Data Set Name: a_comply.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAGE	Num	8	3.	3.	Repeating Page Number
2	CMP_1000	Num	8	2.	2.	Has the participant used APRIL therapy since the last visit? 1=Yes,0=No
3	CMP_1020	Num	8	2.	2.	How many bottles did the participant require? 1=1 bottle, 2=2 bottles
4	CMP_1030	Num	8	5.	5.	Bottle Number 2 - APR - __ __ __ __
5	CMP_1040	Num	8	4.	4.	Bottle Weight __ __ __ mg
6	CMP_1050	Num	8	5.1	5.1	Participant's Dose per day __ __. __ ml
7	CMP_1060	Num	8	7.2	7.2	Total Dosage=Q6 X 5 x (ml to mg conversion factor) __ __ __.__ __ mg
8	CMP_1070	Num	8	6.1	6.1	Adherence=((Weight of full bottle - Q5)/Q7) x 100 STOP HERE.__ __ __ . __ Pct
9	CMP_1090	Num	8	4.	4.	First Bottle Weight __ __ __ mg
10	CMP_1110	Num	8	4.	4.	Second Bottle Weight __ __ __ mg
11	CMP_1120	Num	8	4.	4.	Total Weight=Q10 + Q12 __ __ __ mg
12	CMP_1130	Num	8	5.1	5.1	Participant's Dose per day __ __ .__ ml
13	CMP_1140	Num	8	7.2	7.2	Total Dosage=Q14 x 5 x (ml to mg conversion factor) __ __ __.__ __ mg
14	CMP_1150	Num	8	6.1	6.1	Adherence= __ __ __ . __ Pct
15	CMP_1010	Num	8			Date of APRIL therapy usage DATE
16	VDATE	Num	8			Number of days from Visit 1 to this visit
17	VNUM	Num	8			Visit Number
18	CMP_1080	Num	8			For Adherence for 2 bottles, complete #9 - #169. 1st Bottle Number 2 - APR - __ __ __ __
19	CMP_1100	Num	8			Second Bottle Number 2 - APR - __ __ __ __
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: a_term.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ATR_1000	Num	8	2.	2.	Has the participant completed the APRIL study? 1=Yes,0=No
2	ATR_1010	Num	8	3.	3.	Primary reason the participant has withdrawn from the study.
3	ATR_1020	Num	8	2.	2.	Is the participant proceeding to OCELOT? 1=Yes,0=No
4	ATR_1030	Num	8	2.	2.	If NO, did the participant use 3 courses of APRIL treatment and did not proceed to OCELOT? 1=Yes,0=No
5	VDATE	Num	8			Number of days from Visit 1 to this visit
6	VNUM	Num	8			Visit Number
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: a_trtqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ATT_1000	Num	8	2.	2.	How well were your child's wheezing symptoms controlled during the APRIL study? 1=Not at all, 2=Hardly at all, 3=Somewhat, 4=Fairly, 5=Very well
2	ATT_1010	Num	8	2.	2.	Did your child use APRIL therapy? 1=Yes,0=No
3	ATT_1020	Num	8	2.	2.	Please check the box that most closely represents your feelings about which of the two treatments your child was receiving. 1=Azithromycin, 2=Placebo
4	ATT_1030	Num	8	2.	2.	In general, did you have difficulty in having your child take the drug? 1=Yes,0=No
5	ATT_1040	Num	8	2.	2.	What was the primary reason for the difficulty? 1=Tasted bad, 2=Smelled bad, 3=Inconvenient, 4=Forgot, 5=Too busy, 6=Doesn't like medicine, 7=Just didn't want to, 8=Other (specify
6	ATT_1050	Num	8	2.	2.	Did the child have any stomach-related problems while taking APRIL therapy? 1=Yes,0=No
7	ATT_1060	Num	8	2.	2.	Did the child have any stomach-related problems while taking APRIL therapy? Stomach Ache (1=Yes,0=No)
8	ATT_1070	Num	8	2.	2.	Did the child have any stomach-related problems while taking APRIL therapy? Nausea (1=Yes,0=No)
9	ATT_1080	Num	8	2.	2.	Did the child have any stomach-related problems while taking APRIL therapy? Upset Stomach (1=Yes,0=No)
10	ATT_1090	Num	8	2.	2.	Did the child have any stomach-related problems while taking APRIL therapy? Vomiting (1=Yes,0=No)
11	ATT_1100	Num	8	2.	2.	Did the child have any stomach-related problems while taking APRIL therapy? Diarrhea/Loose Stools (1=Yes,0=No)
12	ATT_1110	Num	8	2.	2.	In your opinion, which of the two treatments was the participant receiving? 1=Azithromycin, 2=Placebo, 3=No idea
13	VDATE	Num	8			Number of days from Visit 1 to this visit
14	VNUM	Num	8			Visit Number
15	RAND_ID	Char	6			Randomized Master ID
16	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
17	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	Num	8			Visit Number
16	ICD9LONG	Char	200			Long ICD-9 description
17	ICD9SHRT	Char	35			Short ICD-9 description
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: asthmahx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AHA_1000	Num	8	3.	3.	Approximately how old was the participant when chest symptoms suggesting asthma first appeared? YEARS
2	AHA_1010	Num	8	3.	3.	Approximately how old was the participant when chest symptoms suggesting asthma first appeared? MONTHS
3	AHA_1065	Num	8	2.	2.	Has a doctor diagnosed the participant with asthma? 1=Yes,0=No
4	AHA_1070	Num	8	3.	3.	If YES, how old was the participant when a doctor first diagnosed him/her with asthma? YEARS
5	AHA_1080	Num	8	3.	3.	If YES, how old was the participant when a doctor first diagnosed him/her with asthma? MONTHS
6	AHA_1090	Num	8	2.	2.	Have any of the participant's immediate blood relatives been told by a physician that they have asthma? Mother (1=Yes, 0=No, 8=Don't Know)
7	AHA_1100	Num	8	2.	2.	Have any of the participant's immediate blood relatives been told by a physician that they have asthma? Father (1=Yes, 0=No, 8=Don't Know)
8	AHA_1110	Num	8	2.	2.	Have any of the participant's 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)
9	AHA_1120	Num	8	2.	2.	Have any of the participant's 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)
10	AHA_1130	Num	8	2.	2.	How do you categorize your asthma symptoms throughout the course of the year? 1=Relatively the same all year, 2=Vary by season
11	AHA_1140	Num	8	2.	2.	Do the participant's asthma symptoms worsen during the Winter? 1=Yes,0=No
12	AHA_1150	Num	8	2.	2.	Do the participant's asthma symptoms worsen during the Spring? 1=Yes,0=No
13	AHA_1160	Num	8	2.	2.	Do the participant's asthma symptoms worsen during the Summer? 1=Yes,0=No
14	AHA_1170	Num	8	2.	2.	Do the participant's asthma symptoms worsen during the Fall? 1=Yes,0=No
15	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?
16	AHA_1190	Num	8	3.	3.	In the last 12 months, how many overnight hospitalizations has the participant had due to asthma?
17	AHA_1200	Num	8	3.	3.	In the last 12 months, how many courses of systemic corticosteroid therapy for asthma has the participant taken?
18	AHA_1210	Num	8	4.	4.	In the last 12 months, how many days of work, school, or housework has the participant missed due to asthma?
19	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?
20	AHA_1230	Num	8	4.	4.	In the last 12 months, how many days of work, school, or housework has the participant's parent/guardian or another caretaker missed because of the participant's asthma symptoms?
21	AHA_1240	Num	8	3.	3.	In the past 3 months, how many days of work, school, or housework has the participant's parent/guardian or another caretaker missed due to asthma?

Num	Variable	Type	Len	Format	Informat	Label
22	AHA_1250	Num	8	2.	2.	Has the participant ever been admitted to an intensive care unit for asthma? 1=Yes,0=No
23	AHA_1260	Num	8	3.	3.	How many times has the participant been admitted to an intensive care unit for asthma?
24	AHA_1270	Num	8	2.	2.	Has the participant ever had invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
25	AHA_1280	Num	8	2.	2.	Has the participant 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant's 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 the participant was 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 the participant was 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 the participant was allergic? Things the participant breathes in or is exposed to (e.g., dust, pollens, molds, animal fur, feathers, dander) (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 the participant was allergic? Stinging insects such as bees or wasps (1=Yes, 0=No, 8=Don't Know)

Num	Variable	Type	Len	Format	Informat	Label
42	AHA_1450	Num	8	2.	2.	To which of the following did a doctor or other health practitioner say the participant was 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 the participant was allergic? Other (1=Yes,0=No)
44	AHA_1470	Num	8	2.	2.	Has the participant ever had eczema / atopic dermatitis ? 1=Yes, 0=No, 8=Don't Know
45	AHA_1480	Num	8	3.	3.	At what age did the participant FIRST have eczema? YEARS
46	AHA_1490	Num	8	3.	3.	At what age did the participant FIRST have eczema? MONTHS
47	AHA_1500	Num	8	2.	2.	If YES, was your eczema diagnosed by a doctor? 1=Yes,0=No
48	AHA_1510	Num	8	2.	2.	During the past 12 months, how would you generally describe the participant's eczema? 1=None, 2=Mild, 3=Moderate, 4=Severe
49	AHA_1520	Num	8	2.	2.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Head 1=Yes,0=No
50	AHA_1530	Num	8	2.	2.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Arms/Hands (1=Yes,0=No)
51	AHA_1540	Num	8	2.	2.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Trunk (mid-section or torso) (1=Yes,0=No)
52	AHA_1550	Num	8	2.	2.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Legs/Feet (1=Yes,0=No)
53	AHA_1560	Num	8	2.	2.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Other (1=Yes,0=No)
54	AHA_1570	Num	8	2.	2.	Have any of the participant's immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Mother (1=Yes, 0=No, 8=Don't Know)
55	AHA_1580	Num	8	2.	2.	Have any of the participant's immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Father (1=Yes, 0=No, 8=Don't Know)
56	AHA_1590	Num	8	2.	2.	Have any of the participant's 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)
57	AHA_1600	Num	8	2.	2.	Have any of the participant's 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)
58	AHA_1610	Num	8	2.	2.	Did the participants mother smoke tobacco or use a hookah while she was pregnant with the participant? 1=Yes, 0=No, 8=Dont Know
59	AHA_1620	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother smoke tobacco or use a hookah? First 3 months (1=Yes, 0=No, 8=Dont Know)
60	AHA_1630	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother smoke tobacco or use a hookah? Middle 3 months (1=Yes, 0=No, 8=Dont Know)
61	AHA_1640	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother smoke tobacco or use a hookah? Last 3 months (1=Yes, 0=No, 8=Dont Know)
62	AHA_1650	Num	8	2.	2.	Between the time the participant was born and when he/she turned 5 years of age, were there any tobacco smokers or users of a hookah in any household in which the participant spent time? 1=Yes, 0=No, 8=Dont Know
63	AHA_1660	Num	8	2.	2.	Did the participants mother smoke or use a hookah? 1=Yes, 0=No, 8=Dont Know

Num	Variable	Type	Len	Format	Informat	Label
64	AHA_1670	Num	8	2.	2.	Did the participants father smoke or use a hookah? 1=Yes, 0=No, 8=Dont Know
65	AHA_1680	Num	8	2.	2.	Were there any other smokers or users of a hookah in the household? 1=Yes, 0=No, 8=Dont Know
66	AHA_1690	Num	8	2.	2.	Are there any tobacco smokers or users of a hookah in any household in which the participant spends time? 1=Yes, 0=No, 8=Dont Know
67	AHA_1700	Num	8	2.	2.	Does the participants mother smoke or use a hookah? 1=Yes, 0=No, 8=Dont Know
68	AHA_1710	Num	8	2.	2.	Does the participants father smoke or use a hookah? 1=Yes, 0=No, 8=Dont Know
69	AHA_1720	Num	8	2.	2.	Are there any other smokers or users of a hookah in the household? 1=Yes, 0=No, 8=Dont Know
70	VDATE	Num	8			Number of days from Visit 1 to this visit
71	VNUM	Num	8			Visit Number
72	RAND_ID	Char	6			Randomized Master ID
73	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
74	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	Num	8			Visit Number (numeric)
13	GEN_NAME	Char	100	$100.	$100.	Generic Drug Name
14	CLASS_ID	Num	8	4.	4.	CLASS_ID
15	CLASS	Char	100	$100.	$100.	Drug Class Text
16	RAND_ID	Char	6			Randomized Master ID
17	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
18	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: 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	VDATE	Num	8			Number of days from Visit 1 to this visit
20	VNUM	Num	8			Visit Number (numeric)
21	RAND_ID	Char	6			Randomized Master ID
22	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
23	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: diary.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DRY_1000	Num	8	3.	3.	How much albuterol did your child use since being put to bed, Albuterol Inhaler: number of puffs
2	DRY_1010	Num	8	3.	3.	How much albuterol did your child use since being put to bed, Albuterol by nebulizer: number of treatments
3	DRY_1020	Num	8	2.	2.	How severe was your child's cough today? 0=No cough, 1=Very mild cough, 2=Mild cough, 3=Moderate cough, 4=Severe cough, 5=Very severe cough
4	DRY_1030	Num	8	2.	2.	How severe was your child's wheezing today? 0=No wheezing, 1=Very mild wheezing, 2=Mild wheezing, 3=Moderate wheezing, 4=Severe wheezing, 5=Very severe wheezing
5	DRY_1040	Num	8	2.	2.	How severe was your child's trouble breathing today? 0=No trouble breathing, 1=Very mild trouble, 2=Mild trouble breathing, 3=Moderate trouble breathing, 4=Severe trouble breathing, 5=Very severe trouble breathing
6	DRY_1050	Num	8	2.	2.	How much did your child's asthma symptoms interfere with your child's activities today? 0=Did not interfere, 1=Very mildly interfered, 2=Mildly interfered, 3=Moderately interfered, 4=Severely interfered, 5=Very severely interfered
7	DRY_1060	Num	8	2.	2.	Did your child's asthma require a visit to the doctor/ER, hospitalization, or treatment with prednisone? 1=Yes,0=No
8	DRY_1070	Num	8	3.	3.	How much albuterol did your child use since waking up? Albuterol Inhaler: number of puffs
9	DRY_1080	Num	8	3.	3.	How much albuterol did your child use since waking up? Albuterol by nebulizer: number of treatments
10	DDATE	Num	8			Diary Date
11	VDATE	Num	8			Number of days from Visit 1 to this visit
12	VNUM	Num	8			Visit Number (numeric)
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: elig1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E1_1000	Num	8	2.	2.	Has the parent/legal guardian appropriately signed and dated the informed consent? 1=Yes,0=No
2	E1_1020	Num	8	2.	2.	Does the participant have an intolerance or allergy to azithromycin? 1=Yes, 0=No, 8=Don't know
3	E1_1030	Num	8	2.	2.	Does the participant have an intolerance or allergy to oral corticosteroids ? 1=Yes, 0=No, 8=Don't know
4	E1_1040	Num	8	2.	2.	Is the participant able to take albuterol ? 1=Yes,0=No
5	E1_1050	Num	8	2.	2.	Is the participant 12 to 71 months old? 1=Yes,0=No
6	E1_1060	Num	8	2.	2.	Was the participant born before 34 weeks gestation? 1=Yes,0=No
7	E1_1070	Num	8	2.	2.	Does the parent report that the participant is up-to-date with immunizations? 1=Yes,0=No
8	E1_1080	Num	8	2.	2.	Has the participant ever had chicken pox or received the chicken pox vaccine? 1=Yes,0=No
9	E1_1090	Num	8	2.	2.	Is the participant receiving allergy shots? 1=Yes,0=No
10	E1_1100	Num	8	2.	2.	If YES, has the dose been changed in the past 3 months? 1=Yes,0=No
11	E1_1110	Num	8	2.	2.	Does the participant have any immunodeficiency disorders? 1=Yes,0=No
12	E1_1120	Num	8	2.	2.	Does the participant have uncontrolled gastroesophageal reflux? 1=Yes,0=No
13	E1_1130	Num	8	2.	2.	Does the participant have concurrent medical problems other than asthma that are likely to require oral or injectable corticosteroids during the study? 1=Yes,0=No
14	E1_1140	Num	8	2.	2.	Does the participant have a chronic or active lung disease other than asthma ? 1=Yes,0=No
15	E1_1150	Num	8	2.	2.	Does the participant have a significant medical illness other than asthma ? 1=Yes,0=No
16	E1_1160	Num	8	3.	3.	During the past 12 months, how many oral or systemic corticosteroid courses has the participant had?
17	E1_1170	Num	8	2.	2.	Is Q15 5? 1=Yes,0=No
18	E1_1180	Num	8	2.	2.	Has the participant used an oral or systemic corticosteroid for any reason in the past 2 weeks? 1=Yes,0=No
19	E1_1190	Num	8	2.	2.	During the past 4 weeks, has the participant used antibiotics? 1=Yes,0=No
20	E1_1200	Num	8	2.	2.	During the past 12 months, has the participant been on daily controller therapy? 1=Yes,0=No
21	E1_1210	Num	8	3.	3.	If YES, how many months has the participant been on daily controller therapy?
22	E1_1220	Num	8	2.	2.	Is Q18a > 4 months? 1=Yes,0=No
23	E1_1230	Num	8	2.	2.	Is Q18a > 9 months? 1=Yes,0=No
24	E1_1240	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with a controller therapy? 1=Yes,0=No
25	E1_1250	Num	8	3.	3.	If YES, how many controller therapies has the participant been treated with during the last 4 weeks?
26	E1_1260	Num	8	2.	2.	Was the participant taking Fluticasone DPI: 250 mcg/inh (1=Yes)

Num	Variable	Type	Len	Format	Informat	Label
27	E1_1280	Num	8	2.	2.	Mometasone DPI: 220 mcg/inh (1=Yes)
28	E1_1300	Num	8	2.	2.	Advair (fluticasone-salmeterol) DPI: 100/50 mcg/inh; DPI: 250/50 mcg/inh; DPI: 500/50 mcg/inh; HFA: 115/21 mcg/inh;HFA: 230/21 mcg/inh; HFA: 45/21 mcg/inh (1=Yes)
29	E1_1320	Num	8	2.	2.	Symbicort (budesonide-fomoterol) 80/4.5mcg/inhalation; 160/4.5mcg/inhalation (1=Yes)
30	E1_1340	Num	8	2.	2.	Dulera (mometasone-formoterol) 100/5 mcg/inhalation; 200/5 mcg/inhalation (1=Yes)
31	E1_1360	Num	8	2.	2.	BeclomethasoneHFA: 40 mcg/puff(1360-1370) (1=Yes)
32	E1_1370	Num	8	3.	3.	Beclomethasone HFA: 40 mcg/puff _ _ puffs/day
33	E1_1380	Num	8	2.	2.	Beclomethasone HFA: 80 mcg/puff (1=Yes)
34	E1_1390	Num	8	3.	3.	Beclomethasone HFA: 80 mcg/puff _ _ puffs/day
35	E1_1400	Num	8	2.	2.	Budesonide Nebulizer 0.25mg suspension (1=Yes)
36	E1_1410	Num	8	3.	3.	Budesonide Nebulizer 0.25mg suspension _ _ nebs/day
37	E1_1420	Num	8	2.	2.	Budesonide Nebulizer 0.5mg suspension (1=Yes)
38	E1_1430	Num	8	3.	3.	Budesonide Nebulizer 0.5mg suspension _ _ nebs/day
39	E1_1440	Num	8	2.	2.	Budesonide Flexhaler: 90mcg/inh (1=Yes)
40	E1_1450	Num	8	3.	3.	Budesonide Flexhaler: 90mcg/inh _ _ inhs/day
41	E1_1460	Num	8	2.	2.	Budesonide Flexhaler: 180mcg/inh (1=Yes)
42	E1_1480	Num	8	2.	2.	Ciclesonide HFA: 80 mcg/puff (1=Yes) 2 puffs
43	E1_1500	Num	8	2.	2.	Ciclesonide HFA: 160 mcg/puff (1=Yes) 1 puff
44	E1_1520	Num	8	2.	2.	Flunisolide HFA: 80 mcg/puff (1=Yes) 2 puffs
45	E1_1540	Num	8	2.	2.	Fluticasone HFA 44 mcg/puff (1=Yes) 4 puffs
46	E1_1550	Num	8	3.	3.	Fluticasone HFA 44 mcg/puff _ _ puffs/day 4 puffs
47	E1_1560	Num	8	2.	2.	Fluticasone HFA 110 mcg/puff (1=Yes) 2 puffs
48	E1_1570	Num	8	3.	3.	Fluticasone HFA 110 mcg/puff _ _ puffs/day 2 puffs
49	E1_1580	Num	8	2.	2.	Fluticasone HFA 220 mcg/puff (1=Yes) 1 puff
50	E1_1600	Num	8	2.	2.	Fluticasone DPI: 50 mcg/inh (1=Yes) 4 inhalations
51	E1_1620	Num	8	2.	2.	Fluticasone DPI: 100 mcg/inh (1=Yes) 2 inhalations
52	E1_1640	Num	8	2.	2.	Mometasone DPI: 110 mcg/inh (1=Yes) 1 puff
53	E1_1660	Num	8	2.	2.	Singulair 4 or 5 mg/tablet (1=Yes) No upper limit
54	E1_1670	Num	8	3.	3.	Singular 4 or 5 mg/tablet _ _ tablets/dayNo upper limit
55	E1_1680	Num	8	2.	2.	Triamcinolone MDI: 75 mcg/puff (1=Yes) 8 puffs
56	E1_1700	Num	8	2.	2.	Are any of the doses greater than the limit or is the participant taking more than 1 controller therapy? 1=Yes,0=No
57	E1_1710	Num	8	3.	3.	During the past 12 months, how many wheezing episodes has the participant had?
58	E1_1720	Num	8	2.	2.	During the past 12 months, how many wheezing episodes has the participant had? >=3 (1=Yes,0=No)
59	E1_1730	Num	8	2.	2.	If YES, was at least one of the wheezing episodes clinically significant*? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
60	E1_1740	Num	8	2.	2.	During the past 12 months, how many wheezing episodes has the participant had? 2 (1=Yes,0=No)
61	E1_1750	Num	8	2.	2.	If YES, were both wheezing episodes clinically significant*? 1=Yes,0=No
62	E1_1760	Num	8	2.	2.	During the past 12 months, how many wheezing episodes has the participant had? 1-2 (1=Yes,0=No)
63	E1_1770	Num	8	2.	2.	If YES, wasat least 1 wheezing episode clinically significant* and is Q18ai answered Yes? 1=Yes,0=No
64	E1_1780	Num	8	2.	2.	Does the participant have significant developmental delay/failure to thrive? 1=Yes,0=No
65	E1_1790	Num	8	3.	3.	During the past 12 months, how many times has the participant been hospitalized for wheezing illnesses?
66	E1_1800	Num	8	2.	2.	During the past 12 months, how many times has the participant been hospitalized for wheezing illnesses? >=2 (1=Yes,0=No)
67	E1_1810	Num	8	2.	2.	During the past 2 weeks, has the participant had daily symptoms or 2 or more nocturnal awakenings? 1=Yes,0=No
68	E1_1820	Num	8	2.	2.	Has the participant had respiratory failure resulting in mechanical ventilation or resulting in a hypoxic seizure? 1=Yes,0=No
69	E1_1830	Num	8	2.	2.	Currently, or within the past month, has the participant been involved in an investigational drug trial? 1=Yes,0=No
70	E1_1840	Num	8	2.	2.	Does the participant's family have plans to move out of the area before the end of the study? 1=Yes,0=No
71	E1_1850	Num	8	2.	2.	Is there any other reason for which this participant should not be included in this study? 1=Yes,0=No
72	E1_1860	Num	8	2.	2.	Is the participant eligible? 1=Yes,0=No
73	E1_1010	Num	8			If YES, record the date the form was signed.
74	VDATE	Num	8			Number of days from Visit 1 to this visit
75	VNUM	Num	8			Visit Number (numeric)
76	RAND_ID	Char	6			Randomized Master ID
77	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
78	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.	Medications1.Has the participant used any asthma medications other than albuterol since Visit 1? 1=Yes,0=No
2	E2_1010	Num	8	2.	2.	Has the participant used oral corticosteroids or antibiotics since Visit 1? 1=Yes,0=No
3	E2_1015	Num	8	3.	3.	Number of days between Visit 1 and Visit 2 (excluding today and Visit 1 day) __ __ days
4	E2_1020	Num	8	3.	3.	Run-In Symptoms4. During the last two weeks, how many days did the participant have asthma-related symptoms or use albuterol for breathing problems?
5	E2_1030	Num	8	5.1	5.1	Average number of days per week with asthma-related symptoms or albuterol use:5a.Average=(Q4 / Q3) X 7 __ __.__ days
6	E2_1040	Num	8	2.	2.	Average number of days per week with asthma-related symptoms or albuterol use:5b.Is Q5a 4.0? 1=Yes,0=No
7	E2_1050	Num	8	3.	3.	During the time period defined in Q3, how many nights did the participant awake and require albuterol?
8	E2_1060	Num	8	2.	2.	Is Q6 > 2? 1=Yes,0=No
9	E2_1070	Num	8	4.	4.	During the time period defined in Q3, how many questions were completed?
10	E2_1080	Num	8	6.1	6.1	Percent adherence=(Q7/(Q3 X 7)) X 100 __ __ __.__Pct
11	E2_1090	Num	8	2.	2.	Is Q8 > 80Pct? 1=Yes,0=No
12	E2_1100	Num	8	2.	2.	Is there any other reason for which this participant should not be included in this study? 1=Yes,0=No
13	E2_1110	Num	8	2.	2.	Is the participant eligible? 1=Yes,0=No
14	VDATE	Num	8			Number of days from Visit 1 to this visit
15	VNUM	Num	8			Visit Number (numeric)
16	RAND_ID	Char	6			Randomized Master ID
17	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
18	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: fonemed.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	FN_1010	Num	8	2.	2.	What was the primary reason for the call? 1=Child having respiratory symptoms, 2=Reschedule/cancel visit, 3=Starting APRIL meds, 4=Other
2	FN_1020	Num	8	2.	2.	Was the child currently taking APRIL medications? 1=Yes,0=No
3	FN_1030	Num	8	2.	2.	Was the child currently taking OCELOT medications? 1=Yes,0=No
4	FN_1040	Num	8	2.	2.	Did the child have current symptoms that required immediate medical attention nasal flaring, retractions not immediately responsive to bronchodilator, altered level of consciousness, cyanosis, signs of dehydration, rapidly progressive symptoms)? 1=Yes,0=N
5	FN_1050	Num	8	2.	2.	If YES, was the child referred to an urgent care/emergency department for evaluation? 1=Yes,0=No
6	FN_1060	Num	8	2.	2.	Is the child a study failure? 1=Yes,1=No
7	FN_1070	Num	8	2.	2.	Is the child an APRIL treatment failure? 1=Yes,0=No
8	FN_1080	Num	8	2.	2.	Was the parent/guardian instructed to start OCELOTtherapy? 1=Yes,0=No
9	FN_1090	Num	8	2.	2.	Was the parent/guardian instructed to start APRIL therapy? 1=Yes,0=No
10	FN_1100	Num	8	2.	2.	Did the child have additional problems that the parent/guardian wanted to discuss with on-call physician? 1=Yes,0=No
11	FN_1000	Num	8			Date of call to FoneMed
12	VDATE	Num	8			Number of days from Visit 1 to this visit
13	VNUM	Num	8			Visit Number (numeric)
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: 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	HEQ_1630	Num	8	2.	2.	DAY CARE26.Did the participant attend day care during the 1st year of life? 1=Yes,0=No
65	HEQ_1640	Num	8	3.	3.	If YES, at what age did the day care attendance begin?
66	HEQ_1650	Num	8	2.	2.	Does the participant currently attend day care? 1=Yes,0=No
67	HEQ_1660	Num	8	2.	2.	Is the day care (1=In home day care, 2=Nonresidential, 3=Mixed)
68	HEQ_1670	Num	8	3.	3.	How many children are in the participant's day care room?
69	HEQ_1680	Num	8	3.	3.	How many hours per day is the participant at day care?
70	HEQ_1690	Num	8	2.	2.	How many days per week is the participant at day care?
71	HEQ_1700	Num	8	3.	3.	How many months per year is the participant at day care?
72	VDATE	Num	8			Number of days from Visit 1 to this visit
73	VNUM	Num	8			Visit Number (numeric)
74	RAND_ID	Char	6			Randomized Master ID
75	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
76	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: illness.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ILL_1000	Num	8	2.	2.	Who is the respondent? 1=Parent/Guardian, 2=Other (specify)
2	ILL_1020	Num	8	2.	2.	On average, since the start of the illness, how often was your child awakened by breathing problems during the night? 0=Never, 1=Hardly ever, 2=A few times, 3=Several times,4=Many times, 5=A great many times, 6=Unable to sleep because of asthma
3	ILL_1030	Num	8	2.	2.	On average, since the start of the illness, how bad were your child's breathing problems when he/she woke up in the morning? 0=No symptoms, 1=Very mild symptoms, 2=Mild symptoms, 3=Moderate symptoms, 4=Quite severe symptoms, 5=Severe symptoms, 6=Very sever
4	ILL_1040	Num	8	2.	2.	In general, since the start of the illness, how limited were your child's activities because of breathing problems? 0=Not limited at all, 1=Very slightly limited, 2=Slightly limited, 3=Moderately limited, 4=Very limited, 5=Extremely limited, 6=Totally limi
5	ILL_1050	Num	8	2.	2.	In general, since the start of the illness, how much shortness of breath did your child experience because of breathing problems? 0=None, 1=A very little, 2=A little, 3=A moderate amount, 4=Quite a lot, 5=A great deal, 6=A very great deal
6	ILL_1060	Num	8	2.	2.	In general, since the start of the illness, how much of the time did your child wheeze? 0=Not at all, 1=Hardly any of the time, 2=A little of the time, 3=A moderate amount of the time, 4=A lot of the time, 5=Most of the time, 6=All the time
7	ILL_1070	Num	8	2.	2.	Have you started the APRIL medication? 1=Yes,0=No
8	ILL_1090	Num	8	5.	5.	Time the APRIL medication started (based on a 24-hour clock)
9	ILL_1100	Num	8	2.	2.	Have you been giving your child the APRIL medication once daily? 1=Yes,0=No
10	ILL_1110	Num	8	2.	2.	Have you been giving your child the albuterol? 1=Yes,0=No
11	ILL_1120	Num	8	2.	2.	Was a first nasal sample collected? 1=Yes,0=No
12	ILL_1140	Num	8	2.	2.	Which collection technique was used? 1=Nasal Blow, 2=Nasal Swab
13	ILL_1150	Num	8	2.	2.	Was a second nasal sample collected? 1=Yes,0=No
14	ILL_1170	Num	8	2.	2.	Which collection technique was used? 1=Nasal Blow, 2=Nasal Swab
15	ILL_1010	Num	8			When was the start of the illness?
16	ILL_1080	Num	8			Date the APRIL medication started
17	ILL_1130	Num	8			Date nasal sample was collected
18	ILL_1160	Num	8			Date nasal sample was collected
19	VDATE	Num	8			Number of days from Visit 1 to this visit
20	VNUM	Num	8			Visit Number (numeric)
21	RAND_ID	Char	6			Randomized Master ID
22	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
23	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: immuno.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	IGE	Num	8	7.1	7.1	IGE
2	CAT	Num	8	7.2	7.2	CAT_DANDER
3	COCKRCH	Num	8	7.2	7.2	COCKROACH
4	FARINAE	Num	8	7.2	7.2	DERMATOPH_FARINAE
5	PTERON	Num	8	7.2	7.2	DERMATOPH_PTERON
6	DOG	Num	8	7.2	7.2	DOG_DANDER
7	MOUSE	Num	8	7.2	7.2	MOUSE_UR_PROTEINS
8	RAT	Num	8	7.2	7.2	RAT_UR_PROTEINS
9	EGG	Num	8	7.2	7.2	EGG_WHITE
10	MILK	Num	8	7.2	7.2	MILK
11	PEANUT	Num	8	7.2	7.2	PEANUT
12	GRASS	Num	8	7.2	7.2	GRASS_MIX_GX2
13	MOLD	Num	8	7.2	7.2	MOLD_MIX_MX1
14	TREE4	Num	8	7.2	7.2	TREE_MIX_TX4
15	TREE6	Num	8	7.2	7.2	TREE_MIX_TX6
16	RAGWEED	Num	8	7.2	7.2	GIANT_RAGWEED
17	WEED	Num	8	7.2	7.2	WEED_MIX_WX1
18	VDATE	Num	8			Number of days from Visit 1 to this visit
19	VNUM	Num	8			Visit Number (numeric)
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: lab.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LAB_1000	Num	8	6.	6.	BLOOD TESTS and SPECIMEN COLLECTIONS (Visit 2)1.Total WBC __ __ __ __ __ /cu.mm
2	LAB_1010	Num	8	5.1	5.1	Eosinophils __ __ . __ Pct
3	LAB_1030	Num	8	2.	2.	Were you able to collect a nasal sample from the participant today? 1=Yes,0=No
4	LAB_1040	Num	8	2.	2.	If YES, which collection technique was used? 1=Nasal Blow, 2=Nasal Swab
5	LAB_1050	Num	8	2.	2.	Were you able to collect a throat swab from the participant today? 1=Yes,0=No
6	VDATE	Num	8			Number of days from Visit 1 to this visit
7	VNUM	Num	8			Visit Number (numeric)
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: lexam.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LX_1000	Num	8	2.	2.	PARENTAL HEIGHT - First study visit only or until both are completed 1.Biological mother's height (complete height or check unknown) __ feet
2	LX_1010	Num	8	3.	3.	PARENTAL HEIGHT - First study visit only or until both are completed1.Biological mother's height (complete height or check unknown) __ __ inches
3	LX_1020	Num	8	2.	2.	PARENTAL HEIGHT - First study visit only or until both are completed 1.Biological mother's height (complete height or check unknown) (9=Don't Know)
4	LX_1030	Num	8	2.	2.	Biological father's height (complete height or check unknown) __ feet
5	LX_1040	Num	8	3.	3.	Biological father's height (complete height or check unknown) __ __ inches
6	LX_1050	Num	8	2.	2.	Biological father's height (complete height or check unknown) (9=Don't Know)
7	LX_1060	Num	8	2.	2.	PARTICIPANT MEASUREMENTS - Complete at all applicable study visits3. What type of height measurement was obtained? 1=Standing height, 2=Length
8	LX_1070	Num	8	6.1	6.1	Participant height/length, First measurement __ __ __ . __ cm
9	LX_1080	Num	8	6.1	6.1	Participant height/length, Second measurement __ __ __ . __ cm
10	LX_1090	Num	8	6.1	6.1	Participant height/length, Third measurement __ __ __ . __ cm
11	LX_1100	Num	8	6.1	6.1	Average height or length measurement __ __ __ . __ cm
12	LX_1110	Num	8	2.	2.	In your judgment, was the participant's height or length measurement acceptable? 1=Yes,0=No
13	LX_1130	Num	8	6.1	6.1	Weight (shoes off, light clothing) __ __ __ . __ kg
14	LX_1140	Num	8	2.	2.	ORAL CANDIDIASIS5.Does the participant have evidence of oral candidiasis? 1=Yes,0=No
15	VDATE	Num	8			Number of days from Visit 1 to this visit
16	VNUM	Num	8			Visit Number (numeric)
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: o_comply.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	OCP_1000	Num	8	2.	2.	Has the participant used OCELOT therapy since the last visit? 1=Yes,0=No
2	OCP_1020	Num	8	5.	5.	Bottle Number 2 - OCE - __ __ __
3	OCP_1030	Num	8	4.	4.	Bottle Weight __ __ __ mg
4	OCP_1040	Num	8	4.	4.	Participant's Dose per day __ __ __ ml
5	OCP_1050	Num	8	7.2	7.2	Total Dosage=Q5 X 5 x (ml to mg conversion factor) __ __ __.__ __ mg
6	OCP_1060	Num	8	6.1	6.1	Adherence=((Weight of full bottle - Q4)/Q6) x 100 __ __ __ . __ Pct
7	OCP_1010	Num	8			Date of OCELOT therapy usage DATE
8	VDATE	Num	8			Number of days from Visit 1 to this visit
9	VNUM	Num	8			Visit Number (numeric)
10	RAND_ID	Char	6			Randomized Master ID
11	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
12	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: o_sched.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	OCE_1000	Num	8	2.	2.	Was OCELOT therapy started? 1=Yes,0=No
2	OCE_1020	Num	8	5.	5.	Time the OCELOT therapy started (based on a 24-hour clock)
3	OCE_1030	Num	8	2.	2.	Has the participant had any of the following symptoms requiring immediate medical attention? 1=Yes,0=No
4	OCE_1040	Num	8	2.	2.	Was there an unscheduled visit for acute asthma ? 1=Yes,0=No
5	OCE_1050	Num	8	2.	2.	If unscheduled visit for acute asthma, did the patient receive: more than 1 albuterol* treatment? 1=Yes,0=No
6	OCE_1060	Num	8	2.	2.	If unscheduled visit for acute asthma, did the patient receive: 1 albuterol* treatment lasting more than 1 hour? 1=Yes,0=No
7	OCE_1070	Num	8	2.	2.	Has the participant had an unscheduled visit for acute asthma care in a physician's office during which the child was transferred to urgent care or the emergency department due to severity of respiratory symptoms? 1=Yes,0=No
8	OCE_1080	Num	8	2.	2.	Has the participant received systemic steroids for respiratory symptoms? 1=Yes,0=No
9	OCE_1090	Num	8	2.	2.	Has the participant been hospitalized for asthma? 1=Yes,0=No
10	OCE_1100	Num	8	2.	2.	Has the participant developed persistent symptoms ? 1=Yes,0=No
11	OCE_1110	Num	8	2.	2.	Has a physician deemed the participant a study failure? 1=Yes,0=No
12	OCE_1120	Num	8	2.	2.	Is the participant a Study Failure? 1=Yes,0=No
13	OCE_1010	Num	8			If YES, record date and time OCELOT therapy was started. Date the OCELOT therapy started. DATE
14	OCE_1130	Num	8			If YES, date study failure occurred STOP HERE. DATE
15	OCE_1140	Num	8			Date scheduled for Visit 20 DATE
16	VDATE	Num	8			Number of days from Visit 1 to this visit
17	VNUM	Num	8			Visit Number (numeric)
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: o_term.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	OTR_1000	Num	8	2.	2.	Has the participant completed the OCELOT study? 1=Yes,0=No
2	OTR_1010	Num	8	2.	2.	Indicate the primary reason the participant has withdrawn from the study: 1=participant deemed study failure, 2=parent withdrew consent, 3=participant experienced a serious adverse event*, 4=side effects of study medications**, 5=physician initiated termin
3	VDATE	Num	8			Number of days from Visit 1 to this visit
4	VNUM	Num	8			Visit Number (numeric)
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: o_trtqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	OTT_1000	Num	8	2.	2.	How well were your child's wheezing symptoms controlled during the OCELOT study? 1=Not at all, 2=Hardly at all, 3=Somewhat, 4=Fairly, 5=Very well
2	OTT_1010	Num	8	2.	2.	For the OCELOT study, your child was randomized to receive either Azithromycin or placebo. Please check the box that most closely represents your feelings about which of the two treatments your child was receiving.(1020) (1=Prednisolone, 2=Placebo)
3	OTT_1020	Num	8	2.	2.	In general, did you have difficulty in having your child take the drug? 1=Yes,0=No
4	OTT_1030	Num	8	2.	2.	If YES, what was the primary reason for the difficulty? 1=Tasted bad, 2=Smelled bad, 3=Inconvenient, 4=Forgot, 5=Too busy, 6=Doesn't like medicine, 7=Just didn't want to, 8=Other (specify
5	OTT_1040	Num	8	2.	2.	Did the child have any stomach-related problems while taking OCELOTtherapy? 1=Yes,0=No
6	OTT_1050	Num	8	2.	2.	Did the child have any stomach-related problems while taking OCELOT therapy? Stomach Ache (1=Yes,0=No)
7	OTT_1060	Num	8	2.	2.	Did the child have any stomach-related problems while taking OCELOT therapy? Nausea (1=Yes,0=No)
8	OTT_1070	Num	8	2.	2.	Did the child have any stomach-related problems while taking OCELOT therapy? Upset Stomach (1=Yes,0=No)
9	OTT_1080	Num	8	2.	2.	Did the child have any stomach-related problems while taking OCELOT therapy? Vomiting (1=Yes,0=No)
10	OTT_1090	Num	8	2.	2.	In your opinion, which of the two treatments was the participant receiving? 1=Prednisolone, 2=Placebo, 3=No idea
11	VDATE	Num	8			Number of days from Visit 1 to this visit
12	VNUM	Num	8			Visit Number (numeric)
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: pad.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAD_1000	Num	8	2.	2.	Please state HOW OFTEN your child has experienced each of the following symptoms in the last 24 hours: Coughing (1-2=Not at all, 3-4-5=Half of the time, 6-7=All of the time, 8=Cannot Answer)
2	PAD_1010	Num	8	2.	2.	Please state HOW OFTEN your child has experienced each of the following symptoms in the last 24 hours: Wheezing/whistling in the chest (1-2=Not at all, 3-4-5=Half of the time, 6-7=All of the time, 8=Cannot Answer)
3	PAD_1020	Num	8	2.	2.	Please state HOW OFTEN your child has experienced each of the following symptoms in the last 24 hours: Loud breathing (1-2=Not at all, 3-4-5=Half of the time, 6-7=All of the time, 8=Cannot Answer)
4	PAD_1030	Num	8	2.	2.	Please state HOW OFTEN your child has experienced each of the following symptoms in the last 24 hours: Fast breathing (1-2=Not at all, 3-4-5=Half of the time, 6-7=All of the time, 8=Cannot Answer)
5	PAD_1040	Num	8	2.	2.	Please state HOW OFTEN your child has experienced each of the following symptoms in the last 24 hours: Gasping for air (1-2=Not at all, 3-4-5=Half of the time, 6-7=All of the time, 8=Cannot Answer)
6	PAD_1050	Num	8	2.	2.	Please state HOW OFTEN your child has experienced each of the following symptoms in the last 24 hours: Stomach pushing out with each breath (1-2=Not at all, 3-4-5=Half of the time, 6-7=All of the time, 8=Cannot Answer)
7	PAD_1060	Num	8	2.	2.	Please state HOW OFTEN your child has experienced each of the following symptoms in the last 24 hours: Skin pulling in the neck/throat (1-2=Not at all, 3-4-5=Half of the time, 6-7=All of the time, 8=Cannot Answer)
8	PAD_1070	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Coughing (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)
9	PAD_1080	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Sleep disturbed by cough, wheeze or difficulty breathing (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)
10	PAD_1090	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Decrease in energy level (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer
11	PAD_1100	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Unwilling to move around (e.g. wants to be carried) (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)
12	PAD_1110	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Loss of appetite (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)
13	PAD_1120	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Requesting more attention and/or extra care (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)
14	PAD_1130	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Irritable/cranky/fussy (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)

Num	Variable	Type	Len	Format	Informat	Label
15	PAD_1140	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Responds less well to albuterol (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)
16	PAD_1150	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: Responds less rapidly to albuterol (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)
17	PAD_1160	Num	8	2.	2.	Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours: The effect of albuterol does not last as long as usual (1-2=Not at all, 3-4-5=Moderately, 6-7=Extremely, 8=Cannot Answer)
18	PAD_1170	Num	8	2.	2.	Have you noticed an improvement or a worsening of your child's asthma over the past 24 hours?
19	PAD_1180	Num	8	3.	3.	In the past 24 hours:How many albuterol treatments were administered ?
20	PAD_1190	Num	8	2.	2.	Has your child started OCELOT therapy? 1=Yes,0=No
21	PAD_1200	Num	8	3.	3.	How many hours have YOU spent with the child in the past 24 hours?
22	PAD_1210	Num	8	2.	2.	This questionnaire was filled by: (1=Mother, 2=Father, 3=Other (specify))
23	DDATE	Num	8			Diary date
24	VDATE	Num	8			Number of days from Visit 1 to this visit
25	VNUM	Num	8			Visit Number (numeric)
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: perssymp.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PS_1000	Num	8	2.	2.	During the past 2 weeks, did your child have wheezing or cough? 1=Yes,0=No
2	PS_1010	Num	8	3.	3.	During the past 2 weeks, how many days did your child have wheezing or cough?
3	PS_1040	Num	8	2.	2.	During the past 2 weeks, did your child awaken from sleep due to asthma symptoms? 1=Yes,0=No
4	PS_1050	Num	8	3.	3.	If YES, how many nights?
5	PS_1020	Num	8	2.	2.	During the past 2 weeks, did your child have to slow down his/her play or activities due to asthma symptoms? 1=Yes,0=No
6	PS_1030	Num	8	3.	3.	If YES, how many days?
7	PS_1060	Num	8	2.	2.	During the past 2 weeks, did your child take albuterol ? 1=Yes,0=No
8	PS_1070	Num	8	3.	3.	If YES, how many days?
9	VDATE	Num	8			Number of days from Visit 1 to this visit
10	VNUM	Num	8			Visit Number (numeric)
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: phone.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PHN_1000	Num	8	2.	2.	During the past 2 weeks, was your child absent from school or daycare due to breathing problems? 1=Yes, 0=No, 9=NA
2	PHN_1010	Num	8	3.	3.	During the past 2 weeks, how many days was your child absent from school or daycare due to breathing problems?
3	PHN_1020	Num	8	2.	2.	During the past 2 weeks, was a parent unable to go to work or school due to your child's breathing problems? 1=Yes, 0=No, 9=N/A
4	PHN_1030	Num	8	3.	3.	During the past 2 weeks, how many days was a parent unable to go to work or school due to your child's breathing problems?
5	PHN_1040	Num	8	2.	2.	During the past 2 weeks, has your child been to a doctor for breathing problems? 1=Yes,0=No
6	PHN_1050	Num	8	3.	3.	During the past 2 weeks, how many times has your child been to a doctor for breathing problems?
7	PHN_1060	Num	8	2.	2.	During the past 2 weeks, has your child been to an ER/urgent care facility for breathing problems? 1=Yes,0=No
8	PHN_1070	Num	8	2.	2.	During the past 2 weeks, has your child been hospitalized for breathing problems? 1=Yes,0=No
9	PHN_1080	Num	8	2.	2.	During the past 2 weeks, did your child have wheezing or cough? 1=Yes,0=No
10	PHN_1090	Num	8	3.	3.	During the past 2 weeks, how many days did your child have wheezing or cough?
11	PHN_1100	Num	8	2.	2.	During the past 2 weeks, did your child awaken from sleep due to asthma symptoms? 1=Yes,0=No
12	PHN_1110	Num	8	3.	3.	During the past 2 weeks, how many nights did your child awaken from sleep due to asthma symptoms?
13	PHN_1120	Num	8	2.	2.	During the past 2 weeks, did your child have to slow down his/her play or activities due to asthma symptoms? 1=Yes,0=No
14	PHN_1130	Num	8	3.	3.	During the past 2 weeks, how many days did your child have to slow down his/her play or activities due to asthma symptoms?
15	PHN_1140	Num	8	2.	2.	During the past 2 weeks, did your child take any albuterol ? 1=Yes,0=No
16	PHN_1150	Num	8	3.	3.	During the past 2 weeks, how many days did your child take albuterol?
17	PHN_1160	Num	8	2.	2.	Since the last visit or phone contact, did your child start APRIL therapy? 1=Yes,0=No
18	PHN_1170	Num	8	3.	3.	Since the last visit or phone contact, how many times did your child have APRIL therapy?
19	VDATE	Num	8			Number of days from Visit 1 to this visit
20	VNUM	Num	8			Visit Number (numeric)
21	RAND_ID	Char	6			Randomized Master ID
22	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
23	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: pram.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PRM_1000	Num	8	5.	5.	Time albuterol was administered (based on 24-hour clock)
2	PRM_1010	Num	8	5.	5.	Time PRAM was started (based on 24-hour clock)
3	PRM_1015	Num	8	6.1	6.1	02 Saturation in room air* (actual value)
4	PRM_1020	Num	8	2.	2.	02 Saturation in room air* (0=95Pct, 1=92Pct - 94Pct, 2=< 92Pct)
5	PRM_1030	Num	8	2.	2.	Suprasternal retractions (0=Absent, 2=Present)
6	PRM_1040	Num	8	2.	2.	Scalene muscle contraction (0=Absent, 2=Present)
7	PRM_1050	Num	8	2.	2.	Air entry+ (0=Normal, 1=Decreased at base, 2=Widespread decrease, 3=Minimal/Absent)
8	PRM_1060	Num	8	2.	2.	Wheezing+ (0=Absent, 1=Expiratory, 2=Inspiratory with/without expiratory, 3=Audible without stethoscope or absent with no air entry)
9	VDATE	Num	8			Number of days from Visit 1 to this visit
10	VNUM	Num	8			Visit Number (numeric)
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: pred.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PR_1010	Num	8	2.	2.	Why was the prednisolone course prescribed? 1=Symptoms did not improve after 3 albuterol treatments administered every 20 minutes, 2=2 albuterol treatments within 4 hours, 3=> 6 albuterol treatments were needed for > 24 hours, 4=Moderate-severe cough or wh
2	PR_1000	Num	8			Administer prednisolone at 2mg/kg per day for 2 days (maximum 60mg) followed by 1 mg/kg per day for 2 days (maximum 30mg). Start date of prednisolone
3	VDATE	Num	8			Number of days from Visit 1 to this visit
4	VNUM	Num	8			Visit Number (numeric)
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: priortrt.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_1540	Num	8	3.	3.	Indicate number of daily treatments Steroids by Nebulizer used during the past 12 months
20	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
21	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)
22	PTR_1600	Num	8	5.	5.	Indicate most recent type of combination medication taken (refer to PRIOR_TRT_CARD reference card) code
23	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
24	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
25	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)
26	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)
27	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)
28	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)
29	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)
30	PTR_1830	Num	8	2.	2.	Other Medication FOR ASTHMA OR ALLERGIES (1=Yes, 0=No, 9=Don't Know)
31	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)
32	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)
33	VDATE	Num	8			Number of days from Visit 1 to this visit
34	VNUM	Num	8			Visit Number (numeric)
35	DATE_Q02	Num	8			Short-acting Inhaled Beta-Agonists by Inhaler (e.g., albuterol, Primatene Mist, Maxair, ProAir, Proventil, Ventolin, Xopenex) Date
36	DATE_Q03	Num	8			Rescue treatment via a Nebulizer Machine (e.g., albuterol, ipratropium, Combivent, Xopenex, levalbuterol) Date
37	DATE_Q04	Num	8			Long-acting Inhaled Beta-Agonists (e.g., Serevent, Foradil, salmeterol, formoterol) Do not consider combination medications. Date
38	DATE_Q05	Num	8			Oral Beta-Agonists (e.g., albuterol, Brethine, Bricanyl, metaproterenol, Proventil, Ventolin, Repetabs, Volmax) Date
39	DATE_Q06	Num	8			Oral Theophylline (short-acting or sustained release) (e.g., Aminophylline, Slo-Phyllin, Slo-bid, Theo-Dur, Uniphyl) Date
40	DATE_Q07	Num	8			Inhaled Anticholinergic by Inhaler (e.g., Atrovent, Combivent, Spiriva) Date

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

Data Set Name: qol.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QOL_1000	Num	8	2.	2.	During my child¿s flare-up, I felt: 1. Sad (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
2	QOL_1010	Num	8	2.	2.	During my child's flare-up, I felt: Stressed (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
3	QOL_1020	Num	8	2.	2.	During my child's flare-up, I felt: Nervous (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
4	QOL_1030	Num	8	2.	2.	During my child's flare-up, I felt: Tired (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
5	QOL_1040	Num	8	2.	2.	During my child's flare-up, I felt: Sorry for my child (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
6	QOL_1050	Num	8	2.	2.	During my child¿s flare-up, I was concerned:6. About how severe the asthma flare-up could get. (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
7	QOL_1060	Num	8	2.	2.	During my child's flare-up, I was concerned: That my child may lack oxygen (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
8	QOL_1070	Num	8	2.	2.	During my child's flare-up, I was concerned: About not being able to control the asthma flare-up at home (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
9	QOL_1080	Num	8	2.	2.	During my child's flare-up, I was concerned: About the possible lack of effectiveness of the asthma medication used for the flareup (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
10	QOL_1090	Num	8	2.	2.	During my child's flare-up, I was concerned: About having difficulty assessing the severity of the asthma flare-up (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
11	QOL_1100	Num	8	2.	2.	During my child's flare-up, I was concerned: About a possibly long stay in the emergency, at the clinic, or at the hospital (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
12	QOL_1110	Num	8	2.	2.	During my child's flare-up, I was concerned: About the risk of giving my child too much medication (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
13	QOL_1120	Num	8	2.	2.	During my child's flare-up, I was concerned: About the side effects of the medications used to control the flare-up (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
14	QOL_1130	Num	8	2.	2.	During my child's flare-up, I was concerned: That, in my absence, the person taking care of my child might not know what to do (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
15	QOL_1140	Num	8	2.	2.	During my child's flare-up, I was concerned: That, in my absence, the person taking care of my child might not know how to administer the medications properly (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
16	QOL_1150	Num	8	2.	2.	During my child¿s flare-up, I experienced:16. The need to change my family¿s sleeping arrangements. (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
17	QOL_1160	Num	8	2.	2.	During my child's flare-up, I experienced: A decrease in my ability to take care of my responsibilities at home (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)

Num	Variable	Type	Len	Format	Informat	Label
18	QOL_1170	Num	8	2.	2.	During my child's flare-up, I experienced: A loss of sleep in order to take care of my child (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
19	QOL_1180	Num	8	2.	2.	During my child's flare-up, I experienced: A loss of sleep because I worried for my child (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
20	QOL_1190	Num	8	2.	2.	During my child's flare-up, I experienced: A disruption in family activities because of the asthma flare-up (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
21	QOL_1200	Num	8	2.	2.	During my child's flare-up, I experienced: A decrease in the amount of time that I set aside for my own needs during my child's flare-up (0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely, 9=Cannot Answer)
22	QOL_1210	Num	8	2.	2.	SECTION D: 22. Overall, how did this asthma flare-up affect you? 0=Not at all, 1-2-3=Moderately, 4-5-6=Extremely
23	QOL_1220	Num	8	3.	3.	SECTION E: During your child's flare-up: 23. How many days of work or regular planned activities did you miss becauseyou had to take care of your child?
24	QOL_1230	Num	8	4.	4.	To what extent were you able to go about performing your work or regular planned activities?
25	QOL_1240	Num	8	2.	2.	Do you currently work for pay? 1=Yes,0=No
26	QOL_1250	Num	8	2.	2.	This questionnaire was completed by: (1=Mother, 2=Father, 3=Other (specify))
27	VDATE	Num	8			Number of days from Visit 1 to this visit
28	VNUM	Num	8			Visit Number (numeric)
29	RAND_ID	Char	6			Randomized Master ID
30	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
31	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: regimen.sas7bdat

Num	Variable	Type	Len	Label
1	APR_REG	Char	12	APRIL Regimen
2	OCE_REG	Char	12	OCELOT Regimen
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: 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: sei.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SEI_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other (specify
2	SEI_1010	Num	8	3.	3.	Highest education of any household member (0=No High School diploma, 1=GED, 2=High Schol grad, 3=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	SEI_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	SEI_1030	Num	8	3.	3.	How many people are supported by this income reported in Q3?
5	VDATE	Num	8			Number of days from Visit 1 to this visit
6	VNUM	Num	8			Visit Number (numeric)
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: 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	VDATE	Num	8			Number of days from Visit 1 to this visit
27	VNUM	Num	8			Visit Number (numeric)
28	RAND_ID	Char	6			Randomized Master ID
29	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
30	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: sexam.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SX_1060	Num	8	2.	2.	What type of height measurement was obtained? 1=Standing height, 2=Length
2	SX_1070	Num	8	6.1	6.1	Participant height/length, First measurement __ __ __ . __ cm
3	SX_1080	Num	8	6.1	6.1	Participant height/length, Second measurement __ __ __ . __ cm
4	SX_1090	Num	8	6.1	6.1	Participant height/length, Third measurement __ __ __ . __ cm
5	SX_1100	Num	8	6.1	6.1	Average height or length measurement __ __ __ . __ cm
6	SX_1110	Num	8	2.	2.	In your judgment, was the participant's height or length measurement acceptable? 1=Yes,0=No
7	SX_1130	Num	8	6.1	6.1	Weight (shoes off, light clothing) __ __ __ . __ kg
8	SX_1140	Num	8	2.	2.	Does the participant have evidence of oral candidiasis? 1=Yes,0=No
9	VDATE	Num	8			Number of days from Visit 1 to this visit
10	VNUM	Num	8			Visit Number (numeric)
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: study_fl.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	FL_1030	Num	8	2.	2.	Has the participant had any of the following symptoms requiring immediate medical attention? 1=Yes,0=No
2	FL_1040	Num	8	2.	2.	Was there an unscheduled visit for acute asthma ? 1=Yes,0=No
3	FL_1050	Num	8	2.	2.	If unscheduled visit for acute asthma, did the patient receive: more than 1 albuterol* treatment? 1=Yes,0=No
4	FL_1060	Num	8	2.	2.	If unscheduled visit for acute asthma, did the patient receive: 1 albuterol* treatment lasting more than 1 hour? 1=Yes,0=No
5	FL_1070	Num	8	2.	2.	Has the participant had an unscheduled visit for acute asthma care in a physician's office during which the child was transferred to urgent care or the emergency department due to severity of respiratory symptoms? 1=Yes,0=No
6	FL_1080	Num	8	2.	2.	Has the participant received systemic steroids for respiratory symptoms? 1=Yes,0=No
7	FL_1090	Num	8	2.	2.	Has the participant been hospitalized for asthma? 1=Yes,0=No
8	FL_1100	Num	8	2.	2.	Has the participant developed persistent symptoms ? 1=Yes,0=No
9	FL_1110	Num	8	2.	2.	Has a physician deemed the participant a study failure? 1=Yes,0=No
10	FL_1120	Num	8	2.	2.	Is the participant a Study Failure? 1=Yes,0=No
11	FL_1130	Num	8			Date sudy failure occurred. DATE
12	VDATE	Num	8			Number of days from Visit 1 to this visit
13	VNUM	Num	8			Visit Number (numeric)
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: survey.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SRV_1000	Num	8	5.	5.	What is usually the very first general symptom you notice that leads you to believe your child is starting a respiratory illness:
2	SRV_1010	Num	8	5.	5.	What is usually the very first specific symptom you notice that leads you to believe your child is starting a respiratory illness:
3	SRV_1020	Num	8	2.	2.	Is there usually a symptom you notice that makes you very certain that the illness will lead to significant breathing problems? 1=Yes,0=No
4	SRV_1030	Num	8	5.	5.	What is usually the most important general symptom you notice that makes you feel certain the illness will lead to significant breathing problems:
5	SRV_1040	Num	8	5.	5.	What is usually the most important specifc symptom you notice that makes you feel certain the illness will lead to significant breathing problems:
6	SRV_1050	Num	8	2.	2.	Is there usually a second symptom you notice that makes you very certain that the illness will lead to significant breathing problems? 1=Yes,0=No
7	SRV_1060	Num	8	5.	5.	What is usually the second general symptom you notice that makes you feel certain the illness will lead to significant breathing problems:
8	SRV_1070	Num	8	5.	5.	What is usually the second specific symptom you notice that makes you feel certain the illness will lead to significant breathing problems:
9	SRV_1080	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Appearance Changes (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
10	SRV_1090	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Appetite Changes (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
11	SRV_1100	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Behavior Changes (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
12	SRV_1110	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Breathing Problems (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
13	SRV_1120	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Changes in Sleep Patterns (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
14	SRV_1130	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Cough A (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
15	SRV_1140	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Cough B (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
16	SRV_1150	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Fever (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
17	SRV_1160	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Noisy Breathing (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)

Num	Variable	Type	Len	Format	Informat	Label
18	SRV_1170	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Noisy Chest (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
19	SRV_1180	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Nose Symptoms (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
20	SRV_1190	Num	8	2.	2.	When your child has a respiratory illness, how important are each of the symptoms? Activity Changes (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
21	VDATE	Num	8			Number of days from Visit 1 to this visit
22	VNUM	Num	8			Visit Number (numeric)
23	RAND_ID	Char	6			Randomized Master ID
24	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
25	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: sympcc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SYM_1000	Num	8	5.	5.	What was the very first symptom you noticed that led you to believe your child is starting a respiratory illness, general:
2	SYM_1010	Num	8	5.	5.	What was the very first symptom you noticed that led you to believe your child is starting a respiratory illness, Specific:
3	SYM_1020	Num	8	5.	5.	What was the most important symptom you noticed that made you feel certain this illness would lead to significant breathing problems, General:
4	SYM_1030	Num	8	5.	5.	What was the most important symptom you noticed that made you feel certain this illness would lead to significant breathing problems, Specific:
5	SYM_1040	Num	8	5.	5.	What were the two most important symptoms present that led you to start the respiratory illness medications, General:
6	SYM_1050	Num	8	5.	5.	What were the two most important symptoms present that led you to start the respiratory illness medications, Specific:
7	SYM_1060	Num	8	5.	5.	What were the two most important symptoms present that led you to start the respiratory illness medications, General:
8	SYM_1070	Num	8	5.	5.	What were the two most important symptoms present that led you to start the respiratory illness medications, Specific:
9	SYM_1080	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Appearance Changes (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
10	SYM_1090	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Appetite Changes (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
11	SYM_1100	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Behavior Changes (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
12	SYM_1110	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Breathing Problems (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
13	SYM_1120	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Changes in Sleep Patterns (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
14	SYM_1130	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Cough A (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
15	SYM_1140	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Cough B (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
16	SYM_1150	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Fever (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)

Num	Variable	Type	Len	Format	Informat	Label
17	SYM_1160	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Noisy Breathing (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
18	SYM_1170	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Noisy Chest (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
19	SYM_1180	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Nose Symptoms (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
20	SYM_1190	Num	8	2.	2.	For the respiratory illness that your child is currently experiencing, how important are each of the symptoms? Activity Changes (0=Not at all important, 1=Mildly important, 2=Moderately important, 3=Very important, 9=Not applicable)
21	VDATE	Num	8			Number of days from Visit 1 to this visit
22	VNUM	Num	8			Visit Number (numeric)
23	RAND_ID	Char	6			Randomized Master ID
24	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
25	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: termr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TRR_1010	Num	8	3.	3.	Primary reason the participant has withdrawn from the study, see form for full list.
2	VDATE	Num	8			Number of days from Visit 1 to this visit
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: trtfail.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TXF_1000	Num	8	2.	2.	Has the participant used more than 6 albuterol treatments over a 24 hour period ? 1=Yes,0=No
2	TXF_1010	Num	8	2.	2.	Has the participant had symptoms that are more than mild after 3 back-to-back albuterol treatments in 1 hour? 1=Yes,0=No
3	TXF_1020	Num	8	2.	2.	Has the participant received 2 albuterol treatments within 4 hours? 1=Yes,0=No
4	TXF_1030	Num	8	2.	2.	Has the participant had moderate-severe cough or wheeze for 5 or more days during which APRIL therapy was used? 1=Yes,0=No
5	TXF_1040	Num	8	2.	2.	Has a physician deemed the participant a treatment failure? 1=Yes,0=No
6	TXF_1050	Num	8	2.	2.	Is the participant a treatment failure? 1=Yes,0=No
7	TXF_1060	Num	8			Date treatment failure occurred. DATE
8	VDATE	Num	8			Number of days from Visit 1 to this visit
9	VNUM	Num	8			Visit Number (numeric)
10	RAND_ID	Char	6			Randomized Master ID
11	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
12	ENROLL_ORDER	Num	8			Enrollment Order Number