Data Set Name: abp.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ABP_1000	Num	8	2.	2.	Are you currently retired? 1=Yes,0=No
2	ABP_1010	Num	8	2.	2.	Are you retired because of asthma? 1=Yes,0=No
3	ABP_1020	Num	8	2.	2.	Are you currently unemployed? 1=Yes,0=No
4	ABP_1030	Num	8	2.	2.	Are you unemployed because of asthma? 1=Yes,0=No
5	ABP_1040	Num	8	2.	2.	Do you get paid to do work? 1=Yes,0=No
6	ABP_1050	Num	8	2.	2.	How much does your asthma bother you at your paid work? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
7	ABP_1060	Num	8	2.	2.	Overall, how much does your asthma bother you when you do jobs around the house? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery, 0=None of these really apply to me
8	ABP_1070	Num	8	2.	2.	Overall, how much does your asthma bother your social life? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
9	ABP_1080	Num	8	2.	2.	Overall, how much does your asthma bother your personal life? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery, 0=None of these really apply to me
10	ABP_1090	Num	8	2.	2.	Are you involved in leisure activities, such as: walking for pleasure, sports, exercise, travelling, taking vacations? 1=Yes,0=No
11	ABP_1100	Num	8	2.	2.	When involved in leisure activities, how much does your asthma bother you? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
12	ABP_1110	Num	8	2.	2.	Would you say that you can't do some of these sorts of things because of asthma? 1=Yes,0=No
13	ABP_1120	Num	8	2.	2.	How much does your asthma bother you when you sleep? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
14	ABP_1130	Num	8	2.	2.	How much does the cost of your asthma medicines bother you? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
15	ABP_1140	Num	8	2.	2.	Do you get free prescriptions? 1=Yes,0=No
16	ABP_1150	Num	8	2.	2.	How much does the inconvenience or embarrassment of taking your asthma medicines bother you? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
17	ABP_1160	Num	8	2.	2.	How much do coughs and colds bother you? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery, 0=None of these really apply to me
18	ABP_1170	Num	8	2.	2.	Feeling upset is also a bother. Does your asthma make you feel anxious, depressed, tired, or helpless? 1=Yes,0=No
19	ABP_1180	Num	8	2.	2.	Feeling upset is also a bother. Does your asthma make you feel anxious, depressed, tired, or helpless? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery

Num	Variable	Type	Len	Format	Informat	Label
20	ABP_1190	Num	8	2.	2.	How much bother is the worry that you will have an asthma attack when visiting a new place? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
21	ABP_1200	Num	8	2.	2.	How much bother is the worry that you will catch a cold? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
22	ABP_1210	Num	8	2.	2.	How much bother is the worry that you will let others down? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
23	ABP_1220	Num	8	2.	2.	How much bother is the worry that your health may get worse in the future? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
24	ABP_1230	Num	8	2.	2.	How much bother is the worry that you won't be able to cope with an asthma attack? 0=No bother at all, 1=Minor irritation, 2=Slight bother, 3=Moderate bother, 4=A lot of bother, 5=Makes my life a misery
25	VNUM	Num	8			Visit Number
26	VDATE	Num	8			Number of days from Visit 0 to this visit
27	REALVNUM	Num	8			Visit Number (chronological)
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: act.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ACT_1	Num	8	2.	2.	In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home? 1=All of the time, 2=Most of the time, 3=Some of the time, 4=A little of the time, 5=None of the time
2	ACT_2	Num	8	2.	2.	During the past 4 weeks, how often have you had shortness of breath? 1=More than once a day, 2=Once a day, 3=3 to 6 times a week, 4=Once or twice a week, 5=Not at all
3	ACT_3	Num	8	2.	2.	During the past 4 weeks, how often did your asthma symptoms wake you up at night or earlier than usual in the morning? 1=4 or more nights a week, 2=2 to 3 nights a week, 3=Once a week, 4=Once or Twice, 5=Not at all
4	ACT_4	Num	8	2.	2.	During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication? 1=3 or more times per day, 2=1 or 2 times per day, 3=2 or 3 times per week, 4=Once a week or less, 5=Not at all
5	ACT_5	Num	8	2.	2.	How would you rate your asthma control during the past 4 weeks? 1=Not Controlled at all, 2=Poorly Controlled, 3=Somewhat Controlled, 4=Well Controlled, 5=Completely Controlled
6	VNUM	Num	8			Visit Number
7	VDATE	Num	8			Number of days from Visit 0 to this visit
8	REALVNUM	Num	8			Visit Number (chronological)
9	RAND_ID	Char	6			Randomized Master ID
10	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
11	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: aeclin.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ICD9_CAT	Char	70			ICD-9 category
2	AEC_1000	Num	8	3.	3.	Adverse Event Number
3	AEC_1010	Char	6	$6.	$6.	ICD9 Code
4	AEC_1040	Num	8	2.	2.	Ongoing at current visit
5	AEC_1050	Num	8	2.	2.	Type (1=Intermitent; 2=Continuous)
6	AEC_1060	Num	8	2.	2.	Severity (1=Mild; 2=Moderate; 3=Severe)
7	AEC_1070	Num	8	2.	2.	Serious (0=No, 1=Yes)
8	AEC_1080	Num	8	2.	2.	Likelyhood 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	REALVNUM	Num	8			Visit Number (chronological)
17	ICD9LONG	Char	200			Long ICD-9 description
18	ICD9SHRT	Char	35			Short ICD-9 description
19	RAND_ID	Char	6			Randomized Master ID
20	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
21	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: asthmahx.sas7bdat

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

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

Num	Variable	Type	Len	Format	Informat	Label
45	AHA_1500	Num	8	2.	2.	If YES, was your eczema diagnosed by a doctor? 1=Yes,0=No
46	AHA_1570	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Mother (1=Yes, 0=No, 8=Don't Know)
47	AHA_1580	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Father (1=Yes, 0=No, 8=Don't Know)
48	AHA_1590	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Brother(s) or Sister(s) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
49	AHA_1600	Num	8	2.	2.	Have any of your immediate blood relatives been told by a physician that they have allergies/eczema/hay fever? Child(ren) (1=Yes, 0=No, 8=Don't Know, 9=N/A)
50	AHA_1730	Num	8	2.	2.	Did you grow up in a household where you were exposed to tobacco smoke? 1=Yes,0=No
51	AHA_1740	Num	8	2.	2.	Do you currently smoke? 1=Yes,0=No
52	AHA_1760	Num	8	2.	2.	Were you ever a smoker? 1=Yes,0=No
53	AHA_1770	Num	8	5.1	5.1	Record smoking history in pack-years*. __ __ . __ pack-years
54	AHA_1780	Num	8	2.	2.	Do you currently live in a household where you are exposed to tobacco smoke? 1=Yes,0=No
55	VNUM	Num	8			Visit Number
56	VDATE	Num	8			Number of days from Visit 0 to this visit
57	REALVNUM	Num	8			Visit Number (chronological)
58	RAND_ID	Char	6			Randomized Master ID
59	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
60	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: asui.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ASU_1000	Num	8	2.	2.	How many days were you bothered by coughing during the past 2 weeks? 0=Not at all, 1=1-3 days, 2=4-7 days, 3=8-14 days
2	ASU_1010	Num	8	2.	2.	On average, how severe was your coughing during the past 2 weeks? 1=Mild, 2=Moderate, 3=Severe
3	ASU_1020	Num	8	2.	2.	How many days were you bothered by wheezing during the past 2 weeks? 0=Not at all, 1=1-3 days, 2=4-7 days, 3=8-14 days
4	ASU_1030	Num	8	2.	2.	On average, how severe was your wheezing during the past 2 weeks? 1=Mild, 2=Moderate, 3=Severe
5	ASU_1040	Num	8	2.	2.	How many days were you bothered by shortness of breath during the past 2 weeks? 0=Not at all, 1=1-3 days, 2=4-7 days, 3=8-14 days
6	ASU_1050	Num	8	2.	2.	Over average, how severe was your shortness of breath during the past 2 weeks? 1=Mild, 2=Moderate, 3=Severe
7	ASU_1060	Num	8	2.	2.	How many days were you awakened at night during the past 2 weeks? 0=Not at all, 1=1-3 days, 2=4-7 days, 3=8-14 days
8	ASU_1070	Num	8	2.	2.	On average, how much of a problem was being awakened at night during the past 2 weeks? 1=Mild, 2=Moderate, 3=Severe
9	ASU_1080	Num	8	2.	2.	How many days were you bothered by side effects of your asthma medication during the past 2 weeks? 0=Not at all, 1=1-3 days, 2=4-7 days, 3=8-14 days
10	ASU_1090	Num	8	2.	2.	On average, how severe were the side effects of your asthma medication during the past 2 weeks? 1=Mild, 2=Moderate, 3=Severe
11	VNUM	Num	8			Visit Number
12	VDATE	Num	8			Number of days from Visit 0 to this visit
13	REALVNUM	Num	8			Visit Number (chronological)
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: baseline.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	BAS_1000	Num	8	4.	4.	Participant's baseline peak flow (PEF) value (0 - 999 L/M)
2	BAS_1010	Num	8	3.	3.	Participant's baseline rescue use value (0 - 99 puff/day)
3	VNUM	Num	8			Visit Number
4	VDATE	Num	8			Number of days from Visit 0 to this visit
5	REALVNUM	Num	8			Visit Number (chronological)
6	RAND_ID	Char	6			Randomized Master ID
7	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
8	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: bmi.sas7bdat

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

Data Set Name: chgmeds.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CHG_1000	Num	8	2.	2.	Reason for change in study medications (1=adverse Event, 2=Study defined Taper)
2	CHG_1010	Num	8	3.	3.	Related adverse event number. (0 - 99)
3	CHG_1020	Num	8	2.	2.	Was the dose of the Alvesco MDI changed? 1=Yes,0=No
4	CHG_1030	Num	8	2.	2.	Dose changed from. (0 - 9 puffs per day)
5	CHG_1040	Num	8	2.	2.	Dose changed to. (0 - 9 puffs per day)
6	CHG_1060	Num	8	2.	2.	Was the status of the participant's scheduled study capsules changed? 1=Yes,0=No
7	CHG_1070	Num	8	2.	2.	Current status of participant's study capsules. (1=Discontinued 2=Resumed)
8	CHG_1050	Num	8			Date participant started new dose - number of days from visit 0
9	CHG_1080	Num	8			Date change took effect - number of days from Visit 0
10	VNUM	Num	8			Visit Number
11	VDATE	Num	8			Number of days from Visit 0 to this visit
12	REALVNUM	Num	8			Visit Number (chronological)
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: cmed.sas7bdat

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

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

Num	Variable	Type	Len	Format	Informat	Label
1	COM_1000	Num	8	4.	4.	DOSER Compliance for Alvesco MDI - Total number of scheduled puffs since the last visit (0 - 999 puffs)
2	COM_1010	Num	8	4.	4.	DOSER Compliance for Alvesco MDI - Total number of puffs in the DOSER history (0 - 999 puffs)
3	COM_1020	Num	8	6.1	6.1	DOSER Compliance for Alvesco MDI - Percent compliance=number in history/number scheduled X 100 (0 - 200.0Pct)
4	COM_1030	Num	8	3.	3.	DOSER Compliance for Alvesco MDI - Total number of full days since the last visit (0 - 99 days)
5	COM_1040	Num	8	3.	3.	DOSER Compliance for Alvesco MDI - Total number of compliant days (0 - 99 days)
6	COM_1050	Num	8	6.1	6.1	DOSER Compliance for Alvesco MDI - Percent compliance=number of compliant days/number of full days X 100 (0 - 200.0Pct)
7	COM_1060	Num	8	4.	4.	MEMS6 Monitor Compliance for Scheduled Daily Capsules - Number of monitored days
8	COM_1070	Num	8	4.	4.	MEMS6 Monitor Compliance for Scheduled Daily Capsules - Number of doses taken
9	COM_1080	Num	8	6.1	6.1	MEMS6 Monitor Compliance for Scheduled Daily Capsules - Pct prescribed number of doses taken (0 - 200.0Pct)
10	COM_1090	Num	8	6.1	6.1	MEMS6 Monitor Compliance for Scheduled Daily Capsules - Doses in time-window/prescribed doses
11	COM_1100	Num	8	4.	4.	Diary and Peak Flow Compliance - Number of full days since the last visit (0 - 999 days)
12	COM_1110	Num	8	4.	4.	Diary and Peak Flow Compliance - Number of days where AM and PM scheduled sessions are complete (AM and PM PEF and all diary questions for AM and PM answered) (0 - 999 days)
13	COM_1120	Num	8	6.1	6.1	Diary and Peak Flow Compliance - Percent compliance=number complete/number of full days X 100 (0 - 200.0Pct)
14	COM_1130	Num	8	3.	3.	Prednisone Tablet Count - Number of tablets returned in prednisone vial (0 - 200.0Pct)
15	COM_1140	Num	8	3.	3.	Prednisone Tablet Count - Number of tablets taken (14 - number returned) (0 - 99 tablets)
16	COM_1150	Num	8	3.	3.	Prednisone Tablet Count - Number of prescribed tablets (0 - 99 tablets)
17	COM_1160	Num	8	6.1	6.1	Prednisone Tablet Count - Percent compliance=number taken/number prescribed X 100 (0 - 200.0Pct)
18	COM_1170	Num	8	2.	2.	Loading Dose Capsule Count - Number of capsules returned in loading dose vial (0 - 9 capsules)
19	COM_1180	Num	8	2.	2.	Loading Dose Capsule Count - Number of capsules taken (2 - number returned) (0 - 9 capsules)
20	COM_1190	Num	8	4.	4.	Loading Dose Capsule Count - Percent compliance=number taken/2 X 100 (0 - 200Pct)
21	VNUM	Num	8			Visit Number
22	VDATE	Num	8			Number of days from Visit 0 to this visit
23	REALVNUM	Num	8			Visit Number (chronological)

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

Data Set Name: cond_ad.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PAD_1000	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related Blood, Lymph, or Immune Systems? 1=Yes,0=No
2	PAD_1010	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Eyes (1=Yes,0=No)
3	PAD_1020	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Breasts (1=Yes,0=No)
4	PAD_1030	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Endocrine Systems (1=Yes,0=No)
5	PAD_1040	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Heart and Blood Vessels (1=Yes,0=No)
6	PAD_1050	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Liver or Pancreas (1=Yes,0=No)
7	PAD_1060	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Kidneys or Urinary Tract System (1=Yes,0=No)
8	PAD_1070	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Reproductive System (1=Yes,0=No)
9	PAD_1080	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Muscles or Bones (1=Yes,0=No)
10	PAD_1090	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Nervous System (1=Yes,0=No)
11	PAD_1100	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Psychiatric (1=Yes,0=No)
12	PAD_1110	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Drug Allergies (1=Yes,0=No)
13	PAD_1120	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Other (1=Yes,0=No)
14	VNUM	Num	8			Visit Number
15	VDATE	Num	8			Number of days from Visit 0 to this visit
16	REALVNUM	Num	8			Visit Number (chronological)
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	PAL_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other
2	PAL_1010	Num	8	2.	2.	Have you had any diseases, illnesses, conditions, or surgeries related to the following areas? Skin (1=Yes,0=No)
3	PAL_1020	Num	8	2.	2.	Have you ever had allergic rhinitis ? 1=Yes, 0=No, 9=Don't know
4	PAL_1030	Num	8	2.	2.	Have you ever had nasal polyps? 1=Yes, 0=No, 9=Don't know
5	PAL_1040	Num	8	2.	2.	Do you have chronic or recurrent sinusitis ? 1=Yes, 0=No, 9=Don't know
6	PAL_1050	Num	8	2.	2.	Have you ever been diagnosed with vocal cord dysfunction? 1=Yes, 0=No, 9=Don't know
7	PAL_1060	Num	8	2.	2.	Have you ever had other conditions related to the ear, nose, or throat? 1=Yes,0=No
8	PAL_1070	Num	8	2.	2.	Have you ever had pneumonia? 1=Yes, 0=No, 9=Don't know
9	PAL_1080	Num	8	2.	2.	If ever had pneumonia, were you diagnosed by chest x-ray? 1=Yes, 0=No, 9=Don't know
10	PAL_1090	Num	8	2.	2.	If ever had pneumonia, were you treated with antibiotics? 1=Yes, 0=No, 9=Don't know
11	PAL_1100	Num	8	2.	2.	Have you ever had bronchitis? 1=Yes, 0=No, 9=Don't know
12	PAL_1110	Num	8	2.	2.	Have you ever had other conditions related to the lungs ? 1=Yes, 0=No, 9=Don't know
13	PAL_1120	Num	8	2.	2.	Do you have gastroesophageal reflux disease ? 1=Yes, 0=No, 9=Don't know
14	PAL_1130	Num	8	2.	2.	Have you ever had other conditions related to the stomach or intestines? 1=Yes,0=No
15	PAL_1150	Num	8	2.	2.	Have you been diagnosed with sleep disordered breathing ? 1=Yes,0=No
16	PAL_1160	Num	8	2.	2.	If diagnosed with sleep disordered breathing, are you being treated with CPAP or BiPAP? 1=Yes,0=No
17	PAL_1170	Num	8	2.	2.	Have you ever had other sleep disorders? 1=Yes,0=No
18	PAL_1180	Num	8	2.	2.	Have you ever had other conditions that have not been mentioned on this form? 1=Yes,0=No
19	VNUM	Num	8			Visit Number
20	VDATE	Num	8			Number of days from Visit 0 to this visit
21	REALVNUM	Num	8			Visit Number (chronological)
22	RAND_ID	Char	6			Randomized Master ID
23	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
24	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: ctxqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CTX_1000	Num	8	2.	2.	Blinded Scheduled Capsules (1='I am certain placebo.', 2='I think placebo.', 3='I have no idea which type of capsules the participant received', 4='I think Vitamin D.', 5='I am certain Vitamin D.')
2	CTX_1010	Num	8	2.	2.	I guess the capsules contained: (1='Placebo', 2='Vitamin D')
3	VNUM	Num	8			Visit Number
4	VDATE	Num	8			Number of days from Visit 0 to this visit
5	REALVNUM	Num	8			Visit Number (chronological)
6	RAND_ID	Char	6			Randomized Master ID
7	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
8	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: elig1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E1_1000	Num	8	2.	2.	Did the participant sign the VIDA Informed Consent document? 1=Yes,0=No
2	E1_1020	Num	8	2.	2.	Did the participant consent to participate in the Immune Substudy ? 1=Yes, 0=No, 9=N/A
3	E1_1030	Num	8	2.	2.	Has this participant previously completed screening for the VIDA study? 1=Yes,0=No
4	E1_1040	Num	8	2.	2.	If YES, did the participant experience two treatment failure events during the run-in and/or OCS response periods on previous enrollments? 1=Yes,0=No
5	E1_1050	Num	8	2.	2.	Is the participant 18 years of age or older? 1=Yes,0=No
6	E1_1060	Num	8	2.	2.	Does the participant plan to move away from the clinical site in the upcoming 9 months such that his/her ability to complete the study will be jeopardized? 1=Yes,0=No
7	E1_1070	Num	8	2.	2.	Has the participant used investigative drugs and/or enrolled in an intervention trial in the past 30 days, or does the participant have plans to enroll in such a trial during the VIDA study? 1=Yes,0=No
8	E1_1080	Num	8	2.	2.	Did the participant receive a physician diagnosis of asthma at least 12 months ago? 1=Yes,0=No
9	E1_1090	Num	8	2.	2.	Is the participant receiving chronic oral corticosteroid therapy? 1=Yes,0=No
10	E1_1100	Num	8	2.	2.	Has the participant experienced an asthma exacerbation requiring systemic corticosteroids in the past 4 weeks? 1=Yes,0=No
11	E1_1110	Num	8	2.	2.	Has the participant experienced a life-threatening asthma exacerbation requiring treatment with intubation and mechanical ventilation in the past 5 years? 1=Yes,0=No
12	E1_1120	Num	8	2.	2.	Has the participant been on a stable dose of an asthma controller for the past 2 weeks? 1=Yes,0=No
13	E1_1130	Num	8	2.	2.	Has the participant been using inhaled corticosteroid therapy greater than the equivalent of 1,000 mcg of inhaled fluticasone daily? 1=Yes,0=No
14	E1_1140	Num	8	2.	2.	Based on input from the participant and the study physician, will the participant need to use intranasal steroids at any time during the study? 1=Yes,0=No
15	E1_1150	Num	8	2.	2.	If YES, is the participant willing to use a single intranasal steroid at a stable dose continuously for the duration of the study, starting at or before Visit 2? 1=Yes,0=No
16	E1_1160	Num	8	2.	2.	Is the participant taking, or has the participant taken within the past 6 weeks, supplements containing >1,000 IU/day of vitamin D ? 1=Yes,0=No
17	E1_1170	Num	8	2.	2.	Is the participant currently receiving allergen immunotherapy other than an established maintenance regimen implemented continuously for a minimum of 3 months? 1=Yes,0=No
18	E1_1180	Num	8	2.	2.	Has the participant had a respiratory tract infection in the past 4 weeks? 1=Yes,0=No
19	E1_1190	Num	8	2.	2.	Has the participant smoked cigarettes, a pipe, cigar, marijuana, or any other substance in the past year? 1=Yes,0=No
20	E1_1200	Num	8	2.	2.	Does the participant have a smoking history greater than 10 pack-years? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
21	E1_1210	Num	8	2.	2.	Is the participant potentially able to bear children? 1=Yes, 0=No, 9=N/A
22	E1_1220	Num	8	2.	2.	If YES, is the participant currently pregnant or lactating? 1=Yes,0=No
23	E1_1230	Num	8	2.	2.	If YES, does the participant agree to use one of the approved methods indicated on the Birth Control Methods reference card for the duration of the study? 1=Yes,0=No
24	E1_1240	Num	8	2.	2.	Does the participant have current evidence of any of the conditions listed on the Exclusionary Medical Conditions for VIDA reference card, or any chronic diseases that would prevent participation in the trial or put the participant at risk by participati
25	E1_1250	Num	8	2.	2.	Does the participant report a history of physician-diagnosed nephrolithiasis or ureterolithiasis? 1=Yes,0=No
26	E1_1260	Num	8	2.	2.	Is the participant currently taking any medications listed on the Exclusionary Drugs for VIDA reference card? 1=Yes,0=No
27	E1_1270	Num	8	2.	2.	If YES, is the participant able to go off these medications for the required washout period prior to Visit 1 and for the duration of the study? 1=Yes,0=No
28	E1_1280	Num	8	2.	2.	Is the participant eligible to proceed?
29	E1_1010	Num	8			If YES, record the date the consent form was signed.
30	VNUM	Num	8			Visit Number
31	VDATE	Num	8			Number of days from Visit 0 to this visit
32	REALVNUM	Num	8			Visit Number (chronological)
33	RAND_ID	Char	6			Randomized Master ID
34	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
35	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.	Have you been notified that the participant's serum vitamin D level is in the eligible range via the VIDA Participant Status Report? 1=Yes,0=No
2	E2_1010	Num	8	2.	2.	Has the participant been on a stable dose of an asthma controller for the past 2 weeks? 1=Yes,0=No
3	E2_1020	Num	8	2.	2.	Has the participant experienced an asthma exacerbation requiring systemic corticosteroids in the past 4 weeks? 1=Yes,0=No
4	E2_1030	Num	8	2.	2.	Based on the physical exam and medical history taken at this visit, does the participant have evidence of any of the conditions listed on the Exclusionary Medical Conditions for VIDA (P1_EXCLMED) reference card?
5	E2_1040	Num	8	2.	2.	Does the participant have any condition or compliance issue which, in the opinion of the investigator, might interfere with study participation? 1=Yes,0=No
6	E2_1050	Num	8	2.	2.	Has the participant taken any medications listed on the Exclusionary Drugs for VIDA reference card within the specified time periods? 1=Yes,0=No
7	E2_1060	Num	8	2.	2.	Is the participant currently taking prescription or OTC medication other than those listed on the Allowed Medications reference card? 1=Yes,0=No
8	E2_1070	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 to this visit
11	REALVNUM	Num	8			Visit Number (chronological)
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.	Is the participant's prebronchodilator (baseline) 50% <= FEV1 <= 90% of predicted?
2	E3_1010	Num	8	2.	2.	Did the participant's FEV1 improve >= 12% in response to four puffs of levalbuterol (as part of the maximum reversibility procedure)?
3	E3_1020	Num	8	2.	2.	Is the participant's prebronchodilator (baseline) FEV1 <= 85% of predicted?
4	E3_1025	Num	8	2.	2.	Is the participant's prebronchodilator (baseline) FEV1 >= 50% of predicted?
5	E3_1030	Num	8	2.	2.	Is the participant''s estimated GFR < 30 ml/min? 1=Yes,0=No
6	E3_1040	Num	8	2.	2.	Is the participant''s serum calcium value > 10.2 mg/dL? 1=Yes,0=No
7	E3_1050	Num	8	2.	2.	Is the participant''s urine calcium/creatinine ratio > 0.37? 1=Yes,0=No
8	E3_1060	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 to this visit
11	REALVNUM	Num	8			Visit Number (chronological)
12	RAND_ID	Char	6			Randomized Master ID
13	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
14	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: elig4.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E4_1000	Num	8	2.	2.	Have more than 8 weeks elapsed between the participant's Visit 0 and Visit 2? 1=Yes,0=No
2	E4_1010	Num	8	2.	2.	Has the participant been on a stable dose of an asthma controller for the past 2 weeks? 1=Yes,0=No
3	E4_1020	Num	8	2.	2.	Has the participant experienced an asthma exacerbation requiring systemic corticosteroids in the past 4 weeks? 1=Yes,0=No
4	E4_1030	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
5	E4_1040	Num	8	2.	2.	Did the participant meet the FEV1 reversibility criterion at Visit 1? 1=Yes,0=No
6	E4_1050	Num	8	2.	2.	Does the participant have valid source documentation for a methacholine challenge within the past 6 months? 1=Yes,0=No
7	E4_1060	Num	8	6.2	6.2	PC20: (0 - 99.99 mg/ml)
8	E4_1100	Num	8	2.	2.	Was the participant using ICS at the time the challenge was performed? 1=Yes,0=No
9	E4_1110	Num	8	2.	2.	Was the participant"s methacholine PC20 < 16 mg/ml? 1=Yes,0=No
10	E4_1120	Num	8	2.	2.	Was the participant"s methacholine PC20 < 8 mg/ml? 1=Yes,0=No
11	E4_1130	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
12	E4_1140	Num	8	2.	2.	Is the participant"s prebronchodilator 50Pct < FEV1 <85Pct of predicted? 1=Yes,0=No
13	E4_1145	Num	8	2.	2.	Is the participant's prebronchodilator FEV1 > 50Pct of predicted? 1=Yes,0=No
14	E4_1150	Num	8	2.	2.	Does the participant qualify for a methacholine challenge by the criteria on the Adult Methacholine Challenge Testing Checklist ? 1=Yes,0=No
15	E4_1160	Num	8	2.	2.	Is the participant taking an ICS at this time? 1=Yes,0=No
16	E4_1170	Num	8	2.	2.	Does the participant have a methacholine PC20 < 16 mg/ml at this visit? 1=Yes,0=No
17	E4_1180	Num	8	2.	2.	Does the participant have a methacholine PC20 < 8 mg/ml at this visit? 1=Yes,0=No
18	E4_1190	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
19	E4_1200	Num	8	2.	2.	Is the participant able to use the spirotel e-diary/PEF meter correctly, as evidenced by achieving a satisfactory rating on the Spirotel Performance Checklist ? 1=Yes,0=No
20	E4_1210	Num	8	2.	2.	Is the participant able to use a metered dose inhaler properly, as evidenced by achieving a score of 11 on the MDI Inhalation Technique Checklist ? 1=Yes,0=No
21	E4_1220	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
22	E4_1070	Num	8			Methacholine Challenge Source documentation date - number of days from Visit 0
23	VNUM	Num	8			Visit Number
24	VDATE	Num	8			Number of days from Visit 0 to this visit
25	REALVNUM	Num	8			Visit Number (chronological)
26	RAND_ID	Char	6			Randomized Master ID

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

Data Set Name: elig5.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	E5_1000	Num	8	2.	2.	Did the participant complete at least 10 of the last 14 days of diary entries and peak flows? 1=Yes,0=No
2	E5_1010	Num	8	2.	2.	Did the participant report asthma symptoms on at least two days or one night per week, on average, over the last 2 weeks? 1=Yes,0=No
3	E5_1020	Num	8	2.	2.	Since Visit 2, has the participant received treatment with any excluded medications ? 1=Yes,0=No
4	E5_1030	Num	8	2.	2.	Has the participant been hospitalized or had an urgent medical care visit for asthma during the run-in? 1=Yes,0=No
5	E5_1040	Num	8	2.	2.	Since Visit 2, has the participant had a need for additional controller medications for asthma symptoms? 1=Yes,0=No
6	E5_1050	Num	8	2.	2.	Since Visit 2, has the participant experienced a treatment failure as defined in the protocol? 1=Yes,0=No
7	E5_1060	Num	8	2.	2.	Using the history stored in the DOSER, did the participant take at least 75Pct of the required puffs from his/her Alvesco inhaler during the interval between Visit 2 and Visit 3? 1=Yes,0=No
8	E5_1070	Num	8	2.	2.	Using the history stored in the DOSER, did the participant take 4 puffs per day on at least 75Pct of the days during the interval between Visit 2 and Visit 3? 1=Yes,0=No
9	E5_1080	Num	8	2.	2.	Using the MEMS6 monitor, did the participant take at least 75Pct of the required capsules within the protocol time window during the interval between Visits 2 and 3? 1=Yes,0=No
10	E5_1090	Num	8	2.	2.	Is the participant''s prebronchodilator 50Pct < FEV1 < 90Pct of predicted? 1=Yes,0=No
11	E5_1100	Num	8	2.	2.	Did the participant meet the FEV1 reversibility criterion at Visit 1? 1=Yes,0=No
12	E5_1110	Num	8	2.	2.	If NO, is the participant''s prebronchodilator FEV1 < 85Pct of predicted? 1=Yes,0=No
13	E5_1115	Num	8	2.	2.	Is the participant's prebronchodilator FEV1 > 50Pct of predicted? 1=Yes,0=No
14	E5_1120	Num	8	2.	2.	Does the participant wish to withdraw consent? 1=Yes,0=No
15	E5_1130	Num	8	2.	2.	Is there any new information that makes the participant ineligible according to the eligibility criteria? 1=Yes,0=No
16	E5_1140	Num	8	2.	2.	Is the participant's urine calcium/creatinine ratio from this visit > 0.37? 1=Yes,0=No
17	E5_1150	Num	8	2.	2.	Is the participant eligible to proceed? 1=Yes,0=No
18	VNUM	Num	8			Visit Number
19	VDATE	Num	8			Number of days from Visit 0 to this visit
20	REALVNUM	Num	8			Visit Number (chronological)
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: heq.sas7bdat

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

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

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

Data Set Name: icstaper.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ICS_1000	Num	8	2.	2.	Has the participant experienced a significant asthma exacerbation form)? 1=Yes,0=No
2	ICS_1010	Num	8	2.	2.	Has the participant experienced more than one treatment failure event since randomization at Visit 4? 1=Yes,0=No
3	ICS_1020	Num	8	2.	2.	Has the participant met treatment failure criteria in the past 2 weeks? 1=Yes,0=No
4	ICS_1030	Num	8	2.	2.	Is the participant eligible for an Alvesco dose taper? 1=Yes,0=No
5	VNUM	Num	8			Visit Number
6	VDATE	Num	8			Number of days from Visit 0 to this visit
7	REALVNUM	Num	8			Visit Number (chronological)
8	RAND_ID	Char	6			Randomized Master ID
9	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
10	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: lab.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LAB_1000	Num	8	4.1	4.1	Serum creatinine (0 - 9.9 mg/dl)
2	LAB_1010	Num	8	6.1	6.1	Estimated GFR (0 - 99.9 mL/min)
3	LAB_1020	Num	8	5.	5.	Urine calcium (random) 0 - 9999 mg/L)
4	LAB_1030	Num	8	5.	5.	Urine creatinine (random) (0 - 9999 mg/L)
5	LAB_1040	Num	8	5.1	5.1	Serum calcium (total) (0 - 99.9 mg/dL)
6	VNUM	Num	8			Visit Number
7	VDATE	Num	8			Number of days from Visit 0 to this visit
8	REALVNUM	Num	8			Visit Number (chronological)
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: maxrev.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MAX_1000	Char	4	$4.	$4.	Administer 4 puffs of albuterol and wait 10 to 15 minutes, then perform spirometry.1.Time albuterol administered (based on 24-hour clock)
2	MAX_1010	Char	4	$4.	$4.	Participant's FEV1 after 4 puffs of albuterol2a.Time spirometry started (based on 24-hour clock)
3	MAX_1030	Num	8	5.2	5.2	Participant's FEV1 after 4 puffs of albuterol - Highest FEV1
4	MAX_1040	Num	8	4.	4.	Participant's FEV1 after 4 puffs of albuterol - Highest FEV1 (Pct predicted)
5	MAX_1050	Char	4	$4.	$4.	Administer 2 puffs of albuterol and wait 10 to 15 minutes, then perform spirometry.3.Time albuterol administered (based on 24-hour clock)
6	MAX_1060	Char	4	$4.	$4.	Participant's FEV1 after additional 2 puffs of albuterol4a.Time spirometry started (based on 24-hour clock)
7	MAX_1070	Num	8	5.2	5.2	Participant's FEV1 after additional 2 puffs of albuterol - Highest FEV1
8	MAX_1080	Num	8	4.	4.	Participant's FEV1 after additional 2 puffs of albuterol - Highest FEV1 (Pct predicted)
9	MAX_1090	Num	8	5.1	5.1	Percent difference in FEV1 between first 4 puffs of albuterol and additional 2 puffs
10	MAX_1100	Num	8	2.	2.	Is the percent difference in FEV1 < 5.0Pct?
11	MAX_1110	Char	4	$4.	$4.	Time last 2 puffs of albuterol administered (based on 24-hour clock)
12	MAX_1120	Char	4	$4.	$4.	Participant's FEV1 after last 2 puffs of albuterol6a.Time spirometry started (based on 24-hour clock)
13	MAX_1130	Num	8	5.2	5.2	Participant's FEV1 after last 2 puffs of albuterol - Highest FEV1
14	MAX_1140	Num	8	4.	4.	Participant's FEV1 after last 2 puffs of albuterol - Highest FEV1 (Pct predicted)
15	MAX_1150	Num	8	2.	2.	In your judgment, was the participant's technique acceptable?
16	VNUM	Num	8			Visit Number
17	VDATE	Num	8			Number of days from Visit 0 to this visit
18	REALVNUM	Num	8			Visit Number (chronological)
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: melanin.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MEL_500	Num	8	5.1	5.1	Calibration Tile Measurement #1 (L)(0.0 - 99.9)
2	MEL_510	Num	8	5.1	5.1	Calibration Tile Measurement #1 (a)(0.0 - 99.9)
3	MEL_520	Num	8	5.1	5.1	Calibration Tile Measurement #1 (b)(0.0 - 99.9)
4	MEL_530	Num	8	5.1	5.1	Calibration Tile Measurement #2 (L)(0.0 - 99.9)
5	MEL_540	Num	8	5.1	5.1	Calibration Tile Measurement #2 (a)(0.0 - 99.9)
6	MEL_550	Num	8	5.1	5.1	Calibration Tile Measurement #2 (b)(0.0 - 99.9)
7	MEL_1000	Num	8	5.1	5.1	Upper Inner Arm Measurement #1 (L)(0.0 - 99.9)
8	MEL_1010	Num	8	5.1	5.1	Upper Inner Arm Measurement #1 (a)(0.0 - 99.9)
9	MEL_1020	Num	8	5.1	5.1	Upper Inner Arm Measurement #1 (b)(0.0 - 99.9)
10	MEL_1030	Num	8	5.1	5.1	Upper Inner Arm Measurement #2 (L) (0.0 - 99.9)
11	MEL_1040	Num	8	5.1	5.1	Upper Inner Arm Measurement #2 (a) (0.0 - 99.9)
12	MEL_1050	Num	8	5.1	5.1	Upper Inner Arm Measurement #2 (b) (0.0 - 99.9)
13	MEL_1060	Num	8	5.1	5.1	Outer Forearm Measurement #1 (L) (0.0 - 99.9)
14	MEL_1070	Num	8	5.1	5.1	Outer Forearm Measurement #1 (a) (0.0 - 99.9)
15	MEL_1080	Num	8	5.1	5.1	Outer Forearm Measurement #1 (b) (0.0 - 99.9)
16	MEL_1090	Num	8	5.1	5.1	Outer Forearm Measurement #2 (L) (0.0 - 99.9)
17	MEL_1100	Num	8	5.1	5.1	Outer Forearm Measurement #2 (a) (0.0 - 99.9)
18	MEL_1110	Num	8	5.1	5.1	Outer Forearm Measurement #2 (b) (0.0 - 99.9)
19	MEL_1120	Num	8	5.1	5.1	Exposed Forehead Measurement #1 (L) (0.0 - 99.9)
20	MEL_1130	Num	8	5.1	5.1	Exposed Forehead Measurement #1 (a) (0.0 - 99.9)
21	MEL_1140	Num	8	5.1	5.1	Exposed Forehead Measurement #1 (b) (0.0 - 99.9)
22	MEL_1150	Num	8	5.1	5.1	Exposed Forehead Measurement #2 (L) (0.0 - 99.9)
23	MEL_1160	Num	8	5.1	5.1	Exposed Forehead Measurement #2 (a) (0.0 - 99.9)
24	MEL_1170	Num	8	5.1	5.1	Exposed Forehead Measurement #2 (b) (0.0 - 99.9)
25	MEL_1180	Num	8	5.1	5.1	Abdomen Measurement #1 (L) (0.0 - 99.9)
26	MEL_1190	Num	8	5.1	5.1	Abdomen Measurement #1 (a) (0.0 - 99.9)
27	MEL_1200	Num	8	5.1	5.1	Abdomen Measurement #1 (b) (0.0 - 99.9)
28	MEL_1210	Num	8	5.1	5.1	Abdomen Measurement #2 (L) (0.0 - 99.9)
29	MEL_1220	Num	8	5.1	5.1	Abdomen Measurement #2 (a) (0.0 - 99.9)
30	MEL_1230	Num	8	5.1	5.1	Abdomen Measurement #2 (b) (0.0 - 99.9)
31	VNUM	Num	8			Visit Number
32	VDATE	Num	8			Number of days from Visit 0 to this visit
33	REALVNUM	Num	8			Visit Number (chronological)
34	RAND_ID	Char	6			Randomized Master ID
35	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
36	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: metha.sas7bdat

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

Data Set Name: methachk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MCA_1000	Num	8	2.	2.	Exclusions and Confounders1.Has the participant had any severe acute illness in the past 4 weeks? 1=Yes,0=No
2	MCA_1010	Num	8	2.	2.	If YES, has the participant received permission from the supervising physician to proceed with the methacholine challenge testing? 1=Yes,0=No
3	MCA_1020	Num	8	2.	2.	Physician's Signature:
4	MCA_1050	Num	8	2.	2.	Has the participant used 4 or more days of systemic corticosteroid (e.g., prednisolone, prednisone, Solumedrol, Decadron) for the treatment of an asthma exacerbation in the past 4 weeks?
5	MCA_1060	Num	8	2.	2.	Does the participant have a baseline FEV1 less than 55Pct of predicted or less than 1.0 L? 1=Yes,0=No
6	MCA_1070	Num	8	2.	2.	Pregnancy test results: (Check N/A if the participant is male, or is female and is post-menopausal, had a hysterectomy or tubal ligation.) (1=Positive, 0=Negative, 9=N/A)
7	MCA_1080	Num	8	2.	2.	Is the participant's systolic blood pressure > 200 mm Hg or diastolic blood pressure > 100 mm Hg? 1=Yes,0=No
8	MCA_1100	Num	8	2.	2.	Is there any other reason the participant should not proceed with the methacholine challenge testing? 1=Yes,0=No
9	MCA_1110	Num	8	2.	2.	Is the participant eligible to proceed with the diluent pulmonary function testing for the methacholine challenge? 1=Yes,0=No
10	VNUM	Num	8			Visit Number
11	VDATE	Num	8			Number of days from Visit 0 to this visit
12	REALVNUM	Num	8			Visit Number (chronological)
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: *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? 1=Yes,0=No
2	MAD_1010	Num	8	2.	2.	Was an additional treatment used in the first hour? Additional albuterol by MDI (1=Yes,0=No)
3	MAD_1020	Num	8	2.	2.	Was an additional treatment used in the first hour? Number of additional puffs of albuterol administered (1=2, 2=4, 3=>4)
4	MAD_1030	Num	8	2.	2.	Was an additional treatment used in the first hour? Nebulized Beta-agonist (1=Yes,0=No)
5	MAD_1040	Num	8	2.	2.	Was an additional treatment used in the first hour? Subcutaneous epinephrine (1=Yes,0=No)
6	MAD_1050	Num	8	2.	2.	Was an additional treatment used in the first hour? Implementation of clinic emergency protocol or algorithm (1=Yes,0=No)
7	MAD_1060	Num	8	2.	2.	Was an additional treatment used in the first hour? Other (1=Yes,0=No)
8	MAD_1070	Num	8	5.2	5.2	Participant's FEV1 after additional treatment within first hour.2a.FEV1
9	MAD_1090	Char	4	$4.	$4.	Time of FEV1 after additional treatment within first hour (based on 24-hour clock)
10	MAD_1100	Num	8	2.	2.	Was the FEV1 after additional treatment within first hour >the methacholine reversal reference value? 1=Yes,0=No
11	MAD_1110	Num	8	2.	2.	Was additional treatment used after one hour? 1=Yes,0=No
12	MAD_1120	Num	8	2.	2.	Was additional treatment used after one hour? Additional albuterol by MDI (1=Yes,0=No)
13	MAD_1130	Num	8	2.	2.	Was additional treatment used after one hour? Number of additional puffs of albuterol administered (1=2, 2=4, 3=>4)
14	MAD_1140	Num	8	2.	2.	Was additional treatment used after one hour? Nebulized Beta-agonist (1=Yes,0=No)
15	MAD_1150	Num	8	2.	2.	Was additional treatment used after one hour? Subcutaneous epinephrine (1=Yes,0=No)
16	MAD_1160	Num	8	2.	2.	Was additional treatment used after one hour? Implementation of clinic emergency protocol or algorithm (1=Yes,0=No)
17	MAD_1170	Num	8	2.	2.	Was additional treatment used after one hour? Treatment in the emergency room (1=Yes,0=No)
18	MAD_1180	Num	8	2.	2.	Was additional treatment used after one hour? Overnight hospitalization (1=Yes,0=No)
19	MAD_1190	Num	8	2.	2.	Was additional treatment used after one hour? Other (1=Yes,0=No)
20	MAD_1200	Num	8	5.2	5.2	Participant's final FEV1 after methacholine challenge4a.FEV1
21	MAD_1220	Char	4	$4.	$4.	Time of final FEV1 after methacholine challenge (based on 24-hour clock)
22	MAD_1230	Num	8	2.	2.	Was the final FEV1 after methacholine challenge >= the methacholine reversal reference value? 1=Yes,0=No
23	VNUM	Num	8			Visit Number
24	VDATE	Num	8			Number of days from Visit 0 to this visit
25	REALVNUM	Num	8			Visit Number (chronological)
26	RAND_ID	Char	6			Randomized Master ID
27	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)

Num	Variable	Type	Len	Format	Informat	Label
28	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	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 to this visit
11	REALVNUM	Num	8			Visit Number (chronological)
12	RAND_ID	Char	6			Randomized Master ID
13	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
14	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: parttxqx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PTX_1000	Num	8	2.	2.	1='I am certain the capsules contained placebo.', 2='I think the capsules probably contained placebo.', 3='I have no idea which type of capsules I received, but my guess would be:', 4='I think the capsules probably contained Vitamin D.' 5='I am certain the
2	PTX_1010	Num	8	2.	2.	I have no idea which type of capsules I received, but my guess would be: 1=Placebo, 2=Vitamin D
3	PTX_1020	Num	8	2.	2.	Please comment with respect to the taste of the medication you received from your scheduled capsules since randomization at Visit 4. 1=Tasted good, 2=No noticeable taste, 3=Tasted bad
4	PTX_1030	Num	8	2.	2.	Please comment with respect to the smell of the medication you received from your scheduled capsules since randomization at Visit 4. 1=Smelled good, 2=No noticeable smell, 3=Smelled bad
5	PTX_1040	Num	8	2.	2.	Please comment with respect to any physical sensations produced by the medication you received from your scheduled capsules since randomization at Visit 4. 1=Pleasant sensations, 2=No noticeable sensations, 3=Unpleasant sensations
6	PTX_1050	Num	8	2.	2.	Please comment with respect to any other observations you may have made regarding your scheduled capsules. 1=I have no further comments, 2=I observed the following:
7	VNUM	Num	8			Visit Number
8	VDATE	Num	8			Number of days from Visit 0 to this visit
9	REALVNUM	Num	8			Visit Number (chronological)
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: predict.sas7bdat

Num	Variable	Type	Len	Label
1	FVC	Num	8	Predicted FVC (L)
2	FEV1	Num	8	Predicted FEV1 (L)
3	FEV1_FVC	Num	8	Predicted FEV1/FVC(%)
4	FEF2575	Num	8	Predicted FEF 25-75 (L/S)
5	PEFR	Num	8	Predicted PEFR (L/S)
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: 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? Pre-menarche (1=Yes,0=No)
2	PRG_1010	Num	8	2.	2.	Is the participant unable to bear children due to any of the following reasons? Post-menopausal (at least one year since last menses) (1=Yes,0=No)
3	PRG_1020	Num	8	2.	2.	Is the participant unable to bear children due to any of the following reasons? Hysterectomy (1=Yes,0=No)
4	PRG_1030	Num	8	2.	2.	Is the participant unable to bear children due to any of the following reasons? Tubal ligation (1=Yes,0=No)
5	PRG_1040	Num	8	2.	2.	Pregnancy test results (1=Positive, 0=Negative)
6	VNUM	Num	8			Visit Number
7	VDATE	Num	8			Number of days from Visit 0 to this visit
8	REALVNUM	Num	8			Visit Number (chronological)
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: priortrt.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
19	PTR_1540	Num	8	3.	3.	Indicate number of daily treatments Steroids by Nebulizer used during the past 12 months
20	PTR_1550	Num	8	3.	3.	Indicate the total number of months that you used the nebulized steroid out of the past 12 months months
21	PTR_1560	Num	8	2.	2.	During the past 12 months were the following medications used FOR ASTHMA OR ALLERGIES? Long-Acting Beta-Agonist and Inhaled Steroid Combination Medications (1=Yes, 0=No, 9=Don't Know)
22	PTR_1600	Num	8	5.	5.	Indicate most recent type of combination medication taken (refer to PRIOR_TRT_CARD reference card) code
23	PTR_1610	Num	8	3.	3.	Indicate number of daily puffs Long-Acting Beta-Agonist and Inhaled Steroid Combination Medications used during the past 12 months
24	PTR_1620	Num	8	3.	3.	Indicate the total number of months that you used the combination medication out of the past 12 months months
25	PTR_1630	Num	8	2.	2.	During the past 12 months were the following nasal treatments used FOR ALLERGIES? Nasal Steroids (1=Yes, 0=No, 9=Don't Know)
26	PTR_1670	Num	8	2.	2.	During the past 12 months were the following nasal treatments used FOR ALLERGIES? Non-steroidal Anti-allergic Nasal Medications (1=Yes, 0=No, 9=Don't Know)
27	PTR_1710	Num	8	2.	2.	During the past 12 months were the following general allergy treatments used? Anti-allergic Oral Medications (1=Yes, 0=No, 9=Don't Know)
28	PTR_1750	Num	8	2.	2.	During the past 12 months were the following skin treatments used FOR ECZEMA OR ALLERGIES? Topical Steroids - Prescription (1=Yes, 0=No, 9=Don't Know)
29	PTR_1790	Num	8	2.	2.	During the past 12 months were the following skin treatments used FOR ECZEMA OR ALLERGIES? Topical Steroids - OTC (1=Yes, 0=No, 9=Don't Know)
30	PTR_1830	Num	8	2.	2.	During the past 12 months were there any OTHER medications used FOR ASTHMA OR ALLERGIES? (1=Yes, 0=No, 9=Don't Know)
31	PTR_1870	Num	8	2.	2.	During the past 12 months were the following treatments used for conditions OTHER THAN ASTHMA? Oral Steroids for Conditions Other Than Asthma (1=Yes, 0=No, 9=Don't Know)
32	PTR_1910	Num	8	2.	2.	During the past 12 months were the following treatments used for conditions OTHER THAN ASTHMA? Injectable Steroids for Conditions Other Than Asthma (1=Yes, 0=No, 9=Don't Know)
33	VNUM	Num	8			Visit Number
34	VDATE	Num	8			Number of days from Visit 0 to this visit
35	REALVNUM	Num	8			Visit Number (chronological)
36	DATE_Q02	Num	8			Short-acting Inhaled Beta-Agonists by Inhaler (e.g., albuterol, Primatene Mist, Maxair, ProAir, Proventil, Ventolin, Xopenex) Date
37	DATE_Q03	Num	8			Rescue treatment via a Nebulizer Machine (e.g., albuterol, ipratropium, Combivent, Xopenex, levalbuterol) Date
38	DATE_Q04	Num	8			Long-acting Inhaled Beta-Agonists (e.g., Serevent, Foradil, salmeterol, formoterol) Do not consider combination medications. Date
39	DATE_Q05	Num	8			Oral Beta-Agonists (e.g., albuterol, Brethine, Bricanyl, metaproterenol, Proventil, Ventolin, Repetabs, Volmax) Date
40	DATE_Q06	Num	8			Oral Theophylline (short-acting or sustained release) (e.g., Aminophylline, Slo-Phyllin, Slo-bid, Theo-Dur, Uniphyl) Date

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

Data Set Name: pss_10.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
1	PCH_1000	Num	8	2.	2.	Have you consumed caffeine in the past 6 hours? 1=Yes,0=No
2	PCH_1010	Num	8	2.	2.	Have you used medications with caffeine in the past 6 hours? 1=Yes,0=No
3	PCH_1020	Num	8	2.	2.	Have you used any weight loss medications in the past 6 hours? 1=Yes,0=No
4	PCH_1030	Num	8	2.	2.	Have you consumed any food containing alcohol or beverages containing alcohol in the past 6 hours? 1=Yes,0=No
5	PCH_1040	Num	8	2.	2.	Have you used any oral antihistamines in the past 48 hours? 1=Yes,0=No
6	PCH_1050	Num	8	2.	2.	Have you used any nasal antihistamines in the past 6 hours? 1=Yes,0=No
7	PCH_1060	Num	8	2.	2.	Have you used any ophthalmic antihistamines in the past 6 hours? 1=Yes,0=No
8	PCH_1070	Num	8	2.	2.	Have you used any oral decongestants or cold remedies in the past 48 hours? 1=Yes,0=No
9	PCH_1080	Num	8	2.	2.	Have you used any nasal decongestants in the past 6 hours? 1=Yes,0=No
10	PCH_1100	Num	8	2.	2.	Have you used a rescue intermediate-acting inhaled beta-agonist in the past 6 hours? 1=Yes,0=No
11	PCH_1120	Num	8	2.	2.	Have you used any smokeless tobacco products today? 1=Yes,0=No
12	PCH_1130	Num	8	2.	2.	At this time, is your asthma worse because of recent exposure to triggers? 1=Yes,0=No
13	PCH_1140	Num	8	2.	2.	Is there any other reason you should not proceed with spirometry testing? 1=Yes,0=No
14	PCH_1150	Num	8	2.	2.	Is the participant eligible to proceed with the spirometry testing? 1=Yes,0=No
15	VNUM	Num	8			Visit Number
16	VDATE	Num	8			Number of days from Visit 0 to this visit
17	REALVNUM	Num	8			Visit Number (chronological)
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: regimen.sas7bdat

Num	Variable	Type	Len	Label
1	REGIMEN	Char	10	Regimen
2	RAND_ID	Char	6	Randomized Master ID
3	ENROLL_TYPE	Char	15	Enrollment Type (Screen Fail, Randomized, Healthy Control)
4	ENROLL_ORDER	Num	8	Enrollment Order Number

Data Set Name: registry.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	REG_1080	Num	8	2.	2.	Sex (1=Male, 2=Female)
2	REG_1150	Num	8	3.	3.	Primary Racial Identification for Spirometry (1=Amer Indian or Alaskan Native, 2=Asian or Pacific Islander, 3=Black, 4=White, 5=Hispanic or Latino, 6=Other)
3	AGE	Num	8			Age at Visit 0
4	RAND_ID	Char	6			Randomized Master ID
5	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
6	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: sei.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SEI_1000	Num	8	2.	2.	Who is the respondent? 1=Self/Participant, 2=Parent/Guardian, 3=Other (specify
2	SEI_1010	Num	8	3.	3.	Highest education of any household member (0=No High School diploma, 1=GED, 2=High Schol grad, 3=Technical training, 4=Some college, no degree, 5=Assoc degree, 6=Bachelor degree, 7=Masters degree, 8=MD/PhD/JD/PharmD, 9=Decline to answer, 10=Don't know)
3	SEI_1020	Num	8	3.	3.	Category best describes the combined annual income, before taxes, of all members of your household for the last year. (1=Less than $25,000, 2=$25,000 - $49,999, 3=$50,000 - $99,999, 4=$100,000 or more, 9=Decline to answer, 10= Don't know)
4	SEI_1030	Num	8	3.	3.	How many people are supported by this income reported in Q3?
5	VNUM	Num	8			Visit Number
6	VDATE	Num	8			Number of days from Visit 0 to this visit
7	REALVNUM	Num	8			Visit Number (chronological)
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: seq_10.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	S10_1000	Num	8	2.	2.	In summer, during your leisure time, how much time do you normally spend in the sun? 1='<1 hour a day', 2='1 to 2 hours per day', 3='2 to 3 hours per day', 4='3 to 4 hours per day', 5='? 4 hours a day' ,9='Non-applicable in the past 7months'
2	S10_1010	Num	8	2.	2.	In winter, during your leisure time, how much time do you normally spend in the sun? 1='<1 hour a day', 2='1 to 2 hours per day', 3='2 to 3 hours per day', 4='3 to 4 hours per day', 5='? 4 hours a day' ,9='Non-applicable in the past 7months'
3	S10_1020	Num	8	2.	2.	In summer, how much do your activities take you outside? 1='Not that often', 2='A moderate amount', 3='Quite a lot', 4='Virtually all the time', 9='Non-applicable in the past 7 months'
4	S10_1030	Num	8	2.	2.	In winter, how much do your activities take you outside? 1='Not that often', 2='A moderate amount', 3='Quite a lot', 4='Virtually all the time', 9='Non-applicable in the past 7 months'
5	S10_1040	Num	8	2.	2.	When outside in summer, how often do you use a sunscreen or make sure you are 'covered up'? 1='Never/rarely', 2='Occasionally', 3='Most of the time', 4='Always/almost always', 9='Non-applicable in the past 7 months'
6	S10_1050	Num	8	2.	2.	In the last 7 months, have you ever used a sunlamp or a tanning bed at a tanning salon? 1=Yes,0=No
7	S10_1060	Num	8	2.	2.	In the last 7 months, how often have you used a sunlamp or a tanning bed at a tanning salon? 1=At least once a week, 2=Less than once a week, but at least once a month, 3=Less than once a month, but more than two times, 4=Less than or equal to two times
8	VNUM	Num	8			Visit Number
9	VDATE	Num	8			Number of days from Visit 0 to this visit
10	REALVNUM	Num	8			Visit Number (chronological)
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: seq_3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	S3_1000	Num	8	2.	2.	In summer, during your leisure time, how much time do you normally spend in the sun? 1='<1 hour a day', 2='1 to 2 hours per day', 3='2 to 3 hours per day', 4='3 to 4 hours per day', 5='>=4 hours a day'
2	S3_1010	Num	8	2.	2.	In winter, during your leisure time, how much time do you normally spend in the sun? 1=<1 hour a day, 2=1 to 2 hours per day, 3=2 to 3 hours per day, 4=3 to 4 hours per day, 5=>=4 hours a day
3	S3_1020	Num	8	2.	2.	In summer, how much do your activities take you outside? 1='Not that often', 2='A moderate amount', 3='Quite a lot', 4='Virtually all the time'
4	S3_1030	Num	8	2.	2.	In winter, how much do your activities take you outside? 1='Not that often', 2='A moderate amount', 3='Quite a lot', 4='Virtually all the time'
5	S3_1040	Num	8	2.	2.	When outside in summer, how often do you use a sunscreen or make sure you are 'covered up'? 1='Never/rarely', 2='Occasionally', 3='Most of the time', 4='Always/almost always'
6	S3_1050	Num	8	2.	2.	In the last 3 years, have you ever used a sunlamp or a tanning bed at a tanning salon? 1=Yes,0=No
7	S3_1060	Num	8	2.	2.	In the last 3 years, how often have you used a sunlamp or a tanning bed at a tanning salon? 1=At least once a week, 2= < once a week, but at least once a month, 3= < once a month, but > two times a year, 4= <= two times a year
8	VNUM	Num	8			Visit Number
9	VDATE	Num	8			Number of days from Visit 0 to this visit
10	REALVNUM	Num	8			Visit Number (chronological)
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: serious.sas7bdat

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

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

Data Set Name: sigex.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SIG_1000	Num	8	2.	2.	Did the participant fail to respond within 48 hours to the treatment failure rescue algorithm? 1=Yes,0=No
2	SIG_1010	Num	8	2.	2.	Did the participant use at least 16 puffs of PRN levalbuterol per 24 hours for a period of 48 hours? 1=Yes,0=No
3	SIG_1020	Num	8	2.	2.	Did the participant experience prebronchodilator FEV1 values < 50Pct of the baseline prebronchodilator value obtained at Visit 3 on two consecutive spirometric determinations made on different days? 1=Yes, 0=No, 9=Not evaluated
4	SIG_1030	Num	8	2.	2.	Did the participant experience prebronchodilator FEV1 values < 40Pct of predicted on two consecutive spirometric determinations made on different days? 1=Yes, 0=No, 9=Not evaluated
5	SIG_1035	Num	8	2.	2.	Did the study or treating physician prescribe the participant oral/parenteral corticosteroids for the treatment of his/her asthma? 1=Yes,0=No
6	SIG_1040	Num	8	2.	2.	Did the participant experience a significant asthma exacerbation in the opinion of the study investigator or personal physician? 1=Yes,0=No
7	SIG_1050	Num	8	2.	2.	Did the participant experience a significant asthma exacerbation? 1=Yes,0=No
8	SIG_1060	Num	8			Date exacerbation conditions were met.
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 to this visit
11	REALVNUM	Num	8			Visit Number (chronological)
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: skintest.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SKI_1000	Num	8	2.	2.	Has the participant had a previous skin test using AsthmaNet procedures within the approved time limit? (Q1000) (1=Yes, 0=No)
2	SKI_1030	Num	8	2.	2.	Has the participant used any of the medications, listed in the skin test section of the AsthmaNet MOP within the exclusionary periods? (Q1030) (1=Yes, 0=No)
3	SKI_1040	Num	8	2.	2.	Was the participant's most recent FEV1 below 60% predicted? (Q1040) (1=Yes, 0=No, 9=N/A)
4	SKI_1050	Num	8	2.	2.	Has the participant received permission from the supervising physician to proceed with the skin testing procedure? (Q1050) (1=Yes, 0=No)
5	SKI_1055	Num	8	2.	2.	If YES, obtain physician's signature: (Q1055) (1=signature is present, NULL=signature missing)
6	SKI_1060	Num	8	2.	2.	Is the participant eligible for allergy skin testing? (Q1060) (1=Yes, 0=No)
7	SKI_1070	Num	8	2.	2.	Has the participant ever had a severe systemic reaction to allergy skin testing? (Q1070) (1=Yes, 0=No)
8	SKI_1080	Num	8	2.	2.	Has the participant ever had an anaphylactic reaction to egg? (Q1080) (1=Yes, 0=No)
9	SKI_1090	Num	8	2.	2.	Has the participant ever had an anaphylactic reaction to peanut? (Q1090) (1=Yes, 0=No)
10	SKI_1100	Num	8	2.	2.	Has the participant ever had an anaphylactic reaction to milk? (Q1100) (1=Yes, 0=No)
11	SKI_1110	Char	4	$4.	$4.	Time test sites pricked (based on a 24-hour clock) (Q1110) (0-2359)
12	SKI_1120	Char	4	$4.	$4.	Time test sites evaluated (based on a 24-hour clock) (Q1120) (0-2359)
13	SKI_1130	Num	8	6.1	6.1	((Positive Control: Largest Wheal) + (Positive Control: Perpendicular Wheal))/2 (Q1130) (0.0 - 999.9 mm)
14	SKI_1140	Num	8	2.	2.	Is Positive Control Wheal Size < 3mm? (Q1140) (1=Yes, 0=No)
15	SKI_1150	Num	8	6.1	6.1	((Negative Control: Largest Wheal) + (Negative Control: Perpendicular Wheal))/2 (Q1150) (0.0 - 999.9 mm)
16	SKI_1160	Num	8	6.1	6.1	Positive Control Wheal Size - Negative Control Wheal Size (Q1160) (0.0 - 999.9 mm)
17	SKI_1170	Num	8	2.	2.	Is Positive Control Wheal Size - Negative Control Wheal Size < 3mm? (Q1170) (1=Yes, 0=No)
18	SKI_1180	Num	8	6.1	6.1	Negative Control Wheal Size + 3mm (Q1180) (0.0 - 999.9 mm)
19	SKI_1190	Num	8	2.	2.	Positive Control (A8) Was there a reaction? (Q1190) (1=Yes, 0=No)
20	SKI_1200	Num	8	4.	4.	Positive Control (A8) Largest Wheal Diameter: (Q1200) (O-999mm)
21	SKI_1210	Num	8	4.	4.	Positive Control (A8) Perpendicular Wheal Diameter: (Q1210) (O-999mm)
22	SKI_1220	Num	8	2.	2.	Negative Control (A1) Was there a reaction? (Q1220) (1=Yes, 0=No)
23	SKI_1230	Num	8	4.	4.	Negative Control (A1) Largest Wheal Diameter: (Q1230) (O-999mm)
24	SKI_1240	Num	8	4.	4.	Negative Control (A1) Perpendicular Wheal Diameter: (Q1240) (O-999mm)
25	SKI_1250	Num	8	2.	2.	Cockroach (A7) Was there a reaction? (Q1250) (1=Yes, 0=No)
26	SKI_1260	Num	8	4.	4.	Cockroach (A7) Largest Wheal Diameter: (Q1260) (O-999mm)

Num	Variable	Type	Len	Format	Informat	Label
27	SKI_1270	Num	8	4.	4.	Cockroach (A7) Perpendicular Wheal Diameter: (Q1270) (O-999mm)
28	SKI_1280	Num	8	2.	2.	Cat (A2) Was there a reaction? (Q1280) (1=Yes, 0=No)
29	SKI_1290	Num	8	4.	4.	Cat (A2) Largest Wheal Diameter: (Q1290) (O-999mm)
30	SKI_1300	Num	8	4.	4.	Cat (A2) Perpendicular Wheal Diameter: (Q1300) (O-999mm)
31	SKI_1310	Num	8	2.	2.	Mold Mix (A6) Was there a reaction? (Q1310) (1=Yes, 0=No)
32	SKI_1320	Num	8	4.	4.	Mold Mix (A6) Largest Wheal Diameter: (Q1320) (O-999mm)
33	SKI_1330	Num	8	4.	4.	Mold Mix (A6) Perpendicular Wheal Diameter: (Q1330) (O-999mm)
34	SKI_1340	Num	8	2.	2.	Dog (A3) Was there a reaction? (Q1340) (1=Yes, 0=No)
35	SKI_1350	Num	8	4.	4.	Dog (A3) Largest Wheal Diameter: (Q1350) (O-999mm)
36	SKI_1360	Num	8	4.	4.	Dog (A3) Perpendicular Wheal Diameter: (Q1360) (O-999mm)
37	SKI_1370	Num	8	2.	2.	Rat (A5) Was there a reaction? (Q1370) (1=Yes, 0=No)
38	SKI_1380	Num	8	4.	4.	Rat (A5) Largest Wheal Diameter: (Q1380) (O-999mm)
39	SKI_1390	Num	8	4.	4.	Rat (A5) Perpendicular Wheal Diameter: (Q1390) (O-999mm)
40	SKI_1400	Num	8	2.	2.	Mouse (A4) Was there a reaction? (Q1400) (1=Yes, 0=No)
41	SKI_1410	Num	8	4.	4.	Mouse (A4) Largest Wheal Diameter: (Q1410) (O-999mm)
42	SKI_1420	Num	8	4.	4.	Mouse (A4) Perpendicular Wheal Diameter: (Q1420) (O-999mm)
43	SKI_1430	Num	8	2.	2.	Peanut (B8) Was there a reaction? (Q1430) (1=Yes, 0=No)
44	SKI_1440	Num	8	4.	4.	Peanut (B8) Largest Wheal Diameter: (Q1440) (O-999mm)
45	SKI_1450	Num	8	4.	4.	Peanut (B8) Perpendicular Wheal Diameter: (Q1450) (O-999mm)
46	SKI_1460	Num	8	2.	2.	Grass Mix (B1) Was there a reaction? (Q1460) (1=Yes, 0=No)
47	SKI_1470	Num	8	4.	4.	Grass Mix (B1) Largest Wheal Diameter: (Q1470) (O-999mm)
48	SKI_1480	Num	8	4.	4.	Grass Mix (B1) Perpendicular Wheal Diameter: (Q1480) (O-999mm)
49	SKI_1490	Num	8	2.	2.	Egg, whole (B7) Was there a reaction? (Q1490) (1=Yes, 0=No)
50	SKI_1500	Num	8	4.	4.	Egg, whole (B7) Largest Wheal Diameter: (Q1500) (O-999mm)
51	SKI_1510	Num	8	4.	4.	Egg, whole (B7) Perpendicular Wheal Diameter: (Q1510) (O-999mm)
52	SKI_1520	Num	8	2.	2.	Tree Mix (B2) Was there a reaction? (Q1520) (1=Yes, 0=No)
53	SKI_1530	Num	8	4.	4.	Tree Mix (B2) Largest Wheal Diameter: (Q1530) (O-999mm)
54	SKI_1540	Num	8	4.	4.	Tree Mix (B2) Perpendicular Wheal Diameter: (Q1540) (O-999mm)
55	SKI_1550	Num	8	2.	2.	Cow Milk (B6) Was there a reaction? (Q1550) (1=Yes, 0=No)
56	SKI_1560	Num	8	4.	4.	Cow Milk (B6) Largest Wheal Diameter: (Q1560) (O-999mm)
57	SKI_1570	Num	8	4.	4.	Cow Milk (B6) Perpendicular Wheal Diameter: (Q1570) (O-999mm)
58	SKI_1580	Num	8	2.	2.	Cedar (B3) Was there a reaction? (Q1580) (1=Yes, 0=No)
59	SKI_1590	Num	8	4.	4.	Cedar (B3) Largest Wheal Diameter: (Q1590) (O-999mm)
60	SKI_1600	Num	8	4.	4.	Cedar (B3) Perpendicular Wheal Diameter: (Q1600) (O-999mm)
61	SKI_1610	Num	8	2.	2.	Mite Mix (B5) Was there a reaction? (Q1610) (1=Yes, 0=No)
62	SKI_1620	Num	8	4.	4.	Mite Mix (B5) Largest Wheal Diameter: (Q1620) (O-999mm)
63	SKI_1630	Num	8	4.	4.	Mite Mix (B5) Perpendicular Wheal Diameter: (Q1630) (O-999mm)
64	SKI_1640	Num	8	2.	2.	Weed Mix (B4) Was there a reaction? (Q1640) (1=Yes, 0=No)
65	SKI_1650	Num	8	4.	4.	Weed Mix (B4) Largest Wheal Diameter: (Q1650) (O-999mm)

Num	Variable	Type	Len	Format	Informat	Label
66	SKI_1660	Num	8	4.	4.	Weed Mix (B4) Perpendicular Wheal Diameter: (Q1660) (O-999mm)
67	SKI_1010	Num	8			Date of previous skin test (Q1010) __ __ / __ __ / 20 __ __
68	VNUM	Num	8			Visit Number
69	VDATE	Num	8			Number of days from Visit 0 to this visit
70	REALVNUM	Num	8			Visit Number (chronological)
71	RAND_ID	Char	6			Randomized Master ID
72	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
73	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: snq.sas7bdat

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

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

Num	Variable	Type	Len	Format	Informat	Label
1	PEF_REF	Num	8	4.	4.	PEF Reference Value
2	FVC	Num	8	5.2	5.2	FVC
3	FEV1	Num	8	5.2	5.2	FEV1
4	PEF	Num	8	4.	4.	PEF
5	FEF2575	Num	8	5.2	5.2	FEF25-75
6	FET	Num	8	6.2	6.2	FET
7	DRY_1	Num	8	2.	2.	Number of times you woke up last night due to asthma
8	DRY_2	Num	8	2.	2.	Number of puffs you will take from your Alvesco® inhaler this morning
9	DRY_3	Num	8	2.	2.	Number of scheduled capsules you will take this morning
10	DRY_4	Num	8	2.	2.	Scheduled AM Assessment - Have you taken any puffs from your RESCUE Xopenex inhaler during the past 4 hours?
11	DRY_5	Num	8	2.	2.	During the Night, what was your shortness of breath score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
12	DRY_6	Num	8	2.	2.	During the Night, what was your chest tightness score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
13	DRY_7	Num	8	2.	2.	During the Night, what was your wheezing score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
14	DRY_8	Num	8	2.	2.	During the Night, what was your cough score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
15	DRY_9	Num	8	2.	2.	During the Night, what was your phlegm/mucus score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
16	DRY_10	Num	8	2.	2.	Number of puffs you will take from your Alvesco® inhaler tonight
17	DRY_11	Num	8	2.	2.	Scheduled PM Assessment - Have you taken any puffs from your RESCUE Xopenex inhaler during the past 4 hours?
18	DRY_12	Num	8	2.	2.	Since you've woken, what was your shortness of breath score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
19	DRY_13	Num	8	2.	2.	Since you've woken, what was your chest tightness score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
20	DRY_14	Num	8	2.	2.	Since you've woken, what was your wheezing score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
21	DRY_15	Num	8	2.	2.	Since you've woken, what was your cough score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
22	DRY_16	Num	8	2.	2.	Since you've woken, what was your phlegm/mucus score: 0=Absent, 1=Mild, 2=Moderate, 3=Severe
23	DRY_17	Num	8	3.	3.	Number of RESCUE Xopenex® puffs taken during past 24 hours
24	DRY_18	Num	8	3.	3.	Number of times used RESCUE Xopenex® inhaler past 24 hours
25	DRY_19	Num	8	2.	2.	Did you have a cold today?
26	VNUM	Num	8			Visit Number
27	VDATE	Num	8			Number of days from Visit 0 to this visit
28	DDATE	Num	8			Diary date
29	REALVNUM	Num	8			Visit Number (chronological)

Num	Variable	Type	Len	Format	Informat	Label
30	RESC_REF	Num	8			Reference rescue use (puffs)
31	TRIALTYP	Num	8			PEF Trial type (1=AM sched, 2=PM sched, 3=unsched)
32	RAND_ID	Char	6			Randomized Master ID
33	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
34	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: sputchk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SCH_1000	Num	8	2.	2.	Was the participant's FEV1 after reversal from the methacholine challenge greater yhan 90Pct of the baseline FEV1 (1=Yes,0=No)
2	SCH_1010	Num	8	2.	2.	If NO, has the participant received permission from the supervising physician to proceed with sputum induction testing? 1=Yes,0=No
3	SCH_1020	Num	8	2.	2.	Physician's Signature:_____ (1=signature present, NULL=signature missing)
4	SCH_1030	Num	8	5.2	5.2	Participant's FEV1 used for assessment of eligibility for sputum induction __ . __ __ L (0 - 9.99)
5	SCH_1040	Num	8	4.	4.	Participant's FEV1 (Pct predicted) used for assessment of eligibility for sputum induction __ __ __ Pct predicted (O-999)
6	SCH_1050	Num	8	2.	2.	Was the participant's FEV1 used for assessment of eligibility for sputum induction >=50% predicted? 1=Yes,0=No
7	SCH_1060	Num	8	2.	2.	Is there any other reason the participant should not proceed with sputum induction? 1=Yes,0=No
8	SCH_1070	Num	8	2.	2.	Is the participant eligible for sputum induction? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 to this visit
11	REALVNUM	Num	8			Visit Number (chronological)
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: sputlab.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
1	SRE_1010	Num	8	2.	2.	Rate slide's quality: (1=Very good, 2=Good, 3=Acceptable, 4=Poor but readable, 5=Not readable)
2	SRE_1020	Num	8	2.	2.	Record the number on the slide(s) that was (were) read (0 - 9)
3	SRE_1030	Num	8	2.	2.	Record the number on the slide(s) that was (were) read: These are numbers that were assigned to the slides at each site. (0 -9)
4	SRE_1040	Num	8	7.1	7.1	Total Cell Count: __ __ __ __ . __ x 10^4 cells/ml (0 - 9999.9)
5	SRE_1050	Num	8	5.1	5.1	Differential Cell Counts: Squamous Cells __ __ . __ Pct (0.0 - 99.9)
6	SRE_1060	Num	8	5.1	5.1	Differential Cell Counts: Epithelial Cells __ __ . __ Pct (0.0 - 99.9)
7	SRE_1070	Num	8	5.1	5.1	Differential Cell Counts: Macrophages __ __ . __ Pct (0.0 - 99.9)
8	SRE_1080	Num	8	5.1	5.1	Differential Cell Counts: Neutrophils __ __ . __ Pct (0 -99.9)
9	SRE_1090	Num	8	5.1	5.1	Differential Cell Counts: Eosinophils __ __ . __ Pct (0 - 99.9)
10	SRE_1100	Num	8	5.1	5.1	Differential Cell Counts: Lymphocytes __ __ . __ Pct (0 -99.9)
11	SRE_1000	Num	8			Date of Read - number of days from Visit 0
12	VNUM	Num	8			Visit Number
13	VDATE	Num	8			Number of days from Visit 0 to this visit
14	REALVNUM	Num	8			Visit Number (chronological)
15	RAND_ID	Char	6			Randomized Master ID
16	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
17	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: sputtrt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAD_1000	Num	8	5.2	5.2	Participant's FEV1 after initial 2 puffs of albuterol: 1a.FEV1 __ . __ __ L (0 -9.99)
2	SAD_1010	Num	8	4.	4.	Participant's FEV1 after initial 2 puffs of albuterol: 1b. FEV1 (Pct predicted)__ __ __ Pct predicted (0 - 999)
3	SAD_1020	Char	4	$4.	$4.	Participant's FEV1 after initial 2 puffs of albuterol: 1c. Time of FEV1 from Q1a (based on 24-hour clock) __ __ __ __ (0 - 2359)
4	SAD_1030	Num	8	2.	2.	Participant's FEV1 after initial 2 puffs of albuterol: 1d. Was the FEV1 from Q1a >=the sputum induction reversal reference value in the gray box above? 1=Yes,0=No
5	SAD_1040	Num	8	5.2	5.2	Participant's FEV1 after 2 additional puffs of albuterol: 2a. FEV1 __ . __ __ L (0 - 9.99)
6	SAD_1050	Num	8	4.	4.	Participant's FEV1 after 2 additional puffs of albuterol: 2b. FEV1 (Pct predicted) __ __ __ Pct predicted (0 - 999)
7	SAD_1060	Char	4	$4.	$4.	Participant's FEV1 after 2 additional puffs of albuterol: 2c. Time of FEV1 from Q2a (based on 24-hour clock)__ __ __ __ (0 - 2359)
8	SAD_1070	Num	8	2.	2.	Was the FEV1 after 2 additional puffs of albuterol >= the sputum induction reversal reference value? 1=Yes,0=No
9	VNUM	Num	8			Visit Number
10	VDATE	Num	8			Number of days from Visit 0 to this visit
11	REALVNUM	Num	8			Visit Number (chronological)
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: sputum.sas7bdat

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

Num	Variable	Type	Len	Format	Informat	Label
1	TER_1000	Num	8	2.	2.	Complete the number of the last regular visit completed. (0 -9)
2	TER_1010	Num	8	2.	2.	Has the participant completed the study through Visit 10? 1=Yes,0=No
3	TER_1020	Num	8	2.	2.	Is the participant being terminated from the study due to an ineligible Visit 0 vitamin D level? 1=Yes,0=No
4	TER_1030	Num	8	2.	2.	If YES, was the participant sent or given the standard AsthmaNet notification letter? 1=Yes,0=No
5	TER_1040	Num	8	2.	2.	Who initiated termination of the participant? 1=participant, 2=Clinical Staff
6	TER_1050	Num	8	3.	3.	1=no longer interested in participating*, 2=no longer willing to follow protocol*, 3=difficult access to clinic , 4=unable to make visits during clinic hours, 5=moving out of the area, 6=unable to continue due to personal constraints*, 7=unable to continue
7	TER_1070	Num	8	2.	2.	Did clinical staff terminate the participant due to pregnancy? (1=Yes, 0=No, 9=N/A)
8	TER_1080	Num	8	2.	2.	Did clinical staff terminate the participant due to loss to follow-up? 1=Yes,0=No
9	TER_1100	Num	8	2.	2.	If loss to follow-up, type of last contact with participant (1=In-person visit, 0=Phone call)
10	TER_1110	Num	8	2.	2.	Did clinical staff terminate the participant due to an asthma-related adverse event? 1=Yes,0=No
11	TER_1120	Num	8	2.	2.	Did clinical staff terminate the participant due to a medication-related adverse event? 1=Yes,0=No
12	TER_1130	Num	8	2.	2.	Did clinical staff terminate the participant due to an adverse event not related to asthma or medications? 1=Yes,0=No
13	TER_1140	Num	8	2.	2.	Did clinical staff terminate the participant due to ineligibility during the screening period for reasons other than vitamin D ineligibility? 1=Yes,0=No
14	TER_1150	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with medication dosing? 1=Yes,0=No
15	TER_1160	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with diary completion? 1=Yes,0=No
16	TER_1170	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with visit attendance? 1=Yes,0=No
17	TER_1180	Num	8	2.	2.	Did clinical staff terminate the participant due to non-compliance with peak flow monitoring? 1=Yes,0=No
18	TER_1190	Num	8	2.	2.	Did clinical staff terminate the participant due to significant asthma exacerbation or treatment failure during run-in or OCS response period? 1=Yes,0=No
19	TER_1200	Num	8	2.	2.	Did clinical staff terminate the participant due to ineligibility during the run-in or OCS response period for reasons other than compliance or exacerbation/treatment failure? 1=Yes,0=No
20	TER_1205	Num	8	2.	2.	Did clinical staff terminate the participant due to three treatment failure or exacerbation events during the post-randomization period? 1=Yes, 0=No
21	TER_1210	Num	8	2.	2.	Did clinical staff terminate the participant due to other reason? 1=Yes,0=No

Num	Variable	Type	Len	Format	Informat	Label
22	TER_1230	Char	1	$1.	$1.	Inicate the letter corresponding to the primary reason the participant was terminated. (A - M)
23	TER_1235	Num	8	2.	2.	Was the participant sent or given the standard AsthmaNet vitamin D eligible termination letter? 1=Yes,0=No
24	TER_1090	Num	8			If loss to follow-up, date of last contact with participant - number of days from Visit 0
25	VNUM	Num	8			Visit Number
26	VDATE	Num	8			Number of days from Visit 0 to this visit
27	REALVNUM	Num	8			Visit Number (chronological)
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: tfchk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TCH_1000	Num	8	2.	2.	Complete the number of the last regular visit completed (0 - 9)
2	TCH_1010	Num	8	2.	2.	Did the participant experience a fall in prebronchodilator PEF to < 65Pct of baseline on two out of three consecutive, scheduled measurements? 1=Yes,0=No
3	TCH_1020	Num	8	2.	2.	Did the participant experience an increase in rescue levalbuterol use of 8 or more puffs per 24 hours over baseline use for a period of 48 hours? 1=Yes,0=No
4	TCH_1030	Num	8	2.	2.	Did the participant experience prebronchodilator FEV1 values < 80Pct of the baseline prebronchodilator value obtained at Visit 3 on two consecutive spirometric determinations made on different days? 1=Yes, 0=No, 9=Not evaluated
5	TCH_1040	Num	8	2.	2.	Did the study or treating physician prescribe the participant additional inhaled corticosteroids or oral/parenteral corticosteroids for the treatment of his/her asthma? 1=Yes,0=No
6	TCH_1050	Num	8	2.	2.	Did the participant require emergency treatment at a medical facility that was related to, or complicated by, his/her asthma and that resulted in systemic corticosteroid treatment or hospitalization for an acute asthma exacerbation? 1=Yes,0=No
7	TCH_1060	Num	8	2.	2.	Did the participant refuse to continue study drugs because of lack of satisfaction with treatment? 1=Yes,0=No
8	TCH_1070	Num	8	2.	2.	Based on clinical judgment, did the physician deem this participant a treatment failure for safety reasons? 1=Yes,0=No
9	TCH_1080	Num	8	2.	2.	Did the participant experience a significant asthma exacerbation? 1=Yes,0=No
10	TCH_1090	Num	8	2.	2.	Did the participant experience a treatment failure? 1=Yes,0=No
11	TCH_1100	Num	8			Date treatment failure conditions were met - number of days from Visit 0
12	VNUM	Num	8			Visit Number
13	VDATE	Num	8			Number of days from Visit 0 to this visit
14	REALVNUM	Num	8			Visit Number (chronological)
15	RAND_ID	Char	6			Randomized Master ID
16	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
17	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: tfinfo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	TXF_1000	Num	8	2.	2.	Did the participant seek care for treatment failure conditions? 1=Yes,0=No
2	TXF_1010	Num	8	2.	2.	What type of care was sought for treatment failure conditions? Study Investigator or Coordinator? 1=Yes,0=No
3	TXF_1020	Num	8	2.	2.	Type of contact with Study Investigator or Coordinator? 1=Scheduled clinic visit, 2=Unscheduled clinic visit, 3=Phone contact
4	TXF_1030	Num	8	2.	2.	What type of care was sought for treatment failure conditions? Primary Care or Other Physician? 1=Yes,0=No
5	TXF_1040	Num	8	2.	2.	Type of contact with Primary Care or Other Physician? 1=Scheduled clinic visit, 2=Unscheduled clinic visit, 3=Phone contact
6	TXF_1050	Num	8	2.	2.	What type of care was sought for treatment failure conditions? Emergency Department visit? 1=Yes,0=No
7	TXF_1060	Num	8	2.	2.	Was the participant hospitalized? 1=Yes,0=No
8	TXF_1070	Num	8	5.1	5.1	Duration of hospital stay __ __ . __ days (0 - 99.9 days)
9	TXF_1080	Num	8	2.	2.	Was intubation or ventilation assistance required? 1=Yes,0=No
10	TXF_1100	Num	8	2.	2.	Has the participant taken any of the following medications (excluding study Alvesco) since treatment failure conditions started? Inhaled corticosteroids (1=Yes,0=No)
11	TXF_1110	Num	8	2.	2.	Has the participant taken any of the following medications (excluding study Alvesco) since treatment failure conditions started? Nebulized bronchodilator (1=Yes,0=No)
12	TXF_1120	Num	8	2.	2.	Has the participant taken any of the following medications (excluding study Alvesco) since treatment failure conditions started? Oral corticosteroids (1=Yes,0=No)
13	TXF_1130	Num	8	2.	2.	Has the participant taken any of the following medications (excluding study Alvesco) since treatment failure conditions started? IM or IV steroids (1=Yes,0=No)
14	TXF_1140	Num	8	2.	2.	Has the participant taken any of the following medications (excluding study Alvesco) since treatment failure conditions started? Antibiotics (1=Yes,0=No)
15	TXF_1150	Num	8	2.	2.	Has the participant taken any of the following medications (excluding study Alvesco) since treatment failure conditions started? Other (1=Yes,0=No)
16	TXF_1160	Num	8	2.	2.	From a clinical perspective, would you have considered this participant to have experienced a 'treatment failure' if he/she were not participating in the VIDA trial and, instead, you were seeing him/her in your outpatient clinic? 1=Yes,0=No
17	TXF_1170	Num	8	2.	2.	Based on the participant's clinical status at the time he/she met one of the treatment failure criteria, when do you think the participant reached this status? 1=Too early , 2=At the right time , 3=Too late
18	TXF_1180	Num	8	2.	2.	What was the participant's opinion of his/her asthma at the time he/she was deemed a treatment failure? 1=Rescued too soon, 2=Rescued at the right time, 3=Waited too long before being rescued
19	TXF_1190	Num	8	2.	2.	Based on your experience with this participant, are you satisfied with the VIDA treatment failure criteria? 1=Yes,0=No
20	VNUM	Num	8			Visit Number

Num	Variable	Type	Len	Format	Informat	Label
21	VDATE	Num	8			Number of days from Visit 0 to this visit
22	REALVNUM	Num	8			Visit Number (chronological)
23	RAND_ID	Char	6			Randomized Master ID
24	ENROLL_TYPE	Char	15			Enrollment Type (Screen Fail, Randomized, Healthy Control)
25	ENROLL_ORDER	Num	8			Enrollment Order Number

Data Set Name: vitamind.sas7bdat

Num	Variable	Type	Len	Label
1	VNUM	Num	8	Visit Number
2	REALVNUM	Num	8	Visit Number (chronological)
3	VITAMIND	Num	8	Vitamin D (ng/mL)
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: vitd_int.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VDI_1000	Num	8	2.	2.	Do you take vitamin D supplements or multivitamins that include vitamin D on a regular basis ? 1=Yes,0=No
2	VDI_1020	Num	8	2.	2.	Supplement #1 - Vitamin D type (from bottle) (1=Vitamin D (unspecified), 2=Vitamin D2 (ergocalciferol), 3=Vitamin D3 (cholecalciferol))
3	VDI_1030	Num	8	9.1	9.1	Supplement #1 - Vitamin D per capsule/tablet (0.0 to 999999.9 IU)
4	VDI_1040	Num	8	5.1	5.1	Supplement #1 - On average, how many capsules/tablets do you take per day?
5	VDI_1060	Num	8	2.	2.	Supplement #2 - Vitamin D type (from bottle) (1=Vitamin D (unspecified), 2=Vitamin D2 (ergocalciferol), 3=Vitamin D3 (cholecalciferol))
6	VDI_1070	Num	8	9.1	9.1	Supplement #2 - Vitamin D per capsule/tablet (0.0 to 999999.9 IU)
7	VDI_1080	Num	8	5.1	5.1	Supplement #2 - On average, how many capsules/tablets do you take per day?
8	VDI_1100	Num	8	2.	2.	Supplement #3 - Vitamin D type (from bottle) (1=Vitamin D (unspecified), 2=Vitamin D2 (ergocalciferol), 3=Vitamin D3 (cholecalciferol))
9	VDI_1110	Num	8	9.1	9.1	Supplement #3 - Vitamin D per capsule/tablet (0.0 to 999999.9 IU)
10	VDI_1120	Num	8	5.1	5.1	Supplement #3 - On average, how many capsules/tablets do you take per day?
11	VDI_1130	Num	8	2.	2.	Do you take cod liver oil in liquid form on a regular basis ? 1=Yes,0=No
12	VDI_1140	Num	8	3.	3.	If you take cod liver oil in liquid form on a regular basis, on average how many teaspoons do you take per day?
13	VDI_1150	Num	8	2.	2.	Do you take cod liver oil in capsule form on a regular basis ? 1=Yes,0=No
14	VDI_1160	Num	8	3.	3.	If you take cod liver oil in capsule form on a regular basis, on average how many capsules do you take per day?
15	VDI_1170	Num	8	2.	2.	Do you drink milk regularly? 1=Yes,0=No
16	VDI_1180	Num	8	3.	3.	If you drink milk regularly, on average how many 8 oz glasses do you drink per day?
17	VDI_1190	Num	8	3.	3.	If you drink milk regularly, on average how many 8 oz glasses do you drink per week?
18	VDI_1200	Num	8	2.	2.	Do you eat salmon on a regular basis? 1=Yes,0=No
19	VDI_1210	Num	8	3.	3.	If you eat salmon on a regular basis, on average how many 4 oz servings do you eat per week?
20	VDI_1220	Num	8	3.	3.	If you eat salmon on a regular basis, on average how many 4 oz servings do you eat per month?
21	VDI_1230	Num	8	2.	2.	Do you eat sardines on a regular basis? 1=Yes,0=No
22	VDI_1240	Num	8	3.	3.	If you eat sardines on a regular basis, on average how many servings do you eat per week?
23	VDI_1250	Num	8	3.	3.	If you eat sardines on a regular basis, on average how many servings do you eat per month?
24	VNUM	Num	8			Visit Number
25	VDATE	Num	8			Number of days from Visit 0 to this visit
26	REALVNUM	Num	8			Visit Number (chronological)
27	RAND_ID	Char	6			Randomized Master ID

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

Data Set Name: wpai_as.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	WPA_1000	Num	8	2.	2.	Are you currently employed ? 1=Yes,0=No
2	WPA_1010	Num	8	6.1	6.1	In general, how many hours per week do you usually work?
3	WPA_1020	Num	8	6.1	6.1	During the past seven days, how many hours did you miss from work because of problems associated with your asthma?
4	WPA_1030	Num	8	3.	3.	During the past seven days, how much did asthma affect your productivity while you were working?
5	WPA_1040	Num	8	2.	2.	Do you currently attend classes in an academic setting ? 1=Yes,0=No
6	WPA_1050	Num	8	6.1	6.1	In general, how many hours per week do you usually attend classes?
7	WPA_1060	Num	8	6.1	6.1	During the past seven days, how many hours did you miss from class or school because of problems associated with your asthma?
8	WPA_1070	Num	8	3.	3.	During the past seven days, how much did asthma affect your productivity while in school or attending classes in an academic setting?
9	WPA_1080	Num	8	3.	3.	During the past seven days, how much did your asthma affect your ability to do your regular daily activities, other than work at a job or attend classes?
10	VNUM	Num	8			Visit Number
11	VDATE	Num	8			Number of days from Visit 0 to this visit
12	REALVNUM	Num	8			Visit Number (chronological)
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: wurss_21.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	HOW_SICK_TODAY	Num	8	2.	2.	How sick today? 0=Not Sick, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely
2	RUNNY_NOSE	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Runny Nose (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
3	PLUGGED_NOSE	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Plugged Nose (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
4	SNEEZING	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Sneezing (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
5	SORE_THROAT	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Sore throat (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
6	SCRATCHY_THROAT	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Scratchy throat (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
7	COUGH	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Cough (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
8	HOARSENESS	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Hoarseness (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
9	HEAD_CONGESTION	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Head congestion (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
10	CHEST_CONGESTION	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Chest congestion (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
11	FEELING_TIRED	Num	8	2.	2.	Average severity of cold symptoms over last 24 hours: Feeling tired (0=Do Not Have this Symptom, 1=Very Mild, 2 and 3=Mild, 4 and 5=Moderate, 6 and 7=Severe)
12	THINK_CLEARLY	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to think clearly (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)
13	SLEEP_WELL	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to sleep well (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)
14	BREATH_EASILY	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to breathe easily (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)
15	WALK	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to walk, climb stairs, exercise (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)
16	DAILY_ACTIVITIES	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to accomplish daily activities (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)

Num	Variable	Type	Len	Format	Informat	Label
17	WORK_OUTSIDE_HOME	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to work outside the home (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)
18	WORK_INSIDE_HOME	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to work inside the home (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)
19	INTERACT	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to interact with others (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)
20	LIVE_LIFE	Num	8	2.	2.	Over the last 24 hours, how much has your cold interfered with your ability to live your personal life (0=Not at all, 1=Very Mildy, 2 and 3=Mildly, 4 and 5=Moderately, 6 and 7=Severely)
21	MY_COLD_IS	Num	8	2.	2.	Compared to yesterday, I feel that my cold is (1=Very much better, 2=Somewhat better, 3=A little better, 4=The same, 5=A little worse, 6=Somewhat worse, 7=Very much worse)
22	VNUM	Num	8			Visit Number
23	VDATE	Num	8			Number of days from Visit 0 to this visit
24	WDATE	Num	8			Date questionnaire was completed by participant at home - number of days from Visit 0
25	REALVNUM	Num	8			Visit Number (chronological)
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