



## **Phase VI**

# **Data Dictionary**

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

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## Medical History

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IDNO	ID NUMBER
MEDHX6_14	GENDER
<b>MEDICAL CONDITIONS</b>	
MEDHX6_15	USUAL HOSPITAL/CLINIC 1
MEDHX6_16	USUAL HOSPITAL/CLINIC CITY 1
MEDHX6_17	USUAL HOSPITAL/CLINIC IHS 1
MEDHX6_18	USUAL HOSPITAL/CLINIC 2
MEDHX6_19	USUAL HOSPITAL/CLINIC CITY 2
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<b>VARIABLE</b>	<b>LABEL</b>
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MEDHX6_38	IF YES TO DIABETES/PREDIABETES, TREATMENT--ORAL RX
MEDHX6_39	IF YES TO DIABETES/PREDIABETES, TREATMENT--NO TREATMENT
MEDHX6_40	HBP
MEDHX6_41	RX FOR HBP
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MEDHX6_43	HEART PROBLEMS SINCE LAST EXAM
MEDHX6_44	IF YES HEART PROBLEMS, HOSPITAL/CLINIC
MEDHX6_45	IF YES HEART PROBLEMS, HOSPITAL/CLINIC CITY
MEDHX6_46	STROKE, MINI-STROKE, OR TIA SINCE LAST EXAM
MEDHX6_47	IF YES STROKE, HOSPITAL/CLINIC
MEDHX6_48	IF YES STROKE, HOSPITAL/CLINIC CITY
MEDHX6_49	RECEIVE PROFESSIONAL REHAB
MEDHX6_50	IF YES REHAB, HOSPITAL/CLINIC
MEDHX6_51	IF YES REHAB, HOSPITAL/CLINIC CITY
MEDHX6_52	CANCER, EVER
MEDHX6_53	BREAST CANCER
MEDHX6_54	OVARY/UTERUS CANCER
MEDHX6_55	PROSTATE CANCER
MEDHX6_56	LUNG CANCER
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MEDHX6_59	LIVER CANCER
MEDHX6_60	MOUTH/THROAT CANCER
MEDHX6_61	MELANOMA AND/OR OTHER SKIN CANCER
MEDHX6_62	BLOOD OR IMMUNE SYSTEM CANCER
MEDHX6_63	OTHER CANCER, NOT ON THIS LIST
MEDHX6_64	OTHER CANCER, LIST
MEDHX6_65	PROVIDER OF CANCER TREATMENT/CARE
MEDHX6_66	PROVIDER OF CANCER TREATMENT/CARE CITY
MEDHX6_67	OPERATION OR BIOPSY FOR CANCER
MEDHX6_68	OPERATION OR BIOPSY FOR CANCER HOSPITAL/CLINIC

<b>VARIABLE</b>	<b>LABEL</b>
MEDHX6_69	OPERATION OR BIOPSY FOR CANCER HOSPITAL/CLINIC CITY
MEDHX6_70	RECEIVE CHEMOTHERAPY OR RADIATION THERAPY FOR CANCER
MEDHX6_71	CHEMOTHERAPY OR RADIATION THERAPY FOR CANCER HOSPITAL/CLINIC
MEDHX6_72	CHEMOTHERAPY OR RADIATION THERAPY FOR CANCER HOSPITAL/CLINIC CITY
<b>FEMALE PARTICIPANTS ONLY</b>	
MEDHX6_73	NUMBER PREGNANCIES
MEDHX6_74	NUMBER LIVE BIRTHS
MEDHX6_75	STILLBIRTH
MEDHX6_76a	IF YES TO STILLBIRTH, DATE--MONTH
MEDHX6_76b	IF YES TO STILLBIRTH, DATE--YEAR
MEDHX6_78	FIRST PREGNANCY HAD PRE-ECLAMPSIA (TOXEMIA)
MEDHX6_79	FIRST PREGNANCY HAD HIGH BLOOD PRESSURE
MEDHX6_80	FIRST PREGNANCY HAD HIGH BLOOD PRESSURE W/PROTEIN IN URINE
MEDHX6_81	FIRST PREGNANCY HAD GESTATIONAL DIABETES
MEDHX6_82	FIRST PREGNANCY DELIVERY DATE
MEDHX6_83	FIRST PREGNANCY DELIVERY HOSPITAL
MEDHX6_84	FIRST PREGNANCY DELIVERY HOSPITAL CITY
MEDHX6_85	OTHER PREGNANCY HAD PRE-ECLAMPSIA (TOXEMIA) OR HIGH BLOOD PRESSURE
MEDHX6_86	OTHER PREGNANCY DATE OF DELIVERY
MEDHX6_87	OTHER PREGNANCY HOSPITAL OF DELIVERY
MEDHX6_88	OTHER PREGNANCY HOSPITAL OF DELIVERY CITY
MEDHX6_89	COMPLICATIONS--PRE-ECLAMPSIA
MEDHX6_90	COMPLICATIONS--HIGH BLOOD PRESSURE
MEDHX6_91	COMPLICATIONS--HIGH BLOOD PRESSURE W/ PROTEIN IN URINE
MEDHX6_92	COMPLICATIONS--DIABETES (GESTATIONAL DIABETES)
<b>ADMINISTRATIVE INFORMATION</b>	
INT_CODE	INTERVIEWER CODE
INT_DATE	INTERVIEW DATE
CENTER	SHS SITE

## Diabetes Ascertainment

Diabetes status was collected in Phase VI for those who did not have prior diabetes diagnosis in a previous phase. Glucose, HbA1C, and diabetes treatment was collected among those what had documented diabetes.

<b>VARIABLE</b>	<b>LABEL</b>
<b>IDNO</b>	<b>ID NUMBER</b>
<b>DIAB6_1</b>	<b>PRIOR DIABETES DIAGNOSIS</b>
<b>DIAB6_2</b>	<b>NO MEDICAL RECORDS</b>
<b>DIABETES INFORMATION</b>	
<b>DIAB6_3a</b>	<b>DIABETES</b>
<b>DIAB6_3b</b>	<b>GESTATIONAL DIABETES</b>
<b>DIAB6_3c</b>	<b>DIABETES NOT IN MEDICAL RECORDS</b>
<b>DIAB6_3d</b>	<b>DIABETES MENTIONED BUT NO SUPPORTING EVIDENCE</b>
<b>DIAB6_4</b>	<b>DIABETES DATE</b>
<b>DIAB6_5a</b>	<b>FASTING PLASMA GLUCOSE</b>
<b>DIAB6_5b</b>	<b>FASTING PLASMA GLUCOSE DATE</b>
<b>DIAB6_5c</b>	<b>FASTING PLASMA GLUCOSE N/A</b>
<b>DIAB6_6a</b>	<b>HBA1C</b>
<b>DIAB6_6b</b>	<b>HBA1C DATE</b>
<b>DIAB6_6c</b>	<b>HBA1C N/A</b>
<b>DIAB6_7a</b>	<b>2-HOUR PLASMA GLUCOSE</b>
<b>DIAB6_7b</b>	<b>2-HOUR PLASMA GLUCOSE DATE</b>
<b>DIAB6_7c</b>	<b>2-HOUR PLASMA GLUCOSE N/A</b>
<b>DIAB6_8a</b>	<b>INSULIN TREATMENT</b>
<b>DIAB6_8b</b>	<b>ORAL AGENT TREATMENT</b>
<b>DIAB6_8c</b>	<b>DIETARY/EXERCISE TREATMENT</b>
<b>DIAB6_8d</b>	<b>NO TREATMENT</b>
<b>DIAB6_8e</b>	<b>UNKNOWN TREATMENT</b>
<b>ADMINISTRATIVE INFORMATION</b>	
<b>REV_CODE</b>	<b>REVIEWER CODE</b>
<b>REV_DATE</b>	<b>REVIEWER DATE</b>
<b>CENTER</b>	<b>SHS SITE</b>

## Derived Variables

Derived variables include variables derived across phases (for example, diabetes status according to the 1997 ADA criteria) and other variables that were derived from raw variables (for example, age was derived from date of birth).

<b>VARIABLE</b>	<b>LABEL</b>
<b>IDNO</b>	<b>ID NUMBER</b>
<b>SEX</b>	<b>GENDER</b>
<b>CENTER</b>	<b>SHS DATA COLLECTION SITES</b>
<b>S6EXDATE</b>	<b>SHS6 EXAM DATE</b>
<b>S6AGE</b>	<b>SHS6 AGE</b>
<b>S6ADADM</b>	<b>SHS6 DIABETES STATUS ACCORDING TO 1997 ADA CRITERIA</b>
<b>S6ADADMD</b>	<b>SHS6 DURATION (YEARS) OF DIABETES ACCORDING TO 1997 ADA CRITERIA</b>
<b>S6DMHX</b>	<b>SHS6 DIABETES HISTORY</b>
<b>S6DMTX</b>	<b>SHS6 DIABETES TREATMENT</b>
<b>S6DMAGE</b>	<b>SHS6 SELF-REPORTED AGE OF FIRST DIAGNOSED WITH DIABETES</b>
<b>S6HTNHX</b>	<b>SHS6 HTN HISTORY</b>
<b>S6HTNRX</b>	<b>SHS6 HYPERTENSION TREATMENT</b>
<b>S6DIALYS</b>	<b>SHS6 RENAL DIALYSIS</b>
<b>S6KIDTRA</b>	<b>SHS6 KIDNEY TRANSPLANT</b>
<b>S6WT</b>	<b>SHS6 WEIGHT (KG)</b>
<b>S6HT</b>	<b>SHS6 HEIGHT (CM)</b>
<b>S6BMI</b>	<b>SHS6 BODY MASS INDEX (KG/M2)</b>

# Medical History

**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:** MEDHX6\_14  
**SAS label:** GENDER  
**Question:** Gender  
**Note:** Information filled in by field staff

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

## MEDICAL CONDITIONS

**Variable name:** MEDHX6\_15  
**SAS label:** USUAL HOSPITAL/CLINIC 1  
**Question:** To which IHS and non-IHS Hospital/Clinic do you usually go? First Hospital/Clinic  
**Note:** Directions to participant: List the one you go to most often first.

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

**Variable name:** MEDHX6\_16  
**SAS label:** USUAL HOSPITAL/CLINIC CITY 1  
**Question:** To which IHS and non-IHS Hospital/Clinic do you usually go? First Hospital/Clinic City  
**Note:** Directions to participant: List the one you go to most often first.

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

**Variable name:** MEDHX6\_17  
**SAS label:** USUAL HOSPITAL/CLINIC IHS 1  
**Question:** Do you usually go to IHS (Indian Health Service) hospital/clinic? Check if yes.  
**Note:** None

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

**Variable name:** MEDHX6\_18  
**SAS label:** USUAL HOSPITAL/CLINIC 2  
**Question:** To which IHS and non-IHS Hospital/Clinic do you usually go? Second Hospital/Clinic  
**Note:** None

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



**Variable name:** MEDHX6\_19  
**SAS label:** USUAL HOSPITAL/CLINIC CITY 2  
**Question:** To which IHS and non-IHS Hospital/Clinic do you usually go?  
 Second Hospital/Clinic City  
**Note:** None

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

**Variable name:** MEDHX6\_20  
**SAS label:** USUAL HOSPITAL/CLINIC IHS 2  
**Question:** Do you usually go to IHS (Indian Health Service) hospital/clinic?  
 Second hospital/clinic. Check if yes.  
**Note:** None

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

**Variable name:** MEDHX6\_21  
**SAS label:** CURRENT WEIGHT (POUNDS)  
**Question:** What is your current weight?  
**Note:** None

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

**Variable name:** MEDHX6\_22  
**SAS label:** CURRENT HEIGHT (FEET)  
**Question:** Current height?  
**Note:** Need to combine with MEDHX6\_23 to get complete information on height.

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

**Variable name:** MEDHX6\_23  
**SAS label:** CURRENT HEIGHT (INCHES)  
**Question:** Current height?  
**Note:** Need to combine with MEDHX6\_22 to get complete information on height.

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

**Variable name:** MEDHX6\_24  
**SAS label:** ARTHRITIS  
**Question:** Do you have arthritis?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_26
3	Unknown	MEDHX6_26
.	Missing	

**Variable name:** MEDHX6\_25  
**SAS label:** RHEUMATOID ARTHRITIS  
**Question:** If yes (to arthritis), have you been told if it is rheumatoid arthritis?  
**Note:** None

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

**Variable name:** MEDHX6\_26  
**SAS label:** ASTHMA  
**Question:** Has a doctor or health care provider ever told you that you have/had asthma?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_27  
**SAS label:** LUNG DISEASE  
**Question:** Has a doctor or health care provider ever told you that you have/had lung disease?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_28  
**SAS label:** RETINOPATHY/DIABETES EYE PROBLEM  
**Question:** Has a doctor or health care provider ever told you that you have/had retinopathy/diabetes eye problem?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_29  
**SAS label:** ON DIALYSIS  
**Question:** Are you currently on dialysis?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_30  
**SAS label:** KIDNEY TRANSPLANT  
**Question:** Have you had a kidney transplant?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_31  
**SAS label:** LIVER DISEASE  
**Question:** Has a doctor or health care provider ever told you that you have/had liver disease?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_32  
**SAS label:** GOUT  
**Question:** Has a doctor or health care provider ever told you that you have/had gout?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_33  
**SAS label:** KIDNEY STONES  
**Question:** Has a doctor or health care provider ever told you that you have/had kidney stones?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_34  
**SAS label:** LUPUS/SCLERODERMA  
**Question:** Has a doctor or health care provider ever told you that you have/had lupus/scleroderma?  
**Note:** Directions to participant: Please check the appropriate boxes below.

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

**Variable name:** MEDHX6\_35  
**SAS label:** DIABETES/PREDIABETES  
**Question:** Has a doctor or health care provider ever told you that you have/had diabetes/prediabetes?  
**Note:** Directions to participant: Please check the appropriate boxes below.

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_40
3	Unknown	MEDHX6_40
.	Missing	

**Variable name:** MEDHX6\_36  
**SAS label:** IF YES TO DIABETES/PREDIABETES, TREATMENT--INSULIN  
**Question:** If yes to diabetes/prediabetes, what type of treatment are you taking? Insulin?  
**Note:** None

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



**Variable name:** MEDHX6\_37  
**SAS label:** IF YES TO DIABETES/PREDIABETES, TREATMENT--DIETARY/EXERCISE  
**Question:** If yes to diabetes/prediabetes, what type of treatment are you taking? Dietary and/or exercise?  
**Note:** None

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

**Variable name:** MEDHX6\_38  
**SAS label:** IF YES TO DIABETES/PREDIABETES, TREATMENT--ORAL RX  
**Question:** If yes to diabetes/prediabetes, what type of treatment are you taking? Oral hypoglycemic pills?  
**Note:** None

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

**Variable name:** MEDHX6\_39  
**SAS label:** IF YES TO DIABETES/PREDIABETES, TREATMENT--NO  
**TREATMENT**  
**Question:** If yes to diabetes/prediabetes, what type of treatment are you taking? No treatment?  
**Note:** None

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

**Variable name:** MEDHX6\_40  
**SAS label:** HBP  
**Question:** Have you ever been told you have high blood pressure?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_42
3	Unknown	MEDHX6_42
.	Missing	

**Variable name:** MEDHX6\_41  
**SAS label:** RX FOR HBP  
**Question:** Have you ever been prescribed medications for high blood pressure?  
**Note:** None

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

**Variable name:** MEDHX6\_42  
**SAS label:** EVER USED ELECTRONIC CIGARETTES  
**Question:** E-cigs are battery powered devices that provide inhaled doses of nicotine. Have you ever used e-cigs (electronic cigarettes)?  
**Note:** None

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

**Variable name:** MEDHX6\_43  
**SAS label:** HEART PROBLEMS SINCE LAST EXAM  
**Question:** Since your last SHS exam, have you had a heart attack, heart failure, or any problems with your heart?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_46
3	Unknown	MEDHX6_46
.	Missing	

**Variable name:** MEDHX6\_44  
**SAS label:** IF YES HEART PROBLEMS, HOSPITAL/CLINIC  
**Question:** If yes to heart problems, which hospital or clinic took care of you?  
**Note:** None

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

**Variable name:** MEDHX6\_45  
**SAS label:** IF YES HEART PROBLEMS, HOSPITAL/CLINIC CITY  
**Question:** If yes to heart problems, which hospital or clinic took care of you?  
City  
**Note:** None

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

**Variable name:** MEDHX6\_46  
**SAS label:** STROKE, MINI-STROKE, OR TIA SINCE LAST EXAM  
**Question:** Since your last SHS exam, did you have a stroke, a mini-stroke or TIA?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_52
3	Unknown	MEDHX6_52
.	Missing	

**Variable name:** MEDHX6\_47  
**SAS label:** IF YES STROKE, HOSPITAL/CLINIC  
**Question:** If yes to stroke, which hospital or clinic took care of you?  
**Note:** None

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

**Variable name:** MEDHX6\_48  
**SAS label:** IF YES STROKE, HOSPITAL/CLINIC CITY  
**Question:** If yes to stroke, which hospital or clinic took care of you? City.  
**Note:** None

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

**Variable name:** MEDHX6\_49  
**SAS label:** RECEIVE PROFESSIONAL REHAB  
**Question:** Did you received rehab at a clinic, inpatient or other facility (for stroke, mini-stroke, or TIA)?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_52
.	Missing	MEDHX6_52

**Variable name:** MEDHX6\_50  
**SAS label:** IF YES REHAB, HOSPITAL/CLINIC  
**Question:** If yes to rehab, which hospital or clinic took care of you?  
**Note:** None

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

**Variable name:** MEDHX6\_51  
**SAS label:** IF YES REHAB, HOSPITAL/CLINIC CITY  
**Question:** If yes to rehab, which hospital or clinic took care of you? City  
**Note:** None

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

**Variable name:** MEDHX6\_52  
**SAS label:** CANCER, EVER  
**Question:** Has a health care provider ever told you that you have/had cancer?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_73 if female INT_DATE if male
3	Unknown	MEDHX6_73 if female INT_DATE if male
.	Missing	

**Variable name:** MEDHX6\_53  
**SAS label:** BREAST CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Breast?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_54  
**SAS label:** OVARY/UTERUS CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Ovary/uterus?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_55  
**SAS label:** PROSTATE CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Prostate?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_56  
**SAS label:** LUNG CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Lung?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_57  
**SAS label:** COLON/RECTUM CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Colon/Rectum?  
**Note:** Directions to participant: Check all that apply from the following list.

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



**Variable name:** MEDHX6\_58  
**SAS label:** KIDNEY/BLADDER CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it?  
Kidney/bladder?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_59  
**SAS label:** LIVER CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Liver?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_60  
**SAS label:** MOUTH/THROAT CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Mouth/throat?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_61  
**SAS label:** MELANOMA AND/OR OTHER SKIN CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Melanoma and/or skin cancer?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_62  
**SAS label:** BLOOD OR IMMUNE SYSTEM CANCER  
**Question:** If “YES” (to ever having cancer), what type is/was it? Blood or immune system?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_63  
**SAS label:** OTHER CANCER, NOT ON THIS LIST  
**Question:** If “YES” (to ever having cancer), what type is/was it? Other, not on this list?  
**Note:** Directions to participant: Check all that apply from the following list.

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

**Variable name:** MEDHX6\_64  
**SAS label:** OTHER CANCER, LIST  
**Question:** Other (cancer), not on this list.  
**Note:** None

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

**Variable name:** MEDHX6\_65  
**SAS label:** PROVIDER OF CANCER TREATMENT/CARE  
**Question:** If yes, please provide name of health care provider or hospital where you receive/received cancer care.  
**Note:** None

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

**Variable name:** MEDHX6\_66  
**SAS label:** PROVIDER OF CANCER TREATMENT/CARE CITY  
**Question:** If yes, please provide name of health care provider or hospital where you receive/received cancer care. City  
**Note:** None

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

**Variable name:** MEDHX6\_67  
**SAS label:** OPERATION OR BIOPSY FOR CANCER  
**Question:** If "YES" (to ever having cancer), did you have an operation or biopsy for the cancer?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_70
3	Unknown	MEDHX6_70
.	Missing	

**Variable name:** MEDHX6\_68  
**SAS label:** OPERATION OR BIOPSY FOR CANCER HOSPITAL/CLINIC  
**Question:** If yes (to did you have an operation or biopsy for the cancer), where? Hospital/Clinic  
**Note:** None

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

**Variable name:** MEDHX6\_69  
**SAS label:** OPERATION OR BIOPSY FOR CANCER HOSPITAL/CLINIC CITY  
**Question:** If yes (to did you have an operation or biopsy for the cancer), where? City  
**Note:** None

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

**Variable name:** MEDHX6\_70  
**SAS label:** RECEIVE CHEMOTHERAPY OR RADIATION THERAPY FOR CANCER  
**Question:** If "YES" (to ever having cancer), did you receive any chemotherapy and/or radiation therapy?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_73 if female INT_DATE if male
.	Missing	

**Variable name:** MEDHX6\_71  
**SAS label:** CHEMOTHERAPY OR RADIATION THERAPY FOR CANCER HOSPITAL/CLINIC  
**Question:** If yes (to did you receive any chemotherapy and/or radiation therapy), where? Hospital/Clinic  
**Note:** None

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

**Variable name:** MEDHX6\_72  
**SAS label:** CHEMOTHERAPY OR RADIATION THERAPY FOR CANCER HOSPITAL/CLINIC CITY  
**Question:** If yes (to did you receive any chemotherapy and/or radiation therapy), where? City  
**Note:** None

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

## FEMALE PARTICIPANTS ONLY

**Variable name:** MEDHX6\_73  
**SAS label:** NUMBER PREGNANCIES  
**Question:** How many pregnancies have you had?  
**Note:** None

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

**Variable name:** MEDHX6\_74  
**SAS label:** NUMBER LIVE BIRTHS  
**Question:** How many live births have you had?  
**Note:** None

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

**Variable name:** MEDHX6\_75  
**SAS label:** STILLBIRTH  
**Question:** Did you have a stillbirth (last 3 months of pregnancy)?  
**Note:** None

Code or Value	Value description	Skip to item
1	Yes	
2	No	MEDHX6_78
3	Unknown	MEDHX6_78
.	Missing	

**Variable name:** MEDHX6\_76a  
**SAS label:** IF YES TO STILLBIRTH, DATE--MONTH  
**Question:** If yes (to stillbirth), when? Month.  
**Note:** Need to combine this variable with MEDHX6\_76b to get entire date of stillbirth.

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

**Variable name:** MEDHX6\_76b  
**SAS label:** IF YES TO STILLBIRTH, DATE--YEAR  
**Question:** If yes (to stillbirth), when? Year.  
**Note:** Need to combine this variable with MEDHX6\_76a to get entire date of stillbirth.

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

**Variable name:** MEDHX6\_78  
**SAS label:** FIRST PREGNANCY HAD PRE-ECLAMPSIA (TOXEMIA)  
**Question:** During your first pregnancy, were you told that you had any of the following conditions and check all the complications that occurred. Pre-eclampsia (toxemia).  
**Note:** None

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

**Variable name:** MEDHX6\_79  
**SAS label:** FIRST PREGNANCY HAD HIGH BLOOD PRESSURE  
**Question:** During your first pregnancy, were you told that you had any of the following conditions and check all the complications that occurred. High blood pressure.  
**Note:** None

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



**Variable name:** MEDHX6\_80  
**SAS label:** FIRST PREGNANCY HAD HIGH BLOOD PRESSURE W/PROTEIN IN URINE  
**Question:** During your first pregnancy, were you told that you had any of the following conditions and check all the complications that occurred. High blood pressure with protein in your urine.  
**Note:** None

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

**Variable name:** MEDHX6\_81  
**SAS label:** FIRST PREGNANCY HAD GESTATIONAL DIABETES  
**Question:** During your first pregnancy, were you told that you had any of the following conditions and check all the complications that occurred. Diabetes (gestational diabetes).  
**Note:** None

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

**Variable name:** MEDHX6\_82  
**SAS label:** FIRST PREGNANCY DELIVERY DATE  
**Question:** Please provide date of delivery for first pregnancy.  
**Note:** None

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

**Variable name:** MEDHX6\_83  
**SAS label:** FIRST PREGNANCY DELIVERY HOSPITAL  
**Question:** Hospital of delivery (first pregnancy).  
**Note:** None

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

**Variable name:** MEDHX6\_84  
**SAS label:** FIRST PREGNANCY DELIVERY HOSPITAL CITY  
**Question:** Hospital of delivery, city (first pregnancy).  
**Note:** None

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

**Variable name:** MEDHX6\_85  
**SAS label:** OTHER PREGNANCY HAD PRE-ECLAMPSIA (TOXEMIA) OR HIGH BLOOD PRESSURE  
**Question:** Was there any other pregnancy complicated by pre-eclampsia (toxemia) or high blood pressure?  
**Note:** None

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

**Variable name:** MEDHX6\_86  
**SAS label:** OTHER PREGNANCY DATE OF DELIVERY  
**Question:** If yes (to any other pregnancy complicated by pre-eclampsia (toxemia), or high blood pressure), please list one pregnancy that was complicated by these conditions. Date of delivery.  
**Note:** None

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

**Variable name:** MEDHX6\_87  
**SAS label:** OTHER PREGNANCY HOSPITAL OF DELIVERY  
**Question:** If yes (to any other pregnancy complicated by pre-eclampsia (toxemia), or high blood pressure), please list one pregnancy that was complicated by these conditions. Hospital of delivery.  
**Note:** None

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

**Variable name:** MEDHX6\_88  
**SAS label:** OTHER PREGNANCY HOSPITAL OF DELIVERY CITY  
**Question:** If yes (to any other pregnancy complicated by pre-eclampsia (toxemia), or high blood pressure), please list one pregnancy that was complicated by these conditions. Hospital of delivery, city.  
**Note:** None

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

**Variable name:** MEDHX6\_89  
**SAS label:** COMPLICATIONS--PRE-ECLAMPSIA  
**Question:** Check all complications that occurred (other pregnancy). Pre-eclampsia (toxemia).  
**Note:** None

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

**Variable name:** MEDHX6\_90  
**SAS label:** COMPLICATIONS--HIGH BLOOD PRESSURE  
**Question:** Check all complications that occurred (other pregnancy). High blood pressure.  
**Note:** None

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

**Variable name:** MEDHX6\_91  
**SAS label:** COMPLICATIONS--HIGH BLOOD PRESSURE W/ PROTEIN IN URINE  
**Question:** Check all complications that occurred (other pregnancy). High blood pressure along with protein in your urine.  
**Note:** None

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

**Variable name:** MEDHX6\_92  
**SAS label:** COMPLICATIONS--DIABETES (GESTATIONAL DIABETES)  
**Question:** Check all complications that occurred (other pregnancy). Diabetes (gestational diabetes).  
**Note:** None

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

## ADMINISTRATIVE INFORMATION

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

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

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

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

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

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

# Diabetes Ascertainment

**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:** DIAB6\_1  
**SAS label:** PRIOR DIABETES DIAGNOSIS  
**Question:** Diagnosis of diabetes established by prior SHS or SHSS exam  
**Note:** If answer yes, skip to Q9 (REV\_DATE)

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

**Variable name:** DIAB6\_2  
**SAS label:** NO MEDICAL RECORDS  
**Question:** No medical records available  
**Note:** If answer yes, skip to Q9 (REV\_DATE)

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



## DIABETES INFORMATION

**Variable name:** DIAB6\_3a  
**SAS label:** DIABETES  
**Question:** Diagnosis made by the abstractor: diabetes  
**Note:** Check all that apply (DIAB6\_3a, DIAB6\_3b, DIAB6\_3c, DIAB6\_3d)

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

**Variable name:** DIAB6\_3b  
**SAS label:** GESTATIONAL DIABETES  
**Question:** Diagnosis made by the abstractor: gestational diabetes only  
**Note:** Check all that apply (DIAB6\_3a, DIAB6\_3b, DIAB6\_3c, DIAB6\_3d).  
If answer yes, skip to Q9 (REV\_DATE)

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

**Variable name:** DIAB6\_3c  
**SAS label:** DIABETES NOT IN MEDICAL RECORDS  
**Question:** Diagnosis made by the abstractor: diabetes not mentioned in medical records  
**Note:** Check all that apply (DIAB6\_3a, DIAB6\_3b, DIAB6\_3c, DIAB6\_3d)  
If answer yes, skip to Q9 (REV\_DATE)

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

**Variable name:** DIAB6\_3d  
**SAS label:** DIABETES MENTIONED BUT NO SUPPORTING EVIDENCE  
**Question:** Diagnosis made by the abstractor: diabetes mentioned but no supporting evidence in medical records  
**Note:** Check all that apply (DIAB6\_3a, DIAB6\_3b, DIAB6\_3c, DIAB6\_3d)

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

**Variable name:** DIAB6\_4  
**SAS label:** DIABETES DATE  
**Question:** Date of first mention of diabetes (not gestational diabetes)  
**Note:** None

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

**Variable name:** DIAB6\_5a  
**SAS label:** FASTING PLASMA GLUCOSE  
**Question:** First fasting plasma glucose  $\geq$  126 mg/dL (value in mg/dL)  
**Note:** None

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

**Variable name:** DIAB6\_5b  
**SAS label:** FASTING PLASMA GLUCOSE DATE  
**Question:** First fasting plasma glucose  $\geq$  126 mg/dL (date)  
**Note:** None

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

**Variable name:** DIAB6\_5c  
**SAS label:** FASTING PLASMA GLUCOSE N/A  
**Question:** First fasting plasma glucose  $\geq$  126 mg/dL (value and date not available)  
**Note:** None

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

**Variable name:** DIAB6\_6a  
**SAS label:** HBA1C  
**Question:** First hemoglobin A1c  $\geq$  6.5% (value in %)  
**Note:** None

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

**Variable name:** DIAB6\_6b  
**SAS label:** HBA1C DATE  
**Question:** First hemoglobin A1c  $\geq$  6.5% (date)  
**Note:** None

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

**Variable name:** DIAB6\_6c  
**SAS label:** HBA1C N/A  
**Question:** First hemoglobin A1c  $\geq$  6.5% (value and date not available)  
**Note:** None

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

**Variable name:** DIAB6\_7a  
**SAS label:** 2-HOUR PLASMA GLUCOSE  
**Question:** 2-hour plasma glucose during oral glucose tolerance test  $\geq$  200 mg/dL (value in mg/dL)  
**Note:** None

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

**Variable name:** DIAB6\_7b  
**SAS label:** 2-HOUR PLASMA GLUCOSE DATE  
**Question:** 2-hour plasma glucose during oral glucose tolerance test  $\geq$  200 mg/dL (date)  
**Note:** None

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

**Variable name:** DIAB6\_7c  
**SAS label:** 2-HOUR PLASMA GLUCOSE N/A  
**Question:** 2-hour plasma glucose during oral glucose tolerance test  $\geq$  200 mg/dL (value and date not available)  
**Note:** None

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

**Variable name:** DIAB6\_8a  
**SAS label:** INSULIN TREATMENT  
**Question:** Treatment for diabetes: insulin  
**Note:** Check all that apply (DIAB6\_8a, DIAB6\_8b, DIAB6\_8c, DIAB6\_8d, DIAB6\_8e)

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

**Variable name:** DIAB6\_8b  
**SAS label:** ORAL AGENT TREATMENT  
**Question:** Treatment for diabetes: oral agents  
**Note:** Check all that apply (DIAB6\_8a, DIAB6\_8b, DIAB6\_8c, DIAB6\_8d, DIAB6\_8e)

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

**Variable name:** DIAB6\_8c  
**SAS label:** DIETARY/EXERCISE TREATMENT  
**Question:** Treatment for diabetes: dietary and/or exercise  
**Note:** Check all that apply (DIAB6\_8a, DIAB6\_8b, DIAB6\_8c, DIAB6\_8d, DIAB6\_8e)

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

**Variable name:** DIAB6\_8d  
**SAS label:** NO TREATMENT  
**Question:** Treatment for diabetes: none  
**Note:** Check all that apply (DIAB6\_8a, DIAB6\_8b, DIAB6\_8c, DIAB6\_8d, DIAB6\_8e)

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

**Variable name:** DIAB6\_8e  
**SAS label:** UNKNOWN TREATMENT  
**Question:** Treatment for diabetes: unknown  
**Note:** Check all that apply (DIAB6\_8a, DIAB6\_8b, DIAB6\_8c, DIAB6\_8d, DIAB6\_8e)

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

## ADMINISTRATIVE INFORMATION

**Variable name:** REV\_CODE  
**SAS label:** REVIEWER CODE  
**Question:** SHS staff code  
**Note:** None

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

**Variable name:** REV\_DATE  
**SAS label:** REVIEWER DATE  
**Question:** Abstraction date  
**Note:** None

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

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

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



# Derived Variables

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

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

**Variable name:** SEX  
**SAS label:** GENDER

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

**Variable name:** CENTER  
**SAS label:** SHS DATA COLLECTION SITES

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

**Variable name:** S6EXDATE  
**SAS label:** SHS6 EXAM DATE

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

**Variable name:** S6AGE  
**SAS label:** SHS6 AGE  
**Note:** Age at phase 6 exam date,  $S6AGE = (SHS6\ EXAM\ DATE - DATE\ OF\ BIRTH) / 365.25$ , if DOB missing from phase 6 data, it was pulled from previous phases

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

**Variable name:** S6ADADM  
**SAS label:** SHS6 DIABETES STATUS ACCORDING TO 1997 ADA CRITERIA  
**Note:** Diabetes (DM) determination according to criteria below:  
 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 TRANSPLANTATION AND MENTIONED HISTORY OF DIABETES IN MEDICAL HISTORY QUESTIONNAIRE;  
 2. IF FASTING BLOOD SUGAR  $\geq$  126  
  
**NF DEFINITION:**  
**NORMAL GLUCOSE TOLERANCE WITH HISTORY OF DM: NOT IN (1) AND (2),FASTING BLOOD SUGAR < 126 AND NO DM TREATMENT.**

Code or Value	Value description	Skip to item
DM	Known Diabetes	
NF	Normal Fasting Glucose	

**Variable name:** S6ADADM  
**SAS label:** SHS6 DURATION (YEARS) OF DIABETES ACCORDING TO 1997 ADA CRITERIA  
**Note:** S6ADADM = AGE AT EXAM - AGE DIABETES WAS DIAGNOSED

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

**Variable name:** S6DMHX  
**SAS label:** SHS6 DIABETES HISTORY  
**Note:** As it appears on the data form, used in the calculation of other derived variables.

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

**Variable name:** S6DMTX  
**SAS label:** SHS6 DIABETES TREATMENT  
**Note:** Combination of multiple variables from the medical history and diabetes forms

1. DIETARY AND/OR EXERCISE: DIAB6\_8c = 1 OR MEDHX6\_37
2. INSULIN: DIAB6\_8A = 1 OR MEDHX6\_36 = 1
3. ORAL AGENT: DIAB6\_8B = 1 OR MEDHX6\_38 = 1
4. BOTH INSULIN AND ORAL AGENT: ON INSULIN OR ORAL AGENT
5. NONE: DIAB6\_8D = 1 OR MEDHX6\_39 = 1

Code or Value	Value description	Skip to item
B	Both Insulin and Oral Agent	
D	Dietary and/or Exercise	
I	Insulin	
N	None	
O	Oral Agent	

**Variable name:** S6DMAGE  
**SAS label:** SHS6 SELF-REPORTED AGE OF FIRST DIAGNOSED WITH DIABETES  
**Note:** S6DMAGE = (AGE DIABETES WAS DIAGNOSED - DATE OF BIRTH) / 365.25

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

**Variable name:** S6HTNHX  
**SAS label:** SHS6 HTN HISTORY  
**Note:** As it appears on the data form, used in previous phases for the calculation of other derived variables.

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

**Variable name:** S6HTNRX  
**SAS label:** SHS6 HYPERTENSION TREATMENT  
**Note:** As it appears on the data form, used in the calculation of other derived variables. This variable is different from previous phases. The participants were asked directly if they have ever been prescribed medications for high blood pressure. Previous phases were derived from the medication form.

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

**Variable name:** S6DIALYS  
**SAS label:** SHS6 RENAL DIALYSIS  
**Note:** As it appears on the data form, used in the calculation of other derived variables.

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

**Variable name:** S6KIDTRA  
**SAS label:** SHS6 KIDNEY TRANSPLANT  
**Note:** As it appears on the data form, used in the calculation of other derived variables.

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

**Variable name:** S6WT  
**SAS label:** SHS6 WEIGHT (KG)  
**Note:** Converted pounds to kilograms for the calculation of BMI

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

**Variable name:** S6HT  
**SAS label:** SHS6 HEIGHT (CM)  
**Note:** Converted inches to centimeters for the calculation BMI

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

**Variable name:** S6BMI  
**SAS label:** SHS6 BODY MASS INDEX (KG/M2)  
**Note:** S6BMI = WEIGHT (kg) / (HEIGHT (m))^2

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