

# Thyroid Data Dictionary

## TABLE OF CONTENTS

|   |    |
|---|----|
| Document Summary.....                             | 3  |
| Thyroid: Data Dictionary .....                    | 4  |
| Section 1: Identifiers .....                      | 4  |
| Section 2: Study .....                            | 5  |
| Section 3: BQ Eligibility.....                    | 6  |
| Section 4: DHQ Eligibility .....                  | 7  |
| Section 5: DQX Eligibility .....                  | 8  |
| Section 6: SQX Eligibility .....                  | 9  |
| Section 7: MUQ Eligibility .....                  | 10 |
| Section 8: Exit.....                              | 11 |
| Section 9: Demographics at Trial Entry.....       | 13 |
| Section 10: Cancer Diagnosis .....                | 14 |
| Section 11: Cancer Characteristics .....          | 15 |
| Section 12: Mortality Status .....                | 16 |
| Section 13: Death Certificate Cause of Death..... | 17 |
| Section 14: Final Cause of Death .....            | 23 |
| Section 15: BQ Compliance .....                   | 29 |
| Section 16: BQ Demographics .....                 | 30 |
| Section 17: BQ Smoking.....                       | 31 |
| Section 18: BQ Family History .....               | 33 |
| Section 19: BQ Body Type .....                    | 34 |
| Section 20: BQ NSAIDS.....                        | 36 |
| Section 21: BQ Diseases.....                      | 37 |
| Section 22: BQ Female Specific.....               | 39 |
| Section 23: BQ Male Specific.....                 | 44 |

Section 24: BQ Prostate Surgery .....46

---

## Document Summary

| Property          | Value                         |
|-------------------|-------------------------------|
| Document Title    | Thyroid: Data Dictionary      |
| Date Created      | 10/15/2024                    |
| Sections          | 24                            |
| Entries           | 168                           |
| Document Filename | dictionary_thyd-t20241011.rtf |

---

# Thyroid: Data Dictionary

## Section 1: Identifiers

---

| Variable                      | Label                  | Description  | Format Text                            |
|-------------------------------|------------------------|--|--|
| <b>bq_build</b>               | BQ Build               | BQ build. Used to identify the version of the database.                              | Char, 30                               |
| <b>build</b>                  | Build                  | Masterfile build, used to identify the version of the database.                      | Char, 30                               |
| <b>dth_build</b>              | Death Build            | A variable tracking the run date of the death build. It uses the format d<YYYYMMDD>. | Char, 30                               |
| <b>plco_id</b>                | PLCO ID                |  | Char                                   |
| <b>build_cancers</b>          | Build Cancer Cohort    | The source of the cancer incidence data.   | 1="Trial Only"                         |
| <b>build_death_cutoff</b>     | Build Death Cutoff     |  | 6="Deaths through 2022"                |
| <b>build_incidence_cutoff</b> | Build Incidence Cutoff | The censoring cutoff for cancer incidence data associated with the dataset.          | 1="Cancer Incidence Data Through 2009" |

## Section 2: Study

---

| Variable                   | Label                                    | Description   | Format Text                      |
|----------------------------|--|---|----------------------------------|
| <b>ph_thyd_trial</b>       | Trial Personal History of Thyroid Cancer | Did the participant have a personal history of thyroid cancer prior to trial entry? | 0="No"<br>1="Yes"<br>9="Unknown" |
| <b>ph_any_trial</b>        | Trial Personal History of Any Cancer     | Did the participant have a personal history of any cancer prior to trial entry?     | 0="No"<br>1="Yes"<br>9="Unknown" |
| <b>in_tgwas_population</b> | In Total GWAS Population                 | Final denominator of Total GWAS population  | 0="No"<br>1="Yes"                |

## Section 3: BQ Eligibility

| Variable                | Label  | Description  | Format Text                                      |
|-------------------------|--|--|--|
| <b>thyd_eligible_bq</b> | BQ Thyroid Analysis: Eligible?                 | Flagged participants must have completed a valid questionnaire, had no history of thyroid cancer prior to the trial or the questionnaire, and had time at risk for their first cancer following the questionnaire. | 0="No"<br>1="Yes"                                |
| <b>entryage_bq</b>      | BQ Analysis Entry Age                          | Age at BQ analysis entry.  | Numeric<br>.F="No Form"                          |
| <b>entrydays_bq</b>     | BQ Analysis Entry Days                         | Days from the date of randomization until the participant has been randomized and completed the BQ.  | Numeric<br>.F="No Form"                          |
| <b>ph_thyd_bq</b>       | BQ Analysis Personal History of Thyroid Cancer | Did the participant have a personal history of thyroid cancer prior to BQ analysis entry?  | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |
| <b>ph_any_bq</b>        | BQ Analysis Personal History of Any Cancer     | Did the participant have a personal history of any cancer prior to BQ analysis entry?  | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |

## Section 4: DHQ Eligibility

| Variable                 | Label   | Description  | Format Text                                      |
|--------------------------|---|--|--|
| <b>thyd_eligible_dhq</b> | DHQ Thyroid Analysis: Eligible?                 | Flagged participants must have completed a valid questionnaire, had no history of cancer prior to the trial or the questionnaire, and had time at risk for their first cancer following the questionnaire. | 0="No"<br>1="Yes"                                |
| <b>entryage_dhq</b>      | DHQ Analysis Entry Age                          | Age at DHQ analysis entry.   | Numeric<br>.F="No Form"                          |
| <b>entrydays_dhq</b>     | DHQ Analysis Entry Days                         | Days from the date of randomization until participant has been randomized and completed the BQ and DHQ.  | Numeric<br>.F="No Form"                          |
| <b>ph_thyd_dhq</b>       | DHQ Analysis Personal History of Thyroid Cancer | Did the participant have a personal history of thyroid cancer prior to DHQ analysis entry?   | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |
| <b>ph_any_dhq</b>        | DHQ Analysis Personal History of Any Cancer     | Did the participant have a personal history of any cancer prior to DHQ analysis entry?   | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |

## Section 5: DQX Eligibility

---

| Variable                 | Label   | Description  | Format Text                                      |
|--------------------------|---|--|--|
| <b>thyd_eligible_dqx</b> | DQX Thyroid Analysis: Eligible?                 | Flagged participants must have completed a valid questionnaire, had no history of cancer prior to the trial or the questionnaire, and had time at risk for their first cancer following the questionnaire. | 0="No"<br>1="Yes"                                |
| <b>entryage_dqx</b>      | DQX Analysis Entry Age                          | Age at DQX analysis entry.   | Numeric<br>.F="No Form"                          |
| <b>entrydays_dqx</b>     | DQX Analysis Entry Days                         | Days from the date of randomization until participant has been randomized and completed the BQ and DQX.  | Numeric<br>.F="No Form"                          |
| <b>ph_thyd_dqx</b>       | DQX Analysis Personal History of Thyroid Cancer | Did the participant have a personal history of thyroid cancer prior to DQX analysis entry?   | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |
| <b>ph_any_dqx</b>        | DQX Analysis Personal History of Any Cancer     | Did the participant have a personal history of any cancer prior to DQX analysis entry?   | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |



## Section 6: SQX Eligibility

| Variable                 | Label   | Description  | Format Text                                      |
|--------------------------|---|--|--|
| <b>thyd_eligible_sqx</b> | SQX Thyroid Analysis: Eligible?                 | Flagged participants must have completed a valid questionnaire, had no history of thyroid cancer prior to the trial or the questionnaire, and had time at risk for their first cancer following the questionnaire. | 0="No"<br>1="Yes"                                |
| <b>entryage_sqx</b>      | SQX Analysis Entry Age                          | Age at SQX analysis entry.   | Numeric<br>.F="No Form"                          |
| <b>entrydays_sqx</b>     | SQX Analysis Entry Days                         | Days from the date of randomization until the participant has been randomized and completed the BQ and SQX.  | Numeric<br>.F="No Form"                          |
| <b>ph_thyd_sqx</b>       | SQX Analysis Personal History of Thyroid Cancer | Did the participant have a personal history of thyroid cancer prior to SQX analysis entry?   | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |
| <b>ph_any_sqx</b>        | SQX Analysis Personal History of Any Cancer     | Did the participant have a personal history of any cancer prior to SQX analysis entry?   | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |

## Section 7: MUQ Eligibility

---

| Variable             | Label   | Description   | Format Text                                      |
|----------------------|---|---|--|
| <b>entryage_muq</b>  | MUQ Analysis Entry Age                          | Age at MUQ analysis entry.  | Numeric<br>.F="No Form"                          |
| <b>entrydays_muq</b> | MUQ Analysis Entry Days                         | Days from the date of randomization until the participant has been randomized and completed the BQ and MUQ. | Numeric<br>.F="No Form"                          |
| <b>ph_thyd_muq</b>   | MUQ Analysis Personal History of Thyroid Cancer | Did the participant have a personal history of thyroid cancer prior to MUQ analysis entry?                  | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |
| <b>ph_any_muq</b>    | MUQ Analysis Personal History of Any Cancer     | Did the participant have a personal history of any cancer prior to MUQ analysis entry?                      | .F="No Form"<br>0="No"<br>1="Yes"<br>9="Unknown" |

## Section 8: Exit

| Variable                  | Label                                  | Description  | Format Text   |
|---------------------------|--|--|---|
| <b>fstcan_exitstat</b>    | First Cancer Incidence Exit Status     | Status of the participant at exit for first cancer incidence.<br><br>Only cancers occurring during the trial are used to determine exit.   | 0="No Time at Risk"<br>1="Confirmed Cancer"<br>3="Last Participant Contact Prior to Unconfirmed Report"<br>4="Last Participant Contact"<br>5="Death"<br>6="Date Lost, Prior to Death"<br>8="Cancer Free at Cutoff"<br>9="Post-2009 Death, Exit At 12/31/09" |
| <b>thyd_exitstat</b>      | Thyroid Incidence Exit Status          | Status of the participant at exit for thyroid cancer incidence.  | 0="No Time at Risk"<br>1="Confirmed Cancer"<br>3="Last Participant Contact Prior to Unconfirmed Report"<br>4="Last Participant Contact"<br>5="Death"<br>6="Date Lost, Prior to Death"<br>8="Cancer Free at Cutoff"<br>9="Post-2009 Death, Exit At 12/31/09" |
| <b>fstcan_exitdays</b>    | Days Until First Cancer Incidence Exit | Days from trial entry (randomization) to first cancer diagnosis for participants with cancer, or to trial exit otherwise.<br><br>Only cancers occurring during the trial are used to determine exit.                     | Numeric   |
| <b>thyd_exitdays</b>      | Days Until Thyroid Incidence Exit      | Days from trial entry (randomization) to cancer diagnosis for participants with thyroid cancer, or to trial exit otherwise.  | Numeric   |
| <b>fstcan_exitage</b>     | First Cancer Incidence Exit Age        | Age of participant at exit for first cancer incidence. This is age at diagnosis for participants with cancer and age at trial exit otherwise.<br><br>Only cancers occurring during the trial are used to determine exit. | Numeric   |
| <b>thyd_exitage</b>       | Thyroid Incidence Exit Age             | Age of participant at exit for thyroid cancer incidence. This is age at diagnosis for participants with thyroid cancer and age at trial exit otherwise.  | Numeric   |
| <b>mortality_exitstat</b> | Exit Status for Mortality              | Status of the participant at mortality exit.<br><br>For participants not confirmed dead, this is the most recent contact or NDI search indicating the participant is alive.  | 1="Death"<br>2="Last NDI/Cutoff"<br>3="Refusal"<br>4="Other"  |

| Variable                  | Label                     | Description   | Format Text |
|---------------------------|---------------------------|---|-------------|
| <b>mortality_exitdays</b> | Days Until Mortality Exit | Days from randomization until mortality exit date.<br><br>This is the day of death or the day last known alive. Participants are known alive through either trial contact or by queries to NDI. | Numeric     |
| <b>mortality_exitage</b>  | Exit Age for Mortality    | Age of the participant at death, or when last known to be alive.  | Numeric     |

## Section 9: Demographics at Trial Entry

| Variable        | Label                 | Description   | Format Text   |
|-----------------|-----------------------|---|---|
| <b>age</b>      | Age At Randomization  | Age at trial entry, computed from date of birth and randomization date.                           | Numeric   |
| <b>agelevel</b> | Age At Randomization  | Categorical version of age, created from the derived age variable.                                | 0="≤ 59"<br>1="60-64"<br>2="65-69"<br>3="≥ 70"  |
| <b>arm</b>      | Randomization Arm     | Randomization group or arm. The intervention (screening) group or the control (usual-care) group. | 1="Intervention"<br>2="Control"   |
| <b>center</b>   | Study Center          | The study center at which the participant was randomized.   | 1="University of Colorado"<br>2="Georgetown University"<br>3="Pacific Health Research and Education Institute (Honolulu)"<br>4="Henry Ford Health System"<br>5="University of Minnesota"<br>6="Washington University in St Louis"<br>8="University of Pittsburgh"<br>9="University of Utah"<br>10="Marshfield Clinic Research Foundation"<br>11="University of Alabama at Birmingham" |
| <b>rndyear</b>  | Year Of Randomization | Calendar year of trial entry, at which point the participant was randomized into an arm.          | Numeric   |
| <b>sex</b>      | Sex                   | Sex of the participant.   | 1="Male"<br>2="Female"  |

## Section 10: Cancer Diagnosis

---

| Variable                    | Label  | Description   | Format Text                                     |
|-----------------------------|--|---|---|
| <b>thyd_cancer</b>          | Confirmed Thyroid Cancer?                      | Does the participant have confirmed primary thyroid cancer diagnosed during the trial?            | 0="No Confirmed Cancer"<br>1="Confirmed Cancer" |
| <b>thyd_cancer_diagdays</b> | Thyroid Confirmed Cancer Diagnosis Days        |   | Numeric<br>.N="Not Applicable"                  |
| <b>thyd_cancer_first</b>    | Was Thyroid Cancer the First Diagnosed Cancer? | Among all of a participant's cancers diagnosed during the trial, was thyroid cancer the earliest? | .N="Not Applicable"<br>0="No"<br>1="Yes"        |
| <b>thyd_annyr</b>           | Anniversary year of diagnosis                  | The thyroid cancer anniversary year. If the participant has no cancer, this is set to .N.         | Numeric<br>.N="Not applicable"                  |

## Section 11: Cancer Characteristics

| Variable               | Label                               | Description | Format Text  |
|------------------------|-------------------------------------|-------------|--|
| <b>thyd_type</b>       | Thyroid Cancer Type                 |             | .N="Not Applicable"<br>1="Papillary (Morphology In 8050, 8052, 8130, 8260, 8340-8344, 8450, 8452)"<br>2="Follicular (Morphology In 8290, 8330-8332, 8335)"<br>3="Medullary (Morphology In 8345, 8346, 8510)"<br>4="Anaplastic (Morphology = 8021)"<br>5="Other (Other Morphology)" |
| <b>thyd_behavior</b>   | Thyroid Cancer Behavior (ICD-O-2)   |             | .N="Not Applicable"<br>3="Malignant, Primary Site"   |
| <b>thyd_grade</b>      | Thyroid Cancer Grade (ICD-O-2)      |             | .N="Not Applicable"<br>1="Well Differentiated; Grade I"<br>2="Moderately Differentiated; Grade II"<br>3="Poorly Differentiated; Grade III"<br>4="Undifferentiated; Grade IV"<br>7="Null Cell; Non T, Non B"<br>9="Not Determined/Stated/or Applicable"                             |
| <b>thyd_morphology</b> | Thyroid Cancer Morphology (ICD-O-2) |             | See ICD-O-2 Documentation<br>.N="Not Applicable"   |
| <b>thyd_topography</b> | Thyroid Cancer Topography (ICD-O-2) |             | "C739"="Thyroid gland"   |

## Section 12: Mortality Status

---

| Variable                | Label                  | Description  | Format Text                        |
|-------------------------|------------------------|--|------------------------------------|
| <b>is_dead</b>          | Dead?                  | Is the participant confirmed dead?                           | 0="Not Confirmed Dead"<br>1="Dead" |
| <b>is_dead_with_cod</b> | Dead With Known Cause? | Is the participant confirmed dead with known cause of death? | 0="Not Confirmed Dead"<br>1="Dead" |
| <b>dth_days</b>         | Days Until Death       | Days from randomization until date of death.                 | Numeric<br>.N="Not applicable"     |



## Section 13: Death Certificate Cause of Death

---

| Variable                | Label                                 | Description  | Format Text   |
|-------------------------|---------------------------------------|--|---|
| <b>d_cause_of_death</b> | Cause of Death from Death Certificate | <p>Categorized underlying cause of death.</p> <p>This is a grouping of ICD-9 codes for underlying causes of death from the death certificate. If the cause of death is from cancer, the grouping is based on the PLCO trial cancers of interest.</p> | <p>.F="No Form"<br/> .N="Not applicable"<br/> 1="Prostate"<br/> 2="Lung"<br/> 3="Colorectal"<br/> 4="Ovarian, Peritoneal, and Fallopian Tube"<br/> 11="Pancreas"<br/> 12="Melanoma of the Skin"<br/> 13="Bladder"<br/> 14="Breast"<br/> 15="Hematopoietic"<br/> 16="Endometrial"<br/> 17="Glioma"<br/> 18="Renal"<br/> 19="Thyroid"<br/> 20="Head and Neck"<br/> 21="Liver"<br/> 23="Upper-Gastrointestinal"<br/> 24="Biliary"<br/> 25="Male Breast"<br/> 26="Other Neoplasm"<br/> 100="Ischemic Heart Disease"<br/> 101="Cerebrovascular Accident"<br/> 102="Other Circulatory Disease"<br/> 103="Respiratory Illness"<br/> 104="Digestive Disease"<br/> 105="Infectious Disease"<br/> 106="Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders"<br/> 107="Diseases of the Nervous System"<br/> 108="Accident"</p> <p>[continued...]</p> |

| Variable                | Label                     | Description  | Format Text   |
|-------------------------|---------------------------|--|---|
| <b>[...continued]</b>   |                           |  | <b>[...continued]</b>   |
| <b>d_cause_of_death</b> |                           |  | 109="Other"<br>200="Covid death"  |
| <b>d_seer_death</b>     | Underlying Cause of Death | Underlying cause of death.<br><br>This is a grouping of ICD-9 codes for underlying causes of death from the death certificate. This grouping is based on the SEER cause of death recode format, with some modifications. | .F="No Form"<br>.N="Not Applicable"<br>1="Prostate"<br>2="Lung"<br>3="Colorectal"<br>4="Ovarian"<br>5="Peritoneal"<br>6="Fallopian Tube"<br>11="Pancreas"<br>12="Melanoma of the Skin"<br>13="Bladder"<br>14="Breast"<br>15="Hematopoietic"<br>16="Endometrial"<br>17="Glioma"<br>18="Renal"<br>19="Thyroid"<br>20="Head and Neck"<br>21="Liver"<br>23="Upper-Gastrointestinal"<br>24="Biliary"<br>25="Male Breast"<br>21030="Small Intestine"<br>21042="Colon: Appendix"<br>21049="Colon: Large Intestine, NOS"<br>21060="Anus, Anal Canal, and Anorectum"<br>21110="Retroperitoneum"<br>21120="Peritoneum, Omentum and Mesentary"<br>21130="Other Digestive Organs"<br>22050="Pleura"<br>22060="Trachea, Mediastinum and Other Resp Organs"<br>23000="Bones and Joints"<br>24000="Soft Tissue including Heart"<br>25020="Other Non-Epithelial Skin"<br>27010="Cervix Uteri"<br>27050="Vagina"<br><br>[continued...] |

| Variable   | Label | Description | Format Text  |
|--|-------|-------------|--|
| <p>[...continued]</p> <p><b>d_seer_death</b></p> |       |             | <p>[...continued]</p> <p>27060="Vulva"</p> <p>27070="Other Female Genital Organs"</p> <p>28020="Testis"</p> <p>28030="Penis"</p> <p>28040="Other Male Genital Organs"</p> <p>29030="Ureter"</p> <p>29040="Other Urinary Organs"</p> <p>30000="Eye and Orbit"</p> <p>32020="Other Endocrine including Thymus"</p> <p>37000="Miscellaneous"</p> <p>38000="In situ, benign or unknown behavior neoplasm"</p> <p>50030="Septicemia"</p> <p>50040="Other Infectious and Parasitic Diseases"</p> <p>50050="Diabetes Mellitus"</p> <p>50051="Alzheimers"</p> <p>50060="Diseases of Heart"</p> <p>50070="Hypertension without Heart Disease"</p> <p>50080="Cerebrovascular Diseases"</p> <p>50090="Atherosclerosis"</p> <p>50100="Aortic Aneurysm and Dissection"</p> <p>50110="Other Diseases of Arteries, Arterioles, Capillaries"</p> <p>50120="Pneumonia and Influenza"</p> <p>50130="Chronic Obstructive Pulmonary Disease and Allied Cond."</p> <p>50140="Stomach and Duodenal Ulcers"</p> <p>50150="Chronic Liver Disease and Cirrhosis"</p> <p>50160="Nephritis, Nephrotic Syndrome and Nephrosis"</p> <p>[continued...]</p> |

| Variable   | Label | Description | Format Text   |
|--|-------|-------------|---|
| <p>[...continued]</p> <p><b>d_seer_death</b></p> |       |             | <p>[...continued]</p> <p>50180="Congenital Anomalies"</p> <p>50200="Symptoms, Signs and Ill-Defined Conditions"</p> <p>50300="Other death"</p> <p>60000="Unnatural Death"</p> <p>60001="All other endocrine and metabolic diseases and immunity disorders"</p> <p>60002="All other diseases of blood and blood-forming organs"</p> <p>60003="Senile and presenile organic psychotic conditions"</p> <p>60004="All other psychoses"</p> <p>60005="Parkinson's disease"</p> <p>60006="Other hereditary and degenerative diseases of the central nervous system"</p> <p>60007="Other diseases of the nervous system"</p> <p>60008="Pneumoconioses and other lung diseases due to external agents"</p> <p>60009="All other diseases of respiratory system"</p> <p>60010="All other noninfective gastroenteritis and colitis"</p> <p>60011="All other diseases of digestive system"</p> <p>60012="All other diseases of urinary system"</p> <p>70000="Covid death"</p> |

| Variable               | Label               | Description  | Format Text   |
|------------------------|---------------------|--|---|
| <b>d_seercat_death</b> | SEER Cause of Death | A translation of ICD9 codes for underlying cause of death into our seercat format, which uses categories determined by SEER. | .F="No Form"<br>.N="Not Dead"<br>1="Prostate"<br>2="Lung"<br>3="Colorectal"<br>4="Ovarian"<br>5="Peritoneal"<br>6="Fallopian Tube"<br>11="Pancreas"<br>12="Melanoma of the Skin"<br>13="Bladder"<br>14="Breast"<br>15="Hematopoietic"<br>16="Endometrial"<br>17="Glioma"<br>18="Renal"<br>19="Thyroid"<br>20="Head and Neck"<br>21="Liver"<br>23="Upper-Gastrointestinal"<br>24="Biliary"<br>25="Male Breast"<br>112="Digestive System"<br>113="Respiratory System"<br>114="Bones and Joints"<br>115="Soft Tissue including Heart"<br>116="Skin excluding Basal and Squamous"<br>118="Female Genital System"<br>119="Male Genital System"<br>120="Urinary System"<br>121="Eye and Orbit"<br>123="Endocrine System"<br>129="Miscellaneous"<br>131="In situ, benign or unknown behavior neoplasm"<br>135="Septicemia"<br>136="Other Infectious and Parasitic Diseases"<br>137="Diabetes Mellitus"<br><br>[continued...] |

| Variable  | Label  | Description   | Format Text  |
|---|--|---|--|
| <b>[...continued]</b><br><b>d_seercat_death</b> |  |   | [...continued]<br>138="Alzheimers"<br>139="Diseases of Heart"<br>140="Hypertension without Heart Disease"<br>141="Cerebrovascular Diseases"<br>142="Atherosclerosis"<br>143="Aortic Aneurysm and Dissection"<br>144="Other Diseases of Arteries, Arterioles, Capillaries"<br>145="Pneumonia and Influenza"<br>146="Chronic Obstructive Pulmonary Disease and Allied Cond."<br>147="Stomach and Duodenal Ulcers"<br>148="Chronic Liver Disease and Cirrhosis"<br>149="Nephritis, Nephrotic Syndrome and Nephrosis"<br>151="Congenital Anomalies"<br>153="Symptoms, Signs and Ill-Defined Conditions"<br>180="Covid death"<br>199="Other death"<br>200="Unnatural death" |
| <b>d_cancersite</b>                             | Death Certificate Cause of Death (From Cancer)   | Underlying cause of death from cancer.<br><br>This is a grouping of ICD-9 codes from the death certificate underlying cause of death. This grouping is based on the PLCO trial cancers of interest. | .F="No Form"<br>.N="Not Dead"<br>1="Prostate"<br>2="Lung"<br>3="Colorectal"<br>4="Ovarian, Peritoneal, and Fallopian Tube"<br>11="Pancreas"<br>12="Melanoma of the Skin"<br>13="Bladder"<br>14="Breast"<br>15="Hematopoietic"<br>16="Endometrial"<br>17="Glioma"<br>18="Renal"<br>19="Thyroid"<br>20="Head and Neck"<br>21="Liver"<br>23="Upper-Gastrointestinal"<br>24="Biliary"<br>25="Male Breast"<br>99="Other Cancer"<br>999="Not Cancer"   |
| <b>d_dth_thyd</b>                               | Is Thyroid Cancer The Underlying Cause Of Death? | Is thyroid cancer the underlying cause of death? This conclusion is based on the information from the death certificate.  | 0="No"<br>1="Yes"  |

## Section 14: Final Cause of Death

| Variable                | Label          | Description   | Format Text   |
|-------------------------|----------------|---|---|
| <b>f_cause_of_death</b> | Cause of Death | <p>Categorized underlying cause of death.</p> <p>This is a grouping of ICD-9 codes for underlying causes of death from the death certificate and death review. If the cause of death is from cancer, the grouping is based on the PLCO trial cancers of interest.</p> | <p>.F="No Form"<br/> .M="Missing"<br/> .N="Not applicable"<br/> 1="Prostate"<br/> 2="Lung"<br/> 3="Colorectal"<br/> 4="Ovarian, Peritoneal, and Fallopian Tube"<br/> 11="Pancreas"<br/> 12="Melanoma of the Skin"<br/> 13="Bladder"<br/> 14="Breast"<br/> 15="Hematopoietic"<br/> 16="Endometrial"<br/> 17="Glioma"<br/> 18="Renal"<br/> 19="Thyroid"<br/> 20="Head and Neck"<br/> 21="Liver"<br/> 23="Upper-Gastrointestinal"<br/> 24="Biliary"<br/> 25="Male Breast"<br/> 26="Other Neoplasm"<br/> 100="Ischemic Heart Disease"<br/> 101="Cerebrovascular Accident"<br/> 102="Other Circulatory Disease"<br/> 103="Respiratory Illness"<br/> 104="Digestive Disease"<br/> 105="Infectious Disease"<br/> 106="Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders"<br/> 107="Diseases of the Nervous System"</p> <p>[continued...]</p> |

| Variable                           | Label                           | Description   | Format Text   |
|------------------------------------|---------------------------------|---|---|
| [...continued]<br>f_cause_of_death |                                 |   | [...continued]<br>108="Accident"<br>109="Other"<br>200="Covid death"  |
| f_seer_death                       | Final Underlying Cause of Death | Underlying cause of death.<br><br>This is a grouping of ICD-9 codes for underlying causes of death from the death certificate and death review. This grouping is based on the SEER cause of death recode format, with some modifications. | .F="No Form"<br>.M="Missing"<br>.N="Not Applicable"<br>1="Prostate"<br>2="Lung"<br>3="Colorectal"<br>4="Ovarian"<br>5="Peritoneal"<br>6="Fallopian Tube"<br>11="Pancreas"<br>12="Melanoma of the Skin"<br>13="Bladder"<br>14="Breast"<br>15="Hematopoietic"<br>16="Endometrial"<br>17="Glioma"<br>18="Renal"<br>19="Thyroid"<br>20="Head and Neck"<br>21="Liver"<br>23="Upper-Gastrointestinal"<br>24="Biliary"<br>25="Male Breast"<br>21030="Small Intestine"<br>21042="Colon: Appendix"<br>21049="Colon: Large Intestine, NOS"<br>21060="Anus, Anal Canal, and Anorectum"<br>21110="Retroperitoneum"<br>21120="Peritoneum, Omentum and Mesentary"<br>21130="Other Digestive Organs"<br>22050="Pleura"<br>22060="Trachea, Mediastinum and Other Resp Organs"<br>23000="Bones and Joints"<br>24000="Soft Tissue including Heart"<br>25020="Other Non-Epithelial Skin"<br>27010="Cervix Uteri"<br><br>[continued...] |



| Variable  | Label | Description | Format Text   |
|---|-------|-------------|---|
| <p data-bbox="94 321 245 348">[...continued]</p> <p data-bbox="94 375 245 403">f_seer_death</p> |       |             | <p data-bbox="1161 321 1300 348">[...continued]</p> <p data-bbox="1161 375 1333 403">27050="Vagina"</p> <p data-bbox="1161 405 1317 432">27060="Vulva"</p> <p data-bbox="1161 434 1479 485">27070="Other Female Genital Organs"</p> <p data-bbox="1161 487 1317 514">28020="Testis"</p> <p data-bbox="1161 516 1317 543">28030="Penis"</p> <p data-bbox="1161 546 1455 596">28040="Other Male Genital Organs"</p> <p data-bbox="1161 598 1317 625">29030="Ureter"</p> <p data-bbox="1161 627 1487 655">29040="Other Urinary Organs"</p> <p data-bbox="1161 657 1406 684">30000="Eye and Orbit"</p> <p data-bbox="1161 686 1528 737">32020="Other Endocrine including Thymus"</p> <p data-bbox="1161 739 1406 766">37000="Miscellaneous"</p> <p data-bbox="1161 768 1471 819">38000="In situ, benign or unknown behavior neoplasm"</p> <p data-bbox="1161 821 1373 848">50030="Septicemia"</p> <p data-bbox="1161 850 1471 900">50040="Other Infectious and Parasitic Diseases"</p> <p data-bbox="1161 903 1438 930">50050="Diabetes Mellitus"</p> <p data-bbox="1161 932 1373 959">50051="Alzheimers"</p> <p data-bbox="1161 961 1446 989">50060="Diseases of Heart"</p> <p data-bbox="1161 991 1471 1041">50070="Hypertension without Heart Disease"</p> <p data-bbox="1161 1043 1422 1094">50080="Cerebrovascular Diseases"</p> <p data-bbox="1161 1096 1422 1123">50090="Atherosclerosis"</p> <p data-bbox="1161 1125 1471 1176">50100="Aortic Aneurysm and Dissection"</p> <p data-bbox="1161 1178 1487 1228">50110="Other Diseases of Arteries, Arterioles, Capillaries"</p> <p data-bbox="1161 1230 1422 1281">50120="Pneumonia and Influenza"</p> <p data-bbox="1161 1283 1479 1362">50130="Chronic Obstructive Pulmonary Disease and Allied Cond."</p> <p data-bbox="1161 1365 1503 1415">50140="Stomach and Duodenal Ulcers"</p> <p data-bbox="1161 1417 1487 1470">50150="Chronic Liver Disease and Cirrhosis"</p> <p data-bbox="1161 1472 1455 1499">50160="Nephritis, Nephrotic</p> <p data-bbox="1161 1526 1300 1554">[continued...]</p> |

| Variable                                  | Label | Description | Format Text  |
|---|-------|-------------|--|
| <p>[...continued]</p> <p>f_seer_death</p> |       |             | <p>[...continued]</p> <p>Syndrome and Nephrosis"</p> <p>50180="Congenital Anomalies"</p> <p>50200="Symptoms, Signs and Ill-Defined Conditions"</p> <p>50300="Other death"</p> <p>60000="Unnatural Death"</p> <p>60001="All other endocrine and metabolic diseases and immunity disorders"</p> <p>60002="All other diseases of blood and blood-forming organs"</p> <p>60003="Senile and presenile organic psychotic conditions"</p> <p>60004="All other psychoses"</p> <p>60005="Parkinson's disease"</p> <p>60006="Other hereditary and degenerative diseases of the central nervous system"</p> <p>60007="Other diseases of the nervous system"</p> <p>60008="Pneumoconioses and other lung diseases due to external agents"</p> <p>60009="All other diseases of respiratory system"</p> <p>60010="All other noninfective gastroenteritis and colitis"</p> <p>60011="All other diseases of digestive system"</p> <p>60012="All other diseases of urinary system"</p> <p>70000="Covid death"</p> |

| Variable        | Label               | Description  | Format Text  |
|-----------------|---------------------|--|--|
| f_seercat_death | SEER Cause of Death | A translation of ICD9 codes for underlying cause of death into our seercat format, which uses categories determined by SEER. | .F="No Form"<br>.M="Missing"<br>.N="Not Dead"<br>1="Prostate"<br>2="Lung"<br>3="Colorectal"<br>4="Ovarian"<br>5="Peritoneal"<br>6="Fallopian Tube"<br>11="Pancreas"<br>12="Melanoma of the Skin"<br>13="Bladder"<br>14="Breast"<br>15="Hematopoietic"<br>16="Endometrial"<br>17="Glioma"<br>18="Renal"<br>19="Thyroid"<br>20="Head and Neck"<br>21="Liver"<br>23="Upper-Gastrointestinal"<br>24="Biliary"<br>25="Male Breast"<br>112="Digestive System"<br>113="Respiratory System"<br>114="Bones and Joints"<br>115="Soft Tissue including Heart"<br>116="Skin excluding Basal and Squamous"<br>118="Female Genital System"<br>119="Male Genital System"<br>120="Urinary System"<br>121="Eye and Orbit"<br>123="Endocrine System"<br>129="Miscellaneous"<br>131="In situ, benign or unknown behavior neoplasm"<br>135="Septicemia"<br>136="Other Infectious and Parasitic Diseases"<br><br>[continued...] |

| Variable  | Label  | Description  | Format Text  |
|---|--|--|--|
| <p>[...continued]</p> <p><b>f_seercat_death</b></p> |  |  | <p>[...continued]</p> <p>137="Diabetes Mellitus"</p> <p>138="Alzheimers"</p> <p>139="Diseases of Heart"</p> <p>140="Hypertension without Heart Disease"</p> <p>141="Cerebrovascular Diseases"</p> <p>142="Atherosclerosis"</p> <p>143="Aortic Aneurysm and Dissection"</p> <p>144="Other Diseases of Arteries, Arterioles, Capillaries"</p> <p>145="Pneumonia and Influenza"</p> <p>146="Chronic Obstructive Pulmonary Disease and Allied Cond."</p> <p>147="Stomach and Duodenal Ulcers"</p> <p>148="Chronic Liver Disease and Cirrhosis"</p> <p>149="Nephritis, Nephrotic Syndrome and Nephrosis"</p> <p>151="Congenital Anomalies"</p> <p>153="Symptoms, Signs and Ill-Defined Conditions"</p> <p>180="Covid death"</p> <p>199="Other death"</p> <p>200="Unnatural death"</p> |
| <b>f_cancersite</b>                                 | Cause of Death (From Cancer)                     | <p>Underlying cause of death from cancer.</p> <p>This is a grouping of ICD-9 codes for underlying causes of death from the death certificate and death review. This grouping is based on the PLCO trial cancers of interest.</p> | <p>.F="No Form"</p> <p>.M="Missing"</p> <p>.N="Not Dead"</p> <p>1="Prostate"</p> <p>2="Lung"</p> <p>3="Colorectal"</p> <p>4="Ovarian, Peritoneal, and Fallopian Tube"</p> <p>11="Pancreas"</p> <p>12="Melanoma of the Skin"</p> <p>13="Bladder"</p> <p>14="Breast"</p> <p>15="Hematopoietic"</p> <p>16="Endometrial"</p> <p>17="Glioma"</p> <p>18="Renal"</p> <p>19="Thyroid"</p> <p>20="Head and Neck"</p> <p>21="Liver"</p> <p>23="Upper-Gastrointestinal"</p> <p>24="Biliary"</p> <p>25="Male Breast"</p> <p>99="Other Cancer"</p> <p>999="Not Cancer"</p>  |
| <b>f_dth_thyd</b>                                   | Is Thyroid Cancer The Underlying Cause Of Death? | Is thyroid cancer the underlying cause of death? This conclusion is based on the information from the death certificate and death review.  | <p>0="No"</p> <p>1="Yes"</p>   |

## Section 15: BQ Compliance

---

| Variable           | Label                                  | Description   | Format Text   |
|--------------------|--|---|---|
| <b>bq_returned</b> | Did the Participant Return the BQ?     |   | 0="No"<br>1="Yes"   |
| <b>bq_age</b>      | Age at BQ                              | Calculated from date of baseline questionnaire completion and date of birth.  | Numeric<br>.F="No Form"   |
| <b>bq_compdays</b> | Days Until BQ Completion               | Question M48, F63 - "What is the date you completed this questionnaire?"<br><br>The number of days between BQ completion and randomization. | Numeric<br>.F="No Form"   |
| <b>bq_adminm</b>   | Method of Questionnaire Administration | Part of the section, For Office Use Only, headed "Method of Administration".  | .F="No Form"<br>.M="Not Answered"<br>1="Self"<br>2="Self With Assistance"<br>3="In-Person Interview By SC Staff"<br>4="In-Person Interview By Other"<br>5="Telephone" |

## Section 16: BQ Demographics

| Variable          | Label                       | Description   | Format Text  |
|-------------------|-----------------------------|---|--|
| <b>race7</b>      | Race                        | <p>BQ Form Versions 1 and 2: Question 2 - "Which of these best describes your race or ethnic background?"</p> <p>BQ Form Version 3: Question 2 - "Which of these groups best describes you?"</p> <p>Question 2a - "Are you of Hispanic origin?"</p> <p>Participants can only be considered white or black when they are not Hispanic. If the participant is white or black and Hispanic, then they are considered Hispanic. If the participant is Asian, Pacific Islander, or American Indian then they are considered that race.</p> | <p>1="White, Non-Hispanic"</p> <p>2="Black, Non-Hispanic"</p> <p>3="Hispanic"</p> <p>4="Asian"</p> <p>5="Pacific Islander"</p> <p>6="American Indian"</p> <p>7="Missing"</p>   |
| <b>hispanic_f</b> | Are You Of Hispanic Origin? | <p>BQ Form Versions 1 and 2: Question 2.</p> <p>BQ Form Version 3: Question 2a.</p> <p>What is your race or ethnicity?</p>  | <p>.F="No Form"</p> <p>.M="Not Answered"</p> <p>0="Not Hispanic"</p> <p>1="Hispanic"</p>   |
| <b>educat</b>     | Education                   | <p>Question 3 - "What is the highest grade or level of schooling you completed?"</p>  | <p>.F="No Form"</p> <p>.M="Not Answered"</p> <p>1="Less Than 8 Years"</p> <p>2="8-11 Years"</p> <p>3="12 Years Or Completed High School"</p> <p>4="Post High School Training Other Than College"</p> <p>5="Some College"</p> <p>6="College Graduate"</p> <p>7="Postgraduate"</p> |
| <b>marital</b>    | Marital Status              | <p>Question 4 - "What is your current marital status?"</p>  | <p>.F="No Form"</p> <p>.M="Not Answered"</p> <p>1="Married Or Living As Married"</p> <p>2="Widowed"</p> <p>3="Divorced"</p> <p>4="Separated"</p> <p>5="Never Married"</p>  |
| <b>occupat</b>    | Occupation                  | <p>Question 5 - "Which of these categories best describes your current working situation?"</p>  | <p>.F="No Form"</p> <p>.M="Not Answered"</p> <p>1="Homemaker"</p> <p>2="Working"</p> <p>3="Unemployed"</p> <p>4="Retired"</p> <p>5="Extended Sick Leave"</p> <p>6="Disabled"</p> <p>7="Other"</p>  |

## Section 17: BQ Smoking

| Variable          | Label                                       | Description   | Format Text   |
|-------------------|---|---|---|
| <b>cig_stat</b>   | Cigarette Smoking Status                    | Participant's current cigarette smoking status.   | .A="Ambiguous"<br>.F="No Form"<br>.M="Not Answered"<br>0="Never Smoked Cigarettes"<br>1="Current Cigarette Smoker"<br>2="Former Cigarette Smoker" |
| <b>cig_stop</b>   | # of Years Since Stopped Smoking Cigarettes | The number of years passed since the participant has stopped smoking.   | Numeric<br>.F="No Form"<br>.M="Not Answered"<br>.N="Not Applicable"<br>0.5="Six Months"   |
| <b>cig_years</b>  | Duration Smoked Cigarettes                  | The total number of years the participant smoked.   | Numeric<br>.F="No Form"<br>.M="Not Answered"<br>0.5="Six Months"  |
| <b>cigpd_f</b>    | # of Cigarettes Smoked Per Day              | Question 14 - "During periods when you smoked, how many cigarettes did or do you usually smoke per day?"        | .F="No Form"<br>.M="Not Answered"<br>0="0"<br>1="1-10"<br>2="11-20"<br>3="21-30"<br>4="31-40"<br>5="41-60"<br>6="61-80"<br>7="81+"                |
| <b>pack_years</b> | Pack Years                                  | Number of packs smoked per day * years smoked.  | Numeric<br>.F="No Form"<br>.M="Missing"   |
| <b>cigar</b>      | Ever Smoked Cigars?                         | Question 17 - "Do you now or did you ever smoke cigars regularly for a year or longer?"                         | .F="No Form"<br>.M="Not Answered"<br>0="Never"<br>1="Current Cigar Smoker"<br>2="Former Cigar Smoker"   |
| <b>filtered_f</b> | Usually Filtered or Non-Filtered?           | Question 15 - "During periods when you smoked, did or do you more often smoke filter or non-filter cigarettes?" | .F="No Form"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="Filter"<br>2="Non-Filter"<br>3="About Equal"                                       |
| <b>pipe</b>       | Ever Smoked a Pipe?                         | Question 16 - "Do you now or did you ever smoke a pipe regularly for a year or longer?"                         | .F="No Form"<br>.M="Not Answered"<br>0="Never"<br>1="Current Pipe Smoker"<br>2="Former Pipe Smoker"   |
| <b>rsmoker_f</b>  | Smoke Regularly Now?                        | Question 12 - "Do you smoke cigarettes regularly now?"  | .F="No Form"<br>.M="Not Answered"<br>.N="Not Applicable"<br>0="No"<br>1="Yes"   |

| Variable         | Label                             | Description   | Format Text   |
|------------------|-----------------------------------|---|---|
| <b>smokea_f</b>  | Age Started Smoking               | Question 11 - "At what age did you start smoking cigarettes regularly?"             | Numeric<br>.F="No Form"<br>.M="Not Answered Or Inconsistent Data"<br>.N="Not Applicable"<br>.R="Age not in reasonable range." |
| <b>smoked_f</b>  | Ever Smoke Regularly >= 6 Months? | Question 10 - "Have you ever smoked cigarettes regularly for six months or longer?" | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes"  |
| <b>ssmokea_f</b> | Age Stopped Smoking               | Question 13 - "At what age did you last stop smoking cigarettes regularly?"         | Numeric<br>.F="No Form"<br>.M="Not Answered Or Inconsistent Data"<br>.N="Not Applicable"<br>.R="Age not in reasonable range." |



## Section 18: BQ Family History

| Variable           | Label  | Description   | Format Text  |
|--------------------|--|---|--|
| <b>fh_cancer</b>   | Has Family History of Any Cancer?            | Any first-degree relative with cancer. Basal cell skin cancers are not included. First-degree relatives include parents, full-siblings, and children. Half-siblings are not included. | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes"   |
| <b>thyd_fh</b>     | Family History of Thyroid Cancer             | Thyroid cancer family history in first-degree relatives. Includes parents, full-siblings, and children.   | .F="No Form"<br>.M="Missing"<br>0="No"<br>1="Yes, Immediate Family Member"<br>9="Possibly - Relative Or Cancer Type Not Clear"           |
| <b>thyd_fh_age</b> | Age of Youngest Relative with Thyroid Cancer | Diagnosis age of the youngest first-degree relative diagnosed with thyroid cancer.  | Numeric<br>.A="Ambiguous"<br>.F="No Form"<br>.M="Missing"<br>.N="Not Applicable"   |
| <b>thyd_fh_cnt</b> | # of Relatives with Thyroid Cancer           | The number of first-degree relatives with thyroid cancer.   | Numeric<br>.F="No Form"<br>.M="Missing"  |
| <b>brothers</b>    | # of Brothers                                | Question 19 - "How many full and half-brothers do you have, both living and deceased?"<br><br>Participants who have more than seven brothers are collapsed into "7 or more."          | .F="No Form"<br>.M="Not Answered"<br>0="None"<br>1="One"<br>2="Two"<br>3="Three"<br>4="Four"<br>5="Five"<br>6="Six"<br>7="Seven Or More" |
| <b>sisters</b>     | # of Sisters                                 | Question 18 - "How many full and half-sisters do you have, both living and deceased?"<br><br>Participants with more than seven sisters are collapsed into "7 or more".                | .F="No Form"<br>.M="Not Answered"<br>0="None"<br>1="One"<br>2="Two"<br>3="Three"<br>4="Four"<br>5="Five"<br>6="Six"<br>7="Seven Or More" |

## Section 19: BQ Body Type

| Variable        | Label                    | Description   | Format Text   |
|-----------------|--------------------------|---|---|
| <b>bmi_curc</b> | BMI at Baseline          | This is the World Health Organization (WHO) standard categorization of BMI. BMI is considered out of range if any of the following occur:<br><ul style="list-style-type: none"> <li>- Weight is less than 60 pounds</li> <li>- Height is less than 48 inches</li> <li>- Height is greater than 78 inches for females</li> <li>- Height is greater than 84 inches for males</li> <li>- After BMI is calculated, BMI is less than 15</li> </ul> | .F="No Form"<br>.M="Not Answered"<br>.R="Height Or Weight Not In Reasonable Range"<br>1="0-18.5"<br>2="18.5-25"<br>3="25-30"<br>4="30+" |
| <b>bmi_curr</b> | BMI at Baseline          | BMI is considered out of range if any of the following occur:<br><ul style="list-style-type: none"> <li>- Weight is less than 60 pounds</li> <li>- Height is less than 48 inches</li> <li>- Height is greater than 78 inches for females</li> <li>- Height is greater than 84 inches for males</li> <li>- After BMI is calculated, BMI is less than 15</li> </ul>   | Numeric<br>.F="No Form"<br>.M="Not Answered"<br>.R="Height Or Weight Not In Reasonable Range"   |
| <b>height_f</b> | Height (inches)          | Question 23 - "How tall are you?"<br><br>Height is considered out of range if any of the following occur:<br><ul style="list-style-type: none"> <li>- Height is less than 48 inches</li> <li>- Height is greater than 78 inches for females</li> <li>- Height is greater than 84 inches for males</li> <li>- After BMI is calculated, BMI is less than 15</li> </ul>  | Numeric<br>.F="No Form"<br>.M="Missing"<br>.R="Height Out Of Range"   |
| <b>weight_f</b> | Weight (lbs) at Baseline | Question 22 - "What is or was your weight at these ages?"<br><br>Weights less than 60 pounds are out of range.  | Numeric<br>.F="No Form"<br>.M="Missing"<br>.R="Weight Out Of Range"   |
| <b>bmi_20</b>   | BMI at Age 20            | BMI is considered out of range if any of the following occur:<br><ul style="list-style-type: none"> <li>- Weight is less than 60 pounds</li> <li>- Height is less than 48 inches</li> <li>- Height is greater than 78 inches for females</li> <li>- Height is greater than 84 inches for males</li> <li>- After BMI is calculated, BMI is less than 15</li> </ul>   | Numeric<br>.F="No Form"<br>.M="Not Answered"<br>.R="Height Or Weight Not In Reasonable Range"   |

| Variable          | Label                  | Description   | Format Text   |
|-------------------|------------------------|---|---|
| <b>bmi_20c</b>    | BMI at Age 20          | This is the World Health Organization (WHO) standard categorization of BMI. BMI is considered out of range if any of the following occur:<br>- Weight is less than 60 pounds<br>- Height is less than 48 inches<br>- Height is greater than 78 inches for females<br>- Height is greater than 84 inches for males<br>- After BMI is calculated, BMI is less than 15 | .F="No Form"<br>.M="Not Answered"<br>.R="Height Or Weight Not In Reasonable Range"<br>1="0-18.5"<br>2="18.5-25"<br>3="25-30"<br>4="30+" |
| <b>weight20_f</b> | Weight at Age 20 (lbs) | Question 22 - "What is or was your weight at these ages?"<br><br>Weights less than 60 pounds are out of range.  | Numeric<br>.F="No Form"<br>.M="Missing"<br>.R="Weight Out Of Range"   |
| <b>bmi_50</b>     | BMI at Age 50          | BMI is considered out of range if any of the following occur:<br>- Weight is less than 60 pounds<br>- Height is less than 48 inches<br>- Height is greater than 78 inches for females<br>- Height is greater than 84 inches for males<br>- After BMI is calculated, BMI is less than 15   | Numeric<br>.F="No Form"<br>.M="Not Answered"<br>.R="Height Or Weight Not In Reasonable Range"   |
| <b>bmi_50c</b>    | BMI at Age 50          | This is the World Health Organization (WHO) standard categorization of BMI. BMI is considered out of range if any of the following occur:<br>- Weight is less than 60 pounds<br>- Height is less than 48 inches<br>- Height is greater than 78 inches for females<br>- Height is greater than 84 inches for males<br>- After BMI is calculated, BMI is less than 15 | .F="No Form"<br>.M="Not Answered"<br>.R="Height Or Weight Not In Reasonable Range"<br>1="0-18.5"<br>2="18.5-25"<br>3="25-30"<br>4="30+" |
| <b>weight50_f</b> | Weight at Age 50 (lbs) | Question 22 - "What is or was your weight at these ages?"<br><br>Weights less than 60 pounds are out of range.  | Numeric<br>.F="No Form"<br>.M="Missing"<br>.R="Weight Out Of Range"   |

## Section 20: BQ NSAIDS

| Variable      | Label                    | Description  | Format Text   |
|---------------|--------------------------|--|---|
| <b>asp</b>    | Use Aspirin Regularly?   | Question 24 - "During the last 12 months, have you regularly used aspirin or aspirin-containing products, such as Bayer, Bufferin or Anacin? (Please do not include aspirin-free products such as Tylenol and Panadol.)" | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes"  |
| <b>asppd</b>  | # of Aspirin             | Question 25 - "During the last 12 months, how many pills of aspirin or aspirin containing products did you usually take per day, per week or per month?"   | .F="No Form"<br>.M="Not Answered"<br>0="None"<br>1="1/Day"<br>2="2+/Day"<br>3="1/Week"<br>4="2/Week"<br>5="3-4/Week"<br>6="<2/Month"<br>7="2-3/Month" |
| <b>ibup</b>   | Use Ibuprofen Regularly? | Question 26 - "During the last 12 months, have you regularly used ibuprofen-containing products, such as Advil, Nuprin, or Motrin?"  | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes"  |
| <b>ibuppd</b> | # of Ibuprofen           | Question 27 - "During the last 12 months, how many pills of ibuprofen-containing products did you usually take per day, per week, or per month?"   | .F="No Form"<br>.M="Not Answered"<br>0="None"<br>1="1/Day"<br>2="2+/Day"<br>3="1/Week"<br>4="2/Week"<br>5="3-4/Week"<br>6="<2/Month"<br>7="2-3/Month" |

## Section 21: BQ Diseases

| Variable                 | Label                              | Description  | Format Text  |
|--------------------------|------------------------------------|--|--|
| <b>arthrit_f</b>         | Arthritis                          | Did the participant ever have arthritis?   | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>bronchit_f</b>        | Bronchitis                         | Did the participant ever have chronic bronchitis?  | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>colon_comorbidity</b> | Colon Comorbidities                | Did the participant ever have a colon related co-morbidity (ulcerative colitis, Crohn's disease, Gardner's syndrome, or familial polyposis)? | .F="No Form"<br>.M="Missing"<br>0="No"<br>1="Yes"      |
| <b>diabetes_f</b>        | Diabetes                           | Did the participant ever have diabetes?  | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>divertic_f</b>        | Diverticulitis/Diverticulosis      | Did the participant ever have diverticulitis or diverticulosis?  | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>emphys_f</b>          | Emphysema                          | Did the participant ever have emphysema?   | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>gallblad_f</b>        | Gallbladder Stones or Inflammation | Did the participant ever have gall bladder stones or inflammation?   | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>hearta_f</b>          | Heart Attack                       | Did the participant ever have coronary heart disease or a heart attack?  | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>hyperten_f</b>        | Hypertension                       | Did the participant ever have high blood pressure?   | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>liver_comorbidity</b> | Liver Comorbidities                | Did the participant ever have a liver related co-morbidity (hepatitis or cirrhosis)?   | .F="No Form"<br>.M="Missing"<br>0="No"<br>1="Yes"      |
| <b>osteopor_f</b>        | Osteoporosis                       | Did the participant ever have osteoporosis?  | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>polyps_f</b>          | Colorectal Polyps                  | Did the participant ever have colorectal polyps?   | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |

| Variable        | Label  | Description                        | Format Text  |
|-----------------|--------|------------------------------------|--|
| <b>stroke_f</b> | Stroke | Did the participant have a stroke? | .F="No Form"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |

## Section 22: BQ Female Specific

| Variable          | Label                            | Description   | Format Text  |
|-------------------|----------------------------------|---|--|
| <b>hyster_f</b>   | Ever Have a Hysterectomy?        | Question F47 - "Have you had a hysterectomy, that is, have you had your uterus or womb removed?"<br><br>Participants modified to "yes" if an age of hysterectomy is given in question F48   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"<br>2="Don't Know"  |
| <b>hystera</b>    | Age at Hysterectomy              | Question F48 - "What was your age when you had your uterus or womb removed?"  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="<40"<br>2="40-44"<br>3="45-49"<br>4="50-54"<br>5="55+"   |
| <b>ovariesr_f</b> | Removed Ovaries                  | Question F49 - "Have you ever had one or both of your ovaries removed?"<br><br>Question F50 - "What exactly was removed?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="Ovaries Not Removed"<br>1="One Ovary - Partial"<br>2="One Ovary - Total"<br>3="Both Ovaries - Partial"<br>4="Both Ovaries - Total"<br>5="Don't Know"<br>8="Ambiguous" |
| <b>tuballig</b>   | Ever Tubes Tied?                 | Question F46 - "Have you had a tubal ligation, that is have you had your tubes tied?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"<br>2="Don't Know"  |
| <b>bcontr_f</b>   | Ever Take Birth Control Pills?   | Question F43 - "Did you ever take birth control pills for birth control or to regulate menstrual periods?".<br><br>Participant's answer modified to "yes" if they specified both an age they started taking birth control pills and a total number of years they took them. | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"  |
| <b>bcontra</b>    | Age Started Birth Control Pills? | Question F44 - "How old were you when you first started taking birth control pills?"<br><br>Participants who were "50-59" or "60+" when they started birth control pills were collapsed into a "50+" category.  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="<30"<br>2="30-39"<br>3="40-49"<br>4="50+"  |

| Variable         | Label                                 | Description  | Format Text   |
|------------------|---------------------------------------|--|---|
| <b>bcontrt</b>   | Total Years Took Birth Control Pills? | Question F45 - "For how many total years did you take birth control pills?"  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="Not Applicable"<br>1="10+ Years"<br>2="6-9 Years"<br>3="4-5 Years"<br>4="2-3 Years"<br>5="1 Year or Less"        |
| <b>curhorm</b>   | Currently Using Female Hormones?      | Question F52 - "Are you currently using female hormones?"  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"   |
| <b>horm_f</b>    | Ever Take Female Hormones?            | Question F51 - "Sometimes women take female hormones such as estrogen or progesterone around the time of menopause. Have you ever used female hormones (tablets, pills, or creams) for menopause?"<br><br>Participant's answers modified to "yes" if they had said "no" but gave an answer for whether they are currently using female hormones and said they used them for greater than 1 year. | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"<br>2="Don't Know"   |
| <b>horm_stat</b> | Female Hormone Status                 | Female hormone status uses ever taken female hormones and currently on hormones to determine the participant's hormone status.   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Missing"<br>0="Never"<br>1="Current"<br>2="Former"<br>3="Unknown Whether Current Or Former"<br>4="Doesn't Know If She Ever Took HRT" |
| <b>thorm</b>     | # of Years Taking Female Hormones     | Question F53 - "For how many total years did you take female hormones?"  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="Not Applicable"<br>1="10+ Years"<br>2="6-9 Years"<br>3="4-5 Years"<br>4="2-3 Years"<br>5="<= 1 Year"             |
| <b>fchilda</b>   | Age at Birth of First Child?          | Question F42 - "What was your age at the birth of your first child?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="<16"<br>2="16-19"<br>3="20-24"<br>4="25-29"<br>5="30-34"<br>6="35-39"<br>7="40+"          |



| Variable       | Label   | Description   | Format Text  |
|----------------|---|---|--|
| <b>livec</b>   | # of Live Births  | Question F41 - "How many of your pregnancies resulted in a live birth?"<br><br>Allowed values are 0-29. Participants with more than five pregnancies are collapsed to "five or more".   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="Zero"<br>1="One"<br>2="Two"<br>3="Three"<br>4="Four"<br>5="Five Or More"                                |
| <b>miscar</b>  | # of Miscarriages/Abortions                                       | Question F39 - "How many of your pregnancies resulted in miscarriage or an abortion?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="0"<br>1="1"<br>2="2+"   |
| <b>preg_f</b>  | Ever Been Pregnant?   | Question F35 - "Have you ever been pregnant?"<br><br>Participant's answer is modified to be "yes" if the participant answers on age of first pregnancy, number of pregnancies, number of still birth pregnancies, number of miscarriages, number of tubal pregnancies, age at birth of first child, or the number of live births implied pregnancy. | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"<br>2="Don't Know"  |
| <b>prega</b>   | Age When First Became Pregnant?                                   | Question F36 - "How old were you when you first became pregnant?"<br><br>Participants who were "40-44" or "45+" when they first became pregnant were collapsed into "40+".  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="<15"<br>2="15-19"<br>3="20-24"<br>4="25-29"<br>5="30-34"<br>6="35-39"<br>7="40+" |
| <b>pregc</b>   | # of Pregnancies  | Question F37 - "How many times have you been pregnant? Please include stillbirths, miscarriages, abortions, tubal or ectopic pregnancies, and live births."   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="None"<br>1="1"<br>2="2"<br>3="3-4"<br>4="5-9"<br>5="10+"  |
| <b>stillb</b>  | # of Still Birth Pregnancies                                      | Question F38 - "How many of your pregnancies resulted in a stillbirth?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="0"<br>1="1"<br>2="2+"   |
| <b>trypreg</b> | Ever Tried to Become Pregnant for a Year or More Without Success? | Question F34 - "Have you ever tried to become pregnant for a year or more without success?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"  |

| Variable                 | Label   | Description  | Format Text   |
|--------------------------|---|--|---|
| <b>tubal</b>             | # of Tubal/Ectopic Pregnancies?                 | Question F40 - "How many of your pregnancies resulted in a pregnancy in one of your tubes, that is, a tubal or ectopic pregnancy?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="0"<br>1="1"<br>2="2+"  |
| <b>fmenstr</b>           | Age When Had First Menstrual Period?            | Question F31 - "How old were you when you had your first menstrual period?"  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>1="<10"<br>2="10-11"<br>3="12-13"<br>4="14-15"<br>5="16+"   |
| <b>lmenstr</b>           | Age at Menopause                                | Question F32 - "How old were you when you had your last period?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>1="<40"<br>2="40-44"<br>3="45-49"<br>4="50-54"<br>5="55+"   |
| <b>menstrs</b>           | Type of Menopause                               | Question F33 - "Did your periods stop because of natural menopause, surgery, radiation, or drug therapy?"  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>1="Natural Menopause"<br>2="Surgery"<br>3="Radiation"<br>4="Drug Therapy"   |
| <b>menstrs_stat_type</b> | Reason menstrual periods stopped.               | Reason the participant's menstrual periods stopped. Because minimal information was gathered about menopause, the menopause information is supplemented with hysterectomy and oophorectomy information.      | .F="No Form"<br>.G="Wrong Gender"<br>1="Natural postmenopausal"<br>2="Bilateral oophorectomy"<br>3="Hysterectomy, no bilateral oophorectomy"<br>4="Surgical, details unclear"<br>5="Drug therapy"<br>6="Radiation"<br>7="Postmenopausal, reason unknown"<br>8="Menopausal status unknown" |
| <b>post_menopausal</b>   | Post-Menopausal Status                          | Was the participant post-menopausal at trial entry. This question was not asked directly on the BQ, therefore information on menopause has been supplemented with hysterectomy and oophorectomy information. | .F="No form"<br>.G="Wrong gender"<br>1="Definitely post-menopausal"<br>2="Possibly post-menopausal"   |
| <b>bbd</b>               | Ever Have Benign or Fibrocystic Breast Disease? | Question F54 - "Have you ever been told by a doctor that you had any of the following conditions?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"   |
| <b>benign_ovcyst</b>     | Ever Have Benign Ovarian Tumor/Cyst?            | Question F54 - "Have you ever been told by a doctor that you had any of the following conditions?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"   |

| Variable             | Label                             | Description  | Format Text   |
|----------------------|-----------------------------------|--|---|
| <b>endometriosis</b> | Ever Have Endometriosis?          | Question F54 - "Have you ever been told by a doctor that you had any of the following conditions?" | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |
| <b>uterine_fib</b>   | Ever Have Uterine Fibroid Tumors? | Question F54 - "Have you ever been told by a doctor that you had any of the following conditions?" | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes" |

## Section 23: BQ Male Specific

| Variable          | Label   | Description   | Format Text   |
|-------------------|---|---|---|
| <b>enlpros_f</b>  | Ever Have Enlarged Prostate or BPH?                                       | Question M34 - "Has a doctor ever told you that you had an enlarged prostate or benign prostatic hypertrophy (BPH)?"  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"   |
| <b>enlprosa</b>   | How Old When Told Had Enlarged Prostate or BPH?                           | Question M35 - "How old were you when a doctor first told you that you had this problem?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="<30"<br>2="30-39"<br>3="40-49"<br>4="50-59"<br>5="60-69"<br>6="70+"   |
| <b>infpros_f</b>  | Ever Have Inflamed Prostate?  | Question M36 - "Has a doctor ever told you that you had an inflamed prostate or prostatitis?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="No"<br>1="Yes"   |
| <b>infprosa</b>   | How Old When Told Had Inflamed Prostate?                                  | Question M37 - "How old were you when a doctor first told you that you had this problem?"   | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="<30"<br>2="30-39"<br>3="40-49"<br>4="50-59"<br>5="60-69"<br>6="70+"   |
| <b>prosprob_f</b> | Have Problem with Prostate?   | Did the participant ever have a problem with their prostate?  | .F="No Form"<br>.G="Wrong Gender"<br>.M="Missing"<br>0="No"<br>1="Yes"  |
| <b>urinate_f</b>  | During The Past Year, How Many Times Did You Wake Up At Night To Urinate? | Participants who indicate they "never" wake up more than once or failed to answer the question and provided an age when urinating more than once a night started regularly are placed into "not never." | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>0="Never"<br>1="Once"<br>2="Twice"<br>3="Three Times"<br>4="More Than 3 Times"<br>5="Not Never" |

| Variable        | Label   | Description  | Format Text   |
|-----------------|---|--|---|
| <b>urinatea</b> | Age At Which Began Waking Up To Urinate More Than Once At Night | Question M32 - "How old were you when you first began waking up to urinate more than once a night on a regular basis?" | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="<30"<br>2="30-39"<br>3="40-49"<br>4="50-59"<br>5="60-69"<br>6="70+" |

## Section 24: BQ Prostate Surgery

| Variable                  | Label   | Description  | Format Text  |
|---------------------------|---|--|--|
| <b>surg_age</b>           | Age at First Prostate Surgery                 | <p>Question M39 - "How old were you when you had a surgical procedure of the prostate the first time?"</p> <p>Participants who were "&lt;30" or "30-39" when they had their first prostate surgery were collapsed into a "&lt;40" category.</p>  | <p>.F="No Form"<br/> .G="Wrong Gender"<br/> .M="Not Answered"<br/> .N="Not Applicable"<br/> 1="&lt;40"<br/> 2="40-49"<br/> 3="50-59"<br/> 4="60-69"<br/> 5="70+"</p> |
| <b>surg_any</b>           | Ever Have Any Prostate Surgeries?             | <p>Question M38 - "Have you ever had any of the following surgical procedures of the prostate?"</p> <p>Has the participant had at least one of the following prostate surgeries:</p> <ol style="list-style-type: none"> <li>1. Prostatectomy for benign disease.</li> <li>2. Transurethral resection of the prostate or TURP.</li> <li>3. Biopsy of the prostate.</li> <li>4. Prostate surgery, but the type is unknown.</li> <li>5. The participant provided the age of the first prostate surgery and did not answer they don't know if they had any surgery.</li> </ol> | <p>.F="No Form"<br/> .G="Wrong Gender"<br/> .M="Not Answered"<br/> 0="No"<br/> 1="Yes"<br/> 2="Don't Know"</p>   |
| <b>surg_biopsy</b>        | Ever Have Biopsy of Prostate?                 | <p>Question M38 - "Have you ever had any of the following surgical procedures of the prostate?"</p>  | <p>.F="No Form"<br/> .G="Wrong Gender"<br/> .M="Not Answered"<br/> 0="No"<br/> 1="Yes"</p>   |
| <b>surg_prostatectomy</b> | Ever Had Prostatectomy for Benign Disease?    | <p>Question M38 - "Have you ever had any of the following surgical procedures of the prostate?"</p>  | <p>.F="No Form"<br/> .G="Wrong Gender"<br/> .M="Not Answered"<br/> 0="No"<br/> 1="Yes"</p>   |
| <b>surg_resection</b>     | Ever Had Transurethral Resection of Prostate? | <p>Question M38 - "Have you ever had any of the following surgical procedures of the prostate?"</p>  | <p>.F="No Form"<br/> .G="Wrong Gender"<br/> .M="Not Answered"<br/> 0="No"<br/> 1="Yes"</p>   |
| <b>vasect_f</b>           | Had a Vasectomy?                              | <p>Question M40 - "Have you had a vasectomy, that is, a sterilization procedure for men?"</p> <p>Participants who didn't answer or said "no" are modified to "yes" when they list an age when they had a vasectomy.</p>  | <p>.F="No Form"<br/> .G="Wrong Gender"<br/> .M="Not Answered"<br/> 0="No"<br/> 1="Yes"</p>   |

| Variable       | Label            | Description   | Format Text   |
|----------------|------------------|---|---|
| <b>vasecta</b> | Age at Vasectomy | Question M41 - "How old were you when you had a vasectomy?" | .F="No Form"<br>.G="Wrong Gender"<br>.M="Not Answered"<br>.N="Not Applicable"<br>1="<25"<br>2="25-34"<br>3="35-44"<br>4="45+" |