

Data Set Name: descriptive.sas7bdat

Num	Variable	Type	Len	Format
1	PatientID	Num	8	11.
2	FacilityID	Num	8	FACNAME.
3	StudyID	Num	8	11.
4	CohortID	Num	8	COHORT.
5	Eligible	Num	8	2.
6	DateScreen	Num	8	MMDDYY8.
7	DateOfBirth	Num	8	MMDDYY8.
8	Gender	Num	8	GENDFMT.
9	Race	Char	200	
10	Ethnicity	Num	8	ETHHISP.
11	Education	Num	8	EDUCATION.
12	EmplymentStat	Num	8	EMPLSTAT.
13	MaritalStat	Num	8	MARISTAT.
14	ScreenNIOnly	Num	8	YESNO.
15	PreviousPatient	Num	8	YESNO.
16	PrevStudyID	Char	10	\$10.
17	NewPat	Num	8	PATIENTNEWRET.
18	PatAdult	Num	8	EDEMA.
19	PatConsent	Num	8	EDEMA.
20	PatQuesElec	Num	8	EDEMA.
21	PatHematuria	Num	8	EDEMA.
22	PatNeurDis	Num	8	EDEMA.
23	PatPelPain	Num	8	EDEMA.
24	PatCisProsOrch	Num	8	EDEMA.
25	PatGUSurg	Num	8	EDEMA.
26	PatSympUrethStric	Num	8	EDEMA.
27	PatHxLUTPMalig	Num	8	EDEMA.
28	PatCancerTher	Num	8	EDEMA.
29	PatImpCompl	Num	8	EDEMA.
30	NeuroStimulator	Num	8	EDEMA.
31	PatBotox	Num	8	EDEMA.
32	PatProsBx	Num	8	EDEMA.
33	PatPreg	Num	8	EDEMA.
34	PatHxCystitis	Num	8	EDEMA.
35	PatCysPlasEctomy	Num	8	EDEMA.
36	PatUTFist	Num	8	EDEMA.
37	PatPsychDis	Num	8	EDEMA.

Num	Variable	Type	Len	Format
38	PatUnableRelayInfo	Num	8	EDEMA.
39	PatDiffEng	Num	8	EDEMA.
40	PatMicroHematura	Num	8	EDEMA.
41	PatPasUrinCult	Num	8	EDEMA.
42	PatPregSixMon	Num	8	EDEMA.
43	PatInfect	Num	8	EDEMA.
44	ConsentDate	Num	8	MMDDYY8.
45	Consent	Num	8	YESNO.
46	ConsentEntryDate	Num	8	MMDDYY8.
47	ConBioSp	Num	8	YESNO.
48	ConBlood	Num	8	YESNO.
49	EligNoCons	Char	200	\$200.
50	PatNotAppRea	Char	200	\$200.
51	City	Char	100	\$100.
52	State	Char	50	\$50.
53	Zipcode	Char	50	\$50.
54	race1	Num	8	
55	race2	Num	8	
56	race3	Num	8	
57	race4	Num	8	
58	race5	Num	8	
59	race6	Num	8	
60	race97	Num	8	
61	race_Other6	Char	200	
62	EligNoCons1	Num	8	
63	EligNoCons2	Num	8	
64	EligNoCons3	Num	8	
65	EligNoCons4	Num	8	
66	EligNoCons5	Num	8	
67	EligNoCons6	Num	8	
68	EligNoCons7	Num	8	
69	EligNoCons8	Num	8	
70	EligNoCons9	Num	8	
71	EligNoCons10	Num	8	
72	EligNoCons11	Num	8	
73	EligNoCons12	Num	8	
74	EligNoCons13	Num	8	
75	EligNoCons14	Num	8	
76	EligNoCons15	Num	8	

Num	Variable	Type	Len	Format
77	EligNoCons_Other11	Char	200	
78	PatNotAppRea1	Num	8	
79	PatNotAppRea2	Num	8	
80	PatNotAppRea3	Num	8	
81	PatNotAppRea4	Num	8	
82	PatNotAppRea_Other4	Char	200	
83	QuestionnaireID	Num	8	11.
84	CRFStatus	Num	8	11.
85	EDCLoginDate	Num	8	MMDDYY8.
86	EventTitle	Char	100	\$100.
87	EventDate	Num	8	MMDDYY8.
88	PastWeekUrinFreq	Num	8	URINEFREQ.
89	FreqUrinBother	Num	8	LTSBTHR.
90	UrineWakeHrs	Num	8	URINEWAKEHRS.
91	UrineWakeHrsBother	Num	8	LTSBTHR.
92	UrineOvernightFreq	Num	8	URNOVRNGHT.
93	UrineOvernightFreqBother	Num	8	LTSBTHR.
94	UrineBladderNotEmpty	Num	8	URINEFREQ.
95	UrineBladderNotEmptyBother	Num	8	LTSBTHR.
96	UrineTrickle	Num	8	URINEFREQ.
97	UrineTrickleBother	Num	8	LTSBTHR.
98	UrineSuddenRush	Num	8	URINEFREQ.
99	UrineSuddenRushBother	Num	8	LTSBTHR.
100	UrineDelayStart	Num	8	URINEFREQ.
101	UrineDelayStartBother	Num	8	LTSBTHR.
102	UrineFlowStopStart	Num	8	URINEFREQ.
103	UrineFlowStopStartBother	Num	8	LTSBTHR.
104	UrineStrain	Num	8	URINEFREQ.
105	UrineStrainBother	Num	8	LTSBTHR.
106	UrineWeakStream	Num	8	URINEFREQ.
107	UrineWeakStreamBother	Num	8	LTSBTHR.
108	UrineSpraying	Num	8	URINEFREQ.
109	UrineSprayingBother	Num	8	LTSBTHR.
110	UrineSuddenRushLeak	Num	8	URINEFREQ.
111	UrineSuddenRushLeakBother	Num	8	LTSBTHR.
112	BladderPain	Num	8	URINEFREQ.
113	BladderPainBother	Num	8	LTSBTHR.
114	UrineBurn	Num	8	URINEFREQ.
115	UrinePainBother	Num	8	LTSBTHR.

Num	Variable	Type	Len	Format
116	UrineLeak	Num	8	URINEFREQ.
117	UrineLeakBother	Num	8	LTSBTHR.
118	LeakUrineFinish	Num	8	URINEFREQ.
119	LeakUrineFinishBother	Num	8	LTSBTHR.
120	LeakUrineWSuddenRush	Num	8	URINEFREQ.
121	LeakUrineWSuddenRushBother	Num	8	LTSBTHR.
122	LeakUrineWLaugh	Num	8	URINEFREQ.
123	LeakUrineWLaughBother	Num	8	LTSBTHR.
124	LeakUrineExer	Num	8	URINEFREQ.
125	LeakUrineExerBother	Num	8	LTSBTHR.
126	LeakUrineSleep	Num	8	URINEFREQ.
127	LeakUrineSleepBother	Num	8	LTSBTHR.
128	LeakUrineSex	Num	8	URINEFREQ.
129	LeakUrineSexBother	Num	8	LTSBTHR.
130	LeakUrineNoReason	Num	8	URINEFREQ.
131	LeakUrineNoReasonBother	Num	8	LTSBTHR.
132	TimesUrinateOvernight	Num	8	FIVORMOR.
133	TimesNotEmptyBladder	Num	8	NOTALLALW.
134	UrinateLEssThanTwoHOURS	Num	8	NOTALLALW.
135	TimesUrinateStopStart	Num	8	NOTALLALW.
136	TimesDiffPostponeUrinate	Num	8	NOTALLALW.
137	TimesWeakUrine	Num	8	NOTALLALW.
138	TimesStrainBeginUrine	Num	8	NOTALLALW.
139	FeelAboutCond	Num	8	SYMPSCCL.
140	DaysVigAct	Num	8	WEEKDDAYNUM.
141	TimeDoVigAct	Num	8	
142	DaysModAct	Num	8	WEEKDDAYNUM.
143	TimeModAct	Num	8	
144	DaysWalkTenMins	Num	8	WEEKDDAYNUM.
145	TotTimeSpentWalk	Num	8	
146	TimeSpentSit	Num	8	
147	StandHour	Num	8	UNABLEDIFF.
148	StandFrmChair	Num	8	UNABLEDIFF.
149	UpDwnStairs	Num	8	UNABLEDIFF.
150	WalkFifteenMins	Num	8	UNABLEDIFF.
151	UpFrmFloorNoHlp	Num	8	UNABLEDIFF.
152	AbleToJmp	Num	8	UNABLEDIFF.
153	ClimbFiveStep	Num	8	UNABLEDIFF.
154	AbleToRunShrt	Num	8	UNABLEDIFF.

Num	Variable	Type	Len	Format
155	StandTenMins	Num	8	UNABLEDIFF.
156	StandTipToes	Num	8	UNABLEDIFF.
157	StandThirtyMins	Num	8	UNABLEDIFF.
158	WalkNormalSpd	Num	8	UNABLEDIFF.
159	HealthLimShrtWalk	Num	8	CANTDOALL.
160	HealthLimClimbSevFlights	Num	8	CANTDOALL.
161	HealthLimClimbOneFlight	Num	8	CANTDOALL.
162	SleepRestless	Num	8	VRYMUCH.
163	SleepSatisfied	Num	8	VRYMUCH.
164	SleepRefreshing	Num	8	VRYMUCH.
165	DiffFallingAsleep	Num	8	VRYMUCH.
166	TroubStayAsleep	Num	8	NVRSOME.
167	TroubSleep	Num	8	NVRSOME.
168	EnoughSleep	Num	8	NVRSOME.
169	QualitySleep	Num	8	SLPQUAL.
170	PainRecTestic	Num	8	YESNO.
171	PainEntrVagina	Num	8	YESNO.
172	PainVagina	Num	8	YESNO.
173	PainTestic	Num	8	YESNO.
174	PainTipPenis	Num	8	YESNO.
175	PainUrethra	Num	8	YESNO.
176	PainBelowWaist	Num	8	YESNO.
177	PainBladArea	Num	8	YESNO.
178	PainBurnUrine	Num	8	YESNO.
179	PainUrine	Num	8	YESNO.
180	PainPostInter	Num	8	YESNO.
181	PainEjaculation	Num	8	YESNO.
182	PainBladFill_Male	Num	8	YESNO.
183	PainBladFill_Female	Num	8	YESNO.
184	PainRelievVoid	Num	8	YESNO.
185	PainVoiding	Num	8	YESNO.
186	PainInLastWeek	Num	8	NVRUSALW.
187	PainDiscAnyArea	Num	8	NVRUSALW.
188	AvgPainLevel	Num	8	ZEROTEN.
189	PainAvgLastWeek	Num	8	ZEROTEN.
190	TimesFeltBladNotEmp	Num	8	NOTALLALW.
191	SensBladNotEmpty	Num	8	NOTALLALW.
192	UrineLessThanTwoHour	Num	8	NOTALLALW.
193	TimesUrineWithinTwoHrs	Num	8	NOTALLALW.

Num	Variable	Type	Len	Format
194	SympKeptNormAct	Num	8	NONEALOT.
195	SympKeptFrmNorm	Num	8	NONEALOT.
196	TimesThnkAbtSymp	Num	8	NONEALOT.
197	ThtAbtSympLastWeek	Num	8	NONEALOT.
198	SpendLifewSymp_Male	Num	8	SYMPSC.
199	SpendLifewSymp_Female	Num	8	SYMPSC.
200	FeelWorthless	Num	8	NVRSOME.
201	FeelHelpless	Num	8	NVRSOME.
202	FeelDepress	Num	8	NVRSOME.
203	FeelHopeless	Num	8	NVRSOME.
204	FeelFailure	Num	8	NVRSOME.
205	FeelUnhappy	Num	8	NVRSOME.
206	FeelNothForwardTo	Num	8	NVRSOME.
207	FeelNothCheerUp	Num	8	NVRSOME.
208	FeelTearful	Num	8	NVRSOME.
209	FeelHardFocus	Num	8	NVRSOME.
210	WorryOverwhelmed	Num	8	NVRSOME.
211	FeelUneasy	Num	8	NVRSOME.
212	FeelNervous	Num	8	NVRSOME.
213	FeelNeedHelpAnx	Num	8	NVRSOME.
214	FeelAnxious	Num	8	NVRSOME.
215	FeelTense	Num	8	NVRSOME.
216	UpsetUnex	Num	8	NVROFTN.
217	UnableToControlLife	Num	8	NVROFTN.
218	NervStress	Num	8	NVROFTN.
219	ConfHandlePerProb	Num	8	NVROFTN.
220	GoingYourWay	Num	8	NVROFTN.
221	CouldNotCope	Num	8	NVROFTN.
222	ContrIrr	Num	8	NVROFTN.
223	OnTopOfThings	Num	8	NVROFTN.
224	AngryOutOfContr	Num	8	NVROFTN.
225	DiffPilingUp	Num	8	NVROFTN.
226	ExpPriorDeathFam	Num	8	YESNO.
227	ExpPriorDeathFamAge	Num	8	11.
228	ExpPriorDeathFamTra	Num	8	TRAUMSC.
229	ExpPriorDeathFamConfOth	Num	8	CONFISC.
230	MajFamUph	Num	8	YESNO.
231	MajFamUphAge	Num	8	11.
232	MajFamUphTram	Num	8	TRAUMSC.

Num	Variable	Type	Len	Format
233	MajFamUphConfOth	Num	8	CONFISC.
234	TraumSexExp	Num	8	YESNO.
235	TraumSexExpAge	Num	8	11.
236	TraumSexExpScale	Num	8	TRAUMSC.
237	TraumSexExpConfOth	Num	8	CONFISC.
238	VictSexViol	Num	8	YESNO.
239	VictSexViolAge	Num	8	11.
240	VictSexViolScale	Num	8	TRAUMSC.
241	VictSexViolCongOth	Num	8	CONFISC.
242	ExtremelyIll	Num	8	YESNO.
243	ExtremelyIllAge	Num	8	11.
244	ExtremelyIllScale	Num	8	TRAUMSC.
245	ExtremelyIllConfOth	Num	8	CONFISC.
246	MajUpShapPerson	Num	8	YESNO.
247	MajUpShapPersonAge	Num	8	11.
248	MajUpShapPersonEvent	Char	50	\$50.
249	MajUpShapPersonScale	Num	8	TRAUMSC.
250	MajUpShapPersonConfOth	Num	8	CONFISC.
251	LumpStoolBother	Num	8	VRYMUCH.
252	MuchStrainBowelMove	Num	8	VRYMUCH.
253	StrainBowelMoveBother	Num	8	VRYMUCH.
254	PassHardStool	Num	8	DAYS DUR.
255	OftnStrainBowelMove	Num	8	NVRSOME.
256	OftPainAnusBowelMove	Num	8	NVRSOME.
257	BowelMoveUnfinish	Num	8	NVRSOME.
258	OftnUseFingerForStool	Num	8	NVRSOME.
259	RateWorstPainAnus	Num	8	PAINANUS.
260	UsuPressLowAb	Num	8	YESNO.
261	UsuPressLowAbBother	Num	8	QUITEABIT.
262	UsuHeavPelvic	Num	8	YESNO.
263	UsuHeavPelvicBother	Num	8	QUITEABIT.
264	UsuBulgePel	Num	8	YESNO.
265	UsuBulgePelBother	Num	8	QUITEABIT.
266	UsuPushVaginaCompBowel	Num	8	YESNO.
267	UsuPushVaginaCompBowelBoth	Num	8	QUITEABIT.
268	UsuIncompBladEmp	Num	8	YESNO.
269	UsuIncompBladEmpBother	Num	8	QUITEABIT.
270	UsuPushBulgeStUrine	Num	8	YESNO.
271	UsuPushBulgeStUrineBother	Num	8	QUITEABIT.

Num	Variable	Type	Len	Format
272	StrainBowelMove	Num	8	YESNO.
273	StrainBowelMoveBother_Women	Num	8	QUITEABIT.
274	FeelNotCompEmpBowel	Num	8	YESNO.
275	FeelNotCompEmpBowelBother	Num	8	QUITEABIT.
276	LoseStoolWellFormed	Num	8	YESNO.
277	LoseStoolWellFormedBother	Num	8	QUITEABIT.
278	LoseStoolLiquid	Num	8	YESNO.
279	LoseStoolLiquidBother	Num	8	QUITEABIT.
280	LoseGasBeyondContr	Num	8	YESNO.
281	LoseGasBeyondContrBother	Num	8	QUITEABIT.
282	UsuPainPassStool	Num	8	YESNO.
283	UsuPainPassStoolBother	Num	8	QUITEABIT.
284	RushBowelMove	Num	8	YESNO.
285	RushBowelMoveBother	Num	8	QUITEABIT.
286	PartBowelPassBowelMove	Num	8	YESNO.
287	PartBowelPassBowelMoveBother	Num	8	QUITEABIT.
288	FreqUrine	Num	8	YESNO.
289	FreqUrineBother	Num	8	QUITEABIT.
290	UrineLeakUrgen	Num	8	YESNO.
291	UrineLEakUrgenBother	Num	8	QUITEABIT.
292	UrineLeakCough	Num	8	YESNO.
293	UrineLeakCoughBother	Num	8	QUITEABIT.
294	UrineLeakSpot	Num	8	YESNO.
295	UrineLeakSpotBother	Num	8	QUITEABIT.
296	DiffEmptBlad	Num	8	YESNO.
297	DiffEmptBladBother	Num	8	QUITEABIT.
298	PainLowAbd	Num	8	YESNO.
299	PainLowAbdBother	Num	8	QUITEABIT.
300	DaysLooseStools	Num	8	STOOLDAY.
301	LooseStoolIntfActiv	Num	8	VRYMUCH.
302	LooseStoolBother	Num	8	VRYMUCH.
303	EmptyBowelIntfActiv	Num	8	VRYMUCH.
304	EmptyBowelAccid	Num	8	DAYS DUR.
305	DaysIncontinent	Num	8	STOOLDAY.
306	DaysSoilSelf	Num	8	STOOLDAY.
307	DaysLeakStool	Num	8	STOOLDAY.
308	PassGasLiqStool	Num	8	NVRSOME.
309	OftenErectionSexActivity	Num	8	SEXACTIVITYPENE.
310	OftenErectionPenetration	Num	8	SEXACTIVITYPENE.

Num	Variable	Type	Len	Format
311	AbleToPenetratePartner	Num	8	SEXACTIVITYINT.
312	AbleToMaintainErectionPene	Num	8	SEXACTIVITYINT.
313	AbleToMaintainErectionComp	Num	8	SEXACTIVITYDIFF.
314	ConfidentKeepErection	Num	8	LOWHIGH.
315	SexActive	Num	8	SEXACTIV.
316	NoPartner	Num	8	AGRDISA.
317	NoInterest	Num	8	AGRDISA.
318	BladProb	Num	8	AGRDISA.
319	HealthProb	Num	8	AGRDISA.
320	Pain	Num	8	AGRDISA.
321	FearLeak	Num	8	LITTLELOT.
322	FeelSexLifeN	Num	8	ONETOFOIV.
323	AdeqSexLife	Num	8	ONETOFOIV.
324	FrustrSexLife	Num	8	AGRDISA.
325	SexInferIncont	Num	8	AGRDISA.
326	AngryIncont	Num	8	AGRDISA.
327	SexLifeBother	Num	8	LITTLELOT.
328	OftSexArouse	Num	8	NVRALW.
329	Fulfilled	Num	8	NVRALMAL.
330	Shame	Num	8	NVRALMAL.
331	Fear	Num	8	NVRALMAL.
332	LeakUrineSexActiv	Num	8	NVRALW.
333	OrgasmIntensity	Num	8	INTENSITY.
334	OftPainIntercourse	Num	8	NVRINTR.
335	SexPartner	Num	8	YESNO.
336	ProbSexPartner	Num	8	HRDLYEVR.
337	PartSexDesire	Num	8	POSNEG.
338	PartSexFreq	Num	8	POSNEG.
339	WantMoreSex	Num	8	NVRALW.
340	FreqSexDesire	Num	8	DAILYNVR.
341	LevSexDesire	Num	8	HIGHLOW.
342	FearSexActiv	Num	8	LITTLELOT.
343	FeelSexLifeA	Num	8	ONETOFOIV.
344	AdqSexLife	Num	8	ONETOFOIV.
345	ConfSexLife	Num	8	ONETOFOIV.
346	ActSexFrust	Num	8	AGRDISA.
347	ActInfIncont	Num	8	AGRDISA.
348	ActEmbSexLife	Num	8	AGRDISA.
349	ActAngrIncont	Num	8	AGRDISA.

Num	Variable	Type	Len	Format
350	CenterComplete	Num	8	QUESTCOMP.
351	CompleteDate	Num	8	MMDDYY8.
352	ConstipationTx	Num	8	
353	AntiCholTx	Num	8	
354	AlphaBlockerTx	Num	8	
355	FiveARITx	Num	8	
356	ProlapseSUISurg	Num	8	
357	UrDialSurg	Num	8	
358	UrgeIncontSurg	Num	8	
359	ProstateSurg	Num	8	
360	OtherSurg	Num	8	
361	Date	Num	8	MMDDYY8.
362	DNACollDate	Num	8	MMDDYY8.
363	SysBP	Num	8	6.
364	SysBPND	Num	8	BPUNITS.
365	DiaBP	Num	8	6.
366	DiaBPND	Num	8	BPUNITS.
367	WeightPE	Num	8	
368	WeightPEUnit	Num	8	WEIGHTUNITS.
369	HeightPE	Num	8	
370	HeightPEUnit	Num	8	HEIGHTUNITS.
371	WaistPE	Num	8	
372	WaistPEUnit	Num	8	HEIGHTUNITS.
373	AmbAids	Num	8	EDEMA.
374	OthNeirDef	Num	8	EDEMA.
375	PenisFindings	Char	200	\$200.
376	ScrotalFindings	Char	200	\$200.
377	ProstateFindings	Char	200	\$200.
378	MaleTenderness	Char	200	\$200.
379	IntroitusFindings	Char	200	\$200.
380	UrethraFindings	Char	200	\$200.
381	VaginaFindings	Char	200	\$200.
382	UterusFindings	Char	200	\$200.
383	POPQFindings	Num	8	POPQFINDINGS.
384	POPAA	Num	8	
385	POPBa	Num	8	
386	POPC	Num	8	
387	POPGH	Num	8	
388	POPPB	Num	8	

Num	Variable	Type	Len	Format
389	POPTVL	Num	8	
390	POPAP	Num	8	
391	POPBp	Num	8	
392	POPD	Num	8	
393	RectalExamFindings	Char	200	\$200.
394	FemTenderness	Char	200	\$200.
395	Arthritis	Num	8	EDEMA.
396	Osteoperosis	Num	8	EDEMA.
397	Asthma	Num	8	EDEMA.
398	COPD	Num	8	EDEMA.
399	Angina	Num	8	EDEMA.
400	CHF	Num	8	EDEMA.
401	HeartAttack	Num	8	EDEMA.
402	NeuroDisease	Num	8	EDEMA.
403	Stroke	Num	8	EDEMA.
404	PeriVasDisease	Num	8	EDEMA.
405	Diabetes	Num	8	EDEMA.
406	UpGastroDisease	Num	8	EDEMA.
407	Depression	Num	8	EDEMA.
408	AnxPanDisord	Num	8	EDEMA.
409	VisuImpair	Num	8	EDEMA.
410	HearImpair	Num	8	EDEMA.
411	DegDiscDisease	Num	8	EDEMA.
412	Nitrites	Num	8	POSITIVNEGATIV.
413	RedBloodCells	Num	8	POSNEGTRACE.
414	WhiteBloodCells	Num	8	POSITIVNEGATIV.
415	Glucose	Num	8	POSITIVNEGATIV.
416	UrineSpGrav	Num	8	
417	pH	Num	8	
418	BacterialCult	Num	8	POSITIVNEGATIV.
419	PostVoidVol	Num	8	
420	PostVoidVolUnit	Num	8	RESIDUNIT.
421	PostVoidVolMeth	Num	8	VOIDMETH.
422	PartTwoUTI	Num	8	EDEMA.
423	PartHistPelvPain	Num	8	EDEMA.
424	PartHistPelvPainDate	Num	8	MMDDYY8.
425	PartPostMeno	Num	8	EDEMA.
426	PartPostMenoDate	Num	8	MMDDYY8.
427	PartPostMenoHorm	Num	8	EDEMA.

Num	Variable	Type	Len	Format
428	PartPostMenoHormType	Num	8	TYPEHORMRPL.
429	PartSexActLastMonth	Num	8	EDEMA.
430	PartHadUTI	Num	8	EDEMA.
431	PartHadUTIDate	Num	8	MMDDYY8.
432	PartHadSTI	Num	8	EDEMA.
433	PartHadSTIDate	Num	8	MMDDYY8.
434	PartGenInf	Num	8	EDEMA.
435	PartGenInfDate	Num	8	MMDDYY8.
436	PartHxHormTx	Num	8	EDEMA.
437	PartHxHormTxDate	Num	8	MMDDYY8.
438	PartHxHyper	Num	8	EDEMA.
439	PartHxHyperDate	Num	8	MMDDYY8.
440	PartHyperlipidemia	Num	8	EDEMA.
441	PartHyperlipidemiaDate	Num	8	MMDDYY8.
442	PartDiabetes	Num	8	EDEMA.
443	PartDiabetesDate	Num	8	MMDDYY8.
444	PartSlpApnea	Num	8	EDEMA.
445	PartSlpApneaDate	Num	8	MMDDYY8.
446	PartPsychDx	Num	8	EDEMA.
447	PartPsychDxType	Char	200	
448	PartPsychDxDate	Num	8	MMDDYY8.
449	PartColoRecDis	Num	8	EDEMA.
450	PartColoRecDisDate	Num	8	MMDDYY8.
451	CntCultPrvnSTI	Num	8	11.
452	PartOthMedProb	Num	8	NOYESSP.
453	PartOthMedProbOther	Char	200	\$200.
454	PartHxBladTrauma	Num	8	EDEMA.
455	PartHxBladTraumaDate	Num	8	MMDDYY8.
456	PartPrimDxLUTD	Char	200	
457	PartDrnkPerWeek	Num	8	NUMDRNK.
458	PartSurgLUTS	Num	8	EDEMA.
459	PartHysterectomy	Num	8	EDEMA.
460	PartHysterectomyDate	Num	8	MMDDYY8.
461	PartCSection	Num	8	EDEMA.
462	PartCSectionDate	Num	8	MMDDYY8.
463	PartBrainSurg	Num	8	EDEMA.
464	PartBrainSurgDate	Num	8	MMDDYY8.
465	PartRectSurg	Num	8	EDEMA.
466	PartRectSurgDate	Num	8	MMDDYY8.

Num	Variable	Type	Len	Format
467	PartOthSurg	Num	8	NOYESSP.
468	PartOthSurgOther	Char	200	\$200.
469	PartTimesPreg	Num	8	11.
470	PartVagBirth	Num	8	11.
471	PartHxSmoke	Num	8	CURRFORM.
472	PartPacksSmoke	Num	8	
473	PartPacksSmokeUnit	Num	8	
474	PartRecDrugs	Num	8	CURRFORM.
475	PatTakingRXYN	Num	8	EDEMA.
476	PartAntiBioUse	Num	8	EDEMA.
477	RxOTCMedsReviewDT	Num	8	MMDDYY8.
478	PartAntiFungUse	Num	8	EDEMA.
479	TimePeriodTxLUTD	Num	8	TIMETXLUTD.
480	PartOthTxLUTDYN	Num	8	EDEMA.
481	PartOthTxLUTD	Char	200	
482	ResUrCult	Num	8	URINCULTRESULTS.
483	PenisFindings1	Num	8	
484	PenisFindings2	Num	8	
485	PenisFindings3	Num	8	
486	PenisFindings4	Num	8	
487	PenisFindings97	Num	8	
488	PenisFindings_Other3	Char	200	
489	ScrotalFindings1	Num	8	
490	ScrotalFindings2	Num	8	
491	ScrotalFindings3	Num	8	
492	ScrotalFindings4	Num	8	
493	ScrotalFindings97	Num	8	
494	ProstateFindings1	Num	8	
495	ProstateFindings2	Num	8	
496	ProstateFindings3	Num	8	
497	ProstateFindings4	Num	8	
498	ProstateFindings5	Num	8	
499	ProstateFindings6	Num	8	
500	ProstateFindings7	Num	8	
501	ProstateFindings97	Num	8	
502	ProstateFindings_Other3	Char	200	
503	MaleTenderness1	Num	8	
504	MaleTenderness2	Num	8	
505	MaleTenderness3	Num	8	

Num	Variable	Type	Len	Format
506	MaleTenderness4	Num	8	
507	MaleTenderness5	Num	8	
508	MaleTenderness6	Num	8	
509	MaleTenderness7	Num	8	
510	MaleTenderness8	Num	8	
511	MaleTenderness9	Num	8	
512	MaleTenderness10	Num	8	
513	MaleTenderness97	Num	8	
514	MaleTenderness_Other9	Char	200	
515	IntroitusFindings1	Num	8	
516	IntroitusFindings2	Num	8	
517	IntroitusFindings3	Num	8	
518	IntroitusFindings4	Num	8	
519	IntroitusFindings97	Num	8	
520	IntroitusFindings_Other3	Char	200	
521	UrethraFindings1	Num	8	
522	UrethraFindings2	Num	8	
523	UrethraFindings3	Num	8	
524	UrethraFindings4	Num	8	
525	UrethraFindings5	Num	8	
526	UrethraFindings97	Num	8	
527	UrethraFindings_Other4	Char	200	
528	VaginaFindings1	Num	8	
529	VaginaFindings2	Num	8	
530	VaginaFindings3	Num	8	
531	VaginaFindings95	Num	8	
532	VaginaFindings_Other2	Char	200	
533	UterusFindings1	Num	8	
534	UterusFindings2	Num	8	
535	UterusFindings3	Num	8	
536	UterusFindings4	Num	8	
537	UterusFindings97	Num	8	
538	UterusFindings_Other3	Char	200	
539	RectalExamFindings1	Num	8	
540	RectalExamFindings2	Num	8	
541	RectalExamFindings3	Num	8	
542	RectalExamFindings4	Num	8	
543	RectalExamFindings5	Num	8	
544	RectalExamFindings97	Num	8	

Num	Variable	Type	Len	Format
545	RectalExamFindings_Other4	Char	200	
546	FemTenderness1	Num	8	
547	FemTenderness2	Num	8	
548	FemTenderness3	Num	8	
549	FemTenderness4	Num	8	
550	FemTenderness5	Num	8	
551	FemTenderness6	Num	8	
552	FemTenderness7	Num	8	
553	FemTenderness8	Num	8	
554	FemTenderness9	Num	8	
555	FemTenderness10	Num	8	
556	FemTenderness11	Num	8	
557	FemTenderness12	Num	8	
558	FemTenderness13	Num	8	
559	FemTenderness14	Num	8	
560	FemTenderness97	Num	8	
561	FemTenderness_Other13	Char	200	
562	PartPsychDxType1	Num	8	
563	PartPsychDxType2	Num	8	
564	PartPsychDxType3	Num	8	
565	PartPsychDxType4	Num	8	
566	PartPsychDxType5	Num	8	
567	PartPsychDxType6	Num	8	
568	PartPsychDxType_Other6	Char	200	
569	PartPrimDxLUTD1	Num	8	
570	PartPrimDxLUTD2	Num	8	
571	PartPrimDxLUTD3	Num	8	
572	PartPrimDxLUTD4	Num	8	
573	PartPrimDxLUTD5	Num	8	
574	PartPrimDxLUTD6	Num	8	
575	PartPrimDxLUTD_Other6	Char	200	
576	PartOthTxLUTD1	Num	8	
577	PartOthTxLUTD2	Num	8	
578	PartOthTxLUTD3	Num	8	
579	PartOthTxLUTD4	Num	8	
580	PartOthTxLUTD5	Num	8	
581	PartOthTxLUTD6	Num	8	
582	PartOthTxLUTD7	Num	8	
583	PartOthTxLUTD8	Num	8	

Num	Variable	Type	Len	Format
584	PartOthTxLUTD9	Num	8	
585	PartOthTxLUTD97	Num	8	
586	PartOthTxLUTD21	Num	8	
587	PartOthTxLUTD18	Num	8	
588	PartOthTxLUTD17	Num	8	
589	PartOthTxLUTD16	Num	8	
590	PartOthTxLUTD15	Num	8	
591	PartOthTxLUTD_Other9	Char	200	
592	PelvicFloorFindings	Num	8	PELVICFLOORFINDINGS.
593	HeightPECm	Num	8	
594	WeightPEKg	Num	8	
595	WaistPECm	Num	8	
596	BodyMassIndex	Num	8	
597	LUTSToolN	Num	8	
598	AUAN	Num	8	
599	AUA_SI	Num	8	
600	LUTSTool16Complete	Num	8	
601	LUTSTool16N	Num	8	
602	wet	Num	8	
603	stress	Num	8	
604	urge	Num	8	
605	other	Num	8	
606	ui_type	Num	8	
607	Age	Num	8	
608	RaceSum	Num	8	
609	race_num	Num	8	
610	Smoker	Num	8	
611	PostMenopause	Num	8	
612	PMHormones	Num	8	
613	NProstateFindings	Num	8	
614	ProstateFind	Num	8	
615	POPQStage	Num	8	
616	arthritis1	Num	8	
617	osteoperosis1	Num	8	
618	asthma1	Num	8	
619	COPD1	Num	8	
620	Angina1	Num	8	
621	CHF1	Num	8	
622	HeartAttack1	Num	8	

Num	Variable	Type	Len	Format
623	NeuroDisease1	Num	8	
624	Stroke1	Num	8	
625	PeriVasDisease1	Num	8	
626	Diabetes1	Num	8	
627	UpGastroDisease1	Num	8	
628	Depression1	Num	8	
629	AnxPanDisord1	Num	8	
630	Visulmpair1	Num	8	
631	HearImpair1	Num	8	
632	DegDiscDisease1	Num	8	
633	FCI_total	Num	8	
634	PVR_ms	Num	8	

Label
PatientID
FacilityID
StudyID
CohortID
Eligible
A0: Date screened
A1: Date of Birth:
A2: Sex: (an answer is required before the patient can appear as Eligible for Observational)
A4: Ethnicity:
A5: Education:
A6: Employment:
A7: Marital Status:
A8: Is this patient being screened for the Neuroimaging Sensory and Testing protocol only?
A9: Is this a previously/currently enrolled LURN Observational patient?
A10: If yes, please specify patients existing LURN Study ID:
B1: Is the participant presenting for new or returning patient visits for evaluation of treatment of LUTS to one of the LURN physicians?
B2: Is the participant 18 years of age or older?
B3: Does the participant have the ability to give informed consent?
B4: Does the participant have the ability to complete self-reported questionnaires electronically?
C1: Does the participant have gross hematuria?
C2: Does the participant have significant neurologic disease or injury? (Alzheimer's dementia, Parkinson's disease, spinal cord injury, multiple sclerosis)
C3: Is the participant's primary complaint pelvic pain?
C4: Has the participant been diagnosed with interstitial cystitis, chronic prostatitis, or chronic orchialgia?

Label
C5: Has the participant had a pelvic or endoscopic GU surgery within the past 6 months? (Not including diagnostic cystoscopy)
C6: Does the participant have an ongoing symptomatic urethral stricture?
C7: Does the participant have a history of lower urinary tract or pelvic malignancy?
C8: Is the participant currently undergoing chemotherapy or other cancer therapy?
C9: Does the participant have a pelvic device or implant complication? (e.g. sling or mesh complications)
C10: Does the participant currently have a functioning neurostimulator?
C11: Has the participant had a Botox injection to the bladder or pelvic structures within the past 12 months?
C12: Has the participant had a prostate biopsy in the past 3 months?
C13: Is the participant currently pregnant?
C14: Does the participant have a history of cystitis caused by tuberculosis, radiation therapy, or Cytoxan / cyclophosphamide therapy?
C15: Has the participant had an augmentation cystoplasty or cystectomy?
C16: Does the participant have a urinary tract fistula?
C17: Does the participant currently have a major psychiatric disorder or other psychiatric or medical issues that would interfere with study participation? (e.g. dementia, psychosis, etc.)
C18: Is the participant unable to relay valid information, actively participate in the study, or provide informed consent? (Includes uncontrolled psychiatric disease)
C19: Does the participant have a difficulty reading or communicating in English?
D1: Does the participant have microscopic hematuria?
D2: Does the participant have a positive urine culture?
D3: Has the participant had a pregnancy in the past 6 months?
D4: Does the participant currently have a sexually transmitted infection?
E1: Date consented or refused consent:
E1: Did the patient consent to the study?
ConsentEntryDate
E2: Did the patient consent to provide biospecimens?
E3: Did the patient consent to provide blood for DNA?
EligNoCons
PatNotAppRea
F2: City:
F3: State:
F4: Zip code:
A3: Race (select all that apply):1: American Indian or Alaska Native
A3: Race (select all that apply):2: Asian/Asian American
A3: Race (select all that apply):3: Black or African American
A3: Race (select all that apply):4: Native Hawaiian or other Pacific Islander
A3: Race (select all that apply):5: White
A3: Race (select all that apply):6: Other
A3: Race (select all that apply):97: Unknown
A3: Race (select all that apply):Other Specify

Label
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:1: Not interested
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:2: Too much effort to get to center
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:3: Transportation issues
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:4: Child care issues
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:5: Work-related issues
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:6: Financial hardship
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:7: Did not want to be catheterized
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:8: Did not want to fill out PROs
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:9: Did not want to provide biospecimens and/or blood for DNA
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:10: Not approached
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:11: Other (specify)
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:12: Unwilling to delay start of new treatment
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:13: Did not want to have an MRI
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:14: Did not want to undergo auditory testing
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:15: Did not want to undergo sensory testing
E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:Other Specify
E5: If the patient was not approached, provide reason(s) why:1: Demonstrated past non-compliance or non-adherence to medical visits or therapy
E5: If the patient was not approached, provide reason(s) why:2: Barriers to obtaining informed consent (e.g. dementia, language, other)
E5: If the patient was not approached, provide reason(s) why:3: Not approached per treating physician
E5: If the patient was not approached, provide reason(s) why:4: Other, specify (with textbox)
E5: If the patient was not approached, provide reason(s) why:Other Specify
QuestionnaireID
CRFStatus
EDCLoginDate
EventTitle
EventDate
A1: How often during the past week did you urinate too frequently?
A1: If rarely or more, how much does this bother you?
A2: During a typical day in the past week, how many times did you urinate during waking hours?
A2: How much does this bother you?
A3: During a typical night in the past week, how many times did you wake up because you needed to urinate?
A3: If 1 time a night or more, how much does this bother you?
A4: During the past week, how often have you had the feeling your bladder was not empty after urinating?

Label
A4: If rarely or more, how much does this bother you?
A5: During the past week, how often have you had a trickle or dribble at the end of your urine flow?
A5: If rarely or more, how much does this bother you?
A6: During the past week, how often have you had a sudden need to rush to urinate?
A6: If rarely or more, how much does this bother you?
A7: During the past week, how often have you had a delay before you start to urinate?
A7: If rarely or more, how much does this bother you?
A8: During the past week, how often did your urine flow start and stop while you were urinating?
A8: If rarely or more, how much does this bother you?
A9: During the past week, how often did you strain to urinate or strain while you were urinating?
A9: If rarely or more, how much does this bother you?
A10: During the past week, how often have you had a weak urine stream?
A10: If rarely or more, how much does this bother you?
A11: During the past week, how often have you had splitting or spraying of your urine stream?
A11: If rarely or more, how much does this bother you?
A12: During the past week, how often have you had a sudden need to rush to urinate for fear of leaking urine?
A12: If rarely or more, how much does this bother you?
A13: During the past week, how often have you had pain or discomfort in your bladder area?
A13: If rarely or more, how much does this bother you?
A14: During the past week, how often have you had a burning feeling when you urinate?
A14: If rarely or more, how much does this bother you?
A15: During the past week, how often did you leak urine?
A15: If rarely or more, how much does this bother you?
A16a: Leaked urine just after you have finished urinating?
A16a: If rarely or more, how much does this bother you?
A16b: Leaked urine in connection with a sudden need to rush to urinate?
A16b: If rarely or more, how much does this bother you?
A16c: Leaked urine in connection with laughing, sneezing, or coughing?
A16c: If rarely or more, how much does this bother you?
A16d: Leaked urine in connection with physical activities, such as exercising or lifting a heavy object?
A16d: If rarely or more, how much does this bother you?
A16e: Leaked urine when you are sleeping?
A16e: If rarely or more, how much does this bother you?
A16f: Leaked urine during sexual activity?
A16f: If rarely or more, how much does this bother you?
A16g: Leaked urine for no reason?
A16g: If rarely or more, how much does this bother you?
B1: Over the last month or so, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in

Label
B2: Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
B3: Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?
B4: Over the past month or so, how often have you found that you stopped and started again several times when you urinated?
B5: Over the past month or so, how often have you found it difficult to postpone urination?
B6: Over the past month or so, how often have you had a weak urine stream?
B7: Over the last month or so, how often have you had to push or strain to begin urination?
B8: If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?
C1: During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? (Thi
C2: How much time in total did you usually spend on one of those days doing vigorous physical activities?
C3: Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do
C4: How much time in total did you usually spend on one of those days doing moderate physical activities?
C5: During the last 7 days, on how many days did you walk for at least 10 minutes at a time? This includes walking at work and at home, walking to
C6: How much time in total did you usually spend walking on one of those days?
C7: During the last 7 days, how much time in total did you usually spend sitting on a week day?
D1: Are you able to stand for one hour?
D2: Are you able to stand up from an armless straight chair?
D3: Are you able to go up and down stairs at a normal pace?
D4: Are you able to go for a walk of at least 15 minutes?
D5: Are you able to get up from the floor from lying on your back without any help?
D6: Are you able to jump up and down?
D7: Are you able to climb up five steps?
D8: Are you able to run a short distance, such as to catch a bus?
D9: Are you able to stand unsupported for 10 minutes?
D10: Are you able to stand up on tiptoes?
D11: Are you able to stand unsupported for 30 minutes?
D12: Are you able to walk at a normal speed?
D13: Does your health now limit you in going for a short walk (less than 15 minutes)?
D14: Does your health now limit you in climbing several flights of stairs?
D15: Does your health now limit you in climbing one flight of stairs?
E1: My sleep was restless.
E2: I was satisfied with my sleep.
E3: My sleep was refreshing.
E4: I had difficulty falling asleep.
E5: I had trouble staying asleep.
E6: I had trouble sleeping.
E7: I got enough sleep.
E8: My sleep quality was:

Label
F1: Area between rectum and testicles (perineum)
F1: Entrance to vagina
F2: Vagina
F2: Testicles
F3: Tip of the penis (not related to urination)
F3: Urethra
F4: Below your waist, in your pubic or bladder area
F4: Below your waist, in your pubic or bladder area
F5: Pain or burning during urination?
F5: Pain or burning during urination?
F6: Pain or discomfort during or after sexual intercourse?
F6: Pain or discomfort during or after sexual climax (ejaculation)?
F7: Pain or discomfort as your bladder fills?
F7: Pain or discomfort as your bladder fills?
F8: Pain or discomfort relieved by voiding?
F8: Pain or discomfort relieved by voiding?
F9: How often have you had pain or discomfort in any of these areas over the last week?
F9: How often have you had pain or discomfort in any of these areas over the last week?
F10: Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week (0 is No Pain and 10 is Pain as bad as
F10: Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week (0 is No Pain and 10 is Pain as bad as
F11: How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?
F11: How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?
F12: How often have you had to urinate again less than two hours after you finished urinating, over the last week?
F12: How often have you had to urinate again less than two hours after you finished urinating, over the last week?
F13: How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
F13: How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
F14: How much did you think about your symptoms, over the last week?
F14: How much did you think about your symptoms, over the last week?
F15: If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
F15: If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
G1: I felt worthless.
G2: I felt helpless.
G3: I felt depressed.
G4: I felt hopeless.
G5: I felt like a failure.
G6: I felt unhappy.

Label
G7: I felt that I had nothing to look forward to.
G8: I felt that nothing could cheer me up.
H1: I felt fearful.
H2: I found it hard to focus on anything other than my anxiety.
H3: My worries overwhelmed me.
H4: I felt uneasy.
H5: I felt nervous.
H6: I felt like I needed help for my anxiety.
H7: I felt anxious.
H8: I felt tense.
I1: Been upset because of something that happened unexpectedly?
I2: Felt that you were unable to control the important things in your life?
I3: Felt nervous and stressed?
I4: Felt confident about your ability to handle your personal problems?
I5: Felt that things were going your way?
I6: Found that you could not cope with all the things you had to do?
I7: Been able to control irritations in your life?
I8: Felt that you were on top of things?
I9: Been angered because of things that were outside of your control?
I10: Felt difficulties were piling up so high that you could not overcome them?
J1: Prior to the age of 17, did you experience a death of a very close friend or family member?
J2: If yes, how old were you?
J3: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
J4: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
J5: Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)?
J6: If yes, how old were you?
J7: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
J8: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
J9: Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)?
J10: If yes, how old were you?
J11: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
J12: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
J13: Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted - other than sexual)?
J14: If yes, how old were you?
J15: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
J16: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
J17: Prior to the age of 17, were you extremely ill or injured?
J18: If yes, how old were you?
J19: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)

Label
J20: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
J21: Prior to the age of 17, did you experience any other major upheaval that you think may have shaped your life or personality significantly?
J22: If yes, how old were you?
J23: If yes, what was the event?
J24: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
J25: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
K1: How much did hard or lumpy stools bother you?
K2: How much did you usually strain while trying to have a bowel movement?
K3: How much did straining during bowel movements bother you?
K4: How often did you pass very hard or lumpy stools?
K5: How often did you strain while trying to have bowel movements?
K6: How often did you feel pain in your rectum or anus while trying to have bowel movements?
K7: How often after a bowel movement did you feel unfinished - that is, that you had not passed all your stool?
K8: How often did you use your finger or toilet paper to get out a stool?
K9: At its worst, how would you rate your pain in your rectum or anus during bowel movements?
L1: Do you usually experience pressure in the lower abdomen?
L2: If yes, how much does this bother you?
L3: Do you usually experience heaviness or dullness in the pelvic area?
L4: If yes, how much does this bother you?
L5: Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?
L6: If yes, how much does this bother you?
L7: Do you usually have to push on the vagina or around the rectum to have or complete bowel movement?
L8: If yes, how much does this bother you?
L9: Do you usually experience a feeling of incomplete bladder emptying?
L10: If yes, how much does this bother you?
L11: Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?
L12: If yes, how much does this bother you?
L13: Do you feel you need to strain too hard to have a bowel movement?
L14: If yes, how much does this bother you?
L15: Do you feel you have not completely emptied your bowels at the end of a bowel movement?
L16: If yes, how much does this bother you?
L17: Do you usually lose stool beyond your control if your stool is well formed?
L18: If yes, how much does this bother you?
L19: Do you usually lose stool beyond your control if your stool is loose or liquid?
L20: If yes, how much does this bother you?
L21: Do you usually lose gas from the rectum beyond your control?
L22: If yes, how much does this bother you?
L23: Do you usually have pain when you pass your stool?

Label
L24: If yes, how much does this bother you?
L25: Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?
L26: If yes, how much does this bother you?
L27: Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?
L28: If yes, how much does this bother you?
L29: Do you usually experience frequent urination?
L30: If yes, how much does this bother you?
L31: Do you usually experience urine leakage associated with a feeling of urgency that is a strong sensation of needing to go to the bathroom?
L32: If yes, how much does this bother you?
L33: Do you usually experience urine leakage related to coughing, sneezing, or laughing?
L34: If yes, how much does this bother you?
L35: Do you usually experience small amounts of urine leakage (that is, drops)?
L36: If yes, how much does this bother you?
L37: Do you usually experience difficulty emptying your bladder?
L38: If yes, how much does this bother you?
L39: Do you usually experience pain or discomfort in the lower abdomen or genital region?
L40: If yes, how much does this bother you?
M1: How many days did you have loose or watery stools?
M2: How much did having loose or watery stools interfere with your day-to-day activities?
M3: How much did having loose or watery stools bother you?
M4: How much did feeling you needed to empty your bowels right away interfere with your day-to-day activities?
M5: How often did you feel like you needed to empty your bowels right away or else you would have an accident?
N1: How often did you have bowel incontinence - that is, have an accident because you could not make it to the bathroom in time?
N2: How often did you soil or dirty your underwear before getting to a bathroom?
N3: How often did you leak stool or soil your underwear?
N4: How often did you think you were going to pass gas, but stool or liquid came out instead?
O1: How often were you able to get an erection during sexual activity?
O2: When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
O3: When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?
O4: During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
O5: During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
O6: How do you rate your confidence that you could get and keep an erection?
P1: Which of the following best describes you:
P2: No partner
P3: No interest
P4: Due to bladder or bowel problems (urinary or fecal incontinence) or due to prolapse (a feeling of or a bulge in the vaginal area)
P5: Because of my other health problems
P6: Pain

Label
P7: How much does fear of leaking urine and/or stool and/or a bulging in the vagina (either the bladder, rectum or uterus falling out) cause you to avoid
P8: On a scale between 1 (Satisfied) and 5 (Dissatisfied), which best represents how you feel about your sex life?
P9: On a scale between 1 (Adequate) and 5 (Inadequate), which best represents how you feel about your sex life?
P10: I feel frustrated by my sex life.
P11: I feel sexually inferior because of my incontinence and/or prolapse.
P12: I feel angry because of the impact that incontinence and/or prolapse has on my sex life.
P13: Overall, how bothersome is it to you that you are not sexually active?
P14: How often do you feel sexually aroused (physically excited or turned on) during sexual activity?
P15: Fulfilled
P16: Shame
P17: Fear
P18: How often do you leak urine and/or stool with any type of sexual activity?
P19: Compared to orgasms you have had in the past, how intense are you orgasms now?
P20: How often do you feel pain during sexual intercourse?
P21: Do you have a sexual partner?
P22: How often does your partner have a problem (lack of arousal, desire, erection, etc.) that limits your sexual activity?
P23: Your sexual desire?
P24: The frequency of your sexual activity?
P25: When you are involved in sexual activity, how often do you feel that you want more?
P26: How frequently do you have sexual desire, this may include wanted to have sex, having sexual thoughts or fantasies, etc.?
P27: How would you rate your level (degree) of sexual desire or interest?
P28: How much does the fear of leaking urine, stool and/or a bulging in the vagina (prolapse) cause you to avoid sexual activity?
P29: On a scale between 1 (Satisfied) and 5 (Dissatisfied), which best represents how you feel about your sex life?
P30: On a scale between 1 (Adequate) and 5 (Inadequate), which best represents how you feel about your sex life?
P31: On a scale between 1 (Confident) and 5 (Not Confident), which best represents how you feel about your sex life?
P32: I feel frustrated by my sex life.
P33: I feel sexually inferior because of my incontinence and/or prolapse.
P34: I feel embarrassed about my sex life.
P35: I feel angry because of the impact that incontinence and/or prolapse has on my sex life.
W1: Questionnaire Complete
W2: Complete Date

Label
A1: Date of Visit
A2: Date of DNA collection:
B1: Systolic Blood Pressure:
B1: Systolic Blood Pressure:
B2: Diastolic Blood Pressure:
B2: Diastolic Blood Pressure:
B3: Weight:
B3: Weight:
B4: Height:
B4: Height:
B5: Waist measurement:
B5: Waist measurement:
B6: Ambulatory aids:
B7: Other neurologic deficits:
PenisFindings
ScrotalFindings
ProstateFindings
MaleTenderness
IntroitusFindings
UrethraFindings
VaginaFindings
UterusFindings
B17: Pelvic Organ Prolapse Quantification System (POP-Q): Overall Stage
B18: POP-Q: Aa result
B19: POP-Q: Ba result
B20: POP-Q: C result
B21: POP-Q: GH result
B22: POP-Q: PB result
B23: POP-Q: TVL result
B24: POP-Q: Ap result
B25: POP-Q: Bp result
B26: POP-Q: D result
RectalExamFindings
FemTenderness
C1: Arthritis (rheumatoid and osteoarthritis):
C2: Osteoporosis:
C3: Asthma:

Label
C4: Chronic Obstructive Pulmonary Disease (COPD), Acquired Respiratory Distress Syndrome (ARDS), or Emphysema:
C5: Angina:
C6: Congestive heart failure (or heart disease):
C7: Heart attack (myocardial infarct):
C8: Neurological disease (such as multiple sclerosis or Parkinson's):
C9: Stroke or TIA:
C10: Peripheral vascular disease:
Diabetes
C12: Upper gastrointestinal disease (ulcer, hernia, reflux):
C13: Depression:
C14: Anxiety or panic disorders:
C15: Visual impairment (such as cataracts, glaucoma, macular degeneration):
C16: Hearing impairment (very hard of hearing, even with hearing aids):
C17: Degenerative disc disease (back disease, spinal stenosis, or severe chronic back pain):
D1: Nitrites:
D2: Blood/Hemoglobin/Red Blood Cells:
D3: White Blood Cells:
D4: Glucose:
D5: Urine specific gravity:
D6: pH:
D7: Bacterial cultures:
D8: Post-void residual volume:
D8: Post-void residual volume:
D9: Method of retrieving post-void residual:
E1: Has the participant had more than two UTIs?
E2: Does the participant have a history of pelvic/urologic pain?
E3: If yes, date of diagnosis:
E4: Is the participant post-menopausal?
E5: If yes, date of diagnosis:
E6: If post-menopausal, is the participant currently on hormone replacement therapy?
E7: If yes, type:
E8: Was the participant sexually active within the past month?
F1: Has the participant had a UTI?
F2: If yes, date of diagnosis:
F3: Has the participant had an STI?
F4: If yes, date of diagnosis:
F5: Has the participant had a genital infection?
F6: If yes, date of diagnosis:
F7: Does the participant have a history of hormone treatment/use?

Label
F8: If yes, date of diagnosis:
G1: Does the participant have a history of Hypertension?
G2: If yes, date of diagnosis:
G3: Does the participant have Hyperlipidemia?
G4: If yes, date of diagnosis:
G5: Does the participant have Diabetes?
G6: If yes, date of diagnosis:
G7: Does the participant have Sleep Apnea?
G8: If yes, date of diagnosis:
G9: Does the participant have a Psychiatric Diagnosis (depression, anxiety, PTSD, etc.)?
G11: If yes, date of diagnosis:
G12: Does the participant have Colorectal Disease?
G13: If yes, date of diagnosis:
G14: Number of culture-proven UTIs in the past 12 months:
G15: Does the participant have other medical problems?
G15: Does the participant have other medical problems?
G16: Does the participant have a history of bladder or urethral trauma?
G17: If yes, date of event:
G19: In the past year, how many alcoholic drinks has the participant had per week, when drinking (on average)?
H1: Has the participant undergone any surgeries for the treatment of LUTS?
I1: Has the participant had a Hysterectomy?
I2: If yes, date of most recent procedure:
I3: Has the participant had a Cesarean section?
I4: If yes, date of most recent procedure:
I5: Has the participant had spinal or brain surgery?
I6: If yes, date of most recent procedure:
I7: Has the participant had rectal surgery (excluding colonoscopies)?
I8: If yes, date of most recent procedure:
I9: Has the participant had any other surgical procedure done?
I9: Has the participant had any other surgical procedure done?
J1: How many times has the participant been pregnant?
J2: How many times has the participant had vaginal births?
K1: Does the participant have a history of tobacco use (e.g. cigarettes, cigars, smokeless tobacco, etc.)?
K2: If current or former smoker: Number of pack-years (packs smoked per day x years smoked)
K2: If current or former smoker: Number of pack-years (packs smoked per day x years smoked)
K3: Has the participant used any recreational drugs (e.g. marijuana, narcotics, etc.)?
L1: Is the participant currently on any medications (Rx and OTC)?

Label
L3: Has the participant had any antibiotic use within the past 3 months?
L4: Enter date that medication list has been reviewed, confirming that medications without Stop Dates are still active.
L5: Has the participant had any antifungal use within the past 3 months?
L6: Approximate time period of prior medical treatment for LUTD?
L7a: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
N1: What are the results of the urine culture?
B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)1: Meatal Stenosis
B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)2: Buried Penis
B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)3: Other (specify)
B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)4: None
B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)97: Unknown
B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)Other Specify
B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)1: Infectious or malignant changes
B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)2: Skin inflammation
B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)3: Other
B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)4: None
B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)97: Unknown
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)1: Prostate nodule
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)2: Prostate enlargement 20 grams (2+)
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)3: Other (specify)
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)4: None
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)5: Prostate enlargement 40 grams (4+)
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)6: Prostate enlargement 60 grams (6+)
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)7: Prostate enlargement 80 grams (8+)
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)97: Unknown
B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)Other Specify
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)1: Abdomen
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)2: Flank
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)3: Penis
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)4: Urethra
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)5: Scrotal Contents
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)6: Pelvic Floor
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)7: Prostate
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)8: Rectum
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)9: Other (specify)
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)10: None
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)97: Unknown
B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)Other Specify

Label
B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)1: Inflammation
B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)2: Atrophic
B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)3: Other (specify)
B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)4: None
B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)97: Unknown
B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)Other Specify
B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)1: Mass/ Diverticulum
B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)2: Caruncle
B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)3: Abnormal discharge
B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)4: Other (specify)
B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)5: None
B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)97: Unknown
B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)Other Specify
B14: Genitourinary Female Abnormal Findings: Vagina1: Lesion / erosion
B14: Genitourinary Female Abnormal Findings: Vagina2: Other (specify)
B14: Genitourinary Female Abnormal Findings: Vagina3: None
B14: Genitourinary Female Abnormal Findings: Vagina95: Not Done
B14: Genitourinary Female Abnormal Findings: VaginaOther Specify
B16: Genitourinary Female Abnormal Findings: Uterus1: Absent
B16: Genitourinary Female Abnormal Findings: Uterus2: Mass
B16: Genitourinary Female Abnormal Findings: Uterus3: Other (specify)
B16: Genitourinary Female Abnormal Findings: Uterus4: None
B16: Genitourinary Female Abnormal Findings: Uterus97: Unknown
B16: Genitourinary Female Abnormal Findings: UterusOther Specify
B27: Genitourinary Female Abnormal Findings: Rectal Exam1: Mass
B27: Genitourinary Female Abnormal Findings: Rectal Exam2: Resting Tone
B27: Genitourinary Female Abnormal Findings: Rectal Exam3: Contraction Strength
B27: Genitourinary Female Abnormal Findings: Rectal Exam4: Other (specify)
B27: Genitourinary Female Abnormal Findings: Rectal Exam5: None
B27: Genitourinary Female Abnormal Findings: Rectal Exam97: Unknown
B27: Genitourinary Female Abnormal Findings: Rectal ExamOther Specify
B28: Genitourinary Female Abnormal Findings: Notation of Tenderness1: Abdomen
B28: Genitourinary Female Abnormal Findings: Notation of Tenderness2: Flank
B28: Genitourinary Female Abnormal Findings: Notation of Tenderness3: Suprapubic
B28: Genitourinary Female Abnormal Findings: Notation of Tenderness4: Groin
B28: Genitourinary Female Abnormal Findings: Notation of Tenderness5: Clitoris
B28: Genitourinary Female Abnormal Findings: Notation of Tenderness6: Labia Minora/Majora
B28: Genitourinary Female Abnormal Findings: Notation of Tenderness7: Introitus
B28: Genitourinary Female Abnormal Findings: Notation of Tenderness8: Urethra

Label
B15: Genitourinary Female Abnormal Findings: Pelvic Floor Contraction Strength (Oxford Scale)
BMI
Age
Race
Current or former smoker

Label

Data Set Name: normalizedplasma.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	Case_Control	Char	4	\$4.	\$4.
2	Gender	Char	6	\$6.	\$6.
3	Replicate	Char	3	\$3.	\$3.
4	PatientID	Num	8	BEST12.	BEST32.
5	FacilityID	Num	8	BEST12.	BEST32.
6	StudyID	Num	8	BEST12.	BEST32.
7	Sample_Type	Char	11	\$11.	\$11.
8	Barcode	Char	12	\$12.	\$12.
9	New_Label	Char	7	\$7.	\$7.
10	PlateId	Char	5	\$5.	\$5.
11	SlideId	Num	8	BEST12.	BEST32.
12	Subarray	Num	8	BEST12.	BEST32.
13	SampleId	Char	7	\$7.	\$7.
14	SampleType	Char	6	\$6.	\$6.
15	PercentDilution	Num	8	BEST12.	BEST32.
16	SampleMatrix	Char	11	\$11.	\$11.
17	VAR17	Char	7	\$7.	\$7.
18	Barcode2d	Num	8	BEST12.	BEST32.
19	SampleNotes	Char	1	\$1.	\$1.
20	SampleDescription	Char	1	\$1.	\$1.
21	TimePoint	Char	1	\$1.	\$1.
22	ExtIdentifier	Char	18	\$18.	\$18.
23	SsfExtId	Char	9	\$9.	\$9.
24	SampleGroup	Char	1	\$1.	\$1.
25	SiteId	Char	1	\$1.	\$1.
26	TubeUniqueID	Char	7	\$7.	\$7.
27	Location_in_Box	Char	17	\$17.	\$17.
28	HybControlNormScale	Num	8	BEST12.	BEST32.
29	RowCheck	Char	4	\$4.	\$4.
30	NormScale_1	Num	8	BEST12.	BEST32.
31	NormScale_40	Num	8	BEST12.	BEST32.
32	NormScale_0_005	Num	8	BEST12.	BEST32.
33	Target	Char	1	\$1.	\$1.
34	CHIP	Num	8	BEST12.	BEST32.
35	CEBPB	Num	8	BEST12.	BEST32.
36	NSE	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
37	PIAS4	Num	8	BEST12.	BEST32.
38	IL_10_Ra	Num	8	BEST12.	BEST32.
39	STAT3	Num	8	BEST12.	BEST32.
40	IRF1	Num	8	BEST12.	BEST32.
41	c_Jun	Num	8	BEST12.	BEST32.
42	Mcl_1	Num	8	BEST12.	BEST32.
43	OAS1	Num	8	BEST12.	BEST32.
44	c_Myc	Num	8	BEST12.	BEST32.
45	SMAD3	Num	8	BEST12.	BEST32.
46	SMAD2	Num	8	BEST12.	BEST32.
47	IL_23	Num	8	BEST12.	BEST32.
48	PDGFRA	Num	8	BEST12.	BEST32.
49	IL_12	Num	8	BEST12.	BEST32.
50	STAT1	Num	8	BEST12.	BEST32.
51	STAT6	Num	8	BEST12.	BEST32.
52	LRRK2	Num	8	BEST12.	BEST32.
53	Osteocalcin	Num	8	BEST12.	BEST32.
54	IL_5	Num	8	BEST12.	BEST32.
55	GPDA	Num	8	BEST12.	BEST32.
56	IgA	Num	8	BEST12.	BEST32.
57	LPPL	Num	8	BEST12.	BEST32.
58	HEMK2	Num	8	BEST12.	BEST32.
59	PDXK	Num	8	BEST12.	BEST32.
60	TLR4	Num	8	BEST12.	BEST32.
61	REG4	Num	8	BEST12.	BEST32.
62	HSP_27	Num	8	BEST12.	BEST32.
63	YKL_40	Num	8	BEST12.	BEST32.
64	Alpha_enolase	Num	8	BEST12.	BEST32.
65	Apo_L1	Num	8	BEST12.	BEST32.
66	CD38	Num	8	BEST12.	BEST32.
67	CD59	Num	8	BEST12.	BEST32.
68	FABPL	Num	8	BEST12.	BEST32.
69	GDF_11	Num	8	BEST12.	BEST32.
70	BTC	Num	8	BEST12.	BEST32.
71	HIF_1a	Num	8	BEST12.	BEST32.
72	S100A6	Num	8	BEST12.	BEST32.
73	SECTM1	Num	8	BEST12.	BEST32.
74	RSPO3	Num	8	BEST12.	BEST32.
75	PSP	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
76	Apoptosis_regulator_Bcl_W	Num	8	BEST12.	BEST32.
77	VEGF_D	Num	8	BEST12.	BEST32.
78	SOST	Num	8	BEST12.	BEST32.
79	FAM3D	Num	8	BEST12.	BEST32.
80	CSH	Num	8	BEST12.	BEST32.
81	EFNB1	Num	8	BEST12.	BEST32.
82	SNP25	Num	8	BEST12.	BEST32.
83	LYPD3	Num	8	BEST12.	BEST32.
84	NEGR1	Num	8	BEST12.	BEST32.
85	BCL6	Num	8	BEST12.	BEST32.
86	FSTL1	Num	8	BEST12.	BEST32.
87	Osteopontin	Num	8	BEST12.	BEST32.
88	Lumican	Num	8	BEST12.	BEST32.
89	CD177	Num	8	BEST12.	BEST32.
90	CHKB	Num	8	BEST12.	BEST32.
91	SMOC1	Num	8	BEST12.	BEST32.
92	protein_Z_inhibitor	Num	8	BEST12.	BEST32.
93	FLRT2	Num	8	BEST12.	BEST32.
94	FLRT3	Num	8	BEST12.	BEST32.
95	ISLR2	Num	8	BEST12.	BEST32.
96	Vitronectin	Num	8	BEST12.	BEST32.
97	DSC2	Num	8	BEST12.	BEST32.
98	LDLR	Num	8	BEST12.	BEST32.
99	HXK2	Num	8	BEST12.	BEST32.
100	HXK1	Num	8	BEST12.	BEST32.
101	SEM5A	Num	8	BEST12.	BEST32.
102	LTBP4	Num	8	BEST12.	BEST32.
103	PIANP	Num	8	BEST12.	BEST32.
104	Adrenomedullin	Num	8	BEST12.	BEST32.
105	S100A4	Num	8	BEST12.	BEST32.
106	RNF43	Num	8	BEST12.	BEST32.
107	TRAIL_R4	Num	8	BEST12.	BEST32.
108	ZNRF3	Num	8	BEST12.	BEST32.
109	GI24	Num	8	BEST12.	BEST32.
110	Ephrin_A2	Num	8	BEST12.	BEST32.
111	ApoM	Num	8	BEST12.	BEST32.
112	IFN_b	Num	8	BEST12.	BEST32.
113	IFN10	Num	8	BEST12.	BEST32.
114	IFNA7	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
115	EFNB2	Num	8	BEST12.	BEST32.
116	HHLA2	Num	8	BEST12.	BEST32.
117	IL_1_sRII	Num	8	BEST12.	BEST32.
118	AMGO2	Num	8	BEST12.	BEST32.
119	RXFP1	Num	8	BEST12.	BEST32.
120	C1QR1	Num	8	BEST12.	BEST32.
121	NRG4	Num	8	BEST12.	BEST32.
122	H2B2E	Num	8	BEST12.	BEST32.
123	H2A3	Num	8	BEST12.	BEST32.
124	H31	Num	8	BEST12.	BEST32.
125	IFN_g	Num	8	BEST12.	BEST32.
126	IL_1F8	Num	8	BEST12.	BEST32.
127	IL_1F6	Num	8	BEST12.	BEST32.
128	UCRP	Num	8	BEST12.	BEST32.
129	Ephrin_A3	Num	8	BEST12.	BEST32.
130	_14_3_3_protein_beta_alpha	Num	8	BEST12.	BEST32.
131	_14_3_3E	Num	8	BEST12.	BEST32.
132	Annexin_V	Num	8	BEST12.	BEST32.
133	Myostatin	Num	8	BEST12.	BEST32.
134	C4b	Num	8	BEST12.	BEST32.
135	Coagulation_Factor_XI	Num	8	BEST12.	BEST32.
136	CTACK	Num	8	BEST12.	BEST32.
137	Endostatin	Num	8	BEST12.	BEST32.
138	TIMP_1	Num	8	BEST12.	BEST32.
139	tPA	Num	8	BEST12.	BEST32.
140	EG_VEGF	Num	8	BEST12.	BEST32.
141	TIMP_2	Num	8	BEST12.	BEST32.
142	TGF_b1	Num	8	BEST12.	BEST32.
143	VEGF_sR3	Num	8	BEST12.	BEST32.
144	C5	Num	8	BEST12.	BEST32.
145	Apo_E	Num	8	BEST12.	BEST32.
146	BDNF	Num	8	BEST12.	BEST32.
147	C8	Num	8	BEST12.	BEST32.
148	Cathepsin_G	Num	8	BEST12.	BEST32.
149	CXCL16__soluble	Num	8	BEST12.	BEST32.
150	FGF_10	Num	8	BEST12.	BEST32.
151	FGF_8B	Num	8	BEST12.	BEST32.
152	GIIE	Num	8	BEST12.	BEST32.
153	GV	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
154	MIP_3a	Num	8	BEST12.	BEST32.
155	SAP	Num	8	BEST12.	BEST32.
156	SCF_sR	Num	8	BEST12.	BEST32.
157	TIMP_3	Num	8	BEST12.	BEST32.
158	Angiopoietin_4	Num	8	BEST12.	BEST32.
159	Cadherin_E	Num	8	BEST12.	BEST32.
160	GFRA_3	Num	8	BEST12.	BEST32.
161	Ephrin_B3	Num	8	BEST12.	BEST32.
162	GFRA_2	Num	8	BEST12.	BEST32.
163	_6Ckine	Num	8	BEST12.	BEST32.
164	HMG_1	Num	8	BEST12.	BEST32.
165	OPG	Num	8	BEST12.	BEST32.
166	b_Endorphin	Num	8	BEST12.	BEST32.
167	Factor_I	Num	8	BEST12.	BEST32.
168	IGFBP_3	Num	8	BEST12.	BEST32.
169	MCP_1	Num	8	BEST12.	BEST32.
170	MMP_9	Num	8	BEST12.	BEST32.
171	Myeloperoxidase	Num	8	BEST12.	BEST32.
172	PRL	Num	8	BEST12.	BEST32.
173	VEGF	Num	8	BEST12.	BEST32.
174	_4_1BB	Num	8	BEST12.	BEST32.
175	_4_1BB_ligand	Num	8	BEST12.	BEST32.
176	Angiopoietin_2	Num	8	BEST12.	BEST32.
177	B7	Num	8	BEST12.	BEST32.
178	CD30	Num	8	BEST12.	BEST32.
179	CLF_1_CLC_Complex	Num	8	BEST12.	BEST32.
180	Cystatin_C	Num	8	BEST12.	BEST32.
181	Dtk	Num	8	BEST12.	BEST32.
182	eIF_5	Num	8	BEST12.	BEST32.
183	Ephrin_A4	Num	8	BEST12.	BEST32.
184	Ephrin_A5	Num	8	BEST12.	BEST32.
185	ERBB2	Num	8	BEST12.	BEST32.
186	ERBB3	Num	8	BEST12.	BEST32.
187	ERBB4	Num	8	BEST12.	BEST32.
188	GA733_1_protein	Num	8	BEST12.	BEST32.
189	gp130_soluble	Num	8	BEST12.	BEST32.
190	HO_2	Num	8	BEST12.	BEST32.
191	HPV_E7_Type_16	Num	8	BEST12.	BEST32.
192	HPV_E7_Type18	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
193	HSP_90a_b	Num	8	BEST12.	BEST32.
194	IL_1_R_AcP	Num	8	BEST12.	BEST32.
195	IL_10_Rb	Num	8	BEST12.	BEST32.
196	IL_12_Rb1	Num	8	BEST12.	BEST32.
197	IL_13_Ra1	Num	8	BEST12.	BEST32.
198	IL_2_sRg	Num	8	BEST12.	BEST32.
199	Layilin	Num	8	BEST12.	BEST32.
200	Lymphotoxin_b_R	Num	8	BEST12.	BEST32.
201	Macrophage_mannose_receptor	Num	8	BEST12.	BEST32.
202	M_CSF_R	Num	8	BEST12.	BEST32.
203	MSP_R	Num	8	BEST12.	BEST32.
204	PAFAH_beta_subunit	Num	8	BEST12.	BEST32.
205	P_Cadherin	Num	8	BEST12.	BEST32.
206	PKC_A	Num	8	BEST12.	BEST32.
207	PKC_Z	Num	8	BEST12.	BEST32.
208	Rab_GDP_dissociation_inhibitor_b	Num	8	BEST12.	BEST32.
209	sICAM_3	Num	8	BEST12.	BEST32.
210	suPAR	Num	8	BEST12.	BEST32.
211	TNF_sR_I	Num	8	BEST12.	BEST32.
212	TrkC	Num	8	BEST12.	BEST32.
213	BCMA	Num	8	BEST12.	BEST32.
214	Bone_proteoglycan_II	Num	8	BEST12.	BEST32.
215	Calpain_I	Num	8	BEST12.	BEST32.
216	CK_MM	Num	8	BEST12.	BEST32.
217	ERBB1	Num	8	BEST12.	BEST32.
218	HGF	Num	8	BEST12.	BEST32.
219	HSP_60	Num	8	BEST12.	BEST32.
220	iC3b	Num	8	BEST12.	BEST32.
221	IGFBP_5	Num	8	BEST12.	BEST32.
222	IGFBP_6	Num	8	BEST12.	BEST32.
223	MIA	Num	8	BEST12.	BEST32.
224	NPS_PLA2	Num	8	BEST12.	BEST32.
225	OSM	Num	8	BEST12.	BEST32.
226	PECAM_1	Num	8	BEST12.	BEST32.
227	Persephin	Num	8	BEST12.	BEST32.
228	PF_4	Num	8	BEST12.	BEST32.
229	Protein_S	Num	8	BEST12.	BEST32.
230	TACI	Num	8	BEST12.	BEST32.
231	TECK	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
232	Thyroxine_Binding_Globulin	Num	8	BEST12.	BEST32.
233	TNFSF18	Num	8	BEST12.	BEST32.
234	CNTRF_alpha	Num	8	BEST12.	BEST32.
235	EMAP_2	Num	8	BEST12.	BEST32.
236	EPO_R	Num	8	BEST12.	BEST32.
237	G_CSF_R	Num	8	BEST12.	BEST32.
238	IL_1F7	Num	8	BEST12.	BEST32.
239	Laminin	Num	8	BEST12.	BEST32.
240	MICA	Num	8	BEST12.	BEST32.
241	NADPH_P450_Oxidoreductase	Num	8	BEST12.	BEST32.
242	NANOG	Num	8	BEST12.	BEST32.
243	NKp44	Num	8	BEST12.	BEST32.
244	NovH	Num	8	BEST12.	BEST32.
245	Siglec_6	Num	8	BEST12.	BEST32.
246	Siglec_7	Num	8	BEST12.	BEST32.
247	Sonic_Hedgehog	Num	8	BEST12.	BEST32.
248	IgG	Num	8	BEST12.	BEST32.
249	TSLP_R	Num	8	BEST12.	BEST32.
250	ULBP_3	Num	8	BEST12.	BEST32.
251	Activin_A	Num	8	BEST12.	BEST32.
252	Apo_A_I	Num	8	BEST12.	BEST32.
253	Azurocidin	Num	8	BEST12.	BEST32.
254	BMP_14	Num	8	BEST12.	BEST32.
255	C1q	Num	8	BEST12.	BEST32.
256	C3	Num	8	BEST12.	BEST32.
257	C3adesArg	Num	8	BEST12.	BEST32.
258	DRR1	Num	8	BEST12.	BEST32.
259	FGF_18	Num	8	BEST12.	BEST32.
260	FGF_19	Num	8	BEST12.	BEST32.
261	FGF_20	Num	8	BEST12.	BEST32.
262	FGF9	Num	8	BEST12.	BEST32.
263	GDF_11_8	Num	8	BEST12.	BEST32.
264	Hemopexin	Num	8	BEST12.	BEST32.
265	HIV_2_Rev	Num	8	BEST12.	BEST32.
266	I_309	Num	8	BEST12.	BEST32.
267	IGFBP_1	Num	8	BEST12.	BEST32.
268	IL_10	Num	8	BEST12.	BEST32.
269	IL_16	Num	8	BEST12.	BEST32.
270	IL_17F	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
271	IL_22	Num	8	BEST12.	BEST32.
272	Lactoferrin	Num	8	BEST12.	BEST32.
273	LAG_1	Num	8	BEST12.	BEST32.
274	LD78_beta	Num	8	BEST12.	BEST32.
275	MCP_2	Num	8	BEST12.	BEST32.
276	MMP_3	Num	8	BEST12.	BEST32.
277	MMP_7	Num	8	BEST12.	BEST32.
278	NAP_2	Num	8	BEST12.	BEST32.
279	SOD	Num	8	BEST12.	BEST32.
280	Fibrinogen	Num	8	BEST12.	BEST32.
281	Apo_B	Num	8	BEST12.	BEST32.
282	ACE2	Num	8	BEST12.	BEST32.
283	Activin_RIB	Num	8	BEST12.	BEST32.
284	ADAMTS_4	Num	8	BEST12.	BEST32.
285	Angiopoietin_1	Num	8	BEST12.	BEST32.
286	ART	Num	8	BEST12.	BEST32.
287	BCAM	Num	8	BEST12.	BEST32.
288	Cadherin_5	Num	8	BEST12.	BEST32.
289	CD97	Num	8	BEST12.	BEST32.
290	COMMD7	Num	8	BEST12.	BEST32.
291	EDA	Num	8	BEST12.	BEST32.
292	Fractalkine_CX3CL_1	Num	8	BEST12.	BEST32.
293	HAI_1	Num	8	BEST12.	BEST32.
294	IL_27	Num	8	BEST12.	BEST32.
295	Kallikrein_11	Num	8	BEST12.	BEST32.
296	Kallikrein_4	Num	8	BEST12.	BEST32.
297	kallikrein_8	Num	8	BEST12.	BEST32.
298	Ku70	Num	8	BEST12.	BEST32.
299	Lipocalin_2	Num	8	BEST12.	BEST32.
300	Met	Num	8	BEST12.	BEST32.
301	MMP_17	Num	8	BEST12.	BEST32.
302	OX40_Ligand	Num	8	BEST12.	BEST32.
303	sFRP_3	Num	8	BEST12.	BEST32.
304	SPINT2	Num	8	BEST12.	BEST32.
305	sTie_1	Num	8	BEST12.	BEST32.
306	Ubiquitin_1	Num	8	BEST12.	BEST32.
307	WIF_1	Num	8	BEST12.	BEST32.
308	AIF1	Num	8	BEST12.	BEST32.
309	C5a	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
310	CHK1	Num	8	BEST12.	BEST32.
311	ERK_1	Num	8	BEST12.	BEST32.
312	Glucocorticoid_receptor	Num	8	BEST12.	BEST32.
313	Hat1	Num	8	BEST12.	BEST32.
314	HDAC8	Num	8	BEST12.	BEST32.
315	Karyopherin_a2	Num	8	BEST12.	BEST32.
316	MEK1	Num	8	BEST12.	BEST32.
317	MOZ	Num	8	BEST12.	BEST32.
318	PKC_D	Num	8	BEST12.	BEST32.
319	RAC1	Num	8	BEST12.	BEST32.
320	RAD51	Num	8	BEST12.	BEST32.
321	TBP	Num	8	BEST12.	BEST32.
322	Topoisomerase_I	Num	8	BEST12.	BEST32.
323	UBC9	Num	8	BEST12.	BEST32.
324	YES	Num	8	BEST12.	BEST32.
325	a1_Antichymotrypsin	Num	8	BEST12.	BEST32.
326	C7	Num	8	BEST12.	BEST32.
327	Cardiotrophin_1	Num	8	BEST12.	BEST32.
328	CCL28	Num	8	BEST12.	BEST32.
329	CD22	Num	8	BEST12.	BEST32.
330	HCC_1	Num	8	BEST12.	BEST32.
331	IL_4	Num	8	BEST12.	BEST32.
332	Midkine	Num	8	BEST12.	BEST32.
333	MPIF_1	Num	8	BEST12.	BEST32.
334	PCNA	Num	8	BEST12.	BEST32.
335	sRANKL	Num	8	BEST12.	BEST32.
336	PAI_1	Num	8	BEST12.	BEST32.
337	Apo_E3	Num	8	BEST12.	BEST32.
338	Apo_E4	Num	8	BEST12.	BEST32.
339	Artemin	Num	8	BEST12.	BEST32.
340	Cytochrome_c	Num	8	BEST12.	BEST32.
341	Cytochrome_P450_3A4	Num	8	BEST12.	BEST32.
342	DAN	Num	8	BEST12.	BEST32.
343	ER	Num	8	BEST12.	BEST32.
344	Factor_D	Num	8	BEST12.	BEST32.
345	Growth_hormone_receptor	Num	8	BEST12.	BEST32.
346	GX	Num	8	BEST12.	BEST32.
347	IGFBP_4	Num	8	BEST12.	BEST32.
348	IGF_I	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
349	Luteinizing_hormone	Num	8	BEST12.	BEST32.
350	Properdin	Num	8	BEST12.	BEST32.
351	Protein_C	Num	8	BEST12.	BEST32.
352	PTHrP	Num	8	BEST12.	BEST32.
353	SCGF_beta	Num	8	BEST12.	BEST32.
354	VCAM_1	Num	8	BEST12.	BEST32.
355	TNFSF15	Num	8	BEST12.	BEST32.
356	ALK_1	Num	8	BEST12.	BEST32.
357	AREG	Num	8	BEST12.	BEST32.
358	BMP_7	Num	8	BEST12.	BEST32.
359	CD36_ANTIGEN	Num	8	BEST12.	BEST32.
360	contactin_1	Num	8	BEST12.	BEST32.
361	CTGF	Num	8	BEST12.	BEST32.
362	Desmoglein_1	Num	8	BEST12.	BEST32.
363	EDAR	Num	8	BEST12.	BEST32.
364	ENA_78	Num	8	BEST12.	BEST32.
365	ESAM	Num	8	BEST12.	BEST32.
366	Galectin_4	Num	8	BEST12.	BEST32.
367	Gro_a	Num	8	BEST12.	BEST32.
368	Gro_b_g	Num	8	BEST12.	BEST32.
369	Histone_H1_2	Num	8	BEST12.	BEST32.
370	ICOS	Num	8	BEST12.	BEST32.
371	IL_1_sRI	Num	8	BEST12.	BEST32.
372	IL_17_sR	Num	8	BEST12.	BEST32.
373	IL_18_Rb	Num	8	BEST12.	BEST32.
374	IL_1Rrp2	Num	8	BEST12.	BEST32.
375	JAM_B	Num	8	BEST12.	BEST32.
376	JAM_C	Num	8	BEST12.	BEST32.
377	LSAMP	Num	8	BEST12.	BEST32.
378	MBL	Num	8	BEST12.	BEST32.
379	NKp30	Num	8	BEST12.	BEST32.
380	PD_L2	Num	8	BEST12.	BEST32.
381	PTP_1B	Num	8	BEST12.	BEST32.
382	Siglec_9	Num	8	BEST12.	BEST32.
383	TGF_b_R_III	Num	8	BEST12.	BEST32.
384	TSLP	Num	8	BEST12.	BEST32.
385	CTLA_4	Num	8	BEST12.	BEST32.
386	a2_Antiplasmin	Num	8	BEST12.	BEST32.
387	bFGF	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
388	Calpastatin	Num	8	BEST12.	BEST32.
389	Ck_b_8_1	Num	8	BEST12.	BEST32.
390	DC_SIGN	Num	8	BEST12.	BEST32.
391	DC_SIGNR	Num	8	BEST12.	BEST32.
392	FSH	Num	8	BEST12.	BEST32.
393	Galectin_2	Num	8	BEST12.	BEST32.
394	GFAP	Num	8	BEST12.	BEST32.
395	IL_19	Num	8	BEST12.	BEST32.
396	IL_1b	Num	8	BEST12.	BEST32.
397	I_TAC	Num	8	BEST12.	BEST32.
398	MIP_1a	Num	8	BEST12.	BEST32.
399	MRC2	Num	8	BEST12.	BEST32.
400	Myoglobin	Num	8	BEST12.	BEST32.
401	ON	Num	8	BEST12.	BEST32.
402	PARC	Num	8	BEST12.	BEST32.
403	PTN	Num	8	BEST12.	BEST32.
404	resistin	Num	8	BEST12.	BEST32.
405	Trypsin	Num	8	BEST12.	BEST32.
406	vWF	Num	8	BEST12.	BEST32.
407	Fas_ligand_soluble	Num	8	BEST12.	BEST32.
408	Flt3_ligand	Num	8	BEST12.	BEST32.
409	Haptoglobin_Mixed_Type	Num	8	BEST12.	BEST32.
410	IL_4_sR	Num	8	BEST12.	BEST32.
411	NKG2D	Num	8	BEST12.	BEST32.
412	WISP_1	Num	8	BEST12.	BEST32.
413	BAFF	Num	8	BEST12.	BEST32.
414	C9	Num	8	BEST12.	BEST32.
415	Cathepsin_B	Num	8	BEST12.	BEST32.
416	FGF_5	Num	8	BEST12.	BEST32.
417	Galectin_3	Num	8	BEST12.	BEST32.
418	GDF_9	Num	8	BEST12.	BEST32.
419	IgM	Num	8	BEST12.	BEST32.
420	IL_2	Num	8	BEST12.	BEST32.
421	IL_13	Num	8	BEST12.	BEST32.
422	IL_18_BPa	Num	8	BEST12.	BEST32.
423	LBP	Num	8	BEST12.	BEST32.
424	Coagulation_Factor_Xa	Num	8	BEST12.	BEST32.
425	PIGF	Num	8	BEST12.	BEST32.
426	TIG2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
427	ULBP_1	Num	8	BEST12.	BEST32.
428	ULBP_2	Num	8	BEST12.	BEST32.
429	XEDAR	Num	8	BEST12.	BEST32.
430	Aurora_kinase_A	Num	8	BEST12.	BEST32.
431	MK01	Num	8	BEST12.	BEST32.
432	SMAC	Num	8	BEST12.	BEST32.
433	VEGF_C	Num	8	BEST12.	BEST32.
434	sCD4	Num	8	BEST12.	BEST32.
435	IL_2_sRa	Num	8	BEST12.	BEST32.
436	TNF_sR_II	Num	8	BEST12.	BEST32.
437	Siglec_3	Num	8	BEST12.	BEST32.
438	ADAMTS_5	Num	8	BEST12.	BEST32.
439	IDUA	Num	8	BEST12.	BEST32.
440	AMPM2	Num	8	BEST12.	BEST32.
441	amyloid_precursor_protein	Num	8	BEST12.	BEST32.
442	ARSB	Num	8	BEST12.	BEST32.
443	ASAH1	Num	8	BEST12.	BEST32.
444	ATS1	Num	8	BEST12.	BEST32.
445	ATS13	Num	8	BEST12.	BEST32.
446	Carbonic_Anhydrase_IV	Num	8	BEST12.	BEST32.
447	CATC	Num	8	BEST12.	BEST32.
448	Cathepsin_A	Num	8	BEST12.	BEST32.
449	Cathepsin_S	Num	8	BEST12.	BEST32.
450	CD39	Num	8	BEST12.	BEST32.
451	Coagulation_Factor_VII	Num	8	BEST12.	BEST32.
452	C2	Num	8	BEST12.	BEST32.
453	CRIS3	Num	8	BEST12.	BEST32.
454	Enterokinase	Num	8	BEST12.	BEST32.
455	WFKN1	Num	8	BEST12.	BEST32.
456	Glutamate_carboxypeptidase	Num	8	BEST12.	BEST32.
457	GPVI	Num	8	BEST12.	BEST32.
458	Granulysin	Num	8	BEST12.	BEST32.
459	HPLN1	Num	8	BEST12.	BEST32.
460	IDE	Num	8	BEST12.	BEST32.
461	IDS	Num	8	BEST12.	BEST32.
462	kallikrein_12	Num	8	BEST12.	BEST32.
463	kallikrein_13	Num	8	BEST12.	BEST32.
464	kallikrein_5	Num	8	BEST12.	BEST32.
465	KREM2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
466	LKHA4	Num	8	BEST12.	BEST32.
467	LYVE1	Num	8	BEST12.	BEST32.
468	MATN3	Num	8	BEST12.	BEST32.
469	MEPE	Num	8	BEST12.	BEST32.
470	METAP1	Num	8	BEST12.	BEST32.
471	ASAH2	Num	8	BEST12.	BEST32.
472	Nidogen	Num	8	BEST12.	BEST32.
473	PIGR	Num	8	BEST12.	BEST32.
474	Protease_nexin_I	Num	8	BEST12.	BEST32.
475	RET	Num	8	BEST12.	BEST32.
476	SARP_2	Num	8	BEST12.	BEST32.
477	Semaphorin_3A	Num	8	BEST12.	BEST32.
478	TrATPase	Num	8	BEST12.	BEST32.
479	URB	Num	8	BEST12.	BEST32.
480	WFKN2	Num	8	BEST12.	BEST32.
481	Aggrecan	Num	8	BEST12.	BEST32.
482	ANGL3	Num	8	BEST12.	BEST32.
483	BGH3	Num	8	BEST12.	BEST32.
484	BGN	Num	8	BEST12.	BEST32.
485	C1r	Num	8	BEST12.	BEST32.
486	Carbonic_Anhydrase_X	Num	8	BEST12.	BEST32.
487	CD109	Num	8	BEST12.	BEST32.
488	CD23	Num	8	BEST12.	BEST32.
489	CD48	Num	8	BEST12.	BEST32.
490	CD5L	Num	8	BEST12.	BEST32.
491	CFC1	Num	8	BEST12.	BEST32.
492	CNTN2	Num	8	BEST12.	BEST32.
493	Contactin_4	Num	8	BEST12.	BEST32.
494	Contactin_5	Num	8	BEST12.	BEST32.
495	CYTF	Num	8	BEST12.	BEST32.
496	Cystatin_M	Num	8	BEST12.	BEST32.
497	DLL4	Num	8	BEST12.	BEST32.
498	FCG2A	Num	8	BEST12.	BEST32.
499	FCG2B	Num	8	BEST12.	BEST32.
500	FCG3B	Num	8	BEST12.	BEST32.
501	FCGR1	Num	8	BEST12.	BEST32.
502	FCN2	Num	8	BEST12.	BEST32.
503	GFRa_1	Num	8	BEST12.	BEST32.
504	GPC2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
505	Heparin_cofactor_II	Num	8	BEST12.	BEST32.
506	HTRA2	Num	8	BEST12.	BEST32.
507	IGFBP_7	Num	8	BEST12.	BEST32.
508	IL24	Num	8	BEST12.	BEST32.
509	LRIG3	Num	8	BEST12.	BEST32.
510	LRP8	Num	8	BEST12.	BEST32.
511	LY9	Num	8	BEST12.	BEST32.
512	MATN2	Num	8	BEST12.	BEST32.
513	Nectin_like_protein_2	Num	8	BEST12.	BEST32.
514	NET4	Num	8	BEST12.	BEST32.
515	PGRP_S	Num	8	BEST12.	BEST32.
516	RGMB	Num	8	BEST12.	BEST32.
517	RGM_C	Num	8	BEST12.	BEST32.
518	TFPI	Num	8	BEST12.	BEST32.
519	TSP2	Num	8	BEST12.	BEST32.
520	TSP4	Num	8	BEST12.	BEST32.
521	ABL1	Num	8	BEST12.	BEST32.
522	Aminoacylase_1	Num	8	BEST12.	BEST32.
523	Antithrombin_III	Num	8	BEST12.	BEST32.
524	AURKB	Num	8	BEST12.	BEST32.
525	BARK1	Num	8	BEST12.	BEST32.
526	BMP_1	Num	8	BEST12.	BEST32.
527	CAMK2A	Num	8	BEST12.	BEST32.
528	CAMK2B	Num	8	BEST12.	BEST32.
529	Carbonic_anhydrase_6	Num	8	BEST12.	BEST32.
530	Carbonic_anhydrase_VII	Num	8	BEST12.	BEST32.
531	CDK2_cyclin_A	Num	8	BEST12.	BEST32.
532	CDK5_p35	Num	8	BEST12.	BEST32.
533	CDK8_cyclin_C	Num	8	BEST12.	BEST32.
534	Chk2	Num	8	BEST12.	BEST32.
535	CLC4K	Num	8	BEST12.	BEST32.
536	CRDL1	Num	8	BEST12.	BEST32.
537	CSK	Num	8	BEST12.	BEST32.
538	Cathepsin_V	Num	8	BEST12.	BEST32.
539	Dkk_4	Num	8	BEST12.	BEST32.
540	ECM1	Num	8	BEST12.	BEST32.
541	FETUB	Num	8	BEST12.	BEST32.
542	Granzyme_H	Num	8	BEST12.	BEST32.
543	HCK	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
544	IL_17_RD	Num	8	BEST12.	BEST32.
545	Kallikrein_7	Num	8	BEST12.	BEST32.
546	KPCI	Num	8	BEST12.	BEST32.
547	LYNB	Num	8	BEST12.	BEST32.
548	PAK3	Num	8	BEST12.	BEST32.
549	PAK7	Num	8	BEST12.	BEST32.
550	PCI	Num	8	BEST12.	BEST32.
551	PIK3CA_PIK3R1	Num	8	BEST12.	BEST32.
552	PK3CG	Num	8	BEST12.	BEST32.
553	PKB_a_b_g	Num	8	BEST12.	BEST32.
554	PLK_1	Num	8	BEST12.	BEST32.
555	Renin	Num	8	BEST12.	BEST32.
556	SHP_2	Num	8	BEST12.	BEST32.
557	STAB2	Num	8	BEST12.	BEST32.
558	TBK1	Num	8	BEST12.	BEST32.
559	TCPTP	Num	8	BEST12.	BEST32.
560	TPSB2	Num	8	BEST12.	BEST32.
561	TPSG1	Num	8	BEST12.	BEST32.
562	UFC1	Num	8	BEST12.	BEST32.
563	Bcl_2	Num	8	BEST12.	BEST32.
564	BFL1	Num	8	BEST12.	BEST32.
565	BMX	Num	8	BEST12.	BEST32.
566	BSP	Num	8	BEST12.	BEST32.
567	BTK	Num	8	BEST12.	BEST32.
568	CAMK1D	Num	8	BEST12.	BEST32.
569	CAMK2D	Num	8	BEST12.	BEST32.
570	Carbonic_anhydrase_XIII	Num	8	BEST12.	BEST32.
571	CD30_Ligand	Num	8	BEST12.	BEST32.
572	CDK1_cyclin_B	Num	8	BEST12.	BEST32.
573	Chymase	Num	8	BEST12.	BEST32.
574	CSK21	Num	8	BEST12.	BEST32.
575	EphA1	Num	8	BEST12.	BEST32.
576	EPHA3	Num	8	BEST12.	BEST32.
577	FN1_3	Num	8	BEST12.	BEST32.
578	FN1_4	Num	8	BEST12.	BEST32.
579	Flt_3	Num	8	BEST12.	BEST32.
580	FSTL3	Num	8	BEST12.	BEST32.
581	granzyme_A	Num	8	BEST12.	BEST32.
582	GSK_3_alpha_beta	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
583	HIPK3	Num	8	BEST12.	BEST32.
584	IL_15_Ra	Num	8	BEST12.	BEST32.
585	IL_18_Ra	Num	8	BEST12.	BEST32.
586	IL_8	Num	8	BEST12.	BEST32.
587	IR	Num	8	BEST12.	BEST32.
588	Kallistatin	Num	8	BEST12.	BEST32.
589	Kallikrein_6	Num	8	BEST12.	BEST32.
590	LCK	Num	8	BEST12.	BEST32.
591	LYN	Num	8	BEST12.	BEST32.
592	Periostin	Num	8	BEST12.	BEST32.
593	PDGF_Rb	Num	8	BEST12.	BEST32.
594	PGCB	Num	8	BEST12.	BEST32.
595	PRKACA	Num	8	BEST12.	BEST32.
596	RPS6KA3	Num	8	BEST12.	BEST32.
597	sE_Selectin	Num	8	BEST12.	BEST32.
598	STK16	Num	8	BEST12.	BEST32.
599	Survivin	Num	8	BEST12.	BEST32.
600	Thrombopoietin_Receptor	Num	8	BEST12.	BEST32.
601	Thrombospondin_1	Num	8	BEST12.	BEST32.
602	TrkA	Num	8	BEST12.	BEST32.
603	TRY3	Num	8	BEST12.	BEST32.
604	DUS3	Num	8	BEST12.	BEST32.
605	XPNPEP1	Num	8	BEST12.	BEST32.
606	Angiotensinogen	Num	8	BEST12.	BEST32.
607	b2_Microglobulin	Num	8	BEST12.	BEST32.
608	b_ECGF	Num	8	BEST12.	BEST32.
609	BLC	Num	8	BEST12.	BEST32.
610	Catalase	Num	8	BEST12.	BEST32.
611	CNTF	Num	8	BEST12.	BEST32.
612	FGF_17	Num	8	BEST12.	BEST32.
613	GCP_2	Num	8	BEST12.	BEST32.
614	IFN_aA	Num	8	BEST12.	BEST32.
615	IL_17B	Num	8	BEST12.	BEST32.
616	Integrin_a1b1	Num	8	BEST12.	BEST32.
617	LEAP_1	Num	8	BEST12.	BEST32.
618	Lymphotoxin_a1_b2	Num	8	BEST12.	BEST32.
619	Lymphotoxin_a2_b1	Num	8	BEST12.	BEST32.
620	MDC	Num	8	BEST12.	BEST32.
621	MIP_5	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
622	Proteinase_3	Num	8	BEST12.	BEST32.
623	SDF_1	Num	8	BEST12.	BEST32.
624	TAFI	Num	8	BEST12.	BEST32.
625	TARC	Num	8	BEST12.	BEST32.
626	TGF_b3	Num	8	BEST12.	BEST32.
627	TSH	Num	8	BEST12.	BEST32.
628	Vasoactive_Intestinal_Peptide	Num	8	BEST12.	BEST32.
629	CD40_ligand_soluble	Num	8	BEST12.	BEST32.
630	DKK1	Num	8	BEST12.	BEST32.
631	dopa_decarboxylase	Num	8	BEST12.	BEST32.
632	Adiponectin	Num	8	BEST12.	BEST32.
633	a1_Antitrypsin	Num	8	BEST12.	BEST32.
634	a2_HS_Glycoprotein	Num	8	BEST12.	BEST32.
635	Arylsulfatase_A	Num	8	BEST12.	BEST32.
636	BASI	Num	8	BEST12.	BEST32.
637	BMP10	Num	8	BEST12.	BEST32.
638	Cadherin_6	Num	8	BEST12.	BEST32.
639	CAMK1	Num	8	BEST12.	BEST32.
640	Caspase_3	Num	8	BEST12.	BEST32.
641	CATE	Num	8	BEST12.	BEST32.
642	Chitotriosidase_1	Num	8	BEST12.	BEST32.
643	CHL1	Num	8	BEST12.	BEST32.
644	CLC7A	Num	8	BEST12.	BEST32.
645	MASP3	Num	8	BEST12.	BEST32.
646	Discoidin_domain_receptor_2	Num	8	BEST12.	BEST32.
647	DKK3	Num	8	BEST12.	BEST32.
648	DPP2	Num	8	BEST12.	BEST32.
649	Endothelin_converting_enzyme_1	Num	8	BEST12.	BEST32.
650	EphB4	Num	8	BEST12.	BEST32.
651	FCN1	Num	8	BEST12.	BEST32.
652	GNS	Num	8	BEST12.	BEST32.
653	HGFA	Num	8	BEST12.	BEST32.
654	IL22RA1	Num	8	BEST12.	BEST32.
655	LGMN	Num	8	BEST12.	BEST32.
656	LY86	Num	8	BEST12.	BEST32.
657	Marapsin	Num	8	BEST12.	BEST32.
658	MMEL2	Num	8	BEST12.	BEST32.
659	MP2K2	Num	8	BEST12.	BEST32.
660	MRCKB	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
661	Nectin_like_protein_1	Num	8	BEST12.	BEST32.
662	NID2	Num	8	BEST12.	BEST32.
663	OBCAM	Num	8	BEST12.	BEST32.
664	OCAD1	Num	8	BEST12.	BEST32.
665	OLR1	Num	8	BEST12.	BEST32.
666	RAP	Num	8	BEST12.	BEST32.
667	SLAF5	Num	8	BEST12.	BEST32.
668	SLIK1	Num	8	BEST12.	BEST32.
669	Soggy_1	Num	8	BEST12.	BEST32.
670	TEC	Num	8	BEST12.	BEST32.
671	TLR4_MD_2_complex	Num	8	BEST12.	BEST32.
672	VEGF_sR2	Num	8	BEST12.	BEST32.
673	BMPER	Num	8	BEST12.	BEST32.
674	Cadherin_12	Num	8	BEST12.	BEST32.
675	Calcineurin_B_a	Num	8	BEST12.	BEST32.
676	complement_factor_H_related_5	Num	8	BEST12.	BEST32.
677	IGF_II_receptor	Num	8	BEST12.	BEST32.
678	kallikrein_14	Num	8	BEST12.	BEST32.
679	Macrophage_scavenger_receptor	Num	8	BEST12.	BEST32.
680	MFRP	Num	8	BEST12.	BEST32.
681	Albumin	Num	8	BEST12.	BEST32.
682	a2_Macroglobulin	Num	8	BEST12.	BEST32.
683	ALT	Num	8	BEST12.	BEST32.
684	Angiostatin	Num	8	BEST12.	BEST32.
685	CK_MB	Num	8	BEST12.	BEST32.
686	p27Kip1	Num	8	BEST12.	BEST32.
687	BNP_32	Num	8	BEST12.	BEST32.
688	PYY	Num	8	BEST12.	BEST32.
689	Secretin	Num	8	BEST12.	BEST32.
690	TNR4	Num	8	BEST12.	BEST32.
691	CSF_1	Num	8	BEST12.	BEST32.
692	Activated_Protein_C	Num	8	BEST12.	BEST32.
693	COX_2	Num	8	BEST12.	BEST32.
694	STX1a	Num	8	BEST12.	BEST32.
695	sTie_2	Num	8	BEST12.	BEST32.
696	ADAM_9	Num	8	BEST12.	BEST32.
697	ANGL4	Num	8	BEST12.	BEST32.
698	Cadherin_2	Num	8	BEST12.	BEST32.
699	Carbonic_anhydrase_9	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
700	Carbonic_anhydrase_III	Num	8	BEST12.	BEST32.
701	CK_BB	Num	8	BEST12.	BEST32.
702	Cystatin_S	Num	8	BEST12.	BEST32.
703	CYTD	Num	8	BEST12.	BEST32.
704	Endocan	Num	8	BEST12.	BEST32.
705	EphA5	Num	8	BEST12.	BEST32.
706	FGF23	Num	8	BEST12.	BEST32.
707	FGFR_2	Num	8	BEST12.	BEST32.
708	FGFR_3	Num	8	BEST12.	BEST32.
709	FGR	Num	8	BEST12.	BEST32.
710	FYN	Num	8	BEST12.	BEST32.
711	IL_12_RB2	Num	8	BEST12.	BEST32.
712	KPCT	Num	8	BEST12.	BEST32.
713	MAPK2	Num	8	BEST12.	BEST32.
714	MAPK5	Num	8	BEST12.	BEST32.
715	MAPKAPK3	Num	8	BEST12.	BEST32.
716	MATK	Num	8	BEST12.	BEST32.
717	MK08	Num	8	BEST12.	BEST32.
718	PAK6	Num	8	BEST12.	BEST32.
719	PDGF_CC	Num	8	BEST12.	BEST32.
720	pTEN	Num	8	BEST12.	BEST32.
721	PTK6	Num	8	BEST12.	BEST32.
722	TLR2	Num	8	BEST12.	BEST32.
723	UFM1	Num	8	BEST12.	BEST32.
724	AIP	Num	8	BEST12.	BEST32.
725	Cyclophilin_A	Num	8	BEST12.	BEST32.
726	DLRB1	Num	8	BEST12.	BEST32.
727	ETHE1	Num	8	BEST12.	BEST32.
728	GAPDH_liver	Num	8	BEST12.	BEST32.
729	HSP_40	Num	8	BEST12.	BEST32.
730	MDHC	Num	8	BEST12.	BEST32.
731	NACA	Num	8	BEST12.	BEST32.
732	Peroxiredoxin_1	Num	8	BEST12.	BEST32.
733	PPAC	Num	8	BEST12.	BEST32.
734	PSA1	Num	8	BEST12.	BEST32.
735	PSA6	Num	8	BEST12.	BEST32.
736	RS7	Num	8	BEST12.	BEST32.
737	RSK_like_protein_kinase	Num	8	BEST12.	BEST32.
738	SBDS	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
739	SE6L2	Num	8	BEST12.	BEST32.
740	SGTA	Num	8	BEST12.	BEST32.
741	TCTP	Num	8	BEST12.	BEST32.
742	TMA	Num	8	BEST12.	BEST32.
743	UB2L3	Num	8	BEST12.	BEST32.
744	ARI3A	Num	8	BEST12.	BEST32.
745	CaMKK_alpha	Num	8	BEST12.	BEST32.
746	CDC37	Num	8	BEST12.	BEST32.
747	DLC8	Num	8	BEST12.	BEST32.
748	IMB1	Num	8	BEST12.	BEST32.
749	ING1	Num	8	BEST12.	BEST32.
750	Lamin_B1	Num	8	BEST12.	BEST32.
751	LDH_H_1	Num	8	BEST12.	BEST32.
752	MBD4	Num	8	BEST12.	BEST32.
753	Mesothelin	Num	8	BEST12.	BEST32.
754	NAGK	Num	8	BEST12.	BEST32.
755	Phosphoglycerate_mutase_1	Num	8	BEST12.	BEST32.
756	PLPP	Num	8	BEST12.	BEST32.
757	PSD7	Num	8	BEST12.	BEST32.
758	SKP1	Num	8	BEST12.	BEST32.
759	Sorting_nexin_4	Num	8	BEST12.	BEST32.
760	UBE2N	Num	8	BEST12.	BEST32.
761	discoidin_domain_receptor_1	Num	8	BEST12.	BEST32.
762	FGF_4	Num	8	BEST12.	BEST32.
763	HSP_70	Num	8	BEST12.	BEST32.
764	sRAGE	Num	8	BEST12.	BEST32.
765	BPI	Num	8	BEST12.	BEST32.
766	C6	Num	8	BEST12.	BEST32.
767	Eotaxin_2	Num	8	BEST12.	BEST32.
768	Factor_B	Num	8	BEST12.	BEST32.
769	FGF_6	Num	8	BEST12.	BEST32.
770	Fibronectin	Num	8	BEST12.	BEST32.
771	FST	Num	8	BEST12.	BEST32.
772	Granzyme_B	Num	8	BEST12.	BEST32.
773	HB_EGF	Num	8	BEST12.	BEST32.
774	IgE	Num	8	BEST12.	BEST32.
775	IL_17D	Num	8	BEST12.	BEST32.
776	IL_17E	Num	8	BEST12.	BEST32.
777	IL_20	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
778	IL_6_sRa	Num	8	BEST12.	BEST32.
779	IL_7	Num	8	BEST12.	BEST32.
780	IP_10	Num	8	BEST12.	BEST32.
781	Lymphotactin	Num	8	BEST12.	BEST32.
782	MCP_4	Num	8	BEST12.	BEST32.
783	Neurotrophin_3	Num	8	BEST12.	BEST32.
784	Neurotrophin_5	Num	8	BEST12.	BEST32.
785	PAPP_A	Num	8	BEST12.	BEST32.
786	PDGF_BB	Num	8	BEST12.	BEST32.
787	Plasmin	Num	8	BEST12.	BEST32.
788	Plasminogen	Num	8	BEST12.	BEST32.
789	Prekallikrein	Num	8	BEST12.	BEST32.
790	alpha_1_antichymotrypsin_complex	Num	8	BEST12.	BEST32.
791	P_Selectin	Num	8	BEST12.	BEST32.
792	Tenascin	Num	8	BEST12.	BEST32.
793	TGF_b2	Num	8	BEST12.	BEST32.
794	Thrombin	Num	8	BEST12.	BEST32.
795	uPA	Num	8	BEST12.	BEST32.
796	Factor_H	Num	8	BEST12.	BEST32.
797	MMP_2	Num	8	BEST12.	BEST32.
798	Transferrin	Num	8	BEST12.	BEST32.
799	Histone_H2A_z	Num	8	BEST12.	BEST32.
800	Thyroglobulin	Num	8	BEST12.	BEST32.
801	_14_3_3	Num	8	BEST12.	BEST32.
802	_4EBP2	Num	8	BEST12.	BEST32.
803	_6_Phosphogluconate_dehydrogenas	Num	8	BEST12.	BEST32.
804	Aflatoxin_B1_aldehyde_reductase	Num	8	BEST12.	BEST32.
805	AK1A1	Num	8	BEST12.	BEST32.
806	AN32B	Num	8	BEST12.	BEST32.
807	Cofilin_1	Num	8	BEST12.	BEST32.
808	DRG_1	Num	8	BEST12.	BEST32.
809	EP15R	Num	8	BEST12.	BEST32.
810	ERAB	Num	8	BEST12.	BEST32.
811	FER	Num	8	BEST12.	BEST32.
812	HNRPQ	Num	8	BEST12.	BEST32.
813	IF4G2	Num	8	BEST12.	BEST32.
814	IGF_I_sR	Num	8	BEST12.	BEST32.
815	IL_1_R4	Num	8	BEST12.	BEST32.
816	LCMT1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
817	LIN7B	Num	8	BEST12.	BEST32.
818	M2_PK	Num	8	BEST12.	BEST32.
819	MDM2	Num	8	BEST12.	BEST32.
820	NCAM_L1	Num	8	BEST12.	BEST32.
821	NDP_kinase_B	Num	8	BEST12.	BEST32.
822	NSF1C	Num	8	BEST12.	BEST32.
823	NUDC3	Num	8	BEST12.	BEST32.
824	PA2G4	Num	8	BEST12.	BEST32.
825	paraoxonase_1	Num	8	BEST12.	BEST32.
826	PESC	Num	8	BEST12.	BEST32.
827	PFD5	Num	8	BEST12.	BEST32.
828	PHI	Num	8	BEST12.	BEST32.
829	prostatic_binding_protein	Num	8	BEST12.	BEST32.
830	Protein_disulfide_isomerase	Num	8	BEST12.	BEST32.
831	PSA2	Num	8	BEST12.	BEST32.
832	RAN	Num	8	BEST12.	BEST32.
833	RBM39	Num	8	BEST12.	BEST32.
834	SNAA	Num	8	BEST12.	BEST32.
835	Sphingosine_kinase_1	Num	8	BEST12.	BEST32.
836	Spondin_1	Num	8	BEST12.	BEST32.
837	Thymidine_kinase	Num	8	BEST12.	BEST32.
838	transcription_factor_MLR1_isof	Num	8	BEST12.	BEST32.
839	Transketolase	Num	8	BEST12.	BEST32.
840	Triosephosphate_isomerase	Num	8	BEST12.	BEST32.
841	XTP3A	Num	8	BEST12.	BEST32.
842	PTP_1C	Num	8	BEST12.	BEST32.
843	AMNLS	Num	8	BEST12.	BEST32.
844	CYTT	Num	8	BEST12.	BEST32.
845	BOC	Num	8	BEST12.	BEST32.
846	CLC1B	Num	8	BEST12.	BEST32.
847	SAA	Num	8	BEST12.	BEST32.
848	CRP	Num	8	BEST12.	BEST32.
849	sICAM_1	Num	8	BEST12.	BEST32.
850	DAPK2	Num	8	BEST12.	BEST32.
851	DYRK3	Num	8	BEST12.	BEST32.
852	MIC_1	Num	8	BEST12.	BEST32.
853	DHH	Num	8	BEST12.	BEST32.
854	FGF_12	Num	8	BEST12.	BEST32.
855	FGF_16	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
856	FGF_8A	Num	8	BEST12.	BEST32.
857	IFN_lambda_1	Num	8	BEST12.	BEST32.
858	IFN_lambda_2	Num	8	BEST12.	BEST32.
859	MSP	Num	8	BEST12.	BEST32.
860	SLPI	Num	8	BEST12.	BEST32.
861	SP_D	Num	8	BEST12.	BEST32.
862	ADAM12	Num	8	BEST12.	BEST32.
863	BCL2_like_1_protein	Num	8	BEST12.	BEST32.
864	CHST2	Num	8	BEST12.	BEST32.
865	CHST6	Num	8	BEST12.	BEST32.
866	Collectin_Kidney_1	Num	8	BEST12.	BEST32.
867	ENPP7	Num	8	BEST12.	BEST32.
868	ENTP3	Num	8	BEST12.	BEST32.
869	ENTP5	Num	8	BEST12.	BEST32.
870	FCRL3	Num	8	BEST12.	BEST32.
871	GREM1	Num	8	BEST12.	BEST32.
872	hnRNP_A_B	Num	8	BEST12.	BEST32.
873	LRRT1	Num	8	BEST12.	BEST32.
874	LRRT3	Num	8	BEST12.	BEST32.
875	MFGM	Num	8	BEST12.	BEST32.
876	PCSK7	Num	8	BEST12.	BEST32.
877	PDPK1	Num	8	BEST12.	BEST32.
878	Sialoadhesin	Num	8	BEST12.	BEST32.
879	SPARCL1	Num	8	BEST12.	BEST32.
880	SPHK2	Num	8	BEST12.	BEST32.
881	ST4S6	Num	8	BEST12.	BEST32.
882	TGM3	Num	8	BEST12.	BEST32.
883	Tropomyosin_2	Num	8	BEST12.	BEST32.
884	Ubiquitin	Num	8	BEST12.	BEST32.
885	ZAP70	Num	8	BEST12.	BEST32.
886	C1_Esterase_Inhibitor	Num	8	BEST12.	BEST32.
887	C3b	Num	8	BEST12.	BEST32.
888	C4	Num	8	BEST12.	BEST32.
889	C5b__6_Complex	Num	8	BEST12.	BEST32.
890	FGF7	Num	8	BEST12.	BEST32.
891	IL_3_Ra	Num	8	BEST12.	BEST32.
892	IL_5_Ra	Num	8	BEST12.	BEST32.
893	IL_11	Num	8	BEST12.	BEST32.
894	Kininogen_HMW	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
895	MMP_12	Num	8	BEST12.	BEST32.
896	NCAM_120	Num	8	BEST12.	BEST32.
897	PDGF_AA	Num	8	BEST12.	BEST32.
898	SCGF_alpha	Num	8	BEST12.	BEST32.
899	ATS15	Num	8	BEST12.	BEST32.
900	BSSP4	Num	8	BEST12.	BEST32.
901	BST1	Num	8	BEST12.	BEST32.
902	CBX5	Num	8	BEST12.	BEST32.
903	CDON	Num	8	BEST12.	BEST32.
904	Clusterin	Num	8	BEST12.	BEST32.
905	CONA1	Num	8	BEST12.	BEST32.
906	CTAP_III	Num	8	BEST12.	BEST32.
907	DnaJ_homolog	Num	8	BEST12.	BEST32.
908	EMR2	Num	8	BEST12.	BEST32.
909	FLRT1	Num	8	BEST12.	BEST32.
910	Fucosyltransferase_3	Num	8	BEST12.	BEST32.
911	FUT5	Num	8	BEST12.	BEST32.
912	GP114	Num	8	BEST12.	BEST32.
913	HDGR2	Num	8	BEST12.	BEST32.
914	IL_34	Num	8	BEST12.	BEST32.
915	KIRR3	Num	8	BEST12.	BEST32.
916	KYNU	Num	8	BEST12.	BEST32.
917	Livin_B	Num	8	BEST12.	BEST32.
918	NXPH1	Num	8	BEST12.	BEST32.
919	PLCG1	Num	8	BEST12.	BEST32.
920	PLXC1	Num	8	BEST12.	BEST32.
921	RSPO2	Num	8	BEST12.	BEST32.
922	SH21A	Num	8	BEST12.	BEST32.
923	SLIK5	Num	8	BEST12.	BEST32.
924	SORC2	Num	8	BEST12.	BEST32.
925	PH	Num	8	BEST12.	BEST32.
926	IL_6	Num	8	BEST12.	BEST32.
927	_3HIDH	Num	8	BEST12.	BEST32.
928	GM_CSF	Num	8	BEST12.	BEST32.
929	TNF_b	Num	8	BEST12.	BEST32.
930	_41	Num	8	BEST12.	BEST32.
931	_17_beta_HSD_1	Num	8	BEST12.	BEST32.
932	Apo_D	Num	8	BEST12.	BEST32.
933	IL_3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
934	PPIB	Num	8	BEST12.	BEST32.
935	Protein_disulfide_isomerase_A3	Num	8	BEST12.	BEST32.
936	TFF3	Num	8	BEST12.	BEST32.
937	Afamin	Num	8	BEST12.	BEST32.
938	Olfactomedin_4	Num	8	BEST12.	BEST32.
939	ASM3A	Num	8	BEST12.	BEST32.
940	FAM107B	Num	8	BEST12.	BEST32.
941	Gelsolin	Num	8	BEST12.	BEST32.
942	CBG	Num	8	BEST12.	BEST32.
943	Cytidylate_kinase	Num	8	BEST12.	BEST32.
944	C34_gp41_HIV_Fragment	Num	8	BEST12.	BEST32.
945	PERL	Num	8	BEST12.	BEST32.
946	CO8A1	Num	8	BEST12.	BEST32.
947	ITI_heavy_chain_H4	Num	8	BEST12.	BEST32.
948	TXD12	Num	8	BEST12.	BEST32.
949	STRATIFIN	Num	8	BEST12.	BEST32.
950	sL_Selectin	Num	8	BEST12.	BEST32.
951	TRAIL_R1	Num	8	BEST12.	BEST32.
952	Epithelial_cell_kinase	Num	8	BEST12.	BEST32.
953	G_CSF	Num	8	BEST12.	BEST32.
954	Glypican_3	Num	8	BEST12.	BEST32.
955	IL_1a	Num	8	BEST12.	BEST32.
956	BMPR1A	Num	8	BEST12.	BEST32.
957	BMP_RII	Num	8	BEST12.	BEST32.
958	TrkB	Num	8	BEST12.	BEST32.
959	VEGF121	Num	8	BEST12.	BEST32.
960	Angiogenin	Num	8	BEST12.	BEST32.
961	Coagulation_Factor_IX	Num	8	BEST12.	BEST32.
962	Coagulation_Factor_X	Num	8	BEST12.	BEST32.
963	GDF2	Num	8	BEST12.	BEST32.
964	Insulin	Num	8	BEST12.	BEST32.
965	MCP_3	Num	8	BEST12.	BEST32.
966	WNT7A	Num	8	BEST12.	BEST32.
967	ACTH	Num	8	BEST12.	BEST32.
968	Glucagon	Num	8	BEST12.	BEST32.
969	C3a	Num	8	BEST12.	BEST32.
970	Calcineurin	Num	8	BEST12.	BEST32.
971	Caspase_2	Num	8	BEST12.	BEST32.
972	Coactosin_like_protein	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
973	Coagulation_Factor_V	Num	8	BEST12.	BEST32.
974	D_dimer	Num	8	BEST12.	BEST32.
975	Endoglin	Num	8	BEST12.	BEST32.
976	Galectin_8	Num	8	BEST12.	BEST32.
977	GIB	Num	8	BEST12.	BEST32.
978	Glutathione_S_transferase_Pi	Num	8	BEST12.	BEST32.
979	GOT1	Num	8	BEST12.	BEST32.
980	HCC_4	Num	8	BEST12.	BEST32.
981	HCG	Num	8	BEST12.	BEST32.
982	Hemoglobin	Num	8	BEST12.	BEST32.
983	IgD	Num	8	BEST12.	BEST32.
984	Integrin_aVb5	Num	8	BEST12.	BEST32.
985	Lysozyme	Num	8	BEST12.	BEST32.
986	MIP_3b	Num	8	BEST12.	BEST32.
987	MIS	Num	8	BEST12.	BEST32.
988	MMP_1	Num	8	BEST12.	BEST32.
989	MMP_13	Num	8	BEST12.	BEST32.
990	SHBG	Num	8	BEST12.	BEST32.
991	Stanniocalcin_1	Num	8	BEST12.	BEST32.
992	TF	Num	8	BEST12.	BEST32.
993	EPI	Num	8	BEST12.	BEST32.
994	_40S_ribosomal_protein_SA	Num	8	BEST12.	BEST32.
995	AGR2	Num	8	BEST12.	BEST32.
996	annexin_I	Num	8	BEST12.	BEST32.
997	annexin_II	Num	8	BEST12.	BEST32.
998	ARMEL	Num	8	BEST12.	BEST32.
999	ARP19	Num	8	BEST12.	BEST32.
1000	ARTS1	Num	8	BEST12.	BEST32.
1001	ATP_synthase_beta_chain	Num	8	BEST12.	BEST32.
1002	C1QBP	Num	8	BEST12.	BEST32.
1003	CAPG	Num	8	BEST12.	BEST32.
1004	Carbonic_anhydrase_I	Num	8	BEST12.	BEST32.
1005	carbonic_anhydrase_II	Num	8	BEST12.	BEST32.
1006	CATZ	Num	8	BEST12.	BEST32.
1007	cIAP_2	Num	8	BEST12.	BEST32.
1008	CRK	Num	8	BEST12.	BEST32.
1009	DBNL	Num	8	BEST12.	BEST32.
1010	DERM	Num	8	BEST12.	BEST32.
1011	DSC3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1012	Elafin	Num	8	BEST12.	BEST32.
1013	ERP29	Num	8	BEST12.	BEST32.
1014	Esterase_D	Num	8	BEST12.	BEST32.
1015	FABPE	Num	8	BEST12.	BEST32.
1016	FAK1	Num	8	BEST12.	BEST32.
1017	FCAR	Num	8	BEST12.	BEST32.
1018	FGFR4	Num	8	BEST12.	BEST32.
1019	Fibrinogen_g_chain_dimer	Num	8	BEST12.	BEST32.
1020	GP1BA	Num	8	BEST12.	BEST32.
1021	GPC5	Num	8	BEST12.	BEST32.
1022	GRN	Num	8	BEST12.	BEST32.
1023	GSTA3	Num	8	BEST12.	BEST32.
1024	hnRNP_K	Num	8	BEST12.	BEST32.
1025	HPG_	Num	8	BEST12.	BEST32.
1026	HRG	Num	8	BEST12.	BEST32.
1027	IF4A3	Num	8	BEST12.	BEST32.
1028	JAK2	Num	8	BEST12.	BEST32.
1029	LG3BP	Num	8	BEST12.	BEST32.
1030	Mammaglobin_2	Num	8	BEST12.	BEST32.
1031	MMP_14	Num	8	BEST12.	BEST32.
1032	MK11	Num	8	BEST12.	BEST32.
1033	MK12	Num	8	BEST12.	BEST32.
1034	MK13	Num	8	BEST12.	BEST32.
1035	MAPK14	Num	8	BEST12.	BEST32.
1036	Mn_SOD	Num	8	BEST12.	BEST32.
1037	Moesin	Num	8	BEST12.	BEST32.
1038	PBEF	Num	8	BEST12.	BEST32.
1039	Myokinase_human	Num	8	BEST12.	BEST32.
1040	NCC27	Num	8	BEST12.	BEST32.
1041	NCK1	Num	8	BEST12.	BEST32.
1042	PAFAH	Num	8	BEST12.	BEST32.
1043	PARK7	Num	8	BEST12.	BEST32.
1044	Peroxiredoxin_5	Num	8	BEST12.	BEST32.
1045	Peroxiredoxin_6	Num	8	BEST12.	BEST32.
1046	PGP9_5	Num	8	BEST12.	BEST32.
1047	phosphoglycerate_kinase_1	Num	8	BEST12.	BEST32.
1048	PPase	Num	8	BEST12.	BEST32.
1049	PUR8	Num	8	BEST12.	BEST32.
1050	Rb	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1051	RS3	Num	8	BEST12.	BEST32.
1052	sCD163	Num	8	BEST12.	BEST32.
1053	SEPR	Num	8	BEST12.	BEST32.
1054	SIRT2	Num	8	BEST12.	BEST32.
1055	SPTA2	Num	8	BEST12.	BEST32.
1056	SSRP1	Num	8	BEST12.	BEST32.
1057	Tropomyosin_1_alpha_chain	Num	8	BEST12.	BEST32.
1058	Trypsin_2	Num	8	BEST12.	BEST32.
1059	TS	Num	8	BEST12.	BEST32.
1060	TSG_6	Num	8	BEST12.	BEST32.
1061	B7_H1	Num	8	BEST12.	BEST32.
1062	B7_H2	Num	8	BEST12.	BEST32.
1063	CD226	Num	8	BEST12.	BEST32.
1064	CD244	Num	8	BEST12.	BEST32.
1065	CD83	Num	8	BEST12.	BEST32.
1066	CLM6	Num	8	BEST12.	BEST32.
1067	CRTAM	Num	8	BEST12.	BEST32.
1068	DAF	Num	8	BEST12.	BEST32.
1069	DcR3	Num	8	BEST12.	BEST32.
1070	EPHAA	Num	8	BEST12.	BEST32.
1071	EPHB2	Num	8	BEST12.	BEST32.
1072	EphB6	Num	8	BEST12.	BEST32.
1073	GPNMB	Num	8	BEST12.	BEST32.
1074	IL_1_sR9	Num	8	BEST12.	BEST32.
1075	IL_17B_R	Num	8	BEST12.	BEST32.
1076	IL_20_Ra	Num	8	BEST12.	BEST32.
1077	IL_22BP	Num	8	BEST12.	BEST32.
1078	IL_23_R	Num	8	BEST12.	BEST32.
1079	IL_7_Ra	Num	8	BEST12.	BEST32.
1080	ILT_2	Num	8	BEST12.	BEST32.
1081	ILT_4	Num	8	BEST12.	BEST32.
1082	JAG1	Num	8	BEST12.	BEST32.
1083	JAG2	Num	8	BEST12.	BEST32.
1084	JAML1	Num	8	BEST12.	BEST32.
1085	KI2L4	Num	8	BEST12.	BEST32.
1086	KI3L2	Num	8	BEST12.	BEST32.
1087	KI3S1	Num	8	BEST12.	BEST32.
1088	KLRF1	Num	8	BEST12.	BEST32.
1089	LAG_3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1090	LIMP_II	Num	8	BEST12.	BEST32.
1091	MICB	Num	8	BEST12.	BEST32.
1092	MO2R1	Num	8	BEST12.	BEST32.
1093	NKp46	Num	8	BEST12.	BEST32.
1094	Nogo_Receptor	Num	8	BEST12.	BEST32.
1095	NOTC2	Num	8	BEST12.	BEST32.
1096	Notch_1	Num	8	BEST12.	BEST32.
1097	Notch_3	Num	8	BEST12.	BEST32.
1098	Nr_CAM	Num	8	BEST12.	BEST32.
1099	NRX1B	Num	8	BEST12.	BEST32.
1100	NRX3B	Num	8	BEST12.	BEST32.
1101	OX2G	Num	8	BEST12.	BEST32.
1102	Prolactin_Receptor	Num	8	BEST12.	BEST32.
1103	RELT	Num	8	BEST12.	BEST32.
1104	ROBO2	Num	8	BEST12.	BEST32.
1105	ROBO3	Num	8	BEST12.	BEST32.
1106	SEM6B	Num	8	BEST12.	BEST32.
1107	Semaphorin_6A	Num	8	BEST12.	BEST32.
1108	sICAM_5	Num	8	BEST12.	BEST32.
1109	SIG14	Num	8	BEST12.	BEST32.
1110	SLAF6	Num	8	BEST12.	BEST32.
1111	SREC_I	Num	8	BEST12.	BEST32.
1112	SREC_II	Num	8	BEST12.	BEST32.
1113	TAJ	Num	8	BEST12.	BEST32.
1114	TCCR	Num	8	BEST12.	BEST32.
1115	TGF_b_R_II	Num	8	BEST12.	BEST32.
1116	TIMD3	Num	8	BEST12.	BEST32.
1117	TWEAKR	Num	8	BEST12.	BEST32.
1118	UNC5H3	Num	8	BEST12.	BEST32.
1119	UNC5H4	Num	8	BEST12.	BEST32.
1120	PDE7A	Num	8	BEST12.	BEST32.
1121	AMPK_a1b1g1	Num	8	BEST12.	BEST32.
1122	K_ras	Num	8	BEST12.	BEST32.
1123	NMT1	Num	8	BEST12.	BEST32.
1124	PDE9A	Num	8	BEST12.	BEST32.
1125	PPID	Num	8	BEST12.	BEST32.
1126	PSME3	Num	8	BEST12.	BEST32.
1127	GCKR	Num	8	BEST12.	BEST32.
1128	CK2_A1_B	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1129	CK2_A2_B	Num	8	BEST12.	BEST32.
1130	PDK1	Num	8	BEST12.	BEST32.
1131	KIF23	Num	8	BEST12.	BEST32.
1132	IMDH1	Num	8	BEST12.	BEST32.
1133	HMGR	Num	8	BEST12.	BEST32.
1134	PCSK9	Num	8	BEST12.	BEST32.
1135	NR1D1	Num	8	BEST12.	BEST32.
1136	PPIE	Num	8	BEST12.	BEST32.
1137	MP2K4	Num	8	BEST12.	BEST32.
1138	JNK2	Num	8	BEST12.	BEST32.
1139	AMPK_a2b2g1	Num	8	BEST12.	BEST32.
1140	cGMP_stimulated_PDE	Num	8	BEST12.	BEST32.
1141	Cyclophilin_F	Num	8	BEST12.	BEST32.
1142	DRAK2	Num	8	BEST12.	BEST32.
1143	IMDH2	Num	8	BEST12.	BEST32.
1144	PDE11	Num	8	BEST12.	BEST32.
1145	PDE1A	Num	8	BEST12.	BEST32.
1146	PDE3A	Num	8	BEST12.	BEST32.
1147	PDE4D	Num	8	BEST12.	BEST32.
1148	PDE5A	Num	8	BEST12.	BEST32.
1149	TAK1_TAB1	Num	8	BEST12.	BEST32.
1150	TYK2	Num	8	BEST12.	BEST32.
1151	ABL2	Num	8	BEST12.	BEST32.
1152	BCAR3	Num	8	BEST12.	BEST32.
1153	calreticulin	Num	8	BEST12.	BEST32.
1154	GRB2_related_adapter_protein_2	Num	8	BEST12.	BEST32.
1155	MMP_16	Num	8	BEST12.	BEST32.
1156	RAC3	Num	8	BEST12.	BEST32.
1157	SHC1	Num	8	BEST12.	BEST32.
1158	VAV	Num	8	BEST12.	BEST32.
1159	GHC2	Num	8	BEST12.	BEST32.
1160	Eotaxin	Num	8	BEST12.	BEST32.
1161	Coagulation_Factor_IXab	Num	8	BEST12.	BEST32.
1162	Elastase	Num	8	BEST12.	BEST32.
1163	Apo_E2	Num	8	BEST12.	BEST32.
1164	Troponin_T	Num	8	BEST12.	BEST32.
1165	Prothrombin	Num	8	BEST12.	BEST32.
1166	EGFRvIII	Num	8	BEST12.	BEST32.
1167	annexin_VI	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1168	B7_2	Num	8	BEST12.	BEST32.
1169	calgranulin_B	Num	8	BEST12.	BEST32.
1170	Caspase_10	Num	8	BEST12.	BEST32.
1171	CBPE	Num	8	BEST12.	BEST32.
1172	CKAP2	Num	8	BEST12.	BEST32.
1173	CPNE1	Num	8	BEST12.	BEST32.
1174	Cyclin_B1	Num	8	BEST12.	BEST32.
1175	DLL1	Num	8	BEST12.	BEST32.
1176	GPC6	Num	8	BEST12.	BEST32.
1177	hnRNP_A2_B1	Num	8	BEST12.	BEST32.
1178	HVEM	Num	8	BEST12.	BEST32.
1179	IL_1Ra	Num	8	BEST12.	BEST32.
1180	Keratin_18	Num	8	BEST12.	BEST32.
1181	LIGHT	Num	8	BEST12.	BEST32.
1182	MIF	Num	8	BEST12.	BEST32.
1183	NLGNX	Num	8	BEST12.	BEST32.
1184	OMD	Num	8	BEST12.	BEST32.
1185	PIM1	Num	8	BEST12.	BEST32.
1186	PKB_beta	Num	8	BEST12.	BEST32.
1187	Semaphorin_3E	Num	8	BEST12.	BEST32.
1188	SET	Num	8	BEST12.	BEST32.
1189	BAFF_Receptor	Num	8	BEST12.	BEST32.
1190	BRF_1	Num	8	BEST12.	BEST32.
1191	Fas_soluble	Num	8	BEST12.	BEST32.
1192	sLeptin_R	Num	8	BEST12.	BEST32.
1193	DR6	Num	8	BEST12.	BEST32.
1194	CAD15	Num	8	BEST12.	BEST32.
1195	CD27	Num	8	BEST12.	BEST32.
1196	RANK	Num	8	BEST12.	BEST32.
1197	SHPS1	Num	8	BEST12.	BEST32.
1198	FABP	Num	8	BEST12.	BEST32.
1199	Troponin_I_skeletal_fast_twit	Num	8	BEST12.	BEST32.
1200	Troponin_I	Num	8	BEST12.	BEST32.
1201	ANP	Num	8	BEST12.	BEST32.
1202	ALCAM	Num	8	BEST12.	BEST32.
1203	ASGR1	Num	8	BEST12.	BEST32.
1204	CNDP1	Num	8	BEST12.	BEST32.
1205	COLEC12	Num	8	BEST12.	BEST32.
1206	CYTN	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1207	DEAD_box_protein_19B	Num	8	BEST12.	BEST32.
1208	Ficolin_3	Num	8	BEST12.	BEST32.
1209	GAS1	Num	8	BEST12.	BEST32.
1210	GRB2_adapter_protein	Num	8	BEST12.	BEST32.
1211	H6ST1	Num	8	BEST12.	BEST32.
1212	HSP_90b	Num	8	BEST12.	BEST32.
1213	IL_17_RC	Num	8	BEST12.	BEST32.
1214	MED_1	Num	8	BEST12.	BEST32.
1215	PKC_B_II	Num	8	BEST12.	BEST32.
1216	PKC_G	Num	8	BEST12.	BEST32.
1217	PSMA	Num	8	BEST12.	BEST32.
1218	RANTES	Num	8	BEST12.	BEST32.
1219	RASA1	Num	8	BEST12.	BEST32.
1220	RBP	Num	8	BEST12.	BEST32.
1221	RGMA	Num	8	BEST12.	BEST32.
1222	RS3A	Num	8	BEST12.	BEST32.
1223	sICAM_2	Num	8	BEST12.	BEST32.
1224	SLAF7	Num	8	BEST12.	BEST32.
1225	SRCN1	Num	8	BEST12.	BEST32.
1226	Stress_induced_phosphoprotein_1	Num	8	BEST12.	BEST32.
1227	Testican_1	Num	8	BEST12.	BEST32.
1228	Testican_2	Num	8	BEST12.	BEST32.
1229	WNK3	Num	8	BEST12.	BEST32.
1230	RUXF	Num	8	BEST12.	BEST32.
1231	Cathepsin_D	Num	8	BEST12.	BEST32.
1232	EGF	Num	8	BEST12.	BEST32.
1233	GITR	Num	8	BEST12.	BEST32.
1234	bFGF_R	Num	8	BEST12.	BEST32.
1235	TRAIL_R2	Num	8	BEST12.	BEST32.
1236	NRP1	Num	8	BEST12.	BEST32.
1237	AFP	Num	8	BEST12.	BEST32.
1238	BID	Num	8	BEST12.	BEST32.
1239	b_NGF	Num	8	BEST12.	BEST32.
1240	C3d	Num	8	BEST12.	BEST32.
1241	CD70	Num	8	BEST12.	BEST32.
1242	Cripto	Num	8	BEST12.	BEST32.
1243	Epo	Num	8	BEST12.	BEST32.
1244	GDNF	Num	8	BEST12.	BEST32.
1245	IFN_g_R1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1246	IL_9	Num	8	BEST12.	BEST32.
1247	LIF_sR	Num	8	BEST12.	BEST32.
1248	NG36	Num	8	BEST12.	BEST32.
1249	Noggin	Num	8	BEST12.	BEST32.
1250	S100A12	Num	8	BEST12.	BEST32.
1251	tau	Num	8	BEST12.	BEST32.
1252	_14_3_3_protein_zeta_delta	Num	8	BEST12.	BEST32.
1253	_3HAO	Num	8	BEST12.	BEST32.
1254	aldolase_A	Num	8	BEST12.	BEST32.
1255	ARGI1	Num	8	BEST12.	BEST32.
1256	BAD	Num	8	BEST12.	BEST32.
1257	Dynactin_subunit_2	Num	8	BEST12.	BEST32.
1258	EF_1_beta	Num	8	BEST12.	BEST32.
1259	eIF_4H	Num	8	BEST12.	BEST32.
1260	eIF_5A_1	Num	8	BEST12.	BEST32.
1261	Gastrin_releasing_peptide	Num	8	BEST12.	BEST32.
1262	HINT1	Num	8	BEST12.	BEST32.
1263	HSP70_protein_8	Num	8	BEST12.	BEST32.
1264	Nucleoside_diphosphate_kinase_A	Num	8	BEST12.	BEST32.
1265	PEX5	Num	8	BEST12.	BEST32.
1266	PSME1	Num	8	BEST12.	BEST32.
1267	S100A7	Num	8	BEST12.	BEST32.
1268	WISP_3	Num	8	BEST12.	BEST32.
1269	Ferritin	Num	8	BEST12.	BEST32.
1270	TNF_a	Num	8	BEST12.	BEST32.
1271	TWEAK	Num	8	BEST12.	BEST32.
1272	Tpo	Num	8	BEST12.	BEST32.
1273	PTH	Num	8	BEST12.	BEST32.
1274	Somatostatin_28	Num	8	BEST12.	BEST32.
1275	MP2K3	Num	8	BEST12.	BEST32.
1276	p53	Num	8	BEST12.	BEST32.
1277	PolyUbiquitin_K48	Num	8	BEST12.	BEST32.
1278	PolyUbiquitin_K63	Num	8	BEST12.	BEST32.
1279	NET1	Num	8	BEST12.	BEST32.
1280	CD47	Num	8	BEST12.	BEST32.
1281	ANK2	Num	8	BEST12.	BEST32.
1282	_14_3_3_protein_theta	Num	8	BEST12.	BEST32.
1283	CREL1	Num	8	BEST12.	BEST32.
1284	Lectin__mannose_binding_2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1285	LRP1B	Num	8	BEST12.	BEST32.
1286	MYPC1	Num	8	BEST12.	BEST32.
1287	N_terminal_pro_BNP	Num	8	BEST12.	BEST32.
1288	Tropomyosin_4	Num	8	BEST12.	BEST32.
1289	PACAP_27	Num	8	BEST12.	BEST32.
1290	ghrelin	Num	8	BEST12.	BEST32.
1291	PACAP_38	Num	8	BEST12.	BEST32.
1292	a_Synuclein	Num	8	BEST12.	BEST32.
1293	BMP_6	Num	8	BEST12.	BEST32.
1294	HGH	Num	8	BEST12.	BEST32.
1295	SOD3	Num	8	BEST12.	BEST32.
1296	RSPO4	Num	8	BEST12.	BEST32.
1297	Cathepsin_H	Num	8	BEST12.	BEST32.
1298	Activin_AB	Num	8	BEST12.	BEST32.
1299	PSA	Num	8	BEST12.	BEST32.
1300	IGFBP_2	Num	8	BEST12.	BEST32.
1301	RNase_H1	Num	8	BEST12.	BEST32.
1302	ROR1	Num	8	BEST12.	BEST32.
1303	CgA	Num	8	BEST12.	BEST32.
1304	MMP_10	Num	8	BEST12.	BEST32.
1305	FBLN3	Num	8	BEST12.	BEST32.
1306	Leptin	Num	8	BEST12.	BEST32.
1307	KEAP1	Num	8	BEST12.	BEST32.
1308	gpIbIIIa	Num	8	BEST12.	BEST32.
1309	Eotaxin_3	Num	8	BEST12.	BEST32.
1310	SUMO3	Num	8	BEST12.	BEST32.
1311	IL_17	Num	8	BEST12.	BEST32.
1312	CSRP3	Num	8	BEST12.	BEST32.
1313	MMP_8	Num	8	BEST12.	BEST32.
1314	PGM1	Num	8	BEST12.	BEST32.
1315	DSCAM	Num	8	BEST12.	BEST32.
1316	MUC1	Num	8	BEST12.	BEST32.
1317	FAM3B	Num	8	BEST12.	BEST32.
1318	NEUREGULIN_1	Num	8	BEST12.	BEST32.
1319	INGR2	Num	8	BEST12.	BEST32.
1320	sLRP1	Num	8	BEST12.	BEST32.
1321	IFN_a_b_R1	Num	8	BEST12.	BEST32.
1322	TFF1	Num	8	BEST12.	BEST32.
1323	HMG1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1324	MIG	Num	8	BEST12.	BEST32.
1325	CD63	Num	8	BEST12.	BEST32.
1326	Trefoil_factor_2	Num	8	BEST12.	BEST32.
1327	Galectin_7	Num	8	BEST12.	BEST32.
1328	LEG9	Num	8	BEST12.	BEST32.
1329	UB2G2	Num	8	BEST12.	BEST32.
1330	Transgelin_2	Num	8	BEST12.	BEST32.
1331	ATPO	Num	8	BEST12.	BEST32.
1332	Corticotropin_lipotropin	Num	8	BEST12.	BEST32.
1333	QORL1	Num	8	BEST12.	BEST32.
1334	PEDF	Num	8	BEST12.	BEST32.
1335	CATF	Num	8	BEST12.	BEST32.
1336	FTCD	Num	8	BEST12.	BEST32.
1337	UBP25	Num	8	BEST12.	BEST32.
1338	PLXB2	Num	8	BEST12.	BEST32.

Data Set Name: normalizedurine.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	Case_Control	Char	4	\$4.	\$4.
2	Gender	Char	6	\$6.	\$6.
3	Replicate	Char	3	\$3.	\$3.
4	PatientID	Num	8	BEST12.	BEST32.
5	FacilityID	Num	8	BEST12.	BEST32.
6	StudyID	Num	8	BEST12.	BEST32.
7	Sample_Type	Char	17	\$17.	\$17.
8	Barcode	Char	12	\$12.	\$12.
9	New_Label	Char	7	\$7.	\$7.
10	PlateId	Char	5	\$5.	\$5.
11	SlideId	Num	8	BEST12.	BEST32.
12	Subarray	Num	8	BEST12.	BEST32.
13	SampleId	Char	7	\$7.	\$7.
14	SampleType	Char	6	\$6.	\$6.
15	PercentDilution	Num	8	BEST12.	BEST32.
16	SampleMatrix	Char	5	\$5.	\$5.
17	VAR17	Char	7	\$7.	\$7.
18	Barcode2d	Num	8	BEST12.	BEST32.
19	SampleNotes	Char	1	\$1.	\$1.
20	SampleDescription	Char	1	\$1.	\$1.
21	TimePoint	Char	1	\$1.	\$1.
22	ExtIdentifier	Char	18	\$18.	\$18.
23	SsfExtId	Char	9	\$9.	\$9.
24	SampleGroup	Char	1	\$1.	\$1.
25	SiteId	Char	1	\$1.	\$1.
26	TubeUniqueID	Char	7	\$7.	\$7.
27	Location_in_Box	Char	17	\$17.	\$17.
28	HybControlNormScale	Num	8	BEST12.	BEST32.
29	RowCheck	Char	4	\$4.	\$4.
30	NormScale_20	Num	8	BEST12.	BEST32.
31	Target	Char	1	\$1.	\$1.
32	CHIP	Num	8	BEST12.	BEST32.
33	CEBPB	Num	8	BEST12.	BEST32.
34	NSE	Num	8	BEST12.	BEST32.
35	PIAS4	Num	8	BEST12.	BEST32.
36	IL_10_Ra	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
37	STAT3	Num	8	BEST12.	BEST32.
38	IRF1	Num	8	BEST12.	BEST32.
39	c_Jun	Num	8	BEST12.	BEST32.
40	Mcl_1	Num	8	BEST12.	BEST32.
41	OAS1	Num	8	BEST12.	BEST32.
42	c_Myc	Num	8	BEST12.	BEST32.
43	SMAD3	Num	8	BEST12.	BEST32.
44	SMAD2	Num	8	BEST12.	BEST32.
45	IL_23	Num	8	BEST12.	BEST32.
46	PDGFRA	Num	8	BEST12.	BEST32.
47	IL_12	Num	8	BEST12.	BEST32.
48	STAT1	Num	8	BEST12.	BEST32.
49	STAT6	Num	8	BEST12.	BEST32.
50	LRRK2	Num	8	BEST12.	BEST32.
51	Osteocalcin	Num	8	BEST12.	BEST32.
52	IL_5	Num	8	BEST12.	BEST32.
53	GPDA	Num	8	BEST12.	BEST32.
54	IgA	Num	8	BEST12.	BEST32.
55	LPPL	Num	8	BEST12.	BEST32.
56	HEMK2	Num	8	BEST12.	BEST32.
57	PDXK	Num	8	BEST12.	BEST32.
58	TLR4	Num	8	BEST12.	BEST32.
59	REG4	Num	8	BEST12.	BEST32.
60	HSP_27	Num	8	BEST12.	BEST32.
61	YKL_40	Num	8	BEST12.	BEST32.
62	Alpha_enolase	Num	8	BEST12.	BEST32.
63	Apo_L1	Num	8	BEST12.	BEST32.
64	CD38	Num	8	BEST12.	BEST32.
65	CD59	Num	8	BEST12.	BEST32.
66	FABPL	Num	8	BEST12.	BEST32.
67	GDF_11	Num	8	BEST12.	BEST32.
68	BTC	Num	8	BEST12.	BEST32.
69	HIF_1a	Num	8	BEST12.	BEST32.
70	S100A6	Num	8	BEST12.	BEST32.
71	SECTM1	Num	8	BEST12.	BEST32.
72	RSPO3	Num	8	BEST12.	BEST32.
73	PSP	Num	8	BEST12.	BEST32.
74	Apoptosis_regulator_Bcl_W	Num	8	BEST12.	BEST32.
75	VEGF_D	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
76	SOST	Num	8	BEST12.	BEST32.
77	FAM3D	Num	8	BEST12.	BEST32.
78	CSH	Num	8	BEST12.	BEST32.
79	EFNB1	Num	8	BEST12.	BEST32.
80	SNP25	Num	8	BEST12.	BEST32.
81	LYPD3	Num	8	BEST12.	BEST32.
82	NEGR1	Num	8	BEST12.	BEST32.
83	BCL6	Num	8	BEST12.	BEST32.
84	FSTL1	Num	8	BEST12.	BEST32.
85	Osteopontin	Num	8	BEST12.	BEST32.
86	Lumican	Num	8	BEST12.	BEST32.
87	CD177	Num	8	BEST12.	BEST32.
88	CHKB	Num	8	BEST12.	BEST32.
89	SMOC1	Num	8	BEST12.	BEST32.
90	protein_Z_inhibitor	Num	8	BEST12.	BEST32.
91	FLRT2	Num	8	BEST12.	BEST32.
92	FLRT3	Num	8	BEST12.	BEST32.
93	ISLR2	Num	8	BEST12.	BEST32.
94	Vitronectin	Num	8	BEST12.	BEST32.
95	DSC2	Num	8	BEST12.	BEST32.
96	LDLR	Num	8	BEST12.	BEST32.
97	HXK2	Num	8	BEST12.	BEST32.
98	HXK1	Num	8	BEST12.	BEST32.
99	SEM5A	Num	8	BEST12.	BEST32.
100	LTBP4	Num	8	BEST12.	BEST32.
101	PIANP	Num	8	BEST12.	BEST32.
102	Adrenomedullin	Num	8	BEST12.	BEST32.
103	S100A4	Num	8	BEST12.	BEST32.
104	RNF43	Num	8	BEST12.	BEST32.
105	TRAIL_R4	Num	8	BEST12.	BEST32.
106	ZNRF3	Num	8	BEST12.	BEST32.
107	GI24	Num	8	BEST12.	BEST32.
108	Ephrin_A2	Num	8	BEST12.	BEST32.
109	ApoM	Num	8	BEST12.	BEST32.
110	IFN_b	Num	8	BEST12.	BEST32.
111	IFN10	Num	8	BEST12.	BEST32.
112	IFNA7	Num	8	BEST12.	BEST32.
113	EFNB2	Num	8	BEST12.	BEST32.
114	HHLA2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
115	IL_1_sRII	Num	8	BEST12.	BEST32.
116	AMGO2	Num	8	BEST12.	BEST32.
117	RXFP1	Num	8	BEST12.	BEST32.
118	C1QR1	Num	8	BEST12.	BEST32.
119	NRG4	Num	8	BEST12.	BEST32.
120	H2B2E	Num	8	BEST12.	BEST32.
121	H2A3	Num	8	BEST12.	BEST32.
122	H31	Num	8	BEST12.	BEST32.
123	IFN_g	Num	8	BEST12.	BEST32.
124	IL_1F8	Num	8	BEST12.	BEST32.
125	IL_1F6	Num	8	BEST12.	BEST32.
126	UCRP	Num	8	BEST12.	BEST32.
127	Ephrin_A3	Num	8	BEST12.	BEST32.
128	_14_3_3_protein_beta_alpha	Num	8	BEST12.	BEST32.
129	_14_3_3E	Num	8	BEST12.	BEST32.
130	Annexin_V	Num	8	BEST12.	BEST32.
131	Myostatin	Num	8	BEST12.	BEST32.
132	C4b	Num	8	BEST12.	BEST32.
133	Coagulation_Factor_XI	Num	8	BEST12.	BEST32.
134	CTACK	Num	8	BEST12.	BEST32.
135	Endostatin	Num	8	BEST12.	BEST32.
136	TIMP_1	Num	8	BEST12.	BEST32.
137	tPA	Num	8	BEST12.	BEST32.
138	EG_VEGF	Num	8	BEST12.	BEST32.
139	TIMP_2	Num	8	BEST12.	BEST32.
140	TGF_b1	Num	8	BEST12.	BEST32.
141	VEGF_sR3	Num	8	BEST12.	BEST32.
142	C5	Num	8	BEST12.	BEST32.
143	Apo_E	Num	8	BEST12.	BEST32.
144	BDNF	Num	8	BEST12.	BEST32.
145	C8	Num	8	BEST12.	BEST32.
146	Cathepsin_G	Num	8	BEST12.	BEST32.
147	CXCL16__soluble	Num	8	BEST12.	BEST32.
148	FGF_10	Num	8	BEST12.	BEST32.
149	FGF_8B	Num	8	BEST12.	BEST32.
150	GIIE	Num	8	BEST12.	BEST32.
151	GV	Num	8	BEST12.	BEST32.
152	MIP_3a	Num	8	BEST12.	BEST32.
153	SAP	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
154	SCF_sR	Num	8	BEST12.	BEST32.
155	TIMP_3	Num	8	BEST12.	BEST32.
156	Angiopoietin_4	Num	8	BEST12.	BEST32.
157	Cadherin_E	Num	8	BEST12.	BEST32.
158	GFRA_3	Num	8	BEST12.	BEST32.
159	Ephrin_B3	Num	8	BEST12.	BEST32.
160	GFRA_2	Num	8	BEST12.	BEST32.
161	_6Ckine	Num	8	BEST12.	BEST32.
162	HMG_1	Num	8	BEST12.	BEST32.
163	OPG	Num	8	BEST12.	BEST32.
164	b_Endorphin	Num	8	BEST12.	BEST32.
165	Factor_I	Num	8	BEST12.	BEST32.
166	IGFBP_3	Num	8	BEST12.	BEST32.
167	MCP_1	Num	8	BEST12.	BEST32.
168	MMP_9	Num	8	BEST12.	BEST32.
169	Myeloperoxidase	Num	8	BEST12.	BEST32.
170	PRL	Num	8	BEST12.	BEST32.
171	VEGF	Num	8	BEST12.	BEST32.
172	_4_1BB	Num	8	BEST12.	BEST32.
173	_4_1BB_ligand	Num	8	BEST12.	BEST32.
174	Angiopoietin_2	Num	8	BEST12.	BEST32.
175	B7	Num	8	BEST12.	BEST32.
176	CD30	Num	8	BEST12.	BEST32.
177	CLF_1_CLC_Complex	Num	8	BEST12.	BEST32.
178	Cystatin_C	Num	8	BEST12.	BEST32.
179	Dtk	Num	8	BEST12.	BEST32.
180	eIF_5	Num	8	BEST12.	BEST32.
181	Ephrin_A4	Num	8	BEST12.	BEST32.
182	Ephrin_A5	Num	8	BEST12.	BEST32.
183	ERBB2	Num	8	BEST12.	BEST32.
184	ERBB3	Num	8	BEST12.	BEST32.
185	ERBB4	Num	8	BEST12.	BEST32.
186	GA733_1_protein	Num	8	BEST12.	BEST32.
187	gp130__soluble	Num	8	BEST12.	BEST32.
188	HO_2	Num	8	BEST12.	BEST32.
189	HPV_E7_Type_16	Num	8	BEST12.	BEST32.
190	HPV_E7_Type18	Num	8	BEST12.	BEST32.
191	HSP_90a_b	Num	8	BEST12.	BEST32.
192	IL_1_R_AcP	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
193	IL_10_Rb	Num	8	BEST12.	BEST32.
194	IL_12_Rb1	Num	8	BEST12.	BEST32.
195	IL_13_Ra1	Num	8	BEST12.	BEST32.
196	IL_2_sRg	Num	8	BEST12.	BEST32.
197	Layilin	Num	8	BEST12.	BEST32.
198	Lymphotoxin_b_R	Num	8	BEST12.	BEST32.
199	Macrophage_mannose_receptor	Num	8	BEST12.	BEST32.
200	M_CSF_R	Num	8	BEST12.	BEST32.
201	MSP_R	Num	8	BEST12.	BEST32.
202	PAFAH_beta_subunit	Num	8	BEST12.	BEST32.
203	P_Cadherin	Num	8	BEST12.	BEST32.
204	PKC_A	Num	8	BEST12.	BEST32.
205	PKC_Z	Num	8	BEST12.	BEST32.
206	Rab_GDP_dissociation_inhibitor_b	Num	8	BEST12.	BEST32.
207	sICAM_3	Num	8	BEST12.	BEST32.
208	suPAR	Num	8	BEST12.	BEST32.
209	TNF_sR_I	Num	8	BEST12.	BEST32.
210	TrkC	Num	8	BEST12.	BEST32.
211	BCMA	Num	8	BEST12.	BEST32.
212	Bone_proteoglycan_II	Num	8	BEST12.	BEST32.
213	Calpain_I	Num	8	BEST12.	BEST32.
214	CK_MM	Num	8	BEST12.	BEST32.
215	ERBB1	Num	8	BEST12.	BEST32.
216	HGF	Num	8	BEST12.	BEST32.
217	HSP_60	Num	8	BEST12.	BEST32.
218	iC3b	Num	8	BEST12.	BEST32.
219	IGFBP_5	Num	8	BEST12.	BEST32.
220	IGFBP_6	Num	8	BEST12.	BEST32.
221	MIA	Num	8	BEST12.	BEST32.
222	NPS_PLA2	Num	8	BEST12.	BEST32.
223	OSM	Num	8	BEST12.	BEST32.
224	PECAM_1	Num	8	BEST12.	BEST32.
225	Persephin	Num	8	BEST12.	BEST32.
226	PF_4	Num	8	BEST12.	BEST32.
227	Protein_S	Num	8	BEST12.	BEST32.
228	TACI	Num	8	BEST12.	BEST32.
229	TECK	Num	8	BEST12.	BEST32.
230	Thyroxine_Binding_Globulin	Num	8	BEST12.	BEST32.
231	TNFSF18	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
232	CNTRF_alpha	Num	8	BEST12.	BEST32.
233	EMAP_2	Num	8	BEST12.	BEST32.
234	EPO_R	Num	8	BEST12.	BEST32.
235	G_CSF_R	Num	8	BEST12.	BEST32.
236	IL_1F7	Num	8	BEST12.	BEST32.
237	Laminin	Num	8	BEST12.	BEST32.
238	MICA	Num	8	BEST12.	BEST32.
239	NADPH_P450_Oxidoreductase	Num	8	BEST12.	BEST32.
240	NANOG	Num	8	BEST12.	BEST32.
241	NKp44	Num	8	BEST12.	BEST32.
242	NovH	Num	8	BEST12.	BEST32.
243	Siglec_6	Num	8	BEST12.	BEST32.
244	Siglec_7	Num	8	BEST12.	BEST32.
245	Sonic_Hedgehog	Num	8	BEST12.	BEST32.
246	IgG	Num	8	BEST12.	BEST32.
247	TSLP_R	Num	8	BEST12.	BEST32.
248	ULBP_3	Num	8	BEST12.	BEST32.
249	Activin_A	Num	8	BEST12.	BEST32.
250	Apo_A_I	Num	8	BEST12.	BEST32.
251	Azurocidin	Num	8	BEST12.	BEST32.
252	BMP_14	Num	8	BEST12.	BEST32.
253	C1q	Num	8	BEST12.	BEST32.
254	C3	Num	8	BEST12.	BEST32.
255	C3adesArg	Num	8	BEST12.	BEST32.
256	DRR1	Num	8	BEST12.	BEST32.
257	FGF_18	Num	8	BEST12.	BEST32.
258	FGF_19	Num	8	BEST12.	BEST32.
259	FGF_20	Num	8	BEST12.	BEST32.
260	FGF9	Num	8	BEST12.	BEST32.
261	GDF_11_8	Num	8	BEST12.	BEST32.
262	Hemopexin	Num	8	BEST12.	BEST32.
263	HIV_2_Rev	Num	8	BEST12.	BEST32.
264	I_309	Num	8	BEST12.	BEST32.
265	IGFBP_1	Num	8	BEST12.	BEST32.
266	IL_10	Num	8	BEST12.	BEST32.
267	IL_16	Num	8	BEST12.	BEST32.
268	IL_17F	Num	8	BEST12.	BEST32.
269	IL_22	Num	8	BEST12.	BEST32.
270	Lactoferrin	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
271	LAG_1	Num	8	BEST12.	BEST32.
272	LD78_beta	Num	8	BEST12.	BEST32.
273	MCP_2	Num	8	BEST12.	BEST32.
274	MMP_3	Num	8	BEST12.	BEST32.
275	MMP_7	Num	8	BEST12.	BEST32.
276	NAP_2	Num	8	BEST12.	BEST32.
277	SOD	Num	8	BEST12.	BEST32.
278	Fibrinogen	Num	8	BEST12.	BEST32.
279	Apo_B	Num	8	BEST12.	BEST32.
280	ACE2	Num	8	BEST12.	BEST32.
281	Activin_RIB	Num	8	BEST12.	BEST32.
282	ADAMTS_4	Num	8	BEST12.	BEST32.
283	Angiopoietin_1	Num	8	BEST12.	BEST32.
284	ART	Num	8	BEST12.	BEST32.
285	BCAM	Num	8	BEST12.	BEST32.
286	Cadherin_5	Num	8	BEST12.	BEST32.
287	CD97	Num	8	BEST12.	BEST32.
288	COMMD7	Num	8	BEST12.	BEST32.
289	EDA	Num	8	BEST12.	BEST32.
290	Fractalkine_CX3CL_1	Num	8	BEST12.	BEST32.
291	HAI_1	Num	8	BEST12.	BEST32.
292	IL_27	Num	8	BEST12.	BEST32.
293	Kallikrein_11	Num	8	BEST12.	BEST32.
294	Kallikrein_4	Num	8	BEST12.	BEST32.
295	kallikrein_8	Num	8	BEST12.	BEST32.
296	Ku70	Num	8	BEST12.	BEST32.
297	Lipocalin_2	Num	8	BEST12.	BEST32.
298	Met	Num	8	BEST12.	BEST32.
299	MMP_17	Num	8	BEST12.	BEST32.
300	OX40_Ligand	Num	8	BEST12.	BEST32.
301	sFRP_3	Num	8	BEST12.	BEST32.
302	SPINT2	Num	8	BEST12.	BEST32.
303	sTie_1	Num	8	BEST12.	BEST32.
304	Ubiquitin_1	Num	8	BEST12.	BEST32.
305	WIF_1	Num	8	BEST12.	BEST32.
306	AIF1	Num	8	BEST12.	BEST32.
307	C5a	Num	8	BEST12.	BEST32.
308	CHK1	Num	8	BEST12.	BEST32.
309	ERK_1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
310	Glucocorticoid_receptor	Num	8	BEST12.	BEST32.
311	Hat1	Num	8	BEST12.	BEST32.
312	HDAC8	Num	8	BEST12.	BEST32.
313	Karyopherin_a2	Num	8	BEST12.	BEST32.
314	MEK1	Num	8	BEST12.	BEST32.
315	MOZ	Num	8	BEST12.	BEST32.
316	PKC_D	Num	8	BEST12.	BEST32.
317	RAC1	Num	8	BEST12.	BEST32.
318	RAD51	Num	8	BEST12.	BEST32.
319	TBP	Num	8	BEST12.	BEST32.
320	Topoisomerase_I	Num	8	BEST12.	BEST32.
321	UBC9	Num	8	BEST12.	BEST32.
322	YES	Num	8	BEST12.	BEST32.
323	a1_Antichymotrypsin	Num	8	BEST12.	BEST32.
324	C7	Num	8	BEST12.	BEST32.
325	Cardiotrophin_1	Num	8	BEST12.	BEST32.
326	CCL28	Num	8	BEST12.	BEST32.
327	CD22	Num	8	BEST12.	BEST32.
328	HCC_1	Num	8	BEST12.	BEST32.
329	IL_4	Num	8	BEST12.	BEST32.
330	Midkine	Num	8	BEST12.	BEST32.
331	MPIF_1	Num	8	BEST12.	BEST32.
332	PCNA	Num	8	BEST12.	BEST32.
333	sRANKL	Num	8	BEST12.	BEST32.
334	PAI_1	Num	8	BEST12.	BEST32.
335	Apo_E3	Num	8	BEST12.	BEST32.
336	Apo_E4	Num	8	BEST12.	BEST32.
337	Artemin	Num	8	BEST12.	BEST32.
338	Cytochrome_c	Num	8	BEST12.	BEST32.
339	Cytochrome_P450_3A4	Num	8	BEST12.	BEST32.
340	DAN	Num	8	BEST12.	BEST32.
341	ER	Num	8	BEST12.	BEST32.
342	Factor_D	Num	8	BEST12.	BEST32.
343	Growth_hormone_receptor	Num	8	BEST12.	BEST32.
344	GX	Num	8	BEST12.	BEST32.
345	IGFBP_4	Num	8	BEST12.	BEST32.
346	IGF_I	Num	8	BEST12.	BEST32.
347	Luteinizing_hormone	Num	8	BEST12.	BEST32.
348	Properdin	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
349	Protein_C	Num	8	BEST12.	BEST32.
350	PTHrP	Num	8	BEST12.	BEST32.
351	SCGF_beta	Num	8	BEST12.	BEST32.
352	VCAM_1	Num	8	BEST12.	BEST32.
353	TNFSF15	Num	8	BEST12.	BEST32.
354	ALK_1	Num	8	BEST12.	BEST32.
355	AREG	Num	8	BEST12.	BEST32.
356	BMP_7	Num	8	BEST12.	BEST32.
357	CD36_ANTIGEN	Num	8	BEST12.	BEST32.
358	contactin_1	Num	8	BEST12.	BEST32.
359	CTGF	Num	8	BEST12.	BEST32.
360	Desmoglein_1	Num	8	BEST12.	BEST32.
361	EDAR	Num	8	BEST12.	BEST32.
362	ENA_78	Num	8	BEST12.	BEST32.
363	ESAM	Num	8	BEST12.	BEST32.
364	Galectin_4	Num	8	BEST12.	BEST32.
365	Gro_a	Num	8	BEST12.	BEST32.
366	Gro_b_g	Num	8	BEST12.	BEST32.
367	Histone_H1_2	Num	8	BEST12.	BEST32.
368	ICOS	Num	8	BEST12.	BEST32.
369	IL_1_sRI	Num	8	BEST12.	BEST32.
370	IL_17_sR	Num	8	BEST12.	BEST32.
371	IL_18_Rb	Num	8	BEST12.	BEST32.
372	IL_1Rrp2	Num	8	BEST12.	BEST32.
373	JAM_B	Num	8	BEST12.	BEST32.
374	JAM_C	Num	8	BEST12.	BEST32.
375	LSAMP	Num	8	BEST12.	BEST32.
376	MBL	Num	8	BEST12.	BEST32.
377	NKp30	Num	8	BEST12.	BEST32.
378	PD_L2	Num	8	BEST12.	BEST32.
379	PTP_1B	Num	8	BEST12.	BEST32.
380	Siglec_9	Num	8	BEST12.	BEST32.
381	TGF_b_R_III	Num	8	BEST12.	BEST32.
382	TSLP	Num	8	BEST12.	BEST32.
383	CTLA_4	Num	8	BEST12.	BEST32.
384	a2_Antiplasmin	Num	8	BEST12.	BEST32.
385	bFGF	Num	8	BEST12.	BEST32.
386	Calpastatin	Num	8	BEST12.	BEST32.
387	Ck_b_8_1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
388	DC_SIGN	Num	8	BEST12.	BEST32.
389	DC_SIGNR	Num	8	BEST12.	BEST32.
390	FSH	Num	8	BEST12.	BEST32.
391	Galectin_2	Num	8	BEST12.	BEST32.
392	GFAP	Num	8	BEST12.	BEST32.
393	IL_19	Num	8	BEST12.	BEST32.
394	IL_1b	Num	8	BEST12.	BEST32.
395	I_TAC	Num	8	BEST12.	BEST32.
396	MIP_1a	Num	8	BEST12.	BEST32.
397	MRC2	Num	8	BEST12.	BEST32.
398	Myoglobin	Num	8	BEST12.	BEST32.
399	ON	Num	8	BEST12.	BEST32.
400	PARC	Num	8	BEST12.	BEST32.
401	PTN	Num	8	BEST12.	BEST32.
402	resistin	Num	8	BEST12.	BEST32.
403	Trypsin	Num	8	BEST12.	BEST32.
404	vWF	Num	8	BEST12.	BEST32.
405	Fas_ligand_soluble	Num	8	BEST12.	BEST32.
406	Flt3_ligand	Num	8	BEST12.	BEST32.
407	Haptoglobin_Mixed_Type	Num	8	BEST12.	BEST32.
408	IL_4_sR	Num	8	BEST12.	BEST32.
409	NKG2D	Num	8	BEST12.	BEST32.
410	WISP_1	Num	8	BEST12.	BEST32.
411	BAFF	Num	8	BEST12.	BEST32.
412	C9	Num	8	BEST12.	BEST32.
413	Cathepsin_B	Num	8	BEST12.	BEST32.
414	FGF_5	Num	8	BEST12.	BEST32.
415	Galectin_3	Num	8	BEST12.	BEST32.
416	GDF_9	Num	8	BEST12.	BEST32.
417	IgM	Num	8	BEST12.	BEST32.
418	IL_2	Num	8	BEST12.	BEST32.
419	IL_13	Num	8	BEST12.	BEST32.
420	IL_18_BPa	Num	8	BEST12.	BEST32.
421	LBP	Num	8	BEST12.	BEST32.
422	Coagulation_Factor_Xa	Num	8	BEST12.	BEST32.
423	PIGF	Num	8	BEST12.	BEST32.
424	TIG2	Num	8	BEST12.	BEST32.
425	ULBP_1	Num	8	BEST12.	BEST32.
426	ULBP_2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
427	XEDAR	Num	8	BEST12.	BEST32.
428	Aurora_kinase_A	Num	8	BEST12.	BEST32.
429	MK01	Num	8	BEST12.	BEST32.
430	SMAC	Num	8	BEST12.	BEST32.
431	VEGF_C	Num	8	BEST12.	BEST32.
432	sCD4	Num	8	BEST12.	BEST32.
433	IL_2_sRa	Num	8	BEST12.	BEST32.
434	TNF_sR_II	Num	8	BEST12.	BEST32.
435	Siglec_3	Num	8	BEST12.	BEST32.
436	ADAMTS_5	Num	8	BEST12.	BEST32.
437	IDUA	Num	8	BEST12.	BEST32.
438	AMPM2	Num	8	BEST12.	BEST32.
439	amyloid_precursor_protein	Num	8	BEST12.	BEST32.
440	ARSB	Num	8	BEST12.	BEST32.
441	ASAH1	Num	8	BEST12.	BEST32.
442	ATS1	Num	8	BEST12.	BEST32.
443	ATS13	Num	8	BEST12.	BEST32.
444	Carbonic_Anhydrase_IV	Num	8	BEST12.	BEST32.
445	CATC	Num	8	BEST12.	BEST32.
446	Cathepsin_A	Num	8	BEST12.	BEST32.
447	Cathepsin_S	Num	8	BEST12.	BEST32.
448	CD39	Num	8	BEST12.	BEST32.
449	Coagulation_Factor_VII	Num	8	BEST12.	BEST32.
450	C2	Num	8	BEST12.	BEST32.
451	CRIS3	Num	8	BEST12.	BEST32.
452	Enterokinase	Num	8	BEST12.	BEST32.
453	WFKN1	Num	8	BEST12.	BEST32.
454	Glutamate_carboxypeptidase	Num	8	BEST12.	BEST32.
455	GPVI	Num	8	BEST12.	BEST32.
456	Granulysin	Num	8	BEST12.	BEST32.
457	HPLN1	Num	8	BEST12.	BEST32.
458	IDE	Num	8	BEST12.	BEST32.
459	IDS	Num	8	BEST12.	BEST32.
460	kallikrein_12	Num	8	BEST12.	BEST32.
461	kallikrein_13	Num	8	BEST12.	BEST32.
462	kallikrein_5	Num	8	BEST12.	BEST32.
463	KREM2	Num	8	BEST12.	BEST32.
464	LKHA4	Num	8	BEST12.	BEST32.
465	LYVE1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
466	MATN3	Num	8	BEST12.	BEST32.
467	MEPE	Num	8	BEST12.	BEST32.
468	METAP1	Num	8	BEST12.	BEST32.
469	ASAH2	Num	8	BEST12.	BEST32.
470	Nidogen	Num	8	BEST12.	BEST32.
471	PIGR	Num	8	BEST12.	BEST32.
472	Protease_nexin_I	Num	8	BEST12.	BEST32.
473	RET	Num	8	BEST12.	BEST32.
474	SARP_2	Num	8	BEST12.	BEST32.
475	Semaphorin_3A	Num	8	BEST12.	BEST32.
476	TrATPase	Num	8	BEST12.	BEST32.
477	URB	Num	8	BEST12.	BEST32.
478	WFKN2	Num	8	BEST12.	BEST32.
479	Aggrecan	Num	8	BEST12.	BEST32.
480	ANGL3	Num	8	BEST12.	BEST32.
481	BGH3	Num	8	BEST12.	BEST32.
482	BGN	Num	8	BEST12.	BEST32.
483	C1r	Num	8	BEST12.	BEST32.
484	Carbonic_Anhydrase_X	Num	8	BEST12.	BEST32.
485	CD109	Num	8	BEST12.	BEST32.
486	CD23	Num	8	BEST12.	BEST32.
487	CD48	Num	8	BEST12.	BEST32.
488	CD5L	Num	8	BEST12.	BEST32.
489	CFC1	Num	8	BEST12.	BEST32.
490	CNTN2	Num	8	BEST12.	BEST32.
491	Contactin_4	Num	8	BEST12.	BEST32.
492	Contactin_5	Num	8	BEST12.	BEST32.
493	CYTF	Num	8	BEST12.	BEST32.
494	Cystatin_M	Num	8	BEST12.	BEST32.
495	DLL4	Num	8	BEST12.	BEST32.
496	FCG2A	Num	8	BEST12.	BEST32.
497	FCG2B	Num	8	BEST12.	BEST32.
498	FCG3B	Num	8	BEST12.	BEST32.
499	FCGR1	Num	8	BEST12.	BEST32.
500	FCN2	Num	8	BEST12.	BEST32.
501	GFRa_1	Num	8	BEST12.	BEST32.
502	GPC2	Num	8	BEST12.	BEST32.
503	Heparin_cofactor_II	Num	8	BEST12.	BEST32.
504	HTRA2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
505	IGFBP_7	Num	8	BEST12.	BEST32.
506	IL24	Num	8	BEST12.	BEST32.
507	LRIG3	Num	8	BEST12.	BEST32.
508	LRP8	Num	8	BEST12.	BEST32.
509	LY9	Num	8	BEST12.	BEST32.
510	MATN2	Num	8	BEST12.	BEST32.
511	Nectin_like_protein_2	Num	8	BEST12.	BEST32.
512	NET4	Num	8	BEST12.	BEST32.
513	PGRP_S	Num	8	BEST12.	BEST32.
514	RGMB	Num	8	BEST12.	BEST32.
515	RGM_C	Num	8	BEST12.	BEST32.
516	TFPI	Num	8	BEST12.	BEST32.
517	TSP2	Num	8	BEST12.	BEST32.
518	TSP4	Num	8	BEST12.	BEST32.
519	ABL1	Num	8	BEST12.	BEST32.
520	Aminoacylase_1	Num	8	BEST12.	BEST32.
521	Antithrombin_III	Num	8	BEST12.	BEST32.
522	AURKB	Num	8	BEST12.	BEST32.
523	BARK1	Num	8	BEST12.	BEST32.
524	BMP_1	Num	8	BEST12.	BEST32.
525	CAMK2A	Num	8	BEST12.	BEST32.
526	CAMK2B	Num	8	BEST12.	BEST32.
527	Carbonic_anhydrase_6	Num	8	BEST12.	BEST32.
528	Carbonic_anhydrase_VII	Num	8	BEST12.	BEST32.
529	CDK2_cyclin_A	Num	8	BEST12.	BEST32.
530	CDK5_p35	Num	8	BEST12.	BEST32.
531	CDK8_cyclin_C	Num	8	BEST12.	BEST32.
532	Chk2	Num	8	BEST12.	BEST32.
533	CLC4K	Num	8	BEST12.	BEST32.
534	CRDL1	Num	8	BEST12.	BEST32.
535	CSK	Num	8	BEST12.	BEST32.
536	Cathepsin_V	Num	8	BEST12.	BEST32.
537	Dkk_4	Num	8	BEST12.	BEST32.
538	ECM1	Num	8	BEST12.	BEST32.
539	FETUB	Num	8	BEST12.	BEST32.
540	Granzyme_H	Num	8	BEST12.	BEST32.
541	HCK	Num	8	BEST12.	BEST32.
542	IL_17_RD	Num	8	BEST12.	BEST32.
543	Kallikrein_7	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
544	KPCI	Num	8	BEST12.	BEST32.
545	LYNB	Num	8	BEST12.	BEST32.
546	PAK3	Num	8	BEST12.	BEST32.
547	PAK7	Num	8	BEST12.	BEST32.
548	PCI	Num	8	BEST12.	BEST32.
549	PIK3CA_PIK3R1	Num	8	BEST12.	BEST32.
550	PK3CG	Num	8	BEST12.	BEST32.
551	PKB_a_b_g	Num	8	BEST12.	BEST32.
552	PLK_1	Num	8	BEST12.	BEST32.
553	Renin	Num	8	BEST12.	BEST32.
554	SHP_2	Num	8	BEST12.	BEST32.
555	STAB2	Num	8	BEST12.	BEST32.
556	TBK1	Num	8	BEST12.	BEST32.
557	TCPTP	Num	8	BEST12.	BEST32.
558	TPSB2	Num	8	BEST12.	BEST32.
559	TPSG1	Num	8	BEST12.	BEST32.
560	UFC1	Num	8	BEST12.	BEST32.
561	Bcl_2	Num	8	BEST12.	BEST32.
562	BFL1	Num	8	BEST12.	BEST32.
563	BMX	Num	8	BEST12.	BEST32.
564	BSP	Num	8	BEST12.	BEST32.
565	BTK	Num	8	BEST12.	BEST32.
566	CAMK1D	Num	8	BEST12.	BEST32.
567	CAMK2D	Num	8	BEST12.	BEST32.
568	Carbonic_anhydrase_XIII	Num	8	BEST12.	BEST32.
569	CD30_Ligand	Num	8	BEST12.	BEST32.
570	CDK1_cyclin_B	Num	8	BEST12.	BEST32.
571	Chymase	Num	8	BEST12.	BEST32.
572	CSK21	Num	8	BEST12.	BEST32.
573	EphA1	Num	8	BEST12.	BEST32.
574	EPHA3	Num	8	BEST12.	BEST32.
575	FN1_3	Num	8	BEST12.	BEST32.
576	FN1_4	Num	8	BEST12.	BEST32.
577	Flt_3	Num	8	BEST12.	BEST32.
578	FSTL3	Num	8	BEST12.	BEST32.
579	granzyme_A	Num	8	BEST12.	BEST32.
580	GSK_3_alpha_beta	Num	8	BEST12.	BEST32.
581	HIPK3	Num	8	BEST12.	BEST32.
582	IL_15_Ra	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
583	IL_18_Ra	Num	8	BEST12.	BEST32.
584	IL_8	Num	8	BEST12.	BEST32.
585	IR	Num	8	BEST12.	BEST32.
586	Kallistatin	Num	8	BEST12.	BEST32.
587	Kallikrein_6	Num	8	BEST12.	BEST32.
588	LCK	Num	8	BEST12.	BEST32.
589	LYN	Num	8	BEST12.	BEST32.
590	Periostin	Num	8	BEST12.	BEST32.
591	PDGF_Rb	Num	8	BEST12.	BEST32.
592	PGCB	Num	8	BEST12.	BEST32.
593	PRKACA	Num	8	BEST12.	BEST32.
594	RPS6KA3	Num	8	BEST12.	BEST32.
595	sE_Selectin	Num	8	BEST12.	BEST32.
596	STK16	Num	8	BEST12.	BEST32.
597	Survivin	Num	8	BEST12.	BEST32.
598	Thrombopoietin_Receptor	Num	8	BEST12.	BEST32.
599	Thrombospondin_1	Num	8	BEST12.	BEST32.
600	TrkA	Num	8	BEST12.	BEST32.
601	TRY3	Num	8	BEST12.	BEST32.
602	DUS3	Num	8	BEST12.	BEST32.
603	XPNPEP1	Num	8	BEST12.	BEST32.
604	Angiotensinogen	Num	8	BEST12.	BEST32.
605	b2_Microglobulin	Num	8	BEST12.	BEST32.
606	b_ECGF	Num	8	BEST12.	BEST32.
607	BLC	Num	8	BEST12.	BEST32.
608	Catalase	Num	8	BEST12.	BEST32.
609	CNTF	Num	8	BEST12.	BEST32.
610	FGF_17	Num	8	BEST12.	BEST32.
611	GCP_2	Num	8	BEST12.	BEST32.
612	IFN_aA	Num	8	BEST12.	BEST32.
613	IL_17B	Num	8	BEST12.	BEST32.
614	Integrin_a1b1	Num	8	BEST12.	BEST32.
615	LEAP_1	Num	8	BEST12.	BEST32.
616	Lymphotoxin_a1_b2	Num	8	BEST12.	BEST32.
617	Lymphotoxin_a2_b1	Num	8	BEST12.	BEST32.
618	MDC	Num	8	BEST12.	BEST32.
619	MIP_5	Num	8	BEST12.	BEST32.
620	Proteinase_3	Num	8	BEST12.	BEST32.
621	SDF_1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
622	TAFI	Num	8	BEST12.	BEST32.
623	TARC	Num	8	BEST12.	BEST32.
624	TGF_b3	Num	8	BEST12.	BEST32.
625	TSH	Num	8	BEST12.	BEST32.
626	Vasoactive_Intestinal_Peptide	Num	8	BEST12.	BEST32.
627	CD40_ligand_soluble	Num	8	BEST12.	BEST32.
628	DKK1	Num	8	BEST12.	BEST32.
629	dopa_decarboxylase	Num	8	BEST12.	BEST32.
630	Adiponectin	Num	8	BEST12.	BEST32.
631	a1_Antitrypsin	Num	8	BEST12.	BEST32.
632	a2_HS_Glycoprotein	Num	8	BEST12.	BEST32.
633	Arylsulfatase_A	Num	8	BEST12.	BEST32.
634	BASI	Num	8	BEST12.	BEST32.
635	BMP10	Num	8	BEST12.	BEST32.
636	Cadherin_6	Num	8	BEST12.	BEST32.
637	CAMK1	Num	8	BEST12.	BEST32.
638	Caspase_3	Num	8	BEST12.	BEST32.
639	CATE	Num	8	BEST12.	BEST32.
640	Chitotriosidase_1	Num	8	BEST12.	BEST32.
641	CHL1	Num	8	BEST12.	BEST32.
642	CLC7A	Num	8	BEST12.	BEST32.
643	MASP3	Num	8	BEST12.	BEST32.
644	Discoidin_domain_receptor_2	Num	8	BEST12.	BEST32.
645	DKK3	Num	8	BEST12.	BEST32.
646	DPP2	Num	8	BEST12.	BEST32.
647	Endothelin_converting_enzyme_1	Num	8	BEST12.	BEST32.
648	EphB4	Num	8	BEST12.	BEST32.
649	FCN1	Num	8	BEST12.	BEST32.
650	GNS	Num	8	BEST12.	BEST32.
651	HGFA	Num	8	BEST12.	BEST32.
652	IL22RA1	Num	8	BEST12.	BEST32.
653	LGMN	Num	8	BEST12.	BEST32.
654	LY86	Num	8	BEST12.	BEST32.
655	Marapsin	Num	8	BEST12.	BEST32.
656	MMEL2	Num	8	BEST12.	BEST32.
657	MP2K2	Num	8	BEST12.	BEST32.
658	MRCKB	Num	8	BEST12.	BEST32.
659	Nectin_like_protein_1	Num	8	BEST12.	BEST32.
660	NID2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
661	OBCAM	Num	8	BEST12.	BEST32.
662	OCAD1	Num	8	BEST12.	BEST32.
663	OLR1	Num	8	BEST12.	BEST32.
664	RAP	Num	8	BEST12.	BEST32.
665	SLAF5	Num	8	BEST12.	BEST32.
666	SLIK1	Num	8	BEST12.	BEST32.
667	Soggy_1	Num	8	BEST12.	BEST32.
668	TEC	Num	8	BEST12.	BEST32.
669	TLR4_MD_2_complex	Num	8	BEST12.	BEST32.
670	VEGF_sR2	Num	8	BEST12.	BEST32.
671	BMPER	Num	8	BEST12.	BEST32.
672	Cadherin_12	Num	8	BEST12.	BEST32.
673	Calcineurin_B_a	Num	8	BEST12.	BEST32.
674	complement_factor_H_related_5	Num	8	BEST12.	BEST32.
675	IGF_II_receptor	Num	8	BEST12.	BEST32.
676	kallikrein_14	Num	8	BEST12.	BEST32.
677	Macrophage_scavenger_receptor	Num	8	BEST12.	BEST32.
678	MFRP	Num	8	BEST12.	BEST32.
679	Albumin	Num	8	BEST12.	BEST32.
680	a2_Macroglobulin	Num	8	BEST12.	BEST32.
681	ALT	Num	8	BEST12.	BEST32.
682	Angiostatin	Num	8	BEST12.	BEST32.
683	CK_MB	Num	8	BEST12.	BEST32.
684	p27Kip1	Num	8	BEST12.	BEST32.
685	BNP_32	Num	8	BEST12.	BEST32.
686	PYY	Num	8	BEST12.	BEST32.
687	Secretin	Num	8	BEST12.	BEST32.
688	TNR4	Num	8	BEST12.	BEST32.
689	CSF_1	Num	8	BEST12.	BEST32.
690	Activated_Protein_C	Num	8	BEST12.	BEST32.
691	COX_2	Num	8	BEST12.	BEST32.
692	STX1a	Num	8	BEST12.	BEST32.
693	sTie_2	Num	8	BEST12.	BEST32.
694	ADAM_9	Num	8	BEST12.	BEST32.
695	ANGL4	Num	8	BEST12.	BEST32.
696	Cadherin_2	Num	8	BEST12.	BEST32.
697	Carbonic_anhydrase_9	Num	8	BEST12.	BEST32.
698	Carbonic_anhydrase_III	Num	8	BEST12.	BEST32.
699	CK_BB	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
700	Cystatin_S	Num	8	BEST12.	BEST32.
701	CYTD	Num	8	BEST12.	BEST32.
702	Endocan	Num	8	BEST12.	BEST32.
703	EphA5	Num	8	BEST12.	BEST32.
704	FGF23	Num	8	BEST12.	BEST32.
705	FGFR_2	Num	8	BEST12.	BEST32.
706	FGFR_3	Num	8	BEST12.	BEST32.
707	FGR	Num	8	BEST12.	BEST32.
708	FYN	Num	8	BEST12.	BEST32.
709	IL_12_RB2	Num	8	BEST12.	BEST32.
710	KPCT	Num	8	BEST12.	BEST32.
711	MAPK2	Num	8	BEST12.	BEST32.
712	MAPK5	Num	8	BEST12.	BEST32.
713	MAPKAPK3	Num	8	BEST12.	BEST32.
714	MATK	Num	8	BEST12.	BEST32.
715	MK08	Num	8	BEST12.	BEST32.
716	PAK6	Num	8	BEST12.	BEST32.
717	PDGF_CC	Num	8	BEST12.	BEST32.
718	pTEN	Num	8	BEST12.	BEST32.
719	PTK6	Num	8	BEST12.	BEST32.
720	TLR2	Num	8	BEST12.	BEST32.
721	UFM1	Num	8	BEST12.	BEST32.
722	AIP	Num	8	BEST12.	BEST32.
723	Cyclophilin_A	Num	8	BEST12.	BEST32.
724	DLRB1	Num	8	BEST12.	BEST32.
725	ETHE1	Num	8	BEST12.	BEST32.
726	GAPDH_liver	Num	8	BEST12.	BEST32.
727	HSP_40	Num	8	BEST12.	BEST32.
728	MDHC	Num	8	BEST12.	BEST32.
729	NACA	Num	8	BEST12.	BEST32.
730	Peroxiredoxin_1	Num	8	BEST12.	BEST32.
731	PPAC	Num	8	BEST12.	BEST32.
732	PSA1	Num	8	BEST12.	BEST32.
733	PSA6	Num	8	BEST12.	BEST32.
734	RS7	Num	8	BEST12.	BEST32.
735	RSK_like_protein_kinase	Num	8	BEST12.	BEST32.
736	SBDS	Num	8	BEST12.	BEST32.
737	SE6L2	Num	8	BEST12.	BEST32.
738	SGTA	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
739	TCTP	Num	8	BEST12.	BEST32.
740	TMA	Num	8	BEST12.	BEST32.
741	UB2L3	Num	8	BEST12.	BEST32.
742	ARI3A	Num	8	BEST12.	BEST32.
743	CaMKK_alpha	Num	8	BEST12.	BEST32.
744	CDC37	Num	8	BEST12.	BEST32.
745	DLC8	Num	8	BEST12.	BEST32.
746	IMB1	Num	8	BEST12.	BEST32.
747	ING1	Num	8	BEST12.	BEST32.
748	Lamin_B1	Num	8	BEST12.	BEST32.
749	LDH_H_1	Num	8	BEST12.	BEST32.
750	MBD4	Num	8	BEST12.	BEST32.
751	Mesothelin	Num	8	BEST12.	BEST32.
752	NAGK	Num	8	BEST12.	BEST32.
753	Phosphoglycerate_mutase_1	Num	8	BEST12.	BEST32.
754	PLPP	Num	8	BEST12.	BEST32.
755	PSD7	Num	8	BEST12.	BEST32.
756	SKP1	Num	8	BEST12.	BEST32.
757	Sorting_nexin_4	Num	8	BEST12.	BEST32.
758	UBE2N	Num	8	BEST12.	BEST32.
759	discoidin_domain_receptor_1	Num	8	BEST12.	BEST32.
760	FGF_4	Num	8	BEST12.	BEST32.
761	HSP_70	Num	8	BEST12.	BEST32.
762	sRAGE	Num	8	BEST12.	BEST32.
763	BPI	Num	8	BEST12.	BEST32.
764	C6	Num	8	BEST12.	BEST32.
765	Eotaxin_2	Num	8	BEST12.	BEST32.
766	Factor_B	Num	8	BEST12.	BEST32.
767	FGF_6	Num	8	BEST12.	BEST32.
768	Fibronectin	Num	8	BEST12.	BEST32.
769	FST	Num	8	BEST12.	BEST32.
770	Granzyme_B	Num	8	BEST12.	BEST32.
771	HB_EGF	Num	8	BEST12.	BEST32.
772	IgE	Num	8	BEST12.	BEST32.
773	IL_17D	Num	8	BEST12.	BEST32.
774	IL_17E	Num	8	BEST12.	BEST32.
775	IL_20	Num	8	BEST12.	BEST32.
776	IL_6_sRa	Num	8	BEST12.	BEST32.
777	IL_7	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
778	IP_10	Num	8	BEST12.	BEST32.
779	Lymphotactin	Num	8	BEST12.	BEST32.
780	MCP_4	Num	8	BEST12.	BEST32.
781	Neurotrophin_3	Num	8	BEST12.	BEST32.
782	Neurotrophin_5	Num	8	BEST12.	BEST32.
783	PAPP_A	Num	8	BEST12.	BEST32.
784	PDGF_BB	Num	8	BEST12.	BEST32.
785	Plasmin	Num	8	BEST12.	BEST32.
786	Plasminogen	Num	8	BEST12.	BEST32.
787	Prekallikrein	Num	8	BEST12.	BEST32.
788	alpha_1_antichymotrypsin_complex	Num	8	BEST12.	BEST32.
789	P_Selectin	Num	8	BEST12.	BEST32.
790	Tenascin	Num	8	BEST12.	BEST32.
791	TGF_b2	Num	8	BEST12.	BEST32.
792	Thrombin	Num	8	BEST12.	BEST32.
793	uPA	Num	8	BEST12.	BEST32.
794	Factor_H	Num	8	BEST12.	BEST32.
795	MMP_2	Num	8	BEST12.	BEST32.
796	Transferrin	Num	8	BEST12.	BEST32.
797	Histone_H2A_z	Num	8	BEST12.	BEST32.
798	Thyroglobulin	Num	8	BEST12.	BEST32.
799	_14_3_3	Num	8	BEST12.	BEST32.
800	_4EBP2	Num	8	BEST12.	BEST32.
801	_6_Phosphogluconate_dehydrogenas	Num	8	BEST12.	BEST32.
802	Aflatoxin_B1_aldehyde_reductase	Num	8	BEST12.	BEST32.
803	AK1A1	Num	8	BEST12.	BEST32.
804	AN32B	Num	8	BEST12.	BEST32.
805	Cofilin_1	Num	8	BEST12.	BEST32.
806	DRG_1	Num	8	BEST12.	BEST32.
807	EP15R	Num	8	BEST12.	BEST32.
808	ERAB	Num	8	BEST12.	BEST32.
809	FER	Num	8	BEST12.	BEST32.
810	HNRPQ	Num	8	BEST12.	BEST32.
811	IF4G2	Num	8	BEST12.	BEST32.
812	IGF_I_sR	Num	8	BEST12.	BEST32.
813	IL_1_R4	Num	8	BEST12.	BEST32.
814	LCMT1	Num	8	BEST12.	BEST32.
815	LIN7B	Num	8	BEST12.	BEST32.
816	M2_PK	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
817	MDM2	Num	8	BEST12.	BEST32.
818	NCAM_L1	Num	8	BEST12.	BEST32.
819	NDP_kinase_B	Num	8	BEST12.	BEST32.
820	NSF1C	Num	8	BEST12.	BEST32.
821	NUDC3	Num	8	BEST12.	BEST32.
822	PA2G4	Num	8	BEST12.	BEST32.
823	paraoxonase_1	Num	8	BEST12.	BEST32.
824	PESC	Num	8	BEST12.	BEST32.
825	PFD5	Num	8	BEST12.	BEST32.
826	PHI	Num	8	BEST12.	BEST32.
827	prostatic_binding_protein	Num	8	BEST12.	BEST32.
828	Protein_disulfide_isomerase	Num	8	BEST12.	BEST32.
829	PSA2	Num	8	BEST12.	BEST32.
830	RAN	Num	8	BEST12.	BEST32.
831	RBM39	Num	8	BEST12.	BEST32.
832	SNAA	Num	8	BEST12.	BEST32.
833	Sphingosine_kinase_1	Num	8	BEST12.	BEST32.
834	Spondin_1	Num	8	BEST12.	BEST32.
835	Thymidine_kinase	Num	8	BEST12.	BEST32.
836	transcription_factor_MLR1__isof	Num	8	BEST12.	BEST32.
837	Transketolase	Num	8	BEST12.	BEST32.
838	Triosephosphate_isomerase	Num	8	BEST12.	BEST32.
839	XTP3A	Num	8	BEST12.	BEST32.
840	PTP_1C	Num	8	BEST12.	BEST32.
841	AMNLS	Num	8	BEST12.	BEST32.
842	CYTT	Num	8	BEST12.	BEST32.
843	BOC	Num	8	BEST12.	BEST32.
844	CLC1B	Num	8	BEST12.	BEST32.
845	SAA	Num	8	BEST12.	BEST32.
846	CRP	Num	8	BEST12.	BEST32.
847	sICAM_1	Num	8	BEST12.	BEST32.
848	DAPK2	Num	8	BEST12.	BEST32.
849	DYRK3	Num	8	BEST12.	BEST32.
850	MIC_1	Num	8	BEST12.	BEST32.
851	DHH	Num	8	BEST12.	BEST32.
852	FGF_12	Num	8	BEST12.	BEST32.
853	FGF_16	Num	8	BEST12.	BEST32.
854	FGF_8A	Num	8	BEST12.	BEST32.
855	IFN_lambda_1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
856	IFN_lambda_2	Num	8	BEST12.	BEST32.
857	MSP	Num	8	BEST12.	BEST32.
858	SLPI	Num	8	BEST12.	BEST32.
859	SP_D	Num	8	BEST12.	BEST32.
860	ADAM12	Num	8	BEST12.	BEST32.
861	BCL2_like_1_protein	Num	8	BEST12.	BEST32.
862	CHST2	Num	8	BEST12.	BEST32.
863	CHST6	Num	8	BEST12.	BEST32.
864	Collectin_Kidney_1	Num	8	BEST12.	BEST32.
865	ENPP7	Num	8	BEST12.	BEST32.
866	ENTP3	Num	8	BEST12.	BEST32.
867	ENTP5	Num	8	BEST12.	BEST32.
868	FCRL3	Num	8	BEST12.	BEST32.
869	GREM1	Num	8	BEST12.	BEST32.
870	hnRNP_A_B	Num	8	BEST12.	BEST32.
871	LRRT1	Num	8	BEST12.	BEST32.
872	LRRT3	Num	8	BEST12.	BEST32.
873	MFGM	Num	8	BEST12.	BEST32.
874	PCSK7	Num	8	BEST12.	BEST32.
875	PDPK1	Num	8	BEST12.	BEST32.
876	Sialoadhesin	Num	8	BEST12.	BEST32.
877	SPARCL1	Num	8	BEST12.	BEST32.
878	SPHK2	Num	8	BEST12.	BEST32.
879	ST4S6	Num	8	BEST12.	BEST32.
880	TGM3	Num	8	BEST12.	BEST32.
881	Tropomyosin_2	Num	8	BEST12.	BEST32.
882	Ubiquitin	Num	8	BEST12.	BEST32.
883	ZAP70	Num	8	BEST12.	BEST32.
884	C1_Esterase_Inhibitor	Num	8	BEST12.	BEST32.
885	C3b	Num	8	BEST12.	BEST32.
886	C4	Num	8	BEST12.	BEST32.
887	C5b_6_Complex	Num	8	BEST12.	BEST32.
888	FGF7	Num	8	BEST12.	BEST32.
889	IL_3_Ra	Num	8	BEST12.	BEST32.
890	IL_5_Ra	Num	8	BEST12.	BEST32.
891	IL_11	Num	8	BEST12.	BEST32.
892	Kininogen_HMW	Num	8	BEST12.	BEST32.
893	MMP_12	Num	8	BEST12.	BEST32.
894	NCAM_120	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
895	PDGF_AA	Num	8	BEST12.	BEST32.
896	SCGF_alpha	Num	8	BEST12.	BEST32.
897	ATS15	Num	8	BEST12.	BEST32.
898	BSSP4	Num	8	BEST12.	BEST32.
899	BST1	Num	8	BEST12.	BEST32.
900	CBX5	Num	8	BEST12.	BEST32.
901	CDON	Num	8	BEST12.	BEST32.
902	Clusterin	Num	8	BEST12.	BEST32.
903	CONA1	Num	8	BEST12.	BEST32.
904	CTAP_III	Num	8	BEST12.	BEST32.
905	DnaJ_homolog	Num	8	BEST12.	BEST32.
906	EMR2	Num	8	BEST12.	BEST32.
907	FLRT1	Num	8	BEST12.	BEST32.
908	Fucosyltransferase_3	Num	8	BEST12.	BEST32.
909	FUT5	Num	8	BEST12.	BEST32.
910	GP114	Num	8	BEST12.	BEST32.
911	HDGR2	Num	8	BEST12.	BEST32.
912	IL_34	Num	8	BEST12.	BEST32.
913	KIRR3	Num	8	BEST12.	BEST32.
914	KYNU	Num	8	BEST12.	BEST32.
915	Livin_B	Num	8	BEST12.	BEST32.
916	NXPH1	Num	8	BEST12.	BEST32.
917	PLCG1	Num	8	BEST12.	BEST32.
918	PLXC1	Num	8	BEST12.	BEST32.
919	RSPO2	Num	8	BEST12.	BEST32.
920	SH21A	Num	8	BEST12.	BEST32.
921	SLIK5	Num	8	BEST12.	BEST32.
922	SORC2	Num	8	BEST12.	BEST32.
923	PH	Num	8	BEST12.	BEST32.
924	IL_6	Num	8	BEST12.	BEST32.
925	_3HIDH	Num	8	BEST12.	BEST32.
926	GM_CSF	Num	8	BEST12.	BEST32.
927	TNF_b	Num	8	BEST12.	BEST32.
928	_41	Num	8	BEST12.	BEST32.
929	_17_beta_HSD_1	Num	8	BEST12.	BEST32.
930	Apo_D	Num	8	BEST12.	BEST32.
931	IL_3	Num	8	BEST12.	BEST32.
932	PPIB	Num	8	BEST12.	BEST32.
933	Protein_disulfide_isomerase_A3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
934	TFF3	Num	8	BEST12.	BEST32.
935	Afamin	Num	8	BEST12.	BEST32.
936	Olfactomedin_4	Num	8	BEST12.	BEST32.
937	ASM3A	Num	8	BEST12.	BEST32.
938	FAM107B	Num	8	BEST12.	BEST32.
939	Gelsolin	Num	8	BEST12.	BEST32.
940	CBG	Num	8	BEST12.	BEST32.
941	Cytidylate_kinase	Num	8	BEST12.	BEST32.
942	C34_gp41_HIV_Fragment	Num	8	BEST12.	BEST32.
943	PERL	Num	8	BEST12.	BEST32.
944	CO8A1	Num	8	BEST12.	BEST32.
945	ITI_heavy_chain_H4	Num	8	BEST12.	BEST32.
946	TXD12	Num	8	BEST12.	BEST32.
947	STRATIFIN	Num	8	BEST12.	BEST32.
948	sL_Selectin	Num	8	BEST12.	BEST32.
949	TRAIL_R1	Num	8	BEST12.	BEST32.
950	Epithelial_cell_kinase	Num	8	BEST12.	BEST32.
951	G_CSF	Num	8	BEST12.	BEST32.
952	Glypican_3	Num	8	BEST12.	BEST32.
953	IL_1a	Num	8	BEST12.	BEST32.
954	BMPRI1A	Num	8	BEST12.	BEST32.
955	BMP_RII	Num	8	BEST12.	BEST32.
956	TrkB	Num	8	BEST12.	BEST32.
957	VEGF121	Num	8	BEST12.	BEST32.
958	Angiogenin	Num	8	BEST12.	BEST32.
959	Coagulation_Factor_IX	Num	8	BEST12.	BEST32.
960	Coagulation_Factor_X	Num	8	BEST12.	BEST32.
961	GDF2	Num	8	BEST12.	BEST32.
962	Insulin	Num	8	BEST12.	BEST32.
963	MCP_3	Num	8	BEST12.	BEST32.
964	WNT7A	Num	8	BEST12.	BEST32.
965	ACTH	Num	8	BEST12.	BEST32.
966	Glucagon	Num	8	BEST12.	BEST32.
967	C3a	Num	8	BEST12.	BEST32.
968	Calcineurin	Num	8	BEST12.	BEST32.
969	Caspase_2	Num	8	BEST12.	BEST32.
970	Coactosin_like_protein	Num	8	BEST12.	BEST32.
971	Coagulation_Factor_V	Num	8	BEST12.	BEST32.
972	D_dimer	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
973	Endoglin	Num	8	BEST12.	BEST32.
974	Galectin_8	Num	8	BEST12.	BEST32.
975	GIB	Num	8	BEST12.	BEST32.
976	Glutathione_S_transferase_Pi	Num	8	BEST12.	BEST32.
977	GOT1	Num	8	BEST12.	BEST32.
978	HCC_4	Num	8	BEST12.	BEST32.
979	HCG	Num	8	BEST12.	BEST32.
980	Hemoglobin	Num	8	BEST12.	BEST32.
981	IgD	Num	8	BEST12.	BEST32.
982	Integrin_aVb5	Num	8	BEST12.	BEST32.
983	Lysozyme	Num	8	BEST12.	BEST32.
984	MIP_3b	Num	8	BEST12.	BEST32.
985	MIS	Num	8	BEST12.	BEST32.
986	MMP_1	Num	8	BEST12.	BEST32.
987	MMP_13	Num	8	BEST12.	BEST32.
988	SHBG	Num	8	BEST12.	BEST32.
989	Stanniocalcin_1	Num	8	BEST12.	BEST32.
990	TF	Num	8	BEST12.	BEST32.
991	EPI	Num	8	BEST12.	BEST32.
992	_40S_ribosomal_protein_SA	Num	8	BEST12.	BEST32.
993	AGR2	Num	8	BEST12.	BEST32.
994	annexin_I	Num	8	BEST12.	BEST32.
995	annexin_II	Num	8	BEST12.	BEST32.
996	ARMEL	Num	8	BEST12.	BEST32.
997	ARP19	Num	8	BEST12.	BEST32.
998	ARTS1	Num	8	BEST12.	BEST32.
999	ATP_synthase_beta_chain	Num	8	BEST12.	BEST32.
1000	C1QBP	Num	8	BEST12.	BEST32.
1001	CAPG	Num	8	BEST12.	BEST32.
1002	Carbonic_anhydrase_I	Num	8	BEST12.	BEST32.
1003	carbonic_anhydrase_II	Num	8	BEST12.	BEST32.
1004	CATZ	Num	8	BEST12.	BEST32.
1005	cIAP_2	Num	8	BEST12.	BEST32.
1006	CRK	Num	8	BEST12.	BEST32.
1007	DBNL	Num	8	BEST12.	BEST32.
1008	DERM	Num	8	BEST12.	BEST32.
1009	DSC3	Num	8	BEST12.	BEST32.
1010	Elafin	Num	8	BEST12.	BEST32.
1011	ERP29	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1012	Esterase_D	Num	8	BEST12.	BEST32.
1013	FABPE	Num	8	BEST12.	BEST32.
1014	FAK1	Num	8	BEST12.	BEST32.
1015	FCAR	Num	8	BEST12.	BEST32.
1016	FGFR4	Num	8	BEST12.	BEST32.
1017	Fibrinogen_g_chain_dimer	Num	8	BEST12.	BEST32.
1018	GP1BA	Num	8	BEST12.	BEST32.
1019	GPC5	Num	8	BEST12.	BEST32.
1020	GRN	Num	8	BEST12.	BEST32.
1021	GSTA3	Num	8	BEST12.	BEST32.
1022	hnRNP_K	Num	8	BEST12.	BEST32.
1023	HPG_	Num	8	BEST12.	BEST32.
1024	HRG	Num	8	BEST12.	BEST32.
1025	IF4A3	Num	8	BEST12.	BEST32.
1026	JAK2	Num	8	BEST12.	BEST32.
1027	LG3BP	Num	8	BEST12.	BEST32.
1028	Mammaglobin_2	Num	8	BEST12.	BEST32.
1029	MMP_14	Num	8	BEST12.	BEST32.
1030	MK11	Num	8	BEST12.	BEST32.
1031	MK12	Num	8	BEST12.	BEST32.
1032	MK13	Num	8	BEST12.	BEST32.
1033	MAPK14	Num	8	BEST12.	BEST32.
1034	Mn_SOD	Num	8	BEST12.	BEST32.
1035	Moesin	Num	8	BEST12.	BEST32.
1036	PBEF	Num	8	BEST12.	BEST32.
1037	Myokinase_human	Num	8	BEST12.	BEST32.
1038	NCC27	Num	8	BEST12.	BEST32.
1039	NCK1	Num	8	BEST12.	BEST32.
1040	PAFAH	Num	8	BEST12.	BEST32.
1041	PARK7	Num	8	BEST12.	BEST32.
1042	Peroxiredoxin_5	Num	8	BEST12.	BEST32.
1043	Peroxiredoxin_6	Num	8	BEST12.	BEST32.
1044	PGP9_5	Num	8	BEST12.	BEST32.
1045	phosphoglycerate_kinase_1	Num	8	BEST12.	BEST32.
1046	PPase	Num	8	BEST12.	BEST32.
1047	PUR8	Num	8	BEST12.	BEST32.
1048	Rb	Num	8	BEST12.	BEST32.
1049	RS3	Num	8	BEST12.	BEST32.
1050	sCD163	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1051	SEPR	Num	8	BEST12.	BEST32.
1052	SIRT2	Num	8	BEST12.	BEST32.
1053	SPTA2	Num	8	BEST12.	BEST32.
1054	SSRP1	Num	8	BEST12.	BEST32.
1055	Tropomyosin_1_alpha_chain	Num	8	BEST12.	BEST32.
1056	Trypsin_2	Num	8	BEST12.	BEST32.
1057	TS	Num	8	BEST12.	BEST32.
1058	TSG_6	Num	8	BEST12.	BEST32.
1059	B7_H1	Num	8	BEST12.	BEST32.
1060	B7_H2	Num	8	BEST12.	BEST32.
1061	CD226	Num	8	BEST12.	BEST32.
1062	CD244	Num	8	BEST12.	BEST32.
1063	CD83	Num	8	BEST12.	BEST32.
1064	CLM6	Num	8	BEST12.	BEST32.
1065	CRTAM	Num	8	BEST12.	BEST32.
1066	DAF	Num	8	BEST12.	BEST32.
1067	DcR3	Num	8	BEST12.	BEST32.
1068	EPHAA	Num	8	BEST12.	BEST32.
1069	EPHB2	Num	8	BEST12.	BEST32.
1070	EphB6	Num	8	BEST12.	BEST32.
1071	GPNMB	Num	8	BEST12.	BEST32.
1072	IL_1_sR9	Num	8	BEST12.	BEST32.
1073	IL_17B_R	Num	8	BEST12.	BEST32.
1074	IL_20_Ra	Num	8	BEST12.	BEST32.
1075	IL_22BP	Num	8	BEST12.	BEST32.
1076	IL_23_R	Num	8	BEST12.	BEST32.
1077	IL_7_Ra	Num	8	BEST12.	BEST32.
1078	ILT_2	Num	8	BEST12.	BEST32.
1079	ILT_4	Num	8	BEST12.	BEST32.
1080	JAG1	Num	8	BEST12.	BEST32.
1081	JAG2	Num	8	BEST12.	BEST32.
1082	JAML1	Num	8	BEST12.	BEST32.
1083	KI2L4	Num	8	BEST12.	BEST32.
1084	KI3L2	Num	8	BEST12.	BEST32.
1085	KI3S1	Num	8	BEST12.	BEST32.
1086	KLRF1	Num	8	BEST12.	BEST32.
1087	LAG_3	Num	8	BEST12.	BEST32.
1088	LIMP_II	Num	8	BEST12.	BEST32.
1089	MICB	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1090	MO2R1	Num	8	BEST12.	BEST32.
1091	NKp46	Num	8	BEST12.	BEST32.
1092	Nogo_Receptor	Num	8	BEST12.	BEST32.
1093	NOTC2	Num	8	BEST12.	BEST32.
1094	Notch_1	Num	8	BEST12.	BEST32.
1095	Notch_3	Num	8	BEST12.	BEST32.
1096	Nr_CAM	Num	8	BEST12.	BEST32.
1097	NRX1B	Num	8	BEST12.	BEST32.
1098	NRX3B	Num	8	BEST12.	BEST32.
1099	OX2G	Num	8	BEST12.	BEST32.
1100	Prolactin_Receptor	Num	8	BEST12.	BEST32.
1101	RELT	Num	8	BEST12.	BEST32.
1102	ROBO2	Num	8	BEST12.	BEST32.
1103	ROBO3	Num	8	BEST12.	BEST32.
1104	SEM6B	Num	8	BEST12.	BEST32.
1105	Semaphorin_6A	Num	8	BEST12.	BEST32.
1106	sICAM_5	Num	8	BEST12.	BEST32.
1107	SIG14	Num	8	BEST12.	BEST32.
1108	SLAF6	Num	8	BEST12.	BEST32.
1109	SREC_I	Num	8	BEST12.	BEST32.
1110	SREC_II	Num	8	BEST12.	BEST32.
1111	TAJ	Num	8	BEST12.	BEST32.
1112	TCCR	Num	8	BEST12.	BEST32.
1113	TGF_b_R_II	Num	8	BEST12.	BEST32.
1114	TIMD3	Num	8	BEST12.	BEST32.
1115	TWEAKR	Num	8	BEST12.	BEST32.
1116	UNC5H3	Num	8	BEST12.	BEST32.
1117	UNC5H4	Num	8	BEST12.	BEST32.
1118	PDE7A	Num	8	BEST12.	BEST32.
1119	AMPK_a1b1g1	Num	8	BEST12.	BEST32.
1120	K_ras	Num	8	BEST12.	BEST32.
1121	NMT1	Num	8	BEST12.	BEST32.
1122	PDE9A	Num	8	BEST12.	BEST32.
1123	PPID	Num	8	BEST12.	BEST32.
1124	PSME3	Num	8	BEST12.	BEST32.
1125	GCKR	Num	8	BEST12.	BEST32.
1126	CK2_A1_B	Num	8	BEST12.	BEST32.
1127	CK2_A2_B	Num	8	BEST12.	BEST32.
1128	PDK1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1129	KIF23	Num	8	BEST12.	BEST32.
1130	IMDH1	Num	8	BEST12.	BEST32.
1131	HMGR	Num	8	BEST12.	BEST32.
1132	PCSK9	Num	8	BEST12.	BEST32.
1133	NR1D1	Num	8	BEST12.	BEST32.
1134	PPIE	Num	8	BEST12.	BEST32.
1135	MP2K4	Num	8	BEST12.	BEST32.
1136	JNK2	Num	8	BEST12.	BEST32.
1137	AMPK_a2b2g1	Num	8	BEST12.	BEST32.
1138	cGMP_stimulated_PDE	Num	8	BEST12.	BEST32.
1139	Cyclophilin_F	Num	8	BEST12.	BEST32.
1140	DRAK2	Num	8	BEST12.	BEST32.
1141	IMDH2	Num	8	BEST12.	BEST32.
1142	PDE11	Num	8	BEST12.	BEST32.
1143	PDE1A	Num	8	BEST12.	BEST32.
1144	PDE3A	Num	8	BEST12.	BEST32.
1145	PDE4D	Num	8	BEST12.	BEST32.
1146	PDE5A	Num	8	BEST12.	BEST32.
1147	TAK1_TAB1	Num	8	BEST12.	BEST32.
1148	TYK2	Num	8	BEST12.	BEST32.
1149	ABL2	Num	8	BEST12.	BEST32.
1150	BCAR3	Num	8	BEST12.	BEST32.
1151	calreticulin	Num	8	BEST12.	BEST32.
1152	GRB2_related_adapter_protein_2	Num	8	BEST12.	BEST32.
1153	MMP_16	Num	8	BEST12.	BEST32.
1154	RAC3	Num	8	BEST12.	BEST32.
1155	SHC1	Num	8	BEST12.	BEST32.
1156	VAV	Num	8	BEST12.	BEST32.
1157	GHC2	Num	8	BEST12.	BEST32.
1158	Eotaxin	Num	8	BEST12.	BEST32.
1159	Coagulation_Factor_IXab	Num	8	BEST12.	BEST32.
1160	Elastase	Num	8	BEST12.	BEST32.
1161	Apo_E2	Num	8	BEST12.	BEST32.
1162	Troponin_T	Num	8	BEST12.	BEST32.
1163	Prothrombin	Num	8	BEST12.	BEST32.
1164	EGFRvIII	Num	8	BEST12.	BEST32.
1165	annexin_VI	Num	8	BEST12.	BEST32.
1166	B7_2	Num	8	BEST12.	BEST32.
1167	calgranulin_B	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1168	Caspase_10	Num	8	BEST12.	BEST32.
1169	CBPE	Num	8	BEST12.	BEST32.
1170	CKAP2	Num	8	BEST12.	BEST32.
1171	CPNE1	Num	8	BEST12.	BEST32.
1172	Cyclin_B1	Num	8	BEST12.	BEST32.
1173	DLL1	Num	8	BEST12.	BEST32.
1174	GPC6	Num	8	BEST12.	BEST32.
1175	hnRNP_A2_B1	Num	8	BEST12.	BEST32.
1176	HVEM	Num	8	BEST12.	BEST32.
1177	IL_1Ra	Num	8	BEST12.	BEST32.
1178	Keratin_18	Num	8	BEST12.	BEST32.
1179	LIGHT	Num	8	BEST12.	BEST32.
1180	MIF	Num	8	BEST12.	BEST32.
1181	NLGNX	Num	8	BEST12.	BEST32.
1182	OMD	Num	8	BEST12.	BEST32.
1183	PIM1	Num	8	BEST12.	BEST32.
1184	PKB_beta	Num	8	BEST12.	BEST32.
1185	Semaphorin_3E	Num	8	BEST12.	BEST32.
1186	SET	Num	8	BEST12.	BEST32.
1187	BAFF_Receptor	Num	8	BEST12.	BEST32.
1188	BRF_1	Num	8	BEST12.	BEST32.
1189	Fas_soluble	Num	8	BEST12.	BEST32.
1190	sLeptin_R	Num	8	BEST12.	BEST32.
1191	DR6	Num	8	BEST12.	BEST32.
1192	CAD15	Num	8	BEST12.	BEST32.
1193	CD27	Num	8	BEST12.	BEST32.
1194	RANK	Num	8	BEST12.	BEST32.
1195	SHPS1	Num	8	BEST12.	BEST32.
1196	FABP	Num	8	BEST12.	BEST32.
1197	Troponin_I_skeletal_fast_twit	Num	8	BEST12.	BEST32.
1198	Troponin_I	Num	8	BEST12.	BEST32.
1199	ANP	Num	8	BEST12.	BEST32.
1200	ALCAM	Num	8	BEST12.	BEST32.
1201	ASGR1	Num	8	BEST12.	BEST32.
1202	CNDP1	Num	8	BEST12.	BEST32.
1203	COLEC12	Num	8	BEST12.	BEST32.
1204	CYTN	Num	8	BEST12.	BEST32.
1205	DEAD_box_protein_19B	Num	8	BEST12.	BEST32.
1206	Ficolin_3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1207	GAS1	Num	8	BEST12.	BEST32.
1208	GRB2_adapter_protein	Num	8	BEST12.	BEST32.
1209	H6ST1	Num	8	BEST12.	BEST32.
1210	HSP_90b	Num	8	BEST12.	BEST32.
1211	IL_17_RC	Num	8	BEST12.	BEST32.
1212	MED_1	Num	8	BEST12.	BEST32.
1213	PKC_B_II	Num	8	BEST12.	BEST32.
1214	PKC_G	Num	8	BEST12.	BEST32.
1215	PSMA	Num	8	BEST12.	BEST32.
1216	RANTES	Num	8	BEST12.	BEST32.
1217	RASA1	Num	8	BEST12.	BEST32.
1218	RBP	Num	8	BEST12.	BEST32.
1219	RGMA	Num	8	BEST12.	BEST32.
1220	RS3A	Num	8	BEST12.	BEST32.
1221	sICAM_2	Num	8	BEST12.	BEST32.
1222	SLAF7	Num	8	BEST12.	BEST32.
1223	SRCN1	Num	8	BEST12.	BEST32.
1224	Stress_induced_phosphoprotein_1	Num	8	BEST12.	BEST32.
1225	Testican_1	Num	8	BEST12.	BEST32.
1226	Testican_2	Num	8	BEST12.	BEST32.
1227	WNK3	Num	8	BEST12.	BEST32.
1228	RUXF	Num	8	BEST12.	BEST32.
1229	Cathepsin_D	Num	8	BEST12.	BEST32.
1230	EGF	Num	8	BEST12.	BEST32.
1231	GITR	Num	8	BEST12.	BEST32.
1232	bFGF_R	Num	8	BEST12.	BEST32.
1233	TRAIL_R2	Num	8	BEST12.	BEST32.
1234	NRP1	Num	8	BEST12.	BEST32.
1235	AFP	Num	8	BEST12.	BEST32.
1236	BID	Num	8	BEST12.	BEST32.
1237	b_NGF	Num	8	BEST12.	BEST32.
1238	C3d	Num	8	BEST12.	BEST32.
1239	CD70	Num	8	BEST12.	BEST32.
1240	Cripto	Num	8	BEST12.	BEST32.
1241	Epo	Num	8	BEST12.	BEST32.
1242	GDNF	Num	8	BEST12.	BEST32.
1243	IFN_g_R1	Num	8	BEST12.	BEST32.
1244	IL_9	Num	8	BEST12.	BEST32.
1245	LIF_sR	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1246	NG36	Num	8	BEST12.	BEST32.
1247	Noggin	Num	8	BEST12.	BEST32.
1248	S100A12	Num	8	BEST12.	BEST32.
1249	tau	Num	8	BEST12.	BEST32.
1250	_14_3_3_protein_zeta_delta	Num	8	BEST12.	BEST32.
1251	_3HAO	Num	8	BEST12.	BEST32.
1252	aldolase_A	Num	8	BEST12.	BEST32.
1253	ARGI1	Num	8	BEST12.	BEST32.
1254	BAD	Num	8	BEST12.	BEST32.
1255	Dynactin_subunit_2	Num	8	BEST12.	BEST32.
1256	EF_1_beta	Num	8	BEST12.	BEST32.
1257	eIF_4H	Num	8	BEST12.	BEST32.
1258	eIF_5A_1	Num	8	BEST12.	BEST32.
1259	Gastrin_releasing_peptide	Num	8	BEST12.	BEST32.
1260	HINT1	Num	8	BEST12.	BEST32.
1261	HSP70_protein_8	Num	8	BEST12.	BEST32.
1262	Nucleoside_diphosphate_kinase_A	Num	8	BEST12.	BEST32.
1263	PEX5	Num	8	BEST12.	BEST32.
1264	PSME1	Num	8	BEST12.	BEST32.
1265	S100A7	Num	8	BEST12.	BEST32.
1266	WISP_3	Num	8	BEST12.	BEST32.
1267	Ferritin	Num	8	BEST12.	BEST32.
1268	TNF_a	Num	8	BEST12.	BEST32.
1269	TWEAK	Num	8	BEST12.	BEST32.
1270	Tpo	Num	8	BEST12.	BEST32.
1271	PTH	Num	8	BEST12.	BEST32.
1272	Somatostatin_28	Num	8	BEST12.	BEST32.
1273	MP2K3	Num	8	BEST12.	BEST32.
1274	p53	Num	8	BEST12.	BEST32.
1275	PolyUbiquitin_K48	Num	8	BEST12.	BEST32.
1276	PolyUbiquitin_K63	Num	8	BEST12.	BEST32.
1277	NET1	Num	8	BEST12.	BEST32.
1278	CD47	Num	8	BEST12.	BEST32.
1279	ANK2	Num	8	BEST12.	BEST32.
1280	_14_3_3_protein_theta	Num	8	BEST12.	BEST32.
1281	CREL1	Num	8	BEST12.	BEST32.
1282	Lectin__mannose_binding_2	Num	8	BEST12.	BEST32.
1283	LRP1B	Num	8	BEST12.	BEST32.
1284	MYPC1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1285	N_terminal_pro_BNP	Num	8	BEST12.	BEST32.
1286	Tropomyosin_4	Num	8	BEST12.	BEST32.
1287	PACAP_27	Num	8	BEST12.	BEST32.
1288	ghrelin	Num	8	BEST12.	BEST32.
1289	PACAP_38	Num	8	BEST12.	BEST32.
1290	a_Synuclein	Num	8	BEST12.	BEST32.
1291	BMP_6	Num	8	BEST12.	BEST32.
1292	HGH	Num	8	BEST12.	BEST32.
1293	SOD3	Num	8	BEST12.	BEST32.
1294	RSPO4	Num	8	BEST12.	BEST32.
1295	Cathepsin_H	Num	8	BEST12.	BEST32.
1296	Activin_AB	Num	8	BEST12.	BEST32.
1297	PSA	Num	8	BEST12.	BEST32.
1298	IGFBP_2	Num	8	BEST12.	BEST32.
1299	RNase_H1	Num	8	BEST12.	BEST32.
1300	ROR1	Num	8	BEST12.	BEST32.
1301	CgA	Num	8	BEST12.	BEST32.
1302	MMP_10	Num	8	BEST12.	BEST32.
1303	FBLN3	Num	8	BEST12.	BEST32.
1304	Leptin	Num	8	BEST12.	BEST32.
1305	KEAP1	Num	8	BEST12.	BEST32.
1306	gpIbIIIa	Num	8	BEST12.	BEST32.
1307	Eotaxin_3	Num	8	BEST12.	BEST32.
1308	SUMO3	Num	8	BEST12.	BEST32.
1309	IL_17	Num	8	BEST12.	BEST32.
1310	CSRP3	Num	8	BEST12.	BEST32.
1311	MMP_8	Num	8	BEST12.	BEST32.
1312	PGM1	Num	8	BEST12.	BEST32.
1313	DSCAM	Num	8	BEST12.	BEST32.
1314	MUC1	Num	8	BEST12.	BEST32.
1315	FAM3B	Num	8	BEST12.	BEST32.
1316	NEUREGULIN_1	Num	8	BEST12.	BEST32.
1317	INGR2	Num	8	BEST12.	BEST32.
1318	sLRP1	Num	8	BEST12.	BEST32.
1319	IFN_a_b_R1	Num	8	BEST12.	BEST32.
1320	TFF1	Num	8	BEST12.	BEST32.
1321	HMGN1	Num	8	BEST12.	BEST32.
1322	MIG	Num	8	BEST12.	BEST32.
1323	CD63	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1324	Trefoil_factor_2	Num	8	BEST12.	BEST32.
1325	Galectin_7	Num	8	BEST12.	BEST32.
1326	LEG9	Num	8	BEST12.	BEST32.
1327	UB2G2	Num	8	BEST12.	BEST32.
1328	Transgelin_2	Num	8	BEST12.	BEST32.
1329	ATPO	Num	8	BEST12.	BEST32.
1330	Corticotropin_lipotropin	Num	8	BEST12.	BEST32.
1331	QORL1	Num	8	BEST12.	BEST32.
1332	PEDF	Num	8	BEST12.	BEST32.
1333	CATF	Num	8	BEST12.	BEST32.
1334	FTCD	Num	8	BEST12.	BEST32.
1335	UBP25	Num	8	BEST12.	BEST32.
1336	PLXB2	Num	8	BEST12.	BEST32.

Data Set Name: rawplasma.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	Case_Control	Char	4	\$4.	\$4.
2	Gender	Char	6	\$6.	\$6.
3	Replicate	Char	3	\$3.	\$3.
4	PatientID	Num	8	BEST12.	BEST32.
5	FacilityID	Num	8	BEST12.	BEST32.
6	StudyID	Num	8	BEST12.	BEST32.
7	Sample_Type	Char	11	\$11.	\$11.
8	Barcode	Char	12	\$12.	\$12.
9	New_Label	Char	7	\$7.	\$7.
10	PlateId	Char	5	\$5.	\$5.
11	SlideId	Num	8	BEST12.	BEST32.
12	Subarray	Num	8	BEST12.	BEST32.
13	SampleId	Char	7	\$7.	\$7.
14	SampleType	Char	6	\$6.	\$6.
15	PercentDilution	Num	8	BEST12.	BEST32.
16	SampleMatrix	Char	11	\$11.	\$11.
17	VAR17	Char	7	\$7.	\$7.
18	Barcode2d	Num	8	BEST12.	BEST32.
19	SampleNotes	Char	1	\$1.	\$1.
20	SampleDescription	Char	1	\$1.	\$1.
21	TimePoint	Char	1	\$1.	\$1.
22	ExtIdentifier	Char	18	\$18.	\$18.
23	SsfExtId	Char	9	\$9.	\$9.
24	SampleGroup	Char	1	\$1.	\$1.
25	SiteId	Char	1	\$1.	\$1.
26	TubeUniqueID	Char	7	\$7.	\$7.
27	Location_in_Box	Char	17	\$17.	\$17.
28	HybControlNormScale	Num	8	BEST12.	BEST32.
29	RowCheck	Char	4	\$4.	\$4.
30	Target	Char	1	\$1.	\$1.
31	CHIP	Num	8	BEST12.	BEST32.
32	CEBPB	Num	8	BEST12.	BEST32.
33	NSE	Num	8	BEST12.	BEST32.
34	PIAS4	Num	8	BEST12.	BEST32.
35	IL_10_Ra	Num	8	BEST12.	BEST32.
36	STAT3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
37	IRF1	Num	8	BEST12.	BEST32.
38	c_Jun	Num	8	BEST12.	BEST32.
39	Mcl_1	Num	8	BEST12.	BEST32.
40	OAS1	Num	8	BEST12.	BEST32.
41	c_Myc	Num	8	BEST12.	BEST32.
42	SMAD3	Num	8	BEST12.	BEST32.
43	SMAD2	Num	8	BEST12.	BEST32.
44	IL_23	Num	8	BEST12.	BEST32.
45	PDGFRA	Num	8	BEST12.	BEST32.
46	IL_12	Num	8	BEST12.	BEST32.
47	STAT1	Num	8	BEST12.	BEST32.
48	STAT6	Num	8	BEST12.	BEST32.
49	LRRK2	Num	8	BEST12.	BEST32.
50	Osteocalcin	Num	8	BEST12.	BEST32.
51	IL_5	Num	8	BEST12.	BEST32.
52	GPDA	Num	8	BEST12.	BEST32.
53	IgA	Num	8	BEST12.	BEST32.
54	LPPL	Num	8	BEST12.	BEST32.
55	HEMK2	Num	8	BEST12.	BEST32.
56	PDXK	Num	8	BEST12.	BEST32.
57	TLR4	Num	8	BEST12.	BEST32.
58	REG4	Num	8	BEST12.	BEST32.
59	HSP_27	Num	8	BEST12.	BEST32.
60	YKL_40	Num	8	BEST12.	BEST32.
61	Alpha_enolase	Num	8	BEST12.	BEST32.
62	Apo_L1	Num	8	BEST12.	BEST32.
63	CD38	Num	8	BEST12.	BEST32.
64	CD59	Num	8	BEST12.	BEST32.
65	FABPL	Num	8	BEST12.	BEST32.
66	GDF_11	Num	8	BEST12.	BEST32.
67	BTC	Num	8	BEST12.	BEST32.
68	HIF_1a	Num	8	BEST12.	BEST32.
69	S100A6	Num	8	BEST12.	BEST32.
70	SECTM1	Num	8	BEST12.	BEST32.
71	RSPO3	Num	8	BEST12.	BEST32.
72	PSP	Num	8	BEST12.	BEST32.
73	Apoptosis_regulator_Bcl_W	Num	8	BEST12.	BEST32.
74	VEGF_D	Num	8	BEST12.	BEST32.
75	SOST	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
76	FAM3D	Num	8	BEST12.	BEST32.
77	CSH	Num	8	BEST12.	BEST32.
78	EFNB1	Num	8	BEST12.	BEST32.
79	SNP25	Num	8	BEST12.	BEST32.
80	LYPD3	Num	8	BEST12.	BEST32.
81	NEGR1	Num	8	BEST12.	BEST32.
82	BCL6	Num	8	BEST12.	BEST32.
83	FSTL1	Num	8	BEST12.	BEST32.
84	Osteopontin	Num	8	BEST12.	BEST32.
85	Lumican	Num	8	BEST12.	BEST32.
86	CD177	Num	8	BEST12.	BEST32.
87	CHKB	Num	8	BEST12.	BEST32.
88	SMOC1	Num	8	BEST12.	BEST32.
89	protein_Z_inhibitor	Num	8	BEST12.	BEST32.
90	FLRT2	Num	8	BEST12.	BEST32.
91	FLRT3	Num	8	BEST12.	BEST32.
92	ISLR2	Num	8	BEST12.	BEST32.
93	Vitronectin	Num	8	BEST12.	BEST32.
94	DSC2	Num	8	BEST12.	BEST32.
95	LDLR	Num	8	BEST12.	BEST32.
96	HXK2	Num	8	BEST12.	BEST32.
97	HXK1	Num	8	BEST12.	BEST32.
98	SEM5A	Num	8	BEST12.	BEST32.
99	LTBP4	Num	8	BEST12.	BEST32.
100	PIANP	Num	8	BEST12.	BEST32.
101	Adrenomedullin	Num	8	BEST12.	BEST32.
102	S100A4	Num	8	BEST12.	BEST32.
103	RNF43	Num	8	BEST12.	BEST32.
104	TRAIL_R4	Num	8	BEST12.	BEST32.
105	ZNRF3	Num	8	BEST12.	BEST32.
106	GI24	Num	8	BEST12.	BEST32.
107	Ephrin_A2	Num	8	BEST12.	BEST32.
108	ApoM	Num	8	BEST12.	BEST32.
109	IFN_b	Num	8	BEST12.	BEST32.
110	IFN10	Num	8	BEST12.	BEST32.
111	IFNA7	Num	8	BEST12.	BEST32.
112	EFNB2	Num	8	BEST12.	BEST32.
113	HHLA2	Num	8	BEST12.	BEST32.
114	IL_1_sRII	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
115	AMGO2	Num	8	BEST12.	BEST32.
116	RXFP1	Num	8	BEST12.	BEST32.
117	C1QR1	Num	8	BEST12.	BEST32.
118	NRG4	Num	8	BEST12.	BEST32.
119	H2B2E	Num	8	BEST12.	BEST32.
120	H2A3	Num	8	BEST12.	BEST32.
121	H31	Num	8	BEST12.	BEST32.
122	IFN_g	Num	8	BEST12.	BEST32.
123	IL_1F8	Num	8	BEST12.	BEST32.
124	IL_1F6	Num	8	BEST12.	BEST32.
125	UCRP	Num	8	BEST12.	BEST32.
126	Ephrin_A3	Num	8	BEST12.	BEST32.
127	_14_3_3_protein_beta_alpha	Num	8	BEST12.	BEST32.
128	_14_3_3E	Num	8	BEST12.	BEST32.
129	Annexin_V	Num	8	BEST12.	BEST32.
130	Myostatin	Num	8	BEST12.	BEST32.
131	C4b	Num	8	BEST12.	BEST32.
132	Coagulation_Factor_XI	Num	8	BEST12.	BEST32.
133	CTACK	Num	8	BEST12.	BEST32.
134	Endostatin	Num	8	BEST12.	BEST32.
135	TIMP_1	Num	8	BEST12.	BEST32.
136	tPA	Num	8	BEST12.	BEST32.
137	EG_VEGF	Num	8	BEST12.	BEST32.
138	TIMP_2	Num	8	BEST12.	BEST32.
139	TGF_b1	Num	8	BEST12.	BEST32.
140	VEGF_sR3	Num	8	BEST12.	BEST32.
141	C5	Num	8	BEST12.	BEST32.
142	Apo_E	Num	8	BEST12.	BEST32.
143	BDNF	Num	8	BEST12.	BEST32.
144	C8	Num	8	BEST12.	BEST32.
145	Cathepsin_G	Num	8	BEST12.	BEST32.
146	CXCL16_soluble	Num	8	BEST12.	BEST32.
147	FGF_10	Num	8	BEST12.	BEST32.
148	FGF_8B	Num	8	BEST12.	BEST32.
149	GIIE	Num	8	BEST12.	BEST32.
150	GV	Num	8	BEST12.	BEST32.
151	MIP_3a	Num	8	BEST12.	BEST32.
152	SAP	Num	8	BEST12.	BEST32.
153	SCF_sR	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
154	TIMP_3	Num	8	BEST12.	BEST32.
155	Angiopoietin_4	Num	8	BEST12.	BEST32.
156	Cadherin_E	Num	8	BEST12.	BEST32.
157	GFRa_3	Num	8	BEST12.	BEST32.
158	Ephrin_B3	Num	8	BEST12.	BEST32.
159	GFRa_2	Num	8	BEST12.	BEST32.
160	_6Ckine	Num	8	BEST12.	BEST32.
161	HMG_1	Num	8	BEST12.	BEST32.
162	OPG	Num	8	BEST12.	BEST32.
163	b_Endorphin	Num	8	BEST12.	BEST32.
164	Factor_I	Num	8	BEST12.	BEST32.
165	IGFBP_3	Num	8	BEST12.	BEST32.
166	MCP_1	Num	8	BEST12.	BEST32.
167	MMP_9	Num	8	BEST12.	BEST32.
168	Myeloperoxidase	Num	8	BEST12.	BEST32.
169	PRL	Num	8	BEST12.	BEST32.
170	VEGF	Num	8	BEST12.	BEST32.
171	_4_1BB	Num	8	BEST12.	BEST32.
172	_4_1BB_ligand	Num	8	BEST12.	BEST32.
173	Angiopoietin_2	Num	8	BEST12.	BEST32.
174	B7	Num	8	BEST12.	BEST32.
175	CD30	Num	8	BEST12.	BEST32.
176	CLF_1_CLC_Complex	Num	8	BEST12.	BEST32.
177	Cystatin_C	Num	8	BEST12.	BEST32.
178	Dtk	Num	8	BEST12.	BEST32.
179	eIF_5	Num	8	BEST12.	BEST32.
180	Ephrin_A4	Num	8	BEST12.	BEST32.
181	Ephrin_A5	Num	8	BEST12.	BEST32.
182	ERBB2	Num	8	BEST12.	BEST32.
183	ERBB3	Num	8	BEST12.	BEST32.
184	ERBB4	Num	8	BEST12.	BEST32.
185	GA733_1_protein	Num	8	BEST12.	BEST32.
186	gp130__soluble	Num	8	BEST12.	BEST32.
187	HO_2	Num	8	BEST12.	BEST32.
188	HPV_E7_Type_16	Num	8	BEST12.	BEST32.
189	HPV_E7_Type18	Num	8	BEST12.	BEST32.
190	HSP_90a_b	Num	8	BEST12.	BEST32.
191	IL_1_R_AcP	Num	8	BEST12.	BEST32.
192	IL_10_Rb	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
193	IL_12_Rb1	Num	8	BEST12.	BEST32.
194	IL_13_Ra1	Num	8	BEST12.	BEST32.
195	IL_2_sRg	Num	8	BEST12.	BEST32.
196	Layilin	Num	8	BEST12.	BEST32.
197	Lymphotoxin_b_R	Num	8	BEST12.	BEST32.
198	Macrophage_mannose_receptor	Num	8	BEST12.	BEST32.
199	M_CSF_R	Num	8	BEST12.	BEST32.
200	MSP_R	Num	8	BEST12.	BEST32.
201	PAFAH_beta_subunit	Num	8	BEST12.	BEST32.
202	P_Cadherin	Num	8	BEST12.	BEST32.
203	PKC_A	Num	8	BEST12.	BEST32.
204	PKC_Z	Num	8	BEST12.	BEST32.
205	Rab_GDP_dissociation_inhibitor_b	Num	8	BEST12.	BEST32.
206	sICAM_3	Num	8	BEST12.	BEST32.
207	suPAR	Num	8	BEST12.	BEST32.
208	TNF_sR_I	Num	8	BEST12.	BEST32.
209	TrkC	Num	8	BEST12.	BEST32.
210	BCMA	Num	8	BEST12.	BEST32.
211	Bone_proteoglycan_II	Num	8	BEST12.	BEST32.
212	Calpain_I	Num	8	BEST12.	BEST32.
213	CK_MM	Num	8	BEST12.	BEST32.
214	ERBB1	Num	8	BEST12.	BEST32.
215	HGF	Num	8	BEST12.	BEST32.
216	HSP_60	Num	8	BEST12.	BEST32.
217	iC3b	Num	8	BEST12.	BEST32.
218	IGFBP_5	Num	8	BEST12.	BEST32.
219	IGFBP_6	Num	8	BEST12.	BEST32.
220	MIA	Num	8	BEST12.	BEST32.
221	NPS_PLA2	Num	8	BEST12.	BEST32.
222	OSM	Num	8	BEST12.	BEST32.
223	PECAM_1	Num	8	BEST12.	BEST32.
224	Persephin	Num	8	BEST12.	BEST32.
225	PF_4	Num	8	BEST12.	BEST32.
226	Protein_S	Num	8	BEST12.	BEST32.
227	TACI	Num	8	BEST12.	BEST32.
228	TECK	Num	8	BEST12.	BEST32.
229	Thyroxine_Binding_Globulin	Num	8	BEST12.	BEST32.
230	TNFSF18	Num	8	BEST12.	BEST32.
231	CNTRF_alpha	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
232	EMAP_2	Num	8	BEST12.	BEST32.
233	EPO_R	Num	8	BEST12.	BEST32.
234	G_CSF_R	Num	8	BEST12.	BEST32.
235	IL_1F7	Num	8	BEST12.	BEST32.
236	Laminin	Num	8	BEST12.	BEST32.
237	MICA	Num	8	BEST12.	BEST32.
238	NADPH_P450_Oxidoreductase	Num	8	BEST12.	BEST32.
239	NANOG	Num	8	BEST12.	BEST32.
240	NKp44	Num	8	BEST12.	BEST32.
241	NovH	Num	8	BEST12.	BEST32.
242	Siglec_6	Num	8	BEST12.	BEST32.
243	Siglec_7	Num	8	BEST12.	BEST32.
244	Sonic_Hedgehog	Num	8	BEST12.	BEST32.
245	IgG	Num	8	BEST12.	BEST32.
246	TSLP_R	Num	8	BEST12.	BEST32.
247	ULBP_3	Num	8	BEST12.	BEST32.
248	Activin_A	Num	8	BEST12.	BEST32.
249	Apo_A_I	Num	8	BEST12.	BEST32.
250	Azurocidin	Num	8	BEST12.	BEST32.
251	BMP_14	Num	8	BEST12.	BEST32.
252	C1q	Num	8	BEST12.	BEST32.
253	C3	Num	8	BEST12.	BEST32.
254	C3adesArg	Num	8	BEST12.	BEST32.
255	DRR1	Num	8	BEST12.	BEST32.
256	FGF_18	Num	8	BEST12.	BEST32.
257	FGF_19	Num	8	BEST12.	BEST32.
258	FGF_20	Num	8	BEST12.	BEST32.
259	FGF9	Num	8	BEST12.	BEST32.
260	GDF_11_8	Num	8	BEST12.	BEST32.
261	Hemopexin	Num	8	BEST12.	BEST32.
262	HIV_2_Rev	Num	8	BEST12.	BEST32.
263	I_309	Num	8	BEST12.	BEST32.
264	IGFBP_1	Num	8	BEST12.	BEST32.
265	IL_10	Num	8	BEST12.	BEST32.
266	IL_16	Num	8	BEST12.	BEST32.
267	IL_17F	Num	8	BEST12.	BEST32.
268	IL_22	Num	8	BEST12.	BEST32.
269	Lactoferrin	Num	8	BEST12.	BEST32.
270	LAG_1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
271	LD78_beta	Num	8	BEST12.	BEST32.
272	MCP_2	Num	8	BEST12.	BEST32.
273	MMP_3	Num	8	BEST12.	BEST32.
274	MMP_7	Num	8	BEST12.	BEST32.
275	NAP_2	Num	8	BEST12.	BEST32.
276	SOD	Num	8	BEST12.	BEST32.
277	Fibrinogen	Num	8	BEST12.	BEST32.
278	Apo_B	Num	8	BEST12.	BEST32.
279	ACE2	Num	8	BEST12.	BEST32.
280	Activin_RIB	Num	8	BEST12.	BEST32.
281	ADAMTS_4	Num	8	BEST12.	BEST32.
282	Angiopoietin_1	Num	8	BEST12.	BEST32.
283	ART	Num	8	BEST12.	BEST32.
284	BCAM	Num	8	BEST12.	BEST32.
285	Cadherin_5	Num	8	BEST12.	BEST32.
286	CD97	Num	8	BEST12.	BEST32.
287	COMMD7	Num	8	BEST12.	BEST32.
288	EDA	Num	8	BEST12.	BEST32.
289	Fractalkine_CX3CL_1	Num	8	BEST12.	BEST32.
290	HAI_1	Num	8	BEST12.	BEST32.
291	IL_27	Num	8	BEST12.	BEST32.
292	Kallikrein_11	Num	8	BEST12.	BEST32.
293	Kallikrein_4	Num	8	BEST12.	BEST32.
294	kallikrein_8	Num	8	BEST12.	BEST32.
295	Ku70	Num	8	BEST12.	BEST32.
296	Lipocalin_2	Num	8	BEST12.	BEST32.
297	Met	Num	8	BEST12.	BEST32.
298	MMP_17	Num	8	BEST12.	BEST32.
299	OX40_Ligand	Num	8	BEST12.	BEST32.
300	sFRP_3	Num	8	BEST12.	BEST32.
301	SPINT2	Num	8	BEST12.	BEST32.
302	sTie_1	Num	8	BEST12.	BEST32.
303	Ubiquitin_1	Num	8	BEST12.	BEST32.
304	WIF_1	Num	8	BEST12.	BEST32.
305	AIF1	Num	8	BEST12.	BEST32.
306	C5a	Num	8	BEST12.	BEST32.
307	CHK1	Num	8	BEST12.	BEST32.
308	ERK_1	Num	8	BEST12.	BEST32.
309	Glucocorticoid_receptor	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
310	Hat1	Num	8	BEST12.	BEST32.
311	HDAC8	Num	8	BEST12.	BEST32.
312	Karyopherin_a2	Num	8	BEST12.	BEST32.
313	MEK1	Num	8	BEST12.	BEST32.
314	MOZ	Num	8	BEST12.	BEST32.
315	PKC_D	Num	8	BEST12.	BEST32.
316	RAC1	Num	8	BEST12.	BEST32.
317	RAD51	Num	8	BEST12.	BEST32.
318	TBP	Num	8	BEST12.	BEST32.
319	Topoisomerase_I	Num	8	BEST12.	BEST32.
320	UBC9	Num	8	BEST12.	BEST32.
321	YES	Num	8	BEST12.	BEST32.
322	a1_Antichymotrypsin	Num	8	BEST12.	BEST32.
323	C7	Num	8	BEST12.	BEST32.
324	Cardiotrophin_1	Num	8	BEST12.	BEST32.
325	CCL28	Num	8	BEST12.	BEST32.
326	CD22	Num	8	BEST12.	BEST32.
327	HCC_1	Num	8	BEST12.	BEST32.
328	IL_4	Num	8	BEST12.	BEST32.
329	Midkine	Num	8	BEST12.	BEST32.
330	MPIF_1	Num	8	BEST12.	BEST32.
331	PCNA	Num	8	BEST12.	BEST32.
332	sRANKL	Num	8	BEST12.	BEST32.
333	PAI_1	Num	8	BEST12.	BEST32.
334	Apo_E3	Num	8	BEST12.	BEST32.
335	Apo_E4	Num	8	BEST12.	BEST32.
336	Artemin	Num	8	BEST12.	BEST32.
337	Cytochrome_c	Num	8	BEST12.	BEST32.
338	Cytochrome_P450_3A4	Num	8	BEST12.	BEST32.
339	DAN	Num	8	BEST12.	BEST32.
340	ER	Num	8	BEST12.	BEST32.
341	Factor_D	Num	8	BEST12.	BEST32.
342	Growth_hormone_receptor	Num	8	BEST12.	BEST32.
343	GX	Num	8	BEST12.	BEST32.
344	IGFBP_4	Num	8	BEST12.	BEST32.
345	IGF_I	Num	8	BEST12.	BEST32.
346	Luteinizing_hormone	Num	8	BEST12.	BEST32.
347	Properdin	Num	8	BEST12.	BEST32.
348	Protein_C	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
349	PTHrP	Num	8	BEST12.	BEST32.
350	SCGF_beta	Num	8	BEST12.	BEST32.
351	VCAM_1	Num	8	BEST12.	BEST32.
352	TNFSF15	Num	8	BEST12.	BEST32.
353	ALK_1	Num	8	BEST12.	BEST32.
354	AREG	Num	8	BEST12.	BEST32.
355	BMP_7	Num	8	BEST12.	BEST32.
356	CD36_ANTIGEN	Num	8	BEST12.	BEST32.
357	contactin_1	Num	8	BEST12.	BEST32.
358	CTGF	Num	8	BEST12.	BEST32.
359	Desmoglein_1	Num	8	BEST12.	BEST32.
360	EDAR	Num	8	BEST12.	BEST32.
361	ENA_78	Num	8	BEST12.	BEST32.
362	ESAM	Num	8	BEST12.	BEST32.
363	Galectin_4	Num	8	BEST12.	BEST32.
364	Gro_a	Num	8	BEST12.	BEST32.
365	Gro_b_g	Num	8	BEST12.	BEST32.
366	Histone_H1_2	Num	8	BEST12.	BEST32.
367	ICOS	Num	8	BEST12.	BEST32.
368	IL_1_sRI	Num	8	BEST12.	BEST32.
369	IL_17_sR	Num	8	BEST12.	BEST32.
370	IL_18_Rb	Num	8	BEST12.	BEST32.
371	IL_1Rrp2	Num	8	BEST12.	BEST32.
372	JAM_B	Num	8	BEST12.	BEST32.
373	JAM_C	Num	8	BEST12.	BEST32.
374	LSAMP	Num	8	BEST12.	BEST32.
375	MBL	Num	8	BEST12.	BEST32.
376	NKp30	Num	8	BEST12.	BEST32.
377	PD_L2	Num	8	BEST12.	BEST32.
378	PTP_1B	Num	8	BEST12.	BEST32.
379	Siglec_9	Num	8	BEST12.	BEST32.
380	TGF_b_R_III	Num	8	BEST12.	BEST32.
381	TSLP	Num	8	BEST12.	BEST32.
382	CTLA_4	Num	8	BEST12.	BEST32.
383	a2_Antiplasmin	Num	8	BEST12.	BEST32.
384	bFGF	Num	8	BEST12.	BEST32.
385	Calpastatin	Num	8	BEST12.	BEST32.
386	Ck_b_8_1	Num	8	BEST12.	BEST32.
387	DC_SIGN	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
388	DC_SIGNR	Num	8	BEST12.	BEST32.
389	FSH	Num	8	BEST12.	BEST32.
390	Galectin_2	Num	8	BEST12.	BEST32.
391	GFAP	Num	8	BEST12.	BEST32.
392	IL_19	Num	8	BEST12.	BEST32.
393	IL_1b	Num	8	BEST12.	BEST32.
394	I_TAC	Num	8	BEST12.	BEST32.
395	MIP_1a	Num	8	BEST12.	BEST32.
396	MRC2	Num	8	BEST12.	BEST32.
397	Myoglobin	Num	8	BEST12.	BEST32.
398	ON	Num	8	BEST12.	BEST32.
399	PARC	Num	8	BEST12.	BEST32.
400	PTN	Num	8	BEST12.	BEST32.
401	resistin	Num	8	BEST12.	BEST32.
402	Trypsin	Num	8	BEST12.	BEST32.
403	vWF	Num	8	BEST12.	BEST32.
404	Fas_ligand_soluble	Num	8	BEST12.	BEST32.
405	Flt3_ligand	Num	8	BEST12.	BEST32.
406	Haptoglobin_Mixed_Type	Num	8	BEST12.	BEST32.
407	IL_4_sR	Num	8	BEST12.	BEST32.
408	NKG2D	Num	8	BEST12.	BEST32.
409	WISP_1	Num	8	BEST12.	BEST32.
410	BAFF	Num	8	BEST12.	BEST32.
411	C9	Num	8	BEST12.	BEST32.
412	Cathepsin_B	Num	8	BEST12.	BEST32.
413	FGF_5	Num	8	BEST12.	BEST32.
414	Galectin_3	Num	8	BEST12.	BEST32.
415	GDF_9	Num	8	BEST12.	BEST32.
416	IgM	Num	8	BEST12.	BEST32.
417	IL_2	Num	8	BEST12.	BEST32.
418	IL_13	Num	8	BEST12.	BEST32.
419	IL_18_BPa	Num	8	BEST12.	BEST32.
420	LBP	Num	8	BEST12.	BEST32.
421	Coagulation_Factor_Xa	Num	8	BEST12.	BEST32.
422	PIGF	Num	8	BEST12.	BEST32.
423	TIG2	Num	8	BEST12.	BEST32.
424	ULBP_1	Num	8	BEST12.	BEST32.
425	ULBP_2	Num	8	BEST12.	BEST32.
426	XEDAR	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
427	Aurora_kinase_A	Num	8	BEST12.	BEST32.
428	MK01	Num	8	BEST12.	BEST32.
429	SMAC	Num	8	BEST12.	BEST32.
430	VEGF_C	Num	8	BEST12.	BEST32.
431	sCD4	Num	8	BEST12.	BEST32.
432	IL_2_sRa	Num	8	BEST12.	BEST32.
433	TNF_sR_II	Num	8	BEST12.	BEST32.
434	Siglec_3	Num	8	BEST12.	BEST32.
435	ADAMTS_5	Num	8	BEST12.	BEST32.
436	IDUA	Num	8	BEST12.	BEST32.
437	AMPM2	Num	8	BEST12.	BEST32.
438	amyloid_precursor_protein	Num	8	BEST12.	BEST32.
439	ARSB	Num	8	BEST12.	BEST32.
440	AS AHL	Num	8	BEST12.	BEST32.
441	ATS1	Num	8	BEST12.	BEST32.
442	ATS13	Num	8	BEST12.	BEST32.
443	Carbonic_Anhydrase_IV	Num	8	BEST12.	BEST32.
444	CATC	Num	8	BEST12.	BEST32.
445	Cathepsin_A	Num	8	BEST12.	BEST32.
446	Cathepsin_S	Num	8	BEST12.	BEST32.
447	CD39	Num	8	BEST12.	BEST32.
448	Coagulation_Factor_VII	Num	8	BEST12.	BEST32.
449	C2	Num	8	BEST12.	BEST32.
450	CRIS3	Num	8	BEST12.	BEST32.
451	Enterokinase	Num	8	BEST12.	BEST32.
452	WFKN1	Num	8	BEST12.	BEST32.
453	Glutamate_carboxypeptidase	Num	8	BEST12.	BEST32.
454	GPVI	Num	8	BEST12.	BEST32.
455	Granulysin	Num	8	BEST12.	BEST32.
456	HPLN1	Num	8	BEST12.	BEST32.
457	IDE	Num	8	BEST12.	BEST32.
458	IDS	Num	8	BEST12.	BEST32.
459	kallikrein_12	Num	8	BEST12.	BEST32.
460	kallikrein_13	Num	8	BEST12.	BEST32.
461	kallikrein_5	Num	8	BEST12.	BEST32.
462	KREM2	Num	8	BEST12.	BEST32.
463	LKHA4	Num	8	BEST12.	BEST32.
464	LYVE1	Num	8	BEST12.	BEST32.
465	MATN3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
466	MEPE	Num	8	BEST12.	BEST32.
467	METAP1	Num	8	BEST12.	BEST32.
468	ASAH2	Num	8	BEST12.	BEST32.
469	Nidogen	Num	8	BEST12.	BEST32.
470	PIGR	Num	8	BEST12.	BEST32.
471	Protease_nexin_I	Num	8	BEST12.	BEST32.
472	RET	Num	8	BEST12.	BEST32.
473	SARP_2	Num	8	BEST12.	BEST32.
474	Semaphorin_3A	Num	8	BEST12.	BEST32.
475	TrATPase	Num	8	BEST12.	BEST32.
476	URB	Num	8	BEST12.	BEST32.
477	WFKN2	Num	8	BEST12.	BEST32.
478	Aggrecan	Num	8	BEST12.	BEST32.
479	ANGL3	Num	8	BEST12.	BEST32.
480	BGH3	Num	8	BEST12.	BEST32.
481	BGN	Num	8	BEST12.	BEST32.
482	C1r	Num	8	BEST12.	BEST32.
483	Carbonic_Anhydrase_X	Num	8	BEST12.	BEST32.
484	CD109	Num	8	BEST12.	BEST32.
485	CD23	Num	8	BEST12.	BEST32.
486	CD48	Num	8	BEST12.	BEST32.
487	CD5L	Num	8	BEST12.	BEST32.
488	CFC1	Num	8	BEST12.	BEST32.
489	CNTN2	Num	8	BEST12.	BEST32.
490	Contactin_4	Num	8	BEST12.	BEST32.
491	Contactin_5	Num	8	BEST12.	BEST32.
492	CYTF	Num	8	BEST12.	BEST32.
493	Cystatin_M	Num	8	BEST12.	BEST32.
494	DLL4	Num	8	BEST12.	BEST32.
495	FCG2A	Num	8	BEST12.	BEST32.
496	FCG2B	Num	8	BEST12.	BEST32.
497	FCG3B	Num	8	BEST12.	BEST32.
498	FCGR1	Num	8	BEST12.	BEST32.
499	FCN2	Num	8	BEST12.	BEST32.
500	GFRa_1	Num	8	BEST12.	BEST32.
501	GPC2	Num	8	BEST12.	BEST32.
502	Heparin_cofactor_II	Num	8	BEST12.	BEST32.
503	HTRA2	Num	8	BEST12.	BEST32.
504	IGFBP_7	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
505	IL24	Num	8	BEST12.	BEST32.
506	LRIG3	Num	8	BEST12.	BEST32.
507	LRP8	Num	8	BEST12.	BEST32.
508	LY9	Num	8	BEST12.	BEST32.
509	MATN2	Num	8	BEST12.	BEST32.
510	Nectin_like_protein_2	Num	8	BEST12.	BEST32.
511	NET4	Num	8	BEST12.	BEST32.
512	PGRP_S	Num	8	BEST12.	BEST32.
513	RGMB	Num	8	BEST12.	BEST32.
514	RGM_C	Num	8	BEST12.	BEST32.
515	TFPI	Num	8	BEST12.	BEST32.
516	TSP2	Num	8	BEST12.	BEST32.
517	TSP4	Num	8	BEST12.	BEST32.
518	ABL1	Num	8	BEST12.	BEST32.
519	Aminoacylase_1	Num	8	BEST12.	BEST32.
520	Antithrombin_III	Num	8	BEST12.	BEST32.
521	AURKB	Num	8	BEST12.	BEST32.
522	BARK1	Num	8	BEST12.	BEST32.
523	BMP_1	Num	8	BEST12.	BEST32.
524	CAMK2A	Num	8	BEST12.	BEST32.
525	CAMK2B	Num	8	BEST12.	BEST32.
526	Carbonic_anhydrase_6	Num	8	BEST12.	BEST32.
527	Carbonic_anhydrase_VII	Num	8	BEST12.	BEST32.
528	CDK2_cyclin_A	Num	8	BEST12.	BEST32.
529	CDK5_p35	Num	8	BEST12.	BEST32.
530	CDK8_cyclin_C	Num	8	BEST12.	BEST32.
531	Chk2	Num	8	BEST12.	BEST32.
532	CLC4K	Num	8	BEST12.	BEST32.
533	CRDL1	Num	8	BEST12.	BEST32.
534	CSK	Num	8	BEST12.	BEST32.
535	Cathepsin_V	Num	8	BEST12.	BEST32.
536	Dkk_4	Num	8	BEST12.	BEST32.
537	ECM1	Num	8	BEST12.	BEST32.
538	FETUB	Num	8	BEST12.	BEST32.
539	Granzyme_H	Num	8	BEST12.	BEST32.
540	HCK	Num	8	BEST12.	BEST32.
541	IL_17_RD	Num	8	BEST12.	BEST32.
542	Kallikrein_7	Num	8	BEST12.	BEST32.
543	KPCI	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
544	LYNB	Num	8	BEST12.	BEST32.
545	PAK3	Num	8	BEST12.	BEST32.
546	PAK7	Num	8	BEST12.	BEST32.
547	PCI	Num	8	BEST12.	BEST32.
548	PIK3CA_PIK3R1	Num	8	BEST12.	BEST32.
549	PK3CG	Num	8	BEST12.	BEST32.
550	PKB_a_b_g	Num	8	BEST12.	BEST32.
551	PLK_1	Num	8	BEST12.	BEST32.
552	Renin	Num	8	BEST12.	BEST32.
553	SHP_2	Num	8	BEST12.	BEST32.
554	STAB2	Num	8	BEST12.	BEST32.
555	TBK1	Num	8	BEST12.	BEST32.
556	TCPTP	Num	8	BEST12.	BEST32.
557	TPSB2	Num	8	BEST12.	BEST32.
558	TPSG1	Num	8	BEST12.	BEST32.
559	UFC1	Num	8	BEST12.	BEST32.
560	Bcl_2	Num	8	BEST12.	BEST32.
561	BFL1	Num	8	BEST12.	BEST32.
562	BMX	Num	8	BEST12.	BEST32.
563	BSP	Num	8	BEST12.	BEST32.
564	BTK	Num	8	BEST12.	BEST32.
565	CAMK1D	Num	8	BEST12.	BEST32.
566	CAMK2D	Num	8	BEST12.	BEST32.
567	Carbonic_anhydrase_XIII	Num	8	BEST12.	BEST32.
568	CD30_Ligand	Num	8	BEST12.	BEST32.
569	CDK1_cyclin_B	Num	8	BEST12.	BEST32.
570	Chymase	Num	8	BEST12.	BEST32.
571	CSK21	Num	8	BEST12.	BEST32.
572	EphA1	Num	8	BEST12.	BEST32.
573	EPHA3	Num	8	BEST12.	BEST32.
574	FN1_3	Num	8	BEST12.	BEST32.
575	FN1_4	Num	8	BEST12.	BEST32.
576	Flt_3	Num	8	BEST12.	BEST32.
577	FSTL3	Num	8	BEST12.	BEST32.
578	granzyme_A	Num	8	BEST12.	BEST32.
579	GSK_3_alpha_beta	Num	8	BEST12.	BEST32.
580	HIPK3	Num	8	BEST12.	BEST32.
581	IL_15_Ra	Num	8	BEST12.	BEST32.
582	IL_18_Ra	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
583	IL_8	Num	8	BEST12.	BEST32.
584	IR	Num	8	BEST12.	BEST32.
585	Kallistatin	Num	8	BEST12.	BEST32.
586	Kallikrein_6	Num	8	BEST12.	BEST32.
587	LCK	Num	8	BEST12.	BEST32.
588	LYN	Num	8	BEST12.	BEST32.
589	Periostin	Num	8	BEST12.	BEST32.
590	PDGF_Rb	Num	8	BEST12.	BEST32.
591	PGCB	Num	8	BEST12.	BEST32.
592	PRKACA	Num	8	BEST12.	BEST32.
593	RPS6KA3	Num	8	BEST12.	BEST32.
594	sE_Selectin	Num	8	BEST12.	BEST32.
595	STK16	Num	8	BEST12.	BEST32.
596	Survivin	Num	8	BEST12.	BEST32.
597	Thrombopoietin_Receptor	Num	8	BEST12.	BEST32.
598	Thrombospondin_1	Num	8	BEST12.	BEST32.
599	TrkA	Num	8	BEST12.	BEST32.
600	TRY3	Num	8	BEST12.	BEST32.
601	DUS3	Num	8	BEST12.	BEST32.
602	XPNPEP1	Num	8	BEST12.	BEST32.
603	Angiotensinogen	Num	8	BEST12.	BEST32.
604	b2_Microglobulin	Num	8	BEST12.	BEST32.
605	b_ECGF	Num	8	BEST12.	BEST32.
606	BLC	Num	8	BEST12.	BEST32.
607	Catalase	Num	8	BEST12.	BEST32.
608	CNTF	Num	8	BEST12.	BEST32.
609	FGF_17	Num	8	BEST12.	BEST32.
610	GCP_2	Num	8	BEST12.	BEST32.
611	IFN_aA	Num	8	BEST12.	BEST32.
612	IL_17B	Num	8	BEST12.	BEST32.
613	Integrin_a1b1	Num	8	BEST12.	BEST32.
614	LEAP_1	Num	8	BEST12.	BEST32.
615	Lymphotoxin_a1_b2	Num	8	BEST12.	BEST32.
616	Lymphotoxin_a2_b1	Num	8	BEST12.	BEST32.
617	MDC	Num	8	BEST12.	BEST32.
618	MIP_5	Num	8	BEST12.	BEST32.
619	Proteinase_3	Num	8	BEST12.	BEST32.
620	SDF_1	Num	8	BEST12.	BEST32.
621	TAFI	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
622	TARC	Num	8	BEST12.	BEST32.
623	TGF_b3	Num	8	BEST12.	BEST32.
624	TSH	Num	8	BEST12.	BEST32.
625	Vasoactive_Intestinal_Peptide	Num	8	BEST12.	BEST32.
626	CD40_ligand_soluble	Num	8	BEST12.	BEST32.
627	DKK1	Num	8	BEST12.	BEST32.
628	dopa_decarboxylase	Num	8	BEST12.	BEST32.
629	Adiponectin	Num	8	BEST12.	BEST32.
630	a1_Antitrypsin	Num	8	BEST12.	BEST32.
631	a2_HS_Glycoprotein	Num	8	BEST12.	BEST32.
632	Arylsulfatase_A	Num	8	BEST12.	BEST32.
633	BASI	Num	8	BEST12.	BEST32.
634	BMP10	Num	8	BEST12.	BEST32.
635	Cadherin_6	Num	8	BEST12.	BEST32.
636	CAMK1	Num	8	BEST12.	BEST32.
637	Caspase_3	Num	8	BEST12.	BEST32.
638	CATE	Num	8	BEST12.	BEST32.
639	Chitotriosidase_1	Num	8	BEST12.	BEST32.
640	CHL1	Num	8	BEST12.	BEST32.
641	CLC7A	Num	8	BEST12.	BEST32.
642	MASP3	Num	8	BEST12.	BEST32.
643	Discoidin_domain_receptor_2	Num	8	BEST12.	BEST32.
644	DKK3	Num	8	BEST12.	BEST32.
645	DPP2	Num	8	BEST12.	BEST32.
646	Endothelin_converting_enzyme_1	Num	8	BEST12.	BEST32.
647	EphB4	Num	8	BEST12.	BEST32.
648	FCN1	Num	8	BEST12.	BEST32.
649	GNS	Num	8	BEST12.	BEST32.
650	HGFA	Num	8	BEST12.	BEST32.
651	IL22RA1	Num	8	BEST12.	BEST32.
652	LGMN	Num	8	BEST12.	BEST32.
653	LY86	Num	8	BEST12.	BEST32.
654	Marapsin	Num	8	BEST12.	BEST32.
655	MMEL2	Num	8	BEST12.	BEST32.
656	MP2K2	Num	8	BEST12.	BEST32.
657	MRCKB	Num	8	BEST12.	BEST32.
658	Nectin_like_protein_1	Num	8	BEST12.	BEST32.
659	NID2	Num	8	BEST12.	BEST32.
660	OBCAM	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
661	OCAD1	Num	8	BEST12.	BEST32.
662	OLR1	Num	8	BEST12.	BEST32.
663	RAP	Num	8	BEST12.	BEST32.
664	SLAF5	Num	8	BEST12.	BEST32.
665	SLIK1	Num	8	BEST12.	BEST32.
666	Soggy_1	Num	8	BEST12.	BEST32.
667	TEC	Num	8	BEST12.	BEST32.
668	TLR4_MD_2_complex	Num	8	BEST12.	BEST32.
669	VEGF_sR2	Num	8	BEST12.	BEST32.
670	BMPER	Num	8	BEST12.	BEST32.
671	Cadherin_12	Num	8	BEST12.	BEST32.
672	Calcineurin_B_a	Num	8	BEST12.	BEST32.
673	complement_factor_H_related_5	Num	8	BEST12.	BEST32.
674	IGF_II_receptor	Num	8	BEST12.	BEST32.
675	kallikrein_14	Num	8	BEST12.	BEST32.
676	Macrophage_scavenger_receptor	Num	8	BEST12.	BEST32.
677	MFRP	Num	8	BEST12.	BEST32.
678	Albumin	Num	8	BEST12.	BEST32.
679	a2_Macroglobulin	Num	8	BEST12.	BEST32.
680	ALT	Num	8	BEST12.	BEST32.
681	Angiostatin	Num	8	BEST12.	BEST32.
682	CK_MB	Num	8	BEST12.	BEST32.
683	p27Kip1	Num	8	BEST12.	BEST32.
684	BNP_32	Num	8	BEST12.	BEST32.
685	PYY	Num	8	BEST12.	BEST32.
686	Secretin	Num	8	BEST12.	BEST32.
687	TNR4	Num	8	BEST12.	BEST32.
688	CSF_1	Num	8	BEST12.	BEST32.
689	Activated_Protein_C	Num	8	BEST12.	BEST32.
690	COX_2	Num	8	BEST12.	BEST32.
691	STX1a	Num	8	BEST12.	BEST32.
692	sTie_2	Num	8	BEST12.	BEST32.
693	ADAM_9	Num	8	BEST12.	BEST32.
694	ANGL4	Num	8	BEST12.	BEST32.
695	Cadherin_2	Num	8	BEST12.	BEST32.
696	Carbonic_anhydrase_9	Num	8	BEST12.	BEST32.
697	Carbonic_anhydrase_III	Num	8	BEST12.	BEST32.
698	CK_BB	Num	8	BEST12.	BEST32.
699	Cystatin_S	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
700	CYTD	Num	8	BEST12.	BEST32.
701	Endocan	Num	8	BEST12.	BEST32.
702	EphA5	Num	8	BEST12.	BEST32.
703	FGF23	Num	8	BEST12.	BEST32.
704	FGFR_2	Num	8	BEST12.	BEST32.
705	FGFR_3	Num	8	BEST12.	BEST32.
706	FGR	Num	8	BEST12.	BEST32.
707	FYN	Num	8	BEST12.	BEST32.
708	IL_12_RB2	Num	8	BEST12.	BEST32.
709	KPCT	Num	8	BEST12.	BEST32.
710	MAPK2	Num	8	BEST12.	BEST32.
711	MAPK5	Num	8	BEST12.	BEST32.
712	MAPKAPK3	Num	8	BEST12.	BEST32.
713	MATK	Num	8	BEST12.	BEST32.
714	MK08	Num	8	BEST12.	BEST32.
715	PAK6	Num	8	BEST12.	BEST32.
716	PDGF_CC	Num	8	BEST12.	BEST32.
717	pTEN	Num	8	BEST12.	BEST32.
718	PTK6	Num	8	BEST12.	BEST32.
719	TLR2	Num	8	BEST12.	BEST32.
720	UFM1	Num	8	BEST12.	BEST32.
721	AIP	Num	8	BEST12.	BEST32.
722	Cyclophilin_A	Num	8	BEST12.	BEST32.
723	DLRB1	Num	8	BEST12.	BEST32.
724	ETHE1	Num	8	BEST12.	BEST32.
725	GAPDH__liver	Num	8	BEST12.	BEST32.
726	HSP_40	Num	8	BEST12.	BEST32.
727	MDHC	Num	8	BEST12.	BEST32.
728	NACA	Num	8	BEST12.	BEST32.
729	Peroxiredoxin_1	Num	8	BEST12.	BEST32.
730	PPAC	Num	8	BEST12.	BEST32.
731	PSA1	Num	8	BEST12.	BEST32.
732	PSA6	Num	8	BEST12.	BEST32.
733	RS7	Num	8	BEST12.	BEST32.
734	RSK_like_protein_kinase	Num	8	BEST12.	BEST32.
735	SBDS	Num	8	BEST12.	BEST32.
736	SE6L2	Num	8	BEST12.	BEST32.
737	SGTA	Num	8	BEST12.	BEST32.
738	TCTP	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
739	TMA	Num	8	BEST12.	BEST32.
740	UB2L3	Num	8	BEST12.	BEST32.
741	ARI3A	Num	8	BEST12.	BEST32.
742	CaMKK_alpha	Num	8	BEST12.	BEST32.
743	CDC37	Num	8	BEST12.	BEST32.
744	DLC8	Num	8	BEST12.	BEST32.
745	IMB1	Num	8	BEST12.	BEST32.
746	ING1	Num	8	BEST12.	BEST32.
747	Lamin_B1	Num	8	BEST12.	BEST32.
748	LDH_H_1	Num	8	BEST12.	BEST32.
749	MBD4	Num	8	BEST12.	BEST32.
750	Mesothelin	Num	8	BEST12.	BEST32.
751	NAGK	Num	8	BEST12.	BEST32.
752	Phosphoglycerate_mutase_1	Num	8	BEST12.	BEST32.
753	PLPP	Num	8	BEST12.	BEST32.
754	PSD7	Num	8	BEST12.	BEST32.
755	SKP1	Num	8	BEST12.	BEST32.
756	Sorting_nexin_4	Num	8	BEST12.	BEST32.
757	UBE2N	Num	8	BEST12.	BEST32.
758	discoidin_domain_receptor_1	Num	8	BEST12.	BEST32.
759	FGF_4	Num	8	BEST12.	BEST32.
760	HSP_70	Num	8	BEST12.	BEST32.
761	sRAGE	Num	8	BEST12.	BEST32.
762	BPI	Num	8	BEST12.	BEST32.
763	C6	Num	8	BEST12.	BEST32.
764	Eotaxin_2	Num	8	BEST12.	BEST32.
765	Factor_B	Num	8	BEST12.	BEST32.
766	FGF_6	Num	8	BEST12.	BEST32.
767	Fibronectin	Num	8	BEST12.	BEST32.
768	FST	Num	8	BEST12.	BEST32.
769	Granzyme_B	Num	8	BEST12.	BEST32.
770	HB_EGF	Num	8	BEST12.	BEST32.
771	IgE	Num	8	BEST12.	BEST32.
772	IL_17D	Num	8	BEST12.	BEST32.
773	IL_17E	Num	8	BEST12.	BEST32.
774	IL_20	Num	8	BEST12.	BEST32.
775	IL_6_sRa	Num	8	BEST12.	BEST32.
776	IL_7	Num	8	BEST12.	BEST32.
777	IP_10	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
778	Lymphotactin	Num	8	BEST12.	BEST32.
779	MCP_4	Num	8	BEST12.	BEST32.
780	Neurotrophin_3	Num	8	BEST12.	BEST32.
781	Neurotrophin_5	Num	8	BEST12.	BEST32.
782	PAPP_A	Num	8	BEST12.	BEST32.
783	PDGF_BB	Num	8	BEST12.	BEST32.
784	Plasmin	Num	8	BEST12.	BEST32.
785	Plasminogen	Num	8	BEST12.	BEST32.
786	Prekallikrein	Num	8	BEST12.	BEST32.
787	alpha_1_antichymotrypsin_complex	Num	8	BEST12.	BEST32.
788	P_Selectin	Num	8	BEST12.	BEST32.
789	Tenascin	Num	8	BEST12.	BEST32.
790	TGF_b2	Num	8	BEST12.	BEST32.
791	Thrombin	Num	8	BEST12.	BEST32.
792	uPA	Num	8	BEST12.	BEST32.
793	Factor_H	Num	8	BEST12.	BEST32.
794	MMP_2	Num	8	BEST12.	BEST32.
795	Transferrin	Num	8	BEST12.	BEST32.
796	Histone_H2A_z	Num	8	BEST12.	BEST32.
797	Thyroglobulin	Num	8	BEST12.	BEST32.
798	_14_3_3	Num	8	BEST12.	BEST32.
799	_4EBP2	Num	8	BEST12.	BEST32.
800	_6_Phosphogluconate_dehydrogenas	Num	8	BEST12.	BEST32.
801	Aflatoxin_B1_aldehyde_reductase	Num	8	BEST12.	BEST32.
802	AK1A1	Num	8	BEST12.	BEST32.
803	AN32B	Num	8	BEST12.	BEST32.
804	Cofilin_1	Num	8	BEST12.	BEST32.
805	DRG_1	Num	8	BEST12.	BEST32.
806	EP15R	Num	8	BEST12.	BEST32.
807	ERAB	Num	8	BEST12.	BEST32.
808	FER	Num	8	BEST12.	BEST32.
809	HNRPQ	Num	8	BEST12.	BEST32.
810	IF4G2	Num	8	BEST12.	BEST32.
811	IGF_I_sR	Num	8	BEST12.	BEST32.
812	IL_1_R4	Num	8	BEST12.	BEST32.
813	LCMT1	Num	8	BEST12.	BEST32.
814	LIN7B	Num	8	BEST12.	BEST32.
815	M2_PK	Num	8	BEST12.	BEST32.
816	MDM2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
817	NCAM_L1	Num	8	BEST12.	BEST32.
818	NDP_kinase_B	Num	8	BEST12.	BEST32.
819	NSF1C	Num	8	BEST12.	BEST32.
820	NUDC3	Num	8	BEST12.	BEST32.
821	PA2G4	Num	8	BEST12.	BEST32.
822	paraoxonase_1	Num	8	BEST12.	BEST32.
823	PESC	Num	8	BEST12.	BEST32.
824	PFD5	Num	8	BEST12.	BEST32.
825	PHI	Num	8	BEST12.	BEST32.
826	prostatic_binding_protein	Num	8	BEST12.	BEST32.
827	Protein_disulfide_isomerase	Num	8	BEST12.	BEST32.
828	PSA2	Num	8	BEST12.	BEST32.
829	RAN	Num	8	BEST12.	BEST32.
830	RBM39	Num	8	BEST12.	BEST32.
831	SNAA	Num	8	BEST12.	BEST32.
832	Sphingosine_kinase_1	Num	8	BEST12.	BEST32.
833	Spondin_1	Num	8	BEST12.	BEST32.
834	Thymidine_kinase	Num	8	BEST12.	BEST32.
835	transcription_factor_MLR1__isof	Num	8	BEST12.	BEST32.
836	Transketolase	Num	8	BEST12.	BEST32.
837	Triosephosphate_isomerase	Num	8	BEST12.	BEST32.
838	XTP3A	Num	8	BEST12.	BEST32.
839	PTP_1C	Num	8	BEST12.	BEST32.
840	AMNLS	Num	8	BEST12.	BEST32.
841	CYTT	Num	8	BEST12.	BEST32.
842	BOC	Num	8	BEST12.	BEST32.
843	CLC1B	Num	8	BEST12.	BEST32.
844	SAA	Num	8	BEST12.	BEST32.
845	CRP	Num	8	BEST12.	BEST32.
846	sICAM_1	Num	8	BEST12.	BEST32.
847	DAPK2	Num	8	BEST12.	BEST32.
848	DYRK3	Num	8	BEST12.	BEST32.
849	MIC_1	Num	8	BEST12.	BEST32.
850	DHH	Num	8	BEST12.	BEST32.
851	FGF_12	Num	8	BEST12.	BEST32.
852	FGF_16	Num	8	BEST12.	BEST32.
853	FGF_8A	Num	8	BEST12.	BEST32.
854	IFN_lambda_1	Num	8	BEST12.	BEST32.
855	IFN_lambda_2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
856	MSP	Num	8	BEST12.	BEST32.
857	SLPI	Num	8	BEST12.	BEST32.
858	SP_D	Num	8	BEST12.	BEST32.
859	ADAM12	Num	8	BEST12.	BEST32.
860	BCL2_like_1_protein	Num	8	BEST12.	BEST32.
861	CHST2	Num	8	BEST12.	BEST32.
862	CHST6	Num	8	BEST12.	BEST32.
863	Collectin_Kidney_1	Num	8	BEST12.	BEST32.
864	ENPP7	Num	8	BEST12.	BEST32.
865	ENTP3	Num	8	BEST12.	BEST32.
866	ENTP5	Num	8	BEST12.	BEST32.
867	FCRL3	Num	8	BEST12.	BEST32.
868	GREM1	Num	8	BEST12.	BEST32.
869	hnRNP_A_B	Num	8	BEST12.	BEST32.
870	LRRT1	Num	8	BEST12.	BEST32.
871	LRRT3	Num	8	BEST12.	BEST32.
872	MFGM	Num	8	BEST12.	BEST32.
873	PCSK7	Num	8	BEST12.	BEST32.
874	PDPK1	Num	8	BEST12.	BEST32.
875	Sialoadhesin	Num	8	BEST12.	BEST32.
876	SPARCL1	Num	8	BEST12.	BEST32.
877	SPHK2	Num	8	BEST12.	BEST32.
878	ST4S6	Num	8	BEST12.	BEST32.
879	TGM3	Num	8	BEST12.	BEST32.
880	Tropomyosin_2	Num	8	BEST12.	BEST32.
881	Ubiquitin	Num	8	BEST12.	BEST32.
882	ZAP70	Num	8	BEST12.	BEST32.
883	C1_Esterase_Inhibitor	Num	8	BEST12.	BEST32.
884	C3b	Num	8	BEST12.	BEST32.
885	C4	Num	8	BEST12.	BEST32.
886	C5b_6_Complex	Num	8	BEST12.	BEST32.
887	FGF7	Num	8	BEST12.	BEST32.
888	IL_3_Ra	Num	8	BEST12.	BEST32.
889	IL_5_Ra	Num	8	BEST12.	BEST32.
890	IL_11	Num	8	BEST12.	BEST32.
891	Kininogen_HMW	Num	8	BEST12.	BEST32.
892	MMP_12	Num	8	BEST12.	BEST32.
893	NCAM_120	Num	8	BEST12.	BEST32.
894	PDGF_AA	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
895	SCGF_alpha	Num	8	BEST12.	BEST32.
896	ATS15	Num	8	BEST12.	BEST32.
897	BSSP4	Num	8	BEST12.	BEST32.
898	BST1	Num	8	BEST12.	BEST32.
899	CBX5	Num	8	BEST12.	BEST32.
900	CDON	Num	8	BEST12.	BEST32.
901	Clusterin	Num	8	BEST12.	BEST32.
902	CONA1	Num	8	BEST12.	BEST32.
903	CTAP_III	Num	8	BEST12.	BEST32.
904	DnaJ_homolog	Num	8	BEST12.	BEST32.
905	EMR2	Num	8	BEST12.	BEST32.
906	FLRT1	Num	8	BEST12.	BEST32.
907	Fucosyltransferase_3	Num	8	BEST12.	BEST32.
908	FUT5	Num	8	BEST12.	BEST32.
909	GP114	Num	8	BEST12.	BEST32.
910	HDGR2	Num	8	BEST12.	BEST32.
911	IL_34	Num	8	BEST12.	BEST32.
912	KIRR3	Num	8	BEST12.	BEST32.
913	KYNU	Num	8	BEST12.	BEST32.
914	Livin_B	Num	8	BEST12.	BEST32.
915	NXPH1	Num	8	BEST12.	BEST32.
916	PLCG1	Num	8	BEST12.	BEST32.
917	PLXC1	Num	8	BEST12.	BEST32.
918	RSPO2	Num	8	BEST12.	BEST32.
919	SH21A	Num	8	BEST12.	BEST32.
920	SLIK5	Num	8	BEST12.	BEST32.
921	SORC2	Num	8	BEST12.	BEST32.
922	PH	Num	8	BEST12.	BEST32.
923	IL_6	Num	8	BEST12.	BEST32.
924	_3HIDH	Num	8	BEST12.	BEST32.
925	GM_CSF	Num	8	BEST12.	BEST32.
926	TNF_b	Num	8	BEST12.	BEST32.
927	_41	Num	8	BEST12.	BEST32.
928	_17_beta_HSD_1	Num	8	BEST12.	BEST32.
929	Apo_D	Num	8	BEST12.	BEST32.
930	IL_3	Num	8	BEST12.	BEST32.
931	PPIB	Num	8	BEST12.	BEST32.
932	Protein_disulfide_isomerase_A3	Num	8	BEST12.	BEST32.
933	TFF3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
934	Afamin	Num	8	BEST12.	BEST32.
935	Olfactomedin_4	Num	8	BEST12.	BEST32.
936	ASM3A	Num	8	BEST12.	BEST32.
937	FAM107B	Num	8	BEST12.	BEST32.
938	Gelsolin	Num	8	BEST12.	BEST32.
939	CBG	Num	8	BEST12.	BEST32.
940	Cytidylate_kinase	Num	8	BEST12.	BEST32.
941	C34_gp41_HIV_Fragment	Num	8	BEST12.	BEST32.
942	PERL	Num	8	BEST12.	BEST32.
943	CO8A1	Num	8	BEST12.	BEST32.
944	ITI_heavy_chain_H4	Num	8	BEST12.	BEST32.
945	TXD12	Num	8	BEST12.	BEST32.
946	STRATIFIN	Num	8	BEST12.	BEST32.
947	sL_Selectin	Num	8	BEST12.	BEST32.
948	TRAIL_R1	Num	8	BEST12.	BEST32.
949	Epithelial_cell_kinase	Num	8	BEST12.	BEST32.
950	G_CSF	Num	8	BEST12.	BEST32.
951	Glypican_3	Num	8	BEST12.	BEST32.
952	IL_1a	Num	8	BEST12.	BEST32.
953	BMPR1A	Num	8	BEST12.	BEST32.
954	BMP_RII	Num	8	BEST12.	BEST32.
955	TrkB	Num	8	BEST12.	BEST32.
956	VEGF121	Num	8	BEST12.	BEST32.
957	Angiogenin	Num	8	BEST12.	BEST32.
958	Coagulation_Factor_IX	Num	8	BEST12.	BEST32.
959	Coagulation_Factor_X	Num	8	BEST12.	BEST32.
960	GDF2	Num	8	BEST12.	BEST32.
961	Insulin	Num	8	BEST12.	BEST32.
962	MCP_3	Num	8	BEST12.	BEST32.
963	WNT7A	Num	8	BEST12.	BEST32.
964	ACTH	Num	8	BEST12.	BEST32.
965	Glucagon	Num	8	BEST12.	BEST32.
966	C3a	Num	8	BEST12.	BEST32.
967	Calcineurin	Num	8	BEST12.	BEST32.
968	Caspase_2	Num	8	BEST12.	BEST32.
969	Coactosin_like_protein	Num	8	BEST12.	BEST32.
970	Coagulation_Factor_V	Num	8	BEST12.	BEST32.
971	D_dimer	Num	8	BEST12.	BEST32.
972	Endoglin	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
973	Galectin_8	Num	8	BEST12.	BEST32.
974	GIB	Num	8	BEST12.	BEST32.
975	Glutathione_S_transferase_Pi	Num	8	BEST12.	BEST32.
976	GOT1	Num	8	BEST12.	BEST32.
977	HCC_4	Num	8	BEST12.	BEST32.
978	HCG	Num	8	BEST12.	BEST32.
979	Hemoglobin	Num	8	BEST12.	BEST32.
980	IgD	Num	8	BEST12.	BEST32.
981	Integrin_aVb5	Num	8	BEST12.	BEST32.
982	Lysozyme	Num	8	BEST12.	BEST32.
983	MIP_3b	Num	8	BEST12.	BEST32.
984	MIS	Num	8	BEST12.	BEST32.
985	MMP_1	Num	8	BEST12.	BEST32.
986	MMP_13	Num	8	BEST12.	BEST32.
987	SHBG	Num	8	BEST12.	BEST32.
988	Stanniocalcin_1	Num	8	BEST12.	BEST32.
989	TF	Num	8	BEST12.	BEST32.
990	EPI	Num	8	BEST12.	BEST32.
991	_40S_ribosomal_protein_SA	Num	8	BEST12.	BEST32.
992	AGR2	Num	8	BEST12.	BEST32.
993	annexin_I	Num	8	BEST12.	BEST32.
994	annexin_II	Num	8	BEST12.	BEST32.
995	ARMEL	Num	8	BEST12.	BEST32.
996	ARP19	Num	8	BEST12.	BEST32.
997	ARTS1	Num	8	BEST12.	BEST32.
998	ATP_synthase_beta_chain	Num	8	BEST12.	BEST32.
999	C1QBP	Num	8	BEST12.	BEST32.
1000	CAPG	Num	8	BEST12.	BEST32.
1001	Carbonic_anhydrase_I	Num	8	BEST12.	BEST32.
1002	carbonic_anhydrase_II	Num	8	BEST12.	BEST32.
1003	CATZ	Num	8	BEST12.	BEST32.
1004	cIAP_2	Num	8	BEST12.	BEST32.
1005	CRK	Num	8	BEST12.	BEST32.
1006	DBNL	Num	8	BEST12.	BEST32.
1007	DERM	Num	8	BEST12.	BEST32.
1008	DSC3	Num	8	BEST12.	BEST32.
1009	Elafin	Num	8	BEST12.	BEST32.
1010	ERP29	Num	8	BEST12.	BEST32.
1011	Esterase_D	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1012	FABPE	Num	8	BEST12.	BEST32.
1013	FAK1	Num	8	BEST12.	BEST32.
1014	FCAR	Num	8	BEST12.	BEST32.
1015	FGFR4	Num	8	BEST12.	BEST32.
1016	Fibrinogen_g_chain_dimer	Num	8	BEST12.	BEST32.
1017	GP1BA	Num	8	BEST12.	BEST32.
1018	GPC5	Num	8	BEST12.	BEST32.
1019	GRN	Num	8	BEST12.	BEST32.
1020	GSTA3	Num	8	BEST12.	BEST32.
1021	hnRNP_K	Num	8	BEST12.	BEST32.
1022	HPG_	Num	8	BEST12.	BEST32.
1023	HRG	Num	8	BEST12.	BEST32.
1024	IF4A3	Num	8	BEST12.	BEST32.
1025	JAK2	Num	8	BEST12.	BEST32.
1026	LG3BP	Num	8	BEST12.	BEST32.
1027	Mammaglobin_2	Num	8	BEST12.	BEST32.
1028	MMP_14	Num	8	BEST12.	BEST32.
1029	MK11	Num	8	BEST12.	BEST32.
1030	MK12	Num	8	BEST12.	BEST32.
1031	MK13	Num	8	BEST12.	BEST32.
1032	MAPK14	Num	8	BEST12.	BEST32.
1033	Mn_SOD	Num	8	BEST12.	BEST32.
1034	Moesin	Num	8	BEST12.	BEST32.
1035	PBEF	Num	8	BEST12.	BEST32.
1036	Myokinase_human	Num	8	BEST12.	BEST32.
1037	NCC27	Num	8	BEST12.	BEST32.
1038	NCK1	Num	8	BEST12.	BEST32.
1039	PAFAH	Num	8	BEST12.	BEST32.
1040	PARK7	Num	8	BEST12.	BEST32.
1041	Peroxiredoxin_5	Num	8	BEST12.	BEST32.
1042	Peroxiredoxin_6	Num	8	BEST12.	BEST32.
1043	PGP9_5	Num	8	BEST12.	BEST32.
1044	phosphoglycerate_kinase_1	Num	8	BEST12.	BEST32.
1045	PPase	Num	8	BEST12.	BEST32.
1046	PUR8	Num	8	BEST12.	BEST32.
1047	Rb	Num	8	BEST12.	BEST32.
1048	RS3	Num	8	BEST12.	BEST32.
1049	sCD163	Num	8	BEST12.	BEST32.
1050	SEPR	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1051	SIRT2	Num	8	BEST12.	BEST32.
1052	SPTA2	Num	8	BEST12.	BEST32.
1053	SSRP1	Num	8	BEST12.	BEST32.
1054	Tropomyosin_1_alpha_chain	Num	8	BEST12.	BEST32.
1055	Trypsin_2	Num	8	BEST12.	BEST32.
1056	TS	Num	8	BEST12.	BEST32.
1057	TSG_6	Num	8	BEST12.	BEST32.
1058	B7_H1	Num	8	BEST12.	BEST32.
1059	B7_H2	Num	8	BEST12.	BEST32.
1060	CD226	Num	8	BEST12.	BEST32.
1061	CD244	Num	8	BEST12.	BEST32.
1062	CD83	Num	8	BEST12.	BEST32.
1063	CLM6	Num	8	BEST12.	BEST32.
1064	CRTAM	Num	8	BEST12.	BEST32.
1065	DAF	Num	8	BEST12.	BEST32.
1066	DcR3	Num	8	BEST12.	BEST32.
1067	EPHAA	Num	8	BEST12.	BEST32.
1068	EPHB2	Num	8	BEST12.	BEST32.
1069	EphB6	Num	8	BEST12.	BEST32.
1070	GPNMB	Num	8	BEST12.	BEST32.
1071	IL_1_sR9	Num	8	BEST12.	BEST32.
1072	IL_17B_R	Num	8	BEST12.	BEST32.
1073	IL_20_Ra	Num	8	BEST12.	BEST32.
1074	IL_22BP	Num	8	BEST12.	BEST32.
1075	IL_23_R	Num	8	BEST12.	BEST32.
1076	IL_7_Ra	Num	8	BEST12.	BEST32.
1077	ILT_2	Num	8	BEST12.	BEST32.
1078	ILT_4	Num	8	BEST12.	BEST32.
1079	JAG1	Num	8	BEST12.	BEST32.
1080	JAG2	Num	8	BEST12.	BEST32.
1081	JAML1	Num	8	BEST12.	BEST32.
1082	KI2L4	Num	8	BEST12.	BEST32.
1083	KI3L2	Num	8	BEST12.	BEST32.
1084	KI3S1	Num	8	BEST12.	BEST32.
1085	KLRF1	Num	8	BEST12.	BEST32.
1086	LAG_3	Num	8	BEST12.	BEST32.
1087	LIMP_II	Num	8	BEST12.	BEST32.
1088	MICB	Num	8	BEST12.	BEST32.
1089	MO2R1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1090	NKp46	Num	8	BEST12.	BEST32.
1091	Nogo_Receptor	Num	8	BEST12.	BEST32.
1092	NOTC2	Num	8	BEST12.	BEST32.
1093	Notch_1	Num	8	BEST12.	BEST32.
1094	Notch_3	Num	8	BEST12.	BEST32.
1095	Nr_CAM	Num	8	BEST12.	BEST32.
1096	NRX1B	Num	8	BEST12.	BEST32.
1097	NRX3B	Num	8	BEST12.	BEST32.
1098	OX2G	Num	8	BEST12.	BEST32.
1099	Prolactin_Receptor	Num	8	BEST12.	BEST32.
1100	RELT	Num	8	BEST12.	BEST32.
1101	ROBO2	Num	8	BEST12.	BEST32.
1102	ROBO3	Num	8	BEST12.	BEST32.
1103	SEM6B	Num	8	BEST12.	BEST32.
1104	Semaphorin_6A	Num	8	BEST12.	BEST32.
1105	sICAM_5	Num	8	BEST12.	BEST32.
1106	SIG14	Num	8	BEST12.	BEST32.
1107	SLAF6	Num	8	BEST12.	BEST32.
1108	SREC_I	Num	8	BEST12.	BEST32.
1109	SREC_II	Num	8	BEST12.	BEST32.
1110	TAJ	Num	8	BEST12.	BEST32.
1111	TCCR	Num	8	BEST12.	BEST32.
1112	TGF_b_R_II	Num	8	BEST12.	BEST32.
1113	TIMD3	Num	8	BEST12.	BEST32.
1114	TWEAKR	Num	8	BEST12.	BEST32.
1115	UNC5H3	Num	8	BEST12.	BEST32.
1116	UNC5H4	Num	8	BEST12.	BEST32.
1117	PDE7A	Num	8	BEST12.	BEST32.
1118	AMPK_alb1gl	Num	8	BEST12.	BEST32.
1119	K_ras	Num	8	BEST12.	BEST32.
1120	NMT1	Num	8	BEST12.	BEST32.
1121	PDE9A	Num	8	BEST12.	BEST32.
1122	PPID	Num	8	BEST12.	BEST32.
1123	PSME3	Num	8	BEST12.	BEST32.
1124	GCKR	Num	8	BEST12.	BEST32.
1125	CK2_A1_B	Num	8	BEST12.	BEST32.
1126	CK2_A2_B	Num	8	BEST12.	BEST32.
1127	PDK1	Num	8	BEST12.	BEST32.
1128	KIF23	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1129	IMDH1	Num	8	BEST12.	BEST32.
1130	HMGR	Num	8	BEST12.	BEST32.
1131	PCSK9	Num	8	BEST12.	BEST32.
1132	NR1D1	Num	8	BEST12.	BEST32.
1133	PPIE	Num	8	BEST12.	BEST32.
1134	MP2K4	Num	8	BEST12.	BEST32.
1135	JNK2	Num	8	BEST12.	BEST32.
1136	AMPK_a2b2g1	Num	8	BEST12.	BEST32.
1137	cGMP_stimulated_PDE	Num	8	BEST12.	BEST32.
1138	Cyclophilin_F	Num	8	BEST12.	BEST32.
1139	DRAK2	Num	8	BEST12.	BEST32.
1140	IMDH2	Num	8	BEST12.	BEST32.
1141	PDE11	Num	8	BEST12.	BEST32.
1142	PDE1A	Num	8	BEST12.	BEST32.
1143	PDE3A	Num	8	BEST12.	BEST32.
1144	PDE4D	Num	8	BEST12.	BEST32.
1145	PDE5A	Num	8	BEST12.	BEST32.
1146	TAK1_TAB1	Num	8	BEST12.	BEST32.
1147	TYK2	Num	8	BEST12.	BEST32.
1148	ABL2	Num	8	BEST12.	BEST32.
1149	BCAR3	Num	8	BEST12.	BEST32.
1150	calreticulin	Num	8	BEST12.	BEST32.
1151	GRB2_related_adapter_protein_2	Num	8	BEST12.	BEST32.
1152	MMP_16	Num	8	BEST12.	BEST32.
1153	RAC3	Num	8	BEST12.	BEST32.
1154	SHC1	Num	8	BEST12.	BEST32.
1155	VAV	Num	8	BEST12.	BEST32.
1156	GHC2	Num	8	BEST12.	BEST32.
1157	Eotaxin	Num	8	BEST12.	BEST32.
1158	Coagulation_Factor_IXab	Num	8	BEST12.	BEST32.
1159	Elastase	Num	8	BEST12.	BEST32.
1160	Apo_E2	Num	8	BEST12.	BEST32.
1161	Troponin_T	Num	8	BEST12.	BEST32.
1162	Prothrombin	Num	8	BEST12.	BEST32.
1163	EGFRvIII	Num	8	BEST12.	BEST32.
1164	annexin_VI	Num	8	BEST12.	BEST32.
1165	B7_2	Num	8	BEST12.	BEST32.
1166	calgranulin_B	Num	8	BEST12.	BEST32.
1167	Caspase_10	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1168	CBPE	Num	8	BEST12.	BEST32.
1169	CKAP2	Num	8	BEST12.	BEST32.
1170	CPNE1	Num	8	BEST12.	BEST32.
1171	Cyclin_B1	Num	8	BEST12.	BEST32.
1172	DLL1	Num	8	BEST12.	BEST32.
1173	GPC6	Num	8	BEST12.	BEST32.
1174	hnRNP_A2_B1	Num	8	BEST12.	BEST32.
1175	HVEM	Num	8	BEST12.	BEST32.
1176	IL_1Ra	Num	8	BEST12.	BEST32.
1177	Keratin_18	Num	8	BEST12.	BEST32.
1178	LIGHT	Num	8	BEST12.	BEST32.
1179	MIF	Num	8	BEST12.	BEST32.
1180	NLGNX	Num	8	BEST12.	BEST32.
1181	OMD	Num	8	BEST12.	BEST32.
1182	PIM1	Num	8	BEST12.	BEST32.
1183	PKB_beta	Num	8	BEST12.	BEST32.
1184	Semaphorin_3E	Num	8	BEST12.	BEST32.
1185	SET	Num	8	BEST12.	BEST32.
1186	BAFF_Receptor	Num	8	BEST12.	BEST32.
1187	BRF_1	Num	8	BEST12.	BEST32.
1188	Fas_soluble	Num	8	BEST12.	BEST32.
1189	sLeptin_R	Num	8	BEST12.	BEST32.
1190	DR6	Num	8	BEST12.	BEST32.
1191	CAD15	Num	8	BEST12.	BEST32.
1192	CD27	Num	8	BEST12.	BEST32.
1193	RANK	Num	8	BEST12.	BEST32.
1194	SHPS1	Num	8	BEST12.	BEST32.
1195	FABP	Num	8	BEST12.	BEST32.
1196	Troponin_I_skeletal_fast_twit	Num	8	BEST12.	BEST32.
1197	Troponin_I	Num	8	BEST12.	BEST32.
1198	ANP	Num	8	BEST12.	BEST32.
1199	ALCAM	Num	8	BEST12.	BEST32.
1200	ASGR1	Num	8	BEST12.	BEST32.
1201	CNDP1	Num	8	BEST12.	BEST32.
1202	COLEC12	Num	8	BEST12.	BEST32.
1203	CYTN	Num	8	BEST12.	BEST32.
1204	DEAD_box_protein_19B	Num	8	BEST12.	BEST32.
1205	Ficolin_3	Num	8	BEST12.	BEST32.
1206	GAS1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1207	GRB2_adapter_protein	Num	8	BEST12.	BEST32.
1208	H6ST1	Num	8	BEST12.	BEST32.
1209	HSP_90b	Num	8	BEST12.	BEST32.
1210	IL_17_RC	Num	8	BEST12.	BEST32.
1211	MED_1	Num	8	BEST12.	BEST32.
1212	PKC_B_II	Num	8	BEST12.	BEST32.
1213	PKC_G	Num	8	BEST12.	BEST32.
1214	PSMA	Num	8	BEST12.	BEST32.
1215	RANTES	Num	8	BEST12.	BEST32.
1216	RASA1	Num	8	BEST12.	BEST32.
1217	RBP	Num	8	BEST12.	BEST32.
1218	RGMA	Num	8	BEST12.	BEST32.
1219	RS3A	Num	8	BEST12.	BEST32.
1220	sICAM_2	Num	8	BEST12.	BEST32.
1221	SLAF7	Num	8	BEST12.	BEST32.
1222	SRCN1	Num	8	BEST12.	BEST32.
1223	Stress_induced_phosphoprotein_1	Num	8	BEST12.	BEST32.
1224	Testican_1	Num	8	BEST12.	BEST32.
1225	Testican_2	Num	8	BEST12.	BEST32.
1226	WNK3	Num	8	BEST12.	BEST32.
1227	RUXF	Num	8	BEST12.	BEST32.
1228	Cathepsin_D	Num	8	BEST12.	BEST32.
1229	EGF	Num	8	BEST12.	BEST32.
1230	GITR	Num	8	BEST12.	BEST32.
1231	bFGF_R	Num	8	BEST12.	BEST32.
1232	TRAIL_R2	Num	8	BEST12.	BEST32.
1233	NRP1	Num	8	BEST12.	BEST32.
1234	AFP	Num	8	BEST12.	BEST32.
1235	BID	Num	8	BEST12.	BEST32.
1236	b_NGF	Num	8	BEST12.	BEST32.
1237	C3d	Num	8	BEST12.	BEST32.
1238	CD70	Num	8	BEST12.	BEST32.
1239	Cripto	Num	8	BEST12.	BEST32.
1240	Epo	Num	8	BEST12.	BEST32.
1241	GDNF	Num	8	BEST12.	BEST32.
1242	IFN_g_R1	Num	8	BEST12.	BEST32.
1243	IL_9	Num	8	BEST12.	BEST32.
1244	LIF_sR	Num	8	BEST12.	BEST32.
1245	NG36	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1246	Noggin	Num	8	BEST12.	BEST32.
1247	S100A12	Num	8	BEST12.	BEST32.
1248	tau	Num	8	BEST12.	BEST32.
1249	_14_3_3_protein_zeta_delta	Num	8	BEST12.	BEST32.
1250	_3HAO	Num	8	BEST12.	BEST32.
1251	aldolase_A	Num	8	BEST12.	BEST32.
1252	ARGI1	Num	8	BEST12.	BEST32.
1253	BAD	Num	8	BEST12.	BEST32.
1254	Dynactin_subunit_2	Num	8	BEST12.	BEST32.
1255	EF_1_beta	Num	8	BEST12.	BEST32.
1256	eIF_4H	Num	8	BEST12.	BEST32.
1257	eIF_5A_1	Num	8	BEST12.	BEST32.
1258	Gastrin_releasing_peptide	Num	8	BEST12.	BEST32.
1259	HINT1	Num	8	BEST12.	BEST32.
1260	HSP70_protein_8	Num	8	BEST12.	BEST32.
1261	Nucleoside_diphosphate_kinase_A	Num	8	BEST12.	BEST32.
1262	PEX5	Num	8	BEST12.	BEST32.
1263	PSME1	Num	8	BEST12.	BEST32.
1264	S100A7	Num	8	BEST12.	BEST32.
1265	WISP_3	Num	8	BEST12.	BEST32.
1266	Ferritin	Num	8	BEST12.	BEST32.
1267	TNF_a	Num	8	BEST12.	BEST32.
1268	TWEAK	Num	8	BEST12.	BEST32.
1269	Tpo	Num	8	BEST12.	BEST32.
1270	PTH	Num	8	BEST12.	BEST32.
1271	Somatostatin_28	Num	8	BEST12.	BEST32.
1272	MP2K3	Num	8	BEST12.	BEST32.
1273	p53	Num	8	BEST12.	BEST32.
1274	PolyUbiquitin_K48	Num	8	BEST12.	BEST32.
1275	PolyUbiquitin_K63	Num	8	BEST12.	BEST32.
1276	NET1	Num	8	BEST12.	BEST32.
1277	CD47	Num	8	BEST12.	BEST32.
1278	ANK2	Num	8	BEST12.	BEST32.
1279	_14_3_3_protein_theta	Num	8	BEST12.	BEST32.
1280	CREL1	Num	8	BEST12.	BEST32.
1281	Lectin__mannose_binding_2	Num	8	BEST12.	BEST32.
1282	LRP1B	Num	8	BEST12.	BEST32.
1283	MYPC1	Num	8	BEST12.	BEST32.
1284	N_terminal_pro_BNP	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1285	Tropomyosin_4	Num	8	BEST12.	BEST32.
1286	PACAP_27	Num	8	BEST12.	BEST32.
1287	ghrelin	Num	8	BEST12.	BEST32.
1288	PACAP_38	Num	8	BEST12.	BEST32.
1289	a_Synuclein	Num	8	BEST12.	BEST32.
1290	BMP_6	Num	8	BEST12.	BEST32.
1291	HGH	Num	8	BEST12.	BEST32.
1292	SOD3	Num	8	BEST12.	BEST32.
1293	RSPO4	Num	8	BEST12.	BEST32.
1294	Cathepsin_H	Num	8	BEST12.	BEST32.
1295	Activin_AB	Num	8	BEST12.	BEST32.
1296	PSA	Num	8	BEST12.	BEST32.
1297	IGFBP_2	Num	8	BEST12.	BEST32.
1298	RNase_H1	Num	8	BEST12.	BEST32.
1299	ROR1	Num	8	BEST12.	BEST32.
1300	CgA	Num	8	BEST12.	BEST32.
1301	MMP_10	Num	8	BEST12.	BEST32.
1302	FBLN3	Num	8	BEST12.	BEST32.
1303	Leptin	Num	8	BEST12.	BEST32.
1304	KEAP1	Num	8	BEST12.	BEST32.
1305	gpIbIIIa	Num	8	BEST12.	BEST32.
1306	Eotaxin_3	Num	8	BEST12.	BEST32.
1307	SUMO3	Num	8	BEST12.	BEST32.
1308	IL_17	Num	8	BEST12.	BEST32.
1309	CSRP3	Num	8	BEST12.	BEST32.
1310	MMP_8	Num	8	BEST12.	BEST32.
1311	PGM1	Num	8	BEST12.	BEST32.
1312	DSCAM	Num	8	BEST12.	BEST32.
1313	MUC1	Num	8	BEST12.	BEST32.
1314	FAM3B	Num	8	BEST12.	BEST32.
1315	NEUREGULIN_1	Num	8	BEST12.	BEST32.
1316	INGR2	Num	8	BEST12.	BEST32.
1317	sLRP1	Num	8	BEST12.	BEST32.
1318	IFN_a_b_R1	Num	8	BEST12.	BEST32.
1319	TFF1	Num	8	BEST12.	BEST32.
1320	HMG1	Num	8	BEST12.	BEST32.
1321	MIG	Num	8	BEST12.	BEST32.
1322	CD63	Num	8	BEST12.	BEST32.
1323	Trefoil_factor_2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1324	Galectin_7	Num	8	BEST12.	BEST32.
1325	LEG9	Num	8	BEST12.	BEST32.
1326	UB2G2	Num	8	BEST12.	BEST32.
1327	Transgelin_2	Num	8	BEST12.	BEST32.
1328	ATPO	Num	8	BEST12.	BEST32.
1329	Corticotropin_lipotropin	Num	8	BEST12.	BEST32.
1330	QORL1	Num	8	BEST12.	BEST32.
1331	PEDF	Num	8	BEST12.	BEST32.
1332	CATF	Num	8	BEST12.	BEST32.
1333	FTCD	Num	8	BEST12.	BEST32.
1334	UBP25	Num	8	BEST12.	BEST32.
1335	PLXB2	Num	8	BEST12.	BEST32.

Data Set Name: rawurine.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	Case_Control	Char	4	\$4.	\$4.
2	Gender	Char	6	\$6.	\$6.
3	Replicate	Char	3	\$3.	\$3.
4	PatientID	Num	8	BEST12.	BEST32.
5	FacilityID	Num	8	BEST12.	BEST32.
6	StudyID	Num	8	BEST12.	BEST32.
7	Sample_Type	Char	17	\$17.	\$17.
8	Barcode	Char	12	\$12.	\$12.
9	New_Label	Char	7	\$7.	\$7.
10	PlateId	Char	5	\$5.	\$5.
11	SlideId	Num	8	BEST12.	BEST32.
12	Subarray	Num	8	BEST12.	BEST32.
13	SampleId	Char	7	\$7.	\$7.
14	SampleType	Char	6	\$6.	\$6.
15	PercentDilution	Num	8	BEST12.	BEST32.
16	SampleMatrix	Char	5	\$5.	\$5.
17	VAR17	Char	7	\$7.	\$7.
18	Barcode2d	Num	8	BEST12.	BEST32.
19	SampleNotes	Char	1	\$1.	\$1.
20	SampleDescription	Char	1	\$1.	\$1.
21	TimePoint	Char	1	\$1.	\$1.
22	ExtIdentifier	Char	18	\$18.	\$18.
23	SsfExtId	Char	9	\$9.	\$9.
24	SampleGroup	Char	1	\$1.	\$1.
25	SiteId	Char	1	\$1.	\$1.
26	TubeUniqueID	Char	7	\$7.	\$7.
27	Location_in_Box	Char	17	\$17.	\$17.
28	HybControlNormScale	Num	8	BEST12.	BEST32.
29	RowCheck	Char	4	\$4.	\$4.
30	Target	Char	1	\$1.	\$1.
31	CHIP	Num	8	BEST12.	BEST32.
32	CEBPB	Num	8	BEST12.	BEST32.
33	NSE	Num	8	BEST12.	BEST32.
34	PIAS4	Num	8	BEST12.	BEST32.
35	IL_10_Ra	Num	8	BEST12.	BEST32.
36	STAT3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
37	IRF1	Num	8	BEST12.	BEST32.
38	c_Jun	Num	8	BEST12.	BEST32.
39	Mcl_1	Num	8	BEST12.	BEST32.
40	OAS1	Num	8	BEST12.	BEST32.
41	c_Myc	Num	8	BEST12.	BEST32.
42	SMAD3	Num	8	BEST12.	BEST32.
43	SMAD2	Num	8	BEST12.	BEST32.
44	IL_23	Num	8	BEST12.	BEST32.
45	PDGFRA	Num	8	BEST12.	BEST32.
46	IL_12	Num	8	BEST12.	BEST32.
47	STAT1	Num	8	BEST12.	BEST32.
48	STAT6	Num	8	BEST12.	BEST32.
49	LRRK2	Num	8	BEST12.	BEST32.
50	Osteocalcin	Num	8	BEST12.	BEST32.
51	IL_5	Num	8	BEST12.	BEST32.
52	GPDA	Num	8	BEST12.	BEST32.
53	IgA	Num	8	BEST12.	BEST32.
54	LPPL	Num	8	BEST12.	BEST32.
55	HEMK2	Num	8	BEST12.	BEST32.
56	PDXK	Num	8	BEST12.	BEST32.
57	TLR4	Num	8	BEST12.	BEST32.
58	REG4	Num	8	BEST12.	BEST32.
59	HSP_27	Num	8	BEST12.	BEST32.
60	YKL_40	Num	8	BEST12.	BEST32.
61	Alpha_enolase	Num	8	BEST12.	BEST32.
62	Apo_L1	Num	8	BEST12.	BEST32.
63	CD38	Num	8	BEST12.	BEST32.
64	CD59	Num	8	BEST12.	BEST32.
65	FABPL	Num	8	BEST12.	BEST32.
66	GDF_11	Num	8	BEST12.	BEST32.
67	BTC	Num	8	BEST12.	BEST32.
68	HIF_1a	Num	8	BEST12.	BEST32.
69	S100A6	Num	8	BEST12.	BEST32.
70	SECTM1	Num	8	BEST12.	BEST32.
71	RSPO3	Num	8	BEST12.	BEST32.
72	PSP	Num	8	BEST12.	BEST32.
73	Apoptosis_regulator_Bcl_W	Num	8	BEST12.	BEST32.
74	VEGF_D	Num	8	BEST12.	BEST32.
75	SOST	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
76	FAM3D	Num	8	BEST12.	BEST32.
77	CSH	Num	8	BEST12.	BEST32.
78	EFNB1	Num	8	BEST12.	BEST32.
79	SNP25	Num	8	BEST12.	BEST32.
80	LYPD3	Num	8	BEST12.	BEST32.
81	NEGR1	Num	8	BEST12.	BEST32.
82	BCL6	Num	8	BEST12.	BEST32.
83	FSTL1	Num	8	BEST12.	BEST32.
84	Osteopontin	Num	8	BEST12.	BEST32.
85	Lumican	Num	8	BEST12.	BEST32.
86	CD177	Num	8	BEST12.	BEST32.
87	CHKB	Num	8	BEST12.	BEST32.
88	SMOC1	Num	8	BEST12.	BEST32.
89	protein_Z_inhibitor	Num	8	BEST12.	BEST32.
90	FLRT2	Num	8	BEST12.	BEST32.
91	FLRT3	Num	8	BEST12.	BEST32.
92	ISLR2	Num	8	BEST12.	BEST32.
93	Vitronectin	Num	8	BEST12.	BEST32.
94	DSC2	Num	8	BEST12.	BEST32.
95	LDLR	Num	8	BEST12.	BEST32.
96	HXK2	Num	8	BEST12.	BEST32.
97	HXK1	Num	8	BEST12.	BEST32.
98	SEM5A	Num	8	BEST12.	BEST32.
99	LTBP4	Num	8	BEST12.	BEST32.
100	PIANP	Num	8	BEST12.	BEST32.
101	Adrenomedullin	Num	8	BEST12.	BEST32.
102	S100A4	Num	8	BEST12.	BEST32.
103	RNF43	Num	8	BEST12.	BEST32.
104	TRAIL_R4	Num	8	BEST12.	BEST32.
105	ZNRF3	Num	8	BEST12.	BEST32.
106	GI24	Num	8	BEST12.	BEST32.
107	Ephrin_A2	Num	8	BEST12.	BEST32.
108	ApoM	Num	8	BEST12.	BEST32.
109	IFN_b	Num	8	BEST12.	BEST32.
110	IFN10	Num	8	BEST12.	BEST32.
111	IFNA7	Num	8	BEST12.	BEST32.
112	EFNB2	Num	8	BEST12.	BEST32.
113	HHLA2	Num	8	BEST12.	BEST32.
114	IL_1_sRII	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
115	AMGO2	Num	8	BEST12.	BEST32.
116	RXFP1	Num	8	BEST12.	BEST32.
117	C1QR1	Num	8	BEST12.	BEST32.
118	NRG4	Num	8	BEST12.	BEST32.
119	H2B2E	Num	8	BEST12.	BEST32.
120	H2A3	Num	8	BEST12.	BEST32.
121	H31	Num	8	BEST12.	BEST32.
122	IFN_g	Num	8	BEST12.	BEST32.
123	IL_1F8	Num	8	BEST12.	BEST32.
124	IL_1F6	Num	8	BEST12.	BEST32.
125	UCRP	Num	8	BEST12.	BEST32.
126	Ephrin_A3	Num	8	BEST12.	BEST32.
127	_14_3_3_protein_beta_alpha	Num	8	BEST12.	BEST32.
128	_14_3_3E	Num	8	BEST12.	BEST32.
129	Annexin_V	Num	8	BEST12.	BEST32.
130	Myostatin	Num	8	BEST12.	BEST32.
131	C4b	Num	8	BEST12.	BEST32.
132	Coagulation_Factor_XI	Num	8	BEST12.	BEST32.
133	CTACK	Num	8	BEST12.	BEST32.
134	Endostatin	Num	8	BEST12.	BEST32.
135	TIMP_1	Num	8	BEST12.	BEST32.
136	tPA	Num	8	BEST12.	BEST32.
137	EG_VEGF	Num	8	BEST12.	BEST32.
138	TIMP_2	Num	8	BEST12.	BEST32.
139	TGF_b1	Num	8	BEST12.	BEST32.
140	VEGF_sR3	Num	8	BEST12.	BEST32.
141	C5	Num	8	BEST12.	BEST32.
142	Apo_E	Num	8	BEST12.	BEST32.
143	BDNF	Num	8	BEST12.	BEST32.
144	C8	Num	8	BEST12.	BEST32.
145	Cathepsin_G	Num	8	BEST12.	BEST32.
146	CXCL16_soluble	Num	8	BEST12.	BEST32.
147	FGF_10	Num	8	BEST12.	BEST32.
148	FGF_8B	Num	8	BEST12.	BEST32.
149	GIIE	Num	8	BEST12.	BEST32.
150	GV	Num	8	BEST12.	BEST32.
151	MIP_3a	Num	8	BEST12.	BEST32.
152	SAP	Num	8	BEST12.	BEST32.
153	SCF_sR	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
154	TIMP_3	Num	8	BEST12.	BEST32.
155	Angiopoietin_4	Num	8	BEST12.	BEST32.
156	Cadherin_E	Num	8	BEST12.	BEST32.
157	GFRa_3	Num	8	BEST12.	BEST32.
158	Ephrin_B3	Num	8	BEST12.	BEST32.
159	GFRa_2	Num	8	BEST12.	BEST32.
160	_6Ckine	Num	8	BEST12.	BEST32.
161	HMG_1	Num	8	BEST12.	BEST32.
162	OPG	Num	8	BEST12.	BEST32.
163	b_Endorphin	Num	8	BEST12.	BEST32.
164	Factor_I	Num	8	BEST12.	BEST32.
165	IGFBP_3	Num	8	BEST12.	BEST32.
166	MCP_1	Num	8	BEST12.	BEST32.
167	MMP_9	Num	8	BEST12.	BEST32.
168	Myeloperoxidase	Num	8	BEST12.	BEST32.
169	PRL	Num	8	BEST12.	BEST32.
170	VEGF	Num	8	BEST12.	BEST32.
171	_4_1BB	Num	8	BEST12.	BEST32.
172	_4_1BB_ligand	Num	8	BEST12.	BEST32.
173	Angiopoietin_2	Num	8	BEST12.	BEST32.
174	B7	Num	8	BEST12.	BEST32.
175	CD30	Num	8	BEST12.	BEST32.
176	CLF_1_CLC_Complex	Num	8	BEST12.	BEST32.
177	Cystatin_C	Num	8	BEST12.	BEST32.
178	Dtk	Num	8	BEST12.	BEST32.
179	eIF_5	Num	8	BEST12.	BEST32.
180	Ephrin_A4	Num	8	BEST12.	BEST32.
181	Ephrin_A5	Num	8	BEST12.	BEST32.
182	ERBB2	Num	8	BEST12.	BEST32.
183	ERBB3	Num	8	BEST12.	BEST32.
184	ERBB4	Num	8	BEST12.	BEST32.
185	GA733_1_protein	Num	8	BEST12.	BEST32.
186	gp130__soluble	Num	8	BEST12.	BEST32.
187	HO_2	Num	8	BEST12.	BEST32.
188	HPV_E7_Type_16	Num	8	BEST12.	BEST32.
189	HPV_E7_Type18	Num	8	BEST12.	BEST32.
190	HSP_90a_b	Num	8	BEST12.	BEST32.
191	IL_1_R_AcP	Num	8	BEST12.	BEST32.
192	IL_10_Rb	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
193	IL_12_Rb1	Num	8	BEST12.	BEST32.
194	IL_13_Ra1	Num	8	BEST12.	BEST32.
195	IL_2_sRg	Num	8	BEST12.	BEST32.
196	Layilin	Num	8	BEST12.	BEST32.
197	Lymphotoxin_b_R	Num	8	BEST12.	BEST32.
198	Macrophage_mannose_receptor	Num	8	BEST12.	BEST32.
199	M_CSF_R	Num	8	BEST12.	BEST32.
200	MSP_R	Num	8	BEST12.	BEST32.
201	PAFAH_beta_subunit	Num	8	BEST12.	BEST32.
202	P_Cadherin	Num	8	BEST12.	BEST32.
203	PKC_A	Num	8	BEST12.	BEST32.
204	PKC_Z	Num	8	BEST12.	BEST32.
205	Rab_GDP_dissociation_inhibitor_b	Num	8	BEST12.	BEST32.
206	sICAM_3	Num	8	BEST12.	BEST32.
207	suPAR	Num	8	BEST12.	BEST32.
208	TNF_sR_I	Num	8	BEST12.	BEST32.
209	TrkC	Num	8	BEST12.	BEST32.
210	BCMA	Num	8	BEST12.	BEST32.
211	Bone_proteoglycan_II	Num	8	BEST12.	BEST32.
212	Calpain_I	Num	8	BEST12.	BEST32.
213	CK_MM	Num	8	BEST12.	BEST32.
214	ERBB1	Num	8	BEST12.	BEST32.
215	HGF	Num	8	BEST12.	BEST32.
216	HSP_60	Num	8	BEST12.	BEST32.
217	iC3b	Num	8	BEST12.	BEST32.
218	IGFBP_5	Num	8	BEST12.	BEST32.
219	IGFBP_6	Num	8	BEST12.	BEST32.
220	MIA	Num	8	BEST12.	BEST32.
221	NPS_PLA2	Num	8	BEST12.	BEST32.
222	OSM	Num	8	BEST12.	BEST32.
223	PECAM_1	Num	8	BEST12.	BEST32.
224	Persephin	Num	8	BEST12.	BEST32.
225	PF_4	Num	8	BEST12.	BEST32.
226	Protein_S	Num	8	BEST12.	BEST32.
227	TACI	Num	8	BEST12.	BEST32.
228	TECK	Num	8	BEST12.	BEST32.
229	Thyroxine_Binding_Globulin	Num	8	BEST12.	BEST32.
230	TNFSF18	Num	8	BEST12.	BEST32.
231	CNTFR_alpha	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
232	EMAP_2	Num	8	BEST12.	BEST32.
233	EPO_R	Num	8	BEST12.	BEST32.
234	G_CSF_R	Num	8	BEST12.	BEST32.
235	IL_1F7	Num	8	BEST12.	BEST32.
236	Laminin	Num	8	BEST12.	BEST32.
237	MICA	Num	8	BEST12.	BEST32.
238	NADPH_P450_Oxidoreductase	Num	8	BEST12.	BEST32.
239	NANOG	Num	8	BEST12.	BEST32.
240	NKp44	Num	8	BEST12.	BEST32.
241	NovH	Num	8	BEST12.	BEST32.
242	Siglec_6	Num	8	BEST12.	BEST32.
243	Siglec_7	Num	8	BEST12.	BEST32.
244	Sonic_Hedgehog	Num	8	BEST12.	BEST32.
245	IgG	Num	8	BEST12.	BEST32.
246	TSLP_R	Num	8	BEST12.	BEST32.
247	ULBP_3	Num	8	BEST12.	BEST32.
248	Activin_A	Num	8	BEST12.	BEST32.
249	Apo_A_I	Num	8	BEST12.	BEST32.
250	Azurocidin	Num	8	BEST12.	BEST32.
251	BMP_14	Num	8	BEST12.	BEST32.
252	C1q	Num	8	BEST12.	BEST32.
253	C3	Num	8	BEST12.	BEST32.
254	C3adesArg	Num	8	BEST12.	BEST32.
255	DRR1	Num	8	BEST12.	BEST32.
256	FGF_18	Num	8	BEST12.	BEST32.
257	FGF_19	Num	8	BEST12.	BEST32.
258	FGF_20	Num	8	BEST12.	BEST32.
259	FGF9	Num	8	BEST12.	BEST32.
260	GDF_11_8	Num	8	BEST12.	BEST32.
261	Hemopexin	Num	8	BEST12.	BEST32.
262	HIV_2_Rev	Num	8	BEST12.	BEST32.
263	I_309	Num	8	BEST12.	BEST32.
264	IGFBP_1	Num	8	BEST12.	BEST32.
265	IL_10	Num	8	BEST12.	BEST32.
266	IL_16	Num	8	BEST12.	BEST32.
267	IL_17F	Num	8	BEST12.	BEST32.
268	IL_22	Num	8	BEST12.	BEST32.
269	Lactoferrin	Num	8	BEST12.	BEST32.
270	LAG_1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
271	LD78_beta	Num	8	BEST12.	BEST32.
272	MCP_2	Num	8	BEST12.	BEST32.
273	MMP_3	Num	8	BEST12.	BEST32.
274	MMP_7	Num	8	BEST12.	BEST32.
275	NAP_2	Num	8	BEST12.	BEST32.
276	SOD	Num	8	BEST12.	BEST32.
277	Fibrinogen	Num	8	BEST12.	BEST32.
278	Apo_B	Num	8	BEST12.	BEST32.
279	ACE2	Num	8	BEST12.	BEST32.
280	Activin_RIB	Num	8	BEST12.	BEST32.
281	ADAMTS_4	Num	8	BEST12.	BEST32.
282	Angiopoietin_1	Num	8	BEST12.	BEST32.
283	ART	Num	8	BEST12.	BEST32.
284	BCAM	Num	8	BEST12.	BEST32.
285	Cadherin_5	Num	8	BEST12.	BEST32.
286	CD97	Num	8	BEST12.	BEST32.
287	COMMD7	Num	8	BEST12.	BEST32.
288	EDA	Num	8	BEST12.	BEST32.
289	Fractalkine_CX3CL_1	Num	8	BEST12.	BEST32.
290	HAI_1	Num	8	BEST12.	BEST32.
291	IL_27	Num	8	BEST12.	BEST32.
292	Kallikrein_11	Num	8	BEST12.	BEST32.
293	Kallikrein_4	Num	8	BEST12.	BEST32.
294	kallikrein_8	Num	8	BEST12.	BEST32.
295	Ku70	Num	8	BEST12.	BEST32.
296	Lipocalin_2	Num	8	BEST12.	BEST32.
297	Met	Num	8	BEST12.	BEST32.
298	MMP_17	Num	8	BEST12.	BEST32.
299	OX40_Ligand	Num	8	BEST12.	BEST32.
300	sFRP_3	Num	8	BEST12.	BEST32.
301	SPINT2	Num	8	BEST12.	BEST32.
302	sTie_1	Num	8	BEST12.	BEST32.
303	Ubiquitin_1	Num	8	BEST12.	BEST32.
304	WIF_1	Num	8	BEST12.	BEST32.
305	AIF1	Num	8	BEST12.	BEST32.
306	C5a	Num	8	BEST12.	BEST32.
307	CHK1	Num	8	BEST12.	BEST32.
308	ERK_1	Num	8	BEST12.	BEST32.
309	Glucocorticoid_receptor	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
310	Hat1	Num	8	BEST12.	BEST32.
311	HDAC8	Num	8	BEST12.	BEST32.
312	Karyopherin_a2	Num	8	BEST12.	BEST32.
313	MEK1	Num	8	BEST12.	BEST32.
314	MOZ	Num	8	BEST12.	BEST32.
315	PKC_D	Num	8	BEST12.	BEST32.
316	RAC1	Num	8	BEST12.	BEST32.
317	RAD51	Num	8	BEST12.	BEST32.
318	TBP	Num	8	BEST12.	BEST32.
319	Topoisomerase_I	Num	8	BEST12.	BEST32.
320	UBC9	Num	8	BEST12.	BEST32.
321	YES	Num	8	BEST12.	BEST32.
322	a1_Antichymotrypsin	Num	8	BEST12.	BEST32.
323	C7	Num	8	BEST12.	BEST32.
324	Cardiotrophin_1	Num	8	BEST12.	BEST32.
325	CCL28	Num	8	BEST12.	BEST32.
326	CD22	Num	8	BEST12.	BEST32.
327	HCC_1	Num	8	BEST12.	BEST32.
328	IL_4	Num	8	BEST12.	BEST32.
329	Midkine	Num	8	BEST12.	BEST32.
330	MPIF_1	Num	8	BEST12.	BEST32.
331	PCNA	Num	8	BEST12.	BEST32.
332	sRANKL	Num	8	BEST12.	BEST32.
333	PAI_1	Num	8	BEST12.	BEST32.
334	Apo_E3	Num	8	BEST12.	BEST32.
335	Apo_E4	Num	8	BEST12.	BEST32.
336	Artemin	Num	8	BEST12.	BEST32.
337	Cytochrome_c	Num	8	BEST12.	BEST32.
338	Cytochrome_P450_3A4	Num	8	BEST12.	BEST32.
339	DAN	Num	8	BEST12.	BEST32.
340	ER	Num	8	BEST12.	BEST32.
341	Factor_D	Num	8	BEST12.	BEST32.
342	Growth_hormone_receptor	Num	8	BEST12.	BEST32.
343	GX	Num	8	BEST12.	BEST32.
344	IGFBP_4	Num	8	BEST12.	BEST32.
345	IGF_I	Num	8	BEST12.	BEST32.
346	Luteinizing_hormone	Num	8	BEST12.	BEST32.
347	Properdin	Num	8	BEST12.	BEST32.
348	Protein_C	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
349	PTHrP	Num	8	BEST12.	BEST32.
350	SCGF_beta	Num	8	BEST12.	BEST32.
351	VCAM_1	Num	8	BEST12.	BEST32.
352	TNFSF15	Num	8	BEST12.	BEST32.
353	ALK_1	Num	8	BEST12.	BEST32.
354	AREG	Num	8	BEST12.	BEST32.
355	BMP_7	Num	8	BEST12.	BEST32.
356	CD36_ANTIGEN	Num	8	BEST12.	BEST32.
357	contactin_1	Num	8	BEST12.	BEST32.
358	CTGF	Num	8	BEST12.	BEST32.
359	Desmoglein_1	Num	8	BEST12.	BEST32.
360	EDAR	Num	8	BEST12.	BEST32.
361	ENA_78	Num	8	BEST12.	BEST32.
362	ESAM	Num	8	BEST12.	BEST32.
363	Galectin_4	Num	8	BEST12.	BEST32.
364	Gro_a	Num	8	BEST12.	BEST32.
365	Gro_b_g	Num	8	BEST12.	BEST32.
366	Histone_H1_2	Num	8	BEST12.	BEST32.
367	ICOS	Num	8	BEST12.	BEST32.
368	IL_1_sRI	Num	8	BEST12.	BEST32.
369	IL_17_sR	Num	8	BEST12.	BEST32.
370	IL_18_Rb	Num	8	BEST12.	BEST32.
371	IL_1Rrp2	Num	8	BEST12.	BEST32.
372	JAM_B	Num	8	BEST12.	BEST32.
373	JAM_C	Num	8	BEST12.	BEST32.
374	LSAMP	Num	8	BEST12.	BEST32.
375	MBL	Num	8	BEST12.	BEST32.
376	NKp30	Num	8	BEST12.	BEST32.
377	PD_L2	Num	8	BEST12.	BEST32.
378	PTP_1B	Num	8	BEST12.	BEST32.
379	Siglec_9	Num	8	BEST12.	BEST32.
380	TGF_b_R_III	Num	8	BEST12.	BEST32.
381	TSLP	Num	8	BEST12.	BEST32.
382	CTLA_4	Num	8	BEST12.	BEST32.
383	a2_Antiplasmin	Num	8	BEST12.	BEST32.
384	bFGF	Num	8	BEST12.	BEST32.
385	Calpastatin	Num	8	BEST12.	BEST32.
386	Ck_b_8_1	Num	8	BEST12.	BEST32.
387	DC_SIGN	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
388	DC_SIGNR	Num	8	BEST12.	BEST32.
389	FSH	Num	8	BEST12.	BEST32.
390	Galectin_2	Num	8	BEST12.	BEST32.
391	GFAP	Num	8	BEST12.	BEST32.
392	IL_19	Num	8	BEST12.	BEST32.
393	IL_1b	Num	8	BEST12.	BEST32.
394	I_TAC	Num	8	BEST12.	BEST32.
395	MIP_1a	Num	8	BEST12.	BEST32.
396	MRC2	Num	8	BEST12.	BEST32.
397	Myoglobin	Num	8	BEST12.	BEST32.
398	ON	Num	8	BEST12.	BEST32.
399	PARC	Num	8	BEST12.	BEST32.
400	PTN	Num	8	BEST12.	BEST32.
401	resistin	Num	8	BEST12.	BEST32.
402	Trypsin	Num	8	BEST12.	BEST32.
403	vWF	Num	8	BEST12.	BEST32.
404	Fas_ligand_soluble	Num	8	BEST12.	BEST32.
405	Flt3_ligand	Num	8	BEST12.	BEST32.
406	Haptoglobin_Mixed_Type	Num	8	BEST12.	BEST32.
407	IL_4_sR	Num	8	BEST12.	BEST32.
408	NKG2D	Num	8	BEST12.	BEST32.
409	WISP_1	Num	8	BEST12.	BEST32.
410	BAFF	Num	8	BEST12.	BEST32.
411	C9	Num	8	BEST12.	BEST32.
412	Cathepsin_B	Num	8	BEST12.	BEST32.
413	FGF_5	Num	8	BEST12.	BEST32.
414	Galectin_3	Num	8	BEST12.	BEST32.
415	GDF_9	Num	8	BEST12.	BEST32.
416	IgM	Num	8	BEST12.	BEST32.
417	IL_2	Num	8	BEST12.	BEST32.
418	IL_13	Num	8	BEST12.	BEST32.
419	IL_18_BPa	Num	8	BEST12.	BEST32.
420	LBP	Num	8	BEST12.	BEST32.
421	Coagulation_Factor_Xa	Num	8	BEST12.	BEST32.
422	PIGF	Num	8	BEST12.	BEST32.
423	TIG2	Num	8	BEST12.	BEST32.
424	ULBP_1	Num	8	BEST12.	BEST32.
425	ULBP_2	Num	8	BEST12.	BEST32.
426	XEDAR	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
427	Aurora_kinase_A	Num	8	BEST12.	BEST32.
428	MK01	Num	8	BEST12.	BEST32.
429	SMAC	Num	8	BEST12.	BEST32.
430	VEGF_C	Num	8	BEST12.	BEST32.
431	sCD4	Num	8	BEST12.	BEST32.
432	IL_2_sRa	Num	8	BEST12.	BEST32.
433	TNF_sR_II	Num	8	BEST12.	BEST32.
434	Siglec_3	Num	8	BEST12.	BEST32.
435	ADAMTS_5	Num	8	BEST12.	BEST32.
436	IDUA	Num	8	BEST12.	BEST32.
437	AMPM2	Num	8	BEST12.	BEST32.
438	amyloid_precursor_protein	Num	8	BEST12.	BEST32.
439	ARSB	Num	8	BEST12.	BEST32.
440	AS AHL	Num	8	BEST12.	BEST32.
441	ATS1	Num	8	BEST12.	BEST32.
442	ATS13	Num	8	BEST12.	BEST32.
443	Carbonic_Anhydrase_IV	Num	8	BEST12.	BEST32.
444	CATC	Num	8	BEST12.	BEST32.
445	Cathepsin_A	Num	8	BEST12.	BEST32.
446	Cathepsin_S	Num	8	BEST12.	BEST32.
447	CD39	Num	8	BEST12.	BEST32.
448	Coagulation_Factor_VII	Num	8	BEST12.	BEST32.
449	C2	Num	8	BEST12.	BEST32.
450	CRIS3	Num	8	BEST12.	BEST32.
451	Enterokinase	Num	8	BEST12.	BEST32.
452	WFKN1	Num	8	BEST12.	BEST32.
453	Glutamate_carboxypeptidase	Num	8	BEST12.	BEST32.
454	GPVI	Num	8	BEST12.	BEST32.
455	Granulysin	Num	8	BEST12.	BEST32.
456	HPLN1	Num	8	BEST12.	BEST32.
457	IDE	Num	8	BEST12.	BEST32.
458	IDS	Num	8	BEST12.	BEST32.
459	kallikrein_12	Num	8	BEST12.	BEST32.
460	kallikrein_13	Num	8	BEST12.	BEST32.
461	kallikrein_5	Num	8	BEST12.	BEST32.
462	KREM2	Num	8	BEST12.	BEST32.
463	LKHA4	Num	8	BEST12.	BEST32.
464	LYVE1	Num	8	BEST12.	BEST32.
465	MATN3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
466	MEPE	Num	8	BEST12.	BEST32.
467	METAP1	Num	8	BEST12.	BEST32.
468	ASAH2	Num	8	BEST12.	BEST32.
469	Nidogen	Num	8	BEST12.	BEST32.
470	PIGR	Num	8	BEST12.	BEST32.
471	Protease_nexin_I	Num	8	BEST12.	BEST32.
472	RET	Num	8	BEST12.	BEST32.
473	SARP_2	Num	8	BEST12.	BEST32.
474	Semaphorin_3A	Num	8	BEST12.	BEST32.
475	TrATPase	Num	8	BEST12.	BEST32.
476	URB	Num	8	BEST12.	BEST32.
477	WFKN2	Num	8	BEST12.	BEST32.
478	Aggrecan	Num	8	BEST12.	BEST32.
479	ANGL3	Num	8	BEST12.	BEST32.
480	BGH3	Num	8	BEST12.	BEST32.
481	BGN	Num	8	BEST12.	BEST32.
482	C1r	Num	8	BEST12.	BEST32.
483	Carbonic_Anhydrase_X	Num	8	BEST12.	BEST32.
484	CD109	Num	8	BEST12.	BEST32.
485	CD23	Num	8	BEST12.	BEST32.
486	CD48	Num	8	BEST12.	BEST32.
487	CD5L	Num	8	BEST12.	BEST32.
488	CFC1	Num	8	BEST12.	BEST32.
489	CNTN2	Num	8	BEST12.	BEST32.
490	Contactin_4	Num	8	BEST12.	BEST32.
491	Contactin_5	Num	8	BEST12.	BEST32.
492	CYTF	Num	8	BEST12.	BEST32.
493	Cystatin_M	Num	8	BEST12.	BEST32.
494	DLL4	Num	8	BEST12.	BEST32.
495	FCG2A	Num	8	BEST12.	BEST32.
496	FCG2B	Num	8	BEST12.	BEST32.
497	FCG3B	Num	8	BEST12.	BEST32.
498	FCGR1	Num	8	BEST12.	BEST32.
499	FCN2	Num	8	BEST12.	BEST32.
500	GFRa_1	Num	8	BEST12.	BEST32.
501	GPC2	Num	8	BEST12.	BEST32.
502	Heparin_cofactor_II	Num	8	BEST12.	BEST32.
503	HTRA2	Num	8	BEST12.	BEST32.
504	IGFBP_7	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
505	IL24	Num	8	BEST12.	BEST32.
506	LRIG3	Num	8	BEST12.	BEST32.
507	LRP8	Num	8	BEST12.	BEST32.
508	LY9	Num	8	BEST12.	BEST32.
509	MATN2	Num	8	BEST12.	BEST32.
510	Nectin_like_protein_2	Num	8	BEST12.	BEST32.
511	NET4	Num	8	BEST12.	BEST32.
512	PGRP_S	Num	8	BEST12.	BEST32.
513	RGMB	Num	8	BEST12.	BEST32.
514	RGM_C	Num	8	BEST12.	BEST32.
515	TFPI	Num	8	BEST12.	BEST32.
516	TSP2	Num	8	BEST12.	BEST32.
517	TSP4	Num	8	BEST12.	BEST32.
518	ABL1	Num	8	BEST12.	BEST32.
519	Aminoacylase_1	Num	8	BEST12.	BEST32.
520	Antithrombin_III	Num	8	BEST12.	BEST32.
521	AURKB	Num	8	BEST12.	BEST32.
522	BARK1	Num	8	BEST12.	BEST32.
523	BMP_1	Num	8	BEST12.	BEST32.
524	CAMK2A	Num	8	BEST12.	BEST32.
525	CAMK2B	Num	8	BEST12.	BEST32.
526	Carbonic_anhydrase_6	Num	8	BEST12.	BEST32.
527	Carbonic_anhydrase_VII	Num	8	BEST12.	BEST32.
528	CDK2_cyclin_A	Num	8	BEST12.	BEST32.
529	CDK5_p35	Num	8	BEST12.	BEST32.
530	CDK8_cyclin_C	Num	8	BEST12.	BEST32.
531	Chk2	Num	8	BEST12.	BEST32.
532	CLC4K	Num	8	BEST12.	BEST32.
533	CRDL1	Num	8	BEST12.	BEST32.
534	CSK	Num	8	BEST12.	BEST32.
535	Cathepsin_V	Num	8	BEST12.	BEST32.
536	Dkk_4	Num	8	BEST12.	BEST32.
537	ECM1	Num	8	BEST12.	BEST32.
538	FETUB	Num	8	BEST12.	BEST32.
539	Granzyme_H	Num	8	BEST12.	BEST32.
540	HCK	Num	8	BEST12.	BEST32.
541	IL_17_RD	Num	8	BEST12.	BEST32.
542	Kallikrein_7	Num	8	BEST12.	BEST32.
543	KPCI	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
544	LYNB	Num	8	BEST12.	BEST32.
545	PAK3	Num	8	BEST12.	BEST32.
546	PAK7	Num	8	BEST12.	BEST32.
547	PCI	Num	8	BEST12.	BEST32.
548	PIK3CA_PIK3R1	Num	8	BEST12.	BEST32.
549	PK3CG	Num	8	BEST12.	BEST32.
550	PKB_a_b_g	Num	8	BEST12.	BEST32.
551	PLK_1	Num	8	BEST12.	BEST32.
552	Renin	Num	8	BEST12.	BEST32.
553	SHP_2	Num	8	BEST12.	BEST32.
554	STAB2	Num	8	BEST12.	BEST32.
555	TBK1	Num	8	BEST12.	BEST32.
556	TCPTP	Num	8	BEST12.	BEST32.
557	TPSB2	Num	8	BEST12.	BEST32.
558	TPSG1	Num	8	BEST12.	BEST32.
559	UFC1	Num	8	BEST12.	BEST32.
560	Bcl_2	Num	8	BEST12.	BEST32.
561	BFL1	Num	8	BEST12.	BEST32.
562	BMX	Num	8	BEST12.	BEST32.
563	BSP	Num	8	BEST12.	BEST32.
564	BTK	Num	8	BEST12.	BEST32.
565	CAMK1D	Num	8	BEST12.	BEST32.
566	CAMK2D	Num	8	BEST12.	BEST32.
567	Carbonic_anhydrase_XIII	Num	8	BEST12.	BEST32.
568	CD30_Ligand	Num	8	BEST12.	BEST32.
569	CDK1_cyclin_B	Num	8	BEST12.	BEST32.
570	Chymase	Num	8	BEST12.	BEST32.
571	CSK21	Num	8	BEST12.	BEST32.
572	EphA1	Num	8	BEST12.	BEST32.
573	EPHA3	Num	8	BEST12.	BEST32.
574	FN1_3	Num	8	BEST12.	BEST32.
575	FN1_4	Num	8	BEST12.	BEST32.
576	Flt_3	Num	8	BEST12.	BEST32.
577	FSTL3	Num	8	BEST12.	BEST32.
578	granzyme_A	Num	8	BEST12.	BEST32.
579	GSK_3_alpha_beta	Num	8	BEST12.	BEST32.
580	HIPK3	Num	8	BEST12.	BEST32.
581	IL_15_Ra	Num	8	BEST12.	BEST32.
582	IL_18_Ra	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
583	IL_8	Num	8	BEST12.	BEST32.
584	IR	Num	8	BEST12.	BEST32.
585	Kallistatin	Num	8	BEST12.	BEST32.
586	Kallikrein_6	Num	8	BEST12.	BEST32.
587	LCK	Num	8	BEST12.	BEST32.
588	LYN	Num	8	BEST12.	BEST32.
589	Periostin	Num	8	BEST12.	BEST32.
590	PDGF_Rb	Num	8	BEST12.	BEST32.
591	PGCB	Num	8	BEST12.	BEST32.
592	PRKACA	Num	8	BEST12.	BEST32.
593	RPS6KA3	Num	8	BEST12.	BEST32.
594	sE_Selectin	Num	8	BEST12.	BEST32.
595	STK16	Num	8	BEST12.	BEST32.
596	Survivin	Num	8	BEST12.	BEST32.
597	Thrombopoietin_Receptor	Num	8	BEST12.	BEST32.
598	Thrombospondin_1	Num	8	BEST12.	BEST32.
599	TrkA	Num	8	BEST12.	BEST32.
600	TRY3	Num	8	BEST12.	BEST32.
601	DUS3	Num	8	BEST12.	BEST32.
602	XPNPEP1	Num	8	BEST12.	BEST32.
603	Angiotensinogen	Num	8	BEST12.	BEST32.
604	b2_Microglobulin	Num	8	BEST12.	BEST32.
605	b_ECGF	Num	8	BEST12.	BEST32.
606	BLC	Num	8	BEST12.	BEST32.
607	Catalase	Num	8	BEST12.	BEST32.
608	CNTF	Num	8	BEST12.	BEST32.
609	FGF_17	Num	8	BEST12.	BEST32.
610	GCP_2	Num	8	BEST12.	BEST32.
611	IFN_aA	Num	8	BEST12.	BEST32.
612	IL_17B	Num	8	BEST12.	BEST32.
613	Integrin_a1b1	Num	8	BEST12.	BEST32.
614	LEAP_1	Num	8	BEST12.	BEST32.
615	Lymphotoxin_a1_b2	Num	8	BEST12.	BEST32.
616	Lymphotoxin_a2_b1	Num	8	BEST12.	BEST32.
617	MDC	Num	8	BEST12.	BEST32.
618	MIP_5	Num	8	BEST12.	BEST32.
619	Proteinase_3	Num	8	BEST12.	BEST32.
620	SDF_1	Num	8	BEST12.	BEST32.
621	TAFI	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
622	TARC	Num	8	BEST12.	BEST32.
623	TGF_b3	Num	8	BEST12.	BEST32.
624	TSH	Num	8	BEST12.	BEST32.
625	Vasoactive_Intestinal_Peptide	Num	8	BEST12.	BEST32.
626	CD40_ligand_soluble	Num	8	BEST12.	BEST32.
627	DKK1	Num	8	BEST12.	BEST32.
628	dopa_decarboxylase	Num	8	BEST12.	BEST32.
629	Adiponectin	Num	8	BEST12.	BEST32.
630	a1_Antitrypsin	Num	8	BEST12.	BEST32.
631	a2_HS_Glycoprotein	Num	8	BEST12.	BEST32.
632	Arylsulfatase_A	Num	8	BEST12.	BEST32.
633	BASI	Num	8	BEST12.	BEST32.
634	BMP10	Num	8	BEST12.	BEST32.
635	Cadherin_6	Num	8	BEST12.	BEST32.
636	CAMK1	Num	8	BEST12.	BEST32.
637	Caspase_3	Num	8	BEST12.	BEST32.
638	CATE	Num	8	BEST12.	BEST32.
639	Chitotriosidase_1	Num	8	BEST12.	BEST32.
640	CHL1	Num	8	BEST12.	BEST32.
641	CLC7A	Num	8	BEST12.	BEST32.
642	MASP3	Num	8	BEST12.	BEST32.
643	Discoidin_domain_receptor_2	Num	8	BEST12.	BEST32.
644	DKK3	Num	8	BEST12.	BEST32.
645	DPP2	Num	8	BEST12.	BEST32.
646	Endothelin_converting_enzyme_1	Num	8	BEST12.	BEST32.
647	EphB4	Num	8	BEST12.	BEST32.
648	FCN1	Num	8	BEST12.	BEST32.
649	GNS	Num	8	BEST12.	BEST32.
650	HGFA	Num	8	BEST12.	BEST32.
651	IL22RA1	Num	8	BEST12.	BEST32.
652	LGMN	Num	8	BEST12.	BEST32.
653	LY86	Num	8	BEST12.	BEST32.
654	Marapsin	Num	8	BEST12.	BEST32.
655	MMEL2	Num	8	BEST12.	BEST32.
656	MP2K2	Num	8	BEST12.	BEST32.
657	MRCKB	Num	8	BEST12.	BEST32.
658	Nectin_like_protein_1	Num	8	BEST12.	BEST32.
659	NID2	Num	8	BEST12.	BEST32.
660	OBCAM	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
661	OCAD1	Num	8	BEST12.	BEST32.
662	OLR1	Num	8	BEST12.	BEST32.
663	RAP	Num	8	BEST12.	BEST32.
664	SLAF5	Num	8	BEST12.	BEST32.
665	SLIK1	Num	8	BEST12.	BEST32.
666	Soggy_1	Num	8	BEST12.	BEST32.
667	TEC	Num	8	BEST12.	BEST32.
668	TLR4_MD_2_complex	Num	8	BEST12.	BEST32.
669	VEGF_sR2	Num	8	BEST12.	BEST32.
670	BMPER	Num	8	BEST12.	BEST32.
671	Cadherin_12	Num	8	BEST12.	BEST32.
672	Calcineurin_B_a	Num	8	BEST12.	BEST32.
673	complement_factor_H_related_5	Num	8	BEST12.	BEST32.
674	IGF_II_receptor	Num	8	BEST12.	BEST32.
675	kallikrein_14	Num	8	BEST12.	BEST32.
676	Macrophage_scavenger_receptor	Num	8	BEST12.	BEST32.
677	MFRP	Num	8	BEST12.	BEST32.
678	Albumin	Num	8	BEST12.	BEST32.
679	a2_Macroglobulin	Num	8	BEST12.	BEST32.
680	ALT	Num	8	BEST12.	BEST32.
681	Angiostatin	Num	8	BEST12.	BEST32.
682	CK_MB	Num	8	BEST12.	BEST32.
683	p27Kip1	Num	8	BEST12.	BEST32.
684	BNP_32	Num	8	BEST12.	BEST32.
685	PYY	Num	8	BEST12.	BEST32.
686	Secretin	Num	8	BEST12.	BEST32.
687	TNR4	Num	8	BEST12.	BEST32.
688	CSF_1	Num	8	BEST12.	BEST32.
689	Activated_Protein_C	Num	8	BEST12.	BEST32.
690	COX_2	Num	8	BEST12.	BEST32.
691	STX1a	Num	8	BEST12.	BEST32.
692	sTie_2	Num	8	BEST12.	BEST32.
693	ADAM_9	Num	8	BEST12.	BEST32.
694	ANGL4	Num	8	BEST12.	BEST32.
695	Cadherin_2	Num	8	BEST12.	BEST32.
696	Carbonic_anhydrase_9	Num	8	BEST12.	BEST32.
697	Carbonic_anhydrase_III	Num	8	BEST12.	BEST32.
698	CK_BB	Num	8	BEST12.	BEST32.
699	Cystatin_S	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
700	CYTD	Num	8	BEST12.	BEST32.
701	Endocan	Num	8	BEST12.	BEST32.
702	EphA5	Num	8	BEST12.	BEST32.
703	FGF23	Num	8	BEST12.	BEST32.
704	FGFR_2	Num	8	BEST12.	BEST32.
705	FGFR_3	Num	8	BEST12.	BEST32.
706	FGR	Num	8	BEST12.	BEST32.
707	FYN	Num	8	BEST12.	BEST32.
708	IL_12_RB2	Num	8	BEST12.	BEST32.
709	KPCT	Num	8	BEST12.	BEST32.
710	MAPK2	Num	8	BEST12.	BEST32.
711	MAPK5	Num	8	BEST12.	BEST32.
712	MAPKAPK3	Num	8	BEST12.	BEST32.
713	MATK	Num	8	BEST12.	BEST32.
714	MK08	Num	8	BEST12.	BEST32.
715	PAK6	Num	8	BEST12.	BEST32.
716	PDGF_CC	Num	8	BEST12.	BEST32.
717	pTEN	Num	8	BEST12.	BEST32.
718	PTK6	Num	8	BEST12.	BEST32.
719	TLR2	Num	8	BEST12.	BEST32.
720	UFM1	Num	8	BEST12.	BEST32.
721	AIP	Num	8	BEST12.	BEST32.
722	Cyclophilin_A	Num	8	BEST12.	BEST32.
723	DLRB1	Num	8	BEST12.	BEST32.
724	ETHE1	Num	8	BEST12.	BEST32.
725	GAPDH__liver	Num	8	BEST12.	BEST32.
726	HSP_40	Num	8	BEST12.	BEST32.
727	MDHC	Num	8	BEST12.	BEST32.
728	NACA	Num	8	BEST12.	BEST32.
729	Peroxiredoxin_1	Num	8	BEST12.	BEST32.
730	PPAC	Num	8	BEST12.	BEST32.
731	PSA1	Num	8	BEST12.	BEST32.
732	PSA6	Num	8	BEST12.	BEST32.
733	RS7	Num	8	BEST12.	BEST32.
734	RSK_like_protein_kinase	Num	8	BEST12.	BEST32.
735	SBDS	Num	8	BEST12.	BEST32.
736	SE6L2	Num	8	BEST12.	BEST32.
737	SGTA	Num	8	BEST12.	BEST32.
738	TCTP	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
739	TMA	Num	8	BEST12.	BEST32.
740	UB2L3	Num	8	BEST12.	BEST32.
741	ARI3A	Num	8	BEST12.	BEST32.
742	CaMKK_alpha	Num	8	BEST12.	BEST32.
743	CDC37	Num	8	BEST12.	BEST32.
744	DLC8	Num	8	BEST12.	BEST32.
745	IMB1	Num	8	BEST12.	BEST32.
746	ING1	Num	8	BEST12.	BEST32.
747	Lamin_B1	Num	8	BEST12.	BEST32.
748	LDH_H_1	Num	8	BEST12.	BEST32.
749	MBD4	Num	8	BEST12.	BEST32.
750	Mesothelin	Num	8	BEST12.	BEST32.
751	NAGK	Num	8	BEST12.	BEST32.
752	Phosphoglycerate_mutase_1	Num	8	BEST12.	BEST32.
753	PLPP	Num	8	BEST12.	BEST32.
754	PSD7	Num	8	BEST12.	BEST32.
755	SKP1	Num	8	BEST12.	BEST32.
756	Sorting_nexin_4	Num	8	BEST12.	BEST32.
757	UBE2N	Num	8	BEST12.	BEST32.
758	discoidin_domain_receptor_1	Num	8	BEST12.	BEST32.
759	FGF_4	Num	8	BEST12.	BEST32.
760	HSP_70	Num	8	BEST12.	BEST32.
761	sRAGE	Num	8	BEST12.	BEST32.
762	BPI	Num	8	BEST12.	BEST32.
763	C6	Num	8	BEST12.	BEST32.
764	Eotaxin_2	Num	8	BEST12.	BEST32.
765	Factor_B	Num	8	BEST12.	BEST32.
766	FGF_6	Num	8	BEST12.	BEST32.
767	Fibronectin	Num	8	BEST12.	BEST32.
768	FST	Num	8	BEST12.	BEST32.
769	Granzyme_B	Num	8	BEST12.	BEST32.
770	HB_EGF	Num	8	BEST12.	BEST32.
771	IgE	Num	8	BEST12.	BEST32.
772	IL_17D	Num	8	BEST12.	BEST32.
773	IL_17E	Num	8	BEST12.	BEST32.
774	IL_20	Num	8	BEST12.	BEST32.
775	IL_6_sRa	Num	8	BEST12.	BEST32.
776	IL_7	Num	8	BEST12.	BEST32.
777	IP_10	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
778	Lymphotactin	Num	8	BEST12.	BEST32.
779	MCP_4	Num	8	BEST12.	BEST32.
780	Neurotrophin_3	Num	8	BEST12.	BEST32.
781	Neurotrophin_5	Num	8	BEST12.	BEST32.
782	PAPP_A	Num	8	BEST12.	BEST32.
783	PDGF_BB	Num	8	BEST12.	BEST32.
784	Plasmin	Num	8	BEST12.	BEST32.
785	Plasminogen	Num	8	BEST12.	BEST32.
786	Prekallikrein	Num	8	BEST12.	BEST32.
787	alpha_1_antichymotrypsin_complex	Num	8	BEST12.	BEST32.
788	P_Selectin	Num	8	BEST12.	BEST32.
789	Tenascin	Num	8	BEST12.	BEST32.
790	TGF_b2	Num	8	BEST12.	BEST32.
791	Thrombin	Num	8	BEST12.	BEST32.
792	uPA	Num	8	BEST12.	BEST32.
793	Factor_H	Num	8	BEST12.	BEST32.
794	MMP_2	Num	8	BEST12.	BEST32.
795	Transferrin	Num	8	BEST12.	BEST32.
796	Histone_H2A_z	Num	8	BEST12.	BEST32.
797	Thyroglobulin	Num	8	BEST12.	BEST32.
798	_14_3_3	Num	8	BEST12.	BEST32.
799	_4EBP2	Num	8	BEST12.	BEST32.
800	_6_Phosphogluconate_dehydrogenas	Num	8	BEST12.	BEST32.
801	Aflatoxin_B1_aldehyde_reductase	Num	8	BEST12.	BEST32.
802	AK1A1	Num	8	BEST12.	BEST32.
803	AN32B	Num	8	BEST12.	BEST32.
804	Cofilin_1	Num	8	BEST12.	BEST32.
805	DRG_1	Num	8	BEST12.	BEST32.
806	EP15R	Num	8	BEST12.	BEST32.
807	ERAB	Num	8	BEST12.	BEST32.
808	FER	Num	8	BEST12.	BEST32.
809	HNRPQ	Num	8	BEST12.	BEST32.
810	IF4G2	Num	8	BEST12.	BEST32.
811	IGF_I_sR	Num	8	BEST12.	BEST32.
812	IL_1_R4	Num	8	BEST12.	BEST32.
813	LCMT1	Num	8	BEST12.	BEST32.
814	LIN7B	Num	8	BEST12.	BEST32.
815	M2_PK	Num	8	BEST12.	BEST32.
816	MDM2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
817	NCAM_L1	Num	8	BEST12.	BEST32.
818	NDP_kinase_B	Num	8	BEST12.	BEST32.
819	NSF1C	Num	8	BEST12.	BEST32.
820	NUDC3	Num	8	BEST12.	BEST32.
821	PA2G4	Num	8	BEST12.	BEST32.
822	paraoxonase_1	Num	8	BEST12.	BEST32.
823	PESC	Num	8	BEST12.	BEST32.
824	PFD5	Num	8	BEST12.	BEST32.
825	PHI	Num	8	BEST12.	BEST32.
826	prostatic_binding_protein	Num	8	BEST12.	BEST32.
827	Protein_disulfide_isomerase	Num	8	BEST12.	BEST32.
828	PSA2	Num	8	BEST12.	BEST32.
829	RAN	Num	8	BEST12.	BEST32.
830	RBM39	Num	8	BEST12.	BEST32.
831	SNAA	Num	8	BEST12.	BEST32.
832	Sphingosine_kinase_1	Num	8	BEST12.	BEST32.
833	Spondin_1	Num	8	BEST12.	BEST32.
834	Thymidine_kinase	Num	8	BEST12.	BEST32.
835	transcription_factor_MLR1__isof	Num	8	BEST12.	BEST32.
836	Transketolase	Num	8	BEST12.	BEST32.
837	Triosephosphate_isomerase	Num	8	BEST12.	BEST32.
838	XTP3A	Num	8	BEST12.	BEST32.
839	PTP_1C	Num	8	BEST12.	BEST32.
840	AMNLS	Num	8	BEST12.	BEST32.
841	CYTT	Num	8	BEST12.	BEST32.
842	BOC	Num	8	BEST12.	BEST32.
843	CLC1B	Num	8	BEST12.	BEST32.
844	SAA	Num	8	BEST12.	BEST32.
845	CRP	Num	8	BEST12.	BEST32.
846	sICAM_1	Num	8	BEST12.	BEST32.
847	DAPK2	Num	8	BEST12.	BEST32.
848	DYRK3	Num	8	BEST12.	BEST32.
849	MIC_1	Num	8	BEST12.	BEST32.
850	DHH	Num	8	BEST12.	BEST32.
851	FGF_12	Num	8	BEST12.	BEST32.
852	FGF_16	Num	8	BEST12.	BEST32.
853	FGF_8A	Num	8	BEST12.	BEST32.
854	IFN_lambda_1	Num	8	BEST12.	BEST32.
855	IFN_lambda_2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
856	MSP	Num	8	BEST12.	BEST32.
857	SLPI	Num	8	BEST12.	BEST32.
858	SP_D	Num	8	BEST12.	BEST32.
859	ADAM12	Num	8	BEST12.	BEST32.
860	BCL2_like_1_protein	Num	8	BEST12.	BEST32.
861	CHST2	Num	8	BEST12.	BEST32.
862	CHST6	Num	8	BEST12.	BEST32.
863	Collectin_Kidney_1	Num	8	BEST12.	BEST32.
864	ENPP7	Num	8	BEST12.	BEST32.
865	ENTP3	Num	8	BEST12.	BEST32.
866	ENTP5	Num	8	BEST12.	BEST32.
867	FCRL3	Num	8	BEST12.	BEST32.
868	GREM1	Num	8	BEST12.	BEST32.
869	hnRNP_A_B	Num	8	BEST12.	BEST32.
870	LRRT1	Num	8	BEST12.	BEST32.
871	LRRT3	Num	8	BEST12.	BEST32.
872	MFGM	Num	8	BEST12.	BEST32.
873	PCSK7	Num	8	BEST12.	BEST32.
874	PDPK1	Num	8	BEST12.	BEST32.
875	Sialoadhesin	Num	8	BEST12.	BEST32.
876	SPARCL1	Num	8	BEST12.	BEST32.
877	SPHK2	Num	8	BEST12.	BEST32.
878	ST4S6	Num	8	BEST12.	BEST32.
879	TGM3	Num	8	BEST12.	BEST32.
880	Tropomyosin_2	Num	8	BEST12.	BEST32.
881	Ubiquitin	Num	8	BEST12.	BEST32.
882	ZAP70	Num	8	BEST12.	BEST32.
883	C1_Esterase_Inhibitor	Num	8	BEST12.	BEST32.
884	C3b	Num	8	BEST12.	BEST32.
885	C4	Num	8	BEST12.	BEST32.
886	C5b_6_Complex	Num	8	BEST12.	BEST32.
887	FGF7	Num	8	BEST12.	BEST32.
888	IL_3_Ra	Num	8	BEST12.	BEST32.
889	IL_5_Ra	Num	8	BEST12.	BEST32.
890	IL_11	Num	8	BEST12.	BEST32.
891	Kininogen__HMW	Num	8	BEST12.	BEST32.
892	MMP_12	Num	8	BEST12.	BEST32.
893	NCAM_120	Num	8	BEST12.	BEST32.
894	PDGF_AA	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
895	SCGF_alpha	Num	8	BEST12.	BEST32.
896	ATS15	Num	8	BEST12.	BEST32.
897	BSSP4	Num	8	BEST12.	BEST32.
898	BST1	Num	8	BEST12.	BEST32.
899	CBX5	Num	8	BEST12.	BEST32.
900	CDON	Num	8	BEST12.	BEST32.
901	Clusterin	Num	8	BEST12.	BEST32.
902	CONA1	Num	8	BEST12.	BEST32.
903	CTAP_III	Num	8	BEST12.	BEST32.
904	DnaJ_homolog	Num	8	BEST12.	BEST32.
905	EMR2	Num	8	BEST12.	BEST32.
906	FLRT1	Num	8	BEST12.	BEST32.
907	Fucosyltransferase_3	Num	8	BEST12.	BEST32.
908	FUT5	Num	8	BEST12.	BEST32.
909	GP114	Num	8	BEST12.	BEST32.
910	HDGR2	Num	8	BEST12.	BEST32.
911	IL_34	Num	8	BEST12.	BEST32.
912	KIRR3	Num	8	BEST12.	BEST32.
913	KYNU	Num	8	BEST12.	BEST32.
914	Livin_B	Num	8	BEST12.	BEST32.
915	NXPH1	Num	8	BEST12.	BEST32.
916	PLCG1	Num	8	BEST12.	BEST32.
917	PLXC1	Num	8	BEST12.	BEST32.
918	RSPO2	Num	8	BEST12.	BEST32.
919	SH21A	Num	8	BEST12.	BEST32.
920	SLIK5	Num	8	BEST12.	BEST32.
921	SORC2	Num	8	BEST12.	BEST32.
922	PH	Num	8	BEST12.	BEST32.
923	IL_6	Num	8	BEST12.	BEST32.
924	_3HIDH	Num	8	BEST12.	BEST32.
925	GM_CSF	Num	8	BEST12.	BEST32.
926	TNF_b	Num	8	BEST12.	BEST32.
927	_41	Num	8	BEST12.	BEST32.
928	_17_beta_HSD_1	Num	8	BEST12.	BEST32.
929	Apo_D	Num	8	BEST12.	BEST32.
930	IL_3	Num	8	BEST12.	BEST32.
931	PPIB	Num	8	BEST12.	BEST32.
932	Protein_disulfide_isomerase_A3	Num	8	BEST12.	BEST32.
933	TFF3	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
934	Afamin	Num	8	BEST12.	BEST32.
935	Olfactomedin_4	Num	8	BEST12.	BEST32.
936	ASM3A	Num	8	BEST12.	BEST32.
937	FAM107B	Num	8	BEST12.	BEST32.
938	Gelsolin	Num	8	BEST12.	BEST32.
939	CBG	Num	8	BEST12.	BEST32.
940	Cytidylate_kinase	Num	8	BEST12.	BEST32.
941	C34_gp41_HIV_Fragment	Num	8	BEST12.	BEST32.
942	PERL	Num	8	BEST12.	BEST32.
943	CO8A1	Num	8	BEST12.	BEST32.
944	ITI_heavy_chain_H4	Num	8	BEST12.	BEST32.
945	TXD12	Num	8	BEST12.	BEST32.
946	STRATIFIN	Num	8	BEST12.	BEST32.
947	sL_Selectin	Num	8	BEST12.	BEST32.
948	TRAIL_R1	Num	8	BEST12.	BEST32.
949	Epithelial_cell_kinase	Num	8	BEST12.	BEST32.
950	G_CSF	Num	8	BEST12.	BEST32.
951	Glypican_3	Num	8	BEST12.	BEST32.
952	IL_1a	Num	8	BEST12.	BEST32.
953	BMPR1A	Num	8	BEST12.	BEST32.
954	BMP_RII	Num	8	BEST12.	BEST32.
955	TrkB	Num	8	BEST12.	BEST32.
956	VEGF121	Num	8	BEST12.	BEST32.
957	Angiogenin	Num	8	BEST12.	BEST32.
958	Coagulation_Factor_IX	Num	8	BEST12.	BEST32.
959	Coagulation_Factor_X	Num	8	BEST12.	BEST32.
960	GDF2	Num	8	BEST12.	BEST32.
961	Insulin	Num	8	BEST12.	BEST32.
962	MCP_3	Num	8	BEST12.	BEST32.
963	WNT7A	Num	8	BEST12.	BEST32.
964	ACTH	Num	8	BEST12.	BEST32.
965	Glucagon	Num	8	BEST12.	BEST32.
966	C3a	Num	8	BEST12.	BEST32.
967	Calcineurin	Num	8	BEST12.	BEST32.
968	Caspase_2	Num	8	BEST12.	BEST32.
969	Coactosin_like_protein	Num	8	BEST12.	BEST32.
970	Coagulation_Factor_V	Num	8	BEST12.	BEST32.
971	D_dimer	Num	8	BEST12.	BEST32.
972	Endoglin	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
973	Galectin_8	Num	8	BEST12.	BEST32.
974	GIB	Num	8	BEST12.	BEST32.
975	Glutathione_S_transferase_Pi	Num	8	BEST12.	BEST32.
976	GOT1	Num	8	BEST12.	BEST32.
977	HCC_4	Num	8	BEST12.	BEST32.
978	HCG	Num	8	BEST12.	BEST32.
979	Hemoglobin	Num	8	BEST12.	BEST32.
980	IgD	Num	8	BEST12.	BEST32.
981	Integrin_aVb5	Num	8	BEST12.	BEST32.
982	Lysozyme	Num	8	BEST12.	BEST32.
983	MIP_3b	Num	8	BEST12.	BEST32.
984	MIS	Num	8	BEST12.	BEST32.
985	MMP_1	Num	8	BEST12.	BEST32.
986	MMP_13	Num	8	BEST12.	BEST32.
987	SHBG	Num	8	BEST12.	BEST32.
988	Stanniocalcin_1	Num	8	BEST12.	BEST32.
989	TF	Num	8	BEST12.	BEST32.
990	EPI	Num	8	BEST12.	BEST32.
991	_40S_ribosomal_protein_SA	Num	8	BEST12.	BEST32.
992	AGR2	Num	8	BEST12.	BEST32.
993	annexin_I	Num	8	BEST12.	BEST32.
994	annexin_II	Num	8	BEST12.	BEST32.
995	ARMEL	Num	8	BEST12.	BEST32.
996	ARP19	Num	8	BEST12.	BEST32.
997	ARTS1	Num	8	BEST12.	BEST32.
998	ATP_synthase_beta_chain	Num	8	BEST12.	BEST32.
999	C1QBP	Num	8	BEST12.	BEST32.
1000	CAPG	Num	8	BEST12.	BEST32.
1001	Carbonic_anhydrase_I	Num	8	BEST12.	BEST32.
1002	carbonic_anhydrase_II	Num	8	BEST12.	BEST32.
1003	CATZ	Num	8	BEST12.	BEST32.
1004	cIAP_2	Num	8	BEST12.	BEST32.
1005	CRK	Num	8	BEST12.	BEST32.
1006	DBNL	Num	8	BEST12.	BEST32.
1007	DERM	Num	8	BEST12.	BEST32.
1008	DSC3	Num	8	BEST12.	BEST32.
1009	Elafin	Num	8	BEST12.	BEST32.
1010	ERP29	Num	8	BEST12.	BEST32.
1011	Esterase_D	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1012	FABPE	Num	8	BEST12.	BEST32.
1013	FAK1	Num	8	BEST12.	BEST32.
1014	FCAR	Num	8	BEST12.	BEST32.
1015	FGFR4	Num	8	BEST12.	BEST32.
1016	Fibrinogen_g_chain_dimer	Num	8	BEST12.	BEST32.
1017	GP1BA	Num	8	BEST12.	BEST32.
1018	GPC5	Num	8	BEST12.	BEST32.
1019	GRN	Num	8	BEST12.	BEST32.
1020	GSTA3	Num	8	BEST12.	BEST32.
1021	hnRNP_K	Num	8	BEST12.	BEST32.
1022	HPG_	Num	8	BEST12.	BEST32.
1023	HRG	Num	8	BEST12.	BEST32.
1024	IF4A3	Num	8	BEST12.	BEST32.
1025	JAK2	Num	8	BEST12.	BEST32.
1026	LG3BP	Num	8	BEST12.	BEST32.
1027	Mammaglobin_2	Num	8	BEST12.	BEST32.
1028	MMP_14	Num	8	BEST12.	BEST32.
1029	MK11	Num	8	BEST12.	BEST32.
1030	MK12	Num	8	BEST12.	BEST32.
1031	MK13	Num	8	BEST12.	BEST32.
1032	MAPK14	Num	8	BEST12.	BEST32.
1033	Mn_SOD	Num	8	BEST12.	BEST32.
1034	Moesin	Num	8	BEST12.	BEST32.
1035	PBEF	Num	8	BEST12.	BEST32.
1036	Myokinase_human	Num	8	BEST12.	BEST32.
1037	NCC27	Num	8	BEST12.	BEST32.
1038	NCK1	Num	8	BEST12.	BEST32.
1039	PAFAH	Num	8	BEST12.	BEST32.
1040	PARK7	Num	8	BEST12.	BEST32.
1041	Peroxiredoxin_5	Num	8	BEST12.	BEST32.
1042	Peroxiredoxin_6	Num	8	BEST12.	BEST32.
1043	PGP9_5	Num	8	BEST12.	BEST32.
1044	phosphoglycerate_kinase_1	Num	8	BEST12.	BEST32.
1045	PPase	Num	8	BEST12.	BEST32.
1046	PUR8	Num	8	BEST12.	BEST32.
1047	Rb	Num	8	BEST12.	BEST32.
1048	RS3	Num	8	BEST12.	BEST32.
1049	sCD163	Num	8	BEST12.	BEST32.
1050	SEPR	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1051	SIRT2	Num	8	BEST12.	BEST32.
1052	SPTA2	Num	8	BEST12.	BEST32.
1053	SSRP1	Num	8	BEST12.	BEST32.
1054	Tropomyosin_1_alpha_chain	Num	8	BEST12.	BEST32.
1055	Trypsin_2	Num	8	BEST12.	BEST32.
1056	TS	Num	8	BEST12.	BEST32.
1057	TSG_6	Num	8	BEST12.	BEST32.
1058	B7_H1	Num	8	BEST12.	BEST32.
1059	B7_H2	Num	8	BEST12.	BEST32.
1060	CD226	Num	8	BEST12.	BEST32.
1061	CD244	Num	8	BEST12.	BEST32.
1062	CD83	Num	8	BEST12.	BEST32.
1063	CLM6	Num	8	BEST12.	BEST32.
1064	CRTAM	Num	8	BEST12.	BEST32.
1065	DAF	Num	8	BEST12.	BEST32.
1066	DcR3	Num	8	BEST12.	BEST32.
1067	EPHAA	Num	8	BEST12.	BEST32.
1068	EPHB2	Num	8	BEST12.	BEST32.
1069	EphB6	Num	8	BEST12.	BEST32.
1070	GPNMB	Num	8	BEST12.	BEST32.
1071	IL_1_sR9	Num	8	BEST12.	BEST32.
1072	IL_17B_R	Num	8	BEST12.	BEST32.
1073	IL_20_Ra	Num	8	BEST12.	BEST32.
1074	IL_22BP	Num	8	BEST12.	BEST32.
1075	IL_23_R	Num	8	BEST12.	BEST32.
1076	IL_7_Ra	Num	8	BEST12.	BEST32.
1077	ILT_2	Num	8	BEST12.	BEST32.
1078	ILT_4	Num	8	BEST12.	BEST32.
1079	JAG1	Num	8	BEST12.	BEST32.
1080	JAG2	Num	8	BEST12.	BEST32.
1081	JAML1	Num	8	BEST12.	BEST32.
1082	KI2L4	Num	8	BEST12.	BEST32.
1083	KI3L2	Num	8	BEST12.	BEST32.
1084	KI3S1	Num	8	BEST12.	BEST32.
1085	KLRF1	Num	8	BEST12.	BEST32.
1086	LAG_3	Num	8	BEST12.	BEST32.
1087	LIMP_II	Num	8	BEST12.	BEST32.
1088	MICB	Num	8	BEST12.	BEST32.
1089	MO2R1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1090	NKp46	Num	8	BEST12.	BEST32.
1091	Nogo_Receptor	Num	8	BEST12.	BEST32.
1092	NOTC2	Num	8	BEST12.	BEST32.
1093	Notch_1	Num	8	BEST12.	BEST32.
1094	Notch_3	Num	8	BEST12.	BEST32.
1095	Nr_CAM	Num	8	BEST12.	BEST32.
1096	NRX1B	Num	8	BEST12.	BEST32.
1097	NRX3B	Num	8	BEST12.	BEST32.
1098	OX2G	Num	8	BEST12.	BEST32.
1099	Prolactin_Receptor	Num	8	BEST12.	BEST32.
1100	RELT	Num	8	BEST12.	BEST32.
1101	ROBO2	Num	8	BEST12.	BEST32.
1102	ROBO3	Num	8	BEST12.	BEST32.
1103	SEM6B	Num	8	BEST12.	BEST32.
1104	Semaphorin_6A	Num	8	BEST12.	BEST32.
1105	sICAM_5	Num	8	BEST12.	BEST32.
1106	SIG14	Num	8	BEST12.	BEST32.
1107	SLAF6	Num	8	BEST12.	BEST32.
1108	SREC_I	Num	8	BEST12.	BEST32.
1109	SREC_II	Num	8	BEST12.	BEST32.
1110	TAJ	Num	8	BEST12.	BEST32.
1111	TCCR	Num	8	BEST12.	BEST32.
1112	TGF_b_R_II	Num	8	BEST12.	BEST32.
1113	TIMD3	Num	8	BEST12.	BEST32.
1114	TWEAKR	Num	8	BEST12.	BEST32.
1115	UNC5H3	Num	8	BEST12.	BEST32.
1116	UNC5H4	Num	8	BEST12.	BEST32.
1117	PDE7A	Num	8	BEST12.	BEST32.
1118	AMPK_alb1gl	Num	8	BEST12.	BEST32.
1119	K_ras	Num	8	BEST12.	BEST32.
1120	NMT1	Num	8	BEST12.	BEST32.
1121	PDE9A	Num	8	BEST12.	BEST32.
1122	PPID	Num	8	BEST12.	BEST32.
1123	PSME3	Num	8	BEST12.	BEST32.
1124	GCKR	Num	8	BEST12.	BEST32.
1125	CK2_A1_B	Num	8	BEST12.	BEST32.
1126	CK2_A2_B	Num	8	BEST12.	BEST32.
1127	PDK1	Num	8	BEST12.	BEST32.
1128	KIF23	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1129	IMDH1	Num	8	BEST12.	BEST32.
1130	HMGR	Num	8	BEST12.	BEST32.
1131	PCSK9	Num	8	BEST12.	BEST32.
1132	NR1D1	Num	8	BEST12.	BEST32.
1133	PPIE	Num	8	BEST12.	BEST32.
1134	MP2K4	Num	8	BEST12.	BEST32.
1135	JNK2	Num	8	BEST12.	BEST32.
1136	AMPK_a2b2g1	Num	8	BEST12.	BEST32.
1137	cGMP_stimulated_PDE	Num	8	BEST12.	BEST32.
1138	Cyclophilin_F	Num	8	BEST12.	BEST32.
1139	DRAK2	Num	8	BEST12.	BEST32.
1140	IMDH2	Num	8	BEST12.	BEST32.
1141	PDE11	Num	8	BEST12.	BEST32.
1142	PDE1A	Num	8	BEST12.	BEST32.
1143	PDE3A	Num	8	BEST12.	BEST32.
1144	PDE4D	Num	8	BEST12.	BEST32.
1145	PDE5A	Num	8	BEST12.	BEST32.
1146	TAK1_TAB1	Num	8	BEST12.	BEST32.
1147	TYK2	Num	8	BEST12.	BEST32.
1148	ABL2	Num	8	BEST12.	BEST32.
1149	BCAR3	Num	8	BEST12.	BEST32.
1150	calreticulin	Num	8	BEST12.	BEST32.
1151	GRB2_related_adapter_protein_2	Num	8	BEST12.	BEST32.
1152	MMP_16	Num	8	BEST12.	BEST32.
1153	RAC3	Num	8	BEST12.	BEST32.
1154	SHC1	Num	8	BEST12.	BEST32.
1155	VAV	Num	8	BEST12.	BEST32.
1156	GHC2	Num	8	BEST12.	BEST32.
1157	Eotaxin	Num	8	BEST12.	BEST32.
1158	Coagulation_Factor_IXab	Num	8	BEST12.	BEST32.
1159	Elastase	Num	8	BEST12.	BEST32.
1160	Apo_E2	Num	8	BEST12.	BEST32.
1161	Troponin_T	Num	8	BEST12.	BEST32.
1162	Prothrombin	Num	8	BEST12.	BEST32.
1163	EGFRvIII	Num	8	BEST12.	BEST32.
1164	annexin_VI	Num	8	BEST12.	BEST32.
1165	B7_2	Num	8	BEST12.	BEST32.
1166	calgranulin_B	Num	8	BEST12.	BEST32.
1167	Caspase_10	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1168	CBPE	Num	8	BEST12.	BEST32.
1169	CKAP2	Num	8	BEST12.	BEST32.
1170	CPNE1	Num	8	BEST12.	BEST32.
1171	Cyclin_B1	Num	8	BEST12.	BEST32.
1172	DLL1	Num	8	BEST12.	BEST32.
1173	GPC6	Num	8	BEST12.	BEST32.
1174	hnRNP_A2_B1	Num	8	BEST12.	BEST32.
1175	HVEM	Num	8	BEST12.	BEST32.
1176	IL_1Ra	Num	8	BEST12.	BEST32.
1177	Keratin_18	Num	8	BEST12.	BEST32.
1178	LIGHT	Num	8	BEST12.	BEST32.
1179	MIF	Num	8	BEST12.	BEST32.
1180	NLGNX	Num	8	BEST12.	BEST32.
1181	OMD	Num	8	BEST12.	BEST32.
1182	PIM1	Num	8	BEST12.	BEST32.
1183	PKB_beta	Num	8	BEST12.	BEST32.
1184	Semaphorin_3E	Num	8	BEST12.	BEST32.
1185	SET	Num	8	BEST12.	BEST32.
1186	BAFF_Receptor	Num	8	BEST12.	BEST32.
1187	BRF_1	Num	8	BEST12.	BEST32.
1188	Fas_soluble	Num	8	BEST12.	BEST32.
1189	sLeptin_R	Num	8	BEST12.	BEST32.
1190	DR6	Num	8	BEST12.	BEST32.
1191	CAD15	Num	8	BEST12.	BEST32.
1192	CD27	Num	8	BEST12.	BEST32.
1193	RANK	Num	8	BEST12.	BEST32.
1194	SHPS1	Num	8	BEST12.	BEST32.
1195	FABP	Num	8	BEST12.	BEST32.
1196	Troponin_I_skeletal_fast_twit	Num	8	BEST12.	BEST32.
1197	Troponin_I	Num	8	BEST12.	BEST32.
1198	ANP	Num	8	BEST12.	BEST32.
1199	ALCAM	Num	8	BEST12.	BEST32.
1200	ASGR1	Num	8	BEST12.	BEST32.
1201	CNDP1	Num	8	BEST12.	BEST32.
1202	COLEC12	Num	8	BEST12.	BEST32.
1203	CYTN	Num	8	BEST12.	BEST32.
1204	DEAD_box_protein_19B	Num	8	BEST12.	BEST32.
1205	Ficolin_3	Num	8	BEST12.	BEST32.
1206	GAS1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1207	GRB2_adapter_protein	Num	8	BEST12.	BEST32.
1208	H6ST1	Num	8	BEST12.	BEST32.
1209	HSP_90b	Num	8	BEST12.	BEST32.
1210	IL_17_RC	Num	8	BEST12.	BEST32.
1211	MED_1	Num	8	BEST12.	BEST32.
1212	PKC_B_II	Num	8	BEST12.	BEST32.
1213	PKC_G	Num	8	BEST12.	BEST32.
1214	PSMA	Num	8	BEST12.	BEST32.
1215	RANTES	Num	8	BEST12.	BEST32.
1216	RASA1	Num	8	BEST12.	BEST32.
1217	RBP	Num	8	BEST12.	BEST32.
1218	RGMA	Num	8	BEST12.	BEST32.
1219	RS3A	Num	8	BEST12.	BEST32.
1220	sICAM_2	Num	8	BEST12.	BEST32.
1221	SLAF7	Num	8	BEST12.	BEST32.
1222	SRCN1	Num	8	BEST12.	BEST32.
1223	Stress_induced_phosphoprotein_1	Num	8	BEST12.	BEST32.
1224	Testican_1	Num	8	BEST12.	BEST32.
1225	Testican_2	Num	8	BEST12.	BEST32.
1226	WNK3	Num	8	BEST12.	BEST32.
1227	RUXF	Num	8	BEST12.	BEST32.
1228	Cathepsin_D	Num	8	BEST12.	BEST32.
1229	EGF	Num	8	BEST12.	BEST32.
1230	GITR	Num	8	BEST12.	BEST32.
1231	bFGF_R	Num	8	BEST12.	BEST32.
1232	TRAIL_R2	Num	8	BEST12.	BEST32.
1233	NRP1	Num	8	BEST12.	BEST32.
1234	AFP	Num	8	BEST12.	BEST32.
1235	BID	Num	8	BEST12.	BEST32.
1236	b_NGF	Num	8	BEST12.	BEST32.
1237	C3d	Num	8	BEST12.	BEST32.
1238	CD70	Num	8	BEST12.	BEST32.
1239	Cripto	Num	8	BEST12.	BEST32.
1240	Epo	Num	8	BEST12.	BEST32.
1241	GDNF	Num	8	BEST12.	BEST32.
1242	IFN_g_R1	Num	8	BEST12.	BEST32.
1243	IL_9	Num	8	BEST12.	BEST32.
1244	LIF_sR	Num	8	BEST12.	BEST32.
1245	NG36	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1246	Noggin	Num	8	BEST12.	BEST32.
1247	S100A12	Num	8	BEST12.	BEST32.
1248	tau	Num	8	BEST12.	BEST32.
1249	_14_3_3_protein_zeta_delta	Num	8	BEST12.	BEST32.
1250	_3HAO	Num	8	BEST12.	BEST32.
1251	aldolase_A	Num	8	BEST12.	BEST32.
1252	ARGI1	Num	8	BEST12.	BEST32.
1253	BAD	Num	8	BEST12.	BEST32.
1254	Dynactin_subunit_2	Num	8	BEST12.	BEST32.
1255	EF_1_beta	Num	8	BEST12.	BEST32.
1256	eIF_4H	Num	8	BEST12.	BEST32.
1257	eIF_5A_1	Num	8	BEST12.	BEST32.
1258	Gastrin_releasing_peptide	Num	8	BEST12.	BEST32.
1259	HINT1	Num	8	BEST12.	BEST32.
1260	HSP70_protein_8	Num	8	BEST12.	BEST32.
1261	Nucleoside_diphosphate_kinase_A	Num	8	BEST12.	BEST32.
1262	PEX5	Num	8	BEST12.	BEST32.
1263	PSME1	Num	8	BEST12.	BEST32.
1264	S100A7	Num	8	BEST12.	BEST32.
1265	WISP_3	Num	8	BEST12.	BEST32.
1266	Ferritin	Num	8	BEST12.	BEST32.
1267	TNF_a	Num	8	BEST12.	BEST32.
1268	TWEAK	Num	8	BEST12.	BEST32.
1269	Tpo	Num	8	BEST12.	BEST32.
1270	PTH	Num	8	BEST12.	BEST32.
1271	Somatostatin_28	Num	8	BEST12.	BEST32.
1272	MP2K3	Num	8	BEST12.	BEST32.
1273	p53	Num	8	BEST12.	BEST32.
1274	PolyUbiquitin_K48	Num	8	BEST12.	BEST32.
1275	PolyUbiquitin_K63	Num	8	BEST12.	BEST32.
1276	NET1	Num	8	BEST12.	BEST32.
1277	CD47	Num	8	BEST12.	BEST32.
1278	ANK2	Num	8	BEST12.	BEST32.
1279	_14_3_3_protein_theta	Num	8	BEST12.	BEST32.
1280	CREL1	Num	8	BEST12.	BEST32.
1281	Lectin__mannose_binding_2	Num	8	BEST12.	BEST32.
1282	LRP1B	Num	8	BEST12.	BEST32.
1283	MYPC1	Num	8	BEST12.	BEST32.
1284	N_terminal_pro_BNP	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1285	Tropomyosin_4	Num	8	BEST12.	BEST32.
1286	PACAP_27	Num	8	BEST12.	BEST32.
1287	ghrelin	Num	8	BEST12.	BEST32.
1288	PACAP_38	Num	8	BEST12.	BEST32.
1289	a_Synuclein	Num	8	BEST12.	BEST32.
1290	BMP_6	Num	8	BEST12.	BEST32.
1291	HGH	Num	8	BEST12.	BEST32.
1292	SOD3	Num	8	BEST12.	BEST32.
1293	RSPO4	Num	8	BEST12.	BEST32.
1294	Cathepsin_H	Num	8	BEST12.	BEST32.
1295	Activin_AB	Num	8	BEST12.	BEST32.
1296	PSA	Num	8	BEST12.	BEST32.
1297	IGFBP_2	Num	8	BEST12.	BEST32.
1298	RNase_H1	Num	8	BEST12.	BEST32.
1299	ROR1	Num	8	BEST12.	BEST32.
1300	CgA	Num	8	BEST12.	BEST32.
1301	MMP_10	Num	8	BEST12.	BEST32.
1302	FBLN3	Num	8	BEST12.	BEST32.
1303	Leptin	Num	8	BEST12.	BEST32.
1304	KEAP1	Num	8	BEST12.	BEST32.
1305	gpIbIIIa	Num	8	BEST12.	BEST32.
1306	Eotaxin_3	Num	8	BEST12.	BEST32.
1307	SUMO3	Num	8	BEST12.	BEST32.
1308	IL_17	Num	8	BEST12.	BEST32.
1309	CSRP3	Num	8	BEST12.	BEST32.
1310	MMP_8	Num	8	BEST12.	BEST32.
1311	PGM1	Num	8	BEST12.	BEST32.
1312	DSCAM	Num	8	BEST12.	BEST32.
1313	MUC1	Num	8	BEST12.	BEST32.
1314	FAM3B	Num	8	BEST12.	BEST32.
1315	NEUREGULIN_1	Num	8	BEST12.	BEST32.
1316	INGR2	Num	8	BEST12.	BEST32.
1317	sLRP1	Num	8	BEST12.	BEST32.
1318	IFN_a_b_R1	Num	8	BEST12.	BEST32.
1319	TFF1	Num	8	BEST12.	BEST32.
1320	HMGN1	Num	8	BEST12.	BEST32.
1321	MIG	Num	8	BEST12.	BEST32.
1322	CD63	Num	8	BEST12.	BEST32.
1323	Trefoil_factor_2	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
1324	Galectin_7	Num	8	BEST12.	BEST32.
1325	LEG9	Num	8	BEST12.	BEST32.
1326	UB2G2	Num	8	BEST12.	BEST32.
1327	Transgelin_2	Num	8	BEST12.	BEST32.
1328	ATPO	Num	8	BEST12.	BEST32.
1329	Corticotropin_lipotropin	Num	8	BEST12.	BEST32.
1330	QORL1	Num	8	BEST12.	BEST32.
1331	PEDF	Num	8	BEST12.	BEST32.
1332	CATF	Num	8	BEST12.	BEST32.
1333	FTCD	Num	8	BEST12.	BEST32.
1334	UBP25	Num	8	BEST12.	BEST32.
1335	PLXB2	Num	8	BEST12.	BEST32.

Data Set Name: organ_based_pilot.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	record_id	Num	8	BEST12.	BEST32.
2	redcap_survey_identifier	Char	1	\$1.	\$1.
3	dev1	Num	8	BEST12.	BEST32.
4	dev2	Num	8	BEST12.	BEST32.
5	decong	Char	1	\$1.	\$1.
6	dev3	Num	8	BEST12.	BEST32.
7	dev4	Num	8	BEST12.	BEST32.
8	dev5	Num	8	BEST12.	BEST32.
9	notes2	Char	1	\$1.	\$1.
10	general_deviations_complete	Num	8	BEST12.	BEST32.
11	urodyndte	Num	8	MMDDYY10.	MMDDYY10.
12	uroflowtime	Num	8	TIME20.3	TIME20.3
13	frstvoid	Num	8	BEST12.	BEST32.
14	fstvdttime	Num	8	TIME20.3	TIME20.3
15	fstvdvol	Num	8	BEST12.	BEST32.
16	flowrt	Num	8	BEST12.	BEST32.
17	maxflowrt	Num	8	BEST12.	BEST32.
18	voiddur	Num	8	BEST12.	BEST32.
19	residvol	Num	8	BEST12.	BEST32.
20	uroflowend	Num	8	TIME20.3	TIME20.3
21	uruoflowtime	Char	5	\$5.	\$5.
22	timupp	Num	8	TIME20.3	TIME20.3
23	first_press	Num	8	BEST12.	BEST32.
24	vesicalpres	Num	8	BEST12.	BEST32.
25	urethpress	Num	8	BEST12.	BEST32.
26	max	Num	8	BEST12.	BEST32.
27	calculmax	Num	8	BEST12.	BEST32.
28	max_urethr	Num	8	BEST12.	BEST32.
29	ndabd	Num	8	BEST12.	BEST32.
30	ndpves	Num	8	BEST12.	BEST32.
31	ndureth	Num	8	BEST12.	BEST32.
32	sndmax	Num	8	BEST12.	BEST32.
33	sndcalc	Num	8	BEST12.	BEST32.
34	sndmaxureth	Num	8	BEST12.	BEST32.
35	trdabd	Num	8	BEST12.	BEST32.
36	trdvespr	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
37	trdureth	Num	8	BEST12.	BEST32.
38	trdmax	Num	8	BEST12.	BEST32.
39	trdcal	Num	8	BEST12.	BEST32.
40	trdmaxuret	Num	8	BEST12.	BEST32.
41	endupp	Num	8	TIME20.3	TIME20.3
42	overallupp	Num	8	BEST12.	BEST32.
43	startmaxucp	Num	8	TIME20.3	TIME20.3
44	onerestpr	Num	8	BEST12.	BEST32.
45	onepkpres	Num	8	BEST12.	BEST32.
46	sndrestpr	Num	8	BEST12.	BEST32.
47	sndpkpres	Num	8	BEST12.	BEST32.
48	trdrestpr	Num	8	BEST12.	BEST32.
49	trdpkpres	Num	8	BEST12.	BEST32.
50	frtrstpres	Char	1	\$1.	\$1.
51	fthpkpres	Char	1	\$1.	\$1.
52	calibconf	Num	8	BEST12.	BEST32.
53	calibconfneg	Num	8	BEST12.	BEST32.
54	stoptimmaxclos	Num	8	TIME20.3	TIME20.3
55	tottimmaxclos	Num	8	BEST12.	BEST32.
56	urettsttol	Num	8	BEST12.	BEST32.
57	startmfrcys	Num	8	TIME20.3	TIME20.3
58	bladder1	Num	8	BEST12.	BEST32.
59	bladder2	Num	8	BEST12.	BEST32.
60	bladder3	Num	8	BEST12.	BEST32.
61	urgency1	Char	1	\$1.	\$1.
62	urgency2	Char	1	\$1.	\$1.
63	urgency3	Char	1	\$1.	\$1.
64	pain1	Char	1	\$1.	\$1.
65	pain2	Char	1	\$1.	\$1.
66	burn3	Char	1	\$1.	\$1.
67	pain3	Char	1	\$1.	\$1.
68	pain4	Char	1	\$1.	\$1.
69	pdetchang	Char	1	\$1.	\$1.
70	stopvol	Num	8	BEST12.	BEST32.
71	stop1	Num	8	BEST12.	BEST32.
72	stop2	Num	8	BEST12.	BEST32.
73	stop3	Num	8	BEST12.	BEST32.
74	sttimmedfil	Num	8	TIME20.3	TIME20.3
75	totttime	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
76	medfilltol	Num	8	BEST12.	BEST32.
77	starttrfcys	Num	8	TIME20.3	TIME20.3
78	rapid1	Num	8	BEST12.	BEST32.
79	rapid2	Num	8	BEST12.	BEST32.
80	rapid3	Num	8	BEST12.	BEST32.
81	rapid4	Char	1	\$1.	\$1.
82	rapid5	Char	1	\$1.	\$1.
83	rapid6	Char	1	\$1.	\$1.
84	rapid7	Char	1	\$1.	\$1.
85	rapid8	Char	1	\$1.	\$1.
86	rapid9	Char	1	\$1.	\$1.
87	rapidlk	Num	8	BEST12.	BEST32.
88	do1	Char	1	\$1.	\$1.
89	do2	Char	1	\$1.	\$1.
90	rappvr	Num	8	BEST12.	BEST32.
91	rapstop	Num	8	TIME20.3	TIME20.3
92	raptot	Num	8	BEST12.	BEST32.
93	raptoler	Num	8	BEST12.	BEST32.
94	startcoldfill	Num	8	TIME20.3	TIME20.3
95	saline1	Num	8	BEST12.	BEST32.
96	saline2	Num	8	BEST12.	BEST32.
97	saline3	Num	8	BEST12.	BEST32.
98	saline4	Char	1	\$1.	\$1.
99	saline5	Char	1	\$1.	\$1.
100	saline6	Char	1	\$1.	\$1.
101	saline7	Char	1	\$1.	\$1.
102	saline8	Char	1	\$1.	\$1.
103	saline9	Num	8	BEST12.	BEST32.
104	saline10	Num	8	BEST12.	BEST32.
105	do6	Char	1	\$1.	\$1.
106	do7	Char	1	\$1.	\$1.
107	do8	Num	8	BEST12.	BEST32.
108	do9	Num	8	BEST12.	BEST32.
109	do12	Num	8	BEST12.	BEST32.
110	coldfillstop	Num	8	TIME20.3	TIME20.3
111	coldfilltottim	Num	8	BEST12.	BEST32.
112	coldfilltol	Num	8	BEST12.	BEST32.
113	starttimlid	Num	8	TIME20.3	TIME20.3
114	lido1	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
115	lido2	Num	8	BEST12.	BEST32.
116	lido3	Num	8	BEST12.	BEST32.
117	lido4	Char	1	\$1.	\$1.
118	lido5	Char	1	\$1.	\$1.
119	lido6	Char	1	\$1.	\$1.
120	lido7	Char	1	\$1.	\$1.
121	lido8	Char	1	\$1.	\$1.
122	lido9	Char	1	\$1.	\$1.
123	lidleak	Num	8	BEST12.	BEST32.
124	do13	Char	1	\$1.	\$1.
125	do14	Char	1	\$1.	\$1.
126	do15	Num	8	BEST12.	BEST32.
127	do16	Char	1	\$1.	\$1.
128	do17	Num	8	BEST12.	BEST32.
129	do18	Num	8	BEST12.	BEST32.
130	lidstop	Num	8	TIME20.3	TIME20.3
131	lidtot	Num	8	BEST12.	BEST32.
132	lidtol	Num	8	BEST12.	BEST32.
133	lidrafilstart	Num	8	TIME20.3	TIME20.3
134	lirap1	Num	8	BEST12.	BEST32.
135	lipap2	Num	8	BEST12.	BEST32.
136	liprap3	Num	8	BEST12.	BEST32.
137	liprap4	Char	1	\$1.	\$1.
138	liprap5	Char	1	\$1.	\$1.
139	liprap6	Char	1	\$1.	\$1.
140	lidrap7	Char	1	\$1.	\$1.
141	lidrap8	Char	1	\$1.	\$1.
142	lidrap9	Char	1	\$1.	\$1.
143	lidrap10	Num	8	BEST12.	BEST32.
144	lidrap11	Char	1	\$1.	\$1.
145	lidrap12	Char	1	\$1.	\$1.
146	lidrap13	Num	8	BEST12.	BEST32.
147	lidrap14	Char	1	\$1.	\$1.
148	lidrap15	Num	8	BEST12.	BEST32.
149	lidrap16	Num	8	BEST12.	BEST32.
150	lidrap17	Num	8	TIME20.3	TIME20.3
151	lidrap18	Num	8	BEST12.	BEST32.
152	lidrap19	Num	8	BEST12.	BEST32.
153	lidclfst	Num	8	TIME20.3	TIME20.3

Num	Variable	Type	Len	Format	Informat
154	lidclf1	Num	8	BEST12.	BEST32.
155	lidclf2	Num	8	BEST12.	BEST32.
156	lidclf3	Num	8	BEST12.	BEST32.
157	lidclf4	Char	1	\$1.	\$1.
158	lidclf5	Char	1	\$1.	\$1.
159	lidclf6	Char	1	\$1.	\$1.
160	lidclf17	Char	1	\$1.	\$1.
161	lidclf18	Char	1	\$1.	\$1.
162	lidclf19	Char	1	\$1.	\$1.
163	lidclf20	Num	8	BEST12.	BEST32.
164	lidclf21	Char	1	\$1.	\$1.
165	lidclf22	Char	1	\$1.	\$1.
166	lidclf23	Num	8	BEST12.	BEST32.
167	lidclf24	Char	1	\$1.	\$1.
168	lidclf25	Num	8	BEST12.	BEST32.
169	lidclf26	Num	8	BEST12.	BEST32.
170	lidclf27	Num	8	BEST12.	BEST32.
171	lidclf28	Num	8	BEST12.	BEST32.
172	lidclf29	Num	8	BEST12.	BEST32.
173	lidclf30	Num	8	TIME20.3	TIME20.3
174	lidclf31	Num	8	BEST12.	BEST32.
175	lidclf32	Num	8	BEST12.	BEST32.
176	notes3	Char	1	\$1.	\$1.
177	uds_procedures_complete	Num	8	BEST12.	BEST32.
178	lurn_survey_timestamp	Char	1	\$1.	\$1.
179	times	Num	8	BEST12.	BEST32.
180	cath	Char	1	\$1.	\$1.
181	cystoscopy	Char	1	\$1.	\$1.
182	consent	Char	1	\$1.	\$1.
183	othinfo	Char	1	\$1.	\$1.
184	instruct	Char	1	\$1.	\$1.
185	exploth	Char	1	\$1.	\$1.
186	anxious	Num	8	BEST12.	BEST32.
187	afraid	Num	8	BEST12.	BEST32.
188	embarrassed	Num	8	BEST12.	BEST32.
189	uncomfortable	Num	8	BEST12.	BEST32.
190	uti	Num	8	BEST12.	BEST32.
191	nausea	Num	8	BEST12.	BEST32.
192	dizzy	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
193	hot	Num	8	BEST12.	BEST32.
194	physical	Char	1	\$1.	\$1.
195	compensation	Char	1	\$1.	\$1.
196	share	Char	138	\$138.	\$138.
197	lurn_survey_complete	Num	8	BEST12.	BEST32.
198	age	Num	8	BEST12.	BEST32.
199	frequency	Num	8	BEST12.	BEST32.
200	nocturia	Num	8	BEST12.	BEST32.
201	urgency	Num	8	BEST12.	BEST32.
202	urgleaking	Num	8	BEST12.	BEST32.
203	leaking	Num	8	BEST12.	BEST32.
204	prolapse	Num	8	BEST12.	BEST32.
205	urinaryinfection	Num	8	BEST12.	BEST32.
206	neurol	Num	8	BEST12.	BEST32.
207	paincystit	Num	8	BEST12.	BEST32.
208	antichlo	Num	8	BEST12.	BEST32.
209	preg	Num	8	BEST12.	BEST32.
210	caffalc	Num	8	BEST12.	BEST32.
211	nicot	Num	8	BEST12.	BEST32.
212	antichol	Num	8	BEST12.	BEST32.
213	painmed	Num	8	BEST12.	BEST32.
214	telephone_screening_crf_complete	Num	8	BEST12.	BEST32.
215	consentdate	Num	8	MMDDYY10.	MMDDYY10.
216	dob	Num	8	MMDDYY10.	MMDDYY10.
217	race	Num	8	BEST12.	BEST32.
218	othrac	Char	1	\$1.	\$1.
219	ethnic	Num	8	BEST12.	BEST32.
220	educat	Num	8	BEST12.	BEST32.
221	marit	Num	8	BEST12.	BEST32.
222	luts	Num	8	BEST12.	BEST32.
223	aua	Num	8	BEST12.	BEST32.
224	pvr	Num	8	BEST12.	BEST32.
225	pregbf	Num	8	BEST12.	BEST32.
226	excondd__a	Num	8	BEST12.	BEST32.
227	excondd__b	Num	8	BEST12.	BEST32.
228	excondd__c	Num	8	BEST12.	BEST32.
229	excondd__d	Num	8	BEST12.	BEST32.
230	othexp	Char	1	\$1.	\$1.
231	neurolimp	Num	8	BEST12.	BEST32.

Num	Variable	Type	Len	Format	Informat
232	lidoc	Num	8	BEST12.	BEST32.
233	prolaphym	Num	8	BEST12.	BEST32.
234	urinedip	Num	8	BEST12.	BEST32.
235	intcysblpain	Num	8	BEST12.	BEST32.
236	pregtest__1	Num	8	BEST12.	BEST32.
237	pregtest__2	Num	8	BEST12.	BEST32.
238	pregtest__3	Num	8	BEST12.	BEST32.
239	pregtestno	Char	1	\$1.	\$1.
240	meds	Char	187	\$187.	\$187.
241	screening_crfdemogrmedical_hx_co	Num	8	BEST12.	BEST32.
242	saedate	Char	1	\$1.	\$1.
243	saestdat	Char	1	\$1.	\$1.
244	saeend	Char	1	\$1.	\$1.
245	icd10	Char	1	\$1.	\$1.
246	saeseverity	Char	1	\$1.	\$1.
247	saepatt	Char	1	\$1.	\$1.
248	saerelated	Char	1	\$1.	\$1.
249	howrelated	Char	1	\$1.	\$1.
250	saeactions__1	Num	8	BEST12.	BEST32.
251	saeactions__2	Num	8	BEST12.	BEST32.
252	saeactions__3	Num	8	BEST12.	BEST32.
253	saeactions__4	Num	8	BEST12.	BEST32.
254	saeactions__5	Num	8	BEST12.	BEST32.
255	saeactions__6	Num	8	BEST12.	BEST32.
256	saecond__1	Num	8	BEST12.	BEST32.
257	saecond__2	Num	8	BEST12.	BEST32.
258	saecond__3	Num	8	BEST12.	BEST32.
259	saecond__4	Num	8	BEST12.	BEST32.
260	saecond__5	Num	8	BEST12.	BEST32.
261	saecond__6	Num	8	BEST12.	BEST32.
262	saeexp	Char	1	\$1.	\$1.
263	pireview	Char	1	\$1.	\$1.
264	pirevdt	Char	1	\$1.	\$1.
265	sae_form_complete	Num	8	BEST12.	BEST32.

Label

Record ID

Survey Identifier

1. Was the order of testing for the day reversed (bladder testing was done before urethral testing)?

Label
2. Did the participant consume over-the-counter analgesics (NSAIDs, acetaminophen), muscle relaxants, within 24 hours prior to testing?
3. Did the participant consume over the counter nasal decongestants such as (pseudoephedrine, phenylephrine, diphenhydramine) one week prior to testing?
4. Did the participant consume alcohol within 24 hours prior to testing?
5. Did the participant consume caffeine within 6 hours prior to testing?
6. Did the participant use nicotine within 2 hours prior to testing?
Notes
Complete?
Date of Urodynamic Study:
1a. Start of Uroflow: time
1b. First void completed?
1c. First void time (H:M):
1d. First void volume
1e. Flow rate (ml/sec):
1f, Maximum flow rate (ml/sec):
1g. voiding duration (sec):
Residual volume (ml)
End of Uroflow:
Time to complete Uroflow:
Start of Urethral pressure profile time:
Abdominal pressure
Vesical pressure
Urethral pressure
Max Pclo
Calculate: $\max P_{ur} - P_{ves} = \max P_{clo}$
Max Urethral length (UPP start-UPP finish)
Abdominal pressure (Pabd)
Vesical pressure (Pves)
Urethral pressure (Pur)
max Pclo
Calculate: $\max P_{ur} - P_{ves} = P_{clo}$
Max Urethral length (UPP start-UPP finish)
Abdominal pressure (Pabd)
Vesical pressure (Pves)
Urethral pressure (Pur)
max Pclo
Calculate: $\max P_{ur} - P_{ves} = \max P_{clo}$
Max Urethral length (UPP start-UPP finish)
End of Urethral pressure profile: time

Label
Overall time to complete 3 pulls of the urethral pressure profiles:
Start time for Maximum Urethral closure pressure testing:
Resting pressure 1
Peak pressure 1
Resting pressure 2
Peak pressure 2
Resting pressure 3
Peak pressure 3
Resting pressure 4
Peak pressure 4
Adequate
Non-Adequate
Stop time for Maximum closure urethral pressure testing:
Total time to perform maximum closure urethral pressure testing:
Urethral testing tolerability
Start time for Medium fill rate cystometry
Volume at First Sensation
Volume at First Desire to Void
Volume at strong Desire to Void
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Pain
Volume at irritation
Volume at burning
Volume at DO
Change of Pdet (max) from baseline
If had leakage, change of Pdet (max) from baseline
Volume prior to voiding
Pdet at minimum flow
Void Stream Flow Rate at minimum flow
Post void residual (ml)
Stop time for medium fill rate cystometry:
Total time for medium fill rate cystometry:
Medium Fill rate tolerability
Start time for rapid fill rate cystometry
Volume at First Sensation
Volume at First Desire to Void
Volume at Strong Desire to Void

Label
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Pain
Volume at irritation
Volume at burning
Did the subject have leakage or incontinence?
Volume at DO
Change of Pdet (max) from baseline
Post void residual (PVR)
Stop time for rapid fill rate cystometry
Total time for rapid fill rate cystometry:
Rapid Fill rate tolerability
Start time for cold fill rate cystometry:
Volume at First Sensation
Volume at First Desire to Void
Volume at Strong Desire to Void
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Pain
Volume at irritation
Volume at burning
Did the subject have leakage or incontinence?
Volume at DO
Change of Pdet (max) from baseline
Post void residual (PVR) (ml)
Did you feel a difference in sensation during the last test?
Was the cold sensation in your
Stop time for cold fill rate cystometry:
Total time for cold fill rate cystometry:
Cold fill Cystometry tolerability
Start time for post lidocaine medium fill rate cystometry:
Volume at First Sensation
Volume at First Desire to Void
Volume at Strong Desire to Void
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Urgency

Label
Volume at Sensation of Pain
Volume at irritation
Volume at burning
Did the subject have leakage or incontinence?
Volume at DO
Change of Pdet (max) from baseline
When the Lidocaine strong desire to void (above) was reached?
When the Normal Room Temperature Rapid Fill strong desire to void plus 50% (first fill) was reached?
Did the patient require a straight cath to void?
If no, Post void residual (PVR)
Stop time for lidocaine pretreatment medium fill rate cystometry:
Total time for lidocaine pretreatment medium fill rate cystometry:
Did this portion of the study need to be stopped because the patient could not tolerate any further testing and requested stopping the study?
Start time for post lidocaine rapid fill rate cystometry:
Volume at First Sensation
Volume at First Desire to Void
Volume at Strong Desire to Void
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Urgency
Volume at Sensation of Pain
Volume at irritation
Volume at burning
Did the subject have leakage or incontinence?
Volume at DO
Change of Pdet (max) from baseline
When the Lidocaine strong desire to void (above) was reached?
When the Normal Room Temperature Rapid Fill strong desire to void plus 50% (first fill) was reached?
Did the patient require straight cath to void?
If no, Post void residual (PVR)
Stop time for lidocaine pretreatment rapid fill cystometry:
Total time for lidocaine pretreatment rapid fill rate cystometry:
Lidocaine Pretreatment Rapid fill rate cystometry tolerability
Start time for post lidocaine cold fill rate cystometry:
Volume at First Sensation
Volume at First Desire to Void
Volume at Strong Desire to Void
Volume at Sensation of Urgency
Volume at Sensation of Urgency

Label
Volume at Sensation of Urgency
Volume at Sensation of Pain
Volume at irritation
Volume at burning
Did the subject have leakage or incontinence?
Volume at DO
Change of Pdet (max) from baseline
When the Lidocaine strong desire to void (above) was reached?
When the Normal Room Temperature Rapid Fill strong desire to void plus 50% (first fill) was reached?
Did the patient require straight cath to void?
If no, Post void residual (PVR)
Did you feel a difference in sensation during the last test?
If yes, 'Was there a cold sensation in your bladder?'
Was there a cold sensation in your urethra?
Stop time for post lidocaine cold fill cystometry:
Total time for post lidocaine cold fill rate cystometry
Did this portion of the study need to be stopped because the patient could not tolerate any further testing and requested stopping the study?
Notes
Complete?
Survey Timestamp
1. Before today, have you ever had a urodynamic test of your bladder?
2. Have you ever had a catheter (a urine tube) in your bladder at any time before today?
3. Did you ever have had a cystoscopy in the office before (A cystoscopy is where the doctor looked inside your bladder with a scope while you were awake):
4. How well did the consent document prepare you for what would happen during the study visit?
If not very well, please offer what information you would you have liked to know
5. During the study visit today, how well did the staff explain what would happen next?
If not very well, please offer what information you would have liked to know
Anxious
Afraid
Embarrassed
Uncomfortable
Worried that the test would cause a urinary tract infection (UTI)
Nauseated (like I was going to throw up)
Light-headed/dizzy
Hot/sweaty
7. The study was
8. Was the compensation appropriate for the study visit?
9. Is there anything else you would like to share with us about your experience in this study?

Label
Complete?
1. Are you over the age of 18?
2. How many times during waking hours do you urinate? More than 8 times?
3. During a typical night in the past month, how many times did you wake up because you needed to urinate? Is it greater than 1?
4. Do you have a sudden need to rush to urinate more than rarely?
5. Do you leak in connection with a sudden need to rush to urinate more than rarely?
6. Do you leak urine more than rarely?
7. Have you ever been told you have prolapse (falling) of your pelvic organs?
8. Do you have a urinary tract infection?
9. Do you have a neurologic condition such as myasthenia gravis, multiple sclerosis, Parkinson's Disease, or a stroke in the past 6 months?
10. Have you ever been diagnosed with 'painful bladder syndrome,' or interstitial cystitis?
11. Are you taking medications for urinary incontinence (loss of urine)?
12. Are you pregnant, breastfeeding, or less than or equal to 6 months postpartum?
13. Are you willing to give up caffeine for 6 hours and alcohol for 24 hours prior to the study visit?
14. Are you willing to abstain from nicotine use for 2 hours prior to the study visit.
15. Are you willing to stop taking medications that have anticholinergic activity (such as Benadryl and allergy medications) for one week prior to the study visit?
16. Are you willing to stop taking medications such as NSAIDS, acetaminophen, and muscle relaxants for 24 hours prior to the study visit?
Complete?
1. Date of written consent:
2. What is your date of birth?
3. What do you consider your race to be?
Other Race
4. Ethnicity
5. Education
6. Marital Status
7. Any Lower Urinary tract symptoms as defined by the specific questions and responses on the LUTS tool?
8. Does the subject have minimal to mild LUTS as described by the AUA symptom index (AUA < 7)?
9. Is the Post-void residual (PVR) over 150ml?
10. Pregnancy or less than or equal to 6 weeks postpartum or if breastfeeding?
11. Any condition making conduct of the extended urodynamic test sequence impractical or impossible, including but not limited to: (choice=Prior surgery to bladder, urethra, or vagina)
11. Any condition making conduct of the extended urodynamic test sequence impractical or impossible, including but not limited to: (choice=Prior rectal surgery)
11. Any condition making conduct of the extended urodynamic test sequence impractical or impossible, including but not limited to: (choice=Inability to stand for prolonged periods)
11. Any condition making conduct of the extended urodynamic test sequence impractical or impossible, including but not limited to: (choice=other)
Other explain:
12. Any Neurological impairment of any type such as Multiple sclerosis, myasthenia gravis, Parkinson's Disease, or stroke within the past 6 months.

Label
13. Lidocaine allergy or contraindication?
14. Pelvic organ prolapse past the hymen, determined at time of catheter placement during urodynamics
15. Positive urine dip (>+1 nitrites, >1+LE, or >1+blood) and urinary symptoms at the time of consent/UDS
16. Diagnosis of Intercystitis/Bladder pain Syndrome
17. Results of Pregnancy test: (choice=Negative)
17. Results of Pregnancy test: (choice=Positive)
17. Results of Pregnancy test: (choice=not done)
Pregnancy test not done (Reason)
18. Medications
Complete?
1. Date of this report
2. Start Date of Event:
3. End Date of Event:
4. ICD-10 Code:
5. Severity of event (assessed by PI):
6. Pattern of event:
7. Relatedness of event to study procedure:
8. If related, possible related, probably related, or remotely related, which study procedure?
9. Action(s) taken (check all that apply): (choice=None)
9. Action(s) taken (check all that apply): (choice=Additional meds)
9. Action(s) taken (check all that apply): (choice=Additional therapy)
9. Action(s) taken (check all that apply): (choice=Additional lab tests)
9. Action(s) taken (check all that apply): (choice=Hospitalization required)
9. Action(s) taken (check all that apply): (choice=Prolonged hospitalization required)
10. SAE condition (check all that apply): (choice=Death)
10. SAE condition (check all that apply): (choice=Life-threatening)
10. SAE condition (check all that apply): (choice=Inpatient/prolonged hospitalization)
10. SAE condition (check all that apply): (choice=Congenital anomaly or birth defect)
10. SAE condition (check all that apply): (choice=Persistent/significant disability or incapacity)
10. SAE condition (check all that apply): (choice=Medically important condition)
11. Is this an expected SAE?
12. Has Principal investigator reviewed this report?
13. Date of PI review:
Complete?

Data Set Name: auditorysensitivity.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	EventTitle	Char	100	\$100.	EventTitle
8	EventDate	Num	8	MMDDYY8.	EventDate
9	DateAuditory	Num	8	MMDDYY8.	A1: Date of auditory testing:
10	ThinkHaveHearLoss	Num	8	EDEMA.	A2: Do you think you have hearing loss?
11	HearAidsRecom	Num	8	EDEMA.	A3: Have hearing aids ever been recommended for you?
12	HearbetterOneEar	Num	8	EDEMA.	A4: Is your hearing better in one ear?
13	HearbetterOneEarIFYWO	Num	8	AUDITORYLEFTRIGHT.	A4a: If yes, which ear is better?
14	SuddenRapidLoss	Num	8	EDEMA.	A5: Have you ever had a sudden or rapid progression of hearing loss?
15	SuddenRapidLossIFYWO	Char	15	\$15.	SuddenRapidLossIFYWO
16	RingingNoise	Num	8	EDEMA.	A6: Do you have ringing or noises in your ears?
17	RingingNoiseIFYWO	Char	15	\$15.	RingingNoiseIFYWO
18	DizzVertProblem	Num	8	EDEMA.	A7: Do you consider dizziness, vertigo, or lightheadedness to be a problem for you?
19	RecentDamage	Num	8	EDEMA.	A8: Have you had recent damage to your ears?
20	RecentDamageIFYWO	Char	15	\$15.	RecentDamageIFYWO
21	PainDiscomfort	Num	8	EDEMA.	A9: Do you have pain or discomfort in your ears?
22	PainDiscomfortIFYWO	Char	15	\$15.	PainDiscomfortIFYWO
23	MedicalConsult	Num	8	EDEMA.	A10: Have you received medical consultation for any of the above conditions?
24	Screen25db1000LEFT	Num	8	AUDITORYRESPONSE.	B: 1. 25 dB HL at 1000 hz :
25	Screen25db1000RIGHT	Num	8	AUDITORYRESPONSE.	B: 4. 25 dB HL at 1000 hz :
26	Screen25db2000LEFT	Num	8	AUDITORYRESPONSE.	B: 2. 25 dB HL at 2000 hz :
27	Screen25db2000RIGHT	Num	8	AUDITORYRESPONSE.	B: 5. 25 dB HL at 2000 hz :
28	Screen25db4000LEFT	Num	8	AUDITORYRESPONSE.	B: 3. 25 dB HL at 4000 hz :
29	Screen25db4000RIGHT	Num	8	AUDITORYRESPONSE.	B: 6. 25 dB HL at 4000 hz :
30	AS40Inten1	Num	8	ONETOHUNDRED.	C: Ascending series: 40 dB HL at 2000 hz 1. Intensity (0 – 100):
31	AS40Unpl2	Num	8	ONETOHUNDRED.	C: Ascending series: 40 dB HL at 2000 hz 2. Unpleasantness (0 – 100):
32	AS50Inten3	Num	8	ONETOHUNDRED.	C: Ascending series: 50 dB HL at 2000 hz 3 Intensity (0 – 100):

Num	Variable	Type	Len	Format	Label
33	AS50Unpl4	Num	8	ONETOHUNDRED.	C: Ascending series: 50 dB HL at 2000 hz 4. Unpleasantness (0 – 100):
34	AS60Inten5	Num	8	ONETOHUNDRED.	C: Ascending series: 60 dB HL at 2000 hz 5. Intensity (0 – 100):
35	AS60Unpl6	Num	8	ONETOHUNDRED.	C: Ascending series: 60 dB HL at 2000 hz 6. Unpleasantness (0 – 100):
36	AS70Inten7	Num	8	ONETOHUNDRED.	C: Ascending series: 70 dB HL at 2000 hz 7. Intensity (0 – 100):
37	AS70Unpl8	Num	8	ONETOHUNDRED.	C: Ascending series: 70 dB HL at 2000 hz 8. Unpleasantness (0 – 100):
38	AS80Inten9	Num	8	ONETOHUNDRED.	C: Ascending series: 80 dB HL at 2000 hz 9. Intensity (0 – 100):
39	AS80Unpl10	Num	8	ONETOHUNDRED.	C: Ascending series: 80 dB HL at 2000 hz 10. Unpleasantness (0 – 100):
40	AS90Inten11	Num	8	ONETOHUNDRED.	C: Ascending series: 90 dB HL at 2000 hz 11. Intensity (0 – 100):
41	AS90Unpl12	Num	8	ONETOHUNDRED.	C: Ascending series: 90 dB HL at 2000 hz 12. Unpleasantness (0 – 100):
42	RS50Inten13	Num	8	ONETOHUNDRED.	C: Random series: 50 dB HL at 2000 hz 13. Intensity (0 – 100):
43	RS50Unpl14	Num	8	ONETOHUNDRED.	C: Random series: 50 dB HL at 2000 hz 14. Unpleasantness (0 – 100):
44	RS80Inten15	Num	8	ONETOHUNDRED.	C: Random series: 80 dB HL at 2000 hz 15. Intensity (0 – 100):
45	RS80Unpl16	Num	8	ONETOHUNDRED.	C: Random series: 80 dB HL at 2000 hz 16 Unpleasantness (0 – 100):
46	RS60Inten17	Num	8	ONETOHUNDRED.	C: Random series: 60 dB HL at 2000 hz 17. Intensity (0 – 100):
47	RS60Unpl18	Num	8	ONETOHUNDRED.	C: Random series: 60 dB HL at 2000 hz 18. Unpleasantness (0 – 100):
48	RS40Inten19	Num	8	ONETOHUNDRED.	C: Random series: 40 dB HL at 2000 hz 19. Intensity (0 – 100):
49	RS40Unpl20	Num	8	ONETOHUNDRED.	C: Random series: 40 dB HL at 2000 hz 20. Unpleasantness (0 – 100):
50	RS70Inten21	Num	8	ONETOHUNDRED.	C: Random series: 70 dB HL at 2000 hz 21. Intensity (0 – 100):
51	RS70Unpl22	Num	8	ONETOHUNDRED.	C: Random series: 70 dB HL at 2000 hz 22. Unpleasantness (0 – 100):
52	RS90Inten23	Num	8	ONETOHUNDRED.	C: Random series: 90 dB HL at 2000 hz 23. Intensity (0 – 100):
53	RS90Unpl24	Num	8	ONETOHUNDRED.	C: Random series: 90 dB HL at 2000 hz 24. Unpleasantness (0 – 100):
54	RS60Inten25	Num	8	ONETOHUNDRED.	C: Random series: 60 dB HL at 2000 hz 25. Intensity (0 – 100):
55	RS60Unpl26	Num	8	ONETOHUNDRED.	C: Random series: 60 dB HL at 2000 hz 26. Unpleasantness (0 – 100):

Num	Variable	Type	Len	Format	Label
56	RS70Inten27	Num	8	ONETOHUNDRED.	C: Random series: 70 dB HL at 2000 hz 27. Intensity (0 – 100):
57	RS70Unpl28	Num	8	ONETOHUNDRED.	C: Random series: 70 dB HL at 2000 hz 28. Unpleasantness (0 – 100):
58	RS80Inten29	Num	8	ONETOHUNDRED.	C: Random series: 80 dB HL at 2000 hz 29. Intensity (0 – 100):
59	RS80Unpl30	Num	8	ONETOHUNDRED.	C: Random series: 80 dB HL at 2000 hz 30. Unpleasantness (0 – 100):
60	RS40Inten31	Num	8	ONETOHUNDRED.	C: Random series: 40 dB HL at 2000 hz 31. Intensity (0 – 100):
61	RS40Unpl32	Num	8	ONETOHUNDRED.	C: Random series: 40 dB HL at 2000 hz 32. Unpleasantness (0 – 100):
62	RS90Inten33	Num	8	ONETOHUNDRED.	C: Random series: 90 dB HL at 2000 hz 33. Intensity (0 – 100):
63	RS90Unpl34	Num	8	ONETOHUNDRED.	C: Random series: 90 dB HL at 2000 hz 34. Unpleasantness (0 – 100):
64	RS50Inten35	Num	8	ONETOHUNDRED.	C: Random series: 50 dB HL at 2000 hz 35. Intensity (0 – 100):
65	RS50Unpl36	Num	8	ONETOHUNDRED.	C: Random series: 50 dB HL at 2000 hz 36. Unpleasantness (0 – 100):
66	RS60Inten37	Num	8	ONETOHUNDRED.	C: Random series: 60 dB HL at 2000 hz 37. Intensity (0 – 100):
67	RS60Unpl38	Num	8	ONETOHUNDRED.	C: Random series: 60 dB HL at 2000 hz 38. Unpleasantness (0 – 100):
68	RS40Inten39	Num	8	ONETOHUNDRED.	C: Random series: 40 dB HL at 2000 hz 39. Intensity (0 – 100):
69	RS40Unpl40	Num	8	ONETOHUNDRED.	C: Random series: 40 dB HL at 2000 hz 40. Unpleasantness (0 – 100):
70	RS50Inten41	Num	8	ONETOHUNDRED.	C: Random series: 50 dB HL at 2000 hz 41. Intensity (0 – 100):
71	RS50Unpl42	Num	8	ONETOHUNDRED.	C: Random series: 50 dB HL at 2000 hz 42. Unpleasantness (0 – 100):
72	RS70Inten43	Num	8	ONETOHUNDRED.	C: Random series: 70 dB HL at 2000 hz 43. Intensity (0 – 100):
73	RS70Unpl44	Num	8	ONETOHUNDRED.	C: Random series: 70 dB HL at 2000 hz 44. Unpleasantness (0 – 100):
74	RS90Inten45	Num	8	ONETOHUNDRED.	C: Random series: 90 dB HL at 2000 hz 45. Intensity (0 – 100):
75	RS90Unpl46	Num	8	ONETOHUNDRED.	C: Random series: 90 dB HL at 2000 hz 46. Unpleasantness (0 – 100):
76	RS80Inten47	Num	8	ONETOHUNDRED.	C: Random series: 80 dB HL at 2000 hz 47. Intensity (0 – 100):
77	RS80Unpl48	Num	8	ONETOHUNDRED.	C: Random series: 80 dB HL at 2000 hz 48. Unpleasantness (0 – 100):
78	CenterComplete	Num	8	QUESTCOMP.	D1: Questionnaire Complete
79	SuddenRapidLossIFYWO1	Num	8		A5a: If yes, which ear(s)?1: Left

Num	Variable	Type	Len	Format	Label
80	SuddenRapidLossIFYWO2	Num	8		A5a: If yes, which ear(s)?2: Right
81	RingingNoiseIFYWO1	Num	8		A6a: If yes, which ear(s)?1: Left
82	RingingNoiseIFYWO2	Num	8		A6a: If yes, which ear(s)?2: Right
83	RecentDamageIFYWO1	Num	8		A8a: If yes, which ear(s)?1: Left
84	RecentDamageIFYWO2	Num	8		A8a: If yes, which ear(s)?2: Right
85	PainDiscomfortIFYWO1	Num	8		A9a: If yes, which ear(s)?1: Left
86	PainDiscomfortIFYWO2	Num	8		A9a: If yes, which ear(s)?2: Right

Data Set Name: baselineassessment.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	Date	Num	8	MMDDYY8.	A1: Date of Visit
11	DNACollDate	Num	8	MMDDYY8.	A2: Date of DNA collection:
12	SysBP	Num	8	6.	B1: Systolic Blood Pressure:
13	SysBPND	Num	8	BPUNITS.	B1: Systolic Blood Pressure:
14	DiaBP	Num	8	6.	B2: Diastolic Blood Pressure:
15	DiaBPND	Num	8	BPUNITS.	B2: Diastolic Blood Pressure:
16	WeightPE	Num	8		B3: Weight:
17	WeightPEUnit	Num	8	WEIGHTUNITS.	B3: Weight:
18	HeightPE	Num	8		B4: Height:
19	HeightPEUnit	Num	8	HEIGHTUNITS.	B4: Height:
20	WaistPE	Num	8		B5: Waist measurement:
21	WaistPEUnit	Num	8	HEIGHTUNITS.	B5: Waist measurement:
22	AmbAids	Num	8	EDEMA.	B6: Ambulatory aids:
23	OthNeirDef	Num	8	EDEMA.	B7: Other neurologic deficits:
24	PenisFindings	Char	200	\$200.	PenisFindings
25	ScrotalFindings	Char	200	\$200.	ScrotalFindings
26	ProstateFindings	Char	200	\$200.	ProstateFindings
27	MaleTenderness	Char	200	\$200.	MaleTenderness
28	IntroitusFindings	Char	200	\$200.	IntroitusFindings
29	UrethraFindings	Char	200	\$200.	UrethraFindings
30	VaginaFindings	Char	200	\$200.	VaginaFindings
31	UterusFindings	Char	200	\$200.	UterusFindings
32	POPQFindings	Num	8	POPQFINDINGS.	B17: Pelvic Organ Prolapse Quantification System (POP-Q): Overall Stage
33	POPAA	Num	8		B18: POP-Q: Aa result
34	POPBA	Num	8		B19: POP-Q: Ba result
35	POPC	Num	8		B20: POP-Q: C result
36	POPGH	Num	8		B21: POP-Q: GH result

Num	Variable	Type	Len	Format	Label
37	POPPB	Num	8		B22: POP-Q: PB result
38	POPTVL	Num	8		B23: POP-Q: TVL result
39	POPAp	Num	8		B24: POP-Q: Ap result
40	POPBP	Num	8		B25: POP-Q: Bp result
41	POPD	Num	8		B26: POP-Q: D result
42	RectalExamFindings	Char	200	\$200.	RectalExamFindings
43	FemTenderness	Char	200	\$200.	FemTenderness
44	Arthritis	Num	8	EDEMA.	C1: Arthritis (rheumatoid and osteoarthritis):
45	Osteoporosis	Num	8	EDEMA.	C2: Osteoporosis:
46	Asthma	Num	8	EDEMA.	C3: Asthma:
47	COPD	Num	8	EDEMA.	C4: Chronic Obstructive Pulmonary Disease (COPD), Acquired Respiratory Distress Syndrome (ARDS), or Emphysema:
48	Angina	Num	8	EDEMA.	C5: Angina:
49	CHF	Num	8	EDEMA.	C6: Congestive heart failure (or heart disease):
50	HeartAttack	Num	8	EDEMA.	C7: Heart attack (myocardial infarct):
51	NeuroDisease	Num	8	EDEMA.	C8: Neurological disease (such as multiple sclerosis or Parkinson's):
52	Stroke	Num	8	EDEMA.	C9: Stroke or TIA:
53	PeriVasDisease	Num	8	EDEMA.	C10: Peripheral vascular disease:
54	Diabetes	Num	8	EDEMA.	C11: Diabetes types I or II:
55	UpGastroDisease	Num	8	EDEMA.	C12: Upper gastrointestinal disease (ulcer, hernia, reflux):
56	Depression	Num	8	EDEMA.	C13: Depression:
57	AnxPanDisord	Num	8	EDEMA.	C14: Anxiety or panic disorders:
58	VisuImpair	Num	8	EDEMA.	C15: Visual impairment (such as cataracts, glaucoma, macular degeneration):
59	HearImpair	Num	8	EDEMA.	C16: Hearing impairment (very hard of hearing, even with hearing aids):
60	DegDiscDisease	Num	8	EDEMA.	C17: Degenerative disc disease (back disease, spinal stenosis, or severe chronic back pain):
61	Nitrites	Num	8	POSITIVNEGATIV.	D1: Nitrites:
62	RedBloodCells	Num	8	POSNEGTRACE.	D2: Blood/Hemoglobin/Red Blood Cells:
63	WhiteBloodCells	Num	8	POSITIVNEGATIV.	D3: White Blood Cells:
64	Glucose	Num	8	POSITIVNEGATIV.	D4: Glucose:
65	UrineSpGrav	Num	8		D5: Urine specific gravity:
66	pH	Num	8		D6: pH:
67	BacterialCult	Num	8	POSITIVNEGATIV.	D7: Bacterial cultures:
68	PostVoidVol	Num	8		D8: Post-void residual volume:
69	PostVoidVolUnit	Num	8	RESIDUNIT.	D8: Post-void residual volume:
70	PostVoidVolMeth	Num	8	VOIDMETH.	D9: Method of retrieving post-void residual:

Num	Variable	Type	Len	Format	Label
71	PartTwoUTI	Num	8	EDEMA.	E1: Has the participant had more than two UTIs?
72	PartHistPelvPain	Num	8	EDEMA.	E2: Does the participant have a history of pelvic/urologic pain?
73	PartHistPelvPainDate	Num	8	MMDDYY8.	E3: If yes, date of diagnosis:
74	PartPostMeno	Num	8	EDEMA.	E4: Is the participant post-menopausal?
75	PartPostMenoDate	Num	8	MMDDYY8.	E5: If yes, date of diagnosis:
76	PartPostMenoHorm	Num	8	EDEMA.	E6: If post-menopausal, is the participant currently on hormone replacement therapy?
77	PartPostMenoHormType	Num	8	TYPEHORMRPL.	E7: If yes, type:
78	PartSexActLastMonth	Num	8	EDEMA.	E8: Was the participant sexually active within the past month?
79	PartHadUTI	Num	8	EDEMA.	F1: Has the participant had a UTI?
80	PartHadUTIDate	Num	8	MMDDYY8.	F2: If yes, date of diagnosis:
81	PartHadSTI	Num	8	EDEMA.	F3: Has the participant had an STI?
82	PartHadSTIDate	Num	8	MMDDYY8.	F4: If yes, date of diagnosis:
83	PartGenInf	Num	8	EDEMA.	F5: Has the participant had a genital infection?
84	PartGenInfDate	Num	8	MMDDYY8.	F6: If yes, date of diagnosis:
85	PartHxHormTx	Num	8	EDEMA.	F7: Does the participant have a history of hormone treatment/use?
86	PartHxHormTxDate	Num	8	MMDDYY8.	F8: If yes, date of diagnosis:
87	PartHxHyper	Num	8	EDEMA.	G1: Does the participant have a history of Hypertension?
88	PartHxHyperDate	Num	8	MMDDYY8.	G2: If yes, date of diagnosis:
89	PartHyperlipidemia	Num	8	EDEMA.	G3: Does the participant have Hyperlipidemia?
90	PartHyperlipidemiaDate	Num	8	MMDDYY8.	G4: If yes, date of diagnosis:
91	PartDiabetes	Num	8	EDEMA.	G5: Does the participant have Diabetes?
92	PartDiabetesDate	Num	8	MMDDYY8.	G6: If yes, date of diagnosis:
93	PartSlpApnea	Num	8	EDEMA.	G7: Does the participant have Sleep Apnea?
94	PartSlpApneaDate	Num	8	MMDDYY8.	G8: If yes, date of diagnosis:
95	PartPsychDx	Num	8	EDEMA.	G9: Does the participant have a Psychiatric Diagnosis (depression, anxiety, PTSD, etc.)?
96	PartPsychDxType	Char	200		
97	PartPsychDxDate	Num	8	MMDDYY8.	G11: If yes, date of diagnosis:
98	PartColoRecDis	Num	8	EDEMA.	G12: Does the participant have Colorectal Disease?
99	PartColoRecDisDate	Num	8	MMDDYY8.	G13: If yes, date of diagnosis:
100	CntCultPrvnSTI	Num	8	11.	G14: Number of culture-proven UTIs in the past 12 months:
101	PartOthMedProb	Num	8	NOYESSP.	G15: Does the participant have other medical problems?
102	PartOthMedProbOther	Char	200	\$200.	G15: Does the participant have other medical problems?

Num	Variable	Type	Len	Format	Label
103	PartHxBladTrauma	Num	8	EDEMA.	G16: Does the participant have a history of bladder or urethral trauma?
104	PartHxBladTraumaDate	Num	8	MMDDYY8.	G17: If yes, date of event:
105	PartPrimDxLUTD	Char	200		
106	PartDrnkPerWeek	Num	8	NUMDRNK.	G19: In the past year, how many alcoholic drinks has the participant had per week, when drinking (on average)?
107	PartSurgLUTS	Num	8	EDEMA.	H1: Has the participant undergone any surgeries for the treatment of LUTS?
108	PartHysterectomy	Num	8	EDEMA.	I1: Has the participant had a Hysterectomy?
109	PartHysterectomyDate	Num	8	MMDDYY8.	I2: If yes, date of most recent procedure:
110	PartCSection	Num	8	EDEMA.	I3: Has the participant had a Cesarean section?
111	PartCSectionDate	Num	8	MMDDYY8.	I4: If yes, date of most recent procedure:
112	PartBrainSurg	Num	8	EDEMA.	I5: Has the participant had spinal or brain surgery?
113	PartBrainSurgDate	Num	8	MMDDYY8.	I6: If yes, date of most recent procedure:
114	PartRectSurg	Num	8	EDEMA.	I7: Has the participant had rectal surgery (excluding colonoscopies)?
115	PartRectSurgDate	Num	8	MMDDYY8.	I8: If yes, date of most recent procedure:
116	PartOthSurg	Num	8	NOYESSP.	I9: Has the participant had any other surgical procedure done?
117	PartOthSurgOther	Char	200	\$200.	I9: Has the participant had any other surgical procedure done?
118	PartTimesPreg	Num	8	11.	J1: How many times has the participant been pregnant?
119	PartVagBirth	Num	8	11.	J2: How many times has the participant had vaginal births?
120	PartHxSmoke	Num	8	CURRFORM.	K1: Does the participant have a history of tobacco use (e.g. cigarettes, cigars, smokeless tobacco, etc.)?
121	PartPacksSmoke	Num	8		K2: If current or former smoker: Number of pack-years (packs smoked per day x years smoked)
122	PartPacksSmokeUnit	Num	8		K2: If current or former smoker: Number of pack-years (packs smoked per day x years smoked)
123	PartRecDrugs	Num	8	CURRFORM.	K3: Has the participant used any recreational drugs (e.g. marijuana, narcotics, etc.)?
124	PatTakingRXYN	Num	8	EDEMA.	L1: Is the participant currently on any medications (Rx and OTC)?
125	PartAntiBioUse	Num	8	EDEMA.	L3: Has the participant had any antibiotic use within the past 3 months?
126	RxOTCMedsReviewDT	Num	8	MMDDYY8.	L4: Enter date that medication list has been reviewed, confirming that medications without Stop Dates are still active.
127	PartAntiFungUse	Num	8	EDEMA.	L5: Has the participant had any antifungal use within the past 3 months?
128	TimePeriodTxLUTD	Num	8	TIMETXLUTD.	L6: Approximate time period of prior medical treatment for LUTD?

Num	Variable	Type	Len	Format	Label
129	PartOthTxLUTDYN	Num	8	EDEMA.	L7a: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
130	PartOthTxLUTD	Char	200		
131	ResUrCult	Num	8	URINCULTRESULTS.	N1: What are the results of the urine culture?
132	CenterComplete	Num	8	QUESTCOMP.	O1: Questionnaire Complete
133	PenisFindings1	Num	8		B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)1: Meatal Stenosis
134	PenisFindings2	Num	8		B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)2: Buried Penis
135	PenisFindings3	Num	8		B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)3: Other (specify)
136	PenisFindings4	Num	8		B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)4: None
137	PenisFindings97	Num	8		B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)97: Unknown
138	PenisFindings_Other3	Char	200		B8: Genitourinary Male Abnormal Findings: Penis (check all that apply)Other Specify
139	ScrotalFindings1	Num	8		B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)1: Infectious or malignant changes
140	ScrotalFindings2	Num	8		B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)2: Skin inflammation
141	ScrotalFindings3	Num	8		B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)3: Other
142	ScrotalFindings4	Num	8		B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)4: None
143	ScrotalFindings97	Num	8		B9: Genitourinary Male Abnormal Findings: Scrotal Contents (check all that apply)97: Unknown
144	ProstateFindings1	Num	8		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)1: Prostate nodule
145	ProstateFindings2	Num	8		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)2: Prostate enlargement 20 grams (2+)
146	ProstateFindings3	Num	8		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)3: Other (specify)
147	ProstateFindings4	Num	8		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)4: None
148	ProstateFindings5	Num	8		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)5: Prostate enlargement 40 grams (4+)
149	ProstateFindings6	Num	8		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)6: Prostate enlargement 60 grams (6+)
150	ProstateFindings7	Num	8		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)7: Prostate enlargement 80 grams (8+)

Num	Variable	Type	Len	Format	Label
151	ProstateFindings97	Num	8		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)97: Unknown
152	ProstateFindings_Other3	Char	200		B10: Genitourinary Male Abnormal Findings: Prostate and Rectal Exam (check all that apply)Other Specify
153	MaleTenderness1	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)1: Abdomen
154	MaleTenderness2	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)2: Flank
155	MaleTenderness3	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)3: Penis
156	MaleTenderness4	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)4: Urethra
157	MaleTenderness5	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)5: Scrotal Contents
158	MaleTenderness6	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)6: Pelvic Floor
159	MaleTenderness7	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)7: Prostate
160	MaleTenderness8	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)8: Rectum
161	MaleTenderness9	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)9: Other (specify)
162	MaleTenderness10	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)10: None
163	MaleTenderness97	Num	8		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)97: Unknown
164	MaleTenderness_Other9	Char	200		B11: Genitourinary Male Abnormal Findings: Notation of Tenderness (check all that apply)Other Specify
165	IntroitusFindings1	Num	8		B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)1: Inflammation
166	IntroitusFindings2	Num	8		B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)2: Atrophic
167	IntroitusFindings3	Num	8		B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)3: Other (specify)
168	IntroitusFindings4	Num	8		B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)4: None
169	IntroitusFindings97	Num	8		B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)97: Unknown
170	IntroitusFindings_Other3	Char	200		B12: Genitourinary Female Abnormal Findings: Introitus (check all that apply)Other Specify
171	UrethraFindings1	Num	8		B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)1: Mass/ Diverticulum
172	UrethraFindings2	Num	8		B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)2: Caruncle
173	UrethraFindings3	Num	8		B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)3: Abnormal discharge

Num	Variable	Type	Len	Format	Label
174	UrethraFindings4	Num	8		B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)4: Other (specify)
175	UrethraFindings5	Num	8		B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)5: None
176	UrethraFindings97	Num	8		B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)97: Unknown
177	UrethraFindings_Other4	Char	200		B13: Genitourinary Female Abnormal Findings: Urethra (check all that apply)Other Specify
178	VaginaFindings1	Num	8		B14: Genitourinary Female Abnormal Findings: Vagina1: Lesion / erosion
179	VaginaFindings2	Num	8		B14: Genitourinary Female Abnormal Findings: Vagina2: Other (specify)
180	VaginaFindings3	Num	8		B14: Genitourinary Female Abnormal Findings: Vagina3: None
181	VaginaFindings95	Num	8		B14: Genitourinary Female Abnormal Findings: Vagina95: Not Done
182	VaginaFindings_Other2	Char	200		B14: Genitourinary Female Abnormal Findings: VaginaOther Specify
183	UterusFindings1	Num	8		B16: Genitourinary Female Abnormal Findings: Uterus1: Absent
184	UterusFindings2	Num	8		B16: Genitourinary Female Abnormal Findings: Uterus2: Mass
185	UterusFindings3	Num	8		B16: Genitourinary Female Abnormal Findings: Uterus3: Other (specify)
186	UterusFindings4	Num	8		B16: Genitourinary Female Abnormal Findings: Uterus4: None
187	UterusFindings97	Num	8		B16: Genitourinary Female Abnormal Findings: Uterus97: Unknown
188	UterusFindings_Other3	Char	200		B16: Genitourinary Female Abnormal Findings: UterusOther Specify
189	RectalExamFindings1	Num	8		B27: Genitourinary Female Abnormal Findings: Rectal Exam1: Mass
190	RectalExamFindings2	Num	8		B27: Genitourinary Female Abnormal Findings: Rectal Exam2: Resting Tone
191	RectalExamFindings3	Num	8		B27: Genitourinary Female Abnormal Findings: Rectal Exam3: Contraction Strength
192	RectalExamFindings4	Num	8		B27: Genitourinary Female Abnormal Findings: Rectal Exam4: Other (specify)
193	RectalExamFindings5	Num	8		B27: Genitourinary Female Abnormal Findings: Rectal Exam5: None
194	RectalExamFindings97	Num	8		B27: Genitourinary Female Abnormal Findings: Rectal Exam97: Unknown
195	RectalExamFindings_Other4	Char	200		B27: Genitourinary Female Abnormal Findings: Rectal ExamOther Specify
196	FemTenderness1	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness1: Abdomen

Num	Variable	Type	Len	Format	Label
197	FemTenderness2	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness2: Flank
198	FemTenderness3	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness3: Suprapubic
199	FemTenderness4	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness4: Groin
200	FemTenderness5	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness5: Clitoris
201	FemTenderness6	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness6: Labia Minora/Majora
202	FemTenderness7	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness7: Introitus
203	FemTenderness8	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness8: Urethra
204	FemTenderness9	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness9: Cervix/Uterus
205	FemTenderness10	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness10: Ovaries
206	FemTenderness11	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness11: Rectum
207	FemTenderness12	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness12: Pelvic Floor
208	FemTenderness13	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness13: Other (specify)
209	FemTenderness14	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness14: None
210	FemTenderness97	Num	8		B28: Genitourinary Female Abnormal Findings: Notation of Tenderness97: Unknown
211	FemTenderness_Other13	Char	200		B28: Genitourinary Female Abnormal Findings: Notation of TendernessOther Specify
212	PartPsychDxType1	Num	8		G10: If yes, what types (select all that apply)?1: Depression
213	PartPsychDxType2	Num	8		G10: If yes, what types (select all that apply)?2: Anxiety
214	PartPsychDxType3	Num	8		G10: If yes, what types (select all that apply)?3: PTSD
215	PartPsychDxType4	Num	8		G10: If yes, what types (select all that apply)?4: Bi-polar
216	PartPsychDxType5	Num	8		G10: If yes, what types (select all that apply)?5: Schizophrenia
217	PartPsychDxType6	Num	8		G10: If yes, what types (select all that apply)?6: Other (specify)
218	PartPsychDxType_Other6	Char	200		G10: If yes, what types (select all that apply)?Other Specify
219	PartPrimDxLUTD1	Num	8		G18: What is the participants primary diagnosis for LUTD?1: Benign prostatic hyperplasia (BPH)
220	PartPrimDxLUTD2	Num	8		G18: What is the participants primary diagnosis for LUTD?2: Nocturia

Num	Variable	Type	Len	Format	Label
221	PartPrimDxLUTD3	Num	8		G18: What is the participants primary diagnosis for LUTD?3: Overactive bladder
222	PartPrimDxLUTD4	Num	8		G18: What is the participants primary diagnosis for LUTD?4: Incontinence
223	PartPrimDxLUTD5	Num	8		G18: What is the participants primary diagnosis for LUTD?5: Frequency (Not OAB)
224	PartPrimDxLUTD6	Num	8		G18: What is the participants primary diagnosis for LUTD?6: Other (specify)
225	PartPrimDxLUTD_Other6	Char	200		G18: What is the participants primary diagnosis for LUTD?Other Specify
226	PartOthTxLUTD1	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?1: Nutraceutical / Herbal remedy
227	PartOthTxLUTD2	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?2: Pelvic floor physical therapy
228	PartOthTxLUTD3	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?3: Kegel exercises (other than physical therapy)
229	PartOthTxLUTD4	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?4: Acupuncture
230	PartOthTxLUTD5	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?5: Yoga
231	PartOthTxLUTD6	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?6: Meditation
232	PartOthTxLUTD7	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?7: Counseling/talk therapy
233	PartOthTxLUTD8	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?8: Hypnosis
234	PartOthTxLUTD9	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?9: Other (specify)
235	PartOthTxLUTD97	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?97: Unknown
236	PartOthTxLUTD21	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
237	PartOthTxLUTD18	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
238	PartOthTxLUTD17	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
239	PartOthTxLUTD16	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?

Num	Variable	Type	Len	Format	Label
240	PartOthTxLUTD15	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
241	PartOthTxLUTD11	Num	8		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
242	PartOthTxLUTD_Other9	Char	200		L7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?Other Specify
243	PelvicFloorFindings	Num	8	PELVICFLOORFINDINGS.	B15: Genitourinary Female Abnormal Findings: Pelvic Floor Contraction Strength (Oxford Scale)
244	HeightPECm	Num	8		
245	WeightPEKg	Num	8		
246	WaistPECm	Num	8		
247	BodyMassIndex	Num	8		

Data Set Name: blfuitmedication.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	EntryDate	Num	8	MMDDYY8.	EntryDate
5	AddDate	Num	8	MMDDYY8.	AddDate
6	MedsID	Char	50	\$50.	1: Is the participant currently taking, or taken since the last study visit, any other medications? MedsID
7	MedsText	Char	255	\$255.	Drug Name:
8	MedsRouteID	Char	50	\$50.	Route:
9	MedsStrength	Num	8		Strength:
10	MedsDose	Num	8		Dosage:
11	MedsFreq	Num	8		Frequency:
12	MedStartDT	Num	8	MMDDYY8.	2: Approximate Start Date:
13	MedStopDT	Num	8	MMDDYY8.	3: Approximate Stop Date:
14	MedsUnits	Num	8	MEDUNIT.	Units
15	V0	Num	8	MMDDYY.	
16	V3	Num	8	MMDDYY.	
17	V6	Num	8	MMDDYY.	
18	V9	Num	8	MMDDYY.	
19	V12	Num	8	MMDDYY.	
20	VCtrl	Num	8	MMDDYY.	
21	OnAtV0	Num	8		
22	OnAtV3	Num	8		
23	OnAtV6	Num	8		
24	OnAtV9	Num	8		
25	OnAtV12	Num	8		
26	OnAtVCtrl	Num	8		

Data Set Name: blfuitsurghist.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	PatientID	Num	8	11.	PatientID
3	FacilityID	Num	8	FACNAME.	FacilityID
4	StudyID	Num	8	11.	StudyID
5	EventTitle	Char	100	\$100.	EventTitle
6	EntryDate	Num	8	MMDDYY8.	EntryDate
7	TypeSurgCG	Num	8	SURGPROC.	1: Type of surgical procedure:
8	TypeSurgCGOther	Char	200	\$200.	1: Type of surgical procedure: (Other)
9	TimesSurgCG	Num	8	11.	2: How many times has the participant had this surgical procedure?
10	DateSurgCG	Num	8	MMDDYY8.	3: Date of most recent procedure:

Data Set Name: blfuurineculture.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	PatientID	Num	8	11.	PatientID
3	FacilityID	Num	8	FACNAME.	FacilityID
4	StudyID	Num	8	11.	StudyID
5	EntryDate	Num	8	MMDDYY8.	EntryDate
6	NameOrganism	Num	8	URINCULTORGANISM.	1: What is the name of the organism?
7	NameOrganismOther	Char	100	\$100.	1: What is the name of the organism? (Other)
8	ColonyCount	Num	8	URINCOLONYCOUNT.	2: What is the colony count for this organism?
9	ColonyCountOther	Char	100	\$100.	2: What is the colony count for this organism? (Other)

Data Set Name: *bllutsfamhx.sas7bdat*

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	PatientID	Num	8	11.	PatientID
3	FacilityID	Num	8	FACNAME.	FacilityID
4	StudyID	Num	8	11.	StudyID
5	EntryDate	Num	8	MMDDYY8.	EntryDate
6	PartRelative	Num	8	RELATION.	1: What is their relation to the participant?
7	RelativeDxLUTD	Num	8	DXRELLUTD.	2: What was the diagnosis for this relative's LUTD?
8	RelativeDxLUTDOther	Char	200	\$200.	2: What was the diagnosis for this relative's LUTD? (Other)
9	RelativeTherpLUTD	Num	8	THERAPYLUTD.	3: What type of therapy did this relative receive for their LUTD?
10	RelativeTherpLUTDOther	Char	200	\$200.	3: What type of therapy did this relative receive for their LUTD? (Other)

Data Set Name: casus.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	QUrinateWake	Num	8	QURINATEWAKE.	(IV: Q1, 12M: P1): During waking hours, how many times did you typically urinate?
11	QTimeBetween	Num	8	QTIMEBETWEEN.	(IV: Q2, 12M: P2): During a typical day, how much time typically passed between urinations?
12	QTwiceMore	Num	8	NEVEREVERYTIME.	(IV: Q3, 12M: P3): During a typical day, how often did you urinate twice or more within a few minutes?
13	QUrinateNight	Num	8	NONEOVERTHREE.	(IV: Q4, 12M: P4): During a typical night, how many times did you wake up and urinate?
14	QNightOnce	Num	8	NEVEREVERYNIGHT.	(IV: Q5, 12M: P5): How often did you wake up at least once during the night because you had to urinate?
15	QUrinateUrge	Num	8	NOURGESTRONG.	(IV: Q6, 12M: P6): How would you describe your typical urge to urinate when you woke up during the night?
16	QLeakPadBed	Num	8	NEVEREVERYNIGHT.	(IV: Q7, 12M: P7): How often did you leak urine during the night, including wetting a pad or the bed?
17	QLeakWay	Num	8	NEVEREVERYTIME.	(IV: Q8, 12M: P8): When you woke up and urinated, how often did you leak urine on your way to the bathroom?
18	RFSensationAbdomen	Num	8	YESNO.	(IV: R1, 12M: Q1): Lower abdomen:
19	RFSensationBladder	Num	8	YESNO.	(IV: R2, 12M: Q2): Bladder area:
20	RFSensationVagina	Num	8	YESNO.	(IV: R3, 12M: Q3): Labia/vagina area:
21	RFSensationUrethra	Num	8	YESNO.	(IV: R4, 12M: Q4): Urethra:
22	RFSensationLowBack	Num	8	YESNO.	(IV: R5, 12M: Q5): Lower back:
23	RFSensationOther	Num	8	YESNO.	(IV: R6, 12M: Q6): Other:
24	RFSensationOS	Char	250	\$250.	(IV: R7, 12M: Q7): If Yes to Other, where do you feel sensations:
25	RMSensationAbdomen	Num	8	YESNO.	(IV: R1, 12M: Q1): Lower abdomen:
26	RMSensationBladder	Num	8	YESNO.	(IV: R2, 12M: Q2): Bladder area:
27	RMSensationPenis	Num	8	YESNO.	(IV: R3, 12M: Q3): Tip of the penis:
28	RMSensationShaft	Num	8	YESNO.	(IV: R4, 12M: Q4): Shaft of the penis:
29	RMSensationTesticle	Num	8	YESNO.	(IV: R5, 12M: Q5): Scrotum/testicles:
30	RMSensationUrethra	Num	8	YESNO.	(IV: R6, 12M: Q6): Urethra:
31	RMSensationLowBack	Num	8	YESNO.	(IV: R7, 12M: Q7): Lower back:

Num	Variable	Type	Len	Format	Label
32	RMSensationOther	Num	8	YESNO.	(IV: R8, 12M: Q8): Other:
33	RMSensationOS	Char	250	\$250.	(IV: R9, 12M: Q9): If Yes to Other, where do you feel sensations:
34	SNeedNone	Num	8	YESNO.	(IV: S1, 12M: R1): None:
35	SNeedBloating	Num	8	YESNO.	(IV: S2, 12M: R2): Bloating:
36	SNeedTingling	Num	8	YESNO.	(IV: S3, 12M: R3): Tingling:
37	SNeedBurning	Num	8	YESNO.	(IV: S4, 12M: R4): Burning:
38	SNeedPressure	Num	8	YESNO.	(IV: S5, 12M: R5): Pressure:
39	SNeedDiscomfort	Num	8	YESNO.	(IV: S6, 12M: R6): Discomfort:
40	SNeedPain	Num	8	YESNO.	(IV: S7, 12M: R7): Pain:
41	SNeedAching	Num	8	YESNO.	(IV: S8, 12M: R8): Aching:
42	SNeedUrgency	Num	8	YESNO.	(IV: S9, 12M: R9): Urgency:
43	SNeedStinging	Num	8	YESNO.	(IV: S10, 12M: R10): Stinging:
44	SNeedFullness	Num	8	YESNO.	(IV: S11, 12M: R11): Fullness:
45	SNeedOther	Num	8	YESNO.	(IV: S12, 12M: R12): Other:
46	SNeedOS	Char	250	\$250.	(IV: S13, 12M: R13): If Yes to Other, what kinds of sensations do you feel:
47	SNeedCannotWord	Num	8	YESNO.	(IV: S14, 12M: R14): I have sensations, but I can't put them into words:
48	SNext	Num	8	YESNO.	(IV: S15, 12M: R15): During these times, are you aware of any feelings or sensations?
49	SNextBloating	Num	8	YESNO.	(IV: S16, 12M: R16): Bloating:
50	SNextTingling	Num	8	YESNO.	(IV: S17, 12M: R17): Tingling:
51	SNextBurning	Num	8	YESNO.	(IV: S18, 12M: R18): Burning:
52	SNextPressure	Num	8	YESNO.	(IV: S19, 12M: R19): Pressure:
53	SNextDiscomfort	Num	8	YESNO.	(IV: S20, 12M: R20): Discomfort:
54	SNextPain	Num	8	YESNO.	(IV: S21, 12M: R21): Pain:
55	SNextAching	Num	8	YESNO.	(IV: S22, 12M: R22): Aching:
56	SNextUrgency	Num	8	YESNO.	(IV: S23, 12M: R23): Urgency:
57	SNextStinging	Num	8	YESNO.	(IV: S24, 12M: R24): Stinging:
58	SNextFullness	Num	8	YESNO.	(IV: S25, 12M: R25): Fullness:
59	SNextOther	Num	8	YESNO.	(IV: S26, 12M: R26): Other:
60	SNextOS	Char	250	\$250.	(IV: S27, 12M: R27): If Yes to Other, what kinds of sensations do you feel:
61	SNextCannotWord	Num	8	YESNO.	(IV: S28, 12M: R28): I have sensations, but I can't put them into words:
62	SFillingPainOften	Num	8	NEVEREVERYTIME.	(IV: S29, 12M: R29): How often did you have pain or discomfort in your bladder while it was filling?
63	SFillingPainMuch	Num	8	NOPAINTOSEVERE.	(IV: S30, 12M: R30): How much pain or discomfort did you have in your bladder while it was filling?
64	SFullPainOften	Num	8	NEVEREVERYTIME.	(IV: S31, 12M: R31): How often did you have pain or discomfort in your bladder when it was full?

Num	Variable	Type	Len	Format	Label
65	SFullPainMuch	Num	8	NOPAINTOSEVERE.	(IV: S32, 12M: R32): How much pain or discomfort did you have in your bladder when it was full?
66	SUrinatePainOften	Num	8	NEVEREVERYTIME.	(IV: S33, 12M: R33): How often did you have pain or discomfort while urinating?
67	SUrinatePainMuch	Num	8	NOPAINTOSEVERE.	(IV: S34, 12M: R34): How much pain or discomfort did you have while urinating?
68	SFinishPainOften	Num	8	NEVEREVERYTIME.	(IV: S35, 12M: R35): How often did you have pain or discomfort right after you had finished urinating?
69	SFinishPainMuch	Num	8	NOPAINTOSEVERE.	(IV: S36, 12M: R36): How much pain or discomfort did you have right after you had finished urinating?
70	SSuddenOften	Num	8	NEVEREVERYTIME.	(IV: S37, 12M: R37): How often did you feel a sudden need to urinate?
71	SHardWait	Num	8	WAITDIFFICULTY.	(IV: S38, 12M: R38): Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?
72	SFearLeakOften	Num	8	NEVEREVERYTIME.	(IV: S39, 12M: R39): How often did you have a sudden need to rush to urinate for fear of leaking urine?
73	SConstantNeed	Num	8	YESNO.	(IV: S40, 12M: R40): Did you have a constant need to urinate that did not go away?
74	SDelayOften	Num	8	NEVEREVERYTIME.	(IV: T41, 12M: S41): How often did you have a delay before you started to urinate?
75	SDelayMuch	Num	8	NONETOMINUTES.	(IV: T42, 12M: S42): When trying to urinate, how much of a delay was there before the urine came out?
76	SPushOften	Num	8	NEVEREVERYTIME.	(IV: T43, 12M: S43): How often did you have to push when urinating?
77	SPushHardBegin	Num	8	NOTTOVERYHARD.	(IV: T44, 12M: S44): How hard did you have to push to begin urinating?
78	SPushHardDuring	Num	8	NOTTOVERYHARD.	(IV: T45, 12M: S45): How hard did you have to push during urination?
79	SPushExtraHard	Num	8	NEVEREVERYTIME.	(IV: T46, 12M: S46): How often did you push extra hard while you were urinating?
80	SConcentrate	Num	8	NOTTOMUCH.	(IV: T47, 12M: S47): How much did you have to concentrate to empty your bladder?
81	SRelax	Num	8	NEVEREVERYTIME.	(IV: T48, 12M: S48): How often did you have to relax to empty your bladder?
82	SFlowSplit	Num	8	NEVEREVERYTIME.	(IV: T49, 12M: S49): How often did you have splitting or spraying of your urine stream?
83	SFlowSpray	Num	8	NEVEREVERYTIME.	(IV: T50, 12M: S50): How often did you have spraying or change in direction of your urine stream?
84	SFlowStopStart	Num	8	NEVEREVERYTIME.	(IV: T51, 12M: S51): Once you started urinating, how often did your urine flow stop and start again?
85	SFlowSlow	Num	8	NEVEREVERYTIME.	(IV: T52, 12M: S52): How often was your urine flow slow or weak?
86	SFlowEndTrickle	Num	8	NEVEREVERYTIME.	(IV: T53, 12M: S53): How often did you have a trickle or dribble at the end of your urine flow?
87	SFlowNoSensation	Num	8	NEVEREVERYTIME.	(IV: T54, 12M: S54): How often did you have no sensation of urine flow while you were urinating?
88	SLeakUrine	Num	8	YESNO.	(IV: T55, 12M: S55): Have you leaked urine or wet a pad?

Num	Variable	Type	Len	Format	Label
89	SLoseControl	Num	8	NEVEREVERYTIME.	(IV: T56, 12M: S56): How often did you completely lose control of your bladder?
90	SLeakAfterSudden	Num	8	NEVEREVERYTIME.	(IV: T57, 12M: S57): How often did you leak urine or wet a pad after feeling a sudden need to urinate?
91	SLeakLaugh	Num	8	NEVEREVERYTIME.	(IV: T58, 12M: S58): How often did you leak urine or wet a pad while laughing, sneezing, or coughing?
92	SLeakExercise	Num	8	NEVEREVERYTIME.	(IV: T59, 12M: S59): How often did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?
93	SLeakUpChair	Num	8	NEVEREVERYTIME.	(IV: T60, 12M: S60): How often did getting up from a chair cause you to leak urine or wet a pad?
94	SLeakWalk	Num	8	NEVEREVERYTIME.	(IV: T61, 12M: S61): How often did walking at your usual speed cause you to leak urine or wet a pad?
95	SLeakNoUrge	Num	8	NEVEREVERYTIME.	(IV: T62, 12M: S62): How often did you leak urine or wet a pad without feeling an urge to urinate or not in connection with physical activity?
96	SLeakStairs	Num	8	NEVEREVERYTIME.	(IV: T63, 12M: S63): How often did walking down stairs or stepping off a curb cause you to leak urine or wet a pad?
97	SLeakNoReason	Num	8	NEVEREVERYTIME.	(IV: T64, 12M: S64): How often did you leak urine or wet a pad without any reason you could identify?
98	SLeakNoFeel	Num	8	NEVEREVERYTIME.	(IV: T65, 12M: S65): How often did you leak urine or wet a pad without feeling it?
99	SNeedJustAfter	Num	8	NEVEREVERYTIME.	(IV: T66, 12M: S66): How often did you feel a need to urinate after you had just urinated?
100	SNotEmptyAfter	Num	8	NEVEREVERYTIME.	(IV: T67, 12M: S67): How often did you feel that your bladder was not completely empty after urination?
101	SDribbleZipPants	Num	8	NEVEREVERYTIME.	(IV: T68, 12M: S68): How often did you dribble urine just after zipping your pants or pulling up your underwear?
102	TSatisfyBladderFunc	Num	8	NOTTOEXTRESATISFIED.	(IV: U1, 12M: T1): How satisfied were you with your bladder function?
103	TBotherUrSympt	Num	8	NOTTOEXTREBOTHER.	(IV: U2, 12M: T2): How bothered were you by urinary symptoms?
104	TUrProblemOften	Num	8	NEVEREVERYTIME.	(IV: U3, 12M: T3): How often did you have urinary or bladder problems of any kind?
105	TUrFuncRate	Num	8	POORTOGOOD.	(IV: U4, 12M: T4): How would you rate your bladder or urinary function?
106	ULeakAfterSudden	Num	8	YESNO.	(IV: V1, 12M: U1): Did you ever leak urine after feeling a sudden need to urinate?
107	UAccidentEmpty	Num	8	YESNO.	(IV: V2, 12M: U2): Did you ever have an accident where you completely emptied your bladder?
108	ULeakLaugh	Num	8	YESNO.	(IV: V3, 12M: U3): Did you ever leak urine with a laugh, sneeze, or cough?
109	UMedNotEmpty	Num	8	YESNO.	(IV: V4, 12M: U4): Did you ever seek medical attention because you could not empty your bladder?
110	UTryStopStream	Num	8	YESNO.	(IV: V5, 12M: U5): Have you ever tried to stop urinating mid-stream?

Num	Variable	Type	Len	Format	Label
111	UStopStreamHard	Num	8	EASYTOUNABLE.	(IV: V6, 12M: U6): If yes, how difficult was it to stop urination mid-stream?
112	UMidStreamSample	Num	8	YESNO.	(IV: V7, 12M: U7): Have you ever been asked to give a mid-stream urine sample?
113	UMidSampleHard	Num	8	EASYTOUNABLE.	(IV: V8, 12M: U8): If yes, how difficult was it to stop urination mid-stream?
114	CenterComplete	Num	8	QUESTCOMP.	(IV: W1, 12M: V1): Questionnaire Complete
115	CompleteDate	Num	8	MMDDYY8.	(IV: W2, 12M: V2): Complete Date

Data Set Name: controlassessment.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	StudyID	Num	8	11.	StudyID
6	CohortID	Num	8	COHORT.	CohortID
7	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	Date	Num	8	MMDDYY8.	A1: Date of Visit
11	DNACollDate	Num	8	MMDDYY8.	A2: Date of DNA collection:
12	Arthritis	Num	8	EDEMA.	C1: Arthritis (rheumatoid and osteoarthritis):
13	Osteoporosis	Num	8	EDEMA.	C2: Osteoporosis:
14	Asthma	Num	8	EDEMA.	C3: Asthma:
15	COPD	Num	8	EDEMA.	C4: Chronic Obstructive Pulmonary Disease (COPD), Acquired Respiratory Distress Syndrome (ARDS), or Emphysema:
16	Angina	Num	8	EDEMA.	C5: Angina:
17	CHF	Num	8	EDEMA.	C6: Congestive heart failure (or heart disease):
18	HeartAttack	Num	8	EDEMA.	C7: Heart attack (myocardial infarct):
19	NeuroDisease	Num	8	EDEMA.	C8: Neurological disease (such as multiple sclerosis or Parkinson's):
20	Stroke	Num	8	EDEMA.	C9: Stroke or TIA:
21	PeriVasDisease	Num	8	EDEMA.	C10: Peripheral vascular disease:
22	Diabetes	Num	8	EDEMA.	C11: Diabetes types I or II:
23	UpGastroDisease	Num	8	EDEMA.	C12: Upper gastrointestinal disease (ulcer, hernia, reflux):
24	Depression	Num	8	EDEMA.	C13: Depression:
25	AnxPanDisord	Num	8	EDEMA.	C14: Anxiety or panic disorders:
26	VisuImpair	Num	8	EDEMA.	C15: Visual impairment (such as cataracts, glaucoma, macular degeneration):
27	HearImpair	Num	8	EDEMA.	C16: Hearing impairment (very hard of hearing, even with hearing aids):
28	DegDiscDisease	Num	8	EDEMA.	C17: Degenerative disc disease (back disease, spinal stenosis, or severe chronic back pain):
29	Nitrites	Num	8	POSITIVNEGATIV.	D1: Nitrites:
30	RedBloodCells	Num	8	POSNEGTRACE.	D2: Blood/Hemoglobin/Red Blood Cells:
31	WhiteBloodCells	Num	8	POSITIVNEGATIV.	D3: White Blood Cells:
32	Glucose	Num	8	POSITIVNEGATIV.	D4: Glucose:
33	UrineSpGrav	Num	8		D5: Urine specific gravity:

Num	Variable	Type	Len	Format	Label
34	pH	Num	8		D6: pH:
35	BacterialCult	Num	8	POSITIVNEGATIV.	D7: Bacterial cultures:
36	PostVoidVol	Num	8		D8: Post-void residual volume:
37	PostVoidVolUnit	Num	8	RESIDUNIT.	D8: Post-void residual volume:
38	PostVoidVolMeth	Num	8	VOIDMETH.	D9: Method of retrieving post-void residual:
39	PartTwoUTI	Num	8	EDEMA.	E1: Has the participant had more than two UTIs?
40	PartHistPelvPain	Num	8	EDEMA.	E2: Does the participant have a history of pelvic/urologic pain?
41	PartHistPelvPainDate	Num	8	MMDDYY8.	E3: If yes, date of diagnosis:
42	PartPostMeno	Num	8	EDEMA.	E4: Is the participant post-menopausal?
43	PartPostMenoDate	Num	8	MMDDYY8.	E5: If yes, date of diagnosis:
44	PartPostMenoHorm	Num	8	EDEMA.	E6: If post-menopausal, is the participant currently on hormone replacement therapy?
45	PartPostMenoHormType	Num	8	TYPEHORMRPL.	E7: If yes, type:
46	PartSexActLastMonth	Num	8	EDEMA.	E8: Was the participant sexually active within the past month?
47	PartHadUTI	Num	8	EDEMA.	F1: Has the participant had a UTI?
48	PartHadUTIDate	Num	8	MMDDYY8.	F2: If yes, date of diagnosis:
49	PartHadSTI	Num	8	EDEMA.	F3: Has the participant had an STI?
50	PartHadSTIDate	Num	8	MMDDYY8.	F4: If yes, date of diagnosis:
51	PartGenInf	Num	8	EDEMA.	F5: Has the participant had a genital infection?
52	PartGenInfDate	Num	8	MMDDYY8.	F6: If yes, date of diagnosis:
53	PartHxHormTx	Num	8	EDEMA.	F7: Does the participant have a history of hormone treatment/use?
54	PartHxHormTxDate	Num	8	MMDDYY8.	F8: If yes, date of diagnosis:
55	PartHxHyper	Num	8	EDEMA.	G1: Does the participant have a history of Hypertension?
56	PartHxHyperDate	Num	8	MMDDYY8.	G2: If yes, date of diagnosis:
57	PartHyperlipidemia	Num	8	EDEMA.	G3: Does the participant have Hyperlipidemia?
58	PartHyperlipidemiaDate	Num	8	MMDDYY8.	G4: If yes, date of diagnosis:
59	PartDiabetes	Num	8	EDEMA.	G5: Does the participant have Diabetes?
60	PartDiabetesDate	Num	8	MMDDYY8.	G6: If yes, date of diagnosis:
61	PartSlpApnea	Num	8	EDEMA.	G7: Does the participant have Sleep Apnea?
62	PartSlpApneaDate	Num	8	MMDDYY8.	G8: If yes, date of diagnosis:
63	PartPsychDx	Num	8	EDEMA.	G9: Does the participant have a Psychiatric Diagnosis (depression, anxiety, PTSD, etc.)?
64	PartPsychDxType	Char	200		
65	PartPsychDxDate	Num	8	MMDDYY8.	G11: If yes, date of diagnosis:
66	PartColoRecDis	Num	8	EDEMA.	G12: Does the participant have Colorectal Disease?
67	PartColoRecDisDate	Num	8	MMDDYY8.	G13: If yes, date of diagnosis:
68	CntCultPrvnSTI	Num	8	11.	G14: Number of culture-proven UTIs in the past 12 months:
69	PartOthMedProb	Num	8	NOYESSP.	G15: Does the participant have other medical problems?
70	PartOthMedProbOther	Char	200	\$200.	G15: Does the participant have other medical problems?

Num	Variable	Type	Len	Format	Label
71	PartHxBladTrauma	Num	8	EDEMA.	G16: Does the participant have a history of bladder or urethral trauma?
72	PartHxBladTraumaDate	Num	8	MMDDYY8.	G17: If yes, date of event:
73	PartPrimDxLUTD	Char	200		
74	PartDrnkPerWeek	Num	8	NUMDRNK.	G19: In the past year, how many alcoholic drinks has the participant had per week, when drinking (on average)?
75	PartSurgLUTS	Num	8	EDEMA.	H1: Has the participant undergone any surgeries for the treatment of LUTS?
76	PartHysterectomy	Num	8	EDEMA.	I1: Has the participant had a Hysterectomy?
77	PartHysterectomyDate	Num	8	MMDDYY8.	I2: If yes, date of most recent procedure:
78	PartCSection	Num	8	EDEMA.	I3: Has the participant had a Cesarean section?
79	PartCSectionDate	Num	8	MMDDYY8.	I4: If yes, date of most recent procedure:
80	PartBrainSurg	Num	8	EDEMA.	I5: Has the participant had spinal or brain surgery?
81	PartBrainSurgDate	Num	8	MMDDYY8.	I6: If yes, date of most recent procedure:
82	PartRectSurg	Num	8	EDEMA.	I7: Has the participant had rectal surgery (excluding colonoscopies)?
83	PartRectSurgDate	Num	8	MMDDYY8.	I8: If yes, date of most recent procedure:
84	PartOthSurg	Num	8	NOYESSP.	I9: Has the participant had any other surgical procedure done?
85	PartOthSurgOther	Char	200	\$200.	I9: Has the participant had any other surgical procedure done?
86	PartTimesPreg	Num	8	11.	J1: How many times has the participant been pregnant?
87	PartVagBirth	Num	8	11.	J2: How many times has the participant had vaginal births?
88	PartHxSmoke	Num	8	CURRFORM.	K1: Does the participant have a history of tobacco use (e.g. cigarettes, cigars, smokeless tobacco, etc.)?
89	PartPacksSmoke	Num	8		K2: If current or former smoker: Number of pack-years (packs smoked per day x years smoked)
90	PartPacksSmokeUnit	Num	8		K2: If current or former smoker: Number of pack-years (packs smoked per day x years smoked)
91	PartRecDrugs	Num	8	CURRFORM.	K3: Has the participant used any recreational drugs (e.g. marijuana, narcotics, etc.)?
92	PatTakingRXYN	Num	8	EDEMA.	L1: Is the participant currently on any medications (Rx and OTC)?
93	PartAntiBioUse	Num	8	EDEMA.	L3: Has the participant had any antibiotic use within the past 3 months?
94	RxOTCMedsReviewDT	Num	8	MMDDYY8.	L4: Enter date that medication list has been reviewed, confirming that medications without Stop Dates are still active.
95	PartAntiFungUse	Num	8	EDEMA.	L5: Has the participant had any antifungal use within the past 3 months?
96	TimePeriodTxLUTD	Num	8	TIMETXLUTD.	L6: Approximate time period of prior medical treatment for LUTD?
97	PartOthTxLUTDYN	Num	8	EDEMA.	L7a: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
98	PartOthTxLUTD	Char	200		
99	CenterComplete	Num	8	QUESTCOMP.	O1: Questionnaire Complete
100	PartPsychDxType1	Num	8		G10: If yes, what types (select all that apply)?1: Depression

Num	Variable	Type	Len	Format	Label
101	PartPsychDxType2	Num	8		G10: If yes, what types (select all that apply)?2: Anxiety
102	PartPsychDxType3	Num	8		G10: If yes, what types (select all that apply)?3: PTSD
103	PartPsychDxType4	Num	8		G10: If yes, what types (select all that apply)?4: Bi-polar
104	PartPsychDxType5	Num	8		G10: If yes, what types (select all that apply)?5: Schizophrenia
105	PartPsychDxType6	Num	8		G10: If yes, what types (select all that apply)?6: Other (specify)
106	PartPsychDxType_Other6	Char	200		G10: If yes, what types (select all that apply)?Other Specify
107	PartPrimDxLUTD1	Num	8		G18: What is the participant's primary diagnosis for LUTD?1: Benign prostatic hyperplasia (BPH)
108	PartPrimDxLUTD2	Num	8		G18: What is the participant's primary diagnosis for LUTD?2: Nocturia
109	PartPrimDxLUTD3	Num	8		G18: What is the participant's primary diagnosis for LUTD?3: Overactive bladder
110	PartPrimDxLUTD4	Num	8		G18: What is the participant's primary diagnosis for LUTD?4: Incontinence
111	PartPrimDxLUTD5	Num	8		G18: What is the participant's primary diagnosis for LUTD?5: Frequency (Not OAB)
112	PartPrimDxLUTD6	Num	8		G18: What is the participant's primary diagnosis for LUTD?6: Other (specify)
113	PartPrimDxLUTD_Other6	Char	200		G18: What is the participant's primary diagnosis for LUTD?Other Specify
114	PartOthTxLUTD1	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.1: Nutraceutical / Herbal remedy
115	PartOthTxLUTD2	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.2: Pelvic floor physical therapy
116	PartOthTxLUTD3	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.3: Kegel exercises (other than physical therapy)
117	PartOthTxLUTD4	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.4: Acupuncture
118	PartOthTxLUTD5	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.5: Yoga
119	PartOthTxLUTD6	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.6: Meditation
120	PartOthTxLUTD7	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.7: Counseling/talk therapy
121	PartOthTxLUTD8	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.8: Hypnosis
122	PartOthTxLUTD9	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.9: Biofeedback
123	PartOthTxLUTD10	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.10: Behavioral Modification
124	PartOthTxLUTD11	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.11: Intermittent Catheterization
125	PartOthTxLUTD12	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.12: Indwelling Catheterization

Num	Variable	Type	Len	Format	Label
126	PartOthTxLUTD13	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.13: Bladder reflex training
127	PartOthTxLUTD14	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.14: Bladder expression
128	PartOthTxLUTD15	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.15: Weight Loss
129	PartOthTxLUTD16	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.16: Reduced Fluid Consumption
130	PartOthTxLUTD17	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.17: Increased Fluid Consumption
131	PartOthTxLUTD18	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.18: Absorbent pads or undergarments
132	PartOthTxLUTD19	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.19: Pessary
133	PartOthTxLUTD20	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.20: Urethral Insert
134	PartOthTxLUTD21	Num	8		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.21: Other (specify)
135	PartOthTxLUTD_Other21	Char	200		L7b: Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.Other Specify

Data Set Name: controleligiconsent.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	StudyID	Num	8	11.	StudyID
6	CohortID	Num	8	COHORT.	CohortID
7	CRFStatus	Num	8	11.	CRFStatus
8	DateScreen	Num	8	MMDDYY8.	A1: Date screened
9	Over18	Num	8	YESNO.	A2: Is the person 18 years of age or older?
10	Answer1to3timesQ2LUTS	Num	8	YESNO.	A3: Did the person answer 1-3 times a day or 4 to 7 times a day on question 2 of the LUTS tool - 1 month version?
11	AnswerNonetoQ3LUTS	Num	8	YESNO.	A4: Did the person answer None or 1 time a night on question 3 of the LUTS tool - 1 month version?
12	AnswerNorROtherLUTS	Num	8	YESNO.	A5: Did the person answer nevet or rarely on all other questions of the LUTS tool - 1 month version?
13	AUASympton	Num	8	YESNO.	A6: Did the person have an AUA Symptom Index score between 0 and 7 (inclusive)?
14	NormalUrinalysis	Num	8	YESNO.	A7: Did the person have a normal urinalysis?
15	GrossHema	Num	8	YESNO.	B1: Does the person have gross hematuria?
16	SignifNeuro	Num	8	YESNO.	B2: Does the person have significant neurologic disease or injury? (Cerebral vascular accident with residual defect, Alzheimer disease,dementia, Parkinson disease, etc.)
17	PrimPelvicPain	Num	8	YESNO.	B3: Is the persons primary complaint pelvic pain?
18	InterstitialCyt	Num	8	YESNO.	B4: Has the person been diagnosed with interstitial cystitis, chronic prostatitis, or chronic orchialgia?
19	PelvicEndo	Num	8	YESNO.	B5: Has the person had a pelvic or endoscopic GU surgery within the past 6 months? (Not including diagnostic cystoscopy)
20	UretharIStric	Num	8	YESNO.	B6: Does the person have an ongoing symptomatic urethral stricture?
21	LowUrinTracMal	Num	8	YESNO.	B7: Does the person have a history of lower urinary tract or pelvic malignancy?
22	ChemoTherapy	Num	8	YESNO.	B8: Is the person currently undergoing chemotherapy or other cancer therapy?
23	PelvicImplant	Num	8	YESNO.	B9: Does the person have a pelvic device or implant complication? (e.g. sling or mesh complications)
24	BotoxInject	Num	8	YESNO.	B10: Has the person had a Botox injection to the bladder or pelvic structures within the past 12 months?
25	NeuroStimulator	Num	8	YESNO.	B11: Does the person currently have a functioning neurostimulator?
26	ProstratreBio	Num	8	YESNO.	B12: Has the person had a prostate biopsy in the past 3 months?
27	CurPreg	Num	8	YESNO.	B13: Is the person currently pregnant?
28	HisCystitis	Num	8	YESNO.	B14: Does the person have a history of cystitis caused by tuberculosis, radiation therapy, or Cytoxan / cyclophosphamide therapy?

Num	Variable	Type	Len	Format	Label
29	AugmentCyst	Num	8	YESNO.	B15: Has the person had an augmentation cystoplasty or cystectomy?
30	UrinTractFistula	Num	8	YESNO.	B16: Does the person have a urinary tract fistula?
31	MajPsychDisorder	Num	8	YESNO.	B17: Does the person currently have a major psychiatric disorder or other psychiatric or medical issues that would interfere with study participation? (e.g. dementia, psychosis, etc.)
32	RelayValidInfo	Num	8	YESNO.	B18: Is the person unable to relay valid information, actively participate in the study, or provide informed consent? (Includes uncontrolled psychiatric disease)
33	DiffCommEng	Num	8	YESNO.	B19: Does the person have a difficulty reading or communicating in English?
34	ClinicalDiagOverAct	Num	8	YESNO.	B20: Does the person have a clinical diagnosis of overactive bladder (OAB)?
35	UsingMeds	Num	8	YESNO.	B21: Is the person currently using medication for LUTS/LUTD (e.g., anti-cholinergics, beta-agonists, alpha-agonists, 5-alpha-reductases, or PDE5-inhibitors for urinary problems)?
36	PostVoidResid	Num	8	YESNO.	B22: Does the person have a history of incomplete bladder emptying?
37	LeftHanded	Num	8	YESNO.	B23: Is the person left-handed?
38	CNSDisease	Num	8	YESNO.	B24: Does the person have a CNS disease including structural brain abnormalities or history of other neurological disease including stroke or seizure disorders?
39	DiscomEnclosed	Num	8	YESNO.	B25: Does the person have individual or discomfort with enclosed spaces?
40	VisionHearImped	Num	8	YESNO.	B26: Does the person have vision or hearing impairments that would impede completion of study procedures?
41	MetalImplants	Num	8	YESNO.	B27: Does the person have metal implants, devices, or jewelry that would be unsafe in the MRI, or meets any other exclusionary criteria as specified by your sites MRI Screening form?
42	ArtificialNails	Num	8	YESNO.	B28: Does the person have current, habitual, or previous use (within the last 12 months) of artificial nails, nails enhancements, or nail extensions that cover any portion of the thumbnail?
43	MenieresDis	Num	8	YESNO.	B29: Does the person have Menière's disease or the use of a hearing aid in either ear?
44	Opioid	Num	8	YESNO.	B30: Has the person used opioids, including tramadol, and sedatives, including benzodiazepines, without a 1-week washout period before the day of testing?
45	TreatedLUTD	Num	8	YESNO.	B31: Has the person previously received treatment for LUTS/LUTD?
46	PosUrinCult	Num	8	YESNO.	B32: Does the person have a positive urinalysis or positive urine culture?
47	PregPas6Mos	Num	8	YESNO.	B33: Has the person had a pregnancy in the past 6 months?
48	CurrSTD	Num	8	YESNO.	B34: Does the person have a current sexually transmitted infection?
49	TreatedUTI	Num	8	YESNO.	B35: Has the person reported or been treated for a urinary tract infection in the past 90 days?
50	ExpulsiveTherapy	Num	8	YESNO.	B36: Has the person had medical expulsive therapy for symptomatic kidney or ureteral stone within 90 days?
51	FitDemogNI	Num	8	YESNO.	C1: Does this person fit into the remaining demographic categories needed for the Neuroimaging study?

Num	Variable	Type	Len	Format	Label
52	FitDemogBioP	Num	8	YESNO.	C2: Does this person fit into the remaining demographic categories needed for the Biomarker Pilot study?
53	DateConsentRefus	Num	8	MMDDYY8.	D1: Date of consent or refusal
54	ConsentYN	Num	8	YNNIBIO.	D2: Did the person consent to the study?
55	ConsentBio	Num	8	YESNO.	D3: Did the person consent to provide biospecimens?
56	ConsentDNA	Num	8	YESNO.	D4: Did the person consent to provide blood for DNA?
57	NoConsentReason	Char	200		
58	NotApproReason	Char	200		
59	CenterComplete	Num	8	QUESTCOMP.	E1: Questionnaire Complete
60	NoConsentReason1	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:1: Not interested
61	NoConsentReason2	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:2: Too much effort to get to center
62	NoConsentReason3	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:3: Transportation issues
63	NoConsentReason4	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:4: Child care issues
64	NoConsentReason5	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:5: Work-related issues
65	NoConsentReason6	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:6: Financial hardship
66	NoConsentReason8	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:8: Did not want to fill out PROs
67	NoConsentReason9	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:9: Did not want have an MRI
68	NoConsentReason10	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:10: Did not want to undergo auditory testing
69	NoConsentReason11	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:11: Did not want to undergo sensory testing
70	NoConsentReason12	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:12: Not approached
71	NoConsentReason13	Num	8		D5: If the person didnt consent to the study, provide reason(s) why:13: Other (specify)
72	NoConsentReason_Other13	Char	200		D5: If the person didnt consent to the study, provide reason(s) why:Other Specify
73	NotApproReason1	Num	8		D6: If the person was not approached, provide reason(s) why:1: Demonstrated past non-compliance or non-adherence to medical visits or therapy
74	NotApproReason2	Num	8		D6: If the person was not approached, provide reason(s) why:2: Barriers to obtaining informed consent (e.g. dementia, language, other)
75	NotApproReason3	Num	8		D6: If the person was not approached, provide reason(s) why:3: Not approached per treating physician
76	NotApproReason4	Num	8		D6: If the person was not approached, provide reason(s) why:4: Other (specify)
77	NotApproReason_Other4	Char	200		D6: If the person was not approached, provide reason(s) why:Other Specify

Data Set Name: controlgroup.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	CohortID	Num	8	COHORT.	CohortID
5	Gender	Num	8	GENDFMT.	A2: Sex: (an answer is required before the patient can appear as Eligible)
6	Race	Char	200		
7	Ethnicity	Num	8	ETHHISP.	A4: Ethnicity:
8	Education	Num	8	EDUCATION.	A5: Education:
9	EmplymentStat	Num	8	EMPLSTAT.	A6: Employment:
10	MaritalStat	Num	8	MARISTAT.	A7: Marital Status:
11	WeightPE	Num	8	WEIGHTUNITS.	A8: Weight:
12	WeightPEUnit	Num	8	WEIGHTUNITS.	A8: Weight:
13	HeightPE	Num	8	HEIGHTUNITS.	A9: Height:
14	HeightPEUnit	Num	8	HEIGHTUNITS.	A9: Height:
15	SourceHtWt	Num	8	SOURCEHTWT.	A10: Height/weight measurements from:
16	Diabetes	Num	8	EDEMA.	A11: Diabetes types I or II:
17	EligibleNeuroimaging	Num	8	6.	EligibleNeuroimaging
18	EligibleBiomarker	Num	8	6.	EligibleBiomarker
19	Race1	Num	8		A3: Race (select all that apply):1: American Indian or Alaska Native
20	Race2	Num	8		A3: Race (select all that apply):2: Asian/Asian American
21	Race3	Num	8		A3: Race (select all that apply):3: Black or African American
22	Race4	Num	8		A3: Race (select all that apply):4: Native Hawaiian or other Pacific Islander
23	Race5	Num	8		A3: Race (select all that apply):5: White
24	Race6	Num	8		A3: Race (select all that apply):6: Other
25	Race97	Num	8		A3: Race (select all that apply):97: Unknown
26	Race_Other6	Char	200		A3: Race (select all that apply):Other Specify
27	HeightPECm	Num	8		
28	WeightPEKg	Num	8		
29	BodyMassIndex	Num	8		

Data Set Name: enrollmentassessment.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	CohortID	Num	8	COHORT.	CohortID
5	Eligible	Num	8	2.	Eligible
6	DateScreen	Num	8	MMDDYY8.	A0: Date screened
7	Gender	Num	8	GENDFMT.	A2: Sex: (an answer is required before the patient can appear as Eligible for Observational)
8	Race	Char	200		
9	Ethnicity	Num	8	ETHHISP.	A4: Ethnicity:
10	Education	Num	8	EDUCATION.	A5: Education:
11	EmplmentStat	Num	8	EMPLSTAT.	A6: Employment:
12	MaritalStat	Num	8	MARISTAT.	A7: Marital Status:
13	ScreenNIOOnly	Num	8	YESNO.	A8: Is this patient being screened for the Neuroimaging Sensory and Testing protocol only?
14	PreviousPatient	Num	8	YESNO.	A9: Is this a previously/currently enrolled LURN Observational patient?
15	PrevStudyID	Char	10	\$10.	A10: If yes, please specify patients existing LURN Study ID:
16	NewPat	Num	8	PATIENTNEWRET.	B1: Is the participant presenting for new or returning patient visits for evaluation of treatment of LUTS to one of the LURN physicians?
17	PatAdult	Num	8	EDEMA.	B2: Is the participant 18 years of age or older?
18	PatConsent	Num	8	EDEMA.	B3: Does the participant have the ability to give informed consent?
19	PatQuesElec	Num	8	EDEMA.	B4: Does the participant have the ability to complete self-reported questionnaires electronically?
20	PatHematuria	Num	8	EDEMA.	C1: Does the participant have gross hematuria?
21	PatNeurDis	Num	8	EDEMA.	C2: Does the participant have significant neurologic disease or injury? (Alzheimer's dementia, Parkinson's disease, spinal cord injury, multiple sclerosis)
22	PatPelPain	Num	8	EDEMA.	C3: Is the participant's primary complaint pelvic pain?
23	PatCisProsOrch	Num	8	EDEMA.	C4: Has the participant been diagnosed with interstitial cystitis, chronic prostatitis, or chronic orchialgia?
24	PatGUSurg	Num	8	EDEMA.	C5: Has the participant had a pelvic or endoscopic GU surgery within the past 6 months? (Not including diagnostic cystoscopy)
25	PatSympUrethStric	Num	8	EDEMA.	C6: Does the participant have an ongoing symptomatic urethral stricture?
26	PatHxLUTPMalig	Num	8	EDEMA.	C7: Does the participant have a history of lower urinary tract or pelvic malignancy?
27	PatCancerTher	Num	8	EDEMA.	C8: Is the participant currently undergoing chemotherapy or other cancer therapy?
28	PatImpCompl	Num	8	EDEMA.	C9: Does the participant have a pelvic device or implant complication? (e.g. sling or mesh complications)

Num	Variable	Type	Len	Format	Label
29	NeuroStimulator	Num	8	EDEMA.	C10: Does the participant currently have a functioning neurostimulator?
30	PatBotox	Num	8	EDEMA.	C11: Has the participant had a Botox injection to the bladder or pelvic structures within the past 12 months?
31	PatProsBx	Num	8	EDEMA.	C12: Has the participant had a prostate biopsy in the past 3 months?
32	PatPreg	Num	8	EDEMA.	C13: Is the participant currently pregnant?
33	PatHxCystitis	Num	8	EDEMA.	C14: Does the participant have a history of cystitis caused by tuberculosis, radiation therapy, or Cytoxan / cyclophosphamide therapy?
34	PatCysPlasEctomy	Num	8	EDEMA.	C15: Has the participant had an augmentation cystoplasty or cystectomy?
35	PatUTFist	Num	8	EDEMA.	C16: Does the participant have a urinary tract fistula?
36	PatPsychDis	Num	8	EDEMA.	C17: Does the participant currently have a major psychiatric disorder or other psychiatric or medical issues that would interfere with study participation? (e.g. dementia, psychosis, etc.)
37	PatUnableRelayInfo	Num	8	EDEMA.	C18: Is the participant unable to relay valid information, actively participate in the study, or provide informed consent? (Includes uncontrolled psychiatric disease)
38	PatDiffEng	Num	8	EDEMA.	C19: Does the participant have a difficulty reading or communicating in English?
39	PatMicroHematura	Num	8	EDEMA.	D1: Does the participant have microscopic hematuria?
40	PatPasUrinCult	Num	8	EDEMA.	D2: Does the participant have a positive urine culture?
41	PatPregSixMon	Num	8	EDEMA.	D3: Has the participant had a pregnancy in the past 6 months?
42	PatInfect	Num	8	EDEMA.	D4: Does the participant currently have a sexually transmitted infection?
43	ConsentDate	Num	8	MMDDYY8.	E1: Date consented or refused consent:
44	Consent	Num	8	YESNO.	E1: Did the patient consent to the study?
45	ConsentEntryDate	Num	8	MMDDYY8.	ConsentEntryDate
46	ConBioSp	Num	8	YESNO.	E2: Did the patient consent to provide biospecimens?
47	ConBlood	Num	8	YESNO.	E3: Did the patient consent to provide blood for DNA?
48	EligNoCons	Char	200	\$200.	EligNoCons
49	PatNotAppRea	Char	200	\$200.	PatNotAppRea
50	race1	Num	8		A3: Race (select all that apply):1: American Indian or Alaska Native
51	race2	Num	8		A3: Race (select all that apply):2: Asian/Asian American
52	race3	Num	8		A3: Race (select all that apply):3: Black or African American
53	race4	Num	8		A3: Race (select all that apply):4: Native Hawaiian or other Pacific Islander
54	race5	Num	8		A3: Race (select all that apply):5: White
55	race6	Num	8		A3: Race (select all that apply):6: Other
56	race97	Num	8		A3: Race (select all that apply):97: Unknown
57	race_Other6	Char	200		A3: Race (select all that apply):Other Specify
58	EligNoCons1	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:1: Not interested

Num	Variable	Type	Len	Format	Label
59	EligNoCons2	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:2: Too much effort to get to center
60	EligNoCons3	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:3: Transportation issues
61	EligNoCons4	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:4: Child care issues
62	EligNoCons5	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:5: Work-related issues
63	EligNoCons6	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:6: Financial hardship
64	EligNoCons7	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:7: Did not want to be catheterized
65	EligNoCons8	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:8: Did not want to fill out PROs
66	EligNoCons9	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:9: Did not want to provide biospecimens and/or blood for DNA
67	EligNoCons10	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:10: Not approached
68	EligNoCons11	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:11: Other (specify)
69	EligNoCons12	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:12: Unwilling to delay start of new treatment
70	EligNoCons13	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:13: Did not want to have an MRI
71	EligNoCons14	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:14: Did not want to undergo auditory testing
72	EligNoCons15	Num	8		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:15: Did not want to undergo sensory testing
73	EligNoCons_Other11	Char	200		E4: If the patient didnt consent to the whole study (including biospecimens and DNA), provide reason(s) why:Other Specify
74	PatNotAppRea1	Num	8		E5: If the patient was not approached, provide reason(s) why:1: Demonstrated past non-compliance or non-adherence to medical visits or therapy
75	PatNotAppRea2	Num	8		E5: If the patient was not approached, provide reason(s) why:2: Barriers to obtaining informed consent (e.g. dementia, language, other)
76	PatNotAppRea3	Num	8		E5: If the patient was not approached, provide reason(s) why:3: Not approached per treating physician
77	PatNotAppRea4	Num	8		E5: If the patient was not approached, provide reason(s) why:4: Other, specify (with textbox)

Num	Variable	Type	Len	Format	Label
78	PatNotAppRea_Other4	Char	200		E5: If the patient was not approached, provide reason(s) why:Other Specify

Data Set Name: followupassessment.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	EventTitle	Char	100	\$100.	EventTitle
8	EventDate	Num	8	MMDDYY8.	EventDate
9	Date	Num	8	MMDDYY8.	A1: Date of Visit
10	DNACollDate	Num	8	MMDDYY8.	A2: Date of DNA collection:
11	PartSurgLUTS	Num	8	EDEMA.	B1: Has the participant undergone any surgeries for the treatment of LUTS?
12	PatTakingRXYN	Num	8	EDEMA.	C1: Has the participant started taking or stopped taking any medications (Rx and OTC) since the last study visit?
13	PartAntiBioUse	Num	8	EDEMA.	C3: Has the participant had any antibiotic use within the past 3 months?
14	RxOTCMedsReviewDT	Num	8	MMDDYY8.	C4: Enter date that medication list has been reviewed, confirming that medications without Stop Dates are still active.
15	PartAntiFungUse	Num	8	EDEMA.	C5: Has the participant had any antifungal use within the past 3 months?
16	PartOthTxLUTDYN	Num	8	EDEMA.	C6a: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?
17	PartOthTxLUTD	Char	200		
18	ResUrCult	Num	8	URINCULTRESULTS.	D1: What are the results of the urine culture?
19	CenterComplete	Num	8	QUESTCOMP.	E1: Questionnaire Complete
20	PartOthTxLUTD1	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?1: Nutraceutical / Herbal remedy
21	PartOthTxLUTD2	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?2: Pelvic floor physical therapy
22	PartOthTxLUTD3	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?3: Kegel exercises (other than physical therapy)
23	PartOthTxLUTD4	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?4: Acupuncture
24	PartOthTxLUTD5	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?5: Yoga
25	PartOthTxLUTD6	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?6: Meditation
26	PartOthTxLUTD7	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?7: Counseling/talk therapy

Num	Variable	Type	Len	Format	Label
27	PartOthTxLUTD8	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?8: Hypnosis
28	PartOthTxLUTD9	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?9: Other (specify)
29	PartOthTxLUTD97	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?97: Unknown
30	PartOthTxLUTD21	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
31	PartOthTxLUTD18	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
32	PartOthTxLUTD15	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
33	PartOthTxLUTD19	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
34	PartOthTxLUTD16	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
35	PartOthTxLUTD17	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
36	PartOthTxLUTD10	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
37	PartOthTxLUTD11	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
38	PartOthTxLUTD13	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
39	PartOthTxLUTD12	Num	8		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?
40	PartOthTxLUTD_Other9	Char	200		C6: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?Other Specify

Data Set Name: *iciqbladderdiary.sas7bdat*

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
4	PatientID	Num	8	11.	PatientID
5	FacilityID	Num	8	FACNAME.	FacilityID
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	EntryDate	Num	8	MMDDYY8.	1: Date:
11	EntryTime	Char	50	\$50.	2: Time of entry:
12	TypeEntryWoke	Num	8	YESNO.	3: Is this an entry in which the participant woke up? (i.e. they wrote WOKE next to the time)
13	TypeEntryBed	Num	8	YESNO.	4: Is this an entry in which the participant went to bed? (i.e. they wrote BED next to the time)
14	PartDrinkVol	Num	8		5: How much did the participant drink at this time? (If none, then select: Not done
15	PartDrinkVolUnit	Num	8	OZML.	5: How much did the participant drink at this time? (If none, then select: Not done
16	PartDrinkType	Char	50	\$50.	6: What type of drink did the participant have at this time? (If none, then leave blank)
17	PartBladSens	Num	8	BLADSENS.	7: What was the participant's bladder sensation at this time?
18	PartLeak	Num	8	NOYESURGE.	8: Did the participant leak at this time? (i.e. they wrote LEAK in the Urine Output column)
19	PartVoidVol	Num	8		9: How much did the participant void at this time? (If the void was not measured, then select: Unknown. If none, then select: Not done)
20	PartVoidVolUnit	Num	8	OZMLUNK.	9: How much did the participant void at this time? (If the void was not measured, then select: Unknown. If none, then select: Not done)
21	PartChangePad	Num	8	YESNO.	10: Did the participant change their pads at this time?
22	CenterComplete	Num	8	11.	CenterComplete

Data Set Name: *interimassessment.sas7bdat*

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	EventTitle	Char	100	\$100.	EventTitle
8	EventDate	Num	8	MMDDYY8.	EventDate
9	PartSurg	Num	8	EDEMA.	A1: Has the participant undergone any surgeries for the treatment of LUTS since the last visit?
10	PartNewMeds	Num	8	EDEMA.	A3: Has the participant started taking or stopped taking any medications (Rx and OTC) since the last study visit?
11	PartAntibiotics	Num	8	EDEMA.	A5: Has the participant had any antibiotic use since the last visit?
12	PartAntiFungal	Num	8	EDEMA.	A6: Has the participant had any antifungal use since the last visit?
13	PartNonMedTxYN	Num	8	EDEMA.	A7a: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?
14	PartNonMedTx	Char	200		
15	CenterComplete	Num	8	QUESTCOMP.	B1: Questionnaire Complete
16	PartNonMedTx1	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?1: Nutraceutical / Herbal remedy
17	PartNonMedTx2	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?2: Pelvic floor physical therapy
18	PartNonMedTx3	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?3: Kegel exercises (other than physical therapy)
19	PartNonMedTx4	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?4: Acupuncture
20	PartNonMedTx5	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?5: Yoga
21	PartNonMedTx6	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?6: Meditation
22	PartNonMedTx7	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?7: Counseling/talk therapy
23	PartNonMedTx8	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?8: Hypnosis
24	PartNonMedTx9	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?9: Biofeedback
25	PartNonMedTx10	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?10: Behavioral Modification

Num	Variable	Type	Len	Format	Label
26	PartNonMedTx11	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?11: Intermittent Catheterization
27	PartNonMedTx12	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?12: Indwelling Catheterization
28	PartNonMedTx13	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?13: Bladder reflex training
29	PartNonMedTx14	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?14: Bladder expression
30	PartNonMedTx15	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?15: Weight Loss
31	PartNonMedTx16	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?16: Reduced Fluid Consumption
32	PartNonMedTx17	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?17: Increased Fluid Consumption
33	PartNonMedTx18	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?18: Absorbent pads or undergarments
34	PartNonMedTx19	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?19: Pessary
35	PartNonMedTx20	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?20: Urethral Insert
36	PartNonMedTx21	Num	8		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?21: Other (specify)
37	PartNonMedTx_Other21	Char	200		A7: Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD since the last visit?Other Specify

Data Set Name: lutstool.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	EventTitle	Char	100	\$100.	EventTitle
8	EventDate	Num	8	MMDDYY8.	EventDate
9	PastWeekUrinFreq	Num	8	URINEFREQ.	A1: How often during the past month did you urinate too frequently?
10	FreqUrinBother	Num	8	LTSBTHR.	A1: If rarely or more, how much does this bother you?
11	UrineWakeHrs	Num	8	URINEWAKEHRS.	A2: During a typical day in the past month, how many times did you urinate during waking hours?
12	UrineWakeHrsBother	Num	8	LTSBTHR.	A2: How much does this bother you?
13	UrineOvernightFreq	Num	8	URNOVRNGHT.	A3: During a typical night in the past month, how many times did you wake up because you needed to urinate?
14	UrineOvernightFreqBother	Num	8	LTSBTHR.	A3: If 1 time a night or more, how much does this bother you?
15	UrineBladderNotEmpty	Num	8	URINEFREQ.	A4: During the past month, how often have you had the feeling your bladder was not empty after urinating?
16	UrineBladderNotEmptyBother	Num	8	LTSBTHR.	A4: If rarely or more, how much does this bother you?
17	UrineTrickle	Num	8	URINEFREQ.	A5: During the past month, how often have you had a trickle or dribble at the end of your urine flow?
18	UrineTrickleBother	Num	8	LTSBTHR.	A5: If rarely or more, how much does this bother you?
19	UrineSuddenRush	Num	8	URINEFREQ.	A6: During the past month, how often have you had a sudden need to rush to urinate?
20	UrineSuddenRushBother	Num	8	LTSBTHR.	A6: If rarely or more, how much does this bother you?
21	UrineDelayStart	Num	8	URINEFREQ.	A7: During the past month, how often have you had a delay before you start to urinate?
22	UrineDelayStartBother	Num	8	LTSBTHR.	A7: If rarely or more, how much does this bother you?
23	UrineFlowStopStart	Num	8	URINEFREQ.	A8: During the past month, how often did your urine flow start and stop while you were urinating?
24	UrineFlowStopStartBother	Num	8	LTSBTHR.	A8: If rarely or more, how much does this bother you?
25	UrineStrain	Num	8	URINEFREQ.	A9: During the past month, how often did you strain to urinate or strain while you were urinating?
26	UrineStrainBother	Num	8	LTSBTHR.	A9: If rarely or more, how much does this bother you?
27	UrineWeakStream	Num	8	URINEFREQ.	A10: During the past month, how often have you had a weak urine stream?
28	UrineWeakStreamBother	Num	8	LTSBTHR.	A10: If rarely or more, how much does this bother you?
29	UrineSpraying	Num	8	URINEFREQ.	A11: During the past month, how often have you had splitting or spraying of your urine stream?

Num	Variable	Type	Len	Format	Label
30	UrineSprayingBother	Num	8	LTSBTHR.	A11: If rarely or more, how much does this bother you?
31	UrineSuddenRushLeak	Num	8	URINEFREQ.	A12: During the past month, how often have you had a sudden need to rush to urinate for fear of leaking urine?
32	UrineSuddenRushLeakBother	Num	8	LTSBTHR.	A12: If rarely or more, how much does this bother you?
33	BladderPain	Num	8	URINEFREQ.	A13: During the past month, how often have you had pain or discomfort in your bladder area?
34	BladderPainBother	Num	8	LTSBTHR.	A13: If rarely or more, how much does this bother you?
35	UrineBurn	Num	8	URINEFREQ.	A14: During the past month, how often have you had a burning feeling when you urinate?
36	UrinePainBother	Num	8	LTSBTHR.	A14: If rarely or more, how much does this bother you?
37	UrineLeak	Num	8	URINEFREQ.	A15: During the past month, how often did you leak urine?
38	UrineLeakBother	Num	8	LTSBTHR.	A15: If rarely or more, how much does this bother you?
39	LeakUrineFinish	Num	8	URINEFREQ.	Aa: Leaked urine just after you have finished urinating?
40	LeakUrineFinishBother	Num	8	LTSBTHR.	Aa: If rarely or more, how much does this bother you?
41	LeakUrineWSuddenRush	Num	8	URINEFREQ.	Ab: Leaked urine in connection with a sudden need to rush to urinate?
42	LeakUrineWSuddenRushBother	Num	8	LTSBTHR.	Ab: If rarely or more, how much does this bother you?
43	LeakUrineWLaugh	Num	8	URINEFREQ.	Ac: Leaked urine in connection with laughing, sneezing, or coughing?
44	LeakUrineWLaughBother	Num	8	LTSBTHR.	Ac: If rarely or more, how much does this bother you?
45	LeakUrineExer	Num	8	URINEFREQ.	Ad: Leaked urine in connection with physical activities, such as exercising or lifting a heavy object?
46	LeakUrineExerBother	Num	8	LTSBTHR.	Ad: If rarely or more, how much does this bother you?
47	LeakUrineSleep	Num	8	URINEFREQ.	Ae: Leaked urine when you are sleeping?
48	LeakUrineSleepBother	Num	8	LTSBTHR.	Ae: If rarely or more, how much does this bother you?
49	LeakUrineSex	Num	8	URINEFREQ.	Af: Leaked urine during sexual activity?
50	LeakUrineSexBother	Num	8	LTSBTHR.	Af: If rarely or more, how much does this bother you?
51	LeakUrineNoReason	Num	8	URINEFREQ.	Ag: Leaked urine for no reason?
52	LeakUrineNoReasonBother	Num	8	LTSBTHR.	Ag: If rarely or more, how much does this bother you?
53	CenterComplete	Num	8	QUESTCOMP.	B1: Questionnaire Complete

Data Set Name: mast.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PatientID	Num	8	11.		PatientID
2	CohortID	Num	8			
3	FacilityID	Num	8			
4	StudyID	Num	8			
5	Session	Num	8			Session: 1.Ascending 2.Random
6	TestDate	Num	8	MMDDYY10.	MMDDYY10.	
7	TestStartTime	Num	8	TIME20.3	TIME20.3	
8	TestEndTime	Num	8	TIME20.3	TIME20.3	
9	StimulusSTARTTIME	Num	8	TIME20.3	TIME20.3	
10	StimulusENDTIME	Num	8	TIME20.3	TIME20.3	
11	StimulusNumber	Num	8	BEST32.	BEST32.	
12	StimulusIntensity	Num	8	BEST32.	BEST32.	
13	Rating	Num	8	BEST32.	BEST32.	
14	RateTime	Num	8	TIME20.3	TIME20.3	
15	StimulusDuration	Num	8	BEST32.	BEST32.	
16	StimulusISI	Num	8	BEST32.	BEST32.	
17	StimulusRamp	Num	8	BEST32.	BEST32.	
18	StudyName	Char	8	\$8.	\$8.	
19	OperatorName	Char	8	\$8.	\$8.	
20	SiteID_MAST	Char	8	\$8.	\$8.	
21	Protocol	Char	8	\$8.	\$8.	
22	ExpGroup	Char	8	\$8.	\$8.	
23	PatientID_MAST	Char	8	\$8.	\$8.	
24	VisitNumber	Char	16	\$16.	\$16.	
25	Gender_MAST	Char	8	\$8.	\$8.	
26	DominantHand	Char	8	\$8.	\$8.	
27	PainScale	Char	14	\$14.	\$14.	
28	Notes	Char	50	\$50.	\$50.	

Data Set Name: mastprocedure.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
4	PatientID	Num	8	11.	PatientID
5	FacilityID	Num	8	FACNAME.	FacilityID
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	ProcedureComplete	Num	8	NOYES.	A1: Procedure Complete
11	UploadDate	Num	8	MMDDYY8.	A2: Upload Date

Data Set Name: neuroeligiconsent.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
4	PatientID	Num	8	11.	PatientID
5	FacilityID	Num	8	FACNAME.	FacilityID
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	DateScreen	Num	8	MMDDYY8.	A1: Date screened
9	PartSymptoms	Num	8	YESNO.	A2: Does the participant have symptoms of urgency, with or without incontinence, consistent with the definition of overactive bladder?
10	PartLUTS6	Num	8	YESNO.	A3: Did the participant answer Sometimes, Often, or Always on question 6 of the LUTS tool - 1 month version?
11	PartLutsNIGroup	Num	8	PARTLUTSNIGROUP.	A4: What did the participant answer on question 16b of the LUTS tool - 1 month version?
12	PartLuts62	Num	8	YESNO.	B1: Did the participant answer Never or Rarely on question 6 of the LUTS tool - 1 month version?
13	UnableSched	Num	8	YESNO.	B2: Is the participant unable to schedule a neuroimaging and sensory testing visit within four weeks of the questionnaire data and biospecimens collection
14	LeftHanded	Num	8	YESNO.	B3: Is the participant left-handed?
15	CNSDisease	Num	8	YESNO.	B4: Does the participant have a CNS disease?
16	Claustro	Num	8	YESNO.	B5: Does the participant have claustrophobia or discomfort with enclosed spaces?
17	VisionHear	Num	8	YESNO.	B6: Does the participant have vision or hearing impairments that would impede completion of study procedures?
18	Implants	Num	8	YESNO.	B7: Does the participant have metal implants, devices, or jewelry that would be unsafe in the MRI, or meet any other exclusionary criteria as specified by
19	ArtNails	Num	8	YESNO.	B8: Does the participant have current, habitual, or previous use (within the last 12 months) of artificial nails, nails enhancements, or nail extensions t
20	MeniereDis	Num	8	YESNO.	B9: Does the participant have Menière's disease or the use of a hearing aid in either ear?
21	Opiads	Num	8	YESNO.	B10: Has the participant used opioids, including tramadol, and sedatives, including benzodiazepines, without a 1-week washout period before the day of test
22	MicroHema	Num	8	YESNO.	C1: Does the participant have microscopic hematuria?
23	UrineCult	Num	8	YESNO.	C2: Was the participant's urine culture positive?
24	SexTrans	Num	8	YESNO.	C3: Does the participant have a current sexually transmitted infection?
25	Preg6mth	Num	8	YESNO.	C4: Has the participant had a pregnancy in the past 6 months?

Num	Variable	Type	Len	Format	Label
26	DateConsentRefuse	Num	8	MMDDYY8.	D1: Date of consent or refusal
27	ConsentYN	Num	8	YESNO.	D2: Did the patient consent to the study?
28	ReasonNoConsent	Char	200	\$200.	ReasonNoConsent
29	ReasonNotAppro	Char	200	\$200.	ReasonNotAppro
30	CenterComplete	Num	8	QUESTCOMP.	E1: Questionnaire Complete
31	ReasonNoConsent1	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:1: Not interested
32	ReasonNoConsent2	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:2: Too much effort to get to center
33	ReasonNoConsent3	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:3: Transportation issues
34	ReasonNoConsent4	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:4: Child care issues
35	ReasonNoConsent5	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:5: Work-related issues
36	ReasonNoConsent6	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:6: Financial hardship
37	ReasonNoConsent7	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:7: Did not want to be catheterized
38	ReasonNoConsent8	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:8: Did not want to fill out PROs
39	ReasonNoConsent9	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:9: Did not want have an MRI
40	ReasonNoConsent10	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:10: Did not want to undergo auditory testing
41	ReasonNoConsent11	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:11: Did not want to undergo sensory testing
42	ReasonNoConsent12	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:12: Not approached
43	ReasonNoConsent13	Num	8		D3: If the patient didnt consent to the study, provide reason(s) why:13: Other (specify)
44	ReasonNoConsent_Other13	Char	200		D3: If the patient didnt consent to the study, provide reason(s) why:Other Specify
45	ReasonNotAppro1	Num	8		D4: If the patient was not approached, provide reason(s) why:1: Demonstrated past non-compliance or non-adherence to medical visits or therapy
46	ReasonNotAppro2	Num	8		D4: If the patient was not approached, provide reason(s) why:2: Barriers to obtaining informed consent (e.g. dementia, language, other)
47	ReasonNotAppro3	Num	8		D4: If the patient was not approached, provide reason(s) why:3: Not approached per treating physician
48	ReasonNotAppro4	Num	8		D4: If the patient was not approached, provide reason(s) why:4: Other (specify)
49	ReasonNotAppro_Other4	Char	200		D4: If the patient was not approached, provide reason(s) why:Other Specify

Data Set Name: niprocedure.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
4	PatientID	Num	8	11.	PatientID
5	FacilityID	Num	8	FACNAME.	FacilityID
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	TestingReversed	Num	8	YESNO.	A1: Was the order of testing reversed (QST and Audiometry was done before imaging)?
11	ConsumeAnalgesics	Num	8	EDEMA.	A2: Did the participant consume over-the-counter analgesics (NSAIDs, acetaminophen), muscle relaxants, nasal decongestants (pseudoephedrine, phenylephrine
12	ConsumeAlcohol	Num	8	EDEMA.	A3: Did the participant consume alcohol within 24 hours prior to testing?
13	ConsumeCaff	Num	8	EDEMA.	A4: Did the participant consume caffeine within 6 hours prior to testing?
14	UseNicotine	Num	8	EDEMA.	A5: Did the participant use nicotine within 2 hours prior to testing?
15	DateMRI	Num	8	MMDDYY8.	B1: Date of MRI Scan:
16	FVcomplete	Num	8	NOYESIFNOEXPLAIN.	B2: First void completed?
17	FVcompleteOTHER	Char	200	\$200.	B2: First void completed?
18	FVtime	Char	200	\$200.	B3: First void time (HH:MM):
19	FVvolume	Num	8	11.	B4: First Void Volume (cc):
20	PregTest	Num	8	POSNEGUNKNOWN.	B5: Results of Pregnancy test:
21	PregTestOTHER	Char	200	\$200.	B5: Results of Pregnancy test:
22	UrineDipOTHER	Char	200	\$200.	B6: Result of urine dipstick test for nitrites (for controls):
23	UrineDip	Num	8	POSNEGUNKNOWN.	B6: Result of urine dipstick test for nitrites (for controls):
24	WaterIngest	Num	8	NOYESIFNOEXPLAIN.	B7: Water ingestion completed?
25	WaterIngestOTHER	Char	200	\$200.	B7: Water ingestion completed?
26	WaterDrinkTime	Char	200	\$200.	B8: Water drink start time (HH:MM):
27	WaterDrinkEnd	Char	200	\$200.	B9: Water drink end time (HH:MM):
28	VolumeWater	Num	8	11.	B10: Volume of ingested water (cc):
29	PostIngestComplete	Num	8	NOYESIFNOEXPLAIN.	B11: 0-min Post Ingestion procedure completed? (directions and Pain/Urgency scales)
30	PostIngestCompleteOTHER	Char	200	\$200.	B11: 0-min Post Ingestion procedure completed? (directions and Pain/Urgency scales)
31	PostIngestTime	Char	200	\$200.	B12: 0-min Post Ingestion Time (HH:MM):

Num	Variable	Type	Len	Format	Label
32	PostIngetsPain	Num	8	RANGEONETOTEN.	B13: 0-min Post Ingestion Pain (0-10):
33	PostIngestUrgency	Num	8	RANGEONETOTEN.	B14: 0-min Post Ingestion Urgency (0-10):
34	Post20IngestComp	Num	8	NOYESIFNOEXPLAIN.	B15: 20-min Post Ingestion procedures completed?
35	Post20IngestCompOTHER	Char	200	\$200.	B15: 20-min Post Ingestion procedures completed?
36	Post20IngestTime	Char	200	\$200.	B16: 20-min Post Ingestion Time (HH:MM):
37	Post20Ingetspain	Num	8	RANGEONETOTEN.	B17: 20-min Post Ingestion Pain (0-10):
38	Post20IngetsUrgency	Num	8	RANGEONETOTEN.	B18: 20-min Post Ingestion Urgency (0-10):
39	PreRS1Complete	Num	8	NOYESIFNOEXPLAIN.	B19: Pre-RS1 procedures completed?
40	PreRS1CompleteOTHER	Char	200	\$200.	B19: Pre-RS1 procedures completed?
41	PreRS1Time	Char	200	\$200.	B20: Pre-RS1 Time (HH:MM):
42	PreRS1Pain	Num	8	RANGEONETOTEN.	B21: Pre-RS1 Pain (0-10):
43	PreRS1Urgency	Num	8	RANGEONETOTEN.	B22: Pre-RS1 Urgency (0-10):
44	PostRS1Time	Char	200	\$200.	B23: Post-RS1 Time (HH:MM):
45	PostRS1Pain	Num	8	RANGEONETOTEN.	B24: Post-RS1 Pain (0-10):
46	PostRS1Urgency	Num	8	RANGEONETOTEN.	B25: Post-RS1 Urgency (0-10):
47	PostRS1Sleep	Num	8	NOYESUNKCOMM.	B26: Post-RS1: Did the participant go to sleep?
48	PostRS1SleepOTHER	Char	200	\$200.	B26: Post-RS1: Did the participant go to sleep?
49	PostRS1SuccessOTHER	Char	200	\$200.	B27: Post-RS1: RS1 imaging data acquisition successful?
50	PostRS1Success	Num	8	NOYESIFNOEXPLAIN.	B27: Post-RS1: RS1 imaging data acquisition successful?
51	PostRS1Complete	Num	8	NOYESIFNOEXPLAIN.	B28: Post-RS1 Void Completed?
52	PostRS1CompleteOTHER	Char	200	\$200.	B28: Post-RS1 Void Completed?
53	PostRS1VoidTime	Char	200	\$200.	B29: Post-RS1 Void Time (HH:MM):
54	PostRS1VoidVolume	Num	8	11.	B30: Post-RS1 Void Volume (cc):
55	PreRS2Complete	Num	8	NOYESIFNOEXPLAIN.	B31: Pre-RS2 procedures completed?
56	PreRS2CompleteOTHER	Char	200	\$200.	B31: Pre-RS2 procedures completed?
57	PreRS2Time	Char	200	\$200.	B32: Pre-RS2 Time (HH:MM):
58	PreRS2Pain	Num	8	RANGEONETOTEN.	B33: Pre-RS2 Pain (0-10):
59	PreRS2Urgency	Num	8	RANGEONETOTEN.	B34: Pre-RS2 Urgency (0-10):
60	PostRS2Time	Char	200	\$200.	B35: Post-RS2 Time (HH:MM):
61	PostRS2Pain	Num	8	RANGEONETOTEN.	B36: Post-RS2 Pain (0-10):
62	PostRS2Urgency	Num	8	RANGEONETOTEN.	B37: Post-RS2 Urgency (0-10):
63	PostRS2Sleep	Num	8	NOYESUNKCOMM.	B38: Post-RS2: Did the participant go to sleep?
64	PostRS2SleepOTHER	Char	200	\$200.	B38: Post-RS2: Did the participant go to sleep?
65	PostRS2SuccessOTHER	Char	200	\$200.	B39: Post-RS2: RS2 imaging data acquisition successful?
66	PostRS2Success	Num	8	NOYESIFNOEXPLAIN.	B39: Post-RS2: RS2 imaging data acquisition successful?
67	PostT1Complete	Num	8	NOYESIFNOEXPLAIN.	B40: Post-T1 procedures completed? (pain and urgency)
68	PostT1CompleteOTHER	Char	200	\$200.	B40: Post-T1 procedures completed? (pain and urgency)
69	PostT1Time	Char	200	\$200.	B41: Post-T1 Time (HH:MM):
70	PostT1Pain	Num	8	RANGEONETOTEN.	B42: Post-T1 Pain (0-10):

Num	Variable	Type	Len	Format	Label
71	PostT1Urgency	Num	8	RANGEONETOTEN.	B43: Post-T1 Urgency (0-10):
72	PostT1Success	Num	8	NOYESIFNOEXPLAIN.	B44: Post-T1: T1 imaging data acquisition successful?
73	PostT1SuccessOTHER	Char	200	\$200.	B44: Post-T1: T1 imaging data acquisition successful?
74	PostDTCompleteOTHER	Char	200	\$200.	B45: Post-DTI procedures completed? (pain and urgency)
75	PostDTComplete	Num	8	NOYESIFNOEXPLAIN.	B45: Post-DTI procedures completed? (pain and urgency)
76	PostDTTime	Char	200	\$200.	B46: Post-DTI Time (HH:MM):
77	PostDTPain	Num	8	RANGEONETOTEN.	B47: Post-DTI Pain (0-10):
78	PostDTUrgency	Num	8	RANGEONETOTEN.	B48: Post-DTI Urgency (0-10):
79	PostDTSuccess	Num	8	NOYESIFNOEXPLAIN.	B49: Post-DTI: DTI imaging data acquisition successful?
80	PostDTSuccessOTHER	Char	200	\$200.	B49: Post-DTI: DTI imaging data acquisition successful?
81	SubRemainCon	Num	8	EDEMA.	C1: Did the subject remain continent inside the scanner for the entire imaging sequence?
82	SubIncon	Char	200	\$200.	SubIncon
83	PartVoid	Num	8	EDEMA.	C2: Did the participant need to void after water ingestion prior to RS1, leading to RS1 not being completed?
84	PartVoidMiddle	Num	8	EDEMA.	C3: Did the participant need to void in the middle of RS1, leading to RS1 not being completed?
85	PartVoidRS2	Num	8	EDEMA.	C4: Did the participant need to void mid-RS2, T1, or DT but returned to MRI?
86	PartTermScan	Num	8	EDEMA.	C5: Did the participant terminate the scan and not return to MRI?
87	WhichScanProg	Num	8	SCANPROGRESS.	C5a: Which scan was in progress during termination:
88	WhatReasonTerm	Num	8	HIGHANXIETY.	C6: What was the reason for Termination:
89	WhatReasonTermOther	Char	200	\$200.	C6: What was the reason for Termination:
90	CenterComplete	Num	8	QUESTCOMP.	D1: Questionnaire Complete
91	SubIncon1	Num	8		C1a: If No, at what point was the subject incontinent? Check all that apply:1: First Localizer Scan (S+L)
92	SubIncon2	Num	8		C1a: If No, at what point was the subject incontinent? Check all that apply:2: Resting State 1 Scan (RS1)
93	SubIncon3	Num	8		C1a: If No, at what point was the subject incontinent? Check all that apply:3: Second Localizer Scan (S+L)
94	SubIncon4	Num	8		C1a: If No, at what point was the subject incontinent? Check all that apply:4: Resting State 2 Scan (RS2)
95	SubIncon5	Num	8		C1a: If No, at what point was the subject incontinent? Check all that apply:5: T1
96	SubIncon6	Num	8		C1a: If No, at what point was the subject incontinent? Check all that apply:6: DTI

Data Set Name: niselfreport.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
4	PatientID	Num	8	11.	PatientID
5	FacilityID	Num	8	FACNAME.	FacilityID
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	UrineLeakFreq	Num	8	URINELEAKFREQ.	A3: How often do you leak urine?
11	UrineLeakAmount	Num	8	URINELEAKAMOUNT.	A4: We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?
12	UrineLeakInterfere	Num	8	URINELEAKINTERFERE.	A5: Overall, how much does leaking urine interfere with your everyday life?
13	UrineLeakWhen	Char	250	\$250.	UrineLeakWhen
14	UrinateFreqDay	Num	8	URINATEFREQDAY.	B3a: How many times do you urinate during the day?
15	UrinateBotherDay	Num	8	URINELEAKINTERFERE.	B3b: How much does this bother you?
16	UrinateFreqNight	Num	8	URINATEFREQNIGHT.	B4a: During the night, how many times do you have to get up to urinate, on average?
17	UrinateBotherNight	Num	8	URINELEAKINTERFERE.	B4b: How much does this bother you?
18	UrinateRush	Num	8	NEVERTOALLTIME.	B5a: Do you have to rush to the toilet to urinate?
19	UrinateRushBother	Num	8	URINELEAKINTERFERE.	B5b: How much does this bother you?
20	LeakBeforeToilet	Num	8	NEVERTOALLTIME.	B6a: Does urine leak before you can get to the toilet?
21	LeakBeforeBother	Num	8	URINELEAKINTERFERE.	B6b: How much does this bother you?
22	UDIFreqUrine	Num	8	YESNO.	C1: Frequent urination?
23	UDIFreqUrineBother	Num	8	UDIBOTHERLEVEL.	C1a: If yes, how much does it bother you?
24	UDILeakUrgency	Num	8	YESNO.	C2: Urine leakage related to the feeling of urgency?
25	UDILeakUrgencyBother	Num	8	UDIBOTHERLEVEL.	C2a: If yes, how much does it bother you?
26	UDILeakAct	Num	8	YESNO.	C3: Urine leakage related to physical activity, coughing or sneezing?
27	UDILeakActBother	Num	8	UDIBOTHERLEVEL.	C3a: If yes, how much does it bother you?
28	UDIDrops	Num	8	YESNO.	C4: Small amounts of urine leakage (drops)?
29	UDIDropsBother	Num	8	UDIBOTHERLEVEL.	C4a: If yes, how much does it bother you?
30	UDIEmpty	Num	8	YESNO.	C5: Difficulty emptying your bladder?
31	UDIEmptyBother	Num	8	UDIBOTHERLEVEL.	C5a: If yes, how much does it bother you?
32	UDIPain	Num	8	YESNO.	C6: Pain or discomfort in the lower abdominal or genital area?

Num	Variable	Type	Len	Format	Label
33	UDIPainBother	Num	8	UDIBOTHERLEVEL.	C6a: If yes, how much does it bother you?
34	IIQChores	Num	8	UDIBOTHERLEVEL.	D1: Ability to do household chores (cooking, housecleaning, laundry)?
35	IIQRecreation	Num	8	UDIBOTHERLEVEL.	D2: Physical recreation such as walking, swimming, or other exercise?
36	IIQEntertain	Num	8	UDIBOTHERLEVEL.	D3: Entertainment activities (movies, concerts, etc.)?
37	IIQTravel	Num	8	UDIBOTHERLEVEL.	D4: Ability to travel by car or bus more than 30 minutes from home?
38	IIQSocial	Num	8	UDIBOTHERLEVEL.	D5: Participation in social activities outside your home?
39	IIQEmotional	Num	8	UDIBOTHERLEVEL.	D6: Emotional health (nervousness, depression, etc.)?
40	IIQFrustrated	Num	8	UDIBOTHERLEVEL.	D7: Feeling frustrated?
41	OABUrgeUrine	Num	8	OABBOTHER.	E1: An uncomfortable urge to urinate
42	OABUrineNoWarn	Num	8	OABBOTHER.	E2: A sudden urge to urinate with little or no warning
43	OABSmallLoss	Num	8	OABBOTHER.	E3: Accidental loss of small amounts of urine
44	OABNightUrine	Num	8	OABBOTHER.	E4: Nighttime urination
45	OABWakeUp	Num	8	OABBOTHER.	E5: Waking up at night because you had to urinate
46	OABDesire	Num	8	OABBOTHER.	E6: Urine loss associated with a strong desire to urinate
47	OABEscapeRoute	Num	8	OABNONETOALLTIME.	E1: Caused you to plan "escape routes" to toilets in public places?
48	OABFeelWrong	Num	8	OABNONETOALLTIME.	E2: Made you feel like there is something wrong with you?
49	OABInterfereRest	Num	8	OABNONETOALLTIME.	E3: Interfered with your ability to get a good night's rest?
50	OABTimeToilet	Num	8	OABNONETOALLTIME.	E4: Made you frustrated or annoyed about the amount of time you spend in the toilet?
51	OABAvoidAct	Num	8	OABNONETOALLTIME.	E5: Made you avoid activities away from toilets (i.e., walks, running, hiking)?
52	OABAwaken	Num	8	OABNONETOALLTIME.	E6: Awakened you during sleep?
53	OABReducePhy	Num	8	OABNONETOALLTIME.	E7: Caused you to reduce your physical activities (exercising, sports, etc.)?
54	OABPartner	Num	8	OABNONETOALLTIME.	E8: Caused you to have problems with your partner or spouse?
55	OABTravel	Num	8	OABNONETOALLTIME.	E9: Made you uncomfortable while travelling with others because of needing to stop to go to the toilet?
56	OABFamily	Num	8	OABNONETOALLTIME.	E10: Affected your relationships with family and friends?
57	OABSleep	Num	8	OABNONETOALLTIME.	E11: Interfered with getting the amount of sleep you needed?
58	OABEmbarrass	Num	8	OABNONETOALLTIME.	E12: Caused you embarrassment?
59	OABLocateToilet	Num	8	OABNONETOALLTIME.	E13: Caused you to locate the closest toilet as soon as you arrive at a place you have never been?
60	PSGenHealth	Num	8	EXCETOPOOR.	F0: How would you rate your general health in the last 12 months?
61	EvHeadaches	Num	8	YESNO.	F1: Headaches
62	EvGenSickly	Num	8	YESNO.	F2: Feeling generally sickly
63	EvBlindness	Num	8	YESNO.	F3: Blindness

Num	Variable	Type	Len	Format	Label
64	EvParalysis	Num	8	YESNO.	F4: Paralysis
65	EvNumbness	Num	8	YESNO.	F5: Numbness or tingling
66	EvCantSpeak	Num	8	YESNO.	F6: Inability to speak
67	EvFits	Num	8	YESNO.	F7: Fits, convulsions, seizures
68	EvUnconscious	Num	8	YESNO.	F8: Unconsciousness
69	EvAmnesia	Num	8	YESNO.	F9: Amnesia (periods of time without memory)
70	EvDeafness	Num	8	YESNO.	F10: Deafness
71	EvHallucination	Num	8	YESNO.	F11: Hallucinations (e.g., seeing visions, hearing voices)
72	EvDiffUrinate	Num	8	YESNO.	F12: Difficulty urinating
73	EvTroubleWalk	Num	8	YESNO.	F13: Trouble walking
74	EvOtherSpell	Num	8	YESNO.	F14: Any (other) unusual spells
75	EvOtherSpellOS	Char	250	\$250.	F14: If yes, describe:
76	EvFatigue	Num	8	YESNO.	F15: Fatigue (not just due to exercise)
77	EvLumpThroat	Num	8	YESNO.	F16: Lump in throat or inability to swallow
78	EvFainting	Num	8	YESNO.	F17: Fainting spells
79	EvBlurredVision	Num	8	YESNO.	F18: Blurred vision (not just due to needing glasses)
80	EvWeakBody	Num	8	YESNO.	F19: Unexplained weakness of body or limbs
81	EvPainfulUrine	Num	8	YESNO.	F20: Painful urination
82	EvBreathDiff	Num	8	YESNO.	F21: Breathing difficulty
83	EvPalpitation	Num	8	YESNO.	F22: Palpitation or irregular heartbeat
84	EvAnxiety	Num	8	YESNO.	F23: Anxiety attacks
85	EvChestPain	Num	8	YESNO.	F24: Chest pain
86	EvDizziness	Num	8	YESNO.	F25: Dizziness (without fainting)
87	EvLackAppetite	Num	8	YESNO.	F26: Lack of appetite
88	EvWeightLoss	Num	8	YESNO.	F27: Unintentional weight loss
89	EvFluctWeight	Num	8	YESNO.	F28: Marked fluctuations in weight
90	EvNausea	Num	8	YESNO.	F29: Nausea
91	EvVomit	Num	8	YESNO.	F30: Vomiting
92	EvTolerateFood	Num	8	YESNO.	F31: Inability to tolerate several kinds of food
93	EvDiarrhea	Num	8	YESNO.	F32: Diarrhea
94	EvConstipation	Num	8	YESNO.	F33: Constipation
95	EvAbdomenPain	Num	8	YESNO.	F34: Abdominal pain
96	EvBloatStomach	Num	8	YESNO.	F35: Bloating of stomach or abdomen
97	EvPainMenstr	Num	8	YESNO.	F36: Painful menstruation
98	EvIrregularMenstr	Num	8	YESNO.	F37: Irregular menstrual periods
99	EvSKipMenstr	Num	8	YESNO.	F38: Skipped or stopped menstrual periods (don't count menopause)
100	EvExBleedMenstr	Num	8	YESNO.	F39: Excessive bleeding with menstrual periods
101	EvLostSexInterest	Num	8	YESNO.	F40: Loss of interest in sex

Num	Variable	Type	Len	Format	Label
102	EvFrigidity	Num	8	YESNO.	F41: Frigidity or impotence
103	EvPainSex	Num	8	YESNO.	F42: Painful sexual intercourse
104	EvSexOtherDiff	Num	8	YESNO.	F43: Other difficulties with sex or sex organs
105	EvSexOtherDiffOS	Char	250	\$250.	F43: If yes, describe:
106	EvVomitPreg	Num	8	YESNO.	F44: Vomiting all 9 months of pregnancy or hospitalized for vomiting during pregnancy
107	EvBackPain	Num	8	YESNO.	F45: Back pain
108	EvJointPain	Num	8	YESNO.	F46: Joint pain without swelling or redness, in more than one joint
109	EvPainLimbs	Num	8	YESNO.	F47: Painful extremities (limbs, hands, feet - not counting joints)
110	EvBurningPain	Num	8	YESNO.	F48: Burning pains of the sexual organs, mouth, or rectum
111	EvOtherPain	Num	8	YESNO.	F49: Other bodily pains
112	EvOtherPainOS	Char	250	\$250.	F49: If yes, describe:
113	EvNervousness	Num	8	YESNO.	F50: Nervousness
114	EvFears	Num	8	YESNO.	F51: Fears
115	EvDepress	Num	8	YESNO.	F52: Depressed feelings
116	EvQuitWork	Num	8	YESNO.	F53: Need to quit working or inability to carry on regular duties due to feeling sick
117	EvCryEasily	Num	8	YESNO.	F54: Crying easily
118	EvHopeless	Num	8	YESNO.	F55: Feeling life is hopeless
119	EvThinkDie	Num	8	YESNO.	F56: Thinking a good deal about dying
120	EvWantDie	Num	8	YESNO.	F57: Wanting to die
121	EvThinkSuicide	Num	8	YESNO.	F58: Thinking of suicide
122	EvSuicideAttempt	Num	8	YESNO.	F59: Suicide attempt
123	B4Headaches	Num	8	YESNO.	G1: Headaches
124	B4GenSickly	Num	8	YESNO.	G2: Feeling generally sickly
125	B4Blindness	Num	8	YESNO.	G3: Blindness
126	B4Paralysis	Num	8	YESNO.	G4: Paralysis
127	B4Numbness	Num	8	YESNO.	G5: Numbness or tingling
128	B4CantSpeak	Num	8	YESNO.	G6: Inability to speak
129	B4Fits	Num	8	YESNO.	G7: Fits, convulsions, seizures
130	B4Unconscious	Num	8	YESNO.	G8: Unconsciousness
131	B4Amnesia	Num	8	YESNO.	G9: Amnesia (periods of time without memory)
132	B4Deafness	Num	8	YESNO.	G10: Deafness
133	B4Hallucination	Num	8	YESNO.	G11: Hallucinations (e.g., seeing visions, hearing voices)
134	B4DiffUrinate	Num	8	YESNO.	G12: Difficulty urinating
135	B4TroubleWalk	Num	8	YESNO.	G13: Trouble walking
136	B4OtherSpell	Num	8	YESNO.	G14: Any (other) unusual spells
137	B4Fatigue	Num	8	YESNO.	G15: Fatigue (not just due to exercise)

Num	Variable	Type	Len	Format	Label
138	B4LumpThroat	Num	8	YESNO.	G16: Lump in throat or inability to swallow
139	B4Fainting	Num	8	YESNO.	G17: Fainting spells
140	B4BlurredVision	Num	8	YESNO.	G18: Blurred vision (not just due to needing glasses)
141	B4WeakBody	Num	8	YESNO.	G19: Unexplained weakness of body or limbs
142	B4PainfulUrine	Num	8	YESNO.	G20: Painful urination
143	B4BreathDiff	Num	8	YESNO.	G21: Breathing difficulty
144	B4Palpitation	Num	8	YESNO.	G22: Palpitation or irregular heartbeat
145	B4Anxiety	Num	8	YESNO.	G23: Anxiety attacks
146	B4ChestPain	Num	8	YESNO.	G24: Chest pain
147	B4Dizziness	Num	8	YESNO.	G25: Dizziness (without fainting)
148	B4LackAppetite	Num	8	YESNO.	G26: Lack of appetite
149	B4WeightLoss	Num	8	YESNO.	G27: Unintentional weight loss
150	B4FluctWeight	Num	8	YESNO.	G28: Marked fluctuations in weight
151	B4Nausea	Num	8	YESNO.	G29: Nausea
152	B4Vomit	Num	8	YESNO.	G30: Vomiting
153	B4TolerateFood	Num	8	YESNO.	G31: Inability to tolerate several kinds of food
154	B4Diarrhea	Num	8	YESNO.	G32: Diarrhea
155	B4Constipation	Num	8	YESNO.	G33: Constipation
156	B4AbdomenPain	Num	8	YESNO.	G34: Abdominal pain
157	B4BloatStomach	Num	8	YESNO.	G35: Bloating of stomach or abdomen
158	B4PainMenstr	Num	8	YESNO.	G36: Painful menstruation
159	B4IrregularMenstr	Num	8	YESNO.	G37: Irregular menstrual periods
160	B4SKipMenstr	Num	8	YESNO.	G38: Skipped or stopped menstrual periods (don't count menopause)
161	B4ExBleedMenstr	Num	8	YESNO.	G39: Excessive bleeding with menstrual periods
162	B4LostSexInterest	Num	8	YESNO.	G40: Loss of interest in sex
163	B4Frigidity	Num	8	YESNO.	G41: Frigidity or impotence
164	B4PainSex	Num	8	YESNO.	G42: Painful sexual intercourse
165	B4SexOtherDiff	Num	8	YESNO.	G43: Other difficulties with sex or sex organs
166	B4VomitPreg	Num	8	YESNO.	G44: Vomiting all 9 months of pregnancy or hospitalized for vomiting during pregnancy
167	B4BackPain	Num	8	YESNO.	G45: Back pain
168	B4JointPain	Num	8	YESNO.	G46: Joint pain without swelling or redness, in more than one joint
169	B4PainLimbs	Num	8	YESNO.	G47: Painful extremities (limbs, hands, feet - not counting joints)
170	B4BurningPain	Num	8	YESNO.	G48: Burning pains of the sexual organs, mouth, or rectum
171	B4OtherPain	Num	8	YESNO.	G49: Other bodily pains
172	B4Nervousness	Num	8	YESNO.	G50: Nervousness
173	B4Fears	Num	8	YESNO.	G51: Fears

Num	Variable	Type	Len	Format	Label
174	B4Depress	Num	8	YESNO.	G52: Depressed feelings
175	B4QuitWork	Num	8	YESNO.	G53: Need to quit working or inability to carry on regular duties due to feeling sick
176	B4CryEasily	Num	8	YESNO.	G54: Crying easily
177	B4Hopeless	Num	8	YESNO.	G55: Feeling life is hopeless
178	B4ThinkDie	Num	8	YESNO.	G56: Thinking a good deal about dying
179	B4WantDie	Num	8	YESNO.	G57: Wanting to die
180	B4ThinkSuicide	Num	8	YESNO.	G58: Thinking of suicide
181	B4SuicideAttempt	Num	8	YESNO.	G59: Suicide attempt
182	LMHeadaches	Num	8	YESNO.	H1: Headaches
183	LMGenSickly	Num	8	YESNO.	H2: Feeling generally sickly
184	LMBlindness	Num	8	YESNO.	H3: Blindness
185	LMParalysis	Num	8	YESNO.	H4: Paralysis
186	LMNumbness	Num	8	YESNO.	H5: Numbness or tingling
187	LMCantSpeak	Num	8	YESNO.	H6: Inability to speak
188	LMFits	Num	8	YESNO.	H7: Fits, convulsions, seizures
189	LMUnconscious	Num	8	YESNO.	H8: Unconsciousness
190	LMAmnesia	Num	8	YESNO.	H9: Amnesia (periods of time without memory)
191	LMDeafness	Num	8	YESNO.	H10: Deafness
192	LMHallucination	Num	8	YESNO.	H11: Hallucinations (e.g., seeing visions, hearing voices)
193	LMDiffUrinate	Num	8	YESNO.	H12: Difficulty urinating
194	LMTroubleWalk	Num	8	YESNO.	H13: Trouble walking
195	LMOtherSpell	Num	8	YESNO.	H14: Any (other) unusual spells
196	LMFatigue	Num	8	YESNO.	H15: Fatigue (not just due to exercise)
197	LM LumpThroat	Num	8	YESNO.	H16: Lump in throat or inability to swallow
198	LMFainting	Num	8	YESNO.	H17: Fainting spells
199	LMBlurredVision	Num	8	YESNO.	H18: Blurred vision (not just due to needing glasses)
200	LMWeakBody	Num	8	YESNO.	H19: Unexplained weakness of body or limbs
201	LM PainfulUrine	Num	8	YESNO.	H20: Painful urination
202	LM BreathDiff	Num	8	YESNO.	H21: Breathing difficulty
203	LM Palpitation	Num	8	YESNO.	H22: Palpitation or irregular heartbeat
204	LM Anxiety	Num	8	YESNO.	H23: Anxiety attacks
205	LM ChestPain	Num	8	YESNO.	H24: Chest pain
206	LM Dizziness	Num	8	YESNO.	H25: Dizziness (without fainting)
207	LM LackAppetite	Num	8	YESNO.	H26: Lack of appetite
208	LM WeightLoss	Num	8	YESNO.	H27: Unintentional weight loss
209	LM FluctWeight	Num	8	YESNO.	H28: Marked fluctuations in weight
210	LM Nausea	Num	8	YESNO.	H29: Nausea
211	LM Vomit	Num	8	YESNO.	H30: Vomiting

Num	Variable	Type	Len	Format	Label
212	LMTolerateFood	Num	8	YESNO.	H31: Inability to tolerate several kinds of food
213	LMDiarrhea	Num	8	YESNO.	H32: Diarrhea
214	LMConstipation	Num	8	YESNO.	H33: Constipation
215	LMAbdomenPain	Num	8	YESNO.	H34: Abdominal pain
216	LMBloatStomach	Num	8	YESNO.	H35: Bloating of stomach or abdomen
217	LMPainMenstr	Num	8	YESNO.	H36: Painful menstruation
218	LMIrregularMenstr	Num	8	YESNO.	H37: Irregular menstrual periods
219	LMSkipMenstr	Num	8	YESNO.	H38: Skipped or stopped menstrual periods (don't count menopause)
220	LMExBleedMenstr	Num	8	YESNO.	H39: Excessive bleeding with menstrual periods
221	LMLostSexInterest	Num	8	YESNO.	H40: Loss of interest in sex
222	LMFrigidity	Num	8	YESNO.	H41: Frigidity or impotence
223	LMPainSex	Num	8	YESNO.	H42: Painful sexual intercourse
224	LMSexOtherDiff	Num	8	YESNO.	H43: Other difficulties with sex or sex organs
225	LMVomitPreg	Num	8	YESNO.	H44: Vomiting all 9 months of pregnancy or hospitalized for vomiting during pregnancy
226	LMBackPain	Num	8	YESNO.	H45: Back pain
227	LMJointPain	Num	8	YESNO.	H46: Joint pain without swelling or redness, in more than one joint
228	LMPainLimbs	Num	8	YESNO.	H47: Painful extremities (limbs, hands, feet - not counting joints)
229	LMBurningPain	Num	8	YESNO.	H48: Burning pains of the sexual organs, mouth, or rectum
230	LMOtherPain	Num	8	YESNO.	H49: Other bodily pains
231	LMNervousness	Num	8	YESNO.	H50: Nervousness
232	LMFears	Num	8	YESNO.	H51: Fears
233	LMDepress	Num	8	YESNO.	H52: Depressed feelings
234	LMQuitWork	Num	8	YESNO.	H53: Need to quit working or inability to carry on regular duties due to feeling sick
235	LMCryEasily	Num	8	YESNO.	H54: Crying easily
236	LMHopeless	Num	8	YESNO.	H55: Feeling life is hopeless
237	LMThinkDie	Num	8	YESNO.	H56: Thinking a good deal about dying
238	LMWantDie	Num	8	YESNO.	H57: Wanting to die
239	LMThinkSuicide	Num	8	YESNO.	H58: Thinking of suicide
240	LMSuicideAttempt	Num	8	YESNO.	H59: Suicide attempt
241	PainOther	Num	8	NOYES.	I1: Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than thes
242	PainWorst24h	Num	8	PAINZEROTOTEN.	I3: Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.
243	PainLeast24h	Num	8	PAINZEROTOTEN.	I4: Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

Num	Variable	Type	Len	Format	Label
244	PainAvg	Num	8	PAINZEROTOTEN.	I5: Please rate your pain by circling the one number that best describes your pain on the average.
245	PainNow	Num	8	PAINZEROTOTEN.	I6: Please rate your pain by circling the one number that tells how much pain you have right now.
246	PainMed	Char	200		I7: What treatments or medications are you receiving for your pain?
247	PainMedRelief	Num	8	PAINRELIEF.	I8: In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief y
248	InterfereGeneralAct	Num	8	PAININTERFERE.	IA: General Activity
249	InterfereMood	Num	8	PAININTERFERE.	IB: Mood
250	InterfereWalk	Num	8	PAININTERFERE.	IC: Walking Ability
251	InterfereWork	Num	8	PAININTERFERE.	ID: Normal Work (includes both work outside the home and housework)
252	InterfereRelation	Num	8	PAININTERFERE.	IE: Relations with other people
253	InterfereSleep	Num	8	PAININTERFERE.	IF: Sleep
254	InterfereEnjoyLife	Num	8	PAININTERFERE.	IG: Enjoyment of life
255	HQNoiseExpose	Num	8	NOYES.	J0: Are you or have you been exposed to noise?
256	HQNoiseTolerate	Num	8	NOYES.	J0: Do you tolerate noise less well as compared to a few years ago?
257	HQHearProblem	Num	8	NOYES.	J0: Have you ever had hearing problems?
258	HQHearProbSpecify	Char	250	\$250.	J0: If so, of what kind?
259	HQEarpugs	Num	8	NOALOT.	J1: Do you ever use earplugs or earmuffs to reduce your noise perception? (Do not consider the use of hearing protection during abnormally high noise expo
260	HQIgnoreSound	Num	8	NOALOT.	J2: Do you find it harder to ignore sounds around you in everyday situations?
261	HQReading	Num	8	NOALOT.	J3: Do you have trouble reading in a noisy or loud environment?
262	HQConcentrate	Num	8	NOALOT.	J4: Do you have trouble concentrating in noisy surroundings?
263	HQListen	Num	8	NOALOT.	J5: Do you have difficulty listening to conversations in noisy places?
264	HQOtherTell	Num	8	NOALOT.	J6: Has anyone you know ever told you that you tolerate noise or certain kinds of sound badly?
265	HQStreetNoise	Num	8	NOALOT.	J7: Are you particularly sensitive to or bothered by street noise?
266	HQSocialSituation	Num	8	NOALOT.	J8: Do you find the noise unpleasant in certain social situations (e.g., night clubs, pubs or bars, concerts, firework displays, cocktail receptions)?
267	HQSuggestion	Num	8	NOALOT.	J9: When someone suggests doing something (going out, to the cinema, to a concert, etc.), do you immediately think about the noise you are going to have t
268	HQInvitation	Num	8	NOALOT.	J10: Do you ever turn down an invitation or not go out because of the noise you would have to face?

Num	Variable	Type	Len	Format	Label
269	HQMoreInQuiet	Num	8	NOALOT.	J11: Do noises or particular sounds bother you more in a quiet place than in a slightly noisy room?
270	HQStressTired	Num	8	NOALOT.	J12: Do stress and tiredness reduce your ability to concentrate in noise?
271	HQEndOfDay	Num	8	NOALOT.	J13: Are you less able to concentrate in noise towards the end of the day?
272	HQStressIrritation	Num	8	NOALOT.	J14: Do noise and certain sounds cause you stress and irritation?
273	MAPPFront	Char	250	\$250.	MAPPFront
274	MAPPRear	Char	250	\$250.	MAPPRear
275	UCSTerrible	Num	8	NEVERTOALWAYS.	L1: It is terrible, and I feel it's never going to get any better.
276	UCSAwful	Num	8	NEVERTOALWAYS.	L2: It is awful, and I feel that it overwhelms me.
277	UCSLiving	Num	8	NEVERTOALWAYS.	L3: I feel my life isn't worth living.
278	UCSWorry	Num	8	NEVERTOALWAYS.	L4: I worry all the time about whether it will end.
279	UCSStand	Num	8	NEVERTOALWAYS.	L5: I feel I can't stand it anymore.
280	UCSGoOn	Num	8	NEVERTOALWAYS.	L6: I feel like I can't go on.
281	UCSControl	Num	8	NEVERTOALWAYS.	L7: Based on all the things you do to cope or deal with your urinary urgency, on an average day, how much control do you feel you have over it?
282	UCSDecrease	Num	8	UCSDECREASE.	L8: Based on all the things you do to cope, or deal with your urinary urgency, on an average day, how much are you able to decrease it?
283	CMMusclePain	Char	250	\$250.	CMMusclePain
284	CMMorningStiff	Char	250	\$250.	CMMorningStiff
285	CMMuscleSpasm	Char	250	\$250.	CMMuscleSpasm
286	CMFatigue	Char	250	\$250.	CMFatigue
287	CMFatigueExercise	Char	250	\$250.	CMFatigueExercise
288	CMFevers	Char	250	\$250.	CMFevers
289	CMDryEyes	Char	250	\$250.	CMDryEyes
290	CMDryMouth	Char	250	\$250.	CMDryMouth
291	CMFingerBlue	Char	250	\$250.	CMFingerBlue
292	CMNumbness	Char	250	\$250.	CMNumbness
293	CMShortBreath	Char	250	\$250.	CMShortBreath
294	CMImpairMemory	Char	250	\$250.	CMImpairMemory
295	CMChestPain	Char	250	\$250.	CMChestPain
296	CMPalpitation	Char	250	\$250.	CMPalpitation
297	CMRapidHeart	Char	250	\$250.	CMRapidHeart
298	CMHeartBurn	Char	250	\$250.	CMHeartBurn
299	CMVomit	Char	250	\$250.	CMVomit
300	CMNausea	Char	250	\$250.	CMNausea
301	CMAbdomenPain	Char	250	\$250.	CMAbdomenPain

Num	Variable	Type	Len	Format	Label
302	CMBalance	Char	250	\$250.	CMBalance
303	CMDizziness	Char	250	\$250.	CMDizziness
304	CMRingingEar	Char	250	\$250.	CMRingingEar
305	CMEarPain	Char	250	\$250.	CMEarPain
306	CMEarBlock	Char	250	\$250.	CMEarBlock
307	CMSinusPressure	Char	250	\$250.	CMSinusPressure
308	CMPelvisPain	Char	250	\$250.	CMPelvisPain
309	CMUrineUrgency	Char	250	\$250.	CMUrineUrgency
310	CMUrineFreq	Char	250	\$250.	CMUrineFreq
311	CMFreqNocturia	Char	250	\$250.	CMFreqNocturia
312	CMBladderFull	Char	250	\$250.	CMBladderFull
313	CMFacePain	Char	250	\$250.	CMFacePain
314	CMTemplePain	Char	250	\$250.	CMTemplePain
315	CMMigraines	Char	250	\$250.	CMMigraines
316	CMPressHeadache	Char	250	\$250.	CMPressHeadache
317	CMChemical	Char	250	\$250.	CMChemical
318	CMSensitiveSound	Char	250	\$250.	CMSensitiveSound
319	CMSensitiveOdor	Char	250	\$250.	CMSensitiveOdor
320	CMBodyTender	Char	250	\$250.	CMBodyTender
321	CMSensitiveLight	Char	250	\$250.	CMSensitiveLight
322	CMBurnVagina	Char	250	\$250.	CMBurnVagina
323	CMItchVagina	Char	250	\$250.	CMItchVagina
324	SSFatigue	Num	8	NOPROBSEVERE.	N1a: Fatigue
325	SSRemember	Num	8	NOPROBSEVERE.	N1b: Trouble thinking or remembering
326	SSWakeupTired	Num	8	NOPROBSEVERE.	N1c: Waking up tired (unrefreshed)
327	SS3months	Num	8	NOYES.	N2: Have your problems with these symptoms been present for 3 months or more?
328	SSPainAbdomen	Num	8	NOYES.	N3a: Pain or cramps in lower abdomen
329	SSDepression	Num	8	NOYES.	N3b: Depression
330	SSHeadache	Num	8	NOYES.	N3c: Headache
331	SSDisorder	Num	8	NOYES.	N4: Do you have a disorder that would otherwise explain your pain?
332	CenterComplete	Num	8	QUESTCOMP.	O1: Questionnaire Complete
333	CompleteDate	Num	8	MMDDYY8.	O2: Complete Date
334	UrineLeakWhen1	Num	8		A6: When does urine leak? (Check all that apply)1: never - urine does not leak
335	UrineLeakWhen2	Num	8		A6: When does urine leak? (Check all that apply)2: leaks before you can get to the bathroom
336	UrineLeakWhen3	Num	8		A6: When does urine leak? (Check all that apply)3: leaks when you cough or sneeze

Num	Variable	Type	Len	Format	Label
337	UrineLeakWhen4	Num	8		A6: When does urine leak? (Check all that apply)4: leaks when you are asleep
338	UrineLeakWhen5	Num	8		A6: When does urine leak? (Check all that apply)5: leaks when you are physically active/exercising
339	UrineLeakWhen6	Num	8		A6: When does urine leak? (Check all that apply)6: leaks when you have finished urinating and are dressed
340	UrineLeakWhen7	Num	8		A6: When does urine leak? (Check all that apply)7: leaks for no obvious reason
341	UrineLeakWhen8	Num	8		A6: When does urine leak? (Check all that apply)8: leaks all the time
342	MAPPFront1	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:1: 1
343	MAPPFront2	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:2: 2
344	MAPPFront3	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:3: 3
345	MAPPFront4	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:4: 4
346	MAPPFront5	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:5: 5
347	MAPPFront6	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:6: 6
348	MAPPFront7	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:7: 7
349	MAPPFront8	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:8: 8
350	MAPPFront9	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:9: 9
351	MAPPFront10	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:10: 10
352	MAPPFront11	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:11: 11
353	MAPPFront12	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:12: 12
354	MAPPFront13	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:13: 13
355	MAPPFront14	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:14: 14
356	MAPPFront15	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:15: 15
357	MAPPFront16	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:16: 16
358	MAPPFront17	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:17: 17
359	MAPPFront18	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:18: 18

Num	Variable	Type	Len	Format	Label
360	MAPPFront19	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:19: 19
361	MAPPFront20	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:20: 20
362	MAPPFront21	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:21: 21
363	MAPPFront22	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:22: 22
364	MAPPFront23	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:23: 23
365	MAPPFront24	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:24: 24
366	MAPPFront25	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:25: 25
367	MAPPFront26	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:26: 26
368	MAPPFront27	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:27: 27
369	MAPPFront28	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:28: 28
370	MAPPFront29	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:29: 29
371	MAPPFront30	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:30: 30
372	MAPPFront31	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:31: 31
373	MAPPFront32	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:32: 32
374	MAPPFront33	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:33: 33
375	MAPPFront34	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:34: 34
376	MAPPFront35	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:35: 35
377	MAPPFront36	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:36: 36
378	MAPPFront37	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:37: 37
379	MAPPFront38	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:38: 38
380	MAPPFront_1	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:
381	MAPPRear39	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:39: 39
382	MAPPRear40	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:40: 40

Num	Variable	Type	Len	Format	Label
383	MAPPear41	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:41: 41
384	MAPPear42	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:42: 42
385	MAPPear43	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:43: 43
386	MAPPear44	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:44: 44
387	MAPPear45	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:45: 45
388	MAPPear46	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:46: 46
389	MAPPear47	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:47: 47
390	MAPPear48	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:48: 48
391	MAPPear49	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:49: 49
392	MAPPear50	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:50: 50
393	MAPPear51	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:51: 51
394	MAPPear52	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:52: 52
395	MAPPear53	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:53: 53
396	MAPPear54	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:54: 54
397	MAPPear55	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:55: 55
398	MAPPear56	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:56: 56
399	MAPPear57	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:57: 57
400	MAPPear58	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:58: 58
401	MAPPear59	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:59: 59
402	MAPPear60	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:60: 60
403	MAPPear61	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:61: 61
404	MAPPear62	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:62: 62
405	MAPPear63	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:63: 63

Num	Variable	Type	Len	Format	Label
406	MAPPear64	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:64: 64
407	MAPPear65	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:65: 65
408	MAPPear66	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:66: 66
409	MAPPear67	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:67: 67
410	MAPPear68	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:68: 68
411	MAPPear69	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:69: 69
412	MAPPear70	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:70: 70
413	MAPPear71	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:71: 71
414	MAPPear72	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:72: 72
415	MAPPear73	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:73: 73
416	MAPPear74	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:74: 74
417	MAPPear75	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:75: 75
418	MAPPear76	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:76: 76
419	MAPPear_1	Num	8		K0: Select each area on the body map where you have had pain or tenderness over the past 7 days:
420	CMMusclePain1	Num	8		M1: Muscle or joint pain1: 3 months during the last year (12 months)
421	CMMusclePain2	Num	8		M1: Muscle or joint pain2: 3 months during your lifetime
422	CMMorningStiff1	Num	8		M2: Morning stiffness1: 3 months during the last year (12 months)
423	CMMorningStiff2	Num	8		M2: Morning stiffness2: 3 months during your lifetime
424	CMMuscleSpasm1	Num	8		M3: Muscle spasms1: 3 months during the last year (12 months)
425	CMMuscleSpasm2	Num	8		M3: Muscle spasms2: 3 months during your lifetime
426	CMFatigue1	Num	8		M4: Persistent fatigue not relieved with rest1: 3 months during the last year (12 months)
427	CMFatigue2	Num	8		M4: Persistent fatigue not relieved with rest2: 3 months during your lifetime
428	CMFatigueExercise1	Num	8		M5: Extreme fatigue following exercise or mild exertion1: 3 months during the last year (12 months)
429	CMFatigueExercise2	Num	8		M5: Extreme fatigue following exercise or mild exertion2: 3 months during your lifetime

Num	Variable	Type	Len	Format	Label
430	CMFever1	Num	8		M6: Recurrent fevers1: 3 months during the last year (12 months)
431	CMFever2	Num	8		M6: Recurrent fevers2: 3 months during your lifetime
432	CMDryEyes1	Num	8		M7: Dry eyes1: 3 months during the last year (12 months)
433	CMDryEyes2	Num	8		M7: Dry eyes2: 3 months during your lifetime
434	CMDryMouth1	Num	8		M8: Dry mouth1: 3 months during the last year (12 months)
435	CMDryMouth2	Num	8		M8: Dry mouth2: 3 months during your lifetime
436	CMFingerBlue1	Num	8		M9: Fingers turn blue and/or white in the cold1: 3 months during the last year (12 months)
437	CMFingerBlue2	Num	8		M9: Fingers turn blue and/or white in the cold2: 3 months during your lifetime
438	CMNumbness1	Num	8		M10: Numbness or tingling in arms or legs1: 3 months during the last year (12 months)
439	CMNumbness2	Num	8		M10: Numbness or tingling in arms or legs2: 3 months during your lifetime
440	CMShortBreath1	Num	8		M11: Shortness of breath during normal activity1: 3 months during the last year (12 months)
441	CMShortBreath2	Num	8		M11: Shortness of breath during normal activity2: 3 months during your lifetime
442	CMImpairMemory1	Num	8		M12: Impaired memory, concentration or attention1: 3 months during the last year (12 months)
443	CMImpairMemory2	Num	8		M12: Impaired memory, concentration or attention2: 3 months during your lifetime
444	CMChestPain1	Num	8		M13: Chest pain1: 3 months during the last year (12 months)
445	CMChestPain2	Num	8		M13: Chest pain2: 3 months during your lifetime
446	CMPalpitation1	Num	8		M14: Palpitations1: 3 months during the last year (12 months)
447	CMPalpitation2	Num	8		M14: Palpitations2: 3 months during your lifetime
448	CMRapidHeart1	Num	8		M15: Rapid heart rate1: 3 months during the last year (12 months)
449	CMRapidHeart2	Num	8		M15: Rapid heart rate2: 3 months during your lifetime
450	CMHeartBurn1	Num	8		M16: Heartburn1: 3 months during the last year (12 months)
451	CMHeartBurn2	Num	8		M16: Heartburn2: 3 months during your lifetime
452	CMVomit1	Num	8		M17: Vomiting1: 3 months during the last year (12 months)
453	CMVomit2	Num	8		M17: Vomiting2: 3 months during your lifetime
454	CMNausea1	Num	8		M18: Nausea1: 3 months during the last year (12 months)
455	CMNausea2	Num	8		M18: Nausea2: 3 months during your lifetime
456	CMAbdomenPain1	Num	8		M19: Abdominal pain or discomfort1: 3 months during the last year (12 months)
457	CMAbdomenPain2	Num	8		M19: Abdominal pain or discomfort2: 3 months during your lifetime
458	CMBalance1	Num	8		M20: Problems with balance1: 3 months during the last year (12 months)

Num	Variable	Type	Len	Format	Label
459	CMBalance2	Num	8		M20: Problems with balance2: 3 months during your lifetime
460	CMDizziness1	Num	8		M21: Dizziness1: 3 months during the last year (12 months)
461	CMDizziness2	Num	8		M21: Dizziness2: 3 months during your lifetime
462	CMRingingEar1	Num	8		M22: Ringing in ears1: 3 months during the last year (12 months)
463	CMRingingEar2	Num	8		M22: Ringing in ears2: 3 months during your lifetime
464	CMEarPain1	Num	8		M23: Ear pain1: 3 months during the last year (12 months)
465	CMEarPain2	Num	8		M23: Ear pain2: 3 months during your lifetime
466	CMEarBlock1	Num	8		M24: Sensation of ear blockage or fullness1: 3 months during the last year (12 months)
467	CMEarBlock2	Num	8		M24: Sensation of ear blockage or fullness2: 3 months during your lifetime
468	CMSinusPressure1	Num	8		M25: Sinus pressure1: 3 months during the last year (12 months)
469	CMSinusPressure2	Num	8		M25: Sinus pressure2: 3 months during your lifetime
470	CMPelvixPain1	Num	8		M26: Pelvic/bladder discomfort (pain or pressure)1: 3 months during the last year (12 months)
471	CMPelvixPain2	Num	8		M26: Pelvic/bladder discomfort (pain or pressure)2: 3 months during your lifetime
472	CMUrineUrgency1	Num	8		M27: Urinary urgency1: 3 months during the last year (12 months)
473	CMUrineUrgency2	Num	8		M27: Urinary urgency2: 3 months during your lifetime
474	CMUrineFreq1	Num	8		M28: Urinary frequency, >8/day during waking hours1: 3 months during the last year (12 months)
475	CMUrineFreq2	Num	8		M28: Urinary frequency, >8/day during waking hours2: 3 months during your lifetime
476	CMFreqNocturia1	Num	8		M29: Frequent nocturia (nighttime urination), 3/night1: 3 months during the last year (12 months)
477	CMFreqNocturia2	Num	8		M29: Frequent nocturia (nighttime urination), 3/night2: 3 months during your lifetime
478	CMBladderFull1	Num	8		M30: Sensation of bladder fullness after urination1: 3 months during the last year (12 months)
479	CMBladderFull2	Num	8		M30: Sensation of bladder fullness after urination2: 3 months during your lifetime
480	CMFacePain1	Num	8		M31: Jaw and/or face pain1: 3 months during the last year (12 months)
481	CMFacePain2	Num	8		M31: Jaw and/or face pain2: 3 months during your lifetime
482	CMTemplePain1	Num	8		M32: Temple pain1: 3 months during the last year (12 months)
483	CMTemplePain2	Num	8		M32: Temple pain2: 3 months during your lifetime
484	CMMigraines1	Num	8		M33: Pulsating and/or one-sided headache pain or migraines1: 3 months during the last year (12 months)
485	CMMigraines2	Num	8		M33: Pulsating and/or one-sided headache pain or migraines2: 3 months during your lifetime

Num	Variable	Type	Len	Format	Label
486	CMPressHeadache1	Num	8		M34: Pressing/tightening headache pain or tension headaches1: 3 months during the last year (12 months)
487	CMPressHeadache2	Num	8		M34: Pressing/tightening headache pain or tension headaches2: 3 months during your lifetime
488	CMChemical1	Num	8		M35: Sensitivity to certain chemicals, such as perfumes, laundry detergents, gasoline and others1: 3 months during the last year (12 months)
489	CMChemical2	Num	8		M35: Sensitivity to certain chemicals, such as perfumes, laundry detergents, gasoline and others2: 3 months during your lifetime
490	CMSensitiveSound1	Num	8		M36: Sensitivity to sound1: 3 months during the last year (12 months)
491	CMSensitiveSound2	Num	8		M36: Sensitivity to sound2: 3 months during your lifetime
492	CMSensitiveOdor1	Num	8		M37: Sensitivity to odors1: 3 months during the last year (12 months)
493	CMSensitiveOdor2	Num	8		M37: Sensitivity to odors2: 3 months during your lifetime
494	CMBodyTender1	Num	8		M38: Body feeling tender1: 3 months during the last year (12 months)
495	CMBodyTender2	Num	8		M38: Body feeling tender2: 3 months during your lifetime
496	CMSensitiveLight1	Num	8		M39: Frequent sensitivity to bright lights1: 3 months during the last year (12 months)
497	CMSensitiveLight2	Num	8		M39: Frequent sensitivity to bright lights2: 3 months during your lifetime
498	CMBurnVagina1	Num	8		M40: Constant burning or raw feeling at the opening of vagina1: 3 months during the last year (12 months)
499	CMBurnVagina2	Num	8		M40: Constant burning or raw feeling at the opening of vagina2: 3 months during your lifetime
500	CMItchVagina1	Num	8		M41: Itching at opening of vagina1: 3 months during the last year (12 months)
501	CMItchVagina2	Num	8		M41: Itching at opening of vagina2: 3 months during your lifetime

Data Set Name: patientqsnlfollowup.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	EventTitle	Char	100	\$100.	EventTitle
8	EventDate	Num	8	MMDDYY8.	EventDate
9	PastWeekUrinFreq	Num	8	URINEFREQ.	A1: How often during the past week did you urinate too frequently?
10	FreqUrinBother	Num	8	LTSBTHR.	A1: If rarely or more, how much does this bother you?
11	UrineWakeHrs	Num	8	URINEWAKEHRS.	A2: During a typical day in the past week, how many times did you urinate during waking hours?
12	UrineWakeHrsBother	Num	8	LTSBTHR.	A2: How much does this bother you?
13	UrineOvernightFreq	Num	8	URNOVRNGHT.	A3: During a typical night in the past week, how many times did you wake up because you needed to urinate?
14	UrineOvernightFreqBother	Num	8	LTSBTHR.	A3: If 1 time a night or more, how much does this bother you?
15	UrineBladderNotEmpty	Num	8	URINEFREQ.	A4: During the past week, how often have you had the feeling your bladder was not empty after urinating?
16	UrineBladderNotEmptyBother	Num	8	LTSBTHR.	A4: If rarely or more, how much does this bother you?
17	UrineTrickle	Num	8	URINEFREQ.	A5: During the past week, how often have you had a trickle or dribble at the end of your urine flow?
18	UrineTrickleBother	Num	8	LTSBTHR.	A5: If rarely or more, how much does this bother you?
19	UrineSuddenRush	Num	8	URINEFREQ.	A6: During the past week, how often have you had a sudden need to rush to urinate?
20	UrineSuddenRushBother	Num	8	LTSBTHR.	A6: If rarely or more, how much does this bother you?
21	UrineDelayStart	Num	8	URINEFREQ.	A7: During the past week, how often have you had a delay before you start to urinate?
22	UrineDelayStartBother	Num	8	LTSBTHR.	A7: If rarely or more, how much does this bother you?
23	UrineFlowStopStart	Num	8	URINEFREQ.	A8: During the past week, how often did your urine flow start and stop while you were urinating?
24	UrineFlowStopStartBother	Num	8	LTSBTHR.	A8: If rarely or more, how much does this bother you?
25	UrineStrain	Num	8	URINEFREQ.	A9: During the past week, how often did you strain to urinate or strain while you were urinating?
26	UrineStrainBother	Num	8	LTSBTHR.	A9: If rarely or more, how much does this bother you?
27	UrineWeakStream	Num	8	URINEFREQ.	A10: During the past week, how often have you had a weak urine stream?
28	UrineWeakStreamBother	Num	8	LTSBTHR.	A10: If rarely or more, how much does this bother you?
29	UrineSpraying	Num	8	URINEFREQ.	A11: During the past week, how often have you had splitting or spraying of your urine stream?

Num	Variable	Type	Len	Format	Label
30	UrineSprayingBother	Num	8	LTSBTHR.	A11: If rarely or more, how much does this bother you?
31	UrineSuddenRushLeak	Num	8	URINEFREQ.	A12: During the past week, how often have you had a sudden need to rush to urinate for fear of leaking urine?
32	UrineSuddenRushLeakBother	Num	8	LTSBTHR.	A12: If rarely or more, how much does this bother you?
33	BladderPain	Num	8	URINEFREQ.	A13: During the past week, how often have you had pain or discomfort in your bladder area?
34	BladderPainBother	Num	8	LTSBTHR.	A13: If rarely or more, how much does this bother you?
35	UrineBurn	Num	8	URINEFREQ.	A14: During the past week, how often have you had a burning feeling when you urinate?
36	UrinePainBother	Num	8	LTSBTHR.	A14: If rarely or more, how much does this bother you?
37	UrineLeak	Num	8	URINEFREQ.	A15: During the past week, how often did you leak urine?
38	UrineLeakBother	Num	8	LTSBTHR.	A15: If rarely or more, how much does this bother you?
39	LeakUrineFinish	Num	8	URINEFREQ.	Aa: Leaked urine just after you have finished urinating?
40	LeakUrineFinishBother	Num	8	LTSBTHR.	Aa: If rarely or more, how much does this bother you?
41	LeakUrineWSuddenRush	Num	8	URINEFREQ.	Ab: Leaked urine in connection with a sudden need to rush to urinate?
42	LeakUrineWSuddenRushBother	Num	8	LTSBTHR.	Ab: If rarely or more, how much does this bother you?
43	LeakUrineWLaugh	Num	8	URINEFREQ.	Ac: Leaked urine in connection with laughing, sneezing, or coughing?
44	LeakUrineWLaughBother	Num	8	LTSBTHR.	Ac: If rarely or more, how much does this bother you?
45	LeakUrineExer	Num	8	URINEFREQ.	Ad: Leaked urine in connection with physical activities, such as exercising or lifting a heavy object?
46	LeakUrineExerBother	Num	8	LTSBTHR.	Ad: If rarely or more, how much does this bother you?
47	LeakUrineSleep	Num	8	URINEFREQ.	Ae: Leaked urine when you are sleeping?
48	LeakUrineSleepBother	Num	8	LTSBTHR.	Ae: If rarely or more, how much does this bother you?
49	LeakUrineSex	Num	8	URINEFREQ.	Af: Leaked urine during sexual activity?
50	LeakUrineSexBother	Num	8	LTSBTHR.	Af: If rarely or more, how much does this bother you?
51	LeakUrineNoReason	Num	8	URINEFREQ.	Ag: Leaked urine for no reason?
52	LeakUrineNoReasonBother	Num	8	LTSBTHR.	Ag: If rarely or more, how much does this bother you?
53	TimesUrinateOvernight	Num	8	FIVORMOR.	B1: Over the last month or so, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in
54	TimesNotEmptyBladder	Num	8	NOTALLALW.	B2: Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
55	UrinateLEssThanTwoHOurs	Num	8	NOTALLALW.	B3: Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?
56	TimesUrinateStopStart	Num	8	NOTALLALW.	B4: Over the past month or so, how often have you found that you stopped and started again several times when you urinated?
57	TimesDiffPostponeUrintate	Num	8	NOTALLALW.	B5: Over the past month or so, how often have you found it difficult to postpone urination?

Num	Variable	Type	Len	Format	Label
58	TimesWeakUrine	Num	8	NOTALLALW.	B6: Over the past month or so, how often have you had a weak urine stream?
59	TimesStrainBeginUrine	Num	8	NOTALLALW.	B7: Over the last month or so, how often have you had to push or strain to begin urination?
60	FeelAboutCond	Num	8	SYMPSCCL.	B8: If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?
61	DaysVigAct	Num	8	WEEKDDAYNUM.	C1: During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? (Thi
62	TimeDoVigAct	Num	8		C2: How much time in total did you usually spend on one of those days doing vigorous physical activities?
63	DaysModAct	Num	8	WEEKDDAYNUM.	C3: Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do
64	TimeModAct	Num	8		C4: How much time in total did you usually spend on one of those days doing moderate physical activities?
65	DaysWalkTenMins	Num	8	WEEKDDAYNUM.	C5: During the last 7 days, on how many days did you walk for at least 10 minutes at a time? This includes walking at work and at home, walking to
66	TotTimeSpentWalk	Num	8		C6: How much time in total did you usually spend walking on one of those days?
67	TimeSpentSit	Num	8		C7: During the last 7 days, how much time in total did you usually spend sitting on a week day?
68	StandHour	Num	8	UNABLEDIFF.	D1: Are you able to stand for one hour?
69	StandFrmChair	Num	8	UNABLEDIFF.	D2: Are you able to stand up from an armless straight chair?
70	UpDwnStairs	Num	8	UNABLEDIFF.	D3: Are you able to go up and down stairs at a normal pace?
71	WalkFifteenMins	Num	8	UNABLEDIFF.	D4: Are you able to go for a walk of at least 15 minutes?
72	UpFrmFloorNoHlp	Num	8	UNABLEDIFF.	D5: Are you able to get up from the floor from lying on your back without any help?
73	AbleToJmp	Num	8	UNABLEDIFF.	D6: Are you able to jump up and down?
74	ClimbFiveStep	Num	8	UNABLEDIFF.	D7: Are you able to climb up five steps?
75	AbleToRunShrt	Num	8	UNABLEDIFF.	D8: Are you able to run a short distance, such as to catch a bus?
76	StandTenMins	Num	8	UNABLEDIFF.	D9: Are you able to stand unsupported for 10 minutes?
77	StandTipToes	Num	8	UNABLEDIFF.	D10: Are you able to stand up on tiptoes?
78	StandThirtyMins	Num	8	UNABLEDIFF.	D11: Are you able to stand unsupported for 30 minutes?
79	WalkNormalSpd	Num	8	UNABLEDIFF.	D12: Are you able to walk at a normal speed?
80	HealthLimShrtWalk	Num	8	CANTDOALL.	D13: Does your health now limit you in going for a short walk (less than 15 minutes)?
81	HealthLimClimbSevFlights	Num	8	CANTDOALL.	D14: Does your health now limit you in climbing several flights of stairs?

Num	Variable	Type	Len	Format	Label
82	HealthLimClimbOneFlight	Num	8	CANTDOALL.	D15: Does your health now limit you in climbing one flight of stairs?
83	SleepRestless	Num	8	VRYMUCH.	E1: My sleep was restless.
84	SleepSatisfied	Num	8	VRYMUCH.	E2: I was satisfied with my sleep.
85	SleepRefreshing	Num	8	VRYMUCH.	E3: My sleep was refreshing.
86	DiffFallingAsleep	Num	8	VRYMUCH.	E4: I had difficulty falling asleep.
87	TroubStayAsleep	Num	8	NVRSOME.	E5: I had trouble staying asleep.
88	TroubSleep	Num	8	NVRSOME.	E6: I had trouble sleeping.
89	EnoughSleep	Num	8	NVRSOME.	E7: I got enough sleep.
90	QualitySleep	Num	8	SLPQUAL.	E8: My sleep quality was:
91	PainRecTestic	Num	8	YESNO.	F1: Area between rectum and testicles (perineum)
92	PainEntrVagina	Num	8	YESNO.	F1: Entrance to vagina
93	PainVagina	Num	8	YESNO.	F2: Vagina
94	PainTestic	Num	8	YESNO.	F2: Testicles
95	PainTipPenis	Num	8	YESNO.	F3: Tip of the penis (not related to urination)
96	PainUrethra	Num	8	YESNO.	F3: Urethra
97	PainBelowWaist	Num	8	YESNO.	F4: Below your waist, in your pubic or bladder area
98	PainBladArea	Num	8	YESNO.	F4: Below your waist, in your pubic or bladder area
99	PainBurnUrine	Num	8	YESNO.	F5: Pain or burning during urination?
100	PainUrine	Num	8	YESNO.	F5: Pain or burning during urination?
101	PainPostInter	Num	8	YESNO.	F6: Pain or discomfort during or after sexual intercourse?
102	PainEjaculation	Num	8	YESNO.	F6: Pain or discomfort during or after sexual climax (ejaculation)?
103	PainBladFill_Male	Num	8	YESNO.	F7: Pain or discomfort as your bladder fills?
104	PainBladFill_Female	Num	8	YESNO.	F7: Pain or discomfort as your bladder fills?
105	PainRelievVoid	Num	8	YESNO.	F8: Pain or discomfort relieved by voiding?
106	PainVoiding	Num	8	YESNO.	F8: Pain or discomfort relieved by voiding?
107	PainInLastWeek	Num	8	NVRUSALW.	F9: How often have you had pain or discomfort in any of these areas over the last week?
108	PainDiscAnyArea	Num	8	NVRUSALW.	F9: How often have you had pain or discomfort in any of these areas over the last week?
109	AvgPainLevel	Num	8	ZEROTEN.	F10: Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week (0 is No Pain and 10 is Pain as bad as
110	PainAvgLastWeek	Num	8	ZEROTEN.	F10: Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week (0 is No Pain and 10 is Pain as bad as
111	TimesFeltBladNotEmp	Num	8	NOTALLALW.	F11: How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?

Num	Variable	Type	Len	Format	Label
112	SensBladNotEmpty	Num	8	NOTALLALW.	F11: How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?
113	UrineLessThanTwoHour	Num	8	NOTALLALW.	F12: How often have you had to urinate again less than two hours after you finished urinating, over the last week?
114	TimesUrineWithinTwoHrs	Num	8	NOTALLALW.	F12: How often have you had to urinate again less than two hours after you finished urinating, over the last week?
115	SympKeptNormAct	Num	8	NONEALOT.	F13: How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
116	SympKeptFrmNorm	Num	8	NONEALOT.	F13: How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
117	TimesThnkAbtSymp	Num	8	NONEALOT.	F14: How much did you think about your symptoms, over the last week?
118	ThtAbtSympLastWeek	Num	8	NONEALOT.	F14: How much did you think about your symptoms, over the last week?
119	SpendLifewSymp_Male	Num	8	SYMPSC.	F15: If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
120	SpendLifewSymp_Female	Num	8	SYMPSC.	F15: If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
121	FeelWorthless	Num	8	NVRNONE.	G1: I felt worthless.
122	FeelHelpless	Num	8	NVRNONE.	G2: I felt helpless.
123	FeelDepress	Num	8	NVRNONE.	G3: I felt depressed.
124	FeelHopeless	Num	8	NVRNONE.	G4: I felt hopeless.
125	FeelFailure	Num	8	NVRNONE.	G5: I felt like a failure.
126	FeelUnhappy	Num	8	NVRNONE.	G6: I felt unhappy.
127	FeelNothForwardTo	Num	8	NVRNONE.	G7: I felt that I had nothing to look forward to.
128	FeelNothCheerUp	Num	8	NVRNONE.	G8: I felt that nothing could cheer me up.
129	FeelTearful	Num	8	NVRNONE.	H1: I felt fearful.
130	FeelHardFocus	Num	8	NVRNONE.	H2: I found it hard to focus on anything other than my anxiety.
131	WorryOverwhelmed	Num	8	NVRNONE.	H3: My worries overwhelmed me.
132	FeelUneasy	Num	8	NVRNONE.	H4: I felt uneasy.
133	FeelNervous	Num	8	NVRNONE.	H5: I felt nervous.
134	FeelNeedHelpAnx	Num	8	NVRNONE.	H6: I felt like I needed help for my anxiety.
135	FeelAnxious	Num	8	NVRNONE.	H7: I felt anxious.
136	FeelTense	Num	8	NVRNONE.	H8: I felt tense.
137	UpsetUnex	Num	8	NVROFTN.	I1: Been upset because of something that happened unexpectedly?

Num	Variable	Type	Len	Format	Label
138	UnableToControlLife	Num	8	NVROFTN.	I2: Felt that you were unable to control the important things in your life?
139	NervStress	Num	8	NVROFTN.	I3: Felt nervous and stressed?
140	ConfHandlePerProb	Num	8	NVROFTN.	I4: Felt confident about your ability to handle your personal problems?
141	GoingYourWay	Num	8	NVROFTN.	I5: Felt that things were going your way?
142	CouldNotCope	Num	8	NVROFTN.	I6: Found that you could not cope with all the things you had to do?
143	ContrIrr	Num	8	NVROFTN.	I7: Been able to control irritations in your life?
144	OnTopOfThings	Num	8	NVROFTN.	I8: Felt that you were on top of things?
145	AngryOutOfContr	Num	8	NVROFTN.	I9: Been angered because of things that were outside of your control?
146	DiffPilingUp	Num	8	NVROFTN.	I10: Felt difficulties were piling up so high that you could not overcome them?
147	LumpStoolBother	Num	8	VRYMUCH.	J1: How much did hard or lumpy stools bother you?
148	MuchStrainBowelMove	Num	8	VRYMUCH.	J2: How much did you usually strain while trying to have a bowel movement?
149	StrainBowelMoveBother	Num	8	VRYMUCH.	J3: How much did straining during bowel movements bother you?
150	PassHardStool	Num	8	DAYS DUR.	J4: How often did you pass very hard or lumpy stools?
151	OftnStrainBowelMove	Num	8	NVRSOME.	J5: How often did you strain while trying to have bowel movements?
152	OffPainAnusBowelMove	Num	8	NVRSOME.	J6: How often did you feel pain in your rectum or anus while trying to have bowel movements?
153	BowelMoveUnfinish	Num	8	NVRSOME.	J7: How often after a bowel movement did you feel unfinished - that is, that you had not passed all your stool?
154	OftnUseFingerForStool	Num	8	NVRSOME.	J8: How often did you use your finger or toilet paper to get out a stool?
155	RateWorstPainAnus	Num	8	PAINANUS.	J9: At its worst, how would you rate your pain in your rectum or anus during bowel movements?
156	UsuPressLowAb	Num	8	YESNO.	K1: Do you usually experience pressure in the lower abdomen?
157	UsuPressLowAbBother	Num	8	QUITEABIT.	K2: If yes, how much does this bother you?
158	UsuHeavPelvic	Num	8	YESNO.	K3: Do you usually experience heaviness or dullness in the pelvic area?
159	UsuHeavPelvicBother	Num	8	QUITEABIT.	K4: If yes, how much does this bother you?
160	UsuBulgePel	Num	8	YESNO.	K5: Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?
161	UsuBulgePelBother	Num	8	QUITEABIT.	K6: If yes, how much does this bother you?
162	UsuPushVaginaCompBowel	Num	8	YESNO.	K7: Do you usually have to push on the vagina or around the rectum to have or complete bowel movement?
163	UsuPushVaginaCompBowelBoth	Num	8	QUITEABIT.	K8: If yes, how much does this bother you?
164	UsuIncompBladEmp	Num	8	YESNO.	K9: Do you usually experience a feeling of incomplete bladder emptying?

Num	Variable	Type	Len	Format	Label
165	UsuIncompBladEmpBother	Num	8	QUITEABIT.	K10: If yes, how much does this bother you?
166	UsuPushBulgeStUrine	Num	8	YESNO.	K11: Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?
167	UsuPushBulgeStUrineBother	Num	8	QUITEABIT.	K12: If yes, how much does this bother you?
168	StrainBowelMove	Num	8	YESNO.	K13: Do you feel you need to strain too hard to have a bowel movement?
169	StrainBowelMoveBother_Women	Num	8	QUITEABIT.	K14: If yes, how much does this bother you?
170	FeelNotCompEmpBowel	Num	8	YESNO.	K15: Do you feel you have not completely emptied your bowels at the end of a bowel movement?
171	FeelNotCompEmpBowelBother	Num	8	QUITEABIT.	K16: If yes, how much does this bother you?
172	LoseStoolWellFormed	Num	8	YESNO.	K17: Do you usually lose stool beyond your control if your stool is well formed?
173	LoseStoolWellFormedBother	Num	8	QUITEABIT.	K18: If yes, how much does this bother you?
174	LoseStoolLiquid	Num	8	YESNO.	K19: Do you usually lose stool beyond your control if your stool is loose or liquid?
175	LoseStoolLiquidBother	Num	8	QUITEABIT.	K20: If yes, how much does this bother you?
176	LoseGasBeyondContr	Num	8	YESNO.	K21: Do you usually lose gas from the rectum beyond your control?
177	LoseGasBeyondContrBother	Num	8	QUITEABIT.	K22: If yes, how much does this bother you?
178	UsuPainPassStool	Num	8	YESNO.	K23: Do you usually have pain when you pass your stool?
179	UsuPainPassStoolBother	Num	8	QUITEABIT.	K24: If yes, how much does this bother you?
180	RushBowelMove	Num	8	YESNO.	K25: Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?
181	RushBowelMoveBother	Num	8	QUITEABIT.	K26: If yes, how much does this bother you?
182	PartBowelPassBowelMove	Num	8	YESNO.	K27: Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?
183	PartBowelPassBowelMoveBother	Num	8	QUITEABIT.	K28: If yes, how much does this bother you?
184	FreqUrine	Num	8	YESNO.	K29: Do you usually experience frequent urination?
185	FreqUrineBother	Num	8	QUITEABIT.	K30: If yes, how much does this bother you?
186	UrineLeakUrgen	Num	8	YESNO.	K31: Do you usually experience urine leakage associated with a feeling of urgency that is a strong sensation of needing to go to the bathroom?
187	UrineLEakUrgenBother	Num	8	QUITEABIT.	K32: If yes, how much does this bother you?
188	UrineLeakCough	Num	8	YESNO.	K33: Do you usually experience urine leakage related to coughing, sneezing, or laughing?
189	UrineLeakCoughBother	Num	8	QUITEABIT.	K34: If yes, how much does this bother you?
190	UrineLeakSpot	Num	8	YESNO.	K35: Do you usually experience small amounts of urine leakage (that is, drops)?
191	UrineLeakSpotBother	Num	8	QUITEABIT.	K36: If yes, how much does this bother you?
192	DiffEmptBlad	Num	8	YESNO.	K37: Do you usually experience difficulty emptying your bladder?

Num	Variable	Type	Len	Format	Label
193	DiffEmptBladBother	Num	8	QUITEABIT.	K38: If yes, how much does this bother you?
194	PainLowAbd	Num	8	YESNO.	K39: Do you usually experience pain or discomfort in the lower abdomen or genital region?
195	PainLowAbdBother	Num	8	QUITEABIT.	K40: If yes, how much does this bother you?
196	DaysLooseStools	Num	8	STOOLDAY.	L1: How many days did you have loose or watery stools?
197	LooseStoolIntfActiv	Num	8	VRYMUCH.	L2: How much did having loose or watery stools interfere with your day-to-day activities?
198	LooseStoolBother	Num	8	VRYMUCH.	L3: How much did having loose or watery stools bother you?
199	EmptyBowelIntfActiv	Num	8	VRYMUCH.	L4: How much did feeling you needed to empty your bowels right away interfere with your day-to-day activities?
200	EmptyBowelAccid	Num	8	DAYS DUR.	L5: How often did you feel like you needed to empty your bowels right away or else you would have an accident?
201	DaysIncontinent	Num	8	STOOLDAY.	M1: How often did you have bowel incontinence - that is, have an accident because you could not make it to the bathroom in time?
202	DaysSoilSelf	Num	8	STOOLDAY.	M2: How often did you soil or dirty your underwear before getting to a bathroom?
203	DaysLeakStool	Num	8	STOOLDAY.	M3: How often did you leak stool or soil your underwear?
204	PassGasLiqStool	Num	8	NVRSOME.	M4: How often did you think you were going to pass gas, but stool or liquid came out instead?
205	OftenErectionSexActivity	Num	8	SEXACTIVITYPENE.	N1: How often were you able to get an erection during sexual activity?
206	OftenErectionPenetration	Num	8	SEXACTIVITYPENE.	N2: When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
207	AbleToPenetratePartner	Num	8	SEXACTIVITYINT.	N3: When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?
208	AbleToMaintainErectionPene	Num	8	SEXACTIVITYINT.	N4: During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
209	AbleToMaintainErectionComp	Num	8	SEXACTIVITYDIFF.	N5: During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
210	ConfidentKeepErection	Num	8	LOWHIGH.	N6: How do you rate your confidence that you could get and keep an erection?
211	SexActive	Num	8	SEXACTIV.	O1: Which of the following best describes you:
212	NoPartner	Num	8	AGRDISA.	O2: No partner
213	NoInterest	Num	8	AGRDISA.	O3: No interest
214	BladProb	Num	8	AGRDISA.	O4: Due to bladder or bowel problems (urinary or fecal incontinence) or due to prolapse (a feeling of or a bulge in the vaginal area)
215	HealthProb	Num	8	AGRDISA.	O5: Because of my other health problems
216	Pain	Num	8	AGRDISA.	O6: Pain

Num	Variable	Type	Len	Format	Label
217	FearLeak	Num	8	LITTLELOT.	O7: How much does fear of leaking urine and/or stool and/or a bulging in the vagina (either the bladder, rectum or uterus falling out) cause you to avoid
218	FeelSexLifeN	Num	8	ONETOFOIV.	O8: On a scale between 1 (Satisfied) and 5 (Dissatisfied), which best represents how you feel about your sex life?
219	AdeqSexLife	Num	8	ONETOFOIV.	O9: On a scale between 1 (Adequate) and 5 (Inadequate), which best represents how you feel about your sex life?
220	FrustrSexLife	Num	8	AGRDISA.	O10: I feel frustrated by my sex life.
221	SexInferIncont	Num	8	AGRDISA.	O11: I feel sexually inferior because of my incontinence and/or prolapse.
222	AngryIncont	Num	8	AGRDISA.	O12: I feel angry because of the impact that incontinence and/or prolapse has on my sex life.
223	SexLifeBother	Num	8	LITTLELOT.	O13: Overall, how bothersome is it to you that you are not sexually active?
224	OftSexArouse	Num	8	NVRALW.	O14: How often do you feel sexually aroused (physically excited or turned on) during sexual activity?
225	Fulfilled	Num	8	NVRALMAL.	O15: Fulfilled
226	Shame	Num	8	NVRALMAL.	O16: Shame
227	Fear	Num	8	NVRALMAL.	O17: Fear
228	LeakUrineSexActiv	Num	8	NVRALW.	O18: How often do you leak urine and/or stool with any type of sexual activity?
229	OrgasmIntensity	Num	8	INTENSITY.	O19: Compared to orgasms you have had in the past, how intense are you orgasms now?
230	OftPainIntercourse	Num	8	NVRINTR.	O20: How often do you feel pain during sexual intercourse?
231	SexPartner	Num	8	YESNO.	O21: Do you have a sexual partner?
232	ProbSexPartner	Num	8	HRDLYEVR.	O22: How often does your partner have a problem (lack of arousal, desire, erection, etc.) that limits your sexual activity?
233	PartSexDesire	Num	8	POSNEG.	O23: Your sexual desire?
234	PartSexFreq	Num	8	POSNEG.	O24: The frequency of your sexual activity?
235	WantMoreSex	Num	8	NVRALW.	O25: When you are involved in sexual activity, how often do you feel that you want more?
236	FreqSexDesire	Num	8	DAILYNVR.	O26: How frequently do you have sexual desire, this may include wanted to have sex, having sexual thoughts or fantasies, etc.?
237	LevSexDesire	Num	8	HIGHLOW.	O27: How would you rate your level (degree) of sexual desire or interest?
238	FearSexActiv	Num	8	LITTLELOT.	O28: How much does the fear of leaking urine, stool and/or a bulging in the vagina (prolapse) cause you to avoid sexual activity?
239	FeelSexLifeA	Num	8	ONETOFOIV.	O29: On a scale between 1 (Satisfied) and 5 (Dissatisfied), which best represents how you feel about your sex life?

Num	Variable	Type	Len	Format	Label
240	AdqSexLife	Num	8	ONETOIV.	O30: On a scale between 1 (Adequate) and 5 (Inadequate), which best represents how you feel about your sex life?
241	ConfSexLife	Num	8	ONETOIV.	O31: On a scale between 1 (Confident) and 5 (Not Confident), which best represents how you feel about your sex life?
242	ActSexFrust	Num	8	AGRDISA.	O32: I feel frustrated by my sex life.
243	ActInfIncont	Num	8	AGRDISA.	O33: I feel sexually inferior because of my incontinence and/or prolapse.
244	ActEmbSexLife	Num	8	AGRDISA.	O34: I feel embarrassed about my sex life.
245	ActAngrIncont	Num	8	AGRDISA.	O35: I feel angry because of the impact that incontinence and/or prolapse has on my sex life.
246	CenterComplete	Num	8	QUESTCOMP.	P1/V1: Questionnaire Complete
247	CompleteDate	Num	8	MMDDYY8.	P2/V1: Complete Date

Data Set Name: patientqsnlinitial.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	PastWeekUrinFreq	Num	8	URINEFREQ.	A1: How often during the past week did you urinate too frequently?
11	FreqUrinBother	Num	8	LTSBTHR.	A1: If rarely or more, how much does this bother you?
12	UrineWakeHrs	Num	8	URINEWAKEHRS.	A2: During a typical day in the past week, how many times did you urinate during waking hours?
13	UrineWakeHrsBother	Num	8	LTSBTHR.	A2: How much does this bother you?
14	UrineOvernightFreq	Num	8	URNOVRNGHT.	A3: During a typical night in the past week, how many times did you wake up because you needed to urinate?
15	UrineOvernightFreqBother	Num	8	LTSBTHR.	A3: If 1 time a night or more, how much does this bother you?
16	UrineBladderNotEmpty	Num	8	URINEFREQ.	A4: During the past week, how often have you had the feeling your bladder was not empty after urinating?
17	UrineBladderNotEmptyBother	Num	8	LTSBTHR.	A4: If rarely or more, how much does this bother you?
18	UrineTrickle	Num	8	URINEFREQ.	A5: During the past week, how often have you had a trickle or dribble at the end of your urine flow?
19	UrineTrickleBother	Num	8	LTSBTHR.	A5: If rarely or more, how much does this bother you?
20	UrineSuddenRush	Num	8	URINEFREQ.	A6: During the past week, how often have you had a sudden need to rush to urinate?
21	UrineSuddenRushBother	Num	8	LTSBTHR.	A6: If rarely or more, how much does this bother you?
22	UrineDelayStart	Num	8	URINEFREQ.	A7: During the past week, how often have you had a delay before you start to urinate?
23	UrineDelayStartBother	Num	8	LTSBTHR.	A7: If rarely or more, how much does this bother you?
24	UrineFlowStopStart	Num	8	URINEFREQ.	A8: During the past week, how often did your urine flow start and stop while you were urinating?
25	UrineFlowStopStartBother	Num	8	LTSBTHR.	A8: If rarely or more, how much does this bother you?
26	UrineStrain	Num	8	URINEFREQ.	A9: During the past week, how often did you strain to urinate or strain while you were urinating?
27	UrineStrainBother	Num	8	LTSBTHR.	A9: If rarely or more, how much does this bother you?
28	UrineWeakStream	Num	8	URINEFREQ.	A10: During the past week, how often have you had a weak urine stream?
29	UrineWeakStreamBother	Num	8	LTSBTHR.	A10: If rarely or more, how much does this bother you?

Num	Variable	Type	Len	Format	Label
30	UrineSpraying	Num	8	URINEFREQ.	A11: During the past week, how often have you had splitting or spraying of your urine stream?
31	UrineSprayingBother	Num	8	LTSBTHR.	A11: If rarely or more, how much does this bother you?
32	UrineSuddenRushLeak	Num	8	URINEFREQ.	A12: During the past week, how often have you had a sudden need to rush to urinate for fear of leaking urine?
33	UrineSuddenRushLeakBother	Num	8	LTSBTHR.	A12: If rarely or more, how much does this bother you?
34	BladderPain	Num	8	URINEFREQ.	A13: During the past week, how often have you had pain or discomfort in your bladder area?
35	BladderPainBother	Num	8	LTSBTHR.	A13: If rarely or more, how much does this bother you?
36	UrineBurn	Num	8	URINEFREQ.	A14: During the past week, how often have you had a burning feeling when you urinate?
37	UrinePainBother	Num	8	LTSBTHR.	A14: If rarely or more, how much does this bother you?
38	UrineLeak	Num	8	URINEFREQ.	A15: During the past week, how often did you leak urine?
39	UrineLeakBother	Num	8	LTSBTHR.	A15: If rarely or more, how much does this bother you?
40	LeakUrineFinish	Num	8	URINEFREQ.	Aa: Leaked urine just after you have finished urinating?
41	LeakUrineFinishBother	Num	8	LTSBTHR.	Aa: If rarely or more, how much does this bother you?
42	LeakUrineWSuddenRush	Num	8	URINEFREQ.	Ab: Leaked urine in connection with a sudden need to rush to urinate?
43	LeakUrineWSuddenRushBother	Num	8	LTSBTHR.	Ab: If rarely or more, how much does this bother you?
44	LeakUrineWLaugh	Num	8	URINEFREQ.	Ac: Leaked urine in connection with laughing, sneezing, or coughing?
45	LeakUrineWLaughBother	Num	8	LTSBTHR.	Ac: If rarely or more, how much does this bother you?
46	LeakUrineExer	Num	8	URINEFREQ.	Ad: Leaked urine in connection with physical activities, such as exercising or lifting a heavy object?
47	LeakUrineExerBother	Num	8	LTSBTHR.	Ad: If rarely or more, how much does this bother you?
48	LeakUrineSleep	Num	8	URINEFREQ.	Ae: Leaked urine when you are sleeping?
49	LeakUrineSleepBother	Num	8	LTSBTHR.	Ae: If rarely or more, how much does this bother you?
50	LeakUrineSex	Num	8	URINEFREQ.	Af: Leaked urine during sexual activity?
51	LeakUrineSexBother	Num	8	LTSBTHR.	Af: If rarely or more, how much does this bother you?
52	LeakUrineNoReason	Num	8	URINEFREQ.	Ag: Leaked urine for no reason?
53	LeakUrineNoReasonBother	Num	8	LTSBTHR.	Ag: If rarely or more, how much does this bother you?
54	TimesUrinateOvernight	Num	8	FIVORMOR.	B1: Over the last month or so, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in
55	TimesNotEmptyBladder	Num	8	NOTALLALW.	B2: Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
56	UrinateLEssThanTwoHOurs	Num	8	NOTALLALW.	B3: Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?
57	TimesUrinateStopStart	Num	8	NOTALLALW.	B4: Over the past month or so, how often have you found that you stopped and started again several times when you urinated?

Num	Variable	Type	Len	Format	Label
58	TimesDiffPostponeUrintate	Num	8	NOTALLALW.	B5: Over the past month or so, how often have you found it difficult to postpone urination?
59	TimesWeakUrine	Num	8	NOTALLALW.	B6: Over the past month or so, how often have you had a weak urine stream?
60	TimesStrainBeginUrine	Num	8	NOTALLALW.	B7: Over the last month or so, how often have you had to push or strain to begin urination?
61	FeelAboutCond	Num	8	SYMPSCL.	B8: If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?
62	DaysVigAct	Num	8	WEEKDDAYNUM.	C1: During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? (Thi
63	TimeDoVigAct	Num	8		C2: How much time in total did you usually spend on one of those days doing vigorous physical activities?
64	DaysModAct	Num	8	WEEKDDAYNUM.	C3: Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do
65	TimeModAct	Num	8		C4: How much time in total did you usually spend on one of those days doing moderate physical activities?
66	DaysWalkTenMins	Num	8	WEEKDDAYNUM.	C5: During the last 7 days, on how many days did you walk for at least 10 minutes at a time? This includes walking at work and at home, walking to
67	TotTimeSpentWalk	Num	8		C6: How much time in total did you usually spend walking on one of those days?
68	TimeSpentSit	Num	8		C7: During the last 7 days, how much time in total did you usually spend sitting on a week day?
69	StandHour	Num	8	UNABLEDIFF.	D1: Are you able to stand for one hour?
70	StandFrmChair	Num	8	UNABLEDIFF.	D2: Are you able to stand up from an armless straight chair?
71	UpDwnStairs	Num	8	UNABLEDIFF.	D3: Are you able to go up and down stairs at a normal pace?
72	WalkFifteenMins	Num	8	UNABLEDIFF.	D4: Are you able to go for a walk of at least 15 minutes?
73	UpFrmFloorNoHlp	Num	8	UNABLEDIFF.	D5: Are you able to get up from the floor from lying on your back without any help?
74	AbleToJmp	Num	8	UNABLEDIFF.	D6: Are you able to jump up and down?
75	ClimbFiveStep	Num	8	UNABLEDIFF.	D7: Are you able to climb up five steps?
76	AbleToRunShrt	Num	8	UNABLEDIFF.	D8: Are you able to run a short distance, such as to catch a bus?
77	StandTenMins	Num	8	UNABLEDIFF.	D9: Are you able to stand unsupported for 10 minutes?
78	StandTipToes	Num	8	UNABLEDIFF.	D10: Are you able to stand up on tiptoes?
79	StandThirtyMins	Num	8	UNABLEDIFF.	D11: Are you able to stand unsupported for 30 minutes?
80	WalkNormalSpd	Num	8	UNABLEDIFF.	D12: Are you able to walk at a normal speed?
81	HealthLimShrtWalk	Num	8	CANTDOALL.	D13: Does your health now limit you in going for a short walk (less than 15 minutes)?

Num	Variable	Type	Len	Format	Label
82	HealthLimClimbSevFlights	Num	8	CANTDOALL.	D14: Does your health now limit you in climbing several flights of stairs?
83	HealthLimClimbOneFlight	Num	8	CANTDOALL.	D15: Does your health now limit you in climbing one flight of stairs?
84	SleepRestless	Num	8	VRYMUCH.	E1: My sleep was restless.
85	SleepSatisfied	Num	8	VRYMUCH.	E2: I was satisfied with my sleep.
86	SleepRefreshing	Num	8	VRYMUCH.	E3: My sleep was refreshing.
87	DiffFallingAsleep	Num	8	VRYMUCH.	E4: I had difficulty falling asleep.
88	TroubStayAsleep	Num	8	NVRSOME.	E5: I had trouble staying asleep.
89	TroubSleep	Num	8	NVRSOME.	E6: I had trouble sleeping.
90	EnoughSleep	Num	8	NVRSOME.	E7: I got enough sleep.
91	QualitySleep	Num	8	SLPQUAL.	E8: My sleep quality was:
92	PainRecTestic	Num	8	YESNO.	F1: Area between rectum and testicles (perineum)
93	PainEntrVagina	Num	8	YESNO.	F1: Entrance to vagina
94	PainVagina	Num	8	YESNO.	F2: Vagina
95	PainTestic	Num	8	YESNO.	F2: Testicles
96	PainTipPenis	Num	8	YESNO.	F3: Tip of the penis (not related to urination)
97	PainUrethra	Num	8	YESNO.	F3: Urethra
98	PainBelowWaist	Num	8	YESNO.	F4: Below your waist, in your pubic or bladder area
99	PainBladArea	Num	8	YESNO.	F4: Below your waist, in your pubic or bladder area
100	PainBurnUrine	Num	8	YESNO.	F5: Pain or burning during urination?
101	PainUrine	Num	8	YESNO.	F5: Pain or burning during urination?
102	PainPostInter	Num	8	YESNO.	F6: Pain or discomfort during or after sexual intercourse?
103	PainEjaculation	Num	8	YESNO.	F6: Pain or discomfort during or after sexual climax (ejaculation)?
104	PainBladFill_Male	Num	8	YESNO.	F7: Pain or discomfort as your bladder fills?
105	PainBladFill_Female	Num	8	YESNO.	F7: Pain or discomfort as your bladder fills?
106	PainRelievVoid	Num	8	YESNO.	F8: Pain or discomfort relieved by voiding?
107	PainVoiding	Num	8	YESNO.	F8: Pain or discomfort relieved by voiding?
108	PainInLastWeek	Num	8	NVRUSALW.	F9: How often have you had pain or discomfort in any of these areas over the last week?
109	PainDiscAnyArea	Num	8	NVRUSALW.	F9: How often have you had pain or discomfort in any of these areas over the last week?
110	AvgPainLevel	Num	8	ZEROTEN.	F10: Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week (0 is No Pain and 10 is Pain as bad as
111	PainAvgLastWeek	Num	8	ZEROTEN.	F10: Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week (0 is No Pain and 10 is Pain as bad as
112	TimesFeltBladNotEmp	Num	8	NOTALLALW.	F11: How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?

Num	Variable	Type	Len	Format	Label
113	SensBladNotEmpty	Num	8	NOTALLALW.	F11: How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?
114	UrineLessThanTwoHour	Num	8	NOTALLALW.	F12: How often have you had to urinate again less than two hours after you finished urinating, over the last week?
115	TimesUrineWithinTwoHrs	Num	8	NOTALLALW.	F12: How often have you had to urinate again less than two hours after you finished urinating, over the last week?
116	SympKeptNormAct	Num	8	NONEALOT.	F13: How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
117	SympKeptFrmNorm	Num	8	NONEALOT.	F13: How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
118	TimesThnkAbtSymp	Num	8	NONEALOT.	F14: How much did you think about your symptoms, over the last week?
119	ThtAbtSympLastWeek	Num	8	NONEALOT.	F14: How much did you think about your symptoms, over the last week?
120	SpendLifewSymp_Male	Num	8	SYMPSC.	F15: If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
121	SpendLifewSymp_Female	Num	8	SYMPSC.	F15: If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
122	FeelWorthless	Num	8	NVRNONE.	G1: I felt worthless.
123	FeelHelpless	Num	8	NVRNONE.	G2: I felt helpless.
124	FeelDepress	Num	8	NVRNONE.	G3: I felt depressed.
125	FeelHopeless	Num	8	NVRNONE.	G4: I felt hopeless.
126	FeelFailure	Num	8	NVRNONE.	G5: I felt like a failure.
127	FeelUnhappy	Num	8	NVRNONE.	G6: I felt unhappy.
128	FeelNothForwardTo	Num	8	NVRNONE.	G7: I felt that I had nothing to look forward to.
129	FeelNothCheerUp	Num	8	NVRNONE.	G8: I felt that nothing could cheer me up.
130	FeelTearful	Num	8	NVRNONE.	H1: I felt fearful.
131	FeelHardFocus	Num	8	NVRNONE.	H2: I found it hard to focus on anything other than my anxiety.
132	WorryOverwhelmed	Num	8	NVRNONE.	H3: My worries overwhelmed me.
133	FeelUneasy	Num	8	NVRNONE.	H4: I felt uneasy.
134	FeelNervous	Num	8	NVRNONE.	H5: I felt nervous.
135	FeelNeedHelpAnx	Num	8	NVRNONE.	H6: I felt like I needed help for my anxiety.
136	FeelAnxious	Num	8	NVRNONE.	H7: I felt anxious.
137	FeelTense	Num	8	NVRNONE.	H8: I felt tense.
138	UpsetUnex	Num	8	NVROFTN.	I1: Been upset because of something that happened unexpectedly?

Num	Variable	Type	Len	Format	Label
139	UnableToControlLife	Num	8	NVROFTN.	I2: Felt that you were unable to control the important things in your life?
140	NervStress	Num	8	NVROFTN.	I3: Felt nervous and stressed?
141	ConfHandlePerProb	Num	8	NVROFTN.	I4: Felt confident about your ability to handle your personal problems?
142	GoingYourWay	Num	8	NVROFTN.	I5: Felt that things were going your way?
143	CouldNotCope	Num	8	NVROFTN.	I6: Found that you could not cope with all the things you had to do?
144	ContrIrr	Num	8	NVROFTN.	I7: Been able to control irritations in your life?
145	OnTopOfThings	Num	8	NVROFTN.	I8: Felt that you were on top of things?
146	AngryOutOfContr	Num	8	NVROFTN.	I9: Been angered because of things that were outside of your control?
147	DiffPilingUp	Num	8	NVROFTN.	I10: Felt difficulties were piling up so high that you could not overcome them?
148	ExpPriorDeathFam	Num	8	YESNO.	J1: Prior to the age of 17, did you experience a death of a very close friend or family member?
149	ExpPriorDeathFamAge	Num	8	11.	J2: If yes, how old were you?
150	ExpPriorDeathFamTra	Num	8	TRAUMSC.	J3: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
151	ExpPriorDeathFamConfOth	Num	8	CONFISC.	J4: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
152	MajFamUph	Num	8	YESNO.	J5: Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)?
153	MajFamUphAge	Num	8	11.	J6: If yes, how old were you?
154	MajFamUphTram	Num	8	TRAUMSC.	J7: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
155	MajFamUphConfOth	Num	8	CONFISC.	J8: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
156	TraumSexExp	Num	8	YESNO.	J9: Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)?
157	TraumSexExpAge	Num	8	11.	J10: If yes, how old were you?
158	TraumSexExpScale	Num	8	TRAUMSC.	J11: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
159	TraumSexExpConfOth	Num	8	CONFISC.	J12: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
160	VictSexViol	Num	8	YESNO.	J13: Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted - other than sexual)?
161	VictSexViolAge	Num	8	11.	J14: If yes, how old were you?

Num	Variable	Type	Len	Format	Label
162	VictSexViolScale	Num	8	TRAUMSC.	J15: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
163	VictSexViolCongOth	Num	8	CONFISC.	J16: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
164	ExtremelyIll	Num	8	YESNO.	J17: Prior to the age of 17, were you extremely ill or injured?
165	ExtremelyIllAge	Num	8	11.	J18: If yes, how old were you?
166	ExtremelyIllScale	Num	8	TRAUMSC.	J19: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
167	ExtremelyIllConfOth	Num	8	CONFISC.	J20: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
168	MajUpShapPerson	Num	8	YESNO.	J21: Prior to the age of 17, did you experience any other major upheaval that you think may have shaped your life or personality significantly?
169	MajUpShapPersonAge	Num	8	11.	J22: If yes, how old were you?
170	MajUpShapPersonEvent	Char	50	\$50.	J23: If yes, what was the event?
171	MajUpShapPersonScale	Num	8	TRAUMSC.	J24: If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)
172	MajUpShapPersonConfOth	Num	8	CONFISC.	J25: If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)
173	LumpStoolBother	Num	8	VRYMUCH.	K1: How much did hard or lumpy stools bother you?
174	MuchStrainBowelMove	Num	8	VRYMUCH.	K2: How much did you usually strain while trying to have a bowel movement?
175	StrainBowelMoveBother	Num	8	VRYMUCH.	K3: How much did straining during bowel movements bother you?
176	PassHardStool	Num	8	DAYS DUR.	K4: How often did you pass very hard or lumpy stools?
177	OftnStrainBowelMove	Num	8	NVRSOME.	K5: How often did you strain while trying to have bowel movements?
178	OftPainAnusBowelMove	Num	8	NVRSOME.	K6: How often did you feel pain in your rectum or anus while trying to have bowel movements?
179	BowelMoveUnfinish	Num	8	NVRSOME.	K7: How often after a bowel movement did you feel unfinished - that is, that you had not passed all your stool?
180	OftnUseFingerForStool	Num	8	NVRSOME.	K8: How often did you use your finger or toilet paper to get out a stool?
181	RateWorstPainAnus	Num	8	PAINANUS.	K9: At its worst, how would you rate your pain in your rectum or anus during bowel movements?
182	UsuPressLowAb	Num	8	YESNO.	L1: Do you usually experience pressure in the lower abdomen?
183	UsuPressLowAbBother	Num	8	QUITEABIT.	L2: If yes, how much does this bother you?

Num	Variable	Type	Len	Format	Label
184	UsuHeavPelic	Num	8	YESNO.	L3: Do you usually experience heaviness or dullness in the pelvic area?
185	UsuHeavPelicBother	Num	8	QUITEABIT.	L4: If yes, how much does this bother you?
186	UsuBulgePel	Num	8	YESNO.	L5: Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?
187	UsuBulgePelBother	Num	8	QUITEABIT.	L6: If yes, how much does this bother you?
188	UsuPushVaginaCompBowel	Num	8	YESNO.	L7: Do you usually have to push on the vagina or around the rectum to have or complete bowel movement?
189	UsuPushVaginaCompBowelBoth	Num	8	QUITEABIT.	L8: If yes, how much does this bother you?
190	UsuIncompBladEmp	Num	8	YESNO.	L9: Do you usually experience a feeling of incomplete bladder emptying?
191	UsuIncompBladEmpBother	Num	8	QUITEABIT.	L10: If yes, how much does this bother you?
192	UsuPushBulgeStUrine	Num	8	YESNO.	L11: Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?
193	UsuPushBulgeStUrineBother	Num	8	QUITEABIT.	L12: If yes, how much does this bother you?
194	StrainBowelMove	Num	8	YESNO.	L13: Do you feel you need to strain too hard to have a bowel movement?
195	StrainBowelMoveBother_Women	Num	8	QUITEABIT.	L14: If yes, how much does this bother you?
196	FeelNotCompEmpBowel	Num	8	YESNO.	L15: Do you feel you have not completely emptied your bowels at the end of a bowel movement?
197	FeelNotCompEmpBowelBother	Num	8	QUITEABIT.	L16: If yes, how much does this bother you?
198	LoseStoolWellFormed	Num	8	YESNO.	L17: Do you usually lose stool beyond your control if your stool is well formed?
199	LoseStoolWellFormedBother	Num	8	QUITEABIT.	L18: If yes, how much does this bother you?
200	LoseStoolLiquid	Num	8	YESNO.	L19: Do you usually lose stool beyond your control if your stool is loose or liquid?
201	LoseStoolLiquidBother	Num	8	QUITEABIT.	L20: If yes, how much does this bother you?
202	LoseGasBeyondContr	Num	8	YESNO.	L21: Do you usually lose gas from the rectum beyond your control?
203	LoseGasBeyondContrBother	Num	8	QUITEABIT.	L22: If yes, how much does this bother you?
204	UsuPainPassStool	Num	8	YESNO.	L23: Do you usually have pain when you pass your stool?
205	UsuPainPassStoolBother	Num	8	QUITEABIT.	L24: If yes, how much does this bother you?
206	RushBowelMove	Num	8	YESNO.	L25: Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?
207	RushBowelMoveBother	Num	8	QUITEABIT.	L26: If yes, how much does this bother you?
208	PartBowelPassBowelMove	Num	8	YESNO.	L27: Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?
209	PartBowelPassBowelMoveBother	Num	8	QUITEABIT.	L28: If yes, how much does this bother you?
210	FreqUrine	Num	8	YESNO.	L29: Do you usually experience frequent urination?
211	FreqUrineBother	Num	8	QUITEABIT.	L30: If yes, how much does this bother you?

Num	Variable	Type	Len	Format	Label
212	UrineLeakUrgen	Num	8	YESNO.	L31: Do you usually experience urine leakage associated with a feeling of urgency that is a strong sensation of needing to go to the bathroom?
213	UrineLEakUrgenBother	Num	8	QUITEABIT.	L32: If yes, how much does this bother you?
214	UrineLeakCough	Num	8	YESNO.	L33: Do you usually experience urine leakage related to coughing, sneezing, or laughing?
215	UrineLeakCoughBother	Num	8	QUITEABIT.	L34: If yes, how much does this bother you?
216	UrineLeakSpot	Num	8	YESNO.	L35: Do you usually experience small amounts of urine leakage (that is, drops)?
217	UrineLeakSpotBother	Num	8	QUITEABIT.	L36: If yes, how much does this bother you?
218	DiffEmptBlad	Num	8	YESNO.	L37: Do you usually experience difficulty emptying your bladder?
219	DiffEmptBladBother	Num	8	QUITEABIT.	L38: If yes, how much does this bother you?
220	PainLowAbd	Num	8	YESNO.	L39: Do you usually experience pain or discomfort in the lower abdomen or genital region?
221	PainLowAbdBother	Num	8	QUITEABIT.	L40: If yes, how much does this bother you?
222	DaysLooseStools	Num	8	STOOLDAY.	M1: How many days did you have loose or watery stools?
223	LooseStoolIntfActiv	Num	8	VRYMUCH.	M2: How much did having loose or watery stools interfere with your day-to-day activities?
224	LooseStoolBother	Num	8	VRYMUCH.	M3: How much did having loose or watery stools bother you?
225	EmptyBowelIntfActiv	Num	8	VRYMUCH.	M4: How much did feeling you needed to empty your bowels right away interfere with your day-to-day activities?
226	EmptyBowelAccid	Num	8	DAYS DUR.	M5: How often did you feel like you needed to empty your bowels right away or else you would have an accident?
227	DaysIncontinent	Num	8	STOOLDAY.	N1: How often did you have bowel incontinence - that is, have an accident because you could not make it to the bathroom in time?
228	DaysSoilSelf	Num	8	STOOLDAY.	N2: How often did you soil or dirty your underwear before getting to a bathroom?
229	DaysLeakStool	Num	8	STOOLDAY.	N3: How often did you leak stool or soil your underwear?
230	PassGasLiqStool	Num	8	NVRSOME.	N4: How often did you think you were going to pass gas, but stool or liquid came out instead?
231	OftenErectionSexActivity	Num	8	SEXACTIVITYPENE.	O1: How often were you able to get an erection during sexual activity?
232	OftenErectionPenetration	Num	8	SEXACTIVITYPENE.	O2: When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
233	AbleToPenetratePartner	Num	8	SEXACTIVITYINT.	O3: When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?
234	AbleToMaintainErectionPene	Num	8	SEXACTIVITYINT.	O4: During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

Num	Variable	Type	Len	Format	Label
235	AbleToMaintainErectionComp	Num	8	SEXACTIVITYDIFF.	O5: During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
236	ConfidentKeepErection	Num	8	LOWHIGH.	O6: How do you rate your confidence that you could get and keep an erection?
237	SexActive	Num	8	SEXACTIV.	P1: Which of the following best describes you:
238	NoPartner	Num	8	AGRDISA.	P2: No partner
239	NoInterest	Num	8	AGRDISA.	P3: No interest
240	BladProb	Num	8	AGRDISA.	P4: Due to bladder or bowel problems (urinary or fecal incontinence) or due to prolapse (a feeling of or a bulge in the vaginal area)
241	HealthProb	Num	8	AGRDISA.	P5: Because of my other health problems
242	Pain	Num	8	AGRDISA.	P6: Pain
243	FearLeak	Num	8	LITTLELOT.	P7: How much does fear of leaking urine and/or stool and/or a bulging in the vagina (either the bladder, rectum or uterus falling out) cause you to avoid
244	FeelSexLifeN	Num	8	ONETOFOIV.	P8: On a scale between 1 (Satisfied) and 5 (Dissatisfied), which best represents how you feel about your sex life?
245	AdeqSexLife	Num	8	ONETOFOIV.	P9: On a scale between 1 (Adequate) and 5 (Inadequate), which best represents how you feel about your sex life?
246	FrustrSexLife	Num	8	AGRDISA.	P10: I feel frustrated by my sex life.
247	SexInferIncont	Num	8	AGRDISA.	P11: I feel sexually inferior because of my incontinence and/or prolapse.
248	AngryIncont	Num	8	AGRDISA.	P12: I feel angry because of the impact that incontinence and/or prolapse has on my sex life.
249	SexLifeBother	Num	8	LITTLELOT.	P13: Overall, how bothersome is it to you that you are not sexually active?
250	OftSexArouse	Num	8	NVRALW.	P14: How often do you feel sexually aroused (physically excited or turned on) during sexual activity?
251	Fulfilled	Num	8	NVRALMAL.	P15: Fulfilled
252	Shame	Num	8	NVRALMAL.	P16: Shame
253	Fear	Num	8	NVRALMAL.	P17: Fear
254	LeakUrineSexActiv	Num	8	NVRALW.	P18: How often do you leak urine and/or stool with any type of sexual activity?
255	OrgasmIntensity	Num	8	INTENSITY.	P19: Compared to orgasms you have had in the past, how intense are you orgasms now?
256	OftPainIntercourse	Num	8	NVRINTR.	P20: How often do you feel pain during sexual intercourse?
257	SexPartner	Num	8	YESNO.	P21: Do you have a sexual partner?
258	ProbSexPartner	Num	8	HRDLYEVR.	P22: How often does your partner have a problem (lack of arousal, desire, erection, etc.) that limits your sexual activity?
259	PartSexDesire	Num	8	POSNEG.	P23: Your sexual desire?
260	PartSexFreq	Num	8	POSNEG.	P24: The frequency of your sexual activity?

Num	Variable	Type	Len	Format	Label
261	WantMoreSex	Num	8	NVRALW.	P25: When you are involved in sexual activity, how often do you feel that you want more?
262	FreqSexDesire	Num	8	DAILYNVR.	P26: How frequently do you have sexual desire, this may include wanted to have sex, having sexual thoughts or fantasies, etc.?
263	LevSexDesire	Num	8	HIGHLOW.	P27: How would you rate your level (degree) of sexual desire or interest?
264	FearSexActiv	Num	8	LITTLELOT.	P28: How much does the fear of leaking urine, stool and/or a bulging in the vagina (prolapse) cause you to avoid sexual activity?
265	FeelSexLifeA	Num	8	ONETOFOIV.	P29: On a scale between 1 (Satisfied) and 5 (Dissatisfied), which best represents how you feel about your sex life?
266	AdqSexLife	Num	8	ONETOFOIV.	P30: On a scale between 1 (Adequate) and 5 (Inadequate), which best represents how you feel about your sex life?
267	ConfSexLife	Num	8	ONETOFOIV.	P31: On a scale between 1 (Confident) and 5 (Not Confident), which best represents how you feel about your sex life?
268	ActSexFrust	Num	8	AGRDISA.	P32: I feel frustrated by my sex life.
269	ActInfIncont	Num	8	AGRDISA.	P33: I feel sexually inferior because of my incontinence and/or prolapse.
270	ActEmbSexLife	Num	8	AGRDISA.	P34: I feel embarrassed about my sex life.
271	ActAngrIncont	Num	8	AGRDISA.	P35: I feel angry because of the impact that incontinence and/or prolapse has on my sex life.
272	CenterComplete	Num	8	QUESTCOMP.	W1: Questionnaire Complete
273	CompleteDate	Num	8	MMDDYY8.	W2: Complete Date

Data Set Name: patientvisits.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	Patient Identifier
2	FacilityID	Num	8	11.	LURN Facility ID
3	CohortID	Num	8	6.	CohortID
4	StudyID	Num	8	11.	Study ID
5	Eligible	Num	8	NOYES.	Patient is Eligible
6	PatientEventID	Num	8	11.	PatientEventID
7	EventDefinitionID	Num	8	11.	EventDefinitionID
8	EventDate	Num	8	MMDDYY.	EventDate
9	EventTitle	Char	100	\$100.	EventTitle
10	EventTitleShort	Char	50	\$50.	EventTitleShort
11	EventType	Char	128	\$128.	EventType
12	EventTypeID	Num	8	EVENTTYPE.	EventTypeID
13	EventStatusID	Num	8	EVENTSTATUS.	EventStatusID
14	EventStatus	Char	128	\$128.	EventStatus
15	VisitTypeID	Num	8	VISITTYPE.	VisitTypeID
16	SuggestedStartDate	Num	8	MMDDYY.	SuggestedStartDate
17	SuggestedEndDate	Num	8	MMDDYY.	SuggestedEndDate
18	CutoffStartDate	Num	8	MMDDYY.	CutoffStartDate
19	CutoffEndDate	Num	8	MMDDYY.	CutoffEndDate
20	DueDate	Num	8	MMDDYY.	DueDate
21	Comment	Char	200	\$200.	Comment
22	TaskComplete	Num	8	11.	TaskComplete
23	SortOrder	Num	8		SortOrder
24	EventCode	Char	10	\$10.	EventCode
25	Type	Num	8	11.	Type

Data Set Name: pro_scores_all_visits.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	EventTitle	Char	100	\$100.	EventTitle
3	Gender	Num	8	GENDFMT.	A2: Sex: (an answer is required before the patient can appear as Eligible for Observational)
4	GUPI_total	Num	8		
5	POPDI_6	Num	8		
6	CRADI_8	Num	8		
7	UDI_6	Num	8		
8	PFDI_20	Num	8		
9	PSS	Num	8		
10	IPAQ_cat	Num	8		
11	IIEF	Num	8		
12	PISQ_NSA_PR_MEAN	Num	8		
13	PISQ_NSE_PR_TSUM	Num	8		
14	PISQ_NSA_CS_MEAN	Num	8		
15	PISQ_NSA_TCS_SUM	Num	8		
16	PISQ_MEAN_NSA_GQ	Num	8		
17	PISQ_NSA_GQ_TSUM	Num	8		
18	PISQ_NSA_CI_MEAN	Num	8		
19	PISQ_NSA_CI_TSUM	Num	8		
20	PISQ_MEAN_SA_Ao	Num	8		
21	PISQ_SA_AO_TSUM	Num	8		
22	PISQ_SA_CS_MEAN	Num	8		
23	PISQ_SA_CS_TSUM	Num	8		
24	PISQ_SA_PR_MEAN	Num	8		
25	PISQ_SA_PR_TSUM	Num	8		
26	PISQ_SA_D_MEAN	Num	8		
27	PISQ_SA_D_TSUM	Num	8		
28	PISQ_MEAN_SA_CI	Num	8		
29	PISQ_SA_CI_TSUM	Num	8		
30	PISQ_MEAN_SA_GQ	Num	8		
31	PISQ_SA_GQ_TSUM	Num	8		
32	GUPI_pain_subscale	Num	8		
33	GUPI_urinary_subscale	Num	8		
34	GUPI_QOL_subscale	Num	8		
35	IPAQ_MET_mins	Num	8		
36	AUA_SI_voiding_subscale	Num	8		

Num	Variable	Type	Len	Format	Label
37	AUA_SI_storage_subscale	Num	8		
38	AUA_SI_QOL_subscale	Num	8		
39	AUA_SI_total	Num	8		
40	PROMIS_Bowel_Incontinence_score	Num	8		
41	PROMIS_Physical_Function_tscore	Num	8		
42	PROMIS_Physical_Function_se	Num	8		
43	PROMIS_Constipation_tscore	Num	8		
44	PROMIS_Constipation_se	Num	8		
45	PROMIS_Diarrhea_tscore	Num	8		
46	PROMIS_Diarrhea_se	Num	8		
47	PROMIS_Depression_tscore	Num	8		
48	PROMIS_Depression_se	Num	8		
49	PROMIS_Anxiety_tscore	Num	8		
50	PROMIS_Anxiety_se	Num	8		
51	PROMIS_Sleep_Disturbance_tscore	Num	8		
52	PROMIS_Sleep_Disturbance_se	Num	8		

Data Set Name: studytermination.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	PatientID	Num	8	11.	PatientID
4	FacilityID	Num	8	FACNAME.	FacilityID
5	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
6	StudyID	Num	8	11.	StudyID
7	EventTitle	Char	100	\$100.	EventTitle
8	TermDate	Num	8	MMDDYY8.	A0: Date of study termination:
9	TermReasonText	Char	100	\$100.	A2: Reason for departure/withdrawal:
10	DeathDate	Num	8	MMDDYY8.	A4: Date of death:
11	PrimCauseDeath	Char	100	\$100.	A5: Primary cause of death:
12	SecCauseDeath1	Char	100	\$100.	A6: Secondary causes of death (please enter up to four):
13	SecCauseDeath2	Char	100	\$100.	A6: Secondary causes of death (please enter up to four):
14	SecCauseDeath3	Char	100	\$100.	A6: Secondary causes of death (please enter up to four):
15	SecCauseDeath4	Char	100	\$100.	A6: Secondary causes of death (please enter up to four):
16	PartReqData	Num	8	YESNONA.	A7: Did the participant request any data and/or specimen(s) be disposed of or autoclaved?
17	PartDataRequested	Char	100	\$100.	PartDataRequested
18	CenterComplete	Num	8	QUESTCOMP.	B1: Questionnaire Complete
19	PartDataRequested1	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):1: Clinical data
20	PartDataRequested2	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):2: Serum/Plasma
21	PartDataRequested3	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):3: DNA samples
22	PartDataRequested4	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):4: Urine samples
23	PartDataRequested5	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):5: Microbiome swab
24	PartDataRequested6	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):6: Saliva samples
25	PartDataRequested7	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):7: Self-reported Observational Cohort questionnaire data
26	PartDataRequested8	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):8: Neuroimaging images
27	PartDataRequested9	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):9: Self-reported Neuroimaging questionnaire data

Num	Variable	Type	Len	Format	Label
28	PartDataRequested10	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):10: Other neuroimaging procedure data
29	PartDataRequested11	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):11: Auditory data
30	PartDataRequested12	Num	8		A7: If yes, please indicate which data and/or specimen(s) the participant wants removed (check all that apply):12: Sensory testing data
31	PartInWhichStudy	Num	8	PARTINWHICHSTUDY.	A1: Participation in which study was terminated?
32	TermReason	Num	8	TERMREASON.	A2: Reason for departure/withdrawal:

Data Set Name: suicidality.sas7bdat

Num	Variable	Type	Len	Format	Label
1	QuestionnaireID	Num	8	11.	QuestionnaireID
2	CRFStatus	Num	8	11.	CRFStatus
3	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
4	PatientID	Num	8	11.	PatientID
5	FacilityID	Num	8	FACNAME.	FacilityID
6	StudyID	Num	8	11.	StudyID
7	CohortID	Num	8	COHORT.	CohortID
8	EventTitle	Char	100	\$100.	EventTitle
9	EventDate	Num	8	MMDDYY8.	EventDate
10	SQReviewDate	Num	8	MMDDYY8.	A1: Date that the subject's answers to the PSPS-Q form questions 57 through 59 were reviewed (Wanting to die, Thinking of suicide, Suicide attempt):
11	SQActionRequired	Num	8	YESNO.	A2: Was action required?
12	SQActionTaken	Num	8	YESNO.	A3: If Yes, was appropriate action taken according to your site's Clinical Standard Operating Procedure?
13	SQActionNo	Char	200		A4: If No, specify:
14	CenterComplete	Num	8	QUESTCOMP.	B1: Questionnaire Complete

Data Set Name: baselineassessment.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	PatientID	Num	8	11.	11.
2	FacilityID	Num	8	FACNAME.	11.
3	StudyID	Num	8	11.	11.
4	QuestionnaireID	Num	8	11.	11.
5	Gender	Num	8	GENDFMT.	6.
6	Race_1	Num	8	6.	6.
7	Race_2	Num	8	6.	6.
8	Race_3	Num	8	6.	6.
9	Race_4	Num	8	6.	6.
10	Race_5	Num	8	6.	6.
11	Race_6	Num	8	6.	6.
12	Race_97	Num	8	6.	6.
13	Race_6_Other	Char	200		
14	Ethnicity	Num	8	ETHHISP.	6.
15	MaritalStat	Num	8	MARISTAT.	6.
16	Education	Num	8	EDUCATION.	6.
17	Employment	Num	8	EMPLSTAT.	6.
18	HeightPE	Num	8		
19	HeightPEUnit	Num	8	HEIGHTUNITS.	6.
20	HeightIN	Num	8		
21	WeightPE	Num	8		
22	WeightPEUnit	Num	8	WEIGHTUNITS.	6.
23	WalkDiff	Num	8	WLKALB.	6.
24	Selfcare	Num	8	SELFCARE.	6.
25	HealthLevel	Num	8	GOODSC.	6.
26	GenQOL	Num	8	GOODSC.	6.
27	TreatmentStop_1	Num	8	6.	6.
28	TreatmentStop_2	Num	8	6.	6.
29	TreatmentStop_3	Num	8	6.	6.
30	TreatmentStop_4	Num	8	6.	6.
31	TreatmentStop_5	Num	8	6.	6.
32	TreatmentStop_97	Num	8	6.	6.
33	TreatmentStop_4_Other	Char	200		
34	HighBP	Num	8	YNNOTSURE.	6.
35	CoronaryDisease	Num	8	YNNOTSURE.	6.
36	HeartDisease	Num	8	YNNOTSURE.	6.

Num	Variable	Type	Len	Format	Informat
37	Stroke	Num	8	YNNOTSURE.	6.
38	LiverDisease	Num	8	YNNOTSURE.	6.
39	KidneyDisease	Num	8	YNNOTSURE.	6.
40	Arthritis	Num	8	YNNOTSURE.	6.
41	Diabetes	Num	8	YNNOTSURE.	6.
42	DiabetesYrs	Num	8		
43	Cancer	Num	8	YNNOTSURE.	6.
44	Depression	Num	8	YNNOTSURE.	6.
45	Anxiety	Num	8	YNNOTSURE.	6.
46	Alcohol	Num	8	YNNOTSURE.	6.
47	Sleep	Num	8	YNNOTSURE.	6.
48	SpinalCord	Num	8	YNNOTSURE.	6.
49	QUrinateWake	Num	8	QURINATEWAKE.	6.
50	QTimeBetween	Num	8	QTIMEBETWEEN.	6.
51	QTwiceMore	Num	8	NEVEREVERYTIME.	6.
52	QUrinateNight	Num	8	NONEOVERTHREE.	6.
53	QNightOnce	Num	8	NEVEREVERYNIGHT.	6.
54	QUrinateUrge	Num	8	NOURGESTRONG.	6.
55	QLeakPadBed	Num	8	NEVEREVERYNIGHT.	6.
56	QLeakWay	Num	8	NEVEREVERYTIME.	6.
57	RFSensationAbdomen	Num	8	YESNO.	6.
58	RFSensationBladder	Num	8	YESNO.	6.
59	RFSensationVagina	Num	8	YESNO.	6.
60	RFSensationUrethra	Num	8	YESNO.	6.
61	RFSensationLowBack	Num	8	YESNO.	6.
62	RFSensationOther	Num	8	YESNO.	6.
63	RFSensationOS	Char	200		
64	RMSensationAbdomen	Num	8	YESNO.	6.
65	RMSensationBladder	Num	8	YESNO.	6.
66	RMSensationPenis	Num	8	YESNO.	6.
67	RMSensationShaft	Num	8	YESNO.	6.
68	RMSensationTesticle	Num	8	YESNO.	6.
69	RMSensationUrethra	Num	8	YESNO.	6.
70	RMSensationLowBack	Num	8	YESNO.	6.
71	RMSensationOther	Num	8	YESNO.	6.
72	RMSensationOS	Char	200		
73	SNeedNone	Num	8	YESNO.	6.
74	SNeedBloating	Num	8	YESNO.	6.
75	SNeedTingling	Num	8	YESNO.	6.

Num	Variable	Type	Len	Format	Informat
76	SNeedBurning	Num	8	YESNO.	6.
77	SNeedPressure	Num	8	YESNO.	6.
78	SNeedDiscomfort	Num	8	YESNO.	6.
79	SNeedPain	Num	8	YESNO.	6.
80	SNeedAching	Num	8	YESNO.	6.
81	SNeedUrgency	Num	8	YESNO.	6.
82	SNeedStinging	Num	8	YESNO.	6.
83	SNeedFullness	Num	8	YESNO.	6.
84	SNeedOther	Num	8	YESNO.	6.
85	SNeedOS	Char	200		
86	SNeedCannotWord	Num	8	YESNO.	6.
87	SNext	Num	8	YESNO.	6.
88	SNextBloating	Num	8	YESNO.	6.
89	SNextTingling	Num	8	YESNO.	6.
90	SNextBurning	Num	8	YESNO.	6.
91	SNextPressure	Num	8	YESNO.	6.
92	SNextDiscomfort	Num	8	YESNO.	6.
93	SNextPain	Num	8	YESNO.	6.
94	SNextAching	Num	8	YESNO.	6.
95	SNextUrgency	Num	8	YESNO.	6.
96	SNextStinging	Num	8	YESNO.	6.
97	SNextFullness	Num	8	YESNO.	6.
98	SNextOther	Num	8	YESNO.	6.
99	SNextOS	Char	200		
100	SNextCannotWord	Num	8	YESNO.	6.
101	SFillingPainOften	Num	8	NEVEREVERYTIME.	6.
102	SFillingPainMuch	Num	8	NOPAINTOSEVERE.	6.
103	SFullPainOften	Num	8	NEVEREVERYTIME.	6.
104	SFullPainMuch	Num	8	NOPAINTOSEVERE.	6.
105	SUrinatePainOften	Num	8	NEVEREVERYTIME.	6.
106	SUrinatePainMuch	Num	8	NOPAINTOSEVERE.	6.
107	SFinishPainOften	Num	8	NEVEREVERYTIME.	6.
108	SFinishPainMuch	Num	8	NOPAINTOSEVERE.	6.
109	SSuddenOften	Num	8	NEVEREVERYTIME.	6.
110	SHardWait	Num	8	WAITDIFFICULTY.	6.
111	SFearLeakOften	Num	8	NEVEREVERYTIME.	6.
112	SConstantNeed	Num	8	YESNO.	6.
113	SDelayOften	Num	8	NEVEREVERYTIME.	6.
114	SDelayMuch	Num	8	NONETOMINUTES.	6.

Num	Variable	Type	Len	Format	Informat
115	SPushOften	Num	8	NEVEREVERYTIME.	6.
116	SPushHardBegin	Num	8	NOTTOVERYHARD.	6.
117	SPushHardDuring	Num	8	NOTTOVERYHARD.	6.
118	SPushExtraHard	Num	8	NEVEREVERYTIME.	6.
119	SConcentrate	Num	8	NOTTOMUCH.	6.
120	SRelax	Num	8	NEVEREVERYTIME.	6.
121	SFlowSplit	Num	8	NEVEREVERYTIME.	6.
122	SFlowSpray	Num	8	NEVEREVERYTIME.	6.
123	SFlowStopStart	Num	8	NEVEREVERYTIME.	6.
124	SFlowSlow	Num	8	NEVEREVERYTIME.	6.
125	SFlowEndTrickle	Num	8	NEVEREVERYTIME.	6.
126	SFlowNoSensation	Num	8	NEVEREVERYTIME.	6.
127	SLeakUrine	Num	8	YESNO.	6.
128	SLooseControl	Num	8	NEVEREVERYTIME.	6.
129	SLeakAfterSudden	Num	8	NEVEREVERYTIME.	6.
130	SLeakLaugh	Num	8	NEVEREVERYTIME.	6.
131	SLeakExercise	Num	8	NEVEREVERYTIME.	6.
132	SLeakUpChair	Num	8	NEVEREVERYTIME.	6.
133	SLeakWalk	Num	8	NEVEREVERYTIME.	6.
134	SLeakNoUrge	Num	8	NEVEREVERYTIME.	6.
135	SLeakStairs	Num	8	NEVEREVERYTIME.	6.
136	SLeakNoReason	Num	8	NEVEREVERYTIME.	6.
137	SLeakNoFeel	Num	8	NEVEREVERYTIME.	6.
138	SNeedJustAfter	Num	8	NEVEREVERYTIME.	6.
139	SNotEmptyAfter	Num	8	NEVEREVERYTIME.	6.
140	SDribbleZipPants	Num	8	NEVEREVERYTIME.	6.
141	TSatisfyBladderFunc	Num	8	NOTTOEXTRESATISFIED.	6.
142	TBotherUrSympt	Num	8	NOTTOEXTREBOTHER.	6.
143	TUrProblemOften	Num	8	NEVEREVERYTIME.	6.
144	TUrFuncRate	Num	8	POORTOGOOD.	6.
145	ULeakAfterSudden	Num	8	YESNO.	6.
146	UAccidentEmpty	Num	8	YESNO.	6.
147	ULeakLaugh	Num	8	YESNO.	6.
148	UMedNotEmpty	Num	8	YESNO.	6.
149	UTryStopStream	Num	8	YESNO.	6.
150	UStopStreamHard	Num	8	EASYTOUNABLE.	6.
151	UMidStreamSample	Num	8	YESNO.	6.
152	UMidSampleHard	Num	8	EASYTOUNABLE.	6.
153	CenterComplete	Num	8	QUESTCOMP.	6.

Num	Variable	Type	Len	Format	Informat
154	WeightPEKg	Num	8		
155	HeightPEcm	Num	8		
156	BodyMassIndex	Num	8		

Label
PatientID
FacilityID
StudyID
QuestionnaireID
A1: Sex:
A2: Race (select all that apply): (American Indian or Alaska Native)
A2: Race (select all that apply): (Asian/Asian American)
A2: Race (select all that apply): (Black or African American)
A2: Race (select all that apply): (Native Hawaiian or other Pacific Islander)
A2: Race (select all that apply): (White)
A2: Race (select all that apply): (Other)
A2: Race (select all that apply): (Unknown)
A3: Ethnicity:
A4: Marital Status:
A5: Education:
A6: Employment:
A7: Height:
A7: Height:
A7: (Enter 0 if no inches.)
A8: Weight:
A8: Weight:
B1: Do you have difficulty walking?
B2: Do you have difficulty with self-care?
B3: In general, would you say your health is:
B4: In general, would you say your quality of life is:
B5: Are you currently, or have you been, on any treatments for your urinary tract symptoms? Select all that apply. (Non-traditional/non-medicinal treat (Medicine))
B5: Are you currently, or have you been, on any treatments for your urinary tract symptoms? Select all that apply. (Non-traditional/non-medicinal treat (Surgery))
B5: Are you currently, or have you been, on any treatments for your urinary tract symptoms? Select all that apply. (Non-traditional/non-medicinal treat (Non-traditional/ non-medicinal treatments))
B5: Are you currently, or have you been, on any treatments for your urinary tract symptoms? Select all that apply. (Non-traditional/non-medicinal treat (Other (specify)))
B5: Are you currently, or have you been, on any treatments for your urinary tract symptoms? Select all that apply. (Non-traditional/non-medicinal treat (None))

Label
B5: Are you currently, or have you been, on any treatments for your urinary tract symptoms? Select all that apply. (Non-traditional/non-medicinal treat (Unknown))
B6: High blood pressure (hypertension)
B7: Hardening of the arteries (coronary heart disease)
B8: Heart disease or heart problems
B9: Stroke or transient ischemic attack (TIA)
B10: Liver disease, hepatitis, or cirrhosis
B11: Kidney disease
B12: Arthritis
B13a: Diabetes, or high blood sugar, or sugar in your urine
B13b: If yes, how many years have you had diabetes?
B14: Cancer other than non-melanoma skin cancer
B15: Depression
B16: Anxiety
B17: Alcohol or drug problem
B18: A sleep disorder
B19: A spinal cord injury
C1: In the past 7 days: During waking hours, how many times did you typically urinate?
C2: In the past 7 days: During a typical day, how much time typically passed between urinations?
C3: In the past 7 days: During a typical day, how often did you urinate twice or more within a few minutes?
C4: In the past 7 days: During a typical night, how many times did you wake up and urinate?
C5: In the past 7 days: How often did you wake up at least once during the night because you had to urinate?
C6: In the past 7 days: How would you describe your typical urge to urinate when you woke up during the night?
C7: In the past 7 days: How often did you leak urine during the night, including wetting a pad or the bed?
C8: In the past 7 days: When you woke up and urinated, how often did you leak urine on your way to the bathroom?
D1: Lower abdomen:
D2: Bladder area:
D3: Labia/vagina area:
D4: Urethra:
D5: Lower back:
D6: Other:
D7: If Yes to Other, where do you feel sensations:
E1: Lower abdomen:
E2: Bladder area:
E3: Tip of the penis:
E4: Shaft of the penis:
E5: Scrotum/testicles:
E6: Urethra:

Label
E7: Lower back:
E8: Other:
E9: If Yes to Other, where do you feel sensations:
F1: None:
F2: Bloating:
F3: Tingling:
F4: Burning:
F5: Pressure:
F6: Discomfort:
F7: Pain:
F8: Aching:
F9: Urgency:
F10: Stinging:
F11: Fullness:
F12: Other:
F13: If Yes to Other, what kinds of sensations do you feel:
F14: I have sensations, but I can't put them into words:
F15: During these times, are you aware of any feelings or sensations?
F16: Bloating:
F17: Tingling:
F18: Burning:
F19: Pressure:
F20: Discomfort:
F21: Pain:
F22: Aching:
F23: Urgency:
F24: Stinging:
F25: Fullness:
F26: Other:
F27: If Yes to Other, what kinds of sensations do you feel:
F28: I have sensations, but I can't put them into words:
F29: In the past 7 days: How often did you have pain or discomfort in your bladder while it was filling?
F30: In the past 7 days: How much pain or discomfort did you have in your bladder while it was filling?
F31: In the past 7 days: How often did you have pain or discomfort in your bladder when it was full?
F32: In the past 7 days: How much pain or discomfort did you have in your bladder when it was full?
F33: In the past 7 days: How often did you have pain or discomfort while urinating?
F34: In the past 7 days: How much pain or discomfort did you have while urinating?
F35: In the past 7 days: How often did you have pain or discomfort right after you had finished urinating?
F36: In the past 7 days: How much pain or discomfort did you have right after you had finished urinating?

Label
F37: In the past 7 days: How often did you feel a sudden need to urinate?
F38: In the past 7 days: Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?
F39: In the past 7 days: How often did you have a sudden need to rush to urinate for fear of leaking urine?
F40: In the past 7 days: Did you have a constant need to urinate that did not go away?
G1: In the past 7 days: How often did you have a delay before you started to urinate?
G2: In the past 7 days: When trying to urinate, how much of a delay was there before the urine came out?
G3: In the past 7 days: How often did you have to push when urinating?
G4: In the past 7 days: How hard did you have to push to begin urinating?
G5: In the past 7 days: How hard did you have to push during urination?
G6: In the past 7 days: How often did you push extra hard while you were urinating?
G7: In the past 7 days: How much did you have to concentrate to empty your bladder?
G8: In the past 7 days: How often did you have to relax to empty your bladder?
G9: In the past 7 days: How often did you have splitting or spraying of your urine stream?
G10: In the past 7 days: How often did you have spraying or change in direction of your urine stream?
G11: In the past 7 days: Once you started urinating, how often did your urine flow stop and start again?
G12: In the past 7 days: How often was your urine flow slow or weak?
G13: In the past 7 days: How often did you have a trickle or dribble at the end of your urine flow?
G14: In the past 7 days: How often did you have no sensation of urine flow while you were urinating?
G15: In the past 7 days: Have you leaked urine or wet a pad?
G16: In the past 7 days: How often did you completely lose control of your bladder?
G17: In the past 7 days: How often did you leak urine or wet a pad after feeling a sudden need to urinate?
G18: In the past 7 days: How often did you leak urine or wet a pad while laughing, sneezing, or coughing?
G19: In the past 7 days: How often did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?
G20: In the past 7 days: How often did getting up from a chair cause you to leak urine or wet a pad?
G21: In the past 7 days: How often did walking at your usual speed cause you to leak urine or wet a pad?
G22: In the past 7 days: How often did you leak urine or wet a pad without feeling an urge to urinate or not in connection with physical activity?
G23: In the past 7 days: How often did walking down stairs or stepping off a curb cause you to leak urine or wet a pad?
G24: In the past 7 days: How often did you leak urine or wet a pad without any reason you could identify?
G25: In the past 7 days: How often did you leak urine or wet a pad without feeling it?
G26: In the past 7 days: How often did you feel a need to urinate after you had just urinated?
G27: In the past 7 days: How often did you feel that your bladder was not completely empty after urination?
G28: In the past 7 days: How often did you dribble urine just after zipping your pants or pulling up your underwear?
H1: In the past 7 days: How satisfied were you with your bladder function?
H2: In the past 7 days: How bothered were you by urinary symptoms?
H3: In the past 7 days: How often did you have urinary or bladder problems of any kind?
H4: In the past 7 days: How would you rate your bladder or urinary function?
I1: Thinking back over your whole adult life: Did you ever leak urine after feeling a sudden need to urinate?

Label		
I2: Thinking back over your whole adult life:		Did you ever have an accident where you completely emptied your bladder?
I3: Thinking back over your whole adult life:		Did you ever leak urine with a laugh, sneeze, or cough?
I4: Thinking back over your whole adult life:		Did you ever seek medical attention because you could not empty your bladder?
I5: Thinking back over your whole adult life:		Have you ever tried to stop urinating mid-stream?
I6: Thinking back over your whole adult life:		If yes, how difficult was it to stop urination mid-stream?
I7: Thinking back over your whole adult life:		Have you ever been asked to give a mid-stream urine sample?
I8: Thinking back over your whole adult life:		If yes, how difficult was it to stop urination mid-stream?
I9: Questionnaire Complete		

Data Set Name: bladderdiary.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	QuestionnaireID	Num	8	11.	QuestionnaireID
5	CenterComplete	Num	8	QUESTCOMP.	B1: Questionnaire Complete
6	CompleteDate	Num	8	MMDDYY8.	B2: Complete Date

Data Set Name: bladderdiarycangrow.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	QuestionnaireID	Num	8	11.	QuestionnaireID
5	EntryDate	Num	8	MMDDYY8.	A1: Date and Time of entry:
6	EntryTime	Char	16	\$16.	A2: Time of entry:
7	TypeEntryWoke	Num	8	YESNO.	A3: Is this an entry in which the participant woke up? (i.e. they wrote 'WOKE' next to the time)
8	TypeEntryBed	Num	8	YESNO.	A4: Is this an entry in which the participant went to bed? (i.e. they wrote 'BED' next to the time)
9	PartBladSens	Num	8	BLADSENS.	A5: What was the participant's bladder sensation at this time?
10	PartLeak	Num	8	NOYESURGE.	A6: Did the participant leak at this time? (i.e. they wrote 'LEAK' in the 'Urine Output' column)
11	PartChangePad	Num	8	YESNO.	A7: Did the participant change their pads at this time?

Data Set Name: bladderdiarytracker.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	QuestionnaireID	Num	8	11.	QuestionnaireID
5	BDStart	Num	8	MMDDYY8.	A1: Start date for entries into the Bladder Diary paper form:
6	BDYes	Num	8	QUESTCOMP.	A2: By clicking 'Yes' below, I confirm that I began entry into the Bladder Diary paper form on the date entered in A1.

Data Set Name: facilities.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	FacilityID	Num	8	11.	11.	FacilityID
2	FacilityName	Char	125	\$125.	\$125.	FacilityName
3	TimeZoneID	Num	8	11.	11.	TimeZoneID

Data Set Name: patients.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	CohortID	Num	8	COHORT.	CohortID
5	EligibleStep1	Num	8	11.	EligibleStep1
6	Eligible	Num	8	2.	Eligible
7	SubjectTypeID	Num	8	6.	SubjectTypeID
8	Status	Char	9	\$9.	Status
9	SCScreeningQuestionnaireID	Num	8	11.	SCScreeningQuestionnaireID
10	LURNParticipant	Num	8	6.	LURNParticipant
11	LURNStudyID	Char	200		
12	DateScreen	Num	8	MMDDYY8.	DateScreen
13	Gender	Num	8	6.	Gender
14	DateOfBirth	Num	8	MMDDYY8.	DateOfBirth
15	PatDiffEng	Num	8	6.	PatDiffEng
16	PtCognitive	Num	8	6.	PtCognitive
17	PtPregnancy	Num	8	6.	PtPregnancy
18	PtLUTSMeds	Num	8	6.	PtLUTSMeds
19	PtMalignancy	Num	8	6.	PtMalignancy
20	PtSurgery	Num	8	6.	PtSurgery
21	PtInstrument	Num	8	6.	PtInstrument
22	PtProstate	Num	8	6.	PtProstate
23	ConsentDate	Num	8	MMDDYY8.	ConsentDate
24	Consent	Num	8	6.	Consent
25	patapproachedIncCrYN	Num	8	6.	patapproachedIncCrYN
26	patNOTapproachedIncCr_4_Other	Char	200		
27	patNOTapproachedIncCr_1	Num	8	6.	patNOTapproachedIncCr_1
28	patNOTapproachedIncCr_2	Num	8	6.	patNOTapproachedIncCr_2
29	patNOTapproachedIncCr_3	Num	8	6.	patNOTapproachedIncCr_3
30	patNOTapproachedIncCr_4	Num	8	6.	patNOTapproachedIncCr_4
31	NoConsentReasons_1	Num	8	6.	NoConsentReasons_1
32	NoConsentReasons_2	Num	8	6.	NoConsentReasons_2
33	NoConsentReasons_5	Num	8	6.	NoConsentReasons_5
34	NoConsentReasons_12	Num	8	6.	NoConsentReasons_12
35	NoConsentReasons_13	Num	8	6.	NoConsentReasons_13
36	NoConsentReasons_14	Num	8	6.	NoConsentReasons_14

Num	Variable	Type	Len	Format	Label
37	NoConsentReasons_15	Num	8	6.	NoConsentReasons_15
38	NoConsentReasons_16	Num	8	6.	NoConsentReasons_16
39	NoConsentReasons_17	Num	8	6.	NoConsentReasons_17
40	NoConsentReasons_13_Other	Char	200		
41	PatientScreeningQuestionnaireID	Num	8	11.	PatientScreeningQuestionnaireID
42	InclCompliance	Num	8	6.	InclCompliance
43	Timezone	Num	8	6.	Timezone
44	UrWakeHrs	Num	8	6.	UrWakeHrs
45	UrWakeHrsBother	Num	8	6.	UrWakeHrsBother
46	UrNightFreq	Num	8	6.	UrNightFreq
47	UrNightFreqBother	Num	8	6.	UrNightFreqBother
48	UrTrickle	Num	8	6.	UrTrickle
49	UrTrickleBother	Num	8	6.	UrTrickleBother
50	UrSudden	Num	8	6.	UrSudden
51	UrSuddenBother	Num	8	6.	UrSuddenBother
52	UrWeakStream	Num	8	6.	UrWeakStream
53	UrWeakStreamBother	Num	8	6.	UrWeakStreamBother
54	UrLeak	Num	8	6.	UrLeak
55	UrLeakBother	Num	8	6.	UrLeakBother
56	UrBldNotEmpty	Num	8	6.	UrBldNotEmpty
57	UrBldNotEmptyBother	Num	8	6.	UrBldNotEmptyBother
58	UrWakeHrs3M	Num	8	6.	UrWakeHrs3M
59	UrWakeHrsBother3M	Num	8	6.	UrWakeHrsBother3M
60	UrNightFreq3M	Num	8	6.	UrNightFreq3M
61	UrNightFreqBother3M	Num	8	6.	UrNightFreqBother3M
62	UrTrickle3M	Num	8	6.	UrTrickle3M
63	UrTrickleBother3M	Num	8	6.	UrTrickleBother3M
64	UrSudden3M	Num	8	6.	UrSudden3M
65	UrSuddenBother3M	Num	8	6.	UrSuddenBother3M
66	UrWeakStream3M	Num	8	6.	UrWeakStream3M
67	UrWeakStreamBother3M	Num	8	6.	UrWeakStreamBother3M
68	UrLeak3M	Num	8	6.	UrLeak3M
69	UrLeakBother3M	Num	8	6.	UrLeakBother3M
70	UrBldNotEmpty3M	Num	8	6.	UrBldNotEmpty3M
71	UrBldNotEmptyBother3M	Num	8	6.	UrBldNotEmptyBother3M
72	PatientScreeningCenterComplete	Num	8	6.	PatientScreeningCenterComplete
73	TerminationFormQuestionnaireID	Num	8	11.	TerminationFormQuestionnaireID
74	TermDate	Num	8	MMDDYY8.	TermDate
75	TermReason	Num	8	6.	TermReason

Num	Variable	Type	Len	Format	Label
76	TermReason_5_Other	Char	200		
77	Specimen_DisposeYN	Num	8	6.	Specimen_DisposeYN
78	DeathDate	Num	8	MMDDYY8.	DeathDate
79	TerminationFormCenterComplete	Num	8	6.	TerminationFormCenterComplete
80	ConsentToDataRepo	Num	8		

Data Set Name: patientscreening.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PatientID	Num	8	11.	11.	PatientID
2	FacilityID	Num	8	FACNAME.	11.	FacilityID
3	StudyID	Num	8	11.	11.	StudyID
4	QuestionnaireID	Num	8	11.	11.	QuestionnaireID
5	InclCompliance	Num	8	YESNO.	6.	A1: Are you able to reliably complete self-reported questionnaires online during specified times, typically 6pm to 2am local time, for the duration of the study?
6	Timezone	Num	8	NATIMEZONES.	6.	A2: What time zone will you be in for the duration of the study?
7	UrWakeHrs	Num	8	TWOWEEKWAKING.	6.	A3: During a typical day in the past 2 weeks , how many times did you urinate during waking hours?
8	UrWakeHrsBother	Num	8	LTSBTHR.	6.	A4: How much does this bother you?
9	UrNightFreq	Num	8	URNOVRNGHT.	6.	A4: During a typical night in the past 2 weeks , how many times did you wake up because you needed to urinate?
10	UrNightFreqBother	Num	8	LTSBTHR.	6.	A5: If '1 time a night' or more, how much does this bother you?
11	UrTrickle	Num	8	URINEFREQ.	6.	A5: During the past 2 weeks , how often have you had a trickle or dribble at the end of your urine flow?
12	UrTrickleBother	Num	8	LTSBTHR.	6.	A6: If 'rarely' or more, how much does this bother you?
13	UrSudden	Num	8	URINEFREQ.	6.	A6: During the past 2 weeks , how often have you had a sudden need to rush to urinate?
14	UrSuddenBother	Num	8	LTSBTHR.	6.	A7: If 'rarely' or more, how much does this bother you?
15	UrWeakStream	Num	8	URINEFREQ.	6.	A7: During the past 2 weeks , how often have you had a weak urine stream?
16	UrWeakStreamBother	Num	8	LTSBTHR.	6.	A8: If 'rarely' or more, how much does this bother you?
17	UrLeak	Num	8	URINEFREQ.	6.	A8: During the past 2 weeks , how often did you leak urine?
18	UrLeakBother	Num	8	LTSBTHR.	6.	A9: If 'rarely' or more, how much does this bother you?
19	UrBldNotEmpty	Num	8	URINEFREQ.	6.	A9: During the past 2 weeks , how often have you had the feeling your bladder was not empty after urinating?
20	UrBldNotEmptyBother	Num	8	LTSBTHR.	6.	A10: If 'rarely' or more, how much does this bother you?
21	UrWakeHrs3M	Num	8	TWOWEEKWAKING.	6.	A10: During a typical day in the past 3 months , how many times did you urinate during waking hours?

Num	Variable	Type	Len	Format	Informat	Label
22	UrWakeHrsBother3M	Num	8	LTSBTHR.	6.	A12: How much does this bother you?
23	UrNightFreq3M	Num	8	URNOVRNGHT.	6.	A11: During a typical night in the past 3 months , how many times did you wake up because you needed to urinate?
24	UrNightFreqBother3M	Num	8	LTSBTHR.	6.	A13: If '1 time a night' or more, how much does this bother you?
25	UrTrickle3M	Num	8	URINEFREQ.	6.	A12: During the past 3 months , how often have you had a trickle or dribble at the end of your urine flow?
26	UrTrickleBother3M	Num	8	LTSBTHR.	6.	A14: If 'rarely' or more, how much does this bother you?
27	UrSudden3M	Num	8	URINEFREQ.	6.	A13: During the past 3 months , how often have you had a sudden need to rush to urinate?
28	UrSuddenBother3M	Num	8	LTSBTHR.	6.	A15: If 'rarely' or more, how much does this bother you?
29	UrWeakStream3M	Num	8	URINEFREQ.	6.	A14: During the past 3 months , how often have you had a weak urine stream?
30	UrWeakStreamBother3M	Num	8	LTSBTHR.	6.	A16: If 'rarely' or more, how much does this bother you?
31	UrLeak3M	Num	8	URINEFREQ.	6.	A15: During the past 3 months , how often did you leak urine?
32	UrLeakBother3M	Num	8	LTSBTHR.	6.	A17: If 'rarely' or more, how much does this bother you?
33	UrBldNotEmpty3M	Num	8	URINEFREQ.	6.	A16: During the past 3 months , how often have you had the feeling your bladder was not empty after urinating?
34	UrBldNotEmptyBother3M	Num	8	LTSBTHR.	6.	A18: If 'rarely' or more, how much does this bother you?
35	CenterComplete	Num	8	QUESTCOMP.	6.	A17: Questionnaire Complete

Data Set Name: patientvisits.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	Patient Identifier
2	FacilityID	Num	8	FACNAME.	LURN Facility ID
3	CohortID	Num	8	COHORT.	CohortID
4	StudyID	Num	8	11.	Study ID
5	Eligible	Num	8	NOYES.	Patient is Eligible
6	PatientEventID	Num	8	11.	PatientEventID
7	EventDefinitionID	Num	8	11.	EventDefinitionID
8	EventDate	Num	8	MMDDYY.	EventDate
9	EventTitle	Char	100	\$100.	EventTitle
10	EventType	Char	128	\$128.	EventType
11	EventTypeID	Num	8	EVENTTYPE.	EventTypeID
12	EventStatusID	Num	8	EVENTSTATUS.	EventStatusID
13	EventStatus	Char	128	\$128.	EventStatus
14	VisitTypeID	Num	8	VISITTYPE.	VisitTypeID
15	SuggestedStartDate	Num	8	MMDDYY.	SuggestedStartDate
16	SuggestedEndDate	Num	8	MMDDYY.	SuggestedEndDate
17	CutoffStartDate	Num	8	MMDDYY.	CutoffStartDate
18	CutoffEndDate	Num	8	MMDDYY.	CutoffEndDate
19	DueDate	Num	8	MMDDYY.	DueDate
20	Comment	Char	200	\$200.	Comment
21	TaskComplete	Num	8	2.	TaskComplete
22	SortOrder	Num	8		SortOrder
23	EventCode	Char	10	\$10.	EventCode
24	Phantom	Num	8	11.	Phantom

Data Set Name: questionnaires.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	CohortID	Num	8	COHORT.	CohortID
5	Questionnaire	Char	16	\$16.	Questionnaire
6	QuestionnaireID	Num	8	11.	QuestionnaireID
7	QuestionnaireDefinitionID	Num	8	11.	QuestionnaireDefinitionID
8	PatientEventID	Num	8	11.	PatientEventID
9	EventTitle	Char	100	\$100.	EventTitle
10	EventDate	Num	8	MMDDYY8.	EventDate
11	EventStatus	Char	128	\$128.	EventStatus
12	AvailableDate	Num	8	MMDDYY8.	AvailableDate
13	DueDate	Num	8	MMDDYY8.	DueDate
14	EDCLoginDate	Num	8	MMDDYY8.	EDCLoginDate
15	Occurrence	Char	200	\$200.	Occurrence

Data Set Name: recall24hour.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PatientID	Num	8	11.	11.	PatientID
2	FacilityID	Num	8	FACNAME.	11.	FacilityID
3	StudyID	Num	8	11.	11.	StudyID
4	Occurrence	Char	200	\$200.	\$200.	Occurrence
5	QuestionnaireID	Num	8	11.	11.	QuestionnaireID
6	QUrinateWake	Num	8	URINEWAKE24HR.	6.	A1: During waking hours today, how many times did you urinate?
7	QTimeBetween	Num	8	TIMEBETWEEN24HR.	6.	A2: During the day today, how much time typically passed between urinations?
8	QUrinateNight	Num	8	NONEOVERTHREE.	6.	A3: Last night, how many times did you wake up and urinate?
9	QNightOnce	Num	8	YESNO24HR.	6.	A4: Last night, did you wake up because you had to urinate?
10	QLeakWay	Num	8	YESNO24HR.	6.	A5: When you woke up and urinated last night, did you leak urine on your way to the bathroom?
11	SSuddenOften	Num	8	NEVEREVERYTIME.	6.	A6: In the past 24 hours: How often did you feel a sudden need to urinate?
12	SHardWait	Num	8	WAITDIFFICULTY.	6.	A7: In the past 24 hours: Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?
13	SLeakUrine	Num	8	YESNO.	6.	A8: In the past 24 hours: Did you leak urine or wet a pad?
14	SLooseControl	Num	8	YESNO.	6.	A9: In the past 24 hours: Did you completely lose control of your bladder?
15	SLeakLaugh	Num	8	YESNO.	6.	A10: In the past 24 hours: Did you leak urine or wet a pad while laughing, sneezing, or coughing?
16	SLeakExercise	Num	8	YESNO.	6.	A11: In the past 24 hours: Did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?
17	SLeakUpChair	Num	8	YESNO.	6.	A12: In the past 24 hours: Did getting up from a chair cause you to leak urine or wet a pad?
18	SLeakWalk	Num	8	YESNO.	6.	A13: In the past 24 hours: Did walking at your usual speed cause you to leak urine or wet a pad?
19	SLeakAfterSudden	Num	8	YESNO.	6.	A14: In the past 24 hours: Did you leak urine or wet a pad after feeling a sudden need to urinate?
20	SLeakNoReason	Num	8	YESNO.	6.	A15: In the past 24 hours: Did you leak urine or wet a pad without any reason you could identify?
21	SLeakNoFeel	Num	8	YESNO.	6.	A16: In the past 24 hours: Did you leak urine or wet a pad without feeling it?
22	SFlowSlow	Num	8	NEVEREVERYTIME.	6.	A17: In the past 24 hours: How often was your urine flow slow or weak?
23	SNotEmptyAfter	Num	8	NEVEREVERYTIME.	6.	A18: In the past 24 hours: How often did you feel that your bladder was not completely empty after urination?

Num	Variable	Type	Len	Format	Informat	Label
24	SDribbleZipPants	Num	8	NEVEREVERYTIME.	6.	A19: In the past 24 hours: How often did you dribble urine just after zipping your pants or pulling up your underwear?
25	CenterComplete	Num	8	QUESTCOMP.	6.	A20: Questionnaire Complete

Data Set Name: recall30day.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	PatientID	Num	8	11.	11.
2	FacilityID	Num	8	FACNAME.	11.
3	StudyID	Num	8	11.	11.
4	QuestionnaireID	Num	8	11.	11.
5	PANASInterested	Num	8	PANASSCALE.	6.
6	PANASDistressed	Num	8	PANASSCALE.	6.
7	PANASExcited	Num	8	PANASSCALE.	6.
8	PANASUpset	Num	8	PANASSCALE.	6.
9	PANASStrong	Num	8	PANASSCALE.	6.
10	PANASGuilty	Num	8	PANASSCALE.	6.
11	PANASScared	Num	8	PANASSCALE.	6.
12	PANASHostile	Num	8	PANASSCALE.	6.
13	PANASEnthusiastic	Num	8	PANASSCALE.	6.
14	PANASProud	Num	8	PANASSCALE.	6.
15	PANASIrritable	Num	8	PANASSCALE.	6.
16	PANASAlert	Num	8	PANASSCALE.	6.
17	PANASAshamed	Num	8	PANASSCALE.	6.
18	PANASInspired	Num	8	PANASSCALE.	6.
19	PANASNervous	Num	8	PANASSCALE.	6.
20	PANASDetermined	Num	8	PANASSCALE.	6.
21	PANASAttentive	Num	8	PANASSCALE.	6.
22	PANASJittery	Num	8	PANASSCALE.	6.
23	PANASActive	Num	8	PANASSCALE.	6.
24	PANASAfraid	Num	8	PANASSCALE.	6.
25	QUrinateWake	Num	8	QURINATEWAKE.	6.
26	QUrinateWakeBother	Num	8	LTSBTHR.	6.
27	QTimeBetween	Num	8	QTIMEBETWEEN.	6.
28	QTimeBetweenBother	Num	8	LTSBTHR.	6.
29	QUrinateNight	Num	8	NONEOVERTHREE.	6.
30	QUrinateNightBother	Num	8	LTSBTHR.	6.
31	QNightOnce	Num	8	NEVEREVERYNIGHT.	6.
32	QNightOnceBother	Num	8	LTSBTHR.	6.
33	QLeakWay	Num	8	NEVEREVERYTIME.	6.
34	QLeakWayBother	Num	8	LTSBTHR.	6.
35	SSuddenOften	Num	8	NEVEREVERYTIME.	6.
36	SSuddenOftenBother	Num	8	LTSBTHR.	6.

Num	Variable	Type	Len	Format	Informat
37	SHardWait	Num	8	WAITDIFFICULTY.	6.
38	SHardWaitBother	Num	8	LTSBTHR.	6.
39	SLeakUrine	Num	8	YESNO.	6.
40	SLooseControl	Num	8	NEVEREVERYTIME.	6.
41	SLooseControlBother	Num	8	LTSBTHR.	6.
42	SLeakLaugh	Num	8	NEVEREVERYTIME.	6.
43	SLeakLaughBother	Num	8	LTSBTHR.	6.
44	SLeakExercise	Num	8	NEVEREVERYTIME.	6.
45	SLeakExerciseBother	Num	8	LTSBTHR.	6.
46	SLeakUpChair	Num	8	NEVEREVERYTIME.	6.
47	SLeakUpChairBother	Num	8	LTSBTHR.	6.
48	SLeakWalk	Num	8	NEVEREVERYTIME.	6.
49	SLeakWalkBother	Num	8	LTSBTHR.	6.
50	SLeakAfterSudden	Num	8	NEVEREVERYTIME.	6.
51	SLeakAfterSuddenBother	Num	8	LTSBTHR.	6.
52	SLeakNoReason	Num	8	NEVEREVERYTIME.	6.
53	SLeakNoReasonBother	Num	8	LTSBTHR.	6.
54	SLeakNoFeel	Num	8	NEVEREVERYTIME.	6.
55	SLeakNoFeelBother	Num	8	LTSBTHR.	6.
56	SFlowSlow	Num	8	NEVEREVERYTIME.	6.
57	SFlowSlowBother	Num	8	LTSBTHR.	6.
58	SNotEmptyAfter	Num	8	NEVEREVERYTIME.	6.
59	SNotEmptyAfterBother	Num	8	LTSBTHR.	6.
60	SDribbleZipPants	Num	8	NEVEREVERYTIME.	6.
61	SDribbleZipPantsBother	Num	8	LTSBTHR.	6.
62	Recall30Days	Num	8	VRYMUCH.	6.
63	HabitChg	Num	8	YNNOTSURE.	6.
64	HabitChgSpecify	Char	200		
65	SurgeryChg	Num	8	YNNOTSURE.	6.
66	SurgImpact	Num	8	YNNOTSURE.	6.
67	MedsChg_0	Num	8	6.	6.
68	MedsChg_1	Num	8	6.	6.
69	MedsChg_2	Num	8	6.	6.
70	MedsChg_3	Num	8	6.	6.
71	MedsChg_4	Num	8	6.	6.
72	MedsImpact	Num	8	YNNOTSURE.	6.
73	NonTradImpact_0	Num	8	6.	6.
74	NonTradImpact_1	Num	8	6.	6.
75	NonTradImpact_2	Num	8	6.	6.

Num	Variable	Type	Len	Format	Informat
76	NonTradImpact_3	Num	8	6.	6.
77	NonTradImpact_4	Num	8	6.	6.
78	NonTradImpact	Num	8	YNNOTSURE.	6.
79	AmtFluids	Num	8	FLUIDSINTAKE.	6.
80	AmtFluidsImpact	Num	8	YNNOTSURE.	6.
81	KindFluid	Num	8	YNNOTSURE.	6.
82	KindFluidImpact	Num	8	YNNOTSURE.	6.
83	NewDx	Num	8	YNNOTSURE.	6.
84	NewDxSpecify	Char	200		
85	FreqUrine	Num	8	FREQURINE.	6.
86	CommentsStudy	Char	200		
87	WalkDiff	Num	8	WLKABLB.	6.
88	selfcare	Num	8	SELFCARE.	6.
89	HealthLevel	Num	8	GOODSC.	6.
90	GenQOL	Num	8	GOODSC.	6.
91	Worthless	Num	8	NVRSOME.	6.
92	Helpless	Num	8	NVRSOME.	6.
93	Depressed	Num	8	NVRSOME.	6.
94	Hopeless	Num	8	NVRSOME.	6.
95	Fearful	Num	8	NVRSOME.	6.
96	Anxiety	Num	8	NVRSOME.	6.
97	Worries	Num	8	NVRSOME.	6.
98	Uneasy	Num	8	NVRSOME.	6.
99	CenterComplete	Num	8	QUESTCOMP.	6.

Label
PatientID
FacilityID
StudyID
QuestionnaireID
A1: Interested
A2: Distressed
A3: Excited
A4: Upset
A5: Strong
A6: Guilty
A7: Scared
A8: Hostile
A9: Enthusiastic

Label
A10: Proud
A11: Irritable
A12: Alert
A13: Ashamed
A14: Inspired
A15: Nervous
A16: Determined
A17: Attentive
A18: Jittery
A19: Active
A20: Afraid
B1: In the past 30 days: During waking hours, how many times did you typically urinate?
B1: How much did this bother you?
B2: In the past 30 days: During a typical day, how much time typically passed between urinations?
B2: How much did this bother you?
B3: In the past 30 days: During a typical night, how many times did you wake up and urinate?
B3: How much did this bother you?
B4: In the past 30 days: How often did you wake up at least once during the night because you had to urinate?
B4: How much did this bother you?
B5: In the past 30 days: When you woke up and urinated, how often did you leak urine on your way to the bathroom?
B5: How much did this bother you?
B6: In the past 30 days: How often did you feel a sudden need to urinate?
B6: How much did this bother you?
B7: In the past 30 days: Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?
B7: How much did this bother you?
B8: In the past 30 days: Have you leaked urine or wet a pad?
B9: In the past 30 days: How often did you completely lose control of your bladder?
B9: How much did this bother you?
B10: In the past 30 days: How often did you leak urine or wet a pad while laughing, sneezing, or coughing?
B10: How much did this bother you?
B11: In the past 30 days: How often did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?
B11: How much did this bother you?
B12: In the past 30 days: How often did getting up from a chair cause you to leak urine or wet a pad?
B12: How much did this bother you?
B13: In the past 30 days: How often did walking at your usual speed cause you to leak urine or wet a pad?
B13: How much did this bother you?
B14: In the past 30 days: How often did you leak urine or wet a pad after feeling a sudden need to urinate?
B14: How much did this bother you?

Label
B15: In the past 30 days: How often did you leak urine or wet a pad without any reason you could identify?
B15: How much did this bother you?
B16: In the past 30 days: How often did you leak urine or wet a pad without feeling it?
B16: How much did this bother you?
B17: In the past 30 days: How often was your urine flow slow or weak?
B17: How much did this bother you?
B18: In the past 30 days: How often did you feel that your bladder was not completely empty after urination?
B18: How much did this bother you?
B19: In the past 30 days: How often did you dribble urine just after zipping your pants or pulling up your underwear?
B19: How much did this bother you?
B20: How well do you think you've remembered your symptoms over the last 30 days?
C1: Since beginning the study, do you think your bladder symptoms changed at all?
C2: If yes, explain:
C3: Since beginning the study, have you received any surgical treatments for your urinary tract symptoms? ("Surgical treatments" include any inpatient or outpatient operations or surgical procedures, incl
C4: Do you think that it had an impact on your urinary tract symptoms?
C5: Since beginning the study, have you stopped, started, or changed any medicinal treatments for your urinary tract symptoms? ('Medicinal treatments' re (No)
C5: Since beginning the study, have you stopped, started, or changed any medicinal treatments for your urinary tract symptoms? ('Medicinal treatments' re (Yes, started something new)
C5: Since beginning the study, have you stopped, started, or changed any medicinal treatments for your urinary tract symptoms? ('Medicinal treatments' re (Yes, stopped an existing)
C5: Since beginning the study, have you stopped, started, or changed any medicinal treatments for your urinary tract symptoms? ('Medicinal treatments' re (Yes, changed an existing)
C5: Since beginning the study, have you stopped, started, or changed any medicinal treatments for your urinary tract symptoms? ('Medicinal treatments' re (Not Sure)
C6: Do you think that it had an impact on your urinary tract symptoms?
C7: Since beginning the study, have you started, stopped, or changed any non-traditional or non-medicinal treatments for your urinary tract symptoms? ('ch (No)
C7: Since beginning the study, have you started, stopped, or changed any non-traditional or non-medicinal treatments for your urinary tract symptoms? ('ch (Yes, started something new)
C7: Since beginning the study, have you started, stopped, or changed any non-traditional or non-medicinal treatments for your urinary tract symptoms? ('ch (Yes, stopped an existing)
C7: Since beginning the study, have you started, stopped, or changed any non-traditional or non-medicinal treatments for your urinary tract symptoms? ('ch (Yes, changed an existing)
C7: Since beginning the study, have you started, stopped, or changed any non-traditional or non-medicinal treatments for your urinary tract symptoms? ('ch (Not Sure)
C8: Do you think that it had an impact on your urinary tract symptoms?
C9: Since beginning the study, did you make any changes to the amount of fluids you drank?
C10: Do you think that it had an impact on your urinary tract symptoms?
C11: Since beginning the study, did you change the kinds of beverages you drink?
C12: Do you think that it had an impact on your urinary tract symptoms?
C13: Since beginning the study, have you been given any new medical diagnoses?

Label
C14: If yes or not sure, explain:
C15: Since beginning the study, did you change how often you go to the bathroom to urinate?
C16: Please provide any comments that you would like to share with the research team about participating in the study.
C17: Do you have difficulty walking?
C18: Do you have difficulty with self-care?
C19: In general, would you say your health is:
C20: In general, would you say your quality of life is:
D1: I felt worthless.
D2: I felt helpless.
D3: I felt depressed.
D4: I felt hopeless.
D5: I felt fearful.
D6: I found it hard to focus on anything other than my anxiety.
D7: My worries overwhelmed me.
D8: I felt uneasy.
D9: Questionnaire Complete

Data Set Name: recall3day.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PatientID	Num	8	11.	11.	PatientID
2	FacilityID	Num	8	FACNAME.	11.	FacilityID
3	StudyID	Num	8	11.	11.	StudyID
4	QuestionnaireID	Num	8	11.	11.	QuestionnaireID
5	QUrinateWake	Num	8	QURINATEWAKE.	6.	A1: In the past 3 days: During waking hours, how many times did you typically urinate?
6	QTimeBetween	Num	8	QTIMEBETWEEN.	6.	A2: In the past 3 days: During a typical day, how much time typically passed between urinations?
7	QUrinateNight	Num	8	NONEOVERTHREE.	6.	A3: In the past 3 days: During a typical night, how many times did you wake up and urinate?
8	QNightOnce	Num	8	NEVEREVERYNIGHT.	6.	A4: In the past 3 days: How often did you wake up at least once during the night because you had to urinate?
9	QLeakWay	Num	8	NEVEREVERYTIME.	6.	A5: In the past 3 days: When you woke up and urinated, how often did you leak urine on your way to the bathroom?
10	SSuddenOften	Num	8	NEVEREVERYTIME.	6.	A6: In the past 3 days: How often did you feel a sudden need to urinate?
11	SHardWait	Num	8	WAITDIFFICULTY.	6.	A7: In the past 3 days: Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?
12	SLeakUrine	Num	8	YESNO.	6.	A8: In the past 3 days: Have you leaked urine or wet a pad?
13	SLooseControl	Num	8	NEVEREVERYTIME.	6.	A9: In the past 3 days: How often did you completely lose control of your bladder?
14	SLeakLaugh	Num	8	NEVEREVERYTIME.	6.	A10: In the past 3 days: How often did you leak urine or wet a pad while laughing, sneezing, or coughing?
15	SLeakExercise	Num	8	NEVEREVERYTIME.	6.	A11: In the past 3 days: How often did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?
16	SLeakUpChair	Num	8	NEVEREVERYTIME.	6.	A12: In the past 3 days: How often did getting up from a chair cause you to leak urine or wet a pad?
17	SLeakWalk	Num	8	NEVEREVERYTIME.	6.	A13: In the past 3 days: How often did walking at your usual speed cause you to leak urine or wet a pad?
18	SLeakAfterSudden	Num	8	NEVEREVERYTIME.	6.	A14: In the past 3 days: How often did you leak urine or wet a pad after feeling a sudden need to urinate?
19	SLeakNoReason	Num	8	NEVEREVERYTIME.	6.	A15: In the past 3 days: How often did you leak urine or wet a pad without any reason you could identify?
20	SLeakNoFeel	Num	8	NEVEREVERYTIME.	6.	A16: In the past 3 days: How often did you leak urine or wet a pad without feeling it?
21	SFlowSlow	Num	8	NEVEREVERYTIME.	6.	A17: In the past 3 days: How often was your urine flow slow or weak?
22	SNotEmptyAfter	Num	8	NEVEREVERYTIME.	6.	A18: In the past 3 days: How often did you feel that your bladder was not completely empty after urination?

Num	Variable	Type	Len	Format	Informat	Label
23	SDribbleZipPants	Num	8	NEVEREVERYTIME.	6.	A19: In the past 3 days: How often did you dribble urine just after zipping your pants or pulling up your underwear?
24	CenterComplete	Num	8	QUESTCOMP.	6.	A20: Questionnaire Complete

Data Set Name: recall7day.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PatientID	Num	8	11.	11.	PatientID
2	FacilityID	Num	8	FACNAME.	11.	FacilityID
3	StudyID	Num	8	11.	11.	StudyID
4	Occurrence	Char	200	\$200.	\$200.	Occurrence
5	QuestionnaireID	Num	8	11.	11.	QuestionnaireID
6	QUrinateWake	Num	8	QURINATEWAKE.	6.	A1: In the past 7 days: During waking hours, how many times did you typically urinate?
7	QTimeBetween	Num	8	QTIMEBETWEEN.	6.	A2: In the past 7 days: During a typical day, how much time typically passed between urinations?
8	QUrinateNight	Num	8	NONEOVERTHREE.	6.	A3: In the past 7 days: During a typical night, how many times did you wake up and urinate?
9	QNightOnce	Num	8	NEVEREVERYNIGHT.	6.	A4: In the past 7 days: How often did you wake up at least once during the night because you had to urinate?
10	QLeakWay	Num	8	NEVEREVERYTIME.	6.	A5: In the past 7 days: When you woke up and urinated, how often did you leak urine on your way to the bathroom?
11	SSuddenOften	Num	8	NEVEREVERYTIME.	6.	A6: In the past 7 days: How often did you feel a sudden need to urinate?
12	SHardWait	Num	8	WAITDIFFICULTY.	6.	A7: In the past 7 days: Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?
13	SLeakUrine	Num	8	YESNO.	6.	A8: In the past 7 days: Have you leaked urine or wet a pad?
14	SLooseControl	Num	8	NEVEREVERYTIME.	6.	A9: In the past 7 days: How often did you completely lose control of your bladder?
15	SLeakLaugh	Num	8	NEVEREVERYTIME.	6.	A10: In the past 7 days: How often did you leak urine or wet a pad while laughing, sneezing, or coughing?
16	SLeakExercise	Num	8	NEVEREVERYTIME.	6.	A11: In the past 7 days: How often did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?
17	SLeakUpChair	Num	8	NEVEREVERYTIME.	6.	A12: In the past 7 days: How often did getting up from a chair cause you to leak urine or wet a pad?
18	SLeakWalk	Num	8	NEVEREVERYTIME.	6.	A13: In the past 7 days: How often did walking at your usual speed cause you to leak urine or wet a pad?
19	SLeakAfterSudden	Num	8	NEVEREVERYTIME.	6.	A14: In the past 7 days: How often did you leak urine or wet a pad after feeling a sudden need to urinate?
20	SLeakNoReason	Num	8	NEVEREVERYTIME.	6.	A15: In the past 7 days: How often did you leak urine or wet a pad without any reason you could identify?
21	SLeakNoFeel	Num	8	NEVEREVERYTIME.	6.	A16: In the past 7 days: How often did you leak urine or wet a pad without feeling it?
22	SFlowSlow	Num	8	NEVEREVERYTIME.	6.	A17: In the past 7 days: How often was your urine flow slow or weak?
23	SNotEmptyAfter	Num	8	NEVEREVERYTIME.	6.	A18: In the past 7 days: How often did you feel that your bladder was not completely empty after urination?

Num	Variable	Type	Len	Format	Informat	Label
24	SDribbleZipPants	Num	8	NEVEREVERYTIME.	6.	A19: In the past 7 days: How often did you dribble urine just after zipping your pants or pulling up your underwear?
25	CenterComplete	Num	8	QUESTCOMP.	6.	A20: Questionnaire Complete

Data Set Name: rptcompleteness.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FacilityID	Num	8	11.	FacilityID
2	FacilityName	Char	125	\$125.	FacilityName
3	PatientID	Num	8	11.	PatientID
4	StudyID	Num	8	11.	StudyID
5	Group	Char	150	\$150.	Group
6	Assessment	Char	200		
7	AvailableDate	Num	8	MMDDYY8.	AvailableDate
8	DueDate	Num	8	MMDDYY8.	DueDate
9	CompleteDate	Num	8	MMDDYY8.	CompleteDate
10	QuestionsAvailable	Num	8	11.	QuestionsAvailable
11	NumberExpected	Num	8	11.	NumberExpected
12	NumberCompleted	Num	8	11.	NumberCompleted
13	CompletePet	Num	8		CompletePet
14	CompleteQuestAnswered	Char	3	\$3.	CompleteQuestAnswered
15	Warning	Char	13	\$13.	Warning
16	QuestionnaireID	Num	8	11.	QuestionnaireID

Data Set Name: rptcompletenessbysection.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FacilityID	Num	8	11.	FacilityID
2	FacilityName	Char	125	\$125.	FacilityName
3	PatientID	Num	8	11.	PatientID
4	StudyID	Num	8	11.	StudyID
5	Group	Char	150	\$150.	Group
6	Assessment	Char	200		
7	Section	Char	200	\$200.	Section
8	PageNumber	Num	8	8.2	PageNumber
9	AvailableDate	Num	8	MMDDYY8.	AvailableDate
10	DueDate	Num	8	MMDDYY8.	DueDate
11	CompleteDate	Num	8	MMDDYY8.	CompleteDate
12	QuestionsAvailable	Num	8	11.	QuestionsAvailable
13	NumberExpected	Num	8	11.	NumberExpected
14	NumberCompleted	Num	8	11.	NumberCompleted
15	CompletePct	Num	8		CompletePct
16	CompleteQuestAnswered	Char	3	\$3.	CompleteQuestAnswered
17	Warning	Char	13	\$13.	Warning
18	QuestionnaireID	Num	8	11.	QuestionnaireID
19	EventQuestionnaireScheduleID	Num	8	11.	EventQuestionnaireScheduleID

Data Set Name: scscreening.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	QuestionnaireID	Num	8	11.	QuestionnaireID
5	LURNParticipant	Num	8	YNNOTSURE.	A2: Has this patient participated in LURN?
6	LURNStudyID	Char	200		A3: If yes, what is the patient's StudyID? Please format as XX-XXX where the first digits are the facility number followed by the StudyID.
7	DateScreen	Num	8	MMDDYY8.	A4: Date screened:
8	Gender	Num	8	GENDFMT.	A5: Sex:
9	DateOfBirth	Num	8	MMDDYY8.	A6: Date of Birth:
10	PatDiffEng	Num	8	YESNOUNK.	A8: Does the patient have difficulty reading or communicating in English?
11	PtCognitive	Num	8	YESNO.	A9: Does the patient suffer from dementia or any other cognitive impairment that would interfere with study participation?
12	PtPregnancy	Num	8	YESNO.	A10: Has the patient had a known pregnancy or delivery within the last six months?
13	PtLUTSMeds	Num	8	YESNO.	A11: Is there any planned change in medications or treatments for LUTS during the study timeframe?
14	PtMalignancy	Num	8	YESNO.	A12: Is the patient receiving any active treatment for any malignancy, including maintenance medications?
15	PtSurgery	Num	8	YESNO.	A13: Has the patient received surgery with general or spinal/epidural anesthesia in the past 3 months, or have surgery planned during the study timeframe?
16	PtInstrument	Num	8	YESNO.	A14: Has the patient received any lower urinary tract instrumentation (e.g. self-catheterization or cystoscopy) in the past 3 months, or is any planned during the study timeframe?
17	PtProstate	Num	8	YESNO.	A15: Has the patient had a prostate biopsy in the past 3 months, or is one planned during the study timeframe?
18	patapproachedIncCrYN	Num	8	YESNO.	A16: Was the patient approached for inclusion in this study?
19	patNOTapproachedIncCr_4_Other	Char	200		
20	patNOTapproachedIncCr_1	Num	8	6.	A17: If the patient was not approached (suppression based on answer above), indicate reason(s) why. Select all that apply. (Suspected non-compliance issues)
21	patNOTapproachedIncCr_2	Num	8	6.	A17: If the patient was not approached (suppression based on answer above), indicate reason(s) why. Select all that apply. (Suspected lack of severe or bothersome symptoms)
22	patNOTapproachedIncCr_3	Num	8	6.	A17: If the patient was not approached (suppression based on answer above), indicate reason(s) why. Select all that apply. (Does not meet symptom(s) category needed)
23	patNOTapproachedIncCr_4	Num	8	6.	A17: If the patient was not approached (suppression based on answer above), indicate reason(s) why. Select all that apply. (Other Specify)

Num	Variable	Type	Len	Format	Label
24	ConsentDate	Num	8	MMDDYY8.	A18: Date consented or refused consent:
25	Consent	Num	8	YESNO.	A19: Did the patient consent to the study?
26	NoConsentReasons_1	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Not interested)
27	NoConsentReasons_12	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Not approached)
28	NoConsentReasons_13	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Other (specify))
29	NoConsentReasons_14	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Internet connectivity issues)
30	NoConsentReasons_15	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Sleep schedule issues)
31	NoConsentReasons_16	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Not approached, suspected non-compliance issues)
32	NoConsentReasons_17	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Would not be available for entire study period)
33	NoConsentReasons_2	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Too much effort)
34	NoConsentReasons_5	Num	8	6.	A20: If the patient didn't consent to participate, indicate reasons why. Select all that apply. (Work-related issues)
35	NoConsentReasons_13_Other	Char	200		

Data Set Name: terminationform.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PatientID	Num	8	11.	PatientID
2	FacilityID	Num	8	FACNAME.	FacilityID
3	StudyID	Num	8	11.	StudyID
4	QuestionnaireID	Num	8	11.	QuestionnaireID
5	TermDate	Num	8	MMDDYY8.	A1: Date of study termination:
6	TermReason	Num	8	TERMREASON.	A2: Reason for departure/withdrawal:
7	TermReason_5_Other	Char	200		
8	Specimen_DisposeYN	Num	8	YESNO.	A3: Did the participant request any data be disposed of?
9	DeathDate	Num	8	MMDDYY8.	A4: Date of death:
10	CenterComplete	Num	8	QUESTCOMP.	A5: Questionnaire Complete

Data Set Name: training24hour.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PatientID	Num	8	11.	11.	PatientID
2	FacilityID	Num	8	FACNAME.	11.	FacilityID
3	StudyID	Num	8	11.	11.	StudyID
4	QuestionnaireID	Num	8	11.	11.	QuestionnaireID
5	QUrinateWake	Num	8	URINEWAKE24HR.	6.	A1: During waking hours today, how many times did you urinate?
6	QTimeBetween	Num	8	TIMEBETWEEN24HR.	6.	A2: During the day today, how much time typically passed between urinations?
7	QUrinateNight	Num	8	NONEOVERTHREE.	6.	A3: Last night, how many times did you wake up and urinate?
8	QNightOnce	Num	8	YESNO24HR.	6.	A4: Last night, did you wake up because you had to urinate?
9	QLeakWay	Num	8	YESNO24HR.	6.	A5: When you woke up and urinated last night, did you leak urine on your way to the bathroom?
10	SSuddenOften	Num	8	NEVEREVERYTIME.	6.	A6: In the past 24 hours: How often did you feel a sudden need to urinate?
11	SHardWait	Num	8	WAITDIFFICULTY.	6.	A7: In the past 24 hours: Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?
12	SLeakUrine	Num	8	YESNO.	6.	A8: In the past 24 hours: Did you leak urine or wet a pad?
13	SLooseControl	Num	8	YESNO.	6.	A9: In the past 24 hours: Did you completely lose control of your bladder?
14	SLeakLaugh	Num	8	YESNO.	6.	A10: In the past 24 hours: Did you leak urine or wet a pad while laughing, sneezing, or coughing?
15	SLeakExercise	Num	8	YESNO.	6.	A11: In the past 24 hours: Did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?
16	SLeakUpChair	Num	8	YESNO.	6.	A12: In the past 24 hours: Did getting up from a chair cause you to leak urine or wet a pad?
17	SLeakWalk	Num	8	YESNO.	6.	A13: In the past 24 hours: Did walking at your usual speed cause you to leak urine or wet a pad?
18	SLeakAfterSudden	Num	8	YESNO.	6.	A14: In the past 24 hours: Did you leak urine or wet a pad after feeling a sudden need to urinate?
19	SLeakNoReason	Num	8	YESNO.	6.	A15: In the past 24 hours: Did you leak urine or wet a pad without any reason you could identify?
20	SLeakNoFeel	Num	8	YESNO.	6.	A16: In the past 24 hours: Did you leak urine or wet a pad without feeling it?
21	SFlowSlow	Num	8	NEVEREVERYTIME.	6.	A17: In the past 24 hours: How often was your urine flow slow or weak?
22	SNotEmptyAfter	Num	8	NEVEREVERYTIME.	6.	A18: In the past 24 hours: How often did you feel that your bladder was not completely empty after urination?
23	SDribbleZipPants	Num	8	NEVEREVERYTIME.	6.	A19: In the past 24 hours: How often did you dribble urine just after zipping your pants or pulling up your underwear?

Num	Variable	Type	Len	Format	Informat	Label
24	CenterComplete	Num	8	QUESTCOMP.	6.	A20: Questionnaire Complete

Data Set Name: training7day.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PatientID	Num	8	11.	11.	PatientID
2	FacilityID	Num	8	FACNAME.	11.	FacilityID
3	StudyID	Num	8	11.	11.	StudyID
4	QuestionnaireID	Num	8	11.	11.	QuestionnaireID
5	QUrinateWake	Num	8	QURINATEWAKE.	6.	A1: In the past 7 days: During waking hours, how many times did you typically urinate?
6	QTimeBetween	Num	8	QTIMEBETWEEN.	6.	A2: In the past 7 days: During a typical day, how much time typically passed between urinations?
7	QUrinateNight	Num	8	NONEOVERTHREE.	6.	A3: In the past 7 days: During a typical night, how many times did you wake up and urinate?
8	QNightOnce	Num	8	NEVEREVERYNIGHT.	6.	A4: In the past 7 days: How often did you wake up at least once during the night because you had to urinate?
9	QLeakWay	Num	8	NEVEREVERYTIME.	6.	A5: In the past 7 days: When you woke up and urinated, how often did you leak urine on your way to the bathroom?
10	SSuddenOften	Num	8	NEVEREVERYTIME.	6.	A6: In the past 7 days: How often did you feel a sudden need to urinate?
11	SHardWait	Num	8	WAITDIFFICULTY.	6.	A7: In the past 7 days: Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?
12	SLeakUrine	Num	8	YESNO.	6.	A8: In the past 7 days: Have you leaked urine or wet a pad?
13	SLooseControl	Num	8	NEVEREVERYTIME.	6.	A9: In the past 7 days: How often did you completely lose control of your bladder?
14	SLeakLaugh	Num	8	NEVEREVERYTIME.	6.	A10: In the past 7 days: How often did you leak urine or wet a pad while laughing, sneezing, or coughing?
15	SLeakExercise	Num	8	NEVEREVERYTIME.	6.	A11: In the past 7 days: How often did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?
16	SLeakUpChair	Num	8	NEVEREVERYTIME.	6.	A12: In the past 7 days: How often did getting up from a chair cause you to leak urine or wet a pad?
17	SLeakWalk	Num	8	NEVEREVERYTIME.	6.	A13: In the past 7 days: How often did walking at your usual speed cause you to leak urine or wet a pad?
18	SLeakAfterSudden	Num	8	NEVEREVERYTIME.	6.	A14: In the past 7 days: How often did you leak urine or wet a pad after feeling a sudden need to urinate?
19	SLeakNoReason	Num	8	NEVEREVERYTIME.	6.	A15: In the past 7 days: How often did you leak urine or wet a pad without any reason you could identify?
20	SLeakNoFeel	Num	8	NEVEREVERYTIME.	6.	A16: In the past 7 days: How often did you leak urine or wet a pad without feeling it?
21	SFlowSlow	Num	8	NEVEREVERYTIME.	6.	A17: In the past 7 days: How often was your urine flow slow or weak?
22	SNotEmptyAfter	Num	8	NEVEREVERYTIME.	6.	A18: In the past 7 days: How often did you feel that your bladder was not completely empty after urination?

Num	Variable	Type	Len	Format	Informat	Label
23	SDribbleZipPants	Num	8	NEVEREVERYTIME.	6.	A19: In the past 7 days: How often did you dribble urine just after zipping your pants or pulling up your underwear?
24	CenterComplete	Num	8	QUESTCOMP.	6.	A20: Questionnaire Complete