Data Set Name: aeclin.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	CAE_1020	Num	8	3.	3.	Description of Adverse Event
4	CAE_1030	Char	6	$6.	$6.	Adverse Event ICD 9 Code
5	CAE_1040	Num	8			Date Adverse Event Started
6	CAE_1050	Num	8			Date Adverse Event Stopped
7	CAE_1060	Num	8	2.	2.	Ongoing at Current Contact
8	CAE_1080	Num	8	2.	2.	Type
9	CAE_1090	Num	8	2.	2.	Severity
10	CAE_1100	Num	8	2.	2.	Serious
11	CAE_1110	Num	8	2.	2.	Likelihood of Relationship to Study Drug
12	CAE_1120	Num	8	2.	2.	Change in Study Medications
13	CAE_1130	Num	8	2.	2.	Outcome
14	CAE_1140	Num	8	2.	2.	Treatment Required
15	CAE_1150	Num	8	2.	2.	Ongoing at Final Contact

Data Set Name: cap_feia.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			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 (Au/L)
5	CAP_1010	Num	8	7.2	7.2	Roach Mix CAP/FEIA test result (Au/L)
6	CAP_1020	Num	8	7.2	7.2	Cat CAP/FEIA test result (Au/L)
7	CAP_1030	Num	8	7.2	7.2	Dog CAP/FEIA test result (Au/L)
8	CAP_1040	Num	8	7.2	7.2	Mold Mix CAP/FEIA test result (Au/L)
9	CAP_1050	Num	8	7.2	7.2	Grass Mix CAP/FEIA test result (Au/L)
10	CAP_1060	Num	8	7.2	7.2	Tree Mix CAP/FEIA test result (Au/L)
11	CAP_1070	Num	8	7.2	7.2	Weed Mix CAP/FEIA test result (Au/L)
12	CAP_1080	Num	8	7.2	7.2	Milk CAP/FEIA test result (Au/L)
13	CAP_1090	Num	8	7.2	7.2	Egg CAP/FEIA test result (Au/L)
14	CAP_1100	Num	8	7.2	7.2	Peanut CAP/FEIA test result (Au/L)
15	CAP_1110	Num	8	7.2	7.2	Other CAP/FEIA test result (Au/L)
16	CAP_1120	Num	8	7.2	7.2	Other CAP/FEIA test result (Au/L)

Data Set Name: cmed_as.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	VNUM	Num	8	Visit Number
3	CMD_1010	Num	8	Name of Medication
4	CMD_1000	Num	8	Drug Code
5	CMD_1020	Num	8	Related Event
6	CMD_1030	Num	8	Related Event N/A
7	CMD_1060	Num	8	Start Date
8	CMD_1090	Num	8	Stop Date
9	CMD_1100	Num	8	Ongoing at Current Contact
10	CMD_1110	Num	8	Ongoing at Final Contact

Data Set Name: comply.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	CMP_1000	Num	8	3.	3.	Q1: Number RTI's (or respiratory illnesses) Since Last Scheduled Clinic Visit
5	CMP_1010	Num	8	2.	2.	Q2: Were respiratory illness kits used for all RTI's (or respiratory illnesses) Since Last Scheduled Clinic Visit?
6	CMP_1020	Num	8	4.	4.	Q3a: Number of respules dispensed
7	CMP_1030	Num	8	4.	4.	Q3b: Number of respules returned
8	CMP_1040	Num	8	4.	4.	Q3c: Number of respules scheduled (Q1 x 14)
9	CMP_1050	Num	8	4.	4.	Q3d: Number of respules used (Q3a - Q3b)
10	CMP_1060	Num	8	6.1	6.1	Q3e: Percent adherence (Q3d / Q3c)
11	CMP_1070	Num	8	4.	4.	Q4a: Number of Days Since Last Visit
12	CMP_1080	Num	8	4.	4.	Q4b: Number of Respules Dispensed
13	CMP_1090	Num	8	4.	4.	Q4c: Number of Respules Returned
14	CMP_1100	Num	8	4.	4.	Q4d: Number of Respules Scheduled (Q4a - (Q1 x 7))
15	CMP_1110	Num	8	4.	4.	Q4e: Number of Respules Used (Q4b - Q4c)
16	CMP_1120	Num	8	6.1	6.1	Q4f: Percent Adherence (Q4e / Q4d)

Data Set Name: diary.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	DIARYDT	Num	8			Diary Date
5	DRY_1000	Num	8	3.	3.	Number Puffs Albuterol Inhaler Since Being Put to Bed
6	DRY_1010	Num	8	3.	3.	Number Treatments Albuterol Nebulizer Since Being Put to Bed
7	DRY_1020	Num	8	2.	2.	Severity of Cough Today
8	DRY_1030	Num	8	2.	2.	Severity of Wheezing Today
9	DRY_1040	Num	8	2.	2.	Severity of Trouble Breathing Today
10	DRY_1050	Num	8	2.	2.	How much did asthma symptoms interfere with activities today?
11	DRY_1060	Num	8	2.	2.	Visited a doctor today?
12	DRY_1070	Num	8	2.	2.	Visited an Emergency Room Today?
13	DRY_1080	Num	8	2.	2.	Admitted to Hopsital Overnight?
14	DRY_1090	Num	8	2.	2.	Treated with Prednisone Today?
15	DRY_1100	Num	8	3.	3.	Number Puffs Albuterol Inhaler Since Waking Up
16	DRY_1110	Num	8	3.	3.	Number Treatments Albuterol Nebulizer Since Waking Up
17	DRY_1120	Num	8	2.	2.	Absent from School or Daycare Today Due to Breathing Problems?
18	DRY_1130	Num	8	2.	2.	Was a parent unable to go to work or school today due to child's breathing problems?
19	DRY_1140	Num	8	2.	2.	Did your child take the Daily Respule tonight?
20	DRY_1150	Num	8	2.	2.	Did your child take the Respiratory Illness Respule this morning?
21	DRY_1160	Num	8	2.	2.	Did your child take the Respiratory Illness Respule tonight?

Data Set Name: drugarms.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	DRUG_ARM	Char	30	Treatment Arm Assigned to Subject at Randomization

Data Set Name: elig1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	E1_1000	Num	8	2.	2.	Q1: Has parent signed and dated informed consent?
5	E1_1010	Num	8			Q1a: Date informed consent signed
6	E1_1020	Num	8	2.	2.	Q2: Has parent consented to genotype evaluation for participant?
7	E1_1030	Num	8			Q2a: Date genotype consent signed
8	E1_1040	Num	8	2.	2.	Q3: Using Spanish translated materials while enrolled?
9	E1_1050	Num	8	2.	2.	Q4: Intolerance/Allergy to budesonide (Pulmicort)?
10	E1_1060	Num	8	2.	2.	Q5: Intolerance/Allergy to oral corticosteroids?
11	E1_1070	Num	8	2.	2.	Q6: Able to take Albuterol?
12	E1_1080	Num	8	2.	2.	Q7: Is Participant Eligible?
13	E1_1090	Num	8	2.	2.	Q8: Is the participant 12 to 53 months old?
14	E1_1100	Num	8	2.	2.	Q9: Was the participant born before 34 weeks gestation?
15	E1_1110	Num	8	2.	2.	Q10: Up-to-date with immunizations?
16	E1_1120	Num	8	2.	2.	Q11: Ever had chicken pox or received the chicken pox vaccine?
17	E1_1130	Num	8	2.	2.	Q12: Receiving allergy shots?
18	E1_1150	Num	8	2.	2.	Q13: Any immunodeficiency disorders?
19	E1_1160	Num	8	2.	2.	Q14: Currently on antibiotics for sinus disease?
20	E1_1170	Num	8	2.	2.	Q15: Uncontrolled gastroesophageal reflux?
21	E1_1180	Num	8	2.	2.	Q16: Concurrent medical problems other than asthma requiring corticosteroids?
22	E1_1190	Num	8	2.	2.	Q17: Any chronic or active lung disease other than asthma?
23	E1_1200	Num	8	2.	2.	Q18: Any significant medical illness other than asthma?
24	E1_1210	Num	8	2.	2.	Q19: Is Participant Eligible?
25	E1_1212	Num	8	2.	2.	Q20: Biological parent diagnosed with asthma?
26	E1_1214	Num	8	2.	2.	Q21: Ever been diagnosed with atopic dermatitis?
27	E1_1216	Num	8	2.	2.	Q22: Has the participant met the API criteria?
28	E1_1220	Num	8	3.	3.	Q28: During the past 12 months, how many wheezing episodes?
29	E1_1222	Num	8	2.	2.	Q23: Allergy skin testing performed?
30	E1_1223	Num	8	2.	2.	Q24: Any allergic sensitization to at least one aeroallergen?
31	E1_1224	Num	8	2.	2.	Q25: Experienced any wheezing not associated with colds?
32	E1_1225	Num	8	2.	2.	Q26: Any allergic sensitization to milk, eggs, or peanut butter?
33	E1_1226	Num	8	2.	2.	Q27: Is Participant Eligible?
34	E1_1230	Num	8	2.	2.	Q28a: 4+ wheezing episodes in past 12 months (E1_1220 >= 4)?
35	E1_1240	Num	8	2.	2.	Q28ai: If 4+ wheezing episodes, was at least one of the wheezing episodes diagnosed by healthcare provider?
36	E1_1242	Num	8	2.	2.	Q28b: 3+ wheezing episodes in past 12 months (E1_1220 >= 3), see skip pattern?

Num	Variable	Type	Len	Format	Informat	Label
37	E1_1245	Num	8	2.	2.	Q28bi: If 3+ wheezing episodes, did the participant use an asthma controller medication 3+ months during past year? see skip pattern
38	E1_1247	Num	8	2.	2.	Q28bii: If used asthma controller medication 3+ months during past year, was 1+ wheezing episodes diagnosed by healthcare provider? see skip pattern
39	E1_1250	Num	8	2.	2.	Q29: Severe exacerbation requiring systemic corticosteroids, urgent unscheduled or emergent visit or hospitalization within the past 12 months?
40	E1_1260	Num	8	3.	3.	Q30: Number oral or systemic corticosteroid courses during past year
41	E1_1270	Num	8	2.	2.	Q30a: 7+ oral or systemic corticosteroid courses during past year (E1_1260)
42	E1_1280	Num	8	2.	2.	Q31: Oral or systemic corticosteroid for any reason during past 2 weeks?
43	E1_1290	Num	8	3.	3.	Q32: During the past year, how many times hospitalized for a wheezing illness?
44	E1_1300	Num	8	2.	2.	Q32a: Hospitalized for a wheezing illness 3+ times during past year? (E1_1290)
45	E1_1310	Num	8	2.	2.	Q33: Any wheezing episode resulting in mechanical ventilation or hypoxic seizure?
46	E1_1320	Num	8	2.	2.	Q34: Parent/legal guardian feel they will be able to coordinate use of study nebulizer?
47	E1_1330	Num	8	2.	2.	Q35: Currently, or within past month, has the participant been involved in an investigational drug trial?
48	E1_1340	Num	8	2.	2.	Q36: Family have plans to move out of the area before end of study?
49	E1_1350	Num	8	2.	2.	Q37: Any other reason for which this participant should not be included in the study?
50	E1_1360	Num	8	2.	2.	Q38: Significant developmental delay/failure to thrive?
51	E1_1365	Num	8	2.	2.	Q39: Head circumference < 3 percentile or > 97 pecentile?
52	E1_1370	Num	8	2.	2.	Q39a: If Head circumference < 3 percentile or > 97 pecentile, is the head circumference finding clinically relevant?
53	E1_1380	Num	8	2.	2.	Q40: Is Participant Eligible?
54	E1_1385	Num	8	2.	2.	Q41: Treated with a controller therapy for at least 4 weeks prior to Visit 1?
55	E1_1390	Num	8	4.	4.	Q42a: Controller Therapy Dose: QVAR
56	E1_1400	Num	8	2.	2.	Q42a: Controller Therapy Frequency: QVAR
57	E1_1410	Num	8	2.	2.	Q42a: Controller Therapy N/A: QVAR
58	E1_1420	Num	8	5.	5.	Q42b: Controller Therapy Dose: Pulmicort
59	E1_1430	Num	8	2.	2.	Q42b: Controller Therapy Frequency: Pulmicort
60	E1_1440	Num	8	2.	2.	Q42b: Controller Therapy N/A: Pulmicort
61	E1_1470	Num	8	2.	2.	Q42c: Controller Therapy N/A: Symbicort
62	E1_1500	Num	8	2.	2.	Q42d: Controller Therapy N/A: Aerobid
63	E1_1510	Num	8	4.	4.	Q42e: Controller Therapy Dose: Flovent
64	E1_1520	Num	8	2.	2.	Q42e: Controller Therapy Frequency: Flovent
65	E1_1530	Num	8	2.	2.	Q42e: Controller Therapy N/A: Flovent
66	E1_1560	Num	8	2.	2.	Q42f: Controller Therapy N/A: Azmacort
67	E1_1570	Num	8	4.	4.	Q42g: Controller Therapy Dose: Singulair
68	E1_1580	Num	8	2.	2.	Q42g: Controller Therapy Frequency: Singulair
69	E1_1590	Num	8	2.	2.	Q42g: Controller Therapy N/A: Singulair
70	E1_1620	Num	8	2.	2.	Q42h: Controller Therapy N/A: Accolate

Num	Variable	Type	Len	Format	Informat	Label
71	E1_1650	Num	8	2.	2.	Q42i: Controller Therapy N/A: Uniphyl
72	E1_1680	Num	8	2.	2.	Q42j: Controller Therapy N/A: Intal
73	E1_1720	Num	8	2.	2.	Q42k: Controller Therapy N/A: Serevent
74	E1_1730	Num	8	4.	4.	Q42l: Controller Therapy Dose: Advair
75	E1_1740	Num	8	2.	2.	Q42l: Controller Therapy Frequency: Advair
76	E1_1750	Num	8	2.	2.	Q42l: Controller Therapy N/A: Advair
77	E1_1780	Num	8	2.	2.	Q42m: Controller Therapy N/A: Asmanex

Data Set Name: elig2.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	E2_1000	Num	8	2.	2.	Q1: Used any asthma medications other than daily respules and albuterol since Visit 1?
5	E2_1010	Num	8	2.	2.	Q2: API positive at Visit 1?
6	E2_1030	Num	8	2.	2.	Q3: Allergic sensitization to at least one aeroallergen?
7	E2_1050	Num	8	2.	2.	Q4: Experienced any wheezing not associated with colds?
8	E2_1060	Num	8	2.	2.	Q5: Allergic sensitization to milk, egg, or peanuts?
9	E2_1070	Num	8	2.	2.	Q6: Eosinophil count greater than or equal to 4% in circulation?
10	E2_1090	Num	8	2.	2.	Q7: Is the participant eligible?
11	E2_1100	Num	8	3.	3.	Q8: Number of days between Visit 1 and Visit 2
12	E2_1110	Num	8	3.	3.	Q9: Number of days with albuterol use
13	E2_1120	Num	8	5.1	5.1	Q10a: Average number of days per week with albuterol use for breathing problems
14	E2_1130	Num	8	2.	2.	Q10b: 3+ days per week with albuterol use for breathing problems?
15	E2_1140	Num	8	3.	3.	Q11: Number of days with night time awakenings requiring albuterol due to asthma
16	E2_1150	Num	8	2.	2.	Q12: 2+ days with night time awakenings requiring albuterol due to asthma?
17	E2_1160	Num	8	2.	2.	Q13: Is the participant eligible?
18	E2_1170	Num	8	4.	4.	Q14: Number of complete measurements in the defined interval
19	E2_1180	Num	8	6.1	6.1	Q15: Percent adherence
20	E2_1185	Num	8	2.	2.	Q16: Percent adherence, categorized
21	E2_1190	Num	8	3.	3.	Q17: Number of respules scheduled
22	E2_1200	Num	8	3.	3.	Q18: Number of respules dispensed
23	E2_1210	Num	8	3.	3.	Q19: Number of respules returned
24	E2_1220	Num	8	3.	3.	Q20: Number of respules used
25	E2_1230	Num	8	6.1	6.1	Q21: Percent adherence
26	E2_1240	Num	8	2.	2.	Q22: percent adherence, categorized
27	E2_1250	Num	8	2.	2.	Q23: Any other reason participant should not be included in this study?
28	E2_1260	Num	8	2.	2.	Q24: Is the participant eligible?
29	E2_1300	Num	8	2.	2.	Physician/CC Signature
30	E2_1310	Num	8			Physician/CC Signature Date

Data Set Name: heq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	HEQ_1000	Num	8	2.	2.	Q1: Who is completing the questionnaire?
5	HEQ_1010	Num	8	2.	2.	Q2: Lived in current house since birth?
6	HEQ_1020	Num	8	3.	3.	Q2a: If not lived in current house since birth, how long lived in current house, year portion?
7	HEQ_1030	Num	8	3.	3.	Q2a: If not lived in current house since birth, how long lived in current house, month portion?
8	HEQ_1040	Num	8	2.	2.	Q3: Description of current house?
9	HEQ_1050	Num	8	4.	4.	Q4: How old is current house?
10	HEQ_1060	Num	8	2.	2.	Q5: Does house use a portable heater?
11	HEQ_1070	Num	8	2.	2.	Q6: Does house use a wood burning stove as primary heat?
12	HEQ_1080	Num	8	2.	2.	Q7: Does house use an air conditioner?
13	HEQ_1090	Num	8	2.	2.	Q8: Type of air conditioner used in house
14	HEQ_1100	Num	8	2.	2.	Q9a: Does participant bedroom use window AC?
15	HEQ_1110	Num	8	2.	2.	Q9b: Do other bedrooms use window AC?
16	HEQ_1120	Num	8	2.	2.	Q9c: Do living or family rooms use window AC?
17	HEQ_1130	Num	8	2.	2.	Q9d: Does kitchen use window AC?
18	HEQ_1140	Num	8	2.	2.	Q9e: Do other rooms use window AC?
19	HEQ_1150	Num	8	2.	2.	Q10: Does house use an evaporative cooler (swamp cooler)?
20	HEQ_1160	Num	8	2.	2.	Q11: Type of evaporative cooler (swamp cooler) used in house
21	HEQ_1170	Num	8	2.	2.	Q12a: Does participant bedroom use window evaporative cooler?
22	HEQ_1180	Num	8	2.	2.	Q12b: Do other bedrooms use window evaporative cooler?
23	HEQ_1190	Num	8	2.	2.	Q12c: Do living or family rooms use window evaporative cooler?
24	HEQ_1200	Num	8	2.	2.	Q12d: Does kitchen use window evaporative cooler?
25	HEQ_1210	Num	8	2.	2.	Q12e: Do other rooms use window evaporative cooler?
26	HEQ_1220	Num	8	2.	2.	Q13: Does house use a humidifier?
27	HEQ_1230	Num	8	2.	2.	Q14: Type of humidifier used in house
28	HEQ_1260	Num	8	2.	2.	Q15a: Does participant bedroom use humidifier?
29	HEQ_1270	Num	8	2.	2.	Q15b: Do other bedrooms use humidifier?
30	HEQ_1280	Num	8	2.	2.	Q15c: Do living or family rooms use humidifier?
31	HEQ_1290	Num	8	2.	2.	Q15d: Does kitchen use humidifier?
32	HEQ_1300	Num	8	2.	2.	Q15e: Do other rooms use humidifier?
33	HEQ_1310	Num	8	2.	2.	Q16: House use a dehumidifier?
34	HEQ_1320	Num	8	2.	2.	Q17: Type of dehumidifier used in house
35	HEQ_1350	Num	8	2.	2.	Q18a: Does participant bedroom use dehumidifier?

Num	Variable	Type	Len	Format	Informat	Label
36	HEQ_1360	Num	8	2.	2.	Q18b: Do other bedrooms use dehumidifier?
37	HEQ_1370	Num	8	2.	2.	Q18c: Do living or family rooms use dehumidifier?
38	HEQ_1380	Num	8	2.	2.	Q18d: Does kitchen use dehumidifier?
39	HEQ_1390	Num	8	2.	2.	Q18e: Does basement use dehumidifier?
40	HEQ_1400	Num	8	2.	2.	Q18f: Do other rooms use dehumidifier
41	HEQ_1410	Num	8	2.	2.	Q19: Water damage to house, basement, or contents past 12 months?
42	HEQ_1420	Num	8	2.	2.	Q20: Any mold or mildew, on any surfaces, inside house past 12 months?
43	HEQ_1430	Num	8	2.	2.	Q21a: Rooms mold/mildew: bathroom
44	HEQ_1440	Num	8	2.	2.	Q21b: Rooms mold/mildew: basement or attic
45	HEQ_1450	Num	8	2.	2.	Q21c: Rooms mold/mildew: kitchen
46	HEQ_1460	Num	8	2.	2.	Q21d: Rooms mold/mildew: participant bedroom
47	HEQ_1470	Num	8	2.	2.	Q21e: Rooms mold/mildew: other bedroom
48	HEQ_1480	Num	8	2.	2.	Q21f: Rooms mold/mildew: living or family room
49	HEQ_1490	Num	8	2.	2.	Q21g: Rooms mold/mildew: other
50	HEQ_1500	Num	8	2.	2.	Q22: Ever see cockroaches in house?
51	HEQ_1510	Num	8	2.	2.	Q23a: Rooms cockroaches: kitchen
52	HEQ_1520	Num	8	2.	2.	Q23b: Rooms cockroaches: basement or attic
53	HEQ_1530	Num	8	2.	2.	Q23c: Rooms cockroaches: bathrooms
54	HEQ_1540	Num	8	2.	2.	Q23d: Rooms cockroaches: living or family room
55	HEQ_1550	Num	8	2.	2.	Q23e: Rooms cockroaches: participant bedroom
56	HEQ_1560	Num	8	2.	2.	Q23f: Rooms cockroaches: other bedrooms
57	HEQ_1570	Num	8	2.	2.	Q23g: Rooms cockroaches: garage
58	HEQ_1580	Num	8	2.	2.	Q23h: Rooms cockroaches: other
59	HEQ_1590	Num	8	2.	2.	Q24: Does the participant share his/her bedroom with another person?
60	HEQ_1600	Num	8	3.	3.	Q24a: If shares bedroom, with how many people?
61	HEQ_1610	Num	8	2.	2.	Q25: Floor covering in the participant bedroom
62	HEQ_1620	Num	8	2.	2.	Q25a: If participant bedroom carpeted, type of padding under carpet
63	HEQ_1630	Num	8	2.	2.	Q26: Type of mattress on participant bed
64	HEQ_1640	Num	8	3.	3.	Q27: How old is mattress on participant bed?
65	HEQ_1650	Num	8	2.	2.	Q28: Mattress completely enclosed in allergy-proof cover?
66	HEQ_1660	Num	8	2.	2.	Q29: Does participant bed have a box spring?
67	HEQ_1670	Num	8	2.	2.	Q30: Box spring completely enclosed in allergy-proof cover?
68	HEQ_1680	Num	8	2.	2.	Q31: Type of pillow participant usually sleeps with
69	HEQ_1690	Num	8	3.	3.	Q32: How old is the pillow the participant usually sleeps with?
70	HEQ_1700	Num	8	2.	2.	Q33: Is pillow completely enclosed in an allergy-proof cover?
71	HEQ_1710	Num	8	3.	3.	Q34: Number times per month participant bed covers/sheets washed in hot water
72	HEQ_1720	Num	8	2.	2.	Q35a: On/next to property: barns
73	HEQ_1730	Num	8	2.	2.	Q35b: On/next to property: hay
74	HEQ_1740	Num	8	2.	2.	Q35c: On/next to property: woodsheds

Num	Variable	Type	Len	Format	Informat	Label
75	HEQ_1750	Num	8	2.	2.	Q35d: On/next to property: firewood
76	HEQ_1760	Num	8	2.	2.	Q35e: On/next to property: chicken coops
77	HEQ_1770	Num	8	2.	2.	Q35f: On/next to property: corral
78	HEQ_1780	Num	8	2.	2.	Q36: Does your family have any animals?
79	HEQ_1790	Num	8	3.	3.	Q37a: Number cats
80	HEQ_1800	Num	8	3.	3.	Q37b: Number dogs
81	HEQ_1810	Num	8	3.	3.	Q37d: Number rabbits, guinea pigs, hamsters, gerbils, or mice
82	HEQ_1820	Num	8	3.	3.	Q37d: Number birds
83	HEQ_1830	Num	8	3.	3.	Q37e: Number other animals
84	HEQ_1840	Num	8	2.	2.	Q38: Any animals in the participant house?
85	HEQ_1850	Num	8	2.	2.	Q39a: Type animals inside house: cat
86	HEQ_1860	Num	8	2.	2.	Q39b: Type animals inside house: dog
87	HEQ_1870	Num	8	2.	2.	Q39c: Type animals inside house: rabbit, guinea pig, hamster, gerbil, or mouse
88	HEQ_1880	Num	8	2.	2.	Q39d: Type animals inside house: bird
89	HEQ_1890	Num	8	2.	2.	Q39e: Type animals inside house: other
90	HEQ_1900	Num	8	2.	2.	Q40a: Animals in bedroom: cat
91	HEQ_1910	Num	8	2.	2.	Q40b: Animals in bedroom: dog
92	HEQ_1920	Num	8	2.	2.	Q40c: Animals in bedroom: rabbit, guinea pig, hamster, gerbil, or mouse
93	HEQ_1930	Num	8	2.	2.	Q40d: Animals in bedroom: bird
94	HEQ_1940	Num	8	2.	2.	Q40e: Animals in bedroom: other
95	HEQ_1950	Num	8	2.	2.	Q41a: Exposed on regular basis: cat
96	HEQ_1960	Num	8	2.	2.	Q41b: Exposed on regular basis: dog
97	HEQ_1970	Num	8	2.	2.	Q41c: Exposed on regular basis: rabbit, guinea pig, hamster, gerbil, or mouse
98	HEQ_1980	Num	8	2.	2.	Q41d: Exposed on regular basis: bird
99	HEQ_1990	Num	8	2.	2.	Q41e: Exposed on regular basis: farm animals
100	HEQ_2000	Num	8	2.	2.	Q41f: Exposed on regular basis: other

Data Set Name: icd9.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CODE	Char	12	12.	12.	ICD9 code to link with AECLIN 'cae_1030' and SERIOUS 'ser_1010'
2	DESC	Char	26			ICD9 Description

Data Set Name: ige.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	IGE_1000	Num	8	2.	2.	Q1: Was the IgE result obtained?
5	IGE_1010	Num	8	2.	2.	Q1a: If NO, why was the result not obtained?
6	IGE_1020	Num	8	8.1	8.1	Q2a: Exact value (kU/L)
7	IGE_1030	Num	8	4.1	4.1	Q2b: Lower limit of detection, (less than kU/L)

Data Set Name: itqol.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	VNUM	Num	8	Visit Number
3	VDATE	Num	8	Visit Date
4	ITQ_1_1	Num	8	Q1.1: In general, how would you rate your childs health?
5	ITQ_2_1A	Num	8	Q2.1a: Limited because of health/learning problems: feeding/nursing/eating
6	ITQ_2_1B	Num	8	Q2.1b: Limited because of health/learning problems: sleeping
7	ITQ_2_1C	Num	8	Q2.1c: Limited because of health/learning problems: grasping
8	ITQ_2_1D	Num	8	Q2.1d: Limited because of health/learning problems: reaching
9	ITQ_2_1E	Num	8	Q2.1e: Limited because of health/learning problems: rolling over
10	ITQ_2_1F	Num	8	Q2.1f: Limited because of health/learning problems: sitting up
11	ITQ_2_1G	Num	8	Q2.1g: Limited because of health/learning problems: crawling
12	ITQ_2_1H	Num	8	Q2.1h: Limited because of health/learning problems: playing
13	ITQ_2_1I	Num	8	Q2.1i: Limited because of health/learning problems: taking steps/walking
14	ITQ_2_1J	Num	8	Q2.1j: Limited because of health/learning problems: running
15	ITQ_3_1A	Num	8	Q3.1a: How satisfied: physical growth and development
16	ITQ_3_1B	Num	8	Q3.1b: How satisfied: motor development
17	ITQ_3_1C	Num	8	Q3.1c: How satisfied: responsiveness to others
18	ITQ_3_1D	Num	8	Q3.1d: How satisfied: language development
19	ITQ_3_1E	Num	8	Q3.1e: How satisfied: learning abilities/cognitive development
20	ITQ_3_1F	Num	8	Q3.1f: How satisfied: feeding/nursing/eating habits
21	ITQ_3_1G	Num	8	Q3.1g: How satisfied: sleep habits
22	ITQ_3_1H	Num	8	Q3.1h: How satisfied: bowel habits
23	ITQ_3_1I	Num	8	Q3.1i: How satisfied: general temperament
24	ITQ_3_1J	Num	8	Q3.1j: How satisfied: overall growth and development
25	ITQ_4_1	Num	8	Q4.1: Past 4 weeks, how much bodily pain or discomfort anywhere in child's body
26	ITQ_4_2	Num	8	Q4.2: Past 4 weeks, how often bodily pain or discomfort anywhere in child's body
27	ITQ_4_3	Num	8	Q4.3: Past 4 weeks, how much did bodily pain or discomfort anywhere in child's body interfere with activities
28	ITQ_5_1A	Num	8	Q5.1a: Past 4 weeks, how much time: trouble sleeping
29	ITQ_5_1B	Num	8	Q5.1b: Past 4 weeks, how much time: picky feeder/nurser/eater
30	ITQ_5_1C	Num	8	Q5.1c: Past 4 weeks, how much time: cranky/fussy/irritable
31	ITQ_5_1D	Num	8	Q5.1d: Past 4 weeks, how much time: less active than usual
32	ITQ_5_1E	Num	8	Q5.1e: Past 4 weeks, how much time: happy
33	ITQ_5_1F	Num	8	Q5.1f: Past 4 weeks, how much time: difficult to comfort
34	ITQ_5_1G	Num	8	Q5.1g: Past 4 weeks, how much time: interested in activities going on around him/her
35	ITQ_5_1H	Num	8	Q5.1h: Past 4 weeks, how much time: more quiet than usual
36	ITQ_5_1I	Num	8	Q5.1i: Past 4 weeks, how much time: bothered/upset

Num	Variable	Type	Len	Label
37	ITQ_5_1J	Num	8	Q5.1j: Past 4 weeks, how much time: just not him/herself
38	ITQ_5_1K	Num	8	Q5.1k: Past 4 weeks, how much time: responsive to others
39	ITQ_5_1L	Num	8	Q5.1l: Past 4 weeks, how much time: cheerful
40	ITQ_5_1M	Num	8	Q5.1m: Past 4 weeks, how much time: easily upset
41	ITQ_5_1N	Num	8	Q5.1n: Past 4 weeks, how much time: fearful of others
42	ITQ_5_1O	Num	8	Q5.1o: Past 4 weeks, how much time: playful
43	ITQ_5_1P	Num	8	Q5.1p: Past 4 weeks, how much time: alert
44	ITQ_5_1Q	Num	8	Q5.1q: Past 4 weeks, how much time: to be held more often/more clingy than usual
45	ITQ_5_1R	Num	8	Q5.1r: Past 4 weeks, how much time: to do well with change in routine
46	ITQ_6_1A	Num	8	Q6.1a: Agree/disagree with statement: child's behavior is excellent
47	ITQ_6_1B	Num	8	Q6.1b: Agree/disagree with statement: child's behavior is sometimes difficult to manage
48	ITQ_6_1C	Num	8	Q6.1c: Agree/disagree with statement: child misbehaves quite often
49	ITQ_6_1D	Num	8	Q6.1d: Agree/disagree with statement: child misbehaves more often than other children I know
50	ITQ_6_1E	Num	8	Q6.1e: Agree/disagree with statement: child's behavior is rarely very bad
51	ITQ_6_1F	Num	8	Q6.1f: Agree/disagree with statement: child's behavior will be worse in the future
52	ITQ_6_1G	Num	8	Q6.1g: Agree/disagree with statement: I rarely worry about my child's behavior
53	ITQ_6_1H	Num	8	Q6.1h: Agree/disagree with statement: doctor/other professionals suggested my child's behavior is a problem
54	ITQ_6_1I	Num	8	Q6.1i: Agree/disagree with statement: my child's behavior will not be a problem for him/her in the future
55	ITQ_6_1J	Num	8	Q6.1j: Agree/disagree with statement: people have complimented me on my child's behavior
56	ITQ_6_1K	Num	8	Q6.1k: Agree/disagree with statement: I worry about my child's behavior more than other parents
57	ITQ_6_1L	Num	8	Q6.1l: Agree/disagree with statement: others have complained about my child's behavior
58	ITQ_6_2	Num	8	Q6.2: How rate child behavior overall compared to children of same age?
59	ITQ_7_1A	Num	8	Q7.1a: Past 4 weeks, how often did child: cooperate with others (adults and children)
60	ITQ_7_1B	Num	8	Q7.1b: Past 4 weeks, how often did child: unable to sit still
61	ITQ_7_1C	Num	8	Q7.1c: Past 4 weeks, how often did child: go to sleep/bed with few problems
62	ITQ_7_1D	Num	8	Q7.1d: Past 4 weeks, how often did child: hit/kick/bite
63	ITQ_7_1E	Num	8	Q7.1e: Past 4 weeks, how often did child: appear sorry after misbehaving
64	ITQ_7_1F	Num	8	Q7.1f: Past 4 weeks, how often did child: have difficult to manage behavior
65	ITQ_7_1G	Num	8	Q7.1g: Past 4 weeks, how often did child: seem able to adjust to new situations/strangers
66	ITQ_7_1H	Num	8	Q7.1h: Past 4 weeks, how often did child: act shy/timid
67	ITQ_7_1I	Num	8	Q7.1i: Past 4 weeks, how often did child: get along with other children
68	ITQ_7_1J	Num	8	Q7.1j: Past 4 weeks, how often did child: throw tantrums
69	ITQ_7_1K	Num	8	Q7.1k: Past 4 weeks, how often did child: respond positively to affection
70	ITQ_7_1L	Num	8	Q7.1l: Past 4 weeks, how often did child: act withdrawn
71	ITQ_7_1M	Num	8	Q7.1m: Past 4 weeks, how often did child: seem distracted more than other children
72	ITQ_7_1N	Num	8	Q7.1n: Past 4 weeks, how often did child: act his/her age
73	ITQ_7_1O	Num	8	Q7.1o: Past 4 weeks, how often did child: listen/follow directions
74	ITQ_8_1A	Num	8	Q8.1a: How true/false is statement: child's health is excellent

Num	Variable	Type	Len	Label
75	ITQ_8_1B	Num	8	Q8.1b: How true/false is statement: child was once so sick I thought he/she might die
76	ITQ_8_1C	Num	8	Q8.1c: How true/false is statement: child seems to resist illness very well
77	ITQ_8_1D	Num	8	Q8.1d: How true/false is statement: child seems less healthy than other children I know
78	ITQ_8_1E	Num	8	Q8.1e: How true/false is statement: child has never been seriously ill
79	ITQ_8_1F	Num	8	Q8.1f: How true/false is statement: when something is going around my child usually catches it
80	ITQ_8_1G	Num	8	Q8.1g: How true/false is statement: my child's health will be worse in the future than it is now
81	ITQ_8_1H	Num	8	Q8.1h: How true/false is statement: my child will have a very healthy life
82	ITQ_8_1I	Num	8	Q8.1i: How true/false is statement: rarely worry about my child's health
83	ITQ_8_1J	Num	8	Q8.1j: How true/false is statement: doctors say my child is healthy now
84	ITQ_8_1K	Num	8	Q8.1k: How true/false is statement: I worry about my child's health more than other parents
85	ITQ_8_2	Num	8	Q8.2: Compared to 1 year ago, how would you rate your child's health now?
86	ITQ_9_1A	Num	8	Q9.1a: Past 4 weeks, how much anxiety caused by: child's feeding/eating/sleeping habits
87	ITQ_9_1B	Num	8	Q9.1b: Past 4 weeks, how much anxiety caused by: child's physical health
88	ITQ_9_1C	Num	8	Q9.1c: Past 4 weeks, how much anxiety caused by: child's emotional well being
89	ITQ_9_1D	Num	8	Q9.1d: Past 4 weeks, how much anxiety caused by: child's learning abilities/cognitive development
90	ITQ_9_1E	Num	8	Q9.1e: Past 4 weeks, how much anxiety caused by: child's ability to interact with others
91	ITQ_9_1F	Num	8	Q9.1f: Past 4 weeks, how much anxiety caused by: child's behavior
92	ITQ_9_1G	Num	8	Q9.1g: Past 4 weeks, how much anxiety caused by: child's temperament
93	ITQ_9_2A	Num	8	Q9.2a: Past 4 weeks, your personal time limited: child's feeding/eating/sleeping habits
94	ITQ_9_2B	Num	8	Q9.2b: Past 4 weeks, your personal time limited: child's physical health
95	ITQ_9_2C	Num	8	Q9.2c: Past 4 weeks, your personal time limited: child's emotional well being
96	ITQ_9_2D	Num	8	Q9.2d: Past 4 weeks, your personal time limited: child's learning abilities/cognitive development
97	ITQ_9_2E	Num	8	Q9.2e: Past 4 weeks, your personal time limited: child's ability to interact with others
98	ITQ_9_2F	Num	8	Q9.2f: Past 4 weeks, your personal time limited: child's behavior
99	ITQ_9_2G	Num	8	Q9.2g: Past 4 weeks, your personal time limited: child's temperament
100	ITQ_9_3	Num	8	Q9.3: How well does yor family get along with each other?

Data Set Name: jun_acq.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	JUN_1000	Num	8	2.	2.	Q1: Person completing questionnaire
5	JUN_1010	Num	8	2.	2.	Q2: During past week, how often child awakened by breathing problems during the night?
6	JUN_1020	Num	8	2.	2.	Q3: During past week, how bad were child's breathing problems upon awakening in morning?
7	JUN_1030	Num	8	2.	2.	Q4: During past week, how limited were child's activities because of breathing problems?
8	JUN_1040	Num	8	2.	2.	Q5: During past week, how much shortness of breath?
9	JUN_1050	Num	8	2.	2.	Q6: During past week, how much wheezing?
10	JUN_1060	Num	8	2.	2.	Q7: During the past week, how many puffs albuteral each day?
11	JUN_1070	Num	8	2.	2.	Q8: During the past week, how many nebulizer treatments each day?
12	JUN_1080	Num	8	2.	2.	Q9: Since last visit any systemic or oral steroids for breathing problems?
13	JUN_1090	Num	8	3.	3.	Q9a: How many days systemic or oral steroids for breathing problems since last visit?

Data Set Name: lab.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	LAB_1000	Num	8	6.	6.	Q1: Total WBC (/cu. mm)
5	LAB_1010	Num	8	5.1	5.1	Q2: Eosinophils (%)
6	LAB_1020	Num	8	2.	2.	Q3: Was blood obtained for the serum save?
7	LAB_1030	Num	8	2.	2.	Q4: Able to collect a nasal sample today?
8	LAB_1035	Num	8	2.	2.	Q4a: Collection technique for nasal sample
9	LAB_1040	Num	8	2.	2.	Q5: Any nasal samples collected at home between visits?
10	LAB_1050	Num	8	2.	2.	Q6: How many nasal samples collected at home between visits?
11	LAB_1060	Num	8	2.	2.	Q7: Collection technique for nasal samples collected at home between visits
12	LAB_1070	Num	8	2.	2.	Q8: Were nasal samples collected at home thawed?

Data Set Name: med.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	MED_1000	Num	8	2.	2.	Q1: Type of visit (scheduled/unscheduled)?
5	MED_1040	Num	8	2.	2.	Coordinator signature
6	MED_1050	Num	8			Date signed by coordinator
7	MED_1060	Num	8	2.	2.	Q2: Which device is the participant using with the study medicines

Data Set Name: medcodes.sas7bdat

Num	Variable	Type	Len	Label
1	DRUGCODE	Num	8	Numeric code to link with CMED_AS 'cmed_1000'
2	CATEGORY	Char	200	Drug category
3	BRAND_NM	Char	200	Brand name of drug
4	GENER_NM	Char	200	Generic name of drug

Data Set Name: medhx.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	VNUM	Num	8	Visit Number
3	VDATE	Num	8	Visit Date
4	MHX_1000	Num	8	Q1: Your relationship to the child
5	MHX_1010	Num	8	Q2: How old was the participant when chest symptoms suggesting asthma first began, years portion?
6	MHX_1020	Num	8	Q2: How old was the participant when chest symptoms suggesting asthma first began, months portion?
7	MHX_1030	Num	8	Q3: Has a physician diagnosed the participant with asthma?
8	MHX_1040	Num	8	Q3a: How old was the participant when a doctor first diagnosed participant with asthma, years portion
9	MHX_1050	Num	8	Q3a: How old was the participant when a doctor first diagnosed participant with asthma, months portion
10	MHX_1060	Num	8	Q4: Has the participant ever been hospitalized overnight for asthma?
11	MHX_1070	Num	8	Q4a: Number of times participant has been hospitalized overnight for asthma past 12 months
12	MHX_1080	Num	8	Q4b: Ever been admitted to ICU for asthma?
13	MHX_1090	Num	8	Q4bi: Number of times participant has been hadmitted to ICU for asthma past 12 months
14	MHX_1100	Num	8	Q5a: Number of times seen in emergency department for asthma past 12 months
15	MHX_1110	Num	8	Q5b: Number of times seen in doctor's office for worsening asthma past 12 months
16	MHX_1120	Num	8	Q5c: Days of missed work or school because of asthma symptoms
17	MHX_1130	Num	8	Q5d: How many days of work did you or another caretaker miss because of participants asthma symptoms
18	MHX_1140	Num	8	Q6: Asthma provoked by: house dust
19	MHX_1150	Num	8	Q7: Asthma provoked by: animals
20	MHX_1160	Num	8	Q8: Asthma provoked by: spring/fall pollens
21	MHX_1170	Num	8	Q9: Asthma provoked by: exposure to damp/musty area
22	MHX_1180	Num	8	Q10: Asthma provoked by: tobacco smoke
23	MHX_1190	Num	8	Q11: Asthma provoked by: change in weather
24	MHX_1200	Num	8	Q12: Asthma provoked by: respiratory infections
25	MHX_1210	Num	8	Q13: Asthma provoked by: chemicals
26	MHX_1220	Num	8	Q14: Asthma provoked by: food
27	MHX_1230	Num	8	Q15: Asthma provoked by: cold air
28	MHX_1240	Num	8	Q16: Asthma provoked by: exercise/play
29	MHX_1250	Num	8	Q17: Asthma provoked by: emotional factors
30	MHX_1260	Num	8	Q18: Participant ever had hay fever?
31	MHX_1270	Num	8	Q18a: At what age did the participant FIRST have hay fever, years portion?
32	MHX_1280	Num	8	Q18a: At what age did the participant FIRST have hay fever, months portion?
33	MHX_1290	Num	8	Q18b: Participant ever seen a doctor because of hay fever?
34	MHX_1300	Num	8	Q18c: Past 12 months, how would you generally describe the patient's hay fever
35	MHX_1310	Num	8	Q19: Participant ever had atopic dermatitis (eczema)?
36	MHX_1320	Num	8	Q19a: At what age did the participant FIRST have atopic dermatitis (eczema), years portion?

Num	Variable	Type	Len	Label
37	MHX_1330	Num	8	Q19a: At what age did the participant FIRST have atopic dermatitis (eczema), months portion?
38	MHX_1340	Num	8	Q19b: Participant ever seen a doctor because of atopic dermatitis (eczema)?
39	MHX_1350	Num	8	Q19c: Past 12 months, how would you generally describe the patient's atopic dermatitis (eczema)?
40	MHX_1360	Num	8	Q19di: Body part affected by eczema: Head
41	MHX_1370	Num	8	Q19dii: Body part affected by eczema: Arms/Hands
42	MHX_1380	Num	8	Q19diii: Body part affected by eczema: trunk
43	MHX_1390	Num	8	Q19div: Body part affected by eczema: Legs/Feet
44	MHX_1400	Num	8	Q19dv: Body part affected by eczema: Other
45	MHX_1410	Num	8	Q20a: Allergic to medication?
46	MHX_1420	Num	8	Q20b: Allergic to foods?
47	MHX_1430	Num	8	Q20c: Allergic to things you inhale?
48	MHX_1440	Num	8	Q20d: Allergic to stinging insects?
49	MHX_1450	Num	8	Q22: Past 12 months, describe symptoms affecting nose, eyes, or sinuses
50	MHX_1460	Num	8	Q23: Past 12 months, how many months used antihistamines/decongestants for nose, eye, sinus symptoms
51	MHX_1470	Num	8	Q24: Past 12 months, how many months used steroid nasal spray for nose, eye, sinus symptoms
52	MHX_1480	Num	8	Q25: Past 12 months, number times contacted/visited doctor for nose, eye, sinus symptoms
53	MHX_1490	Num	8	Q26: Past 12 months, number of times had sinus infection treated with antibiotics
54	MHX_1500	Num	8	Q27: Past 12 months, number of times had sinus infection treated with steroids by mouth/injection
55	MHX_1510	Num	8	Q28: Past 12 months, number of times had pneumonia
56	MHX_1520	Num	8	Q29: Ever had sinus surgery for sinusitis or polyps?
57	MHX_1530	Num	8	Q30a: Father ever had asthma?
58	MHX_1540	Num	8	Q30b: Father ever had hay fever, eczema, other atopic disorder?
59	MHX_1550	Num	8	Q30c: Father ever had chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
60	MHX_1560	Num	8	Q31a: Mother ever had asthma?
61	MHX_1570	Num	8	Q31b: Mother ever had hay fever, eczema, other atopic disorder?
62	MHX_1580	Num	8	Q31c: Mother ever had chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
63	MHX_1590	Num	8	Q32: Participant have any biological siblings?
64	MHX_1600	Num	8	Q33a: Sibling ever had asthma?
65	MHX_1610	Num	8	Q33b: Sibling ever had hay fever, eczema, other atopic disorder?
66	MHX_1620	Num	8	Q33c: Sibling ever had chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
67	MHX_1630	Num	8	Q34: Participant's mother smoke while she was pregnant with participant?
68	MHX_1640	Num	8	Q35a: Which part of pregnancy did participant's mother smoke: first 3 months?
69	MHX_1650	Num	8	Q35b: Which part of pregnancy did participant's mother smoke: middle 3 months?
70	MHX_1660	Num	8	Q35c: Which part of pregnancy did participant's mother smoke: last 3 months?
71	MHX_1670	Num	8	Q36a: Participant's mother smoke between participant birth and age 5?
72	MHX_1680	Num	8	Q36b: Participant's father smoke between participant birth and age 5?
73	MHX_1690	Num	8	Q36c: Any other smokers in household between participant birth and age 5?

Num	Variable	Type	Len	Label
74	MHX_1700	Num	8	Q37a: Does participant's mother currently smoke?
75	MHX_1710	Num	8	Q37b: Does participant's father currently smoke?
76	MHX_1720	Num	8	Q37c: Any other current smokers in household?

Data Set Name: off_eno.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	ENO_1000	Num	8	2.	2.	Q1: Is the child currently stable without an acute wheezing exacerbation?
5	ENO_1010	Num	8	2.	2.	Q2: Does the child have respiratory distress or respiratory rate of >40 breaths per min?
6	ENO_1020	Num	8	2.	2.	Q3: Is the child eligible to proceed with ENO the testing?
7	ENO_1030	Num	8	2.	2.	Q4: Did the child take an oral steroid within the past month?
8	ENO_1040	Num	8	2.	2.	Q5: Does the child have a cold presently?
9	ENO_1050	Num	8	2.	2.	Q10: Was the ENO procedure performed?
10	ENO_1060	Num	8	2.	2.	Q10a: Primary reason the ENO procedure was not performed
11	ENO_1070	Num	8	2.	2.	Q6: During the past 4 hous, has the child used a bronchodilator?
12	ENO_1075	Num	8	2.	2.	Q7: During the past 12 hours, has the child used a long-acting bronchodilator or salmeterol?
13	ENO_1080	Num	8	2.	2.	Q8: Has the child been exposed to a smoker in the past 24 hours?
14	ENO_1085	Num	8	2.	2.	Q9: Did the child eat or drink in the past hour?
15	ENO_1090	Num	8	7.2	7.2	Q11: ENO measurement bag 1
16	ENO_1100	Num	8	3.	3.	Q11a: Number of breaths in bag 1
17	ENO_1110	Num	8	2.	2.	Q11b: Was the child fussy when exhaling into bag 1?
18	ENO_1120	Num	8	7.2	7.2	Q12: ENO measurement bag 2
19	ENO_1130	Num	8	3.	3.	Q12a: Number of breaths in bag 2
20	ENO_1140	Num	8	2.	2.	Q12b: Was the child fussy when exhaling into bag 2?
21	ENO_1150	Num	8	7.2	7.2	Q13: ENO measurement bag 3
22	ENO_1160	Num	8	3.	3.	Q13a: Number of breaths in bag 3
23	ENO_1170	Num	8	2.	2.	Q13b: Was the child fussy when exhaling into bag 3?

Data Set Name: phone.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	PHN_1000	Num	8	2.	2.	Q1: Phone contact respondent
5	PHN_1005	Num	8			Q2: When was the start of the illness?
6	PHN_1010	Num	8	2.	2.	Q3: How often was your child awakened by breathing problems during the night?
7	PHN_1020	Num	8	2.	2.	Q4: How bad were your child's breathing problems when he/she woke up in the morning?
8	PHN_1030	Num	8	2.	2.	Q5: How limited were your child's activities because of breathing problems?
9	PHN_1040	Num	8	2.	2.	Q6: How much shortness of breath did your child experience because of breathing problems?
10	PHN_1050	Num	8	2.	2.	Q7: How much of the time did your child wheeze?
11	PHN_1060	Num	8	2.	2.	Q8: Have you started the respiratory illness medication?
12	PHN_1070	Num	8			Q8a: Date the respiratory illness medication started
13	PHN_1080	Num	8	5.	5.	Q8b: Time the respiratory illness medication started
14	PHN_1090	Num	8	2.	2.	Q8c: Have you stopped the daily respules?
15	PHN_1100	Num	8	2.	2.	Q9: Have you been giving your child the respiratory illness medication in the morning and night?
16	PHN_1110	Num	8	2.	2.	Q10: Have you been giving your child the albuterol?
17	PHN_1120	Num	8	2.	2.	Q11: Has your child needed to take systemic or oral steroids by mouth?
18	PHN_1130	Num	8	3.	3.	Q11: If your child needed to take systemic or oral steroids, how many days?

Data Set Name: pred.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	VNUM	Num	8	Visit Number
3	VDATE	Num	8	Visit Date
4	PRD_1000	Num	8	Q1a: Date started on prednisolone
5	PRD_1010	Num	8	Q1b: Instructions on dose/frequency of prednisolone to patient
6	PRD_1020	Num	8	Q1c: Primary reason for initiation of prednisolone
7	PRD_1030	Num	8	Q2: Method of initiation of prednisolone (office visit, phone decision, other)

Data Set Name: pred_fu.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	VNUM	Num	8	Visit Number
3	VDATE	Num	8	Visit Date
4	PRF_1000	Num	8	Q1: Has your child received an additional corticosteroid course since the last course?
5	PRF_1010	Num	8	Q2: Has your child been hospitalized for breathing problems in the past 2 weeks?
6	PRF_1020	Num	8	Q3: Did your child have more than 6 nebulized treatments or 12 puffs of albuterol in the past 24 hours?
7	PRF_1030	Num	8	Q4: Did your child continue to have symptoms after 3 albuterol treatments that were given every 15 mins?
8	PRF_1040	Num	8	Q5: How many days has your child had moderate to severe coughing and/or wheezing in the past week?
9	PRF_1050	Num	8	Q5a: Is the number of days with moderate to severe coughing and/or wheezing >= 5?

Data Set Name: priormed.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	PRM_1000	Num	8	2.	2.	Q1: Asthma medication history respondent
4	PRM_1010	Num	8	2.	2.	Q2: Has the participant used any asthma medications besides albuterol, pirbuterol, levalbuterol in the past 12 months?
5	PRM_1020	Num	8	3.	3.	Q3a: How many months has the participant used salmeterol or formoterol in the past year?
6	PRM_1030	Num	8	3.	3.	Q3b: How many months has the participant used inhaled or nebulized corticosteroids in the past year?
7	PRM_1040	Num	8	3.	3.	Q3c: How many months has the participant used leukotriene modifiers in the past year?
8	PRM_1050	Num	8	3.	3.	Q3d: How many months has the participant used theophylline in the past year?
9	PRM_1060	Num	8	3.	3.	Q3e: How many months has the participant used advair/symbicort in the past year?
10	PRM_1070	Num	8	3.	3.	Q3f: How many months has the participant used cromolyn/nedocromil in the past year?
11	PRM_1080	Num	8	3.	3.	Q3g: How many months has the participant used another medication in the past year?
12	PRM_1090	Num	8	3.	3.	Q3h: How many months has the participant used another medication in the past year?
13	PRM_1100	Num	8	2.	2.	Q4: How many courses of steroids has the participant taken for asthma in the past year?

Data Set Name: registry.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	REG_1000	Num	8	2.	2.	Q1: Did the parent/legal guardian sign and date a CARE protocol informed consent and HIPAA authorization form?
3	REG_1020	Num	8	2.	2.	Q2a: If participant assent required, did the participant sign and date a CARE protocol informed assent and HIPAA authorization?
4	REG_1050	Num	8	2.	2.	Q4: Participant gender
5	REG_1060	Num	8	2.	2.	Q5: Participant ethnicity
6	REG_1070	Num	8	2.	2.	Q6a: Participant race: American Indian or Alaskan Native
7	REG_1090	Num	8	2.	2.	Q6c: Participant race: Black of African American
8	REG_1100	Num	8	2.	2.	Q6d: Participant race: White
9	REG_1120	Num	8	2.	2.	Q7: Participant primary race
10	REG_1015	Num	8	2.	2.	Q2: Is participant assent required for the protocol in Q1?
11	REG_OTRRACE	Num	8			Participant Race: Other (Q6b or Q6e)
12	age_min1	Num	8			Participant Age (bottom coded at 1)

Data Set Name: ricomply.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	RIC_1000	Num	8	3.	3.	Q1: Respiratory illness kit #
5	RIC_1010	Num	8			Q2: Respiratory illness start date
6	RIC_1020	Num	8	2.	2.	Q3: Did the parent bring all of the study medications to the visit?
7	RIC_1030	Num	8	3.	3.	Q4a: Number of respules returned
8	RIC_1040	Num	8	3.	3.	Q4b: Number of respules used
9	RIC_1050	Num	8	6.1	6.1	Q4c: Percent adherence

Data Set Name: serious.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	SER_1000	Num	8			Q1: Date of adverse event
5	SER_1010	Char	6	$6.	$6.	Q2: Description of adverse event
6	SER_1020	Num	8	2.	2.	Q3: Is the partcipant currently taking study drug?
7	SER_1030	Num	8	4.	4.	Q4: Time interval between the last administration of study drug and adverse event
8	SER_1040	Num	8	2.	2.	Q5: What was the unit of time for the interval in Q4?
9	SER_1050	Num	8	2.	2.	Q6a: Event serious because: Fatal
10	SER_1060	Num	8	2.	2.	Q6b: Event serious because: Life-threatening
11	SER_1070	Num	8	2.	2.	Q6c: Event serious because: Inpatient hospitalization required
12	SER_1080	Num	8			Q6ci: If hospitalization required, admission date
13	SER_1090	Num	8			Q6cii: If hospitalization required, discharge date
14	SER_1100	Num	8	2.	2.	Q6d: Event serious because: Disabling of incapacitating
15	SER_1110	Num	8	2.	2.	Q6e: Event serious because: Overdose
16	SER_1120	Num	8	2.	2.	Q6f: Event serious because: Cancer
17	SER_1130	Num	8	2.	2.	Q6g: Event serious because: Congenital anomaly
18	SER_1140	Num	8	2.	2.	Q6h: Event serious because: Serious laboratory abnormality with clinical symptoms
19	SER_1150	Num	8	2.	2.	Q6i: Event serious because: Height failure
20	SER_1160	Num	8	2.	2.	Q6j: Event serious because: Pregnancy
21	SER_1170	Num	8	2.	2.	Q6k: Event serious because: Other
22	SER_1180	Num	8	2.	2.	Q7a: In your opinion, was the event caused by toxicity of study drugs?
23	SER_1190	Num	8	2.	2.	Q7b: In your opinion, was the event caused by withdrawal of study drugs?
24	SER_1200	Num	8	2.	2.	Q7c: In your opinion, was the event caused by concurrent medication?
25	SER_1210	Num	8	2.	2.	Q7d: In your opinion, was the event caused by another condition or event?

Data Set Name: skin.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	VNUM	Num	8	Visit Number
3	VDATE	Num	8	Visit Date
4	SKN_1000	Num	8	Q1: Has the participant had a previous skin test using CARE procedures?
5	SKN_1010	Num	8	Q1a: If yes, date of previous skin test
6	SKN_1030	Num	8	Q2: Has the participant used any of the medications, listed in the skin test section of the CARE MOP?
7	SKN_1040	Num	8	Q3: Has the participant ever had a severe systemic reaction to allergy skin testing?
8	SKN_1050	Num	8	Q4: Has the participant ever had an anaphylactic reaction to egg?
9	SKN_1060	Num	8	Q5: Has the participant ever had an anaphylactic reaction to peanut?
10	SKN_1070	Num	8	Q6: Has the participant ever had an anaphylactic reaction to milk?
11	SKN_1080	Num	8	Q7: Time test sites pricked
12	SKN_1090	Num	8	Q8: Time test sites evaluated
13	SKN_1100	Num	8	Q9: Average of histamine longest diameter and histamine perpendicular midpoint diameter
14	SKN_1110	Num	8	Q9a: Is Q9 < 3 mm?
15	SKN_1120	Num	8	Q10: Average of saline longest diameter and saline perpendicular midpoint diameter
16	SKN_1130	Num	8	Q10a: Q9 - Q10
17	SKN_1140	Num	8	Q10b: Is Q10a < 3 mm?
18	SKN_1150	Num	8	Q11: Q10 + 3 mm
19	SKN_1160	Num	8	Histamine: Was there a reaction?
20	SKN_1170	Num	8	Histamine: Largest wheal diameter
21	SKN_1180	Num	8	Histamine: Perpendicular wheal diameter
22	SKN_1190	Num	8	Mite mix: Was there a reaction?
23	SKN_1200	Num	8	Mite mix: Largest wheal diameter
24	SKN_1210	Num	8	Mite mix: Perpendicular wheal diameter
25	SKN_1220	Num	8	Roach mix: Was there a reaction?
26	SKN_1230	Num	8	Roach mix: Largest wheal diameter
27	SKN_1240	Num	8	Roach mix: Perpendicular wheal diameter
28	SKN_1250	Num	8	Cat: Was there a reaction?
29	SKN_1260	Num	8	Cat: Largest wheal diameter
30	SKN_1270	Num	8	Cat: Perpendicular wheal diameter
31	SKN_1280	Num	8	Dog: Was there a reaction?
32	SKN_1290	Num	8	Dog: Largest wheal diameter
33	SKN_1300	Num	8	Dog: Perpendicular wheal diameter
34	SKN_1310	Num	8	Mold mix: Was there a reaction?
35	SKN_1320	Num	8	Mold mix: Largest wheal diameter
36	SKN_1330	Num	8	Mold mix: Perpendicular wheal diameter

Num	Variable	Type	Len	Label
37	SKN_1340	Num	8	Grass mix: Was there a reaction?
38	SKN_1350	Num	8	Grass mix: Largest wheal diameter
39	SKN_1360	Num	8	Grass mix: Perpendicular wheal diameter
40	SKN_1370	Num	8	Saline: Was there a reaction?
41	SKN_1380	Num	8	Saline: Largest wheal diameter
42	SKN_1390	Num	8	Saline: Perpendicular wheal diameter
43	SKN_1400	Num	8	Tree mix: Was there a reaction?
44	SKN_1410	Num	8	Tree mix: Largest wheal diameter
45	SKN_1420	Num	8	Tree mix: Perpendicular wheal diameter
46	SKN_1430	Num	8	Weed mix: Was there a reaction?
47	SKN_1440	Num	8	Weed mix: Largest wheal diameter
48	SKN_1450	Num	8	Weed mix: Perpendicular wheal diameter
49	SKN_1460	Num	8	Milk: Was there a reaction?
50	SKN_1470	Num	8	Milk: Largest wheal diameter
51	SKN_1480	Num	8	Milk: Perpendicular wheal diameter
52	SKN_1490	Num	8	Egg: Was there a reaction?
53	SKN_1500	Num	8	Egg: Largest wheal diameter
54	SKN_1510	Num	8	Egg: Perpendicular wheal diameter
55	SKN_1520	Num	8	Peanut: Was there a reaction?
56	SKN_1530	Num	8	Peanut: Largest wheal diameter
57	SKN_1540	Num	8	Peanut: Perpendicular wheal diameter
58	SKN_1550	Num	8	Other: Was there a reaction?
59	SKN_1560	Num	8	Other: Largest wheal diameter
60	SKN_1570	Num	8	Other: Perpendicular wheal diameter
61	SKN_1580	Num	8	Other: Was there a reaction?
62	SKN_1590	Num	8	Other: Largest wheal diameter
63	SKN_1600	Num	8	Other: Perpendicular wheal diameter
64	SKN_1610	Num	8	Other: Was there a reaction?
65	SKN_1620	Num	8	Other: Largest wheal diameter
66	SKN_1630	Num	8	Other: Perpendicular wheal diameter

Data Set Name: survey.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	VNUM	Num	8	Visit Number
3	VDATE	Num	8	Visit Date
4	SRV_1000	Num	8	Q1: First symptom you notice that leads you to believe your child is starting a respiratory illness (General)
5	SRV_1010	Num	8	Q1: First symptom you notice that leads you to believe your child is starting a respiratory illness (Specific)
6	SRV_1030	Num	8	Q2: 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	Q2a: If yes, what is usually the most important symptom? (General)
8	SRV_1050	Num	8	Q2a: If yes, what is usually the most important symptom? (Specific)
9	SRV_1060	Num	8	Q2b: Is there a second symptom you notice that makes you very certain that the illness will lead to significant breathing problems?
10	SRV_1070	Num	8	Q2c: If yes, what is usually the second symptom? (General)
11	SRV_1080	Num	8	Q2c: If yes, what is usually the second symptom? (Specific)
12	SRV_1090	Num	8	Q3: When your child has a respiratory illness, how important are appearance changes?
13	SRV_1100	Num	8	Q3: When your child has a respiratory illness, how important are appetite changes?
14	SRV_1110	Num	8	Q3: When your child has a respiratory illness, how important are behavior changes?
15	SRV_1120	Num	8	Q3: When your child has a respiratory illness, how important are breathing problems?
16	SRV_1130	Num	8	Q3: When your child has a respiratory illness, how important are changes in sleep patterns?
17	SRV_1140	Num	8	Q3: When your child has a respiratory illness, how important is cough A?
18	SRV_1150	Num	8	Q3: When your child has a respiratory illness, how important is cough B?
19	SRV_1160	Num	8	Q3: When your child has a respiratory illness, how important is a fever?
20	SRV_1170	Num	8	Q3: When your child has a respiratory illness, how important is noisy breathing?
21	SRV_1180	Num	8	Q3: When your child has a respiratory illness, how important is a noisy chest?
22	SRV_1190	Num	8	Q3: When your child has a respiratory illness, how important are nose symptoms?
23	SRV_1200	Num	8	Q3: When your child has a respiratory illness, how important are activity changes?

Data Set Name: symp_cc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	SYM_1000	Num	8	5.	5.	Q1: First symptom you noticed that led you to believe your child is starting a respiratory illness? (General)
5	SYM_1010	Num	8	5.	5.	Q1: First symptom you noticed that led you to believe your child is starting a respiratory illness? (Specific)
6	SYM_1020	Num	8	5.	5.	Q2: Most important symptom you noticed that made you certain this illness would lead to significant breathing problems (General)
7	SYM_1030	Num	8	5.	5.	Q2: Most important symptom you noticed that made you certain this illness would lead to significant breathing problems (Specific)
8	SYM_1040	Num	8	5.	5.	Q3a: One of two most important symptoms that led you to start respiratory illness meds (General)
9	SYM_1050	Num	8	5.	5.	Q3a: One of two most important symptoms that led you to start respiratory illness meds (Specific)
10	SYM_1060	Num	8	5.	5.	Q3b: One of two most important symptoms that led you to start respiratory illness meds (General)
11	SYM_1070	Num	8	5.	5.	Q3b: One of two most important symptoms that led you to start respiratory illness meds (Specific)
12	SYM_1090	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important are appearance changes?
13	SYM_1100	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important are appetite changes?
14	SYM_1110	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important are behavior changes?
15	SYM_1120	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important are breathing problems?
16	SYM_1130	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important are changes in sleep patterns?
17	SYM_1140	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important is cough A?
18	SYM_1150	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important is cough B?
19	SYM_1160	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important is a fever?
20	SYM_1170	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important is noisy breathing?
21	SYM_1180	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important is a noisy chest?
22	SYM_1190	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important are nose symptoms?
23	SYM_1200	Num	8	2.	2.	Q4: For the respiratory illness your child is experiencing, how important are activity changes?

Data Set Name: term.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	TRM_1000	Num	8	2.	2.	Q1: Has the participant completed the study?
5	TRM_1010	Num	8	3.	3.	Q2: Primary reason why the participant is being terminated from the study after randomization
6	TRM_1030	Num	8	2.	2.	Clinic coordinator's signature
7	TRM_1040	Num	8			Date of clinic coordinator's signature
8	TRM_1050	Num	8	2.	2.	Principal investigator's signature
9	TRM_1060	Num	8			Date of principal investigator's signature

Data Set Name: termr.sas7bdat

Num	Variable	Type	Len	Label
1	SUBJ_ID	Num	8	Subject ID
2	VNUM	Num	8	Visit Number
3	VDATE	Num	8	Visit Date
4	TMR_1010	Num	8	Q1: Primary reason for ineligibility duing the run-in
5	TMR_1030	Num	8	Clinic coordinator's signature
6	TMR_1040	Num	8	Date of clinic coordinator's signature
7	TMR_1050	Num	8	Principal investigator's signature
8	TMR_1060	Num	8	Date of principal investigator's signature

Data Set Name: tod_exam.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	TOD_1000	Num	8	2.	2.	Q1: Biological mother's height (feet portion)
5	TOD_1010	Num	8	3.	3.	Q1: Biological mother's height (inches portion)
6	TOD_1020	Num	8	2.	2.	Q1: Biological mother's height unknown
7	TOD_1030	Num	8	2.	2.	Q2: Biological father's height (feet portion)
8	TOD_1040	Num	8	3.	3.	Q2: Biological father's height (inches portion)
9	TOD_1050	Num	8	2.	2.	Q2: Biological father's height unknown
10	TOD_1060	Num	8	5.	5.	Q3: Time measurements started
11	TOD_1080	Num	8	2.	2.	Q4: Standing height or length obtained?
12	TOD_1090	Num	8	6.1	6.1	Q4a: First height/length measurement (cm)
13	TOD_1100	Num	8	6.1	6.1	Q4b: Second height/length measurement (cm)
14	TOD_1110	Num	8	6.1	6.1	Q4c: Third height/length measurement (cm)
15	TOD_1120	Num	8	6.1	6.1	Q4d: Average height or length measurement (cm)
16	TOD_1130	Num	8	2.	2.	Q4e: In your judgment, was the participant's height or length measurement acceptable?
17	TOD_1150	Num	8	6.1	6.1	Q5: Weight (kg)
18	TOD_1160	Num	8	6.1	6.1	Q6a: First head circumference measurement (cm)
19	TOD_1170	Num	8	6.1	6.1	Q6b: Second head circumference measurement (cm)
20	TOD_1180	Num	8	6.1	6.1	Q6c: Third head circumference measurement (cm)
21	TOD_1190	Num	8	6.1	6.1	Q6d: Average head circumference measurement (cm)
22	TOD_1200	Num	8	2.	2.	Q6e: In your judgment, was the participant's head circumference measurement acceptable?
23	TOD_1210	Num	8	2.	2.	Q7: Is chest auscultation clear?
24	TOD_1220	Num	8	2.	2.	Q7a: If not, slight expiratory wheeze
25	TOD_1230	Num	8	2.	2.	Q7b: If not, loud expiratory wheeze
26	TOD_1240	Num	8	2.	2.	Q7c: If not, inspiratory and expiratory wheeze
27	TOD_1250	Num	8	2.	2.	Q7d: If not, rales
28	TOD_1260	Num	8	2.	2.	Q7e: If not, rhonchi
29	TOD_1270	Num	8	2.	2.	Q7f: If not, crackles
30	TOD_1280	Num	8	2.	2.	Q7g: If not, other
31	TOD_1290	Num	8	2.	2.	Q8: Does the participant have evidence of oral candidiasis?
32	TOD_1300	Num	8	2.	2.	Q9: In general, how would you describe the participant's nasal symptoms?
33	TOD_1310	Num	8	2.	2.	Q10: In general, how would you describe the participant's eczema?
34	TOD_1320	Num	8	2.	2.	Q11: In general, how would you describe the participant's vocal quality?

Num	Variable	Type	Len	Format	Informat	Label
35	TOD_1330	Num	8	2.	2.	Q11a: If vocal quality abnormal, categorize the abnormality (hoarse, scratchy, other)

Data Set Name: trtfail.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date
4	TXF_1000	Num	8	2.	2.	Q1: Has the participant received his/her fourth course of oral corticosteroids?
5	TXF_1010	Num	8	2.	2.	Q2: Has the participant been hospitalized for an acute exacerbation of wheezing?
6	TXF_1020	Num	8	2.	2.	Q3: Has the participant had an hypoxic seizure during an acute axacerbation of asthma or wheezing?
7	TXF_1030	Num	8	2.	2.	Q4: Has the participant required intubation for acute asthma?
8	TXF_1040	Num	8	2.	2.	Q5: Has the participant had a serious adverse event related to a study medication?
9	TXF_1050	Num	8	2.	2.	Q6: Has a physician deemed the participant a treatment failure?
10	TXF_1060	Num	8	2.	2.	Q7: Is the participant a treatment failure?
11	TXF_1070	Num	8			Q8: Date treatment failure occured
12	TXF_1080	Num	8	2.	2.	Physician/CC signature
13	TXF_1090	Num	8			Date of physician/CC signature