1.0: Patient Roster (Case) Information – "Record" 9

- A. List of variables deleted BIRTHDATE CIRDATE CLINICL DOE
- B. List of variables modified RACE (1 Black, 3 Other)

MOE (1-<Jan 84, 2>=Jan 84)

C. List of variables modified from date to days since Date of Entry (DOE)

- D. <u>Old name</u> LASTSEEN PNEUDTE STATUSD ANDATE VARDATE
- E. <u>New Name</u> JLASTSEN JPNEUDTE JSTATUSD JANDATE JVARDATE
- F. Collection Information:

"Record" 9 (Patient Roster (CASE) Information) was used to define a case on the original Scientific Retrieval System (SIR) database. When a patient entered the study (i.e., all demographic forms (1-4) were present and physical exam and laboratory forms were received (11,12 for patients entered at \geq 2 years of age; 16 or 16E for patients entered at < 2 years of age)), a case was initialized in the SIR DBMS. No other record types could be loaded until a case was initialized. "Record" 9 contains 1) variables needed for patient identification (e.g., **ANONID**, **SEX**, **BIRTHDAY**) and for the most frequent stratifications done (e.g., **HEMO**), 2) variables which facilitated monitoring of specific study requirements (e.g., annual visits, special tests), 3) variables needed to track occurrence of selected events and study status changes, and 4) variables needed to compute follow-up time, attrition, and death rates during Phase 1.

- G. Data Collection Period: 03/79-09/88
- H. Form Version Dates: N/A
- I. <u>Files Used to Store Information</u>: SAS System File: **R09.SD2** Format File: **R09.FMT**
- J. Unique Record Identifiers: ANONID
- K. Number of Observations (Patients) in SAS Dataset: 4085 (4085)
- L. Contents of SAS Dataset:
 - Alphabetical Listing of Variables: See pp. 17-18
 - Listing of Variables by Position: See pp. 19-20
- M. Notes About Selected Variables:

- ANONID is an 8-digit variable defined as a character string. In the SAS dataset, this variable replaces CASEID which was derived by concatenating 3 other variables: CLINIC, HSEHOLD, and LINENO. The first 2 digits of CASEID were clinic # that the patient was last followed at; the next 4 digits were the household # of the patient which was assigned by the clinic, and the last 2 digits were the position # of the patient within the household. The position # is the line # on Form 1 which contains the following information for the entered patient: relationship to the head of the household, sex, and birthdate. The variables CLINIC and HOUSEHOLD have been dropped from the dataset sent to NIH.
- BIRTHDAY is the variable name for date of birth. The source of the information for the date was FORM #1 (Household Enumeration Form) or, less frequently, Form #2 (Patient Demographic Form).
- **CLINICL** is an anonymized letter code identifying the clinical center at which the patient was <u>last</u> being followed.
- DOE is the variable name for date of study entry. For the majority of patients entered at ≥ 2 years of age, DOE should be equal to the date of the physical exam (F11DATE) reported on the Intake Physical Exam form (Form 11). For patients who were pregnant at entry, the Pregnancy Form (Form 82) served as the entry physical exam form and DOE should correspond to the date on the first pregnancy form (Form 82, F82DATE) on the database.

For patients entered at < 2 years of age, **DOE** will be equal to the date of the first Infant Interim Clinic Visit form on the database (Form 16, **F16DATE**) or the first Extension Infant Interim Clinic Visit form on the database (Form 16E, **F24DATE**). The Infant Interim Clinic Visit form was used between 03/79 and 03/84. The Extension Infant Interim Clinic Visit form was used between 03/84 and 10/88.

The Phase 1 enrollment period for patients over the age of 6 months was between 3/79 and 5/81. Enrollment of patients less than 6 months of age continued through 9/88. However, enrollment of infants was optional after May 1986.

DXSOURCE – is the variable name for the source of the local hemoglobin diagnosis (see HEMO2).

ELIGIBLE – is the variable name for whether an SCD newborn was eligible for control matching. In general, 2 HbA controls were to be entered for each SCD infant entered at < 5* months of age before November 1982. R09.SD2 and R14.SD2 contain the variables needed to determine eligibility status (BIRTHDAY, SEX, RACE in R09.SD2; F14GSAGE, F14TYPDL, F14APGR5, F14WGT in R14.SD2).

All SCD newborns (patients entered at < 5* months of age) who were entered in the study <u>before</u> November 1982 were to be matched with 2 HbA controls *except* for

- 1. those with congenital defects
- those delivered by primary caesarian sections or secondary caesarian sections with problems
- 3. those born weighing less than 2200 grams
- 4. those with 5-minute apgar scores under 5
- 5. those with gestational age < 37 weeks or > 41 weeks

The criteria used in selecting the 2 matched AA controls from a clinic-affiliated hospital or outpatient clinic were as follows:

The control infant should

- 1. have a Hb electrophoresis pattern of FA
- 2. not have any overt congenital defects
- not have been delivered by C-section except by repeat C-section with no problems
- 4. have a birthdate within 6 months following the birthdate of the SCD newborn
- 5. be of the same race
- 6. have a gestational age within the 37-41 week range
- 7. be of the same sex
- have a birth weight within 500 grams of the SCD infant if the SCD infant weighed 2200 grams or more
- 9. have a 5-minute apgar score within 1 of that of the SCD infant if the apgar score of the SCD infant was 6 or greater. An apgar score of 5 could only be matched with scores of 5 or 6.

Controls who met all matching criteria were to be contacted for participation in order of the closest time of birth to the SCD infant until 2 agreed to participate and

the entry age of the control was < 6 months of age. Follow-up of controls was discontinued in November 1983.

* <u>Note</u>: Newborns were originally defined as those entered at < <u>5months of age</u>; in November 1986, the definition was changed to include all patients entered at < <u>6 months of age</u>.

- FAMID2 is the variable name for the anonymized family ID # which is an 8-digit character string. In households with more than 1 study participant, the ANONID # of one of the participants was selected as the family ID # for all participating household members. In households with only 1 study participant,
 FAMID2=ANONID.
- HASTUBE is the variable name for whether or not a DNA sample is stored at the CSSCD Specimen Repository (BBI-Biotech Research Laboratories in Gaithersburg, MD). DNA samples were NOT required for patients with a diagnosis of HbSC or HbS/β+ thalassemia (HEMO=2 or 3 respectively).
- **HEMO** is the variable name for hemoglobinopathy. The CDC performed • cellulose acetate hemoglobin electrophoresis and quantitative chromatography for each patient (usually at entry). Diagnoses of hemoglobinopathies were assigned according to the following hemoglobin patterns: SS disease-S, F, A2 (< 4%); SC disease-S, C; S/ β^+ thalassemia-S, F, A, A2; and S/ β^0 thalassemia-S, F, A2 (\geq 4%). For patients entered at < 2 years of age, a repeat hemoglobin electrophoresis by the CDC at age > 2 years was required to confirm the early diagnosis. CDC hemoglobin electrophoresis results are stored in **R06.SD2**. In addition, 1) globin chain biosynthesis studies (R06.SD2 variable: RATIO) were done on a small number of patients, 2) Kleihaur-Betke stains (R06.SD2 variables: AESCLIN, **AESQUAL**) were done on a small number of patients, 3) alpha gene mapping was done on the majority of HbSS patients (R04.SD2 variable: F04ALPHA), and 4) family study reports were reviewed if available. Depending on the results of these additional studies and/or review by the Laboratory Committee Chairman (Dr. Martin Steinberg), one of the following **HEMO** values was assigned:
 - 1. HbSS (includes unmapped as well as mapped patients)
 - 2. HbSC

- 3. HbS/ β^+ thalassemia
- 4. HbS/ β^0 thalassemia
- 5. SS alpha thal (includes some unmapped patients)
- 6. S/β^0 + alpha thalassemia
- 7. S delta β^0 thalassemia
- 8. Other.

In addition, there is a small group of patients with a **HEMO** value of "9" (transfused). Many of the patients in this **HEMO** category were transfused at entry and continued to be transfused during the entire study period. There are also some patients who have no CDC hemoglobin electrophoresis results and consequently have a missing value for this variable.

- HEMO2 is the variable name for the hemoglobin diagnosis based on local (not CDC) results. For the infant cohort only, if there is no CDC result (see HEMO above) or the center had additional information, which was inconsistent with the CDC diagnosis, the results from the local lab are recorded. The value of HEMO2 can be used to "update" the HEMO value to reduce the number of patients excluded from analyses because of missing HEMO information.
- IDCHANGE is the variable name for whether or not a patient changed ID #s and/or centers during the study.
- IN_SIR is the variable name for whether or not the patient case was initialized on the SIR database during Phase 1. There are three infant cohort patients with a value of "0" for this variable. This indicates that the Phase 1 entry data for these patients was received AFTER the Phase 1 database was "closed". Although they do have some roster information in the SAS **R09.SD2** dataset, no data for them exist in any of the other Phase 1 datasets.
- LINENO is a 2-digit integer that denotes the line number on Form 1, which contains sex, birthdate information for the patient.
- MOE is the variable name for month of entry. March 1979 was defined as the starting month. The value of MOE for any patient entered during or prior to March 1979 is "1". The value of MOE is missing for patients entered after May 1987 since May 1987 is study month #99 and MOE was defined with a field length of only 2 digits.

- PHASE2 is the variable name for whether or not an infant cohort patient participated in the infant cohort (pediatric) component of CSSCD Phase 2 study, which began in September 1989. Documentation for data collected during the CSSCD Phase 2 study is included in a separate manual.
- PHASE2A is the variable name for whether or not an adult cohort patient (born before 1/1/56) participated in the adult component of the CSSCD Phase 2 study, which began in September 1989. Documentation for data collected during the CSSCD Phase 2 study is included in a separate manual.
- PHASE3 is the variable name for whether or not an infant cohort patient participated in the CSSCD Phase 3 study, which began in April 1994.
 Documentation for data collected during the CSSCD Phase 3 study is included in a separate manual.
- PTYPE is the variable name for patient type (full-protocol (A-status) vs. semiprotocol (B-status)). Full protocol patients were followed for both routine visits and clinical events. Semi-protocol patients were those followed for routine visits <u>only</u>. Patients with PTYPE=2 (semi-protocol) should not be included in any clinical event incidence analysis. The source of information for this variable was the Patient Demographic form (Form 2). The majority of the 185 semi-protocol patients were followed at 3 clinical centers (A, BB and Y) which recruited many patients from rural areas.
- **RACE** is the variable name for race of patient. The source of information for this variable was Form #2 (Patient Demographic Form).
- REFERRED is the variable name for whether a newborn* was identified by newborn screening or referred for entry. The value for this variable was initialized to "0" (not applicable) when the case record was loaded to the database. Updating of this variable to "referred" vs. "identified" based on information for the clinic was discontinued after study month 36. Therefore, the majority of newborns have a value of "3" (not determined).

Most patients with a value of "3" were probably identified. A value of "1" (cord blood) for the variable **F14SRCHB** in **R14.SD2** or a **F14HBDT** date within 5 days of an infant's birth would indicate the baby was identified by newborn screening.

* <u>Note</u>: Newborns were originally defined as those entered at < <u>5months of age</u>; in November 1986, the definition was changed to include all patients entered at < <u>6 months of age</u>.

- ROSTER is the variable name for status of patient prior to entry. Patients with ROSTER value of "1" ('yes") are those who had been followed or seen at least once during the 2-year period preceding the start of the study in March 1979. They were included on a coded listing submitted to the Statistical Coordinating Center in late 1978. Patients listed on these clinical rosters were then randomized by the SCC in order to determine the entry order of patients within each clinic (See Gaston et al, 1987)
- SEX is the variable name for sex of the patient. The source of information for this variable was Form #1 (Household Enumeration Form) or, less frequently, Form #2 (Patient Demographic Form).
- STATUS is the variable name for study status of the patient at the end of follow-up during Phase 1. Patients with a value of "1" (active) were active through the end of follow-up for clinical events (05/31/86 for patients entered at ≥ 6 months of age; 09/30/88 for patients entered at < 6 months of age). Patients with a value of "3" (lost to follow-up) became inactive during the study (not seen for more than 2 years). The variable STATUSD (end of follow-up date) for these patients was computed to be LASTSEEN + 90 days (See STATUSD for reasons a patient with STATUS=3 may have a LASTSEEN date which is greater than STATUSD). Patients with a value of "5" (dead) died prior to the end of the study (09/30/88). The value of STATUSD for these patients is the date of death.
- VARDATE is the variable name for date aseptic necrosis was diagnosed. In November 1984, a memo requesting date of diagnosis of aseptic necrosis in patients diagnosed prior to this date was sent to the clinical centers. Supposedly the value for this variable is based on the response from the appropriate clinical center.

*** Also see variables ANSTAT & ANDATE, Section 8.2, and Sections 6.3 & 6.4

N. Computed Variables:

1. Age Variables (ENTRYAGE, CURRAGEY, CURRAGEM, EPROTO, CPROTO)

- ENTRYAGE is a 2 digit integer which was computed on the database: ENTRYAGE=integer ((DOE-BIRTHDAY)/365)
- **EPROTO** is the variable name for the entry protocol of the patient. The value was computed on the SIR database. There are 6 valid values:
 - any patient who was entered at < 152 days of age and has an EPROTO value of 2 is a "newborn with control"
 - any patient who was entered at < 152 days of age and has an EPROTO value of 3 is a "newborn without control"
 - any patient entered between 152 and 730 days of age (Pediatric < 2) has an EPROTO value of 4
 - any patient entered between 2 and 10 years of age (Pediatric <u>></u> 2) has an
 EPROTO value of 5
 - any patient entered between 10 and 20 years of age (Adolescent) has an
 EPROTO value of 6
 - any patient entered at <u>></u> 20 years of age (Adult) has an EPROTO value of
 7
- CURRAGEY is the variable name for current age in years which was recomputed on the database every month regardless of the life status of the patient: CURRAGEY=integer ((TODAY-BIRTHDAY)/365)
- CURRAGEM is the variable name for current age in months which was recomputed on the database every month regardless of the life status of the patient: CURRAGEM=integer ((TODAY-BIRTHDAY)/30.4)
- CPROTO is the variable name for current protocol status which was recomputed on the database each month using the current age of the patient (See EPROTO)
- Routine Follow-up Visit Status Variables (INFLOAD, INF2, INT1, ANN1, AN2, INT3, ANN3, ANN4, ANN5, ANN6, ANN7, ANN8, ANN9)

For patients entered at < 2 years of age, dates for scheduling biannual and annual visits were based on time from <u>birthdate</u> (**BIRTHDAY**). For patients entered at \geq 2 years of age, dates for scheduling biannual and annual visits were based on time from entry date (**DOE**). At the time a "Record" 9 was loaded to the database, all follow-up visit status variables were initialized to "0" (not required). Each month, values for routine visit status variables were recomputed on the database. As an annual (or interim) visit became due, the appropriate visit status variable was changed for "0" to "9" (due, missing). The value was adjusted to "5" (dead) for patients who died prior to the time for scheduling. Records in **R1722.SD2** and **R25.SD2** were then checked and the appropriate visit status set to "1" (loaded) if a record with a cycle # (**F17CYCLE** or **F25CYCLE**) corresponding to the needed visit was found. Based on responses received from clinics on the monthly calendars regarding the status of a scheduled visit, the value for the visit was updated to 3, 4, 5, 6, 7, or 8 if the record for the visit was due and not on the database.

For patients entered at \geq 6 months of age, a final (exit) visit was due between 06/01/86 and 06/01/87. Once a routine visit record (**R25.SD2**) or a Life Status record (**R92.SD2**) done after 05/31/86 was on the database, subsequent annual visits were set to "0" (not required).

The visit status variables **INFLOAD** and **INF2** are applicable only for patients entered at < 2 years of age. The value of **INFLOAD** is the cycle # (infant's age in months) at the time of the last <u>Infant Interim</u> clinic visit. This value was computed by searching through records in **R16.SD2** and **R24.SD2** and making **INFLOAD** equal to the highest cycle # found. **INF2** is the variable name for whether a patient entered at < 2 graduated to the pediatric protocol at age 2. If a patient in this entry age group has a routine visit (i.e., a record exists in **R1121.SD2**, **R1722.SD2** or **R25.SD2**) which was done after age 2, the value of **INF2** is "1" (loaded, graduated).

3. Special Studies Status Variables (SHOULDER, HIP, PFLMSTAT, SONOGRAM, SPLNSTAT, PFTSTAT, CARDSTAT, OCEXSTAT, PSYSTAT, PENSTUDY) The variables listed above were used to facilitate monitoring of special studies. The table below lists the section of the manual which describes in detail which patients needed these studies and the time periods during which data were collected:

Special Study Status Variable	Special Study	SAS Dataset	See Section
SHOULDER HIP PFLMSTAT SONOGRAM	Shoulder x-ray Hip x-ray Plain film of abdomen Sonogram, Oral cholecystogram	R75.SD2 R76.SD2 R77.SD2 R78.SD2 R79.SD2	6.3 6.4 6.6.1 6.6.2 6.6.3

	Splace coop		C F
SPLNSTAT	Spleen scan	R26.SD2	6.5
PFTSTAT	Pulmonary function test	R94.SD2	6.8
CARDSTAT	Cardiac evaluation	R97.SD2	6.9
		R98.SD2	
		R99.SD2	
OCEXSTAT	Ocular exam	R18.SD2	6.7
		R19.SD2	
PSYSTAT	Psychosocial study	R67.SD2	6.10
		R68.SD2	
		R69.SD2	
		R73.SD2	
		R74.SD2	
PENSTUDY	Comfort measures for pain	R56.SD2	6.12

1.0: Patient Roster (Case) Information - "Record" 9

 Special Events Status Variables (SEIZSTAT, MENSTAT, CVASTAT, ANSTAT, ANDATE)

The variables listed above were used to monitor neurologic events and aseptic necrosis. Values for these variables were initialized to "0" (no event or not applicable) at the time the case record was loaded to the database.

<u>Neurologic Event Variables</u>

Subsequently, the past medical history records (10, 14, 15) were searched and the value of the appropriate neurologic status variable (**SEIZSTAT**, **MENSTAT**, **CVASTAT**) set to "3" if the neurologic event occurred prior to entry. Next, the appropriate on-study neurologic event records and death record were searched monthly to determine whether the event occurred while on study. If the event occurred while on study, values of 0 were reset to "1" (1st event on study) and values of "3" were reset to "2" (before & in study). [See Neurologic Events Section 7.5, Section 7.9, and Section 9.5]

<u>Aseptic Necrosis Variables</u>

After the **ANSTAT** variable was initialized to "0", the Aseptic Necrosis record ("Record" 64) was processed monthly in order to determine whether a form for this chronic event was completed. If a "Record" 64 was found, **ANSTAT** was set to "2" (current problem) and **ANDATE** was computed to be the date of the first form 64 on the database (earliest **F64DATE**). Scheduling of biannual or annual aseptic necrosis follow-up visits were originally based on this date. Later in the study, however, scheduling of AN follow-up visits was changed to coincide with the date of a routine follow-up visit [See "Record" 9 variable **VARDATE**, Section 8.2, and Sections 6.3 & 6.4].

5. Overall Study Status Variables (LASTSEEN, STATUSD)

An understanding of these two variables plus the variable **STATUS** is important for anyone interested in patient follow-up time, attrition rates, death rates, or analysis of incidence of any clinical event.

- LASTSEEN when the CASE record ("Record" 9) for a patient was added to the SIR database, the variable LASTSEEN was computed to be the date of entry (DOE). In the schema definition for most record types which had a "date patient seen" variable, a compute command for LASTSEEN was included. During Batch Data Input, as each input record was read, the following computation which updated LASTSEEN was performed:
 - If **FxxDATE** (date patient seen) > **LASTSEEN** then **LASTSEEN=FxxDATE** NOTE: For patients who died, the value of **LASTSEEN** is not necessarily the date of death [See **STATUSD**]
- STATUSD is the end of follow-up date. The value of STATUS is either "1" (active), "3" (lost to follow-up), or "5" (dead).
- If the status of a patient is "1" (active) <u>and</u> the patient was entered at > 6 months of age, **STATUSD**=05/31/86, the date follow-up of clinical events was discontinued.

*** For incidence analysis of <u>most</u> clinical events *except death* which continued to be monitored through 09/30/88 for all patients, the end of followup for "active" patients (**STATUS**=1) is 05/31/86. However, there are a few events (e.g., acute chest) which stopped being monitored for some subgroups of patients before 05/31/86. Therefore, it is important to review the section dealing with the event of interest to make sure the end of follow-up is computed correctly for a given event.

- If the status of a patient is "1" (active) <u>and</u> the patients was entered at < 6 months of age, STATUSD=09/30/88, the date follow-up of clinical events for this entry age group was discontinued.
- If the status of a patient is "5" (dead), STATUSD is the date of death.
 LASTSEEN may be much earlier than the date of death if the patient was "inactive" for more than 2 years and died outside of a CSSCD study center.
 Depending on the analysis being done, end of follow-up for patients who have died may be equal to STATUSD (date of death), LASTSEEN+90, the date

reporting of all clinical events was discontinued for patients entered at \geq 6 months (05/31/86), or the date reporting of a specific clinical event was discontinued.

- If the status of a patient is "3" (lost to follow-up), the end of follow-up (STATUSD) in general = LASTSEEN + 90 days. During the course of the study, a patient was considered to be "inactive" or "LTFU" if he/she had not been seen for more than two years (LASTSEEN < TODAY-730). Once a patient's status was changed to "inactive", it was never changed back to "active" even if the patient became active at a later date. As a result, there are patients on the database who have a STATUS of "3" (LTFU) with a LASTSEEN date which is > STATUSD. However, for purposes of event incidence analyses, follow-up time and events occurring after STATUSD for patients with STATUS=3 are excluded from the appropriate numerators or denominators. It is possible that patients with a STATUS of "5" (dead) at one time had a status of "3" (LTFU) on the database. Therefore, it is important in incidence analyses to determine whether the end of follow-up for patients who have died should be LASTSEEN+90 or STATUSD (date of death), or some other date.
- Other Computed Variables (RELATION, ISFAMID, G6PDEF, PNEUVAX, PNEUDTE)
 - RELATION is the variable name for the relationship of the patient to the head of the household. The value for this variable was computed on the SIR database by processing "Record" 1 and making RELATION=F01RLx where x equals the LINENO of the patient.
 - ISFAMID is the variable name that indicates whether the patient is the family ID patient. If ANONID=FAMID2 (see Section H: FAMID2), then ISFAMID was computed to be "1" (yes, Family ID). If ANONID NE FAMID2, then ISFAMID was computed to be "0" (no, not Family ID). In households with only 1 study participant, ISFAMID=1. In households with more than one participating study patient, only one of the participants has a FAMID2 value of "1". Only 1 set of some entry demographic forms (1, 3, 4) was required per household. The ANONID for the records used for storing the data from these forms for all household members participating ("Records" 1, 3) will be the

ISFAMID=1 patient. In order to link the records of **ISFAMID**=0 patients to the appropriate demographic records, **FAMID2** rather than **ANONID** has to be used as the linking variable [also See Section 3].

- G6PDEF is the variable name for G-6-PD deficiency. Only HbSS patients entered at ≥ 2 years of age who have G-6-PD results [See Section 5.1] have a value for this variable. A modified K-means cluster analysis was used to classify patients into a G-6-PD genotype of either deficient or non-deficient using hexokinase and G-6-PD activities as the classification variables [See Steinberg et al, 1988].
- PNEUVAX is the variable name for whether the patient received pneumovax. Only patients who received pneumovax (confirmed and missing confirmation responses) have a value for this variable. Past medical history "records" (10, 15) and routine visit "records" (17, 25, 24) were processed in order to determine whether and when the patient received pneumovax. The 4 digit date variable PNEUDTE which has an MMYY date format, was computed to be the earliest date of immunization reported. Because the date of immunization was collected on the past medical history form (Form 10) but not stored in the SAS dataset (R10.SD2), the date of immunization was computed to be the month and year of entry for patients immunized prior to entry according to Form 10.

O. Inter-Relationship With Other Datasets:

Most of the variables in this dataset relate to variables in other datasets since the values for many of these variables were derived by using data stored in other datasets. The summary table below lists, for many of these variables, sections in the documentation manual and datasets which should be referenced for these variables.

Variable	Section in Documentation Manual	SAS Dataset	
Routine Follow-up Visit	Status		
INFLOAD	4	R16.SD2	
		R24.SD2	
INF2	4	R1121.SD2	
		R1722.SD2	
		R25.SD2	
INT1 *	4	R1722.SD2	(F17CYCLE=26)

1.0: Pat	ient Roster (Case) Informati	ion – "Record" 9
ANN1 *	4	R1722.SD2 (F17CYCLE=27) R25.SD2 (F25CYCLE=27)
ANN2 *	4	R1722.SD2(F17CYCLE=29)R25.SD2(F25CYCLE=29)
INT3 * ANN3 *	4 4	R1722.SD2(F17CYCLE=30)R1722.SD2(F17CYCLE=31)
ANN4 *	4	R25.SD2(F25CYCLE=31)R1722.SD2(F17CYCLE=33)R25.SD2(F25CYCLE=33)
Variable	Section in Documentation Manual	
Routine Follow-up \	/isit Status (continued)	
ANN5 * ANN6 * ANN7 * ANN8 * ANN9 *	4 4 4 4	R25.SD2(F25CYCLE=35)R25.SD2(F25CYCLE=37)R25.SD2(F25CYCLE=39)R25.SD2(F25CYCLE=41)R25.SD2(F25CYCLE=43)
	ed), patient should have a rec SAS dataset column.	ord with cycle #
Special Lab HEMO	5	R06.SD2
G6PDEF	5	R04.SD2 R06.SD2
Special Studies Stat		
SHOULDER, VARDATE	6.3 8.2	R75.SD2 R64.SD2
	2	R65.SD2 R10.SD2 (F10ASNE)
	9.1	R83.SD2 (F83ICDA=
		81.81 or 81.83, e.g.)
HIP, VARDATE	6.4	R76.SD2
	8.2	R64.SD2 R65.SD2
	2	R10.SD2 (F10ASNE, F10OPHRD, F10OPHR)
	4 9.1	25 (F25SURHP , F25DTEHP) 83 (F83ICDA =81.5 or 81.6, e.g.)
PFLMSTAT, SONOGRAM	6.6	R77.SD2 R78.SD2
SUNUGRAM		R79.SD2
	7.3 7.9	R34.SD2 R53.SD2
		(RUQ section)

SECTION 1.0 PATIENT ROSTER (CASE) INFORMATION

"RECORD" 9

	2 4	R10.SD2 (F10OPGBD, F10OPPGB, F10ACHO) R25.SD2 (F25GALB1-2,
	9.1	F25GALD1-2) F83.SD2 (F83ICDA=51.20- 51.22)
	Section in	
Variable	Documentation Mar	nual SAS Dataset
Special Studies Status	(continued)	
SPLNSTAT	6.5	R26.SD2
PFTSTAT	6.8	R94.SD2
CARDSTAT	6.9	R97.SD2
		R98.SD2
		R99.SD2
OCEXSTAT	6.7	R18.SD2
DEVETAT	C 10	R19.SD2
PSYSTAT	6.10	R67.SD2 R68.SD2
		R69.SD2
		R73.SD2
		R74.SD2
PENSTUDY	6.12	R56.SD2
	0.12	
	Section in	
Variable	Documentation	SAS Dataset
	Manual	
Special Events		
Special Events SEIZSTAT	2	R10.SD2 (F10SEIZ)
SEIZSTAT	2	R15.SD2 (F15SEIZ)
	7.5	R40.SD2 (1130212)
	7.9	R53.SD2 (seizure section)
	4	R17.SD2
		R25.SD2 (seizure, seizure
		med variables)

	it Ruster (Case) lind	Simation - Record 9
MENSTAT	2	R10.SD2 (F10MENI) R15.SD2 (F15MENI, F15HMENI)
		R14.SD2 (F14MENI)
	7.5	R42.SD2
	7.9	R53.SD2 (infection
	1.5	•
		section)
	9.5	R91.SD2
		(F91CAUSE =1,
		F91MENOR,
		-
	_	F91MENSR)
CVASTAT	2	R10.SD2 (F10STRK)
		R15.SD2 (F15STRK)
	7.5	R44.SD2, R42.SD2
	7.9	R53.SD2 (CVA section)
	-	· · · · · ·
	9.5	R91.SD2
		(F91IMCSE=4)
		``````````````````````````````````````
	Section in	
Variable	Documentation	SAS Dataset
Vallable		SAS Dalasel
	Manual	
	n	
Special Events (contin	ued)	
ANSTAT, ANDATE,	8.2	R64.SD2, R65.SD2
VARDATE	6.3, 6.4	R75.SD2, R76.SD2
	2	R10.SD2 (F10ASNE,
	Z	· · ·
		F10OPHRD, F10OPHR)
	4	R25.SD2 (F25SURHP,
		F25DTEHP)
	9.1	R83.SD2
	•••	( <b>F83ICDA</b> =81.81,
		•
		81.83, 81.5, 81.6)
Othor		
Other	_	
RELATION	3	R01.SD2 (F01RL1-9)
PNEUVAX, PNEUDTE	2	R10.SD2 (F10IMPNE)
		R15.SD2 (F15PNE,
		F15PNEDT)
	1	,
	4	R24.SD2 (F24PNE,
		F24PNEDT, F24PNEMR)
		R17.SD2 (F17PNE,
		F17PNEDT, F17PNEMR)
		R25.SD2 (F25PNE,
		F25PNEDT, F25PNEMR)
	7.5	R42.SD2 (F42IMPNE,
		F42PNDTE, F42PREC)
	7.7	R48.SD2 (F48PNE,
		F48PNEDT, F48PNEMR)
	7.9	R53.SD2 (F53PNEU,
	1.3	•
		<b>F53PNED1-3</b> )

"RECORD" 9	
------------	--

2

ELIGIBLE

R14.SD2 (F14GSAGE, FTYPDL, F14APGR5, F14WGT)

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

13:59 Monday, August 28, 2006 21

The SAS System

The CONTENTS Procedure

Data Set Name	OUT1.R09	Observations	4085
Member Type	DATA	Variables	61
Engine	V9	Indexes	0
Created	14:07 Monday, August 28, 2006	Observation Length	488
Last Modified	14:07 Monday, August 28, 2006	Deleted Observations	0
Protection		Compressed	NO
Data Set Type		Sorted	NO
Label			
Data Representation	WINDOWS		
Encoding	wlatin1 Western (Windows)		

Engine/Host Dependent Information

Data Set Page Size	16384
Number of Data Set Pages	125
First Data Page	1
Max Obs per Page	33
Obs in First Data Page	16
Number of Data Set Repairs	0
File Name	r09.sas7bdat
Release Created	9.0000M0
Host Created	XP_PRO

Alphabetic List of Variables and Attributes

#	Variable	Туре	Len	Label
7	ANN1	Num	8	FIRST ANNUAL CLINIC VISIT
8	ANN2	Num	8	SECOND ANNUAL CLINIC VISIT
9	ANN3	Num	8	THIRD ANNUAL CLINIC VISIT
10	ANN4	Num	8	FOURTH ANNUAL CLINIC VISIT
11	ANN5	Num	8	FIFTH ANNUAL CLINIC VISIT
12	ANN6	Num	8	SIXTH ANNUAL CLINIC VISIT
13	ANN7	Num	8	SEVENTH ANNUAL CLINIC VISIT
14	ANN8	Num	8	EIGHTH ANNUAL CLINIC VISIT
15	ANN9	Num	8	NINTH ANNUAL CLINIC VISIT
54	ANONID	Char	8	ANONYMIZED ID #
16	ANSTAT	Num	8	ASEPTIC NECROSIS
17	CARDSTAT	Num	8	CARDIOLOGY EVALUATION STATUS
18	CPROTO	Num	8	CURRENT PROTOCOL
19	CURRAGEM	Num	8	CURRENT AGE (MONTHS)
20	CURRAGEY	Num	8	CURRENT AGE (YEARS)
21	CVASTAT	Num	8	CEREBROVASCULAR ACCIDENT
50	DXSOURCE	Num	8	SOURCE OF HEMOGLOBIN DIAGNOSIS
22	ELIGIBLE	Num	8	NEWBORN ELIGIBLE FOR CONTROL
23	ENTRYAGE	Num	8	AGE AT ENTRY (YRS)
24	EPROTO	Num	8	ENTRY PROTOCOL

"RE	CORD"	g
-----	-------	---

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

56	FAMID2	Char	8	ANONYMIZED FAMILY ID #
25	G6PDEF	Num	8	G-6-PD DEFICIENCY
53	HASTUBE	Num	8	DNA SAMPLE AT REPOSITORY?
2	HEMO	Num	8	CDC HEMOGLOBIN DIAGNOSIS
51	HEMO2	Num	8	LOCAL HEMOGLOBIN DIAGNOSIS
26	HIP	Num	8	HIP X-RAY STATUS
52	IDCHANGE	Num	8	CHANGED ID AND/OR CLINIC

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

The SAS System

13:59 Monday, August 28, 2006 22

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Туре	Len	L	abel
28	INF2	Num	8	8	INTAKE AT AGE 2 FORM FOR INFANTS
27	INFLOAD	Num	1	В	CYCLE # OF LATEST 16 OR 16E LOADED
29	INT1	Num	1	В	FIRST INTERIM CLINIC VISIT
30	INT3	Num	1	В	THIRD INTERIM CLINIC VISIT
49	IN_SIR	Num	1	В	HAD CASE INITIALIZED IN SIR?
31	ISFAMID	Num	1	В	FAMILY ID PATIENT
60	JANDATE	Num	1	В	1ST ASEPTIC NECROSIS FORM - DY SINCE DOE
57	JLASTSEN	Num	1	В	LAST SEEN PHASE 1 - DAYS SINCE DOE
58	JPNEUDTE	Num	8	В	DATE OF PNEUMOVAX - DAYS SINCE DOE
59	JSTATUSD	Num	8	В	PHASE 1 PATIENT STAT - DAYS SINCE DOE
61	JVARDATE	Num	8	В	ASEPTIC NECROSIS DIAG - DAYS SINCE DOE
32	LINENO	Num	8	В	LINE NUMBER
33	MENSTAT	Num	8	В	MENINGITIS
34	MOE	Num	8	В	MONTH OF ENTRY
35	OCEXSTAT	Num	8	В	OCULAR EXAM STATUS
36	PENSTUDY	Num	8	В	PAIN COMFORT MEASURES STUDY
37	PFLMSTAT	Num	1	В	PLAIN FILM OF ABDOMEN
38	PFTSTAT	Num	1	В	PULMONARY FUNCTION TEST
5	PHASE2	Num	1	В	INFANT ENROLLED IN CSSCD PHASE 2
6	PHASE3	Num	1	В	INFANT ENROLLED IN CSSCD PHASE 3
55	PHASE2A	Num	1	В	ADULT ENROLLED IN CSSCD PHASE 2
39	PNEUVAX	Num	1	В	HAS PATIENT RECEIVED PNEUMOVAX
40	PSYSTAT	Num	1	В	PSYCHOSOCIAL STUDY STATUS
3	PTYPE	Num	1	В	PROTOCOL TYPE DURING PHASE 1
41	RACE	Num	1	В	RACE
42	REFERRED	Num	1	В	NEWBORN IDENTIFIED OR REFERRED
48	RELATION	Num	1	В	RELATION TO HEAD OF HOUSEHOLD
43	ROSTER	Num	1	В	ROSTER PATIENT
44	SEIZSTAT	Num	1	В	SEIZURES
1	SEX	Num	1	В	GENDER
45	SHOULDER	Num	1	В	SHOULDER X-RAY STATUS
46	SONOGRAM	Num	1	В	SONOGRAM NEEDED
47	SPLNSTAT	Num	1	В	SPLEEN SCAN
4	STATUS	Num	8	В	STATUS AT END OF PHASE 1

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

variables in	
	***************************************
ROC FORMAT;	
	AT IS DEFINED FOR VARIABLES ANN1 ANN2 ANN3 ANN4 ANN5 ANN8 ANN9 INT1 INT3;
VALUE ANNSTAT	
0	= 'NOT REQUIRED'
1	= 'LOADED'
2	= 'NOT DONE'
3	= 'REPORTED DONE'
4 5	= 'SICK'
5 6	= 'DIED'
6 7	= 'REFUSED' = 'MOVED'
8	= 'MOVED' = 'LOST TO F.U.'
o 9	= 'LOSI 10 F.0.' = 'MISSING';
2	
FORMAT ANSTA	T IS DEFINED FOR VARIABLE ANSTAT;
VALUE ANSTAT	
0	= 'NO PROBLEMS'
1	= 'RESOLVED PROBLEMS'
2	= 'CURRENT PROBLEM';
FORMAT CARDS	TAT IS DEFINED FOR VARIABLE CARDSTAT;
VALUE CARDSTA	т
VALUE CARDSTA 0	T = 'NOT REQUIRED'
VALUE CARDSTA 0 1	AT = 'NOT REQUIRED' = '#1 NOT DONE'
VALUE CARDSTA 0 1 2	AT = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1'
VALUE CARDSTA 0 1 2 3	AT = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1'
VALUE CARDSTA 0 1 2 3 4	AT = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON'
VALUE CARDSTA 0 1 2 3 4 5	AT = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD'
VALUE CARDSTA 0 1 2 3 4 5 6	AT = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2'
VALUE CARDSTA 0 1 2 3 4 5 6 11	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2,TRNSFRD'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2,TRNSFRD' = 'REFUSED #2'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEDE STUDY #2' = 'NO #2,TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16	<pre>T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE';</pre>
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROT	<pre>T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE';</pre>
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROT	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE'; YO IS DEFINED FOR VARIABLE CPROTO;
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROT VALUE CPROTO 1	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2,TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE'; YO IS DEFINED FOR VARIABLE CPROTO; = 'CONTROL'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROT VALUE CPROTO 1 2	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2,TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE'; YO IS DEFINED FOR VARIABLE CPROTO; = 'CONTROL' = 'NEWBORN W CNTRL'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROT VALUE CPROTO 1 2 3	T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE'; YO IS DEFINED FOR VARIABLE CPROTO; = 'CONTROL' = 'NEWBORN W CNTRL' = 'NEWBORN WO CNTRL'
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROTO 1 2 3 4	<pre>T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE'; YO IS DEFINED FOR VARIABLE CPROTO; = 'CONTROL' = 'NEWBORN W CNTRL' = 'NEWBORN WO CNTRL' = 'PEDIATRIC &lt; 2'</pre>
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROTO 1 2 3 4 5	<pre>T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE'; TO IS DEFINED FOR VARIABLE CPROTO; = 'CONTROL' = 'NEWBORN W CNTRL' = 'NEWBORN WO CNTRL' = 'PEDIATRIC &lt; 2' = 'PEDIATRIC &lt; 2' = 'PEDIATRIC &gt;= 2'</pre>
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROT VALUE CPROTO 1 2 3 4 5 6 7	<pre>T = 'NOT REQUIRED' = '#1 NOT DONE' = 'REFUSED #1' = 'INACT. FOR #1' = 'NO #1, MED. REASON' = '? DONE, NO FORM RECD' = 'NEED STUDY #2' = 'NO #2, TRNSFRD' = 'REFUSED #2' = 'INACT. FOR #2' = 'NO #2, MED. REASON' = '#2 REPORTED DONE' = '#2 DONE'; TO IS DEFINED FOR VARIABLE CPROTO; = 'CONTROL' = 'NEWBORN W CNTRL' = 'NEWBORN WO CNTRL' = 'PEDIATRIC &lt; 2' = 'ADOLESCENT'</pre>
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROTO 1 2 3 4 5 6 7 FORMAT CVAST	<pre>T</pre>
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROTO 1 2 3 4 5 6 7 FORMAT CVAST VALUE CVASTAT	<pre>T</pre>
VALUE CARDSTA 0 1 2 3 4 5 6 11 12 13 14 15 16 FORMAT CPROTO 1 2 3 4 5 6 7 FORMAT CVAST	<pre>T</pre>

### SECTION 1.0 PATIENT ROSTER (CASE) INFORMATION

_____

"RE	CC	DRI	D" 9
"RE	CC	DRI	D" 9

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

* FORMAT ELIGIBILE IS DEFINED FOR VARIABLE ELIGIBLE; VALUE ELIGIBLE = 'N.A.' 0 1 = 'NOT ELIGIBLE' = 'ELIGIBLE' 2 3 = 'NOT DETERMINED'; * FORMAT EPROTO IS DEFINED FOR VARIABLE EPROTO; VALUE EPROTO = 'CONTROL' 1 2 = 'NEWBORN W CNTRL' 3 = 'NEWBORN WO CNTRL' = 'PEDIATRIC < 2' 4 5 = 'PEDIATRIC >= 2' = 'ADOLESCENT' 6 7 = 'ADULT'; * FORMAT G6PDEF IS DEFINED FOR VARIABLE G6PDEF; VALUE G6PDEF = 'G-6-PD DEFICIENT' 1 2 = 'NOT DEFICIENT'; * FORMAT HEMO IS DEFINED FOR VARIABLE HEMO; VALUE HEMO = 'CONTROL' 0 = 'SS' 1 = 'SC' 2 = 'S B+ THAL' 3 = 'S B0 THAL' 4 = 'SS ALPHA' 5 = 'SB0 + ALPHA THAL' 6 7 = 'SB0 + DELTA THAL' 8 = 'OTHER VARIANT' = 'TRANSFUSED'; 9 * FORMAT HIP IS DEFINED FOR VARIABLE HIP; VALUE HIP = 'NOT REQUIRED' 0 = '#1 NOT DONE' 1 2 = '#2 NOT DUE' = 'INACTIVE FOR #2' 3 4 = '#2 NOT DONE' = '#2 DONE' 5 20 = 'CONTROL-NEED REP' = 'CONTROL-REP DONE' 22 25 = 'CONTROL-INACTIVE' 26 = 'CONTROL-AN LATER'; * FORMAT INF2F IS DEFINED FOR VARIABLE INF2; VALUE INF2F = 'NOT REQUIRED' 0 = 'LOADED' 1 2 = 'NOT DONE' 3 = 'REPORTED DONE'

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

= 'SICK' 4 5 = 'DIED' 6 = 'REFUSED' 7 = 'MOVED' = 'LOST TO F.U.' 8 = 'MISSING'; 9 * FORMAT ISFAMID IS DEFINED FOR VARIABLE ISFAMID; VALUE ISFAMID 0 = 'NOT THE FAMILY ID' = 'FAMILY ID'; 1 FORMAT MENSTAT IS DEFINED FOR VARIABLE MENSTAT; VALUE MENSTAT = '1ST MENINGITIS IN STUDY' 1 2 = 'MENINGITIS BEFORE & IN STUDY' = 'MENINGITIS BEFORE STUDY'; 3 * FORMAT MOE IS DEFINED FOR VARIABLE MOE; VALUE MOE = '<JAN 84' 1 = '>=JAN 84'; 2 * FORMAT OCEXSTAT IS DEFINED FOR VARIABLE OCEXSTAT; VALUE OCEXSTAT 0 = 'NEVER CHOSEN' = 'TO BE EXAMINED' 1 2 = 'CHOSEN BUT DELETED' = 'EXAM COMPLETE'; 3 * FORMAT PENSTUDY IS DEFINED FOR VARIABLE PENSTUDY; VALUE PENSTUDY = 'NOT REQUIRED' 0 = 'NEED QUESTIONNAIRE' 1 = 'QUESTIONNAIRE DONE' 2 = 'DONE, NOT REQUIRED' 3 5 = 'NOT DONE, DIED' = 'NOT DONE, REFUSED' 6 = 'NOT DONE, MOVED' 7 8 = 'NOT DONE,LTFU' = 'NOT DONE, NO REAS.'; 9 * FORMAT PFLMSTAT IS DEFINED FOR VARIABLE PFLMSTAT; VALUE PFLMSTAT = 'NOT NEEDED' 0 = 'NEED TEST' 1 = 'REFUSED' 2 = 'NOT DONE-INACTIVE' 3 4 = 'CHOLECYSTECTOMY' = 'NOT DONE MED. REASON' 5 = 'DONE' б 7 = 'XRAY DONE, XGAL MISS.';

* FORMAT PFTSTAT IS DEFINED FOR VARIABLE PFTSTAT;

### PHASE 1 PATIENT ROSTER

	CSSCD FULL COHORT PATIENTS
VALUE PFTSTAT	
	'NOT NEEDED' 'TEST NEEDED'
	'REFUSED TEST'
	'NOT DONE-INACTIVE'
	'NOT DONE MED. REASON'
	'? DONE, NO FORM RECD'
	'DONE '
15 =	'REPORTED DONE-CARD.'
16 =	'DONE-CARDIAC STUDY';
* FORMAT PNEUVAX IS	DEFINED FOR VARIABLE PNEUVAX;
VALUE PNEUVAX	
	'RECEIVED, CONFIRMED'
2 =	'REC''D,NO CONF. RESP.';
* FORMAT PSYSTAT IS	DEFINED FOR VARIABLE PSYSTAT;
VALUE PSYSTAT 0 =	'NOT NEEDED'
	'NOT DONE - GRP 1,3'
	NOT DONE - GRP 2,4'
	'NOT DONE - GRP 5'
	'DONE - GRP 1,3'
	'DONE - GRP 2,4'
б =	'DONE - GRP 5';
* FORMAT PTYPE IS DE	FINED FOR VARIABLE PTYPE;
VALUE PTYPE	
	'FULL PROTOCOL'
2 =	'SEMI PROTOCOL';
* FORMAT RACE IS DEF	INED FOR VARIABLE RACE;
VALUE RACE	
	'BLACK '
3 =	'OTHER '
	DEFINED FOR VARIABLE REFERRED;
VALUE REFERRED	
	'N.A.'
	'IDENTIFIED' 'REFERRED'
	'NOT DETERMINED';
* FORMAT ROSTER IS D	EFINED FOR VARIABLE ROSTER;
VALUE ROSTER	
	'YES'
2 =	'NO';
* FORMAT SEIZSTAT IS	DEFINED FOR VARIABLE SEIZSTAT;
VALUE SEIZSTAT 1 =	'1ST SEIZURE IN STUDY'

		`
"RECORD"	9	

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

= 'SEIZURES BEFORE & IN STUDY' 2 3 = 'SEIZURES BEFORE STUDY'; * FORMAT SEX IS DEFINED FOR VARIABLE SEX; VALUE SEX = 'FEMALE' 1 2 = 'MALE'; * FORMAT SHOULDER IS DEFINED FOR VARIABLE SHOULDER; VALUE SHOULDER = 'NOT REQUIRED' 0 1 = '#1 NOT DONE' 2 = '#2 NOT DUE' = 'INACTIVE FOR #2' 3 4 = '#2 NOT DONE' = '#2 DONE' 5 20 = 'CONTROL-NEED REP' = 'CONTROL-REP DONE' 2.2 25 = 'CONTROL-INACTIVE' = 'CONTROL-AN LATER'; 26 * FORMAT SONOGRAM IS DEFINED FOR VARIABLE SONOGRAM; VALUE SONOGRAM 0 = 'N.A.' 1 = 'NEED SONO #1' 2 = 'SONO #1 DONE' = 'SONO NOT DONE, OC+' 3 = 'REPEAT PFLM +' 4 5 = 'INACTIVE BEF EXT.' = 'SURG SINCE - PFLM' б 9 = 'UNKNOWN-NO GS RESP.' 10 = 'N.A.-FIRST PFLM +' 11 = 'NEED REPEAT' = 'REPEAT DONE' 12 = 'OC + AFT - SONO' 13 14 = 'PFLM + AFT - SONO' = 'INACTIVE AFT EXT' 15 = 'SURG AFT - SONO' 16 = 'NEED SONO-YNG PT' 20 22 = 'SONO DONE-YNG PT' = 'ND-GS IN PAST-YNG' 23 = 'CHOLECYST.-YNG PT' 24 25 = 'ND-INACT.-YNG PT' = 'ND-REFUSED-YNG PT'; 26 * FORMAT SPLNSTAT IS DEFINED FOR VARIABLE SPLNSTAT; VALUE SPLNSTAT 0 = 'NOT NEEDED' = 'NOT NEEDED YET' 1 = 'NEED SCAN NOW' 2 = 'NEEDED BUT MISSED' 3 4 = 'SCAN DONE TOO LATE' = 'SCAN COMPLETED' 5 б = 'SCAN NOT DONE' 7 = 'DISCONTINUED'; * FORMAT STATUS IS DEFINED FOR VARIABLE STATUS;

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

VALUE STATUS 1 = 'ACTIVE' 3 = 'LOST TO FOLLOW-UP' 5 = 'DEAD'; * FORMAT RELATION IS DEFINED FOR VARIABLE RELATION; VALUE RELATION = 'HEAD' 1 = 'SPOUSE OF HEAD' 2 3 = 'CHILD OF HEAD' = 'ADOPTED CHILD' 4 5 = 'STEP CHILD' = 'OTH. BLOOD RELATIVE' 6 7 = 'OTH. RELATIVE' 8 = 'NON RELATIVE' = 'DK'; 9 FORMAT NOYES IS DEFINED FOR VARIABLES HASTUBE IDCHANGE PHASE2 PHASE3 PHASE2A; VALUE NOYES = 'NO' 0 = 'YES'; 1 FORMAT DXSOURCE IS DEFINED FOR VARIABLE DXSOURCE; VALUE DXSOURCE 2 = 'FORM 14' 3 = 'CLINIC EDIT'; * FORMAT ANN1 ANN2 ANN3 ANN4 ANN5 ANN6 ANN7 ANN8 ANN9 INT1 INT3 ANNSTAT. ANSTAT ANSTAT. CARDSTAT CARDSTAT. CPROTO CPROTO. CVASTAT CVASTAT. ELIGIBLE ELIGIBLE. EPROTO EPROTO. G6PDEF G6PDEF. НЕМО НЕМО2 НЕМО. HIP HIP. INF2 INF2F. ISFAMID ISFAMID. MENSTAT MENSTAT. MOE MOE. OCEXSTAT OCEXSTAT. PENSTUDY PENSTUDY. PFLMSTAT PFLMSTAT. PFTSTAT PFTSTAT. PNEUVAX PNEUVAX. PSYSTAT PSYSTAT. PTYPE PTYPE. RACE RACE. REFERRED REFERRED. ROSTER ROSTER. SEIZSTAT SEIZSTAT. SEX SEX. SHOULDER SHOULDER. SONOGRAM SONOGRAM. SPLNSTAT SPLNSTAT. STATUS STATUS. RELATION RELATION. HASTUBE IDCHANGE PHASE2 PHASE3 PHASE2A NOYES.

"RECORD" 9	)
------------	---

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

DXSOURCE DXSOURCE. ;

RUN; QUIT;

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

HEMO ..... CDC HEMOGLOBIN DIAGNOSIS type: numeric (float) label: HEMO, range: [-9,9] units: 1 coded missing: 38 / 4085 unique values: 10 tabulation: Freq. Numeric Label 4 -9 2061 1 SS 883 2 SC 206 3 S B+ THAL 100 4 S B0 THAL 2061 10045BO THAL6425SS ALPHA826SB0 + ALPHA THAL107SB0 + DELTA THAL28OTHER VARIANT579TRANSFUSED 642 82 HEMO2 ----- LOCAL HEMOGLOBIN DIAGNOSIS type: numeric (float) label: HEMO2 range: [1,4] units: 1 coded missing: 4042 / 4085 unique values: 4 tabulation: Freq. Numeric Label 29 1 SS 9 2 SC 3 3 S B+ THAL 2 4 S BO THAL DXSOURCE ------ SOURCE OF HEMOGLOBIN DIAGNOSIS type: numeric (float) label: DXSOURCE units: 1 coded missing: 4042 / 4085 range: [2,3] unique values: 2 tabulation: Freq. Numeric Label 22 2 FORM 14 21 3 CLINIC EDIT

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

SEX ----- GENDER type: numeric (float) label: SEX units: 1 coded missing: 0 / 4085 range: [1,2] unique values: 2 tabulation: Freq. Numeric Label 2088 1 FEMALE 1997 2 MALE RACE ----- RACE MODIFIED type: numeric (float) label: RACE range: [-9,3] units: 1 values: 4 coded missing: 13 / 4085 unique values: 4 tabulation: Freq. Numeric Label 1 -9 
 3974
 1
 BLACK

 14
 2
 CAUCASIAN

 83
 3
 OTHER
 CLINICL ----- CLINIC LETTER CODE type: string (str2) coded missing: 0 / 4085 unique values: 28 tabulation: Freq. Value 128 "A" 69 "AA" 84 "B" "BB" 130 259 "C" 117 "D" 185 "E" 175 "F" 136 "G" 113 "H" 142 "I" "J" 173 78 "K" 23 "L" 282 "M" 132 "N" "0" 246 "P" 68 227 "Q" "R" 117 155 "S" 83 "T"

### PHASE 1 PATIENT ROSTER

____

CSSCD FULL COHORT PATIENTS

	94	"U"						
	146	"V"						
	119	"W"						
	125	"X"						
	164	"Y"						
	315	"Z"						
MOE						- MONTH OF	ENTRY MO	DIFIED
type:	numeric	: (float)						
label:	MOE	( /						
range:	[1,98]				units:	1		
unique values:	97			coded	missing:	80 / 4085		
tabulation:	Freq.	Numeric	Labe	1				
	218	1	MAR	79				
	219	2	APR	79				
	195	3	MAY	79				
	196	4	JUN	79				
	174	5	JUL	79				
	175	6	AUG					
	162	7	SEP	79				
	145	8	0CT					
	155	9	NOV					
	105	10	DEC					
	196	11	JAN					
	161	12	FEB					
	145	13	MAR					
	168	14	APR					
	150	15	MAY					
	122	16	JUN					
	112	17	JUL					
	107	18	AUG					
	107 85	19	SEP					
	80	20 21	OCT NOV					
	80 75	21	DEC					
	75 69	22	JAN					
	51	23 24	FEB					
	67	24	MAR					
	66	26	APR					
	31	20	MAY					
	4	28	JUN					
	5	29	JUL					
	5	30	AUG					
	5	31	SEP					
	7	32	ОСТ					
	6	33	NOV					
	6	34	DEC					
	5	35	JAN					
	9	36	FEB	82				
	4	37	MAR	82				
S	ECTION 1	.0 PATIEN		TER (C	CASE) INFO	RMATION		

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

5	38	APR 82
9	39	MAY 82
8	40	JUN 82
3	41	JUL 82
2	42	AUG 82
6	43	SEP 82
2	44	OCT 82
4	45	NOV 82
5	46	DEC 82
14	47	JAN 83
10	48	FEB 83
9	49 50	MAR 83
11	50	APR 83
11	51	MAY 83
7	52	JUN 83
11	53	JUL 83
7	54	AUG 83
4	55	SEP 83
7	56	OCT 83
14	57	NOV 83
6	58	DEC 83
8	59	JAN 84
9	60	FEB 84
8	61	MAR 84
10	62	APR 84
11	63	MAY 84
6	64	JUN 84
13	65	JUL 84
9	66	AUG 84
9	67	SEP 84
6	68	OCT 84
4	69	NOV 84
11	70	DEC 84
15	71	JAN 85
9	72	FEB 85
5	73	MAR 85
12	74	APR 85
9	75	MAY 85
7	76	JUN 85
9	77	JUL 85
4	78	AUG 85
5	79	SEP 85
6	80	OCT 85
3	81	NOV 85
11	82	DEC 85
8	83	JAN 86
2	84 05	FEB 86
2	85	MAR 86
6	86	APR 86
5	87	MAY 86
3	88	JUN 86
1	89	JUL 86
2	90	AUG 86
1	92	0CT 86

"RECORD"	9
----------	---

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

	3		NOV 86	
	5		DEC 86	
	5		JAN 87	
	7 7		FEB 87 MAR 87	
	2		APR 87	
	2	50		
EPROTO				ENTRY PROTOCOL
		(float)		
label:	EPROTO			
range:	[2]7]		units:	1
unique values:			coded missing:	
	0		ooded mitobing.	0 / 4000
tabulation:	Freq.	Numeric	Label	
	76	2	NEWBORN W CNTRL	
	557	3	NEWBORN WO CNTRL	
	292	4	PEDIATRIC < 2	
	928	5	PEDIATRIC >= 2	
	1038	6	ADOLESCENT	
	1194	7	ADULT	
ROSTER				DOSTED DATIENT
		(float)		NUSILN FAITLNI
	ROSTER	(11041)		
range:	[1,2]		units:	1
unique values:	2		coded missing:	3 / 4085
	_			
tabulation:				
	2246	1		
	1836	2	NO	
RELATION			RELATION TO	HEAD OF HOUSEHOLD
type:	numeric	(float)		
label:	RELATIO	N		
range:	. , .			1
unique values:	9		coded missing:	45 / 4085
tabulation:	Freq.	Numeric	Label	
	617		HEAD	
	175		SPOUSE OF HEAD	
	2691		CHILD OF HEAD	
	20		ADOPTED CHILD	
	60		STEP CHILD	
	405		OTH. BLOOD RELATIVE	
	25		OTH. RELATIVE	
	43		NON RELATIVE	
	4	9	DK	

۲E	U	Jr	٢L	)	

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

PTYPE ----- PROTOCOL TYPE DURING PHASE 1 type: numeric (float) label: PTYPE range: [1,2] units: 1 values: 2 coded missing: 0 / 4085 unique values: 2 tabulation: Freq. Numeric Label 39001FULL PROTOCOL1852SEMI PROTOCOL ENTRYAGE ------ AGE AT ENTRY (YRS) type: numeric (float) 

 range:
 [0,77]
 units:
 1

 unique values:
 65
 coded missing:
 0 / 4085

 mean: 13.6125 std. dev: 12.6525 percentiles: 10% 25% 50% 75% 90% 0 2 11 22 31 0 2 11 22 31 ELIGIBLE ------ NEWBORN ELIGIBLE FOR CONTROL type: numeric (float) label: ELIGIBLE 
 range:
 [0,3]
 units:
 1

 unique values:
 4
 coded missing:
 3 / 4085
 tabulation: Freq. Numeric Label 3813 0 N.A. 721NOT ELIGIBLE1452ELIGIBLE523NOT DETERMINED REFERRED ----- NEWBORN IDENTIFIED OR REFERRED type: numeric (float) label: REFERRED range: [0,3] units: 1 unique values: 4 coded missing: 3 / 4085 tabulation: Freq. Numeric Label 34620N.A.1581IDENTIFIED522REFERRED4103NOT DETERMINED SECTION 1.0 PATIENT ROSTER (CASE) INFORMATION

# "RECORD" 9

í	с	υ	υ	ľ	٦	υ	

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

PTYPE ----- PROTOCOL TYPE DURING PHASE 1 type: numeric (float) label: PTYPE range: [1,2] units: 1 values: 2 coded missing: 0 / 4085 unique values: 2 tabulation: Freq. Numeric Label 39001FULL PROTOCOL1852SEMI PROTOCOL CPROTO ----- CURRENT PROTOCOL type: numeric (float) label: CPROTO 
 range:
 [3,7]
 units:
 1

 unique values:
 5
 coded missing:
 3 / 4085
 tabulation: Freq. Numeric Label 5 3 NEWBORN WO CNTRL 
 84
 4
 PEDIATRIC < 2</th>

 736
 5
 PEDIATRIC >= 2

 1153
 6
 ADOLESCENT

 2104
 7
 ADULT
 type: numeric (float) label: ISFAMID 

 range: [0,1]
 units: 1

 unique values: 2
 coded missing: 3 / 4085

 tabulation: Freq. Numeric Label 383 0 NOT THE FAMILY ID 3699 1 FAMILY ID G6PDEF ..... G-6-PD DEFICIENCY type: numeric (float) label: G6PDEF units: 1 range: [1,2] unique values: 2 coded missing: 2388 / 4085 tabulation: Freq. Numeric Label 
 174
 1
 G-6-PD
 DEFICIENT

 1523
 2
 NOT
 DEFICIENT

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

HASTUBE ----- DNA SAMPLE AT REPOSITORY? type: numeric (float) label: HASTUBE range: [0,1] units: 1 coded missing: 1769 / 4085 unique values: 2 tabulation: Freq. Numeric Label 232 0 NO 2084 1 YES IDCHANGE ----- CHANGED ID AND/OR CLINIC type: numeric (float) label: IDCHANGE 

 range:
 [0,1]
 units:
 1

 values:
 2
 coded missing:
 0 / 4085

 unique values: 2 tabulation: Freq. Numeric Label 3769 0 NO 316 1 YES INFLOAD ..... CYCLE # OF LATEST 16 OR 16E LOADED type: numeric (float) range: [0,25] units: 1 values: 26 coded missing: 3 / 4085 unique values: 26 tabulation: Freq. Value 3164 0 51 10 2 53 12 4 14 5 25 6 15 7 88 10 9 7 10 8 11 22 12 19 13 11 14 25 15 9 16 32 17 93 18 53 19 100 20 288 21 115 22

"RECORD" 9	)
------------	---

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

21 23 10 24 1 25 INF2 ----- INTAKE AT AGE 2 FORM FOR INFANTS type: numeric (float) label: INF2 range: [0,9] units: 1 coded missing: 3 / 4085 unique values: 9 tabulation: Freq. Numeric Label 0 NOT REQUIRED 3251 1 LOADED 627 25 2 NOT DONE 3 REPORTED DONE 49 5 DIED 6 REFUSED 7 MOVED 8 LOST TO F.U. 9 MISSING 13 15 19 17 66 INT1 ------ FIRST INTERIM CLINIC VISIT type: numeric (float) label: INT1 units: 1 range: [0,9] unique values: 10 coded missing: 3 / 4085 tabulation: Freq. Numeric Label 527 0 NOT REQUIRED 0 NOT REQUIRED 1 LOADED 2 NOT DONE 3 REPORTED DONE 4 SICK 5 DIED 6 REFUSED 7 MOVED 8 LOST TO F.U. 9 MISSING 2928 229 22 13 28 161 49 88 37

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

ANN1 ------ FIRST ANNUAL CLINIC VISIT type: numeric (float) label: ANN1 range: [0,9] units: 1 coded missing: 3 / 4085 unique values: 10 tabulation: Freq. Numeric Label 137 0 NOT REQUIRED 33271LOADED722NOT DONE263REPORTED DONE94SICK 3327 

 9
 4
 STOK

 52
 5
 DIED

 117
 6
 REFUSED

 95
 7
 MOVED

 105
 8
 LOST TO F.U.

 142
 9
 MISSING

 ANN2 ------ SECOND ANNUAL CLINIC VISIT type: numeric (float) label: ANN2 range: [0,9] units: 1 unique values: 10 coded missing: 3 / 4085 tabulation: Freq. Numeric Label 217 0 NOT REQUIRED 1 LOADED 2991 2 NOT DONE 135 10 3 REPORTED DONE 4 SICK 19 
 19
 4
 OTOK

 80
 5
 DIED

 176
 6
 REFUSED

 149
 7
 MOVED

 132
 8
 LOST TO F.U.

 173
 9
 MISSING

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

INT3 ----- THIRD INTERIM CLINIC VISIT type: numeric (float) label: INT3 range: [0,9] units: 1 coded missing: 3 / 4085 unique values: 10 tabulation: Freq. Numeric Label 829 0 NOT REQUIRED 1 LOADED 2305 170 2 NOT DONE 23 3 REPORTED DONE 18 4 SICK 
 74
 5
 DIED

 204
 6
 REFUSED

 150
 7
 MOVED

 149
 8
 LOST TO F.U.

 160
 9
 MISSING
 ANN4 ----- FOURTH ANNUAL CLINIC VISIT type: numeric (float) label: ANN4 range: [0,9] units: 1 unique values: 10 coded missing: 3 / 4085 tabulation: Freq. Numeric Label 439 0 NOT REQUIRED 1 LOADED 2 NOT DONE 2566 18 13 3 REPORTED DONE 3 4 SICK 

 128
 5
 DIED

 176
 6
 REFUSED

 187
 7
 MOVED

 172
 8
 LOST TO F.U.

 380
 9
 MISSING

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

ANN5 ----- FIFTH ANNUAL CLINIC VISIT type: numeric (float) label: ANN5 range: [0,9] units: 1 coded missing: 3 / 4085 unique values: 10 tabulation: Freq. Numeric Label 506 0 NOT REQUIRED 
 506
 0
 NOT REQUIRED

 2324
 1
 LOADED

 1
 2
 NOT DONE

 18
 3
 REPORTED DONE

 1
 4
 SICK

 163
 5
 DIED

 139
 6
 REFUSED

 139
 7
 MOVED

 158
 8
 LOST TO F.U.

 633
 9
 MISSING
 2324 ANN6 ------ SIXTH ANNUAL CLINIC VISIT type: numeric (float) label: ANN6 range: [0,9] units: 1 unique values: 9 coded missing: 3 / 4085 tabulation: Freq. Numeric Label 6040NOT REQUIRED20261LOADED53REPORTED DONE 
 5
 3
 REPORTED DONE

 3
 4
 SICK

 191
 5
 DIED

 99
 6
 REFUSED

 82
 7
 MOVED

 145
 8
 LOST TO F.U.

 927
 9
 MISSING
 ANN7 ----- SEVENTH ANNUAL CLINIC VISIT type: numeric (float) label: ANN7 range: [0,9] units: 1 unique values: 7 coded missing: 3 / 4085 tabulation: Freq. Numeric Label 1764 0 NOT REQUIRED 1 LOADED 5 DIED 1453 213 6 REFUSED 34 
 35
 7
 MOVED

 119
 8
 LOST TO F.U.

 464
 9
 MISSING
 SECTION 1.0 PATIENT ROSTER (CASE) INFORMATION

### "RECORD" 9

00	З	9
----	---	---

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

ANN8			EIGHTH ANNUAL CLINIC VISIT
type: label:		(float)	
range: unique values:			units: 1 coded missing: 3 / 4085
tabulation:	3219 494 162 9 12	0 1 5 6 7 8	NOT REQUIRED LOADED DIED REFUSED
	numeric		NINTH ANNUAL CLINIC VISIT
label:		(11041)	
range: unique values:			units: 1 coded missing: 3 / 4085
tabulation:	Freq. 4054 28	0	Label NOT REQUIRED LOADED
MENSTAT			MENINGITIS
type:	numeric MENSTAT	(float)	
range: unique values:			units: 1 coded missing: 3 / 4085
tabulation:	3919	0 1 2	Label 1ST MENINGITIS IN STUDY MENINGITIS BEFORE & IN STUDY MENINGITIS BEFORE STUDY

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

SEIZSTAT SEIZURES type: numeric (float) label: SEIZSTAT units: 1 coded missing: 3 / 4085 range: [0,3] unique values: 4 tabulation: Freq. Numeric Label 3814 0 8011ST SEIZURE IN STUDY152SEIZURES BEFORE & IN STUDY1733SEIZURES BEFORE STUDY 80 CVASTAT ----- CEREBROVASCULAR ACCIDENT type: numeric (float) label: CVASTAT range:[0,3]units:1values:4coded missing:3 / 4085 unique values: 4 tabulation: Freq. Numeric Label 3838 0 91 1 1ST CVA IN STUDY 25 128 2 CVA BEFORE & IN STUDY 3 CVA BEFORE STUDY ANSTAT ..... ASEPTIC NECROSIS type: numeric (float) label: ANSTAT 
 range:
 [0,2]
 units:
 1

 unique values:
 2
 coded missing:
 3 / 4085
 tabulation: Freq. Numeric Label 3597 O NO PROBLEMS 485 2 CURRENT PROBLEM

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

SHOULDER ------ SHOULDER X-RAY STATUS type: numeric (float) label: SHOULDER units: 1 range: [0,26] coded missing: 3 / 4085 unique values: 10 tabulation: Freq. Numeric Label 0 NOT REQUIRED 897 1 #1 NOT DONE 334 2 #2 NOT DUE 101 320 3 INACTIVE FOR #2 4 #2 NOT DONE 5 #2 DONE 20 CONTROL-NEED REP 22 CONTROL-REP DONE 25 CONTROL-INACTIVE 26 CONTROL-AN LATER 699 1605 39 67 12 8 HIP ------ HIP X-RAY STATUS type: numeric (float) label: HIP range: [0,26] units: 1 unique values: 10 coded missing: 3 / 4085 tabulation: Freq. Numeric Label 897 0 NOT REQUIRED 1 #1 NOT DONE 362 2 #2 NOT DUE 118 3 INACTIVE FOR #2 305 4 #2 NOT DONE 5 #2 DONE 20 CONTROL-NEED REP 22 CONTROL-REP DONE 25 CONTROL-INACTIVE 609 1665 42 66 12 6 26 CONTROL-AN LATER PFLMSTAT ------ PLAIN FILM OF ABDOMEN type: numeric (float) label: PFLMSTAT range: [0,6] unique values: 7 units: 1 coded missing: 3 / 4085 tabulation: Freq. Numeric Label 2474 0 NOT NEEDED 148 1 NEED TEST 2 REFUSED 12 12121113663NOT DONE-INACTIVE1724CHOLECYSTECTOMY35NOT DONE MED. REASON12076DONE

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

SONOGRAM ------ SONOGRAM NEEDED type: numeric (float) label: SONOGRAM units: 1 coded missing: 3 / 4085 range: [0,26] unique values: 18 tabulation: Freq. Numeric Label 0 N.A. 3574 1 NEED SONO #1 53 2 SONO #1 DONE 154 3 SONO NOT DONE, OC+ 11 4 REPEAT PFLM + 5 INACTIVE BEF EXT. 6 SURG SINCE - PFLM 9 14 10 1 9 UNKNOWN-NO GS RESP. 10 N.A.-FIRST PFLM + 11 NEED REPEAT 12 REPEAT DONE 102 55 37 14 PFLM + AFT - SONO 15 INACTIVE AFT EXT 20 NEED SONO-YNG PT 22 SONO DONE-YNG PT 2 8 15 30 23 ND-GS IN PAST-YNG 24 CHOLECYST.-YNG PT 4 2 26 ND-REFUSED-YNG PT 1 SPLNSTAT ------ SPLEEN SCAN type: numeric (float) label: SPLNSTAT 

 range:
 [0,7]
 units:
 1

 unique values:
 6
 coded missing:
 3 / 4085

 tabulation: Freq. Numeric Label 0 NOT NEEDED 3914 37 3 NEEDED BUT MISSED 1 4 SCAN DONE TOO LATE 5 SCAN COMPLETED 6 SCAN NOT DONE 89 10 7 DISCONTINUED 31

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

OCEXSTAT ..... OCULAR EXAM STATUS type: numeric (float) label: OCEXSTAT units: 1 range: [0,3] coded missing: 3 / 4085 unique values: 4 tabulation: Freq. Numeric Label 3728 0 NEVER CHOSEN 1111TO BE EXAMINED752CHOSEN BUT DELETED1683EXAM COMPLETE 111 PFTSTAT ------ PULMONARY FUNCTION TEST type: numeric (float) label: PFTSTAT range: [0,16] units: 1 /alues: 9 coded missing: 3 / 4085 unique values: 9 tabulation: Freq. Numeric Label 2688 0 NOT NEEDED 185 1 TEST NEEDED 1851IEST NEEDED382REFUSED TEST1093NOT DONE-INACTIVE164NOT DONE MED. REASON25? DONE, NO FORM RECD9256DONE115REPORTED DONE-CARD.11816DONE-CARDIAC STUDY CARDSTAT ..... CARDIOLOGY EVALUATION STATUS type: numeric (float) label: CARDSTAT range: [0,16] units: 1 /alues: 13 coded missing: 3 / 4085 unique values: 13 tabulation: Freq. Numeric Label 3746 0 NOT REQUIRED 

 59
 1
 #1 NOT DONE

 17
 2
 REFUSED #1

 14
 3
 INACT. FOR #1

 5
 4
 NO #1, MED. REASON

 1
 5
 ? DONE, NO FORM RECD

 63
 6
 NEED STUDY #2

 1
 11
 NO #2, TRNSFRD

 12
 2
 2

 1 #1 NOT DONE 59 1 12 REFUSED #2 13 INACT. FOR #2 16 1 14 NO #2, MED. REASON 17 15 #2 REPORTED DONE 141 16 #2 DONE

"RECORD" 9
------------

### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

PSYSTAT ----- PSYCHOSOCIAL STUDY STATUS type: numeric (float) label: PSYSTAT range: [0,6] units: 1 coded missing: 3 / 4085 unique values: 7 tabulation: Freq. Numeric Label 3652 0 NOT NEEDED 1 NOT DONE - GRP 1,3 

 50
 1
 NOT DONE - GRP 1,3

 48
 2
 NOT DONE - GRP 2,4

 31
 3
 NOT DONE - GRP 5

 87
 4
 DONE - GRP 1,3

 93
 5
 DONE - GRP 2,4

 121
 6
 DONE - GRP 5

 50 PENSTUDY ------ PAIN COMFORT MEASURES STUDY type: numeric (float) label: PENSTUDY range: [0,9] units: 1 coded missing: 18 / 4085 unique values: 9 tabulation: Freq. Numeric Label 3465 0 NOT REQUIRED 34650NOT REQUIRED1121NEED QUESTIONNAIRE4202QUESTIONNAIRE DONE93DONE,NOT REQUIRED25NOT DONE,DIED96NOT DONE,REFUSED247NOT DONE,MOVED188NOT DONE,LTFU89NOT DONE,NO REAS. PNEUVAX ------ HAS PATIENT RECEIVED PNEUMOVAX type: numeric (float) label: PNEUVAX range: [1,2] units: 1 coded missing: 2163 / 4085 unique values: 2 tabulation: Freq. Numeric Label 15541RECEIVED, CONFIRMED3682REC'D, NO CONF. RESP.

#### PHASE 1 PATIENT ROSTER

CSSCD FULL COHORT PATIENTS

STATUS ----- PATIENT STATUS AT END OF PHASE 1 type: numeric (float) label: STATUS range: [1,5] units: 1 coded missing: 0 / 4085 unique values: 3 tabulation: Freq. Numeric Label 
 2769
 1
 ACTIVE

 1031
 3
 LOST TO FOLLOW-UP

 285
 5
 DEAD
 PHASE2 ----- INFANT ENROLLED IN CSSCD PHASE 2 type: numeric (float) label: PHASE2 

 range: [0,1]
 units: 1

 unique values: 2
 coded missing: 0 / 4085

 tabulation: Freq. Numeric Label 3618 0 NO 467 1 YES PHASE3 ----- INFANT ENROLLED IN CSSCD PHASE 3 type: numeric (float) label: PHASE3 range: [0,1] units: 1 unique values: 2 coded missing: 0 / 4085 tabulation: Freq. Numeric Label 3707 0 NO 378 1 YES PHASE2A ------ ADULT ENROLLED IN CSSCD PHASE 2 type: numeric (float) label: PHASE2A range: [0,1] units: 1 coded missing: 0 / 4085 unique values: 2 tabulation: Freq. Numeric Label 
 3726
 0
 NO

 359
 1
 YES
 dta: 1. Created 06/15/2001