	11.	mean_velocity_L1
83	blood_flow_L1	Num	8	11.	11.	blood_flow_L1
84	mean_area_L1	Num	8	11.	11.	mean_area_L1
85	rbf_total	Num	8			Sum of RBF right+left
86	pf_nb	Num	8			SF36 physical functioning scale
87	rp_nb	Num	8			SF36 role-physical scale
88	bp_nb	Num	8			SF36 bodily pain scale
89	gh_nb	Num	8			SF36 general health scale
90	vt_nb	Num	8			SF36 vitality scale
91	sf_nb	Num	8			SF36 social functioning scale
92	re_nb	Num	8			SF36 role-emotional scale
93	mh_nb	Num	8			SF36 mental health scale
94	pcs	Num	8			SF36 physical component summary (PCS)
95	mcs	Num	8			SF36 mental component summary (MCS)
96	bkpnfrq	Num	8	6.	6.	back pain frequency
97	bkpnavg	Num	8	6.	6.	back pain rate on average
98	rdpnfrq	Num	8	6.	6.	radiating back pain frequency
99	rdpnavg	Num	8	6.	6.	radiating back pain rate on average
100	abpnfrq	Num	8	6.	6.	abdominal pain frequency
101	abpnavg	Num	8	6.	6.	abdominal pain rate on average
102	rbkpnfrq	Num	8			back pain frequency dichotomized 0=no 1=other
103	rrdpnfrq	Num	8			radiating back pain frequency dichotomized 0=no 1=other
104	rabpnfrq	Num	8			abdominal pain frequency dichotomized 0=no 1=other
105	antihyper	Num	8	BEST12.		antihyper_yes
106	ACE_Inhibitor	Num	8	BEST12.		ACE_Inhibitor_yes
107	alpha_blocker	Num	8	BEST12.		alpha_blocker_yes
108	beta_blocker	Num	8	BEST12.		beta_blocker_yes
109	calcium_blocker	Num	8	BEST12.		calcium_blocker_yes
110	diuretic	Num	8	BEST12.		diuretic_yes
111	renal_agent	Num	8	BEST12.		renal_agent_yes
112	ara	Num	8	BEST12.		ARB_yes
113	adrenolytic	Num	8	BEST12.		adrenolytic_yes
114	analgesic	Num	8	BEST12.		analgesic_yes

Num	Variable	Type	Len	Format	Informat	Label
115	antidepressant	Num	8	BEST12.		antidepressant_yes
116	antihyper_no	Num	8	BEST12.		antihyper#
117	ACE_inhibitor_no	Num	8	BEST12.		ACE_inhibitor#
118	alpha_blocker_no	Num	8	BEST12.		alpha_blocker#
119	beta_blocker_no	Num	8	BEST12.		beta_blocker#
120	calcium_blocker_no	Num	8	BEST12.		calcium_blocker#
121	diuretic_no	Num	8	BEST12.		diuretic#
122	renal_agent_no	Num	8	BEST12.		renal_agent#
123	ara_no	Num	8	BEST12.		ARB#
124	adrenolytic_no	Num	8	BEST12.		adrenolytic#
125	analgesic_no	Num	8	BEST12.		analgesic#
126	antidepressant_no	Num	8	BEST12.		antidepressant#
127	lisinopril_dose	Num	8	BEST4.	18.9	Lisinopril dose
128	arb_placebo_dose	Num	8	BEST4.	18.9	ARB/Placebo dose
129	step	Num	8			BP step
130	step4	Num	8			BP step is <= 4
131	kidpn	Num	8	6.	6.	Kidney Pain (Back or Flank Pain)
132	bldur	Num	8	6.	6.	Blood in Urine
133	uti	Num	8	6.	6.	Urinary tract infection
134	kidst	Num	8	6.	6.	Kidney stone(s)
135	metformin	Num	8			Metformin
136	kayexalate	Num	8			Kayexalate
137	lasix	Num	8			Lasix
138	statin	Num	8			Statins
139	sys_INRange	Num	8			Home systolic BP in range
140	sys_BLRRange	Num	8			Home systolic BP below range
141	sys_ABRange	Num	8			Home systolic BP above range
142	dias_INRange	Num	8			Home diastolic BP in range
143	dias_BLRRange	Num	8			Home diastolic BP below range
144	dias_ABRange	Num	8			Home diastolic BP above range
145	map_INRange	Num	8			Home MAP in range
146	map_BLRRange	Num	8			Home MAP below range
147	map_ABRange	Num	8			Home MAP above range
148	sex	Num	8	GENDERFMT.	6.	Sex
149	raceF3	Num	8	RACEF.	6.	Race as reported on Form3
150	age	Num	8			Age
151	pkdage	Num	8	6.	6.	Age at the time of PKD diagnosis
152	diaghw	Num	8	6.	6.	Diagnosis was due to
153	diagmth	Num	8	6.	6.	Method of Diagnostic Imaging

Num	Variable	Type	Len	Format	Informat	Label
154	hpbage	Num	8	6.	6.	Age at the time of HTN diagnosis
155	hght_cm	Num	8			Height cm
156	wght_kg	Num	8			Weight kg
157	bmi	Num	8			BMI kg/m2
158	bsa	Num	8			BSA m2
159	racea	Num	8	2.	2.	American Indian or Alaska Native
160	raceb	Num	8	2.	2.	Asian
161	racec	Num	8	2.	2.	Native Hawaiian or Other Pacific Islander
162	raced	Num	8	2.	2.	Black or African American
163	racee	Num	8	2.	2.	White or Caucasian
164	racef	Num	8	2.	2.	Some Other Race
165	raceg	Num	8	2.	2.	Race-Unknown
166	marit	Num	8	6.	6.	Marital status
167	emplya	Num	8	2.	2.	stdudent
168	emplyb	Num	8	2.	2.	Homemaker
169	emplyc	Num	8	2.	2.	Retired
170	emplyd	Num	8	2.	2.	Disabled
171	emplye	Num	8	2.	2.	Full-Time Employment
172	emplyf	Num	8	2.	2.	Part-Time Employment
173	emplyg	Num	8	2.	2.	Employment-Other
174	edu	Num	8	EDUF.	6.	Highest education level
175	exrcsl	Num	8	EXRCSLF.	6.	level of exercise
176	exrcsf	Num	8	EXRCSFF.	6.	frequency of exercise
177	cignow	Num	8	6.	6.	do you smoke now?
178	countRaces	Num	8			Number of race categories indicated
179	race	Num	8	RACEGRPF.		Race categorized (Form 8)
180	countEmploy	Num	8			Number of employment categories indicated
181	empl	Num	8	EMPLF.		employment status
182	exrcs	Num	8	EXRCSF.		level and frequency of exercise
183	exrcs_3	Num	8			exerc min: 1 >=30min,2 15-29min, 3 <15min
184	aceInhibitor_ever	Num	8			Lisinopril at any point of the trial (F63 OLD existing)
185	diuretic_ever	Num	8			ACE inhibitor at any point of the trial (F63 OLD existing)
186	betaBlocker_ever	Num	8			Beta blocker at any point of the trial (F63 OLD existing)
187	calciumChannelBlocker_ever	Num	8			Calcium channel blocker at any point of the trial (F63 OLD existing)
188	combinedABBlocker_ever	Num	8			Combined alpha-beta blocker at any point of the trial (F63 OLD existing)
189	centralA2AA_ever	Num	8			Central alpha 2 adrenergic agonist at any point of the trial (F63 OLD existing)
190	vasodilator_ever	Num	8			Vasodilator at any point of the trial (F63 OLD existing)
191	alpha1ARB_ever	Num	8			Alpha 1 adrenergic receptor blocker at any point of the trial (F63 OLD existing)

Num	Variable	Type	Len	Format	Informat	Label
192	combinedBABblocker_ever	Num	8			Beta blocker or combined alpha-beta blocker at any point of the trial (F63 OLD existing)
193	hpkdyn	Num	8	6.	6.	Is there a family history of ADPKD
194	uniquePerson	Num	8			Indicator for unique person
195	site	Char	8	\$SITEFMT.		Study Site
196	rbf_modify	Num	8			RBF Total * 1.73/BSA
197	lnTKV	Num	8			log(tkV)
198	htTKV	Num	8			TKV/Ht
199	lnhtTKV	Num	8			log(htTKV)
200	htTLV	Num	8			Liver volume adjusted by height
201	lnhtTLV	Num	8			log(htTLV)
202	htTCV	Num	8			Liver cyst volume adjusted by height
203	lnhtTCV	Num	8			log(htTCV)
204	lvmi	Num	8			LVMI(cardiac_vol0/BSA)
205	lvh	Num	8			Left ventricular hypertrophy (LVMI >84.6 for women, >106.2 for men)
206	tkv173	Num	8			TKV * 1.73/bsa
207	tkvGrp	Num	8			Baseline TKV grouped label
208	htUvol	Num	8			Urine volume adjusted by height
209	uvol173	Num	8			Urine volume ml/24 hrs/1.73 m2
210	htUsodium	Num	8			24hr urine sodium adjusted by height
211	usodium173	Num	8			Urine sodium mEq/24 hrs/1.73 m2
212	htUpotassium	Num	8			24hr urine potassium adjusted by height
213	upotassium173	Num	8			Urine potassium mEq/24 hrs/1.73 m2
214	htLiver_vol	Num	8			Liver volume adjusted by height
215	liver_vol173	Num	8			Liver volume * 1.73/bsa
216	ht_cardiac_vol	Num	8			LVM/(Ht**2.7 m2)
217	lnUAlbum	Num	8			log(ualbum)
218	lnUAldos	Num	8			log(ualdos)
219	rvr	Num	8			Renal vascular resistance (RVR)
220	ace_inhibitor_any	Num	8			Any ACE inhibitor at screening
221	alpha_blocker_any	Num	8			Any alpha blocker at screening
222	beta_blocker_any	Num	8			Any beta blocker at screening
223	calcium_blocker_any	Num	8			Any calcium blocker at screening
224	diuretic_any	Num	8			Any diuretic at screening
225	renal_agent_any	Num	8			Any renal agent at screening
226	ara_any	Num	8			Any ARA at screening
227	serumCreat_avgF5	Num	8			Serum creatinine at month 4 (mg/dL)
228	ckd_epi_egfrF5	Num	8	13.3	13.3	CKD EPI eGFR at month 4
229	wshout	Num	8			BP drug wash-out

Num	Variable	Type	Len	Format	Informat	Label
230	washout_length	Num	8			BP drug wash-out length of time
231	avsys_s	Num	8	3.	13.3	Average systolic BP at screening (office)
232	avdias_s	Num	8	3.	13.3	Average diastolic BP at screening (office)
233	map_s	Num	8	5.1		MAP at screening (office)
234	flagSB1_form7	Num	8			Flag SB1 Form7
235	spleen_volume	Num	8			Spleen Volume
236	common_bile_duct	Num	8			Common bile duct
237	pancreas_duct	Num	8			Pancreas duct
238	spleen_cyst	Num	8			Spleen cyst
239	pancreas_cyst	Num	8			Pancreas cyst
240	gallbladder_stone	Num	8			Gallbladder stone
241	ejection_fraction	Num	8			ejection_fraction
242	antiHTYind	Num	8			Indicator for an antihypertensive med at screening
243	accnF5ind	Num	8			Indicator for ACCNTEST data at month 4
244	washoutind	Num	8			Indicator for drug wash-out required
245	scrBPind	Num	8			Indicator for Office BP measurements at screening
246	pldind	Num	8			Indicator for spleen MRI data
247	chgSCR_B1F5	Num	8			Change in serum creatinine B1 to F5
248	chgSCR_B1F5_ge3	Num	8			Change in serum creatinine B1 to F5 is ≥ 0.3

Data Set Name: form10.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Date of visit
5	misfrm	Num	8	COMPLFMT.	2.	Form10:Form was not completed
6	hpkdyn	Num	8	YESNOALLF.	6.	Form10:INCLUSION CRITERIA:Q4:Is there a family history of ADPKD?
7	famhna	Num	8	NAFMT.	2.	Form10:INCLUSION CRITERIA:Q5:In participants with a family history of ADPKD
8	cysta	Num	8	YESNONAF.	6.	Form10:INCLUSION CRITERIA:Q5a:If age < 30, is there radiologic documentation of at least two renal cysts?
9	cystb	Num	8	YESNONAF.	6.	Form10:INCLUSION CRITERIA:Q5b:If age 30-59, is there radiologic documentation of at least two systs in each kidney?
10	cystc	Num	8	YESNONAF.	6.	Form10:INCLUSION CRITERIA:Q5c:If age 60-64, is there radiologic documentation of at least four cysts in each kidney?
11	nhcyst	Num	8	YESNONAF.	6.	Form10:INCLUSION CRITERIA:Q6:If no family history of ADPKD, is there radiologic documentatin of bilateral renal cysts in the absence of findings suggestive of other cystic renal disease?
12	bpcyn	Num	8	YESNOALLF.	6.	Form10:INCLUSION CRITERIA:Q8:Are anihypertensives or diuretics currently used for blood pressure control?
13	hbpadt	Num	8	YESNONAF.	6.	Form10:INCLUSION CRITERIA:Q9:If #8 above is 'no' is there documentation within the past year of hypertension or high-normal blood pressure
14	hbsys1	Num	8	MISSF.	6.	Form10:INCLUSION CRITERIA:Q9:Systolic 1
15	hbdia1	Num	8	MISSF.	6.	Form10:INCLUSION CRITERIA:Q9:Diastolic 1
16	hbdate1	Num	8	DATE9.	DATE9.	Form10:INCLUSION CRITERIA:Q9:Date of Reading 1
17	hbsys2	Num	8	MISSF.	6.	Form10:INCLUSION CRITERIA:Q9:Systolic 2
18	hbdia2	Num	8	MISSF.	6.	Form10:INCLUSION CRITERIA:Q9:Diastolic 2
19	hbdate2	Num	8	DATE9.	DATE9.	Form10:INCLUSION CRITERIA:Q9:Date of Reading 2
20	hbsys3	Num	8	MISSF.	6.	Form10:INCLUSION CRITERIA:Q9:Systolic 3
21	hbdia3	Num	8	MISSF.	6.	Form10:INCLUSION CRITERIA:Q9:Diastolic 3
22	hbdate3	Num	8	DATE9.	DATE9.	Form10:INCLUSION CRITERIA:Q9:Date of Reading 3
23	cntyn	Num	8	YESNOALLF.	6.	Form10:INCLUSION CRITERIA:Q10:Has the participant signed the most recent version of the informed consent?
24	dcdate	Num	8	DATE9.	DATE9.	Form10:INCLUSION CRITERIA:Q10:Date consent was signed by participant
25	femna	Num	8	NAFMT.	2.	Form10:EXCLUSION CRITERIA:Q1:If the participant is female
26	preg	Num	8	YESNO2NAF.	6.	Form10:EXCLUSION CRITERIA:Q1a:Is the participant currently pregnant or intending to become pregnant within four-five years
27	gbrth	Num	8	YESNO2NAF.	6.	Form10:EXCLUSION CRITERIA:Q1b:Is the participant currently lactating, or has childbirth occurred within the past 6 months
28	ervd	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q2:Has there been any documented renal vascular disease?
29	eokd	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q3:Does the participant have findings suggestive of kidney disease other than ADPKD?
30	ediab	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q4a:requiring insulin or oral hypoglycemic agents
31	iespt	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q4b:fasting glucose level of >126 or random non-fasting glucose level of >200

Num	Variable	Type	Len	Format	Informat	Label
32	iesptx	Num	8	SERUMPOFMT.	6.	Form10:EXCLUSION CRITERIA:Q5:Is the serum potassium level out of range?
33	iespty	Num	8	POTFMT.	6.	Form10:EXCLUSION CRITERIA:Q5a:If potassium level is >5.0 and <5.5 mEq/L, indicate the current BP therapy
34	eace	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q6:Does the participant have a history of angioneurotic edema or other absolute contraindication to ACE-I or ARB?
35	eblk	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q7:Does the participant have an indication other than hypertension for beta-blocker or calcium channel blocker therapy
36	ebkpi	Num	8	YESNO2NAF.	6.	Form10:EXCLUSION CRITERIA:Q7:IF Yes, has this been approved and documented by the principal investigator?
37	esys	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q8:Does the participant have a systemic illness necessitating the use of NSAIDs, immunosuppressant, or immunomodulatory medications?
38	esysr	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q9:Does the participant have a systemic illness with renal involvement?
39	ehspt	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q10:Has the participant had a non-elective hospital admission for an acute illness in the past two months?
40	edie	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q11:Does the participant have any serious comorbid condition for which life expectancy is <2 years?
41	edrug	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q12:Does the participant have a history of non-compliance, drug or alcohol dependence within the past year or other psychiatric disturbance that would preclude successful completion of the study?
42	eane	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q13:Does the participant have a known unclipped cerebral aneurysm >7 mm?
43	eothmed	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q14:Has the participant been treated (within 30 days of the start of HALT-PKD study medication) on any interventional study that would, in the PI's opinion?
44	ekdny	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q15:Does the participant have congenital absence of a kidney?
45	eallg	Num	8	YESNOALLF.	6.	Form10:EXCLUSION CRITERIA:Q16:Does the participant have a known allergy to sorbitol or sodium polystyrene sulfonate?
46	ecrdt	Num	8	YESNONAF.	6.	Form10:EXCLUSION CRITERIA:Q17:Has the participant received a partial or total nephrectomy, or renal cyst reduction within the past year, performed percutaneously, laparoscopically, or by open surgical procedure?
47	epace	Num	8	YESNONAF.	6.	Form10:EXCLUSION CRITERIA:Q18:Does the participant have a cardiac pacemaker?
48	emr	Num	8	YESNONAF.	6.	Form10:EXCLUSION CRITERIA:Q19:Does the participant have a contraindication to MR, such as metal clips, implants, prosthesis, etc
49	ebig	Num	8	YESNONAF.	6.	Form10:EXCLUSION CRITERIA:Q20:Does the participant have untreatable claustrophobia or body weight >159 kg (350 lbs)
50	etotn	Num	8	YESNONAF.	6.	Form10:EXCLUSION CRITERIA:Q22:does the participant have a history of a total nephrectomy
51	studelig	Num	8	STUDYFMT.	6.	Form10:FINAL ELIGIBILITY STATUS:Q1:for which study is the participant eligible?
52	edrugwo	Num	8	YESNOALLF.	6.	Form10:FINAL ELIGIBILITY STATUS:Q2: Is a drug washout period required?
53	sdwdate	Num	8	MMDDYY10.	DATE9.	Form10:FINAL ELIGIBILITY STATUS:Q2: If yes, planned start date of the drug washout (B0)
54	sbvdate	Num	8	MMDDYY10.	DATE9.	Form10:FINAL ELIGIBILITY STATUS:Q3: Date of scheduled Baseline Visit (B1)

Data Set Name: form121.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form121: Repeat Type
5	recordId	Num	8	11.	11.	Form121: Unique identifier for participant visit form
6	mdate	Num	8	MMDDYY10.	DATE9.	Form121: Date of session
7	misfrm	Num	8	YESNOALLF.	2.	Form121: Form was not completed
8	mrail	Char	6	\$6.	\$6.	Form121: Accession Number
9	kid	Num	8	YESNOALLF.	2.	Form121: Studies included: kidney
10	liv	Num	8	YESNOALLF.	2.	Form121: Studies included: liver
11	hrt	Num	8	YESNOALLF.	2.	Form121: Studies included: heart
12	rbb	Num	8	YESNOALLF.	2.	Form121: Studies included: RBF
13	recdate	Num	8	MMDDYY10.	DATE9.	Form121: Date Received at IAC
14	qcdate	Num	8	MMDDYY10.	DATE9.	Form121: Quality Control Date
15	kdeval	Num	8	EVALFMT.	6.	Form121Q1: Kidney scan: Image quality
16	kdevalq	Num	8	EVALQFMT.	6.	Form121Q1a: Kidney scan: Decision
17	kdprob	Char	771	\$771.	\$771.	Form121Q1b: Kidney scan: Problems
18	kdprot	Num	8	EVALFMT.	6.	Form121Q2: Kidney scan: Protocol followed
19	kddev	Char	100	\$100.	\$100.	Form121Q2a: Kidney scan: Any deviation
20	lveval	Num	8	EVALFMT.	6.	Form121Q3: Liver scan: Image quality
21	lvevalq	Num	8	EVALQFMT.	6.	Form121Q3a: Liver scan: Decision
22	lvprob	Char	109	\$109.	\$109.	Form121Q3b: Liver scan: Problems
23	lvprot	Num	8	EVALFMT.	6.	Form121Q4: Liver scan: Protocol followed
24	lvdev	Char	85	\$85.	\$85.	Form121Q4a: Liver scan: Any deviation
25	cdeval	Num	8	EVALFMT.	6.	Form121Q5: Heart scan: Image quality
26	cdevalq	Num	8	EVALQFMT.	6.	Form121Q5a: Heart scan: Decision
27	cdprob	Char	445	\$445.	\$445.	Form121Q5b: Heart scan: Problems
28	cdprot	Num	8	EVALFMT.	6.	Form121Q6: Heart scan: Protocol followed
29	cddev	Char	151	\$151.	\$151.	Form121Q6a: Heart scan: Any deviation
30	rbbfeval	Num	8	EVALFMT.	6.	Form121Q7: RBF scan: Image quality
31	rbbfevalq	Num	8	EVALQFMT.	6.	Form121Q7a: RBF scan: Decision
32	rbbfprob	Char	472	\$472.	\$472.	Form121Q7b: RBF scan: Problems
33	rbbfprot	Num	8	EVALFMT.	6.	Form121Q8: RBF scan: Protocol followed
34	rbbfdev	Char	172	\$172.	\$172.	Form121Q8a: RBF scan: Any deviation
35	transprob	Num	8	TRANSPROBFMT.	6.	Form121Q9: Were there any problems with the transmission of the data?
36	transprobpc	Char	438	\$438.	\$438.	Form121Q9a: Transmission problems, specified
37	overall	Char	175	\$175.	\$175.	Form121: Overall comment

Data Set Name: form125_wide.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	haltId
2	siteId	Num	8	SITEIDF.	6.	siteId
3	timepointId	Char	3	\$3.	\$3.	timepointId
4	recordId	Num	8	11.	11.	recordId
5	idx	Num	8	11.	11.	idx
6	adjudicator	Num	8	11.	11.	adjudicator
7	hpadate	Num	8	DATE9.	DATE9.	hpadate
8	hpddate	Num	8	DATE9.	DATE9.	hpddate
9	ncateg4	Num	8	6.	6.	ncateg4
10	nspecc4	Num	8	11.	11.	nspecc4
11	ngrade4	Num	8	MISS3F.	6.	ngrade4
12	CategoryDisputed	Num	8	YESNOALLF.	2.	CategoryDisputed
13	TermDisputed	Num	8	YESNOALLF.	2.	TermDisputed
14	GradeDisputed	Num	8	YESNOALLF.	2.	GradeDisputed
15	ncateg4Recommend	Num	8	MISS3F.	6.	ncateg4Recommend
16	nspecc4Recommend	Num	8	MISS4F.	11.	nspecc4Recommend
17	ngrade4Recommend	Num	8	MISS3F.	6.	ngrade4Recommend
18	Comments	Char	485	\$485.	\$485.	Comments
19	CommentsDisputed	Char	386	\$386.	\$386.	CommentsDisputed
20	adjudicatedDate	Num	8	DATE9.	DATE9.	adjudicatedDate
21	associatedAKI	Num	8	YESNO3NAF.	6.	associatedAKI
22	requestAdjudication	Num	8	YESNOALLF.	6.	requestAdjudication
23	requestedAdjudicator	Num	8	YESNOALLF.	11.	requestedAdjudicator
24	isQC	Num	8	YESNOALLF.	2.	isQC
25	ICD9_1	Char	10	\$10.		
26	DescribeICD9_1	Char	250	\$250.		
27	RelatedICD9_1	Num	8	EVENTFMT.		
28	ICD9_2	Char	10	\$10.		
29	DescribeICD9_2	Char	250	\$250.		
30	RelatedICD9_2	Num	8	EVENTFMT.		
31	ICD9_3	Char	10	\$10.		
32	DescribeICD9_3	Char	250	\$250.		
33	RelatedICD9_3	Num	8	EVENTFMT.		
34	ICD9_4	Char	10	\$10.		
35	DescribeICD9_4	Char	250	\$250.		
36	RelatedICD9_4	Num	8	EVENTFMT.		
37	ICD9_5	Char	10	\$10.		

Num	Variable	Type	Len	Format	Informat	Label
38	DescribeICD9_5	Char	250	\$250.		
39	RelatedICD9_5	Num	8	EVENTFMT.		
40	CPT_1	Char	10	\$10.		
41	DescribeCPT_1	Char	394	\$394.		
42	RelatedCPT_1	Num	8	EVENTFMT.		
43	CPT_2	Char	10	\$10.		
44	DescribeCPT_2	Char	394	\$394.		
45	RelatedCPT_2	Num	8	EVENTFMT.		

Data Set Name: form12_summary.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	6.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	recordId	Num	8	11.	11.	Record ID linked to raw data
5	dvdate	Num	8	DATE9.	DATE9.	Date of visit
6	sysOfficial	Num	8	13.3	13.3	Form12:Official Blood Pressure at/before PCC visit:Systolic
7	sysCount	Num	8	11.	11.	Form12: Number of series of Systolic measurements
8	diasOfficial	Num	8	13.3	13.3	Form12:Official Blood Pressure at/before PCC visit: Diastolic
9	diasCount	Num	8	11.	11.	Form12:Number of series of Diastolic measurements
10	hrOfficial	Num	8	13.3	13.3	Form12:Official Blood Pressure at/before PCC visit:Heart Rate
11	hrCount	Num	8	11.	11.	Form12:Number of series of heart rate measurements

Data Set Name: form130_131.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	groupId	Num	8	GROUPIDF.	6.	Study Group
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	formId	Num	8	6.	6.	Form ID
5	misfrm	Num	8	YESNOALLF.	2.	Form130-131: Form was not completed
6	misfrmReason	Char	200	\$200.	\$200.	Form130-131: Reason form was not completed
7	form2Completed	Num	8	YESNOALLF.	6.	Form130-131: During today's visit, did you complete the HALT-PKD study FORM #2 (Contact Information Form)?
8	pcpneph	Num	8	YESNOALLF.	6.	Form130-131: Do you have a PCP or nephrologist identified for the HALT-PKD team to transition your care to in six months?
9	clinicAccess	Num	8	YESNOALLF.	6.	Form130-131: If no or unsure, do you have access to an alternative care center or clinic?
10	insurance	Num	8	YESNOALLF.	6.	Form130-131: When the study comes to an end, will you have established insurance, Medicaid or Medicare coverage?
11	applyCoverage	Num	8	YESNOALLF.	6.	Form130-131: If no or unsure, do you plan to apply for Medicaid or Medicare coverage?
12	ptnotified	Num	8	YESNOALLF.	6.	Form130-131: Participant notified of planned release of study information
13	receiveResults	Num	8	YESNOALLF.	6.	Form130-131: Do you want to receive your study results information?
14	permitshare	Num	8	YESNOALLF.	6.	Form130-131: Do you give the HALT PKD study permission to share your study results with your local physician(s)?
15	revealStudyarm	Num	8	YESNOALLF.	6.	Form130-131: Do you want to be told what study arm (telmisartan or placebo) you were assigned to during your participation?
16	shareTreatment	Num	8	YESNOALLF.	6.	Form130-131: Do you give the HALT PKD study permission to share your treatment allocation (telmisartan or placebo) with your local physician?
17	provider	Num	8	PROVIDERF.	6.	Form130-131: Please identify the physician or designated provider that is to receive the final study letter
18	notificationMethod	Num	8	MAILF.	6.	Form130-131: How would you like us to send the final study letter to you?
19	comments	Char	244	\$244.	\$244.	Form130-131: Comments
20	dvdate	Num	8	MMDDYY10.		Form130-131: Visit date

Data Set Name: form13_ae.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	idx	Num	8	11.	11.	Event ID
3	followup	Num	8	6.	6.	Follow-up
4	ae_count	Num	8	6.	6.	The total number of associated AE
5	siteId	Num	8	6.	6.	Site ID
6	timepointId	Char	3	\$3.	\$3.	Timepoint ID
7	drdate	Num	8	DATE9.	DATE9.	Date of report
8	aenum	Num	8	6.	6.	Associated AE
9	ncateg	Num	8	6.	6.	Form13Q1:Event Code (code system:Ctcae v3)
10	nspecc	Num	8	11.	11.	Form13Q1:Event Term (code system:Ctcae v3)
11	ngrade	Num	8	MISSF.	6.	Form13Q1:Severity Grade (code system:Ctcae v3)
12	ncateg4	Num	8	6.	6.	Form13Q1:Event Code (code system:Ctcae v4)
13	nspecc4	Num	8	11.	11.	Form13Q1:Event Term (code system:Ctcae v4)
14	ngrade4	Num	8	MISSF.	6.	Form13Q1:Severity Grade (code system:Ctcae v4)
15	eodt	Num	8	DATE9.	DATE9.	Form13Q2:Onset Date
16	preg	Num	8	YESNO2NAF.	6.	Form13Q2:Pregnant?
17	pregwk	Num	8	MISSF.	6.	Form13Q2:If Yes, Number of weeks
18	eedt	Num	8	DATE9.	DATE9.	Form13Q3:End Date
19	evtoutc	Num	8	EVTOUTF.	6.	Form13Q4:Outcome of Event
20	pldt	Num	8	DATE9.	DATE9.	Form13Q5:When did PCC personnel learn of the event?
21	serious	Num	8	YESNOALLF.	6.	Form13Q20:Was the event serious?
22	resa	Num	8	YESNOALLF.	2.	Form13Q6:Resulting in Death
23	autopsy	Num	8	YESNO4NAF.	6.	Form13Q6:Autopsy
24	dddt	Num	8	DATE9.	DATE9.	Form13Q6:Date of Death
25	causedeath	Char	50	\$50.	\$50.	Form13Q6:Cause of Death
26	resb	Num	8	YESNOALLF.	2.	Form13Q6:Hospitalization-any initial or prolonged stay in hospital/health care facility
27	resc	Num	8	YESNOALLF.	2.	Form13Q6:Life-threatening, including potassium >6.5 mEq/L, serum creatinine doubling < 12 weeks of beginning study medications
28	resd	Num	8	YESNOALLF.	2.	Form13Q6:Resulting in persistent or significant disability/incapacity
29	rese	Num	8	YESNOALLF.	2.	Form13Q6:Exceeding the nature, severity or frequency described in the protocol
30	resf	Num	8	YESNOALLF.	2.	Form13Q6:Congenital anomaly/birth defect of offspring
31	resg	Num	8	YESNOALLF.	2.	Form13Q6:Abuse of or dependency on study medication
32	resh	Num	8	YESNOALLF.	2.	Form13Q6:Any other important medical event, including new cancer diagnosis, which may jeopardize the participant, or may require intervention to prevent permanent impairment/damage or other outcome listed above
33	evtrsp	Num	8	EVENTFMT.	6.	Form13Q7:Is the event related to study participation
34	evtrbpm	Num	8	EVENTFMT.	6.	Form13Q8:Is the event related to blood pressure medication?
35	evtrmmt	Num	8	EVENTFMT.	6.	Form13Q9:Is the event related to masked medication: Telmisartin?
36	evtrmmp	Num	8	EVENTFMT.	6.	Form13Q9:Is the event related to masked medication: Placebo?

Num	Variable	Type	Len	Format	Informat	Label
37	evtunex	Num	8	YESNO5NAF.	6.	Form13Q10:If the event is related to study drug, is it considered unexpected?
38	evtset	Num	8	SETFMT.	6.	Form13Q11:Setting in which the event occurred
39	evtthr	Num	8	YESNOALLF.	6.	Form13Q12:Therapy for event
40	evtamnt	Num	8	ACTMMF.	6.	Form13Q13:Action taken with masked medication due to this event
41	evtrpkd	Num	8	YESNO3NAF.	6.	Form13Q14:In the PI's opinion, is the event related to ADPKD?
42	descrip	Char	731	\$731.	\$731.	Form13Q15:Description
43	ccateg	Char	50	\$50.	\$50.	Form13Q1:Event Code (code system:Ctcae v3)
44	ccateg4	Char	100	\$100.	\$100.	Form13Q1:Event Code (code system:Ctcae v4)
45	cspecc	Char	200	\$200.	\$200.	Form13Q1:Event Term (code system:Ctcae v3)
46	cspecc4	Char	200	\$200.	\$200.	Form13Q1:Event Term (code system:Ctcae v4)
47	cgrade	Char	340	\$340.	\$340.	Form13Q1:Severity Grade (code system:Ctcae v3)
48	cgrade4	Char	255	\$255.	\$255.	Form13Q1:Severity Grade (code system:Ctcae v4)
49	eoti	Num	8	TIME10.		Form13Q2:Onset Time
50	eeti	Num	8	TIME10.		Form13Q3:End Time
51	plti	Num	8	TIME10.		Form13Q5:Time

Data Set Name: form13_ae_treat.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	6.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	idx	Num	8	11.	11.	Event ID
5	followup	Num	8	6.	6.	Follow-up
6	drdate	Num	8	DATE9.	DATE9.	Date of report
7	aenum	Num	8	6.	6.	Associated AE
8	therapy	Char	50	\$50.	\$50.	Form13 therapy:Drug & Non-drug Therapies to treat event
9	formul	Char	50	\$50.	\$50.	Form13 therapy:Formulation
10	strength	Char	50	\$50.	\$50.	Form13 therapy:Strength
11	dose	Char	50	\$50.	\$50.	Form13 therapy:Dose
12	route	Char	50	\$50.	\$50.	Form13 therapy:Route
13	onsdt	Num	8	DATE9.	DATE9.	Form13 therapy:Onset Date
14	enddt	Num	8	DATE9.	DATE9.	Form13 therapy:End Date
15	relate	Num	8	YESNOALLF.	6.	Form13 therapy:Related to Event?
16	onsti	Num	8	TIME10.		Form13 therapy:Onset Time
17	endti	Num	8	TIME10.		Form13 therapy:End Time

Data Set Name: form13_diag.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	6.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	idx	Num	8	11.	11.	Event ID
5	followup	Num	8	6.	6.	Follow-up
6	drdate	Num	8	DATE9.	DATE9.	Date of report
7	diagnose	Char	100	\$100.	\$100.	Form13Q33:Concomitant Diagnoses
8	onsm	Num	8	MISSF.	6.	Form13Q33:Date of Onset: month
9	onsd	Num	8	MISSF.	6.	Form13Q33:Date of Onset: day
10	onsy	Num	8	MISSF.	6.	Form13Q33:Date of Onset: year

Data Set Name: form13_med.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointid	Char	3	\$3.	\$3.	Timepoint ID
4	idx	Num	8	11.	11.	Event ID
5	followup	Num	8	6.	6.	Follow-up
6	drdate	Num	8	DATE9.	DATE9.	Date of report
7	medname	Char	50	\$50.	\$50.	Form13Q32:Relevant Medications
8	Med_formul	Char	50	\$50.	\$50.	Form13Q32:Formulation
9	Med_strength	Char	50	\$50.	\$50.	Form13Q32:Strength
10	Med_dose	Char	50	\$50.	\$50.	Form13Q32:Daily Dose
11	Med_route	Char	50	\$50.	\$50.	Form13Q32:Route
12	Med_onsdt	Num	8	DATE9.	DATE9.	Form13Q32:Onset Date
13	Med_enddt	Num	8	DATE9.	DATE9.	Form13Q32:End Date
14	indicate	Char	30	\$30.	\$30.	Form13Q32:Indication
15	event	Num	8	YESNOALLF.	6.	Form13Q32:Related to Event?
16	MED_onsti	Num	8	TIME10.		Form13Q32:Onset Time
17	MED_endti	Num	8	TIME10.		Form13Q32:End Time

Data Set Name: form13_section4.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	timepointId	Char	3	\$3.	\$3.	Timepoint ID
3	idx	Num	8	11.	11.	Event ID
4	followup	Num	8	6.	6.	Follow-up
5	drdate	Num	8	DATE9.	DATE9.	Date of report
6	adminmm	Num	8	ADMINFMT.	6.	Form13Q26:Administration of masked medication
7	evmmov	Num	8	YESNOALLF.	2.	Form13Q26a:Overdose
8	evmmab	Num	8	YESNOALLF.	2.	Form13Q26a:Abuse
9	evmmoth	Num	8	YESNOALLF.	2.	Form13Q26a:Other
10	rmmdt	Num	8	DATE9.	DATE9.	Form13Q27:Date of most recent masked medication
11	chngmm	Num	8	YESNO3NAF.	6.	Form13Q28:Have any blood pressure medications changed due to event(s)?
12	drugcdnum	Char	10	\$10.	\$10.	Form13Q29:Drug Card Number
13	trtcbrk	Num	8	YESNOALLF.	6.	Form13Q29:Was treatment code broken
14	rechallmm	Num	8	RECHFMT.	6.	Form13Q30:Was a rechallenge of masked medications performed?
15	evresua	Num	8	YESNOALLF.	2.	Form13Q30: 1 yes, outcome unknown:Event #1
16	evresub	Num	8	YESNOALLF.	2.	Form13Q30: 1 yes, outcome unknown:Event #2
17	evresuc	Num	8	YESNOALLF.	2.	Form13Q30: 1 yes, outcome unknown:Event #3
18	evresud	Num	8	YESNOALLF.	2.	Form13Q30: 1 yes, outcome unknown:Event #4
19	evrespa	Num	8	YESNOALLF.	2.	Form13Q30: 2 positive:Event #1
20	evrespb	Num	8	YESNOALLF.	2.	Form13Q30: 2 positive:Event #2
21	evrespc	Num	8	YESNOALLF.	2.	Form13Q30: 2 positive:Event #3
22	evrespd	Num	8	YESNOALLF.	2.	Form13Q30: 2 positive:Event #4
23	commoutcp	Char	100	\$100.	\$100.	Form13Q30_2:Comment
24	evresna	Num	8	YESNOALLF.	2.	Form13Q30: 3 Yes negative:Event #1
25	evresnb	Num	8	YESNOALLF.	2.	Form13Q30: 3 Yes negative:Event #2
26	evresnc	Num	8	YESNOALLF.	2.	Form13Q30: 3 Yes negative:Event #3
27	evresnd	Num	8	YESNOALLF.	2.	Form13Q30: 3 Yes negative:Event #4
28	commoutcn	Char	100	\$100.	\$100.	Form13Q30_3:Comment
29	chngcm	Num	8	YESNO3NAF.	6.	Form13Q31:Have existing concomitant medications changed due to event(s)?
30	comments	Char	500	\$500.	\$500.	Form13Q34:Comments

Data Set Name: form14.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	siteid	Num	8	SITEIDF.	6.	Site ID
3	timepointid	Char	3	\$3.	\$3.	Timepoint ID
4	dvddate	Num	8	MMDDYY10.	DATE9.	Visit Date
5	sfage	Num	8	YESNOALLF.	2.	Form14Q1: Age at S Visit: <15 years or >49 years (Study A). <18 years or >64 years (Study B)
6	sfpkd	Num	8	YESNOALLF.	2.	Form14Q2: Diagnostic Imaging Test does not reveal ADPKD per protocol
7	sfgr	Num	8	YESNOALLF.	2.	Form14Q3: GFR out of targeted range: LE 60 ml/min/1.73m2 (Study A). <30 or >60 ml/min/1.73m2 (Study B)
8	sfbp	Num	8	YESNOALLF.	2.	Form14Q4: Absence of hypertension or high-normal blood pressure per protocol
9	sfkst	Num	8	YESNOALLF.	2.	Form14Q5: Unable or unwilling to give written informed consent, or withdrawal of consent
10	sfpreg	Num	8	YESNOALLF.	2.	Form14Q6: Females: Currently pregnant/lactating, childbirth within past six months, or plans pregnancy within five years
11	sfrvd	Num	8	YESNOALLF.	2.	Form14Q7: History of renal vascular disease
12	sfokd	Num	8	YESNOALLF.	2.	Form14Q8: Spot urine albumin-to-creatinine ratio of GE 0.5 and/or findings suggestive of kidney disease other than ADPKD
13	sfdiab	Num	8	YESNOALLF.	2.	Form14Q9: Diabetes, requiring insulin or oral hypoglycemic agents, or fasting glucose GE 126 or random non-fasting glucose GE 200
14	sfacc	Num	8	YESNOALLF.	2.	Form14Q10: History of angioneurotic edema or other hypersensitivity reaction with ACE-1 or ARB
15	sfbeta	Num	8	YESNOALLF.	2.	Form14Q11: Contraindication to β -blocker or other antihypertensive agents per ordered protocols for (Study A) or (Study B)
16	sfhrt	Num	8	YESNOALLF.	2.	Form14Q12: Past history of heart failure
17	sfblk	Num	8	YESNOALLF.	2.	Form14Q13: Absolute indication for β -blocker or calcium channel blocker therapy
18	sfsys	Num	8	YESNOALLF.	2.	Form14Q14: Systemic illness necessitating NSAID, immunosuppressant or immunomodulatory medications
19	sfysr	Num	8	YESNOALLF.	2.	Form14Q15: Systemic illness with renal involvement
20	sfhspt	Num	8	YESNOALLF.	2.	Form14Q16: Non-elective hospitalization for an acute illness within the past 2 months
21	sfdie	Num	8	YESNOALLF.	2.	Form14Q17: Serious comorbid illness for which life expectancy is <2 years
22	sfdrug	Num	8	YESNOALLF.	2.	Form14Q18: History of non-compliance or drug or alcohol dependence within the past year
23	sfpsy	Num	8	YESNOALLF.	2.	Form14Q19: Psychiatric disturbance that would preclude successful completion of the study
24	sfane	Num	8	YESNOALLF.	2.	Form14Q20: Known unclipped cerebral aneurysm GE 1 cm
25	sfkdny	Num	8	YESNOALLF.	2.	Form14Q21: Total nephrectomy or congenital absence of a kidney
26	sfcrdt	Num	8	YESNOALLF.	2.	Form14Q22: Partial nephrectomy or previous renal cyst reduction within the past year (exclusion for Study A only)
27	sfbig	Num	8	YESNOALLF.	2.	Form14Q23: Weight >350 lbs.(159 kg) (exclusion for Study A only)
28	sfpace	Num	8	YESNOALLF.	2.	Form14Q24: Cardiac pacemaker (exclusion for Study A only)
29	sfmr	Num	8	YESNOALLF.	2.	Form14Q25: Contraindications to MR scan (exclusion for Study A only)
30	sfint	Num	8	YESNOALLF.	2.	Form14Q26: Treated on an interventional study within 30 days that would interfere with HALT PKD
31	hypkd	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Hyperkalemia prior to use of study drug
32	hypka	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Hyperkalemia while on ACE-1 and/or ARB

Num	Variable	Type	Len	Format	Informat	Label
33	alkph	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Alkaline Phosphatase
34	lrna	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Sodium (Na)
35	lrcl	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Chlorine (Cl)
36	lrco2	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Carbon Dioxide (CO2)
37	lrbyn	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning BUN
38	lrtrans	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Transaminases
39	lral	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Albumin
40	lrca	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Calcium
41	lrphos	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning Phosphorus
42	lrcbc	Num	8	YESNOALLF.	2.	Form14Q27: Safety concerning CBC w/PLT
43	sfoth	Num	8	YESNOALLF.	2.	Form14Q28: Other reason for screen failure
44	sfothr	Char	50	\$50.	\$50.	Form14Q28: Other reason for screen failure, specified
45	sfcmt	Char	126	\$126.	\$126.	Form14Q29: Comments
46	sfprsn	Num	8	SFPRSNFMT.	11.	Form14Q30: Primary reason for Screening Failure
47	rselyn	Num	8	YESNOALLF.	6.	Form14Q31: Is the participant eligible for rescreening?
48	rselyp	Num	8	RSELYPFMT.	6.	Form14Q31: Timeline for rescreening
49	rsplan	Num	8	YESNOALLF.	6.	Form14Q32: Is rescreening planned?

Data Set Name: form15.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Date of Visit
5	misfrm	Num	8	COMPLFMT.	2.	Form15:Form was not completed
6	hght	Num	8	MISSF.	13.3	Form15Q1:Height
7	uhght	Num	8	HEIGHTFMT.	6.	Form15Q1:height units
8	wght	Num	8	MISSF.	13.3	Form15Q2:Weight
9	uwght	Num	8	WEIGHTFMT.	6.	Form15Q2:weight units
10	pfsmcf	Num	8	YESNOALLF.	6.	Form15Q3:During the last 30 minutes, has the participant smoked or consumed caffeine?
11	drsdate	Num	8	DATE9.	DATE9.	Form15Q4:Date of most recent dose of study medication
12	smna	Num	8	CHECKFMT.	2.	Form15Q4:N/A If non applicable check
13	armuse	Num	8	ARMFMT.	6.	Form15Q5:Arm used
14	bpmid	Char	20	\$20.	\$20.	Form15Q6:PCC Blood Pressure Device Used- PCC Monitor Serial Number
15	sys2	Num	8	MISSF.	6.	Form15Q7:Systolic 2 sitting
16	dias2	Num	8	MISSF.	6.	Form15Q7:Diastolic 2 sitting
17	bpm2	Num	8	MISSF.	6.	Form15Q7:Pulse rate BPM 2
18	sys4	Num	8	MISSF.	6.	Form15Q7:Systolic 4 sitting
19	dias4	Num	8	MISSF.	6.	Form15Q7:Diastolic 4 sitting
20	bpm4	Num	8	MISSF.	6.	Form15Q2:Pulse rate BPM 4
21	sys6	Num	8	MISSF.	6.	Form15Q7:Systolic 6 sitting
22	dias6	Num	8	MISSF.	6.	Form15Q7:Diastolic 6 sitting
23	bpm6	Num	8	MISSF.	6.	Form15Q7:Pulse rate BPM 6
24	pavsys	Num	8	MISSF.	14.4	Form15Q7:Calculated Systolic
25	pavdias	Num	8	MISSF.	14.4	Form15Q7:Calculated Diastolic
26	sdsys1	Num	8	MISSF.	6.	Form15Q8:Systolic 1 Standing
27	sddias1	Num	8	MISSF.	6.	Form15Q8:Diastolic 1 Standing
28	sdbpm1	Num	8	MISSF.	6.	Form15Q8:Pulse Rate BPM 1 standing
29	cmt	Char	200	\$200.	\$200.	Form15Q9:Comments
30	dtime	Num	8	TIME10.		Form15Q4:Approximate Time
31	time2	Num	8	TIME10.		Form15Q7:sitting 2 measure time
32	time4	Num	8	TIME10.		Form15Q7:sitting 4 measure time
33	time6	Num	8	TIME10.		Form15Q7:sitting 6 measure time
34	sdtime1	Num	8	TIME10.		Form15Q8:standing measure time

Data Set Name: form16.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Date of Visit
5	misfrm	Num	8	COMPLFMT.	2.	Form16:Form was not completed
6	cfrdate	Num	8	DATE9.	DATE9.	Form16Q1:Collection From: Date
7	tcvol	Num	8	MISSF.	16.6	Form16Q1:Total Collection Volume
8	ctodate	Num	8	DATE9.	DATE9.	Form16Q1:Collection To: Date
9	tolchour	Num	8	MISSF.	6.	Form16Q1:Total Collection Time: hours
10	tolcmin	Num	8	MISSF.	6.	Form16Q1:Total Collection Time: minutes
11	menstr	Num	8	YESNO7NAF.	6.	Form16Q1:If Female, was the participant menstrating during sample collection?
12	notcol	Num	8	YESNO2NAF.	2.	Form16Q1:24 hour urine sample unacceptatable or not collected
13	nospot	Num	8	YESNO2NAF.	2.	Form16Q1:Spot urine sample unacceptatable or not collected
14	nouvel	Num	8	YESNO2NAF.	2.	Form16Q1:Urine volume lost or not obtained
15	ucaccno	Char	8	\$8.	\$8.	Form16Q2A:Accession# Bar Code Label for A. Urine Chemistry Sample
16	ucqcaccno	Char	8	\$YESNO9NAF.	\$8.	Form16Q2B:Accession# Bar Code Label B. Urine Chemistry Sample for QC
17	alaccno	Char	8	\$8.	\$8.	Form16Q3A:Accession# Bar Code Label for A Aldosterone Sample
18	alqcaccno	Char	8	\$YESNO9NAF.	\$8.	Form16Q3B:Accession# Bar Code Label for B. Aldosterone Sample for QC
19	a24accno	Char	8	\$8.	\$8.	Form16Q4:Accession# Bar Code Label for 24 hr Urine BioSample (No Acid)
20	p24accno	Char	8	\$8.	\$8.	Form16Q5:Accession# Bar Code Label for 24 hr Urine BioSample containing Boric Acid
21	fuaccno	Char	8	\$8.	\$8.	Form16Q6:Accession# Bar Code Label for Type of Sample

Data Set Name: form17.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteid	Num	8	6.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Date of Visit
5	dcdate	Num	8	DATE9.	DATE9.	Form17:Date of Collection
6	misfrm	Num	8	COMPLFMT.	2.	Form17:Form was not completed
7	gcsig	Num	8	GCSIGFMT.	6.	Form17Q1:Has the participant signed the consent agreeing to cell immortalization
8	gcsigdate	Num	8	DATE9.	DATE9.	Form17Q1:Date signed
9	accno	Char	8	\$8.	\$8.	Form17Q3:Accession Number
10	gscmt	Char	209	\$209.	\$209.	Form17:Comments

Data Set Name: form18.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	siteid	Num	8	6.	6.	Site ID
3	timepointid	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Date of Visit
5	misfrm	Num	8	COMPLFMT.	2.	Form18:Form was not completed
6	seraccno	Char	8	\$8.	\$8.	Form18Q2A:Accession# Bar Code Label for A. Serum Sample
7	plaaccno	Char	8	\$8.	\$8.	Form18Q2B:Accession# Bar Code Label for B. Plasma Sample
8	commnt	Char	113	\$113.	\$113.	Form18Q3: Comments
9	ser1time	Num	8	TIME10.		Form18Q2A:Serum Sample Collection Time
10	pla1time	Num	8	TIME10.		Form18Q2B:Plasma Sample Collection Time

Data Set Name: form19.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	6.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form19: Repeat Type
5	dvdate	Num	8	DATE9.	DATE9.	Date of Visit
6	repet	Num	8	YESNO2NAF.	2.	Form19: Repeat Collection
7	misfrm	Num	8	COMPLFMT.	2.	Form19:Form was not completed
8	ok4col	Num	8	YESNO2NAF.	6.	Form19Q1: Has the participant followed HALT-PKD activity/consumption guidelines to prepare for this visit?
9	nocmnt	Char	143	\$143.	\$143.	Form19Q1: If no, please explain:
10	psnqc	Num	8	YESNO2NAF.	6.	Form19Q2:Primary Sample - No QC sample required
11	psqc	Num	8	YESNO2NAF.	6.	Form19Q2:Primary Sample - QC sample is required
12	ssnqc	Num	8	YESNO2NAF.	6.	Form19Q2:Secondary Sample Baseline/F5 Only -No QC sample required
13	rsnqc	Num	8	YESNO2NAF.	6.	Form19Q2:Repeat Sample - No QC sample required
14	rsqc	Num	8	YESNO2NAF.	6.	Form19Q2:Repeat Sample - QC sample is required
15	commnt	Char	184	\$184.	\$184.	Form19Q3: Comments:
16	psaccno	Char	8	\$8.	\$8.	Form19QA:Primary or repeat sample accession #
17	qcaccno	Char	8	\$YESNO9NAF.	\$8.	Form19QB:QC sample from primary draw accession #
18	ssaccno	Char	8	\$8.	\$8.	Form19QD:Second draw at B1 and F5 accession #
19	sstime	Num	8	TIME10.		Form19QD:Second draw at B1 and F5 collection time
20	pstime	Num	8	TIME10.		Form19QA:Primary or repeat sample collection time

Data Set Name: form20_randform.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	haltid
2	timepointid	Char	3		\$3.	Timepoint ID
3	dvdate	Num	8	MMDDYY10.	DATE9.	Form20Q4: Date of visit
4	brthddate	Num	8	MMDDYY10.	DATE9.	Form20Q1: Date of birth
5	sex	Num	8	SEXFMT.		Form20Q2: Sex/Participant
6	race	Num	8	RACEFMT.		Form20Q3: Race/Participant
7	lrscrea	Num	8			Form20Q4: Serum Creatinine at Screening
8	scrdate	Num	8	MMDDYY10.	DATE9.	Form20Q4: Date of Serum Creatinine sample at Screening
9	lrsgr	Num	8	8.2	8.2	Form20Q5: GFR at Screening (ml/min/1.73m2)
10	saesign	Num	8	YESNOALLF.		Form20Q6: Participant has signed the most recent version of the required informed consent
11	csntdate	Num	8	MMDDYY10.	DATE9.	Form20Q6: Consent Signed/Date
12	wshout	Num	8	WSHOUTFMT.		Form20Q7: If participant had previously taken medication to control BP, has there been a drug washout period?
13	lddate	Num	8	MMDDYY10.	DATE9.	Form20Q7: Washout Start/Date (washout GE 2 wks)
14	lddate2	Num	8	MMDDYY10.	DATE9.	Form20Q7: Washout Start/Date (washout LT 2 wks)
15	b2vdate	Num	8	MMDDYY10.	DATE9.	Form20Q8: Expected B2 Visit Date
16	group	Num	8	GROUPF.		Form20Q9: Treatment assignment
17	clinic	Num	8	CLINFMT.		Clinic name

Data Set Name: form21.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form21. Repeat Type
5	recordId	Num	8	11.	11.	Form21. Unique identifier for participant visit form
6	mdate	Num	8	MMDDYY10.	DATE9.	Form21. Date of MRI Session
7	mraId	Char	6	\$6.	\$6.	Form21. Accession ID
8	misfrm	Num	8	YESNOALLF.	2.	Form21. Form not completed
9	numnotused	Num	8	YESNOALLF.	2.	Form21. This accession number will not be used
10	norescan	Num	8	YESNOALLF.	2.	Form21. The participant refused scan
11	ciduration	Num	8	11.	11.	Form21_oldQ4. Contrast injection: Duration of injection (seconds)
12	civol	Num	8	11.	11.	Form21_oldQ4. Contrast injection: Volume (mls)
13	mraenone	Num	8	YESNOALLF.	2.	Form21Q4: Adverse Events: None
14	contra_MetalRods	Num	8	YESNOALLF.	2.	Form21. Contraindication for MRI: Presence of Metal Rods
15	contra_Pacemaker	Num	8	YESNOALLF.	2.	Form21. Contraindication for MRI: Pacemaker
16	contra_Claustrophobia	Num	8	YESNOALLF.	2.	Form21. Contraindication for MRI: Claustrophobia
17	contra_Other	Char	100	\$100.	\$100.	Form21. Contraindication for MRI: Other

Data Set Name: form21_ae.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form21. Repeat type
5	recordId	Num	8	11.	11.	Form21. Unique identifier for participant visit form
6	aeseries	Char	20	\$20.	\$20.	Form21Q4: AE Series #
7	aeevent	Char	200	\$200.	\$200.	Form21Q4: AE Description

Data Set Name: form21_cseries.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form21. Repeat Type
5	recordId	Num	8	11.	11.	Form21. Unique identifier for participant visit form
6	csid	Char	20	\$MISSTEXT.	\$20.	Form21. Cardiac Series
7	ccom	Char	100	\$100.	\$100.	Form21. Cardiac Series comments
8	csn	Num	8	MISSF.	6.	Form21. Cardiac Series # of slices
9	cfov1	Num	8	MISSF.	6.	cfov1
10	cfov2	Num	8	MISSF.	6.	cfov2

Data Set Name: form21_rseries.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form21: Repeat type
5	recordId	Num	8	11.	11.	Form21: Unique identifier for participant visit form
6	mrsid	Char	20	\$MISSTEXT.	\$20.	Form21Q3A: Series #
7	mrdesc	Num	8	MRDESCFMT.	6.	Form21Q3A: Name of MR Sequence
8	mrcom	Char	100	\$100.	\$100.	Form21Q3A: MR Comments
9	mrsn	Num	8	MISSF.	6.	Form21Q3A: # of slices
10	mrsd	Num	8	MISSF.	6.	Form21Q3A: Duration (seconds)
11	mrfov1	Num	8	MISSF.	6.	Form21Q3A: FOV-1
12	mrfov2	Num	8	MISSF.	6.	Form21Q3A: FOV-2

Data Set Name: form21_rserieso.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form21: Repeat Type
5	recordId	Num	8	11.	11.	Form21: Unique identifier for participant visit form
6	omseries	Char	20	\$MISSTEXT.	\$20.	Form21Q3A: Omitted Series
7	omreas	Char	100	\$100.	\$100.	Form21Q3A: Reason series was omitted

Data Set Name: form22.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form22: Repeat Type
5	recordId	Num	8	11.	11.	Form22: Unique identifier for participant visit form
6	dsdate	Num	8	MMDDYY10.	DATE9.	Form22: Date of Session
7	misfrm	Num	8	YESNOALLF.	2.	Form22: Form was not completed
8	mraccn	Char	6	\$6.	\$6.	Form22: MR Accession #
9	fov	Num	8	FOVFMT.	6.	Form22Q1: Field of view
10	fovothx	Char	50	\$MISSTEXT.	\$50.	Form22Q1: Field of view, other specified
11	matrs	Num	8	MATRSFMT.	6.	Form22Q2: Matrix size
12	matrso	Char	50	\$MISSTEXT.	\$50.	Form22Q2: Matrix size, other specified
13	crdnum	Num	8	MISSF.	6.	Form22Q3: Total number of cardiac phases measured per RR interval
14	gating	Num	8	GATINGFMT.	6.	Form22Q3: Gating type
15	hrtrt	Num	8	MISSF.	6.	Form22Q4: Recorded heart rate at time of exam
16	frmerror	Num	8	FRMERRORFMT.	6.	Form22Q6: RBF whole form error

Data Set Name: form22_series.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	repeatType	Char	2	\$REPEATTYPEFMT.	\$2.	Form22: Repeat Type
5	recordId	Num	8	11.	11.	Form22: Unique identifier for participant visit form
6	seriesId	Num	8	11.	11.	Form22: Series ID
7	rbfs	Char	50	\$MISSTEXT.	\$50.	Form22: RBF Series #
8	rbfc	Char	100	\$100.	\$100.	Form22: RBF Comment
9	rbfn	Char	50	\$MISSTEXT.	\$50.	Form22: RBF # of slices
10	rbfv	Char	50	\$MISSTEXT.	\$50.	Form22: RBF Velocity Encoding

Data Set Name: form25.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	vtdate	Num	8	DATE9.	DATE9.	Form25Q1: Visit Target Date
5	lvdate	Num	8	DATE9.	DATE9.	Form25Q2: Late date of acceptable range for this visit
6	mvshw	Num	8	CHECKFMT.	2.	Form25Q3: Participant did not arrive for the visit (not otherwise specified)
7	mvrsp	Num	8	CHECKFMT.	2.	Form25Q3: Participant failed to respond to coordinator's attempts (>3) to contact
8	mvwth	Num	8	CHECKFMT.	2.	Form25Q3: Inclement weather
9	mvtrl	Num	8	CHECKFMT.	2.	Form25Q3: Problems with travel arrangements (specify)
10	mvtrlc	Char	100	\$100.	\$100.	Form25Q3: Specify problems with travel arrangements
11	mvhsp	Num	8	CHECKFMT.	2.	Form25Q3: Participant was hospitalized unexpectedly
12	mvhspc	Char	100	\$100.	\$100.	Form25Q3: Specify participant hospitalized unexpectedly
13	mvill	Num	8	CHECKFMT.	2.	Form25Q3: Participant was too ill to complete the visit
14	mvillc	Char	100	\$100.	\$100.	Form25Q3: Specify participant too ill to complete visit
15	mvrscd	Num	8	CHECKFMT.	2.	Form25Q3: Participant rescheduled due to
16	mcvncf	Num	8	CHECKFMT.	2.	Form25Q3: Scheduling conflicts (not otherwise specified)
17	mvsggr	Num	8	CHECKFMT.	2.	Form25Q3: Elective surgery
18	mvhld	Num	8	CHECKFMT.	2.	Form25Q3: Holidays
19	mvdpr	Num	8	CHECKFMT.	2.	Form25Q3: Depression/Mood/Psychiatric problems
20	mvroth	Num	8	CHECKFMT.	2.	Form25Q3: Other (Specify)
21	mvrothc	Char	100	\$100.	\$100.	Form25Q3: Specify other reason participant rescheduled
22	mvdat	Num	8	CHECKFMT.	2.	Form25Q3: Participant misunderstood date/time of scheduled visit
23	mvrfs	Num	8	CHECKFMT.	2.	Form25Q3: Participant refused this visit(reason if known)
24	mvrpsc	Char	100	\$100.	\$100.	Form25Q3: Reason participant refused this visit
25	mverr	Num	8	CHECKFMT.	2.	Form25Q3: Institutional error (specify)
26	mverrc	Char	100	\$100.	\$100.	Form25Q3: Specify institutional error for missed visit
27	mvoth	Num	8	CHECKFMT.	2.	Form25Q3: Other (Specify)
28	mvothc	Char	100	\$100.	\$100.	Form25Q3: Specify other reason visit was missed
29	mvukwn	Num	8	CHECKFMT.	2.	Form25Q3: Unknown
30	mcvcmnt	Char	228	\$228.	\$228.	Form25Q4: Comments/Communications/Plans for future visits (optional)

Data Set Name: form27.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	transId	Num	8	11.	11.	Transfer ID
2	oldhaltId	Char	8	\$8.	\$8.	Old HALT ID
3	tfost	Num	8	SITEIDF.	6.	Form27Q1: Originating Clinic
4	tfdst	Num	8	SITEIDF.	6.	Form27Q2: Destination Clinic
5	tftdt	Num	8	DATETIME19.	DATETIME19.	Form27Q3: Target Date of Next Visit
6	nextvisit	Char	3	\$3.	\$3.	Form27Q3: Next Visit Code
7	tfcmt	Char	166	\$166.	\$166.	Form27Q4: Comments:
8	newhaltId	Char	8	\$8.	\$8.	New HALT ID
9	tfcDt	Num	8	DATETIME19.	DATETIME19.	Form27Q5: Date Participant Signed a NEW Consent Form at the Destination Clinic
10	tfDcmt	Char	160	\$160.	\$160.	Form27Q6: Comments:

Data Set Name: form28.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	drdate	Num	8	DATE9.	DATE9.	Form28:Date of Report
5	misfrm	Num	8	COMPLFMT.	2.	Form28:Form not completed
6	dmpdate	Num	8	DATE9.	DATE9.	Form28Q1:Date of Modified Participation
7	modstat	Num	8	MODF.	6.	Form28Q1_1:Initial modification
8	modnum	Num	8	MISSF.	6.	Form28Q1_2:Re-modification number
9	partis	Num	8	PARTF.	6.	Form28Q2:Status changed to
10	wdrcnt	Num	8	YESNOALLF.	6.	Form28Q3a:Participant has withdrawn consent, not otherwise specified
11	wdrtrl	Num	8	YESNOALLF.	6.	Form28Q3b:Participant is unable or unwilling to travel to a HALT PKD Clinic Center
12	wdrphc	Num	8	YESNOALLF.	6.	Form28Q3c:Participant has withdrawn at the request of the treating physician (PCP/nephrologists)
13	wdrmed	Num	8	YESNOALLF.	6.	Form28Q3d:Participant is unable or unwilling to take study medications
14	wdrlgth	Num	8	YESNOALLF.	6.	Form28Q3e:Participant finds the length of follow up to be burdensome
15	wdrfrq	Num	8	YESNOALLF.	6.	Form28Q3f:Participant finds frequency of full follow up visit burdensome
16	wdrwrk	Num	8	YESNOALLF.	6.	Form28Q3g:Participant's work status has changed, making full participation burdensome
17	wdrill	Num	8	YESNOALLF.	6.	Form28Q3h:Participant has an illness or has been hospitalized
18	wdrfml	Num	8	YESNOALLF.	6.	Form28Q3i:Participant's family member has an illness or has been hospitalized
19	wdrpim	Num	8	YESNOALLF.	6.	Form28Q3j:Investigator has modified participation for other reasons (describe in #5 below)
20	wdrae	Num	8	YESNOALLF.	6.	Form28Q3k:Due to adverse event (specify)
21	saeevent	Char	100	\$100.	\$100.	Form28Q3k:Specify adverse event
22	ncateg	Num	8	SKIPF.	6.	Form28Q3k:Event code (code system:Ctcae v3)
23	nspecc	Num	8	SKIPF.	11.	Form28Q3k:Event term (code system:Ctcae v3)
24	ngrade	Num	8	SKIPF.	6.	Form28Q3k:Severity Grade(code system:Ctcae v3)
25	ncateg4	Num	8	SKIPF.	6.	Form28Q3k:Event code (code system:Ctcae v4)
26	nspecc4	Num	8	SKIPF.	11.	Form28Q3k:Event term (code system:Ctcae v4)
27	ngrade4	Num	8	SKIPF.	6.	Form28Q3k:Severity Grade (code system:Ctcae v4)
28	wdrpbdo	Num	8	YESNOALLF.	6.	Form28Q3l:Pre-baseline Dropout
29	wdrorsn	Num	8	YESNOALLF.	6.	Form28Q3m:Other reason for modified participation
30	wdrtrsn	Char	100	\$100.	\$100.	Form28Q3m:Specify other reason for modified participation
31	cntmed	Num	8	YESNOALLF.	6.	Form28 old version: Is the participant continuing study medication? 1 = Yes 0 = No
32	mr24m	Num	8	MISSF.	6.	Form28 old version:If participant is continuing a study drug, indicate if the participant chooses to complete an MRI/MRA at 24 months. 1=yes, 0 = no
33	mr48m	Num	8	MISSF.	6.	Form28 old version:If participant is continuing a study drug, indicate if the participant chooses to complete an MRI/MRA at 48 months. 1=yes, 0 = no
34	urnclt	Num	8	YESNOALLF.	6.	Form28 old version:If participant is continuing a study drug, indicate if the participant chooses to complete all Urine Collection. 1=yes, 0 = no
35	spcbnk	Num	8	YESNOALLF.	6.	Form28 old version:If participant is continuing a study drug, indicate if the participant chooses to complete all Specimen Banking. 1=yes, 0 = no

Num	Variable	Type	Len	Format	Informat	Label
36	pnqstn	Num	8	YESNOALLF.	6.	Form28 old version:If participant is continuing a study drug, indicate if the participant chooses to complete Pain/QOL Questionnaires. 1=yes, 0 = no
37	dcntmed	Num	8	YESNOALLF.	6.	Form28 old version:Is the participant discontinuing study medication? 1=yes, 0 = no
38	dtcdntmed	Num	8	DATE9.	DATE9.	Form28Q4:Last study medication was stopped on
39	dtcdmdna	Num	8	CHECKFMT.	2.	Form28Q4:Not Applicable
40	fpccct	Num	8	FLTFMT.	6.	Form28Q5a:Follow-up at the PCC
41	nafpcc	Num	8	CHECKFMT.	2.	Form28Q5a:Follow-up at the PCC N/A
42	loclab	Num	8	YESNO7NAF.	6.	Form28Q5a1:If 12 month visits only, does participant agree to complete 6 month local lab work
43	colbank	Num	8	YESNO7NAF.	6.	Form28Q5a2:Does participant agree to all urine collections and all specimen banking
44	nafpcp	Num	8	CHECKFMT.	2.	Form28Q5b:Follow-up with the PCP and/or Nephrologist
45	fpcpt	Num	8	FLTFMT.	6.	Form28Q5b1:Office BP and Blood Work
46	fnlpcc	Num	8	YESNOALLF.	6.	Form28Q5b2:Does participant agree to a single PCC visit at end of the study
47	folrec	Num	8	YESNO6NAF.	6.	Form28Q5c:Records Only
48	folref	Num	8	YESNO6NAF.	6.	Form28Q5d:Refuses all follow-up
49	mr2yrs	Num	8	YESNO5NAF.	6.	Form28Q6a:Study A participant agree to MRI follow up: at 24 months
50	mr4yrs	Num	8	YESNO5NAF.	6.	Form28Q6b:Study A participant agree to MRI follow up: at 48 months
51	mr5yrs	Num	8	YESNO5NAF.	6.	Form28Q6b:Study A participant agree to MRI follow up: at 60 months
52	mpcmt	Char	452	\$452.	\$452.	Form28:Comment

Data Set Name: form3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	regdate	Num	8	MMDDYY10.	DATE9.	Form3: Date of registration
5	sex	Num	8	SEXFMT.	6.	Form3Q2: Gender
6	race	Num	8	RACEFMT.	6.	Form3Q3: Race
7	wash	Num	8	YESNOALLF.	6.	Form3Q4: Is a drug washout required for this participant?
8	scvdate	Num	8	MMDDYY10.	DATE9.	Form3Q4a: SCHEDULED date of visit (S)
9	sbcvdate	Num	8	MMDDYY10.	DATE9.	Form3Q4b: SCHEDULED date of combined Screening/Baseline visit (SB1)
10	rt	Num	8	RTFMT.	6.	Form3Q5: Registration type
11	regprv	Num	8	REGPRVFMT.	6.	Form3Q6: Registration
12	previd	Char	8	\$8.	\$8.	Form3Q6a: If re-registration (after screen failure), previous HALT-PKD ID
13	fp	Num	8	YESNOALLF.	6.	Form3Q7: Generate Forms packet?
14	anticstud	Num	8	ANTICSTUDFMT.	6.	Form3Q8: Anticipated study
15	birth_month	Num	8			
16	birth_year	Num	8			

Data Set Name: form30.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	timepointId	Char	3	\$3.	\$3.	timepointId
3	hpdate	Num	8	DATE9.	DATE9.	Form30Q1:Date study personnel were informed of hospitalization
4	hpadate	Num	8	DATE9.	DATE9.	Form30Q2:Date of Hospital Admission
5	hpddate	Num	8	DATE9.	DATE9.	Form30Q2:Date of Discharge
6	hpadel	Num	8	YESNOALLF.	6.	Form30Q3:Was the admission elective?
7	hpdie	Num	8	YESNOALLF.	6.	Form30Q4:Did the participant die in the hospital?
8	ncateg	Num	8	6.	6.	Form30Q5:Event term (code system:Ctcae v3)
9	evtcode	Num	8	11.	11.	Form30Q5:Primary Reason for Hospitalization: Event Category (code system:Ctcae v3)
10	ncateg4	Num	8	MISSF.	6.	Form30Q5:Event term (code system:Ctcae v4)
11	evtcode4	Num	8	MISS2F.	11.	Form30Q5:Primary Reason for Hospitalization: Event Category (code system:Ctcae v4)
12	evtcomp	Char	221	\$221.	\$221.	Form30Q6:Secondary Event/Complications, if any
13	kds gyn	Num	8	YESNOALLF.	6.	Form30Q7:Was renal surgery performed?
14	hpmed	Char	500	\$500.	\$500.	Form30Q9:Comments
15	idx	Num	8	11.	11.	Event ID
16	transplant	Num	8	YESNOALLF.	6.	Form30Q8:Was kidney transplant performed?
17	dischargeSummaryFile	Char	100	\$100.	\$100.	Discharge Summary File

Data Set Name: form31.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	dthdate	Num	8	DATE9.	DATE9.	Form31Q1:Date of Death
5	infdate	Num	8	DATE9.	DATE9.	Form31Q2:Date PCC was informed of the death
6	evtcode	Num	8	NOREADINGF.	11.	Form31Q3:Primary Cause of Death:Event Code
7	evtname	Char	100	\$100.	\$100.	Form31Q3:Primary Cause of Death:Name of the Event
8	evtunk	Num	8	CHECKFMT.	2.	Form31Q3:Primary Cause of Death:Unknown Event
9	autopsy	Num	8	YESNO8NAF.	6.	Form31Q4:Has an autopsy been performed?
10	dthlcx	Num	8	DTHLF.	6.	Form31Q5:Where did the death occur?
11	odthloc	Char	50	\$50.	\$50.	Form31Q5:Where did the death occur? Specify
12	dthcrt	Num	8	YESNOALLF.	2.	Form31Q6:Method used to confirm the cause of death:Death Certificate
13	autrpt	Num	8	YESNOALLF.	2.	Form31Q6:Method used to confirm the cause of death:Autopsy Report
14	omdrec	Num	8	YESNOALLF.	2.	Form31Q6:Method used to confirm the cause of death:Other Medical Record
15	odthcfm	Char	50	\$50.	\$50.	Form31Q6:Method used to confirm the cause of death:specify
16	dncfcm	Char	500	\$500.	\$500.	Form31Q7:Comments

Data Set Name: form32.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	siteid	Num	8	SITEIDF.	6.	Site ID
3	timepointid	Char	3	\$3.	\$3.	Timepoint ID
4	mlrt	Num	8	F32RTF.	6.	Form32Q1:Type of Renal Replacement Therapy:
5	mlort	Char	50	\$50.	\$50.	Form32Q1:Other specify
6	tosdate	Num	8	DATE9.	DATE9.	Form32Q2:Date of Transplantation or Start of Dialysis:
7	pretrans	Num	8	CHECKFMT.	2.	Form32Q3:Reason for renal replacement therapy:Preemptive Transplantation
8	fluidol	Num	8	CHECKFMT.	2.	Form32Q3:Reason for renal replacement therapy:Fluid Overload
9	ursymp	Num	8	CHECKFMT.	2.	Form32Q3:Reason for renal replacement therapy:Uremic Symptoms
10	hypklem	Num	8	CHECKFMT.	2.	Form32Q3:Reason for renal replacement therapy:Refractory Hyperkalemia Despite Maximal Medical Therapy
11	acid	Num	8	CHECKFMT.	2.	Form32Q3:Reason for renal replacement therapy:Acidosis
12	urprcrd	Num	8	CHECKFMT.	2.	Form32Q3:Reason for renal replacement therapy:Uremic Pericarditis
13	r4oth	Num	8	CHECKFMT.	2.	Form32Q3:Reason for renal replacement therapy:Other
14	r4ort	Char	50	\$50.	\$50.	Form32Q3:Reason for renal replacement therapy:Other specify
15	cmt	Char	176	\$176.	\$176.	Form32Q4:Comments

Data Set Name: form33.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	initsdate	Num	8	DATE9.	DATE9.	Form33Q1a:Initial sample collection:Date:
5	initscr	Num	8	13.3	13.3	Form33Q1b:Initial sample collection:Serum creatinine value:
6	initage	Num	8	13.3	13.3	Form33Q1c:Initial sample collection:Age
7	inintegfr	Num	8	13.3	13.3	Form33Q1d:Initial sample collection:eGFR
8	curdate	Num	8	DATE9.	DATE9.	Form33Q2a:50% reduction collection:Date:
9	curscr	Num	8	13.3	13.3	Form33Q2b:50% reduction collection:Serum creatinine value:
10	curage	Num	8	13.3	13.3	Form33Q2c:50% reduction collection:Age
11	curegfr	Num	8	13.3	13.3	Form33Q2d:50% reduction collection:eGFR
12	curpctr	Num	8	13.3	13.3	Form33Q2e:50% reduction collection:% Reduction
13	curvis	Char	3	\$3.	\$3.	Form33Q2f:50% reduction collection:Visit
14	confdate	Num	8	DATE9.	DATE9.	Form33Q3a:Confirmation sample:Date:
15	confscr	Num	8	13.3	13.3	Form33Q3b:Confirmation sample:Serum creatinine value:
16	confage	Num	8	13.3	13.3	Form33Q3c:Confirmation sample:Age
17	confegfr	Num	8	13.3	13.3	Form33Q3d:Confirmation sample:eGFR
18	confpctr	Num	8	13.3	13.3	Form33Q3e:Confirmation sample:% Reduction
19	conflab	Num	8	LAB2FMT.	6.	Form33Q3f:Confirmation sample:Lab used:
20	confaccn	Char	8	\$8.	\$8.	Form33Q3g:Accession #
21	combpctr	Num	8	13.3	13.3	Form33Q4:Mean reduction
22	confoutc	Num	8	CRESF.	6.	Form33Q5:Endpoint resolution:
23	reasona	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:Cyst infection/pyelonephritis
24	reasonb	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:Other type of infection
25	reasonc	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:Kidney stone obstruction
26	reasond	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:Dehydration
27	reasone	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:Other acute illness that might lead to AKI
28	reasonf	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:Recent IV contrast
29	reasong	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:Dietary non-compliance
30	reasonh	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:Medication error
31	reasoni	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:AKI related to drug
32	reasonj	Num	8	CHECKFMT.	2.	Form33Q6:Dispute of endpoint - Endpoint disputed by PI due to:AKI for other reason
33	cmmnt	Char	500	\$500.	\$500.	Form33Q7:Explanation for disputed endpoint
34	reviewed	Num	8	CHECKFMT.	2.	Form33Q8:ENDPOINT REVIEWED AND ENDORSED BY THE ENDPOINT COMMITTEE
35	dtreview	Num	8	DATE9.	DATE9.	Form33Q8:DATE of ENDPOINT COMMITTEE REVIEW

Num	Variable	Type	Len	Format	Informat	Label
36	noActionRequired	Num	8	CHECKFMT.	2.	Form33Q8:No further action required – reviewed by Endpoint Committee
37	endpointComments	Char	500	\$500.	\$500.	Form33Q8:Comments regarding endpoint

Data Set Name: form35.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Form35: Date of Visit
5	misfm	Num	8	COMPLFMT.	2.	Form35:Form was not completed
6	dtcmd	Num	8	DATE9.	DATE9.	Form35:Please document the date the last study medication was stopped.
7	partcat	Num	8	CLOSEFMT.	6.	Participant status
8	endpt	Num	8	ESRDFMT.	6.	Form35:Pleae document endpoint reached at this point of contact.
9	screatdt	Num	8	DATE9.	DATE9.	Form35QA:ESRD or Death not Reached:Current Serum Creatinine Date
10	cursercr	Num	8	SKIPF.	13.3	Form35QA:ESRD or Death not Reached:Current Serum Creatinine value
11	screlab	Num	8	LAB3FMT.	6.	Form35QA:ESRD or Death not Reached:Serum Creatinine sample was obtained at:
12	esrdddt	Num	8	DATE9.	DATE9.	Form35QB:ESRD - treated with dialysis:Date of first Chronic Dialysis
13	dialstyp	Num	8	DIALYFMT.	6.	Form35QB:ESRD - treated with dialysis:Current Type of Dialysis
14	dialtpsp	Char	50	\$50.	\$50.	Form35QB:ESRD - treated with dialysis:Other Specify
15	neph	Num	8	YESNOALLF.	6.	Form35QB:ESRD - treated with dialysis:Has a nephrectomy been performed?
16	nephyes	Num	8	ESRD2FMT.	6.	Form35QB:If YES
17	recsercr	Num	8	SKIPF.	13.3	Form35QB:Most recent serum creatinine value prior to start of dialysis
18	pccnfsc	Num	8	YESNOALLF.	6.	Form35QB:PCC has received a lab report confirming the above serum creatinine?
19	esrdktdt	Num	8	DATE9.	DATE9.	Form35QC:ESRD - Treated with transplant:Date of the Kidney Transplant
20	kdntyp	Num	8	ESRD3FMT.	6.	Form35QC:Type of kidney transplant:
21	kdntypsp	Char	50	\$50.	\$50.	Form35QC:Specify
22	nephprkd	Num	8	YESNOALLF.	6.	Form35QC:Was a nephrectomy performed prior to kidney transplant?
23	nphprkdys	Num	8	ESRD2FMT.	6.	Form35QC:If YES
24	premkdtr	Num	8	YESNOALLF.	6.	Form35QC:Was this a preemptive kidney transplant?
25	sercrpremp	Num	8	SKIPF.	13.3	Form35QC:Most recent serum creatinine value prior to preemptive transplant
26	rptscrpremp	Num	8	YESNOALLF.	6.	Form35QC:PCC has received a lab report confirming the above serum creatinine?
27	deathdt	Num	8	DATE9.	DATE9.	Form35QD:Date of Death
28	deatkidrel	Num	8	YESNOALLF.	6.	Form35QD:Was death kidney related?
29	deatautper	Num	8	YESNOALLF.	6.	Form35QD:Was an autopsy performed?
30	deatcert	Num	8	YESNOALLF.	6.	Form35QD:Was the death certificate obtained?
31	deathcaus	Char	50	\$50.	\$50.	Form35QD:Cause of Death
32	comments	Char	285	\$285.	\$285.	Form35: Comments

Data Set Name: form38.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Form38: Date of Visit
5	misfrm	Num	8	COMPLFMT.	2.	Form38:Form was not completed
6	health	Num	8	LIKERTFMT.	6.	Form38Q1:In general, would you say your health is
7	rthlth	Num	8	LIKERT2FMT.	6.	Form38Q2:Compared to one year ago, how would you rate your health in general now
8	vgract	Num	8	LIKERT3FMT.	6.	Form38Q3a:Vigorous activities, such as running, lifting heavy objects, participating in strenuous activities
9	mdract	Num	8	LIKERT3FMT.	6.	Form38Q3b:Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
10	lcgroc	Num	8	LIKERT3FMT.	6.	Form38Q3c:Lifting or carrying groceries
11	cmstair	Num	8	LIKERT3FMT.	6.	Form38Q3d:Climbing several flights of stairs
12	csstair	Num	8	LIKERT3FMT.	6.	Form38Q3e:Climbing one flight of stairs
13	bdknstp	Num	8	LIKERT3FMT.	6.	Form38Q3f:Bending, kneeling, or stooping
14	wlkml	Num	8	LIKERT3FMT.	6.	Form38Q3g:Walking more than a mile
15	wlkyd	Num	8	LIKERT3FMT.	6.	Form38Q3h:Walking several hundred yards
16	wlkoyd	Num	8	LIKERT3FMT.	6.	Form38Q3i:Walking one hundred yards
17	bthdrs	Num	8	LIKERT3FMT.	6.	Form38Q3j:Bathing or dressing yourself
18	cuttm	Num	8	LIKERT4FMT.	6.	Form38Q4a:Cut down on the amount of time you spent on work or other activities
19	dolss	Num	8	LIKERT4FMT.	6.	Form38Q4b:Accomplished less than you would have liked
20	lmtknd	Num	8	LIKERT4FMT.	6.	Form38Q4c:Were limited in the kind of work or other activities
21	dffwrk	Num	8	LIKERT4FMT.	6.	Form38Q4d:Had difficulty performing the work or other activities (for example, it took extra effort)
22	ecuttm	Num	8	LIKERT4FMT.	6.	Form38Q5a:Cut down the amount of time you spent on work or other activities
23	edolss	Num	8	LIKERT4FMT.	6.	Form38Q5b:Accomplished less than you would like
24	elsscr	Num	8	LIKERT4FMT.	6.	Form38Q5c:Did your work or activities less carefully than usual
25	extent	Num	8	LIKERT6FMT.	6.	Form38Q6:During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups
26	pnxtnt	Num	8	LIKERT7FMT.	6.	Form38Q7:How much bodily pain have you had during the past 4 weeks
27	pnintf	Num	8	LIKERT6FMT.	6.	Form38Q8:During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)
28	flife	Num	8	LIKERT4FMT.	6.	Form38Q9a:Did you feel full of life
29	nervs	Num	8	LIKERT4FMT.	6.	Form38Q9b:Have you been very nervous
30	edown	Num	8	LIKERT4FMT.	6.	Form38Q9c:Have you felt so down in the dumps that nothing could cheer you up
31	ecalm	Num	8	LIKERT4FMT.	6.	Form38Q9d:Have you felt calm and peaceful
32	fenrgy	Num	8	LIKERT4FMT.	6.	Form38Q9e:Did you have a lot of energy
33	edprss	Num	8	LIKERT4FMT.	6.	Form38Q9f:Have you felt downhearted and depressed
34	wrnout	Num	8	LIKERT4FMT.	6.	Form38Q9g:Did you feel worn out

Num	Variable	Type	Len	Format	Informat	Label
35	ehppy	Num	8	LIKERT4FMT.	6.	Form38Q9h:Have you been happy
36	etred	Num	8	LIKERT4FMT.	6.	Form38Q9i:Did you feel tired
37	sinterf	Num	8	LIKERT4FMT.	6.	Form38Q10:During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
38	esysck	Num	8	LIKERT11FMT.	6.	Form38Q11a:I seem to get sick a little easier than other people
39	hlthy	Num	8	LIKERT11FMT.	6.	Form38Q11b:I am as healthy as anybody I know
40	hlthwrs	Num	8	LIKERT11FMT.	6.	Form38Q11c:I expect my health to get worse
41	hlthgd	Num	8	LIKERT11FMT.	6.	Form38Q11d:My health is excellent

Data Set Name: form39.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Form39: Date of Visit
5	misfrm	Num	8	COMPLFMT.	2.	Form39:Form was not completed
6	backpn	Num	8	YESNOALLF.	6.	Form39Q1:Since your diagnosis of PKD, have you ever experienced nagging or chronic pain:Back
7	radipn	Num	8	YESNOALLF.	6.	Form39Q1:Since your diagnosis of PKD, have you ever experienced nagging or chronic pain:Back radiating into buttocks, hips or legs
8	abdopn	Num	8	YESNOALLF.	6.	Form39Q1:Since your diagnosis of PKD, have you ever experienced nagging or chronic pain:Abdomen
9	backpkd	Num	8	YESNO2NAF.	6.	Form39Q2:For each location above, please indicate whether you believe the pain is related to your polycystic kidney disease:Back
10	radipkd	Num	8	YESNO2NAF.	6.	Form39Q2:For each location above, please indicate whether you believe the pain is related to your polycystic kidney disease:Back, radiating into buttocks, hips, or legs
11	abdopkd	Num	8	YESNO2NAF.	6.	Form39Q2:For each location above, please indicate whether you believe the pain is related to your polycystic kidney disease:Abdomen
12	bkpnfrq	Num	8	LIKERT5FMT.	6.	Form39Q3:Over the past 3 months, how often did you experience back pain?
13	bkloca	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:A
14	bklocb	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:B
15	bklocc	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:C
16	bklocd	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:D
17	bkloce	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:E
18	bklocf	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:F
19	bklocg	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:G
20	bkloch	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:H
21	bkloci	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:I
22	bklocu	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:Unsure
23	bklocm	Num	8	CHECKFMT.	2.	Form39Q4:Choose one or more letters from the daigram above that indicate where your back pain was located over the past 3 months:Missing
24	bkprim	Num	8	UNSUREFMT.	6.	Form39Q5:If you chose more than one letter in #4, is one location the primary or main location?
25	bkprmloc	Num	8	AREAFMT.	6.	Form39Q5:If YES, indicate one letter that is the primary location of your pain.
26	bkpnwrst	Num	8	MISSF.	6.	Form39Q6:Check the one number that best describes how you would rate your back pain at its worst in the past 3 months.
27	bkpnavg	Num	8	MISSF.	6.	Form39Q7:Check the one number that best describes how you would rate your back pain on average in the past 3 months.

Num	Variable	Type	Len	Format	Informat	Label
28	bkpnbld	Num	8	YESNOALLF.	6.	Form39Q8:Was your back pain associated with visible blood in the urine in the past 3 months?
29	rdpnfrq	Num	8	LIKERT5FMT.	6.	Form39Q9:Over the past 3 months, how often did you experience back pain radiating to your buttocks, hips or legs?
30	rdpnwrst	Num	8	MISSF.	6.	Form39Q10:Check the one number that best describes how you rate your back pain radiating into your buttocks, hips or legs at its worst in the past 3 months.
31	rdpnavg	Num	8	MISSF.	6.	Form39Q11:Check the one number that best describes how you would rate your back pain radiating into your buttocks, hips or legs on average in the past 3 months.
32	abpnfrq	Num	8	LIKERT5FMT.	6.	Form39Q12:Over the past 3 months, how often did you experience abdominal pain?
33	abloca	Num	8	CHECKFMT.	2.	Form39Q13:Choose one or more letters from the daigram above that indicate the location of your abdominal pain over the past 3 months:A
34	ablocb	Num	8	CHECKFMT.	2.	Form39Q13:Choose one or more letters from the daigram above that indicate the location of your abdominal pain over the past 3 months:B
35	ablocC	Num	8	CHECKFMT.	2.	Form39Q13:Choose one or more letters from the daigram above that indicate the location of your abdominal pain over the past 3 months:C
36	ablocd	Num	8	CHECKFMT.	2.	Form39Q13:Choose one or more letters from the daigram above that indicate the location of your abdominal pain over the past 3 months:D
37	ablocu	Num	8	CHECKFMT.	2.	Form39Q13:Choose one or more letters from the daigram above that indicate the location of your abdominal pain over the past 3 months:Unsure
38	ablocm	Num	8	CHECKFMT.	2.	Form39Q13:Choose one or more letters from the daigram above that indicate the location of your abdominal pain over the past 3 months:Missing
39	abprmloc	Num	8	AREA2FMT.	6.	Form39Q14:If you chose more than one letter in #13, indicate the primary location of your pain over the past 3 months.
40	abpnwrst	Num	8	MISSF.	6.	Form39Q15:Check the one number that best describes how you would rate your abdominal pain at its worst in the past 3 months.
41	abpnavg	Num	8	MISSF.	6.	Form39Q16:Check the one number that best describes how you would rate your abdominal pain on average in the past 3 months.
42	abpnbld	Num	8	YESNOALLF.	6.	Form39Q17:Was your abdominal pain associated with visible blood in the urine in the past 3 months?
43	abflfrq	Num	8	LIKERT5FMT.	6.	Form39Q18:How often did abdominal fullness interfere with your ability to perform your usual physical activities over the past 3 months?
44	eatles	Num	8	LIKERT5FMT.	6.	Form39Q19:How often did you eat less than your usual meal size because of abdominal fullness in the past 3 months?
45	nausea	Num	8	LIKERT5FMT.	6.	Form39Q20:How often was your appetite poor because of nausea in the past 3 months?
46	gotbig	Num	8	YESNOALLF.	6.	Form39Q21:Has your abdomen gotten bigger since this time last year? For example,have you required an increase in clothing size?
47	abflpkd	Num	8	UNSUREFMT.	6.	Form39Q22:If you experience abdominal fullness, do you think that is caused by your polycystic kidney disease?
48	pnmeda	Num	8	CHECKFMT.	2.	Form39Q23:What medications or treatments are you receiving for your pain?:No treatment
49	pnmedb	Num	8	CHECKFMT.	2.	Form39Q23:What medications or treatments are you receiving for your pain?:Over the counter medications
50	pnmedc	Num	8	CHECKFMT.	2.	Form39Q23:What medications or treatments are you receiving for your pain?:Prescription pain medications
51	pnmedd	Num	8	CHECKFMT.	2.	Form39Q23:What medications or treatments are you receiving for your pain?:Massage therapy
52	pnmede	Num	8	CHECKFMT.	2.	Form39Q23:What medications or treatments are you receiving for your pain?:Acupuncture
53	pnmedf	Num	8	CHECKFMT.	2.	Form39Q23:What medications or treatments are you receiving for your pain?:Heat or cold applied locally
54	pnmedg	Num	8	CHECKFMT.	2.	Form39Q23:What medications or treatments are you receiving for your pain?:Surgery
55	pnmedh	Num	8	CHECKFMT.	2.	Form39Q23:What medications or treatments are you receiving for your pain?:Other

Num	Variable	Type	Len	Format	Informat	Label
56	pnmedhdes	Char	100	\$100.	\$100.	Form39Q23:Other, Specify:
57	pnrelif	Num	8	MISSF.	6.	Form39Q24:Check the one number that best describes how much relief is provided by the pain medications or treatments that you use.
58	curtrtpn	Num	8	LIKERT8FMT.	6.	Form39Q25a:In general, how satisfied are you with:Your current tratment of your pain?
59	dowhtwnt	Num	8	LIKERT8FMT.	6.	Form39Q25b:In general, how satisfied are you with:Your physical ability to do what you want to?
60	pnintrfr1	Num	8	LIKERT9FMT.	6.	Form39Q26:During the past 3 months how much did pain interfere with the following things:Mood
61	pnintrfr2	Num	8	LIKERT9FMT.	6.	Form39Q26:During the past 3 months how much did pain interfere with the following things:Relations with other people
62	pnintrfr3	Num	8	LIKERT9FMT.	6.	Form39Q26:During the past 3 months how much did pain interfere with the following things:Walking ability
63	pnintrfr4	Num	8	LIKERT9FMT.	6.	Form39Q26:During the past 3 months how much did pain interfere with the following things:Sleep
64	pnintrfr5	Num	8	LIKERT9FMT.	6.	Form39Q26:During the past 3 months how much did pain interfere with the following things:Work (part or full time job, homemaker, student, etc.)
65	pnintrfr6	Num	8	LIKERT9FMT.	6.	Form39Q26:During the past 3 months how much did pain interfere with the following things:Strenuous physical activity (jogging, heavy lifting, etc.)
66	pnintrfr7	Num	8	LIKERT9FMT.	6.	Form39Q26:During the past 3 months how much did pain interfere with the following things:Social activities or hobbies
67	pnintrfr8	Num	8	LIKERT9FMT.	6.	Form39Q26:During the past 3 months how much did pain interfere with the following things:Enjoyment of life
68	pncmmnt	Char	400	\$400.	\$400.	Form39Q27:Do you have any other comments about pain or its effect on your daily life that this questionnaire did not address?

Data Set Name: form4.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	siteid	Num	8	SITEIDF.	6.	Site ID
3	timepointid	Char	3	\$3.	\$3.	timepointid
4	dvdate	Num	8	MMDDYY10.	DATE9.	Vist date
5	misfrm	Num	8	YESNOALLF.	2.	Form4 was not completed
6	trtphy	Num	8	TRTPHYFMT.	6.	Form4Q1: Treating Physician
7	otrphy	Char	100	\$100.	\$100.	Form4Q1: Other Treating Physician, specified
8	pkdage	Num	8	6.	6.	Form4Q2: Age at the time of PKD diagnosis
9	sympto	Num	8	SYMPTOFMT.	6.	Form4Q3: Diagnosis was made in:
10	diaghw	Num	8	DIAGHWFMT.	6.	Form4Q4: Diagnosis was due to:
11	odiaghw	Char	100	\$100.	\$100.	Form4Q4: Diagnosis was due to other reason, specified
12	diagmth	Num	8	DIAGMTHFMT.	6.	Form4Q5: Method of Diagnostic Imaging
13	odiagmth	Char	100	\$100.	\$100.	Form4Q5: Other Method of Diagnostic Imaging, specified
14	cardhis	Num	8	YESNOALLF.	6.	Form4Q6: Cardiac History
15	angina	Num	8	YESNOALLF.	6.	Form4Q6: Cardiac History: Angina
16	arrthy	Num	8	YESNOALLF.	6.	Form4Q6: Cardiac History: Arrhythmias
17	cad	Num	8	YESNOALLF.	6.	Form4Q6: Cardiac History: CAD
18	murmur	Num	8	YESNOALLF.	6.	Form4Q6: Cardiac History: Murmur
19	ocrdhis	Num	8	YESNOALLF.	6.	Form4Q6: Cardiac History: Other
20	ocardhx	Char	100	\$100.	\$100.	Form4Q6: Other cardiac history specified
21	hpbage	Num	8	MISSF.	6.	Form4Q7: At what age was the participant first diagnosed with hypertension?
22	curbpm	Num	8	YESNOALLF.	6.	Form4Q8: Is the participant currently taking medication for blood pressure control?
23	drgreac	Num	8	YESNOALLF.	6.	Form4Q9: Does the participant have any contraindications (including history of adverse reaction) to any blood pressure medication(s)?
24	lstdrgal	Char	213	\$213.	\$213.	Form4Q9: Drug name(s) and reaction(s)
25	nafem	Num	8	NAFEMFMT.	2.	Form4Q10: Females only (N/A if Male)
26	prmno	Num	8	YESNOALLF.	6.	Form4Q10: Participant is Pre-Menopausal
27	premeno	Num	8	YESNOALLF.	6.	Form4Q10: If Pre-Menopausal, have menstrual cycles been generally regular for the past 6 months?
28	primeno	Num	8	YESNOALLF.	6.	Form4Q10: Participant is Peri-Menopausal
29	pstmeno	Num	8	YESNOALLF.	6.	Form4Q10: Participant is Post-Menopausal
30	mnoage	Num	8	MISSF.	6.	Form4Q10: If Post-Menopausal, Age of menopause
31	npreg	Num	8	MISSF.	6.	Form4Q11: Number of Pregnancies
32	ndelv	Num	8	MISSF.	6.	Form4Q11: Number of Deliveries
33	abstin	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Abstinence
34	rhythm	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Rhythm method
35	barrier	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Barrier method
36	iud	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: IUD

Num	Variable	Type	Len	Format	Informat	Label
37	bcpill	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: BC Pills/Patch
38	inject	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Injection/Implant
39	spercid	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Spermicide
40	surg	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Surgical
41	hysto	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Hysterectomy
42	oopho	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Bilateral Oophorectomy
43	tubal	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Tubal Ligation
44	vasec	Num	8	YESNOALLF.	2.	Form4Q12: Current birth control: Partner Vasectomy
45	noconceiv	Num	8	YESNOALLF.	2.	Form4Q12: Unable to conceive
46	hormon	Num	8	YESNOALLF.	6.	Form4Q13: Has the participant ever used hormonal forms of birth control?
47	ysrbc	Num	8	MISSF.	6.	Form4Q14: Total duration of hormonal birth control to date (years)
48	nthbc	Num	8	MISSF.	6.	Form4Q14: Total duration of hormonal birth control to date (months)
49	nahbc	Num	8	MISSF.	2.	Form4Q14: Total duration of hormonal birth control to date (N/A)
50	commnt	Char	152	\$152.	\$152.	Form4Q15: Comments

Data Set Name: form5.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointid	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Date of visit
5	misfm	Num	8	COMPLFMT.	2.	Form5: Form was not completed
6	illyn	Num	8	YESNOALLF.	6.	Form5Q1: Symptoms: Malaise/Feeling sickly or ill
7	illdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
8	headyn	Num	8	YESNOALLF.	6.	Form5Q1: Headache
9	headdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
10	visyn	Num	8	YESNOALLF.	6.	Form5Q1: Blurred Vision/Visual Changes
11	visndes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
12	eyeyn	Num	8	YESNOALLF.	6.	Form5Q1: Dry Eyes/Nasal Passages
13	eyedes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
14	noseyn	Num	8	YESNOALLF.	6.	Form5Q1: Nasal Congestion
15	nosedes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
16	thrtyn	Num	8	YESNOALLF.	6.	Form5Q1: Sore Throat
17	thrtdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
18	methyn	Num	8	YESNOALLF.	6.	Form5Q1: Dry Mouth/Excessive Thirst
19	methdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
20	chstyn	Num	8	YESNOALLF.	6.	Form5Q1: Chest Pain
21	chstdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
22	hrtyn	Num	8	YESNOALLF.	6.	Form5Q1: Heart Palpitations
23	hrtdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
24	dizyn	Num	8	YESNOALLF.	6.	Form5Q1: Dizziness/Lightheadedness
25	dizdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
26	ftgyn	Num	8	YESNOALLF.	6.	Form5Q1: Fatigue/Weakness
27	ftgdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
28	legyn	Num	8	YESNOALLF.	6.	Form5Q1: Leg Swelling/Edema
29	legdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
30	btheyn	Num	8	YESNOALLF.	6.	Form5Q1: Shortness of Breath with exertion
31	bthedes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
32	brhryn	Num	8	YESNOALLF.	6.	Form5Q1: Shortness of Breath at Rest
33	brhrdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
34	cghyn	Num	8	YESNOALLF.	6.	Form5Q1: Cough
35	cghdes	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
36	jntpn	Num	8	YESNOALLF.	6.	Form5Q1: Joint Pain/Aches
37	jntpn des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable

Num	Variable	Type	Len	Format	Informat	Label
38	muspn	Num	8	YESNOALLF.	6.	Form5Q1: Muscle Pain/Cramping/Spasm
39	muspn des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
40	kidpn	Num	8	YESNOALLF.	6.	Form5Q1: Kidney pain (Back or Flank Pain)
41	kidpn des	Char	100	\$100.	\$100.	Form5Q1: Left/Right/ Bilateral Mid/Moderate Severe
42	urinc	Num	8	YESNOALLF.	6.	Form5Q1: Urinary Changes
43	urinc des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
44	bldur	Num	8	YESNOALLF.	6.	Form5Q1: Blood in Urine
45	bldur des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
46	impot	Num	8	YESNOALLF.	6.	Form5Q1: Impotence/Decreased Libido
47	impot des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
48	uti	Num	8	YESNOALLF.	6.	Form5Q1: Urinary Tract Infection
49	utides	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
50	kidst	Num	8	YESNOALLF.	6.	Form5Q1: Kidney Stone
51	kidst des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
52	sknc	Num	8	YESNOALLF.	6.	Form5Q1: Changes of the Skin or Hair
53	sknc des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
54	naus	Num	8	YESNOALLF.	6.	Form5Q1: Nausea/Vomiting
55	naus des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
56	diarh	Num	8	YESNOALLF.	6.	Form5Q1: Diarrhea
57	diarh des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
58	const	Num	8	YESNOALLF.	6.	Form5Q1: Constipation
59	const des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
60	abdpn	Num	8	YESNOALLF.	6.	Form5Q1: Stomach Discomfort/Abdominal Pain
61	abdpn des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
62	livcy	Num	8	YESNOALLF.	6.	Form5Q1: Liver Cyst Pain
63	livcy des	Char	100	\$100.	\$100.	Form5Q1: If yes: Mild/Moderate/Severe
64	appc	Num	8	YESNOALLF.	6.	Form5Q1: Changes in Appetite
65	appc des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
66	moodc	Num	8	YESNOALLF.	6.	Form5Q1: Mood Changes like Anxiety, Restlessness, Depression
67	moodc des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
68	numb	Num	8	YESNOALLF.	6.	Form5Q1: Tingling/Numbness
69	numb des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
70	mempr	Num	8	YESNOALLF.	6.	Form5Q1: Problems with Memory
71	mempr des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
72	drowsy	Num	8	YESNOALLF.	6.	Form5Q1: Drowsiness
73	drowsy des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
74	insom	Num	8	YESNOALLF.	6.	Form5Q1: Insomnia/Problems Sleeping
75	insom des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
76	osym1	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms

Num	Variable	Type	Len	Format	Informat	Label
77	osym1yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
78	osym1des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
79	osym2	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
80	osym2yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
81	osym2des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
82	osym3	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
83	osym3yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
84	osym3des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
85	osym4	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
86	osym4yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
87	osym4des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
88	osym5	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
89	osym5yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
90	osym5des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
91	osym6	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
92	osym6yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
93	osym6des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
94	osym7	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
95	osym7yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
96	osym7des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
97	osym8	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
98	osym8yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
99	osym8des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
100	osym9	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
101	osym9yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
102	osym9des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
103	osym10	Char	50	\$50.	\$50.	Form5Q1: Specify Other Symptoms
104	osym10yn	Num	8	YESNOALLF.	6.	Form5Q1: If Other symptoms answer yes or no
105	osym10des	Char	100	\$100.	\$100.	Form5Q1: If Yes: Specify/Describe if applicable
106	docvis	Num	8	YESNOALLF.	6.	Form5Q2: In the past month if this is the first visit
107	eris	Num	8	YESNOALLF.	6.	Form5Q3: In the past month if this is the first visit
108	hosvis	Num	8	YESNOALLF.	6.	Form5Q4: In the past month if this is the first visit
109	lvproc	Num	8	YESNOALLF.	6.	Form5Q5: Since your last visit have you had any of the following procedures performed
110	kidcy	Num	8	YESNOALLF.	6.	Form5Q5: Kidney cyst aspiration, drainage
111	livcyas	Num	8	YESNOALLF.	6.	Form5Q5: Liver cyst aspiration, drainage
112	litho	Num	8	YESNOALLF.	6.	Form5Q5: Lithotripsy to break up a kidney stone or stone retrieval via scope
113	othr	Num	8	YESNOALLF.	6.	Form5Q5: If not listed, Other
114	othdes	Char	100	\$100.	\$100.	Form5Q5: If other procedure describe
115	unpro	Num	8	MISSF.	6.	Form5Q6: Number of days

Num	Variable	Type	Len	Format	Informat	Label
116	naprem	Num	8	NAFMT.	2.	Form5Q7: If a woman is NOT of child bearing potential questions are N/A
117	bcchg	Num	8	YESNOALLF.	6.	Form5Q7a: Have there been any changes in your method of birth control?
118	pregn	Num	8	YESNOALLF.	6.	Form5Q7b: Have you become pregnant since your last study visit?
119	misper	Num	8	YESNOALLF.	6.	Form5Q7c: Have you had a change in menstration or miss a period since your last visit?
120	curpreg	Num	8	YESNOALLF.	6.	Form5Q7d: Are you currently pregnant?
121	cpregdate	Num	8	DATE9.	DATE9.	Form5Q7d: If applicable, when did the pregnancy end?
122	curbfeed	Num	8	YESNOALLF.	6.	Form5Q7e: Are you currently breastfeeding?
123	cbfeeddate	Num	8	DATE9.	DATE9.	Form5Q7e: If applicable, when did you stop breastfeeding
124	pregoc	Num	8	PREGOCFMT.	6.	Form5Q7f: Pregnancy outcome
125	pregocdate	Num	8	DATE9.	DATE9.	Form5Q7f: Date of pregnancy outcome
126	symuna	Num	8	YESNOALLF.	6.	Form5Q8a: If Yes, enter comments below
127	symdm	Num	8	YESNOALLF.	6.	Form5Q8b: Do any symptoms/events reported require a dose modification?
128	symsae	Num	8	YESNOALLF.	6.	Form5Q8c: Do any symptoms/events reported require an SAE report?
129	symunm	Num	8	YESNOALLF.	6.	Form5Q8d: Do any symptoms/events reported require an unmasking of study medication?
130	symnbpm	Num	8	YESNOALLF.	6.	Form5Q8e: Are antihypertensives taken for any mon-BP symptoms/conditions?
131	cmmnt	Char	440	\$440.	\$440.	Form5: Comment
132	moddcdes	Num	8			

Data Set Name: form51.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointid	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Form51: Date of Visit
5	slract	Num	8	CHECKFMT.	2.	Form51:Action Occurred Between Visits
6	slconfsm	Num	8	CHECKFMT.	2.	Form51:CONFIRMATORY SAMPLE
7	confdate	Num	8	DATE9.	DATE9.	Form51: Date of CONFIRMATORY SAMPLE collection
8	slrlab	Num	8	LABFMT.	6.	Form51Q1:Lab used:
9	slrlabdesc	Char	50	\$50.	\$50.	Form51Q1:Specify Other
10	slrskna	Num	8	CHECKFMT.	2.	Form51Q1:Serum Chemistry : Potassium
11	unitk	Num	8	UNITFMT.	6.	Form51Q1:Units: Potassium
12	slrsk	Num	8	SKIPF.	13.3	Form51Q1:Results: Potassium
13	slrskab	Num	8	NORMALFMT.	2.	Form51Q1:Abnormal: Potassium
14	slrscreana	Num	8	CHECKFMT.	2.	Form51Q1:Serum Chemistry : Creatinine
15	slrscrea	Num	8	SKIPF.	13.3	Form51Q1:Results: Creatinine (mg/dL)
16	slrscreaab	Num	8	NORMALFMT.	2.	Form51Q1:Abnormal: Creatinine
17	slrsdigna	Num	8	CHECKFMT.	2.	Form51Q1:Serum Chemistry : Digoxin
18	slrsdig	Num	8	SKIPF.	13.3	Form51Q1:Results: Digoxin (ng/mL)
19	slrsdigab	Num	8	NORMALFMT.	2.	Form51Q1:Abnormal: Digoxin
20	slruhcgna	Num	8	CHECKFMT.	2.	Form51Q1:Serum Chemistry : β -HCG
21	slruhcgunit	Num	8	HCGUNT.	6.	Form51Q1:Units: β -HCG
22	slruhcg	Num	8	SKIPF.	13.3	Form51Q1:Results: β -HCG
23	slruhcgab	Num	8	NORMALFMT.	2.	Form51Q1:Abnormal: β -HCG
24	slrnone	Num	8	YESNOALLF.	2.	Form51Q2:Indicate all subsequent intervention(s):None
25	slrdiet	Num	8	YESNOALLF.	2.	Form51Q2:Indicate all subsequent intervention(s):Dietary
26	slrdprt	Num	8	YESNOALLF.	2.	Form51Q2:Indicate all subsequent intervention(s):Decrease protein intake
27	slrdsdm	Num	8	YESNOALLF.	2.	Form51Q2:Indicate all subsequent intervention(s):Decrease sodium intake
28	slrdptm	Num	8	YESNOALLF.	2.	Form51Q2:Indicate all subsequent intervention(s):Decrease potassium intake
29	slrsmed	Num	8	YESNOALLF.	2.	Form51Q2:Indicate all subsequent intervention(s):Study Medication
30	slrcmed	Num	8	YESNOALLF.	2.	Form51Q2:Indicate all subsequent intervention(s):Concomitant Medication
31	slrcmt	Char	337	\$337.	\$337.	Form51Q2:Comments

Data Set Name: form52.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteid	Num	8	SITEIDF.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Form52: Date of Visit
5	misfm	Num	8	COMPLFMT.	2.	Form52:Form was not completed
6	dtcmd	Num	8	DATE9.	DATE9.	Form52:Date last study medication was stopped
7	partcat	Num	8	CLOSEFMT.	6.	Form52:Participant status
8	endpt	Num	8	ESRDFMT.	6.	Form52:Please document endpoint reached at this point of contact
9	screatdt	Num	8	DATE9.	DATE9.	Form52QA:Current Serum Creatinine Date
10	cursercr	Num	8	SKIPF.	13.3	Form52QA:Current serum creatinine value
11	screlab	Num	8	LAB3FMT.	6.	Form52QA:Serum Creatinine sample was obtained at:
12	esrdddt	Num	8	DATE9.	DATE9.	Form52QB:Date of First Chronic Dialysis
13	dialstyp	Num	8	DIALYFMT.	6.	Form52QB:Current Type of Dialysis
14	dialtpsp	Char	50	\$50.	\$50.	Form52QB:Specify other type of dialysis
15	neph	Num	8	YESNOALLF.	6.	Form52QB:Has a nephrectomy been performed
16	nephyes	Num	8	ESRD2FMT.	6.	Form52QB:If neph yes
17	recsercr	Num	8	SKIPF.	13.3	Form52QB:Most recent serum creatinine value prior to start of dialysis
18	pccnfsc	Num	8	YESNOALLF.	6.	Form52QB:PCC has received a lab report confirming the above serum creatinine?
19	esrdktdt	Num	8	DATE9.	DATE9.	Form52QC:Date of the Kidney Transplant
20	kdntyp	Num	8	ESRD3FMT.	6.	Form52QC:Type of kidney transplant
21	kdntypsp	Char	50	\$50.	\$50.	Form52QC:Specify other type of kidney transplant
22	nephprkd	Num	8	YESNOALLF.	6.	Form52QC:Was a nephrectomy performed prior to kidney transplant
23	nphprkdys	Num	8	ESRD2FMT.	6.	Form52QC:If neph prior to kidney transplant
24	premkdtr	Num	8	YESNOALLF.	6.	Form52QC:Was this a preemptive kidney transplant
25	sercrpremp	Num	8	SKIPF.	13.3	Form52QC:Most recent serum creatinine value prior to preemptive transplant
26	rptscrpremp	Num	8	YESNOALLF.	6.	Form52QC:PCC has received a lab report confirming the above serum creatine
27	deathdt	Num	8	DATE9.	DATE9.	Form52QD:Date of Death
28	deatkidrel	Num	8	YESNOALLF.	6.	Form52QD:Was death kidney related
29	deatautper	Num	8	YESNOALLF.	6.	Form52QD:Was an autopsy performed
30	deatcert	Num	8	YESNOALLF.	6.	Form52QD:Was the death certificate obtained
31	deathcaus	Char	50	\$50.	\$50.	Form52QD:Cause of Death
32	comments	Char	72	\$72.	\$72.	Form52:Comments

Data Set Name: form56.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Form56: Date of Visit
5	misfrm	Num	8	COMPLFMT.	2.	Form56:Form was not completed
6	startthr	Num	8	TAKINGFMT.	6.	Form56:Has the participant started taking ACE+ARB therapy for HALT PKD
7	asddate	Num	8	DATE9.	DATE9.	Form56:Start Date
8	esddate	Num	8	DATE9.	DATE9.	Form56:Expected Start Date

Data Set Name: form6.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	misfrm	Num	8	2.	2.	Form 6 was not completed
5	dvdate	Num	8	MMDDYY10.	DATE9.	Form 6 Date of Visit

Data Set Name: form62.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteid	Num	8	6.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	recordld	Num	8	11.	11.	Form62: Unique identifier for participant visit form
5	dacdate	Num	8	MMDDYY10.	DATE9.	Form62: Date of action
6	rem40cd	Num	8	MISSF.	6.	Form62Q1: Quantity remaining 40mg cards
7	rem40pl	Num	8	MISSF.	6.	Form62Q1: Quantity remaining 40mg pills
8	rem80cd	Num	8	MISSF.	6.	Form62Q1: Quantity remaining 80mg cards
9	rem80pl	Num	8	MISSF.	6.	Form62Q1: Quantity remaining 80mg pills
10	new40cd	Num	8	6.	6.	Form62Q2: Quantity needed for next period 40mg cards
11	new80cd	Num	8	6.	6.	Form62Q2: Quantity needed for next period 80mg cards

Data Set Name: form62_cards.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteId	Num	8	6.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	recordId	Num	8	11.	11.	Form62: Unique identifier for participant visit form
5	cardNum	Char	10	\$10.	\$10.	Form62: Card number
6	cardconfirm	Num	8	CARDCONFIRM.	6.	Form62: Card confirmation

Data Set Name: form63.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	haltld
2	siteld	Num	8	SITEIDF.	6.	siteld
3	timepointld	Char	3	\$3.	\$3.	timepointld
4	dacdt	Num	8	MMDDYY10.	DATE9.	Form63: Date of Action
5	misfrm	Num	8	YESNOALLF.	2.	Form63 not completed
6	washdone	Num	8	DONEF.	2.	Form63: Not on or needing washout drugs, or washout period is not required
7	washnodrg	Num	8	YESNOALLF.	2.	Form63: Participant will have washout period, but no washout drugs
8	washnddt	Num	8	MMDDYY10.	DATE9.	Form63: Anticipated start date
9	washonmed	Num	8	ONDRUGF.	6.	Form63: WASHOUT Existing Drug/Dose
10	wdrgcaname	Num	8	MEDIDF.	6.	Form63Q1A: Drug A: Name
11	wdrgcamg	Num	8	MEDMGF.	6.	Form63Q1A: Drug A: mg/tab
12	wdrgcantab	Num	8	MEDDOSEF.	6.	Form63Q1A: Drug A: # tabs
13	wdrgcadtd	Num	8	MMDDYY10.	DATE9.	Form63Q1A: Drug A: start date
14	wdrgcacnf	Num	8	YESNOALLF.	2.	Form63Q1A: Drug A: participant confirmed
15	wdrgcbname	Num	8	MEDIDF.	6.	Form63Q1A: Drug B: Name
16	wdrgcbmg	Num	8	MEDMGF.	6.	Form63Q1A: Drug B: mg/tab
17	wdrgcbntab	Num	8	MEDDOSEF.	6.	Form63Q1A: Drug B: # tabs
18	wdrgcbdt	Num	8	MMDDYY10.	DATE9.	Form63Q1A: Drug B: start date
19	wdrgcbcfn	Num	8	YESNOALLF.	2.	Form63Q1A: Drug B: participant confirmed
20	washmedprb	Num	8	YESNO2NAF.	6.	Form63Q1B: Have there been any significant drug-compliance problems since the last contact?
21	washmedinit	Num	8	YESNOALLF.	6.	Form63Q2A: Is a Washout drug being initiated?
22	washmedmod	Num	8	YESNOALLF.	6.	Form63Q2B: Is a Washout dose being modified?
23	washmedra	Num	8	YESNOALLF.	6.	Form63Q2B: Hypertension per protocol (during washout):
24	washmedrb	Num	8	YESNOALLF.	6.	Form63Q2B: Hypotension per protocol (during washout):
25	washmedrc	Num	8	YESNOALLF.	6.	Form63Q2B: Intolerable side effect(s)
26	washmedrse	Char	100	\$100.	\$100.	Form63Q2B: Specify Intolerable side effect(s)
27	washmedrd	Num	8	YESNOALLF.	6.	Form63Q2B: Other reason
28	washmedrso	Char	100	\$100.	\$100.	Form63Q2B: Other reason specified
29	wdrgnaname	Num	8	MEDIDF.	6.	Form63Q2C: Drug A: Name
30	wdrgnamg	Num	8	MEDMGF.	6.	Form63Q2C: Drug A: mg/tab
31	wdrgnantab	Num	8	MEDDOSEF.	6.	Form63Q2C: Drug A: # tabs
32	wdrgnadt	Num	8	MMDDYY10.	DATE9.	Form63Q2C: Drug A: begin date
33	wdrgnbname	Num	8	MEDIDF.	6.	Form63Q2C: Drug B: Name
34	wdrgnbmg	Num	8	MEDMGF.	6.	Form63Q2C: Drug B: mg/tab
35	wdrgnbntab	Num	8	MEDDOSEF.	6.	Form63Q2C: Drug B: # tabs
36	wdrgnbdtd	Num	8	MMDDYY10.	DATE9.	Form63Q2C: Drug B: begin date
37	acearbdone	Num	8	DONEF.	6.	Form63Q ACE/ARB Therapy

Num	Variable	Type	Len	Format	Informat	Label
38	acearbonmed	Num	8	ONDRUGF.	6.	Form63Q3: ACE/ARB Therapy Existing Drug/Dose
39	aadrgcaname	Num	8	MEDIDF.	6.	Form63Q3A: Drug A: Name
40	aadrgcamg	Num	8	MEDMGF.	6.	Form63Q3A: Drug A: mg/tab1
41	aadrgcamg2	Num	8	MEDMGF.	6.	Form63Q3A: Drug A: mg/tab2
42	aadrgcantab	Num	8	MEDDOSEF.	6.	Form63Q3A: Drug A: # tabs1
43	aadrgcantab2	Num	8	MEDDOSEF.	6.	Form63Q3A: Drug A: # tabs2
44	aadrgcadt	Num	8	MMDDYY10.	DATE9.	Form63Q3A: Drug A: Start Date
45	aadrgcacnf	Num	8	YESNOALLF.	2.	Form63Q3A: Drug A: Participant confirmed
46	aadrgcbname	Num	8	MEDIDF.	6.	Form63Q3A: Drug A: Name
47	aadrgcbmg	Num	8	MEDMGF.	6.	Form63Q3A: Drug A: mg/tab1
48	aadrgcbmg2	Num	8	MEDMGF.	6.	Form63Q3A: Drug A: mg/tab2
49	aadrgcbntab	Num	8	MEDDOSEF.	6.	Form63Q3A: Drug A: # tabs1
50	aadrgcbntab2	Num	8	MEDDOSEF.	6.	Form63Q3A: Drug A: # tabs2
51	aadrgcbdt	Num	8	MMDDYY10.	DATE9.	Form63Q3A: Drug A: Start Date
52	aadrgcbcnf	Num	8	YESNOALLF.	2.	Form63Q3A: Drug A: Participant confirmed
53	acearbmedprb	Num	8	YESNO2NAF.	6.	Form63Q3B: Have ther been any significant drug-compliance problems since the last contact?
54	acearbmedinit	Num	8	YESNOALLF.	6.	Form63Q4A: Is ACE+ARB being initiated?
55	acearbmedmod	Num	8	YESNOALLF.	6.	Form63Q4B: Is ACE+ARB dose being modified?
56	acearbmedra	Num	8	YESNOALLF.	6.	Form63Q4B: Hypertension per protocol
57	acearbmedrb	Num	8	YESNOALLF.	6.	Form63Q4B: Hypotension per protocol
58	acearbmedrc	Num	8	YESNOALLF.	6.	Form63Q4B: Hyperkalemia (potassium 5.6 mEq/l or greater)
59	acearbmedrsk	Char	100	\$100.	\$100.	Form63Q4B: Specify Hyperkalemia
60	acearbmedrd	Num	8	YESNOALLF.	6.	Form63Q4B: Intolerable side effect(s)
61	acearbmedrse	Char	100	\$100.	\$100.	Form63Q4B: Specify Intolerable side effect(s)
62	acearbmedre	Num	8	YESNOALLF.	6.	Form63Q4B: Other reason
63	acearbmedrso	Char	100	\$100.	\$100.	Form63Q4B: Other reason specified
64	aadrnaname	Num	8	MEDIDF.	6.	Form63Q4C: Drug A: Name
65	aadrnang	Num	8	MEDMGF.	6.	Form63Q4C: Drug A: mg/tab1
66	aadrnang2	Num	8	MEDMGF.	6.	Form63Q4C: Drug A: mg/tab2
67	aadrnantab	Num	8	MEDDOSEF.	6.	Form63Q4C: Drug A: # tabs1
68	aadrnantab2	Num	8	MEDDOSEF.	6.	Form63Q4C: Drug A: # tabs2
69	aadrnadt	Num	8	MMDDYY10.	DATE9.	Form63Q4C: Drug A: Start Date
70	aadrnbnname	Num	8	MEDIDF.	6.	Form63Q4C: Drug B: Name
71	aadrnbnmg	Num	8	MEDMGF.	6.	Form63Q4C: Drug B: mg/tab1
72	aadrnbnmg2	Num	8	MEDMGF.	6.	Form63Q4C: Drug B: mg/tab2
73	aadrnbnntab	Num	8	MEDDOSEF.	6.	Form63Q4C: Drug B: # tabs1
74	aadrnbnntab2	Num	8	MEDDOSEF.	6.	Form63Q4C: Drug B: # tabs2
75	aadrnbnadt	Num	8	MMDDYY10.	DATE9.	Form63Q4C: Drug B: Start Date

Num	Variable	Type	Len	Format	Informat	Label
76	openlabdone	Num	8	DONEF.	6.	Form63Q OPEN-LABEL DRUGS
77	openlabonmed	Num	8	ONDRUGF.	6.	Form63Q5: OPEN-LABEL DRUGS Existing Drug/Dose
78	oldrgcaname	Num	8	MEDIDF.	6.	Form63Q5A: Open-Label Drug 1: Name
79	oldrgcamg	Num	8	MEDMGF.	6.	Form63Q5A: Open-Label Drug 1: mg/tab
80	oldrgcantab	Num	8	MEDDOSEF.	6.	Form63Q5A: Open-Label Drug 1: # tabs
81	oldrgcadtd	Num	8	MMDDYY10.	DATE9.	Form63Q5A: Open-Label Drug 1: start date
82	oldrgcacnf	Num	8	YESNOALLF.	2.	Form63Q5A: Open-Label Drug 1: participant confirmed
83	oldrgcbname	Num	8	MEDIDF.	6.	Form63Q5A: Open-Label Drug 2: Name
84	oldrgcbmg	Num	8	MEDMGF.	6.	Form63Q5A: Open-Label Drug 2: mg/tab
85	oldrgcbntab	Num	8	MEDDOSEF.	6.	Form63Q5A: Open-Label Drug 2: # tabs
86	oldrgcbdt	Num	8	MMDDYY10.	DATE9.	Form63Q5A: Open-Label Drug 2: start date
87	oldrgcbcnf	Num	8	YESNOALLF.	2.	Form63Q5A: Open-Label Drug 2: participant confirmed
88	oldrgccname	Num	8	MEDIDF.	6.	Form63Q5A: Open-Label Drug 3: Name
89	oldrgccmg	Num	8	MEDMGF.	6.	Form63Q5A: Open-Label Drug 3: mg/tab
90	oldrgccntab	Num	8	MEDDOSEF.	6.	Form63Q5A: Open-Label Drug 3: # tabs
91	oldrgccdt	Num	8	MMDDYY10.	DATE9.	Form63Q5A: Open-Label Drug 3: start date
92	oldrgcccnf	Num	8	YESNOALLF.	2.	Form63Q5A: Open-Label Drug 3: participant confirmed
93	oldrgcdname	Num	8	MEDIDF.	6.	Form63Q5A: Open-Label Drug 4: Name
94	oldrgcdmg	Num	8	MEDMGF.	6.	Form63Q5A: Open-Label Drug 4: mg/tab
95	oldrgcdntab	Num	8	MEDDOSEF.	6.	Form63Q5A: Open-Label Drug 4: # tabs
96	oldrgcddt	Num	8	MMDDYY10.	DATE9.	Form63Q5A: Open-Label Drug 4: start date
97	oldrgcdcncf	Num	8	YESNOALLF.	2.	Form63Q5A: Open-Label Drug 4: participant confirmed
98	oldrgcenname	Num	8	MEDIDF.	6.	Form63Q5A: Open-Label Drug 5: Name
99	oldrgcemg	Num	8	MEDMGF.	6.	Form63Q5A: Open-Label Drug 5: mg/tab
100	oldrgcentab	Num	8	MEDDOSEF.	6.	Form63Q5A: Open-Label Drug 5: # tabs
101	oldrgcedt	Num	8	MMDDYY10.	DATE9.	Form63Q5A: Open-Label Drug 5: start date
102	oldrgcecnf	Num	8	YESNOALLF.	2.	Form63Q5A: Open-Label Drug 5: participant confirmed
103	openlabmedprb	Num	8	YESNO2NAF.	6.	Form63Q5B:Have there been any significant drug-compliance problems since the last contact?
104	openlabmedinit	Num	8	YESNOALLF.	6.	Form63Q6A: Is an Open-Label being initiated?
105	openlabmedmod	Num	8	YESNOALLF.	6.	Form63Q6B: Is an Open-Label dose being modified?
106	openlabmedra	Num	8	YESNOALLF.	6.	Form63Q6B: Hypertension per protocol
107	openlabmedrb	Num	8	YESNOALLF.	6.	Form63Q6B: Hypotension per protocol
108	openlabmedrc	Num	8	YESNOALLF.	6.	Form63Q6B: Hyperkalemia (potassium 5.6 mEq/l or greater)
109	openlabmedrsk	Char	100	\$100.	\$100.	Form63Q6B: Specify Hyperkalemia
110	openlabmedrd	Num	8	YESNOALLF.	6.	Form63Q6B: Intolerable side effect(s)
111	openlabmedrse	Char	100	\$100.	\$100.	Form63Q6B: Specify Intolerable side effect(s)
112	openlabmedre	Num	8	YESNOALLF.	6.	Form63Q6B: Other reason
113	openlabmedrso	Char	100	\$100.	\$100.	Form63Q6B: Other reason specified

Num	Variable	Type	Len	Format	Informat	Label
114	oldrgrname	Num	8	MEDIDF.	6.	Form63Q6C: Open-Label Drug i: Name
115	oldrgrnamg	Num	8	MEDMGF.	6.	Form63Q6C: Open-Label Drug i: mg/tab
116	oldrgrnantab	Num	8	MEDDOSEF.	6.	Form63Q6C: Open-Label Drug i: # tabs
117	oldrgrnadt	Num	8	MMDDYY10.	DATE9.	Form63Q6C: Open-Label Drug i: start date
118	oldrgrnbnname	Num	8	MEDIDF.	6.	Form63Q6C: Open-Label Drug ii: Name
119	oldrgrnbnmg	Num	8	MEDMGF.	6.	Form63Q6C: Open-Label Drug ii: mg/tab
120	oldrgrnbnntab	Num	8	MEDDOSEF.	6.	Form63Q6C: Open-Label Drug ii: # tabs
121	oldrgrnbnadt	Num	8	MMDDYY10.	DATE9.	Form63Q6C: Open-Label Drug ii: start date
122	oldrgrncname	Num	8	MEDIDF.	6.	Form63Q6C: Open-Label Drug iii: Name
123	oldrgrncmg	Num	8	MEDMGF.	6.	Form63Q6C: Open-Label Drug iii: mg/tab
124	oldrgrncntab	Num	8	MEDDOSEF.	6.	Form63Q6C: Open-Label Drug iii: # tabs
125	oldrgrncadt	Num	8	MMDDYY10.	DATE9.	Form63Q6C: Open-Label Drug iii: start date
126	oldrgrndname	Num	8	MEDIDF.	6.	Form63Q6C: Open-Label Drug iv: Name
127	oldrgrndmg	Num	8	MEDMGF.	6.	Form63Q6C: Open-Label Drug iv: mg/tab
128	oldrgrndntab	Num	8	MEDDOSEF.	6.	Form63Q6C: Open-Label Drug iv: # tabs
129	oldrgrndadt	Num	8	MMDDYY10.	DATE9.	Form63Q6C: Open-Label Drug iv: start date
130	oldrgrnename	Num	8	MEDIDF.	6.	Form63Q6C: Open-Label Drug v: Name
131	oldrgrnemg	Num	8	MEDMGF.	6.	Form63Q6C: Open-Label Drug v: mg/tab
132	oldrgrnentab	Num	8	MEDDOSEF.	6.	Form63Q6C: Open-Label Drug v: # tabs
133	oldrgrnedt	Num	8	MMDDYY10.	DATE9.	Form63Q6C: Open-Label Drug v: start date
134	dispense	Num	8	DISPENSEF.	6.	Form63Q7: How were drugs dispensed?
135	comments	Char	500	\$500.	\$500.	Form63Q8: Comments
136	nwdrgcamg	Num	8			
137	nwdrgcbmg	Num	8			
138	nwdrgnamg	Num	8			
139	nwdrgnbnmg	Num	8			
140	naadrgcamg	Num	8			
141	naadrgcbmg	Num	8			
142	naadrgnamg	Num	8			
143	naadrgnbnmg	Num	8			
144	naadrgcamg2	Num	8			
145	naadrgcbmg2	Num	8			
146	naadrgnamg2	Num	8			
147	naadrgnbnmg2	Num	8			
148	noldrgcamg	Num	8			
149	noldrgcbmg	Num	8			
150	noldrgccmg	Num	8			
151	noldrgcdmg	Num	8			
152	noldrgcemg	Num	8			

Num	Variable	Type	Len	Format	Informat	Label
153	noldrgnamg	Num	8			
154	noldrgnbgm	Num	8			
155	noldrgncmg	Num	8			
156	noldrgndmg	Num	8			
157	noldrgnemg	Num	8			
158	nwdrgcantab	Num	8			
159	nwdrgcbntab	Num	8			
160	nwdrgnantab	Num	8			
161	nwdrgnbntab	Num	8			
162	naadrgcantab	Num	8			
163	naadrgcbntab	Num	8			
164	naadrgnantab	Num	8			
165	naadrgnbntab	Num	8			
166	naadrgcantab2	Num	8			
167	naadrgcbntab2	Num	8			
168	naadrgnantab2	Num	8			
169	naadrgnbntab2	Num	8			
170	noldrgcantab	Num	8			
171	noldrgcbntab	Num	8			
172	noldrgccntab	Num	8			
173	noldrgcdntab	Num	8			
174	noldrgcentab	Num	8			
175	noldrgnantab	Num	8			
176	noldrgnbntab	Num	8			
177	noldrgncntab	Num	8			
178	noldrgndntab	Num	8			
179	noldrgnentab	Num	8			
180	wdrzca_mgd	Num	8			Washout Drug A - existing, total mg/day
181	wdrzcb_mgd	Num	8			Washout Drug B - existing, total mg/day
182	wdrzna_mgd	Num	8			Washout Drug A - next period, total mg/day
183	wdrznb_mgd	Num	8			Washout Drug B - next period, total mg/day
184	aadrgca_mgd	Num	8			ACE/ARB therapy Drug A - existing 1st dose, total mg/day
185	aadrgcb_mgd	Num	8			ACE/ARB therapy Drug B - existing 1st dose, total mg/day
186	aadrgca2_mgd	Num	8			ACE/ARB therapy Drug A - existing 2nd dose, total mg/day
187	aadrgcb2_mgd	Num	8			ACE/ARB therapy Drug B - existing 2nd dose, total mg/day
188	aadrgna_mgd	Num	8			ACE/ARB therapy Drug A - next period 1st dose, total mg/day
189	aadrgnb_mgd	Num	8			ACE/ARB therapy Drug B - next period 1st dose, total mg/day
190	aadrgna2_mgd	Num	8			ACE/ARB therapy Drug A - next period 2nd dose, total mg/day
191	aadrgnb2_mgd	Num	8			ACE/ARB therapy Drug B - next period 2nd dose, total mg/day

Num	Variable	Type	Len	Format	Informat	Label
192	oldrgca_mgd	Num	8			Open Label Drug A - existing, total mg/day
193	oldrgcb_mgd	Num	8			Open Label Drug B - existing, total mg/day
194	oldrgcc_mgd	Num	8			Open Label Drug C - existing, total mg/day
195	oldrgcd_mgd	Num	8			Open Label Drug D - existing, total mg/day
196	oldrgce_mgd	Num	8			Open Label Drug E - existing, total mg/day
197	oldrgna_mgd	Num	8			Open Label Drug A - next period, total mg/day
198	oldrgnb_mgd	Num	8			Open Label Drug B - next period, total mg/day
199	oldrgnc_mgd	Num	8			Open Label Drug C - next period, total mg/day
200	oldrgnd_mgd	Num	8			Open Label Drug D - next period, total mg/day
201	oldrgne_mgd	Num	8			Open Label Drug E - next period, total mg/day

Data Set Name: form6_concmeds.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltID	Char	8	\$8.	\$8.	haltID
2	siteld	Num	8	SITEIDF.	6.	siteld
3	cmid	Num	8	11.	11.	Form6. Concomitant Meds: Medication Number
4	cmmed	Char	200	\$200.	\$200.	Form6. Concomitant Meds: Medication Name
5	cmpsongo	Num	8	YESNOALLF.	6.	Form6. Concomitant Meds: Started medication at least 6 months prior to HALT
6	sdm	Num	8	MISSF.	6.	Form6. Concomitant Meds: Medication start date: Month
7	sdd	Num	8	MISSF.	6.	Form6. Concomitant Meds: Medication start date: Day
8	sdY	Num	8	MISSF.	6.	Form6. Concomitant Meds: Medication start date: Year
9	sdmdate	Num	8	MMDDYY10.	DATE9.	Form6. Concomitant Meds: Medication start date
10	cmongo	Num	8	YESNOALLF.	6.	Form6. Concomitant Meds: Currently ongoing Medication
11	edm	Num	8	MISSF.	6.	Form6. Concomitant Meds: Medication end date: Month
12	edd	Num	8	MISSF.	6.	Form6. Concomitant Meds: Medication end date: Day
13	edy	Num	8	MISSF.	6.	Form6. Concomitant Meds: Medication end date: Year
14	edmdate	Num	8	MMDDYY10.	DATE9.	Form6. Concomitant Meds: Medication end date
15	hyper	Num	8	HYPERFMT.	6.	Form6. Concomitant Meds: Indication of use for antihypertensive agents
16	hyreas	Char	100	\$100.	\$100.	Form6. Concomitant Meds: Other use for antihypertensive agent, specified
17	dosefreq	Char	50	\$50.	\$50.	Form6. Concomitant Meds: Medication dose and frequency
18	prn	Num	8	YESNOALLF.	2.	Form6. Concomitant Meds: Medication is taken PRN (as needed)

Data Set Name: form7.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Date of visit
5	misfrm	Num	8	COMPLFMT.	2.	Form7:Form was not completed
6	hght	Num	8	MISSF.	13.3	Form7Q1:Height
7	uhght	Num	8	HEIGHTFMT.	6.	Form7Q1:unit for height
8	wght	Num	8	MISSF.	13.3	Form7Q2:Weight
9	uwght	Num	8	WEIGHTFMT.	6.	Form7Q2:unit for weight
10	pfsmc	Num	8	YESNOALLF.	6.	Form7Q3:During the last 30 minutes, has the participant smoked or consumed caffeine?
11	bpmid	Char	20	\$20.	\$20.	Form7Q4:PCC Monitor Serial Number
12	domarm	Num	8	ARMFMT.	6.	Form7Q5:Dominance/handedness: Dominant Arm
13	ndomarm	Num	8	ARMFMT.	6.	Form7Q5:Dominance/handedness: Non-Dominant Arm
14	bparasys	Num	8	MISSF.	6.	Form7Q6:Take BP Readings A(Systolic A:Right Arm)
15	bparadia	Num	8	MISSF.	6.	Form7Q6:Take BP Readings A(Diastolic A:Right Arm)
16	bpalasy	Num	8	MISSF.	6.	Form7Q6:Take BP Readings A(Systolic A:Left Arm)
17	bpaladia	Num	8	MISSF.	6.	Form7Q6:Take BP Readings A(Diastolic A:Left Arm)
18	bpadifsys	Num	8	MISSF.	6.	Form7Q6:Take BP Readings A(Systolic A:Difference)
19	diffrd	Num	8	YESNOALLF.	6.	Form7Q7:Is there a difference of >20 mm Hg between systolic measurements A above?
20	bpbrasys	Num	8	MISSF.	6.	Form7Q7:Systolic B (Right Arm)
21	bpbradia	Num	8	MISSF.	6.	Form7Q7:Diastolic B (Right Arm)
22	bpblasys	Num	8	MISSF.	6.	Form7Q7:Systolic B (Left Arm)
23	bpbladia	Num	8	MISSF.	6.	Form7Q7:Diastolic B (Left Arm)
24	bpbdifsys	Num	8	MISSF.	6.	Form7Q7:Systolic B (Difference)
25	bpcrasys	Num	8	MISSF.	6.	Form7Q7:Systolic C (Right Arm)
26	bpcradia	Num	8	MISSF.	6.	Form7Q7:Diastolic C (Right Arm)
27	bpclasys	Num	8	MISSF.	6.	Form7Q7:Systolic C (Left Arm)
28	bpcladia	Num	8	MISSF.	6.	Form7Q7:Diastolic C (Left Arm)
29	bpcdifsys	Num	8	MISSF.	6.	Form7Q7:Systolic C (Difference)
30	diffall	Num	8	YESNOALLF.	6.	Form7Q8:Is there a difference of >20 mm Hg in ALL systolic measurements A, B and C above?
31	armuse	Num	8	ARMFMT.	6.	Form7Q9:Arm used for BP
32	sys1	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings: Systolic 1
33	dias1	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings:Diastolic 1
34	bpm1	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings:Pulse Rate BPM 1
35	sys2	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings: Systolic 2
36	dias2	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings:Diastolic 2
37	bpm2	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings: Pulse Rate BPM 2

Num	Variable	Type	Len	Format	Informat	Label
38	sys3	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings: Systolic 3
39	dias3	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings:Diastolic 3
40	bpm3	Num	8	MISSF.	6.	Form7Q10:SEATED Blood Pressure Readings: Pulse Rate BPM 3
41	avsys	Num	8	MISSF.	13.3	Form7Q10:SEATED Blood Pressure Readings:Average Last 2 BPs: SYSTOLIC
42	avdias	Num	8	MISSF.	13.3	Form7Q10:SEATED Blood Pressure Readings:Average Last 2 BPs:DIASTOLIC
43	sdsys1	Num	8	MISSF.	6.	Form7Q11:STANDING Blood Pressure Reading: Systolic
44	sddias1	Num	8	MISSF.	6.	Form7Q11:STANDING Blood Pressure Reading: Diastolic
45	sdbpm1	Num	8	MISSF.	6.	Form7Q11:STANDING Blood Pressure Reading: Pulse Rate BPM
46	cmt	Char	200	\$200.	\$200.	Form7Q12: Comments
47	time1	Num	8	TIME10.		Form7Q10:SEATED Blood Pressure Readings time 1
48	time2	Num	8	TIME10.		Form7Q10:SEATED Blood Pressure Readings time 2
49	time3	Num	8	TIME10.		Form7Q10:SEATED Blood Pressure Readings time 3
50	svertime1	Num	8	TIME10.		Form7Q11:STANDING Blood Pressure Reading time

Data Set Name: form8.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	timepointld
4	dvdate	Num	8	MMDDYY10.	DATE9.	dvdate
5	misfrm	Num	8	YESNOALLF.	2.	Form8 was not completed
6	racea	Num	8	YESNOALLF.	2.	Form8Q1: Race: American Indian/Alaska Native
7	raceb	Num	8	YESNOALLF.	2.	Form8Q1: Race: Asian
8	racec	Num	8	YESNOALLF.	2.	Form8Q1: Race: Native Hawaiian/Other Pacific Islander
9	raced	Num	8	YESNOALLF.	2.	Form8Q1: Race: Black/African American
10	racee	Num	8	YESNOALLF.	2.	Form8Q1: Race: White/Caucasian
11	racef	Num	8	YESNOALLF.	2.	Form8Q1: Race: Some other Race
12	raceg	Num	8	YESNOALLF.	2.	Form8Q1: Race: Unknown
13	ethnic	Num	8	ETHNICFMT.	6.	Form8Q2: Ethnicity
14	marit	Num	8	MARITFMT.	6.	Form8Q3: Marital status
15	emplya	Num	8	YESNOALLF.	2.	Form8Q4: Employment status: Student
16	emplyb	Num	8	YESNOALLF.	2.	Form8Q4: Employment status: Homemaker
17	emplyc	Num	8	YESNOALLF.	2.	Form8Q4: Employment status: Retired
18	emplyd	Num	8	YESNOALLF.	2.	Form8Q4: Employment status: Disabled
19	emplye	Num	8	YESNOALLF.	2.	Form8Q4: Employment status: Full-Time Employment
20	emplyf	Num	8	YESNOALLF.	2.	Form8Q4: Employment status: Part-Time Employment
21	emplyg	Num	8	YESNOALLF.	2.	Form8Q4: Employment status: Other
22	edu	Num	8	EDUFMT.	6.	Form8Q5: Highest education level
23	exrcsl	Num	8	EXRCSLFMT.	6.	Form8Q6: Level of exercise (check one)
24	exrcsf	Num	8	EXRCSFFMT.	6.	Form8Q6: Frequency of exercise (check one)
25	cafyn	Num	8	YESNOALLF.	6.	Form8Q7: Have you ever drunk caffeinated beverages?
26	cafnow	Num	8	YESNOALLF.	6.	Form8Q7a: Do you drink caffeinated beverages now?
27	cafage	Num	8	MISSF.	6.	Form8Q7b: How old were you when you started drinking caffeinated beverages?
28	cafstp	Num	8	YESNOALLF.	2.	Form8Q7c: Are you still drinking caffeinated beverages?
29	cafsage	Num	8	MISSF.	6.	Form8Q7c: If no longer drinking caffeinated beverages, how old were you when you stopped?
30	caffreq	Num	8	FREQFMT.	6.	Form8Q7d: What is the average number of caffeinated beverages you drink/drank in a:
31	cafnum	Num	8	MISSF.	6.	Form8Q7d: Number of caffeinated drinks
32	alcyn	Num	8	YESNOALLF.	6.	Form8Q8: Have you ever drunk alcoholic beverages?
33	alcnow	Num	8	YESNOALLF.	6.	Form8Q8a: Do you drink alcoholic beverages now?
34	alcage	Num	8	MISSF.	6.	Form8Q8b: How old were you when you started drinking alcoholic beverages?
35	alcstp	Num	8	YESNOALLF.	2.	Form8Q8c: Are you still drinking alcoholic beverages?
36	alcsage	Num	8	MISSF.	6.	Form8Q8c: If no longer drinking alcoholic beverages, how old were you when you stopped?
37	alcfreq	Num	8	FREQFMT.	6.	Form8Q8d: What is the average number of alcoholic beverages you drink/drank in a:

Num	Variable	Type	Len	Format	Informat	Label
38	alcnum	Num	8	MISSF.	6.	Form8Q8d: Number of alcoholic beverages
39	cigyn	Num	8	YESNOALLF.	6.	Form8Q9: Have you ever smoked cigarettes?
40	cignow	Num	8	YESNOALLF.	6.	Form8Q9a: Do you smoke now?
41	cigage	Num	8	MISSF.	6.	Form8Q9b: How old were you when you started smoking?
42	cigstp	Num	8	YESNOALLF.	2.	Form8Q9c: Are you still smoking cigarettes?
43	cigsage	Num	8	MISSF.	6.	Form8Q9c: If no longer smoking cigarettes, how old were you when you stopped?
44	cignum	Num	8	MISSF.	6.	Form8Q9d: What is the average number of cigarettes you smoke/smoked in a:
45	cigfreq	Num	8	FREQFMT.	6.	Form8Q9d: Number of cigarettes you smoke/smoked:
46	incspyn	Num	8	YESNOALLF.	6.	Form8Q10a: Was the participant ever enrolled in the CRISP study?
47	pkdid	Num	8	PKDIDFMT.	11.	Form8Q10a: CRISPI ID
48	pkdidi	Num	8	PKDIDFMT.	11.	Form8Q10a: CRISPII ID
49	cstcspyn	Num	8	YESNOALLF.	6.	Form8Q10b: If yes, has participant signed consent allowing HALT investigators to use CRISP data?
50	gencspyn	Num	8	YESNOALLF.	6.	Form8Q10b: If yes, has participant signed consent allowing HALT investigators to use CRISP genetic samples?
51	gendate	Num	8	MMDDYY10.	DATE9.	Form8Q10b: Date of signed informed consent to use CRISP data

Data Set Name: form9.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	SITEIDF.	6.	Site ID
3	timepointId	Char	3	\$3.	\$3.	Timepoint ID
4	dvdate	Num	8	DATE9.	DATE9.	Date of visit
5	misfrm	Num	8	COMPLFMT.	2.	Form9: Form was not completed
6	lrlab	Num	8	LABFMT.	6.	Form9: Lab Used
7	lrlabdesc	Char	50	\$50.	\$50.	Form9: if Others
8	lrsfast	Num	8	FSTFMT.	6.	Form9: Fasting or not
9	lrsmeal	Num	8	MEALFMT.	6.	Form9: If non-fasting is selected indicate what was eaten
10	lrsna	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Sodium
11	lrsnaab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
12	lrsk	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Potassium
13	lrskab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
14	lrscl	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Chloride
15	lrsclab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
16	lrsco2	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Total CO2
17	lrsco2ab	Num	8	NORMALFMT.	2.	Form9: Check if Abnormal
18	lrsglu	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Total glucose
19	lrsgluab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
20	lrsbun	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Total Bun (Urea Nitrogen)
21	lrsbunab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
22	eqtype	Num	8	EQTFMT.	6.	Form9 Serum Chemistry: Creatinine (PCC/non-central): Units
23	lrscrea	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Total Creatine: (PCC/non-central) Results
24	lrscreaab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
25	lrsgr	Num	8	MISSF.	15.5	Form9 Serum Chemistry: GFR(This is calculated MDRD)
26	lrsgot	Num	8	MISSF.	13.3	Form9 Serum Chemistry: SGOT (AST)
27	lrsgotab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
28	lrsgpt	Num	8	MISSF.	13.3	Form9 Serum Chemistry: SGPT (ALT)
29	lrsgptab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
30	lrsalk	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Alkaline Phosphatase
31	lrsalkab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
32	lrsbili	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Total Bilirubin
33	lrsbiliab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
34	lrsca	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Calcium
35	lrscaab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
36	lrsp	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Phosphorus
37	lrspab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal

Num	Variable	Type	Len	Format	Informat	Label
38	Irsalbunit	Num	8	ALBXSERF.	6.	Form9 Serum Chemistry: Albumin: Units
39	Irsalb	Num	8	MISSF.	13.3	Form9 Serum Chemistry: Albumin
40	Irsalbab	Num	8	NORMALFMT.	2.	Form9 Serum Chemistry: Check if Abnormal
41	lrhwbcunit	Num	8	CELFMT.	6.	Form9 Hematology: White Blood Cells: Units
42	lrhwbc	Num	8	MISSF.	13.3	Form9 Hematology: White Blood Cells
43	lrhwbcab	Num	8	NORMALFMT.	2.	Form9 Hematology: Check if Abnormal
44	lrhhb	Num	8	MISSF.	13.3	Form9 Hematology: Hemoglobin
45	lrhhbab	Num	8	NORMALFMT.	2.	Form9 Hematology: Check if Abnormal
46	lrhct	Num	8	MISSF.	13.3	Form9 Hematology: Hematocrit
47	lrhctab	Num	8	NORMALFMT.	2.	Form9 Hematology: Check if Abnormal
48	lrhpltunit	Num	8	CELFMT.	6.	Form9 Hematology: Platelets: Units
49	lrhplt	Num	8	MISSF.	13.3	Form9 Hematology: Platelets
50	lrhpltab	Num	8	NORMALFMT.	2.	Form9 Hematology: Check if Abnormal
51	Irualbunit	Num	8	ALBSER.	6.	Form9 Urine: Albumin: Units
52	Irualb	Num	8	MISSF.	13.3	Form9 Urine: Albumin
53	Irualb_mg_dL	Num	8	MISSF.	16.6	Irualb_mg_dL
54	Irucreaunit	Num	8	CREURN.	6.	Form9 Urine: Creatinine: Units
55	Irucrea	Num	8	MISSF.	13.3	Form9 Urine: Urine Creatinine
56	Irucrea_mg_dL	Num	8	MISSF.	16.6	Irucrea_mg_dL
57	Iruac_mg_g	Char	38	\$38.	\$38.	Form9 Urine: Albumin/Creatinine Ratio (calculated)
58	Iruhcgna	Num	8	NAFMT.	2.	Form9 Urine: N/A
59	Iruhcgunit	Num	8	HCGUNT.	6.	Form9 Urine: β -HCG: Units
60	Iruhcg	Num	8	MISSF.	13.3	Form9 Urine: β -HCG
61	Iruhcgab	Num	8	NORMALFMT.	2.	Form9 Urine: Check if Abnormal
62	Ircmt	Char	303	\$303.	\$303.	Form9: Comments
63	lrstime	Num	8	TIME10.		Form9: Collection Time

Data Set Name: form90.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	HALT ID
2	siteld	Num	8	6.	6.	Site ID
3	timepointld	Char	3	\$3.	\$3.	Timepoint ID
4	dtEnter	Num	8	MMDDYY10.	DATE9.	Form90: Data entry date
5	dvdate	Num	8	MMDDYY10.	DATE9.	Form90: Date of visit
6	misfrm	Num	8	YESNOALLF.	2.	Form90: Form was not completed
7	vtdate	Num	8	MMDDYY10.	DATE9.	Form90: Visit target date
8	lvtdate	Num	8	MMDDYY10.	DATE9.	Form90: Last date of acceptable range for this visit
9	qvrefs	Num	8	YESNOALLF.	2.	Form90: Participant refused to come to the PCC
10	qvwth	Num	8	YESNOALLF.	2.	Form90: Inclement weather
11	qvtrl	Num	8	YESNOALLF.	2.	Form90: Problems with travel arrangements
12	qvtrlc	Char	100	\$100.	\$100.	Form90: Problems with travel arrangements, specify
13	qvhsp	Num	8	YESNOALLF.	2.	Form90: Participant was hospitalized unexpectedly
14	qvhspc	Char	100	\$100.	\$100.	Form90: Participant was hospitalized unexpectedly, specify
15	qvill	Num	8	YESNOALLF.	2.	Form90: Participant was too ill to complete PCC visit
16	qvillc	Char	100	\$100.	\$100.	Form90: Participant was too ill to complete PCC visit, specify
17	qvcnf	Num	8	YESNOALLF.	2.	Form90: Scheduling conflicts (not otherwise specified)
18	qvcnfc	Char	100	\$100.	\$100.	Form90: Scheduling conflicts (not otherwise specified), specify
19	qvsgr	Num	8	YESNOALLF.	2.	Form90: Elective surgery
20	qwork	Num	8	YESNOALLF.	2.	Form90: Work related issues
21	qvhld	Num	8	YESNOALLF.	2.	Form90: Holiday/Vacation related issues
22	qvfamily	Num	8	YESNOALLF.	2.	Form90: Family related issues
23	qvfinstr	Num	8	YESNOALLF.	2.	Form90: Participant is under financial strain
24	qvdp	Num	8	YESNOALLF.	2.	Form90: Depression/Mood/Psychiatric problems
25	qver	Num	8	YESNOALLF.	2.	Form90: Institutional error
26	qverrc	Char	100	\$100.	\$100.	Form90: Institutional error, specify
27	qvoth	Num	8	YESNOALLF.	2.	Form90: Other
28	qvothc	Char	100	\$100.	\$100.	Form90: Other, specify
29	qvcmt	Char	177	\$177.	\$177.	Form90: Comments

Data Set Name: genotype09022014.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	haltId
2	study_t	Num	8	STUDY_TF.		
3	study	Num	8	STUDYF.		
4	randtype	Num	8	TREATFMT.	6.	randtype
5	Pittsburgh_Family_ID	Num	8			Pittsburgh Family ID
6	Gene	Char	5	\$5.	\$5.	Gene
7	Codon_Position	Char	4	\$4.	\$4.	Codon Position
8	Exon	Char	11	\$11.	\$11.	Exon
9	Type_of_Mutation	Char	17	\$17.	\$17.	Type of Mutation
10	Mutation_Effect	Char	14	\$14.	\$14.	Mutation Effect
11	Mutation_Strength	Char	1	\$1.	\$1.	Mutation Strength
12	genotype	Num	8	GENEFMT.		
13	siteld	Num	8	6.	6.	siteld
14	timepointId	Char	3	\$3.	\$3.	timepointId
15	dtEnter	Num	8	DATE9.	DATE9.	dtEnter
16	recordId	Num	8	11.	11.	recordId
17	dvdate	Num	8	DATE9.	DATE9.	dvdate
18	dcdate	Num	8	DATE9.	DATE9.	dcdate
19	gcrepet	Num	8	2.	2.	gcrepet
20	misfrm	Num	8	2.	2.	misfrm
21	gcsig	Num	8	6.	6.	gcsig
22	gcsigdate	Num	8	DATE9.	DATE9.	gcsigdate
23	accno	Char	8	\$8.	\$8.	accno
24	gscmt	Char	209	\$209.	\$209.	gscmt
25	pkdid	Num	8			pkdid

Data Set Name: halt_baseline.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	timepointid	Char	3	\$3.	\$3.	Timepoint ID
3	dvdate	Num	8	DATE9.	DATE9.	Date of visit
4	siteid	Num	8	SITEIDF.	6.	Site ID
5	study_t	Num	8	STUDY_TF.		Study group - Study A or Study B
6	study	Num	8	STUDYF.		Study group - Study A-Standard BP, Study A-Low BP or Study B
7	randtype	Num	8	RANDTYPEF.	6.	Randomization group
8	group	Num	8	GROUPEF.		Group
9	lrsna	Num	8	13.3	13.3	S. sodium mEq/L
10	lrsk	Num	8	13.3	13.3	S. potassium mEq/L
11	lrsco2	Num	8	13.3	13.3	S. total CO2 mEq/L or mmol/L
12	lrsbun	Num	8	13.3	13.3	S. urea nitrogen (BUN) mg/dL
13	lrhgb	Num	8	13.3	13.3	Hemoglobin g/dL
14	Systolic_Avg	Num	8	13.3	13.3	Systolic BP measured at home
15	Diastolic_Avg	Num	8	13.3	13.3	Diastolic BP measured at home
16	Heart_Rate_Avg	Num	8	13.3	13.3	Heart Rate Avg
17	map	Num	8			Map measured at home
18	sys	Num	8			Systolic BP measured at office
19	dias	Num	8			Diastolic BP measured at office
20	ofmap	Num	8			Map measured at office
21	hr_of	Num	8			Heart Rate measured in office
22	serumCreat_avg	Num	8			Serum creatinine mg/dL
23	eGFR_avg	Num	8			eGFR mL/min/1.73m2 (MDRD)
24	urol	Num	8			Urine volume ml/24 hrs
25	usodium	Num	8			Urine sodium mEq/24 hrs
26	upotassium	Num	8			Urine potassium mEq/24 hrs
27	ratio	Num	8			Urine sodium/potassium ratio
28	ualdos	Num	8			Urine aldosterone µg/24 hrs
29	ualbum	Num	8			Urine albumin mg/24 hrs
30	ucreat	Num	8			Urine creatinine
31	ckd_epi_egfr	Num	8	13.3	13.3	ckd_epi_egfr
32	mriDate	Num	8	MMDDYY10.	DATE9.	MRI date
33	cardiac_vol0	Num	8			LVM
34	TKV	Num	8			TKV ml
35	liver_vol0	Num	8			Liver volume
36	livercyst_vol	Num	8			Liver cyst volume
37	mean_velocity_R1	Num	8	11.	11.	mean_velocity_R1

Num	Variable	Type	Len	Format	Informat	Label
38	blood_flow_R1	Num	8	11.	11.	blood_flow_R1
39	mean_area_R1	Num	8	11.	11.	mean_area_R1
40	mean_velocity_L1	Num	8	11.	11.	mean_velocity_L1
41	blood_flow_L1	Num	8	11.	11.	blood_flow_L1
42	mean_area_L1	Num	8	11.	11.	mean_area_L1
43	rbf_total	Num	8			Sum of RBF right+left
44	pcs	Num	8			SF36 Physical component score
45	mcs	Num	8			SF36 Mental component score
46	bkpnfrq	Num	8	6.	6.	Back pain frequency
47	bkpnavg	Num	8	6.	6.	Back pain rate on average
48	rdpnfrq	Num	8	6.	6.	Radiating back pain frequency
49	rdpnavg	Num	8	6.	6.	Radiating back pain rate on average
50	abpnfrq	Num	8	6.	6.	Abdominal pain frequency
51	abpnavg	Num	8	6.	6.	Abdominal pain rate on average
52	rbkpnfrq	Num	8			Back pain frequency dichotomized 0=no 1=other
53	rrdpnfrq	Num	8			Radiating back pain frequency dichotomized 0=no 1=other
54	rabpnfrq	Num	8			Abdominal pain frequency dichotomized 0=no 1=other
55	antihyper	Num	8	BEST12.		Antihyper_yes
56	ACE_Inhibitor	Num	8	BEST12.		ACE_Inhibitor_yes
57	alpha_blocker	Num	8	BEST12.		Alpha_blocker_yes
58	beta_blocker	Num	8	BEST12.		Beta_blocker_yes
59	calcium_blocker	Num	8	BEST12.		Calcium_blocker_yes
60	diuretic	Num	8	BEST12.		Diuretic_yes
61	renal_agent	Num	8	BEST12.		Renal_agent_yes
62	ara	Num	8	BEST12.		ARB_yes
63	adrenolytic	Num	8	BEST12.		Adrenolytic_yes
64	analgesic	Num	8	BEST12.		Analgesic_yes
65	antidepressant	Num	8	BEST12.		Antidepressant_yes
66	antihyper_no	Num	8	BEST12.		Antihyper#
67	ACE_Inhibitor_no	Num	8	BEST12.		ACE_Inhibitor#
68	alpha_blocker_no	Num	8	BEST12.		Alpha_blocker#
69	beta_blocker_no	Num	8	BEST12.		Beta_blocker#
70	calcium_blocker_no	Num	8	BEST12.		Calcium_blocker#
71	diuretic_no	Num	8	BEST12.		Diuretic#
72	renal_agent_no	Num	8	BEST12.		Renal_agent#
73	ara_no	Num	8	BEST12.		ARB#
74	adrenolytic_no	Num	8	BEST12.		Adrenolytic#
75	analgesic_no	Num	8	BEST12.		Analgesic#
76	antidepressant_no	Num	8	BEST12.		Antidepressant#

Num	Variable	Type	Len	Format	Informat	Label
77	lisinopril_dose	Num	8	BEST4.	18.9	Lisinopril dose
78	arb_placebo_dose	Num	8	BEST4.	18.9	ARB/Placebo dose
79	step	Num	8			Medication step
80	step4	Num	8			Medication step LE 4
81	kidpn	Num	8	6.	6.	Kidney Pain (Back or Flank Pain)
82	bldur	Num	8	6.	6.	Blood in Urine
83	uti	Num	8	6.	6.	Urinary tract infection
84	kidst	Num	8	6.	6.	Kidney stone(s)
85	sex	Num	8	GENDERFMT.	6.	Sex
86	raceF3	Num	8	RACEF.	6.	Race as reported on Form 3
87	age	Num	8	5.2		Age at registration
88	pkdage	Num	8	6.	6.	Age at the time of PKD diagnosis
89	diaghw	Num	8	6.	6.	Diagnosis was due to
90	diagmth	Num	8	6.	6.	Method of Diagnostic Imaging
91	hpbage	Num	8	6.	6.	Age at the time of HTN diagnosis
92	hght_cm	Num	8			Height cm
93	wght_kg	Num	8			Weight kg
94	bmi	Num	8			BMI kg/m2
95	bsa	Num	8			BSA m2
96	racea	Num	8	2.	2.	American Indian or Alaska Native
97	raceb	Num	8	2.	2.	Asian
98	racec	Num	8	2.	2.	Native Hawaiian or Other Pacific Islander
99	raced	Num	8	2.	2.	Black or African American
100	racee	Num	8	2.	2.	White or Caucasian
101	racef	Num	8	2.	2.	Some Other Race
102	raceg	Num	8	2.	2.	Race-Unknown
103	marit	Num	8	6.	6.	Marital status
104	emplya	Num	8	2.	2.	Student
105	emplyb	Num	8	2.	2.	Homemaker
106	emplyc	Num	8	2.	2.	Retired
107	emplyd	Num	8	2.	2.	Disabled
108	emplye	Num	8	2.	2.	Full-Time Employment
109	emplyf	Num	8	2.	2.	Part-Time Employment
110	emplyg	Num	8	2.	2.	Employment-Other
111	edu	Num	8	EDUF.	6.	Highest education level
112	exrcsl	Num	8	EXRCSLF.	6.	Level of exercise
113	exrcsf	Num	8	EXRCSFF.	6.	Frequency of exercise
114	cignow	Num	8	6.	6.	Do you smoke now?
115	race	Num	8	RACEGRPF.		Race categorized (Form 8)

Num	Variable	Type	Len	Format	Informat	Label
116	empl	Num	8	EMPLF.		Employment status
117	exrcs	Num	8	EXRCSF.		Level and frequency of exercise
118	exrcs_3	Num	8			Exerc min: 1 >=30min,2 15-29min, 3 <15min
119	hpkdyn	Num	8	6.	6.	Is there a family history of ADPKD
120	site	Char	8	\$SITEFMT.		Study Site
121	rbf_modify	Num	8			RBF total * 1.73 / BSA
122	lnTKV	Num	8			log(tkV)
123	htTKV	Num	8			TKV/Ht
124	lnhtTKV	Num	8			log(htTKV)
125	htTLV	Num	8			Liver volume adjusted by height
126	lnhtTLV	Num	8			log(htTLV)
127	htTCV	Num	8			Liver cyst volume adjusted by height
128	lnhtTCV	Num	8			log(htTCV)
129	lvmi	Num	8			LVMI (cardiac_vol0/BSA)
130	lvh	Num	8			Left ventricular hypertrophy (LVMI >84.6 for women, >106.2 for men)
131	tkv173	Num	8			TKV * 1.73/bsa
132	tkvGrp	Num	8			Baseline TKV grouped
133	htUvol	Num	8			Urine volume adjusted by height
134	uvol173	Num	8			Urine volume ml/24 hrs/1.73 m2
135	htUsodium	Num	8			24hr urine sodium adjusted by height
136	usodium173	Num	8			Urine sodium mEq/24 hrs/1.73 m2
137	htUpotassium	Num	8			24hr urine potassium adjusted by height
138	upotassium173	Num	8			Urine potassium mEq/24 hrs/1.73 m2
139	htLiver_vol	Num	8			Liver volume adjusted by height
140	liver_vol173	Num	8			Liver volume * 1.73/bsa
141	ht_cardiac_vol	Num	8			LVM/(Ht**2.7 m2)
142	lnUAlbum	Num	8			log(ualbum)
143	lnUAldos	Num	8			log(ualdos)
144	rvr	Num	8			Renal vascular resistance (RVR)
145	ace_inhibitor_any	Num	8			ACE Inhibitor at screening visit
146	alpha_blocker_any	Num	8			Alpha blocker at screening visit
147	beta_blocker_any	Num	8			Beta blocker at screening visit
148	calcium_blocker_any	Num	8			Calcium blocker at screening visit
149	diuretic_any	Num	8			Diuretic at screening visit
150	renal_agent_any	Num	8			Renal agent at screening visit
151	ara_any	Num	8			ARB at screening visit
152	serumCreat_avgF5	Num	8			Serum creatinine average at F5 visit
153	ckd_epi_egfrF5	Num	8	13.3	13.3	ckd_epi_eGFR at F5 visit

Num	Variable	Type	Len	Format	Informat	Label
154	wshout	Num	8	WSHOUTFMT.		If participant had previously taken medication to control BP, has there been a drug washout period?
155	washout_length	Num	8			Washout length
156	avsys_s	Num	8	3.	13.3	Average systolic BP at screening (office)
157	avdias_s	Num	8	3.	13.3	Average diastolic BP at screening (office)
158	map_s	Num	8	5.1		MAP at screening (office)
159	flagSB1_form7	Num	8			
160	spleen_volume	Num	8			Spleen Volume
161	common_bile_duct	Num	8			Common bile duct
162	pancreas_duct	Num	8			Pancreas duct
163	spleen_cyst	Num	8			Spleen cyst
164	pancreas_cyst	Num	8			Pancreas cyst
165	gallbladder_stone	Num	8			Gallbladder stone
166	accession__no	Char	6	\$6.	\$6.	Accession #
167	ejection_fraction	Num	8			Ejection fraction

Data Set Name: halt_longitudinal.sas7bdatt

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$8.	\$8.	HALT ID
2	timepointid	Char	3	\$3.	\$3.	timepointId
3	dvdate	Num	8	DATE9.	DATE9.	dvdate
4	siteid	Num	8	SITEIDF.	6.	siteId
5	study_t	Num	8	STUDY_TF.		Study group - Study A or Study B
6	study	Num	8	STUDYF.		Study group - Study A-Standard BP, Study A-Low BP or Study B
7	randtype	Num	8	RANDTYPEF.	6.	Randomization group
8	group	Num	8	GROUPF.		Group
9	lrsna	Num	8	13.3	13.3	S. sodium mEq/L
10	lrsk	Num	8	13.3	13.3	S. potassium mEq/L
11	lrsco2	Num	8	13.3	13.3	S. total CO2 mEq/L or mmol/L
12	lrsbun	Num	8	13.3	13.3	S. urea nitrogen (BUN) mg/dL
13	lrhgb	Num	8	13.3	13.3	Hemoglobin g/dL
14	Systolic_Avg	Num	8	13.3	13.3	Systolic BP measured at home
15	Diastolic_Avg	Num	8	13.3	13.3	Diastolic BP measured at home
16	Heart_Rate_Avg	Num	8	13.3	13.3	Heart Rate Avg
17	map	Num	8			Map measured at home
18	sys	Num	8			Systolic BP measured at office
19	dias	Num	8			Diastolic BP measured at office
20	ofmap	Num	8			Map measured at office
21	hr_of	Num	8			Heart Rate measured in office
22	serumCreat_avg	Num	8			Serum creatinine mg/dL
23	eGFR_avg	Num	8			eGFR mL/min/1.73m2 (MDRD)
24	urol	Num	8			Urine volume ml/24 hrs
25	usodium	Num	8			Urine sodium mEq/24 hrs
26	upotassium	Num	8			Urine potassium mEq/24 hrs
27	ratio	Num	8			Urine sodium/potassium ratio
28	ualdos	Num	8			Urine aldosterone µg/24 hrs
29	ualbum	Num	8			Urine albumin mg/24 hrs
30	ucreat	Num	8			Urine creatinine
31	ckd_epi_egfr	Num	8	13.3	13.3	ckd_epi_egfr
32	mriDate	Num	8	MMDDYY10.	DATE9.	MRI date
33	cardiac_vol0	Num	8			LVM
34	TKV	Num	8			TKV ml
35	liver_vol0	Num	8			Liver volume
36	livercyst_vol	Num	8			Liver cyst volume
37	mean_velocity_R1	Num	8	11.	11.	mean_velocity_R1

Num	Variable	Type	Len	Format	Informat	Label
38	blood_flow_R1	Num	8	11.	11.	blood_flow_R1
39	mean_area_R1	Num	8	11.	11.	mean_area_R1
40	mean_velocity_L1	Num	8	11.	11.	mean_velocity_L1
41	blood_flow_L1	Num	8	11.	11.	blood_flow_L1
42	mean_area_L1	Num	8	11.	11.	mean_area_L1
43	rbf_total	Num	8			Sum of RBF right+left
44	pcs	Num	8			SF36 Physical component score
45	mcs	Num	8			SF36 Mental component score
46	bkpnfrq	Num	8	6.	6.	Back pain frequency
47	bkpnavg	Num	8	6.	6.	Back pain rate on average
48	rdpnfrq	Num	8	6.	6.	Radiating back pain frequency
49	rdpnavg	Num	8	6.	6.	Radiating back pain rate on average
50	abpnfrq	Num	8	6.	6.	Abdominal pain frequency
51	abpnavg	Num	8	6.	6.	Abdominal pain rate on average
52	rbkpnfrq	Num	8			Back pain frequency dichotomized 0=no 1=other
53	rrdpnfrq	Num	8			Radiating back pain frequency dichotomized 0=no 1=other
54	rabpnfrq	Num	8			Abdominal pain frequency dichotomized 0=no 1=other
55	antihyper	Num	8	BEST12.		Antihyper_yes
56	ACE_Inhibitor	Num	8	BEST12.		ACE_Inhibitor_yes
57	alpha_blocker	Num	8	BEST12.		Alpha_blocker_yes
58	beta_blocker	Num	8	BEST12.		Beta_blocker_yes
59	calcium_blocker	Num	8	BEST12.		Calcium_blocker_yes
60	diuretic	Num	8	BEST12.		Diuretic_yes
61	renal_agent	Num	8	BEST12.		Renal_agent_yes
62	ara	Num	8	BEST12.		ARB_yes
63	adrenolytic	Num	8	BEST12.		Adrenolytic_yes
64	analgesic	Num	8	BEST12.		Analgesic_yes
65	antidepressant	Num	8	BEST12.		Antidepressant_yes
66	antihyper_no	Num	8	BEST12.		Antihyper#
67	ACE_Inhibitor_no	Num	8	BEST12.		ACE_Inhibitor#
68	alpha_blocker_no	Num	8	BEST12.		Alpha_blocker#
69	beta_blocker_no	Num	8	BEST12.		Beta_blocker#
70	calcium_blocker_no	Num	8	BEST12.		Calcium_blocker#
71	diuretic_no	Num	8	BEST12.		Diuretic#
72	renal_agent_no	Num	8	BEST12.		Renal_agent#
73	ara_no	Num	8	BEST12.		ARB#
74	adrenolytic_no	Num	8	BEST12.		Adrenolytic#
75	analgesic_no	Num	8	BEST12.		Analgesic#
76	antidepressant_no	Num	8	BEST12.		Antidepressant#

Num	Variable	Type	Len	Format	Informat	Label
77	lisinopril_dose	Num	8	BEST4.	18.9	Lisinopril dose
78	arb_placebo_dose	Num	8	BEST4.	18.9	ARB/Placebo dose
79	step	Num	8			Medication step
80	step4	Num	8			Medication step LE 4
81	kidpn	Num	8	6.	6.	Kidney Pain (Back or Flank Pain)
82	bldur	Num	8	6.	6.	Blood in Urine
83	uti	Num	8	6.	6.	Urinary tract infection
84	kidst	Num	8	6.	6.	Kidney stone(s)
85	sys_INRange	Num	8			Home systolic BP in range
86	sys_BLRRange	Num	8			Home systolic BP below range
87	sys_ABrange	Num	8			Home systolic BP above range
88	dias_INRange	Num	8			Home diastolic BP in range
89	dias_BLRRange	Num	8			Home diastolic BP below range
90	dias_ABrange	Num	8			Home diastolic BP above range
91	map_INRange	Num	8			Home MAP in range
92	map_BLRRange	Num	8			Home MAP below range
93	map_ABrange	Num	8			Home MAP above range
94	sex	Num	8	GENDERFMT.	6.	Sex
95	raceF3	Num	8	RACEF.	6.	Race as reported on Form 3
96	age	Num	8	5.2		Age at registration
97	pkdage	Num	8	6.	6.	Age at the time of PKD diagnosis
98	diaghw	Num	8	6.	6.	Diagnosis was due to
99	diagmth	Num	8	6.	6.	Method of Diagnostic Imaging
100	hpbage	Num	8	6.	6.	Age at the time of HTN diagnosis
101	hght_cm	Num	8			Height cm
102	wght_kg	Num	8			Weight kg
103	bmi	Num	8			BMI kg/m2
104	bsa	Num	8			BSA m2
105	racea	Num	8	2.	2.	American Indian or Alaska Native
106	raceb	Num	8	2.	2.	Asian
107	racec	Num	8	2.	2.	Native Hawaiian or Other Pacific Islander
108	raced	Num	8	2.	2.	Black or African American
109	racee	Num	8	2.	2.	White or Caucasian
110	racef	Num	8	2.	2.	Some Other Race
111	raceg	Num	8	2.	2.	Race-Unknown
112	marit	Num	8	6.	6.	Marital status
113	emplya	Num	8	2.	2.	Student
114	emplyb	Num	8	2.	2.	Homemaker
115	emplyc	Num	8	2.	2.	Retired

Num	Variable	Type	Len	Format	Informat	Label
116	emplyd	Num	8	2.	2.	Disabled
117	emplye	Num	8	2.	2.	Full-Time Employment
118	emplyf	Num	8	2.	2.	Part-Time Employment
119	emplyg	Num	8	2.	2.	Employment-Other
120	edu	Num	8	EDUF.	6.	Highest education level
121	exrcsl	Num	8	EXRCSLF.	6.	Level of exercise
122	exrcsf	Num	8	EXRCSFF.	6.	Frequency of exercise
123	cignow	Num	8	6.	6.	Do you smoke now?
124	race	Num	8	RACEGRPF.		Race categorized (Form 8)
125	empl	Num	8	EMPLF.		Employment status
126	exrcs	Num	8	EXRCSF.		Level and frequency of exercise
127	exrcs_3	Num	8			Exerc min: 1 >=30min,2 15-29min, 3 <15min
128	hpkdyn	Num	8	6.	6.	Is there a family history of ADPKD
129	site	Char	8	\$SITEFMT.		Study Site
130	rbf_modify	Num	8			RBF total * 1.73 / BSA
131	lnTKV	Num	8			log(tkV)
132	htTKV	Num	8			TKV/Ht
133	lnhtTKV	Num	8			log(htTKV)
134	htTLV	Num	8			Liver volume adjusted by height
135	lnhtTLV	Num	8			log(htTLV)
136	htTCV	Num	8			Liver cyst volume adjusted by height
137	lnhtTCV	Num	8			log(htTCV)
138	lvmi	Num	8			LVMI (cardiac_vol0/BSA)
139	lvh	Num	8			Left ventricular hypertrophy (LVMI >84.6 for women, >106.2 for men)
140	tkv173	Num	8			TKV * 1.73/bsa
141	tkvGrp	Num	8			Baseline TKV grouped
142	htUvol	Num	8			Urine volume adjusted by height
143	uvol173	Num	8			Urine volume ml/24 hrs/1.73 m2
144	htUsodium	Num	8			24hr urine sodium adjusted by height
145	usodium173	Num	8			Urine sodium mEq/24 hrs/1.73 m2
146	htUpotassium	Num	8			24hr urine potassium adjusted by height
147	upotassium173	Num	8			Urine potassium mEq/24 hrs/1.73 m2
148	htLiver_vol	Num	8			Liver volume adjusted by height
149	liver_vol173	Num	8			Liver volume * 1.73/bsa
150	ht_cardiac_vol	Num	8			LVM /(Ht**2.7 m2)
151	lnUAlbum	Num	8			log(ualbum)
152	lnUAldos	Num	8			log(ualdos)
153	rvr	Num	8			Renal vascular resistance (RVR)

Data Set Name: halt_pkd_ids_genetic_data.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltid	Char	8	\$CHAR8.	\$CHAR8.	
2	Final_Gene	Char	12	\$CHAR12.	\$CHAR12.	Final Gene
3	Final_Mutation__nt_	Char	37	\$CHAR37.	\$CHAR37.	Final Mutation (nt)
4	Final_Mutation__aa_	Char	32	\$CHAR32.	\$CHAR32.	Final Mutation (aa)
5	Final_Mutation_Type	Char	17	\$CHAR17.	\$CHAR17.	Final Mutation Type
6	Final_Mutation_Functional_Effect	Char	23	\$CHAR23.	\$CHAR23.	Final Mutation Fuctional Effect
7	Final_Mutation_Mutation_Strength	Char	1	\$CHAR1.	\$CHAR1.	Final Mutation Mutation Strength Group
8	Final_Gene2	Char	5	\$CHAR5.	\$CHAR5.	Final Gene2
9	Final_Mutation__nt_2	Char	15	\$CHAR15.	\$CHAR15.	Final Mutation (nt) 2
10	Final_Mutation__aa_2	Char	21	\$CHAR21.	\$CHAR21.	Final Mutation (aa) 2
11	Final_Mutation_Type_2	Char	11	\$CHAR11.	\$CHAR11.	Final Mutation Type 2
12	Final_Mutation_Functional_Ef_0001	Char	14	\$CHAR14.	\$CHAR14.	Final Mutation Fuctional Effect 2
13	Final_Mutation_Mutation_Str_0001	Char	1	\$CHAR1.	\$CHAR1.	Final Mutation Mutation Strength Group 2

Data Set Name: safety.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	haltId
2	siteId	Num	8	6.	6.	siteId
3	groupId	Num	8	GROUPIDF.	6.	groupId
4	washout	Num	8	6.	6.	washout
5	grp	Num	8	GRPF.		
6	randtype	Num	8	RANDTYPEF.	6.	randtype
7	study_t	Num	8	STUDY_TF.		
8	study	Num	8	STUDYF.		
9	group	Num	8	GROUPF.		
10	monthsInStudyModified	Num	8	4.1		
11	yrsInStudyModified	Num	8	5.2		
12	no_cardiac_hospitalizations	Num	8	BEST12.		# of cardiac hospitalizations
13	no_hospitalizations	Num	8			# of hospitalizations (any)
14	any_hospitalization	Num	8			any hospitalization
15	any_cardiac_hospitalization	Num	8			any cardiac hospitalization
16	hprk_mild	Num	8	BEST12.		# instances of mild hyperkalemia
17	hprk_moderate	Num	8	BEST12.		# instances of moderate hyperkalemia
18	hprk_serious	Num	8	BEST12.		# instances of serious hyperkalemia
19	hprk_any	Num	8	BEST12.		# instances of any hyperkalemia
20	ind_hprk_mild	Num	8			any instance of mild hyperkalemia
21	ind_hprk_moderate	Num	8			any instance of moderate hyperkalemia
22	ind_hprk_serious	Num	8			any instance of serious hyperkalemia
23	ind_hprk_any	Num	8			any instance of hyperkalemia
24	countAKI	Num	8			# instances of AKI
25	indAKI	Num	8			any AKI
26	count_gout	Num	8			# of gout SAEs
27	ind_gout	Num	8			any gout SAE
28	count_nonmelskincancer	Num	8			# of nonmelskincancer SAEs
29	ind_nonmelskincancer	Num	8			any nonmelskincancer SAE
30	count_melanoma	Num	8			# of melanoma SAEs
31	ind_melanoma	Num	8			any melanoma SAE
32	count_othercancer	Num	8			# of othercancer SAEs
33	ind_othercancer	Num	8			any other cancer SAE
34	count_rash	Num	8			# of rash SAEs
35	ind_rash	Num	8			any rash SAE
36	count_edema	Num	8			# of edema SAEs
37	ind_edema	Num	8			any edema SAE

Num	Variable	Type	Len	Format	Informat	Label
38	count_cardiac	Num	8			# of cardiac disorder SAEs
39	ind_cardiac	Num	8			any cardiac disorder SAE
40	count_gastro	Num	8			# of gastrointestinal disorder SAEs
41	ind_gastro	Num	8			any gastrointestinal disorder SAE
42	count_nervous	Num	8			# of nervous system disorder SAEs
43	ind_nervous	Num	8			any nervous system disorder SAE
44	count_renal	Num	8			# of renal/urinary system disorder SAEs
45	ind_renal	Num	8			any renal/urinary system disorder SAE
46	count_abdominalPain	Num	8			# of gastrointestinal disorder-abdominal pain SAEs
47	ind_abdominalPain	Num	8			any gastrointestinal disorder-abdominal pain SAE
48	count_coronaryArteryDisease	Num	8			
49	ind_coronaryArteryDisease	Num	8			
50	count_arrhythmias	Num	8			
51	ind_arrhythmias	Num	8			
52	count_otherCardiacDisorder	Num	8			
53	ind_otherCardiacDisorder	Num	8			
54	count_cerebrovascular	Num	8			
55	ind_cerebrovascular	Num	8			
56	count_headache	Num	8			
57	ind_headache	Num	8			
58	count_syncope	Num	8			
59	ind_syncope	Num	8			
60	count_otherNervousSystemDisorder	Num	8			
61	ind_otherNervousSystemDisorder	Num	8			
62	count_renalHemorrhage	Num	8			
63	ind_renalHemorrhage	Num	8			
64	count_renalColic	Num	8			
65	ind_renalColic	Num	8			
66	count_urinaryTractObstruct	Num	8			
67	ind_urinaryTractObstruct	Num	8			
68	count_acuteKidneyInjury	Num	8			
69	ind_acuteKidneyInjury	Num	8			
70	count_otherRenalSystemDisorder	Num	8			
71	ind_otherRenalSystemDisorder	Num	8			
72	indSAE	Num	8			
73	died	Num	8			died
74	illyn	Num	8	6.	6.	# instances of malaise/feeling ill
75	headyn	Num	8	6.	6.	# instances of headache
76	noseyn	Num	8	6.	6.	# instances of nasal congestion

Num	Variable	Type	Len	Format	Informat	Label
77	dizyn	Num	8	6.	6.	# instances of dizziness/lightheadedness
78	cghyn	Num	8	6.	6.	# instances of cough
79	jntpnyn	Num	8	6.	6.	# instances of joint pain/aches
80	kidpnyn	Num	8	6.	6.	# instances of kidney pain (back or flank)
81	ind_illyn	Num	8			any instances of malaise/feeling ill
82	ind_headyn	Num	8			any instances of headache
83	ind_noseyn	Num	8			any instances of nasal congestion
84	ind_dizyn	Num	8			any instances of dizziness/lightheadedness
85	ind_cghyn	Num	8			any instances of cough
86	ind_jntpnyn	Num	8			any instances of joint pain/aches
87	ind_kidpnyn	Num	8			any instances of kidney pain (back or flank)
88	genotype	Num	8	GENEFMT.		PKD genotype

Data Set Name: tblmrimeasures.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltId	Char	8	\$8.	\$8.	haltId
2	timepointID	Char	4	\$4.	\$4.	timepointID
3	accno	Char	6	\$6.	\$6.	accno
4	dvdate	Num	8	DATE9.	DATE9.	dvdate
5	RedoFlag	Num	8	11.	11.	RedoFlag
6	IDFlag	Num	8	11.	11.	IDFlag
7	Cardiac_Eval	Char	20	\$20.	\$20.	Cardiac Eval
8	Cardiac_Vol	Char	5	\$5.	\$5.	Cardiac Vol
9	cardiac_vol0	Num	8			cardiac_vol
10	Kidney_Eval	Char	20	\$20.	\$20.	Kidney Eval
11	Kidney_Vol	Char	5	\$5.	\$5.	Kidney Vol
12	TKV	Num	8			TKV
13	Renal_Cyst_Vol	Char	5	\$5.	\$5.	Renal Cyst Vol
14	TKCV	Num	8			TKCV
15	Liver_Eval	Char	20	\$20.	\$20.	Liver Eval
16	Liver_Vol	Char	5	\$5.	\$5.	Liver Vol
17	liver_vol0	Num	8			liver_vol
18	Liver_Cyst_Vol	Char	5	\$5.	\$5.	Liver Cyst Vol
19	livercyst_vol	Num	8			livercyst_vol
20	RBF_Eval	Char	20	\$20.	\$20.	RBF Eval
21	RBF	Char	5	\$5.	\$5.	RBF
22	mean_velocity_R1	Num	8	11.	11.	mean_velocity_R1
23	blood_flow_R1	Num	8	11.	11.	blood_flow_R1
24	mean_area_R1	Num	8	11.	11.	mean_area_R1
25	mean_velocity_R2	Num	8	11.	11.	mean_velocity_R2
26	blood_flow_R2	Num	8	11.	11.	blood_flow_R2
27	mean_area_R2	Num	8	11.	11.	mean_area_R2
28	mean_velocity_L1	Num	8	11.	11.	mean_velocity_L1
29	blood_flow_L1	Num	8	11.	11.	blood_flow_L1
30	mean_area_L1	Num	8	11.	11.	mean_area_L1
31	mean_velocity_L2	Num	8	11.	11.	mean_velocity_L2
32	blood_flow_L2	Num	8	11.	11.	blood_flow_L2
33	mean_area_L2	Num	8	11.	11.	mean_area_L2
34	visit	Num	8			

Data Set Name: tbltimepoints.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	timepointId	Char	3	\$3.	\$3.	The name of visit
2	timepointName	Char	50	\$50.	\$50.	Name of visit
3	timeOrder	Num	8	VISIT_NFMT.	6.	timeOrder
4	PCC	Num	8	6.	6.	PCC
5	visit	Num	8			# of visit

Data Set Name: tblvisitrecords.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	haltld	Char	8	\$8.	\$8.	haltld
2	timepointld	Char	3	\$3.	\$3.	timepointld
3	dvdate	Num	8	DATE9.	DATE9.	dvdate