



**Phase VII**

## **Data Dictionary**

**THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE OF THE  
NATIONAL INSTITUTES OF HEALTH**

# Table of Contents

To view more information about each variable, click either the variable name or label. This information based on the [Phase VII Data Forms](#).

## Screenings for COVID-19 and Pregnancy

VARIABLE	LABEL
IDNO	SHS ID
<b>SCREENING FOR COVID-19</b>	
SCREEN7_1A	COVID-19: FEVER
SCREEN7_1B	COVID-19: COUGH
SCREEN7_1C	COVID-19: SHORTNESS OF BREATH
SCREEN7_1D	COVID-19: SORE THROAT
SCREEN7_1E	COVID-19: NEW LOSS OF TASTE OR SMELL
SCREEN7_1F	COVID-19: CHILLS
SCREEN7_1G	COVID-19: HEAD OR MUSCLE ACHES
SCREEN7_1H	COVID-19: NAUSEA, DIARRHEA, VOMITING
SCREEN7_2	COVID-19: EXPOSED TO SYMPTOMS IN LAST 10 DAYS
SCREEN7_3	COVID-19: EXPOSED TO POSITIVE IN LAST 10 DAYS
SCREEN7_4	COVID-19: TESTED
SCREEN7_5	COVID-19: TESTED POSITIVE
<b>SCREENING FOR PREGNANCY</b>	
SCREEN7_6	CURRENTLY PREGNANT
SCREEN7_6A	SIX WEEK POSTPARTUM VISIT DATE
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER CODE
INT_DATE	DATE OF SCREENING
CENTER	SHS SITE

# Personal Interview II

VARIABLE	LABEL
IDNO	SHS ID
<b>BASIC INFORMATION</b>	
INT17_5A	SEX ASSIGNED AT BIRTH
INT17_5B	SEX: OTHER SPECIFY
INT17_5C	GENDER
INT17_5D	GENDER: OTHER SPECIFY
INT17_7	MARITAL STATUS
INT17_35	YEARS OF EDUCATION
INT27_94	ATTEND PRESCHOOL, KINDERGARTEN, HEAD START PROGRAM
<b>SLEEP HEALTH</b>	
INT27_95	HOURS OF SLEEP
<b>FAMILY INCOME</b>	
INT27_11	HOUSEHOLD INCOME MEET FAMILY NEEDS
INT27_12	GOING TO SCHOOL
INT27_26	WORK HOURS PER WEEK
INT27_27	ANNUAL HOUSEHOLD INCOME
<b>TOBACCO</b>	
INT27_28	SMOKE >100 CIGARETTES
INT27_29	HOW OLD FIRST STARTED
INT27_51	QUIT SMOKING
INT27_52	IF QUIT: LAST SMOKE (YEAR)
INT27_53	REASON FOR QUITTING: DOCTOR'S ADVICE
INT27_54	REASON FOR QUITTING: HEALTH CONCERNS
INT27_55	REASON FOR QUITTING: EXPENSES
INT27_56	REASON FOR QUITTING: PER FAMILY PRESSURE
INT27_57	REASON FOR QUITTING: PEER PRESSURE
INT27_58	REASON FOR QUITTING: OTHER
INT2758A	REASON FOR QUITTING: OTHER SPECIFY
INT27_31	# OF CIGARETTES PER DAY
INT27_32	# OF CIGARETTES PER MONTH
INT27_33	OCCASION TO SMOKE: STRESS
INT27_34	OCCASION TO SMOKE: CASINOS
INT27_35	OCCASION TO SMOKE: WAKES/ FUNERALS
INT27_36	OCCASION TO SMOKE: WHEN DRINKING ALCOHOL
INT27_37	OCCASION TO SMOKE: SOCIAL MEETINGS
INT27_38	OCCASION TO SMOKE: WHEN YOU HAVE EXTRA MONEY

<b>VARIABLE</b>	<b>LABEL</b>
INT27_39	OCCASION TO SMOKE: BINGO
INT27_40	OCCASION TO SMOKE: SCHOOL
INT27_41	OCCASION TO SMOKE: OTHER
INT27_42	OCCASION TO SMOKE: OTHER SPECIFY
INT27_43	WHEN INCREASED HOW MANY CIGARETTES DO YOU SMOKE
INT27_30	DO YOU SMOKE CIGARETTES NOW
INT27_44	CHANGE YOUR SMOKING HABIT
INT27_45	IF YES, PREFER TO: REDUCE # OF CIGARETTE
INT27_46	IF YES, PREFER TO: SWITCH TO LOWER TAR
INT27_47	IF YES, PREFER TO: USE NICOTINE PATCH/CHEWING GUM
INT27_48	IF YES, PREFER TO: QUIT
INT27_49	IF YES, PREFER TO: OTHER
INT27_50	IF YES, PREFER TO: OTHER SPECIFY
INT27_59	CHEWING TOBACCO/SNUFF
INT2759A	HOW MANY TIMES/DAY USING CHEWING TOBACCO/SNUFF
<b>PASSIVE SMOKING</b>	
INT27_63	HOURS EXPOSED TO THE SMOKE OF OTHERS/ DAY
<b>E-CIGARETTE OR OTHER ELECTRONIC VAPING PROODUCT</b>	
INT27_84	USED E-CIGARETTES
INT27_85	# OF DAYS USED E-CIGARETTES
<b>ALCOHOL</b>	
INT27_64	EVER CONSUMED ALCOHOLIC BEVERAGES
INT27_65	WHEN WAS YOUR LAST DRINK
INT27_66	# OF MONTHS AGO
INT27_67	TOTAL # OF DRINKS IN A TYPICAL WEEK
INT27_68	# DAYS PER MONTH HAVE AT LEAST ONE DRINK
INT27_69	AVERAGE # OF DRINKS ON DAYS WHEN YOU DO DRINK
INT27_70	WHEN MORE THAN USUAL, HOW MANY DRINKS
INT27_73	PAST MONTH >=5 DRINKS
INT27_74	PAST YEAR >= 5 DRINKS
<b>LANGUAGE</b>	
INT27_96	SPEAK NATIVE LANGUAGE
INT27_97	HOW OFTEN SPEAK NATIVE LANGUAGE
<b>US MILITARY OR ARMED FORCES SERVICE</b>	
INT27_86	SERVED IN US MILITARY OR ARMED FORCES
INT27_87	MILITARY BRANCH

<b>VARIABLE</b>	<b>LABEL</b>
INT27_88A	HOW LONG SERVED (YEARS)
INT27_88B	HOW LONG SERVED (MONTHS)
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEW CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# MEDICAL HISTORY

VARIABLE	LABEL
IDNO	SHS ID
<b>MEDICAL CONDITIONS</b>	
MED7_1	HIGH BLOOD PRESSURE (HBP)
MED7_2	HBP AGE OF DIAGNOSIS
MED7_2A	HBP TAKING MEDICATION
MED7_3	ARTHRITIS
MED7_4	FRACTURE ASSOCIATED W/OSTEOPOROSIS
MED7_4A	FRACTURE WHERE
MED7_5	RHEUMATIC HEART DISEASE
MED7_6	GALLSTONES
MED7_7	CANCER
MED7_7A	CANCER TYPE
MED7_8	DIABETES (DM)
MED7_10	DM AGE OF DIAGNOSIS
MED7_11	DM TREATMENT: INSULIN
MED7_12	DM TREATMENT: ORAL HYPOGLYCEMIC AGENT
MED7_13	DM TREATMENT: BY DIETARY CONTROL
MED7_14	DM TREATMENT: BY EXERCISE
MED7_15	DM TREATMENT: DO NOTHING
MED7_16	DM TREATMENT: OTHER
MED7_16A	DM TREATMENT: OTHER, SPECIFY
MED7_17	KIDNEY FAILURE
MED7_18	KIDNEY FAILURE ONE OR BOTH KIDNEYS WORKING WELL
MED7_19	KIDNEY FAILURE AGE OF DIAGNOSIS
MED7_20	RENAL DIALYSIS
MED7_21	KIDNEY TRANSPLANT
MED7_22	KIDNEY TRANSPLANT NEW KIDNEY WORKING WELL
MED7_23	KIDNEY TRANSPLANT WAITING FOR KIDNEY TRANSPLANT
MED7_24	CIRRHOSIS OF LIVER
<b>HEART PROBLEMS</b>	
MED7_29	HEART CATHETERIZATION
MED7_29D	HEART CATH DATE
MED7_29P	HEART CATH HOSPITAL/CLINIC
MED7_30	ANGIOPLASTY
MED7_30D	ANGIOPLASTY DATE
MED7_30P	ANGIOPLASTY HOSPITAL/CLINIC

<b>VARIABLE</b>	<b>LABEL</b>
MED7_31	EXERCISE TEST/TREADMILL TEST
MED7_31D	EXERCISE TEST DATE
MED7_31P	EXERCISE TEST HOSPITAL/CLINIC
MED7_32	CONGESTIVE HEART FAILURE
MED7_32D	CONGESTIVE HEART FAILURE DATE
MED7_32P	CONGESTIVE HEART FAILURE HOSPITAL/CLINIC
MED7_32N	STILL HAVE HEART FAILURE NOW
MED7_33	HEART ATTACK
MED7_33D	HEART ATTACK DATE
MED7_33P	HEART ATTACK HOSPITAL/CLINIC
MED7_34	ANY OTHER HEART TROUBLE
MED7_34A	SPECIFY OTHER HEART TROUBLE
MED7_34D	OTHER HEART TROUBLE DATE
MED7_34P	OTHER HEART TROUBLE HOSPITAL/CLINIC
MED7_35	STROKE
MED7_35D	STROKE DATE
MED7_35P	STROKE HOSPITAL/CLINIC
MED7_36	HAVE YOU HAD CHEST SURGERY
MED7_37	WAS IT HEART SURGERY
MED7_38	BYPASS
MED7_38D	BYPASS DATE
MED7_38P	BYPASS HOSPITAL/CLINIC
MED7_39	VALVULAR REPAIR/REPLACEMENT
MED7_39D	VALVULAR REPAIR/REPLACE DATE
MED7_39P	VALVULAR REPAIR/REPLACE HOSPITAL/CLINIC
MED7_40	PACEMAKER
MED7_40D	PACEMAKER DATE
MED7_40P	PACEMAKER HOSPITAL/CLINIC
MED7_41	OTHER HEART SURGERY
MED7_41A	SPECIFY OTHER HEART SURGERY
MED7_41D	OTHER HEART SURGERY DATE
MED7_41P	OTHER HEART SURGERY HOSPITAL/CLINIC
MED7_42	TAKING DAILY ASPIRIN TO PREVENT A HEART ATTACK OR STROKE
MED7_43	COVID-19
<b>ORAL HEALTH QUESTION</b>	
MED7_44	NATURAL TEETH
MED7_45	DESCRIBE HOW YOU CHEW
MED7_46	ABILITY TO CHEW

<b>VARIABLE</b>	<b>LABEL</b>
MED7_47	HEALTH OF TEETH AND GUMS
MED7_48	GUM DISEASE
MED7_49	LOST BONE AROUND TEETH
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEW CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS FIELD CENTER



# REPRODUCTION AND HORMONE USE (WOMEN ONLY)

VARIABLE	LABEL
IDNO	SHS ID
<b>CHILDBEARING</b>	
REP7_1	NUMBER OF PREGNANCY (GRAVITY)
REP7_2	NUMBER OF LIVE BIRTHS (PARITY)
REP7_3	NUMBER OF LIVING CHILDREN
REP7_4	NUMBER OF LOST PREGNANCIES
<b>THE FIRST PREGNANCY</b>	
REP7_50	FIRST PREGNANCY RESULT IN LIVE BIRTH
REP7_51	DATE OF DELIVERY OR LOSS OF FIRST PREGNANCY
REP7_52	WEEKS PREGNANT OF DELIVERY OR LOSS OF FIRST PREGNANCY
REP7_52A	FIRST PREGNANCY: HOSPITAL NAME
REP7_52B	FIRST PREGNANCY: HOSPITAL CITY
REP7_53	FIRST PREGNANCY: HIGH BLOOD PRESSURE
REP7_54	FIRST PREGNANCY: WEEKS PREGNANT WHEN DIAGNOSIED WITH HIGH BLOOD PRESSURE
<b>PREECLAMPSIA</b>	
REP7_44	FIRST PREGNANCY: HAD PREECLAMPSIA, TOXEMIA OR PROTEIN IN URINE
REP7_55	FIRST PREGNANCY: WEEKS PREGNANT WHEN DIAGNOSED WITH PREECLAMPSIA
REP7_56	FIRST PREGNANCY: DIABETES
REP7_57	FIRST PREGNANCY: WEEKS PREGNANT WHEN DIAGNOSED WITH DIABETES
<b>OTHER PREGNANCIES</b>	
REP7_47	HAD PREECLAMPSIA, TOXEMIA OR PROTEIN IN URINE IN SUBSEQUENT PREGNANCY
REP7_58A	PREGNANCY #2: PREECLAMPSIA
REP7_58B	PREGNANCY #2: DELIVERY OR LOSS DATE
REP7_58C	PREGNANCY #2: WEEKS PREGNANT
REP7_58D	PREGNANCY #2: HOSPITAL NAME
REP7_58E	PREGNANCY #2: HOSPITAL CITY
REP7_59A	PREGNANCY #3: PREECLAMPSIA
REP7_59B	PREGNANCY #3: DELIVERY OR LOSS DATE
REP7_59C	PREGNANCY #3: WEEKS PREGNANT
REP7_59D	PREGNANCY #3: HOSPITAL NAME
REP7_59E	PREGNANCY #3: HOSPITAL CITY
REP7_60A	PREGNANCY #4: PREECLAMPSIA
REP7_60B	PREGNANCY #4: DELIVERY OR LOSS DATE

<b>VARIABLE</b>	<b>LABEL</b>
REP7_60C	PREGNANCY #4: WEEKS PREGNANT
REP7_60D	PREGNANCY #4: HOSPITAL NAME
REP7_60E	PREGNANCY #4: HOSPITAL CITY
REP7_61A	PREGNANCY #5: PREECLAMPSIA
REP7_61B	PREGNANCY #5: DELIVERY OR LOSS DATE
REP7_61C	PREGNANCY #5: WEEKS PREGNANT
REP7_61D	PREGNANCY #5: HOSPITAL NAME
REP7_61E	PREGNANCY #5: HOSPITAL CITY
REP7_48	HAD ECLAMPSIA, SEIZURE WITH HYPERTENSION DURING PREGNANCY OR TIME OF DELIVERY
REP7_49	MOTHER OR SISTER HAVE PREECLAMPSIA
REP7_01	DIABETES IN SUBSEQUENT PREGNANCY
REP7_65A	PREGNANCY #2: DIABETES
REP7_65B	PREGNANCY #2: DELIVERY OR LOSS DATE
REP7_65C	PREGNANCY #2: WEEKS PREGNANT
REP7_65D	PREGNANCY #2: HOSPITAL NAME
REP7_65E	PREGNANCY #2: HOSPITAL CITY
REP7_66A	PREGNANCY #3: DIABETES
REP7_66B	PREGNANCY #3: DELIVERY OR LOSS DATE
REP7_66C	PREGNANCY #3: WEEKS PREGNANT
REP7_66D	PREGNANCY #3: HOSPITAL NAME
REP7_66E	PREGNANCY #3: HOSPITAL CITY
REP7_67A	PREGNANCY #4: DIABETES
REP7_67B	PREGNANCY #4: DELIVERY OR LOSS DATE
REP7_67C	PREGNANCY #4: WEEKS PREGNANT
REP7_67D	PREGNANCY #4: HOSPITAL NAME
REP7_67E	PREGNANCY #4: HOSPITAL CITY
REP7_68A	PREGNANCY #5: DIABETES
REP7_68B	PREGNANCY #5: DELIVERY OR LOSS DATE
REP7_68C	PREGNANCY #5: WEEKS PREGNANT
REP7_68D	PREGNANCY #5: HOSPITAL NAME
REP7_68E	PREGNANCY #5: HOSPITAL CITY
REP7_46	CIGARETTES/DAY DURING FIRST PREGNANCY
REP7_72	E-CIGARETTES/DAY DURING FIRST PREGNANCY
REP7_73	CHEW TOBACCO/SNUFF DURING FIRST PREGNANCY
REP7_74	HOW MANY TIMES USE CHEWING TOBACCO/SNUFF
<b>BIRTH CONTROL</b>	
REP7_5	USED BIRTH CONTROL PILLS

<b>VARIABLE</b>	<b>LABEL</b>
REP7_6	STILL USE BIRTH CONTROL PILLS
REP7_7	AGE STARTED TO USE BIRTH CONTROL PILLS
REP7_8	YEARS USED BIRTH CONTROL PILLS
REP7_8A	IF LESS THAN ONE YEAR, HOW MUCH
REP7_9	USED BIRTH CONTROL IMPLANT
REP7_10	STILL USE BIRTH CONTROL IMPLANT
REP7_11	AGE STARTED TO USE BIRTH CONTROL IMPLANT
REP7_12	YEARS USED BIRTH CONTROL IMPLANT
REP7_12A	IF LESS THAN ONE YEAR, HOW MUCH
REP7_42	EVER USED BIRTH CONTROL SHOTS
REP7_42A	EVER USED BIRTH CONTROL SHOTS
REP7_42B	AGE STARTED TO USE BIRTH CONTROL SHOTS
REP7_42C	YEARS USED BIRTH CONTROL SHOTS
REP7_42D	IF LESS THAN ONE YEAR, HOW MUCH
REP7_13	AGE STARTED TO HAVE MENSTRUAL CYCLES
REP7_14	STOPPED MENSTRUATING
REP7_15	STOPPED MENSTRUATING ONE YEAR AGO
REP7_16	AGE AT MENOPAUSE
REP7_17	MENOPAUSE NATURAL, SURGERY/HORMONE OR OTHER
REP7_17A	MENOPAUSE SPECIFY OTHER
REP7_18	REMOVED OVARIES

## **ESTROGEN AND PROGESTERONE**

REP7_19	USED ESTROGEN
REP7_20	AGE STARTED ESTROGEN
REP7_21	YEARS USED ESTROGEN
REP7_21A	IF LESS THAN ONE YEAR, HOW MUCH
REP7_22	ESTROGEN USE: POST SURGERY
REP7_23	ESTROGEN USE: RELIEF OF MENOPAUSE
REP7_24	ESTROGEN USE: PREVENT BONE LOSS
REP7_25	ESTROGEN USE: PROTECT HEART DISEASE
REP7_26	ESTROGEN USE: DOCTOR'S ADVICE
REP7_26A	ESTROGEN USE: OTHER REASON
REP7_26B	ESTROGEN USE: SPECIFY OTHER
REP7_26C	TAKE PROGESTERONE WITH ESTROGEN
REP7_27	FORM OF ESTROGEN
REP7_28	STILL TAKING ESTROGEN
REP7_29	STOP ESTROGEN: CAUSED BLEEDING
REP7_30	STOP ESTROGEN: MADE BREASTS TENDER
REP7_31	STOP ESTROGEN: MADE ME FEEL BLOATED

<b>VARIABLE</b>	<b>LABEL</b>
REP7_32	STOP ESTROGEN: MADE ME FUNNY
REP7_33	STOP ESTROGEN: DO NOT LIKE TAKING ANY MEDICATION
REP7_34	STOP ESTROGEN: TOO EXPENSIVE
REP7_35	STOP ESTROGEN: DOCTOR'S ADVICE
REP7_36	STOP ESTROGEN: LONG TERM SIDE EFFECTS
REP7_37	STOP ESTROGEN: OTHER
REP7_37A	STOP ESTROGEN: SPECIFY OTHER
REP7_38	TAKEN PROGESTERONE BY ITSELF
REP7_39	AGE STARTED TO USE PROGESTERONE
REP7_40	YEARS USED PROGESTERONE
REP7_41	STILL TAKING PROGESTERONE
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS FIELD CENTER

# ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

VARIABLE	LABEL
IDNO	SHS ID
<b>CHEST PAIN ON EFFORT</b>	
ROSE7_1	PAIN/DISCOMFORT IN CHEST
ROSE7_2	CHEST PAIN WALKING UPHILL
ROSE7_3	CHEST PAIN WALKING ORDINARY
ROSE7_4	RESPONSE TO CHEST PAIN WHEN WALKING
ROSE7_5	CHEST PAIN STANDING STILL
ROSE7_6	TIME TO CHEST PAIN RELIEF
ROSE7_7A	CHEST PAIN: STERNUM (UPPER OR MIDDLE)
ROSE7_7B	CHEST PAIN: STERNUM (LOWER)
ROSE7_7C	CHEST PAIN: LEFT ANTERIOR CHEST
ROSE7_7D	CHEST PAIN: LEFT ARM
ROSE7_7E	CHEST PAIN: OTHER
ROSE7_7EA	CHEST PAIN: SPECIFY OTHER
ROSE7_8	OTHER CHEST PAIN LOCATION
ROSE7_8A	ADDITIONAL INFORMATION ABOUT CHEST PAIN
<b>POSSIBLE INFARCTION</b>	
ROSE7_9	FRONT CHEST PAIN $\geq$ 30 MIN
<b>INTERMITTENT CLAUDICATION</b>	
ROSE7_10	LEG PAIN WALKING
ROSE7_11	LEG PAIN WHEN STILL
ROSE7_12	LEG PAIN LOCATION
ROSE712A	LEG PAIN LOCATION, IF CALVES NOT MENTIONED, SPECIFY
ROSE7_13	LEG PAIN WALKING UPHILL
ROSE7_14	LEG PAIN WALKING ORDINARY
ROSE7_15	LEG PAIN RELIEVED WHEN WALKING
ROSE7_16	RESPONSE TO LEG PAIN WHEN WALKING
ROSE7_17	LEG PAIN STANDING STILL
ROSE7_18	TIME TO LEG PAIN RELIEF
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS FIELD CENTER

# PERCEIVED STRESS

VARIABLE	LABEL
IDNO	SHS ID
PERCEIVED STRESS	
INT27_75	UPSET BECAUSE SOMETHING HAPPENED UNEXPECTEDLY
INT27_76	FELT NERVOUS OR 'STRESSED'
INT27_77	DEALT WITH IRRITATING LIFE HASSLES
INT27_78	FELT THINGS WERE GOING YOUR WAY
INT27_79	FELT UNABLE TO CONTROL IRRITATIONS
INT27_80	FELT ON THE TOP OF THINGS
INT27_81	FELT DIFFICULTIES/PROBLEMS PILING UP
INT27_82	HOW MUCH TIME WATCHING TV/SOCIAL MEDIA (HOURS)
INT27_83	HOW MUCH TIME WATCHING TV/SOCIAL MEDIA (MINUTES)
ADMINISTRATIVE INFORMATION	
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

## QUALITY OF LIFE (SF-12)

VARIABLE	LABEL
IDNO	SHS ID
QUA7_0	WHO ADMINISTERED QUESTIONNAIRE
QUA7_1	HEALTH IN GENERAL
QUA7_4	MODERATE ACTIVITIES
QUA7_5	CLIMBING SEVERAL STAIRS
QUA7_14	ACCOMPLISH LESS DUE TO PHYSICAL HEALTH
QUA7_15	LIMITED IN TYPE OF WORK DUE TO PHYSICAL HEALTH
QUA7_18	ACCOMPLISH LESS DUE TO EMOTIONAL PROBLEMS
QUA7_19	DIDN'T DO WORK OR ACTIVITIES CAREFULLY DUE TO EMOTIONAL
QUA7_22	PAIN INTERFERE WITH NORMAL WORK
QUA7_26	FELT CALM AND PEACEFUL
QUA7_27	HAD A LOT OF ENERGY
QUA7_28	FEEL DOWNHEARTED AND BLUE
QUA7_32	PHYSICAL HEALTH & EMOTIONAL PROBLEMS INTERFERE WITH SOCIAL ACTIVITY

### ADMINISTRATIVE INFORMATION

INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# CES-D SCALE

VARIABLE	LABEL
IDNO	SHS ID
CES_STAT	WHO ADMINISTERED QUESTIONNAIRE
CES7_1	BOTHERED BY THINGS THAT DON'T USUALLY BOTHER ME
CES7_2	DID NOT FEEL LIKE EATING; APPETITE WAS POOR
CES7_3	COULD NOT SHAKE THE BLUES EVEN WITH HELP
CES7_4	JUST AS GOOD AS OTHER PEOPLE
CES7_5	HAD TROUBLE KEEPING MY MIND ON WHAT I WAS DOING
CES7_6	FELT DEPRESSED
CES7_7	EVERYTHING I DID WAS AN EFFORT
CES7_8	HOPEFUL ABOUT THE FUTURE
CES7_9	MY LIFE HAD BEEN A FAILURE
CES7_10	FELT FEARFUL
CES7_11	MY SLEEP WAS RESTLESS
CES7_12	I WAS HAPPY
CES7_13	TALKED LESS THAN USUAL
CES7_14	FELT LONELY
CES7_15	PEOPLE WERE UNFRIENDLY
CES7_16	ENJOYED LIFE
CES7_17	HAD CRYING SPELLS
CES7_18	FELT SAD
CES7_19	PEOPLE DISLIKED ME
CES7_20	COULDN'T DO WHAT I NEEDED TO DO
CES7_21	FELT DEPRESSED OR SAD IN THE PAST YEAR

## ADMINISTRATIVE INFORMATION

INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE



# MHLC SCALE

VARIABLE	LABEL
IDNO	SHS ID
MHLC7_0	QUESTIONNAIRE ADMINISTERED
<b>MULTIDIMENSIONAL HEALTH LOCUS OF CONTROL SCALE</b>	
MHLC7_1	HAVE POWER TO MAKE ONESELF WELL AGAIN
MHLC7_2	IF I'M GOING TO GET SICK, I WILL GET SICK
MHLC7_3	SEE DOCTOR REGULARLY, LESS HEALTH PROBLEMS
MHLC7_4	THINGS AFFECT HEALTH HAPPEN BY ACCIDENT
MHLC7_5	MAINTAIN HEALTH BY CONSULTING PROFESSIONALS
MHLC7_6	DIRECTLY RESPONSIBLE FOR HEALTH
MHLC7_7	OTHER PEOPLE PLAY A BIG PART IN MY HEALTH
MHLC7_8	WRONG WITH MY HEALTH IS MY OWN FAULT
MHLC7_9	WHEN SICK, LET NATURE RUN ITS COURSE
MHLC7_10	HEALTH PROFESSIONALS KEEP ME HEALTHY
MHLC7_11	WHEN STAY HEALTHY, JUST PLAIN LUCKY
MHLC7_12	PHYSICAL WELL-BEING DEPENDS ON HOW WELL I TAKE CARE OF MYSELF
MHLC7_13	ILLNESS IS DUE TO NOT TAKING CARE OF MYSELF
MHLC7_14	TYPE OF CARE DECIDE THE RECOVERY
MHLC7_15	EVEN TAKE CARE, IT IS EASY TO GET SICK
MHLC7_16	ILLNESS IS A MATTER OF FATE
MHLC7_17	STAY HEALTHY BY TAKING GOOD CARE OF MYSELF
MHLC7_18	FOLLOW DOCTORS ORDER IS THE BEST WAY TO STAY HEALTHY
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

## Other Questions about Your Life

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID
<b>PTSD</b>	
OQL7_1	TRAUMATIC EXPERIENCE
OQL7_2	RELIVE TRAUMATIC EXPERIENCE THROUGH RECURRENT DREAMS
OQL7_3	SEEM LESS INTERESTED THAN USUAL IN IMPORTANT THINGS
OQL7_4	HAVE PROBLEMS SLEEPING, CONCENTRATING OR HAVING A SHORT TEMPER
OQL7_5	AVOID ANY PLACE OR ANYTHING THAT REMINDED YOU OF THE ORIGINAL HORRIBLE EVENT
OQL7_6	HAVE SOME OF THE ABOVE PROBLEMS FOR MORE THAN ONE MONTH
OQL7_18	BEST DESCRIBES RELATIONSHIP WITH THE COMMUNITY AT LARGE
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# PHYSICAL EXAMINATION

VARIABLE	LABEL
IDNO	SHS ID
<b>EXAMINATION OF EXTREMITIES FOR AMPUTATIONS</b>	
EX7_9	EXTREMITIES MISSING
EX7_10	RIGHT ARM: MISSING
EX7_10A	RIGHT ARM: CAUSE
EX7_10B	RIGHT ARM: OTHER CAUSE
EX7_12	RIGHT HAND: MISSING
EX7_12A	RIGHT HAND: CAUSE
EX7_12B	RIGHT HAND: OTHER CAUSE
EX7_14	RIGHT FINGER(S): MISSING
EX7_14A	RIGHT FINGER(S): CAUSE
EX7_14C	RIGHT FINGER(S): HOW MANY
EX7_14B	RIGHT FINGER(S): OTHER CAUSE
EX7_17	LEFT ARM: MISSING
EX7_17A	LEFT ARM: CAUSE
EX7_17B	LEFT ARM: OTHER CAUSE
EX7_19	LEFT HAND: MISSING
EX7_19A	LEFT HAND: CAUSE
EX7_19B	LEFT HAND: OTHER CAUSE
EX7_21	LEFT FINGER(S): MISSING
EX7_21A	LEFT FINGER(S): CAUSE
EX7_21C	LEFT FINGER(S): HOW MANY
EX7_21B	LEFT FINGER(S): OTHER CAUSE
EX7_24	RIGHT LEG ABOVE KNEE: MISSING
EX7_24A	RIGHT LEG ABOVE KNEE: CAUSE
EX7_24B	RIGHT LEG ABOVE KNEE: OTHER CAUSE
EX7_26	RIGHT LEG BELOW KNEE: MISSING
EX7_26A	RIGHT LEG BELOW KNEE: CAUSE
EX7_24C	RIGHT LEG BELOW KNEE: OTHER CAUSE
EX7_28	RIGHT FOOT: MISSING
EX7_28A	RIGHT FOOT: CAUSE
EX7_28C	RIGHT FOOT: OTHER CAUSE
EX7_30	RIGHT TOE(S): MISSING
EX7_30C	RIGHT TOE(S): HOW MANY
EX7_30A	RIGHT TOE(S): CAUSE
EX7_30B	RIGHT TOE(S): OTHER CAUSE

<b>VARIABLE</b>	<b>LABEL</b>
EX7_33	LEFT LEG ABOVE KNEE: MISSING
EX7_33A	LEFT LEG ABOVE KNEE: CAUSE
EX7_33B	LEFT LEG ABOVE KNEE: OTHER CAUSE
EX7_35	LEFT LEG BELOW KNEE: MISSING
EX7_35A	LEFT LEG BELOW KNEE: CAUSE
EX7_35C	LEFT LEG BELOW KNEE: OTHER CAUSE
EX7_37	LEFT FOOT: MISSING
EX7_37A	LEFT FOOT: CAUSE
EX7_37C	LEFT FOOT: OTHER CAUSE
EX7_39	LEFT TOE(S): MISSING
EX7_39C	LEFT TOE(S): HOW MANY
EX7_39A	LEFT TOE(S): CAUSE
EX7_39B	LEFT TOE(S): OTHER CAUSE
<b>BLOOD PRESSURE</b>	
EX7_42	RIGHT ARM CIRCUMFERENCE (CM)
EX7_43	CUFF SIZE
EX7_44	PULSE OBLITERATION PRESSURE
EX7_45	SYSTOLIC: 1ST BP
EX7_46	DIASTOLIC: 1ST BP
EX7_47	SYSTOLIC: 2ND BP
EX7_48	DIASTOLIC: 2ND BP
EX7_49	SYSTOLIC: 3RD BP
EX7_50	DIASTOLIC: 3RD BP
EX7_51	BP FROM RIGHT ARM
EX7_51A	BP NOT FROM RIGHT ARM SPECIFY
EX7_52	RECORDER ID FOR BP MEASUREMENT
<b>ANTHROPOMETRIC MEASUREMENTS</b>	
EX7_53	HEIGHT STANDING (CM)
EX7_54	HEIGHT STANDING (IN)
EX7_55	WEIGHT (KG)
EX7_56	WEIGHT (LBS)
EX7_57	HIP CIRCUMFERENCE STANDING (CM)
EX7_58	HIP CIRCUMFERENCE STANDING (IN)
EX7_59	WAIST SUPINE (CM)
EX7_60	WAIST SUPINE (IN)
<b>PEDAL PULSES AND EDEMA</b>	
EX7_61	RIGHT POSTERIOR TIBIAL PULSE
EX7_62	RIGHT DORSALIS PEDIS PULSE
EX7_63	LEFT POSTERIOR TIBIAL PULSE
EX7_64	LEFT DORSALIS PEDIS PULSE

<b>VARIABLE</b>	<b>LABEL</b>
EX7_65	PEDAL EDEMA
<b>DOPPLER BLOOD PRESSURE</b>	
EX7_70	RIGHT ARM: 1ST DOPPLER BP
EX7_71	RIGHT ANKLE: 1ST DOPPLER BP
EX7_72	LEFT ANKLE: 1ST DOPPLER BP
EX7_73	RIGHT ARM: 2ND DOPPLER BP
EX7_74	RIGHT ANKLE: 2ND DOPPLER BP
EX7_75	LEFT ANKLE: 2ND DOPPLER BP
EX7_76	RIGHT ANKLE DOPPLER LOCATION
EX7_77	LEFT ANKLE DOPPLER LOCATION
EX7_84	WAS ECG PERFORMED
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS FIELD CENTER

# SAMPLE COLLECTION CHECKLIST

VARIABLE	LABEL
IDNO	SHS ID
GTT7_2	FASTING BLOOD SAMPLE TAKEN
GTT7_2A	FASTING BLOOD SAMPLE TAKEN SPECIFY OTHER
GTT7_3	LAST TIME ATE
GTT7_4	TIME OF COLLECTION OF FASTING BLOOD SAMPLE
GTT7_5	URINE SAMPLE TAKEN
GTT7_6	NO URINE SAMPLE TAKEN
GTT7_6A	NO URINE SAMPLE TAKEN SPECIFY OTHER
GTT7_7	TIME OF URINE SAMPLE
GTT7_8A	BLOOD SAMPLE: CHEM PROFILE LIPIDS, INSULIN, CRP, FFA (THREE 10 ML SST)
GTT7_8B	BLOOD SAMPLE: FIBRINOGEN (ONE 4.5 ML LT BLUE)
GTT7_8C	BLOOD SAMPLE: FASTING GLUCOSE (ONE 4 ML GRAY)
GTT7_8F	BLOOD SAMPLE: HBA1C, LEPTIN, DNA (THREE 10 ML PURPLE)
GTT7_8G	BLOOD SAMPLE: CBC (ONE PURPLE (SIZE SITE SPECIFIC))
GTT7_8I	BLOOD SAMPLE: PAX GENE
GTT7_8H	URINE SAMPLE: ALBUMIN/CREATININE (URINE)
GTT7_9	VOLUNTEER BLOOD/URINE QC?
GTT7_10	QC ID
GTT7_11A	QC SAMPLE: CHEM PROFILE, LIPIDS, INSULIN, CRP, FFA (ONE 10 ML SST)
GT T7_11C	QC SAMPLE: FASTING GLUCOSE (ONE 4 ML GRAY)
GTT7_11CA	QC SAMPLE: HBA1C, LEPTINONE (10 ML PURPLE)
GTT7_11E	QC SAMPLE: ALBUMIN/CREATININE (URINE)
GTT7_CHK	USE TOBACCO, CAFFEINE, OR ALCOHOL

## ADMINISTRATIVE INFORMATION

INT_CODE	INTERVIEWER CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# CBC RESULTS

VARIABLE	LABEL
IDNO	SHS ID
WBC7	WHITE BLOOD CELL COUNT (10/L)
RBC7	RED BLOOD CELL COUNT (10/L)
HGB7	HEMOGLOBIN (g/dL)
HCT7	HEMATOCRIT (%)
MCV7	MEAN CELL VOLUME (fL)
MCH7	MEAN CORPUSCULAR HEMOGLOBIN (pg)
MCHC7	MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (g/dL)
RDW7	RED CELL DISTRIBUTION WIDTH (%)
PLT7	PLATELET COUNT (10/L)
MPV7	MEAN PLATELET VOLUME (fL)
DIFFERENTIAL	
NEUT7	NEUTROPHIL (%)
LYMPH7	LYMPHOCYTE (%)
MONO7	MONOCYTE (%)
EOS7	EOSINOPHIL (%)
BASO7	BASOPHIL (%)
ADMINISTRATIVE INFORMATION	
CBC_STAT	STATUS OF CBC FORM
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# Screenings for COVID-19 and Pregnancy

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## SCREENING FOR COVID-19

Are you currently experiencing, or have you experienced in the past 10 days, any of the following symptoms? (Please take your temperature before you answer this question.)

Variable name: SCREEN7\_1A  
SAS label: COVID-19: FEVER  
Question: Q1a: Fever (100.4° F or greater)  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

Variable name: SCREEN7\_1B  
SAS label: COVID-19: COUGH  
Question: Q1b: Cough  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	



## Screenings for COVID-19 and Pregnancy

**Variable name:** SCREEN7\_1C  
**SAS label:** COVID-19: SHORTNESS OF BREATH  
**Question:** Q1c: Shortness of breath or difficulty breathing  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** SCREEN7\_1D  
**SAS label:** COVID-19: SORE THROAT  
**Question:** Q1d: Sore throat  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** SCREEN7\_1E  
**SAS label:** COVID-19: NEW LOSS OF TASTE OR SMELL  
**Question:** Q1e: New loss of taste or smell  
**Note:**

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

## Screenings for COVID-19 and Pregnancy

**Variable name:** SCREEN7\_1F  
**SAS label:** COVID-19: CHILLS  
**Question:** Q1f: Chills  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** SCREEN7\_1G  
**SAS label:** COVID-19: HEAD OR MUSCLE ACHES  
**Question:** Q1g: Head or muscle aches  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** SCREEN7\_1H  
**SAS label:** COVID-19: NAUSEA, DIARRHEA, VOMITING  
**Question:** Q1h: Nausea, diarrhea, vomiting  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

## Screenings for COVID-19 and Pregnancy

**Variable name:** SCREEN7\_2  
**SAS label:** COVID-19: EXPOSED TO SYMPTOMS IN LAST 10 DAYS  
**Question:** Q2: In the past 10 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Don't know	
.	Missing	

**Variable name:** SCREEN7\_3  
**SAS label:** COVID-19: EXPOSED TO POSITIVE IN LAST 10 DAYS  
**Question:** Q3: In the past 10 days, have you been in close proximity to anyone who has tested positive for COVID-19?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Don't know	
.	Missing	

**Variable name:** SCREEN7\_4  
**SAS label:** COVID-19: TESTED  
**Question:** Q4: Have you been tested for COVID-19 and are waiting to receive test results?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

### Screenings for COVID-19 and Pregnancy

**Variable name:** SCREEN7\_5  
**SAS label:** COVID-19: TESTED POSITIVE  
**Question:** Q5: Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

### SCREENING FOR PREGNANCY

**Variable name:** SCREEN7\_6  
**SAS label:** CURRENTLY PREGNANT  
**Question:** Q6: Are you Currently Pregnant?  
**Note:** If Yes, field staff should schedule participant's visit six weeks postpartum

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** SCREEN7\_6A  
**SAS label:** SIX WEEK POSTPARTUM VISIT DATE  
**Question:** Q6a: Please specify six weeks postpartum visit date for participant  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

## Screenings for COVID-19 and Pregnancy

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER CODE  
**Question:** Interviewer code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** DATE OF SCREENING  
**Question:** Screening date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## Personal Interview II

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

### BASIC INFORMATION

Variable name: INT17\_5A  
SAS label: SEX ASSIGNED AT BIRTH  
Question: Q1: Sex Assigned at Birth  
Note: Intersex=born with reproductive or sexual anatomy that doesn't fit the boxes of "female" or "male."

Code or Value	Value description	Skip to item
1	Male	
2	Female	
3	Intersex	
5	Prefer not to answer	
.	Missing	

Variable name: INT17\_5B  
SAS label: SEX: OTHER SPECIFY  
Question: Q1a: Please specify other gender  
Note: None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

## Personal Interview II

Variable name: INT17\_5C

SAS label: GENDER

Question: Q2: As you know, not everyone identifies with a gender that's consistent with their sex assigned at birth, so which of the following best describes your gender identity?

Note: Give participants a chance to offer the information on their own, then read response options, and provide the explanations of each category if the participants ask

Code or Value	Value description	Skip to item
1	Male- current gender identity matches sex assigned at birth	
2	Female- current gender identity matches sex assigned at birth	
3	Transgender- current gender identity differs from sex assigned at birth	
5	Two-spirit- an umbrella term used to describe gender roles and sexual identities that existed prior to colonization	
6	Don't know/Not Sure	
7	Prefer not to answer	
8	Other (please specify)	

Variable name: INT17\_5D

SAS label: GENDER: OTHER SPECIFY

Question: Q2a: Please specify other

Note: None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Personal Interview II****Variable name:** INT17\_7**SAS label:** MARITAL STATUS**Question:** Q3: What is your current marital status?**Note:** None

Code or Value	Value description	Skip to item
1	Never married	
2	Currently married	
3	Divorced	
4	Separated	
5	Widowed	
6	Adult roommate / partner / significant other	
.	Missing	

**Variable name:** INT17\_35**SAS label:** YEARS OF EDUCATION**Question:** Q4: How many years of education have you completed?**Note:** Ex:12, Vo-tech or years of school (Vo-tech/GED = 12); 14, Junior College; 16, Bachelors; 18, Masters; 19, Law Degree; 20, Doctorate; 999, Unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_94**SAS label:** ATTEND PRESCHOOL, KINDERGARTEN, HEAD START PROGRAM**Question:** Q5: Did you attend preschool, or kindergarten, or participate in Head Start Program?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unsure	
.	Missing	



**Personal Interview II****SLEEP HEALTH****Variable name:** INT27\_95**SAS label:** HOURS OF SLEEP**Question:** Q5a: On average, about how many hours of sleep do you get when you go to bed (not including naps)?**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**FAMILY INCOME****Variable name:** INT27\_11**SAS label:** HOUSEHOLD INCOME MEET FAMILY NEEDS**Question:** Q6: Does your household income meet your family's needs?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unsure	
.	Missing	

**Variable name:** INT27\_12**SAS label:** GOING TO SCHOOL**Question:** Q7: Are you going to school?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Personal Interview II****Variable name:** INT27\_26**SAS label:** WORK HOURS PER WEEK**Question:** Q8: How many hours per week do you work at a job or jobs that pay you a salary or wage?**Note:** Fill in number of hours

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_27**SAS label:** ANNUAL HOUSEHOLD INCOME**Question:** Q9: Which of the following categories best describes your annual household income from all sources?**Note:** None

Code or Value	Value description	Skip to item
0	Refused	
1	Less than 5,000	
2	5,000 to 9,999	
3	10,000 to 14,999	
4	15,000 to 19,999	
5	20,000 to 24,999	
6	25,000 to 34,999	
7	35,000 to 50,000	
8	Over 50,000	
9	Don't know/not sure	
.	Missing	

**Personal Interview II****TOBACCO****Variable name:** INT27\_28**SAS label:** SMOKE >100 CIGARETTES**Question:** Q10: During your lifetime have you smoked 100 cigarettes or more total?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q18 (INT27_59)
.	Missing	

**Variable name:** INT27\_29**SAS label:** HOW OLD FIRST STARTED**Question:** Q11: How old were you when you first started smoking regularly?**Note:** 0 = never smoked regularly and 999 = unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_51**SAS label:** QUIT SMOKING**Question:** Q12: Did you quit smoking?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q13 (INT27_31)
.	Missing	

## Personal Interview II

**Variable name:** INT27\_52  
**SAS label:** IF QUIT: LAST SMOKE (YEAR)  
**Question:** Q12a: If you quit, when did you last smoke?  
**Note:** Just the year, please

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_53  
**SAS label:** REASON FOR QUITTING: DOCTOR'S ADVICE  
**Question:** Q12b: What reason(s) did you have for quitting? Please check all that apply: i. Doctor's advice  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_54  
**SAS label:** REASON FOR QUITTING: HEALTH CONCERNS  
**Question:** Q12b: What reason(s) did you have for quitting? Please check all that apply: ii. Health concerns  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Personal Interview II****Variable name:** INT27\_55**SAS label:** REASON FOR QUITTING: EXPENSES**Question:** Q12b: What reason(s) did you have for quitting? Please check all that apply: iii. Expenses**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_56**SAS label:** REASON FOR QUITTING: PER FAMILY PRESSURE**Question:** Q12b: What reason(s) did you have for quitting? Please check all that apply: iv. Family pressure**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_57**SAS label:** REASON FOR QUITTING: PEER PRESSURE**Question:** Q12b: What reason(s) did you have for quitting? Please check all that apply: v. Peer pressure**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Personal Interview II****Variable name:** INT27\_58**SAS label:** REASON FOR QUITTING: OTHER**Question:** Q12b: What reason(s) did you have for quitting? Please check all that apply: vi. Other**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT2758A**SAS label:** REASON FOR QUITTING: OTHER SPECIFY**Question:** Q12bi: Please specify other**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** INT27\_31**SAS label:** # OF CIGARETTES PER DAY**Question:** Q13: On the average, how many cigarettes do/did you usually smoke per day?**Note:** 0 = Less than one cigarette per day

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_32**SAS label:** # OF CIGARETTES PER MONTH**Question:** Q13a: If the average is less than one cigarette per day, number of cigarettes per month?**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Personal Interview II****Variable name:** INT27\_33**SAS label:** OCCASION TO SMOKE: STRESS**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? a. Stressful times**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_34**SAS label:** OCCASION TO SMOKE: CASINOS**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? b. Casinos**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_35**SAS label:** OCCASION TO SMOKE: WAKES/ FUNERALS**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? c. Wakes/Funerals**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Personal Interview II****Variable name:** INT27\_36**SAS label:** OCCASION TO SMOKE: WHEN DRINKING ALCOHOL**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? d. w=When drinking alcohol**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_37**SAS label:** OCCASION TO SMOKE: SOCIAL MEETINGS**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? e. Social meetings**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_38**SAS label:** OCCASION TO SMOKE: WHEN YOU HAVE EXTRA MONEY**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? f. When you have extra money**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	



**Personal Interview II****Variable name:** INT27\_39**SAS label:** OCCASION TO SMOKE: BINGO**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? g. Bingo**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_40**SAS label:** OCCASION TO SMOKE: SCHOOL**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? h. School**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_41**SAS label:** OCCASION TO SMOKE: OTHER**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? i. other**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Personal Interview II****Variable name:** INT27\_42**SAS label:** OCCASION TO SMOKE: OTHER SPECIFY**Question:** Q14: On which occasions are/were you most likely to smoke or increase your smoking? j. Specify other**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** INT27\_43**SAS label:** WHEN INCREASED HOW MANY CIGARETTES DO YOU SMOKE**Question:** Q15: On the occasions that your smoking increased, how many total cigarettes do/did you smoke per day?**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_30**SAS label:** DO YOU SMOKE CIGARETTES NOW**Question:** Q16: Do you smoke cigarettes now?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q18 (INT27_59)
.	Missing	

**Personal Interview II****Variable name:** INT27\_44**SAS label:** CHANGE YOUR SMOKING HABIT**Question:** Q17: If you currently smoke, would you like to change your smoking habit?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q18 (INT27_59)
.	Missing	

**Variable name:** INT27\_45**SAS label:** IF YES, PREFER TO: REDUCE # OF CIGARETTE**Question:** Q17a: If yes, would you prefer to  
a. Reduce the number of cigarettes per day**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_46**SAS label:** IF YES, PREFER TO: SWITCH TO LOWER TAR**Question:** Q17a: If yes, would you prefer to  
b. Switch to lower "tar" or "nicotine" cigarettes**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Personal Interview II****Variable name:** INT27\_47**SAS label:** IF YES, PREFER TO: USE NICOTINE PATCH/CHEWING GUM**Question:** Q17a: If yes, would you prefer to  
c. Use nicotine patch/chewing gum/medications**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_48**SAS label:** IF YES, PREFER TO: QUIT**Question:** Q17a: If yes, would you prefer to  
d. Quit**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT27\_49**SAS label:** IF YES, PREFER TO: OTHER**Question:** Q17a: If yes, would you prefer to  
e. Other**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Personal Interview II****Variable name:** INT27\_50**SAS label:** IF YES, PREFER TO: OTHER SPECIFY**Question:** Q17a: If yes, would you prefer to  
f. Specify Other**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** INT27\_59**SAS label:** CHEWING TOBACCO/SNUFF**Question:** Q18: Do you use chewing tobacco/snuff now?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q20 (INT27_63)
.	Missing	

**Variable name:** INT2759A**SAS label:** HOW MANY TIMES/DAY USING CHEWING TOBACCO/SNUFF**Question:** Q19: If yes, how many times a day do you use it?**Note:** Enter 0 if less than once a day or used sporadically

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

<b>PASSIVE SMOKING</b>
------------------------

Variable name: INT27\_63  
 SAS label: HOURS EXPOSED TO THE SMOKE OF OTHERS/ DAY  
 Question: Q20: Whether or not you smoke, on the average, how many hours a day are you exposed to the smoke of others?  
 Note: If none fill in 0; enter 1 for 30 minutes or more, enter 0 if less than 30 minutes.

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

<b>E-CIGARETTE OR OTHER ELECTRONIC VAPING PRODUCT</b>
---

Variable name: INT27\_84  
 SAS label: USED E-CIGARETTES  
 Question: Q21: Have you ever used an e-cigarette or other electronic vaping product, even just one time in your entire life?  
 Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q23 (INT27_64)
9	Don't know/Unsure	Go to Q23 (INT27_64)
.	Missing	

Variable name: INT27\_85  
 SAS label: # OF DAYS USED E-CIGARETTES  
 Question: Q22: During the past 30 days, on how many days did you use e-cigarettes or other electronic vaping products? (0 - 30)  
 Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Personal Interview II****ALCOHOL**

Variable name: INT27\_64  
 SAS label: EVER CONSUMED ALCOHOLIC BEVERAGES  
 Question: Q23: Have you ever consumed alcoholic beverages?  
 Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q30 (INT27_96)
.	Missing	

Variable name: INT27\_65  
 SAS label: WHEN WAS YOUR LAST DRINK  
 Question: Q23a: If "YES," when was your last drink? (Choose only one)  
 Note: None

Code or Value	Value description	Skip to item
1	Within the last week	
2	Within the last month	
3	Within the last year. Number of months- specify below	
4	More than a year ago	Go to Q30 (INT27_96)
.	Missing	

Variable name: INT27\_66  
 SAS label: # OF MONTHS AGO  
 Question: Q23a: Specify No of months within last year  
 Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## Personal Interview II

**Variable name:** INT27\_67

**SAS label:** TOTAL # OF DRINKS IN A TYPICAL WEEK

**Question:** Q24: How many alcoholic drinks do you have in a typical week?

**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_68

**SAS label:** # DAYS PER MONTH HAVE AT LEAST ONE DRINK

**Question:** Q25: How many days in a typical month do you have at least one drink?

**Note:** Indicate the number of days per month

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_69

**SAS label:** AVERAGE # OF DRINKS ON DAYS WHEN YOU DO DRINK

**Question:** Q26: On the days when you drink any liquor, beer or wine, about how many drinks do you have, on average?

**Note:** Indicate number of drinks per day

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_70

**SAS label:** WHEN MORE THAN USUAL, HOW MANY DRINKS

**Question:** Q27: When you drink more than your usual amount, how many total drinks do you have?

**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	



## Personal Interview II

**Variable name:** INT27\_73

**SAS label:** PAST MONTH >=5 DRINKS

**Question:** Q28: How many times during the PAST MONTH did you have 5 or more drinks on an occasion?

**Note:** Indicate times per month, enter zero if subject has quit drinking more than one month ago

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_74

**SAS label:** PAST YEAR >= 5 DRINKS

**Question:** Q29: How many months during the PAST YEAR did you have 5 or more drinks on an occasion?

**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Personal Interview II****LANGUAGE**

**Variable name:** INT27\_96  
**SAS label:** SPEAK NATIVE LANGUAGE  
**Question:** Q30: Can you speak your native language?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, fluently	
2	Yes, but not fluently	
3	No	Go to Q32 (INT27_86)
.	Missing	

**Variable name:** INT27\_97  
**SAS label:** HOW OFTEN SPEAK NATIVE LANGUAGE  
**Question:** Q31: How often do you speak your native language?  
**Note:** None

Code or Value	Value description	Skip to item
1	Always	
2	Almost always	
3	Often	
4	Seldom	
5	Never	
6	Not applicable	
.	Missing	

**Personal Interview II****US MILITARY OR ARMED FORCES SERVICE**

**Variable name:** INT27\_86  
**SAS label:** SERVED IN US MILITARY OR ARMED FORCES  
**Question:** Q32: Have you ever served in the US military or Armed Forces?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q35 (INT_CODE)
.	Missing	

**Variable name:** INT27\_87  
**SAS label:** MILITARY BRANCH  
**Question:** Q33: If "YES," in which branch of the military did you serve?  
**Note:** None

Code or Value	Value description	Skip to item
1	Airforce	
2	Army	
3	Marines	
4	Navy	
6	National Guard	
.	Missing	

**Variable name:** INT27\_88A  
**SAS label:** HOW LONG SERVED (YEARS)  
**Question:** Q34: For how long did you serve in the military(years)?  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## Personal Interview II

Variable name: INT27\_88B

SAS label: HOW LONG SERVED (MONTHS)

Question: Q34: For how long did you serve in the military(months)?

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## ADMINISTRATIVE INFORMATION

Variable name: INT\_CODE

SAS label: INTERVIEW CODE

Question: Q35: Interviewer code

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: INT\_DATE

SAS label: INTERVIEW DATE

Question: Q36: Interview date

Note: None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

Variable name: CENTER

SAS label: SHS SITE

Question: SHS Study Site

Note: None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

# Medical History

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## MEDICAL CONDITIONS

Now I'd like to ask you some questions about medical problems. Has a medical person EVER told you that you had any of the following conditions?

Variable name: MED7\_1  
SAS label: HIGH BLOOD PRESSURE (HBP)  
Question: Q1a: High blood pressure?  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Only during pregnancy	
9	Unknown	
.	.	

Variable name: MED7\_2  
SAS label: HBP AGE OF DIAGNOSIS  
Question: Q1b: 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)?  
Note: Indicate the actual age. Don't know=999

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Medical History****Variable name:** MED7\_2A**SAS label:** HBP TAKING MEDICATION**Question:** Q1c: If "YES," are you taking any medication to control your blood pressure?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_3**SAS label:** ARTHRITIS**Question:** Q2: Arthritis?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_4**SAS label:** FRACTURE ASSOCIATED W/OSTEOPOROSIS**Question:** Q3: Any fractures associated with brittle bone disease or osteoporosis?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Medical History**

**Variable name:** MED7\_4A  
**SAS label:** FRACTURE WHERE  
**Question:** Q3a: Specify location of fracture  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_5  
**SAS label:** RHEUMATIC HEART DISEASE  
**Question:** Q4: Rheumatic heart disease?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_6  
**SAS label:** GALLSTONES  
**Question:** Q5: Gallstones?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Medical History**

**Variable name:** MED7\_7  
**SAS label:** CANCER  
**Question:** Q6: Cancer, including leukemia and lymphoma?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_7A  
**SAS label:** CANCER TYPE  
**Question:** Q6a: If “Yes”, specify type of cancer  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_8  
**SAS label:** DIABETES (DM)  
**Question:** Q7: Diabetes?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q8 (MED7_17)
3	Only during pregnancy	
9	Unknown	Go to Q8 (MED7_17)
.	.	



**Medical History****Variable name:** MED7\_10**SAS label:** DM AGE OF DIAGNOSIS**Question:** Q7a: How old were you when you were first told by a medical person that you had diabetes?**Note:** Indicate the actual age. Don't know=999

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MED7\_11**SAS label:** DM TREATMENT: INSULIN**Question:** Q7bi: What type of treatment are you following for your diabetes?  
Insulin**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** MED7\_12**SAS label:** DM TREATMENT: ORAL HYPOGLYCEMIC AGENT**Question:** Q7bii: What type of treatment are you following for your diabetes?  
Oral hypoglycemic agent**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Medical History****Variable name:** MED7\_13**SAS label:** DM TREATMENT: BY DIETARY CONTROL**Question:** Q7biii: What type of treatment are you following for your diabetes?  
By dietary control**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** MED7\_14**SAS label:** DM TREATMENT: BY EXERCISE**Question:** Q7biv: What type of treatment are you following for your diabetes?  
By exercise**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** MED7\_15**SAS label:** DM TREATMENT: DO NOTHING**Question:** Q7bv: What type of treatment are you following for your diabetes?  
Do nothing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Medical History****Variable name:** MED7\_16**SAS label:** DM TREATMENT: OTHER**Question:** Q7bvi: What type of treatment are you following for your diabetes?  
Other**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** MED7\_16A**SAS label:** DM TREATMENT: OTHER, SPECIFY**Question:** Q7bvi: What type of treatment are you following for your diabetes?  
Other Specify**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_17**SAS label:** KIDNEY FAILURE**Question:** Q8: Has a medical person ever told you that you had kidney failure?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q11 (MED5_24)
9	Unknown	Go to Q11 (MED5_24)
.	Missing	

**Medical History**

**Variable name:** MED7\_18  
**SAS label:** KIDNEY FAILURE ONE OR BOTH KIDNEYS WORKING WELL  
**Question:** Q8a: If "YES," are one or both working well now?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_19  
**SAS label:** KIDNEY FAILURE AGE OF DIAGNOSIS  
**Question:** Q8b: How old were you when you were first told by a medical person that you had kidney failure?  
**Note:** Indicate the actual age. Don't know=999

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MED7\_20  
**SAS label:** RENAL DIALYSIS  
**Question:** Q9: Are you currently on renal dialysis?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Medical History**

**Variable name:** MED7\_21  
**SAS label:** KIDNEY TRANSPLANT  
**Question:** Q10: Have you ever had a kidney transplant?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_22  
**SAS label:** KIDNEY TRANSPLANT NEW KIDNEY WORKING WELL  
**Question:** Q10a: If "YES," is the new kidney working well?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_23  
**SAS label:** KIDNEY TRANSPLANT WAITING FOR KIDNEY TRANSPLANT  
**Question:** Q10b: If "NO," are you waiting for a kidney transplant?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Medical History****Variable name:** MED7\_24**SAS label:** CIRRHOSIS OF LIVER**Question:** Q11: Have you ever had - Cirrhosis of the liver?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**HEART PROBLEMS****Variable name:** MED7\_29**SAS label:** HEART CATHETERIZATION**Question:** Q12: Have you had a heart catheterization?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_29D**SAS label:** HEART CATH DATE**Question:** Q12a: If "YES," when, specify date (most recent)?**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Medical History****Variable name:** MED7\_29P**SAS label:** HEART CATH HOSPITAL/CLINIC**Question:** Q12ai. If "YES," where, specify hospital/clinic (most recent)?**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_30**SAS label:** ANGIOPLASTY**Question:** Q13: Have you ever had an angioplasty (balloon, PCTA or Stent procedure)?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_30D**SAS label:** ANGIOPLASTY DATE**Question:** Q13a: If "YES," when ,specify date (most recent)?**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Medical History****Variable name:** MED7\_30P**SAS label:** ANGIOPLASTY HOSPITAL/CLINIC**Question:** Q13ai: If "YES," where ,specify hospital/clinic?**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_31**SAS label:** EXERCISE TEST/TREADMILL TEST**Question:** Q14: Have you ever had an exercise or Chemical Stress test to check your heart?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_31D**SAS label:** EXERCISE TEST DATE**Question:** Q14a: If "YES," when ,specify date (most recent)?**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	



**Medical History****Variable name:** MED7\_31P**SAS label:** EXERCISE TEST HOSPITAL/CLINIC**Question:** Q14ai: If "YES," where, specify hospital/clinic?**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_32**SAS label:** CONGESTIVE HEART FAILURE**Question:** Q15: Congestive heart failure?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_32D**SAS label:** CONGESTIVE HEART FAILURE DATE**Question:** Q15a: If "YES," when ,specify date (most recent)?**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Medical History**

**Variable name:** MED7\_32P  
**SAS label:** CONGESTIVE HEART FAILURE HOSPITAL/CLINIC  
**Question:** Q15ai: If "YES," where ,specify hospital/clinic?  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_32N  
**SAS label:** STILL HAVE HEART FAILURE NOW  
**Question:** Q15b: If "YES," do you still have heart failure now?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_33  
**SAS label:** HEART ATTACK  
**Question:** Q16: Heart attack?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Medical History**

**Variable name:** MED7\_33D  
**SAS label:** HEART ATTACK DATE  
**Question:** Q16a: If "YES," when ,specify date (most recent)?  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** MED7\_33P  
**SAS label:** HEART ATTACK HOSPITAL/CLINIC  
**Question:** Q16ai: If "YES," where ,specify hospital/clinic?  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_34  
**SAS label:** ANY OTHER HEART TROUBLE  
**Question:** Q17: Any other heart trouble?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Medical History****Variable name:** MED7\_34A**SAS label:** SPECIFY OTHER HEART TROUBLE**Question:** Q17a: If "YES," please specify type**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_34D**SAS label:** OTHER HEART TROUBLE DATE**Question:** Q17b: If "YES," when ,specify date (most recent)?**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** MED7\_34P**SAS label:** OTHER HEART TROUBLE HOSPITAL/CLINIC**Question:** Q17bi: If "YES," where ,specify hospital/clinic?**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Medical History**

**Variable name:** MED7\_35  
**SAS label:** STROKE  
**Question:** Q18: Stroke?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_35D  
**SAS label:** STROKE DATE  
**Question:** Q18a: If "YES," when ,specify date (most recent)?  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** MED7\_35P  
**SAS label:** STROKE HOSPITAL/CLINIC  
**Question:** Q18ai: If "YES," where ,specify hospital/clinic?  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Medical History****Variable name:** MED7\_36**SAS label:** HAVE YOU HAD CHEST SURGERY**Question:** Q19: Have you ever had surgery on your chest?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q20 (MED7_42)
.	Missing	

**Variable name:** MED7\_37**SAS label:** WAS IT HEART SURGERY**Question:** Q19a: Was it heart surgery?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q20 (MED7_42)
.	Missing	

**Variable name:** MED7\_38**SAS label:** BYPASS**Question:** Q19ai: If "YES," which surgery have you had -Bypass?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Medical History**

**Variable name:** MED7\_38D  
**SAS label:** BYPASS DATE  
**Question:** Q19ai: If "YES," when ,specify date (most recent)?  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** MED7\_38P  
**SAS label:** BYPASS HOSPITAL/CLINIC  
**Question:** Q19ai: If "YES," where, specify hospital/clinic?  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_39  
**SAS label:** VALVULAR REPAIR/REPLACEMENT  
**Question:** Q19bii: If "YES," which surgery have you had -Valvular repair/replacement?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_39D  
**SAS label:** VALVULAR REPAIR/REPLACE DATE  
**Question:** Q19bii: If "YES," when ,specify date (most recent)?  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

## Medical History

**Variable name:** MED7\_39P  
**SAS label:** VALVULAR REPAIR/REPLACE HOSPITAL/CLINIC  
**Question:** Q19bii: If "YES," where ,specify hospital/clinic?  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_40  
**SAS label:** PACEMAKER  
**Question:** Q19aiii: If "YES," which surgery have you had -Pacemaker?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_40D  
**SAS label:** PACEMAKER DATE  
**Question:** Q19aiii: If "YES," when ,specify date (most recent)?  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	



**Medical History**

**Variable name:** MED7\_40P  
**SAS label:** PACEMAKER HOSPITAL/CLINIC  
**Question:** Q19aiii: If "YES," where, specify hospital/clinic?  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_41  
**SAS label:** OTHER HEART SURGERY  
**Question:** Q19aiv: If "YES," which surgery have you had -Other?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	
.	Missing	

**Variable name:** MED7\_41A  
**SAS label:** SPECIFY OTHER HEART SURGERY  
**Question:** Q19aiv: If "YES", please specify other type  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Medical History**

**Variable name:** MED7\_41D  
**SAS label:** OTHER HEART SURGERY DATE  
**Question:** Q19aiv: If "YES," when, specify date (most recent)?  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** MED7\_41P  
**SAS label:** OTHER HEART SURGERY HOSPITAL/CLINIC  
**Question:** Q19aiv: If "YES," where, specify hospital/clinic?  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MED7\_42  
**SAS label:** TAKING DAILY ASPIRIN TO PREVENT A HEART ATTACK OR STROKE  
**Question:** Q20: Are you taking aspirin daily to prevent a heart attack or a stroke?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	

**Medical History****Variable name:** MED7\_43**SAS label:** COVID-19**Question:** Q21: Has a medical person Ever told you that you had COVID-19?**Note:** Yes, probably or suspected = without having had a positive test but experienced COVID symptoms

Code or Value	Value description	Skip to item
1	Yes	
2	Yes, probably or suspected	
9	No	

**Medical History****ORAL HEALTH QUESTION**

**Variable name:** MED7\_44  
**SAS label:** NATURAL TEETH  
**Question:** Q22: How many natural teeth do you have?  
**Note:** None

Code or Value	Value description	Skip to item
1	All	
2	Most	
3	Some	
9	None	

**Variable name:** MED7\_45  
**SAS label:** DESCRIBE HOW YOU CHEW  
**Question:** Q23: Describe how you chew your food? (please choose only one)  
**Note:** None

Code or Value	Value description	Skip to item
1	I use natural teeth to chew	
2	I use natural teeth with caps/crowns to chew	
3	I have natural teeth and a denture or partial. I use them both together to chew	
4	I use dentures to chew	
5	I chew with my gums	

**Medical History**

**Variable name:** MED7\_46  
**SAS label:** ABILITY TO CHEW  
**Question:** Q24: Rate your ability to chew food (please choose only ONE)  
**Note:** None

Code or Value	Value description	Skip to item
1	Good	
2	Fair	
3	Poor	

**Variable name:** MED7\_47  
**SAS label:** HEALTH OF TEETH AND GUMS  
**Question:** Q25: Overall, how would you rate the health of your teeth and gums?  
**Note:** None

Code or Value	Value description	Skip to item
1	Excellent	
2	Very good	
3	Good	
4	Fair	
5	Poor	

**Variable name:** MED7\_48  
**SAS label:** GUM DISEASE  
**Question:** Q26: Have you ever had treatment for gum disease, such as scaling and root planning, (sometimes called "deep" cleaning?)  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	

**Medical History****Variable name:** MED7\_49**SAS label:** LOST BONE AROUND TEETH**Question:** Q27: Have you ever been told by a dental professional that you lost bone around your teeth?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
9	Unknown	

## Medical History

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEW CODE  
**Question:** Q28: Interview code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q29: Interview date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS FIELD CENTER  
**Question:** SHS Study Center  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## Reproduction and Hormone Use (Women Only)

Variable name: IDNO  
 SAS label: SHS ID  
 Question: SHS I.D.  
 Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

### CHILDBEARING

The following questions are related to your childbearing history and childbearing organs

Variable name: REP7\_1  
 SAS label: NUMBER OF PREGNANCY (GRAVITY)  
 Question: Q1: How many times have you been pregnant (gravidity)?  
 Note: If never pregnant, go to Q25 (REP7\_5)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: REP7\_2  
 SAS label: NUMBER OF LIVE BIRTHS (PARITY)  
 Question: Q2: How many of your pregnancies resulted in a live birth (parity)?  
 Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: REP7\_3  
 SAS label: NUMBER OF LIVING CHILDREN  
 Question: How many living children do you have?  
 Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	



**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_4**SAS label:** NUMBER OF LOST PREGNANCIES**Question:** Q4: How many pregnancies did you lose (including miscarriage or stillbirth)?**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**THE FIRST PREGNANCY****Next set of questions (Q5 to Q13) pertain to the first pregnancy or pregnancy loss.****Variable name:** REP7\_50**SAS label:** FIRST PREGNANCY RESULT IN LIVE BIRTH**Question:** Q5: Did your first pregnancy result in a live birth?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_51**SAS label:** DATE OF DELIVERY OR LOSS OF FIRST PREGNANCY**Question:** Q6: What was the date of delivery or pregnancy loss for your first pregnancy?**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_52**SAS label:** WEEKS PREGNANT OF DELIVERY OR LOSS OF FIRST PREGNANCY**Question:** Q7: How many weeks pregnant were you when you delivered or lost your first Pregnancy?**Note:** Full term pregnancy is about 40 weeks, use 999 for unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_52A**SAS label:** FIRST PREGNANCY: HOSPITAL NAME**Question:** Q8: Hospital Name**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_52B**SAS label:** FIRST PREGNANCY: HOSPITAL CITY**Question:** Q8a: Hospital City**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_53**SAS label:** FIRST PREGNANCY: HIGH BLOOD PRESSURE**Question:** Q9: During your first pregnancy, were you told you had high blood pressure for the first time?**Note:** Please answer NO, if you were told before your first pregnancy you had high blood pressure

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_54**SAS label:** FIRST PREGNANCY: WEEKS PREGNANT WHEN DIAGNOSIED WITH HIGH BLOOD PRESSURE**Question:** Q10: During your first pregnancy, how many weeks pregnant were you when you were first diagnosed with high blood pressure?**Note:** Full term pregnancy is about 40 weeks, use 999 for unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## Reproduction and Hormone Use (Women Only)

### PREECLAMPSIA

Preeclampsia (pree-i-CLAMP-see-ah), also called toxemia, is a condition that typically starts after the 20<sup>th</sup> week of pregnancy and is related to increased blood pressure and protein in the mother's urine.

Variable name: REP7\_44

SAS label: FIRST PREGNANCY: HAD PREECLAMPSIA, TOXEMIA OR PROTEIN IN URINE

Question: Q11: During your first pregnancy, were you told you had preeclampsia, toxemia or protein in your urine?

Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q13 (REP7_56)
3	Not sure	
.	Missing	

Variable name: REP7\_55

SAS label: FIRST PREGNANCY: WEEKS PREGNANT WHEN DIAGNOSED WITH PREECLAMPSIA

Question: Q12: During your first pregnancy, how many weeks pregnant were you when you were first diagnosed with preeclampsia, toxemia or protein in your urine?

Note: Full term pregnancy is about 40 weeks, use 999 for unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_56**SAS label:** FIRST PREGNANCY: DIABETES**Question:** Q13: During your first pregnancy, were you told for the first time that you had diabetes? Please answer NO, if you were told before your first pregnancy you had diabetes.**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q15 (REP7_47)
3	Not sure	
.	Missing	

**Variable name:** REP7\_57**SAS label:** FIRST PREGNANCY: WEEKS PREGNANT WHEN DIAGNOSED WITH DIABETES**Question:** Q14: During your first pregnancy, how many weeks pregnant were you when you were first diagnosed with diabetes?**Note:** Full term pregnancy is about 40 weeks, use 999 for unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Reproduction and Hormone Use (Women Only)****OTHER PREGNANCIES****Variable name:** REP7\_47**SAS label:** HAD PREECLAMPSIA, TOXEMIA OR PROTEIN IN URINE IN SUBSEQUENT PREGNANCY**Question:** Q15: Did you have preeclampsia, toxemia, or both hypertension and protein in your urine in one or more later pregnancies?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
0	No	Go to Q17 (REP7_48)
.	Missing	

**Variable name:** REP7\_58A**SAS label:** PREGNANCY #2: PREECLAMPSIA**Question:** For Pregnancy #2, did you have Pre-eclampsia or toxemia?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_58B**SAS label:** PREGNANCY #2: DELIVERY OR LOSS DATE**Question:** Date of delivery or pregnancy loss for pregnancy #2**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

## Reproduction and Hormone Use (Women Only)

**Variable name:** REP7\_58C  
**SAS label:** PREGNANCY #2: WEEKS PREGNANT  
**Question:** For pregnancy #2, Number of weeks pregnant  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_58D  
**SAS label:** PREGNANCY #2: HOSPITAL NAME  
**Question:** For pregnancy #2, Hospital Name  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_58E  
**SAS label:** PREGNANCY #2: HOSPITAL CITY  
**Question:** For pregnancy #2, City  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_59A**SAS label:** PREGNANCY #3: PREECLAMPSIA**Question:** For Pregnancy #3, did you have Pre-eclampsia or toxemia?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_59B**SAS label:** PREGNANCY #3: DELIVERY OR LOSS DATE**Question:** Date of delivery or pregnancy loss for pregnancy #3**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** REP7\_59C**SAS label:** PREGNANCY #3: WEEKS PREGNANT**Question:** For pregnancy #3, Number of weeks pregnant**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	



**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_59D**SAS label:** PREGNANCY #3: HOSPITAL NAME**Question:** For pregnancy #3, Hospital Name**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_59E**SAS label:** PREGNANCY #3: HOSPITAL CITY**Question:** For pregnancy #3, City**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_60A**SAS label:** PREGNANCY #4: PREECLAMPSIA**Question:** For Pregnancy #4, did you have Pre-eclampsia or toxemia?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_60B**SAS label:** PREGNANCY #4: DELIVERY OR LOSS DATE**Question:** Date of delivery or pregnancy loss for pregnancy #4**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** REP7\_60C**SAS label:** PREGNANCY #4: WEEKS PREGNANT**Question:** For pregnancy #4, Number of weeks pregnant**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_60D**SAS label:** PREGNANCY #4: HOSPITAL NAME**Question:** For pregnancy #4, Hospital Name**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_60E**SAS label:** PREGNANCY #4: HOSPITAL CITY**Question:** For pregnancy #4, City**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_61A**SAS label:** PREGNANCY #5: PREECLAMPSIA**Question:** For Pregnancy #5, did you have Pre-eclampsia or toxemia?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_61B**SAS label:** PREGNANCY #5: DELIVERY OR LOSS DATE**Question:** Date of delivery or pregnancy loss for pregnancy #5**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** REP7\_61C**SAS label:** PREGNANCY #5: WEEKS PREGNANT**Question:** For pregnancy #5, Number of weeks pregnant**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_61D**SAS label:** PREGNANCY #5: HOSPITAL NAME**Question:** For pregnancy #5, Hospital Name**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

## Reproduction and Hormone Use (Women Only)

**Variable name:** REP7\_61E  
**SAS label:** PREGNANCY #5: HOSPITAL CITY  
**Question:** For pregnancy #5, City  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_48  
**SAS label:** HAD ECLAMPSIA, SEIZURE WITH HYPERTENSION DURING PREGNANCY OR TIME OF DELIVERY  
**Question:** Q17: Did you ever have eclampsia, i.e. a seizure (convulsion or "fit") along with hypertension during a pregnancy or around the time of delivery?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_49  
**SAS label:** MOTHER OR SISTER HAVE PREECLAMPSIA  
**Question:** Q18: Did your mother or sister ever have preeclampsia?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_01**SAS label:** DIABETES IN SUBSEQUENT PREGNANCY**Question:** Q19: Did you have diabetes in one or more later pregnancies?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q21 (REP7_46)
3	Not sure	
.	Missing	

**Variable name:** REP7\_65A**SAS label:** PREGNANCY #2: DIABETES**Question:** In Pregnancy #2, did you have Diabetes?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_65B**SAS label:** PREGNANCY #2: DELIVERY OR LOSS DATE**Question:** Date of delivery or pregnancy loss for pregnancy #2**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_65C**SAS label:** PREGNANCY #2: WEEKS PREGNANT**Question:** For pregnancy #2, Number of weeks pregnant**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_65D**SAS label:** PREGNANCY #2: HOSPITAL NAME**Question:** For pregnancy #2, Hospital Name**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_65E**SAS label:** PREGNANCY #2: HOSPITAL CITY**Question:** For pregnancy #2, City**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_66A**SAS label:** PREGNANCY #3: DIABETES**Question:** In Pregnancy #3, did you have Diabetes?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_66B**SAS label:** PREGNANCY #3: DELIVERY OR LOSS DATE**Question:** Date of delivery or pregnancy loss for pregnancy #3**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** REP7\_66C**SAS label:** PREGNANCY #3: WEEKS PREGNANT**Question:** For pregnancy #3, Number of weeks pregnant**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_66D**SAS label:** PREGNANCY #3: HOSPITAL NAME**Question:** For pregnancy #3, Hospital Name**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Reproduction and Hormone Use (Women Only)**

**Variable name:** REP7\_66E  
**SAS label:** PREGNANCY #3: HOSPITAL CITY  
**Question:** For pregnancy #3, City  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_67A  
**SAS label:** PREGNANCY #4: DIABETES  
**Question:** In Pregnancy #4, did you have Diabetes?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_67B  
**SAS label:** PREGNANCY #4: DELIVERY OR LOSS DATE  
**Question:** Date of delivery or pregnancy loss for pregnancy #4  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** REP7\_67C  
**SAS label:** PREGNANCY #4: WEEKS PREGNANT  
**Question:** For pregnancy #4, Number of weeks pregnant  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	



**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_67D**SAS label:** PREGNANCY #4: HOSPITAL NAME**Question:** For pregnancy #4, Hospital Name**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_67E**SAS label:** PREGNANCY #4: HOSPITAL CITY**Question:** For pregnancy #4, City**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_68A**SAS label:** PREGNANCY #5: DIABETES**Question:** In Pregnancy #5, did you have Diabetes?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

## Reproduction and Hormone Use (Women Only)

**Variable name:** REP7\_68B  
**SAS label:** PREGNANCY #5: DELIVERY OR LOSS DATE  
**Question:** Date of delivery or pregnancy loss for pregnancy #5  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** REP7\_68C  
**SAS label:** PREGNANCY #5: WEEKS PREGNANT  
**Question:** For pregnancy #5, Number of weeks pregnant  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_68D  
**SAS label:** PREGNANCY #5: HOSPITAL NAME  
**Question:** For pregnancy #5, Hospital Name  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_68E  
**SAS label:** PREGNANCY #5: HOSPITAL CITY  
**Question:** For pregnancy #5, City  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_46**SAS label:** CIGARETTES/DAY DURING FIRST PREGNANCY**Question:** Q21: Approximately how many cigarettes/ day did you smoke during your first pregnancy?**Note:** Enter "0" if you did not smoke, use 999 for unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_72**SAS label:** E-CIGARETTES/DAY DURING FIRST PREGNANCY**Question:** Q22: E-cigarettes are battery powered devices that provide inhaled doses of nicotine. Approximately how many e-cigarettes/ day did you use during your first pregnancy?**Note:** Enter "0" if you did not smoke, use 999 for unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_73**SAS label:** CHEW TOBACCO/SNUFF DURING FIRST PREGNANCY**Question:** Q23: Did you use chewing tobacco/snuff during your first pregnancy?**Note:** If NO, go to Q25 (REP7\_5)

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q25 (REP7_5)
.	Missing	

**Variable name:** REP7\_74**SAS label:** HOW MANY TIMES USE CHEWING TOBACCO/SNUFF**Question:** Q24: If yes, how many times a day did you use it?**Note:** Enter 0 if less than once a day or use sporadically

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Reproduction and Hormone Use (Women Only)****BIRTH CONTROL**

**Variable name:** REP7\_5  
**SAS label:** USED BIRTH CONTROL PILLS  
**Question:** Q25: Have you ever used birth control pills?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q26 (REP7_9)
3	Not sure	Go to Q26 (REP7_9)
.	Missing	

**Variable name:** REP7\_6  
**SAS label:** STILL USE BIRTH CONTROL PILLS  
**Question:** Q25a: Are you still using birth control pills?  
**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Variable name:** REP7\_7  
**SAS label:** AGE STARTED TO USE BIRTH CONTROL PILLS  
**Question:** Q25b: How old were you when you started to use birth control pills?  
Indicate the age in years  
**Note:** 999 = Unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_8**SAS label:** YEARS USED BIRTH CONTROL PILLS**Question:** Q25c: How many years altogether did you use them?**Note:** Specify the duration in years.

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_8A**SAS label:** IF LESS THAN ONE YEAR, HOW MUCH**Question:** Q25c1: Select the following if less than 12 months or unknown**Note:** None

Code or Value	Value description	Skip to item
0	Less than 6 months	
1	6–12 months	
99	Unknown	
.	Missing	

**Variable name:** REP7\_9**SAS label:** USED BIRTH CONTROL IMPLANT**Question:** Q26: Have you ever had a birth control implant (such as Norplant)?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q27 (REP7_42)
3	Not sure	Go to Q27 (REP7_42)
.	Missing	

## Reproduction and Hormone Use (Women Only)

**Variable name:** REP7\_10  
**SAS label:** STILL USE BIRTH CONTROL IMPLANT  
**Question:** Q26a: Are you still using a birth control implant?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
0	No	
.	Missing	

**Variable name:** REP7\_11  
**SAS label:** AGE STARTED TO USE BIRTH CONTROL IMPLANT  
**Question:** Q26b: How old were you when you started to use a birth control implant?  
Indicate the age in years  
**Note:** 999 = Unknown, can't remember

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_12  
**SAS label:** YEARS USED BIRTH CONTROL IMPLANT  
**Question:** Q26c: How many years altogether did you use it?  
**Note:** Specify the duration in years

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## Reproduction and Hormone Use (Women Only)

**Variable name:** REP7\_12A  
**SAS label:** IF LESS THAN ONE YEAR, HOW MUCH  
**Question:** Q26c1: Select the following if less than 12 months or unknown  
**Note:** None

Code or Value	Value description	Skip to item
0	Less than 6 months	
1	6–12 months	
99	Unknown	
.	Missing	

**Variable name:** REP7\_42  
**SAS label:** EVER USED BIRTH CONTROL SHOTS  
**Question:** Q27: Have you ever used birth control shots (such as Depo Provera)?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q28 (REP7_13)
3	Not sure	
.	Missing	

**Variable name:** REP7\_42A  
**SAS label:** EVER USED BIRTH CONTROL SHOTS  
**Question:** Q27a: Are you still using birth control shots?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
0	No	
.	Missing	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_42B**SAS label:** AGE STARTED TO USE BIRTH CONTROL SHOTS**Question:** Q27b: How old were you when you started to use birth control shots?  
Indicate the age in years**Note:** 999 = Unknown, can't remember

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_42C**SAS label:** YEARS USED BIRTH CONTROL SHOTS**Question:** Q27c: How many years altogether did you use them? Specify the duration in years**Note:** Specify the duration in years

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_42D**SAS label:** IF LESS THAN ONE YEAR, HOW MUCH**Question:** Q27c1: Select the following if less than 12 months or unknown**Note:** None

Code or Value	Value description	Skip to item
0	Less than 6 months	
1	6–12 months	
99	Unknown	
.	Missing	

**Variable name:** REP7\_13**SAS label:** AGE STARTED TO HAVE MENSTRUAL CYCLES**Question:** Q28: How old were you when you started to have regular menstrual cycles (periods)? Indicate the age in years.**Note:** 999 = Unknown

Code or Value	Value Description	Skip to item
Continuous value	Range of values	



## Reproduction and Hormone Use (Women Only)

**Variable name:** REP7\_14  
**SAS label:** STOPPED MENSTRUATING  
**Question:** Q29: Have your menstrual cycles (periods) stopped?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
0	No	Go to Q30 (REP7_19)
.	Missing	

**Variable name:** REP7\_15  
**SAS label:** STOPPED MENSTRUATING ONE YEAR AGO  
**Question:** Q29a: If "YES," have they stopped for 12 months or more?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
0	No	
.	Missing	

**Variable name:** REP7\_16  
**SAS label:** AGE AT MENOPAUSE  
**Question:** Q29a(i): How old were you when your periods stopped completely?  
Indicate the age in years  
**Note:** 999 = Unknown, can't remember

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_17**SAS label:** MENOPAUSE NATURAL, SURGERY/HORMONE OR OTHER**Question:** Q29a(ii): Did your periods stop naturally, or because of surgery or hormone use, or for some other reason?**Note:** None

Code or Value	Value description	Skip to item
1	Natural	
2	Surgery	
3	Hormonal	
4	Other	
.	Missing	

**Variable name:** REP7\_17A**SAS label:** MENOPAUSE SPECIFY OTHER**Question:** Q29a(iia): Please specify other**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_18**SAS label:** REMOVED OVARIES**Question:** Q29a(iii): If SURGERY, were both of your ovaries removed?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

## Reproduction and Hormone Use (Women Only)

### ESTROGEN AND PROGESTERONE

ESTROGEN and PROGESTERONE are types of female hormones that may be taken for many reasons, including after a hysterectomy or menopause, to regulate your periods or for any other reasons.

Variable name: REP7\_19  
SAS label: USED ESTROGEN  
Question: Q30: Except for birth control pills, have you ever taken estrogen – either pills, as a patch or by shot - for any reason?  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q38 (REP7_38)
3	Not sure	Go to Q38 (REP7_38)
.	Missing	

Variable name: REP7\_20  
SAS label: AGE STARTED ESTROGEN  
Question: Q31: How old were you when you started using estrogen? Indicate age in years.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: REP7\_21  
SAS label: YEARS USED ESTROGEN  
Question: Q32: How many years altogether did you take estrogen? Specify duration in years.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_21A**SAS label:** IF LESS THAN ONE YEAR, HOW MUCH**Question:** Q32a. Select the following if less than one year**Note:** None

Code or Value	Value description	Skip to item
0	Less than 3 months	
1	More than 3 months but less than one year	
.	Missing	

**33.Do/Did you use estrogen for (answer all applicable)...****Variable name:** REP7\_22**SAS label:** ESTROGEN USE: POST SURGERY**Question:** Q33: a) post-surgery (hysterectomy and removal of ovaries)**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_23**SAS label:** ESTROGEN USE: RELIEF OF MENOPAUSE**Question:** Q33: b) relief of menopause symptoms**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_24**SAS label:** ESTROGEN USE: PREVENT BONE LOSS**Question:** Q33: c) prevent bone loss**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_25**SAS label:** ESTROGEN USE: PROTECT HEART DISEASE**Question:** Q33: d) protect against heart disease**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_26**SAS label:** ESTROGEN USE: DOCTOR'S ADVICE**Question:** Q33: e) doctor's advice**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_26A**SAS label:** ESTROGEN USE: OTHER REASON**Question:** Q33: f) Other**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Variable name:** REP7\_26B**SAS label:** ESTROGEN USE: SPECIFY OTHER**Question:** Q33: f(i). Please specify other?**Note:** Choose all that apply

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** REP7\_26C**SAS label:** TAKE PROGESTERONE WITH ESTROGEN**Question:** Q34: Do/Did you take progesterone in addition to, or in combination with, your estrogen treatment?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_27**SAS label:** FORM OF ESTROGEN**Question:** Q35: What form of estrogen are you taking? Is it a pill, patch, shot or other type?**Note:** None

Code or Value	Value description	Skip to item
1	Pill	
2	Patch	
3	Shot	
4	Other	
5	Not sure	
.	Missing	

**Variable name:** REP7\_28**SAS label:** STILL TAKING ESTROGEN**Question:** Q36: Are you still taking estrogen?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	Go to Q38 (REP7_38)
2	No	Go to Q37 (REP7_29)
.	Missing	

**Q37: Why did you stop taking estrogen (answer all applicable...)****Variable name:** REP7\_29**SAS label:** STOP ESTROGEN: CAUSED BLEEDING**Question:** Q37: a) Caused bleeding**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_30**SAS label:** STOP ESTROGEN: MADE BREASTS TENDER**Question:** Q37: b) Made breasts tender**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	

**Variable name:** REP7\_31**SAS label:** STOP ESTROGEN: MADE ME FEEL BLOATED**Question:** Q37: c) Made you feel bloated**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	

**Variable name:** REP7\_32**SAS label:** STOP ESTROGEN: MADE ME FUNNY**Question:** Q37: d) Made you feel "funny," didn't like the way you felt**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	



**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_33**SAS label:** STOP ESTROGEN: DO NOT LIKE TAKING ANY MEDICATION**Question:** Q37: e) Do not like taking any medicines**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	

**Variable name:** REP7\_34**SAS label:** STOP ESTROGEN: TOO EXPENSIVE**Question:** Q37: f) Too expensive**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	

**Variable name:** REP7\_35**SAS label:** STOP ESTROGEN: DOCTOR'S ADVICE**Question:** Q37: g) Doctor's advice**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_36**SAS label:** STOP ESTROGEN: LONG TERM SIDE EFFECTS**Question:** Q37: h) Concerned about long-term side effects**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	

**Variable name:** REP7\_37**SAS label:** STOP ESTROGEN: OTHER**Question:** Q37: i) Other:**Note:** Choose all that apply

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Unknown	
.	Missing	

**Variable name:** REP7\_37A**SAS label:** STOP ESTROGEN: SPECIFY OTHER**Question:** Q37: (i)a. Please specify other**Note:** Choose all that apply

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_38**SAS label:** TAKEN PROGESTERONE BY ITSELF**Question:** Q38: Other than in combination with estrogens, have you ever taken progesterone by itself for any reason?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q42 (INT_CODE)
3	Not sure	Go to Q42 (INT_CODE)
.	Missing	

**Variable name:** REP7\_39**SAS label:** AGE STARTED TO USE PROGESTERONE**Question:** Q39: How old were you when you started using progesterone?  
Indicate age in years**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** REP7\_40**SAS label:** YEARS USED PROGESTERONE**Question:** Q40: How many years altogether did you take progesterone?  
Specify duration in years**Note:** If less than 3 months, record 0. If more than 3 months, but less than 1 year, record 1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Reproduction and Hormone Use (Women Only)****Variable name:** REP7\_41**SAS label:** STILL TAKING PROGESTERONE**Question:** Q41: Are you still taking progesterone?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	Not sure	
.	Missing	

**Reproduction and Hormone Use (Women Only)****ADMINISTRATIVE INFORMATION**

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Interviewer code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Interview date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS FIELD CENTER  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

# Rose Questionnaire for Angina and Intermittent Claudication

Variable name: IDNO  
 SAS label: SHS ID  
 Question: SHS I.D.  
 Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## CHEST PAIN ON EFFORT

Variable name: ROSE7\_1  
 SAS label: PAIN/DISCOMFORT IN CHEST  
 Question: Q1: Have you ever had any pain or discomfort in your chest?  
 Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q10 (ROSE7_10)
.	Missing	

Variable name: ROSE7\_2  
 SAS label: CHEST PAIN WALKING UPHILL  
 Question: Q2: Do you get it when you walk uphill, upstairs or hurry?  
 Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q9 (ROSE7_9)
3	Never hurries or walks uphill or upstairs	
4	Unable to walk	Skip to Q9 (ROSE7_9)
.	Missing	

**Rose Questionnaire for Angina and Intermittent Claudication****Variable name:** ROSE7\_3**SAS label:** CHEST PAIN WALKING ORDINARY**Question:** Q3: Do you get it when you walk at an ordinary pace on the level?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** ROSE7\_4**SAS label:** RESPONSE TO CHEST PAIN WHEN WALKING**Question:** Q4: What do you do if you get it while you are walking?**Note:** Record "stop or slow down" if carries on after taking nitroglycerine.

Code or Value	Value description	Skip to item
1	Stop or slow down	
2	Carry on	Skip to Q9 (ROSE7_9)
.	Missing	

**Variable name:** ROSE7\_5**SAS label:** CHEST PAIN STANDING STILL**Question:** Q5: If you stand still, what happens to it?**Note:** None

Code or Value	Value description	Skip to item
1	Relieved	
2	Not relieved	Skip to Q9 (ROSE7_9)
.	Missing	

**Rose Questionnaire for Angina and Intermittent Claudication**

**Variable name:** ROSE7\_6  
**SAS label:** TIME TO CHEST PAIN RELIEF  
**Question:** Q6: How soon?  
**Note:** None

Code or Value	Value description	Skip to item
1	10 minutes or less	
2	More than 10 minutes	Skip to Q9 (ROSE7_9)
.	Missing	

**Variable name:** ROSE7\_7A  
**SAS label:** CHEST PAIN: STERNUM (UPPER OR MIDDLE)  
**Question:** Q7: Will you show me where it was? Sternum (upper of middle)  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** ROSE7\_7B  
**SAS label:** CHEST PAIN: STERNUM (LOWER)  
**Question:** Q7: Will you show me where it was? Sternum (lower)  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	



**Rose Questionnaire for Angina and Intermittent Claudication****Variable name:** ROSE7\_7C**SAS label:** CHEST PAIN: LEFT ANTERIOR CHEST**Question:** Q7: Will you show me where it was? Left anterior chest**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** ROSE7\_7D**SAS label:** CHEST PAIN: LEFT ARM**Question:** Q7: Will you show me where it was? Left arm**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** ROSE7\_7E**SAS label:** CHEST PAIN: OTHER**Question:** Q7: Will you show me where it was? Other**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

## Rose Questionnaire for Angina and Intermittent Claudication

**Variable name:** ROSE7\_7EA  
**SAS label:** CHEST PAIN: SPECIFY OTHER  
**Question:** Q7: Will you show me where it was? Other, specify  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		

**Variable name:** ROSE7\_8  
**SAS label:** OTHER CHEST PAIN LOCATION  
**Question:** Q8: Do you feel it anywhere else?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** ROSE7\_8A  
**SAS label:** ADDITIONAL INFORMATION ABOUT CHEST PAIN  
**Question:** Q8: If "YES," record additional information  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		

## Rose Questionnaire for Angina and Intermittent Claudication

### POSSIBLE INFARCTION

**Variable name:** ROSE7\_9  
**SAS label:** FRONT CHEST PAIN >=30 MIN  
**Question:** Q9: Have you ever had a severe pain across the front of your chest lasting for half an hour or more?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

### INTERMITTENT CLAUDICATION

**Variable name:** ROSE7\_10  
**SAS label:** LEG PAIN WALKING  
**Question:** Q10: Do you get pain in either leg on walking?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q19 (RS7_STAT)
3	Unable to walk	Skip to Q19 (RS7_STAT)
.	Missing	

**Variable name:** ROSE7\_11  
**SAS label:** LEG PAIN WHEN STILL  
**Question:** Q11: Does this pain ever begin when you are standing still or sitting?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	Skip to Q19 (RS7_STAT)
2	No	
.	Missing	

**Rose Questionnaire for Angina and Intermittent Claudication****Variable name:** ROSE7\_12**SAS label:** LEG PAIN LOCATION**Question:** Q12: In what part of your leg did you feel it?**Note:** None

Code or Value	Value description	Skip to item
1	Pain includes calf/calves	
2	Pain does not include calf/calves	
.	Missing	

**Variable name:** ROSE712A**SAS label:** LEG PAIN LOCATION, IF CALVES NOT MENTIONED, SPECIFY**Question:** Q12: In what part of your left did you feel it? Please specify**Note:** If calves not mentioned, ask: "Anywhere else?"

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	Skip to Q19 (RS7_STAT)

**Variable name:** ROSE7\_13**SAS label:** LEG PAIN WALKING UPHILL**Question:** Q13: Do you get it if you walk uphill or hurry?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q19 (RS7_STAT)
3	Never hurries or walks uphill	
.	Missing	

**Rose Questionnaire for Angina and Intermittent Claudication****Variable name:** ROSE7\_14**SAS label:** LEG PAIN WALKING ORDINARY**Question:** Q14: Do you get it if you walk at an ordinary pace on the level?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** ROSE7\_15**SAS label:** LEG PAIN RELIEVED WHEN WALKING**Question:** Q15: Does the pain ever disappear while you are walking?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	Skip to Q19 (RS7_STAT)
2	No	
.	Missing	

**Variable name:** ROSE7\_16**SAS label:** RESPONSE TO LEG PAIN WHEN WALKING**Question:** Q16: What do you do if you get it when you are walking?**Note:** None

Code or Value	Value description	Skip to item
1	Stop or slow down	
2	Carry on	Skip to Q19 (RS7_STAT)
.	Missing	

**Variable name:** ROSE7\_17  
**SAS label:** LEG PAIN STANDING STILL  
**Question:** Q17: What happens to it if you stand still?  
**Note:** None

Code or Value	Value description	Skip to item
1	Relieved	
2	Not relieved	Skip to Q19 (RS7_STAT)
.	Missing	

**Variable name:** ROSE7\_18  
**SAS label:** TIME TO LEG PAIN RELIEF  
**Question:** Q18: How soon?  
**Note:** None

Code or Value	Value description	Skip to item
1	10 minutes or less	
2	More than 10 minutes	
.	Missing	

## Rose Questionnaire for Angina and Intermittent Claudication

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Interviewer Code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Interview Date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS FIELD CENTER  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## Perceived Stress

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

### PERCEIVED STRESS

Perceived stress refers to how much the everyday situations in life may be causing psychological distress or difficulty. Higher stress has been linked to higher risk of depression, mortality, and cardiovascular disease.

Variable name: INT27\_75  
SAS label: UPSET BECAUSE SOMETHING HAPPENED UNEXPECTEDLY  
Question: Q1: In the past month, how often have you been upset because of something that happened unexpectedly?  
Note: None

Code or Value	Value description	Skip to item
1	Not at all	
2	Rarely	
3	Sometimes	
4	Often	
5	Most of the time	
9	Not sure	
.	Missing	



**Perceived Stress****Variable name:** INT27\_76**SAS label:** FELT NERVOUS OR 'STRESSED'**Question:** Q2: In the past month, how often have you felt nervous or "stressed"?**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	Rarely	
3	Sometimes	
4	Often	
5	Most of the time	
9	Not sure	
.	Missing	

**Variable name:** INT27\_77**SAS label:** DEALT WITH IRRITATING LIFE HASSLES**Question:** Q3: In the past month, how often have you dealt well with irritating life hassles?**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	Rarely	
3	Sometimes	
4	Often	
5	Most of the time	
9	Not sure	
.	Missing	

**Perceived Stress****Variable name:** INT27\_78**SAS label:** FELT THINGS WERE GOING YOUR WAY**Question:** Q4: In the past month, how often have you felt that things were going your way?**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	Rarely	
3	Sometimes	
4	Often	
5	Most of the time	
9	Not sure	
.	Missing	

**Variable name:** INT27\_79**SAS label:** FELT UNABLE TO CONTROL IRRITATIONS**Question:** Q5: In the past month, how often have you felt unable to control irritations in your life?**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	Rarely	
3	Sometimes	
4	Often	
5	Most of the time	
9	Not sure	
.	Missing	

**Perceived Stress****Variable name:** INT27\_80**SAS label:** FELT ON THE TOP OF THINGS**Question:** Q6: In the past month, how often have you felt that you were on the top of things?**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	Rarely	
3	Sometimes	
4	Often	
5	Most of the time	
9	Not sure	
.	Missing	

**Variable name:** INT27\_81**SAS label:** FELT DIFFICULTIES/PROBLEMS PILING UP**Question:** Q7: In the past month, how often have you felt difficulties or problems were piling up so high that you could not handle them?**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	Rarely	
3	Sometimes	
4	Often	
5	Most of the time	
9	Not sure	
.	Missing	

**Perceived Stress****Variable name:** INT27\_82**SAS label:** HOW MUCH TIME WATCHING TV/SOCIAL MEDIA (HOURS)**Question:** Q8: On the average, how much time per day do you watch TV/Social Media? Hours**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT27\_83**SAS label:** HOW MUCH TIME WATCHING TV/SOCIAL MEDIA (MINUTES)**Question:** Q8: On the average, how much time per day do you watch TV/Social Media? Minutes**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## Perceived Stress

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Interviewer code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Interview date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## Quality of Life (SF-12)

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: QUA7\_0  
SAS label: WHO ADMINISTERED QUESTIONNAIRE  
Question: How is this questionnaire administered?  
Note: None

Code or Value	Value description	Skip to item
1	By interviewer	
2	By self	
8	Refused	
.	Missing	

These next questions ask how you feel about your own health

Variable name: QUA7\_1  
SAS label: HEALTH IN GENERAL  
Question: Q1: In general, would you say your health is?  
Note: Please check only one

Code or Value	Value description	Skip to item
1	Excellent	
2	Very good	
3	Good	
4	Fair	
5	Poor	
.	Missing	

### Quality of Life (SF-12)

The following items are about activities your might do during a typical day.

Does your health now limit you in these activities? If so, how much?

Variable name: QUA7\_4

SAS label: MODERATE ACTIVITIES

Question: Q2: Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

Note: None

Code or Value	Value description	Skip to item
1	Yes, limited a lot	
2	Yes, limited a little	
3	No, not limited at all	
.	Missing	

Variable name: QUA7\_5

SAS label: CLIMBING SEVERAL STAIRS

Question: Q3: Climbing several flights of stairs (or climbing a hill)

Note: None

Code or Value	Value description	Skip to item
1	Yes, limited a lot	
2	Yes, limited a little	
3	No, not limited at all	
.	Missing	

**Quality of Life (SF-12)**

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

Variable name: QUA7\_14  
SAS label: ACCOMPLISH LESS DUE TO PHYSICAL HEALTH  
Question: Q4: Accomplished less than you would like  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

Variable name: QUA7\_15  
SAS label: LIMITED IN TYPE OF WORK DUE TO PHYSICAL HEALTH  
Question: Q5: Were limited in the kind of work or other activities  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	



**Quality of Life (SF-12)**

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

Variable name: QUA7\_18  
SAS label: ACCOMPLISH LESS DUE TO EMOTIONAL PROBLEMS  
Question: Q6: Accomplished less than you would like  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

Variable name: QUA7\_19  
SAS label: DIDN'T DO WORK OR ACTIVITIES CAREFULLY DUE TO EMOTIONAL PROBLEMS  
Question: Q7: Didn't do work or other activities as carefully as usual  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Quality of Life (SF-12)****Variable name:** QUA7\_22**SAS label:** PAIN INTERFERE WITH NORMAL WORK**Question:** Q8: During the PAST 4 WEEKS, how much did pain interfere with your normal work, (including both work outside the home and housework)?**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	Slightly	
3	Moderately	
4	Quite a bit	
5	Extremely	
.	Missing	

These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the PAST 4 WEEKS....

**Variable name:** QUA7\_26**SAS label:** FELT CALM AND PEACEFUL**Question:** Q9: Have you felt calm and peaceful?**Note:** None

Code or Value	Value description	Skip to item
1	All of the time	
2	Most of the time	
3	A good bit of the time	
4	Some of the time	
5	A little of the time	
6	None of the time	
.	Missing	

**Quality of Life (SF-12)****Variable name:** QUA7\_27**SAS label:** HAD A LOT OF ENERGY**Question:** Q10: Did you have a lot of energy?**Note:** None

Code or Value	Value description	Skip to item
1	All of the time	
2	Most of the time	
3	A good bit of the time	
4	Some of the time	
5	A little of the time	
6	None of the time	
.	Missing	

**Variable name:** QUA7\_28**SAS label:** FEEL DOWNHEARTED AND BLUE**Question:** Q11: Did you feel downhearted and blue?**Note:** None

Code or Value	Value description	Skip to item
1	All of the time	
2	Most of the time	
3	A good bit of the time	
4	Some of the time	
5	A little of the time	
6	None of the time	
.	Missing	

**Quality of Life (SF-12)****Variable name:** QUA7\_32**SAS label:** PHYSICAL HEALTH & EMOTIONAL PROBLEMS INTERFERE WITH SOCIAL ACTIVITY**Question:** Q12: During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH or EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?**Note:** Please check one number

Code or Value	Value description	Skip to item
1	All the time	
2	Most of the time	
3	Some of the time	
4	A little of the time	
5	None of the time	
.	Missing	

## Quality of Life (SF-12)

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Interviewer code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Interview date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## CES-D Scale

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: CES\_STAT  
SAS label: WHO ADMINISTERED QUESTIONNAIRE  
Question: How is this questionnaire administered?  
Note: None

Code or Value	Value description	Skip to item
1	By interviewer	
2	By self	
8	Refused	

During the PAST WEEK...

Variable name: CES7\_1  
SAS label: BOTHERED BY THINGS THAT DON'T USUALLY BOTHER ME  
Question: Q1: I was bothered by things that don't usually bother me  
Note: None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

## CES-D Scale

**Variable name:** CES7\_2  
**SAS label:** DID NOT FEEL LIKE EATING; APPETITE WAS POOR  
**Question:** Q2: I did not feel like eating; my appetite was poor  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_3  
**SAS label:** COULD NOT SHAKE THE BLUES EVEN WITH HELP  
**Question:** Q3: I felt that I could not shake the blues even with help from my family or friends  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**CES-D Scale**

**Variable name:** CES7\_4  
**SAS label:** JUST AS GOOD AS OTHER PEOPLE  
**Question:** Q4: I felt that I was just as good as other people  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_5  
**SAS label:** HAD TROUBLE KEEPING MY MIND ON WHAT I WAS DOING  
**Question:** Q5: I had trouble keeping my mind on what I was doing  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	



**CES-D Scale**

**Variable name:** CES7\_6  
**SAS label:** FELT DEPRESSED  
**Question:** Q6: I felt depressed  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_7  
**SAS label:** EVERYTHING I DID WAS AN EFFORT  
**Question:** Q7: I felt that everything I did was an effort  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**CES-D Scale**

**Variable name:** CES7\_8  
**SAS label:** HOPEFUL ABOUT THE FUTURE  
**Question:** Q8: I felt hopeful about the future  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_9  
**SAS label:** MY LIFE HAD BEEN A FAILURE  
**Question:** Q9: I thought my life had been a failure  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**CES-D Scale**

**Variable name:** CES7\_10  
**SAS label:** FELT FEARFUL  
**Question:** Q10: I felt fearful  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_11  
**SAS label:** MY SLEEP WAS RESTLESS  
**Question:** Q11: My sleep was restless  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**CES-D Scale**

**Variable name:** CES7\_12  
**SAS label:** I WAS HAPPY  
**Question:** Q12: I was happy  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_13  
**SAS label:** TALKED LESS THAN USUAL  
**Question:** Q13: I talked less than usual  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**CES-D Scale**

**Variable name:** CES7\_14  
**SAS label:** FELT LONELY  
**Question:** Q14: I felt lonely  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_15  
**SAS label:** PEOPLE WERE UNFRIENDLY  
**Question:** Q15: People were unfriendly  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**CES-D Scale**

**Variable name:** CES7\_16  
**SAS label:** ENJOYED LIFE  
**Question:** Q16: I enjoyed life  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_17  
**SAS label:** HAD CRYING SPELLS  
**Question:** Q17: I had crying spells  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**CES-D Scale**

**Variable name:** CES7\_18  
**SAS label:** FELT SAD  
**Question:** Q18: I felt sad  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**Variable name:** CES7\_19  
**SAS label:** PEOPLE DISLIKED ME  
**Question:** Q19: I felt that people disliked me  
**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**CES-D Scale****Variable name:** CES7\_20**SAS label:** COULDN'T DO WHAT I NEEDED TO DO**Question:** Q20: I felt like I couldn't do what I needed to do**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all (< 1 day)	
2	Some (1 - 2 days)	
3	Often (3 - 4 days)	
4	Most of the time (5 - 7 days)	
9	Not applicable	
.	Missing	

**During the PAST YEAR...****Variable name:** CES7\_21**SAS label:** FELT DEPRESSED OR SAD IN THE PAST YEAR**Question:** Q21: I have felt depressed or sad**Note:** None

Code or Value	Value description	Skip to item
1	Rarely or not at all	
2	Some	
3	Often	
4	Most of the time	
9	Not applicable	
.	Missing	



**CES-D Scale****ADMINISTRATIVE INFORMATION**

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q22: Interviewer/reviewer code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q23: Interview/review date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## MHLC Scale

**Variable name:** IDNO  
**SAS label:** SHS ID  
**Question:** SHS I.D.  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MHLC7\_0  
**SAS label:** QUESTIONNAIRE ADMINISTERED  
**Question:** How was the questionnaire administered?  
**Note:** None

Code or Value	Value description	Skip to item
1	By interviewer	
2	By self	
8	Refused	
.	Missing	

**CES-D Scale****MULTIDIMENSIONAL HEALTH LOCUS OF CONTROL SCALE**

Each item below is a belief statement about your medical condition with which you may agree or disagree. Each statement is a scale which ranges from strongly disagree (0) to strongly agree (3). For each item we would like you to select the number that represents the extent to which you agree or disagree with that statement. The more you agree with a statement, the higher will be the number you select. This is a measure of your personal beliefs; obviously, there are no right or wrong answers.

**Variable name:** MHLC7\_1  
**SAS label:** HAVE POWER TO MAKE ONESELF WELL AGAIN  
**Question:** Q1: If I become sick, I have the power to make myself well again  
**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_2  
**SAS label:** IF I'M GOING TO GET SICK, I WILL GET SICK  
**Question:** Q2: Often I feel that no matter what I do, if I am going to get sick, I will get sick  
**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**CES-D Scale****Variable name:** MHLC7\_3**SAS label:** SEE DOCTOR REGULARLY, LESS HEALTH PROBLEMS**Question:** Q3: If I see an excellent doctor regularly, I am less likely to have health problems**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_4**SAS label:** THINGS AFFECT HEALTH HAPPEN BY ACCIDENT**Question:** Q4: Most things that affect my health happen by accidental happenings**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**CES-D Scale****Variable name:** MHLC7\_5**SAS label:** MAINTAIN HEALTH BY CONSULTING PROFESSIONALS**Question:** Q5: I can only maintain my health by consulting health professionals**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_6**SAS label:** DIRECTLY RESPONSIBLE FOR HEALTH**Question:** Q6: I am directly responsible for my health**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_7**SAS label:** OTHER PEOPLE PLAY A BIG PART IN MY HEALTH**Question:** Q7: Other people play a big part in whether I stay healthy or become sick**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**CES-D Scale**

**Variable name:** MHLC7\_8  
**SAS label:** WRONG WITH MY HEALTH IS MY OWN FAULT  
**Question:** Q8: Whatever goes wrong with my health is my own fault  
**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_9  
**SAS label:** WHEN SICK, LET NATURE RUN ITS COURSE  
**Question:** Q9: When I am sick, I just have to let nature run its course  
**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_10  
**SAS label:** HEALTH PROFESSIONALS KEEP ME HEALTHY  
**Question:** Q10: Health professionals keep me healthy  
**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**CES-D Scale****Variable name:** MHLC7\_11**SAS label:** WHEN STAY HEALTHY, JUST PLAIN LUCKY**Question:** Q11: When I stay healthy, I'm just plain lucky**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_12**SAS label:** PHYSICAL WELL-BEING DEPENDS ON HOW WELL I TAKE CARE OF MYSELF**Question:** Q12: My physical well-being depends on how well I take care of myself**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**CES-D Scale****Variable name:** MHLC7\_13**SAS label:** ILLNESS IS DUE TO NOT TAKING CARE OF MYSELF**Question:** Q13: When I feel ill, I know it is because I have not been taking care of myself properly**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_14**SAS label:** TYPE OF CARE DECIDE THE RECOVERY**Question:** Q14: The type of care I receive from other people is what is responsible for how well I recover from an illness**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	



**CES-D Scale****Variable name:** MHLC7\_15**SAS label:** EVEN TAKE CARE, IT IS EASY TO GET SICK**Question:** Q15: Even when I take care of myself, it's easy to get sick**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_16**SAS label:** ILLNESS IS A MATTER OF FATE**Question:** Q16: When I become ill, it's a matter of fate**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**Variable name:** MHLC7\_17**SAS label:** STAY HEALTHY BY TAKING GOOD CARE OF MYSELF**Question:** Q17: I can pretty much stay healthy by taking good care of myself**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**CES-D Scale****Variable name:** MHLC7\_18**SAS label:** FOLLOW DOCTORS ORDER IS THE BEST WAY TO STAY HEALTHY**Question:** Q18: Following doctor's orders to the letter is the best way for me to stay healthy**Note:** None

Code or Value	Value description	Skip to item
0	Strongly Disagree	
1	Disagree	
2	Agree	
3	Strongly Agree	
.	Missing	

**ADMINISTRATIVE INFORMATION**

Variable name: INT\_CODE  
 SAS label: INTERVIEWER'S CODE  
 Question: Interviewer code  
 Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: INT\_DATE  
 SAS label: INTERVIEW DATE  
 Question: Interview date  
 Note: None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

Variable name: CENTER  
 SAS label: SHS SITE  
 Question: SHS Study Site  
 Note: None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## Other Questions about Your Life

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

### PTSD

**Posttraumatic Stress Disorder (PTSD)** Many people experience very frightening events sometime during their lives. Sometimes these experiences can upset them so much that their health suffers. The following six questions ask whether you have experienced such an event, and, if so, whether it has led to lasting problems. If you prefer not to answer a question, you can skip it.

Variable name: OQL7\_1  
SAS label: TRAUMATIC EXPERIENCE  
Question: Q1: Have you ever had an extremely frightening, traumatic or horrible experience like being a victim of a violent crime, seriously injured in an accident, being assaulted, seeing someone seriously injured or killed, or being a victim of a natural disaster?  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Other Questions about Your Life****Variable name:** OQL7\_2**SAS label:** RELIVE TRAUMATIC EXPERIENCE THROUGH RECURRENT DREAMS**Question:** Q2: During the past month: Did you relive the traumatic experience through recurrent dreams, preoccupation or flashbacks?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** OQL7\_3**SAS label:** SEEM LESS INTERESTED THAN USUAL IN IMPORTANT THINGS**Question:** Q3: During the past month: Did you seem less interested than usual in important things, feel "out of it," or did you have a hard time with your feelings or emotions?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** OQL7\_4**SAS label:** HAVE PROBLEMS SLEEPING, CONCENTRATING OR HAVING A SHORT TEMPER**Question:** Q4: During the past month: Did you have problems sleeping, concentrating, or having a short temper?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

### Other Questions about Your Life

**Variable name:** OQL7\_5

**SAS label:** AVOID ANY PLACE OR ANYTHING THAT REMINDED YOU OF THE ORIGINAL HORRIBLE EVENT

**Question:** Q5: During the past month: Did you avoid any place or anything that reminded you of the original horrible event?

**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** OQL7\_6

**SAS label:** HAVE SOME OF THE ABOVE PROBLEMS FOR MORE THAN ONE MONTH

**Question:** Q6: During the past month: Did you have some of the above problems for more than one month?

**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

### Other Questions about Your Life

Please administer question 7 to participants who have consented to participate in Psychological risk factors, quality of life, community, and brain aging in American Indians: The Strong Heart Study 7. Inclusion of Community in the Self (ICS) Scale:

Variable name: OQL7\_18

SAS label: BEST DESCRIBES RELATIONSHIP WITH THE COMMUNITY AT LARGE

Question: Please select the picture that best describes your relationship with the community at large

Note: None

Code or Value	Value description	Skip to item
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	

## Other Questions about Your Life

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Interviewer code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Interviewer date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	



# Physical Examination

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## EXAMINATION OF EXTREMITIES FOR AMPUTATIONS

Variable name: EX7\_9  
SAS label: EXTREMITIES MISSING  
Question: Q1: Are any extremities missing?  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q2 (EX7_42)
.	Missing	

If “Yes” to amputation, please code the cause of the amputation.

Variable name: EX7\_10  
SAS label: RIGHT ARM: MISSING  
Question: Q1a: Right Arm missing  
Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Physical Examination****Variable name:** EX7\_10A**SAS label:** RIGHT ARM: CAUSE**Question:** Q1a: Cause of right arm missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_10B**SAS label:** RIGHT ARM: OTHER CAUSE**Question:** Q1a: Cause of right arm missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_12**SAS label:** RIGHT HAND: MISSING**Question:** Q1b: Right hand missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Physical Examination****Variable name:** EX7\_12A**SAS label:** RIGHT HAND: CAUSE**Question:** Q1b: Cause of right hand missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_12B**SAS label:** RIGHT HAND: OTHER CAUSE**Question:** Q1b: Cause of right hand missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_14**SAS label:** RIGHT FINGER(S): MISSING**Question:** Q1c: Right finger(s) missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Physical Examination****Variable name:** EX7\_14A**SAS label:** RIGHT FINGER(S): CAUSE**Question:** Q1c: Cause of right finger(s) missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_14C**SAS label:** RIGHT FINGER(S): HOW MANY**Question:** Q1c: How many right finger(s) are missing?**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EX7\_14B**SAS label:** RIGHT FINGER(S): OTHER CAUSE**Question:** Q1c: Cause of right finger(s) missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Physical Examination**

**Variable name:** EX7\_17  
**SAS label:** LEFT ARM: MISSING  
**Question:** Q1d: Left arm missing  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** EX7\_17A  
**SAS label:** LEFT ARM: CAUSE  
**Question:** Q1d: Cause of left arm missing  
**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_17B  
**SAS label:** LEFT ARM: OTHER CAUSE  
**Question:** Q1d: Cause of left arm missing other specified  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Physical Examination****Variable name:** EX7\_19**SAS label:** LEFT HAND: MISSING**Question:** Q1e: Left hand missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** EX7\_19A**SAS label:** LEFT HAND: CAUSE**Question:** Q1e: Cause of left hand missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_19B**SAS label:** LEFT HAND: OTHER CAUSE**Question:** Q1e: Cause of left hand missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Physical Examination**

**Variable name:** EX7\_21  
**SAS label:** LEFT FINGER(S): MISSING  
**Question:** Q1f: Left finger(s) missing  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** EX7\_21A  
**SAS label:** LEFT FINGER(S): CAUSE  
**Question:** Q1f: Cause of left finger(s) missing  
**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_21C  
**SAS label:** LEFT FINGER(S): HOW MANY  
**Question:** Q1f: How many left finger(s) are missing  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Physical Examination****Variable name:** EX7\_21B**SAS label:** LEFT FINGER(S): OTHER CAUSE**Question:** Q1f: Cause of left finger(s) missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_24**SAS label:** RIGHT LEG ABOVE KNEE: MISSING**Question:** Q1g: Right leg above knee missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** EX7\_24A**SAS label:** RIGHT LEG ABOVE KNEE: CAUSE**Question:** Q1g: Cause of right leg above knee missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	



**Physical Examination****Variable name:** EX7\_24B**SAS label:** RIGHT LEG ABOVE KNEE: OTHER CAUSE**Question:** Q1g: Cause of right leg above knee missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_26**SAS label:** RIGHT LEG BELOW KNEE: MISSING**Question:** Q1h: Right leg below knee missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** EX7\_26A**SAS label:** RIGHT LEG BELOW KNEE: CAUSE**Question:** Q1h: Cause of right leg below knee missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Physical Examination****Variable name:** EX7\_24C**SAS label:** RIGHT LEG BELOW KNEE: OTHER CAUSE**Question:** Q1h: Cause of right leg below knee missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_28**SAS label:** RIGHT FOOT: MISSING**Question:** Q1i: Right foot missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** EX7\_28A**SAS label:** RIGHT FOOT: CAUSE**Question:** Q1i: Cause of right foot missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Physical Examination****Variable name:** EX7\_28C**SAS label:** RIGHT FOOT: OTHER CAUSE**Question:** Q1i: Cause of right foot missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_30**SAS label:** RIGHT TOE(S): MISSING**Question:** Q1j: Right toe(s) missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** EX7\_30C**SAS label:** RIGHT TOE(S): HOW MANY**Question:** Q1j: How many right toe(s) are missing**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Physical Examination****Variable name:** EX7\_30A**SAS label:** RIGHT TOE(S): CAUSE**Question:** Q1j: Cause of right toe(s) missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_30B**SAS label:** RIGHT TOE(S): OTHER CAUSE**Question:** Q1j: Cause of right toe(s) missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_33**SAS label:** LEFT LEG ABOVE KNEE: MISSING**Question:** Q1k: Left leg above knee missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Physical Examination****Variable name:** EX7\_33A**SAS label:** LEFT LEG ABOVE KNEE: CAUSE**Question:** Q1k: Cause of left leg above knee missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_33B**SAS label:** LEFT LEG ABOVE KNEE: OTHER CAUSE**Question:** Q1k: Cause of left leg above knee missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_35**SAS label:** LEFT LEG BELOW KNEE: MISSING**Question:** Q1l: Left leg below knee missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Physical Examination****Variable name:** EX7\_35A**SAS label:** LEFT LEG BELOW KNEE: CAUSE**Question:** Q1l: Cause of left leg below knee missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_35C**SAS label:** LEFT LEG BELOW KNEE: OTHER CAUSE**Question:** Q1l: Cause of left leg below knee missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_37**SAS label:** LEFT FOOT: MISSING**Question:** Q1m: Left foot missing**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Physical Examination**

**Variable name:** EX7\_37A  
**SAS label:** LEFT FOOT: CAUSE  
**Question:** Q1m: Cause of left foot missing  
**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_37C  
**SAS label:** LEFT FOOT: OTHER CAUSE  
**Question:** Q1m: Cause of left foot missing other specified  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** EX7\_39  
**SAS label:** LEFT TOE(S): MISSING  
**Question:** Q1n: Left toe(s) missing  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Physical Examination****Variable name:** EX7\_39C**SAS label:** LEFT TOE(S): HOW MANY**Question:** Q1n: How many left toe(s) are missing**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EX7\_39A**SAS label:** LEFT TOE(S): CAUSE**Question:** Q1n: Cause of left toe(s) missing**Note:** None

Code or Value	Value description	Skip to item
1	Diabetes	
2	Trauma	
3	Congenital	
4	Other, please specify	
9	Unknown	
.	Missing	

**Variable name:** EX7\_39B**SAS label:** LEFT TOE(S): OTHER CAUSE**Question:** Q1n: Cause of left toe(s) missing other specified**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	



## Physical Examination

### BLOOD PRESSURE

**Variable name:** EX7\_42  
**SAS label:** RIGHT ARM CIRCUMFERENCE (CM)  
**Question:** Q2: Right arm circumference, measured in centimeters (cm)  
**Note:** Midway between acromion and olecranon

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EX7\_43  
**SAS label:** CUFF SIZE  
**Question:** Q3: Cuff size (arm circumference in brackets)  
**Note:** None

Code or Value	Value description	Skip to item
1	Pediatric (under 24cm)	
2	Regular arm (24 - 32cm)	
3	Large arm (33 - 41cm)	
4	Thigh (>41cm)	
.	Missing	

**Variable name:** EX7\_44  
**SAS label:** PULSE OBLITERATION PRESSURE  
**Question:** Q4: Pulse obliteration pressure  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## Physical Examination

Variable name: EX7\_45

SAS label: SYSTOLIC: 1ST BP

Question: Q5a1: First Blood Pressure Measurement- Systolic BP

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_46

SAS label: DIASTOLIC: 1ST BP

Question: Q5a2: First Blood Pressure Measurement-Diastolic BP

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_47

SAS label: SYSTOLIC: 2ND BP

Question: Q5b1: Second Blood Pressure Measurement- Systolic BP

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_48

SAS label: DIASTOLIC: 2ND BP

Question: Q5b2:Second Blood Pressure Measurement-Diastolic BP

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## Physical Examination

Variable name: EX7\_49

SAS label: SYSTOLIC: 3RD BP

Question: Q5c1: Third Blood Pressure Measurement- Systolic BP

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_50

SAS label: DIASTOLIC: 3RD BP

Question: Q5c2: Third Blood Pressure Measurement-Diastolic BP

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_51

SAS label: BP FROM RIGHT ARM

Question: Q6: Were the above blood pressures taken from RIGHT arm?

Note: None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

Variable name: EX7\_51A

SAS label: BP NOT FROM RIGHT ARM SPECIFY

Question: Q6: Were the above blood pressures taken from RIGHT arm?  
Specify why not

Note: None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

## Physical Examination

Variable name: EX7\_52

SAS label: RECORDER ID FOR BP MEASUREMENT

Question: Q7: Recorder ID (For the SHS staff who took BP)

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## ANTHROPOMETRIC MEASUREMENTS

Variable name: EX7\_53

SAS label: HEIGHT STANDING (CM)

Question: Q8: Height (Standing) in Centimeters

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_54

SAS label: HEIGHT STANDING (IN)

Question: Q8: Height (Standing) in Inches

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_55

SAS label: WEIGHT (KG)

Question: Q9: Weight (Standing) Kilograms

Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Physical Examination**

**Variable name:** EX7\_56  
**SAS label:** WEIGHT (LBS)  
**Question:** Q9: Weight (Standing) in Pounds  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EX7\_57  
**SAS label:** HIP CIRCUMFERENCE STANDING (CM)  
**Question:** Q10: Hip circumference (Standing) In Centimeters  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EX7\_58  
**SAS label:** HIP CIRCUMFERENCE STANDING (IN)  
**Question:** Q10: Hip Circumference Standing in Inches  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EX7\_59  
**SAS label:** WAIST SUPINE (CM)  
**Question:** Q11: Waist measurement at umbilicus (supine) in centimeters  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Physical Examination****Variable name:** EX7\_60**SAS label:** WAIST SUPINE (IN)**Question:** Q11: Waist measurement in Inches**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**PEDAL PULSES AND EDEMA****Variable name:** EX7\_61**SAS label:** RIGHT POSTERIOR TIBIAL PULSE**Question:** Q12: Right posterior tibial pulse**Note:** None

Code or Value	Value description	Skip to item
1	Present	
2	Absent	
3	Missing limbs	
9	Unable to assess	
.	Missing	

**Variable name:** EX7\_62**SAS label:** RIGHT DORSALIS PEDIS PULSE**Question:** Q13: Right dorsalis pedis pulse**Note:** None

Code or Value	Value description	Skip to item
1	Present	
2	Absent	
3	Missing limbs	
9	Unable to assess	
.	Missing	

**Physical Examination****Variable name:** EX7\_63**SAS label:** LEFT POSTERIOR TIBIAL PULSE**Question:** Q14: Left posterior tibial pulse**Note:** None

Code or Value	Value description	Skip to item
1	Present	
2	Absent	
3	Missing limbs	
9	Unable to assess	
.	Missing	

**Variable name:** EX7\_64**SAS label:** LEFT DORSALIS PEDIS PULSE**Question:** Q15: Left dorsalis pedis pulse**Note:** None

Code or Value	Value description	Skip to item
1	Present	
2	Absent	
3	Missing limbs	
9	Unable to assess	
.	Missing	

**Variable name:** EX7\_65**SAS label:** PEDAL EDEMA**Question:** Q16: Pedal edema**Note:** None

Code or Value	Value description	Skip to item
1	Absent	
2	Mild	
3	Marked	
.	Missing	

## Physical Examination

### DOPPLER BLOOD PRESSURE

Doppler blood pressure is measured in the posterior tibial artery. If not audible, use dorsalis pedis. Use left arm if left arm was used for standard blood pressure reading.

Variable name: EX7\_70

SAS label: RIGHT ARM: 1ST DOPPLER BP

Question: Q17a: First right arm systolic blood pressure

Note: 0 = neither posterior tibial artery nor dorsalis pedis artery was audible.  
888= participant refuses or if blood pressure is not taken for a medical reason or amputation.  
999 = unable to obliterate (over 250 mmHg).

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_71

SAS label: RIGHT ANKLE: 1ST DOPPLER BP

Question: Q17a: First right ankle systolic blood pressure

Note: 0 = neither posterior tibial artery nor dorsalis pedis artery was audible

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: EX7\_72

SAS label: LEFT ANKLE: 1ST DOPPLER BP

Question: Q17a: First left ankle systolic blood pressure

Note: 0 = neither posterior tibial artery nor dorsalis pedis artery was audible

Code or Value	Value Description	Skip to item
Continuous value	Range of values	



## Physical Examination

**Variable name:** EX7\_73

**SAS label:** RIGHT ARM: 2ND DOPPLER BP

**Question:** Q17b: Second right arm systolic blood pressure

**Note:** 0 = neither posterior tibial artery nor dorsalis pedis artery was audible

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EX7\_74

**SAS label:** RIGHT ANKLE: 2ND DOPPLER BP

**Question:** Q17b: Second right ankle systolic blood pressure

**Note:** 0 = neither posterior tibial artery nor dorsalis pedis artery was audible

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EX7\_75

**SAS label:** LEFT ANKLE: 2ND DOPPLER BP

**Question:** Q17b: Second left ankle systolic blood pressure

**Note:** 0 = neither posterior tibial artery nor dorsalis pedis artery was audible

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Physical Examination****Variable name:** EX7\_76**SAS label:** RIGHT ANKLE DOPPLER LOCATION**Question:** Q17c: Right ankle Doppler location**Note:** None

Code or Value	Value description	Skip to item
1	Posterior tibial	
2	Dorsalis pedis	
.	Missing	

**Variable name:** EX7\_77**SAS label:** LEFT ANKLE DOPPLER LOCATION**Question:** Q17c: Left ankle Doppler location**Note:** None

Code or Value	Value description	Skip to item
1	Posterior tibial	
2	Dorsalis pedis	
.	Missing	

**Variable name:** EX7\_84**SAS label:** WAS ECG PERFORMED**Question:** Q18: Was ECG performed?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

## Physical Examination

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER CODE  
**Question:** Interviewer Code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Interview Date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS FIELD CENTER  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

# Sample Collection Checklist

Variable name: IDNO  
 SAS label: SHS ID  
 Question: SHS I.D.  
 Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: GTT7\_2  
 SAS label: FASTING BLOOD SAMPLE TAKEN  
 Question: Q1: Is blood sample taken?  
 Note: None

Code or Value	Value description	Skip to item
1	Yes, and participant has been fasting	
2	Yes, but participant has NOT been fasting	
3	No, participant has not been fasting	
4	Other specify below	
8	No, participant refused	
.	Missing	

Variable name: GTT7\_2A  
 SAS label: FASTING BLOOD SAMPLE TAKEN SPECIFY OTHER  
 Question: Q1: Specify other from above  
 Note: None

Code or Value	Value Description	Skip to item
Open text field blank		

**Sample Collection Checklist****Variable name:** GTT7\_3**SAS label:** LAST TIME ATE**Question:** Q2: When was the last time you ate or drank ?**Note:** Use military time

Code or Value	Value Description	Skip to item
Time value in HH:MM	Range of values	

**Variable name:** GTT7\_4**SAS label:** TIME OF COLLECTION OF FASTING BLOOD SAMPLE**Question:** Q3: Time of collection of fasting samples**Note:** Use military time

Code or Value	Value Description	Skip to item
Time value in HH:MM	Range of values	

**Variable name:** GTT7\_5**SAS label:** URINE SAMPLE TAKEN**Question:** Q4: Is urine sample taken?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** GTT7\_6**SAS label:** NO URINE SAMPLE TAKEN**Question:** Q5: If no, why not?**Note:** None

Code or Value	Value description	Skip to item
1	On Dialysis	
2	Cannot Urinate	
3	Other, specify	
.	Missing	

**Sample Collection Checklist****Variable name:** GTT7\_6A**SAS label:** NO URINE SAMPLE TAKEN SPECIFY OTHER**Question:** Q5: If no, why not? Specify other from above**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		

**Variable name:** GTT7\_7**SAS label:** TIME OF URINE SAMPLE**Question:** Q6: Time of collection of urine sample**Note:** Use military time

Code or Value	Value Description	Skip to item
Time value in HH:MM	Range of values	

**Variable name:** GTT7\_8A**SAS label:** BLOOD SAMPLE: CHEM PROFILE LIPIDS, INSULIN, CRP, FFA (THREE 10 ML SST)**Question:** Q7a: Three 10 ml SST for Chem Profile Lipids, Insulin, CRP, FFA (serum)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Sample Collection Checklist****Variable name:** GTT7\_8B**SAS label:** BLOOD SAMPLE: FIBRINOGEN (ONE 4.5 ML LT BLUE)**Question:** Q7b: One 4 ml Lt Blue for Fibrinogen (plasma)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Variable name:** GTT7\_8C**SAS label:** BLOOD SAMPLE: FASTING GLUCOSE (ONE 4 ML GRAY)**Question:** Q7c: One 4 ml Gray for Fasting glucose (plasma)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Variable name:** GTT7\_8F**SAS label:** BLOOD SAMPLE: HBA1C, LEPTIN, DNA (THREE 10 ML PURPLE)**Question:** Q7d: Three 10 ml Purple for HbA1c, Leptin, DNA (whole blood/plasma)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Sample Collection Checklist****Variable name:** GTT7\_8G**SAS label:** BLOOD SAMPLE: CBC (ONE PURPLE (SIZE SITE SPECIFIC))**Question:** Q7e: One 4 ml Purple for CBC (whole blood)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Variable name:** GTT7\_8I**SAS label:** BLOOD SAMPLE: PAX GENE**Question:** Q7f: Two for PAX gene (whole blood)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Variable name:** GTT7\_8H**SAS label:** URINE SAMPLE: ALBUMIN/CREATININE (URINE)**Question:** Q7g: Urine (one cup) for albumin/creatine (urine)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	



**Sample Collection Checklist****Variable name:** GTT7\_9**SAS label:** VOLUNTEER BLOOD/URINE QC?**Question:** Q8: Is this participant also a volunteer for blood/urine QC?**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Go to Q11 (GTT7_CHK)
.	Missing	

**Variable name:** GTT7\_10**SAS label:** QC ID**Question:** Q9: QC ID**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** GTT7\_11A**SAS label:** QC SAMPLE: CHEM PROFILE, LIPIDS, INSULIN, CRP, FFA (ONE 10 ML SST)**Question:** Q10a: One 10 ml SST for Chem Profile, Lipids, Insulin, CRP, FFA (serum)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Sample Collection Checklist****Variable name:** GTT7\_11C**SAS label:** QC SAMPLE: FASTING GLUCOSE (ONE 4 ML GRAY)**Question:** Q10b: One 4 ml Gray for Fasting glucose (plasma)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Variable name:** GTT7\_11CA**SAS label:** QC SAMPLE: HBA1C, LEPTINONE (10 ML PURPLE)**Question:** Q10c: One 10 ml Purple for HbA1c/Leptin (whole blood/plasma)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Variable name:** GTT7\_11E**SAS label:** QC SAMPLE: ALBUMIN/CREATININE (URINE)**Question:** Q10d: Urine (one cup) for albumin/creatinine (urine)**Note:** None

Code or Value	Value description	Skip to item
0	No	
1	Yes	
.	Missing	

**Sample Collection Checklist****Variable name:** GTT7\_CHK**SAS label:** USE TOBACCO, CAFFEINE, OR ALCOHOL

**Question:** Q11: Instructions: “We request that you abstain from using any tobacco or alcohol until you have finished your visit with us today. Additionally, please avoid consuming caffeinated beverages until after your lab samples have been collected and your blood measurements have been taken. These precautions are in place to ensure that your test results are not influenced by the use of these substances. If you did, when and what?”

**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

## Sample Collection Checklist

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER CODE  
**Question:** Q12: SHS Code of person completing this form  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q13: Today's date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## CBC Results

Variable name: IDNO  
SAS label: SHS ID  
Question: SHS I.D.  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: WBC7  
SAS label: WHITE BLOOD CELL COUNT (10/L)  
Question: Q1: WBC ( $10^9/L$  or K/cmm or K/uL)  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: RBC7  
SAS label: RED BLOOD CELL COUNT (10/L)  
Question: Q2: RBC ( $10^{12}/L$  or M/cmm or M/uL)  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Variable name: HGB7  
SAS label: HEMOGLOBIN (g/dL)  
Question: Q3: HGB (g/dL)  
Note: None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**CBC Results**

**Variable name:** HCT7  
**SAS label:** HEMATOCRIT (%)  
**Question:** Q4: HCT (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MCV7  
**SAS label:** MEAN CELL VOLUME (fL)  
**Question:** Q5: MCV (fL)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MCH7  
**SAS label:** MEAN CORPUSCULAR HEMOGLOBIN (pg)  
**Question:** Q6: MCH (pg)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MCHC7  
**SAS label:** MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (g/dL)  
**Question:** Q7: MCHC (g/dL)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**CBC Results**

**Variable name:** RDW7  
**SAS label:** RED CELL DISTRIBUTION WIDTH (%)  
**Question:** Q8: RDW (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PLT7  
**SAS label:** PLATELET COUNT (10/L)  
**Question:** Q9: Platelet count (PLT 10<sup>9</sup>/L or K/cmm or K/uL)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MPV7  
**SAS label:** MEAN PLATELET VOLUME (fL)  
**Question:** Q10: MPV (fL)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**CBC Results****DIFFERENTIAL**

**Variable name:** NEUT7  
**SAS label:** NEUTROPHIL (%)  
**Question:** Q11: NEUT (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** LYMPH7  
**SAS label:** LYMPHOCYTE (%)  
**Question:** Q12: LYMPH (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MONO7  
**SAS label:** MONOCYTE (%)  
**Question:** Q13: MONO (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EOS7  
**SAS label:** EOSINOPHIL (%)  
**Question:** Q14: EOS (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	



**CBC Results**

**Variable name:** BASO7  
**SAS label:** BASOPHIL (%)  
**Question:** Q15: BASO (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## CBC Results

### ADMINISTRATIVE INFORMATION

**Variable name:** CBC\_STAT  
**SAS label:** STATUS OF CBC FORM  
**Question:** Q16: Did the participant have a CBC?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q17: Interviewer code  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q18: Interview date  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE  
**Question:** SHS Study Site  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	