NWU2014-04-01 - Statin Therapy Follow-Up Questionnaire Data Dictionary

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Document Summary

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NWU2014-04-01 - Statin Therapy Follow-Up Questionnaire: Data Dictionary

Section 1: Identifiers

Class	Variable	Label	Description	Format Text
01. Principal	Participant_ID	Participant ID		Char

Section 2: Statin Therapy Follow-Up Questionnaire

Class	Variable	Label	Description	Format Text
01. Principal	_0Since_your_ first_study_visit	10# Since Your First Study Visit, Did You Do Moderate Exercise?		"No; If NO Go to Question 11"="No; If NO Go to Question 11" "Yes"="Yes"
01. Principal	_0aHow_many _days_per_week _	10A# How Many Days Per Week?		"1 to 2"="1 to 2"
01. Principal	_0bHow_many _minutes_per_da y_	10B# How Many Minutes Per Day?		"10 to 25"="10 to 25" "30 to 40"="30 to 40" "45 to 55"="45 to 55"
01. Principal	_1Since_your_ first_study_visit	11# Since Your First Study Visit, Did You Do Strenuous Exercise?		"No; If NO Go to Question 12"="No; If NO Go to Question 12" "Yes"="Yes"
01. Principal	_1aHow_many _days_per_week _	11A# How Many Days Per Week?		"1 to 2"="1 to 2" "3 to 4"="3 to 4"
01. Principal	_1bHow_many _minutes_per_da y_	11B# How Many Minutes Per Day?		"30 to 40"="30 to 40" "45 to 55"="45 to 55" "60 or more minutes"="60 or more minutes"
01. Principal	_2Since_your_ first_study_visit	12# Since Your First Study Visit, Did You Do Exercises To Increase Muscle Strenght/Endurance?		"No; If NO Go to Question 13"="No; If NO Go to Question 13" "Yes"="Yes"
01. Principal	_2aHow_many _days_per_week _	12A# How Many Days Per Week?		"1 to 2"="1 to 2" "3 to 4"="3 to 4"
01. Principal	_2bHow_many _minutes_per_da y_	12B# How Many Minutes Per Day?		"45 to 55"="45 to 55"
01. Principal	_3aSince_your _first_study_visi	13A# Since Your First Study Visit, How Often Did You Participate In Sitting Activities?		Numeric
01. Principal	_3bHow_many _hours_per_day_	13B# How Many Hours Per Day?		"1-2"="1-2" "4+ hours"="4+ hours" "60 or more minutes"="60 or more minutes"
01. Principal	_4Since_your_ first_research_vi	14# Since Your First Research Visit For This Study, Have You Smoked Cigarettes?		"No; If NO Go to Question 17"="No; If NO Go to Question 17" "Yes"="Yes"
01. Principal	_5When_did_y ou_last_smoke_a _ci	15# When Did You Last Smoke A Cigarette?		Char
01. Principal	_6How_many_ cigarettes_do_yo u_u	16# How Many Cigarettes Do You Usually Smoke Each Day?		Char

Class	Variable	Label	Description	Format Text
01. Principal	_7Since_your_ first_research_vi	17# Since Your First Research Visit For This Study, Have You Had A Drink Of Alcohol?		"No; If NO the Questionnaire is Completed"="No; If NO the Questionnaire is Completed" "Yes"="Yes"
01. Principal	_8When_did_y ou_last_have_a_ dri	18# When Did You Last Have A Drink Of Alcohol?		Char
01. Principal	_9How_many_ drinks_of_alcoho l_d	19# How Many Drinks Of Alcohol Do You Usually Have Per Week?		"Less than 1 drink per week"="Less than 1 drink per week"
01. Principal	Since_your_fi rst_research_vis	8# Since Your First Research Visit For This Study Did You Walk For Exercise?		"Yes"="Yes"
01. Principal	Since_your_fi rst_study_visit_	9# Since Your First Study Visit, Did You Do Mild Exercise Such A		"No; If NO Go to Question 10"="No; If NO Go to Question 10" "Yes"="Yes"
01. Principal	What_is_your _current_height_ 0	1# What Is Your Current Height? (in)		Numeric
01. Principal	What_is_your _current_height_ _	1# What Is Your Current Height? (ft)		Numeric
01. Principal	What_is_your _current_marital_	7# What Is Your Current Marital Status?		"Divorced"="Divorced" "Married"="Married" "Single (never married)"="Single (never married)"
01. Principal	What_is_your _current_weight_ _	2# What Is Your Current Weight? (lbs)		Numeric
01. Principal	_aHow_many_ days_per_week_	8A# How Many Days Per Week?		"1 to 2"="1 to 2" "3 to 4"="3 to 4" "5 to 6"="5 to 6"
01. Principal	_aHow_many_ days_per_week_ 0	9A# How Many Days Per Week?		"1 to 2"="1 to 2" "3 to 4"="3 to 4"
01. Principal	_bHow_many_ hours_per_day_	9B# How Many Hours Per Day?		"1 to 2"="1 to 2" "Less than 1 hour"="Less than 1 hour"
01. Principal	_cHow_many_ minutes_per_day _	8C# How Many Minutes Per Day?		"10 to 25"="10 to 25" "30 to 40"="30 to 40" "45 to 55"="45 to 55"
01. Principal	_dWhat_was_y our_usual_pace_	1D# What Was Your Usual Pace?		"Casual (each mile takes 30 minutes or more)"="Casual (each mile takes 30 minutes or more)" "Fast (each mile takes 19 minutes or less)"="Fast (each mile takes 19 minutes or less)" "Moderate (each mile takes 20 to 29 minutes)"="Moderate (each mile takes 20 to 29 minutes)"
01. Principal	Another_person_ _specify_	Another Person, Specify:		Char

Class	Variable	Label	Description	Format Text
01. Principal	Cancertype_	Cancer (Type)		Char
01. Principal	Comments	Comments		Char
01. Principal	Did_the_intervie w_include_a_spo u	Did The Interview Include A Spouse Or Partner?		"No"="No"
01. Principal	Did_the_intervie w_include_anoth 0	Did The Interview Include Another Person (Please Specify)?		"No"="No"
01. Principal	Did_the_intervie w_include_anoth e	Did The Interview Include Another Family Member?		"No"="No" "Yes"="Yes"
01. Principal	Did_the_intervie w_include_the_p a	Did The Interview Include The Participant Only?		"No"="No" "Yes"="Yes"
01. Principal	How_many_table ts_did_you_take_ a0	How Many Tablets Did You Take At A Time? (Regular Strength Aspirin)		Char
01. Principal	How_many_table ts_did_you_take_ a1	How Many Tablets Did You Take At A Time? (Extra Strength Aspirin)		Char
01. Principal	How_many_table ts_did_you_take_ a2	How Many Tablets Did You Take At A Time? (Other Type Of Aspirin)		Char
01. Principal	How_many_table ts_did_you_take_ at	How Many Tablets Did You Take At A Time? (Low-Dose Or Baby Aspirin)		Char
01. Principal	How_often_do_y ou_takeaspirin _0	How Often Do You Take Regular Strength Aspirin		Char
01. Principal	How_often_do_y ou_takeaspirin _1	How Often Do You Take Extra Strength Aspirin		Char
01. Principal	How_often_do_y ou_takeaspirin _ ²	How Often Do You Take Other Type Of Aspirin		Char
01. Principal	How_often_do_y ou_takeaspirin _t	How Often Do You Take Low-Dose Or Baby Aspirin		Char
01. Principal	Other_type_of_a spirinspecify_0	Other Type Of Aspirin, Specify (Dose In Mg Per Tablet):		Char
01. Principal	Other_type_of_a spirinspecify	Other Type Of Aspirin, Specify (Name):		Char
01. Principal	Since_your_first_ research_visi10	Since Your First Visit For This Study Has A Doctor Told You That You Have Devleoped Ulcer In Your Small Intestine Or Duodenum?		"No"="No"

Class	Variable	Label	Description	Format Text
01. Principal	Since_your_first_ research_visi11	Since Your First Visit For This Study Has A Doctor Told You That You Have Devleoped Barrett's Esophagus?		"No"="No"
01. Principal	Since_your_first_ research_visi12	Since Your First Visit For This Study Has A Doctor Told You That You Have Devleoped Inflammatory Bowel Disease?		"No"="No"
01. Principal	Since_your_first_ research_visi13	Since Your First Visit For This Study Has A Doctor Told You That You Have Devleoped Ulcerative Colitis?		"No"="No"
01. Principal	Since_your_first_ research_visi14	Since Your First Visit For This Study Has A Doctor Told You That You Have Devleoped Liver Cirrhosis?		"No"="No"
01. Principal	Since_your_first_ research_visi15	Since Your First Visit For This Study Has A Doctor Told You That You Have Devleoped Hepatitis B?		"No"="No"
01. Principal	Since_your_first_ research_visi16	Since Your First Visit For This Study Has A Doctor Told You That You Have Devleoped Hepatitis C?		"No"="No"
01. Principal	Since_your_first_ research_visi17	Since Your First Visit For This Study Has A Doctor Told You That You Have Devleoped Cancer?		"No"="No"
01. Principal	Since_your_first_ research_visi18	Since Your First Visit For This Study Have You Had Surgery To Remove Your Appendix?		"No"="No"
01. Principal	Since_your_first_ research_visi19	Since Your First Visit For This Study Have You Had Surgery To Remove Your Gall Bladder?		"No"="No"
01. Principal	Since_your_first_ research_visi20	Since Your First Visit For This Study Have You Had Surgery To Remove Your Gall Stones?		"No"="No"

Class	Variable	Label	Description	Format Text
01. Principal	Since_your_first_ research_visi21	Since Your First Visit For This Study Have You Had Surgery To Remove Your Stomach Or Part Of Your Stomach?		"No"="No"
01. Principal	Since_your_first_ research_visi22	Since Your First Visit For This Study Have You Had Surgery To Remove Your Colon Or Rectum?		"No"="No"
01. Principal	Since_your_first_ research_visi23	Since Your First Visit For This Study Have You Had Surgery To Remove Your Breast?		"No"="No"
01. Principal	Since_your_first_ research_visi24	Since Your First Visit For This Study Have You Had Surgery To Remove Your Uterus?		"No"="No"
01. Principal	Since_your_first_ research_visi25	Since Your First Visit For This Study Have You Had Surgery To Remove Your Ovaries?		"No"="No"
01. Principal	Since_your_first_ research_visi26	Since Your First Visit For This Study Have You Taken Oral Agent For Diabetes?		"No"="No"
01. Principal	Since_your_first_ research_visi27	Since Your First Visit For This Study Have You Taken 2nd Oral Agent For Diabetes?		"No"="No"
01. Principal	Since_your_first_ research_visi28	Since Your First Visit For This Study Have You Taken Insulin Injection Agent?		"No"="No"
01. Principal	Since_your_first_ research_visi29	Since Your First Visit For This Study Have You Taken 2nd Insulin Injection Agent?		"No"="No"
01. Principal	Since_your_first_ research_visi30	Since Your First Visit For This Study Have You Taken Other Injectable For Diabetes?		"No"="No"
01. Principal	Since_your_first_ research_visi31	Since Your First Visit For This Study Have You Taken 2nd Injectable For Diabetes?		"No"="No"
01. Principal	Since_your_first_ research_visi32	Since Your First Visit For This Study Have You Taken Inhalable Powder For Diabetes?		"No"="No"

Class	Variable	Label	Description	Format Text
01. Principal	Since_your_first_ research_visi33	Since Your First Visit For This Study Have You Taken A Prescription Drug To Control High Blood Pressure?		"No"="No" "Yes"="Yes"
01. Principal	Since_your_first_ research_visi34	Since Your First Visit For This Study Have You Taken 2nd Drug To control High Blood Pressure?		"No"="No"
01. Principal	Since_your_first_ research_visi35	Since Your First Visit For This Study Have You Taken Anti-Depressant?		"No"="No" "Yes"="Yes"
01. Principal	Since_your_first_ research_visi36	Since Your First Visit For This Study Have You Taken 2nd Anti-Depressant?		"No"="No"
01. Principal	Since_your_first_ research_visi37	Since Your First Visit For This Study Have You Taken Antibiotic?		"No"="No" "Yes"="Yes"
01. Principal	Since_your_first_ research_visi38	Since Your First Visit For This Study Have You Taken 2nd Antibiotic?		"No"="No" "Yes"="Yes"
01. Principal	Since_your_first_ research_visi39	Since Your First Visit For This Study Have You Taken Low-Dose Or Baby Aspirin?		"No"="No"
01. Principal	Since_your_first_ research_visi40	Since Your First Visit For This Study Have You Taken Regular Aspirin?		"No"="No"
01. Principal	Since_your_first_ research_visi41	Since Your First Visit For This Study Have You Taken Extra Strength Aspirin?		"No"="No"
01. Principal	Since_your_first_ research_visi42	Since Your First Visit For This Study Have You Taken Other Type Of Aspirin?		"No"="No"
01. Principal	Since_your_first_ research_visit0	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed High Cholesterol?		"No"="No"
01. Principal	Since_your_first_ research_visit1	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Stroke Or Transient Ischemic Attack?		"No"="No"

Class	Variable	Label	Description	Format Text
01. Principal	Since_your_first_ research_visit2	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Heart Disease Or Heart Attack?		"No"="No"
01. Principal	Since_your_first_ research_visit3	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Alcoholism?		"No"="No"
01. Principal	Since_your_first_ research_visit4	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Pernicious Anemia Or Lack Of Vitamin B-42?		"No"="No"
01. Principal	Since_your_first_ research_visit5	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Diabetes?		"No"="No"
01. Principal	Since_your_first_ research_visit6	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Pancreatic Pseudocyst?		"No"="No"
01. Principal	Since_your_first_ research_visit7	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Celiac Disease, Gluten Sensitivity, Or Sclerosing Cholangitis?		"No"="No"
01. Principal	Since_your_first_ research_visit8	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Gallstones?		"No"="No"
01. Principal	Since_your_first_ research_visit9	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed Stomach Ulcers?		"No"="No"
01. Principal	Since_your_first_ research_visit_	Since Your First Visit For This Study Has A Doctor Told You That You Have Developed High Blood Pressure Or Hypertension?		"No"="No"
01. Principal	The_participant_ s_cooperation_w a	The Participant's Cooperation Was		"Excellent"="Excellent" "Very Good"="Very Good"
01. Principal	The_quality_of_t he_interview_is	The Quality Of The Interview Is		"Excellent"="Excellent" "Generally reliable"="Generally reliable"

Class	Variable	Label	Description	Format Text
01. Principal	Time_Interview_ Began	Time Interview Began		Char
01. Principal	Time_Interview_ Ended	Time Interview Ended		Char
01. Principal	Visit_Date	Visit Date		Char
01. Principal	Visit_Number	Visit Number		"Second"="Second" "Third"="Third"
01. Principal	What_was_the_n ame_of_the_med ic10	What Was The Name Of The Medication? (For 2nd Anti-Depressant)		Char
01. Principal	What_was_the_n ame_of_the_med ic11	What Was The Name Of The Medication? (For Antibiotic)		Char
01. Principal	What_was_the_n ame_of_the_med ica0	What Was The Name Of The Medication? (For 2nd Oral Agent For Diabetes)		Char
01. Principal	What_was_the_n ame_of_the_med ica1	What Was The Name Of The Medication? (For Insulin Injection Agent)		Char
01. Principal	What_was_the_n ame_of_the_med ica2	What Was The Name Of The Medication? (For 2nd Insulin Injection Agent)		Char
01. Principal	What_was_the_n ame_of_the_med ica3	What Was The Name Of The Medication? (For Other Injectable For Diabetes)		Char
01. Principal	What_was_the_n ame_of_the_med ica4	What Was The Name Of The Medication? (For 2nd Injectable For Diabetes)		Char
01. Principal	What_was_the_n ame_of_the_med ica5	What Was The Name Of The Medication? (For Inhalable Powder For Diabetes)		Char
01. Principal	What_was_the_n ame_of_the_med ica6	What Was The Name Of The Medication? (For A Prescription Drug To Control High Blood Pressure)		Char
01. Principal	What_was_the_n ame_of_the_med ica7	What Was The Name Of The Medication? (For 2nd Drug To control High Blood Pressure)		Char
01. Principal	What_was_the_n ame_of_the_med ica8	What Was The Name Of The Medication? (For Anti-Depressant)		Char

Class	Variable	Label	Description	Format Text
01. Principal	What_was_the_n ame_of_the_med ica9	What Was The Name Of The Medication? (For 2nd Anti-Depressant)		Char
01. Principal	What_was_the_n ame_of_the_med icat	What Was The Name Of The Medication? (For Oral Agent For Diabetes)		Char
01. Principal	When_did_a_doc tor_tell_you_tha1 0	When Did A Doctor Tell You That You Had Ulcer In Your Small Intestine Or Duodenum?		Char
01. Principal	When_did_a_doc tor_tell_you_tha1 1	When Did A Doctor Tell You That You Had Barrett's Esophagus?		Char
01. Principal	When_did_a_doc tor_tell_you_tha1 2	When Did A Doctor Tell You That You Had Inflammatory Bowel Disease?		Char
01. Principal	When_did_a_doc tor_tell_you_tha1 3	When Did A Doctor Tell You That You Had Ulcerative Colitis?		Char
01. Principal	When_did_a_doc tor_tell_you_tha1 4	When Did A Doctor Tell You That You Had Liver Cirrhosis?		Char
01. Principal	When_did_a_doc tor_tell_you_tha1 5	When Did A Doctor Tell You That You Had Hepatitis B?		Char
01. Principal	When_did_a_doc tor_tell_you_tha1 6	When Did A Doctor Tell You That You Had Hepatitis C?		Char
01. Principal	When_did_a_doc tor_tell_you_tha1 7	When Did A Doctor Tell You That You Had Cancer?		Char
01. Principal	When_did_a_doc tor_tell_you_that 0	When Did A Doctor Tell You That You Had High Cholesterol?		Char
01. Principal	When_did_a_doc tor_tell_you_that 1	When Did A Doctor Tell You That You Had Stroke Or Transient Ischemic Attack?		Char
01. Principal	When_did_a_doc tor_tell_you_that 2	When Did A Doctor Tell You That You Had Heart Disease Or Heart Attack?		Char
01. Principal	When_did_a_doc tor_tell_you_that 3	When Did A Doctor Tell You That You Had Alcoholism?		Char
01. Principal	When_did_a_doc tor_tell_you_that 4	When Did A Doctor Tell You That You Had Pernicious Anemia Or Lack Of Vitamin B-42?		Char

Class	Variable	Label	Description	Format Text
01. Principal	When_did_a_doc tor_tell_you_that 5	When Did A Doctor Tell You That You Had Diabetes?		Char
01. Principal	When_did_a_doc tor_tell_you_that 6	When Did A Doctor Tell You That You Had Pancreatic Pseudocyst?		Char
01. Principal	When_did_a_doc tor_tell_you_that 7	When Did A Doctor Tell You That You Had Celiac Disease, Gluten Sensitivity, Or Sclerosing Cholangitis?		Char
01. Principal	When_did_a_doc tor_tell_you_that 8	When Did A Doctor Tell You That You Had Gallstones?		Char
01. Principal	When_did_a_doc tor_tell_you_that 9	When Did A Doctor Tell You That You Had Stomach Ulcers?		Char
01. Principal	When_did_a_doc tor_tell_you_that _	When Did A Doctor Tell You That You Had High Blood Pressure Or Hypertension?		Char
01. Principal	When_did_you_h ave_this_surgery _	When Did You Have This Surgery? Appendix		Char
01. Principal	When_did_you_h ave_this_surgery _0	When Did You Have This Surgery? Gall Bladder		Char
01. Principal	When_did_you_h ave_this_surgery _1	When Did You Have This Surgery? Gall Stones		Char
01. Principal	When_did_you_h ave_this_surgery _2	When Did You Have This Surgery? Stomach Or Part Of Your Stomach		Char
01. Principal	When_did_you_h ave_this_surgery _3	When Did You Have This Surgery? Colon Or Rectum		Char
01. Principal	When_did_you_h ave_this_surgery _4	When Did You Have This Surgery? Breast		Char
01. Principal	When_did_you_h ave_this_surgery _5	When Did You Have This Surgery? Uterus		Char
01. Principal	When_did_you_h ave_this_surgery 	When Did You Have This Surgery? Ovaries		Char
01. Principal	When_did_you_l ast_takeaspirin 0	When Did You Last Take Low-Dose Or Baby Aspirin?		Char
01. Principal	When_did_you_l ast_takeaspirin 1	When Did You Last Take Regular Aspirin?		Char

Class	Variable	Label	Description	Format Text
01. Principal	When_did_you_l ast_takeaspirin 2	When Did You Last Take Extra Strength Aspirin?		Char
01. Principal	When_did_you_l ast_takeaspirin _	When Did You Last Take Other Type Of Aspirin?		Char
01. Principal	When_did_you_l ast_takedrug_ _	When Did You Last Take (Oral Agent For Diabetes)?		Char
01. Principal	When_did_you_l ast_takedrug_ _1	When Did You Last Take (2nd Oral Agent For Diabetes)?		Char
01. Principal	When_did_you_l ast_takedrug_ _10	When Did You Last Take (2nd Anti-Depressan)?		Char
01. Principal	When_did_you_l ast_takedrug_ _11	When Did You Last Take (Antibiotic)?		Char
01. Principal	When_did_you_l ast_takedrug_ _12	When Did You Last Take (2nd Antibiotic)?		Char
01. Principal	When_did_you_l ast_takedrug_ _2	When Did You Last Take (Insulin Injection Agent)?		Char
01. Principal	When_did_you_l ast_takedrug_ _3	When Did You Last Take (2nd Insulin Injection Agent)?		Char
01. Principal	When_did_you_l ast_takedrug_ _4	When Did You Last Take (Other Injectable For Diabetes)?		Char
01. Principal	When_did_you_l ast_takedrug_ _5	When Did You Last Take (2nd Injectable For Diabetes)?		Char
01. Principal	When_did_you_l ast_takedrug_ _6	When Did You Last Take (Inhalable Powder For Diabetes)?		Char
01. Principal	When_did_you_l ast_takedrug_ _7	When Did You Last Take (A Prescription Drug To Control High Blood Pressure)?		Char
01. Principal	When_did_you_l ast_takedrug_ _8	When Did You Last Take (2nd Drug To control High Blood Pressure)?		Char
01. Principal	When_did_you_l ast_takedrug_ _9	When Did You Last Take (Anti-Depressant)?		Char