



**Phase III**  
**Pilot Family Study**

**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 III Data Forms](#).

## Personal Interview Form I

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID
INT1F_1	GENDER
INT1F_14	MARITAL HISTORY
INT1F142	MARITAL HISTORY 2
INT1F143	MARITAL HISTORY 3
HOSPA	HOSPITAL A
IHSNO1	CHART NUMBER 1
IHS1	IHS HOSPITAL
INT1F_6	HOSPITAL CODE
INT1F_10	SEND REPORT
HOSPB	HOSPITAL B
IHSNO2	CHART NUMBER 2
IHS2	IHS HOSPITAL
INT1F_7	HOSPITAL CODE
INT1F_11	SEND REPORT
HOSPC	HOSPITAL C
IHSNO3	CHART NUMBER 3
IHS3	IHS HOSPITAL
INT1F_8	HOSPITAL CODE
INT1F_12	SEND REPORT
HOSPD	HOSPITAL D
IHSNO4	CHART NUMBER 4
IHS4	IHS HOSPITAL
INT1F_9	HOSPITAL CODE
INT1F_13	SEND REPORT
INT1F_33	YEARS OF EDUCATION
CENTER	SHS SITE

## Personal Interview Form II

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
FAMID	FAMILY ID NUMBER
<b>WEIGHT SATISFACTION</b>	
INT2F_1	SATISFIED YOUR PRESENT WEIGHT
INT2F_2	LOSE OR GAIN WEIGHT
INT2F_3	WEIGHT LOSS: EATING
INT2F_4	WEIGHT LOSS: PHYSICAL ACTIVITY
INT2F_5	WEIGHT LOSS: MEDICATION
INT2F_6	WEIGHT LOSS: OTHER
INT2F_7	WEIGHT LOSS: OTHER SPECIFY
<b>DENTURE AND EATING PROBLEMS</b>	
INT2F_8	NATURAL TEETH
INT2F_9	DESCRIBE HOW YOU CHEW
INT2F_10	ABILITY TO CHEW
<b>FAMILY INCOME</b>	
INT2F_11	HOUSEHOLD INCOME
INT2F_12	MAIN DAILY ACTIVITY
INT2F_13	MAIN DAILY ACTIVITY (2nd)
INT2F_14	MAIN DAILY ACTIVITY (3rd)
INT2F_15	MAIN DAILY ACTIVITY OTHER SPECIFY
INT2F_16	RECEIVE INCOME: WAGES/SALARY
INT2F_60	RECEIVE INCOME: PROFITS/BUSINESS
INT2F_61	RECEIVE INCOME: GAMING/LOTTERY
INT2F_62	RECEIVE INCOME: UNEMPLOYMENT BENEFITS
INT2F_63	RECEIVE INCOME: RETIREMENT BENEFITS
INT2F_64	RECEIVE INCOME: SOCIAL SECURITY
INT2F_70	RECEIVE INCOME: LEASE PAYMENT
INT2F_56	RECEIVE INCOME: OTHER
INT2F_65	RECEIVE INCOME: SPECIFY OTHER
INT2F_67	MOST INCOME FROM Q9
INT2F_17	WORK HOURS PER WEEK

## Personal Interview Form II

<b>VARIABLE</b>	<b>LABEL</b>
INT2F_18	ANNUAL HOUSEHOLD INCOME
<b>TOBACCO</b>	
INT2F_19	SMOKE >100 CIGARETTES
INT2F_48	HOW OLD FIRST STARTED
INT2F_86	DO YOU SMOKE CIGARETTES NOW
INT2F_20	# OF CIGARETTES PER DAY
INT2F_21	# OF CIGARETTES PER MONTH
INT2F_22	OCCASION TO SMOKE: STRESS
INT2F_23	OCCASION TO SMOKE: CASINOS
INT2F_24	OCCASION TO SMOKE: WAKES/ FUNERALS
INT2F_25	OCCASION TO SMOKE: WHEN DRINKING ALCOHOL
INT2F_26	OCCASION TO SMOKE: SOCIAL MEETINGS
INT2F_27	OCCASION TO SMOKE: WHEN YOU HAVE EXTRA MONEY
INT2F_28	OCCASION TO SMOKE: BINGO
INT2F_47	OCCASION TO SMOKE: OTHER
INT2F_29	OCCASION TO SMOKE: OTHER SPECIFY
INT2F_30	HOW MANY CIGARETTES DO YOU SMOKE
INT2F_31	CHANGE YOUR SMOKING HABIT
INT2F_32	IF YES, PREFER TO: REDUCE # OF CIGARETTE
INT2F_78	IF YES, PREFER TO: SWITCH TO LOWER TAR
INT2F_79	IF YES, PREFER TO: USE NICOTINE PATCH/CHEWING GUM
INT2F_80	IF YES, PREFER TO: QUIT
INT2F_81	IF YES, PREFER TO: OTHER
INT2F_82	IF YES, PREFER TO: OTHER SPECIFY
INT2F_83	QUIT SMOKING
INT2F_84	IF QUIT: LAST SMOKE (YEAR)
INT2F_36	REASON FOR QUITTING: DOCTORS ADVICE
INT2F_37	REASON FOR QUITTING: HEALTH CONCERNS
INT2F_38	REASON FOR QUITTING: EXPENSES
INT2F_39	REASON FOR QUITTING: PER FAMILY PRESSURE
INT2F_75	REASON FOR QUITTING: OTHER

## Personal Interview Form II

<b>VARIABLE</b>	<b>LABEL</b>
INT2F_76	REASON FOR QUITTING: OTHER SPECIFY
<b>PASSIVE SMOKING</b>	
INT2F_77	FATHER EVER SMOKED CIGARETTES
INT2F_85	MOTHER EVER SMOKED CIGARETTES
INT2F_68	HOURS EXPOSED TO THE SMOKE OF OTHERS/ DAY
<b>ALCOHOL</b>	
INT2F_40	EVER CONSUMED ALCOHOLIC BEVERAGES
INT2F_41	WHEN WAS YOUR LAST DRINK
INT2F_42	# OF MONTHS AGO
BEER_GLS	GLASS OF BEER (4 OZ)
BEER_TUM	TUMBLER OF BEER (8 OZ)
BEER_CB	CAN/BOTTLE OF BEER (12 OZ)
BEER_CAN	CAN OF BEER (16 OZ)
BEER_BOT	BOTTLE OF BEER (32-34 OZ)
BEER_40Z	25: BOTTLE OF BEER - 40oz
BEER_SUM	SUM OF THE OZ OF BEER
WINE_GLS	GLASS OF WINE (4 OZ)
WINE_TUM	TUMBLER OF WINE (8 OZ)
WINE_CB	CAN/BOTTLE OF WINE (12 OZ)
WINE_CAN	CAN OF WINE (16 OZ)
WINE_FIF	FIFTH OF WINE (26 OZ)
WINE_BOT	BOTTLE OF WINE (32-34 OZ)
WINE_JG1	JUG OF WINE 64 (.5 GAL)
WINE_JG2	JUG OF WINE 128 (1 GAL)
WINE_SUM	SUM OF THE OZ OF WINE
LIQ_SHOT	SHOT OF LIQUOR (1 OZ)
LIQ_JIGG	JIGGER OF LIQUOR (1.5 OZ)
LIQ_GLS	GLASS OF LIQUOR (4 OZ)
LIQ_TUM	TUMBLER OF LIQUOR (8 OZ)
LIQ_CB	CAN/BOTTLE OF LIQUOR (12 OZ)
LIQ_CAN	CAN OF LIQUOR (16 OZ)

## Personal Interview Form II

<b>VARIABLE</b>	<b>LABEL</b>
LIQ_FIF	FIFTH OF LIQUOR (26 OZ)
LIQ_BOT	BOTTLE OF LIQUOR (32-34 OZ)
LIQ_JG1	JUG OF LIQUOR 64 (.5 GAL)
LIQ_JG2	JUG OF LIQUOR 128 (1 GAL)
LIQ_SUM	SUM OF THE OZ OF LIQUOR
INT2F_43	TOTAL # OF DRINKS IN A TYPICAL WEEK
INT2F_44	# DAYS PER MONTH HAVE AT LEAST ONE DRINK
INT2F_45	AVERAGE # OF DRINKS ON DAYS WHEN YOU DO DRINK
INT2F_46	WHEN MORE THAN USUAL, HOW MANY DRINKS
INT2F_66	HOW MANY TIMES IN A MONTH
INT2F_50	PAST MONTH >=5 DRINKS
INT2F_51	PAST YEAR >=5 DRINKS
INT2F_87	CONSUMED OTHER SUBSTANCE: MOUTH WASH
INT2F_88	CONSUMED OTHER SUBSTANCE: COUGH SYRUP
INT2F_89	CONSUMED OTHER SUBSTANCE: LYSOL
INT2F_90	CONSUMED OTHER SUBSTANCE: HAIR SPRAY
INT2F_91	CONSUMED OTHER SUBSTANCE: OTHER
INT2F91L	CONSUMED OTHER SUBSTANCE: SPECIFY OTHER
<b>ADMINISTRATIVE INFORMATION</b>	
INT2F_49	HOW RELIABLE IS THE QUESTIONNAIRE
INT_STAT	QUESTIONNAIRE COMPLETED
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# Medical History Form

## Medical History Form

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
FAMID	FAMILY ID
<b>MEDICAL CONDITIONS</b>	
MEDF_1	HIGH BLOOD PRESSURE (HBP)
MEDF_2	HBP AGE OF DIAGNOSIS
MEDF_3	ARTHRITIS
MEDF_4	FRACTURE ASSOCIATED W/OSTERPOROSIS
MEDF_4A	FRACTURE WHERE
MEDF_5	RHEUMATIC HEART DISEASE
MEDF_6	GALLSTONES
MEDF_7	CANCER
MEDF_7A	CANCER TYPE
MEDF_8	DIABETES (DM)
MEDF_9	DO YOU STILL HAVE DM NOW
MEDF_10	DM AGE OF DIAGNOSIS
MEDF_11	DM TREATMENT: INSULIN
MEDF_12	DM TREATMENT: ORAL HYPOGLYCEMIC
MEDF_13	DM TREATMENT: BY DIETARY CONTROL
MEDF_14	DM TREATMENT: BY EXERCISE
MEDF_15	DM TREATMENT: DO NOTHING
MEDF_15B	DM TREATMENT: OTHER
MEDF15BL	DM TREATMENT: OTHER, SPECIFY
MEDF_16	KIDNEY FAILURE
MEDF_17	KIDNEY FAILURE ONE OR BOTH KIDNEYS WORKING WELL
MEDF_18	KIDNEY FAILURE AGE OF DIAGNOSIS
MEDF_19	RENAL DIALYSIS
MEDF_20	KIDNEY TRANSPLANT
MEDF_21	KIDNEY TRANSPLANT NEW KIDNEY WORKING WELL
MEDF_22	KIDNEY TRANSPLANT WAITING FOR KIDNEY TRANSPLANT
MEDF_23	CIRRHOSIS OF LIVER
<b>LUNG PROBLEMS</b>	

# Medical History Form

<b>VARIABLE</b>	<b>LABEL</b>
MEDF_24	EMPHYSEMA
MEDF_25	HAY FEVER
MEDF_26	CHRONIC BRONCHITIS
MEDF_27	ASTHMA
MEDF_28	STILL HAVE ASTHMA
<b>HEART PROBLEMS</b>	
MEDF_29	HEART CATHETERIZATION
MEDF_29D	HEART CATH DATE
MEDF_29P	HEART CATH PLACE
MEDF_30	EXERCISE TEST/TREADMILL
MEDF_30D	EXERCISE TEST DATE
MEDF_30P	EXERCISE TEST HOSPITAL/CLINIC
MEDF_31	CONGESTIVE HEART FAILURE
MEDF_31D	CONGESTIVE HEART FAILURE DATE
MEDF_31P	CONGESTIVE HEART FAILURE HOSPITAL/CLINIC
MEDF_32	STILL HAVE HEART FAILURE NOW
MEDF_33	HEART ATTACK
MEDF_33D	HEART ATTACK DATE
MEDF_33P	HEART ATTACK HOSPITAL/CLINIC
MEDF_34	ANY OTHER HEART TROUBLE
MEDF_34A	SPECIFY OTHER HEART TROUBLE
MEDF_34D	OTHER HEART TROUBLE DATE
MEDF_34P	OTHER HEART TROUBLE HOSPITAL/CLINIC
MEDF_35	STROKE
MEDF_35D	STROKE DATE
MEDF_35P	STROKE HOSPITAL/CLINIC
MEDF_36	HAVE YOU HAD CHEST SURGERY
MEDF_37	WAS IT HEART SURGERY
MEDF_38	BYPASS
MEDF_38D	BYPASS DATE
MEDF_38P	BYPASS HOSPITAL/CLINIC
MEDF_39	VALVULAR REPAIR/REPLACEMENT
MEDF_39D	VALVULAR REPAIR/REPLACE DATE

# Medical History Form

<b>VARIABLE</b>	<b>LABEL</b>
MEDF_39P	VALVULAR REPAIR/REPLACE HOSPITAL/CLINIC
MEDF_40	PACEMAKER
MEDF_40D	PACEMAKER DATE
MEDF_40P	PACEMAKER HOSPITAL/CLINIC
MEDF_41	OTHER HEART SURGERY
MEDF_41A	SPECIFY OTHER HEART SURGERY
MEDF_41D	OTHER HEART SURGERY DATE
MEDF_41P	OTHER HEART SURGERY HOSPITAL/CLINIC
<b>ACCESS TO MEDICAL CARE</b>	
MEDF_42A	IHS: RECEIVED CARE IN PAST 5 YEARS
MEDF_42B	IHS: MAIN SOURCE OF CARE
MEDF_42C	TRIBAL: RECEIVED CARE IN PAST 5 YEARS
MEDF_42D	TRIBAL: MAIN SOURCE OF CARE
MEDF_43A	PRIVATE FACILITY: RECEIVED CARE IN PAST 5 YEARS
MEDF_43B	PRIVATE FACILITY: MAIN SOURCE OF CARE
MEDF_44A	PRIVATE PRACTICE: RECEIVED CARE IN PAST 5 YEARS
MEDF_44B	PRIVATE PRACTICE: MAIN SOURCE OF CARE
MEDF_44C	TRADITIONAL HEALER: RECEIVED CARE IN PAST 5 YEARS
MEDF_44D	TRADITIONAL HEALER: MAIN SOURCE OF CARE
MEDF_45A	VA: RECEIVED CARE IN PAST 5 YEARS
MEDF_45B	VA: MAIN SOURCE OF CARE
MEDF_46A	HMO: RECEIVED CARE IN PAST 5 YEARS
MEDF_46B	HMO: MAIN SOURCE OF CARE
MEDF_47A	OTHER: RECEIVED CARE IN PAST 5 YEARS
MEDF_47L	OTHER: SPECIFY RECEIVED CARE IN PAST 5 YEARS
MEDF_47B	OTHER: MAIN SOURCE OF CARE
MEDF_48A	NOWHERE: RECEIVED CARE IN PAST 5 YEARS
MEDF_48B	NOWHERE: MAIN SOURCE OF CARE
MEDF_48C	WHERE RECEIVE MOST OF OUTPATIENT CARE
MEDF_49A	ADDITIONAL COVERAGE: NONE
MEDF_49B	ADDITIONAL COVERAGE: PRIVATE INSURANCE
MEDF_49C	ADDITIONAL COVERAGE: MEDICAID
MEDF_49D	ADDITIONAL COVERAGE: MEDICARE

# Medical History Form

<b>VARIABLE</b>	<b>LABEL</b>
MEDF_49E	ADDITIONAL COVERAGE: VA
MEDF_49G	ADDITIONAL COVERAGE: HMO
MEDF_49F	ADDITIONAL COVERAGE: OTHER
MEDF_49L	ADDITIONAL COVERAGE: OTHER (LIST)
MEDF_50	TRANSPORTATION TO HEALTH CARE
MEDF_51	COST OF TRANSPORTATION
MEDF_52	TRAVEL TIME TO HEALTH CARE
MEDF_53	HOW ARE APPOINTMENTS MADE
MEDF_57	HOW LONG WAIT TO BE SEEN
MEDF_54	CAN YOU WALK IN
MEDF_55	IF YES, HOW LONG TO BE SEEN
MEDF_56	IF NO, HOW LONG TO GET ANOTHER APPOINTMENT
MEDF_58	HOW MUCH DO YOU PAY FOR A VISIT

## ADMINISTRATIVE INFORMATION

MED_STAT	QUESTIONNAIRE COMPLETED
GENDER	GENDER OF PARTICIPANT
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

## Reproduction and Hormone Use (Women Only)

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
FAMID	SHS FAMILY ID NUMBER
REPF_1	NUMBER OF PREGNANCY (GRAVIDITY)
REPF_2	NUMBER OF LIVE BIRTHS (PARITY)
REPF_3	NUMBER OF LIVING CHILDREN
REPF_4	NUMBER OF LOST PREGNANCIES
REPF_5	USED BIRTH CONTROL PILLS
REPF_6	AGE STARTED TO USE BIRTH CONTROL PILLS
REPF_7	YEARS USED BIRTH CONTROL PILLS
REPF_8	STOPPED MENSTRUATING
REPF_9	STOPPED MENSTRUATING ONE YEAR AGO
REPF_10	MENOPAUSE NATURAL OR SURGICAL
REPF_11	REMOVED UTERUS
REPF_12	AGE AT MENOPAUSE
REPF_13	USED ESTROGEN
REPF_14	STILL TAKING ESTROGEN
REPF_15	STOP ESTROGEN: CAUSED BLEEDING
REPF_16	STOP ESTROGEN: MADE BREASTS TENDER
REPF_17	STOP ESTROGEN: MADE ME FEEL BLOATED
REPF_18	STOP ESTROGEN: MADE ME FUNNY
REPF_19	STOP ESTROGEN: DO NOT LIKE TAKING ANY MEDICATION
REPF_20	STOP ESTROGEN: TOO EXPENSIVE
REPF_21	STOP ESTROGEN: DOCTOR'S ADVICE
REPF_22	STOP ESTROGEN: LONG TERM SIDE EFFECTS
REPF_23	STOP ESTROGEN: OTHER
REPF_23A	STOP ESTROGEN: SPECIFY OTHER
REPF_24	ESTROGEN USE: POST SURGERY
REPF_25	ESTROGEN USE: RELIEF OF MENOPAUSE
REPF_26	ESTROGEN USE: PREVENT BONE LOSS
REPF_27	ESTROGEN USE: PROTECT HEART DISEASE
REPF_28	ESTROGEN USE: DOCTOR'S ADVICE
REPF_29	AGE STARTED ESTROGEN
REPF_30	YEARS USED ESTROGEN

## Reproduction and Hormone Use (Women Only)

<b>VARIABLE</b>	<b>LABEL</b>
<b>ADMINISTRATIVE INFORMATION</b>	
<b>REFP_STAT</b>	<b>QUESTIONNAIRE COMPLETED</b>
<b>INT_CODE</b>	<b>INTERVIEWER'S CODE</b>
<b>INT_DATE</b>	<b>INTERVIEW DATE</b>
<b>CENTER</b>	<b>SHS SITE</b>

## Rose Questionnaire for Angina and Intermittent Claudication

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
FAMID	SHS FAMILY ID
<b>CHEST PAIN ON EFFORT</b>	
ROSEF_1	PAIN/DISCOMFORT IN CHEST
ROSEF_2	CHEST PAIN WALKING UPHILL
ROSEF_3	CHEST PAIN WALKING ORDINARY
ROSEF_4	RESPONSE TO CHEST PAIN WHEN WALKING
ROSEF_5	CHEST PAIN STANDING STILL
ROSEF_6	TIME TO CHEST PAIN RELIEF
ROSEF_7A	CHEST PAIN: STERNUM (UPPER OR MIDDLE)
ROSEF_7B	CHEST PAIN: STERNUM (LOWER)
ROSEF_7C	CHEST PAIN: LEFT ANTERIOR CHEST
ROSEF_7D	CHEST PAIN: LEFT ARM
ROSEF_7E	CHEST PAIN: OTHER
ROSEF_8	OTHER CHEST PAIN LOCATION
ROSEF_8A	ADDITIONAL INFORMATION ABOUT CHEST PAIN
<b>POSSIBLE INFARCTION</b>	
ROSEF_9	FRONT CHEST PAIN $\geq$ 30 MIN
<b>INTERMITTENT CLAUDICATION</b>	
ROSEF_10	LEG PAIN WALKING
ROSEF_11	LEG PAIN WHEN STILL
ROSEF_12	LEG PAIN LOCATION
ROSEF_12A	LEG PAIN LOCATION, IF CALVES NOT MENTIONED, SPECIFY
ROSEF_13	LEG PAIN WALKING UPHILL
ROSEF_14	LEG PAIN WALKING ORDINARY
ROSEF_15	LEG PAIN RELIEVED WHEN WALKING
ROSEF_16	RESPONSE TO LEG PAIN WHEN WALKING
ROSEF_17	LEG PAIN STANDING STILL
ROSEF_18	TIME TO LEG PAIN RELIEF
<b>ADMINISTRATIVE INFORMATION</b>	
RSF_STAT	QUESTIONNAIRE COMPLETED
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# Respiratory Questions

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
FAMID	SHS FAMILY ID NUMBER
RESPF_1	USUALLY HAVE A COUGH
RESPF_2	COUGH 4-6 TIMES
RESPF_3	COUGH ON GETTING UP
RESPF_4	COUGH LIKE THIS FOR 3 CONSECUTIVE MONTHS
RESPF_5Y	HOW LONG (YEAR)
RESPF_5M	HOW LONG (MONTH)
RESPF_6	PHLEGM FROM THE CHEST WHEN YOU COUGH
RESPF_7	WHEEZY OR WHISTLING: HAVE A COLD
RESPF_8	WHEEZY OR WHISTLING: OCCASIONALLY APART FROM COLDS
RESPF_9	WHEEZY OR WHISTLING: MOST DAYS
RESPF_10	WHEEZY OR WHISTLING: MOST NIGHTS
RESPF_11	WHEEZY MADE YOU SHORT OF BREATH
RESPF_12	SHORTNESS OF BREATH WHEN HURRYING
RESPF_13	WALK SLOWER DUE TO BREATHLESSNESS
RESPF_14	STOP FOR BREATH WHEN WALKING
RESPF_15	STOP FOR BREATH AFTER WALKING 100 YARDS
RESPF_16	BREATHLESS TO LEAVE THE HOUSE OR AFTER DRESSING
RESPF_17	LUNG TROUBLE BEFORE AGE OF 16
RESPF_18	BEEN TOLD YOU SNORE
<b>ADMINISTRATIVE INFORMATION</b>	
RESPF_STAT	FORM COMPLETED
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# Physical Examination

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
FAMID	FAMILY ID
<b>TOBACCO, CAFFEINE, AND ALCOHOL USE</b>	
EXF_1	TOBACCO IN LAST 4 HOURS
EXF_2	LAST USE IN TOBACCO (HRS)
EXF_3	LAST USE IN TOBACCO (MIN)
EXF_4	HOW MANY ALCOHOLIC DRINKS PAST 24 HRS
EXF_5	PHYSICAL ACTIVITY PAST 24 HRS
EXF_6	CAFFEINE IN LAST 4 HRS
EXF_7	LAST USE IN CAFFEINE (HRS)
EXF_8	LAST USE IN CAFFEINE (MIN)
<b>EXAMINATION OF EXTREMITIES FOR AMPUTATIONS</b>	
EXF_9	EXTREMITIES MISSING
EXF_10	RIGHT ARM: MISSING
EXF_11	RIGHT ARM: CAUSE
EXF_11A	RIGHT ARM: OTHER CAUSE
EXF_12	RIGHT HAND: MISSING
EXF_13	RIGHT HAND: CAUSE
EXF_13A	RIGHT HAND: OTHER CAUSE
EXF_14	RIGHT FINGER(S): MISSING
EXF_15	RIGHT FINGER(S): HOW MANY
EXF_16	RIGHT FINGER(S): CAUSE
EXF_16A	RIGHT FINGER(S): OTHER CAUSE
EXF_17	LEFT ARM: MISSING
EXF_18	LEFT ARM: CAUSE
EXF_18A	LEFT ARM: OTHER CAUSE
EXF_19	LEFT HAND: MISSING
EXF_20	LEFT HAND: CAUSE
EXF_20A	LEFT HAND: OTHER CAUSE
EXF_21	LEFT FINGER(S): MISSING
EXF_22	LEFT FINGER(S): HOW MANY
EXF_23	LEFT FINGER(S): CAUSE
EXF_23A	LEFT FINGER(S): OTHER CAUSE

# Physical Examination

<b>VARIABLE</b>	<b>LABEL</b>
EXF_24	RIGHT LEG ABOVE KNEE: MISSING
EXF_25	RIGHT LEG ABOVE KNEE: CAUSE
EXF_25A	RIGHT LEG ABOVE KNEE: OTHER CAUSE
EXF_26	RIGHT LEG BELOW KNEE: MISSING
EXF_27	RIGHT LEG BELOW KNEE: CAUSE
EXF_27A	RIGHT LEG BELOW KNEE: OTHER CAUSE
EXF_28	RIGHT FOOT: MISSING
EXF_29	RIGHT FOOT: CAUSE
EXF_29A	RIGHT FOOT: OTHER CAUSE
EXF_30	RIGHT TOE(S): MISSING
EXF_31	RIGHT TOE(S): HOW MANY
EXF_32	RIGHT TOE(S): CAUSE
EXF_32A	RIGHT TOE(S): OTHER CAUSE
EXF_33	LEFT LEG ABOVE KNEE: MISSING
EXF_34	LEFT LEG ABOVE KNEE: CAUSE
EXF_34A	LEFT LEG ABOVE KNEE: OTHER CAUSE
EXF_35	LEFT LEG BELOW KNEE: MISSING
EXF_36	LEFT LEG BELOW KNEE: CAUSE
EXF_36A	LEFT LEG BELOW KNEE: OTHER CAUSE
EXF_37	LEFT FOOT: MISSING
EXF_38	LEFT FOOT: CAUSE
EXF_38A	LEFT FOOT: OTHER CAUSE
EXF_39	LEFT TOE(S): MISSING
EXF_40	LEFT TOE(S): HOW MANY
EXF_41	LEFT TOE(S): CAUSE
EXF_41A	LEFT TOE(S): OTHER CAUSE
<b>BLOOD PRESSURE</b>	
EXF_42	RIGHT ARM CIRCUMFERENCE (CM)
EXF_43	CUFF SIZE
EXF_44	PULSE OBLITERATION PRESSURE
EXF_45	SYSTOLIC: 1ST BP
EXF_46	DIASTOLIC: 1ST BP
EXF_47	SYSTOLIC: 2ND BP

# Physical Examination

<b>VARIABLE</b>	<b>LABEL</b>
EXF_48	DIASTOLIC: 2ND BP
EXF_49	SYSTOLIC: 3RD BP
EXF_50	DIASTOLIC: 3RD BP
EXF_51	BP NOT FROM RIGHT ARM
EXF_51A	BP NOT FROM RIGHT ARM SPECIFY
EXF_52	RECORDER ID FOR BP MEASUREMENT
<b>GIRTH MEASUREMENTS</b>	
EXF_53	HEIGHT STANDING (CM)
EXF_54	HEIGHT STANDING (IN)
EXF_55	WEIGHT (KG)
EXF_56	WEIGHT (LB)
EXF_57	HIP CIRCUMFERENCE STANDING (CM)
EXF_58	HIP CIRCUMFERENCE STANDING (IN)
EXF_59	WAIST SUPINE (CM)
EXF_60	WAIST SUPINE (IN)
<b>PEDAL PULSES AND EDEMA</b>	
EXF_61	RIGHT POSTERIOR TIBIAL PULSE
EXF_62	RIGHT DORSALIS PEDIS PULSE
EXF_63	LEFT POSTERIOR TIBIAL PULSE
EXF_64	LEFT DORSALIS PEDIS PULSE
EXF_65	PEDAL EDEMA
<b>IMPEDANCE MEASUREMENT</b>	
EXF_70	IMPEDANCE TAKEN
EXF_70A	IMPEDANCE NOT TAKEN REASON
EXF_68	IMPEDANCE TAKEN ON RIGHT SIDE
EXF_69	IMPEDANCE TAKEN ON LEFT SIDE REASON
EXF_66	RESISTANCE
EXF_67	REACTANCE
<b>DOPPLER BLOOD PRESSURE</b>	
EXF_71	RIGHT ARM: 1ST DOPPLER BP
EXF_72	RIGHT ANKLE: 1ST DOPPLER BP
EXF_73	LEFT ANKLE: 1ST DOPPLER BP
EXF_74	RIGHT ARM: 2ND DOPPLER BP

# Physical Examination

<b>VARIABLE</b>	<b>LABEL</b>
EXF_75	RIGHT ANKLE: 2ND DOPPLER BP
EXF_76	LEFT ANKLE: 2ND DOPPLER BP
EXF_77	RIGHT ANKLE DOPPLER LOCATION
EXF_78	LEFT ANKLE DOPPLER LOCATION
EXF_84	ECG PERFORMED
<b>BREATH CO</b>	
EXF_85	BREATH CO DONE
EXF_79	AMBIENT CO
EXF_80	CO [PPM]: 1ST
EXF_81	CO [PPM]: 2ND
EXF_82	CO [PPM]: 3RD
EXF_83	CO [PPM]: 4TH
<b>ADMINISTRATIVE INFORMATION</b>	
EXF_STAT	QUESTIONNAIRE COMPLETED
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# Diabetic Foot Screen

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
FAMID	SHS FAMILY ID NUMBER
FOOTF_1A	RIGHT FOOT ULCER
FOOTF_1B	LEFT FOOT ULCER
FOOTF_2	HISTORY OF FOOT ULCER
FOOTF_3	FOOT NUMB
FOOTF_4A	RT. TOP
FOOTF_4B	RT. LARGE TOE
FOOTF_4C	RT. MIDDLE TOE
FOOTF_4D	RT. SMALL TOE
FOOTF_4E	RT. SOLE FRONT
FOOTF_4F	RT. SOLE RIGHT
FOOTF_4G	RT. SOLE LEFT
FOOTF_4H	RT. SOLE BACK RIGHT
FOOTF_4I	RT. SOLE BACK LEFT
FOOTF_4J	RT. HEEL
FOOTF_5	UNABLE TO MEASURE DUE TO MEDICAL REASONS
FOOTF_6	MEASURE ON LEFT FOOT
FOOTF_6A	REASON FOR MEASURE ON LEFT FOOT
FOOTF_7A	NUMBER OF POSITIVE ANSWERS
FOOTF_7B	NUMBER OF SITES TESTED
<b>ADMINISTRATIVE INFORMATION</b>	
FTF_STAT	WHETHER PARTICIPANT COMPLETE THE FORM
INT_CODE	EXAMED BY
INT_DATE	EXAM DATE
CENTER	SHS SITE

## Quality of Life (SF-36)

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
FAMID	FAMILY ID NUMBER
QUAF_0	WHO ADMINISTERED QUESTIONNAIRE
QUAF_1	HEALTH IN GENERAL
QUAF_2	HEALTH NOW COMPARED TO ONE YEAR AGO
QUAF_3	VIGOROUS ACTIVITIES
QUAF_4	MODERATE ACTIVITIES
QUAF_5	LIFTING OR CARRYING
QUAF_6	CLIMBING SEVERAL STAIRS
QUAF_7	CLIMBING ONE FLIGHT
QUAF_8	BENDING, KNEELING, STOOPING
QUAF_9	WALKING MORE THAN 1 MILE
QUAF_10	WALKING SEVERAL BLOCKS
QUAF_11	WALKING ONE BLOCK
QUAF_12	BATHING OR DRESSING YOURSELF
QUAF_13	CUT DOWN ON WORK OR ACTIVITIES DUE TO PHYSICAL HEALTH
QUAF_14	ACCOMPLISH LESS DUE TO PHYSICAL HEALTH
QUAF_15	LIMITED IN TYPE OF WORK DUE TO PHYSICAL HEALTH
QUAF_16	DIFFICULTY PERFORMING WORK OR ACTIVITIES DUE TO PHYSICAL HEALTH
QUAF_17	CUT DOWN ON WORK OR ACTIVITIES DUE TO EMOTIONAL PROBLEMS
QUAF_18	ACCOMPLISH LESS DUE TO EMOTIONAL PROBLEMS
QUAF_19	DIDN'T DO WORK OR ACTIVITIES CAREFULLY DUE TO EMOTIONAL PROBLEMS
QUAF_20	HEALTH INTERFERED WITH ACTIVITIES WITH FAMILY/FRIENDS
QUAF_21	BODILY PAIN DURING PAST 4 WEEKS
QUAF_22	PAIN INTERFERE WITH NORMAL WORK
QUAF_23	FULL OF PEP
QUAF_24	BEEN NERVOUS
QUAF_25	FELT DOWN IN THE DUMPS
QUAF_26	FELT CALM AND PEACEFUL
QUAF_27	HAD A LOT OF ENERGY
QUAF_28	FEEL DOWNHEARTED AND BLUE

## Quality of Life (SF-36)

<b>VARIABLE</b>	<b>LABEL</b>
QUAF_29	FEEL WORN OUT
QUAF_30	BEEN A HAPPY PERSON
QUAF_31	FEEL TIRED
QUAF_32	PHYSICAL HEALTH & EMOTIONAL PROBLEMS INTERFERE WITH SOCIAL ACTIVITY
QUAF_33	GET SICKER THAN OTHER PEOPLE
QUAF_34	AS HEALTHY AS ANYBODY I KNOW
QUAF_35	EXPECT MY HEALTH TO GET WORSE
QUAF_36	HEALTH IS EXCELLENT

### ADMINISTRATIVE INFORMATION

QUAF_37	LANGUAGE THE INTERVIEW CONDUCTED
QUAF_37A	LANGUAGE THE INTERVIEW CONDUCTED, SPECIF
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# Gambling Questionnaire

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
FAMID	SHS FAMILY ID NUMBER
GAMF_1	WORK AT A CASINO/BINGO PARLOR
GAMF_2A	GAMBLING EFFECTS: TRIBAL GOVERNMENT
GAMF_2B	GAMBLING EFFECTS: TRIBAL PEOPLE
GAMF_2C	GAMBLING EFFECTS: YOU PERSONALLY
GAMF_3	SLOT MACHINES
GAMF_4	FREQUENCY OF PLAYING SLOT MACHINES
GAMF_5	LOTTERY
GAMF_6	FREQUENCY OF PLAYING LOTTERY
GAMF_7	BINGO
GAMF_8	FREQUENCY OF PLAYING BINGO
GAMF_9	CARD GAMES
GAMF_10	FREQUENCY OF PLAYING CARD GAMES
GAMF_11	OTHER GAMBLING
GAMF_11A	OTHER GAMBLING, SPECIFY
GAMF_12	FREQUENCY OF OTHER GAMBLING
GAMF_13	LOST MORE THAN WON IN THE PAST YEAR
GAMF_14	ATTEMPTS TO STOP GAMBLING IN THE PAST YEAR
GAMF_15	SUCCESSFUL OF STOPPING GAMBLING
GAMF_16	NEED TO BORROW MONEY TO PAY BASIC LIVING
GAMF_17	ALCOHOL DRINKING DURING GAMBLING DAY
GAMF_18	LARGEST AMOUNT BEEN WAGERED IN THE PAST
<b>ADMINISTRATIVE INFORMATION</b>	
GAMF_STAT	WHETHER PARTICIPANT COMPLETE THE FORM
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

## Risk Factor Knowledge Questions

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
FAMID	SHS FAMILY ID NUMBER
RISK_STAT	STATUS QUESTION
RISK_2	CIGARETTE SMOKING
RISK_3	HIGH CHOLESTEROL
RISK_4	HIGH BLOOD PRESSURE
RISK_5	DIABETES
RISK_6	WORRY, ANXIETY, OR STRESS
RISK_7	BEING VERY OVERWEIGHT
RISK_8	EATING A DIET HIGH IN ANIMAL FAT
RISK_9	FAMILY HISTORY OF HEART DISEASE
RISK_10	NOT EXERCISE REGULARLY
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# Cultural Factors Questionnaire

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
FAMID	SHS FAMILY ID
CULF_1	HOW THE QUESTIONNAIRE ADMINISTERED
<b>TRADITIONAL VALUES/CULTURE</b>	
CULF_2	SPEAK NATIVE LANGUAGE
CULF_3	FREQUENCY OF SPEAKING NATIVE LANGUAGE
CULF_4	IDENTIFY WITH NATIVE CULTURE
CULF_5	IDENTIFY WITH NON-INDIAN CULTURE
CULF_6	COMFORTABLE WITH NATIVE CULTURE
CULF_7	COMFORTABLE WITH NON-INDIAN CULTURE
<b>ADMINISTRATIVE QUESTIONS</b>	
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

## Nutritional Data

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID
S3DATE	SHS3 DIETARY RECORD DATE
S3KCAL	SHS3 DIETARY ENERGY (kcal)
S3TOTALFAT	SHS3 DIETARY TOTAL FAT (gm)
S3CARB	SHS3 DIETARY TOTAL CARBOHYDRATE (gm)
S3PROTEIN	SHS3 DIETARY PROTEIN (gm)
S3ANIMPROT	SHS3 DIETARY ANIMAL PROTEIN (gm)
S3VEGPROT	SHS3 DIETARY VEGETABLE PROTEIN (gm)
S3ALCOHOL	SHS3 DIETARY ALCOHOL (gm)
S3CHOLEST	SHS3 DIETARY CHOLESTEROL (gm)
S3TSFA	SHS3 TOTAL SATURATED FATTY ACID (SFA) (gm)
S3FRUCTOSE	SHS3 DIETARY FRUCTOSE (gm)
S3GALACTOSE	SHS3 DIETARY GALACTOSE (gm)
S3GLUCOSE	SHS3 DIETARY GLUCOSE (gm)
S3LACTOSE	SHS3 DIETARY LACTOSE (gm)
S3SUCROSE	SHS3 DIETARY SUCROSE (gm)
S3STARCH	SHS3 DIETARY STARCH (gm)
S3FIBER	SHS3 TOTAL DIETARY FIBER (gm)
S3SOLUFIB	SHS3 WATER SOLUBLE DIETARY FIBER (gm)
S3INSFIBER	SHS3 INSOLUBLE DIETARY FIBER (gm)
S3PECTINS	SHS3 DIETARY PECTINS (gm)
S3VITAA	SHS3 DIETARY TOTAL VITAMIN A (mcg RE)
S3RETINOL	SHS3 DIETARY RETINOL (mcg)
S3VITAD	SHS3 DIETARY VITAMIN D (mcg)
S3VITAE	SHS3 TOTAL VITAMIN E ACTIVITY (mg)
S3ALPHATOC	SHS3 DIETARY ALPHA-TOCOPHEROL (mg)
S3BETATOC	SHS3 DIETARY BETA-TOCOPHEROL (mg)
S3GAMMATOC	SHS3 DIETARY GAMMA-TOCOPHEROL (mg)
S3DELTATOC	SHS3 DIETARY DELTA-TOCOPHEROL (mg)
S3VITAC	SHS3 DIETARY VITAMIN C (mg)
S3THIAMIN	SHS3 DIETARY THIAMIN (mg)
S3RIBOFLAV	SHS3 DIETARY RIBOFLAVIN (mg)
S3NIACIN	SHS3 DIETARY NIACIN (mg)

## Nutritional Data

<b>VARIABLE</b>	<b>LABEL</b>
S3PANTOTHE	SHS3 DIETARY PANTOTHENIC ACID (mg)
S3B6	SHS3 DIETARY VITAMIN B6 (mg)
S3FOL	SHS3 DIETARY FOLACIN (mcg)
S3B12	SHS3 DIETARY VITAMIN B12 (mcg)
S3CALCIUM	SHS3 DIETARY CALCIUM (mg)
S3PHOSPH	SHS3 DIETARY PHOSPHOROUS (mg)
S3MAGNESIUM	SHS3 DIETARY MAGNESIUM (mg)
S3IRON	SHS3 DIETARY IRON (mg)
S3ZINC	SHS3 DIETARY ZINC (mg)
S3COPPER	SHS3 DIETARY COPPER (mg)
S3SELENIUM	SHS3 DIETARY SELENIUM (mcg)
S3SODIUM	SHS3 DIETARY SODIUM (mg)
S3POTASSIUM	SHS3 DIETARY POTASSIUM (mg)
S3SFA4	SHS3 DIETARY SFA - BUTYRIC ACID (gm)
S3SFA6	SHS3 DIETARY SFA - CAPROIC ACID (gm)
S3SFA8	SHS3 DIETARY SFA - CAPRYLIC ACID (gm)
S3SFA10	SHS3 DIETARY SFA - CAPRIC ACID (gm)
S3SFA12	SHS3 DIETARY SFA - LAURIC ACID (gm)
S3SFA14	SHS3 DIETARY SFA - MYRISTIC ACID (gm)
S3SFA16	SHS3 DIETARY SFA - PALMITIC ACID (gm)
S3SFA17	SHS3 DIETARY SFA - MARGARIC ACID (gm)
S3SFA18	SHS3 DIETARY SFA - STEARIC ACID (gm)
S3SFA20	SHS3 DIETARY SFA - ARACHIDIC ACID (gm)
S3SFA22	SHS3 DIETARY SFA - BEHENIC ACID (gm)
S3MFA141	SHS3 DIETARY MUFA - MYRISTOLEIC ACID (gm)
S3MFA161	SHS3 DIETARY MUFA - PALMITOLEIC ACID (gm)
S3MFA181	SHS3 DIETARY MUFA - OLEIC ACID (gm)
S3MFA201	SHS3 DIETARY MUFA - GADOLEIC ACID (gm)
S3MFA221	SHS3 DIETARY MUFA - ERUCIC ACID (gm)
S3PFA182	SHS3 PUFA - LINOLEIC ACID (gm)
S3PFA183	SHS3 PUFA - LINOLENIC ACID (w-3) (gm)
S3PFA184	SHS3 PUFA - PARINARIC ACID (w-3) (gm)
S3PFA204	SHS3 PUFA - ARACHIDONIC ACID (gm)

## Nutritional Data

<b>VARIABLE</b>	<b>LABEL</b>
S3PFA205	SHS3 PUFA - EICOSAPENTAENOIC ACID(w-3)(gm)
S3PFA225	SHS3 PUFA - DOCOSAPENTAENOIC ACID(w-3)(gm)
S3PFA226	SHS3 PUFA - DOCOSAHEXAENOIC ACID(w-3)(gm)
S3PFA_SFA	SHS3 TOTAL PUFA TO TOTAL SFA RATIO
S3CHOL_SFA	SHS3 CHOLESTEROL TO SFA INDEX
S3TRYPTOPH	SHS3 DIETARY TRYPTOPHAN (gm)
S3THREONINE	SHS3 DIETARY THREONINE (gm)
S3ISOLEUCINE	SHS3 DIETARY ISOLEUCINE (gm)
S3LEUCINE	SHS3 DIETARY LEUCINE (gm)
S3LYSINE	SHS3 DIETARY LYSINE (gm)
S3METHIONINE	SHS3 DIETARY METHIONINE (gm)
S3CYSTINE	SHS3 DIETARY CYSTINE (gm)
S3PHENYLA	SHS3 DIETARY PHENYLALANINE (gm)
S3TYROSINE	SHS3 DIETARY TYROSINE (gm)
S3VALINE	SHS3 DIETARY VALINE (gm)
S3ARGININE	SHS3 DIETARY ARGININE (gm)
S3HISTIDINE	SHS3 DIETARY HISTIDINE (gm)
S3ALANINE	SHS3 DIETARY ALANINE (gm)
S3ASPARTIC	SHS3 DIETARY ASPARTIC ACID (gm)
S3GLUTAMIC	SHS3 DIETARY GLUTAMMIC ACID (gm)
S3GLYCINE	SHS3 DIETARY GLYCINE (gm)
S3PROLINE	SHS3 DIETARY PROLINE (gm)
S3SERINE	SHS3 DIETARY SERINE (gm)
S3ASPARTAME	SHS3 DIETARY ASPARTAME (mg)
S3SACCHARIN	SHS3 DIETARY SACCHARIN (mg)
S3CAFFEINE	SHS3 DIETARY CAFFEINE (mg)
S3ASH	SHS3 DIETARY ASH (gm)
S3WATER	SHS3 DIETARY WATER (gm)
S3PFAT	SHS3 DIETARY % CALORIES FROM FAT
S3PCARB	SHS3 DIETARY % CALORIES FROM CARBOHYDRATES
S3PPROT	SHS3 DIETARY % CALORIES FROM PROTEIN
S3PALCOHOL	SHS3 DIETARY % CALORIES FROM ALCOHOL
S3PSFA	SHS3 DIETARY % CALORIES FROM SFA

# Nutritional Data

<b>VARIABLE</b>	<b>LABEL</b>
S3PMFA	SHS3 DIETARY % CALORIES FROM MUFA
S3PPFA	SHS3 DIETARY % CALORIES FROM PUFA
CENTER	SHS Site

# Modifiable Activity Questionnaire I

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
FAMID	SHS FAMILY ID NUMBER
ACTF_1	JOGGING
ACTF_2	SWIMMING
ACTF_3	BICYCLING
ACTF_4	SOFTBALL
ACTF_5	CANOEING
ACTF_6	SNOW SKIING
ACTF_7	WEIGHT TRAINING
ACTF_8	SKATING
ACTF_9	MARITAL ARTS
ACTF_10	CALISTHENICS
ACTF_11	CHOPPING WOOD
ACTF_12	WALKING FOR EXERCISE
ACTF_13	FOOTBALL
ACTF_14	RACQUETBALL
ACTF_15	HORSEBACK RIDING
ACTF_16	HUNTING
ACTF_17	FISHING
ACTF_18	AEROBICS
ACTF_19	WATER AEROBICS
ACTF_20	DANCING (INDIAN)
ACTF_21	DANCING (SQUARE, LINE, BALLROOM)
ACTF_22	GARDENING
ACTF_23	BADMINTON
ACTF_24	WATERHAULING
ACTF_25	STAIR MASTER
ACTF_26	HIKING
ACTF_27	TENNIS
ACTF_28	GOLF
ACTF_29	VOLLEYBALL
ACTF_30	JUMP ROPE
ACTF_31	BOWLING

# Modifiable Activity Questionnaire I

<b>VARIABLE</b>	<b>LABEL</b>
ACTF_32	SNOWSHOEING
ACTF_33	YOGA
ACTF_34	RODEO
ACTF_35	ROCK CLIMBING
ACTF_36	BASKETBALL
ACTF_37	ACTIVITY #1
ACTF_38	ACTIVITY #1 - JAN
ACTF_39	ACTIVITY #1 - FEB
ACTF_40	ACTIVITY #1 - MAR
ACTF_41	ACTIVITY #1 - APR
ACTF_42	ACTIVITY #1 - MAY
ACTF_43	ACTIVITY #1 - JUN
ACTF_44	ACTIVITY #1 - JUL
ACTF_45	ACTIVITY #1 - AUG
ACTF_46	ACTIVITY #1 - SEP
ACTF_47	ACTIVITY #1 - OCT
ACTF_48	ACTIVITY #1 - NOV
ACTF_49	ACTIVITY #1 - DEC
ACTF_50	AVG TIMES/MONTH #1
ACTF_51	AVG TIME (IN MINUTES) #1
ACTF_52	ACTIVITY #2
ACTF_53	ACTIVITY #2 - JAN
ACTF_54	ACTIVITY #2 - FEB
ACTF_55	ACTIVITY #2 - MAR
ACTF_56	ACTIVITY #2 - APR
ACTF_57	ACTIVITY #2 - MAY
ACTF_58	ACTIVITY #2 - JUN
ACTF_59	ACTIVITY #2 - JUL
ACTF_60	ACTIVITY #2 - AUG
ACTF_61	ACTIVITY #2 - SEP
ACTF_62	ACTIVITY #2 - OCT
ACTF_63	ACTIVITY #2 - NOV
ACTF_64	ACTIVITY #2 - DEC

# Modifiable Activity Questionnaire I

<b>VARIABLE</b>	<b>LABEL</b>
ACTF_65	AVG TIMES/MONTH #2
ACTF_66	AVG TIME (IN MINUTES) #2
ACTF_67	ACTIVITY #3
ACTF_68	ACTIVITY #3 - JAN
ACTF_69	ACTIVITY #3 - FEB
ACTF_70	ACTIVITY #3 - MAR
ACTF_71	ACTIVITY #3 - APR
ACTF_72	ACTIVITY #3 - MAY
ACTF_73	ACTIVITY #3 - JUN
ACTF_74	ACTIVITY #3 - JUL
ACTF_75	ACTIVITY #3 - AUG
ACTF_76	ACTIVITY #3 - SEP
ACTF_77	ACTIVITY #3 - OCT
ACTF_78	ACTIVITY #3 - NOV
ACTF_79	ACTIVITY #3 - DEC
ACTF_80	AVG TIMES/MONTH #3
ACTF_81	AVG TIME (IN MINUTES) #3
ACTF_82	ACTIVITY #4
ACTF_83	ACTIVITY #4 - JAN
ACTF_84	ACTIVITY #4 - FEB
ACTF_85	ACTIVITY #4 - MAR
ACTF_86	ACTIVITY #4 - APR
ACTF_87	ACTIVITY #4 - MAY
ACTF_88	ACTIVITY #4 - JUN
ACTF_89	ACTIVITY #4 - JUL
ACTF_90	ACTIVITY #4 - AUG
ACTF_91	ACTIVITY #4 - SEP
ACTF_92	ACTIVITY #4 - OCT
ACTF_93	ACTIVITY #4 - NOV
ACTF_94	ACTIVITY #4 - DEC
ACTF_95	AVG TIMES/MONTH #4
ACTF_96	AVG TIME (IN MINUTES) #4
ACTF_97	ACTIVITY #5

# Modifiable Activity Questionnaire I

<b>VARIABLE</b>	<b>LABEL</b>
ACTF_98	ACTIVITY #5 - JAN
ACTF_99	ACTIVITY #5 - FEB
ACTF_100	ACTIVITY #5 - MAR
ACTF_101	ACTIVITY #5 - APR
ACTF_102	ACTIVITY #5 - MAY
ACTF_103	ACTIVITY #5 - JUN
ACTF_104	ACTIVITY #5 - JUL
ACTF_105	ACTIVITY #5 - AUG
ACTF_106	ACTIVITY #5 - SEP
ACTF_107	ACTIVITY #5 - OCT
ACTF_108	ACTIVITY #5 - NOV
ACTF_109	ACTIVITY #5 - DEC
ACTF_110	AVG TIMES/MONTH #5
ACTF_111	AVG TIME (IN MINUTES) #5
ACTF_112	ACTIVITY #6
ACTF_113	ACTIVITY #6 - JAN
ACTF_114	ACTIVITY #6 - FEB
ACTF_115	ACTIVITY #6 - MAR
ACTF_116	ACTIVITY #6 - APR
ACTF_117	ACTIVITY #6 - MAY
ACTF_118	ACTIVITY #6 - JUN
ACTF_119	ACTIVITY #6 - JUL
ACTF_120	ACTIVITY #6 - AUG
ACTF_121	ACTIVITY #6 - SEP
ACTF_122	ACTIVITY #6 - OCT
ACTF_123	ACTIVITY #6 - NOV
ACTF_124	ACTIVITY #6 - DEC
ACTF_125	AVG TIMES/MONTH #6
ACTF_126	AVG TIME (IN MINUTES) #6
ACTF_127	ACTIVITY #7
ACTF_128	ACTIVITY #7 - JAN
ACTF_129	ACTIVITY #7 - FEB
ACTF_130	ACTIVITY #7 - MAR

# Modifiable Activity Questionnaire I

<b>VARIABLE</b>	<b>LABEL</b>
ACTF_131	ACTIVITY #7 - APR
ACTF_132	ACTIVITY #7 - MAY
ACTF_133	ACTIVITY #7 - JUN
ACTF_134	ACTIVITY #7 - JUL
ACTF_135	ACTIVITY #7 - AUG
ACTF_136	ACTIVITY #7 - SEP
ACTF_137	ACTIVITY #7 - OCT
ACTF_138	ACTIVITY #7 - NOV
ACTF_139	ACTIVITY #7 - DEC
ACTF_140	AVG TIMES/MONTH #7
ACTF_141	AVG TIME (IN MINUTES) #7
ACTF_142	ACTIVITY #8
ACTF_143	ACTIVITY #8 - JAN
ACTF_144	ACTIVITY #8 - FEB
ACTF_145	ACTIVITY #8 - MAR
ACTF_146	ACTIVITY #8 - APR
ACTF_147	ACTIVITY #8 - MAY
ACTF_148	ACTIVITY #8 - JUN
ACTF_149	ACTIVITY #8 - JUL
ACTF_150	ACTIVITY #8 - AUG
ACTF_151	ACTIVITY #8 - SEP
ACTF_152	ACTIVITY #8 - OCT
ACTF_153	ACTIVITY #8 - NOV
ACTF_154	ACTIVITY #8 - DEC
ACTF_155	AVG TIMES/MONTH #8
ACTF_156	AVG TIME (IN MINUTES) #8
ACTF_157	ACTIVITY #9
ACTF_158	ACTIVITY #9 - JAN
ACTF_159	ACTIVITY #9 - FEB
ACTF_160	ACTIVITY #9 - MAR
ACTF_161	ACTIVITY #9 - APR
ACTF_162	ACTIVITY #9 - MAY
ACTF_163	ACTIVITY #9 - JUN

# Modifiable Activity Questionnaire I

<b>VARIABLE</b>	<b>LABEL</b>
ACTF_164	ACTIVITY #9 - JUL
ACTF_165	ACTIVITY #9 - AUG
ACTF_166	ACTIVITY #9 - SEP
ACTF_167	ACTIVITY #9 - OCT
ACTF_168	ACTIVITY #9 - NOV
ACTF_169	ACTIVITY #9 - DEC
ACTF_170	AVG TIMES/MONTH #9
ACTF_171	AVG TIME (IN MINUTES) #9
ACTF_172	ACTIVITY #10
ACTF_173	ACTIVITY #10 - JAN
ACTF_174	ACTIVITY #10 - FEB
ACTF_175	ACTIVITY #10 - MAR
ACTF_176	ACTIVITY #10 - APR
ACTF_177	ACTIVITY #10 - MAY
ACTF_178	ACTIVITY #10 - JUN
ACTF_179	ACTIVITY #10 - JUL
ACTF_180	ACTIVITY #10 - AUG
ACTF_181	ACTIVITY #10 - SEP
ACTF_182	ACTIVITY #10 - OCT
ACTF_183	ACTIVITY #10 - NOV
ACTF_184	ACTIVITY #10 - DEC
ACTF_185	AVG TIMES/MONTH #10
ACTF_186	AVG TIME (IN MINUTES) #10
ACTF_187	HOURS OF TV/DAY
ACTF_188	CONFINED TO CHAIR/BED > 1 WEEK
ACTF_189	IF YES, # WEEKS
ACTF_190	DIFFICULTY - BED/CHAIR
ACTF_191	DIFFICULTY - WALKING SHORT DISTANCES
ACTF_192	DIFFICULTY - WALKING 10 MIN
ACTF_193	COMPETITIVE SPORTS?
ACTF_194	IF YES, HOW MANY YEARS?
<b>ADMINISTRATIVE INFORMATION</b>	
ACT_STAT	STATUS OF ACTIVITY FORM

# Modifiable Activity Questionnaire I

<b>VARIABLE</b>	<b>LABEL</b>
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

## Modifiable Activity Questionnaire II

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
FAMID	SHS FAMILY ID NUMBER
ACTF_225	JOB NAME #1
ACTF_226	JOB CODE #1
ACTF_227	MIN/DAY #1
ACTF_228	MOS/YR #1
ACTF_229	DAYS/WK #1
ACTF_230	HOURS/DAY #1
ACTF_231	HOURS/DAY - SITTING #1
ACTF_232	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #1
ACTF_233	JOB NAME #2
ACTF_234	JOB CODE #2
ACTF_235	MIN/DAY #2
ACTF_236	MOS/YR #2
ACTF_237	DAYS/WK #2
ACTF_238	HOURS/DAY #2
ACTF_239	HOURS/DAY - SITTING #2
ACTF_240	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #2
ACTF_241	JOB NAME #3
ACTF_242	JOB CODE #3
ACTF_243	MIN/DAY #3
ACTF_244	MOS/YR #3
ACTF_245	DAYS/WK #3
ACTF_246	HOURS/DAY #3
ACTF_247	HOURS/DAY - SITTING #3
ACTF_248	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #3
ACTF_249	JOB NAME #4
ACTF_250	JOB CODE #4
ACTF_251	MIN/DAY #4
ACTF_252	MOS/YR #4
ACTF_253	DAYS/WK #4
ACTF_254	HOURS/DAY #4
ACTF_255	HOURS/DAY - SITTING #4

## Modifiable Activity Questionnaire II

<b>VARIABLE</b>	<b>LABEL</b>
ACTF_256	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #4
ACTF_257	JOB NAME #5
ACTF_258	JOB CODE #5
ACTF_259	MIN/DAY #5
ACTF_260	MOS/YR #5
ACTF_261	DAYS/WK #5
ACTF_262	HOURS/DAY #5
ACTF_263	HOURS/DAY - SITTING #5
ACTF_264	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #5
ACTF_265	JOB NAME #6
ACTF_266	JOB CODE #6
ACTF_267	MIN/DAY #6
ACTF_268	MOS/YR #6
ACTF_269	DAYS/WK #6
ACTF_270	HOURS/DAY #6
ACTF_271	HOURS/DAY - SITTING #6
ACTF_272	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #6
ACTF_273	JOB NAME #7
ACTF_274	JOB CODE #7
ACTF_275	MIN/DAY #7
ACTF_276	MOS/YR #7
ACTF_277	DAYS/WK #7
ACTF_278	HOURS/DAY #7
ACTF_279	HOURS/DAY - SITTING #7
ACTF_280	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #7
ACTF_281	JOB NAME #8
ACTF_282	JOB CODE #8
ACTF_283	MIN/DAY #8
ACTF_284	MOS/YR #8
ACTF_285	DAYS/WK #8
ACTF_286	HOURS/DAY #8
ACTF_287	HOURS/DAY - SITTING #8
ACTF_288	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #8

## Modifiable Activity Questionnaire II

<b>VARIABLE</b>	<b>LABEL</b>
ACTF_289	JOB NAME #9
ACTF_290	JOB CODE #9
ACTF_291	MIN/DAY #9
ACTF_292	MOS/YR #9
ACTF_293	DAYS/WK #9
ACTF_294	HOURS/DAY #9
ACTF_295	HOURS/DAY - SITTING #9
ACTF_296	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #9
ACTF_297	JOB NAME #10
ACTF_298	JOB CODE #10
ACTF_299	MIN/DAY #10
ACTF_300	MOS/YR #10
ACTF_301	DAYS/WK #10
ACTF_302	HOURS/DAY #10
ACTF_303	HOURS/DAY - SITTING #10
ACTF_304	LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #10
CENTER	SHS SITE

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
ID	ID NUMBER
DATETIME	DATE/TIME
HR3	HEART RATE
PR3	PR INTERVAL
QRS3	QRS DURATION
QTC3	QTC INTERVAL
PAX3	P AXIS
QRSAX3	QRS AXIS
QT3	QT INTERVAL
TAX3	T WAVE AXIS
PDUR3	P DURATION
PCA23	PCA RATIO (PRINCIPLE COMPONENT RATIO)
QTE_GLO3	Q TO T-END INTERVAL GLOBAL (ALL 12 LEADS)
QTE_PRE3	Q TO T-END INTERVAL PRECORDIAL LEADS (V LEADS)
QTP_GLO3	Q TO T-PEAK INTERVAL GLOBAL
QTP_PRE3	Q TO T-PEAK INTERVAL PRECORDIAL LEADS
QA_I3	Q WAVE AMPLITUDE LEAD I
QA_II3	Q WAVE AMPLITUDE LEAD II
QA_III3	Q WAVE AMPLITUDE LEAD III
QA_AVF3	Q WAVE AMPLITUDE LEAD AVF
QA_AVL3	Q WAVE AMPLITUDE LEAD AVL
QA_AVR3	Q WAVE AMPLITUDE LEAD AVR
QA_V13	Q WAVE AMPLITUDE LEAD V1
QA_V23	Q WAVE AMPLITUDE LEAD V2
QA_V33	Q WAVE AMPLITUDE LEAD V3
QA_V43	Q WAVE AMPLITUDE LEAD V4
QA_V53	Q WAVE AMPLITUDE LEAD V5
QA_V63	Q WAVE AMPLITUDE LEAD V6
QD_I3	Q WAVE DURATION LEAD I
QD_II3	Q WAVE DURATION LEAD II
QD_III3	Q WAVE DURATION LEAD III
QD_AVF3	Q WAVE DURATION LEAD AVF

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
QD_AVL3	Q WAVE DURATION LEAD AVL
QD_AVR3	Q WAVE DURATION LEAD AVR
QD_V13	Q WAVE DURATION LEAD V1
QD_V23	Q WAVE DURATION LEAD V2
QD_V33	Q WAVE DURATION LEAD V3
QD_V43	Q WAVE DURATION LEAD V4
QD_V53	Q WAVE DURATION LEAD V5
QD_V63	Q WAVE DURATION LEAD V6
BMQAR_I3	Q WAVE AREA LEAD I
BMQAR_II3	Q WAVE AREA LEAD II
BMQAR_III3	Q WAVE AREA LEAD III
BMQAR_AVF3	Q WAVE AREA LEAD AVF
BMQAR_AVL3	Q WAVE AREA LEAD AVL
BMQAR_AVR3	Q WAVE AREA LEAD AVR
BMQAR_V13	Q WAVE AREA LEAD V1
BMQAR_V23	Q WAVE AREA LEAD V2
BMQAR_V33	Q WAVE AREA LEAD V3
BMQAR_V43	Q WAVE AREA LEAD V4
BMQAR_V53	Q WAVE AREA LEAD V5
BMQAR_V63	Q WAVE AREA LEAD V6
RA_I3	R WAVE AMPLITUDE LEAD I
RA_II3	R WAVE AMPLITUDE LEAD II
RA_III3	R WAVE AMPLITUDE LEAD III
RA_AVF3	R WAVE AMPLITUDE LEAD AVF
RA_AVL3	R WAVE AMPLITUDE LEAD AVL
RA_AVR3	R WAVE AMPLITUDE LEAD AVR
RA_V13	R WAVE AMPLITUDE LEAD V1
RA_V23	R WAVE AMPLITUDE LEAD V2
RA_V33	R WAVE AMPLITUDE LEAD V3
RA_V43	R WAVE AMPLITUDE LEAD V4
RA_V53	R WAVE AMPLITUDE LEAD V5
RA_V63	R WAVE AMPLITUDE LEAD V6
RD_I3	R WAVE DURATION LEAD I

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
RD_II3	R WAVE DURATION LEAD II
RD_III3	R WAVE DURATION LEAD III
RD_AVF3	R WAVE DURATION LEAD AVF
RD_AVL3	R WAVE DURATION LEAD AVL
RD_AVR3	R WAVE DURATION LEAD AVR
RD_V13	R WAVE DURATION LEAD V1
RD_V23	R WAVE DURATION LEAD V2
RD_V33	R WAVE DURATION LEAD V3
RD_V43	R WAVE DURATION LEAD V4
RD_V53	R WAVE DURATION LEAD V5
RD_V63	R WAVE DURATION LEAD V6
BMRAR_I3	R WAVE AREA LEAD I
BMRAR_II3	R WAVE AREA LEAD II
BMRAR_III3	R WAVE AREA LEAD III
BMRAR_AVF3	R WAVE AREA LEAD AVF
BMRAR_AVL3	R WAVE AREA LEAD AVL
BMRAR_AVR3	R WAVE AREA LEAD AVR
BMRAR_V13	R WAVE AREA LEAD V1
BMRAR_V23	R WAVE AREA LEAD V2
BMRAR_V33	R WAVE AREA LEAD V3
BMRAR_V43	R WAVE AREA LEAD V4
BMRAR_V53	R WAVE AREA LEAD V5
BMRAR_V63	R WAVE AREA LEAD V6
SA_I3	S WAVE AMPLITUDE LEAD I
SA_II3	S WAVE AMPLITUDE LEAD II
SA_III3	S WAVE AMPLITUDE LEAD III
SA_AVF3	S WAVE AMPLITUDE LEAD AVF
SA_AVL3	S WAVE AMPLITUDE LEAD AVL
SA_AVR3	S WAVE AMPLITUDE LEAD AVR
SA_V13	S WAVE AMPLITUDE LEAD V1
SA_V23	S WAVE AMPLITUDE LEAD V2
SA_V33	S WAVE AMPLITUDE LEAD V3
SA_V43	S WAVE AMPLITUDE LEAD V4

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
SA_V53	S WAVE AMPLITUDE LEAD V5
SA_V63	S WAVE AMPLITUDE LEAD V6
PA_I3	P WAVE AMPLITUDE LEAD I
PA_II3	P WAVE AMPLITUDE LEAD II
PA_III3	P WAVE AMPLITUDE LEAD III
PA_AVF3	P WAVE AMPLITUDE LEAD AVF
PA_AVL3	P WAVE AMPLITUDE LEAD AVL
PA_AVR3	P WAVE AMPLITUDE LEAD AVR
PA_V13	P WAVE AMPLITUDE LEAD V1
PA_V23	P WAVE AMPLITUDE LEAD V2
PA_V33	P WAVE AMPLITUDE LEAD V3
PA_V43	P WAVE AMPLITUDE LEAD V4
PA_V53	P WAVE AMPLITUDE LEAD V5
PA_V63	P WAVE AMPLITUDE LEAD V6
PD_I3	P WAVE DURATION LEAD I
PD_II3	P WAVE DURATION LEAD II
PD_III3	P WAVE DURATION LEAD III
PD_AVF3	P WAVE DURATION LEAD AVF
PD_AVL3	P WAVE DURATION LEAD AVL
PD_AVR3	P WAVE DURATION LEAD AVR
PD_V13	P WAVE DURATION LEAD V1
PD_V23	P WAVE DURATION LEAD V2
PD_V33	P WAVE DURATION LEAD V3
PD_V43	P WAVE DURATION LEAD V4
PD_V53	P WAVE DURATION LEAD V5
PD_V63	P WAVE DURATION LEAD V6
BMPAR_I3	P WAVE AREA LEAD I
BMPAR_II3	P WAVE AREA LEAD II
BMPAR_III3	P WAVE AREA LEAD III
BMPAR_AVF3	P WAVE AREA LEAD AVF
BMPAR_AVL3	P WAVE AREA LEAD AVL
BMPAR_AVR3	P WAVE AREA LEAD AVR
BMPAR_V13	P WAVE AREA LEAD V1

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
BMPAR_V23	P WAVE AREA LEAD V2
BMPAR_V33	P WAVE AREA LEAD V3
BMPAR_V43	P WAVE AREA LEAD V4
BMPAR_V53	P WAVE AREA LEAD V5
BMPAR_V63	P WAVE AREA LEAD V6
SD_I3	S WAVE DURATION LEAD I
SD_II3	S WAVE DURATION LEAD II
SD_III3	S WAVE DURATION LEAD III
SD_AVF3	S WAVE DURATION LEAD AVF
SD_AVL3	S WAVE DURATION LEAD AVL
SD_AVR3	S WAVE DURATION LEAD AVR
SD_V13	S WAVE DURATION LEAD V1
SD_V23	S WAVE DURATION LEAD V2
SD_V33	S WAVE DURATION LEAD V3
SD_V43	S WAVE DURATION LEAD V4
SD_V53	S WAVE DURATION LEAD V5
SD_V63	S WAVE DURATION LEAD V6
BMSAR_I3	S WAVE AREA LEAD I
BMSAR_II3	S WAVE AREA LEAD II
BMSAR_III3	S WAVE AREA LEAD III
BMSAR_AVF3	S WAVE AREA LEAD AVF
BMSAR_AVL3	S WAVE AREA LEAD AVL
BMSAR_AVR3	S WAVE AREA LEAD AVR
BMSAR_V13	S WAVE AREA LEAD V1
BMSAR_V23	S WAVE AREA LEAD V2
BMSAR_V33	S WAVE AREA LEAD V3
BMSAR_V43	S WAVE AREA LEAD V4
BMSAR_V53	S WAVE AREA LEAD V5
BMSAR_V63	S WAVE AREA LEAD V6
RPA_I3	R PRIME AMPLITUDE LEAD I
RPA_II3	R PRIME AMPLITUDE LEAD II
RPA_III3	R PRIME AMPLITUDE LEAD III
RPA_AVF3	R PRIME AMPLITUDE LEAD AVF

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
RPA_AVL3	R PRIME AMPLITUDE LEAD AVL
RPA_AVR3	R PRIME AMPLITUDE LEAD AVR
RPA_V13	R PRIME AMPLITUDE LEAD V1
RPA_V23	R PRIME AMPLITUDE LEAD V2
RPA_V33	R PRIME AMPLITUDE LEAD V3
RPA_V43	R PRIME AMPLITUDE LEAD V4
RPA_V53	R PRIME AMPLITUDE LEAD V5
RPA_V63	R PRIME AMPLITUDE LEAD V6
RPD_I3	R PRIME DURATION LEAD I
RPD_II3	R PRIME DURATION LEAD II
RPD_III3	R PRIME DURATION LEAD III
RPD_AVF3	R PRIME DURATION LEAD AVF
RPD_AVL3	R PRIME DURATION LEAD AVL
RPD_AVR3	R PRIME DURATION LEAD AVR
RPD_V13	R PRIME DURATION LEAD V1
RPD_V23	R PRIME DURATION LEAD V2
RPD_V33	R PRIME DURATION LEAD V3
RPD_V43	R PRIME DURATION LEAD V4
RPD_V53	R PRIME DURATION LEAD V5
RPD_V63	R PRIME DURATION LEAD V6
BMRPAR_I3	R PRIME AREA LEAD I
BMRPAR_II3	R PRIME AREA LEAD II
BMRPAR_III3	R PRIME AREA LEAD III
BMRPAR_AVF3	R PRIME AREA LEAD AVF
BMRPAR_AVL3	R PRIME AREA LEAD AVL
BMRPAR_AVR3	R PRIME AREA LEAD AVR
BMRPAR_V13	R PRIME AREA LEAD V1
BMRPAR_V23	R PRIME AREA LEAD V2
BMRPAR_V33	R PRIME AREA LEAD V3
BMRPAR_V43	R PRIME AREA LEAD V4
BMRPAR_V53	R PRIME AREA LEAD V5
BMRPAR_V63	R PRIME AREA LEAD V6
SPA_I3	S PRIME AMPLITUDE LEAD I

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
SPA_I13	S PRIME AMPLITUDE LEAD I
SPA_I133	S PRIME AMPLITUDE LEAD III
SPA_AVF3	S PRIME AMPLITUDE LEAD AVF
SPA_AVL3	S PRIME AMPLITUDE LEAD AVL
SPA_AVR3	S PRIME AMPLITUDE LEAD AVR
SPA_V13	S PRIME AMPLITUDE LEAD V1
SPA_V23	S PRIME AMPLITUDE LEAD V2
SPA_V33	S PRIME AMPLITUDE LEAD V3
SPA_V43	S PRIME AMPLITUDE LEAD V4
SPA_V53	S PRIME AMPLITUDE LEAD V5
SPA_V63	S PRIME AMPLITUDE LEAD V6
SPD_I13	S PRIME DURATION LEAD I
SPD_I133	S PRIME DURATION LEAD III
SPD_AVF3	S PRIME DURATION LEAD AVF
SPD_AVL3	S PRIME DURATION LEAD AVL
SPD_AVR3	S PRIME DURATION LEAD AVR
SPD_V13	S PRIME DURATION LEAD V1
SPD_V23	S PRIME DURATION LEAD V2
SPD_V33	S PRIME DURATION LEAD V3
SPD_V43	S PRIME DURATION LEAD V4
SPD_V53	S PRIME DURATION LEAD V5
SPD_V63	S PRIME DURATION LEAD V6
BMSPAR_I13	S PRIME AREA LEAD I
BMSPAR_I133	S PRIME AREA LEAD III
BMSPAR_AVF3	S PRIME AREA LEAD AVF
BMSPAR_AVL3	S PRIME AREA LEAD AVL
BMSPAR_AVR3	S PRIME AREA LEAD AVR
BMSPAR_V13	S PRIME AREA LEAD V1
BMSPAR_V23	S PRIME AREA LEAD V2
BMSPAR_V33	S PRIME AREA LEAD V3
BMSPAR_V43	S PRIME AREA LEAD V4

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
<b>BMSPAR_V53</b>	<b>S PRIME AREA LEAD V5</b>
<b>BMSPAR_V63</b>	<b>S PRIME AREA LEAD V6</b>
<b>STJ_I3</b>	<b>ST J POINT LEAD I</b>
<b>STJ_II3</b>	<b>ST J POINT LEAD II</b>
<b>STJ_III3</b>	<b>ST J POINT LEAD III</b>
<b>STJ_AVF3</b>	<b>ST J POINT LEAD AVF</b>
<b>STJ_AVL3</b>	<b>ST J POINT LEAD AVL</b>
<b>STJ_AVR3</b>	<b>ST J POINT LEAD AVR</b>
<b>STJ_V13</b>	<b>ST J POINT LEAD V1</b>
<b>STJ_V23</b>	<b>ST J POINT LEAD V2</b>
<b>STJ_V33</b>	<b>ST J POINT LEAD V3</b>
<b>STJ_V43</b>	<b>ST J POINT LEAD V4</b>
<b>STJ_V53</b>	<b>ST J POINT LEAD V5</b>
<b>STJ_V63</b>	<b>ST J POINT LEAD V6</b>
<b>STM_I3</b>	<b>ST M POINT LEAD I</b>
<b>STM_II3</b>	<b>ST M POINT LEAD II</b>
<b>STM_III3</b>	<b>ST M POINT LEAD III</b>
<b>STM_AVF3</b>	<b>ST M POINT LEAD AVF</b>
<b>STM_AVL3</b>	<b>ST M POINT LEAD AVL</b>
<b>STM_AVR3</b>	<b>ST M POINT LEAD AVR</b>
<b>STM_V13</b>	<b>ST M POINT LEAD V1</b>
<b>STM_V23</b>	<b>ST M POINT LEAD V2</b>
<b>STM_V33</b>	<b>ST M POINT LEAD V3</b>
<b>STM_V43</b>	<b>ST M POINT LEAD V4</b>
<b>STM_V53</b>	<b>ST M POINT LEAD V5</b>
<b>STM_V63</b>	<b>ST M POINT LEAD V6</b>
<b>STE_I3</b>	<b>ST E POINT LEAD I</b>
<b>STE_II3</b>	<b>ST E POINT LEAD II</b>
<b>STE_III3</b>	<b>ST E POINT LEAD III</b>
<b>STE_AVF3</b>	<b>ST E POINT LEAD AVF</b>
<b>STE_AVL3</b>	<b>ST E POINT LEAD AVL</b>
<b>STE_AVR3</b>	<b>ST E POINT LEAD AVR</b>
<b>STE_V13</b>	<b>ST E POINT LEAD V1</b>

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
STE_V23	ST E POINT LEAD V2
STE_V33	ST E POINT LEAD V3
STE_V43	ST E POINT LEAD V4
STE_V53	ST E POINT LEAD V5
STE_V63	ST E POINT LEAD V6
TA_I3	T WAVE AMPLITUDE LEAD I
TA_II3	T WAVE AMPLITUDE LEAD II
TA_III3	T WAVE AMPLITUDE LEAD III
TA_AVF3	T WAVE AMPLITUDE LEAD AVF
TA_AVL3	T WAVE AMPLITUDE LEAD AVL
TA_AVR3	T WAVE AMPLITUDE LEAD AVR
TA_V13	T WAVE AMPLITUDE LEAD V1
TA_V23	T WAVE AMPLITUDE LEAD V2
TA_V33	T WAVE AMPLITUDE LEAD V3
TA_V43	T WAVE AMPLITUDE LEAD V4
TA_V53	T WAVE AMPLITUDE LEAD V5
TA_V63	T WAVE AMPLITUDE LEAD V6
TD_I3	T WAVE DURATION LEAD I
TD_II3	T WAVE DURATION LEAD II
TD_III3	T WAVE DURATION LEAD III
TD_AVF3	T WAVE DURATION LEAD AVF
TD_AVL3	T WAVE DURATION LEAD AVL
TD_AVR3	T WAVE DURATION LEAD AVR
TD_V13	T WAVE DURATION LEAD V1
TD_V23	T WAVE DURATION LEAD V2
TD_V33	T WAVE DURATION LEAD V3
TD_V43	T WAVE DURATION LEAD V4
TD_V53	T WAVE DURATION LEAD V5
TD_V63	T WAVE DURATION LEAD V6
BMTAR_I3	T WAVE AREA LEAD I
BMTAR_II3	T WAVE AREA LEAD II
BMTAR_III3	T WAVE AREA LEAD III
BMTAR_AVF3	T WAVE AREA LEAD AVF

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
BMTAR_AVL3	T WAVE AREA LEAD AVL
BMTAR_AVR3	T WAVE AREA LEAD AVR
BMTAR_V13	T WAVE AREA LEAD V1
BMTAR_V23	T WAVE AREA LEAD V2
BMTAR_V33	T WAVE AREA LEAD V3
BMTAR_V43	T WAVE AREA LEAD V4
BMTAR_V53	T WAVE AREA LEAD V5
BMTAR_V63	T WAVE AREA LEAD V6
J40_I3	ST J+40 LEAD I
J40_II3	ST J+40 LEAD II
J40_III3	ST J+40 LEAD III
J40_AVF3	ST J+40 LEAD AVF
J40_AVL3	ST J+40 LEAD AVL
J40_AVR3	ST J+40 LEAD AVR
J40_V13	ST J+40 LEAD V1
J40_V23	ST J+40 LEAD V2
J40_V33	ST J+40 LEAD V3
J40_V43	ST J+40 LEAD V4
J40_V53	ST J+40 LEAD V5
J40_V63	ST J+40 LEAD V6
J60_I3	ST J+60 LEAD I
J60_II3	ST J+60 LEAD II
J60_III3	ST J+60 LEAD III
J60_AVF3	ST J+60 LEAD AVF
J60_AVL3	ST J+60 LEAD AVL
J60_AVR3	ST J+60 LEAD AVR
J60_V13	ST J+60 LEAD V1
J60_V23	ST J+60 LEAD V2
J60_V33	ST J+60 LEAD V3
J60_V43	ST J+60 LEAD V4
J60_V53	ST J+60 LEAD V5
J60_V63	ST J+60 LEAD V6
J80_I3	ST J+80 LEAD I

# 12-Lead Electrocardiograms

<b>VARIABLE</b>	<b>LABEL</b>
J80_II3	ST J+80 LEAD II
J80_III3	ST J+80 LEAD III
J80_AVF3	ST J+80 LEAD AVF
J80_AVL3	ST J+80 LEAD AVL
J80_AVR3	ST J+80 LEAD AVR
CENTER	SHS SITE

# Carotid Arteries

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
LOG_3	
SHSNUM3	FAMILY COHORT ID NUMBER
FAMSTAT	FAMILY STATUS
LEFTDD3	LEFT COMMON CAROTID ARTERY DIASTOLIC DIAMETER (MM)
LEFTIMT3	LEFT COMMON CAROTID ARTERY INTIMAL-MEDIAL THICKNESS (MM)
LEFTSD3	LEFT COMMON CAROTID ARTERY SYSTOLIC DIAMETER (MM)
RIGHTDD3	RIGHT COMMON CAROTID ARTERY DIASTOLIC DIAMETER (MM)
RIGHTIM3	RIGHT COMMON CAROTID ARTERY INTIMAL-MEDIAL THICKNESS (MM)
RIGHTSD3	RIGHT COMMON CAROTID ARTERY SYSTOLIC DIAMETER (MM)
ATH_L3	LEFT ATHEROSCLEROSIS SCORE
ATH_R3	RIGHT ATHEROSCLEROSIS SCORE
ATH_MAX3	MAXIMUM ATHEROSCLEROSIS SCORE
ATHER3	PRESENCE OR ABSENCE OF PLAQUE
EFFSEG3	CAROTID ATHEROSCLEROSIS SCORE
AODBP3	CENTRAL DIASTOLIC BP FROM APPLANATION TONOMETRY
AOSBP3	CENTRAL SYSTOLIC BP FROM APPLANATION TONOMETRY
AI3	AUGMENTATION INDEX (%)
AI23	AI2=P1/P2
CENTER	SHS SITE

# Applanation Tonometry

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
IDNUM	SHS3 ID NUMBER
AGE	AGE AT TIME OF STUDY
SEXCD	GENDER OF PARTICIPANT
HEIGHT	HEIGHT (CM)
DATE	DATE OF STUDY
TIME	TIME OF STUDY
SUB_TYPE	SUBTYPE
OPERATOR	OPERATOR
P_SP	PERIPHERAL SYSTOLIC BLOOD PRESSURE (MMHG)
P_DP	PERIPHERAL DIASTOLIC BLOOD PRESSURE (MMHG)
P_MEANP	PERIPHERAL MEAN PRESSURE (MMHG)
P_AI	PERIPHERAL AUGMENTATION INDEX
P_MAX_DP	MAXIMUM DP/DT (MMHG/S)
HR	HEART RATE, (BEATS PER MINUTE)
ED	EJECTION DURATION (MS)
C_SVI	CENTRAL AORTIC INDEX BUCKBERG SUB-ENDOCARIAL VIABLILITY RATIO (%)
C_TTI	BUCKBERG SUB-ENDOCARIAL VIABLILITY COMPONENT (AD)
C_DTI	BUCKBERG SUB-ENDOCARIAL VIABLILITY COMPONENT (AS)
AOSBP	AORTIC SYSTOLIC BLOOD PRESSURE (MMHG)
AODBP	AORTIC DIASTOLIC BLOOD PRESSURE (MMHG)
C_MEANP	CENTRAL AORTIC MEAN PRESSURE (MMHG)
C_T1	TIME TO FIRST PEAK-AORTIC (MS)
C_T2	TIME TO SECOND PEAK-AORTIC (MS)
C_AP	
AG	AUGMENTED PRESSURE (MMHG)
AI	AUGMENTATION INDEX (%)
AI2	AI2=P1/P2
C_MPS	AORTIC MEAN PRESSURE IN SYSTOLE (MMHG)
C_MPD	AORTIC MEAN PRESSURE IN DIASTOLE (MMHG)
C_ESP	AORTIC END SYSTOLIC PRESSURE (MMHG)
AOSBP2	AORTIC SYSTOLIC BLOOD PRESSURE NEW TONOMETRY

# Applanation Tonometry

<b>VARIABLE</b>	<b>LABEL</b>
AODBP2	AORTIC DIASTOLIC BLOOD PRESSURE NEW TONOMETRY
AOPP	AORTIC PULSE PRESSURE-DERIVED VARIABLE BY DF (MMHG)
P2	PRESSURE AT T2
P1	PRESSURE AT T1
SPARE1_B	
SP	SYSTOLIC PRESSURE
DP	DIASTOLIC PRESSURE
P_T1	PERIPHERAL T1
P_T2	PERIPHERAL T2
P_SPARE1	
AI3	AI FROM TONOMETRY DATA BASE
CENTER	SHS SITE

# Sample Collection Checklist

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	SHS ID NUMBER
GTF_2	FASTING ONE TOUCH RESULT
GTF_3	FASTING BLOOD SAMPLE TAKEN
GTF_3L	FASTING BLOOD SAMPLE TAKEN SPECIFY OTHER
GTF_4	LAST TIME ATE
GTF_5	TIME OF COLLECTION FASTING BLOOD SAMPLE
GTF_6	URINE SAMPLE TAKEN
GTF_7	75 GRAM GLUCOSE BEVERAGE CONSUMED
GTF_8	TIME THE 75 GRAM GLUCOSE BEVERAGE CONSUMED
GTF_9	REASON GLUCOSE BEVERAGE NOT CONSUMED: DM, INSULIN TREATMENT
GTF_10	REASON GLUCOSE BEVERAGE NOT CONSUMED: DM, ORAL AGENT
GTF_11	REASON GLUCOSE BEVERAGE NOT CONSUMED: ONE TOUCH > 225 MG/DL
GTF_12	REASON GLUCOSE BEVERAGE NOT CONSUMED: REFUSAL
GTF_13	TIME OF 2 HR BLOOD SAMPLE
GTF_14	DID PARTICIPANT VOMIT
GTF_15	TIME VOMITED
COMMENTS	COMMENTS
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

# Laboratory Measures

<b>VARIABLE</b>	<b>LABEL</b>
<b>IDNO</b>	<b>ID NUMBER</b>
<b>CHEMISTRIES</b>	
<b>S3G0</b>	<b>FASTING GLUCOSE (mg/dL)</b>
<b>S3G2</b>	<b>2-HOURS GLUCOSE (mg/dL)</b>
<b>S3P_CREA</b>	<b>PLASMA CREATININE (mg/dl)</b>
<b>S3INSU</b>	<b>INSULIN (uU/mL)</b>
<b>S3TPROT</b>	<b>TOTAL PROTEIN (gm/dL)</b>
<b>S3P_ALB</b>	<b>PLASMA ALBUMIN (gm/dL)</b>
<b>S3UACID</b>	<b>URIC ACID (mg/dL)</b>
<b>S3BUN</b>	<b>BLOOD UREA NITROGEN (mg/dl)</b>
<b>S3CAL</b>	<b>CALCIUM (mg/dl)</b>
<b>S3PHOSP</b>	<b>PHOSPHORUS (mg/dL)</b>
<b>S3CHL</b>	<b>CHLORIDE (mEq/L)</b>
<b>S3SOD</b>	<b>SODIUM (mEq/L)</b>
<b>S3POT</b>	<b>POTASSIUM (mEq/L)</b>
<b>S3ALP</b>	<b>ALKALINE PHOSPHATASE (U/L)</b>
<b>S3ALT</b>	<b>ALANINE AMINOTRANSFERASE (SGPT) (IU/L)</b>
<b>S3AST</b>	<b>ASPARTATE AMINOTRANSFERASE (SGOT) (IU/L)</b>
<b>S3TBILI</b>	<b>TOTAL BILIRUBIN (mg/dL)</b>
<b>S3HBA1C</b>	<b>HEMOGLOBIN A1C (%)</b>
<b>S3CO2</b>	<b>CO2(mEq/L)</b>
<b>S3LDH</b>	<b>LACTATE DEHYDROGENASE</b>
<b>HEMOSTASIS</b>	
<b>S3FIBRIN</b>	<b>FIBRINOGEN (mg/dL)</b>
<b>LIPIDS</b>	
<b>S3APOA1</b>	<b>APO LIPOPROTEIN A1 (APOA1) (mg/dL)</b>
<b>S3APOB</b>	<b>APO LIPOPROTEIN B (APOB) (mg/dL)</b>
<b>S3APOE</b>	<b>APO LIPOPROTEIN E (APOE) (mg/dL)</b>
<b>S3TC</b>	<b>TOTAL CHOLESTEROL (mg/dL)</b>
<b>S3TG</b>	<b>TRIGLYCERIDE (mg/dL)</b>
<b>S3HDL</b>	<b>HDL CHOLESTEROL (mg/dL)</b>
<b>S3LDL</b>	<b>LDL CHOLESTEROL (mg/dL)</b>
<b>S3VLDLTG</b>	<b>VLDL TRIGLYCERIDE (mg/dL)</b>

## Laboratory Measures

<b>VARIABLE</b>	<b>LABEL</b>
S3VLDLC	VLDL CHOLESTEROL (mg/dL)
S3LPA	LIPOPROTEIN(a)
S3PAI1	PLASMOGEN ACTIVATOR INHIBITOR-1 (PAI-1) (ng/mL)
<b>URINE COLLECTION</b>	
S3U_CREA	URINE CREATININE (mg/dL)
S3U_ALB	URINE ALBUMIN (mg/L)
CENTER	SHS SITE

## CBC Results

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
WBCF	WHITE BLOOD CELL COUNT (10 <sup>9</sup> /L)
RBCF	RED BLOOD CELL COUNT (10 <sup>12</sup> /L)
HGBF	HEMOGLOBIN (g/dL)
HCTF	HEMATOCRIT UNITS: %
MCVF	MEAN CELL VOLUME (fL)
MCHF	MEAN CORPUSCULAR HEMOGLOBIN (pg)
MCHCF	MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (g/dL)
RDWF	RED CELL DISTRIBUTION WIDTH (%)
PLTF	PLATELET COUNT (10 <sup>9</sup> /L)
MPVF	MEAN PLATELET VOLUME (fL)
<b>DIFFERENTIAL</b>	
NEUTF	NEUTROPHIL (%)
LYMPHF	LYMPHOCYTE (%)
MONOF	MONOCYTE (%)
EOSF	EOSINOPHIL (%)
BASOF	BASOPHIL (%)
<b>ADMINISTRATIVE INFORMATION</b>	
CBC_STAT	QUESTIONNAIRE COMPLETED
INT_CODE	INTERVIEWER'S CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

## Derived Medication

<b>VARIABLE</b>	<b>LABEL</b>
<b>IDNO</b>	<b>ID NUMBER</b>
<b>S3ANTIHIST</b>	<b>ANTIHISTIMINES</b>
<b>S3ANTIBIOTIC</b>	<b>ANTIBIOTICS</b>
<b>S3ANTINEO</b>	<b>ANTINEOPLASTIC DRUGS (CHEMOTHERAPY)</b>
<b>S3ANTICOAG</b>	<b>ANTICOAGULANTS</b>
<b>S3CARDIAC</b>	<b>CARDIAC DRUGS</b>
<b>S3LIPIDLOW</b>	<b>HYPOLIPIDEMIC (LIPID LOWERING)</b>
<b>S3HYPOTEN</b>	<b>HYPOTENSIVE AGENTS</b>
<b>S3BETABLOCK</b>	<b>BETA-BLOCKERS</b>
<b>S3ANALGESIC</b>	<b>ANALGESTIC AND ANTI-INFLAMMATORY (INCLUDES ASPIRIN)</b>
<b>S3ASPIRIN</b>	<b>ASPIRIN</b>
<b>S3ANTICONV</b>	<b>ANTICONVULSANTS</b>
<b>S3PSYCHOTHER</b>	<b>PSYCHOTHERAPEUTIC AGENTS</b>
<b>S3DIURETIC</b>	<b>DIURETICS</b>
<b>S3GASTRO</b>	<b>GASTROINTESTINAL DRUGS</b>
<b>S3ADRENAL</b>	<b>ADRENALS (STEROIDS)</b>
<b>S3CONTRA</b>	<b>CONTRACEPTIVES</b>
<b>S3ESTRO</b>	<b>ESTROGENS</b>
<b>S3ANTIDM</b>	<b>ANTIDIABETIC AGENTS</b>
<b>S3INSULIN</b>	<b>INSULINS</b>
<b>S3SULFRON</b>	<b>SULFONYLUREAS</b>
<b>S3THYROID</b>	<b>THYROID AGENTS</b>
<b>S3SKIN</b>	<b>OINTMENTS AND OTHER TOPICAL PRODUCTS</b>
<b>S3VITAMIN</b>	<b>VITAMINS</b>

## Derived Medication Details

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
MNAME31	DRUG NAME
MDOSE31	DRUG DOSE
RXDAY31	RX PER DAY
TKNDAY31	HOW MANY TAKEN?
MCLASS31	MATCHING DRUG CLASS CODE (AHFS DRUG CODE)
LEVEL1GRP	AHFS PHARMACOLOGIC THERAPEUTIC CLASSIFICATION TEIR 1
LEVEL2GRP	AHFS PHARMACOLOGIC THERAPEUTIC CLASSIFICATION TEIR 2
LEVEL3GRP	AHFS PHARMACOLOGIC THERAPEUTIC CLASSIFICATION TEIR 3
S3ANTIHIST	ANTIHISTIMINES
S3ANTIBIOTIC	ANTIBIOTICS
S3ANTINEO	ANTINEOPLASTIC DRUGS (CHEMOTHERAPY)
S3ANTICOAG	ANTICOAGULANTS
S3CARDIAC	CARDIAC DRUGS
S3LIPIDLOW	HYPOLIPIDEMIC (LIPID LOWERING)
S3HYPOTEN	HYPOTENSIVE AGENTS
S3BETABLOCK	BETA-BLOCKERS
S3ANALGESIC	ANALGESTIC AND ANTI-INFLAMMATORY (INCLUDES ASPIRIN)
S3ASPIRIN	ASPIRIN
S3ANTICONV	ANTICONVULSANTS
S3PSYCHOTHER	PSYCHOTHERAPEUTIC AGENTS
S3DIURETIC	DIURETICS
S3GASTRO	GASTROINTESTINAL DRUGS
S3ADRENAL	ADRENALS (STEROIDS)
S3CONTRA	CONTRACEPTIVES
S3ESTRO	ESTROGENS
S3ANTIDM	ANTIDIABETIC AGENTS
S3INSULIN	INSULINS
S3SULFRON	SULFONYLUREAS
S3THYROID	THYROID AGENTS
S3SKIN	OINTMENTS AND OTHER TOPICAL PRODUCTS
S3VITAMIN	VITAMINS

## Phase 3 Family Pilot Study Derived Variables

<b>VARIABLE</b>	<b>LABEL</b>
IDNO	ID NUMBER
S3EXDATE	SHS3 EXAM DATE
S3AGE	SHS3 AGE
S3ADADM	SHS3 DIABETES STATUS ACCORDING TO 1997 ADA CRITERIA
S3ADADMD	SHS3 DURATION (YEARS) OF DIABETES ACCORDING TO 1997 ADA CRITERIA
S3DMTX	SHS3 DIABETES TREATMENT
S3SBP	SHS3 SYSTOLIC BLOOD PRESSURE (mmHg)
S3DBP	SHS3 DIASTOLIC BLOOD PRESSURE (mmHg)
S3MBP	SHS3 MEAN ARTERIAL PRESSURE (mmHg)
S3USHTN	SHS3 HYPERTENSION BY US DEFINITION
S3HTNRX	SHS3 HYPERTENSION TREATMENT
S3ACR	SHS3 ALBUMINURIA
S3UACR	SHS3 URINARY ALBUMIN/CREATININE RATIO (mg/g)
S3CCR	SHS3 COCKROFT-GAULT CREATININE CLEARANCE (mm/min)
S3GFRM2	SHS3 GLOMERULAR FILTRATION RATE (mL/min/1.73**2) - (MDRD with 175 constant)
S3RT_AAR	SHS3 RIGHT ANKLE-ARM RATIO
S3LT_AAR	SHS3 LEFT ANKLE-ARM RATIO
S3PP	SHS3 PULSE PRESSURE (mm/Hg)
S3BMI	SHS3 BODY MASS INDEX (kg/m**2)
S3WHR	SHS3 WAIST HIP RATIO
S3BDFAT	SHS3 %BODY FAT - (RJL CALCULATION)
S3SMOKE	SHS3 SMOKING STATUS
S3SMKD	SHS3 SMOKING DURATION IN YEARS
S3ETOH	SHS3 ALCOHOL DRINKING STATUS
S3MENO	SHS3 POSTMENOPAUSAL
S3ESTRO	SHS3 ESTROGEN USE
S3HOMAIR	SHS3 HOMEOSTASIS ASSESSMENT (HOMA-IR)

# Personal Interview Form I

**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:** INT1F\_1  
**SAS label:** GENDER  
**Question:** Q2: Gender  
**Note:** None

Code or Value	Value description	Skip to item
1	Male	
2	Female	

**Variable name:** INT1F\_14  
**SAS label:** MARITAL HISTORY  
**Question:** Q4: What is your marital status?  
**Note:** Most recent status

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	
.	.	

Personal Interview Form I

**Variable name:** INT1F142  
**SAS label:** MARITAL HISTORY 2  
**Question:** Q4: What is your 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	
.	.	

**Variable name:** INT1F143  
**SAS label:** MARITAL HISTORY 3  
**Question:** Q4: What is your 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	
.	.	

Personal Interview Form I

**Variable name:** HOSPA  
**SAS label:** HOSPITAL A  
**Question:** Q8a: Hospital  
**Note:** None

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

**Variable name:** IHSNO1  
**SAS label:** CHART NUMBER 1  
**Question:** Q8a: Chart number  
**Note:** None

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

**Variable name:** IHS1  
**SAS label:** IHS HOSPITAL  
**Question:** Q8a: IHS Hospital  
**Note:** None

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

Personal Interview Form I

**Variable name:** INT1F\_6  
**SAS label:** HOSPITAL CODE  
**Question:** Q8a: Hospital Code  
**Note:** None

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

**Variable name:** INT1F\_10  
**SAS label:** SEND REPORT  
**Question:** Q8a: Send Report  
**Note:** None

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

**Variable name:** HOSPB  
**SAS label:** HOSPITAL B  
**Question:** Q8b: Hospital  
**Note:** None

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

Personal Interview Form I

**Variable name:** IHSNO2  
**SAS label:** CHART NUMBER 2  
**Question:** Q8b: Chart Number  
**Note:** None

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

**Variable name:** IHS2  
**SAS label:** IHS HOSPITAL  
**Question:** Q8b: IHS Hospital  
**Note:** None

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

**Variable name:** INT1F\_7  
**SAS label:** HOSPITAL CODE  
**Question:** Q8b: Hospital code  
**Note:** None

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

Personal Interview Form I

**Variable name:** INT1F\_11  
**SAS label:** SEND REPORT  
**Question:** Q8b: Send Report  
**Note:** None

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

**Variable name:** HOSPC  
**SAS label:** HOSPITAL C  
**Question:** Q8c: Hospital  
**Note:** None

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

**Variable name:** IHSNO3  
**SAS label:** CHART NUMBER 3  
**Question:** Q8c: Chart number  
**Note:** None

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

Personal Interview Form I

**Variable name:** IHS3  
**SAS label:** IHS HOSPITAL  
**Question:** Q8c: IHS Hospital  
**Note:** None

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

**Variable name:** INT1F\_8  
**SAS label:** HOSPITAL CODE  
**Question:** Q8c: Hospital Code  
**Note:** None

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

**Variable name:** INT1F\_12  
**SAS label:** SEND REPORT  
**Question:** Q8c: Send Report  
**Note:** None

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

Personal Interview Form I

**Variable name:** HOSPD  
**SAS label:** HOSPITAL D  
**Question:** Q8d: Hospital  
**Note:** None

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

**Variable name:** IHSNO4  
**SAS label:** CHART NUMBER 4  
**Question:** Q8d: Chart Number  
**Note:** None

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

**Variable name:** IHS4  
**SAS label:** IHS HOSPITAL  
**Question:** Q8d: IHS Hospital  
**Note:** None

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

Personal Interview Form I

**Variable name:** INT1F\_9  
**SAS label:** HOSPITAL CODE  
**Question:** Q8d: Hospital Code  
**Note:** None

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

**Variable name:** INT1F\_13  
**SAS label:** SEND REPORT  
**Question:** Q8d: Send Report  
**Note:** None

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

**Variable name:** INT1F\_33  
**SAS label:** YEARS OF EDUCATION  
**Question:** Q13: How many years of education have you completed?  
**Note:** None

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

Personal Interview Form I

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

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

## Personal Interview Form II

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

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

**Variable name:** FAMID  
**SAS label:** FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

### WEIGHT SATISFACTION

**Variable name:** INT2F\_1  
**SAS label:** SATISFIED YOUR PRESENT WEIGHT  
**Question:** Q1: Are you satisfied with your present weight?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	Skip to Q4 (INT2F_8)
2	No	
9	Unknown/unsure	
.	Missing	

Personal Interview Form II

**Variable name:** INT2F\_2  
**SAS label:** LOSE OR GAIN WEIGHT  
**Question:** Q2: Do you want to lose or gain weight?  
**Note:** None

Code or Value	Value description	Skip to item
1	Lose	
2	Gain	
.	Missing	

**Variable name:** INT2F\_3  
**SAS label:** WEIGHT LOSS: EATING  
**Question:** Q3a: How do you plan to do this? Eating  
**Note:** None

Code or Value	Value description	Skip to item
1	Less	
2	More	
3	No change	
.	Missing	

**Variable name:** INT2F\_4  
**SAS label:** WEIGHT LOSS: PHYSICAL ACTIVITY  
**Question:** Q3b: How do you plan to do this? Physical activity  
**Note:** None

Code or Value	Value description	Skip to item
1	Less	
2	More	
3	No change	
.	Missing	

Personal Interview Form II

**Variable name:** INT2F\_5  
**SAS label:** WEIGHT LOSS: MEDICATION  
**Question:** Q3c: How do you plan to do this? Medication  
**Note:** None

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

**Variable name:** INT2F\_6  
**SAS label:** WEIGHT LOSS: OTHER  
**Question:** Q3d: How do you plan to do this? Other  
**Note:** None

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

**Variable name:** INT2F\_7  
**SAS label:** WEIGHT LOSS: OTHER SPECIFY  
**Question:** Q3d: How do you plan to do this? Other, specify  
**Note:** None

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

**DENTURE AND EATING PROBLEMS**

**Variable name:** INT2F\_8  
**SAS label:** NATURAL TEETH  
**Question:** Q4: How many natural teeth do you have?  
**Note:** None

Code or Value	Value description	Skip to item
1	All	
2	Most	
3	Some	
4	None	
.	Missing	

**Variable name:** INT2F\_9  
**SAS label:** DESCRIBE HOW YOU CHEW  
**Question:** Q5: Describe how you chew your food  
**Note:** Please choose only one

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	
.	Missing	

**Variable name:** INT2F\_10  
**SAS label:** ABILITY TO CHEW  
**Question:** Q6: Rate your ability to chew food  
**Note:** Please choose only one

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

**FAMILY INCOME**

**Variable name:** INT2F\_11  
**SAS label:** HOUSEHOLD INCOME  
**Question:** Q7: 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	

Personal Interview Form II

**Variable name:** INT2F\_12  
**SAS label:** MAIN DAILY ACTIVITY  
**Question:** Q8: What is your MAIN daily activity(s)?  
**Note:** None

Code or Value	Value description	Skip to item
1	Caring for family	
2	Working for pay/profit	
3	Going to school	
4	Looking for work	
5	Retired/elderly	
6	Other, specify	
.	Missing	

**Variable name:** INT2F\_13  
**SAS label:** MAIN DAILY ACTIVITY (2nd)  
**Question:** Q8: What is your MAIN daily activity(s)?  
**Note:** None

Code or Value	Value description	Skip to item
1	Caring for family	
2	Working for pay/profit	
3	Going to school	
4	Looking for work	
5	Retired/elderly	
6	Other, specify	
.	Missing	

Personal Interview Form II

**Variable name:** INT2F\_14  
**SAS label:** MAIN DAILY ACTIVITY (3rd)  
**Question:** Q8: What is your MAIN daily activity(s)?  
**Note:** None

Code or Value	Value description	Skip to item
1	Caring for family	
2	Working for pay/profit	
3	Going to school	
4	Looking for work	
5	Retired/elderly	
6	Other, specify	
.	Missing	

**Variable name:** INT2F\_15  
**SAS label:** MAIN DAILY ACTIVITY OTHER SPECIFY  
**Question:** Q8: What is your MAIN daily activity(s)? Other specify  
**Note:** None

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

**Variable name:** INT2F\_16  
**SAS label:** RECEIVE INCOME: WAGES/SALARY  
**Question:** Q9i: Do you receive any income from wages/salary?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_60  
**SAS label:** RECEIVE INCOME: PROFITS/BUSINESS  
**Question:** Q9ii: Do you receive any income from profits - business?  
**Note:** None

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

**Variable name:** INT2F\_61  
**SAS label:** RECEIVE INCOME: GAMING/LOTTERY  
**Question:** Q9iii: Do you receive any income from gaming/lottery winnings?  
**Note:** None

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

**Variable name:** INT2F\_62  
**SAS label:** RECEIVE INCOME: UNEMPLOYMENT BENEFITS  
**Question:** Q9iv: Do you receive any income from unemployment benefits / worker's comp / welfare?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_63  
**SAS label:** RECEIVE INCOME: RETIREMENT BENEFITS  
**Question:** Q9v: Do you receive any income from retirement benefits?  
**Note:** None

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

**Variable name:** INT2F\_64  
**SAS label:** RECEIVE INCOME: SOCIAL SECURITY  
**Question:** Q9vi: Do you receive any income from social security benefits?  
**Note:** None

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

**Variable name:** INT2F\_70  
**SAS label:** RECEIVE INCOME: LEASE PAYMENT  
**Question:** Q9vii: Do you receive any income from lease payment?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_56  
**SAS label:** RECEIVE INCOME: OTHER  
**Question:** Q9viii: Do you receive any income from other?  
**Note:** None

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

**Variable name:** INT2F\_65  
**SAS label:** RECEIVE INCOME: SPECIFY OTHER  
**Question:** Q9viii: Do you receive any income from other? Specify  
**Note:** None

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

**Variable name:** INT2F\_67  
**SAS label:** MOST INCOME FROM Q9  
**Question:** Q10: Of the choices in Question 9, which source provides the most income?  
**Note:** Choose one

Code or Value	Value description	Skip to item
1	Wages/salary	
2	Profits - business	
4	Unemployment benefits/workmen's comp/welfare	
5	Retirement benefits	
6	Social security benefits	
7	Lease payment	
8	Other, specify	
9	Refused/unknown	
.	Missing	

Personal Interview Form II

**Variable name:** INT2F\_17  
**SAS label:** WORK HOURS PER WEEK  
**Question:** Q11: 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:** INT2F\_18  
**SAS label:** ANNUAL HOUSEHOLD INCOME  
**Question:** Q12: 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 10,000	
3	10,000 to 15,000	
4	15,000 to 20,000	
5	20,000 to 25,000	
6	25,000 to 35,000	
7	35,000 to 50,000	
8	Over 50,000	
9	Don't know/not sure	
.	Missing	

<b>TOBACCO</b>
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**Variable name:** INT2F\_19  
**SAS label:** SMOKE >100 CIGARETTES  
**Question:** Q13: 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	Skip to Q21 (INT2F_77)
.	Missing	

**Variable name:** INT2F\_48  
**SAS label:** HOW OLD FIRST STARTED  
**Question:** Q14: How old were you when you first started smoking fairly regularly?  
**Note:** Indicate age at which you started smoking. 0 = Never smoked regularly; 999 = Unknown

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

**Variable name:** INT2F\_86  
**SAS label:** DO YOU SMOKE CIGARETTES NOW  
**Question:** Q15: Do you smoke cigarettes now?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_20  
**SAS label:** # OF CIGARETTES PER DAY  
**Question:** Q16: 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:** INT2F\_21  
**SAS label:** # OF CIGARETTES PER MONTH  
**Question:** Q16a: If 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	

**Variable name:** INT2F\_22  
**SAS label:** OCCASION TO SMOKE: STRESS  
**Question:** Q17a: On which occasions are/were you most likely to smoke, or increase your smoking? Stressful times  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_23  
**SAS label:** OCCASION TO SMOKE: CASINOS  
**Question:** Q17b: On which occasions are/were you most likely to smoke, or increase your smoking? Casinos  
**Note:** None

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

**Variable name:** INT2F\_24  
**SAS label:** OCCASION TO SMOKE: WAKES/ FUNERALS  
**Question:** Q17c: On which occasions are/were you most likely to smoke, or increase your smoking? Wakes/funerals  
**Note:** None

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

**Variable name:** INT2F\_25  
**SAS label:** OCCASION TO SMOKE: WHEN DRINKING ALCOHOL  
**Question:** Q17d: On which occasions are/were you most likely to smoke, or increase your smoking? When drinking alcohol  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_26  
**SAS label:** OCCASION TO SMOKE: SOCIAL MEETINGS  
**Question:** Q17e: On which occasions are/were you most likely to smoke, or increase your smoking? Social meetings  
**Note:** None

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

**Variable name:** INT2F\_27  
**SAS label:** OCCASION TO SMOKE: WHEN YOU HAVE EXTRA MONEY  
**Question:** Q17f: On which occasions are/were you most likely to smoke, or increase your smoking? When you have extra money  
**Note:** None

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

**Variable name:** INT2F\_28  
**SAS label:** OCCASION TO SMOKE: BINGO  
**Question:** Q17g: On which occasions are/were you most likely to smoke, or increase your smoking? Bingo  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_47  
**SAS label:** OCCASION TO SMOKE: OTHER  
**Question:** Q17h: On which occasions are/were you most likely to smoke, or increase your smoking? Other  
**Note:** None

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

**Variable name:** INT2F\_29  
**SAS label:** OCCASION TO SMOKE: OTHER SPECIFY  
**Question:** Q17h: On which occasions are/were you most likely to smoke, or increase your smoking? Other, specify  
**Note:** None

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

**Variable name:** INT2F\_30  
**SAS label:** HOW MANY CIGARETTES DO YOU SMOKE  
**Question:** Q18: On the occasions that your smoking increased, how many cigarettes do/did you smoke per day?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_31  
**SAS label:** CHANGE YOUR SMOKING HABIT  
**Question:** Q19: 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	Skip to Q20 (INT2F_83)
.	Missing	

**Variable name:** INT2F\_32  
**SAS label:** IF YES, PREFER TO: REDUCE # OF CIGARETTE  
**Question:** Q19ai: If yes, would you prefer to reduce number of cigarettes per day?  
**Note:** None

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

**Variable name:** INT2F\_78  
**SAS label:** IF YES, PREFER TO: SWITCH TO LOWER TAR  
**Question:** Q19aii: If yes, would you prefer to switch to lower “tar” or “nicotine” cigarettes?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_79  
**SAS label:** IF YES, PREFER TO: USE NICOTINE PATCH/CHEWING GUM  
**Question:** Q19aiii: If yes, would you prefer to use nicotine patch/chewing gum?  
**Note:** None

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

**Variable name:** INT2F\_80  
**SAS label:** IF YES, PREFER TO: QUIT  
**Question:** Q19aiv: If yes, would you prefer to quit?  
**Note:** None

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

**Variable name:** INT2F\_81  
**SAS label:** IF YES, PREFER TO: OTHER  
**Question:** Q19av: If yes, would you prefer to other?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_82  
**SAS label:** IF YES, PREFER TO: OTHER SPECIFY  
**Question:** Q19av: If yes, would you prefer to other? Specify  
**Note:** None

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

**Variable name:** INT2F\_83  
**SAS label:** QUIT SMOKING  
**Question:** Q20: Did you quit smoking?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q21 (INT2F_77)
.	Missing	

**Variable name:** INT2F\_84  
**SAS label:** IF QUIT: LAST SMOKE (YEAR)  
**Question:** Q20a: If you quit, when did you last smoke?  
**Note:** Just the year

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

Personal Interview Form II

**Variable name:** INT2F\_36  
**SAS label:** REASON FOR QUITTING: DOCTORS ADVICE  
**Question:** Q20bi: What reason(s) did you have for quitting? Doctor's advice  
**Note:** Check all that apply

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

**Variable name:** INT2F\_37  
**SAS label:** REASON FOR QUITTING: HEALTH CONCERNS  
**Question:** Q20bii: What reason(s) did you have for quitting? Health concerns  
**Note:** Check all that apply

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

**Variable name:** INT2F\_38  
**SAS label:** REASON FOR QUITTING: EXPENSES  
**Question:** Q20biii: What reason(s) did you have for quitting? Expenses  
**Note:** Check all that apply

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

Personal Interview Form II

**Variable name:** INT2F\_39  
**SAS label:** REASON FOR QUITTING: PER FAMILY PRESSURE  
**Question:** Q20biv: What reason(s) did you have for quitting? Per family pressure  
**Note:** Check all that apply

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

**Variable name:** INT2F\_75  
**SAS label:** REASON FOR QUITTING: OTHER  
**Question:** Q20bv: What reason(s) did you have for quitting? Other  
**Note:** Check all that apply

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

**Variable name:** INT2F\_76  
**SAS label:** REASON FOR QUITTING: OTHER SPECIFY  
**Question:** Q20bv: What reason(s) did you have for quitting? Other, specify  
**Note:** Check all that apply

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

**PASSIVE SMOKING**

**Variable name:** INT2F\_77  
**SAS label:** FATHER EVER SMOKED CIGARETTES  
**Question:** Q21: When you were growing up, did you father or male guardian ever smoke cigarettes regularly?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	No father/male guardian	
9	Unknown	
.	Missing	

**Variable name:** INT2F\_85  
**SAS label:** MOTHER EVER SMOKED CIGARETTES  
**Question:** Q22: When you were growing up, did you mother or female guardian ever smoke cigarettes regularly?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
3	No mother/female guardian	
9	Unknown	
.	Missing	

Personal Interview Form II

**Variable name:** INT2F\_68  
**SAS label:** HOURS EXPOSED TO THE SMOKE OF OTHERS/ DAY  
**Question:** Q23: 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	

**ALCOHOL**

**Variable name:** INT2F\_40  
**SAS label:** EVER CONSUMED ALCOHOLIC BEVERAGES  
**Question:** Q24: Have you ever consumed alcoholic beverages?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q31 (INT2F_87)
.	Missing	

**Variable name:** INT2F\_41  
**SAS label:** WHEN WAS YOUR LAST DRINK  
**Question:** Q24a: If yes, when was your last drink?  
**Note:** Choose only one

Code or Value	Value description	Skip to item
1	Within the last week	
2	Within the last month	
3	Within in the last year	
4	More than a year ago	Skip to Q31 (INT2F_87)
.	Missing	

Personal Interview Form II

**Variable name:** INT2F\_42  
**SAS label:** # OF MONTHS AGO  
**Question:** Q24a: If yes, when was your last drink? Number of months ago?  
**Note:** None

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

**Variable name:** BEER\_GLS  
**SAS label:** GLASS OF BEER (4 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Glass of beer (4 oz)  
**Note:** None

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

**Variable name:** BEER\_TUM  
**SAS label:** TUMBLER OF BEER (8 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Tumbler of beer (8 oz)  
**Note:** None

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

**Variable name:** BEER\_CB  
**SAS label:** CAN/BOTTLE OF BEER (12 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Can/bottle of beer (12 oz)  
**Note:** None

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

Personal Interview Form II

**Variable name:** BEER\_CAN  
**SAS label:** CAN OF BEER (16 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Can of beer (16 oz)  
**Note:** None

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

**Variable name:** BEER\_BOT  
**SAS label:** BOTTLE OF BEER (32-34 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Bottle of beer (32-34 oz)  
**Note:** None

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

**Variable name:** BEER\_40Z  
**SAS label:** 25: BOTTLE OF BEER - 40oz  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Bottle of beer (40 oz)  
**Note:** None

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

**Variable name:** BEER\_SUM  
**SAS label:** SUM OF THE OZ OF BEER  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Sum of the ounces of beer  
**Note:** None

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

Personal Interview Form II

**Variable name:** WINE\_GLS  
**SAS label:** GLASS OF WINE (4 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Glass of wine (4 oz)  
**Note:** None

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

**Variable name:** WINE\_TUM  
**SAS label:** TUMBLER OF WINE (8 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Tumbler of wine (8 oz)  
**Note:** None

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

**Variable name:** WINE\_CB  
**SAS label:** CAN/BOTTLE OF WINE (12 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Can/bottle of wine (12 oz)  
**Note:** None

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

**Variable name:** WINE\_CAN  
**SAS label:** CAN OF WINE (16 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Can of wine (16 oz)  
**Note:** None

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

Personal Interview Form II

**Variable name:** WINE\_FIF  
**SAS label:** FIFTH OF WINE (26 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Fifth of wine (26 oz)  
**Note:** None

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

**Variable name:** WINE\_BOT  
**SAS label:** BOTTLE OF WINE (32-34 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Bottle of wine (32-34 oz)  
**Note:** None

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

**Variable name:** WINE\_JG1  
**SAS label:** JUG OF WINE 64 (.5 GAL)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Jug of wine (0.5 gallons)  
**Note:** None

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

Personal Interview Form II

**Variable name:** WINE\_JG2  
**SAS label:** JUG OF WINE 128 (1 GAL)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Jug of wine (1 gallon)  
**Note:** None

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

**Variable name:** WINE\_SUM  
**SAS label:** SUM OF THE OZ OF WINE  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Sum of the ounces of wine  
**Note:** None

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

**Variable name:** LIQ\_SHOT  
**SAS label:** SHOT OF LIQUOR (1 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Shot of liquor (1 oz)  
**Note:** None

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

**Variable name:** LIQ\_JIGG  
**SAS label:** JIGGER OF LIQUOR (1.5 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Jigger of liquor (1.5 oz)  
**Note:** None

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

Personal Interview Form II

**Variable name:** LIQ\_GLS  
**SAS label:** GLASS OF LIQUOR (4 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Glass of liquor (4 oz)  
**Note:** None

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

**Variable name:** LIQ\_TUM  
**SAS label:** TUMBLER OF LIQUOR (8 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Tumbler of liquor (8 oz)  
**Note:** None

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

**Variable name:** LIQ\_CB  
**SAS label:** CAN/BOTTLE OF LIQUOR (12 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Can/bottle of liquor (12 oz)  
**Note:** None

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

Personal Interview Form II

**Variable name:** LIQ\_CAN  
**SAS label:** CAN OF LIQUOR (16 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Can of liquor (16 oz)  
**Note:** None

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

**Variable name:** LIQ\_FIF  
**SAS label:** FIFTH OF LIQUOR (26 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Fifth of liquor (26 oz)  
**Note:** None

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

**Variable name:** LIQ\_BOT  
**SAS label:** BOTTLE OF LIQUOR (32-34 OZ)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Bottle of liquor (32-34 oz)  
**Note:** None

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

**Variable name:** LIQ\_JG1  
**SAS label:** JUG OF LIQUOR 64 (.5 GAL)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Jug of liquor (0.5 gallon)  
**Note:** None

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

Personal Interview Form II

**Variable name:** LIQ\_JG2  
**SAS label:** JUG OF LIQUOR 128 (1 GAL)  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Jug of liquor (1 gallon)  
**Note:** None

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

**Variable name:** LIQ\_SUM  
**SAS label:** SUM OF THE OZ OF LIQUOR  
**Question:** Q25: How many alcoholic drinks do you have in a typical week?  
Sum of the ounces of liquor  
**Note:** None

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

**Variable name:** INT2F\_43  
**SAS label:** TOTAL # OF DRINKS IN A TYPICAL WEEK  
**Question:** Q25: 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:** INT2F\_44  
**SAS label:** # DAYS PER MONTH HAVE AT LEAST ONE DRINK  
**Question:** Q26: 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	

Personal Interview Form II

**Variable name:** INT2F\_45  
**SAS label:** AVERAGE # OF DRINKS ON DAYS WHEN YOU DO DRINK  
**Question:** Q27: 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:** INT2F\_46  
**SAS label:** WHEN MORE THAN USUAL, HOW MANY DRINKS  
**Question:** Q28: When you drink more than your usual amount, how many drinks do you have?  
**Note:** None

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

**Variable name:** INT2F\_66  
**SAS label:** HOW MANY TIMES IN A MONTH  
**Question:** Q28a: How many times in a month?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_50  
**SAS label:** PAST MONTH >=5 DRINKS  
**Question:** Q29: How many times in the PAST MONTH have you had more than 5 drinks during a single occasion?  
**Note:** 0 = None

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

**Variable name:** INT2F\_51  
**SAS label:** PAST YEAR >=5 DRINKS  
**Question:** Q30: How many times in the PAST YEAR have you had more than 5 drinks during a single occasion?  
**Note:** 0 = None

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

**Variable name:** INT2F\_87  
**SAS label:** CONSUMED OTHER SUBSTANCE: MOUTH WASH  
**Question:** Q31a: Within the last year, have you ever consumed other substances to get the effects of alcohol, such as mouth wash?  
**Note:** None

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

Personal Interview Form II

**Variable name:** INT2F\_88  
**SAS label:** CONSUMED OTHER SUBSTANCE: COUGH SYRUP  
**Question:** Q31b: Within the last year, have you ever consumed other substances to get the effects of alcohol, such as cough syrup?  
**Note:** None

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

**Variable name:** INT2F\_89  
**SAS label:** CONSUMED OTHER SUBSTANCE: LYSOL  
**Question:** Q31c: Within the last year, have you ever consumed other substances to get the effects of alcohol, such as lysol?  
**Note:** None

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

**Variable name:** INT2F\_90  
**SAS label:** CONSUMED OTHER SUBSTANCE: HAIR SPRAY  
**Question:** Q31d: Within the last year, have you ever consumed other substances to get the effects of alcohol, such as hair spray?  
**Note:** None

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

**Variable name:** INT2F\_91  
**SAS label:** CONSUMED OTHER SUBSTANCE: OTHER  
**Question:** Q31e: Within the last year, have you ever consumed other substances to get the effects of alcohol, such as other?  
**Note:** None

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

**Variable name:** INT2F91L  
**SAS label:** CONSUMED OTHER SUBSTANCE: SPECIFY OTHER  
**Question:** Q31e: Within the last year, have you ever consumed other substances to get the effects of alcohol, such as other specify?  
**Note:** None

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

**ADMINISTRATIVE INFORMATION**

**Variable name:** INT2F\_49  
**SAS label:** HOW RELIABLE IS THE QUESTIONNAIRE  
**Question:** Q32: How reliable was the participant in completing the questionnaire?  
**Note:** None

Code or Value	Value description	Skip to item
1	Very reliable	
2	Reliable	
3	Unreliable	
4	Very unreliable	
9	Uncertain	
.	Missing	

Personal Interview Form II

**Variable name:** INT\_STAT  
**SAS label:** QUESTIONNAIRE COMPLETED  
**Question:** Q33: Did the participant complete the interview?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	
.	Missing	

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q34: Interviewer  
**Note:** None

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

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q35: Date of interview  
**Note:** None

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

Personal Interview Form II

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

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

# Medical History Form

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

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

**Variable name:** FAMID  
**SAS label:** FAMILY ID  
**Question:** SHS Family I.D.  
**Note:** None

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

## 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:** MEDF\_1  
**SAS label:** HIGH BLOOD PRESSURE (HBP)  
**Question:** Q1: High blood pressure?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_2  
**SAS label:** HBP AGE OF DIAGNOSIS  
**Question:** Q1: 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

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

**Variable name:** MEDF\_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:** MEDF\_4  
**SAS label:** FRACTURE ASSOCIATED W/OSTERPOROSIS  
**Question:** Q3: Any fractures associated with osteoporosis?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_4A  
**SAS label:** FRACTURE WHERE  
**Question:** Q3: If Yes, where?  
**Note:** None

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

**Variable name:** MEDF\_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:** MEDF\_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 Form

**Variable name:** MEDF\_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:** MEDF\_7A  
**SAS label:** CANCER TYPE  
**Question:** Q6: If yes, do you still have it now?  
**Note:** None

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

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

Code or Value	Value description	Skip to item
1	Yes	
2	Impaired glucose tolerance (IGT)	
3	No	Skip to Q8 (MEDF_16)
9	Unknown	
.	Missing	

Medical History Form

**Variable name:** MEDF\_9  
**SAS label:** DO YOU STILL HAVE DM NOW  
**Question:** Q7a: If yes, do you still have it now?  
**Note:** None

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

**Variable name:** MEDF\_10  
**SAS label:** DM AGE OF DIAGNOSIS  
**Question:** Q7b: How old were you when you were first told by a medical person that you had diabetes?  
**Note:** Indicate the actual age

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

**Variable name:** MEDF\_11  
**SAS label:** DM TREATMENT: INSULIN  
**Question:** Q7ci: What type of treatment are you taking for your diabetes?  
 Insulin  
**Note:** Check appropriate answers

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

Medical History Form

**Variable name:** MEDF\_12  
**SAS label:** DM TREATMENT: ORAL HYPOGLYCEMIC  
**Question:** Q7cii: What type of treatment are you taking for your diabetes?  
Oral hypoglycemic agent  
**Note:** Check appropriate answers

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

**Variable name:** MEDF\_13  
**SAS label:** DM TREATMENT: BY DIETARY CONTROL  
**Question:** Q7ciii: What type of treatment are you taking for your diabetes?  
By dietary control  
**Note:** Check appropriate answers

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

**Variable name:** MEDF\_14  
**SAS label:** DM TREATMENT: BY EXERCISE  
**Question:** Q7civ: What type of treatment are you taking for your diabetes?  
By exercise  
**Note:** Check appropriate answers

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

Medical History Form

**Variable name:** MEDF\_15  
**SAS label:** DM TREATMENT: DO NOTHING  
**Question:** Q7cv: What type of treatment are you taking for your diabetes?  
Do nothing  
**Note:** Check appropriate answers

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

**Variable name:** MEDF\_15B  
**SAS label:** DM TREATMENT: OTHER  
**Question:** Q7cvi: What type of treatment are you taking for your diabetes?  
Other  
**Note:** Check appropriate answers

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

**Variable name:** MEDF15BL  
**SAS label:** DM TREATMENT: OTHER, SPECIFY  
**Question:** Q7cvi: What type of treatment are you taking for your diabetes?  
Other, specify  
**Note:** Check appropriate answers

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

Medical History Form

**Variable name:** MEDF\_16  
**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	
9	Unknown	
.	Missing	

**Variable name:** MEDF\_17  
**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:** MEDF\_18  
**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

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

Medical History Form

**Variable name:** MEDF\_19  
**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	
.	Missing	

**Variable name:** MEDF\_20  
**SAS label:** KIDNEY TRANSPLANT  
**Question:** Q10: Have you ever had kidney transplant?  
**Note:** None

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

**Variable name:** MEDF\_21  
**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	

Medical History Form

**Variable name:** MEDF\_22  
**SAS label:** KIDNEY TRANSPLANT WAITING FOR KIDNEY TRANSPLANT  
**Question:** Q10b: If No, are you waiting for a kidney  
**Note:** None

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

**Variable name:** MEDF\_23  
**SAS label:** CIRRHOSIS OF LIVER  
**Question:** Q11: Cirrhosis of the liver?  
**Note:** None

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

**LUNG PROBLEMS**

**Variable name:** MEDF\_24  
**SAS label:** EMPHYSEMA  
**Question:** Q12a: Emphysema?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_25  
**SAS label:** HAY FEVER  
**Question:** Q12b: Hay fever?  
**Note:** None

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

**Variable name:** MEDF\_26  
**SAS label:** CHRONIC BRONCHITIS  
**Question:** Q12c: Chronic bronchitis?  
**Note:** None

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

**Variable name:** MEDF\_27  
**SAS label:** ASTHMA  
**Question:** Q12d: Asthma?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_28  
**SAS label:** STILL HAVE ASTHMA  
**Question:** Q12d: If Yes for asthma, do you still have it now?  
**Note:** None

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

**HEART PROBLEMS**

**Variable name:** MEDF\_29  
**SAS label:** HEART CATHETERIZATION  
**Question:** Q13: Have you had a heart catheterization? A heart catheterization is a study in which a tube is inserted into the heart through the groin or arm to see how the heart works.  
**Note:** None

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

**Variable name:** MEDF\_29D  
**SAS label:** HEART CATH DATE  
**Question:** Q13a: If Yes, when and where?  
**Note:** Record the most recent test

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

Medical History Form

**Variable name:** MEDF\_29P  
**SAS label:** HEART CATH PLACE  
**Question:** Q13a: Hospital/clinic  
**Note:** None

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

**Variable name:** MEDF\_30  
**SAS label:** EXERCISE TEST/TREADMILL  
**Question:** Q14: Have you ever had a diagnostic exercise test or Treadmill test to check your heart?  
**Note:** None

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

**Variable name:** MEDF\_30D  
**SAS label:** EXERCISE TEST DATE  
**Question:** Q14a: If yes, when and where?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_30P  
**SAS label:** EXERCISE TEST HOSPITAL/CLINIC  
**Question:** Q14a: Hospital/clinic  
**Note:** None

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

**Since your last SHS exam, has a doctor told you that you had any of the following conditions?**

**Variable name:** MEDF\_31  
**SAS label:** CONGESTIVE HEART FAILURE  
**Question:** Q15: Heart failure?  
**Note:** None

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

**Variable name:** MEDF\_31D  
**SAS label:** CONGESTIVE HEART FAILURE DATE  
**Question:** Q15a: If Yes, when and where?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_31P  
**SAS label:** CONGESTIVE HEART FAILURE HOSPITAL/CLINIC  
**Question:** Q15a: Hospital/clinic  
**Note:** None

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

**Variable name:** MEDF\_32  
**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	
.	Missing	

**Variable name:** MEDF\_33  
**SAS label:** HEART ATTACK  
**Question:** Q16a: Heart attack?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_33D  
**SAS label:** HEART ATTACK DATE  
**Question:** Q16a: If Yes, where and when?  
**Note:** None

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

**Variable name:** MEDF\_33P  
**SAS label:** HEART ATTACK HOSPITAL/CLINIC  
**Question:** Q16a: Hospital/clinic?  
**Note:** None

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

**Variable name:** MEDF\_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 Form

**Variable name:** MEDF\_34A  
**SAS label:** SPECIFY OTHER HEART TROUBLE  
**Question:** Q17: If Yes, please specify type  
**Note:** None

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

**Variable name:** MEDF\_34D  
**SAS label:** OTHER HEART TROUBLE DATE  
**Question:** Q17a: If Yes, when and where?  
**Note:** None

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

**Variable name:** MEDF\_34P  
**SAS label:** OTHER HEART TROUBLE HOSPITAL/CLINIC  
**Question:** Q17a: Hospital/clinic  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_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:** MEDF\_35D  
**SAS label:** STROKE DATE  
**Question:** Q18a: If yes, when and where?  
**Note:** None

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

**Variable name:** MEDF\_35P  
**SAS label:** STROKE HOSPITAL/CLINIC  
**Question:** Q18a: Hospital/Clinic  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_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	Skip to Q20 (MEDF_42A)
.	Missing	

**Variable name:** MEDF\_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	Skip to Q20 (MEDF_42A)
.	Missing	

**Variable name:** MEDF\_38  
**SAS label:** BYPASS  
**Question:** Q19ai: Bypass?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_38D  
**SAS label:** BYPASS DATE  
**Question:** Q19ai: If yes, when and where  
**Note:** None

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

**Variable name:** MEDF\_38P  
**SAS label:** BYPASS HOSPITAL/CLINIC  
**Question:** Q19ai: Hospital/clinic  
**Note:** None

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

**Variable name:** MEDF\_39  
**SAS label:** VALVULAR REPAIR/REPLACEMENT  
**Question:** Q19aii: Valvular repair/replacement?  
**Note:** None

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

**Variable name:** MEDF\_39D  
**SAS label:** VALVULAR REPAIR/REPLACE DATE  
**Question:** Q19aii: If Yes, when and where?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_39P  
**SAS label:** VALVULAR REPAIR/REPLACE HOSPITAL/CLINIC  
**Question:** Q19aii: Hospital/clinic  
**Note:** None

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

**Variable name:** MEDF\_40  
**SAS label:** PACEMAKER  
**Question:** Q19aiii: Pacemaker?  
**Note:** None

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

**Variable name:** MEDF\_40D  
**SAS label:** PACEMAKER DATE  
**Question:** Q19aiii: If Yes, when and where?  
**Note:** None

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

**Variable name:** MEDF\_40P  
**SAS label:** PACEMAKER HOSPITAL/CLINIC  
**Question:** Q19aiii: Hospital/clinic  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_41  
**SAS label:** OTHER HEART SURGERY  
**Question:** Q19aiv: Other?  
**Note:** None

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

**Variable name:** MEDF\_41A  
**SAS label:** SPECIFY OTHER HEART SURGERY  
**Question:** Q19aiv: Please specify?  
**Note:** None

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

**Variable name:** MEDF\_41D  
**SAS label:** OTHER HEART SURGERY DATE  
**Question:** Q19aiv: If Yes, when and where?  
**Note:** None

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

**Variable name:** MEDF\_41P  
**SAS label:** OTHER HEART SURGERY HOSPITAL/CLINIC  
**Question:** Q19aiv: Hospital/clinic  
**Note:** None

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

**ACCESS TO MEDICAL CARE**

**Variable name:** MEDF\_42A  
**SAS label:** IHS: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20a: In the past 5 years, have you received any medical care at an IHS facility?  
**Note:** None

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

**Variable name:** MEDF\_42B  
**SAS label:** IHS: MAIN SOURCE OF CARE  
**Question:** Q20a: What is your usual source of medical care? IHS facility  
**Note:** Check only one

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

**Variable name:** MEDF\_42C  
**SAS label:** TRIBAL: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20b: In the past 5 years, have you received any medical care at a Tribal facility?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_42D  
**SAS label:** TRIBAL: MAIN SOURCE OF CARE  
**Question:** Q20b: What is your usual source of medical care? Tribal facility  
**Note:** Check only one

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

**Variable name:** MEDF\_43A  
**SAS label:** PRIVATE FACILITY: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20c: In the past 5 years, have you received any medical care at a private facility?  
**Note:** None

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

**Variable name:** MEDF\_43B  
**SAS label:** PRIVATE FACILITY: MAIN SOURCE OF CARE  
**Question:** Q20c: What is your usual source of medical care? Private facility  
**Note:** Check only one

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

Medical History Form

**Variable name:** MEDF\_44A  
**SAS label:** PRIVATE PRACTICE: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20d: In the past 5 years, have you received any medical care at a private practitioner?  
**Note:** None

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

**Variable name:** MEDF\_44B  
**SAS label:** PRIVATE PRACTICE: MAIN SOURCE OF CARE  
**Question:** Q20d: What is your usual source of medical care? Private practitioner  
**Note:** Check only one

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

**Variable name:** MEDF\_44C  
**SAS label:** TRADITIONAL HEALER: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20e: In the past 5 years, have you received any medical care at a traditional healer?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_44D  
**SAS label:** TRADITIONAL HEALER: MAIN SOURCE OF CARE  
**Question:** Q20e: What is your usual source of medical care? Traditional healer  
**Note:** Check only one

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

**Variable name:** MEDF\_45A  
**SAS label:** VA: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20f: In the past 5 years, have you received any medical care at a VA/military facility?  
**Note:** None

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

**Variable name:** MEDF\_45B  
**SAS label:** VA: MAIN SOURCE OF CARE  
**Question:** Q20f: What is your usual source of medical care? VA/military facility  
**Note:** Check only one

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

Medical History Form

**Variable name:** MEDF\_46A  
**SAS label:** HMO: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20g: In the past 5 years, have you received any medical care at a health maint. Org (HMO)?  
**Note:** None

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

**Variable name:** MEDF\_46B  
**SAS label:** HMO: MAIN SOURCE OF CARE  
**Question:** Q20g: What is your usual source of medical care? Health maint. Org (HMO)  
**Note:** Check only one

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

**Variable name:** MEDF\_47A  
**SAS label:** OTHER: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20h: In the past 5 years, have you received any medical care at a Other, list  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_47L  
**SAS label:** OTHER: SPECIFY RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20h: In the past 5 years, have you received any medical care at a Other, specify  
**Note:** None

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

**Variable name:** MEDF\_47B  
**SAS label:** OTHER: MAIN SOURCE OF CARE  
**Question:** Q20h: What is your usual source of medical care? Other  
**Note:** Check only one

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

**Variable name:** MEDF\_48A  
**SAS label:** NOWHERE: RECEIVED CARE IN PAST 5 YEARS  
**Question:** Q20i: In the past 5 years, have you received any medical care at a Nowhere  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_48B  
**SAS label:** NOWHERE: MAIN SOURCE OF CARE  
**Question:** Q20i: What is your usual source of medical care? Nowhere  
**Note:** Check only one

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

**Variable name:** MEDF\_48C  
**SAS label:** WHERE RECEIVE MOST OF OUTPATIENT CARE  
**Question:** Q21: Do you receive most of your outpatient care in?  
**Note:** None

Code or Value	Value description	Skip to item
1	A hospital emergency room	
2	A clinic	
3	A private doctor's office	
.	Missing	

**Variable name:** MEDF\_49A  
**SAS label:** ADDITIONAL COVERAGE: NONE  
**Question:** Q22: In addition to IHS coverage, what health insurance do you have? None  
**Note:** Check all that apply

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

Medical History Form

**Variable name:** MEDF\_49B  
**SAS label:** ADDITIONAL COVERAGE: PRIVATE INSURANCE  
**Question:** Q22: In addition to IHS coverage, what health insurance do you have? Private insurance  
**Note:** Check all that apply

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

**Variable name:** MEDF\_49C  
**SAS label:** ADDITIONAL COVERAGE: MEDICAID  
**Question:** Q22: In addition to IHS coverage, what health insurance do you have? Medicaid  
**Note:** Check all that apply

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

**Variable name:** MEDF\_49D  
**SAS label:** ADDITIONAL COVERAGE: MEDICARE  
**Question:** Q22: In addition to IHS coverage, what health insurance do you have? Medicare  
**Note:** Check all that apply

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

Medical History Form

**Variable name:** MEDF\_49E  
**SAS label:** ADDITIONAL COVERAGE: VA  
**Question:** Q22: In addition to IHS coverage, what health insurance do you have? Veteran/military hospital  
**Note:** Check all that apply

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

**Variable name:** MEDF\_49G  
**SAS label:** ADDITIONAL COVERAGE: HMO  
**Question:** Q22: In addition to IHS coverage, what health insurance do you have? HMO  
**Note:** Check all that apply

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

**Variable name:** MEDF\_49F  
**SAS label:** ADDITIONAL COVERAGE: OTHER  
**Question:** Q22: In addition to IHS coverage, what health insurance do you have? Other, list  
**Note:** Check all that apply

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

Medical History Form

**Variable name:** MEDF\_49L  
**SAS label:** ADDITIONAL COVERAGE: OTHER (LIST)  
**Question:** Q22: In addition to IHS coverage, what health insurance do you have? Other, specify  
**Note:** Check all that apply

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

**Variable name:** MEDF\_50  
**SAS label:** TRANSPORTATION TO HEALTH CARE  
**Question:** Q23: How do you get to your usual healthcare provide?  
**Note:** Check only one

Code or Value	Value description	Skip to item
1	Myself	
2	Family member	
3	Friend	
4	Community health representative (CHR)	
5	Paid driver	
.	Missing	

**Variable name:** MEDF\_51  
**SAS label:** COST OF TRANSPORTATION  
**Question:** Q24: How much does it usually cost, out of pocket, for transportation to your usual healthcare provider?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_52  
**SAS label:** TRAVEL TIME TO HEALTH CARE  
**Question:** Q25: On the average, how long does it take you to get to your usual source of medical care?  
**Note:** None

Code or Value	Value description	Skip to item
1	Less than 15 minutes	
2	15 to 30 minutes	
3	31 to 45 minutes	
4	45 to 60 minutes	
5	1 to 2 hours	
6	More than 2 hours	
.	Missing	

**Variable name:** MEDF\_53  
**SAS label:** HOW ARE APPOINTMENTS MADE  
**Question:** Q26: Does your usual source of medical care see patients by appointment?  
**Note:** None

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

Medical History Form

**Variable name:** MEDF\_57  
**SAS label:** HOW LONG WAIT TO BE SEEN  
**Question:** Q27: Once you get to your usual source of medical care, how long do you usually have to wait to see a healthcare provider?  
**Note:** None

Code or Value	Value description	Skip to item
1	Less than 15 minutes	
2	15 to 30 minutes	
3	31 to 45 minutes	
4	45 to 60 minutes	
5	1 to 2 hours	
6	More than 2 hours	
.	Missing	

**Variable name:** MEDF\_54  
**SAS label:** CAN YOU WALK IN  
**Question:** Q28: If you need to be seen before your appointment, can you walk in and be seen?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	Skip to Q28a (MEDF_55)
2	No	Skip to Q28b (MEDF_56)
.	Missing	

Medical History Form

**Variable name:** MEDF\_55  
**SAS label:** IF YES, HOW LONG TO BE SEEN  
**Question:** Q28a: As a walk-in, how long does it usually take you to be seen by a physician or a physician's assistant?  
**Note:** None

Code or Value	Value description	Skip to item
1	Less than 15 minutes	
2	15 to 30 minutes	
3	31 to 45 minutes	
4	45 to 60 minutes	
5	1 to 2 hours	
6	More than 2 hours	
.	Missing	

**Variable name:** MEDF\_56  
**SAS label:** IF NO, HOW LONG TO GET ANOTHER APPOINTMENT  
**Question:** Q28b: How long does it usually take you to get an extra appointment?  
**Note:** None

Code or Value	Value description	Skip to item
1	2 days or less	
2	3 days to 1 week	
3	1 to 2 weeks	
4	3 to 4 weeks	
5	More than 4 weeks	
.	Missing	

Medical History Form

**Variable name:** MEDF\_58  
**SAS label:** HOW MUCH DO YOU PAY FOR A VISIT  
**Question:** Q29: How much do you have to pay “out-of-pocket” to see your usual healthcare provider for an outpatient visit, excluding travel costs?  
**Note:** None

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

**ADMINISTRATIVE INFORMATION**

**Variable name:** MED\_STAT  
**SAS label:** QUESTIONNAIRE COMPLETED  
**Question:** Q30: Did the participant complete the interview?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	

**Variable name:** GENDER  
**SAS label:** GENDER OF PARTICIPANT  
**Question:** Is the participant female?  
**Note:** None

Code or Value	Value description	Skip to item
1	Female	Go to REPRODUCTION AND HORMONE USE QUESTIONNAIRE
2	Male	Go to ROSE QUESTIONNAIRE

Medical History Form

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q31: Interviewer  
**Note:** None

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

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q31: Date of Interview  
**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:** None  
**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 NUMBER  
**Question:** SHS I.D.  
**Note:** None

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

**Variable name:** REPF\_1  
**SAS label:** NUMBER OF PREGNANCY (GRAVIDITY)  
**Question:** Q1: How many times have you been pregnant (gravidity)?  
**Note:** 999 = Unknown

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

**Variable name:** REPF\_2  
**SAS label:** NUMBER OF LIVE BIRTHS (PARITY)  
**Question:** Q2: How many of your pregnancies resulted in a live birth (parity)?  
**Note:** 999 = Unknown

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_3  
**SAS label:** NUMBER OF LIVING CHILDREN  
**Question:** Q3: How many living children do you have?  
**Note:** 999 = Unknown

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

**Variable name:** REPF\_4  
**SAS label:** NUMBER OF LOST PREGNANCIES  
**Question:** Q4: How many pregnancies did you lose?  
**Note:** 999 = Unknown

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

**Variable name:** REPF\_5  
**SAS label:** USED BIRTH CONTROL PILLS  
**Question:** Q5: Have you ever used birth control pills?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q8 (REPF_8)
.	Missing	

**Variable name:** REPF\_6  
**SAS label:** AGE STARTED TO USE BIRTH CONTROL PILLS  
**Question:** Q6: How old were you when you started to use birth control pills?  
**Note:** Indicate age in years

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_7  
**SAS label:** YEARS USED BIRTH CONTROL PILLS  
**Question:** Q7: How many years altogether did you use them?  
**Note:** Specify the duration in years. 0 = less than 6 months, 1 = 6-12 months

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

**Variable name:** REPF\_8  
**SAS label:** STOPPED MENSTRUATING  
**Question:** Q8: Have your menstrual cycles stopped?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q12 (REPF_13)
.	Missing	

**Variable name:** REPF\_9  
**SAS label:** STOPPED MENSTRUATING ONE YEAR AGO  
**Question:** Q9: If Yes, have they stopped for 12 months or more?  
**Note:** None

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_10  
**SAS label:** MENOPAUSE NATURAL OR SURGICAL  
**Question:** Q10: Was your menopause natural or did you have surgery?  
**Note:** None

Code or Value	Value description	Skip to item
1	Natural	Skip to Q11 (REPF_12)
2	Surgery	
.	Missing	

**Variable name:** REPF\_11  
**SAS label:** REMOVED UTERUS  
**Question:** Q10a: If SURGERY, was only your uterus removed?  
**Note:** None

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

**Variable name:** REPF\_12  
**SAS label:** AGE AT MENOPAUSE  
**Question:** Q11: How old were you when your periods stopped completely?  
**Note:** Indicate age in years; 999 = Unknown

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_13  
**SAS label:** USED ESTROGEN  
**Question:** Q12: Except for birth controls 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	Skip to Q15 (REF_STAT)
.	Missing	

**Variable name:** REPF\_14  
**SAS label:** STILL TAKING ESTROGEN  
**Question:** Q12a: If Yes, are you still taking estrogen?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	Skip to Q12b (REPF_24)
2	No	
.	Missing	

**Variable name:** REPF\_15  
**SAS label:** STOP ESTROGEN: CAUSED BLEEDING  
**Question:** Q12ai: If No, why did you stop taking estrogen? Caused Bleeding  
**Note:** None

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_16  
**SAS label:** STOP ESTROGEN: MADE BREASTS TENDER  
**Question:** Q12ai: If No, why did you stop taking estrogen? Made breasts tender  
**Note:** None

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

**Variable name:** REPF\_17  
**SAS label:** STOP ESTROGEN: MADE ME FEEL BLOATED  
**Question:** Q12ai: If No, why did you stop taking estrogen? Made you feel bloated  
**Note:** None

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

**Variable name:** REPF\_18  
**SAS label:** STOP ESTROGEN: MADE ME FUNNY  
**Question:** Q12ai: If No, why did you stop taking estrogen? Made you feel “funny”, didn’t like the way you felt  
**Note:** None

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_19  
**SAS label:** STOP ESTROGEN: DO NOT LIKE TAKING ANY MEDICATION  
**Question:** Q12ai: If No, why did you stop taking estrogen? Do not like taking any medications  
**Note:** None

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

**Variable name:** REPF\_20  
**SAS label:** STOP ESTROGEN: TOO EXPENSIVE  
**Question:** Q12ai: If No, why did you stop taking estrogen? Too expensive  
**Note:** None

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

**Variable name:** REPF\_21  
**SAS label:** STOP ESTROGEN: DOCTOR'S ADVICE  
**Question:** Q12ai: If No, why did you stop taking estrogen? Doctor's advice  
**Note:** None

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_22  
**SAS label:** STOP ESTROGEN: LONG TERM SIDE EFFECTS  
**Question:** Q12ai: If No, why did you stop taking estrogen? Concerned about long-term side effects  
**Note:** None

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

**Variable name:** REPF\_23  
**SAS label:** STOP ESTROGEN: OTHER  
**Question:** Q12ai: If No, why did you stop taking estrogen? Other  
**Note:** None

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

**Variable name:** REPF\_23A  
**SAS label:** STOP ESTROGEN: SPECIFY OTHER  
**Question:** Q12ai: If No, why did you stop taking estrogen? Specify other  
**Note:** None

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_24  
**SAS label:** ESTROGEN USE: POST SURGERY  
**Question:** Q12bi: Do/Did you use estrogen for post surgery (hysterectomy or removal of ovaries)?  
**Note:** None

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

**Variable name:** REPF\_25  
**SAS label:** ESTROGEN USE: RELIEF OF MENOPAUSE  
**Question:** Q12bii: Do/Did you use estrogen for relief of menopause symptoms?  
**Note:** None

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

**Variable name:** REPF\_26  
**SAS label:** ESTROGEN USE: PREVENT BONE LOSS  
**Question:** Q12biii: Do/Did you use estrogen for prevent bone loss?  
**Note:** None

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_27  
**SAS label:** ESTROGEN USE: PROTECT HEART DISEASE  
**Question:** Q12biv: Do/Did you use estrogen for protect against heart disease?  
**Note:** None

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

**Variable name:** REPF\_28  
**SAS label:** ESTROGEN USE: DOCTOR'S ADVICE  
**Question:** Q12bv: Do/Did you use estrogen for doctor's advice?  
**Note:** None

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

**Variable name:** REPF\_29  
**SAS label:** AGE STARTED ESTROGEN  
**Question:** Q13: How old were you when you started using estrogen?  
**Note:** Indicate age in years

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

Reproduction and Hormone Use (Women Only)

**Variable name:** REPF\_30  
**SAS label:** YEARS USED ESTROGEN  
**Question:** Q14: How many years altogether did you take estrogen?  
**Note:** Specify duration in years. If less than 3 months, record 0. If more than 3 months but less than 1 years, record 1.

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

ADMINISTRATIVE INFORMATION

**Variable name:** REPF\_STAT  
**SAS label:** QUESTIONNAIRE COMPLETED  
**Question:** Q15: Did the participant complete the interview?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	
.	Missing	

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q16: Interviewer  
**Note:** None

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

Reproduction and Hormone Use (Women Only)

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q17: Date of interview  
**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:** None  
**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 NUMBER  
**Question:** SHS I.D.  
**Note:** None

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID  
**Question:** SHS Family I.D.  
**Note:** None

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

### CHEST PAIN ON EFFORT

**Variable name:** ROSEF\_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 (ROSEF_10)
.	Missing	

Rose Questionnaire for Angina and Intermittent Claudication

**Variable name:** ROSEF\_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 (ROSEF_9)
3	Never hurries or walks uphill or upstairs	
4	Unable to walk	Skip to Q9 (ROSEF_9)
.	Missing	

**Variable name:** ROSEF\_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:** ROSEF\_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 subject carries on after taking nitroglycerine.)

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

Rose Questionnaire for Angina and Intermittent Claudication

**Variable name:** ROSEF\_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 (ROSEF_9)
.	Missing	

**Variable name:** ROSEF\_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 (ROSEF_9)
.	Missing	

**Variable name:** ROSEF\_7A  
**SAS label:** CHEST PAIN: STERNUM (UPPER OR MIDDLE)  
**Question:** Q7a: Will you show me where it is? Sternum (upper or middle)  
**Note:** Record all areas mentioned

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

Rose Questionnaire for Angina and Intermittent Claudication

**Variable name:** ROSEF\_7B  
**SAS label:** CHEST PAIN: STERNUM (LOWER)  
**Question:** Q7b: Will you show me where it is? Sternum (lower)  
**Note:** Record all areas mentioned

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

**Variable name:** ROSEF\_7C  
**SAS label:** CHEST PAIN: LEFT ANTERIOR CHEST  
**Question:** Q7c: Will you show me where it is? Left anterior chest  
**Note:** Record all areas mentioned

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

**Variable name:** ROSEF\_7D  
**SAS label:** CHEST PAIN: LEFT ARM  
**Question:** Q7d: Will you show me where it is? Left arm  
**Note:** Record all areas mentioned

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

Rose Questionnaire for Angina and Intermittent Claudication

**Variable name:** ROSEF\_7E  
**SAS label:** CHEST PAIN: OTHER  
**Question:** Q7d: Will you show me where it is? Other  
**Note:** Record all areas mentioned

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

**Variable name:** ROSEF\_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:** ROSEF\_8A  
**SAS label:** ADDITIONAL INFORMATION ABOUT CHEST PAIN  
**Question:** Q8: Do you feel it anywhere else?  
**Note:** None

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

**POSSIBLE INFARCTION**

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

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

Rose Questionnaire for Angina and Intermittent Claudication

**Variable name:** ROSEF\_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 (RSF_STAT)
2	No	
.	Missing	

**Variable name:** ROSEF\_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	Skip to Q19 (RSF_STAT)
.	Missing	

**Variable name:** ROSEF\_12A  
**SAS label:** LEG PAIN LOCATION, IF CALVES NOT MENTIONED, SPECIFY  
**Question:** Q12: In what part of your leg did you feel it? If calves not mentioned, specify  
**Note:** None

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

Rose Questionnaire for Angina and Intermittent Claudication

**Variable name:** ROSEF\_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 (RSF_STAT)
3	Never hurries or walks uphill or upstairs	
.	Missing	

**Variable name:** ROSEF\_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:** ROSEF\_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 (RSF_STAT)
2	No	
.	Missing	

Rose Questionnaire for Angina and Intermittent Claudication

**Variable name:** ROSEF\_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 (RSF_STAT)
.	Missing	

**Variable name:** ROSEF\_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 (RSF_STAT)
.	Missing	

**Variable name:** ROSEF\_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	

**ADMINISTRATIVE INFORMATION**

**Variable name:** RSF\_STAT  
**SAS label:** QUESTIONNAIRE COMPLETED  
**Question:** Q19: Did the participant complete the interview?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q20: Interviewer  
**Note:** None

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

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q21: Date of interview  
**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:** None  
**Note:** None

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

# Respiratory Questions

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

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

**Variable name:** RESPF\_1  
**SAS label:** USUALLY HAVE A COUGH  
**Question:** Q1a: Do you usually have a cough?  
**Note:** None

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

## Respiratory Questions

**Variable name:** RESPF\_2  
**SAS label:** COUGH 4-6 TIMES  
**Question:** Q1b: Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q3 (RESPF_7)
.	Missing	

**Variable name:** RESPF\_3  
**SAS label:** COUGH ON GETTING UP  
**Question:** Q1c: Do you usually cough at all on getting up, or first thing in the morning?  
**Note:** None

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

**Variable name:** RESPF\_4  
**SAS label:** COUGH LIKE THIS FOR 3 CONSECUTIVE MONTHS  
**Question:** Q1d: Do you usually cough like this on most days for 3 consecutive months or more during the year?  
**Note:** None

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

## Respiratory Questions

**Variable name:** RESPF\_5Y  
**SAS label:** HOW LONG (YEAR)  
**Question:** Q1e: How long have you had this cough? Years  
**Note:** None

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

**Variable name:** RESPF\_5M  
**SAS label:** HOW LONG (MONTH)  
**Question:** Q1e: How long have you had this cough? Months  
**Note:** None

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

**Variable name:** RESPF\_6  
**SAS label:** PHLEGM FROM THE CHEST WHEN YOU COUGH  
**Question:** Q2: Do you usually bring up phlegm from your chest when you cough?  
**Note:** None

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

## Respiratory Questions

**Variable name:** RESPF\_7  
**SAS label:** WHEEZY OR WHISTLING: HAVE A COLD  
**Question:** Q3a: Does your chest ever sound wheezy or whistling when you have a cold?  
**Note:** None

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

**Variable name:** RESPF\_8  
**SAS label:** WHEEZY OR WHISTLING: OCCASIONALLY APART FROM COLDS  
**Question:** Q3b: Does your chest ever sound wheezy or whistling occasionally apart from colds?  
**Note:** None

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

**Variable name:** RESPF\_9  
**SAS label:** WHEEZY OR WHISTLING: MOST DAYS  
**Question:** Q3c: Does your chest ever sound wheezy or whistling most days?  
**Note:** None

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

## Respiratory Questions

**Variable name:** RESPF\_10  
**SAS label:** WHEEZY OR WHISTLING: MOST NIGHTS  
**Question:** Q3d: Does your chest ever sound wheezy or whistling most nights?  
**Note:** None

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

**Variable name:** RESPF\_11  
**SAS label:** WHEEZY MADE YOU SHORT OF BREATH  
**Question:** Q4: Have you ever had an attack of wheezing that has made you feel short of breath?  
**Note:** None

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

**Variable name:** RESPF\_12  
**SAS label:** SHORTNESS OF BREATH WHEN HURRYING  
**Question:** Q5: Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q10 (RESPF_17)
4	Unable to walk	Skip to Q10 (RESPF_17)
.	Missing	

## Respiratory Questions

**Variable name:** RESPF\_13  
**SAS label:** WALK SLOWER DUE TO BREATHLESSNESS  
**Question:** Q6: Do you have to walk slower on level ground than people of your age due to breathlessness?  
**Note:** None

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

**Variable name:** RESPF\_14  
**SAS label:** STOP FOR BREATH WHEN WALKING  
**Question:** Q7: Do you ever have to stop for breath when walking at your own pace on level ground?  
**Note:** None

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

**Variable name:** RESPF\_15  
**SAS label:** STOP FOR BREATH AFTER WALKING 100 YARDS  
**Question:** Q8: Do you ever have to stop for breath after walking 100 yards (the length of a football field) or after a few minutes on level ground?  
**Note:** None

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

## Respiratory Questions

**Variable name:** RESPF\_16  
**SAS label:** BREATHLESS TO LEAVE THE HOUSE OR AFTER DRESSING  
**Question:** Q9: Are you too breathless to leave the house of breathless after dressing or undressing?  
**Note:** None

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

**Variable name:** RESPF\_17  
**SAS label:** LUNG TROUBLE BEFORE AGE OF 16  
**Question:** Q10: Did you have any lung trouble before the age of 16?  
**Note:** None

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

**Variable name:** RESPF\_18  
**SAS label:** BEEN TOLD YOU SNORE  
**Question:** Q11: Have you ever been told you snore?  
**Note:** None

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

<b>ADMINISTRATIVE INFORMATION</b>
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**Variable name:** RESPF\_STAT  
**SAS label:** FORM COMPLETED  
**Question:** Q12: Did the participant complete the interview?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	
.	Missing	

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q13: Interviewer  
**Note:** None

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

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q14: Date of interview  
**Note:** None

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

## Respiratory Questions

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

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

# Physical Examination

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

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

**Variable name:** FAMID  
**SAS label:** FAMILY ID  
**Question:** SHS Family I.D.  
**Note:** None

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

## TOBACCO, CAFFEINE, AND ALCOHOL USE

**Variable name:** EXF\_1  
**SAS label:** TOBACCO IN LAST 4 HOURS  
**Question:** Q1: Have you smoked or used chewing tobacco or snuff within the last 4 hours?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q2 (EXF_4)
.	Missing	

## Physical Examination

**Variable name:** EXF\_2  
**SAS label:** LAST USE IN TOBACCO (HRS)  
**Question:** Q1a: How long ago did you last smoke or last use chewing tobacco or snuff?  
**Note:** Specify the lag by hours

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

**Variable name:** EXF\_3  
**SAS label:** LAST USE IN TOBACCO (MIN)  
**Question:** Q1b: If less than an hour, specify the minutes  
**Note:** None

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

**Variable name:** EXF\_4  
**SAS label:** HOW MANY ALCOHOLIC DRINKS PAST 24 HRS  
**Question:** Q2: How many alcoholic drinks have you had in the last 24 hours?  
**Note:** 0 = None

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

## Physical Examination

**Variable name:** EXF\_5  
**SAS label:** PHYSICAL ACTIVITY PAST 24 HRS  
**Question:** Q3: Have you done any vigorous physical activity in the last 24 hours?  
**Note:** 0 = None, 999=Refused

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

**Variable name:** EXF\_6  
**SAS label:** CAFFEINE IN LAST 4 HRS  
**Question:** Q4: Have you had any coffee, tea, caffeinated soft drink or chocolate within the last 4 hours?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q5 (EXF_9)
.	Missing	

**Variable name:** EXF\_7  
**SAS label:** LAST USE IN CAFFEINE (HRS)  
**Question:** Q4a: How long ago did you last have any coffee, tea, caffeinated soft drink or chocolate?  
**Note:** Specify the lag by hours

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

## Physical Examination

**Variable name:** EXF\_8  
**SAS label:** LAST USE IN CAFFEINE (MIN)  
**Question:** Q4b: If less than an hour, specify the minutes  
**Note:** None

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

## EXAMINATION OF EXTREMITIES FOR AMPUTATIONS

**Variable name:** EXF\_9  
**SAS label:** EXTREMITIES MISSING  
**Question:** Q5: Are any extremities missing?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q6 (EXF_42)
.	Missing	

**Variable name:** EXF\_10  
**SAS label:** RIGHT ARM: MISSING  
**Question:** Q5a: Right arm missing  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_11  
**SAS label:** RIGHT ARM: CAUSE  
**Question:** Q5a: Right arm missing cause  
**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:** EXF\_11A  
**SAS label:** RIGHT ARM: OTHER CAUSE  
**Question:** Q5a: Right arm missing other cause 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:** EXF\_12  
**SAS label:** RIGHT HAND: MISSING  
**Question:** Q5b: Right hand missing  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_13  
**SAS label:** RIGHT HAND: CAUSE  
**Question:** Q5b: Right hand missing cause  
**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:** EXF\_13A  
**SAS label:** RIGHT HAND: OTHER CAUSE  
**Question:** Q5b: Right hand missing other cause 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:** EXF\_14  
**SAS label:** RIGHT FINGER(S): MISSING  
**Question:** Q5c: Right finger(s) missing  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_15  
**SAS label:** RIGHT FINGER(S): HOW MANY  
**Question:** Q5c: Number or Right finger(s) missing  
**Note:** None

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

**Variable name:** EXF\_16  
**SAS label:** RIGHT FINGER(S): CAUSE  
**Question:** Q5c: Right finger(s) missing cause  
**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:** EXF\_16A  
**SAS label:** RIGHT FINGER(S): OTHER CAUSE  
**Question:** Q5c: Right finger(s) missing other cause specify  
**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:** EXF\_17  
**SAS label:** LEFT ARM: MISSING  
**Question:** Q5d: Left arm missing  
**Note:** None

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

**Variable name:** EXF\_18  
**SAS label:** LEFT ARM: CAUSE  
**Question:** Q5d: Left arm missing cause  
**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:** EXF\_18A  
**SAS label:** LEFT ARM: OTHER CAUSE  
**Question:** Q5d: Left arm missing other cause specify  
**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:** EXF\_19  
**SAS label:** LEFT HAND: MISSING  
**Question:** Q5e: Left hand missing  
**Note:** None

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

**Variable name:** EXF\_20  
**SAS label:** LEFT HAND: CAUSE  
**Question:** Q5e: Left hand missing cause  
**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:** EXF\_20A  
**SAS label:** LEFT HAND: OTHER CAUSE  
**Question:** Q5e: Left hand missing other cause specify  
**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:** EXF\_21  
**SAS label:** LEFT FINGER(S): MISSING  
**Question:** Q5f: Left finger(s) missing  
**Note:** None

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

**Variable name:** EXF\_22  
**SAS label:** LEFT FINGER(S): HOW MANY  
**Question:** Q5f: Number or Left finger(s) missing  
**Note:** None

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

**Variable name:** EXF\_23  
**SAS label:** LEFT FINGER(S): CAUSE  
**Question:** Q5f: Left finger(s) missing cause  
**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:** EXF\_23A  
**SAS label:** LEFT FINGER(S): OTHER CAUSE  
**Question:** Q5f: Left finger(s) missing other cause 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:** EXF\_24  
**SAS label:** RIGHT LEG ABOVE KNEE: MISSING  
**Question:** Q5g: Right left above knee missing  
**Note:** None

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

**Variable name:** EXF\_25  
**SAS label:** RIGHT LEG ABOVE KNEE: CAUSE  
**Question:** Q5g: Right leg above knee missing cause  
**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:** EXF\_25A  
**SAS label:** RIGHT LEG ABOVE KNEE: OTHER CAUSE  
**Question:** Q5g: Right leg above knee missing other cause 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:** EXF\_26  
**SAS label:** RIGHT LEG BELOW KNEE: MISSING  
**Question:** Q5h: Right leg below knee missing  
**Note:** None

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

**Variable name:** EXF\_27  
**SAS label:** RIGHT LEG BELOW KNEE: CAUSE  
**Question:** Q5h: Right leg below knee missing cause  
**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:** EXF\_27A  
**SAS label:** RIGHT LEG BELOW KNEE: OTHER CAUSE  
**Question:** Q5h: Right leg below knee missing other cause 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:** EXF\_28  
**SAS label:** RIGHT FOOT: MISSING  
**Question:** Q5i: Right foot missing  
**Note:** None

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

**Variable name:** EXF\_29  
**SAS label:** RIGHT FOOT: CAUSE  
**Question:** Q5i: Right foot missing cause  
**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:** EXF\_29A  
**SAS label:** RIGHT FOOT: OTHER CAUSE  
**Question:** Q5i: Right foot missing other cause 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:** EXF\_30  
**SAS label:** RIGHT TOE(S): MISSING  
**Question:** Q5j: Right toe(s) missing  
**Note:** None

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

**Variable name:** EXF\_31  
**SAS label:** RIGHT TOE(S): HOW MANY  
**Question:** Q5j: Number of right toe(s) missing  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_32  
**SAS label:** RIGHT TOE(S): CAUSE  
**Question:** Q5j: Right toe(s) missing cause  
**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:** EXF\_32A  
**SAS label:** RIGHT TOE(S): OTHER CAUSE  
**Question:** Q5j: Right toe(s) other cause 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:** EXF\_33  
**SAS label:** LEFT LEG ABOVE KNEE: MISSING  
**Question:** Q5k: Left leg above knee missing  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_34  
**SAS label:** LEFT LEG ABOVE KNEE: CAUSE  
**Question:** Q5k: Left leg above missing cause  
**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:** EXF\_34A  
**SAS label:** LEFT LEG ABOVE KNEE: OTHER CAUSE  
**Question:** Q5k: Left leg above knee other cause 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:** EXF\_35  
**SAS label:** LEFT LEG BELOW KNEE: MISSING  
**Question:** Q5l: Left leg below knee missing  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_36  
**SAS label:** LEFT LEG BELOW KNEE: CAUSE  
**Question:** Q5l: Left leg below knee missing cause  
**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:** EXF\_36A  
**SAS label:** LEFT LEG BELOW KNEE: OTHER CAUSE  
**Question:** Q5l: Left leg below knee other cause 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:** EXF\_37  
**SAS label:** LEFT FOOT: MISSING  
**Question:** Q5m: Left foot missing  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_38  
**SAS label:** LEFT FOOT: CAUSE  
**Question:** Q5m: Left foot missing cause  
**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:** EXF\_38A  
**SAS label:** LEFT FOOT: OTHER CAUSE  
**Question:** Q5m: Left foot other cause 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:** EXF\_39  
**SAS label:** LEFT TOE(S): MISSING  
**Question:** Q5n: Left toe(s) missing  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_40  
**SAS label:** LEFT TOE(S): HOW MANY  
**Question:** Q5n: Number of left toe(s) missing  
**Note:** None

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

**Variable name:** EXF\_41  
**SAS label:** LEFT TOE(S): CAUSE  
**Question:** Q5n: Left toe(s) missing cause  
**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:** EXF\_41A  
**SAS label:** LEFT TOE(S): OTHER CAUSE  
**Question:** Q5n: Left toe(s) other cause specify  
**Note:** None

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

<b>BLOOD PRESSURE</b>
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**Variable name:** EXF\_42  
**SAS label:** RIGHT ARM CIRCUMFERENCE (CM)  
**Question:** Q6: Right arm circumference, measured in centimeters (cm)  
**Note:** None

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

**Variable name:** EXF\_43  
**SAS label:** CUFF SIZE  
**Question:** Q7: 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:** EXF\_44  
**SAS label:** PULSE OBLITERATION PRESSURE  
**Question:** Q8: Pulse obliteration pressure  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_45  
**SAS label:** SYSTOLIC: 1ST BP  
**Question:** Q9a: First systolic blood pressure measurement  
**Note:** None

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

**Variable name:** EXF\_46  
**SAS label:** DIASTOLIC: 1ST BP  
**Question:** Q9a: First diastolic blood pressure measurement  
**Note:** None

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

**Variable name:** EXF\_47  
**SAS label:** SYSTOLIC: 2ND BP  
**Question:** Q9b: Second systolic blood pressure measurement  
**Note:** None

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

**Variable name:** EXF\_48  
**SAS label:** DIASTOLIC: 2ND BP  
**Question:** Q9b: Second diastolic blood pressure measurement  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_49  
**SAS label:** SYSTOLIC: 3RD BP  
**Question:** Q9c: Third systolic blood pressure measurement  
**Note:** None

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

**Variable name:** EXF\_50  
**SAS label:** DIASTOLIC: 3RD BP  
**Question:** Q9c: Third diastolic blood pressure measurement  
**Note:** None

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

**Variable name:** EXF\_51  
**SAS label:** BP NOT FROM RIGHT ARM  
**Question:** Q10: Were the above pressure taken from left arm because of missing right arm or some other reason?  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_51A  
**SAS label:** BP NOT FROM RIGHT ARM SPECIFY  
**Question:** Q10: Were the above pressure taken from left arm because of missing right arm or some other reason? If yes, specify  
**Note:** None

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

**Variable name:** EXF\_52  
**SAS label:** RECORDER ID FOR BP MEASUREMENT  
**Question:** Q11: Recorder ID (For the SHS staff who took BPs)  
**Note:** None

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

**GIRTH MEASUREMENTS**

**Variable name:** EXF\_53  
**SAS label:** HEIGHT STANDING (CM)  
**Question:** Q12: Height standing (cm)  
**Note:** None

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

**Variable name:** EXF\_54  
**SAS label:** HEIGHT STANDING (IN)  
**Question:** Q12: Height standing (in)  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_55  
**SAS label:** WEIGHT (KG)  
**Question:** Q13: Weight (kg)  
**Note:** None

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

**Variable name:** EXF\_56  
**SAS label:** WEIGHT (LB)  
**Question:** Q13: Weight (lb)  
**Note:** None

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

**Variable name:** EXF\_57  
**SAS label:** HIP CIRCUMFERENCE STANDING (CM)  
**Question:** Q14: Hip circumference (cm)  
**Note:** None

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

**Variable name:** EXF\_58  
**SAS label:** HIP CIRCUMFERENCE STANDING (IN)  
**Question:** Q14: Hip circumference (in)  
**Note:** None

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

## Physical Examination

**Variable name:** EXF\_59  
**SAS label:** WAIST SUPINE (CM)  
**Question:** Q15: Waist measurement at umbilicus (cm)  
**Note:** None

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

**Variable name:** EXF\_60  
**SAS label:** WAIST SUPINE (IN)  
**Question:** Q15: Waist measurement at umbilicus (in)  
**Note:** None

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

## PEDAL PULSES AND EDEMA

**Variable name:** EXF\_61  
**SAS label:** RIGHT POSTERIOR TIBIAL PULSE  
**Question:** Q16: 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	

Physical Examination

**Variable name:** EXF\_62  
**SAS label:** RIGHT DORSALIS PEDIS PULSE  
**Question:** Q17: 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	

**Variable name:** EXF\_63  
**SAS label:** LEFT POSTERIOR TIBIAL PULSE  
**Question:** Q18: 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	

## Physical Examination

**Variable name:** EXF\_64  
**SAS label:** LEFT DORSALIS PEDIS PULSE  
**Question:** Q19: 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:** EXF\_65  
**SAS label:** PEDAL EDEMA  
**Question:** Q20: Pedal edema  
**Note:** None

Code or Value	Value description	Skip to item
1	Absent	
2	Mild	
3	Marked	
.	Missing	

## IMPEDANCE MEASUREMENT

**Variable name:** EXF\_70  
**SAS label:** IMPEDANCE TAKEN  
**Question:** Q21a: Was impedance taken?  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_70A  
**SAS label:** IMPEDANCE NOT TAKEN REASON  
**Question:** Q21a: If No, due to:  
**Note:** None

Code or Value	Value description	Skip to item
1	Amputation	
2	Wound/dressing	
3	Cast	
9	Refusal	
.	Missing	

**Variable name:** EXF\_68  
**SAS label:** IMPEDANCE TAKEN ON RIGHT SIDE  
**Question:** Q21b: Taken on left side?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q12c (EX3_67)
.	Missing	

**Variable name:** EXF\_69  
**SAS label:** IMPEDANCE TAKEN ON LEFT SIDE REASON  
**Question:** Q21b: If yes, due to:  
**Note:** None

Code or Value	Value description	Skip to item
1	Amputation	
2	Wound/dressing	
3	Cast	
4	Refusal	
.	Missing	

Physical Examination

**Variable name:** EXF\_66  
**SAS label:** RESISTANCE  
**Question:** Q21c: Resistance  
**Note:** None

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

**Variable name:** EXF\_67  
**SAS label:** REACTANCE  
**Question:** Q21c: Reactance  
**Note:** None

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

**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:** EXF\_71  
**SAS label:** RIGHT ARM: 1ST DOPPLER BP  
**Question:** Q22a: Right arm first systolic B.P.  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_72  
**SAS label:** RIGHT ANKLE: 1ST DOPPLER BP  
**Question:** Q22a: Right ankle first systolic B.P.  
**Note:** None

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

**Variable name:** EXF\_73  
**SAS label:** LEFT ANKLE: 1ST DOPPLER BP  
**Question:** Q22a: Left ankle first systolic B.P.  
**Note:** None

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

**Variable name:** EXF\_74  
**SAS label:** RIGHT ARM: 2ND DOPPLER BP  
**Question:** Q22b: Right arm second systolic B.P.  
**Note:** None

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

**Variable name:** EXF\_75  
**SAS label:** RIGHT ANKLE: 2ND DOPPLER BP  
**Question:** Q22b: Right ankle second systolic B.P.  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_76  
**SAS label:** LEFT ANKLE: 2ND DOPPLER BP  
**Question:** Q22b: Left ankle second systolic B.P.  
**Note:** None

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

**Variable name:** EXF\_77  
**SAS label:** RIGHT ANKLE DOPPLER LOCATION  
**Question:** Q22c: Right ankle Doppler location  
**Note:** None

Code or Value	Value description	Skip to item
1	Posterior tibial	
2	Dorsalis pedis	
.	Missing	

**Variable name:** EXF\_78  
**SAS label:** LEFT ANKLE DOPPLER LOCATION  
**Question:** Q22c: Left ankle Doppler location  
**Note:** None

Code or Value	Value description	Skip to item
1	Posterior tibial	
2	Dorsalis pedis	
.	Missing	

Physical Examination

**Variable name:** EXF\_84  
**SAS label:** ECG PERFORMED  
**Question:** Q23: Was an ECG performed?  
**Note:** None

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

**BREATH CO**

**Variable name:** EXF\_85  
**SAS label:** BREATH CO DONE  
**Question:** Q24: Was breath CO done?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	Skip to Q25 (EXF_STAT
.	Missing	

**Variable name:** EXF\_79  
**SAS label:** AMBIENT CO  
**Question:** Q24a: Ambient  
**Note:** None

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

Physical Examination

**Variable name:** EXF\_80  
**SAS label:** CO [PPM]: 1ST  
**Question:** Q24a: First CO [ppm]  
**Note:** None

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

**Variable name:** EXF\_81  
**SAS label:** CO [PPM]: 2ND  
**Question:** Q24a: Second CO [ppm]  
**Note:** None

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

**Variable name:** EXF\_82  
**SAS label:** CO [PPM]: 3RD  
**Question:** Q24a: Third CO [ppm]  
**Note:** None

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

**Variable name:** EXF\_83  
**SAS label:** CO [PPM]: 4TH  
**Question:** Q24a: Fourth CO [ppm]  
**Note:** None

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

<b>ADMINISTRATIVE INFORMATION</b>
-----------------------------------

**Variable name:** EXF\_STAT  
**SAS label:** QUESTIONNAIRE COMPLETED  
**Question:** Q25: Did the participant complete the interview?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q26: 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:** Q27: Date of examination  
**Note:** None

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

## Physical Examination

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

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

## Diabetic Foot Screen

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

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

**Variable name:** FOOTF\_1A  
**SAS label:** RIGHT FOOT ULCER  
**Question:** Q1a: Is there an ulcer on the right foot?  
**Note:** None

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

Diabetic Foot Screen

**Variable name:** FOOTF\_1B  
**SAS label:** LEFT FOOT ULCER  
**Question:** Q1b: Is there an ulcer on the left foot?  
**Note:** None

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

**Variable name:** FOOTF\_2  
**SAS label:** HISTORY OF FOOT ULCER  
**Question:** Q2: Is there a history of foot ulcer?  
**Note:** None

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

**Variable name:** FOOTF\_3  
**SAS label:** FOOT NUMB  
**Question:** Q3: Is either foot numb?  
**Note:** None

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

Diabetic Foot Screen

**Variable name:** FOOTF\_4A  
**SAS label:** RT. TOP  
**Question:** Q4a: Feel 10 gram filament on right top foot?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

**Variable name:** FOOTF\_4B  
**SAS label:** RT. LARGE TOE  
**Question:** Q4b: Feel 10 gram filament on right large toe?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

**Variable name:** FOOTF\_4C  
**SAS label:** RT. MIDDLE TOE  
**Question:** Q4c: Feel 10 gram filament on right middle toe?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

Diabetic Foot Screen

**Variable name:** FOOTF\_4D  
**SAS label:** RT. SMALL TOE  
**Question:** Q4d: Feel 10 gram filament on right small toe?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

**Variable name:** FOOTF\_4E  
**SAS label:** RT. SOLE FRONT  
**Question:** Q4e: Feel 10 gram filament on right sole front?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

**Variable name:** FOOTF\_4F  
**SAS label:** RT. SOLE RIGHT  
**Question:** Q4f: Feel 10 gram filament on right sole right?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

Diabetic Foot Screen

**Variable name:** FOOTF\_4G  
**SAS label:** RT. SOLE LEFT  
**Question:** Q4g: Feel 10 gram filament on right sole left?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

**Variable name:** FOOTF\_4H  
**SAS label:** RT. SOLE BACK RIGHT  
**Question:** Q4h: Feel 10 gram filament on right sole back right?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

**Variable name:** FOOTF\_4I  
**SAS label:** RT. SOLE BACK LEFT  
**Question:** Q4i: Feel 10 gram filament on right sole back left?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

Diabetic Foot Screen

**Variable name:** FOOTF\_4J  
**SAS label:** RT. HEEL  
**Question:** Q4j: Feel 10 gram filament on right heel?  
**Note:** None

Code or Value	Value description	Skip to item
1	Positive	
2	Negative	
.	Missing	

**Variable name:** FOOTF\_5  
**SAS label:** UNABLE TO MEASURE DUE TO MEDICAL REASONS  
**Question:** Q5: Unable to measure due to medical reasons?  
**Note:** If the right foot has been amputated, conduct exam on the left foot

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

**Variable name:** FOOTF\_6  
**SAS label:** MEASURE ON LEFT FOOT  
**Question:** Q6: Measured on left foot?  
**Note:** None

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

Diabetic Foot Screen

**Variable name:** FOOTF\_6A  
**SAS label:** REASON FOR MEASURE ON LEFT FOOT  
**Question:** Q6a: If Yes, due to right foot:  
**Note:** None

Code or Value	Value description	Skip to item
1	Amputation	
2	Wound/dressing	
3	Cast	
8	Refusal	
.	Missing	

**Variable name:** FOOTF\_7A  
**SAS label:** NUMBER OF POSITIVE ANSWERS  
**Question:** Q7a: Number of positive answers  
**Note:** None

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

**Variable name:** FOOTF\_7B  
**SAS label:** NUMBER OF SITES TESTED  
**Question:** Q7b: Number of sites tested  
**Note:** None

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

<b>ADMINISTRATIVE INFORMATION</b>
-----------------------------------

**Variable name:** FTF\_STAT  
**SAS label:** WHETHER PARTICIPANT COMPLETE THE FORM  
**Question:** Q8: Did the participant complete the exam?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	

**Variable name:** INT\_CODE  
**SAS label:** EXAMED BY  
**Question:** Q9: Examined by  
**Note:** None

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

**Variable name:** INT\_DATE  
**SAS label:** EXAM DATE  
**Question:** Q10: Date of examination  
**Note:** None

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

Diabetic Foot Screen

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

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

## Quality of Life (SF-36)

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

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

**Variable name:** FAMID  
**SAS label:** FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

**Variable name:** QUAF\_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	

Quality of Life (SF-36)

**Variable name:** QUAF\_1  
**SAS label:** HEALTH IN GENERAL  
**Question:** Q1: In general, would you say your health is:  
**Note:** None

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

**Variable name:** QUAF\_2  
**SAS label:** HEALTH NOW COMPARED TO ONE YEAR AGO  
**Question:** Q2: Compared to one year ago, how would you rate your health in general, now?  
**Note:** None

Code or Value	Value description	Skip to item
1	Much better than one year ago	
2	Somewhat better than one year ago	
3	About the same	
4	Somewhat worse than one year ago	
5	Much worse than one year ago	
.	Missing	

Quality of Life (SF-36)

The following items are about activities you might do during a typical day. Does your health now limit these activities? If so, how much?

**Variable name:** QUAF\_3  
**SAS label:** VIGOROUS ACTIVITIES  
**Question:** Q3: Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports  
**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:** QUAF\_4  
**SAS label:** MODERATE ACTIVITIES  
**Question:** Q4: 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	

Quality of Life (SF-36)

**Variable name:** QUAF\_5  
**SAS label:** LIFTING OR CARRYING  
**Question:** Q5: Lifting or carrying groceries  
**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:** QUAF\_6  
**SAS label:** CLIMBING SEVERAL STAIRS  
**Question:** Q6: Climbing several flights of stairs  
**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:** QUAF\_7  
**SAS label:** CLIMBING ONE FLIGHT  
**Question:** Q7: Climbing one flight of stairs  
**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-36)

**Variable name:** QUAF\_8  
**SAS label:** BENDING, KNEELING, STOOPING  
**Question:** Q8: Bending, kneeling, or stooping  
**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:** QUAF\_9  
**SAS label:** WALKING MORE THAN 1 MILE  
**Question:** Q9: Walking more than a mile  
**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:** QUAF\_10  
**SAS label:** WALKING SEVERAL BLOCKS  
**Question:** Q10: Walking several blocks  
**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-36)

**Variable name:** QUAF\_11  
**SAS label:** WALKING ONE BLOCK  
**Question:** Q11: Walking one block  
**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:** QUAF\_12  
**SAS label:** BATHING OR DRESSING YOURSELF  
**Question:** Q12: Bathing or dressing yourself  
**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	

**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:** QUAF\_13  
**SAS label:** CUT DOWN ON WORK OR ACTIVITIES DUE TO PHYSICAL HEALTH  
**Question:** Q13: Cut down on the amount of time you spend on work or other activities  
**Note:** None

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

Quality of Life (SF-36)

**Variable name:** QUAF\_14  
**SAS label:** ACCOMPLISH LESS DUE TO PHYSICAL HEALTH  
**Question:** Q14: Accomplish less than you would like  
**Note:** None

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

**Variable name:** QUAF\_15  
**SAS label:** LIMITED IN TYPE OF WORK DUE TO PHYSICAL HEALTH  
**Question:** Q15: 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	

**Variable name:** QUAF\_16  
**SAS label:** DIFFICULTY PERFORMING WORK OR ACTIVITIES DUE TO PHYSICAL HEALTH  
**Question:** Q16: Had difficulty performing the work or other activities (for example, it took extra effort)  
**Note:** None

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

Quality of Life (SF-36)

**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:** QUAF\_17  
**SAS label:** CUT DOWN ON WORK OR ACTIVITIES DUE TO EMOTIONAL PROBLEMS  
**Question:** Q17: Cut down on the amount of time you spend on work or other activities  
**Note:** None

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

**Variable name:** QUAF\_18  
**SAS label:** ACCOMPLISH LESS DUE TO EMOTIONAL PROBLEMS  
**Question:** Q18: Accomplish less than you would like  
**Note:** None

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

Quality of Life (SF-36)

**Variable name:** QUAF\_19  
**SAS label:** DIDN'T DO WORK OR ACTIVITIES CAREFULLY DUE TO EMOTIONAL PROBLEMS  
**Question:** Q19: 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	

**Variable name:** QUAF\_20  
**SAS label:** HEALTH INTERFERED WITH ACTIVITIES WITH FAMILY/FRIENDS  
**Question:** Q20: During the PAST 4 WEEKS, to what extent has your physical health of emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?  
**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	

Quality of Life (SF-36)

**Variable name:** QUAF\_21  
**SAS label:** BODILY PAIN DURING PAST 4 WEEKS  
**Question:** Q21: How much BODILY pain have you had during the PAST 4 WEEKS?  
**Note:** None

Code or Value	Value description	Skip to item
1	None	
2	Very mild	
3	Mild	
4	Moderate	
5	Severe	
6	Very severe	
.	Missing	

**Variable name:** QUAF\_22  
**SAS label:** PAIN INTERFERE WITH NORMAL WORK  
**Question:** Q22: 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	

Quality of Life (SF-36)

**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.**

**Variable name:** QUAF\_23  
**SAS label:** FULL OF PEP  
**Question:** Q23: Did you feel full of pep?  
**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:** QUAF\_24  
**SAS label:** BEEN NERVOUS  
**Question:** Q24: Have you been a very nervous person?  
**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-36)

**Variable name:** QUAF\_25  
**SAS label:** FELT DOWN IN THE DUMPS  
**Question:** Q25: Have you felt so down in the dumps that nothing could cheer you up?  
**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:** QUAF\_26  
**SAS label:** FELT CALM AND PEACEFUL  
**Question:** Q26: 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-36)

**Variable name:** QUAF\_27  
**SAS label:** HAD A LOT OF ENERGY  
**Question:** Q27: 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:** QUAF\_28  
**SAS label:** FEEL DOWNHEARTED AND BLUE  
**Question:** Q28: 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-36)

**Variable name:** QUAF\_29  
**SAS label:** FEEL WORN OUT  
**Question:** Q29: Did you feel worn out?  
**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:** QUAF\_30  
**SAS label:** BEEN A HAPPY PERSON  
**Question:** Q30: Have you been a happy person?  
**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-36)

**Variable name:** QUAF\_31  
**SAS label:** FEEL TIRED  
**Question:** Q31: Did you feel tired?  
**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:** QUAF\_32  
**SAS label:** PHYSICAL HEALTH & EMOTIONAL PROBLEMS INTERFERE WITH SOCIAL ACTIVITY  
**Question:** Q32: 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:** None

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-36)

**Variable name:** QUAF\_33  
**SAS label:** GET SICKER THAN OTHER PEOPLE  
**Question:** Q33: I seem to get sick a little easier than other people  
**Note:** None

Code or Value	Value description	Skip to item
1	Definitely true	
2	Mostly true	
3	Don't know	
4	Mostly false	
5	Definitely false	
.	Missing	

**Variable name:** QUAF\_34  
**SAS label:** AS HEALTHY AS ANYBODY I KNOW  
**Question:** Q34: I am as healthy as anybody I know  
**Note:** None

Code or Value	Value description	Skip to item
1	Definitely true	
2	Mostly true	
3	Don't know	
4	Mostly false	
5	Definitely false	
.	Missing	

Quality of Life (SF-36)

**Variable name:** QUAF\_35  
**SAS label:** EXPECT MY HEALTH TO GET WORSE  
**Question:** Q35: I expect my health to get worse  
**Note:** None

Code or Value	Value description	Skip to item
1	Definitely true	
2	Mostly true	
3	Don't know	
4	Mostly false	
5	Definitely false	
.	Missing	

**Variable name:** QUAF\_36  
**SAS label:** HEALTH IS EXCELLENT  
**Question:** Q36: My health is excellent  
**Note:** None

Code or Value	Value description	Skip to item
1	Definitely true	
2	Mostly true	
3	Don't know	
4	Mostly false	
5	Definitely false	
.	Missing	

**ADMINISTRATIVE INFORMATION**

**Variable name:** QUAF\_37  
**SAS label:** LANGUAGE THE INTERVIEW CONDUCTED  
**Question:** Q37: Interview conducted in:  
**Note:** None

Code or Value	Value description	Skip to item
1	English	
2	Native language	
3	Other	
.	Missing	

**Variable name:** QUAF\_37A  
**SAS label:** LANGUAGE THE INTERVIEW CONDUCTED, SPECIF  
**Question:** Q37: Interview conducted in: specify other  
**Note:** None

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

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q38: Interviewer  
**Note:** None

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

Quality of Life (SF-36)

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q39: Date completed  
**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:** None  
**Note:** None

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

# Gambling Questionnaire

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

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

**Variable name:** GAMF\_1  
**SAS label:** WORK AT A CASINO/BINGO PARLOR  
**Question:** Q1: Do you work at a casino/bingo hall?  
**Note:** None

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

Gambling Questionnaire

**Variable name:** GAMF\_2A  
**SAS label:** GAMBLING EFFECTS: TRIBAL GOVERNMENT  
**Question:** Q2a: Overall, what effects do you think gambling has on the following: Tribal government  
**Note:** None

Code or Value	Value description	Skip to item
1	Beneficial	
2	Harmful	
3	No effects	
.	Missing	

**Variable name:** GAMF\_2B  
**SAS label:** GAMBLING EFFECTS: TRIBAL PEOPLE  
**Question:** Q2b: Overall, what effects do you think gambling has on the following: Tribal people  
**Note:** None

Code or Value	Value description	Skip to item
1	Beneficial	
2	Harmful	
3	No effects	
.	Missing	

**Variable name:** GAMF\_2C  
**SAS label:** GAMBLING EFFECTS: YOU PERSONALLY  
**Question:** Q2c: Overall, what effects do you think gambling has on the following: You personally  
**Note:** None

Code or Value	Value description	Skip to item
1	Beneficial	
2	Harmful	
3	No effects	
.	Missing	

## Gambling Questionnaire

**Variable name:** GAMF\_3  
**SAS label:** SLOT MACHINES  
**Question:** Q3a: What type(s) of gambling have you participated in during the last year? Slot machines  
**Note:** None

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

**Variable name:** GAMF\_4  
**SAS label:** FREQUENCY OF PLAYING SLOT MACHINES  
**Question:** Q3a: If yes to slot machines, how often?  
**Note:** None

Code or Value	Value description	Skip to item
1	1 or more times a week	
2	1 or more times a month	
3	Less than once a month	
.	Missing	

**Variable name:** GAMF\_5  
**SAS label:** LOTTERY  
**Question:** Q3b: What type(s) of gambling have you participated in during the last year? Lottery  
**Note:** None

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

## Gambling Questionnaire

**Variable name:** GAMF\_6  
**SAS label:** FREQUENCY OF PLAYING LOTTERY  
**Question:** Q3b: If yes to lottery, how often?  
**Note:** None

Code or Value	Value description	Skip to item
1	1 or more times a week	
2	1 or more times a month	
3	Less than once a month	
.	Missing	

**Variable name:** GAMF\_7  
**SAS label:** BINGO  
**Question:** Q3c: What type(s) of gambling have you participated in during the last year? Bingo  
**Note:** None

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

**Variable name:** GAMF\_8  
**SAS label:** FREQUENCY OF PLAYING BINGO  
**Question:** Q3c: If yes to bingo, how often?  
**Note:** None

Code or Value	Value description	Skip to item
1	1 or more times a week	
2	1 or more times a month	
3	Less than once a month	
.	Missing	

## Gambling Questionnaire

**Variable name:** GAMF\_9  
**SAS label:** CARD GAMES  
**Question:** Q3d: What type(s) of gambling have you participated in during the last year? Card games (i.e. poker)  
**Note:** None

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

**Variable name:** GAMF\_10  
**SAS label:** FREQUENCY OF PLAYING CARD GAMES  
**Question:** Q3d: If yes to playing card games, how often?  
**Note:** None

Code or Value	Value description	Skip to item
1	1 or more times a week	
2	1 or more times a month	
3	Less than once a month	
.	Missing	

**Variable name:** GAMF\_11  
**SAS label:** OTHER GAMBLING  
**Question:** Q3e: What type(s) of gambling have you participated in during the last year? Other  
**Note:** None

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

Gambling Questionnaire

**Variable name:** GAMF\_11A  
**SAS label:** OTHER GAMBLING, SPECIFY  
**Question:** Q3e: What type(s) of gambling have you participated in during the last year? Other specify  
**Note:** None

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

**Variable name:** GAMF\_12  
**SAS label:** FREQUENCY OF OTHER GAMBLING  
**Question:** Q3e: If yes to other, how often?  
**Note:** None

Code or Value	Value description	Skip to item
1	1 or more times a week	
2	1 or more times a month	
3	Less than once a month	
.	Missing	

**Variable name:** GAMF\_13  
**SAS label:** LOST MORE THAN WON IN THE PAST YEAR  
**Question:** Q4: In the past year, have you lost more than you won?  
**Note:** None

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

## Gambling Questionnaire

**Variable name:** GAMF\_14  
**SAS label:** ATTEMPTS TO STOP GAMBLING IN THE PAST YEAR  
**Question:** Q5: In the past year, have you made attempts to control, cut back, or stop gambling?  
**Note:** None

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

**Variable name:** GAMF\_15  
**SAS label:** SUCCESSFUL OF STOPPING GAMBLING  
**Question:** Q5a: If yes, have your attempts been successful?  
**Note:** None

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

**Variable name:** GAMF\_16  
**SAS label:** NEED TO BORROW MONEY TO PAY BASIC LIVING  
**Question:** Q6: In the past year, have you had to borrow money to pay basic living expenses (such as food, mortgage/rent), because of gambling losses?  
**Note:** None

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

Gambling Questionnaire

**Variable name:** GAMF\_17  
**SAS label:** ALCOHOL DRINKING DURING GAMBLING DAY  
**Question:** Q7: When you are gambling, how much alcohol do you drink that day?  
**Note:** None

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

**Variable name:** GAMF\_18  
**SAS label:** LARGEST AMOUNT BEEN WAGERED IN THE PAST  
**Question:** Q8: In the past year, what is the largest amount you have ben on any single day?  
**Note:** None

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

**ADMINISTRATIVE INFORMATION**

**Variable name:** GAMF\_STAT  
**SAS label:** WHETHER PARTICIPANT COMPLETE THE FORM  
**Question:** Q9: Did the participant complete the interview?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	

Gambling Questionnaire

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q10: Interviewer  
**Note:** None

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

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q11: Date of interview  
**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:** None  
**Note:** None

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

## Risk Factor Knowledge Questions

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

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

**Variable name:** RISK\_STAT  
**SAS label:** STATUS QUESTION  
**Question:** Q1: How was this questionnaire administered?  
**Note:** None

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

## Risk Factor Knowledge Questions

This is a list of things which may or may not affect a person's chances of getting heart disease.

**Variable name:** RISK\_2  
**SAS label:** CIGARETTE SMOKING  
**Question:** Q2: Cigarette smoking?  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

**Variable name:** RISK\_3  
**SAS label:** HIGH CHOLESTEROL  
**Question:** Q3: High Cholesterol?  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

## Risk Factor Knowledge Questions

**Variable name:** RISK\_4  
**SAS label:** HIGH BLOOD PRESSURE  
**Question:** Q4: High Blood Pressure?  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

**Variable name:** RISK\_5  
**SAS label:** DIABETES  
**Question:** Q5: Diabetes?  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

**Variable name:** RISK\_6  
**SAS label:** WORRY, ANXIETY, OR STRESS  
**Question:** Q6: Worry, Anxiety, or Stress?  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

Risk Factor Knowledge Questions

**Variable name:** RISK\_7  
**SAS label:** BEING VERY OVERWEIGHT  
**Question:** Q7: Being very overweight?  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

**Variable name:** RISK\_8  
**SAS label:** EATING A DIET HIGH IN ANIMAL FAT  
**Question:** Q8: Eating a diet high in animal fat? (For example, foods that contain red meat, cheese, butter, lard, etc.)  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

**Variable name:** RISK\_9  
**SAS label:** FAMILY HISTORY OF HEART DISEASE  
**Question:** Q9: Family history of heart disease  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

## Risk Factor Knowledge Questions

**Variable name:** RISK\_10  
**SAS label:** NOT EXERCISE REGULARLY  
**Question:** Q10: Not exercising regularly  
**Note:** None

Code or Value	Value description	Skip to item
0	Does Not Increase Risk	
1	Increases Risk	
9	Don't know / Not sure	
.	Missing	

## ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q11: Interviewer  
**Note:** None

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

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q12: Date completed  
**Note:** None

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

## Risk Factor Knowledge Questions

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

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

# Cultural Factors Questionnaire

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

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID  
**Question:** SHS Family I.D.  
**Note:** None

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

**Variable name:** CULF\_1  
**SAS label:** HOW THE QUESTIONNAIRE ADMINISTERED  
**Question:** Q1: How is this questionnaire administered?  
**Note:** None

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

## Cultural Factors Questionnaire

### TRADITIONAL VALUES/CULTURE

**Variable name:** CULF\_2  
**SAS label:** SPEAK NATIVE LANGUAGE  
**Question:** Q2: 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	Skip to Q4 (CULF_4)
.	Missing	

**Variable name:** CULF\_3  
**SAS label:** FREQUENCY OF SPEAKING NATIVE LANGUAGE  
**Question:** Q3: 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	

## Cultural Factors Questionnaire

The next several questions are about your own native lifestyle.

**Variable name:** CULF\_4  
**SAS label:** IDENTIFY WITH NATIVE CULTURE  
**Question:** Q4: How much do you identify yourself with your own native culture?  
**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	A little	
3	Some	
4	A Lot	
.	Missing	

**Variable name:** CULF\_5  
**SAS label:** IDENTIFY WITH NON-INDIAN CULTURE  
**Question:** Q5: How much do you identify yourself with non-Indian culture?  
**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	A little	
3	Some	
4	A Lot	
.	Missing	

## Cultural Factors Questionnaire

**Variable name:** CULF\_6  
**SAS label:** COMFORTABLE WITH NATIVE CULTURE  
**Question:** Q6: How comfortable do you feel in your own native culture?  
**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	A little	
3	Some	
4	A Lot	
.	Missing	

**Variable name:** CULF\_7  
**SAS label:** COMFORTABLE WITH NON-INDIAN CULTURE  
**Question:** Q7: How comfortable do you feel in the non-Indian culture?  
**Note:** None

Code or Value	Value description	Skip to item
1	Not at all	
2	A little	
3	Some	
4	A Lot	
.	Missing	

## Cultural Factors Questionnaire

### ADMINISTRATIVE INFORMATION

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q8: Interviewer  
**Note:** None

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

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Q9: Date completed  
**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:** None  
**Note:** None

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

## Nutritional Data

**Variable name:** IDNO  
**SAS label:** SHS ID  
**Note:** None

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

**Variable name:** S3DATE  
**SAS label:** SHS3 DIETARY RECORD DATE  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3KCAL  
**SAS label:** SHS3 DIETARY ENERGY (kcal)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3TOTALFAT  
**SAS label:** SHS3 DIETARY TOTAL FAT (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3CARB  
**SAS label:** SHS3 DIETARY TOTAL CARBOHYDRATE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PROTEIN  
**SAS label:** SHS3 DIETARY PROTEIN (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ANIMPROT  
**SAS label:** SHS3 DIETARY ANIMAL PROTEIN (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3VEGPROT  
**SAS label:** SHS3 DIETARY VEGETABLE PROTEIN (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3ALCOHOL  
**SAS label:** SHS3 DIETARY ALCOHOL (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3CHOLEST  
**SAS label:** SHS3 DIETARY CHOLESTEROL (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3TSFA  
**SAS label:** SHS3 TOTAL SATURATED FATTY ACID (SFA) (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3TMFA  
**SAS label:** SHS3 TOTAL MONOUNSATURATED FATTY ACID (MUFA) (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3TPFA  
**SAS label:** SHS3 TOTAL POLYUNSATURATED FATTY ACID (PUFA) (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3FRUCTOSE  
**SAS label:** SHS3 DIETARY FRUCTOSE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3GALACTOSE  
**SAS label:** SHS3 DIETARY GALACTOSE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3GLUCOSE  
**SAS label:** SHS3 DIETARY GLUCOSE (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3LACTOSE  
**SAS label:** SHS3 DIETARY LACTOSE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SUCROSE  
**SAS label:** SHS3 DIETARY SUCROSE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3STARCH  
**SAS label:** SHS3 DIETARY STARCH (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3FIBER  
**SAS label:** SHS3 TOTAL DIETARY FIBER (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3SOLUFIB  
**SAS label:** SHS3 WATER SOLUBLE DIETARY FIBER (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3INSFIBER  
**SAS label:** SHS3 INSOLUBLE DIETARY FIBER (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PECTINS  
**SAS label:** SHS3 DIETARY PECTINS (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3VITAA  
**SAS label:** SHS3 DIETARY TOTAL VITAMIN A (mcg RE)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3RETINOL  
**SAS label:** SHS3 DIETARY RETINOL (mcg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3VITAD  
**SAS label:** SHS3 DIETARY VITAMIN D (mcg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3VITAE  
**SAS label:** SHS3 TOTAL VITAMIN E ACTIVITY (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ALPHATOC  
**SAS label:** SHS3 DIETARY ALPHA-TOCOPHEROL (mg)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3BETATOC  
**SAS label:** SHS3 DIETARY BETA-TOCOPHEROL (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3GAMMATOC  
**SAS label:** SHS3 DIETARY GAMMA-TOCOPHEROL (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3DELTATOC  
**SAS label:** SHS3 DIETARY DELTA-TOCOPHEROL (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3VITAC  
**SAS label:** SHS3 DIETARY VITAMIN C (mg)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3THIAMIN  
**SAS label:** SHS3 DIETARY THIAMIN (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3RIBOFLAV  
**SAS label:** SHS3 DIETARY RIBOFLAVIN (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3NIACIN  
**SAS label:** SHS3 DIETARY NIACIN (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PANTOTHE  
**SAS label:** SHS3 DIETARY PANTOTHENIC ACID (mg)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3B6  
**SAS label:** SHS3 DIETARY VITAMIN B6 (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3FOL  
**SAS label:** SHS3 DIETARY FOLACIN (mcg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3B12  
**SAS label:** SHS3 DIETARY VITAMIN B12 (mcg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3CALCIUM  
**SAS label:** SHS3 DIETARY CALCIUM (mg)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3PHOSPH  
**SAS label:** SHS3 DIETARY PHOSPHOROUS (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3MAGNESIUM  
**SAS label:** SHS3 DIETARY MAGNESIUM (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3IRON  
**SAS label:** SHS3 DIETARY IRON (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ZINC  
**SAS label:** SHS3 DIETARY ZINC (mg)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3COPPER  
**SAS label:** SHS3 DIETARY COPPER (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SELENIUM  
**SAS label:** SHS3 DIETARY SELENIUM (mcg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SODIUM  
**SAS label:** SHS3 DIETARY SODIUM (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3POTASSIUM  
**SAS label:** SHS3 DIETARY POTASSIUM (mg)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3SFA4  
**SAS label:** SHS3 DIETARY SFA - BUTYRIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SFA6  
**SAS label:** SHS3 DIETARY SFA - CAPROIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SFA8  
**SAS label:** SHS3 DIETARY SFA - CAPRYLIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SFA10  
**SAS label:** SHS3 DIETARY SFA - CAPRIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3SFA12  
**SAS label:** SHS3 DIETARY SFA - LAURIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SFA14  
**SAS label:** SHS3 DIETARY SFA - MYRISTIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SFA16  
**SAS label:** SHS3 DIETARY SFA - PALMITIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SFA17  
**SAS label:** SHS3 DIETARY SFA - MARGARIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3SFA18  
**SAS label:** SHS3 DIETARY SFA - STEARIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SFA20  
**SAS label:** SHS3 DIETARY SFA - ARACHIDIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SFA22  
**SAS label:** SHS3 DIETARY SFA - BEHENIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3MFA141  
**SAS label:** SHS3 DIETARY MUFA - MYRISTOLEIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3MFA161  
**SAS label:** SHS3 DIETARY MUFA - PALMITOLEIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3MFA181  
**SAS label:** SHS3 DIETARY MUFA - OLEIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3MFA201  
**SAS label:** SHS3 DIETARY MUFA - GADOLEIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3MFA221  
**SAS label:** SHS3 DIETARY MUFA - ERUCIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3PFA182  
**SAS label:** SHS3 PUFA - LINOLEIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PFA183  
**SAS label:** SHS3 PUFA - LINOLENIC ACID (w-3) (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PFA184  
**SAS label:** SHS3 PUFA - PARINARIC ACID (w-3) (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PFA204  
**SAS label:** SHS3 PUFA - ARACHIDONIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3PFA205  
**SAS label:** SHS3 PUFA - EICOSAPENTAENOIC ACID(w-3)(gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PFA225  
**SAS label:** SHS3 PUFA - DOCOSAPENTAENOIC ACID(w-3)(gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PFA226  
**SAS label:** SHS3 PUFA - DOCOSAHEXAENOIC ACID(w-3)(gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PFA\_SFA  
**SAS label:** SHS3 TOTAL PUFA TO TOTAL SFA RATIO  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3CHOL\_SFA  
**SAS label:** SHS3 CHOLESTEROL TO SFA INDEX  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3TRYPTOPH  
**SAS label:** SHS3 DIETARY TRYPTOPHAN (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3THREONINE  
**SAS label:** SHS3 DIETARY THREONINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ISOLEUCINE  
**SAS label:** SHS3 DIETARY ISOLEUCINE (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3LEUCINE  
**SAS label:** SHS3 DIETARY LEUCINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3LYSINE  
**SAS label:** SHS3 DIETARY LYSINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3METHIONINE  
**SAS label:** SHS3 DIETARY METHIONINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3CYSTINE  
**SAS label:** SHS3 DIETARY CYSTINE (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3PHENYLA  
**SAS label:** SHS3 DIETARY PHENYLALANINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3TYROSINE  
**SAS label:** SHS3 DIETARY TYROSINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3VALINE  
**SAS label:** SHS3 DIETARY VALINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ARGININE  
**SAS label:** SHS3 DIETARY ARGININE (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3HISTIDINE  
**SAS label:** SHS3 DIETARY HISTIDINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ALANINE  
**SAS label:** SHS3 DIETARY ALANINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ASPARTIC  
**SAS label:** SHS3 DIETARY ASPARTIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3GLUTAMIC  
**SAS label:** SHS3 DIETARY GLUTAMMIC ACID (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3GLYCINE  
**SAS label:** SHS3 DIETARY GLYCINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PROLINE  
**SAS label:** SHS3 DIETARY PROLINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3SERINE  
**SAS label:** SHS3 DIETARY SERINE (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ASPARTAME  
**SAS label:** SHS3 DIETARY ASPARTAME (mg)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3SACCHARIN  
**SAS label:** SHS3 DIETARY SACCHARIN (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3CAFFEINE  
**SAS label:** SHS3 DIETARY CAFFEINE (mg)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3ASH  
**SAS label:** SHS3 DIETARY ASH (gm)  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3WATER  
**SAS label:** SHS3 DIETARY WATER (gm)  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3PFAT  
**SAS label:** SHS3 DIETARY % CALORIES FROM FAT  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PCARB  
**SAS label:** SHS3 DIETARY % CALORIES FROM CARBOHYDRATES  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PPROT  
**SAS label:** SHS3 DIETARY % CALORIES FROM PROTEIN  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PALCOHOL  
**SAS label:** SHS3 DIETARY % CALORIES FROM ALCOHOL  
**Note:** Nutrient data generated from food diary

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

Nutritional Data

**Variable name:** S3PSFA  
**SAS label:** SHS3 DIETARY % CALORIES FROM SFA  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PMFA  
**SAS label:** SHS3 DIETARY % CALORIES FROM MUFA  
**Note:** Nutrient data generated from food diary

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

**Variable name:** S3PPFA  
**SAS label:** SHS3 DIETARY % CALORIES FROM PUFA  
**Note:** Nutrient data generated from food diary

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

**Variable name:** CENTER  
**SAS label:** SHS Site  
**Note:** None

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

# Modifiable Activity Questionnaire I

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

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

**Variable name:** ACTF\_1  
**SAS label:** JOGGING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Jogging (outdoor, treadmill)  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_2  
**SAS label:** SWIMMING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Swimming (laps, snorkeling)  
**Note:** None

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

**Variable name:** ACTF\_3  
**SAS label:** BICYCLING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Bicycling (stationary, outdoor)  
**Note:** None

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

**Variable name:** ACTF\_4  
**SAS label:** SOFTBALL  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Softball/Baseball  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_5  
**SAS label:** CANOEING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Canoeing/Rowing/Kayaking  
**Note:** None

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

**Variable name:** ACTF\_6  
**SAS label:** SNOW SKIING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Snow skiing (Nordic, X-country, dnhill)  
**Note:** None

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

**Variable name:** ACTF\_7  
**SAS label:** WEIGHT TRAINING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Strength/Weight training  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_8  
**SAS label:** SKATING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Skating (roller, ice, blading)  
**Note:** None

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

**Variable name:** ACTF\_9  
**SAS label:** MARITAL ARTS  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Martial Arts (karate, judo, etc)  
**Note:** None

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

**Variable name:** ACTF\_10  
**SAS label:** CALISTHENICS  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Calisthenics/Toning exercises  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_11  
**SAS label:** CHOPPING WOOD  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Wood chopping  
**Note:** None

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

**Variable name:** ACTF\_12  
**SAS label:** WALKING FOR EXERCISE  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)  
**Note:** None

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

**Variable name:** ACTF\_13  
**SAS label:** FOOTBALL  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Football/Soccer  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_14  
**SAS label:** RACQUETBALL  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Racquetball/Handball/Squash  
**Note:** None

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

**Variable name:** ACTF\_15  
**SAS label:** HORSEBACK RIDING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Horseback riding  
**Note:** None

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

**Variable name:** ACTF\_16  
**SAS label:** HUNTING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Hunting  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_17  
**SAS label:** FISHING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Fishing  
**Note:** None

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

**Variable name:** ACTF\_18  
**SAS label:** AEROBICS  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Aerobic Dance/Step aerobic  
**Note:** None

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

**Variable name:** ACTF\_19  
**SAS label:** WATER AEROBICS  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Water aerobics  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_20  
**SAS label:** DANCING (INDIAN)  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Dancing (Indian)  
**Note:** None

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

**Variable name:** ACTF\_21  
**SAS label:** DANCING (SQUARE, LINE, BALLROOM)  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Dancing (square, line, ballroom)  
**Note:** None

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

**Variable name:** ACTF\_22  
**SAS label:** GARDENING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Gardening/Yardwork  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_23  
**SAS label:** BADMINTON  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Badminton  
**Note:** None

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

**Variable name:** ACTF\_24  
**SAS label:** WATERHAULING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Water/coal hauling  
**Note:** None

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

**Variable name:** ACTF\_25  
**SAS label:** STAIR MASTER  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Stair Master  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_26  
**SAS label:** HIKING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Hiking  
**Note:** None

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

**Variable name:** ACTF\_27  
**SAS label:** TENNIS  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Tennis  
**Note:** None

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

**Variable name:** ACTF\_28  
**SAS label:** GOLF  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Golf  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_29  
**SAS label:** VOLLEYBALL  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Volleyball  
**Note:** None

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

**Variable name:** ACTF\_30  
**SAS label:** JUMP ROPE  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Jump rope  
**Note:** None

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

**Variable name:** ACTF\_31  
**SAS label:** BOWLING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Bowling  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_32  
**SAS label:** SNOWSHOEING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Snowshoeing  
**Note:** None

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

**Variable name:** ACTF\_33  
**SAS label:** YOGA  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Yoga  
**Note:** None

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

**Variable name:** ACTF\_34  
**SAS label:** RODEO  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Rodeo  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_35  
**SAS label:** ROCK CLIMBING  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Rock climbing  
**Note:** None

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

**Variable name:** ACTF\_36  
**SAS label:** BASKETBALL  
**Question:** Q1: Please check all activities listed below that you have done more than 10 times in the past year: Basketball  
**Note:** None

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

**For each activity you checked above, check the months during which you participated in those activities over the past year (12 months), then estimate the average amount of time you spent in each activity.**

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_37  
**SAS label:** ACTIVITY #1  
**Question:** Activity 1  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

**Variable name:** ACTF\_38  
**SAS label:** ACTIVITY #1 - JAN  
**Question:** Activity 1 in January  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_39  
**SAS label:** ACTIVITY #1 - FEB  
**Question:** Activity 1 in February  
**Note:** None

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

**Variable name:** ACTF\_40  
**SAS label:** ACTIVITY #1 - MAR  
**Question:** Activity 1 in March  
**Note:** None

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

**Variable name:** ACTF\_41  
**SAS label:** ACTIVITY #1 - APR  
**Question:** Activity 1 in April  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_42  
**SAS label:** ACTIVITY #1 - MAY  
**Question:** Activity 1 in May  
**Note:** None

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

**Variable name:** ACTF\_43  
**SAS label:** ACTIVITY #1 - JUN  
**Question:** Activity 1 in June  
**Note:** None

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

**Variable name:** ACTF\_44  
**SAS label:** ACTIVITY #1 - JUL  
**Question:** Activity 1 in July  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_45  
**SAS label:** ACTIVITY #1 - AUG  
**Question:** Activity 1 in August  
**Note:** None

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

**Variable name:** ACTF\_46  
**SAS label:** ACTIVITY #1 - SEP  
**Question:** Activity 1 in September  
**Note:** None

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

**Variable name:** ACTF\_47  
**SAS label:** ACTIVITY #1 - OCT  
**Question:** Activity 1 in October  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_48  
**SAS label:** ACTIVITY #1 - NOV  
**Question:** Activity 1 in November  
**Note:** None

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

**Variable name:** ACTF\_49  
**SAS label:** ACTIVITY #1 - DEC  
**Question:** Activity 1 in December  
**Note:** None

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

**Variable name:** ACTF\_50  
**SAS label:** AVG TIMES/MONTH #1  
**Question:** Activity 1 average of times per month  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_51  
**SAS label:** AVG TIME (IN MINUTES) #1  
**Question:** Activity 1 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_52  
**SAS label:** ACTIVITY #2  
**Question:** Activity 2  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

**Variable name:** ACTF\_53  
**SAS label:** ACTIVITY #2 - JAN  
**Question:** Activity 2 in January  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_54  
**SAS label:** ACTIVITY #2 - FEB  
**Question:** Activity 2 in February  
**Note:** None

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

**Variable name:** ACTF\_55  
**SAS label:** ACTIVITY #2 - MAR  
**Question:** Activity 2 in March  
**Note:** None

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

**Variable name:** ACTF\_56  
**SAS label:** ACTIVITY #2 - APR  
**Question:** Activity 2 in April  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_57  
**SAS label:** ACTIVITY #2 - MAY  
**Question:** Activity 2 in May  
**Note:** None

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

**Variable name:** ACTF\_58  
**SAS label:** ACTIVITY #2 - JUN  
**Question:** Activity 2 in June  
**Note:** None

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

**Variable name:** ACTF\_59  
**SAS label:** ACTIVITY #2 - JUL  
**Question:** Activity 2 in July  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_60  
**SAS label:** ACTIVITY #2 - AUG  
**Question:** Activity 2 in August  
**Note:** None

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

**Variable name:** ACTF\_61  
**SAS label:** ACTIVITY #2 - SEP  
**Question:** Activity 2 in September  
**Note:** None

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

**Variable name:** ACTF\_62  
**SAS label:** ACTIVITY #2 - OCT  
**Question:** Activity 2 in October  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_63  
**SAS label:** ACTIVITY #2 - NOV  
**Question:** Activity 2 in November  
**Note:** None

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

**Variable name:** ACTF\_64  
**SAS label:** ACTIVITY #2 - DEC  
**Question:** Activity 2 in December  
**Note:** None

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

**Variable name:** ACTF\_65  
**SAS label:** AVG TIMES/MONTH #2  
**Question:** Activity 2 average of times per month  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_66  
**SAS label:** AVG TIME (IN MINUTES) #2  
**Question:** Activity 2 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_67  
**SAS label:** ACTIVITY #3  
**Question:** Activity 3  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_68  
**SAS label:** ACTIVITY #3 - JAN  
**Question:** Activity 3 in January  
**Note:** None

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

**Variable name:** ACTF\_69  
**SAS label:** ACTIVITY #3 - FEB  
**Question:** Activity 3 in February  
**Note:** None

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

**Variable name:** ACTF\_70  
**SAS label:** ACTIVITY #3 - MAR  
**Question:** Activity 3 in March  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_71  
**SAS label:** ACTIVITY #3 - APR  
**Question:** Activity 3 in April  
**Note:** None

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

**Variable name:** ACTF\_72  
**SAS label:** ACTIVITY #3 - MAY  
**Question:** Activity 3 in May  
**Note:** None

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

**Variable name:** ACTF\_73  
**SAS label:** ACTIVITY #3 - JUN  
**Question:** Activity 3 in June  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_74  
**SAS label:** ACTIVITY #3 - JUL  
**Question:** Activity 3 in July  
**Note:** None

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

**Variable name:** ACTF\_75  
**SAS label:** ACTIVITY #3 - AUG  
**Question:** Activity 3 in August  
**Note:** None

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

**Variable name:** ACTF\_76  
**SAS label:** ACTIVITY #3 - SEP  
**Question:** Activity 3 in September  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_77  
**SAS label:** ACTIVITY #3 - OCT  
**Question:** Activity 3 in October  
**Note:** None

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

**Variable name:** ACTF\_78  
**SAS label:** ACTIVITY #3 - NOV  
**Question:** Activity 3 in November  
**Note:** None

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

**Variable name:** ACTF\_79  
**SAS label:** ACTIVITY #3 - DEC  
**Question:** Activity 3 in December  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_80  
**SAS label:** AVG TIMES/MONTH #3  
**Question:** Activity 3 average of times per month  
**Note:** None

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

**Variable name:** ACTF\_81  
**SAS label:** AVG TIME (IN MINUTES) #3  
**Question:** Activity 3 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_82  
**SAS label:** ACTIVITY #4  
**Question:** Activity 4  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_83  
**SAS label:** ACTIVITY #4 - JAN  
**Question:** Activity 4 in January  
**Note:** None

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

**Variable name:** ACTF\_84  
**SAS label:** ACTIVITY #4 - FEB  
**Question:** Activity 4 in February  
**Note:** None

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

**Variable name:** ACTF\_85  
**SAS label:** ACTIVITY #4 - MAR  
**Question:** Activity 4 in March  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_86  
**SAS label:** ACTIVITY #4 - APR  
**Question:** Activity 4 in April  
**Note:** None

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

**Variable name:** ACTF\_87  
**SAS label:** ACTIVITY #4 - MAY  
**Question:** Activity 4 in May  
**Note:** None

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

**Variable name:** ACTF\_88  
**SAS label:** ACTIVITY #4 - JUN  
**Question:** Activity 4 in June  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_89  
**SAS label:** ACTIVITY #4 - JUL  
**Question:** Activity 4 in July  
**Note:** None

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

**Variable name:** ACTF\_90  
**SAS label:** ACTIVITY #4 - AUG  
**Question:** Activity 4 in August  
**Note:** None

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

**Variable name:** ACTF\_91  
**SAS label:** ACTIVITY #4 - SEP  
**Question:** Activity 4 in September  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_92  
**SAS label:** ACTIVITY #4 - OCT  
**Question:** Activity 4 in October  
**Note:** None

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

**Variable name:** ACTF\_93  
**SAS label:** ACTIVITY #4 - NOV  
**Question:** Activity 4 in November  
**Note:** None

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

**Variable name:** ACTF\_94  
**SAS label:** ACTIVITY #4 - DEC  
**Question:** Activity 4 in December  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_95  
**SAS label:** AVG TIMES/MONTH #4  
**Question:** Activity 4 average of times per month  
**Note:** None

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

**Variable name:** ACTF\_96  
**SAS label:** AVG TIME (IN MINUTES) #4  
**Question:** Activity 4 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_97  
**SAS label:** ACTIVITY #5  
**Question:** Activity 5  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_98  
**SAS label:** ACTIVITY #5 - JAN  
**Question:** Activity 5 in January  
**Note:** None

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

**Variable name:** ACTF\_99  
**SAS label:** ACTIVITY #5 - FEB  
**Question:** Activity 5 in February  
**Note:** None

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

**Variable name:** ACTF\_100  
**SAS label:** ACTIVITY #5 - MAR  
**Question:** Activity 5 in March  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_101  
**SAS label:** ACTIVITY #5 - APR  
**Question:** Activity 5 in April  
**Note:** None

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

**Variable name:** ACTF\_102  
**SAS label:** ACTIVITY #5 - MAY  
**Question:** Activity 5 in May  
**Note:** None

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

**Variable name:** ACTF\_103  
**SAS label:** ACTIVITY #5 - JUN  
**Question:** Activity 5 in June  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_104  
**SAS label:** ACTIVITY #5 - JUL  
**Question:** Activity 5 in July  
**Note:** None

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

**Variable name:** ACTF\_105  
**SAS label:** ACTIVITY #5 - AUG  
**Question:** Activity 5 in August  
**Note:** None

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

**Variable name:** ACTF\_106  
**SAS label:** ACTIVITY #5 - SEP  
**Question:** Activity 5 in September  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_107  
**SAS label:** ACTIVITY #5 - OCT  
**Question:** Activity 5 in October  
**Note:** None

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

**Variable name:** ACTF\_108  
**SAS label:** ACTIVITY #5 - NOV  
**Question:** Activity 5 in November  
**Note:** None

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

**Variable name:** ACTF\_109  
**SAS label:** ACTIVITY #5 - DEC  
**Question:** Activity 5 in December  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_110  
**SAS label:** AVG TIMES/MONTH #5  
**Question:** Activity 5 average of times per month  
**Note:** None

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

**Variable name:** ACTF\_111  
**SAS label:** AVG TIME (IN MINUTES) #5  
**Question:** Activity 5 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_112  
**SAS label:** ACTIVITY #6  
**Question:** Activity 6  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_113  
**SAS label:** ACTIVITY #6 - JAN  
**Question:** Activity 6 in January  
**Note:** None

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

**Variable name:** ACTF\_114  
**SAS label:** ACTIVITY #6 - FEB  
**Question:** Activity 6 in February  
**Note:** None

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

**Variable name:** ACTF\_115  
**SAS label:** ACTIVITY #6 - MAR  
**Question:** Activity 6 in March  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_116  
**SAS label:** ACTIVITY #6 - APR  
**Question:** Activity 6 in April  
**Note:** None

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

**Variable name:** ACTF\_117  
**SAS label:** ACTIVITY #6 - MAY  
**Question:** Activity 6 in May  
**Note:** None

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

**Variable name:** ACTF\_118  
**SAS label:** ACTIVITY #6 - JUN  
**Question:** Activity 6 in June  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_119  
**SAS label:** ACTIVITY #6 - JUL  
**Question:** Activity 6 in July  
**Note:** None

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

**Variable name:** ACTF\_120  
**SAS label:** ACTIVITY #6 - AUG  
**Question:** Activity 6 in August  
**Note:** None

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

**Variable name:** ACTF\_121  
**SAS label:** ACTIVITY #6 - SEP  
**Question:** Activity 6 in September  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_122  
**SAS label:** ACTIVITY #6 - OCT  
**Question:** Activity 6 in October  
**Note:** None

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

**Variable name:** ACTF\_123  
**SAS label:** ACTIVITY #6 - NOV  
**Question:** Activity 6 in November  
**Note:** None

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

**Variable name:** ACTF\_124  
**SAS label:** ACTIVITY #6 - DEC  
**Question:** Activity 6 in December  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_125  
**SAS label:** AVG TIMES/MONTH #6  
**Question:** Activity 6 average of times per month  
**Note:** None

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

**Variable name:** ACTF\_126  
**SAS label:** AVG TIME (IN MINUTES) #6  
**Question:** Activity 6 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_127  
**SAS label:** ACTIVITY #7  
**Question:** Activity 7  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_128  
**SAS label:** ACTIVITY #7 - JAN  
**Question:** Activity 7 in January  
**Note:** None

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

**Variable name:** ACTF\_129  
**SAS label:** ACTIVITY #7 - FEB  
**Question:** Activity 7 in February  
**Note:** None

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

**Variable name:** ACTF\_130  
**SAS label:** ACTIVITY #7 - MAR  
**Question:** Activity 7 in March  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_131  
**SAS label:** ACTIVITY #7 - APR  
**Question:** Activity 7 in April  
**Note:** None

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

**Variable name:** ACTF\_132  
**SAS label:** ACTIVITY #7 - MAY  
**Question:** Activity 7 in May  
**Note:** None

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

**Variable name:** ACTF\_133  
**SAS label:** ACTIVITY #7 - JUN  
**Question:** Activity 7 in June  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_134  
**SAS label:** ACTIVITY #7 - JUL  
**Question:** Activity 7 in July  
**Note:** None

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

**Variable name:** ACTF\_135  
**SAS label:** ACTIVITY #7 - AUG  
**Question:** Activity 7 in August  
**Note:** None

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

**Variable name:** ACTF\_136  
**SAS label:** ACTIVITY #7 - SEP  
**Question:** Activity 7 in September  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_137  
**SAS label:** ACTIVITY #7 - OCT  
**Question:** Activity 7 in October  
**Note:** None

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

**Variable name:** ACTF\_138  
**SAS label:** ACTIVITY #7 - NOV  
**Question:** Activity 7 in November  
**Note:** None

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

**Variable name:** ACTF\_139  
**SAS label:** ACTIVITY #7 - DEC  
**Question:** Activity 7 in December  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_140  
**SAS label:** AVG TIMES/MONTH #7  
**Question:** Activity 7 average of times per month  
**Note:** None

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

**Variable name:** ACTF\_141  
**SAS label:** AVG TIME (IN MINUTES) #7  
**Question:** Activity 7 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_142  
**SAS label:** ACTIVITY #8  
**Question:** Activity 8  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_143  
**SAS label:** ACTIVITY #8 - JAN  
**Question:** Activity 8 in January  
**Note:** None

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

**Variable name:** ACTF\_144  
**SAS label:** ACTIVITY #8 - FEB  
**Question:** Activity 8 in February  
**Note:** None

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

**Variable name:** ACTF\_145  
**SAS label:** ACTIVITY #8 - MAR  
**Question:** Activity 8 in March  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_146  
**SAS label:** ACTIVITY #8 - APR  
**Question:** Activity 8 in April  
**Note:** None

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

**Variable name:** ACTF\_147  
**SAS label:** ACTIVITY #8 - MAY  
**Question:** Activity 8 in May  
**Note:** None

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

**Variable name:** ACTF\_148  
**SAS label:** ACTIVITY #8 - JUN  
**Question:** Activity 8 in June  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_149  
**SAS label:** ACTIVITY #8 - JUL  
**Question:** Activity 8 in July  
**Note:** None

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

**Variable name:** ACTF\_150  
**SAS label:** ACTIVITY #8 - AUG  
**Question:** Activity 8 in August  
**Note:** None

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

**Variable name:** ACTF\_151  
**SAS label:** ACTIVITY #8 - SEP  
**Question:** Activity 8 in September  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_152  
**SAS label:** ACTIVITY #8 - OCT  
**Question:** Activity 8 in October  
**Note:** None

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

**Variable name:** ACTF\_153  
**SAS label:** ACTIVITY #8 - NOV  
**Question:** Activity 8 in November  
**Note:** None

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

**Variable name:** ACTF\_154  
**SAS label:** ACTIVITY #8 - DEC  
**Question:** Activity 8 in December  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_155  
**SAS label:** AVG TIMES/MONTH #8  
**Question:** Activity 8 average of times per month  
**Note:** None

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

**Variable name:** ACTF\_156  
**SAS label:** AVG TIME (IN MINUTES) #8  
**Question:** Activity 8 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_157  
**SAS label:** ACTIVITY #9  
**Question:** Activity 9  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_158  
**SAS label:** ACTIVITY #9 - JAN  
**Question:** Activity 9 in January  
**Note:** None

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

**Variable name:** ACTF\_159  
**SAS label:** ACTIVITY #9 - FEB  
**Question:** Activity 9 in February  
**Note:** None

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

**Variable name:** ACTF\_160  
**SAS label:** ACTIVITY #9 - MAR  
**Question:** Activity 9 in March  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_161  
**SAS label:** ACTIVITY #9 - APR  
**Question:** Activity 9 in April  
**Note:** None

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

**Variable name:** ACTF\_162  
**SAS label:** ACTIVITY #9 - MAY  
**Question:** Activity 9 in May  
**Note:** None

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

**Variable name:** ACTF\_163  
**SAS label:** ACTIVITY #9 - JUN  
**Question:** Activity 9 in June  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_164  
**SAS label:** ACTIVITY #9 - JUL  
**Question:** Activity 9 in July  
**Note:** None

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

**Variable name:** ACTF\_165  
**SAS label:** ACTIVITY #9 - AUG  
**Question:** Activity 9 in August  
**Note:** None

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

**Variable name:** ACTF\_166  
**SAS label:** ACTIVITY #9 - SEP  
**Question:** Activity 9 in September  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_167  
**SAS label:** ACTIVITY #9 - OCT  
**Question:** Activity 9 in October  
**Note:** None

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

**Variable name:** ACTF\_168  
**SAS label:** ACTIVITY #9 - NOV  
**Question:** Activity 9 in November  
**Note:** None

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

**Variable name:** ACTF\_169  
**SAS label:** ACTIVITY #9 - DEC  
**Question:** Activity 9 in December  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_170  
**SAS label:** AVG TIMES/MONTH #9  
**Question:** Activity 9 average of times per month  
**Note:** None

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

**Variable name:** ACTF\_171  
**SAS label:** AVG TIME (IN MINUTES) #9  
**Question:** Activity 9 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_172  
**SAS label:** ACTIVITY #10  
**Question:** Activity 10  
**Note:** None

Code or Value	Value description	Skip to item
1	Jogging (outdoor, treadmill)	
2	Swimming (laps, snorkeling)	
3	Bicycling (stationary, outdoor)	
4	Softball/Baseball	
5	Canoeing/Rowing/Kayaking	
6	Snow skiing (Nordic, X-country, dnhill)	
7	Strength/Weight training	
8	Skating (roller, ice, blading)	
9	Martial Arts (karate, judo, etc.)	

Modifiable Activity Questionnaire I

Code or Value	Value description	Skip to item
10	Calisthenics/Toning exercises	
11	Wood chopping	
12	Walking for exercise (outdoor, indoor at mall or fitness center/treadmill)	
13	Football/Soccer	
14	Racquetball/Handball/Squash	
15	Horseback riding	
16	Hunting	
17	Fishing	
18	Aerobic Dance/Step aerobic	
19	Water aerobics	
20	Dancing (Indian)	
21	Dancing (square, line, ballroom)	
22	Gardening/Yardwork	
23	Badminton	
24	Water/coal hauling	
25	Stair Master	
26	Hiking	
27	Tennis	
28	Golf	
29	Volleyball	
30	Jump rope	
31	Bowling	
32	Snowshoeing	
33	Yoga	
34	Rodeo	
35	Rock climbing	
36	Basketball	
.	Missing	

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_173  
**SAS label:** ACTIVITY #10 - JAN  
**Question:** Activity 10 in January  
**Note:** None

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

**Variable name:** ACTF\_174  
**SAS label:** ACTIVITY #10 - FEB  
**Question:** Activity 10 in February  
**Note:** None

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

**Variable name:** ACTF\_175  
**SAS label:** ACTIVITY #10 - MAR  
**Question:** Activity 10 in March  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_176  
**SAS label:** ACTIVITY #10 - APR  
**Question:** Activity 10 in April  
**Note:** None

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

**Variable name:** ACTF\_177  
**SAS label:** ACTIVITY #10 - MAY  
**Question:** Activity 10 in May  
**Note:** None

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

**Variable name:** ACTF\_178  
**SAS label:** ACTIVITY #10 - JUN  
**Question:** Activity 10 in June  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_179  
**SAS label:** ACTIVITY #10 - JUL  
**Question:** Activity 10 in July  
**Note:** None

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

**Variable name:** ACTF\_180  
**SAS label:** ACTIVITY #10 - AUG  
**Question:** Activity 10 in August  
**Note:** None

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

**Variable name:** ACTF\_181  
**SAS label:** ACTIVITY #10 - SEP  
**Question:** Activity 10 in September  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_182  
**SAS label:** ACTIVITY #10 - OCT  
**Question:** Activity 10 in October  
**Note:** None

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

**Variable name:** ACTF\_183  
**SAS label:** ACTIVITY #10 - NOV  
**Question:** Activity 10 in November  
**Note:** None

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

**Variable name:** ACTF\_184  
**SAS label:** ACTIVITY #10 - DEC  
**Question:** Activity 10 in December  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_185  
**SAS label:** AVG TIMES/MONTH #10  
**Question:** Activity 10 average of times per month  
**Note:** None

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

**Variable name:** ACTF\_186  
**SAS label:** AVG TIME (IN MINUTES) #10  
**Question:** Activity 10 average of minutes each time  
**Note:** None

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

**Variable name:** ACTF\_187  
**SAS label:** HOURS OF TV/DAY  
**Question:** Q2: In general, how many HOURS per DAY do you usually spend watching TV?  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_188  
**SAS label:** CONFINED TO CHAIR/BED > 1 WEEK  
**Question:** Q3: Over this past year, have you spent more than one week confined to a bed or chair as result of an injury, illness or surgery?  
**Note:** None

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

**Variable name:** ACTF\_189  
**SAS label:** IF YES, # WEEKS  
**Question:** Q3: If Yes, how many weeks over this past year were you confined to a bed or chair?  
**Note:** None

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

**Variable name:** ACTF\_190  
**SAS label:** DIFFICULTY - BED/CHAIR  
**Question:** Q4a: Do you have difficulty doing any of the following activities: getting in or out of a bed or chair?  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_191  
**SAS label:** DIFFICULTY - WALKING SHORT DISTANCES  
**Question:** Q4b: Do you have difficulty doing any of the following activities:  
walking across a small room without resting?  
**Note:** None

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

**Variable name:** ACTF\_192  
**SAS label:** DIFFICULTY - WALKING 10 MIN  
**Question:** Q4c: Do you have difficulty doing any of the following activities:  
walking for 10 minutes without resting?  
**Note:** None

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

**Variable name:** ACTF\_193  
**SAS label:** COMPETITIVE SPORTS?  
**Question:** Q5: Did you ever compete in an individual or team sport (not  
including any time spent in sports performed during school physical  
education classes)?  
**Note:** None

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

Modifiable Activity Questionnaire I

**Variable name:** ACTF\_194  
**SAS label:** IF YES, HOW MANY YEARS?  
**Question:** Q5: If yes, how many total years did you participate in competitive sports?  
**Note:** None

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

**ADMINISTRATIVE INFORMATION**

**Variable name:** ACT\_STAT  
**SAS label:** STATUS OF ACTIVITY FORM  
**Question:** None  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes, completed the interview	
2	No, refused all questions	
.	Missing	

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

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

Modifiable Activity Questionnaire I

**Variable name:** INT\_DATE  
**SAS label:** INTERVIEW DATE  
**Question:** Date (of interview)  
**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:** None  
**Note:** None

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

## Modifiable Activity Questionnaire II

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

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

**Variable name:** FAMID  
**SAS label:** SHS FAMILY ID NUMBER  
**Question:** SHS Family I.D.  
**Note:** None

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

**List all jobs that the individual held over the past year, for more than one month. Account for all 12 months of the past year. If unemployment / disabled / retired / homemaker / student during all or part of the past year, list as such and probe for job activities of a normal 8-hour work-day, 5 day work-week.**

**Variable name:** ACTF\_225  
**SAS label:** JOB NAME #1  
**Question:** Job Name 1  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_226  
**SAS label:** JOB CODE #1  
**Question:** Job Code 1  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_227  
**SAS label:** MIN/DAY #1  
**Question:** Job 1 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_228  
**SAS label:** MOS/YR #1  
**Question:** Average job 1 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_229  
**SAS label:** DAYS/WK #1  
**Question:** Average job 1 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_230  
**SAS label:** HOURS/DAY #1  
**Question:** Average job 1 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_231  
**SAS label:** HOURS/DAY - SITTING #1  
**Question:** Job 1 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_232  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #1  
**Question:** Job 1 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_233  
**SAS label:** JOB NAME #2  
**Question:** Job Name 2  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_234  
**SAS label:** JOB CODE #2  
**Question:** Job Code 2  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_235  
**SAS label:** MIN/DAY #2  
**Question:** Job 2 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_236  
**SAS label:** MOS/YR #2  
**Question:** Average job 2 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_237  
**SAS label:** DAYS/WK #2  
**Question:** Average job 2 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_238  
**SAS label:** HOURS/DAY #2  
**Question:** Average job 2 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_239  
**SAS label:** HOURS/DAY - SITTING #2  
**Question:** Job 2 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_240  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #2  
**Question:** Job 2 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_241  
**SAS label:** JOB NAME #3  
**Question:** Job Name 3  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_242  
**SAS label:** JOB CODE #3  
**Question:** Job Code 3  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_243  
**SAS label:** MIN/DAY #3  
**Question:** Job 3 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_244  
**SAS label:** MOS/YR #3  
**Question:** Average job 3 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_245  
**SAS label:** DAYS/WK #3  
**Question:** Average job 3 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_246  
**SAS label:** HOURS/DAY #3  
**Question:** Average job 3 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_247  
**SAS label:** HOURS/DAY - SITTING #3  
**Question:** Job 3 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_248  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #3  
**Question:** Job 3 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_249  
**SAS label:** JOB NAME #4  
**Question:** Job Name 4  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_250  
**SAS label:** JOB CODE #4  
**Question:** Job Code 4  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_251  
**SAS label:** MIN/DAY #4  
**Question:** Job 4 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_252  
**SAS label:** MOS/YR #4  
**Question:** Average job 4 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_253  
**SAS label:** DAYS/WK #4  
**Question:** Average job 4 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_254  
**SAS label:** HOURS/DAY #4  
**Question:** Average job 4 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_255  
**SAS label:** HOURS/DAY - SITTING #4  
**Question:** Job 4 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_256  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #4  
**Question:** Job 4 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_257  
**SAS label:** JOB NAME #5  
**Question:** Job Name 5  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_258  
**SAS label:** JOB CODE #5  
**Question:** Job Code 5  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_259  
**SAS label:** MIN/DAY #5  
**Question:** Job 5 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_260  
**SAS label:** MOS/YR #5  
**Question:** Average job 5 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_261  
**SAS label:** DAYS/WK #5  
**Question:** Average job 5 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_262  
**SAS label:** HOURS/DAY #5  
**Question:** Average job 5 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_263  
**SAS label:** HOURS/DAY - SITTING #5  
**Question:** Job 5 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_264  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #5  
**Question:** Job 5 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_265  
**SAS label:** JOB NAME #6  
**Question:** Job Name 6  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_266  
**SAS label:** JOB CODE #6  
**Question:** Job Code 6  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_267  
**SAS label:** MIN/DAY #6  
**Question:** Job 6 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_268  
**SAS label:** MOS/YR #6  
**Question:** Average job 6 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_269  
**SAS label:** DAYS/WK #6  
**Question:** Average job 6 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_270  
**SAS label:** HOURS/DAY #6  
**Question:** Average job 6 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_271  
**SAS label:** HOURS/DAY - SITTING #6  
**Question:** Job 6 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_272  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #6  
**Question:** Job 6 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_273  
**SAS label:** JOB NAME #7  
**Question:** Job Name 7  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_274  
**SAS label:** JOB CODE #7  
**Question:** Job Code 7  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_275  
**SAS label:** MIN/DAY #7  
**Question:** Job 7 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_276  
**SAS label:** MOS/YR #7  
**Question:** Average job 7 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_277  
**SAS label:** DAYS/WK #7  
**Question:** Average job 7 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_278  
**SAS label:** HOURS/DAY #7  
**Question:** Average job 7 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_279  
**SAS label:** HOURS/DAY - SITTING #7  
**Question:** Job 7 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_280  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #7  
**Question:** Job 7 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_281  
**SAS label:** JOB NAME #8  
**Question:** Job Name 8  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_282  
**SAS label:** JOB CODE #8  
**Question:** Job Code 8  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_283  
**SAS label:** MIN/DAY #8  
**Question:** Job 8 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_284  
**SAS label:** MOS/YR #8  
**Question:** Average job 8 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_285  
**SAS label:** DAYS/WK #8  
**Question:** Average job 8 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_286  
**SAS label:** HOURS/DAY #8  
**Question:** Average job 8 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_287  
**SAS label:** HOURS/DAY - SITTING #8  
**Question:** Job 8 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_288  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #8  
**Question:** Job 8 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_289  
**SAS label:** JOB NAME #9  
**Question:** Job Name 9  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_290  
**SAS label:** JOB CODE #9  
**Question:** Job Code 9  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_291  
**SAS label:** MIN/DAY #9  
**Question:** Job 9 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_292  
**SAS label:** MOS/YR #9  
**Question:** Average job 9 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_293  
**SAS label:** DAYS/WK #9  
**Question:** Average job 9 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_294  
**SAS label:** HOURS/DAY #9  
**Question:** Average job 9 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_295  
**SAS label:** HOURS/DAY - SITTING #9  
**Question:** Job 9 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_296  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #9  
**Question:** Job 9 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

**Variable name:** ACTF\_297  
**SAS label:** JOB NAME #10  
**Question:** Job Name 10  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_298  
**SAS label:** JOB CODE #10  
**Question:** Job Code 10  
**Note:** None

Code or Value	Value description	Skip to item
1	Student	
2	Home Maker	
3	Retired	
4	Disabled	
5	Unemployed	
6	Armed Services	
7	Office worker	
8	Non-office worker	
.	Missing	

**Variable name:** ACTF\_299  
**SAS label:** MIN/DAY #10  
**Question:** Job 10 walk/bicycle to/from work minutes/day  
**Note:** None

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

**Variable name:** ACTF\_300  
**SAS label:** MOS/YR #10  
**Question:** Average job 10 schedule months/year  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_301  
**SAS label:** DAYS/WK #10  
**Question:** Average job 10 schedule days/week  
**Note:** None

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

**Variable name:** ACTF\_302  
**SAS label:** HOURS/DAY #10  
**Question:** Average job 10 schedule hours/day  
**Note:** None

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

**Variable name:** ACTF\_303  
**SAS label:** HOURS/DAY - SITTING #10  
**Question:** Job 10 hours spent sitting at work  
**Note:** None

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

Modifiable Activity Questionnaire II

**Variable name:** ACTF\_304  
**SAS label:** LEVEL OF ACTIVITY WHEN NOT SITTING AT WORK #10  
**Question:** Job 10 category that best describes job activities when not sitting  
**Note:** None

Code or Value	Value description	Skip to item
1	Category A (includes all sitting activities)	
2	Category B (includes most indoor activities)	
3	Category C (heavy industrial work, outdoor construction, farming)	
.	Missing	

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

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

# 12-Lead Electrocardiograms

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

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

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

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

**Variable name:** DATETIME  
**SAS label:** DATE/TIME

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

**Variable name:** HR3  
**SAS label:** HEART RATE

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

## 12-Lead Electrocardiograms

**Variable name:** PR3  
**SAS label:** PR INTERVAL

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

**Variable name:** QRSD3  
**SAS label:** QRS DURATION

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

**Variable name:** QTC3  
**SAS label:** QTC INTERVAL

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

**Variable name:** PAX3  
**SAS label:** P AXIS

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

**Variable name:** QRSAX3  
**SAS label:** QRS AXIS

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

## 12-Lead Electrocardiograms

**Variable name:** QT3  
**SAS label:** QT INTERVAL

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

**Variable name:** TAX3  
**SAS label:** T WAVE AXIS

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

**Variable name:** PDUR3  
**SAS label:** P DURATION

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

**Variable name:** PCA23  
**SAS label:** PCA RATIO (PRINCIPLE COMPONENT RATIO)

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

**Variable name:** QTE\_GLO3  
**SAS label:** Q TO T-END INTERVAL GLOBAL (ALL 12 LEADS)

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

## 12-Lead Electrocardiograms

**Variable name:** QTE\_PRE3  
**SAS label:** Q TO T-END INTERVAL PRECORDIAL LEADS (V LEADS)

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

**Variable name:** QTP\_GLO3  
**SAS label:** Q TO T-PEAK INTERVAL GLOBAL

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

**Variable name:** QTP\_PRE3  
**SAS label:** Q TO T-PEAK INTERVAL PRECORDIAL LEADS

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

**Variable name:** QA\_I3  
**SAS label:** Q WAVE AMPLITUDE LEAD I

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

**Variable name:** QA\_II3  
**SAS label:** Q WAVE AMPLITUDE LEAD II

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

## 12-Lead Electrocardiograms

**Variable name:** QA\_III3  
**SAS label:** Q WAVE AMPLITUDE LEAD III

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

**Variable name:** QA\_AVF3  
**SAS label:** Q WAVE AMPLITUDE LEAD AVF

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

**Variable name:** QA\_AVL3  
**SAS label:** Q WAVE AMPLITUDE LEAD AVL

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

**Variable name:** QA\_AVR3  
**SAS label:** Q WAVE AMPLITUDE LEAD AVR

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

**Variable name:** QA\_V13  
**SAS label:** Q WAVE AMPLITUDE LEAD V1

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

## 12-Lead Electrocardiograms

**Variable name:** QA\_V23  
**SAS label:** Q WAVE AMPLITUDE LEAD V2

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

**Variable name:** QA\_V33  
**SAS label:** Q WAVE AMPLITUDE LEAD V3

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

**Variable name:** QA\_V43  
**SAS label:** Q WAVE AMPLITUDE LEAD V4

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

**Variable name:** QA\_V53  
**SAS label:** Q WAVE AMPLITUDE LEAD V5

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

**Variable name:** QA\_V63  
**SAS label:** Q WAVE AMPLITUDE LEAD V6

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

## 12-Lead Electrocardiograms

**Variable name:** QD\_I3  
**SAS label:** Q WAVE DURATION LEAD I

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

**Variable name:** QD\_II3  
**SAS label:** Q WAVE DURATION LEAD II

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

**Variable name:** QD\_III3  
**SAS label:** Q WAVE DURATION LEAD III

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

**Variable name:** QD\_AVF3  
**SAS label:** Q WAVE DURATION LEAD AVF

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

**Variable name:** QD\_AVL3  
**SAS label:** Q WAVE DURATION LEAD AVL

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

## 12-Lead Electrocardiograms

**Variable name:** QD\_AVR3  
**SAS label:** Q WAVE DURATION LEAD AVR

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

**Variable name:** QD\_V13  
**SAS label:** Q WAVE DURATION LEAD V1

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

**Variable name:** QD\_V23  
**SAS label:** Q WAVE DURATION LEAD V2

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

**Variable name:** QD\_V33  
**SAS label:** Q WAVE DURATION LEAD V3

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

**Variable name:** QD\_V43  
**SAS label:** Q WAVE DURATION LEAD V4

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

## 12-Lead Electrocardiograms

**Variable name:** QD\_V53  
**SAS label:** Q WAVE DURATION LEAD V5

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

**Variable name:** QD\_V63  
**SAS label:** Q WAVE DURATION LEAD V6

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

**Variable name:** BMQAR\_I3  
**SAS label:** Q WAVE AREA LEAD I

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

**Variable name:** BMQAR\_II3  
**SAS label:** Q WAVE AREA LEAD II

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

**Variable name:** BMQAR\_III3  
**SAS label:** Q WAVE AREA LEAD III

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

## 12-Lead Electrocardiograms

**Variable name:** BMQAR\_AVF3  
**SAS label:** Q WAVE AREA LEAD AVF

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

**Variable name:** BMQAR\_AVL3  
**SAS label:** Q WAVE AREA LEAD AVL

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

**Variable name:** BMQAR\_AVR3  
**SAS label:** Q WAVE AREA LEAD AVR

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

**Variable name:** BMQAR\_V13  
**SAS label:** Q WAVE AREA LEAD V1

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

**Variable name:** BMQAR\_V23  
**SAS label:** Q WAVE AREA LEAD V2

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

## 12-Lead Electrocardiograms

**Variable name:** BMQAR\_V33  
**SAS label:** Q WAVE AREA LEAD V3

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

**Variable name:** BMQAR\_V43  
**SAS label:** Q WAVE AREA LEAD V4

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

**Variable name:** BMQAR\_V53  
**SAS label:** Q WAVE AREA LEAD V5

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

**Variable name:** BMQAR\_V63  
**SAS label:** Q WAVE AREA LEAD V6

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

**Variable name:** RA\_I3  
**SAS label:** R WAVE AMPLITUDE LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** RA\_II3  
**SAS label:** R WAVE AMPLITUDE LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RA\_III3  
**SAS label:** R WAVE AMPLITUDE LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RA\_AVF3  
**SAS label:** R WAVE AMPLITUDE LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RA\_AVL3  
**SAS label:** R WAVE AMPLITUDE LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RA\_AVR3  
**SAS label:** R WAVE AMPLITUDE LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** RA\_V13  
**SAS label:** R WAVE AMPLITUDE LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RA\_V23  
**SAS label:** R WAVE AMPLITUDE LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RA\_V33  
**SAS label:** R WAVE AMPLITUDE LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RA\_V43  
**SAS label:** R WAVE AMPLITUDE LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RA\_V53  
**SAS label:** R WAVE AMPLITUDE LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** RA\_V63  
**SAS label:** R WAVE AMPLITUDE LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_I3  
**SAS label:** R WAVE DURATION LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_II3  
**SAS label:** R WAVE DURATION LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_III3  
**SAS label:** R WAVE DURATION LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_AVF3  
**SAS label:** R WAVE DURATION LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** RD\_AVL3  
**SAS label:** R WAVE DURATION LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_AVR3  
**SAS label:** R WAVE DURATION LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_V13  
**SAS label:** R WAVE DURATION LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_V23  
**SAS label:** R WAVE DURATION LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_V33  
**SAS label:** R WAVE DURATION LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** RD\_V43  
**SAS label:** R WAVE DURATION LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_V53  
**SAS label:** R WAVE DURATION LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RD\_V63  
**SAS label:** R WAVE DURATION LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_I3  
**SAS label:** R WAVE AREA LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_II3  
**SAS label:** R WAVE AREA LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** BMRAR\_III3  
**SAS label:** R WAVE AREA LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_AVF3  
**SAS label:** R WAVE AREA LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_AVL3  
**SAS label:** R WAVE AREA LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_AVR3  
**SAS label:** R WAVE AREA LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_V13  
**SAS label:** R WAVE AREA LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** BMRAR\_V23  
**SAS label:** R WAVE AREA LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_V33  
**SAS label:** R WAVE AREA LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_V43  
**SAS label:** R WAVE AREA LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_V53  
**SAS label:** R WAVE AREA LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMRAR\_V63  
**SAS label:** R WAVE AREA LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** SA\_I3  
**SAS label:** S WAVE AMPLITUDE LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_II3  
**SAS label:** S WAVE AMPLITUDE LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_III3  
**SAS label:** S WAVE AMPLITUDE LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_AVF3  
**SAS label:** S WAVE AMPLITUDE LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_AVL3  
**SAS label:** S WAVE AMPLITUDE LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** SA\_AVR3  
**SAS label:** S WAVE AMPLITUDE LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_V13  
**SAS label:** S WAVE AMPLITUDE LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_V23  
**SAS label:** S WAVE AMPLITUDE LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_V33  
**SAS label:** S WAVE AMPLITUDE LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_V43  
**SAS label:** S WAVE AMPLITUDE LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** SA\_V53  
**SAS label:** S WAVE AMPLITUDE LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SA\_V63  
**SAS label:** S WAVE AMPLITUDE LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_I3  
**SAS label:** P WAVE AMPLITUDE LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_II3  
**SAS label:** P WAVE AMPLITUDE LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_III3  
**SAS label:** P WAVE AMPLITUDE LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** PA\_AVF3  
**SAS label:** P WAVE AMPLITUDE LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_AVL3  
**SAS label:** P WAVE AMPLITUDE LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_AVR3  
**SAS label:** P WAVE AMPLITUDE LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_V13  
**SAS label:** P WAVE AMPLITUDE LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_V23  
**SAS label:** P WAVE AMPLITUDE LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** PA\_V33  
**SAS label:** P WAVE AMPLITUDE LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_V43  
**SAS label:** P WAVE AMPLITUDE LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_V53  
**SAS label:** P WAVE AMPLITUDE LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PA\_V63  
**SAS label:** P WAVE AMPLITUDE LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_I3  
**SAS label:** P WAVE DURATION LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** PD\_II3  
**SAS label:** P WAVE DURATION LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_III3  
**SAS label:** P WAVE DURATION LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_AVF3  
**SAS label:** P WAVE DURATION LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_AVL3  
**SAS label:** P WAVE DURATION LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_AVR3  
**SAS label:** P WAVE DURATION LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** PD\_V13  
**SAS label:** P WAVE DURATION LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_V23  
**SAS label:** P WAVE DURATION LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_V33  
**SAS label:** P WAVE DURATION LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_V43  
**SAS label:** P WAVE DURATION LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** PD\_V53  
**SAS label:** P WAVE DURATION LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** PD\_V63  
**SAS label:** P WAVE DURATION LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMPAR\_I3  
**SAS label:** P WAVE AREA LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMPAR\_II3  
**SAS label:** P WAVE AREA LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMPAR\_III3  
**SAS label:** P WAVE AREA LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMPAR\_AVF3  
**SAS label:** P WAVE AREA LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** **BMPAR\_AVL3**  
**SAS label:** **P WAVE AREA LEAD AVL**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** **BMPAR\_AVR3**  
**SAS label:** **P WAVE AREA LEAD AVR**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** **BMPAR\_V13**  
**SAS label:** **P WAVE AREA LEAD V1**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** **BMPAR\_V23**  
**SAS label:** **P WAVE AREA LEAD V2**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** **BMPAR\_V33**  
**SAS label:** **P WAVE AREA LEAD V3**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** **BMPAR\_V43**  
**SAS label:** **P WAVE AREA LEAD V4**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** **BMPAR\_V53**  
**SAS label:** **P WAVE AREA LEAD V5**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** **BMPAR\_V63**  
**SAS label:** **P WAVE AREA LEAD V6**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** **SD\_I3**  
**SAS label:** **S WAVE DURATION LEAD I**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** **SD\_II3**  
**SAS label:** **S WAVE DURATION LEAD II**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** SD\_III3  
**SAS label:** S WAVE DURATION LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SD\_AVF3  
**SAS label:** S WAVE DURATION LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SD\_AVL3  
**SAS label:** S WAVE DURATION LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SD\_AVR3  
**SAS label:** S WAVE DURATION LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SD\_V13  
**SAS label:** S WAVE DURATION LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** SD\_V23  
**SAS label:** S WAVE DURATION LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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Code or Value	Value Description	Skip to item
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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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**Variable name:** STE\_AVR3  
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Continuous value	Range of values	

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Continuous value	Range of values	

## 12-Lead Electrocardiograms

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Continuous value	Range of values	

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Code or Value	Value Description	Skip to item
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## 12-Lead Electrocardiograms

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Continuous value	Range of values	

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Continuous value	Range of values	

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**SAS label:** T WAVE AMPLITUDE LEAD AVL

Code or Value	Value Description	Skip to item
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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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## 12-Lead Electrocardiograms

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**SAS label:** T WAVE DURATION LEAD AVR

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Continuous value	Range of values	

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Continuous value	Range of values	

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Code or Value	Value Description	Skip to item
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## 12-Lead Electrocardiograms

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Continuous value	Range of values	

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Continuous value	Range of values	

**Variable name:** TD\_V63  
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## 12-Lead Electrocardiograms

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**SAS label:** T WAVE AREA LEAD AVR

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Continuous value	Range of values	

## 12-Lead Electrocardiograms

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Code or Value	Value Description	Skip to item
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**Variable name:** BMTAR\_V23  
**SAS label:** T WAVE AREA LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMTAR\_V33  
**SAS label:** T WAVE AREA LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMTAR\_V43  
**SAS label:** T WAVE AREA LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BMTAR\_V53  
**SAS label:** T WAVE AREA LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** BMTAR\_V63  
**SAS label:** T WAVE AREA LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_I3  
**SAS label:** ST J+40 LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_II3  
**SAS label:** ST J+40 LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_III3  
**SAS label:** ST J+40 LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_AVF3  
**SAS label:** ST J+40 LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** J40\_AVL3  
**SAS label:** ST J+40 LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_AVR3  
**SAS label:** ST J+40 LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_V13  
**SAS label:** ST J+40 LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_V23  
**SAS label:** ST J+40 LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_V33  
**SAS label:** ST J+40 LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** J40\_V43  
**SAS label:** ST J+40 LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_V53  
**SAS label:** ST J+40 LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J40\_V63  
**SAS label:** ST J+40 LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_I3  
**SAS label:** ST J+60 LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_II3  
**SAS label:** ST J+60 LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** J60\_III3  
**SAS label:** ST J+60 LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_AVF3  
**SAS label:** ST J+60 LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_AVL3  
**SAS label:** ST J+60 LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_AVR3  
**SAS label:** ST J+60 LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_V13  
**SAS label:** ST J+60 LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** J60\_V23  
**SAS label:** ST J+60 LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_V33  
**SAS label:** ST J+60 LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_V43  
**SAS label:** ST J+60 LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_V53  
**SAS label:** ST J+60 LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J60\_V63  
**SAS label:** ST J+60 LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** J80\_I3  
**SAS label:** ST J+80 LEAD I

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_II3  
**SAS label:** ST J+80 LEAD II

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_III3  
**SAS label:** ST J+80 LEAD III

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_AVF3  
**SAS label:** ST J+80 LEAD AVF

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_AVL3  
**SAS label:** ST J+80 LEAD AVL

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** J80\_AVR3  
**SAS label:** ST J+80 LEAD AVR

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_V13  
**SAS label:** ST J+80 LEAD V1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_V23  
**SAS label:** ST J+80 LEAD V2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_V33  
**SAS label:** ST J+80 LEAD V3

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_V43  
**SAS label:** ST J+80 LEAD V4

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## 12-Lead Electrocardiograms

**Variable name:** J80\_V53  
**SAS label:** ST J+80 LEAD V5

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** J80\_V63  
**SAS label:** ST J+80 LEAD V6

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

# Carotid Arteries

**Variable name:** IDNO  
**SAS label:** ID NUMBER

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** LOG\_3  
**SAS label:**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SHSNUM3  
**SAS label:** FAMILY COHORT ID NUMBER

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** FAMSTAT  
**SAS label:** FAMILY STATUS

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Carotid Arteries

**Variable name:** STUDYDAT  
**SAS label:** STUDY DATE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** LEFTDD3  
**SAS label:** LEFT COMMON CAROTID ARTERY DIASTOLIC DIAMETER (MM)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** LEFTIMT3  
**SAS label:** LEFT COMMON CAROTID ARTERY INTIMAL-MEDIAL THICKNESS (MM)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** LEFTSD3  
**SAS label:** LEFT COMMON CAROTID ARTERY SYSTOLIC DIAMETER (MM)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RIGHTDD3  
**SAS label:** RIGHT COMMON CAROTID ARTERY DIASTOLIC DIAMETER (MM)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Carotid Arteries

**Variable name:** RIGHTIM3  
**SAS label:** RIGHT COMMON CAROTID ARTERY INTIMAL-MEDIAL THICKNESS (MM)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RIGHTSD3  
**SAS label:** RIGHT COMMON CAROTID ARTERY SYSTOLIC DIAMETER (MM)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** ATH\_L3  
**SAS label:** LEFT ATHEROSCLEROSIS SCORE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** ATH\_R3  
**SAS label:** RIGHT ATHEROSCLEROSIS SCORE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** ATH\_MAX3  
**SAS label:** MAXIMUM ATHEROSCLEROSIS SCORE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Carotid Arteries

**Variable name:** AATHER3  
**SAS label:** PRESENCE OR ABSENCE OF PLAQUE

Code or Value	Value description	Skip to item
0.00	NO PLAQUE	
1.00	PLAQUE	
.	.	

**Variable name:** EFFSEG3  
**SAS label:** CAROTID ATHEROSCLEROSIS SCORE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AODBP3  
**SAS label:** CENTRAL DIASTOLIC BP FROM APPLANATION TONOMETRY

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AOSBP3  
**SAS label:** CENTRAL SYSTOLIC BP FROM APPLANATION TONOMETRY

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Carotid Arteries

**Variable name:** AI3  
**SAS label:** AUGMENTATION INDEX (%)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AI23  
**SAS label:** AI2=P1/P2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

# Applanation Tonometry

**Variable name:** IDNO  
**SAS label:** ID NUMBER

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** IDNUM  
**SAS label:** SHS3 ID NUMBER

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AGE  
**SAS label:** AGE AT TIME OF STUDY

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SEXCD  
**SAS label:** GENDER OF PARTICIPANT

Code or Value	Value Description	Skip to item
Open text field blank		

Applanation Tonometry

**Variable name:** HEIGHT  
**SAS label:** HEIGHT (CM)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** DATE  
**SAS label:** DATE OF STUDY

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** TIME  
**SAS label:** TIME OF STUDY

Code or Value	Value Description	Skip to item
Open text field blank		

**Variable name:** SUB\_TYPE  
**SAS label:** SUBTYPE

Code or Value	Value Description	Skip to item
Open text field blank		

**Variable name:** OPERATOR  
**SAS label:** OPERATOR

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

Applanation Tonometry

**Variable name:** P\_SP  
**SAS label:** PERIPHERAL SYSTOLIC BLOOD PRESSURE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** P\_DP  
**SAS label:** PERIPHERAL DIASTOLIC BLOOD PRESSURE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** P\_MEANP  
**SAS label:** PERIPHERAL MEAN PRESSURE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** P\_AI  
**SAS label:** PERIPHERAL AUGMENTATION INDEX

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** P\_MAX\_DP  
**SAS label:** MAXIMUM DP/DT (MMHG/S)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Applanation Tonometry

**Variable name:** HR  
**SAS label:** HEART RATE, (BEATS PER MINUTE)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** ED  
**SAS label:** EJECTION DURATION (MS)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** C\_SVI  
**SAS label:** CENTRAL AORTIC INDEX BUCKBERG SUB-ENDOCARIAL VIABLILITY RATIO (%)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** C\_TTI  
**SAS label:** BUCKBERG SUB-ENDOCARIAL VIABLILITY COMPONENT (AD)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** C\_DTI  
**SAS label:** BUCKBERG SUB-ENDOCARIAL VIABLILITY COMPONENT (AS)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Applanation Tonometry

**Variable name:** AOSBP  
**SAS label:** AORTIC SYSTOLIC BLOOD PRESSURE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AODBP  
**SAS label:** AORTIC DIASTOLIC BLOOD PRESSURE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** C\_MEANP  
**SAS label:** CENTRAL AORTIC MEAN PRESSURE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** C\_T1  
**SAS label:** TIME TO FIRST PEAK-AORTIC (MS)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** C\_T2  
**SAS label:** TIME TO SECOND PEAK-AORTIC (MS)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Applanation Tonometry

**Variable name:** C\_AP

**SAS label:**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AG

**SAS label:** AUGMENTED PRESSURE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AI

**SAS label:** AUGMENTATION INDEX (%)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AI2

**SAS label:** AI2=P1/P2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** C\_MPS

**SAS label:** AORTIC MEAN PRESSURE IN SYSTOLE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Applanation Tonometry

**Variable name:** C\_MPD  
**SAS label:** AORTIC MEAN PRESSURE IN DIASTOLE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** C\_ESP  
**SAS label:** AORTIC END SYSTOLIC PRESSURE (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AOSBP2  
**SAS label:** AORTIC SYSTOLIC BLOOD PRESSURE NEW TONOMETRY

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AODBP2  
**SAS label:** AORTIC DIASTOLIC BLOOD PRESSURE NEW TONOMETRY

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AOPP  
**SAS label:** AORTIC PULSE PRESSURE-DERIVED VARIABLE BY DF (MMHG)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Applanation Tonometry

**Variable name:** P2  
**SAS label:** PRESSURE AT T2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** P1  
**SAS label:** PRESSURE AT T1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** SPARE1\_B  
**SAS label:**

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** SP  
**SAS label:** SYSTOLIC PRESSURE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Applanation Tonometry

**Variable name:** DP  
**SAS label:** DIASTOLIC PRESSURE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** P\_T1  
**SAS label:** PERIPHERAL T1

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** P\_T2  
**SAS label:** PERIPHERAL T2

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** P\_SPARE1  
**SAS label:**

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** AI3  
**SAS label:** AI FROM TONOMETRY DATA BASE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Applanation Tonometry

**Variable name:** CENTER  
**SAS label:** SHS SITE

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## Sample Collection Checklist

**Variable name:** IDNO  
**SAS label:** SHS ID NUMBER  
**Question:** SHS I.D.  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** GTTF\_2  
**SAS label:** FASTING ONE TOUCH RESULT  
**Question:** Q1: Fasting One Touch glucose result  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** GTTF\_3  
**SAS label:** FASTING BLOOD SAMPLE TAKEN  
**Question:** Q2: Is fasting 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	
8	No, participant refused	
.	Missing	

Sample Collection Checklist

**Variable name:** GTTF\_3L  
**SAS label:** FASTING BLOOD SAMPLE TAKEN SPECIFY OTHER  
**Question:** Q2: Fasting blood sample taken other specify  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		

**Variable name:** GTTF\_4  
**SAS label:** LAST TIME ATE  
**Question:** Q3: When was the last time you ate?  
**Note:** Use military time

Code or Value	Value Description	Skip to item
Date value in TIME	Range of values	

**Variable name:** GTTF\_5  
**SAS label:** TIME OF COLLECTION FASTING BLOOD SAMPLE  
**Question:** Q4: Time of collection of fasting samples  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in TIME	Range of values	

**Variable name:** GTTF\_6  
**SAS label:** URINE SAMPLE TAKEN  
**Question:** Q5: Time of collection of urine sample  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in TIME	Range of values	

Sample Collection Checklist

**Variable name:** GTTF\_7  
**SAS label:** 75 GRAM GLUCOSE BEVERAGE CONSUMED  
**Question:** Q6: Was participant given 75 gram glucose beverage?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	
.	Missing	

**Variable name:** GTTF\_8  
**SAS label:** TIME THE 75 GRAM GLUCOSE BEVERAGE CONSUMED  
**Question:** Q6a: If Yes, time the 75 gram glucose beverage was consumed  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in TIME	Range of values	

**Variable name:** GTTF\_9  
**SAS label:** REASON GLUCOSE BEVERAGE NOT CONSUMED: DM, INSULIN TREATMENT  
**Question:** Q6bi: If No, why did participant no have OGTT? Diabetes, on insulin treatment  
**Note:** Check the appropriate answer(s)

Code or Value	Value description	Skip to item
0	0	
1	1	
.	Missing	

Sample Collection Checklist

**Variable name:** GTTF\_10  
**SAS label:** REASON GLUCOSE BEVERAGE NOT CONSUMED: DM, ORAL AGENT  
**Question:** Q6bii: If No, why did participant no have OGTT? Diabetes, on oral treatment  
**Note:** Check the appropriate answer(s)

Code or Value	Value description	Skip to item
0	0	
1	1	
.	Missing	

**Variable name:** GTTF\_11  
**SAS label:** REASON GLUCOSE BEVERAGE NOT CONSUMED: ONE TOUCH > 225 MG/DL  
**Question:** Q6biii: If No, why did participant no have OGTT? One Touch >225 mg/dL  
**Note:** Check the appropriate answer(s)

Code or Value	Value description	Skip to item
0	0	
1	1	
.	Missing	

**Variable name:** GTTF\_12  
**SAS label:** REASON GLUCOSE BEVERAGE NOT CONSUMED: REFUSAL  
**Question:** Q6biv: If No, why did participant no have OGTT? Refusal to have OGTT done  
**Note:** Check the appropriate answer(s)

Code or Value	Value description	Skip to item
0	0	
1	1	
.	Missing	

Sample Collection Checklist

**Variable name:** GTTF\_13  
**SAS label:** TIME OF 2 HR BLOOD SAMPLE  
**Question:** Q7: Time of 2-hr blood sample  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in TIME	Range of values	

**Variable name:** GTTF\_14  
**SAS label:** DID PARTICIPANT VOMIT  
**Question:** Q8: If the participant vomited after the glucose beverage was given, check here  
**Note:** None

Code or Value	Value description	Skip to item
0	0	
1	1	
.	Missing	

**Variable name:** GTTF\_15  
**SAS label:** TIME VOMITED  
**Question:** Q8: If Yes, when?  
**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

**Variable name:** COMMENTS  
**SAS label:** COMMENTS  
**Question:** Q8: Comments  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**ADMINISTRATIVE INFORMATION**

**Variable name:** INT\_CODE  
**SAS label:** INTERVIEWER'S CODE  
**Question:** Q9: 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:** Q10: Date samples collected  
**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:** None  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

# Laboratory Measures

**Variable name:** IDNO  
**SAS label:** ID NUMBER

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

## CHEMISTRIES

**Variable name:** S3G0  
**SAS label:** FASTING GLUCOSE (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3G2  
**SAS label:** 2-HOURS GLUCOSE (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3P\_CREA  
**SAS label:** PLASMA CREATININE (mg/dl)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Laboratory Measures

**Variable name:** S3INSU  
**SAS label:** INSULIN (uU/mL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3TPROT  
**SAS label:** TOTAL PROTEIN (gm/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3P\_ALB  
**SAS label:** PLASMA ALBUMIN (gm/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3UACID  
**SAS label:** URIC ACID (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3BUN  
**SAS label:** BLOOD UREA NITROGEN (mg/dl)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Laboratory Measures

**Variable name:** S3CAL  
**SAS label:** CALCIUM (mg/dl)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3PHOSP  
**SAS label:** PHOSPHORUS (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3CHL  
**SAS label:** CHLORIDE (mEq/L)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3SOD  
**SAS label:** SODIUM (mEq/L)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3POT  
**SAS label:** POTASSIUM (mEq/L)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Laboratory Measures

**Variable name:** S3ALP  
**SAS label:** ALKALINE PHOSPHATASE (U/L)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3ALT  
**SAS label:** ALANINE AMINOTRANSFERASE (SGPT) (IU/L)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3AST  
**SAS label:** ASPARTATE AMINOTRANSFERASE (SGOT) (IU/L)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3TBILI  
**SAS label:** TOTAL BILIRUBIN (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3HBA1C  
**SAS label:** HEMOGLOBIN A1C (%)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Laboratory Measures

**Variable name:** S3CO2  
**SAS label:** CO2(mEq/L)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3LDH  
**SAS label:** LACTATE DEHYDROGENASE

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**HEMOSTASIS**

**Variable name:** S3FIBRIN  
**SAS label:** FIBRINOGEN (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**LIPIDS**

**Variable name:** S3APOA1  
**SAS label:** APO LIPOPROTEIN A1 (APOA1) (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3APOB  
**SAS label:** APO LIPOPROTEIN B (APOB) (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Laboratory Measures

**Variable name:** S3APOE  
**SAS label:** APO LIPOPROTEIN E (APOE) (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3TC  
**SAS label:** TOTAL CHOLESTEROL (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3TG  
**SAS label:** TRIGLYCERIDE (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3HDL  
**SAS label:** HDL CHOLESTEROL (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3LDL  
**SAS label:** LDL CHOLESTEROL (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Laboratory Measures

**Variable name:** S3VLDLTG  
**SAS label:** VLDL TRIGLYCERIDE (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3VLDLC  
**SAS label:** VLDL CHOLESTEROL (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3LPA  
**SAS label:** LIPOPROTEIN(a)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3PAI1  
**SAS label:** PLASMOGEN ACTIVATOR INHIBITOR-1 (PAI-1) (ng/mL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**URINE COLLECTION**

**Variable name:** S3U\_ALB  
**SAS label:** URINE ALBUMIN (mg/L)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Laboratory Measures

**Variable name:** S3U\_CREA  
**SAS label:** URINE CREATININE (mg/dL)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** CENTER  
**SAS label:** SHS SITE

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## CBC Results

**Variable name:** IDNO  
**SAS label:** ID NUMBER  
**Question:** SHS I.D.  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** WBCF  
**SAS label:** WHITE BLOOD CELL COUNT ( $10^9/L$ )  
**Question:** Q1: WBC ( $10^9/L$ )  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** RBCF  
**SAS label:** RED BLOOD CELL COUNT ( $10^{12}/L$ )  
**Question:** Q2: RBC ( $10^{12}/L$ )  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** HGBF  
**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:** HCTF  
**SAS label:** HEMATOCRIT UNITS: %  
**Question:** Q4: HCT (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MCVF  
**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:** MCHF  
**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:** MCHCF  
**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:** RDWF  
**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:** PLTF  
**SAS label:** PLATELET COUNT (10<sup>9</sup>/L)  
**Question:** Q9: Platelet count (10<sup>9</sup>/L)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MPVF  
**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	

**DIFFERENTIAL**

**Variable name:** NEUTF  
**SAS label:** NEUTROPHIL (%)  
**Question:** Q11: NEUT (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

CBC Results

**Variable name:** LYMPHF  
**SAS label:** LYMPHOCYTE (%)  
**Question:** Q12: LYMPH (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MONOF  
**SAS label:** MONOCYTE (%)  
**Question:** Q13: MONO (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** EOSF  
**SAS label:** EOSINOPHIL (%)  
**Question:** Q14: EOS (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** BASOF  
**SAS label:** BASOPHIL (%)  
**Question:** Q15: BASO (%)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

<b>ADMINISTRATIVE INFORMATION</b>
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**Variable name:** CBC\_STAT  
**SAS label:** QUESTIONNAIRE COMPLETED  
**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: Code number 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:** Q18: Date of data collection  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

CBC Results

**Variable name:** CENTER  
**SAS label:** SHS SITE  
**Question:** None  
**Note:** None

Code or Value	Value description	Skip to item
1	AZ	
2	OK	
3	SD	

## Derived Medication

**Variable name:** IDNO  
**SAS label:** ID NUMBER

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3ANTIHIIST  
**SAS label:** ANTIHISTIMINES  
**Question:** Antihistimine Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 4:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ANTIBIOTIC  
**SAS label:** ANTIBIOTICS  
**Question:** Antibacterial Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 08:12

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication

**Variable name:** S3ANTINEO  
**SAS label:** ANTINEOPLASTIC DRUGS (CHEMOTHERAPY)  
**Question:** Antineoplastic Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 10:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ANTICOAG  
**SAS label:** ANTICOAGULANTS  
**Question:** Anticoagulant Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 20:12:04

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3CARDIAC  
**SAS label:** CARDIAC DRUGS  
**Question:** Cardiac Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 24:04

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication

**Variable name:** S3LIPIDLOW  
**SAS label:** HYPOLIPIDEMIC (LIPID LOWERING)  
**Question:** Antilipidemic Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 24:06

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3HYPOTEN  
**SAS label:** HYPOTENSIVE AGENTS  
**Question:** Hypotensive Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 24:08

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3BETABLOCK  
**SAS label:** BETA-BLOCKERS  
**Question:** Beta-blocker Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 24:24:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication

**Variable name:** S3ANALGESIC  
**SAS label:** ANALGESTIC AND ANTI-INFLAMMATORY (INCLUDES ASPIRIN)  
**Question:** Analgesics and Antipyretic Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 28:08

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ASPIRIN  
**SAS label:** ASPIRIN  
**Question:** Aspirin  
**Note:** AHFS Pharmacologic-therapeutic Classification: 28:08 and specified field included aspirin

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ANTICONV  
**SAS label:** ANTICONVULSANTS  
**Question:** Anticonvulsant Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 28:12

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication

**Variable name:** S3PSYCHOTHER  
**SAS label:** PSYCHOTHERAPEUTIC AGENTS  
**Question:** Psychotherapeutic Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 28:16

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3DIURETIC  
**SAS label:** DIURETICS  
**Question:** Diuretic Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 40:28

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3GASTRO  
**SAS label:** GASTROINTESTINAL DRUGS  
**Question:** Gastrointestinal Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 56:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication

**Variable name:** S3ADRENAL  
**SAS label:** ADRENALS (STEROIDS)  
**Question:** Adrenal Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:04

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3CONTRA  
**SAS label:** CONTRACEPTIVES  
**Question:** Contraceptive Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:12

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ESTRO  
**SAS label:** ESTROGENS  
**Question:** Estrogens and Estrogen Agonist Antagonists  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:16

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication

**Variable name:** S3ANTIDM  
**SAS label:** ANTIDIABETIC AGENTS  
**Question:** Antidiabetic Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:20

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3INSULIN  
**SAS label:** INSULINS  
**Question:** Insulin Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:20:08

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3SULFRON  
**SAS label:** SULFONYLUREAS  
**Question:** Sulfonylureas Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:20:20

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication

**Variable name:** S3THYROID  
**SAS label:** THYROID AGENTS  
**Question:** Thyroid and Antithyroid Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:36

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3SKIN  
**SAS label:** OINTMENTS AND OTHER TOPICAL PRODUCTS  
**Question:** All skin and mucous membrane agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 84:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3VITAMIN  
**SAS label:** VITAMINS  
**Question:** Vitamins  
**Note:** AHFS Pharmacologic-therapeutic Classification: 88:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

## Derived Medication Details

**Variable name:** IDNO  
**SAS label:** ID NUMBER

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** MNAME31  
**SAS label:** DRUG NAME  
**Question:** Medical drug name  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		

**Variable name:** MDOSE31  
**SAS label:** DRUG DOSE  
**Question:** Medical drug dose  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** RXDAY31  
**SAS label:** RX PER DAY  
**Question:** Amount of medication per day  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

Derived Medication Details

**Variable name:** TKNDAY31  
**SAS label:** HOW MANY TAKEN?  
**Question:** How much medication was taken?  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** MCLASS31  
**SAS label:** MATCHING DRUG CLASS CODE (AHFS DRUG CODE)  
**Question:** AHFS Drug Code  
**Note:** None

Code or Value	Value Description	Skip to item
Open text field blank		
Open text field specified	Range of text fields	

**Variable name:** LEVEL1GRP  
**SAS label:** AHFS PHARMACOLOGIC THERAPEUTIC CLASSIFICATION TEIR 1

Code or Value	Value Description	Skip to item
Open text field blank		

**Variable name:** LEVEL2GRP  
**SAS label:** AHFS PHARMACOLOGIC THERAPEUTIC CLASSIFICATION TEIR 2

Code or Value	Value Description	Skip to item
Open text field blank		

Derived Medication Details

**Variable name:** LEVEL3GRP  
**SAS label:** AHFS PHARMACOLOGIC THERAPEUTIC CLASSIFICATION TEIR 3

Code or Value	Value Description	Skip to item
Open text field blank		

**Variable name:** S3ANTIHIIST  
**SAS label:** ANTIHISTIMINES  
**Question:** Antihistimine Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 4:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ANTIBIOTIC  
**SAS label:** ANTIBIOTICS  
**Question:** Antibacterial Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 08:12

Code or Value	Value description	Skip to item
0	No	

**Variable name:** S3ANTINEO  
**SAS label:** ANTINEOPLASTIC DRUGS (CHEMOTHERAPY)  
**Question:** Antineoplastic Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 10:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication Details

**Variable name:** S3ANTICOAG  
**SAS label:** ANTICOAGULANTS  
**Question:** Anticoagulant Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 20:12:04

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3CARDIAC  
**SAS label:** CARDIAC DRUGS  
**Question:** Cardiac Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 24:04

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3LIPIDLOW  
**SAS label:** HYPOLIPIDEMIC (LIPID LOWERING)  
**Question:** Antilipidemic Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 24:06

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication Details

**Variable name:** S3HYPOTEN  
**SAS label:** HYPOTENSIVE AGENTS  
**Question:** Hypotensive Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 24:08

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3BETABLOCK  
**SAS label:** BETA-BLOCKERS  
**Question:** Beta-blocker Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 24:24:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ANALGESIC  
**SAS label:** ANALGESTIC AND ANTI-INFLAMMATORY (INCLUDES ASPIRIN)  
**Question:** Analgesics and Antipyretic Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 28:08

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication Details

**Variable name:** S3ASPIRIN  
**SAS label:** ASPIRIN  
**Question:** Aspirin  
**Note:** AHFS Pharmacologic-therapeutic Classification: 28:08 and specified field included aspirin

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ANTICONV  
**SAS label:** ANTICONVULSANTS  
**Question:** Anticonvulsant Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 28:12

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3PSYCHOTHER  
**SAS label:** PSYCHOTHERAPEUTIC AGENTS  
**Question:** Psychotherapeutic Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 28:16

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication Details

**Variable name:** S3DIURETIC  
**SAS label:** DIURETICS  
**Question:** Diuretic Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 40:28

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3GASTRO  
**SAS label:** GASTROINTESTINAL DRUGS  
**Question:** Gastrointestinal Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 56:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ADRENAL  
**SAS label:** ADRENALS (STEROIDS)  
**Question:** Adrenal Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:04

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication Details

**Variable name:** S3CONTRA  
**SAS label:** CONTRACEPTIVES  
**Question:** Contraceptive Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:12

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ESTRO  
**SAS label:** ESTROGENS  
**Question:** Estrogens and Estrogen Agonist Antagonists  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:16

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3ANTIDM  
**SAS label:** ANTIDIABETIC AGENTS  
**Question:** Antidiabetic Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:20

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication Details

**Variable name:** S3INSULIN  
**SAS label:** INSULINS  
**Question:** Insulin Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:20:08

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3SULFRON  
**SAS label:** SULFONYLUREAS  
**Question:** Sulfonylureas Drugs  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:20:20

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3THYROID  
**SAS label:** THYROID AGENTS  
**Question:** Thyroid and Antithyroid Agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 68:36

Code or Value	Value description	Skip to item
0	No	
1	Yes	

Derived Medication Details

**Variable name:** S3SKIN  
**SAS label:** OINTMENTS AND OTHER TOPICAL PRODUCTS  
**Question:** All skin and mucous membrane agents  
**Note:** AHFS Pharmacologic-therapeutic Classification: 84:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

**Variable name:** S3VITAMIN  
**SAS label:** VITAMINS  
**Question:** Vitamins  
**Note:** AHFS Pharmacologic-therapeutic Classification: 88:00

Code or Value	Value description	Skip to item
0	No	
1	Yes	

## Phase 3 Family Pilot Study Derived Variables

**Variable name:** IDNO  
**SAS label:** ID NUMBER  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3EXDATE  
**SAS label:** SHS3 EXAM DATE  
**Note:** None

Code or Value	Value Description	Skip to item
Date value in MM/DD/YYYY	Range of values	

**Variable name:** S3AGE  
**SAS label:** SHS3 AGE  
**Note:**  $S3AGE = (SHS3 \text{ Exam Date} - \text{Date of Birth}) / 365.25$

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3ADADM  
**SAS label:** SHS3 DIABETES STATUS ACCORDING TO 1997 ADA CRITERIA  
**Note:** DM Definition:

1. If the participant was not given glucose tolerance test (GTT)
  - a. On insulin treatment;
  - b. On hypoglycemic agent
  - c. On renal dialysis or had kidney transplant and mentioned history of diabetes on medical history questionnaire

OR

2. If fasting blood sugar  $\geq 126$

IFG Definition:

$110 \leq$  fasting blood sugar  $< 126$

NFG Definition:

Normal glucose tolerance with history of DM: Not in (I) AND (II), fasting blood sugar  $< 110$  AND no DM treatment.

Code or Value	Value description	Skip to item
DM	DM	
IFG	Impaired Fasting Glucose Tolerance	
NFG	Normal Fasting Glucose Tolerance	
	Missing	

**Variable name:** S3ADADM  
**SAS label:** SHS3 DURATION (YEARS) OF DIABETES ACCORDING TO 1997 ADA CRITERIA  
**Note:** S3ADADM = Age at exam – Age diabetes was diagnosed

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3DMTX  
**SAS label:** SHS3 DIABETES TREATMENT  
**Note:** Both insulin and oral agent = AHFS Code 682008 AND 682020  
 Insulin treatment = AHFS Code 682008  
 Oral (hypoglycemic) agent = AHFS Code 682020

Code or Value	Value description	Skip to item
B	Both Insulin and Oral Agent	
I	Insulin Treatment	
N	None	
O	Oral Agent	

**Variable name:** S3SBP  
**SAS label:** SHS3 SYSTOLIC BLOOD PRESSURE (mmHg)  
**Note:**  $S3SBP = (1^{st} \text{ measured SBP} + 2^{nd} \text{ measured SBP}) / 2$

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3DBP  
**SAS label:** SHS3 DIASTOLIC BLOOD PRESSURE (mmHg)  
**Note:**  $S3DBP = (1^{st} \text{ measured DBP} + 2^{nd} \text{ measured DBP}) / 2$

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3MBP  
**SAS label:** SHS3 MEAN ARTERIAL PRESSURE (mmHg)  
**Note:** S3MBP = (2/3 S3SBP) + (1/3 S3DBP)

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3USHTN  
**SAS label:** SHS3 HYPERTENSION BY US DEFINITION  
**Note:** Hypertension Definition:

1. Taking Antihypertensive Drug (AHFS Code=2408 )

OR

2. Taking Diuretics (AHFS Code =4028), OR Beta-Blockers (AHFS Code=1216) OR Cardiac Medications (AHFS Code=2404) OR Vasodilator (AHFS Code=2412) AND History of Hypertension

OR

3. S3SBP ≥ 140 mmHg

OR

4. S3DBP ≥ 90 mmHg

No Hypertension:

S3SBP < 140 AND S3DBP < 90 AND No Antihypertensive treatment

Code or Value	Value description	Skip to item
N	No	
Y	Yes	
	Missing	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3HTNRX  
**SAS label:** SHS3 HYPERTENSION TREATMENT  
**Note:** 1. Taking Antihypertensive Drug  
 OR  
 2. Taking Diuretics OR Beta-Blockers OR Cardiac OR Vasodilator  
 AND History of hypertension

Code or Value	Value description	Skip to item
N	No	
Y	Yes	

**Variable name:** S3ACR  
**SAS label:** SHS3 ALBUMINURIA  
**Note:** Normal: Urinary albumin/creatinine ratio  $\geq$  300 mg/g  
 Microalbuminuria:  $30 \leq$  Urinary albumin/creatinine  $<$  299 mg/g  
 Macroalbuminuria: Urinary albumin/creatinine  $<$  30 mg/g

Code or Value	Value description	Skip to item
1	Normal	
2	Microalbuminuria	
3	Macroalbuminuria	
.	Missing	

**Variable name:** S3UACR  
**SAS label:** SHS3 URINARY ALBUMIN/CREATININE RATIO (mg/g)  
**Note:** S3UACR = Urine Albumin / Urine Creatinine

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3CCR  
**SAS label:** SHS3 COCKROFT-GAULT CREATININE CLEARANCE (mm/min)  
**Note:** If Male:

$$S3CCR = [(140 - \text{age}) * \text{weight}] / (72 * \text{serum creatinine})$$

If Female:

$$S3CCR = [[(140 - \text{age}) * \text{weight}] / (72 * \text{serum creatinine})] * 0.85$$

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3GRFM2  
**SAS label:** SHS3 GLOMERULAR FILTRATION RATE (mL/min/1.73\*\*2) - (MDRD with 175 constant)  
**Note:** If male:

$$S3GRFM2 = 175 * \text{serum creatinine}^{-1.154} * \text{age}^{-0.203}$$

If female:

$$S3GRFM2 = 175 * \text{serum creatinine}^{-1.154} * \text{age}^{-0.203} * 0.742$$

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3RT\_AAR  
**SAS label:** SHS3 RIGHT ANKLE-ARM RATIO  
**Note:** S3RT\_AAR = Right ankle blood pressure / Right arm blood pressure

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3LT\_AAR  
**SAS label:** SHS3 LEFT ANKLE-ARM RATIO  
**Note:** S3LT\_AAR = Left ankle blood pressure / Right arm blood pressure

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3PP  
**SAS label:** SHS3 PULSE PRESSURE (mm/Hg)  
**Note:** S3PP = Systolic blood pressure – Diastolic blood pressure

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3BMI  
**SAS label:** SHS3 BODY MASS INDEX (kg/m\*\*2)  
**Note:** S3BMI = weight (kg) / (height (cm))<sup>2</sup>

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

**Variable name:** S3WHR  
**SAS label:** SHS3 WAIST HIP RATIO  
**Note:** S3WHR = Waist circumference / Hip circumference

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3BDFAT

**SAS label:** SHS3 %BODY FAT - (RJL CALCULATION)

**Note:** If Male:

$$\text{BODYH2O} = \text{EXP}(1.1782 * \text{LOG}(\text{height}) - 0.5968 * \text{LOG}(\text{resistance}) + 0.3226 * \text{LOG}(\text{weight}))$$

If Female:

$$\text{BODYH2O} = \text{EXP}(1.2004 * \text{LOG}(\text{height}) - 0.5529 * \text{LOG}(\text{resistance}) + 0.2164 * \text{LOG}(\text{weight}))$$

$$\text{S3BDFAT} = ([\text{weight} - (\text{bodyH2O} / 0.732)] / \text{weight}) * 100$$

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3SMOKE  
**SAS label:** SHS3 SMOKING STATUS  
**Note:** Never Definition:

Have not smoked more than 100 cigarettes in entire life  
 OR  
 Never smoked regularly

Ever Definition:

Smoke at least 100 cigarettes in entire life AND entered age started smoking  
 AND  
 Do not smoke currently

Current (yes) Definition:

Smoked at least 100 cigarettes in entire life AND entered age started smoking  
 AND  
 Currently smoked

Code or Value	Value description	Skip to item
E	Ever	
N	Never	
Y	Yes	
	Missing	

**Variable name:** S3SMKD  
**SAS label:** SHS3 SMOKING DURATION IN YEARS  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3ETOH  
**SAS label:** SHS3 ALCOHOL DRINKING STATUS  
**Note:** Never Definition:  
Never consumed alcoholic beverages

Ever Definition:  
Consumed alcoholic beverages  
AND  
Has not had a drink in 12 or more months (more than 1 year)

Current (yes) Definition:  
Consumed alcoholic beverages  
AND  
Has had a drink in the last 12 months (1 year)

Code or Value	Value description	Skip to item
E	Ever	
N	Never	
Y	Yes	
	Missing	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3MENO  
**SAS label:** SHS3 POSTMENOPAUSAL  
**Note:** S3MENO = Y if menopause group is natural, surgical, age, or unknown  
Else S3MENO = N

**Menopause Group:**

**Natural:** Stopped menstruating AND stopped within the last year AND natural type of menopause

**Surgical:** Stopped menstruating AND stopped within the last year AND surgical type of menopause AND removed both ovaries

**Age:** Stopped menstruating AND stopped within the last year AND surgical type of menopause AND removed both ovaries AND age  $\geq 53$

**Unknown:** Stopped menstruating AND stopped within the last year AND unknown type of menopause AND age  $\geq 53$  OR stopped menstruating unknown AND age  $\geq 53$

Code or Value	Value description	Skip to item
N	No	
Y	Yes	
	Missing	

Phase 3 Family Pilot Study Derived Variables

**Variable name:** S3ESTRO  
**SAS label:** SHS3 ESTROGEN USE  
**Note:** Current User:

Medication history indicated estrogen use

Ex-User:

If used estrogen and not list estrogen on medical history

OR

Phase 1 or Phase 2 or Phase 3 or Phase 4 current user

**Never Used:**

If never used estrogen

Code or Value	Value description	Skip to item
C	Current user	
E	Ex-user	
N	Never used	
	Missing	

**Variable name:** S3HOMAIR  
**SAS label:** SHS3 HOMEOSTASIS ASSESSMENT (HOMA-IR)  
**Note:** None

Code or Value	Value Description	Skip to item
Continuous value	Range of values	