

**Data Set Name: acute\_ex.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	AEX_1000	Num	8	YNF.	2.	Has the child had cough and wheezing for more than 24 hours?
5	AEX_1010	Num	8	YNF.	2.	Has the child required albuterol for more than 24 hours or had an unscheduled visit for acute asthma care in a physician's office, urgent care, or emergency department?
6	AEX_1020	Num	8	YNF.	2.	Has the cough and wheezing continued for more than 2 weeks?
7	AEX_1030	Num	8	YNF.	2.	If YES, has the cough and wheezing continued for more than 4 weeks?
8	AEX_1040	Num	8	3.	3.	During the past 12 months, and including any bursts prescribed above (3a), how many corticosteroid bursts have been given?
9	AEX_1050	Num	8	3.	3.	During the past 12 months, and including any bursts prescribed above (3b), how many corticosteroid bursts have been given?

**Data Set Name: aeclin.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	CAE_1020	Num	8	3.	3.	DESCRIPTION OF ADVERSE EVENT
5	CAE_1030	Char	6	\$6.	\$6.	ICD9 CODE
6	CAE_1040	Num	8			DATE STARTED
7	CAE_1050	Num	8			DATE STOPPED
8	CAE_1060	Num	8	YESF.	2.	ONGOING at current contact
9	CAE_1070	Num	8	3.	3.	Duration in hours
10	CAE_1080	Num	8	CAE_1080F.	2.	Type
11	CAE_1090	Num	8	CAE_1090F.	2.	SEVERITY
12	CAE_1100	Num	8	YNF.	2.	Serious
13	CAE_1110	Num	8	CAE_1110F.	2.	LIKELIHOOD OF RELATIONSHIP TO STUDY DRUG
14	CAE_1120	Num	8	CAE_1120F.	2.	CHANGE IN STUDY MEDICATIONS
15	CAE_1130	Num	8	CAE_1130F.	2.	OUTCOME
16	CAE_1140	Num	8	CAE_1140F.	2.	TREATMENT REQUIRED

**Data Set Name: aft\_eval.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	AFT_1000	Num	8	YNF.	During the past month, has the child had any unscheduled physician office, ER, or urgent care visits for asthma symptoms?
5	AFT_1010	Num	8	YNF.	During the past month, has the child been hospitalized for asthma?
6	AFT_1020	Num	8	YNF.	During the past month, has the child been hospitalized for asthma? If YES, what was the hospitalization date?
7	AFT_1030	Num	8	YNF.	Was this the second hospitalization during the past 12 months?
8	AFT_1040	Num	8	YNF.	Was the child already on fluticasone?
9	AFT_1050	Num	8	YNF.	Was fluticasone started?
10	AFT_1060	Num	8	YNF.	Was fluticasone started? (Date)
11	AFT_1070	Num	8	YNF.	During the past month, has the child used oral or systemic corticosteroids?
12	AFT_1080	Num	8	YNF.	During the past 2 weeks, has the child used rescue albuterol treatment averaging more than 4 days per week?
13	AFT_1090	Num	8	YNF.	During the past 2 weeks, has the child had nighttime symptoms of asthma causing him/her to wake up averaging at least once per week?
14	AFT_1100	Num	8	YNF.	Has the child been on the current cycle of asthma medication for less than 2 months?
15	AFT_1110	Num	8	AFT_1110F.	What is the child's current treatment?
16	AFT_1120	Num	8		Leukotriene Checklist Date
17	AFT_1130	Num	8		Inhaled Steroid Checklist Date
18	AFT_1150	Num	8		Fluticasone and Montelukast Checklist Date
19	AFT_1160	Num	8		Fluticasone and Montelukast and Other Asthma Medication Checklist Date

**Data Set Name: ast\_hx.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	AHX_1000	Num	8	AHX_1000F.	2.	What is your relationship to the child?
5	AHX_1010	Num	8	3.	3.	How old was the child when chest symptoms suggesting asthma first began (years)
6	AHX_1020	Num	8	3.	3.	How old was the child when chest symptoms suggesting asthma first began (months)
7	AHX_1030	Num	8	3.	3.	How old was the child when a doctor first said he or she had asthma? (years)
8	AHX_1040	Num	8	3.	3.	How old was the child when a doctor first said he or she had asthma? (months)
9	AHX_1050	Num	8	YNF.	2.	Has the child ever been hospitalized overnight for asthma?
10	AHX_1060	Num	8	3.	3.	If YES, during the past 12 months, how many times has the child been hospitalized overnight for asthma?
11	AHX_1070	Num	8	YNF.	2.	Has the child ever been admitted to an intensive care unit for asthma?
12	AHX_1080	Num	8	3.	3.	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	3.	3.	Times has the child been seen in an emergency department for asthma?
14	AHX_1100	Num	8	3.	3.	Times has the child been seen at a doctor's office for asthma?
15	AHX_1110	Num	8	3.	3.	Days of work or school did the child miss because of asthma?
16	AHX_1120	Num	8	3.	3.	Days of work did you miss because of the child's asthma?
17	AHX_1130	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exposure to house dust?
18	AHX_1140	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exposure to animals?
19	AHX_1150	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Emotional factors? (e.g., stress)
20	AHX_1160	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exercise/play?
21	AHX_1170	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exposure to damp, musty area?
22	AHX_1180	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exposure to tobacco smoke?
23	AHX_1190	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exposure to a change in the weather?
24	AHX_1200	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Respiratory infections?
25	AHX_1210	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exposure to chemicals? (e.g., perfume, household cleaners)
26	AHX_1220	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Food?
27	AHX_1230	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exposure to cold air?
28	AHX_1240	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Aspirin?
29	AHX_1250	Num	8	AHX_1130TO1250F.	2.	Is the child's asthma provoked on Exposure to spring and fall pollens?

Num	Variable	Type	Len	Format	Informat	Label
30	AHX_1260	Num	8	YNF.	2.	Has the child ever had hay fever? (i.e., itchy eyes, runny nose, or sneezing recurring over several weeks in a particular season)
31	AHX_1270	Num	8	3.	3.	At what age did the child FIRST have hay fever? (Years)
32	AHX_1280	Num	8	3.	3.	At what age did the child FIRST have hay fever? (Months)
33	AHX_1290	Num	8	YNF.	2.	During the past 12 months, did the child have hay fever?
34	AHX_1300	Num	8	YNF.	2.	Has the child ever seen a doctor or other health practitioner because of hay fever?
35	AHX_1310	Num	8	YNF.	2.	Has the child ever had atopic dermatitis (eczema)?
36	AHX_1320	Num	8	3.	3.	At what age did the child FIRST have atopic dermatitis (eczema)? (Years)
37	AHX_1330	Num	8	3.	3.	At what age did the child FIRST have atopic dermatitis (eczema)? (Months)
38	AHX_1340	Num	8	YNF.	2.	During the past 12 months, did the child have atopic dermatitis?
39	AHX_1350	Num	8	YNF.	2.	Has the child ever seen a doctor or other health practitioner because of atopic dermatitis?
40	AHX_1360	Num	8	YNF.	2.	Has a doctor or other health practitioner ever said that the child has allergies?
41	AHX_1370	Num	8	YNF.	2.	To which of the following did a doctor or other health practitioner say the child was allergic: Medicines
42	AHX_1380	Num	8	YNF.	2.	To which of the following did a doctor or other health practitioner say the child was allergic: Foods
43	AHX_1390	Num	8	YNF.	2.	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.	2.	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.	2.	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.	2.	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.	2.	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.	2.	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.	2.	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.	2.	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	Format	Informat	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	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	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	CMD_1010	Num	8		NAME OF MEDICATION
5	CMD_1000	Char	4		CODE
6	CMD_1040	Num	8		Frequency
7	CMD_1060	Num	8		START DATE
8	CMD_1090	Num	8		STOP DATE
9	CMD_1100	Num	8	YESF.	ONGOING AT CURRENT CONTACT

**Data Set Name: comply.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	COM_1000	Num	8	3.	3.	Doserâ,,ç Day
5	COM_1010	Num	8	3.	3.	Total number of Used Doses



**Data Set Name: diary.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	DIARYDT	Num	8			Diary Date (number of days since enrollment date)
5	DRY_1020	Num	8	YNF.	2.	Did your child use the study medication this morning?
6	DRY_1030	Num	8	YNF.	2.	Did your child wake up during the night because of his/her asthma?
7	DRY_1040	Num	8	YNF.	2.	Did your child use the study medication this evening?
8	DRY_1050	Num	8	YNF.	2.	Did your child have a cold or cold symptoms today?
9	DRY_1060	Num	8	DRY_1060F.	2.	How much was your child bothered by his/her asthma today?
10	DRY_1070	Num	8	DRY_1070F.	2.	Did your child go somewhere for breathing problems?
11	DRY_1080	Num	8	YNF.	2.	Did your child use Albuterol today?

***Data Set Name: drugarms.sas7bdat***

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	SUBJ_ID	Num	8	Public Subject ID
2	DRUG_ARM	Char	7	Treatment Arm

**Data Set Name: elig1.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	E1_1000	Num	8	YNF.	2.	Has a parent/legal guardian appropriately signed and dated the informed consent?
5	E1_1010	Num	8			If YES, record the date the form was signed.
6	E1_1020	Num	8	YNF.	2.	Is the child between the ages of 24 - 48 months?
7	E1_1030	Num	8	YNF.	2.	During the past 12 months, has the child had less than four exacerbations of wheezing?
8	E1_1040	Num	8	YNF.	2.	During the past 12 months, has the child seen a physician for at least one asthma exacerbation?
9	E1_1050	Num	8	YNF.	2.	Does the child have at least one parent/guardian who can communicate with the study staff to allow assessment of study outcomes?
10	E1_1060	Num	8	YNF.	2.	Does at least one parent/guardian have reliable access to a contact telephone number?
11	E1_1070	Num	8	YNF.	2.	Has the child ever had chicken pox or received the chicken pox vaccine?
12	E1_1080	Num	8	YNF.	2.	Is the child eligible at this time?
13	E1_1090	Num	8	YNF.	2.	Have either of the child's parents been diagnosed with asthma by a physician?
14	E1_1100	Num	8	YNF.	2.	Has the child ever been diagnosed with atopic dermatitis by a physician?
15	E1_1110	Num	8	YNF.	2.	Does the child possess an allergic sensitization to at least one aeroallergen?
16	E1_1120	Num	8	YNF.	2.	Is the child eligible at this time? If at least one of the questions is YES, the child is eligible to participate in
17	E1_1130	Num	8	YNF.	2.	Has the child experienced any wheezing not associated with colds?
18	E1_1140	Num	8	YNF.	2.	Does the child possess an allergic sensitization to milk, egg, or peanuts?
19	E1_1150	Num	8	YNF.	2.	Is the child's eosinophil count greater than 4% in circulation?
20	E1_1160	Num	8	YNF.	2.	Is the child eligible?
21	E1_1170	Num	8	YNF.	2.	Physician/CC signature:
22	E1_1180	Num	8		DATETIME20.	Date: ___ / ___ / ___

**Data Set Name: elig2.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	E2_1000	Num	8	YNF.	2.	Does the child have any of these systemic illnesses? seizures
5	E2_1010	Num	8	YNF.	2.	Does the child have any of these systemic illnesses? gastroesophageal reflux requiring medication
6	E2_1020	Num	8	YNF.	2.	Does the child have any of these systemic illnesses? cerebral palsy
7	E2_1030	Num	8	YNF.	2.	Does the child have any of these systemic illnesses? tuberculosis
8	E2_1040	Num	8	YNF.	2.	Does the child have any of these systemic illnesses? immunodeficiency
9	E2_1050	Num	8	YNF.	2.	Does the child have a cardiac disorder not including a small, insignificant hole in the heart (VSD, ASD) or an insignificant heart murmur?
10	E2_1060	Num	8	YNF.	2.	Was the child born at greater than 35 weeks gestation?
11	E2_1070	Num	8	YNF.	2.	Did the child require more than 5 days of oxygen in the neonatal period?
12	E2_1080	Num	8	YNF.	2.	Has the child required mechanical ventilation at any time since birth?
13	E2_1090	Num	8	YNF.	2.	Has the child been diagnosed with a significant developmental delay or a failure to thrive?
14	E2_1100	Num	8	YNF.	2.	Does the child have any chronic lung disease?
15	E2_1110	Num	8	YNF.	2.	Does the child's family have plans to move out of the area within the next three years?
16	E2_1120	Num	8	YNF.	2.	During the past year, has the child used 4 months or more of inhaled steroids for the treatment of asthma?
17	E2_1130	Num	8	YNF.	2.	During the past year, has the child had 4 courses or more of systemic corticosteroids?
18	E2_1140	Num	8	YNF.	2.	Has the child ever received immunotherapy?
19	E2_1150	Num	8	YNF.	2.	Has the child ever received IV gamma globulins or immunosuppressants?
20	E2_1160	Num	8	YNF.	2.	Has the child ever had an asthma exacerbation resulting in intubation and mechanical ventilation?
21	E2_1170	Num	8	YNF.	2.	Has the child ever had a seizure (during an asthma episode) that the physician thought was due to asthma?
22	E2_1175	Num	8	YNF.	2.	Is the child currently allergic to soybean products?
23	E2_1180	Num	8	YNF.	2.	Does the parent/legal guardian believe that the child and family will be able to comply with the study schedule and study assessments?
24	E2_1190	Num	8	YNF.	2.	Is the child eligible? If any of the shaded boxes are selected, the child is ineligible.
25	E2_1200	Num	8	YNF.	2.	Physician/CC signature: _____
26	E2_1210	Num	8		DATETIME20.	Date: ___ / ___ / _____

**Data Set Name: elig3.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	E3_1000	Num	8	YNF.	2.	Has the child experienced, on average, more than 4 days of symptoms per week during the past 28 days?
5	E3_1010	Num	8	YNF.	2.	Has the child required, on average, more than 4 days of albuterol treatment per week during the past 28 days?
6	E3_1020	Num	8	YNF.	2.	Has the child required any controller medication during the past 28 days?
7	E3_1030	Num	8	YNF.	2.	Has the child taken any investigational medication prior to randomization during the past 28 days?
8	E3_1040	Num	8	YNF.	2.	Has the child been hospitalized during the past 28 days?
9	E3_1050	Num	8	3.	3.	Determine the child's percent compliance with the study medication: Number of days since the previous visit
10	E3_1060	Num	8	3.	3.	Determine the child's percent compliance with the study medication: Number of days the child was compliant
11	E3_1070	Num	8	6.1	6.1	Determine the child's percent compliance with the study medication: Calculate the child's percent compliance
12	E3_1080	Num	8	YNF.	2.	Has the child and parent/guardian demonstrated at least 80% compliance of study medication use during run-in?
13	E3_1090	Num	8	YNF.	2.	Is there any reason for which this child should not be included in this study? If YES, describe: _____
14	E3_1100	Num	8	YNF.	2.	Is the child eligible?
15	E3_1120	Num	8	YNF.	2.	Physician/CC signature: _____
16	E3_1130	Num	8	YNF.	DATETIME20.	Date: ___ / ___ / _____

**Data Set Name: eno.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	ENO_1000	Num	8	YNF.	2.	During the past 24 hours, has the child used sustained-release theophylline?
5	ENO_1010	Num	8	YNF.	2.	During the past 12 hours, has the child used a long-acting bronchodilator (i.e., salmeterol)?
6	ENO_1020	Num	8	YNF.	2.	During the past 4 hours, has the child used a short-acting bronchodilator?
7	ENO_1030	Num	8	YNF.	2.	During the past 2 weeks, has the child had any respiratory infections, colds, or bronchitis?
8	ENO_1035	Num	8	YNF.	2.	Has the child smoked cigarettes or any other substance in the past month?
9	ENO_1036	Num	8	YNF.	2.	If YES, has the child smoked within the past hour?
10	ENO_1040	Num	8	YNF.	2.	Is there any other reason the child should not proceed with the exhaled nitric oxide procedure?
11	ENO_1045	Num	8	YNF.	2.	Did the child eat or drink in the past hour?
12	ENO_1050	Num	8	YNF.	2.	Is the child eligible to proceed with the exhaled nitric oxide procedure?
13	ENO_1060	Num	8	5.	5.	ENO Measurement#1 Time
14	ENO_1070	Num	8	6.1	6.1	ENO Measurement#1 FENO
15	ENO_1080	Num	8	5.	5.	ENO Measurement#2 Time
16	ENO_1090	Num	8	6.1	6.1	ENO Measurement#2 FENO
17	ENO_1100	Num	8	5.	5.	ENO Measurement#3 Time
18	ENO_1110	Num	8	6.1	6.1	ENO Measurement#3 FENO
19	ENO_1120	Num	8	6.1	6.1	Average FENO
20	ENO_1130	Num	8	6.1	6.1	Average VNO
21	ENO_1140	Num	8	ENO_1140F.	2.	Test Profile
22	ENO_1055	Num	8	YNF.	2.	Was the ENO procedure performed?
23	ENO_1056	Num	8	ENO_1056F.	2.	If the ENO procedure was not performed?, indicate the primary reason.

**Data Set Name: flut.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	FLU_1000	Num	8	YNF.	Date of scheduled clinic visit:
5	FLU_1010	Num	8	YNF.	Date of scheduled telephone call:
6	FLU_1020	Num	8	YNF.	Has the child been hospitalized for asthma in the past 2 weeks?
7	FLU_1030	Num	8	YNF.	If YES, was this the second hospitalization in the past 12 months?
8	FLU_1040	Num	8	YNF.	Has the child used oral corticosteroids (prednisolone) in the past 2 weeks?
9	FLU_1050	Num	8	YNF.	Has the child required, on average, more than 4 days of albuterol treatment per week during the past 2 weeks (an albuterol treatment is defined as 2 puffs by MDI or one treatment by nebulizer)?
10	FLU_1060	Num	8	YNF.	Has the child had nighttime symptoms of asthma which caused him/her to wake up, on average, at least once per week during the past 2 weeks?
11	FLU_1070	Num	8		Date of scheduled telephone call:

**Data Set Name: heq.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	HEQ_1000	Num	8	HEQ_1000F.	2.	What is your relationship to the child? (Check one box only)?
5	HEQ_1010	Num	8	HEQ_1010F.	2.	How long has the child lived in his/her current home?
6	HEQ_1020	Num	8	YNF.	2.	Are any of the following located in your home: Barns
7	HEQ_1030	Num	8	YNF.	2.	Are any of the following located in your home: Hay
8	HEQ_1040	Num	8	YNF.	2.	Are any of the following located in your home: Woodsheds
9	HEQ_1050	Num	8	YNF.	2.	Are any of the following located in your home: Firewood
10	HEQ_1060	Num	8	YNF.	2.	Are any of the following located in your home: Chicken coops
11	HEQ_1070	Num	8	YNF.	2.	Are any of the following located in your home: Horses
12	HEQ_1080	Num	8	HEQ_1080F.	2.	Which best describes the child's current home?
13	HEQ_1090	Num	8	4.	4.	About how old is the child's current home?
14	HEQ_1100	Num	8	YNF.	2.	Does the child's home utilize a portable heater?
15	HEQ_1110	Num	8	YNF.	2.	Does the child's home utilize a wood burning stove as a primary source of heat?
16	HEQ_1120	Num	8	YNF.	2.	Does the child's home utilize a cooling system?
17	HEQ_1130	Num	8	HEQ_1130F.	2.	Which type of cooling system is utilized in the child's home?
18	HEQ_1140	Num	8	YNF.	2.	Which rooms use a window unit: Child's bedroom
19	HEQ_1150	Num	8	YNDKF.	2.	Which rooms use a window unit: Other bedrooms
20	HEQ_1160	Num	8	YNDKF.	2.	Which rooms use a window unit: Living or family room
21	HEQ_1170	Num	8	YNDKF.	2.	Which rooms use a window unit: Kitchen
22	HEQ_1180	Num	8	YNDKF.	2.	Which rooms use a window unit: Other
23	HEQ_1190	Num	8	YNDKF.	2.	Does the participant's house use a humidifier?
24	HEQ_1200	Num	8	YNDKF.	2.	Does the participant's house use a dehumidifier?
25	HEQ_1210	Num	8	YNDKF.	2.	Has there been water damage to the child's home, basement, or its contents during the past 12 months?
26	HEQ_1220	Num	8	YNDKF.	2.	Has there been any mold or mildew, on any surfaces, inside the child's home in the past 12 months?
27	HEQ_1230	Num	8	YNF.	2.	Which room(s) have been affected with mold or mildew? Bathroom(s)
28	HEQ_1240	Num	8	YNF.	2.	Which room(s) have been affected with mold or mildew? Bedroom(s)
29	HEQ_1250	Num	8	YNF.	2.	Which room(s) have been affected with mold or mildew? Living or family room
30	HEQ_1260	Num	8	YNF.	2.	Which room(s) have been affected with mold or mildew? Kitchen
31	HEQ_1270	Num	8	YNF.	2.	Which room(s) have been affected with mold or mildew? Basement or attic
32	HEQ_1280	Num	8	YNF.	2.	Which room(s) have been affected with mold or mildew? Other
33	HEQ_1290	Num	8	YNF.	2.	Do you ever see cockroaches in the child's home?
34	HEQ_1300	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Bathroom(s)



Num	Variable	Type	Len	Format	Informat	Label
35	HEQ_1310	Num	8	YNDKF.	2.	In which room(s) have you seen cockroaches? Bedroom(s)
36	HEQ_1320	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Living or family room
37	HEQ_1330	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Kitchen
38	HEQ_1340	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Basement or attic
39	HEQ_1350	Num	8	YNF.	2.	In which room(s) have you seen cockroaches? Other
40	HEQ_1360	Num	8	YNF.	2.	Does the child share his/her bedroom with another person?
41	HEQ_1370	Num	8	3.	3.	Does the child share his/her bedroom with another person? If YES, how many others?
42	HEQ_1380	Num	8	HEQ_1380F.	2.	What is the floor covering in the child's bedroom?
43	HEQ_1390	Num	8	HEQ_1390F.	2.	If SYNTHETIC OR WOOL CARPET, what type of padding is under the carpet in the child's bedroom?
44	HEQ_1400	Num	8	HEQ_1400F.	2.	What type of mattress is on the child's bed?
45	HEQ_1410	Num	8	3.	3.	How old is the mattress used on the child's bed?
46	HEQ_1420	Num	8	YNF.	2.	Is the mattress completely enclosed in an allergy-proof, encasing cover?
47	HEQ_1430	Num	8	YNF.	2.	Does the participant's bed have a box spring?
48	HEQ_1440	Num	8	YNF.	2.	Is the box spring completely enclosed in an allergy-proof, encasing cover?
49	HEQ_1450	Num	8	HEQ_1450F.	2.	What type of pillow is used on the child's bed?
50	HEQ_1460	Num	8	3.	3.	How old is the pillow the participant usually sleeps with in years?
51	HEQ_1470	Num	8	YNDKF.	2.	Is the pillow completely enclosed in an allergy-proof, encasing cover?
52	HEQ_1480	Num	8	YNDKF.	2.	Are the child's bed covers or sheets washed in hot water at least 1 time per week?
53	HEQ_1490	Num	8	YNDKF.	2.	Does the child's household own any pets?
54	HEQ_1500	Num	8	3.	3.	Enter the number of pets that the household owns. Cat
55	HEQ_1510	Num	8	3.	3.	Enter the number of pets that the household owns. Dog
56	HEQ_1520	Num	8	3.	3.	Enter the number of pets that the household owns. Rabbit, guinea pig, hamster, gerbil, or mouse
57	HEQ_1530	Num	8	3.	3.	Enter the number of pets that the household owns. Bird
58	HEQ_1540	Num	8	3.	3.	Enter the number of pets that the household owns. Other
59	HEQ_1550	Num	8	YNDKF.	2.	Are any pets allowed into the child's home?
60	HEQ_1560	Num	8	YNDKF.	2.	Which animals are in the child's home? Cat
61	HEQ_1570	Num	8	YNDKF.	2.	Which animals are in the child's home? Dog
62	HEQ_1580	Num	8	YNDKF.	2.	Which animals are in the child's home? Rabbit, guinea pig, hamster, gerbil, or mouse
63	HEQ_1590	Num	8	YNDKF.	2.	Which animals are in the child's home? Bird
64	HEQ_1600	Num	8	YNDKF.	2.	Which animals are in the child's home? Other
65	HEQ_1610	Num	8	YNDKF.	2.	Which animals are in the child's bedroom? Cat
66	HEQ_1620	Num	8	YNDKF.	2.	Which animals are in the child's bedroom? Dog
67	HEQ_1630	Num	8	YNDKF.	2.	Which animals are in the child's bedroom? Rabbit, guinea pig, hamster, gerbil, or mouse
68	HEQ_1640	Num	8	YNDKF.	2.	Which animals are in the child's bedroom? Bird
69	HEQ_1650	Num	8	YNDKF.	2.	Which animals are in the child's bedroom? Other

Num	Variable	Type	Len	Format	Informat	Label
70	HEQ_1660	Num	8	YNDKF.	2.	In general, and on a regular basis, is the child exposed to any of the following animals for more than an hour a day? Cat
71	HEQ_1670	Num	8	YNDKF.	2.	In general, and on a regular basis, is the child exposed to any of the following animals for more than an hour a day? Dog
72	HEQ_1680	Num	8	YNDKF.	2.	In general, and on a regular basis, is the child exposed to any of the following animals for more than an hour a day? Rabbit, guinea pig, hamster, gerbil, or mouse
73	HEQ_1690	Num	8	YNDKF.	2.	In general, and on a regular basis, is the child exposed to any of the following animals for more than an hour a day? Bird
74	HEQ_1700	Num	8	YNDKF.	2.	In general, and on a regular basis, is the child exposed to any of the following animals for more than an hour a day? Other

**Data Set Name: icd9.sas7bdat**

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

**Data Set Name: ige.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	IGE_1000	Num	8	8.1	8.1	IGE Exact value
5	IGE_1010	Num	8	YNF.	2.	Complete the exact value, or check the box if the value is < 2 kU/L.n

**Data Set Name: *inhaler.sas7bdat***

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	INH_1000	Num	8	INH_1100F.	2.	Was this a Scheduled or Unscheduled Visit?
5	INH_1010	Num	8	3.	3.	Number of days since the previous visit
6	INH_1020	Num	8	3.	3.	Number of days the correct number of puffs were taken since the previous visit
7	INH_1030	Num	8	6.1	6.1	Calculate the child's percent compliance
8	INH_1050	Num	8	YESF.	2.	Coordinator Signature
9	INH_1060	Num	8		DATETIME20.	Signature Date

**Data Set Name: ios.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	IOS_1000	Num	8	YNF.	2.	During the past 24 hours, has the participant used sustained- release theophylline?
5	IOS_1010	Num	8	YNF.	2.	During the past 12 hours, has the participant used a long-acting bronchodilator (i.e., salmeterol)?
6	IOS_1020	Num	8	YNF.	2.	During the past 4 hours, has the participant used a short-acting bronchodilator?
7	IOS_1030	Num	8	YNF.	2.	During the past 2 weeks, has the participant had any respiratory infections, colds, or bronchitis?
8	IOS_1035	Num	8	YNF.	2.	Is there any other reason the participant should not proceed with the pulmonary function testing?
9	IOS_1040	Num	8	YNF.	2.	Is the participant eligible to proceed with the pulmonary function testing? If any of the shaded boxes are filled in, the participant is NOT eligible
10	IOS_1050	Num	8	6.1	6.1	Standing height (barefoot or thin socks) (cm)
11	IOS_1055	Num	8	YNF.	2.	Did the participant refuse to perform the procedure?
12	IOS_1060	Num	8	5.	5.	Time IOS started (based on 24-hour clock)
13	IOS_1080	Num	8	6.2	6.2	prebronchodilator first effort R5 . kPa/l/s
14	IOS_1085	Num	8	6.2	6.2	prebronchodilator first effort R10 . kPa/l/s
15	IOS_1090	Num	8	6.2	6.2	prebronchodilator first effort R15 . kPa/l/s
16	IOS_1100	Num	8	6.2	6.2	prebronchodilator first effort R35 . kPa/l/s
17	IOS_1110	Num	8	6.2	6.2	prebronchodilator first effort X5 . kPa/l/s
18	IOS_1120	Num	8	6.2	6.2	prebronchodilator first effort Resonant Frequency . Hz
19	IOS_1130	Num	8	6.2	6.2	prebronchodilator first effort Area XA . kPa/l
20	IOS_1140	Num	8	5.	5.	Time bronchodilator given (based on 24-hour clock)
21	IOS_1150	Num	8	5.	5.	Time postbronchodilator IOS started (based on 24-hour clock)
22	IOS_1160	Num	8	6.2	6.2	postbronchodilator first effort R5 . kPa/l/s
23	IOS_1165	Num	8	6.2	6.2	postbronchodilator first effort R10 . kPa/l/s
24	IOS_1170	Num	8	6.2	6.2	postbronchodilator first effort R15 . kPa/l/s
25	IOS_1180	Num	8	6.2	6.2	postbronchodilator first effort R35 . kPa/l/s
26	IOS_1190	Num	8	6.2	6.2	postbronchodilator first effort X5 . kPa/l/s
27	IOS_1200	Num	8	6.2	6.2	postbronchodilator first effort Resonant Frequency . Hz
28	IOS_1210	Num	8	6.2	6.2	postbronchodilator first effort Area XA . kPa/l
29	IOS_1220	Num	8	YNF.	2.	In your judgement, was the participant's post-bronchodilator technique acceptable?
30	IOS_1230	Num	8	YNF.	2.	If NO, why was it unacceptable Coherence < 0.80
31	IOS_1240	Num	8	YNF.	2.	If NO, why was it unacceptable Fewer than 3 good tests
32	IOS_1250	Num	8	YNF.	2.	If NO, why was it unacceptable Inconsistent tidal breathing

Num	Variable	Type	Len	Format	Informat	Label
33	IOS_1260	Num	8	YNF.	2.	If NO, why was it unacceptable Participant refusal during test
34	IOS_1270	Num	8	YNF.	2.	If NO, why was it unacceptable Other
35	IOS_1280	Num	8	IOS_1280F.	2.	If YES, grade the participant's technique
36	IOS_1290	Num	8	6.2	6.2	prebronchodilator second effort R5 . kPa/l/s
37	IOS_1295	Num	8	6.2	6.2	prebronchodilator second effort R10 . kPa/l/s
38	IOS_1300	Num	8	6.2	6.2	prebronchodilator second effort R15 . kPa/l/s
39	IOS_1310	Num	8	6.2	6.2	prebronchodilator second effort R35 . kPa/l/s
40	IOS_1320	Num	8	6.2	6.2	prebronchodilator second effort X5 . kPa/l/s
41	IOS_1330	Num	8	6.2	6.2	prebronchodilator second effort Resonant Frequency . Hz
42	IOS_1340	Num	8	6.2	6.2	prebronchodilator second effort Area XA . kPa/l
43	IOS_1350	Num	8	6.2	6.2	prebronchodilator third effort R5 . kPa/l/s
44	IOS_1355	Num	8	6.2	6.2	prebronchodilator third effort R10 . kPa/l/s
45	IOS_1360	Num	8	6.2	6.2	prebronchodilator third effort R15 . kPa/l/s
46	IOS_1370	Num	8	6.2	6.2	prebronchodilator third effort R35 . kPa/l/s
47	IOS_1380	Num	8	6.2	6.2	prebronchodilator third effort X5 . kPa/l/s
48	IOS_1390	Num	8	6.2	6.2	prebronchodilator third effort Resonant Frequency . Hz
49	IOS_1400	Num	8	6.2	6.2	prebronchodilator third effort Area XA . kPa/l
50	IOS_1410	Num	8	6.2	6.2	postbronchodilator second effort R5 . kPa/l/s
51	IOS_1415	Num	8	6.2	6.2	postbronchodilator second effort R10 . kPa/l/s
52	IOS_1420	Num	8	6.2	6.2	postbronchodilator second effort R15 . kPa/l/s
53	IOS_1430	Num	8	6.2	6.2	postbronchodilator second effort R35 . kPa/l/s
54	IOS_1440	Num	8	6.2	6.2	postbronchodilator second effort X5 . kPa/l/s
55	IOS_1450	Num	8	6.2	6.2	postbronchodilator second effort Resonant Frequency . Hz
56	IOS_1460	Num	8	6.2	6.2	postbronchodilator second effort Area XA . kPa/l
57	IOS_1470	Num	8	6.2	6.2	postbronchodilator third effort R5 . kPa/l/s
58	IOS_1475	Num	8	6.2	6.2	postbronchodilator third effort R10 . kPa/l/s
59	IOS_1480	Num	8	6.2	6.2	postbronchodilator third effort R15 . kPa/l/s
60	IOS_1490	Num	8	6.2	6.2	postbronchodilator third effort R35 . kPa/l/s
61	IOS_1500	Num	8	6.2	6.2	postbronchodilator third effort X5 . kPa/l/s
62	IOS_1510	Num	8	6.2	6.2	postbronchodilator third effort Resonant Frequency . Hz
63	IOS_1520	Num	8	6.2	6.2	postbronchodilator third effort Area XA . kPa/l
64	IOS_1530	Num	8	YNF.	2.	In your judgement, was the participant's pre-bronchodilator technique acceptable?
65	IOS_1540	Num	8	YNF.	2.	If NO, why was it unacceptable Coherence < 0.80
66	IOS_1550	Num	8	YNF.	2.	If NO, why was it unacceptable Poor repeatability
67	IOS_1560	Num	8	YNF.	2.	If NO, why was it unacceptable Fewer than 3 good tests
68	IOS_1570	Num	8	YNF.	2.	If NO, why was it unacceptable Inconsistent tidal breathing
69	IOS_1580	Num	8	YNF.	2.	If NO, why was it unacceptable Participant refusal during test
70	IOS_1590	Num	8	YNF.	2.	If NO, why was it unacceptable Other

Num	Variable	Type	Len	Format	Informat	Label
71	IOS_1600	Num	8	IOS_1600F.	2.	If YES, grade the participant's technique
72	IOS_1235	Num	8	YNF.	2.	If NO, why was it unacceptable Poor repeatability
73	IOS_1610	Num	8	IOS_1610F.	2.	How was the participant positioned?
74	IOS_1620	Num	8	YNF.	2.	Were the participant's cheeks held?
75	IOS_1630	Num	8	IOS_1630F.	2.	If YES, how were the participant's cheeks held?
76	IOS_1640	Num	8	YNF.	2.	Were nose clips used?
77	IOS_1650	Num	8	IOS_1650F.	2.	If YES, how effective were the nose clips?
78	IOS_1660	Num	8	YNF.	2.	If NO, was the nose occluded?
79	IOS_1670	Num	8	IOS_1670F.	2.	If YES, how was the nose occluded?
80	IOS_1680	Num	8	YNF.	2.	Were there problems with the standard mouthpiece



**Data Set Name: lab.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
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	5.1	5.1	Eosinophils

**Data Set Name: medcodes.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
1	CATEGORY	Char	50	\$50.	\$50.	Drug Category Description
2	BRAND_NM	Char	48	\$48.	\$48.	Brand Name Description
3	GENER_NM	Char	50	\$50.	\$50.	Generic Name Description
4	DRUGCODE	Num	8			Drug Code

**Data Set Name: medhx.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	MHX_1000	Num	8	MHX_1000F.	2.	What is your relationship to the child?
5	MHX_1030	Num	8	MHX_1030F.	2.	What is the child's gender?
6	MHX_1040	Num	8	YNF.	2.	Has a doctor or other health practitioner ever said that the child has heart disease?
7	MHX_1050	Num	8	YNF.	2.	During the past 12 months, did the child have any illnesses other than asthma (do not count minor colds or allergies)?
8	MHX_1060	Num	8	YNF.	2.	During the past 12 months, has the child had any asthma symptoms?
9	MHX_1061	Num	8	YNF.	2.	During the past 12 months, has the child had any asthma symptoms? Wheezing
10	MHX_1062	Num	8	YNF.	2.	During the past 12 months, has the child had any asthma symptoms? Coughing
11	MHX_1063	Num	8	YNF.	2.	During the past 12 months, has the child had any asthma symptoms? Shortness of breath
12	MHX_1064	Num	8	YNF.	2.	During the past 12 months, has the child had any asthma symptoms? Chest tightness
13	MHX_1065	Num	8	YNF.	2.	During the past 12 months, has the child had any asthma symptoms? Other
14	MHX_1070	Num	8	YNF.	2.	During the past 12 months, has the child had: Pneumonia
15	MHX_1080	Num	8	YNF.	2.	During the past 12 months, has the child had: Sinusitis
16	MHX_1160	Num	8	YNF.	2.	During the past 12 months and on a regular basis, has the child had any chronic symptoms that affected his/her nose, eyes, or sinuses?
17	MHX_1170	Num	8	2.	2.	During the past 12 months, how would you generally describe these chronic symptoms? (Check one box only)
18	MHX_1180	Num	8	2.	2.	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)? (Check one box only)
19	MHX_1190	Num	8	2.	2.	During the past 12 months, how frequently has the child used nasal steroids to treat nose, eye, and sinus symptoms? (Check one box only)
20	MHX_1200	Num	8	3.	3.	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?
21	MHX_1210	Num	8	3.	3.	During the past 12 months, how many times has the child had a sinus infection that required treatment with antibiotics?
22	MHX_1220	Num	8	3.	3.	During the past 12 months, how many times has the child had a sinus infection that required treatment with an oral steroid
23	MHX_1230	Num	8	YNF.	2.	Has the child ever had sinus surgery?
24	MHX_1240	Num	8	YNF.	2.	Has the child ever been diagnosed with eczema by a physician?
25	MHX_1250	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Head

Num	Variable	Type	Len	Format	Informat	Label
26	MHX_1260	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Arms/Hands
27	MHX_1270	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Trunk (mid-section or torso)
28	MHX_1280	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Legs/Feet
29	MHX_1285	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Other
30	MHX_1290	Num	8	2.	2.	How would you describe your child's worst case of eczema?
31	MHX_1300	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] father of the child had: Asthma?
32	MHX_1310	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] father of the child had: Hay fever, eczema, or other atopic disorder?
33	MHX_1320	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] father of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
34	MHX_1330	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Asthma?
35	MHX_1340	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Hay fever, eczema, or other atopic disorder?
36	MHX_1350	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
37	MHX_1360	Num	8	YNF.	2.	Does the child have a [BIOLOGICAL] sibling?
38	MHX_1370	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] sibling of the child had: Asthma?
39	MHX_1380	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] sibling of the child had: Hay fever, eczema, or other atopic disorder?
40	MHX_1390	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] sibling of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
41	MHX_1400	Num	8	YNDKF.	2.	Did the child's mother smoke while she was pregnant with the child?
42	MHX_1410	Num	8	YNDKF.	2.	During which part(s) of the pregnancy did the child's mother smoke? First 3 months
43	MHX_1420	Num	8	YNDKF.	2.	During which part(s) of the pregnancy did the child's mother smoke? Middle 3 months
44	MHX_1430	Num	8	YNDKF.	2.	During which part(s) of the pregnancy did the child's mother smoke? Last 3 months
45	MHX_1440	Num	8	YNDKF.	2.	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?
46	MHX_1450	Num	8	YNDKF.	2.	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?
47	MHX_1460	Num	8	YNDKF.	2.	Between the time the child was born and he/she turned two years old: Were there any other smokers in the household?
48	MHX_1470	Num	8	YNDKF.	2.	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?

Num	Variable	Type	Len	Format	Informat	Label
49	MHX_1480	Num	8	YNDKF.	2.	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?
50	MHX_1490	Num	8	YNDKF.	2.	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?
51	AGE	Num	8			Calculated child's age
52	MHX_1020C	Num	8	MHX_1020CF.		What is the child's ethnic background? (Recategorized)

**Data Set Name: mont.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	MNT_1000	Num	8		Date of scheduled clinic visit to start montelukast:
5	MNT_1010	Num	8		Date of scheduled telephone call to review the Two Week Montelukast:
6	MNT_1020	Num	8	YNF.	Has the child been hospitalized for asthma in the past 2 weeks?
7	MNT_1030	Num	8	YNF.	If YES, was this the second hospitalization in the past 12 months?
8	MNT_1040	Num	8	YNF.	If NO, was fluticasone started?
9	MNT_1050	Num	8	YNF.	Has the child used oral corticosteroids (prednisolone) in the past 2 weeks
10	MNT_1060	Num	8	YNF.	Has the child required, on average, more than 4 days of of albuterol treatment per week during the past 2 weeks (an albuterol treatment is defined as 2 puffs by MDI or one treatment by nebulizer)?
11	MNT_1070	Num	8	YNF.	Has the child had nighttime symptoms of asthma which caused him/her to wake up, on average, at least once per week during the past 2 weeks?
12	MNT_1080	Num	8		Date of 2 month telephone call:

**Data Set Name: phy\_exam.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	PX_1000	Num	8	YNF.	2.	Was the Harpenden stadiometer calibrated, per CARE MOP, immediately prior to the visit?
5	PX_1010	Num	8	5.	5.	Time measurements started (based on 24-hour clock)
6	PX_1020	Num	8	6.1	6.1	Standing height (barefoot or thin socks) First measurement
7	PX_1030	Num	8	6.1	6.1	Standing height (barefoot or thin socks) Second measurement
8	PX_1040	Num	8	6.1	6.1	Standing height (barefoot or thin socks) Third measurement
9	PX_1041	Num	8	6.1	6.1	Standing height (barefoot or thin socks) Average measurement
10	PX_1050	Num	8	6.1	6.1	Weight (shoes off, light clothing)
11	PX_1045	Num	8	YNF.	2.	In your judgement, was the subject's height measurement acceptable?
12	PX_1060	Num	8	4.	4.	Resting blood pressure systolic
13	PX_1070	Num	8	4.	4.	Resting blood pressure diastolic
14	PX_1080	Num	8	YNF.	2.	Is chest auscultation clear?
15	PX_1090	Num	8	YNF.	2.	Slight expiratory wheeze
16	PX_1100	Num	8	YNF.	2.	Loud expiratory wheeze
17	PX_1110	Num	8	YNF.	2.	Inspiratory and expiratory wheezes
18	PX_1120	Num	8	YNF.	2.	Acute respiratory distress
19	PX_1130	Num	8	YNF.	2.	Rales and/or rhonchi
20	PX_1140	Num	8	YNF.	2.	Crackles
21	PX_1150	Num	8	YNF.	2.	Other
22	PX_1155	Num	8	YNF.	2.	Does the subject have evidence of oral candidiasis?
23	PX_1160	Num	8	YNF.	2.	In the past month, has the child had any symptoms affecting his/her nose, eyes, or sinuses?
24	PX_1170	Num	8	PX_1170F.	2.	In general, how would you describe the child's symptoms?
25	PX_1180	Num	8	PX_1180TO1190F.	2.	How frequently has the child used antihistamines and/or decongestants to treat the nose, eye, and sinus symptoms (prescription or over the counter)? (Check one box only)
26	PX_1190	Num	8	PX_1180TO1190F.	2.	How frequently has the child used nasal steroids to treat the nose, eye, and sinus symptoms? (Check one box only)
27	PX_1200	Num	8	2.	2.	Male Tanner Stage Genital stage (range 1 - 5)
28	PX_1250	Num	8	YNF.	2.	Has menarche occurred?
29	PX_1270	Num	8	YNF.	2.	Physician/CC signature:
30	PX_1280	Num	8		DATETIME20.	Physician/CC signature date:

**Data Set Name: phys.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	PHY_1000	Num	8		Date of scheduled clinic visit: (start treatment)
5	PHY_1010	Num	8		Date of scheduled telephone call:
6	PHY_1020	Num	8	YNF.	Has the child been hospitalized for asthma during the past 2 weeks?
7	PHY_1030	Num	8	YNF.	If YES, was this the second hospitalization during the past 12 months?
8	PHY_1050	Num	8	YNF.	Has the child used oral corticosteroids (prednisolone) during the past 2 weeks?
9	PHY_1060	Num	8		Date of scheduled clinic visit: (review therapy)
10	PHY_1070	Num	8	YNF.	Has the child required, on average, more than 4 days of albuterol treatment per week during the past 2 weeks (an albuterol treatment is defined as 2 puffs by MDI or one treatment by nebulizer)?
11	PHY_1090	Num	8	YNF.	Has the child had nighttime symptoms of asthma which caused him/her to wake up, on average, once per week during the past 2 weeks?
12	PHY_1110	Num	8		Date of scheduled telephone call:
13	PHY_1120	Num	8	PHY_1120F.	Physician discretion is being used because:



**Data Set Name: *prel.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	PRE_1000	Num	8		Date of scheduled telephone call:
5	PRE_1010	Num	8	YNF.	Has the child been hospitalized for asthma in the past 2 weeks?
6	PRE_1020	Num	8	YNF.	If YES, was this the second hospitalization in the past 12 months?
7	PRE_1030	Num	8	YNF.	If NO, was fluticasone started?
8	PRE_1040	Num	8	YNF.	Has the child required, on average, more than 4 days of albuterol treatment per week during the past two weeks (an albuterol treatment is defined as two puffs by MDI or one treatment by nebulizer)?
9	PRE_1045	Num	8	YNF.	If YES, has the child experienced these symptoms for more than 4 weeks despite a corticosteroid burst?
10	PRE_1050	Num	8	YNF.	Has the child had nighttime symptoms of asthma which caused him/her to wake up, on average, at least once per week during the past 2 weeks?
11	PRE_1055	Num	8	YNF.	If YES, has the child experienced these symptoms for more than 4 weeks despite a corticosteroid burst?
12	PRE_1060	Num	8		During the past 12 months, including the burst prescribed in #2 above, how many corticosteroid bursts have been given?

**Data Set Name: ps\_eval.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	PSE_1000	Num	8	YNF.	2.	During the past 4 weeks, has the child averaged more than 4 days per week of daytime cough or wheeze requiring albuterol?
5	PSE_1010	Num	8	YNF.	2.	During the past 4 weeks, has the child awakened from sleep because of asthma symptoms averaging at least once per week?
6	PSE_1020	Num	8	YNF.	2.	During the past 4 weeks, has the child had exacerbations that affect activity averaging at least once per week ?
7	PSE_1030	Num	8	YNF.	2.	Has the child had persistent symptoms? If any of the shaded boxes are selected, the child has had persistent symptoms.

**Data Set Name: qol\_2\_4.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	Q24_1000	Num	8	NAAF.	2.	Walking
5	Q24_1010	Num	8	NAAF.	2.	Running
6	Q24_1020	Num	8	NAAF.	2.	Participating in active play or exercise
7	Q24_1030	Num	8	NAAF.	2.	Lifting something heavy
8	Q24_1040	Num	8	NAAF.	2.	Bathing
9	Q24_1050	Num	8	NAAF.	2.	Helping to pick up his or her toys
10	Q24_1060	Num	8	NAAF.	2.	Having hurts or aches
11	Q24_1070	Num	8	NAAF.	2.	Low energy level
12	Q24_1080	Num	8	NAAF.	2.	Feeling afraid or scared
13	Q24_1090	Num	8	NAAF.	2.	Feeling sad or blue
14	Q24_1100	Num	8	NAAF.	2.	Feeling angry
15	Q24_1110	Num	8	NAAF.	2.	Trouble sleeping
16	Q24_1120	Num	8	NAAF.	2.	Worrying
17	Q24_1130	Num	8	NAAF.	2.	Playing with other children
18	Q24_1140	Num	8	NAAF.	2.	Other kids not wanting to play with him or her
19	Q24_1150	Num	8	NAAF.	2.	Getting teased by other children
20	Q24_1160	Num	8	NAAF.	2.	Not able to do things that other children his or her age can do
21	Q24_1170	Num	8	NAAF.	2.	Keeping up when playing with other children
22	Q24_1180	Num	8	NAAF.	2.	Doing the same school activities as peers
23	Q24_1190	Num	8	NAAF.	2.	Missing school/daycare because of not feeling well
24	Q24_1200	Num	8	NAAF.	2.	Missing school/daycare to go to the doctor or hospital

**Data Set Name: qol\_5\_7.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	Q57_1000	Num	8	NAAF.	2.	Walking more than one block
5	Q57_1010	Num	8	NAAF.	2.	Running
6	Q57_1020	Num	8	NAAF.	2.	Participating in sports activity or exercise
7	Q57_1030	Num	8	NAAF.	2.	Lifting something heavy
8	Q57_1040	Num	8	NAAF.	2.	Taking a bath or shower by him or herself
9	Q57_1050	Num	8	NAAF.	2.	Doing chores, like picking up his or her toys
10	Q57_1060	Num	8	NAAF.	2.	Having hurts or aches
11	Q57_1070	Num	8	NAAF.	2.	Low energy level
12	Q57_1080	Num	8	NAAF.	2.	Feeling afraid or scared
13	Q57_1090	Num	8	NAAF.	2.	Feeling sad or blue
14	Q57_1100	Num	8	NAAF.	2.	Feeling angry
15	Q57_1110	Num	8	NAAF.	2.	Trouble sleeping
16	Q57_1120	Num	8	NAAF.	2.	Worrying about what will happen to him or her
17	Q57_1130	Num	8	NAAF.	2.	Getting along with other children
18	Q57_1140	Num	8	NAAF.	2.	Other kids not wanting to be his or her friend
19	Q57_1150	Num	8	NAAF.	2.	Getting teased by other children
20	Q57_1160	Num	8	NAAF.	2.	Not able to do things that other children his or her age can do
21	Q57_1170	Num	8	NAAF.	2.	Keeping up when playing with other children
22	Q57_1180	Num	8	NAAF.	2.	Paying attention in class
23	Q57_1190	Num	8	NAAF.	2.	Forgetting things
24	Q57_1200	Num	8	NAAF.	2.	Keeping up with school activities
25	Q57_1210	Num	8	NAAF.	2.	Missing school because of not feeling well
26	Q57_1220	Num	8	NAAF.	2.	Missing school to go to the doctor or hospital

**Data Set Name: qol\_jun.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	QJ_1000	Num	8	QJ_1000F.	2.	What is your relationship to the child? (Check one box only)
5	QJ_1010	Num	8	QJ_1010TO1090F.	2.	Did you feel helpless or frightened when your child experienced cough, wheeze, or breathlessness?
6	QJ_1020	Num	8	QJ_1010TO1090F.	2.	Did your family need to change plans because of your child's asthma?
7	QJ_1030	Num	8	QJ_1010TO1090F.	2.	Did you feel frustrated or impatient because your child was irritable due to asthma?
8	QJ_1040	Num	8	QJ_1010TO1090F.	2.	Did your child's asthma interfere with your job or work around the house?
9	QJ_1050	Num	8	QJ_1010TO1090F.	2.	Did you feel upset because of your child's cough, wheeze, or breathlessness?
10	QJ_1060	Num	8	QJ_1010TO1090F.	2.	Did you have sleepless nights because of your child's asthma?
11	QJ_1070	Num	8	QJ_1010TO1090F.	2.	Were you bothered because your child's asthma interfered with family relationships?
12	QJ_1080	Num	8	QJ_1010TO1090F.	2.	Were you awakened during the night because of your child's asthma?
13	QJ_1090	Num	8	QJ_1010TO1090F.	2.	Did you feel angry that your child has asthma?
14	QJ_1100	Num	8	QJ_1100TO1130F.	2.	About your child's performance of normal daily activities?
15	QJ_1110	Num	8	QJ_1100TO1130F.	2.	About your child's asthma medications and side effects?
16	QJ_1120	Num	8	QJ_1100TO1130F.	2.	About being over-protective of your child?
17	QJ_1130	Num	8	QJ_1100TO1130F.	2.	About your child being able to lead a normal life?

**Data Set Name: red\_eval.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	SRE_1000	Num	8	YNF.	During the past month, has the child had any unscheduled physician office, ER, or urgent care visits for asthma symptoms?
5	SRE_1010	Num	8	YNF.	During the past month, has the child been hospitalized for asthma?
6	SRE_1020	Num	8	YNF.	Was this the second hospitalization during the past 12 months?
7	SRE_1030	Num	8	YNF.	During the past month, has the child used oral or systemic corticosteroids (prednisolone)?
8	SRE_1040	Num	8	YNF.	During the past 2 weeks, has the child used rescue albuterol treatment averaging more than 4 days per week?
9	SRE_1050	Num	8	YNF.	During the past 2 weeks, has the child had nighttime symptoms of asthma causing him/her to wake up averaging at least once per week?
10	SRE_1060	Num	8	SRE_1060F.	What is the child's current treatment?
11	SRE_1070	Num	8		Leukotrine: Date of scheduled telephone call:
12	SRE_1080	Num	8		Inhaled Steroid: Date of scheduled telephone call:
13	SRE_1100	Num	8		Fluticasone and Montelukast: Date of scheduled telephone call:

**Data Set Name: serious.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	SER_1000	Num	8			Date of Adverse Event
5	SER_1010	Char	6	\$6.	\$6.	Description of Adverse Event . Describe: _____
6	SER_1020	Num	8	YNF.	4.	Is the participant currently taking study drug? If NO, proceed to Question #6.
7	SER_1030	Num	8	2.	2.	Time interval between the last administration of the study drug and the Adverse Event
8	SER_1040	Num	8	YNF.	2.	What was the unit of time for the interval in Question #4?
9	SER_1050	Num	8	YNF.	2.	Fatal event
10	SER_1060	Num	8	YNF.	2.	Life-threatening event
11	SER_1070	Num	8	YNF.		Inpatient hospitalization required If NO, proceed to Question #6d.
12	SER_1080	Num	8			Admission date
13	SER_1090	Num	8	2.	2.	Discharge date
14	SER_1100	Num	8	YNF.	2.	Disabling or incapacitating
15	SER_1110	Num	8	YNF.	2.	Overdose
16	SER_1120	Num	8	YNF.	2.	Cancer
17	SER_1130	Num	8	YNF.	2.	Congenital anomaly
18	SER_1140	Num	8	YNF.	2.	Serious laboratory abnormality with clinical symptoms
19	SER_1145	Num	8	YNF.	2.	Height failure
20	SER_1150	Num	8	YNF.	2.	Other _____
21	SER_1147	Num	8	YNNAF.	2.	Pregnancy
22	SER_1160	Num	8	YNDKF.	2.	Toxicity of study drug
23	SER_1170	Num	8	YNF.	2.	Withdraw of study drug
24	SER_1180	Num	8	YNF.	2.	Concurrent medication
25	SER_1190	Num	8	YNF.	2.	Concurrent disorder
26	SER_1200	Num	8	YNF.	2.	Other event

**Data Set Name: sexam.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	SX_1000	Num	8	YNF.	2.	Was the Harpenden stadiometer calibrated, per CARE MOP, immediately prior to the visit?
5	SX_1010	Num	8	5.	5.	Time measurements started (based on 24-hour clock)
6	SX_1020	Num	8	6.1	6.1	Standing height (barefoot or thin socks) First measurement
7	SX_1030	Num	8	6.1	6.1	Standing height (barefoot or thin socks) Second measurement
8	SX_1040	Num	8	6.1	6.1	Standing height (barefoot or thin socks) Third measurement
9	SX_1041	Num	8	6.1	6.1	Standing height (barefoot or thin socks) Average measurement
10	SX_1042	Num	8	YNF.	2.	Has the child's height percentile crossed at least two major percentiles?
11	SX_1045	Num	8	YNF.	2.	In your judgement, was the subject's height measurement acceptable?
12	SX_1046	Num	8	YNF.	2.	Has the child grown less than 1 cm during each of the last two consecutive visits?
13	SX_1050	Num	8	6.1	6.1	Weight (shoes off, light clothing)
14	SX_1060	Num	8	YNF.	2.	Is chest auscultation clear?
15	SX_1070	Num	8	YNF.	2.	Slight expiratory wheeze
16	SX_1080	Num	8	YNF.	2.	Loud expiratory wheeze
17	SX_1090	Num	8	YNF.	2.	Inspiratory and expiratory wheezes
18	SX_1100	Num	8	YNF.	2.	Acute respiratory distress
19	SX_1110	Num	8	YNF.	2.	Rales and/or rhonchi
20	SX_1120	Num	8	YNF.	2.	Crackles
21	SX_1130	Num	8	YNF.	2.	Other
22	SX_1135	Num	8	YNF.	2.	Does the subject have evidence of oral candidiasis?
23	SX_1140	Num	8	YNF.	2.	Does the child currently have any symptoms that affect his/her nose, eyes, or sinuses?
24	SX_1150	Num	8	SX_1150F.	2.	In general, how would you describe the child's symptoms?
25	SX_1160	Num	8	SX1160TO1170F.	2.	Since the last clinic visit, How frequently has the child used antihistamines and/or decongestants to treat the nose, eye, and sinus symptoms (prescription or over the counter)? (Check one box only)
26	SX_1170	Num	8	SX1160TO1170F.	2.	Since the last clinic visit, How frequently has the child used nasal steroids to treat the nose, eye, and sinus symptoms? (Check one box only)
27	SX_1180	Num	8	3.	3.	Since the last clinic visit, how many times have you contacted or visited a doctor because of problems with the child's nose, eyes, or sinuses? (Enter '0' if none)
28	SX_1190	Num	8	3.	3.	Since the last clinic visit, how many times has the child had a sinus infection that required treatment with antibiotics? (Enter '0' if none)



Num	Variable	Type	Len	Format	Informat	Label
29	SX_1200	Num	8	3.	3.	Since the last clinic visit, how many times has the child had a sinus infection that required treatment with an oral steroid? (Enter "0" if none)
30	SX_1210	Num	8	YNF.	2.	Does the child currently have any eczema?
31	SX_1220	Num	8	YNF.	2.	Which parts of the child's body are affected by eczema? Head
32	SX_1230	Num	8	YNF.	2.	Which parts of the child's body are affected by eczema? Arms/Hands
33	SX_1240	Num	8	YNF.	2.	Which parts of the child's body are affected by eczema? Trunk (mid-section or torso)
34	SX_1250	Num	8	YNF.	2.	Which parts of the child's body are affected by eczema? Legs/Feet
35	SX_1255	Num	8	YNF.	2.	Which parts of the child's body are affected by eczema? Other
36	SX_1260	Num	8	SX_1260F.	2.	In general, how would you describe the child's eczema?
37	SX_1270	Num	8	2.	2.	Physician/CC signature:
38	SX_1280	Num	8		DATETIME20.	Date: ___ / ___ / ___
39	SX_1300	Num	8	YNF.	2.	Ask the respondent: Has the child experienced any new medical conditions since the last clinic visit?

**Data Set Name: short\_hx.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	SHX_1000	Num	8	SHX_1000F.	2.	What is your relationship to the child? (Check one box only)
5	SHX_1010	Num	8	YNDKF.	2.	During the past 12 months, did the child have any illnesses other than asthma (do not count minor colds or allergies)?
6	SHX_1020	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] father of the child had: Asthma?
7	SHX_1030	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] father of the child had: Hay fever, eczema, or other atopic disorder?
8	SHX_1040	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] father of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
9	SHX_1050	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Asthma?
10	SHX_1060	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Hay fever, eczema, or other atopic disorder?
11	SHX_1070	Num	8	YNDKF.	2.	Has a doctor ever said that the [BIOLOGICAL] mother of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
12	SHX_1080	Num	8	YNDKF.	2.	Does the child have a [BIOLOGICAL] sibling?
13	SHX_1090	Num	8	YNDKF.	2.	Has a doctor ever said that a [BIOLOGICAL] sibling of the child had: Asthma?
14	SHX_1100	Num	8	YNDKF.	2.	Has a doctor ever said that a [BIOLOGICAL] sibling of the child had: Hay fever, eczema, or other atopic disorder?
15	SHX_1110	Num	8	YNDKF.	2.	Has a doctor ever said that a [BIOLOGICAL] sibling of the child had: Chronic bronchitis, emphysema, chronic obstructive lung disease, or cystic fibrosis?
16	SHX_1120	Num	8	YNDKF.	2.	Between the time the child turned two years old and he/she started first grade (or the present time if not in first grade yet): Did the child's mother (or stepmother or female guardian) smoke?
17	SHX_1130	Num	8	YNDKF.	2.	Between the time the child turned two years old and he/she started first grade (or the present time if not in first grade yet): Did the child's mother (or stepmother or female guardian) smoke?
18	SHX_1140	Num	8	YNDKF.	2.	Between the time the child turned two years old and he/she started first grade (or the present time if not in first grade yet): Did the child's mother (or stepmother or female guardian) smoke?
19	SHX_1150	Num	8	SHX_1150TO1270F.	2.	Exposure to house dust?
20	SHX_1160	Num	8	SHX_1150TO1270F.	2.	Exposure to animals?
21	SHX_1170	Num	8	SHX_1150TO1270F.	2.	Emotional factors? (i.e., stress)
22	SHX_1180	Num	8	SHX_1150TO1270F.	2.	Exercise/play?
23	SHX_1190	Num	8	SHX_1150TO1270F.	2.	Exposure to damp, musty area? (i.e., damp basement)
24	SHX_1200	Num	8	SHX_1150TO1270F.	2.	Exposure to tobacco smoke?

Num	Variable	Type	Len	Format	Informat	Label
25	SHX_1210	Num	8	SHX_1150TO1270F.	2.	Exposure to a change in the weather?
26	SHX_1220	Num	8	SHX_1150TO1270F.	2.	Respiratory infections?
27	SHX_1230	Num	8	SHX_1150TO1270F.	2.	Exposure to chemicals? (i.e., perfume, household cleaners)
28	SHX_1240	Num	8	SHX_1150TO1270F.	2.	Food?
29	SHX_1250	Num	8	SHX_1150TO1270F.	2.	Exposure to cold air?
30	SHX_1260	Num	8	SHX_1150TO1270F.	2.	Aspirin?
31	SHX_1270	Num	8	SHX_1150TO1270F.	2.	Exposure to spring and fall pollens?
32	SHX_1280	Num	8	YNF.	2.	Has the child ever had hay fever? (i.e., itchy eyes, runny nose, or sneezing recurring over several weeks in a particular season)
33	SHX_1285	Num	8	3.	3.	At what age did the child FIRST have hay fever? (months)
34	SHX_1290	Num	8	3.	3.	At what age did the child FIRST have hay fever? (years)
35	SHX_1300	Num	8	YNF.	2.	During the past 12 months, did the child have hay fever?
36	SHX_1310	Num	8	YNF.	2.	Has the child ever seen a doctor or other health practitioner because of hay fever?
37	SHX_1320	Num	8	YNF.	2.	Has the child ever had atopic dermatitis (eczema)?
38	SHX_1325	Num	8	3.	3.	At what age did the child FIRST have atopic dermatitis (eczema) (years)?
39	SHX_1330	Num	8	3.	3.	At what age did the child FIRST have atopic dermatitis (eczema) (months)?
40	SHX_1340	Num	8	YNF.	2.	During the past 12 months, did the child have atopic dermatitis?
41	SHX_1350	Num	8	YNF.	2.	Has the child ever seen a doctor or other health practitioner because of atopic dermatitis?
42	SHX_1360	Num	8	YNF.	2.	Has a doctor or other health practitioner ever said that the child has allergies?
43	SHX_1370	Num	8	YNF.	2.	To which of the following did a doctor or other health practitioner say the child was allergic? Medicines
44	SHX_1380	Num	8	YNF.	2.	To which of the following did a doctor or other health practitioner say the child was allergic? Foods
45	SHX_1390	Num	8	YNF.	2.	To which of the following did a doctor or other health practitioner say the child was allergic? Things you breathe in or inhale (i.e., dust, pollens, molds, animal fur, or dander)
46	SHX_1400	Num	8	YNF.	2.	To which of the following did a doctor or other health practitioner say the child was allergic? Stinging insects such as bees or wasps
47	SHX_1410	Num	8	YNF.	2.	To which of the following did a doctor or other health practitioner say the child was allergic? Other
48	SHX_1420	Num	8	YNF.	2.	During the past 12 months and on a regular basis, has the child had any chronic symptoms that affected his/her nose, eyes, or sinuses?
49	SHX_1430	Num	8	SHX_1430F.	2.	During the past 12 months, how would you generally describe these chronic symptoms? (Check one box only)
50	SHX_1440	Num	8	SHX1440TO1450F.	2.	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)? (Check one box only)
51	SHX_1450	Num	8	SHX1440TO1450F.	2.	During the past 12 months, how frequently has the child used nasal steroids to treat nose, eye, and sinus symptoms? (Check one box only)

Num	Variable	Type	Len	Format	Informat	Label
52	SHX_1460	Num	8	3.	3.	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? (Enter 0 if none)
53	SHX_1470	Num	8	3.	3.	During the past 12 months, how many times has the child had a sinus infection that required treatment with antibiotics? (Enter 0 if none)
54	SHX_1480	Num	8	3.	3.	During the past 12 months, how many times has the child had a sinus infection that required treatment with an oral steroid? (Enter 0 if none)
55	SHX_1490	Num	8	YNF.	2.	Has the child ever had sinus surgery?
56	SHX_1500	Num	8	YNF.	2.	Has the child ever been diagnosed with eczema by a physician?
57	SHX_1510	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Head
58	SHX_1520	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Arms/Hands
59	SHX_1530	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Trunk (mid-section or torso)
60	SHX_1540	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Legs/Feet
61	SHX_1550	Num	8	YNF.	2.	Which parts of the child's body were ever affected by eczema? Other
62	SHX_1560	Num	8	SHX_1560F.	2.	How would you describe your child's worst case of eczema?

**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_2000	Num	8	YNF.	Has the subject had a previous skin test using CARE procedures within the approved time limit?
5	SKN_1000	Num	8	YNF.	Has the child used any of the medications, listed in the skin test section?
6	SKN_1010	Num	8	YNF.	Has the child ever had a severe systemic reaction to allergy skin testing?
7	SKN_1020	Num	8	YNF.	Has the child ever had an anaphylactic reaction to egg?
8	SKN_1030	Num	8	YNF.	Has the child ever had an anaphylactic reaction to peanut?
9	SKN_1040	Num	8	YNF.	Has the child ever had an anaphylactic reaction to milk?
10	SKN_1050	Num	8	YNF.	Time test sites pricked (based on a 24-hour clock)
11	SKN_1060	Num	8	YNF.	Time test sites evaluated (based on a 24-hour clock)
12	SKN_1070	Num	8	YNF.	Saline (A8) Was there a reaction?
13	SKN_1080	Num	8		Saline (A8) Largest Wheal Diameter:
14	SKN_1090	Num	8		Saline (A8) Perpendicular Wheal Diameter:
15	SKN_1100	Num	8	YNF.	Mite Mix (A2) Was there a reaction?
16	SKN_1110	Num	8		Mite Mix (A2) Largest Wheal Diameter:
17	SKN_1120	Num	8		Mite Mix (A2) Perpendicular Wheal Diameter:
18	SKN_1130	Num	8	YNF.	Roach Mix (A3) Was there a reaction?
19	SKN_1140	Num	8		Roach Mix (A3) Largest Wheal Diameter:
20	SKN_1150	Num	8		Roach Mix (A3) Perpendicular Wheal Diameter:
21	SKN_1160	Num	8	YNF.	Cat (A4) Was there a reaction?
22	SKN_1170	Num	8		Cat (A4) Largest Wheal Diameter:
23	SKN_1180	Num	8		Cat (A4) Perpendicular Wheal Diameter:
24	SKN_1190	Num	8	YNF.	Dog (A5) Was there a reaction?
25	SKN_1200	Num	8		Dog (A5) Largest Wheal Diameter:
26	SKN_1210	Num	8		Dog (A5) Perpendicular Wheal Diameter:
27	SKN_1220	Num	8	YNF.	Mold Mix (A6) Was there a reaction?
28	SKN_1230	Num	8		Mold Mix (A6) Largest Wheal Diameter:
29	SKN_1240	Num	8		Mold Mix (A6) Perpendicular Wheal Diameter:
30	SKN_1250	Num	8	YNF.	Grass Mix (A7) Was there a reaction?
31	SKN_1260	Num	8		Grass Mix (A7) Largest Wheal Diameter:
32	SKN_1270	Num	8		Grass Mix (A7) Perpendicular Wheal Diameter:
33	SKN_1280	Num	8	YNF.	Tree Mix (B1) Was there a reaction?
34	SKN_1290	Num	8		Tree Mix (B1) Largest Wheal Diameter:
35	SKN_1300	Num	8		Tree Mix (B1) Perpendicular Wheal Diameter:
36	SKN_1310	Num	8	YNF.	Weed Mix (B2) Was there a reaction?

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

**Data Set Name: spiro.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	SPR_1000	Num	8	YNF.	During the past 24 hours, has the participant used sustained-release theophylline?
5	SPR_1010	Num	8	YNF.	During the past 12 hours, has the participant used a long-acting bronchodilator (i.e., salmeterol)?
6	SPR_1020	Num	8	YNF.	During the past 4 hours, has the participant used a short-acting bronchodilator?
7	SPR_1030	Num	8	YNF.	During the past 2 weeks, has the participant had any respiratory infections, colds, or bronchitis?
8	SPR_1035	Num	8	YNF.	Is there any other reason the participant should not proceed with the pulmonary function testing?
9	SPR_1040	Num	8	YNF.	Is the participant eligible to proceed with the pulmonary function testing? If any of the shaded boxes are filled in, the participant is NOT eligible for pulmonary function testing.
10	SPR_1055	Num	8	YNF.	Did the participant refuse to perform the procedure?
11	SPR_1060	Num	8		Time spirometry started (based on 24-hour clock)
12	SPR_1080	Num	8		FVC
13	SPR_1090	Num	8		FEV1
14	SPR_1100	Num	8		FEV1 (% predicted)
15	SPR_1110	Num	8		FEV1 / FVC
16	SPR_1120	Num	8		FEF25-75
17	SPR_1130	Num	8		FEF50
18	SPR_1140	Num	8		FEF75
19	SPR_1150	Num	8		PEF (best effort)
20	SPR_1151	Num	8		FET
21	SPR_1152	Num	8		FET PEF
22	SPR_1153	Num	8		V backextrapolation ex
23	SPR_1154	Num	8		V backextrapolation % FVC
24	SPR_1155	Num	8		ATS Accepted
25	SPR_1156	Num	8		ATS Error Code
26	SPR_1290	Num	8	YNF.	In your judgement, was the participant's prebronchodilator technique acceptable?
27	SPR_1300	Num	8	YNF.	Inadequate inspiratory effort
28	SPR_1310	Num	8	YNF.	Inadequate expiratory effort
29	SPR_1320	Num	8	YNF.	Inadequate duration of expiration
30	SPR_1330	Num	8	YNF.	Cough during procedure
31	SPR_1335	Num	8	YNF.	Participant refusal during test
32	SPR_1340	Num	8	YNF.	Other (specify) _____
33	SPR_1350	Num	8	SPR_1350F.	If YES, grade the participant's technique.
34	SPR_1260	Num	8	YNF.	In your judgement, was the participant's postbronchodilator technique acceptable?

Num	Variable	Type	Len	Format	Label
35	SPR_1170	Num	8		Time postbronchodilator spirometry started (based on 24-hour clock)
36	SPR_1180	Num	8		FVC
37	SPR_1190	Num	8		FEV1
38	SPR_1200	Num	8		FEV1 (% predicted)
39	SPR_1210	Num	8		FEV1 / FVC
40	SPR_1220	Num	8		FEF25-75
41	SPR_1230	Num	8		FEF50
42	SPR_1240	Num	8		FEF75
43	SPR_1250	Num	8		PEF (best effort)
44	SPR_1251	Num	8		FET
45	SPR_1252	Num	8		FET PEF
46	SPR_1253	Num	8		V backextrapolation ex
47	SPR_1254	Num	8		V backextrapolation % FVC
48	SPR_1255	Num	8		ATS Accepted
49	SPR_1256	Num	8		ATS Error Code
50	SPR_1270	Num	8	YNF.	Inadequate inspiratory effort
51	SPR_1271	Num	8	YNF.	Inadequate expiratory effort
52	SPR_1272	Num	8	YNF.	Inadequate duration of expiration
53	SPR_1273	Num	8	YNF.	Cough during procedure
54	SPR_1275	Num	8	YNF.	Participant refusal during test
55	SPR_1274	Num	8	YNF.	Other (specify)
56	SPR_1280	Num	8	SPR_1280F.	If YES, grade the participant's technique.



**Data Set Name: term.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	TRM_1000	Num	8	YNF.	2.	Has the child completed the study?
5	TRM_1010	Num	8	YNF.	2.	During the run-in period, has the child experienced a significant asthma exacerbation as defined in the protocol?
6	TRM_1020	Num	8	YNF.	2.	Has the child been deemed ineligible according to any eligibility criteria other than a significant asthma exacerbation?
7	TRM_1030	Num	8	YNF.	2.	Has the parent withdrawn consent or the child withdrawn assent?
8	TRM_1040	Num	8	TRM_1040F.	3.	If YES, indicate the primary reason.
9	TRM_1050	Num	8	YNF.	2.	Has the child been lost to follow up?
10	TRM_1060	Num	8	YNF.	2.	Has the child experienced a serious adverse event not related to asthma (i.e., an adverse event resulting in death or hospitalization, etc...)
11	TRM_1070	Num	8	YNF.	2.	Did a physician initiate the termination of study participation?
12	TRM_1090	Num	8		DATETIME20.	Clinic Coordinator's Signature Date
13	TRM_1110	Num	8		DATETIME20.	Principal Investigator's Signature Date

**Data Set Name: trt\_cont.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	CNT_1000	Num	8	YNF.	2.	Are you the primary respondent for these telephone/visit contacts?
5	CNT_1010	Num	8	YNF.	2.	Has the interview continued without the primary respondent?
6	CNT_1020	Num	8	CNT_1020F.	2.	What is your relationship to the child?
7	CNT_1030	Num	8	YNF.	2.	During the past 14 days, did the child take the study medication?
8	CNT_1040	Num	8	3.	3.	During the past 14 days, did the child take the study medication? If YES, on how many days?
9	CNT_1050	Num	8	YNF.	2.	During the past 14 days, did the child experience days with asthma symptoms, unscheduled visits, hospitalizations, or need for asthma medications?
10	CNT_1060	Num	8	3.	3.	During the past 14 days, did the child experience days with asthma symptoms, unscheduled visits, hospitalizations, or need for asthma medications? If YES, on how many days?
11	CNT_1070	Num	8	3.	3.	During the past 14 days, how many days did the child have wheezing or cough?
12	CNT_1080	Num	8	3.	3.	During the past 14 days, how many days did the child have to slow down his/her play or activities because of asthma, wheezing, or cough?
13	CNT_1090	Num	8	3.	3.	During the past 14 nights, how many nights did the child wake up because of asthma, wheezing, or cough?
14	CNT_1100	Num	8	YNF.	2.	During the past 14 days, did the child take any albuterol, Proventil, Ventolin, Alupent, Metaprel, Maxair, salmeterol, or Primatene?
15	CNT_1110	Num	8	3.	3.	During the past 14 days, did the child take any albuterol, Proventil, Ventolin, Alupent, Metaprel, Maxair, salmeterol, or Primatene? If YES, on how many days?
16	CNT_1120	Num	8	3.	3.	On how many days was asthma medication taken only for pre-exercise purposes?
17	CNT_1130	Num	8	YNF.	2.	During the past 14 days, did the child take any systemic or oral steroids by mouth such as prednisolone, Prelone, Pediapred, prednisone, or other corticosteroid medication?
18	CNT_1140	Num	8	3.	3.	During the past 14 days, did the child take any systemic or oral steroids by mouth such as prednisolone, Prelone, Pediapred, prednisone, or other corticosteroid medication? If YES, on how many days?
19	CNT_1150	Num	8	YNF.	2.	During the past 14 days, did the child take any Singulair?
20	CNT_1160	Num	8	3.	3.	During the past 14 days, did the child take any Singulair? If YES, on how many days?
21	CNT_1170	Num	8	YNF.	2.	During the past 14 days, did the child take any inhaled medicines such as Flovent, Pulmicort, Beclovent, Vanceril, Azmacort, or Aerobid?
22	CNT_1180	Num	8	3.	3.	During the past 14 days, did the child take any inhaled medicines such as Flovent, If YES, on how many days?
23	CNT_1190	Num	8	3.	3.	During the past 14 days, did the child take any inhaled medicines such as Pulmicort, If YES, on how many days?

Num	Variable	Type	Len	Format	Informat	Label
24	CNT_1200	Num	8	3.	3.	During the past 14 days, did the child take any other inhaled medicines, If YES, on how many days?
25	CNT_1210	Num	8	YNF.	2.	During the past 14 days, did the child take any cromolyn or Intal by using an inhaler, puffer, or machine?
26	CNT_1220	Num	8	YNF.	3.	During the past 14 days, did the child take any cromolyn or Intal by using an inhaler, puffer, or machine? If YES, on how many days?
27	CNT_1230	Num	8	YNF.	2.	During the past 14 days, did the child take any other medications for asthma?
28	CNT_1235	Num	8	3.	3.	During the past 14 days, did the child take any other medications for asthma? If YES, on how many days? (1)
29	CNT_1245	Num	8	3.	3.	During the past 14 days, did the child take any other medications for asthma? If YES, on how many days? (2)
30	CNT_1255	Num	8	3.	3.	During the past 14 days, did the child take any other medications for asthma? If YES, on how many days? (3)
31	CNT_1270	Num	8	YNF.	2.	Since the last scheduled follow up visit (telephone or clinic visit), not counting hospitalizations, did the child have an unscheduled doctor or health care provider visit because of acute asthma?
32	CNT_1280	Num	8	3.	3.	Since the last scheduled follow up visit (telephone or clinic visit), not counting hospitalizations, did the child have an unscheduled doctor or health care provider visit because of acute asthma? If YES, how many visits?
33	CNT_1290	Num	8	YNF.	2.	Since the last scheduled follow up visit (telephone or clinic visit), has the child been hospitalized for asthma?
34	CNT_1300	Num	8	3.	3.	Since the last scheduled follow up visit (telephone or clinic visit), has the child been hospitalized for asthma? If YES, how many times was the child admitted for asthma?
35	CNT_1310	Num	8	YNF.	2.	Was intubation ever required?
36	CNT_1320	Num	8	YNF.	2.	Did your child ever have a seizure (during an asthma episode) that the physician thought was due to asthma?
37	CNT_1330	Num	8	YNF.	2.	During the past 12 months, was this the first hospitalization?
38	CNT_1340	Num	8	YNF.	2.	Was fluticasone started?
39	CNT_1350	Num	8			Was fluticasone started? If YES, enter date started.
40	CNT_1360	Num	8	YNF.	2.	Were any non-study asthma medications started?
41	CNT_1370	Num	8	3.	3.	If YES, how many days have passed since the child was discharged from the hospital?
42	CNT_1380	Num	8	YNF.	2.	During the past 12 months, was this the second or greater hospitalization?
43	CNT_1390	Num	8	YNF.	2.	During the past 4 weeks, has the child averaged more than 4 days per week of daytime cough or wheeze requiring albuterol?
44	CNT_1400	Num	8	YNF.	2.	During the past 4 weeks, has the child awakened from sleep because of asthma symptoms averaging at least once per week?
45	CNT_1410	Num	8	YNF.	2.	During the past 4 weeks, has the child had exacerbations that affect activity averaging at least once per week?
46	CNT_1420	Num	8	YNF.	2.	Has the child had persistent symptoms?
47	CNT_1430	Num	8	YNF.	2.	Since the last scheduled follow up visit (telephone or clinic visit), has the child required oral or systemic steroids for an asthma exacerbation?
48	CNT_1440	Num	8	3.	3.	If YES, during the past 12 months, how many bursts have been given?

**Data Set Name: trt\_f24.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	T24_1000	Num	8	YNF.	Was treatment failure status assigned during the first 24 months of the study because of intubation for an asthma exacerbation?
5	T24_1010	Num	8	YNF.	Was treatment failure status assigned during the first 24 months of the study because of a hypoxic seizure for asthma?
6	T24_1020	Num	8	YNF.	Was the only reason for assignment to treatment failure status the occurrence of 2 hospitalizations for asthma within a 12 month period?

**Data Set Name: trt\_fail.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	SUBJ_ID	Num	8			Public Subject ID
2	VNUM	Num	8			Visit Number
3	VDATE	Num	8			Visit Date (number of days since enrollment date)
4	TXF_1030	Num	8	YNF.	2.	Has the child required 2 hospitalizations for asthma within a 12 month period?
5	TXF_1040	Num	8	YNF.	2.	Has the child required intubation for an acute asthma exacerbation at any time?
6	TXF_1050	Num	8	YNF.	2.	Has the child had a hypoxic seizure during an asthma exacerbation at any time?
7	TXF_1060	Num	8	YNF.	2.	Is the child a treatment failure? If any of the shaded boxes are selected, the child is a treatment failure.
8	TXF_1070	Num	8			Date treatment failure occurred