Data Set Name: acq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	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
2	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=NoSymptoms, 1=Very mild symptoms, 2=Mild symptoms, 3=Moderate symptoms, 4=Quite severe symptoms, 5=Severe symptoms, 6=Very severe symptoms
3	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
4	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
5	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
6	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/inhala
7	VNUM	Num	8			Visit Number
8	VDATE	Num	8			Number of days from Visit 0 to this visit
9	RAND_ID	Char	6			Randomized Master ID
10	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
11	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: aeclin.sas7bdat

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

Data Set Name: asthma_hx_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AHA_1000	Num	8	3.	3.	ASTHMA HISTORY1.Approximately how old were you when chest symptoms suggesting asthma first appeared?
2	AHA_1020	Num	8	2.	2.	Did these symptoms appear immediately after or as a result of:1a. a respiratory infection such as a cold or pneumonia? 1=Yes, 0=No, 8=Don't Know
3	AHA_1030	Num	8	2.	2.	an occupational or job change? 1=Yes, 0=No, 8=Don't Know
4	AHA_1040	Num	8	2.	2.	a household move? 1=Yes, 0=No, 8=Don't Know
5	AHA_1050	Num	8	2.	2.	a pregnancy? 1=Yes, 0=No, 8=Don't Know
6	AHA_1060	Num	8	2.	2.	a hormonal change ? 1=Yes, 0=No, 8=Don't Know
7	AHA_1070	Num	8	3.	3.	How old were you when a doctor first diagnosed you with asthma?
8	AHA_1090	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have asthma? 1=Yes, 0=No, 8=Don't Know
9	AHA_1100	Num	8	2.	2.	Father (1=Yes, 0=No, 8=Don't Know)
10	AHA_1110	Num	8	2.	2.	Brother(s) or Sister(s) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
11	AHA_1120	Num	8	2.	2.	Child(ren) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
12	AHA_1130	Num	8	2.	2.	ASTHMA SYMPTOMS1.How do you categorize your asthma symptoms throughout the course of the year? 1=Relatively the same all year, 2=Vary by season
13	AHA_1140	Num	8	2.	2.	Winter? 1=Yes,0=No
14	AHA_1150	Num	8	2.	2.	Spring? 1=Yes,0=No
15	AHA_1160	Num	8	2.	2.	Summer? 1=Yes,0=No
16	AHA_1170	Num	8	2.	2.	Fall? 1=Yes,0=No
17	AHA_1180	Num	8	3.	3.	In the last 12 months, how many... 5a.Asthma episodes have you had that required emergency care or an unscheduled office visit?
18	AHA_1190	Num	8	3.	3.	Overnight hospitalizations have you had due to asthma?
19	AHA_1200	Num	8	3.	3.	Courses of systemic corticosteroid therapy for asthma have you taken?
20	AHA_1210	Num	8	4.	4.	Days of work, school, or housework have you missed due to asthma?
21	AHA_1220	Num	8	3.	3.	In the past 3 months, how many days of work, school, or housework have you missed due to asthma?
22	AHA_1250	Num	8	2.	2.	Have you ever been admitted to an intensive care unit for asthma? 1=Yes,0=No
23	AHA_1260	Num	8	3.	3.	How many times have you been admitted to an intensive care unit for asthma?
24	AHA_1270	Num	8	2.	2.	Have you ever had invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
25	AHA_1280	Num	8	2.	2.	Have you ever had non-invasive mechanical ventilation? 1=Yes, 0=No, 8=Don't Know
26	AHA_1290	Num	8	2.	2.	Do any of the following currently provoke your asthma? 1=Yes, 0=No, 8=Don't Know
27	AHA_1300	Num	8	2.	2.	Menstrual cycle(If participant is male or a postmenopausal female, leave blank.) (1=Yes, 0=No, 8=Don't Know)

Num	Variable	Type	Len	Format	Informat	Label
28	AHA_1310	Num	8	2.	2.	Aspirin or non-steroidal anti-inflammatory drugs (e.g., Aleve, Motrin) (1=Yes, 0=No, 8=Don't Know)
29	AHA_1320	Num	8	2.	2.	Respiratory infections (e.g., colds) (1=Yes, 0=No, 8=Don't Know)
30	AHA_1330	Num	8	2.	2.	Irritants (e.g., pollution, odors, perfumes, chemicals, household cleaners) (1=Yes, 0=No, 8=Don't Know)
31	AHA_1340	Num	8	2.	2.	Weather conditions (e.g., change in weather, humidity) (1=Yes, 0=No, 8=Don't Know)
32	AHA_1350	Num	8	2.	2.	Exposure to cold air (1=Yes, 0=No, 8=Don't Know)
33	AHA_1360	Num	8	2.	2.	Emotional factors (e.g., stress, laughing) (1=Yes, 0=No, 8=Don't Know)
34	AHA_1370	Num	8	2.	2.	Tobacco smoke (1=Yes, 0=No, 8=Don't Know)
35	AHA_1380	Num	8	2.	2.	Food additives/preservatives (e.g., MSG, sulfites) (1=Yes, 0=No, 8=Don't Know)
36	AHA_1390	Num	8	2.	2.	Allergies (e.g., dust, animals, pollens) (1=Yes, 0=No, 8=Don't Know)
37	AHA_1400	Num	8	2.	2.	Other (1=Yes,0=No)
38	AHA_1410	Num	8	2.	2.	To which of the following did a doctor or other health practitioner say you were allergic? 1=Yes, 0=No, 8=Don't Know
39	AHA_1420	Num	8	2.	2.	Foods (1=Yes, 0=No, 8=Don't Know)
40	AHA_1430	Num	8	2.	2.	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)
41	AHA_1440	Num	8	2.	2.	Stinging insects such as bees or wasps (1=Yes, 0=No, 8=Don't Know)
42	AHA_1450	Num	8	2.	2.	Latex (1=Yes, 0=No, 8=Don't Know)
43	AHA_1460	Num	8	2.	2.	Other (1=Yes,0=No)
44	AHA_1470	Num	8	2.	2.	Have you ever had eczema / atopic dermatitis ? 1=Yes, 0=No, 8=Don't Know
45	AHA_1500	Num	8	2.	2.	If YES, was your eczema diagnosed by a doctor? 1=Yes,0=No
46	AHA_1570	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? 1=Yes, 0=No, 8=Don't Know
47	AHA_1580	Num	8	2.	2.	Father (1=Yes, 0=No, 8=Don't Know, 9=N/A)
48	AHA_1590	Num	8	2.	2.	Brother(s) or Sister(s) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
49	AHA_1600	Num	8	2.	2.	Child(ren) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
50	AHA_1730	Num	8	2.	2.	Did you grow up in a household where you were exposed to tobacco smoke? 1=Yes,0=No
51	AHA_1740	Num	8	2.	2.	Do you currently smoke? 1=Yes,0=No
52	AHA_1750	Num	8	5.1	5.1	Record smoking history in pack-years*. __ __ . __ pack-years
53	AHA_1760	Num	8	2.	2.	Were you ever a smoker? 1=Yes,0=No
54	AHA_1770	Num	8	5.1	5.1	Record smoking history in pack-years*. __ __ . __ pack-years
55	AHA_1780	Num	8	2.	2.	Do you currently live in a household where you are exposed to tobacco smoke? 1=Yes,0=No
56	VNUM	Num	8			Visit Number
57	VDATE	Num	8			Number of days from Visit 0 to this visit
58	RAND_ID	Char	6			Randomized Master ID
59	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)

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

Data Set Name: asthma_log.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AL_1000	Num	8	3.	3.	Participants baseline rescue use value (puffs/day)
2	AL_1010	Num	8	3.	3.	Total RESCUE Puffs Used
3	DDATE	Num	8			diary date
4	VNUM	Num	8			Visit Number
5	VDATE	Num	8			Number of days from Visit 0 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: bmi.sas7bdat

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

Data Set Name: bpd.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BPD_1000	Num	8	2.	2.	Subject is classified as (1=Asthmatic, 2=Non-asthmatic)
2	BPD_1010	Num	8	4.	4.	Vital Signs: Blood pressure (systolic)
3	BPD_1020	Num	8	4.	4.	Vital Signs: Blood pressure (diastolic mm Hg)
4	BPD_1030	Num	8	4.	4.	Vital Signs: Pulse (per min)
5	BPD_1040	Num	8	3.	3.	Vital Signs: Respirations (per min)
6	BPD_1050	Num	8	6.1	6.1	Vital Signs: Temperature (degrees Fahrenheit)
7	BPD_1060	Num	8	4.	4.	Vital Signs: Pulse Oximetry (Pct sat)
8	BPD_1070	Num	8	4.	4.	FEV1 Pre-bronchodilator Pct predicted
9	BPD_1080	Num	8	4.	4.	FEV1 Post-bronchodilator (4 puffs) Pct predicted
10	BPD_1090	Num	8	2.	2.	Has participant signed informed consent for bronchoscopy procedure? 1=Yes,0=No
11	BPD_1100	Num	8	2.	2.	Has participant refrained from eating and drinking for 8 hours? 1=Yes,0=No
12	BPD_1110	Num	8	2.	2.	Has participant refrained from taking drugs that interfere with clotting for 7 days? 1=Yes,0=No
13	BPD_1120	Num	8	2.	2.	Has investigator reviewed recent history and physical from Visit 1 and Microbiome Bronchoscopy Checklist? 1=Yes,0=No
14	BPD_1130	Num	8	2.	2.	Is the name and telephone number of the responsible adult to whom the participant will be discharged documented and readily available? 1=Yes,0=No
15	BPD_1160	Char	9	$9.	$9.	Lidocaine Lot Numbers: 1Pct Lidocaine
16	BPD_1170	Char	9	$9.	$9.	Lidocaine Lot Numbers: 2Pct Lidocaine
17	BPD_1180	Char	7	$7.	$7.	Saline Lot Numbers: Saline Bag
18	BPD_1190	Char	7	$7.	$7.	Saline Lot Numbers: Saline Syringes
19	BPD_1200	Char	4	$4.	$4.	Start Time of Topical Anesthesia (based on 24-hour clock)
20	BPD_1210	Num	8	4.	4.	Total Lidocaine Dose (mg)
21	BPD_1220	Num	8	4.	4.	Total Lidocaine Dose: Lidocaine below Vocal Cords (mg)
22	BPD_1230	Num	8	5.1	5.1	Supplemental O2 (L/min)
23	BPD_1240	Num	8	2.	2.	Bronchoscopy Medications: Atropine (1=Yes)
24	BPD_1250	Num	8	2.	2.	Bronchoscopy Medications: Atropine. If YES, indicate route: 1=IM,2=IV
25	BPD_1260	Num	8	4.1	4.1	Bronchoscopy Medications: Atropine. If YES, indicate dose: (mg)
26	BPD_1270	Num	8	2.	2.	Bronchoscopy Medications: Glycopyrolate (1=Yes)
27	BPD_1280	Num	8	2.	2.	Bronchoscopy Medications: Glycopyrolate. If YES, indicate route: 1=IM,2=IV
28	BPD_1290	Num	8	4.1	4.1	Bronchoscopy Medications: Glycopyrolate. If YES, indicate dose: (mg)
29	BPD_1300	Num	8	2.	2.	Bronchoscopy Medications: Midazolam (1=Yes)
30	BPD_1310	Num	8	2.	2.	Bronchoscopy Medications: Midazolam. If YES, indicate route: 1=IM,2=IV
31	BPD_1320	Num	8	5.1	5.1	Bronchoscopy Medications: Midazolam. If YES, indicate dose: (mg)

Num	Variable	Type	Len	Format	Informat	Label
32	BPD_1330	Num	8	2.	2.	Bronchoscopy Medications: Fentanyl (1=Yes)
33	BPD_1340	Num	8	2.	2.	Bronchoscopy Medications: Fentanyl. If YES, indicate route: 1=IM,2=IV
34	BPD_1350	Num	8	4.	4.	Bronchoscopy Medications: Fentanyl. If YES, indicate dose: (mg)
35	BPD_1360	Num	8	2.	2.	Bronchoscopy Medications: Other (1=Yes)
36	BPD_1370	Num	8	4.	4.	Vital Signs Immediately Before Bronchoscope Introduced: Blood Pressure (systolic)
37	BPD_1380	Num	8	4.	4.	Vital Signs Immediately Before Bronchoscope Introduced: Blood Pressure (diastolic) (mm Hg)
38	BPD_1390	Num	8	4.	4.	Vital Signs Immediately Before Bronchoscope Introduced: Pulse (per min)
39	BPD_1400	Num	8	3.	3.	Vital Signs Immediately Before Bronchoscope Introduced: Respirations (per min)
40	BPD_1410	Num	8	4.	4.	Vital Signs Immediately Before Bronchoscope Introduced: Pulse Oximetry (Pct sat)
41	BPD_1420	Char	4	$4.	$4.	Time of Scope Entry (based on 24-hour clock)
42	BPD_1430	Char	4	$4.	$4.	Time of Scope Withdrawal (based on 24-hour clock)
43	BPD_1440	Num	8	2.	2.	Protected Brushings: Protected Brushings From (Side of brushings and lavage determined by coin toss at Visit 2; opposite side will be sampled in the asthmatic participants at Visit 5.) (1=Right lower lobe, 2=Left lower lobe)
44	BPD_1450	Num	8	3.	3.	Protected Brushings: Number of Protected Brushings
45	BPD_1460	Num	8	2.	2.	Bronchoalveolar Lavage: Lavage From (Side of brushings and lavage determined by coin toss at Visit 2; opposite side will be sampled in theasthmatic participants at Visit 5.): (1=Right middle lobe, 2=Lingula, Left upper lobe)
46	BPD_1470	Num	8	4.	4.	Bronchoalveolar Lavage: Volume In (ml)
47	BPD_1480	Num	8	4.	4.	Bronchoalveolar Lavage: Volume Out (ml)
48	BPD_1490	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure? 1=Yes,0=No
49	BPD_1500	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Allergic reaction (1=Yes,0=No)
50	BPD_1510	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Arrhythmias (1=Yes,0=No)
51	BPD_1520	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Aspiration (1=Yes,0=No)
52	BPD_1530	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Death (1=Yes,0=No)
53	BPD_1540	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Extended recovery: 6+ hours (1=Yes,0=No)
54	BPD_1550	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Hospitalization (1=Yes,0=No)
55	BPD_1560	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure,Hypotension needing treatment (1=Yes,0=No)
56	BPD_1570	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Laryngeal spasm (1=Yes,0=No)

Num	Variable	Type	Len	Format	Informat	Label
57	BPD_1580	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Major bleeding (> 50 ml) (1=Yes,0=No)
58	BPD_1590	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Pneumothorax (1=Yes,0=No)
59	BPD_1600	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Hypoxia (SaO2 < 90Pct) (1=Yes,0=No)
60	BPD_1610	Num	8	4.	4.	Did the participant experience any adverse events during or immediately after the procedure,Hypoxia (SaO2 < 90Pct). If YES, indicate the duration in minutes:
61	BPD_1620	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Need for supplemental O2 for >=2 hours post procedure (1=Yes,0=No)
62	BPD_1630	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Respiratory arrest (1=Yes,0=No)
63	BPD_1640	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Seizure (1=Yes,0=No)
64	BPD_1650	Num	8	2.	2.	Did the participant experience any adverse events during or immediately after the procedure, Other (1=Yes,0=No)
65	BPD_1660	Num	8	2.	2.	Was bronchoscopy completed as intended? 1=Yes,0=No
66	BPD_1670	Num	8	2.	2.	Did the participant experience any of the following post-bronchoscopy, Cough (1=Yes,0=No)
67	BPD_1680	Num	8	2.	2.	Did the participant experience any of the following post-bronchoscopy, Chest Pain (1=Yes,0=No)
68	BPD_1690	Num	8	2.	2.	Did the participant experience any of the following post-bronchoscopy, Shortness of breath (1=Yes,0=No)
69	BPD_1700	Num	8	2.	2.	Did the participant experience any of the following post-bronchoscopy, Nausea or vomiting (1=Yes,0=No)
70	BPD_1710	Num	8	2.	2.	Did the participant experience any of the following post-bronchoscopy, More than trace hemoptysis (1=Yes,0=No)
71	BPD_1720	Num	8	2.	2.	Was albuterol given? 1=Yes,0=No
72	BPD_1730	Num	8	3.	3.	Was albuterol given, dose administered?
73	BPD_1735	Num	8	2.	2.	Was albuterol given, dose administered? 1=nebulizations,2=puffs
74	BPD_1740	Char	4	$4.	$4.	Time of first Spirometry Measurement after bronchoscopy (based on 24-hour clock)
75	BPD_1750	Char	4	$4.	$4.	Time of final Spirometry Measurement after bronchoscopy (based on 24-hour clock)
76	BPD_1760	Num	8	2.	2.	Was final FEV1 >=90Pct of prebronchodilator FEV1? 1=Yes,0=No
77	BPD_1770	Num	8	2.	2.	Valid contact information reviewed? 1=Yes,0=No
78	BPD_1780	Num	8	2.	2.	Did the participant experience any of the following after discharge, Cough (1=Yes,0=No)
79	BPD_1790	Num	8	3.	3.	Did the participant experience any of the following after discharge, Cough. If YES, indicate how many hours
80	BPD_1800	Num	8	2.	2.	Did the participant experience any of the following after discharge, Chest Pain (1=Yes,0=No)
81	BPD_1810	Num	8	3.	3.	Did the participant experience any of the following after discharge, Chest Pain. If YES, indicate how many hours

Num	Variable	Type	Len	Format	Informat	Label
82	BPD_1820	Num	8	2.	2.	Did the participant experience any of the following after discharge, Shortness of breath (1=Yes,0=No)
83	BPD_1830	Num	8	3.	3.	Did the participant experience any of the following after discharge, Shortness of breath. If YES, indicate how many hours
84	BPD_1840	Num	8	2.	2.	Did the participant experience any of the following after discharge, Nausea or vomiting (1=Yes,0=No)
85	BPD_1850	Num	8	3.	3.	Did the participant experience any of the following after discharge, Nausea or vomiting. If YES, indicate how many hours
86	BPD_1860	Num	8	2.	2.	Did the participant experience any of the following after discharge, More than trace hemoptysis (1=Yes,0=No)
87	BPD_1870	Num	8	3.	3.	Did the participant experience any of the following after discharge, More than trace hemoptysis. If YES, indicate how many hours
88	BPD_1880	Num	8	2.	2.	Has the participant required any of the following since bronchoscopy, Tyleonol, ibuprofen (1=Yes,0=No)
89	BPD_1890	Num	8	2.	2.	Has the participant required any of the following since bronchoscopy, Antibiotics (1=Yes,0=No)
90	BPD_1900	Num	8	2.	2.	Has the participant required any of the following since bronchoscopy, Prednisone (1=Yes,0=No)
91	BPD_1910	Num	8	2.	2.	Has the participant required any of the following since bronchoscopy, Increased bronchodilators (1=Yes,0=No)
92	BPD_1920	Num	8	2.	2.	Has the participant required any of the following since bronchoscopy, Change in asthma medications. (1=Yes,0=No)
93	BPD_1930	Num	8	2.	2.	Did the participant notice a loss of asthma control after discharge, (1=Yes,0=No)
94	BPD_1940	Num	8	3.	3.	Did the participant notice a loss of asthma control after discharge, If YES, for how many hours after bronchoscopy?
95	BPD_1950	Num	8	2.	2.	Did the participant experience a fever since the bronchoscopy, (1=Yes,0=No)
96	BPD_1960	Num	8	6.1	6.1	Did the participant experience a fever since the bronchoscopy, If YES and measured by a thermometer, how high was the fever?
97	BPD_1970	Num	8	3.	3.	Did the participant experience a fever since the bronchoscopy, If YES, how long did it last?
98	BPD_1980	Num	8	2.	2.	Did the participant experience more than trace hemoptysis > 4 hours after bronchoscopy? 1=Yes,0=No
99	BPD_1990	Num	8	2.	2.	Did the participant experience more than trace hemoptysis > 4 hours after bronchoscopy, was its quantity: (1=< 1 teaspoon, 2=>=1 teaspoon and <=1 Tablespoon, 3=> 1 Tablespoon)
100	VNUM	Num	8			Visit Number
101	VDATE	Num	8			Number of days from Visit 0 to this visit
102	RAND_ID	Char	6			Randomized Master ID
103	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
104	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: bronchchk_a.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BCA_1000	Num	8	2.	2.	Has the participant initialed and dated the appropriate consent form to confirm that the bronchoscopy procedure and its related risks have been reviewed again at this visit? 1=Yes,0=No
2	BCA_1010	Num	8	2.	2.	Is the participants postbronchodilator FEV1 >=70Pct predicted after 4 puffs of albuterol? 1=Yes,0=No
3	BCA_1020	Num	8	2.	2.	Is the participants pulse oximetry demonstrating oxygen saturation of < 90Pct on room air? 1=Yes,0=No
4	BCA_1030	Num	8	2.	2.	Pregnancy test results (1=Yes,0=No, 9=N/A)(Check N/A if the participant is male, or is female and is post-menopausal, had a hysterectomy or tubal ligation.)
5	BCA_1040	Num	8	2.	2.	Within the past 6 months, has the participant experienced more than 2 asthma exacerbations requiring systemic corticosteroid treatment? 1=Yes,0=No
6	BCA_1050	Num	8	2.	2.	Did the participant receive prednisone treatment for a significant asthma exacerbation since Visit 2? 1=Yes,0=No
7	BCA_1060	Num	8	2.	2.	Since Visit 1, has the participant had an ED visit or hospitalization for asthma? 1=Yes,0=No
8	BCA_1070	Num	8	2.	2.	Within the last 48 hours, did the participant use an average of > 8 puffs per 24 hours from his/her rescue inhaler? 1=Yes,0=No
9	BCA_1080	Num	8	2.	2.	Is the participants Asthma Control Questionnaire Score, as calculated on the ACQ_SCORE form, <=1.5? 1=Yes,0=No
10	BCA_1090	Num	8	2.	2.	Has a responsible adult, to whom the participant will be discharged, been identified? 1=Yes,0=No
11	BCA_1100	Num	8	2.	2.	Is there any other reason the participant should not proceed with bronchoscopy? 1=Yes,0=No
12	BCA_1110	Num	8	2.	2.	Is the participant eligible to proceed with the bronchoscopy procedure? 1=Yes,0=No
13	VNUM	Num	8			Visit Number
14	VDATE	Num	8			Number of days from Visit 0 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: bronchchk_c.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BCC_1000	Num	8	2.	2.	Has the participant initialed and dated the appropriate consent form to confirm that the bronchoscopy procedure and its related risks have been reviewed again at this visit? 1=Yes,0=No
2	BCC_1010	Num	8	2.	2.	Is the participants prebronchodilator FEV1 >=80Pct predicted? 1=Yes,0=No
3	BCC_1020	Num	8	2.	2.	Is the participants pulse oximetry demonstrating oxygen saturation of < 90Pct on room air? 1=Yes,0=No
4	BCC_1030	Num	8	2.	2.	Pregnancy test results (1=Yes,0=No, 9=N/A)(Check N/A if the participant is male, or is female and is post-menopausal, had a hysterectomy or tubal ligation.)
5	BCC_1090	Num	8	2.	2.	Has a responsible adult, to whom the participant will be discharged, been identified? 1=Yes,0=No
6	BCC_1100	Num	8	2.	2.	Is there any other reason the participant should not proceed with bronchoscopy? 1=Yes,0=No
7	BCC_1110	Num	8	2.	2.	Is the participant eligible to proceed with the bronchoscopy procedure? 1=Yes,0=No
8	VNUM	Num	8			Visit Number
9	VDATE	Num	8			Number of days from Visit 0 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: cmed.sas7bdat

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

Data Set Name: cold_hx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CHX_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
2	CHX_1010	Num	8	3.	3.	In the past 12 months, how many respiratory tract infections/colds did you experience?
3	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
4	CHX_1030	Num	8	2.	2.	In the past 12 months, has a cold EVER made your asthma worse? 1=Yes,0=No
5	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
6	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
7	VNUM	Num	8			Visit Number
8	VDATE	Num	8			Number of days from Visit 0 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: comply.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	COM_1000	Num	8	4.	4.	Number of scheduled puffs since the last visit. Do not include puffs during the 12 hour hold period prior to the visit.
2	COM_1010	Num	8	4.	4.	Number of remaining puffs reflected on scheduled Diskus® counter
3	COM_1020	Num	8	4.	4.	Number of puffs taken=60 - Q1b (q1010). Note: If Visit 3, and Visit 3 was rescheduled due to compliance being lessthan 75Pct, calculate number of puffs taken using Q1b on previous Visit 3P3_COMPLY form: Number of puffs taken=Q1b (previous Visit 3P3_COMPLY)
4	COM_1030	Num	8	6.1	6.1	Percent compliance=Q1c/Q1a X 100If the participant took less than 75Pct of the scheduled Diskus® puffs, re-emphasize the importance of maintaining the daily dosing schedule.
5	VNUM	Num	8			Visit Number
6	VDATE	Num	8			Number of days from Visit 0 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: ctxqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CTX_1000	Num	8	2.	2.	Please check the box that most closely represents your feelings about the treatment the participant received during the randomized treatment period .
2	CTX_1010	Num	8	2.	2.	I have no idea which type of Diskus the participant received, but my guess would be: 1=Placebo, 2=Fluticasone
3	VNUM	Num	8			Visit Number
4	VDATE	Num	8			Number of days from Visit 0 to this visit
5	RAND_ID	Char	6			Randomized Master ID
6	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
7	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: elig0a.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E0A_1000	Num	8	2.	2.	Did the participant sign the Microbiome Informed Consent document? 1=Yes,0=No
2	E0A_1020	Num	8	2.	2.	Is the participant between 18 and 60 years of age, inclusive? 1=Yes,0=No
3	E0A_1030	Num	8	2.	2.	Is the participant willing to undergo fiberoptic bronchoscopy with endobronchial brushings and bronchial lavage? 1=Yes,0=No
4	E0A_1040	Num	8	2.	2.	Is the participant willing to give blood for safety variable measurements? 1=Yes,0=No
5	E0A_1050	Num	8	2.	2.	Does the participant have current evidence of any of the conditions listed on the Exclusionary Medical Conditions for Microbiome P3_EXCLMED) reference card, or any chronic diseases that would prevent participation in the trial or put the participant at ri
6	E0A_1060	Num	8	2.	2.	Does the participant have a history of atrial or ventricular tachyarrhythmia? 1=Yes,0=No
7	E0A_1070	Num	8	2.	2.	Does the participant have a history of a bleeding disorder? 1=Yes,0=No
8	E0A_1080	Num	8	2.	2.	Has the participant had an upper respiratory infection within the past 6 weeks? 1=Yes,0=No
9	E0A_1090	Num	8	2.	2.	Has the participant had sinusitis or bronchitis with purulent nasal discharge or sputum within the past 3 months? 1=Yes,0=No
10	E0A_1100	Num	8	2.	2.	On more than 7 days during the past 6 weeks, has the participant had thick or discolored post-nasal drip or nasal discharge associated with facial pain, facial pressure, or maxillary tooth pain, causing moderate or severe discomfort? 1=Yes,0=No
11	E0A_1110	Num	8	2.	2.	At times other than after a viral respiratory infection, does the participant commonly have a cough productive of mucus? 1=Yes,0=No
12	E0A_1120	Num	8	2.	2.	When the participant has a cold, how often does it cause a cough productive of mucus? 0=never, 1=rarely, 2=sometimes, 3=usually, 4=always
13	E0A_1125	Num	8	2.	2.	Has the participant experienced a change in bowel function in the past 4 weeks? 1=Yes,0=No
14	E0A_1130	Num	8	2.	2.	Is the participant currently taking any medications listed on the Exclusionary Drugs for Microbiome reference card? 1=Yes,0=No
15	E0A_1140	Num	8	2.	2.	Is the participant able to go off these medications for the required washout period prior to Visit 1 and for the duration of the study? 1=Yes,0=No
16	E0A_1150	Num	8	2.	2.	Has the participant taken any antibiotic within the past 3 months? 1=Yes,0=No
17	E0A_1160	Num	8	2.	2.	Has the participant used 10 or more doses of a nasal corticosteroid in the past 3 months? 1=Yes,0=No
18	E0A_1170	Num	8	2.	2.	Has the participant used any smokeless tobacco products in the past year? 1=Yes,0=No
19	E0A_1180	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
20	E0A_1190	Num	8	2.	2.	Does the participant have a smoking history of 5 or more pack-years? 1=Yes,0=No
21	E0A_1200	Num	8	2.	2.	Has the participant received a physician diagnosis of asthma at least 12 months ago? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
22	E0A_1210	Num	8	2.	2.	Does the participant plan to move away from the clinical site in the upcoming 3 months such that his/her ability to complete the study will be jeopardized? 1=Yes,0=No
23	E0A_1220	Num	8	2.	2.	Has the participant had an ED visit or hospitalization for asthma within the past 6 months? 1=Yes,0=No
24	E0A_1230	Num	8	2.	2.	Has the participant had an asthma exacerbation requiring systemic corticosteroid treatment in the past 5 years? 1=Yes,0=No
25	E0A_1240	Num	8	3.	3.	How many exacerbations required oral corticosteroids?
26	E0A_1250	Num	8	2.	2.	Has the participant had more than 2 asthma exacerbations requiring systemic corticosteroids within the past 6 months? 1=Yes,0=No
27	E0A_1260	Num	8	2.	2.	Has the participant experienced an asthma exacerbation requiring systemic corticosteroid treatment in the past 3 months? 1=Yes,0=No
28	E0A_1270	Num	8	2.	2.	Has the participant used a long-term asthma controller medication within the past 6 months? 1=Yes,0=No
29	E0A_1310	Num	8	2.	2.	Is the participant potentially able to bear children? 1=Yes,0=No,9=N/A
30	E0A_1320	Num	8	2.	2.	Is the participant currently pregnant or lactating? 1=Yes,0=No
31	E0A_1330	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
32	E0A_1340	Num	8	2.	2.	Is the participants Asthma Control Questionnaire Score, as calculated on the ACQ_SCORE form, <=1.5? 1=Yes,0=No
33	E0A_1350	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
34	E0A_1010	Num	8			Did the participant sign the Microbiome Informed Consent document, record the date the consent form was signed.
35	VNUM	Num	8			Visit Number
36	VDATE	Num	8			Number of days from Visit 0 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: elig0c.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E0C_1000	Num	8	2.	2.	Did the participant sign the Microbiome Informed Consent document? 1=Yes,0=No
2	E0C_1020	Num	8	2.	2.	Is the participant between 18 and 60 years of age, inclusive? 1=Yes,0=No
3	E0C_1030	Num	8	2.	2.	Is the participant willing to undergo fiberoptic bronchoscopy with endobronchial brushings and bronchial lavage? 1=Yes,0=No
4	E0C_1040	Num	8	2.	2.	Is the participant willing to give blood for safety variable measurements? 1=Yes,0=No
5	E0C_1050	Num	8	2.	2.	Does the participant have current evidence of any of the conditions listed on the Exclusionary Medical Conditions for Microbiome P3_EXCLMED) reference card, or any chronic diseases that would prevent participation in the trial or put the participant at ri
6	E0C_1060	Num	8	2.	2.	Does the participant have a history of atrial or ventricular tachyarrhythmia? 1=Yes,0=No
7	E0C_1070	Num	8	2.	2.	Does the participant have a history of a bleeding disorder? 1=Yes,0=No
8	E0C_1080	Num	8	2.	2.	Has the participant had an upper respiratory infection within the past 6 weeks? 1=Yes,0=No
9	E0C_1090	Num	8	2.	2.	Has the participant had sinusitis or bronchitis with purulent nasal discharge or sputum within the past 3 months? 1=Yes,0=No
10	E0C_1100	Num	8	2.	2.	On more than 7 days during the past 6 weeks, has the participant had thick or discolored post-nasal drip or nasal discharge associated with facial pain, facial pressure, or maxillary tooth pain, causing moderate or severe discomfort? 1=Yes,0=No
11	E0C_1110	Num	8	2.	2.	At times other than after a viral respiratory infection, does the participant commonly have a cough productive of mucus? 1=Yes,0=No
12	E0C_1120	Num	8	2.	2.	When the participant has a cold, how often does it cause a cough productive of mucus? 0=never, 1=rarely, 2=sometimes, 3=usually, 4=always
13	E0C_1125	Num	8	2.	2.	Has the participant experienced a change in bowel function in the past 4 weeks? 1=Yes,0=No
14	E0C_1130	Num	8	2.	2.	Is the participant currently taking any medications listed on the Exclusionary Drugs for Microbiome reference card? 1=Yes,0=No
15	E0C_1140	Num	8	2.	2.	Is the participant able to go off these medications for the required washout period prior to Visit 1 and for the duration of the study? 1=Yes,0=No
16	E0C_1150	Num	8	2.	2.	Has the participant taken any antibiotic within the past 3 months? 1=Yes,0=No
17	E0C_1160	Num	8	2.	2.	Has the participant used 10 or more doses of a nasal corticosteroid in the past 3 months? 1=Yes,0=No
18	E0C_1170	Num	8	2.	2.	Has the participant used any smokeless tobacco products in the past year? 1=Yes,0=No
19	E0C_1180	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
20	E0C_1190	Num	8	2.	2.	Does the participant have a smoking history of 5 or more pack-years? 1=Yes,0=No
21	E0C_1200	Num	8	2.	2.	Has the participant received a physician diagnosis of asthma? 1=Yes,0=No
22	E0C_1290	Num	8	2.	2.	Was the participant ever a smoker? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
23	E0C_1300	Num	8	5.1	5.1	Was the participant ever a smoker, record smoking history in pack-years. Pack-years=# packs per day X # years smoked at that quantity (1 pack contains 20 cigarettes)
24	E0C_1310	Num	8	2.	2.	Is the participant potentially able to bear children? 1=Yes,0=No,9=N/A
25	E0C_1320	Num	8	2.	2.	Is the participant currently pregnant or lactating? 1=Yes,0=No
26	E0C_1350	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
27	E0C_1010	Num	8			Did the participant sign the Microbiome Informed Consent document, record the date the consent form was signed.
28	VNUM	Num	8			Visit Number
29	VDATE	Num	8			Number of days from Visit 0 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: elig1a.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E1A_1000	Num	8	2.	2.	Is the participant atopic, as indicated by a positive Phadiatop result? 1=Yes,0=No
2	E1A_1010	Num	8	2.	2.	Since Visit 0, has the participant been treated with any corticosteroid ? 1=Yes,0=No
3	E1A_1020	Num	8	2.	2.	Since Visit 0, has the participant experienced a respiratory infection? 1=Yes,0=No
4	E1A_1030	Num	8	2.	2.	Since Visit 0, has the participant been treated with any antibiotic ? 1=Yes,0=No
5	E1A_1040	Num	8	2.	2.	Has the participant taken any medications listed on the Exclusionary Drugs for Microbiome reference card within the specified time periods? 1=Yes,0=No
6	E1A_1050	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
7	E1A_1060	Num	8	2.	2.	Since Visit 0, has the participant experienced a significant asthma exacerbation? 1=Yes,0=No
8	E1A_1070	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 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: elig1c.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E1C_1000	Num	8	2.	2.	Is the participant atopic, as indicated by a positive Phadiatop result? 1=Yes,0=No
2	E1C_1001	Num	8	2.	2.	Does the participant have a history of any of the following: Allergic rhinitis ? 1=Yes,0=No
3	E1C_1002	Num	8	2.	2.	Does the participant have a history of any of the following: Allergic conjunctivitis ? 1=Yes,0=No
4	E1C_1003	Num	8	2.	2.	Does the participant have a history of any of the following: Eczema ? 1=Yes,0=No
5	E1C_1005	Num	8	2.	2.	Does the participant have a history of any of the following: Anaphylaxis to food or stinging insects? 1=Yes,0=No
6	E1C_1008	Num	8	2.	2.	Does the participant have a history of any of the following: Hives/urticaria to food or stinging insects? 1=Yes,0=No
7	E1C_1010	Num	8	2.	2.	Since Visit 0, has the participant been treated with any corticosteroid ? 1=Yes,0=No
8	E1C_1020	Num	8	2.	2.	Since Visit 0, has the participant experienced a respiratory infection? 1=Yes,0=No
9	E1C_1030	Num	8	2.	2.	Since Visit 0, has the participant been treated with any antibiotic ? 1=Yes,0=No
10	E1C_1040	Num	8	2.	2.	Has the participant taken any medications listed on the Exclusionary Drugs for Microbiome reference card within the specified time periods? 1=Yes,0=No
11	E1C_1050	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
12	E1C_1070	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
13	VNUM	Num	8			Visit Number
14	VDATE	Num	8			Number of days from Visit 0 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: elig2a.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E2A_1000	Num	8	2.	2.	Based on physical exam and medical history taken at this visit, does the participant have evidence of any of the conditions listed on the Exclusionary Medical Conditions for Microbiome reference card? 1=Yes,0=No
2	E2A_1005	Num	8	2.	2.	During physical examination, did the participant have thick strands of draining purulent discharge visible in pharynx? 1=Yes,0=No
3	E2A_1010	Num	8	2.	2.	Does the participants ECG show evidence of cardiac arrhythmia or ischemia that precludes him/her from undergoing bronchoscopy? 1=Yes,0=No,9=N/A
4	E2A_1020	Num	8	2.	2.	Was the participants methacholine PC20 <=8 mg/ml? 1=Yes,0=No
5	E2A_1030	Num	8	2.	2.	Did the participants FEV1 improve >=12Pct in response to four puffs of albuterol? 1=Yes,0=No
6	E2A_1070	Num	8	2.	2.	Does the participant have any condition or issue which, in the opinion of the investigator, might interfere with study participation? 1=Yes,0=No
7	E2A_1080	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
8	VNUM	Num	8			Visit Number
9	VDATE	Num	8			Number of days from Visit 0 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: elig2c.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E2C_1000	Num	8	2.	2.	Based on physical exam and medical history taken at this visit, does the participant have evidence of any of the conditions listed on the Exclusionary Medical Conditions for Microbiome reference card? 1=Yes,0=No
2	E2C_1005	Num	8	2.	2.	During physical examination, did the participant have thick strands of draining purulent discharge visible in pharynx? 1=Yes,0=No
3	E2C_1010	Num	8	2.	2.	Does the participants ECG show evidence of cardiac arrhythmia or ischemia that precludes him/her from undergoing bronchoscopy? 1=Yes,0=No,9=N/A
4	E2C_1040	Num	8	2.	2.	Was the participants prebronchodilator FEV1 < 80Pct of predicted? 1=Yes,0=No
5	E2C_1050	Num	8	2.	2.	Was the participants prebronchodilator FVC < 80Pct of predicted? 1=Yes,0=No
6	E2C_1060	Num	8	2.	2.	Was the participants methacholine PC20 <=16 mg/ml? 1=Yes,0=No
7	E2C_1070	Num	8	2.	2.	Does the participant have any condition or issue which, in the opinion of the investigator, might interfere with study participation? 1=Yes,0=No
8	E2C_1080	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 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: elig3a.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E3A_1000	Num	8	2.	2.	Is the participants blood creatinine elevated ? 1=Yes,0=No
2	E3A_1010	Num	8	2.	2.	Since Visit 1, has the participant been treated with any corticosteroid ? 1=Yes,0=No
3	E3A_1020	Num	8	2.	2.	Since Visit 1, has the participant experienced a respiratory infection? 1=Yes,0=No
4	E3A_1030	Num	8	2.	2.	Since Visit 1, has the participant been treated with any antibiotic ? 1=Yes,0=No
5	E3A_1040	Num	8	2.	2.	Since Visit 1, has the participant received treatment with any excluded medications ? 1=Yes,0=No
6	E3A_1050	Num	8	2.	2.	Since Visit 1, has the participant experienced a significant asthma exacerbation? 1=Yes,0=No
7	E3A_1055	Num	8	2.	2.	Has bronchoscopy induced an immediate asthma exacerbation requiring prednisone treatment? 1=Yes,0=No
8	E3A_1060	Num	8	2.	2.	Is the participant able to use the Diskus properly, as evidenced by achieving a score of 10 on two consecutive, separate inhalations using the Diskus Inhalation Technique Checklist ? 1=Yes,0=No
9	E3A_1070	Num	8	2.	2.	Does the participant have any condition or issue which, in the opinion of the investigator, might interfere with study participation? 1=Yes,0=No
10	E3A_1090	Num	8	2.	2.	Does the participant wish to withdraw consent? 1=Yes,0=No
11	E3A_1100	Num	8	2.	2.	Is there any new information that makes the participant ineligible according to the eligibility criteria? 1=Yes,0=No
12	E3A_1110	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
13	VNUM	Num	8			Visit Number
14	VDATE	Num	8			Number of days from Visit 0 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: elig3c.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E3C_1000	Num	8	2.	2.	Is the participants blood creatinine elevated ? 1=Yes,0=No
2	E3C_1010	Num	8	2.	2.	Since Visit 1, has the participant been treated with any corticosteroid ? 1=Yes,0=No
3	E3C_1020	Num	8	2.	2.	Since Visit 1, has the participant experienced a respiratory infection? 1=Yes,0=No
4	E3C_1030	Num	8	2.	2.	Since Visit 1, has the participant been treated with any antibiotic ? 1=Yes,0=No
5	E3C_1040	Num	8	2.	2.	Since Visit 1, has the participant received treatment with any excluded medications ? 1=Yes,0=No
6	E3C_1080	Num	8	2.	2.	Did the participants FEV1 improve >=12Pct in response to four puffs of albuterol? 1=Yes,0=No
7	E3C_1090	Num	8	2.	2.	Does the participant wish to withdraw consent? 1=Yes,0=No
8	E3C_1100	Num	8	2.	2.	Is there any new information that makes the participant ineligible according to the eligibility criteria? 1=Yes,0=No
9	E3C_1110	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
10	VNUM	Num	8			Visit Number
11	VDATE	Num	8			Number of days from Visit 0 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: group.sas7bdat

Num	Variable	Type	Len	Label
1	GROUP	Char	30	allergic Asthmatic / non-allergic Asthmatic / allergic Control / non-allergic Control (unblinded)
2	RAND_ID	Char	6	Randomized Master ID
3	ENROLL_TYPE	Char	15	Enrollment Type (Screen Fail, Randomized, Healthy Control)
4	ENROLL_ORDER	Num	8	Enrollment Order Number

Data Set Name: heq.sas7bdat

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

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

Num	Variable	Type	Len	Format	Informat	Label
49	HEQ_1480	Num	8	2.	2.	Does your household have any pets? 1=Yes,0=No
50	HEQ_1490	Num	8	3.	3.	Enter the number of pets that the household has. (Enter '00' if none. If none to Q24a - Q24d, skip to the next question.)24a.Cat
51	HEQ_1500	Num	8	2.	2.	Cat (1=Indoor, 2=Outdoor, 3=Both)
52	HEQ_1510	Num	8	3.	3.	Enter the number of pets that the household has. Dog
53	HEQ_1520	Num	8	2.	2.	Dog(1=Indoor, 2=Outdoor, 3=Both)
54	HEQ_1530	Num	8	3.	3.	Enter the number of pets that the household has 24c.Rabbit, guinea pig, hamster, gerbil, or mouse
55	HEQ_1540	Num	8	2.	2.	Rabbit, guinea pig, hamster, gerbil, or mouse (1=Indoor, 2=Outdoor, 3=Both)
56	HEQ_1550	Num	8	3.	3.	Enter the number of pets that the household has 24d.Bird
57	HEQ_1560	Num	8	2.	2.	Bird (1=Indoor, 2=Outdoor, 3=Both)
58	HEQ_1570	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25a.Cat(1 = Yes, 0 = No)
59	HEQ_1580	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25b.Dog(1 = Yes, 0 = No)
60	HEQ_1590	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25c.Rabbit, guinea pig, hamster, gerbil, or mouse(1 = Yes, 0 = No)
61	HEQ_1600	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25d.Bird (1 = Yes, 0 = No)
62	HEQ_1610	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25e.Farm animals (1 = Yes, 0 = No)
63	HEQ_1620	Num	8	2.	2.	In general, and on a regular basis, are you exposed to any of the following animals? 25f.Other (1 = Yes, 0 = No)
64	HEQ_1630	Num	8	2.	2.	DAY CARE26.Did the participant attend day care during the 1st year of life? 1=Yes,0=No
65	HEQ_1640	Num	8	3.	3.	If YES, at what age did the day care attendance begin?
66	HEQ_1650	Num	8	2.	2.	Does the participant currently attend day care? 1=Yes,0=No
67	HEQ_1660	Num	8	2.	2.	Is the day care (1=In home day care, 2=Nonresidential, 3=Mixed)
68	HEQ_1670	Num	8	3.	3.	How many children are in the participant's day care room?
69	HEQ_1680	Num	8	3.	3.	How many hours per day is the participant at day care?
70	HEQ_1690	Num	8	2.	2.	How many days per week is the participant at day care?
71	HEQ_1700	Num	8	3.	3.	How many months per year is the participant at day care?
72	VNUM	Num	8			Visit Number
73	VDATE	Num	8			Number of days from Visit 0 to this visit
74	RAND_ID	Char	6			Randomized Master ID
75	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
76	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: household_sei.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SEI_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other (specify
2	SEI_1010	Num	8	3.	3.	Highest education of any household member (0=No High School diploma, 1=GED, 2=High Schol grad, 3=Technical training, 4=Some college, no degree, 5=Assoc degree, 6=Bachelor degree, 7=Masters degree, 8=MD/PhD/JD/PharmD, 9=Decline to answer, 10=Don't know)
3	SEI_1020	Num	8	3.	3.	Category best describes the combined annual income, before taxes, of all members of your household for the last year. (1=Less than $25,000, 2=$25,000 - $49,999, 3=$50,000 - $99,999, 4=$100,000 or more, 9=Decline to answer, 10= Don't know)
4	SEI_1030	Num	8	3.	3.	How many people are supported by this income reported in Q3?
5	VNUM	Num	8			Visit Number
6	VDATE	Num	8			Number of days from Visit 0 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: lab.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LAB_1000	Num	8	5.	5.	CBC with differential cell count; Eosinophils (absolute count), um=/mm3
2	LAB_1010	Num	8	6.1	6.1	CBC with differential cell count; WBC, um=K/uL
3	LAB_1020	Num	8	5.1	5.1	CBC with differential cell count; HCT, um=Pct
4	LAB_1030	Num	8	5.1	5.1	CBC with differential cell count; HGB, um=g/dL
5	LAB_1040	Num	8	4.	4.	CBC with differential cell count; Platelet count, um=K/uL
6	LAB_1050	Num	8	5.1	5.1	CBC with differential cell count; Differential; Lymphocytes, um=Pct
7	LAB_1060	Num	8	5.1	5.1	CBC with differential cell count; Differential; Monocytes, um=Pct
8	LAB_1070	Num	8	5.1	5.1	CBC with differential cell count; Differential; Basophils, um=Pct
9	LAB_1080	Num	8	5.1	5.1	CBC with differential cell count; Differential; Neutrophils, um=Pct
10	LAB_1090	Num	8	5.1	5.1	CBC with differential cell count; Differential; Eosinophils, um=Pct
11	LAB_1100	Num	8	4.	4.	BUN, um=mg/dL
12	LAB_1110	Num	8	6.2	6.2	Creatinine, um=mg/dL
13	VNUM	Num	8			Visit Number
14	VDATE	Num	8			Number of days from Visit 0 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: lab_bal.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BAL_1000	Num	8	5.	5.	BAL white blood cell count with differential: Total cell count (excluding RBCs, squamous cells and epithelial cells) (mm3)
2	BAL_1010	Num	8	5.	5.	BAL white blood cell count with differential: Eosinophils (absolute count) (mm3)
3	BAL_1020	Num	8	5.1	5.1	BAL white blood cell count with differential; Differential: Lymphocytes (Pct)
4	BAL_1030	Num	8	5.1	5.1	BAL white blood cell count with differential; Differential: Monocytes/Macrophages (Pct)
5	BAL_1040	Num	8	5.1	5.1	BAL white blood cell count with differential; Differential: Neutrophils (Pct)
6	BAL_1050	Num	8	5.1	5.1	BAL white blood cell count with differential; Differential: Eosinophils (Pct)
7	VNUM	Num	8			Visit Number
8	VDATE	Num	8			Number of days from Visit 0 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: meq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MEQ_1000	Num	8	2.	2.	What type of dwelling do you live in?
2	MEQ_1010	Num	8	2.	2.	Do you live within a mile of a: Port (1=Yes, 0=No, 9=N/A)
3	MEQ_1020	Num	8	2.	2.	Do you live within a mile of a: Farm (1=Yes,0=No)
4	MEQ_1030	Num	8	2.	2.	Do you live within a mile of a: Power plant (1=Yes,0=No)
5	MEQ_1040	Num	8	2.	2.	Do you live within a mile of a: Major highway (1=Yes,0=No)
6	MEQ_1050	Num	8	2.	2.	Do you live within a mile of a: Other source of airborne particulate matter (e.g., factory, airport, industrial plant, etc.) (1=Yes,0=No)
7	MEQ_1060	Num	8	2.	2.	What is the main heating source in your house?
8	MEQ_1070	Num	8	2.	2.	In the past 3 months, did you use a wood burning fireplace or a wood burning stove in your house? 1=yes, 0=no, 8=dont know
9	MEQ_1080	Num	8	3.	3.	In the past 3 months, did you use a wood burning fireplace or a wood burning stove in your house?
10	MEQ_1090	Num	8	2.	2.	Do you have a gas stove, gas range, gas oven, or gas fireplace in your house? 1=yes, 0=no, 8=dont know
11	MEQ_1100	Num	8	2.	2.	Of the area around your home, about 100 yards in each direction, what proportion is natural ? 1=Less than 25Pct, 2=25-50Pct, 3=51-75Pct, 4=More than 75Pct
12	MEQ_1110	Num	8	2.	2.	Does the home you live in have a yard? 1=Yes,0=No
13	MEQ_1120	Num	8	2.	2.	Does the home you live in have a yard? 1=Less than 25Pct, 2=25-50Pct, 3=51-75Pct, 4=More than 75Pct
14	MEQ_1130	Num	8	3.	3.	On average, how much time per week do you spend in the yard?
15	MEQ_1140	Num	8	2.	2.	Do you garden at home? 1=Yes,0=No
16	MEQ_1150	Num	8	3.	3.	On average, how many hours per week do you spend gardening in the spring?
17	MEQ_1160	Num	8	3.	3.	On average, how many hours per week do you spend gardening in the summer?
18	MEQ_1170	Num	8	3.	3.	On average, how many hours per week do you spend gardening in the fall?
19	MEQ_1180	Num	8	3.	3.	On average, how many hours per week do you spend gardening in the winter?
20	MEQ_1190	Num	8	3.	3.	On average, how many hours per week have you gardened in the past month?
21	MEQ_1200	Num	8	2.	2.	During the past 3 months, have children spent an average of more than 2 hours a day in your household?
22	MEQ_1210	Num	8	3.	3.	How many children spend time in your household?
23	MEQ_1220	Num	8	3.	3.	How many children spend time in your household that are not potty-trained?
24	MEQ_1230	Num	8	2.	2.	Do you currently live on a farm?
25	MEQ_1240	Num	8	2.	2.	Do you work on a farm?
26	MEQ_1250	Num	8	3.	3.	On average, how many months per year do you work on a farm?
27	MEQ_1260	Num	8	3.	3.	On average, how many hours per week do you work on a farm during those months?

Num	Variable	Type	Len	Format	Informat	Label
28	MEQ_1270	Num	8	3.	3.	On average, how many hours per week have you worked on a farm in the past month?
29	MEQ_1280	Num	8	2.	2.	Do you visit a farm frequently ? 1=Yes,0=No
30	MEQ_1290	Num	8	2.	2.	Do you have frequent contact with farm animals ? 1=Yes,0=No
31	MEQ_1300	Num	8	2.	2.	Have you been around animals outside your home at least 2 days per week in the past 3 months? 1=Yes,0=No
32	MEQ_1310	Num	8	2.	2.	Have you been around animals at a zoo? 1=Yes,0=No
33	MEQ_1320	Num	8	2.	2.	Have you been around animals at a farm? 1=Yes,0=No
34	MEQ_1330	Num	8	2.	2.	Have you been around animals at a park? 1=Yes,0=No
35	MEQ_1340	Num	8	2.	2.	Have you been around animals at a other location outside your home? 1=Yes,0=No
36	MEQ_1350	Num	8	2.	2.	Are you frequently exposed to tobacco smoke outside of your home, such as in restaurants, other homes, workplace, or other locations? 1=Yes,0=No
37	VNUM	Num	8			Visit Number
38	VDATE	Num	8			Number of days from Visit 0 to this visit
39	RAND_ID	Char	6			Randomized Master ID
40	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
41	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: metha.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MTH_1010	Num	8	2.	2.	Did the participant drop 20Pct at the diluent stage? 1=Yes,0=No
2	MTH_1020	Num	8	8.4	8.4	Last concentration of methacholine administered __ __ . __ __ __ __ mg/ml
3	MTH_1040	Num	8	2.	2.	Did the participant achieve a PC20? 1=Yes,0=No
4	MTH_1050	Num	8	6.2	6.2	PC20 __ __ . __ __ mg/ml
5	MTH_1060	Char	4	$4.	$4.	Time methacholine challenge ended (based on 24-hour clock)
6	MTH_1070	Num	8	5.2	5.2	FEV1
7	MTH_1080	Char	4	$4.	$4.	Time of FEV1 in Q7a (based on 24-hour clock)
8	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
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 to this visit
11	MTH_1000	Num	8			Post Diluent FEV1
12	MTH_1030	Num	8			FEV1 after last concentration of methacholine administered
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: metha_add_trt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MAD_1000	Num	8	2.	2.	Was an additional treatment used in the first hour? 1=Yes,0=No
2	MAD_1010	Num	8	2.	2.	Additional albuterol by MDI (1=Yes,0=No)
3	MAD_1020	Num	8	2.	2.	Number of additional puffs of albuterol administered (1=2, 2=4, 3=>4)
4	MAD_1030	Num	8	2.	2.	Nebulized Beta-agonist (1=Yes,0=No)
5	MAD_1040	Num	8	2.	2.	Subcutaneous epinephrine (1=Yes,0=No)
6	MAD_1050	Num	8	2.	2.	Implementation of clinic emergency protocol or algorithm (1=Yes,0=No)
7	MAD_1060	Num	8	2.	2.	Other (1=Yes,0=No)
8	MAD_1070	Num	8	5.2	5.2	Participant's FEV1 after additional treatment within first hour.2a.FEV1
9	MAD_1090	Char	4	$4.	$4.	Time of FEV1 in Q2a (based on 24-hour clock)
10	MAD_1100	Num	8	2.	2.	Was the FEV1 from Q2a >the methacholine reversal reference value in the gray box on the Methacholine Challenge Testing form? 1=Yes,0=No
11	MAD_1110	Num	8	2.	2.	Was additional treatment used after one hour? 1=Yes,0=No
12	MAD_1120	Num	8	2.	2.	Additional albuterol by MDI (1=Yes,0=No)
13	MAD_1130	Num	8	2.	2.	Number of additional puffs of albuterol administered (1=2, 2=4, 3=>4)
14	MAD_1140	Num	8	2.	2.	Nebulized Beta-agonist (1=Yes,0=No)
15	MAD_1150	Num	8	2.	2.	Subcutaneous epinephrine (1=Yes,0=No)
16	MAD_1160	Num	8	2.	2.	Implementation of clinic emergency protocol or algorithm (1=Yes,0=No)
17	MAD_1170	Num	8	2.	2.	Treatment in the emergency room (1=Yes,0=No)
18	MAD_1180	Num	8	2.	2.	Overnight hospitalization (1=Yes,0=No)
19	MAD_1190	Num	8	2.	2.	Other (1=Yes,0=No)
20	MAD_1200	Num	8	5.2	5.2	Participant's final FEV1 after methacholine challenge4a.FEV1
21	MAD_1220	Char	4	$4.	$4.	Time of FEV1 in Q4a (based on 24-hour clock)
22	MAD_1230	Num	8	2.	2.	Was the FEV1 from Q4a ? 1=Yes,0=No
23	VNUM	Num	8			Visit Number
24	VDATE	Num	8			Number of days from Visit 0 to this visit
25	RAND_ID	Char	6			Randomized Master ID
26	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
27	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: methachk_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MCA_1000	Num	8	2.	2.	Exclusions and Confounders1.Has the participant had any severe acute illness in the past 4 weeks? 1=Yes,0=No
2	MCA_1010	Num	8	2.	2.	If YES, has the participant received permission from the supervising physician to proceed with the methacholine challenge testing? 1=Yes,0=No
3	MCA_1020	Num	8	2.	2.	Physician's Signature:
4	MCA_1050	Num	8	2.	2.	Has the participant used an oral or injectable steroid in the last 4 weeks? 1=Yes,0=No
5	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
6	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)
7	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
8	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
9	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
10	VNUM	Num	8			Visit Number
11	VDATE	Num	8			Number of days from Visit 0 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: nutrition.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DT_KCAL	Num	8	BEST12.	BEST32.	CALORIES (Kcal)
2	DT_PROT	Num	8	BEST12.	BEST32.	PROTEIN (g)
3	DT_TFAT	Num	8	BEST12.	BEST32.	TOTAL FAT (g)
4	DT_CARB	Num	8	BEST12.	BEST32.	CARBOHYDRATE (g)
5	DT_CALC	Num	8	BEST12.	BEST32.	CALCIUM (mg)
6	DT_PHOS	Num	8	BEST12.	BEST32.	PHOSPHORUS (mg)
7	DT_IRON	Num	8	BEST12.	BEST32.	IRON (mg)
8	DT_SODI	Num	8	BEST12.	BEST32.	SODIUM (mg)
9	DT_POTA	Num	8	BEST12.	BEST32.	POTASSIUM (mg)
10	DT_A_IU	Num	8	BEST12.	BEST32.	VITAMIN A (IU)
11	DT_A_RE	Num	8	BEST12.	BEST32.	VITAMIN A (RE)
12	DT_THIA	Num	8	BEST12.	BEST32.	THIAMIN (B1) (mg)
13	DT_RIBO	Num	8	BEST12.	BEST32.	RIBOFLAVIN (B2) (mg)
14	DT_NIAC	Num	8	BEST12.	BEST32.	NIACIN (mg)
15	DT_VITC	Num	8	BEST12.	BEST32.	VITAMIN C (mg)
16	DT_SFAT	Num	8	BEST12.	BEST32.	SATURATED FAT (g)
17	DT_MFAT	Num	8	BEST12.	BEST32.	MONOUNSATURATED FAT (g)
18	DT_PFAT	Num	8	BEST12.	BEST32.	POLYUNSATURATED FAT (g)
19	DT_CHOL	Num	8	BEST12.	BEST32.	CHOLESTEROL (mg)
20	DT_FIBE	Num	8	BEST12.	BEST32.	FIBER Total dietary fiber (g)
21	DT_VITE	Num	8	BEST12.	BEST32.	VITAMIN E a-TE
22	DT_ZINC	Num	8	BEST12.	BEST32.	ZINC (mg)
23	DT_AN_ZN	Num	8	BEST12.	BEST32.	ANIMAL ZINC, Zinc from animal sources (mg)
24	DT_VITB6	Num	8	BEST12.	BEST32.	VITAMIN B6 (mg)
25	DT_MAGN	Num	8	BEST12.	BEST32.	MAGNESIUM (mg)
26	DT_ACARO	Num	8	BEST12.	BEST32.	ALPHA-CAROTENE (ug)
27	DT_BCARO	Num	8	BEST12.	BEST32.	BETA-CAROTENE (ug)
28	DT_CRYPT	Num	8	BEST12.	BEST32.	CRYPTOXANTHIN (carotenoid) (ug)
29	DT_LUTZE	Num	8	BEST12.	BEST32.	LUTEIN (carotenoid) (ug)
30	DT_LYCO	Num	8	BEST12.	BEST32.	LYCOPENE (carotenoid) (ug)
31	DT_RET	Num	8	BEST12.	BEST32.	RETINOL (preformed Vit. A, ug)
32	DT_PROA	Num	8	BEST12.	BEST32.	CAROTENE Provitamin A carotenoids (ug)
33	GENISTEN	Num	8	BEST12.	BEST32.	GENISTEIN Genistein (ug)
34	DAIDZEN	Num	8	BEST12.	BEST32.	DAIDZEIN Daidzein (ug)
35	DT_CAFFN	Num	8	BEST12.	BEST32.	CAFFEINE (mg)
36	DT_VITK	Num	8	BEST12.	BEST32.	VITAMIN K (ug)

Num	Variable	Type	Len	Format	Informat	Label
37	DT_VB12	Num	8	BEST12.	BEST32.	VITAMIN B12 (ug)
38	DT_CYSTEN	Num	8	BEST12.	BEST32.	CYSTEINE (mg)
39	DT_METHI	Num	8	BEST12.	BEST32.	METHIONINE (mg)
40	MEATIRON	Num	8	BEST12.	BEST32.	Iron from Meat (mg)
41	DT_HEME	Num	8	BEST12.	BEST32.	Heme iron (mg)
42	GL	Num	8	BEST12.	BEST32.	Glycemic Load (glucose), average daily
43	GI	Num	8	BEST12.	BEST32.	Glycemic Index (glucose), average daily
44	DT_FOLFD	Num	8	BEST12.	BEST32.	Total folate (natural + synthetic), mcg
45	DT_FOLAC	Num	8	BEST12.	BEST32.	Folic acid, from food fortification, mcg'
46	DT_FDFOL	Num	8	BEST12.	BEST32.	Naturally occurring folate in food, mcg
47	FOL_DFE	Num	8	BEST12.	BEST32.	DFE, Average daily Dietary Folate Equivalents, mcg
48	DT_VITD	Num	8	BEST12.	BEST32.	Dietary vitamin D, (IU)
49	DT_SEL	Num	8	BEST12.	BEST32.	Selenium, mcg
50	DT_TRFAT	Num	8	BEST12.	BEST32.	Trans fats, total, gms
51	DT_SUG_T	Num	8	BEST12.	BEST32.	Sugars, total, gms
52	DT_ARGININE	Num	8	BEST12.	BEST32.	Dietary arginine, mg
53	DT_COPP	Num	8	BEST12.	BEST32.	Copper, mg
54	DT_FA182	Num	8	BEST12.	BEST32.	Dietary PUFA (~N-6) 18:2, gms
55	DT_FA183	Num	8	BEST12.	BEST32.	Dietary PUFA (~N-3) 18:3, gms
56	DT_FA184	Num	8	BEST12.	BEST32.	Dietary PUFA (~N-3) 18:4, gms
57	DT_FA204	Num	8	BEST12.	BEST32.	Dietary PUFA (~N-6) 20:4, gms
58	DT_FA205	Num	8	BEST12.	BEST32.	Dietary N-3 PUFA 20:5 (EPA), gms
59	DT_FA225	Num	8	BEST12.	BEST32.	Dietary N-3 PUFA 22:5 (DPA), gms
60	DT_FA226	Num	8	BEST12.	BEST32.	Dietary N-3 PUFA 22:6 (DHA), gms
61	DT_TOTN6	Num	8	BEST12.	BEST32.	Omega-6 FA, gms
62	DT_TOTN3	Num	8	BEST12.	BEST32.	Omega-3 FA, gms
63	DT_ALCO	Num	8	BEST12.	BEST32.	alcohol (ethanol), gms
64	DT_THEO	Num	8	BEST12.	BEST32.	Theobromine,
65	BETAINE	Num	8	BEST12.	BEST32.	Betaine, mg
66	TCHOLINE	Num	8	BEST12.	BEST32.	Total choline, mg
67	GROUP_SOLID_COUNT	Num	8	BEST12.	BEST32.	# of solid foods respondent reported ever eating
68	GROUP_SOLID_TOTAL_FREQUENCY	Num	8	BEST12.	BEST32.	Frequency of all solid foods
69	GROUP_SOLID_TOTAL_GRAMS	Num	8	BEST12.	BEST32.	Grams of solid food (g) PER DAY
70	GROUP_SUGARYBEVG_TOTAL_GRAMS	Num	8	BEST12.	BEST32.	Sugary beverages, gms
71	GROUP_SUGARYBEVG_TOTAL_KCAL	Num	8	BEST12.	BEST32.	Kilocalories from sugary beverages
72	PCTFAT	Num	8	BEST12.	BEST32.	% of Kcal from fat
73	PCTPROT	Num	8	BEST12.	BEST32.	% of Kcal from protein

Num	Variable	Type	Len	Format	Informat	Label
74	PCTCARB	Num	8	BEST12.	BEST32.	% of Kcal from carbohydrate
75	PCTSWEET	Num	8	BEST12.	BEST32.	% of Kcal from sweets, desserts
76	PCTALCH	Num	8	BEST12.	BEST32.	% of Kcal from alcoholic beverages
77	BA_PFAT	Num	8	BEST12.	BEST32.	% fat cals, alcoholic beverages excluded from denominator
78	BA_PPROT	Num	8	BEST12.	BEST32.	% prot cals, alcoholic beverages excluded from denominator
79	BA_PCARB	Num	8	BEST12.	BEST32.	% carb cals, alcoholic beverages excluded from denominator
80	VEGSRV	Num	8	BEST12.	BEST32.	Daily servings of vegetables
81	FRUITSRV	Num	8	BEST12.	BEST32.	Daily frequency of fruits & fruit juices
82	GRAINSRV	Num	8	BEST12.	BEST32.	Daily svgs breads, cereals, rice, pasta
83	MEATSRV	Num	8	BEST12.	BEST32.	Daily svgs meat, fish, poultry, beans, eggs
84	DAIRYSRV	Num	8	BEST12.	BEST32.	Daily servings of milk, yogurt, cheese
85	FATSRV	Num	8	BEST12.	BEST32.	Daily svgs fats & oils, sweets, sodas
86	GROUP_BEANFIBER_TOTAL_FIBE	Num	8	BEST12.	BEST32.	Fiber from beans (g)
87	GROUP_VEGETABLESFRUITFIBER_TOTAL	Num	8	BEST12.	BEST32.	Fiber from veg & fruit (g)
88	GROUP_GRAINFIBER_TOTAL_FIBE	Num	8	BEST12.	BEST32.	Dietary fiber from grains (g)
89	SUP_VITA	Num	8	BEST12.	BEST32.	Average daily Vit A from supplements (IU)
90	SUP_VITC	Num	8	BEST12.	BEST32.	Vit C (mg)
91	SUP_VITD	Num	8	BEST12.	BEST32.	Vit D (IU)
92	SUP_VITE	Num	8	BEST12.	BEST32.	Vit E (a-TE)
93	SUP_IRON	Num	8	BEST12.	BEST32.	IRON (mg)
94	SUP_CA	Num	8	BEST12.	BEST32.	CALCIUM (mg)
95	SUP_ZINC	Num	8	BEST12.	BEST32.	ZINC (mg)
96	SUP_BCAR	Num	8	BEST12.	BEST32.	beta-car (ug)
97	SUP_B1	Num	8	BEST12.	BEST32.	B1 (mg)
98	SUP_B6	Num	8	BEST12.	BEST32.	B6 (mg)
99	SUP_B12	Num	8	BEST12.	BEST32.	B12 (ug)
100	SUP_FOL	Num	8	BEST12.	BEST32.	FOLATE (mcg)
101	SUP_CU	Num	8	BEST12.	BEST32.	COPPER (mg)
102	SUP_SE	Num	8	BEST12.	BEST32.	SELENIUM (mcg)
103	SUP_B2	Num	8	BEST12.	BEST32.	B2 (mg)
104	SUP_MG	Num	8	BEST12.	BEST32.	MAGNESIUM (mg)
105	SUP_NIAC	Num	8	BEST12.	BEST32.	NIACIN (mg)
106	FATOILFREQ	Num	8	BEST12.	BEST32.	How often use fat/oil in cooking
107	COOKINGFATPAMORNONE	Num	8	BEST12.	BEST32.	Cooking Fat - PAM OR NO OIL
108	COOKINGFATSTICKMARG	Num	8	BEST12.	BEST32.	Cooking Fat - Stick margarine.
109	COOKINGFATSOFTMARG	Num	8	BEST12.	BEST32.	Cooking Fat - Soft tub margarine
110	COOKINGFATBUTTER	Num	8	BEST12.	BEST32.	Cooking Fat - Butter

Num	Variable	Type	Len	Format	Informat	Label
111	COOKINGFATHALF	Num	8	BEST12.	BEST32.	Cooking Fat - Butter/marg. blend
112	COOKINGFATDIET	Num	8	BEST12.	BEST32.	Cooking Fat - Lowfat margarine
113	COOKINGFATVEGGIE	Num	8	BEST12.	BEST32.	Cooking Fat - Corn oil
114	COOKINGFATOLIVE	Num	8	BEST12.	BEST32.	Cooking Fat - Olive oil
115	COOKINGFATLARD	Num	8	BEST12.	BEST32.	Cooking Fat - Lard
116	COOKINGFATCRISCO	Num	8	BEST12.	BEST32.	Cooking Fat - Crisco
117	VITAMINREGULARUSE	Num	8	BEST12.	BEST32.	Do you take vitamins regularly
118	ONEADAYAMOUNT	Char	1	$1.	$1.	How often One-A-Day type w minerals
119	ONEADAYYEARS	Char	1	$1.	$1.	Number of Years: One-A-Day w minerals
120	STRESSTABSAMOUNT	Char	1	$1.	$1.	How often Stress-Tabs, B-complex
121	STRESSTABSYEARS	Char	1	$1.	$1.	Number of Years: Stress-Tabs/B-complex
122	ANTIOXIDANTAMOUNT	Char	1	$1.	$1.	How often Antioxidant combination
123	ANTIOXIDANTYEARS	Char	1	$1.	$1.	Number of Years: Antioxidant combination
124	VITAMINAAMOUNT	Char	1	$1.	$1.	How often Vitamin A
125	VITAMINAYEARS	Char	1	$1.	$1.	Number of Years of Vitamin A
126	BETACAROTENEAMOUNT	Char	1	$1.	$1.	How often Beta-Carotene
127	BETACAROTENEYEARS	Char	1	$1.	$1.	Number of Years: Beta-Carotene
128	VITAMINCAMOUNT	Char	1	$1.	$1.	How often Vitamin C
129	VITAMINCYEARS	Char	1	$1.	$1.	Number of Years: Vitamin C
130	VITAMINCQUAN	Num	8	BEST12.	BEST32.	How many Mg per Vitamin C tablet
131	VITAMINEAMOUNT	Char	1	$1.	$1.	How often Vitamin E
132	VITAMINEYEARS	Char	1	$1.	$1.	Number of Years: Vitamin E
133	VITAMINEQUAN	Num	8	BEST12.	BEST32.	How many IU per Vitamin E capsule
134	FOLATEAMOUNT	Char	1	$1.	$1.	How often Folate
135	FOLATEYEARS	Char	1	$1.	$1.	Number of Years: Folate
136	CALCIUMAMOUNT	Char	1	$1.	$1.	How often Calcium/Dolomite
137	CALCIUMYEARS	Char	1	$1.	$1.	Number of Years: Calcium/Dolomite
138	ZINCAMOUNT	Char	1	$1.	$1.	How often Zinc
139	ZINCYEARS	Char	1	$1.	$1.	Number of Years: Zinc
140	IRONAMOUNT	Char	1	$1.	$1.	How often Iron
141	IRONYEARS	Char	1	$1.	$1.	Number of Years: Iron
142	SELENIUMAMOUNT	Char	1	$1.	$1.	How often Selenium
143	SELENIUMYEARS	Char	1	$1.	$1.	Number of Years: Selenium
144	VITDAMOUNT	Char	1	$1.	$1.	How often Vitamin D, alone, w Calcium
145	VITDYEARS	Char	1	$1.	$1.	Number of Years: Vitamin D
146	ORANGEJUICEFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Real orange juice
147	ORANGEJUICEQUAN	Num	8	BEST12.	BEST32.	Portion size - Real orange juice
148	SUNNYDFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Drinks like Sunny Delight, Hawaiian Punch

Num	Variable	Type	Len	Format	Informat	Label
149	SUNNYDQUAN	Num	8	BEST12.	BEST32.	Portion size - Drinks like Sunny Delight, Hawaiian Punch
150	KOOLAIDFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Drinks like Kool Aid
151	KOOLAIDQUAN	Num	8	BEST12.	BEST32.	Portion size - Drinks like Kool Aid
152	DIETSHAKESFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Instant breakfast shakes or diet shakes
153	DIETSHAKESQUAN	Num	8	BEST12.	BEST32.	Portion size - Instant breakfast shakes or diet shakes
154	REDUCEDFATMILKFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Glasses of milk
155	REDUCEDFATMILKQUAN	Num	8	BEST12.	BEST32.	Portion size - Glasses of milk
156	MILKTYPE	Char	1	$1.	$1.	Type of milk usually consumed
157	CREAMFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Cream or creamer in coffee and tea
158	CREAMQUAN	Num	8	BEST12.	BEST32.	Portion size - Cream or creamer in coffee and tea
159	SOFTDRINKSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Regular (not diet) soft drinks
160	SOFTDRINKSQUAN	Num	8	BEST12.	BEST32.	Portion size - Regular (not diet) soft drinks
161	BEERFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Beer
162	BEERQUAN	Num	8	BEST12.	BEST32.	Portion size - Beer
163	WINEFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Wine or wine coolers
164	WINEQUAN	Num	8	BEST12.	BEST32.	Portion size - Wine or wine coolers
165	LIQUORFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Liquor
166	LIQUORQUAN	Num	8	BEST12.	BEST32.	Portion size - Liquor
167	BANANASFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Bananas
168	BANANASQUAN	Num	8	BEST12.	BEST32.	Portion size - Bananas
169	APPLESPEARSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Apples or pears
170	APPLESPEARSQUAN	Num	8	BEST12.	BEST32.	Portion size - Apples or pears
171	ORANGESFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Oranges or tangerines
172	ORANGESQUAN	Num	8	BEST12.	BEST32.	Portion size - Oranges or tangerines
173	CANNEDFRUITFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Applesauce or other canned fruit
174	CANNEDFRUITQUAN	Num	8	BEST12.	BEST32.	Portion size - Applesauce or other canned fruit
175	OTHERFRUITFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Any other fruit
176	OTHERFRUITQUAN	Num	8	BEST12.	BEST32.	Portion size - Any other fruit
177	EGGSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Eggs
178	EGGSQUAN	Num	8	BEST12.	BEST32.	Portion size - Eggs
179	BACONFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Bacon or sausage
180	BACONQUAN	Num	8	BEST12.	BEST32.	Portion size - Bacon or sausage

Num	Variable	Type	Len	Format	Informat	Label
181	COOKEDCEREALFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Cooked cereal
182	COOKEDCEREALQUAN	Num	8	BEST12.	BEST32.	Portion size - Cooked cereal
183	CEREALFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Cold cereal
184	CEREALQUAN	Num	8	BEST12.	BEST32.	Portion size - Cold cereal
185	CEREALCODE	Char	3	$3.	$3.	Type of cold cereal usually consumed
186	CHEESEFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Cheese
187	CHEESEQUAN	Num	8	BEST12.	BEST32.	Portion size - Cheese
188	YOGURTFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Yogurt
189	YOGURTQUAN	Num	8	BEST12.	BEST32.	Portion size - Yogurt
190	FRIESFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - French Fries or fried potatoes
191	FRIESQUAN	Num	8	BEST12.	BEST32.	Portion size - French Fries or fried potatoes
192	WHITEPOTATOESFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Potatoes, not fried
193	WHITEPOTATOESQUAN	Num	8	BEST12.	BEST32.	Portion size - Potatoes, not fried
194	SWEETPOTATOESFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Sweet potatoes
195	SWEETPOTATOESQUAN	Num	8	BEST12.	BEST32.	Portion size - Sweet potatoes
196	RICEFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Rice or dishes made with rice
197	RICEQUAN	Num	8	BEST12.	BEST32.	Portion size - Rice or dishes made with rice
198	BAKEDBEANSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Baked beans or dried beans
199	BAKEDBEANSQUAN	Num	8	BEST12.	BEST32.	Portion size - Baked beans or dried beans
200	REFRIEDBEANSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Refried beans
201	REFRIEDBEANSQUAN	Num	8	BEST12.	BEST32.	Portion size - Refried beans
202	BEANSPEASFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Green beans or peas
203	BEANSPEASQUAN	Num	8	BEST12.	BEST32.	Portion size - Green beans or peas
204	BROCCOLIFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Broccoli
205	BROCCOLIQUAN	Num	8	BEST12.	BEST32.	Portion size - Broccoli
206	CARROTSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Carrots
207	CARROTSQUAN	Num	8	BEST12.	BEST32.	Portion size - Carrots
208	SPINACHFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Spinach other greens
209	SPINACHQUAN	Num	8	BEST12.	BEST32.	Portion size - Spinach other greens
210	COLESLAWCABBAGEFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Cole slaw or cabbage
211	COLESLAWCABBAGEQUAN	Num	8	BEST12.	BEST32.	Portion size - Cole slaw or cabbage
212	GREENSALADFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Green salad
213	GREENSALADQUAN	Num	8	BEST12.	BEST32.	Portion size - Green salad
214	TOMATOESFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Tomatoes

Num	Variable	Type	Len	Format	Informat	Label
215	TOMATOESQUAN	Num	8	BEST12.	BEST32.	Portion size - Tomatoes
216	SALSAFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Catsup or salsa
217	SALSAQUAN	Num	8	BEST12.	BEST32.	Portion size - Catsup or salsa
218	SALADDRESSINGFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Salad dressing
219	SALADDRESSINGQUAN	Num	8	BEST12.	BEST32.	Portion size - Salad dressing
220	OTHERVEGGIESFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Any other vegetables
221	OTHERVEGGIESQUAN	Num	8	BEST12.	BEST32.	Portion size - Any other vegetables
222	VEGGIESOUPFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Vegetable soup
223	VEGGIESOUPQUAN	Num	8	BEST12.	BEST32.	Portion size - Vegetable soup
224	SPAGHETTIFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Spaghetti or other pasta with tomato sauce
225	SPAGHETTIQUAN	Num	8	BEST12.	BEST32.	Portion size - Spaghetti or other pasta with tomato sauce
226	CHEESEDISHFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Cheese dishes without tomato sauce
227	CHEESEDISHQUAN	Num	8	BEST12.	BEST32.	Portion size - Cheese dishes without tomato sauce
228	PIZZAFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Pizza
229	PIZZAQUAN	Num	8	BEST12.	BEST32.	Portion size - Pizza
230	EATMEAT	Num	8	BEST12.	BEST32.	Do you eat meat?
231	BURGERFREQ	Char	1	$1.	$1.	Past year food frequency - Hamburgers/cheeseburgers
232	BURGERQUAN	Num	8	BEST12.	BEST32.	Portion size - Hamburgers/cheeseburgers
233	TACOSFREQ	Char	1	$1.	$1.	Past year food frequency - Tacos, burritos, etc.
234	TACOSQUAN	Num	8	BEST12.	BEST32.	Portion size - Tacos, burritos, etc.
235	BEEFFREQ	Char	1	$1.	$1.	Past year food frequency - Beef
236	BEEFQUAN	Num	8	BEST12.	BEST32.	Portion size - Beef
237	PORKFREQ	Char	1	$1.	$1.	Past year food frequency - Pork
238	PORKQUAN	Num	8	BEST12.	BEST32.	Portion size - Pork
239	FATONMEATTYPE	Num	8	BEST12.	BEST32.	Do you eat the fat on beef or pork
240	MIXEDMEATCHICKENFREQ	Char	1	$1.	$1.	Past year food frequency - Mixed dishes with meat or chicken
241	MIXEDMEATCHICKENQUAN	Num	8	BEST12.	BEST32.	Portion size - Mixed dishes with meat or chicken
242	FRIEDCHICKENFREQ	Char	1	$1.	$1.	Past year food frequency - Fried chicken
243	FRIEDCHICKENQUAN	Num	8	BEST12.	BEST32.	Portion size - Fried chicken
244	NOTFRIEDCHICKENFREQ	Char	1	$1.	$1.	Past year food frequency - Chicken or turkey not fried
245	NOTFRIEDCHICKENQUAN	Num	8	BEST12.	BEST32.	Portion size - Chicken or turkey not fried
246	CHICKENSKINTYPE	Char	1	$1.	$1.	Do you eat the skin on chicken

Num	Variable	Type	Len	Format	Informat	Label
247	FRIEDFISHFREQ	Char	1	$1.	$1.	Past year food frequency - Fried fish
248	FRIEDFISHQUAN	Num	8	BEST12.	BEST32.	Portion size - Fried fish
249	NOTFRIEDFISHFREQ	Char	1	$1.	$1.	Past year food frequency - Fish, not fried
250	NOTFRIEDFISHQUAN	Num	8	BEST12.	BEST32.	Portion size - Fish, not fried
251	HOTDOGFREQ	Char	1	$1.	$1.	Past year food frequency - Hot dogs or sausage like Italian
252	HOTDOGQUAN	Num	8	BEST12.	BEST32.	Portion size - Hot dogs or sausage like Italian
253	HAMFREQ	Char	1	$1.	$1.	Past year food frequency - Lunch meats
254	HAMQUAN	Num	8	BEST12.	BEST32.	Portion size - Lunch meats
255	BOLOGNATYPE	Num	8	BEST12.	BEST32.	Are lunch meats usually low-fat
256	NUTSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Nuts, seeds
257	NUTSQUAN	Num	8	BEST12.	BEST32.	Portion size - Nuts, seeds
258	SALTYSNACKSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Snack chips
259	SALTYSNACKSQUAN	Num	8	BEST12.	BEST32.	Portion size - Snack chips
260	DOUGHNUTSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Doughnuts, cake or other pastry
261	DOUGHNUTSQUAN	Num	8	BEST12.	BEST32.	Portion size - Doughnuts, cake or other pastry
262	COOKIESFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Cookies
263	COOKIESQUAN	Num	8	BEST12.	BEST32.	Portion size - Cookies
264	ICECREAMFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Ice cream or frozen yogurt
265	ICECREAMQUAN	Num	8	BEST12.	BEST32.	Portion size - Ice cream or frozen yogurt
266	ICECREAMTYPE	Num	8	BEST12.	BEST32.	Is ice cream usually low-fat
267	CHOCOLATECANDYFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Chocolate
268	CHOCOLATECANDYQUAN	Num	8	BEST12.	BEST32.	Portion size - Chocolate
269	BISCUITSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Biscuits or muffins
270	BISCUITSQUAN	Num	8	BEST12.	BEST32.	Portion size - Biscuits or muffins
271	BAGELSFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Rolls, buns, bagels
272	BAGELSQUAN	Num	8	BEST12.	BEST32.	Portion size - Rolls, buns, bagels
273	WHITEBREADFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - White bread
274	WHITEBREADQUAN	Num	8	BEST12.	BEST32.	Portion size - White bread
275	DARKBREADFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Dark bread
276	DARKBREADQUAN	Num	8	BEST12.	BEST32.	Portion size - Dark bread
277	TORTILLASFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Tortillas
278	TORTILLASQUAN	Num	8	BEST12.	BEST32.	Portion size - Tortillas
279	MARGARINEFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Margarine on bread or potatoes or vegetables

Num	Variable	Type	Len	Format	Informat	Label
280	MARGARINEQUAN	Num	8	BEST12.	BEST32.	Portion size - Margarine on bread or potatoes or vegetables
281	BUTTERFREQ	Num	8	BEST12.	BEST32.	Past year food frequency - Butter on bread or potatoes or vegetables
282	BUTTERQUAN	Num	8	BEST12.	BEST32.	Portion size - Butter on bread or potatoes or vegetables
283	EVERDRANKMORE	Num	8	BEST12.	BEST32.	Ever drink more alcohol than now?
284	VDATE	Num	8			Number of days from Visit 0 to this visit
285	RAND_ID	Char	6			Randomized Master ID
286	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
287	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: palb4_spiro.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PA4_1000	Char	4	$4.	$4.	Time albuterol administered (based on 24-hour clock)
2	PA4_1010	Char	4	$4.	$4.	Time post-albuterol spirometry started (based on 24-hour clock)
3	PA4_1020	Num	8	5.2	5.2	Highest FVC
4	PA4_1030	Num	8	5.2	5.2	Highest FEV1
5	PA4_1040	Num	8	4.	4.	Highest FEV1 (Pct predicted)
6	PA4_1050	Num	8	6.2	6.2	FEF Max
7	PA4_1060	Num	8	5.2	5.2	FEF25-75
8	PA4_1070	Num	8	2.	2.	In your judgment, was the subject's spirometry technique acceptable? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 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: parttxqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTX_1000	Num	8	2.	2.	Please check the box that most closely represents your feelings about the scheduled Diskus you took since randomization at Visit 2.
2	PTX_1010	Num	8	2.	2.	I have no idea which type of Diskus I received, but my guess would be: 1=Placebo, 2=Fluticasone
3	PTX_1020	Num	8	2.	2.	Please comment with respect to the taste of the medication you received from your scheduled Diskus since randomization at Visit 2. 1=Tasted good, 2=No noticeable taste, 3=Tasted bad
4	PTX_1030	Num	8	2.	2.	Please comment with respect to the smell of the medication you received from your scheduled Diskus since randomization at Visit 2. 1=Smelled good, 2=No noticeable Smell. 3=Smelled bad
5	PTX_1040	Num	8	2.	2.	Please comment with respect to any physical sensations produced by the medication you received from your scheduled Diskus since randomization at Visit 2. 1=Pleasant sensations, 2=No noticeable sensations, 3=Unpleasant sensations
6	PTX_1050	Num	8	2.	2.	Please comment with respect to any other observations you may have made regarding your scheduled Diskus. 1=I have no further comments, 2=I observed the following:
7	VNUM	Num	8			Visit Number
8	VDATE	Num	8			Number of days from Visit 0 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: preg_test.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PRG_1000	Num	8	2.	2.	Is the participant unable to bear children due to any of the following reasons? 1=Yes,0=No
2	PRG_1010	Num	8	2.	2.	Post-menopausal (at least one year since last menses) (1=Yes,0=No)
3	PRG_1020	Num	8	2.	2.	Hysterectomy (1=Yes,0=No)
4	PRG_1030	Num	8	2.	2.	Tubal ligation(1=Yes,0=No)
5	PRG_1040	Num	8	2.	2.	Pregnancy test results (1=Positive, 0=Negative)
6	VNUM	Num	8			Visit Number
7	VDATE	Num	8			Number of days from Visit 0 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: prior_cond_adult.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAD_1000	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related Blood, Lymph, or Immune Systems? 1=Yes,0=No
2	PAD_1010	Num	8	2.	2.	Eyes(1=Yes,0=No)
3	PAD_1020	Num	8	2.	2.	Breasts (1=Yes,0=No)
4	PAD_1030	Num	8	2.	2.	Endocrine Systems (1=Yes,0=No)
5	PAD_1040	Num	8	2.	2.	Heart and Blood Vessels (1=Yes,0=No)
6	PAD_1050	Num	8	2.	2.	Liver or Pancreas (1=Yes,0=No)
7	PAD_1060	Num	8	2.	2.	Kidneys or Urinary Tract System (1=Yes,0=No)
8	PAD_1070	Num	8	2.	2.	Reproductive System (1=Yes,0=No)
9	PAD_1080	Num	8	2.	2.	Muscles or Bones (1=Yes,0=No)
10	PAD_1090	Num	8	2.	2.	Nervous System (1=Yes,0=No)
11	PAD_1100	Num	8	2.	2.	Psychiatric(1=Yes,0=No)
12	PAD_1110	Num	8	2.	2.	Drug Allergies (1=Yes,0=No)
13	PAD_1120	Num	8	2.	2.	Other (1=Yes,0=No)
14	VNUM	Num	8			Visit Number
15	VDATE	Num	8			Number of days from Visit 0 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: prior_cond_all.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAL_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
2	PAL_1010	Num	8	2.	2.	Skin (1=Yes,0=No)
3	PAL_1020	Num	8	2.	2.	Have you ever had allergic rhinitis ? 1=Yes, 0=No, 9=Don't know
4	PAL_1030	Num	8	2.	2.	Have you ever had nasal polyps? 1=Yes, 0=No, 9=Don't know
5	PAL_1040	Num	8	2.	2.	Do you have chronic or recurrent sinusitis ? 1=Yes, 0=No, 9=Don't know
6	PAL_1050	Num	8	2.	2.	Have you ever been diagnosed with vocal cord dysfunction? 1=Yes, 0=No, 9=Don't know
7	PAL_1060	Num	8	2.	2.	Have you ever had other conditions related to the ear, nose, or throat? 1=Yes,0=No
8	PAL_1070	Num	8	2.	2.	Have you ever had pneumonia? 1=Yes, 0=No, 9=Don't know
9	PAL_1080	Num	8	2.	2.	If YES, were you diagnosed by chest x-ray? 1=Yes, 0=No, 9=Don't know
10	PAL_1090	Num	8	2.	2.	If YES, were you treated with antibiotics? 1=Yes, 0=No, 9=Don't know
11	PAL_1100	Num	8	2.	2.	Have you ever had bronchitis? 1=Yes, 0=No, 9=Don't know
12	PAL_1110	Num	8	2.	2.	Have you ever had other conditions related to the lungs ? 1=Yes, 0=No, 9=Don't know
13	PAL_1120	Num	8	2.	2.	Do you have gastroesophageal reflux disease ? 1=Yes, 0=No, 9=Don't know
14	PAL_1130	Num	8	2.	2.	Have you ever had other conditions related to the stomach or intestines? 1=Yes,0=No
15	PAL_1150	Num	8	2.	2.	Have you been diagnosed with sleep disordered breathing ? 1=Yes,0=No
16	PAL_1160	Num	8	2.	2.	If YES, are you being treated with CPAP or BiPAP? 1=Yes,0=No
17	PAL_1170	Num	8	2.	2.	Have you ever had other sleep disorders? 1=Yes,0=No
18	PAL_1180	Num	8	2.	2.	Have you ever had other conditions that have not been mentioned on this form? 1=Yes,0=No
19	VNUM	Num	8			Visit Number
20	VDATE	Num	8			Number of days from Visit 0 to this visit
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: prior_trt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTR_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
2	PTR_1010	Num	8	2.	2.	Short-acting Inhaled Beta-Agonists by Inhaler (e.g., albuterol, Primatene Mist, Maxair, ProAir, Proventil, Ventolin, Xopenex) (1=Yes, 0=No, 9=Don't Know)
3	PTR_1050	Num	8	4.	4.	If YES, indicate average weekly puffs in the past month (Enter '000' if none used) weekly puffs
4	PTR_1060	Num	8	2.	2.	Rescue treatment via a Nebulizer Machine (e.g., albuterol, ipratropium, Combivent, Xopenex, levalbuterol) (1=Yes, 0=No, 9=Don't Know)
5	PTR_1100	Num	8	2.	2.	Long-acting Inhaled Beta-Agonists (e.g., Serevent, Foradil, salmeterol, formoterol) Do not consider combination medications. (1=Yes, 0=No, 9=Don't Know)
6	PTR_1140	Num	8	2.	2.	Oral Beta-Agonists (e.g., albuterol, Brethine, Bricanyl, metaproterenol, Proventil, Ventolin, Repetabs, Volmax) (1=Yes, 0=No, 9=Don't Know)
7	PTR_1180	Num	8	2.	2.	Oral Theophylline (short-acting or sustained release)(e.g., Aminophylline, Slo-Phyllin, Slo-bid, Theo-Dur, Uniphyl) (1=Yes, 0=No, 9=Don't Know)
8	PTR_1220	Num	8	2.	2.	Inhaled Anticholinergic by Inhaler (e.g., Atrovent, Combivent, Spiriva) (1=Yes, 0=No, 9=Don't Know)
9	PTR_1260	Num	8	2.	2.	Leukotriene Antagonist / 5LO Inhibitors (e.g., Accolate, Zyflo, Singulair) (1=Yes, 0=No, 9=Don't Know)
10	PTR_1300	Num	8	2.	2.	IgE Blocker (e.g., Xolair) (1=Yes, 0=No, 9=Don't Know)
11	PTR_1340	Num	8	2.	2.	Oral Steroids FOR ASTHMA (e.g., Prednisone, Prelone, Pediapred, Medrol, Orapred, Decadron, dexamethasone) (1=Yes, 0=No, 9=Don't Know)
12	PTR_1380	Num	8	2.	2.	If YES, in the past 12 months, how many courses of steroids by mouth have you taken FOR ASTHMA? 1=1 course, 2=2 courses, 3=3 courses, 4=4 courses, 5=5 courses, 6=More than 5 courses
13	PTR_1390	Num	8	2.	2.	Injectable Steroids FOR ASTHMA (e.g., Medrol, Solumedrol, Decadron, dexamethasone, triamcinolone, Kenalog, hydrocortisone IV) (1=Yes, 0=No, 9=Don't Know)
14	PTR_1430	Num	8	2.	2.	Steroids by Inhaler (e.g., Asmanex Twisthaler, QVAR, Flovent, Pulmicort Flexhaler) (1=Yes, 0=No, 9=Don't Know)
15	PTR_1470	Num	8	4.	4.	Indicate most recent type of inhaled steroid taken (refer to PRIOR_TRT_CARD reference card) code
16	PTR_1480	Num	8	3.	3.	Indicate number of daily puffs used daily puffs
17	PTR_1490	Num	8	3.	3.	Indicate the total number of months that you used the inhaled steroid out of the past 12 months months
18	PTR_1500	Num	8	2.	2.	Steroids by Nebulizer (e.g., Pulmicort Respules, budesonide) (1=Yes, 0=No, 9=Don't Know)
19	PTR_1535	Num	8	3.	3.	Steroids by Nebulizer (e.g., Pulmicort Respules, budesonide). If YES, complete Q13a - Q13c. Indicate most recent type of nebulized steroid taken (refer to PRIOR_TRT_CARD reference card)
20	PTR_1540	Num	8	3.	3.	Indicate number of daily treatments used daily treatments
21	PTR_1550	Num	8	3.	3.	Indicate the total number of months that you used the nebulized steroid out of the past 12 months months

Num	Variable	Type	Len	Format	Informat	Label
22	PTR_1560	Num	8	2.	2.	Long-Acting Beta-Agonist and Inhaled Steroid Combination Medications (e.g., Advair Diskus, Symbicort MDI, Dulera MDI) (1=Yes, 0=No, 9=Don't Know)
23	PTR_1600	Num	8	5.	5.	Indicate most recent type of combination medication taken (refer to PRIOR_TRT_CARD reference card) code
24	PTR_1610	Num	8	3.	3.	Indicate number of daily puffs used daily puffs
25	PTR_1620	Num	8	3.	3.	Indicate the total number of months that you used the combination medication out of the past 12 months months
26	PTR_1630	Num	8	2.	2.	Nasal Steroids (e.g., Beconase, Vancenase, Flonase, Nasacort, Nasalide, Nasarel, Omnaris, Rhinocort, Nasonex) (1=Yes, 0=No, 9=Don't Know)
27	PTR_1670	Num	8	2.	2.	Non-steroidal Anti-allergic Nasal Medications (e.g., Nasalcrom, Astelin, Astepro, ipratropium) (1=Yes, 0=No, 9=Don't Know)
28	PTR_1710	Num	8	2.	2.	Anti-allergic Oral Medications (e.g., fexofenadine, loratadine, cetirizine, chlorpheniramine) (1=Yes, 0=No, 9=Don't Know)
29	PTR_1750	Num	8	2.	2.	Topical Steroids - Prescription (e.g., Synalar, Lidex, Dermacin, Fluocinonide) (1=Yes, 0=No, 9=Don't Know)
30	PTR_1790	Num	8	2.	2.	Topical Steroids - OTC (e.g., Hydrocortisone - multiple strengths and products) (1=Yes, 0=No, 9=Don't Know)
31	PTR_1830	Num	8	2.	2.	Other Medication FOR ASTHMA OR ALLERGIES (1=Yes, 0=No, 9=Don't Know)
32	PTR_1870	Num	8	2.	2.	Oral Steroids for Conditions Other Than Asthma (e.g., Prednisone, Prelone, Pediapred, Medrol, Oraprect, Decadron, dexamethasone) (1=Yes, 0=No, 9=Don't Know)
33	PTR_1910	Num	8	2.	2.	Injectable Steroids for Conditions Other Than Asthma (e.g., Medrol, Solumedrol, Decadron, dexamethasone, triamcinolone, Kenalog, hydrocortisone IV) (1=Yes, 0=No, 9=Don't Know)
34	VNUM	Num	8			Visit Number
35	VDATE	Num	8			Number of days from Visit 0 to this visit
36	DATE_Q02	Num	8			Short-acting Inhaled Beta-Agonists by Inhaler (e.g., albuterol, Primatene Mist, Maxair, ProAir, Proventil, Ventolin, Xopenex) Date
37	DATE_Q03	Num	8			Rescue treatment via a Nebulizer Machine (e.g., albuterol, ipratropium, Combivent, Xopenex, levalbuterol) Date
38	DATE_Q04	Num	8			Long-acting Inhaled Beta-Agonists (e.g., Serevent, Foradil, salmeterol, formoterol) Do not consider combination medications. Date
39	DATE_Q05	Num	8			Oral Beta-Agonists (e.g., albuterol, Brethine, Bricanyl, metaproterenol, Proventil, Ventolin, Repetabs, Volmax) Date
40	DATE_Q06	Num	8			Oral Theophylline (short-acting or sustained release) (e.g., Aminophylline, Slo-Phyllin, Slo-bid, Theo-Dur, Uniphyl) Date
41	DATE_Q07	Num	8			Inhaled Anticholinergic by Inhaler (e.g., Atrovent, Combivent, Spiriva) Date
42	DATE_Q08	Num	8			Leukotriene Antagonist / 5LO Inhibitors (e.g., Accolate, Zyflo, Singulair) Date
43	DATE_Q09	Num	8			IgE Blocker (e.g., Xolair) Date
44	DATE_Q10	Num	8			Oral Steroids FOR ASTHMA (e.g., Prednisone, Prelone, Pediapred, Medrol, Oraprect, Decadron, dexamethasone) Date

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

Data Set Name: pulmonarychk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PCH_1000	Num	8	2.	2.	Have you consumed caffeine in the past 6 hours? 1=Yes,0=No
2	PCH_1010	Num	8	2.	2.	Have you used medications with caffeine in the past 6 hours? 1=Yes,0=No
3	PCH_1020	Num	8	2.	2.	Have you used any weight loss medications in the past 6 hours? 1=Yes,0=No
4	PCH_1030	Num	8	2.	2.	Have you consumed any food containing alcohol or beverages containing alcohol in the past 6 hours? 1=Yes,0=No
5	PCH_1040	Num	8	2.	2.	Have you used any oral antihistamines in the past 48 hours? 1=Yes,0=No
6	PCH_1047	Char	4	$4.	$4.	Have you used any oral antihistamines in the past 48 hours, indicate most recent date and time taken since last visit. Time (based on 24-hour clock)
7	PCH_1050	Num	8	2.	2.	Have you used any nasal antihistamines in the past 6 hours? 1=Yes,0=No
8	PCH_1057	Char	4	$4.	$4.	Have you used any nasal antihistamines in the past 6 hours, indicate most recent date and time taken since last visit. Time (based on 24-hour clock)
9	PCH_1060	Num	8	2.	2.	Have you used any ophthalmic antihistamines in the past 6 hours? 1=Yes,0=No
10	PCH_1067	Char	4	$4.	$4.	Have you used any ophthalmic antihistamines in the past 6 hours, indicate most recent date and time taken since last visit. Time (based on 24-hour clock)
11	PCH_1070	Num	8	2.	2.	Have you used any oral decongestants or cold remedies in the past 48 hours? 1=Yes,0=No
12	PCH_1077	Char	4	$4.	$4.	Have you used any oral decongestants or cold remedies in the past 48 hours, indicate most recent date and time taken since last visit. Time (based on 24-hour clock)
13	PCH_1080	Num	8	2.	2.	Have you used any nasal decongestants in the past 6 hours? 1=Yes,0=No
14	PCH_1087	Char	4	$4.	$4.	Have you used any nasal decongestants in the past 6 hours, indicate most recent date and time taken since last visit. Time (based on 24-hour clock)
15	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
16	PCH_1100	Num	8	2.	2.	Have you used any smokeless tobacco products today? 1=Yes,0=No
17	PCH_1110	Num	8	2.	2.	Have you had a respiratory infection within the past 4 weeks? 1=Yes,0=No
18	PCH_1120	Num	8	2.	2.	Have 4 or more weeks transpired since the onset of symptoms? 1=Yes,0=No
19	PCH_1130	Num	8	2.	2.	Have you taken any antibiotic within the past 4 weeks? 1=Yes,0=No
20	PCH_1140	Num	8	2.	2.	At this time, is your asthma worse because of recent exposure to triggers? 1=Yes,0=No
21	PCH_1150	Num	8	2.	2.	Is there any other reason you should not proceed with spirometry testing? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
22	PCH_1160	Num	8	2.	2.	Is the participant eligible to proceed with the spirometry testing? 1=Yes,0=No
23	PCH_1043	Num	8	MMDDYY10.		Have you used any oral antihistamines in the past 48 hours, indicate most recent date and time taken since last visit. Date
24	PCH_1053	Num	8	MMDDYY10.		Have you used any nasal antihistamines in the past 6 hours, indicate most recent date and time taken since last visit. Date
25	PCH_1063	Num	8	MMDDYY10.		Have you used any ophthalmic antihistamines in the past 6 hours, indicate most recent date and time taken since last visit. Date
26	PCH_1073	Num	8	MMDDYY10.		Have you used any oral decongestants or cold remedies in the past 48 hours, indicate most recent date and time taken since last visit. Date
27	PCH_1083	Num	8	MMDDYY10.		Have you used any nasal decongestants in the past 6 hours, indicate most recent date and time taken since last visit. Date
28	VNUM	Num	8			Visit Number
29	VDATE	Num	8			Number of days from Visit 0 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: regimen.sas7bdat

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

Data Set Name: registry.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	REG_1080	Num	8	2.	2.	Sex (1=Male, 2=Female)
2	REG_1150	Num	8	3.	3.	Primary Racial Identification for Spirometry (1=Amer Indian or Alaskan Native, 2=Asian or Pacific Islander, 3=Black, 4=White, 5=Hispanic or Latino, 6=Other)
3	AGE	Num	8			Age at Visit 0
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	SER_1010	Char	6	$6.	$6.	Description of Adverse Event (ICD9 Code)
2	SER_1020	Num	8	2.	2.	Is the participant currently taking study drug? 1=Yes,0=No
3	SER_1030	Num	8	4.	4.	Time interval between the last administration of the study drug and the Adverse Event
4	SER_1040	Num	8	2.	2.	What was the unit of time for the interval in Question #4? 1=Second, 2=Minute, 3=Hour, 4=Day
5	SER_1050	Num	8	2.	2.	Fatal event (1=Yes,0=No)
6	SER_1060	Num	8	2.	2.	Life-threatening event (1=Yes,0=No)
7	SER_1070	Num	8	2.	2.	Inpatient hospitalization required (1=Yes,0=No)
8	SER_1100	Num	8	2.	2.	Hospitalization prolonged (1=Yes,0=No)
9	SER_1110	Num	8	2.	2.	Disabling or incapacitating (1=Yes,0=No)
10	SER_1120	Num	8	2.	2.	Overdose (1=Yes,0=No)
11	SER_1130	Num	8	2.	2.	Cancer (1=Yes,0=No)
12	SER_1140	Num	8	2.	2.	Congenital anomaly (1=Yes,0=No)
13	SER_1150	Num	8	2.	2.	Serious laboratory abnormality with clinical symptoms (1=Yes,0=No)
14	SER_1160	Num	8	2.	2.	Height failure (per protocol MOP) (1=Yes,0=No)
15	SER_1170	Num	8	2.	2.	Pregnancy (1=Yes,0=No)
16	SER_1180	Num	8	2.	2.	Other (1=Yes,0=No)
17	SER_1190	Num	8	2.	2.	What in your opinion caused the event? 1=Yes,0=No
18	SER_1200	Num	8	2.	2.	Withdrawal of study drug(s) (1=Yes,0=No)
19	SER_1210	Num	8	2.	2.	Concurrent medication (1=Yes,0=No)
20	SER_1220	Num	8	2.	2.	Other condition or event (1=Yes,0=No)
21	SER_1240	Num	8	2.	2.	Was the event expected or unexpected? 1=Expected, 2=Unexpected
22	SER_1250	Num	8	2.	2.	Was the event possibly, probably, or definitely related to study participation? 1=Yes,0=No
23	SER_1000	Num	8			Date of Adverse Event
24	SER_1080	Num	8			Admission date
25	SER_1090	Num	8			Discharge date
26	VNUM	Num	8			Visit Number
27	VDATE	Num	8			Number of days from Visit 0 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: snq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SNQ_1000	Num	8	2.	2.	Runny Nose (0=Never1=1-4 times per month, 2=2-6 times per week, 3=Daily)
2	SNQ_1010	Num	8	2.	2.	Post nasal drip (0=Never1=1-4 times per month, 2=2-6 times per week, 3=Daily)
3	SNQ_1020	Num	8	2.	2.	Need to blow your nose (0=Never1=1-4 times per month, 2=2-6 times per week, 3=Daily)
4	SNQ_1030	Num	8	2.	2.	Facial pain/pressure (0=Never1=1-4 times per month, 2=2-6 times per week, 3=Daily)
5	SNQ_1040	Num	8	2.	2.	Nasal obstruction (0=Never1=1-4 times per month, 2=2-6 times per week, 3=Daily)
6	VNUM	Num	8			Visit Number
7	VDATE	Num	8			Number of days from Visit 0 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: spiro.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
1	SLA_1010	Char	4	$4.	$4.	Processing: Time processing started (based on 24-hour clock) __ __ __ __ (0 - 2359)
2	SLA_1020	Num	8	7.1	7.1	Processing Sample: Total Cell Count: __ __ __ __. __x 10^4 cells/ml (0 - 9999.9)
3	SLA_1030	Num	8	2.	2.	Was the participant's sputum sample processed within 4 hours after collection? 1=Yes,0=No
4	SLA_1000	Num	8			Processing Sample: Processing Date __ __ / __ __ / 20 __ __
5	VNUM	Num	8			Visit Number
6	VDATE	Num	8			Number of days from Visit 0 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: sputread.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SRE_1010	Num	8	2.	2.	Rate slide's quality: (1=Very good, 2=Good, 3=Acceptable, 4=Poor but readable, 5=Not readable)
2	SRE_1020	Num	8	2.	2.	Record the number on the slide(s) that was (were) read (0 - 9)
3	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)
4	SRE_1040	Num	8	7.1	7.1	Total Cell Count: __ __ __ __ . __ x 10^4 cells/ml (0 - 9999.9)
5	SRE_1050	Num	8	5.1	5.1	Differential Cell Counts: Squamous Cells __ __ . __ Pct (0.0 - 99.9)
6	SRE_1060	Num	8	5.1	5.1	Differential Cell Counts: Epithelial Cells __ __ . __ Pct (0.0 - 99.9)
7	SRE_1070	Num	8	5.1	5.1	Differential Cell Counts: Macrophages __ __ . __ Pct (0.0 - 99.9)
8	SRE_1080	Num	8	5.1	5.1	Differential Cell Counts: Neutrophils __ __ . __ Pct (0 -99.9)
9	SRE_1090	Num	8	5.1	5.1	Differential Cell Counts: Eosinophils __ __ . __ Pct (0 - 99.9)
10	SRE_1100	Num	8	5.1	5.1	Differential Cell Counts: Lymphocytes __ __ . __ Pct (0 -99.9)
11	SRE_1000	Num	8			Date of Read __ __ / __ __ / 20 __ __
12	VNUM	Num	8			Visit Number
13	VDATE	Num	8			Number of days from Visit 0 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: sputum.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
1	SAD_1000	Num	8	5.2	5.2	Participant's FEV1 after initial 2 puffs of albuterol: 1a.FEV1 __ . __ __ L (0 -9.99)
2	SAD_1010	Num	8	4.	4.	Participant's FEV1 after initial 2 puffs of albuterol: 1b. FEV1 (Pct predicted)__ __ __ Pct predicted (0 - 999)
3	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)
4	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
5	SAD_1040	Num	8	5.2	5.2	Participant's FEV1 after 2 additional puffs of albuterol: 2a. FEV1 __ . __ __ L (0 - 9.99)
6	SAD_1050	Num	8	4.	4.	Participant's FEV1 after 2 additional puffs of albuterol: 2b. FEV1 (Pct predicted) __ __ __ Pct predicted (0 - 999)
7	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)
8	SAD_1070	Num	8	2.	2.	Participant's FEV1 after 2 additional puffs of albuterol: 2d.Was the FEV1 from Q2a ? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 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: sputumchk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	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)
2	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
3	SCH_1020	Num	8	2.	2.	Physician's Signature:_____ (1=signature present, NULL=signature missing)
4	SCH_1030	Num	8	5.2	5.2	Participant's FEV1 used for assessment of eligibility for sputum induction __ . __ __ L (0 - 9.99)
5	SCH_1040	Num	8	4.	4.	Participant's FEV1 (Pct predicted) used for assessment of eligibility for sputum induction __ __ __ Pct predicted (O-999)
6	SCH_1050	Num	8	2.	2.	Was the participant's FEV1 from Q3 ? 1=Yes,0=No
7	SCH_1060	Num	8	2.	2.	Is there any other reason the participant should not proceed with sputum induction? 1=Yes,0=No
8	SCH_1070	Num	8	2.	2.	Is the participant eligible for sputum induction? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 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: term_a.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TMA_1000	Num	8	2.	2.	Has the participant completed the study through Visit 6? 1=Yes,0=No
2	TMA_1010	Num	8	2.	2.	Who initiated termination of the participant? 1=Participant, 2=Clinical Staff
3	TMA_1020	Num	8	3.	3.	1=no longer interested, 2=no longer willing to follow protocol, 3=difficult access to clinic , 4=unable to make visits during clinic hours, 5=moving out of the area, 6=personal constraints, 7=medical condition unrelated to asthma, 8=side effects of study m
4	TMA_1040	Num	8	2.	2.	Did clinical staff terminate the participant due to pregnancy? 1=Yes, 0=No, 9=N/A
5	TMA_1050	Num	8	2.	2.	Did clinical staff terminate the participant due to loss to follow-up? 1=Yes,0=No
6	TMA_1070	Num	8	2.	2.	Did clinical staff terminate the participant due to loss to follow-up, type of contact (1=In-person visit, 2=Phone call)
7	TMA_1080	Num	8	2.	2.	Did clinical staff terminate the participant due to an asthma-related adverse event? 1=Yes,0=No
8	TMA_1090	Num	8	2.	2.	Did clinical staff terminate the participant due to a medication-related adverse event? 1=Yes,0=No
9	TMA_1100	Num	8	2.	2.	Did clinical staff terminate the participant due to an adverse event not related to asthma or medications? 1=Yes,0=No
10	TMA_1110	Num	8	2.	2.	Did clinical staff terminate the participant due to ineligibility during the run-in period ? 1=Yes,0=No
11	TMA_1120	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with medication dosing? 1=Yes,0=No
12	TMA_1130	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with visit attendance? 1=Yes,0=No
13	TMA_1140	Num	8	2.	2.	Did clinical staff terminate the participant due to significant asthma exacerbation during run-in period ? 1=Yes,0=No
14	TMA_1150	Num	8	2.	2.	Did clinical staff terminate the participant due to other reason? 1=Yes,0=No
15	TMA_1170	Char	1	$1.	$1.	Indicate the letter corresponding to the primary reason the participant was terminated. (A - J)
16	TMA_1060	Num	8			Did clinical staff terminate the participant due to loss to follow-up, date of last contact with participant
17	VNUM	Num	8			Visit Number
18	VDATE	Num	8			Number of days from Visit 0 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: term_c.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TMC_1000	Num	8	2.	2.	Has the participant completed the study through Visit 2? 1=Yes,0=No
2	TMC_1010	Num	8	2.	2.	Who initiated termination of the participant? 1=Participant, 2=Clinical Staff
3	TMC_1020	Num	8	3.	3.	1=no longer interested in participating, 2=no longer willing to follow protocol, 3=difficult access to clinic , 4=unable to make visits during clinic hours, 5=moving out of the area, 6=unable to continue due to personal constraints, 10=other
4	TMC_1040	Num	8	2.	2.	Did clinical staff terminate the participant due to pregnancy? 1=Yes, 0=No, 9=N/A
5	TMC_1050	Num	8	2.	2.	Did clinical staff terminate the participant due to loss to follow-up? 1=Yes,0=No
6	TMC_1070	Num	8	2.	2.	Did clinical staff terminate the participant due to loss to follow-up, type of contact (1=In-person visit, 2=Phone call)
7	TMC_1100	Num	8	2.	2.	Did clinical staff terminate the participant due to an adverse event? 1=Yes,0=No
8	TMC_1110	Num	8	2.	2.	Did clinical staff terminate the participant due to ineligibility during the run-in period ? 1=Yes,0=No
9	TMC_1130	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with visit attendance? 1=Yes,0=No
10	TMC_1150	Num	8	2.	2.	Did clinical staff terminate the participant due to other reason? 1=Yes,0=No
11	TMC_1170	Char	1	$1.	$1.	Indicate the letter corresponding to the primary reason the participant was terminated. (A - F)
12	TMC_1060	Num	8			Did clinical staff terminate the participant due to loss to follow-up, date of last contact with participant
13	VNUM	Num	8			Visit Number
14	VDATE	Num	8			Number of days from Visit 0 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