

MAY2017-09-01 - ALCOHOL QUESTIONNAIRE BASELINE: DATA DICTIONARY

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Document Summary

Property	Value
Document Title	MAY2017-09-01 - Alcohol Questionnaire Baseline: Data Dictionary
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MAY2017-09-01 - Alcohol Questionnaire Baseline: Data Dictionary

Section 1: Identifiers

Variable	Label	Description	Format Text
SUBJECT	Participant ID	Participant ID	Char

Section 2: Study-wide

Variable	Label	Description	Format Text
CYCLE	Visit	Visit	Numeric
FOLDERINSTANCE NAME	Folder Name	Folder Name	"Screening"="Screening"
MAXUPDATED	Last Updated	Last Updated	Numeric
MINCREATED	Time Created	Time Created	Numeric
PAGEREPEATNUM BER	Page Repeat Number	Page Repeat Number	Numeric
PROJECT	Protocol	Protocol	"MAY2017-09-01"="MAY2017-09-01"
RAVEID	Rave ID	Rave ID	Numeric
RECORDPOSITION	Record Position	Record Position	Numeric
SITE	Study Institution	Study Institution	"Thomas Jefferson University Hospital"="Thomas Jefferson University Hospital"
SITENUMBER	Study Institution ID Number	Study Institution ID Number	"PA121"="PA121"
TARGETDAYS	Target Days From Randomization	Target Days From Randomization	Numeric

Section 3: Alcohol Questionnaire Baseline

Variable	Label	Description	Format Text
AGEDRINKING	At What Age Did You Begin Drinking Regularly?	At What Age Did You Begin Drinking Regularly?	Numeric
AGEDRINKINGSP	At What Age Did You Begin Drinking Regularly? (If No Answer)	At What Age Did You Begin Drinking Regularly? (If No Answer)	9="Don't Know/Not sure"
ALCOHOLTYPE	Alcohol Type	Alcohol Type	1="Wine" 2="Liquor" 3="Beer" 4="Wine Cooler"
ALUSE	Alcohol Use	Alcohol Use	1="Yes" 2="No" 8="Choose not to answer"
BINGEDAYS	In The Past 12 Months, On How Many Days Did You Have 5 Or More Drinks Of Any Alcoholic Beverage?	In The Past 12 Months, On How Many Days Did You Have 5 Or More Drinks Of Any Alcoholic Beverage?	Numeric
BINGEDAYSSP	In The Past 12 Months, On How Many Days Did You Have 5 Or More Drinks Of Any Alcoholic Beverage? (If No Answer)	In The Past 12 Months, On How Many Days Did You Have 5 Or More Drinks Of Any Alcoholic Beverage? (If No Answer)	9="Don't Know/Not sure"
COM	Comments	Comments	Char
DRINGFREQ	In The Past 12 Months, On Average, How Often Did You Drink Any Type Of Alcoholic Beverage?	In The Past 12 Months, On Average, How Often Did You Drink Any Type Of Alcoholic Beverage?	Numeric
DRINGFREQSP	In The Past 12 Months, On Average, How Often Did You Drink Any Type Of Alcoholic Beverage? (If More Than 0)	In The Past 12 Months, On Average, How Often Did You Drink Any Type Of Alcoholic Beverage? (If More Than 0)	1="Week" 2="Month" 3="Year" 9="Don't know/Not sure"
DRINKSPERDAY	In The Past 12 Months, On Those Days That You Drank Alcoholic How Many Drinks Did You Have Per Day?	In The Past 12 Months, On Those Days That You Drank Alcoholic How Many Drinks Did You Have Per Day?	Numeric
DRINKSPERDAYSP	In The Past 12 Months, On Those Days That You Drank Alcoholic How Many Drinks Did You Have Per Day? (If No Answer)	In The Past 12 Months, On Those Days That You Drank Alcoholic How Many Drinks Did You Have Per Day? (If No Answer)	8="Choose not to answer" 9="Don't Know/Not sure"
EVERYDAYBINGE	Was There Ever A Time Or Times In Your Life When You Drank 5 Or More Drinks Of Any Kind Of Alcoholic Beverage Almost Every Day?	Was There Ever A Time Or Times In Your Life When You Drank 5 Or More Drinks Of Any Kind Of Alcoholic Beverage Almost Every Day?	2="No" 9="Don't know/Not sure"

Variable	Label	Description	Format Text
FLUFF2	What Type(s) Of Alcohol Do You Drink?	What Type(s) Of Alcohol Do You Drink?	1="Checked"
LIFEDRINKS	In Your Entire Life, Have You Had At Least 12 Drinks Of Any Kind Of Alcoholic Beverage?	In Your Entire Life, Have You Had At Least 12 Drinks Of Any Kind Of Alcoholic Beverage?	1="Yes" 2="No" 9="Don't know/Not sure"
MOSTDRANK	At The Heaviest Point, Either Now Or In The Past, On The Days When You Drank, About How Many Drinks Did You Drink A Day On The Average?	At The Heaviest Point, Either Now Or In The Past, On The Days When You Drank, About How Many Drinks Did You Drink A Day On The Average?	Numeric
MOSTDRANKSP	At The Heaviest Point, Either Now Or In The Past, On The Days When You Drank, About How Many Drinks Did You Drink A Day On The Average? (If No Answer)	At The Heaviest Point, Either Now Or In The Past, On The Days When You Drank, About How Many Drinks Did You Drink A Day On The Average? (If No Answer)	8="Choose not to answer" 9="Don't Know/Not sure"
TIMESINCEDRANK	If You Do Not Currently Drink Alcoholic Beverages, But Did In The Past, How Long Has It Been Since You Last Drank Regularly?	If You Do Not Currently Drink Alcoholic Beverages, But Did In The Past, How Long Has It Been Since You Last Drank Regularly?	0="Within the past month (0 to 1 month ago)" 1="Between 1 and 3 months (1 to 3 months ago)" 3="Between 6 and 12 months (6 to 12 months ago)" 4="Between 1 and 5 years (1 to 5 years ago)" 7="Never drank regularly" 8="Choose not to answer" 9="Don't know/Not sure"
YEARS DRINKING	How Many Years Have You Been Drinking (Or Did You Drink) Regularly?	How Many Years Have You Been Drinking (Or Did You Drink) Regularly?	Numeric
YEARS DRINKINGSP	How Many Years Have You Been Drinking (Or Did You Drink) Regularly? (If No Answer)	How Many Years Have You Been Drinking (Or Did You Drink) Regularly? (If No Answer)	8="Choose not to answer" 9="Don't Know/Not sure"