

NWU2014-04-01 - Statin Therapy Baseline Questionnaire Data Dictionary

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Document Summary

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NWU2014-04-01 - Statin Therapy Baseline Questionnaire: Data Dictionary

Section 1: Identifiers

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

Section 2: Statin Therapy Baseline Questionnaire

Class	Variable	Label	Description	Format Text
01. Principal	<u>0_Have_you_ever_taken_aspirin_</u>	10# Have You Ever Taken Aspirin (Bayer, Bufferin, Excedrin, Etc)		"No; If NO Go to Section D. PHYSICAL ACTIVITY"="No; If NO Go to Section D. PHYSICAL ACTIVITY"
01. Principal	<u>0_What_type_of_health_insurance0</u>	10# What Type Of Health Insurance Or Health Care Plan Are You Enrolled In? Private Health Insurance That I Pay For Myself		"No"="No"
01. Principal	<u>0_What_type_of_health_insurance1</u>	10# What Type Of Health Insurance Or Health Care Plan Are You Enrolled In? Medicaid/Medi-Cal		"No"="No"
01. Principal	<u>0_What_type_of_health_insurance2</u>	10# What Type Of Health Insurance Or Health Care Plan Are You Enrolled In? Medicare		"No"="No" "Yes"="Yes"
01. Principal	<u>0_What_type_of_health_insurance3</u>	10# What Type Of Health Insurance Or Health Care Plan Are You Enrolled In? Military Health Care		"No"="No"
01. Principal	<u>0_What_type_of_health_insurance4</u>	10# What Type Of Health Insurance Or Health Care Plan Are You Enrolled In? I have Health Insurance, But I Do Not Know What Type		"No"="No" "Yes"="Yes"
01. Principal	<u>0_What_type_of_health_insurancec</u>	10# What Type Of Health Insurance Or Health Care Plan Are You Enrolled In? Self-Employed Health Plan		"No"="No" "Yes"="Yes"
01. Principal	<u>2_How_old_were_you_when_you_started</u>	12# How Old Were You When You Started Taking Aspirin At Least 4 Days Per Week?		Char
01. Principal	<u>3_Do_you_take_aspirin_at_least</u>	13# Do You Take Aspirin At Least 4 Days Per Week Now?		"No"="No"

Class	Variable	Label	Description	Format Text
01. Principal	___ Excluding_t mes_when_you_ we0	4# (Excluding Times When You Were Pregnant) What Was Your Approximate Average Weight When You Were: 40-49 Years Old? (lbs)		Numeric
01. Principal	___ Excluding_t mes_when_you_ we1	4# (Excluding Times When You Were Pregnant) What Was Your Approximate Average Weight When You Were: 50-59 Years Old? (lbs)		Char
01. Principal	___ Excluding_t mes_when_you_ we2	4# (Excluding Times When You Were Pregnant) What Was Your Approximate Average Weight When You Were: 60-69 Years Old? (lbs)		Char
01. Principal	___ Excluding_t mes_when_you_ we3	4# (Excluding Times When You Were Pregnant) What Was Your Approximate Average Weight When You Were: 70+ Years Old? (lbs)		Char
01. Principal	___ Excluding_t mes_when_you_ wer	4# (Excluding Times When You Were Pregnant) What Was Your Approximate Average Weight When You Were: 30-39 Years Old? (lbs)		Numeric
01. Principal	___ Have_you_lo st_weight_in_the _	3# Have You Lost Weight In The Past 6 Months?		"No"="No" "Yes"="Yes"
01. Principal	___ About_how_ many_years_did_ you_ _	5# About How Many Years Did You Drink Alcohol At Least Once A Week		Numeric
01. Principal	___ AGE_18_Ho w_many_drinks_ of_al	3# Age 18: How Many Drinks Of Alcohol Did You Usually Have Per Week		"28 or more drinks (4 or more drinks per day)"="28 or more drinks (4 or more drinks per day)" "Less than 1 drink per week"="Less than 1 drink per week"
01. Principal	___ Age_30	3# Age 30: How Many Drinks Of Alcohol Did You Usually Have Per Week		"1 to 6 drinks (less than 1 per day)"="1 to 6 drinks (less than 1 per day)" "28 or more drinks (4 or more drinks per day)"="28 or more drinks (4 or more drinks per day)" "7 to 13 drinks (1 to 2 drinks per day)"="7 to 13 drinks (1 to 2 drinks per day)"

Class	Variable	Label	Description	Format Text
01. Principal	<u>Age_45</u>	3# Age 45: How Many Drinks Of Alcohol Did You Usually Have Per Week		"1 to 6 drinks (less than 1 per day)"="1 to 6 drinks (less than 1 per day)" "Less than 1 drink per week"="Less than 1 drink per week"
01. Principal	<u>Age_60</u>	3# Age 60: How Many Drinks Of Alcohol Did You Usually Have Per Week		
01. Principal	<u>Are_you_covered_by_health_ins</u>	9# Are You Covered By Health Insurance Or A Health Care Plan?		"Yes"="Yes"
01. Principal	<u>At_that_time_when_you_quit_s</u>	7# At That Time (When You Quit Smoking) How Many Cigarettes Did You Smoke Each Day?		"10"="10" "25"="25"
01. Principal	<u>Between_Age_1_and_Age_2_o</u>	8# Between [Age 1] And [Age 2, Or Now If Still Smoking] Did You Ever Quit Smoking For At Least 1 Year?		"No; If NO Go to Section F. ALCOHOL"="No; If NO Go to Section F. ALCOHOL" "Yes"="Yes"
01. Principal	<u>Did_you_ever_drink_alcohol_at</u>	1# Did You Ever Drink Alcohol At Least Once A Week For 6 Months Or Longer?		"No; If NO the Questionnaire is Completed"="No; If NO the Questionnaire is Completed" "Yes"="Yes"
01. Principal	<u>Do_you_consider_yourself_to_0</u>	6# Do You Consider Yourself To Be Of Jewish Ancestry?		"No"="No"
01. Principal	<u>Do_you_consider_yourself_to_b</u>	5# Do You Consider Yourself To Be Of Hispanic Or Latino Ancestry?		"No"="No"
01. Principal	<u>Do_you_drink_alcohol_at_least</u>	6# Do You Drink Alcohol At Least Once A Week Now?		"No; If NO Continue to Question 7"="No; If NO Continue to Question 7"
01. Principal	<u>Do_you_smoke_cigarettes_now__</u>	5# Do You Smoke Cigarettes Now?		"No"="No" "Yes"="Yes"
01. Principal	<u>During_the_past_6_months_about</u>	4# During The Past 6 Months About How Many Times Have You Had 5 Or More Drinks Of Alcohol In One Day?		Numeric
01. Principal	<u>During_the_past_year_did_you_0</u>	2# During The Past Year, Did You Do MILD Exercise?		"No; If NO Go to Question 3"="No; If NO Go to Question 3" "Yes"="Yes"
01. Principal	<u>During_the_past_year_did_you_1</u>	3# During The Past Year, Did You Do MODERATE Exercise?		"No; If NO Go to Question 4"="No; If NO Go to Question 4" "Yes"="Yes"
01. Principal	<u>During_the_past_year_did_you_2</u>	4# During The Past Year, Did You Do STRENUOUS Exercise?		"No; If NO Go to Question 5"="No; If NO Go to Question 5" "Yes"="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	___During_the_p ast_year__did_yo 3	5# During The Past Year, Did You Do Exercises To Increase Muscle Strength And Endurance?		"No; If NO Go to Question 6"="No; If NO Go to Question 6" "Yes"="Yes"
01. Principal	___During_the_p ast_year__did_yo u	1# During The Past Year, Did You WALK For Exercise?		"Yes"="Yes"
01. Principal	___During_the_ti me_you_smoked _h	4# During The Time You Smoked, How Many Cigarettes Did You Usually Smoke Each Day?		"20"="20" "25"="25" "6"="6"
01. Principal	___Has_a_doctor or_health_care_ p	3# Has A Doctor Or Health Care Provider Ever Told You That You Had Diabetes?		"No; If NO Go to Question 7"="No; If NO Go to Question 7" "Yes"="Yes"
01. Principal	___Have_you_ev er_smoked_at_le ast	1# Have You Ever Smoked At Least One Cigarette A Day For 6 Month Period?		"No; If NO Go to Section F. ALCOHOL"="No; If NO Go to Section F. ALCOHOL" "Yes"="Yes"
01. Principal	___Have_you_ev er_used_over_th e_c	9# Have You Ever Used Over-The-Counter Probiotic Supplements?		"No; If NO Go to Question 10"="No; If NO Go to Question 10" "Yes"="Yes"
01. Principal	___How_long_ha s_it_been_since_ y0	6# How Long Has It Been Since You Quit Smoking Cigarettes? (Label)		"Months"="Months" "Years"="Years"
01. Principal	___How_long_ha s_it_been_since_ y1	7# How Long Has It Been Since You Stopped Drinking Alcohol At Least Once A Week? (Number)		Numeric
01. Principal	___How_long_ha s_it_been_since_ y2	7# How Long Has It Been Since You Stopped Drinking Alcohol At Least Once A Week? (Label)		"Months"="Months" "Weeks"="Weeks" "Year"="Year"
01. Principal	___How_long_ha s_it_been_since_ yo	6# How Long Has It Been Since You Quit Smoking Cigarettes? (Number)		Char
01. Principal	___How_many_y ears_between_ Age_1	9# How Many Years Between (Age 1) And (Age 2, Or Now If Still Smoking) Did You Not Smoke Daily?		Char
01. Principal	___How_old_wer e_you_when_a_d octo	4# How Old Were You When A Doctor First Told You That You Had Diabetes?		Char

Class	Variable	Label	Description	Format Text
01. Principal	___How_old_were_you_when_you_fi0	2# How Old Were You When You First Started Drinking Alcohol At Least Once A Week?		Numeric
01. Principal	___How_old_were_you_when_you_fir	2# How Old Were You When You First Started Smoking Cigarettes Daily?		Char
01. Principal	___How_old_were_you_when_you_las	3# How Old Were You When You Last Smoked Cigarettes Daily?		Char
01. Principal	___IF_still_drinking_ask_How_m_a	8# How Many Drinks Of Alcohol Weekly?	8. IF still drinking ask: How many drinks of alcohol do you usually have per week now? IF stopped drinking ask: At that time (when you stopped drinking) how many drinks of alcohol did you usually have per week?	"1 to 6 drinks (less than 1 per day)"="1 to 6 drinks (less than 1 per day)" "7 to 13 drinks (1 to 2 drinks per day)"="7 to 13 drinks (1 to 2 drinks per day)" "Less than 1 drink per week"="Less than 1 drink per week"
01. Principal	___Over_the_past_year_have_you_u	8# Over The Past Year, Have You Taken An Antibiotic For Any Reason?		"No; If NO Go to Question 9"="No; If NO Go to Question 9" "Yes"="Yes"
01. Principal	___Were_you_born_in_the_U_S_	3# Were You Born In The U.S.?		"No"="No" "Yes"="Yes"
01. Principal	___What_is_the_highest_grade_or_	8# What Is The Highest Grade Or Level Of Schooling You Have Completed?		"Advanced degree (Master's degree or higher)"="Advanced degree (Master's degree or higher)" "Associate degree or some college"="Associate degree or some college" "Bachelor's degree"="Bachelor's degree" "High school graduate or GED"="High school graduate or GED"
01. Principal	___What_is_your_current_height_0	1# What Is Your Current Height? (ft)		Numeric
01. Principal	___What_is_your_current_height_	1# What Is Your Current Height? (in)		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	___What_is_your_racial_backgrou0	4# What Is Your Racial Background? Check All Boxes That Apply? (Black Or African American)"		"No"="No" "Yes"="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	<u>What is your racial background</u> 1	4# What Is Your Racial Background? Check All Boxes That Apply? (Asian)"		"No"="No" "Yes"="Yes"
01. Principal	<u>What is your racial background</u> 2	4# What Is Your Racial Background? Check All Boxes That Apply? (Hawaiian Or Other Pacific Islander)"		"No"="No"
01. Principal	<u>What is your racial background</u> 3	4# What Is Your Racial Background? Check All Boxes That Apply? (Native American/American Indian)"		"No"="No" "Yes"="Yes"
01. Principal	<u>What is your racial background</u> 4	4# What Is Your Racial Background? Check All Boxes That Apply? (Other)"		"No"="No" "Yes"="Yes"
01. Principal	<u>What is your racial background</u> n	4# What Is Your Racial Background? Check All Boxes That Apply? (White Or Caucasian)"		"No"="No" "Yes"="Yes"
01. Principal	<u>What is your sex</u>	1# What Is Your Sex?		"Female"="Female" "Male"="Male"
01. Principal	<u>a During the past month how</u> o	6A# During The Past Month, How Often Did You Participate In Sitting Activities (How Many Days Per Week)		Numeric
01. Principal	<u>a How many months in the past</u> 0	2A# How Many Months In The Past Year? (Mild Exercise)		"1 to 3"="1 to 3" "4 to 6"="4 to 6"
01. Principal	<u>a How many months in the past</u> 1	3A# How Many Months In The Past Year? (Moderate Exercise)		"4 to 6"="4 to 6"
01. Principal	<u>a How many months in the past</u> 2	4A# How Many Months In The Past Year? (Strenuous Exercise)		"1 to 3"="1 to 3" "4 to 6"="4 to 6" "7 to 9"="7 to 9"
01. Principal	<u>a How many months in the past</u> 3	5A# How Many Months In The Past Year? (Increase Muscle Strength/Endurance)		"1 to 3"="1 to 3" "4 to 6"="4 to 6" "7 to 9"="7 to 9"
01. Principal	<u>a How many months in the past</u> _	1A# How Many Months In The Past Year? (Walk)		Numeric
01. Principal	<u>b How many days per week</u>	1B# How Many Days Per Week? (Walk)		"1 to 2"="1 to 2" "3 to 4"="3 to 4" "7"="7"
01. Principal	<u>b How many days per week</u> 0	2B# How Many Days Per Week? (Mild Exercise)		"1 to 2"="1 to 2"

Class	Variable	Label	Description	Format Text
01. Principal	<u>b</u> How many days_per_week_1	3B# How Many Days Per Week? (Moderate Exercise)		"1 to 2"="1 to 2"
01. Principal	<u>b</u> How many days_per_week_2	4B# How Many Days Per Week? (Strenuous Exercise)		"1 to 2"="1 to 2"
01. Principal	<u>b</u> How many days_per_week_3	5B# How Many Days Per Week? (Increase Mucle Strength/Endurance)		"1 to 2"="1 to 2" "3 to 4"="3 to 4"
01. Principal	<u>b</u> How many hours_per_day_	6B# How Many Hours Per Day? (Sitting Activites)		"1 to 2"="1 to 2" "4 or more hours"="4 or more hours"
01. Principal	<u>c</u> How many hours_per_day_	2C# How Many Hours Per Day? (Mild Exercise)		"1 to 2"="1 to 2" "Less than 1 hour"="Less than 1 hour"
01. Principal	<u>c</u> How many minutes_per_day_	1C# How Many Minutes Per Day? (Walk)		"10 to 25"="10 to 25" "30 to 40"="30 to 40" "60 or more minutes"="60 or more minutes"
01. Principal	<u>c</u> How many minutes_per_day_0	3C# How Many Minutes Per Day? (Moderate Exercise)		"10 to 25"="10 to 25" "45 to 55"="45 to 55"
01. Principal	<u>c</u> How many minutes_per_day_1	4C# How Many Minutes Per Day? (Strenuous Exercise)		"30 to 40"="30 to 40" "45 to 55"="45 to 55" "60 or more minutes"="60 or more minutes"
01. Principal	<u>c</u> How many minutes_per_day_2	5C# How Many Minutes Per Day? (Increase Mucle Strength/Endurance)		"10 to 25"="10 to 25" "30 to 40"="30 to 40" "45 to 55"="45 to 55"
01. Principal	<u>d</u> What 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	<u>a</u> Use_a_home_glucose_test_to_mo	A# Use A Home Glucose Test To Monitor Your Insulin Level?		"Yes"="Yes"
01. Principal	<u>a</u> What was_th e_name_of_the_a nti	A# What Was The Name Of The Antibiotic(S) You Took?		Char
01. Principal	<u>a</u> What was_th e_name_of_the_ prob	A# What Was The Name Of The Probiotic Supplement(S)?		Char
01. Principal	<u>Another_person_ _specify_</u>	Another Person, Specify:		Char
01. Principal	<u>b</u> Change_your_diet_	B# Change Your Diet?		"Yes"="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	b_How_old_were_you_the_last_time	B# How Old Were You The Last Time You Took Probiotics?		Char
01. Principal	b_When_was_the_last_time_you_t0	B# When Was The Last Time You Took Antibiotics? (Year)		Numeric
01. Principal	b_When_was_the_last_time_you_to	B# When Was The Last Time You Took Antibiotics? (Month)		Numeric
01. Principal	c_Over_the_past_year_how_many	C# Over The Past Year, How Many Courses Of Antibiotics Have You Taken?		Numeric
01. Principal	c_Take_medication_by_mouth	C# Take Medication By Mouth?*		"Yes"="Yes"
01. Principal	Current_Age	Current Age		Numeric
01. Principal	d_Take_insulin_by_injection	D# Take Insulin By Injection?*		"Yes"="Yes"
01. Principal	Did_the_interview_include_a_spouse	Did The Interview Include A Spouse Or Partner?		"No"="No" "Yes"="Yes"
01. Principal	Did_the_interview_include_another	Did The Interview Include Another Person (Please Specify)?		"No"="No"
01. Principal	Did_the_interview_include_another	Did The Interview Include Another Family Member?		"No"="No"
01. Principal	Did_the_interview_include_the_participant	Did The Interview Include The Participant Only?		"No"="No" "Yes"="Yes"
01. Principal	Enter_the_subjects_current_age	Enter The Subjects Current Age From Question 2 On The Previous		Numeric
01. Principal	Has_a_doctor_or_health_care_provider_told_you_that_you_had_the_following_medical_condition_ulcer_in_your_small_intestine_or_duodenum	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Ulcer In Your Small Intestine Or Duodenum		"No"="No"
01. Principal	Has_a_doctor_or_health_care_provider_told_you_that_you_had_the_following_medical_condition_barretts_esophagus	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Barrett's Esophagus		"No"="No" "Yes"="Yes"
01. Principal	Has_a_doctor_or_health_care_provider_told_you_that_you_had_the_following_medical_condition_inflammatory_bowel_disease	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Inflammatory Bowel Disease		"No"="No"

Class	Variable	Label	Description	Format Text
01. Principal	Has_a_doctor_or_health_care_pr13	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Ulcerative Colitis		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pr14	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Liver Cirrhosis		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pr15	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Hepatitis B		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pr16	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Hepatitis C		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pr17	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Cancer		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pro0	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: High Cholesterol		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pro1	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Stroke Or Transient Ischemic Attack		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pro2	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Heart Disease Or Heart Attack		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pro3	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Alcoholism		"No"="No" "Yes"="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	Has_a_doctor_or_health_care_pro4	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Pernicious Anemia Or Lack Of Vitamin B-12		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pro5	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Pancreatitis		"Yes"="Yes"
01. Principal	Has_a_doctor_or_health_care_pro6	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Pancreatic Pseudocyst		"No"="No"
01. Principal	Has_a_doctor_or_health_care_pro7	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Celiac Disease, Gluten Sensitivity, Sclerosing Cholangitis		"No"="No" "Yes"="Yes"
01. Principal	Has_a_doctor_or_health_care_pro8	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Gallstones		"No"="No" "Yes"="Yes"
01. Principal	Has_a_doctor_or_health_care_pro9	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: Stomach Ulcers		"No"="No" "Yes"="Yes"
01. Principal	Has_a_doctor_or_health_care_prov	Has A Doctor Or Health Care Provider Ever Told You That You Had The Following Medical Condition: High Blood Pressure, Or Hypertension		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_had_surgery_to_re0	Have You Ever Had Surgery To Remove Your Gall Bladder?		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_had_surgery_to_re1	Have You Ever Had Surgery To Remove Your Gall Stones?		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_had_surgery_to_re2	Have You Ever Had Surgery To Remove Your Stomach Or Part Of Your Stomach?		"No"="No"

Class	Variable	Label	Description	Format Text
01. Principal	Have_you_ever_had_surgery_to_re3	Have You Ever Had Surgery To Remove Your Colon Or Rectum?		"No"="No"
01. Principal	Have_you_ever_had_surgery_to_re4	Have You Ever Had Surgery To Remove Your Breast?		"No"="No"
01. Principal	Have_you_ever_had_surgery_to_re5	Have You Ever Had Surgery To Remove Your Uterus?		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_had_surgery_to_re6	Have You Ever Had Surgery To Remove Your Ovaries?		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_had_surgery_to_rem	Have You Ever Had Surgery To Remove Your Appendix?		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_taken_type_of_dr0	Have You Ever Taken (2nd Oral Agent For Diabetes) For One Year Or Longer?		"No"="No"
01. Principal	Have_you_ever_taken_type_of_dr1	Have You Ever Taken (Insulin Injection Agent) For One Year Or Longer?		"No"="No"
01. Principal	Have_you_ever_taken_type_of_dr2	Have You Ever Taken (2nd Insulin Injection Agent) For One Year Or Longer?		"No"="No"
01. Principal	Have_you_ever_taken_type_of_dr3	Have You Ever Taken (Other Injectionable For Diabetes) For One Year Or Longer?		"No"="No"
01. Principal	Have_you_ever_taken_type_of_dr4	Have You Ever Taken (2nd Other Injectionable For Diabetes) For One Year Or Longer?		"No"="No"
01. Principal	Have_you_ever_taken_type_of_dr5	Have You Ever Taken (Inhalable Powder For Diabetes) For One Year Or Longer?		"No"="No"
01. Principal	Have_you_ever_taken_type_of_dr6	Have You Ever Taken (A Prescription Drug To Control High Blood Pressure) For One Year Or Longer?		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_taken_type_of_dr7	Have You Ever Taken (2nd Drug To Control High Blood Pressure) For One Year Or Longer?		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_taken_type_of_dr8	Have You Ever Taken (Anti-Depressant) For One Year Or Longer?		"No"="No" "Yes"="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	Have_you_ever_taken__type_of_dr9	Have You Ever Taken (2nd Anti-Depressant) For One Year Or Longer?		"No"="No" "Yes"="Yes"
01. Principal	Have_you_ever_taken__type_of_dr10	Have You Ever Taken (Oral Agent For Diabetes) For One Year Or Longer?		"No"="No"
01. Principal	How_many_tablets_did_you_take_a0	How Many Tablets Did You Take At A Time? (Regular Strength Aspirin)		Char
01. Principal	How_many_tablets_did_you_take_a1	How Many Tablets Did You Take At A Time? (Extra Strength Aspirin)		Char
01. Principal	How_many_tablets_did_you_take_a2	How Many Tablets Did You Take At A Time? (Other Type Of Aspirin)		Char
01. Principal	How_many_tablets_did_you_take_at	How Many Tablets Did You Take At A Time? (Low-Dose Or Baby Aspirin)		Char
01. Principal	How_often_do_did_you_take_type0	How Often Do/Did You Take (Regular Strength Aspirin)?		Char
01. Principal	How_often_do_did_you_take_type1	How Often Do/Did You Take (Extra Strength Aspirin)?		Char
01. Principal	How_often_do_did_you_take_type2	How Often Do/Did You Take (Other Type Of Aspirin)?		Char
01. Principal	How_often_do_did_you_take_type_	How Often Do/Did You Take (Low-Dose Or Baby Aspirin)?		Char
01. Principal	How_old_were_you_when_a_doctor10	How Old Were You When A Doctor First Told You That You Had: Ulcer In Your Small Intestine Or Duodenum		Char
01. Principal	How_old_were_you_when_a_doctor11	How Old Were You When A Doctor First Told You That You Had: Barrett's Esophagus		Char
01. Principal	How_old_were_you_when_a_doctor12	How Old Were You When A Doctor First Told You That You Had: Inflammatory Bowel Disease		Char
01. Principal	How_old_were_you_when_a_doctor13	How Old Were You When A Doctor First Told You That You Had: Ulcerative Colitis		Char

Class	Variable	Label	Description	Format Text
01. Principal	How_old_were_you_when_a_doctor14	How Old Were You When A Doctor First Told You That You Had: Liver Cirrhosis		Char
01. Principal	How_old_were_you_when_a_doctor15	How Old Were You When A Doctor First Told You That You Had: Hepatitis B		Char
01. Principal	How_old_were_you_when_a_doctor16	How Old Were You When A Doctor First Told You That You Had: Hepatitis C		Char
01. Principal	How_old_were_you_when_a_doctor17	How Old Were You When A Doctor First Told You That You Had: Cancer		Char
01. Principal	How_old_were_you_when_a_doctor_0	How Old Were You When A Doctor First Told You That You Had: High Cholesterol		Char
01. Principal	How_old_were_you_when_a_doctor_1	How Old Were You When A Doctor First Told You That You Had: Stroke Or Transient Ischemic Attack		Char
01. Principal	How_old_were_you_when_a_doctor_2	How Old Were You When A Doctor First Told You That You Had: Heart Disease Or Heart Attack		Char
01. Principal	How_old_were_you_when_a_doctor_3	How Old Were You When A Doctor First Told You That You Had: Alcoholism		Char
01. Principal	How_old_were_you_when_a_doctor_4	How Old Were You When A Doctor First Told You That You Had: Pernicious Anemia Or Lack Of Vitamin B-12		Char
01. Principal	How_old_were_you_when_a_doctor_5	How Old Were You When A Doctor First Told You That You Had: Pancreatitis		Numeric
01. Principal	How_old_were_you_when_a_doctor_6	How Old Were You When A Doctor First Told You That You Had: Pancreatic Pseudocyst		Char
01. Principal	How_old_were_you_when_a_doctor_7	How Old Were You When A Doctor First Told You That You Had: Celiac Disease, Gluten Sensitivity, Sclerosing Cholangitis		Char

Class	Variable	Label	Description	Format Text
01. Principal	How_old_were_you_when_a_doctor_8	How Old Were You When A Doctor First Told You That You Had: Gallstones		Char
01. Principal	How_old_were_you_when_a_doctor_9	How Old Were You When A Doctor First Told You That You Had: Stomach Ulcers		Char
01. Principal	How_old_were_you_when_a_doctor_f	How Old Were You When A Doctor First Told You That You Had: High Blood Pressure, Or Hypertension		Char
01. Principal	How_old_were_you_when_you_first0	How Old Were You When You First Took 2nd Oral Agent For Diabetes?		Char
01. Principal	How_old_were_you_when_you_first1	How Old Were You When You First Took Insulin Injection Agent?		Char
01. Principal	How_old_were_you_when_you_first2	How Old Were You When You First Took 2nd Insulin Injection Agent?		Char
01. Principal	How_old_were_you_when_you_first3	How Old Were You When You First Took Other Injectionable For Diabetes?		Char
01. Principal	How_old_were_you_when_you_first4	How Old Were You When You First Took 2nd Other Injectionable For Diabetes?		Char
01. Principal	How_old_were_you_when_you_first5	How Old Were You When You First Took Inhalable Powder For Diabetes?		Char
01. Principal	How_old_were_you_when_you_first6	How Old Were You When You First Took A Prescription Drug To Control High Blood Pressure?		Char
01. Principal	How_old_were_you_when_you_first7	How Old Were You When You First Took 2nd Drug To Control High Blood Pressure?		Char
01. Principal	How_old_were_you_when_you_first8	How Old Were You When You First Took Anti-Depressant?		Char
01. Principal	How_old_were_you_when_you_first9	How Old Were You When You First Took 2nd Anti-Depressant?		Char

Class	Variable	Label	Description	Format Text
01. Principal	How_old_were_you_when_you_first_	How Old Were You When You First Took Oral Agent For Diabetes?		Char
01. Principal	How_old_were_you_when_you_had_t0	How Old Were You When You Had This Surgery? (Gall Bladder)		Char
01. Principal	How_old_were_you_when_you_had_t1	How Old Were You When You Had This Surgery? (Gall Stones)		Char
01. Principal	How_old_were_you_when_you_had_t2	How Old Were You When You Had This Surgery? (Stomach Or Part Of Your Stomach)		Char
01. Principal	How_old_were_you_when_you_had_t3	How Old Were You When You Had This Surgery? (Colon Or Rectum)		Char
01. Principal	How_old_were_you_when_you_had_t4	How Old Were You When You Had This Surgery? (Breast)		Char
01. Principal	How_old_were_you_when_you_had_t5	How Old Were You When You Had This Surgery? (Uterus)		Char
01. Principal	How_old_were_you_when_you_had_t6	How Old Were You When You Had This Surgery? (Ovaries)		Char
01. Principal	How_old_were_you_when_you_had_th	How Old Were You When You Had This Surgery? (Appendix)		Char
01. Principal	How_old_were_you_when_you_last_0	How Old Were You When You Last Took 2nd Oral Agent For Diabetes?		Char
01. Principal	How_old_were_you_when_you_last_1	How Old Were You When You Last Took Insulin Injection Agent?		Char
01. Principal	How_old_were_you_when_you_last_2	How Old Were You When You Last Took 2nd Insulin Injection Agent?		Char
01. Principal	How_old_were_you_when_you_last_3	How Old Were You When You Last Took Other Injectionable For Diabetes?		Char
01. Principal	How_old_were_you_when_you_last_4	How Old Were You When You Last Took 2nd Other Injectionable For Diabetes?		Char
01. Principal	How_old_were_you_when_you_last_5	How Old Were You When You Last Took Inhalable Powder For Diabetes?		Char

Class	Variable	Label	Description	Format Text
01. Principal	How_old_were_you_when_you_last_6	How Old Were You When You Last Took A Prescription Drug To Control High Blood Pressure?		Char
01. Principal	How_old_were_you_when_you_last_7	How Old Were You When You Last Took 2nd Drug To Control High Blood Pressure?		Char
01. Principal	How_old_were_you_when_you_last_8	How Old Were You When You Last Took Anti-Depressant?		Char
01. Principal	How_old_were_you_when_you_last_9	How Old Were You When You Last Took 2nd Anti-Depressant?		Char
01. Principal	How_old_were_you_when_you_last_t	How Old Were You When You Last Took Oral Agent For Diabetes?		Char
01. Principal	If_had_cancer_specify_type_s	If Had Cancer, Specify Type(S)		Char
01. Principal	If_no_Which_country_were_you_born	If No: Which Country Were You Born In?		"France"="France" "India"="India"
01. Principal	If_yes_what_is_your_weight_3_mo	If Yes, What Is Your Weight 3 Months Ago? (Pounds)		Numeric
01. Principal	If_yes_what_is_your_weight_6_mo	If Yes, What Is Your Weight 6 Months Ago? (Pounds)		Numeric
01. Principal	If_yes_Which_state_were_you_born	If Yes: Which State Were You Born In?		"California"="California" "Pennsylvania"="Pennsylvania"
01. Principal	If_Yes_ask_How_many_months_	If Yes Ask: How Many Months? (For Oral Agent For Diabetes)		Char
01. Principal	If_Yes_ask_How_many_months_1	If Yes Ask: How Many Months? (For Insulin Injection Agent)		Char
01. Principal	If_Yes_ask_How_many_months_2	If Yes Ask: How Many Months? (For 2nd Insulin Injection Agent)		Char
01. Principal	If_Yes_ask_How_many_months_3	If Yes Ask: How Many Months? (For Other Injectionable For Diabetes)		Char
01. Principal	If_Yes_ask_How_many_months_4	If Yes Ask: How Many Months? (For 2nd Other Injectionable For Diabetes)		Char
01. Principal	If_Yes_ask_How_many_months_5	If Yes Ask: How Many Months? (For Inhalable Powder For Diabetes)		Char

Class	Variable	Label	Description	Format Text
01. Principal	If_Yes_ask_How_many_months_6	If Yes Ask: How Many Months? (For A Prescription Drug To Control High Blood Pressure)		Char
01. Principal	If_Yes_ask_How_many_months_7	If Yes Ask: How Many Months? (For 2nd Drug To Control High Blood Pressure)		Char
01. Principal	If_Yes_ask_How_many_months_8	If Yes Ask: How Many Months? (For Anti-Depressant)		Char
01. Principal	If_Yes_ask_How_many_months_9	If Yes Ask: How Many Months? (For 2nd Anti-Depressant)		Char
01. Principal	Other_describe_	Other (Describe)		Char
01. Principal	Other_health_insurance_plan_des	Other Health Insurance Plan (Describe)		Char
01. Principal	Other_reason_describe_	Other Reason (Describe)		Char
01. Principal	Other_reason_please_describe_	Other Reason (Please Describe)		Char
01. Principal	Other_type_of_aspirin_specify_0	Other Type Of Aspirin, Specify (Dose In Mg Per Tablet):		Char
01. Principal	Other_type_of_aspirin_specify_	Other Type Of Aspirin, Specify (Name):		Char
01. Principal	Over_a_lifetime_about_how_long0	Over A Lifetime, About How Long Did You Take (Low-Dose Or Baby Aspirin) (Label)		Char
01. Principal	Over_a_lifetime_about_how_long1	Over A Lifetime, About How Long Did You Take (Regular Aspirin) (Number)		Char
01. Principal	Over_a_lifetime_about_how_long2	Over A Lifetime, About How Long Did You Take (Regular Aspirin) (Label)		Char
01. Principal	Over_a_lifetime_about_how_long3	Over A Lifetime, About How Long Did You Take (Extra Strength Aspirin) (Number)		Char
01. Principal	Over_a_lifetime_about_how_long4	Over A Lifetime, About How Long Did You Take (Extra Strength Aspirin) (Label)		Char
01. Principal	Over_a_lifetime_about_how_long5	Over A Lifetime, About How Long Did You Take (Other Aspirin Type) (Number)		Char

Class	Variable	Label	Description	Format Text
01. Principal	Over_a_lifetime_about_how_long6	Over A Lifetime, About How Long Did You Take (Other Aspirin Type) (Label)		Char
01. Principal	Over_a_lifetime_about_how_long_	Over A Lifetime, About How Long Did You Take (Low-Dose Or Baby Aspirin) (Number)		Char
01. Principal	The_participant_s_cooperation_wa	The Participant's Cooperation Was		"Excellent"="Excellent" "Good"="Good"
01. Principal	The_quality_of_the_interview_is	The Quality Of The Interview Is		"Excellent"="Excellent" "Generally Reliable"="Generally Reliable"
01. Principal	Time_Interview_Began	Time Interview Began		Char
01. Principal	Time_Interview_Ended	Time Interview Ended		Char
01. Principal	To_prevent_heart_attacks_stroke	To Prevent Heart Attacks, Stroke, Or Cancer		Char
01. Principal	To_treat_an_existing_condition_s	To Treat An Existing Condition Such As Arthritis, Heart Disease,		Char
01. Principal	To_treat_chronic_pain_or_headach	To Treat Chronic Pain Or Headaches		Char
01. Principal	Visit_Date	Visit Date		Char
01. Principal	Visit_Number	Visit Number		"First"="First"
01. Principal	Was_there_a_period_of_one_month_h0	Was There A Period Of One Month Or More When You Did Not Take 2nd Oral Agent For Diabetes?		Char
01. Principal	Was_there_a_period_of_one_month_h1	Was There A Period Of One Month Or More When You Did Not Take Insulin Injection Agent?		Char
01. Principal	Was_there_a_period_of_one_month_h2	Was There A Period Of One Month Or More When You Did Not Take 2nd Insulin Injection Agent?		Char
01. Principal	Was_there_a_period_of_one_month_h3	Was There A Period Of One Month Or More When You Did Not Take Other Injectable For Diabetes?		Char

Class	Variable	Label	Description	Format Text
01. Principal	Was_there_a_per iod_of_one_mont h4	Was There A Period Of One Month Or More When You Did Not Take 2nd Other Injectionable For Diabetes?		Char
01. Principal	Was_there_a_per iod_of_one_mont h5	Was There A Period Of One Month Or More When You Did Not Take Inhalable Powder For Diabetes?		Char
01. Principal	Was_there_a_per iod_of_one_mont h6	Was There A Period Of One Month Or More When You Did Not Take A Prescription Drug To Control High Blood Pressure?		"No"="No"
01. Principal	Was_there_a_per iod_of_one_mont h7	Was There A Period Of One Month Or More When You Did Not Take 2nd Drug To Control High Blood Pressure?		"No"="No"
01. Principal	Was_there_a_per iod_of_one_mont h8	Was There A Period Of One Month Or More When You Did Not Take Anti-Depressant?		"No"="No"
01. Principal	Was_there_a_per iod_of_one_mont h9	Was There A Period Of One Month Or More When You Did Not Take 2nd Anti-Depressant?		"Yes"="Yes"
01. Principal	Was_there_a_per iod_of_one_mont h_	Was There A Period Of One Month Or More When You Did Not Take Oral Agent For Diabetes?		Char
01. Principal	What_type_of_he alth_insurance_o r	What Type Of Health Insurance Or Health Care Plan Are You Enroll		"No"="No" "Yes"="Yes"
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

Class	Variable	Label	Description	Format Text
01. Principal	What_was_the_name_of_the_medica3	What Was The Name Of The Medication? (For Other Injectable For Diabetes)		Char
01. Principal	What_was_the_name_of_the_medica4	What Was The Name Of The Medication? (For 2nd Other Injectable For Diabetes)		Char
01. Principal	What_was_the_name_of_the_medica5	What Was The Name Of The Medication? (For Inhalable Powder For Diabetes)		Char
01. Principal	What_was_the_name_of_the_medica6	What Was The Name Of The Medication? (For A Prescription Drug To Control High Blood Pressure)		Char
01. Principal	What_was_the_name_of_the_medica7	What Was The Name Of The Medication? (For 2nd Drug To Control High Blood Pressure)		Char
01. Principal	What_was_the_name_of_the_medica8	What Was The Name Of The Medication? (For Anti-Depressant)		Char
01. Principal	What_was_the_name_of_the_medica9	What Was The Name Of The Medication? (For 2nd Anti-Depressant)		Char
01. Principal	What_was_the_name_of_the_medicat	What Was The Name Of The Medication? (For Oral Agent For Diabetes)		Char