

Data Set Name: act.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ACT_1	Num	8	2.	2.	In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home? 1=All of the time, 2=Most of the time, 3=Some of the time, 4=A little of the time, 5=None of the time
2	ACT_2	Num	8	2.	2.	During the past 4 weeks, how often have your had shortness of breath? 1=More than once a day, 2=Once a day, 3=3 to 6 times a week, 4=Once or twice a week, 5=Not at all
3	ACT_3	Num	8	2.	2.	During the past 4 weeks, how often did your asthma symptoms wake you up at night or earlier than usual in the morning? 1=4+ nights a week, 2=2-3 nights a week, 3=Once a week, 4=Once or Twice, 5=Not at all
4	ACT_4	Num	8	2.	2.	During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication? 1=3 or more times per day, 2=1 or 2 times per day, 3=2 or 3 times per week, 4=Once a week or less, 5=Not at all
5	ACT_5	Num	8	2.	2.	How would you rate your asthma control during the past 4 weeks? 1=Not Controlled at all, 2=Poorly Controlled, 3=Somewhat Controlled, 4=Well Controlled, 5=Completely Controlled
6	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
7	VNUM	Num	8			Visit Number (numeric)
8	VDATE	Num	8			Number of days from Visit 1 to this visit
9	RAND_ID	Char	6			Randomized Master ID
10	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
11	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: aeclin.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ICD9_CAT	Char	70			ICD-9 category
2	AEC_1000	Num	8	3.	3.	Adverse Event Number
3	AEC_1010	Char	6	\$6.	\$6.	ICD9 Code
4	AEC_1040	Num	8	2.	2.	Ongoing at current visit
5	AEC_1050	Num	8	2.	2.	Type (1=Intermitent; 2=Continuous)
6	AEC_1060	Num	8	2.	2.	Severity (1=Mild; 2=Moderate; 3=Severe)
7	AEC_1070	Num	8	2.	2.	Serious (0=No, 1=Yes)
8	AEC_1080	Num	8	2.	2.	Likelihood of Relationship to Study Drug(s) (1=None; 2=Unlikely (remote); 3=Possible; 4=Probable)
9	AEC_1090	Num	8	2.	2.	Change in Study Drugs (1=Unchanged; 2=Altered)
10	AEC_1100	Num	8	2.	2.	Outcome (1=Completely recovered; 2=Recovered, but with lasting effects; 3=Death)
11	AEC_1110	Num	8	2.	2.	Treatment Required (1=None; 2=Medication; 3=Hospitalization; 4=Other)
12	AEC_1120	Num	8	2.	2.	Ongoing at final visit
13	AEC_1020	Num	8			Date Started
14	AEC_1030	Num	8			Date Stopped
15	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
16	VNUM	Num	8			Visit Number (numeric)
17	ICD9LONG	Char	200			Long ICD-9 description
18	ICD9SHRT	Char	35			Short ICD-9 description
19	RAND_ID	Char	6			Randomized Master ID
20	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
21	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *asthma_hx_adult.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	AHA_1000	Num	8	3.	3.	ASTHMA HISTORY1. Approximately how old were you when chest symptoms suggesting asthma first appeared?
2	AHA_1020	Num	8	2.	2.	Did these symptoms appear immediately after or as a result of: 1a. a respiratory infection such as a cold or pneumonia? 1=Yes, 0=No, 8=Don't Know
3	AHA_1030	Num	8	2.	2.	Did these symptoms appear immediately after or as a result of an occupational or job change? 1=Yes, 0=No, 8=Don't Know
4	AHA_1040	Num	8	2.	2.	Did these symptoms appear immediately after or as a result of a household move? 1=Yes, 0=No, 8=Don't Know
5	AHA_1050	Num	8	2.	2.	Did these symptoms appear immediately after or as a result of a pregnancy? 1=Yes, 0=No, 8=Don't Know
6	AHA_1060	Num	8	2.	2.	Did these symptoms appear immediately after or as a result of a hormonal change? 1=Yes, 0=No, 8=Don't Know
7	AHA_1070	Num	8	3.	3.	How old were you when a doctor first diagnosed you with asthma?
8	AHA_1090	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have asthma? Mother 1=Yes, 0=No, 8=Don't Know
9	AHA_1100	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have asthma? Father 1=Yes, 0=No, 8=Don't Know
10	AHA_1110	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have asthma? Brother(s) or Sister(s) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
11	AHA_1120	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have asthma? Child(ren) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
12	AHA_1130	Num	8	2.	2.	ASTHMA SYMPTOMS1. How do you categorize your asthma symptoms throughout the course of the year? 1=Relatively the same all year, 2=Vary by season
13	AHA_1140	Num	8	2.	2.	Do your asthma symptoms worsen during the Winter? 1=Yes,0=No
14	AHA_1150	Num	8	2.	2.	Do your asthma symptoms worsen during the Spring? 1=Yes,0=No
15	AHA_1160	Num	8	2.	2.	Do your asthma symptoms worsen during the Summer? 1=Yes,0=No
16	AHA_1170	Num	8	2.	2.	Do your asthma symptoms worsen during the Fall? 1=Yes,0=No
17	AHA_1180	Num	8	3.	3.	In the last 12 months, how many... 5a. Asthma episodes have you had that required emergency care or an unscheduled office visit?
18	AHA_1190	Num	8	3.	3.	In the last 12 months, how many overnight hospitalizations have you had due to asthma?
19	AHA_1200	Num	8	3.	3.	In the last 12 months, how many courses of systemic corticosteroid therapy for asthma have you taken?
20	AHA_1210	Num	8	4.	4.	In the last 12 months, how many days of work, school, or housework have you missed due to asthma?
21	AHA_1220	Num	8	3.	3.	In the past 3 months, how many days of work, school, or housework have you missed due to asthma?
22	AHA_1250	Num	8	2.	2.	Have you ever been admitted to an intensive care unit for asthma? 1=Yes,0=No
23	AHA_1260	Num	8	3.	3.	How many times have you been admitted to an intensive care unit for asthma?

Num	Variable	Type	Len	Format	Informat	Label
24	AHA_1270	Num	8	2.	2.	Have you ever had invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
25	AHA_1280	Num	8	2.	2.	Have you ever had non-invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
26	AHA_1290	Num	8	2.	2.	Do any of the following currently provoke your asthma? Exercise/Sports/Play 1=Yes, 0=No, 8=Don't Know
27	AHA_1300	Num	8	2.	2.	Do any of the following currently provoke your asthma? Menstrual cycle(If participant is male or a postmenopausal female, leave blank.) (1=Yes, 0=No, 8=Don't Know)
28	AHA_1310	Num	8	2.	2.	Do any of the following currently provoke your asthma? Aspirin or non-steroidal anti-inflammatory drugs (e.g., Aleve, Motrin) (1=Yes, 0=No, 8=Don't Know)
29	AHA_1320	Num	8	2.	2.	Do any of the following currently provoke your asthma? Respiratory infections (e.g., colds) (1=Yes, 0=No, 8=Don't Know)
30	AHA_1330	Num	8	2.	2.	Do any of the following currently provoke your asthma? Irritants (e.g., pollution, odors, perfumes, chemicals, household cleaners) (1=Yes, 0=No, 8=Don't Know)
31	AHA_1340	Num	8	2.	2.	Do any of the following currently provoke your asthma? Weather conditions (e.g., change in weather, humidity) (1=Yes, 0=No, 8=Don't Know)
32	AHA_1350	Num	8	2.	2.	Do any of the following currently provoke your asthma? Exposure to cold air (1=Yes, 0=No, 8=Don't Know)
33	AHA_1360	Num	8	2.	2.	Do any of the following currently provoke your asthma? Emotional factors (e.g., stress, laughing) (1=Yes, 0=No, 8=Don't Know)
34	AHA_1370	Num	8	2.	2.	Do any of the following currently provoke your asthma? Tobacco smoke (1=Yes, 0=No, 8=Don't Know)
35	AHA_1380	Num	8	2.	2.	Do any of the following currently provoke your asthma? Food additives/preservatives (e.g., MSG, sulfites) (1=Yes, 0=No, 8=Don't Know)
36	AHA_1390	Num	8	2.	2.	Do any of the following currently provoke your asthma? Allergies (e.g., dust, animals, pollens) (1=Yes, 0=No, 8=Don't Know)
37	AHA_1400	Num	8	2.	2.	Do any of the following currently provoke your asthma? Other (1=Yes,0=No)
38	AHA_1410	Num	8	2.	2.	To which of the following did a doctor or other health practitioner say you were allergic? Medicines 1=Yes, 0=No, 8=Don't Know
39	AHA_1420	Num	8	2.	2.	To which of the following did a doctor or other health practitioner say you were allergic? Foods (1=Yes, 0=No, 8=Don't Know)
40	AHA_1430	Num	8	2.	2.	To which of the following did a doctor or other health practitioner say you were allergic? Things you breathe in or are exposed to (1=Yes, 0=No, 8=Don't Know)
41	AHA_1440	Num	8	2.	2.	To which of the following did a doctor or other health practitioner say you were allergic? Stinging insects such as bees or wasps (1=Yes, 0=No, 8=Don't Know)
42	AHA_1450	Num	8	2.	2.	To which of the following did a doctor or other health practitioner say you were allergic? Latex (1=Yes, 0=No, 8=Don't Know)
43	AHA_1460	Num	8	2.	2.	To which of the following did a doctor or other health practitioner say you were allergic? Other (1=Yes,0=No)
44	AHA_1470	Num	8	2.	2.	Have you ever had eczema / atopic dermatitis ? 1=Yes, 0=No, 8=Don't Know

Num	Variable	Type	Len	Format	Informat	Label
45	AHA_1500	Num	8	2.	2.	If YES, was your eczema diagnosed by a doctor? 1=Yes,0=No
46	AHA_1570	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Mother 1=Yes, 0=No, 8=Don't Know
47	AHA_1580	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Father 1=Yes, 0=No, 8=Don't Know
48	AHA_1590	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Brother(s) or Sister(s) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
49	AHA_1600	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Child(ren) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
50	AHA_1730	Num	8	2.	2.	Did you grow up in a household where you were exposed to tobacco smoke? 1=Yes,0=No
51	AHA_1740	Num	8	2.	2.	Do you currently smoke? 1=Yes,0=No
52	AHA_1760	Num	8	2.	2.	Were you ever a smoker? 1=Yes,0=No
53	AHA_1770	Num	8	5.1	5.1	Record smoking history in pack-years*. ___ . __ pack-years
54	AHA_1780	Num	8	2.	2.	Do you currently live in a household where you are exposed to tobacco smoke? 1=Yes,0=No
55	AHA_1790	Num	8	2.	2.	Do you currently vape or use a hookah ? 1=Yes,0=No
56	AHA_1800	Num	8	2.	2.	How frequently do you vape or use a hookah? 1=Infrequently , 2=Occasionally , 3=Weekly , 4=Daily
57	AHA_1810	Num	8	2.	2.	Do you currently vape (i.e., use nicotine or any other substances in an e-cigarette device) or use a hookah (waterpipe)? If NO, skip to Q16. How frequently do you vape or use a hookah? If Infrequently or Occasionally, skip to Q17. How many days a week
58	AHA_1820	Num	8	3.	3.	Do you currently vape (i.e., use nicotine or any other substances in an e-cigarette device) or use a hookah (waterpipe)? If NO, skip to Q16. How frequently do you vape or use a hookah? If Infrequently or Occasionally, skip to Q17. How many times a day
59	AHA_1830	Num	8	3.	3.	Do you currently vape (i.e., use nicotine or any other substances in an e-cigarette device) or use a hookah (waterpipe)? If NO, skip to Q16. How frequently do you vape or use a hookah? If Infrequently or Occasionally, skip to Q17. How many years have y
60	AHA_1840	Num	8	2.	2.	Have you ever vaped or used a hookah in the past? 1=Yes,0=No
61	AHA_1850	Num	8	3.	3.	Have you ever vaped or used a hookah in the past? If NO, skip to Q17. Approximately how many years did you vape or use a hookah? (1-99 years)
62	AHA_1890	Num	8	2.	2.	Do you currently live in a household where you are exposed to others vaping or using a hookah? 1=Yes,0=No
63	AHA_1900	Num	8	2.	2.	Do you spend time in social settings where you are exposed to others vaping or using a hookah? 1=Yes,0=No
64	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
65	VNUM	Num	8			Visit Number (numeric)
66	VDATE	Num	8			Number of days from Visit 1 to this visit
67	DATE_VAPE	Num	8			When was the last time that you vaped or used a hookah? (number of days from Visit 1)

Num	Variable	Type	Len	Format	Informat	Label
68	RAND_ID	Char	6			Randomized Master ID
69	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
70	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *asthma_log.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	ASL_1000	Num	8	3.	3.	Total green RESCUE1 Puffs Used Enter 0 if Not Used (0-99)
2	ASL_1010	Num	8	3.	3.	Total blue RESCUE2 Puffs Used Enter 0 if Not Used (0-99)
3	ASL_1020	Num	8	2.	2.	Morning Flovent (between visits 1 and 2) or Advair (between visits 2 and 3) Taken? 1=Yes
4	ASL_1030	Num	8	2.	2.	Evening Flovent (between visits 1 and 2) or Advair (between visits 2 and 3) Taken? 1=Yes
5	DDATE	Num	8			Date (study start - present)
6	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
7	VNUM	Num	8			Visit Number (numeric)
8	VDATE	Num	8			Number of days from Visit 1 to this visit
9	RAND_ID	Char	6			Randomized Master ID
10	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
11	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: b2ar.sas7bdat

Num	Variable	Type	Len	Label
1	VNUM	Num	8	Visit Number (numeric)
2	B2AR	Num	8	B2AR Cell Surface Density ** camp.sas7bdat **
3	RAND_ID	Char	6	Randomized Master ID
4	ENROLL_TYPE	Char	15	Enrollment Type (Screen Fail, Randomized, Healthy Control)
5	ENROLL_ORDER	Num	8	Enrollment Order Number

Data Set Name: baseline.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BAS_1000	Num	8	3.	3.	Participants baseline rescue use value Visit 1: Self-reported average daily use of home rescue inhaler during the 7 days prior to Visit 1. Visit 2: Average daily use of ipratropium (RESCUE1) and albuterol (RESCUE2) combined during the 7 days prior to Visit
2	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
3	VNUM	Num	8			Visit Number (numeric)
4	VDATE	Num	8			Number of days from Visit 1 to this visit
5	RAND_ID	Char	6			Randomized Master ID
6	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
7	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *bmi.sas7bdat*

Num	Variable	Type	Len	Label
1	BMI	Num	8	Body mass index computed from height and weight measured at Visit 1
2	RAND_ID	Char	6	Randomized Master ID
3	ENROLL_TYPE	Char	15	Enrollment Type (Screen Fail, Randomized, Healthy Control)
4	ENROLL_ORDER	Num	8	Enrollment Order Number

Data Set Name: camp.sas7bdat

Num	Variable	Type	Len	Format	Label
1	VNUM	Num	8		Visit Number (numeric)
2	CAMP_PBS	Num	8	BEST.	cAMP concentration: PBS (uM)
3	CAMP_ISO	Num	8	BEST.	cAMP concentration: Isoproterenol (uM)
4	CAMP_FORSK	Num	8	BEST.	cAMP concentration: Forskolin (uM)
5	RAND_ID	Char	6		Randomized Master ID
6	ENROLL_TYPE	Char	15		Enrollment Type (Screen Fail, Randomized, Healthy Control)
7	ENROLL_ORDER	Num	8		Enrollment Order Number

Data Set Name: cmed.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CME_1040	Char	25			Code to identify a drug unit of measure; (Units)
2	CME_1050	Char	27			Code to identify how frequently a drug is taken or administered. (Frequency)
3	CME_1055	Char	40			Code to identify the route used to administer a drug. (Route)
4	CME_1000	Num	8	3.	3.	Medication Sequence Number
5	CME_1010	Num	8	7.	7.	This number corresponds to the ID number of the AHFS monograph. (Medication Code)
6	CME_1020	Num	8	3.	3.	Related Event
7	CME_1030	Num	8	9.2	9.2	Medication Dose
8	CME_1080	Num	8	2.	2.	Ongoing at current visit
9	CME_1090	Num	8	2.	2.	Ongoing at final visit
10	CME_1060	Num	8			Start Date
11	CME_1070	Num	8			Stop Date
12	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
13	VNUM	Num	8			Visit Number (numeric)
14	GEN_NAME	Char	100	\$100.	\$100.	Generic Drug Name
15	CLASS_ID	Num	8	4.	4.	CLASS_ID
16	CLASS	Char	100	\$100.	\$100.	Drug Class Text
17	RAND_ID	Char	6			Randomized Master ID
18	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
19	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: comply.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	COM_1000	Num	8	4.	4.	Scheduled Diskus Compliance Number of scheduled puffs since the last visit At Visit 3: Do not count puffs withheld the morning of visit. (0-999 puffs)
2	COM_1010	Num	8	4.	4.	Scheduled Diskus Compliance Number of remaining puffs reflected on scheduled Diskus counter(s) If two or more used Diskuses are returned (i.e., out of their pouches), then total the values reflected on all counters. (0-999 puffs)
3	COM_1020	Num	8	4.	4.	Scheduled Diskus Compliance Number of puffs taken 60 x (# used Diskuses) - Q1b (0-999 puffs)
4	COM_1030	Num	8	6.1	6.1	Scheduled Diskus Compliance Percent compliance=Q1c/Q1a x 100 At Visit 2: If the participant took less than 80Pct of the scheduled Diskus puffs, reemphasize the importance of maintaining the daily dosing schedule and reschedule visit in 2 weeks. If the part
5	COM_1040	Num	8	4.	4.	MEMS6 Monitor Compliance for Scheduled Daily Capsules Information for Q2a - Q2d is obtained from the MEMS6 Monitor Report. Number of monitored days (0-999 days)
6	COM_1050	Num	8	4.	4.	MEMS6 Monitor Compliance for Scheduled Daily Capsules Information for Q2a - Q2d is obtained from the MEMS6 Monitor Report. Number of correct days (0-999 doses)
7	COM_1060	Num	8	6.1	6.1	MEMS6 Monitor Compliance for Scheduled Daily Capsules Information for Q2a - Q2d is obtained from the MEMS6 Monitor Report. Pct correct days (0-200.0Pct)
8	COM_1070	Num	8	6.1	6.1	MEMS6 Monitor Compliance for Scheduled Daily Capsules Information for Q2a - Q2d is obtained from the MEMS6 Monitor Report. Pct doses in time-window (0-200.0Pct)
9	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
10	VNUM	Num	8			Visit Number (numeric)
11	VDATE	Num	8			Number of days from Visit 1 to this visit
12	RAND_ID	Char	6			Randomized Master ID
13	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
14	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *comply_mems.sas7bdat*

Num	Variable	Type	Len	Label
1	VNUM	Num	8	Visit Number (numeric)
2	VDATE	Num	8	Number of days from Visit 1 to this visit
3	MEMS_TAKEN_INWINDOW	Num	8	% in-window compliance for capsules (from raw MEMS data)
4	MEMS_TAKEN	Num	8	% compliance for capsules (from raw MEMS data)
5	RAND_ID	Char	6	Randomized Master ID
6	ENROLL_TYPE	Char	15	Enrollment Type (Screen Fail, Randomized, Healthy Control)
7	ENROLL_ORDER	Num	8	Enrollment Order Number

Data Set Name: ctxqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CTX_1000	Num	8	2.	2.	Please check the box next to the treatment that you believe the participant received over the past 8 weeks. 1=alendronate, 2=placebo
2	CTX_1010	Num	8	2.	2.	How sure are you about your answer in Q1? 1=Absolutely sure I know what the capsules contained, 2=Moderately sure, 3=Somewhat sure, 4=Not sure at all purely a guess
3	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
4	VNUM	Num	8			Visit Number (numeric)
5	VDATE	Num	8			Number of days from Visit 1 to this visit
6	RAND_ID	Char	6			Randomized Master ID
7	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
8	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: elig1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E1_1000	Num	8	2.	2.	Did the participant sign the ALfA Informed Consent document? 1=Yes,0=No
2	E1_1020	Num	8	2.	2.	Is the participant 18 years of age, or older? 1=Yes,0=No
3	E1_1030	Num	8	2.	2.	Does the participant plan to move away from the clinical site in the upcoming 3 months such that his/her ability to complete the study will be jeopardized? 1=Yes,0=No
4	E1_1040	Num	8	2.	2.	Has the participant used investigative drugs and/or enrolled in an intervention trial in the past 30 days, or have plans to enroll in such a trial during the ALfA study? 1=Yes,0=No
5	E1_1050	Num	8	2.	2.	Is the participant currently taking the equivalent of >100 mcg and <=1000 mcg of fluticasone daily? 1=Yes,0=No
6	E1_1060	Num	8	2.	2.	Is the participant taking the equivalent of >500 mcg fluticasone daily? 1=Yes,0=No
7	E1_1070	Num	8	2.	2.	Is the participant's ACT score >=18? 1=Yes,0=No
8	E1_1080	Num	8	2.	2.	Does the participant have a medical contraindication to LABA or a history of adverse reactions to ICS or LABA preparations or any of their ingredients? 1=Yes,0=No
9	E1_1090	Num	8	2.	2.	Does the participant have a history of adverse reactions to anticholinergic inhalers ? 1=Yes,0=No
10	E1_1100	Num	8	2.	2.	Does the participant have a history of adverse reactions or allergic reactions to bisphosphonates ? 1=Yes,0=No
11	E1_1110	Num	8	2.	2.	Has the participant had a respiratory infection within the past 4 weeks? 1=Yes,0=No
12	E1_1120	Num	8	2.	2.	Has the participant had a dental extraction or root canal in the past 8 weeks, or anticipate having one in the next 3 months? 1=Yes,0=No
13	E1_1130	Num	8	2.	2.	Is the participant able to stay upright for 30 minutes after taking oral medication in the morning? 1=Yes,0=No
14	E1_1140	Num	8	2.	2.	Is the participant able to swallow capsules like those used in the ALfA study? 1=Yes,0=No
15	E1_1150	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
16	E1_1010	Num	8			Record the date the consent form was signed. (study start - present)
17	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
18	VNUM	Num	8			Visit Number (numeric)
19	VDATE	Num	8			Number of days from Visit 1 to this visit
20	RAND_ID	Char	6			Randomized Master ID
21	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
22	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: elig2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E2_1000	Num	8	2.	2.	Does the participant have current evidence of any of the conditions listed on the Exclusionary Medical Conditions for ALfA reference card, or any chronic diseases that would prevent participation in the trial or put the participant at risk by participati
2	E2_1010	Num	8	2.	2.	Does the participant have a history of bladder-neck obstruction? 1=Yes,0=No
3	E2_1020	Num	8	2.	2.	Does the participant have a history of urinary retention? 1=Yes,0=No
4	E2_1030	Num	8	2.	2.	Does the participant have a history of benign prostatic hyperplasia ? 1=Yes,0=No
5	E2_1040	Num	8	2.	2.	Does the participant have a history of clinically relevant urologic disorder that precludes study participation? 1=Yes,0=No
6	E2_1050	Num	8	2.	2.	Does the participant have a history of narrow angle glaucoma? 1=Yes,0=No
7	E2_1060	Num	8	2.	2.	Does the participant have a history of significant cardiovascular disorders or arrhythmias? 1=Yes,0=No
8	E2_1070	Num	8	2.	2.	Does the participant have a history of esophageal ulcers? 1=Yes,0=No
9	E2_1080	Num	8	2.	2.	Does the participant have a history of hematemesis? 1=Yes,0=No
10	E2_1090	Num	8	2.	2.	Does the participant have a history of uncontrolled gastro-esophageal reflux disease? 1=Yes,0=No
11	E2_1100	Num	8	2.	2.	Does the participant have a history of delayed esophageal emptying caused by abnormality such as stricture or achalasia? 1=Yes,0=No
12	E2_1110	Num	8	2.	2.	Does the participant have a history of osteonecrosis of the jaw? 1=Yes,0=No
13	E2_1120	Num	8	2.	2.	Has the participant taken any medications listed on the Exclusionary Drugs for ALfA reference card within the specified time periods? 1=Yes,0=No
14	E2_1130	Num	8	2.	2.	Has the participant taken omalizumab within the past 3 months? 1=Yes,0=No
15	E2_1140	Num	8	2.	2.	Has the participant used a LABA in the past 4 weeks? 1=Yes,0=No
16	E2_1150	Num	8	2.	2.	Has the participant taken bisphosphonates within the past 6 months? 1=Yes,0=No
17	E2_1153	Num	8	2.	2.	Does the participant use aspirin or non-steroidal antiinflammatory medications regularly? 0=No,1=Yes
18	E2_1157	Num	8	2.	2.	Is the participant able to discontinue use of aspirin and/or NSAIDs during the course of the study? 1=Yes, 0=No
19	E2_1160	Num	8	2.	2.	Is the participant currently taking prescription or OTC medication other than those listed on the Allowed Medications reference card? 1=Yes,0=No
20	E2_1170	Num	8	2.	2.	Based on input from the participant and the study physician, will the participant need to use intranasal steroids at any time during the study? 1=Yes,0=No
21	E2_1180	Num	8	2.	2.	Is the participant willing to use a single intranasal steroid at a stable dose continuously for the duration of the study, starting at Visit 1? 1=Yes, 0=No
22	E2_1190	Num	8	2.	2.	Is the participant currently receiving allergen immunotherapy other than an established maintenance regimen implemented continuously for a minimum of 3 months? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
23	E2_1200	Num	8	2.	2.	Has the participant used any smokeless tobacco products in the past year? 1=Yes,0=No
24	E2_1210	Num	8	2.	2.	Has the participant smoked cigarettes, a pipe, cigar, marijuana, electronic cigarettes, or any other substance in the past year? 1=Yes,0=No
25	E2_1220	Num	8	2.	2.	Does the participant have a smoking history of greater than 10 pack-years? 1=Yes,0=No
26	E2_1230	Num	8	2.	2.	Has the participant received a physician diagnosis of asthma at least 12 months ago? 1=Yes,0=No
27	E2_1240	Num	8	2.	2.	Has the participant experienced a life-threatening asthma exacerbation requiring treatment with intubation, mechanical ventilation or resulting in hypoxic seizure in the past 2 years? 1=Yes,0=No
28	E2_1250	Num	8	2.	2.	Has the participant had an asthma exacerbation or other condition requiring systemic corticosteroid treatment in the past 4 weeks? 1=Yes,0=No
29	E2_1260	Num	8	2.	2.	Has the participant taken more than five courses of systemic corticosteroids in the past year for asthma exacerbation conditions? 1=Yes,0=No
30	E2_1270	Num	8	2.	2.	Is the participant potentially able to bear children? 1=Yes, 0=No, 9=N/A
31	E2_1280	Num	8	2.	2.	Is the participant currently pregnant? 1=Yes,0=No
32	E2_1290	Num	8	2.	2.	Is the participant currently lactating? 1=Yes,0=No
33	E2_1310	Num	8	2.	2.	Is the participant potentially able to bear children and agree to use one of the approved methods indicated on the Birth Control Methods reference card for the duration of the study? 1=Yes,0=No
34	E2_1320	Num	8	2.	2.	Is the participant potentially able to bear children and agree to use one of the approved birth control methods for 6 months following study completion? 1=Yes,0=No
35	E2_1330	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
36	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
37	VNUM	Num	8			Visit Number (numeric)
38	VDATE	Num	8			Number of days from Visit 1 to this visit
39	RAND_ID	Char	6			Randomized Master ID
40	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
41	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: elig3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E3_1000	Num	8	2.	2.	Was the participants prebronchodilator FEV1 >=50Pct predicted and >=1L? 1=Yes,0=No
2	E3_1010	Num	8	2.	2.	Was the participants FEV1 >=80Pct predicted? 1=Yes,0=No
3	E3_1020	Num	8	2.	2.	Did the participants FEV1 improve >=12Pct in response to four puffs of albuterol, part 1? 1=Yes,0=No
4	E3_1025	Num	8	2.	2.	Did the participants FEV1 improve >=12Pct in response to four puffs of albuterol, part 2? 1=Yes, 0=No, 9=N/A
5	E3_1030	Num	8	2.	2.	Was the participants methacholine PC20 <=8 mg/mL? 1=Yes,0=No
6	E3_1040	Num	8	2.	2.	Is the participant able to use a Diskus properly, as evidenced by achieving a score of 13 on the Diskus Inhalation Technique Checklist ? 1=Yes,0=No
7	E3_1050	Num	8	2.	2.	Does the participant have any condition or issue which, in the opinion of the investigator, might interfere with study participation? 1=Yes,0=No
8	E3_1060	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
9	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
10	VNUM	Num	8			Visit Number (numeric)
11	VDATE	Num	8			Number of days from Visit 1 to this visit
12	RAND_ID	Char	6			Randomized Master ID
13	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
14	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: elig4.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E4_1000	Num	8	2.	2.	Is the participants serum total calcium < 8.5 mg/dL? 1=Yes,0=No
2	E4_1010	Num	8	2.	2.	Is the participants ionized calcium < 4.4 mg/dL? 1=Yes,0=No
3	E4_1020	Num	8	2.	2.	Is the sum of the participants absolute lymphocyte and monocyte counts < 900 cells/uL? 1=Yes,0=No
4	E4_1030	Num	8	2.	2.	Is the participants estimated Glomerular Filtration Rate < 35 mL/min? 1=Yes,0=No
5	E4_1040	Num	8	2.	2.	Since Visit 1, has the participant experienced one or more asthma exacerbations as defined in the protocol? 1=Yes,0=No
6	E4_1050	Num	8	2.	2.	Since Visit 1, has the participant taken any medications listed on the Exclusionary Drugs for ALFA reference card? 1=Yes,0=No
7	E4_1060	Num	8	2.	2.	Did the participant take at least 80Pct of the required puffs from his or her Diskus during the run-in? 1=Yes,0=No
8	E4_1070	Num	8	2.	2.	Was the participant able to provide 40 mL of blood for biochemical assays? 1=Yes,0=No
9	E4_1075	Num	8	2.	2.	Was the participant able to provide 80 mL of blood for biochemical assays? 1=Yes,0=No
10	E4_1080	Num	8	2.	2.	Was the participant's salmeterol-protected PC20 >=0.25 mg/mL and <=16 mg/mL? 0=No,1=Yes
11	E4_1090	Num	8	2.	2.	Does the participant wish to withdraw consent from the study? 1=Yes,0=No
12	E4_1100	Num	8	2.	2.	Is there any new information that makes the participant ineligible according to the eligibility criteria? 1=Yes,0=No
13	E4_1110	Num	8	2.	2.	Does the participant have any condition or issue which, in the opinion of the investigator, might interfere with study participation? 1=Yes,0=No
14	E4_1120	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
15	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
16	VNUM	Num	8			Visit Number (numeric)
17	VDATE	Num	8			Number of days from Visit 1 to this visit
18	RAND_ID	Char	6			Randomized Master ID
19	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
20	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: eno.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ENO_1000	Num	8	2.	2.	Has QC procedure been performed on the NIOX MINO today? 1=Yes,0=No
2	ENO_1010	Num	8	2.	2.	Did the participant eat or drink within the past hour? 1=Yes,0=No
3	ENO_1020	Num	8	2.	2.	Did the participant take part in strenuous activity/exercise within the past hour? 1=Yes,0=No
4	ENO_1040	Char	4	\$4.	\$4.	Time eNO started (based on a 24-hour clock) (0000-2359)
5	ENO_1050	Char	3	\$3.	\$3.	ENO Measurement
6	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
7	VNUM	Num	8			Visit Number (numeric)
8	VDATE	Num	8			Number of days from Visit 1 to this visit
9	RAND_ID	Char	6			Randomized Master ID
10	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
11	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: heq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	HEQ_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
2	HEQ_1010	Num	8	3.	3.	How long have you lived in the current house? (Estimate if uncertain.) (1010) years
3	HEQ_1020	Num	8	3.	3.	How long have you lived in the current house? (Estimate if uncertain.)(1020) months
4	HEQ_1030	Num	8	2.	2.	Does your house use a wood burning stove as a primary source of heat? 1=Yes, 0=No, 8=Don't Know
5	HEQ_1040	Num	8	2.	2.	Does your house use an air conditioner? 1=Yes, 0=No, 8=Don't Know
6	HEQ_1050	Num	8	2.	2.	Does your house use an evaporative cooler ? 1=Yes, 0=No, 8=Don't Know
7	HEQ_1060	Num	8	2.	2.	Does your house use a humidifier? 1=Yes, 0=No, 8=Don't Know
8	HEQ_1070	Num	8	2.	2.	Does your house use a dehumidifier? 1=Yes, 0=No, 8=Don't Know
9	HEQ_1080	Num	8	2.	2.	Has there been water damage to your house, basement, or its contents during the past 12 months? 1=Yes, 0=No, 8=Don't Know
10	HEQ_1090	Num	8	2.	2.	Has there been any mold or mildew, on any surfaces, inside your house in the past 12 months? 1=Yes, 0=No, 8=Don't Know
11	HEQ_1100	Num	8	2.	2.	Which rooms have or have had mold or mildew?10a.Bathroom(s) (1 = Yes, 0 = No)
12	HEQ_1110	Num	8	2.	2.	Which rooms have or have had mold or mildew?10b.Basement or attic (1 = Yes, 0 = No)
13	HEQ_1120	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10c.Kitchen (1 = Yes, 0 = No)
14	HEQ_1130	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10d.Your bedroom (1 = Yes, 0 = No)
15	HEQ_1140	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10e.Other bedrooms (1 = Yes, 0 = No)
16	HEQ_1150	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10f.Living or family room (1 = Yes, 0 = No)
17	HEQ_1160	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10g.Other (1 = Yes, 0 = No)
18	HEQ_1170	Num	8	2.	2.	Do you ever see cockroaches in your house? 1=Yes,0=No
19	HEQ_1180	Num	8	2.	2.	In which room(s) have you seen cockroaches?12a.Kitchen (1 = Yes, 0 = No)
20	HEQ_1190	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12b.Basement or attic (1 = Yes, 0 = No)
21	HEQ_1200	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12c.Bathroom(s) (1 = Yes, 0 = No)
22	HEQ_1210	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12d.Living or family room (1 = Yes, 0 = No)
23	HEQ_1220	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12e.Your bedroom (1 = Yes, 0 = No)
24	HEQ_1230	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12f.Other bedrooms (1 = Yes, 0 = No)

Num	Variable	Type	Len	Format	Informat	Label
25	HEQ_1240	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12g.Garage (1 = Yes, 0 = No)
26	HEQ_1250	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12h.Other (1 = Yes, 0 = No)
27	HEQ_1260	Num	8	2.	2.	Do you ever see rodents or rodent droppings in your house? 1=Yes,0=No
28	HEQ_1270	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14a. Kitchen (1 = Yes, 0 = No)
29	HEQ_1280	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14b. Basement or attic (1 = Yes, 0 = No)
30	HEQ_1290	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14c. Bathroom(s) (1 = Yes, 0 = No)
31	HEQ_1300	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings?14d. Living or family room (1 = Yes, 0 = No)
32	HEQ_1310	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14e. Your bedroom(1 = Yes, 0 = No)
33	HEQ_1320	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14f. Other bedrooms (1 = Yes, 0 = No)
34	HEQ_1330	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14g. Garage (1 = Yes, 0 = No)
35	HEQ_1340	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14h. Other (1 = Yes, 0 = No)
36	HEQ_1350	Num	8	2.	2.	15.Are any of the following located on your property or next to your property? 15a. Barns(1 = Yes, 0 = No)
37	HEQ_1360	Num	8	2.	2.	15.Are any of the following located on your property or next to your property?15b. Hay(1 = Yes, 0 = No)
38	HEQ_1370	Num	8	2.	2.	15.Are any of the following located on your property or next to your property? 15c. Woodsheds(1 = Yes, 0 = No)
39	HEQ_1380	Num	8	2.	2.	15.Are any of the following located on your property or next to your property? 15d. Firewood(1 = Yes, 0 = No)
40	HEQ_1390	Num	8	2.	2.	15.Are any of the following located on your property or next to your property?15e. Chicken coops (1 = Yes, 0 = No)
41	HEQ_1400	Num	8	2.	2.	15.Are any of the following located on your property or next to your property? 15f. Corral (1 = Yes, 0 = No)
42	HEQ_1410	Num	8	2.	2.	CHARACTERISTICS OF THE PARTICIPANT'S BEDROOM16.What is the floor covering in your bedroom? 1=Rug/carpet, 2=Vinyl tile or linoleum, 3=Wood, 4=Ceramic tile, 5=Other , 9=Don't know
43	HEQ_1420	Num	8	2.	2.	What type of mattress is on your bed? 1=None, 2=Inner spring mattress, 3=Foam mattress, 4=Waterbed, 5=Air mattress, 6=Other , 9=Don't know
44	HEQ_1430	Num	8	2.	2.	Is the mattress completely enclosed in an allergy-proof, encasing cover? 1=Yes,0=No
45	HEQ_1440	Num	8	2.	2.	Does your bed have a box spring? 1=Yes,0=No
46	HEQ_1450	Num	8	2.	2.	Is the box spring completely enclosed in an allergy-proof, encasing cover? 1=Yes,0=No
47	HEQ_1460	Num	8	2.	2.	What type of pillow do you usually sleep with? 1=None, 2=Feather/down, 3=Foam/Dacron/synthetic, 5=Other , 9=Don't know
48	HEQ_1470	Num	8	2.	2.	Is the pillow completely enclosed in an allergy-proof, encasing cover? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
49	HEQ_1480	Num	8	2.	2.	Does your household have any pets? 1=Yes,0=No
50	HEQ_1490	Num	8	3.	3.	Enter the number of pets that the household has. (Enter '00' if none. If none to Q24a - Q24d, skip to the next question.)24a.Cat
51	HEQ_1500	Num	8	2.	2.	Cat (1=Indoor, 2=Outdoor, 3=Both)
52	HEQ_1510	Num	8	3.	3.	Enter the number of pets that the household has. Dog
53	HEQ_1520	Num	8	2.	2.	Dog(1=Indoor, 2=Outdoor, 3=Both)
54	HEQ_1530	Num	8	3.	3.	Enter the number of pets that the household has 24c.Rabbit, guinea pig, hamster, gerbil, or mouse
55	HEQ_1540	Num	8	2.	2.	Rabbit, guinea pig, hamster, gerbil, or mouse (1=Indoor, 2=Outdoor, 3=Both)
56	HEQ_1550	Num	8	3.	3.	Enter the number of pets that the household has 24d.Bird
57	HEQ_1560	Num	8	2.	2.	Bird (1=Indoor, 2=Outdoor, 3=Both)
58	HEQ_1570	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25a.Cat(1 = Yes, 0 = No)
59	HEQ_1580	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25b.Dog(1 = Yes, 0 = No)
60	HEQ_1590	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25c.Rabbit, guinea pig, hamster, gerbil, or mouse(1 = Yes, 0 = No)
61	HEQ_1600	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25d.Bird (1 = Yes, 0 = No)
62	HEQ_1610	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25e.Farm animals (1 = Yes, 0 = No)
63	HEQ_1620	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25f.Other (1 = Yes, 0 = No)
64	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
65	VNUM	Num	8			Visit Number (numeric)
66	VDATE	Num	8			Number of days from Visit 1 to this visit
67	RAND_ID	Char	6			Randomized Master ID
68	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
69	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: household_sei.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SEL_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other (specify)
2	SEL_1010	Num	8	3.	3.	Highest education of any household member (3=GED/High Schol grad/Technical training, 4=Some college, no degree, 5=Assoc degree, 6=Bachelor degree, 7=Masters degree, 8=MD/PhD/JD/PharmD, 9=Decline to answer, 10=Don't know)
3	SEL_1020	Num	8	3.	3.	Category best describes the combined annual income, before taxes, of all members of your household for the last year. (1=Less than \$25,000, 2=\$25,000 - \$49,999, 3=\$50,000 - \$99,999, 4=\$100,000 or more, 9=Decline to answer, 10= Don't know)
4	SEL_1030	Num	8	3.	3.	How many people are supported by this income reported in Q3? (6=6+)
5	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
6	VNUM	Num	8			Visit Number (numeric)
7	VDATE	Num	8			Number of days from Visit 1 to this visit
8	RAND_ID	Char	6			Randomized Master ID
9	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
10	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: lab.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LAB_1000	Num	8	6.1	6.1	CBC with differential cell count WBC (0-999.9 K/uL)
2	LAB_1010	Num	8	5.1	5.1	CBC with differential cell count HCT (0-99.9Pct)
3	LAB_1020	Num	8	5.1	5.1	CBC with differential cell count HGB (0-99.9 g/dL)
4	LAB_1030	Num	8	4.	4.	CBC with differential cell count Platelet count (0-999 K/uL)
5	LAB_1040	Num	8	5.	5.	CBC with differential cell count Differential (absolute count) Lymphocytes (0-9999 cells/uL)
6	LAB_1050	Num	8	5.	5.	CBC with differential cell count Differential (absolute count) Monocytes (0-9999 cells/uL)
7	LAB_1060	Num	8	5.	5.	CBC with differential cell count Differential (absolute count) Basophils (0-9999 cells/uL)
8	LAB_1070	Num	8	5.	5.	CBC with differential cell count Differential (absolute count) Neutrophils (0-9999 cells/uL)
9	LAB_1080	Num	8	5.	5.	CBC with differential cell count Differential (absolute count) Eosinophils (0-9999 cells/uL)
10	LAB_1090	Num	8	5.1	5.1	Serum Calcium (total) (0-99.9 mg/dL)
11	LAB_1100	Num	8	5.1	5.1	Serum Calcium (total) Ionized Calcium (if serum Calcium < 8.5 mg/dL) (0-99.9 mg/dL)
12	LAB_1110	Num	8	5.1	5.1	Serum Creatinine (0-99.9 mg/dL)
13	LAB_1120	Num	8	6.1	6.1	Estimated GFR (eGFR) To calculate, see following page for instructions. If eGFR <35 mL/min, the participant is ineligible to continue in ALfA. (0-999.9 mL/min)
14	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
15	VNUM	Num	8			Visit Number (numeric)
16	VDATE	Num	8			Number of days from Visit 1 to this visit
17	RAND_ID	Char	6			Randomized Master ID
18	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
19	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: metha.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MTH_1000	Num	8	5.2	5.2	Post Diluent FEV1
2	MTH_1010	Num	8	2.	2.	Did the participant drop 20Pct at the diluent stage? 1=Yes,0=No
3	MTH_1020	Num	8	8.4	8.4	Last concentration of methacholine administered ___ . ___ mg/ml
4	MTH_1030	Num	8	5.2	5.2	FEV1 after last concentration of methacholine administered
5	MTH_1040	Num	8	2.	2.	Did the participant achieve a PC20? 1=Yes,0=No
6	MTH_1050	Num	8	6.2	6.2	PC20 ___ . ___ mg/ml
7	MTH_1060	Char	4	\$4.	\$4.	Time methacholine challenge ended (based on 24-hour clock)
8	MTH_1070	Num	8	5.2	5.2	Participant's FEV1 after standard reversal from methacholine challenge
9	MTH_1080	Char	4	\$4.	\$4.	Time of FEV1 after standard reversal from methacholine challenge
10	MTH_1090	Num	8	2.	2.	Was the FEV1 from Q7a the methacholine reversal reference value in the gray box above? 1=Yes,0=No
11	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
12	VNUM	Num	8			Visit Number (numeric)
13	VDATE	Num	8			Number of days from Visit 1 to this visit
14	RAND_ID	Char	6			Randomized Master ID
15	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
16	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: metha_add_trt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MAD_1000	Num	8	2.	2.	Was an additional treatment used in the first hour? 1=Yes,0=No
2	MAD_1010	Num	8	2.	2.	Was an additional treatment used in the first hour? Additional ipratropium (1=Yes,0=No)
3	MAD_1020	Num	8	2.	2.	Was an additional treatment used in the first hour? Number of additional puffs of ipratropium administered
4	MAD_1030	Num	8	2.	2.	Was an additional treatment used in the first hour? Nebulized Beta-agonist (1=Yes,0=No)
5	MAD_1040	Num	8	2.	2.	Was an additional treatment used in the first hour? Subcutaneous epinephrine (1=Yes,0=No)
6	MAD_1050	Num	8	2.	2.	Was an additional treatment used in the first hour? Implementation of clinic emergency protocol or algorithm (1=Yes,0=No)
7	MAD_1060	Num	8	2.	2.	Was an additional treatment used in the first hour? Other (1=Yes,0=No)
8	MAD_1070	Num	8	5.2	5.2	Participant's FEV1 after additional treatment within first hour.2a.FEV1
9	MAD_1090	Char	4	\$4.	\$4.	Time of FEV1 after additional treatment within first hour (based on 24-hour clock)
10	MAD_1100	Num	8	2.	2.	Was the FEV1 after additional treatment within first hour >the methacholine reversal reference value in the gray box on the Methacholine Challenge Testing form? 1=Yes,0=No
11	MAD_1110	Num	8	2.	2.	Was additional treatment used after one hour? 1=Yes,0=No
12	MAD_1120	Num	8	2.	2.	Was additional treatment used after one hour? Additional albuterol by MDI (1=Yes,0=No)
13	MAD_1130	Num	8	2.	2.	Was additional treatment used after one hour? Number of additional puffs of albuterol administered (1=2, 2=4, 3=>4)
14	MAD_1140	Num	8	2.	2.	Was additional treatment used after one hour? Nebulized Beta-agonist (1=Yes,0=No)
15	MAD_1150	Num	8	2.	2.	Was additional treatment used after one hour? Subcutaneous epinephrine (1=Yes,0=No)
16	MAD_1160	Num	8	2.	2.	Was additional treatment used after one hour? Implementation of clinic emergency protocol or algorithm (1=Yes,0=No)
17	MAD_1170	Num	8	2.	2.	Was additional treatment used after one hour? Treatment in the emergency room (1=Yes,0=No)
18	MAD_1180	Num	8	2.	2.	Was additional treatment used after one hour? Overnight hospitalization (1=Yes,0=No)
19	MAD_1190	Num	8	2.	2.	Was additional treatment used after one hour? Other (1=Yes,0=No)
20	MAD_1200	Num	8	5.2	5.2	Participant's final FEV1 after methacholine challenge4a.FEV1
21	MAD_1220	Char	4	\$4.	\$4.	Time of final FEV1 after methacholine challenge (based on 24-hour clock)
22	MAD_1230	Num	8	2.	2.	Was the final FEV1 after methacholine challenge >= the methacholine reversal reference value (B) in the gray box on the Methacholine Challenge Testing (METHA) form? 1=Yes,0=No
23	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
24	VNUM	Num	8			Visit Number (numeric)
25	VDATE	Num	8			Number of days from Visit 1 to this visit

Num	Variable	Type	Len	Format	Informat	Label
26	RAND_ID	Char	6			Randomized Master ID
27	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
28	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: methachk_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MCA_1000	Num	8	2.	2.	Exclusions and Confounders1.Has the participant had any severe acute illness in the past 4 weeks? 1=Yes,0=No
2	MCA_1010	Num	8	2.	2.	If YES, has the participant received permission from the supervising physician to proceed with the methacholine challenge testing? 1=Yes,0=No
3	MCA_1050	Num	8	2.	2.	Has the participant used 4 or more days of systemic corticosteroid for the treatment of an asthma exacerbation in the past 4 weeks?
4	MCA_1060	Num	8	2.	2.	Does the participant have a baseline FEV1 less than 55Pct of predicted or less than 1.0 L? 1=Yes,0=No
5	MCA_1070	Num	8	2.	2.	Pregnancy test results: (Check N/A if the participant is male, or is female and is post-menopausal, had a hysterectomy or tubal ligation.) (1=Positive, 0=Negative, 9=N/A)
6	MCA_1080	Num	8	2.	2.	Is the participant's systolic blood pressure > 200 mm Hg or diastolic blood pressure > 100 mm Hg? 1=Yes,0=No
7	MCA_1100	Num	8	2.	2.	Is there any other reason the participant should not proceed with the methacholine challenge testing? 1=Yes,0=No
8	MCA_1110	Num	8	2.	2.	Is the participant eligible to proceed with the diluent pulmonary function testing for the methacholine challenge? 1=Yes,0=No
9	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
10	VNUM	Num	8			Visit Number (numeric)
11	VDATE	Num	8			Number of days from Visit 1 to this visit
12	RAND_ID	Char	6			Randomized Master ID
13	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
14	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *padvair_spiro.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PAS_1000	Char	4	\$4.	\$4.	Time Advair administered (based on 24-hour clock)
2	PAS_1010	Char	4	\$4.	\$4.	Time post-Advair spirometry started (based on 24-hour clock)
3	PAS_1020	Num	8	5.2	5.2	The reported FEV1, FVC and FEF Max are the best measurements of all acceptable maneuvers. Highest FVC (0-9.99 L)
4	PAS_1030	Num	8	5.2	5.2	The reported FEV1, FVC and FEF Max are the best measurements of all acceptable maneuvers. Highest FEV1 (0-9.99 L)
5	PAS_1040	Num	8	4.	4.	The reported FEV1, FVC and FEF Max are the best measurements of all acceptable maneuvers. Highest FEV1 (Pct predicted) (0-999Pct predicted)
6	PAS_1050	Num	8	6.2	6.2	The reported FEV1, FVC and FEF Max are the best measurements of all acceptable maneuvers. FEF Max (0-99.99 L/S)
7	PAS_1060	Num	8	5.2	5.2	The reported FEF25-75 corresponds to the maneuver where FEV1 + FVC is maximized. FEF25-75 (0-9.99 L/S)
8	PAS_1070	Num	8	2.	2.	In your judgment, was the participants spirometry technique acceptable? 1=Yes,0=No
9	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
10	VNUM	Num	8			Visit Number (numeric)
11	VDATE	Num	8			Number of days from Visit 1 to this visit
12	RAND_ID	Char	6			Randomized Master ID
13	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
14	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: palb4_spiro.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PA4_1000	Char	4	\$4.	\$4.	Time albuterol administered (based on 24-hour clock)
2	PA4_1010	Char	4	\$4.	\$4.	Time post-albuterol spirometry started (based on 24-hour clock)
3	PA4_1020	Num	8	5.2	5.2	Highest FVC
4	PA4_1030	Num	8	5.2	5.2	Highest FEV1
5	PA4_1040	Num	8	4.	4.	Highest FEV1 (Pct predicted)
6	PA4_1050	Num	8	6.2	6.2	FEF Max
7	PA4_1060	Num	8	5.2	5.2	FEF25-75
8	PA4_1070	Num	8	2.	2.	In your judgment, was the subject's spirometry technique acceptable? 1=Yes,0=No
9	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
10	VNUM	Num	8			Visit Number (numeric)
11	VDATE	Num	8			Number of days from Visit 1 to this visit
12	RAND_ID	Char	6			Randomized Master ID
13	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
14	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: parttxqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTX_1000	Num	8	2.	2.	Please check the box next to the treatment that you believe you received over the past 8 weeks. 1=alendronate, 2=placebo
2	PTX_1010	Num	8	2.	2.	How sure are you about your answer to Question 1? 1=Absolutely sure I know what the capsules contained, 2=Moderately sure, 3=Somewhat sure, 4=Not sure at all purely aguess
3	PTX_1020	Num	8	2.	2.	Please comment with respect to any observations you made that helped you make your choice in Question 1 . 1=I have no comments, 2=I noticed the following:
4	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
5	VNUM	Num	8			Visit Number (numeric)
6	VDATE	Num	8			Number of days from Visit 1 to this visit
7	RAND_ID	Char	6			Randomized Master ID
8	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
9	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *phadiatop.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PHADIATOP	Char	10	\$10.	\$10.	Phadiatop Result
2	RAND_ID	Char	6			Randomized Master ID
3	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
4	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *preg_test.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PRG_1000	Num	8	2.	2.	Is the participant unable to bear children due to any of the following reasons? Pre-menarche 1=Yes,0=No
2	PRG_1010	Num	8	2.	2.	Is the participant unable to bear children due to any of the following reasons? Post-menopausal (at least one year since last menses) (1=Yes,0=No)
3	PRG_1020	Num	8	2.	2.	Is the participant unable to bear children due to any of the following reasons? Hysterectomy (1=Yes,0=No)
4	PRG_1030	Num	8	2.	2.	Is the participant unable to bear children due to any of the following reasons? Tubal ligation(1=Yes,0=No)
5	PRG_1040	Num	8	2.	2.	Pregnancy test results (1=Positive, 0=Negative)
6	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
7	VNUM	Num	8			Visit Number (numeric)
8	VDATE	Num	8			Number of days from Visit 1 to this visit
9	RAND_ID	Char	6			Randomized Master ID
10	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
11	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: prior_cond_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAD_1000	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to Blood, Lymph, or Immune Systems? 1=Yes,0=No
2	PAD_1010	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Eyes (1=Yes,0=No)
3	PAD_1020	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Breasts (1=Yes,0=No)
4	PAD_1030	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Endocrine Systems (1=Yes,0=No)
5	PAD_1040	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Heart and Blood Vessels (1=Yes,0=No)
6	PAD_1050	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Liver or Pancreas (1=Yes,0=No)
7	PAD_1060	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Kidneys or Urinary Tract System (1=Yes,0=No)
8	PAD_1070	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Reproductive System (1=Yes,0=No)
9	PAD_1080	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Muscles or Bones (1=Yes,0=No)
10	PAD_1090	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Nervous System (1=Yes,0=No)
11	PAD_1100	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Psychiatric (1=Yes,0=No)
12	PAD_1110	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Drug Allergies (1=Yes,0=No)
13	PAD_1120	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Other (1=Yes,0=No)
14	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
15	VNUM	Num	8			Visit Number (numeric)
16	VDATE	Num	8			Number of days from Visit 1 to this visit
17	RAND_ID	Char	6			Randomized Master ID
18	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
19	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: prior_cond_all.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAL_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
2	PAL_1010	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Skin (1=Yes,0=No)
3	PAL_1020	Num	8	2.	2.	Have you ever had allergic rhinitis ? 1=Yes, 0=No, 9=Don't know
4	PAL_1030	Num	8	2.	2.	Have you ever had nasal polyps? 1=Yes, 0=No, 9=Don't know
5	PAL_1040	Num	8	2.	2.	Do you have chronic or recurrent sinusitis ? 1=Yes, 0=No, 9=Don't know
6	PAL_1050	Num	8	2.	2.	Have you ever been diagnosed with vocal cord dysfunction? 1=Yes, 0=No, 9=Don't know
7	PAL_1060	Num	8	2.	2.	Have you ever had other conditions related to the ear, nose, or throat? 1=Yes,0=No
8	PAL_1070	Num	8	2.	2.	Have you ever had pneumonia? 1=Yes, 0=No, 9=Don't know
9	PAL_1080	Num	8	2.	2.	If YES, were you diagnosed by chest x-ray? 1=Yes, 0=No, 9=Don't know
10	PAL_1090	Num	8	2.	2.	If YES, were you treated with antibiotics? 1=Yes, 0=No, 9=Don't know
11	PAL_1100	Num	8	2.	2.	Have you ever had bronchitis? 1=Yes, 0=No, 9=Don't know
12	PAL_1110	Num	8	2.	2.	Have you ever had other conditions related to the lungs ? 1=Yes, 0=No, 9=Don't know
13	PAL_1120	Num	8	2.	2.	Do you have gastroesophageal reflux disease ? 1=Yes, 0=No, 9=Don't know
14	PAL_1130	Num	8	2.	2.	Have you ever had other conditions related to the stomach or intestines? 1=Yes,0=No
15	PAL_1150	Num	8	2.	2.	Have you been diagnosed with sleep disordered breathing ? 1=Yes,0=No
16	PAL_1160	Num	8	2.	2.	If YES, are you being treated with CPAP or BiPAP? 1=Yes,0=No
17	PAL_1170	Num	8	2.	2.	Have you ever had other sleep disorders? 1=Yes,0=No
18	PAL_1180	Num	8	2.	2.	Have you ever had other conditions that have not been mentioned on this form? 1=Yes,0=No
19	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
20	VNUM	Num	8			Visit Number (numeric)
21	VDATE	Num	8			Number of days from Visit 1 to this visit
22	RAND_ID	Char	6			Randomized Master ID
23	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
24	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: prior_trt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTR_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
2	PTR_1010	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Short-acting Inhaled Beta-Agonists by Inhaler (1=Yes, 0=No, 9=Don't Know)
3	PTR_1050	Num	8	4.	4.	Average weekly puffs of Short-acting Inhaled Beta-Agonists in the past month (Enter '000' if none used) weekly puffs
4	PTR_1060	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Rescue treatment via a Nebulizer Machine (1=Yes, 0=No, 9=Don't Know)
5	PTR_1100	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Long-acting Inhaled Beta-Agonists (1=Yes, 0=No, 9=Don't Know)
6	PTR_1140	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Oral Beta-Agonists (1=Yes, 0=No, 9=Don't Know)
7	PTR_1180	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Oral Theophylline (short-acting or sustained release) (1=Yes, 0=No, 9=Don't Know)
8	PTR_1220	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Inhaled Anticholinergic by Inhaler (1=Yes, 0=No, 9=Don't Know)
9	PTR_1260	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Leukotriene Antagonist / 5LO Inhibitors (1=Yes, 0=No, 9=Don't Know)
10	PTR_1300	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? IgE Blocker (1=Yes, 0=No, 9=Don't Know)
11	PTR_1340	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Oral Steroids FOR ASTHMA (1=Yes, 0=No, 9=Don't Know)
12	PTR_1380	Num	8	2.	2.	If YES, in the past 12 months, how many courses of steroids by mouth have you taken FOR ASTHMA? 1=1 course, 2=2 courses, 3=3 courses, 4=4 courses, 5=5 courses, 6=More than 5 courses
13	PTR_1390	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Injectable Steroids FOR ASTHMA (1=Yes, 0=No, 9=Don't Know)
14	PTR_1430	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Steroids by Inhaler (1=Yes, 0=No, 9=Don't Know)
15	PTR_1470	Num	8	4.	4.	Indicate most recent type of inhaled steroid taken (refer to PRIOR_TRT_CARD reference card) code
16	PTR_1480	Num	8	3.	3.	Indicate number of daily puffs Steroids by Inhaler used during the past 12 months
17	PTR_1490	Num	8	3.	3.	Indicate the total number of months that you used the inhaled steroid out of the past 12 months months
18	PTR_1500	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Steroids by Nebulizer (1=Yes, 0=No, 9=Don't Know)

Num	Variable	Type	Len	Format	Informat	Label
19	PTR_1535	Num	8	3.	3.	Steroids by Nebulizer (e.g., Pulmicort Respules, budesonide). If YES, complete Q13a - Q13c. Indicate most recent type of nebulized steroid taken (refer to PRIOR_TRT_CARD reference card)
20	PTR_1540	Num	8	3.	3.	Indicate number of daily treatments Steroids by Nebulizer used during the past 12 months
21	PTR_1550	Num	8	3.	3.	Indicate the total number of months that you used the nebulized steroid out of the past 12 months months
22	PTR_1560	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Long-Acting Beta-Agonist and Inhaled Steroid Combination Medications (1=Yes, 0=No, 9=Don't Know)
23	PTR_1600	Num	8	5.	5.	Indicate most recent type of combination medication taken (refer to PRIOR_TRT_CARD reference card) code
24	PTR_1610	Num	8	3.	3.	Indicate number of daily puffs Long-Acting Beta-Agonist and Inhaled Steroid Combination Medications used during the past 12 months
25	PTR_1620	Num	8	3.	3.	Indicate the total number of months that you used the combination medication out of the past 12 months months
26	PTR_1630	Num	8	2.	2.	During the past 12 months were the following nasal treatments used FOR ALLERGIES? Nasal Steroids (1=Yes, 0=No, 9=Don't Know)
27	PTR_1670	Num	8	2.	2.	During the past 12 months were the following nasal treatments used FOR ALLERGIES? Non-steroidal Anti-allergic Nasal Medications (1=Yes, 0=No, 9=Don't Know)
28	PTR_1710	Num	8	2.	2.	During the past 12 months were the following general allergy treatments used? Anti-allergic Oral Medications (1=Yes, 0=No, 9=Don't Know)
29	PTR_1750	Num	8	2.	2.	During the past 12 months were the following skin treatments used FOR ECZEMA OR ALLERGIES? Topical Steroids - Prescription (1=Yes, 0=No, 9=Don't Know)
30	PTR_1790	Num	8	2.	2.	During the past 12 months were the following skin treatments used FOR ECZEMA OR ALLERGIES? Topical Steroids - OTC (1=Yes, 0=No, 9=Don't Know)
31	PTR_1830	Num	8	2.	2.	Other Medication FOR ASTHMA OR ALLERGIES (1=Yes, 0=No, 9=Don't Know)
32	PTR_1870	Num	8	2.	2.	Oral Steroids for Conditions Other Than Asthma (e.g., Prednisone, Prelone, Pediapred, Medrol, Orapred, Decadron, dexamethasone) (1=Yes, 0=No, 9=Don't Know)
33	PTR_1910	Num	8	2.	2.	Injectable Steroids for Conditions Other Than Asthma (e.g., Medrol, Solumedrol, Decadron, dexamethasone, triamcinolone, Kenalog, hydrocortisone IV) (1=Yes, 0=No, 9=Don't Know)
34	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
35	VNUM	Num	8			Visit Number (numeric)
36	VDATE	Num	8			Number of days from Visit 1 to this visit
37	DATE_Q02	Num	8			Short-acting Inhaled Beta-Agonists by Inhaler (e.g., albuterol, Primatene Mist, Maxair, ProAir, Proventil, Ventolin, Xopenex) Date
38	DATE_Q03	Num	8			Rescue treatment via a Nebulizer Machine (e.g., albuterol, ipratropium, Combivent, Xopenex, levalbuterol) Date
39	DATE_Q04	Num	8			Long-acting Inhaled Beta-Agonists (e.g., Serevent, Foradil, salmeterol, formoterol) Do not consider combination medications. Date
40	DATE_Q05	Num	8			Oral Beta-Agonists (e.g., albuterol, Brethine, Bricanyl, metaproterenol, Proventil, Ventolin, Repetabs, Volmax) Date

Num	Variable	Type	Len	Format	Informat	Label
41	DATE_Q06	Num	8			Oral Theophylline (short-acting or sustained release) (e.g., Aminophylline, Slo-Phyllin, Slo-bid, Theo-Dur, Uniphyll) Date
42	DATE_Q07	Num	8			Inhaled Anticholinergic by Inhaler (e.g., Atrovent, Combivent, Spiriva) Date
43	DATE_Q08	Num	8			Leukotriene Antagonist / 5LO Inhibitors (e.g., Accolate, Zflo, Singulair) Date
44	DATE_Q09	Num	8			IgE Blocker (e.g., Xolair) Date
45	DATE_Q10	Num	8			Oral Steroids FOR ASTHMA (e.g., Prednisone, Prelone, Pediapred, Medrol, Orapred, Decadron, dexamethasone) Date
46	DATE_Q11	Num	8			Injectable Steroids FOR ASTHMA (e.g., Medrol, Solumedrol, Decadron, dexamethasone, triamcinolone, Kenalog, hydrocortisone IV) Date
47	DATE_Q12	Num	8			Steroids by Inhaler (e.g., Asmanex Twisthaler, QVAR, Flovent, Pulmicort Flexhaler) Date
48	DATE_Q13	Num	8			Steroids by Nebulizer (e.g., Pulmicort Respules, budesonide) Date
49	DATE_Q14	Num	8			Long-Acting Beta-Agonist and Inhaled Steroid Combination Medications (e.g., Advair Diskus, Symbicort MDI, Dulera MDI) Date
50	DATE_Q15	Num	8			Nasal Steroids (e.g., Beconase, Vancenase, Flonase, Nasacort, Nasalide, Nasarel, Omnaris, Rhinocort, Nasonex) Date
51	DATE_Q16	Num	8			Non-steroidal Anti-allergic Nasal Medications (e.g., Nasalcrom, Astelin, Astepro, ipratropium) Date
52	DATE_Q17	Num	8			Anti-allergic Oral Medications (e.g., fexofenadine, loratadine, cetirizine, chlorpheniramine) Date
53	DATE_Q18	Num	8			Topical Steroids - Prescription (e.g., Synalar, Lidex, Dermacin, Fluocinonide) Date
54	DATE_Q19	Num	8			Topical Steroids - OTC (e.g., Hydrocortisone - multiple strengths and products) Date
55	DATE_Q20	Num	8			Other Medication FOR ASTHMA OR ALLERGIES Date
56	DATE_Q21	Num	8			Oral Steroids for Conditions Other Than Asthma (e.g., Prednisone, Prelone, Pediapred, Medrol, Orapred, Decadron, dexamethasone) Date
57	DATE_Q22	Num	8			Injectable Steroids for Conditions Other Than Asthma (e.g., Medrol, Solumedrol, Decadron, dexamethasone, triamcinolone, Kenalog, hydrocortisone IV) Date
58	RAND_ID	Char	6			Randomized Master ID
59	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
60	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: pulmonarychk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PCH_1000	Num	8	2.	2.	Have you used any weight loss medications in the past 4 hours? 1=Yes,0=No
2	PCH_1010	Num	8	2.	2.	Have you consumed any food containing alcohol or beverages containing alcohol in the past 4 hours? 1=Yes,0=No
3	PCH_1020	Num	8	2.	2.	Have you consumed caffeine in the past 6 hours? 1=Yes,0=No
4	PCH_1030	Num	8	2.	2.	Have you used medications with caffeine in the past 6 hours? 1=Yes,0=No
5	PCH_1040	Num	8	2.	2.	Have you used a short-acting anticholinergic in the past 12 hours? 1=Yes,0=No
6	PCH_1050	Num	8	2.	2.	Have you used an intermediate-acting inhaled betaagonist in the past 24 hours? 1=Yes,0=No
7	PCH_1060	Num	8	2.	2.	Have you used any ophthalmic antihistamines in the past 12 hours? 1=Yes,0=No
8	PCH_1070	Num	8	2.	2.	Have you used any nasal antihistamines in the past 12 hours? 1=Yes,0=No
9	PCH_1073	Num	8	2.	2.	Have you used a tricyclic antidepressant or atypical antipsychotic in the past 24 hours?
10	PCH_1075	Num	8	2.	2.	If YES, have you taken your morning dose? 1=Yes,0=No
11	PCH_1080	Num	8	2.	2.	Have you used any second-generation oral antihistamines in the past 24 hours? 1=Yes,0=No
12	PCH_1090	Num	8	2.	2.	Have you used any first-generation or other types of oral antihistamines in the past 12 hours? 1=Yes,0=No
13	PCH_1100	Num	8	2.	2.	Have you used any nasal decongestants in the past 6 hours? 1=Yes,0=No
14	PCH_1110	Num	8	2.	2.	Have you used any oral decongestants or cold remedies in the past 48 hours? 1=Yes,0=No
15	PCH_1120	Num	8	2.	2.	Have you used any smokeless tobacco products today? 1=Yes,0=No
16	PCH_1140	Char	4	\$4.	\$4.	When did you last take your scheduled Diskus, Time
17	PCH_1150	Num	8	2.	2.	Did the participant last take scheduled Diskus® prior to 1 AM last evening? 1=Yes,0=No
18	PCH_1155	Num	8	2.	2.	Did the participant last take scheduled Diskus® between 5 PM and 1 AM last evening? 1=Yes,0=No
19	PCH_1157	Num	8	2.	2.	Has the participant had a respiratory infection within the past 4 weeks? 1=Yes,0=No
20	PCH_1160	Num	8	2.	2.	At this time, is your asthma worse because of recent exposure to triggers? 1=Yes,0=No
21	PCH_1170	Num	8	2.	2.	Is there any other reason you should not proceed with spirometry testing? 1=Yes,0=No
22	PCH_1180	Num	8	2.	2.	Is the participant eligible to proceed with the spirometry testing? 1=Yes,0=No
23	PCH_1130	Num	8			When did you last take your scheduled Diskus, Date
24	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
25	VNUM	Num	8			Visit Number (numeric)
26	VDATE	Num	8			Number of days from Visit 1 to this visit
27	RAND_ID	Char	6			Randomized Master ID

Num	Variable	Type	Len	Format	Informat	Label
28	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
29	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: regimen.sas7bdat

Num	Variable	Type	Len	Label
1	REGIMEN	Char	7	Regimen
2	RAND_ID	Char	6	Randomized Master ID
3	ENROLL_TYPE	Char	15	Enrollment Type (Screen Fail, Randomized, Healthy Control)
4	ENROLL_ORDER	Num	8	Enrollment Order Number

Data Set Name: registry.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	REG_1080	Num	8	2.	2.	Sex (1=Male, 2=Female)
2	REG_1150	Num	8	3.	3.	Primary Racial Identification for Spirometry (1=Amer Indian or Alaskan Native, 2=Asian or Pacific Islander, 3=Black, 4=White, 5=Hispanic or Latino, 6=Other)
3	AGE	Num	8			Age at Visit 1
4	RAND_ID	Char	6			Randomized Master ID
5	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
6	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: saa.sas7bdat

Num	Variable	Type	Len	Label
1	SAA_PREADV	Num	8	Pre-Advair Salivary Alpha Amylase (U/mL)
2	SAA_POSTADV	Num	8	Post-Advair Salivary Alpha Amylase (U/mL)
3	VNUM	Num	8	Visit Number (numeric)
4	RAND_ID	Char	6	Randomized Master ID
5	ENROLL_TYPE	Char	15	Enrollment Type (Screen Fail, Randomized, Healthy Control)
6	ENROLL_ORDER	Num	8	Enrollment Order Number

Data Set Name: *salivachk.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	SAL_1000	Num	8	2.	2.	Has the participant had dental work performed in the past 24 hours? 1=Yes,0=No
2	SAL_1010	Num	8	2.	2.	Has the participant engaged in vigorous physical activity in the past 3 hours? 1=Yes,0=No
3	SAL_1020	Num	8	2.	2.	Has the participant ingested a major meal or foods high in sugar or acidity in the past 60 minutes? 1=Yes,0=No
4	SAL_1030	Num	8	2.	2.	Has the participant engaged in repetitive chewing in the past 60 minutes? 1=Yes,0=No
5	SAL_1040	Num	8	2.	2.	Has the participant brushed or flossed his/her teeth in the past 45 minutes? 1=Yes,0=No
6	SAL_1050	Num	8	2.	2.	Has at least 10 minutes elapsed since the participant rinsed his/her mouth with water? 1=Yes,0=No
7	SAL_1060	Num	8	2.	2.	Is the participant eligible to proceed with saliva collection? 1=Yes,0=No
8	SAL_1070	Char	4	\$4.	\$4.	Pre-Advair saliva collection start time (based on 24 hour clock) REMINDER: Proceed with FeNO testing and spirometry prior to administering Advair. Post-Advair saliva collection should occur one hour after Advair administration.
9	SAL_1080	Char	4	\$4.	\$4.	Post-Advair saliva collection start time (based on 24 hour clock)
10	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
11	VNUM	Num	8			Visit Number (numeric)
12	VDATE	Num	8			Number of days from Visit 1 to this visit
13	RAND_ID	Char	6			Randomized Master ID
14	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
15	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: serious.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SER_1010	Char	6	\$6.	\$6.	Description of Adverse Event (ICD9 Code)
2	SER_1020	Num	8	2.	2.	Is the participant currently taking study drug? 1=Yes,0=No
3	SER_1030	Num	8	4.	4.	Time interval between the last administration of the study drug and the Adverse Event
4	SER_1040	Num	8	2.	2.	What was the unit of time for the interval in Question #4? 1=Second, 2=Minute, 3=Hour, 4=Day
5	SER_1050	Num	8	2.	2.	Why was the event serious? Fatal event (1=Yes,0=No)
6	SER_1060	Num	8	2.	2.	Why was the event serious? Life-threatening event (1=Yes,0=No)
7	SER_1070	Num	8	2.	2.	Why was the event serious? Inpatient hospitalization required (1=Yes,0=No)
8	SER_1100	Num	8	2.	2.	Why was the event serious? Hospitalization prolonged (1=Yes,0=No)
9	SER_1110	Num	8	2.	2.	Why was the event serious? Disabling or incapacitating (1=Yes,0=No)
10	SER_1120	Num	8	2.	2.	Why was the event serious? Overdose (1=Yes,0=No)
11	SER_1130	Num	8	2.	2.	Why was the event serious? Cancer (1=Yes,0=No)
12	SER_1140	Num	8	2.	2.	Why was the event serious? Congenital anomaly (1=Yes,0=No)
13	SER_1150	Num	8	2.	2.	Why was the event serious? Serious laboratory abnormality with clinical symptoms (1=Yes,0=No)
14	SER_1160	Num	8	2.	2.	Why was the event serious? Height failure (per protocol MOP) (1=Yes,0=No)
15	SER_1170	Num	8	2.	2.	Why was the event serious? Pregnancy (1=Yes,0=No)
16	SER_1180	Num	8	2.	2.	Why was the event serious? Other (1=Yes,0=No)
17	SER_1190	Num	8	2.	2.	What in your opinion caused the event? Toxicity of study drug(s) 1=Yes,0=No
18	SER_1200	Num	8	2.	2.	What in your opinion caused the event? Withdrawal of study drug(s) (1=Yes,0=No)
19	SER_1210	Num	8	2.	2.	What in your opinion caused the event? Concurrent medication (1=Yes,0=No)
20	SER_1220	Num	8	2.	2.	What in your opinion caused the event? Other condition or event (1=Yes,0=No)
21	SER_1240	Num	8	2.	2.	Was the event expected or unexpected? 1=Expected, 2=Unexpected
22	SER_1250	Num	8	2.	2.	Was the event possibly, probably, or definitely related to study participation? 1=Yes,0=No
23	SER_1000	Num	8			Date of Adverse Event
24	SER_1080	Num	8			Admission date
25	SER_1090	Num	8			Discharge date
26	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
27	VNUM	Num	8			Visit Number (numeric)
28	VDATE	Num	8			Number of days from Visit 1 to this visit
29	RAND_ID	Char	6			Randomized Master ID
30	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)

Num	Variable	Type	Len	Format	Informat	Label
31	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: sigex.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SIG_1000	Num	8	2.	2.	Did the participant experience an increase in cough, phlegm/mucus, chest tightness, wheezing, or shortness of breath in association with any of the following: An increase in rescue use and albuterol combined) of ≥ 8 puffs/day over baseline use for a per
2	SIG_1010	Num	8	2.	2.	Did the participant experience an increase in cough, phlegm/mucus, chest tightness, wheezing, or shortness of breath in association with any of the following: Use of ≥ 16 puffs of his/her rescue inhaler and albuterol combined) in a 24 hour period? 1=Yes
3	SIG_1020	Num	8	2.	2.	Did the participant experience an increase in cough, phlegm/mucus, chest tightness, wheezing, or shortness of breath in association with any of the following: A fall in prebronchodilator FEV1 to < 80 Pct of baseline ? 1=Yes, 0=No, 9=N/A
4	SIG_1030	Num	8	2.	2.	Did the participant experience an increase in cough, phlegm/mucus, chest tightness, wheezing, or shortness of breath in association with any of the following: A fall in prebronchodilator FEV1 to < 45 Pct of predicted? 1=Yes, 0=No, 9=N/A
5	SIG_1040	Num	8	2.	2.	Did the participant experience an increase in cough, phlegm/mucus, chest tightness, wheezing, or shortness of breath in association with any of the following: Treatment with systemic corticosteroids for his/her asthma exacerbation? 1=Yes,0=No
6	SIG_1050	Num	8	2.	2.	Did the participant experience a significant asthma exacerbation? 1=Yes,0=No
7	SIG_1070	Num	8	2.	2.	Did the participant seek care for significant asthma exacerbation conditions? 1=Yes,0=No
8	SIG_1080	Num	8	2.	2.	What type of care was sought: Study Investigator or Coordinator? 1=Yes,0=No
9	SIG_1090	Num	8	2.	2.	What type of care was sought: Study Investigator or Coordinator? 1=Scheduled clinic visit, 2=Unscheduled clinic visit, 3=Phone contact
10	SIG_1100	Num	8	2.	2.	What type of care was sought: Primary Care or Other Physician? 1=Yes,0=No
11	SIG_1110	Num	8	2.	2.	What type of care was sought: Primary Care or Other Physician? 1=Scheduled clinic visit, 2=Unscheduled clinic visit, 3=Phone contact
12	SIG_1120	Num	8	2.	2.	What type of care was sought, Emergency Department visit? 1=Yes,0=No
13	SIG_1130	Num	8	2.	2.	What type of care was sought, Urgent Care Visit? 1=Yes,0=No
14	SIG_1140	Num	8	2.	2.	Was the participant hospitalized, (1=Yes,0=No)
15	SIG_1180	Num	8	2.	2.	Did the participant take any Inhaled corticosteroids (1=Yes,0=No)
16	SIG_1190	Num	8	2.	2.	Did the participant take Nebulized bronchodilator (1=Yes,0=No)
17	SIG_1200	Num	8	2.	2.	Did the participant take Oral corticosteroids (1=Yes,0=No)
18	SIG_1210	Num	8	2.	2.	Did the participant take any IM or IV steroids (1=Yes,0=No)
19	SIG_1220	Num	8	2.	2.	Did the participant take any Antibiotics (1=Yes,0=No)
20	SIG_1230	Num	8	2.	2.	Did the participant take any Other (1=Yes,0=No)
21	SIG_1060	Num	8			Date exacerbation conditions were met (study start - present)
22	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
23	VNUM	Num	8			Visit Number (numeric)

Num	Variable	Type	Len	Format	Informat	Label
24	VDATE	Num	8			Number of days from Visit 1 to this visit
25	RAND_ID	Char	6			Randomized Master ID
26	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
27	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *spiro.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	SPI_1010	Char	4	\$4.	\$4.	Time spirometry started (based on 24-hour clock)
2	SPI_1020	Num	8	5.2	5.2	The reported FEV1 and FVC are the best volumes of all acceptable maneuvers. 1.Highest FVC
3	SPI_1040	Num	8	4.	4.	Highest FEV1 (Pct predicted)
4	SPI_1050	Num	8	6.2	6.2	The reported flow rates correspond to the maneuver where FEV1 + FVC is maximized. FEF Max
5	SPI_1060	Num	8	5.2	5.2	FEF25-75
6	SPI_1070	Num	8	2.	2.	In your judgment, was the subject's spirometry technique acceptable? 0=No, 1=Yes
7	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
8	VNUM	Num	8			Visit Number (numeric)
9	VDATE	Num	8			Number of days from Visit 1 to this visit
10	SPI_1030	Num	8			Highest FEV1
11	RAND_ID	Char	6			Randomized Master ID
12	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
13	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: term.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TER_1000	Num	8	2.	2.	Has the participant completed the study through Visit 3? 1=Yes,0=No
2	TER_1010	Num	8	2.	2.	Who initiated termination of the participant? 1=Participant, 2=Clinical Staff
3	TER_1020	Num	8	3.	3.	Indicate the primary reason the participant has withdrawn from the study
4	TER_1040	Num	8	2.	2.	Did clinical staff terminate the participant due to pregnancy? 1=Yes, 0=No, 9=N/A
5	TER_1050	Num	8	2.	2.	Did clinical staff terminate the participant due to loss to follow-up? 1=Yes,0=No
6	TER_1070	Num	8	2.	2.	Type of contact (1=In-person visit, 2=Phone call) *Additional explanation required
7	TER_1080	Num	8	2.	2.	Did clinical staff terminate the participant due to an asthma-related adverse event? 1=Yes,0=No
8	TER_1090	Num	8	2.	2.	Did clinical staff terminate the participant due to a medication-related adverse event? 1=Yes,0=No
9	TER_1100	Num	8	2.	2.	Did clinical staff terminate the participant due to an adverse event not related to asthma or medications? 1=Yes,0=No
10	TER_1110	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with medication dosing? 1=Yes,0=No
11	TER_1120	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with visit attendance? 1=Yes,0=No
12	TER_1130	Num	8	2.	2.	Did clinical staff terminate the participant due to significant asthma exacerbation during run-in ? 1=Yes,0=No
13	TER_1140	Num	8	2.	2.	Did clinical staff terminate the participant due to inadequate blood collection at Visit 2? 1=Yes,0=No
14	TER_1150	Num	8	2.	2.	Did clinical staff terminate the participant due to low lymphocytes and monocytes ? 1=Yes,0=No
15	TER_1160	Num	8	2.	2.	Did clinical staff terminate the participant due to ineligibility during the run-in period for reasons other than compliance, exacerbation, or inadequate blood samples? 1=Yes,0=No
16	TER_1170	Num	8	2.	2.	Did clinical staff terminate the participant due to other reason? 1=Yes,0=No
17	TER_1190	Char	1	\$1.	\$1.	Did clinical staff terminate the participant due to Indicate the letter corresponding to the primary reason the participant was terminated. (a-l, see form)
18	TER_1060	Num	8			Date of last contact with participant (study start - present) *Additional explanation required
19	VNUM_C	Char	3	\$3.	\$3.	Visit Number (character)
20	VNUM	Num	8			Visit Number (numeric)
21	VDATE	Num	8			Number of days from Visit 1 to this visit
22	RAND_ID	Char	6			Randomized Master ID
23	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
24	ENROLL_ORDER	Num	8			Enrollment Order Number

