

Data Set Name: act.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	ACT_1000	Num	8	ACT_1000F.	2.	In the past 4 wks, how much time did asthma keep you from getting as much done at work/school/home?
5	ACT_1010	Num	8	ACT_1010F.	2.	During the past 4 wks, how often have you had shortness of breath?
6	ACT_1020	Num	8	ACT_1020F.	2.	During the past 4 wks, how often did asthma symptoms wake you up?
7	ACT_1030	Num	8	ACT_1030F.	2.	During the past 4 wks, how often have you used your rescue inhaler or nebulizer medication?
8	ACT_1040	Num	8	ACT_1040F.	2.	How would you rate you asthma control during the past 4 wks?

Data Set Name: aeclin.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	CAE_1020	Num	8	3.	3.	Description of Adverse Event - Event count number
4	CAE_1030	Char	6	\$6.	\$6.	ICD9 Code
5	CAE_1040	Num	8			Date Started
6	CAE_1050	Num	8			Date Stopped
7	CAE_1060	Num	8	YESF.	2.	Ongoing at curent contact
8	CAE_1080	Num	8	CAE_1080F.	2.	Type
9	CAE_1090	Num	8	CAE_1090F.	2.	Severity
10	CAE_1100	Num	8	YNF.	2.	Serious
11	CAE_1110	Num	8	CAE_1110F.	2.	Likelihood of relationship to study drug
12	CAE_1120	Num	8	CAE_1120F.	2.	Change in study medications
13	CAE_1130	Num	8	CAE_1130F.	2.	Outcome
14	CAE_1140	Num	8	CAE_1140F.	2.	Treatment required
15	CAE_1150	Num	8	YESF.	2.	Ongoing at final contact

Data Set Name: c_act.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	CAT_1000	Num	8	CAT_1000F.	How is your asthma today?
5	CAT_1010	Num	8	CAT_1010F.	How much of a problem is your asthma when you run, exercise, or play sports?
6	CAT_1020	Num	8	CAT_1020F.	Do you cough because of your asthma?
7	CAT_1030	Num	8	CAT_1030F.	Do you wake up during the night because of your asthma?
8	CAT_1040	Num	8	DAYMOF.	During the last 4 wks, on average, how many days per month did your child have daytime asthma symptoms?
9	CAT_1050	Num	8	DAYMOF.	During the last 4 wks, on average, how many days per month did your child wheeze during the day because of asthma?
10	CAT_1060	Num	8	DAYMOF.	During the last 4 wks, on average, how many days per month did your child wake up during the night because of asthma?

Data Set Name: cap_feia.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	CAP_1000	Num	8	7.2	7.2	Mite Mix CAP/FEIA test result
5	CAP_1010	Num	8	7.2	7.2	Roach Mix CAP/FEIA test result
6	CAP_1020	Num	8	7.2	7.2	Cat CAP/FEIA test result
7	CAP_1030	Num	8	7.2	7.2	Dog CAP/FEIA test result
8	CAP_1040	Num	8	7.2	7.2	Mold Mix CAP/FEIA test result
9	CAP_1050	Num	8	7.2	7.2	Grass Mix CAP/FEIA test result
10	CAP_1060	Num	8	7.2	7.2	Tree Mix CAP/FEIA test result
11	CAP_1070	Num	8	7.2	7.2	Weed Mix CAP/FEIA test result
12	CAP_1080	Num	8	7.2	7.2	Milk CAP/FEIA test result
13	CAP_1090	Num	8	7.2	7.2	Egg CAP/FEIA test result
14	CAP_1100	Num	8	7.2	7.2	Peanut CAP/FEIA test result
15	CAP_1110	Num	8	7.2	7.2	Other CAP/FEIA test result
16	CAP_1120	Num	8	7.2	7.2	Other CAP/FEIA test result

Data Set Name: cmed_as.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	CMD_1010	Num	8		Name of Medication - Medication count number
4	CMD_1000	Num	8		Code - link to DRUGCODE variable in MEDCODES dataset
5	CMD_1020	Num	8		Related Event number - link to CAE_1020 variable in AECLIN dataset
6	CMD_1030	Num	8	YESF.	Related Event - N/A
7	CMD_1060	Num	8		Start Date
8	CMD_1090	Num	8		Stop Date
9	CMD_1100	Num	8	YESF.	Ongoing at current contact
10	CMD_1110	Num	8	YESF.	Ongoing at final contact

Data Set Name: *comply.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	CMP_1000	Num	8	3.	3.	Num of days between current and last visit (or 30, whichever is smaller)
5	CMP_1010	Num	8	3.	3.	Number of adherent days
6	CMP_1020	Num	8	6.1	6.1	Percent adherence (CMP_1010/CMP_1000 x 100)

Data Set Name: *comply_r.sas7bdat*

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Public Subject ID
2	VNUM	Num	8	Visit Number
3	VDATE	Num	8	Visit Date
4	CMR_1000	Num	8	Num of days between current and last visit (or 30, whichever is smaller)
5	CMR_1010	Num	8	Number of matching days
6	CMR_1020	Num	8	Percent adherence (CMP_1010/CMP_1000 x 100)

Data Set Name: diary.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	DIARYDT	Num	8			Diary Date
5	BEST	Num	8	4.	4.	BEST Personal Peak Flow Reference Value
6	DRY_1000	Num	8	YNF.	2.	Awakened at night to use albuterol for asthma?
7	DRY_1010	Num	8	HHMM.	5.	Time of Wake Up Peak Flow
8	DRY_1020	Num	8	4.	4.	Wake Up Peak Flow (best of 3 tries)
9	DRY_1030	Num	8	YNF.	2.	Albuterol used in the two hours before Wake Up Peak Flow?
10	DRY_1040	Num	8	YNF.	2.	One inhalation taken from your brown Daily inhaler at Wake Up?
11	DRY_1050	Num	8	5.2	5.2	Coordinator Completed Wake Up FEV1 (liters)
12	DRY_1060	Num	8	HHMM.	5.	Time of Bedtime Peak Flow
13	DRY_1070	Num	8	4.	4.	Bedtime Peak Flow (Best of 3 tries)
14	DRY_1080	Num	8	YNF.	2.	Albuterol used in the two hours before Bedtime Peak Flow?
15	DRY_1090	Num	8	YNF.	2.	One inhalation taken from your brown Daily inhaler at bedtime?
16	DRY_1120	Num	8	5.2	5.2	Coordinator Completed Bedtime FEV1 (liters)
17	DRY_1130	Num	8	SYMRATINGSCALEF.	2.	Rate your coughing from asthma during the past 24 hours.
18	DRY_1140	Num	8	SYMRATINGSCALEF.	2.	Rate your wheezing during the past 24 hours.
19	DRY_1150	Num	8	3.	3.	Num of puffs from your red Albuterol Inhaler taken before exercise in the past 24 hours.
20	DRY_1160	Num	8	3.	3.	Num of puffs from your red Albuterol Inhaler taken fro asthma symptoms or low peak flow in the past 24 hrs.
21	DRY_1170	Num	8	3.	3.	Num of puffs from your white Rescue Inhaler taken for asthma symptoms or low peak flow in the past 24 hrs.
22	DRY_1180	Num	8	YNNAF.	2.	Absent from school or work for asthma symptoms?
23	DRY_1190	Num	8	YNF.	2.	Seen by a health care provider for asthma symptoms?

Data Set Name: drugarms.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Public Subject ID
2	DRUG_ARM	Char	30	Drug arm

Data Set Name: elig1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	E1_1000	Num	8	YNF.	2.	Has the parent/guardian appropriately signed and dated the consent?
5	E1_1010	Num	8			If yes, date signed
6	E1_1020	Num	8	YNF.	2.	Has the participant appropriately signed and dated the assent form, or if the participant is less than 7 years old, given verbal assent?
7	E1_1030	Num	8			If yes, date of assent
8	E1_1040	Num	8	YNF.	2.	Has the participant consented to a genotype evaluation?
9	E1_1050	Num	8			If yes, date signed
10	E1_1055	Num	8	YNF.	2.	Will the participant be using Spanish translated materials while enrolled in the TREXA Study?
11	E1_1070	Num	8	YNDKF.	2.	Is the participant currently intolerant of or allergic to QVAR (beclomethasone) or any of its ingredients?
12	E1_1080	Num	8	YNF.	2.	Is the participant able to take albuterol such as Proventil and Ventolin?
13	E1_1090	Num	8	YNF.	2.	Has the participant had her first period?
14	E1_1100	Num	8	YNF.	2.	Is the participant currently pregnant or nursing?
15	E1_1110	Num	8	YNF.	2.	Does the participant agree to avoid pregnancy during the study?
16	E1_1120	Num	8	YNF.	2.	Is the participant eligible?
17	E1_1130	Num	8	YNF.	2.	Is the participant 6 to < 18 years old?
18	E1_1140	Num	8	YNF.	2.	Has the participant smoked 11 or more cigarettes or any other substance in the past year?
19	E1_1150	Num	8	YNF.	2.	Has the participant used smokeless tobacco products (chew, snuff) 11 or more times in the past year?
20	E1_1160	Num	8	YNF.	2.	Has the participant ever had chicken pox or received the chicken pox vaccine?
21	E1_1170	Num	8	YNF.	2.	Is the participant receiving allergy shots?
22	E1_1180	Num	8	YNF.	2.	If YES, has the dose been changed in the past 3 months?
23	E1_1185	Num	8	YNF.	2.	Has the participant ever had oral or systemic corticosteroids for asthma?
24	E1_1192	Num	8	E1_1192F.	2.	Don't know date of the last course of oral or systemic corticosteroids for asthma?
25	E1_1205	Num	8	YNF.	2.	Has the participant had more than 2 asthma exacerbations during the past year or any during the past 3 months?
26	E1_1208	Num	8	YNF.	2.	Has the participant been hospitalized for asthma during the past year?
27	E1_1210	Num	8	YNF.	2.	Has the participant ever had an asthma exacerbation resulting in intubation, mechanical ventilation or resulting in a hypoxic seizure?
28	E1_1230	Num	8	YNF.	2.	Has the participant used an oral, injectable or systemic corticosteroid for any non-asthmatic reason in the past 2 weeks?
29	E1_1240	Num	8	YNF.	2.	Does the participant have concurrent medical problems other than asthma that are likely to require a systemic corticosteroid during the study?
30	E1_1250	Num	8	YNF.	2.	Does the participant have any active or chronic lung disease other than asthma?
31	E1_1260	Num	8	YNF.	2.	Does the participant have a significant medical illness other than asthma?

Num	Variable	Type	Len	Format	Informat	Label
32	E1_1270	Num	8	YNF.	2.	Does the participant have a history of gastroesophageal reflux symptoms not controlled by standard medical therapy?
33	E1_1280	Num	8	YNF.	2.	Does the participant have a history of cataracts, glaucoma, or any other medical disorder associated with an adverse effect to corticosteroids?
34	E1_1290	Num	8	YNF.	2.	During the past 2 weeks, has the participant used any medications known to significantly interact with corticosteroid disposition?
35	E1_1300	Num	8	YNF.	2.	Has the participant used any of the drugs listed on the Exclusionary Drugs reference card (P7_EXCLDRUG) during the designated washout periods?
36	E1_1310	Num	8	YNF.	2.	Has the participant been involved in another investigational drug study within the past month (except for the CARE Network BADGER trial)?
37	E1_1320	Num	8	YNF.	2.	Does the participant's family have plans to move out of the area within the next 12 months?
38	E1_1330	Num	8	YNF.	2.	Is there any other reason for which this participant should not be included in this study?
39	E1_1340	Num	8	YNF.	2.	Is the participant eligible?

Data Set Name: elig2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	E2_1000	Num	8	3.	3.	In the past 4 weeks, on how many days has the participant had coughing or wheezing from asthma or used albuterol for asthma symptoms? (Do not include pre-exercise albuterol use.)
5	E2_1010	Num	8	YNF.	2.	Is E2_1000 > 8?
6	E2_1020	Num	8	3.	3.	In the past 4 weeks, during how many nights has the participant woken up to use albuterol for asthma?
7	E2_1030	Num	8	YNF.	2.	Is E2_1020 > 2?
8	E2_1035	Num	8	YNF.	2.	Has the participant received combination therapy treatment with an inhaled corticosteroid for the past 8 consecutive weeks?
9	E2_1037	Num	8	YNF.	2.	In the past year, has the participant had evidence of mild persistent asthma (at some time during the past year symptoms or albuterol use for symptoms on average > 2 days/week or > 2 nighttime awakenings/month) OR has the participant been on monotherapy tr
10	E2_1040	Num	8	YNF.	2.	Has the participant received monotherapy treatment with either an inhaled corticosteroid or an age-appropriate dose of a leukotriene receptor antagonist (LTRA) for the past 8 consecutive weeks?
11	E2_1050	Num	8	E2_1050F.	2.	If YES, which medication was the participant taking most recently?
12	E2_1060	Num	8	5.	5.	What was the most recent dose of inhaled corticosteroid (mcg/day)?
13	E2_1070	Num	8	E2_1070F.	2.	What is the pre-enrollment beclomethasone dose equivalent according to the Beclomethasone Equivalence Table (P7_ICSTABLE)?
14	E2_1110	Num	8	YNF.	2.	Is the participant eligible?
15	E2_1075	Num	8	YNF.	2.	Has the participant had 1 - 2 exacerbations in the past year?
16	E2_1080	Num	8	YNF.	2.	If YES, has the participant had an exacerbation in the past 3 months?
17	E2_1072	Num	8	YNF.	2.	In the past year, has the participant had a history of mild persistent asthma (symptoms or albuterol use for symptoms on average > 2 days per week or > 2 nighttime awakenings per month)?
18	E2_1090	Num	8	YNF.	2.	In the past 2 years, has the participant had a history of mild persistent asthma (symptoms or albuterol use for symptoms on average > 2 days per week or > 2 nighttime awakenings per month)?
19	E2_1071	Num	8	YNF.	2.	Has the participant received treatment with either an inhaled corticosteroid or an age-appropriate dose of a leukotriene receptor antagonist (LTRA) for the past year?

Data Set Name: elig2r.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	E2R_1000	Num	8	3.	3.	In the past 4 weeks, on how many days has the participant had coughing or wheezing from asthma or used albuterol for asthma symptoms? (Do not include pre-exercise albuterol use.)
5	E2R_1020	Num	8	3.	3.	In the past 4 weeks, during how many nights has the participant woken up to use albuterol for asthma?
6	E2R_1035	Num	8	YNF.	2.	Has the participant received combination therapy treatment with an inhaled corticosteroid for the past 8 consecutive weeks?
7	E2R_1040	Num	8	YNF.	2.	Has the participant received monotherapy treatment with either an inhaled corticosteroid or an age-appropriate dose of a leukotriene receptor antagonist (LTRA) or other non-ICS controller for the past 8 consecutive weeks?
8	E2R_1050	Num	8	E2R_1050F.	3.	If YES, which medication was the participant taking most recently?
9	E2R_1060	Num	8	5.	5.	What was the most recent dose of inhaled corticosteroid (mcg/day)?
10	E2R_1070	Num	8	E2R_1070F.	2.	What is the pre-enrollment beclomethasone dose equivalent according to the Beclomethasone Equivalence Table (P7_ICSTABLE)?
11	E2R_1072	Num	8	YNF.	2.	In the past 2 years, has the participant had a history of mild persistent asthma (symptoms or albuterol use for symptoms on average > 2 days per week or > 2 nighttime awakenings per month) OR the need to use daily controller therapy to remain well controll
12	E2R_1075	Num	8	YNF.	2.	Has the participant had 1 - 2 exacerbations in the past year?
13	E2R_1080	Num	8	YNF.	2.	If YES, has the participant had an exacerbation in the past 3 months?
14	E2R_1085	Num	8	YNF.	2.	Sometime in the past 2 years, has the participant needed to use daily controller therapy over at least a 1 month period in order to remain well controlled?
15	E2R_1088	Num	8	YNF.	2.	Sometime in the past 2 years, has the participant had a history of mild persistent asthma (symptoms or albuterol use for symptoms on average > 2 days per week or > 2 nighttime awakenings per month) over at least a 1 month period?
16	E2R_1090	Num	8	YNF.	2.	In the past 2 years, has the participant had a history of mild persistent asthma (symptoms or albuterol use for symptoms on average > 2 days per week or > 2 nighttime awakenings per month)?
17	E2R_1110	Num	8	YNF.	2.	Is the participant eligible?
18	E2R_1120	Num	8	YNF.	2.	If the starred box is selected, in the past 8 weeks, has the participant had a history of mild persistent asthma (symptoms or albuterol use for symptoms on average > 2 days per week or > 2 nighttime awakenings per month)?

Data Set Name: elig3.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	E3_1000	Num	8	YNF.	2.	Is the participant's pre-bronchodilator FEV1 % predicted \geq 60%?
5	E3_1010	Num	8	YNF.	2.	Is the participant able to perform reproducible Spirometry according to ATS criteria?
6	E3_1020	Num	8	YNF.	2.	Did the participant meet the reversibility requirement of \geq 12% improvement in FEV1 following bronchodilator administration (4 puffs)?
7	E3_1030	Num	8	YNF.	2.	Is the participant eligible?

Data Set Name: elig5.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	E5_1070	Num	8	YNF.	2.	Is the participant able to perform the study procedures?
5	E5_1080	Num	8	3.	3.	Number of days since the last study visit (not including study visit days)
6	E5_1090	Num	8	4.	4.	Number of complete measurements in the defined interval?
7	E5_1100	Num	8	6.1	6.1	Percent adherence $[\{E5_1090/(E5_1080 \times 7)\} \times 100]$
8	E5_1110	Num	8	YNF.	2.	Is the percent adherence $\geq 75\%$?
9	E5_1120	Num	8	YNF.	2.	Has the participant shown evidence of adherence ($\geq 75\%$) with the brown Daily Inhaler?
10	E5_1130	Num	8	YNF.	2.	Has the participant's asthma been controlled since Visit 1?
11	E5_1160	Num	8	YNF.	2.	Is the participant eligible?
12	E5_1135	Num	8	YNF.	2.	Is the participant's pre-bronchodilator FEV1 % predicted $\geq 80\%$?
13	E5_1140	Num	8	YNF.	2.	Was the participant able to demonstrate $\geq 12\%$ improvement in FEV1 following the post-bronchodilator testing procedure with 4 puffs albuterol at Visit 1?
14	E5_1145	Num	8	YNF.	2.	Is the participant able to demonstrate either a methacholine PC20 ≤ 12.5 mg/ml OR a $\geq 12\%$ improvement in FEV1 following bronchodilator administration with 4 puffs albuterol?
15	E5_1150	Num	8	YNF.	2.	Did the participant provide (or previously provide) a blood sample for genetics?
16	E5_1155	Num	8	YNF.	2.	Is there any other reason for which this participant should not be included in this study?
17	E5_1165	Num	8	YNF.	2.	Is the participant eligible?
18	E5_1200	Num	8	YESF.	2.	Physician/CC signed
19	E5_1210	Num	8			Date physician/CC signed
20	E5_1125	Num	8	YNF.	2.	Has the participant shown evidence of adherence ($\geq 75\%$) with the red Albuterol Inhaler and white Rescue Inhaler?
21	E5_1142	Num	8	YNF.	2.	If NO, was the participant able to demonstrate $\geq 12\%$ improvement in FEV1 following the post-bronchodilator testing procedure with a maximum of 4 puffs albuterol during a CARE center PI-approved procedure in the past 2 years? (The Visit 3 Methacholine Chal
22	E5_1147	Num	8	YNF.	2.	Was the participant able to demonstrate methacholine PC20 ≤ 12.5 mg/ml in another CARE study within the past 2 years?
23	E5_1148	Num	8	YNF.	2.	Is at least one of the starred boxes (Yes) selected in E5_1140, E5_1142, E5_1145, or E5_1147?
24	E5_1000	Num	8	YNF.	2.	Since the last study visit, has the participant used an oral or injectable corticosteroid for any reason?

Data Set Name: eno.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	ENO_1000	Num	8	5.	5.	Time eNO started (based on a 24-hour clock)
5	ENO_1010	Num	8	6.1	6.1	ENO Measurement #1 (ppb)
6	ENO_1020	Num	8	6.1	6.1	ENO Measurement #2 (ppb)
7	ENO_1030	Num	8	6.1	6.1	ENO Measurement #3 (ppb)
8	ENO_1040	Num	8	6.1	6.1	Average FENO (ppb)
9	ENO_1050	Num	8	6.1	6.1	Average VNO (nl/min)
10	ENO_1060	Num	8	ENO_1060F.	2.	Test Profile

Data Set Name: eno_chk.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	ENC_1000	Num	8	YNF.	Has the participant smoked cigarettes or any other substance in the past month?
5	ENC_1010	Num	8	YNF.	Has the participant smoked cigarettes or any other substance within the past hour?
6	ENC_1020	Num	8	YNF.	Is there any other reason the participant should not proceed with the exhaled nitric oxide procedure?
7	ENC_1030	Num	8	YNF.	Did the participant eat or drink in the past hour?
8	ENC_1040	Num	8	YNF.	Is the participant eligible to proceed with exhaled nitric oxide testing?

Data Set Name: heq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	HEQ_1000	Num	8	RESPONDENTF.	2.	Who is completing the questionnaire?
5	HEQ_1010	Num	8	YNF.	2.	Has the participant lived in his/her current house since birth?
6	HEQ_1020	Num	8	3.	3.	If NO, how long has the participant lived in the current house? (years)
7	HEQ_1030	Num	8	3.	3.	If NO, how long has the participant lived in the current house? (months)
8	HEQ_1040	Num	8	HEQ_1040F.	2.	Which best describes the participant's current house?
9	HEQ_1050	Num	8	4.	4.	How old is the participant's current house? (Estimate if uncertain. Enter '1' if less than a year.)
10	HEQ_1060	Num	8	YNF.	2.	Does the participant's house use a portable heater?
11	HEQ_1070	Num	8	YNF.	2.	Does the participant's house use a wood burning stove as a primary source of heat?
12	HEQ_1080	Num	8	YNDKF.	2.	Does the participant's house use an air conditioner?
13	HEQ_1090	Num	8	HEQ_1090F.	2.	Which type of air conditioner is used in the participant's house?
14	HEQ_1100	Num	8	YNF.	2.	Which rooms use a window unit? Participant's bedroom
15	HEQ_1110	Num	8	YNF.	2.	Which rooms use a window unit? Other bedrooms
16	HEQ_1120	Num	8	YNF.	2.	Which rooms use a window unit? Living or family room
17	HEQ_1130	Num	8	YNF.	2.	Which rooms use a window unit? Kitchen
18	HEQ_1140	Num	8	YNF.	2.	Which rooms use a window unit? Other
19	HEQ_1150	Num	8	YNDKF.	2.	Does the participant's house use an evaporative cooler (swamp cooler)?
20	HEQ_1160	Num	8	HEQ_1160F.	2.	Which type of evaporative cooler is used in the participant's house?
21	HEQ_1170	Num	8	YNF.	2.	Which rooms use a window unit? Participant's bedroom
22	HEQ_1180	Num	8	YNF.	2.	Which rooms use a window unit? Other bedrooms
23	HEQ_1190	Num	8	YNF.	2.	Which rooms use a window unit? Living or family room
24	HEQ_1200	Num	8	YNF.	2.	Which rooms use a window unit? Kitchen
25	HEQ_1210	Num	8	YNF.	2.	Which rooms use a window unit? Other
26	HEQ_1220	Num	8	YNDKF.	2.	Does the participant's house use a humidifier? (Include humidifier built into the heating system of the participant's house.)
27	HEQ_1230	Num	8	HEQ_1230F.	2.	Which type of humidifier is used in the participant's house?
28	HEQ_1260	Num	8	YNF.	2.	Which rooms use a humidifier? Participant's bedroom
29	HEQ_1270	Num	8	YNF.	2.	Which rooms use a humidifier? Other bedrooms
30	HEQ_1280	Num	8	YNF.	2.	Which rooms use a humidifier? Living or family room
31	HEQ_1290	Num	8	YNF.	2.	Which rooms use a humidifier? Kitchen
32	HEQ_1300	Num	8	YNF.	2.	Which rooms use a humidifier? Other
33	HEQ_1310	Num	8	YNDKF.	2.	Does the participant's house use a dehumidifier? (Include dehumidifier built into the cooling system of the participant's house.)
34	HEQ_1320	Num	8	HEQ_1320F.	2.	Which type of dehumidifier is used in the participant's house?

Num	Variable	Type	Len	Format	Informat	Label
35	HEQ_1350	Num	8	YNF.	2.	Which rooms use a dehumidifier? Participant's bedroom
36	HEQ_1360	Num	8	YNF.	2.	Which rooms use a dehumidifier? Other bedrooms
37	HEQ_1370	Num	8	YNF.	2.	Which rooms use a dehumidifier? Living or family room
38	HEQ_1380	Num	8	YNF.	2.	Which rooms use a dehumidifier? Kitchen
39	HEQ_1390	Num	8	YNF.	2.	Which rooms use a dehumidifier? Basement
40	HEQ_1400	Num	8	YNF.	2.	Which rooms use a dehumidifier? Other
41	HEQ_1410	Num	8	YNDKF.	2.	Has there been water damage to the participant's house, basement, or its contents during the past 12 months?
42	HEQ_1420	Num	8	YNDKF.	2.	Has there been any mold or mildew, on any surfaces, inside the participant's house in the past 12 months?
43	HEQ_1430	Num	8	YNF.	2.	Which rooms have or have had mold or mildew? Bathroom(s)
44	HEQ_1440	Num	8	YNF.	2.	Which rooms have or have had mold or mildew? Basement or attic
45	HEQ_1450	Num	8	YNF.	2.	Which rooms have or have had mold or mildew? Kitchen
46	HEQ_1460	Num	8	YNF.	2.	Which rooms have or have had mold or mildew? Participant's bedroom
47	HEQ_1470	Num	8	YNF.	2.	Which rooms have or have had mold or mildew? Other bedrooms
48	HEQ_1480	Num	8	YNF.	2.	Which rooms have or have had mold or mildew? Living or family room
49	HEQ_1490	Num	8	YNF.	2.	Which rooms have or have had mold or mildew? Other
50	HEQ_1500	Num	8	YNF.	2.	Do you ever see cockroaches in the participant's house?
51	HEQ_1510	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Kitchen
52	HEQ_1520	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Basement or attic
53	HEQ_1530	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Bathroom(s)
54	HEQ_1540	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Living or family room
55	HEQ_1550	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Participant's bedroom
56	HEQ_1560	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Other bedrooms
57	HEQ_1570	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Garage
58	HEQ_1580	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Other
59	HEQ_1590	Num	8	YNF.	2.	Does the participant share his/her bedroom with another person?
60	HEQ_1600	Num	8	3.	3.	If YES, how many others?
61	HEQ_1610	Num	8	HEQ_1610F.	2.	What is the floor covering in the participant's bedroom?
62	HEQ_1620	Num	8	HEQ_1620F.	2.	If carpeted, what type of padding is under the carpet in the participant's bedroom?
63	HEQ_1630	Num	8	HEQ_1630F.	2.	What type of mattress is on the participant's bed?
64	HEQ_1640	Num	8	3.	3.	How old is the mattress used on the participant's bed? (years) (Estimate or enter '99' if uncertain. Enter '1' if less than a year.)
65	HEQ_1650	Num	8	YNF.	2.	Is the mattress completely enclosed in an allergy-proof, encasing cover?
66	HEQ_1660	Num	8	YNF.	2.	Does the participant's bed have a box spring?
67	HEQ_1670	Num	8	YNF.	2.	Is the box spring completely enclosed in an allergy-proof, encasing cover?
68	HEQ_1680	Num	8	HEQ_1680F.	2.	What type of pillow does the participant usually sleep with?
69	HEQ_1690	Num	8	3.	3.	How old is the pillow the participant usually sleeps with? (years) (Estimate or enter '99' if uncertain. Enter '1' if less than a year.)

Num	Variable	Type	Len	Format	Informat	Label
70	HEQ_1700	Num	8	YNF.	2.	Is the pillow completely enclosed in an allergy-proof, encasing cover?
71	HEQ_1710	Num	8	3.	3.	How many times per month are the participant's bed covers or sheets washed in hot water?
72	HEQ_1720	Num	8	YNF.	2.	Are any of the following located on your property or next to your property? Barns
73	HEQ_1730	Num	8	YNF.	2.	Are any of the following located on your property or next to your property? Hay
74	HEQ_1740	Num	8	YNF.	2.	Are any of the following located on your property or next to your property? Woodsheds
75	HEQ_1750	Num	8	YNF.	2.	Are any of the following located on your property or next to your property? Firewood
76	HEQ_1760	Num	8	YNF.	2.	Are any of the following located on your property or next to your property? Chicken coops
77	HEQ_1770	Num	8	YNF.	2.	Are any of the following located on your property or next to your property? Corral
78	HEQ_1780	Num	8	YNF.	2.	Does your family have any animals?
79	HEQ_1790	Num	8	3.	3.	Enter the number of cats that the family has. (Enter '00' if none)
80	HEQ_1800	Num	8	3.	3.	Enter the number of dogs that the family has. (Enter '00' if none)
81	HEQ_1810	Num	8	3.	3.	Enter the number of rabbits, guinea pigs, hamsters, gerbils, or mice that the family has. (Enter '00' if none)
82	HEQ_1820	Num	8	3.	3.	Enter the number of birds that the family has. (Enter '00' if none)
83	HEQ_1830	Num	8	3.	3.	Enter the number of other animals that the family has. (Enter '00' if none)
84	HEQ_1840	Num	8	YNF.	2.	Are there any animals in the participant's house?
85	HEQ_1850	Num	8	YNF.	2.	Which animals are in the participant's house? Cat
86	HEQ_1860	Num	8	YNF.	2.	Which animals are in the participant's house? Dog
87	HEQ_1870	Num	8	YNF.	2.	Which animals are in the participant's house? Rabbit, guinea pig, hamster, gerbil, or mouse
88	HEQ_1880	Num	8	YNF.	2.	Which animals are in the participant's house? Bird
89	HEQ_1890	Num	8	YNF.	2.	Which animals are in the participant's house? Other
90	HEQ_1900	Num	8	YNF.	2.	Which animals are in the participant's bedroom? Cat
91	HEQ_1910	Num	8	YNF.	2.	Which animals are in the participant's bedroom? Dog
92	HEQ_1920	Num	8	YNF.	2.	Which animals are in the participant's bedroom? Rabbit, guinea pig, hamster, gerbil, or mouse
93	HEQ_1930	Num	8	YNF.	2.	Which animals are in the participant's bedroom? Bird
94	HEQ_1940	Num	8	YNF.	2.	Which animals are in the participant's bedroom? Other
95	HEQ_1950	Num	8	YNF.	2.	In general, and on a regular basis, is the participant exposed to any of the following animals? Cat
96	HEQ_1960	Num	8	YNF.	2.	In general, and on a regular basis, is the participant exposed to any of the following animals? Dog
97	HEQ_1970	Num	8	YNF.	2.	In general, and on a regular basis, is the participant exposed to any of the following animals? Rabbit, guinea pig, hamster, gerbil, or mouse
98	HEQ_1980	Num	8	YNF.	2.	In general, and on a regular basis, is the participant exposed to any of the following animals? Bird

Num	Variable	Type	Len	Format	Informat	Label
99	HEQ_1990	Num	8	YNF.	2.	In general, and on a regular basis, is the participant exposed to any of the following animals? Farm animals
100	HEQ_2000	Num	8	YNF.	2.	In general, and on a regular basis, is the participant exposed to any of the following animals? Other

Data Set Name: icd9.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CODE	Char	12	12.	12.	ICD9 Code
2	DESC	Char	26			Description

Data Set Name: ige.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	IGE_1000	Num	8	YNF.	2.	Was the IgE result obtained?
5	IGE_1010	Num	8	IGE_1010F.	2.	If NO, why was the result not obtained?
6	IGE_1020	Num	8	8.1	8.1	Exact value of IgE (kU/L)
7	IGE_1030	Num	8	4.1	4.1	Lower limit of detection (< kU/L)

Data Set Name: ios_pre.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	IPR_1010	Num	8		Time IOS started (based on a 24-hour clock)
5	IPR_1020	Num	8		Results of first effort: R5 (kPa/I/s)
6	IPR_1030	Num	8		Results of first effort: R10 (kPa/I/s)
7	IPR_1040	Num	8		Results of first effort: R15 (kPa/I/s)
8	IPR_1050	Num	8		Results of first effort: R35 (kPa/I/s)
9	IPR_1060	Num	8		Results of first effort: X5 (kPa/I/s)
10	IPR_1070	Num	8		Results of first effort: Resonant Frequency (Hz)
11	IPR_1080	Num	8		Results of first effort: Area XA(kPa/I)
12	IPR_1090	Num	8		Results of second effort: R5 (kPa/I/s)
13	IPR_1100	Num	8		Results of second effort: R10 (kPa/I/s)
14	IPR_1110	Num	8		Results of second effort: R15 (kPa/I/s)
15	IPR_1120	Num	8		Results of second effort: R35 (kPa/I/s)
16	IPR_1130	Num	8		Results of second effort: X5 (kPa/I/s)
17	IPR_1140	Num	8		Results of second effort: Resonant Frequency (Hz)
18	IPR_1150	Num	8		Results of second effort: Area XA(kPa/I)
19	IPR_1160	Num	8		Results of third effort: R5 (kPa/I/s)
20	IPR_1170	Num	8		Results of third effort: R10 (kPa/I/s)
21	IPR_1180	Num	8		Results of third effort: R15 (kPa/I/s)
22	IPR_1190	Num	8		Results of third effort: R35 (kPa/I/s)
23	IPR_1200	Num	8		Results of third effort: X5 (kPa/I/s)
24	IPR_1210	Num	8		Results of third effort: Resonant Frequency (Hz)
25	IPR_1220	Num	8		Results of third effort: Area XA(kPa/I)
26	IPR_1230	Num	8	YNF.	In your judgement, was the participant's pre-bronchodilator technique acceptable?
27	IPR_1240	Num	8	YNF.	If NO, why was it unacceptable - Coherence < 0.80 (for R10)
28	IPR_1250	Num	8	YNF.	If NO, why was it unacceptable - Poor repeatability (R10 values vary by more than 20%)
29	IPR_1260	Num	8	YNF.	If NO, why was it unacceptable - Fewer than 3 good tests
30	IPR_1270	Num	8	YNF.	If NO, why was it unacceptable - Inconsistent tidal breathing
31	IPR_1280	Num	8	YNF.	If NO, why was it unacceptable - Participant refusal during test
32	IPR_1290	Num	8	YNF.	If NO, why was it unacceptable - Other
33	IPR_1300	Num	8	IPR_1300F.	If YES, grade the participant's technique
34	IPR_1310	Num	8	IPR_1310F.	How was the participant positioned?
35	IPR_1320	Num	8	YNF.	Were the participant's cheeks held?
36	IPR_1330	Num	8	IPR_1330F.	If YES, how were the participant's cheeks held?

Num	Variable	Type	Len	Format	Label
37	IPR_1340	Num	8	YNF.	Were nose clips used?
38	IPR_1350	Num	8	IPR_1350F.	If YES, how effective were the nose clips?
39	IPR_1360	Num	8	YNF.	If NO, was the nose occluded?
40	IPR_1370	Num	8	IPR_1370F.	If YES, how was the nose occluded?

Data Set Name: lab.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	LAB_1000	Num	8	LAB_1000F.	2.	Pregnancy test results (Check N/A if the participant is male, or is female and has not started menses.)
5	LAB_1030	Num	8	6.	6.	Total WBC (/cu. Mm)
6	LAB_1040	Num	8	5.1	5.1	Eosinophils (%)
7	LAB_1050	Num	8	YNF.	2.	Was blood obtained for the serum save?
8	LAB_1060	Num	8	YNF.	2.	Was urine obtained for the urine save?

Data Set Name: med.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	MED_1000	Num	8	MED_1000F.	2.	What type of visit is this?
5	MED_1010	Num	8	MED_1010F.	2.	Since the last study visit, which inhalation technique did the participant use most often with the Brown Daily Inhaler?
6	MED_1020	Num	8	MED_1020F.	2.	Since the last study visit, which inhalation technique did the participant use most often with the White Rescue Inhaler?
7	MED_1030	Num	8	MED_1030F.	2.	Since the last study visit, which inhalation technique did the participant use most often with the Red Albuterol Inhaler?
8	MED_1070	Num	8	YESF.	2.	Coordinator signed
9	MED_1080	Num	8			Date signed
10	MED_1090	Num	8	4.	4.	Reference Peak Flow (larger of C and D - see form) (L/min)
11	MED_1085	Num	8	6.1	6.1	Reference Peak Flow % predicted calculated from Excel Spreadsheet at Visit 3 (Does not change during study)

Data Set Name: medcodes.sas7bdat

Num	Variable	Type	Len	Label
1	DRUGCODE	Num	8	Drug Code
2	CATEGORY	Char	200	Drug Category
3	BRAND_NM	Char	200	Brand name
4	GENER_NM	Char	200	Generic name

Data Set Name: medhx.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	MHX_1000	Num	8	RESPONDENTF.	What is your relationship to the child?
5	MHX_1010	Num	8		How old was the participant when chest symptoms suggesting asthma first began? Years
6	MHX_1020	Num	8		How old was the participant when chest symptoms suggesting asthma first began? Months
7	MHX_1030	Num	8	YNF.	Has a physician diagnosed the participant with asthma?
8	MHX_1040	Num	8		If YES, how old was the participant when a doctor first said he or she had asthma? Years
9	MHX_1050	Num	8		If YES, how old was the participant when a doctor first said he or she had asthma? Months
10	MHX_1060	Num	8	YNF.	Has the participant ever been hospitalized overnight for asthma?
11	MHX_1070	Num	8		During the past 12 months, how many times has the participant been hospitalized overnight for asthma? (Enter '00' if none.)
12	MHX_1080	Num	8	YNF.	Has the participant ever been admitted to an intensive care unit for asthma?
13	MHX_1090	Num	8		During the past 12 months, how many times has the participant been admitted to an intensive care unit for asthma? (Enter '00' if none.)
14	MHX_1100	Num	8		Times has the participant been seen in an emergency department for asthma?
15	MHX_1110	Num	8		Times has the participant been seen at a doctor's office for worsening of asthma symptoms?
16	MHX_1120	Num	8		Days of work or school did the participant miss because of asthma symptoms? (Enter '999' if not applicable.)
17	MHX_1130	Num	8		Days of work did you or another caretaker miss because of the participant's asthma symptoms? (Enter '999' if not applicable.)
18	MHX_1140	Num	8	ASTHMAF.	Is the participant's asthma provoked by exposure to house dust?
19	MHX_1150	Num	8	ASTHMAF.	Is the participant's asthma provoked by exposure to animals?
20	MHX_1160	Num	8	ASTHMAF.	Is the participant's asthma provoked by exposure to spring and fall pollens?
21	MHX_1170	Num	8	ASTHMAF.	Is the participant's asthma provoked by exposure to damp, musty area?
22	MHX_1180	Num	8	ASTHMAF.	Is the participant's asthma provoked by exposure to tobacco smoke?
23	MHX_1190	Num	8	ASTHMAF.	Is the participant's asthma provoked by exposure to a change in the weather?
24	MHX_1200	Num	8	ASTHMAF.	Is the participant's asthma provoked by respiratory infections?
25	MHX_1210	Num	8	ASTHMAF.	Is the participant's asthma provoked by exposure to chemicals?
26	MHX_1220	Num	8	ASTHMAF.	Is the participant's asthma provoked by food?
27	MHX_1230	Num	8	ASTHMAF.	Is the participant's asthma provoked by exposure to cold air?
28	MHX_1240	Num	8	ASTHMAF.	Is the participant's asthma provoked by exercise/play?
29	MHX_1250	Num	8	ASTHMAF.	Is the participant's asthma provoked by emotional factors?
30	MHX_1260	Num	8	YNF.	Has the participant ever had hay fever? (i.e., itchy eyes, runny nose, or sneezing recurring over several weeks in a particular season)

Num	Variable	Type	Len	Format	Label
31	MHX_1270	Num	8		At what age did the participant FIRST have hay fever? Years
32	MHX_1280	Num	8		At what age did the participant FIRST have hay fever? Months
33	MHX_1290	Num	8	YNF.	Has the participant ever seen a doctor or other health practitioner because of hay fever?
34	MHX_1300	Num	8	SYMPTONSF.	During the past 12 months, how would you generally describe the participant's hay fever?
35	MHX_1310	Num	8	YNF.	Has the participant ever had atopic dermatitis (eczema)?
36	MHX_1320	Num	8		At what age did the participant FIRST have atopic dermatitis (eczema)? Years
37	MHX_1330	Num	8		At what age did the participant FIRST have atopic dermatitis (eczema)? Months
38	MHX_1340	Num	8	YNF.	Has the participant ever seen a doctor or other health practitioner because of atopic dermatitis (eczema)?
39	MHX_1350	Num	8	SYMPTONSF.	During the past 12 months, how would you generally describe the participant's atopic dermatitis (eczema)?
40	MHX_1360	Num	8	YNF.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Head
41	MHX_1370	Num	8	YNF.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Arms/Hands
42	MHX_1380	Num	8	YNF.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Trunk (mid-section or torso)
43	MHX_1390	Num	8	YNF.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Legs/Feet
44	MHX_1400	Num	8	YNF.	Which parts of the participant's body were ever affected by eczema in the past 12 months? Other
45	MHX_1410	Num	8	YNF.	Did a doctor or other health practitioner say the participant was allergic to medications?
46	MHX_1420	Num	8	YNF.	Did a doctor or other health practitioner say the participant was allergic to food(s)?
47	MHX_1430	Num	8	YNF.	Did a doctor or other health practitioner say the participant was allergic to things you breath in or inhale?
48	MHX_1440	Num	8	YNF.	Did a doctor or other health practitioner say the participant was allergic to stinging insects such as bees or wasps?
49	MHX_1450	Num	8	SYMPTONSF.	During the past 12 months, how would you describe any symptoms that have affected the participant's nose, eyes, or sinuses?
50	MHX_1460	Num	8		During the past 12 months, how many months did the participant use antihistamines and/or decongestants to treat nose, eye, and sinus symptoms (prescription or over the counter)? (Enter '00' if none.)
51	MHX_1470	Num	8		During the past 12 months, how many months did the participant use a steroid nasal spray to treat nose, eye, or sinus symptoms? (Enter '00' if none.)
52	MHX_1480	Num	8		During the past 12 months, how many times have you contacted or visited a doctor because of problems with the participant's nose, eyes, or sinuses? (Enter '00' if none.)
53	MHX_1490	Num	8		During the past 12 months, how many times has the participant had a sinus infection that required treatment with antibiotics? (Enter '00' if none.)
54	MHX_1500	Num	8		During the past 12 months, how many times has the participant had a sinus infection that required treatment with steroids by mouth or by injection? (Enter '00' if none.)
55	MHX_1510	Num	8		During the past 12 months, how many times has the participant had pneumonia?
56	MHX_1520	Num	8	YNF.	Has the participant ever had sinus surgery for sinusitis or polyps?

Num	Variable	Type	Len	Format	Label
57	MHX_1530	Num	8	YNDKF.	Has a doctor ever said that the [BIOLOGICAL] father of the participant had asthma?
58	MHX_1540	Num	8	YNDKF.	Has a doctor ever said that the [BIOLOGICAL] father of the participant had hay fever, eczema, or other atopic disorder?
59	MHX_1550	Num	8	YNDKF.	Has a doctor ever said that the [BIOLOGICAL] father of the participant had chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
60	MHX_1560	Num	8	YNDKF.	Has a doctor ever said that the [BIOLOGICAL] mother of the participant had asthma?
61	MHX_1570	Num	8	YNDKF.	Has a doctor ever said that the [BIOLOGICAL] mother of the participant had hay fever, eczema, or other atopic disorder?
62	MHX_1580	Num	8	YNDKF.	Has a doctor ever said that the [BIOLOGICAL] mother of the participant had chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
63	MHX_1590	Num	8	YNDKF.	Does the participant have any [BIOLOGICAL] siblings? (Include half siblings)
64	MHX_1600	Num	8	YNDKF.	Has a doctor ever said that any [BIOLOGICAL] sibling of the participant had asthma?
65	MHX_1610	Num	8	YNDKF.	Has a doctor ever said that any [BIOLOGICAL] sibling of the participant had hay fever, eczema, or other atopic disorder?
66	MHX_1620	Num	8	YNDKF.	Has a doctor ever said that any [BIOLOGICAL] sibling of the participant had chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
67	MHX_1630	Num	8	YNDKF.	Did the participant's mother smoke while she was pregnant with the participant?
68	MHX_1640	Num	8	YNDKF.	During which part(s) of the pregnancy did the participant's mother smoke? - First 3 months
69	MHX_1650	Num	8	YNDKF.	During which part(s) of the pregnancy did the participant's mother smoke? - Middle 3 months
70	MHX_1660	Num	8	YNDKF.	During which part(s) of the pregnancy did the participant's mother smoke? - Last 3 months
71	MHX_1670	Num	8	YNDKF.	Between the time the participant was born and he/she turned 5 years of age: Did the participant's mother (or stepmother or female guardian) smoke?
72	MHX_1680	Num	8	YNDKF.	Between the time the participant was born and he/she turned 5 years of age: Did the participant's father (or stepfather or male guardian) smoke?
73	MHX_1690	Num	8	YNDKF.	Between the time the participant was born and he/she turned 5 years of age: Were there any other smokers in the household? (Include visitors, such as grandparents or baby-sitters, who visited at least once weekly.)
74	MHX_1700	Num	8	YNDKF.	At the present time: Does the participant's mother (or stepmother or female guardian) smoke?
75	MHX_1710	Num	8	YNDKF.	At the present time: Does the participant's father (or stepfather or male guardian) smoke?
76	MHX_1720	Num	8	YNDKF.	At the present time: Are there any other smokers in the household? (Include visitors, such as grandparents or baby-sitters, who visited at least once weekly.)

Data Set Name: metha.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	MTH_1000	Num	8	YNF.	2.	Was baseline (pre-diluent) spirometry completed?
5	MTH_1010	Num	8			Earliest expiration date of all 10 methacholine solutions
6	MTH_1020	Num	8	5.2	5.2	Solution 0 (diluent) FEV1 (L)
7	MTH_1030	Num	8	5.2	5.2	Solution 0 (diluent) FVC (L)
8	MTH_1040	Num	8	5.2	5.2	Solution 0 (diluent 2) FEV1 (L)
9	MTH_1050	Num	8	5.2	5.2	Solution 0 (diluent 2) FVC (L)
10	MTH_1060	Num	8	5.2	5.2	Solution 1 (0.098 mg/ml) FEV1 (L)
11	MTH_1070	Num	8	5.2	5.2	Solution 1 (0.098 mg/ml) FVC (L)
12	MTH_1080	Num	8	5.2	5.2	Solution 2 (0.195 mg/ml) FEV1 (L)
13	MTH_1090	Num	8	5.2	5.2	Solution 2 (0.195 mg/ml) FVC (L)
14	MTH_1100	Num	8	5.2	5.2	Solution 3 (0.391 mg/ml) FEV1 (L)
15	MTH_1110	Num	8	5.2	5.2	Solution 3 (0.391 mg/ml) FVC (L)
16	MTH_1120	Num	8	5.2	5.2	Solution 4 (0.781 mg/ml) FEV1 (L)
17	MTH_1130	Num	8	5.2	5.2	Solution 4 (0.781 mg/ml) FVC (L)
18	MTH_1140	Num	8	5.2	5.2	Solution 5 (1.563 mg/ml) FEV1 (L)
19	MTH_1150	Num	8	5.2	5.2	Solution 5 (1.563 mg/ml) FVC (L)
20	MTH_1160	Num	8	5.2	5.2	Solution 6 (3.125 mg/ml) FEV1 (L)
21	MTH_1170	Num	8	5.2	5.2	Solution 6 (3.125 mg/ml) FVC (L)
22	MTH_1180	Num	8	5.2	5.2	Solution 7 (6.25 mg/ml) FEV1 (L)
23	MTH_1190	Num	8	5.2	5.2	Solution 7 (6.25 mg/ml) FVC (L)
24	MTH_1200	Num	8	5.2	5.2	Solution 8 (12.5 mg/ml) FEV1 (L)
25	MTH_1210	Num	8	5.2	5.2	Solution 8 (12.5 mg/ml) FVC (L)
26	MTH_1220	Num	8	5.2	5.2	Solution 9 (25 mg/ml) FEV1 (L)
27	MTH_1230	Num	8	5.2	5.2	Solution 9 (25 mg/ml) FVC (L)
28	MTH_1240	Num	8	YNF.	2.	Did the participant drop >= 20% of the post-diluent (Solution 0) FEV1 value?
29	MTH_1250	Num	8	7.3	7.3	If YES, record PC20
30	MTH_1260	Num	8	YNF.	2.	If NO, was the methacholine challenge stopped for safety reasons?
31	MTH_1270	Num	8	5.	5.	Time methacholine challenge was completed (based on 24-hour clock)
32	MTH_1280	Num	8	5.	5.	Time albuterol administered (based on 24-hour clock)
33	MTH_1300	Num	8	5.2	5.2	FEV1
34	MTH_1310	Num	8	5.	5.	Time of FEV1 from MTH_1300 (based on 24-hour clock)
35	MTH_1320	Num	8	YNF.	2.	Was the FEV1 from MTH_1300 >= the Methacholine Reversal Reference Value in the gray box on page 1 of this form?

Data Set Name: metha_ad.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	MAD_1000	Num	8	YNF.	Was additional treatment used in the first hour?
5	MAD_1010	Num	8	YNF.	Additional albuterol by MDI
6	MAD_1020	Num	8	NUMPUFFF.	Number of additional puffs of albuterol administered
7	MAD_1030	Num	8	YNF.	Nebulized beta-agonist
8	MAD_1040	Num	8	YNF.	Subcutaneous epinephrine
9	MAD_1050	Num	8	YNF.	Implementation of clinic emergency protocol or algorithm
10	MAD_1060	Num	8	YNF.	Other
11	MAD_1070	Num	8		Participant's FEV1 after additional treatment within first hour (L)
12	MAD_1080	Num	8		Time of FEV1 in MAD_1070 (based on 24-hour clock)
13	MAD_1090	Num	8	YNF.	Was the FEV1 from MAD_1070 >= the Methacholine Reversal Reference Value in the gray box on the Methacholine Challenge Testing (METHA) form?
14	MAD_1100	Num	8	YNF.	Was additional treatment used after one hour?
15	MAD_1110	Num	8	YNF.	Additional albuterol by MDI
16	MAD_1120	Num	8	NUMPUFFF.	Number of additional puffs of albuterol administered
17	MAD_1130	Num	8	YNF.	Nebulized beta-agonist
18	MAD_1140	Num	8	YNF.	Subcutaneous epinephrine
19	MAD_1150	Num	8	YNF.	Implementation of clinic emergency protocol or algorithm
20	MAD_1160	Num	8	YNF.	Treatment in the emergency room
21	MAD_1170	Num	8	YNF.	Overnight hospitalization
22	MAD_1180	Num	8	YNF.	Other
23	MAD_1190	Num	8		Participant's final FEV1 after additional treatment (L)
24	MAD_1200	Num	8		Time of FEV1 in MAD_1190 (based on 24-hour clock)
25	MAD_1210	Num	8	YNF.	Was the FEV1 from MAD_1190 >= the Methacholine Reversal Reference Value in the gray box on the Methacholine Challenge Testing (METHA) form?
26	MAD_1310	Num	8	YESF.	Physician/CC signed
27	MAD_1320	Num	8		Date signed

Data Set Name: metha_ch.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	MCH_1000	Num	8	YNF.	During the past 4 weeks, has the participant had any respiratory infections, colds, or bronchitis?
5	MCH_1010	Num	8	YNF.	Has it been less than 4 weeks since the participant last took an oral or injectable steroid?
6	MCH_1020	Num	8	YNF.	During the past 4 weeks, has the participant had any other severe acute illness?
7	MCH_1030	Num	8	YNF.	If YES, has the participant received permission from the supervising physician to proceed with the methacholine challenge testing?
8	MCH_1040	Num	8	YNF.	Is the participant currently having an acute asthma attack?
9	MCH_1050	Num	8	YNF.	Has the participant used any asthma medication other than study medication(s) in the past month?
10	MCH_1060	Num	8	YESF.	If YES, class: Inhaled Corticosteroid
11	MCH_1070	Num	8		If YES, date last used Inhaled Corticosteroid
12	MCH_1080	Num	8	YESF.	If YES, class: Cromolyn/nedocromil
13	MCH_1090	Num	8		If YES, date last used Cromolyn/nedocromil
14	MCH_1100	Num	8	YESF.	If YES, class: Leukotriene receptor antagonists
15	MCH_1110	Num	8		If YES, date last used Leukotriene receptor antagonists
16	MCH_1120	Num	8	YESF.	If YES, class: Long-acting beta-agonist
17	MCH_1130	Num	8		If YES, date last used Long-acting beta-agonist
18	MCH_1140	Num	8	YNF.	Does the participant have a baseline (pre-diluent) FEV1 less than 70% of predicted FEV1?
19	MCH_1150	Num	8	MCH_1150F.	Pregnancy test results (Check N/A if the participant is male, or is female and has not started menses.)
20	MCH_1160	Num	8	YNF.	Is there any other reason you should not proceed with the methacholine challenge?
21	MCH_1170	Num	8	YNF.	Is the participant eligible to proceed with the diluent (Solution #0) pulmonary function testing for the Methacholine Challenge?
22	MCH_1180	Num	8	YNF.	Was the Methacholine Challenge started?
23	MCH_1190	Num	8	MCH_1190F.	If NO, indicate the primary reason

Data Set Name: paqlqs.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	QLQ_1000	Num	8	BOTHEREDF.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK DOING: Physical Activities
5	QLQ_1010	Num	8	BOTHEREDF.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK DOING: Being with animals
6	QLQ_1020	Num	8	BOTHEREDF.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK DOING: Activities with family and friends
7	QLQ_1030	Num	8	BOTHEREDF.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK DOING: Coughing
8	QLQ_1040	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel frustrated because of your asthma?
9	QLQ_1050	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel tired because of your asthma?
10	QLQ_1060	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel worried, concerned or troubled because of your asthma?
11	QLQ_1070	Num	8	BOTHEREDF.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK BY: Asthma attacks?
12	QLQ_1080	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel angry because of your asthma?
13	QLQ_1090	Num	8	BOTHEREDF.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK BY: Wheezing?
14	QLQ_1100	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel irritable because of your asthma?
15	QLQ_1110	Num	8	BOTHEREDF.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK BY: Tightness in your chest?
16	QLQ_1120	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel different or left out because of your asthma?
17	QLQ_1130	Num	8	BOTHEREDF.	2.	HOW BOTHERED HAVE YOU BEEN DURING THE LAST WEEK BY: Shortness of breath?
18	QLQ_1140	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel FRUSTRATED BECAUSE YOU COULDN'T KEEP UP WITH OTHERS?
19	QLQ_1150	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: WAKE UP DURING THE NIGHT because of your asthma?
20	QLQ_1160	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel UNCOMFORTABLE because of your asthma?
21	QLQ_1170	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel OUT OF BREATH because of your asthma?
22	QLQ_1180	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel YOU COULDN'T KEEP UP WITH OTHERS because of your asthma?
23	QLQ_1190	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Have trouble SLEEPING AT NIGHT because of asthma?

Num	Variable	Type	Len	Format	Informat	Label
24	QLQ_1200	Num	8	OFTENF.	2.	IN GENERAL, HOW OFTEN DURING THE LAST WEEK DID YOU: Feel FRIGHTENED BY AN ASTHMA ATTACK?
25	QLQ_1210	Num	8	BOTHEREDF.	2.	How much were you bothered by your asthma during these activities?
26	QLQ_1220	Num	8	OFTENF.	2.	Have difficulty taking a DEEP BREATH?

Data Set Name: pefr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	PF_1000	Num	8	4.	4.	Reference Value determined at previous visit (I/min)
5	PF_1010	Num	8	4.	4.	Highest Peak Flow from Pool (I/min)
6	PF_1020	Num	8	4.	4.	2nd highest Peak Flow from Pool (I/min)
7	PF_1030	Num	8	4.	4.	3rd highest Peak Flow from Pool (I/min)
8	PF_1040	Num	8	YNF.	2.	Is the highest Peak Flow from the Pool (PF_1010) equal to the participant's Reference Value from the last visit (PF_1000)?
9	PF_1050	Num	8	5.2	5.2	PF_1020 / PF_1010
10	PF_1060	Num	8	YNF.	2.	Is PF_1050 greater than 0.9?
11	PF_1070	Num	8	5.2	5.2	PF_1030 / PF_1020
12	PF_1080	Num	8	YNF.	2.	Is PF_1070 greater than 0.9?
13	PF_1090	Num	8	4.	4.	Reference Value

Data Set Name: pft_chk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	PFT_1000	Num	8	YNF.	2.	During the past 48 hours, has the participant used any oral decongestants or cold remedies?
5	PFT_1010	Num	8	YNF.	2.	During the past 4 hours, has the participant consumed caffeine?
6	PFT_1020	Num	8	YNF.	2.	During the past 8 hours, has the participant used medications with caffeine?
7	PFT_1030	Num	8	YNF.	2.	During the past 2 weeks, has the participant had any respiratory infections, colds, or bronchitis?
8	PFT_1040	Num	8	YNNAF.	2.	During the past 24 hours, has the participant taken the study medication?
9	PFT_1050	Num	8	YESF.	2.	Tablet/Capsule
10	PFT_1055	Num	8	3.	3.	Hours Since Last Dose - Tablet/Capsule
11	PFT_1060	Num	8	YESF.	2.	Diskus
12	PFT_1065	Num	8	3.	3.	Hours Since Last Dose - Diskus
13	PFT_1070	Num	8	YESF.	2.	MDI
14	PFT_1075	Num	8	3.	3.	Hours Since Last Dose - MDI
15	PFT_1080	Num	8	YESF.	2.	Nebulizer
16	PFT_1085	Num	8	3.	3.	Hours Since Last Dose - Nebulizer
17	PFT_1090	Num	8	YESF.	2.	Other
18	PFT_1095	Num	8	3.	3.	Hours Since Last Dose - Other
19	PFT_1100	Num	8	YNF.	2.	During the past 24 hours, has the participant used sustained-release theophylline?
20	PFT_1110	Num	8	YNF.	2.	During the past 12 hours, has the participant used a long-acting bronchodilator?
21	PFT_1120	Num	8	YNF.	2.	During the past 4 hours, has the participant used a short-acting bronchodilator?
22	PFT_1130	Num	8	YNF.	2.	Is there any other reason the participant should not proceed with pulmonary function testing?
23	PFT_1140	Num	8	YNF.	2.	Is the participant eligible to proceed with pulmonary function testing?
24	PFT_1150	Num	8	6.1	6.1	Standing height (barefoot or thin socks) (cm)
25	PFT_1160	Num	8	YNNAF.	2.	Was Exhaled Nitric Oxide Testing performed?
26	PFT_1170	Num	8	PROCFAILF.	2.	If NO, indicate the reason
27	PFT_1200	Num	8	YNNAF.	2.	Was Pre-Bronchodilator IOS Testing performed?
28	PFT_1210	Num	8	PROCFAILF.	2.	If NO, indicate the reason
29	PFT_1220	Num	8	YNNAF.	2.	Was Post-Bronchodilator IOS Testing performed?
30	PFT_1230	Num	8	PROCFAILF.	2.	If NO, indicate the reason
31	PFT_1240	Num	8	YNNAF.	2.	Was Pre-Bronchodilator Spirometry performed?
32	PFT_1250	Num	8	PROCFAILF.	2.	If NO, indicate the reason
33	PFT_1260	Num	8	YNNAF.	2.	Was Post-Bronchodilator Spirometry performed?
34	PFT_1270	Num	8	PROCFAILF.	2.	If NO, indicate the reason

Num	Variable	Type	Len	Format	Informat	Label
35	PFT_1280	Num	8	YNNAF.	2.	Was Maximal Bronchodilator Testing performed?
36	PFT_1290	Num	8	PROCFAILF.	2.	If NO, indicate the reason
37	PFT_1300	Num	8	YNNAF.	2.	Was Methacholine Challenge Testing performed?
38	PFT_1310	Num	8	PROCFAILF.	2.	If NO, indicate the reason

Data Set Name: phy_exam.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	PHY_1000	Num	8	5.	5.	Time measurements started (based on 24-hour clock)
5	PHY_1010	Num	8	6.1	6.1	Standing height (barefoot or thin socks) - first measurement (cm)
6	PHY_1020	Num	8	6.1	6.1	Standing height (barefoot or thin socks) - second measurement (cm)
7	PHY_1030	Num	8	6.1	6.1	Standing height (barefoot or thin socks) - third measurement (cm)
8	PHY_1040	Num	8	6.1	6.1	Standing height (barefoot or thin socks) - average measurement (cm)
9	PHY_1050	Num	8	YNF.	2.	In your judgement, was the participant's height measurement acceptable?
10	PHY_1060	Num	8	6.1	6.1	Weight (shoes off, light clothing) (kg)
11	PHY_1070	Num	8	YNF.	2.	Is chest auscultation clear?
12	PHY_1080	Num	8	YNF.	2.	Slight expiratory wheeze
13	PHY_1090	Num	8	YNF.	2.	Loud expiratory wheeze
14	PHY_1100	Num	8	YNF.	2.	Inspiratory and expiratory wheeze
15	PHY_1110	Num	8	YNF.	2.	Rales
16	PHY_1120	Num	8	YNF.	2.	Rhonchi
17	PHY_1130	Num	8	YNF.	2.	Crackles
18	PHY_1140	Num	8	YNF.	2.	Other
19	PHY_1150	Num	8	YNF.	2.	Does the participant have evidence of oral candidiasis?
20	PHY_1160	Num	8	SYMPTONSF.	2.	In general, how would you describe the participant's nasal symptoms?
21	PHY_1170	Num	8	SYMPTONSF.	2.	In general, how would you describe the participant's eczema?

Data Set Name: priormed.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	PRM_1000	Num	8	RESPONDENTF.	2.	Who is the respondent?
4	PRM_1010	Num	8	YNF.	2.	In the past 12 months, has the participant used any asthma medication(s) other than albuterol?
5	PRM_1020	Num	8	3.	3.	In the past 12 months, for how many months has the participant used Salmeterol (Serevent) or formoterol (Foradil) ? (Enter '00' if none.)
6	PRM_1030	Num	8	3.	3.	In the past 12 months, for how many months has the participant used Inhaled or nebulized corticosteroids? (Enter '00' if none.)
7	PRM_1040	Num	8	3.	3.	In the past 12 months, for how many months has the participant used Leukotriene Modifiers? (Enter '00' if none.)
8	PRM_1050	Num	8	3.	3.	In the past 12 months, for how many months has the participant used Theophylline? (Enter '00' if none.)
9	PRM_1060	Num	8	3.	3.	In the past 12 months, for how many months has the participant used Advair/Symbicort? (Enter '00' if none.)
10	PRM_1070	Num	8	3.	3.	In the past 12 months, for how many months has the participant used Cromolyn/Nedocromil? (Enter '00' if none.)
11	PRM_1080	Num	8	3.	3.	In the past 12 months, for how many months has the participant used Other? (Enter '00' if none.)
12	PRM_1090	Num	8	3.	3.	In the past 12 months, for how many months has the participant used Other? (Enter '00' if none.)
13	PRM_1100	Num	8	PRM_1100F.	2.	In the past 12 months, how many courses of steroids by mouth or injection has the participant taken for asthma?

Data Set Name: registry.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	REG_1000	Num	8	YNF.	2.	Did the parent/legal guardian sign and date a CARE Protocol Informed Consent and HIPAA Authorization form?
3	REG_1020	Num	8	YNF.	2.	If YES, did the participant sign and date a CARE Protocol Informed Assent and HIPAA Authorization form, or if the participant is less than 7 years old, has the participant given verbal assent?
4	REG_1050	Num	8	GENDERF.	2.	Participant's gender
5	REG_1060	Num	8	ETHNICF.	2.	Participant's ethnic background
6	REG_1070	Num	8	YNF.	2.	American Indian or Alaskan Native
7	REG_1080	Num	8	YNF.	2.	Asian
8	REG_1090	Num	8	YNF.	2.	Black or African American
9	REG_1100	Num	8	YNF.	2.	White
10	REG_1110	Num	8	YNF.	2.	Native Hawaiian or Other Pacific Islander
11	REG_1120	Num	8	PRIMARY_RACE.	2.	Participant's primary racial identification
12	REG_1015	Num	8	YNF.	2.	Is participant assent required for the protocol in REG_1000?
13	AGE	Num	8			Participant's Age

Data Set Name: serious.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	SER_1000	Num	8			Date of Adverse Event
5	SER_1010	Char	6	\$6.	\$6.	Description of Adverse Event (ICD9 Code)
6	SER_1020	Num	8	YNF.	2.	Is the participant currently taking study drug?
7	SER_1030	Num	8	4.	4.	Time interval between the last administration of the study drug and the Adverse Event
8	SER_1040	Num	8	SER_1040F.	2.	What was the unit of time for the interval in SER_1030?
9	SER_1050	Num	8	YNF.	2.	Fatal event
10	SER_1060	Num	8	YNF.	2.	Life-threatening event
11	SER_1070	Num	8	YNF.	2.	Inpatient hospitalization required
12	SER_1080	Num	8			Admission date
13	SER_1090	Num	8			Discharge date
14	SER_1100	Num	8	YNF.	2.	Disabling or incapacitating
15	SER_1110	Num	8	YNF.	2.	Overdose
16	SER_1120	Num	8	YNF.	2.	Cancer
17	SER_1130	Num	8	YNF.	2.	Congenital anomaly
18	SER_1140	Num	8	YNF.	2.	Serious laboratory abnormality with clinical symptoms
19	SER_1150	Num	8	YNF.	2.	Height failure
20	SER_1160	Num	8	YNNAF.	2.	Pregnancy
21	SER_1170	Num	8	YNF.	2.	Other
22	SER_1180	Num	8	YNF.	2.	Did Toxicity of study drug(s) cause the event?
23	SER_1190	Num	8	YNF.	2.	Did Withdraw of study drug(s) cause the event?
24	SER_1200	Num	8	YNF.	2.	Did Concurrent medication cause the event?
25	SER_1210	Num	8	YNF.	2.	Did Other condition or event cause the event?

Data Set Name: skin.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	SKN_1000	Num	8	YNF.	Has the participant had a previous skin test using CARE procedures within the approved time limit?
5	SKN_1010	Num	8		Date of previous skin test
6	SKN_1030	Num	8	YNF.	Has the participant used any of the medications, listed in the skin test section of the CARE MOP within the exclusionary periods?
7	SKN_1040	Num	8	YNF.	Has the participant ever had a severe systemic reaction to allergy skin testing?
8	SKN_1050	Num	8	YNF.	Has the participant ever had an anaphylactic reaction to egg?
9	SKN_1060	Num	8	YNF.	Has the participant ever had an anaphylactic reaction to peanut?
10	SKN_1070	Num	8	YNF.	Has the participant ever had an anaphylactic reaction to milk?
11	SKN_1080	Num	8		Time test sites pricked (based on 24-hour clock)
12	SKN_1090	Num	8		Time test sites evaluated (based on 24-hour clock)
13	SKN_1100	Num	8		{(Histamine: Largest Wheal) + (Histamine: Perpendicular Wheal)}/2
14	SKN_1110	Num	8	YNF.	Is SKN_1100 < 3mm?
15	SKN_1120	Num	8		{(Saline: Largest Wheal) + (Saline: Perpendicular Wheal)}/2
16	SKN_1130	Num	8		SKN_1100 - SKN_1120 =
17	SKN_1140	Num	8	YNF.	Is SKN_1130 < 3mm?
18	SKN_1150	Num	8		SKN_1120 + 3 mm =
19	SKN_1160	Num	8	YNF.	Histamine (A1): Was there a reaction?
20	SKN_1170	Num	8		Histamine (A1): Largest Wheal Diameter (mm)
21	SKN_1180	Num	8		Histamine (A1): Perpendicular Wheal Diameter (mm)
22	SKN_1190	Num	8	YNF.	Mite Mix (A2): Was there a reaction?
23	SKN_1200	Num	8		Mite Mix (A2): Largest Wheal Diameter (mm)
24	SKN_1210	Num	8		Mite Mix (A2): Perpendicular Wheal Diameter (mm)
25	SKN_1220	Num	8	YNF.	Roach Mix (A3): Was there a reaction?
26	SKN_1230	Num	8		Roach Mix (A3): Largest Wheal Diameter (mm)
27	SKN_1240	Num	8		Roach Mix (A3): Perpendicular Wheal Diameter (mm)
28	SKN_1250	Num	8	YNF.	Cat (A4): Was there a reaction?
29	SKN_1260	Num	8		Cat (A4): Largest Wheal Diameter (mm)
30	SKN_1270	Num	8		Cat (A4): Perpendicular Wheal Diameter (mm)
31	SKN_1280	Num	8	YNF.	Dog (A5): Was there a reaction?
32	SKN_1290	Num	8		Dog (A5): Largest Wheal Diameter (mm)
33	SKN_1300	Num	8		Dog (A5): Perpendicular Wheal Diameter (mm)
34	SKN_1310	Num	8	YNF.	Mold Mix (A6): Was there a reaction?
35	SKN_1320	Num	8		Mold Mix (A6): Largest Wheal Diameter (mm)

Num	Variable	Type	Len	Format	Label
36	SKN_1330	Num	8		Mold Mix (A6): Perpendicular Wheal Diameter (mm)
37	SKN_1340	Num	8	YNF.	Grass Mix (A7): Was there a reaction?
38	SKN_1350	Num	8		Grass Mix (A7): Largest Wheal Diameter (mm)
39	SKN_1360	Num	8		Grass Mix (A7): Perpendicular Wheal Diameter (mm)
40	SKN_1370	Num	8	YNF.	Saline (A8): Was there a reaction?
41	SKN_1380	Num	8		Saline (A8): Largest Wheal Diameter (mm)
42	SKN_1390	Num	8		Saline (A8): Perpendicular Wheal Diameter (mm)
43	SKN_1400	Num	8	YNF.	Tree Mix (B1): Was there a reaction?
44	SKN_1410	Num	8		Tree Mix (B1): Largest Wheal Diameter (mm)
45	SKN_1420	Num	8		Tree Mix (B1): Perpendicular Wheal Diameter (mm)
46	SKN_1430	Num	8	YNF.	Weed Mix (B2): Was there a reaction?
47	SKN_1440	Num	8		Weed Mix (B2): Largest Wheal Diameter (mm)
48	SKN_1450	Num	8		Weed Mix (B2): Perpendicular Wheal Diameter (mm)
49	SKN_1460	Num	8	YNF.	Milk (B3): Was there a reaction?
50	SKN_1470	Num	8		Milk (B3): Largest Wheal Diameter (mm)
51	SKN_1480	Num	8		Milk (B3): Perpendicular Wheal Diameter (mm)
52	SKN_1490	Num	8	YNF.	Egg (B4): Was there a reaction?
53	SKN_1500	Num	8		Egg (B4): Largest Wheal Diameter (mm)
54	SKN_1510	Num	8		Egg (B4): Perpendicular Wheal Diameter (mm)
55	SKN_1520	Num	8	YNF.	Peanut (B5): Was there a reaction?
56	SKN_1530	Num	8		Peanut (B5): Largest Wheal Diameter (mm)
57	SKN_1540	Num	8		Peanut (B5): Perpendicular Wheal Diameter (mm)
58	SKN_1550	Num	8	YNF.	Other (B6): Was there a reaction?
59	SKN_1560	Num	8		Other (B6): Largest Wheal Diameter (mm)
60	SKN_1570	Num	8		Other (B6): Perpendicular Wheal Diameter (mm)
61	SKN_1580	Num	8	YNF.	Other (B7): Was there a reaction?
62	SKN_1590	Num	8		Other (B7): Largest Wheal Diameter (mm)
63	SKN_1600	Num	8		Other (B7): Perpendicular Wheal Diameter (mm)
64	SKN_1610	Num	8	YNF.	Other (B8): Was there a reaction?
65	SKN_1620	Num	8		Other (B8): Largest Wheal Diameter (mm)
66	SKN_1630	Num	8		Other (B8): Perpendicular Wheal Diameter (mm)

Data Set Name: spiro_po.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	SPO_1000	Num	8		Time bronchodilator given (based on 24-hour clock)
5	SPO_1010	Num	8		Time post-bronchodilator spirometry started (based on 24-hour clock)
6	SPO_1020	Num	8		FVC (L)
7	SPO_1030	Num	8		FEV1 (L)
8	SPO_1040	Num	8		FEV1 (% predicted)
9	SPO_1050	Num	8		FEV1 / FVC (%)
10	SPO_1060	Num	8		FEF25-75 (leters/sec)
11	SPO_1140	Num	8		ATS Accepted
12	SPO_1150	Num	8		ATS Error Code
13	SPO_1160	Num	8	YNF.	In your judgement, was the participant's post-bronchodilator technique acceptable?
14	SPO_1170	Num	8	YNF.	If NO, Inadequate start of test, no rapid onset of expiration, large back extrapolation
15	SPO_1180	Num	8	YNF.	If NO, Unacceptable peak flow (low, rounded, not clearly determined)
16	SPO_1190	Num	8	YNF.	If NO, Unacceptable FET
17	SPO_1200	Num	8	YNF.	If NO, Cough/Glottic closure during maneuver
18	SPO_1210	Num	8	YNF.	If NO, Abrupt ending, sharp drop, or cessation in flow
19	SPO_1220	Num	8	YNF.	If NO, Other
20	SPO_1230	Num	8	SPO_1230F.	If YES, grade the participant's technique

Data Set Name: *spiro_pr.sas7bdat*

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	SPR_1010	Num	8		Time spirometry started (based on 24-hour clock)
5	SPR_1020	Num	8		FVC (L)
6	SPR_1030	Num	8		FEV1 (L)
7	SPR_1040	Num	8		FEV1 (% predicted)
8	SPR_1050	Num	8		FEV1 / FVC (%)
9	SPR_1060	Num	8		FEF25-75 (liters/sec)
10	SPR_1070	Num	8		FEF50 (liters/sec)
11	SPR_1080	Num	8		FEF75 (liters/sec)
12	SPR_1090	Num	8		PEF (best effort) (liters/sec)
13	SPR_1100	Num	8		FET (sec)
14	SPR_1110	Num	8		FET PEF (sec)
15	SPR_1120	Num	8		V backextrapolation ex (liters)
16	SPR_1130	Num	8		V backextrapolation % FVC (%)
17	SPR_1140	Num	8		ATS Accepted
18	SPR_1150	Num	8		ATS Error Code
19	SPR_1160	Num	8	YNF.	In your judgement, was the participant's pre-bronchodilator technique acceptable?
20	SPR_1170	Num	8	YNF.	If NO, Inadequate start of test, no rapid onset of expiration, large back extrapolation
21	SPR_1180	Num	8	YNF.	If NO, Unacceptable peak flow (low, rounded, not clearly determined)
22	SPR_1190	Num	8	YNF.	If NO, Unacceptable FET
23	SPR_1200	Num	8	YNF.	If NO, Cough/Glottic closure during maneuver
24	SPR_1210	Num	8	YNF.	If NO, Abrupt ending, sharp drop, or cessation in flow
25	SPR_1220	Num	8	YNF.	If NO, Other
26	SPR_1230	Num	8	SPR_1230F.	If YES, grade the participant's technique

Data Set Name: term.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	TRM_1000	Num	8	YNF.	2.	Has the participant completed the study?
5	TRM_1010	Num	8	TRM_1010F.	3.	Indicate the primary reason why the participant is being terminated from the study after randomization.
6	TRM_1030	Num	8	YESF.	2.	Clinic Coordinator's signed
7	TRM_1040	Num	8			Date Clinic Coordinator signed
8	TRM_1050	Num	8	YESF.	2.	Principal Investigator's signed
9	TRM_1060	Num	8			Date Principal Investigator signed

Data Set Name: termr.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VNUM	Num	8		Visit Number
3	VDATE	Num	8		Visit Date
4	TMR_1010	Num	8	TMR_1010F.	Indicate the primary reason for ineligibility during the Run-In.
5	TMR_1030	Num	8	YESF.	Clinic Coordinator's signed
6	TMR_1040	Num	8		Date Clinic Coordinator signed
7	TMR_1050	Num	8	YESF.	Principal Investigator's signed
8	TMR_1060	Num	8		Date Principal Investigator signed

Data Set Name: trtfail.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	TXF_1000	Num	8	YNF.	2.	Has the participant been hospitalized for asthma?
5	TXF_1010	Num	8	YNF.	2.	Has the participant had a hypoxic seizure due to asthma?
6	TXF_1020	Num	8	YNF.	2.	Has the participant required intubation for asthma?
7	TXF_1030	Num	8	YNF.	2.	Has the participant received his/her second course of an oral/systemic corticosteroid for an asthma exacerbation within any 6-month period?
8	TXF_1040	Num	8	YNF.	2.	Is the participant a treatment failure?
9	TXF_1050	Num	8			Date treatment failure occurred
10	TXF_1060	Num	8	YESF.	2.	Physician/CC signed
11	TXF_1070	Num	8			Date signed