

**STRONG HEART STUDY PHASE III
DATA DICTIONARY
CBC RESULTS**

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	8	SHS ID NUMBER	NUMBERS
1	8	WBC3	Num	8	WHITE BLOOD CELL COUNT	10 ⁹ /L
2	16	RBC3	Num	8	RED BLOOD CELL COUNT	10 ¹² /L
3	24	HGB3	Num	8	HEMOGLOBIN	g/dL
4	32	HCT3	Num	8	HEMATOCRIT	%
5	40	MCV3	Num	8	MEAN CELL VOLUME	FEMTOLITER (10E-15 LITER)
6	48	MCH3	Num	8	MEAN CORPUSCULAR HEMOGLOBIN	pg
7	56	MCHC3	Num	8	MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	g/dL
8	64	RDW3	Num	8	RED CELL DISTRIBUTION WIDTH	%
9	72	PLT3	Num	8	PLATELET COUNT	10 ⁹ /L
10	80	MPV3	Num	8	MEAN PLATELET VOLUME	FEMTOLITER (10E-15 LITER)
11	88	NEUT3	Num	8	NEUTROPHIL	%
12	96	LYMPH3	Num	8	LYMPHOCYTE	%
13	104	MONO3	Num	8	MONOCYTE	%
14	112	EOS3	Num	8	EOSINOPHIL	%
15	120	BASO3	Num	8	BASOPHIL	%
	128	CBC_STAT	Char	8	STATUS OF CBC FORM	1=COMPLETED, 2=INCOMPLETE
16	136	INT_CODE	Char	8	INTERVIEWER CODE	NUMBERS
17	144	INT_DATE	Num	5	DATE INTERVIEW COMPLETED	MMDDYY
	149	ENT_CODE	Char	8	DATA ENTRY CODE	NUMBERS
	157	ENT_DATE	Num	5	DATE ENTERED	MMDDYY

**STRONG HEART STUDY PHASE III
DATA DICTIONARY
DIABETIC FOOT SCREEN**

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	8	SHS ID NUMBER	NUMBERS
8	8	FT3_STAT	Char	8	EXAM COMPLETED	1=YES, 2=NO
1a	16	FOOT3_1A	Char	8	RIGHT FOOT ULCER	1=YES, 2=NO
1b	24	FOOT3_1B	Char	8	LEFT FOOT ULCER	1=YES, 2=NO
2	32	FOOT3_2	Char	8	HISTORY OF FOOT ULCER	1=YES, 2=NO
3	40	FOOT3_3	Char	8	FOOT NUMB	1=YES, 2=NO, 7=MISSING, 8=REFUSED, 9=UNKNOWN
4a	48	FOOT3_4A	Char	8	RT TOP	1=POSITIVE, 2=NEGATIVE
4b	56	FOOT3_4B	Char	8	RT LARGE TOE	1=POSITIVE, 2=NEGATIVE
4c	64	FOOT3_4C	Char	8	RT MIDDLE TOE	1=POSITIVE, 2=NEGATIVE
4d	72	FOOT3_4D	Char	8	RT SMALL TOE	1=POSITIVE, 2=NEGATIVE
4e	80	FOOT3_4E	Char	8	RT SOLE FRONT	1=POSITIVE, 2=NEGATIVE
4f	88	FOOT3_4F	Char	8	RT SOLE RIGHT	1=POSITIVE, 2=NEGATIVE
4g	96	FOOT3_4G	Char	8	RT SOLE LEFT	1=POSITIVE, 2=NEGATIVE
4h	104	FOOT3_4H	Char	8	RT SOLE BACK RIGHT	1=POSITIVE, 2=NEGATIVE
4i	112	FOOT3_4I	Char	8	RT SOLE BACK LEFT	1=POSITIVE, 2=NEGATIVE
4j	120	FOOT3_4J	Char	8	RT HEEL	1=POSITIVE, 2=NEGATIVE
5	128	FOOT3_5	Char	8	UNABLE TO MEASURE DUE TO MEDICAL REASONS	1=YES, 2=NO
6	136	FOOT3_6	Char	8	MEASURE ON LT FOOT	1=YES, 2=NO
6a	144	FOOT3_6A	Char	8	REASON FOR MEASURE ON LT FOOT	1=AMPUTATION, 2=WOUND/DRESSING, 3=CAST, 8=REFUSED
7a	152	FOOT3_7A	Num	8	#POSITIVE ANSWERS	
7b	160	FOOT3_7B	Num	8	#SITES TESTED	
9	168	INT_CODE	Char	8	EXAMINER CODE	NUMBERS
10	176	INT_DATE	Num	5	EXAM DATE	MMDDYY

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	181	ENT_CODE	Char	8	DATA ENTRY CODE	NUMBERS
	189	ENT_DATE	Num	5	DATA ENTRY DATE	MMDDYY

**STRONG HEART STUDY PHASE III
DATA DICTIONARY
GAMBLING QUESTIONS**

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	12	SHS ID NUMBER	NUMBERS
9	12	GM3_STAT	Char	12	COMPLETED THE FORM	1=YES, 2=NO
1	24	GAM3_1	Char	12	WORK AT A CASINO/BINGO PARLOR	1=YES, 2=NO
2a	36	GAM3_2A	Char	12	GAMBLING EFFECTS (tribal government)	1=BENEFICIAL, 2=HARMFUL, 3=NO EFFECTS
2b	48	GAM3_2B	Char	12	GAMBLING EFFECTS (tribal people)	1=BENEFICIAL, 2=HARMFUL, 3=NO EFFECTS
2c	60	GAM3_2C	Char	12	GAMBLING EFFECTS (you personally)	1=BENEFICIAL, 2=HARMFUL, 3=NO EFFECTS
3a	72	GAM3_3	Char	12	SLOT MACHINES	1=YES, 2=NO
3a	84	GAM3_4	Char	12	FREQUENCY OF PLAYING SLOT MACHINES	1= >=ONCE/WEEK, 2= >=ONCE/MONTH, 3= <ONCE/MONTH
3b	96	GAM3_5	Char	12	LOTTERY	1=YES, 2=NO
3b	108	GAM3_6	Char	12	FREQUENCY OF PLAYING LOTTERY	1= >=ONCE/WEEK, 2= >=ONCE/MONTH, 3= <ONCE/MONTH
3c	120	GAM3_7	Char	12	BINGO	1=YES, 2=NO
3c	132	GAM3_8	Char	12	FREQUENCY OF PLAYING BINGO	1= >=ONCE/WEEK, 2= >=ONCE/MONTH, 3= <ONCE/MONTH
3d	144	GAM3_9	Char	12	CARD GAMES	1=YES, 2=NO
3d	156	GAM3_10	Char	12	FREQUENCY OF PLAYING CARD GAMES	1= >=ONCE/WEEK, 2= >=ONCE/MONTH, 3= <ONCE/MONTH
3e	168	GAM3_11	Char	12	OTHER GAMBLING	1=YES, 2=NO
3e	180	GAM3_11A	Char	30	SPECIFY OTHER GAMBLING	LETTERS
3e	210	GAM3_12	Char	12	FREQUENCY OF OTHER GAMBLING	1= >=ONCE/WEEK, 2= >=ONCE/MONTH, 3= <ONCE/MONTH
4	222	GAM3_13	Char	12	LOST MORE THAN WON IN THE PAST YEAR	1=YES, 2=NO
5	234	GAM3_14	Char	12	ATTEMP TO STOP GAMBLING IN THE PAST YEAR	1=YES, 2=NO
5a	246	GAM3_15	Char	12	SUCCESSFUL OF STOPPING GAMBLING	1=YES, 2=NO
6	258	GAM3_16	Char	12	NEED TO BORROW MONEY TO PAY BASIC LIVING EXPENSES	1=YES, 2=NO

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
7	270	GAM3_17	Num	8	#ALCOHOLIC DRINKS ON GAMBLING DAY	
8	278	GAM3_18	Num	8	LARGEST AMOUNT WAGERED IN THE PAST	
10	286	INT_CODE	Char	12	INTERVIEWER CODE	NUMBERS
11	298	INT_DATE	Num	5	INTERVIEW DATE	MMDDYY
	303	ENT_CODE	Char	12	DATA ENTRY CODE	NUMBERS
	315	ENT_DATE	Num	5	DATA ENTRY DATE	MMDDYY

**STRONG HEART STUDY PHASE III
DATA DICTIONARY
MEDICAL HISTORY FORM**

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	12	SHS ID NUMBER	NUMBERS
1	12	MED3_1	Char	12	EVER TOLD BY MEDICAL PERSON HAD HIGH BLOOD PRESSURE	1=YES, 2=NO, 3=ONLY DURING PREGNANCY, 9=UNKNOWN
1	24	MED3_2	Num	8	AGE AT DIAGNOSIS OF HIGH BLOOD PRESSURE	999=DON'T KNOW
2	32	MED3_3	Char	12	EVER TOLD BY MEDICAL PERSON HAD ARTHRITIS	1=YES, 2=NO, 9=UNKNOWN
3	44	MED3_4	Char	12	EVER TOLD BY MEDICAL PERSON HAD FRACTURE ASSOCIATED W/OSTEOPOROSIS	1=YES, 2=NO, 9=UNKNOWN
3	56	MED3_4A	Char	35	FRACTURE LOCATION	LETTERS
4	91	MED3_5	Char	12	EVER TOLD BY MEDICAL PERSON HAD RHEUMATIC HEART DISEASE	1=YES, 2=NO, 9=UNKNOWN
5	103	MED3_6	Char	12	EVER TOLD BY MEDICAL PERSON HAD GALLSTONES	1=YES, 2=NO, 9=UNKNOWN
6	115	MED3_7	Char	12	EVER TOLD BY MEDICAL PERSON HAD CANCER	1=YES, 2=NO, 9=UNKNOWN
6a	127	MED3_7A	Char	44	CANCER TYPE	LETTERS
7	171	MED3_8	Char	12	EVER TOLD BY MEDICAL PERSON HAD DIABETES	1=YES, 2=IMPAIRED GLUCOSE TOLERANCE, 3=NO, 9=UNKNOWN
7a	183	MED3_9	Char	12	IF YES, DO YOU STILL HAVE IT NOW	1=YES, 2=NO, 9=UNKNOWN
7b	195	MED3_10	Num	8	AGE AT DIAGNOSIS OF DIABETES	999=UNKNOWN
7ci	203	MED3_11	Char	12	TREATMENT TYPE-INSULIN	1=YES, 2=NO
7cii	215	MED3_12	Char	12	TREATMENT TYPE-ORAL HYPOGLYCEMIC	1=YES, 2=NO
7ciii	227	MED3_13	Char	12	TREATMENT TYPE-DIETARY CONTROL	1=YES, 2=NO
7civ	239	MED3_14	Char	12	TREATMENT TYPE-EXERCISE	1=YES, 2=NO
7cv	251	MED3_15	Char	12	NO TREATMENT	1=YES, 2=NO
7cvi	263	MED3_15B	Char	12	TREATMENT TYPE-OTHER	1=YES, 2=NO
7cvi	275	MED315BL	Char	44	OTHER, SPECIFY	LETTERS
8	319	MED3_16	Char	12	EVER TOLD BY MEDICAL PERSON HAD KIDNEY FAILURE	1=YES, 2=NO, 9=UNKNOWN
8a	331	MED3_17	Char	12	IF YES, ARE BOTH KIDNEYS WORKING WELL NOW	1=YES, 2=NO, 9=UNKNOWN

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
8b	343	MED3_18	Char	12	AGE AT DIAGNOSIS OF KIDNEY FAILURE	
9	355	MED3_19	Char	12	ON RENAL DIALYSIS NOW	1=YES, 2=NO, 9=UNKNOWN
10	367	MED3_20	Char	12	EVER HAD KIDNEY TRANSPLANT	1=YES, 2=NO, 9=UNKNOWN
10a	379	MED3_21	Char	12	IF YES, IS NEW KIDNEY WORKING WELL	1=YES, 2=NO, 9=UNKNOWN
10b	391	MED3_22	Char	12	IF NO, WAITING FOR KIDNEY TRANSPLANT	1=YES, 2=NO, 9=UNKNOWN
11	403	MED3_23	Char	12	EVER TOLD BY MEDICAL PERSON HAD CIRRHOSIS OF LIVER	1=YES, 2=NO, 9=UNKNOWN
12a	415	MED3_24	Char	12	EVER TOLD BY MEDICAL PERSON HAD EMPHYSEMA	1=YES, 2=NO, 9=UNKNOWN
12b	427	MED3_25	Char	12	EVER TOLD BY MEDICAL PERSON HAD HAY FEVER	1=YES, 2=NO, 9=UNKNOWN
12c	439	MED3_26	Char	12	EVER TOLD BY MEDICAL PERSON HAD CHRONIC BRONCHITIS	1=YES, 2=NO, 9=UNKNOWN
12d	451	MED3_27	Char	12	EVER TOLD BY MEDICAL PERSON HAD ASTHMA	1=YES, 2=NO, 9=UNKNOWN
12d	463	MED3_28	Char	12	STILL HAVE ASTHMA NOW	1=YES, 2=NO, 9=UNKNOWN
13	475	MED3_29	Char	12	EVER HAD HEART CATHETERIZATION	1=YES, 2=NO
13a	487	MED3_29D	Num	5	IF YES, HEART CATHETERIZATION DATE	MMDDYY
13a	492	MED3_29P	Char	49	HEART CATHETERIZATION PLACE-HOSPITAL/CLINIC	LETTERS
14	541	MED3_30	Char	12	EVER HAD EXERCISE TEST/TREADMILL	1=YES, 2=NO, 9=UNKNOWN
14a	553	MED3_30D	Num	5	EXERCISE TEST DATE	MMDDYY
14a	558	MED3_30P	Char	50	EXERCISE TEST PLACE-HOSPITAL/CLINIC	LETTERS
15	608	MED3_31	Char	12	EVER BEEN TOLD BY MEDICAL PERSON HAD HEART FAILURE	1=YES, 2=NO, 9=UNKNOWN
15a	620	MED3_31D	Num	5	HEART FAILURE DATE	MMDDYY
15a	625	MED3_31P	Char	47	HEART FAILURE PLACE-HOSPITAL/CLINIC	LETTERS
15b	672	MED3_32	Char	12	STILL HAVE HEART FAILURE NOW	1=YES, 2=NO, 9=UNKNOWN
16	684	MED3_33	Char	12	EVER TOLD BY MEDICAL PERSON HAD HEART ATTACK	1=YES, 2=NO, 9=UNKNOWN
16a	696	MED3_33D	Num	5	IF YES, HEART ATTACK DATE	MMDDYY
16a	701	MED3_33P	Char	50	HEART ATTACK-HOSPITAL/CLINIC	LETTERS
17	751	MED3_34	Char	12	EVER TOLD BY MEDICAL PERSON HAD ANY OTHER HEART TROUBLE	1=YES, 2=NO, 9=UNKNOWN
17	763	MED3_34A	Char	50	IF YES, SPECIFY HEART TROUBLE	LETTERS

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
17a	813	MED3_34D	Num	5	IF YES, OTHER HEART TROUBLE DATE	MMDDYY
17a	818	MED3_34P	Char	50	IF YES, OTHER HEART TROUBLE PLACE-HOSPITAL/CLINIC	LETTERS
18	868	MED3_35	Char	12	EVER TOLD BY MEDICAL PERSON HAD STROKE	1=YES, 2=NO, 9=UNKNOWN
18	880	MED3_35A	Char	48	IF YES, TYPE OF STROKE	LETTERS
18a	928	MED3_35D	Num	5	IF YES, STROKE DATE	MMDDYY
18a	933	MED3_35P	Char	50	IF YES, STROKE PLACE-HOSPITAL/CLINIC	LETTERS
19	983	MED3_36	Char	12	HAD CHEST SURGERY	1=YES, 2=NO
19a	995	MED3_37	Char	12	IF YES, HEART SURGERY	1=YES, 2=NO
19ai	1007	MED3_38	Char	12	BYPASS	1=YES, 2=NO
19ai	1019	MED3_38D	Num	5	BYPASS DATE	MMDDYY
19ai	1024	MED3_38P	Char	44	BYPASS PLACE-HOSPITAL/CLINIC	LETTERS
19aii	1068	MED3_39	Char	12	VALVULAR REPAIR/REPLACEMENT	1=YES, 2=NO
19aii	1080	MED3_39D	Num	5	VALVULAR REPAIR/REPLACEMENT DATE	MMDDYY
19aii	1085	MED3_39P	Char	42	VALVULAR REPAIR/REPLACEMENT PLACE-HOSPITAL/CLINIC	LETTERS
19aiii	1127	MED3_40	Char	12	PACEMAKER	1=YES, 2=NO
19aiii	1139	MED3_40D	Num	5	PACEMAKER DATE	MMDDYY
19aiii	1144	MED3_40P	Char	26	PACEMAKER PLACE-HOSPITAL/CLINIC	LETTERS
19aiv	1170	MED3_41	Char	12	HEART SURGERY OTHER	1=YES, 2=NO
19aiv	1182	MED3_41A	Char	43	OTHER, SPECIFY OTHER HEART SURGERY	LETTERS
19aiv	1225	MED3_41D	Num	5	OTHER HEART SURGERY DATE	MMDDYY
19aiv	1230	MED3_41P	Char	34	OTHER HEART SURGERY PLACE-HOSPITAL/CLINIC	LETTERS
20a	1264	MED3_42A	Char	12	IHS-MEDICAL CARE IN PAST 5 YEARS	1=YES, 2=NO
20a	1276	MED3_42B	Num	8	IHS-MAIN SOURCE OF MEDICAL CARE	1=YES, 0=NO
20b	1284	MED3_42C	Char	12	TRIBAL - MEDICAL CARE IN PAST 5 YEARS	1=YES, 2=NO
20b	1296	MED3_42D	Num	8	TRIBAL - MAIN SOURCE OF MEDICAL CARE	1=YES, 0=NO
20c	1304	MED3_43A	Char	12	PRIVATE HOSP - MEDICAL CARE IN PAST 5 YEARS	1=YES, 2=NO
20c	1316	MED3_43B	Num	8	PRIVATE HOSP - MAIN SOURCE OF MEDICAL CARE	1=YES, 0=NO

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
20d	1324	MED3_44A	Char	12	PRIVATE PRACT - MEDICAL CARE IN PAST 5 YEARS	1=YES, 2=NO
20d	1336	MED3_44B	Num	8	PRIVATE PRACT - MAIN SOURCE OF MEDICAL CARE	1=YES, 0=NO
20e	1344	MED3_44C	Char	12	TRADITIONAL - MEDICAL CARE IN PAST 5 YEARS	1=YES, 2=NO
20e	1356	MED3_44D	Num	8	TRADITIONAL - MAIN SOURCE OF MEDICAL CARE	1=YES, 0=NO
20f	1364	MED3_45A	Char	12	VA - MEDICAL CARE IN PAST 5 YEARS	1=YES, 2=NO
20f	1376	MED3_45B	Num	8	VA - MAIN SOURCE OF MEDICAL CARE	1=YES, 0=NO
20g	1384	MED3_46A	Char	12	HMO - MEDICAL CARE IN PAST 5 YEARS	1=YES, 2=NO
20g	1396	MED3_46B	Num	8	HMO - MAIN SOURCE OF MEDICAL CARE	1=YES, 0=NO
20h	1404	MED3_47A	Char	12	OTHER - MEDICAL CARE IN PAST 5 YEARS	1=YES, 2=NO
20h	1416	MED3_47L	Char	25	OTHER, SPECIFY - MEDICAL CARE IN PAST 5 YEARS	LETTERS
20h	1441	MED3_47B	Num	8	OTHER - MAIN SOURCE OF MEDICAL CARE	1=YES, 0=NO
20i	1449	MED3_48A	Char	12	NOWHERE - RECEIVED CARE IN PAST 5 YEARS	1=YES, 2=NO
20i	1461	MED3_48B	Num	8	NOWHERE - MAIN SOURCE OF CARE	1=YES, 0=NO
21	1469	MED3_49A	Num	8	ADDITIONAL COVERAGE - NONE	1=YES, 0=NO
21	1477	MED3_49B	Num	8	ADDITIONAL COVERAGE - PRIVATE INSURANCE	1=YES, 0=NO
21	1485	MED3_49C	Num	8	ADDITIONAL COVERAGE - MEDICAID	1=YES, 0=NO
21	1493	MED3_49D	Num	8	ADDITIONAL COVERAGE - MEDICARE	1=YES, 0=NO
21	1501	MED3_49E	Num	8	ADDITIONAL COVERAGE - VA	1=YES, 0=NO
21	1509	MED3_49F	Num	8	ADDITIONAL COVERAGE - OTHER	1=YES, 0=NO
21	1517	MED3_49G	Num	8	ADDITIONAL COVERAGE - HMO	1=YES, 0=NO
21	1525	MED3_49L	Char	31	ADDITIONAL COVERAGE - OTHER, SPECIFY	LETTERS
22	1556	MED3_50	Char	12	TRANSPORTATION TO HEALTH CARE	1=SELF, 2=FAMILY, 3=FRIEND, 4=COMMUNITY HEALTH REP, 5=PAID DRIVER
23	1568	MED3_51	Num	8	COST OF TRANSPORTATION	
24	1576	MED3_52	Char	12	TRAVEL TIME TO HEALTH CARE	1= <15 MIN, 2=15-30 MIN, 3=31-45 MIN, 4=45-60 MIN, 5=1-2 HRS, 6= >2 HRS
25	1588	MED3_53	Char	12	HOW ARE APPOINTMENTS MADE	1=YES, 2=NO
27	1600	MED3_54	Char	12	CAN YOU WALK IN	1=YES, 2=NO

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
27a	1612	MED3_55	Char	12	IF YES, HOW LONG TO BE SEEN	1= <15 MIN, 2=15-30 MIN, 3=31-45 MIN, 4=45-60 MIN, 5=1-2 HRS, 6= >2 HRS
27b	1624	MED3_56	Char	12	IF NO, HOW LONG TO GET ANOTHER APPOINTMENT	1= <=2 DAYS, 2= 3 DAYS-1 WEEK, 3=1-2 WEEKS, 4=3-4 WEEKS, 5= >4 WEEKS
26	1636	MED3_57	Char	12	HOW LONG WAIT TO BE SEEN	1= <15 MIN, 2=15-30 MIN, 3=31-45 MIN, 4=45-60 MIN, 5=1-2 HRS, 6= >2 HRS
28	1648	MED3_58	Num	8	HOW MUCH PAID FOR A VISIT	
29	1656	MED_STAT	Char	12	INTERVIEW COMPLETED	1=YES, 2=NO
	1668	GENDER	Char	12	GENDER OF PARTICIPANT	1=MALE, 2=FEMALE
30	1680	INT_CODE	Char	12	INTERVIEWER CODE	NUMBERS
31	1692	INT_DATE	Num	5	INTERVIEW DATE	MMDDYY
	1697	ENT_CODE	Char	12	DATE ENTRY CODE	NUMBERS
	1709	ENT_DATE	Num	5	DATA ENTRY DATE	MMDDYY

**STRONG HEART STUDY PHASE III
DATA DICTIONARY
PERSONAL INTERVIEW FORM II**

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	12	SHS ID NUMBER	NUMBERS
44	12	INT_STAT	Char	12	INTERVIEW COMPLETED	1=YES, 2=NO
10	24	INT23_1	Char	12	SATISFIED WITH CURRENT WEIGHT	1=YES, 2=NO, 9=UNKNOWN/UNSURE
11	36	INT23_2	Char	12	LOSE OR GAIN WEIGHT	1=LOSE, 2=GAIN
12a	48	INT23_3	Char	12	EATING	1=LESS, 2=MORE, 3=NO CHANGE
12b	60	INT23_4	Char	12	PHYSICAL ACTIVITY	1=LESS, 2=MORE, 3=NO CHANGE
12c	72	INT23_5	Char	12	MEDICATION	1=YES, 2=NO
12d	84	INT23_69	Char	12	OTHER	1=YES, 2=NO
12d	96	INT23_70	Char	40	OTHER, SPECIFY	LETTERS
14	136	INT23_6	Char	12	CONFINED TO A BED/CHAIR >1 MONTH	1=YES, 2=NO
14a	148	INT23_7	Num	8	WEEKS OF CONFINEMENT	
13	156	INT23_8	Char	12	DIFFICULTY GETTING IN OR OUT OF BED/CHAIR	1=YES, 2=NO
15a	168	INT23_9	Char	12	REDUCED EXERCISE-ARTHRITIS	1=YES, 2=NO
15b	180	INT23_52	Char	12	REDUCED EXERCISE-AMPUTATION	1=YES, 2=NO
15c	192	INT23_53	Char	12	REDUCED EXERCISE-DIFFICULTY BREATHING	1=YES, 2=NO
15d	204	INT23_54	Char	12	REDUCED EXERCISE-UNSAFE FOR WALKING	1=YES, 2=NO
15e	216	INT23_55	Char	12	REDUCED EXERCISE-NO EXERCISE FACILITY AVAILABLE	1=YES, 2=NO
15f	228	INT23_83	Char	12	REDUCED EXERCISE-NOT INTERESTED IN EXERCISE	1=YES, 2=NO
15g	240	INT23_71	Char	12	REDUCED EXERCISE-OTHER	1=YES, 2=NO
15g	252	INT23_72	Char	40	OTHER, SPECIFY	LETTERS
16	292	INT23_10	Char	12	TIME SPENT/WEEK MILD EFFORT PHYSICAL ACTIVITY	1=RARELY, 2=OCCASIONALLY, 3=OFTEN
17	304	INT23_57	Char	12	TIME SPENT/WEEK STRENUOUS ACTIVITIES	1=RARELY, 2=OCCASIONALLY, 3=OFTEN
18	316	INT23_11	Char	12	HOW MANY NATURAL TEETH	1=ALL, 2=MOST, 3=SOME, 4=NONE

QUESTION

QUESTION NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
19	328	INT23_12	Char	12	DESCRIBE HOW YOU CHEW	1=NATURAL TEETH, 2=NATURAL WITH CAPS/CROWNS, 3=NATURAL & DENTURES, 4=DENTURES, 5=GUMS
20	340	INT23_13	Char	12	ABILITY TO CHEW	1=GOOD, 2=FAIR, 3=POOR
21	352	INT23_14	Char	12	HOUSEHOLD INCOME	1=YES, 2=NO, 9=UNSURE
22	364	INT23_15	Char	12	MAIN DAILY ACTIVITY	1=CARING FOR FAMILY, 2=WORKING FOR PAY/PROFIT, 3=GOING TO SCHOOL, 4=LOOKING FOR WORK, 5=RETIRED/ELDERLY, 6=OTHER
22	376	INT23_58	Char	12	2ND DAILY ACTIVITY	1=CARING FOR FAMILY, 2=WORKING FOR PAY/PROFIT, 3=GOING TO SCHOOL, 4=LOOKING FOR WORK, 5=RETIRED/ELDERLY, 6=OTHER
22	388	INT23_59	Char	12	3RD DAILY ACTIVITY	1=CARING FOR FAMILY, 2=WORKING FOR PAY/PROFIT, 3=GOING TO SCHOOL, 4=LOOKING FOR WORK, 5=RETIRED/ELDERLY, 6=OTHER
22	400	INT23_73	Char	40	OTHER, SPECIFY	LETTERS
23 1)	440	INT23_16	Char	12	RECEIVE INCOME FROM WAGES/SALARY	1=YES, 2=NO
23 2)	452	INT23_60	Char	12	RECEIVE INCOME FROM PROFITS/BUSINESS	1=YES, 2=NO
23 3)	464	INT23_61	Char	12	RECEIVE INCOME FROM GAMING/LOTTERY	1=YES, 2=NO
23 4)	476	INT23_62	Char	12	RECEIVE INCOME FROM UNEMPLOYMENT BENEFITS	1=YES, 2=NO
23 5)	488	INT23_63	Char	12	RECEIVE INCOME FROM RETIREMENT BENEFITS	1=YES, 2=NO
23 6)	500	INT23_64	Char	12	RECEIVE INCOME FROM SOCIAL SECURITY	1=YES, 2=NO
23 7)	512	INT23_65	Char	12	RECEIVE INCOME FROM LEASE PAYMENT	1=YES, 2=NO
23 8)	524	INT23_56	Char	12	RECEIVE INCOME FROM OTHER	1=YES, 2=NO
23 8)	536	INT23_66	Char	36	OTHER, SPECIFY	LETTERS
24	572	INT23_67	Char	12	MOST INCOME OF Q23	1=WAGES/SALARY, 2=PROFITS-BUSINESS, 3=GAMING/LOTTERY PROFITS, 4=UNEMPLOYMENT BENEFITS/WORKMEN'S COMP/WELFARE, 5=RETIREMENT BENEFITS, 6=SOCIAL SECURITY, 7=LEASE PAYMENT, 8=OTHER, 9=MISSING/REFUSED/UNKNOWN
25	584	INT23_17	Num	8	WORK HOURS PER WEEK	
26	592	INT23_18	Char	12	ANNUAL HOUSEHOLD INCOME	1= <5K, 2=5-10K, 3=10-15K, 4=15-20K, 5=20-25K, 6=25-35K, 7=35-50K, 8= >50K, 9=DON'T KNOW/NOT SURE, 0=REFUSED

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
27	604	INT23_19	Char	12	SMOKE CIGARETTES	1=YES, 2=NO
28	616	INT23_20	Num	8	# CIGARETTES PER DAY	0= <1/DAY
28a	624	INT23_21	Num	8	# CIGARETTES PER MONTH	
29a	632	INT23_22	Char	12	SMOKE-STRESS	1=YES, 2=NO
29b	644	INT23_23	Char	12	SMOKE-CASINOS	1=YES, 2=NO
29c	656	INT23_24	Char	12	SMOKE-WAKES/ FUNERALS	1=YES, 2=NO
29d	668	INT23_25	Char	12	SMOKE-DRINKING ALCOHOL	1=YES, 2=NO
29e	680	INT23_26	Char	12	SMOKE-SOCIAL MEETINGS	1=YES, 2=NO
29f	692	INT23_27	Char	12	SMOKE WHEN YOU HAVE EXTRA MONEY	1=YES, 2=NO
29g	704	INT23_28	Char	12	SMOKE-BINGO	1=YES, 2=NO
29h	716	INT23_47	Char	12	OTHER	1=YES, 2=NO
29h	728	INT23_29	Char	30	OTHER, SPECIFY	LETTERS
30	758	INT23_30	Num	8	#CIGARETTES DO YOU SMOKE	
31	766	INT23_31	Char	12	CHANGE YOUR SMOKING HABIT	1=YES, 2=NO
31ai	778	INT23_32	Char	12	REDUCE # OF CIGARETTE	1=YES, 2=NO
31aii	790	INT23_78	Char	12	SWITCH TO LOWER TAR	1=YES, 2=NO
31aiii	802	INT23_79	Char	12	USE NICOTINE PATCH/CHEWING GUM	1=YES, 2=NO
31aiv	814	INT23_80	Char	12	QUIT	1=YES, 2=NO
31av	826	INT23_81	Char	12	OTHER	1=YES, 2=NO
31av	838	INT23_82	Char	35	OTHER, SPECIFY	LETTERS
32	873	INT23_33	Char	12	>=100 CIGARETTES FOR LIFETIME	1=YES, 2=NO
33	885	INT23_34	Char	12	QUIT SMOKING SINCE LAST SHS	1=YES, 2=NO
33a	897	INT23_35	Num	8	WHEN DID YOU QUIT	YYYY
33bi	905	INT23_36	Char	12	WHY QUIT-DOCTOR'S ADVICE	1=YES, 2=NO
33bii	917	INT23_37	Char	12	WHY QUIT-HEALTH CONCERNS	1=YES, 2=NO
33biii	929	INT23_38	Char	12	WHY QUIT-EXPENSES	1=YES, 2=NO
33biv	941	INT23_39	Char	12	WHY QUIT-FAMILY PRESSURE	1=YES, 2=NO

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
33bv	953	INT23_75	Char	12	WHY QUIT-OTHER	1=YES, 2=NO
33bv	965	INT23_76	Char	40	OTHER, SPECIFY	LETTERS
34	1005	INT23_68	Num	8	# HOURS/DAY EXPOSED TO THE SMOKE OF OTHERS	0=NONE OR <30 MIN
35	1013	INT23_40	Char	12	CONSUMED ALCOHOLIC BEVERAGES SINCE LAST EXAM	1=YES, 2=NO
35a	1025	INT23_41	Char	12	WHEN WAS YOUR LAST DRINK	1=WITHIN LAST WEEK, 2=WITHIN LAST MONTH, 3=WITHIN LAST YEAR, 4= >1 YEAR
35a3	1037	INT23_42	Char	12	# OF MONTHS AGO	NUMBERS
36	1049	BEER_GLS	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-GLASS OF BEER (4oz)	
36	1057	BEER_TUM	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-TUMBLER OF BEER (8oz)	
36	1065	BEER_CB	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-CAN/BTL OF BEER (12oz)	
36	1073	BEER_CAN	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-CAN OF BEER (16oz)	
36	1081	BEER_BOT	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-BOTTLE OF BEER (32-34oz)	
36	1089	BEER_40	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-BOTTLE OF BEER (40oz)	
36	1097	BEER_SUM	Num	8	TOTAL # DRINKS OF BEER IN A TYPICAL WEEK	
36	1105	WINE_GLS	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-GLASS OF WINE (4oz)	
36	1113	WINE_TUM	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-TUMBLER OF WINE (8oz)	
36	1121	WINE_CB	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-CAN/BTL OF WINE (12oz)	
36	1129	WINE_CAN	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-CAN OF WINE (16oz)	
36	1137	WINE_FIF	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-FIFTH OF WINE (26oz)	
36	1145	WINE_BOT	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-BOTTLE OF WINE (32-34oz)	
36	1153	WINE_JG1	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-JUG OF WINE (64oz-1/2 gal)	
36	1161	WINE_JG2	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-JUG OF WINE (128oz-1 gal)	

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
36	1169	WINE_SUM	Num	8	TOTAL # DRINKS OF WINE IN A TYPICAL WEEK	
36	1177	LIQ_SHOT	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-SHOT OF LIQUOR (1oz)	
36	1185	LIQ_JIGG	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-JIGGER OF LIQUOR (1.5oz)	
36	1193	LIQ_GLS	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-GLASS OF LIQUOR (4oz)	
36	1201	LIQ_TUM	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-TUMBLER OF LIQUOR (8oz)	
36	1209	LIQ_CB	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-CAN/BTL OF LIQUOR (12oz)	
36	1217	LIQ_CAN	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-CAN OF LIQUOR (16oz-pint)	
36	1225	LIQ_FIF	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-FIFTH OF LIQUOR (26oz)	
36	1233	LIQ_BOT	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-BOTTLE OF LIQUOR (32-34oz)	
36	1241	LIQ_JG1	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-JUG OF LIQUOR (64oz-1/2 gal)	
36	1249	LIQ_JG2	Num	8	# ALCOHOLIC DRINKS IN A TYPICAL WEEK-JUG OF LIQUOR (128oz-1 gal)	
36	1257	LIQ_SUM	Num	8	TOTAL # DRINKS OF LIQUOR IN A TYPICAL WEEK	
36	1265	INT23_43	Num	8	TOTAL # ALCOHOLIC DRINKS IN A TYPICAL WEEK	
37	1273	INT23_44	Num	8	# DAYS/MONTH AT LEAST ONE DRINK	
38	1281	INT23_45	Num	8	# DRINKS/DAY	
39	1289	INT23_46	Num	8	# DRINKS WHEN DRINKING MORE THAN USUAL	
39a	1297	INT23_48	Num	8	# TIMES/MONTH WHEN DRINKING MORE THAN USUAL	
40	1305	INT23_50	Num	8	# TIMES PAST MONTH >= 5 DRINKS	0=NONE
41	1313	INT23_51	Num	8	# TIMES PAST YEAR >= 5 DRINKS	0=NONE
42a	1321	INT23_A	Char	12	IN PAST YEAR OTHER ALCOHOL-CONTAINING PRODUCTS-MOUTH WASH	1=YES, 2=NO
42b	1333	INT23_B	Char	12	IN PAST YEAR OTHER ALCOHOL-CONTAINING PRODUCTS-COUGH SYRUP	1=YES, 2=NO
42c	1345	INT23_C	Char	12	IN PAST YEAR OTHER ALCOHOL-CONTAINING PRODUCTS-LYSOL	1=YES, 2=NO

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
42d	1357	INT23_D	Char	12	IN PAST YEAR OTHER ALCOHOL-CONTAINING PRODUCTS-HAIR SPRAY	1=YES, 2=NO
42e	1369	INT23_E	Char	12	IN PAST YEAR OTHER ALCOHOL-CONTAINING PRODUCTS-OTHER	1=YES, 2=NO
42f	1381	INT23_F	Char	12	OTHER, SPECIFY	LETTERS
43	1393	INT23_49	Char	12	RELIABILITY OF PARTICIPANT IN COMPLETING THE QUESTIONNAIRE	1=VERY RELIABLE, 2=RELIABLE, 3=UNRELIABLE, 4=VERY UNRELIABLE, 5=UNCERTAIN
45	1405	INT_CODE	Char	12	INTERVIEWER CODE	NUMBERS
46	1417	INT_DATE	Num	5	INTERVIEW DATE	MMDDYY
47	1422	ENT_CODE	Char	12	DATA ENTRY CODE	NUMBERS
48	1434	ENT_DATE	Num	5	DATA ENTRY DATE	MMDDYY

**STRONG HEART STUDY PHASE III
DATA DICTIONARY
PHYSICAL EXAMINATION**

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	SHS ID NUMBER	Char	12	SHS ID NUMBER	NUMBERS
25	12	EX3_STAT	Char	12	STATUS OF FORM	1=COMPLETED, 2=NO, REFUSED
1	24	EX3_1	Char	12	TOBACCO IN LAST 4 HRS	1=YES; 2=NO
1a	36	EX3_2	Num	8	LAST USED TOBACCO-HRS	HRS
1b	44	EX3_3	Num	8	LAST USED TOBACCO-MIN	MIN
2	52	EX3_4	Num	8	#ALCOHOLIC DRINKS PAST 24 HRS	0=NONE, 888=REFUSED
3	60	EX3_5	Char	12	PHYSICAL ACTIVITY PAST 24 HRS	1=YES, 2=NO
4	72	EX3_6	Char	12	CAFFEINE IN LAST 4 HRS	1=YES, 2=NO
4a	84	EX3_7	Num	8	LAST USED CAFFEINE-HRS	HRS
4b	92	EX3_8	Num	8	LAST USED CAFFEINE-MIN	MIN
5	100	EX3_9	Char	12	EXTREMITIES MISSING	1=YES, 2=NO
5a	112	EX3_10	Num	8	RT ARM-MISSING	1=YES, 0=NO
5a	120	EX3_11	Char	12	RT ARM-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5a	132	EX3_11A	Char	18	RT ARM-MISSING OTHER CAUSE	LETTERS
5b	150	EX3_12	Num	8	RT HAND-MISSING	1=YES, 0=NO
5b	158	EX3_13	Char	12	RT HAND-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5b	170	EX3_13A	Char	12	RT HAND-MISSING OTHER CAUSE	LETTERS
5c	182	EX3_14	Num	8	RT FINGER(S)-MISSING	1=YES, 0=NO
5c	190	EX3_15	Char	12	#RT FINGER(S)-MISSING	NUMBERS
5c	202	EX3_16	Char	12	RT FINGER(S)-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5c	214	EX3_16A	Char	25	RT FINGER(S)-MISSING OTHER CAUSE	LETTERS
5d	239	EX3_17	Num	8	LT ARM-MISSING	1=YES, 0=NO

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
5d	247	EX3_18	Char	12	LT ARM-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5d	259	EX3_18A	Char	12	LT ARM-MISSING OTHER CAUSE	LETTERS
5e	271	EX3_19	Num	8	LT HAND-MISSING	1=YES, 0=NO
5e	279	EX3_20	Char	12	LT HAND-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5e	291	EX3_20A	Char	12	LT HAND-MISSING OTHER CAUSE	LETTERS
5f	303	EX3_21	Num	8	LT FINGERS-MISSING	1=YES, 0=NO
5f	311	EX3_22	Char	12	#LT FINGERS-MISSING	NUMBERS
5f	323	EX3_23	Char	12	LT FINGER(S)-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5f	335	EX3_23A	Char	19	LT FINGER(S)-MISSING OTHER CAUSE	LETTERS
5g	354	EX3_24	Num	8	RT LEG ABOVE KNEE-MISSING	1=YES, 0=NO
5g	362	EX3_25	Char	12	RT LEG ABOVE KNEE-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5g	374	EX3_25A	Char	14	RT LEG ABOVE KNEE-MISSING OTHER CAUSE	LETTERS
5h	388	EX3_26	Num	8	RT LEG BELOW KNEE-MISSING	1=YES, 0=NO
5h	396	EX3_27	Char	12	RT LEG BELOW KNEE-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5h	408	EX3_27A	Char	36	RT LEG BELOW KNEE-MISSING OTHER CAUSE	LETTERS
5i	444	EX3_28	Num	8	RT FOOT-MISSING	1=YES, 0=NO
5i	452	EX3_29	Char	12	RT FOOT-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5i	464	EX3_29A	Char	16	RT FOOT-MISSING OTHER CAUSE	LETTERS
5j	480	EX3_30	Num	8	RT TOE(S)-MISSING	1=YES, 0=NO
5j	488	EX3_31	Char	12	#RT TOE(S)-MISSING	NUMBERS
5j	500	EX3_32	Char	12	RT TOE(S)-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5j	512	EX3_32A	Char	19	RT TOE(S)-MISSING OTHER CAUSE	LETTERS
5k	531	EX3_33	Num	8	LT LEG ABOVE KNEE-MISSING	1=YES, 0=NO
5k	539	EX3_34	Char	12	LT LEG ABOVE KNEE-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
5k	551	EX3_34A	Char	28	LT LEG ABOVE KNEE-MISSING OTHER CAUSE	LETTERS
5l	579	EX3_35	Num	8	LT LEG BELOW KNEE-MISSING	1=YES, 0=NO
5l	587	EX3_36	Char	12	LT LEG BELOW KNEE-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5l	599	EX3_36A	Char	26	LT LEG BELOW KNEE-MISSING OTHER CAUSE	LETTERS
5m	625	EX3_37	Num	8	LT FOOT-MISSING	1=YES, 0=NO
5m	633	EX3_38	Char	12	LT FOOT-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5m	645	EX3_38A	Char	12	LT FOOT-MISSING OTHER CAUSE	LETTERS
5n	657	EX3_39	Num	8	LT TOE(S)-MISSING	1=YES, 0=NO
5n	665	EX3_40	Char	12	#LT TOE(S)-MISSING	NUMBERS
5n	677	EX3_41	Char	12	LT TOE(S)-MISSING CAUSE	1=DIABETES, 2=TRAUMA, 3=CONGENITAL, 4=OTHER, 9=UNKNOWN
5n	689	EX3_41A	Char	41	LT TOES-MISSING OTHER CAUSE	LETTERS
6	730	EX3_42	Num	8	RT ARM CIRCUMFERENCE	cm
7	738	EX3_43	Char	12	CUFF SIZE	1=<24cm, 2=24-32cm, 3=33-41cm, 4=>41cm
8	750	EX3_44	Num	8	PULSE OBLITERATION PRESSURE	mmHg
9a	758	EX3_45	Num	8	1ST BP-SYSTOLIC	mmHg
9a	766	EX3_46	Num	8	1ST BP-DIASTOLIC	mmHg
9b	774	EX3_47	Num	8	2ND BP-SYSTOLIC	mmHg
9b	782	EX3_48	Num	8	2ND BP-DIASTOLIC	mmHg
9c	790	EX3_49	Num	8	3RD BP-SYSTOLIC	mmHg
9c	798	EX3_50	Num	8	3RD BP-DIASTOLIC	mmHg
10	806	EX3_51	Char	12	BP LT ARM	1=YES, 2=NO
10	818	EX3_51A	Char	50	BP LT ARM-SPECIFY	LETTERS
11	868	EX3_52	Char	12	BP RECORDER ID	NUMBERS
12	880	EX3_53	Num	8	HEIGHT	cm
12	888	EX3_54	Num	8	HEIGHT	in
13	896	EX3_55	Num	8	WEIGHT	kg

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
13	904	EX3_56	Num	8	WEIGHT	lbs
14	912	EX3_57	Num	8	HIP CIRCUM	cm
14	920	EX3_58	Num	8	HIP CIRCUM	in
15	928	EX3_59	Num	8	WAIST	cm
15	936	EX3_60	Num	8	WAIST	in
16	944	EX3_61	Char	12	RT POSTERIOR TIBIAL PULSE	1=PRESENT, 2=ABSENT, 3=MISSING LIMBS, 9=UNABLE TO ASSESS
17	956	EX3_62	Char	12	RT DORSALIS PEDIS PULSE	1=PRESENT, 2=ABSENT, 3=MISSING LIMBS, 9=UNABLE TO ASSESS
18	968	EX3_63	Char	12	LT POSTERIOR TIBIAL PULSE	1=PRESENT, 2=ABSENT, 3=MISSING LIMBS, 9=UNABLE TO ASSESS
19	980	EX3_64	Char	12	LT DORSALIS PEDIS PULSE	1=PRESENT, 2=ABSENT, 3=MISSING LIMBS, 9=UNABLE TO ASSESS
20	992	EX3_65	Char	12	PEDAL EDEMA	1=ABSENT, 2=MILD, 3=MARKED
21c	1004	EX3_66	Num	8	RESISTANCE	ohms
21d	1012	EX3_67	Num	8	REACTANCE	ohms
21b	1020	EX3_68	Char	12	TAKEN ON LT SIDE	1=YES, 2=NO
21b	1032	EX3_69	Char	12	TAKEN ON LT SIDE-REASON	1=AMPUTATION, 2=WOUND/DRESSING, 3=CAST, 9=REFUSED
21a	1044	EX3_70	Char	12	WAS IMPEDANCE TAKEN	1=YES, 2=NO
21a	1056	EX3_70A	Char	12	WHY IMPEDANCE NOT TAKEN	1=AMPUTATION, 2=WOUND/DRESSING, 3=CAST, 9=REFUSED
22a	1068	EX3_71	Num	8	1ST DOPPLER BP-RT ARM	mmHg; 0=NEITHER AUDIBLE, 888=REFUSED/MEDICAL REASON/AMPUTATION, 999=UNABLE TO OBLITERATE
22a	1076	EX3_72	Num	8	1ST DOPPLER BP-RT ANKLE	mmHg; 0=NEITHER AUDIBLE, 888=REFUSED/MEDICAL REASON/AMPUTATION, 999=UNABLE TO OBLITERATE
22a	1084	EX3_73	Num	8	1ST DOPPLER BP-LT ANKLE	mmHg; 0=NEITHER AUDIBLE, 888=REFUSED/MEDICAL REASON/AMPUTATION, 999=UNABLE TO OBLITERATE

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
22b	1092	EX3_74	Num	8	2ND DOPPLER BP-RT ARM	mmHg; 0=NEITHER AUDIBLE, 888=REFUSED/MEDICAL REASON/AMPUTATION, 999=UNABLE TO OBLITERATE
22b	1100	EX3_75	Num	8	2ND DOPPLER BP-RT ANKLE	mmHg; 0=NEITHER AUDIBLE, 888=REFUSED/MEDICAL REASON/AMPUTATION, 999=UNABLE TO OBLITERATE
22b	1108	EX3_76	Num	8	2ND DOPPLER BP-LT ANKLE	mmHg; 0=NEITHER AUDIBLE, 888=REFUSED/MEDICAL REASON/AMPUTATION, 999=UNABLE TO OBLITERATE
22c	1116	EX3_77	Char	12	RT ANKLE DOPPLER LOC	1=POSTERIOR TIBIAL, 2=DORSALIS PEDIS
22c	1128	EX3_78	Char	12	LT ANKLE DOPPLER LOC	1=POSTERIOR TIBIAL, 2=DORSALIS PEDIS
24a	1140	EX3_79	Num	8	AMBIENT CO	-9 TO +9
24a	1148	EX3_80	Num	8	1ST CO	ppm
24a	1156	EX3_81	Num	8	2ND CO	ppm
24a	1164	EX3_82	Num	8	3RD CO	ppm
24a	1172	EX3_83	Num	8	4TH CO	ppm
23	1180	EX3_84	Char	12	ECG PERFORMED	1=YES, 2=NO
24	1192	EX3_85	Char	12	BREATH CO DONE	1=YES, 2=NO
26	1204	INT_CODE	Char	12	INTERVIEWER CODE	NUMBERS
27	1216	INT_DATE	Num	5	DATE INTERVIEW COMPLETED	MMDDYY
	1221	ENT_CODE	Char	12	DATA ENTRY CODE	NUMBERS
	1233	ENT_DATE	Num	5	DATE ENTERED	MMDDYY

***STRONG HEART STUDY PHASE III
DATA DICTIONARY
QUALITY OF LIFE***

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	12	SHS ID NUMBER	
	12	QUA3_0	Char	12	HOW QUESTIONNAIRE ADMINISTERED	1=INTERVIEWER, 2=SELF, 8=REFUSED
1	24	QUA3_1	Char	12	HEALTH IN GENERAL	1=EXCELLENT, 2=VERY GOOD, 3=GOOD, 4=FAIR, 5=POOR
2	36	QUA3_2	Char	12	HEALTH NOW COMPARED TO ONE YEAR AGO	1=MUCH BETTER, 2=SOMEWHAT BETTER, 3=ABOUT THE SAME, 4=SOMEWHAT WORSE, 5=MUCH WORSE
3	48	QUA3_3	Char	12	DOES HEALTH LIMIT VIGOROUS ACTIVITIES	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
4	60	QUA3_4	Char	12	DOES HEALTH LIMIT MODERATE ACTIVITIES	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
5	72	QUA3_5	Char	12	DOES HEALTH LIMIT LIFTING OR CARRYING	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
6	84	QUA3_6	Char	12	DOES HEALTH LIMIT CLIMBING SEVERAL STAIRS	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
7	96	QUA3_7	Char	12	DOES HEALTH LIMIT CLIMBING ONE FLIGHT	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
8	108	QUA3_8	Char	12	DOES HEALTH LIMIT BENDING, KNEELING, STOOPING	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
9	120	QUA3_9	Char	12	DOES HEALTH LIMIT WALKING MORE THAN 1 MILE	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
10	132	QUA3_10	Char	12	DOES HEALTH LIMIT WALKING SEVERAL BLOCKS	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
11	144	QUA3_11	Char	12	DOES HEALTH LIMIT WALKING ONE BLOCK	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
12	156	QUA3_12	Char	12	DOES HEALTH LIMIT BATHING OR DRESSING YOURSELF	1=LIMITED A LOT, 2=LIMITED A LITTLE, 3=NOT LIMITED AT ALL
13	168	QUA3_13	Char	12	IN PAST 4 WKS FOR PHYSICAL HEALTH CUT DOWN ON WORK OR OTHER ACTIVITIES	1=YES, 2=NO
14	180	QUA3_14	Char	12	IN PAST 4 WKS FOR PHYSICAL HEALTH ACCOMPLISH LESS	1=YES, 2=NO
15	192	QUA3_15	Char	12	IN PAST 4 WKS FOR PHYSICAL HEALTH LIMITED IN TYPE OF WORK	1=YES, 2=NO

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
16	204	QUA3_16	Char	12	IN PAST 4 WKS FOR PHYSICAL HEALTH DIFFICULTY PERFORMING WORK OR OTHER ACTIVITIES	1=YES, 2=NO
17	216	QUA3_17	Char	12	IN PAST 4 WKS FOR MENTAL HEALTH CUT DOWN ON WORK OR OTHER ACTIVITIES	1=YES, 2=NO
18	228	QUA3_18	Char	12	IN PAST 4 WKS FOR PHYSICAL HEALTH ACCOMPLISH LESS	1=YES, 2=NO
19	240	QUA3_19	Char	12	IN PAST 4 WKS FOR PHYSICAL HEALTH DIDN'T DO WORK OR OTHER ACTIVITIES CAREFULLY	1=YES, 2=NO
20	252	QUA3_20	Char	12	IN PAST 4 WKS FOR PHYSICAL OR MENTAL HEALTH INTERFERED WITH NORMAL SOCIAL ACTIVITIES	1=NOT AT ALL, 2=SLIGHTLY, 3=MODERATELY, 4=QUITE A BIT, 5=EXTREMELY
21	264	QUA3_21	Char	12	IN PAST 4 WKS HOW MUCH BODILY PAIN	1=NONE, 2=VERY MILD, 3=MILD, 4=MODERATE, 5=SEVERE, 6=VERY SEVERE
22	276	QUA3_22	Char	12	IN PAST 4 WKS PAIN INTERFERE WITH NORMAL WORK	1=NOT AT ALL, 2=SLIGHTLY, 3=MODERATELY, 4=QUITE A BIT, 5=EXTREMELY
23	288	QUA3_23	Char	12	IN PAST 4 WKS FULL OF PEP	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
24	300	QUA3_24	Char	12	IN PAST 4 WKS BEEN NERVOUS	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
25	312	QUA3_25	Char	12	IN PAST 4 WKS FELT DOWN IN THE DUMPS	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
26	324	QUA3_26	Char	12	IN PAST 4 WKS FELT CALM AND PEACEFUL	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
27	336	QUA3_27	Char	12	IN PAST 4 WKS HAD A LOT OF ENERGY	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
28	348	QUA3_28	Char	12	IN PAST 4 WKS FELT DOWNHEARTED AND BLUE	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
29	360	QUA3_29	Char	12	IN PAST 4 WKS FELT WORN OUT	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
30	372	QUA3_30	Char	12	IN PAST 4 WKS BEEN A HAPPY PERSON	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
31	384	QUA3_31	Char	12	IN PAST 4 WKS FELT TIRED	1=ALL TIME, 2=MOST TIME, 3=GOOD BIT TIME, 4=SOME TIME, 5=LITTLE TIME, 6=NO TIME
32	396	QUA3_32	Char	12	IN PAST 4 WKS PHYSICAL OR EMOTIONAL HEALTH INTERFERE WITH NORMAL SOCIAL ACTIVITIES	1=ALL TIME, 2=MOST TIME, 3=SOME TIME, 4=LITTLE TIME, 5=NO TIME
33	408	QUA3_33	Char	12	GET SICKER THAN OTHER PEOPLE	1=DEFINITELY TRUE, 2=MOSTLY TRUE, 3=DON'T KNOW, 4=MOSTLY FALSE, 5=DEFINITELY FALSE
34	420	QUA3_34	Char	12	AS HEALTHY AS ANYBODY I KNOW	1=DEFINITELY TRUE, 2=MOSTLY TRUE, 3=DON'T KNOW, 4=MOSTLY FALSE, 5=DEFINITELY FALSE

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
35	432	QUA3_35	Char	12	EXPECT MY HEALTH TO GET WORSE	1=DEFINITELY TRUE, 2=MOSTLY TRUE, 3=DON'T KNOW, 4=MOSTLY FALSE, 5=DEFINITELY FALSE
36	444	QUA3_36	Char	12	HEALTH IS EXCELLENT	1=DEFINITELY TRUE, 2=MOSTLY TRUE, 3=DON'T KNOW, 4=MOSTLY FALSE, 5=DEFINITELY FALSE
37	456	QUA3_37	Char	12	LANGUAGE INTERVIEW CONDUCTED IN	1=ENGLISH, 2=NATIVE LANGUAGE, 3=OTHER
37	468	QUA3_37A	Char	24	LANGUAGE INTERVIEW CONDUCTED, SPECIFY	NATIVE LANGUAGE, SPECIFY
38	492	INT_CODE	Char	12	INTERVIEWER CODE	NUMBERS
39	504	INT_DATE	Num	5	INTERVIEW DATE	MMDDYY
	509	ENT_CODE	Char	12	DATA ENTRY CODE	
	521	ENT_DATE	Num	5	DATA ENTRY DATE	

***STRONG HEART STUDY PHASE III
DATA DICTIONARY
REPRODUCTION AND HORMONE USE (WOMEN ONLY)***

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	12	SHS ID NUMBER	NUMBERS
8	12	RE3_STAT	Char	12	INTERVIEW COMPLETED	1=YES, COMPLETED, 2=NO, REFUSED
1	24	REP3_1	Char	12	STOPPED MENSTRUATING	1=YES, 2=NO
2	36	REP3_2	Char	12	IF YES, STOPPED >1 YEAR AGO	1=YES, 2=NO
3	48	REP3_3	Char	12	IF YES, MENOPAUSE NATURAL OR SURGICAL	1=NATURAL, 2=SURGERY
3a	60	REP3_4	Char	12	IF YES, UTERUS ONLY REMOVED	1=YES, 2=NO, 9=UNKNOWN
4	72	REP3_5	Num	8	AGE AT MENOPAUSE	999=UNKNOWN
5	80	REP3_6	Char	12	EVER TAKEN ESTROGEN	1=YES, 2=NO
5a	92	REP3_7	Char	12	IF YES, STILL TAKING ESTROGEN	1=YES, 2=NO
5ai	104	REP3_8	Char	12	IF NO, CAUSED BLEEDING	1=YES, 2=NO
5ai	116	REP3_9	Char	12	IF NO, MADE BREASTS TENDER	1=YES, 2=NO
5ai	128	REP3_10	Char	12	IF NO, MADE ME FEEL BLOATED	1=YES, 2=NO
5ai	140	REP3_11	Char	12	IF NO, MADE ME FEEL FUNNY	1=YES, 2=NO
5ai	152	REP3_12	Char	12	IF NO, DO NOT LIKE TAKING ANY MEDICATION	1=YES, 2=NO
5ai	164	REP3_13	Char	12	IF NO, TOO EXPENSIVE	1=YES, 2=NO
5ai	176	REP3_14	Char	12	IF NO, DOCTOR ADVICE	1=YES, 2=NO
5ai	188	REP3_15	Char	12	IF NO, CONCERN FOR LONG TERM SIDE EFFECTS	1=YES, 2=NO
5ai	200	REP3_16	Char	12	IF NO, OTHER	1=YES, 2=NO
5ai	212	REP3_16A	Char	54	IF NO, OTHER, SPECIFY	LETTERS
5bi	266	REP3_17	Char	12	IF YES, USE/USED ESTROGEN POST SURGERY	1=YES, 2=NO, 9=UNKNOWN
5bii	278	REP3_18	Char	12	IF YES, USE/USED ESTROGEN RELIEF OF MENOPAUSE	1=YES, 2=NO, 9=UNKNOWN
5biii	290	REP3_19	Char	12	IF YES, USE/USED ESTROGEN PREVENT BONE LOSS	1=YES, 2=NO, 9=UNKNOWN
5biv	302	REP3_20	Char	12	IF YES, USE/USED ESTROGEN PROTECT AGAINST HEART DISEASE	1=YES, 2=NO, 9=UNKNOWN

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
5bv	314	REP3_21	Char	12	IF YES, USE/USED ESTROGEN DOCTOR ADVICE	1=YES, 2=NO, 9=UNKNOWN
6	326	REP3_22	Num	8	IF YES, AGE STARTED ESTROGEN	
7	334	REP3_23	Num	8	IF YES, YEARS USED ESTROGEN	0= <3 MONTHS, 1= >=3 MONTHS TO 1 YEAR
9	342	INT_CODE	Char	12	INTERVIEWER CODE	NUMBERS
10	354	INT_DATE	Num	5	INTERVIEW DATE	MMDDYY
	359	ENT_CODE	Char	12	DATA ENTRY CODE	NUMBERS
	371	ENT_DATE	Num	5	DATA ENTRY DATE	MMDDYY

***STRONG HEART STUDY PHASE III
DATA DICTIONARY
ROSE QUESTIONNAIRE***

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	12	SHS ID NUMBER	
19	12	RS3_STAT	Char	12	INTERVIEW COMPLETED	1=YES, 2=NO, REFUSED
1	24	ROSE3_1	Char	12	EVER HAD PAIN/DISCOMFORT IN CHEST	1=YES, 2=NO
2	36	ROSE3_2	Char	12	CHEST PAIN WALKING UPHILL, UPSTAIRS OR HURRY	1=YES, 2=NO, 3=NEVER HURRIES, WALKS UPHILL OR UPSTAIRS
3	48	ROSE3_3	Char	12	CHEST PAIN WALKING ORDINARY PACE ON LEVEL	1=YES, 2=NO
4	60	ROSE3_4	Char	12	RESPONSE TO CHEST PAIN WHEN WALKING	1=STOP OR SLOW DOWN, 2=CARRY ON
5	72	ROSE3_5	Char	12	CHEST PAIN STANDING STILL	1=RELIEVED, 2=NOT RELIEVED
6	84	ROSE3_6	Char	12	TIME TO CHEST PAIN RELIEF	1= <=10 MIN, 2= >10 MIN
7	96	ROSE3_7A	Char	12	CHEST PAIN/STERNUM-UPPER/MIDDLE	1=YES, 2=NO
7	108	ROSE3_7B	Char	12	CHEST PAIN/STERNUM-LOWER	1=YES, 2=NO
7	120	ROSE3_7C	Char	12	CHEST PAIN/LEFT ANTERIOR CHEST	1=YES, 2=NO
7	132	ROSE3_7D	Char	12	CHEST PAIN/LEFT ARM	1=YES, 2=NO
7	144	ROSE3_7E	Char	12	CHEST PAIN/OTHER	1=YES, 2=NO
8	156	ROSE3_8	Char	12	OTHER CHEST PAIN LOCATION	1=YES, 2=NO
8	168	ROSE3_8A	Char	50	INFORMATION ABOUT OTHER CHEST PAIN	LETTERS
9	218	ROSE3_9	Char	12	FRONT CHEST PAIN >=30 MIN	1=YES, 2=NO
10	230	ROSE3_10	Char	12	LEG PAIN WALKING	1=YES, 2=NO, 3=UNABLE TO WALK
11	242	ROSE3_11	Char	12	LEG PAIN WHEN STILL	1=YES, 2=NO
12	254	ROSE3_12	Char	10	LEG PAIN LOCATION	1=CALF/CALVES, 2=NOT CALF/CALVES
12	264	ROSE312A	Char	50	LEG PAIN LOCATION, IF CALVES NOT MENTIONED, SPECIFY	LETTERS
13	314	ROSE3_13	Char	10	LEG PAIN WALKING UPHILL, UPSTAIRS OR HURRYING	1=YES, 2=NO, 3=NEVER HURRIES, WALKS UPHILL OR UPSTAIRS
14	324	ROSE3_14	Char	12	LEG PAIN WALKING ORDINARY PACE ON LEVEL	1=YES, 2=NO

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
15	336	ROSE3_15	Char	12	LEG PAIN RELIEVED WHEN WALKING	1=YES, 2=NO
16	348	ROSE3_16	Char	12	RESPONSE TO LEG PAIN WHEN WALKING	1=STOP OR SLOW DOWN, 2=CARRY ON
17	360	ROSE3_17	Char	12	LEG PAIN STANDING STILL	1=RELIEVED, 2=NOT RELIEVED
18	372	ROSE3_18	Char	12	TIME TO LEG PAIN RELIEF	1= <=10 MIN, 2= >10 MIN
20	384	INT_CODE	Char	12	INTERVIEWER CODE	NUMBERS
21	396	INT_DATE	Num	5	INTERVIEW DATE	MMDDYY
	401	ENT_CODE	Char	12	DATA ENTRY CODE	NUMBERS
	413	ENT_DATE	Num	5	DATA ENTRY DATE	MMDDYY

**STRONG HEART STUDY PHASE III
DATA DICTIONARY
SLEEP HABITS QUESTIONNAIRE**

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	0	IDNO	Char	12	PARTICIPANT ID NUMBER	NUMBERS
	12	DATE02	Num	5	FORM COMPLETION DATE	MMDDYY
1a	17	TFAWDH02	Num	8	FALL ASLEEP TIME WEEKDAYS HOUR	
1a1	25	TFAWDM02	Num	8	FALL ASLEEP TIME WEEKDAYS MINUTES	
1a2	33	TFAWDA02	Num	8	FALL ASLEEP TIME WEEKDAYS AM/PM	1=AM, 2=PM
1b	41	TFAWEH02	Num	8	FALL ASLEEP TIME WEEKENDS HOUR	
1b1	49	TFAWEM02	Num	8	FALL ASLEEP TIME WEEKENDS MINUTES	
1b2	57	TFAWEA02	Num	8	FALL ASLEEP TIME WEEKENDS	1=AM, 2=PM
2	65	MI2SLP02	Num	8	MINUTES TO FALL ASLEEP AT BEDTIME	
3a	73	TWUWDH02	Num	8	WAKE UP TIME WEEKDAYS HOUR	
3a1	81	TWUWDM02	Num	8	WAKE UP TIME WEEKDAYS MINUTES	
3a2	89	TWUWDA02	Num	8	WAKE UP TIME WEEKDAYS AM/PM	1=AM, 2=PM
3b	97	TWUWEH02	Num	8	WAKE UP TIME WEEKENDS HOUR	
3b1	105	TWUWEM02	Num	8	WAKE UP TIME WEEKENDS MINUTES	
3b2	113	TWUWEA02	Num	8	WAKE UP TIME WEEKENDSAM/PM	1=AM, 2=PM
4	121	HRSWD02	Num	8	SLEEP WEEKDAYS HOURS	
5	129	HRSWE02	Num	8	SLEEP WEEKENDS HOURS	
6	137	NAPS02	Num	8	DURING USUAL WEEK NAP >=5 MIN TIMES	
7a	145	TFA02	Num	8	TROUBLE FALLING ASLEEP TIMES/MONTH	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
7b	153	WUDNRS02	Num	8	WAKE UP W/DIFFICULTY BACK TO SLEEP TIMES/MONTH	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
7c	161	WU2EM02	Num	8	WAKE UP TOO EARLY UNABLE TO GET BACK TO SLEEP TIMES/MONTH	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
7d	169	FUNRES02	Num	8	FEEL UNRESTED DURING DAY NO MATTER HOURS SLEEP TIMES/MONTH	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
7e	177	SLEEPY02	Num	8	FEEL OVERLY SLEEPY DURING DAY TIMES/MONTH	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
7g	185	TKPILL02	Num	8	TAKE SLEEPING PILLS OR OTHER MEDS TO SLEEP TIMES/MONTH	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
7f	193	NGES02	Num	8	DO NOT GET ENOUGH SLEEP TIMES/MONTH	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
8	201	HVSNRD02	Num	8	EVER SNORED	1=YES, 0=NO, 9=DON'T KNOW
9	209	HOSNR02	Num	8	HOW OFTEN SNORE NIGHTS/WEEK	0=NO LONGER SNORE, 1=RARELY(<1), 2=SOMETIMES(1-2), 3=FREQUENTLY(3-5), 4=ALWAYS(6-7), 9=DON'T KNOW
10	217	LOUDSN02	Num	8	LOUDNESS OF SNORING	1=LITTLE LOUDER THAN HEAVY BREATHING, 2=ABOUT AS LOUD AS MUMBLING OR TALKING, 3=LOUDER THAN TALKING, 4=EXTREMELY LOUD, 9=DON'T KNOW
11	225	YRSSNR02	Num	8	YEARS OF SNORING	
12	233	ISSNOR02	Num	8	IS YOUR SNORING...	1=INCREASING, 2=DECREASING, 3=SAME, 9=DON'T KNOW
13	241	SURGTR02	Num	8	EVER HAD SURGERY FOR SNORING	1=YES, 0=NO
14	249	STPBRT02	Num	8	STOP BREATHING DURING SLEEP	1=YES, 0=NO, 9=DON'T KNOW
15	257	HOSTBR02	Num	8	HOW OFTEN STOP BREATHING DURING SLEEP TIMES/WEEK	1=RARELY(<1), 2=SOMETIMES(1-2), 3=FREQUENTLY(3-5), 4=ALWAYS(6-7), 9=DON'T KNOW
16a	265	MDSA02	Num	8	EVER TOLD BY DOCTOR HAVE SLEEP APNEA	1=YES, 0=NO, 9=DON'T KNOW
16b	273	CPAP02	Num	8	SLEEP WITH CPAP OR MOUTHPIECE FOR SLEEP APNEA	1=YES, 0=NO
16c	281	SURGSA02	Num	8	EVER HAD SURGERY FOR SLEEP APNEA	1=YES, 0=NO
17	289	O2THPY02	Num	8	USE OXYGEN THERAPY FOR SLEEP APNEA	1=YES, 0=NO
18a	297	COUGH02	Num	8	AWAKENED BY COUGHING OR WHEEZING TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
18b	305	CP02	Num	8	AWAKENED BY CHEST PAIN OR TIGHTNESS TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)

QUESTION

NO	POSITION	VARIABLE	TYPE	LENGTH	LABEL	RESPONSE
18c	313	SOB02	Num	8	AWAKENED BY SHORTNESS OF BREATH TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
18d	321	SWEATS02	Num	8	AWAKENED BY SWEATS OR HOT FLASHES TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
18e	329	NOISE02	Num	8	AWAKENED BY NOISE IN YOUR SURROUNDINGS TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
18f	337	PAINJT02	Num	8	AWAKENED BY JOINT/ MUSCLE/BACK PAIN TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
18g	345	HB02	Num	8	AWAKENED BY HEARTBURN OR INDIGESTION TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
18h	353	LEGCRP02	Num	8	AWAKENED BY LEG CRAMPS OR JERKS TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
18i	361	NEEDBR02	Num	8	AWAKENED BY NEED TO GO TO BATHROOM TIMES/MONTH PAST YEAR	1=NEVER(0), 2=RARELY(<=1), 3=SOMETIMES(2-4), 4=OFTEN(5-15), 5=ALMOST ALWAYS(16-30)
19	369	MEMBHH02	Num	8	HOW OFTEN >=1 HOUSEHOLD MEMBERS IN OR NEAR SLEEPING ROOM	1=NEVER, 2=SOMETIMES, 3=USUALLY
20a	377	SITRD02	Num	8	CHANCE OF DOZING/SLEEPING SITTING AND READING	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20b	385	WATV02	Num	8	CHANCE OF DOZING/SLEEPING WATCHING TELEVISION	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20c	393	SITPUB02	Num	8	CHANCE OF DOZING/SLEEPING SITTING IN PUBLIC PLACE	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20d	401	PGRCAR02	Num	8	CHANCE OF DOZING/SLEEPING RIDING AS A VEHICLE PASSENGER	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20e	409	LYDWN02	Num	8	CHANCE OF DOZING/SLEEPING LYING DOWN FOR DAILY REST	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20f	417	SITTLK02	Num	8	CHANCE OF DOZING/SLEEPING SITTING TALKING TO SOMEONE	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20g	425	SITLCH02	Num	8	CHANCE OF DOZING/SLEEPING SITTING QUIETLY AFTER MEAL WO/ALCOHOL	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20h	433	INCAR02	Num	8	CHANCE OF DOZING/SLEEPING IN A CAR WHILE STOPPED IN TRAFFIC	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20i	441	ATTABL02	Num	8	CHANCE OF DOZING/SLEEPING AT DINNER TABLE	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH
20j	449	DRIVE02	Num	8	CHANCE OF DOZING/SLEEPING WHILE DRIVING	1=NO, 2=SLIGHT, 3=MODERATE, 4=HIGH

<i>QUESTION NO</i>	<i>POSITION</i>	<i>VARIABLE</i>	<i>TYPE</i>	<i>LENGTH</i>	<i>LABEL</i>	<i>RESPONSE</i>
	457	WHOADM02	Num	8	HOW FORM ADMINISTERED	0=SELF, 1=INTERVIEWER/ENGLISH, 2=INTERVIEWER/SPANISH, 3=INTERVIEWER/LAKOTA, 4=INTERVIEWER/PIMA, 5=INTERVIEWER/OTHER, 9=UNKNOWN
	465	INTID02	Char	12	INTERVIEWER/REVIEWER CODE	NUMBERS
	477	INTDT02	Num	5	INTERVIEW/REVIEW DATE	MMDDYY
	482	ENT_CODE	Char	12	DATA ENTRY CODE	NUMBERS
	494	ENT_DATE	Num	5	DATA ENTRY DATE	MMDDYY