



# **Sleep Heart Health Study Follow Up**

## **Data Dictionary**

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

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To view more information about each variable, click either the variable name or label. Refer to the following website for more information about study design and data collection: <https://sleepdata.org/datasets/shhs>

## Sleep Habits Questionnaire

<b>VARIABLE</b>	<b>LABEL</b>
<b>IDNO</b>	<b>ID NUMBER</b>
<b>FORMDT</b>	<b>DATE FORM WAS FILLED OUT</b>
<b>HRWKDAY</b>	<b>WEEKDAY/WORKDAY: USUAL HOURS OF SLEEP</b>
<b>HRWKEND</b>	<b>WEEKEND/NON-WORKDAY: USUAL HOURS OF SLEEP</b>
<b>FREQNAPS</b>	<b>USUAL NUMBER OF NAPS/PER WEEK</b>
<b>FALLASLEEP TROUBLE</b>	<b>TROUBLE FALLING ASLEEP</b>
<b>AWAKENIGHT</b>	<b>WAKE UP DURING NIGHT - UNABLE TO GET BACK TO SLEEP</b>
<b>AWAKEEARLY</b>	<b>WAKE UP TOO EARLY IN THE MORNING - UNABLE TO GET BACK TO SLEEP</b>
<b>UNRESTED</b>	<b>FEEL UNRESTED DURING THE DAY</b>
<b>NOTENOUGH SLEEP</b>	<b>DO NOT GET ENOUGH SLEEP</b>
<b>SLEEP PILLS</b>	<b>TAKE SLEEPING PILLS OR OTHER MEDICATION TO AID IN SLEEPING</b>
<b>SNORE EVER</b>	<b>HAVE EVER SNORED</b>
<b>SNORE NOW</b>	<b>CURRENT SNORE FREQUENCY</b>
<b>SNORE HOW LOUD</b>	<b>LOUDNESS OF SNORING</b>
<b>SN SP OTHER</b>	<b>TREATMENT PRESCRIBED: OTHER (TEXT)</b>
<b>FREQ STOP BREATHING</b>	<b>FREQUENCY OF BREATHING STOPPAGE DURING SLEEP</b>
<b>SAS PC OTHER</b>	<b>TREATMENT PRESCRIBED: OTHER (TEXT)</b>
<b>NOT TREATED</b>	<b>REASON SLEEP APNEA NOT TREATED</b>
<b>SPC OTHER NOT TREATED</b>	<b>OTHER REASON SLEEP APNEA NOT TREATED</b>
<b>SPC SLEEP DISORDER</b>	<b>OTHER SLEEP DISORDER DESCRIPTION</b>
<b>FREQ OTHERS NEARBY</b>	<b>FREQUENCY OTHERS WERE NEARBY WHERE PARTICIPANT SLEPT</b>
<b>SIT READ</b>	<b>FALL ASLEEP SITTING AND READING</b>
<b>WATCH TV</b>	<b>FALL ASLEEP WATCHING TV</b>

# Sleep Habits Questionnaire

<b>VARIABLE</b>	<b>LABEL</b>
SITPUBLIC	FALL ASLEEP SITTING IN A PUBLIC PLACE
RIDECAR	FALL ASLEEP RIDING AS A PASSENGER IN A CAR
RESTING	FALL ASLEEP LYING DOWN TO REST
SITTALK	FALL ASLEEP SITTING AND TALKING TO SOMEONE
SITAFTERLUNCH	FALL ASLEEP SITTING QUIETLY AFTER LUNCH
STOPPEDCAR	FALL ASLEEP IN A STOPPED CAR
ATDINNER	FALL ASLEEP AT THE DINNER TABLE
WHILEDRIVING	FALL ASLEEP WHILE DRIVING
ASPIRIN	HOW OFTEN ASPIRIN OR ASPIRIN-CONTAINING MEDS IS TAKEN
YRSDRIVE	# YEARS DRIVING
FREQDRIVE	FREQUENCY THAT PARTICIPANT DRIVES
HRSDRIVE	HOURS PARTICIPANT DRIVES EACH DAY
MILESDRIVE	MILES PARTICIPANT DRIVES EACH YEAR
ACCIDENTS	# ACCIDENTS IN LIFETIME
YRACCIDENTS	# ACCIDENTS DURING RECENT YEAR
LANGADMIN	LANGUAGE IN WHICH INTERVIEW WAS ADMINISTERED
CENTER	SHS SITE

# Physical Measurements

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
PPTSTATUS	PARTICIPANT STATUS
STATUSOTHER	PARTICIPANT STATUS: OTHER (TEXT)
VISITDT	DATE OF FOLLOW-UP VISIT
FUWEIGHT	FU STATUS WEIGHT
WTUNITS	WEIGHT UNITS
WTPROTOCOL	PROTOCOL USED TO MEASURE WEIGHT
BPPROTOCOL	PROTOCOL USED TO MEASURE BLOOD PRESSURE
CUFFSIZE	CUFF SIZE
PALPATEDSYST	PALPATED SYSTOLIC BP
MAXINFLATION	PALPATED + 30
SYSTOLIC1	SYSTOLIC BLOOD PRESSURE: FIRST READING
DIASTOLIC1	DIASTOLIC BLOOD PRESSURE: FIRST READING
SYSTOLIC2	SYSTOLIC BLOOD PRESSURE: SECOND READING
DIASTOLIC2	DIASTOLIC BLOOD PRESSURE: SECOND READING
SYSTOLIC3	SYSTOLIC BLOOD PRESSURE: THIRD READING
DIASTOLIC3	DIASTOLIC BLOOD PRESSURE: THIRD READING
AVGSYS	AVERAGE SYSTOLIC
AVGDIAS	AVERAGE DIASTOLIC
BPTIME	TIME BLOOD PRESSURE WAS MEASURED
MI	MI DURING INTERVAL SINCE THE PRIOR PARENT EXAM
MIDT	DATE OF MI
STROKETIA	STROKE OR TIA DURING INTERVAL SINCE THE PRIOR PARENT EXAM
STROKETIADT	DATE OF STROKE OR TIA
CHF	CHF DURING INTERVAL SINCE THE PRIOR PARENT EXAM
CHFDT	DATE OF CHF
CABGPTCA	CABG/PTCA DURING INTERVAL SINCE THE PRIOR PARENT EXAM
CABGPTCADT	DATE OF CABG/PTCA
CAROTIDEND	CAROTID ENDARTERECTOMY DURING INTERVAL SINCE THE PRIOR PARENT EXAM
CAROTIDENDDT	DATE OF CAROTID ENDARTERECTOMY
COMMENTS	ANY COMMENTS
CENTER	SHS SITE

# Sleep Habits Questionnaire

**Variable name:** IDNO  
**SAS label:** ID NUMBER

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

**Variable name:** FORMDT  
**SAS label:** DATE FORM WAS FILLED OUT

Code or Value	Value Description	Skip to item
Date value in DATE7	Range of values	

**Variable name:** HRSWKDAY  
**SAS label:** WEEKDAY/WORKDAY: USUAL HOURS OF SLEEP

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

**Variable name:** HRSWKEND  
**SAS label:** WEEKEND/NON-WORKDAY: USUAL HOURS OF SLEEP

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

Sleep Habits Questionnaire

**Variable name:**       **FREQNAPS**  
**SAS label:**           **USUAL NUMBER OF NAPS/PER WEEK**

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

**Variable name:**       **FALLASLEEPTROUBLE**  
**SAS label:**           **TROUBLE FALLING ASLEEP**

Code or Value	Value description	Skip to item
1	Never	
2	Rarely (1/month or less)	
3	Sometimes (2-4/month)	
4	Often (5-15/month)	
5	Almost always (16-30/month)	
.	Missing	

**Variable name:**       **AWAKENIGHT**  
**SAS label:**           **WAKE UP DURING NIGHT - UNABLE TO GET BACK TO SLEEP**

Code or Value	Value description	Skip to item
1	Never	
2	Rarely (1/month or less)	
3	Sometimes (2-4/month)	
4	Often (5-15/month)	
5	Almost always (16-30/month)	
.	Missing	

Sleep Habits Questionnaire

**Variable name:**        **AWAKEEARLY**

**SAS label:**            **WAKE UP TOO EARLY IN THE MORNING - UNABLE TO GET BACK TO SLEEP**

Code or Value	Value description	Skip to item
1	Never	
2	Rarely (1/month or less)	
3	Sometimes (2-4/month)	
4	Often (5-15/month)	
5	Almost always (16-30/month)	
.	Missing	

**Variable name:**        **UNRESTED**

**SAS label:**            **FEEL UNRESTED DURING THE DAY**

Code or Value	Value description	Skip to item
1	Never	
2	Rarely (1/month or less)	
3	Sometimes (2-4/month)	
4	Often (5-15/month)	
5	Almost always (16-30/month)	
.	Missing	

## Sleep Habits Questionnaire

**Variable name:** NOTENOUGHSLEEP  
**SAS label:** DO NOT GET ENOUGH SLEEP

Code or Value	Value description	Skip to item
1	Never	
2	Rarely (1/month or less)	
3	Sometimes (2-4/month)	
4	Often (5-15/month)	
5	Almost always (16-30/month)	
.	Missing	

**Variable name:** SLEEPPILLS  
**SAS label:** TAKE SLEEPING PILLS OR OTHER MEDICATION TO AID IN SLEEPING

Code or Value	Value description	Skip to item
1	Never	
2	Rarely (1/month or less)	
3	Sometimes (2-4/month)	
4	Often (5-15/month)	
5	Almost always (16-30/month)	
.	Missing	



## Sleep Habits Questionnaire

**Variable name:** SNOREDEVER  
**SAS label:** HAVE EVER SNORED

Code or Value	Value description	Skip to item
0	0	
1	1	
8	8	
.	.	

**Variable name:** SNORENOW  
**SAS label:** CURRENT SNORE FREQUENCY

Code or Value	Value description	Skip to item
0	Do not snore any more	
1	Rarely-less than 1 night/wk	
2	Sometimes-1 or 2 nights/wk	
3	Frequently-3 to 5 nights/wk	
4	Always or almost always-6 or 7nights/wk	
8	Don't know	
.	Missing	

Sleep Habits Questionnaire

**Variable name:** SNOREHOWLOUD  
**SAS label:** LOUDNESS OF SNORING

Code or Value	Value description	Skip to item
1	Only slightly louder than heavy breathing	
2	About as loud as mumbling or talking	
3	Louder than talking	
4	Extremely loud - can be heard through a closed door	
8	Don't know	
.	Don't know	

**Variable name:** SNSPCOTHER  
**SAS label:** TREATMENT PRESCRIBED: OTHER (TEXT)

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

**Variable name:** FREQSTOPBREATHING  
**SAS label:** FREQUENCY OF BREATHING STOPPAGE DURING SLEEP

Code or Value	Value description	Skip to item
1	Rarely-less than 1night/wk	
2	Sometimes-1 or 2nights/wk	
3	Frequently-3 to 5nights/wk	
4	Always or almost always-6 or 7nights/wk	
8	Don't know	
.	Missing	

Sleep Habits Questionnaire

**Variable name:** SASPCOTHER  
**SAS label:** TREATMENT PRESCRIBED: OTHER (TEXT)

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

**Variable name:** NOTTREATED  
**SAS label:** REASON SLEEP APNEA NOT TREATED

Code or Value	Value description	Skip to item
1	Doctor said not needed	
2	Participant did not want treatment	
3	Other	
.	Missing	

**Variable name:** SPCOTHERNOTTREATED  
**SAS label:** OTHER REASON SLEEP APNEA NOT TREATED

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

**Variable name:** SPCSLEEPDISORDER  
**SAS label:** OTHER SLEEP DISORDER DESCRIPTION

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

Sleep Habits Questionnaire

**Variable name:**       **FREQOTHERSNEARBY**  
**SAS label:**           **FREQUENCY OTHERS WERE NEARBY WHERE PARTICIPANT SLEPT**

Code or Value	Value description	Skip to item
1	Never	
2	Sometimes	
3	Usually	
.	Missing	

**Variable name:**       **SITREAD**  
**SAS label:**           **FALL ASLEEP SITTING AND READING**

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
4	High chance	
.	Missing	

**Variable name:**       **WATCHTV**  
**SAS label:**           **FALL ASLEEP WATCHING TV**

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
4	High chance	
.	Missing	

## Sleep Habits Questionnaire

**Variable name:** SITPUBLIC

**SAS label:** FALL ASLEEP SITTING IN A PUBLIC PLACE

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
4	High chance	
.	Missing	

**Variable name:** RIDECAR

**SAS label:** FALL ASLEEP RIDING AS A PASSENGER IN A CAR

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
4	High chance	
.	Missing	

**Variable name:** RESTING

**SAS label:** FALL ASLEEP LYING DOWN TO REST

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
4	High chance	
.	Missing	

Sleep Habits Questionnaire

**Variable name:** SITTALK

**SAS label:** FALL ASLEEP SITTING AND TALKING TO SOMEONE

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
.	Missing	

**Variable name:** SITAFTERLUNCH

**SAS label:** FALL ASLEEP SITTING QUIETLY AFTER LUNCH

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
4	High chance	
.	Missing	

**Variable name:** STOPPEDCAR

**SAS label:** FALL ASLEEP IN A STOPPED CAR

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
.	Missing	

## Sleep Habits Questionnaire

**Variable name:** ATDINNER  
**SAS label:** FALL ASLEEP AT THE DINNER TABLE

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
4	High chance	
.	Missing	

**Variable name:** WHILEDRIVING  
**SAS label:** FALL ASLEEP WHILE DRIVING

Code or Value	Value description	Skip to item
1	No chance	
2	Slight chance	
3	Moderate chance	
4	High chance	
.	Missing	

**Variable name:** ASPIRIN  
**SAS label:** HOW OFTEN ASPIRIN OR ASPIRIN-CONTAINING MEDS IS TAKEN

Code or Value	Value description	Skip to item
0	Never	
1	Less than 1/week	
2	1 or 2/week	
3	Every other day	
4	Every day	
8	Don't know	
.	Missing	

Sleep Habits Questionnaire

**Variable name:** YRSDRIVE  
**SAS label:** # YEARS DRIVING

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

**Variable name:** FREQDRIVE  
**SAS label:** FREQUENCY THAT PARTICIPANT DRIVES

Code or Value	Value description	Skip to item
1	1	
2	2	
3	3	
.	.	

**Variable name:** HRSDRIVE  
**SAS label:** HOURS PARTICIPANT DRIVES EACH DAY

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

**Variable name:** MILESDRIVE  
**SAS label:** MILES PARTICIPANT DRIVES EACH YEAR

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



Sleep Habits Questionnaire

**Variable name:** ACCIDENTS  
**SAS label:** # ACCIDENTS IN LIFETIME

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

**Variable name:** YRACCIDENTS  
**SAS label:** # ACCIDENTS DURING RECENT YEAR

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

**Variable name:** LANGADMIN  
**SAS label:** LANGUAGE IN WHICH INTERVIEW WAS ADMINISTERED

Code or Value	Value description	Skip to item
1	English	
3	Lakota	
4	Pima	
5	Other	
.	Missing	

**Variable name:** CENTER  
**SAS label:** SHS SITE

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

# Physical Measurements

**Variable name:** IDNO  
**SAS label:** ID NUMBER

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

**Variable name:** PPTSTATUS  
**SAS label:** PARTICIPANT STATUS

Code or Value	Value description	Skip to item
1	Completed	
2	Refused	
3	Deceased	
4	Unable to locate	
5	Too ill to complete	
7	Other	
.	Missing	

**Variable name:** STATUSOTHER  
**SAS label:** PARTICIPANT STATUS: OTHER (TEXT)

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

Physical Measurements

**Variable name:** VISITDT  
**SAS label:** DATE OF FOLLOW-UP VISIT

Code or Value	Value Description	Skip to item
Date value in DATE7	Range of values	

**Variable name:** FUWEIGHT  
**SAS label:** FU STATUS WEIGHT

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

**Variable name:** WTUNITS  
**SAS label:** WEIGHT UNITS

Code or Value	Value description	Skip to item
1	kg	
2	Pounds	
.	Missing	

**Variable name:** WTPROTOCOL  
**SAS label:** PROTOCOL USED TO MEASURE WEIGHT

Code or Value	Value description	Skip to item
1	SHHS	
2	Parent Study	
.	Missing	

Physical Measurements

**Variable name:** BPPROTOCOL

**SAS label:** PROTOCOL USED TO MEASURE BLOOD PRESSURE

Code or Value	Value description	Skip to item
1	SHHS	
2	Parent Study	
.	Missing	

**Variable name:** CUFFSIZE

**SAS label:** CUFF SIZE

Code or Value	Value description	Skip to item
1	Regular [arm circumference=22.6-30.0 cm]	
2	Large arm [arm circumference=30.1-37.5 cm]	
3	Pediatric [arm circumference=16.0-22.5cm]	
4	Thigh [arm circumference=37.6-43.7 cm]	
.	Missing	

**Variable name:** PALPATEDSYST

**SAS label:** PALPATED SYSTOLIC BP

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

**Variable name:** MAXINFLATION

**SAS label:** PALPATED + 30

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

Physical Measurements

**Variable name:** SYSTOLIC1  
**SAS label:** SYSTOLIC BLOOD PRESSURE: FIRST READING

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

**Variable name:** DIASTOLIC1  
**SAS label:** DIASTOLIC BLOOD PRESSURE: FIRST READING

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

**Variable name:** SYSTOLIC2  
**SAS label:** SYSTOLIC BLOOD PRESSURE: SECOND READING

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

**Variable name:** DIASTOLIC2  
**SAS label:** DIASTOLIC BLOOD PRESSURE: SECOND READING

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

**Variable name:** SYSTOLIC3  
**SAS label:** SYSTOLIC BLOOD PRESSURE: THIRD READING

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

Physical Measurements

**Variable name:**        **DIASTOLIC3**  
**SAS label:**            **DIASTOLIC BLOOD PRESSURE: THIRD READING**

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

**Variable name:**        **AVGSYS**  
**SAS label:**            **AVERAGE SYSTOLIC**

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

**Variable name:**        **AVGDIAS**  
**SAS label:**            **AVERAGE DIASTOLIC**

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

**Variable name:**        **BPTIME**  
**SAS label:**            **TIME BLOOD PRESSURE WAS MEASURED**

Code or Value	Value Description	Skip to item
Date value in DATE7	Range of values	

Physical Measurements

**Variable name:** MI  
**SAS label:** MI DURING INTERVAL SINCE THE PRIOR PARENT EXAM

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

**Variable name:** MIDT  
**SAS label:** DATE OF MI

Code or Value	Value Description	Skip to item
Date value in DATE7	Range of values	

**Variable name:** STROKETIA  
**SAS label:** STROKE OR TIA DURING INTERVAL SINCE THE PRIOR PARENT EXAM

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

**Variable name:** STROKETIADT  
**SAS label:** DATE OF STROKE OR TIA

Code or Value	Value Description	Skip to item
Date value in DATE7	Range of values	

Physical Measurements

**Variable name:** CHF

**SAS label:** CHF DURING INTERVAL SINCE THE PRIOR PARENT EXAM

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

**Variable name:** CHFDT

**SAS label:** DATE OF CHF

Code or Value	Value Description	Skip to item
Date value in DATE7	Range of values	

**Variable name:** CABGPTCA

**SAS label:** CABG/PTCA DURING INTERVAL SINCE THE PRIOR PARENT EXAM

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

**Variable name:** CABGPTCADT

**SAS label:** DATE OF CABG/PTCA

Code or Value	Value Description	Skip to item
Date value in DATE7	Range of values	



Physical Measurements

**Variable name:** CAROTIDEND

**SAS label:** CAROTID ENDARTERECTOMY DURING INTERVAL SINCE THE PRIOR PARENT EXAM

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

**Variable name:** CAROTIDENDDT

**SAS label:** DATE OF CAROTID ENDARTERECTOMY

Code or Value	Value Description	Skip to item
Date value in DATE7	Range of values	

**Variable name:** COMMENTS

**SAS label:** ANY COMMENTS

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

**Variable name:** CENTER

**SAS label:** SHS SITE

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