

Data Set Name: aeclin.sas7bdat

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

Data Set Name: *astmahx.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? YEARS
2	AHA_1010	Num	8	3.	3.	Approximately how old were you when chest symptoms suggesting asthma first appeared? MONTHS
3	AHA_1065	Num	8	2.	2.	Has a doctor diagnosed the participant with asthma? (1=Yes, 0=No)
4	AHA_1070	Num	8	3.	3.	If YES, how old was the participant when a doctor first diagnosed him/her with asthma? YEARS
5	AHA_1080	Num	8	3.	3.	If YES, how old was the participant when a doctor first diagnosed him/her with asthma? MONTHS
6	AHA_1090	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have asthma? 3a.Mother (1=Yes, 0=No, 8=Don't Know)
7	AHA_1100	Num	8	2.	2.	Father (1=Yes, 0=No, 8=Don't Know)
8	AHA_1110	Num	8	2.	2.	Brother(s) or Sister(s) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
9	AHA_1120	Num	8	2.	2.	Child(ren) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
10	AHA_1130	Num	8	2.	2.	How do you categorize your asthma symptoms throughout the course of the year? (1=Relatively the same all year, 2=Vary by season(s))
11	AHA_1140	Num	8	2.	2.	Winter? (1=Yes, 0=No)
12	AHA_1150	Num	8	2.	2.	Spring? (1=Yes, 0=No)
13	AHA_1160	Num	8	2.	2.	Summer? (1=Yes, 0=No)
14	AHA_1170	Num	8	2.	2.	Fall? (1=Yes, 0=No)
15	AHA_1180	Num	8	3.	3.	In the last 12 months, how many... (Enter '00' if none) 5a.Asthma episodes have you had that required emergency care or an unscheduled office visit? ___ episodes
16	AHA_1190	Num	8	3.	3.	Overnight hospitalizations have you had due to asthma? ___ hospitalizations
17	AHA_1200	Num	8	3.	3.	Courses of systemic corticosteroid therapy (e.g., prednisone, IM, IV) for asthma have you taken? ___ courses
18	AHA_1210	Num	8	4.	4.	Days of work, school, or housework have you missed due to asthma?If Q5d > 0, complete Q5di. ___ days
19	AHA_1220	Num	8	3.	3.	In the past 3 months, how many days of work, school, or housework have you missed due to asthma? ___ days
20	AHA_1230	Num	8	4.	4.	Days of work, school, or housework has the participant's parent/guardian or another caretaker missed because of the participant's asthma symptoms? ___ daysIf Q5e > 0, complete Q5ei.
21	AHA_1240	Num	8	3.	3.	In the past 3 months, how many days of work, school, or housework has the participant's parent/guardian or another caretaker missed due to asthma? ___ days
22	AHA_1250	Num	8	2.	2.	Has the participant ever been admitted to an intensive care unit for asthma? (1=Yes, 0=No)If NO, skip to Q7.
23	AHA_1260	Num	8	3.	3.	How many times has the participant been admitted to an intensive care unit for asthma?
24	AHA_1270	Num	8	2.	2.	Has the participant ever had invasive mechanical ventilation? (1=Yes, 0=No, 8=Don't Know)

Num	Variable	Type	Len	Format	Informat	Label
25	AHA_1280	Num	8	2.	2.	Has the participant ever had non-invasive mechanical ventilation? (1=Yes, 0=No, 8=Don't Know)
26	AHA_1290	Num	8	2.	2.	Do any of the following currently provoke your asthma?1a.Exercise/Sports/Play (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)
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?8a.Medicines (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 breathes 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.	Has the participant ever had eczema / atopic dermatitis (i.e., prolonged itchy, scaly skin rash)? (1=Yes, 0=No, 8=Don't Know)
45	AHA_1480	Num	8	3.	3.	At what age did the participant FIRST have eczema? YEARS
46	AHA_1490	Num	8	3.	3.	At what age did the participant FIRST have eczema? MONTHS
47	AHA_1500	Num	8	2.	2.	If YES, was your eczema diagnosed by a doctor? (1=Yes, 0=No)
48	AHA_1510	Num	8	2.	2.	During the past 12 months, how would you generally describe the participant's eczema? If NONE, skip to Q10. (1=None, 2=Mild, 3=Moderate, 4=Severe)
49	AHA_1520	Num	8	2.	2.	Which parts of the participant's body were ever affected by eczema in the past 12 months?9di.Head (1=Yes, 0=No)
50	AHA_1530	Num	8	2.	2.	Arms/Hands (1=Yes, 0=No)
51	AHA_1540	Num	8	2.	2.	Trunk (mid-section or torso) (1=Yes, 0=No)
52	AHA_1550	Num	8	2.	2.	Legs/Feet (1=Yes, 0=No)
53	AHA_1560	Num	8	2.	2.	Other (1=Yes, 0=No)

Num	Variable	Type	Len	Format	Informat	Label
54	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? 10a.Mother (1=Yes, 0=No, 8=Don't Know)
55	AHA_1580	Num	8	2.	2.	Father (1=Yes, 0=No, 8=Don't Know, 9=N/A)
56	AHA_1590	Num	8	2.	2.	Brother(s) or Sister(s) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
57	AHA_1600	Num	8	2.	2.	Child(ren) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
58	AHA_1610	Num	8	2.	2.	Did the participants mother smoke tobacco or use a hookah (waterpipe) while she was pregnant with the participant? If NO or DONT KNOW, skip to Q13. (1=Yes, 0=No, 8=Dont Know)
59	AHA_1620	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother smoke tobacco or use a hookah? First 3 months (1=Yes, 0=No, 8=Dont Know)
60	AHA_1630	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother smoke tobacco or use a hookah? Middle 3 months (1=Yes, 0=No, 8=Dont Know)
61	AHA_1640	Num	8	2.	2.	During which part(s) of the pregnancy did the participants mother smoke tobacco or use a hookah? Last 3 months (1=Yes, 0=No, 8=Dont Know)
62	AHA_1650	Num	8	2.	2.	Between the time the participant was born and when he/she turned 5 years of age, were there any tobacco smokers or users of a hookah in any household in which the participant spent time? (1=Yes, 0=No, 8=Dont Know)
63	AHA_1660	Num	8	2.	2.	Did the participants mother (or stepmother or female guardian) smoke or use a hookah? (1=Yes, 0=No, 8=Dont Know)
64	AHA_1670	Num	8	2.	2.	Did the participants father (or stepfather or male guardian) smoke or use a hookah? (1=Yes, 0=No, 8=Dont Know)
65	AHA_1680	Num	8	2.	2.	Were there any other smokers or users of a hookah in the household? (1=Yes, 0=No, 8=Dont Know)
66	AHA_1690	Num	8	2.	2.	Are there any tobacco smokers or users of a hookah in any household in which the participant spends time? (1=Yes, 0=No, 8=Dont Know)
67	AHA_1700	Num	8	2.	2.	Does the participants mother (or stepmother or female guardian) smoke or use a hookah? (1=Yes, 0=No, 8=Dont Know)
68	AHA_1710	Num	8	2.	2.	Does the participants father (or stepfather or male guardian) smoke or use a hookah? (1=Yes, 0=No, 8=Dont Know)
69	AHA_1720	Num	8	2.	2.	Are there any other smokers or users of a hookah in the household? (1=Yes, 0=No, 8=Dont Know)
70	VDATE	Num	8			Visit Date (number of days since initial visit)
71	VNUM	Num	8			Visit Number
72	RAND_ID	Char	6			Randomized Master ID
73	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
74	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *biome_hx.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	BIO_1000	Num	8	2.	2.	During the past 12 months, has the participant used antibiotics? If YES, record the most recent date of use prior to randomization. If YES, complete Q1a - Q1d. (1=Yes, 0=No, 8=Dont Know)
2	BIO_1040	Num	8	3.	3.	During the past 12 months, has the participant used antibiotics? How many courses of antibiotics has your child had over the past 12 months? (0-99 courses)
3	BIO_1050	Num	8	4.	4.	During the past 12 months, has the participant used antibiotics? Indicate most recent type of antibiotic taken prior to randomization (refer to P7_BIOME_HX_CARD reference card) (100-999 code)
4	BIO_1060	Num	8	6.	6.	During the past 12 months, has the participant used antibiotics? Indicate number of milligrams per day used during the most recent use prior to randomization (1-99999 mg)
5	BIO_1070	Num	8	3.	3.	During the past 12 months, has the participant used antibiotics? Indicate the number of days used during the most recent use prior to randomization (1-99 days)
6	BIO_1080	Num	8	2.	2.	Is the participant currently using nasal steroids? (1=Yes, 0=No)
7	VDATE	Num	8			Visit Date (number of days since initial visit)
8	VNUM	Num	8			Visit Number
9	DATE_USE	Num	8			Most recent date of use prior to randomization of antibiotics (number of days since initial visit)
10	RAND_ID	Char	6			Randomized Master ID
11	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
12	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: cact.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CACT_1	Num	8	2.	2.	How is your asthma today? (0=Very bad, 1=bad, 2=Good, 3=Very good)
2	CACT_2	Num	8	2.	2.	How much of a problem is your asthma when you run, exercise, or play sports? (0=It's a big problem, I can't do what I want to do, 1=It's a problem and I don't like it, 2=It's a little problem but it's okay, 3=It's not a problem)
3	CACT_3	Num	8	2.	2.	Do you cough because of your asthma? (0=Yes, all of the time, 1=Yes, most of the time, 2=Yes, some of the time, 3=No, none of the time)
4	CACT_4	Num	8	2.	2.	Do you wake up during the night because of your asthma? (0=Yes, all of the time, 1=Yes, most of the time, 2=Yes, some of the time, 3=No, none of the time)
5	CACT_5	Num	8	2.	2.	During the last 4 weeks, how many days did your child have any daytime asthma symptoms? (0=Everyday, 1=19-24 days/mo, 2=11-18 days/mo, 3=4-10 days/mo, 4=1-3 days/mo, 5=Not at all)
6	CACT_6	Num	8	2.	2.	During the last 4 weeks, how many days did your child wheeze during the day because of asthma? (0=Everyday, 1=19-24 days/mo, 2=11-18 days/mo, 3=4-10 days/mo, 4=1-3 days/mo, 5=Not at all)
7	CACT_7	Num	8	2.	2.	During the last 4 weeks, how many days did your child wake up during the night because of asthma? (0=Everyday, 1=19-24 days/mo, 2=11-18 days/mo, 3=4-10 days/mo, 4=1-3 days/mo, 5=Not at all)
8	VDATE	Num	8			Visit Date (number of days since initial visit)
9	VNUM	Num	8			Visit Number
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: cc_txqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CTX_1000	Num	8	2.	2.	Did the participant use the Yellow Zone inhaler? If NO, stop here and complete the source documentation box below. (1=Yes, 0=No)
2	CTX_1010	Num	8	2.	2.	Please check the box next to the treatment that you believe the participant received during the study. (1=fluticasone 44 mcg/puff, 2=fluticasone 220 mcg/puff)
3	CTX_1020	Num	8	2.	2.	How sure are you about your answer in Question 2? (1=Absolutely sure - I know what the Inhaler contains, 2=Moderately sure, 3=Somewhat sure, 4=Not sure at all - purely guess)
4	VDATE	Num	8			Visit Date (number of days since initial visit)
5	VNUM	Num	8			Visit Number
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: cmed.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CME_1040	Char	25			Code to identify a drug unit of measure; (Units)
2	CME_1050	Char	27			Code to identify how frequently a drug is taken or administered. (Frequency)
3	CME_1055	Char	40			Code to identify the route used to administer a drug. (Route)
4	CME_1000	Num	8	3.	3.	Medication Number
5	CME_1010	Num	8	7.	7.	This number corresponds to the ID number of the AHFS monograph. (Medication Code)
6	CME_1020	Num	8	3.	3.	Related Event
7	CME_1030	Num	8	9.2	9.2	Medication Dose
8	CME_1080	Num	8	2.	2.	Ongoing at current visit
9	CME_1090	Num	8	2.	2.	Ongoing at final visit
10	CME_1060	Num	8			Start Date
11	CME_1070	Num	8			Stop Date
12	VNUM	Num	8			Visit Number
13	GEN_NAME	Char	100	\$100.	\$100.	Generic drug name
14	CLASS_ID	Num	8	4.	4.	Drug Class ID
15	CLASS	Char	100	\$100.	\$100.	Drug Class (text description)
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: comply.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CMP_1000	Num	8	4.	4.	Diary Compliance: Number of full days since the last visit (0-999 days)
2	CMP_1010	Num	8	4.	4.	Diary Compliance: Number of days where PM scheduled sessions are complete (all diary questions answered) (0-999 days)
3	CMP_1020	Num	8	6.1	6.1	Diary Compliance: Percent compliance If the compliance value in Q1c is less than 75Pct, re-emphasize the importance of completing scheduled diary assessments. (0-200.0Pct)
4	CMP_1030	Num	8	4.	4.	Inhaler Compliance (Visits 2 only): Number of scheduled puffs since the last visit (0-999 puffs)
5	CMP_1040	Num	8	4.	4.	Inhaler Compliance (Visits 2 only): Number of puffs remaining on the green inhaler (0-999 puffs)
6	CMP_1050	Num	8	4.	4.	Inhaler Compliance (Visits 2 only): Number of puffs taken from the green inhaler (0-999 puffs)
7	CMP_1060	Num	8	6.1	6.1	Inhaler Compliance (Visits 2 only): Percent compliance = $Q2c/Q2a \times 100$ If the compliance value in Q2d is less than 75Pct, re-emphasize the importance of maintaining the daily dosing schedule. (0-200.0Pct)
8	CMP_1070	Num	8	4.	4.	Inhaler Compliance (Visits 3-8): Number of scheduled puffs since the last visit (0-999 puffs)
9	CMP_1080	Num	8	4.	4.	Inhaler Compliance (Visits 3-8): Number of puffs remaining on the green inhaler (0-999 puffs)
10	CMP_1090	Num	8	4.	4.	Inhaler Compliance (Visits 3-8): Number of puffs taken from the green inhaler (0-999 puffs)
11	CMP_1100	Num	8	4.	4.	Inhaler Compliance (Visits 3-8): Number of puffs remaining on the yellow inhaler (0-999 puffs)
12	CMP_1110	Num	8	4.	4.	Inhaler Compliance (Visits 3-8): Number of puffs taken from the yellow inhaler (0-999 puffs)
13	CMP_1120	Num	8	4.	4.	Inhaler Compliance (Visits 3-8): Total number of puffs taken from both inhalers (0-999 puffs)
14	CMP_1130	Num	8	6.1	6.1	Inhaler Compliance (Visits 3-8): Percent compliance = $3f/3a \times 100$ If the compliance value in Q3g is less than 75Pct, re-emphasize the importance of maintaining the daily dosing schedule. (0-200.0Pct)
15	VDATE	Num	8			Visit Date (number of days since initial visit)
16	VNUM	Num	8			Visit Number
17	RAND_ID	Char	6			Randomized Master ID
18	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
19	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: cond_all.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PRC_1000	Num	8	2.	2.	Who is the respondent? (1=Self/Participant, 2=Parent/Guardian, 3=Other (specify))
2	PRC_1010	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Skin
3	PRC_1020	Num	8	2.	2.	Have you ever had allergic rhinitis (hay fever)? (1= Yes, 0= No, 9=Don't know)
4	PRC_1030	Num	8	2.	2.	Have you ever had nasal polyps? (1= Yes, 0= No, 9=Don't know)
5	PRC_1040	Num	8	2.	2.	Do you have chronic or recurrent sinusitis (treated with antibiotics and/or surgery)? (1= Yes, 0= No, 9=Don't know)
6	PRC_1050	Num	8	2.	2.	Have you ever been diagnosed with vocal cord dysfunction? (1= Yes, 0= No, 9=Don't know)
7	PRC_1060	Num	8	2.	2.	Have you ever had other conditions related to the ear, nose, or throat? (1= Yes, 0= No)
8	PRC_1070	Num	8	2.	2.	Have you ever had pneumonia? (1= Yes, 0= No, 9=Don't know)
9	PRC_1080	Num	8	2.	2.	If YES, were you diagnosed by chest x-ray? (1= Yes, 0= No, 9=Don't know)
10	PRC_1090	Num	8	2.	2.	If YES, were you treated with antibiotics? (1= Yes, 0= No, 9=Don't know)
11	PRC_1100	Num	8	2.	2.	Have you ever had bronchitis? (1= Yes, 0= No, 9=Don't know)
12	PRC_1110	Num	8	2.	2.	Have you ever had other conditions related to the lungs (besides asthma)? (1= Yes, 0= No, 9=Don't know)
13	PRC_1120	Num	8	2.	2.	Do you have gastroesophageal reflux disease (GERD)? (1= Yes, 0= No, 9=Don't know)
14	PRC_1130	Num	8	2.	2.	Have you ever had other conditions related to the stomach or intestines? (1= Yes, 0= No)
15	PRC_1150	Num	8	2.	2.	Have you been diagnosed with sleep disordered breathing (sleep apnea)? (1= Yes, 0= No)
16	PRC_1160	Num	8	2.	2.	If YES, are you being treated with CPAP or BiPAP? (1= Yes, 0= No)
17	PRC_1170	Num	8	2.	2.	Have you ever had other sleep disorders? (1= Yes, 0= No)
18	PRC_1180	Num	8	2.	2.	Have you ever had other conditions that have not been mentioned on this form? (1= Yes, 0= No)
19	VDATE	Num	8			Visit Date (number of days since initial visit)
20	VNUM	Num	8			Visit Number
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: elig1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E1_1000	Num	8	2.	2.	Informed Consent/Assent: Has the parent/legal guardian appropriately signed and dated the STICS Informed Consent? (1=Yes, 0=No)
2	E1_1020	Num	8	2.	2.	Informed Consent/Assent: Has the participant provided informed assent? Check N/A if the participant is less than the local age of assent. (1=Yes, 0=No, 9=N/A)
3	E1_1040	Num	8	2.	2.	Study Medicines: Does the participant have an intolerance or allergy to fluticasone? (1=Yes, 0=No, 8=Dont Know)
4	E1_1050	Num	8	2.	2.	Study Medicines: Does the participant have an intolerance or allergy to oral corticosteroids (e.g. Decadron, Dexamethasone, Orapred, Prelone, Pediapred or prednisone)? (1=Yes, 0=No, 8=Dont Know)
5	E1_1060	Num	8	2.	2.	Study Medicines: Is the participant able to take albuterol (e.g. Proventil and Ventolin)? (1=Yes, 0=No)
6	E1_1070	Num	8	2.	2.	Medical History Criteria: Is the participant 5 to 11 years old? (1=Yes, 0=No)
7	E1_1080	Num	8	2.	2.	Medical History Criteria: Was the participant born before 35 weeks gestation? (1=Yes, 0=No)
8	E1_1090	Num	8	2.	2.	Medical History Criteria: Does the parent report that the participant is up-to-date with immunizations? (1=Yes, 0=No)
9	E1_1100	Num	8	2.	2.	Medical History Criteria: Has the participant ever had chicken pox or received one dose of the chicken pox vaccine? (Refer to MOP for discussion on immunization records) (1=Yes, 0=No)
10	E1_1110	Num	8	2.	2.	Medical History Criteria: Is the participant receiving allergy shots? (1=Yes, 0=No)
11	E1_1120	Num	8	2.	2.	Medical History Criteria: Is the participant receiving allergy shots? If YES, has the dose been changed in the past 3 months? (1=Yes, 0=No)
12	E1_1130	Num	8	2.	2.	Medical History Criteria: Has the participant used any medications known to significantly interact with corticosteroid disposition in the past 2 weeks? (1=Yes, 0=No)
13	E1_1140	Num	8	2.	2.	Medical History Criteria: Does the participant have a chronic or active lung disease other than asthma (cystic fibrosis, BPD, etc.)? (1=Yes, 0=No)
14	E1_1150	Num	8	2.	2.	Medical History Criteria: Does the participant have a significant medical illness other than asthma or concurrent medical problem that could require oral or injectable corticosteroids during the study? (1=Yes, 0=No)
15	E1_1160	Num	8	2.	2.	Medical History Criteria: Does the participant have a history of cataracts, glaucoma, or any other medical disorder associated with an adverse effect to corticosteroids? (1=Yes, 0=No)
16	E1_1170	Num	8	2.	2.	Medical History Criteria: Does the participant have significant developmental delay/failure to thrive (defined as below the 2nd percentile)? (1=Yes, 0=No)
17	E1_1180	Num	8	2.	2.	Medical History Criteria: Does the participant have a significant medical illness other than asthma (refer to P7_EXCLMED)? (1=Yes, 0=No)
18	E1_1190	Num	8	3.	3.	Medication History: During the past 12 months, how many oral/systemic corticosteroid courses has the participant had? (0-99 courses)

Num	Variable	Type	Len	Format	Informat	Label
19	E1_1200	Num	8	2.	2.	Medication History: During the past 12 months, how many oral/systemic corticosteroid courses has the participant had? Is Q17 >= 1? (1=Yes, 0=No)
20	E1_1210	Num	8	2.	2.	Medication History: During the past 12 months, how many oral/systemic corticosteroid courses has the participant had? Is Q17 >= 6? (1=Yes, 0=No)
21	E1_1220	Num	8	2.	2.	Medication History: Has the participant used an oral/systemic corticosteroid for any reason in the past 2 weeks? (1=Yes, 0=No)
22	E1_1225	Num	8	2.	2.	Is the participant currently taking any medications listed on the Exclusionary Drugs for STICS (P7_EXCLDRUG) reference card? (1=Yes, 0=No)
23	E1_1230	Num	8	2.	2.	If this participant was re-enrolled due to an asthma exacerbation during the Run-In, has it been at least 4 weeks since the exacerbation was resolved? (1=Yes, 0=No, 9=N/A)
24	E1_1240	Num	8	3.	3.	During the past 12 months, how many times has the participant been hospitalized for asthma (hospitalization lasting > 24 hours)? (0-99 times)
25	E1_1250	Num	8	2.	2.	Participant been hospitalized for asthma (hospitalization lasting > 24 hours) >= 2? (1=Yes, 0=No)
26	E1_1260	Num	8	2.	2.	Has the participant ever had a near-fatal asthma exacerbation requiring intubation, mechanical ventilation, or resulting in a hypoxic seizure? (1=Yes, 0=No)
27	E1_1270	Num	8	2.	2.	Currently, or within the past month, has the participant been involved in another therapeutic drug trial? (1=Yes, 0=No)
28	E1_1280	Num	8	2.	2.	Does the participants family have plans to move out of the area before the end of the study? (1=Yes, 0=No)
29	E1_1290	Num	8	2.	2.	Is there any other reason for which this participant should not be included in this study? (1=Yes, 0=No)
30	E1_1300	Num	8	2.	2.	Is the participant eligible? If any of the shaded boxes is selected, the participant is ineligible. (1=Yes, 0=No)
31	E1_1310	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with a controller therapy? (1=Yes, 0=No)
32	E1_1320	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Advair (fluticasonesalmeterol) DPI: 100/50 mcg/inh, DPI: 250/50 mcg/inh, DPI: 500/50 mcg/inh, Taking? (1=Yes)
33	E1_1330	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Advair (fluticasonesalmeterol) DPI: 100/50 mcg/inh, DPI: 250/50 mcg/inh, DPI: 500/50 mcg/inh? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
34	E1_1340	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Advair (fluticasonesalmeterol) HFA: 45/21 mcg/inh, HFA: 115/21, mcg/inh HFA: 230/21 mcg/inh, Taking? (1=Yes)
35	E1_1350	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Advair (fluticasonesalmeterol) HFA: 45/21 mcg/inh, HFA: 115/21, mcg/inh HFA: 230/21 mcg/inh? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
36	E1_1360	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Symbicort (budesonidefomoterol) 80/4.5 mcg/inh, 160/4.5 mcg/inh, Taking? (1=Yes)
37	E1_1370	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Symbicort (budesonidefomoterol) 80/4.5 mcg/inh, 160/4.5 mcg/inh? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)

Num	Variable	Type	Len	Format	Informat	Label
38	E1_1380	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Dulera (mometasoneformoterol) 100/5 mcg/inh, 200/5 mcg/inh, Taking? (1=Yes)
39	E1_1390	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Dulera (mometasoneformoterol) 100/5 mcg/inh, 200/5 mcg/inh? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
40	E1_1400	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Beclomethasone HFA: 40 mcg/puff, Taking? (1=Yes)
41	E1_1410	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Beclomethasone HFA 40? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
42	E1_1420	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Beclomethasone HFA: 80 mcg/puff, Taking? (1=Yes)
43	E1_1430	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Beclomethasone HFA 80? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
44	E1_1440	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Budesonide Nebulizer 0.25mg suspension, Taking? (1=Yes)
45	E1_1450	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Budesonide Nebulizer? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
46	E1_1460	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Budesonide Nebulizer 0.5mg suspension, Taking? (1=Yes)
47	E1_1470	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Budesonide Nebulizer 0.5mg? If YES, number of puffs/nebs/inhalations per day (0-99 nebs/day)
48	E1_1480	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Budesonide Nebulizer 1mg suspension, Taking? (1=Yes)
49	E1_1490	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Budesonide Nebulizer 1mg suspension? If YES, number of puffs/nebs/inhalations per day (0-99 nebs/day)
50	E1_1500	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Budesonide Flexhaler: 90 mcg/inh, Taking? (1=Yes)
51	E1_1510	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Budesonide Flexhaler: 90 mcg/inh? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
52	E1_1520	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Budesonide Flexhaler: 180 mcg/inh, Taking? (1=Yes)
53	E1_1530	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Budesonide Flexhaler: 180 mcg/inh, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
54	E1_1540	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Ciclesonide HFA: 80 mcg/puff, Taking? (1=Yes)
55	E1_1550	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Ciclesonide HFA: 80 mcg/puff, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
56	E1_1560	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Ciclesonide HFA: 160 mcg/puff, Taking? (1=Yes)

Num	Variable	Type	Len	Format	Informat	Label
57	E1_1570	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Ciclesonide HFA: 160 mcg/puff, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
58	E1_1580	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Flunisolide HFA: 80 mcg/puff, Taking? (1=Yes)
59	E1_1590	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Flunisolide HFA: 80 mcg/puff, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day),
60	E1_1600	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Fluticasone HFA: 44 mcg/puff, Taking? (1=Yes)
61	E1_1610	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Fluticasone HFA: 44 mcg/puff, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
62	E1_1620	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Fluticasone HFA: 110 mcg/puff, Taking? (1=Yes)
63	E1_1630	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Fluticasone HFA: 110 mcg/puff, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
64	E1_1640	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Fluticasone HFA: 220 mcg/puff, Taking? (1=Yes)
65	E1_1650	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Fluticasone HFA: 220 mcg/puff, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
66	E1_1660	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Fluticasone DPI: 50 mcg/inh, Taking? (1=Yes)
67	E1_1670	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Fluticasone DPI: 50 mcg/inh, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
68	E1_1680	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Fluticasone DPI: 100 mcg/inh, Taking? (1=Yes)
69	E1_1690	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Fluticasone DPI: 100 mcg/inh, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
70	E1_1700	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Fluticasone DPI: 250 mcg/inh, Taking? (1=Yes)
71	E1_1710	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Fluticasone DPI: 250 mcg/inh, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
72	E1_1720	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Mometasone DPI: 110 mcg/inh, Taking? (1=Yes)
73	E1_1730	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Mometasone DPI: 110 mcg/inh, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)
74	E1_1740	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Mometasone DPI: 220 mcg/inh, Taking? (1=Yes)
75	E1_1750	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Mometasone DPI: 220 mcg/inh, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 inhs/day)

Num	Variable	Type	Len	Format	Informat	Label
76	E1_1760	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Singulair 4 or 5 mg/tablet, Taking? (1=Yes)
77	E1_1770	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Singulair 4 or 5 mg/tablet, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 tablets/day)
78	E1_1780	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Singulair 4 mg/packet, Taking? (1=Yes)
79	E1_1790	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Singulair 4 mg/packet, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 packet/day)
80	E1_1800	Num	8	2.	2.	During the past 4 weeks, has the participant been treated with Triamcinolone MDI: 75 mcg/puff, Taking? (1=Yes)
81	E1_1810	Num	8	3.	3.	During the past 4 weeks, has the participant been treated with Triamcinolone MDI: 75 mcg/puff, Taking? If YES, number of puffs/nebs/inhalations per day (0-99 puffs/day)
82	E1_1820	Num	8	2.	2.	Are any of the doses greater than the medium dose? If YES, STOP HERE. The participant is ineligible for STICS. (1=Yes, 0=No)
83	E1_1830	Num	8	2.	2.	What is the participants current dose? (1=Step 2 Controller Therapy, 2=Step 3 Controller Therapy)
84	E1_1840	Num	8	2.	2.	Naive to Controller Therapy: On average over the past 4 weeks, how many days per week did the participant have asthma symptoms or use albuterol (excluding pre-medication prior to exercise) (0-7 days)
85	E1_1850	Num	8	2.	2.	Naive to Controller Therapy: On average over the past 4 weeks, how many days per week did the participant have asthma symptoms or use albuterol (excluding pre-medication prior to exercise) Is Q30 > 2? (1=Yes, 0=No)
86	E1_1860	Num	8	3.	3.	Naive to Controller Therapy: How many nights in the past 4 weeks did the participant have nighttime awakenings due to asthma? (0-99 nights)
87	E1_1870	Num	8	2.	2.	Naive to Controller Therapy: How many nights in the past 4 weeks did the participant have nighttime awakenings due to asthma? Is Q31 > 2? (1=Yes, 0=No)
88	E1_1880	Num	8	2.	2.	Naive to Controller Therapy: Is the response to Q30a or Q31a YES? Skip to Q36. (1=Yes, 0=No)
89	E1_1890	Num	8	2.	2.	Step 3 Controller Therapy: What is the participants Visit 1 C-ACT score? Is Q33 > 19? (1=Yes, 0=No)
90	E1_1900	Num	8	3.	3.	Step 3 Controller Therapy: How many asthma exacerbations requiring oral or systemic corticosteroids has the participant had in past 6 months? (0-99 exacerbations)
91	E1_1910	Num	8	2.	2.	Step 3 Controller Therapy: How many asthma exacerbations requiring oral or systemic corticosteroids has the participant had in past 6 months? Is Q34 <= 2? (1=Yes, 0=No)
92	E1_1920	Num	8	2.	2.	Step 3 Controller Therapy: What is the participants Visit 1 pre-bronchodilator FEV1 Pct predicted? Is Q35 >= 80Pct? (1=Yes, 0=No)
93	E1_1930	Num	8	2.	2.	Step 3 Controller Therapy: Is the participant eligible? (1=Yes, 0=No)
94	E1_1010	Num	8			Informed Consent/Assent: Has the parent/legal guardian appropriately signed and dated the STICS Informed Consent? Days from Visit 1
95	E1_1030	Num	8			Informed Consent/Assent: Has the participant provided informed assent? Days from Visit 1
96	VDATE	Num	8			Visit Date (number of days since initial visit)

Num	Variable	Type	Len	Format	Informat	Label
97	VNUM	Num	8			Visit Number
98	RAND_ID	Char	6			Randomized Master ID
99	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
100	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: elig2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E2_1000	Num	8	2.	2.	Pregnancy: Is the participant potentially able to bear children? (If the participant is Male, check N/A and go to Q2.) (1=Yes, 0=No, 9=N/A)
2	E2_1010	Num	8	2.	2.	Pregnancy: Is the participant potentially able to bear children? (If the participant is Male, check N/A and go to Q2.) If YES, is the participant currently pregnant or lactating? (1=Yes, 0=No)
3	E2_1020	Num	8	2.	2.	Pregnancy: Is the participant potentially able to bear children? (If the participant is Male, check N/A and go to Q2.) (1=Yes, 0=No)
4	E2_1030	Num	8	2.	2.	Spirometry: Is the participant able to perform reproducible spirometry according to ATS criteria? (1=Yes, 0=No)
5	E2_1040	Num	8	2.	2.	Spirometry: Is the participants pre-bronchodilator FEV1 >= 60Pct of predicted? (1=Yes, 0=No)
6	E2_1050	Num	8	2.	2.	Spirotel/MDI Technique: Is the parent able to use the spirotel e-diary correctly as evidenced by achieving a score of 9 on the STICS spirotel Performance Checklist (P7_SPIROTEL_PERF)? (1=Yes, 0=No)
7	E2_1060	Num	8	2.	2.	Spirotel/MDI Technique: Is the participant able to use a metered dose inhaler properly, as evidenced by achieving a score of 12 on the MDI Inhalation Technique Checklist With Spacer (TECH_MDI_SP)? (1=Yes, 0=No)
8	E2_1070	Num	8	2.	2.	Spirotel/MDI Technique: Is there any other reason for which this participant should not be included in this study? (1=Yes, 0=No)
9	E2_1080	Num	8	2.	2.	Is the participant eligible? If any of the shaded boxes is selected, the participant is ineligible. If NO, STOP HERE. (1=Yes, 0=No)
10	VDATE	Num	8			Visit Date (number of days since initial visit)
11	VNUM	Num	8			Visit Number
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: elig3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E3_1000	Num	8	2.	2.	Since Visit 1, did the participant have any exacerbations requiring systemic corticosteroids? If YES, the participant is ineligible. (1=Yes, 0=No)
2	E3_1010	Num	8	2.	2.	Since Visit 1, did the participant have any exacerbations requiring systemic corticosteroids? If YES, was the participant hospitalized? If YES, complete the SERIOUS form. Skip to Q8. (1=Yes, 0=No)
3	E3_1020	Num	8	2.	2.	Since Visit 1, did the participant take any medication for asthma other than study medications? (1=Yes, 0=No)
4	E3_1030	Num	8	2.	2.	Did the participant complete at least 75Pct of scheduled PM sessions? Use Q1c from the spiroteL Participant Compliance Report (P7_COMPLY) to answer this question. (1=Yes, 0=No)
5	E3_1040	Num	8	2.	2.	Did the participant take at least 75Pct of the required puffs from his or her green inhaler? Use Q2d from the spiroteL Participant Compliance Report (P7_COMPLY) to answer this question. (1=Yes, 0=No)
6	E3_1050	Num	8	2.	2.	C-ACT score at visit 2 Is the Visit 2 C-ACT score <20? (1=Yes, 0=No)
7	E3_1060	Num	8	2.	2.	Is the participants pre-bronchodilator FEV1 >= 80Pct of predicted at Visit 2? (1=Yes, 0=No)
8	E3_1070	Num	8	2.	2.	Is there any other reason for which this participant should not be included in this study? (1=Yes, 0=No)
9	E3_1080	Num	8	2.	2.	Is the participant eligible? If any of the shaded boxes is selected, the participant is ineligible. If NO, STOP HERE. (1=Yes, 0=No)
10	VDATE	Num	8			Visit Date (number of days since initial visit)
11	VNUM	Num	8			Visit Number
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: eno.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ENO_1000	Num	8	2.	2.	Has QC procedure been performed on the NIOX MINO today? If NO, please specify the reason QC was not performed in Q6000. (1=Yes, 0=No)
2	ENO_1010	Num	8	2.	2.	Did the participant eat or drink within the past hour? (1=Yes, 0=No)
3	ENO_1020	Num	8	2.	2.	Did the participant take part in strenuous activity/exercise within the past hour? (1=Yes, 0=No)
4	ENO_1040	Char	4	\$4.	\$4.	Time eNO started (based on a 24-hour clock) (0000-2359)
5	ENO_1050	Char	3	\$3.	\$3.	ENO Measurement
6	VDATE	Num	8			Visit Date (number of days since initial visit)
7	VNUM	Num	8			Visit Number
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: 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.) years
3	HEQ_1020	Num	8	3.	3.	How long have you lived in the current house? (Estimate if uncertain.) 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 (swamp cooler)? (1=Yes, 0=No, 8=Don't Know)
7	HEQ_1060	Num	8	2.	2.	Does your house use a humidifier? (Include humidifier built into the heating system of your house.) (1=Yes, 0=No, 8=Don't Know)
8	HEQ_1070	Num	8	2.	2.	Does your house use a dehumidifier? (Include dehumidifier built into the cooling system of your house.) (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? If NO or DON'T KNOW, skip to Q11. (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? If NO, skip to Q13. (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)

Num	Variable	Type	Len	Format	Informat	Label
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)
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 (mice, rats) or rodent droppings in your house? If NO, skip to Q15. (1 = Yes, 0 = No)
28	HEQ_1270	Num	8	2.	2.	In which room(s) have you seen rodents or rodent droppings? 14a.Kitchen (1 = Yes, 0 = No)
29	HEQ_1280	Num	8	2.	2.	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.	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.	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.	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.	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.	In which room(s) have you seen rodents or rodent droppings? 14g.Garage (1 = Yes, 0 = No)
35	HEQ_1340	Num	8	2.	2.	In which room(s) have you seen rodents or rodent droppings? 14h.Other (1 = Yes, 0 = No)
36	HEQ_1350	Num	8	2.	2.	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.	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.	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.	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.	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.	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 BEDROOM(If the participant does not have a bed or bedroom, answer for the place where the participant sleeps.)16.What is the floor covering in your bedroom? (1=Rug/carpet, 2=Vinyl tile or linoleum, 3=Wood, 4=Ceramic til
43	HEQ_1420	Num	8	2.	2.	What type of mattress is on your bed? (Check one box only, white or gray.)If NONE, skip to Q19. (1=None, 2=Inner spring mattress, 3=Foam mattress, 4=Waterbed, 5=Air mattress, 6=Other (specify), 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? If NO, skip to Q21. (1 = Yes, 0 = No)

Num	Variable	Type	Len	Format	Informat	Label
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?If NONE, skip to Q23. (1=None, 2=Feather/down, 3=Foam/Dacron/synthetic, 5=Other (specify), 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)
49	HEQ_1480	Num	8	2.	2.	Does your household have any pets? If NO, skip to Q25. (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? If No, STOP HERE and complete the source documentation box.. (1 = Yes, 0 = No)
67	HEQ_1660	Num	8	2.	2.	Is the day care (1=In home day care, 2=Nonresidential, 3=Mixed)
68	HEQ_1670	Num	8	3.	3.	How many children are in the participant's day care room?
69	HEQ_1680	Num	8	3.	3.	How many hours per day is the participant at day care?
70	HEQ_1690	Num	8	2.	2.	How many days per week is the participant at day care?
71	HEQ_1700	Num	8	3.	3.	How many months per year is the participant at day care?
72	VDATE	Num	8			Visit Date (number of days since initial visit)
73	VNUM	Num	8			Visit Number

Num	Variable	Type	Len	Format	Informat	Label
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: immuno.sas7bdat

Num	Variable	Type	Len	Label
1	VDATE	Num	8	Collection date (number of days since initial visit)
2	IGE	Char	60	Total IgE (kU/L)
3	CAT	Char	60	Cat ImmunoCAP result (kUA/L)
4	DOG	Char	60	Dog ImmunoCAP result (kUA/L)
5	MOUSE	Char	60	Mouse ImmunoCAP result (kUA/L)
6	RAT	Char	60	Rat ImmunoCAP result (kUA/L)
7	MOLD	Char	60	Mold ImmunoCAP result (pos/neg)
8	COCKRCH	Char	60	Coackroach ImmunoCAP result (kUA/L)
9	GRASS	Char	60	Grass ImmunoCAP result (pos/neg)
10	TREE4	Char	60	Tree4 ImmunoCAP result (pos/neg)
11	TREE6	Char	60	Tree6 ImmunoCAP result (pos/neg)
12	WEED	Char	60	Weed ImmunoCAP result (pos/neg)
13	RAGWEED	Char	60	Ragweed ImmunoCAP result (kUA/L)
14	FARINAE	Char	60	Farinae ImmunoCAP result (kUA/L)
15	PTERON	Char	60	Pteron ImmunoCAP result (kUA/L)
16	MILK	Char	60	Milk ImmunoCAP result (kUA/L)
17	EGG	Char	60	Egg ImmunoCAP result (kUA/L)
18	PEANUT	Char	60	Peanut ImmunoCAP result (kUA/L)
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: ios.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	IOS_1000	Char	4	\$4.	\$4.	Time IOS started (based on 24-hour clock) (0000-2359)
2	IOS_1010	Num	8	6.2	6.2	Results of first effort R5 (0-99.99 kPa/l/s)
3	IOS_1020	Num	8	6.2	6.2	Results of first effort R10 (0-99.99 kPa/l/s)
4	IOS_1030	Num	8	6.2	6.2	Results of first effort R15 (0-99.99 kPa/l/s)
5	IOS_1040	Num	8	6.2	6.2	Results of first effort R20 (0-99.99 kPa/l/s)
6	IOS_1050	Num	8	6.2	6.2	Results of first effort R35 (0-99.99 kPa/l/s)
7	IOS_1060	Num	8	6.2	6.2	Results of first effort X5 (-99.99-99.99 kPa/l/s)
8	IOS_1070	Num	8	6.2	6.2	Results of first effort Resonant Frequency (0-99.99 Hz)
9	IOS_1080	Num	8	6.2	6.2	Results of first effort Area XA (-99.99-99.99 kPa/l)
10	IOS_1090	Num	8	6.2	6.2	Results of second effort R5 (0-99.99 kPa/l/s)
11	IOS_1100	Num	8	6.2	6.2	Results of second effort R10 (0-99.99 kPa/l/s)
12	IOS_1110	Num	8	6.2	6.2	Results of second effort R15 (0-99.99 kPa/l/s)
13	IOS_1120	Num	8	6.2	6.2	Results of second effort R20 (0-99.99 kPa/l/s)
14	IOS_1130	Num	8	6.2	6.2	Results of second effort R35 (0-99.99 kPa/l/s)
15	IOS_1140	Num	8	6.2	6.2	Results of second effort X5 (-99.99-99.99 kPa/l/s)
16	IOS_1150	Num	8	6.2	6.2	Results of second effort Resonant Frequency (0-99.99 Hz)
17	IOS_1160	Num	8	6.2	6.2	Results of second effort Area XA (-99.99-99.99 kPa/l)
18	IOS_1170	Num	8	6.2	6.2	Results of third effort R5 (0-99.99 kPa/l/s)
19	IOS_1180	Num	8	6.2	6.2	Results of third effort R10 (0-99.99 kPa/l/s)
20	IOS_1190	Num	8	6.2	6.2	Results of third effort R15 (0-99.99 kPa/l/s)
21	IOS_1200	Num	8	6.2	6.2	Results of third effort R20 (0-99.99 kPa/l/s)
22	IOS_1210	Num	8	6.2	6.2	Results of third effort R35 (0-99.99 kPa/l/s)
23	IOS_1220	Num	8	6.2	6.2	Results of third effort X5 (-99.99-99.99 kPa/l/s)
24	IOS_1230	Num	8	6.2	6.2	Results of third effort Resonant Frequency (0-99.99 Hz)
25	IOS_1240	Num	8	6.2	6.2	Results of third effort Area XA (-99.99-99.99 kPa/l)
26	IOS_1250	Num	8	2.	2.	In your judgment, was the participants pre-bronchodilator technique acceptable? (1=Yes, 0=No)
27	IOS_1260	Num	8	2.	2.	In your judgment, was the participants pre-bronchodilator technique acceptable? If NO, why was it unacceptable? Coherence < 0.80 (for R10) (1=Yes, 0=No)
28	IOS_1270	Num	8	2.	2.	In your judgment, was the participants pre-bronchodilator technique acceptable? If NO, why was it unacceptable? Poor repeatability (for R10 values vary by more than 20Pct) (1=Yes, 0=No)
29	IOS_1280	Num	8	2.	2.	In your judgment, was the participants pre-bronchodilator technique acceptable? If NO, why was it unacceptable? Fewer than 3 good tests (1=Yes, 0=No)
30	IOS_1290	Num	8	2.	2.	In your judgment, was the participants pre-bronchodilator technique acceptable? If NO, why was it unacceptable? Inconsistent tidal breathing (1=Yes, 0=No)

Num	Variable	Type	Len	Format	Informat	Label
31	IOS_1300	Num	8	2.	2.	In your judgment, was the participants pre-bronchodilator technique acceptable? If NO, why was it unacceptable? Participant refusal during test (1=Yes, 0=No)
32	IOS_1310	Num	8	2.	2.	In your judgment, was the participants pre-bronchodilator technique acceptable? If NO, why was it unacceptable? Other (1=Yes, 0=No)
33	IOS_1320	Num	8	2.	2.	In your judgment, was the participants pre-bronchodilator technique acceptable? If YES, grade the participants technique (1=Acceptable, good effort, 2=Acceptable, questionable effort)
34	IOS_1330	Num	8	2.	2.	How was the participant positioned? (1=Sitting on a chair, 2=Sitting on a lap, 3=Standing, 4=Other)
35	IOS_1340	Num	8	2.	2.	Were the participants cheeks held? (1=Yes, 0=No)
36	IOS_1350	Num	8	2.	2.	Were the participants cheeks held? If YES, how were the participants cheeks held? (1=Parent/guardian held the cheeks, 2=Technician held the cheeks, 3=Participant held his/her own cheeks, 4=Other)
37	IOS_1360	Num	8	2.	2.	Were nose clips used? (1=Yes, 0=No)
38	IOS_1370	Num	8	2.	2.	Were nose clips used? If YES, how effective were the nose clips? (1=The nose clips sealed the nostrils completely, 2=The nose clips sealed the nostrils partially, 3=The nose clips came off during the procedure, 4=Other)
39	IOS_1380	Num	8	2.	2.	Were nose clips used? If NO, was the nose occluded? (1=Yes, 0=No)
40	IOS_1390	Num	8	2.	2.	Were nose clips used? If NO, was the nose occluded? If YES, how was the nose occluded? (1=Parent/guardian occluded the nose, 2=Technician occluded the nose, 3=Participant occluded the nose, 4=Other) If a gray box is selected, please explain in the comment
41	VDATE	Num	8			Visit Date (number of days since initial visit)
42	VNUM	Num	8			Visit Number
43	RAND_ID	Char	6			Randomized Master ID
44	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
45	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: lab.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LAB_1000	Num	8	2.	2.	BLOOD TESTS and SPECIMEN COLLECTIONS (VISIT 2 - 8): Were you able to collect a blood sample from the participant today? If NO and Visit 2, skip to Q6. (1=Yes, 0=No)
2	LAB_1010	Num	8	6.	6.	BLOOD TESTS and SPECIMEN COLLECTIONS (VISIT 2 - 8): Local Laboratory Results: Total WBC (0-99999/cu.mm)
3	LAB_1020	Num	8	5.1	5.1	BLOOD TESTS and SPECIMEN COLLECTIONS (VISIT 2 - 8): Local Laboratory Results: Eosinophils (0-99.9Pct)
4	LAB_1030	Num	8	2.	2.	BLOOD TESTS and SPECIMEN COLLECTIONS (VISIT 2 - 8): External Laboratory Samples: Were you able to collect a sample for allergen-specific IgE and total IgE? (1=Yes, 0=No)
5	LAB_1040	Num	8	2.	2.	BLOOD TESTS and SPECIMEN COLLECTIONS (VISIT 2 - 8): External Laboratory Samples: Were you able to collect a sample for genetic analysis? If Visit 3-8, STOP HERE. (1=Yes, 0=No)
6	LAB_1050	Num	8	2.	2.	NASAL SAMPLING (VISIT 2 ONLY): Were you able to collect a nasal sample from the participant today? (1=Yes, 0=No)
7	VDATE	Num	8			Visit Date (number of days since initial visit)
8	VNUM	Num	8			Visit Number
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: *lexam.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	LX_1000	Num	8	2.	2.	PARENTAL HEIGHT - First study visit only or until both are completed 1.Biological mother's height (complete height or check unknown) __ feet
2	LX_1010	Num	8	3.	3.	PARENTAL HEIGHT - First study visit only or until both are completed 1.Biological mother's height (complete height or check unknown) __ __ inches
3	LX_1020	Num	8	2.	2.	PARENTAL HEIGHT - First study visit only or until both are completed 1.Biological mother's height (complete height or check unknown) (9=Don't Know)
4	LX_1030	Num	8	2.	2.	Biological father's height (complete height or check unknown) __ feet
5	LX_1040	Num	8	3.	3.	Biological father's height (complete height or check unknown) __ __ inches
6	LX_1050	Num	8	2.	2.	Biological father's height (complete height or check unknown) (9=Don't Know)
7	LX_1060	Num	8	2.	2.	PARTICIPANT MEASUREMENTS - Complete at all applicable study visits 3. What type of height measurement was obtained? (1=Standing height, 2=Length)
8	LX_1070	Num	8	6.1	6.1	First measurement __ __ __ . __ cm
9	LX_1080	Num	8	6.1	6.1	Second measurement __ __ __ . __ cm
10	LX_1090	Num	8	6.1	6.1	Third measurement __ __ __ . __ cm
11	LX_1100	Num	8	6.1	6.1	Average height or length measurement __ __ __ . __ cm
12	LX_1110	Num	8	2.	2.	In your judgment, was the participant's height or length measurement acceptable? (1=Yes, 0=No)
13	LX_1130	Num	8	6.1	6.1	Weight (shoes off, light clothing) __ __ __ . __ kg
14	LX_1140	Num	8	2.	2.	ORAL CANDIDIASIS5.Does the participant have evidence of oral candidiasis? (1=Yes, 0=No)If YES, complete the Clinical and Laboratory Adverse Events (AECLIN) form.
15	VDATE	Num	8			Visit Date (number of days since initial visit)
16	VNUM	Num	8			Visit Number
17	RAND_ID	Char	6			Randomized Master ID
18	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
19	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: meq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MEQ_1000	Num	8	2.	2.	What type of dwelling do you live in? (1=Detached house, 2=Attached house (e.g., row home/townhouse), 3=Lower apartment/condo (1st-2nd floor), 4=Higher apartment/condo (3rd+ floors), 5=Mobile home/trailer, 6=Other)
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? (1=Radiators (steam or hot water), 2=Forced air or central heating (vents), 3=Electric baseboard heating, 4=Kerosene space heater, 5=Open stove or oven, 6=Natural gas fireplace, 7=Other)
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? If YES, on average, how many days per month? (0-99 days per month)
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 (e.g., grass, dirt, shrubs and trees, garden, etc.)? (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? If YES, what proportion of the yard is natural (e.g., grass, dirt, shrubs and trees, garden, etc.)? (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? (0-99 hours per week)
15	MEQ_1140	Num	8	2.	2.	Do you garden at home? If NO, skip to Q10. (1=Yes, 0=No)
16	MEQ_1150	Num	8	3.	3.	Do you garden at home? On average, how many hours per week do you spend gardening in the...? Spring (0-99 hours per week)
17	MEQ_1160	Num	8	3.	3.	Do you garden at home? On average, how many hours per week do you spend gardening in the...? Summer (0-99 hours per week)
18	MEQ_1170	Num	8	3.	3.	Do you garden at home? On average, how many hours per week do you spend gardening in the...? Fall (0-99 hours per week)
19	MEQ_1180	Num	8	3.	3.	Do you garden at home? On average, how many hours per week do you spend gardening in the...? Winter (0-99 hours per week)
20	MEQ_1190	Num	8	3.	3.	Do you garden at home? On average, how many hours per week have you gardened in the past month? (0-99 hours per week)
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? If NO, skip to Q11. (1=Yes, 0=No)

Num	Variable	Type	Len	Format	Informat	Label
22	MEQ_1210	Num	8	3.	3.	During the past 3 months, have children spent an average of more than 2 hours a day in your household? How many children spend time in your household? (0-99 children)
23	MEQ_1220	Num	8	3.	3.	During the past 3 months, have children spent an average of more than 2 hours a day in your household? How many children spend time in your household that are not potty-trained? (0-99 children)
24	MEQ_1230	Num	8	2.	2.	Do you currently live on a farm? (1=Yes, 0=No)
25	MEQ_1240	Num	8	2.	2.	Do you work on a farm? If NO, skip to Q13. (1=Yes, 0=No)
26	MEQ_1250	Num	8	3.	3.	Do you work on a farm? On average, how many months per year do you work on a farm? (1-12 months per year)
27	MEQ_1260	Num	8	3.	3.	Do you work on a farm? On average, how many hours per week do you work on a farm during those months? (0-99 hours per week)
28	MEQ_1270	Num	8	3.	3.	Do you work on a farm? On average, how many hours per week have you worked on a farm in the past month? (0-99 hours per week)
29	MEQ_1280	Num	8	2.	2.	Do you visit a farm frequently (at least 2 days per week)? (1=Yes, 0=No)
30	MEQ_1290	Num	8	2.	2.	Do you have frequent contact (at least 2 days per week) with farm animals (e.g., hooved livestock or poultry)? (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 outside your home at least 2 days per week in the past 3 months? If YES, have you been around animals at a...? Zoo (1=Yes, 0=No)
33	MEQ_1320	Num	8	2.	2.	Have you been around animals outside your home at least 2 days per week in the past 3 months? If YES, have you been around animals at a...? Farm (1=Yes, 0=No)
34	MEQ_1330	Num	8	2.	2.	Have you been around animals outside your home at least 2 days per week in the past 3 months? If YES, have you been around animals at a...? Park (1=Yes, 0=No)
35	MEQ_1340	Num	8	2.	2.	Have you been around animals outside your home at least 2 days per week in the past 3 months? If YES, 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 (2 or more days per week) to tobacco smoke outside of your home, such as in restaurants, other homes, workplace, or other locations? (1=Yes, 0=No)
37	VDATE	Num	8			Visit Date (number of days since initial visit)
38	VNUM	Num	8			Visit Number
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_1000	Num	8	5.2	5.2	Post Diluent FEV1
2	MTH_1010	Num	8	2.	2.	Did the participant drop 20Pct at the diluent stage? If YES, proceed to Q5. Record 'Yes' for Q5 and 0 for Q5a. (1=Yes, 0=No)
3	MTH_1020	Num	8	8.4	8.4	Last concentration of methacholine administered ___ . ___ mg/ml
4	MTH_1030	Num	8	5.2	5.2	FEV1 after last concentration of methacholine administered
5	MTH_1040	Num	8	2.	2.	Did the participant achieve a PC20? If NO, proceed to Q6. (1=Yes, 0=No)
6	MTH_1050	Num	8	6.2	6.2	PC20 ___ . ___ mg/ml
7	MTH_1060	Char	4	\$4.	\$4.	Time methacholine challenge ended (based on 24-hour clock)
8	MTH_1070	Num	8	5.2	5.2	FEV1
9	MTH_1080	Char	4	\$4.	\$4.	Time of FEV1 in Q7a (based on 24-hour clock)
10	MTH_1090	Num	8	2.	2.	Was the FEV1 from Q7a the methacholine reversal reference value (B) in the gray box above? (1=Yes, 0=No)
11	VDATE	Num	8			Visit Date (number of days since initial visit)
12	VNUM	Num	8			Visit Number
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: methachk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MCP_1000	Num	8	2.	2.	Exclusions and Confounders: 1.Has the participant had any severe acute illness in the past 4 weeks? (1=Yes, 0= No)
2	MCP_1010	Num	8	2.	2.	If YES, has the participant received permission from the supervising physician to proceed with the methacholine challenge testing? (1=Yes, 0=No)
3	MCP_1030	Num	8	2.	2.	During the past 4 weeks, has the participant had any respiratory infections, colds, or bronchitis (see the Methacholine MOP)? (1=Yes, 0=No)
4	MCP_1040	Num	8	2.	2.	If YES, during the past 2 weeks, has the participant had any respiratory infections, colds, or bronchitis (see the Methacholine MOP)? (1=Yes, 0=No)
5	MCP_1050	Num	8	2.	2.	Has the participant used an oral or injectable steroid (i.e., prednisolone, prednisone, Solumedrol, Decadron) in the last 4 weeks? (1=Yes, 0= No)
6	MCP_1060	Num	8	2.	2.	Does the participant have a baseline (pre-diluent) FEV1 less than 70Pct of predicted? (1=Yes, 0= No)
7	MCP_1070	Num	8	2.	2.	Pregnancy test results(Check N/A if the participant is male, or is female and has not started menses.)(1=Positive, 0=Negative, 9=N/A)
8	MCP_1080	Num	8	2.	2.	If participant's age is \geq 12 years: Is the participant's systolic blood pressure > 200 mm Hg or diastolic blood pressure > 100 mm Hg? (1=Yes, 0= No)
9	MCP_1090	Num	8	2.	2.	If participant's age is < 12 years: Is the participant's systolic blood pressure > 180 mm Hg or diastolic blood pressure > 90 mm Hg? (1=Yes, 0= No)
10	MCP_1100	Num	8	2.	2.	Is there any other reason the participant should not proceed with the methacholine challenge testing? (1=Yes, 0= No)
11	MCP_1110	Num	8	2.	2.	Is the participant eligible to proceed with the diluent (solution #0) pulmonary function testing for the methacholine challenge? (1=Yes, 0= No)
12	VDATE	Num	8			Visit Date (number of days since initial visit)
13	VNUM	Num	8			Visit Number
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: methatrt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MAD_1000	Num	8	2.	2.	Was an additional treatment used in the first hour? If NO, skip to Q3. (1=Yes, 0= No)
2	MAD_1010	Num	8	2.	2.	Additional albuterol by MDI If NO, skip to Q1b. (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 (B) in the gray box on the Methacholine Challenge Testing (METHA) form? If YES, STOP HERE and continue with remaining visit procedures. If NO, proceed to Q3. (1=Yes, 0= No)
11	MAD_1110	Num	8	2.	2.	Was additional treatment used after one hour? If NO, skip to Q4. (1=Yes, 0= No)
12	MAD_1120	Num	8	2.	2.	Additional albuterol by MDI If NO, skip to Q3b. (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 If YES, please complete the Serious Adverse Event (SERIOUS or S3_SERIOUS) form. (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 ? the methacholine reversal reference value (B) in the gray box on the Methacholine Challenge Testing (METHA) form? If NO, complete the source documentation box below. (1=Yes, 0= No)
23	VDATE	Num	8			Visit Date (number of days since initial visit)
24	VNUM	Num	8			Visit Number
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: pa4_spir.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	VDATE	Num	8			Visit Date (number of days since initial visit)
10	VNUM	Num	8			Visit Number
11	RAND_ID	Char	6			Randomized Master ID
12	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
13	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: phone.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PHN_1000	Num	8	2.	2.	Since the last visit or phone contact, has your child been to a doctor for breathing problems? (1=Yes, 0=No)
2	PHN_1010	Num	8	3.	3.	Since the last visit or phone contact, has your child been to a doctor for breathing problems? If YES, how many times? (1-99 times)
3	PHN_1020	Num	8	2.	2.	Since the last visit or phone contact, has your child been to an ER/urgent care facility for breathing problems? (1=Yes, 0=No)
4	PHN_1030	Num	8	3.	3.	Since the last visit or phone contact, has your child been to an ER/urgent care facility for breathing problems? If YES, how many times? (1-99 times)
5	PHN_1040	Num	8	2.	2.	Since the last visit or phone contact, has your child been hospitalized for breathing problems? If YES, assess whether the participant is a treatment failure and complete the SERIOUS form, if needed. (1=Yes, 0=No)
6	PHN_1050	Num	8	2.	2.	During the past 2 weeks, did your child have wheezing or cough? (1=Yes, 0=No)
7	PHN_1060	Num	8	3.	3.	During the past 2 weeks, did your child have wheezing or cough? If YES, how many days? (1-14 days)
8	PHN_1070	Num	8	2.	2.	During the past 2 weeks, did your child awaken from sleep due to asthma symptoms requiring albuterol? If NO, skip to Q6. (1=Yes, 0=No)
9	PHN_1080	Num	8	3.	3.	During the past 2 weeks, did your child awaken from sleep due to asthma symptoms requiring albuterol? If YES, how many nights? (1-14 nights)
10	PHN_1090	Num	8	2.	2.	During the past 2 weeks, did your child awaken from sleep due to asthma symptoms requiring albuterol? If YES, was the Yellow Zone started? (1=Yes, 0=No)
11	PHN_1100	Num	8	2.	2.	During the past 2 weeks, did your child awaken from sleep due to asthma symptoms requiring albuterol? If YES, is Q5a > 1? (1=Yes, 0=No)
12	PHN_1110	Num	8	2.	2.	During the past 2 weeks, did your child awaken from sleep due to asthma symptoms requiring albuterol? If YES, is Q5a > 1? If YES, was there at least 2 consecutive nights? (1=Yes, 0=No)
13	PHN_1120	Num	8	2.	2.	During the past 2 weeks, did your child awaken from sleep due to asthma symptoms requiring albuterol? If YES, is Q5a > 1? Was prednisone started? If YES, complete the Prednisone Medication (P7_PRED) form. (1=Yes, 0=No)
14	PHN_1130	Num	8	2.	2.	During the past 2 weeks, did your child take any albuterol (excluding pre-exercise)? (1=Yes, 0=No)
15	PHN_1140	Num	8	3.	3.	During the past 2 weeks, did your child take any albuterol (excluding pre-exercise)? If YES, how many days? (1-14 days)
16	PHN_1150	Num	8	2.	2.	Have you been completing the spirotel Diary daily? If NO, please review adherence with parent. (1=Yes, 0=No)
17	PHN_1160	Num	8	2.	2.	Has your child been using the GREEN inhaler every morning and evening (except when using the YELLOW inhaler)? (1=Yes, 0=No)
18	PHN_1170	Num	8	2.	2.	Has your child been using the GREEN inhaler every morning and evening (except when using the YELLOW inhaler)? If YES, how many puffs are taken in the AM? (0-9 puffs)

Num	Variable	Type	Len	Format	Informat	Label
19	PHN_1180	Num	8	2.	2.	Has your child been using the GREEN inhaler every morning and evening (except when using the YELLOW inhaler)? If YES, how many puffs are taken in the PM? Please review adherence with parent, if necessary. (0-9 puffs)
20	PHN_1190	Num	8	2.	2.	Has your child had any Yellow Zones (during which your child used the YELLOW inhaler)? (1=Yes, 0=No)
21	PHN_1200	Num	8	2.	2.	Has your child had any Yellow Zones (during which your child used the YELLOW inhaler)? If YES, how many Yellow Zones did your child have? Check for treatment failure. (1-9 zones)
22	PHN_1210	Num	8	2.	2.	Since the last visit or phone contact, has your child used prednisone? If YES, complete the Prednisone Medication (P7_PRED) form. (1=Yes, 0=No)
23	PHN_1220	Num	8	2.	2.	Since the last visit or phone contact, has your child used prednisone? If YES, how many courses (1 course = 4 days) of prednisone were used? Check for treatment failure. (1-9 courses)
24	VDATE	Num	8			Visit Date (number of days since initial visit)
25	VNUM	Num	8			Visit Number
26	RAND_ID	Char	6			Randomized Master ID
27	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
28	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: pred.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PR_1010	Num	8	2.	2.	Why was the prednisone course prescribed?
2	PR_1020	Num	8	2.	2.	Is this the second prednisone course for treatment of asthma within 6 months since randomization? If YES, the participant is a treatment failure. Complete the P7_TRTFAIL form. (1=Yes, 0=No)
3	PR_1030	Num	8	2.	2.	Is this the third prednisone course for treatment of asthma within 12 months since randomization? If YES, the participant is a treatment failure. Complete the P7_TRTFAIL form. (1=Yes, 0=No)
4	PR_1000	Num	8			Administer prednisone at 2 mg/kg per day for 2 days (maximum 60 mg) followed by 1 mg/kg per day for 2 days (maximum 30 mg). Start date of prednisone Record prednisone course on the CMED form (protocol start - current)
5	VDATE	Num	8			Visit Date (number of days since initial visit)
6	VNUM	Num	8			Visit Number
7	RAND_ID	Char	6			Randomized Master ID
8	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
9	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: *pregtest.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? 1a.Pre-menarche If YES, stop here and have the parent/guardian complete the source documentation box below. (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	VDATE	Num	8			Visit Date (number of days since initial visit)
7	VNUM	Num	8			Visit Number
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: *priortrt.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PTR_1000	Num	8	2.	2.	Who is the respondent? (1=Self/Participant, 2=Parent/Guardian, 3=Other (specify))
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, Uniphyll) (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, Zflo, 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, Orapred, Decadron, dexamethasone) (1=Yes, 0=No, 9=Don't Know)
33	PTR_1910	Num	8	2.	2.	Injectable Steroids for Conditions Other Than Asthma (e.g., Medrol, Solumedrol, Decadron, dexamethasone, triamcinolone, Kenalog, hydrocortisone IV) (1=Yes, 0=No, 9=Don't Know)
34	VDATE	Num	8			Visit Date (number of days since initial visit)
35	VNUM	Num	8			Visit Number
36	DATE_Q02	Num	8			Question 2 - date medication was taken (number of days since initial visit)
37	DATE_Q03	Num	8			Question 3 - date medication was taken (number of days since initial visit)
38	DATE_Q04	Num	8			Question 4 - date medication was taken (number of days since initial visit)
39	DATE_Q05	Num	8			Question 5 - date medication was taken (number of days since initial visit)
40	DATE_Q06	Num	8			Question 6 - date medication was taken (number of days since initial visit)
41	DATE_Q07	Num	8			Question 7 - date medication was taken (number of days since initial visit)
42	DATE_Q08	Num	8			Question 8 - date medication was taken (number of days since initial visit)
43	DATE_Q09	Num	8			Question 9 - date medication was taken (number of days since initial visit)
44	DATE_Q10	Num	8			Question 10 - date medication was taken (number of days since initial visit)
45	DATE_Q11	Num	8			Question 11 - date medication was taken (number of days since initial visit)

Num	Variable	Type	Len	Format	Informat	Label
46	DATE_Q12	Num	8			Question 12 - date medication was taken (number of days since initial visit)
47	DATE_Q13	Num	8			Question 13 - date medication was taken (number of days since initial visit)
48	DATE_Q14	Num	8			Question 14 - date medication was taken (number of days since initial visit)
49	DATE_Q15	Num	8			Question 15 - date medication was taken (number of days since initial visit)
50	DATE_Q16	Num	8			Question 16 - date medication was taken (number of days since initial visit)
51	DATE_Q17	Num	8			Question 17 - date medication was taken (number of days since initial visit)
52	DATE_Q18	Num	8			Question 18 - date medication was taken (number of days since initial visit)
53	DATE_Q19	Num	8			Question 19 - date medication was taken (number of days since initial visit)
54	DATE_Q20	Num	8			Question 20 - date medication was taken (number of days since initial visit)
55	DATE_Q21	Num	8			Question 21 - date medication was taken (number of days since initial visit)
56	DATE_Q22	Num	8			Question 22 - date medication was taken (number of days since initial visit)
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: pt_txqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTX_1000	Num	8	2.	2.	Who is the respondent? (1=Parent/Guardian, 2=Other (specify))
2	PTX_1010	Num	8	2.	2.	Did your child use the Yellow Zone inhaler? If NO, stop here and complete the source documentation box below. (1=Yes, 0=No)
3	PTX_1020	Num	8	2.	2.	Please check the box next to the treatment that you believe you received during the study. (1=fluticasone 44 mcg/puff, 2=fluticasone 220 mcg/puff)
4	PTX_1030	Num	8	2.	2.	Yellow Inhaler Contents: How sure are you about your answer to Question 3? (1=Absolutely sure - I know what the Inhaler contains, 2=Moderately sure, 3=Somewhat sure, 4=Not sure at all - purely a guess)
5	PTX_1040	Num	8	2.	2.	Please comment with respect to any observations you made that helped you make your choice in Question 3 (for example: taste, smell, or physical sensations related to your Yellow Inhaler). (1=I have no comments, 2=I noticed the following)
6	VDATE	Num	8			Visit Date (number of days since initial visit)
7	VNUM	Num	8			Visit Number
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: *pulm_chk.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PUL_1000	Num	8	2.	2.	Have you consumed caffeine in the past 4 hours? Examples: Pepsi, Coke, Coffee, Mountain Dew, Tea, Rootbeer, Red Bull, 5-hour ENERGY (1=Yes, 0=No)
2	PUL_1010	Num	8	2.	2.	Have you used medications with caffeine in the past 4 hours? Examples: Anacin, Darvon compound, Esgic, Excedrin, Fiorinal, Fioricet, No Doz, Norgesic, Vivarin (1=Yes, 0=No)
3	PUL_1020	Num	8	2.	2.	Have you used any weight loss medications in the past 4 hours? Examples: Belviq, bitter orange, Xenadrine, EFX, Thermorexin, Qsymia (1=Yes, 0=No)
4	PUL_1030	Num	8	2.	2.	Have you consumed any food containing alcohol or beverages containing alcohol in the past 4 hours? (1=Yes, 0=No)
5	PUL_1040	Num	8	2.	2.	Have you used a rescue intermediate-acting inhaled betaagonist in the past 6 hours? Examples: albuterol (Proventil), study RESCUE (ProAir) (1=Yes, 0=No)
6	PUL_1050	Num	8	2.	2.	Visit 1 only) Have you used a short-acting anticholinergic in the past 6 hours? Examples: ipratropium (Atrovent, Combivent) (1=Yes, 0=No)
7	PUL_1060	Num	8	2.	2.	Have you used any ophthalmic antihistamines in the past 6 hours? Examples: Alaway, Elestat, Emadine, Optivar, Pataday, Patanol, Zaditor (1=Yes, 0=No)
8	PUL_1070	Num	8	2.	2.	Have you used any nasal antihistamines in the past 6 hours? Examples: Astelin, Astepro, Livostin, Patanase (1=Yes, 0=No)
9	PUL_1080	Num	8	2.	2.	Have you used any nasal decongestants in the past 6 hours? Examples: oxymetazoline (Afrin) (1=Yes, 0=No)
10	PUL_1090	Num	8	2.	2.	Have you used any oral antihistamines in the past 48 hours? Examples: Allegra, Benadryl, Chlor-Trimeton, Clarinex, Claritin, Tylenol PM (1=Yes, 0=No)
11	PUL_1100	Num	8	2.	2.	Have you used any oral decongestants or cold remedies in the past 48 hours? Examples: pseudoephedrine (Sudafed), Tylenol Allergy (1=Yes, 0=No)
12	PUL_1110	Num	8	2.	2.	Have you used any smokeless tobacco products today? Examples: chewing tobacco, snuff (1=Yes, 0=No)
13	PUL_1120	Num	8	2.	2.	At this time, is your asthma worse because of recent exposure to triggers? Examples: cold air, smoke, allergens, recent exercise, a recent respiratory tract infection, or other pulmonary infection (1=Yes, 0=No)
14	PUL_1130	Num	8	2.	2.	Is there any other reason you should not proceed with spirometry testing? (1=Yes, 0=No)
15	PUL_1140	Num	8	2.	2.	Is the participant eligible to proceed with the spirometry testing? If any of the shaded boxes is selected, the participant is ineligible for spirometry, exhaled nitric oxide and IOS testing. (1=Yes, 0=No)
16	VDATE	Num	8			Visit Date (number of days since initial visit)
17	VNUM	Num	8			Visit Number
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: red_pc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	RED_1000	Num	8	3.	3.	Coordinator Completed) Record related Concomitant Medication Number (1-99)
2	RED_1010	Num	8	2.	2.	Is the participant still having asthma symptoms? If NO, Skip to Q3. (1=Yes, 0=No)
3	RED_1020	Num	8	2.	2.	Has the participant used more than 3 nebulizer treatments with albuterol or 6 puffs of albuterol (3 treatments of 2 puffs each) in 4 hours for relief of asthma symptoms? (1=Yes, 0=No)
4	RED_1030	Num	8	2.	2.	Has the participant used 12 or more puffs of albuterol in 24 hours for relief of asthma symptoms? (1=Yes, 0=No)
5	RED_1040	Num	8	2.	2.	Has the participant had nighttime awakenings on 2 out of 3 consecutive nights due to cough, shortness of breath, chest tightness, or wheezing and used albuterol? (1=Yes, 0=No)
6	RED_1050	Num	8	2.	2.	Has the participant used 8 or more puffs of albuterol per day on 2 out of 3 consecutive days for relief of asthma symptoms? (1=Yes, 0=No)
7	RED_1060	Num	8	2.	2.	Have you been completing the spirotek Diary daily? If NO, please review adherence with the parent. (1=Yes, 0=No)
8	VDATE	Num	8			Visit Date (number of days since initial visit)
9	VNUM	Num	8			Visit Number
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: regimen.sas7bdat

Num	Variable	Type	Len	Label
1	REG	Char	12	Yellow zone 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	AGE	Num	8			Age (years)
3	REG_1150G	Num	8			Primary Racial Identification for Spirometry (grouped: 3=Black, 4=White, 5=Hispanic or Latino, 6=Other)
4	RAND_ID	Char	6			Randomized Master ID
5	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
6	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: sei.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SEL_1000	Num	8	2.	2.	Who is the respondent? (1=Self/Participant, 2=Parent/Guardian, 3=Other (specify))
2	SEL_1010	Num	8	3.	3.	Which category best describes the highest grade or educational level that any member of your household has achieved? (0=No High School diploma, 1=GED, 2=High School diploma, 3=Technical training, 4=Some college, no degree, 5=Associate degree, 6=Bachelors d
3	SEL_1020	Num	8	3.	3.	Category best describes the combined annual income, before taxes, of all members of your household for the last year. (1=Less than \$25,000, 2=\$25,000 - \$49,999, 3=\$50,000 - \$99,999, 4=\$100,000 or more, 9=Decline to answer, 10= Don't know)
4	SEL_1030	Num	8	3.	3.	How many people (adults and children) are supported by this income reported in Q3? __ __ people
5	VDATE	Num	8			Visit Date (number of days since initial visit)
6	VNUM	Num	8			Visit Number
7	RAND_ID	Char	6			Randomized Master ID
8	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
9	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: 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(s), 2=Minute(s), 3=Hour(s), 4=Day(s))
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? 7a.Toxicity of study drug(s) (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.	Investigator Completed) 1.Was the event expected or unexpected? (1=Expected, 2=Unexpected)
22	SER_1250	Num	8	2.	2.	Was the event possibly, probably, or definitely related to study participation? (1=Yes, 0= No)
23	SER_1000	Num	8			Date of Adverse Event
24	SER_1080	Num	8			Admission date
25	SER_1090	Num	8			Discharge date
26	VDATE	Num	8			Visit Date (number of days since initial visit)
27	VNUM	Num	8			Visit Number
28	RAND_ID	Char	6			Randomized Master ID
29	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
30	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: sexam.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
1	SPR_1010	Char	4	\$4.	\$4.	Time spirometry started (based on 24-hour clock)
2	SPR_1020	Num	8	5.2	5.2	The reported FEV1 and FVC are the best volumes of all acceptable maneuvers. 1.Highest FVC
3	SPR_1030	Num	8	5.2	5.2	Highest FEV1
4	SPR_1040	Num	8	4.	4.	Highest FEV1 (Pct predicted)
5	SPR_1050	Num	8	6.2	6.2	The reported flow rates correspond to the maneuver where FEV1 + FVC is maximized. FEF Max
6	SPR_1060	Num	8	5.2	5.2	FEF25-75
7	SPR_1070	Num	8	2.	2.	In your judgment, was the subject's spirometry technique acceptable?(0=No, 1=Yes)
8	VDATE	Num	8			Visit Date (number of days since initial visit)
9	VNUM	Num	8			Visit Number
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: spirotel.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	FVC	Num	8	7.2	7.2	FVC
2	FEV1	Num	8	7.2	7.2	FEV1
3	PEF	Num	8	4.	4.	PEF
4	FEF2575	Num	8	7.2	7.2	FEF25-75
5	FET	Num	8	7.2	7.2	FET
6	SPR_1	Num	8	2.	2.	Did your child have any asthma symptoms in the past 24hrs? If Q1=0, spirotel will skip to Q11 (1=Yes, 0=No)
7	SPR_2	Num	8	2.	2.	Did your child awaken last night with symptoms requiring albuterol use? (1=Yes, 0=No)
8	SPR_3	Num	8	2.	2.	How severe was your childs cough today? (0,1,2,3)
9	SPR_4	Num	8	2.	2.	How severe was your childs wheezing today? (0,1,2,3)
10	SPR_5	Num	8	2.	2.	How severe was your childs trouble breathing today? (0,1,2,3)
11	SPR_6	Num	8	2.	2.	How much did your childs asthma symptoms interfere with your childs activities today? (0,1,2,3)
12	SPR_7	Num	8	2.	2.	Was your child absent from daycare or school today due to asthma symptoms? (1=Yes, 0=No)
13	SPR_8	Num	8	2.	2.	Was your child seen by a healthcare provider (doctors office, ER, urgent care, study site) for an unscheduled visit today due to asthma symptoms? (1=Yes, 0=No)
14	SPR_9	Num	8	3.	3.	Number of puffs from your RED RESCUE albuterol inhaler taken for asthma symptoms in the past 24 hours? (0-40)
15	SPR_10	Num	8	2.	2.	Was there a 6 hour period in the past 24 hours when RED RESCUE albuterol was used for asthma symptoms two times (i.e. 4 puffs)? (1=Yes, 0=No)
16	SPR_11	Num	8	3.	3.	Number of albuterol puffs taken in the past 24 hours to prevent symptoms (for example: before exercise, before smoke exposure, or before exposure to pets)? (0-40)
17	SPR_12	Num	8	2.	2.	What type of inhaler was used during the AM dose today? If Q12=0, spirotel will skip to Q14 (0=NONE, 1=GREEN, 2=YELLOW)
18	SPR_13	Num	8	2.	2.	Number of puffs taken in the AM? (1-9)
19	SPR_14	Num	8	2.	2.	What type of inhaler will be used during the PM dose today? If Q14=0, spirotel will skip to diary review question (0=NONE, 1=GREEN, 2=YELLOW)
20	SPR_15	Num	8	2.	2.	Number of puffs your child will take in the PM? (1-9)
21	VDATE	Num	8			Visit Date (number of days since initial visit)
22	VNUM	Num	8			Visit Number
23	TRIALTYP	Num	8			PEF Trial type (2=PM sched, 3=unsched)
24	DDATE	Num	8			Diary date (number of days since initial 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: term.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TRM_1000	Num	8	2.	2.	Is the participant a Run-In failure? If No, skip to Q2 (1=Yes, 0=No)
2	TRM_1010	Num	8	3.	3.	primary reason the participant was a Run-In failure
3	TRM_1020	Num	8	2.	2.	Has the participant completed the study through Visit 8? If YES, skip to SIGNATURES section. (1=Yes, 0=No)
4	TRM_1030	Num	8	2.	2.	Who initiated termination of the participant? (1=Parent/Guardian, 2=Clinical Staff)
5	TRM_1040	Num	8	3.	3.	Primary reason the participant has withdrawn from the study.
6	TRM_1050	Num	8	2.	2.	Indicate the primary reason the participant was terminated by clinical staff.
7	VDATE	Num	8			Visit Date (number of days since initial visit)
8	VNUM	Num	8			Visit Number
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: trtfail.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TRT_990	Num	8	2.	2.	Since the last visit or phone contact, did the spirotel device or action plan alert you to start a yellow zone? If NO, skip to Q3. (1=Yes, 0=No)
2	TRT_995	Num	8	2.	2.	Since the last visit or phone contact, did the spirotel device or action plan alert you to start a yellow zone? If NO, skip to Q3. If Yes, did you start it when alerted? (1=Yes, 0=No)
3	TRT_1000	Num	8	2.	2.	Has the participant experienced 6 yellow zone courses since randomization? (1=Yes, 0=No)
4	TRT_1010	Num	8	2.	2.	Has the participant required 2 courses of prednisone for treatment of asthma within 6 months since randomization? (1=Yes, 0=No)
5	TRT_1020	Num	8	2.	2.	Has the participant required 3 courses of prednisone for treatment of asthma within 12 months since randomization? (1=Yes, 0=No)
6	TRT_1030	Num	8	2.	2.	Has the participant been hospitalized for more than 24 hours due to an asthma exacerbation? (1=Yes, 0=No)
7	TRT_1040	Num	8	2.	2.	Is the participant a treatment failure? (1=Yes, 0=No)
8	TRT_1050	Num	8			Date treatment failure occurred. (protocol start - current)
9	VDATE	Num	8			Visit Date (number of days since initial visit)
10	VNUM	Num	8			Visit Number
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: yel_pc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	YEL_1010	Num	8	2.	2.	Did you start the Yellow Zone in the morning or the evening? (1=AM, 2=PM)
2	YEL_1020	Num	8	2.	2.	Why was the Yellow Zone started? (1=Albuterol given two times (4 puffs) in 6 hours, 2=Albuterol given three times (6 puffs) in 24 hours, 3=A nighttime awakening with albuterol use, 4=Other (please describe))
3	YEL_1030	Num	8	2.	2.	Is the participant still having asthma symptoms? If NO, Skip to Q5. (1=Yes, 0=No)
4	YEL_1040	Num	8	2.	2.	Has the participant used more than 3 nebulizer treatments with albuterol or 6 puffs of albuterol (3 treatments of 2 puffs each) in 4 hours for relief of asthma symptoms? (1=Yes, 0=No)
5	YEL_1050	Num	8	2.	2.	Is the participant still having asthma symptoms? Has the participant used 12 or more puffs of albuterol in 24 hours for relief of asthma symptoms? (1=Yes, 0=No)
6	YEL_1060	Num	8	2.	2.	Has the participant had nighttime awakenings on 2 out of 3 consecutive nights due to cough, shortness of breath, chest tightness, or wheezing and used albuterol? (1=Yes, 0=No)
7	YEL_1070	Num	8	2.	2.	Is the participant still having asthma symptoms? (1=Yes, 0=No)
8	YEL_1080	Num	8	2.	2.	Have you been completing the spirotel Diary daily? If NO, please review adherence with the parent (1=Yes, 0=No)
9	YEL_1090	Num	8	2.	2.	Was a nasal sample collected? If NO, instruct the parent/guardian to collect a nasal sample immediately. (1=Yes, 0=No)
10	YEL_1000	Num	8			When was the Yellow Zone started? (protocol start - current)
11	YEL_1100	Num	8			Was a nasal sample collected? If YES, date nasal sample was collected? (protocol start - current)
12	VDATE	Num	8			Visit Date (number of days since initial visit)
13	VNUM	Num	8			Visit Number
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