

Master dataset with derived variables

Variable Number	SAS variable name	Variable Label	level
1	IDNO	IDNO	
2	age	Age at liver study enrollment	Continuous numeric
3	BMI	BMI (kg/m ²)	Continuous numeric
4	mean_whole_PDFP	Mean whole PDFP	Continuous numeric
5	MRE_stiffness	MRE stiffness	Continuous numeric
6	Ferritin	Ferritin level	Continuous numeric
7	birthyr	Year of birth	Continuous numeric
8	sex	Sex	1 = Male
			2 = Female
9	site	Study site	1 = Arizona
			2 = Oklahoma
10	obese	Obesity indicator	0 = Non-obese
			1 = Obese
11	alcohol	Alcohol use	0 = None
			1 = Low/moderate drinker
			2 = Binge drinker
			3 = Heavy binge drinker
12	binge	Binge drinking indicator	0 = No alcohol
			1 = Alcohol not binge drinker
			2 = Binge drinker
13	fibrosis	Fibrosis indicator	0 = Normal
			1 = Mildly elevated
14	diabetes	Diabetes indicator	0 = Diabetes-free
			1 = Diabetes
15	liverfat	Liver fat	0 = Normal
			1 = Elevated

Variable Number	SAS variable name	Variable Label	Possible responses
1	IDNO	SHSID	
2	FAMIDNO	SHS Family I.D	
3	SCR1	1.Gender	Male / Female
4	SCR1A	1a) If Female: Are you currently pregnant or do you think that you might be pregnant?	Yes / No
5	SCR1B	1b) If Female: Do you currently have an I.U.D. (intrauterine device)?	Yes / No
6	SCR1C	1c)If Male: Do you have a penile implant?	Yes / No
7	SCR2	2. Year of Birth:	Continuous numeric
8	SCR3	3. Are you claustrophobic (where some people feel anxious or uncomfortable in the MRI scanner or in enclosed places)?	Yes / No
9	SCR4	4. How much do you weigh(in pounds)?	Continuous numeric
10	SCR5	5. Are you confident or are you certain that you have ever been told that you have Viral hepatitis (B or C)?	Yes / No
11	SCR6	6. Do you have a Pacemaker or implanted Defibrillator/epicardial pacemaker leads?	Yes / No
12	SCR7	7. Do you have implanted artificial heart valves, stents or aortic clips?	Yes / No
13	SCR8	8. Do you have implanted brain or aneurysm clips or coils?	Yes / No
14	SCR9	9. Do you have ear implants such as cochlear implants, stapes implants, hearing aides or metal tubes?	Yes / No
15	SCR10	10. Do you have an infusion pump for insulin or any other drug?	Yes / No
16	SCR11	11. Do you have a neurostimulator?	Yes / No
17	SCR12	12. Do you have any stimulator such as a bone growth/fusion stimulator?	Yes / No
18	SCR13	13. Do you have a breast prosthesis?	Yes / No
19	SCR14	14. Do you have an IVC umbrella?	Yes / No
20	SCR15	15. Do you have an implanted electronic recording device?	Yes / No
21	SCR16	16. Do you have any type of implanted coil, filter, stent or shunt?	Yes / No
22	SCR17	17. Do you have any implanted items (pins, rods, screws, nails, plates, wires)?	Yes / No
23	SCR18	18. Have you had an injury to the eye involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, etc.)?	Yes / No
24	SCR19	19. Do you have an artificial eye? If yes or unsure, please inform imaging center at time of MRI	Yes / No
25	SCR20	20. Have you ever been injured by a metallic object or foreign body (e.g. BB's, bullet, shrapnel, etc.)?	Yes / No
26	SCR21	21. Have you ever had a MRI examination before and had a problem?	Yes / No
27	SCR22	22. Are you able to lie still on your back for 30 minutes?	No / Yes
28	SCR21A	21a.If yes, please describe MRI exam problems from 21 above	Free text
29	SCR23A	23a. Implant type	Free text
30	SCR23B	23b. Make	Free text
31	SCR23C	23c. Model	Free text
32	SCR23D	23d. When installed	Free text
33	SCR23E	23e. Name of the doctor who installed implant	Free text
34	SCR23F	23f. Compatible with MRI	Free text

Variable Number	SAS variable name	Variable Label	Possible responses
35	SCR24	24. Was participant excluded from study?	Yes / No
36	SCR24A	24a. If yes, why?	Free text

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	
2	PI1	1. Gender	Female Male
3	PI2	2. What is your current marital status?	Never married Currently married Divorced Adult roommate/partner/significant other Widowed Separated
4	PI3	3. How many years of education have you completed?	Vo-tech or years of school (Vo-tech/GED = 12) Junior college Bachelors Masters
5	PI4	4. How often did you drink diet drinks, like diet Coke, diet Pepsi, diet Dr. Pepper, diet lemonade or diet iced tea, etc., in the PAST WEEK? (Please check only one.)	Never Everyday Twice a week Once a week Three to four times a week More than once a day Five to six times a week Don't know or can't remember
6	PI5	5. How often do you use artificial sweeteners to sweeten your drinks, such as coffee or tea? (Please check only one.)	Never Always Occasionally Often
7	PI6A	a) Saccharin, such as Sweet 'N Low (usually in a pink packet)	Yes / No
8	PI6B	b) Sucralose, such as Splenda (usually in a yellow packet)	Yes / No
9	PI6C	c) Aspartame, such as Equal or NutraSweet (usually in a blue packet)	Yes / No
10	PI6D	d) Other, such as Cyclamate, Weight Watchers or Acesulfame Potassium, like Sunett	Yes / No
11	PI6E	e) Don't know, don't care	Yes / No
12	PI7	7. Does your household income meet your family's needs?	Yes / No Unsure
13	PI8	8. Are you going to school?	Yes / No
14	PI9	9. How many hours per week do you work at a job or jobs that pay you a salary or wage?	Free text

Variable Number	Variable name	Variable Label	Possible responses
15	PI10	10. Which of the following categories best describes your annual household income from all sources?	Don't know/not sure 35000 to 50000 Over 50000 25000 to 35000 Less than 5000 20000 to 25000 10000 to 15000 15000 to 20000 5000 to 10000 Refused
16	PI11	11. During your lifetime have you smoked 100 cigarettes or more total?	Yes / No
17	PI12	12. Have you ever smoked regularly?	Yes smoked regularly Never smoked regularly
18	PI12A	12a. If yes,how old were you when you first started smoking regularly?	Free text
19	PI13	13. Did you quit smoking?	Yes / No
20	PI13A	13a. If you quit, when did you last smoke? (Just the year, please)	Free text
21	PI14	14. On the average, how many cigarettes do/did you usually smoke per day?	Free text
22	PI14A	14a. If the average is less than one cigarette per day, number of cigarettes per month?	Free text
23	PI15	15.Do you smoke cigarettes now?	Yes / No
24	PI16	16. Do you use chewing tobacco/snuff now?	Yes / No
25	PI17	17.If yes, how many times a day do you use it?	Free text
26	PI18	18. Do you now use an electronic cigarette or other electronic vaping products?	Yes / No
27	PI18A	18a. If No, did you use them before?	Yes / No
28	PI19	19. How often do you now use e-cigarettes or other electronic 'vaping' products?	Sometimes Everyday Don't Know
29	PI20	PASSIVE SMOKING: 20. Whether or not you smoke, on the average, how many hours a day are you exposed to the smoke of others?	Free text
30	PI21	21. Have you ever consumed alcoholic beverages?	Yes / No
31	PI21A	21a. If 'YES,' when was your last drink? (Choose only one)	More than a year ago (you are done with this form) Within the last week Within the last month Within the last year. Number of months-specify below
32	PI21B	21b. Specify No of months within last year	Free text
33	PI22	22. How many alcoholic drinks do you have in a typical week?	Free text
34	PI23	23. How many days in a typical month do you have at least one drink?	Free text

Variable Number	Variable name	Variable Label	Possible responses
35	PI24	24. On the days when you drink any liquor, beer or wine, about how many drinks do you have, on average?	Free text
36	PI25	25. When you drink more than your usual amount, how many total drinks do you have?	Free text
37	PI25A	25a. How many times in a month?	Free text
38	PI26	26. How many times during the PAST MONTH did you have, [for men, 5 or more, or for women, 4 or more], drinks on an occasion? Indicate times per month.	Free text
39	PI27	27. How many months during the PAST YEAR did you have [for men, 5 or more, or for women, 4 or more] drinks on an occasion?	Free text
40	PI28	28. In the months that you had [for men, 5 or more, or for women, 4 or more] drinks on an occasion, how many times did that occur?	Free text
41	PI29	29. How reliable was the participant in completing the questionnaire?	Very reliable Reliable Uncertain Unreliable
42	PI30	30. Did the participant complete ALL or PART of the interview?	Yes, completed ALL or PART of the interview

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	
2	MHX1	1. IS THE PARTICIPANT FEMALE?	Yes / No
3	MHX2	2. Have your menstrual cycles (periods) stopped?	Yes / No
4	MHX2A	2a.If 'YES,' have they stopped for 12 months or more?	Yes / No
5	MHX2B	2b.How old were you when your periods stopped completely?	Free text
6	MXH3A	3a) High blood pressure?	Yes, No, Only during pregnancy
7	MHX3B	3b) If 'YES,' how old were you when you were first told by a medical person that you had high blood pressure (for women, not during pregnancy)?Indicate the actual age.	Free text
8	MHX3C	3c) If 'YES,' are you taking any medication to control your blood pressure?	Yes / No
9	MHX4	4.Arthritis	Yes / No
10	MHX5	5.Hypothyroidism	Yes / No
11	MHX6	6.Chronic cholestasis	Yes / No
12	MHX7	7.Elevated uric acid such as gout	Yes / No
13	MHX8	8.Polycystic ovary syndrome	Yes / No
14	MHX9	9.Have you ever been diagnosed with sleep apnea	Yes / No
15	MHX10	10.Do you have symptoms suggestive of sleep apnea (snoring, observed periods of apnea or stopped breathing while sleeping, disruptive sleep disturbance)?	Yes / No
16	MHX11	11.Have you ever received an organ (e.g. liver) or bone marrow transplant?	Yes / No
17	MHX12	12.Have you ever had GI or bariatric surgery (stomach stapling or banding or intestinal bypass)?	Yes / No
18	MHX13	13. Have you been diagnosed with Short Bowel syndrome	Yes / No
19	MHX14	14. Are you HIV positive	Yes / No
20	MHX15	15. Diabetes?	No, yes, Only during pregnancy
21	MHX15A	15a.How old were you when you were first told by a medical person that you had diabetes? Indicate the actual age.	Free text
22	MHX15B_INSULIN	insulin	Yes / No
23	MHX15B_HYPOG	hypoglycemic agent (oral or injected)	Yes / No
24	MHX15B_DIET	dietary control	Yes / No
25	MHX15B_EXERCISE	exercise	Yes / No
26	MHX15B_NOTHING	do nothing	Yes / No
27	MHX15B_OTHER	other,specify below	Free text
28	MHX15B_SPECIFY	Specify other from above	Free text
29	MHX16	16. Has a medical person ever told you that you had kidney failure?	Yes / No
30	MHX16A	16a.If 'YES,' are one or both working well now?	Yes / No
31	MHX16B	16b. How old were you when you were first told by a medical person that you had kidney failure? Indicate the actual age.	Free text
32	MHX17	17. Are you currently on renal dialysis?	Yes / No
33	MHX18	18. Have you ever had a kidney transplant?	Yes / No
34	MHX18A	18a. If 'YES,' is the new kidney working well?	Yes / No

Variable Number	Variable name	Variable Label	Possible responses
35	MHX18B	18b. If 'NO,' are you waiting for a kidney transplant?	Yes / No
36	MHX19	19. Have you ever had any amputations due to diabetes or poor circulation?	Yes / No
37	MHX20A	20a. Have you ever had - Cirrhosis of the liver	Yes / No
38	MHX20B	20b. Have you ever had - Viral hepatitis	Yes / No
39	MHX20C	20c. Have you ever had - Alcohol-related liver disease	Yes / No
40	MHX21	21. Have you ever had an angioplasty (balloon, PCTA or Stent procedure)?	Yes / No
41	MHX21A	21a. If 'YES,' when ,specify date (most recent)?	Free text
42	MHX21A1	21a1. If 'YES,' where ,specify hospital/clinic ?	Free text
43	MHX22	22. Congestive heart failure?	Yes / No
44	MHX22A	22a. If 'YES,' when ,specify date (most recent)?	Free text
45	MHX22A1	22a1. If 'YES,' where ,specify hospital/clinic ?	Free text
46	MHX22B	22b. If 'YES,' do you still have heart failure now?	Yes / No
47	MHX23	23. Heart attack?	Yes / No
48	MHX23A	23a. If 'YES,' when ,specify date (most recent)?	Free text
49	MHX23A1	23a1. If 'YES,' where ,specify hospital/clinic ?	Free text
50	MHX24	24. Any other heart trouble?	Yes / No
51	MHX24A	24a. If 'YES,' please specify type:	Free text
52	MHX24B	24b. If 'YES,' when ,specify date (most recent)?	Free text
53	MHX24B1	24b1. If 'YES,' where ,specify hospital/clinic ?	Free text
54	MHX25	25. Stroke?	Yes / No
55	MHX25A	25a. If 'YES,' when ,specify date (most recent)?	Free text
56	MHX25A1	25a1. If 'YES,' where ,specify hospital/clinic ?	Free text
57	MHX26	26. Have you ever had surgery on your chest?	Yes / No
58	MHX26A	26a. Was it heart surgery?	Yes / No
59	MHX26A1	26a1. If 'YES,' which surgery have you had -Bypass?	Yes / No
60	MHX26A2	26a2. If 'YES,' when ,specify date (most recent)?	Free text
61	MHX26A3	26a3. If 'YES,' where ,specify hospital/clinic ?	Free text
62	MHX26B1	26b1. If 'YES,' which surgery have you had -Valvular repair/replacement?	Yes / No
63	MHX16B2	26b2. If 'YES,' when ,specify date (most recent)?	Free text
64	MHX26B3	26b3. If 'YES,' where ,specify hospital/clinic ?	Free text
65	MHX26C1	26c1. If 'YES,' which surgery have you had -Other?	Yes / No
66	MHX26C2	26c2. If 'YES,' please specify other type	Free text
67	MHX16C3	26c3. If 'YES,' when ,specify date (most recent)?	Free text
68	MHX26C4	26c4. If 'YES,' where ,specify hospital/clinic ?	Free text
69	MHX27A	27a. Cirrhosis of the liver	Yes / No
70	MHX27B	27b. Viral hepatitis	Yes / No
71	MHX27C	27c. Alcohol-related liver disease	Yes / No

Variable Number	Variable name	Variable Label	Possible responses
72	MHX27D	27d.Alpha-1 antitrypsin	Yes / No
73	MHX27E	27e.Wilson's disease	Yes / No
74	MHX27F	27f.Glycogen storage disease	Yes / No
75	MHX27G	27g.Iron overload	Yes / No
76	MHX27H	27h.Fatty liver disease	Yes / No
77	MHX27I	27i.Liver cancer	Yes / No
78	MHX27J	27j.Specify other liver disease here	Free text
79	MHX27K	27k. Specify which relative here	Free text

Variable Number	Variable name	Variable Label	Possible responses
Number of times activity done in past year			
2	times_jogging	Jogging (outdoor, treadmill)	Numeric
3	times_swimming	Swimming (laps, snorkeling)	Numeric
4	times_bicycling	Bicycling (indoor, outdoor)	Numeric
5	times_softball	Softball \ Baseball	Numeric
6	times_canoeing	Canoeing \ Rowing \ Kayaking	Numeric
7	times_snowskiing	Snow skiing (Nordic, X-country, dnhill)	Numeric
8	times_weights	Strength \ Weight training	Numeric
9	times_skating	Skating (roller, ice, blading) . . .	Numeric
10	times_martialarts	Martial Arts (karate, judo)	Numeric
11	times_calisthenics	Calisthenics \ Toning exercises	Numeric
12	times_woodchopping	Wood Chopping	Numeric
13	times_walking	Walking for exercise	Numeric
14	times_football	Football \ Soccer	Numeric
15	times_racquetball	Racquetball \ Handball \ Squash	Numeric
16	times_horseback	Horseback riding	Numeric
17	times_hunting	Hunting	Numeric
18	times_fishing	Fishing	Numeric
19	times_aerobicdance	Aerobic Dance \ Step Aerobic	Numeric
20	times_waterraerobics	Water Aerobics	Numeric
21	times_indiandance	Dancing (Indian)	Numeric
22	times_dancing	Dancing (Square,Line,Ballrm)	Numeric
23	times_gardening	Gardening or Yardwork	Numeric
24	times_badminton	Badminton	Numeric
25	times_waterhauling	Water \ coal hauling	Numeric
26	times_stairmaster	Stair Master	Numeric
27	times_hiking	Hiking	Numeric
28	times_tennis	Tennis	Numeric
29	times_golf	Golf	Numeric
30	times_volleyball	Volleyball	Numeric
31	times_jumprope	Jumping rope	Numeric
32	times_bowling	Bowling	Numeric
33	times_snowshoeing	Snow shoeing	Numeric
34	times_yoga	Yoga	Numeric
35	times_rodeo	Rodeo	Numeric
36	times_rockclimb	Rock Climbing	Numeric
37	times_basketball	Basketball	Numeric

Variable Number	Variable name	Variable Label	Possible responses
38	times_otheractivity	Other	Numeric
Average number of minutes per time			
39	mins_jogging	Jogging (outdoor, treadmill) minutes	Numeric
40	mins_swimming	Swimming minutes	Numeric
41	mins_bicycling	Bicycling minutes	Numeric
42	mins_softball	Softball \ Baseball minutes	Numeric
43	mins_canoeing	Canoeing \ Rowing \ Kayaking minutes	Numeric
44	mins_snowskiing	Snow skiing (Nordic, X-country, dnhill) minutes	Numeric
45	mins_weights	Strength \ Weight training minutes	Numeric
46	mins_skating	Skating (roller, ice, blading) minutes	Numeric
47	mins_martialarts	Martial Arts (karate, judo) minutes	Numeric
48	mins_calisthenics	Calisthenics \ Toning exercises minutes	Numeric
49	mins_woodchopping	Wood Chopping minutes	Numeric
50	mins_walking	Walking for exercise (outdoor, indoor at mall or fitness center, treadmill). minutes	Numeric
51	mins_football	Football \ Soccer minutes	Numeric
52	mins_racquetball	Racquetball \ Handball \ Squash minutes	Numeric
53	mins_horseback	Horseback riding minutes	Numeric
54	mins_hunting	Hunting minutes	Numeric
55	mins_fishing	Fishing minutes	Numeric
56	mins_aerobicdance	Aerobic Dance \ Step Aerobic minutes	Numeric
57	mins_waterraerobics	Water Aerobics minutes	Numeric
58	mins_indiandance	Dancing (Indian) minutes	Numeric
59	mins_dancing	Dancing (Square,Line,Ballrm) minutes	Numeric
60	mins_gardening	Gardening or Yardwork minutes	Numeric
61	mins_badminton	Badminton minutes	Numeric
62	mins_waterhauling	Water \ coal hauling minutes	Numeric
63	mins_stairmaster	Stair Master minutes	Numeric
64	mins_hiking	Hiking minutes	Numeric
65	mins_tennis	Tennis minutes	Numeric
66	mins_golf	Golf minutes	Numeric
67	mins_volleyball	Volleyball minutes	Numeric
68	mins_jumprope	Jumping rope minutes	Numeric
69	mins_bowling	Bowling minutes	Numeric
70	mins_snowshoeing	Snow shoeing minutes	Numeric
71	mins_yoga	Yoga minutes	Numeric
72	mins_rideo	Rodeo minutes	Numeric
73	mins_rockclimbing	Rock climbing minutes	Numeric

Variable Number	Variable name	Variable Label	Possible responses
74	mins_basketball	Basketball minutes	Numeric
75	mins_otheractivity	Other minutes	Numeric
Questions 2-5			
76	MA2	2. In general, how many HOURS per DAY do you usually spend watching television?	Free text
77	MA3	3.Excluding time spent at work, in general how many HOURS per DAY do you usually spend sitting at the computer or performing other screen - based activities?	Free text
78	MA4	4. Over this past year, have you spent more than one week confined to a bed or chair as a result of an injury, illness or surgery?	Yes / No
79	MA4A	4a.If yes, how many weeks over this past year were you confined to a bed or chair?	Free text
80	MA5A	5a. getting in or out of a bed or chair?	Yes / No
81	MA5B	5b.walking across a small room without resting?	Yes / No
82	MA5C	5c.walking for 10 minutes without resting?	Yes / No
83	MA6	6.Did you ever compete in an individual or team sport (not including any time spent in sports performed during school physical education classes)?	Yes / No
84	MA6A	6a.If yes, how many total years did you participate in competitive sports?	Free text
85	MA7	7. Have you had a job for more than one month over this past year	Yes / No
86	MA7A	7a. If yes, specify from month	Free text
87	MA7B	7b. If yes, specify to month (of this year)	Free text

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	Participant ID	Free text
2	INSTANCE	Job instance	Free text
3	JOBNAME	Job Name	Free text
4	JOBCODE	JOB COE	Free text
5	AVE_COMMUTETIME	Average commute time (min/day)	Free text
6	TRANSPORT_CODE	Mode of transportation	Car Sitting-public transport Other-describe below Walking Standing-public transport Bicycle
7	TRANSPORT_OTHER	Other mode of transportation	Free text
8	JOBSCHEDULE_MOSYRS	Job schedule: months/year	Free text
9	JOBSCHEDULE_DAYWK	Job schedule: days/week	Free text
10	JOBSCHEDULE_HRSDAY	Job schedule: hours/day	Free text
11	SITTING_HRS	Hours/day spent sitting	Free text
12	ACTIVITIES_NOTSITTING	Activities done when not sitting	A = All sitting activities B = Most indoor activities C = Industrial work, construction, farming

CES-D Depression Scale data**Responses to all questions:*****Rarely or not at all / <1 day*****Some / 1-2 days*****Often / 3-4 days*****Most of the time / 5-7 days*****Not applicable**

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	
2	ADMINHOW	How is this questionnaire administered?	By Self
			By interviewer
3	CES1	1. I was bothered by things that don't usually bother me.	
4	CES2	2. I did not feel like eating; my appetite was poor.	
5	CES3	3. I felt that I could not shake the blues even with help from my family or friends.	
6	CES4	4. I felt that I was just as good as other people.	
7	CES5	5. I had trouble keeping my mind on what I was doing.	
8	CES6	6. I felt depressed	
9	CES7	7. I felt that everything I did was an effort.	
10	CES8	8. I felt hopeful about the future.	
11	CES9	9. I thought my life had been a failure.	
12	CES10	10. I felt fearful.	
13	CES11	11. My sleep was restless.	
14	CES12	12. I was happy.	
15	CES13	13. I talked less than usual.	
16	CES14	14. I felt lonely.	
17	CES15	15. People were unfriendly.	
18	CES16	16. I enjoyed life.	
19	CES17	17. I had crying spells.	
20	CES18	18. I felt sad.	
21	CES19	19. I felt that people disliked me.	
22	CES20	20. I felt like I couldn't do what I needed to do.	
23	CES21	21. I have felt depressed or sad.	

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	Number non-missing
2	PE1	1. Are any extremities missing?	No Yes
3	PE2	2. Right arm circumference, measured in centimeters (cm).Midway between acromion and olecranon.	Numeric
4	PE3	3.Cuff size (arm circumference in brackets)	Numeric
5	PE4	4.Pulse obliteration pressure	Numeric
6	PE5A1	Seated Blood Pressure: 5a1. First Blood Pressure Measurement- Systolic BP	Numeric
7	PE5A2	5a2.First Blood Pressure Measurement-Diastolic BP	Numeric
8	PE5B1	Seated Blood Pressure: 5b1. Second Blood Pressure Measurement- Systolic BP	Numeric
9	PE5B2	5b2.Second Blood Pressure Measurement-Diastolic BP	Numeric
10	PE5C1	Seated Blood Pressure: 5c1. Third Blood Pressure Measurement- Systolic BP	Numeric
11	PE5C2	5c2.Third Blood Pressure Measurement-Diastolic BP	Numeric
12	PE6	6. Were the above blood pressures taken from RIGHT arm?	Yes No
13	PE6A	6a. If No, specify why:	Free text
14	PE7	7. Recorder ID (For the SHS staff who took BP):	Free text
15	PE8	8. Height (Standing) in Centimeters	Numeric
16	PE8A	8a. Height Standing in Inches	Numeric
17	PE9	9. Weight (Standing) Kilograms	Numeric
18	PE9A	9a. Weight in Pounds	Numeric
19	PE10	10. Hip circumference (Standing) In Centimeters	Numeric
20	PE10A	10a. Hip Circumference Standing in Inches	Numeric
21	PE11	11. Waist measurement at umbilicus (Supine) In Centimeters	Numeric
22	PE11A	11a. Waist measurement in Inches	Numeric
23	PE12	12. Pedal edema	Numeric
24	PE13	13. Did the participant complete ALL or PART of this examination?	Yes, completed ALL or PART of the interview
25	PE14	14. Examiner code:	Number non-missing
26	PE1A	1a. Any arms missing	0 = No 1 = Yes
27	PE1E	1e. Any legs missing above the knee	0 = No 1 = Yes
28	PE1F	1f. Any legs missing below the knee	0 = No 1 = Yes

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	
2	STOOLSCR1	1. Have you used any antibiotics in the last 30 days?	Yes / No
3	STOOLSCR2	2. Have you had any bariatric surgery procedures in the last 10 years?	Yes / No
4	STOOLSCR3	3. Have you had any intestinal resection in the last 5 years?	Yes / No
5	STOOLSCR4	4. Have you had any history of inflammatory bowel disease?	Yes / No
6	STOOLSCR5	5. Have you had any gastrointestinal illness in the last 7 days?	Yes / No
7	STOOLSCR6	Comments	Free text

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	Numeric
2	CBCINR1	1. WBC (109/L or K/cmm or K/uL)	Numeric
3	CBCINR2	2. RBC (1012/L or M/cmm or M/uL)	Numeric
4	CBCINR3	3. HGB (g/dL)	Numeric
5	CBCINR4	4. HCT (%)	Numeric
6	CBCINR5	5. MCV (fL)	Numeric
7	CBCINR6	6. MCH (pg)	Numeric
8	CBCINR7	7. MCHC (g/dL)	Numeric
9	CBCINR8	8. RDW (%)	Numeric
10	CBCINR9	9. Platelet count (PLT. 109/L or K/cmm or K/uL)	Numeric
11	CBCINR10	10. MPV (fL)	Numeric
12	CBCINR11	11. NEUT (%)	Numeric
13	CBCINR12	12. LYMPH (%)	Numeric
14	CBCINR13	13. MONO (%)	Numeric
15	CBCINR14	14. EOS (%)	Numeric
16	CBCINR15	15. BASO (%)	Numeric
17	CBCINR16	16. Prothrombin time (PT: sec)	Numeric
18	CBCINR17	17. INR	Numeric
19	CBCINR18	18. Did the participant have a CBC?	Yes / No
20	CBCINR19	19. Did the participant have an INR?	Yes / No

Variable Number	Variable name	Variable Label	Possible responses
3	medswith	Have you brought all of your medications with you?	Yes / No
5	prescription_meds	INTERVIEWERS, PLEASE OBSERVE: Are there any prescription medications	Yes / No
7	PRESCR_NAME	Medication Name	Free text
8	PRESCR_STRENGTH	Strength : specify units below	Free text
9	PRESCR_STRENGTH_UNITS	Specify units for Strength	Free text
10	PRESCR_NUMBER	Number Prescribed	Free text
11	PRESCR_DAYWKMO	Select day, week or month	D / W / M
12	PRESCR_PRN	PRN Medicine?	Yes / No
13	PRESCR_COMPLIANCE	Compliance # of pills	Free text
15	PRESC_UNABLE	Number unable to transcribe	Free text
16	PRESC_COMMENTS	Comments:	Free text

Variable Number	Variable name	Variable Label	Possible responses
3	MEDOTC_BROUGHT	Have you brought all of your medications with you?	Yes / No / Took no meds
4	MEDOTC_REFUSE	Reasons for Refusal:	Free text
5	MEDOTC_ANY_INT	INTERVIEWERS, PLEASE OBSERVE: Are there any prescription medications?	Free text
6	MEDOTC_ANY	Are there any over the counter (OTC) medications?	Yes / No
7	MEDOTC_NAME	Medication Name	Free text
8	MEDOTC_STRENGTH	Strength (mg,IU,etc.)	Free text
9	MEDOTC_NUMPERWK	On the average during the last two weeks, how many of these pills did you take a day/week/month?	Free text
10	MEDOTC_NUM_DWM	Select day,week or month	D / W / M
11	MEDOTC_COMMENTS	Comments:	Free text

Community Foods Form Data

Food frequency questions have one of the following responses:

- *Never, A few times per year, Once per month, 2-3 times per month,*
- *Once per week, Twice per week, 3-4 times per week,*
- *5-6 times per week, Every day*

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	
2	freq_spam	Spam frequency	Frequency category
3	freq_menudo	Menudo frequency	Frequency category
4	freq_pazole	Pazole frequency	Frequency category
5	freq_guysava	Guysava frequency	Frequency category
6	freq_chilistew	Red chili stew or green chili stew frequency	Frequency category
7	freq_indiantacos	Indian taco frequency	Frequency category
8	freq_frybread	Frybread frequency	Frequency category
9	portion_spam	Spam (portion size)	A, B, C, D
10	portion_menudo	Menudo (portion size)	A, B, C, D
11	portion_pazole	Pazole (portion size)	A, B, C, D
12	portion_guysava	Guysava (portion size)	A, B, C, D
13	portion_chilistew	Red chili stew or green chili stew (portion size)	A, B, C, D
14	portion_indiantacos	Indian taco (portion size)	A, B, C, D
15	portion_frybread	Frybread (portion size)	A, B, C, D

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	
2	PLASMA_GLUCOSE	1. Fasting plasma glucose (mg/dL)	Continuous numeric
3	HBA1C	2. Hemoglobin A1c (HbA1c; %)	Continuous numeric
4	TOTAL_CHOLESTEROL	3. Serum total cholesterol (mg/dL)	Continuous numeric
5	HDL	4. High density lipoproteins (HDL; mg/dL)	Continuous numeric
6	TRIGLYCERIDES	5. Triglycerides (mg/dL)	Continuous numeric
7	LDL	6. Low density lipoproteins (LDL; mg/dL)	Continuous numeric
8	TOTALIRON	7. Total iron, serum (?g/dL)	Continuous numeric
9	ALB	8. Albumin (ALB, serum; g/dL)	Continuous numeric
10	ALP	9. Alkaline phosphatase (ALP; IU/L)	Continuous numeric
11	AST	10. Aspartate transaminase (AST; IU/L)	Continuous numeric
12	ALT	11. Alanine transaminase (ALT; IU/L)	Continuous numeric
13	GGT	12. Gamma-glutamyl transferase (GGT; IU/L)	Continuous numeric
14	PHOS	13. Phosphorus (PHOS; mg/dL)	Continuous numeric
15	DTIBC	14. Direct serum total iron-binding capacity (DTIBC; ?g/dL)	Continuous numeric
16	BILIRUBIN	15. Total bilirubin (mg/dL)	Continuous numeric
17	FERRITIN	16. Ferritin, serum (ng/mL)	Continuous numeric
18	COMMENTS	17. Other comments	Free text

Variable Number	Variable name	Variable Label	Possible responses
1	IDNO	SHSID	
2	ANTI_HBC	1. Total anti-HBc	Continuous numeric
3	ANTI_HCV	2. Anti-HCV	Continuous numeric
4	HBsAg	3. HBsAg	Continuous numeric
5	NEFA	4. NEFA (mEq/L)	Continuous numeric
6	INSULIN	5. Insulin, uU/ml	Continuous numeric
7	ANAb	6. ANAb, ng/ml	Continuous numeric
8	AMA	7. AMA, ng/ml	Continuous numeric
9	ASMA	8. ASMA, ng/ml	Continuous numeric
10	CERULPOLASMIN	9. Cerulplasmin, ng/ml	Continuous numeric
11	COMMENTS	Comments	Free text