Data Set Name: aaaq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	AAQ_1000	Num	8	2.	2.	In the past 3 days, how much of the time did your asthma keep you from doing your usual activities at work, school, or at home? 0=None of the time, 1=A little of the time, 2=Some of the time, 3=Most of the time, 4=All of the time
3	AAQ_1010	Num	8	2.	2.	During the past 3 days, how often have you had asthma symptoms? 0=Not at all, 1=Once per day, 2=2-3 times per day, 3=4-5 times per day, 4=6 or more times per day
4	AAQ_1020	Num	8	2.	2.	During the past 3 days, how often have you used your rescue inhaler or nebulizer medication ? 0=Not at all, 1=Once per day, 2=2-3 times per day, 3=4-5 times per day, 4=6 or more times per day
5	AAQ_1030	Num	8	2.	2.	During the past 3 days, how many total times did your asthma symptoms wake you up from sleep? 0=Not at all, 1=1 time in the last 3 days, 2=2-3 times in the last 3 days, 3=4-5 times in the last 3 days, 4=>=6 times in the last 3 days
6	AAQ_1040	Num	8	2.	2.	How would you rate the amount of impairment you have experienced due to your asthma in the past 3 days? 0=No impairment, 1=Mild impairment, 2=Moderate impairment, 3=Severe impairment, 4=Very severe impairment
7	AAQ_1050	Num	8	2.	2.	How stressed or frightened were you by your asthma symptoms in the past 3 days? 0=Not at all, 1=Mildly, 2=Moderately, 3=Severely, 4=Very severely
8	AAQ_1060	Num	8	2.	2.	Why do you think your asthma was worse in the past 3 days compared to what is normal for you? 0=I have not been worse over the past 3 days. My asthma symptoms have been usual., 1=Common cold, 2=Allergies, 3=Pollution or chemical irritant, 4=Too little asth
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 0A 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: acq7.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	ACQ_1	Num	8	2.	2.	On average, during the past week, how often were you woken by your asthma 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	ACQ_2	Num	8	2.	2.	On average, during the past week, how bad were your asthma symptoms when you 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 severe symptoms
4	ACQ_3	Num	8	2.	2.	In general, during the past week, how limited were you in your activities because of your asthma? 0=Not limited at all, 1=Very slightly limited, 2=Slightly limited, 3=Moderately limited, 4=Very limited, 5=Extremely limited, 6=Totally limited
5	ACQ_4	Num	8	2.	2.	In general, during the past week, how much shortness of breath did you experience because of your asthma? 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	ACQ_5	Num	8	2.	2.	In general, during the past week, how much of the time did you 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	ACQ_6	Num	8	2.	2.	On average, during the past week, how many puffs/inhalations of short-acting bronchodilator have you used each day? 0=None, 1=1 - 2 puffs/inhalations most days, 2=3 - 4 puffs/inhalations most days, 3=5 - 8 puffs/inhalations most days, 4=9 - 12 puffs/inhal
8	ACQ_7	Num	8	2.	2.	FEV1
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 0A 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: act.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	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
3	ACT_2	Num	8	2.	2.	During the past 4 weeks, how often have you 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
4	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 or more nights a week, 2=2 to 3 nights a week, 3=Once a week, 4=Once or Twice, 5=Not at all
5	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
6	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
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 0A to this visit
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: aeclin.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	ICD9_CAT	Char	70			ICD-9 category
3	ICD9_LONG_DESC	Char	225			Long ICD-9 description
4	ICD9_SHORT_DESC	Char	35			Short ICD-9 description
5	AEC_1000	Num	8	3.	3.	Adverse Event Number
6	AEC_1010	Char	6	$6.	$6.	ICD9 Code
7	AEC_1040	Num	8	2.	2.	Ongoing at current visit
8	AEC_1050	Num	8	2.	2.	Type (1=Intermitent; 2=Continuous)
9	AEC_1060	Num	8	2.	2.	Severity (1=Mild; 2=Moderate; 3=Severe)
10	AEC_1070	Num	8	2.	2.	Serious (0=No, 1=Yes)
11	AEC_1080	Num	8	2.	2.	Likelyhood of Relationship to Study Drug(s) (1=None; 2=Unlikely (remote); 3=Possible; 4=Probable)
12	AEC_1090	Num	8	2.	2.	Change in Study Drugs (1=Unchanged; 2=Altered)
13	AEC_1100	Num	8	2.	2.	Outcome (1=Completely recovered; 2=Recovered, but with lasting effects; 3=Death)
14	AEC_1110	Num	8	2.	2.	Treatment Required (1=None; 2=Medication; 3=Hospitalization; 4=Other)
15	AEC_1120	Num	8	2.	2.	Ongoing at final visit
16	AEC_1020	Num	8			Date Started
17	AEC_1030	Num	8			Date Stopped
18	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
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: aqlq_12.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	AQA_1	Num	8	2.	2.	How Limited Have You Been During The Last 2 Weeks In These Activities As A Result Of Your Asthma? STRENUOUS ACTIVITIES 1=Totally Limited, 2=Extremely Limited, 3=Very Limited, 4=Moderate Limitation, 5=Some Limitation, 6=A Little Limitation, 7=Not at all Lim
3	AQA_2	Num	8	2.	2.	How Limited Have You Been During The Last 2 Weeks In These Activities As A Result Of Your Asthma? MODERATE ACTIVITIES 1=Totally Limited, 2=Extremely Limited, 3=Very Limited, 4=Moderate Limitation, 5=Some Limitation, 6=A Little Limitation, 7=Not at all Limi
4	AQA_3	Num	8	2.	2.	How Limited Have You Been During The Last 2 Weeks In These Activities As A Result Of Your Asthma? SOCIAL ACTIVITIES 1=Totally Limited, 2=Extremely Limited, 3=Very Limited, 4=Moderate Limitation, 5=Some Limitation, 6=A Little Limitation, 7=Not at all Limite
5	AQA_4	Num	8	2.	2.	How Limited Have You Been During The Last 2 Weeks In These Activities As A Result Of Your Asthma? WORK/SCHOOL-RELATED ACTIVITIES* *If you are not employed or self-employed, these should be tasks you have to do most days. 1=Totally Limited, 2=Extremely Lim
6	AQA_5	Num	8	2.	2.	How Limited Have You Been During The Last 2 Weeks In These Activities As A Result Of Your Asthma? SLEEPING 1=Totally Limited, 2=Extremely Limited, 3=Very Limited, 4=Moderate Limitation, 5=Some Limitation, 6=A Little Limitation, 7=Not at all Limited
7	AQA_6	Num	8	2.	2.	How Much Discomfort Or Distress Have You Felt During The Last 2 Weeks? How much discomfort or distress have you felt over the last 2 weeks as a result of CHEST TIGHTNESS? 1=A Very Great Deal, 2=A Great Deal, 3=A Good Deal, 4=Moderate Amount, 5=Some, 6=Very
8	AQA_7	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel CONCERNED ABOUT HAVING ASTHMA? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
9	AQA_8	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel SHORT OF BREATH as a result of your asthma? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
10	AQA_9	Num	8	2.	2.	During The Last 2 Weeks Did You: Experience asthma symptoms as a RESULT OF BEING EXPOSED TO CIGARETTE SMOKE? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of th
11	AQA_10	Num	8	2.	2.	During The Last 2 Weeks Did You: Experience a WHEEZE in your chest? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
12	AQA_11	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF CIGARETTE SMOKE? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of t

Num	Variable	Type	Len	Format	Informat	Label
13	AQA_12	Num	8	2.	2.	How Much Discomfort Or Distress Have You Felt During The Last 2 Weeks? How much discomfort or distress have you felt over the last 2 weeks as a result of COUGHING? 1=A Very Great Deal, 2=A Great Deal, 3=A Good Deal, 4=Moderate Amount, 5=Some, 6=Very Little
14	AQA_13	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel FRUSTRATED as a result of your asthma? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
15	AQA_14	Num	8	2.	2.	During The Last 2 Weeks Did You: Experience a feeling of CHEST HEAVINESS? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
16	AQA_15	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel CONCERNED ABOUT THE NEED TO USE MEDICATION for your asthma? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
17	AQA_16	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel the need to CLEAR YOUR THROAT? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
18	AQA_17	Num	8	2.	2.	During The Last 2 Weeks Did You: Experience asthma symptoms as a RESULT OF BEING EXPOSED TO DUST? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
19	AQA_18	Num	8	2.	2.	During The Last 2 Weeks Did You: Experience DIFFICULTY BREATHING OUT as a result of your asthma? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
20	AQA_19	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF DUST? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
21	AQA_20	Num	8	2.	2.	During The Last 2 Weeks Did You: WAKE UP IN THE MORNING WITH ASTHMA SYMPTOMS? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
22	AQA_21	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel AFRAID OF NOT HAVING YOUR ASTHMA MEDICATION AVAILABLE? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
23	AQA_22	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel bothered by HEAVY BREATHING? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
24	AQA_23	Num	8	2.	2.	During The Last 2 Weeks Did You: Experience asthma symptoms as a RESULT OF THE WEATHER OR AIR POLLUTION OUTSIDE? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None o
25	AQA_24	Num	8	2.	2.	During The Last 2 Weeks Did You: Were you WOKEN AT NIGHT by your asthma? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time

Num	Variable	Type	Len	Format	Informat	Label
26	AQA_25	Num	8	2.	2.	During The Last 2 Weeks Did You: AVOID OR LIMIT GOING OUTSIDE BECAUSE OF THE WEATHER OR AIR POLLUTION? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
27	AQA_26	Num	8	2.	2.	During The Last 2 Weeks Did You: Experience asthma symptoms as a RESULT OF BEING EXPOSED TO STRONG SMELLS OR PERFUME? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=N
28	AQA_27	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel AFRAID OF GETTING OUT OF BREATH? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
29	AQA_28	Num	8	2.	2.	During The Last 2 Weeks Did You: Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF STRONG SMELLS OR PERFUME? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=
30	AQA_29	Num	8	2.	2.	During The Last 2 Weeks Did You: Has your asthma INTERFERED WITH GETTING A GOOD NIGHTS SLEEP? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
31	AQA_30	Num	8	2.	2.	During The Last 2 Weeks Did You: Have a feeling of FIGHTING FOR AIR? 1=All of the Time, 2=Most of the Time, 3=A Good Bit of the Time, 4=Some of the Time, 5=A Little of the Time, 6=Hardly Any of the Time, 7=None of the Time
32	AQA_31	Num	8	2.	2.	How Limited Have You Been During The Last 2 Weeks? Think of the OVERALL RANGE OF ACTIVITIES that you would have liked to have done during the last 2 weeks. How much has your range of activities been limited by your asthma? 1=Severely Limited Most Not Done,
33	AQA_32	Num	8	2.	2.	How Limited Have You Been During The Last 2 Weeks? Overall, among ALL THE ACTIVITIES that you have done during the last 2 weeks, how limited have you been by your asthma? 1=Totally Limited, 2=Extremely Limited, 3=Very Limited, 4=Moderate Limitation, 5=Some
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 0A to this visit
37	RAND_ID	Char	6			Randomized Master ID
38	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
39	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: asthma_hx_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	AHA_1000	Num	8	3.	3.	ASTHMA HISTORY1.Approximately how old were you when chest symptoms suggesting asthma first appeared?
3	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
4	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
5	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
6	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
7	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
8	AHA_1070	Num	8	3.	3.	How old were you when a doctor first diagnosed you with asthma?
9	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)
10	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)
11	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)
12	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)
13	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
14	AHA_1140	Num	8	2.	2.	Do your asthma symptoms worsen during the Winter? 1=Yes,0=No
15	AHA_1150	Num	8	2.	2.	Do your asthma symptoms worsen during the Spring? 1=Yes,0=No
16	AHA_1160	Num	8	2.	2.	Do your asthma symptoms worsen during the Summer? 1=Yes,0=No
17	AHA_1170	Num	8	2.	2.	Do your asthma symptoms worsen during the Fall? 1=Yes,0=No
18	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?
19	AHA_1190	Num	8	3.	3.	In the last 12 months, how many overnight hospitalizations have you had due to asthma?
20	AHA_1200	Num	8	3.	3.	In the last 12 months, how many courses of systemic corticosteroid therapy for asthma have you taken?
21	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?
22	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?
23	AHA_1250	Num	8	2.	2.	Have you ever been admitted to an intensive care unit for asthma? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
24	AHA_1260	Num	8	3.	3.	How many times have you been admitted to an intensive care unit for asthma?
25	AHA_1270	Num	8	2.	2.	Have you ever had invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
26	AHA_1280	Num	8	2.	2.	Have you ever had non-invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
27	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)
28	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)
29	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)
30	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)
31	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)
32	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)
33	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)
34	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)
35	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)
36	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)
37	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)
38	AHA_1400	Num	8	2.	2.	Do any of the following currently provoke your asthma? Other (1=Yes,0=No)
39	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)
40	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)
41	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 (e.g., dust, pollens, molds, animal fur, feathers, dander) (1=Yes, 0=No, 8=Don't Know)
42	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)
43	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)
44	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)

Num	Variable	Type	Len	Format	Informat	Label
45	AHA_1470	Num	8	2.	2.	Have you ever had eczema / atopic dermatitis ? 1=Yes, 0=No, 8=Don't Know
46	AHA_1500	Num	8	2.	2.	If YES, was your eczema diagnosed by a doctor? 1=Yes,0=No
47	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)
48	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)
49	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)
50	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)
51	AHA_1730	Num	8	2.	2.	Did you grow up in a household where you were exposed to tobacco smoke? 1=Yes,0=No
52	AHA_1740	Num	8	2.	2.	Do you currently smoke? 1=Yes,0=No
53	AHA_1750	Num	8	5.1	5.1	Record smoking history in pack-years*. __ __ . __ pack-years
54	AHA_1760	Num	8	2.	2.	Were you ever a smoker? 1=Yes,0=No
55	AHA_1770	Num	8	5.1	5.1	Record smoking history in pack-years*. __ __ . __ pack-years
56	AHA_1780	Num	8	2.	2.	Do you currently live in a household where you are exposed to tobacco smoke? 1=Yes,0=No
57	AHA_1790	Num	8	2.	2.	Do you currently vape or use a hookah ? 1=Yes,0=No
58	AHA_1800	Num	8	2.	2.	How frequently do you vape or use a hookah? 1=Infrequently , 2=Occasionally , 3=Weekly , 4=Daily
59	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
60	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
61	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
62	AHA_1840	Num	8	2.	2.	Have you ever vaped or used a hookah in the past? 1=Yes,0=No
63	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)
64	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
65	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
66	VNUM_C	Char	3	$3.	$3.	Visit Number (character)

Num	Variable	Type	Len	Format	Informat	Label
67	VNUM	Num	8			Visit Number (numeric)
68	VDATE	Num	8			Number of days from Visit 0A to this visit
69	DATE_Q16B	Num	8			When was the last time that you vaped or used a hookah? Number of days from Visit 0A
70	RAND_ID	Char	6			Randomized Master ID
71	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
72	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: asthma_hx_ped.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	AHP_1000	Num	8	3.	3.	Approximately how old was the participant when chest symptoms suggesting asthma first appeared? YEARS
3	AHP_1010	Num	8	3.	3.	Approximately how old was the participant when chest symptoms suggesting asthma first appeared? MONTHS
4	AHP_1065	Num	8	2.	2.	Has a doctor diagnosed the participant with asthma? 1=Yes,0=No
5	AHP_1070	Num	8	3.	3.	If YES, how old was the participant when a doctor first diagnosed him/her with asthma? YEARS
6	AHP_1080	Num	8	3.	3.	If YES, how old was the participant when a doctor first diagnosed him/her with asthma? MONTHS
7	AHP_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)
8	AHP_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)
9	AHP_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)
10	AHP_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)
11	AHP_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
12	AHP_1140	Num	8	2.	2.	Do the participant's asthma symptoms worsen during the Winter? 1=Yes,0=No
13	AHP_1150	Num	8	2.	2.	Do the participant's asthma symptoms worsen during the Spring? 1=Yes,0=No
14	AHP_1160	Num	8	2.	2.	Do the participant's asthma symptoms worsen during the Summer? 1=Yes,0=No
15	AHP_1170	Num	8	2.	2.	Do the participant's asthma symptoms worsen during the Fall? 1=Yes,0=No
16	AHP_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?
17	AHP_1190	Num	8	3.	3.	In the last 12 months, how many overnight hospitalizations has the participant had due to asthma?
18	AHP_1200	Num	8	3.	3.	In the last 12 months, how many courses of systemic corticosteroid therapy for asthma has the participant taken?
19	AHP_1210	Num	8	4.	4.	In the last 12 months, how many days of work, school/daycare, or housework has the participant missed due to asthma?
20	AHP_1220	Num	8	3.	3.	In the past 3 months, how many days of work, school, or housework have you missed due to asthma?
21	AHP_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?

Num	Variable	Type	Len	Format	Informat	Label
22	AHP_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?
23	AHP_1250	Num	8	2.	2.	Has the participant ever been admitted to an intensive care unit for asthma? 1=Yes,0=No
24	AHP_1260	Num	8	3.	3.	How many times has the participant been admitted to an intensive care unit for asthma?
25	AHP_1270	Num	8	2.	2.	Has the participant ever had invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
26	AHP_1280	Num	8	2.	2.	Has the participant ever had non-invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
27	AHP_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)
28	AHP_1300	Num	8	2.	2.	Do any of the following currently provoke the participant's asthma? Menstrual cycle (If participant is male or a pre-menarche female, leave blank.) (1=Yes, 0=No, 8=Don't Know)
29	AHP_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)
30	AHP_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)
31	AHP_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)
32	AHP_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)
33	AHP_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)
34	AHP_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)
35	AHP_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)
36	AHP_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)
37	AHP_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)
38	AHP_1400	Num	8	2.	2.	Do any of the following currently provoke the participant's asthma? Other (1=Yes,0=No)
39	AHP_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)
40	AHP_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)
41	AHP_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)

Num	Variable	Type	Len	Format	Informat	Label
42	AHP_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)
43	AHP_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)
44	AHP_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)
45	AHP_1470	Num	8	2.	2.	Has the participant ever had eczema / atopic dermatitis ? 1=Yes, 0=No, 8=Don't Know
46	AHP_1480	Num	8	3.	3.	At what age did the participant FIRST have eczema? YEARS
47	AHP_1490	Num	8	3.	3.	At what age did the participant FIRST have eczema? MONTHS
48	AHP_1500	Num	8	2.	2.	If YES, was your eczema diagnosed by a doctor? 1=Yes,0=No
49	AHP_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
50	AHP_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)
51	AHP_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)
52	AHP_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)
53	AHP_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)
54	AHP_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)
55	AHP_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)
56	AHP_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)
57	AHP_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)
58	AHP_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)
59	AHP_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
60	AHP_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)
61	AHP_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)
62	AHP_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)
63	AHP_1642	Num	8	2.	2.	Did the participants mother vape while she was pregnant with the participant? 1=Yes, 0=No, 8=Dont Know

Num	Variable	Type	Len	Format	Informat	Label
64	AHP_1644	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother vape? First 3 months (1=Yes, 0=No, 8=Dont Know)
65	AHP_1646	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother vape? Middle 3 months (1=Yes, 0=No, 8=Dont Know)
66	AHP_1648	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother vape? Last 3 months (1=Yes, 0=No, 8=Dont Know)
67	AHP_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
68	AHP_1660	Num	8	2.	2.	Did the participants mother smoke or use a hookah? 1=Yes, 0=No, 8=Dont Know
69	AHP_1670	Num	8	2.	2.	Did the participants father smoke or use a hookah? 1=Yes, 0=No, 8=Dont Know
70	AHP_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
71	AHP_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
72	AHP_1700	Num	8	2.	2.	Does the participants mother smoke or use a hookah? 1=Yes, 0=No, 8=Dont Know
73	AHP_1710	Num	8	2.	2.	Does the participants father smoke or use a hookah? 1=Yes, 0=No, 8=Dont Know
74	AHP_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
75	AHP_1730	Num	8	2.	2.	Between the time the participant was born and when he/she turned 5 years of age, were there any individuals who vaped in any household in which the participant spent time? 1=Yes, 0=No, 8=Dont Know
76	AHP_1740	Num	8	2.	2.	Did the participants mother vape? 1=Yes, 0=No, 8=Dont Know
77	AHP_1750	Num	8	2.	2.	Did the participants father vape? 1=Yes, 0=No, 8=Dont Know
78	AHP_1760	Num	8	2.	2.	Were there any other individuals who vaped in the household? 1=Yes, 0=No, 8=Dont Know
79	AHP_1770	Num	8	2.	2.	Are there any individuals who vape in any household in which the participant spends time? 1=Yes, 0=No, 8=Dont Know
80	AHP_1780	Num	8	2.	2.	Does the participants mother vape? 1=Yes, 0=No, 8=Dont Know
81	AHP_1790	Num	8	2.	2.	Does the participants father vape? 1=Yes, 0=No, 8=Dont Know
82	AHP_1800	Num	8	2.	2.	Are there any other individuals who vape in the household? 1=Yes, 0=No, 8=Dont Know
83	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
84	VNUM	Num	8			Visit Number (numeric)
85	VDATE	Num	8			Number of days from Visit 0A to this visit
86	RAND_ID	Char	6			Randomized Master ID
87	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
88	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: bodymeas_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	BMA_1000	Num	8	4.	4.	Height (FROM 0 - 999 cm)
3	BMA_1010	Num	8	6.1	6.1	Weight (0 - 999.9 kg)
4	BMA_1020	Num	8	6.1	6.1	Waist circumference - Measure at the narrowest circumference between the bottom of the ribcage and the top of the iliac crest following normal expiration. (0 - 999.9 cm)
5	BMA_1030	Num	8	6.1	6.1	Hip circumference - Measure at the largest point between the iliac crest and the symphysis pubis. (0 - 999.9 cm)
6	BMA_1040	Num	8	5.1	5.1	Neck circumference - Measure at mid neck height between mid cervical spine to mid anterior neck. If an Adam's apple is present, measure just below the prominence. (0 - 99.9 cm)
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 0A to this visit
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: cact.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	CAC_1	Num	8	2.	2.	How is your asthma today? 0=Very bad, 1=bad, 2=Good, 3=Very good
3	CAC_2	Num	8	2.	2.	How much of a problem is your asthma when you run, exercise, or play sports? 0=It's a big problem, I can't do what I want to do, 1=It's a problem and I don't like it, 2=It's a little problem but it's okay, 3=It's not a problem
4	CAC_3	Num	8	2.	2.	Do you cough because of your asthma? 0=Yes, all of the time, 1=Yes, most of the time, 2=Yes, some of the time, 3=No, none of the time
5	CAC_4	Num	8	2.	2.	Do you wake up during the night because of your asthma? 0=Yes, all of the time, 1=Yes, most of the time, 2=Yes, some of the time, 3=No, none of the time
6	CAC_5	Num	8	2.	2.	During the last 4 weeks, how many days did your child have any daytime asthma symptoms? 0=Everyday, 1=19-24 days/mo, 2=11-18 days/mo, 3=4-10 days/mo, 4=1-3 days/mo, 5=Not at all
7	CAC_6	Num	8	2.	2.	During the last 4 weeks,how many days did your child wheeze during the day because of asthma? 0=Everyday, 1=19-24 days/mo, 2=11-18 days/mo, 3=4-10 days/mo, 4=1-3 days/mo, 5=Not at all
8	CAC_7	Num	8	2.	2.	During the last 4 weeks, how many days did your child wake up during the night because of asthma? 0=Everyday, 1=19-24 days/mo, 2=11-18 days/mo, 3=4-10 days/mo, 4=1-3 days/mo, 5=Not at all
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 0A 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: cmed.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	UNIT_TEXT	Char	25			Unit Text
3	FREQ_TEXT	Char	27			Frequency Text
4	ROUTE_TEXT	Char	40			Route Text
5	CME_1000	Num	8	3.	3.	Medication Sequence Number
6	CME_1010	Num	8	7.	7.	This number corresponds to the ID number of the AHFS monograph. (Medication Code)
7	CME_1020	Num	8	3.	3.	Related Event
8	CME_1030	Num	8	9.2	9.2	Medication Dose
9	CME_1040	Num	8	4.	4.	Code to identify a drug unit of measure; (Units)
10	CME_1050	Num	8	4.	4.	Code to identify how frequently a drug is taken or administered. (Frequency)
11	CME_1055	Num	8	5.	5.	Code to identify the route used to administer a drug. (Route)
12	CME_1080	Num	8	2.	2.	Ongoing at current visit
13	CME_1090	Num	8	2.	2.	Ongoing at final visit
14	CME_1060	Num	8			Start Date
15	CME_1070	Num	8			Stop Date
16	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
17	VNUM	Num	8			Visit Number (numeric)
18	GEN_DRUG_NAME	Char	100	$100.	$100.	Generic Drug Name
19	CLASS_ID	Num	8	4.	4.	Class ID Number
20	CLASS_TEXT	Char	100	$100.	$100.	Drug Class Text
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: cold_hx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	CHX_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
3	CHX_1010	Num	8	3.	3.	In the past 12 months, how many respiratory tract infections/colds did you experience?
4	CHX_1020	Num	8	2.	2.	In the past 12 months, how severe were your colds usually? 1=Extremely mild, 2=Mild, 3=Moderate, 4=Severe
5	CHX_1030	Num	8	2.	2.	In the past 12 months, has a cold EVER made your asthma worse? 1=Yes,0=No
6	CHX_1040	Num	8	2.	2.	In the past 12 months, when you had a cold, how often did it make your asthma worse? 1=Rarely, 2=Sometimes, 3=Usually, 4=Always
7	CHX_1050	Num	8	2.	2.	In the past 12 months, when colds made your asthma worse, how severe did your asthma usually get? 1=Extremely mild, 2=Mild, 3=Moderate, 4=Severe
8	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
9	VNUM	Num	8			Visit Number (numeric)
10	VDATE	Num	8			Number of days from Visit 0A to this visit
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: cortisol_creatinine.sas7bdat

Num	Variable	Type	Len	Label
1	VNUM_C	Char	2	Visit Number (character)
2	VNUM	Num	8	Visit Number (numeric)
3	CORTISOL_CENSOR	Num	8	Cortisol censor indicator (1=censored, 0=not censored)
4	CREATININE_CENSOR	Num	8	Creatinine censor indicator (1=censored, 0=not censored)
5	CORTISOL	Num	8	Urine Cortisol (mcg/dL)
6	CREATININE	Num	8	Urine Creatinine (mcg/dL)
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: cotinine.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VNUM_C	Char	2			Visit Number (character)
2	VNUM	Num	8			Visit Number (numeric)
3	COTININE	Char	8	$8.	$8.	Serum Cotinine (ng/mL)
4	POS_NEG	Char	3	$3.	$3.	(POS: cotinine>=5, NEG: cotinine <5)
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: heq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	HEQ_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
3	HEQ_1010	Num	8	3.	3.	How long have you lived in the current house? (Estimate if uncertain.) (1010) years
4	HEQ_1020	Num	8	3.	3.	How long have you lived in the current house? (Estimate if uncertain.)(1020) months
5	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
6	HEQ_1040	Num	8	2.	2.	Does your house use an air conditioner? 1=Yes, 0=No, 8=Don't Know
7	HEQ_1050	Num	8	2.	2.	Does your house use an evaporative cooler ? 1=Yes, 0=No, 8=Don't Know
8	HEQ_1060	Num	8	2.	2.	Does your house use a humidifier? 1=Yes, 0=No, 8=Don't Know
9	HEQ_1070	Num	8	2.	2.	Does your house use a dehumidifier? 1=Yes, 0=No, 8=Don't Know
10	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
11	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
12	HEQ_1100	Num	8	2.	2.	Which rooms have or have had mold or mildew?10a.Bathroom(s) (1 = Yes, 0 = No)
13	HEQ_1110	Num	8	2.	2.	Which rooms have or have had mold or mildew?10b.Basement or attic (1 = Yes, 0 = No)
14	HEQ_1120	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10c.Kitchen (1 = Yes, 0 = No)
15	HEQ_1130	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10d.Your bedroom (1 = Yes, 0 = No)
16	HEQ_1140	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10e.Other bedrooms (1 = Yes, 0 = No)
17	HEQ_1150	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10f.Living or family room (1 = Yes, 0 = No)
18	HEQ_1160	Num	8	2.	2.	Which rooms have or have had mold or mildew? 10g.Other (1 = Yes, 0 = No)
19	HEQ_1170	Num	8	2.	2.	Do you ever see cockroaches in your house? 1=Yes,0=No
20	HEQ_1180	Num	8	2.	2.	In which room(s) have you seen cockroaches?12a.Kitchen (1 = Yes, 0 = No)
21	HEQ_1190	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12b.Basement or attic (1 = Yes, 0 = No)
22	HEQ_1200	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12c.Bathroom(s) (1 = Yes, 0 = No)
23	HEQ_1210	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12d.Living or family room (1 = Yes, 0 = No)
24	HEQ_1220	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12e.Your bedroom (1 = Yes, 0 = No)
25	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
26	HEQ_1240	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12g.Garage (1 = Yes, 0 = No)
27	HEQ_1250	Num	8	2.	2.	In which room(s) have you seen cockroaches? 12h.Other (1 = Yes, 0 = No)
28	HEQ_1260	Num	8	2.	2.	Do you ever see rodents or rodent droppings in your house? 1=Yes,0=No
29	HEQ_1270	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14a. Kitchen (1 = Yes, 0 = No)
30	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)
31	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)
32	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)
33	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)
34	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)
35	HEQ_1330	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14g. Garage (1 = Yes, 0 = No)
36	HEQ_1340	Num	8	2.	2.	14.In which room(s) have you seen rodents or rodent droppings? 14h. Other (1 = Yes, 0 = No)
37	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)
38	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)
39	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)
40	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)
41	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)
42	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)
43	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
44	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
45	HEQ_1430	Num	8	2.	2.	Is the mattress completely enclosed in an allergy-proof, encasing cover? 1=Yes,0=No
46	HEQ_1440	Num	8	2.	2.	Does your bed have a box spring? 1=Yes,0=No
47	HEQ_1450	Num	8	2.	2.	Is the box spring completely enclosed in an allergy-proof, encasing cover? 1=Yes,0=No
48	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
49	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
50	HEQ_1480	Num	8	2.	2.	Does your household have any pets? 1=Yes,0=No
51	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
52	HEQ_1500	Num	8	2.	2.	Cat (1=Indoor, 2=Outdoor, 3=Both)
53	HEQ_1510	Num	8	3.	3.	Enter the number of pets that the household has. Dog
54	HEQ_1520	Num	8	2.	2.	Dog(1=Indoor, 2=Outdoor, 3=Both)
55	HEQ_1530	Num	8	3.	3.	Enter the number of pets that the household has 24c.Rabbit, guinea pig, hamster, gerbil, or mouse
56	HEQ_1540	Num	8	2.	2.	Rabbit, guinea pig, hamster, gerbil, or mouse (1=Indoor, 2=Outdoor, 3=Both)
57	HEQ_1550	Num	8	3.	3.	Enter the number of pets that the household has 24d.Bird
58	HEQ_1560	Num	8	2.	2.	Bird (1=Indoor, 2=Outdoor, 3=Both)
59	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)
60	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)
61	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)
62	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)
63	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)
64	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)
65	HEQ_1630	Num	8	2.	2.	DAY CARE26.Did the participant attend day care during the 1st year of life? 1=Yes,0=No
66	HEQ_1640	Num	8	3.	3.	If YES, at what age did the day care attendance begin? Months
67	HEQ_1650	Num	8	2.	2.	Does the participant currently attend day care? 1=Yes,0=No
68	HEQ_1660	Num	8	2.	2.	Is the day care (1=In home day care, 2=Nonresidential, 3=Mixed)
69	HEQ_1670	Num	8	3.	3.	How many children are in the participant's day care room?
70	HEQ_1680	Num	8	3.	3.	How many hours per day is the participant at day care?
71	HEQ_1690	Num	8	2.	2.	How many days per week is the participant at day care?
72	HEQ_1700	Num	8	3.	3.	How many months per year is the participant at day care?
73	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
74	VNUM	Num	8			Visit Number (numeric)
75	VDATE	Num	8			Number of days from Visit 0A to this visit
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: household_sei.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	SEI_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other (specify
3	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)
4	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)
5	SEI_1030	Num	8	3.	3.	How many people are supported by this income reported in Q3?
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 0A 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: immunocapige.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VNUM_C	Char	2			Visit Number (character)
2	VNUM	Num	8			Visit Number (numeric)
3	TEST_CODE	Char	18	$18.	$18.	Allergen Test Code
4	TEST_NAME	Char	34	$34.	$34.	Allergen Test Name
5	TEST_RESULT	Char	14	$14.	$14.	Allergen Test Result (IU/mL for IgE, kU/L for individual allergens)
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: lexam_ped.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PLE_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
3	PLE_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
4	PLE_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)
5	PLE_1030	Num	8	2.	2.	Biological father's height (complete height or check unknown) __ feet
6	PLE_1040	Num	8	3.	3.	Biological father's height (complete height or check unknown) __ __ inches
7	PLE_1050	Num	8	2.	2.	Biological father's height (complete height or check unknown) (9=Don't Know)
8	PLE_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
9	PLE_1070	Num	8	6.1	6.1	Participant height/length, First measurement __ __ __ . __ cm
10	PLE_1080	Num	8	6.1	6.1	Participant height/length, Second measurement __ __ __ . __ cm
11	PLE_1090	Num	8	6.1	6.1	Participant height/length, Third measurement __ __ __ . __ cm
12	PLE_1100	Num	8	6.1	6.1	Average height or length measurement __ __ __ . __ cm
13	PLE_1110	Num	8	2.	2.	In your judgment, was the participant's height or length measurement acceptable? 1=Yes,0=No
14	PLE_1130	Num	8	6.1	6.1	Weight (shoes off, light clothing) __ __ __ . __ kg
15	PLE_1140	Num	8	2.	2.	ORAL CANDIDIASIS5.Does the participant have evidence of oral candidiasis? 1=Yes,0=No
16	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
17	VNUM	Num	8			Visit Number (numeric)
18	VDATE	Num	8			Number of days from Visit 0A to this visit
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: metha.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	MTH_1000	Num	8	5.2	5.2	Post Diluent FEV1
3	MTH_1010	Num	8	2.	2.	Did the participant drop 20Pct at the diluent stage? 1=Yes,0=No
4	MTH_1020	Num	8	8.4	8.4	Last concentration of methacholine administered __ __ . __ __ __ __ mg/ml
5	MTH_1030	Num	8	5.2	5.2	FEV1 after last concentration of methacholine administered
6	MTH_1040	Num	8	2.	2.	Did the participant achieve a PC20? 1=Yes,0=No
7	MTH_1050	Num	8	6.2	6.2	PC20 __ __ . __ __ mg/ml
8	MTH_1060	Char	4	$4.	$4.	Time methacholine challenge ended (based on 24-hour clock)
9	MTH_1070	Num	8	5.2	5.2	Participant's FEV1 after standard reversal from methacholine challenge
10	MTH_1080	Char	4	$4.	$4.	Time of FEV1 after standard reversal from methacholine challenge (based on 24-hour clock)
11	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
12	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
13	VNUM	Num	8			Visit Number (numeric)
14	VDATE	Num	8			Number of days from Visit 0A to this visit
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: metha_add_trt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	MAD_1000	Num	8	2.	2.	Was an additional treatment used in the first hour? 1=Yes,0=No
3	MAD_1010	Num	8	2.	2.	Was an additional treatment used in the first hour? Additional albuterol by MDI (1=Yes,0=No)
4	MAD_1020	Num	8	2.	2.	Was an additional treatment used in the first hour? Number of additional puffs of albuterol administered (1=2, 2=4, 3=>4)
5	MAD_1030	Num	8	2.	2.	Was an additional treatment used in the first hour? Nebulized Beta-agonist (1=Yes,0=No)
6	MAD_1040	Num	8	2.	2.	Was an additional treatment used in the first hour? Subcutaneous epinephrine (1=Yes,0=No)
7	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)
8	MAD_1060	Num	8	2.	2.	Was an additional treatment used in the first hour? Other (1=Yes,0=No)
9	MAD_1070	Num	8	5.2	5.2	Participant's FEV1 after additional treatment within first hour.2a.FEV1
10	MAD_1090	Char	4	$4.	$4.	Time of FEV1 after additional treatment within first hour (based on 24-hour clock)
11	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
12	MAD_1110	Num	8	2.	2.	Was additional treatment used after one hour? 1=Yes,0=No
13	MAD_1120	Num	8	2.	2.	Was additional treatment used after one hour? Additional albuterol by MDI (1=Yes,0=No)
14	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)
15	MAD_1140	Num	8	2.	2.	Was additional treatment used after one hour? Nebulized Beta-agonist (1=Yes,0=No)
16	MAD_1150	Num	8	2.	2.	Was additional treatment used after one hour? Subcutaneous epinephrine (1=Yes,0=No)
17	MAD_1160	Num	8	2.	2.	Was additional treatment used after one hour? Implementation of clinic emergency protocol or algorithm (1=Yes,0=No)
18	MAD_1170	Num	8	2.	2.	Was additional treatment used after one hour? Treatment in the emergency room (1=Yes,0=No)
19	MAD_1180	Num	8	2.	2.	Was additional treatment used after one hour? Overnight hospitalization (1=Yes,0=No)
20	MAD_1190	Num	8	2.	2.	Was additional treatment used after one hour? Other (1=Yes,0=No)
21	MAD_1200	Num	8	5.2	5.2	Participant's final FEV1 after methacholine challenge4a.FEV1
22	MAD_1220	Char	4	$4.	$4.	Time of final FEV1 after methacholine challenge (based on 24-hour clock)
23	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?
24	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
25	VNUM	Num	8			Visit Number (numeric)

Num	Variable	Type	Len	Format	Informat	Label
26	VDATE	Num	8			Number of days from Visit 0A to this visit
27	RAND_ID	Char	6			Randomized Master ID
28	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
29	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: methachk_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	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
3	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
4	MCA_1020	Num	8	2.	2.	Physician's Signature:
5	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?
6	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
7	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)
8	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
9	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
10	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
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 0A 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: methachk_ped.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	MCP_1000	Num	8	2.	2.	Exclusions and Confounders: 1.Has the participant had any severe acute illness in the past 4 weeks? 1=Yes,0=No
3	MCP_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
4	MCP_1020	Num	8	2.	2.	Physician's Signature:
5	MCP_1030	Num	8	2.	2.	During the past 4 weeks, has the participant had any respiratory infections, colds, or bronchitis ? 1=Yes,0=No
6	MCP_1040	Num	8	2.	2.	If YES, during the past 2 weeks, has the participant had any respiratory infections, colds, or bronchitis ? 1=Yes,0=No
7	MCP_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?
8	MCP_1060	Num	8	2.	2.	Does the participant have a baseline FEV1 less than 70Pct of predicted? 1=Yes,0=No
9	MCP_1070	Num	8	2.	2.	Pregnancy test results(Check N/A if the participant is male, or is female and has not started menses.)(1=Positive, 0=Negative, 9=N/A)
10	MCP_1080	Num	8	2.	2.	If participant's age is >= 12 years: Is the participant's systolic blood pressure > 200 mm Hg or diastolic blood pressure > 100 mm Hg?
11	MCP_1090	Num	8	2.	2.	If participant's age is < 12 years: Is the participant's systolic blood pressure > 180 mm Hg or diastolic blood pressure > 90 mm Hg? 1=Yes,0=No
12	MCP_1100	Num	8	2.	2.	Is there any other reason the participant should not proceed with the methacholine challenge testing? 1=Yes,0=No
13	MCP_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
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 0A 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: p5_comply.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	COM_1000	Num	8	4.	4.	Diary and Peak Flow Compliance. Number of full days since the last visit (0-999 days)
3	COM_1010	Num	8	4.	4.	Diary and Peak Flow Compliance. Number of days where AM and PM scheduled sessions are complete (AM and PM PEF and all diary questions for AM and PM answered) (0-999 days)
4	COM_1020	Num	8	6.1	6.1	Diary and Peak Flow Compliance. Percent compliance. If the compliance value in Q1c is less than 75Pct, re-emphasize the importance of completing scheduled diary assessments and peak flows. (0-150.0Pct)
5	COM_1030	Num	8	4.	4.	Scheduled Diskus Compliance. Number of scheduled puffs since the last visit. Do not count puffs during the 12 hour hold period prior to the visit. (0-999 puffs)
6	COM_1040	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)
7	COM_1050	Num	8	4.	4.	Scheduled Diskus Compliance. Number of puffs taken 60 x (# used Diskuses) - Q2b (0-999 puffs)
8	COM_1060	Num	8	6.1	6.1	Scheduled Diskus Compliance. Percent compliance=Q2c/Q2a x 100. If the participant took less than 75Pct of the scheduled Diskus puffs, re-emphasize the importance of maintaining the daily dosing schedule. (0-150.0Pct)
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 0A 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: p5_contact.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	CNT_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
3	CNT_1010	Num	8	2.	2.	Type of contact If phone contact, ask the participant to retrieve his/her Asthma Monitoring Log for reference. (1=Phone, 2=Study visit)
4	CNT_1020	Num	8	2.	2.	Since your last study contact, have you had any increase in asthma symptoms ? 1=Yes,0=No
5	CNT_1030	Num	8	2.	2.	Have you been taking your study Diskus every morning and evening? 1=Yes,0=No
6	CNT_1040	Num	8	2.	2.	Have you been completing the spirotel diary every morning and evening? 1=Yes,0=No
7	CNT_1050	Num	8	2.	2.	Have you been performing three peak flow maneuvers every morning and evening? 1=Yes,0=No
8	CNT_1060	Num	8	2.	2.	Since your last study contact, have you been admitted to a hospital for an overnight stay of at least one night for your asthma? 1=Yes,0=No
9	CNT_1070	Num	8	3.	3.	Since your last study contact, have you been admitted to a hospital for an overnight stay of at least one night for your asthma? How many times were you admitted?
10	CNT_1080	Num	8	2.	2.	Since your last study contact, have you been seen at an emergency department or urgent care facility for your asthma? 1=Yes,0=No
11	CNT_1090	Num	8	3.	3.	Since your last study contact, have you been seen at an emergency department or urgent care facility for your asthma? How many times were you seen?
12	CNT_1100	Num	8	2.	2.	Since your last study contact, have you been seen for a clinic/office visit to a physician , physicians assistant, or nurse practitioner for your asthma? 1=Yes,0=No
13	CNT_1110	Num	8	3.	3.	Since your last study contact, have you been seen for a clinic/office visit to a physician, physician's assistant, or nurse practitioner for your asthma? How many times were you seen?
14	CNT_1120	Num	8	2.	2.	Since your last study contact, have you missed at least one half day of work, housework, school or daycare because of your asthma? 1=Yes,0=No
15	CNT_1130	Num	8	5.1	5.1	How many full or half days were missed due to asthma?
16	CNT_1140	Num	8	2.	2.	What was the primary activity missed? 1=Work, 2=School, 3=Daycare, 4=Housework, 5=Other
17	CNT_1150	Num	8	2.	2.	Was the activity missed due to: worsening of asthma symptoms? 1=Yes,0=No
18	CNT_1160	Num	8	2.	2.	Was the activity missed due to: time off to see your healthcare provider? 1=Yes,0=No
19	CNT_1170	Num	8	2.	2.	Was the activity missed due to: side effects of your asthma medication? 1=Yes,0=No
20	CNT_1180	Num	8	2.	2.	Since your last study contact, have you been prescribed any new medications for your asthma? 1=Yes,0=No
21	CNT_1190	Num	8	2.	2.	Were you treated with prednisone or another systemic corticosteroid? 1=Yes,0=No
22	CNT_1200	Num	8	2.	2.	Did you receive any other treatments for your asthma? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
23	CNT_1210	Num	8	2.	2.	Since your last study contact, have you had any medical problems unrelated to asthma? 1=Yes,0=No
24	CNT_1220	Num	8	2.	2.	Since your last study contact, have you had any changes to your medications for conditions other than asthma? 1=Yes,0=No
25	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
26	VNUM	Num	8			Visit Number (numeric)
27	VDATE	Num	8			Number of days from Visit 0A to this visit
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: p5_ctxqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	CTX_1000	Num	8	2.	2.	Please check the box next to the treatment that you believe the participant received over the past 14 weeks. 1=fluticasone 100 mcg , 2=fluticasone 100 mcg + salmeterol 50 mcg, 3=fluticasone 250 mcg, 4=fluticasone 250 mcg + salmeterol 50 mcg, 5=fluticasone
3	CTX_1010	Num	8	2.	2.	How sure are you about your answer in Q1? 1=Absolutely sure, I know what the Diskus contains, 2=Moderately sure, 3=Somewhat sure, 4=Not sure at all, purely guess
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 0A 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: p5_elig1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	E1_1000	Num	8	2.	2.	Has the participant or parent/legal guardian signed the BARD main study informed consent document? 1=Yes,0=No
3	E1_1020	Num	8	2.	2.	Age 5-11 and Age 12-17 Tracks Only: Has the participant signed and dated the assent form or, if the participant is less than the local age of assent, has the participant given verbal assent? 1=Yes,0=No
4	E1_1030	Num	8	2.	2.	Has the participant consented to genetic testing? 1=Yes,0=No
5	E1_1040	Num	8	2.	2.	Is the participant 5 years of age or older? 1=Yes,0=No
6	E1_1050	Num	8	2.	2.	Does the participant report having at least one African American/Black biological grandparent? 1=Yes,0=No
7	E1_1060	Num	8	2.	2.	Does the participant plan to move away from the clinical site in the upcoming 16 months? 1=Yes,0=No
8	E1_1070	Num	8	2.	2.	Has the participant used investigative drugs and/or enrolled in an intervention trial in the past 30 days, or does the participant have plans to enroll in such a trial during the BARD study? 1=Yes,0=No
9	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
10	E1_1090	Num	8	2.	2.	Has the participant received systemic corticosteroid treatment for any condition in the past 4 weeks? 1=Yes,0=No
11	E1_1100	Num	8	2.	2.	Has the participant experienced an asthma exacerbation requiring systemic corticosteroids in the past 4 weeks? 1=Yes,0=No
12	E1_1110	Num	8	2.	2.	Has the participant experienced a life-threatening asthma exacerbation requiring treatment with intubation and mechanical ventilation, or resulting in a hypoxic seizure in the past 2 years? 1=Yes,0=No
13	E1_1120	Num	8	2.	2.	Has the participant had a respiratory tract infection in the past 4 weeks? 1=Yes,0=No
14	E1_1125	Num	8	2.	2.	Has the participant had a respiratory tract infection in the past 2 weeks? 1=Yes,0=No
15	E1_1130	Num	8	2.	2.	Is the participant eligible to proceed?
16	E1_1010	Num	8			Date the BARD main study informed consent document was signed (number of days from Visit 0A)
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 0A 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: p5_elig2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	E2_1000	Num	8	2.	2.	Has the participant required 6 or more courses of systemic corticosteroids in the past year? 1=Yes,0=No
3	E2_1010	Num	8	2.	2.	Has the participant been on a stable dose of his/her asthma controller for the past 2 weeks? 1=Yes,0=No
4	E2_1020	Num	8	2.	2.	Participants current ICS dose level (1=Low, 2=Medium, 3=High)
5	E2_1030	Num	8	2.	2.	Participants current asthma guideline therapy step (2-5) Individuals on step 2 or 3 therapy will begin the run-in on 1xICS. Individuals on step 4 or 5 therapy will begin the run-in on 2-2.5xICS.
6	E2_1035	Num	8	2.	2.	Open-label Flovent Diskus to be dispensed at this visit (1=FP 50 mcg, 2=FP 100 mcg, 3=FP 250 mcg)
7	E2_1040	Num	8	2.	2.	Is the participants ACT/C-ACT score <20? 1=Yes,0=No
8	E2_1050	Num	8	2.	2.	If YES, is the participants guideline step <=4? 1=Yes,0=No
9	E2_1060	Num	8	2.	2.	If NO, is the participants guideline step >=3? 1=Yes,0=No
10	E2_1070	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
11	E2_1080	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? 1=Yes,0=No
12	E2_1090	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
13	E2_1100	Num	8	2.	2.	Has the participant smoked cigarettes, a pipe, cigar, marijuana, or any other substance in the past year? 1=Yes,0=No
14	E2_1110	Num	8	2.	2.	Age 18+ Track Only: Does the participant have a smoking history less than 10 pack-years? 1=Yes,0=No
15	E2_1120	Num	8	2.	2.	Age 5-11 and 12-17 Tracks Only: Does the participant have a smoking history less than 5 pack-years? 1=Yes,0=No
16	E2_1130	Num	8	2.	2.	Is the participant potentially able to bear children? 1=Yes, 0=No, 9=N/A
17	E2_1140	Num	8	2.	2.	Is the participant currently pregnant or lactating? 1=Yes,0=No
18	E2_1150	Num	8	2.	2.	, does the participant 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
19	E2_1160	Num	8	2.	2.	Does the participant have current evidence of any of the conditions listed on the Exclusionary Medical Conditions reference card , or any chronic diseases that would prevent participation in the trial or put the participant at risk by participation? 1=Yes
20	E2_1170	Num	8	2.	2.	During the past 2 weeks, has the participant used any medications known to significantly interact with corticosteroid disposition ? 1=Yes,0=No
21	E2_1180	Num	8	2.	2.	Has the participant used any of the drugs listed on the Exclusionary Drugs reference card during the designated washout periods? 1=Yes,0=No
22	E2_1190	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
23	E2_1200	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
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 0A to this visit
27	RAND_ID	Char	6			Randomized Master ID
28	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
29	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: p5_elig3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	E3_1000	Num	8	2.	2.	Is the participant able to perform reproducible spirometry according to ATS criteria? 1=Yes,0=No
3	E3_1010	Num	8	2.	2.	Is the participants pre-bronchodilator FEV1 >=40Pct of predicted? 1=Yes,0=No
4	E3_1020	Num	8	2.	2.	Is the participants post-bronchodilator FEV1 >=40Pct of predicted? 1=Yes,0=No
5	E3_1030	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
6	E3_1040	Num	8	2.	2.	Is the participant able to use the spirotel e-diary/PEF meter correctly, as evidenced by achieving a score of 13 on the Spirotel Performance Checklist ? 1=Yes,0=No
7	E3_1050	Num	8	2.	2.	Is the participant able to use a metered dose inhaler properly, as evidenced by achieving a score of 11 on the MDI Inhalation Technique Checklist or a score of 12 on the MDI Inhalation Technique Checklist ? 1=Yes,0=No
8	E3_1060	Num	8	2.	2.	Is the participant able to use a Diskus properly, as evidenced by achieving a score of 10 on the Diskus Inhalation Technique Checklist ? 1=Yes,0=No
9	E3_1070	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
10	E3_1080	Num	8	2.	2.	Did the participants FEV1 improve >=12Pct in response to four puffs of albuterol ? 1=Yes,0=No
11	E3_1090	Num	8	2.	2.	Does the participant have valid source documentation within the past 12 months for an acceptable overread AsthmaNet albuterol reversibility test showing an improvement of >=12Pct in response to albuterol? 1=Yes,0=No
12	E3_1100	Num	8	5.2	5.2	Pre-bronchodilator FEV1 (0.1-9.99 liters)
13	E3_1110	Num	8	5.2	5.2	Post-bronchodilator FEV1 (0.01-9.99 liters)
14	E3_1120	Num	8	3.	3.	Total bronchodilator puffs administered (1-99 puffs)
15	E3_1160	Num	8	2.	2.	Does the participant have valid source documentation within the past 12 months of two acceptable overread spirograms reflecting an absolute relative change in Pct predicted FEV1 of >=12Pct ? 1=Yes,0=No
16	E3_1170	Num	8	4.	4.	Pct predicted FEV1 (first test) (0-999Pct)
17	E3_1210	Num	8	4.	4.	Pct predicted FEV1 (second test) (0-999Pct)
18	E3_1250	Num	8	2.	2.	Does the participant have valid source documentation within the past 12 months for an acceptable overread AsthmaNet methacholine challenge with a PC20 <=16 mg/ml or a PC20 <=8 mg/ml ? 1=Yes,0=No
19	E3_1255	Num	8	2.	2.	ICS status at time of challenge (1=on ICS, 2=off ICS)
20	E3_1260	Num	8	6.2	6.2	PC20 (0-99.99 mg/ml)
21	E3_1300	Num	8	2.	2.	Is the participant eligible for the study? 1=Yes,0=No
22	E3_1310	Num	8	2.	2.	Does the participant know of any first-degree blood relatives who have enrolled in BARD and successfully completed Screen Visit A ? 1=Yes,0=No
23	E3_1320	Num	8	2.	2.	Are any of the relatives who have enrolled in BARD and successfully completed Screen Visit A the participant's identical siblings?

Num	Variable	Type	Len	Format	Informat	Label
24	E3_1130	Num	8			Source documentation date for an acceptable overread AsthmaNet albuterol reversibility test (days from Visit 0A)
25	E3_1180	Num	8			Source documentation date of first acceptable overread spirogram (days from Visit 0A)
26	E3_1220	Num	8			Source documentation date of second acceptable overread spirogram (days from Visit 0A)
27	E3_1270	Num	8			Source documentation date for an acceptable overread AsthmaNet methacholine challenge (days from Visit 0A)
28	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
29	VNUM	Num	8			Visit Number (numeric)
30	VDATE	Num	8			Number of days from Visit 0A to this visit
31	RAND_ID	Char	6			Randomized Master ID
32	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
33	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: p5_elig4.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	E4_1000	Num	8	2.	2.	Did the participant meet the asthma verification criteria at Visit 0A? 1=Yes,0=No
3	E4_1010	Num	8	2.	2.	Does the participant qualify for a methacholine challenge by the criteria on the METHACHK_ADULT or METHACHK_PED form? 1=Yes,0=No
4	E4_1020	Num	8	2.	2.	Does the participant have a methacholine PC20 <=16 mg/ml? 1=Yes,0=No
5	E4_1030	Num	8	2.	2.	Does the participants baseline Pct predicted FEV1 reflect an absolute relative change of >=12Pct as compared to his or her baseline Pct predicted FEV1 at Visit 0A? 1=Yes,0=No
6	E4_1040	Num	8	2.	2.	Does the participants baseline Pct predicted FEV1 reflect an absolute relative change of >=12Pct as compared to his or her post-albuterol Pct predicted FEV1 at Visit 0A? 1=Yes,0=No
7	E4_1050	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
8	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
9	VNUM	Num	8			Visit Number (numeric)
10	VDATE	Num	8			Number of days from Visit 0A to this visit
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: p5_elig5.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	E5_1000	Num	8	2.	2.	Since enrollment, has the participant received treatment with any excluded medications ? 1=Yes,0=No
3	E5_1010	Num	8	2.	2.	Does the participant wish to withdraw consent? 1=Yes,0=No
4	E5_1020	Num	8	2.	2.	Is there any new information that makes the participant ineligible according to the eligibility criteria? 1=Yes,0=No
5	E5_1030	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
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 0A 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: p5_lab.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	LAB_1000	Num	8	6.1	6.1	Local Lab Results: CBC with Differential Cell Count WBC (0-999.9 K/ul)
3	LAB_1010	Num	8	5.	5.	Local Lab Results: CBC with Differential Cell Count Eosinophils (absolute count) (0-9999 cells/uL)
4	LAB_1020	Num	8	5.1	5.1	Local Lab Results: CBC with Differential Cell Count Eosinophils (differential) (0-99.9Pct)
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 0A 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: p5_parttxqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PTX_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
3	PTX_1010	Num	8	2.	2.	Please check the box next to the treatment that you believe you received over the past 14 weeks. 1=fluticasone 100 mcg , 2=fluticasone 100 mcg + salmeterol 50 mcg , 3=fluticasone 250 mcg , 4=fluticasone 250 mcg + salmeterol 50 mcg , 5=fluticasone 500 mcg
4	PTX_1020	Num	8	2.	2.	How sure are you about your answer to Question 2? 1=Absolutely sure, I know what the Diskus contains, 2=Moderately sure, 3=Somewhat sure, 4=Not sure at all, purely a guess
5	PTX_1030	Num	8	2.	2.	Please comment with respect to any observations you made that helped you make your choice in Question 2 . 1=I have no comments, 2=I noticed the following:
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 0A 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: p5_pef_ref.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	REF_1000	Num	8	4.	4.	The Reference PEF value on this report should be used to program the PEF_REF value for use in the participants spirotel until the next visit. Program into spirotel at the current visit: (0-999 liters/min)
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 0A 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: p5_pulmonarychk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PCH_1000	Num	8	2.	2.	Have you consumed caffeine in the past 4 hours? 1=Yes,0=No
3	PCH_1010	Num	8	2.	2.	Have you used medications with caffeine in the past 4 hours? 1=Yes,0=No
4	PCH_1020	Num	8	2.	2.	Have you used any weight loss medications in the past 4 hours? 1=Yes,0=No
5	PCH_1030	Num	8	2.	2.	Have you consumed any food containing alcohol or beverages containing alcohol in the past 4 hours? 1=Yes,0=No
6	PCH_1040	Num	8	2.	2.	Have you used any oral antihistamines in the past 48 hours? 1=Yes,0=No
7	PCH_1050	Num	8	2.	2.	Have you used any nasal antihistamines in the past 6 hours? 1=Yes,0=No
8	PCH_1060	Num	8	2.	2.	Have you used any ophthalmic antihistamines in the past 6 hours? 1=Yes,0=No
9	PCH_1070	Num	8	2.	2.	Have you used any oral decongestants or cold remedies in the past 48 hours? 1=Yes,0=No
10	PCH_1080	Num	8	2.	2.	Have you used any nasal decongestants in the past 6 hours? 1=Yes,0=No
11	PCH_1090	Num	8	2.	2.	Have you used a rescue intermediate-acting inhaled beta-agonist in the past 6 hours? 1=Yes,0=No
12	PCH_1100	Num	8	2.	2.	Have you used any smokeless tobacco products today? 1=Yes,0=No
13	PCH_1110	Num	8	2.	2.	Have you used any long-acting inhaled beta-agonist in the past 24 hours? 1=Yes,0=No
14	PCH_1120	Num	8	2.	2.	Have you used your blinded scheduled Diskus in the past 24 hours? 1=Yes, 0=No, 9=N/A
15	PCH_1130	Num	8	2.	2.	At this time, is your asthma worse because of recent exposure to triggers? 1=Yes,0=No
16	PCH_1140	Num	8	2.	2.	Is there any other reason you should not proceed with spirometry testing? 1=Yes,0=No
17	PCH_1150	Num	8	2.	2.	Is the participant eligible to proceed with the spirometry testing? 1=Yes,0=No
18	PCH_1160	Num	8	4.	4.	Height (without shoes) (0-999 cm)
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 0A 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: p5_rand_elig.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	RND_1000	Num	8	2.	2.	Did the participant receive prednisone during the run-in for treatment of an exacerbation or for an unrelated adverse event? 1=Yes,0=No
3	RND_1020	Num	8	2.	2.	If YES, as of today, has the participant washed out from the final dose of prednisone for at least 14 days? 1=Yes,0=No
4	RND_1025	Num	8	2.	2.	Was the participant fully qualified for randomization on a P5_RAND_ELIG form at a prior screen visit? 1=Yes,0=No
5	RND_1030	Char	2	$2.	$2.	Which visit did the participant meet all randomization criteria?
6	RND_1035	Num	8	2.	2.	Since the last visit, has the participant met lack of asthma control conditions according to the information on the Spirotel Eligibility Assessment Report ? 1=Yes,0=No
7	RND_1040	Num	8	2.	2.	E-Diary and Peak Flow Compliance for Eligibility. Has the participant completed at least 75Pct of the AM and PM sessions, including peak flows, since the last visit? 1=Yes, 0=No, 9=N/A
8	RND_1050	Num	8	4.	4.	Diskus Compliance. Number of scheduled puffs since the last visit (0-999 puffs)
9	RND_1060	Num	8	4.	4.	Diskus Compliance. Number of remaining puffs reflected on Diskus counter(s) If two used Diskuses are returned, then total the values reflected on both counters. (0-999 puffs)
10	RND_1070	Num	8	4.	4.	Diskus Compliance. Number of puffs taken. (0-999 puffs)
11	RND_1080	Num	8	6.1	6.1	Diskus Compliance. Percent compliance=Q5c/Q5a X 100 (0-150.0Pct)
12	RND_1090	Num	8	2.	2.	Diskus Compliance. Has the participant taken at least 75Pct of the scheduled puffs from his/her Diskus since the last visit? 1=Yes,0=No
13	RND_1100	Num	8	2.	2.	Does the participant meet all eligibility criteria to schedule/complete the randomization visit ? 1=Yes,0=No
14	RND_1110	Num	8	2.	2.	Has the participant experienced at least 1 asthma exacerbation requiring treatment with systemic corticosteroids since the last visit? 1=Yes,0=No
15	RND_1120	Num	8	2.	2.	Did any of the exacerbations require hospitalization? 1=Yes,0=No
16	RND_1130	Num	8	2.	2.	Has the participant had three exacerbations during the run-in? 1=Yes,0=No
17	RND_1140	Num	8	2.	2.	Was the participant noncompliant with ICS dosing or e-diary/PEF completion ? 1=Yes,0=No
18	RND_1150	Num	8	2.	2.	Is the participant eligible to continue in the study? 1=Yes,0=No
19	RND_1010	Num	8			If YES, date of final dose of prednisone
20	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
21	VNUM	Num	8			Visit Number (numeric)
22	VDATE	Num	8			Number of days from Visit 0A to this visit
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: p5_sigex.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	SIG_1000	Num	8	2.	2.	Did the participant experience a worsening of his/her asthma that required a prescription for a systemic corticosteroid to prevent a serious outcome? 1=Yes,0=No
3	SIG_1010	Num	8	2.	2.	If YES, was the course of systemic corticosteroids separated from any previous courses for treatment of worsening asthma by at least 7 days? 1=Yes,0=No
4	SIG_1020	Num	8	2.	2.	Did the participant experience a new significant asthma exacerbation? 1=Yes,0=No
5	SIG_1040	Num	8	2.	2.	Has the participant been prescribed any of the following medications since exacerbation conditions started? 1=Yes,0=No
6	SIG_1050	Num	8	2.	2.	Has the participant been prescribed any of the following medications since exacerbation conditions started? Inhaled corticosteroids (1=Yes,0=No)
7	SIG_1060	Num	8	2.	2.	Has the participant been prescribed any of the following medications since exacerbation conditions started? Nebulized bronchodilator (1=Yes,0=No)
8	SIG_1070	Num	8	2.	2.	Has the participant been prescribed any of the following medications since exacerbation conditions started? Oral corticosteroids (1=Yes,0=No)
9	SIG_1080	Num	8	3.	3.	Oral corticosteroids If YES, total days of treatment for this event (1-99 days)
10	SIG_1090	Num	8	2.	2.	Has the participant been prescribed any of the following medications since exacerbation conditions started? IM or IV steroids (1=Yes,0=No)
11	SIG_1100	Num	8	2.	2.	Has the participant been prescribed any of the following medications since exacerbation conditions started? Antibiotics (1=Yes,0=No)
12	SIG_1110	Num	8	2.	2.	Has the participant been prescribed any of the following medications since exacerbation conditions started? Other (1=Yes,0=No)
13	SIG_1120	Num	8	2.	2.	Did the participant seek care for exacerbation conditions? 1=Yes,0=No
14	SIG_1130	Num	8	2.	2.	What type of care was sought for exacerbation conditions? Study Investigator or Coordinator? 1=Yes,0=No
15	SIG_1140	Num	8	2.	2.	If care was sought from Study Investigator or Coordinator, indicate type of contact (1=Scheduled clinic visit, 2=Unscheduled clinic visit, 3=Phone contact)
16	SIG_1150	Num	8	2.	2.	What type of care was sought for exacerbation conditions? Primary Care or Other Physician? 1=Yes,0=No
17	SIG_1160	Num	8	2.	2.	What type of care was sought from Primary Care or Other Physician? 1=Scheduled clinic visit, 2=Unscheduled clinic visit, 3=Phone contact
18	SIG_1170	Num	8	2.	2.	What type of care was sought for exacerbation conditions? Emergency Department visit? 1=Yes,0=No
19	SIG_1180	Num	8	2.	2.	What type of care was sought for exacerbation conditions? Urgent care visit? 1=Yes,0=No
20	SIG_1190	Num	8	2.	2.	Was the participant hospitalized? 1=Yes,0=No
21	SIG_1200	Num	8	5.1	5.1	Duration of hospital stay (0.1-99.9 days)
22	SIG_1210	Num	8	2.	2.	Was intubation or ventilation assistance required? 1=Yes,0=No
23	SIG_1220	Num	8	2.	2.	Was the participant admitted to the intensive care unit? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
24	SIG_1230	Num	8	2.	2.	Has the participant been prescribed 10 or more days of prednisone treatment for asthma exacerbation during the current treatment period? 1=Yes,0=No
25	SIG_1240	Num	8	2.	2.	Did the participant experience two distinct exacerbations during the current treatment period? 1=Yes,0=No
26	SIG_1250	Num	8	2.	2.	Did the participant experience treatment failure? 1=Yes,0=No
27	SIG_1030	Num	8			Date systemic corticosteroids were prescribed/started for exacerbation conditions
28	SIG_1260	Num	8			Date treatment failure conditions were met
29	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
30	VNUM	Num	8			Visit Number (numeric)
31	VDATE	Num	8			Number of days from Visit 0A to this visit
32	RAND_ID	Char	6			Randomized Master ID
33	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
34	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: p5_spirotel.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PEF_REF	Num	8	4.	4.	PEF Reference Value
3	AM_FVC	Num	8	7.2	7.2	Morning session FVC
4	AM_FEV1	Num	8	7.2	7.2	Morning session FEV1
5	AM_PEF	Num	8	4.	4.	Morning session PEF
6	AM_FEF2575	Num	8	7.2	7.2	Morning session FEF25-75
7	AM_FET	Num	8	7.2	7.2	Morning session FET
8	DRY_1	Num	8	2.	2.	Scheduled AM Assessment (4AM - 1PM, inclusive) Number of times the participant woke up last night due to asthma symptoms number Times woke up due to asthma (0-9)
9	DRY_2	Num	8	2.	2.	Scheduled AM Assessment (4AM - 1PM, inclusive) Number of puffs the participant will take from the study Diskus this morning Number Puffs from study Diskus in AM (0-9)
10	DRY_3	Num	8	2.	2.	Scheduled AM Assessment Has the participant taken any puffs from his/her RESCUE albuterol inhaler in the past 4 hours? 1=yes, 0=no
11	DRY_4	Num	8	2.	2.	Nighttime Symptoms , Shortness of Breath Score (0, 1, 2, 3)
12	DRY_5	Num	8	2.	2.	Nighttime Symptoms , Chest tightness score (0, 1, 2, 3)
13	DRY_6	Num	8	2.	2.	Nighttime Symptoms , Wheezing score (0, 1, 2, 3)
14	DRY_7	Num	8	2.	2.	Nighttime Symptoms , Coughing score (0, 1, 2, 3)
15	DRY_8	Num	8	2.	2.	Nighttime Symptoms , Phlegm/Mucus score (0, 1, 2, 3)
16	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
17	VNUM	Num	8			Visit Number (numeric)
18	VDATE	Num	8			Number of days from Visit 0A to this visit
19	DDATE	Num	8			Diary date
20	PM_FVC	Num	8	7.2	7.2	Evening session FVC
21	PM_FEV1	Num	8	7.2	7.2	Evening session FEV1
22	PM_PEF	Num	8	4.	4.	Evening session PEF
23	PM_FEF2575	Num	8	7.2	7.2	Evening session FEF25-75
24	PM_FET	Num	8	7.2	7.2	Evening session FET
25	DRY_9	Num	8	2.	2.	Scheduled PM Assessment (5PM - 3AM, inclusive) Number of puffs the participant will take from the study Diskus tonight Number Puffs from study Diskus in PM (0-9)
26	DRY_10	Num	8	2.	2.	Scheduled PM Assessment Has the participant taken any puffs from his/her RESCUE albuterol inhaler during the past 4 hours? 1=yes, 0=no
27	DRY_11	Num	8	2.	2.	Symptoms since waking this morning , Shortness of Breath Score (0, 1, 2, 3)
28	DRY_12	Num	8	2.	2.	Symptoms since waking this morning , Chest tightness score (0, 1, 2, 3)
29	DRY_13	Num	8	2.	2.	Symptoms since waking this morning , Wheezing score (0, 1, 2, 3)
30	DRY_14	Num	8	2.	2.	Symptoms since waking this morning , Coughing score (0, 1, 2, 3)
31	DRY_15	Num	8	2.	2.	Symptoms since waking this morning , Phlegm/Mucus score (0, 1, 2, 3)

Num	Variable	Type	Len	Format	Informat	Label
32	DRY_16	Num	8	3.	3.	Number of albuterol puffs taken in the past 24 hours to prevent symptoms (for example: before exercise, before smoke exposure, or before exposure to pets) (0-40)
33	DRY_17	Num	8	3.	3.	Number of RESCUE albuterol puffs taken for asthma symptoms or low peak flow during past 24 hours (0-40)
34	DRY_18	Num	8	2.	2.	Was the participant absent from daycare, school, or work during the past 24 hours due to asthma symptoms? 1=yes, 0=no, 9=N/A
35	DRY_19	Num	8	2.	2.	Was the participant seen by a healthcare provider for an unscheduled visit in the past 24 hours due to asthma symptoms? 1=yes, 0=no
36	DRY_20	Num	8	2.	2.	Did the participant take prednisone in the past 24 hours for treatment of his/her asthma? 1=yes, 0=no
37	RAND_ID	Char	6			Randomized Master ID
38	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
39	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: p5_stepdown_assess.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	SPD_1000	Num	8	2.	2.	Since Visit 0A, has the participant experienced an asthma exacerbation requiring treatment with systemic corticosteroids? 1=Yes,0=No
3	SPD_1010	Num	8	2.	2.	Has the participant met lack of asthma control conditions according to the information on the Spirotel Eligibility Assessment Report ? 1=Yes,0=No
4	SPD_1015	Num	8	2.	2.	Does the participant have an ACQ score >=1.50 at todays visit? 1=Yes,0=No
5	SPD_1020	Num	8	2.	2.	Is the participant eligible to continue in the study? 1=Yes,0=No
6	SPD_1040	Num	8	2.	2.	E-Diary and Peak Flow Compliance for Eligibility. Has the participant completed at least 75Pct of the AM and PM sessions, including peak flows, since the last visit ? 1=Yes,0=No
7	SPD_1050	Num	8	3.	3.	Diskus Compliance. Number of scheduled puffs since the last visit (0A or initial attempt at 0A1) (0-99 puffs)
8	SPD_1060	Num	8	3.	3.	Diskus Compliance. Number of remaining puffs reflected on Diskus counter (0-99 puffs)
9	SPD_1070	Num	8	3.	3.	Diskus Compliance. Number of puffs taken (0-99 puffs)
10	SPD_1080	Num	8	6.1	6.1	Diskus Compliance. Percent compliance=Q5c/Q5a x 100 (0.0-150.0Pct)
11	SPD_1090	Num	8	2.	2.	Diskus Compliance. Has the participant taken at least 75Pct of the scheduled puffs from his/her Diskus since Visit 0A or the initial attempt at Visit 0A1? 1=Yes,0=No
12	SPD_1100	Num	8	2.	2.	Is the participant eligible for step-down of his/her ICS dose to 1xICS? 1=Yes,0=No
13	SPD_1110	Num	8	2.	2.	Open-label Flovent Diskus to be dispensed at this visit (1=FP 50 mcg, 2=FP 100 mcg)
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 0A 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: p5_term.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	TER_1000	Num	8	2.	2.	Has the participant completed the study through Visit 13? 1=Yes,0=No
3	TER_1010	Num	8	2.	2.	Who initiated termination of the participant? 1=Participant, 2=Clinical Staff
4	TER_1020	Num	8	3.	3.	Primary reason the participant has withdrawn from the study or the participants parent/guardian has withdrawn consent.
5	TER_1030	Num	8	2.	2.	Did clinical staff terminate the participant due to: pregnancy? 1=Yes, 0=No, 9=N/A
6	TER_1040	Num	8	2.	2.	Did clinical staff terminate the participant due to: loss to follow-up? 1=Yes,0=No
7	TER_1060	Num	8	2.	2.	Did clinical staff terminate the participant due to: loss to follow-up? 1=In-person visit, 2=Phone call
8	TER_1070	Num	8	2.	2.	Did clinical staff terminate the participant due to: an asthma-related adverse event? 1=Yes,0=No
9	TER_1080	Num	8	2.	2.	Did clinical staff terminate the participant due to: a medication-related adverse event? 1=Yes,0=No
10	TER_1090	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
11	TER_1100	Num	8	2.	2.	Did clinical staff terminate the participant due to: non-compliance with medication dosing? 1=Yes,0=No
12	TER_1110	Num	8	2.	2.	Did clinical staff terminate the participant due to: non-compliance with diary completion? 1=Yes,0=No
13	TER_1120	Num	8	2.	2.	Did clinical staff terminate the participant due to: non-compliance with visit attendance? 1=Yes,0=No
14	TER_1130	Num	8	2.	2.	Did clinical staff terminate the participant due to: non-compliance with peak flow monitoring? 1=Yes,0=No
15	TER_1140	Num	8	2.	2.	Did clinical staff terminate the participant due to: significant asthma exacerbation or lack of control criteria met while on 2-2.5xICS ? 1=Yes,0=No
16	TER_1150	Num	8	2.	2.	Did clinical staff terminate the participant due to: participant reached end of run-in without meeting lack of asthma control criteria ? 1=Yes,0=No
17	TER_1160	Num	8	2.	2.	Did clinical staff terminate the participant due to: ineligibility during the run-in for reasons other than compliance or failure to meet lack of control criteria? 1=Yes,0=No
18	TER_1170	Num	8	2.	2.	Did clinical staff terminate the participant due to: recruitment ended? 1=Yes,0=No
19	TER_1180	Num	8	2.	2.	Did clinical staff terminate the participant due to: physician determination that study continuation is not in participants best interest? 1=Yes,0=No
20	TER_1185	Num	8	2.	2.	Did clinical staff terminate the participant due to: treatment failure during period 4? 1=Yes,0=No
21	TER_1190	Num	8	2.	2.	Did clinical staff terminate the participant due to: hypoxic seizure due to asthma? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
22	TER_1200	Num	8	2.	2.	Did clinical staff terminate the participant due to: intubation due to asthma? 1=Yes,0=No
23	TER_1210	Num	8	2.	2.	Did clinical staff terminate the participant due to: need for long-term systemic corticosteroids for illness other than asthma? 1=Yes,0=No
24	TER_1220	Num	8	2.	2.	Did clinical staff terminate the participant due to: other reason? 1=Yes,0=No
25	TER_1240	Char	1	$1.	$1.	Indicate the letter (a - s) corresponding to the primary reason the participant was terminated, see TERM form.
26	TER_1050	Num	8			Date of last contact with participant
27	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
28	VNUM	Num	8			Visit Number (numeric)
29	VDATE	Num	8			Number of days from Visit 0A to this visit
30	RAND_ID	Char	6			Randomized Master ID
31	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
32	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: palb4_spiro.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PA4_1000	Char	4	$4.	$4.	Time albuterol administered (based on 24-hour clock)
3	PA4_1010	Char	4	$4.	$4.	Time post-albuterol spirometry started (based on 24-hour clock)
4	PA4_1020	Num	8	5.2	5.2	Highest FVC
5	PA4_1030	Num	8	5.2	5.2	Highest FEV1
6	PA4_1040	Num	8	4.	4.	Highest FEV1 (Pct predicted)
7	PA4_1050	Num	8	6.2	6.2	FEF Max
8	PA4_1060	Num	8	5.2	5.2	FEF25-75
9	PA4_1070	Num	8	2.	2.	In your judgment, was the subject's spirometry technique acceptable? 1=Yes,0=No
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 0A 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: paqlqs.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	AQP_1	Num	8	2.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK DOING: PHYSICAL ACTIVITIES ? 1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not Bothered
3	AQP_2	Num	8	2.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK DOING: BEING WITH ANIMALS ? 1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not Bothered
4	AQP_3	Num	8	2.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK DOING: ACTIVITIES WITH FAMILY AND FRIENDS ? 1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not Bothered
5	AQP_4	Num	8	2.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK DOING: COUGHING (1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not Bothered)
6	AQP_5	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel FRUSTRATED because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
7	AQP_6	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel TIRED because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
8	AQP_7	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel WORRIED, CONCERNED OR TROUBLED because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
9	AQP_8	Num	8	2.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK BY: ASTHMA ATTACKS? 1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not Bothered
10	AQP_9	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel ANGRY because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
11	AQP_10	Num	8	2.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK BY: WHEEZING? 1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not Bothered
12	AQP_11	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel IRRITABLE because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
13	AQP_12	Num	8	2.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK BY: TIGHTNESS IN YOUR CHEST? 1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not Bothered

Num	Variable	Type	Len	Format	Informat	Label
14	AQP_13	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel DIFFERENT OR LEFT OUT because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
15	AQP_14	Num	8	2.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK BY: SHORTNESS OF BREATH? 1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not Bothered
16	AQP_15	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel FRUSTRATED BECAUSE YOU COULDN'T KEEP UP WITH OTHERS? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
17	AQP_16	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: WAKE UP DURING THE NIGHT because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
18	AQP_17	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel UNCOMFORTABLE because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
19	AQP_18	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel OUT OF BREATH because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
20	AQP_19	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel YOU COULDN'T KEEP UP WITH OTHERS because of your asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
21	AQP_20	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Have trouble SLEEPING AT NIGHT because of asthma? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
22	AQP_21	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Feel FRIGHTENED BY AN ASTHMA ATTACK? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
23	AQP_22	Num	8	2.	2.	THINK ABOUT ALL THE ACTIVITIES THAT YOU DID IN THE PAST WEEK: How much were you bothered by your asthma during these activities? 1=Extremely Bothered, 2=Very Bothered, 3=Quite Bothered, 4=Somewhat Bothered, 5=Bothered A Bit, 6=Hardly Bothered At All, 7=Not
24	AQP_23	Num	8	2.	2.	DURING THE LAST WEEK DID YOU: Have difficulty taking a DEEP BREATH? 1=All of the Time, 2=Most of the Time, 3=Quite Ofter, 4=Some of the Time, 5=Once in a While, 6=Hardly Any of the Time, 7=None of the Time
25	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
26	VNUM	Num	8			Visit Number (numeric)
27	VDATE	Num	8			Number of days from Visit 0A to this visit
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: pedsql.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PHYSICAL_1	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Physical Functioning (problems with...) Walking more than one block (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
3	PHYSICAL_2	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Physical Functioning (problems with...) Running (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
4	PHYSICAL_3	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Physical Functioning (problems with...) Participating in sports activity or exercise (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
5	PHYSICAL_4	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Physical Functioning (problems with...) Lifting something heavy (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
6	PHYSICAL_5	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Physical Functioning (problems with...) Taking a bath or shower by him or herself (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
7	PHYSICAL_6	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Physical Functioning (problems with...) Doing chores, like picking up his or her toys (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
8	PHYSICAL_7	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Physical Functioning (problems with...) Having hurts or aches (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
9	PHYSICAL_8	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Physical Functioning (problems with...) Low energy level (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
10	EMOTIONAL_1	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Emotional Functioning (problems with...) Feeling afraid or scared (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
11	EMOTIONAL_2	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Emotional Functioning (problems with...) Feeling sad or blue (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
12	EMOTIONAL_3	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Emotional Functioning (problems with...) Feeling angry (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
13	EMOTIONAL_4	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Emotional Functioning (problems with...) Trouble sleeping (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
14	EMOTIONAL_5	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Emotional Functioning (problems with...) Worrying about what will happen to him or her (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)

Num	Variable	Type	Len	Format	Informat	Label
15	SOCIAL_1	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Social Functioning (problems with...) Getting along with other children (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
16	SOCIAL_2	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Social Functioning (problems with...) Other kids not wanting to be his or her friend (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
17	SOCIAL_3	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Social Functioning (problems with...) Getting teased by other children (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
18	SOCIAL_4	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Social Functioning (problems with...) Not able to do things that other children his or her age can do (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
19	SOCIAL_5	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...Social Functioning (problems with...) Keeping up when playing with other children (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
20	SCHOOL_1	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...School Functioning (problems with...) Paying attention in class (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
21	SCHOOL_2	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...School Functioning (problems with...) Forgetting things (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
22	SCHOOL_3	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...School Functioning (problems with...) Keeping up with school activities (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
23	SCHOOL_4	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...School Functioning (problems with...) Missing school because of not feeling well (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
24	SCHOOL_5	Num	8	2.	2.	In the past ONE month, how much of a problem has your child had with...School Functioning (problems with...) Missing school to go to the doctor or hospital (0=Never, 1=Almost Never, 2=Sometimes, 3=Often, 4=Almost Always)
25	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
26	VNUM	Num	8			Visit Number (numeric)
27	VDATE	Num	8			Number of days from Visit 0A to this visit
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: preg_test.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	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
3	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)
4	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)
5	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)
6	PRG_1040	Num	8	2.	2.	Pregnancy test results (1=Positive, 0=Negative)
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 0A to this visit
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: prior_cond_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PAD_1000	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related Blood, Lymph, or Immune Systems? 1=Yes,0=No
3	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)
4	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)
5	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)
6	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)
7	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)
8	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)
9	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)
10	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)
11	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)
12	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)
13	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)
14	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)
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 0A 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: prior_cond_all.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PAL_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
3	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)
4	PAL_1020	Num	8	2.	2.	Have you ever had allergic rhinitis ? 1=Yes, 0=No, 9=Don't know
5	PAL_1030	Num	8	2.	2.	Have you ever had nasal polyps? 1=Yes, 0=No, 9=Don't know
6	PAL_1040	Num	8	2.	2.	Do you have chronic or recurrent sinusitis ? 1=Yes, 0=No, 9=Don't know
7	PAL_1050	Num	8	2.	2.	Have you ever been diagnosed with vocal cord dysfunction? 1=Yes, 0=No, 9=Don't know
8	PAL_1060	Num	8	2.	2.	Have you ever had other conditions related to the ear, nose, or throat? 1=Yes,0=No
9	PAL_1070	Num	8	2.	2.	Have you ever had pneumonia? 1=Yes, 0=No, 9=Don't know
10	PAL_1080	Num	8	2.	2.	If YES, were you diagnosed by chest x-ray? 1=Yes, 0=No, 9=Don't know
11	PAL_1090	Num	8	2.	2.	If YES, were you treated with antibiotics? 1=Yes, 0=No, 9=Don't know
12	PAL_1100	Num	8	2.	2.	Have you ever had bronchitis? 1=Yes, 0=No, 9=Don't know
13	PAL_1110	Num	8	2.	2.	Have you ever had other conditions related to the lungs ? 1=Yes, 0=No, 9=Don't know
14	PAL_1120	Num	8	2.	2.	Do you have gastroesophageal reflux disease ? 1=Yes, 0=No, 9=Don't know
15	PAL_1130	Num	8	2.	2.	Have you ever had other conditions related to the stomach or intestines? 1=Yes,0=No
16	PAL_1150	Num	8	2.	2.	Have you been diagnosed with sleep disordered breathing ? 1=Yes,0=No
17	PAL_1160	Num	8	2.	2.	If YES, are you being treated with CPAP or BiPAP? 1=Yes,0=No
18	PAL_1170	Num	8	2.	2.	Have you ever had other sleep disorders? 1=Yes,0=No
19	PAL_1180	Num	8	2.	2.	Have you ever had other conditions that have not been mentioned on this form? 1=Yes,0=No
20	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
21	VNUM	Num	8			Visit Number (numeric)
22	VDATE	Num	8			Number of days from Visit 0A to this visit
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: prior_trt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PTR_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
3	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)
4	PTR_1050	Num	8	4.	4.	Average weekly puffs of Short-acting Inhaled Beta-Agonists by Inhaler in the past month
5	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)
6	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)
7	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)
8	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)
9	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)
10	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)
11	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)
12	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)
13	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
14	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)
15	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)
16	PTR_1470	Num	8	4.	4.	Indicate most recent type of inhaled steroid taken (refer to PRIOR_TRT_CARD reference card) code
17	PTR_1480	Num	8	3.	3.	Indicate number of daily puffs of Steroids by Inhaler used
18	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

Num	Variable	Type	Len	Format	Informat	Label
19	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)
20	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)
21	PTR_1540	Num	8	3.	3.	Indicate number of daily treatments of Steroids by Nebulizer used
22	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
23	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)
24	PTR_1600	Num	8	5.	5.	Indicate most recent type of combination medication taken (refer to PRIOR_TRT_CARD reference card) code
25	PTR_1610	Num	8	3.	3.	Indicate number of daily puffs of Long-Acting Beta-Agonist and Inhaled Steroid Combination Medications used
26	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
27	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)
28	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)
29	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)
30	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)
31	PTR_1790	Num	8	2.	2.	During the past 12 months were the following skin treatments used FOR ECZEMA OR ALLERGIES? Topical Steroids - OTC (e.g., Hydrocortisone - multiple strengths and products) (1=Yes, 0=No, 9=Don't Know)
32	PTR_1830	Num	8	2.	2.	During the past 12 months were there any OTHER medications used FOR ASTHMA OR ALLERGIES?
33	PTR_1870	Num	8	2.	2.	During the past 12 months were the following treatments used for conditions OTHER THAN ASTHMA? Oral Steroids (1=Yes, 0=No, 9=Don't Know)
34	PTR_1910	Num	8	2.	2.	During the past 12 months were the following treatments used for conditions OTHER THAN ASTHMA? Injectable Steroids (1=Yes, 0=No, 9=Don't Know)
35	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
36	VNUM	Num	8			Visit Number (numeric)
37	VDATE	Num	8			Number of days from Visit 0A to this visit
38	DATE_Q02	Num	8			Short-acting Inhaled Beta-Agonists by Inhaler (e.g., albuterol, Primatene Mist, Maxair, ProAir, Proventil, Ventolin, Xopenex) Date
39	DATE_Q03	Num	8			Rescue treatment via a Nebulizer Machine (e.g., albuterol, ipratropium, Combivent, Xopenex, levalbuterol) Date

Num	Variable	Type	Len	Format	Informat	Label
40	DATE_Q04	Num	8			Long-acting Inhaled Beta-Agonists (e.g., Serevent, Foradil, salmeterol, formoterol) Do not consider combination medications. Date
41	DATE_Q05	Num	8			Oral Beta-Agonists (e.g., albuterol, Brethine, Bricanyl, metaproterenol, Proventil, Ventolin, Repetabs, Volmax) Date
42	DATE_Q06	Num	8			Oral Theophylline (short-acting or sustained release) (e.g., Aminophylline, Slo-Phyllin, Slo-bid, Theo-Dur, Uniphyl) Date
43	DATE_Q07	Num	8			Inhaled Anticholinergic by Inhaler (e.g., Atrovent, Combivent, Spiriva) Date
44	DATE_Q08	Num	8			Leukotriene Antagonist / 5LO Inhibitors (e.g., Accolate, Zyflo, Singulair) Date
45	DATE_Q09	Num	8			IgE Blocker (e.g., Xolair) Date
46	DATE_Q10	Num	8			Oral Steroids FOR ASTHMA (e.g., Prednisone, Prelone, Pediapred, Medrol, Orapred, Decadron, dexamethasone) Date
47	DATE_Q11	Num	8			Injectable Steroids FOR ASTHMA (e.g., Medrol, Solumedrol, Decadron, dexamethasone, triamcinolone, Kenalog, hydrocortisone IV) Date
48	DATE_Q12	Num	8			Steroids by Inhaler (e.g., Asmanex Twisthaler, QVAR, Flovent, Pulmicort Flexhaler) Date
49	DATE_Q13	Num	8			Steroids by Nebulizer (e.g., Pulmicort Respules, budesonide) Date
50	DATE_Q14	Num	8			Long-Acting Beta-Agonist and Inhaled Steroid Combination Medications (e.g., Advair Diskus, Symbicort MDI, Dulera MDI) Date
51	DATE_Q15	Num	8			Nasal Steroids (e.g., Beconase, Vancenase, Flonase, Nasacort, Nasalide, Nasarel, Omnaris, Rhinocort, Nasonex) Date
52	DATE_Q16	Num	8			Non-steroidal Anti-allergic Nasal Medications (e.g., Nasalcrom, Astelin, Astepro, ipratropium) Date
53	DATE_Q17	Num	8			Anti-allergic Oral Medications (e.g., fexofenadine, loratadine, cetirizine, chlorpheniramine) Date
54	DATE_Q18	Num	8			Topical Steroids - Prescription (e.g., Synalar, Lidex, Dermacin, Fluocinonide) Date
55	DATE_Q19	Num	8			Topical Steroids - OTC (e.g., Hydrocortisone - multiple strengths and products) Date
56	DATE_Q20	Num	8			Other Medication FOR ASTHMA OR ALLERGIES Date
57	DATE_Q21	Num	8			Oral Steroids for Conditions Other Than Asthma (e.g., Prednisone, Prelone, Pediapred, Medrol, Orapred, Decadron, dexamethasone) Date
58	DATE_Q22	Num	8			Injectable Steroids for Conditions Other Than Asthma (e.g., Medrol, Solumedrol, Decadron, dexamethasone, triamcinolone, Kenalog, hydrocortisone IV) Date
59	RAND_ID	Char	6			Randomized Master ID
60	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
61	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: pss_10.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	P10_1000	Num	8	2.	2.	In the last month, how often have you been upset because of something that happened unexpectedly? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
3	P10_1010	Num	8	2.	2.	In the last month, how often have you felt that you were unable to control the important things in your life? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
4	P10_1020	Num	8	2.	2.	In the last month, how often have you felt nervous and stressed? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
5	P10_1030	Num	8	2.	2.	In the last month, how often have you felt confident about being able to handle your personal problems? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
6	P10_1040	Num	8	2.	2.	In the last month, how often have you felt that things were going your way? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
7	P10_1050	Num	8	2.	2.	In the last month, how often have you found that you could not cope with all the things that you had to do? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
8	P10_1060	Num	8	2.	2.	In the last month, how often have you been able to control irritations in your life? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
9	P10_1070	Num	8	2.	2.	In the last month, how often have you felt that you were on top of things? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
10	P10_1080	Num	8	2.	2.	In the last month, how often have you been angered because of things that happened that were outside of your control? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
11	P10_1090	Num	8	2.	2.	In the last month, how often have you felt that your difficulties were piling up so high that you could not overcome them? 0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often
12	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
13	VNUM	Num	8			Visit Number (numeric)
14	VDATE	Num	8			Number of days from Visit 0A to this visit
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: rand_iaql_12.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	IAQ_1000	Num	8	2.	2.	In the past 4 weeks, I worried about the long-term effects of asthma on my health (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
3	IAQ_1010	Num	8	2.	2.	In the past 4 weeks, I had to worry about asthma triggers (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
4	IAQ_1020	Num	8	2.	2.	In the past 4 weeks, my asthma was on my mind (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
5	IAQ_1030	Num	8	2.	2.	In the past 4 weeks, it was hard to get a good nights sleep because of my asthma (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
6	IAQ_1040	Num	8	2.	2.	In the past 4 weeks, I felt like I couldnt enjoy life because of my asthma (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
7	IAQ_1050	Num	8	2.	2.	In the past 4 weeks, I felt that asthma was controlling my life (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
8	IAQ_1060	Num	8	2.	2.	In the past 4 weeks, I felt frustrated that I couldnt make plans in advance because of my asthma (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
9	IAQ_1070	Num	8	2.	2.	In the past 4 weeks, because of my asthma, everyday activities were a struggle (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
10	IAQ_1080	Num	8	2.	2.	In the past 4 weeks, asthma placed stress on my relationships with family, friends, significant others, or co-workers (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
11	IAQ_1090	Num	8	2.	2.	In the past 4 weeks, because of my asthma, I felt frustrated that I have to do things differently than people who dont have asthma (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
12	IAQ_1100	Num	8	2.	2.	In the past 4 weeks, I felt like I missed out on doing things with others because of my asthma (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
13	IAQ_1110	Num	8	2.	2.	In the past 4 weeks, because of my asthma, I had to do a lot of planning to make sure I always had an inhaler ready (1=Not at all, 2=A little bit, 3=Somewhat, 4=Quite a bit, 5=Very much)
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 0A 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: regimen.sas7bdat

Num	Variable	Type	Len	Label
1	AGE_TRACK	Char	18	Age group track participant was enrolled in
2	REGIMEN_PER1	Char	13	Unblinded treatment assignment for period 1
3	REGIMEN_PER2	Char	13	Unblinded treatment assignment for period 2
4	REGIMEN_PER3	Char	13	Unblinded treatment assignment for period 3
5	REGIMEN_PER4	Char	13	Unblinded treatment assignment for period 4
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: 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 0A
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: serious.sas7bdat

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

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

Data Set Name: sexam_ped.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	PSE_1060	Num	8	2.	2.	What type of height measurement was obtained? 1=Standing height, 2=Length
3	PSE_1070	Num	8	6.1	6.1	Participant height/length, First measurement __ __ __ . __ cm
4	PSE_1080	Num	8	6.1	6.1	Participant height/length, Second measurement __ __ __ . __ cm
5	PSE_1090	Num	8	6.1	6.1	Participant height/length, Third measurement __ __ __ . __ cm
6	PSE_1100	Num	8	6.1	6.1	Average height or length measurement __ __ __ . __ cm
7	PSE_1110	Num	8	2.	2.	In your judgment, was the participant's height or length measurement acceptable? 1=Yes,0=No
8	PSE_1130	Num	8	6.1	6.1	Weight (shoes off, light clothing) __ __ __ . __ kg
9	PSE_1140	Num	8	2.	2.	Does the participant have evidence of oral candidiasis? 1=Yes,0=No
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 0A 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: spiro.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	SPI_1010	Char	4	$4.	$4.	Time spirometry started (based on 24-hour clock)
3	SPI_1020	Num	8	5.2	5.2	The reported FEV1 and FVC are the best volumes of all acceptable maneuvers. 1.Highest FVC
4	SPI_1040	Num	8	4.	4.	Highest FEV1 (Pct predicted)
5	SPI_1050	Num	8	6.2	6.2	The reported flow rates correspond to the maneuver where FEV1 + FVC is maximized. FEF Max
6	SPI_1060	Num	8	5.2	5.2	FEF25-75
7	SPI_1070	Num	8	2.	2.	In your judgment, was the subject's spirometry technique acceptable? 0=No, 1=Yes
8	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
9	VNUM	Num	8			Visit Number (numeric)
10	VDATE	Num	8			Number of days from Visit 0A to this visit
11	SPI_1030	Num	8			Highest FEV1
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: sputread.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	SRE_1010	Num	8	2.	2.	Rate slide's quality: (1=Very good, 2=Good, 3=Acceptable, 4=Poor but readable, 5=Not readable)
3	SRE_1020	Num	8	2.	2.	Record the number on the slide(s) that was (were) read (0 - 9)
4	SRE_1030	Num	8	2.	2.	Record the number on the slide(s) that was (were) read: These are numbers that were assigned to the slides at each site. (0 -9)
5	SRE_1040	Num	8	7.1	7.1	Total Cell Count: __ __ __ __ . __ x 10^4 cells/ml (0 - 9999.9)
6	SRE_1050	Num	8	5.1	5.1	Differential Cell Counts: Squamous Cells __ __ . __ Pct (0.0 - 99.9)
7	SRE_1060	Num	8	5.1	5.1	Differential Cell Counts: Epithelial Cells __ __ . __ Pct (0.0 - 99.9)
8	SRE_1070	Num	8	5.1	5.1	Differential Cell Counts: Macrophages __ __ . __ Pct (0.0 - 99.9)
9	SRE_1080	Num	8	5.1	5.1	Differential Cell Counts: Neutrophils __ __ . __ Pct (0 -99.9)
10	SRE_1090	Num	8	5.1	5.1	Differential Cell Counts: Eosinophils __ __ . __ Pct (0 - 99.9)
11	SRE_1100	Num	8	5.1	5.1	Differential Cell Counts: Lymphocytes __ __ . __ Pct (0 -99.9)
12	SRE_1000	Num	8			Date of Read __ __ / __ __ / 20 __ __
13	VNUM_C	Char	3	$3.	$3.	Visit Number (character)
14	VNUM	Num	8			Visit Number (numeric)
15	VDATE	Num	8			Number of days from Visit 0A to this visit
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: sputum.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	SPU_1000	Num	8	5.1	5.1	For this protocol, what was the duration of sputum induction the first time the participant's sample was processed within 4 hours after collection?
3	SPU_1010	Char	4	$4.	$4.	Sputum induction start time (based on 24-hour clock)
4	SPU_1020	Char	4	$4.	$4.	Sputum induction stop time (based on 24-hour clock)
5	SPU_1030	Num	8	5.1	5.1	Duration of sputum induction collection phase at this visit -- minutes (0 - 99.9)
6	SPU_1040	Num	8	2.	2.	Was the duration of sputum induction collection phase at this visit >= 4 minutes?
7	SPU_1050	Num	8	6.1	6.1	Volume of sputum sample at this visit -- ml (0.0 - 999.9)
8	SPU_1060	Num	8	2.	2.	Is the volume adequate for processing? 1=Yes,0=No
9	SPU_1070	Num	8	2.	2.	Is the sample adequate for laboratory analysis? 1=Yes,0=No
10	SPU_1080	Num	8	5.2	5.2	Participant's FEV1 immediately after completion of sputum induction: -- (0.0 -9.99 L)
11	SPU_1090	Num	8	4.	4.	FEV1 (Pct predicted) (0 - 999)
12	SPU_1100	Char	4	$4.	$4.	Time of FEV1 immediately after completion of sputum induction (based on 24-hour clock)
13	SPU_1110	Num	8	5.1	5.1	Percent difference in FEV1 ((Reference - Q7a) / Reference) X100 (-99.9 - 99.9 Pct)
14	SPU_1120	Num	8	2.	2.	Did the participant's FEV1 drop > 10Pct from reference FEV1 as indicated in Q7d? 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 0A 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: sputum_add_trt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	SAD_1000	Num	8	5.2	5.2	Participant's FEV1 after initial 2 puffs of albuterol: 1a.FEV1 __ . __ __ L (0 -9.99)
3	SAD_1010	Num	8	4.	4.	Participant's FEV1 after initial 2 puffs of albuterol: 1b. FEV1 (Pct predicted)__ __ __ Pct predicted (0 - 999)
4	SAD_1020	Char	4	$4.	$4.	Participant's FEV1 after initial 2 puffs of albuterol: 1c. Time of FEV1 from Q1a (based on 24-hour clock) __ __ __ __ (0 - 2359)
5	SAD_1030	Num	8	2.	2.	Participant's FEV1 after initial 2 puffs of albuterol: 1d. Was the FEV1 from Q1a >=the sputum induction reversal reference value in the gray box above? 1=Yes,0=No
6	SAD_1040	Num	8	5.2	5.2	Participant's FEV1 after 2 additional puffs of albuterol: 2a. FEV1 __ . __ __ L (0 - 9.99)
7	SAD_1050	Num	8	4.	4.	Participant's FEV1 after 2 additional puffs of albuterol: 2b. FEV1 (Pct predicted) __ __ __ Pct predicted (0 - 999)
8	SAD_1060	Char	4	$4.	$4.	Participant's FEV1 after 2 additional puffs of albuterol: 2c. Time of FEV1 from Q2a (based on 24-hour clock)__ __ __ __ (0 - 2359)
9	SAD_1070	Num	8	2.	2.	Participant's FEV1 after 2 additional puffs of albuterol: Was the FEV1 >= the sputum induction reversal reference value in the gray box above? 1=Yes,0=No
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 0A 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: sputumchk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	SCH_1000	Num	8	2.	2.	Was the participant's FEV1 after reversal from the methacholine challenge greater yhan 90Pct of the baseline FEV1 (1=Yes,0=No)
3	SCH_1010	Num	8	2.	2.	If NO, has the participant received permission from the supervising physician to proceed with sputum induction testing? 1=Yes,0=No
4	SCH_1020	Num	8	2.	2.	Physician's Signature:_____ (1=signature present, NULL=signature missing)
5	SCH_1030	Num	8	5.2	5.2	Participant's FEV1 used for assessment of eligibility for sputum induction __ . __ __ L (0 - 9.99)
6	SCH_1040	Num	8	4.	4.	Participant's FEV1 (Pct predicted) used for assessment of eligibility for sputum induction __ __ __ Pct predicted (O-999)
7	SCH_1050	Num	8	2.	2.	Was the participant's FEV1 used for assessment of eligibility for sputum induction >=50% predicted? 1=Yes,0=No
8	SCH_1055	Num	8	2.	2.	Has the participant used any smokeless tobacco products today? 1=Yes,0=No
9	SCH_1060	Num	8	2.	2.	Is there any other reason the participant should not proceed with sputum induction? 1=Yes,0=No
10	SCH_1070	Num	8	2.	2.	Is the participant eligible for sputum induction? 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 0A 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: wpai_asthma.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AGE_TRACK	Char	18			Age group track participant was enrolled in
2	WPA_1000	Num	8	2.	2.	Are you currently employed ? 1=Yes,0=No
3	WPA_1010	Num	8	6.1	6.1	In general, how many hours per week do you usually work?
4	WPA_1020	Num	8	6.1	6.1	During the past seven days, how many hours did you miss from work because of problems associated with your asthma?
5	WPA_1030	Num	8	3.	3.	During the past seven days, how much did asthma affect your productivity while you were working?
6	WPA_1040	Num	8	2.	2.	Do you currently attend classes in an academic setting ? 1=Yes,0=No
7	WPA_1050	Num	8	6.1	6.1	In general, how many hours per week do you usually attend classes?
8	WPA_1060	Num	8	6.1	6.1	During the past seven days, how many hours did you miss from class or school because of problems associated with your asthma?
9	WPA_1070	Num	8	3.	3.	During the past seven days, how much did asthma affect your productivity while in school or attending classes in an academic setting?
10	WPA_1080	Num	8	3.	3.	During the past seven days, how much did your asthma affect your ability to do your regular daily activities, other than work at a job or attend classes?
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 0A 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