

Data Set Name: aereview.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AEAdditionalInfoRequested	Char	3	\$3.	AE Additional information requested
2	AEReviewPriorSimilarSAEs	Char	3	\$3.	AE Review Have there been prior occurrences of similar SAEs reported in this study
3	AEReviewReportingTimeframe	Char	27	\$27.	AE Review Reporting time frame to regulatory authorities
4	AEReviewTreatmentUnblindedForC	Char	2	\$2.	AE Review Does treatment need to be unblinded for determination of causality
5	AEAdditionalInfoRequestedDetail	Char	499	\$499.	AE Additional information requested details
6	AEReviewDSMBReviewComments	Char	1	\$1.	AE Review Requires DSMB Review Comments
7	AEReviewFormComments	Char	341	\$341.	Adverse Event Review Form Comments
8	AEReviewPriorSimilarSAEsSummary	Char	160	\$160.	AE Review If prior occurrences of similar SAEs provide brief summary
9	AECausalityByReviewer	Char	22	\$22.	Causality by reviewer
10	AEPatientOutcome	Char	1	\$1.	Patient Outcome
11	RecommendConsentChange	Char	3	\$3.	Recommend changes to the consent form
12	RecommendProtocolChange	Char	2	\$2.	Recommend changes to the protocol
13	AEReviewRequireDSMBReview	Num	8		AE Review Requires urgent and immediate review by full DSMB committee
14	AEID	Num	8		AEID
15	MaskID	Num	8		Participant Mask ID#
16	Visit	Char	100		Visit
17	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: registration.sas7bdat

Num	Variable	Type	Len	Format	Label
1	status	Char	20		Participant Status
2	MaskID	Num	8		Participant Mask ID#
3	Date_of_Study_Start	Num	8	MMDDYY10.	Date of Study Start
4	Date_of_Registration	Num	8	MMDDYY10.	Date of Registration

Data Set Name: research_labs.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MaskID	Num	8			Participant Mask ID#
2	Date_of_Draw	Num	8	MMDDYY10.		Date of Draw
3	Event_Title	Char	100			Specimen Collection Form
4	SPEC_NAME	Char	250	\$300.	\$300.	Specimen Name
5	SampleMaskID	Char	10			Sample Mask ID#
6	TEST_NAME	Char	150	\$150.	\$150.	Test Name
7	RESULT	Char	1000	\$1000.	\$1000.	Result
8	ResultType	Char	6			Result Type
9	Visit	Char	100			Visit
10	Date_at_Test_Results_Reported	Num	8	MMDDYY10.		Date at Test Results Reports
11	Date_at_Evaluation	Num	8	MMDDYY10.		Date at Sample Evaluation
12	Date_Received	Num	8	MMDDYY10.		Date when Sample Received at Lab
13	Date_Shipped	Num	8	MMDDYY10.		Date when Sample Shipped
14	LabID	Num	8			LabID

Data Set Name: tn06_210729_npp06infa.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Anemia	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Anemia
2	Aspiration	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Aspiration
3	BirthDefect	Char	3	\$3.	Did the infant have any of the condition at birth and in the first week of life Hematologic Birth defect
4	BirthTrauma	Char	3	\$3.	Did the infant have any of the condition at birth and in the first week of life Hematologic Birth trauma
5	BloodPoisoning	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Blood poisoning
6	BloodTransfusion	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Blood transfusion
7	BloodgroupIncompatability	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Blood group incompatibility
8	BloodyStool	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Gastrointestinal Bloody stool
9	BloodyStool2	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Gastrointestinal Bloody stool
10	BronchitisOrBronchiolitis	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Respiratory BronchitisBronchiolitis
11	ChickenPox	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Infections Chicken pox
12	ColdOrRunningNose	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Respiratory Cold or running nose
13	ColdOrRunnyNose	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Cold or runny nose
14	Colic	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Gastrointestinal Colic
15	Cough	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Respiratory Cough
16	Croup	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Respiratory Croup
17	DTaPorDTP	Char	3	\$3.	Vaccination DTaPDTP vaccine
18	Diarrhea	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Gastrointestinal Diarrhea
19	Diarrhea2	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Gastrointestinal Diarrhea
20	EarInfection	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Heent Ear infection
21	EdemaOrSwelling	Char	3	\$3.	Did the infant have any of the condition at birth and in the first week of life Hematologic Edema or swelling
22	EligibleInfantFromSameImmediat	Char	3	\$3.	Is there more than one eligible infant from the same immediate family

Num	Variable	Type	Len	Format	Label
23	EntryAInfantScreeningWithInfan	Char	3	\$3.	Is this an entry A infant screening combined with Infant Enrollment Visit
24	EntryAInfantScreeningWithInfan2	Char	3	\$3.	Is this an Entry A Infant Screening combined with Infant Enrollment Visit
25	ExcessiveBleeding	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Excessive bleeding
26	ExcessiveBleeding2	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Hematologic Excessive bleeding
27	EyeDischargeOrPinkEye	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Heent Eye dischargepinkeye
28	EyeDischargePinkEye	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Heent Eye dischargepinkeye
29	Fever	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Infections Fever over 100 degree F or 377 degree C
30	Fever2	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Infections Fever
31	GastrointestinalInfection	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Gastrointestinal Gastrointestinal infection
32	GermanMeasles	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Infections German measles rubella
33	HaemophilusInfluenzaeHib	Char	3	\$3.	Vaccination Haemophilus influenzae type b Hib vaccine
34	HepB	Char	3	\$3.	Vaccination Hepatitis B HepB vaccine
35	HepatitisA	Char	2	\$2.	Vaccination Hepatitis A
36	IPV	Char	3	\$3.	Vaccination Inactive polio IPV vaccine
37	InfantEnrollmentWith6MonthsOld	Char	3	\$3.	Is this an infant enrollment combined with 6 months old study visit
38	InfantHadAnyVaccinationsSinceB	Char	3	\$3.	HAS the infant had any vaccinations since birth
39	InfantHadFebrileInfectionInLas	Char	3	\$3.	Has the infant had any febrile infectious illness in the last 14 days
40	InfantHadNonFebrileInfectionIn	Char	3	\$3.	Has the infant had any nonfebrile infectious illness in the last 14 days
41	InfantImmunizationWithInLast14	Char	3	\$3.	Did the infant have an immunization within the last 14 days
42	InfantReceivedImmunoglobulinOrBl	Char	2	\$2.	Has the infant received any immunoglobulin treatments or blood products since the last visit
43	InfantTakeAntibioticsLast14Day	Char	3	\$3.	Did the infant take any antibiotics within the last 14 days
44	InfantTakenSteroidsOrOtherImmu	Char	2	\$2.	Has the infant taken steroids or other immunosuppressive medications in the last 30 days
45	IntestinalParasite	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Gastrointestinal Intestinal parasite
46	LAIV	Char	2	\$2.	Vaccination Influenza LAIV
47	LightTherapy	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Gastrointestinal Yellow skin If YES Light therapy

Num	Variable	Type	Len	Format	Label
48	LowBloodSugar	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Low blood sugarhypoglycemia
49	Measles	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Infections Measles
50	Meningitis	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Neurologic Meningitis
51	Meningitis2	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Neurologic Meningitis
52	MotherCurrentlyNursingInfant	Char	3	\$3.	If NO is mother currently nursing infant
53	MotherEnrolledDuringPregnancy	Char	3	\$3.	Was mother enrolled during pregnancy
54	MouthSores	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Heent Mouth sores
55	MouthSores2	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Heent Mouth sores
56	Mumps	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Infections Mumps
57	Neurologic	Char	1	\$1.	Has the infant have any of the illnesses after the first week of life Neurologic
58	Other	Char	3	\$3.	Did the infant have any of the condition at birth and in the first week of life Hematologic Other
59	OtherConditionsAfterFirstWeekO	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Other Conditions other1
60	OtherConditionsAfterFirstWeekO2	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Other Conditions Other2
61	OtherConditionsAfterFirstWeekO3	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Other Conditions Other3
62	OtherInfection	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Infections Other infection
63	OtherVaccination	Char	3	\$3.	Other Vaccination
64	PCV	Char	3	\$3.	Vaccination Pneumococcal PCV
65	ParentsOrLegalGuardianGivenInf	Char	3	\$3.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit
66	PeriodsOfNoBreathing	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Periods of no breathing
67	PneumoniaRSV	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Respiratory Pneumonia RSV
68	PneumoniaRSV2	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Pneumonia RSV
69	Rash	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Infections Rash
70	Rash2	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Infections Rash
71	RespirationProblems	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Respiratory Respiration problems

Num	Variable	Type	Len	Format	Label
72	RespirationProblems2	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Respiration problems
73	RotavirusVaccine	Char	3	\$3.	Vaccination Rotavirus vaccine
74	Seizures	Char	2	\$2.	Did the infant have any of the conditions listed at birth and in the first week of life Neurologic Seizures
75	Seizures2	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Neurologic Seizures
76	StrepInfection	Char	2	\$2.	Has the infant have any of the illnesses after the first week of life Infections Strep infection
77	Surgery	Char	3	\$3.	Did the infant have any of the condition at birth and in the first week of life Hematologic Surgery
78	Surgery2	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Other Conditions Surgery
79	TIV	Char	2	\$2.	Vaccination Influenza TIV
80	Td	Char	3	\$3.	Vaccination Tetanus and diphtheria toxids Td
81	Vomiting	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Gastrointestinal Vomiting
82	YellowSkin	Char	3	\$3.	Did the infant have any of the conditions listed at birth and in the first week of life Gastrointestinal Yellow skin
83	YellowSkin2	Char	3	\$3.	Has the infant have any of the illnesses after the first week of life Gastrointestinal Yellow skin jaundice
84	CurrentlyTaking1	Char	3	\$3.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Currently taking
85	CurrentlyTaking2	Char	3	\$3.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Currently taking
86	CurrentlyTaking3	Char	3	\$3.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Currently taking
87	CurrentlyTaking4	Char	3	\$3.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Currently taking
88	CurrentlyTaking5	Char	1	\$1.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Currently taking
89	AnemiaDescribe	Char	1	\$1.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Anemia If YES describe
90	AspirationDescribe	Char	47	\$47.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Aspiration If YES describe
91	BirthDefectDescribe	Char	10	\$10.	Did the infant have any of the condition at birth and in the first week of life Hematologic Birth defect If YES describe
92	BirthTraumaDescribe	Char	43	\$43.	Did the infant have any of the condition at birth and in the first week of life Hematologic Birth trauma If YES describe
93	BloodPoisoningDescribe	Char	1	\$1.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Blood poisoning If YES describe

Num	Variable	Type	Len	Format	Label
94	BloodTransfusionDescribe	Char	1	\$1.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Blood transfusion If YES describe
95	BloodgroupIncompatabilityDescr	Char	18	\$18.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Blood group incompatibility If YES describe
96	BloodyStoolDescribe	Char	1	\$1.	Did the infant have any of the conditions listed at birth and in the first week of life Gastrointestinal Bloody stool If YES describe
97	ColdOrRunnyNoseDescribe	Char	33	\$33.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Cold or runny nose If YES describe
98	DiarrheaDescibe	Char	10	\$10.	Did the infant have any of the conditions listed at birth and in the first week of life Gastrointestinal Diarrhea If YES describe
99	EdemaOrSwellingDescribe	Char	20	\$20.	Did the infant have any of the condition at birth and in the first week of life Hematologic Edema or swelling If YES describe
100	ExcessiveBleedingDescribe	Char	23	\$23.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Excessive bleeding If YES describe
101	EyeDischargePinkEyeDescibe	Char	35	\$35.	Did the infant have any of the conditions listed at birth and in the first week of life Heent Eye dischargepinkeye If YES describe
102	FeverDescribe	Char	1	\$1.	Did the infant have any of the conditions listed at birth and in the first week of life Infections Fever over 100 degree F or 377 degree C If YES describe
103	LightTherapyDescribe	Char	45	\$45.	Did the infant have any of the conditions listed at birth and in the first week of life Gastrointestinal Yellow skin If YES Light therapy If YES describe
104	LowBloodSugarDescribe	Char	86	\$86.	Did the infant have any of the conditions listed at birth and in the first week of life Hematologic Low blood sugarhypoglycemia If YES describe
105	MeningitisDescribe	Char	1	\$1.	Did the infant have any of the conditions listed at birth and in the first week of life Neurologic Meningitis If YES describe
106	MouthSoresDescribe	Char	6	\$6.	Did the infant have any of the conditions listed at birth and in the first week of life Heent Mouth sores If YES describe
107	Other1	Char	19	\$19.	Vaccination Other 1
108	Other2	Char	7	\$7.	Vaccination Other2
109	Other3	Char	7	\$7.	Vaccination Other 3
110	OtherDescribe	Char	49	\$49.	Did the infant have any of the condition at birth and in the first week of life Hematologic Other If YES describe
111	OtherInfectionDescribe	Char	71	\$71.	Did the infant have any of the conditions listed at birth and in the first week of life Infections Other infection If YES describe
112	PeriodsOfNoBreathingDescribe	Char	150	\$150.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Periods of no breathing If YES describe

Num	Variable	Type	Len	Format	Label
113	PneumoniaRSVDescribe	Char	1	\$1.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Pneumonia RSV If YES describe
114	RashDescribe	Char	18	\$18.	Did the infant have any of the conditions listed at birth and in the first week of life Infections Rash If YES describe
115	RespirationProblemsDescribe	Char	47	\$47.	Did the infant have any of the conditions listed at birth and in the first week of life Respiratory Respiration problems If YES describe
116	SeizuresDescribe	Char	1	\$1.	Did the infant have any of the conditions listed at birth and in the first week of life Neurologic Seizures If YES describe
117	SurgeryDescribe	Char	13	\$13.	Did the infant have any of the condition at birth and in the first week of life Hematologic Surgery If YES describe
118	WhatSurgery	Char	12	\$12.	Has the infant have any of the illnesses after the first week of life Other Conditions Surgery If YES specify what surgery
119	YellowSkinDescribe	Char	146	\$146.	Did the infant have any of the conditions listed at birth and in the first week of life Gastrointestinal Yellow skin If YES describe
120	CategoryCode1	Char	18	\$18.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES category code
121	CategoryCode2	Char	18	\$18.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES category code
122	CategoryCode3	Char	12	\$12.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES category code
123	CategoryCode4	Char	12	\$12.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES category code
124	CategoryCode5	Char	1	\$1.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES category code
125	TradeName1	Char	33	\$33.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Trade name
126	TradeName2	Char	70	\$70.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Trade name
127	TradeName3	Char	21	\$21.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Trade name
128	TradeName4	Char	15	\$15.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Trade name
129	TradeName5	Char	1	\$1.	Has the parents or legal guardian given their infant any medications since the Infant Screening Visit If YES Trade name
130	HepatitisAVaccinationMonth	Char	1	\$1.	Vaccination Hepatitis A vaccination month
131	LAIVVaccinationMonth	Char	1	\$1.	Vaccination Influenza LAIV vaccination month

Num	Variable	Type	Len	Format	Label
132	TIVVaccinationMonth	Char	1	\$1.	Vaccination Influenza TIV Vaccination Month
133	TdvaccinationMonth	Char	3	\$3.	Vaccination Tetanus and diphtheria toxids Td vaccination month
134	DTaPorDTPVaccinationMonth1	Char	3	\$3.	Vaccination DTaPDTP vaccine Vaccination Month
135	DTaPorDTPVaccinationMonth2	Char	3	\$3.	Vaccination DTaPDTP vaccine Vaccination Month
136	DTaPorDTPVaccinationMonth3	Char	1	\$1.	Vaccination DTaPDTP vaccine Vaccination Month
137	DTaPorDTPVaccinationMonth4	Char	1	\$1.	Vaccination DTaPDTP vaccine Vaccination Month
138	HaemophilusInfluenzaeHibVac1_2	Char	3	\$3.	Vaccination Haemophilus influenzae type b Hib vaccine Vaccination month
139	HaemophilusInfluenzaeHibVac2_2	Char	3	\$3.	Vaccination Haemophilus influenzae type b Hib vaccine Vaccination month
140	HaemophilusInfluenzaeHibVac3_2	Char	1	\$1.	Vaccination Haemophilus influenzae type b Hib vaccine Vaccination month
141	HaemophilusInfluenzaeHibVac4_2	Char	1	\$1.	Vaccination Haemophilus influenzae type b Hib vaccine Vaccination month
142	HepBVaccinationMonth1	Char	3	\$3.	Vaccination Hepatitis B HepB vaccine Vaccination month
143	HepBVaccinationMonth2	Char	3	\$3.	Vaccination Hepatitis B HepB vaccine Vaccination month
144	HepBVaccinationMonth3	Char	3	\$3.	Vaccination Hepatitis B HepB vaccine Vaccination month
145	HepBVaccinationMonth4	Char	1	\$1.	Vaccination Hepatitis B HepB vaccine Vaccination month
146	IPVVaccinationMonth1	Char	3	\$3.	Vaccination Inactive polio IPV vaccine Vaccination month
147	IPVVaccinationMonth2	Char	3	\$3.	Vaccination Inactive polio IPV vaccine Vaccination month
148	IPVVaccinationMonth3	Char	1	\$1.	Vaccination Inactive polio IPV vaccine Vaccination month
149	Other1VaccinationMonth1	Char	3	\$3.	Vaccination Other 1 vaccination month
150	Other1VaccinationMonth2	Char	3	\$3.	Vaccination Other 1 vaccination month
151	Other2VaccinationMonth1	Char	3	\$3.	Vaccination Other2 vaccination day
152	Other2VaccinationMonth2	Char	3	\$3.	Vaccination Other2 vaccination day
153	Other3VaccinationMonth1	Char	3	\$3.	Vaccination Other 3 Vaccination month
154	Other3VaccinationMonth2	Char	3	\$3.	Vaccination Other 3 Vaccination month
155	PCVVaccinationMonth1	Char	3	\$3.	Vaccination Pneumococcal PCVVaccination month
156	PCVVaccinationMonth2	Char	3	\$3.	Vaccination Pneumococcal PCVVaccination month
157	PCVVaccinationMonth3	Char	1	\$1.	Vaccination Pneumococcal PCVVaccination month
158	RotavirusVaccineVaccination1_2	Char	3	\$3.	Vaccination Rotavirus vaccine Vaccination Month
159	RotavirusVaccineVaccination2_2	Char	3	\$3.	Vaccination Rotavirus vaccine Vaccination Month
160	RotavirusVaccineVaccination3_2	Char	1	\$1.	Vaccination Rotavirus vaccine Vaccination Month
161	BloodyStoolDescribe2	Num	8		Has the infant have any of the illnesses after the first week of life Gastrointestinal Bloody stool If YES number of times
162	BronchitisOrBronchiolitisNumbe	Num	8		Has the infant have any of the illnesses after the first week of life Respiratory BronchitisBronchiolitis If YES number of times
163	ChickenPoxNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Infections Chicken pox If YES number of times

Num	Variable	Type	Len	Format	Label
164	ColdOrRunningNoseNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Respiratory Cold or running nose If YES number of times
165	ColicNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Gastrointestinal Colic If YES number of times
166	CoughNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Respiratory Cough If YES number of times
167	CroupNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Respiratory Croup If YES number of times
168	DiarrheaNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Gastrointestinal Diarrhea If YES number of times
169	EarInfectionNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Heent Ear infection If YES number of times
170	ExcessiveBleedingNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Hematologic Excessive bleeding If YES number of times
171	EyeDischargeOrPinkEyeNumberOfT	Num	8		Has the infant have any of the illnesses after the first week of life Heent Eye dischargepinkeye If YES number of times
172	FeverNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Infections Fever If YES number of times
173	GastrointestinalInfectionNumbe	Num	8		Has the infant have any of the illnesses after the first week of life Gastrointestinal Gastrointestinal infection If YES number of times
174	GermanMeaslesNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Infections German measles rubella If YES number of times
175	HepatitisAVaccinationDay	Num	8		Vaccination Hepatitis A vaccination day
176	HepatitisAVaccinationYear	Num	8		Vaccination Hepatitis A vaccination year
177	InfantBirthYear	Num	8		Infants birth year
178	IntestinalParasiteDescribe	Num	8		Has the infant have any of the illnesses after the first week of life Gastrointestinal Intestinal parasite If YES number of times
179	LAIVVaccinationDay	Num	8		Vaccination Influenza LAIV vaccination day
180	LAIVVaccinationYear	Num	8		Vaccination Influenza LAIV vaccination year
181	MeaslesNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Infections Measles If YES number of times
182	MeningitisNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Neurologic Meningitis If YES number of times
183	MouthSoresNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Heent Mouth sores If YES NumberOfTimes
184	MumpsNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Infections Mumps If YES number of times
185	NeurologicNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Neurologic If YES number of times
186	Other1NumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Other Conditions other1 If YES number of times
187	Other2NumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Other Conditions Other2 If YES number of times

Num	Variable	Type	Len	Format	Label
188	Other3NumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Other Conditions Other3 If YES number of times
189	PneumoniaRSVNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Respiratory Pneumonia RSV If YES number of times
190	RashNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Infections Rash If YES number of times
191	RespirationProblemsNumberOfTim	Num	8		Has the infant have any of the illnesses after the first week of life Respiratory Respiration problems If YES number of times
192	SeizuresNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Neurologic Seizures If YES number of times
193	StrepInfectionNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Infections Strep infection If YES number of times
194	SurgeryNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Other Conditions Surgery If YES number of times
195	TIVVaccinationDay	Num	8		Vaccination Influenza TIV Vaccination day
196	TIVVaccinationYear	Num	8		Vaccination Influenza TIV Vaccination Year
197	TdvaccinationDay	Num	8		Vaccination Tetanus and diphtheria toxids Td vaccination day
198	TdvaccinationYear	Num	8		Vaccination Tetanus and diphtheria toxids Td vaccination year
199	VomitingNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Gastrointestinal Vomiting If YES number of times
200	YellowSkinNumberOfTimes	Num	8		Has the infant have any of the illnesses after the first week of life Gastrointestinal Yellow skin jaundice If YES number of times
201	DTaPorDTPVaccinationDay1	Num	8		Vaccination DTaPDTP vaccine Vaccination Day
202	DTaPorDTPVaccinationDay2	Num	8		Vaccination DTaPDTP vaccine Vaccination Day
203	DTaPorDTPVaccinationDay3	Num	8		Vaccination DTaPDTP vaccine Vaccination Day
204	DTaPorDTPVaccinationDay4	Num	8		Vaccination DTaPDTP vaccine Vaccination Day
205	DTaPorDTPVaccinationYear1	Num	8		Vaccination DTaPDTP vaccine Vaccination Year
206	DTaPorDTPVaccinationYear2	Num	8		Vaccination DTaPDTP vaccine Vaccination Year
207	DTaPorDTPVaccinationYear3	Num	8		Vaccination DTaPDTP vaccine Vaccination Year
208	DTaPorDTPVaccinationYear4	Num	8		Vaccination DTaPDTP vaccine Vaccination Year
209	HaemophilusInfluenzaeHibVac1_1	Num	8		Vaccination Haemophilus influenzae type b Hib vaccine Vaccination day
210	HaemophilusInfluenzaeHibVac1_3	Num	8		Vaccination Haemophilus influenzae type b Hib vaccine Vaccination year
211	HaemophilusInfluenzaeHibVac2_1	Num	8		Vaccination Haemophilus influenzae type b Hib vaccine Vaccination day
212	HaemophilusInfluenzaeHibVac2_3	Num	8		Vaccination Haemophilus influenzae type b Hib vaccine Vaccination year
213	HaemophilusInfluenzaeHibVac3_1	Num	8		Vaccination Haemophilus influenzae type b Hib vaccine Vaccination day
214	HaemophilusInfluenzaeHibVac3_3	Num	8		Vaccination Haemophilus influenzae type b Hib vaccine Vaccination year

Num	Variable	Type	Len	Format	Label
215	HaemophilusInfluenzaeHibVac4_1	Num	8		Vaccination Haemophilus influenzae type b Hib vaccine Vaccination day
216	HaemophilusInfluenzaeHibVac4_3	Num	8		Vaccination Haemophilus influenzae type b Hib vaccine Vaccination year
217	HepBVaccinationDay1	Num	8		Vaccination Hepatitis B HepB vaccine Vaccination day
218	HepBVaccinationDay2	Num	8		Vaccination Hepatitis B HepB vaccine Vaccination day
219	HepBVaccinationDay3	Num	8		Vaccination Hepatitis B HepB vaccine Vaccination day
220	HepBVaccinationDay4	Num	8		Vaccination Hepatitis B HepB vaccine Vaccination day
221	HepBVaccinationYear1	Num	8		Vaccination Hepatitis B HepB vaccine Vaccination year
222	HepBVaccinationYear2	Num	8		Vaccination Hepatitis B HepB vaccine Vaccination year
223	HepBVaccinationYear3	Num	8		Vaccination Hepatitis B HepB vaccine Vaccination year
224	HepBVaccinationYear4	Num	8		Vaccination Hepatitis B HepB vaccine Vaccination year
225	IPVVaccinationDay1	Num	8		Vaccination Inactive polio IPV vaccine Vaccination day
226	IPVVaccinationDay2	Num	8		Vaccination Inactive polio IPV vaccine Vaccination day
227	IPVVaccinationDay3	Num	8		Vaccination Inactive polio IPV vaccine Vaccination day
228	IPVVaccinationYear1	Num	8		Vaccination Inactive polio IPV vaccine Vaccination year
229	IPVVaccinationYear2	Num	8		Vaccination Inactive polio IPV vaccine Vaccination year
230	IPVVaccinationYear3	Num	8		Vaccination Inactive polio IPV vaccine Vaccination year
231	Other1VaccinationDay1	Num	8		Vaccination Other 1 vaccination day
232	Other1VaccinationDay2	Num	8		Vaccination Other 1 vaccination day
233	Other1VaccinationYear1	Num	8		Vaccination Other 1 vaccination year
234	Other1VaccinationYear2	Num	8		Vaccination Other 1 vaccination year
235	Other2VaccinationDay1	Num	8		Vaccination Other2 vaccination day
236	Other2VaccinationDay2	Num	8		Vaccination Other2 vaccination day
237	Other2VaccinationYear1	Num	8		Vaccination Other2 vaccination year
238	Other2VaccinationYear2	Num	8		Vaccination Other2 vaccination year
239	Other3VaccinationDay1	Num	8		Vaccination Other 3 Vaccination day
240	Other3VaccinationDay2	Num	8		Vaccination Other 3 Vaccination day
241	Other3VaccinationYear1	Num	8		Vaccination Other 3 Vaccination year
242	Other3VaccinationYear2	Num	8		Vaccination Other 3 Vaccination year
243	PCVVaccinationDay1	Num	8		Vaccination Pneumococcal PCVVaccination day
244	PCVVaccinationDay2	Num	8		Vaccination Pneumococcal PCVVaccination day
245	PCVVaccinationDay3	Num	8		Vaccination Pneumococcal PCVVaccination day
246	PCVVaccinationYear1	Num	8		Vaccination Pneumococcal PCVVaccination year
247	PCVVaccinationYear2	Num	8		Vaccination Pneumococcal PCVVaccination year
248	PCVVaccinationYear3	Num	8		Vaccination Pneumococcal PCVVaccination year
249	RotavirusVaccineVaccination1_1	Num	8		Vaccination Rotavirus vaccine Vaccination Day
250	RotavirusVaccineVaccination1_3	Num	8		Vaccination Rotavirus vaccine Vaccination Year
251	RotavirusVaccineVaccination2_1	Num	8		Vaccination Rotavirus vaccine Vaccination Day

Num	Variable	Type	Len	Format	Label
252	RotavirusVaccineVaccination2_3	Num	8		Vaccination Rotavirus vaccine Vaccination Year
253	RotavirusVaccineVaccination3_1	Num	8		Vaccination Rotavirus vaccine Vaccination Day
254	RotavirusVaccineVaccination3_3	Num	8		Vaccination Rotavirus vaccine Vaccination Year
255	MaskID	Num	8		Participant Mask ID#
256	Visit	Char	100		Visit
257	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
258	DOB_Year	Num	8		Date of Birth - Year

Data Set Name: tn06_210730_npp07infa.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ChildsFirstAndSecondDegreeRela	Char	3	\$3.	Have any of your childs first and second degree relatives been diagnosed with AI disease other than T1D
2	HalfSiblingIndicateSameMoth1	Char	11	\$11.	If Half Sibling Indicate if Same Mother or Same Father
3	HalfSiblingIndicateSameMoth2	Char	1	\$1.	If Half Sibling Indicate if Same Mother or Same Father
4	HalfSiblingIndicateSameMoth3	Char	1	\$1.	If Half Sibling Indicate if Same Mother or Same Father
5	HalfSiblingIndicateSameMoth4	Char	1	\$1.	If Half Sibling Indicate if Same Mother or Same Father
6	HalfSiblingIndicateSameMoth5	Char	1	\$1.	If Half Sibling Indicate if Same Mother or Same Father
7	HalfSiblingIndicateSameMoth6	Char	1	\$1.	If Half Sibling Indicate if Same Mother or Same Father
8	RelativeHaveT1D1	Char	3	\$3.	Does relative have T1D
9	RelativeHaveT1D2	Char	3	\$3.	Does relative have T1D
10	RelativeHaveT1D3	Char	3	\$3.	Does relative have T1D
11	RelativeHaveT1D4	Char	3	\$3.	Does relative have T1D
12	RelativeHaveT1D5	Char	3	\$3.	Does relative have T1D
13	RelativeHaveT1D6	Char	3	\$3.	Does relative have T1D
14	SexOfRelative1	Char	6	\$6.	Sex of Relative
15	SexOfRelative2	Char	6	\$6.	Sex of Relative
16	SexOfRelative3	Char	6	\$6.	Sex of Relative
17	SexOfRelative4	Char	6	\$6.	Sex of Relative
18	SexOfRelative5	Char	6	\$6.	Sex of Relative
19	SexOfRelative6	Char	6	\$6.	Sex of Relative
20	RealtiveWithT1DorOtherAIdis1	Char	22	\$22.	Relative with T1D or Other Ai Disease
21	RealtiveWithT1DorOtherAIdis2	Char	17	\$17.	Relative with T1D or Other Ai Disease
22	RealtiveWithT1DorOtherAIdis3	Char	17	\$17.	Relative with T1D or Other Ai Disease
23	RealtiveWithT1DorOtherAIdis4	Char	17	\$17.	Relative with T1D or Other Ai Disease
24	RealtiveWithT1DorOtherAIdis5	Char	17	\$17.	Relative with T1D or Other Ai Disease
25	RealtiveWithT1DorOtherAIdis6	Char	17	\$17.	Relative with T1D or Other Ai Disease
26	TypeOfAiDiseaseCode21	Char	26	\$26.	Type of Autoimmune Disease code 2
27	TypeOfAiDiseaseCode22	Char	1	\$1.	Type of Autoimmune Disease code 2
28	TypeOfAiDiseaseCode23	Char	5	\$5.	Type of Autoimmune Disease code 2
29	TypeOfAiDiseaseCode24	Char	26	\$26.	Type of Autoimmune Disease code 2
30	TypeOfAiDiseaseCode25	Char	1	\$1.	Type of Autoimmune Disease code 2
31	TypeOfAiDiseaseCode26	Char	1	\$1.	Type of Autoimmune Disease code 2
32	TypeOfAutoImmuneDisease1	Char	35	\$35.	Type of Autoimmune Disease
33	TypeOfAutoImmuneDisease2	Char	26	\$26.	Type of Autoimmune Disease
34	TypeOfAutoImmuneDisease3	Char	26	\$26.	Type of Autoimmune Disease
35	TypeOfAutoImmuneDisease4	Char	26	\$26.	Type of Autoimmune Disease
36	TypeOfAutoImmuneDisease5	Char	26	\$26.	Type of Autoimmune Disease

Num	Variable	Type	Len	Format	Label
37	TypeOfAutoImmuneDisease6	Char	26	\$26.	Type of Autoimmune Disease
38	ChildsFirstOrSecondDegreeRelat	Num	8		How many of your childs first and second degree relatives have T1D
39	AgeAtDiagnosis1	Num	8		Age at Diagnosis
40	AgeAtDiagnosis2	Num	8		Age at Diagnosis
41	AgeAtDiagnosis3	Num	8		Age at Diagnosis
42	AgeAtDiagnosis4	Num	8		Age at Diagnosis
43	AgeAtDiagnosis5	Num	8		Age at Diagnosis
44	AgeAtDiagnosis6	Num	8		Age at Diagnosis
45	MaskID	Num	8		Participant Mask ID#
46	Visit	Char	100		Visit
47	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210731_npp08nonn.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BreastInflammation	Char	2	\$2.	Has the mother had any of the conditions since the infants birth Breast inflammationmastitis
2	Bronchitis	Char	2	\$2.	Has the mother had any of the conditions since the infants birth Bronchitis
3	ChronicEarache	Char	2	\$2.	Has the mother had any of the conditions since the infants birth Chronic earache
4	ColdOrInfluenza	Char	2	\$2.	Has the mother had any of the conditions since the infants birth Cold or influenza
5	EntryANonNursingMotherHadFebri	Char	3	\$3.	Has the entry A nonnursing mother had an ifebrile infectious illness in the last 14days
6	EntryANonNursingMotherHadImmun	Char	2	\$2.	Has the entry A nonnursing mother had an immunization within the last 14days
7	EntryANonNursingMotherHadNonFe	Char	3	\$3.	Has the entry A nonnursing mother had any nonfebrile infectious illness in the last 14days
8	EntryANonNursingMotherReceived	Char	2	\$2.	Has the entry A nonnursing mother received any immunogloblin treatments or blood products since the last visit
9	EntryANonNursingMotherTakenAnt	Char	3	\$3.	Has the entry A nonnursing mother taken any antibiotics within the last 14days
10	EntryANonNursingMotherTakenAny	Char	3	\$3.	Has the Entry A nonnursing mother taken any medications since the infants birth
11	EntryANonNursingMotherTakenSte	Char	2	\$2.	Has the entry A nonnursing mother taken steroids or other immunosuppressive medications in the last 30 days
12	HistoryOfCeliacDiasease	Char	2	\$2.	Has the mother had any of the conditions since the infants birth History of celiac disease
13	ProlongedDiarrhea	Char	2	\$2.	Has the mother had any of the conditions since the infants birth Prolonged diarrhea
14	RBCandInflammatoryCollected	Char	3	\$3.	Fatty Acids RBC and Inflammatory Mediators collected
15	SinusInfection	Char	3	\$3.	Has the mother had any of the conditions since the infants birth Sinus infection
16	SoreThroatOrTonsillitis	Char	3	\$3.	Has the mother had any of the conditions since the infants birth Sore throat or tonsillitis
17	VitaminDandCRPCollected	Char	3	\$3.	Vitamin D levels and CReactive Protein CRP collected
18	CurrentlyTaking1	Char	3	\$3.	If YES Currently taking
19	CurrentlyTaking2	Char	3	\$3.	If YES Currently taking
20	CurrentlyTaking3	Char	3	\$3.	If YES Currently taking
21	CurrentlyTaking4	Char	2	\$2.	If YES Currently taking
22	CurrentlyTaking5	Char	3	\$3.	If YES Currently taking
23	CurrentlyTaking6	Char	2	\$2.	If YES Currently taking
24	CurrentlyTaking7	Char	2	\$2.	If YES Currently taking
25	CurrentlyTaking8	Char	1	\$1.	If YES Currently taking
26	RBCandInflammatoryComments	Char	1	\$1.	Fatty Acids RBC and Inflammatory Mediators Comments
27	VitaminDandCRPComments	Char	1	\$1.	Vitamin D levels and CReactive Protein CRP comments

Num	Variable	Type	Len	Format	Label
28	CategoryCode1	Char	18	\$18.	If YES Category Code
29	CategoryCode2	Char	12	\$12.	If YES Category Code
30	CategoryCode3	Char	18	\$18.	If YES Category Code
31	CategoryCode4	Char	12	\$12.	If YES Category Code
32	CategoryCode5	Char	12	\$12.	If YES Category Code
33	CategoryCode6	Char	12	\$12.	If YES Category Code
34	CategoryCode7	Char	12	\$12.	If YES Category Code
35	CategoryCode8	Char	1	\$1.	If YES Category Code
36	TradeName1	Char	26	\$26.	If YES Trade Name
37	TradeName2	Char	13	\$13.	If YES Trade Name
38	TradeName3	Char	12	\$12.	If YES Trade Name
39	TradeName4	Char	10	\$10.	If YES Trade Name
40	TradeName5	Char	22	\$22.	If YES Trade Name
41	TradeName6	Char	21	\$21.	If YES Trade Name
42	TradeName7	Char	22	\$22.	If YES Trade Name
43	TradeName8	Char	7	\$7.	If YES Trade Name
44	BreastInflammationNumberOfTime	Num	8		Has the mother had any of the conditions since the infants birth Breast inflammationmastitis If YES number of times
45	BronchitisNumberOfTimes	Num	8		Has the mother had any of the conditions since the infants birth Bronchitis If YES number of times
46	ChronicEaracheNumberOfTimes	Num	8		Has the mother had any of the conditions since the infants birth Chronic earache If YES number of times
47	ColdOrInfluenzaNumberOfTimes	Num	8		Has the mother had any of the conditions since the infants birth Cold or influenza If YES number of times
48	HistoryOfCeliacDiaseaseNumberO	Num	8		Has the mother had any of the conditions since the infants birth History of celiac disease If YES number of times
49	ProlongedDiarrheaNumberOfTimes	Num	8		Has the mother had any of the conditions since the infants birth Prolonged diarrhea If YES number of times
50	SinusInfectionNumberOfTimes	Num	8		Has the mother had any of the conditions since the infants birth Sinus infection If YES number of times
51	SoreThroatOrTonsillitisNumberO	Num	8		Has the mother had any of the conditions since the infants birth Sore throat or tonsillitis If YES number of times
52	MaskID	Num	8		Participant Mask ID#
53	Visit	Char	100		Visit
54	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210732_npp09nurs.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BreastInflammation	Char	3	\$3.	Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Breast inflammationmastitis
2	Bronchitis	Char	3	\$3.	Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Bronchitis
3	ChronicEarache	Char	3	\$3.	Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Chronic earache
4	ColdOrInfluenza	Char	3	\$3.	Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Cold or influenza
5	FattyAcidsCollected	Char	3	\$3.	If YES collect specimens for Fatty Acids Breast Milk collected
6	FattyAcidsCollected2	Char	3	\$3.	Fatty Acids Breast Milk collected
7	HistoryOfCeliacDisease	Char	3	\$3.	Has the nursing mother has any of the conditions since the last visit or first visit since giving birth History of celiac disease
8	InfantEnrollmentVisit	Char	3	\$3.	Is this an Infant Enrollment Visit
9	InfantScreeningVisit	Char	3	\$3.	Is this an Infant Screening Visit
10	InfantScreeningVisit2	Char	3	\$3.	Is this an Infant Screening Visit
11	NursingMotherHadFebrileIllness	Char	3	\$3.	Has the nursing mother had any febrile infectious illness in the last 14 days
12	NursingMotherHadNonFebrileIlln	Char	3	\$3.	Has the nursing mother had any nonfebrile infectious illness in the last 14 days
13	NursingMotherHasImmunizationWi	Char	3	\$3.	Has the nursing mother had an immunization within the last 14 days
14	NursingMotherReceivedImmunoglo	Char	2	\$2.	Has the nursing mother received any immunoglobulin treatments or blood products since the last visit
15	NursingMotherTakenAntibioticsL	Char	3	\$3.	Has the nursing mother taken any antibiotics within the last 14days
16	NursingMotherTakenAnyMedicatio	Char	3	\$3.	Has the nursing mother taken any medications since infants birth or last 3 month Followup Visit
17	NursingMotherTakenSteroidsOrIm	Char	3	\$3.	Has the nursing mother taken steroids or other immunosuppressive mediactions in the last 30 days
18	ProlongedDiarrhea	Char	3	\$3.	Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Prolonged diarrhea
19	RBCandInflammatoryMediatorsCol	Char	3	\$3.	If YES collect specimens for Fatty Acids RBC and Inflammatory Mediators Collected
20	SinusInfection	Char	3	\$3.	Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Sinus infection
21	SoreThroatOrTonsillitis	Char	3	\$3.	Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Sore throat or tonsillitis
22	VitaminDLevelsAnsCRPCollecetd	Char	3	\$3.	If YES collect specimens for Vitamin D levels and CReactive Protein CRP collected
23	_36912MonthsOldFollowUpVisit	Char	3	\$3.	Is this a 3 6 9 or 12 Months Old Followup visit
24	CurrentlyTaking1	Char	3	\$3.	If YES List the medications taken since last followup visit Currently taking

Num	Variable	Type	Len	Format	Label
25	CurrentlyTaking2	Char	3	\$3.	If YES List the medications taken since last followup visit Currently taking
26	CurrentlyTaking3	Char	3	\$3.	If YES List the medications taken since last followup visit Currently taking
27	CurrentlyTaking4	Char	3	\$3.	If YES List the medications taken since last followup visit Currently taking
28	CurrentlyTaking5	Char	3	\$3.	If YES List the medications taken since last followup visit Currently taking
29	CurrentlyTaking6	Char	2	\$2.	If YES List the medications taken since last followup visit Currently taking
30	FattyAcidsComments	Char	79	\$79.	If YES collect specimens for Fatty Acids Breast Milk comments
31	FattyAcidsComments2	Char	113	\$113.	Fatty Acids Breast Milk comments
32	RBCandInflammatoryMediatorsCom	Char	42	\$42.	If YES collect specimens for Fatty Acids RBC and Inflammatory Mediators Comments
33	VitaminDLevelsAnsCRPComments	Char	8	\$8.	If YES collect specimens for Vitamin D levels and CReactive Protein CRP comments
34	CategoryCode1	Char	22	\$22.	If YES List the medications taken since last followup visit Category Code
35	CategoryCode2	Char	22	\$22.	If YES List the medications taken since last followup visit Category Code
36	CategoryCode3	Char	18	\$18.	If YES List the medications taken since last followup visit Category Code
37	CategoryCode4	Char	18	\$18.	If YES List the medications taken since last followup visit Category Code
38	CategoryCode5	Char	12	\$12.	If YES List the medications taken since last followup visit Category Code
39	CategoryCode6	Char	12	\$12.	If YES List the medications taken since last followup visit Category Code
40	TradeName1	Char	47	\$47.	If YES List the medications taken since last followup visit Trade Name
41	TradeName2	Char	34	\$34.	If YES List the medications taken since last followup visit Trade Name
42	TradeName3	Char	35	\$35.	If YES List the medications taken since last followup visit Trade Name
43	TradeName4	Char	29	\$29.	If YES List the medications taken since last followup visit Trade Name
44	TradeName5	Char	19	\$19.	If YES List the medications taken since last followup visit Trade Name
45	TradeName6	Char	6	\$6.	If YES List the medications taken since last followup visit Trade Name
46	BreastInflammationNumberOfTime	Num	8		Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Breast inflammationmastitis If YES number of times
47	BronchitisNumberOfTimes	Num	8		Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Bronchitis If YES number of times

Num	Variable	Type	Len	Format	Label
48	ChronicEaracheNumberOfTimes	Num	8		Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Chronic earache If YES number of times
49	ColdOrInfluenzaNumberOfTimes	Num	8		Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Cold or influenza If YES number of times
50	ProlongedDiarrheaNumberOfTimes	Num	8		Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Prolonged diarrhea If YES number of times
51	SinusInfectionNumberOfTimes	Num	8		Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Sinus infection If YES number of times
52	SoreThroatOrTonsillitisNumberO	Num	8		Has the nursing mother has any of the conditions since the last visit or first visit since giving birth Sore throat or tonsillitis If YES number of times
53	MaskID	Num	8		Participant Mask ID#
54	Visit	Char	100		Visit
55	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210733_npp10infa.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BloodyStool	Char	3	\$3.	Illness Gastrointestinal Bloody stool
2	BronchitisOrBronchiolitis	Char	3	\$3.	Illness Respiratory Bronchitis or Bronchiolitis
3	Chickenpox	Char	2	\$2.	Illness Infections Chickenpox
4	ColdOrRunnyNose	Char	3	\$3.	Illness Respiratory Cold or runny nose
5	Colic	Char	3	\$3.	Illness Gastrointestinal Colic
6	Cough	Char	3	\$3.	Illness Respiratory Cough
7	Croup	Char	3	\$3.	Illness Respiratory Croup
8	Diarrhea	Char	3	\$3.	Illness Gastrointestinal Diarrhea
9	EarInfection	Char	3	\$3.	Illness Heent ear infection
10	ExcessiveBleeding	Char	3	\$3.	Illness Hematological Excessive bleeding
11	EyeDischargeOrPinkEye	Char	3	\$3.	Illness Heent Eye discharge pinkeye
12	Fever	Char	3	\$3.	Illness Infections Fever
13	GastrointestinalInfection	Char	3	\$3.	Illness Gastrointestinal Gastrointestinal infection
14	GermanMeasles	Char	2	\$2.	Illness Infections German measles
15	InfantHadAnyFebrileIllnessLast	Char	3	\$3.	Has the infant has any febrile infectious illness in the last 14 days
16	InfantHadAnyIllnessSinceLastVi	Char	3	\$3.	Has the infant had any illness since the last visit
17	InfantHadAnyNonFebrileIllnessL	Char	3	\$3.	Has the infant has any nonfebrile infectious illnesses in the last 14 days
18	InfantHaveImmunizationWithInLa	Char	3	\$3.	Did the infant have an immunization within the last 14 days
19	InfantReceivedAnyImmunoglobuli	Char	2	\$2.	Has the infant received any immunoglobulin treatments or blood products since the last visit
20	InfantTakenAnyAntibioticsLast1	Char	3	\$3.	Did the infant taken any antibiotics within the last 14 days
21	InfantTakenSteroidsOrImmunosup	Char	3	\$3.	Has the infant taken steroids or other immunosuppressive medications in the last 30 days
22	IntestinalParasite	Char	2	\$2.	Illness Gastrointestinal Intestinal parasite
23	Measles	Char	2	\$2.	Illness Infections Measles
24	Meningitis	Char	2	\$2.	Illness Neurologic Meningitis
25	MotherCurrentlyNursingEligible	Char	3	\$3.	Is the mother currently nursing the eligible infant
26	MotherNurseInfantPreviousVisit	Char	3	\$3.	If NO did the mother nurse the infant previous to this visit
27	MouthSores	Char	3	\$3.	Illness Heent Mouth sores
28	Mumps	Char	2	\$2.	Illness Infections Mumps
29	OtherIllnesses1	Char	3	\$3.	Other ab Other1
30	OtherIllnesses2	Char	3	\$3.	Other ac Other2
31	OtherIllnesses3	Char	3	\$3.	Other ad Other3
32	ParentsOrLegalGuardianGivenThe	Char	3	\$3.	Has the parents or legal guardian given the infant any medications since the last visit
33	ParticipantCompletdVisitActivi	Char	9	\$9.	The participant completed visit activities

Num	Variable	Type	Len	Format	Label
34	PneumoniaOrRSV	Char	3	\$3.	Illness Respiratory Pneumonia or RSV
35	Rash	Char	3	\$3.	Illness Infections Rash
36	RespirationProblems	Char	3	\$3.	Illness Respiratory Respiration problems
37	Seizures	Char	3	\$3.	Illness Neurologic Seizures
38	StrepInfection	Char	3	\$3.	Illness Infections Strep infection
39	Surgery	Char	3	\$3.	Illness Surgery surgery
40	Vomiting	Char	3	\$3.	Illness Gastrointestinal Vomiting
41	YellowSkin	Char	3	\$3.	Illness Gastrointestinal Yellow skin
42	CurrentlyTaking1	Char	3	\$3.	If YES Currently taking
43	CurrentlyTaking2	Char	3	\$3.	If YES Currently taking
44	CurrentlyTaking3	Char	3	\$3.	If YES Currently taking
45	CurrentlyTaking4	Char	3	\$3.	If YES Currently taking
46	CurrentlyTaking5	Char	3	\$3.	If YES Currently taking
47	CurrentlyTaking6	Char	3	\$3.	If YES Currently taking
48	CurrentlyTaking7	Char	2	\$2.	If YES Currently taking
49	CurrentlyTaking8	Char	2	\$2.	If YES Currently taking
50	CurrentlyTaking9	Char	1	\$1.	If YES Currently taking
51	SpecifySurgery	Char	55	\$55.	If YES specify surgery
52	CategoryCode1	Char	22	\$22.	If YES Category code
53	CategoryCode2	Char	23	\$23.	If YES Category code
54	CategoryCode3	Char	22	\$22.	If YES Category code
55	CategoryCode4	Char	18	\$18.	If YES Category code
56	CategoryCode5	Char	18	\$18.	If YES Category code
57	CategoryCode6	Char	18	\$18.	If YES Category code
58	CategoryCode7	Char	18	\$18.	If YES Category code
59	CategoryCode8	Char	18	\$18.	If YES Category code
60	CategoryCode9	Char	1	\$1.	If YES Category code
61	TradeName1	Char	35	\$35.	If YES Fill the trade name
62	TradeName2	Char	47	\$47.	If YES Fill the trade name
63	TradeName3	Char	31	\$31.	If YES Fill the trade name
64	TradeName4	Char	36	\$36.	If YES Fill the trade name
65	TradeName5	Char	40	\$40.	If YES Fill the trade name
66	TradeName6	Char	13	\$13.	If YES Fill the trade name
67	TradeName7	Char	19	\$19.	If YES Fill the trade name
68	TradeName8	Char	4	\$4.	If YES Fill the trade name
69	TradeName9	Char	1	\$1.	If YES Fill the trade name
70	MotherDiscontinueNursingInfant2	Char	3	\$3.	If YES month the mother discontinue nursing the infant
71	BloodyStoolNumberOfTimes	Num	8		Illness Gastrointestinal Bloody stool If YES number of times

Num	Variable	Type	Len	Format	Label
72	BronchitisOrBronchiolitisNumbe	Num	8		Illness Respiratory Bronchitis or Bronchiolitis If YES number of times
73	ChickenpoxNumberOfTimes	Num	8		Illness Infections Chickenpox If YES number of times
74	ColdOrRunnyNoseNumberOfTimes	Num	8		Illness Respiratory Cold or runny nose If YES number of times
75	ColicNumberOfTimes	Num	8		Illness Gastrointestinal Colic If YES number of times
76	CoughNumberOfTimes	Num	8		Illness Respiratory Cough If YES number of times
77	CroupNumberOfTimes	Num	8		Illness Respiratory Croup If YES number of times
78	DiarrheaNumberOfTimes	Num	8		Illness Gastrointestinal Diarrhea If YES number of times
79	EarInfectionNumberOfTimes	Num	8		Illness Heent ear infection If YES number of times
80	ExcessiveBleedingNumberOfTimes	Num	8		Illness Hematological Excessive bleeding If YES number of times
81	EyeDischargeOrPinkEyeNumberOfT	Num	8		Illness Heent Eye discharge pinkey If YES number of times
82	FeverNumberOfTimes	Num	8		Illness Infections Fever If YES number of times
83	GastrointestinalInfectionNumbe	Num	8		Illness Gastrointestinal Gastrointestinal infection If YES number of times
84	GermanMeaslesNumberOfTimes	Num	8		Illness Infections German measles If YES number of times
85	IntestinalParasiteNumberOfTime	Num	8		Illness Gastrointestinal Intestinal parasite If YES number of times
86	MeaslesNumberOfTimes	Num	8		Illness Infections Measles If YES number of times
87	MeningitisNumberOfTimes	Num	8		Illness Neurologic Meningitis If YES number of times
88	MotherDiscontinueNursingInfant	Num	8		If YES day the mother discontinue nursing the infant
89	MotherDiscontinueNursingInfant3	Num	8		If YES year the mother discontinue nursing the infant
90	MouthSoresNumberOfTimes	Num	8		Illness Heent Mouth sores If YES number of times
91	MumpsNumberOfTimes	Num	8		Illness Infections Mumps If YES number of times
92	Other1NumberOfTimes	Num	8		Other ab Other1 If YES number of times
93	Other2NumberOfTimes	Num	8		Other ac Other2 If YES number of times
94	Other3NumberOfTimes	Num	8		Other ad Other3 If YES number of times
95	PneumoniaOrRSVNumberOfTimes	Num	8		Illness Respiratory Pneumonia or RSV If YES number of times
96	RashNumberOfTimes	Num	8		Illness Infections Rash If YES number of times
97	RespirationProblemsNumberOfTim	Num	8		Illness Respiratory Respiration problems If YES number of times
98	SeizuresNumberOfTimes	Num	8		Illness Neurologic Seizures If YES number of times
99	StrepInfectionNumberOfTimes	Num	8		Illness Infections Strep infection If YES number of times
100	SurgeryNumberOfTimes	Num	8		Illness Surgery surger If YES number of timesy
101	VomitingNumberOfTimes	Num	8		Illness Gastrointestinal Vomiting If YES number of times
102	YellowSkinNumberOfTimes	Num	8		Illness Gastrointestinal Yellow skin If YES number of times
103	MaskID	Num	8		Participant Mask ID#
104	Visit	Char	100		Visit
105	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210734_npp11infa.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AbdomenNormal	Char	3	\$3.	Are the following systems normal by history or examAbdomen normal
2	CardiovascularNormal	Char	3	\$3.	Are the following systems normal by history or examCardiovascular normal
3	ChestNormal	Char	3	\$3.	Are the following systems normal by history or examChest normal
4	DTaporDTPvaccine	Char	3	\$3.	Vaccination DTaPDTP vaccine
5	HeartNormal	Char	3	\$3.	Are the following systems normal by history or examHeart normal
6	HeentNormal	Char	3	\$3.	Are the following systems normal by history or exam Heent normal
7	HepAvaccine	Char	3	\$3.	Vaccination Hepatitis A vaccine
8	HepBvaccine	Char	3	\$3.	Vaccination Hepatitis B vaccine
9	HibVaccine	Char	3	\$3.	Vaccination Haemophilus influenzae tyepe b vaccine
10	IPVvaccine	Char	3	\$3.	Vaccination Inactive polio vaccine
11	InfantHadAnyVaccinationsSinceL	Char	3	\$3.	Has the infant had any vaccinationssince the last visit
12	LAIVvaccine	Char	3	\$3.	Vaccination Influenza vaccine
13	LiverNormal	Char	3	\$3.	Are the following systems normal by history or examLiver normal
14	LungsNormal	Char	3	\$3.	Are the following systems normal by history or exam Lungs normal
15	LymphNodesNormal	Char	3	\$3.	Are the following systems normal by history or exam Lymph nodes normal
16	MMRMMRVvaccine	Char	3	\$3.	Vaccination Measles Mumps Rubella vaccine
17	MeningococcalMeningitisVaccine	Char	3	\$3.	Vaccination Meningococcal meningitis vaccine
18	MusculoskeletalNormal	Char	3	\$3.	Are the following systems normal by history or examMusculoskeletal noral
19	NailsNormal	Char	3	\$3.	Are the following systems normal by history or exam Nails normal
20	NeckNormal	Char	3	\$3.	Are the following systems normal by history or exam Neck normal
21	NeurologicNormal	Char	3	\$3.	Are the following systems normal by history or exam Neurologic normal
22	OPVvaccine	Char	3	\$3.	Vaccination Live oral polio vaccine
23	Other	Char	3	\$3.	Vaccination Other
24	OtherNormal	Char	3	\$3.	Are the following systems normal by history or exam Other normal
25	PCVvaccine	Char	3	\$3.	Vaccination Pneumococcal vaccine
26	RotaVirusVaccine	Char	3	\$3.	Vaccination Rotavirus vaccine
27	SkinNormal	Char	3	\$3.	Are the following systems normal by history or exam Skin normal

Num	Variable	Type	Len	Format	Label
28	SpleenNormal	Char	3	\$3.	Are the following systems normal by history or examSpleen normal
29	TIVvaccine	Char	3	\$3.	Vaccination Influenza vaccine TIV
30	Td	Char	3	\$3.	Vaccination Tetanus and diphtheria toxids
31	ThyroidNormal	Char	3	\$3.	Are the following systems normal by history or exam Thyroid normal
32	UrologicalNormal	Char	3	\$3.	Are the following systems normal by history or exam Urological or renal normal
33	VacciniaVaccine	Char	3	\$3.	Vaccination Vaccinia vaccine
34	Varicellavaccine	Char	3	\$3.	Varicella vaccine
35	AbdomenAbnormality	Char	35	\$35.	Are the following systems normal by history or examAbdomen normal If NO describe abnormality
36	CardiovascularAbnormality	Char	1	\$1.	Are the following systems normal by history or examCardiovascular normal If NO describe abnormality
37	ChestAbnormality	Char	75	\$75.	Are the following systems normal by history or examChest normal If NO describe abnormality
38	HeartAbnormality	Char	54	\$54.	Are the following systems normal by history or examHeart normal If NO describe abnormality
39	HeentAbnormality	Char	75	\$75.	Are the following systems normal by history or exam Heent normal If NO describe abnormality
40	LiverAbnormality	Char	33	\$33.	Are the following systems normal by history or examLiver normal If NO describe abnormality
41	LungsAbnormality	Char	35	\$35.	Are the following systems normal by history or exam Lungs normal If NO describe abnormality
42	LymphNodesAbnormality	Char	50	\$50.	Are the following systems normal by history or exam Lymph nodes normal If NO describe abnormality
43	MusculoskeletalAbnormality	Char	75	\$75.	Are the following systems normal by history or examMusculoskeletal normal If NO describe abnormality
44	NailsAbnormality	Char	1	\$1.	Are the following systems normal by history or exam Nails normal If NO describe abnormality
45	NeckAbnormality	Char	66	\$66.	Are the following systems normal by history or exam Neck normal If NO describe abnormality
46	NeurologicAbnormality	Char	21	\$21.	Are the following systems normal by history or exam Neurologic normal If NO describe abnormality
47	Otehr2	Char	47	\$47.	Vaccination Other2
48	Other1	Char	51	\$51.	Other1
49	OtherAbnormality	Char	98	\$98.	Are the following systems normal by history or exam Other normal If NO describe abnormality
50	OtherPertinentFindings	Char	113	\$113.	Describe any other pertinent findings
51	PhysicalExamConductedBy	Char	26	\$26.	Physical exam conducted by
52	SkinAbnormality	Char	113	\$113.	Are the following systems normal by history or exam Skin normal If NO describe abnormality
53	SpleenAbnormality	Char	1	\$1.	Are the following systems normal by history or examSpleen normal If NO describe abnormality

Num	Variable	Type	Len	Format	Label
54	ThyroidAbnormality	Char	28	\$28.	Are the following systems normal by history or exam Thyroid normal If NO describe abnormality
55	UrologicalOrRenalAbnormality	Char	95	\$95.	Are the following systems normal by history or exam Urological or renal normal If NO describe abnormality
56	DTaporDTPvaccineGivenMonth	Char	3	\$3.	Vaccination DTaPDTP vaccine If YES vaccination given month
57	HepAvaccineGivenMonth	Char	3	\$3.	Vaccination Hepatitis A vaccine If YES vaccination given month
58	HepBVaccineGivenMonth	Char	3	\$3.	Vaccination Hepatitis B vaccine If YES vaccination given month
59	HibVaccineGivenMonth	Char	3	\$3.	Vaccination Haemophilus influenzae type b vaccine If YES vaccination given month
60	IPVvaccineGivenMonth	Char	3	\$3.	Vaccination Inactive polio vaccine If YES vaccination given month
61	LAIVvaccineGivenMonth	Char	3	\$3.	Vaccination Influenza vaccine If YES vaccination given month
62	MMRMMRVvaccineGivenMonth	Char	3	\$3.	Vaccination Measles Mumps Rubella vaccine If YES vaccination given month
63	MeningococcalMeningitisVaccine3	Char	3	\$3.	Vaccination Meningococcal meningitis vaccine If YES vaccination given month
64	OPVvaccineGivenMonth	Char	3	\$3.	Vaccination Live oral polio vaccine If YES vaccination given month
65	Other1VaccinationGivenMonth	Char	3	\$3.	Vaccination Other1 Vaccination given month
66	Other2VaccinationGivenMonth	Char	3	\$3.	Vaccination Other2 Vaccination given month
67	PCVvaccineGivenMonth	Char	3	\$3.	Vaccination Pneumococcal vaccine If YES vaccination given month
68	PhysicalExamCompletedMonth	Char	3	\$3.	Physical exam completed month
69	RotaVirusVaccineGivenMonth	Char	3	\$3.	Vaccination Rotavirus vaccine If YES vaccination given month
70	TIVvaccineGivenMonth	Char	3	\$3.	Vaccination Influenza vaccine TIV If YES vaccination given month
71	TdGivenMonth	Char	3	\$3.	Vaccination Tetanus and diphtheria toxoids If YES vaccination given month
72	VacciniaVaccineGivenMonth	Char	3	\$3.	Vaccination Vaccinia vaccine If YES vaccination given month
73	VaricellaVaccineGivenMonth	Char	3	\$3.	Vaccination Varicella vaccine If YES vaccination given month
74	DTaporDTPvaccineGivenDay	Num	8		Vaccination DTaPDTP vaccine If YES vaccination given day
75	DTaporDTPvaccineGivenYear	Num	8		Vaccination DTaPDTP vaccine If YES vaccination given year
76	HeadCircumferenceinCm	Num	8		Head circumference in cm
77	HeadCircumferenceinInches	Num	8		Head circumference in Inches
78	HeartRate	Num	8		Heart rate
79	HepAvaccineGivenDay	Num	8		Vaccination Hepatitis A vaccine If YES vaccination given day
80	HepAvaccineGivenYear	Num	8		Vaccination Hepatitis A vaccine If YES vaccination given year
81	HepBVaccineGivenDay	Num	8		Vaccination Hepatitis B vaccine If YES vaccination given day
82	HepBVaccineGivenYear	Num	8		Vaccination Hepatitis B vaccine If YES vaccination given year
83	HibVaccineGivenDay	Num	8		Vaccination Haemophilus influenzae type b vaccine If YES vaccination given day

Num	Variable	Type	Len	Format	Label
84	HibVaccineGivenYear	Num	8		Vaccination Haemophilus influenzae type b vaccine If YES vaccination given year
85	IPVvaccineGivenDay	Num	8		Vaccination Inactive polio vaccine If YES vaccination given day
86	IPVvaccineGivenYear	Num	8		Vaccination Inactive polio vaccine If YES vaccination given year
87	LAIVvaccineGivenDay	Num	8		Vaccination Influenza vaccine If YES vaccination given day
88	LAIVvaccineGivenYear	Num	8		Vaccination Influenza vaccine If YES vaccination given year
89	LengthInCm	Num	8		Length in cm
90	LengthInInches	Num	8		Length in Inches
91	MMRMMRVvaccineGivenDay	Num	8		Vaccination Measles Mumps Rubella vaccine If YES vaccination given day
92	MMRMMRVvaccineGivenYear	Num	8		Vaccination Measles Mumps Rubella vaccine If YES vaccination given year
93	MeningococcalMeningitisVaccine2	Num	8		Vaccination Meningococcal meningitis vaccine If YES vaccination given day
94	MeningococcalMeningitisVaccine4	Num	8		Vaccination Meningococcal meningitis vaccine If YES vaccination given year
95	OPVvaccineGivenDay	Num	8		Vaccination Live oral polio vaccine If YES vaccination given day
96	OPVvaccineGivenYear	Num	8		Vaccination Live oral polio vaccine If YES vaccination given year
97	Other1VaccinationGivenDay	Num	8		Vaccination Other1 Vaccination given day
98	Other1VaccinationGivenYear	Num	8		Vaccination Other1 Vaccination given year
99	Other2VaccinationGivenDay	Num	8		Vaccination Other2 Vaccination given day
100	Other2VaccinationGivenYear	Num	8		Vaccination Other2 Vaccination given year
101	PCVvaccineGivenDay	Num	8		Vaccination Pneumococcal vaccine If YES vaccination given day
102	PCVvaccineGivenYear	Num	8		Vaccination Pneumococcal vaccine If YES vaccination given year
103	PhysicalExamCompletedDay	Num	8		Physical exam completed day
104	PhysicalExamCompletedYear	Num	8		Physical exam completed year
105	RespiratoryRate	Num	8		Respiratory rate
106	RotaVirusVaccineGivenDay	Num	8		Vaccination Rotavirus vaccine If YES vaccination given day
107	RotaVirusVaccineGivenYear	Num	8		Vaccination Rotavirus vaccine If YES vaccination given year
108	TIVvaccineGivenDay	Num	8		Vaccination Influenza vaccine TIV If YES vaccination given day
109	TIVvaccineGivenYear	Num	8		Vaccination Influenza vaccine TIV If YES vaccination given year
110	TdGivenDay	Num	8		Vaccination Tetanus and diphtheria toxids If YES vaccination given day
111	TdGivenYear	Num	8		Vaccination Tetanus and diphtheria toxids If YES vaccination given year
112	TempInC	Num	8		Temperature in degree C
113	TempInF	Num	8		Temperature in degree F
114	VacciniaVaccineGivenDay	Num	8		Vaccination Vaccinia vaccine If YES vaccination given day
115	VacciniaVaccineGivenYear	Num	8		Vaccination Vaccinia vaccine If YES vaccination given year

Num	Variable	Type	Len	Format	Label
116	VaricellaVaccineGivenDay	Num	8		Vaccination Varicella vaccine If YES vaccination given day
117	VaricellaVaccineGivenYear	Num	8		Vaccination Varicella vaccine If YES vaccination given year
118	WeightinKgs	Num	8		Weight in kgs
119	WeightinLbs	Num	8		Weight in Lbs
120	MaskID	Num	8		Participant Mask ID#
121	Visit	Char	100		Visit
122	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210735_npp15stud.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Capsules	Char	3	\$3.	What study substance is being returned capsules
2	CapsulesRemaining	Char	3	\$3.	What study substance is remaining capsules
3	Formula	Char	3	\$3.	What study substance is being returned formula
4	FormulaRemaining	Char	3	\$3.	What study substance is remaining Formula remaining
5	Mother	Char	3	\$3.	Record prescribed daily dose of capsules dispensed at this clinic visit Mother
6	NewStudySubstanceDispensed	Char	3	\$3.	Was new study substance dispensed
7	PrescribedDailyDoseCapsulesInf	Char	3	\$3.	Record prescribed daily dose of capsules dispensed at this clinic visit Infant
8	RandomizationColorDispensed	Char	6	\$6.	Randomization color dispensed
9	RandomizationColorReturned	Char	6	\$6.	Randomization color returned
10	StudySubstanceRemainingWithPar	Char	3	\$3.	What study substance remaining with participant
11	UnusualCircumstances	Char	3	\$3.	Were there anu unusual circumstances
12	WasStudySubstanceReturned	Char	3	\$3.	Was study substance returned
13	UnusualCircumstancesRegardingD	Char	434	\$434.	Explain any unusual circumstances regarding dispensation return of study substance
14	StudySubstanceMonth	Char	3	\$3.	WaStudy substance dispensed month
15	StudySubstanceReturnedMonth	Char	3	\$3.	Study substance returned month
16	DispensedCapsulesFor	Num	8		Dispensed capsules for
17	DispensedFormulaFor	Num	8		Dispensed formula for
18	InfantCapsulesPerDay	Num	8		Record prescribed daily dose of capsules dispensed at this clinic visit Infant Capsules per day
19	MothercapsulesPerDay	Num	8		Record prescribed daily dose of capsules dispensed at this clinic visit Mother capsules per day
20	NumberOfCansDispensed	Num	8		Record number of cans dispensed
21	NumberOfCapsulesDispensed	Num	8		Record number of capsules dispensed
22	NumberOfCapsulesRemaining	Num	8		What study substance is remaining capsules number of capsules remaining
23	NumberOfCapsulesReturned	Num	8		What study substance is being returned capsules record number of capsules returned
24	NumberOfUnOpenedCans	Num	8		What study substance is being returned formula Record number of unopenedcans returned
25	StudySubstanceDay	Num	8		WaStudy substance dispensed day
26	StudySubstanceReturnedDay	Num	8		Study substance returned day
27	StudySubstanceReturnedYear	Num	8		Study substance returned year
28	StudySubstanceYear	Num	8		WaStudy substance dispensed year
29	UnopenedCansRemaining	Num	8		What study substance is remaining Number of unopened cans remaining
30	DispensedStudySubsta_Eatingsolid	Num	8		DispensedStudySubsta: Eating solid foods
31	DispensedStudySubsta_Exclusivel1	Num	8		DispensedStudySubsta: Exclusively nursing

Num	Variable	Type	Len	Format	Label
32	DispensedStudySubsta_Exclusivel2	Num	8		DispensedStudySubsta: Exclusively taking study formula
33	DispensedStudySubsta_Partiallyn1	Num	8		DispensedStudySubsta: Partially nursing and baby taking study formula
34	DispensedStudySubsta_Partiallyn2	Num	8		DispensedStudySubsta: Partially nursing and baby eating sold foods
35	DispensedStudySubsta_Pregnant	Num	8		DispensedStudySubsta: Pregnant
36	StudySubstanceDispen_	Num	8		StudySubstanceDispen:
37	UnusualCircumstances_Dispensatio	Num	8		UnusualCircumstances: Dispensation
38	UnusualCircumstances_Return	Num	8		UnusualCircumstances: Return
39	Whatstudysubstancewa_Capsules	Num	8		Whatstudysubstancewa: Capsules
40	Whatstudysubstancewa_Formula	Num	8		Whatstudysubstancewa: Formula
41	MaskID	Num	8		Participant Mask ID#
42	Visit	Char	100		Visit
43	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210736_npp16stud.sas7bdat

Num	Variable	Type	Len	Format	Label
1	GreaterThanOrEqualTo32ozPerDay	Char	20	\$20.	How often did the baby take the following study formula amounts Amount of study formula greater than or equal to 32oz per day
2	InfantConsumedNonStudyInfantFo	Char	3	\$3.	Since the last study visit has the infant consumed nonstudy infant formula
3	InfantDiscontinueTakingStudyCa	Char	3	\$3.	Since the last study visit did the infant discontinue taking study capsules at any time
4	InfantDiscontinueTakingStudyFo	Char	3	\$3.	Since the last study visit did teh infant discontinue taking study formula at any time
5	InfantRestartedStudyCapsulesFo	Char	3	\$3.	Has the infant restarted study capsules following a period of interruption
6	InfantRestartedStudyFormulaFlo	Char	3	\$3.	Has teh infant restarted study formula following a perios of interruption
7	InfantTakenAnyStudyCapsulesSin	Char	3	\$3.	Did the infant take any study capsules since the last study visit
8	InfantTakenAnyStudyInfantFormu	Char	3	\$3.	Did teh infant take any steroid infant formula since the last study visit
9	LessThanOrEqualTo16ozPerDay	Char	20	\$20.	How often did the baby take the following study formula amounts Amount of study formula less than or equal to 16oz per day
10	MotaHerTookAnyStudyCapsulesSin	Char	3	\$3.	Did the mother take any study capsules since the last study visit
11	MotherDiscontinuedTakingStudyC	Char	3	\$3.	Since the last study visit did the mother discontinue taking study capsules at any time
12	MotherRestartedStudyCapsulesFo	Char	3	\$3.	Has the mother restarted study capsules following a period of interruption
13	StudyCapsulesPrescribedForInfa	Char	3	\$3.	Were study capsules prescribed for the infant since the alst study visit
14	StudyCapsulesPrescribedForMoth	Char	3	\$3.	Were study capsules prescribed for the mother since the last study visit
15	StudyFormulaPrescribedForInfan	Char	3	\$3.	Was the study formula prescribed for the infant since the last study visit
16	_16To32ozPerDay	Char	20	\$20.	How often did the baby take the following study formula amounts Amount of study formula 16 to 32 oz per day
17	_1CapsulePerDay	Char	20	\$20.	How often did the baby take the following study capsule amounts 1 Capsule per day
18	_1CapsulePerDay2	Char	20	\$20.	How often did the mother take the following study capsule amounts 1 Capsule per day
19	_2CapsulesPerDay	Char	20	\$20.	How often did the baby take the following study capsule amounts 2 Capsules per day
20	_2CapsulesPerDay2	Char	20	\$20.	How often did the mother take the following study capsule amounts 2 Capsules per day
21	_3CapsulesPerDay	Char	11	\$11.	How often did the mother take the following study capsule amounts 3 Capsules per day
22	_4CapsulesPerDay	Char	20	\$20.	How often did the mother take the following study capsule amounts 4 Capsules per day

Num	Variable	Type	Len	Format	Label
23	BrandOfInfantFormulaGiven	Char	72	\$72.	What brand of infant formula was given
24	ExplainWhyInfantTakingNonStudy	Char	147	\$147.	Explain why the infant is taking nonstudy infant formula
25	ExplainWhyMotherDiscontinuedTa	Char	200	\$200.	Explain why the mother discontinued taking study capsules
26	InfantDiscontinuedTakingStudyC	Char	268	\$268.	Explain why the infant discontinued taking study capsules
27	InfantDiscontinuedTakingStudyI	Char	144	\$144.	Explain why the infant discontinued taking study infant formula
28	InfantRestartedStudyCapsuleMon	Char	3	\$3.	Infant restarted study capsules month
29	InfantRestartedStudyFormulaMon	Char	3	\$3.	If YES Infant restarted study formula month
30	MonthOfDiscontinuingStudyFormu	Char	3	\$3.	When did the infant discontinue taking study formula month
31	MonthOfInfantDiscontinuingTaki	Char	3	\$3.	When did the infant discontinue taking study capsules month
32	MonthOfMotherDiscontinueTaking	Char	3	\$3.	When did the mother discontinue taking study capsules month
33	MotherRestartedStudyCapsulesMo	Char	3	\$3.	Mother restarted study capsules month
34	HowLong	Num	8		For how long
35	InfantRestartedStudyCapsuleYea	Num	8		Infant restarted study capsules year
36	InfantRestartedStudyCapsuleDay	Num	8		Infant restarted study capsules day
37	InfantRestartedStudyFormulaDay	Num	8		If YES Infant restarted study formula day
38	InfantRestartedStudyFormulaYea	Num	8		If YES Infant restarted study formula year
39	MotherRestartedStudyCapsulesDa	Num	8		Mother restarted study capsules day
40	MotherRestartedStudyCapsulesYe	Num	8		Mother restarted study capsules year
41	OuncesGivenOnAvgPerDay	Num	8		How much was given on average per day
42	YearOfDiscontinuingStudyFormul	Num	8		When did the infant discontinue taking study formula year
43	YearOfInfantDiscontinuingTakin	Num	8		When did the infant discontinue taking study capsules year
44	YearOfMotherDiscontinueTakingS	Num	8		When did the mother discontinue taking study capsules year
45	MaskID	Num	8		Participant Mask ID#
46	Visit	Char	100		Visit
47	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210737_npp20infa.sas7bdat

Num	Variable	Type	Len	Format	Label
1	DHADrops	Char	17	\$17.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months DHA Drops
2	OtherMultiVitaminDrops	Char	20	\$20.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months Other Multivitamin Supplement Drops
3	OtherMultiVitaminDropsWithDHA	Char	12	\$12.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months Other Multivitamin Supplement Drops with DHA
4	PolyViSolDrops	Char	20	\$20.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months PloyViSolwith or without Iron Drops
5	TriViSolDrops	Char	20	\$20.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months TriViSolwith or without Iron Drops
6	Other1	Char	20	\$20.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months Other
7	Other2	Char	17	\$17.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months Other
8	Other2Text	Char	1	\$1.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months Other2
9	Other3Text	Char	1	\$1.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months Other3
10	OtherText1	Char	90	\$90.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months Other
11	OtherText2	Char	22	\$22.	How often were the following vitamins minerals or dietary supplements given to your baby in the last 3 months Other
12	MaskID	Num	8		Participant Mask ID#
13	Visit	Char	100		Visit
14	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210739_npp20eall.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BetaCarotene	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Beta-carotene
2	CalciumOrCombinedWithSomething	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Calcium alone or combined with vitamin D
3	FishOilOmega3FattyAcidsDHA/EPA	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Fish oil Omega3 fatty acids DHA/EPA
4	FlaxSeedOil	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Flax seed oil
5	FolicAcidFolate	Char	17	\$17.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Folic acid folate
6	Iron	Char	17	\$17.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Iron
7	Multivitamin	Char	17	\$17.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Multivitamin
8	MultivitaminWithAntioxidant	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Multivitamin with antioxidant
9	PrenatalVitamin	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Prenatal vitamin
10	Selenium	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Selenium
11	Tums	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Tums
12	VitaminA	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Vitamin A not beta-carotene
13	VitaminC	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Vitamin C
14	VitaminE	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Vitamin E
15	VitanAndDietarySupp	Char	18	\$18.	Vitamin and dietary supplements for
16	ZincOrCombinedWithSomethingEls	Char	17	\$17.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Zinc alone or combined with something else
17	Others1	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Others

Num	Variable	Type	Len	Format	Label
18	Others2	Char	17	\$17.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Others
19	OthersText1	Char	31	\$31.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Others text
20	OthersText2	Char	13	\$13.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single vitamins Others text
21	MaskID	Num	8		Participant Mask ID#
22	Visit	Char	100		Visit
23	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210740_npp20mpre.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BetaCarotene	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Betacarotene
2	CalciumOrCombinedWithVitaminD	Char	17	\$17.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Calcium alone or combined with Vitamin D
3	FishOilOmega3FattyACidsDHAEPA	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Fish oil Omega3 fatty acids DHAEPA
4	FlaxSeedOil	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Flax seed oil
5	FolicAcidFolate	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Folic acid folate
6	Iron	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single VitaminsIron
7	MultiVitamin	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Multiple Vitamins Multivitamin
8	MultiVitaminAndAntiOxidant	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Multiple Vitamins Multivitamin and antiooxidant
9	PrenatalVitamin	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Multiple Vitamins Prenatal Vitamin
10	Selenium	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Selenium
11	Tums	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Tums
12	VitaminA	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Vitamin A not betacarotene
13	VitaminAndDietarySupp	Char	14	\$14.	Vitamin and dietary supplements for
14	VitaminC	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Vitamin C
15	VitaminE	Char	17	\$17.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Vitamin E
16	ZincOrCombinedWithSomethingEls	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Zinc alone or combined with something else

Num	Variable	Type	Len	Format	Label
17	Other1	Char	20	\$20.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Other
18	Other2	Char	12	\$12.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Other
19	OtherText1	Char	50	\$50.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Other text
20	OtherText2	Char	6	\$6.	How often did you take the following vitamins minerals or dietary supplements in the last 3 months Single Vitamins Other text
21	MaskID	Num	8		Participant Mask ID#
22	Visit	Char	100		Visit
23	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210741_npp22moth.sas7bdat

Num	Variable	Type	Len	Format	Label
1	FishSticksFriedFishFishSandwic	Char	19	\$19.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Fish sticks fried fish or fish sandwich
2	Halibut	Char	19	\$19.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Halibut
3	Herring	Char	17	\$17.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Herring
4	Mackerel	Char	17	\$17.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Mackerel
5	Other	Char	19	\$19.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Other white fish such as cod sole flounder catfish perch haddock
6	OtherShellfishShrimpScallopsCr	Char	19	\$19.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Other shellfish like shrimp scallops crab
7	Oysters	Char	17	\$17.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Oysters
8	Salmon	Char	19	\$19.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Salmon
9	Sardines	Char	19	\$19.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Sardines
10	Trout	Char	19	\$19.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Trout
11	TunaTunaSaladTunaFishCasserole	Char	19	\$19.	Record how often you ate the following foods for the last 3 months This includes all meals or snacks at home in a restaurant or carryout Tuna tuna salad or tuna fish casserole
12	CheckHowOften1	Char	19	\$19.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly check how often
13	CheckHowOften2	Char	19	\$19.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly check how often
14	CheckHowOften3	Char	19	\$19.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly check how often
15	CheckHowOften4	Char	18	\$18.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly check how often

Num	Variable	Type	Len	Format	Label
16	CheckHowOften5	Char	16	\$16.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly check how often
17	CheckHowOften6	Char	1	\$1.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly check how often
18	BrandName1	Char	39	\$39.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the brand name
19	BrandName2	Char	25	\$25.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the brand name
20	BrandName3	Char	33	\$33.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the brand name
21	BrandName4	Char	37	\$37.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the brand name
22	BrandName5	Char	11	\$11.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the brand name
23	BrandName6	Char	1	\$1.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the brand name
24	FoodName1	Char	27	\$27.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the food name
25	FoodName2	Char	19	\$19.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the food name
26	FoodName3	Char	12	\$12.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the food name
27	FoodName4	Char	13	\$13.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the food name
28	FoodName5	Char	24	\$24.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the food name
29	FoodName6	Char	1	\$1.	If you have eaten any special food products with added DHA or omega3 fatty acids in the last 3 months please write clearly the food name
30	MaskID	Num	8		Participant Mask ID#
31	Visit	Char	100		Visit
32	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210742_npp25veri.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BelieveInfantOrMotherHaveCondi	Char	2	\$2.	Do you believe the infant or mother have any conditions that will put her on infant at an unacceptable medical risk for participation in this study
2	InfantEligibleToContinueInTheS	Char	3	\$3.	Is the infant eligible to continue in the study
3	InfantLessThan36WeeksOfGestati	Char	3	\$3.	Was the infant less than 36 weeks of gestational age at birth
4	InfantRequiredToTakePreTermInf	Char	2	\$2.	Is the infant required to take a preterm infant formula
5	OneOfTheAboveChecked	Char	3	\$3.	Was one of the above checked
6	ConditionsForHerOrInfant	Char	25	\$25.	If YES list any conditions for her infant
7	DoesInfantHave_AhigherriskHLAgen	Num	8		DoesInfantHave: A higher risk HLA genotype
8	DoesInfantHave_Aanotherfirstorse	Num	8		DoesInfantHave: Another first or second degree relative with T1D and lower risk HLA genotype
9	MaskID	Num	8		Participant Mask ID#
10	Visit	Char	100		Visit
11	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210743_npp21food.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Barley	Char	3	\$3.	Food item Cerealsgrains Barley
2	Beets	Char	3	\$3.	Food item Fruitsvegetables Beets
3	BuckwheatAndMillet	Char	3	\$3.	Food item Cerealsgrains Buckwheat and millet
4	Cabbages	Char	3	\$3.	Food item Fruitsvegetables Cabbages
5	Carrots	Char	3	\$3.	Food item Fruitsvegetables Carrots
6	Corn	Char	3	\$3.	Food item Cerealsgrains Corn
7	Corn2	Char	3	\$3.	Food item Fruitsvegetables Corn
8	CowMilkProducts	Char	3	\$3.	Food item Milk Products Cow milkproducts
9	Egg	Char	3	\$3.	Food item Meat Egg
10	FishAndOtherSeaFood	Char	3	\$3.	Food item Meat Fish and other seafood
11	FruitsOrBerries	Char	3	\$3.	Food item Fruitsvegetables Fruit or berries
12	GoatsMilkProduct	Char	3	\$3.	Food item Milk Products Goats milkProducts
13	InfantGivenAnyFoodOrDrinksOthe	Char	3	\$3.	Has the infant been given any food or drinks other than breastmilk since the last visit attended
14	Legumes	Char	3	\$3.	Food item Legumes Legumes
15	Oat	Char	3	\$3.	Food item Cerealsgrains Oat
16	Other1	Char	3	\$3.	Other 1
17	Other2	Char	3	\$3.	Other 2
18	OtherCereal	Char	3	\$3.	Food item Cerealsgrains Other cerealsgrains
19	OtherMeat	Char	3	\$3.	Food item Meat Other kinds of meat
20	OtherMilk	Char	3	\$3.	Food item Milk Products Other milk
21	OtherVegetable	Char	3	\$3.	Food item Fruitsvegetables Other vegetable
22	PeasGreenBeans	Char	3	\$3.	Food item Fruitsvegetables Peasgreen beans
23	Potatoes	Char	3	\$3.	Food item Fruitsvegetables Potatoes
24	Poultry	Char	3	\$3.	Food item Meat Poultry
25	PrkBeef	Char	3	\$3.	Food item Meat Pork beef
26	Rice	Char	3	\$3.	Food item Cerealsgrains Rice
27	RiceMilkProducts	Char	3	\$3.	Food item Milk Products Rice milkproducts
28	Rye	Char	3	\$3.	Food item Cerealsgrains Rye
29	SausageHotDogs	Char	3	\$3.	Food item Meat Sausage hot dogs
30	SoyMilkProducts	Char	3	\$3.	Food item Milk Products Soy milkproducts
31	Spinach	Char	3	\$3.	Food item Fruitsvegetables Spinach
32	SquashPumpkin	Char	3	\$3.	Food item Fruitsvegetables Squashpumpkin
33	SweetPotatoesOrYams	Char	3	\$3.	Food item Fruitsvegetables Sweet potatoes or yams
34	TomatoAndTomatoSause	Char	3	\$3.	Food item Fruitsvegetables Tomato and tomato sauce
35	Turnips	Char	3	\$3.	Food item Fruitsvegetables Turnipsparsnipantichokerutabaga Jerusalem artichoke

Num	Variable	Type	Len	Format	Label
36	Wheat	Char	3	\$3.	Food item Cerealsgrains Wheat
37	BarleyStartAge	Char	2	\$2.	Food item Cerealsgrains Barley start age
38	BeetsStartAge	Char	22	\$22.	Food item Fruitsvegetables Beets start age
39	BuckwheatAndMilletStartAge	Char	22	\$22.	Food item Cerealsgrains Buckwheat and millet start age
40	CabbagesStartAge	Char	30	\$30.	Food item Fruitsvegetables Cabbagesstart age
41	CarrotsStartAge	Char	8	\$8.	Food item Fruitsvegetables Carrots start age
42	CornStartAge	Char	8	\$8.	Food item Cerealsgrains Corn start age
43	CornStartAge2	Char	11	\$11.	Food item Fruitsvegetables Cornstart age
44	CowMilkProductsStartAge	Char	50	\$50.	Food item Milk Products Cow milkproducts start age
45	EggStartAge	Char	34	\$34.	Food item Meat Egg start age
46	FishAndOtherSeaFoodStartAge	Char	20	\$20.	Food item Meat Fish and other seafood start age
47	FruitsOrBerriesStartAge	Char	54	\$54.	Food item Fruitsvegetables Fruit or berries start age
48	GoatsMilkProductStartAge	Char	2	\$2.	Food item Milk Products Goats milkProducts start age
49	LegumesStartAge	Char	2	\$2.	Food item Legumes Legumes start age
50	OatStartAge	Char	13	\$13.	Food item Cerealsgrains Oat start age
51	OtherCerealStartAge	Char	30	\$30.	Food item Cerealsgrains Other cerealsgrains start age
52	OtherFood1	Char	129	\$129.	Food item Other Type of food Other1
53	OtherFood1StartAge	Char	15	\$15.	Food item Other Type of food Other1 start age
54	OtherFood2	Char	68	\$68.	Food item Other Type of food Other2
55	OtherFood2StartAge	Char	4	\$4.	Food item Other Type of food Other2 start age
56	OtherMeatStartAge	Char	22	\$22.	Food item Meat Other kinds of meat start age
57	OtherMilkStartAge	Char	14	\$14.	Food item Milk Products Other milk start age
58	OtherVegetableStartAge	Char	33	\$33.	Food item Fruitsvegetables Other vegetablestart age
59	PeasGreenBeansStartAge	Char	22	\$22.	Food item Fruitsvegetables Peasgreen beansstart age
60	PorkBeefStartAge	Char	23	\$23.	Food item Meat Pork beefstart age
61	PotatoesStartAge	Char	9	\$9.	Food item Fruitsvegetables Potatoes start age
62	PoultryStartAge	Char	25	\$25.	Food item Meat Poultry start age
63	RiceMilkProductsStartAge	Char	3	\$3.	Food item Milk Products Rice milkproducts start age
64	RiceStartAge	Char	8	\$8.	Food item Cerealsgrains Rice start age
65	RyeStartAge	Char	8	\$8.	Food item Cerealsgrains Rye start age
66	SausageHotDogsStartAge	Char	22	\$22.	Food item Meat Sausage hot dogs start age
67	SoyMilkProductsStartAge	Char	2	\$2.	Food item Milk Products Soy milkproducts start age
68	SpinachStartAge	Char	2	\$2.	Food item Fruitsvegetables Spinach start age
69	SquashPumpkinStartAge	Char	8	\$8.	Food item Fruitsvegetables Squashpumpkin start age
70	SweetPotatoesOrYamsStartAge	Char	8	\$8.	Food item Fruitsvegetables Sweet potatoes or yams start age
71	TomatoAndTomatoSauseStartAge	Char	22	\$22.	Food item Fruitsvegetables Tomato and tomato saucestart age
72	TurnipsStartAge	Char	2	\$2.	Food item Fruitsvegetables Turnipsparsnipantichokerutabaga Jerusalem artichokestart age
73	WheatStartAge	Char	8	\$8.	Food item Cerealsgrains Wheat start age

Num	Variable	Type	Len	Format	Label
74	MaskID	Num	8		Participant Mask ID#
75	Visit	Char	100		Visit
76	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210767_eligligi.sas7bdat

Num	Variable	Type	Len	Format	Label
1	EligibilityAndDeviationReviewF	Char	14	\$14.	Eligibility and deviation review form for
2	NIPdiabetesPilotEntryPathway	Char	22	\$22.	NIP diabetes pilot entry pathway
3	Sex	Char	6	\$6.	Sex
4	DescriptionOfEligibilityIssueO	Char	435	\$435.	Provide a brief decsription of the eligibility issuedeviation that requires review
5	JustificationForSubjectsEnroll	Char	416	\$416.	Provide a brief justification for the subjects enrollment into the study
6	RelevantInformationFromSTudyDo	Char	748	\$748.	Relevant Information from study documents
7	LastRandomizationMonth	Char	3	\$3.	Last randomization Month
8	PregnatWomanAppPlannedInfantDe2	Char	3	\$3.	If a pregnant woman approximate or planned infant delivery month
9	ResponseNeededByMonth	Char	3	\$3.	Nesponse needed by month
10	ScreeningVisitMonth	Char	3	\$3.	Screening visit month
11	AgeInDays	Num	8		Age in days
12	BirthYear	Num	8		Birth year
13	LastRandomizationDay	Num	8		Last randomization day
14	LastRandomizationYear	Num	8		Last randomization Year
15	PregnatWomanAppPlannedInfantDe	Num	8		If a pregnant woman approximate or planned infant delivery day
16	PregnatWomanAppPlannedInfantDe3	Num	8		If a pregnant woman approximate or planned infant delivery year
17	PregnatWomanGestationalAgeInWe	Num	8		If a pregnant woman gestational age in weeks
18	ResponseNeededByDay	Num	8		Nesponse needed by day
19	ResponseNeededByYear	Num	8		Nesponse needed by year
20	ScreeningVisitDay	Num	8		Screening visit day
21	ScreeningVisitYear	Num	8		Screening visit year
22	MaskID	Num	8		Participant Mask ID#
23	Visit	Char	100		Visit
24	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
25	DOB_Year	Num	8		Date of Birth - Year

Data Set Name: tn06_210768_npp26stud.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MotherOrInfantDiscontinueTakin	Char	3	\$3.	Did the motherinfant discontinue taking study substance
2	WhoDiscontinuedTakingStudySubs	Char	6	\$6.	If YES who discontinued taking study substance
3	ExplainWhyMotherOrInfantDiscon	Char	301	\$301.	Explain why the motherinfant discontinued taking study substance
4	StudySubstanceDIsc discontinuedMont	Char	3	\$3.	Study substance discontinued month
5	StudySubstanceDIsc discontinuedDay	Num	8		Study substance discontinued day
6	StudySubstanceDIsc discontinuedYear	Num	8		Study substance discontinued year
7	MaskID	Num	8		Participant Mask ID#
8	Visit	Char	100		Visit
9	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210798_npp01gene.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ChildFromSameFamilyScreening	Char	3	\$3.	Is there more than one child from the same family currently screening for this study
2	EthnicityHispanicLatino	Char	22	\$22.	Ethnicity Hispanic or Latino
3	HighestLevelEducation	Char	23	\$23.	What is the highest level of education she has completed
4	InfantsFamilyWithType1Father	Char	3	\$3.	Who in the infants biological family has type 1 diabetes Father
5	InfantsFamilyWithType1FullSibl	Char	3	\$3.	Who in the infants biological family has type 1 diabetes Full Sibling
6	InfantsFamilyWithType1FullSibl2	Char	3	\$3.	Who in the infants biological family has type 1 diabetes Full Sibling
7	InfantsFamilyWithType1HalfSibl	Char	3	\$3.	Who in the infants biological family has type 1 diabetes Half Sibling
8	InfantsFamilyWithType1Mother	Char	3	\$3.	Who in the infants biological family has type 1 diabetes Mother
9	InfantsFamilyWithType1Relative	Char	3	\$3.	Who in the infants biological family has type 1 diabetes 1st degree relative of mother
10	InfantsFamilyWithType1Relative4	Char	3	\$3.	Who in the infants biological family has type 1 diabetes 1st degree relative of father
11	MaritalStatus	Char	21	\$21.	Marital Status
12	SharesBiologicalWithMotherOrFa	Char	1	\$1.	If half sibling infant shares biological
13	SiblingsOnStudy	Char	3	\$3.	Have any first degree siblings of this infant been a part of this study
14	Child1ID	Char	6	\$6.	Child 1 Screening ID
15	Child1Letters	Char	3	\$3.	Child 1 Participant Letters
16	Child2ID	Char	6	\$6.	Child 2 Screening ID
17	Child2Letters	Char	3	\$3.	Child 2 Participant Letters
18	Child3ID	Char	1	\$1.	Child 3 Screening ID
19	Child3Letters	Char	1	\$1.	Child 3 Participant Letters
20	Child4ID	Char	1	\$1.	Child 4 Screening ID
21	Child4Letters	Char	1	\$1.	Child 4 Participant Letters
22	DOBDay	Char	2	\$2.	Date of Birth Day
23	HowDidMotherFindStudyOther	Char	42	\$42.	How did the mother hear about this study other specify
24	RaceOtherCode1	Char	1	\$1.	Race Other Specify Code 1
25	RaceOtherCode2	Char	1	\$1.	Race Other Specify Code 2
26	RaceOtherCode3	Char	1	\$1.	Race Other Specify Code 3
27	RaceOtherSpecify	Char	24	\$24.	Race Other Specify
28	Sibling1Letters	Char	3	\$3.	Sibling 1 letters
29	Sibling1ScreeningID	Char	6	\$6.	Sibling 1 screening id
30	Sibling2ID	Char	6	\$6.	Sibling 2 Screening ID
31	Sibling3ID	Char	1	\$1.	Sibling 3 Screening ID

Num	Variable	Type	Len	Format	Label
32	Sibling3Letters	Char	1	\$1.	Sibling 3 Participant Letters
33	Sibling4ID	Char	1	\$1.	Sibling 4 Screening ID
34	Sibling4Letters	Char	1	\$1.	Sibling 4 Participant Letters
35	SiblingLetters2	Char	6	\$6.	Sibling 2 Participant Letters
36	DOBMonth	Char	3	\$3.	Date of Birth Month
37	InfantsFamilyWithType1HalfSib14	Num	8		Who in the infants biological family has type 1 diabetes If half sibling shares biological mother
38	InfantsFamilyWithType1HalfSib15	Num	8		Who in the infants biological family has type 1 diabetes If half sibling shares biological father
39	AgeYears	Num	8		Age
40	DOBYear	Num	8		Date of Birth Year
41	InfantsFamilyWithType1FatherMo	Num	8		Who in the infants biological family has type 1 diabetes Father age in months at time of diagnosis
42	InfantsFamilyWithType1FatherYe	Num	8		Who in the infants biological family has type 1 diabetes Father age in years at time of diagnosis
43	InfantsFamilyWithType1FullSib13	Num	8		Who in the infants biological family has type 1 diabetes Full sibling age in months at time of diagnosis
44	InfantsFamilyWithType1FullSib14	Num	8		Who in the infants biological family has type 1 diabetes Full sibling age in months at time of diagnosis
45	InfantsFamilyWithType1FullSib15	Num	8		Who in the infants biological family has type 1 diabetes Full sibling age in years at time of diagnosis
46	InfantsFamilyWithType1FullSib16	Num	8		Who in the infants biological family has type 1 diabetes Full sibling age in years at time of diagnosis
47	InfantsFamilyWithType1HalfSib12	Num	8		Who in the infants biological family has type 1 diabetes Half sibling age in years at time of diagnosis
48	InfantsFamilyWithType1HalfSib13	Num	8		Who in the infants biological family has type 1 diabetes Half sibling age in months at time of diagnosis
49	InfantsFamilyWithType1MotherMo	Num	8		Who in the infants biological family has type 1 diabetes Mother age in months at time of diagnosis
50	InfantsFamilyWithType1MotherYe	Num	8		Who in the infants biological family has type 1 diabetes Mother age in years at time of diagnosis
51	InfantsFamilyWithType1Relative2	Num	8		Who in the infants biological family has type 1 diabetes 1st degree relative of mother age in months at time of diagnosis
52	InfantsFamilyWithType1Relative3	Num	8		Who in the infants biological family has type 1 diabetes 1st degree relative of mother age in years at time of diagnosis
53	InfantsFamilyWithType1Relative5	Num	8		Who in the infants biological family has type 1 diabetes 1st degree relative of father age in months at time of diagnosis
54	InfantsFamilyWithType1Relative6	Num	8		Who in the infants biological family has type 1 diabetes 1st degree relative of father age in years at time of diagnosis
55	HowDidMotherFindStud_Internet	Num	8		HowDidMotherFindStud: Internet
56	HowDidMotherFindStud_Meethingorp	Num	8		HowDidMotherFindStud: Meething or presentation
57	HowDidMotherFindStud_Other	Num	8		HowDidMotherFindStud: Other
58	HowDidMotherFindStud_Physicianor	Num	8		HowDidMotherFindStud: Physician or healthcare provider
59	HowDidMotherFindStud_Poster	Num	8		HowDidMotherFindStud: Poster

Num	Variable	Type	Len	Format	Label
60	HowDidMotherFindStud_RadioorTv	Num	8		HowDidMotherFindStud: Radio or Tv
61	HowDidMotherFindStud_familyorfri	Num	8		HowDidMotherFindStud: family or friend
62	Race_AmericanIndianorAlaskaNat	Num	8		Race: American Indian or Alaska Native
63	Race_Asian	Num	8		Race: Asian
64	Race_BlackorAfricanAmerican	Num	8		Race: Black or African American
65	Race_NativeHawaiianorOtherPaci	Num	8		Race: Native Hawaiian or Other Pacific Islander
66	Race_Refused	Num	8		Race: Refused
67	Race_Unknownornotreported	Num	8		Race: Unknown or not reported
68	Race_White	Num	8		Race: White
69	MaskID	Num	8		Participant Mask ID#
70	Visit	Char	100		Visit
71	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210799_npp02preg.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BloodCollectedForThisVisitForH	Char	3	\$3.	Was blood collected for this visit for a local HbA1c test
2	ConsentSignedForPregnantMother	Char	3	\$3.	Informed consent signed for pregnant mother and new born by all required parties
3	DoesSheHaveDiabetes	Char	3	\$3.	Does she have diabetes
4	DuringCurrentPregnancyHasSheHa	Char	3	\$3.	During her current pregnancy has she had any illnesses
5	DuringPregnancyHasSheTakenANYM	Char	3	\$3.	During this pregnancy has she taken any medications
6	DuringPregnancyPregnantMotherT	Char	3	\$3.	During this pregnancy has the pregnant mother taken vitamins minerals dietary supplements or special food products with DHA or omega3 fatty acids
7	PermissionGivenToStoreMothersG	Char	3	\$3.	If YES permission to store mothers genetic samples
8	PermissionGivenToStoreMothersS	Char	3	\$3.	Permission given to store mothers samples
9	PermissionToStoreInfantsGeneti	Char	3	\$3.	If YES permission to store infants genetic samples
10	PermissionToStoreInfantsSample	Char	3	\$3.	Permission given to store infants samples
11	PregnantMotherReceivedImmunogl	Char	3	\$3.	Has the pregnant mother received any immunoglobulin treatments or blood products in the last 30 days
12	PregnantMotherTakenAnyAntibiot	Char	3	\$3.	Has the pregnant mother taken any antibiotics within last 14 days
13	PregnantMotherTakenSteroidsOrI	Char	3	\$3.	Has the pregnant mother taken steroids or other immunosuppressive medications in the last 30 days
14	PregnantMotherhadAnyFebrileInf	Char	2	\$2.	Has the pregnant mother had any febrile infectious illness in the last 14 days
15	PregnantMotherhadAnyNonFebrile	Char	3	\$3.	Has the pregnant mother had any nonfebrile infectious illness in the last 14 days
16	PregnantMotherhadImmunizationW	Char	3	\$3.	Has the pregnant mother had an immunization within last 1 days
17	SheHadHbA1cResultGreaterThan9P	Char	2	\$2.	Has she had an HbA1c test result greater than 9 at any time during this pregnancy
18	SpecifyTypeOfDiabetes	Char	20	\$20.	Specify type of diabetes
19	WillingToDiscontinueWhileParti	Char	3	\$3.	Is she willing to discontinue while participating in the study
20	complication	Char	36	\$36.	7 Has she experienced any of the following complications during previous pregnancies
21	CurrentlyTaking1	Char	3	\$3.	If YES Currently taking
22	CurrentlyTaking2	Char	3	\$3.	If YES Currently taking
23	CurrentlyTaking3	Char	3	\$3.	If YES Currently taking
24	CurrentlyTaking4	Char	3	\$3.	If YES Currently taking
25	CurrentlyTaking5	Char	3	\$3.	If YES Currently taking
26	CurrentlyTaking6	Char	3	\$3.	If YES Currently taking
27	InformationOnDHAOrOmegaAcid1_3	Char	2	\$2.	Record available information on DHA or omega3 fatty acids taken Unit
28	InformationOnDHAOrOmegaAcid1_4	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken Frequency

Num	Variable	Type	Len	Format	Label
29	InformationOnDHAOrOmegaAcid1_9	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken cuurrently taking
30	InformationOnDHAOrOmegaAcid2_3	Char	2	\$2.	Record available information on DHA or omega3 fatty acids taken Unit
31	InformationOnDHAOrOmegaAcid2_4	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken Frequency
32	InformationOnDHAOrOmegaAcid2_9	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken cuurrently taking
33	InformationOnDHAOrOmegaAcid3_3	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Unit
34	InformationOnDHAOrOmegaAcid3_4	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Frequency
35	InformationOnDHAOrOmegaAcid3_9	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken cuurrently taking
36	InformationOnDHAOrOmegaAcid4_3	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Unit
37	InformationOnDHAOrOmegaAcid4_4	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Frequency
38	InformationOnDHAOrOmegaAcid4_9	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken cuurrently taking
39	InformationOnDHAOrOmegaAcid5_3	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Unit
40	InformationOnDHAOrOmegaAcid5_4	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Frequency
41	InformationOnDHAOrOmegaAcid5_9	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken cuurrently taking
42	IfYESspecify	Char	105	\$105.	If YES specify
43	complicationother	Char	23	\$23.	7 Has she experienced any of the following complications during previous pregnancies Other 1 Specify
44	CategoryCode1	Char	23	\$23.	If YES Category code
45	CategoryCode2	Char	14	\$14.	If YES Category code
46	CategoryCode3	Char	23	\$23.	If YES Category code
47	CategoryCode4	Char	12	\$12.	If YES Category code
48	CategoryCode5	Char	12	\$12.	If YES Category code
49	CategoryCode6	Char	12	\$12.	If YES Category code
50	InformationOnDHAOrOmegaAcid1_1	Char	21	\$21.	Record available information on DHA or omega3 fatty acids taken Brand
51	InformationOnDHAOrOmegaAcid1_2	Char	5	\$5.	Record available information on DHA or omega3 fatty acids taken Dose
52	InformationOnDHAOrOmegaAcid2_1	Char	8	\$8.	Record available information on DHA or omega3 fatty acids taken Brand
53	InformationOnDHAOrOmegaAcid2_2	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken Dose
54	InformationOnDHAOrOmegaAcid3_1	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Brand

Num	Variable	Type	Len	Format	Label
55	InformationOnDHAOrOmegaAcid3_2	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Dose
56	InformationOnDHAOrOmegaAcid4_1	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Brand
57	InformationOnDHAOrOmegaAcid4_2	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Dose
58	InformationOnDHAOrOmegaAcid5_1	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Brand
59	InformationOnDHAOrOmegaAcid5_2	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Dose
60	TradeName1	Char	35	\$35.	If YES Trade Name
61	TradeName2	Char	34	\$34.	If YES Trade Name
62	TradeName3	Char	30	\$30.	If YES Trade Name
63	TradeName4	Char	30	\$30.	If YES Trade Name
64	TradeName5	Char	36	\$36.	If YES Trade Name
65	TradeName6	Char	12	\$12.	If YES Trade Name
66	BloodDrawnMonth	Char	3	\$3.	If YES Blood drawn month
67	WrittenInformedConsentObtained2	Char	3	\$3.	If YES written informed consent obtained month
68	InformationOnDHAOrOmegaAcid1_5	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken Start month
69	InformationOnDHAOrOmegaAcid1_7	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken Stopepd month
70	InformationOnDHAOrOmegaAcid2_5	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken Start month
71	InformationOnDHAOrOmegaAcid2_7	Char	3	\$3.	Record available information on DHA or omega3 fatty acids taken Stopepd month
72	InformationOnDHAOrOmegaAcid3_5	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Start month
73	InformationOnDHAOrOmegaAcid3_7	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Stopepd month
74	InformationOnDHAOrOmegaAcid4_5	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Start month
75	InformationOnDHAOrOmegaAcid4_7	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Stopepd month
76	InformationOnDHAOrOmegaAcid5_5	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Start month
77	InformationOnDHAOrOmegaAcid5_7	Char	1	\$1.	Record available information on DHA or omega3 fatty acids taken Stopepd month
78	BloodDrawnDay	Num	8		If YES Blood drawn day
79	BloodDrawnYear	Num	8		If YES Blood drawn year
80	HbA1c	Num	8		If YES HbA1c
81	HbA1cRefRangeFrom	Num	8		If YES Record the normal local lab reference range for HbA1c from
82	HbA1cRefRangeTo	Num	8		If YES Record the normal local lab reference range for HbA1c to

Num	Variable	Type	Len	Format	Label
83	NumberOfFulltermBirths	Num	8		Number of full term births
84	NumberOfLivingChildren	Num	8		Number of living children
85	NumberOfPretermBirths	Num	8		Number of preterm births
86	NumberOfTimesPregnantIncluthis	Num	8		Number of times pregnant including this pregnancy
87	PreganancyDiagnosedWeek	Num	8		Week of pregnancy diagnosed
88	WeekOfPregnancy	Num	8		Week of preganancy
89	WhenWasPregnancyConformed	Num	8		When was the pregnancy confirmed
90	WrittenInformedConsentObtained	Num	8		If YES written informed consent obtained day
91	WrittenInformedConsentObtained3	Num	8		If YES written informed consent obtained year
92	InformationOnDHAOrOmegaAcid1_6	Num	8		Record available information on DHA or omega3 fatty acids taken Start year
93	InformationOnDHAOrOmegaAcid1_8	Num	8		Record available information on DHA or omega3 fatty acids taken Stopepd year
94	InformationOnDHAOrOmegaAcid2_6	Num	8		Record available information on DHA or omega3 fatty acids taken Start year
95	InformationOnDHAOrOmegaAcid2_8	Num	8		Record available information on DHA or omega3 fatty acids taken Stopepd year
96	InformationOnDHAOrOmegaAcid3_6	Num	8		Record available information on DHA or omega3 fatty acids taken Start year
97	InformationOnDHAOrOmegaAcid3_8	Num	8		Record available information on DHA or omega3 fatty acids taken Stopepd year
98	InformationOnDHAOrOmegaAcid4_6	Num	8		Record available information on DHA or omega3 fatty acids taken Start year
99	InformationOnDHAOrOmegaAcid4_8	Num	8		Record available information on DHA or omega3 fatty acids taken Stopepd year
100	InformationOnDHAOrOmegaAcid5_6	Num	8		Record available information on DHA or omega3 fatty acids taken Start year
101	InformationOnDHAOrOmegaAcid5_8	Num	8		Record available information on DHA or omega3 fatty acids taken Stopepd year
102	ExperiencedAnyCompli_	Num	8		ExperiencedAnyCompli:
103	MaskID	Num	8		Participant Mask ID#
104	Visit	Char	100		Visit
105	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210800_npp03preg.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Alopecia	Char	3	\$3.	ConditionDisease Rheumatologic or Autoimmune Alopecia
2	AlopeciaWithInLastYear	Char	2	\$2.	ConditionDisease Rheumatologic or Autoimmune Alopecia If YES within last year
3	Asthma	Char	3	\$3.	ConditionDisease Respiratory Asthma
4	AsthmaWithinLastYear	Char	2	\$2.	ConditionDisease Respiratory Asthma If YES within last year
5	BiochemicalAUtoantibodies	Char	3	\$3.	Biochemical Autoantibodies
6	Cancer	Char	2	\$2.	ConditionDisease Hematologic orOncologic Cancer
7	CancerWithInLastYear	Char	2	\$2.	ConditionDisease Hematologic orOncologic Cancer If YES within last year
8	CeliacSpruce	Char	2	\$2.	ConditionDisease Rheumatologic or Autoimmune Celiac Spruce
9	CeliacSpruceWithInLastYear	Char	2	\$2.	ConditionDisease Rheumatologic or Autoimmune Celiac Spruce If YES within last year
10	Colitisorcolonproblems	Char	3	\$3.	ConditionDisease Colitis or colon problems
11	ColitisorcolonproblemsWithInLa	Char	2	\$2.	ConditionDisease Colitis or colon problems If YES within last year
12	CongenitalHeartDisease	Char	3	\$3.	ConditionDisease Cardiovascular Congenital heart disease or heart problems
13	CongenitalHeartDiseaseWithInLa	Char	3	\$3.	ConditionDisease Cardiovascular Congenital heart disease or heart problems If YES within last year
14	EpilepsyConvulsionsOrSeizures	Char	2	\$2.	ConditionDisease Neurologic Epilepsy convulsions or seizures
15	EpilepsyConvulsionsOrSeizuresW	Char	2	\$2.	ConditionDisease Neurologic Epilepsy convulsions or seizures If YES within last year
16	FrequentUrinaryTravtInfections	Char	3	\$3.	ConditionDisease Infections Frequent urinary tract infections
17	FrequentUrinaryTravtInfections2	Char	2	\$2.	ConditionDisease Infections Frequent urinary tract infections If YES within last year
18	GallstonesDiseaseOrSurgeryOfGa	Char	3	\$3.	ConditionDisease Gastrointestinal Gallstones disease or surgery of the gallbladder
19	GallstonesDiseaseOrSurgeryOfGa2	Char	2	\$2.	ConditionDisease Gastrointestinal Gallstones disease or surgery of the gallbladder If YES within last year
20	Gout	Char	2	\$2.	ConditionDisease Rheumatologic or Autoimmune Gout
21	GoutWithInLastYear	Char	2	\$2.	ConditionDisease Rheumatologic or Autoimmune Gout If YES within last year
22	HepatitisOrLiverDisease	Char	2	\$2.	ConditionDisease Gastrointestinal HepatitisLiver disease
23	HepatitisOrLiverDiseaseWithInL	Char	2	\$2.	ConditionDisease Gastrointestinal HepatitisLiver disease If YES within last year
24	HighBp	Char	3	\$3.	ConditionDisease Cardiovascular High BP Ever had
25	HighBpWithinLastYear	Char	3	\$3.	ConditionDisease Cardiovascular High BP If YES within last year
26	HighCholesterol	Char	3	\$3.	ConditionDisease Cardiovascular High Cholesterol
27	HighCholesterolWithInLastYear	Char	3	\$3.	ConditionDisease Cardiovascular High Cholesterol If YES within last year

Num	Variable	Type	Len	Format	Label
28	InfectiousMononucleosis	Char	3	\$3.	ConditionDisease Infections Infectious mononucleosis
29	InfectiousMononucleosisWithInL	Char	2	\$2.	ConditionDisease Infections Infectious mononucleosis If YES within last year
30	MedicationsAllergies	Char	3	\$3.	ConditionDisease Other Medication allergies
31	MedicationsAllergiesWithInLast	Char	3	\$3.	ConditionDisease Other Medication allergies If YES within last year
32	Other	Char	3	\$3.	ConditionDisease Other Other
33	OtherWithInLastYear	Char	3	\$3.	ConditionDisease Other Other If YES within last year
34	PerniciousAnemia	Char	3	\$3.	ConditionDisease Rheumatologic or Autoimmune Pernicious anemia
35	PerniciousAnemiaWithInLastYear	Char	3	\$3.	ConditionDisease Rheumatologic or Autoimmune Pernicious anemia If YES within last year
36	Psoriasis	Char	3	\$3.	ConditionDisease Rheumatologic or Autoimmune Psoriasis
37	PsoriasisWithInLastYear	Char	2	\$2.	ConditionDisease Rheumatologic or Autoimmune Psoriasis If YES within last year
38	RBCandInflammatoryMediatorsCol	Char	3	\$3.	Fatty Acids RBC and Inflammatory mediators collected
39	RandomizationColor	Char	6	\$6.	Randomization color
40	RheumatologicDisease	Char	3	\$3.	ConditionDisease Rheumatologic or Autoimmune Rheumatologic disease
41	RheumatologicDiseaseWithInLast	Char	3	\$3.	ConditionDisease Rheumatologic or Autoimmune Rheumatologic disease If YES within last year
42	SeasonalAllergies	Char	3	\$3.	ConditionDisease Other Seasonal allergies
43	SeasonalAllergiesWithInLastYea	Char	3	\$3.	ConditionDisease Other Seasonal allergies If YES within last year
44	ThyroidDisease	Char	3	\$3.	ConditionDisease Endocrine Thyroid disease
45	ThyroidDiseaseWithInLastYear	Char	3	\$3.	ConditionDisease Endocrine Thyroid disease If YES within last year
46	Ulcer	Char	3	\$3.	ConditionDisease Gastrointestinal Ulcer
47	UlcerWithInLastYear	Char	2	\$2.	ConditionDisease Gastrointestinal Ulcer If YES within last year
48	VitaminDLevelsAndCRPcollected	Char	3	\$3.	Vitamin D levels and CReactive Protein CRP
49	BiochemicalAUtoantibodiesComme	Char	1	\$1.	Biochemical Autoantibodies comments
50	CancerSpecify	Char	1	\$1.	ConditionDisease Hematologic orOncologic Cancer If YES specify
51	OtherDescribe	Char	71	\$71.	ConditionDisease Other describe
52	RBCandInflammatoryMediatorsCom	Char	94	\$94.	Fatty Acids RBC and Inflammatory mediators comments
53	RheumatologicDiseaseSpecify	Char	43	\$43.	ConditionDisease Rheumatologic or Autoimmune If YES specify
54	VitaminDLevelsAndCRPcomments	Char	1	\$1.	Vitamin D levels and CReactive Protein CRP comments
55	ExpectedDeliveryMonth	Char	3	\$3.	Expected deliver month
56	RandomizationMonth	Char	3	\$3.	Randomization month
57	ExpectedDeliveryDay	Num	8		Expected deliver day
58	ExpectedDeliveryYear	Num	8		Expected deliver year
59	RandomizationDay	Num	8		Randomization day

Num	Variable	Type	Len	Format	Label
60	RandomizationYear	Num	8		Randomization year
61	WeekOfPregnancy	Num	8		Week of Pregnancy
62	WeightPriorToPregnancyInKgs	Num	8		What was her weight prior to tjis pregnancy in kgs
63	WeightPriorToPregnancyInLbs	Num	8		What was her weight prior to tjis pregnancy in lbs
64	MaskID	Num	8		Participant Mask ID#
65	Visit	Char	100		Visit
66	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210815_npp04infa.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Abdomen	Char	3	\$3.	h Abdomen
2	BioChemAutoAntiBodiesCB	Char	3	\$3.	BiochemicalAtuoatnibodies Cord Blood
3	BioChemAutoAntiBodiesHS	Char	3	\$3.	BiochemicalAtuoatnibodies Heel Stick
4	BiochemAutoantibodies	Char	3	\$3.	Biochemical Autoantibodies Collected
5	Cardiovascular	Char	3	\$3.	g Cardiovascular
6	Chest	Char	3	\$3.	e Chest
7	ComplicationsDuringPregnancy	Char	3	\$3.	Did the mother experience any complications during this pregnancy
8	CordbloodHLA	Char	3	\$3.	Cord Blood
9	CurrentlyBreastFeeding	Char	3	\$3.	Is the mother currently breastfeeding her baby
10	Ethnicity	Char	22	\$22.	Ethnicity
11	FattyAcidAndInflamMediator	Char	3	\$3.	Fatty Acids RBC and Inflammatory Mediators
12	HEENT	Char	3	\$3.	a HEENT
13	HEENTN	Char	1	\$1.	HEENT Normal
14	HLAHeelStick	Char	3	\$3.	Heel Stick HLA
15	HLATypingCollected	Char	3	\$3.	HLA typing Collected
16	Heart	Char	3	\$3.	f Heart
17	InfantBioChemAABC	Char	3	\$3.	Infant Biochemical Autoantibodies Collected
18	InfantHadAnyMedicalProblems	Char	3	\$3.	Has the infant had any medical problems since birth
19	InfantHadAnyNonFebrileInfectio	Char	3	\$3.	Has the infant had any nonfebrile infectious illness in the last 14 days
20	InfantHaveFebrileInfectiousIll	Char	3	\$3.	Has the infant had any febrile infectious illnesss in the last 14 days
21	InfantHaveImmunizationInLast14	Char	3	\$3.	Did the infant have an immunization within the last 14 days
22	InfantReceivedAnyMedicationSin	Char	3	\$3.	Has the parents or legal guardian given their infant any medications prescription and nonprescription NOT including omega3 fatty acids DHA vitamins or dietary supplements since birth
23	InfantRecievedImmunoglobulinOr	Char	2	\$2.	Has the infant received any immunoglobulin treatments or blood products in the last 30 days
24	InfantRecievedMineralsWithDHAO	Char	3	\$3.	Has the parents or legal guardian given the infant vitamins minerals dietary supplements or special food products with DHA or omega3 fatty acids
25	InfantTakeAnyAntiBioiticsLast1	Char	3	\$3.	Did the infant take any antibiotics within the last 14 days
26	InfantTakenSteroidsOrOtherImmu	Char	3	\$3.	Has the infant taken steroids oral or inhaled or other immunosuppressive medications in the last 30 days
27	InformedConcentSigned	Char	3	\$3.	Informed consent signed for new child
28	Liver	Char	3	\$3.	i Liver
29	Lungs	Char	3	\$3.	d Lungs
30	Lymphnodes	Char	3	\$3.	p Lymph nodes

Num	Variable	Type	Len	Format	Label
31	LymphnodesNormal	Char	1	\$1.	Lymph nodes
32	MotherBreastfeedingWillingToDi	Char	3	\$3.	If the mother is currently breastfeeding her baby is she willing to discontinue omega3 fatty acids while nursing and participating in the study
33	MotherHadAnyFebrileInfectiousI	Char	3	\$3.	Has the mother had any febrile infectious illness in the last 14 days
34	MotherHadNonFebrileNonInfectio	Char	3	\$3.	Has the mother had any nonfebrile infectious illness in the last 14 days
35	MotherHaveAnImmunizationWithin	Char	3	\$3.	Did the mother have an immunization within the last 14 days
36	MotherParticipatingInStudyDuri	Char	3	\$3.	Was mother participating in this study during pregnancy Entry A
37	MotherRecievedAnyImmunoglobuli	Char	3	\$3.	Has the mother received any immunoglobulin treatments or blood products since the last visit for those who entered when pregnancy Entry A or in the last 30 days if screening a new infant Entry B
38	MotherTakeDHAOrOmega3FattyAcid	Char	3	\$3.	Did the mother take vitamins minerals dietary supplements or special food products with DHA or omega3 fatty acids during pregnancy or anytime since delivery
39	MotherTakenAnyMeds	Char	3	\$3.	Has the mother taken any medications prescription and nonprescription not including omega3 fatty acids DHA vitamins or dietary supplements since giving birth
40	MotherTakenSteroidsOrOtherImmu	Char	3	\$3.	Has the mother taken steroids oral or inhaled or other immunosuppressive medications in the last 30 days
41	MothertakeAnyAntibioticsWithin	Char	3	\$3.	Did the mother take any antibiotics within the last 14 days
42	Musculoskeletal	Char	3	\$3.	k Musculoskeletal
43	Nails	Char	3	\$3.	o Nails
44	Neck	Char	3	\$3.	b Neck
45	Neurologic	Char	3	\$3.	l Neurologic
46	NormaAbdomen	Char	1	\$1.	Abdomen
47	NormaCardivascular	Char	1	\$1.	Cradiovascular
48	NormalChest	Char	1	\$1.	Chest
49	NormalHeart	Char	1	\$1.	Heart
50	NormalLiver	Char	1	\$1.	Liver
51	NormalLungs	Char	1	\$1.	Lungs
52	NormalMusculoskeletal	Char	1	\$1.	Musculoskeletal
53	NormalNails	Char	1	\$1.	Nails
54	NormalNeck	Char	1	\$1.	Neck Normal
55	NormalNeurologic	Char	1	\$1.	Neurologic
56	NormalSkin	Char	1	\$1.	Skin including jaundice
57	NormalSpleen	Char	1	\$1.	Spleen
58	NormalThyroid	Char	1	\$1.	Thyroid
59	NormalUrological	Char	1	\$1.	UrologicalRenal
60	Other	Char	1	\$1.	Other

Num	Variable	Type	Len	Format	Label
61	Other2	Char	3	\$3.	q Other
62	ParentsWillingToDiscontinueOme	Char	3	\$3.	Are the parents willing to discontinue giving omega3 fatty acids to the infant while participating in the study
63	PermissionStoreInfantGeneticSa	Char	3	\$3.	Permission givent to store infants genetic samples
64	PermissionStoreInfantSamples	Char	3	\$3.	Permission givent to store infants samples
65	PermissionStoreMotherGeneticSa	Char	3	\$3.	Permission to store mothers genetic samples
66	PermissionStoreMotherSamples	Char	3	\$3.	Permission to store mothers samples
67	Sex	Char	6	\$6.	Sex
68	Skin	Char	3	\$3.	n Skin including jaundice
69	Spleen	Char	3	\$3.	j Spleen
70	Thyroid	Char	3	\$3.	c Thyroid
71	UrologicalRenal	Char	3	\$3.	m UrologicalRenal
72	VitaminDLevelsCRP	Char	3	\$3.	Vitamin D levels and CReactive Protein CRP
73	CurrentlyTaking1_1	Char	3	\$3.	Currently Taking
74	CurrentlyTaking1_2	Char	3	\$3.	Currently taking
75	CurrentlyTaking2_1	Char	3	\$3.	Currently Taking
76	CurrentlyTaking2_2	Char	1	\$1.	Currently taking
77	CurrentlyTaking3_1	Char	3	\$3.	Currently Taking
78	CurrentlyTaking3_2	Char	1	\$1.	Currently taking
79	CurrentlyTaking4	Char	2	\$2.	Currently Taking
80	CurrentlyTaking5	Char	2	\$2.	Currently Taking
81	CurrentlyTakingMom1	Char	3	\$3.	Currently Taking Mom
82	CurrentlyTakingMom2	Char	3	\$3.	Currently Taking Mom
83	CurrentlyTakingMom3	Char	3	\$3.	Currently Taking Mom
84	CurrentlyTakingMom4	Char	3	\$3.	Currently Taking Mom
85	CurrentlyTakingMom5	Char	3	\$3.	Currently Taking Mom
86	CurrentlyTakingMom6	Char	3	\$3.	Currently Taking Mom
87	CurrentlyTakingMom7	Char	3	\$3.	Currently Taking Mom
88	CurrentlyTakingMom8	Char	3	\$3.	Currently Taking Mom
89	CurrentlyTakingMom9	Char	3	\$3.	Currently Taking Mom
90	Frequency1	Char	4	\$4.	Frequency
91	Frequency2	Char	1	\$1.	Frequency
92	Frequency3	Char	1	\$1.	Frequency
93	FrequencyI1	Char	3	\$3.	Frequency Infant
94	FrequencyI2	Char	3	\$3.	Frequency Infant
95	FrequencyI3	Char	1	\$1.	Frequency Infant
96	InfantCurrentlyTaking1	Char	3	\$3.	Currently taking Infant
97	InfantCurrentlyTaking2	Char	3	\$3.	Currently taking Infant
98	InfantCurrentlyTaking3	Char	1	\$1.	Currently taking Infant

Num	Variable	Type	Len	Format	Label
99	Unit1	Char	2	\$2.	Unit
100	Unit2	Char	1	\$1.	Unit
101	Unit3	Char	1	\$1.	Unit
102	UnitsI1	Char	2	\$2.	Units Infant
103	UnitsI2	Char	2	\$2.	Units Infant
104	UnitsI3	Char	1	\$1.	Units Infant
105	Abdomenabnormality	Char	40	\$40.	h Abdomen abnormality
106	AbnormAbdomen	Char	1	\$1.	Abnormal Abdomen
107	AbnormCardiovascular	Char	1	\$1.	Abnormal Cardiovascular
108	AbnormChest	Char	1	\$1.	Abnormal Chest
109	AbnormHeart	Char	1	\$1.	Abnormal Heart
110	AbnormLiver	Char	1	\$1.	Abnormal Liver
111	AbnormLungs	Char	1	\$1.	Abnormal Lungs
112	AbnormLymphNodes	Char	1	\$1.	Abnormal Lymph nodes
113	AbnormMusculoskeletal	Char	1	\$1.	Abnormal Musculoskeletal
114	AbnormNails	Char	1	\$1.	Abnormal Nails
115	AbnormNeck	Char	1	\$1.	Abnormal Neck
116	AbnormNeurologic	Char	1	\$1.	Abnormal Neurologic
117	AbnormOther	Char	1	\$1.	Abnormal Other
118	AbnormSkin	Char	1	\$1.	Abnormal Skin incluing jaundice
119	AbnormSpleen	Char	1	\$1.	Abnormal Spleen
120	AbnormThyroid	Char	1	\$1.	Abnormal Thyroid
121	AbnormUrological	Char	1	\$1.	Abnormal UrologicalRenal
122	Cardiovascularabnormality	Char	34	\$34.	g Cardiovascular abnormality
123	Chestabnormality	Char	1	\$1.	e Chest abnormality
124	CommentsBioChem	Char	28	\$28.	Comments
125	ComplicationsDuringPregnancySp	Char	72	\$72.	1 a If YES specify
126	FattyAcidAndInflamMediatorComm	Char	23	\$23.	Fatty Acids RBC and Inflammatory Mediators Comment
127	HEENTAbnorm	Char	1	\$1.	HEENT Abnormal
128	HEENTabnormality	Char	90	\$90.	a HEENT abnormality
129	HLAComments	Char	120	\$120.	Comments HLA
130	Heartabnormality	Char	7	\$7.	f Heart abnormality
131	InfantBioChemAABComment	Char	51	\$51.	Infant Biochemical Autoantibodies Comments
132	InfantMedicalProblemsSpecify	Char	123	\$123.	Specify
133	Liverabnormality	Char	17	\$17.	i Liver abnormality
134	Lungsabnormality	Char	35	\$35.	d Lungs abnormality
135	Lymphnodesabnormality	Char	1	\$1.	p Lymph nodes abnormality
136	Musculoskeletalabnormality	Char	28	\$28.	k Musculoskeletal abnormality
137	Nailsabnormality	Char	1	\$1.	o Nails abnormality

Num	Variable	Type	Len	Format	Label
138	Neckabnormality	Char	1	\$1.	b Neck
139	Neurologicabnormality	Char	22	\$22.	l Neurologic abnormality
140	OtherPertinentFindings	Char	135	\$135.	Describe any other pertinent findings
141	Otherabnormality	Char	29	\$29.	q Other abnormality
142	PhysicalExamConductedBy	Char	24	\$24.	Physical exam conducted by
143	Skinabnormality	Char	150	\$150.	n Skin including jaundice abnormality
144	SpecifyOther	Char	1	\$1.	Specify Other
145	SpecifyOther2	Char	27	\$27.	Other Specify
146	Spleenabnormality	Char	1	\$1.	j Spleen abnormality
147	Thyroidabnormality	Char	15	\$15.	c Thyroid abnormality
148	UrologicalRenalabnormality	Char	39	\$39.	m UrologicalRenal abnormality
149	VitaminDLevelsCRPComment	Char	23	\$23.	Vitamin D levels and CReactive Protein CRP Comments
150	Brand1	Char	22	\$22.	Brand
151	Brand2	Char	1	\$1.	Brand
152	Brand3	Char	1	\$1.	Brand
153	BrandI1	Char	33	\$33.	Brand Infant
154	BrandI2	Char	34	\$34.	Brand Infant
155	BrandI3	Char	1	\$1.	Brand Infant
156	TradeName1_1	Char	43	\$43.	Trade Name
157	TradeName1_2	Char	36	\$36.	Trade Name
158	TradeName2_1	Char	37	\$37.	Trade Name
159	TradeName2_2	Char	19	\$19.	Trade Name
160	TradeName3_1	Char	52	\$52.	Trade Name
161	TradeName3_2	Char	21	\$21.	Trade Name
162	TradeName4_1	Char	33	\$33.	Trade Name
163	TradeName4_2	Char	18	\$18.	Trade Name
164	TradeName5_1	Char	22	\$22.	Trade Name
165	TradeName5_2	Char	18	\$18.	Trade Name
166	TradeName6	Char	19	\$19.	Trade Name
167	TradeName7	Char	22	\$22.	Trade Name
168	TradeName8	Char	12	\$12.	Trade Name
169	TradeName9	Char	7	\$7.	Trade Name
170	Datephysicalexamcompletedmonth	Char	3	\$3.	t Date physical exam completed month
171	InformedConcentSignedMonth	Char	3	\$3.	Informed consent signed for new child Month
172	CategoryCode1	Char	14	\$14.	Category Code
173	CategoryCode2	Char	9	\$9.	Category Code
174	CategoryCode3	Char	9	\$9.	Category Code
175	CategoryCode4	Char	1	\$1.	Category Code
176	CategoryCode5	Char	1	\$1.	Category Code

Num	Variable	Type	Len	Format	Label
177	CategoryCodeMom1	Char	22	\$22.	Category Code Mother
178	CategoryCodeMom2	Char	22	\$22.	Category Code Mother
179	CategoryCodeMom3	Char	22	\$22.	Category Code Mother
180	CategoryCodeMom4	Char	23	\$23.	Category Code Mother
181	CategoryCodeMom5	Char	10	\$10.	Category Code Mother
182	CategoryCodeMom6	Char	9	\$9.	Category Code Mother
183	CategoryCodeMom7	Char	22	\$22.	Category Code Mother
184	CategoryCodeMom8	Char	11	\$11.	Category Code Mother
185	CategoryCodeMom9	Char	9	\$9.	Category Code Mother
186	StartDateMonth1_1	Char	3	\$3.	Start Date Month
187	StartDateMonth1_2	Char	3	\$3.	Start date infant Month
188	StartDateMonth2_1	Char	1	\$1.	Start Date Month
189	StartDateMonth2_2	Char	3	\$3.	Start date infant Month
190	StartDateMonth3_1	Char	1	\$1.	Start Date Month
191	StartDateMonth3_2	Char	1	\$1.	Start date infant Month
192	StopDateInfantMonth1	Char	3	\$3.	Stop Date Infant Month
193	StopDateInfantMonth2	Char	1	\$1.	Stop Date Infant Month
194	StopDateInfantMonth3	Char	1	\$1.	Stop Date Infant Month
195	StopDateMonth1	Char	3	\$3.	Stop Date Month
196	StopDateMonth2	Char	1	\$1.	Stop Date Month
197	StopDateMonth3	Char	1	\$1.	Stop Date Month
198	DOBYear	Num	8		Date of birth Year
199	Datephysicalexamcompletedday	Num	8		t Date physical exam completed day
200	Datephysicalexamcompletedyear	Num	8		t Date physical exam completed year
201	HeadCircumferenceCM	Num	8		Head circumference cm
202	HeadCircumferenceIN	Num	8		Head circumference in
203	IHR	Num	8		Infant Heart rate
204	IRR	Num	8		Respiratory rate Infant
205	InfantAgeAtBirth	Num	8		Gestational age at birth
206	InformedConcentSignedDay	Num	8		Informed consent signed for new child Day
207	InformedConcentSignedYear	Num	8		Informed consent signed for new childYear
208	LengthEnglish	Num	8		Length IN
209	LengthInfantCM	Num	8		Lenth Infant CM
210	LengthInfantIN	Num	8		Lenth Infant IN
211	LengthMetric	Num	8		Length CM
212	TemperatureC	Num	8		Temperature C
213	TemperatureF	Num	8		Temperature F
214	ToB	Num	8		Time of Birth eg 1336
215	WeightEnglish	Num	8		Weight LB

Num	Variable	Type	Len	Format	Label
216	WeightInfantKG	Num	8		Weight Infant KG
217	WeightInfantLB	Num	8		Weight Infant LB
218	WeightMetric	Num	8		Weight KG
219	Dose1	Num	8		Dose
220	Dose2	Num	8		Dose
221	Dose3	Num	8		Dose
222	DoseI1	Num	8		Dose Infant
223	DoseI2	Num	8		Dose Infant
224	DoseI3	Num	8		Dose Infant
225	StartDateYear1_1	Num	8		Start Date Year
226	StartDateYear1_2	Num	8		Start date infant Year
227	StartDateYear2_1	Num	8		Start Date Year
228	StartDateYear2_2	Num	8		Start date infant Year
229	StartDateYear3_1	Num	8		Start Date Year
230	StartDateYear3_2	Num	8		Start date infant Year
231	StopDateInfantYear1	Num	8		Stop Date Infant Year
232	StopDateInfantYear2	Num	8		Stop Date Infant Year
233	StopDateInfantYear3	Num	8		Stop Date Infant Year
234	StopDateYear1	Num	8		Stop Date Year
235	StopDateYear2	Num	8		Stop Date Year
236	StopDateYear3	Num	8		Stop Date Year
237	_3DigitCodeForRaceEthnicity1	Num	8		Record the 3digit code for raceethnicity International sites only
238	_3DigitCodeForRaceEthnicity2	Num	8		Record the 3digit code for raceethnicity International sites only
239	_3DigitCodeForRaceEthnicity3	Num	8		Record the 3digit code for raceethnicity International sites only
240	Race_AmericanIndianorAlaskaNat	Num	8		Race: American Indian or Alaska Native
241	Race_Asian	Num	8		Race: Asian
242	Race_BlackorAfricanAmerican	Num	8		Race: Black or African American
243	Race_NativeHawaiianorOtherPaci	Num	8		Race: Native Hawaiian or Other Pacific Islander
244	Race_Refused	Num	8		Race: Refused
245	Race_Unknownornotreported	Num	8		Race: Unknown or not reported
246	Race_White	Num	8		Race: White
247	RelationShipOfPerson_Deliverysta	Num	8		RelationShipOfPerson: Delivery staff
248	RelationShipOfPerson_Family	Num	8		RelationShipOfPerson: Family
249	RelationShipOfPerson_Friend	Num	8		RelationShipOfPerson: Friend
250	RelationShipOfPerson_Other	Num	8		RelationShipOfPerson: Other
251	RelationShipOfPerson_Studyresear	Num	8		RelationShipOfPerson: Study research staff
252	MaskID	Num	8		Participant Mask ID#

Num	Variable	Type	Len	Format	Label
253	Visit	Char	100		Visit
254	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
255	DOB_Year	Num	8		Date of Birth - Year

Data Set Name: tn06_210823_npp05preg.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AbruptioPlacenta	Char	2	\$2.	Abruptio placenta seperated
2	Anemia	Char	3	\$3.	t Anemia
3	Bronchitis	Char	3	\$3.	Bronchitis
4	ColdOrInfluenza	Char	3	\$3.	Cold or influenza
5	DoesSheHaveDiabetes	Char	3	\$3.	Does she have diabetes
6	DorG	Char	3	\$3.	Diarrhea or gastroenteritis
7	EI	Char	3	\$3.	Ear infection
8	HBP	Char	3	\$3.	High blood pressure
9	Hyperemesisgravidarum	Char	3	\$3.	u Hyperemesis gravidarum
10	IncompetentCervix	Char	3	\$3.	Incompetent cervix
11	KidneyBladderOrUTI	Char	3	\$3.	Kidney bladder or urinary tract infection
12	MultipleLiveBirthsDelivry	Char	3	\$3.	Were there multiple live births at delivery
13	NOEligible	Char	3	\$3.	IF NO Eligible
14	Other	Char	3	\$3.	Other
15	OtherInfection	Char	3	\$3.	Other infection
16	PlacentaPrevia	Char	3	\$3.	Placenta previa placenta covering cervix
17	Pneumonia	Char	3	\$3.	Pneumonia
18	PreEclampsiaOrToxemia	Char	3	\$3.	Preeclampsia or toxemia
19	PrematureLabor	Char	3	\$3.	Premature labor labor started before 36 weeks gestation
20	PrematureRuptureofMembranes	Char	3	\$3.	Premature rupture of membranes 24
21	ProlongedLabor	Char	3	\$3.	Prolonged labor labor for more than 24 hours
22	Proteinuria	Char	3	\$3.	Proteinuria
23	RepeatCSection	Char	3	\$3.	Was this a repeat cesarean section
24	STTST	Char	3	\$3.	Sore throat tonsillitis strep throat
25	SheHadHbA1cScoreGT9AnyTimeThis	Char	2	\$2.	Has she had an HbA1c score greater than 9 at any time during this pregnancy
26	SinusInfection	Char	3	\$3.	Sinus infection
27	SkinInfectionorRash	Char	3	\$3.	Skin infectionrash
28	TypeOfBirth	Char	16	\$16.	Type of delivery
29	enterthisstudyduringpregnancy	Char	3	\$3.	Did the mother enter this study during pregnancy Entry A
30	Eligible1	Char	3	\$3.	Eligible
31	Eligible2	Char	3	\$3.	Eligible
32	Eligible3	Char	1	\$1.	Eligible
33	Eligible4	Char	1	\$1.	Eligible
34	CircumstancesCSection	Char	185	\$185.	Describe the circumstances
35	GestationalDiabetes	Char	2	\$2.	If gestational diabetes week of pregnancy diagnoesd
36	NOParticipantLetters	Char	3	\$3.	IF NO Participant Letters

Num	Variable	Type	Len	Format	Label
37	Specify	Char	26	\$26.	If YES specify
38	ParticipantLetters1	Char	3	\$3.	Participant Letters
39	ParticipantLetters2	Char	3	\$3.	Participant Letters
40	ParticipantLetters3	Char	1	\$1.	Participant Letters
41	ParticipantLetters4	Char	1	\$1.	Participant Letters
42	Specify1	Char	43	\$43.	If Yes specify
43	Specify2	Char	1	\$1.	If Yes specify
44	BirthsNumber	Num	8		Number of full term births 36 weeks of gestational age
45	HowManyLiveBirths	Num	8		How Many
46	NOScreeningID	Num	8		IF NO Screening ID
47	NumberOfLivingChildren	Num	8		Number of living children
48	NumberOfTimesPregnant	Num	8		Number of times pregnant including this pregnancy eg 2 times
49	NumberofPreTermBirths	Num	8		Number of preterm births 36 weeks of gestational age
50	PregnancyConfirmed	Num	8		When was the pregnancy confirmed Weeks
51	ChildScreeningID1	Num	8		Child Screening ID
52	ChildScreeningID2	Num	8		Child Screening ID
53	ChildScreeningID3	Num	8		Child Screening ID
54	ChildScreeningID4	Num	8		Child Screening ID
55	TypeofDiabetes_BothPreexistingTy	Num	8		TypeofDiabetes: Both Pre-existing Type 1 and Type 2 diabetes
56	TypeofDiabetes_Donotknowtypeofdi	Num	8		TypeofDiabetes: Do not know type of diabetes
57	TypeofDiabetes_Gestationaldiabet	Num	8		TypeofDiabetes: Gestational diabetes
58	TypeofDiabetes_PreexistingType1d	Num	8		TypeofDiabetes: Pre-existing Type 1 diabetes
59	TypeofDiabetes_PreexistingType2D	Num	8		TypeofDiabetes: Pre-existing Type 2 Diabetes
60	MaskID	Num	8		Participant Mask ID#
61	Visit	Char	100		Visit
62	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210953_npp12ever.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BAA	Char	3	\$3.	BAA
2	FattyAcidsAndInflammatoryMedia	Char	3	\$3.	Fatty acids and Inflammatory mediators
3	VitDandCRP	Char	3	\$3.	Vit D and CRP
4	BAAcomments	Char	59	\$59.	BAA comments
5	FattyAcidsAndInflammatoryMedia2	Char	60	\$60.	Fatty acids and Inflammatory mediators comments
6	VitDandCRPcomments	Char	42	\$42.	VitDandCRP comments
7	RandomGlucoseMm	Num	8		Random glucose Mm
8	RandomGlucosemgdl	Num	8		Random glucose mgdl
9	MaskID	Num	8		Participant Mask ID#
10	Visit	Char	100		Visit
11	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn06_210954_npp1312mo.sas7bdat

Num	Variable	Type	Len	Format	Label
1	BAA	Char	3	\$3.	BAA
2	FattyAcidsAndInflammatoryMedia	Char	3	\$3.	Fatty acids and Inflammatory mediators
3	TetanusAntibodySerology	Char	3	\$3.	Tetanus antibody serology
4	TetanusLPAcellularResponse	Char	1	\$1.	Tetanus LPA cellular response
5	VitDandCRP	Char	3	\$3.	Vit D and CRP
6	BAAcomments	Char	33	\$33.	BAA comments
7	FattyAcidsAndInflammatoryMedia2	Char	39	\$39.	Fatty acids and Inflammatory mediators comments
8	TetanusAntibodySerologyComment	Char	33	\$33.	Tetanus antibody serology comments
9	TetanusLPAcellularResponsecomm	Char	83	\$83.	Tetanus LPA cellular response comments
10	VitDandCRPcomments	Char	1	\$1.	VitDandCRP comments
11	RandomGlucoseMm	Num	8		Random glucose Mm
12	RandomGlucosemgdl	Num	8		Random glucose mgdl
13	MaskID	Num	8		Participant Mask ID#
14	Visit	Char	100		Visit
15	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn_210416_diabetesons.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AnionGapUnits	Char	22	\$22.	If yes report as many of the following as available Anion Gap Units
2	BicarbonateUnits	Char	22	\$22.	If yes report as many of the following as available Bicarbonate Units
3	Currentvisitorlastscheduledvis	Char	8	\$8.	Current visit or last scheduled visit preceding diagnosis of diabetes
4	DiagnosisBy	Char	19	\$19.	Diagnosis made by
5	Fatigue	Char	3	\$3.	Did the participant experience fatigue
6	HospitalizedAtDiagnosisTime	Char	3	\$3.	Was the participant hospitalized at the time of diagnosis
7	Ketoacidosis	Char	3	\$3.	Did the participant experience Ketoacidosis
8	PlasmaGlucoseUnits	Char	6	\$6.	If yes report as many of the following as available Plasma Glucose Units
9	Polydipsia	Char	3	\$3.	Did the participant experience Polydipsia
10	Polyphagia	Char	3	\$3.	Did the participant experience Polyphagia
11	Polyuria	Char	3	\$3.	Did the participant experience Polyuria
12	SerumKetonesUnits	Char	7	\$7.	If yes report as many of the following as available Serum Ketones units
13	UnexperiencedWeightLoss	Char	3	\$3.	Did the participant experience Unexperienced weight loss
14	UrineKetonesUnits	Char	7	\$7.	If yes report as many of the following as available Urine Ketones Units
15	pHUnits	Char	7	\$7.	If yes report as many of the following as available pHserum Units
16	GlucoseType1	Char	9	\$9.	Glucose Type
17	GlucoseType2	Char	9	\$9.	Glucose Type
18	GlucoseType3	Char	9	\$9.	Glucose Type
19	GlucoseType4	Char	9	\$9.	Glucose Type
20	GlucoseType5	Char	9	\$9.	Glucose Type
21	GlucoseType6	Char	9	\$9.	Glucose Type
22	GlucoseType7	Char	9	\$9.	Glucose Type
23	GlucoseType8	Char	6	\$6.	Glucose Type
24	GlucoseType9	Char	6	\$6.	Glucose Type
25	GlucoseType10	Char	7	\$7.	Glucose Type
26	GlucoseType11	Char	1	\$1.	Glucose Type
27	GlucoseType12	Char	1	\$1.	Glucose Type
28	MeasuredBy1	Char	9	\$9.	Glucose Levels measured by
29	MeasuredBy2	Char	9	\$9.	Glucose Levels measured by
30	MeasuredBy3	Char	9	\$9.	Glucose Levels measured by
31	MeasuredBy4	Char	9	\$9.	Glucose Levels measured by
32	MeasuredBy5	Char	9	\$9.	Glucose Levels measured by
33	MeasuredBy6	Char	9	\$9.	Glucose Levels measured by
34	MeasuredBy7	Char	9	\$9.	Glucose Levels measured by

Num	Variable	Type	Len	Format	Label
35	MeasuredBy8	Char	5	\$5.	Glucose Levels measured by
36	MeasuredBy9	Char	5	\$5.	Glucose Levels measured by
37	MeasuredBy10	Char	5	\$5.	Glucose Levels measured by
38	MeasuredBy11	Char	1	\$1.	Glucose Levels measured by
39	MeasuredBy12	Char	1	\$1.	Glucose Levels measured by
40	Units1	Char	6	\$6.	Glucose level Units
41	Units2	Char	6	\$6.	Glucose level Units
42	Units3	Char	6	\$6.	Glucose level Units
43	Units4	Char	6	\$6.	Glucose level Units
44	Units5	Char	6	\$6.	Glucose level Units
45	Units6	Char	6	\$6.	Glucose level Units
46	Units7	Char	6	\$6.	Glucose level Units
47	Units8	Char	5	\$5.	Glucose level Units
48	Units9	Char	5	\$5.	Glucose level Units
49	Units10	Char	5	\$5.	Glucose level Units
50	Units11	Char	1	\$1.	Glucose level Units
51	Units12	Char	1	\$1.	Glucose level Units
52	DiagnosisByOthersSpecify	Char	97	\$97.	If other facility specify
53	DateInsulinTreatmentStartedUnk	Num	8		Date Insulin treatment started Unknown
54	AnionGapRefRangeHigh	Num	8		If yes report as many of the following as available Anion Gap Higher reference range
55	AnionGapRefRangeLow	Num	8		If yes report as many of the following as available Anion Gap Lower reference range
56	AnionGapResult	Num	8		If yes report as many of the following as available Anion Gap Result
57	BicarbonateRefRangeHigh	Num	8		If yes report as many of the following as available Bicarbonate Higher reference range
58	BicarbonateRefRangeLow	Num	8		If yes report as many of the following as available Bicarbonate Lower reference range
59	BicarbonateResult	Num	8		If yes report as many of the following as available Bicarbonate Result
60	HbA1cLowerReferenceRange	Num	8		Other laboratory values HbA1c Lower Reference Range
61	HbA1cResult	Num	8		Other laboratory values HbA1c Result
62	HbA1chigherrReferenceRange	Num	8		Other laboratory values HbA1c Higher Reference Range
63	PlasmaGlucoseRefRangeHigh	Num	8		If yes report as many of the following as available Plasma Glucose High reference range
64	PlasmaGlucoseRefRangeLow	Num	8		If yes report as many of the following as available Plasma Glucose Low reference range
65	PlasmaGlucoseResult	Num	8		If yes report as many of the following as available Plasma Glucose Result
66	SerumKetonesRefRangeHigh	Num	8		If yes report as many of the following as available Serum Ketones Higher reference range

Num	Variable	Type	Len	Format	Label
67	SerumKetonesRefRangeLow	Num	8		If yes report as many of the following as available Serum Ketones Loer reference range
68	SerumKetonesResult	Num	8		If yes report as many of the following as available Serum Ketones Result
69	UrineKetonesRefRangeHigh	Num	8		If yes report as many of the following as available Urine Ketones Higher reference range
70	UrineKetonesRefRangeLow	Num	8		If yes report as many of the following as available Urine Ketones Lower reference range
71	UrineKetonesResult	Num	8		If yes report as many of the following as available Urine Ketones Result
72	WeightLostInKgs	Num	8		If YES amount of weight lost in Kgs
73	WeightLostInLbs	Num	8		If YES amount of weight lost in Lbs
74	pHReferenceRangeHigh	Num	8		If yes report as many of the following as available pHserum HigherReference range
75	pHReferenceRangeLow	Num	8		If yes report as many of the following as available pHserum Lower Reference range
76	pHResult	Num	8		If yes report as many of the following as available pHserum Result
77	HigherReferenceRange1	Num	8		Glucose level Higher Reference Range
78	HigherReferenceRange2	Num	8		Glucose level Higher Reference Range
79	HigherReferenceRange3	Num	8		Glucose level Higher Reference Range
80	HigherReferenceRange4	Num	8		Glucose level Higher Reference Range
81	HigherReferenceRange5	Num	8		Glucose level Higher Reference Range
82	HigherReferenceRange6	Num	8		Glucose level Higher Reference Range
83	HigherReferenceRange7	Num	8		Glucose level Higher Reference Range
84	HigherReferenceRange8	Num	8		Glucose level Higher Reference Range
85	HigherReferenceRange9	Num	8		Glucose level Higher Reference Range
86	HigherReferenceRange10	Num	8		Glucose level Higher Reference Range
87	HigherReferenceRange11	Num	8		Glucose level Higher Reference Range
88	HigherReferenceRange12	Num	8		Glucose level Higher Reference Range
89	LowerReferenceRange1	Num	8		Glucose level Lower Reference Range
90	LowerReferenceRange2	Num	8		Glucose level Lower Reference Range
91	LowerReferenceRange3	Num	8		Glucose level Lower Reference Range
92	LowerReferenceRange4	Num	8		Glucose level Lower Reference Range
93	LowerReferenceRange5	Num	8		Glucose level Lower Reference Range
94	LowerReferenceRange6	Num	8		Glucose level Lower Reference Range
95	LowerReferenceRange7	Num	8		Glucose level Lower Reference Range
96	LowerReferenceRange8	Num	8		Glucose level Lower Reference Range
97	LowerReferenceRange9	Num	8		Glucose level Lower Reference Range
98	LowerReferenceRange10	Num	8		Glucose level Lower Reference Range
99	LowerReferenceRange11	Num	8		Glucose level Lower Reference Range
100	LowerReferenceRange12	Num	8		Glucose level Lower Reference Range

Num	Variable	Type	Len	Format	Label
101	Result1	Num	8		Glucose level Result
102	Result2	Num	8		Glucose level Result
103	Result3	Num	8		Glucose level Result
104	Result4	Num	8		Glucose level Result
105	Result5	Num	8		Glucose level Result
106	Result6	Num	8		Glucose level Result
107	Result7	Num	8		Glucose level Result
108	Result8	Num	8		Glucose level Result
109	Result9	Num	8		Glucose level Result
110	Result10	Num	8		Glucose level Result
111	Result11	Num	8		Glucose level Result
112	Result12	Num	8		Glucose level Result
113	MaskID	Num	8		Participant Mask ID#
114	Visit	Char	100		Visit
115	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
116	Date_at_Hospitalization	Num	8	MMDDYY10.	Date at Hospitalization
117	Date_at_Anion_Gap	Num	8	MMDDYY10.	Date at Anion Gap
118	Date_at_Biocarbonate	Num	8	MMDDYY10.	Date at Bicarbonate
119	Date_at_Diagnosis	Num	8	MMDDYY10.	Date at Diagnosis
120	Date_at_Discharge	Num	8	MMDDYY10.	Date at Discharge
121	Date_at_Fatigue	Num	8	MMDDYY10.	Date at Fatigue
122	Date_at_Glucose1	Num	8	MMDDYY10.	Date at Glucose #1
123	Date_at_Glucose2	Num	8	MMDDYY10.	Date at Glucose #2
124	Date_at_Glucose3	Num	8	MMDDYY10.	Date at Glucose #3
125	Date_at_Glucose4	Num	8	MMDDYY10.	Date at Glucose #4
126	Date_at_Glucose5	Num	8	MMDDYY10.	Date at Glucose #5
127	Date_at_Glucose6	Num	8	MMDDYY10.	Date at Glucose #6
128	Date_at_Glucose7	Num	8	MMDDYY10.	Date at Glucose #7
129	Date_at_Glucose8	Num	8	MMDDYY10.	Date at Glucose #8
130	Date_at_Glucose9	Num	8	MMDDYY10.	Date at Glucose #9
131	Date_at_Glucose10	Num	8	MMDDYY10.	Date at Glucose #10
132	Date_at_Glucose11	Num	8	MMDDYY10.	Date at Glucose #11
133	Date_at_Glucose12	Num	8	MMDDYY10.	Date at Glucose #12
134	Date_at_HbA1c	Num	8	MMDDYY10.	Date at HbA1c
135	Date_at_Insulin_Trtr_Start	Num	8	MMDDYY10.	Date at Insulin Treatment Start
136	Date_at_Plasma_Glucose	Num	8	MMDDYY10.	Date at Plasma Glucose
137	Date_at_Polydipsia	Num	8	MMDDYY10.	Date at Polydipsia
138	Date_at_Polyphagia	Num	8	MMDDYY10.	Date at Polyphagia
139	Date_at_Polyuria	Num	8	MMDDYY10.	Date at Polyuria

Num	Variable	Type	Len	Format	Label
140	Date_at_Serum_Ketones	Num	8	MMDDYY10.	Date at Serum Ketones
141	Date_at_Weight_Loss	Num	8	MMDDYY10.	Date at Weight Loss
142	Date_at_Urine_Ketones	Num	8	MMDDYY10.	Date at Urine Ketones
143	Date_at_pH	Num	8	MMDDYY10.	Date at pH

Data Set Name: tn_210745_ctl16missed.sas7bdat

Num	Variable	Type	Len	Format	Label
1	MotherBabyWillingToContinueTak	Char	3	\$3.	Is the participant motherbaby willing to continue taking the study substance
2	ParticipantAgreeToContinue	Char	3	\$3.	If Yes did the participant agree to continue in the study
3	ParticipantContacted	Char	3	\$3.	Was the participant contacted
4	ParticipantExpectedToContinue	Char	3	\$3.	Is the participant expected to continue with future followup visits
5	ParticipantWillingToContinueMe	Char	1	\$1.	IF YES Is the participant willing to continue taking the study medication as described by the protocol
6	ReasonForMissedVisit	Char	83	\$83.	What was the primary reason for the missed visit
7	ReasonForMissedVisitSpecify	Char	665	\$665.	If Other specify
8	ReasonParticipantMissed	Char	710	\$710.	Provide additional information about the reason the visit was missed if known
9	MissedVisitInfant	Char	1	\$1.	Which visit was missed
10	VistMissed	Char	18	\$18.	Which visit was missed
11	MaskID	Num	8		Participant Mask ID#
12	Visit	Char	100		Visit
13	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit

Data Set Name: tn_210746_protocoldev.sas7bdat

Num	Variable	Type	Len	Format	Label
1	Deviation	Char	1	\$1.	Protocol Deviation
2	DeviationError	Char	49	\$49.	Protocol deviationprocedural error
3	DeviationReportedFor	Char	6	\$6.	Protocol deviation reported for
4	PNotified	Char	3	\$3.	Was PI notified
5	ProtocolDeviation	Char	87	\$87.	Protocol Deviation
6	ProtocolDeviation2	Char	83	\$83.	Protocol Deviation
7	ProtocolDeviationApprovedByElg	Char	3	\$3.	Was protocol deviation approved by the Eligibility Committee
8	RequiredBloodCollectionProcedu	Char	1	\$1.	Required procedureblood collection not completed Specify
9	SubjectRandomizedInelgibilityA	Char	3	\$3.	If Ineligible subject randomized checked approved by Eligibility Committee
10	TN16ProtocolDeviation	Char	88	\$88.	TN16 Protocol deviation
11	TestingErrorProcedure	Char	1	\$1.	Testing procedure error
12	CorrectiveActionTaken	Char	989	\$989.	Corrective action taken if necessary depending on circumstances
13	DescribeCorrectionAction	Char	175	\$175.	Describe corrective action taken if necessary depending on circumstances
14	DescribeDeviation	Char	204	\$204.	Describe Deviation procedural error and circumstances
15	DeviationCircumstances	Char	3445	\$3445.	Describe deviation and circumstances
16	DeviationOccurenceSpecify	Char	1	\$1.	IF OTHER Specify Deviation
17	ExlcudedMedicationSpecify	Char	1	\$1.	Excluded Medications Specify
18	ExplanProtocolDeviation	Char	1	\$1.	Explanation for protocol deviation
19	IfMiscellaneousSpecify	Char	216	\$216.	If Miscellaneous specify
20	OtherSpecify	Char	116	\$116.	Other Specify
21	OtherSpecify2	Char	159	\$159.	If Other Specify
22	OtherSpecify3	Char	1	\$1.	Other Specify
23	ProtocolChair	Char	1	\$1.	If yes who was the protocol chair
24	ProtocolDeviationSpecify	Char	119	\$119.	If OTHER Specify deviation
25	ProtocolDeviationOtherSubcateg	Char	89	\$89.	Protocol Deviation Other subcategory
26	StudyVisitCompletedFor	Char	13	\$13.	Study visit this form being completed for
27	PhiX174WeekNumber	Num	8		If PhiX174 Visit ONLY ie Weeks 6 7 8 13 14 16 53 54 58 59 60 62 Record week number
28	MaskID	Num	8		Participant Mask ID#
29	Visit	Char	100		Visit
30	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
31	Date_at_Deviation	Num	8	MMDDYY10.	Date at Deviation
32	Date_at_Other	Num	8	MMDDYY10.	Date at Other
33	Date_at_Protocol_Deviation	Num	8	MMDDYY10.	Date at Protocol Deviation

Data Set Name: tn_210753_changeofsta.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ChangeOfStatusOccuring	Char	98	\$98.	Change in status that has occurred
2	IsParticipantWillingBeContacte	Char	7	\$7.	Is the participant still willing to be contacted
3	ParticipantCompletedEntireStud	Char	3	\$3.	Participant completed entire study
4	ReasonForWithdrawal	Char	45	\$45.	Record the primary reason for withdrawal
5	WillingToBeContacted	Char	3	\$3.	Is the subject still willing to be contacted
6	WillingToContinueAfterPregnanc	Char	3	\$3.	Is the participant willing to continue participation as a Control after completion of pregnancy
7	WithdrewConsentWhy	Char	65	\$65.	If withdrew consent selected record the reason why
8	ReasonAdverseEventSpecify	Char	106	\$106.	Reason Adverse Event specify
9	ReasonForWithdrawalOTHER	Char	789	\$789.	If OTHER Specify
10	ReasonWithdrewConsentSpecify	Char	770	\$770.	Reason Withdrew Consent specify
11	WithdrewConsentWhyIfOther	Char	139	\$139.	If withdrew consent selected record the reason why If OTHER specify
12	DateCompletionMM	Char	3	\$3.	Date of completionMM
13	DateCompletionDD	Num	8		Date of completionDD
14	DateCompletionYYYY	Num	8		Date of completionYYYY
15	PhiX174VisitNumber	Num	8		If PhiX174 Visit ONLY ie Weeks 6 7 8 13 14 16 53 54 58 60 or 62 Record week number
16	MaskID	Num	8		Participant Mask ID#
17	Visit	Char	100		Visit
18	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
19	Date_at_Change_of_Status	Num	8	MMDDYY10.	Date at Change of Status
20	Date_at_Reactivation	Num	8	MMDDYY10.	Date at Reactivation
21	Date_at_Withdrawal	Num	8	MMDDYY10.	Date at Withdrawal
22	Date_at_Last_Visit	Num	8	MMDDYY10.	If Other, Date of Last Visit
23	Date_at_Pregnancy_Completion	Num	8	MMDDYY10.	Date at Pregnancy Completion

Data Set Name: tn_914_adverseevent.sas7bdat

Num	Variable	Type	Len	Format	Label
1	AEReportType	Char	9	\$9.	AE Report Type
2	Eventabateafterstoppingdrug	Char	14	\$14.	Did the eventreaction abate after stopping drug
3	Eventreappearafterreintroducti	Char	14	\$14.	Did the eventreaction reappear after reintroduction
4	AEPrimarySecondary1	Char	9	\$9.	Is this event a primary or secondary event
5	AEDetails	Char	3985	\$3985.	Adverse Event Details
6	AETreatLocationOther	Char	108	\$108.	AE Treatment Location Other
7	Comments	Char	3025	\$3025.	Comments
8	ElectronicSignature	Char	1	\$1.	Electronic Signature
9	AECategory	Char	35	\$35.	Category
10	AECausalityByReporter	Char	22	\$22.	Causality by reporter
11	AEReasonForFollowup	Char	55	\$55.	AE Reason for followup
12	AETreatLocation	Char	14	\$14.	Adverse Event Treatment Location
13	AEEExpected1	Char	3	\$3.	Expected
14	AEPatientOutcome1	Char	35	\$35.	Patient Outcome
15	AEFollowupNumber	Num	8		AE Followup instance number
16	AEInitialAEID	Num	8		AE Initial AEID
17	AEOther	Num	8		Adverse Event Other
18	AEPrimaryAEID	Num	8		If this is a secondary event please enter primary adverse event ID
19	AEReporterStaffCode	Num	8		AE Reporter Staff Code
20	AESelectTerm	Num	8	ALLFMT.	AE Select Term
21	AESupraOrdinateTerm	Num	8	ALLFMT.	Adverse Event SupraOrdinate Term sub category
22	AEAssociations_Death	Num	8		AEAssociations: Death
23	AEAssociations_Developmentofacon	Num	8		AEAssociations: Development of a congenital anomaly or birth defect
24	AEAssociations_Developmentofaper	Num	8		AEAssociations: Development of a permanent/ serious/ disabling /incapacitating condition
25	AEAssociations_Hospitalizationor	Num	8		AEAssociations: Hospitalization or prolonged hospitalization
26	AEAssociations_Isanotherconditio	Num	8		AEAssociations: Is another condition which investigators judge to represent significant hazards
27	AEAssociations_Lifethreatening	Num	8		AEAssociations: Life threatening
28	severity_index	Num	8		
29	AE Serious	Char	10		Serious
30	AEID	Num	8		
31	MaskID	Num	8		Participant Mask ID#
32	Visit	Char	100		Visit
33	Date_of_Visit	Num	8	MMDDYY10.	Date of Visit
34	Date_at_Death	Num	8	MMDDYY10.	Date at Death

Num	Variable	Type	Len	Format	Label
35	Date_at_FollowUp	Num	8	MMDDYY10.	Date at Follow-Up
36	Date_at_Occurence	Num	8	MMDDYY10.	Date at Occurence
37	Date_at_Report	Num	8	MMDDYY10.	Date at Report
38	Date_Resolved	Num	8	MMDDYY10.	Date Resolved
39	Date_Study_Drug_Started1	Num	8	MMDDYY10.	Date Study Drug Started #1
40	Date_Study_Drug_Started2	Num	8	MMDDYY10.	Date Study Drug Started #2
41	Date_Study_Drug_Started3	Num	8	MMDDYY10.	Date Study Drug Started #3
42	Date_Study_Drug_Started4	Num	8	MMDDYY10.	Date Study Drug Started #4
43	Date_Study_Drug_Started5	Num	8	MMDDYY10.	Date Study Drug Started #5
44	Date_Study_Drug_Stopped1	Num	8	MMDDYY10.	Date Study Drug Stopped #1
45	Date_Study_Drug_Stopped2	Num	8	MMDDYY10.	Date Study Drug Stopped #2
46	Date_Study_Drug_Stopped3	Num	8	MMDDYY10.	Date Study Drug Stopped #3
47	Date_Study_Drug_Stopped4	Num	8	MMDDYY10.	Date Study Drug Stopped #4
48	Date_Study_Drug_Stopped5	Num	8	MMDDYY10.	Date Study Drug Stopped #5

Data Set Name: treatment_table.sas7bdat

Num	Variable	Type	Len	Format	Label
1	ORDERING_INDEX	Num	8		ORDERING_INDEX
2	CONSUMED	Num	8		CONSUMED
3	TreatmentName	Char	100		
4	RegistrationGroup	Char	100		
5	Treatment_Start_Date	Num	8	MMDDYY10.	
6	Randomization_Date	Num	8	MMDDYY10.	
7	Data_Entry_User_ID	Num	8		User ID of Data Entry Personnel
8	MaskID	Num	8		Participant Mask ID#
9	SequenceNumber	Num	8		