

Data Set Name: aeclin2.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VDATE	Num	8		Visit Date (number of days since enrollment date)
3	CAE_1020	Num	8		Description of adverse event
4	CAE_1030	Char	6		ICD9 Code
5	CAE_1040	Num	8		Date started (number of days since enrollment date)
6	CAE_1050	Num	8		Date stopped (number of days since enrollment date)
7	CAE_1060	Num	8	YESF.	Flag: Ongoing at data entry?
8	CAE_1070	Num	8		Duration in hours if < 24 hours
9	CAE_1080	Num	8	CAE_1080F.	Event type (intermittent or continuous)
10	CAE_1090	Num	8	CAE_1090F.	Event severity
11	CAE_1100	Num	8	YNF.	Serious Adverse Event?
12	CAE_1110	Num	8	CAE_1110F.	Likelihood of relationship to study drug
13	CAE_1120	Num	8	CAE_1120F.	Change in study medications
14	CAE_1130	Num	8	CAE_1130F.	Event outcome
15	CAE_1140	Num	8	CAE_1140F.	Treatment required

Data Set Name: ast_hx.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 (number of days since enrollment date)
4	AHX_1000	Num	8	AHX_1000F.	1. What is your relationship to the child?
5	AHX_1010	Num	8		2. How old was the child when chest symptoms suggesting asthma first began? (years)
6	AHX_1020	Num	8		2. How old was the child when chest symptoms suggesting asthma first began? (months)
7	AHX_1030	Num	8		3. How old was the child when a doctor first said he or she had asthma? (years)
8	AHX_1040	Num	8		3. How old was the child when a doctor first said he or she had asthma? (months)
9	AHX_1050	Num	8	YNF.	4. Has the child ever been hospitalized overnight for asthma?
10	AHX_1060	Num	8		4a. If YES, during the past 12 months, how many times has the child been hospitalized overnight for asthma?
11	AHX_1070	Num	8	YNF.	5. Has the child ever been admitted to an intensive care unit for asthma?
12	AHX_1080	Num	8		5a. If YES, during the past 12 months, how many times has the child been admitted to an intensive care unit for asthma?
13	AHX_1090	Num	8		6a. During the past 12 months, how many times has the child been seen in an emergency department for asthma?
14	AHX_1100	Num	8		6b. During the past 12 months, how many times has the child been seen at a doctor's office for asthma? (Include both routine visits and visits for acute problems)
15	AHX_1110	Num	8		6c. During the past 12 months, how many days of work or school did the child miss because of asthma?
16	AHX_1120	Num	8		6d. During the past 12 months, how many days of work did you miss because of the child's asthma?
17	AHX_1130	Num	8	AHX_1130TO1250F.	7. Is the child's asthma provoked on exposure to house dust?
18	AHX_1140	Num	8	AHX_1130TO1250F.	8. Is the child's asthma provoked on exposure to animals?
19	AHX_1150	Num	8	AHX_1130TO1250F.	9. Is the child's asthma provoked by emotional factors? (e.g., stress)
20	AHX_1160	Num	8	AHX_1130TO1250F.	10. Is the child's asthma provoked by exercise/play?
21	AHX_1170	Num	8	AHX_1130TO1250F.	11. Is the child's asthma provoked on exposure to damp, musty area? (e.g., damp basement)
22	AHX_1180	Num	8	AHX_1130TO1250F.	12. Is the child's asthma provoked on exposure to tobacco smoke?
23	AHX_1190	Num	8	AHX_1130TO1250F.	13. Is the child's asthma provoked on exposure to a change in the weather?
24	AHX_1200	Num	8	AHX_1130TO1250F.	14. Is the child's asthma provoked on respiratory infections?
25	AHX_1210	Num	8	AHX_1130TO1250F.	15. Is the child's asthma provoked on exposure to chemicals? (e.g., perfume, household cleaners)
26	AHX_1220	Num	8	AHX_1130TO1250F.	16. Is the child's asthma provoked by food?
27	AHX_1230	Num	8	AHX_1130TO1250F.	17. Is the child's asthma provoked on exposure to cold air?
28	AHX_1240	Num	8	AHX_1130TO1250F.	18. Is the child's asthma provoked by aspirin?
29	AHX_1250	Num	8	AHX_1130TO1250F.	19. Is the child's asthma provoked on exposure to spring and fall pollens?

Num	Variable	Type	Len	Format	Label
30	AHX_1260	Num	8	YNF.	20. Has the child ever had hay fever?
31	AHX_1270	Num	8		20a. At what age did the child FIRST have hay fever? (years)
32	AHX_1280	Num	8		20a. At what age did the child FIRST have hay fever? (months)
33	AHX_1290	Num	8	YNF.	20b. During the past 12 months, did the child have hay fever?
34	AHX_1300	Num	8	YNF.	20c. Has the child ever seen a doctor or other health practitioner because of hay fever?
35	AHX_1310	Num	8	YNF.	21. Has the child ever had atopic dermatitis (eczema)?
36	AHX_1320	Num	8		21a. At what age did the child FIRST have atopic dermatitis (eczema)? (years)
37	AHX_1330	Num	8		21a. At what age did the child FIRST have atopic dermatitis (eczema)? (months)
38	AHX_1340	Num	8	YNF.	21b. During the past 12 months, did the child have atopic dermatitis?
39	AHX_1350	Num	8	YNF.	21c. Has the child ever seen a doctor or other health practitioner because of atopic dermatitis?
40	AHX_1360	Num	8	YNF.	22. Has a doctor or other health practitioner ever said that the child has allergies?
41	AHX_1370	Num	8	YNF.	23a. To which of the following did a doctor or other health practitioner say the child was allergic: Medicines
42	AHX_1380	Num	8	YNF.	23b. To which of the following did a doctor or other health practitioner say the child was allergic: Foods
43	AHX_1390	Num	8	YNF.	23c. To which of the following did a doctor or other health practitioner say the child was allergic: Things you breathe in or inhale (e.g., dust, pollens, molds, animal fur, or dander)
44	AHX_1400	Num	8	YNF.	23d. To which of the following did a doctor or other health practitioner say the child was allergic: Stinging insects such as bees or wasps
45	AHX_1410	Num	8	YNF.	23e. To which of the following did a doctor or other health practitioner say the child was allergic: Other
46	AHX_1420	Num	8	AHX_1420F.	24. On average, during the past MONTH, how often has the child had a cough, wheeze, shortness of breath, or chest tightness?
47	AHX_1430	Num	8	AHX_1430TO1450F.	25. On average, during the past MONTH, how often was the child awakened from sleep because of coughing, wheezing, shortness of breath, or chest tightness?
48	AHX_1440	Num	8	AHX_1430TO1450F.	26. On average, during the past MONTH, how often has the child had cough, wheeze, shortness of breath, or chest tightness while exercising or playing?
49	AHX_1450	Num	8	AHX_1430TO1450F.	27. On average, during the past MONTH, how often does asthma keep the child from doing what the child wants?
50	AHX_1460	Num	8	AHX_1460F.	28. In general, during the past MONTH, how bothered was the child by his/her asthma?

Data Set Name: cap_feia.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 (number of days since enrollment date)
4	CAP_1000	Num	8	1. Mite Mix CAP/FEIA test results (Au/L)
5	CAP_1010	Num	8	2. Roach Mix CAP/FEIA test results (Au/L)
6	CAP_1020	Num	8	3. Cat CAP/FEIA test results (Au/L)
7	CAP_1030	Num	8	4. Dog CAP/FEIA test results (Au/L)
8	CAP_1040	Num	8	5. Mold Mix CAP/FEIA test results (Au/L)
9	CAP_1050	Num	8	6. Grass Mix CAP/FEIA test results (Au/L)
10	CAP_1060	Num	8	7. Tree Mix CAP/FEIA test results (Au/L)
11	CAP_1070	Num	8	8. Weed Mix CAP/FEIA test results (Au/L)
12	CAP_1080	Num	8	9. Milk CAP/FEIA test results (Au/L)
13	CAP_1090	Num	8	10. Egg CAP/FEIA test results (Au/L)
14	CAP_1100	Num	8	11. Peanut CAP/FEIA test results (Au/L)
15	CAP_1110	Num	8	12. Other _____ CAP/FEIA test results (Au/L)
16	CAP_1120	Num	8	13. Other _____ CAP/FEIA test results (Au/L)

Data Set Name: cmed_as.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBJ_ID	Num	8		Public Subject ID
2	VDATE	Num	8		Visit Date (number of days since enrollment date)
3	CMD_1010	Num	8		Name of Medication
4	CMD_1000	Char	4		Med Code
5	CMD_1020	Num	8		Related Event
6	CMD_1030	Num	8	YESF.	Flag: Related Event N/A
7	CMD_1060	Num	8		Med Start Date (number of days since enrollment date)
8	CMD_1090	Num	8		Med Stop Date (number of days since enrollment date)
9	CMD_1100	Num	8	YESF.	Flag: Ongoing at Data Entry

Data Set Name: comply.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 (number of days since enrollment date)
4	CMP_1000	Num	8		1. How many RTI's (or respiratory illnesses) has your child completed since the last scheduled clinical visit?
5	CMP_1010	Num	8		4a. Number of respules dispensed
6	CMP_1020	Num	8		4b. Number of respules returned
7	CMP_1030	Num	8		4c. Number of respules scheduled (Question #3 x 28 respules)
8	CMP_1040	Num	8		4d. Actual number of respules used (Question #4a - Question #4b)
9	CMP_1050	Num	8		4e. Percent adherence = (Question #4d / Question #4c) x 100
10	CMP_1060	Num	8		5a. Number of tablets/granule packets dispensed
11	CMP_1070	Num	8		5b. Number of tablets/granule packets returned
12	CMP_1080	Num	8		5c. Number of scheduled doses (Question #3 x 7 tablets/granule packets)
13	CMP_1090	Num	8		5d. Actual number of tablets/granule packets used (Question #5a - Question #5b)
14	CMP_1100	Num	8		5e. Percent adherence = (Question #5d / Question #5c) x 100
15	CMP_1003	Num	8	YNF.	2. Were study drug kits used for all the above illnesses?
16	CMP_1004	Num	8		2b. If NO, for how many illnesses were study drug kits used?
17	CMP_1008	Num	8		3. How many used study drug kits were returned at this study visit for any AIMS illnesses?
18	CMP_1005	Num	8	YNF.	2. Were the study drug kits returned to the clinic at this visit?

Data Set Name: diary.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 (number of days since enrollment date)
4	DIARYDT	Num	8		Diary Date (number of days since enrollment date)
5	DRY_1010	Num	8		AIMS Diary Card Date (number of days since enrollment date)
6	DRY_1020	Num	8	DRY_1020F.	1. How much did your child cough last night after going to bed until he/she awoke this morning?
7	DRY_1030	Num	8		2. How many times did you give your child albuterol since he/she went to bed last night?
8	DRY_1040	Num	8		3. Albuterol Inhaler: number of puffs child used since he/she was put to bed for the night until he/she awoke in the morning
9	DRY_1050	Num	8		3. Albuterol by nebulizer: number of treatments child used since he/she was put to bed for the night until he/she awoke in the morning
10	DRY_1060	Num	8	DRY_1060F.	4. How severe was your child's cough today?
11	DRY_1070	Num	8	DRY_1070F.	5. How severe was your child's wheezing today?
12	DRY_1080	Num	8	DRY_1080F.	6. How severe was your child's trouble breathing today?
13	DRY_1090	Num	8	DRY_1090F.	7. How much did your child's asthma symptoms interfere with your child's activities today?
14	DRY_1100	Num	8	YNF.	8. Did your child visit a doctor, emergency room , or hospital for asthma symptoms (other than a scheduled visit to a doctor), or was your child treated with oral prednisone during the previous 24 hours?
15	DRY_1110	Num	8	YNF.	8a. Child visited a doctor?
16	DRY_1120	Num	8	YNF.	8b. Child Visited an Emergency Room?
17	DRY_1130	Num	8	YNF.	8c. Child admitted to the Hospital Overnight?
18	DRY_1140	Num	8	YNF.	8d. Child treated with Prednisone?
19	DRY_1150	Num	8		9. How many times did you give your child albuterol since he/she awoke this morning?
20	DRY_1160	Num	8		10. Albuterol Inhaler: number of puffs child used since he/she woke up this morning
21	DRY_1170	Num	8		10. Albuterol nebulizer: number of puffs child used since he/she woke up this morning
22	DRY_1180	Num	8	YNF.	11. Did your child take the nebulizer study medication this morning?
23	DRY_1190	Num	8	YNF.	12. Did your child take the nebulizer study medication tonight?
24	DRY_1200	Num	8	YNF.	13. Did your child take the study granules/tablet today?
25	DRY_1210	Num	8	YNF.	14. Was your child absent from school or daycare today due to breathing problems?
26	DRY_1220	Num	8	YNF.	15. Was a parent unable to go to work or school today due to your child's breathing problems?

Data Set Name: drugarms.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Public Subject ID
2	DRUG_ARM	Char	30	Treatment Arm

Data Set Name: elig1.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 (number of days since enrollment date)
4	E1_1000	Num	8	YNF.	1. Has a parent/legal guardian appropriately signed and dated the informed consent?
5	E1_1010	Num	8		2. If YES, date form signed (number of days since enrollment date)
6	E1_1020	Num	8	YNF.	3. Is the participant 12 to 59 months old?
7	E1_1030	Num	8	YNF.	4. Was the participant born before 36 weeks gestation?
8	E1_1040	Num	8	YNF.	5. Is the participant up-to-date with immunizations?
9	E1_1050	Num	8	YNF.	6. Has the participant ever had chicken pox or received the chicken pox vaccine?
10	E1_1060	Num	8	YNF.	7. Does the participant have any immunodeficiency disorders?
11	E1_1070	Num	8	YNF.	8. Does the participant have a chronic or active lung disease other than asthma?
12	E1_1080	Num	8	YNF.	9. Does the participant have a significant medical illness other than asthma (e.g. heart disease, thyroid disease, diabetes mellitus, Cushing's, Addison's, or hepatic disease)?
13	E1_1090	Num	8	YNF.	10. Does the participant have a history of cataracts, glaucoma, or other medical disorders (such as thrush that is difficult to treat) associated with an adverse effect to glucocorticoids?
14	E1_1100	Num	8	YNF.	11. Does the participant have concurrent medical problems other than asthma that are likely to require oral or injectable corticosteroids during the study?
15	E1_1110	Num	8	YNF.	12. Is the participant being treated with antibiotics for sinus disease?
16	E1_1120	Num	8	YNF.	13. Is the participant being treated with medication for gastroesophageal reflux?
17	E1_1130	Num	8	YNF.	14. Medical History Criteria: Is the participant eligible?
18	E1_1140	Num	8	YNF.	15. During the past year, has the participant had 2 or more episodes of wheezing during a respiratory tract illness or cold?
19	E1_1150	Num	8	YNF.	16. During the past year, was at least one wheezing episode during a respiratory tract illness or cold documented by a health care provider? (Parental Report)
20	E1_1160	Num	8	YNF.	17. During the past year, did at least one wheezing episode during a respiratory tract illness or cold occur within the preceding 6 months?
21	E1_1170	Num	8		18. How many wheezing episodes, during a respiratory tract illness or cold, has your child had in the past year which required treatment with at least a bronchodilator and resulted in a visit to a health care provider, uca, er, or hosp?
22	E1_1180	Num	8		19. How many courses of oral corticosteroid for wheezing episodes, during a respiratory tract illness or cold, did your child receive without a visit to any health care provider, urgent care area, room, or hospital visits?
23	E1_1190	Num	8	YNF.	20. Is the sum of Question #18 and Question #19 >= 2?
24	E1_1200	Num	8	YNF.	21. Has your child been hospitalized overnight for a wheezing illness 3 or more times in the past year?
25	E1_1210	Num	8	YNF.	22. Has the participant ever had a seizure (during an asthma episode) that the physician thought was due to asthma?
26	E1_1220	Num	8	YNF.	23. Has the participant ever had respiratory failure resulting in mechanical ventilation?
27	E1_1230	Num	8	YNF.	24. Wheezing/Asthma Criteria: Is the participant eligible?
28	E1_1240	Num	8	YNF.	25. During the past year, has the participant had more than 6 oral or injectable corticosteroid courses?

Num	Variable	Type	Len	Format	Label
29	E1_1250	Num	8	YNF.	26. During the past year, has the participant used controller medications (ICS, LTRA, cromolyn/nedocromil or theophylline) for a total of 4 or more months?
30	E1_1260	Num	8	YNF.	27. Within the past 2 weeks, has the participant used any controller medications (ICS, LTRA, cromolyn/nedocromil or theophylline)?
31	E1_1270	Num	8	YNF.	28. Has the participant ever had an adverse reaction to budesonide (Pulmicort), montelukast (Singulair), or any of their ingredients?
32	E1_1280	Num	8	YNNAF.	29. Has the participant tolerated oral corticosteroids (Decadron, Dexamethasone, Orapred, Prelone, Pediapred, prednisone)?
33	E1_1290	Num	8	YNNAF.	30. Has the participant tolerated albuterol?
34	E1_1300	Num	8	YNF.	31. Has the participant used any systemic corticosteroid treatments (oral or injectable) within the past 2 weeks?
35	E1_1310	Num	8	YNF.	32. Has the participant used any of the drugs listed on the Exclusionary Drugs reference card (P4_EXCLDRUG) during the designated washout periods?
36	E1_1320	Num	8	YNF.	33. Does the parent/legal guardian feel they will be able to coordinate the use of the study nebulizer?
37	E1_1330	Num	8	YNF.	34. Does the parent/legal guardian feel they will be able to coordinate the use of the study granules/tablets?
38	E1_1340	Num	8	YNF.	35. Currently or within the past month, has the participant been involved in an investigational drug trial?
39	E1_1350	Num	8	YNF.	36. Does the participant's family have plans to move out of the area before the end of the study?
40	E1_1360	Num	8	YNF.	37. Is there any other reason for which this participant should not be included in this study?
41	E1_1370	Num	8	YNF.	38. Medication, Other Criteria: Is the participant eligible?
42	E1_1380	Num	8		Flag: Physician/CC signature
43	E1_1390	Num	8		Physician/CC signature Date (number of days since enrollment date)

Data Set Name: elig2.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 (number of days since enrollment date)
4	E2_1010	Num	8	YNF.	1. Has the participant used any of the drugs listed on the Exclusionary Drugs reference card (P4_EXCLDRUG) during the designated washout periods?
5	E2_1020	Num	8		2. Number of days between Visit 1 and Visit 2 (excluding today and the participant's Visit 1 date)
6	E2_1030	Num	8		3a. Number of days diary card is completed
7	E2_1040	Num	8		3b. Percent adherence = (Question #3a / Question #2) x 100
8	E2_1050	Num	8	YNF.	3c. Is Question #3b > 80%?
9	E2_1060	Num	8		4. Number of days with symptoms and/or albuterol use.
10	E2_1070	Num	8		5. Average number of days per week with symptoms and/or albuterol use for breathing problems.
11	E2_1080	Num	8	YNF.	5a. Is Question #5 < 4.0?
12	E2_1090	Num	8	YNF.	6. Medication Use Symptomn Criteria: Is the participant eligible?
13	E2_1100	Num	8	YNF.	7. Has the participant had 4 or more exacerbations of wheezing during the previous 12 months with at least one of these documented by a health care provider?
14	E2_1110	Num	8	YNF.	8. Have either of the participant's parents been diagnosed with asthma by a health care provider?
15	E2_1120	Num	8	YNF.	9. Has the participant ever been diagnosed with atopic dermatitis by a health care provider?
16	E2_1130	Num	8	YNF.	10. Does the participant have a positive allergy test to at least one aeroallergen?
17	E2_1140	Num	8	YNF.	11. Is the participant's API positive? (API+ if Q 7 is 'yes' and at least one of Q 8, 9, or 10 is 'yes'.)
18	E2_1150	Num	8	YNF.	12. Does the parent/legal guardian believe that they will be able to comply with the study schedule and study requirements?
19	E2_1160	Num	8	YNF.	13. Is there any other reason for which this participant should not be included in this study?
20	E2_1170	Num	8	YNF.	14. Asthma Predictive Index, Other Criteria: Is the participant eligible?
21	E2_1210	Num	8		Flag: Physician/CC signature
22	E2_1220	Num	8		Physician/CC signature Date (number of days since enrollment date)

Data Set Name: eno.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 (number of days since enrollment date)
4	ENO_1000	Num	8	YNF.	1. Is the child currently stable without an acute wheezing exacerbation?
5	ENO_1010	Num	8	YNF.	2. Does the child have respiratory distress or a respiratory rate over 40 breaths per minute?
6	ENO_1020	Num	8	YNF.	3. Did the child take an oral steroid within the past month?
7	ENO_1025	Num	8	YNF.	4. Has the child ever used an AIMS study drug kit for an illness?
8	ENO_1030	Num	8	YNF.	5. Is the child eligible to proceed with the ENO testing?
9	ENO_1035	Num	8	YNF.	6. Was the ENO procedure performed?
10	ENO_1036	Num	8	ENO_1036F.	6a. If NO, indicate the primary reason
11	ENO_1040	Num	8	YNUNKF.	7. During the past 4 hours, has the child used a short-acting bronchodilator or albuterol?
12	ENO_1050	Num	8	YNUNKF.	8. During the past 12 hours, has the child used a long-acting bronchodilator or sameterol?
13	ENO_1060	Num	8	YNUNKF.	9. Has the child been exposed to a smoker in the past 24 hours?
14	ENO_1070	Num	8	YNUNKF.	10. Did the child eat or drink in the past hour?
15	ENO_1080	Num	8		11. ENO Measurement Bag #1 (ppb)
16	ENO_1090	Num	8		11a. Number of Breaths
17	ENO_1100	Num	8	YNF.	11b. Was the child fussy?
18	ENO_1120	Num	8		12. ENO Measurement Bag #2 (ppb)
19	ENO_1130	Num	8		12a. Number of Breaths (
20	ENO_1140	Num	8	YNF.	12b. Was the child fussy?
21	ENO_1160	Num	8		13. ENO Measurement Bag #3 (ppb)
22	ENO_1170	Num	8		13a. Number of Breaths
23	ENO_1180	Num	8	YNF.	13b. Was the child fussy?

Data Set Name: eno_v9.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 (number of days since enrollment date)
4	EN9_1000	Num	8	YNF.	1. Is the child currently stable without an acute wheezing exacerbation?
5	EN9_1010	Num	8	YNF.	2. Does the child have respiratory distress or a respiratory rate over 40 breaths per minute?
6	EN9_1020	Num	8	YNF.	3. Did the child take any anti-inflammatory medications (including corticosteroids and leukotriene modifiers) within the past 4 weeks?
7	EN9_1025	Num	8	YNF.	4. Has the child used an AIMS study drug kit for an illness within the past 4 weeks?
8	EN9_1030	Num	8	YNF.	5. Is the child eligible to proceed with the ENO testing?
9	EN9_1035	Num	8	YNF.	6. Was the ENO procedure performed?
10	EN9_1036	Num	8	EN9_1036F.	6a. If NO, indicate the primary reason
11	EN9_1040	Num	8	YNUNKF.	7. During the past 4 hours, has the child used a short-acting bronchodilator or albuterol?
12	EN9_1050	Num	8	YNUNKF.	8. During the past 12 hours, has the child used a long-acting bronchodilator or sameterol?
13	EN9_1060	Num	8	YNUNKF.	9. Has the child been exposed to secondhand smoke in the past 24 hours?
14	EN9_1070	Num	8	YNUNKF.	10. Did the child eat or drink in the past hour?
15	EN9_1080	Num	8	YNF.	11. Was the eNO performed using the mask?
16	EN9_1090	Num	8		12. ENO Measurement Bag #1 (ppb)
17	EN9_1100	Num	8		12a. Number of Breaths
18	EN9_1110	Num	8	YNF.	12b. Was the child fussy?
19	EN9_1120	Num	8		13. ENO Measurement Bag #2 (ppb)
20	EN9_1130	Num	8		13a. Number of Breaths
21	EN9_1140	Num	8	YNF.	13b. Was the child fussy?
22	EN9_1150	Num	8		14. ENO Measurement Bag #3 (ppb)
23	EN9_1160	Num	8		14a. Number of Breaths
24	EN9_1170	Num	8	YNF.	14b. Was the child fussy?
25	EN9_1180	Num	8	YNF.	15. Was the eNO performed using the mouthpiece?
26	EN9_1190	Num	8		16. ENO Measurement #1 (ppb)
27	EN9_1200	Num	8		17. ENO Measurement #2 (ppb)
28	EN9_1210	Num	8		18. ENO Measurement #3 (ppb)
29	EN9_1220	Num	8		19. Average FENO (ppb)
30	EN9_1230	Num	8		20. Average VNO (nl/min)
31	EN9_1240	Num	8	EN9_1240F.	21. Test Profile

Data Set Name: heq2.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 (number of days since enrollment date)
4	HEQ_1000	Num	8	HEQ_1000F.	1. What is your relationship to the child?
5	HEQ_1010	Num	8	YNF.	2. Has the child lived in his/her current home since birth?
6	HEQ_1015	Num	8		3. How long has your child lived in the current home? (years)
7	HEQ_1016	Num	8		3. How long has your child lived in the current home? (months)
8	HEQ_1020	Num	8	YNF.	30a. Are any of the following located on your property? - Barns
9	HEQ_1030	Num	8	YNF.	30b. Are any of the following located on your property? - Hay
10	HEQ_1040	Num	8	YNF.	30c. Are any of the following located on your property? - Woodsheds
11	HEQ_1050	Num	8	YNF.	30d. Are any of the following located on your property? - Firewood
12	HEQ_1060	Num	8	YNF.	30e. Are any of the following located on your property? - Chicken coops
13	HEQ_1070	Num	8	YNF.	30f. Are any of the following located on your property? - Horses
14	HEQ_1080	Num	8	HEQ_1080F.	4. Which best describes the child's current home?
15	HEQ_1090	Num	8		5. How old is the child's current home? (years)
16	HEQ_1100	Num	8	YNF.	6. Does the child's home use a portable heater?
17	HEQ_1110	Num	8	YNF.	7. Does the child's home use a wood burning stove as a primary source of heat?
18	HEQ_1120	Num	8	YNF.	8. Does the child's home use a cooling system?
19	HEQ_1130	Num	8	HEQ_1130F.	9. Which type of cooling system is used in the child's home?
20	HEQ_1140	Num	8	YNF.	10a. Which rooms use a window unit? - Child's bedroom
21	HEQ_1150	Num	8	YNF.	10b. Which rooms use a window unit? - Other bedrooms
22	HEQ_1160	Num	8	YNF.	10c. Which rooms use a window unit? - Living or family room
23	HEQ_1170	Num	8	YNF.	10d. Which rooms use a window unit? - Kitchen
24	HEQ_1180	Num	8	YNF.	10e. Which rooms use a window unit? - Other
25	HEQ_1190	Num	8	YNDKF.	11. Does the child's home use a humidifier? (Include humidifier built into the heating system of the child's home)
26	HEQ_1200	Num	8	YNF.	12a. Which rooms use a humidifier? - Child's bedroom
27	HEQ_1210	Num	8	YNF.	12b. Which rooms use a humidifier? - Other bedrooms
28	HEQ_1220	Num	8	YNF.	12c. Which rooms use a humidifier? - Living or family room
29	HEQ_1230	Num	8	YNF.	12d. Which rooms use a humidifier? - Kitchen
30	HEQ_1240	Num	8	YNF.	12e. Which rooms use a humidifier? - Other
31	HEQ_1250	Num	8	YNDKF.	13. Does the child's home use a de-humidifier? (Include de-humidifier built into the cooling system of the child's home)
32	HEQ_1260	Num	8	YNDKF.	14. Has there been water damage to the child's home, basement, or its contents during the past 12 months?
33	HEQ_1270	Num	8	YNDKF.	15. Has there been any mold or mildew, on any surfaces, inside the child's home in the past 12 months?
34	HEQ_1280	Num	8	YNF.	16a. Which room(s) have or have had mold or mildew? - Bathroom(s)

Num	Variable	Type	Len	Format	Label
35	HEQ_1290	Num	8	YNF.	16b. Which room(s) have or have had mold or mildew? - Child's bedroom
36	HEQ_1300	Num	8	YNF.	16c. Which room(s) have or have had mold or mildew? - Other bedrooms
37	HEQ_1310	Num	8	YNF.	16d. Which room(s) have or have had mold or mildew? - Living or family room
38	HEQ_1320	Num	8	YNF.	16e. Which room(s) have or have had mold or mildew? - Kitchen
39	HEQ_1330	Num	8	YNF.	16f. Which room(s) have or have had mold or mildew? - Basement or attic
40	HEQ_1340	Num	8	YNF.	16g. Which room(s) have or have had mold or mildew? - Other
41	HEQ_1350	Num	8	YNF.	17. Do you ever see cockroaches in the child's home?
42	HEQ_1360	Num	8	YNF.	18a. In which room(s) have you seen cockroaches? - Bathroom(s)
43	HEQ_1370	Num	8	YNF.	18b. In which room(s) have you seen cockroaches? - Child's bedroom
44	HEQ_1380	Num	8	YNF.	18c. In which room(s) have you seen cockroaches? - Other bedrooms
45	HEQ_1390	Num	8	YNF.	18d. In which room(s) have you seen cockroaches? - Living or family room
46	HEQ_1400	Num	8	YNF.	18e. In which room(s) have you seen cockroaches? - Kitchen
47	HEQ_1410	Num	8	YNF.	18f. In which room(s) have you seen cockroaches? - Basement or attic
48	HEQ_1420	Num	8	YNF.	18g. In which room(s) have you seen cockroaches? - Other
49	HEQ_1430	Num	8	YNF.	19. Does the child share his/her bedroom with another person?
50	HEQ_1440	Num	8		19a. If YES, how many others?
51	HEQ_1450	Num	8	HEQ_1450F.	20. What is the floor covering in the child's bedroom?
52	HEQ_1460	Num	8	HEQ_1460F.	20a. If carpeted, what type of padding is under the carpet in the child's bedroom?
53	HEQ_1470	Num	8	HEQ_1470F.	21. What type of mattress is on the child's bed?
54	HEQ_1480	Num	8		22. How old is the mattress used on the child's bed? (years)
55	HEQ_1490	Num	8	YNF.	23. Is the mattress completely enclosed in an allergy-proof, encasing cover?
56	HEQ_1500	Num	8	YNF.	24. Does the child's bed have a box spring?
57	HEQ_1510	Num	8	YNF.	25. Is the box spring completely enclosed in an allergy-proof, encasing cover?
58	HEQ_1520	Num	8	HEQ_1520F.	26. What type of pillow is used on the child's bed?
59	HEQ_1530	Num	8		27. How old is the pillow used on the child's bed? (years)
60	HEQ_1540	Num	8	YNF.	28. Is the pillow completely enclosed in an allergy-proof, encasing cover?
61	HEQ_1550	Num	8	YNF.	29. Are the child's bed covers or sheets washed in hot water at least 1 time per week?
62	HEQ_1560	Num	8	YNF.	31. Does your family have any animals?
63	HEQ_1570	Num	8		32a. Enter the number of animals that the family has. - Cat
64	HEQ_1580	Num	8		32b. Enter the number of animals that the family has. - Dog
65	HEQ_1590	Num	8		32c. Enter the number of animals that the family has. - Rabbit, guinea pig, hamster, gerbil, or mouse
66	HEQ_1600	Num	8		32d. Enter the number of animals that the family has. - Bird
67	HEQ_1610	Num	8		32e. Enter the number of animals that the family has. - Other
68	HEQ_1620	Num	8	YNF.	33. Are there any animals in the child's home?
69	HEQ_1630	Num	8	YNNAF.	34a. Which animals are in the child's home? - Cat
70	HEQ_1640	Num	8	YNNAF.	34b. Which animals are in the child's home? - Dog
71	HEQ_1650	Num	8	YNNAF.	34c. Which animals are in the child's home? - Rabbit, guinea pig, hamster, gerbil, or mouse

Num	Variable	Type	Len	Format	Label
72	HEQ_1660	Num	8	YNNAF.	34d. Which animals are in the child's home? - Bird
73	HEQ_1670	Num	8	YNNAF.	34e. Which animals are in the child's home? - Other
74	HEQ_1680	Num	8	YNNAF.	35a. Which animals are in the child's bedroom? - Cat
75	HEQ_1690	Num	8	YNNAF.	35b. Which animals are in the child's bedroom? - Dog
76	HEQ_1700	Num	8	YNNAF.	35c. Which animals are in the child's bedroom? - Rabbit, guinea pig, hamster, gerbil, or mouse
77	HEQ_1710	Num	8	YNNAF.	35d. Which animals are in the child's bedroom? - Bird
78	HEQ_1720	Num	8	YNNAF.	35e. Which animals are in the child's bedroom? - Other
79	HEQ_1730	Num	8	YNNAF.	36a. In general and on a regular basis, is the child exposed to any of the following animals for more than one hour each day? - Cat
80	HEQ_1740	Num	8	YNNAF.	36b. In general and on a regular basis, is the child exposed to any of the following animals for more than one hour each day? - Dog
81	HEQ_1750	Num	8	YNNAF.	36c. In general and on a regular basis, is the child exposed to any of the following animals for more than one hour each day? - Rabbit, guinea pig, hamster, gerbil, or mouse
82	HEQ_1760	Num	8	YNNAF.	36d. In general and on a regular basis, is the child exposed to any of the following animals for more than one hour each day? - Bird
83	HEQ_1770	Num	8	YNNAF.	36e. In general and on a regular basis, is the child exposed to any of the following animals for more than one hour each day? - Other

Data Set Name: icd9.sas7bdat

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

Data Set Name: ige.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 (number of days since enrollment date)
4	IGE_1000	Num	8		IgE (kU/L)
5	IGE_1010	Num	8	YESF.	Flag: <2 kU/L

Data Set Name: jun_acq.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 (number of days since enrollment date)
4	JUN_1000	Num	8	JUN_1000F.	1. Who is the respondent?
5	JUN_1010	Num	8	JUN_1010F.	2. On average, during the past week, how often was your child awakened by breathing problems during the night?
6	JUN_1020	Num	8	JUN_1020F.	3. On average, during the past week, how bad were your child's breathing problems when he/she woke up in the morning?
7	JUN_1030	Num	8	JUN_1030F.	4. In general, during the past week, how limited were your child's activities because of breathing problems?
8	JUN_1040	Num	8	JUN_1040F.	5. In general, during the past week, how much shortness of breath did your child experience because of breathing problems?
9	JUN_1050	Num	8	JUN_1050F.	6. In general, during the past week, how much of the time did your child wheeze?
10	JUN_1060	Num	8	JUN_1060F.	7. On average, during the past week, how many puffs of albuterol has your child used each day?
11	JUN_1070	Num	8	JUN_1070F.	8. On average, during the past week, how many nebulizer treatments of albuterol has your child used each day?
12	JUN_1080	Num	8	YNF.	9. Since the last visit, did the child take any systemic or oral steroids for breathing problems (Decadron, Dexamethasone, Orapred, Prelone, Pediapred, prednisone, Solumedrol)?
13	JUN_1090	Num	8		9. If YES, on how many days?
14	JUN_1100	Num	8	YNF.	10. Since the last visit, did the child take the study medication?
15	JUN_1110	Num	8		10. If YES, on how many days?

Data Set Name: lab.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 (number of days since enrollment date)
4	LAB_1000	Num	8		1. Total WBC (cu. mm)
5	LAB_1010	Num	8		2. Eosinophils (%)
6	LAB_1030	Num	8	YNF.	3. Is the child's eosinophil count greater than 4% in circulation?
7	LAB_1040	Num	8	YNF.	4. Were you able to collect a nasal washing sample on the participant today?

Data Set Name: med.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 (number of days since enrollment date)
4	MED_1000	Num	8	MED_1000F.	1. What type of visit is this?
5	MED_1040	Num	8		Flag: Coordinator signature
6	MED_1050	Num	8		Coordinator signature Date (number of days since enrollment date)

Data Set Name: medcodes.sas7bdat

Num	Variable	Type	Len	Label
1	CATEGORY	Char	50	Drug Category Description
2	BRAND_NM	Char	48	Brand Name Description
3	GENER_NM	Char	50	Generic Name Description
4	DRUGCODE	Num	8	Drug Code

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 (number of days since enrollment date)
4	MHX_1000	Num	8	MHX_1000F.	1. What is your relationship to the child?
5	MHX_1015	Num	8	MHX_1015F.	3a. What is the child's ethnic background?
6	RACE_ASIAN	Num	8	YNF.	RACE: Asian
7	RACE_BLACK	Num	8	YNF.	RACE: Black/African American
8	RACE_WHITE	Num	8	YNF.	RACE: White
9	MHX_1030	Num	8	MHX_1030F.	4. What is the child's gender?
10	MHX_1050	Num	8	YNF.	5. During the past 12 months, did the child have any illnesses other than asthma (do not count minor colds or allergies)?
11	MHX_1060	Num	8	YNF.	6. During the past 12 months, has the child had any asthma symptoms?
12	MHX_1061	Num	8	YNF.	6ai. If YES, what were the child's symptoms: Wheezing
13	MHX_1062	Num	8	YNF.	6aii. If YES, what were the child's symptoms: Coughing
14	MHX_1063	Num	8	YNF.	6aiii. If YES, what were the child's symptoms: Shortness of breath
15	MHX_1064	Num	8	YNF.	6aiv. If YES, what were the child's symptoms: Chest tightness
16	MHX_1065	Num	8	YNF.	6av. If YES, what were the child's symptoms: Other
17	MHX_1066	Num	8	YNF.	7. Has your child experienced any wheezing not associated with colds?
18	MHX_1070	Num	8	YNF.	8a. During the past 12 months, has the child had: Pneumonia
19	MHX_1080	Num	8	YNF.	8b. During the past 12 months, has the child had: Sinusitis
20	MHX_1160	Num	8	YNF.	9. During the past 12 months has the child had any chronic symptoms that affected his/her nose, eyes, or sinuses?
21	MHX_1180	Num	8	MHX_1180TO1190F.	10. During the past 12 months, how frequently has the child used antihistamines and/or decongestants to treat nose, eye, and sinus symptoms (prescription or over the counter)?
22	MHX_1190	Num	8	MHX_1180TO1190F.	11. During the past 12 months, how frequently has the child used nasal steroids to treat nose, and sinus symptoms?
23	MHX_1200	Num	8		12. During the past 12 months, how many times have you contacted or visited a doctor because of problems with the child's nose, eyes, or sinuses?
24	MHX_1210	Num	8		13. During the past 12 months, how many times has the child had a sinus infection that required treatment with antibiotics?
25	MHX_1220	Num	8		14. During the past 12 months, how many times has the child had a sinus infection that required treatment with an oral steroid?
26	MHX_1230	Num	8	YNF.	15. Has the child ever had sinus surgery?
27	MHX_1300	Num	8	YNDKF.	16a. Has a doctor ever said that the [BIOLOGICAL] father of the child had: Asthma
28	MHX_1310	Num	8	YNDKF.	16b. Has a doctor ever said that the [BIOLOGICAL] father of the child had: Hay fever, eczema, or other atopic disorder?
29	MHX_1320	Num	8	YNDKF.	16c. Has a doctor ever said that the [BIOLOGICAL] father of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?

Num	Variable	Type	Len	Format	Label
30	MHX_1330	Num	8	YNDKF.	17a. Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Asthma
31	MHX_1340	Num	8	YNDKF.	17b. Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Hay fever, eczema, or other atopic disorder?
32	MHX_1350	Num	8	YNDKF.	17c. Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
33	MHX_1360	Num	8	YNF.	18. Does the child have a [BIOLOGICAL] sibling? (Include half siblings)
34	MHX_1370	Num	8	YNDKF.	19a. Has a doctor ever said that the [BIOLOGICAL] sibling of the child had: Asthma (Include half siblings)
35	MHX_1380	Num	8	YNDKF.	19b. Has a doctor ever said that the [BIOLOGICAL] sibling of the child had: Hay fever, eczema, or other atopic disorder? (Include half siblings)
36	MHX_1390	Num	8	YNDKF.	19c. Has a doctor ever said that the [BIOLOGICAL] sibling of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis? (Include half siblings)
37	MHX_1400	Num	8	YNDKF.	20. Did the child's mother smoke while she was pregnant with this child?
38	MHX_1405	Num	8	MHX_1405F.	21. During pregnancy, approximately how many cigarettes per day did the child's mother smoke?
39	MHX_1410	Num	8	YNDKF.	22a. During which part(s) of the pregnancy did the child's mother smoke? - First 3 months
40	MHX_1420	Num	8	YNDKF.	22b. During which part(s) of the pregnancy did the child's mother smoke? - Middle 3 months
41	MHX_1430	Num	8	YNDKF.	22c. During which part(s) of the pregnancy did the child's mother smoke? - Last 3 months
42	MHX_1440	Num	8	YNDKF.	23a. Between the time the child was born and he/she turned two years old, did the child's mother (or stepmother or female guardian) smoke in the child's home?
43	MHX_1450	Num	8	YNDKF.	23b. Between the time the child was born and he/she turned two years old, did the child's father (or stepfather or male guardian) smoke in the child's home?
44	MHX_1460	Num	8	YNDKF.	23c. Between the time the child was born and he/she turned two years old, were there any other smokers in the household? (Include visitors, such as grandparents or babysitters, who visited at least weekly)
45	MHX_1470	Num	8	YNDKF.	24a. Since the child turned two years old and until the present time OR until the start of first grade, did the child's mother (or stepmother or female guardian) smoke in the child's home?
46	MHX_1480	Num	8	YNDKF.	24b. Since the child turned two years old and until the present time OR until the start of first grade, did the child's father (or stepfather or male guardian) smoke in the child's home?
47	MHX_1490	Num	8	YNDKF.	24c. Since the child turned two years old and until the present time OR until the start of first grade, were there any other smokers in the household? (Incl. visitors, such as grandparents or babysitters, who visited at least weekly)
48	MHX_1500	Num	8		25. How many people who live in the child's home smoke? [Including respondent]
49	MHX_1510	Num	8	YNF.	26. Is your child exposed to smoke (cigarette, pipe, cigar) while in your home?
50	MHX_1520	Num	8	YNNAF.	27. Is your child exposed to smoke (cigarette, pipe, cigar) while at day care?
51	MHX_1530	Num	8	YNF.	28. Was your child ever breastfed?

Num	Variable	Type	Len	Format	Label
52	MHX_1540	Num	8		29. How many months did your child receive ONLY breast milk?
53	MHX_1550	Num	8		How many months did your child receive ANY breast milk?
54	MHX_1560	Num	8		At what age were foods other than breast milk or formula introduced to your child? (months)
55	AGE	Num	8		'
56	RACE_OTHER	Num	8	YNF.	RACE: American Indian/Alaskan Native or Native Hawai'ian/Other Pacific Islander

Data Set Name: nasl.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 (number of days since enrollment date)
4	NAS_1010	Num	8	YNF.	1. Was the Day 1 nasal washing completed and a sample collected?
5	NAS_1020	Num	8		1. If YES, what was the time and date of the nasal washing? (based on a 24 hour clock) - Time
6	NAS_1030	Num	8		1. If YES, what was the time and date of the nasal washing? (based on a 24 hour clock) - Date (number of days since enrollment date)
7	NAS_1050	Num	8		2. What time and date were the study medications started? (based on a 24 hour clock) - Time
8	NAS_1060	Num	8		2. What time and date were the study medications started? (based on a 24 hour clock) - Date (number of days since enrollment date)
9	NAS_1110	Num	8	YNF.	3. Was the Day 4 nasal washing completed and a sample collected?
10	NAS_1120	Num	8		3. If YES, what was the time and date of the nasal washing? (based on a 24 hour clock) - Time
11	NAS_1130	Num	8		3. If YES, what was the time and date of the nasal washing? (based on a 24 hour clock) - Date (number of days since enrollment date)

Data Set Name: phone.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 (number of days since enrollment date)
4	PHN_1000	Num	8	PHN_1000F.	1. Who is the respondent?
5	PHN_1005	Num	8		2. When was the start of the illness?
6	PHN_1010	Num	8	PHN_1010F.	3. On average, since the start of the illness, how often was your child awakened by breathing problems during the night?
7	PHN_1020	Num	8	PHN_1020F.	4. On average, since the start of the illness, how bad were your child's breathing problems when he/she woke up in the morning?
8	PHN_1030	Num	8	PHN_1030F.	5. In general, since the start of the illness, how limited were your child's activities because of breathing problems?
9	PHN_1040	Num	8	PHN_1040F.	6. In general, since the start of the illness, how much shortness of breath did your child experience because of breathing problems?
10	PHN_1050	Num	8	PHN_1050F.	7. In general, since the start of the illness, how much of the time did your child wheeze?
11	PHN_1060	Num	8	YNF.	8. Have you started the study drugs?
12	PHN_1070	Num	8		8a. If YES, when were the drugs started? - Date (number of days since enrollment date)
13	PHN_1080	Num	8		8a. If YES, when were the drugs started? - Time
14	PHN_1090	Num	8	YNF.	9. Have you been giving your child the study granules or tablets?
15	PHN_1100	Num	8	YNF.	10. Have you been giving your child the study nebulizer?
16	PHN_1110	Num	8	YNF.	11. Have you been giving your child the albuterol? (4 times a day for the first 48 hours, then PRN)
17	PHN_1120	Num	8	YNF.	12. Since the start of the illness, has your child needed to take any systemic or oral steroids by mouth (Decadron, Dexamethasone, Orapred, Prelone, Pediapred, prednisone)?
18	PHN_1130	Num	8		12. If YES, on how many days?

Data Set Name: pred.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 (number of days since enrollment date)
4	PRD_1000	Num	8		1. Start date of oral/systemic corticosteroid (number of days since enrollment date)
5	PRD_1010	Num	8	YNF.	2. Did your child have more than 6 nebulized treatments or 12 puffs of albuterol for more than 24 hours?
6	PRD_1020	Num	8	YNF.	3. Did your child continue to have symptoms after 3 albuterol treatments that were given every 15 minutes?
7	PRD_1030	Num	8		4. In the past week, on how many days has your child had days moderate to severe coughing and/or moderate to severe wheezing?
8	PRD_1040	Num	8	YNF.	4a. Is the number of days \geq 5?
9	PRD_1050	Num	8	YNF.	5. Was the child given oral/systemic corticosteroid due to physician discretion?
10	PRD_1060	Num	8	PRD_1060F.	6. Since enrolling in the AIMS study, including the course prescribed in #1 above, how many corticosteroid courses have been given?
11	PRD_1070	Num	8		6a. Date of Scheduled Treatment Failure Visit (number of days since enrollment date)
12	PRD_1080	Num	8		7a. Date of scheduled telephone call to review the Two Week Prednisolone Call Section on the Prednisolone Medication Follow Up Form (P4_PRED_F/U). (number of days since enrollment date)

Data Set Name: pred_fu.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 (number of days since enrollment date)
4	PFU_1000	Num	8	YNF.	1. Since the last course of oral/systemic corticosteroid recorded on the Prednisolone Medication (P4_PRED) form, has your child received an additional corticosteroid course?
5	PFU_1010	Num	8	YNF.	2. In the past 2 weeks, has your child been hospitalized for breathing problems?
6	PFU_1020	Num	8	YNF.	3. In the past 24 hours, did your child have more than 6 nebulized treatments or 12 puffs of albuterol?
7	PFU_1030	Num	8	YNF.	4. During the past 24 hours, did your child continue to have symptoms after 3 albuterol treatments that were given every 15 minutes?
8	PFU_1040	Num	8		5. In the past week, on how many days has your child had days moderate to severe coughing and/or moderate to severe wheezing?
9	PFU_1050	Num	8	YNF.	5a. Is the number of days ≥ 5 ?

Data Set Name: priormed.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 (number of days since enrollment date)
4	PRM_1000	Num	8	YNF.	2. In the past 12 months, has the participant used any asthma medication(s) other than albuterol (Proventil, Ventolin)?
5	PRM_1010	Num	8		3a. In the past 12 months, for how many months has the participant used the following medications: Salmeterol (Serevent) or formoterol (Foradil)
6	PRM_1020	Num	8		3b. In the past 12 months, for how many months has the participant used the following medications: Inhaled or nebulized corticosteroids [beclomethasone (Beclivent, Vanceril, QVAR), budesonide (Pulmicort), flunisolide (Aerobid), etc.]
7	PRM_1030	Num	8		3c. In the past 12 months, for how many months has the participant used the following medications: Montelukast (Singulair)
8	PRM_1040	Num	8		3d. In the past 12 months, for how many months has the participant used the following medications: Zafirlukast (Accolate)
9	PRM_1050	Num	8		3e. In the past 12 months, for how many months has the participant used the following medications: Theophylline (Slo-bid, Theo-dur, Slo-Phyllin)
10	PRM_1060	Num	8		3f. In the past 12 months, for how many months has the participant used the following medications: Advair
11	PRM_1065	Num	8		3g. In the past 12 months, for how many months has the participant used the following medications: Cromolyn/Nedocromil
12	PRM_1070	Num	8		3h. In the past 12 months, for how many months has the participant used the following medications: Other
13	PRM_1080	Num	8		3i. In the past 12 months, for how many months has the participant used the following medications: Other
14	PRM_1090	Num	8	PRM_1090F.	4. In the past 12 months, how many courses of prednisolone (Prelone) or prednisone has the participant taken?
15	PRM_1100	Num	8	PRM_1100F.	1. Who is the respondent?

Data Set Name: qol_2_4.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 (number of days since enrollment date)
4	Q24_1000	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Walking
5	Q24_1010	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Running
6	Q24_1020	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Participating in active play or exercise
7	Q24_1030	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Lifting something heavy
8	Q24_1040	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Bathing
9	Q24_1050	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Helping to pick up his or her toys
10	Q24_1060	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Having hurts or aches
11	Q24_1070	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Low energy level
12	Q24_1080	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Feeling afraid or scared
13	Q24_1090	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Feeling sad or blue
14	Q24_1100	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Feeling angry
15	Q24_1110	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Trouble sleeping
16	Q24_1120	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Worrying
17	Q24_1130	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Playing with other children
18	Q24_1140	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Other kids not wanting to play with him or her
19	Q24_1150	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Getting teased by other children
20	Q24_1160	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Not able to do things that other children his or her age can do
21	Q24_1170	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Keeping up when playing with other children
22	Q24_1180	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Doing the same school activities as peers
23	Q24_1190	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Missing school/daycare because of not feeling well
24	Q24_1200	Num	8	Q24_1000TO1200F.	In the past ONE month, how much of a problem has your child had with ... Missing school/daycare to go to the doctor or hospital

Data Set Name: qol_jun.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 (number of days since enrollment date)
4	QLJ_1000	Num	8	QLJ_1000F.	1. What is your relationship to the child?
5	QLJ_1010	Num	8	QLJ_1010TO1090F.	2. Did you feel helpless or frightened when your child experienced cough, wheeze, or breathlessness?
6	QLJ_1020	Num	8	QLJ_1010TO1090F.	3. Did your family need to change plans because of your child's asthma?
7	QLJ_1030	Num	8	QLJ_1010TO1090F.	4. Did you feel frustrated or impatient because your child was irritable due to asthma?
8	QLJ_1040	Num	8	QLJ_1010TO1090F.	5. Did your child's asthma interfere with your job or work around the house?
9	QLJ_1050	Num	8	QLJ_1010TO1090F.	6. Did you feel upset because of your child's cough, wheeze, or breathlessness?
10	QLJ_1060	Num	8	QLJ_1010TO1090F.	7. Did you have sleepless nights because of your child's asthma?
11	QLJ_1070	Num	8	QLJ_1010TO1090F.	8. Were you bothered because your child's asthma interfered with family relationships?
12	QLJ_1080	Num	8	QLJ_1010TO1090F.	9. Were you awakened during the night because of your child's asthma?
13	QLJ_1090	Num	8	QLJ_1010TO1090F.	10. Did you feel angry that your child has asthma?
14	QLJ_1100	Num	8	QLJ_1100TO1130F.	11. About your child's performance of normal daily activities?
15	QLJ_1110	Num	8	QLJ_1100TO1130F.	12. About your child's asthma medications and side effects?
16	QLJ_1120	Num	8	QLJ_1100TO1130F.	13. About being over-protective of your child?
17	QLJ_1130	Num	8	QLJ_1100TO1130F.	14. About your child being able to lead a normal life?

Data Set Name: serious.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 (number of days since enrollment date)
4	SER_1000	Num	8		1. Date of Adverse Event (number of days since enrollment date)
5	SER_1010	Char	6		2. Description of Adverse Event (ICD9 Code)
6	SER_1020	Num	8		3. Time interval between the last administration of the study drug and the Adverse Event.
7	SER_1030	Num	8	SER_1030F.	4. What was the unit of time for the above interval?
8	SER_1040	Num	8	YNF.	5a. Why was the event serious? - Fatal event
9	SER_1050	Num	8	YNF.	5b. Why was the event serious? - Life-threatening event
10	SER_1060	Num	8	YNF.	5c. Why was the event serious? - Inpatient hospitalization required
11	SER_1070	Num	8		5c1. Admission date (number of days since enrollment date)
12	SER_1080	Num	8		5c2. Discharge date (number of days since enrollment date)
13	SER_1090	Num	8	YNF.	5d. Why was the event serious? - Hospitalization prolonged
14	SER_1100	Num	8	YNF.	5e. Why was the event serious? - Disabling or incapacitating
15	SER_1110	Num	8	YNF.	5f. Why was the event serious? - Overdose
16	SER_1120	Num	8	YNF.	5g. Why was the event serious? - Cancer
17	SER_1130	Num	8	YNF.	5h. Why was the event serious? - Congenital anomaly
18	SER_1140	Num	8	YNF.	5i. Why was the event serious? - Serious laboratory abnormality with clinical symptoms
19	SER_1145	Num	8	YNF.	5j. Why was the event serious? - Height failure
20	SER_1150	Num	8	YNF.	5l. Why was the event serious? - Other
21	SER_1147	Num	8	YNNAF.	5k. Why was the event serious? - Pregnancy
22	SER_1160	Num	8	YNF.	6a. What, in your opinion, caused the event? - Toxicity of study drug(s)
23	SER_1170	Num	8	YNF.	6b. What, in your opinion, caused the event? - Withdrawal of study drug(s)
24	SER_1180	Num	8	YNF.	6c. What, in your opinion, caused the event? - Concurrent medication
25	SER_1190	Num	8	YNF.	6d. What, in your opinion, caused the event? - Concurrent disorder
26	SER_1200	Num	8	YNF.	6e. What, in your opinion, caused the event? - Other event

Data Set Name: *sexam.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 (number of days since enrollment date)
4	SX_1000	Num	8	YNF.	1. Was the Harpenden stadiometer calibrated, per CARE MOP, immediately prior to the visit?
5	SX_1001	Num	8	YNF.	2. Was the Infantometer Baby Board calibrated, per CARE MOP, immediately prior to the visit?
6	SX_1005	Num	8	YNF.	3. Is the subject less than 2 years old?
7	SX_1010	Num	8		4. Time height measurements started (based on 24-hour clock)
8	SX_1020	Num	8		5a. Standing height (barefoot or thin socks) - First measurement (cm)
9	SX_1030	Num	8		5b. Standing height (barefoot or thin socks) - Second measurement (cm)
10	SX_1040	Num	8		5c. Standing height (barefoot or thin socks) - Third measurement (cm)
11	SX_1041	Num	8		5d. Standing height (barefoot or thin socks) - Average height measurement (cm)
12	SX_1045	Num	8	YNF.	5e. Is the subject's height measurement acceptable?
13	SX_1310	Num	8	YNF.	6. Is the child's height < 100 cms?
14	SX_1320	Num	8		6. Time length measurements started (based on 24-hour clock)
15	SX_1330	Num	8		7a. Length - First measurement (cm)
16	SX_1340	Num	8		7b. Length - Second measurement (cm)
17	SX_1350	Num	8		7c. Length - Third measurement (cm)
18	SX_1360	Num	8		7d. Length - Average height measurement (cm)
19	SX_1370	Num	8	YNF.	7e. Is the subject's length measurement acceptable?
20	SX_1050	Num	8		8. Weight (shoes off, light clothing) (kg)
21	SX_1060	Num	8	YNF.	9. Is chest auscultation clear?
22	SX_1135	Num	8	YNF.	10. Does the subject have evidence of oral candidiasis?
23	SX_1140	Num	8	YNF.	11. Does the child currently have any signs of illness that affect his/her nose, eyes, or sinuses?
24	SX_1210	Num	8	YNF.	12. Does the child currently have any eczema?
25	SX_1380	Num	8		Flag: Physician/CC signature
26	SX_1390	Num	8		Physician/CC signature Date (number of days since enrollment date)

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 (number of days since enrollment date)
4	SKN_2010	Num	8		1. Date of previous skin test (number of days since enrollment date)
5	SKN_1000	Num	8	YNF.	2. Has the child used any of the medications, listed in the skin test section of the CARE MOP, within the exclusionary periods?
6	SKN_1010	Num	8	YNF.	3. Has the child ever had a severe systemic reaction to allergy skin testing?
7	SKN_1020	Num	8	YNF.	4. Has the child ever had an anaphylactic reaction to egg?
8	SKN_1030	Num	8	YNF.	5. Has the child ever had an anaphylactic reaction to peanut?
9	SKN_1040	Num	8	YNF.	6. Has the child ever had an anaphylactic reaction to milk?
10	SKN_1050	Num	8		Time test sites pricked (based on 24-hour clock)
11	SKN_1060	Num	8		Time test sites evaluated (based on 24-hour clock)
12	SKN_1070	Num	8	YNF.	8. Saline (A8) - Was there a reaction?
13	SKN_1080	Num	8		8. Saline (A8) - Largest Wheal Diameter (mm)
14	SKN_1090	Num	8		8. Saline (A8) - Perpindicular Wheal Diameter (mm)
15	SKN_1100	Num	8	YNF.	2. Mite Mix (A2) - Was there a reaction?
16	SKN_1110	Num	8		2. Mite Mix (A2) - Largest Wheal Diameter (mm)
17	SKN_1120	Num	8		2. Mite Mix (A2) - Perpindicular Wheal Diameter (mm)
18	SKN_1130	Num	8	YNF.	3. Roach Mix (A3) - Was there a reaction?
19	SKN_1140	Num	8		3. Roach Mix (A3) - Largest Wheal Diameter (mm)
20	SKN_1150	Num	8		3. Roach Mix (A3) - Perpindicular Wheal Diameter (mm)
21	SKN_1160	Num	8	YNF.	4. Cat (A4) - Was there a reaction?
22	SKN_1170	Num	8		4. Cat (A4) - Largest Wheal Diameter (mm)
23	SKN_1180	Num	8		4. Cat (A4) - Perpindicular Wheal Diameter (mm)
24	SKN_1190	Num	8	YNF.	5. Dog (A5) - Was there a reaction?
25	SKN_1200	Num	8		5. Dog (A5) - Largest Wheal Diameter (mm)
26	SKN_1210	Num	8		5. Dog (A5) - Perpindicular Wheal Diameter (mm)
27	SKN_1220	Num	8	YNF.	6. Mold Mix (A6) - Was there a reaction?
28	SKN_1230	Num	8		6. Mold Mix (A6) - Largest Wheal Diameter (mm)
29	SKN_1240	Num	8		6. Mold Mix (A6) - Perpindicular Wheal Diameter (mm)
30	SKN_1250	Num	8	YNF.	7. Grass Mix (A7) - Was there a reaction?
31	SKN_1260	Num	8		7. Grass Mix (A7) - Largest Wheal Diameter (mm)
32	SKN_1270	Num	8		7. Grass Mix (A7) - Perpindicular Wheal Diameter (mm)
33	SKN_1280	Num	8	YNF.	9. Tree Mix (B1) - Was there a reaction?
34	SKN_1290	Num	8		9. Tree Mix (B1) - Largest Wheal Diameter (mm)
35	SKN_1300	Num	8		9. Tree Mix (B1) - Perpindicular Wheal Diameter (mm)
36	SKN_1310	Num	8	YNF.	10. Weed Mix (B2) - Was there a reaction?

Num	Variable	Type	Len	Format	Label
37	SKN_1320	Num	8		10. Weed Mix (B2) - Largest Wheal Diameter (mm)
38	SKN_1330	Num	8		10. Weed Mix (B2) - Perpindicular Wheal Diameter (mm)
39	SKN_1340	Num	8	YNF.	11. Milk (B3) - Was there a reaction?
40	SKN_1350	Num	8		11. Milk (B3) - Largest Wheal Diameter (mm)
41	SKN_1360	Num	8		11. Milk (B3) - Perpindicular Wheal Diameter (mm)
42	SKN_1370	Num	8	YNF.	12. Egg (B4) - Was there a reaction?
43	SKN_1380	Num	8		12. Egg (B4) - Largest Wheal Diameter (mm)
44	SKN_1390	Num	8		12. Egg (B4) - Perpindicular Wheal Diameter (mm)
45	SKN_1400	Num	8	YNF.	13. Peanut (B5) - Was there a reaction?
46	SKN_1410	Num	8		13. Peanut (B5) - Largest Wheal Diameter (mm)
47	SKN_1420	Num	8		13. Peanut (B5) - Perpindicular Wheal Diameter (mm)
48	SKN_1430	Num	8	YNF.	15. Other (B7) - Was there a reaction?
49	SKN_1440	Num	8		15. Other (B7) - Largest Wheal Diameter (mm)
50	SKN_1450	Num	8		15. Other (B7) - Perpindicular Wheal Diameter (mm)
51	SKN_1460	Num	8	YNF.	14. Other (B6) - Was there a reaction?
52	SKN_1470	Num	8		14. Other (B6) - Largest Wheal Diameter (mm)
53	SKN_1480	Num	8		14. Other (B6) - Perpindicular Wheal Diameter (mm)
54	SKN_1490	Num	8	YNF.	1. Histamine (A1) - Was there a reaction?
55	SKN_1500	Num	8		1. Histamine (A1) - Largest Wheal Diameter (mm)
56	SKN_1510	Num	8		1. Histamine (A1) - Perpindicular Wheal Diameter (mm)
57	SKN_1520	Num	8	YNF.	16. Other (B8) - Was there a reaction?
58	SKN_1530	Num	8		16. Other (B8) - Largest Wheal Diameter (mm)
59	SKN_1540	Num	8		16. Other (B8) - Perpindicular Wheal Diameter (mm)

Data Set Name: survey.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 (number of days since enrollment date)
4	SRV_1000	Num	8	SRV_1000_1150F.	1. What is usually the very first symptom you notice that leads you to believe your child is starting a breathing illness? - General
5	SRV_1010	Num	8	SRV_1010_1160F.	1. What is usually the very first symptom you notice that leads you to believe your child is starting a breathing illness? - Specific
6	SRV_1030	Num	8	YNF.	2. Is there usually a symptom you notice that makes you very certain that the illness will lead to significant breathing problems?
7	SRV_1040	Num	8	SRV_1000_1150F.	2a. What is usually the most important symptom you notice that makes you feel certain the illness will lead to significant breathing problems? - General
8	SRV_1050	Num	8	SRV_1010_1160F.	2a. What is usually the most important symptom you notice that makes you feel certain the illness will lead to significant breathing problems? - Specific
9	SRV_1070	Num	8	YNF.	2b. Is there usually a second symptom you notice that makes you very certain that the illness will lead to significant breathing problems?
10	SRV_1080	Num	8	SRV_1000_1150F.	2c. What is usually the second symptom you notice that makes you feel certain the illness will lead to significant breathing problems? - General
11	SRV_1090	Num	8	SRV_1010_1160F.	2c. What is usually the second symptom you notice that makes you feel certain the illness will lead to significant breathing problems? - Specific
12	SRV_1110	Num	8		3. How long is it from the time you notice the very first symptom of illness (Responses 1000 & 1010) until the point you are very certain that the illness (Responses 1040 & 1050) will usually lead to significant breathing problems?
13	SRV_1120	Num	8	SRV_1000_1150F.	4. What two symptoms are usually present when you first give medications intended to lessen the symptoms of your child's breathing illness? - #1 Symptom, General
14	SRV_1130	Num	8	SRV_1010_1160F.	4. What two symptoms are usually present when you first give medications intended to lessen the symptoms of your child's breathing illness? - #1 Symptom, Specific
15	SRV_1150	Num	8	SRV_1000_1150F.	4. What two symptoms are usually present when you first give medications intended to lessen the symptoms of your child's breathing illness? - #2 Symptom, General
16	SRV_1160	Num	8	SRV_1010_1160F.	4. What two symptoms are usually present when you first give medications intended to lessen the symptoms of your child's breathing illness? - #2 Symptom, Specific

Data Set Name: symp_cc.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 (number of days since enrollment date)
4	SMP_1000	Num	8	SMP_1000_20_40_60F.	1. What was the very first symptom you noticed that led you to believe that your child was starting a breathing illness? - General
5	SMP_1010	Num	8	SMP_1010_30_50_70F.	1. What was the very first symptom you noticed that led you to believe that your child was starting a breathing illness? - Specific
6	SMP_1020	Num	8	SMP_1000_20_40_60F.	2. What was the most important symptom you noticed that made you feel certain this illness would lead to significant breathing problems? - General
7	SMP_1030	Num	8	SMP_1010_30_50_70F.	2. What was the most important symptom you noticed that made you feel certain this illness would lead to significant breathing problems? - Specific
8	SMP_1040	Num	8	SMP_1000_20_40_60F.	3a. What were the two most important symptoms present that led you to start the study medications? (#1) - General
9	SMP_1050	Num	8	SMP_1010_30_50_70F.	3a. What were the two most important symptoms present that led you to start the study medications? (#1) - Specific
10	SMP_1060	Num	8	SMP_1000_20_40_60F.	3b. What were the two most important symptoms present that led you to start the study medications? (#2) - General
11	SMP_1070	Num	8	SMP_1010_30_50_70F.	3b. What were the two most important symptoms present that led you to start the study medications? (#2) - Specific

Data Set Name: term.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 (number of days since enrollment date)
4	TRM_1000	Num	8	YNF.	1. Has the participant completed the study?
5	TRM_1010	Num	8	YNF.	2. (Pre-randomization) Has the participant been deemed ineligible?
6	TRM_1020	Num	8	YNF.	3. Has the participant experienced a serious adverse event?
7	TRM_1030	Num	8	TRM_1030F.	4. Is there any other reason why the participant is being terminated from the study?
8	TRM_1040	Num	8		4. If YES, indicate the primary reason.
9	TRM_1050	Num	8		Flag: Clinic Coordinator's Signature
10	TRM_1060	Num	8		Date of Clinic Coordinator's Signature (number of days since enrollment date)
11	TRM_1070	Num	8		Flag: Principal Investigator's Signature
12	TRM_1080	Num	8		Date of Principal Investigator's Signature (number of days since enrollment date)

Data Set Name: trtfail.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 (number of days since enrollment date)
4	TXF_1000	Num	8	YNF.	1. Has the participant been hospitalized for an acute exacerbation of wheezing?
5	TXF_1010	Num	8	YNF.	2. Has the participant had a hypoxic seizure due to asthma?
6	TXF_1020	Num	8	YNF.	3. Has the participant required intubation for asthma?
7	TXF_1030	Num	8	YNF.	4. Has the participant received a fourth burst of prednisolone?
8	TXF_1035	Num	8	YNF.	5. Has the participant been deemed a treatment failure due to physician discretion?
9	TXF_1040	Num	8	YNF.	6. Has the participant had a Serious Adverse Event related to use of a study medication?
10	TXF_1050	Num	8	YNF.	7. Is the participant a treatment failure?
11	TXF_1060	Num	8		8. Date treatment failure occurred (number of days since enrollment date)
12	TXF_1070	Num	8		Flag: Physician/CC signature
13	TXF_1080	Num	8		Date of Physician/CC signature (number of days since enrollment date)