

Data Set Name: ad.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	DOEDATE	Num	8	MMDDYY10.	DATETIME19.	Date of evaluation
3	TMPT	Num	8	EVAL.	6.	Time point of evaluation
4	SEIDA	Num	8	6.	6.	Take pills when side effects begin
5	INTDR	Num	8	6.	6.	Integrate pills into daily routine
6	IKFOP	Num	8	6.	6.	Take pills in front of people
7	DSRDR	Num	8	6.	6.	Take pills when daily routine disrupted
8	WFEEL	Num	8	6.	6.	Take pills when not feeling well
9	CEATH	Num	8	6.	6.	Take pills if it means changing eating habits
10	INTDA	Num	8	6.	6.	Take pills when it interferes with daily routine
11	DISCH	Num	8	6.	6.	Take pills when feeling discouraged about health
12	CLINA	Num	8	6.	6.	Continue treatment when getting to appts is hassle
13	DNDOG	Num	8	6.	6.	Take pills when people say that it is not helping
14	DIMPR	Num	8	6.	6.	Take even if the pills do not improve your health
15	Form	Char	3	\$3.	\$3.	Form Name
16	Form_ID	Char	15	\$15.	\$15.	Form version
17	RECNUM	Num	8	11.	11.	System ID

Data Set Name: aev.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	Page	Num	8	6.	6.	Page
3	Line	Num	8	6.	6.	Line
4	AEDAT	Num	8	MMDDYY10.	DATETIME19.	Date of onset
5	ETYPE	Num	8	ETYPE.	6.	Event type
6	ETYPES	Char	250	\$250.	\$250.	Specify Event
7	SERIOUS	Num	8	YNR.	6.	Serious AE
8	SEVINI	Num	8	SEVER.	6.	Initial severity
9	SEVMSV	Num	8	SEVER.	6.	Most severe
10	RELSD	Num	8	RELAT.	6.	Relationship to study drug
11	ESDD	Num	8	EFFECT.	6.	Effect on drug dose
12	ATAKEN	Num	8	ACTION.	6.	Action taken
13	ATAKES	Char	50	\$50.	\$50.	Action taken specify
14	OCDAT	Num	8	MMDDYY10.	DATETIME19.	Outcome date
15	OCSTA	Num	8	ESTAT.	6.	Outcome status
16	Form	Char	3	\$3.	\$3.	Form Name
17	Form_ID	Char	15	\$15.	\$15.	Form version
18	RECNUM	Num	8	11.	11.	System ID

Data Set Name: cd.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	DOEDATE	Num	8	MMDDYY10.	DATETIME19.	Date of evaluation
3	TMPT	Num	8	EVAL.	6.	Time point of evaluation
4	BTHR	Num	8	CDFELT.	6.	Bothered by things not usually bothered by
5	APPT	Num	8	CDFELT.	6.	Appetite was poor
6	BLUE	Num	8	CDFELT.	6.	Could not shake off the blues even with help
7	GOOD	Num	8	CDFELT.	6.	Felt just as good as other people
8	KMIND	Num	8	CDFELT.	6.	Trouble keeping mind on what was being done
9	DPRS	Num	8	CDFELT.	6.	Felt depressed
10	EFFT	Num	8	CDFELT.	6.	Everything was an effort
11	FUTR	Num	8	CDFELT.	6.	Hopeful about future
12	FAIL	Num	8	CDFELT.	6.	Thought my life had been a failure
13	FEAR	Num	8	CDFELT.	6.	Felt fearful
14	SLEEP	Num	8	CDFELT.	6.	Sleep was restless
15	HAPPY	Num	8	CDFELT.	6.	Felt happy
16	TALK	Num	8	CDFELT.	6.	Talked less than usual
17	LONLY	Num	8	CDFELT.	6.	Felt lonely
18	UNFR	Num	8	CDFELT.	6.	People were unfriendly
19	LIFE	Num	8	CDFELT.	6.	Enjoyed life
20	CRY	Num	8	CDFELT.	6.	Crying spells
21	SAD	Num	8	CDFELT.	6.	Felt sad
22	DISLK	Num	8	CDFELT.	6.	Felt people disliked me
23	GOING	Num	8	CDFELT.	6.	Could not get going
24	Form	Char	3	\$3.	\$3.	Form name
25	Form_ID	Char	15	\$15.	\$15.	Form version
26	RECNUM	Num	8	11.	11.	System ID

Data Set Name: dc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	Page	Num	8	6.	6.	Page
3	Line	Num	8	6.	6.	Line
4	CHDAT	Num	8	MMDDYY10.	DATETIME19.	Date of change
5	CHANGE	Num	8	DCHANGE.	6.	Type of change
6	INCTO	Num	8	INCREASE.	6.	Increase
7	NSTEPS	Num	8	6.	6.	Steps #
8	DREASON	Num	8	DECREASE.	6.	Reason for decrease
9	AESYMS	Char	50	\$50.	\$50.	Other AE, specify
10	OTHERS	Char	50	\$50.	\$50.	Other, specify
11	Form	Char	3	\$3.	\$3.	Form name
12	Form_ID	Char	15	\$15.	\$15.	Form version
13	RECNUM	Num	8	11.	11.	System ID

Data Set Name: ds.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	COMPDAT	Num	8	MMDDYY10.	DATETIME19.	Date form completed
3	DSDAT	Num	8	MMDDYY10.		Date of discontinuation
4	TIMEP	Num	8	TIMEP.	6.	Time period
5	TYPEDS	Num	8	TYPEDS.	6.	Type of discontinuation
6	SMED	Num	8	DISMED.	6.	Discontinuation of study med.
7	SMEDS	Char	60	\$60.	\$60.	Other, specify
8	LDDAT	Num	8	MMDDYY10.	DATETIME19.	Last dose: Date
9	LDTIME	Num	8	TIME5.	TIME8.	Last dose: Time
10	SPART	Num	8	DISSTUDY.	6.	Discontinuation of study participation
11	SPARTS	Char	50	\$50.	\$50.	Patient preference, reason
12	LCDAT	Num	8	MMDDYY10.	DATETIME19.	Date of last contact
13	COMMENT	Num	8	YNR.	6.	Any comments
14	COM1	Char	60	\$60.	\$60.	Comment 1
15	COM2	Char	60	\$60.	\$60.	Comment 2
16	COM3	Char	60	\$60.	\$60.	Comment 3
17	Form	Char	3	\$3.	\$3.	Form name
18	Form_ID	Char	15	\$15.	\$15.	Form version
19	RECNUM	Num	8	11.	11.	System ID

Data Set Name: *hcvrna_results.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	tmpt	Num	8	EVAL.	6.	Evaluation Time Point
3	DOEDATE	Num	8	MMDDYY10.	DATETIME19.	Evaluation Date
4	BLDATE	Num	8	MMDDYY10.	DATETIME19.	Date of sample
5	Vial_ID	Char	8	\$8.	\$8.	Vial_ID
6	Specimen_Type	Char	1	\$1.	\$1.	Specimen_Type
7	Volume	Num	8			Volume
8	Unit	Char	2	\$2.	\$2.	Unit
9	Comments	Char	12	\$12.	\$12.	Comments
10	Test_Date	Num	8	MMDDYY10.	DATE9.	Test_Date
11	HCV_RNA	Num	8			HCV_RNA(IU/ml)
12	HCV_RNA_Log10	Num	8			HCV_RNA_Log10
13	Protocol_ml	Num	8			Protocol_ml

Data Set Name: lev.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	BLDATE	Num	8	MMDDYY10.	DATETIME19.	Date of sample
3	TMPT	Num	8	EVAL.	6.	Time point of evaluation
4	RESCR	Num	8	YNR.	6.	Rescreening
5	WBC	Num	8	4.1	4.1	White blood cells (x103 cells/mm3)
6	WBCDAT	Num	8	MMDDYY10.	DATETIME19.	White blood cells date
7	PLATL	Num	8	4.	4.	Platelets (x103 cells/mm3)
8	PLTDAT	Num	8	MMDDYY10.	DATETIME19.	Platelets date
9	HEMOGL	Num	8	4.1	4.1	Hemoglobin (g/dl)
10	HMGDAT	Num	8	MMDDYY10.	DATETIME19.	Hemoglobin date
11	HEMATC	Num	8	4.1	4.1	Hematocrit (%)
12	HMTDAT	Num	8	MMDDYY10.	DATETIME19.	Hematocrit date
13	ALT	Num	8	4.	4.	ALT (IU/L)
14	ALTDAT	Num	8	MMDDYY10.	DATETIME19.	ALT date
15	AST	Num	8	4.	4.	AST (IU/L)
16	ASTDAT	Num	8	MMDDYY10.	DATETIME19.	AST date
17	TBILR	Num	8	3.1	3.1	Total bilirubin (mg/dl)
18	BILDAT	Num	8	MMDDYY10.	DATETIME19.	Total bilirubin date
19	ALKPH	Num	8	4.	4.	Alkaline phosphatase (IU/L)
20	ALKDAT	Num	8	MMDDYY10.	DATETIME19.	Alkaline phosphatase date
21	ALBUM	Num	8	3.1	3.1	Albumin (g/dl)
22	ALBDAT	Num	8	MMDDYY10.	DATETIME19.	Albumin date
23	BUN	Num	8	3.	3.	BUN (mg/dl)
24	BUNDAT	Num	8	MMDDYY10.	DATETIME19.	BUN date
25	CREAT	Num	8	3.1	3.1	Creatinine (mg/dl)
26	CRTDAT	Num	8	MMDDYY10.	DATETIME19.	Creatinine date
27	TSH	Num	8	4.2	4.2	TSH (mcU/ml)
28	TSHDAT	Num	8	MMDDYY10.	TIME8.	TSH date
29	PT	Num	8	4.1	4.1	Prothrombin time (seconds)
30	PTDAT	Num	8	MMDDYY10.	TIME8.	Promthrombin time date
31	INR	Num	8	3.1	3.1	INR
32	INRDAT	Num	8	MMDDYY10.	TIME8.	INR date
33	CHL	Num	8	4.	4.	Cholesterol (mg/dl)
34	CHLDAT	Num	8	MMDDYY10.	TIME8.	Cholesterol date
35	TRIGLYC	Num	8	5.	5.	Triglycerides (mg/dl)
36	TNFAST	Num	8	GFAST.	6.	Triglycerides non-fasting (mg/dl)

Num	Variable	Type	Len	Format	Informat	Label
37	TRGDAT	Num	8	MMDDYY10.	TIME8.	Triglycerides date
38	INSULIN	Num	8	5.1	5.1	Insulin (mcU/ml)
39	INFAST	Num	8	GFAST.	6.	Insulin non-fasting
40	INSDAT	Num	8	MMDDYY10.	DATETIME19.	Insulin date
41	GLUC	Num	8	4.	4.	Glucose (mg/dl)
42	GNFAST	Num	8	GFAST.	6.	Glucose non-fasting
43	GLUCDAT	Num	8	MMDDYY10.	TIME8.	Glucose date
44	PREG	Num	8	PREG.	6.	Pregnancy test
45	PRGDAT	Num	8	MMDDYY10.	TIME8.	Pregnancy test date
46	Form	Char	3	\$3.	\$3.	Form name
47	RECNUM	Num	8	11.	11.	System ID
48	Form_ID	Char	15	\$15.	\$15.	Form version

Data Set Name: ml.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	Medication	Char	250	\$250.	\$250.	Medications
3	Total_Daily_Dose	Char	30	\$30.	\$30.	Total Daily Dose
4	Unit	Num	8	UNIT.	6.	Units
5	Start_Date	Char	11	\$11.	\$8.	Text: Start Date
6	End_Date	Char	11	\$11.	\$8.	Text: End Date
7	IDA	Num	8	11.	11.	Sys ID
8	Form	Char	2			Form Name
9	Form_ID	Char	30			Form Version
10	As_Needed	Char	3	\$3.	\$3.	As needed?

Data Set Name: op.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	COMPDAT	Num	8	MMDDYY10.	DATETIME19.	Date form completed
3	OPDATE	Num	8	MMDDYY10.	DATETIME19.	OP date
4	STSTAGE	Num	8	STSTAGE.	6.	OP time point
5	RSTYPE	Num	8	RSTYPE.	6.	Screened 30 days prior
6	RSREASON	Num	8	OPREASON.	6.	Rescreen incomplete: reason
7	RSCSPEC	Char	60	\$60.	\$60.	Rescreen incomplete: specify
8	RDAPPR	Num	8	YNR.	6.	Randomized before approval of Exemp. petition
9	RDAPREAS	Num	8	OPREASON.	6.	Prior to approval randomized: reason
10	RDASPEC	Char	60	\$60.	\$60.	Prior to approval randomized: reason specify
11	RDIELIG	Num	8	YNR.	6.	Ineligible pt. randomized
12	RDIEREAS	Num	8	OPREASON.	6.	Ineligible randomized: reason
13	RDIESPEC	Char	60	\$60.	\$60.	Ineligible randomized: reason specify
14	RDID	Num	8	YNR.	6.	Randomized under incorrect ID
15	INCORRID	Char	8	\$8.	\$8.	Incorrect ID
16	RDSTRAT	Num	8	YNR.	6.	Wrong stratum
17	RDSTART	Num	8	YNR.	6.	Delay to start taking drug
18	RDREASON	Num	8	OPREASON.	6.	Delay reason
19	RDSTSPEC	Char	100	\$100.	\$100.	Delay reason, specify
20	WSTRAT	Num	8	STRHCV.	6.	Correct stratum
21	VISITDV	Num	8	EVALSTAT.	6.	Visit
22	TMPT	Num	8	EVAL.	6.	Time point of evaluation
23	VSREAS	Num	8	OPREASON.	6.	Visit missed: reason
24	VSSPEC	Char	60	\$60.	\$60.	Visit missed: reason specify
25	SA	Num	8	SASTAT.	6.	Self Assessments
26	WTMPT	Num	8	EVAL.	6.	Visit self assessment completed
27	SAREAS	Num	8	OPREASON.	6.	Self Assessment missed: reason
28	SASPEC	Char	60	\$60.	\$60.	Self Assessment missed: reason specify
29	LAB	Num	8	EVALSTAT.	6.	Laboratory evaluation
30	SFLAB	Num	8	YNR.	6.	Safety labs
31	BIOLAB	Num	8	YNR.	6.	Biomarkers
32	PKLAB	Num	8	YNR.	6.	PK labs
33	GENLAB	Num	8	YNR.	6.	Genetics
34	LABREAS	Num	8	OPREASON.	6.	Labs missed: reason
35	LABSPEC	Char	60	\$60.	\$60.	Labs missed: reason specify
36	OTHER1	Char	60	\$60.	\$60.	Other protocol deviation

Num	Variable	Type	Len	Format	Informat	Label
37	OTSPEC	Char	60	\$60.	\$60.	Other deviation: specify
38	Form	Char	3	\$3.	\$3.	Form name
39	Form_ID	Char	15	\$15.	\$15.	Form version
40	RECNUM	Num	8	11.	11.	System ID

Data Set Name: pd.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	V0DATE	Num	8	MMDDYY10.	DATETIME19.	First dose date
3	V0TIME	Num	8	TIME5.	TIME8.	First dose time
4	V0DISP	Num	8	6.	6.	Initial # cups dispensed
5	V2REV	Num	8	YNR.	6.	W2: diary reviewed
6	V2DATE	Num	8	MMDDYY10.	DATETIME19.	W2: visit date
7	V2RET	Num	8	6.	6.	W2: # cups returned
8	V2MIS	Num	8	6.	6.	W2: # dose missed
9	V2DISP	Num	8	6.	6.	W2: # cups dispensed
10	V2DRIN	Num	8	6.	6.	W2: # drinks/day
11	V2LDATE	Num	8	MMDDYY10.	DATETIME19.	W2: last dose date
12	V2LTIME	Num	8	TIME5.	TIME8.	W2: last dose time
13	V4REV	Num	8	YNR.	6.	W4: diary reviewed
14	V4DATE	Num	8	MMDDYY10.	DATETIME19.	W4: visit date
15	V4RET	Num	8	6.	6.	W4: # cups returned
16	V4MIS	Num	8	6.	6.	W4: # dose missed
17	V4DISP	Num	8	6.	6.	W4: # cups dispensed
18	V4DRIN	Num	8	6.	6.	W4: # drinks/day
19	V4LDATE	Num	8	MMDDYY10.	DATETIME19.	W4: last dose date
20	V4LTIME	Num	8	TIME5.	TIME8.	W4: last dose time
21	V8REV	Num	8	YNR.	6.	W8: diary reviewed
22	V8DATE	Num	8	MMDDYY10.	DATETIME19.	W8: visit date
23	V8RET	Num	8	6.	6.	W8: # cups returned
24	V8MIS	Num	8	6.	6.	W8: # dose missed
25	V8DISP	Num	8	6.	6.	W8: # cups dispensed
26	V8DRIN	Num	8	6.	6.	W8: # drinks/day
27	V8LDATE	Num	8	MMDDYY10.	DATETIME19.	W8: last dose date
28	V8LTIME	Num	8	TIME5.	TIME8.	W8: last dose time
29	V12REV	Num	8	YNR.	6.	W12: diary reviewed
30	V12DATE	Num	8	MMDDYY10.	DATETIME19.	W12: visit date
31	V12RET	Num	8	6.	6.	W12: # cups returned
32	V12MIS	Num	8	6.	6.	W12: # dose missed
33	V12DISP	Num	8	6.	6.	W12: # cups dispensed
34	V12DRIN	Num	8	6.	6.	W12: # drinks/day
35	V12LDATE	Num	8	MMDDYY10.	DATETIME19.	W12: last dose date
36	V12LTIME	Num	8	TIME5.	TIME8.	W12: last dose time

Num	Variable	Type	Len	Format	Informat	Label
37	V20REV	Num	8	YNR.	6.	W20: diary reviewed
38	V20DATE	Num	8	MMDDYY10.	DATETIME19.	W20: visit date
39	V20RET	Num	8	6.	6.	W20: # cups returned
40	V20MIS	Num	8	6.	6.	W20: # dose missed
41	V20DISP	Num	8	6.	6.	W20: # cups dispensed
42	V20DRIN	Num	8	6.	6.	W20: # drinks/day
43	V20LDATE	Num	8	MMDDYY10.	DATETIME19.	W20: last dose date
44	V20LTIME	Num	8	TIME5.	TIME8.	W20: last dose time
45	V24REV	Num	8	YNR.	6.	W24: diary reviewed
46	V24DATE	Num	8	MMDDYY10.	DATETIME19.	W24: visit date
47	V24RET	Num	8	6.	6.	W24: # cups returned
48	V24MIS	Num	8	6.	6.	W24: # dose missed
49	V24DISP	Num	8	6.	6.	W24: # cups dispensed
50	V24DRIN	Num	8	6.	6.	W24: # drinks/day
51	V24LDATE	Num	8	MMDDYY10.	DATETIME19.	W24: last dose date
52	V24LTIME	Num	8	TIME5.	TIME8.	W24: last dose time
53	Form	Char	3	\$3.	\$3.	Form name
54	Form_ID	Char	15	\$15.	\$15.	Form version
55	RECNUM	Num	8	11.	11.	System ID

Data Set Name: qd.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	DOEDATE	Num	8	MMDDYY10.	DATETIME19.	Date of evaluation
3	TMPT	Num	8	EVAL.	6.	Time point of evaluation
4	ABLOAT	Num	8	QDOFTEN.	6.	Had feeling of abdominal bloating
5	TIRED	Num	8	QDOFTEN.	6.	Felt tired or fatigued
6	BPAIN	Num	8	QDOFTEN.	6.	Experienced bodily pain
7	SLEEP	Num	8	QDOFTEN.	6.	Felt sleepy during day
8	APAIN	Num	8	QDOFTEN.	6.	Experienced abdominal pain
9	SHRTB	Num	8	QDOFTEN.	6.	Shortness of breath affected daily activities
10	NAEAT	Num	8	QDOFTEN.	6.	Not able to eat as much as you like
11	STRND	Num	8	QDOFTEN.	6.	Bothered by decreased strength
12	TLIFT	Num	8	QDOFTEN.	6.	Had trouble lifting or carrying heavy objects
13	ANXIO	Num	8	QDOFTEN.	6.	Felt anxious
14	ENRGD	Num	8	QDOFTEN.	6.	Felt a decreased level of energy
15	UHAPP	Num	8	QDOFTEN.	6.	Felt unhappy
16	DROWS	Num	8	QDOFTEN.	6.	Felt drowsy
17	DIETL	Num	8	QDOFTEN.	6.	Bothered by a limitation of your diet
18	IRRIT	Num	8	QDOFTEN.	6.	Been irritable
19	DIFSL	Num	8	QDOFTEN.	6.	Had difficulty sleeping at night
20	ADISC	Num	8	QDOFTEN.	6.	Troubled by abdominal discomfort
21	WFAML	Num	8	QDOFTEN.	6.	Worried impact of disease on family
22	MOODS	Num	8	QDOFTEN.	6.	Had mood swings
23	UAFSL	Num	8	QDOFTEN.	6.	Unable to fall asleep at night
24	MUSCR	Num	8	QDOFTEN.	6.	Had muscle cramps
25	WSYMP	Num	8	QDOFTEN.	6.	Worried symptoms will develop into major problems
26	DRYMT	Num	8	QDOFTEN.	6.	Had dry mouth
27	FDEPR	Num	8	QDOFTEN.	6.	Felt depressed
28	WWORS	Num	8	QDOFTEN.	6.	Worried your condition is getting worse
29	PCONCN	Num	8	QDOFTEN.	6.	Had problems concentrating
30	ITCHI	Num	8	QDOFTEN.	6.	Troubled by itching
31	WBETT	Num	8	QDOFTEN.	6.	Worried about never feeling any better
32	TRNSP	Num	8	QDOFTEN.	6.	Concerned about availability of a liver
33	Form	Char	3	\$3.	\$3.	Form name
34	Form_ID	Char	15	\$15.	\$15.	Form version
35	RECNUM	Num	8	11.	11.	System ID

Data Set Name: ql.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	DOEDATE	Num	8	MMDDYY10.	DATETIME19.	Date Evaluation
3	TMPT	Num	8	EVAL.	6.	Evaluation timepoint
4	HLTHS	Num	8	HLTHS.	6.	Self Rated Health
5	HLTHN	Num	8	HLTHN.	6.	Health Compared to Year Ago
6	ACTVG	Num	8	LIMITED.	6.	Vigorous Activities
7	ACTM	Num	8	LIMITED.	6.	Moderate Activities
8	ACTLF	Num	8	LIMITED.	6.	Lifting or Carrying Groceries
9	ACTCS	Num	8	LIMITED.	6.	Climbing Several Flights of Stairs
10	ACTCO	Num	8	LIMITED.	6.	Climbing One Flight of Stairs
11	ACTBK	Num	8	LIMITED.	6.	Bending, Kneeling, and Stooping
12	ACTWM	Num	8	LIMITED.	6.	Walk More Than One Mile
13	ACTWS	Num	8	LIMITED.	6.	Walking Several Blocks
14	ACTWO	Num	8	LIMITED.	6.	Walking One Block
15	ACTBT	Num	8	LIMITED.	6.	Bathing or Dressing Yourself
16	PHAT	Num	8	YNR.	6.	Cut down on work time due to physical health
17	PHAL	Num	8	YNR.	6.	Accomplished less due to physical health
18	PHLW	Num	8	YNR.	6.	Limited in kind of work due to physical health
19	PHDW	Num	8	YNR.	6.	Difficulty doing performing work due to physical health
20	EPAT	Num	8	YNR.	6.	Cut down on work time due to emotional problems
21	EPAL	Num	8	YNR.	6.	Accomplished less due to emotional problems
22	EPCU	Num	8	YNR.	6.	Didn't work as carefully as usual due to emotional problems
23	PHEP	Num	8	SCPAIN.	6.	Physical health interfered with the family activities
24	BPAIN	Num	8	BODYPAIN.	6.	Bodily pain
25	PINTW	Num	8	NWPAIN.	6.	Pain interfered with normal work
26	FLPEP	Num	8	FEELING.	6.	Full of pep
27	FLNP	Num	8	FEELING.	6.	Nervous person
28	FLDWN	Num	8	FEELING.	6.	Down in the dumps
29	FLCLP	Num	8	FEELING.	6.	Calm and peaceful
30	FLENR	Num	8	FEELING.	6.	Lot of energy
31	FLBLU	Num	8	FEELING.	6.	Downhearted and blue
32	FLWRN	Num	8	FEELING.	6.	Worn out
33	FLHAP	Num	8	FEELING.	6.	Happy person
34	FLTIR	Num	8	FEELING.	6.	Tired
35	PHISA	Num	8	SOCIALAC.	6.	Physical health interfered with your social activities
36	GSEAS	Num	8	TRUFALSE.	6.	Get sick easier than others

Num	Variable	Type	Len	Format	Informat	Label
37	HLTAB	Num	8	TRUFALSE.	6.	Healthy as anybody
38	HLGWR	Num	8	TRUFALSE.	6.	Expect health to get worse
39	HLTEX	Num	8	TRUFALSE.	6.	Health is excellent
40	Form	Char	3	\$3.	\$3.	Form name
41	Form_ID	Char	15	\$15.	\$15.	Form version
42	RECNUM	Num	8	11.	11.	System ID

Data Set Name: rf.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	Gender	Num	8	SEX.	6.	Gender
3	STRATA	Num	8	STRATA.	6.	History of any milk thistle preparation use
4	RANDNUM	Char	7	\$7.	\$7.	Randomization Number
5	RANDD	Num	8	MMDDYY10.	DATETIME19.	Randomization Date
6	RANDT	Num	8	TIME5.	TIME8.	Randomization Time
7	ARM	Num	8	DOSE.	6.	Treatment Arm
8	DOSES	Char	25	\$25.	\$25.	Doses of study drug
9	age	Num	8			Age at randomization

Data Set Name: sc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	ELIGDATE	Num	8	MMDDYY10.	DATETIME19.	Eligibility date
3	RESCR	Num	8	YNR.	6.	Rescreening
4	AGE18	Num	8	YNR.	6.	At least 18 years old
5	ALT65	Num	8	YNR.	6.	ALT >= 65 IU/L
6	HCVRNA	Num	8	YNR.	6.	HCV RNA above quantifiable level
7	INTERF	Num	8	YNR.	6.	Interferon-based tmt w/o sustained response
8	NATHER	Num	8	YNR.	6.	No antiviral therapy for at least 6 mo
9	CONTRAC	Num	8	YNR.	6.	Two reliable forms of contraception
10	NOPREG	Num	8	YNR.	6.	Negative pregnancy test
11	CONSENT	Num	8	YNR.	6.	Provided informed consent
12	SILYMP	Num	8	YNR.	6.	Used milk thistle preparation
13	ANTIOX	Num	8	YNR.	6.	Used other antioxidants
14	ALLERG	Num	8	YNR.	6.	Allergy to milk thistle preparations
15	INTOL	Num	8	YNR.	6.	Lactose intolerance
16	TWARF	Num	8	YNR.	6.	Use of warfarin, metronidazole, acetaminophen
17	STERO	Num	8	YNR.	6.	Use of oral steroids for > 14 days
18	ALC12	Num	8	YNR.	6.	Alcoholic drink > 12 grams per day
19	DABUSE	Num	8	YNR.	6.	Drug abuse
20	DIAB	Num	8	YNR.	6.	Poorly controlled diabetes
21	PREGN	Num	8	YNR.	6.	Ongoing pregnancy or breast-feeding
22	IMGCIRR	Num	8	YNR.	6.	Radiologic imaging: cirrhosis or portal hypertension
23	IMGPH	Num	8	YNR.	6.	Radiologic imaging: portal hypertension
24	CIRRHOS	Num	8	YNR.	6.	Previous biopsy demonstrated cirrhosis
25	STEATOS	Num	8	YNR.	6.	Previous biopsy evidence of steatosis or steatohepatitis
26	HIV	Num	8	YNR.	6.	Positive anti-HIV or HBsAg
27	PLAT	Num	8	YNR.	6.	Platelet count < 130000
28	PLAT90	Num	8	YNR.	6.	Platelet count < 90000
29	CREATL	Num	8	YNR.	6.	Serum creatinine level 2.0 mg/dL
30	DECLD	Num	8	YNR.	6.	Decompensated liver disease
31	LIVERD	Num	8	YNR.	6.	Other liver disease
32	IMMUND	Num	8	YNR.	6.	Immunologically mediated disease
33	ORGTR	Num	8	YNR.	6.	Organ transplantation
34	THYROID	Num	8	YNR.	6.	Poorly controlled thyroid disease
35	DRUGTRP	Num	8	YNR.	6.	Participated in research drug trial
36	ILLNESS	Num	8	YNR.	6.	Evidence of severe illness

Num	Variable	Type	Len	Format	Informat	Label
37	ILLSPEC	Char	50	\$50.	\$50.	Severe illness, specify
38	CIRRH	Num	8	CIRRH.	6.	Cirrhosis
39	ELIG	Num	8	YNR.	6.	Eligible for SyNCH HCV Phase II
40	SIGNDAT	Num	8	MMDDYY10.	DATETIME19.	Date signed by investigator
41	Form	Char	3	\$3.	\$3.	Form name
42	Form_ID	Char	15	\$15.	\$15.	Form version
43	RECNUM	Num	8	11.	11.	System ID

Data Set Name: se.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	DOEDATE	Num	8	MMDDYY10.	DATETIME19.	Evaluation Date
3	RESCR	Num	8	YNR.	6.	Rescreen (Yes, No)
4	SEX	Num	8	SEX.	6.	Gender
5	HISP	Num	8	YNR.	6.	Hispanic
6	RACE	Num	8	YNR.	6.	Race Identified (Unk, Ref, Miss)
7	RACEW	Num	8	YNR.	6.	Race: White
8	RACEB	Num	8	YNR.	6.	Race: Black
9	RACEA	Num	8	YNR.	6.	Race: Asian
10	RACEI	Num	8	YNR.	6.	Race: American Indian or Alaskan Native
11	RACEH	Num	8	YNR.	6.	Race: Native Hawaiian or Pacific Islander
12	RACEO	Num	8	YNR.	6.	Race: Other
13	RACEOS	Char	30	\$30.	\$30.	Race: Specify Other
14	WEIGHT	Num	8	5.1	5.1	Weight (kg)
15	HEIGHT	Num	8	5.1	5.1	Height (cm)
16	TEMP	Num	8	5.1	5.1	Temperature (F)
17	HR	Num	8	4.	4.	Heart Rate (beats/min)
18	BPS	Num	8	4.	4.	Systolic BP (mmHg)
19	BPD	Num	8	4.	4.	Diastolic BP (mmHg)
20	ALLERGY	Num	8	YNR.	6.	Allergy to Food or Drug
21	FDRUG1	Char	30	\$30.	\$30.	Allergy: Food or Drug 1
22	REACT1	Num	8	ALLERG.	6.	Allergy: Food or Drug Reaction 1
23	REACTOS1	Char	30	\$30.	\$30.	Allergy: Specify Other Reaction 1
24	FDRUG2	Char	30	\$30.	\$30.	Allergy: Food or Drug 2
25	REACT2	Num	8	ALLERG.	6.	Allergy: Food or Drug Reaction 2
26	REACTOS2	Char	30	\$30.	\$30.	Allergy: Specify Other Reaction 2
27	FDRUG3	Char	30	\$30.	\$30.	Allergy: Food or Drug 3
28	REACT3	Num	8	ALLERG.	6.	Allergy: Food or Drug Reaction 3
29	REACTOS3	Char	30	\$30.	\$30.	Allergy: Specify Other Reaction 3
30	FDRUG4	Char	30	\$30.	\$30.	Allergy: Food or Drug 4
31	REACT4	Num	8	ALLERG.	6.	Allergy: Food or Drug Reaction 4
32	REACTOS4	Char	30	\$30.	\$30.	Allergy: Specify Other Reaction 4
33	MILKTP	Num	8	YNR.	6.	Ever Milk Thistle Preparation
34	MILKTP30	Num	8	YNR.	6.	Used Milk Thistle Preparation for >30 days
35	DIAB	Num	8	YNR.	6.	Diabetes
36	ORAL	Num	8	YNR.	6.	Diabetes Oral Treatment

Num	Variable	Type	Len	Format	Informat	Label
37	INSULIN	Num	8	YNR.	6.	Diabetes Insulin Treatment
38	HBP	Num	8	YNR.	6.	High BP or Hypertension
39	HBPNONE	Num	8	YNR.	6.	High BP: None
40	HBPDIET	Num	8	YNR.	6.	High BP: Diet
41	HBPACE	Num	8	YNR.	6.	High BP: Ace Inhibitors
42	HBPBETAB	Num	8	YNR.	6.	High BP: Beta Blockers
43	HBPCCB	Num	8	YNR.	6.	High BP: Ca Channel Blockers
44	HBPDIUR	Num	8	YNR.	6.	High BP: Diuretic
45	HBPVASO	Num	8	YNR.	6.	High BP: Vasodilators
46	HBPOTH	Num	8	YNR.	6.	High BP: Other Treatment
47	HBPOTHS	Char	30	\$30.	\$30.	High BP: Specify Other Treatment
48	FATIGUE	Num	8	YNR.	6.	Symptoms: Fatigue
49	WEAK	Num	8	YNR.	6.	Symptoms: Weakness
50	NAUSEA	Num	8	YNR.	6.	Symptoms: Nausea
51	VOMIT	Num	8	YNR.	6.	Symptoms: Vomiting
52	PAPPET	Num	8	YNR.	6.	Symptoms: Poor Appetite
53	WLOSS	Num	8	YNR.	6.	Symptoms: Weight Loss
54	MUSCLEA	Num	8	YNR.	6.	Symptoms: Muscle Aches
55	JOINTA	Num	8	YNR.	6.	Symptoms: Joint Aches
56	HEADA	Num	8	YNR.	6.	Symptoms: Headache
57	LIVERP	Num	8	YNR.	6.	Symptoms: Pain Over Liver
58	ABDPAIN	Num	8	YNR.	6.	Symptoms: Other abdominal Pain
59	RASH	Num	8	YNR.	6.	Symptoms: Rash
60	ITCH	Num	8	YNR.	6.	Symptoms: Itch
61	HAIRLOSS	Num	8	YNR.	6.	Symptoms: Hair Loss
62	FEVER	Num	8	YNR.	6.	Symptoms: Fever
63	CHILLS	Num	8	YNR.	6.	Symptoms: Chills
64	NSWEATS	Num	8	YNR.	6.	Symptoms: Night Sweats
65	COUGH	Num	8	YNR.	6.	Symptoms: Cough
66	SBREATH	Num	8	YNR.	6.	Symptoms: Shortness of breath
67	IRRITAB	Num	8	YNR.	6.	Symptoms: Irritability
68	TSLEEP	Num	8	YNR.	6.	Symptoms: Trouble Sleeping
69	DIFCNC	Num	8	YNR.	6.	Symptoms: Difficulty Concentrating
70	DEPRES	Num	8	YNR.	6.	Symptoms: Depression
71	DIARRH	Num	8	YNR.	6.	Symptoms: Diarrhea
72	CONSTIP	Num	8	YNR.	6.	Symptoms: Constipation
73	OSYMP	Num	8	YNR.	6.	Symptoms: Other
74	OSYMPS	Char	30	\$30.	\$30.	Symptoms: Specify Other
75	BLUE	Num	8	YNR.	6.	Depress Mgmt: Depressed, Sad or Blue

Num	Variable	Type	Len	Format	Informat	Label
76	HELPLESS	Num	8	YNR.	6.	Depress Mgmt: Helpless About Future
77	HARM	Num	8	YNR.	6.	Depress Mgmt: Thoughts of Harm or Kill
78	TCMED	Num	8	YNR.	6.	Concomitant Medication
79	ABEV1WK	Num	8	YNR.	6.	Past 12 Mo at Least 1 Alcohol Bev Per Wk
80	BEER	Num	8	3.	3.	Past 12 Mo How Many Bottles of Beer
81	WINE	Num	8	3.	3.	Past 12 Mo How Many Glasses of Wine
82	MIXDK	Num	8	3.	3.	Past 12 Mo How Many Mixed Drinks
83	ABEV24HR	Num	8	YNR.	6.	Past 12 Mo 7+ Alcohol Bev in 24 Hr
84	AB24FREQ	Num	8	ALOFTEN.	6.	Past 12 Mo Freq of 7+ Bev in 24 Hr
85	SMOKE100	Num	8	YNR.	6.	Smoked at Least 100 Cigs in Lifetime
86	CURSMOKE	Num	8	YNR.	6.	Currently Smoke Cigarettes
87	PACKS	Num	8	PACKS.	6.	Packs Smoked Per Day
88	HBSAG	Num	8	TEST.	6.	HBsAg
89	HBSAGM	Num	8	6.	6.	HBsAg Sample Month
90	HBSAGD	Num	8	6.	6.	HBsAg Sample Day
91	HBSAGY	Num	8	6.	6.	HBsAg Sample Year
92	AHCV	Num	8	TEST.	6.	Anti-HCV
93	AHCVM	Num	8	6.	6.	Anti-HCV Sample Month
94	AHCVD	Num	8	6.	6.	Anti-HCV Sample Day
95	AHCVY	Num	8	6.	6.	Anti-HCV Sample Year
96	AHIV	Num	8	TEST.	6.	Anti-HIV
97	AHIVM	Num	8	6.	6.	Anti-HIV Sample Month
98	AHIVD	Num	8	6.	6.	Anti-HIV Sample Day
99	AHIVY	Num	8	6.	6.	Anti-HIV Sample Year
100	HBA1C	Num	8	4.1	4.1	HbA1c (%)
101	HBA1M	Num	8	6.	6.	HbA1c Sample Month
102	HBA1D	Num	8	6.	6.	HbA1c Sample Day
103	HBA1Y	Num	8	6.	6.	HbA1c Sample Year
104	DRUGSCRN	Num	8	TEST.	6.	Urine Drug Screen
105	DRGSM	Num	8	6.	6.	Urine Drug Screen Sample Month
106	DRGSD	Num	8	6.	6.	Urine Drug Screen Sample Day
107	DRGSY	Num	8	6.	6.	Urine Drug Screen Sample Year
108	TIBC	Num	8	4.	4.	TIBC (mg/dl)
109	TIBCM	Num	8	6.	6.	TIBC Sample Month
110	TIBCD	Num	8	6.	6.	TIBC Sample Day
111	TIBCY	Num	8	6.	6.	TIBC Sample Year
112	FERRITIN	Num	8	6.1	6.1	Ferritin (ng/ml)
113	FERRM	Num	8	6.	6.	Ferritin Sample Month
114	FERRD	Num	8	6.	6.	Ferritin Sample Day

Num	Variable	Type	Len	Format	Informat	Label
115	FERRY	Num	8	6.	6.	Ferritin Sample Year
116	SIRON	Num	8	4.	4.	Serum Iron (mcg/dl)
117	SIRM	Num	8	6.	6.	Serum Iron Sample Month
118	SIRD	Num	8	6.	6.	Serum Iron Sample Day
119	SIRY	Num	8	6.	6.	Serum Iron Sample Year
120	ANA	Num	8	TEST.	6.	ANA
121	ANATITER	Num	8	5.	5.	ANA Titer
122	ANAM	Num	8	6.	6.	ANA Sample Month
123	ANAD	Num	8	6.	6.	ANA Sample Day
124	ANAY	Num	8	6.	6.	ANA Sample Year
125	HCVRNA	Num	8	9.	9.	HCV RNA Quantitative
126	HRNAM	Num	8	6.	6.	HCV RNA Sample Month
127	HRNAD	Num	8	6.	6.	HCV RNA Sample Day
128	HRNAY	Num	8	6.	6.	HCV RNA Sample Year
129	HCVGENO	Num	8	GENOTYPE.	6.	HCV Genotype
130	HCVGM	Num	8	6.	6.	HCV Genotype Sample Month
131	HCVGD	Num	8	6.	6.	HCV Genotype Sample Day
132	HCVGY	Num	8	6.	6.	HCV Genotype Sample Year
133	RNACLAB	Num	8	YNR.	6.	RNA Central Lab Sample Obtained
134	COMMENT	Num	8	YNR.	6.	Comments
135	COM1	Char	60	\$60.	\$60.	Comments: Line 1
136	COM2	Char	60	\$60.	\$60.	Comments: Line 2
137	COM3	Char	60	\$60.	\$60.	Comments: Line 3
138	Form	Char	3	\$3.	\$3.	Form name
139	Form_ID	Char	15	\$15.	\$15.	Form version
140	RECNUM	Num	8	11.	11.	System ID
141	age	Num	8			Age at evaluation

Data Set Name: ve.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	8	\$8.	\$8.	Patient ID
2	DOEDATE	Num	8	MMDDYY10.	DATETIME19.	Evaluation Date
3	TMPT	Num	8	EVAL.	6.	Evaluation Time Point
4	WEIGHT	Num	8	5.1	5.1	Weight (kg)
5	TEMP	Num	8	5.1	5.1	Temperature (F)
6	HR	Num	8	4.	4.	Heart Rate (beats/min)
7	BPS	Num	8	4.	4.	Systolic BP (mmHg)
8	BPD	Num	8	4.	4.	Diastolic BP (mmHg)
9	AE	Num	8	YNR.	6.	Had AE since previous evaluation
10	FATIGUE	Num	8	YNR.	6.	Symptoms: Fatigue
11	WEAK	Num	8	YNR.	6.	Symptoms: Weakness
12	NAUSEA	Num	8	YNR.	6.	Symptoms: Nausea
13	VOMIT	Num	8	YNR.	6.	Symptoms: Vomiting
14	PAPPET	Num	8	YNR.	6.	Symptoms: Poor Appetite
15	WLOSS	Num	8	YNR.	6.	Symptoms: Weight Loss
16	MUSCLEA	Num	8	YNR.	6.	Symptoms: Muscle Aches
17	JOINTA	Num	8	YNR.	6.	Symptoms: Joint Aches
18	HEADA	Num	8	YNR.	6.	Symptoms: Headache
19	LIVERP	Num	8	YNR.	6.	Symptoms: Pain Over Liver
20	ABDPAIN	Num	8	YNR.	6.	Symptoms: Other abdominal Pain
21	RASH	Num	8	YNR.	6.	Symptoms: Rash
22	ITCH	Num	8	YNR.	6.	Symptoms: Itch
23	HAIRLOSS	Num	8	YNR.	6.	Symptoms: Hair Loss
24	FEVER	Num	8	YNR.	6.	Symptoms: Fever
25	CHILLS	Num	8	YNR.	6.	Symptoms: Chills
26	NSWEATS	Num	8	YNR.	6.	Symptoms: Night Sweats
27	COUGH	Num	8	YNR.	6.	Symptoms: Cough
28	SBREATH	Num	8	YNR.	6.	Symptoms: Shortness of breath
29	IRRITAB	Num	8	YNR.	6.	Symptoms: Irritability
30	TSLEEP	Num	8	YNR.	6.	Symptoms: Trouble Sleeping
31	DIFCNC	Num	8	YNR.	6.	Symptoms: Difficulty Concentrating
32	DEPRES	Num	8	YNR.	6.	Symptoms: Depression
33	DIARRH	Num	8	YNR.	6.	Symptoms: Diarrhea
34	CONSTIP	Num	8	YNR.	6.	Symptoms: Constipation
35	OSYMPS	Char	60	\$60.	\$60.	Symptoms: Specify Other
36	OSYMP	Num	8	YNR.	6.	Symptoms: Other

Num	Variable	Type	Len	Format	Informat	Label
37	BLUE	Num	8	YNR.	6.	Depress Mgmt: Depressed, Sad or Blue
38	HELPLESS	Num	8	YNR.	6.	Depress Mgmt: Helpless About Future
39	HARM	Num	8	YNR.	6.	Depress Mgmt: Thoughts of Harm or Kill
40	TCMED	Num	8	YNR.	6.	Concomitant Medication
41	COMMENT	Num	8	YNR.	6.	Comments
42	COM1	Char	60	\$60.	\$60.	Comments: Line 1
43	COM2	Char	60	\$60.	\$60.	Comments: Line 2
44	COM3	Char	60	\$60.	\$60.	Comments: Line 3
45	Form	Char	3	\$3.	\$3.	Form name
46	Form_ID	Char	15	\$15.	\$15.	Form version
47	RECNUM	Num	8	11.	11.	System ID