

Data Set Name: bio_cumu.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PAGENO	Num	8	8.2	8.2	PAGENO
3	SPEC	Char	10	\$10.	\$10.	2. Specimen #
4	TESTCODE	Char	10	\$10.	\$10.	3. Performed Test-Code
5	RESNAME	Char	10	\$10.	\$10.	4. Result Name/Code
6	TESTSTAT	Char	1	\$1.	\$1.	6. Test Status
7	RESTYPE	Char	1	\$1.	\$1.	8. Result Type
8	RESUNIT	Char	20	\$20.	\$20.	9. Result Units
9	VISNUM	Char	15	\$15.	\$15.	11. Visit Number
10	NMFLD	Char	60	\$60.	\$60.	12. Patient ID Code: acrostic or Initials
11	PTTYPE	Char	3	\$3.	\$3.	13. Patient Type Code
12	SITECODE	Char	8	\$8.	\$8.	14. Site-Code
13	ORDTEST	Char	10	\$10.	\$10.	15. Ordered Test Code
14	ACCESSION	Char	14	\$14.	\$14.	18. SQ: Lab assigned Accession #
15	SPECDTday	Num	8			days to Specimen Collection Date
16	RESLDTday	Num	8			days to Result Verify Date and Time
17	RECPTDTday	Num	8			days to Specimen Receipt Date and Time
18	RESVAL	Num	8			10. Result-Value

Data Set Name: cont1yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont1yr3m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpdayer	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont1yr6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont2wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpdday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont2yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont2yr6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpdday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont3mo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont3yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont3yr6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont4wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont4yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont4yr6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont5yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont6mo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpdday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont6wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont8wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cont9m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: contcompl.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: contoth.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT46VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was contact performed?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	MEDS	Num	8	YESNO.	6.	2. Has the subject taken the study medication since last contact?
8	DOSECHG	Num	8	YESNO.	6.	2.1. Has subject's study medication dose changed since last contact?
9	DRUGVOUCH	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Study drug voucher
10	DOSE1	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand - Dose/2.1. Drug Type Atacand - Dose
11	UNITS1	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand - Units/2.1. Drug Type Atacand -Units
12	MEDFREQ1	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand - Frequency/2.1. Drug Type Atacand - Frequency
13	DOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose/2.1. Drug Type Atacand/HCT-Dose
14	UNITS2	Char	6	\$6.	\$6.	2.1.1. Study drug voucher, Type Atacand/HCT - Units/2.1. Drug Type Atacand/HCT-Units
15	MEDFREQ2	Num	8	CORALMED.	6.	2.1.1. Study drug voucher, Type Atacand/HCT - Frequency//2.1. Drug Type Atacand/HCT- Frequency
16	SCRIPT	Num	8	CHECKEDF.	6.	2.1.1. Indicate current study drug option: Personal Atacand prescription
17	DOSE3	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand - Dose
18	UNITS3	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand - Units
19	MEDFREQ3	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand - Frequency
20	DOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
21	UNITS4	Char	6	\$6.	\$6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
22	MEDFREQ4	Num	8	CORALMED.	6.	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
23	DAYS	Num	8	6.	6.	2.2. Number of days study medication taken since last contact
24	CONTMED	Num	8	YESNO.	6.	3. Has subject been prescribed to continue study medication at this contact?
25	DRUGVOUCH1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Study drug voucher
26	DOSE11	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand - Dose
27	UNITS11	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand - Units
28	MEDFREQ11	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand - Frequency
29	DOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose
30	UNITS21	Char	6	\$6.	\$6.	3.1.1. Study drug voucher, Type Atacand/HCT - Units
31	MEDFREQ21	Num	8	CORALMED.	6.	3.1.1. Study drug voucher, Type Atacand/HCT - Frequency
32	SCRIPT1	Num	8	CHECKEDF.	6.	3.1.1. Indicate study drug option: Personal Atacand prescription

Num	Variable	Type	Len	Format	Informat	Label
33	DOSE31	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand - Dose
34	UNITS31	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand - Units
35	MEDFREQ31	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand - Frequency
36	DOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose
37	UNITS41	Char	6	\$6.	\$6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Units
38	MEDFREQ41	Num	8	CORALMED.	6.	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
39	HCTDOSE2	Num	8	10.2	10.2	2.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)/2.1. Drug Type Atacand/HCT- Dose (2nd)
40	HCTDOSE4	Num	8	10.2	10.2	2.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
41	HCTDOSE21	Num	8	10.2	10.2	3.1.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
42	HCTDOSE41	Num	8	10.2	10.2	3.1.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
43	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
44	CONTCTV2	Num	8	CONT8ACT.	6.	1.2. Type of contact (check only one)
45	CHNGMEDS	Num	8	YESNO.	6.	2. Has there been any change to subject's study medication since the last contact?
46	NOSCRPT1	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand -Not prescribed
47	NOSCRPT2	Num	8	CHECKEDF.	6.	2.1. Drug Type Atacand/HCT -Not prescribed
48	NOSCRPT3	Num	8	CHECKEDF.	6.	2.1. Drug Type Caduet -Not prescribed
49	DOSE5	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose
50	UNITS5	Char	6	\$6.	\$6.	2.1. Drug Type Caduet - Units
51	MEDFREQ5	Num	8	CORALMED.	6.	2.1. Drug Type Caduet - Frequency
52	ANTIHYYP	Num	8	YESNO.	6.	3. Has the subject taken any other/non-study anti-hypertensive medications since last contact?
53	CADDOSE	Num	8	10.2	10.2	2.1. Drug Type Caduet - Dose (2nd)
54	BP	Num	8	YESNO.	6.	4. Blood Pressure Assessment: Performed?
55	SYS1	Num	8	6.	6.	4.2. Sys (1)
56	DIAS1	Num	8	6.	6.	4.2. Dias (1)
57	HRTRT1	Num	8	6.	6.	4.2. Heart Rate (1)
58	SYS2	Num	8	6.	6.	4.2. Sys (2)
59	DIAS2	Num	8	6.	6.	4.2. Dias (2)
60	HRTRT2	Num	8	6.	6.	4.2. Heart Rate (2)
61	SYS3	Num	8	6.	6.	4.2. Sys (3)
62	DIAS3	Num	8	6.	6.	4.2. Dias (3)
63	HRTRT3	Num	8	6.	6.	4.2. Heart Rate (3)
64	LABBLOOD	Num	8	YESNO.	6.	5. Biochem Core Lab Bloodwork
65	LABELNUM	Num	8	9.	9.	BIOCHEM Label
66	LIPID	Num	8	YESNO.	6.	6. Lipid Profile For to Biochem Core Lab: Performed?/6. Biochem Core Lab lipid profile and urine: Performed?
67	FAST	Num	8	YESNO.	6.	6.1. Did subject fast prior to lipid collection?
68	CREAT	Num	8	YESNO.	6.	7. Local Lab Creatinine: Performed?

Num	Variable	Type	Len	Format	Informat	Label
69	CREATVAL	Num	8	8.2	8.2	7.2./7.1. Value
70	CREATUNT	Char	10	\$10.	\$10.	7.2./7.1. Unit
71	URINEDIP	Num	8	YESNO.	6.	8. Local Lab Urine Dipstick: Performed?
72	PROTEIN	Num	8	URINEPRO.	6.	8.2./8.1. Protein (mg/dl)
73	DUPLEX	Num	8	YESNO.	6.	9. Duplex scan: Performed?
74	ECG	Num	8	YESNO.	6.	10. 12-Lead ECG: Performed?
75	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
76	PHYS	Num	8	YESNO.	6.	11. Physical Exam: Performed?
77	ANGIO	Num	8	YESNO.	6.	12. Renal Angiography: Performed?
78	ANGNUM	Num	8	6.	6.	12.1. # of procedures
79	INTERVEN	Num	8	YESNO.	6.	13. Renal Intervention: Performed?
80	INTRVNUM	Num	8	6.	6.	13.1. # of procedures
81	ANYAES	Num	8	YESNO.	6.	14. Were there any new adverse events or changes to adverse events since the last contact?/15. Did any other AEs occur since last contact?
82	MEDCHX	Num	8	YESNO.	6.	15. Were there any changes or additions to the concomitant medications since last visit?
83	REHOSP	Num	8	YESNO.	6.	16./15. Was subject hospitalized?
84	HOSPNUM	Num	8	6.	6.	16.1/15.1 Number of hospitalizations
85	ERVISITS	Num	8	6.	6.	17./16. Number of Emergency Room visits, renal, cardiac or vascular related, NOT resulting in hospitalization
86	OUTPTVIS	Num	8	6.	6.	18./17. Number of outpatient physician visits
87	ANYENDPT	Num	8	YESNO.	6.	14. Did any endpoint events occur since last contact?
88	RENANGIO	Num	8	6.	6.	19./18. Renal Diagnostic Angiography
89	US	Num	8	6.	6.	20./19. Renal Duplex Scan
90	MRA	Num	8	6.	6.	21./20. Renal MRA
91	CTANG	Num	8	6.	6.	22./21. CT Angiography
92	CORANGIO	Num	8	6.	6.	23./22. Coronary Diagnostic Angiography
93	ECHO	Num	8	6.	6.	24./23. Number of Echo Procedures
94	STRESSWO	Num	8	6.	6.	25./24. Number of Stress Tests without Imaging
95	STRESSW	Num	8	6.	6.	26./25. Number of Stress Tests with Imaging
96	NUCLEAR	Num	8	6.	6.	27./26. Number of nuclear imaging tests
97	HEMODIAL	Num	8	6.	6.	28./27. Hemodialysis
98	PERIDIAL	Num	8	6.	6.	29. /28. Peritoneal dialysis
99	SPEC1	Char	50	\$50.	\$50.	30./29. Other (specify)
100	OTHVAL1	Num	8	6.	6.	30./29. Other Quantity
101	SPEC2	Char	50	\$50.	\$50.	31./30. Other (specify)
102	OTHVAL2	Num	8	6.	6.	31./30. Other Quantity
103	SPEC3	Char	50	\$50.	\$50.	32./31. Other (specify)
104	OTHVAL3	Num	8	6.	6.	32./31. Other Quantity
105	ERYTHRO	Num	8	YESNO.	6.	33./32. Is the subject currently receiving erythropoietin injections?

Num	Variable	Type	Len	Format	Informat	Label
106	DAYSHOME	Num	8	6.	6.	34.1./33.1. At home with home health services
107	DAYSREHB	Num	8	6.	6.	34.2./33.2 At a rehabilitation hospital/facility
108	DAYSNURS	Num	8	6.	6.	34.3./33.3. At a skilled nursing facility
109	DAYSOTHR	Num	8	6.	6.	34.4./33.4. At other chronic care facility
110	SPECOTH	Char	50	\$50.	\$50.	Specify type of facility
111	FAMHRS	Num	8	6.	6.	35./34. Since the last visit, please estimate the weekly number of hours spent in caregiving by family members
112	FAMDAYS	Num	8	6.	6.	36./35. Since last visit, please estimate the number of work days missed by family caregivers
113	WORKSTAT	Num	8	WORKSTAT.	6.	37./36. Since last visit, please indicate the subject's work status
114	WORKDAYS	Num	8	6.	6.	37.1./36.1. Number of work days missed since last visit due to health reasons
115	fuday	Num	8			1.1 days to date of contact
116	atacday	Num	8			2.1. days to Drug Type Atacand - Date Started
117	hctday	Num	8			2.1. days to Drug Type Atacand/HCT - Start Date
118	cadday	Num	8			2.1. days to Drug Type Caduet - Start Date
119	bpdday	Num	8			4.1 days to assessment date
120	blooday	Num	8			5.1 days to Biochem Core Lab Bloodwork collection
121	creatday	Num	8			7.1 days to Local Lab Creatinine collection
122	dipday	Num	8			8.1 days to Local Lab Urine Dipstick collection
123	ecgday	Num	8			10. days to 12-Lead ECG

Data Set Name: cross_hosps.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	DIAGNOS	Char	100	\$100.	\$100.	5.1. Provide details. Diagnos:
3	hospsday	Num	8			5.1. days to Date of hospitalization

Data Set Name: cross_meds.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	MED	Char	100	\$100.	\$100.	6. List all hypertensive medications: Medication
3	DOSE	Num	8	10.4	10.4	6. List all hypertensive medications: Total Daily Dose (first dose)
4	DOSE1	Num	8	10.4	10.4	6. List all hypertensive medications: Total Daily Dose (second dose)
5	MEDUNIT	Char	10	\$10.	\$10.	6. List all hypertensive medications: Medication Unit

Data Set Name: crossover.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	CREAT	Num	8	10.4	10.4	3.1. Most recent creatinine
3	POTAS	Num	8	10.4	10.4	3.1. Most recent potassium
4	ENDPT	Num	8	YESNO.	6.	4.1. Subject met a primary endpoint
5	ANURIC	Num	8	YESNO.	6.	4.2. The subject presents with anuric acute renal failure
6	COMPLOCC	Num	8	YESNO.	6.	4.3. Complete occlusion of all arteries to the one kidney if there is a solitary kidney or complete occlusion of all arteries to both kidneys if there are two kidneys documented angiographically
7	DISTAL	Num	8	YESNO.	6.	4.4. There is at least one kidney distal to a complete occlusion that is greater than 8 cm in length
8	OTHREAS	Num	8	YESNO.	6.	4.5. Reason for crossover request: Other reason
9	HOSP3MO	Num	8	YESNO.	6.	5. Has the subject been hospitalized in the last 3 months?
10	APPROVED	Num	8	YESNO.	6.	7. Crossover Committee approval?
11	reqday	Num	8			1. days to Date crossover request made
12	creatday	Num	8			3.1.days to Date of most recent creatinine
13	potasday	Num	8			3.2. days to Date of most recent potassium
14	decday	Num	8			7.1. days to Date of Committee decision

Data Set Name: *formats.sas7bdat*

Num	Variable	Type	Len	Label
1	FMTNAME	Char	32	Format name
2	START	Char	41	Starting value for format
3	END	Char	41	Ending value for format
4	LABEL	Char	80	Format value label
5	MIN	Num	3	Minimum length
6	MAX	Num	3	Maximum length
7	DEFAULT	Num	3	Default length
8	LENGTH	Num	3	Format length
9	FUZZ	Num	8	Fuzz value
10	PREFIX	Char	2	Prefix characters
11	MULT	Num	8	Multiplier
12	FILL	Char	1	Fill character
13	NOEDIT	Num	3	Is picture string noedit?
14	TYPE	Char	1	Type of format
15	SEXCL	Char	1	Start exclusion
16	EEXCL	Char	1	End exclusion
17	HLO	Char	11	Additional information
18	DECSEP	Char	1	Decimal separator
19	DIG3SEP	Char	1	Three-digit separator
20	DATATYPE	Char	8	Date/time/datetime?
21	LANGUAGE	Char	8	Language for date strings

Data Set Name: nrfunot.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PCINTERVAL	Char	50	\$50.	\$50.	2. Last subject routine contact (Protocol contact interval)
3	NONCOMP	Num	8	CHECKEDF.	6.	3. Type of non-routine follow-up (Non-compliant subject)
4	PHONE	Num	8	CHECKEDF.	6.	3. Type of non-routine follow-up (Protocol-specified telephone-only follow-up, new Informed Consent signed)
5	TRACKING	Num	8	CHECKEDF.	6.	3. Type of non-routine follow-up (Protocol-specified survival tracking only, new Informed Consent signed)
6	CCCNOTIF	Num	8	CHECKEDF.	6.	3. Type of non-routine follow-up (CCC notified to deactivate the voucher card number(s) for study drug(s))
7	formday	Num	8			1. days to Date form completed
8	lastctday	Num	8			2. days to Last subject routine contact
9	newic1day	Num	8			3. days to Type of non-routine follow-up (Protocol-specified telephone-only follow-up, new Informed Consent signed) (Date new Informed Consent signed)
10	newic2day	Num	8			3. days to Type of non-routine follow-up (Protocol-specified survival tracking only, new Informed Consent signed) (Date new Informed Consent signed)

Data Set Name: qolbase.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PRETX	Num	8	YESNO.	6.	Before Start of treatment?
3	FORMCMPL	Num	8	CONT3CTF.	6.	This form was completed
4	HEALTH2	Num	8	HEAL1H1F.	6.	1. First, in general, would you say your health is
5	HXHEALTH	Num	8	HEAL2H2F.	6.	2. Compared to one year ago, how would you rate your health in general now?
6	VIGACTV	Num	8	LIMIT.	6.	a. Vigorous activities, such as running, lifting heavy objects, or strenuous sports
7	MODACTV	Num	8	LIMIT.	6.	b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
8	GROCACTV	Num	8	LIMIT.	6.	c. Lifting or carrying groceries
9	SEVSTAIR	Num	8	LIMIT.	6.	d. Climbing several flights of stairs
10	ONESTAIR	Num	8	LIMIT.	6.	e. Climbing one flight of stairs
11	STOOP	Num	8	LIMIT.	6.	f. Bending, kneeling, or stooping
12	GRTMILE	Num	8	LIMIT.	6.	g. Walking more than one mile
13	SEVBLOCK	Num	8	LIMIT.	6.	h. Walking several blocks
14	ONEBLOCK	Num	8	LIMIT.	6.	i. Walking one block
15	DRESSING	Num	8	LIMIT.	6.	j. Bathing and dressing yourself
16	PHYREDCT	Num	8	YESNO.	6.	2. a. Cut down on the amount of time you spend on work or other activities
17	PHYACOMP	Num	8	YESNO.	6.	2. b. Accomplished less than you would like
18	PHYSKIND	Num	8	YESNO.	6.	2. c. Been limited in the kind of work or other activities
19	PHYSDIFF	Num	8	YESNO.	6.	2. d. Had difficulty performing work or other activities (for example, it took extra effort)
20	EMOREDCT	Num	8	YESNO.	6.	3. a. Cut down on the amount of time you spend on work or other activities?
21	EMOACOMP	Num	8	YESNO.	6.	3. b. Accomplished less than you would like?
22	EMOTCARE	Num	8	YESNO.	6.	3. c. Didn't do work or other activities as carefully as usual?
23	HEALTH5	Num	8	PROBLEMS.	6.	4. During the past month, to what extent have health problems interfered with your normal social activities with family, friends, neighbors, or groups?
24	BODYPAIN	Num	8	PAIN1F.	6.	5. How much bodily pain have you had during the past month?
25	WORKPAIN	Num	8	PAIN2F.	6.	6. During the past month, how much did pain interfere with your normal work (including both work outside the home and housework)?
26	LIFEFULL	Num	8	QOLSTATE.	6.	a. Did you feel full of life?
27	NERVOUS	Num	8	QOLSTATE.	6.	b. Were you a very nervous person?
28	DEPRESS	Num	8	QOLSTATE.	6.	c. Did you feel so down in the dumps that nothing could cheer you up?
29	PEACE	Num	8	QOLSTATE.	6.	d. Did you feel calm and peaceful?
30	ENERGY	Num	8	QOLSTATE.	6.	e. Did you have a lot of energy?
31	DOWN	Num	8	QOLSTATE.	6.	f. Did you feel downhearted and low?

Num	Variable	Type	Len	Format	Informat	Label
32	WORNOUT	Num	8	QOLSTATE.	6.	g. Did you feel worn out?
33	HAPPY	Num	8	QOLSTATE.	6.	h. Were you a happy person?
34	TIRED	Num	8	QOLSTATE.	6.	i. Did you feel tired?
35	SOCIAL	Num	8	ACTIVE.	6.	2. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives,etc.)?
36	ILLNESS	Num	8	TRUTH.	6.	a. I seem to get ill more easily than other people.
37	HEALTHY	Num	8	TRUTH.	6.	b. I am as healthy as anybody I know.
38	WORSE	Num	8	TRUTH.	6.	c. I expect my health to get worse.
39	EXCELLNT	Num	8	TRUTH.	6.	d. My health is excellent.
40	MOBILITY	Num	8	QOLWALK.	6.	1. Mobility
41	SELFCARE	Num	8	QOLSELFC.	6.	2. Self-Care
42	USLACTV	Num	8	QOLACTIV.	6.	3. Usual Activities
43	DISCMFRT	Num	8	DISCOM.	6.	4. Pain/Discomfort
44	ANXIETY	Num	8	ANX.	6.	5. Anxiety/Depression
45	TODAY	Num	8	6.	6.	Your own health state today (scale from 0 to 100)
46	EMPLOY	Num	8	EMPLOY.	6.	1. Which term best describes your most recent main job?
47	INCOME	Num	8	INCOME.	6.	2. What was your total family income last year before taxes?
48	WORKSITN	Num	8	SITUATIO.	6.	3. Which of the following statements best describes your work situation for the past month?
49	SCHLING	Num	8	SCHOOLIN.	6.	4. What is the highest grade of school you completed?
50	HSHOLD	Num	8	6.	6.	5. How many people, including yourself, live in your household?
51	MARITAL	Num	8	MARITAL.	6.	6. Are you presently
52	survday	Num	8			days to Date of Survey

Data Set Name: golexit.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PAGENO	Num	8	8.2	8.2	PAGENO
3	FORMCMPL	Num	8	CONT3CTF.	6.	This form was completed
4	HEALTH2	Num	8	HEAL1H1F.	6.	1. First, in general, would you say your health is
5	HXHEALTH	Num	8	HEAL2H2F.	6.	2. Compared to one year ago, how would you rate your health in general now?
6	VIGACTV	Num	8	LIMIT.	6.	a. Vigorous activities, such as running, lifting heavy objects, or strenuous sports
7	MODACTV	Num	8	LIMIT.	6.	b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
8	GROCACTV	Num	8	LIMIT.	6.	c. Lifting or carrying groceries
9	SEVSTAIR	Num	8	LIMIT.	6.	d. Climbing several flights of stairs
10	ONESTAIR	Num	8	LIMIT.	6.	e. Climbing one flight of stairs
11	STOOP	Num	8	LIMIT.	6.	f. Bending, kneeling, or stooping
12	GRTMILE	Num	8	LIMIT.	6.	g. Walking more than one mile
13	SEVBLOCK	Num	8	LIMIT.	6.	h. Walking several blocks
14	ONEBLOCK	Num	8	LIMIT.	6.	i. Walking one block
15	DRESSING	Num	8	LIMIT.	6.	j. Bathing and dressing yourself
16	PHYREDCT	Num	8	YESNO.	6.	2. a. Cut down on the amount of time you spend on work or other activities
17	PHYACOMP	Num	8	YESNO.	6.	2. b. Accomplished less than you would like
18	PHYSKIND	Num	8	YESNO.	6.	2. c. Been limited in the kind of work or other activities
19	PHYSDIFF	Num	8	YESNO.	6.	2. d. Had difficulty performing work or other activities (for example, it took extra effort)
20	EMOREDCT	Num	8	YESNO.	6.	3. a. Cut down on the amount of time you spend on work or other activities?
21	EMOACOMP	Num	8	YESNO.	6.	3. b. Accomplished less than you would like?
22	EMOTCARE	Num	8	YESNO.	6.	3. c. Didn't do work or other activities as carefully as usual?
23	HEALTH5	Num	8	PROBLEMS.	6.	4. During the past month, to what extent have health problems interfered with your normal social activities with family, friends, neighbors, or groups?
24	BODYPAIN	Num	8	PAIN1F.	6.	5. How much bodily pain have you had during the past month?
25	WORKPAIN	Num	8	PAIN2F.	6.	6. During the past month, how much did pain interfere with your normal work (including both work outside the home and housework)?
26	LIFEFULL	Num	8	QOLSTATE.	6.	a. Did you feel full of life?
27	NERVOUS	Num	8	QOLSTATE.	6.	b. Were you a very nervous person?
28	DEPRESS	Num	8	QOLSTATE.	6.	c. Did you feel so down in the dumps that nothing could cheer you up?
29	PEACE	Num	8	QOLSTATE.	6.	d. Did you feel calm and peaceful?
30	ENERGY	Num	8	QOLSTATE.	6.	e. Did you have a lot of energy?
31	DOWN	Num	8	QOLSTATE.	6.	f. Did you feel downhearted and low?

Num	Variable	Type	Len	Format	Informat	Label
32	WORNOUT	Num	8	QOLSTATE.	6.	g. Did you feel worn out?
33	HAPPY	Num	8	QOLSTATE.	6.	h. Were you a happy person?
34	TIRED	Num	8	QOLSTATE.	6.	i. Did you feel tired?
35	SOCIAL	Num	8	ACTIVE.	6.	2. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives,etc.)?
36	ILLNESS	Num	8	TRUTH.	6.	a. I seem to get ill more easily than other people.
37	HEALTHY	Num	8	TRUTH.	6.	b. I am as healthy as anybody I know.
38	WORSE	Num	8	TRUTH.	6.	c. I expect my health to get worse.
39	EXCELLNT	Num	8	TRUTH.	6.	d. My health is excellent.
40	MOBILITY	Num	8	QOLWALK.	6.	1. Mobility
41	SELFCARE	Num	8	QOLSELFC.	6.	2. Self-Care
42	USLACTV	Num	8	QOLACTIV.	6.	3. Usual Activities
43	DISCMFRT	Num	8	DISCOM.	6.	4. Pain/Discomfort
44	ANXIETY	Num	8	ANX.	6.	5. Anxiety/Depression
45	TODAY	Num	8	6.	6.	Your own health state today (scale from 0 to 100)
46	SURVday	Num	8			days to Date of Survey

Data Set Name: *golfup1y.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PAGENO	Num	8	8.2	8.2	PAGENO
3	TIMEPT	Num	8	INT45VAL.	6.	Time point
4	CONTACT	Num	8	CONT1CTF.	6.	Who was contacted?
5	HEALTH2	Num	8	HEAL1H1F.	6.	1. First, in general, would you say your health is
6	HXHEALTH	Num	8	HEAL2H2F.	6.	2. Compared to one year ago, how would you rate your health in general now?
7	VIGACTV	Num	8	LIMIT.	6.	a. Vigorous activities, such as running, lifting heavy objects, or strenuous sports
8	MODACTV	Num	8	LIMIT.	6.	b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
9	GROCACTV	Num	8	LIMIT.	6.	c. Lifting or carrying groceries
10	SEVSTAIR	Num	8	LIMIT.	6.	d. Climbing several flights of stairs
11	ONESTAIR	Num	8	LIMIT.	6.	e. Climbing one flight of stairs
12	STOOP	Num	8	LIMIT.	6.	f. Bending, kneeling, or stooping
13	GRTMILE	Num	8	LIMIT.	6.	g. Walking more than one mile
14	SEVBLOCK	Num	8	LIMIT.	6.	h. Walking several blocks
15	ONEBLOCK	Num	8	LIMIT.	6.	i. Walking one block
16	DRESSING	Num	8	LIMIT.	6.	j. Bathing and dressing yourself
17	PHYREDCT	Num	8	YESNO.	6.	2. a. Cut down on the amount of time you spend on work or other activities
18	PHYACCOMP	Num	8	YESNO.	6.	2. b. Accomplished less than you would like
19	PHYSKIND	Num	8	YESNO.	6.	2. c. Been limited in the kind of work or other activities
20	PHYSDIFF	Num	8	YESNO.	6.	2. d. Had difficulty performing work or other activities (for example, it took extra effort)
21	EMOREDCT	Num	8	YESNO.	6.	3. a. Cut down on the amount of time you spend on work or other activities?
22	EMOACCOMP	Num	8	YESNO.	6.	3. b. Accomplished less than you would like?
23	EMOTCARE	Num	8	YESNO.	6.	3. c. Didn't do work or other activities as carefully as usual?
24	HEALTH5	Num	8	PROBLEMS.	6.	4. During the past month, to what extent have health problems interfered with your normal social activities with family, friends, neighbors, or groups?
25	BODYPAIN	Num	8	PAIN1F.	6.	5. How much bodily pain have you had during the past month?
26	WORKPAIN	Num	8	PAIN2F.	6.	6. During the past month, how much did pain interfere with your normal work (including both work outside the home and housework)?
27	LIFEFULL	Num	8	QOLSTATE.	6.	a. Did you feel full of life?
28	NERVOUS	Num	8	QOLSTATE.	6.	b. Were you a very nervous person?
29	DEPRESS	Num	8	QOLSTATE.	6.	c. Did you feel so down in the dumps that nothing could cheer you up?
30	PEACE	Num	8	QOLSTATE.	6.	d. Did you feel calm and peaceful?
31	ENERGY	Num	8	QOLSTATE.	6.	e. Did you have a lot of energy?

Num	Variable	Type	Len	Format	Informat	Label
32	DOWN	Num	8	QOLSTATE.	6.	f. Did you feel downhearted and low?
33	WORNOUT	Num	8	QOLSTATE.	6.	g. Did you feel worn out?
34	HAPPY	Num	8	QOLSTATE.	6.	h. Were you a happy person?
35	TIRED	Num	8	QOLSTATE.	6.	i. Did you feel tired?
36	SOCIAL	Num	8	ACTIVE.	6.	2. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives,etc.)?
37	ILLNESS	Num	8	TRUTH.	6.	a. I seem to get ill more easily than other people.
38	HEALTHY	Num	8	TRUTH.	6.	b. I am as healthy as anybody I know.
39	WORSE	Num	8	TRUTH.	6.	c. I expect my health to get worse.
40	EXCELLNT	Num	8	TRUTH.	6.	d. My health is excellent.
41	MOBILITY	Num	8	QOLWALK.	6.	1. Mobility
42	SELFCARE	Num	8	QOLSELFC.	6.	2. Self-Care
43	USLACTV	Num	8	QOLACTIV.	6.	3. Usual Activities
44	DISCMFRT	Num	8	DISCOM.	6.	4. Pain/Discomfort
45	ANXIETY	Num	8	ANX.	6.	5. Anxiety/Depression
46	TODAY	Num	8	6.	6.	Your own health state today (scale from 0 to 100)
47	SURVday	Num	8			days to Date of Survey

Data Set Name: golfup2y.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PAGENO	Num	8	8.2	8.2	PAGENO
3	TIMEPT	Num	8	INT45VAL.	6.	Time point
4	CONTACT	Num	8	CONT1CTF.	6.	Who was contacted?
5	HEALTH2	Num	8	HEAL1H1F.	6.	1. First, in general, would you say your health is
6	HXHEALTH	Num	8	HEAL2H2F.	6.	2. Compared to one year ago, how would you rate your health in general now?
7	VIGACTV	Num	8	LIMIT.	6.	a. Vigorous activities, such as running, lifting heavy objects, or strenuous sports
8	MODACTV	Num	8	LIMIT.	6.	b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
9	GROCACTV	Num	8	LIMIT.	6.	c. Lifting or carrying groceries
10	SEVSTAIR	Num	8	LIMIT.	6.	d. Climbing several flights of stairs
11	ONESTAIR	Num	8	LIMIT.	6.	e. Climbing one flight of stairs
12	STOOP	Num	8	LIMIT.	6.	f. Bending, kneeling, or stooping
13	GRTMILE	Num	8	LIMIT.	6.	g. Walking more than one mile
14	SEVBLOCK	Num	8	LIMIT.	6.	h. Walking several blocks
15	ONEBLOCK	Num	8	LIMIT.	6.	i. Walking one block
16	DRESSING	Num	8	LIMIT.	6.	j. Bathing and dressing yourself
17	PHYREDCT	Num	8	YESNO.	6.	2. a. Cut down on the amount of time you spend on work or other activities
18	PHYACCOMP	Num	8	YESNO.	6.	2. b. Accomplished less than you would like
19	PHYSKIND	Num	8	YESNO.	6.	2. c. Been limited in the kind of work or other activities
20	PHYSDIFF	Num	8	YESNO.	6.	2. d. Had difficulty performing work or other activities (for example, it took extra effort)
21	EMOREDCT	Num	8	YESNO.	6.	3. a. Cut down on the amount of time you spend on work or other activities?
22	EMOACCOMP	Num	8	YESNO.	6.	3. b. Accomplished less than you would like?
23	EMOTCARE	Num	8	YESNO.	6.	3. c. Didn't do work or other activities as carefully as usual?
24	HEALTH5	Num	8	PROBLEMS.	6.	4. During the past month, to what extent have health problems interfered with your normal social activities with family, friends, neighbors, or groups?
25	BODYPAIN	Num	8	PAIN1F.	6.	5. How much bodily pain have you had during the past month?
26	WORKPAIN	Num	8	PAIN2F.	6.	6. During the past month, how much did pain interfere with your normal work (including both work outside the home and housework)?
27	LIFEFULL	Num	8	QOLSTATE.	6.	a. Did you feel full of life?
28	NERVOUS	Num	8	QOLSTATE.	6.	b. Were you a very nervous person?
29	DEPRESS	Num	8	QOLSTATE.	6.	c. Did you feel so down in the dumps that nothing could cheer you up?
30	PEACE	Num	8	QOLSTATE.	6.	d. Did you feel calm and peaceful?
31	ENERGY	Num	8	QOLSTATE.	6.	e. Did you have a lot of energy?

Num	Variable	Type	Len	Format	Informat	Label
32	DOWN	Num	8	QOLSTATE.	6.	f. Did you feel downhearted and low?
33	WORNOUT	Num	8	QOLSTATE.	6.	g. Did you feel worn out?
34	HAPPY	Num	8	QOLSTATE.	6.	h. Were you a happy person?
35	TIRED	Num	8	QOLSTATE.	6.	i. Did you feel tired?
36	SOCIAL	Num	8	ACTIVE.	6.	2. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives,etc.)?
37	ILLNESS	Num	8	TRUTH.	6.	a. I seem to get ill more easily than other people.
38	HEALTHY	Num	8	TRUTH.	6.	b. I am as healthy as anybody I know.
39	WORSE	Num	8	TRUTH.	6.	c. I expect my health to get worse.
40	EXCELLNT	Num	8	TRUTH.	6.	d. My health is excellent.
41	MOBILITY	Num	8	QOLWALK.	6.	1. Mobility
42	SELFCARE	Num	8	QOLSELFC.	6.	2. Self-Care
43	USLACTV	Num	8	QOLACTIV.	6.	3. Usual Activities
44	DISCMFRT	Num	8	DISCOM.	6.	4. Pain/Discomfort
45	ANXIETY	Num	8	ANX.	6.	5. Anxiety/Depression
46	TODAY	Num	8	6.	6.	Your own health state today (scale from 0 to 100)
47	SURVday	Num	8			days to Date of Survey

Data Set Name: golfup3y.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PAGENO	Num	8	8.2	8.2	PAGENO
3	TIMEPT	Num	8	INT45VAL.	6.	Time point
4	CONTACT	Num	8	CONT1CTF.	6.	Who was contacted?
5	HEALTH2	Num	8	HEAL1H1F.	6.	1. First, in general, would you say your health is
6	HXHEALTH	Num	8	HEAL2H2F.	6.	2. Compared to one year ago, how would you rate your health in general now?
7	VIGACTV	Num	8	LIMIT.	6.	a. Vigorous activities, such as running, lifting heavy objects, or strenuous sports
8	MODACTV	Num	8	LIMIT.	6.	b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
9	GROCACTV	Num	8	LIMIT.	6.	c. Lifting or carrying groceries
10	SEVSTAIR	Num	8	LIMIT.	6.	d. Climbing several flights of stairs
11	ONESTAIR	Num	8	LIMIT.	6.	e. Climbing one flight of stairs
12	STOOP	Num	8	LIMIT.	6.	f. Bending, kneeling, or stooping
13	GRTMILE	Num	8	LIMIT.	6.	g. Walking more than one mile
14	SEVBLOCK	Num	8	LIMIT.	6.	h. Walking several blocks
15	ONEBLOCK	Num	8	LIMIT.	6.	i. Walking one block
16	DRESSING	Num	8	LIMIT.	6.	j. Bathing and dressing yourself
17	PHYREDCT	Num	8	YESNO.	6.	2. a. Cut down on the amount of time you spend on work or other activities
18	PHYACCOMP	Num	8	YESNO.	6.	2. b. Accomplished less than you would like
19	PHYSKIND	Num	8	YESNO.	6.	2. c. Been limited in the kind of work or other activities
20	PHYSDIFF	Num	8	YESNO.	6.	2. d. Had difficulty performing work or other activities (for example, it took extra effort)
21	EMOREDCT	Num	8	YESNO.	6.	3. a. Cut down on the amount of time you spend on work or other activities?
22	EMOACCOMP	Num	8	YESNO.	6.	3. b. Accomplished less than you would like?
23	EMOTCARE	Num	8	YESNO.	6.	3. c. Didn't do work or other activities as carefully as usual?
24	HEALTH5	Num	8	PROBLEMS.	6.	4. During the past month, to what extent have health problems interfered with your normal social activities with family, friends, neighbors, or groups?
25	BODYPAIN	Num	8	PAIN1F.	6.	5. How much bodily pain have you had during the past month?
26	WORKPAIN	Num	8	PAIN2F.	6.	6. During the past month, how much did pain interfere with your normal work (including both work outside the home and housework)?
27	LIFEFULL	Num	8	QOLSTATE.	6.	a. Did you feel full of life?
28	NERVOUS	Num	8	QOLSTATE.	6.	b. Were you a very nervous person?
29	DEPRESS	Num	8	QOLSTATE.	6.	c. Did you feel so down in the dumps that nothing could cheer you up?
30	PEACE	Num	8	QOLSTATE.	6.	d. Did you feel calm and peaceful?
31	ENERGY	Num	8	QOLSTATE.	6.	e. Did you have a lot of energy?

Num	Variable	Type	Len	Format	Informat	Label
32	DOWN	Num	8	QOLSTATE.	6.	f. Did you feel downhearted and low?
33	WORNOUT	Num	8	QOLSTATE.	6.	g. Did you feel worn out?
34	HAPPY	Num	8	QOLSTATE.	6.	h. Were you a happy person?
35	TIRED	Num	8	QOLSTATE.	6.	i. Did you feel tired?
36	SOCIAL	Num	8	ACTIVE.	6.	2. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives,etc.)?
37	ILLNESS	Num	8	TRUTH.	6.	a. I seem to get ill more easily than other people.
38	HEALTHY	Num	8	TRUTH.	6.	b. I am as healthy as anybody I know.
39	WORSE	Num	8	TRUTH.	6.	c. I expect my health to get worse.
40	EXCELLNT	Num	8	TRUTH.	6.	d. My health is excellent.
41	MOBILITY	Num	8	QOLWALK.	6.	1. Mobility
42	SELFCARE	Num	8	QOLSELFC.	6.	2. Self-Care
43	USLACTV	Num	8	QOLACTIV.	6.	3. Usual Activities
44	DISCMFRT	Num	8	DISCOM.	6.	4. Pain/Discomfort
45	ANXIETY	Num	8	ANX.	6.	5. Anxiety/Depression
46	TODAY	Num	8	6.	6.	Your own health state today (scale from 0 to 100)
47	SURVday	Num	8			days to Date of Survey

Data Set Name: golfup6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PAGENO	Num	8	8.2	8.2	PAGENO
3	TIMEPT	Num	8	INT45VAL.	6.	Time point
4	CONTACT	Num	8	CONT1CTF.	6.	Who was contacted?
5	HEALTH2	Num	8	HEAL1H1F.	6.	1. First, in general, would you say your health is
6	HXHEALTH	Num	8	HEAL2H2F.	6.	2. Compared to one year ago, how would you rate your health in general now?
7	VIGACTV	Num	8	LIMIT.	6.	a. Vigorous activities, such as running, lifting heavy objects, or strenuous sports
8	MODACTV	Num	8	LIMIT.	6.	b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
9	GROCACTV	Num	8	LIMIT.	6.	c. Lifting or carrying groceries
10	SEVSTAIR	Num	8	LIMIT.	6.	d. Climbing several flights of stairs
11	ONESTAIR	Num	8	LIMIT.	6.	e. Climbing one flight of stairs
12	STOOP	Num	8	LIMIT.	6.	f. Bending, kneeling, or stooping
13	GRTMILE	Num	8	LIMIT.	6.	g. Walking more than one mile
14	SEVBLOCK	Num	8	LIMIT.	6.	h. Walking several blocks
15	ONEBLOCK	Num	8	LIMIT.	6.	i. Walking one block
16	DRESSING	Num	8	LIMIT.	6.	j. Bathing and dressing yourself
17	PHYREDCT	Num	8	YESNO.	6.	2. a. Cut down on the amount of time you spend on work or other activities
18	PHYACCOMP	Num	8	YESNO.	6.	2. b. Accomplished less than you would like
19	PHYSKIND	Num	8	YESNO.	6.	2. c. Been limited in the kind of work or other activities
20	PHYSDIFF	Num	8	YESNO.	6.	2. d. Had difficulty performing work or other activities (for example, it took extra effort)
21	EMOREDCT	Num	8	YESNO.	6.	3. a. Cut down on the amount of time you spend on work or other activities?
22	EMOACCOMP	Num	8	YESNO.	6.	3. b. Accomplished less than you would like?
23	EMOTCARE	Num	8	YESNO.	6.	3. c. Didn't do work or other activities as carefully as usual?
24	HEALTH5	Num	8	PROBLEMS.	6.	4. During the past month, to what extent have health problems interfered with your normal social activities with family, friends, neighbors, or groups?
25	BODYPAIN	Num	8	PAIN1F.	6.	5. How much bodily pain have you had during the past month?
26	WORKPAIN	Num	8	PAIN2F.	6.	6. During the past month, how much did pain interfere with your normal work (including both work outside the home and housework)?
27	LIFEFULL	Num	8	QOLSTATE.	6.	a. Did you feel full of life?
28	NERVOUS	Num	8	QOLSTATE.	6.	b. Were you a very nervous person?
29	DEPRESS	Num	8	QOLSTATE.	6.	c. Did you feel so down in the dumps that nothing could cheer you up?
30	PEACE	Num	8	QOLSTATE.	6.	d. Did you feel calm and peaceful?
31	ENERGY	Num	8	QOLSTATE.	6.	e. Did you have a lot of energy?

Num	Variable	Type	Len	Format	Informat	Label
32	DOWN	Num	8	QOLSTATE.	6.	f. Did you feel downhearted and low?
33	WORNOUT	Num	8	QOLSTATE.	6.	g. Did you feel worn out?
34	HAPPY	Num	8	QOLSTATE.	6.	h. Were you a happy person?
35	TIRED	Num	8	QOLSTATE.	6.	i. Did you feel tired?
36	SOCIAL	Num	8	ACTIVE.	6.	2. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives,etc.)?
37	ILLNESS	Num	8	TRUTH.	6.	a. I seem to get ill more easily than other people.
38	HEALTHY	Num	8	TRUTH.	6.	b. I am as healthy as anybody I know.
39	WORSE	Num	8	TRUTH.	6.	c. I expect my health to get worse.
40	EXCELLNT	Num	8	TRUTH.	6.	d. My health is excellent.
41	MOBILITY	Num	8	QOLWALK.	6.	1. Mobility
42	SELFCARE	Num	8	QOLSELFC.	6.	2. Self-Care
43	USLACTV	Num	8	QOLACTIV.	6.	3. Usual Activities
44	DISCMFRT	Num	8	DISCOM.	6.	4. Pain/Discomfort
45	ANXIETY	Num	8	ANX.	6.	5. Anxiety/Depression
46	TODAY	Num	8	6.	6.	Your own health state today (scale from 0 to 100)
47	SURVday	Num	8			days to Date of Survey

Data Set Name: v1_renadjnew.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	EVNTNO	Num	8	11.	11.	Unique Event Number
3	DECLINE	Num	8	YESNO.	6.	1. Did the patient experience a 30% decline in GFR from baseline on 2 measurements separated by >= 60 days?
4	RENAL	Num	8	CHECKEDF.	6.	CORAL Progressive Renal Insufficiency Criteria Met
5	RENALNOT	Num	8	CHECKEDF.	6.	CORAL Progressive Renal Insufficiency Criteria NOT Met
6	SITERPT	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
7	CECADJ	Num	8	CHECKEDF.	6.	CEC ADJUDICATED DATE OF EVENT
8	COREONLY	Num	8	CHECKEDF.	6.	Core Lab Values Only
9	CORELOCAL	Num	8	CHECKEDF.	6.	Core Labs and Local Labs
10	LOCALONLY	Num	8	CHECKEDF.	6.	Local Lab Values Only
11	COMMENTS	Char	200	\$200.	\$200.	Comments
12	strptday	Num	8			days to site reported date
13	cecadjday	Num	8			days to CEC adjudicated date

Data Set Name: v1_silentmi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	QWAVES	Num	8	YESNO.	6.	1.Were there new pathologic Q waves in two or more contiguous leads in the absence of corresponding symptoms?
3	SILENTMI	Num	8	CHECKEDF.	6.	CORAL Silent MI Criteria Met
4	NOEVENT	Num	8	CHECKEDF.	6.	CORAL Criteria NOT Met, NO EVENT
5	EXPL	Char	200	\$200.	\$200.	Explain
6	SITERPT	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
7	CECADJ	Num	8	CHECKEDF.	6.	CEC ADJUDICATED DATE OF EVENT
8	COMMENTS	Char	200	\$200.	\$200.	Comments
9	strptday	Num	8			days to site reported date
10	cecadjday	Num	8			days to CEC adjudicated date

Data Set Name: v3_addepd.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PRIORLSN	Num	8	YESNO.	6.	Used in prior lesion treatment?
3	LOTNUM	Char	15	\$15.	\$15.	Lot #
4	CATNUM	Char	15	\$15.	\$15.	Cat #
5	BASKET	Num	8	BASKETSI.	6.	Angioguard Basket Size
6	PKGOPEN	Num	8	YESNO.	6.	Package opened and used?
7	CROSLN	Num	8	YESNO.	6.	Able to cross lesion?
8	DEPLOYED	Num	8	YESNO.	6.	Successfully deployed?
9	PROTECT	Num	8	PROTECTI.	6.	Protection achieved?
10	COMPLIC	Num	8	YESNO.	6.	Problems and/or complications with device /treatment?
11	PROBCDE1	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 1st
12	PROBCDE2	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 2nd
13	PROBCDE3	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 3rd
14	PROBCDE4	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 4th
15	OTHSPEC	Char	50	\$50.	\$50.	If YES, indicate with code(s), specify other (9)
16	OTHLESN	Num	8	YESNO.	6.	Device used in treatment of a subsequent lesion?
17	RENLSITE2	Char	5	\$5.	\$5.	Renal artery site
18	EPDNAME	Char	50	\$50.	\$50.	EPD used: Name
19	EPDSZ	Num	8	6.2	6.2	Size (mm)
20	PROBCDE1A	Num	8	COMPILIC.	6.	If YES, indicate with code(s): 1st (v.3.0)
21	PROBCDE2A	Num	8	COMPILIC.	6.	If YES, indicate with code(s): 2nd (v.3.0)
22	PROBCDE3A	Num	8	COMPILIC.	6.	If YES, indicate with code(s): 3rd (v.3.0)
23	PROBCDE4A	Num	8	COMPILIC.	6.	If YES, indicate with code(s): 4th (v.3.0)

Data Set Name: v3_addstent.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENT	Char	50	\$50.	\$50.	Type of stent: Name
3	LEN	Num	8	6.	6.	Type of stent: Length
4	PREDIL	Num	8	YESNO.	6.	Was lesion pre-dilated?
5	POSTDIL	Num	8	YESNO.	6.	Was post-dilation performed?
6	MAXDIAM	Num	8	8.2	8.2	Largest balloon diameter (mm)
7	DELVPROB	Num	8	YESNO.	6.	Problem with delivery /deployment of stent?
8	DIAM2	Num	8	8.2	8.2	Type of stent: Diameter
9	DPLPRESS2	Num	8	8.2	8.2	Max stent deployment pressure (ATM)
10	MAXPRESS2	Num	8	8.2	8.2	Maximum pressure (ATM)
11	STNTTYP	Num	8	STEN3TYP.	6.	Type of stent
12	WHYNSS	Char	150	\$150.	\$150.	6.2.1 Why was non-study stent used?
13	MANUF	Char	50	\$50.	\$50.	Manufacturer
14	LOTNUM	Char	10	\$10.	\$10.	Lot #
15	DELIV	Char	15	\$15.	\$15.	Delivery system length

Data Set Name: v3_addtrt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ATTEMPT	Num	8	YESNO.	6.	4. Was Angioguard attempted?/Was embolic protection attempted?
3	ANATOMY	Num	8	CHECKEDF.	6.	(1) Unfavorable anatomy
4	LANDING	Num	8	CHECKEDF.	6.	(2) Unfavorable landing zone
5	OTHER	Num	8	CHECKEDF.	6.	(99) Other
6	OTHSPEC	Char	50	\$50.	\$50.	(99) Other, specify
7	RENLSITE2	Char	5	\$5.	\$5.	3. Renal artery site treated
8	STAGED	Num	8	YESNO.	6.	1. Was this a planned "staged" intervention?
9	PCNTSTEN	Char	5	\$5.	\$5.	Percent stenosis
10	OTHEPD	Num	8	YESNO.	6.	5. Was a protection device other than the Angioguard used?
11	MANUF	Char	50	\$50.	\$50.	5.1. Device Manufacturer
12	DEVNAME	Char	50	\$50.	\$50.	5.2. Device Name
13	DEVSIZE	Char	15	\$15.	\$15.	5.3 Device size
14	REASUSED	Char	100	\$100.	\$100.	5.4. Why was this device used?
15	STNATTEM	Num	8	YESNO.	6.	5./6. Was stent attempted?
16	TOTLENG	Num	8	6.	6.	6./7. Total length of stent(s) placed
17	FINSTEN	Num	8	8.2	8.2	7./8. Final percent stenosis
18	PRESSGRD	Num	8	8.2	8.2	8. /9. Pressure gradient
19	PRESSND	Num	8	CHECKEDF.	6.	8. /9. Pressure gradient: ND
20	PERCTARG	Num	8	YESNO.	6.	9./10. Was an additional percutaneous treatment performed to another target lesion?
21	NONTARG	Num	8	YESNO.	6.	10./11. Were additional percutaneous treatment(s) performed to a non-target lesion?
22	ADDLTX	Num	8	YESNO.	6.	11./12. Were there complications that required additional treatment?
23	PRETX	Num	8	YESNO.	6.	11.1./12.1. Complication during pre-treatment
24	NOCROSS	Num	8	YESNO.	6.	11.2./12.2. Never able to cross lesion with stent
25	DISSECT	Num	8	YESNO.	6.	11.3./12.3. Dissection beyond stented area
26	DIFFSEG	Num	8	YESNO.	6.	11.4./12.4. Complication in different segment of vessel
27	DIFFVESS	Num	8	YESNO.	6.	11.5./12.5. Complication in different vessel
28	UNPLAN	Num	8	YESNO.	6.	11.6./12.6. Unplanned treatment of other lesion
29	LESNSPEC	Char	50	\$50.	\$50.	11.6.1./12.6.1. Specify
30	OTHSPEC1	Char	50	\$50.	\$50.	11.7. /12.7. Other, specify
31	PRESSIGN	Char	3	\$3.	\$3.	8. /9. Pressure gradient (sign)
32	LESSSTEN	Num	8	YESNO.	6.	Was stenosis less than 60%?
33	procdy	Num	8			days to procedure

Data Set Name: v3_aelog.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval

Data Set Name: v3_aes.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	AE	Char	50	\$50.	\$50.	Adverse Event
3	CONT	Num	8	CHECKEDF.	6.	Cont
4	SEVER	Num	8	SEVERITY.	6.	Severity
5	DRUGREL	Num	8	RELA1ION.	6.	Relatedness to study drug
6	STNTREL	Num	8	RELA2ION.	6.	Relatedness to study stent
7	EPDREL	Num	8	RELA2ION.	6.	Relatedness to Angioguard/Relatedness to EPD
8	ACTION	Char	10	\$10.	\$10.	Action Taken
9	OUTCOME	Num	8	OUTCOME.F.	6.	Outcome
10	SERIOUS	Num	8	YESNO.	6.	Serious including Life Threat.
11	CONFIDENCE	Char	2	\$2.	\$2.	CONFIDENCE
12	LLT_TERM	Char	250	\$250.	\$250.	LLT TERM
13	PT_TERM	Char	250	\$250.	\$250.	PT TERM
14	SOC_TERM	Char	250	\$250.	\$250.	SOC_TERM
15	WORKFLOW	Char	4	\$4.	\$4.	WORK FLOW
16	DSHLGT_CODE	Char	25	\$25.	\$25.	hlgt_code
17	DSHLGT_TERM	Char	250	\$250.	\$250.	hlgt_term
18	DSHLT_CODE	Char	25	\$25.	\$25.	hlt_code
19	DSHLT_TERM	Char	250	\$250.	\$250.	hlt_term
20	DSLLET_CODE	Char	25	\$25.	\$25.	llt_code
21	DSLLET_TERM	Char	250	\$250.	\$250.	llt_term
22	DSPT_CODE	Char	25	\$25.	\$25.	pt_code
23	DSPT_TERM	Char	250	\$250.	\$250.	pt_term
24	DSSOC_CODE	Char	25	\$25.	\$25.	soc_code
25	DSSOC_TERM	Char	250	\$250.	\$250.	soc_term
26	DSVERSION	Char	5	\$5.	\$5.	version
27	ATACREL	Num	8	RELA1ION.	6.	Relatedness to Atacand
28	CADREL	Num	8	RELA1ION.	6.	Relatedness to Caduet
29	SAERECON	Num	8	CHECKEDF.	6.	SAE Reconciled (DM)
30	startday	Num	8			days to event start
31	stopday	Num	8			days to event stop

Data Set Name: v3_angguard.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	LOTNUM	Char	15	\$15.	\$15.	Lot #
3	CATNUM	Char	15	\$15.	\$15.	Cat #
4	BASKET	Num	8	BASKETSI.	6.	Angioguard Basket Size
5	PKGOPEN	Num	8	YESNO.	6.	Package opened and used?
6	CROSLLEN	Num	8	YESNO.	6.	Able to cross lesion?
7	DEPLOYED	Num	8	YESNO.	6.	Successfully deployed?
8	PROTECT	Num	8	PROTECTI.	6.	Protection achieved?
9	COMPLIC	Num	8	YESNO.	6.	Problems and/or complications with device /treatment?
10	PROBCDE1	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 1st
11	PROBCDE2	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 2nd
12	PROBCDE3	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 3rd
13	PROBCDE4	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 4th
14	OTHSPEC	Char	50	\$50.	\$50.	If YES, indicate with code(s), specify other (9)
15	OTHLESN	Num	8	YESNO.	6.	Device used in treatment of a subsequent lesion?
16	EPDNAME	Char	50	\$50.	\$50.	EPD used: Name
17	EPDSZ	Num	8	6.2	6.2	Size (mm)
18	PROBCDE1A	Num	8	COMPILIC.	6.	If YES, indicate with code(s): 1st (v.3.0)
19	PROBCDE2A	Num	8	COMPILIC.	6.	If YES, indicate with code(s): 2nd (v.3.0)
20	PROBCDE3A	Num	8	COMPILIC.	6.	If YES, indicate with code(s): 3rd (v.3.0)
21	PROBCDE4A	Num	8	COMPILIC.	6.	If YES, indicate with code(s): 4th (v.3.0)

Data Set Name: v3_angio.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	OBS	Num	8	ANGTYPE.	6.	Angiographic Observation
3	FUPANG	Num	8	FUPANG.	6.	Angiographic Observation - Follow-up angiogram
4	NEPHRO	Num	8	YESNOCND.	6.	Is subject at high risk for contrast induced nephropathy?
5	ONEKIDNEY	Num	8	YESNOCND.	6.	Does the subject have only one kidney?
6	COMPLY	Num	8	YESNO.	6.	1. Does the angiogram comply with Renal Angiography Methods?
7	LABEL	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - improper I.D. / labeling
8	PREINS	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no pre Angioguard insertion image/no pre EPD insertion image (if applicable)
9	PREREM	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no pre Angioguard removal image/no pre EPD removal image (if applicable)
10	POSTREM	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no post Angioguard removal image/no post EPD removal image (if applicable)
11	TECH	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - technical aspects of image acquisition
12	MOTION	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - technical aspects of image acquisition - motion artifact
13	TECHNIQUE	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - technical aspects of image acquisition - improper angiographic technique
14	ANGUL	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - technical aspects of image acquisition - improper angulation
15	NOFLUSH	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no flush aortogram or selective angiogram that shows entire kidneys in FOV
16	NONATIVE	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no native unsubtracted image without contrast of the calibrated marker or $\geq 6F$ catheter/sheath for reference calibration
17	OSTIA	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no angiogram that profiles the ostia of all renal arteries
18	INTRAREN	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no images of intra-renal vessels
19	OPACIF	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - poor vessel opacification (i.e. aortic lumen above and below renal arteries and renal arteries not opacified well)
20	NOPRESS	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no pressure tracings for 60-79% stenosis
21	POSTPRS	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no post-pressure angiogram (Medical RX Arm)/if pressures performed, no post-pressure angiogram (Medical RX Arm)
22	CAPIMG	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - only "captured" images (and not entire study) sent
23	AORTDZ	Num	8	AORTDZ.	6.	2. Aortic disease
24	OTHER	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - other
25	OTHSPEC	Char	200	\$200.	\$200.	1.1. Select all applicable reasons - other, specify
26	CNDQ2	Num	8	CHECKEDF.	6.	2. Aortic disease: CND
27	GLOBISCH	Num	8	YESNOCND.	6.	21. Is there global ischemia?

Num	Variable	Type	Len	Format	Informat	Label
28	CNDWHY	Char	150	\$150.	\$150.	21. Is there global ischemia? Why?
29	POTADV	Num	8	YESNOCND.	6.	23. Evidence for Potential Adverse Finding/s?
30	IFYES	Char	150	\$150.	\$150.	23.1. If YES, describe
31	IFCND	Char	150	\$150.	\$150.	23.2. If CND, WHY
32	RTPRES	Num	8	YESNOCND.	6.	3. Is the RIGHT kidney present?
33	RKIDSZ1	Num	8	8.2	8.2	3.1. RIGHT kidney size (1)
34	RKIDSZ2	Num	8	8.2	8.2	3.1. RIGHT kidney size (2)
35	RKIDSZ3	Num	8	8.2	8.2	3.1. RIGHT kidney size (3)
36	RKIDSZ4	Num	8	8.2	8.2	3.1. RIGHT kidney size (Final)
37	LESLOC1	Char	5	\$5.	\$5.	3.2. LESION LOCATION per Nomenclature (Artery #1)
38	MLD1	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #1) (1)
39	MLD2	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #1) (2)
40	MLD3	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #1) (3)
41	MLD4	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #1) (Final)
42	REF1	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #1) (1)
43	REF2	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #1) (2)
44	REF3	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #1) (3)
45	REF4	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #1) (Final)
46	LESL1	Num	8	8.2	8.2	3.6. Lesion Length (Artery #1) (1)
47	LESL2	Num	8	8.2	8.2	3.6. Lesion Length (Artery #1) (2)
48	LESL3	Num	8	8.2	8.2	3.6. Lesion Length (Artery #1) (3)
49	LESL4	Num	8	8.2	8.2	3.6. Lesion Length (Artery #1) (Final)
50	dist1_2	Num	8	8.2	8.2	3.7. Distance from ostium to first renal artery branch (Artery #1)
51	CALC1	Num	8	YESNOCND.	6.	3.8.1. Calcified? (Artery #1)
52	CONC1	Num	8	YESNOCND.	6.	3.8.2. Concentric? (Artery #1)
53	ECC1	Num	8	YESNOCND.	6.	3.8.3. Eccentric? (Artery #1)
54	SMTH1	Num	8	YESNOCND.	6.	3.8.4. Smooth? (Artery #1)
55	ULC1	Num	8	YESNOCND.	6.	3.8.5. Ulcerated? (Artery #1)
56	PRETIMI1	Num	8	TIMI.	6.	3.9. TIMI FLOW PRE-pressure measurement (Artery #1)
57	AORPK1	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #1) (Aorta)
58	KIDPK1	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #1) (Kidney)
59	GRAPK1	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #1) (Gradient)
60	AORMN1	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #1) (Aorta)
61	KIDMN1	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #1) (Kidney)
62	GRAMN1	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #1) (Gradient)
63	AORDIA1	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #1) (Aorta)
64	KIDDIA1	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #1) (Kidney)
65	GRADIA1	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #1) (Gradient)

Num	Variable	Type	Len	Format	Informat	Label
66	POSTTIMI1	Num	8	TIMI.	6.	3.11. TIMI FLOW Medical Rx Arm ONLY Post-pressure measurement (Artery #1)
67	LESLOC2	Char	5	\$5.	\$5.	3.2. LESION LOCATION per Nomenclature (Artery #2)
68	MLD5	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #2) (1)
69	MLD6	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #2) (2)
70	MLD7	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #2) (3)
71	MLD8	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #2) (Final)
72	REF5	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #2) (1)
73	REF6	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #2) (2)
74	REF7	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #2) (3)
75	REF8	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #2) (Final)
76	LESL5	Num	8	8.2	8.2	3.6. Lesion Length (Artery #2) (1)
77	LESL6	Num	8	8.2	8.2	3.6. Lesion Length (Artery #2) (2)
78	LESL7	Num	8	8.2	8.2	3.6. Lesion Length (Artery #2) (3)
79	LESL8	Num	8	8.2	8.2	3.6. Lesion Length (Artery #2) (Final)
80	dist2_2	Num	8	8.2	8.2	3.7. Distance from ostium to first renal artery branch (Artery #2)
81	CALC2	Num	8	YESNOCND.	6.	3.8.1. Calcified? (Artery #2)
82	CONC2	Num	8	YESNOCND.	6.	3.8.2. Concentric? (Artery #2)
83	ECC2	Num	8	YESNOCND.	6.	3.8.3. Eccentric? (Artery #2)
84	SMTH2	Num	8	YESNOCND.	6.	3.8.4. Smooth? (Artery #2)
85	ULC2	Num	8	YESNOCND.	6.	3.8.5. Ulcerated? (Artery #2)
86	PRETIMI2	Num	8	TIMI.	6.	3.9. TIMI FLOW PRE-pressure measurement (Artery #2)
87	AORPK2	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #2) (Aorta)
88	KIDPK2	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #2) (Kidney)
89	GRAPK2	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #2) (Gradient)
90	AORMN2	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #2) (Aorta)
91	KIDMN2	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #2) (Kidney)
92	GRAMN2	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #2) (Gradient)
93	AORDIA2	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #2) (Aorta)
94	KIDDIA2	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #2) (Kidney)
95	GRADIA2	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #2) (Gradient)
96	POSTTIMI2	Num	8	TIMI.	6.	3.11. TIMI FLOW Medical Rx Arm ONLY Post-pressure measurement (Artery #2)
97	STEN1A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #1) (1)
98	STEN2A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #1) (2)
99	STEN3A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #1) (3)
100	STEN4A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #1) (Final)
101	STEN5A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #2) (1)
102	STEN6A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #2) (2)

Num	Variable	Type	Len	Format	Informat	Label
103	STEN7A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #2) (3)
104	STEN8A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #2) (Final)
105	CNDQ31	Num	8	CHECKEDF.	6.	3.1. RIGHT kidney size, CND
106	RSTENLES	Num	8	YESNOCND.	6.	Is a stenotic lesion present?
107	dissect1_3	Num	8	YESNOCND.	6.	3.12.1. Dissection? (Artery #1)
108	flow1_3	Num	8	YESNOCND.	6.	3.12.1.1. Flow limiting? (Artery #1)
109	OCCL1	Num	8	YESNOCND.	6.	3.12.2. Occlusion? (Artery #1)
110	MAIN1	Num	8	YESNOCND.	6.	3.12.2.1. Main RA? (Artery #1)
111	BRAN1	Num	8	YESNOCND.	6.	3.12.2.2. Branch vessel? (Artery #1)
112	EMB1	Num	8	YESNOCND.	6.	3.12.3. Embolus? (Artery #1)
113	THROM1	Num	8	YESNOCND.	6.	3.12.4. Thrombus? (Artery #1)
114	SPASM1	Num	8	YESNOCND.	6.	3.12.5. Spasm? (Artery #1)
115	WIRE1	Num	8	YESNOCND.	6.	3.12.6. Wire perforation? (Artery #1)
116	RUPT1	Num	8	YESNOCND.	6.	3.12.7. Vessel rupture? (Artery #1)
117	PANEUR1	Num	8	YESNOCND.	6.	3.12.8. Pseudoaneurysm? (Artery #1)
118	dissect2_3	Num	8	YESNOCND.	6.	3.12.1. Dissection? (Artery #2)
119	flow2_3	Num	8	YESNOCND.	6.	3.12.1.1. Flow limiting? (Artery #2)
120	OCCL2	Num	8	YESNOCND.	6.	3.12.2. Occlusion? (Artery #2)
121	MAIN2	Num	8	YESNOCND.	6.	3.12.2.1. Main RA? (Artery #2)
122	BRAN2	Num	8	YESNOCND.	6.	3.12.2.2. Branch vessel? (Artery #2)
123	EMB2	Num	8	YESNOCND.	6.	3.12.3. Embolus? (Artery #2)
124	THROM2	Num	8	YESNOCND.	6.	3.12.4. Thrombus? (Artery #2)
125	SPASM2	Num	8	YESNOCND.	6.	3.12.5. Spasm? (Artery #2)
126	WIRE2	Num	8	YESNOCND.	6.	3.12.6. Wire perforation? (Artery #2)
127	RUPT2	Num	8	YESNOCND.	6.	3.12.7. Vessel rupture? (Artery #2)
128	PANEUR2	Num	8	YESNOCND.	6.	3.12.8. Pseudoaneurysm? (Artery #2)
129	TOTRT	Num	8	6.	6.	4. What is the total number of right renal arteries seen?
130	RNLART1	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (1)
131	STAT1	Num	8	PATENC.	6.	4.1. Patency Status (1)
132	CND1	Char	100	\$100.	\$100.	4.1. Patency Status, CND - Why? (1)
133	RNLART2	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (2)
134	STAT2	Num	8	PATENC.	6.	4.1. Patency Status (2)
135	CND2	Char	100	\$100.	\$100.	4.1. Patency Status, CND - Why? (2)
136	RNLART3	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (3)
137	STAT3	Num	8	PATENC.	6.	4.1. Patency Status (3)
138	CND3	Char	100	\$100.	\$100.	4.1. Patency Status, CND - Why? (3)
139	CND11	Num	8	YESNOCND.	6.	4.2. Is the entire right kidney ischemic?

Num	Variable	Type	Len	Format	Informat	Label
140	CND4	Char	100	\$100.	\$100.	4.2. Is the entire right kidney ischemic? Why?
141	CNDQ312	Num	8	CHECKEDF.	6.	3.12. COMPLICATIONS, CND
142	LTPRES	Num	8	YESNOCND.	6.	5. Is the LEFT kidney present?
143	LKIDSZ1	Num	8	8.2	8.2	5.1. LEFT kidney size (1)
144	LKIDSZ2	Num	8	8.2	8.2	5.1. LEFT kidney size (2)
145	LKIDSZ3	Num	8	8.2	8.2	5.1. LEFT kidney size (3)
146	LKIDSZ4	Num	8	8.2	8.2	5.1. LEFT kidney size (Final)
147	LLESLOC1	Char	5	\$5.	\$5.	5.2. LESION LOCATION per Nomenclature (Artery #1)
148	LMLD1	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #1) (1)
149	LMLD2	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #1) (2)
150	LMLD3	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #1) (3)
151	LMLD4	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #1) (Final)
152	LREF1	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #1) (1)
153	LREF2	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #1) (2)
154	LREF3	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #1) (3)
155	LREF4	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #1) (Final)
156	LLESL1	Num	8	8.2	8.2	5.5. Lesion Length (Artery #1) (1)
157	LLESL2	Num	8	8.2	8.2	5.5. Lesion Length (Artery #1) (2)
158	LLESL3	Num	8	8.2	8.2	5.5. Lesion Length (Artery #1) (3)
159	LLESL4	Num	8	8.2	8.2	5.5. Lesion Length (Artery #1) (Final)
160	ldist1_4	Num	8	8.2	8.2	5.7. Distance from ostium to first renal artery branch (Artery #1)
161	LCALC1	Num	8	YESNOCND.	6.	5.8.1. Calcified? (Artery #1)
162	LCONC1	Num	8	YESNOCND.	6.	5.8.2. Concentric? (Artery #1)
163	LECC1	Num	8	YESNOCND.	6.	5.8.3. Eccentric? (Artery #1)
164	LSMTH1	Num	8	YESNOCND.	6.	5.8.4. Smooth? (Artery #1)
165	LULC1	Num	8	YESNOCND.	6.	5.8.5. Ulcerated? (Artery #1)
166	LPRETIMI1	Num	8	TIMI.	6.	5.9. TIMI FLOW PRE-pressure measurement (Artery #1)
167	LAORPK1	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #1) (Aorta)
168	LKIDPK1	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #1) (Kidney)
169	LGRAPK1	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #1) (Gradient)
170	LAORMN1	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #1) (Aorta)
171	LKIDMN1	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #1) (Kidney)
172	LGRAMN1	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #1) (Gradient)
173	LAORDIA1	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #1) (Aorta)
174	LKIDDIA1	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #1) (Kidney)
175	LGRADIA1	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #1) (Gradient)
176	LPOSTTIMI1	Num	8	TIMI.	6.	5.11. TIMI FLOW Medical Rx Arm ONLY Post-pressure measurement (Artery #1)
177	LLESLOC2	Char	5	\$5.	\$5.	5.2. LESION LOCATION per Nomenclature (Artery #2)

Num	Variable	Type	Len	Format	Informat	Label
178	LMLD5	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #2) (1)
179	LMLD6	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #2) (2)
180	LMLD7	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #2) (3)
181	LMLD8	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #2) (Final)
182	LREF5	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #2) (1)
183	LREF6	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #2) (2)
184	LREF7	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #2) (3)
185	LREF8	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #2) (Final)
186	LLESL5	Num	8	8.2	8.2	5.5. Lesion Length (Artery #2) (1)
187	LLESL6	Num	8	8.2	8.2	5.5. Lesion Length (Artery #2) (2)
188	LLESL7	Num	8	8.2	8.2	5.5. Lesion Length (Artery #2) (3)
189	LLESL8	Num	8	8.2	8.2	5.5. Lesion Length (Artery #2) (Final)
190	ldist2_4	Num	8	8.2	8.2	5.7. Distance from ostium to first renal artery branch (Artery #2)
191	LCALC2	Num	8	YESNOCND.	6.	5.8.1. Calcified? (Artery #2)
192	LCONC2	Num	8	YESNOCND.	6.	5.8.2. Concentric? (Artery #2)
193	LECC2	Num	8	YESNOCND.	6.	5.8.3. Eccentric? (Artery #2)
194	LSMTH2	Num	8	YESNOCND.	6.	5.8.4. Smooth? (Artery #2)
195	LULC2	Num	8	YESNOCND.	6.	5.8.5. Ulcerated? (Artery #2)
196	LPRETIMI2	Num	8	TIMI.	6.	5.9. TIMI FLOW PRE-pressure measurement (Artery #2)
197	LAORPK2	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #2) (Aorta)
198	LKIDPK2	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #2) (Kidney)
199	LGRAPK2	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #2) (Gradient)
200	LAORMN2	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #2) (Aorta)
201	LKIDMN2	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #2) (Kidney)
202	LGRAMN2	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #2) (Gradient)
203	LAORDIA2	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #2) (Aorta)
204	LKIDDIA2	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #2) (Kidney)
205	LGRADIA2	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #2) (Gradient)
206	LPOSTTIMI2	Num	8	TIMI.	6.	5.11. TIMI FLOW Medical Rx Arm ONLY Post-pressure measurement (Artery #2)
207	LSTEN1A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #1) (1)
208	LSTEN2A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #1) (2)
209	LSTEN3A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #1) (3)
210	LSTEN4A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #1) (Final)
211	LSTEN5A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #2) (1)
212	LSTEN6A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #2) (2)
213	LSTEN7A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #2) (3)
214	LSTEN8A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #2) (Final)
215	CNDQ51	Num	8	CHECKEDF.	6.	5.1. LEFT kidney size, CND

Num	Variable	Type	Len	Format	Informat	Label
216	LSTENLES	Num	8	YESNOCND.	6.	Is a stenotic lesion present?
217	Idissect1_5	Num	8	YESNOCND.	6.	5.12.1. Dissection? (Artery #1)
218	lflow1_5	Num	8	YESNOCND.	6.	5.12.1.1. Flow limiting? (Artery #1)
219	LOCCL1	Num	8	YESNOCND.	6.	5.12.2. Occlusion? (Artery #1)
220	LMAIN1	Num	8	YESNOCND.	6.	5.12.2.1. Main RA? (Artery #1)
221	LBRAN1	Num	8	YESNOCND.	6.	5.12.2.2. Branch vessel? (Artery #1)
222	LEMB1	Num	8	YESNOCND.	6.	5.12.3. Embolus? (Artery #1)
223	LTHROM1	Num	8	YESNOCND.	6.	5.12.4. Thrombus? (Artery #1)
224	LSPASM1	Num	8	YESNOCND.	6.	5.12.5. Spasm? (Artery #1)
225	LWIRE1	Num	8	YESNOCND.	6.	5.12.6. Wire perforation? (Artery #1)
226	LRUPT1	Num	8	YESNOCND.	6.	5.12.7. Vessel rupture? (Artery #1)
227	LPANEUR1	Num	8	YESNOCND.	6.	5.12.8. Pseudoaneurysm? (Artery #1)
228	Idissect2_5	Num	8	YESNOCND.	6.	5.12.1. Dissection? (Artery #2)
229	lflow2_5	Num	8	YESNOCND.	6.	5.12.1.1. Flow limiting? (Artery #2)
230	LOCCL2	Num	8	YESNOCND.	6.	5.12.2. Occlusion? (Artery #2)
231	LMAIN2	Num	8	YESNOCND.	6.	5.12.2.1. Main RA? (Artery #2)
232	LBRAN2	Num	8	YESNOCND.	6.	5.12.2.2. Branch vessel? (Artery #2)
233	LEMB2	Num	8	YESNOCND.	6.	5.12.3. Embolus? (Artery #2)
234	LTHROM2	Num	8	YESNOCND.	6.	5.12.4. Thrombus? (Artery #2)
235	LSPASM2	Num	8	YESNOCND.	6.	5.12.5. Spasm? (Artery #2)
236	LWIRE2	Num	8	YESNOCND.	6.	5.12.6. Wire perforation? (Artery #2)
237	LRUPT2	Num	8	YESNOCND.	6.	5.12.7. Vessel rupture? (Artery #2)
238	LPANEUR2	Num	8	YESNOCND.	6.	5.12.8. Pseudoaneurysm? (Artery #2)
239	LTOTRT	Num	8	6.	6.	6. What is the total number of right renal arteries seen?
240	LRNLART1	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (1)
241	LSTAT1	Num	8	PATENC.	6.	6.1. Patency Status (1)
242	LCND1	Char	100	\$100.	\$100.	6.1. Patency Status, CND - Why? (1)
243	LRNLART2	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (2)
244	LSTAT2	Num	8	PATENC.	6.	6.1. Patency Status (2)
245	LCND2	Char	100	\$100.	\$100.	6.1. Patency Status, CND - Why? (2)
246	LRNLART3	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (3)
247	LSTAT3	Num	8	PATENC.	6.	6.1. Patency Status (3)
248	LCND3	Char	100	\$100.	\$100.	6.1. Patency Status, CND - Why? (3)
249	LCND11	Num	8	YESNOCND.	6.	6.3. Is the entire right kidney ischemic?
250	LCND4	Char	100	\$100.	\$100.	6.3. Is the entire right kidney ischemic? Why?
251	CNDQ512	Num	8	CHECKEDF.	6.	5.12. COMPLICATIONS, CND
252	LESN1	Char	5	\$5.	\$5.	7. LESION LOCATION per nomenclature (Artery #1)

Num	Variable	Type	Len	Format	Informat	Label
253	VIS1	Num	8	YESNOCND.	6.	8. Is protection device visible radiographically? (Artery #1)
254	NOEPD1	Num	8	YESNOCND.	6.	8.1. If protection device NOT visible, based upon anatomy, could a device have been used (i.e. main renal artery length >= 45mm)? (Artery #1)
255	APPOS1	Num	8	YESNOCND.	6.	9. Is there good wall apposition of device? (Artery #1)
256	PROTECT1	Num	8	PERCENTA.	6.	10. Describe the percentage of protection (Artery #1)
257	flow1_6	Num	8	TIMI.	6.	11. TIMI FLOW with Angioguard present/TIMI FLOW with EPD present (Artery #1)
258	AE1	Num	8	YESNOCND.	6.	12. Is there evidence to suggest a potential adverse finding related to the protection device? (Artery #1)
259	dissect1_6	Num	8	YESNO.	6.	12.1. Dissection? (Artery #1)
260	FLOWLIM1	Num	8	YESNO.	6.	12.1.1. Flow limiting? (Artery #1)
261	OCCLUS1	Num	8	YESNO.	6.	12.2. Occlusion? (Artery #1)
262	MAINRA1	Num	8	YESNO.	6.	12.2.1. Main RA? (Artery #1)
263	BRANCH1	Num	8	YESNO.	6.	12.2.2. Branch vessel? (Artery #1)
264	EMBOL1	Num	8	YESNO.	6.	12.3. Embolus? (Artery #1)
265	THROMB1	Num	8	YESNO.	6.	12.4. Thrombus? (Artery #1)
266	SPAS1	Num	8	YESNO.	6.	12.5. Spasm? (Artery #1)
267	PERFOR1	Num	8	YESNO.	6.	12.6. Wire perforation? (Artery #1)
268	VESS1	Num	8	YESNO.	6.	12.7. Vessel rupture? (Artery #1)
269	PSEUDO1	Num	8	YESNO.	6.	12.8. Pseudoaneurysm? (Artery #1)
270	maldepl1_6	Num	8	YESNO.	6.	12.9. Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of EPD? (Artery #1)
271	LESN2	Char	5	\$5.	\$5.	7. LESION LOCATION per nomenclature (Artery #2)
272	VIS2	Num	8	YESNOCND.	6.	8. Is protection device visible radiographically? (Artery #2)
273	NOEPD2	Num	8	YESNOCND.	6.	8.1. If protection device NOT visible, based upon anatomy, could a device have been used (i.e. main renal artery length >= 45mm)? (Artery #2)
274	APPOS2	Num	8	YESNOCND.	6.	9. Is there good wall apposition of device? (Artery #2)
275	PROTECT2	Num	8	PERCENTA.	6.	10. Describe the percentage of protection (Artery #2)
276	flow2_6	Num	8	TIMI.	6.	11. TIMI FLOW with Angioguard present/TIMI FLOW with EPD present (Artery #2)
277	AE2	Num	8	YESNOCND.	6.	12. Is there evidence to suggest a potential adverse finding related to the protection device? (Artery #2)
278	dissect2_6	Num	8	YESNO.	6.	12.1. Dissection? (Artery #2)
279	FLOWLIM2	Num	8	YESNO.	6.	12.1.1. Flow limiting? (Artery #2)
280	OCCLUS2	Num	8	YESNO.	6.	12.2. Occlusion? (Artery #2)
281	MAINRA2	Num	8	YESNO.	6.	12.2.1. Main RA? (Artery #2)
282	BRANCH2	Num	8	YESNO.	6.	12.2.2. Branch vessel? (Artery #2)
283	EMBOL2	Num	8	YESNO.	6.	12.3. Embolus? (Artery #2)
284	THROMB2	Num	8	YESNO.	6.	12.4. Thrombus? (Artery #2)
285	SPAS2	Num	8	YESNO.	6.	12.5. Spasm? (Artery #2)
286	PERFOR2	Num	8	YESNO.	6.	12.6. Wire perforation? (Artery #2)

Num	Variable	Type	Len	Format	Informat	Label
287	VESS2	Num	8	YESNO.	6.	12.7. Vessel rupture? (Artery #2)
288	PSEUDO2	Num	8	YESNO.	6.	12.8. Pseudoaneurysm? (Artery #2)
289	maldep12_6	Num	8	YESNO.	6.	12.9. Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of EPD? (Artery #2)
290	REPDUSD1	Num	8	YESN2OUN.	6.	Was EPD used? (Artery #1)
291	REPDDEV1	Char	100	\$100.	\$100.	Was EPD used? (Artery #1) Device
292	REPDUSD2	Num	8	YESN2OUN.	6.	Was EPD used? (Artery #2)
293	REPDDEV2	Char	100	\$100.	\$100.	Was EPD used? (Artery #2) Device
294	PLESLOC1	Char	5	\$5.	\$5.	13.1. LESION LOCATION per Nomenclature (Artery #1)
295	PMLD1	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (1)
296	PMLD2	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (2)
297	PMLD3	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (3)
298	PMLD4	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (Final)
299	PREF1	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #1) (1)
300	PREF2	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #1) (2)
301	PREF3	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #1) (3)
302	PREF4	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #1) (Final)
303	PLESL1	Num	8	8.2	8.2	13.4. Lesion Length (Artery #1) (1)
304	PLESL2	Num	8	8.2	8.2	13.4. Lesion Length (Artery #1) (2)
305	PLESL3	Num	8	8.2	8.2	13.4. Lesion Length (Artery #1) (3)
306	PLESL4	Num	8	8.2	8.2	13.4. Lesion Length (Artery #1) (Final)
307	PROX1	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #1) (1)
308	PROX2	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #1) (2)
309	PROX3	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #1) (3)
310	PROX4	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #1) (Final)
311	dist1_7	Num	8	8.2	8.2	13.6.1 Distal end (Artery #1) (1)
312	dist2_7	Num	8	8.2	8.2	13.6.1 Distal end (Artery #1) (2)
313	DIST3	Num	8	8.2	8.2	13.6.1 Distal end (Artery #1) (3)
314	DIST4	Num	8	8.2	8.2	13.6.1 Distal end (Artery #1) (Final)
315	FLOW3	Num	8	TIMI.	6.	13.7. TIMI FLOW POST-Angioguard removal/TIMI FLOW POST- stent and post-EPD removal (if used) (Artery #1)
316	PDISSECT3	Num	8	YESNO.	6.	13.8.1. Dissection? (Artery #1)
317	PFLOW3	Num	8	YESNO.	6.	13.8.1.1. Flow limiting? (Artery #1)
318	POCCL3	Num	8	YESNO.	6.	13.8.2. Occlusion? (Artery #1)
319	PMAIN3	Num	8	YESNO.	6.	13.8.2.1. Main RA? (Artery #1)
320	PBRAN3	Num	8	YESNO.	6.	13.8.2.2. Branch vessel? (Artery #1)
321	PEMB3	Num	8	YESNO.	6.	13.8.3. Embolus? (Artery #1)
322	PTHROM3	Num	8	YESNO.	6.	13.8.4. Thrombus? (Artery #1)
323	PSPASM3	Num	8	YESNO.	6.	13.8.5. Spasm? (Artery #1)

Num	Variable	Type	Len	Format	Informat	Label
324	PWIRE3	Num	8	YESNO.	6.	13.8.6. Wire perforation? (Artery #1)
325	PRUPT3	Num	8	YESNO.	6.	13.8.7. Vessel rupture? (Artery #1)
326	PPANEUR3	Num	8	YESNO.	6.	13.8.8. Pseudoaneurysm? (Artery #1)
327	MALDEPL3	Num	8	YESNO.	6.	13.8.9 Incomplete or maldeployment of angioguard?/Incomplete or mal-deployment of stent? (Artery #1)
328	PLESLOC2	Char	5	\$5.	\$5.	13.1. LESION LOCATION per Nomenclature (Artery #2)
329	PMLD5	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (2)
330	PMLD6	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #2) (2)
331	PMLD7	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #2) (3)
332	PMLD8	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #2) (Final)
333	PREF5	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #2) (1)
334	PREF6	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #2) (2)
335	PREF7	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #2) (3)
336	PREF8	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #2) (Final)
337	PLESL5	Num	8	8.2	8.2	13.4. Lesion Length (Artery #2) (1)
338	PLESL6	Num	8	8.2	8.2	13.4. Lesion Length (Artery #2) (2)
339	PLESL7	Num	8	8.2	8.2	13.4. Lesion Length (Artery #2) (3)
340	PLESL8	Num	8	8.2	8.2	13.4. Lesion Length (Artery #2) (Final)
341	PROX5	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #2) (1)
342	PROX6	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #2) (2)
343	PROX7	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #2) (3)
344	PROX8	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #2) (Final)
345	DIST5	Num	8	8.2	8.2	13.6.1 Distal end (Artery #2) (1)
346	DIST6	Num	8	8.2	8.2	13.6.1 Distal end (Artery #2) (2)
347	DIST7	Num	8	8.2	8.2	13.6.1 Distal end (Artery #2) (3)
348	DIST8	Num	8	8.2	8.2	13.6.1 Distal end (Artery #2) (Final)
349	FLOW4	Num	8	TIMI.	6.	13.7. TIMI FLOW POST-Angioguard removal/TIMI FLOW POST- stent and post-EPD removal (if used) (Artery #2)
350	DISSECT3	Num	8	YESNO.	6.	13.8.1. Dissection? (Artery #2)
351	FLOW31	Num	8	YESNO.	6.	13.8.1.1. Flow limiting? (Artery #2)
352	OCCL3	Num	8	YESNO.	6.	13.8.2. Occlusion? (Artery #2)
353	MAIN3	Num	8	YESNO.	6.	13.8.2.1. Main RA? (Artery #2)
354	BRAN3	Num	8	YESNO.	6.	13.8.2.2. Branch vessel? (Artery #2)
355	EMB3	Num	8	YESNO.	6.	13.8.3. Embolus? (Artery #2)
356	THROM3	Num	8	YESNO.	6.	13.8.4. Thrombus? (Artery #2)
357	SPASM3	Num	8	YESNO.	6.	13.8.5. Spasm? (Artery #2)
358	WIRE3	Num	8	YESNO.	6.	13.8.6. Wire perforation? (Artery #2)
359	RUPT3	Num	8	YESNO.	6.	13.8.7. Vessel rupture? (Artery #2)
360	PANEUR3	Num	8	YESNO.	6.	13.8.8. Pseudoaneurysm? (Artery #2)

Num	Variable	Type	Len	Format	Informat	Label
361	MALDEPL4	Num	8	YESNO.	6.	13.8.9 Incomplete or maldeployment of angioguard?/Incomplete or mal-deployment of stent? (Artery #2)
362	PSTEN1A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #1) (1)
363	PSTEN2A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #1) (2)
364	PSTEN3A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #1) (3)
365	PSTEN4A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #1) (Final)
366	PSTEN5A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #2) (1)
367	PSTEN6A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #2) (2)
368	PSTEN7A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #2) (3)
369	PSTEN8A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #2) (Final)
370	LLESN1	Char	5	\$5.	\$5.	14. LESION LOCATION per nomenclature (Artery #1)
371	LVIS1	Num	8	YESNOCND.	6.	15. Is protection device visible radiographically? (Artery #1)
372	LNOEPD1	Num	8	YESNOCND.	6.	15.1. If protection device NOT visible, based upon anatomy, could a device have been used (i.e. main renal artery length >= 45mm)? (Artery #1)
373	LAPPOS1	Num	8	YESNOCND.	6.	16. Is there good wall apposition of device? (Artery #1)
374	PROTECT3	Num	8	PERCENTA.	6.	17. Describe the percentage of protection (Artery #1)
375	lflow1_8	Num	8	TIMI.	6.	18. TIMI FLOW with Angioguard present/TIMI FLOW with EPD present (Artery #1)
376	LAE1	Num	8	YESNOCND.	6.	19. Is there evidence to suggest a potential adverse finding related to the protection device? (Artery #1)
377	Idissect1_8	Num	8	YESNO.	6.	19.1. Dissection? (Artery #1)
378	LFLOWLIM1	Num	8	YESNO.	6.	19.1.1. Flow limiting? (Artery #1)
379	LOCCLUS1	Num	8	YESNO.	6.	19.2. Occlusion? (Artery #1)
380	LMAINRA1	Num	8	YESNO.	6.	19.2.1. Main RA? (Artery #1)
381	LBRANCH1	Num	8	YESNO.	6.	19.2.2. Branch vessel? (Artery #1)
382	LEMBOL1	Num	8	YESNO.	6.	19.3. Embolus? (Artery #1)
383	LTHROMB1	Num	8	YESNO.	6.	19.4. Thrombus? (Artery #1)
384	LSPAS1	Num	8	YESNO.	6.	19.5. Spasm? (Artery #1)
385	LPERFOR1	Num	8	YESNO.	6.	19.6. Wire perforation? (Artery #1)
386	LVESS1	Num	8	YESNO.	6.	19.7. Vessel rupture? (Artery #1)
387	LPSEUDO1	Num	8	YESNO.	6.	19.8. Pseudoaneurysm? (Artery #1)
388	LMALDEPL1	Num	8	YESNO.	6.	19.9. Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of device? (Artery #1)
389	LLESN2	Char	5	\$5.	\$5.	14. LESION LOCATION per nomenclature (Artery #2)
390	LVIS2	Num	8	YESNOCND.	6.	15. Is protection device visible radiographically? (Artery #2)
391	LNOEPD2	Num	8	YESNOCND.	6.	15.1. If protection device NOT visible, based upon anatomy, could a device have been used (i.e. main renal artery length >= 45mm)? (Artery #2)
392	LAPPOS2	Num	8	YESNOCND.	6.	16. Is there good wall apposition of device? (Artery #2)
393	PROTECT4	Num	8	PERCENTA.	6.	17. Describe the percentage of protection (Artery #2)

Num	Variable	Type	Len	Format	Informat	Label
394	lflow2_8	Num	8	TIMI.	6.	18. TIMI FLOW with Angioguard present/TIMI FLOW with EPD present (Artery #2)
395	LAE2	Num	8	YESNOCND.	6.	19. Is there evidence to suggest a potential adverse finding related to the protection device? (Artery #2)
396	ldissect2_8	Num	8	YESNO.	6.	19.1. Dissection? (Artery #2)
397	LFLOWLIM2	Num	8	YESNO.	6.	19.1.1. Flow limiting? (Artery #2)
398	LOCCLUS2	Num	8	YESNO.	6.	19.2. Occlusion? (Artery #2)
399	LMAINRA2	Num	8	YESNO.	6.	19.2.1. Main RA? (Artery #2)
400	LBRANCH2	Num	8	YESNO.	6.	19.2.2. Branch vessel? (Artery #2)
401	LEMBOL2	Num	8	YESNO.	6.	19.3. Embolus? (Artery #2)
402	LTHROMB2	Num	8	YESNO.	6.	19.4. Thrombus? (Artery #2)
403	LSPAS2	Num	8	YESNO.	6.	19.5. Spasm? (Artery #2)
404	LPERFOR2	Num	8	YESNO.	6.	19.6. Wire perforation? (Artery #2)
405	LVESS2	Num	8	YESNO.	6.	19.7. Vessel rupture? (Artery #2)
406	LPSEUDO2	Num	8	YESNO.	6.	19.8. Pseudoaneurysm? (Artery #2)
407	LMALDEPL2	Num	8	YESNO.	6.	19.9. Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of device? (Artery #2)
408	LEPDUSD1	Num	8	YESN2OUN.	6.	Was EPD used? (Artery #1)
409	LEPDDEV1	Char	100	\$100.	\$100.	Was EPD used? (Artery #1) Device
410	LEPDUSD2	Num	8	YESN2OUN.	6.	Was EPD used? (Artery #2)
411	LEPDDEV2	Char	100	\$100.	\$100.	Was EPD used? (Artery #2) Device
412	PLLESLOC1	Char	5	\$5.	\$5.	20.1. LESION LOCATION per Nomenclature (Artery #1)
413	PLMLD1	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (1)
414	PLMLD2	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (2)
415	PLMLD3	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (3)
416	PLMLD4	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (Final)
417	PLREF1	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #1) (1)
418	PLREF2	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #1) (2)
419	PLREF3	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #1) (3)
420	PLREF4	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #1) (Final)
421	PLLESL1	Num	8	8.2	8.2	20.4. Lesion Length (Artery #1) (1)
422	PLLESL2	Num	8	8.2	8.2	20.4. Lesion Length (Artery #1) (2)
423	PLLESL3	Num	8	8.2	8.2	20.4. Lesion Length (Artery #1) (3)
424	PLLESL4	Num	8	8.2	8.2	20.4. Lesion Length (Artery #1) (Final)
425	LPROX1	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #1) (1)
426	LPROX2	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #1) (2)
427	LPROX3	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #1) (3)
428	LPROX4	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #1) (Final)
429	ldist1_9	Num	8	8.2	8.2	20.6.1 Distal end (Artery #1) (1)
430	ldist2_9	Num	8	8.2	8.2	20.6.1 Distal end (Artery #1) (2)

Num	Variable	Type	Len	Format	Informat	Label
431	LDIST3	Num	8	8.2	8.2	20.6.1 Distal end (Artery #1) (3)
432	LDIST4	Num	8	8.2	8.2	20.6.1 Distal end (Artery #1) (Final)
433	LFLOW3	Num	8	TIMI.	6.	20.7. TIMI FLOW POST-Angioguard removal/TIMI FLOW POST- stent and post-EPD removal (if used) (Artery #1)
434	PLDISSECT3	Num	8	YESNO.	6.	20.8.1. Dissection? (Artery #1)
435	PLFLOW3	Num	8	YESNO.	6.	20.8.1.1. Flow limiting? (Artery #1)
436	PLOCCL3	Num	8	YESNO.	6.	20.8.2. Occlusion? (Artery #1)
437	PLMAIN3	Num	8	YESNO.	6.	20.8.2.1. Main RA? (Artery #1)
438	PLBRAN3	Num	8	YESNO.	6.	20.8.2.2. Branch vessel? (Artery #1)
439	PLEMB3	Num	8	YESNO.	6.	20.8.3. Embolus? (Artery #1)
440	PLTHROM3	Num	8	YESNO.	6.	20.8.4. Thrombus? (Artery #1)
441	PLSPASM3	Num	8	YESNO.	6.	20.8.5. Spasm? (Artery #1)
442	PLWIRE3	Num	8	YESNO.	6.	20.8.6. Wire perforation? (Artery #1)
443	PLRUPT3	Num	8	YESNO.	6.	20.8.7. Vessel rupture? (Artery #1)
444	PLPANEUR3	Num	8	YESNO.	6.	20.8.8. Pseudoaneurysm? (Artery #1)
445	maldep11_9	Num	8	YESNO.	6.	20.8.9 Incomplete or maldeployment of angioguard?/Incomplete or mal-deployment of stent? (Artery #1)
446	PLLESLOC2	Char	5	\$5.	\$5.	20.1. LESION LOCATION per Nomenclature (Artery #2)
447	PLMLD5	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (2)
448	PLMLD6	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #2) (2)
449	PLMLD7	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #2) (3)
450	PLMLD8	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #2) (Final)
451	PLREF5	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #2) (1)
452	PLREF6	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #2) (2)
453	PLREF7	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #2) (3)
454	PLREF8	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #2) (Final)
455	PLLESL5	Num	8	8.2	8.2	20.4. Lesion Length (Artery #2) (1)
456	PLLESL6	Num	8	8.2	8.2	20.4. Lesion Length (Artery #2) (2)
457	PLLESL7	Num	8	8.2	8.2	20.4. Lesion Length (Artery #2) (3)
458	PLLESL8	Num	8	8.2	8.2	20.4. Lesion Length (Artery #2) (Final)
459	LPROX5	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #2) (1)
460	LPROX6	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #2) (2)
461	LPROX7	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #2) (3)
462	LPROX8	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #2) (Final)
463	LDIST5	Num	8	8.2	8.2	20.6.1 Distal end (Artery #2) (1)
464	LDIST6	Num	8	8.2	8.2	20.6.1 Distal end (Artery #2) (2)
465	LDIST7	Num	8	8.2	8.2	20.6.1 Distal end (Artery #2) (3)
466	LDIST8	Num	8	8.2	8.2	20.6.1 Distal end (Artery #2) (Final)
467	LFLOW4	Num	8	TIMI.	6.	20.7. TIMI FLOW POST-Angioguard removal/TIMI FLOW POST- stent and post-EPD removal (if used) (Artery #2)

Num	Variable	Type	Len	Format	Informat	Label
468	LDISSECT3	Num	8	YESNO.	6.	20.8.1. Dissection? (Artery #2)
469	LFLOW31	Num	8	YESNO.	6.	20.8.1.1. Flow limiting? (Artery #2)
470	LOCCL3	Num	8	YESNO.	6.	20.8.2. Occlusion? (Artery #2)
471	LMAIN3	Num	8	YESNO.	6.	20.8.2.1. Main RA? (Artery #2)
472	LBRAN3	Num	8	YESNO.	6.	20.8.2.2. Branch vessel? (Artery #2)
473	LEMB3	Num	8	YESNO.	6.	20.8.3. Embolus? (Artery #2)
474	LTHROM3	Num	8	YESNO.	6.	20.8.4. Thrombus? (Artery #2)
475	LSPASM3	Num	8	YESNO.	6.	20.8.5. Spasm? (Artery #2)
476	LWIRE3	Num	8	YESNO.	6.	20.8.6. Wire perforation? (Artery #2)
477	LRUPT3	Num	8	YESNO.	6.	20.8.7. Vessel rupture? (Artery #2)
478	LPANEUR3	Num	8	YESNO.	6.	20.8.8. Pseudoaneurysm? (Artery #2)
479	maldepl2_9	Num	8	YESNO.	6.	20.8.9 Incomplete or maldeployment of angioguard?/Incomplete or mal-deployment of stent? (Artery #2)
480	PLSTEN1A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #1) (1)
481	PLSTEN2A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #1) (2)
482	PLSTEN3A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #1) (3)
483	PLSTEN4A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #1) (Final)
484	PLSTEN5A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #2) (1)
485	PLSTEN6A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #2) (2)
486	PLSTEN7A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #2) (3)
487	PLSTEN8A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #2) (Final)
488	angioday	Num	8			days to angiogram

Data Set Name: v3_baseline.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	AGE	Num	8	6.	6.	1. Age at time of enrollment
3	SEX	Num	8	HCRI_GEN.	6.	2. Sex
4	BLINBP	Num	8	YESNO.	6.	3. Baseline Blood Pressure
5	SYS1	Num	8	6.	6.	3.2. Sys (1)
6	DIAS1	Num	8	6.	6.	3.2. Dias (1)
7	HRTRT1	Num	8	6.	6.	3.2. Heart Rate (1)
8	SYS2	Num	8	6.	6.	3.2. Sys (2)
9	DIAS2	Num	8	6.	6.	3.2. Dias (2)
10	HRTRT2	Num	8	6.	6.	3.2. Heart Rate (2)
11	SYS3	Num	8	6.	6.	3.2. Sys (3)
12	DIAS3	Num	8	6.	6.	3.2. Dias (3)
13	HRTRT3	Num	8	6.	6.	3.2. Heart Rate (3)
14	LABBLOOD	Num	8	YESNO.	6.	4. Biochem Core Lab Bloodwork
15	FAST	Num	8	YESNO.	6.	4.2./4.1. Did subject fast prior to lipid collection?
16	DNA	Num	8	YESNO.	6.	4.3./4.2. Was DNA sample collected?
17	LABELNUM	Num	8	9.	9.	BIOCHEM Label
18	LABURINE	Num	8	YESNO.	6.	5. Biochem Core Lab Urine
19	CREAT	Num	8	YESNO.	6.	6. Local Lab Creatinine
20	CREATVAL	Num	8	8.2	8.2	6.2./6.1. Value
21	CREATUNT	Char	10	\$10.	\$10.	6.2./6.1. Unit
22	URINEDIP	Num	8	YESNO.	6.	7. Local Lab Urine Dipstick
23	PROTEIN	Num	8	URINEPRO.	6.	7.2./7.1. Protein (mg/dl)
24	GFR	Num	8	YESNO.	6.	8. Estimated GFR
25	GFRVAL	Num	8	8.2	8.2	8.1. Value
26	DMBPRNG	Num	8	YESNO.	6.	DM: BP in range
27	GFRSIGN	Char	3	\$3.	\$3.	8.1. GFR Sign
28	ECG	Num	8	YESNO.	6.	8./9. 12-Lead ECG
29	ANGIO	Num	8	YESNO.	6.	9. Renal Angiography
30	QOL	Num	8	YESNO.	6.	10. Was the Baseline Quality of Life Survey completed?
31	REFUSE	Num	8	YESNO.	6.	10.1. Did subject refuse to answer questions?
32	LANG	Num	8	YESNO.	6.	10.2. Was there a language barrier?
33	OTHER	Num	8	YESNO.	6.	10.3. Other
34	OTHSPEC	Char	100	\$100.	\$100.	10.3.1. Specify
35	ADDR	Num	8	YESNO.	6.	11. Did the subject sign the Patient Address Form?
36	ATHEROHX	Num	8	YESNOUNK.	6.	12. History of premature atherosclerotic disease in family

Num	Variable	Type	Len	Format	Informat	Label
37	MIHX	Num	8	YESNOUNK.	6.	13. History of prior MI
38	BYPASSHX	Num	8	YESNOUNK.	6.	14. History of coronary artery bypass surgery
39	PERCHX	Num	8	YESNOUNK.	6.	15. History of percutaneous coronary intervention
40	VASCHX	Num	8	YESNOUNK.	6.	16./ 14. History of peripheral vascular disease
41	CLAUDHX	Num	8	YESNOUNK.	6.	17. History of peripheral claudication
42	ARTBYPHX	Num	8	YESNOUNK.	6.	18. History of peripheral artery bypass
43	PERIARTHX	Num	8	YESNOUNK.	6.	19. History of peripheral artery intervention
44	TIAHX	Num	8	YESNOUNK.	6.	20./15. History of stroke or TIA
45	BRUIT	Num	8	YESNOUNK.	6.	21. Current carotid bruit
46	CARSTEN	Num	8	YESNOUNK.	6.	22. History of carotid stenosis
47	IMPLANT	Num	8	YESNOUNK.	6.	23. History of carotid stent implantation
48	ENDART	Num	8	YESNOUNK.	6.	24. History of carotid endarterectomy
49	DIABHX	Num	8	YESNOUNK.	6.	25./16. History of diabetes mellitus
50	DIABETES	Num	8	DIABETES.	6.	25.1. Diabetes controlled/treated
51	HYPLIPID	Num	8	YESNOUNK.	6.	26./17. History of hyperlipidemia
52	SMOKE	Num	8	YESNOUNK.	6.	27./18. Cigarette smoking in the past year
53	CHFHX	Num	8	YESNOUNK.	6.	28. /19. History of CHF
54	CHFSX	Num	8	YESNOUNK.	6.	29. Current symptoms of CHF
55	NHYA	Num	8	NYHA7F.	6.	29.1. NHYA
56	AORANEUR	Num	8	YESNOUNK.	6.	30. History of aortic aneurysm > 4.0 cm
57	ANGHX	Num	8	YESNOUNK.	6.	31. History of angina pectoris
58	CCCC	Num	8	YESNOUNK.	6.	32. Current Canadian Cardiovascular Classification
59	CLASSIF	Num	8	CCSC11F.	6.	32.1.
60	CANCHX	Num	8	YESNOUNK.	6.	33. History of any cancer
61	CURINSUL	Num	8	YESNO.	6.	16.1 Is the subject currently taking insulin?
62	CHFSX1	Num	8	NYHA9F.	6.	20. Current symptoms of CHF, NYHA Classification
63	CARDCLAS	Num	8	CCSC14F.	6.	21. Current Canadian Cardiovascular Classification
64	CKD	Num	8	YESNOUNK.	6.	22. CKD (defined as eGFR <60 ml/min/1.73m2 or urinary albumin/creatinine ratio >30 mg/g on baseline lab work)
65	bpdday	Num	8			3.1 days to BP assessment
66	blooday	Num	8			4.1 days to Biochem core lab bloodwork collection
67	urineday	Num	8			5.1 days to Biochem core lab urine collection
68	creatday	Num	8			6.1 days to local lab creatinine collection
69	dipday	Num	8			7.1 days to local lab urine dipstick
70	ecgday	Num	8			8./9. days to 12-lead ECG
71	miday	Num	8			days to most recent MI
72	byyday	Num	8			days to most recent coronary artery bypass surgery
73	percdy	Num	8			days to most recent percutaneous coronary intervention
74	artday	Num	8			days to most recent peripheral artery bypass

Num	Variable	Type	Len	Format	Informat	Label
75	periday	Num	8			days to most recent peripheral artery intervention
76	tiaday	Num	8			days to most recent Stroke/TIA
77	impday	Num	8			days to most recent carotid stent implantation
78	surgday	Num	8			days to most recent surgery
79	hospdlay	Num	8			days to most recent hospitalization

Data Set Name: v3_biochem.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TESTCODE	Char	10	\$10.	\$10.	3. Performed Test-Code
3	TESTSTAT	Char	1	\$1.	\$1.	6. Test Status
4	RESTYPE	Char	1	\$1.	\$1.	8. Result Type
5	RESUNIT	Char	20	\$20.	\$20.	9. Result Units
6	RESVAL	Char	80	\$80.	\$80.	10. Result-Value
7	visnum	Char	14			11. Visit
8	test	Char	70			3. Performed Test - decode

Data Set Name: v3_blangio.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ANGSITE	Num	8	ANGSITE.	6.	1./1.1. This angiogram was performed at
3	ARRHR	Char	2	\$2.	\$2.	3./1.3. Time subject arrived in procedure room: (Hours)
4	ARRMN	Char	2	\$2.	\$2.	3./1.3. Time subject arrived in procedure room: (Minutes)
5	SHEATH	Num	8	ACCESSSI.	6.	4. Vascular access (sheath)
6	INTERVEN	Num	8	YESNO.	6.	5./1.4. Was a renal intervention performed during this procedure?
7	PROCHR	Char	2	\$2.	\$2.	6./1.4.1 Time procedure began: (first xylocaine injection) (Hours)
8	PROCMN	Char	2	\$2.	\$2.	6./1.4.1 Time procedure began: (first xylocaine injection) (Minutes)
9	CATHHR	Char	2	\$2.	\$2.	7./1.4.2. Time of insertion of first renal angiography catheter: (Hours)
10	CATHMN	Char	2	\$2.	\$2.	7./1.4.2. Time of insertion of first renal angiography catheter: (Minutes)
11	ENDHR	Char	2	\$2.	\$2.	8./1.4.3. Time procedure ended: (last catheter removed) (Hours)
12	ENDMN	Char	2	\$2.	\$2.	8./1.4.3. Time procedure ended: (last catheter removed) (Minutes)
13	IONIC	Num	8	CHECKEDF.	6.	9. Type of contrast used: Ionic
14	IOVAL	Num	8	6.	6.	9. Dose of contrast used: Ionic
15	NONIONIC	Num	8	CHECKEDF.	6.	9. Type of contrast used: Non-Ionic
16	NONVAL	Num	8	6.	6.	9. Dose of contrast used: Non-Ionic
17	LOWOSMO	Num	8	CHECKEDF.	6.	9. Type of contrast used: Low Osmolar
18	LOWVAL	Num	8	6.	6.	9. Dose of contrast used: Low Osmolar
19	ISOSMOL	Num	8	CHECKEDF.	6.	9. Type of contrast used: Isosmolar
20	ISOSVAL	Num	8	6.	6.	9. Dose of contrast used: Isosmolar
21	FENOL	Num	8	YESNO.	6.	10. Did the subject receive Fenoldopam?
22	NACETYL	Num	8	YESNO.	6.	11. Did the subject receive N-acetylcysteine?
23	SODBICAR	Num	8	YESNO.	6.	12. Did the subject receive sodium bicarbonate?
24	HIRISK	Num	8	YESNO.	6.	12.1. Was subject considered high risk?
25	NOSOD	Char	200	\$200.	\$200.	12.1.1. Explain why no sodium bicarbonate was given
26	BASANG	Num	8	YESNO.	6.	1. Did patient under go baseline renal angiography?
27	CONTRAST	Num	8	10.2	10.2	1.4.4. Total amount of contrast used
28	NONRENAL	Num	8	YESNO.	6.	13./1.4.5. Were any non-renal angiographies or revascularizations performed during this procedure?
29	CORANGIO	Num	8	CHECKEDF.	6.	13.1./1.4.5.1. Coronary angiography
30	CAROTANG	Num	8	CHECKEDF.	6.	13.1./1.4.5.1. Carotid angiography
31	OTHANGIO	Num	8	CHECKEDF.	6.	13.1./1.4.5.1. Other peripheral angiography
32	OTHANG	Char	50	\$50.	\$50.	13.1./1.4.5.1. Other peripheral angiography, specify
33	COREVASC	Num	8	CHECKEDF.	6.	13.1./1.4.5.1. Coronary revascularization
34	CAROTREV	Num	8	CHECKEDF.	6.	13.1./1.4.5.1. Carotid revascularization
35	OTHREVAS	Num	8	CHECKEDF.	6.	13.1./1.4.5.1. Other revascularization
36	RKIDNEY_2	Num	8	YESNO.	6.	14.Right Kidney is present

Num	Variable	Type	Len	Format	Informat	Label
37	LKIDNEY_2	Num	8	YESNO.	6.	15. Left Kidney is present
38	RKIDNEY_3	Num	8	YESNO.	6.	2. Was right kidney present?
39	LKIDNEY_3	Num	8	YESNO.	6.	3. Was left kidney present?
40	procdays	Num	8			days to procedure

Data Set Name: v3_cecchf.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ADMIT	Num	8	YESNO.	6.	1. Was the patient admitted (ie met the protocol definition for hospitalization) for the management of new or worsening heart failure?
3	NEWHF	Num	8	YESNO.	6.	2a. Was there documented evidence for new or worsening heart failure?
4	DYSP	Num	8	CHECKEDF.	6.	Increasing dyspnea on exertion
5	ORTH	Num	8	CHECKEDF.	6.	Orthopnea
6	NOCTDYS	Num	8	CHECKEDF.	6.	Paroxysmal Nocturnal dyspnea
7	EDEMA	Num	8	CHECKEDF.	6.	Increasing peripheral edema
8	INCRFATG	Num	8	CHECKEDF.	6.	Increasing fatigue/decreasing exercise tolerance
9	HYPOPERF	Num	8	CHECKEDF.	6.	Renal hypoperfusion (i.e. worsening renal function)
10	PULMED	Num	8	CHECKEDF.	6.	Pulmonary edema
11	JUGULAR	Num	8	CHECKEDF.	6.	Elevated jugular venous pressure
12	RADIO	Num	8	CHECKEDF.	6.	Radiological signs of CHF
13	IVTHER	Num	8	YESNO.	6.	3. Did the patient require IV therapy with either vasodilators, diuretics, or inotropes?
14	MISSET	Num	8	YESNO.	6.	4. Did the worsening heart failure occur in the setting of a MI?
15	CHFHOSP	Num	8	CHECKEDF.	6.	CORAL Hospitalization for CHF Criteria Met/ CORAL HF criteria met under the Old Definition MI
16	SITERPT	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
17	CECADJ	Num	8	CHECKEDF.	6.	CEC ADJUDICATED DATE OF EVENT
18	NOCHFHOSP	Num	8	CHECKEDF.	6.	CORAL Hospitalization for CHF Criteria NOT Met /CORAL HF criteria NOT met under the Old Definition MI
19	EXPL	Char	200	\$200.	\$200.	Explain
20	COMMENTS	Char	200	\$200.	\$200.	Comments
21	CHFHOSP2	Num	8	CHECKEDF.	6.	CORAL HF criteria met under the New Definition MI
22	NOCHFHOSP2	Num	8	CHECKEDF.	6.	CORAL HF criteria NOT met under the New Definition MI
23	DUPLICAT	Num	8	CHECKEDF.	6.	Duplicate
24	strptday	Num	8			days to site reported date of event
25	cecadjday	Num	8			days to CEC adjudication date of event

Data Set Name: v3_cecdeath.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	SITERPT	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
3	CECADJ	Num	8	CHECKEDF.	6.	CEC ADJUDICATED DATE OF EVENT
4	FATALMI	Num	8	CHECKEDF.	6.	Fatal MI
5	PUMP	Num	8	CHECKEDF.	6.	Pump Failure
6	SUDDEN	Num	8	CHECKEDF.	6.	Sudden Death
7	WITNESS	Num	8	CHECKEDF.	6.	Witnessed
8	LASTSEEN	Num	8	CHECKEDF.	6.	Last seen >= 1 hr and < 24 hrs
9	PRESSD	Num	8	CHECKEDF.	6.	Presumed Sudden Death
10	PRESCARD	Num	8	CHECKEDF.	6.	Presumed Cardiovascular
11	STROKE	Num	8	CHECKEDF.	6.	Stroke
12	PE	Num	8	CHECKEDF.	6.	Pulmonary Embolism
13	CVPROC	Num	8	CHECKEDF.	6.	CV Procedure Related
14	SPEC1	Char	100	\$100.	\$100.	Specify
15	OTHCV	Num	8	CHECKEDF.	6.	Other CV
16	SPEC2	Char	100	\$100.	\$100.	Specify
17	INFECT	Num	8	CHECKEDF.	6.	Infection
18	MALIG	Num	8	CHECKEDF.	6.	Malignancy
19	PULM	Num	8	CHECKEDF.	6.	Pulmonary
20	GASTRO	Num	8	CHECKEDF.	6.	Gastrointestinal
21	ACCIDENT	Num	8	CHECKEDF.	6.	Accidental
22	SUICIDE	Num	8	CHECKEDF.	6.	Suicide
23	DIABETES	Num	8	CHECKEDF.	6.	Diabetes
24	OTHNONCV	Num	8	CHECKEDF.	6.	Other Non-CV
25	SPEC3	Char	100	\$100.	\$100.	Specify
26	RENAL	Num	8	CHECKEDF.	6.	Renal
27	UNKNOWN	Num	8	CHECKEDF.	6.	Unknown
28	COMMENTS	Char	200	\$200.	\$200.	Comments
29	strptday	Num	8			days to site reported date of event
30	cecadjday	Num	8			days to CEC adjudication date of event

Data Set Name: v3_cecmi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ISCHSX	Num	8	YESNO.	6.	1. Ischemic Symptoms: clinical presentation consistent with myocardial infarction?
3	ECGCHNG	Num	8	YESNO.	6.	2. ECG changes consistent with myocardial infarction ?
4	SIGQWV	Num	8	CHECKEDF.	6.	new significant Q waves (or R waves in V1-V2) in two contiguous leads in the absence of previous LVH or conduction abnormalities
5	TWAVE	Num	8	CHECKEDF.	6.	evolving ST-segment / T-wave changes in two or more contiguous leads
6	BLOCK	Num	8	CHECKEDF.	6.	development of new left bundle branch block
7	STSEG	Num	8	CHECKEDF.	6.	ST segment elevation requiring thrombolytics or PCI
8	PATHQWV	Num	8	CHECKEDF.	6.	new pathological Q waves that are persistent at discharge
9	ABNWALL	Num	8	CHECKEDF.	6.	documentation of new wall motion abnormality (other than septal)
10	CARDMARK	Num	8	YESNO.	6.	3. Cardiac Marker criteria met for this event?
11	TROP	Num	8	CHECKEDF.	6.	Troponin is $\geq 2x$ ULN (necrosis range)
12	TROPNOT	Num	8	CHECKEDF.	6.	Troponin not $\geq 2x$ ULN (necrosis range), CKMB $\geq 2x$ ULN
13	CK	Num	8	CHECKEDF.	6.	CK and CKMB or only CKMB drawn, CKMB $\geq 2x$ ULN
14	CKSERIAL	Num	8	CHECKEDF.	6.	only CK drawn, serial CK changes of $\geq 2x$ ULN
15	PCITROP	Num	8	CHECKEDF.	6.	Troponin $\geq 3x$ ULN (necrosis range)
16	PCITROPNOT	Num	8	CHECKEDF.	6.	Troponin not $\geq 3x$ ULN, CKMB $\geq 3x$ ULN
17	PCICK	Num	8	CHECKEDF.	6.	CK and CKMB or only CKMB drawn, CKMB $\geq 3x$ ULN
18	PCICKSERIAL	Num	8	CHECKEDF.	6.	only CK drawn, serial CK changes of $\geq 3x$ ULN and $\geq 50\%$ above last measurement if last measure \geq ULN
19	CABGCK	Num	8	CHECKEDF.	6.	CKMB $> 5x$ ULN and $> 50\%$ above last measurement if last measure $>$ ULN
20	MICRIT	Num	8	CHECKEDF.	6.	CORAL MI Criteria Met
21	NONPROC	Num	8	CHECKEDF.	6.	Non-Procedural
22	PERIPROC	Num	8	CHECKEDF.	6.	Peri-PCI
23	PERICABG	Num	8	CHECKEDF.	6.	Peri-CABG
24	NOMICRIT	Num	8	CHECKEDF.	6.	CORAL MI Criteria NOT Met
25	SITERPT	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
26	CECADJ	Num	8	CHECKEDF.	6.	CEC ADJUDICATED DATE OF EVENT
27	COMMENTS	Char	200	\$200.	\$200.	Comments
28	CARDMARK2	Num	8	YESNO.	6.	3. Cardiac Marker criteria met for this event?
29	TROP2	Num	8	CHECKEDF.	6.	Troponin is $> 1x$ ULN (necrosis range)
30	TROPNOT2	Num	8	CHECKEDF.	6.	Troponin not $> 1x$ ULN (necrosis range), CKMB $> 1x$ ULN
31	CK2	Num	8	CHECKEDF.	6.	CK and CKMB or only CKMB drawn, CKMB $\geq 2x$ ULN
32	CKSERIAL2	Num	8	CHECKEDF.	6.	only CK drawn, serial CK changes of $\geq 2x$ ULN
33	PCITROP2	Num	8	CHECKEDF.	6.	Troponin $\geq 3x$ ULN (necrosis range)
34	PCITROPNOT2	Num	8	CHECKEDF.	6.	Troponin not $\geq 3x$ ULN, CKMB $\geq 3x$ ULN

Num	Variable	Type	Len	Format	Informat	Label
35	PCICK2	Num	8	CHECKEDF.	6.	CK and CKMB or only CKMB drawn, CKMB \geq 3x ULN
36	PCICKSERIAL2	Num	8	CHECKEDF.	6.	only CK drawn, serial CK changes of \geq 3x ULN and \geq 50% above last measurement if last measure > ULN
37	CABGCK2	Num	8	CHECKEDF.	6.	CKMB > 5x ULN and new Q waves or new wall motion abnormalities
38	MICRIT2	Num	8	CHECKEDF.	6.	CORAL MI Criteria Met
39	NONPROC2	Num	8	CHECKEDF.	6.	Non-Procedural
40	PERIPROC2	Num	8	CHECKEDF.	6.	Peri-PCI
41	PERICABG2	Num	8	CHECKEDF.	6.	Peri-CABG
42	NOMICRIT2	Num	8	CHECKEDF.	6.	CORAL MI Criteria NOT Met
43	DUPLICAT	Num	8	CHECKEDF.	6.	Duplicate
44	strptday	Num	8			days to site reported date of event
45	cecadjday	Num	8			days to CEC adjudication date of event

Data Set Name: v3_ccrenl.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	DOUBLE	Num	8	YESNO.	6.	1. Did the patient experience a doubling of baseline Cr on 2 measurements separated by >= 60 days?
3	RENAL	Num	8	CHECKEDF.	6.	CORAL Progressive Renal Insufficiency Criteria Met
4	RENALNOT	Num	8	CHECKEDF.	6.	CORAL Progressive Renal Insufficiency Criteria NOT Met
5	EXPL	Char	200	\$200.	\$200.	Explain
6	SITERPT	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
7	CECADJ	Num	8	CHECKEDF.	6.	CEC ADJUDICATED DATE OF EVENT
8	COMMENTS	Char	200	\$200.	\$200.	Comments
9	COREONLY	Num	8	CHECKEDF.	6.	Core Lab Values Only
10	CORELOCAL	Num	8	CHECKEDF.	6.	Core Labs and Local Labs
11	LOCALONLY	Num	8	CHECKEDF.	6.	Local Lab Values Only
12	strptday	Num	8			days to site reported date of event
13	cecadjday	Num	8			days to CEC adjudication date of event

Data Set Name: v3_cecrenrep.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	REPL	Num	8	CHECKEDF.	6.	CORAL Renal Replacement Therapy Criteria Met:
3	TRANS	Num	8	CHECKEDF.	6.	a. renal transplant
4	HEMO	Num	8	CHECKEDF.	6.	b. hemodialysis or peritoneal dialysis for >= 30 days
5	RRT	Num	8	CHECKEDF.	6.	c. physician recommended RRT and patient refused
6	DEATH	Num	8	CHECKEDF.	6.	d. patient died within 30 days after the initiation of dialysis for chronic renal failure
7	REPLNOT	Num	8	CHECKEDF.	6.	CORAL Renal Replacement Therapy Criteria NOT Met
8	EXPL	Char	200	\$200.	\$200.	Explain
9	SITERPT	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
10	CECADJ	Num	8	CHECKEDF.	6.	CEC ADJUDICATED DATE OF EVENT
11	COMMENTS	Char	200	\$200.	\$200.	Comments
12	strptday	Num	8			days to site reported date of event
13	cecadjday	Num	8			days to CEC adjudication date of event

Data Set Name: v3_cecstroke.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	FOCAL	Num	8	YESNO.	6.	1. Focal neurological deficit (resulting from a vascular cause involving the central nervous system) of sudden onset which is not due to a readily identifiable cause (i.e., brain tumor, trauma)?
3	REVERS	Num	8	YESNO.	6.	2. Were symptoms reversible within 24 hours?
4	IMAG	Num	8	YESNOUNK.	6.	3a. Was an imaging study performed?
5	NEWHEM	Num	8	YESNO.	6.	New hemorrhage?
6	NEWINFA	Num	8	YESNO.	6.	New infarction?
7	STROKE	Num	8	CHECKEDF.	6.	CORAL Stroke Criteria Met
8	HEMSTROKE	Num	8	CHECKEDF.	6.	Hemorrhagic Stroke
9	NONHEMSTROKE	Num	8	CHECKEDF.	6.	Non-Hemorrhagic Stroke
10	TIA	Num	8	CHECKEDF.	6.	CORAL TIA Criteria Met
11	SITERPT	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
12	CECADJ	Num	8	CHECKEDF.	6.	CEC ADJUDICATED DATE OF EVENT
13	NOEVENT	Num	8	CHECKEDF.	6.	CORAL Criteria NOT Met, NO EVENT
14	EXPL	Char	200	\$200.	\$200.	Explain
15	COMMENTS	Char	200	\$200.	\$200.	Comments
16	STROKE2	Num	8	CHECKEDF.	6.	CORAL Stroke Criteria Met
17	ISCHSTROKE	Num	8	CHECKEDF.	6.	Ischemic Stroke
18	ISCHSTROKEHEM	Num	8	CHECKEDF.	6.	Ischemic Stroke w/ Hemorrhagic
19	PRIMHEM	Num	8	CHECKEDF.	6.	Primary Intracranial Hemorrhage
20	UNK	Num	8	CHECKEDF.	6.	Unknown
21	TIA2	Num	8	CHECKEDF.	6.	CORAL TIA Criteria Met
22	SITERPT2	Num	8	CHECKEDF.	6.	SITE REPORTED DATE OF EVENT AS ABOVE
23	EXPL2	Char	200	\$200.	\$200.	Explain
24	NOEVENT2	Num	8	CHECKEDF.	6.	CORAL Criteria NOT Met, NO EVENT
25	DUPLICAT	Num	8	CHECKEDF.	6.	Duplicate
26	strptday	Num	8			days to site reported date of event
27	cecadjday	Num	8			days to CEC adjudication date of event

Data Set Name: v3_conmed.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval

Data Set Name: v3_devs.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	TMOCC.	6.	Time of Occurrence
3	INTSPEC	Char	50	\$50.	\$50.	Specify Contact Interval
4	REASON	Num	8	PDEVREAS.	6.	Reason for Deviation
5	PDCODEV2	Char	20	\$CORAI1LP.	\$20.	Protocol Deviation Code
6	specify	Char	50			specify deviation

Data Set Name: v3_ecgbar.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	DEFIN	Char	200	\$200.	\$200.	Code definition
3	readday	Num	8			days to read date

Data Set Name: v3_ecgbca.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	DEFIN	Char	200	\$200.	\$200.	Code definition
3	readday	Num	8			days to read date

Data Set Name: v3_ecgbr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ECGINTER	Num	8	6.	6.	ECG Interpretable
3	ECG01	Num	8	6.	6.	1. Abnormal Rhythm/AV Conduction (2-81)
4	ECG015	Char	255	\$255.	\$255.	1.5. Specify
5	ECG02	Num	8	6.	6.	2. IV Conduction Abnormalities (109-122)
6	ECG03	Num	8	6.	6.	3. Interval Prolongation
7	ECG031	Char	50	\$50.	\$50.	PR
8	ECG032	Char	50	\$50.	\$50.	QRS
9	ECG033	Char	50	\$50.	\$50.	QTC
10	ECG04	Num	8	6.	6.	4. Major ST-T Abnormalities (143-197)
11	ECG05	Num	8	6.	6.	5. Myocardial Infarction
12	ECG0501	Num	8	6.	6.	(1) Paced, (2) LBBB, (3) Other
13	ECG05011	Char	255	\$255.	\$255.	Specify Other
14	ECG051	Num	8	6.	6.	5.1. Q Wave
15	ECG052	Num	8	6.	6.	5.2. Loss R Waves
16	ECG05301	Num	8	6.	6.	5.3.1. Inferior
17	ECG05302	Num	8	6.	6.	5.3.2. Infero posterior
18	ECG05303	Num	8	6.	6.	5.3.3. Infero posterolateral
19	ECG05304	Num	8	6.	6.	5.3.4. Inferolateral
20	ECG05305	Num	8	6.	6.	5.3.5. Posterior
21	ECG05306	Num	8	6.	6.	5.3.6. Posterolateral
22	ECG05307	Num	8	6.	6.	5.3.7. Anteroseptal
23	ECG05308	Num	8	6.	6.	5.3.8. Anterior
24	ECG05309	Num	8	6.	6.	5.3.9. Anterolateral
25	ECG05310	Num	8	6.	6.	5.3.10 Lateral
26	ECG05311	Num	8	6.	6.	5.3.11.RV
27	ECG05312	Num	8	6.	6.	5.3.12. Other
28	SPECOTH	Char	255	\$255.	\$255.	5.3.12. Other Specify
29	ECG06	Num	8	6.	6.	6. Inadequate tracing quality
30	ECG061	Num	8	6.	6.	6.1. Severe Artifact
31	ECG062	Num	8	6.	6.	6.2. Missing Leads
32	ECG063	Num	8	6.	6.	6.3. Lead Misplacement
33	ECG064	Num	8	6.	6.	6.4. Missing Data
34	ECG065	Num	8	6.	6.	6.5. Treadmill ECG
35	ECG066	Num	8	6.	6.	6.6. Paced rhythm
36	ECG067A	Num	8	6.	6.	6.7. Variation in precordial lead placement

Num	Variable	Type	Len	Format	Informat	Label
37	ECG068	Num	8	6.	6.	6.8. Other
38	ECG0681	Char	255	\$255.	\$255.	6.8. Specify other
39	readday	Num	8			days to read date

Data Set Name: v3_ecgmstta.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	DEFIN	Char	200	\$200.	\$200.	Code definition
3	readday	Num	8			days to read date

Data Set Name: v3_ekges1.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ECGTYPE	Num	8	2.	2.	ECG TYPE
3	SPCTYPE	Char	100	\$100.	\$100.	Specify Other ECG Type
4	ECGINTER	Num	8	2.	2.	ECG Interpretable
5	NOCHANGE	Num	8	6.	6.	No Change (Type I of Checked)
6	ECG01	Num	8	6.	6.	1. New Rhythm/AV Conduction Abnormalities (1-81)
7	ECG02	Num	8	6.	6.	2. New IV Conduction Abnormalities (109-122)
8	ECG03	Num	8	6.	6.	3. New Interval Prolongation
9	ECG031	Char	50	\$50.	\$50.	PR
10	ECG032	Char	50	\$50.	\$50.	QRS
11	ECG033	Char	50	\$50.	\$50.	QTC
12	ECG04	Num	8	6.	6.	4. New Major ST-T Abnormalities (143-197)
13	ECG05	Num	8	6.	6.	5. New Myocardial Infarction
14	ECG0501	Num	8	6.	6.	5.01. Select Type (1) Paced, (2)LBBB, (3) Other
15	ECG05011	Char	255	\$255.	\$255.	5.01. Specify Other
16	ECG051	Num	8	6.	6.	5.1. Q Wave
17	ECG052	Num	8	6.	6.	5.2. Loss R Waves
18	ECG05301	Num	8	6.	6.	5.3.1. Inferior
19	ECG05302	Num	8	6.	6.	5.3.2. Infero posterior
20	ECG05303	Num	8	6.	6.	5.3.3. Infero posterolateral
21	ECG05304	Num	8	6.	6.	5.3.4. Inferolateral
22	ECG05305	Num	8	6.	6.	5.3.5. Posterior
23	ECG05306	Num	8	6.	6.	5.3.6. Posterolateral
24	ECG05307	Num	8	6.	6.	5.3.7. Anteroseptal
25	ECG05308	Num	8	6.	6.	5.3.8. Anterior
26	ECG05309	Num	8	6.	6.	5.3.9. Anterolateral
27	ECG05310	Num	8	6.	6.	5.3.10 Lateral
28	ECG05311	Num	8	6.	6.	5.3.11. RV
29	ECG05312	Num	8	6.	6.	5.3.12. Other
30	SPECOTH	Char	255	\$255.	\$255.	5.3.12. Other Specify
31	ECG06	Num	8	6.	6.	6. Inadequate tracing quality
32	ECG061	Num	8	6.	6.	6.1. Severe Artifact
33	ECG062	Num	8	6.	6.	6.2. Missing Leads
34	ECG063	Num	8	6.	6.	6.3. Lead Misplacement
35	ECG064	Num	8	6.	6.	6.4. Missing Data
36	ECG065	Num	8	6.	6.	6.5. Treadmill ECG

Num	Variable	Type	Len	Format	Informat	Label
37	ECG066	Num	8	6.	6.	6.6. Paced rhythm
38	ECG067A	Num	8	6.	6.	6.7. Variation in precordial lead placement
39	ECG068	Num	8	6.	6.	6.8. Other
40	readday	Num	8			days to read date

Data Set Name: v3_enroll.sas7bdat

Num	Variable	Type	Len	Format	Label
1	SUBID	Num	8		Subject ID
2	randdt	Num	8	DATE9.	randomization date
3	enrollday	Num	8		days to enrollment

Data Set Name: v3_es1ekgnc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PRESENCE	Num	8	6.	6.	presence: Intermittent or Persistent
3	DEFIN	Char	200	\$200.	\$200.	Code definition
4	readday	Num	8			days to read date

Data Set Name: v3_es1ekgry.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PRESENCE	Num	8	6.	6.	presence: Intermittent or Persistent
3	DEFIN	Char	200	\$200.	\$200.	Code definition
4	readday	Num	8			days to read date

Data Set Name: v3_es1ekgstt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PRESENCE	Num	8	6.	6.	presence: Intermittent or Persistent
3	DEFIN	Char	200	\$200.	\$200.	Code definition
4	readday	Num	8			days to read date

Data Set Name: v3_exit.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PRETX	Num	8	YESNO.	6.	1.1. Subject withdrew consent to participate in the trial before treatment
3	POSTTX	Num	8	YESNO.	6.	1.2. Subject withdrew consent to participate in the trial after treatment
4	FUCOMPL	Num	8	YESNO.	6.	1.3. Subject completed all required follow-up for the trial
5	LOST	Num	8	YESNO.	6.	1.4. Subject lost to follow-up
6	CALLS	Num	8	YESNO.	6.	1.4.1. Three phone calls without response
7	LETTER	Num	8	YESNO.	6.	1.4.2. Sent registered letter
8	DEATH	Num	8	YESNO.	6.	1.5. Death
9	OTHER	Num	8	YESNO.	6.	1.6. Other
10	termday	Num	8			1. days to final contact date
11	deathday	Num	8			1.5.1 days to death date

Data Set Name: v3_hospstay.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	MEDSURG	Num	8	CHECKEDF.	6.	Med/Surg
3	ICUCCU	Num	8	CHECKEDF.	6.	ICU/CCU
4	STEPDOWN	Num	8	CHECKEDF.	6.	Step-Down
5	admday	Num	8			days to admission date
6	dischday	Num	8			days to discharge/transfer date

Data Set Name: v3_hospunit.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	MEDSURG	Num	8	CHECKEDF.	6.	Med/Surg
3	ICUCCU	Num	8	CHECKEDF.	6.	ICU/CCU
4	STEPDOWN	Num	8	CHECKEDF.	6.	Step-Down
5	admday	Num	8			days to admission date
6	dischday	Num	8			days to discharge/transfer date

Data Set Name: v3_incexc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	INCL01	Num	8	YESNO.	6.	1. Documented history of systolic hypertension, ≥ 155 mm Hg on 2 or more anti-hypertensive medications
3	INCL02	Num	8	YESNO.	6.	2. One or more renal artery Stenosis a. $\geq 60\%$ and $< 80\%$ by angiography with a ≥ 20 mmHg systolic pressure gradient utilizing a ≤ 4 Fr diameter device, or b. $\geq 80\%$ and $< 100\%$ by angiography
4	EXCL01	Num	8	YESNO.	6.	1. Unable to provide informed consent
5	EXCL02	Num	8	YESNO.	6.	2. Unable or unwilling to comply with study protocol or procedures
6	EXCL03	Num	8	YESNO.	6.	3. Age < 18
7	EXCL04	Num	8	YESNO.	6.	4. Documented diastolic hypertension ≥ 120 mmHg and or systolic hypertension ≥ 200 mmHg on day of randomization
8	EXCL05	Num	8	YESNO.	6.	5. Fibromuscular dysplasia or other non-atherosclerotic renal artery stenosis
9	EXCL06	Num	8	YESNO.	6.	6. Pregnancy or unknown pregnancy status in female of childbearing potential
10	EXCL07	Num	8	YESNO.	6.	7. Participation in any drug or device trial during the study period, unless approved by the Steering Committee
11	EXCL08	Num	8	YESNO.	6.	8. Prior enrollment in the CORAL study
12	EXCL09	Num	8	YESNO.	6.	9. History of stroke within 6 months, if associated with a significant residual neurologic deficit
13	EXCL10	Num	8	YESNO.	6.	10. Any stroke or TIA within 3 months of study entry or known carotid stenosis $\geq 70\%$
14	EXCL11	Num	8	YESNO.	6.	11. Any major surgery, major trauma, revascularization procedure, unstable angina, or myocardial infarction 30 days prior to study entry
15	EXCL12	Num	8	YESNO.	6.	12. Any planned major surgery or revascularization procedure, outside of the randomly allocated renal stenting dictated by this protocol, after randomization
16	EXCL13	Num	8	YESNO.	6.	13. Hospitalization for heart failure within 3 months
17	EXCL14	Num	8	YESNO.	6.	14. Known ejection fraction $< 30\%$
18	EXCL15	Num	8	YESNO.	6.	15. Comorbid condition causing life expectancy ≤ 3 years
19	EXCL16	Num	8	YESNO.	6.	16. Allergic reaction to intravascular contrast, not amenable to pre-treatment
20	EXCL17	Num	8	YESNO.	6.	17. Allergy to stainless steel
21	EXCL18	Num	8	YESNO.	6.	18. Allergy to all of the following: aspirin, clopidogrel, ticlopidine
22	EXCL19	Num	8	YESNO.	6.	19. Known untreated aneurysm of the abdominal aorta > 4.0 cm
23	EXCL20	Num	8	YESNO.	6.	20. Previous kidney transplant
24	EXCL21	Num	8	YESNO.	6.	21. Previous renal artery bypass surgery or angioplasty or stent intervention
25	EXCL22	Num	8	YESNO.	6.	22. Diabetes with either: a. Known diabetic proliferative retinopathy and $\geq 1+$ protein on urine dipstick, or b. $\geq 1+$ protein on urine dipstick and urine protein/cr ratio > 0.5
26	EXCL23	Num	8	YESNO.	6.	23. Kidney size less than 8 cm supplied by target vessel, measured angiographically
27	EXCL24	Num	8	YESNO.	6.	24. Hydronephrosis, nephritis or other known cause of renal insufficiency, not due to large vessel renal artery stenosis

Num	Variable	Type	Len	Format	Informat	Label
28	EXCL25	Num	8	YESNO.	6.	25. Only a stenosis of an accessory renal artery supplying < 1/2 of the ipsilateral renal parenchyma
29	EXCL26	Num	8	YESNO.	6.	26. Local lab serum Cr > 3.0 mg/dl on the day of randomization
30	EXCL27	Num	8	YESNO.	6.	27. Vascular disease of the upper and lower extremity precluding access for stenting
31	EXCL28	Num	8	YESNO.	6.	28. Presence of a renal artery stenosis not amenable for treatment with study stent
32	EXCL29	Num	8	YESNO.	6.	29. Abrupt vessel closure or dissection after diagnostic angiography
33	EXCL30	Num	8	YESNO.	6.	30. Reference vessel size < 3.5 mm or > 8.0 mm.
34	ALLIEMET	Num	8	YESNO.	6.	1. Did subject meet all inclusion/exclusion criteria?
35	IE1	Char	5	\$5.	\$5.	1.1. Criterion not met: (1)
36	IE2	Char	5	\$5.	\$5.	1.1. Criterion not met: (2)
37	IE3	Char	5	\$5.	\$5.	1.1. Criterion not met: (3)
38	IE4	Char	5	\$5.	\$5.	1.1. Criterion not met: (4)
39	IE5	Char	5	\$5.	\$5.	1.1. Criterion not met: (5)

Data Set Name: v3_indexcom.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ADMITTED	Num	8	YESNO.	6.	1. Was subject admitted to hospital?
3	PHYS	Num	8	YESNON8_.	6.	2. Physical Exam: Performed at index visit completion?
4	BP	Num	8	YESNON8_.	6.	3. Blood Pressure Assessment: Performed at index visit completion?
5	SYS1	Num	8	6.	6.	3.2. Sys (1)
6	DIAS1	Num	8	6.	6.	3.2. Dias (1)
7	HRTRT1	Num	8	6.	6.	3.2. Heart Rate (1)
8	SYS2	Num	8	6.	6.	3.2. Sys (2)
9	DIAS2	Num	8	6.	6.	3.2. Dias (2)
10	HRTRT2	Num	8	6.	6.	3.2. Heart Rate (2)
11	SYS3	Num	8	6.	6.	3.2. Sys (3)
12	DIAS3	Num	8	6.	6.	3.2. Dias (3)
13	HRTRT3	Num	8	6.	6.	3.2. Heart Rate (3)
14	URINEDIP	Num	8	YESNON8_.	6.	4. Local Lab Urine Dipstick: Performed at index visit completion?
15	PROTEIN	Num	8	URINEPRO.	6.	4.2./4.1. Protein (mg/dl)
16	ANYAES	Num	8	YESNO.	6.	5. Did subject experience any AEs from randomization through index visit completion?/6. Did any other AEs occur since randomization?
17	ANYENDPT	Num	8	YESNO.	6.	5. Did any endpoint events occur since randomization?
18	PREANGIO	Num	8	6.	6.	6.1./7.1. Renal diagnostic angiography (Before Randomization)
19	POSTANGI	Num	8	6.	6.	6.1./7.1. Renal diagnostic angiography (After Randomization)
20	PREREVAS	Num	8	6.	6.	6.2./7.2. Surgical renal revascularization (Before Randomization)
21	POSTREV	Num	8	6.	6.	6.2./7.2. Surgical renal revascularization (After Randomization)
22	PREPERC	Num	8	6.	6.	6.3./7.3. Percutaneous renal revascularization (Before Randomization)
23	POSTPERC	Num	8	6.	6.	6.3./7.3. Percutaneous renal revascularization (After Randomization)
24	PREMRA	Num	8	6.	6.	6.4./7.4. Renal MRA (Before Randomization)
25	POSTMRA	Num	8	6.	6.	6.4./7.4. Renal MRA (After Randomization)
26	PREUS	Num	8	6.	6.	6.5./7.5. Renal duplex scan (Before Randomization)
27	POSTUS	Num	8	6.	6.	6.5./7.5. Renal duplex scan (After Randomization)
28	PRECT	Num	8	6.	6.	6.6./7.6. CT angiography (Before Randomization)
29	POSTCT	Num	8	6.	6.	6.6./7.6. CT angiography (After Randomization)
30	PREDXANG	Num	8	6.	6.	6.7./7.7. Coronary diagnostic angiography (Before Randomization)
31	POSTDXAG	Num	8	6.	6.	6.7./7.7. Coronary diagnostic angiography (After Randomization)
32	PREPCI	Num	8	6.	6.	6.8./7.8. Coronary PCI (Before Randomization)
33	POSTPCI	Num	8	6.	6.	6.8./7.8. Coronary PCI (After Randomization)
34	PRECABG	Num	8	6.	6.	6.9./7.9. CABG operation (Before Randomization)
35	POSTCABG	Num	8	6.	6.	6.9./7.9. CABG operation (After Randomization)

Num	Variable	Type	Len	Format	Informat	Label
36	PREBLOOD	Num	8	6.	6.	6.10./7.10. Whole blood or PRBC transfusion (# of units) (Before Randomization)
37	POSTBLD	Num	8	6.	6.	6.10./7.10. Whole blood or PRBC transfusion (# of units) (After Randomization)
38	PREREP	Num	8	6.	6.	6.11./7.11. Surgical repair of vascular access site (Before Randomization)
39	POSTREP	Num	8	6.	6.	6.11./7.11. Surgical repair of vascular access site (After Randomization)
40	PREOSURG	Num	8	6.	6.	6.12./7.12. Other vascular surgery (Before Randomization)
41	POSTSURG	Num	8	6.	6.	6.12./7.12. Other vascular surgery (After Randomization)
42	PREHEMO	Num	8	6.	6.	6.13./7.13. Hemodialysis (Before Randomization)
43	POSTHEMO	Num	8	6.	6.	6.13./7.13. Hemodialysis (After Randomization)
44	PREPERI	Num	8	6.	6.	6.14./7.14. Peritoneal dialysis (Before Randomization)
45	POSTPERI	Num	8	6.	6.	6.14./7.14. Peritoneal dialysis (After Randomization)
46	PRETRANS	Num	8	6.	6.	6.15./7.15. Renal transplant (Before Randomization)
47	POSTTRAN	Num	8	6.	6.	6.15./7.15. Renal transplant (After Randomization)
48	OTHSPEC1	Char	100	\$100.	\$100.	6.16./7.16. Other, specify
49	PREOTH	Num	8	6.	6.	6.16./7.16. Other (Before Randomization)
50	POSTOTH	Num	8	6.	6.	6.16./7.16. Other (After Randomization)
51	DESTIN	Num	8	DCDESTIN.	6.	7./8. Subject left research facility for
52	OTHSPEC2	Char	100	\$100.	\$100.	7./8. (4) If Other, specify
53	DIAG	Char	200	\$200.	\$200.	9./10. Principal Diagnosis (describe)
54	NA	Num	8	CHECKEDF.	6.	NA
55	RELEASFRM	Num	8	YESNO.	6.	10./11. Did the subject sign the Medical Billing Release Form?
56	ICD91	Char	50	\$50.	\$50.	10.1./11.1. Record Principal Diagnosis (ICD-9) Code
57	ICD92	Char	50	\$50.	\$50.	10.2./11.2. Record secondary Diagnosis (ICD-9) Codes: 1st
58	ICD921	Char	50	\$50.	\$50.	10.2./11.2. Record secondary Diagnosis (ICD-9) Codes: 2nd
59	ICD922	Char	50	\$50.	\$50.	10.2./11.2. Record secondary Diagnosis (ICD-9) Codes: 3rd
60	ICD923	Char	50	\$50.	\$50.	10.2./11.2. Record secondary Diagnosis (ICD-9) Codes: 4th
61	ICD93	Char	50	\$50.	\$50.	10.3./11.3. Record Principal Procedure (ICD-9) Code
62	ICD94	Char	50	\$50.	\$50.	10.4./11.4. Record Secondary Procedure (ICD-9) Codes: 1st
63	ICD941	Char	50	\$50.	\$50.	10.4./11.4. Record Secondary Procedure (ICD-9) Codes: 2nd
64	ICD942	Char	50	\$50.	\$50.	10.4./11.4. Record Secondary Procedure (ICD-9) Codes: 3rd
65	ICD943	Char	50	\$50.	\$50.	10.4./11.4. Record Secondary Procedure (ICD-9) Codes: 4th
66	MEDSTART	Num	8	YESNO.	6.	11./12. Was study medication started?
67	MEDS	Num	8	YESNO.	6.	12. Has subject been prescribed to take study medication after index visit completion?
68	DRUGVOUCH	Num	8	CHECKEDF.	6.	12.1. Indicate study drug option subject will use at home: Study drug voucher
69	DOSE1	Num	8	10.2	10.2	12.1. Study drug voucher, Type Atacand - Dose
70	UNITS1	Char	6	\$6.	\$6.	12.1. Study drug voucher, Type Atacand - Units

Num	Variable	Type	Len	Format	Informat	Label
71	MEDFREQ1	Num	8	CORALMED.	6.	12.1. Study drug voucher, Type Atacand - Frequency
72	DOSE2	Num	8	10.2	10.2	12.1. Study drug voucher, Type Atacand/HCT - Dose
73	UNITS2	Char	6	\$6.	\$6.	12.1. Study drug voucher, Type Atacand/HCT - Units
74	MEDFREQ2	Num	8	CORALMED.	6.	12.1. Study drug voucher, Type Atacand/HCT - Frequency
75	SCRIPT	Num	8	CHECKEDF.	6.	12.1. Indicate study drug option subject will use at home: Personal Atacand prescription
76	DOSE3	Num	8	10.2	10.2	12.1. Personal Atacand prescription, Type Atacand - Dose
77	UNITS3	Char	6	\$6.	\$6.	12.1. Personal Atacand prescription, Type Atacand - Units
78	MEDFREQ3	Num	8	CORALMED.	6.	12.1. Personal Atacand prescription, Type Atacand - Frequency
79	DOSE4	Num	8	10.2	10.2	12.1. Personal Atacand prescription, Type Atacand/HCT - Dose
80	UNITS4	Char	6	\$6.	\$6.	12.1. Personal Atacand prescription, Type Atacand/HCT - Units
81	MEDFREQ4	Num	8	CORALMED.	6.	12.1. Personal Atacand prescription, Type Atacand/HCT - Frequency
82	HCTDOSE2	Num	8	10.2	10.2	12.1. Study drug voucher, Type Atacand/HCT - Dose (2nd)
83	HCTDOSE4	Num	8	10.2	10.2	12.1. Personal Atacand prescription, Type Atacand/HCT - Dose (2nd)
84	ICD912	Char	50	\$50.	\$50.	11.1. Record Principal Diagnosis (ICD-9) Code (Obtain from Medical Records or Billing Office)
85	ICD932	Char	50	\$50.	\$50.	11.3. Record Principal Procedure (ICD-9) Code-2nd
86	NOSCRPT1	Num	8	CHECKEDF.	6.	12.1. Study drug voucher, Type Atacand -Not prescribed
87	NOSCRPT2	Num	8	CHECKEDF.	6.	12.1. Study drug voucher, Type Atacand/HCT -Not prescribed
88	NOSCRPT3	Num	8	CHECKEDF.	6.	12.1. Study drug voucher, Type Caduet -Not prescribed
89	DOSE5	Num	8	10.2	10.2	12.1. Study drug voucher, Type Caduet - Dose
90	UNITS5	Char	6	\$6.	\$6.	12.1. Study drug voucher, Type Caduet - Units
91	MEDFREQ5	Num	8	CORALMED.	6.	12.1. Study drug voucher, Type Caduet - Frequency
92	ANTIHYPER	Num	8	YESNO.	6.	13. Has subject been prescribed other anti-hypertensive medications post-randomization?
93	CADDOSE	Num	8	10.2	10.2	12.1. Study drug voucher, Type Caduet - Dose (2nd)
94	admday	Num	8			1.1 days to admit date
95	dischday	Num	8			2.1 days to discharge date
96	bpdday	Num	8			3.1 days to assessment date
97	dipday	Num	8			4.1 days to local lab urine dipstick date
98	medday	Num	8			11.1 days to study medication start date
99	atacday	Num	8			12.1. days to Study drug voucher, Type Atacand - Start Date
100	hctday	Num	8			12.1. days to Study drug voucher, Type Atacand/HCT - Start Date
101	cadday	Num	8			12.1. days to Study drug voucher, Type Caduet - Start Date

Data Set Name: v3_intproc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ARRHR	Char	2	\$2.	\$2.	2. Time subject arrived in procedure room: (Hours)
3	ARRMN	Char	2	\$2.	\$2.	2. Time subject arrived in procedure room: (Minutes)
4	PROCHR	Char	2	\$2.	\$2.	3. Time procedure began: (first xylocaine injection) (Hours)
5	PROCMN	Char	2	\$2.	\$2.	3. Time procedure began: (first xylocaine injection) (Minutes)
6	CATHHR	Char	2	\$2.	\$2.	4. Time of insertion of first renal angiography catheter: (Hours)
7	CATHMN	Char	2	\$2.	\$2.	4. Time of insertion of first renal angiography catheter: (Minutes)
8	ENDHR	Char	2	\$2.	\$2.	5. Time procedure ended: (last catheter removed) (Hours)
9	ENDMN	Char	2	\$2.	\$2.	5. Time procedure ended: (last catheter removed) (Minutes)
10	IONIC	Num	8	CHECKEDF.	6.	6. Type of contrast used: Ionic
11	IOVAL	Num	8	6.	6.	6. Dose of contrast used: Ionic
12	NONIONIC	Num	8	CHECKEDF.	6.	6. Type of contrast used: Non-Ionic
13	NONVAL	Num	8	6.	6.	6. Dose of contrast used: Non-Ionic
14	LOWOSMO	Num	8	CHECKEDF.	6.	6. Type of contrast used: Low Osmolar
15	LOWVAL	Num	8	6.	6.	6. Dose of contrast used: Low Osmolar
16	ISOSMOL	Num	8	CHECKEDF.	6.	6. Type of contrast used: Isosmolar
17	ISOSVAL	Num	8	6.	6.	6. Dose of contrast used: Isosmolar
18	FENOL	Num	8	YESNO.	6.	7. Did the subject receive Fenoldopam?
19	NACETYL	Num	8	YESNO.	6.	8. Did the subject receive N-acetylcysteine?
20	ACT	Num	8	6.	6.	9. Highest recorded ACT (if Angioguard used, ACT >= 300) /7. Highest recorded ACT
21	BIVAL	Num	8	YESNO.	6.	10./8. Was subject given Bivalirudin?
22	BOLUS	Num	8	YESNO.	6.	10.1 Bolus?
23	INFUSHR	Char	2	\$2.	\$2.	10.2 Infusion duration (Hours)
24	INFUSMN	Char	2	\$2.	\$2.	10.2 Infusion duration (Minutes)
25	INFUSNA	Num	8	CHECKEDF.	6.	10.2 Infusion duration: NA
26	SODBICAR	Num	8	YESNO.	6.	11. Did the subject receive sodium bicarbonate?
27	HIRISK	Num	8	YESNO.	6.	11.1. Was subject considered high risk?
28	NOSOD	Char	200	\$200.	\$200.	11.1.1. Explain why no sodium bicarbonate was given
29	RADI	Num	8	6.	6.	12./9. RADI pressure wire
30	PRESS	Num	8	6.	6.	13./10. Pressure catheters
31	GDWIRE	Num	8	6.	6.	14./11. Guidewires
32	GDCATH	Num	8	6.	6.	15./12. Guiding catheters
33	ANGBALL	Num	8	6.	6.	16./13. Angioplasty balloons
34	STUDSTNT	Num	8	6.	6.	17./14. Study stents
35	NSDRUGEL	Num	8	6.	6.	18./15. Non-study drug-eluting stents
36	NSBARE	Num	8	6.	6.	19./16. Non-study bare metal stents

Num	Variable	Type	Len	Format	Informat	Label
37	ATHER	Num	8	6.	6.	20./17. Atherectomy devices
38	STUDEPD	Num	8	6.	6.	21./18. Study embolic protection devices
39	NSEPD	Num	8	6.	6.	22./19. Non-study embolic protection devices
40	OTHSP1	Char	100	\$100.	\$100.	23./20./19. Other, specify
41	OTH1	Num	8	6.	6.	23./20./19. Other, Number Used
42	OTHSP2	Char	100	\$100.	\$100.	24./21./20. Other, specify
43	OTH2	Num	8	6.	6.	24./21./20. Other, Number Used
44	NONRENAL	Num	8	YESNO.	6.	25./22./21. Were any non-renal angiographies or revascularizations performed during this procedure?
45	CORANGIO	Num	8	CHECKEDF.	6.	25.1./22.1./21.1 Coronary angiography
46	CAROTANG	Num	8	CHECKEDF.	6.	25.1./22.1./21.1. Carotid angiography
47	OTHANGIO	Num	8	CHECKEDF.	6.	25.1./22.1./21.1. Other peripheral angiography
48	OTHANG	Char	50	\$50.	\$50.	25.1./22.1./21.1. Other peripheral angiography, specify
49	CAROTREV	Num	8	CHECKEDF.	6.	25.1./22.1./21.1. Carotid revascularization
50	COREVASC	Num	8	CHECKEDF.	6.	25.1./22.1./21.1. Coronary revascularization
51	OTHREVAS	Num	8	CHECKEDF.	6.	25.1./22.1./21.1. Other revascularization
52	OTHREV	Char	50	\$50.	\$50.	25.1./22.1./21.1. Other revascularization, specify
53	CONTRAST	Num	8	10.2	10.2	6. Total amount of contrast used
54	ACTSIGN	Char	2	\$2.	\$2.	7. Highest recorded ACT: sign
55	EPDV3	Num	8	6.	6.	18. Embolic protection devices
56	procdays	Num	8			days to procedure date

Data Set Name: v3_kidney.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site
3	STENSIGN	Char	3	\$3.	\$3.	Percent Stenosis (sign)
4	STENOSIS	Num	8	8.2	8.2	Percent Stenosis
5	PRESSIGN	Char	3	\$3.	\$3.	Pressure Gradient (sign)
6	PRESS	Num	8	8.2	8.2	Pressure Gradient
7	PRESSND	Num	8	CHECKEDF.	6.	Pressure Gradient, ND

Data Set Name: v3_lestx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PROCHR	Char	2	\$2.	\$2.	1.1. Time subject arrived in procedure room: (Hours)
3	PROCMN	Char	2	\$2.	\$2.	1.1. Time subject arrived in procedure room: (Minutes)
4	ATTEMPT	Num	8	YESNO.	6.	4. Was Angioguard attempted?/Was embolic protection attempted?
5	ANATOMY	Num	8	CHECKEDF.	6.	(1) Unfavorable anatomy
6	LANDING	Num	8	CHECKEDF.	6.	(2) Unfavorable landing zone
7	OTHER	Num	8	CHECKEDF.	6.	(99) Other
8	OTHSPEC	Char	50	\$50.	\$50.	(99) Other, specify
9	RENLSITE2	Char	5	\$5.	\$5.	3. Renal artery site treated
10	PCNTSTEN	Char	5	\$5.	\$5.	Percent stenosis
11	OTHEPD	Num	8	YESNO.	6.	5. Was a protection device other than the Angioguard used?
12	MANUF	Char	50	\$50.	\$50.	5.1. Device Manufacturer
13	DEVNAME	Char	50	\$50.	\$50.	5.2. Device Name
14	DEVSIZE	Char	15	\$15.	\$15.	5.3 Device size
15	REASUSED	Char	100	\$100.	\$100.	5.4. Why was this device used?
16	STNATTEM	Num	8	YESNO.	6.	5./6. Was stent attempted?
17	TOTLENG	Num	8	6.	6.	6./7. Total length of stent(s) placed
18	FINSTEN	Num	8	8.2	8.2	7./8. Final percent stenosis
19	PRESSGRD	Num	8	8.2	8.2	8./9. Pressure gradient
20	PRESSND	Num	8	CHECKEDF.	6.	8./9. Pressure gradient: ND
21	PERCTARG	Num	8	YESNO.	6.	9./10. Was an additional percutaneous treatment performed to another target lesion?
22	NONTARG	Num	8	YESNO.	6.	10./11. Were additional percutaneous treatment(s) performed to a non-target lesion (s)?
23	ADDLTX	Num	8	YESNO.	6.	11./12. Were there complications that required additional treatment?
24	PRETX	Num	8	YESNO.	6.	11.1./12.1. Complication during pre-treatment
25	NOCROSS	Num	8	YESNO.	6.	11.2./12.2. Never able to cross lesion with stent
26	DISSECT	Num	8	YESNO.	6.	11.3./12.3. Dissection beyond stented area
27	DIFFSEG	Num	8	YESNO.	6.	11.4./12.4. Complication in different segment of vessel
28	DIFFVESS	Num	8	YESNO.	6.	11.5./12.5. Complication in different vessel
29	UNPLAN	Num	8	YESNO.	6.	11.6./12.6. Unplanned treatment of other lesion
30	LESNSPEC	Char	50	\$50.	\$50.	11.6.1./12.6.1. Specify
31	OTHSPEC1	Char	50	\$50.	\$50.	11.7./12.7. Other, specify
32	PRESSIGN	Char	3	\$3.	\$3.	8./9. Pressure gradient (sign)
33	LESSSTEN	Num	8	YESNO.	6.	Was stenosis less than 60%?
34	procday	Num	8			days to procedure date

Data Set Name: v3_lkidney.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	KIDNA	Num	8	CHECKEDF.	6.	Kidney, NA
3	STENOSIS	Num	8	8.2	8.2	15.1. Stenosis
4	PRESS	Num	8	8.2	8.2	15.2. Pressure Gradient
5	PRESSND	Num	8	CHECKEDF.	6.	15.2. Pressure Gradient, ND
6	REFDIAM	Num	8	8.2	8.2	15.3. Reference Vessel Diameter
7	LESLENG	Num	8	8.2	8.2	15.4. Lesion Length
8	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site
9	STENSIGN	Char	3	\$3.	\$3.	15.1. Stenosis (sign)
10	PRESSIGN	Char	3	\$3.	\$3.	15.2. Pressure Gradient (sign)
11	REFND	Num	8	CHECKEDF.	6.	15.3 Reference Vessel Diameter, ND
12	LENND	Num	8	CHECKEDF.	6.	15.4 Lesion Length, ND

Data Set Name: v3_medhx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PROCS	Num	8	YESNO.	6.	1. Were there any conditions / diagnoses / surgical procedures that were not specified on Baseline Form?
3	SITESYST	Num	8	BODYSYST.	6.	Site/System
4	SPECIFY	Char	50	\$50.	\$50.	Specify
5	MO	Char	5	\$5.	\$5.	Onset Date (Month)
6	YR	Char	5	\$5.	\$5.	Onset Date (Year)
7	SYMPT	Num	8	YESNO.	6.	Currently Symptomatic
8	collday	Num	8			days to information collected date

Data Set Name: v3_meds.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	GIVEN	Num	8	CONMED_G.	6.	Given for
3	INDICAT	Char	50	\$50.	\$50.	Indication
4	CONT	Num	8	YESNO.	6.	Continuing at end of study?
5	ATCCODE	Char	10	\$10.	\$10.	ATC Code
6	DRUGRECNO	Char	6	\$6.	\$6.	Drug Record Number
7	DRGWKFLOW	Char	5	\$5.	\$5.	Workflow
8	CMEDNAME	Char	100	\$100.	\$100.	Generic Name
9	DSATC1_CODE	Char	20	\$20.	\$20.	atc1_code
10	DSATC1_TERM	Char	250	\$250.	\$250.	atc1_term
11	DSATC2_CODE	Char	20	\$20.	\$20.	atc2_code
12	DSATC2_TERM	Char	250	\$250.	\$250.	atc2_term
13	DSATC3_CODE	Char	20	\$20.	\$20.	atc3_code
14	DSATC3_TERM	Char	250	\$250.	\$250.	atc3_term
15	DSATC4_CODE	Char	20	\$20.	\$20.	atc4_code
16	DSATC4_TERM	Char	250	\$250.	\$250.	atc4_term
17	DSPREF_CODE	Char	20	\$20.	\$20.	pref_code
18	DSPREF_TERM	Char	255	\$255.	\$255.	pref_term
19	DSTRADE_CODE	Char	20	\$20.	\$20.	trade_code
20	DSTRADE_TERM	Char	255	\$255.	\$255.	trade_term
21	DSVERSION	Char	5	\$5.	\$5.	version
22	DOSE	Char	20	\$20.	\$20.	Dose
23	UNITS	Char	10	\$10.	\$10.	Units
24	FREQ	Num	8	FREQ6F.	6.	Frequency
25	FREQOTH	Char	100	\$100.	\$100.	6= Other, specify
26	startday	Num	8			days to start or administer date
27	stopday	Num	8			days to stopped date

Data Set Name: v3_mra.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	MRANUM	Num	8	14.2	14.2	MRA number
3	PERFRM	Num	8	ANGSITE.	6.	1. This MR angiogram was performed at
4	AGENT	Char	50	\$50.	\$50.	3. Contrast Agent
5	CONTRST	Num	8	10.2	10.2	3. Contrast dose
6	UNITS	Char	10	\$10.	\$10.	3. Contrast dose, units
7	INJRATE	Char	10	\$10.	\$10.	3. Contrast injection rate
8	AGENTNA	Num	8	CHECKEDF.	6.	3. Contrast Agent, NA
9	BOLMETH	Char	25	\$BOLUSME.	\$25.	4. Bolus timing method
10	MANUF	Char	50	\$50.	\$50.	5. Manufacturer
11	FSTREN	Char	50	\$50.	\$50.	6. Field strength
12	COIL	Char	50	\$50.	\$50.	7. Coil
13	GDMRAND	Num	8	CHECKEDF.	6.	8. 3D Gd MRA: Not done
14	FOV1	Num	8	8.2	8.2	8.1. FOV
15	MATRIX1	Char	50	\$50.	\$50.	8.1. Matrix
16	SLICE1	Num	8	8.2	8.2	8.2. Slice thickness
17	TR1	Char	50	\$50.	\$50.	8.3. TR
18	TE1	Char	50	\$50.	\$50.	8.3. TE
19	FLIP1	Char	50	\$50.	\$50.	8.3. flip
20	BANDWTH1	Char	50	\$50.	\$50.	8.3. bandwidth
21	PARFACT1	Char	50	\$50.	\$50.	8.4. Parallel factor
22	FOUREIR1	Char	50	\$50.	\$50.	8.5. Partial Fourier factor
23	SCANDUR1	Char	50	\$50.	\$50.	8.6. Scan duration (s)
24	GDPHZND	Num	8	CHECKEDF.	6.	9. 3D phase contrast: Not done
25	FOV2	Num	8	8.2	8.2	9.1. FOV
26	MATRIX2	Char	50	\$50.	\$50.	9.1. Matrix
27	SLICE2	Num	8	8.2	8.2	9.2. Slice thickness
28	TR2	Char	50	\$50.	\$50.	9.3. TR
29	TE2	Char	50	\$50.	\$50.	9.3. TE
30	FLIP2	Char	50	\$50.	\$50.	9.3. flip
31	BANDWTH2	Char	50	\$50.	\$50.	9.3. bandwidth
32	PARFACT2	Char	50	\$50.	\$50.	9.4. Parallel factor
33	FOUREIR2	Char	50	\$50.	\$50.	9.5. Partial Fourier factor
34	SCANDUR2	Char	50	\$50.	\$50.	9.6. Scan duration (s)
35	ADDSEQ	Char	150	\$150.	\$150.	10. Additional sequences
36	IMAGES	Num	8	6.	6.	11.1. Total number of post-processed MRA images

Num	Variable	Type	Len	Format	Informat	Label
37	RMIPS	Char	50	\$50.	\$50.	11.2. Sub-volume MIPs of right renal artery
38	LMIPS	Char	50	\$50.	\$50.	11.3. Sub-volume MIPs of left renal artery
39	MRAIMG	Num	8	DIAG1INT.	6.	12. MRA Image Quality
40	TRUNK	Num	8	YESNO.	6.	a. from origin of celiac trunk down to common iliac arteries
41	MIDKID	Num	8	YESNO.	6.	b. entire aorta anteriorly and at least to mid-kidney posteriorly
42	ARTIF	Num	8	YESNO.	6.	c. Aorta and renal arteries free of wrap-around artifact
43	DARKINF	Num	8	YESNO.	6.	a. Dark inferior vena cava
44	MINRING	Num	8	YESNO.	6.	b. Minimal ringing artifact
45	ARTSIG	Num	8	YESNO.	6.	c. Homogeneous arterial signal
46	HILUM	Num	8	YESNO.	6.	a. Visualization of renal arteries with branching to renal hilum
47	SLICE	Num	8	YESNO.	6.	b. Slice thickness less than 3mm before interpolation
48	FREQPHZ	Num	8	YESNO.	6.	c. Frequency and Phase dimensions less than 2mm
49	SHRPKID	Num	8	YESNO.	6.	a. Sharp outline of kidney and renal arteries
50	FREEMETL	Num	8	YESNO.	6.	b. Free of metal artifact
51	SUBVOL	Num	8	CLYESNO.	6.	a. At least two subvolume MIPs for each renal artery
52	OVERLAP	Num	8	CLYESNO.	6.	b. MIPS free of bright structure overlap
53	RKID	Num	8	YESNO.	6.	18. Right Kidney is present
54	SI1	Num	8	8.2	8.2	Right Kidney size (SI)
55	AP1	Num	8	8.2	8.2	Right Kidney size (AP)
56	RL1	Num	8	8.2	8.2	Right Kidney size (RL)
57	VOL1	Num	8	8.2	8.2	Volume
58	VOLUNT1	Char	5	\$5.	\$5.	Volume, units
59	CORT1	Num	8	8.2	8.2	Cortical thickness
60	LKID	Num	8	YESNO.	6.	19. Left Kidney is present
61	SI2	Num	8	8.2	8.2	Left Kidney size (SI)
62	AP2	Num	8	8.2	8.2	Left Kidney size (AP)
63	RL2	Num	8	8.2	8.2	Left Kidney size (RL)
64	VOL2	Num	8	8.2	8.2	Volume
65	VOLUNT2	Char	5	\$5.	\$5.	Volume, units
66	CORT2	Num	8	8.2	8.2	Cortical thickness
67	UNILAT	Num	8	NOBILAT.	6.	20. If stenosis is unilateral
68	ENHANCES	Num	8	YESNO.	6.	Ischemic kidney enhances less on arterial phase.
69	DELAYED	Num	8	YESNO.	6.	Ischemic kidney has delayed Gd excretion.
70	HYPERCON	Num	8	YESNO.	6.	Ischemic kidney hyper-concentrates the urine.
71	ATHEROS	Num	8	YESNO.	6.	21. Severe aortic atherosclerosis
72	mraday	Num	8			days to Date of MRA

Data Set Name: v3_mra_left.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	RENART	Char	5	\$5.	\$5.	Left Renal Artery Site
3	STENSGN	Char	2	\$2.	\$2.	19.1 Stenosis, sign
4	STENOS	Num	8	8.2	8.2	19.1 Stenosis
5	SPIN	Num	8	YESN7OND.	6.	19.2 Spin dephasing on 3D PC
6	DILAT	Num	8	YESNO.	6.	19.3 Post-stenotic dilatation
7	CINEPC	Num	8	YESN7OND.	6.	19.4 Delayed peak on cine PC

Data Set Name: v3_mra_rt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	RENART	Char	5	\$5.	\$5.	Right Renal Artery Site
3	STENSGN	Char	2	\$2.	\$2.	18.1 Stenosis, sign
4	STENOS	Num	8	8.2	8.2	18.1 Stenosis
5	SPIN	Num	8	YESN7OND.	6.	18.2 Spin dephasing on 3D PC
6	DILAT	Num	8	YESNO.	6.	18.3 Post-stenotic dilatation
7	CINEPC	Num	8	YESN7OND.	6.	18.4 Delayed peak on cine PC

Data Set Name: v3_narr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT44VAL.	6.	Time Interval
3	IE	Num	8	CHECKEDF.	6.	1. Inclusion/Exclusion Criteria Form
4	BLIN	Num	8	CHECKEDF.	6.	2. Baseline Form /Baseline Form
5	BLINHX	Num	8	CHECKEDF.	6.	3. Baseline Medical History Form
6	BLINPHYS	Num	8	CHECKEDF.	6.	4. Baseline Physical Exam Form
7	BLINANG	Num	8	CHECKEDF.	6.	5. Baseline Diagnostic Angiography Form/Baseline Lesion Diagnostic Form
8	PROC	Num	8	CHECKEDF.	6.	6. Intervention Procedure Form /Intervention Procedure Form
9	LESNTX	Num	8	CHECKEDF.	6.	7. Lesion Treatment Form /Lesion Treatment Form
10	INDEXVIS	Num	8	CHECKEDF.	6.	8. Index Visit Completion Form /Index Visit Completion Form
11	CONTACT	Num	8	CHECKEDF.	6.	9. Contact Form /Contact Form
12	TERM	Num	8	CHECKEDF.	6.	10. Study Exit Form /Study Exit Form
13	AELOG	Num	8	CHECKEDF.	6.	11. Adverse Event Log /Adverse Event Log
14	CONMED	Num	8	CHECKEDF.	6.	12. Concomitant Medication Log /Concomitant Medication Log
15	DISCONT	Num	8	CHECKEDF.	6.	13. Study Drug Discontinuation Form /Study Drug Discontinuation Form
16	PDEV	Num	8	CHECKEDF.	6.	14. Protocol Deviation Form /Protocol Deviation Form
17	SUBHOSP	Num	8	CHECKEDF.	6.	15. Subsequent Hospitalization Form /Subsequent Hospitalization Form
18	RA	Num	8	CHECKEDF.	6.	16. Repeat Renal Angiography Form /Repeat Renal Angiography Form
19	RR	Num	8	CHECKEDF.	6.	17. Repeat Renal Revascularization Form/ Repeat Renal Revascularization Form
20	ADDLDIAG	Num	8	CHECKEDF.	6.	18. Additional Diagnostic Angiography Form
21	ADDLESN	Num	8	CHECKEDF.	6.	19. Additional Lesion Treatment Form/ Additional Lesion Treatment Form
22	OTHER	Num	8	CHECKEDF.	6.	20. Other /Other
23	TIMEPTV2	Num	8	INTE60AL.	6.	Time Interval
24	RANDOMIZ	Num	8	CHECKEDF.	6.	Randomization Form
25	othspec	Char	200			Time Interval: Other, specify

Data Set Name: v3_nurse_review.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	EVENT_CODE	Char	25	\$NRCRL0F.	\$25.	Event Code for Nurse Review
3	INVES_TERM	Char	250	\$250.	\$250.	Investigator Term
4	EVENT_STATUS	Num	8	NREVENT.	6.	Event Status
5	ADJUDICATION_STATUS	Char	25	\$NRADJUD.	\$25.	Adjudication Status
6	EVENT_NAME	Char	10	\$EVENTNA.	\$10.	EVENT NAME
7	VISITNO	Char	20	\$NRVISNO.	\$20.	VISIT NUMBER
8	eventday	Num	8			days to event date
9	adjday	Num	8			days to adjudication date
10	date_index	Num	8			
11	temp	Char	258			

Data Set Name: v3_patenrol.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STRATUM	Char	100	\$100.	\$100.	Stratum
3	REGIME	Char	30	\$30.	\$30.	Regime
4	STAT	Char	15	\$15.	\$15.	Status
5	GENDER	Char	10	\$10.	\$10.	Gender
6	ETHNIC	Char	50	\$50.	\$50.	Ethnicity
7	CREAT	Char	100	\$100.	\$100.	Creatinine
8	ANGIO	Char	100	\$100.	\$100.	Angioguard Use Planned?
9	USSUB	Char	100	\$100.	\$100.	Dublex Sub-study?
10	HOWRAND	Char	50	\$50.	\$50.	How randomized?
11	EPD	Char	5	\$5.	\$5.	EPD
12	enrollday	Num	8			days to enrollment
13	newrace	Num	8			Race: 1 = Asian/Native American/Pacific Islander; 2 = Black or African-American; 3 = White

Data Set Name: v3_pdev.sas7bdat

Num	Variable	Type	Len	Label
1	SUBID	Num	8	Subject ID
2	formday	Num	8	days to form completion

Data Set Name: v3_physexam.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	HTUNIT	Num	8	HEIGHT1F.	6.	1./4. Height: Units
3	WTUNIT	Num	8	CRF_WT.	6.	2./5. Weight: Units
4	APPEAR	Num	8	RESULT3F.	6.	3. Appearance
5	SPECIFY3	Char	100	\$100.	\$100.	3. Appearance: if Abnormal, provide details
6	SKIN	Num	8	RESULT3F.	6.	4. Skin
7	SPECIFY4	Char	100	\$100.	\$100.	4. Skin: if Abnormal, provide details
8	EENT	Num	8	RESULT3F.	6.	5. Ears/ Eyes/ Nose/ Throat
9	SPECIFY5	Char	100	\$100.	\$100.	5. Ears/ Eyes/ Nose/ Throat: if Abnormal, provide details
10	HEAD	Num	8	RESULT3F.	6.	6. Head/ Neck
11	SPECIFY6	Char	100	\$100.	\$100.	6. Head/ Neck: if Abnormal, provide details
12	LYMPH	Num	8	RESULT3F.	6.	7. Lymphatic
13	SPECIFY7	Char	100	\$100.	\$100.	7. Lymphatic: if Abnormal, provide details
14	CARDIO	Num	8	RESULT3F.	6.	8. Cardiovascular
15	SPECIFY8	Char	100	\$100.	\$100.	8. Cardiovascular: if Abnormal, provide details
16	LUNGS	Num	8	RESULT3F.	6.	9. Lungs/ Chest
17	SPECIFY9	Char	100	\$100.	\$100.	9. Lungs/ Chest: if Abnormal, provide details
18	GI	Num	8	RESULT3F.	6.	10. Gastrointestinal
19	SPECIFY10	Char	100	\$100.	\$100.	10. Gastrointestinal: if Abnormal, provide details
20	GU	Num	8	RESULT3F.	6.	11. Genitourinary
21	SPECIFY11	Char	100	\$100.	\$100.	11. Genitourinary: if Abnormal, provide details
22	EXTREM	Num	8	RESULT3F.	6.	12. Extremities
23	SPECIFY12	Char	100	\$100.	\$100.	12. Extremities: if Abnormal, provide details
24	MUSCULO	Num	8	RESULT3F.	6.	13. Musculoskeletal
25	SPECIFY13	Char	100	\$100.	\$100.	13. Musculoskeletal: if Abnormal, provide details
26	NEURO	Num	8	RESULT3F.	6.	14. Neurologic
27	SPECIFY14	Char	100	\$100.	\$100.	14. Neurologic: if Abnormal, provide details
28	OTHSPEC	Char	100	\$100.	\$100.	15. Other, specify
29	OTHER	Num	8	RESULT3F.	6.	15. Other
30	SPECIFY15	Char	100	\$100.	\$100.	15. Other, if Abnormal, provide details
31	HEIGHT2	Num	8	8.2	8.2	1. Height: bottom coded at 58 inches (147 cm) and top coded at 77 inches (195 cm)
32	WEIGHT2	Num	8	8.2	8.2	2. Weight: bottom coded at 100 lbs (46 kg) and top coded at 280 lbs (127 kg)
33	collday	Num	8			days to date of information collected
34	date_index	Num	8			
35	temp	Char	208			

Data Set Name: v3_proclog.sas7bdat

Num	Variable	Type	Len	Label
1	SUBID	Num	8	Subject ID
2	procdays	Num	8	days to procedure date

Data Set Name: v3_rakidn.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site
3	STENSIGN	Char	3	\$3.	\$3.	Percent Stenosis (sign)
4	STENOSIS	Num	8	8.2	8.2	Percent Stenosis
5	PRESSIGN	Char	3	\$3.	\$3.	Pressure Gradient (sign)
6	PRESS	Num	8	8.2	8.2	Pressure Gradient
7	PRESSND	Num	8	CHECKEDF.	6.	Pressure Gradient, ND

Data Set Name: v3_ralkidn.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENOSIS	Num	8	8.2	8.2	15.1. Stenosis
3	KIDNA	Num	8	CHECKEDF.	6.	Kidney, NA
4	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site

Data Set Name: v3_rando.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	INCL01	Num	8	YESNO.	6.	1. Documented history of systolic hypertension, ≥ 155 mm Hg on 2 or more anti-hypertensive medications
3	INCL02	Num	8	YESNO.	6.	2. One or more renal artery Stenosis a. $\geq 60\%$ and $< 80\%$ by angiography with a ≥ 20 mmHg systolic pressure gradient utilizing a ≤ 4 Fr diameter device, or b. $\geq 80\%$ and $< 100\%$ by angiography
4	EXCL01	Num	8	YESNO.	6.	1. Unable to provide informed consent
5	EXCL02	Num	8	YESNO.	6.	2. Unable or unwilling to comply with study protocol or procedures
6	EXCL03	Num	8	YESNO.	6.	3. Age < 18
7	EXCL04	Num	8	YESNO.	6.	4. Documented diastolic hypertension ≥ 120 mmHg and or systolic hypertension ≥ 200 mmHg on day of randomization
8	EXCL05	Num	8	YESNO.	6.	5. Fibromuscular dysplasia or other non-atherosclerotic renal artery stenosis
9	EXCL06	Num	8	YESNO.	6.	6. Pregnancy or unknown pregnancy status in female of childbearing potential
10	EXCL07	Num	8	YESNO.	6.	7. Participation in any drug or device trial during the study period, unless approved by the Steering Committee
11	EXCL08	Num	8	YESNO.	6.	8. Prior enrollment in the CORAL study
12	EXCL09	Num	8	YESNO.	6.	9. History of stroke within 6 months, if associated with a significant residual neurologic deficit
13	EXCL10	Num	8	YESNO.	6.	10. Any stroke or TIA within 3 months of study entry or known carotid stenosis $\geq 70\%$
14	EXCL11	Num	8	YESNO.	6.	11. Any major surgery, major trauma, revascularization procedure, unstable angina, or myocardial infarction 30 days prior to study entry
15	EXCL12	Num	8	YESNO.	6.	12. Any planned major surgery or revascularization procedure, outside of the randomly allocated renal stenting dictated by this protocol, after randomization
16	EXCL13	Num	8	YESNO.	6.	13. Hospitalization for heart failure within 3 months
17	EXCL14	Num	8	YESNO.	6.	14. Known ejection fraction $< 30\%$
18	EXCL15	Num	8	YESNO.	6.	15. Comorbid condition causing life expectancy ≤ 3 years
19	EXCL16	Num	8	YESNO.	6.	16. Allergic reaction to intravascular contrast, not amenable to pre-treatment
20	EXCL17	Num	8	YESNO.	6.	17. Allergy to stainless steel
21	EXCL18	Num	8	YESNO.	6.	18. Allergy to all of the following: aspirin, clopidogrel, ticlopidine
22	EXCL19	Num	8	YESNO.	6.	19. Known untreated aneurysm of the abdominal aorta > 4.0 cm
23	EXCL20	Num	8	YESNO.	6.	20. Previous kidney transplant
24	EXCL21	Num	8	YESNO.	6.	21. Previous renal artery bypass surgery or angioplasty or stent intervention
25	EXCL22	Num	8	YESNO.	6.	22. Diabetes with either: a. Known diabetic proliferative retinopathy and $\geq 1+$ protein on urine dipstick, or b. $\geq 1+$ protein on urine dipstick and urine protein/cr ratio > 0.5

Num	Variable	Type	Len	Format	Informat	Label
26	EXCL23	Num	8	YESNO.	6.	23. Kidney size less than 8 cm supplied by target vessel, measured angiographically
27	EXCL24	Num	8	YESNO.	6.	24. Hydronephrosis, nephritis or other known cause of renal insufficiency, not due to large vessel renal artery stenosis
28	EXCL25	Num	8	YESNO.	6.	25. Only a stenosis of an accessory renal artery supplying < 1/2 of the ipsilateral renal parenchyma
29	EXCL26	Num	8	YESNO.	6.	26. Local lab serum Cr > 3.0 mg/dl on the day of randomization
30	EXCL27	Num	8	YESNO.	6.	27. Vascular disease of the upper and lower extremity precluding access for stenting
31	EXCL28	Num	8	YESNO.	6.	28. Presence of a renal artery stenosis not amenable for treatment with study stent
32	EXCL29	Num	8	YESNO.	6.	29. Abrupt vessel closure or dissection after diagnostic angiography
33	EXCL30	Num	8	YESNO.	6.	30. Reference vessel size < 3.5 mm or > 8.0 mm.
34	ALLIEMET	Num	8	YESNO.	6.	1. Did subject meet all inclusion/exclusion criteria?
35	IE1	Char	5	\$5.	\$5.	1.1. Criterion not met: (1)
36	IE2	Char	5	\$5.	\$5.	1.1. Criterion not met: (2)
37	IE3	Char	5	\$5.	\$5.	1.1. Criterion not met: (3)
38	IE4	Char	5	\$5.	\$5.	1.1. Criterion not met: (4)
39	IE5	Char	5	\$5.	\$5.	1.1. Criterion not met: (5)
40	RANDOM	Num	8	HOWRND1_.	6.	2. How was subject randomized?
41	MRACRIT	Num	8	AMTSTENO.	6.	2.1. MRA criteria met
42	SMKID	Num	8	CHECKEDF.	6.	Ischemic kidney > 1 cm smaller than contralateral kidney
43	ENHANCE	Num	8	CHECKEDF.	6.	Ischemic kidney enhances less on arterial phase
44	GDEXCRET	Num	8	CHECKEDF.	6.	Ischemic kidney has delayed Gd excretion
45	HYPCON	Num	8	CHECKEDF.	6.	Ischemic kidney hyper-concentrates the urine
46	WAVEFORM	Num	8	CHECKEDF.	6.	2-D phase contrast flow waveform shows delayed systolic peak
47	BASEHP	Num	8	YESNO.	6.	3. Was the baseline H&P performed?
48	CTACRIT	Num	8	AMTSED2_.	6.	CTA criteria met:
49	LENGTHKID	Num	8	CHECKEDF.	6.	Length of the ischemic kidney > 1 cm smaller than contralateral kidney
50	LESSCORT	Num	8	CHECKEDF.	6.	Less cortical enhancement of ischemic kidney on arterial phase
51	MRACRITV4	Num	8	AMTSED1_.	6.	MRA criteria met
52	POSTDIL	Num	8	CHECKEDF.	6.	Post-stenotic dilatation
53	POSTSTENDIL	Num	8	CHECKEDF.	6.	Post-stenotic dilatation
54	REDTHICK	Num	8	CHECKEDF.	6.	Reduced cortical thickness of ischemic kidney

Data Set Name: v3_rarkidn.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENOSIS	Num	8	8.2	8.2	14.1. Stenosis
3	KIDNA	Num	8	CHECKEDF.	6.	Kidney, NA
4	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site

Data Set Name: v3_repang.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PROCHR	Char	2	\$2.	\$2.	2. Time entered the procedure room: (Hours)
3	PROCMN	Char	2	\$2.	\$2.	2. Time entered the procedure room: (Minutes)
4	REASON	Num	8	ANGIOREA.	6.	3. Reason for angiography
5	REVASC	Num	8	YESNO.	6.	4. Was a revascularization performed during this procedure?
6	INJECTHR	Char	2	\$2.	\$2.	5./4.1. Time procedure began: (Hours)
7	INJECTMN	Char	2	\$2.	\$2.	5./4.1. Time procedure began: (Minutes)
8	INSERTHR	Char	2	\$2.	\$2.	6./4.2. Time of insertion of first renal angiography catheter: (Hours)
9	INSERTMN	Char	2	\$2.	\$2.	6./4.2. Time of insertion of first renal angiography catheter: (Minutes)
10	ENDHR	Char	2	\$2.	\$2.	7./4.3. Time procedure ended: (Hours)
11	ENDMN	Char	2	\$2.	\$2.	7./4.3. Time procedure ended: (Minutes)
12	INPAT	Num	8	YESNO.	6.	8./4.4. Was this procedure performed during an inpatient admission?
13	IONIC	Num	8	CHECKEDF.	6.	9. Type of contrast used: Ionic
14	IOVAL	Num	8	6.	6.	9. Dose of contrast used: Ionic
15	NONIONIC	Num	8	CHECKEDF.	6.	9. Type of contrast used: Non-Ionic
16	NONVAL	Num	8	6.	6.	9. Dose of contrast used: Non-Ionic
17	LOWOSMO	Num	8	CHECKEDF.	6.	9. Type of contrast used: Low Osmolar
18	LOWVAL	Num	8	6.	6.	9. Dose of contrast used: Low Osmolar
19	ISOSMOL	Num	8	CHECKEDF.	6.	9. Type of contrast used: Isosmolar
20	ISOSVAL	Num	8	6.	6.	9. Dose of contrast used: Isosmolar
21	FENOL	Num	8	YESNO.	6.	10. Did the subject receive Fenoldopam?
22	NACETYL	Num	8	YESNO.	6.	11. Did the subject receive N-acetylcysteine?
23	CONTRAST	Num	8	10.2	10.2	4.5. Total amount of contrast used
24	SODBICAR	Num	8	YESNO.	6.	12. Did the subject receive sodium bicarbonate?
25	HIRISK	Num	8	YESNO.	6.	12.1. Was subject considered high risk?
26	NOSOD	Char	200	\$200.	\$200.	12.1.1. Explain why no sodium bicarbonate was given
27	NONRENAL	Num	8	YESNO.	6.	13./5. Were any non-renal angiographies or revascularizations performed during this procedure?
28	CORANGIO	Num	8	CHECKEDF.	6.	13.1. Coronary angiography
29	CAROTANG	Num	8	CHECKEDF.	6.	13.1. Carotid angiography
30	OTHANGIO	Num	8	CHECKEDF.	6.	13.1. Other peripheral angiography
31	OTHANG	Char	50	\$50.	\$50.	13.1. Other peripheral angiography, specify
32	COREVASC	Num	8	CHECKEDF.	6.	13.1. Coronary revascularization
33	CAROTREV	Num	8	CHECKEDF.	6.	13.1. Carotid revascularization
34	OTHREVAS	Num	8	CHECKEDF.	6.	13.1. Other revascularization
35	OTHREV	Char	50	\$50.	\$50.	13.1. Other revascularization, specify
36	RKIDNEY	Num	8	YESNO.	6.	14. Right Kidney is present/ 6. Was right kidney present?

Num	Variable	Type	Len	Format	Informat	Label
37	LKIDNEY	Num	8	YESNO.	6.	15. Left Kidney is present/ 7. Was left kidney is present:
38	formday	Num	8			days to date of form completion
39	raday	Num	8			1. days to Date of repeat angiography

Data Set Name: v3_reprev.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STAGED	Num	8	YESNO.	6.	1. Was this a planned "staged" intervention?
3	INPAT	Num	8	YESNO.	6.	3. Was this procedure performed during an inpatient admission?
4	TARGSITE	Num	8	YESNO.	6.	5.1. Involves target site
5	TARGVESS	Num	8	YESNO.	6.	5.2. Involves target vessel
6	NONTARGV	Num	8	YESNO.	6.	5.3. Involves non-target vessel
7	RELAES	Num	8	YESNO.	6.	6. Did the subject have a procedure-related adverse event?
8	REVTYPE	Num	8	REVASC2F.	6.	7. Type of revascularization
9	ENTRMHR	Char	2	\$2.	\$2.	7.1. Time subject entered: the procedure room (Hours)
10	ENTRMMN	Char	2	\$2.	\$2.	7.1. Time subject entered: the procedure room (Minutes)
11	XYLOCHR	Char	2	\$2.	\$2.	7.2. Time procedure began: (first xylocaine injection) (Hours)
12	XYLOCMN	Char	2	\$2.	\$2.	7.2. Time procedure began: (first xylocaine injection) (Minutes)
13	INSERTHR	Char	2	\$2.	\$2.	7.3. Time of insertion of first angio catheter (Hour)
14	INSERTMN	Char	2	\$2.	\$2.	7.3. Time of insertion of first angio catheter (Minutes)
15	ENDHR	Char	2	\$2.	\$2.	7.4. Time procedure ended: (last catheter removed) (Hours)
16	ENDMN	Char	2	\$2.	\$2.	7.4. Time procedure ended: (last catheter removed) (Minutes)
17	REVASC	Num	8	YESNO.	6.	7.5./7.1. Was the revascularization successful?
18	SURGERY	Num	8	YESNO.	6.	7.5.1./7.1.1. Emergency surgery required?
19	RESIDUAL	Num	8	YESNO.	6.	7.5.2./7.1.2 >= 50% residual stenosis?
20	URGENCY	Num	8	REASCABG.	6.	7.6./7.2. Indicate urgency of surgery
21	SURGREV	Num	8	YESNO.	6.	7.7./7.3. Was surgical revascularization successful?
22	DURHR	Char	2	\$2.	\$2.	7.8. Procedure duration: (Anesthesia start time to anesthesia stop time) (Hours)
23	DURMN	Char	2	\$2.	\$2.	7.8. Procedure duration: (Anesthesia start time to anesthesia stop time) (Minutes)
24	IONIC	Num	8	CHECKEDF.	6.	8. Type of contrast used: Ionic
25	IOVAL	Num	8	6.	6.	8. Dose of contrast used: Ionic
26	NONIONIC	Num	8	CHECKEDF.	6.	8. Type of contrast used: Non-Ionic
27	NONVAL	Num	8	6.	6.	8. Dose of contrast used: Non-Ionic
28	LOWOSMO	Num	8	CHECKEDF.	6.	8. Type of contrast used: Low Osmolar
29	LOWVAL	Num	8	6.	6.	8. Dose of contrast used: Low Osmolar
30	ISOSMOL	Num	8	CHECKEDF.	6.	8. Type of contrast used: Isosmolar
31	ISOSVAL	Num	8	6.	6.	8. Dose of contrast used: Isosmolar
32	FENOL	Num	8	YESNO.	6.	9. Did the subject receive Fenoldopam?
33	NACETYL	Num	8	YESNO.	6.	10. Did the subject receive N-acetylcysteine?
34	BIVAL	Num	8	YESNO.	6.	11./9. Was subject given Bivalirudin?
35	BOLUS	Num	8	YESNO.	6.	11.1 Bolus?

Num	Variable	Type	Len	Format	Informat	Label
36	INFUSHR	Char	2	\$2.	\$2.	11.2 Infusion duration (Hours)
37	INFUSMN	Char	2	\$2.	\$2.	11.2 Infusion duration (Minutes)
38	INFUSNA	Num	8	CHECKEDF.	6.	11.2 Infusion duration: NA
39	SODBICAR	Num	8	YESNO.	6.	12. Did the subject receive sodium bicarbonate?
40	HIRISK	Num	8	YESNO.	6.	12.1. Was subject considered high risk?
41	NOSOD	Char	200	\$200.	\$200.	12.1.1. Explain why no sodium bicarbonate was given
42	RADI	Num	8	6.	6.	13./10. RADI Pressure Wire
43	PRESS	Num	8	6.	6.	14./11. Pressure Catheters
44	GDWIRE	Num	8	6.	6.	15./12. Guidewires
45	GDCATH	Num	8	6.	6.	16./13. Guiding Catheters
46	ANGBALL	Num	8	6.	6.	17./14. Angioplasty Balloons
47	STUDSTNT	Num	8	6.	6.	18./15. Study stents
48	STUDEPD	Num	8	6.	6.	19./16. Study embolic protection devices
49	NSDRUGEL	Num	8	6.	6.	20./17. Non-study Drug-eluting stents /17. Drug-eluting stents
50	NSBARE	Num	8	6.	6.	21./18. Non-study Bare metal stents
51	ATHER	Num	8	6.	6.	22./19. Atherectomy devices
52	NSEPD	Num	8	6.	6.	23./20. Other embolic protection devices
53	OTHSP1	Char	100	\$100.	\$100.	24./21./20. Other, specify
54	OTH1	Num	8	6.	6.	24./21./20. Other, Number Used
55	OTHSP2	Char	100	\$100.	\$100.	25./22./21. Other, specify
56	OTH2	Num	8	6.	6.	25./22./21. Other, Number Used
57	NONRENAL	Num	8	YESNO.	6.	26./23./22. Were any non-renal angiographies or revascularizations performed during this procedure?
58	CORANGIO	Num	8	CHECKEDF.	6.	26.1./23.1./22.1. Coronary angiography
59	CAROTANG	Num	8	CHECKEDF.	6.	26.1./23.1./22.1. Carotid angiography
60	OTHANGIO	Num	8	CHECKEDF.	6.	26.1./23.1./22.1. Other peripheral angiography
61	OTHANG	Char	50	\$50.	\$50.	26.1./23.1./22.1. Other peripheral angiography, specify
62	COREVASC	Num	8	CHECKEDF.	6.	26.1./23.1./22.1. Coronary revascularization
63	CAROTREV	Num	8	CHECKEDF.	6.	26.1./23.1./22.1. Carotid revascularization
64	OTHREVAS	Num	8	CHECKEDF.	6.	26.1./23.1./22.1. Other revascularization
65	OTHREV	Char	50	\$50.	\$50.	26.1./23.1./22.1. Other revascularization, specify
66	CONTRAST	Num	8	10.2	10.2	8. Total amount of contrast used
67	EPDV3	Num	8	6.	6.	16. Embolic protection devices
68	formday	Num	8			days to date of form completion
69	rrday	Num	8			2./1. days to date of repeat procedure

Data Set Name: v3_rkidney.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	KIDNA	Num	8	CHECKEDF.	6.	Kidney, NA
3	STENOSIS	Num	8	8.2	8.2	14.1. Stenosis
4	PRESS	Num	8	8.2	8.2	14.2. Pressure Gradient
5	PRESSND	Num	8	CHECKEDF.	6.	14.2. Pressure Gradient, ND
6	REFDIAM	Num	8	8.2	8.2	14.3. Reference Vessel Diameter
7	LESLENG	Num	8	8.2	8.2	14.4. Lesion Length
8	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site
9	STENSIGN	Char	3	\$3.	\$3.	14.1. Stenosis (sign)
10	PRESSIGN	Char	3	\$3.	\$3.	14.2. Pressure Gradient (sign)
11	REFND	Num	8	CHECKEDF.	6.	14.3 Reference Vessel Diameter, ND
12	LENND	Num	8	CHECKEDF.	6.	14.4 Lesion Length, ND

Data Set Name: v3_rxdicon.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	RENFAIL	Num	8	CHECKEDF.	6.	1.1. Acute renal failure/ Acute renal failure
3	CHRONIC	Num	8	CHECKEDF.	6.	1.2. Chronic renal failure/ Chronic renal failure
4	HYPKAL	Num	8	CHECKEDF.	6.	1.3. Hyperkalemia /Hyperkalemia
5	SYNCOPE	Num	8	CHECKEDF.	6.	1.4. Syncope /Hyperkalemia
6	SXHYPOT	Num	8	CHECKEDF.	6.	1.5. Symptomatic hypotension /Symptomatic hypotension
7	ALLERGRX	Num	8	CHECKEDF.	6.	1.6. Allergic reaction /Allergic reaction
8	COUGH	Num	8	CHECKEDF.	6.	1.7. Cough /Cough
9	ANGEDEM	Num	8	CHECKEDF.	6.	1.8. Angio edema /Angio edema
10	SEXDYSF	Num	8	CHECKEDF.	6.	1.9. Sexual dysfunction /Sexual dysfunction
11	REFUSAL	Num	8	CHECKEDF.	6.	1.10. Subject refusal /Subject refusal
12	OTHSPEC	Num	8	CHECKEDF.	6.	1.11. Other / Other
13	DRUGDISC	Num	8	STUDYDRU.	6.	Study drug being discontinued:
14	PERIPH	Num	8	CHECKEDF.	6.	Peripheral edema
15	PAIN	Num	8	CHECKEDF.	6.	Muscle cramps or pain
16	CKELEV	Num	8	CHECKEDF.	6.	CK elevations
17	ABNLIVER	Num	8	CHECKEDF.	6.	ABN liver function tests
18	lastday	Num	8			1. days to Date of last dose of study drug

Data Set Name: v3_segmnt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	LESNO	Num	8	6.	6.	Lesion
3	LESNA	Num	8	CHECKEDF.	6.	Lesion, NA
4	KIDLOC	Num	8	RIGHTLEF.	6.	Kidney location
5	RESID	Num	8	8.2	8.2	Post-procedure residual stenosis
6	RENLSITE2	Char	5	\$5.	\$5.	Renal artery site

Data Set Name: v3_site.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SITE	Num	8	4.	4.	Site Number
2	ACTIVSTATUS	Num	8	CHECKEDF.	6.	Activated Status
3	COUNTRY	Char	30	\$30.	\$30.	Country

Data Set Name: v3_stent.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENT	Char	50	\$50.	\$50.	Type of stent: Name
3	LEN	Num	8	6.	6.	Type of stent: Length
4	PREDIL	Num	8	YESNO.	6.	Was lesion pre-dilated?
5	POSTDIL	Num	8	YESNO.	6.	Was post-dilation performed?
6	MAXDIAM	Num	8	8.2	8.2	Largest balloon diameter (mm)
7	DELVPROB	Num	8	YESNO.	6.	Problem with delivery /deployment of stent?/ Problem with delivery /deployment?
8	DIAM2	Num	8	8.2	8.2	Type of stent: Diameter
9	DPLPRESS2	Num	8	8.2	8.2	Max stent deployment pressure (ATM)
10	MAXPRESS2	Num	8	8.2	8.2	Maximum pressure (ATM)
11	STNTTYP	Num	8	STEN3TYP.	6.	Type of stent
12	WHYNSS	Char	150	\$150.	\$150.	6.2.1 Why was non-study stent used?
13	MANUF	Char	50	\$50.	\$50.	Manufacturer
14	LOTNUM	Char	10	\$10.	\$10.	Lot #
15	DELIV	Char	15	\$15.	\$15.	Delivery system length

Data Set Name: v3_subhosp.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	FORMHR	Char	2	\$2.	\$2.	Time of form completion (Hours)
3	FORMMN	Char	2	\$2.	\$2.	Time of form completion (Minutes)
4	HOSPITAL	Num	8	HOSP.	6.	3. Hospital
5	ANOTHER	Num	8	YESNO.	6.	4. Was subject transferred to or from another acute care hospital
6	INDICAT	Num	8	INDICATN.	6.	6. Primary indication for hospitalization
7	SPECIFY	Char	100	\$100.	\$100.	6. (specify)
8	PRINDIAG	Char	200	\$200.	\$200.	9. Principal Diagnosis (describe)
9	ICD91	Char	50	\$50.	\$50.	10.1. Record Principal Diagnosis (ICD-9) Code
10	ICD92	Char	50	\$50.	\$50.	10.2. Record secondary Diagnosis (ICD-9) Codes: 1st
11	ICD921	Char	50	\$50.	\$50.	10.2. Record secondary Diagnosis (ICD-9) Codes: 2nd
12	ICD922	Char	50	\$50.	\$50.	10.2. Record secondary Diagnosis (ICD-9) Codes: 3rd
13	ICD923	Char	50	\$50.	\$50.	10.2. Record secondary Diagnosis (ICD-9) Codes: 4th
14	ICD93	Char	50	\$50.	\$50.	10.3. Record Principal Procedure (ICD-9) Code
15	ICD94	Char	50	\$50.	\$50.	10.4. Record Secondary Procedure (ICD-9) Codes: 1st
16	ICD941	Char	50	\$50.	\$50.	10.4. Record Secondary Procedure (ICD-9) Codes: 2nd
17	ICD942	Char	50	\$50.	\$50.	10.4. Record Secondary Procedure (ICD-9) Codes: 3rd
18	ICD943	Char	50	\$50.	\$50.	10.4. Record Secondary Procedure (ICD-9) Codes: 4th
19	formday	Num	8			days to date of form completion
20	admday	Num	8			1. days to date of admission to hospital
21	dischday	Num	8			2. days to date of discharge
22	date_index	Num	8			
23	temp	Char	204			

Data Set Name: v3_transfer.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	FORWARD	Num	8	YESNO.	6.	5. Forms and medical information forwarded to the new clinic?
3	visday	Num	8			1. days to Date of last subject visit or contact
4	transday	Num	8			3. days to Date Transfer of Patient Form completed
5	mailday	Num	8			6. days to mail date
6	firvisday	Num	8			7. days to Date of first visit
7	formday	Num	8			8. days to Date this form completed

Data Set Name: v3_ultra.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PSV1	Num	8	6.	6.	Aorta (PSV)
3	EDV1	Num	8	6.	6.	Aorta (EDV)
4	PSV2	Num	8	6.	6.	PRA (PSV)
5	EDV2	Num	8	6.	6.	PRA (EDV)
6	RELATN1	Num	8	RELA4ION.	6.	PRA
7	PSV3	Num	8	6.	6.	MRA (PSV)
8	EDV3	Num	8	6.	6.	MRA (EDV)
9	RELATN2	Num	8	RELA4ION.	6.	MRA
10	PSV4	Num	8	6.	6.	DRA (PSV)
11	EDV4	Num	8	6.	6.	DRA (EDV)
12	RELATN3	Num	8	RELA4ION.	6.	DRA
13	PSV5	Num	8	6.	6.	Pstent (PSV)
14	EDV5	Num	8	6.	6.	Pstent (EDV)
15	PSV6	Num	8	6.	6.	Mstent (PSV)
16	EDV6	Num	8	6.	6.	Mstent (EDV)
17	PSV7	Num	8	6.	6.	Dstent (PSV)
18	EDV7	Num	8	6.	6.	Dstent (EDV)
19	RENPSV	Num	8	6.	6.	Renal Aortic Ratio (Renal PSV)
20	AORTAPSV	Num	8	6.	6.	Renal Aortic Ratio (Aorta PSV)
21	RESLT	Num	8	6.2	6.2	Renal Aortic Ratio
22	PSV8	Num	8	6.	6.	P-IS (PSV)
23	EDV8	Num	8	6.	6.	P-IS (EDV)
24	PSV9	Num	8	6.	6.	M-IS (PSV)
25	EDV9	Num	8	6.	6.	M-IS (EDV)
26	PSV10	Num	8	6.	6.	D-IS (PSV)
27	EDV10	Num	8	6.	6.	D-IS (EDV)
28	UPPOLE	Num	8	6.	6.	Upper Pole PSV (right)
29	LOWPOLE	Num	8	6.	6.	Lower Pole PSV (right)
30	THICK	Num	8	6.2	6.2	Cortical Thickness (right)
31	AVGRI1	Num	8	6.2	6.2	Average: RI
32	hilar1_p1	Num	8	6.	6.	Hilar Analysis (right)
33	ANALYS1	Num	8	YESN7ONA.	6.	Hilar Analysis, Support Stenosis
34	avglen1_p1	Num	8	6.2	6.2	Average Pole to Pole Kidney Length Measurements
35	PST1	Char	50	\$50.	\$50.	PST
36	INDPOS1	Num	8	YESN7ONA.	6.	Indirect findings positive

Num	Variable	Type	Len	Format	Informat	Label
37	RIMPRESS	Num	8	IMPRESSI.	6.	Right Diagnostic Impression
38	RFINIMPR	Num	8	IMPR1SSI.	6.	Right Final Impression determined using
39	PSV11	Num	8	6.	6.	PRA (PSV)
40	EDV11	Num	8	6.	6.	PRA (EDV)
41	RELATN4	Num	8	RELA4ION.	6.	PRA (Proximal to stent)
42	PSV12	Num	8	6.	6.	MRA (PSV)
43	EDV12	Num	8	6.	6.	MRA (EDV)
44	RELATN5	Num	8	RELA4ION.	6.	MRA (Proximal to stent)
45	PSV13	Num	8	6.	6.	DRA (PSV)
46	EDV13	Num	8	6.	6.	DRA (EDV)
47	RELATN6	Num	8	RELA4ION.	6.	DRA (Proximal to stent)
48	PSV14	Num	8	6.	6.	Pstent (PSV)
49	EDV14	Num	8	6.	6.	Pstent (EDV)
50	PSV15	Num	8	6.	6.	Mstent (PSV)
51	EDV15	Num	8	6.	6.	Mstent (EDV)
52	PSV16	Num	8	6.	6.	Dstent (PSV)
53	EDV16	Num	8	6.	6.	Dstent (EDV)
54	RENPSV1	Num	8	6.	6.	Renal Aortic Ratio (Renal PSV)
55	AORTAPSV1	Num	8	6.	6.	Renal Aortic Ratio (Aorta PSV)
56	RESLT1	Num	8	6.2	6.2	Renal Aortic Ratio
57	PSV17	Num	8	6.	6.	P-IS (PSV)
58	EDV17	Num	8	6.	6.	P-IS (EDV)
59	PSV18	Num	8	6.	6.	M-IS (PSV)
60	EDV18	Num	8	6.	6.	M-IS (EDV)
61	PSV19	Num	8	6.	6.	D-IS (PSV)
62	EDV19	Num	8	6.	6.	D-IS (EDV)
63	UPPOLE1	Num	8	6.	6.	Upper Pole PSV
64	LOWPOLE1	Num	8	6.	6.	Lower Pole PSV
65	THICK1	Num	8	6.2	6.2	Cortical Thickness
66	AVGRI2	Num	8	6.2	6.2	Average: RI
67	hilar2_p2	Num	8	6.	6.	Hilar Analysis
68	ANALYS2	Num	8	YESN7ONA.	6.	Hilar Analysis; Support Stenosis
69	AVGLEN3	Num	8	6.2	6.2	Average Pole to Pole Kidney Length Measurement
70	PST2	Char	50	\$50.	\$50.	PST (Left)
71	INDPOS2	Num	8	YESN7ONA.	6.	Indirect findings positive (Left)
72	LIMPRESS	Num	8	IMPRESSI.	6.	Left Diagnostic Impression
73	LFINIMPR	Num	8	IMPR1SSI.	6.	Left Final Impression determined using
74	CHNG	Num	8	YESN7ONA.	6.	Interval Change
75	comments_p2	Char	200	\$200.	\$200.	Comments

Num	Variable	Type	Len	Format	Informat	Label
76	OVERREAD2	Num	8	YESNO.	6.	Overread
77	STDYSIDE	Num	8	LRUNKOW.	6.	Study Side
78	NONDIAG	Num	8	YESNO.	6.	Diagnostic
79	PRA	Num	8	6.	6.	PRA
80	MRA	Num	8	6.	6.	MRA
81	DRA	Num	8	6.	6.	DRA
82	PST	Num	8	YESN7ONA.	6.	PST
83	STENOSIS	Num	8	YESN7ONA.	6.	Renal Artery Stenosis
84	RAS	Num	8	STEN7SIS.	6.	If RAS Yes
85	MEETCRIT	Num	8	YESNOUNK.	6.	Meets Duplex Randomization Criteria
86	comments_ra	Char	200	\$200.	\$200.	Comments
87	hilar1_sc	Num	8	8.2	8.2	Hillar Analysis (right)
88	HILRSTN1	Num	8	YESN7ONA.	6.	Hillar Analysis; Supports Stenosis (right)
89	RUPPSV	Num	8	8.2	8.2	Upper Pole PSV (right)
90	RUPEDV	Num	8	8.2	8.2	Upper Pole EDV (right)
91	RLOWPSV	Num	8	8.2	8.2	Lower Pole PSV (right)
92	RLOWEDV	Num	8	8.2	8.2	Lower Pole EDV (right)
93	RTHICK	Num	8	6.2	6.2	Cortical Thickness (right)
94	RIAVG1	Num	8	6.2	6.2	Average RI (right)
95	avglen1_sc	Num	8	6.2	6.2	Average Pole to Pole Kidney Measurement
96	hilar2_sc	Num	8	8.2	8.2	Hillar Analysis (left)
97	HILRSTN2	Num	8	YESN7ONA.	6.	Hillar Analysis; Supports Stenosis (left)
98	LUPPSV	Num	8	8.2	8.2	Upper Pole PSV (left)
99	LUPEDV	Num	8	8.2	8.2	Upper Pole EDV (left)
100	LLOWPSV	Num	8	8.2	8.2	Lower Pole PSV (left)
101	LLOWEDV	Num	8	8.2	8.2	Lower Pole EDV (left)
102	LTHICK	Num	8	6.2	6.2	Cortical Thickness (left)
103	RIAVG2	Num	8	6.2	6.2	Average: RI (left)
104	AVGLEN2	Num	8	6.2	6.2	Average Pole to Pole Kidney Measurement (left)
105	OVERREAD1	Num	8	YESNO.	6.	Overread
106	MEDIATYPE	Char	20	\$20.	\$20.	Media Type
107	EXAMINTRVL	Char	40	\$40.	\$40.	Exam Interval
108	exam_p1day	Num	8			days to Date of Exam
109	exam_p2day	Num	8			days to Date of Exam
110	exam_raday	Num	8			days to Date of Exam
111	exam_scdays	Num	8			days to Date of Exam
112	ultraday	Num	8			days to Date of Exam

Data Set Name: v4_suppcont1yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont1yr6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont2wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont2yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont2yr6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont3mo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont3yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont3yr6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont4wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont4yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont4yr6m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont5yr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont6mo.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont6wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcont8wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcontlast.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: v4_suppcontoth.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPTV2	Num	8	INTE59AL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	DIE	Num	8	YESNO.	6.	3.1 Did subject die?
5	DEATHREP	Num	8	YESNO.	6.	Was this death reported to HCRI as an SAE?
6	MI	Num	8	YESNO.	6.	3.2 Has the subject experienced MI?
7	NUMMI	Num	8	6.	6.	Number of MIs:
8	EVENTSREP	Num	8	YESNO.	6.	Were all events reported to HCRI as SAEs?
9	HOSPCHF	Num	8	YESNO.	6.	3.3 Has the subject been hospitalized for CHF?
10	NUMHOSP	Num	8	6.	6.	Number of hospitalizations
11	HOSPREP	Num	8	YESNO.	6.	Were all hospitalizations reported to HCRI?
12	STROKE	Num	8	YESNO.	6.	3.4 Has the subject experienced a stroke?
13	NUMSTROKE	Num	8	6.	6.	Number of strokes
14	STROKERE	Num	8	YESNO.	6.	Were all strokes reported to HCRI as SAEs?
15	CREATDOUB	Num	8	YESNO.	6.	3.5 Does the report from the Biochem Core Lab indicate that the subject's Creatinine has doubled?
16	ADDSAMPLE	Num	8	YESNO.	6.	Was an additional sample drawn and sent to Core Lab 60 days after initial sample?
17	DBLREP	Num	8	YESNO.	6.	Was this doubling reported to HCRI?
18	RENALPROC	Num	8	YESNO.	6.	3.6 Did the patient undergo a renal replacement procedure for chronic renal failure?
19	PROCTRANS	Num	8	CHECKEDF.	6.	Renal Transplant
20	PROCHEMO	Num	8	CHECKEDF.	6.	Hemodialysis
21	PROCPERI	Num	8	CHECKEDF.	6.	Peritoneal dialysis
22	PROCREP	Num	8	YESNO.	6.	Was this reported to HCRI?
23	SMOKE	Num	8	YESNON8_.	6.	4. Has subject quit smoking since last contact?
24	SMOKECESS	Num	8	YESNO.	6.	4.1 Has subject been given materials on smoking cessation per protocol?
25	formday	Num	8			days to Date of Form Completion
26	collday	Num	8			days to Date of information Collected
27	deathday	Num	8			days to Date of death

Data Set Name: addepd.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PRIORLSN	Num	8	YESNO.	6.	Used in prior lesion treatment?
3	LOTNUM	Char	15	\$15.	\$15.	Lot #
4	CATNUM	Char	15	\$15.	\$15.	Cat #
5	BASKET	Num	8	BASKETSI.	6.	Angioguard Basket Size
6	PKGOPEN	Num	8	YESNO.	6.	Package opened and used?
7	CROSLN	Num	8	YESNO.	6.	Able to cross lesion?
8	DEPLOYED	Num	8	YESNO.	6.	Successfully deployed?
9	PROTECT	Num	8	PROTECTI.	6.	Protection achieved?
10	COMPLIC	Num	8	YESNO.	6.	Problems and/or complications with device /treatment?
11	PROBCDE1	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 1st
12	PROBCDE2	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 2nd
13	PROBCDE3	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 3rd
14	PROBCDE4	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 4th
15	OTHSPEC	Char	50	\$50.	\$50.	If YES, indicate with code(s), specify other (9)
16	OTHLESN	Num	8	YESNO.	6.	Device used in treatment of a subsequent lesion?
17	RENLSITE2	Char	5	\$5.	\$5.	Renal artery site
18	EPDNAME	Char	50	\$50.	\$50.	EPD used: Name
19	EPDSZ	Num	8	6.2	6.2	Size (mm)

Data Set Name: addstent.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENT	Char	50	\$50.	\$50.	Type of stent: Name
3	DIAM	Num	8	6.	6.	Type of stent: Diameter
4	LEN	Num	8	6.	6.	Type of stent: Length
5	PREDIL	Num	8	YESNO.	6.	Was lesion pre-dilated?
6	DPLPRESS	Num	8	6.	6.	Max stent deployment pressure (ATM)
7	POSTDIL	Num	8	YESNO.	6.	Was post-dilation performed?
8	MAXDIAM	Num	8	8.2	8.2	Largest balloon diameter (mm)
9	MAXPRESS	Num	8	6.	6.	Maximum pressure (ATM)
10	DELVPROB	Num	8	YESNO.	6.	Problem with delivery /deployment of stent?

Data Set Name: addtrt.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PROCHR	Char	2	\$2.	\$2.	2. Time subject arrived in procedure room: (Hours)
3	PROCMN	Char	2	\$2.	\$2.	2. Time subject arrived in procedure room: (Minutes)
4	ATTEMPT	Num	8	YESNO.	6.	4. Was Angioguard attempted?/4. Was embolic protection attempted?
5	ANATOMY	Num	8	CHECKEDF.	6.	(1) Unfavorable anatomy
6	LANDING	Num	8	CHECKEDF.	6.	(2) Unfavorable landing zone
7	other_1	Num	8	CHECKEDF.	6.	(99) Other
8	OTHSPEC	Char	50	\$50.	\$50.	(99) Other, specify
9	RENLSITE2	Char	5	\$5.	\$5.	3. Renal artery site treated
10	STNATTEM	Num	8	YESNO.	6.	5. Was stent attempted?
11	TOTLENG	Num	8	8.2	8.2	6. Total length of stent(s) placed
12	FINSTEN	Num	8	8.2	8.2	7. Final percent stenosis
13	PRESSGRD	Num	8	8.2	8.2	8. Pressure gradient
14	PRESSND	Num	8	CHECKEDF.	6.	8. Pressure gradient: ND
15	PERCTARG	Num	8	YESNO.	6.	9. Was an additional percutaneous treatment performed to another target lesion?
16	NONTARG	Num	8	YESNO.	6.	10. Were additional percutaneous treatment(s) performed to a non-target lesion?
17	ADDLTX	Num	8	YESNO.	6.	11. Were there complications that required additional treatment?
18	PRETX	Num	8	YESNO.	6.	11.1. Complication during pre-treatment
19	NOCROSS	Num	8	YESNO.	6.	11.2. Never able to cross lesion with stent
20	DISSECT	Num	8	YESNO.	6.	11.3. Dissection beyond stented area
21	DIFFSEG	Num	8	YESNO.	6.	11.4. Complication in different segment of vessel
22	DIFFVESS	Num	8	YESNO.	6.	11.5. Complication in different vessel
23	UNPLAN	Num	8	YESNO.	6.	11.6. Unplanned treatment of other lesion
24	LESNSPEC	Char	50	\$50.	\$50.	11.6.1. Specify
25	other_2	Num	8	YESNO.	6.	11.7. Other
26	OTHSPEC1	Char	50	\$50.	\$50.	11.7. Other, specify
27	PRESSIGN	Char	3	\$3.	\$3.	8. Pressure gradient (sign)
28	procdays	Num	8			days to procedure

Data Set Name: aes.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	AE	Char	50	\$50.	\$50.	Adverse Event
3	CONT	Num	8	CHECKEDF.	6.	Cont
4	SEVER	Num	8	SEVERITY.	6.	Severity
5	DRUGREL	Num	8	RELA11ON.	6.	Relatedness to study drug
6	STNTREL	Num	8	RELA12ON.	6.	Relatedness to study stent
7	EPDREL	Num	8	RELA12ON.	6.	Relatedness to Angioguard
8	ACTION	Char	10	\$10.	\$10.	Action Taken
9	OUTCOME	Num	8	OUTC18EF.	6.	Outcome
10	SERIOUS	Num	8	YESNO.	6.	Serious including Life Threat.
11	CONFIDENCE	Char	2	\$2.	\$2.	CONFIDENCE
12	LLT_TERM	Char	250	\$250.	\$250.	LLT TERM
13	PT_TERM	Char	250	\$250.	\$250.	PT TERM
14	SOC_TERM	Char	250	\$250.	\$250.	SOC_TERM
15	WORKFLOW	Char	4	\$4.	\$4.	WORK FLOW
16	DSHLGT_CODE	Char	25	\$25.	\$25.	hlgt_code
17	DSHLGT_TERM	Char	250	\$250.	\$250.	hlgt_term
18	DSHLT_CODE	Char	25	\$25.	\$25.	hlt_code
19	DSHLT_TERM	Char	250	\$250.	\$250.	hlt_term
20	DSLLET_CODE	Char	25	\$25.	\$25.	llt_code
21	DSLLET_TERM	Char	250	\$250.	\$250.	llt_term
22	DSPT_CODE	Char	25	\$25.	\$25.	pt_code
23	DSPT_TERM	Char	250	\$250.	\$250.	pt_term
24	DSSOC_CODE	Char	25	\$25.	\$25.	soc_code
25	DSSOC_TERM	Char	250	\$250.	\$250.	soc_term
26	DSVERSION	Char	5	\$5.	\$5.	version
27	startday	Num	8			days to event start
28	stopday	Num	8			days to event stop

Data Set Name: *angguard.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	LOTNUM	Char	15	\$15.	\$15.	Lot #
3	CATNUM	Char	15	\$15.	\$15.	Cat #
4	BASKET	Num	8	BASKETSI.	6.	Angioguard Basket Size
5	PKGOPEN	Num	8	YESNO.	6.	Package opened and used?
6	CROSLN	Num	8	YESNO.	6.	Able to cross lesion?
7	DEPLOYED	Num	8	YESNO.	6.	Successfully deployed?
8	PROTECT	Num	8	PROTECTI.	6.	Protection achieved?
9	COMPLIC	Num	8	YESNO.	6.	Problems and/or complications with device /treatment?
10	PROBCDE1	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 1st
11	PROBCDE2	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 2nd
12	PROBCDE3	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 3rd
13	PROBCDE4	Num	8	COMPLICA.	6.	If YES, indicate with code(s): 4th
14	OTHSPEC	Char	50	\$50.	\$50.	If YES, indicate with code(s), specify other (9)
15	OTHLESN	Num	8	YESNO.	6.	Device used in treatment of a subsequent lesion?
16	EPDNAME	Char	50	\$50.	\$50.	EPD used: Name
17	EPDSZ	Num	8	6.2	6.2	Size (mm)

Data Set Name: *angio.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	OBS	Num	8	ANGTYPE.	6.	Angiographic Observation
3	FUPANG	Num	8	FUPANG.	6.	Angiographic Observation - Follow-up angiogram
4	NEPHRO	Num	8	YESNOCND.	6.	Is subject at high risk for contrast induced nephropathy?
5	ONEKIDNEY	Num	8	YESNOCND.	6.	Does the subject have only one kidney?
6	COMPLY	Num	8	YESNO.	6.	1. Does the angiogram comply with Renal Angiography Methods?
7	LABEL	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - improper I.D. / labeling
8	PREINS	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no pre Angioguard insertion image/no pre EPD insertion image (if applicable)
9	PREREM	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no pre Angioguard removal image/no pre EPD removal image (if applicable)
10	POSTREM	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no post Angioguard removal image/no post EPD removal image (if applicable)
11	TECH	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - technical aspects of image acquisition
12	MOTION	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - technical aspects of image acquisition - motion artifact
13	TECHNIQUE	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - technical aspects of image acquisition - improper angiographic technique
14	ANGUL	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - technical aspects of image acquisition - improper angulation
15	NOFLUSH	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no flush aortogram or selective angiogram that shows entire kidneys in FOV
16	NONATIVE	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no native unsubtracted image without contrast of the calibrated marker or $\geq 6F$ catheter/sheath for reference calibration
17	OSTIA	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no angiogram that profiles the ostia of all renal arteries
18	INTRAREN	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no images of intra-renal vessels
19	OPACIF	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - poor vessel opacification (i.e. aortic lumen above and below renal arteries and renal arteries not opacified well)
20	NOPRESS	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no pressure tracings for 60-79% stenosis
21	POSTPRS	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - no post-pressure angiogram (Medical RX Arm)/if pressures performed, no post-pressure angiogram (Medical RX Arm)
22	CAPIMG	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - only "captured" images (and not entire study) sent
23	AORTDZ	Num	8	AORTDZ.	6.	2. Aortic disease
24	OTHER	Num	8	CHECKEDF.	6.	1.1. Select all applicable reasons - other
25	OTHSPEC	Char	200	\$200.	\$200.	1.1. Select all applicable reasons - other, specify
26	CNDQ2	Num	8	CHECKEDF.	6.	2. Aortic disease: CND
27	RTPRES	Num	8	YESNOCND.	6.	3. Is the RIGHT kidney present?

Num	Variable	Type	Len	Format	Informat	Label
28	RKIDSZ1	Num	8	8.2	8.2	3.1. RIGHT kidney size (1)
29	RKIDSZ2	Num	8	8.2	8.2	3.1. RIGHT kidney size (2)
30	RKIDSZ3	Num	8	8.2	8.2	3.1. RIGHT kidney size (3)
31	RKIDSZ4	Num	8	8.2	8.2	3.1. RIGHT kidney size (Final)
32	LESLOC1	Char	5	\$5.	\$5.	3.2. LESION LOCATION per Nomenclature (Artery #1)
33	MLD1	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #1) (1)
34	MLD2	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #1) (2)
35	MLD3	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #1) (3)
36	MLD4	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #1) (Final)
37	REF1	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #1) (1)
38	REF2	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #1) (2)
39	REF3	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #1) (3)
40	REF4	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #1) (Final)
41	LESL1	Num	8	8.2	8.2	3.6. Lesion Length (Artery #1) (1)
42	LESL2	Num	8	8.2	8.2	3.6. Lesion Length (Artery #1) (2)
43	LESL3	Num	8	8.2	8.2	3.6. Lesion Length (Artery #1) (3)
44	LESL4	Num	8	8.2	8.2	3.6. Lesion Length (Artery #1) (Final)
45	dist1_2	Num	8	8.2	8.2	3.7. Distance from ostium to first renal artery branch (Artery #1)
46	CALC1	Num	8	YESNOCND.	6.	3.8.1. Calcified? (Artery #1)
47	CONC1	Num	8	YESNOCND.	6.	3.8.2. Concentric? (Artery #1)
48	ECC1	Num	8	YESNOCND.	6.	3.8.3. Eccentric? (Artery #1)
49	SMTH1	Num	8	YESNOCND.	6.	3.8.4. Smooth? (Artery #1)
50	ULC1	Num	8	YESNOCND.	6.	3.8.5. Ulcerated? (Artery #1)
51	PRETIMI1	Num	8	TIMI.	6.	3.9. TIMI FLOW PRE-pressure measurement (Artery #1)
52	AORPK1	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #1) (Aorta)
53	KIDPK1	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #1) (Kidney)
54	GRAPK1	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #1) (Gradient)
55	AORMN1	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #1) (Aorta)
56	KIDMN1	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #1) (Kidney)
57	GRAMN1	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #1) (Gradient)
58	AORDIA1	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #1) (Aorta)
59	KIDDIA1	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #1) (Kidney)
60	GRADIA1	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #1) (Gradient)
61	POSTTIMI1	Num	8	TIMI.	6.	3.11. TIMI FLOW Medical Rx Arm ONLY Post-pressure measurement (Artery #1)
62	LESLOC2	Char	5	\$5.	\$5.	3.2. LESION LOCATION per Nomenclature (Artery #2)
63	MLD5	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #2) (1)
64	MLD6	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #2) (2)
65	MLD7	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #2) (3)

Num	Variable	Type	Len	Format	Informat	Label
66	MLD8	Num	8	8.2	8.2	3.3. Minimum lumen Diameter (MLD) (Artery #2) (Final)
67	REF5	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #2) (1)
68	REF6	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #2) (2)
69	REF7	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #2) (3)
70	REF8	Num	8	8.2	8.2	3.4. Reference lumen Diameter (Ref) (Artery #2) (Final)
71	LESL5	Num	8	8.2	8.2	3.6. Lesion Length (Artery #2) (1)
72	LESL6	Num	8	8.2	8.2	3.6. Lesion Length (Artery #2) (2)
73	LESL7	Num	8	8.2	8.2	3.6. Lesion Length (Artery #2) (3)
74	LESL8	Num	8	8.2	8.2	3.6. Lesion Length (Artery #2) (Final)
75	dist2_2	Num	8	8.2	8.2	3.7. Distance from ostium to first renal artery branch (Artery #2)
76	CALC2	Num	8	YESNOCND.	6.	3.8.1. Calcified? (Artery #2)
77	CONC2	Num	8	YESNOCND.	6.	3.8.2. Concentric? (Artery #2)
78	ECC2	Num	8	YESNOCND.	6.	3.8.3. Eccentric? (Artery #2)
79	SMTH2	Num	8	YESNOCND.	6.	3.8.4. Smooth? (Artery #2)
80	ULC2	Num	8	YESNOCND.	6.	3.8.5. Ulcerated? (Artery #2)
81	PRETIMI2	Num	8	TIMI.	6.	3.9. TIMI FLOW PRE-pressure measurement (Artery #2)
82	AORPK2	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #2) (Aorta)
83	KIDPK2	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #2) (Kidney)
84	GRAPK2	Num	8	8.2	8.2	3.10.1. Peak Systolic (Artery #2) (Gradient)
85	AORMN2	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #2) (Aorta)
86	KIDMN2	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #2) (Kidney)
87	GRAMN2	Num	8	8.2	8.2	3.10.2. Mean Pressure (Artery #2) (Gradient)
88	AORDIA2	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #2) (Aorta)
89	KIDDIA2	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #2) (Kidney)
90	GRADIA2	Num	8	8.2	8.2	3.10.3. Diastolic (Artery #2) (Gradient)
91	POSTTIMI2	Num	8	TIMI.	6.	3.11. TIMI FLOW Medical Rx Arm ONLY Post-pressure measurement (Artery #2)
92	STEN1A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #1) (1)
93	STEN2A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #1) (2)
94	STEN3A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #1) (3)
95	STEN4A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #1) (Final)
96	STEN5A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #2) (1)
97	STEN6A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #2) (2)
98	STEN7A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #2) (3)
99	STEN8A	Num	8	8.2	8.2	3.5. % STENOSIS (Artery #2) (Final)
100	CNDQ31	Num	8	CHECKEDF.	6.	3.1. RIGHT kidney size, CND
101	RSTENLES	Num	8	YESNOCND.	6.	Is a stenotic lesion present?
102	dissect1_3	Num	8	YESNOCND.	6.	3.12.1. Dissection? (Artery #1)
103	flow1_3	Num	8	YESNOCND.	6.	3.12.1.1. Flow limiting? (Artery #1)

Num	Variable	Type	Len	Format	Informat	Label
104	OCCL1	Num	8	YESNOCND.	6.	3.12.2. Occlusion? (Artery #1)
105	MAIN1	Num	8	YESNOCND.	6.	3.12.2.1. Main RA? (Artery #1)
106	BRAN1	Num	8	YESNOCND.	6.	3.12.2.2. Branch vessel? (Artery #1)
107	EMB1	Num	8	YESNOCND.	6.	3.12.3. Embolus? (Artery #1)
108	THROM1	Num	8	YESNOCND.	6.	3.12.4. Thrombus? (Artery #1)
109	SPASM1	Num	8	YESNOCND.	6.	3.12.5. Spasm? (Artery #1)
110	WIRE1	Num	8	YESNOCND.	6.	3.12.6. Wire perforation? (Artery #1)
111	RUPT1	Num	8	YESNOCND.	6.	3.12.7. Vessel rupture? (Artery #1)
112	PANEUR1	Num	8	YESNOCND.	6.	3.12.8. Pseudoaneurysm? (Artery #1)
113	dissect2_3	Num	8	YESNOCND.	6.	3.12.1. Dissection? (Artery #2)
114	flow2_3	Num	8	YESNOCND.	6.	3.12.1.1. Flow limiting? (Artery #2)
115	OCCL2	Num	8	YESNOCND.	6.	3.12.2. Occlusion? (Artery #2)
116	MAIN2	Num	8	YESNOCND.	6.	3.12.2.1. Main RA? (Artery #2)
117	BRAN2	Num	8	YESNOCND.	6.	3.12.2.2. Branch vessel? (Artery #2)
118	EMB2	Num	8	YESNOCND.	6.	3.12.3. Embolus? (Artery #2)
119	THROM2	Num	8	YESNOCND.	6.	3.12.4. Thrombus? (Artery #2)
120	SPASM2	Num	8	YESNOCND.	6.	3.12.5. Spasm? (Artery #2)
121	WIRE2	Num	8	YESNOCND.	6.	3.12.6. Wire perforation? (Artery #2)
122	RUPT2	Num	8	YESNOCND.	6.	3.12.7. Vessel rupture? (Artery #2)
123	PANEUR2	Num	8	YESNOCND.	6.	3.12.8. Pseudoaneurysm? (Artery #2)
124	TOTRT	Num	8	6.	6.	4. What is the total number of right renal arteries seen?
125	RNLART1	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (1)
126	STAT1	Num	8	PATENC.	6.	4.1. Patency Status (1)
127	CND1	Char	100	\$100.	\$100.	4.1. Patency Status, CND - Why? (1)
128	RNLART2	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (2)
129	STAT2	Num	8	PATENC.	6.	4.1. Patency Status (2)
130	CND2	Char	100	\$100.	\$100.	4.1. Patency Status, CND - Why? (2)
131	RNLART3	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (3)
132	STAT3	Num	8	PATENC.	6.	4.1. Patency Status (3)
133	CND3	Char	100	\$100.	\$100.	4.1. Patency Status, CND - Why? (3)
134	CND11	Num	8	YESNOCND.	6.	4.2. Is the entire right kidney ischemic?
135	CND4	Char	100	\$100.	\$100.	4.2. Is the entire right kidney ischemic? Why?
136	CNDQ312	Num	8	CHECKEDF.	6.	3.12. COMPLICATIONS, CND
137	LTPRES	Num	8	YESNOCND.	6.	5. Is the LEFT kidney present?
138	LKIDSZ1	Num	8	8.2	8.2	5.1. LEFT kidney size (1)
139	LKIDSZ2	Num	8	8.2	8.2	5.1. LEFT kidney size (2)
140	LKIDSZ3	Num	8	8.2	8.2	5.1. LEFT kidney size (3)

Num	Variable	Type	Len	Format	Informat	Label
141	LKIDSZ4	Num	8	8.2	8.2	5.1. LEFT kidney size (Final)
142	LLESLOC1	Char	5	\$5.	\$5.	5.2. LESION LOCATION per Nomenclature (Artery #1)
143	LMLD1	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #1) (1)
144	LMLD2	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #1) (2)
145	LMLD3	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #1) (3)
146	LMLD4	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #1) (Final)
147	LREF1	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #1) (1)
148	LREF2	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #1) (2)
149	LREF3	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #1) (3)
150	LREF4	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #1) (Final)
151	LLESL1	Num	8	8.2	8.2	5.5. Lesion Length (Artery #1) (1)
152	LLESL2	Num	8	8.2	8.2	5.5. Lesion Length (Artery #1) (2)
153	LLESL3	Num	8	8.2	8.2	5.5. Lesion Length (Artery #1) (3)
154	LLESL4	Num	8	8.2	8.2	5.5. Lesion Length (Artery #1) (Final)
155	ldist1_4	Num	8	8.2	8.2	5.7. Distance from ostium to first renal artery branch (Artery #1)
156	LCALC1	Num	8	YESNOCND.	6.	5.8.1. Calcified? (Artery #1)
157	LCONC1	Num	8	YESNOCND.	6.	5.8.2. Concentric? (Artery #1)
158	LECC1	Num	8	YESNOCND.	6.	5.8.3. Eccentric? (Artery #1)
159	LSMTH1	Num	8	YESNOCND.	6.	5.8.4. Smooth? (Artery #1)
160	LULC1	Num	8	YESNOCND.	6.	5.8.5. Ulcerated? (Artery #1)
161	LPRETIMI1	Num	8	TIMI.	6.	5.9. TIMI FLOW PRE-pressure measurement (Artery #1)
162	LAORPK1	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #1) (Aorta)
163	LKIDPK1	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #1) (Kidney)
164	LGRAPK1	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #1) (Gradient)
165	LAORMN1	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #1) (Aorta)
166	LKIDMN1	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #1) (Kidney)
167	LGRAMN1	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #1) (Gradient)
168	LAORDIA1	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #1) (Aorta)
169	LKIDDIA1	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #1) (Kidney)
170	LGRADIA1	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #1) (Gradient)
171	LPOSTTIMI1	Num	8	TIMI.	6.	5.11. TIMI FLOW Medical Rx Arm ONLY Post-pressure measurement (Artery #1)
172	LLESLOC2	Char	5	\$5.	\$5.	5.2. LESION LOCATION per Nomenclature (Artery #2)
173	LMLD5	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #2) (1)
174	LMLD6	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #2) (2)
175	LMLD7	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #2) (3)
176	LMLD8	Num	8	8.2	8.2	5.3. Minimum lumen Diameter (MLD) (Artery #2) (Final)
177	LREF5	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #2) (1)
178	LREF6	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #2) (2)

Num	Variable	Type	Len	Format	Informat	Label
179	LREF7	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #2) (3)
180	LREF8	Num	8	8.2	8.2	5.4. Reference lumen Diameter (Ref) (Artery #2) (Final)
181	LLESL5	Num	8	8.2	8.2	5.6. Lesion Length (Artery #2) (1)
182	LLESL6	Num	8	8.2	8.2	5.6. Lesion Length (Artery #2) (2)
183	LLESL7	Num	8	8.2	8.2	5.6. Lesion Length (Artery #2) (3)
184	LLESL8	Num	8	8.2	8.2	5.6. Lesion Length (Artery #2) (Final)
185	ldist2_4	Num	8	8.2	8.2	5.7. Distance from ostium to first renal artery branch (Artery #2)
186	LCALC2	Num	8	YESNOCND.	6.	5.8.1. Calcified? (Artery #2)
187	LCONC2	Num	8	YESNOCND.	6.	5.8.2. Concentric? (Artery #2)
188	LECC2	Num	8	YESNOCND.	6.	5.8.3. Eccentric? (Artery #2)
189	LSMTH2	Num	8	YESNOCND.	6.	5.8.4. Smooth? (Artery #2)
190	LULC2	Num	8	YESNOCND.	6.	5.8.5. Ulcerated? (Artery #2)
191	LPRETIMI2	Num	8	TIMI.	6.	5.9. TIMI FLOW PRE-pressure measurement (Artery #2)
192	LAORPK2	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #2) (Aorta)
193	LKIDPK2	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #2) (Kidney)
194	LGRAPK2	Num	8	8.2	8.2	5.10.1. Peak Systolic (Artery #2) (Gradient)
195	LAORMN2	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #2) (Aorta)
196	LKIDMN2	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #2) (Kidney)
197	LGRAMN2	Num	8	8.2	8.2	5.10.2. Mean Pressure (Artery #2) (Gradient)
198	LAORDIA2	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #2) (Aorta)
199	LKIDDIA2	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #2) (Kidney)
200	LGRADIA2	Num	8	8.2	8.2	5.10.3. Diastolic (Artery #2) (Gradient)
201	LPOSTTIMI2	Num	8	TIMI.	6.	5.11. TIMI FLOW Medical Rx Arm ONLY Post-pressure measurement (Artery #2)
202	LSTEN1A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #1) (1)
203	LSTEN2A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #1) (2)
204	LSTEN3A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #1) (3)
205	LSTEN4A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #1) (Final)
206	LSTEN5A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #2) (1)
207	LSTEN6A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #2) (2)
208	LSTEN7A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #2) (3)
209	LSTEN8A	Num	8	8.2	8.2	5.6. % STENOSIS (Artery #2) (Final)
210	CNDQ51	Num	8	CHECKEDF.	6.	5.1. LEFT kidney size, CND
211	LSTENLES	Num	8	YESNOCND.	6.	Is a stenotic lesion present?
212	ldissect1_5	Num	8	YESNOCND.	6.	5.12.1. Dissection? (Artery #1)
213	lflow1_5	Num	8	YESNOCND.	6.	5.12.1.1. Flow limiting? (Artery #1)
214	LOCCL1	Num	8	YESNOCND.	6.	5.12.2. Occlusion? (Artery #1)
215	LMAIN1	Num	8	YESNOCND.	6.	5.12.2.1. Main RA? (Artery #1)
216	LBRAN1	Num	8	YESNOCND.	6.	5.12.2.2. Branch vessel? (Artery #1)

Num	Variable	Type	Len	Format	Informat	Label
217	LEMB1	Num	8	YESNOCND.	6.	5.12.3. Embolus? (Artery #1)
218	LTHROM1	Num	8	YESNOCND.	6.	5.12.4. Thrombus? (Artery #1)
219	LSPASM1	Num	8	YESNOCND.	6.	5.12.5. Spasm? (Artery #1)
220	LWIRE1	Num	8	YESNOCND.	6.	5.12.6. Wire perforation? (Artery #1)
221	LRUPT1	Num	8	YESNOCND.	6.	5.12.7. Vessel rupture? (Artery #1)
222	LPANEUR1	Num	8	YESNOCND.	6.	5.12.8. Pseudoaneurysm? (Artery #1)
223	ldissect2_5	Num	8	YESNOCND.	6.	5.12.1. Dissection? (Artery #2)
224	lflow2_5	Num	8	YESNOCND.	6.	5.12.1.1. Flow limiting? (Artery #2)
225	LOCCL2	Num	8	YESNOCND.	6.	5.12.2. Occlusion? (Artery #2)
226	LMAIN2	Num	8	YESNOCND.	6.	5.12.2.1. Main RA? (Artery #2)
227	LBRAN2	Num	8	YESNOCND.	6.	5.12.2.2. Branch vessel? (Artery #2)
228	LEMB2	Num	8	YESNOCND.	6.	5.12.3. Embolus? (Artery #2)
229	LTHROM2	Num	8	YESNOCND.	6.	5.12.4. Thrombus? (Artery #2)
230	LSPASM2	Num	8	YESNOCND.	6.	5.12.5. Spasm? (Artery #2)
231	LWIRE2	Num	8	YESNOCND.	6.	5.12.6. Wire perforation? (Artery #2)
232	LRUPT2	Num	8	YESNOCND.	6.	5.12.7. Vessel rupture? (Artery #2)
233	LPANEUR2	Num	8	YESNOCND.	6.	5.12.8. Pseudoaneurysm? (Artery #2)
234	LTOTRT	Num	8	6.	6.	6. What is the total number of right renal arteries seen?
235	LRNLART1	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (1)
236	LSTAT1	Num	8	PATENC.	6.	6.1. Patency Status (1)
237	LCND1	Char	100	\$100.	\$100.	6.1. Patency Status, CND - Why? (1)
238	LRNLART2	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (2)
239	LSTAT2	Num	8	PATENC.	6.	6.1. Patency Status (2)
240	LCND2	Char	100	\$100.	\$100.	6.1. Patency Status, CND - Why? (2)
241	LRNLART3	Char	5	\$5.	\$5.	RENAL ARTERY LOCATION (refer to lesion identification nomenclature) (3)
242	LSTAT3	Num	8	PATENC.	6.	6.1. Patency Status (3)
243	LCND3	Char	100	\$100.	\$100.	6.1. Patency Status, CND - Why? (3)
244	LCND11	Num	8	YESNOCND.	6.	6.3. Is the entire right kidney ischemic?
245	LCND4	Char	100	\$100.	\$100.	6.3. Is the entire right kidney ischemic? Why?
246	CNDQ512	Num	8	CHECKEDF.	6.	5.12. COMPLICATIONS, CND
247	LESN1	Char	5	\$5.	\$5.	7. LESION LOCATION per nomenclature (Artery #1)
248	VIS1	Num	8	YESNOCND.	6.	8. Is protection device visible radiographically? (Artery #1)
249	NOEPD1	Num	8	YESNOCND.	6.	8.1. If protection device NOT visible, based upon anatomy, could a device have been used (i.e. main renal artery length >= 45mm)? (Artery #1)
250	APPOS1	Num	8	YESNOCND.	6.	9. Is there good wall apposition of device? (Artery #1)
251	PROTECT1	Num	8	PERCENTA.	6.	10. Describe the percentage of protection (Artery #1)

Num	Variable	Type	Len	Format	Informat	Label
252	flow1_6	Num	8	TIMI.	6.	11. TIMI FLOW with Angioguard present/TIMI FLOW with EPD present (Artery #1)
253	AE1	Num	8	YESNOCND.	6.	12. Is there evidence to suggest a potential adverse finding related to the protection device? (Artery #1)
254	dissect1_6	Num	8	YESNO.	6.	12.1. Dissection? (Artery #1)
255	FLOWLIM1	Num	8	YESNO.	6.	12.1.1. Flow limiting? (Artery #1)
256	OCCLUS1	Num	8	YESNO.	6.	12.2. Occlusion? (Artery #1)
257	MAINRA1	Num	8	YESNO.	6.	12.2.1. Main RA? (Artery #1)
258	BRANCH1	Num	8	YESNO.	6.	12.2.2. Branch vessel? (Artery #1)
259	EMBOL1	Num	8	YESNO.	6.	12.3. Embolus? (Artery #1)
260	THROMB1	Num	8	YESNO.	6.	12.4. Thrombus? (Artery #1)
261	SPAS1	Num	8	YESNO.	6.	12.5. Spasm? (Artery #1)
262	PERFOR1	Num	8	YESNO.	6.	12.6. Wire perforation? (Artery #1)
263	VESS1	Num	8	YESNO.	6.	12.7. Vessel rupture? (Artery #1)
264	PSEUDO1	Num	8	YESNO.	6.	12.8. Pseudoaneurysm? (Artery #1)
265	maldepl1_6	Num	8	YESNO.	6.	12.9. Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of EPD? (Artery #1)
266	LESN2	Char	5	\$5.	\$5.	7. LESION LOCATION per nomenclature (Artery #2)
267	VIS2	Num	8	YESNOCND.	6.	8. Is protection device visible radiographically? (Artery #2)
268	NOEPD2	Num	8	YESNOCND.	6.	8.1. If protection device NOT visible, based upon anatomy, could a device have been used (i.e. main renal artery length >= 45mm)? (Artery #2)
269	APPOS2	Num	8	YESNOCND.	6.	9. Is there good wall apposition of device? (Artery #2)
270	PROTECT2	Num	8	PERCENTA.	6.	10. Describe the percentage of protection (Artery #2)
271	flow2_6	Num	8	TIMI.	6.	11. TIMI FLOW with Angioguard present/TIMI FLOW with EPD present (Artery #2)
272	AE2	Num	8	YESNOCND.	6.	12. Is there evidence to suggest a potential adverse finding related to the protection device? (Artery #2)
273	dissect2_6	Num	8	YESNO.	6.	12.1. Dissection? (Artery #2)
274	FLOWLIM2	Num	8	YESNO.	6.	12.1.1. Flow limiting? (Artery #2)
275	OCCLUS2	Num	8	YESNO.	6.	12.2. Occlusion? (Artery #2)
276	MAINRA2	Num	8	YESNO.	6.	12.2.1. Main RA? (Artery #2)
277	BRANCH2	Num	8	YESNO.	6.	12.2.2. Branch vessel? (Artery #2)
278	EMBOL2	Num	8	YESNO.	6.	12.3. Embolus? (Artery #2)
279	THROMB2	Num	8	YESNO.	6.	12.4. Thrombus? (Artery #2)
280	SPAS2	Num	8	YESNO.	6.	12.5. Spasm? (Artery #2)
281	PERFOR2	Num	8	YESNO.	6.	12.6. Wire perforation? (Artery #2)
282	VESS2	Num	8	YESNO.	6.	12.7. Vessel rupture? (Artery #2)
283	PSEUDO2	Num	8	YESNO.	6.	12.8. Pseudoaneurysm? (Artery #2)
284	maldepl2_6	Num	8	YESNO.	6.	12.9. Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of EPD? (Artery #2)
285	REPDUSD1	Num	8	YESN2OUN.	6.	Was EPD used? (Artery #1)

Num	Variable	Type	Len	Format	Informat	Label
286	REPDDEV1	Char	100	\$100.	\$100.	Was EPD used? (Artery #1) Device
287	REPDUSD2	Num	8	YESN2OUN.	6.	Was EPD used? (Artery #2)
288	REPDDEV2	Char	100	\$100.	\$100.	Was EPD used? (Artery #2) Device
289	PLESLOC1	Char	5	\$5.	\$5.	13.1. LESION LOCATION per Nomenclature (Artery #1)
290	PMLD1	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (1)
291	PMLD2	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (2)
292	PMLD3	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (3)
293	PMLD4	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (Final)
294	PREF1	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #1) (1)
295	PREF2	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #1) (2)
296	PREF3	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #1) (3)
297	PREF4	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #1) (Final)
298	PLESL1	Num	8	8.2	8.2	13.4. Lesion Length (Artery #1) (1)
299	PLESL2	Num	8	8.2	8.2	13.4. Lesion Length (Artery #1) (2)
300	PLESL3	Num	8	8.2	8.2	13.4. Lesion Length (Artery #1) (3)
301	PLESL4	Num	8	8.2	8.2	13.4. Lesion Length (Artery #1) (Final)
302	PROX1	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #1) (1)
303	PROX2	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #1) (2)
304	PROX3	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #1) (3)
305	PROX4	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #1) (Final)
306	dist1_7	Num	8	8.2	8.2	13.6.1 Distal end (Artery #1) (1)
307	dist2_7	Num	8	8.2	8.2	13.6.1 Distal end (Artery #1) (2)
308	DIST3	Num	8	8.2	8.2	13.6.1 Distal end (Artery #1) (3)
309	DIST4	Num	8	8.2	8.2	13.6.1 Distal end (Artery #1) (Final)
310	FLOW3	Num	8	TIMI.	6.	13.7. TIMI FLOW POST-Angioguard removal/TIMI FLOW POST- stent and post-EPD removal (if used) (Artery #1)
311	PDISSECT3	Num	8	YESNO.	6.	13.8.1. Dissection? (Artery #1)
312	PFLOW3	Num	8	YESNO.	6.	13.8.1.1. Flow limiting? (Artery #1)
313	POCCL3	Num	8	YESNO.	6.	13.8.2. Occlusion? (Artery #1)
314	PMAIN3	Num	8	YESNO.	6.	13.8.2.1. Main RA? (Artery #1)
315	PBRAN3	Num	8	YESNO.	6.	13.8.2.2. Branch vessel? (Artery #1)
316	PEMB3	Num	8	YESNO.	6.	13.8.3. Embolus? (Artery #1)
317	PTHROM3	Num	8	YESNO.	6.	13.8.4. Thrombus? (Artery #1)
318	PSPASM3	Num	8	YESNO.	6.	13.8.5. Spasm? (Artery #1)
319	PWIRE3	Num	8	YESNO.	6.	13.8.6. Wire perforation? (Artery #1)
320	PRUPT3	Num	8	YESNO.	6.	13.8.7. Vessel rupture? (Artery #1)
321	PPANEUR3	Num	8	YESNO.	6.	13.8.8. Pseudoaneurysm? (Artery #1)
322	MALDEPL3	Num	8	YESNO.	6.	13.8.9 Incomplete or maldeployment of angioguard?/Incomplete or mal-deployment of stent? (Artery #1)

Num	Variable	Type	Len	Format	Informat	Label
323	PLESLOC2	Char	5	\$5.	\$5.	13.1. LESION LOCATION per Nomenclature (Artery #2)
324	PMLD5	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #1) (2)
325	PMLD6	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #2) (2)
326	PMLD7	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #2) (3)
327	PMLD8	Num	8	8.2	8.2	13.2. Minimum lumen Diameter (MLD) (Artery #2) (Final)
328	PREF5	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #2) (1)
329	PREF6	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #2) (2)
330	PREF7	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #2) (3)
331	PREF8	Num	8	8.2	8.2	13.3. Reference lumen Diameter (Ref) (Artery #2) (Final)
332	PLESL5	Num	8	8.2	8.2	13.4. Lesion Length (Artery #2) (1)
333	PLESL6	Num	8	8.2	8.2	13.4. Lesion Length (Artery #2) (2)
334	PLESL7	Num	8	8.2	8.2	13.4. Lesion Length (Artery #2) (3)
335	PLESL8	Num	8	8.2	8.2	13.4. Lesion Length (Artery #2) (Final)
336	PROX5	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #2) (1)
337	PROX6	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #2) (2)
338	PROX7	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #2) (3)
339	PROX8	Num	8	8.2	8.2	13.6.1 Proximal end (Artery #2) (Final)
340	DIST5	Num	8	8.2	8.2	13.6.1 Distal end (Artery #2) (1)
341	DIST6	Num	8	8.2	8.2	13.6.1 Distal end (Artery #2) (2)
342	DIST7	Num	8	8.2	8.2	13.6.1 Distal end (Artery #2) (3)
343	DIST8	Num	8	8.2	8.2	13.6.1 Distal end (Artery #2) (Final)
344	FLOW4	Num	8	TIMI.	6.	13.7. TIMI FLOW POST-Angioguard removal/TIMI FLOW POST- stent and post-EPD removal (if used) (Artery #2)
345	DISSECT3	Num	8	YESNO.	6.	13.8.1. Dissection? (Artery #2)
346	FLOW31	Num	8	YESNO.	6.	13.8.1.1. Flow limiting? (Artery #2)
347	OCCL3	Num	8	YESNO.	6.	13.8.2. Occlusion? (Artery #2)
348	MAIN3	Num	8	YESNO.	6.	13.8.2.1. Main RA? (Artery #2)
349	BRAN3	Num	8	YESNO.	6.	13.8.2.2. Branch vessel? (Artery #2)
350	EMB3	Num	8	YESNO.	6.	13.8.3. Embolus? (Artery #2)
351	THROM3	Num	8	YESNO.	6.	13.8.4. Thrombus? (Artery #2)
352	SPASM3	Num	8	YESNO.	6.	13.8.5. Spasm? (Artery #2)
353	WIRE3	Num	8	YESNO.	6.	13.8.6. Wire perforation? (Artery #2)
354	RUPT3	Num	8	YESNO.	6.	13.8.7. Vessel rupture? (Artery #2)
355	PANEUR3	Num	8	YESNO.	6.	13.8.8. Pseudoaneurysm? (Artery #2)
356	MALDEPL4	Num	8	YESNO.	6.	13.8.9 Incomplete or maldeployment of angioguard?/Incomplete or mal-deployment of stent? (Artery #2)
357	PSTEN1A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #1) (1)
358	PSTEN2A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #1) (2)
359	PSTEN3A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #1) (3)

Num	Variable	Type	Len	Format	Informat	Label
360	PSTEN4A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #1) (Final)
361	PSTEN5A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #2) (1)
362	PSTEN6A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #2) (2)
363	PSTEN7A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #2) (3)
364	PSTEN8A	Num	8	8.2	8.2	13.5. % STENOSIS (Artery #2) (Final)
365	LLESN1	Char	5	\$5.	\$5.	14. LESION LOCATION per nomenclature (Artery #1)
366	LVIS1	Num	8	YESNOCND.	6.	15. Is protection device visible radiographically? (Artery #1)
367	LNOEPD1	Num	8	YESNOCND.	6.	15.1. If protection device NOT visible, based upon anatomy, could a device have been used (i.e. main renal artery length >= 45mm)? (Artery #1)
368	LAPPOS1	Num	8	YESNOCND.	6.	16. Is there good wall apposition of device? (Artery #1)
369	PROTECT3	Num	8	PERCENTA.	6.	17. Describe the percentage of protection (Artery #1)
370	lflow1_8	Num	8	TIMI.	6.	18. TIMI FLOW with Angioguard present/TIMI FLOW with EPD present (Artery #1)
371	LAE1	Num	8	YESNOCND.	6.	19. Is there evidence to suggest a potential adverse finding related to the protection device? (Artery #1)
372	ldissect1_8	Num	8	YESNO.	6.	19.1. Dissection? (Artery #1)
373	LFLOWLIM1	Num	8	YESNO.	6.	19.1.1. Flow limiting? (Artery #1)
374	LOCCLUS1	Num	8	YESNO.	6.	19.2. Occlusion? (Artery #1)
375	LMAINRA1	Num	8	YESNO.	6.	19.2.1. Main RA? (Artery #1)
376	LBRANCH1	Num	8	YESNO.	6.	19.2.2. Branch vessel? (Artery #1)
377	LEMBOL1	Num	8	YESNO.	6.	19.3. Embolus? (Artery #1)
378	LTHROMB1	Num	8	YESNO.	6.	19.4. Thrombus? (Artery #1)
379	LSPAS1	Num	8	YESNO.	6.	19.5. Spasm? (Artery #1)
380	LPERFOR1	Num	8	YESNO.	6.	19.6. Wire perforation? (Artery #1)
381	LVESS1	Num	8	YESNO.	6.	19.7. Vessel rupture? (Artery #1)
382	LPSEUDO1	Num	8	YESNO.	6.	19.8. Pseudoaneurysm? (Artery #1)
383	LMALDEPL1	Num	8	YESNO.	6.	19.9. Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of device? (Artery #1)
384	LLESN2	Char	5	\$5.	\$5.	14. LESION LOCATION per nomenclature (Artery #2)
385	LVIS2	Num	8	YESNOCND.	6.	15. Is protection device visible radiographically? (Artery #2)
386	LNOEPD2	Num	8	YESNOCND.	6.	15.1. If protection device NOT visible, based upon anatomy, could a device have been used (i.e. main renal artery length >= 45mm)? (Artery #2)
387	LAPPOS2	Num	8	YESNOCND.	6.	16. Is there good wall apposition of device? (Artery #2)
388	PROTECT4	Num	8	PERCENTA.	6.	17. Describe the percentage of protection (Artery #2)
389	lflow2_8	Num	8	TIMI.	6.	18. TIMI FLOW with Angioguard present/TIMI FLOW with EPD present (Artery #2)
390	LAE2	Num	8	YESNOCND.	6.	19. Is there evidence to suggest a potential adverse finding related to the protection device? (Artery #2)
391	ldissect2_8	Num	8	YESNO.	6.	19.1. Dissection? (Artery #2)
392	LFLOWLIM2	Num	8	YESNO.	6.	19.1.1. Flow limiting? (Artery #2)

Num	Variable	Type	Len	Format	Informat	Label
393	LOCCLUS2	Num	8	YESNO.	6.	19.2. Occlusion? (Artery #2)
394	LMAINRA2	Num	8	YESNO.	6.	19.2.1. Main RA? (Artery #2)
395	LBRANCH2	Num	8	YESNO.	6.	19.2.2. Branch vessel? (Artery #2)
396	LEMBOL2	Num	8	YESNO.	6.	19.3. Embolus? (Artery #2)
397	LTHROMB2	Num	8	YESNO.	6.	19.4. Thrombus? (Artery #2)
398	LSPAS2	Num	8	YESNO.	6.	19.5. Spasm? (Artery #2)
399	LPERFOR2	Num	8	YESNO.	6.	19.6. Wire perforation? (Artery #2)
400	LVESS2	Num	8	YESNO.	6.	19.7. Vessel rupture? (Artery #2)
401	LPSEUDO2	Num	8	YESNO.	6.	19.8. Pseudoaneurysm? (Artery #2)
402	LMALDEPL2	Num	8	YESNO.	6.	19.9. Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of device? (Artery #2)
403	LEPDUSD1	Num	8	YESN2OUN.	6.	Was EPD used? (Artery #1)
404	LEPDDEV1	Char	100	\$100.	\$100.	Was EPD used? (Artery #1) Device
405	LEPDUSD2	Num	8	YESN2OUN.	6.	Was EPD used? (Artery #2)
406	LEPDDEV2	Char	100	\$100.	\$100.	Was EPD used? (Artery #2) Device
407	PLLESLOC1	Char	5	\$5.	\$5.	20.1. LESION LOCATION per Nomenclature (Artery #1)
408	PLMLD1	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (1)
409	PLMLD2	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (2)
410	PLMLD3	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (3)
411	PLMLD4	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (Final)
412	PLREF1	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #1) (1)
413	PLREF2	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #1) (2)
414	PLREF3	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #1) (3)
415	PLREF4	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #1) (Final)
416	PLLESL1	Num	8	8.2	8.2	20.4. Lesion Length (Artery #1) (1)
417	PLLESL2	Num	8	8.2	8.2	20.4. Lesion Length (Artery #1) (2)
418	PLLESL3	Num	8	8.2	8.2	20.4. Lesion Length (Artery #1) (3)
419	PLLESL4	Num	8	8.2	8.2	20.4. Lesion Length (Artery #1) (Final)
420	LPROX1	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #1) (1)
421	LPROX2	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #1) (2)
422	LPROX3	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #1) (3)
423	LPROX4	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #1) (Final)
424	ldist1_9	Num	8	8.2	8.2	20.6.1 Distal end (Artery #1) (1)
425	ldist2_9	Num	8	8.2	8.2	20.6.1 Distal end (Artery #1) (2)
426	LDIST3	Num	8	8.2	8.2	20.6.1 Distal end (Artery #1) (3)
427	LDIST4	Num	8	8.2	8.2	20.6.1 Distal end (Artery #1) (Final)
428	LFLOW3	Num	8	TIMI.	6.	20.7. TIMI FLOW POST-Angioguard removal/TIMI FLOW POST- stent or post-EPD removal (if used) (Artery #1)
429	PLDISSECT3	Num	8	YESNO.	6.	20.8.1. Dissection? (Artery #1)

Num	Variable	Type	Len	Format	Informat	Label
430	PLFLOW3	Num	8	YESNO.	6.	20.8.1.1. Flow limiting? (Artery #1)
431	PLOCCL3	Num	8	YESNO.	6.	20.8.2. Occlusion? (Artery #1)
432	PLMAIN3	Num	8	YESNO.	6.	20.8.2.1. Main RA? (Artery #1)
433	PLBRAN3	Num	8	YESNO.	6.	20.8.2.2. Branch vessel? (Artery #1)
434	PLEMB3	Num	8	YESNO.	6.	20.8.3. Embolus? (Artery #1)
435	PLTHROM3	Num	8	YESNO.	6.	20.8.4. Thrombus? (Artery #1)
436	PLSPASM3	Num	8	YESNO.	6.	20.8.5. Spasm? (Artery #1)
437	PLWIRE3	Num	8	YESNO.	6.	20.8.6. Wire perforation? (Artery #1)
438	PLRUPT3	Num	8	YESNO.	6.	20.8.7. Vessel rupture? (Artery #1)
439	PLPANEUR3	Num	8	YESNO.	6.	20.8.8. Pseudoaneurysm? (Artery #1)
440	MALDEPL1	Num	8	YESNO.	6.	20.8.9 Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of stent? (Artery #1)
441	PLLESLOC2	Char	5	\$5.	\$5.	20.1. LESION LOCATION per Nomenclature (Artery #2)
442	PLMLD5	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #1) (2)
443	PLMLD6	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #2) (2)
444	PLMLD7	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #2) (3)
445	PLMLD8	Num	8	8.2	8.2	20.2. Minimum lumen Diameter (MLD) (Artery #2) (Final)
446	PLREF5	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #2) (1)
447	PLREF6	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #2) (2)
448	PLREF7	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #2) (3)
449	PLREF8	Num	8	8.2	8.2	20.3. Reference lumen Diameter (Ref) (Artery #2) (Final)
450	PLLESL5	Num	8	8.2	8.2	20.4. Lesion Length (Artery #2) (1)
451	PLLESL6	Num	8	8.2	8.2	20.4. Lesion Length (Artery #2) (2)
452	PLLESL7	Num	8	8.2	8.2	20.4. Lesion Length (Artery #2) (3)
453	PLLESL8	Num	8	8.2	8.2	20.4. Lesion Length (Artery #2) (Final)
454	LPROX5	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #2) (1)
455	LPROX6	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #2) (2)
456	LPROX7	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #2) (3)
457	LPROX8	Num	8	8.2	8.2	20.6.1 Proximal end (Artery #2) (Final)
458	LDIST5	Num	8	8.2	8.2	20.6.1 Distal end (Artery #2) (1)
459	LDIST6	Num	8	8.2	8.2	20.6.1 Distal end (Artery #2) (2)
460	LDIST7	Num	8	8.2	8.2	20.6.1 Distal end (Artery #2) (3)
461	LDIST8	Num	8	8.2	8.2	20.6.1 Distal end (Artery #2) (Final)
462	LFLOW4	Num	8	TIMI.	6.	20.7. TIMI FLOW POST-Angioguard removal/TIMI FLOW POST- stent or post-EPD removal (if used) (Artery #2)
463	LDISSECT3	Num	8	YESNO.	6.	20.8.1. Dissection? (Artery #2)
464	LFLOW31	Num	8	YESNO.	6.	20.8.1.1. Flow limiting? (Artery #2)
465	LOCCL3	Num	8	YESNO.	6.	20.8.2. Occlusion? (Artery #2)
466	LMAIN3	Num	8	YESNO.	6.	20.8.2.1. Main RA? (Artery #2)

Num	Variable	Type	Len	Format	Informat	Label
467	LBRAN3	Num	8	YESNO.	6.	20.8.2.2. Branch vessel? (Artery #2)
468	LEMB3	Num	8	YESNO.	6.	20.8.3. Embolus? (Artery #2)
469	LTHROM3	Num	8	YESNO.	6.	20.8.4. Thrombus? (Artery #2)
470	LSPASM3	Num	8	YESNO.	6.	20.8.5. Spasm? (Artery #2)
471	LWIRE3	Num	8	YESNO.	6.	20.8.6. Wire perforation? (Artery #2)
472	LRUPT3	Num	8	YESNO.	6.	20.8.7. Vessel rupture? (Artery #2)
473	LPANEUR3	Num	8	YESNO.	6.	20.8.8. Pseudoaneurysm? (Artery #2)
474	MALDEPL2	Num	8	YESNO.	6.	20.8.9 Incomplete or mal-deployment of angioguard?/Incomplete or mal-deployment of stent? (Artery #2)
475	PLSTEN1A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #1) (1)
476	PLSTEN2A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #1) (2)
477	PLSTEN3A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #1) (3)
478	PLSTEN4A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #1) (Final)
479	PLSTEN5A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #2) (1)
480	PLSTEN6A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #2) (2)
481	PLSTEN7A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #2) (3)
482	PLSTEN8A	Num	8	8.2	8.2	20.5. % STENOSIS (Artery #2) (Final)
483	GLOBISCH	Num	8	YESNOCND.	6.	21. Is there global ischemia?
484	CNDWHY	Char	150	\$150.	\$150.	21. Is there global ischemia? Why?
485	POTADV	Num	8	YESNOCND.	6.	23. Evidence for Potential Adverse Finding/s?
486	IFYES	Char	150	\$150.	\$150.	23.1. If YES, describe
487	IFCND	Char	150	\$150.	\$150.	23.2. If CND, WHY
488	MISCOBS1	Char	200	\$200.	\$200.	22. Miscellaneous Observations (more comments)
489	angioday	Num	8			days to angiogram

Data Set Name: baseline.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	AGE	Num	8	6.	6.	1. Age at time of enrollment
3	SEX	Num	8	HCRI_GEN.	6.	2. Sex
4	BLINBP	Num	8	YESNO.	6.	3. Baseline Blood Pressure
5	SYS1	Num	8	6.	6.	3.2. Sys (1)
6	DIAS1	Num	8	6.	6.	3.2. Dias (1)
7	HRTRT1	Num	8	6.	6.	3.2. Heart Rate (1)
8	SYS2	Num	8	6.	6.	3.2. Sys (2)
9	DIAS2	Num	8	6.	6.	3.2. Dias (2)
10	HRTRT2	Num	8	6.	6.	3.2. Heart Rate (2)
11	SYS3	Num	8	6.	6.	3.2. Sys (3)
12	DIAS3	Num	8	6.	6.	3.2. Dias (3)
13	HRTRT3	Num	8	6.	6.	3.2. Heart Rate (3)
14	URINEDIP	Num	8	YESNO.	6.	4. Local Lab Urine Dipstick
15	PROTEIN	Num	8	URINEPRO.	6.	4.2. Protein (mg/dl)
16	CREAT	Num	8	YESNO.	6.	5. Local Lab Creatinine
17	CREATVAL	Num	8	8.2	8.2	5.2. Value
18	CREATUNT	Char	10	\$10.	\$10.	5.2. Unit
19	bpdday	Num	8			3.1 days to assessment
20	creatday	Num	8			5.1 days to local lab creatinine collection
21	dipday	Num	8			4.1 days to local lab urine dipstick

Data Set Name: blangio.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	NONRENAL	Num	8	YESNO.	6.	3. Were any non-renal angiographies or revascularizations performed during this procedure?
3	CORANGIO	Num	8	CHECKEDF.	6.	3.1. Coronary angiography
4	CAROTANG	Num	8	CHECKEDF.	6.	3.1. Carotid angiography
5	OTHANGIO	Num	8	CHECKEDF.	6.	3.1. Other peripheral angiography
6	OTHANG	Char	50	\$50.	\$50.	3.1. Other peripheral angiography, specify
7	COREVASC	Num	8	CHECKEDF.	6.	3.1. Coronary revascularization
8	CAROTREV	Num	8	CHECKEDF.	6.	3.1. Carotid revascularization
9	OTHREVAS	Num	8	CHECKEDF.	6.	3.1. Other revascularization
10	OTHREV	Char	50	\$50.	\$50.	3.1. Other revascularization, specify
11	ACT	Num	8	6.	6.	4. Highest recorded ACT (if Angioguard used, ACT >= 300)
12	RKIDNEY	Num	8	YESNO.	6.	5. Right Kidney is present
13	ACTSIGN	Char	3	\$3.	\$3.	4. Highest recorded ACT (if Angioguard used, ACT>=300): sign
14	LKIDNEY	Num	8	YESNO.	6.	6. Left Kidney is present
15	FENOLD	Num	8	YESNO.	6.	7. Did the subject receive Fenoldopam?
16	ACETYL	Num	8	YESNO.	6.	8. Did the subject receive N-acetylcysteine?
17	SODBICAR	Num	8	YESNO.	6.	9. Did the subject receive sodium bicarbonate?
18	RISK	Num	8	YESNO.	6.	9.1 Was subject considered high risk?
19	REASON	Char	200	\$200.	\$200.	9.1.1. Explain why no sodium bicarbonate was given
20	procday	Num	8			days to procedure

Data Set Name: cont2wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT43VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was subject able to be contacted or was information obtained about subject status?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	BP	Num	8	YESNO.	6.	2. Blood Pressure Assessment: Performed?
7	SYS1	Num	8	6.	6.	2.2. Sys (1)
8	DIAS1	Num	8	6.	6.	2.2. Dias (1)
9	HRTRT1	Num	8	6.	6.	2.2. Heart Rate (1)
10	SYS2	Num	8	6.	6.	2.2. Sys (2)
11	DIAS2	Num	8	6.	6.	2.2. Dias (2)
12	HRTRT2	Num	8	6.	6.	2.2. Heart Rate (2)
13	SYS3	Num	8	6.	6.	2.2. Sys (3)
14	DIAS3	Num	8	6.	6.	2.2. Dias (3)
15	HRTRT3	Num	8	6.	6.	2.2. Heart Rate (3)
16	CREAT	Num	8	YESNO.	6.	3. Local Lab Creatinine: Performed?
17	CREATVAL	Num	8	8.2	8.2	3.2. Value
18	CREATUNT	Char	10	\$10.	\$10.	3.2. Unit
19	ANGIO	Num	8	YESNO.	6.	4. Renal Angiography: Performed?
20	ANGNUM	Num	8	6.	6.	4.1. # of procedures
21	INTERVEN	Num	8	YESNO.	6.	5. Renal Intervention: Performed?
22	INTRVNUM	Num	8	6.	6.	5.1. # of procedures
23	ANYAES	Num	8	YESNO.	6.	6. Were there any new adverse events or changes to adverse events since last contact?
24	DEATH	Num	8	CHECKEDF.	6.	6.1. Death
25	STROKE	Num	8	CHECKEDF.	6.	6.1. Stroke
26	MI	Num	8	CHECKEDF.	6.	6.1. MI
27	CHF	Num	8	CHECKEDF.	6.	6.1. Hospitalization for CHF
28	RENINSUF	Num	8	CHECKEDF.	6.	6.1. Progressive renal insufficiency
29	REVASC	Num	8	CHECKEDF.	6.	6.1. Repeat revascularization
30	REPLTX	Num	8	CHECKEDF.	6.	6.1. Permanent renal replacement therapy
31	fuday	Num	8			1.1 days to contact
32	bpday	Num	8			2.1 days to assessment
33	creatday	Num	8			3.1 days to local lab creatinine collection

Data Set Name: cont4wk.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT43VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was subject able to be contacted or was information obtained about subject status?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	BP	Num	8	YESNO.	6.	2. Blood Pressure Assessment: Performed?
8	SYS1	Num	8	6.	6.	2.2. Sys (1)
9	DIAS1	Num	8	6.	6.	2.2. Dias (1)
10	HRTRT1	Num	8	6.	6.	2.2. Heart Rate (1)
11	SYS2	Num	8	6.	6.	2.2. Sys (2)
12	DIAS2	Num	8	6.	6.	2.2. Dias (2)
13	HRTRT2	Num	8	6.	6.	2.2. Heart Rate (2)
14	SYS3	Num	8	6.	6.	2.2. Sys (3)
15	DIAS3	Num	8	6.	6.	2.2. Dias (3)
16	HRTRT3	Num	8	6.	6.	2.2. Heart Rate (3)
17	CREAT	Num	8	YESNO.	6.	3. Local Lab Creatinine: Performed?
18	CREATVAL	Num	8	8.2	8.2	3.2. Value
19	CREATUNT	Char	10	\$10.	\$10.	3.2. Unit
20	ANGIO	Num	8	YESNO.	6.	4. Renal Angiography: Performed?
21	ANGNUM	Num	8	6.	6.	4.1. # of procedures
22	INTERVEN	Num	8	YESNO.	6.	5. Renal Intervention: Performed?
23	INTRVNUM	Num	8	6.	6.	5.1. # of procedures
24	ANYAES	Num	8	YESNO.	6.	6. Were there any new adverse events or changes to adverse events since last contact?
25	DEATH	Num	8	CHECKEDF.	6.	6.1. Death
26	STROKE	Num	8	CHECKEDF.	6.	6.1. Stroke
27	MI	Num	8	CHECKEDF.	6.	6.1. MI
28	CHF	Num	8	CHECKEDF.	6.	6.1. Hospitalization for CHF
29	RENINSUF	Num	8	CHECKEDF.	6.	6.1. Progressive renal insufficiency
30	REVASC	Num	8	CHECKEDF.	6.	6.1. Repeat revascularization
31	REPLTX	Num	8	CHECKEDF.	6.	6.1. Permanent renal replacement therapy
32	fuday	Num	8			1.1 days to contact
33	bpday	Num	8			2.1 days to assessment
34	creatday	Num	8			3.1 days to local lab creatinine collection

Data Set Name: cont9m.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT43VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was subject able to be contacted or was information obtained about subject status?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	BP	Num	8	YESNO.	6.	2. Blood Pressure Assessment: Performed?
8	SYS1	Num	8	6.	6.	2.2. Sys (1)
9	DIAS1	Num	8	6.	6.	2.2. Dias (1)
10	HRTRT1	Num	8	6.	6.	2.2. Heart Rate (1)
11	SYS2	Num	8	6.	6.	2.2. Sys (2)
12	DIAS2	Num	8	6.	6.	2.2. Dias (2)
13	HRTRT2	Num	8	6.	6.	2.2. Heart Rate (2)
14	SYS3	Num	8	6.	6.	2.2. Sys (3)
15	DIAS3	Num	8	6.	6.	2.2. Dias (3)
16	HRTRT3	Num	8	6.	6.	2.2. Heart Rate (3)
17	CREAT	Num	8	YESNO.	6.	3. Local Lab Creatinine: Performed?
18	CREATVAL	Num	8	8.2	8.2	3.2. Value
19	CREATUNT	Char	10	\$10.	\$10.	3.2. Unit
20	ANGIO	Num	8	YESNO.	6.	4. Renal Angiography: Performed?
21	ANGNUM	Num	8	6.	6.	4.1. # of procedures
22	INTERVEN	Num	8	YESNO.	6.	5. Renal Intervention: Performed?
23	INTRVNUM	Num	8	6.	6.	5.1. # of procedures
24	ANYAES	Num	8	YESNO.	6.	6. Were there any new adverse events or changes to adverse events since last contact?
25	DEATH	Num	8	CHECKEDF.	6.	6.1. Death
26	STROKE	Num	8	CHECKEDF.	6.	6.1. Stroke
27	MI	Num	8	CHECKEDF.	6.	6.1. MI
28	CHF	Num	8	CHECKEDF.	6.	6.1. Hospitalization for CHF
29	RENINSUF	Num	8	CHECKEDF.	6.	6.1. Progressive renal insufficiency
30	REVASC	Num	8	CHECKEDF.	6.	6.1. Repeat revascularization
31	REPLTX	Num	8	CHECKEDF.	6.	6.1. Permanent renal replacement therapy
32	fuday	Num	8			1.1 days to contact
33	bpday	Num	8			2.1 days to assessment
34	creatday	Num	8			3.1 days to local lab creatinine collection

Data Set Name: contoth.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT43VAL.	6.	Time Interval
3	INTOTH	Char	50	\$50.	\$50.	Time Interval: (99) Other, specify
4	CONTACT	Num	8	YESNO.	6.	1. Was subject able to be contacted or was information obtained about subject status?
5	CONTYPE	Num	8	CONTACTT.	6.	1.2. Type of contact (check only one)
6	CNTCTOTH	Char	50	\$50.	\$50.	1.2. Other, specify
7	BP	Num	8	YESNO.	6.	2. Blood Pressure Assessment: Performed?
8	SYS1	Num	8	6.	6.	2.2. Sys (1)
9	DIAS1	Num	8	6.	6.	2.2. Dias (1)
10	HRTRT1	Num	8	6.	6.	2.2. Heart Rate (1)
11	SYS2	Num	8	6.	6.	2.2. Sys (2)
12	DIAS2	Num	8	6.	6.	2.2. Dias (2)
13	HRTRT2	Num	8	6.	6.	2.2. Heart Rate (2)
14	SYS3	Num	8	6.	6.	2.2. Sys (3)
15	DIAS3	Num	8	6.	6.	2.2. Dias (3)
16	HRTRT3	Num	8	6.	6.	2.2. Heart Rate (3)
17	CREAT	Num	8	YESNO.	6.	3. Local Lab Creatinine: Performed?
18	CREATVAL	Num	8	8.2	8.2	3.2. Value
19	CREATUNT	Char	10	\$10.	\$10.	3.2. Unit
20	ANGIO	Num	8	YESNO.	6.	4. Renal Angiography: Performed?
21	ANGNUM	Num	8	6.	6.	4.1. # of procedures
22	INTERVEN	Num	8	YESNO.	6.	5. Renal Intervention: Performed?
23	INTRVNUM	Num	8	6.	6.	5.1. # of procedures
24	ANYAES	Num	8	YESNO.	6.	6. Were there any new adverse events or changes to adverse events since last contact?
25	DEATH	Num	8	CHECKEDF.	6.	6.1. Death
26	STROKE	Num	8	CHECKEDF.	6.	6.1. Stroke
27	MI	Num	8	CHECKEDF.	6.	6.1. MI
28	CHF	Num	8	CHECKEDF.	6.	6.1. Hospitalization for CHF
29	RENINSUF	Num	8	CHECKEDF.	6.	6.1. Progressive renal insufficiency
30	REVASC	Num	8	CHECKEDF.	6.	6.1. Repeat revascularization
31	REPLTX	Num	8	CHECKEDF.	6.	6.1. Permanent renal replacement therapy
32	fuday	Num	8			1.1 days to contact
33	bpday	Num	8			2.1 days to assessment
34	creatday	Num	8			3.1 days to local lab creatinine collection

Data Set Name: devs.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PDCODE	Char	25	\$CORAL_P.	\$25.	Protocol Deviation Code
3	SPECIFY	Char	50	\$50.	\$50.	Specify Deviation
4	TIMEPT	Num	8	PDEVINTF.	6.	Time of Occurrence
5	INTSPEC	Char	50	\$50.	\$50.	Specify Contact Interval
6	REASON	Num	8	PDEVREAS.	6.	Reason for Deviation
7	PDCODEV2	Char	20	\$CORA2LP.	\$20.	Protocol Deviation Code

Data Set Name: exit.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PRETX	Num	8	YESNO.	6.	1.1. Subject withdrew consent to participate in the trial before treatment
3	POSTTX	Num	8	YESNO.	6.	1.2. Subject withdrew consent to participate in the trial after treatment
4	FUCOMPL	Num	8	YESNO.	6.	1.3. Subject completed all required follow-up for the trial
5	LOST	Num	8	YESNO.	6.	1.4. Subject lost to follow-up
6	CALLS	Num	8	YESNO.	6.	1.4.1. Three phone calls without response
7	LETTER	Num	8	YESNO.	6.	1.4.2. Sent registered letter
8	DEATH	Num	8	YESNO.	6.	1.5. Death
9	OTHER	Num	8	YESNO.	6.	1.6. Other
10	termday	Num	8			1. days to final contact
11	deathday	Num	8			1.5.1 days to death
12	othtext	Char	200			

Data Set Name: faxenrol.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ETHNIC	Num	8	YESNO.	6.	2. Ethnicity: Is subject Hispanic or Latino?
3	HOWENTER	Num	8	HOWRANDO.	6.	4. How did subject enter the study?
4	MRACRIT	Num	8	AMTSTENO.	6.	4.1. MRA criteria met
5	SMKID	Num	8	CHECKEDF.	6.	Ischemic kidney > 1 cm smaller than contralateral kidney
6	ENHANCE	Num	8	CHECKEDF.	6.	Ischemic kidney enhances less on arterial phase
7	GDEXCRET	Num	8	CHECKEDF.	6.	Ischemic kidney has delayed gd excretion
8	HYPCON	Num	8	CHECKEDF.	6.	Ischemic kidney hyper-concentrates the urine
9	WAVEFORM	Num	8	CHECKEDF.	6.	2-d phase contrast flow waveform shows delayed systolic peak
10	newrace	Num	8			Race: 1 = Asian/Alaska Native/American Indian; 2 = Black or African-American; 3 = White

Data Set Name: *formats.sas7bdat*

Num	Variable	Type	Len	Label
1	FMTNAME	Char	32	Format name
2	START	Char	31	Starting value for format
3	END	Char	31	Ending value for format
4	LABEL	Char	80	Format value label
5	MIN	Num	3	Minimum length
6	MAX	Num	3	Maximum length
7	DEFAULT	Num	3	Default length
8	LENGTH	Num	3	Format length
9	FUZZ	Num	8	Fuzz value
10	PREFIX	Char	2	Prefix characters
11	MULT	Num	8	Multiplier
12	FILL	Char	1	Fill character
13	NOEDIT	Num	3	Is picture string noedit?
14	TYPE	Char	1	Type of format
15	SEXCL	Char	1	Start exclusion
16	EEXCL	Char	1	End exclusion
17	HLO	Char	11	Additional information
18	DECSEP	Char	1	Decimal separator
19	DIG3SEP	Char	1	Three-digit separator
20	DATATYPE	Char	8	Date/time/datetime?
21	LANGUAGE	Char	8	Language for date strings

Data Set Name: incexc.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	INCL01	Num	8	YESNO.	6.	1. Documented history of systolic hypertension, ≥ 155 mm Hg on 2 or more anti-hypertensive medications
3	INCL02	Num	8	YESNO.	6.	2. One or more renal artery Stenosis a. $\geq 60\%$ and $< 80\%$ by angiography with a ≥ 20 mmHg systolic pressure gradient utilizing a ≤ 4 Fr diameter device, or b. $\geq 80\%$ and $< 100\%$ by angiography
4	EXCL01	Num	8	YESNO.	6.	1. Unable to provide informed consent
5	EXCL02	Num	8	YESNO.	6.	2. Unable or unwilling to comply with study protocol or procedures
6	EXCL03	Num	8	YESNO.	6.	3. Age < 18
7	EXCL04	Num	8	YESNO.	6.	4. Documented diastolic hypertension ≥ 120 mmHg and or systolic hypertension ≥ 200 mmHg on day of enrollment
8	EXCL05	Num	8	YESNO.	6.	5. Fibromuscular dysplasia or other non-atherosclerotic renal artery stenosis
9	EXCL06	Num	8	YESNO.	6.	6. Pregnancy or unknown pregnancy status in female of childbearing potential
10	EXCL07	Num	8	YESNO.	6.	7. Participation in any drug or device trial during the study period, unless approved by the Steering Committee
11	EXCL08	Num	8	YESNO.	6.	8. Prior enrollment in the CORAL study
12	EXCL09	Num	8	YESNO.	6.	9. History of stroke within 6 months, if associated with a significant residual neurologic deficit
13	EXCL10	Num	8	YESNO.	6.	10. Any stroke or TIA within 3 months of study entry or known carotid stenosis $\geq 70\%$
14	EXCL11	Num	8	YESNO.	6.	11. Any major surgery, major trauma, revascularization procedure, unstable angina, or myocardial infarction 30 days prior to study entry
15	EXCL12	Num	8	YESNO.	6.	12. Any planned major surgery or revascularization procedure, outside of the randomly allocated renal stenting dictated by this protocol, after enrollment
16	EXCL13	Num	8	YESNO.	6.	13. Hospitalization for heart failure within 3 months
17	EXCL14	Num	8	YESNO.	6.	14. Known ejection fraction $< 30\%$
18	EXCL15	Num	8	YESNO.	6.	15. Comorbid condition causing life expectancy ≤ 3 years
19	EXCL16	Num	8	YESNO.	6.	16. Allergic reaction to intravascular contrast, not amenable to pre-treatment
20	EXCL17	Num	8	YESNO.	6.	17. Allergy to stainless steel
21	EXCL18	Num	8	YESNO.	6.	18. Allergy to all of the following: aspirin, clopidogrel, ticlopidine
22	EXCL19	Num	8	YESNO.	6.	19. Known untreated aneurysm of the abdominal aorta > 4.0 cm
23	EXCL20	Num	8	YESNO.	6.	20. Previous kidney transplant
24	EXCL21	Num	8	YESNO.	6.	21. Previous renal artery bypass surgery or angioplasty or stent intervention
25	EXCL22	Num	8	YESNO.	6.	22. Diabetes with either: a. Known diabetic proliferative retinopathy and $\geq 1+$ protein on urine dipstick, or b. $\geq 1+$ protein on urine dipstick and urine protein/cr ratio > 0.5
26	EXCL23	Num	8	YESNO.	6.	23. Kidney size less than 8 cm supplied by target vessel, measured angiographically
27	EXCL24	Num	8	YESNO.	6.	24. Hydronephrosis, nephritis or other known cause of renal insufficiency, not due to large vessel renal artery stenosis
28	EXCL25	Num	8	YESNO.	6.	25. Only a stenosis of an accessory renal artery supplying $< 1/2$ of the ipsilateral renal parenchyma

Num	Variable	Type	Len	Format	Informat	Label
29	EXCL26	Num	8	YESNO.	6.	26. Local lab serum Cr > 3.0 mg/dl on the day of enrollment
30	EXCL27	Num	8	YESNO.	6.	27. Vascular disease of the upper and lower extremity precluding access for stenting
31	EXCL28	Num	8	YESNO.	6.	28. Presence of a renal artery stenosis not amenable for treatment with study stent
32	EXCL29	Num	8	YESNO.	6.	29. Abrupt vessel closure or dissection after diagnostic angiography
33	EXCL30	Num	8	YESNO.	6.	30. Reference vessel size < 3.5 mm or > 8.0 mm.

Data Set Name: indexcom.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ADMITTED	Num	8	YESNO.	6.	1. Was subject admitted to hospital?
3	BP	Num	8	YESNO.	6.	2. Blood Pressure Assessment: Performed at index visit completion?
4	SYS1	Num	8	6.	6.	2.2. Sys (1)
5	DIAS1	Num	8	6.	6.	2.2. Dias (1)
6	HRTRT1	Num	8	6.	6.	2.2. Heart Rate (1)
7	SYS2	Num	8	6.	6.	2.2. Sys (2)
8	DIAS2	Num	8	6.	6.	2.2. Dias (2)
9	HRTRT2	Num	8	6.	6.	2.2. Heart Rate (2)
10	SYS3	Num	8	6.	6.	2.2. Sys (3)
11	DIAS3	Num	8	6.	6.	2.2. Dias (3)
12	HRTRT3	Num	8	6.	6.	2.2. Heart Rate (3)
13	URINEDIP	Num	8	YESNO.	6.	3. Local Lab Urine Dipstick: Performed at index visit completion?
14	PROTEIN	Num	8	URINEPRO.	6.	3.3. Protein (mg/dl)
15	PHYS	Num	8	YESNO.	6.	4. Physical Exam: Performed at index visit completion?
16	ANYSAES	Num	8	YESNO.	6.	5. Did subject experience any AEs from enrollment through index visit completion?
17	admday	Num	8			1.1 days to admit
18	dischday	Num	8			1.2 days to discharge
19	bpday	Num	8			2.1 days to assessment
20	dipday	Num	8			3.1 days to local lab dipstick

Data Set Name: lestx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ATTEMPT	Num	8	YESNO.	6.	4. Was Angioguard attempted?/4. Was embolic protection attempted?
3	ANATOMY	Num	8	CHECKEDF.	6.	(1) Unfavorable anatomy
4	LANDING	Num	8	CHECKEDF.	6.	(2) Unfavorable landing zone
5	other_1	Num	8	CHECKEDF.	6.	(99) Other
6	OTHSPEC	Char	50	\$50.	\$50.	(99) Other, specify
7	RENLSITE2	Char	5	\$5.	\$5.	3. Renal artery site treated
8	STNATTEM	Num	8	YESNO.	6.	5. Was stent attempted?
9	TOTLENG	Num	8	8.2	8.2	6. Total length of stent(s) placed
10	FINSTEN	Num	8	8.2	8.2	7. Final percent stenosis
11	PRESSGRD	Num	8	8.2	8.2	8. Pressure gradient
12	PRESSND	Num	8	CHECKEDF.	6.	8. Pressure gradient: ND
13	PERCTARG	Num	8	YESNO.	6.	9. Was an additional percutaneous treatment performed to another target lesion?
14	NONTARG	Num	8	YESNO.	6.	10. Were additional percutaneous treatment(s) performed to a non-target lesion?
15	ADDLTX	Num	8	YESNO.	6.	11. Were there complications that required additional treatment?
16	PRETX	Num	8	YESNO.	6.	11.1. Complication during pre-treatment
17	NOCROSS	Num	8	YESNO.	6.	11.2. Never able to cross lesion with stent
18	DISSECT	Num	8	YESNO.	6.	11.3. Dissection beyond stented area
19	DIFFSEG	Num	8	YESNO.	6.	11.4. Complication in different segment of vessel
20	DIFFVESS	Num	8	YESNO.	6.	11.5. Complication in different vessel
21	UNPLAN	Num	8	YESNO.	6.	11.6. Unplanned treatment of other lesion
22	LESNSPEC	Char	50	\$50.	\$50.	11.6.1. Specify
23	other_2	Num	8	YESNO.	6.	11.7. Other
24	OTHSPEC1	Char	50	\$50.	\$50.	11.7. Other, specify
25	OTHLESN	Num	8	YESNO.	6.	12. Was another target lesion treated?
26	PRESSIGN	Char	3	\$3.	\$3.	8. Pressure gradient (sign)
27	procdays	Num	8			days to procedure

Data Set Name: lkidney.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENOSIS	Num	8	8.2	8.2	6.1. Stenosis
3	PRESS	Num	8	8.2	8.2	6.2. Pressure Gradient
4	PRESSND	Num	8	CHECKEDF.	6.	6.2. Pressure Gradient, ND
5	REFDIAM	Num	8	8.2	8.2	6.3. Reference Vessel Diameter
6	LESLENG	Num	8	8.2	8.2	6.4. Lesion Length
7	KIDNA	Num	8	CHECKEDF.	6.	Kidney, NA
8	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site
9	STENSIGN	Char	3	\$3.	\$3.	6.1. Stenosis (sign)
10	PRESSIGN	Char	3	\$3.	\$3.	6.2. Pressure Gradient (sign)
11	REFDIANA	Num	8	CHECKEDF.	6.	6.3. Reference Vessel Diameter, ND
12	LESLNGNA	Num	8	CHECKEDF.	6.	6.4. Lesion Length, ND

Data Set Name: medhx.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	SITESYST	Num	8	BODYSYST.	6.	Site/System
3	SPECIFY	Char	50	\$50.	\$50.	Specify
4	SYMPT	Num	8	YESNO.	6.	Currently Symptomatic
5	collday	Num	8			days to information collected

Data Set Name: narr.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	TIMEPT	Num	8	INT42VAL.	6.	Time Interval
3	OTHSPEC	Char	100	\$100.	\$100.	Time Interval: Other, specify
4	IE	Num	8	CHECKEDF.	6.	1. Inclusion/Exclusion Criteria Form
5	BLIN	Num	8	CHECKEDF.	6.	2. Baseline Form
6	BLINHX	Num	8	CHECKEDF.	6.	3. Baseline Medical History Form
7	BLINPHYS	Num	8	CHECKEDF.	6.	4. Baseline Physical Exam Form
8	BLINANG	Num	8	CHECKEDF.	6.	5. Baseline Diagnostic Angiography and Procedure Form
9	LESNTX	Num	8	CHECKEDF.	6.	6. Lesion Treatment Form
10	INDEXVIS	Num	8	CHECKEDF.	6.	7. Index Visit Completion Form
11	CONTACT	Num	8	CHECKEDF.	6.	8. Contact Form
12	TERM	Num	8	CHECKEDF.	6.	9. Study Exit Form
13	AELOG	Num	8	CHECKEDF.	6.	10. Adverse Event Log
14	PDEV	Num	8	CHECKEDF.	6.	11. Protocol Deviation Form
15	RA	Num	8	CHECKEDF.	6.	12. Repeat Renal Angiography Form
16	RR	Num	8	CHECKEDF.	6.	13. Repeat Renal Revascularization Form
17	ADDLESN	Num	8	CHECKEDF.	6.	14. Additional Lesion Treatment Form
18	OTHER	Num	8	CHECKEDF.	6.	15. Other
19	OTHCRF	Char	100	\$100.	\$100.	15. Other (specify)

Data Set Name: patenrol.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	ETHNIC	Num	8	YESNO.	6.	2. Ethnicity: Is subject Hispanic or Latino?
3	HOWENTER	Num	8	HOWRANDO.	6.	4. How did subject enter the study?
4	MRACRIT	Num	8	AMTSTENO.	6.	4.1. MRA criteria met
5	SMKID	Num	8	CHECKEDF.	6.	Ischemic kidney > 1 cm smaller than contralateral kidney
6	ENHANCE	Num	8	CHECKEDF.	6.	Ischemic kidney enhances less on arterial phase
7	GDEXCRET	Num	8	CHECKEDF.	6.	Ischemic kidney has delayed gd excretion
8	HYPCON	Num	8	CHECKEDF.	6.	Ischemic kidney hyper-concentrates the urine
9	WAVEFORM	Num	8	CHECKEDF.	6.	2-d phase contrast flow waveform shows delayed systolic peak
10	newrace	Num	8			Race: 1 = Asian/Alaska Native/American Indian; 2 = Black or African-American; 3 = White

Data Set Name: pdev.sas7bdat

Num	Variable	Type	Len	Label
1	SUBID	Num	8	Subject ID
2	formday	Num	8	days to form completion date

Data Set Name: physexam.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	HTUNIT	Num	8	HEIGHT1F.	6.	1. Height: Units
3	WTUNIT	Num	8	CRF_WT.	6.	2. Weight: Units
4	APPEAR	Num	8	RESULT3F.	6.	3. Appearance
5	SPECIFY3	Char	100	\$100.	\$100.	3. Appearance: if Abnormal, provide details
6	SKIN	Num	8	RESULT3F.	6.	4. Skin
7	SPECIFY4	Char	100	\$100.	\$100.	4. Skin: if Abnormal, provide details
8	EENT	Num	8	RESULT3F.	6.	5. Ears/ Eyes/ Nose/ Throat
9	SPECIFY5	Char	100	\$100.	\$100.	5. Ears/ Eyes/ Nose/ Throat: if Abnormal, provide details
10	HEAD	Num	8	RESULT3F.	6.	6. Head/ Neck
11	SPECIFY6	Char	100	\$100.	\$100.	6. Head/ Neck: if Abnormal, provide details
12	LYMPH	Num	8	RESULT3F.	6.	7. Lymphatic
13	SPECIFY7	Char	100	\$100.	\$100.	7. Lymphatic: if Abnormal, provide details
14	CARDIO	Num	8	RESULT3F.	6.	8. Cardiovascular
15	SPECIFY8	Char	100	\$100.	\$100.	8. Cardiovascular: if Abnormal, provide details
16	LUNGS	Num	8	RESULT3F.	6.	9. Lungs/ Chest
17	SPECIFY9	Char	100	\$100.	\$100.	9. Lungs/ Chest: if Abnormal, provide details
18	GI	Num	8	RESULT3F.	6.	10. Gastrointestinal
19	SPECIFY10	Char	100	\$100.	\$100.	10. Gastrointestinal: if Abnormal, provide details
20	GU	Num	8	RESULT3F.	6.	11. Genitourinary
21	SPECIFY11	Char	100	\$100.	\$100.	11. Genitourinary: if Abnormal, provide details
22	EXTREM	Num	8	RESULT3F.	6.	12. Extremities
23	SPECIFY12	Char	100	\$100.	\$100.	12. Extremities: if Abnormal, provide details
24	MUSCULO	Num	8	RESULT3F.	6.	13. Musculoskeletal
25	SPECIFY13	Char	100	\$100.	\$100.	13. Musculoskeletal: if Abnormal, provide details
26	NEURO	Num	8	RESULT3F.	6.	14. Neurologic
27	SPECIFY14	Char	100	\$100.	\$100.	14. Neurologic: if Abnormal, provide details
28	OTHSPEC	Char	100	\$100.	\$100.	15. Other, specify
29	OTHER	Num	8	RESULT3F.	6.	15. Other
30	SPECIFY15	Char	100	\$100.	\$100.	15. Other, if Abnormal, provide details
31	HEIGHT1	Num	8	8.2	8.2	1. Height: bottom coded at 58 inches (147 cm) and top coded at 77 inches (195 cm)
32	WEIGHT1	Num	8	8.2	8.2	2. Weight: bottom coded at 100 lbs (46 kg) and top coded at 280 lbs (127 kg)
33	collday	Num	8			days to information collected

Data Set Name: ralkidn.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENOSIS	Num	8	8.2	8.2	15.1. Stenosis
3	KIDNA	Num	8	CHECKEDF.	6.	Kidney, NA
4	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site
5	STENSIGN	Char	3	\$3.	\$3.	15.1. Stenosis (sign)

Data Set Name: rarkidn.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENOSIS	Num	8	8.2	8.2	14.1. Stenosis
3	KIDNA	Num	8	CHECKEDF.	6.	Kidney, NA
4	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site
5	STENSIGN	Char	3	\$3.	\$3.	14.1. Stenosis (sign)

Data Set Name: repang.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	PROCHR	Char	2	\$2.	\$2.	2. Time entered the procedure room: (Hours)
3	PROCMN	Char	2	\$2.	\$2.	2. Time entered the procedure room: (Minutes)
4	REASON	Num	8	ANGIOREA.	6.	3. Reason for angiography
5	REVASC	Num	8	YESNO.	6.	4. Was a revascularization performed during this procedure?
6	INJECTHR	Char	2	\$2.	\$2.	5. Time procedure began: (Hours)
7	INJECTMN	Char	2	\$2.	\$2.	5. Time procedure began: (Minutes)
8	INSERTHR	Char	2	\$2.	\$2.	6. Time of insertion of first renal angiography catheter: (Hours)
9	INSERTMN	Char	2	\$2.	\$2.	6. Time of insertion of first renal angiography catheter: (Minutes)
10	ENDHR	Char	2	\$2.	\$2.	7. Time procedure ended: (Hours)
11	ENDMN	Char	2	\$2.	\$2.	7. Time procedure ended: (Minutes)
12	INPAT	Num	8	YESNO.	6.	8. Was this procedure performed during an inpatient admission?
13	IONIC	Num	8	CHECKEDF.	6.	9. Type of contrast used: Ionic
14	IOVAL	Num	8	6.	6.	9. Dose of contrast used: Ionic
15	NONIONIC	Num	8	CHECKEDF.	6.	9. Type of contrast used: Non-Ionic
16	NONVAL	Num	8	6.	6.	9. Dose of contrast used: Non-Ionic
17	LOWOSMO	Num	8	CHECKEDF.	6.	9. Type of contrast used: Low Osmolar
18	LOWVAL	Num	8	6.	6.	9. Dose of contrast used: Low Osmolar
19	ISOSMOL	Num	8	CHECKEDF.	6.	9. Type of contrast used: Isosmolar
20	ISOSVAL	Num	8	6.	6.	9. Dose of contrast used: Isosmolar
21	FENOL	Num	8	YESNO.	6.	10. Did the subject receive Fenoldopam?
22	NACETYL	Num	8	YESNO.	6.	11. Did the subject receive N-acetylcysteine?
23	SODBICAR	Num	8	YESNO.	6.	12. Did the subject receive sodium bicarbonate?
24	HIRISK	Num	8	YESNO.	6.	12.1. Was subject considered high risk?
25	NOSOD	Char	200	\$200.	\$200.	12.1.1. Explain why no sodium bicarbonate was given
26	NONRENAL	Num	8	YESNO.	6.	13. Were any non-renal angiographies or revascularizations performed during this procedure?
27	CORANGIO	Num	8	CHECKEDF.	6.	13.1. Coronary angiography
28	CAROTANG	Num	8	CHECKEDF.	6.	13.1. Carotid angiography
29	OTHANGIO	Num	8	CHECKEDF.	6.	13.1. Other peripheral angiography
30	OTHANG	Char	50	\$50.	\$50.	13.1. Other peripheral angiography, specify
31	COREVASC	Num	8	CHECKEDF.	6.	13.1. Coronary revascularization
32	CAROTREV	Num	8	CHECKEDF.	6.	13.1. Carotid revascularization
33	OTHREVAS	Num	8	CHECKEDF.	6.	13.1. Other revascularization
34	OTHREV	Char	50	\$50.	\$50.	13.1. Other revascularization, specify
35	RKIDNEY	Num	8	YESNO.	6.	14. Right Kidney is present
36	LKIDNEY	Num	8	YESNO.	6.	15. Left Kidney is present

Num	Variable	Type	Len	Format	Informat	Label
37	raday	Num	8			days to repeat angiography

Data Set Name: reprev.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STAGED	Num	8	YESNO.	6.	1. Was this a planned "staged" intervention?
3	INPAT	Num	8	YESNO.	6.	3. Was this procedure performed during an inpatient admission?
4	TARGSITE	Num	8	YESNO.	6.	5.1. Involves target site
5	TARGVESS	Num	8	YESNO.	6.	5.2. Involves target vessel
6	NONTARGV	Num	8	YESNO.	6.	5.3. Involves non-target vessel
7	RELAES	Num	8	YESNO.	6.	6. Did the subject have a procedure-related adverse event?
8	REVTYPE	Num	8	REVASC2F.	6.	7. Type of revascularization
9	ENTRMHR	Char	2	\$2.	\$2.	7.1. Time subject entered: the procedure room (Hours)
10	ENTRMMN	Char	2	\$2.	\$2.	7.1. Time subject entered: the procedure room (Minutes)
11	XYLOCHR	Char	2	\$2.	\$2.	7.2. Time procedure began: (first xylocaine injection) (Hours)
12	XYLOCMN	Char	2	\$2.	\$2.	7.2. Time procedure began: (first xylocaine injection) (Minutes)
13	INSERTHR	Char	2	\$2.	\$2.	7.3. Time of insertion of first angio catheter (Hour)
14	INSERTMN	Char	2	\$2.	\$2.	7.3. Time of insertion of first angio catheter (Minutes)
15	ENDHR	Char	2	\$2.	\$2.	7.4. Time procedure ended: (last catheter removed) (Hours)
16	ENDMN	Char	2	\$2.	\$2.	7.4. Time procedure ended: (last catheter removed) (Minutes)
17	REVASC	Num	8	YESNO.	6.	7.5. Was the revascularization successful?
18	SURGERY	Num	8	YESNO.	6.	7.5.1. Emergency surgery required?
19	RESIDUAL	Num	8	YESNO.	6.	7.5.2. \geq 50% residual stenosis?
20	URGENCY	Num	8	REASCABG.	6.	7.6. Indicate urgency of surgery
21	SURGREV	Num	8	YESNO.	6.	7.7. Was surgical revascularization successful?
22	DURHR	Char	2	\$2.	\$2.	7.8. Procedure duration: (Anesthesia start time to anesthesia stop time) (Hours)
23	DURMN	Char	2	\$2.	\$2.	7.8. Procedure duration: (Anesthesia start time to anesthesia stop time) (Minutes)
24	rrday	Num	8			days to repeat procedure

Data Set Name: rkidney.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	STENOSIS	Num	8	8.2	8.2	5.1. Stenosis
3	PRESS	Num	8	8.2	8.2	5.2. Pressure Gradient
4	PRESSND	Num	8	CHECKEDF.	6.	5.2. Pressure Gradient, ND
5	REFDIAM	Num	8	8.2	8.2	5.3. Reference Vessel Diameter
6	LESLENG	Num	8	8.2	8.2	5.4. Lesion Length
7	KIDNA	Num	8	CHECKEDF.	6.	Kidney, NA
8	RENLSITE2	Char	5	\$5.	\$5.	Renal Artery Site
9	STENSIGN	Char	3	\$3.	\$3.	5.1. Stenosis (sign)
10	PRESSIGN	Char	3	\$3.	\$3.	5.2. Pressure Gradient (sign)
11	REFDIANA	Num	8	CHECKEDF.	6.	5.3. Reference Vessel Diameter, ND
12	LESLNGNA	Num	8	CHECKEDF.	6.	5.4. Lesion Length, ND

Data Set Name: *segmnt.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	LESNO	Num	8	6.	6.	Lesion
3	LESNA	Num	8	CHECKEDF.	6.	Lesion, NA
4	KIDLOC	Num	8	RIGHTLEF.	6.	Kidney location
5	RESID	Num	8	8.2	8.2	Post-procedure residual stenosis
6	RENLSITE2	Char	5	\$5.	\$5.	Renal artery site

Data Set Name: stent.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SUBID	Num	8			Subject ID
2	LINENO	Num	8	6.	6.	Line #
3	STENT	Char	50	\$50.	\$50.	Type of stent: Name
4	LEN	Num	8	6.	6.	Type of stent: Length
5	PREDIL	Num	8	YESNO.	6.	Was lesion pre-dilated?
6	POSTDIL	Num	8	YESNO.	6.	Was post-dilation performed?
7	MAXDIAM	Num	8	8.2	8.2	Largest balloon diameter (mm)
8	DELVPROB	Num	8	YESNO.	6.	Problem with delivery /deployment of stent?
9	DIAM1	Num	8	8.2	8.2	Type of stent: Diameter
10	DPLPRESS1	Num	8	8.2	8.2	Max stent deployment pressure (ATM)
11	MAXPRESS1	Num	8	8.2	8.2	Maximum pressure (ATM)