

**Data Set Name: cpap\_ba.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	BA107	Num	8	SEXFMT.	Gender
5	RACE	Char	5	\$RACEF.	Race
6	BA111	Num	8	BEST12.	Age
7	BA112	Num	8		Age of onset of asthma symptoms
8	BA113	Num	8		Number of doctor,hospital, ER visits for asthma attacks in the past 12 months
9	BA114	Num	8		Number of prednisone treatments for asthma attack in the past 12 months
10	BA115	Char	1	\$YESNO.	Do you have allergies that make your asthma worse? (Y/N)
11	BA116	Num	8	WITHYR.	When were you last seen by a doctor because of breathing problems?
12	BA117	Num	8	WITHYR.	When did you last visit a hospital, ER, or urgent care because of breathing problems?
13	BA118	Num	8	WITHYR.	When did you last spend a night in the hospital because of breathing problems?
14	BA119	Num	8	WITHYR.	When did you last have an ICU admission because of an asthma attack?
15	BA120	Num	8	YNF.	Asthma Triggers: Respiratory infections? (Y/N)
16	BA121	Num	8	YNF.	Asthma Triggers: Irritants? (Y/N)
17	BA122	Num	8	YNF.	Asthma Triggers: Emotions? (Y/N)
18	BA123	Num	8	YNF.	Asthma Triggers: Drugs? (Y/N)
19	BA124	Num	8	YNF.	Asthma Triggers: Food Additives? (Y/N)
20	BA125	Num	8	YNF.	Asthma Triggers: Weather Changes? (Y/N)
21	BA126	Num	8	YNF.	Asthma Triggers: Exercise? (Y/N)
22	BA127	Num	8	YNF.	Asthma Triggers: Cleaning Supplies? (Y/N)
23	BA128_a	Char	1	\$YNF.	Asthma Triggers: Exposure to Animals - Cats
24	BA128_b	Char	1	\$YNF.	Asthma Triggers: Exposure to Animals - Dogs
25	BA128_c	Char	1	\$YNF.	Asthma Triggers: Exposure to Animals - Rodents
26	BA128_d	Char	1	\$YNF.	Asthma Triggers: Exposure to Other Animals (Specify)
27	BA128_e	Char	1	\$YNF.	Asthma Triggers: Exposure to Animals - None
28	BA129_a	Char	1	\$YNF.	Asthma Triggers: A Particular Season - Winter
29	BA129_b	Char	1	\$YNF.	Asthma Triggers: A Particular Season - Spring
30	BA129_c	Char	1	\$YNF.	Asthma Triggers: A Particular Season - Summer
31	BA129_d	Char	1	\$YNF.	Asthma Triggers: A Particular Season - Fall
32	BA129_e	Char	1	\$YNF.	Asthma Triggers: A Particular Season - None
33	BA130	Num	8	MENSTRIG.	Asthma Triggers: Menstruation
34	BA131	Num	8	PREGTRIG.	Asthma Triggers: Pregnancy
35	BA132a	Num	8	SYMFREQ.	Asthma Symptoms: Cough
36	BA132b	Num	8	SYMFREQ.	Asthma Symptoms: Sputum
37	BA132c	Num	8	SYMFREQ.	Asthma Symptoms: Chest tightness

Num	Variable	Type	Len	Format	Label
38	BA132d	Num	8	SYMFREQ.	Asthma Symptoms: Wheezy, whistling, musical sound in chest
39	BA132e	Num	8	SYMFREQ.	Asthma Symptoms: Shortness of breath
40	BA132f	Num	8	SYMFREQ.	Asthma Symptoms: Nighttime symptoms
41	BA133a	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use inhaled corticosteroids for treatment of asthma?
42	BA133b	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use inhaled steroidal combination medications for treatment of asthma?
43	BA133c	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use non-inhaled steroidal combination medications for treatment of asthma?
44	BA133d	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use oral anti-leukotriene for treatment of asthma?
45	BA133e	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use inhaled anticholinergic bronchodilators for treatment of asthma?
46	BA133f	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use inhaled short-acting beta-agonist bronchodilators for treatment of asthma?
47	BA133g	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use inhaled long-acting beta-agonist bronchodilators for treatment of asthma?
48	BA133h	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use cromolyn sodium/nedocromil for treatment of asthma?
49	BA133i	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use oral beta-agonist for treatment of asthma?
50	BA133j	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use methyxanthines for treatment of asthma?
51	BA133k	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use oral corticosteroid for treatment of asthma?
52	BA133l	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use omalizumab for treatment of asthma?
53	BA133m	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use steroid injections for treatment of asthma?
54	BA133n	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use acupuncture for treatment of asthma?
55	BA133o	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use allergy shots for treatment of asthma?
56	BA133p	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use chiropractic treatments for treatment of asthma?
57	BA133q	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use herbal/natural treatments, vitamins, etc. for treatment of asthma?
58	BA133r	Num	8	TRTFREQ.	Over the past 3 months, on average, how often did you use other asthma treatment for treatment of asthma?
59	BA134	Num	8	SMKSTAT.	Smoking Status
60	BA135	Num	8		How many years total did you smoke?
61	BA136	Num	8		On average, how many packs of cigarettes per day did you smoke?
62	BA137	Num	8		Total number of pack-years
63	BA138	Char	1	\$YESNO.	Are you exposed to second hand smoke in your home or work place?

Num	Variable	Type	Len	Format	Label
64	BA139	Char	1	\$YESNO.	Do you frequently go to places other than home/work where you are exposed to second hand smoke?
65	BA140a	Char	1	\$YESNO.	Medical conditions in the past year - COPD
66	BA140b	Char	1	\$YESNO.	Medical conditions in the past year - Gastroesophageal reflux
67	BA140c	Char	1	\$YESNO.	Medical conditions in the past year - Eczema
68	BA140d	Char	1	\$YESNO.	Medical conditions in the past year - Hay fever/allergic rhinitis
69	BA140e	Char	1	\$YESNO.	Medical conditions in the past year - Food allergies
70	BA140f	Char	1	\$YESNO.	Medical conditions in the past year - Other allergies
71	BA140g	Char	1	\$YESNO.	Medical conditions in the past year - Cancer (other than skin)
72	BA140h	Char	1	\$YESNO.	Medical conditions in the past year - Endocrine disease
73	BA140i	Char	1	\$YESNO.	Medical conditions in the past year - Thyroid disease
74	BA140j	Char	1	\$YESNO.	Medical conditions in the past year - Coronary artery disease
75	BA140k	Char	1	\$YESNO.	Medical conditions in the past year - Congestive heart failure
76	BA140l	Char	1	\$YESNO.	Medical conditions in the past year - Stroke
77	BA140m	Char	1	\$YESNO.	Medical conditions in the past year - Severe hypertension
78	BA140n	Char	1	\$YESNO.	Medical conditions in the past year - Diabetes mellitus
79	BA140o	Char	1	\$YESNO.	Medical conditions in the past year - Renal failure
80	BA140p	Char	1	\$YESNO.	Medical conditions in the past year - Liver disorders
81	BA140q	Char	1	\$YESNO.	Medical conditions in the past year - Immunodeficiency states
82	BA140r	Char	1	\$YESNO.	Medical conditions in the past year - Major neuropsychiatric disorder
83	BA140s	Char	1	\$YESNO.	Medical conditions in the past year - Glaucoma/ intraocular pressure condition
84	BA140t	Char	1	\$YESNO.	Medical conditions in the past year - Sleep disorder
85	BA141	Char	1	\$YESNO.	Are you on hormone replacment therapy or had an ovariectomy?
86	BA142_a	Char	1	\$YNF.	Allergy related conditions - Nasal Polyps
87	BA142_b	Char	1	\$YNF.	Allergy related conditions - Runny Nose
88	BA142_c	Char	1	\$YNF.	Allergy related conditions - Nasal Congestion
89	BA142_d	Char	1	\$YNF.	Allergy related conditions - Sinus infections
90	BA142_e	Char	1	\$YNF.	Allergy related conditions - Other
91	BA142_f	Char	1	\$YNF.	Allergy related conditions - None
92	BA143	Char	1	\$YESNO.	Have you had sinus surgery?
93	BA144_a	Char	1	\$YNF.	Do you have the following condition - Vocal cord dysfunction
94	BA144_b	Char	1	\$YNF.	Do you have the following condition - Anxiety
95	BA144_c	Char	1	\$YNF.	Do you have the following condition - Depression
96	BA144_d	Char	1	\$YNF.	Do you have the following condition - Hyperventilation syndrome
97	BA144_e	Char	1	\$YNF.	Do you have the following condition - Panic attacks
98	BA144_f	Char	1	\$YNF.	Do you have the following condition - None
99	BA145	Num	8	YNDKF.	Do you have a history of asthma in your blood relatives?
100	BA146	Char	1	\$YESNO.	Have you ever been diagnosed with sleep apnea?
101	BA147	Char	1	\$YESNO.	Do you use a CPAP or BiPAP?

Num	Variable	Type	Len	Format	Label
102	BA148	Char	1	\$YESNO.	Have you been told you snore
103	BA149	Char	1	\$YESNO.	Has anyone noticed that you stop breathing when you sleep?
104	BA150	Char	1	\$YESNO.	Do you often take naps during the day?
105	BA151	Num	8	BIRTHWGT.	What was your birthweight?
106	BA152	Num	8		What was(is) your approximate weight at the age of 18 years?
107	BA153	Num	8	MENSAGE.	What was your age of first menstrual period?
108	BA153s	Char	2		Age of first menstrual period
109	BA154a	Num	8		Waist circumference (inches)
110	BA154b	Num	8		Waist circumference (centimeters)
111	BA155a	Num	8		Hip circumference (inches)
112	BA155b	Num	8		Hip circumference (centimeters)
113	BA156a	Num	8		Neck circumference (inches)
114	BA156b	Num	8		Neck circumference (centimeters)
115	BA157	Num	8	RELfmt.	What is your relationship to the participant?
116	BA158	Char	1	\$YESNO.	Are you the participant's primary caregiver?
117	BA159	Char	1	\$YESNO.	Does the child(participant) live with you more than half the time?
118	BA160	Num	8	MARfmt.	What is your current marital status?
119	BA162a	Num	8		How many adults live in child's/your home?
120	BA162b	Num	8		How many children live in the child's/your home?
121	BA162c	Num	8	INCFmt.	Total income for the household where you/child lives?
122	BA163a	Num	8	EDU1fmt.	Highest level of education you have completed?
123	BA163b	Num	8	EDU2fmt.	Highest level of education of child's primary caregiver has completed?
124	BA163c	Num	8	EDU3fmt.	Highest level of education of head of household of child's home has completed?
125	BA164	Num	8	HINSfmt.	What is your/child's source of health insurance?
126	BA165	Num	8	DRUGfmt.	How do you pay for your/child's prescription drugs?

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Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	CV107	Num	8		Number of diary cards not returned since the last study visit
5	CV108_a	Char	1	\$YNF.	Reason for missing Diary Cards - None missing
6	CV108_b	Char	1	\$YNF.	Reason for missing Diary Cards - Forgot to return
7	CV108_c	Char	1	\$YNF.	Reason for missing Diary Cards - Did not complete
8	CV108_d	Char	1	\$YNF.	Reason for missing Diary Cards - Lost/destroyed
9	CV108_e	Char	1	\$YNF.	Reason for missing Diary Cards - In the mail
10	CV108_f	Char	1	\$YNF.	Reason for missing Diary Cards - Other
11	CV109a	Char	1	\$YNF.	Did you have any unscheduled phone contacts with this clinic since the last study visit? (Y/N)
12	CV109b	Num	8		Number of unscheduled phone contacts with this clinic since the last study visit
13	CV110a	Char	1	\$YNF.	Did you have any extra visits at this clinic since the last study visit ? (Y/N)
14	CV110b	Num	8		Number of extra visits at this clinic since the last study visit ?
15	CV111	Char	1	\$YESNO.	Is this V2 or V7 (Y/N)
16	CV112	Num	8	NIGHTSF.	On average, how many nights per week did you NOT use your study device
17	CV113_a	Char	1	\$YNF.	Reason for not using study device - Forgot
18	CV113_b	Char	1	\$YNF.	Reason for not using study device - Too busy
19	CV113_c	Char	1	\$YNF.	Reason for not using study device - Did not have study device on hand
20	CV113_d	Char	1	\$YNF.	Reason for not using study device - Lost CPAP device or mask
21	CV113_e	Char	1	\$YNF.	Reason for not using study device - Difficulty using CPAP device
22	CV113_f	Char	1	\$YNF.	Reason for not using study device - Mask is not comfortable
23	CV113_g	Char	1	\$YNF.	Reason for not using study device - Device or mask too noisy
24	CV113_h	Char	1	\$YNF.	Reason for not using study device - Interrupts my sleep
25	CV113_i	Char	1	\$YNF.	Reason for not using study device - Disturbs others at home
26	CV113_j	Char	1	\$YNF.	Reason for not using study device - Cold symptoms
27	CV113_k	Char	1	\$YNF.	Reason for not using study device - Side effects
28	CV113_l	Char	1	\$YNF.	Reason for not using study device - Other
29	CV113_m	Char	1	\$YNF.	Reason for not using study device - Permanently stopped using study device
30	CV114	Char	1	\$YESNO.	On the nights that you used your CPAP device, did you use it for at least 4 hours per night on average?
31	CV115_a	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Too busy
32	CV115_b	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Difficulty using CPAP device
33	CV115_c	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Mask is not comfortable
34	CV115_d	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Device/mask is too noisy
35	CV115_e	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Interrupts my sleep

Num	Variable	Type	Len	Format	Label
36	CV115_f	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Disturbs othes at home
37	CV115_g	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Cold symptoms
38	CV115_h	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Side effects
39	CV115_i	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Other
40	CV115_j	Char	1	\$YNF.	Specify reason for using CPAP less than 4 hours/night - Permanently stopped using study device
41	CV116a	Char	8	\$YNF.	Use of quick relief drugs since last study visit - NA, none taken
42	CV116b	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Albuterol Nebulizer (0.083%)
43	CV116c	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Albuterol Nebulizer (0.5%)
44	CV116d	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Albuterol Metered Dose Inhaler
45	CV116e	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Levalbuterol (Xopenex)
46	CV116f	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Pirbuterol (Maxair)
47	CV116g	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Ipratropium bromide (Atrovent Nebulizer)
48	CV116h	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Ipratropium bromide (Atrovent HFA)
49	CV116i	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Ipratropium bromide and albuterol
50	CV116j	Char	8	\$YNF.	Use of quick relief drugs since last study visit - Other
51	CV117	Char	1	\$YESNO.	Are you currently taking medications specifically for the treatment of asthma (Y/N)
52	CV118a	Char	8	\$YNF.	Single agent long-acting bronchodilator drugs currently taking - NA, non taken
53	CV118b	Char	8	\$YNF.	Single agent long-acting bronchodilator drugs currently taking - Salmeterol
54	CV118b_dose	Num	8		Single agent long-acting bronchodilator drugs currently taking - Salmeterol: Dose
55	CV118b_freq	Num	8		Single agent long-acting bronchodilator drugs currently taking - Salmeterol: Puffs/Ampules per day
56	CV118c	Char	8	\$YNF.	Single agent long-acting bronchodilator drugs currently taking - Albuterol
57	CV118c_dose	Num	8		Single agent long-acting bronchodilator drugs currently taking - Albuterol: Dose
58	CV118c_freq	Num	8		Single agent long-acting bronchodilator drugs currently taking - Albuterol: Puffs/Ampules per day
59	CV118d	Char	8	\$YNF.	Single agent long-acting bronchodilator drugs currently taking - Formoterol
60	CV118d_dose	Num	8		Single agent long-acting bronchodilator drugs currently taking - Formoterol: Dose
61	CV118d_freq	Num	8		Single agent long-acting bronchodilator drugs currently taking - Formoterol: Puffs/Ampules per day
62	CV118e	Char	8	\$YNF.	Single agent long-acting bronchodilator drugs currently taking - Tiotropium bromide
63	CV118e_dose	Num	8		Single agent long-acting bronchodilator drugs currently taking - Tiotropium bromide: Dose
64	CV118e_freq	Num	8		Single agent long-acting bronchodilator drugs currently taking - Tiotropium bromide: Puffs/Ampules per day
65	CV118f	Char	8	\$YNF.	Single agent long-acting bronchodilator drugs currently taking - Other
66	CV118f_dose	Num	8		Single agent long-acting bronchodilator drugs currently taking - Other: Dose
67	CV118f_freq	Num	8		Single agent long-acting bronchodilator drugs currently taking - Other: Puffs/Ampules per day
68	CV119a	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - NA, none taken
69	CV119b	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - Beclomethasone

Num	Variable	Type	Len	Format	Label
70	CV119b_dose	Num	8		Single agent inhaled corticosteroid currently taking - Beclomethasone: Dose
71	CV119b_freq	Num	8		Single agent inhaled corticosteroid currently taking - Beclomethasone: Puffs/Ampules per day
72	CV119c	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - Budesonide
73	CV119c_dose	Num	8		Single agent inhaled corticosteroid currently taking - Budesonide: Dose
74	CV119c_freq	Num	8		Single agent inhaled corticosteroid currently taking - Budesonide: Puffs/Ampules per day
75	CV119d	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - Flunisolide
76	CV119d_dose	Num	8		Single agent inhaled corticosteroid currently taking - Flunisolide: Dose
77	CV119d_freq	Num	8		Single agent inhaled corticosteroid currently taking - Flunisolide: Puffs/Ampules per day
78	CV119e	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - Fluticasone
79	CV119e_dose	Num	8		Single agent inhaled corticosteroid currently taking - Fluticasone: Dose
80	CV119e_freq	Num	8		Single agent inhaled corticosteroid currently taking - Fluticasone: Puffs/Ampules per day
81	CV119f	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - Triamcinolone
82	CV119f_dose	Num	8		Single agent inhaled corticosteroid currently taking - Triamcinolone: Dose
83	CV119f_freq	Num	8		Single agent inhaled corticosteroid currently taking - Triamcinolone: Puffs/Ampules per day
84	CV119g	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - Mometasone furoate
85	CV119g_dose	Num	8		Single agent inhaled corticosteroid currently taking - Mometasone furoate: Dose
86	CV119g_freq	Num	8		Single agent inhaled corticosteroid currently taking - Mometasone furoate: Puffs/Ampules per day
87	CV119h	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - Ciclesonide
88	CV119h_dose	Num	8		Single agent inhaled corticosteroid currently taking - Ciclesonide: Dose
89	CV119h_freq	Num	8		Single agent inhaled corticosteroid currently taking - Ciclesonide: Puffs/Ampules per day
90	CV119i	Char	8	\$YNF.	Single agent inhaled corticosteroid currently taking - Other
91	CV119i_dose	Num	8		Single agent inhaled corticosteroid currently taking - Other: Dose
92	CV119i_freq	Num	8		Single agent inhaled corticosteroid currently taking - Other: Puffs/Ampules per day
93	CV120a	Char	8	\$YNF.	Combination inhaled corticosteroid/long-acting beta-agonist currently taking - NA, none taken
94	CV120b	Char	8	\$YNF.	Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Budesonide and Formoterol
95	CV120b_dose	Char	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Budesonide and Formoterol: Dose
96	CV120b_freq	Num	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Budesonide and Formoterol: Puffs/Ampules per day
97	CV120c	Char	8	\$YNF.	Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Fluticasone and Salmeterol
98	CV120c_dose	Char	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Fluticasone and Salmeterol: Dose
99	CV120c_freq	Num	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Fluticasone and Salmeterol: Puffs/Ampules per day
100	CV120d	Char	8	\$YNF.	Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Fluticasone and Salmeterol(Advair HFA)

Num	Variable	Type	Len	Format	Label
101	CV120d_dose	Char	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Fluticasone and Salmeterol(Advair HFA): Dose
102	CV120d_freq	Num	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Fluticasone and Salmeterol(Advair HFA): Puffs/Ampules per day
103	CV120e	Char	8	\$YNF.	Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Mometasone and Formoterol
104	CV120e_dose	Char	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Mometasone and Formoterol: Dose
105	CV120e_freq	Num	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Mometasone and Formoterol: Puffs/Ampules per day
106	CV120f	Char	1	\$YNF.	Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Other combination
107	CV120f_dose	Char	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Other combination: Dose
108	CV120f_freq	Num	8		Combination inhaled corticosteroid/long-acting beta-agonist currently taking - Other combination: Puffs/Ampules per day
109	CV121a	Char	8	\$YNF.	Oral corticosteroid currently taking - NA, none taken
110	CV121b	Char	8	\$YNF.	Oral corticosteroid currently taking - Prednisone
111	CV121b_dose	Num	8		Oral corticosteroid currently taking - Prednisone: Dose
112	CV121b_freq	Num	8		Oral corticosteroid currently taking - Prednisone: Tablets/elixirs per day
113	CV121c	Char	8	\$YNF.	Oral corticosteroid currently taking - Prednisolone
114	CV121c_dose	Num	8		Oral corticosteroid currently taking - Prednisolone: Dose
115	CV121c_freq	Num	8		Oral corticosteroid currently taking - Prednisolone: Tablets/elixirs per day
116	CV121d	Char	8	\$YNF.	Oral corticosteroid currently taking - Methylprednisolone
117	CV121d_dose	Num	8		Oral corticosteroid currently taking - Methylprednisolone: Dose
118	CV121d_freq	Num	8		Oral corticosteroid currently taking - Methylprednisolone: Tablets/elixirs per day
119	CV121e	Char	8	\$YNF.	Oral corticosteroid currently taking - Other
120	CV121e_dose	Num	8		Oral corticosteroid currently taking - Other: Dose
121	CV121e_freq	Num	8		Oral corticosteroid currently taking - Other: Tablets/elixirs per day
122	CV122a	Char	8	\$YNF.	Methylxanthines currently taking - NA, none taken
123	CV122b	Char	8	\$YNF.	Methylxanthines currently taking - Theophylline, sustained-release
124	CV122b_dose	Num	8		Methylxanthines currently taking - Theophylline, sustained-release: Dose
125	CV122b_freq	Num	8		Methylxanthines currently taking - Theophylline, sustained-release: Tablets/elixirs per day
126	CV122c	Char	8	\$YNF.	Methylxanthines currently taking - Other
127	CV122c_dose	Num	8		Methylxanthines currently taking - Other: Dose
128	CV122c_freq	Num	8		Methylxanthines currently taking - Other: Tablets/elixirs per day
129	CV123a	Char	8	\$YNF.	Oral antileukotriene drugs currently taking - NA, none taken
130	CV123b	Char	8	\$YNF.	Oral antileukotriene drugs currently taking - Montelukast
131	CV123b_dose	Num	8		Oral antileukotriene drugs currently taking - Montelukast: Dose
132	CV123b_freq	Num	8		Oral antileukotriene drugs currently taking - Montelukast: Tablets per day
133	CV123c	Char	8	\$YNF.	Oral antileukotriene drugs currently taking - Zafirlukast



Num	Variable	Type	Len	Format	Label
134	CV123c_dose	Num	8		Oral antileukotriene drugs currently taking - Zafirlukast: Dose
135	CV123c_freq	Num	8		Oral antileukotriene drugs currently taking - Zafirlukast: Tablets per day
136	CV123d	Char	8	\$YNF.	Oral antileukotriene drugs currently taking - Zileuton
137	CV123d_dose	Num	8		Oral antileukotriene drugs currently taking - Zileuton: Dose
138	CV123d_freq	Num	8		Oral antileukotriene drugs currently taking - Zileuton: Tablets per day
139	CV123e	Char	8	\$YNF.	Oral antileukotriene drugs currently taking - Other
140	CV123e_dose	Num	8		Oral antileukotriene drugs currently taking - Other: Dose
141	CV123e_freq	Num	8		Oral antileukotriene drugs currently taking - Other: Tablets per day
142	CV124a	Char	8	\$YNF.	Other asthma medications currently taking - NA, none taken
143	CV124b	Char	8	\$YNF.	Other asthma medications currently taking - Cromolyn sodium(Intal Nebulizer)
144	CV124b_dose	Char	8		Other asthma medications currently taking - Cromolyn sodium(Intal Nebulizer): Dose
145	CV124b_freq	Num	8		Other asthma medications currently taking - Cromolyn sodium(Intal Nebulizer): Puffs/Ampules per day
146	CV124c	Char	8	\$YNF.	Other asthma medications currently taking - Cromolyn sodium(Intal Metered Dose Inhaler)
147	CV124c_dose	Char	8		Other asthma medications currently taking - Cromolyn sodium(Intal Metered Dose Inhaler): Dose
148	CV124c_freq	Num	8		Other asthma medications currently taking - Cromolyn sodium(Intal Metered Dose Inhaler): Puffs/Ampules per day
149	CV124d	Char	8	\$YNF.	Other asthma medications currently taking - Nedocromil sodium
150	CV124d_dose	Char	8		Other asthma medications currently taking - Nedocromil sodium: Dose
151	CV124d_freq	Num	8		Other asthma medications currently taking - Nedocromil sodium: Puffs/Ampules per day
152	CV124e	Char	8	\$YNF.	Other asthma medications currently taking - Other
153	CV124e_dose	Char	8		Other asthma medications currently taking - Other: Dose
154	CV124e_freq	Num	8		Other asthma medications currently taking - Other: Puffs/Ampules per day
155	CV124h	Char	8	\$YNF.	Other asthma medications currently taking - Omalizumab
156	CV124h_dose	Char	8		Other asthma medications currently taking - Omalizumab: Dose
157	CV124h_freq	Num	8		Other asthma medications currently taking - Omalizumab: Injections per month
158	CV125	Char	1	\$YESNO.	Since the last study visit, have there been any changes in asthma medications, including dose changes, or stopping drugs? (Y/N)
159	CV126a	Char	1	\$YESNO.	Since the last study visit, did you treat sinus symptoms with- Nasal spray decongestants (Y/N)
160	CV126b	Char	1	\$YESNO.	Since the last study visit, did you treat sinus symptoms with- Oral decongestants (Y/N)
161	CV126c	Char	1	\$YESNO.	Since the last study visit, did you treat sinus symptoms with- Antihistamines (Y/N)
162	CV126d	Char	1	\$YESNO.	Since the last study visit, did you treat sinus symptoms with- Nasal saline (Y/N)
163	CV126e	Char	1	\$YESNO.	Since the last study visit, did you treat sinus symptoms with- Allergy immunotherapy (Y/N)
164	CV126f	Char	1	\$YESNO.	Since the last study visit, did you treat sinus symptoms with- Nasal steroids (Y/N)
165	CV126g	Char	1	\$YESNO.	Since the last study visit, did you treat sinus symptoms with- Other (Y/N)
166	CV127	Char	1	\$YESNO.	Since the last study visit, did you take medications other than those for asthma and sinus symptoms? (Y/N)

Num	Variable	Type	Len	Format	Label
167	CV128a	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Chest pain
168	CV128b	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Chest discomfort
169	CV128c	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Headaches
170	CV128d	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Increase work of breathing
171	CV128e	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Acute upper respiratory tract infection
172	CV128f	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Drying of nose, mouth and/or throat
173	CV128g	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Nose bleeds
174	CV128h	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Nose irritation
175	CV128i	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Bloating/gas
176	CV128j	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Ear or sinus discomfort
177	CV128k	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Eye irritation
178	CV128l	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Skin rashes
179	CV128m	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Congestion, runny nose, sneezing
180	CV128n	Num	8	SYMPSF.	Since the last visit, rate the severity of the following symptoms - Mask discomfort
181	CV129	Char	1	\$YESNO.	Since the last study visit, have you had other symptoms? (Y/N)
182	CV130a	Num	8	SYMPSF.	Specify other symptoms and rate the severity of them - Other 1
183	CV130b	Num	8	SYMPSF.	Specify other symptoms and rate the severity of them - Other 2
184	CV130c	Num	8	SYMPSF.	Specify other symptoms and rate the severity of them - Other 3
185	CV130d	Num	8	SYMPSF.	Specify other symptoms and rate the severity of them - Other 4
186	CV131a	Num	8	YNF.	Since the last study visit, have you had the following diagnoses - Hypertension
187	CV131b	Num	8	YNF.	Since the last study visit, have you had the following diagnoses - Pneumonia
188	CV131c	Num	8	YNF.	Since the last study visit, have you had the following diagnoses - Bronchitis
189	CV131d	Num	8	YNF.	Since the last study visit, have you had the following diagnoses - Strep throat
190	CV131e	Num	8	YNF.	Since the last study visit, have you had the following diagnoses - Acute sinusitis
191	CV131f	Num	8	YNF.	Since the last study visit, have you had the following diagnoses - Diabetes
192	CV131g	Num	8	YNF.	Since the last study visit, have you had the following diagnoses - Nasal infection
193	CV131h	Num	8	YNF.	Since the last study visit, have you had the following diagnoses - Other
194	CV132a	Char	1	\$YESNO.	Since the last study visit, have you experienced a serious adverse event or been hospitalized? (Y/N)
195	CV133	Num	8		Since the last study visit, number of hospitalizations
196	CV134	Num	8		Since the last study visit, how many times have you seen or contacted a healthcare provider for asthma or asthma treatment? (Y/N)
197	CV135	Num	8		Since the last study visit, how many times have you seen or contacted a healthcare provider for upper airway symptoms? (Y/N)
198	CV137	Char	1	\$YESNO.	Is this visit 2? (Y/N)
199	CV138_a	Char	1	\$YNF.	SD card A collected
200	CV138_b	Char	1	\$YNF.	SD card b collected

Num	Variable	Type	Len	Format	Label
201	CV138_c	Char	1	\$YNF.	SD card c collected
202	CV138_d	Char	1	\$YNF.	No SD card collected
203	CV140	Char	1	\$YESNO.	Were specimens for DNA/genotyping collected? (Y/N)
204	CV141a	Char	1	\$YESNO.	DNA specimens processed and available for shipping - Plasma aliquot 1 (Y/N)
205	CV141b	Char	1	\$YESNO.	DNA specimens processed and available for shipping - Plasma aliquot 2 (Y/N)
206	CV141c	Char	1	\$YESNO.	DNA specimens processed and available for shipping - Plasma cells vacutainer (Y/N)
207	CV142	Char	1	\$YESNO.	Was serum for inflammatory biomarkers collected
208	CV143a	Char	1	\$YESNO.	Serum processed and available for shipping - Serum aliquot 1 (Y/N)
209	CV143b	Char	1	\$YESNO.	Serum processed and available for shipping - Serum aliquot 2 (Y/N)
210	CV144a	Char	1	\$YESNO.	Eosinophil blood specimen collected (Y/N)
211	CV144b	Num	8		Results of eosinophil analysis

**Data Set Name: cpap\_dc.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	dc101mon	Num	8		Days since randomization: Monday
4	dc101tue	Num	8		Days since randomization: Tuesday
5	dc101wed	Num	8		Days since randomization: Wednesday
6	dc101thurs	Num	8		Days since randomization: Thursday
7	dc101fri	Num	8		Days since randomization: Friday
8	dc101sat	Num	8		Days since randomization: Saturday
9	dc101sun	Num	8		Days since randomization: Sunday
10	DC102_Grd1	Num	8		Morning Peak Flow: Monday
11	DC102_Grd2	Num	8		Morning Peak Flow: Tuesday
12	DC102_Grd3	Num	8		Morning Peak Flow: Wednesday
13	DC102_Grd4	Num	8		Morning Peak Flow: Thursday
14	DC102_Grd5	Num	8		Morning Peak Flow: Friday
15	DC102_Grd6	Num	8		Morning Peak Flow: Saturday
16	DC102_Grd7	Num	8		Morning Peak Flow: Sunday
17	DC103_Grd1	Char	1	\$YNF.	Awakened by asthma last night: Monday
18	DC103_Grd2	Char	1	\$YNF.	Awakened by asthma last night: Tuesday
19	DC103_Grd3	Char	1	\$YNF.	Awakened by asthma last night: Wednesday
20	DC103_Grd4	Char	1	\$YNF.	Awakened by asthma last night: Thursday
21	DC103_Grd5	Char	1	\$YNF.	Awakened by asthma last night: Friday
22	DC103_Grd6	Char	1	\$YNF.	Awakened by asthma last night: Saturday
23	DC103_Grd7	Char	1	\$YNF.	Awakened by asthma last night: Sunday
24	DC104a_Grd1	Num	8		Puffs/day by metered dose inhaler: Monday
25	DC104a_Grd2	Num	8		Puffs/day by metered dose inhaler: Tuesday
26	DC104a_Grd3	Num	8		Puffs/day by metered dose inhaler: Wednesday
27	DC104a_Grd4	Num	8		Puffs/day by metered dose inhaler: Thursday
28	DC104a_Grd5	Num	8		Puffs/day by metered dose inhaler: Friday
29	DC104a_Grd6	Num	8		Puffs/day by metered dose inhaler: Saturday
30	DC104a_Grd7	Num	8		Puffs/day by metered dose inhaler: Sunday
31	DC104b_Grd1	Num	8		Uses/day by nebulizer: Monday
32	DC104b_Grd2	Num	8		Uses/day by nebulizer: Tuesday
33	DC104b_Grd3	Num	8		Uses/day by nebulizer: Wednesday
34	DC104b_Grd4	Num	8		Uses/day by nebulizer: Thursday
35	DC104b_Grd5	Num	8		Uses/day by nebulizer: Friday
36	DC104b_Grd6	Num	8		Uses/day by nebulizer: Saturday

Num	Variable	Type	Len	Format	Label
37	DC104b_Grd7	Num	8		Uses/day by nebulizer: Sunday
38	DC105_Grd1	Char	1	\$YNF.	Did you use regular asthma medicine: Monday
39	DC105_Grd2	Char	1	\$YNF.	Did you use regular asthma medicine: Tuesday
40	DC105_Grd3	Char	1	\$YNF.	Did you use regular asthma medicine: Wednesday
41	DC105_Grd4	Char	1	\$YNF.	Did you use regular asthma medicine: Thursday
42	DC105_Grd5	Char	1	\$YNF.	Did you use regular asthma medicine: Friday
43	DC105_Grd6	Char	1	\$YNF.	Did you use regular asthma medicine: Saturday
44	DC105_Grd7	Char	1	\$YNF.	Did you use regular asthma medicine: Sunday
45	DC106_Grd1	Char	1	\$YNF.	Used oral or IV prednisone/steroids for asthma: Monday
46	DC106_Grd2	Char	1	\$YNF.	Used oral or IV prednisone/steroids for asthma: Tuesday
47	DC106_Grd3	Char	1	\$YNF.	Used oral or IV prednisone/steroids for asthma: Wednesday
48	DC106_Grd4	Char	1	\$YNF.	Used oral or IV prednisone/steroids for asthma: Thursday
49	DC106_Grd5	Char	1	\$YNF.	Used oral or IV prednisone/steroids for asthma: Friday
50	DC106_Grd6	Char	1	\$YNF.	Used oral or IV prednisone/steroids for asthma: Saturday
51	DC106_Grd7	Char	1	\$YNF.	Used oral or IV prednisone/steroids for asthma: Sunday
52	DC107_Grd1	Char	1	\$YNF.	Urgent unscheduled healthcare contact for asthma: Monday
53	DC107_Grd2	Char	1	\$YNF.	Urgent unscheduled healthcare contact for asthma: Tuesday
54	DC107_Grd3	Char	1	\$YNF.	Urgent unscheduled healthcare contact for asthma: Wednesday
55	DC107_Grd4	Char	1	\$YNF.	Urgent unscheduled healthcare contact for asthma: Thursday
56	DC107_Grd5	Char	1	\$YNF.	Urgent unscheduled healthcare contact for asthma: Friday
57	DC107_Grd6	Char	1	\$YNF.	Urgent unscheduled healthcare contact for asthma: Saturday
58	DC107_Grd7	Char	1	\$YNF.	Urgent unscheduled healthcare contact for asthma: Sunday
59	DC108_Grd1	Num	8	SCOREF.	Asthma Score: Monday
60	DC108_Grd2	Num	8	SCOREF.	Asthma Score: Tuesday
61	DC108_Grd3	Num	8	SCOREF.	Asthma Score: Wednesday
62	DC108_Grd4	Num	8	SCOREF.	Asthma Score: Thursday
63	DC108_Grd5	Num	8	SCOREF.	Asthma Score: Friday
64	DC108_Grd6	Num	8	SCOREF.	Asthma Score: Saturday
65	DC108_Grd7	Num	8	SCOREF.	Asthma Score: Sunday
66	DC118_Grd1	Num	8		Hours used CPAP: Monday
67	DC118_Grd2	Num	8		Hours used CPAP: Tuesday
68	DC118_Grd3	Num	8		Hours used CPAP: Wednesday
69	DC118_Grd4	Num	8		Hours used CPAP: Thursday
70	DC118_Grd5	Num	8		Hours used CPAP: Friday
71	DC118_Grd6	Num	8		Hours used CPAP: Saturday
72	DC118_Grd7	Num	8		Hours used CPAP: Sunday

**Data Set Name: cpap\_dd.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	DD107	Char	6		Kit ID
5	DD108_a	Char	1	\$YNF.	Action Taken: Dispense study device
6	DD108_b	Char	1	\$YNF.	Action Taken: Dispense mask
7	DD108_c	Char	1	\$YNF.	Action Taken: Return study device, or due to be returned
8	DD108_d	Char	1	\$YNF.	Action Taken: Return mask, or due to be returned
9	DD109	Num	8	BEST12.	Device Dispensed: Days since randomization
10	DD110	Char	6		Study device issued ID
11	DD111	Num	8	BEST12.	Mask Dispensed: Days since randomization
12	DD112	Char	6		Mask ID
13	DD113	Num	8	MASKF.	Mask Type Dispensed
14	DD114_a	Char	1	\$YNF.	Reason device returned: End of treatment
15	DD114_b	Char	1	\$YNF.	Reason device returned: Device Malfunction
16	DD114_c	Char	1	\$YNF.	Reason device returned: Other
17	DD114_d	Char	1	\$YNF.	Reason device returned: Device due, but not returned
18	DD115	Num	8	BEST12.	Device returned: Days since randomization
19	DD116	Char	6		Device ID
20	DD117_a	Char	1	\$YNF.	Other study materials returned: Power supply and cord
21	DD117_b	Char	1	\$YNF.	Other study materials returned: Air Tubing
22	DD117_c	Char	1	\$YNF.	Other study materials returned: Humidifier and tub
23	DD117_d	Char	1	\$YNF.	Other study materials returned: No other materials returned
24	DD118_a	Char	1	\$YNF.	Reason study device not returned: N/A, device returned
25	DD118_b	Char	1	\$YNF.	Reason study device not returned: Forgot, still at home
26	DD118_c	Char	1	\$YNF.	Reason study device not returned: Discarded
27	DD118_d	Char	1	\$YNF.	Reason study device not returned: Lost/Destroyed
28	DD118_e	Char	1	\$YNF.	Reason study device not returned: Unable to reach participant
29	DD118_f	Char	1	\$YNF.	Reason study device not returned: Other
30	DD119_a	Char	1	\$YNF.	Reason for returning mask: End of treatment
31	DD119_b	Char	1	\$YNF.	Reason for returning mask: Poor fit
32	DD119_c	Char	1	\$YNF.	Reason for returning mask: Uncomfortable
33	DD119_d	Char	1	\$YNF.	Reason for returning mask: Other
34	DD119_e	Char	1	\$YNF.	Reason for returning mask: Mask due, but not returned
35	DD120_a	Char	1	\$YNF.	Mask type returned: Mirage FX
36	DD120_b	Char	1	\$YNF.	Mask type returned: Mirage FX - Wide

Num	Variable	Type	Len	Format	Label
37	DD120_c	Char	1	\$YNF.	Mask type returned: Swift FX - Small pillows
38	DD120_d	Char	1	\$YNF.	Mask type returned: Swift FX - Medium pillows
39	DD120_e	Char	1	\$YNF.	Mask type returned: Swift FX - Large pillows
40	DD121	Num	8	BEST12.	Mask returned: Days since randomization
41	DD122_a	Char	1	\$YNF.	Reason study mask not returned: N/A, mask returned
42	DD122_b	Char	1	\$YNF.	Reason study mask not returned: Forgot, still at home
43	DD122_c	Char	1	\$YNF.	Reason study mask not returned: Discarded
44	DD122_d	Char	1	\$YNF.	Reason study mask not returned: Lost/Destroyed
45	DD122_e	Char	1	\$YNF.	Reason study mask not returned: Unable to reach participant
46	DD122_f	Char	1	\$YNF.	Reason study mask not returned: Other

**Data Set Name: cpap\_epac.sas7bdat**

Num	Variable	Type	Len	Label
1	NEWID	Char	8	ID
2	ANY_DAYS	Num	8	Any EPAC Event: Days of Follow-up
3	ANY_EX	Num	8	Any EPAC Event: Number of Events
4	ANY_PT	Num	8	Any EPAC Event: Number of Patients (1 or 0)
5	AWK_DAYS	Num	8	Awakened by Asthma: Days of Follow-up
6	AWK_EX	Num	8	Awakened by Asthma: Number of Events
7	AWK_PT	Num	8	Awakened by Asthma: Number of Patients (1 or 0)
8	CARE_DAYS	Num	8	Unscheduled Health Care Contact: Days of Follow-up
9	CARE_EX	Num	8	Unscheduled Health Care Contact: Number of Events
10	CARE_PT	Num	8	Unscheduled Health Care Contact: Number of Patients (1 or 0)
11	ORAL_DAYS	Num	8	Addition of Oral Corticosteroid: Days of Follow-up
12	ORAL_EX	Num	8	Addition of Oral Corticosteroid: Number of Events
13	ORAL_PT	Num	8	Addition of Oral Corticosteroid: Number of Patients (1 or 0)
14	PF_DAYS	Num	8	Decrease of Morning Peak Flow: Days of Follow-up
15	PF_EX	Num	8	Decrease of Morning Peak Flow: Number of Events
16	PF_PT	Num	8	Decrease of Morning Peak Flow: Number of Patients (1 or 0)
17	RES_DAYS	Num	8	Increased Use of Rescue Medication: Days of Follow-up
18	RES_EX	Num	8	Increased Use of Rescue Medication: Number of Events
19	RES_PT	Num	8	Increased Use of Rescue Medication: Number of Patients (1 or 0)



**Data Set Name: cpap\_mc.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	MC107	Char	1	\$YESNO.	Is participant taking any beta-adrenergic blocking agent (Y/N)
5	MC108	Char	1	\$YESNO.	Has participant had a stroke or heart attack in last three months (Y/N)
6	MC109	Char	1	\$YESNO.	Does participant have a known aortic aneurysm (Y/N)
7	MC110	Char	1	\$YESNO.	Does the participant have uncontrolled hypertension (ie, SBP > 200, DBP > 100) (Y/N)
8	MC111	Char	1	\$YESNO.	Did the participant have a positive pregnancy test (Y/N)
9	MC112	Char	1	\$YESNO.	Are any of items 7-11 answered 'Yes' (Y/N)
10	MC113_a	Char	1	\$YNF.	Does the participant have condition: Epilepsy
11	MC113_b	Char	1	\$YNF.	Does the participant have condition: Any cardiovascular disease accompanied by bradycardia
12	MC113_c	Char	1	\$YNF.	Does the participant have condition: Vagotonia
13	MC113_d	Char	1	\$YNF.	Does the participant have condition: Peptic ulcer disease
14	MC113_e	Char	1	\$YNF.	Does the participant have condition: Thyroid disease
15	MC113_f	Char	1	\$YNF.	Does the participant have condition: Urinary tract obstruction
16	MC113_g	Char	1	\$YNF.	Does the participant have condition: Current use of cholinesterase-inhibitor medication
17	MC113_h	Char	1	\$YNF.	Does the participant have condition: Other
18	MC113_i	Char	1	\$YNF.	Does the participant have condition: None
19	MC114	Char	1	\$YESNO.	Is participant wheezing or showing other signs of asthma (Y/N)
20	MC115	Char	1	\$YESNO.	Are any items 13 a-h checked or is item 14 answered 'Yes' (Y/N)
21	MC116	Char	1	\$YESNO.	Has a study physician reviewed the relative contraindications (Y/N)
22	MC117	Char	1	\$YESNO.	Based on review of relative contraindications, did study physician approve the performance of the MeCh test (Y/N)
23	MC118_a	Char	1	\$YNF.	Has participant taken medication in time period: Short-acting bronchodilator within past 6 hours
24	MC118_b	Char	1	\$YNF.	Has participant taken medication in time period: Medium-acting bronchodilator within past 24 hours
25	MC118_c	Char	1	\$YNF.	Has participant taken medication in time period: Long-acting bronchodilator within past 24 hours
26	MC118_d	Char	1	\$YNF.	Has participant taken medication in time period: Ultra-long-acting bronchodilator within past 48 hours
27	MC118_e	Char	1	\$YNF.	Has participant taken medication in time period: Oral theophylline within past 48 hours
28	MC118_f	Char	1	\$YNF.	Has participant taken medication in time period: Cromolyn within past 8 hours
29	MC118_g	Char	1	\$YNF.	Has participant taken medication in time period: Nedocromil within past 24 hours
30	MC118_h	Char	1	\$YNF.	Has participant taken medication in time period: Leukotriene modifier within past 24 hours
31	MC118_i	Char	1	\$YNF.	Has participant taken medication in time period: Antihistamines within past 48 hours
32	MC118_j	Char	1	\$YNF.	Has participant taken medication in time period: None

Num	Variable	Type	Len	Format	Label
33	MC119	Char	1	\$YESNO.	Has participant consumed caffeine (eg, tea, coffee, cola drink, Mountain Dew, energy drink, Anacin, chocolate) within past 6 hours (Y/N)
34	MC120	Char	1	\$YESNO.	Has participant engaged in vigorous exercise within the past 6 hours (Y/N)
35	MC121	Char	1	\$YESNO.	Has participant smoked a cigarette, cigar, or pipe within the past 6 hours (Y/N)
36	MC122	Char	1	\$YESNO.	Has participant had a cold or upper respiratory infection within the past 4 weeks (Y/N)
37	MC123	Char	1	\$YESNO.	Has participant had a known exposure to an allergen causing asthma within the past week (Y/N)
38	MC124	Char	1	\$YESNO.	Were vials of methacholine prepared and handled according to CPAP Manual of Procedures guidelines (Y/N)
39	MC125a	Char	1	\$YESNO.	Equipment: KoKo spirometer (Y/N)
40	MC125b	Char	1	\$YESNO.	Equipment: KoKo dosimeter (Y/N)
41	MC125c	Char	1	\$YESNO.	Equipment: Nebulizer cups, pre-calibrated for CPAP (Y/N)
42	MC126	Char	1	\$YESNO.	Is a supervising physician immediately available in case of emergency (Y/N)
43	MC127	Char	1	\$YESNO.	Are oxygen, stethoscope, pulse oximeter, and sphygmomanometer available in case of emergency (Y/N)
44	MC128	Char	1	\$YESNO.	Is albuterol (both via MDI and via nebulizer) immediately available (Y/N)
45	MC129	Char	1	\$YESNO.	Is atropine or equivalent anticholinergic medication (eg, Ipratropium) immediately available (Y/N)
46	MC130	Char	1	\$YESNO.	Are all of items 24-29 answered 'Yes'
47	MC133	Num	8		Pre-diluent FEV1 (liters)
48	MC134	Char	1	\$YESNO.	Was the spirometry maneuver 1 acceptable and reproducible (Y/N)
49	MC135	Char	1	\$YESNO.	Is pre-diluent FEV1 (item 33) less than 1 liter (Y/N)
50	MC136	Num	8		Pre-diluent FVC (liters)
51	MC137	Num	8		Predicted FEV1 (liters)
52	MC138	Num	8		Pre-diluent FEV1 % predicted
53	MC139a	Char	1	\$YESNO.	Is pre-diluent FEV1 predicted, For V1: Less than 75% (Y/N)
54	MC139b	Char	1	\$YESNO.	Is pre-diluent FEV1 predicted, For V5, V6, V7: Less than 70% (Y/N)
55	MC140	Char	7		Time diluent administered
56	MC140u	Num	8	AMPMF.	Time diluent administered (AM/PM)
57	MC141	Char	1	\$YESNO.	Was the spirometry maneuver 2 acceptable and reproducible (Y/N)
58	MC142	Num	8		Post-diluent FEV1 (liters)
59	MC143	Num	8		Post-diluent FVC (liters)
60	MC144	Char	1	\$YESNO.	Is Post-diluent FEV1 (item 42) less than or equal to 80% of the pre-diluent FEV1 (Y/N)
61	MC145	Num	8		Target FEV1 (liters)
62	MC146b	Char	7		Methacholine administration Vial K: Dose (mg/mL)
63	MC146c	Num	8		Methacholine administration Vial K: FEV (liters)
64	MC146d	Num	8		Methacholine administration Vial K: FVC (liters)
65	MC146e	Num	8	YNF.	Methacholine administration Vial K: Is FEV less than target FEV (Y/N)
66	MC147b	Char	6		Methacholine administration Vial J: Dose (mg/mL)
67	MC147c	Num	8		Methacholine administration Vial J: FEV (liters)

Num	Variable	Type	Len	Format	Label
68	MC147d	Num	8		Methacholine administration Vial J: FVC (liters)
69	MC147e	Num	8	YNF.	Methacholine administration Vial J: Is FEV less than target FEV (Y/N)
70	MC148b	Char	5		Methacholine administration Vial I: Dose (mg/mL)
71	MC148c	Num	8		Methacholine administration Vial I: FEV (liters)
72	MC148d	Num	8		Methacholine administration Vial I: FVC (liters)
73	MC148e	Num	8	YNF.	Methacholine administration Vial I: Is FEV less than target FEV (Y/N)
74	MC149b	Char	4		Methacholine administration Vial H: Dose (mg/mL)
75	MC149c	Num	8		Methacholine administration Vial H: FEV (liters)
76	MC149d	Num	8		Methacholine administration Vial H: FVC (liters)
77	MC149e	Num	8	YNF.	Methacholine administration Vial H: Is FEV less than target FEV (Y/N)
78	MC150b	Char	3		Methacholine administration Vial G: Dose (mg/mL)
79	MC150c	Num	8		Methacholine administration Vial G: FEV (liters)
80	MC150d	Num	8		Methacholine administration Vial G: FVC (liters)
81	MC150e	Num	8	YNF.	Methacholine administration Vial G: Is FEV less than target FEV (Y/N)
82	MC151b	Char	3		Methacholine administration Vial F: Dose (mg/mL)
83	MC151c	Num	8		Methacholine administration Vial F: FEV (liters)
84	MC151d	Num	8		Methacholine administration Vial F: FVC (liters)
85	MC151e	Num	8	YNF.	Methacholine administration Vial F: Is FEV less than target FEV (Y/N)
86	MC152b	Char	3		Methacholine administration Vial E: Dose (mg/mL)
87	MC152c	Num	8		Methacholine administration Vial E: FEV (liters)
88	MC152d	Num	8		Methacholine administration Vial E: FVC (liters)
89	MC152e	Num	8	YNF.	Methacholine administration Vial E: Is FEV less than target FEV (Y/N)
90	MC153b	Char	3		Methacholine administration Vial D: Dose (mg/mL)
91	MC153c	Num	8		Methacholine administration Vial D: FEV (liters)
92	MC153d	Num	8		Methacholine administration Vial D: FVC (liters)
93	MC153e	Num	8	YNF.	Methacholine administration Vial D: Is FEV less than target FEV (Y/N)
94	MC154b	Char	3		Methacholine administration Vial C: Dose (mg/mL)
95	MC154c	Num	8		Methacholine administration Vial C: FEV (liters)
96	MC154d	Num	8		Methacholine administration Vial C: FVC (liters)
97	MC154e	Num	8	YNF.	Methacholine administration Vial C: Is FEV less than target FEV (Y/N)
98	MC155b	Char	4		Methacholine administration Vial B: Dose (mg/mL)
99	MC155c	Num	8		Methacholine administration Vial B: FEV (liters)
100	MC155d	Num	8		Methacholine administration Vial B: FVC (liters)
101	MC155e	Num	8	YNF.	Methacholine administration Vial B: Is FEV less than target FEV (Y/N)
102	MC156b	Char	4		Methacholine administration Vial A: Dose (mg/mL)
103	MC156c	Num	8		Methacholine administration Vial A: FEV (liters)
104	MC156d	Num	8		Methacholine administration Vial A: FVC (liters)
105	MC156e	Num	8	YNF.	Methacholine administration Vial A: Is FEV less than target FEV (Y/N)

Num	Variable	Type	Len	Format	Label
106	MC160	Char	1	\$YESNO.	Is vial A FEV1 (item 56c, or item 55c if V1) greater than or equal to 90% pre-diluent FEV1 (Y/N)
107	MC161	Char	7		Time of bronchodilator administration
108	MC161u	Num	8	AMPMF.	Time of bronchodilator administration (AM/PM)
109	MC162	Num	8		Post-BD FEV1 (liters)
110	MC163	Num	8		Post-BD FVC (liters)
111	MC164	Char	1		Is Post-BD FEV1 (item 62) greater than or equal to 90% pre-diluent FEV1 (Y/N)
112	MC165	Num	8		2nd Post-BD FEV1 (liters)
113	MC166	Num	8		2nd Post-BD FVC (liters)
114	MC167	Char	1	\$YESNO.	Is 2nd Post-BD FEV1 (item 65) greater than or equal to 90% of the pre-diluent FEV1 (Y/N)
115	MC168	Char	1	\$YESNO.	Did participant experience any complications of the methacholine challenge (Y/N)
116	MC170	Char	1		Participant's FEV1 was less than or equal to Target FEV1 following the administration of any concentration of methacholine (Y/N)
117	MC171	Num	8		PC20 FEV1 (mg/mL MeCh)

**Data Set Name: cpap\_md.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Label</b>
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	MD107	Char	1	\$YESNO.	Was visit or phone contact missed completely (Y/N)
5	MD108_a	Char	1	\$YNF.	Forms missed: BA (Baseline Asthma and Medical History)
6	MD108_b	Char	1	\$YNF.	Forms missed: CV (Clinic Visit Form)
7	MD108_c	Char	1	\$YNF.	Forms missed: DD (Device Dispensing and Return Form)
8	MD108_d	Char	1	\$YNF.	Forms missed: NO (Nitric Oxide Form)
9	MD108_e	Char	1	\$YNF.	Forms missed: PC (Phone Contact)
10	MD108_f	Char	1	\$YNF.	Forms missed: PE (Physical Exam)
11	MD108_g	Char	1	\$YNF.	Forms missed: MC (Methacholine Challenge Testing)
12	MD108_h	Char	1	\$YNF.	Forms missed: TT (Treatment Termination)
13	MD108_i	Char	1	\$YNF.	Forms missed: UM (Unmasking)
14	MD108_j	Char	1	\$YNF.	Forms missed: RT (HRCT Scan Acquisition Form)
15	MD108_k	Char	1	\$YNF.	Forms missed: Other
16	MD108_l	Char	1	\$YNF.	Forms missed: N/A, none missed
17	MD109_a	Char	1	\$YNF.	Questionnaires missed: TA (Asthma Control Test)
18	MD109_b	Char	1	\$YNF.	Questionnaires missed: AS (Asthma Symptom Utility Index)
19	MD109_c	Char	1	\$YNF.	Questionnaires missed: MQ (Marks Quality of Life Questionnaire)
20	MD109_d	Char	1	\$YNF.	Questionnaires missed: MP (MAP Questionnaire)
21	MD109_e	Char	1	\$YNF.	Questionnaires missed: BQ (Berlin Sleep Questionnaire)
22	MD109_f	Char	1	\$YNF.	Questionnaires missed: ES (Epworth Sleep Questionnaire)
23	MD109_g	Char	1	\$YNF.	Questionnaires missed: SQ (Pittsburgh Sleep Quality Index)
24	MD109_h	Char	1	\$YNF.	Questionnaires missed: NQ (Sino-Nasal Questionnaire - 6 week)
25	MD109_i	Char	1	\$YNF.	Questionnaires missed: EV (Study Evaluation)
26	MD109_j	Char	1	\$YNF.	Questionnaires missed: Other
27	MD109_k	Char	1	\$YNF.	Questionnaires missed: N/A, none missed
28	MD110	Char	1	\$YESNO.	Are diary cards missing (Y/N)
29	MD111a	Num	8	BEST12.	First interval missed start: Days since randomization
30	MD111b	Num	8	BEST12.	First interval missed end: Days since randomization
31	MD112a	Num	8	BEST12.	Second interval missed start: Days since randomization
32	MD112b	Num	8	BEST12.	Second interval missed end: Days since randomization
33	MD113a	Num	8	BEST12.	Third interval missed start: Days since randomization
34	MD113b	Num	8	BEST12.	Third interval missed end: Days since randomization
35	MD114_a	Char	1	\$YNF.	Reason for missed visit or data: Participant was ill
36	MD114_b	Char	1	\$YNF.	Reason for missed visit or data: Participant was temporarily away from area

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Label</b>
37	MD114_c	Char	1	\$YNF.	Reason for missed visit or data: Participant has permanently moved from area
38	MD114_d	Char	1	\$YNF.	Reason for missed visit or data: Participant refused
39	MD114_e	Char	1	\$YNF.	Reason for missed visit or data: Unable to contact participant
40	MD114_f	Char	1	\$YNF.	Reason for missed visit or data: Participant forgot
41	MD114_g	Char	1	\$YNF.	Reason for missed visit or data: Could not schedule participant within window
42	MD114_h	Char	1	\$YNF.	Reason for missed visit or data: Problem at facility
43	MD114_i	Char	1	\$YNF.	Reason for missed visit or data: Other

**Data Set Name: cpap\_no.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	NO107a	Num	8	YNDKF.	Did participant have a spirometry test in the hour before eNO testing?
5	NO107b	Num	8	YNDKF.	Did participant eat or drink anything in the hour before eNO testing?
6	NO107c	Num	8	YNDKF.	Did participant do any strenuous exercise in the hour before eNO testing?
7	NO107d	Num	8	YNDKF.	Did participant use a bronchodilator in the 2 hours before eNO testing?
8	NO107e	Num	8	YNDKF.	Does participant have an upper and/or lower respiratory tract infection?
9	NO108a	Char	1	\$YESNO.	Did participant use oral/inhaled corticosteroids today (Y/N)
10	NO108b	Char	7		Time most recently used oral/inhaled corticosteroids
11	NO108bu	Num	8	AMPMF.	Time most recently used oral/inhaled corticosteroids (AM/PM)
12	NO109	Num	8	PASSF.	Result of daily quality control test for NIOX MINO
13	NO110	Num	8	BEST12.	Date participant eNO measured: Days since randomization
14	NO111	Char	7		Time participant eNO measured
15	NO111u	Num	8	AMPMF.	Time participant eNO measured (AM/PM)
16	NO112a	Num	8		Participant eNO test results for the NIOX MINO, Test One (ppb)
17	NO112b	Num	8		Participant eNO test results for the NIOX MINO, Test Two (ppb)
18	NO113_a	Char	1	\$YNF.	Unable to get test result due to: Not applicable, test successful
19	NO113_b	Char	1	\$YNF.	Unable to get test result due to: Equipment problem
20	NO113_c	Char	1	\$YNF.	Unable to get test result due to: Participant problem
21	NO113_d	Char	1	\$YNF.	Unable to get test result due to: Other

**Data Set Name: cpap\_pc.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	PC107	Char	1	\$YESNO.	Did you use your CPAP device all night, every night since V2 (Y/N)
5	PC108a	Num	8		How many hours have you missed wearing the CPAP device
6	PC108b	Num	8		How many nights have you missed wearing the CPAP device
7	PC109_a	Char	1	\$YNF.	Why did you miss using the CPAP device: Forgot
8	PC109_b	Char	1	\$YNF.	Why did you miss using the CPAP device: Too busy
9	PC109_c	Char	1	\$YNF.	Why did you miss using the CPAP device: Did not have study device on hand
10	PC109_d	Char	1	\$YNF.	Why did you miss using the CPAP device: Lost CPAP device or mask
11	PC109_e	Char	1	\$YNF.	Why did you miss using the CPAP device: Difficulty using CPAP device
12	PC109_f	Char	1	\$YNF.	Why did you miss using the CPAP device: Mask is not comfortable
13	PC109_g	Char	1	\$YNF.	Why did you miss using the CPAP device: Device or mask too noisy
14	PC109_h	Char	1	\$YNF.	Why did you miss using the CPAP device: Interrupts my sleep
15	PC109_i	Char	1	\$YNF.	Why did you miss using the CPAP device: Disturbs others at home
16	PC109_j	Char	1	\$YNF.	Why did you miss using the CPAP device: Cold symptoms
17	PC109_k	Char	1	\$YNF.	Why did you miss using the CPAP device: Side effects
18	PC109_l	Char	1	\$YNF.	Why did you miss using the CPAP device: Other
19	PC110	Char	1	\$YESNO.	Are you comfortable with study device use (Y/N)
20	PC111	Char	1	\$YESNO.	Are you comfortable with applying the mask (Y/N)
21	PC112	Char	1	\$YESNO.	Do you understand temperature adjustment (Y/N)
22	PC113	Char	1	\$YESNO.	Do you clean the mask (Y/N)
23	PC114	Char	1	\$YESNO.	Do you use fresh, distilled or boiled tap water for each use (Y/N)
24	PC115	Char	1	\$YESNO.	Since your last visit, have you had any symptoms that you think might be related to the use of CPAP device (Y/N)
25	PC116	Char	1	\$YESNO.	Did you complete the diary card (Y/N)
26	PC117_a	Char	1	\$YNF.	Why did you not complete diary card: Forgot:
27	PC117_b	Char	1	\$YNF.	Why did you not complete diary card: Hard to understand
28	PC117_c	Char	1	\$YNF.	Why did you not complete diary card: Lost or destroyed
29	PC117_d	Char	1	\$YNF.	Why did you not complete diary card: Other
30	PC118	Char	1	\$YESNO.	Do you have any questions (Y/N)
31	PC119_a	Char	1	\$YNF.	Reminded participant to: Use Asthma Action Plan in an emergency
32	PC119_b	Char	1	\$YNF.	Reminded participant to: Review instruction packet
33	PC119_c	Char	1	\$YNF.	Reminded participant to: Consult private physician for asthma care
34	PC119_d	Char	1	\$YNF.	Reminded participant to: Complete diary cards
35	PC120	Char	1	\$YESNO.	V4 appointment confirmed and/or rescheduled (Y/N)





**Data Set Name: cpap\_pe.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	PE107a	Num	8		Systolic Blood Pressure (mmHG)
5	PE107b	Num	8		Diastolic Blood Pressure (mmHG)
6	PE108	Num	8		Heart Rate (beats/min)
7	PE109	Num	8		Temperature
8	PE109u	Num	8	TEMPF.	Temperature (Celsius/Fahrenheit)
9	PE110	Num	8		Respiration Rate (breaths/min)
10	PE111	Num	8	NORMF.	Physical Exam: General appearance
11	PE112	Num	8	NORMF.	Physical Exam: Chest
12	PE113	Num	8	NORMF.	Physical Exam: Heart
13	PE114	Num	8	NORMF.	Physical Exam: HEENT/Neck
14	PE115	Num	8	NORMF.	Physical Exam: Abdomen
15	PE116	Num	8	NORMF.	Physical Exam: Extremities
16	PE117	Num	8	NORMF.	Physical Exam: Skin
17	PE118	Num	8	NORMF.	Physical Exam: Neurological
18	PE119	Num	8	NORMF.	Physical Exam: Other
19	PE120	Char	1	\$YESNO.	Is examiner a CPAP certified study physician (Y/N)

**Data Set Name: cpap\_rz.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	RZ107a	Char	1	\$YESNO.	Pre-bronchodilator FEV1 greater than or equal to 75% predicted at V1 (Y/N)
5	RZ107b	Num	8		Percent predicted pre-bronchodilator FEV1 at V1 (%)
6	RZ108a	Char	1	\$YESNO.	Methacholine bronchial challenge with PC20 less than or equal to 8 mg/mL for FEV1 at V1 (Y/N)
7	RZ108b	Num	8		PC20 value at V1 (mg/mL MeCh)
8	RZ109	Char	1	\$YESNO.	Stable asthma defined by no change in asthma treatment, ED visit, hospitalization, or urgent care visit for asthma since V1 (Y/N)
9	RZ110	Num	8	YNNOTF.	If receiving immunotherapy, stable therapy since V1
10	RZ111	Char	1	\$YESNO.	Accessible by telephone (Y/N)
11	RZ112	Char	1	\$YESNO.	Acute respiratory illness since V1 (Y/N)
12	RZ113	Char	1	\$YESNO.	Systemic corticosteroid therapy since V1 (Y/N)
13	RZ114	Char	1	\$YESNO.	Known intolerance to methacholine (Y/N)
14	RZ115a	Num	8	YNF.	Contraindications for methacholine challenge test: Current use of beta blocker
15	RZ115b	Num	8	YNF.	Contraindications for methacholine challenge test: Heart attack or stroke in past 3 months
16	RZ115c	Num	8	YNF.	Contraindications for methacholine challenge test: Uncontrolled hypertension
17	RZ115d	Num	8	YNF.	Contraindications for methacholine challenge test: Known aortic aneurysm
18	RZ116	Num	8	NAF.	For women of childbearing potential: currently pregnant, lactating, or unwilling to practice effective contraception for the duration of study
19	RZ117a	Num	8	YNF.	Verify that the following were completed or checked: Physical Exam (PE)
20	RZ117b	Num	8	YNF.	Verify that the following were completed or checked: Exhaled nitric oxide (eNO)
21	RZ117c	Num	8	YNF.	Verify that the following were completed or checked: Blood specimen collected
22	RZ117d	Num	8	YNF.	Verify that the following were completed or checked: Diary cards reviewed
23	RZ117e	Num	8	YNF.	Verify that the following were completed or checked: Questionnaires completed
24	RZ118	Char	1	\$YESNO.	Verify informed consent signed (Y/N)
25	RZ119	Char	1	\$YESNO.	Was permission granted in main or separate consent/assent to donate DNA and have it stored (Y/N)
26	RZ120	Char	1	\$YESNO.	Participant meets all eligibility criteria for randomization (Y/N)

**Data Set Name: cpap\_sc.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	SC107	Num	8		Age at screening
5	SC108	Char	1	\$YESNO.	15-60 years of age (Y/N)
6	SC109	Char	1	\$YESNO.	Physician diagnosed asthma (Y/N)
7	SC110	Char	1	\$YESNO.	On prescribed medication for asthma for at least the past 12 months (Y/N)
8	SC111	Char	1	\$YESNO.	Stable asthma defined by no change in treatment, ED visit, hospitalization, or urgent care visit for asthma for the past 8 weeks (Y/N)
9	SC112	Num	8	YNNOTF.	If receiving immunotherapy, stable therapy for the past 8 weeks
10	SC113	Char	1	\$YESNO.	Non-smoker for more than 6 months (Y/N)
11	SC114	Char	1	\$YESNO.	Less than or equal to 10 pack-year history of smoking (Y/N)
12	SC115a	Num	8		Hours spent in bed per night on average
13	SC115b	Char	1	\$YESNO.	Number of hours is greater than or equal to 6 (Y/N)
14	SC116	Char	1	\$YESNO.	Willingness to sleep in the same place for 5 days a week on average for the next 4 months (Y/N)
15	SC117	Char	1	\$YESNO.	Ability and willingness to provide informed consent (Y/N)
16	SC118	Char	1	\$YESNO.	Accessible by telephone (Y/N)
17	SC119a	Num	8		Height (inches)
18	SC119b	Num	8		Height (centimeters)
19	SC120a	Num	8		Weight (pounds)
20	SC120b	Num	8		Weight (kilograms)
21	SC121	Char	1	\$YESNO.	Weight less than or equal to 66 pounds (30 kg) (Y/N)
22	SC122a	Num	8		BMI(kg/m2)
23	SC122b	Char	1	\$YESNO.	BMI greater than or equal to 35 (Y/N)
24	SC123	Char	1	\$YESNO.	Acute respiratory illness in the past month (Y/N)
25	SC124	Char	1	\$YESNO.	Systemic corticosteroid therapy during the past 3 months (Y/N)
26	SC125	Char	1	\$YESNO.	Self-reported history of sleep apnea (Y/N)
27	SC126	Char	1	\$YESNO.	Multivariable Apnea Prediction (MAP) Index probability greater than or equal to 20% (Y/N)
28	SC127	Char	1	\$YESNO.	Known sleep disorder currently being treated by a sleep specialist (Y/N)
29	SC128	Char	1	\$YESNO.	Previous use of CPAP for any reason (Y/N)
30	SC129	Char	1	\$YESNO.	Current enrollment of household member in this CPAP study (Y/N)
31	SC130	Char	1	\$YESNO.	Chronic disease that in the opinion of the investigator would interfere with participation in trial/put participant at risk by participation (Y/N)
32	SC131	Char	1	\$YESNO.	Pre-existing condition that in the opinion of the study physician may be a contraindication for positive airway pressure (Y/N)
33	SC132	Char	1	\$YESNO.	Known intolerance to methacholine (Y/N)
34	SC133a	Num	8	YNF.	Contraindications for methacholine test: Current use of beta blockers

Num	Variable	Type	Len	Format	Label
35	SC133b	Num	8	YNF.	Contraindications for methacholine test: Heart attack or stroke in past 3 months
36	SC133c	Num	8	YNF.	Contraindications for methacholine test: Uncontrolled hypertension
37	SC133d	Num	8	YNF.	Contraindications for methacholine test: Known aortic aneurysm
38	SC134	Char	1	\$YESNO.	Use of investigative drugs or participation in intervention trial in the past 30 days (Y/N)
39	SC135	Char	1	\$YESNO.	Homeless (Y/N)
40	SC136	Char	1	\$YESNO.	Intention to move out of area within the next 4 months (Y/N)
41	SC137	Char	1	\$YESNO.	Verify informed consent signed (Y/N)
42	SC138	Char	1	\$YESNO.	Participant meets screening criteria (Y/N)
43	SC139	Num	8	NAF.	For women of childbearing potential currently pregnant (per participant history), lactating, or unwilling to practice effective contraception for the duration of study
44	SC140	Char	1	\$YESNO.	V1 methacholine challenge (preceded by pregnancy test as applicable) completed or scheduled before V2 (Y/N)
45	SC141a	Num	8		Peak flow measured by Mini-Wright peak flow meter: First Reading (L/min)
46	SC141b	Num	8		Peak flow measured by Mini-Wright peak flow meter: Second Reading (L/min)
47	SC141c	Num	8		Peak flow measured by Mini-Wright peak flow meter: Third Reading (L/min)
48	SC151a	Char	3		Personal best peak flow (L/min)
49	SC151b	Char	3		Red zone - below value (L/min)
50	SC151d	Char	3		Green zone - above value (L/min)

**Data Set Name: cpap\_score.sas7bdat**

Num	Variable	Type	Len	Label
1	NEWID	Char	8	ID
2	VISITID	Char	8	Visit ID
3	CALC_PC20	Num	8	Calculated PC20 Value
4	ACT	Num	8	Asthma Control Test
5	ASUI	Num	8	Asthma Symptom Utility Index
6	BERLIN_HIGHRISK	Num	8	Berlin Sleep Questionnaire
7	EPWORTH_SCORE	Num	8	Epworth Sleep Questionnaire
8	MAP_SCORE	Num	8	MAP Questionnaire
9	MARKS	Num	8	Marks Quality of Life Questionnaire
10	NO_FINAL	Num	8	Average eNO test results for the NIOX MINO (ppb)
11	PCT_FEV	Num	8	Pre-diluent FEV1 % predicted
12	PCT_FVC	Num	8	Pre-diluent FVC % predicted
13	PSQI	Num	8	Pittsburgh Sleep Quality Index
14	SNQ	Num	8	Sino-Nasal Questionnaire -6 week

*Data Set Name: cpap\_trt.sas7bdat*

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	TRT	Num	8	TRTF.	Treatment

**Data Set Name: cpap\_tt.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Label</b>
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	TT107	Num	8	BEST12.	Date of last study device use: Days since randomization
5	TT108	Num	8	TERMF.	Type of termination
6	TT109_a	Char	1	\$YNF.	Main reasons for device termination : Participant completed V6
7	TT109_b	Char	1	\$YNF.	Main reasons for device termination : Adverse event
8	TT109_c	Char	1	\$YNF.	Main reasons for device termination : Side effects
9	TT109_d	Char	1	\$YNF.	Main reasons for device termination : Asthma symptoms
10	TT109_e	Char	1	\$YNF.	Main reasons for device termination : Participant request
11	TT109_f	Char	1	\$YNF.	Main reasons for device termination : Unable to reach participant
12	TT109_g	Char	1	\$YNF.	Main reasons for device termination : Other
13	TT110	Char	1	\$YESNO.	Were study device and mask collected from participant at this time (Y/N)



**Data Set Name: cpap\_um.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	NEWID	Char	8		ID
2	VISITID	Char	2		Visit ID
3	TIMEFRZ	Num	8		Days since randomization
4	UM107	Char	6		ID of study kit issued
5	UM108	Num	8	BEST12.	Date unmasked: Days since randomization
6	UM109	Num	8	MASK2F.	Type of unmasking
7	UM111	Num	8	ASSIGNF.	Treatment assignment revealed from
8	UM112	Char	1	\$YESNO.	Were any CPAP staff intentionally unmasked (Y/N)

**Data Set Name: *fmdat.sas7bdat***

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	FMTNAME	Char	32	Format name
2	START	Char	16	Starting value for format
3	END	Char	16	Ending value for format
4	LABEL	Char	138	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	13	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