FRAMINGHAM HEART STUDY - CODING MANUAL

GEN3 EXAM 1

COHORT: THIRD GENERATION

DATA COLLECTION TIME FRAME: EXAM 1

SAS DATASET NAME: E_EXAM_EX01_3_0086D.SAS7BDAT

#RECORDS: 4095

The value ranges and observation number stated in the manual are based
on the original data set. In some cases, observations may be deleted
due to participant consent form restrictions. If observations have
been deleted from this data set, the ranges or observation number may
differ from those stated in this manual.

Note: Some variables have notes which say "redundant, use ..[another data
set name]". These data sets may not be available at the time of this set
release.
They will become available as they are finalized.

VARIABLE   DESCRIPTION

IDTYPE   FRAMINGHAM HEART STUDY COHORT IDENTIFIER
                     3 = GENERATION 3

ID   FRAMINGHAM HEART STUDY PARTICIPANT ID NUMBER
                  **DELETED TO PRESERVE CONFIDENTIALITY, USE RANDOM ID (PID)

PID   RANDOM ID
                  **RANDOM ID REPLACES FRAMINGHAM ID TO PRESERVE CONFIDENTIALITY

G3A001   1ST EXAMINER ID
                  **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A002   HOSPITALIZATION (NOT JUST E.R.)
                     0 = NO
                     1 = YES, HOSPITALIZATION
                     2 = YES, MORE THAN 1 HOSPITALIZATION
                     . = UNKNOWN (2)
                  **DELETED TO PRESERVE CONFIDENTIALITY

G3A003   E.R. VISIT EVER
                     0 = NO
                     1 = YES, 1 OR MORE EMERGENCY ROOM VISIT
                     . = UNKNOWN (5)
                  **DELETED TO PRESERVE CONFIDENTIALITY

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G3A004          DAY SURGERY
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A005          MAJOR ILLNESS WITH VISIT TO DOCTOR
                  0 = NO
                  1 = YES, 1 VISIT
                  2 = YES, MORE THAN 1 VISIT
                  . = UNKNOWN (4)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A006          CHECK UP BY DOCTOR IN PAST 5 YEARS
                  0 = NO
                  1 = YES
                  . = UNKNOWN (16)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A007          DATE OF THIS FHS EXAM
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT EXAM DAYS
                  FILE
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G3A008          TAKE ASPIRIN REGULARLY?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (5)


G3A009          IF TAKE ASPIRIN REGULARLY: NUMBER ASPIRINS TAKEN
                  0 = DOES NOT TAKE ASPIRIN REGULARLY
                  1 - 10
                  . = UNKNOWN (10)


G3A010          IF TAKE ASPIRIN REGULARLY: FREQUENCY PER
                  0 = NEVER
                  1 = DAY
                  2 = WEEK
                  3 = MONTH
                  4 = YEAR
                  . = UNKNOWN (9)


G3A011          IF TAKE ASPIRIN REGULARLY: USUAL DOSE
                   0 = DOES NOT TAKE ASPIRIN REGULARLY
                 081 = BABY
                 160 = HALF DOSE
                 325 = NORMAL
                 500 = EXTRA OR LARGER
                   . = UNKNOWN (17)


G3A012          HAVE YOU EVER TAKEN MEDICATION FOR HYPERTENSION/HIGH BLOOD
                 PRESSURE?
                  0 = NO
                  1 = YES,NOW
                  2 = YES,NOT NOW
                  . = UNKNOWN (2)


G3A013          IF YES TO G3A012, AT WHAT AGE DID YOU BEGIN
                  0 = DOES NOT TAKE HTN MEDICATION
                  10 - 62
                  . = UNKNOWN (19)


G3A014          HAVE YOU EVER TAKEN MEDICATION FOR HIGH BLOOD CHOLESTEROL?
                  1 = NO
                  1 = YES,NOW
                  2 = YES, NOT NOW
                  . = UNKNOWN (2)


G3A015          IF YES TO G3A014, AT WHAT AGE DID YOU BEGIN
                  0 = DOES NOT TAKE CHOLESTEROL MEDICATION
                  16 - 66
                  . = UNKNOWN (14)
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G3A016          HAVE YOU EVER TAKEN MEDICATION FOR HIGH BLOOD SUGAR OR
                 DIABETES?
                  0 = NO
                  1 = YES, NOW
                  2 = YES, NOT NOW
                  . = UNKNOWN (3)


G3A017          IF YES TO G3A016, AT WHAT AGE DID YOU BEGIN
                  0 = DOES NOT TAKE DIABETES MEDICATION
                  4 - 58
                  . = UNKNOWN (4)


G3A018          IF YES TO G3A016, WAS INSULIN YOUR FIRST DIABETES MEDICATION?
                  0 = NO OR DOES NOT TAKE DIABETES MEDICATION
                  1 = YES
                  . = UNKNOWN (5)


G3A019          IF YES TO G33A016, DID DIABETES OCCUR IN PREGNANCY ONLY?
                  0 = NO OR DOES NOT TAKE DIABETES MEDICATION
                  1 = YES
                  . = UNKNOWN (8)


G3A020          HAVE YOU EVER TAKEN MEDICATION FOR CARDIOVASCULAR DISEASE (FOR
                 EXAMPLE ANGINA/CHEST PAIN, HEART FAILURE, ARTIAL FIBRILLATION/
                 HEART RHYTHM ABNORMALITY, STROKE, LEG PAIN WHEN WALKING?)
                  0 = NO
                  1 = YES, NOW
                  2 = YES, NOT NOW
                  . = UNKNOWN (6)


G3A021          IF YES TO G3A020, AT WHAT AGE DID YOU BEGIN
                  0 = DOES NOT TAKE CVD MEDICATION
                  18 - 57
                  . = UNKNOWN (9)


G3A022          MEDICATION BAG WITH MEDS BROUGHT TO EXAM
                DELETED (SEE SEPARATE CORRESPONDING MEDICATIONS DATA SET)


G3AMED, G3ASTR, G3ANUM, G3APER  AND G3APRN ARE DELETED DUE TO REDUNDANCY,
                 REFER TO THE CORRESPONDING MEDICATIONS FILE.
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G3A023          HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST MENSTRUAL PERIOD
                (MENSES)?
                   0 = NEVER
                   8 - 24
                  88 = MALE
                   . = UNKNOWN (22)


G3A024          HAVE YOU EVER TAKEN OR USED ORAL CONTRACEPTIVE PILLS, SHOTS,
                OR HORMONE IMPLANTS FOR BIRTH CONTROL OR MEDICAL INDICATIONS
                (NOT POST MENOPAUSAL HORMONE REPLACEMENT)?
                   0 = NO
                   1 = YES, NOW
                   2 = YES, NOT NOW
                   8 = MALE
                   . = UNKNOWN (2)


G3A025          IF OCP USE, WHAT IS THE NAME OF THE CURRENT OR MOST RECENT
                ORAL CONTRACEPTIVE, SHOT OR IMPLANT USED?
                   CHARACTER VARIABLE
                   8 = MALE
                   . = UNKNOWN OR NO OCP USE (959)


G3A026          IF OCP USE, STRENGTH
                   CHARACTER VARIABLE
                   8 = MALE
                   . = UNKNOWN OR NO OCP USE (1894)


G3A027          IF OCP USE, FORM
                   0 = NO OCP USE (NO TO G3A024)
                   1 = PILL
                   2 = SHOT
                   3 = PATCH
                   4 = IMPLANT
                   8 = MALE
                   . = UNKNOWN (72)


G3A028          IF OCP USE, MONTH BEGAN
                   0 = NO OCP USE
                   1 - 12
                  88 = MALE
                   . = UNKNOWN (1621)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A029          IF OCP USE, YEAR (4 DIGITS) BEGAN
                     0 = NO OCP USE
                  8888 = MALE
                     . = UNKNOWN (75)
                **DELETED TO PRESERVE CONFIDENTIALITY
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G3A030          IF OCP USE, MONTH ENDED
                   0 = NO OCP USE
                  88 = CURRENT USER OR MALE
                   . = UNKNOWN (1301)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A031          IF OCP USE, YEAR (4 DIGITS) ENDED
                      0 = NO OCP USE
                   8888 = CURRENT USER OR MALE
                      . = UNKNOWN (116)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A032          IF OCP USE, WHAT IS THE TOTAL NUMBER OF YEARS OVER YOUR
                LIFETIME THAT YOU USED ORAL CONTRACEPTIVES PILLS, SHOTS, OR
                HORMONE IMPLANTS?
                   1 - 30
                  88 = MALE
                   . = UNKNOWN (37)


G3A033          HAVE YOU EVER BEEN PREGNANT?
                  0 = NO
                  1 = YES
                  8 = MALE
                  . = UNKNOWN (3)


G3A034          IF EVER BEEN PREGNANT: NUMBER OF PREGNANCIES?
                   0 = NEVER BEEN PREGNANT
                   1 - 11
                  88 = MALE
                   . = UNKNOWN (6)


G3A035          IF EVER BEEN PREGNANT: NUMBER OF LIVE BIRTHS?
                   0 = NEVER BEEN PREGNANT
                   1 - 4
                   5 = 5 OR MORE
                  88 = MALE
                   . = UNKNOWN (6)
                **MODIFIED - TO PRESERVE CONFIDENTIALITY, 5=5 OR MORE BIRTHS


G3A036          IF EVER BEEN PREGNANT: HOW OLD WERE YOU AT THE END OF YOUR
                FIRST TERM PREGNANCY?
                   0 = NEVER BEEN PREGNANT OR NEVER HAD FULL TERM PREGNANCY
                  15 - 43
                  88 = MALE
                   . = UNKNOWN OR NEVER HAD FULL TERM PREGNANCY (70)
                NOTE: If G3A035 = 0 for no live births, then G3A036
                      may be either zero or dot (.). These were left
                       as they were originally coded
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G3A037          IF EVER BEEN PREGNANT: HOW OLD WERE YOU AT THE END OF YOUR
                LAST TERM PREGNANCY?
                   0 = NEVER BEEN PREGNANT OR NEVER HAD FULL TERM PREGNANCY
                  16 - 45
                  88 = MALE
                   . = UNKNOWN OR NEVER HAD FULL TERM PREGNANCY (71)
                NOTE: THIS AGE IS THE SAME AS G3A036 IF ONLY HAD 1 TERM
                        PREGNANCY
                NOTE: If G3A035 = 0 for no live births, then G3A036
                        may be either zero or dot (.). These were left
                        as they were originally coded


G3A038          IF EVER BEEN PREGNANT: DURING ANY OF THESE PREGNANCIES, WERE
                YOU TOLD YOU HAD HYPERTENSION (HIGH BLOOD PRESSURE)?
                   0 = NO OR NEVER BEEN PREGNANT
                   1 = YES, 1ST PREGNANCY ONLY
                   2 = YES, NOT 1ST PREGNANCY
                   3 = YES, 1ST & SUBSEQUENT PREGNANCY
                   8 = MALE
                   . = UNKNOWN (44)


G3A039          HAVE YOU HAD A HYSTERECTOMY (UTERUS/WOMB REMOVED)?
                   0 = NO
                   1 = YES
                   8 = MALE
                   . = UNKNOWN (2)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT MENOPAUSE
                  FILE


G3A040          IF HAD HYSTERECTOMY: AGE OF HYSTERECTOMY?
                   0 = NEVER HAD HYSTERECTOMY
                  88 = MALE
                   . = UNKNOWN (2)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT MENOPAUSE
                  FILE


G3A041          IF HAD HYSTERECTOMY: MONTH OF HYSTERECTOMY SURGERY?
                   0 = NEVER HAD HYSTERECTOMY
                  88 = MALE
                   . = UNKNOWN (48)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A042          IF HAD HYSTERECTOMY: YEAR OF HYSTERECTOMY SURGERY?
                     0 = NEVER HAD HYSTERECTOMY
                  8888 = MALE
                     . = UNKNOWN (7)
                **DELETED TO PRESERVE CONFIDENTIALITY
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G3A043   HAVE YOU EVER HAD AN OPERATION TO REMOVE ONE OR BOTH OF YOUR
              OVARIES?
                0 = NO
                1 = YES, ONE OVARY REMOVED
                2 = YES, TWO OVARIES REMOVED
                3 = YES, UNKNOWN NUMBER OF OVARIES REMOVED
                4 = YES, PART OF AN OVARY REMOVED
                8 = MALE
                . = UNKNOWN (3)
              **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT MENOPAUSE
                FILE

G3A044   IF HAD OVARY(S) REMOVED: AGE WHEN OVERIES REMOVED? IF MORE
              THAN ONE SURGERY, USE AGE AT LAST SURGERY
                 0 = NEVER HAD OVARY(S) REMOVED
                88 = MALE
                 . = UNKNOWN (7)
              **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT MENOPAUSE
                FILE

G3A045   HAVE YOUR PERIODS STOPPED (FOR ONE YEAR OR MORE)? (HAVE YOU
              REACHED MENOPAUSE?)
                0 = NOT STOPPED, PREGNANT, BREASTFEEDING
                1 = STOPPED BUT NOW HAVE PERIODS INDUCED BY HORMONES
                2 = YES, STOPPED > 1 YEAR
                3 = YES, STOPPED < 1 YEAR
                8 = MALE
                . = UNKNOWN (3)
              NOTE: Women currently on depo provera for ocp use were coded
                    as having periods not stopped for one year or more for
                    G3A045. = Please see G3A024 and G3A025 to see which
                    participants are currently using depo provera.
              **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT MENOPAUSE
                FILE

G3A046   IF PERIODS NOT STOPPED: MONTH OF THE FIRST DAY OF YOUR LAST
              MENSTRUAL PERIOD?
                88 = MALE
                 . = UNKNOWN OR PERIODS STOPPED (419)
              **DELETED TO PRESERVE CONFIDENTIALITY

G3A047   IF PERIODS NOT STOPPED: DAY OF THE FIRST DAY OF YOUR LAST
              MENSTRUAL PERIOD?
                88 = MALE
                 . = UNKNOWN OR PERIODS STOPPED (472)
              **DELETED TO PRESERVE CONFIDENTIALITY

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G3A048              IF PERIODS NOT STOPPED: YEAR OF THE FIRST DAY OF YOUR LAST
                    MENSTRUAL PERIOD?
                      8888 = MALE
                         . = UNKNOWN OR PERIODS STOPPED (417)
                    **DELETED TO PRESERVE CONFIDENTIALITY


G3A049              IF PERIODS NOT STOPPED: NORMALLY HOW MANY DAYS ARE THERE
                    BETWEEN YOUR PERIODS (START TO START)?
                      12 - 180
                      88 = MALE
                       . = UNKNOWN OR PERIODS STOPPED (464)


G3A050              IF PERIODS NOT STOPPED: HOW MANY PERIODS HAVE YOU HAD IN PAST
                    12 MONTHS?
                      0 - 24
                      88 = MALE
                       . = UNKNOWN OR PERIODS STOPPED (403)


G3A051              IF PERIODS STOPPED:AGE WHEN PERIODS STOPPED. IF PERIODS NOW
                    INDUCED BY HORMONES CODE AGE WHEN PERIODS NATURALLY STOPPED
                      88 = MALE
                       . = UNKNOWN OR PERIODS NOT STOPPED(1838)
                    **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT MENOPAUSE
                      FILE


G3A052              IF PERIODS STOPPED: WAS YOUR MENOPAUSE NATURAL OR THE RESULT
                    OF SURGERY, CHEMOTHERAPY, OR RADIATION?
                      1 = NATURAL
                      2 = SURGICAL
                      3 = CHEMO/RADIATION
                      4 = OTHER
                      8 = MALE
                       . = UNKNOWN OR PERIODS NOT STOPPED(1839)
                    **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT MENOPAUSE
                      FILE


G3A053              IF PERIODS STOPPED: HAVE YOU EVER TAKEN HORMONE REPLACEMENT
                    THERAPY (ESTROGEN/PROGESTERONE)?
                      0 = NO
                      1 = YES, NOW
                      2 = YES, NOT NOW
                      8 = MALE
                       . = UNKNOWN OR PERIODS NOT STOPPED(1547)


G3A054              IF TAKEN HRT: WHAT AGE DID YOU BEGIN HORMONE REPLACEMENT
                    THERAPY?
                       0 = NO HRT
                      16 - 63
                      88 = MALE
                       . = UNKNOWN OR PERIODS NOT STOPPED(1550)
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G3A055          IF TAKEN HRT: FOR HOW LONG DID YOU TAKE HORMONES (YEARS)?
                ***SEE NOTE BELOW***
                   0 = NO HRT
                   1 - 32
                  88 = MALE
                   . = UNKNOWN OR PERIODS NOT STOPPED (1562)


G3A056          IF TAKEN HRT: FOR HOW LONG DID YOU TAKE HORMONES (MONTHS)?
                   0 = NO HRT
                   1 - 12
                  88 MALE
                   . = UNKNOWN OR PERIODS NOT STOPPED(1607)
                NOTE: Use caution when calculating duration of HRT use.  Some
                      years or months are missing if left blank on the form.
                      UsE SUM(OF ) FUNCTION for example if trying to add up
                      the year and months of HRT use.


G3A057          IF TAKEN HRT: ESTROGEN USE EVER?
                   0 = NO ESTROGEN
                   1 = YES, NOW
                   2 = YES, NOT NOW
                   8 = MALE
                   . = UNKNOWN OR PERIODS NOT STOPPED(1552)


G3A058          IF ESTROGEN USE EVER: NAME OF MOST RECENT ESTROGEN PREPARATION
                   CHARACTER VARIABLE
                   8 = MALE
                   . = UNKNOWN OR NO ESTROGEN USE (2030


G3A059          IF ESTROGEN USE EVER: THE STRENGTH OF ESTROGEN
                   CHARACTER VARIABLE
                   8 = MALE
                   . = UNKNOWN (2073)


G3A060          IF ESTROGEN USE EVER: NUMBER OF DAYS PER MONTH TAKEN
                   0 = NO ESTROGEN
                   1 - 31
                  88 = MALE
                   . = UNKNOWN OR PERIODS NOT STOPPED(1573)


G3A061          IF TAKEN HRT: PROGESTERONE USE EVER?
                   0 = NO PROGESTERONE
                   1 = YES, NOW
                   2 = YES, NOT NOW
                   8 = MALE
                   . = UNKNOWN OR PERIODS NOT STOPPED(1559)
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G3A062          IF PROGESTERONE USE EVER: NAME OF MOST RECENT PROGESTERONE
                 PREPARATION
                  CHARACTER VARIABLE
                  8 = MALE
                  . = UNKNOWN OR NO PROGESTERONE USE (2105)


G3A063          IF PROGESTERONE USE EVER: THE STRENGTH OF PROGESTERONE
                  CHARACTER VARIABLE
                  8 = MALE
                  . = UNKNOWN OR NO PROGESTERONE USE (2135)


G3A064          IF PROGESTERONE USE EVER: NUMBER OF DAYS PER MONTH TAKEN
                   0 = NO PROGESTERONE
                   7 - 31
                  88 = MALE
                   . = UNKNOWN OR PERIODS NOT STOPPED(1580)


G3A065          IF PERIODS STOPPED: HAVE YOU USED EVISTA (RALOXIFENE) OR
                 NOLVADEX (TAMOXIFEN) OR OTHER SELECTIVE ESTROGEN RECEPTOR
                 MODULATOR (SERM)?
                  0 = NO
                  1 = YES, NOW
                  2 = YES, NOT NOW
                  8 = MALE
                  . = UNKNOWN OR PERIODS NOT STOPPED(1543)


G3A066          IF USED SERMS: NUMBER OF MONTHS USED?
                   0 = NO SERMS
                   1 - 72
                  888 = MALE
                   . = UNKNOWN OR PERIODS NOT STOPPED (1539)


G3A067          IF USE SERMS: CURRENT USE?
                   0 = NO SERMS
                   1 = YES, RALOXIFENE
                   2 = YES, TAMOXIFEN
                   3 = YES, OTHER
                   8 = MALE
                   . = UNKNOWN OR PERIODS NOT STOPPED(1539)


G3A068          IF PERIODS STOPPED: DO YOU TAKE OVER-THE-COUNTER ALTERNATIVE,
                 HERBAL, OR NATURAL SOY-BASED PREPARATIONS TO TREAT MENOPAUSAL
                 SYMPTOMS?
                  0 = NO
                  1 = YES
                  8 = MALE
                  . = UNKNOWN OR PERIODS NOT STOPPED(1543)
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G3A069          IF YES TO G3A068: SPECIFY PREPARATION
                CHARACTER VARIABLE
                8 = MALE
                . = UNKNOWN OR NO OVER THE COUNTER ALTERNATIVE USED (2131)
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G3A070          HAVE YOU EVER SMOKED CIGARETTES REGULARLY? (NO MEANS LESS THAN
                20 PACKS OF CIGARETTES OR 12 OZ OF TOBACCO IN A LIFETIME OR
                LESS THAN 1 CIGARETTE A DAY FOR A YEAR.)
                  0 = NO
                  1 = YES
                  . = UNKNOWN (0)


G3A071          IF EVER SMOKED CIGS REGULARLY: HAVE YOU SMOKED CIGARETTES
                REGULARLY IN THE LAST YEAR?
                  0 = NO OR NEVER SMOKED
                  1 = YES
                  . = UNKNOWN (1)


G3A072          IF EVER SMOKED CIGS REGULARLY: DO YOU NOW SMOKE CIGARETTS (AS
                OF 1 MONTH AGO)?
                  0 = NO OR NEVER SMOKED
                  1 = YES
                  . = UNKNOWN (3)


G3A073          IF EVER SMOKED CIGS REGULARLY: HOW MANY CIGARETTES DO YOU
                SMOKE PER DAY NOW?
                  0 = NONE OR NEVER SMOKED
                  1 = 1 OR LESS CIG/DAY
                  1 - 50
                  . = UNKNOWN (3)


G3A074          IF EVER SMOKED CIGS REGULARLY: ON THE AVERAGE OF THE ENTIRE
                TIME YOU SMOKED, HOW MANY CIGARETTES DID YOU SMOKE PER DAY?
                  0 = NEVER SMOKED
                  1 = 1 OR LESS CIG/DAY
                  1 - 100
                  . = UNKNOWN (8)


G3A075          IF EVER SMOKED CIGS REGULARLY: HOW OLD WERE YOU WHEN YOU FIRST
                STARTED REGULAR CIGARETTE SMOKING?
                  0 = NEVER SMOKED
                  5 - 50
                  . = UNKNOWN (2)


G3A076          IF EVER SMOKED CIGS REGULARLY AND THEN STOPPED SMOKING
                CIGARETTES COMPLETELY, HOW OLD WERE YOU WHEN YOU STOPPED?
                  0 = NOT STOPPED
                  7 - 59
                  . = UNKNOWN (11)
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G3A077          IF EVER SMOKED CIGS REGULARLY: WHEN YOU WERE SMOKING, DID YOU
                EVER STOP SMOKING FOR > 6 MONTHS?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (46)


G3A078          IF EVER STOPPED FOR > 6 MONTHS: FOR HOW MANY YEARS IN TOTAL
                DID YOU STOP SMOKING CIGARETTES?
                  0 = NEVER STOPPED
                  1 = 1 YEAR OR LESS
                  2 - 32
                  . = UNKNOWN (58)


G3A079          HAVE YOU EVER SMOKED A PIPE REGULARLY? (YES MEANS MORE THAN 12
                OZ OF TOBACCO IN A LIFETIME.)
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2)


G3A080          IF EVER SMOKED PIPES REGULARLY: HAVE YOU SMOKED A PIPE
                REGULARLY IN THE LAST YEAR?
                  0 = NO OR NEVER SMOKED
                  1 = YES
                  . = UNKNOWN (3)


G3A081          IF EVER SMOKED PIPES REGULARLY: DO YOU NOW SMOKE A PIPE (AS OF
                1 MONTH AGO)?
                  0 = NO OR NEVER SMOKED
                  1 = YES
                  . = UNKNOWN (3)


G3A082          IF EVER SMOKED PIPES REGULARLY: HOW MUCH PIPE TOBACCO DO YOU
                SMOKE PER DAY NOW? (OZ. PER WEEK)
                  0 = NONE OR NEVER SMOKED
                  . = UNKNOWN (3)


G3A083          IF EVER SMOKED PIPES REGULARLY: ON THE AVERAGE OF THE ENTIRE
                TIME YOU SMOKED A PIPE HOW MUCH PIPE TOBACCO DID YOU SMOKE PER
                WEEK?  (OZ./WEEK, A STANDARD POUCH OF TOBACCO CONTAINS 1 1/2
                OZ.)
                  0 = NONE OR NEVER SMOKED
                  1 = 1 OR LESS OZ./WEEK
                  1 - 15
                  . = UNKNOWN (4)
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G3A084   IF EVER SMOKED PIPES REGULARLY: HOW OLD WERE YOU WHEN YOU
                FIRST STARTED TO SMOKE A PIPE?
                   0 = NEVER SMOKED
                  17 - 48
                   . = UNKNOWN (3)

G3A085   IF EVER SMOKED PIPES REGULARLY AND STOPPED SMOKING A PIPE
                COMPLETELY, HOW OLD WERE YOU WHEN YOU STOPPED?
                   0 = NOT STOPPED
                  18 - 49
                   . = UNKNOWN (3)

G3A086   IF EVER SMOKED PIPES REGULARLY: WHEN YOU SMOKING A PIPE, DID
                YOU EVER STOP SMOKING FOR > 6 MONTHS?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (5)

G3A087   IF EVER STOPPED FOR > 6 MONTHS: FOR HOW MANY YEARS IN TOTAL
                DID YOU STOP SMOKING A PIPE
                   0 = NEVER STOPPED
                   1 = 1 YEAR OR LESS
                   2 - 4
                   . = UNKNOWN (5)

G3A088   HAVE YOU EVER SMOKED CIGARS REGULARLY? (YES MEANS MORE THAN 1
                CIGAR/WEEK FOR A YEAR)
                   0 = NO
                   1 = YES
                   . = UNKNOWN (3)

G3A089   IF EVER SMOKED CIGARS REGULARLY: HAVE YOU SMOKED CIGARS
                REGULARLY IN THE LAST YEAR?
                   0 = NO OR NEVER SMOKED
                   1 = YES
                   . = UNKNOWN (4)

G3A090   IF EVER SMOKED CIGARS REGULARLY: DO YOU NOW SMOKE CIGARS (AS
                OF 1 MONTH AGO)?
                   0 = NO OR NEVER SMOKED
                   1 = YES
                   . = UNKNOWN (4)

G3A091   IF EVER SMOKED CIGARS REGULARLY: HOW MANY CIGARS DO YOU SMOKE
                PER WEEK NOW?
                   0 = NONE OR NEVER SMOKED
                   1 = 1 OR LESS/WEEK
                   1 - 70
                   . = UNKNOWN (4)

G3A092   IF EVER SMOKED CIGARS REGULARLY: ON THE AVERAGE OF THE ENTIRE
       TIME YOU SMOKE CIGARS, HOW MANY CIGARS DID YOU SMOKE PER WEEK?
        0 = NEVER SMOKED
        1 = 1 OR LESS/WEEK
        1 - 50
        . = UNKNOWN (4)

G3A093   IF EVER SMOKED CIGARS REGULARLY: HOW OLD WERE YOU WHEN YOU
       FIRST STARTED TO SMOKE CIGAR REGULARLY?
        0 = NEVER SMOKED
        10 - 53
        . = UNKNOWN (5)

G3A094   IF EVER SMOKED CIGARS REGULARLY AND STOPPED SMOKING CIGARS
       COMPLETELY, HOW OLD WERE YOU WHEN YOU STOPPED?
        0 = NOT STOPPED OR NEVER SMOKED
        21 - 52
        . = UNKNOWN (5)

G3A095   IF EVER SMOKED CIGARS REGULARLY: WHEN YOU WERE SMOKING CIGARS,
       DID YOU EVER STOP SMOKING FOR > 6 MONTHS?
        0 = NO OR NEVER SMOKED
        1 = YES
        . = UNKNOWN (4)

G3A096   IF EVER STOPPED FOR > 6 MONTHS: FOR HOW MANY YEARS IN TOTAL
       DID YOU STOP SMOKING?
        0 = NEVER STOPPED
        1 = 1 YEAR OR LESS
        2 - 14
        . = UNKNOWN (5)

G3A097   IN YOUR CHILDHOOD, DID YOU LIVE WITH A REGULAR CIGARETTE
       SMOKER WHO SMOKED IN YOUR HOME?
        0 = NO
        1 = YES
        . = UNKNOWN (3)

G3A098   IF YES TO G3A097: MOTHER SMOKED?
        0 = NO
        1 = YES
        . = UNKNOWN (8)

G3A099   IF YES TO G3A097: FATHER SMOKED?
        0 = NO
        1 = YES
        . = UNKNOWN (12)

G3A100   IF YES TO G3A097: OTHERS IN THE HOUSEHOLD SMOKED?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (28)

G3A101   IF OTHERS IN HOUSEHOLD SMOKED: HOW MANY OTHERS?
                 0 = NONE
                 1 - 9
                 . = UNKNOWN (34)

G3A102   AS AN ADULT, NOW OR IN THE PAST, HAVE YOU EVER LIVED WITH A
                 REGULAR CIGARETTE SMOKER WHO SMOKED IN YOUR HOME?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (1)

G3A103   IF YES TO G3A102: SPOUSE OR PARTNER?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (16)

G3A104   IF SPOUSE OR PARTNER SMOKED: YEARS OF EXPOSURE
                 0 = NONE
                 1 = 1 YEAR OR LESS
                 2 - 46
                 . = UNKNOWN (24)

G3A105   IF YES TO G3A102: OTHERS IN HOUSEHOLD?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (53)

G3A106   IF OTHERS IN HOUSEHOLD SMOKED: YEARS OF EXPOSURE
                 0 = NONE
                 1 = 1 YEAR OR LESS
                 2 - 49
                 . = UNKNOWN (60)

G3A107   CURRENTLY, WHEN YOU ARE NOT AT HOME, DO YOU REGULARLY SPEND
                 TIME INDOORS WHEN THERE ARE PEOPLE SMOKING CIGARETTES?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (6)

G3A108   IF YES TO G3A107: AT WORK?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (20)

```
G3A109          IF AT WORK: YEARS OF EXPOSURE
                   0 = NONE
                   1 = 1 YEAR OR LESS
                   2 - 49
                   . = UNKNOWN (26)


G3A110          IF YES TO G3A107: OTHER THAN WORK?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (27)


G3A111          IF OTHER THAN WORK: YEARS OF EXPOSURE
                   0 = NONE
                   1 = 1 YEAR OR LESS
                   2 - 49
                   . = UNKNOWN (43)
```

G3A112   HAVE YOU EVER CONSUMED ALCOHOLIC BEVERAGES (BEER, WINE,
        LIQUOR/ SPIRITS)?
         0 = NO
         1 = YES
         . = UNKNOWN (0)

G3A113   IF EVER CONSUMED ALCOHOL: HOW OLD WERE YOU WHEN YOU FIRST
        STARTED DRINKING ALCOHOLIC BEVERAGE?
         0 = NEVER CONSUMED ALCOHOLIC BEVERAGES
         4 - 42
         . = UNKNOWN (85)

G3A114   IF EVER CONSUMED ALCOHOL: DO YOU DRINK BEER AT LEAST ONCE A
        MONTH?
         0 = NO
         1 = YES
         . = UNKNOWN (6)

G3A115   BEER: NUMBER OF BEER (12 OZ. BOTTLE, GLASS, CAN) YOU DRINK PER
        WEEK OVER THE PAST YEAR
         0 = NONE
         1 - 100
         . = UNKNOWN (835)
        NOTE: Participant was allowed to report alcohol consumption in
          either drinks per week or drinks per month. Therefore,
          to calculate total alcohol consumption, you must use
          both number of drinks per week and number of drinks per
          month (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
          WEEK*4) (DRINKS PER MONTH)).

G3A116   BEER: NUMBER OF BEER (12 OZ. BOTTLE, GLASS, CAN) YOU DRINK PER
        MONTH OVER THE PAST YEAR
         0 = NONE
         1 - 45
         . = UNKNOWN (1483)
        NOTE: Participant was allowed to report alcohol consumption in
          either drinks per week or drinks per month. Therefore,
          to calculate total alcohol consumption, you must use
          both number of drinks per week and number of drinks per
          month (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
          WEEK*4) (DRINKS PER MONTH)).

G3A117   BEER: USUALLY WITH MEALS?
         0 = NO
         1 = YES
         . = UNKNOWN (14)

G3A118   IF EVER CONSUMED ALCOHOL: DO YOU DRINK WHITE WINE AT LEAST
ONCE A MONTH?
  0 = NO
  1 = YES
  . = UNKNOWN (11)

G3A119   WHITE WINE: NUMBER OF WHITE WINE (4 OZ GLASS) YOU DRINK PER
WEEK OVER THE PAST YEAR
  0 = NONE
  1 - 28
  . = UNKNOWN (826)
NOTE: Participant was allowed to report alcohol consumption in
    either drinks per week or drinks per month. Therefore,
    to calculate total alcohol consumption, you must use
    both number of drinks per week and number of drinks per
    month (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
    WEEK*4) (DRINKS PER MONTH)).

G3A120   WHITE WINE: NUMBER OF WHITE WINE (4 OZ GLASS) YOU DRINK PER
MONTH OVER THE PAST YEAR
  0 = NONE
  1 - 60
  . = UNKNOWN (698)
NOTE: Participant was allowed to report alcohol consumption in
    either drinks per week or drinks per month. Therefore,
    to calculate total alcohol consumption, you must use
    both number of drinks per week and number of drinks per
    month (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
    WEEK*4) (DRINKS PER MONTH)).

G3A121   WHITE WINE: USUALLY WITH MEALS?
  0 = NO
  1 = YES
  . = UNKNOWN (20)

G3A122   IF EVER CONSUMED ALCOHOL: DO YOU DRINK RED WINE AT LEAST ONCE
A MONTH?
  0 = NO
  1 = YES
  . = UNKNOWN (8)

```
G3A123          RED WINE: NUMBER OF RED WINE (4 OZ GLASS) YOU DRINK PER WEEK
                OVER THE PAST YEAR
                  0 = NONE
                  1 - 56
                  . = UNKNOWN (800)
                NOTE: Participant was allowed to report alcohol consumption in
                      either drinks per week or drinks per month. Therefore,
                      to calculate total alcohol consumption, you must use
                      both number of drinks per week and number of drinks per
                      month  (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
                      WEEK*4) (DRINKS PER MONTH)).


G3A124          RED WINE: NUMBER OF RED WINE (4 OZ GLASS) YOU DRINK PER MONTH
                OVER THE PAST YEAR
                  0 = NONE
                  1 - 60
                  . = UNKNOWN (956)
                NOTE: Participant was allowed to report alcohol consumption in
                      either drinks per week or drinks per month. Therefore,
                      to calculate total alcohol consumption, you must use
                      both number of drinks per week and number of drinks per
                      month  (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
                      WEEK*4) (DRINKS PER MONTH)).


G3A125          RED WINE: USUALLY WITH MEALS?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (27)


G3A126          IF EVER CONSUMED ALCOHOL: DO YOU DRINK LIQUOR/SPIRITS AT LEAST
                ONCE A MONTH?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (8)


G3A127          LIQUOR/SPIRITS: AVERAGE NUMBER OF LIQUOR/SPIRITS (1 1/4 OZ
                JIGGER) YOU DRINK PER WEEK OVER THE PAST YEAR
                  0 = NONE
                  1 - 84
                  . = UNKNOWN (927)
                NOTE: Participant was allowed to report alcohol consumption in
                      either drinks per week or drinks per month. Therefore,
                      to calculate total alcohol consumption, you must use
                      both number of drinks per week and number of drinks per
                      month  (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
                      WEEK*4) (DRINKS PER MONTH)).
```

G3A128   LIQUOR/SPIRITS: AVERAGE NUMBER OF LIQUOR/SPIRITS (1 1/4 OZ
                JIGGER) YOU DRINK PER MONTH OVER THE PAST YEAR
                   0 = NONE
                   1 - 40
                   . = UNKNOWN (632)
                NOTE: Participant was allowed to report alcohol consumption in
                      either drinks per week or drinks per month. Therefore,
                      to calculate total alcohol consumption, you must use
                      both number of drinks per week and number of drinks per
                      month (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
                      WEEK*4) (DRINKS PER MONTH)).

G3A129   LIQUOR/SPIRITS: USUALLY WITH MEALS?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (29)

G3A130   IF EVER CONSUMED ALCOHOL: DO YOU DRINK OTHER BEVERAGE AT LEAST
                ONCE A MONTH?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (94)

G3A131   OTHER BEVERAGE: AVERAGE NUMBER OF OTHER BEVERAGE YOU DRINK PER
                WEEK OVER THE PAST YEAR
                   0 = NONE
                   1 - 12
                   . = UNKNOWN (143)
                NOTE: Participant was allowed to report alcohol consumption in
                      either drinks per week or drinks per month. Therefore,
                      to calculate total alcohol consumption, you must use
                      both number of drinks per week and number of drinks per
                      month (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
                      WEEK*4) (DRINKS PER MONTH)).

G3A132   OTHER BEVERAGE: AVERAGE NUMBER OF OTHER BEVERAGE YOU DRINK PER
                MONTH OVER THE PAST YEAR
                   0 = NONE
                   1 - 12
                   . = UNKNOWN (110)
                NOTE: Participant was allowed to report alcohol consumption in
                      either drinks per week or drinks per month. Therefore,
                      to calculate total alcohol consumption, you must use
                      both number of drinks per week and number of drinks per
                      month (E.G. DRINKS PER MONTH = SUM(OF (DRINKS PER
                      WEEK*4) (DRINKS PER MONTH)).

G3A133   OTHER BEVERAGE: USUALLY WITH MEALS?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (94)

G3A134   IF EVER CONSUMED ALCOHOL: AT WHAT AGE DID YOU STOP DRINKING
ALCOHOL?
```
  0 = NOT STOPPED
 12 - 61
  . = UNKNOWN (23)
```

G3A135   IF EVER CONSUMED ALCOHOL: OVER THE PAST YEAR, ON AVERAGE ON
HOW MANY DAYS PER WEEK DID YOU DRINK AN ALCOHOLIC BEVERAGE OF
ANY TYPE?
```
  0 = NEVER CONSUMED ALCOHOL
  1 = 1 OR LESS
  2 - 7
  . = UNKNOWN (2)
```

G3A136   IF EVER CONSUMED ALCOHOL: OVER THE PAST YEAR, ON A TYPICAL DAY
WHEN YOU DRINK, HOW MANY DRINKS DO YOU HAVE?
```
  0 = NEVER CONSUMED ALCOHOL
  1 - 20
  . = UNKNOWN (7)
```

G3A137   IF EVER CONSUMED ALCOHOL: WHAT WAS THE MAXIMUM NUMBER OF
DRINKS YOU HAD IN 24 HOUR PERIOD DURING THE PAST MONTH?
```
  0 = NEVER CONSUMED ALCOHOL
  1 - 50
  . = UNKNOWN (3)
```

G3A138   IF EVER CONSUMED ALCOHOL: HAS THERE EVER BEEN A TIME IN YOUR
LIFE WHEN YOU DRANK 5 OR MORE ALCOHOLIC DRINKS OF ANY KIND
ALMOST DAILY?
```
  0 = NO OR NEVER CONSUMED ALCOHOL
  1 = YES
  . = UNKNOWN (7)
```

G3A139   DURING THE PAST 12 MONTHS, HAVE YOU HAD A COUGH APART FROM
COLDS? (COUNT A COUGH WHEN YOU FIRST GO OUTDOORS OR FIRST
SMOKE. EXCLUDE CLEARING OF THROAT)
   0 = NO
   1 = YES
   . = UNKNOWN (5)

G3A140   DURING THE PAST 12 MONTH, HAVE YOU HAD A COUGH ON GETTING UP
OR FIRST THING IN THE MORNING?
   0 = NO
   1 = YES
   . = UNKNOWN (10)

G3A141   IF YES TO G3A139 OR G3A140: DO YOU COUGH ON MOST DAYS (4 OR
MORE DAYS/WEEK) FOR THREE MONTHS OR MORE DURING THE PAST 12
MONTHS?
   0 = NO OR NO TO (G3A139 AND G3A140)
   1 = YES
   . = UNKNOWN (32)

G3A142   IF YES TO G3A139 OR G3A140: HOW MANY YEARS HAVE YOU HAD THIS
COUGH?
   0 = NO COUGH OR NO TO (G3A139 AND G3A140)
   1 - 52
   . = UNKNOWN (61)

G3A143   DURING THE PAST 12 MONTHS, HAVE YOU BROUGHT UP PHLEGM FROM
YOUR CHEST ON GETTING UP OR FIRST THING IN THE MORNING?
   0 = NO
   1 = YES
   . = UNKNOWN (4)

G3A144   DURING THE PAST 12 MONTHS, HAVE YOU BROUGHT UP PHLEGM FROM
YOUR CHEST ON GETTING UP OR FIRST THING IN THE MORNING?
   0 = NO
   1 = YES
   . = UNKNOWN (14)

G3A145   IF YES TO G3A143 OR G3A144: DO YOU BRING UP PHLEGM FROM YOUR
CHEST ON MOST DAYS (4 OR MORE DAYS/WEEK) FOR THREE MONTHS OR
MORE DURING THE PAST 12 MONTHS?
   0 = NO
   1 = YES
   . = UNKNOWN (28)

G3A146   IF YES TO G3A143 OR G3A144: HOW MANY YEARS HAVE YOU BROUGHT
                PHLEGM UP FROM YOUR CHEST ON MOST DAYS?
                  0 = NONE
                  1 - 47
                  . = UNKNOWN (58)

G3A147   HAVE YOU EVER HAD WEEZING OR WHISTLING IN YOUR CHEST?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2)

G3A148   IF YES TO G3A147: IN THE PAST 12 MONTHS, HAVE YOU HAD WHEEZING
                OR WHISTLING IN YOUR CHEST AT ANY TIME?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3)

G3A149   IF YES TO G3A147: IN THE PAST 12 MONTHS, HOW OFTEN HAVE YOU
                HAD THIS WHEEZING OR WHISTLING?
                  0 = NOT AT ALL
                  1 = MOST DAYS OR NIGHTS
                  2 = A FEW DAYS OR NIGHTS A WEEK
                  3 = A FEW DAYS OR NIGHTS A MONTH
                  4 = A FEW DAYS OR NIGHTS A YEAR
                  . = UNKNOWN (431)

G3A150   IF YES TO G3A147: IN THE PAST 12 MONTHS, HAVE YOU HAD THIS
                WHEEZING OR WHISTLING IN THE CHEST WHEN YOU DID NOT HAVE A
                COLD?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (215)

G3A151   IF YES TO G3A147: IN THE LAST 12 MONTHS, HAVE YOU HAD AN
                ATTACK OF WHEEZING OR WHISTLING IN THE CHEST THAT HAD MADE YOU
                FEEL SHORT OF BREATH?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (210)

G3A152   IN THE PAST 12 MONTHS, ON AVERAGE HOW MANY NIGHTS A WEEK DID
                YOU SNORE?
                  0 = NEVER
                  1 = RARELY (1-2 DAYS/NIGHTS/WEEK)
                  2 = OCCASIONALLY (3-4 DAYS/NIGHTS/WEEK)
                  3 = FREQUENTLY (5/MORE DAYS/NIGHTS/WEEK)
                  . = UNKNOWN (545)
                  USE CODING FOR NIGHTS OR DAYS

G3A153   IN THE PAST 12 MONTHS, ON AVERAGE HOW MANY NIGHTS A WEEK DO
                YOU SNORT, GASP, OR STOP BREATHING WHILE YOU ARE SLEEP?
                 0 = NEVER
                 1 = RARELY (1-2 DAYS/NIGHTS/WEEK)
                 2 = OCCASIONALLY (3-4 DAYS/NIGHTS/WEEK)
                 3 = FREQUENTLY (5/MORE DAYS/NIGHTS/WEEK)
                 . = UNKNOWN (371)
                 USE CODING FOR NIGHTS OR DAYS

G3A154   IN THE PAST 12 MONTHS, ON AVERAGE HOW MANY DAYS A WEEK HAVE
                YOU HAD EXCESSIVE (TOO MUCH) DAYTIME SLEEPINESS?
                 0 = NEVER
                 1 = RARELY (1-2 DAYS/NIGHTS/WEEK)
                 2 = OCCASIONALLY (3-4 DAYS/NIGHTS/WEEK)
                 3 = FREQUENTLY (5/MORE DAYS/NIGHTS/WEEK)
                 . = UNKNOWN (29)
                 USE CODING FOR NIGHTS OR DAYS

G3A155   IN THE LAST 12 MONTHS, HAVE YOU BEEN AWAKENED BY SHORTNESS OF
                BREATH?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (3)

G3A156   IN THE LAST 12 MONTHS, HAVE YOU BEEN AWAKENED BY A WHEEZING /
                WHISTLING IN YOUR CHEST?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (3)

G3A157   IN THE LAST 12 MONTHS, HAVE YOU BEEN AWAKENED BY COUGHING?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (5)

G3A158   IF AWAKENED BY COUGHING: IN THE LAST 12 MONTHS, HOW OFTEN HAVE
                YOU BEEN AWAHENED BY COUGHING?
                 0 = NOT AT ALL
                 1 = MOST DAYS OR NIGHTS
                 2 = A FEW DAYS OR NIGHTS A WEEK
                 3 = A FEW DAYS OR NIGHTS A MONTH
                 4 = A FEW DAYS OR NIGHTS A YEAR
                 . = UNKNOWN (12)

G3A159   ARE YOU TROUBLED BY SHORTNESS OF BREATH WHEN HURRYING ON LEVEL
                GROUND OR WALKING UP A SLIGHT HILL?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (1)

G3A160   IF SHORTNESS OF BREATH: DO YOU HAVE TO WALK SLOWER THAN PEOPLE
                OF YOUR AGE ON LEVEL GROUND BECAUSE OF SHORTNESS OF BREATH?
                 0 = NO OR NO SOB
                 1 = YES
                 . = UNKNOWN (4)

G3A161   IF SHORTNESS OF BREATH: DO YOU EVER HAVE TO STOP FOR BREATH
                WHEN WALKING AT YOUR OWN PACE ON LEVEL GROUND?
                 0 = NO OR NO SOB
                 1 = YES
                 . = UNKNOWN (1)

G3A162   IF SHORTNESS OF BREATH: DO YOU EVER HAVE TO STOP FOR BREATH
                AFTER WALKING 100 YARDS (OR AFTER A FEW MINUTES) ON LEVEL
                GROUND?
                 0 = NO OR NO SOB
                 1 = YES
                 . = UNKNOWN (4)

G3A163   DO YOU/HAVE YOU NEEDED TO SLEEP ON TWO OR MORE PILLOWS TO HELP
                YOU BREATH? (ORTHOPNEA)
                 0 = NO
                 1 = YES
                 . = UNKNOWN (8)

G3A164   HAVE YOU EVER HAD SWELLING IN BOTH YOUR ANKLES (ANKLE EDEMA)?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (4)

G3A165   HAVE YOU BEEN TOLD YOU HAD HEART FAILURE OR CONGESTIVE HEART
                FAILURE?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (1)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                 EVENTS (SOE) FILE

G3A166   HAVE YOU BEEN HOSPITALIZED FOR HEART FAILURE?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (1)
                **DELETED TO PRESERVE CONFIDENTIALITY, LOW COUNTS

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G3A167          FIRST EXAMINER BELIEVES CHF
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (0)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                  EVENTS (SOE) FILE
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G3A168          ANY CHEST DISCOMFORT?
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (0)


G3A169          CHEST DISCOMFORT WITH EXERTION OR EXCITEMENT
                  0 = NO OR NO CHEST DISCOMFORT
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (10)


G3A170          CHEST DISCOMFORT WHEN QUIET OR RESTING
                  0 = NO OR NO CHEST DISCOMFORT
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (14)


G3A171          CHEST DISCOMFORT: DATE OF ONSET (MONTH)
                  0 = NO CHEST DISCOMFORT
                  . = UNKNOWN (600)
                NOTE: G3A171 and G3A172 taken together form date of onset
                      of chest discomfort
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A172          CHEST DISCOMFORT: DATE OF ONSET (YEAR)
                  0 = NO CHEST DISCOMFORT
                  . = UNKNOWN (59)
                NOTE: G3A171 and G3A172 taken together form date of onset
                      of chest discomfort
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A173          CHEST DISCOMFORT: USUAL DURATION (MINUTES)
                    0 = NO CHEST DISCOMFORT
                    1 = 1 MINUTE OR LESS
                    1 - 720
                  900 = 15 HOURS OR MORE
                    . = UNKNOWN (94)


G3A174          CHEST DISCOMFORT: LONGEST DURATION (MINUTES)
                    0 = NO CHEST DISCOMFORT
                    1 = 1 MINUTE OR LESS
                    1 - 720
                  900 = 15 HOURS OR MORE
                    . = UNKNOWN (89)
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G3A175          CHEST DISCOMFORT: LOCATION
                0 = NO CHEST DISCOMFORT
                1 = CENTRAL STERNUM AND UPPER CHEST
                2 = LEFT UPPER QUADRANT
                3 = LEFT LOWER RIBCAGE
                4 = RIGHT CHEST
                5 = OTHER
                6 = COMBINATION
                . = UNKNOWN (4)


G3A176          CHEST DISCOMFORT: RADIATION
                0 = NO OR NO CHEST DISCOMFORT
                1 = LEFT SHOULDER OR LEFT ARM
                2 = NECK
                3 = RIGHT SHOULDER OR RIGHT ARM
                4 = BACK
                5 = ABDOMEN
                6 = OTHER
                7 = COMBINATION
                . = UNKNOWN (8)


G3A177          CHEST DISCOMFORT: FREQUENCY (NUMBER IN PAST MONTH)
                0 = ZERO TIMES IN THE PAST MONTH OR NO CHEST DISCOMFORT
                1 - 100
                . = UNKNOWN (25)


G3A178          CHEST DISCOMFORT: FREQUENCY (NUMBER IN PAST YEAR)
                0 = ZERO TIMES IN THE PAST YEAR OR NO CHEST DISCOMFORT
                1 - 400
                . = UNKNOWN (65)


G3A179          CHEST DISCOMFORT: TYPE
                0 = NO CHEST DISCOMFORT
                1 = PRESSURE, HEAVY, VISE
                2 = SHARP
                3 = DULL
                4 = OTHER
                . = UNKNOWN (16)


G3A180          CHEST DISCOMFORT: RELIEF BY NITROGLYCERINE IN < 15 MINUTES
                0 = NO RELIEF OR NO CHEST DISCOMFORT
                1 = YES
                8 = NOT TRIED
                . = UNKNOWN (14)


G3A181          CHEST DISCOMFORT: RELIEF BY REST IN < 15 MINUTES
                0 = NO RELIEF OR NO CHEST DISCOMFORT
                1 = YES
                8 = NOT TRIED
                . = UNKNOWN (11)
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G3A182          CHEST DISCOMFORT: RELIEF SPONTANEOUSLY IN < 15 MINUTES
                   0 = NO RELIEF OR NO CHEST DISCOMFORT
                   1 = YES
                   8 = NOT TRIED
                   . = UNKNOWN (12)


G3A183          CHEST DISCOMFORT: RELIEF BY OTHER CAUSE IN < 15 MINUTES
                   0 = NO RELIEF OR NO CHEST DISCOMFORT
                   1 = YES
                   8 = NOT TRIED
                   . = UNKNOWN (23)


G3A184          HAVE YOU EVER BEEN TOLD BY A DOCTOR YOU HAD A HEART ATTACK OR
                MYOCARDIAL INFARCTION?
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (0)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                   EVENTS (SOE) FILE


G3A185          CHD 1ST OPINIONS: ANGINA PECTORIS
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (0)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                   EVENTS (SOE) FILE


G3A186          CHD 1ST OPINIONS: ANGINA PECTORIS SINCE REVASCULARIZATION
                PROCEDURE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (0)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                   EVENTS (SOE) FILE


G3A187          CHD 1ST OPINIONS: CORONARY INSUFFICIENCY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (0)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                   EVENTS (SOE) FILE
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G3A188          CHD 1ST OPINIONS: MYOCARDIAL INFARCT
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (0)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                  EVENTS (SOE) FILE
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G3A189          HAVE YOU BEEN TOLD YOU HAVE/HAD ATRIAL FIBRILLATION?
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (9)


G3A190          IF HAVE/HAD AF: DATE OF FIRST EPISODE (MONTH)?
                  0 = NO AF
                  . = UNKNOWN (32)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A191          IF HAVE/HAD AF: DATE OF FIRST EPISODE (DATE)?
                  0 = NO AF
                  . = UNKNOWN (42)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A192          IF HAVE/HAD AF: DATE OF FIRST EPISODE (YEAR)?
                  0 = NO AF
                  . = UNKNOWN (12)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A193          IF HAVE/HAD AF: ER/HOSPITALIZED OR SAW M.D.
                  0 = NO OR NO AF
                  1 = HOSP/ER
                  2 = SAW M.D.
                  . = UNKNOWN (13)


G3A194          HAVE YOU EVER FAINTED OR LOST CONSCIOUSNESS? (IF EVENT
                 IMMEDIATELY PRECEDED BY HEAD INJURY OR ACCIDENT CODE 0 = NO)
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (2)


G3A195          IF HAD LOC: NUMBER OF EPISODES IN THE PAST YEAR?
                  0 = NO LOC
                  1 - 300
                  . = UNKNOWN (8)


G3A196          IF HAD LOC: DATE OF FIRST EPISODE (MONTH)?
                  0 = NO LOC
                  . = UNKNOWN (801)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A197          IF HAD LOC: DATE OF FIRST EPISODE (YEAR)?
                  0 = NO LOC
                  . = UNKNOWN (56)
                **DELETED TO PRESERVE CONFIDENTIALITY
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G3A198          IF HAD LOC: USUAL DURATION OF LOSS OF CONSCIOUSNESS (MINUTES)
                  0 = NO LOC
                  1 = 1 MIN OR LESS
                  2 - 240
                  . = UNKNOWN (96)


G3A199          IF HAD LOC: DID YOU HAVE ANY INJURY CAUSED BY THE EVENT?
                  0 = NO OR NO LOC
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (26)


G3A200          IF HAD LOC: ER/HOSPITALIZED OR SAW M.D.?
                  0 = NO OR NO LOC
                  1 = HOSP/ER
                  2 = SAW M.D.
                  . = UNKNOWN (134)


G3A201          HISTORY OF EVER HAVING A HEAD INJURY WITH LOSS OF
                CONSCIOUSNESS
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (8)


G3A202          IF HEAD INJURY: DATE OF SERIOUS HEAD INJURY WITH LOSS OF
                CONSCIOUSNESS (MONTH)
                  0 = NO HEAD INJURY
                  . = UNKNOWN (419)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A203          IF HEAD INJURY: DATE OF SERIOUS HEAD INJURY WITH LOSS OF
                CONSCIOUSNESS (DAY)
                  0 = NO HEAD INJURY
                  . = UNKNOWN (525)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A204          IF HEAD INJURY: DATE OF SERIOUS HEAD INJURY WITH LOSS OF
                CONSCIOUSNESS (YEAR)
                  0 = NO HEAD INJURY
                  . = UNKNOWN (25)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A205          HISTORY OF A SEIZURE DISORDER
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (7)
```

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G3A206          IF SEIZURE DISORDER: DATE OF MOST RECENT SEIZURE (MONTH)
                  0 = NO SEIZURE DISORDER
                  . = UNKNOWN (78)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A207          IF SEIZURE DISORDER: DATE OF MOST RECENT SEIZURE (DAY)
                  0 = NO SEIZURE DISORDER
                  . = UNKNOWN (93)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A208          IF SEIZURE DISORDER: DATE OF MOST RECENT SEIZURE (YEAR)
                  0 = NO SEIZURE DISORDER
                  . = UNKNOWN (13)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A209          IF SEIZURE DISORDER: ARE YOU BEING TREATED FOR A SEIZURE
                 DISORDER?
                  0 = NO OR NO SEIZURE DISORDER
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (13)


G3A210          SYNCOPE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  3 = PRESYNCOPE
                  . = UNKNOWN (1)


G3A211          IF SYNCOPE: CARDIAC SYNCOPE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (12)


G3A212          IF SYNCOPE: VASOVAGAL SYNCOPE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (9)


G3A213          IF SYNCOPE: OTHER-SPECIFY:
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (18)
```

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G3A214          SUDDEN MUSCULAR WEAKNESS
                0 = NO
                1 = YES
                2 = MAYBE
                . = UNKNOWN (2)


G3A215          SUDDEN SPEECH DIFFICULTY
                0 = NO
                1 = YES
                2 = MAYBE
                . = UNKNOWN (0)


G3A216          SUDDEN VISUAL DEFECT
                0 = NO
                1 = YES
                2 = MAYBE
                . = UNKNOWN (1)


G3A217          DOUBLE VISUAL DEFECT
                0 = NO
                1 = YES
                2 = MAYBE
                . = UNKNOWN (0)


G3A218          LOSS OF VISION IN ONE EYE
                0 = NO
                1 = YES
                2 = MAYBE
                . = UNKNOWN (0)


G3A219          NUMBNESS, TINGLING
                0 = NO
                1 = YES
                2 = MAYBE
                . = UNKNOWN (2)


G3A220          IF NUMBNESS AND TINGLING: IS IT POSITIONAL
                0 = NO
                1 = YES
                2 = MAYBE
                . = UNKNOWN (34)


G3A221          HEAD CT OR MRI SCAN
                0 = NO
                1 = CT
                2 = MRI
                3 = BOTH
                . = UNKNOWN (64)
```

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G3A222          SEEN BY NEUROLOGIST
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (19)


G3A223          TIA OR STROKE TOOK PLACE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (5)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                  EVENTS (SOE) FILE


G3A224          IF TIA/STROKE: DATE (MONTH)
                  0 = NO TIA/STROKE
                  . = UNKNOWN (25)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A225          IF TIA/STROKE: DATE (YEAR)
                  0 = NO TIA/STROKE
                  . = UNKNOWN (9)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A226          IF TIA/STROKE: DURATION (DAYS)
                   0 = NO DAYS OR NO TIA/STROKE
                  90 = 3 MONTHS OR MORE
                   . = UNKNOWN (17)
                NOTE: G3A226 + G3A227 + G3A228 = TOTAL
                      DURATION OF EVENT (BE SURE TO ADJUST UNITS)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A227          IF TIA/STROKE: DURATION (HOURS)
                  0 NO HOURS OR NO TIA/STROKE
                  . = UNKNOWN (19)
                NOTE: G3A226 + G3A227 + G3A228 = TOTAL
                      DURATION OF EVENT (BE SURE TO ADJUST UNITS)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A228          IF TIA/STROKE: DURATION (MINS)
                  0 = NO TIA/STROKE
                  1 = 1 MINUTE OR LESS
                  . = UNKNOWN (19)
                NOTE: G3A226 + G3A227 + G3A228 = TOTAL
                      DURATION OF EVENT (BE SURE TO ADJUST UNITS)
                **DELETED TO PRESERVE CONFIDENTIALITY
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G3A229          IF TIA/STROKE: HOSPITALIZED OR SAW M.D.
                  0 = NO OR NO TIA/STROKE
                  1 = HOSP
                  2 = SAW M.D.
                  . = UNKNOWN (7)
                NOTE: For validated cases use most recent soe file
```

```
G3A230          HAVE YOU EVER HAD A DEEP VEIN THROMBOSIS (BLOOD IN LEG OR
                ARMS)
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (0)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT PEDVT FILE


G3A231          HAVE YOU EVER HAD A PULMONARY EMBOLUS (BLOOD CLOT IN LUNGS)
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (3)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT PEDVT FILE


G3A232          DO YOU HAVE LOWER LIMB DISCOMFORT WHILE WALKING?
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)


G3A233          LL DISCOMFORT: IF WALKING ON LEVEL GROUND, HOW MANY CITY
                BLOCKS UNTIL SYMPTOMS DEVELOP? (WHERE 10 BLOCKS = 1 MILE, CODE
                AS NO IF MORE THAN 98 BLOCKS REQUIRED TO DEVELOP SYMPTOMS)
                   0 = NO SYMPTOMS OR ZERO BLOCKS UNTIL SYMPTOMS DEVELOP
                       OR CAN'T WALK
                   1 - 50
                   . = UNKNOWN (28)


G3A234          LL DISCOMFORT: YEAR SYMPTOMS STARTED
                   0 = NO LOWER LIMB DISCOMFORT OR CAN'T WALK
                   . = UNKNOWN (12)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A235          CLAUDICATION SYMPTOMS: DISCOMFORT IN LEFT CALF WHILE WALKING
                   0 = NO OR NO LOWER LIMB DISCOMFORT OR CAN'T WALK
                   1 = YES
                   . = UNKNOWN (5)


G3A236          CLAUDICATION SYMPTOMS: DISCOMFORT IN RIGHT CALF WHILE WALKING
                   0 = NO OR NO LOWER LIMB DISCOMFORT OR CAN'T WALK
                   1 = YES
                   . = UNKNOWN (6)


G3A237          CLAUDICATION SYMPTOMS: DISCOMFORT IN LOWER LEFT EXTREMITY (NOT
                CALF) WHILE WALKING
                   0 = NO OR NO LOWER LIMB DISCOMFORT OR CAN'T WALK
                   1 = YES
                   . = UNKNOWN (4)
```

G3A238   CLAUDICATION SYMPTOMS: DISCOMFORT IN LOWER RIGHT EXTREMITY
                (NOT CALF) WHILE WALKING
                  0 = NO OR NO LOWER LIMB DISCOMFORT OR CAN'T WALK
                  1 = YES
                  . = UNKNOWN (5)

G3A239   CLAUDICATION SYMPTOMS: OCCURS WITH FIRST STEPS
                  0 = NO OR NO LOWER LIMB DISCOMFORT WHILE WALKING
                      OR CAN'T WALK
                  1 = YES
                  . = UNKNOWN (7)

G3A240   CLAUDICATION SYMPTOMS: OCCURS AFTER WALKING A WHILE
                  0 = NO OR NO LOWER LIMB DISCOMFORT WHILE WALKING
                      OR CAN'T WALK
                  1 = YES
                  . = UNKNOWN (7)

G3A241   CLAUDICATION SYMPTOMS: RELATED TO RAPIDITY OF WALKING OR
                STEEPNESS
                  0 = NO OR NO LOWER LIMB DISCOMFORT WHILE WALKING
                      OR CAN'T WALK
                  1 = YES
                  . = UNKNOWN (7)

G3A242   CLAUDICATION SYMPTOMS: FORCED TO STOP WALKING
                  0 = NO OR NO LOWER LIMB DISCOMFORT WHILE WALKING
                      OR CAN'T WALK
                  1 = YES
                  . = UNKNOWN (3)

G3A243   CLAUDICATION SYMPTOMS: TIME FOR DISCOMFORT TO BE RELIEVED BY
                STOPPING (MINUTES)
                   0 = NO RELIEF WITH STOPPING OR NO LOWER LIMB DISCOMFORT
                       WHILE WALKING OR CAN'T WALK
                   1 - 60
                  88 = NOT APPLICABLE (NOT FORCED TO STOP WALKING)
                   . = UNKNOWN (13)

G3A244   CLAUDICATION SYMPTOMS: NUMBER OF DAYS/MONTH OF LOWER LIMB
                DISCOMFORT
                  0 = NO
                  1 - 30
                  . = UNKNOWN (12)

```
G3A245            PAD 1ST OPINION: INTERMITTENT CLAUDICATION
                      0 = NO
                      1 = YES
                      2 = MAYBE
                      . = UNKNOWN (0)
                  **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                    EVENTS (SOE) FILE
```

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G3A246          HEART VALVULAR SURGERY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (1)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A247          YEAR OF THE HEART VALVULAR SURGERY DONE
                   0 = NO HEART VALVULAR SURGERY DONE
                   . = UNKNOWN (1)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A248          EXERCISE TOLERANCE TEST
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.


G3A249          YEAR EXERCISE TOLERANCE TEST DONE
                   0 = NOT DONE
                   . = UNKNOWN (17)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A250          CORONARY ARTERIOGRAM
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (3)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A251          YEAR CORONARY ARTERIOGRAM DONE
                   0 = NOT DONE
                   . = UNKNOWN (4)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE
```

```
G3A252          CORONARY ARTERY ANGIOPLASTY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A253          YEAR CORONARY ARTERY ANGIOPLASTY DONE
                   0 = NOT DONE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A254          TYPE OF PROCEDURE DONE FOR CORONARY ARTERY ANGIOPLASTY
                   0 = NONE
                   1 = BALLOON
                   2 = STENT
                   3 = OTHER
                   . = UNKNOWN (3)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A255          CORONARY BYPASS SURGERY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A256          YEAR CORONARY BYPASS SURGERY DONE
                   0 = NOT DONE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE
```

```
G3A257          PERMANENT PACEMAKER INSERTION
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A258          YEAR PERMANENT PACEMAKER INSERTION DONE
                   0 = NOT DONE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A259          CAROTID ARTERY SURGERY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A260          YEAR CAROTID ARTERY SURGERY DONE
                   0 = NOT DONE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A261          THORACIC AORTA SURGERY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE
```

```
G3A262          YEAR THORACIC AORTA SURGERY DONE
                   0 = NOT DONE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A263          ABDOMINAL AORTA SURGERY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (3)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A264          YEAR ABDOMINAL AORTA SURGERY DONE
                   0 = NOT DONE
                   . = UNKNOWN (3)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A265          FEMORAL OR LOWER EXTREMITY SURGERY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A266          YEAR FEMORAL OR LOWER EXTREMITY SURGERY DONE
                   0 = NOT DONE
                   . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE
```

```
G3A267          LOWER EXTREMITY AMPUTATION
                    0 = NO
                    1 = YES
                    2 = MAYBE
                    . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A268          YEAR LOWER EXTREMITY AMPUTATION DONE
                    0 = NOT DONE
                    . = UNKNOWN (4)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A269          OTHER CARDIOVASCULAR PROCEDURE
                    0 = NO
                    1 = YES
                    2 = MAYBE
                    . = UNKNOWN (2)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE


G3A270          YEAR OTHER CARDIOVASCULAR PROCEDURE DONE
                    0 = NOT DONE
                    . = UNKNOWN (11)
                NOTE: If procedure was repeated code only first and provide
                      narrative.
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CVD
                  PROCEDURES FILE
```

```
G3A271          HAVE YOU EVER HAD CANCER OR A TUMOR?
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   3 = UNKNOWN (0)
                self report - not validated - use with caution
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A272          CANCER: ESOPHAGUS
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (5)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A273          CANCER: STOMACH
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (5)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A274          CANCER: COLON
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (6)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A275          CANCER: RECTUM
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (5)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A276          CANCER: PANCREAS
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (5)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE
```

```
G3A277          CANCER: LARYNX
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (5)
                   **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A278          CANCER: TRACHEA/BRONCHUS/LUNG
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (6)
                   **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A279          CANCER: LEUKEMIA
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (5)
                   **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A280          CANCER: SKIN
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (12)
                   **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A281          CANCER: BREAST
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (5)
                   **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A282          CANCER: CERVIX/UTERUS
                   0 = NO
                   1 = YES, CANCEROUS
                   2 = MAYBE, POSSIBLE CANCER
                   3 = BENIGN
                   . = UNKNOWN (7)
                   **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE
```

```
G3A283          CANCER: OVARY
                    0 = NO
                    1 = YES, CANCEROUS
                    2 = MAYBE, POSSIBLE CANCER
                    3 = BENIGN
                    . = UNKNOWN (6)
                    **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A284          CANCER: PROSTATE
                    0 = NO
                    1 = YES, CANCEROUS
                    2 = MAYBE, POSSIBLE CANCER
                    3 = BENIGN
                    . = UNKNOWN (4)
                    **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A285          CANCER: BLADDER
                    0 = NO
                    1 = YES, CANCEROUS
                    2 = MAYBE, POSSIBLE CANCER
                    3 = BENIGN
                    . = UNKNOWN (5)
                    **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A286          CANCER: KIDNEY
                    0 = NO
                    1 = YES, CANCEROUS
                    2 = MAYBE, POSSIBLE CANCER
                    3 = BENIGN
                    . = UNKNOWN (5)
                    **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A287          CANCER: BRAIN
                    0 = NO
                    1 = YES, CANCEROUS
                    2 = MAYBE, POSSIBLE CANCER
                    3 = BENIGN
                    . = UNKNOWN (5)
                    **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE


G3A288          CANCER: LYMPHOMA
                    0 = NO
                    1 = YES, CANCEROUS
                    2 = MAYBE, POSSIBLE CANCER
                    3 = BENIGN
                    . = UNKNOWN (5)
                    **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE
```

```
G3A289          CANCER: OTHER/UNKNOWN
                  0 = NO
                  1 = YES, CANCEROUS
                  2 = MAYBE, POSSIBLE CANCER
                  3 = BENIGN
                  . = UNKNOWN (16)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT CANCER FILE
```

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G3A290          SYSTOLIC BLOOD PRESSURE: PHYSICIAN'S FIRST READING (TO NEAREST
                 2MM HG)
                  70 - 188
                  . = UNKNOWN (0)


G3A291          DIASTOLIC BLOOD PRESSURE: PHYSICIAN'S FIRST READING (TO
                 NEAREST 2MM HG)
                  30 - 118
                  . = UNKNOWN (10)


G3A292          BP CUFF SIZE FOR PHYSICIAN'S FIRST BLOOD PRESSURE READING
                  0 = PEDIATRIC
                  1 = REGULAR
                  2 = LARGE AD.
                  3 = THIGH
                  . = UNKNOWN (12)


G3A293          PROTOCOL MODIFICATION FOR PHYSICIAN'S FIRST BLOOD PRESSURE
                 READING
                  0 = NO
                  1 = YES
                  . = UNKNOWN (15)


G3A294          WHEEZING ON AUSCULTATION?
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (17)


G3A295          RALES?
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (17)


G3A296          ABNORMAL BREATH SOUNDS?
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (17)
```

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G3A297          LEFT HEART ENLARGEMENT
                   0 = NO
                   1 = YES
                   . = UNKNOWN (5)


G3A298          RIGHT HEART ENLARGEMENT
                   0 = NO
                   1 = YES
                   . = UNKNOWN (5)


G3A299          S3 GALLLOP
                   0 = NO
                   1 = YES
                   . = UNKNOWN (4)


G3A300          S4 GALLOP
                   0 = NO
                   1 = YES
                   . = UNKNOWN (4)


G3A301          SYSTOLIC CLICK
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4)


G3A302          NECK VEIN DISTENTION AT 90 DEGREES (SITTING UPRIGHT)
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4)


G3A303          OTHER
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (7)


G3A304          SYSTOLIC MURMUR(S)
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (7)


G3A305          SYSTOLIC MURMUR: APEX GRADE
                   0 = NO SOUND
                   1 = TO 6 FOR GRADE OF SOUND HEARD
                   . = UNKNOWN (20)
```

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G3A306          SYSTOLIC MURMUR: APEX TYPE
                    0 = NONE
                    1 = EJECTION
                    2 = REGURGITANT
                    3 = OTHER
                    . = UNKNOWN (29)


G3A307          SYSTOLIC MURMUR: APEX RADIATION
                    0 = NONE OR NO APICAL MURMUR
                    1 = AXILLA
                    2 = NECK
                    3 = BACK
                    4 = RT.CHEST
                    . = UNKNOWN (21)


G3A308          SYSTOLIC MURMUR: APEX VALSALVA
                    0 = NO CHANGE OR NO APICAL MURMUR
                    1 = INCREASE
                    2 = DECREASE
                    . = UNKNOWN (48)


G3A309          SYSTOLIC MURMUR: APEX ORIGIN
                    0 = NONE, INDET. OR NO APICAL MURMUR
                    1 = MITRAL
                    2 = AORTIC
                    3 = TRICUSPID
                    4 = PULM
                    . = UNKNOWN (48)


G3A310          SYSTOLIC MURMUR: LEFT STERNUM GRADE
                    0 = NO SOUND
                    1 = TO 6 FOR GRADE OF SOUND HEARD
                    . = UNKNOWN (18)


G3A311          SYSTOLIC MURMUR: LEFT STERNUM TYPE
                    0 = NONE OR NO LEFT STERNUM MURMUR
                    1 = EJECTION
                    2 = REGURGITANT
                    3 = OTHER
                    . = UNKNOWN (40)


G3A312          SYSTOLIC MURMUR: LEFT STERNUM RADIATION
                    0 = NONE OR NO LEFT STERNUM MURMUR
                    1 = AXILLA
                    2 = NECK
                    3 = BACK
                    4 = RT.CHEST
                    . = UNKNOWN (19)
```

```
G3A313          SYSTOLIC MURMUR: LEFT STERNUM VALSALVA
                0 = NO CHANGE OR NO LEFT STERNUM MURMUR
                1 = INCREASE
                2 = DECREASE
                . = UNKNOWN (44)


G3A314          SYSTOLIC MURMUR: LEFT STERNUM ORIGIN
                0 = NONE, INDET. OR NO LEFT STERNUM MURMUR
                1 = MITRAL
                2 = AORTIC
                3 = TRICUSPID
                4 = PULM
                . = UNKNOWN (70)


G3A315          SYSTOLIC MURMUR: BASE GRADE
                0 = NO SOUND
                1 = TO 6 FOR GRADE OF SOUND HEARD
                . = UNKNOWN (21)


G3A316          SYSTOLIC MURMUR: BASE TYPE
                0 = NONE OR NO BASE MURMUR
                1 = EJECTION
                2 = REGURGITANT
                3 = OTHER
                . = UNKNOWN (51)


G3A317          SYSTOLIC MURMUR: BASE RADIATION
                0 = NONEOR NO BASE MURMUR
                1 = AXILLA
                2 = NECK
                3 = BACK
                4 = RT.CHEST
                . = UNKNOWN (21)


G3A318          SYSTOLIC MURMUR: BASE VALSALVA
                0 = NO CHANGEOR NO BASE MURMUR
                1 = INCREASE
                2 = DECREASE
                . = UNKNOWN (36)


G3A319          SYSTOLIC MURMUR: BASE ORIGIN
                0 = NONE, INDET. OR NO BASE MURMUR
                1 = MITRAL
                2 = AORTIC
                3 = TRICUSPID
                4 = PULM
                . = UNKNOWN (70)
```

```
G3A320          DIASTOLIC MURMUR(S)
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4)


G3A321          DIASTOLIC MURMUR: VALVE OF ORIGIN
                   0 = NO
                   1 = MITRAL
                   2 = AORTIC
                   3 = BOTH
                   4 = OTHER
                   . = UNKNOWN (4)


G3A322          LIVER ENLARGED
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (23)


G3A323          SURGICAL SCAR
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (130)


G3A324          ABDOMINAL ANEURYSM
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (23)


G3A325          ABDOMINAL BRUIT
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (18)
```

```
G3A326          LEFT STEM VARICOSE VEINS (DO NOT CODE RETICULAR OR SPIDER
                VARICOSITIES)
                   0 = NO ABNORMALITY
                   1 = UNCOMPLICATED
                   2 = WITH SKIN CHANGES
                   3 = WITH ULCER
                   . = UNKNOWN (8)


G3A327          RIGHT STEM VARICOSE VEINS (DO NOT CODE RETICULAR OR SPIDER
                VARICOSITIES)
                   0 = NO ABNORMALITY
                   1 = UNCOMPLICATED
                   2 = WITH SKIN CHANGES
                   3 = WITH ULCER
                   . = UNKNOWN (8)


G3A328          LEFT LOWER EXTREMITY ABNORMALITIES (ANKLE EDEMA)
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   8 = ABSENT DUE TO AMPUTATION
                   . = UNKNOWN (6)


G3A329          RIGHT LOWER EXTREMITY ABNORMALITIES (ANKLE EDEMA)
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   8 = ABSENT DUE TO AMPUTATION
                   . = UNKNOWN (5)


G3A330          LEFT LOWER EXTREMITY ABNORMALITIES (AMPUTATION LEVEL)
                   0 = NO
                   1 = TOES ONLY
                   2 = ANKLE
                   3 = KNEE
                   4 = HIP
                   . = UNKNOWN (4)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A331          RIGHT LOWER EXTREMITY ABNORMALITIES (AMPUTATION LEVEL)
                   0 = NO
                   1 = TOES ONLY
                   2 = ANKLE
                   3 = KNEE
                   4 = HIP
                   . = UNKNOWN (6)
                **DELETED TO PRESERVE CONFIDENTIALITY
```

```
G3A332           FEMORAL ARTERY (LEFT PULSE)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (209)


G3A333           FEMORAL ARTERY (RIGHT PULSE)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (200)


G3A334           FEMORAL ARTERY (LEFT BRUIT)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (210)


G3A335           FEMORAL ARTERY (RIGHT BRUIT)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (216)


G3A336           POPLITEAL ARTERY (LEFT BRUIT)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (35)


G3A337           POPLITEAL ARTERY (RIGHT BRUIT)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (40)


G3A338           POST TIBIAL ARTERY (LEFT PULSE)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (50)


G3A339           POST TIBIAL ARTERY (RIGHT PULSE)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (46)


G3A340           DORSALIS ARTERY (LEFT PULSE)
                   0 = NORMAL
                   1 = ABNORMAL
                   . = UNKNOWN (23)
```

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G3A341            DORSALIS ARTERY (RIGHT PULSE)
                      0 = NORMAL
                      1 = ABNORMAL
                      . = UNKNOWN (21)
```

```
G3A342          LEFT CAROTID BRUIT
                    0 = NO
                    1 = YES
                    2 = MAYBE
                    . = UNKNOWN (3)


G3A343          RIGHT CAROTID BRUIT
                    0 = NO
                    1 = YES
                    2 = MAYBE
                    . = UNKNOWN (3)


G3A344          SPEECH DISTURBANCE
                    0 = NO
                    1 = YES
                    2 = MAYBE
                    . = UNKNOWN (7)


G3A345          DISTURBANCE IN GAIT
                    0 = NO
                    1 = YES
                    2 = MAYBE
                    . = UNKNOWN (8)


G3A346          OTHER NUROLOGICAL ABNORMALITIES ON EXAM
                    0 = NO
                    1 = YES
                    2 = MAYBE
                    . = UNKNOWN (16)
```

G3A347   SYSTOLIC BLOOD PRESSURE: PHYSICIAN'S SECOND READING
                (TO NEAREST 2MM HG)
                  82 - 194
                  . = UNKNOWN (4)

G3A348   DIASTOLIC BLOOD PRESSURE: PHYSICIAN'S SECOND READING
                (TO NEAREST 2MM HG)
                  38 - 116
                  . = UNKNOWN (10)

G3A349   BP CUFF SIZE FOR PHYSICIAN'S SECOND BLOOD PRESSURE READING
                  0 = PEDIATRIC
                  1 = REGULAR
                  2 = LARGE AD.
                  3 = THIGH
                  . = UNKNOWN (22)

G3A350   PROTOCOL MODIFICATION FOR PHYSICIAN'S SECOND BLOOD PRESSURE
                 READING
                  0 = NO
                  1 = YES
                  . = UNKNOWN (25)

```
G3A351          ECG DONE
                   0 = NO
                   1 = YES


G3A352          ECG: VENTRICULAR RATE PER MINUTE
                   34 - 105
                   . = UNKNOWN (0)


G3A353          ECG: P-R INTERVAL (HUNDREDTHS OF A SECOND)
                   9 - 30
                   . = FULLY PACED, ATRIAL FIBRILLATION, OR UNKNOWN (5)


G3A354          ECG: QRS INTERVAL (HUNDREDTHS OF A SECOND)
                   6 - 19
                   . = FULLY PACED, UNKNOWN (1)


G3A355          ECG: Q-T INTERVAL (HUNDREDTHS OF A SECOND)
                   31 - 60
                   . = FULLY PACED, UNKNOWN (2)


G3A356          ECG: QRS ANGLE (PUT PLUS OR MINUS AS NEEDED)
                   RANGE:  -80 to 255
                   . = UNKNOWN (3)


G3A357          ECG: RHYTHM--PREDOMINANT
                   0 OR 1 NORMAL SINUS (INCLUDING S.TACH, S.BRADY,
                     S.ARRHY, 1 DEGREE AV BLOCK)
                   3 = 2ND DEGREE AV BLOCK, MOBITZ I (WENCKEBACH)
                   4 = 2ND DEGREE AV BLOCK, MOBITZ II
                   5 = 3RD DEGREE AV BLOCK/AV DISSOCIATION
                   6 = ATRIAL FIBRILLATION/ATRIAL FLUTTER
                   7 = NODAL
                   8 = PACED
                   9 = OTHER OR COMBINATION OF ABOVE


G3A358          ECG:  IV BLOCK
                   0 = NO
                   1 = YES
                   . = FULLY PACED OR UNKNOWN (2)


G3A359          IV BLOCK: PATTERN
                   0 = NO
                   1 = LEFT
                   2 = RIGHT
                   3 = INDETERMINATE
                   . = UNKNOWN (2)
```

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G3A360          IV BLOCK: COMPLETE
                (QRS INTERVAL = 0.12 SEC OR GREATER)
                  0 = NO
                  1 = YES
                  . = FULLY PACED OR UNKNOWN (2)


G3A361          IV BLOCK: INCOMPLETE
                (QRS INTERVAL = 0.10 OR 0.11 SEC)
                  0 = NO
                  1 = YES
                  . = FULLY PACED OR UNKNOWN (2)


G3A362          ECG: HEMIBLOCK
                  0 = NO
                  1 = LEFT ANTERIOR
                  2 = LEFT POSTERIOR
                  . = FULLY PACED OR UNKNOWN (3)


G3A363          ECG: WPW SYNDROME
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = FULLY PACED OR UNKNOWN (2)


G3A364           ECG: ATRIAL PREMATURE BEATS
                  0 = NO
                  1 = ATRIAL
                  2 = ATRIAL ABERRATION
                  . = UNKNOWN (1)


G3A365           ECG: VENTRICULAR PREMATURE BEATS
                  0 = NO
                  1 = SIMPLE
                  2 = MULTIFOCAL
                  3 = PAIRS
                  4 = RUN
                  5 = R ON T
                  . = UNKNOWN (0)


G3A366          ECG: NUMBER OF VENTRICULAR PREMATURE BEATS IN 10 SECONDS (FROM
                 10 SECOND RHYTHM STRIP)
                  0 NONE
                  RANGE:
                  . = UNKNOWN (0)
```

```
G3A367          ECG: MYOCARDIAL INFARCTION LOCATION: ANTERIOR
                 0 = NO
                 1 = YES
                 2 = MAYBE
                 . = FULLY PACED OR UNKNOWN (4)


G3A368          ECG: MYOCARDIAL INFARCTION LOCATION: INFERIOR
                 0 = NO
                 1 = YES
                 2 = MAYBE
                 . = FULLY PACED OR UNKNOWN (5)


G3A369          ECG: MYOCARDIAL INFARCTION LOCATION: TRUE POSTERIOR
                 0 = NO
                 1 = YES
                 2 = MAYBE
                 . = FULLY PACED OR UNKNOWN (4)


G3A370          ECG: R > 20 MM IN ANY LIMB LEAD
                 0 = NO
                 1 = YES
                 . = FULLY PACED, COMPLETE LBBB, OR UNKNOWN (6)


G3A371          ECG: R > 11 MM IN AVL
                 0 = NO
                 1 = YES
                 . = FULLY PACED, COMPLETE LBBB, OR UNKNOWN (7)


G3A372          ECG: R IN LEAD I PLUS S >= 25 MM IN LEAD III
                 0 = NO
                 1 = YES
                 . = FULLY PACED, COMPLETE LBBB, OR UNKNOWN (7)


G3A373          ECG: R AVL IN MM
                (1 MV = 10 MM STANDARD)
                  RANGE:
                  . = UNKNOWN (3)


G3A374          ECG: S V3 IN MM
                (1 MV = 10 MM STANDARD)
                  RANGE:
                  . = UNKNOWN (2)


G3A375          ECG: R >= 25 MM
                 0 = NO
                 1 = YES
                 . = UNKNOWN (7)
```

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G3A376            ECG: S >= 25 MM
                     0 = NO
                     1 = YES
                     . = UNKNOWN (7)


G3A377            ECG: R OR S >= 30 MM
                     0 = NO
                     1 = YES
                     . = UNKNOWN (7)


G3A378            ECG: R + S >= 35 MM
                     0 = NO
                     1 = YES
                     . = UNKNOWN (7)


G3A379            ECG: INTRINSICOID DEFLECTION>=0.05 SEC
                     0 = NO
                     1 = YES
                     . = UNKNOWN (8)


G3A380            ECG: S-T DEPRESSION (STRAIN PATTERN)
                     0 = NO
                     1 = YES
                     . = UNKNOWN (7)


G3A381            ECG: NONSPECIFIC S-T SEGMENT ABNORMALITY
                     0 = NO
                     1 = ST DEPRESSION
                     2 = ST FLATTENING
                     3 = OTHER
                     . = FULLY PACED OR UNKNOWN (4)


G3A382            ECG: NONSPECIFIC T WAVE ABNORMALITY
                     0 = NO
                     1 = T INVERSION
                     2 = T FLATTENING
                     3 = OTHER
                     . = FULLY PACED OR UNKNOWN (4)


G3A383            ECG: U-WAVE PRESENT
                     0 = NO
                     1 = YES
                     2 = MAYBE
                     . = FULLY PACED OR UNKNOWN (4)
```

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G3A384          ECG: ATRIAL ENLARGEMENT
                 0 = NONE
                 1 = LEFT
                 2 = RIGHT
                 3 = BOTH
                 . = ATRIAL FIBRILLATION OR UNKNOWN (4)


G3A385          ECG: RVH (IF COMPLETE RBBB PRESENT, RVH = UNKNOWN)
                 0 = NO
                 1 = YES
                 2 = MAYBE
                 . = FULLY PACED OR UNKNOWN (27)


G3A386          ECG: LVH (IF COMPLETE LBBB PRESENT, LVH = UNKNOWN)
                 0 = NO
                 1 = LVH WITH STRAIN
                 2 = LVH WITH MILD S-T SEGMENT ABNORMALITY
                 3 = LVH BY VOLTAGE ONLY
                 . = FULLY PACED OR UNKNOWN (8)
```

```
G3A387          CDI - RHEUMATIC HEART DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (9)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A388          CDI - AORTIC VALVE DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (10)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A389          CDI - MITRAL VALVE DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (14)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A390          CDI - OTHER HEART DISEASE (INCLUDES CONGENITAL)
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (11)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A391          CDI - ARRHYTHMIA
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (13)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A392          CDI - OTHER PERIPHERAL VASCULAR DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (9)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A393          CDI - OTHER VASCULAR DIAGNOSIS
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (9)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
```

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G3A394          CDI - STROKE/TIA
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (11)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                   EVENTS (SOE) FILE


G3A395          CDI - DEMENTIA
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (8)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
                Further data can be found in the most recent dementia file


G3A396          CDI - PARKINSON'S DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (8)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A397          CDI - ADULT SEIZURE DISORDER
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (10)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A398          CDI - OTHER NEUROLOGICAL DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (9)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A399          CDI - THYROID DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (7)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
```

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G3A400          CDI - DIABETES MELLITUS
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (2)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A401          CDI - OTHER ENDOCRINE DISORDERS
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (5)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A402          CDI - RENAL DISEASE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (13)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A403          CDI - PROSTATE DISEASE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (12)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A404          CDI - GYNECOLOGIC PROBLEMS
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (380)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A405          CDI - EMPHYSEMA
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (6)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A406          CDI - PNEUMONIA
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (2)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
```

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G3A407          CDI - ASTHMA
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (9)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A408          CDI - OTHER PULMONARY DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A409          CDI - GOUT
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A410          CDI - DEGENERATIVE JOINT DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A411          CDI - RHEUMATOID ARTHRITIS
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A412          CDI - OTHER MUSCULOSKELETAL OR CONNECTIVE TISSUE DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (6)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A413          CDI - GALLBLADDER DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (6)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
```

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G3A414          CDI - GERD/ULCER DISEASE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (6)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A415          CDI - LIVER DISEASE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (4)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A416          CDI - OTHER GI DISEASE
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (6)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A417          CDI - HEMATOLOGIC DISORDER
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (4)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A418          CDI - BLEEDING DISORDER
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (3)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A419          CDI - EYE  [disorder]
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (4)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A420          CDI - ENT  [disorder]
                  0 = NO
                  1 = YES
                  2 = MAYBE
                  . = UNKNOWN (3)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
```

```
G3A421          CDI - SKIN    [disorder]
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (2)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A422          CDI - OTHER  [disease or disorder]
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (422)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A423          CDI - HIV
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A424          CDI - TB
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A425          CDI - OTHER INFECTIOUS DISEASE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (5)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A426          CDI - DEPRESSION
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (67)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A427          CDI - ANXIETY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (63)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
```

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G3A428          CDI - PSYCHOSIS
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (62)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION


G3A429          CDI - OTHER MENTAL HEALTH
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (59)
                NOTE: DIAGNOSTIC IMPRESSION - NOT HARD DATA - USE WITH CAUTION
```

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G3A430            EXAMINER ID NUMBER
                   . = UNKNOWN (3804)
                  **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A431            SECOND EXAMINER OPINIONS: CONGESTIVE HEART FAILURE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4048)
                  **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                    EVENTS (SOE) FILE


G3A432            SECOND EXAMINER OPINIONS: CARDIAC SYNCOPE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4029)


G3A433            SECOND EXAMINER OPINIONS: ANGINA PECTORIS
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (3889)
                  **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                    EVENTS (SOE) FILE


G3A434            SECOND EXAMINER OPINIONS: CORONARY INSUFFICIENCY
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4040)
                  **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                    EVENTS (SOE) FILE


G3A435            SECOND EXAMINER OPINIONS: MYOCARDIAL INFARCT
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4042)
                  **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                    EVENTS (SOE) FILE


G3A436            SECOND EXAMINER OPINIONS: INTERMITTENT CLAUDICATION
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4067)
                  **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                    EVENTS (SOE) FILE
```

```
G3A437          SECOND EXAMINER OPINIONS: STROKE
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4067)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                  EVENTS (SOE) FILE


G3A438          SECOND EXAMINER OPINIONS: TIA
                   0 = NO
                   1 = YES
                   2 = MAYBE
                   . = UNKNOWN (4049)
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT SEQUENCE OF
                  EVENTS (SOE) FILE
```

```
G3A439          EXAMINER'S NUMBER FOR WEIGHT AND HEIGHT
                  . = UNKNOWN (1)
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A440          SEX OF PARTICIPANT
                  1 = MALE
                  2 = FEMALE
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT EXAM DAYS
                   FILE


G3A441          DATE OF BIRTH - MONTH
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT EXAM DAYS
                   FILE
                see also variable "age1"


G3A442          DATE OF BIRTH - DAY
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT EXAM DAYS
                   FILE
                see also variable "age1"


G3A443          DATE OF BIRTH - YEAR
                **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT EXAM DAYS
                   FILE
                see also variable "age1"


G3A444          WEIGHT (TO NEAREST POUND)
                  0 - 37
                  . = UNKNOWN (4)
                **MODIFIED TO PRESERVE CONFIDENTIALITY:
                  WEIGHT (TO NEAREST POUND) GROUPED IN 5 LB INTERVALS
                  WEIGHT < 100 = WEIGHT GRP 0,
                  WEIGHT 100 - 104 = WEIGHT GRP 1,
                  WEIGHT 105 - 109 = WEIGHT GRP 2,
                  ...
                  WEIGHT >= 280 = WEIGHT GRP 37


G3A445          PROTOCAL MODIFICATION FOR WEIGHT
                  0 = NO
                  1 = YES
                  . = UNKNOWN (16)


G3A446          HEIGHT (INCHES, TO NEXT LOWER 1/4 INCH)
                  57.00 - 74.00
                  . = UNKNOWN (2)
                **MODIFIED TO PRESERVE CONFIDENTIALITY:
                  HEIGHT (IN INCHES) EXCEPT FOR THE FOLLOWING:
                  HEIGHT <= 57 = 57
                  HEIGHT >= 74 = 74
```

```
G3A447          PROTOCAL MODIFICATION FOR HEIGHT
                  0 = NO
                  1 = YES
                  . = UNKNOWN (20)


G3A448          EXAMINER'S NUMBER FOR ANTHROPOMETRY, FASTING AND HAND
                 PREFERENCE
                  . = UNKNOWN (2)
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A449          NECK CIRCUMFERENCE (INCHES, TO NEXT LOWER 1/4 INCH)
                  10.25 - 21.0
                  . = UNKNOWN (10)


G3A450          PROTOCAL MODIFICATION FOR NECK CIRCUMFERENCE
                  0 = NO
                  1 = YES
                  . = UNKNOWN (49)


G3A451          WAIST GIRTH (INCHES, TO NEXT LOWER 1/4 INCH)
                  23.0 - 66.50
                  . = UNKNOWN (22)


G3A452          PROTOCAL MODIFICATION FOR WAIST GIRTH
                  0 = NO
                  1 = YES
                  . = UNKNOWN (53)


G3A453          NUMBER OF HOURS FASTING
                  0 - 36
                  . = UNKNOWN (24)


G3A454          HAND PREFERED FOR WRITING
                  1 = RIGHT
                  2 = LEFT
                  . = UNKNOWN (11)
```

```
G3A455          TECHNICIAN'S NUMBER FOR BLOOD PRESSURE (TO NEAREST 2 MM HG)
                   . = UNKNOWN (7)
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A456          SYSTOLIC BLOOD PRESSURE: TECHNICIAN'S READING
                   74 - 188
                   . = UNKNOWN (8)


G3A457          DIASTOLIC BLOOD PRESSURE: TECHNICIAN'S READING
                   16 - 120
                   . = UNKNOWN (10)


G3A458          BP CUFF SIZE FOR TECHNICIAN'S BLOOD PRESSURE READING
                   0 = PEDIATRIC
                   1 = REGULAR
                   2 = LARGE AD.
                   3 = THIGH
                   . = UNKNOWN (22)


G3A459          PROTOCOL MODIFICATION FOR TECHNICIAN'S BLOOD PRESSURE READING
                   0 = NO
                   1 = YES
                   . = UNKNOWN (23)
```

```
G3A460          INFORMED CONSENT  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A461          ANTHROPOMETRY   *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A462          SOCIODEMOGRAPHIC QUESTIONS  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A463          SF-12 HEALTH SURVEY  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A464          CES-D SCALE  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A465          EXERCISE QUESTIONAIRE  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A466          PEDIGREE VERIFICATION  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A467          URINE SPECIMEN  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A468          BLOOD DRAW  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A469          ECG  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A470          TONOMETRY/BRACHIAL/ECHO *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A471          SPIROMETRY  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A472          DIFFUSION CAPACITY  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A473          REASON SPIROMETRY NOT DONE  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY

G3A474          REASON DIFFUSION NOT DONE  *SEE NOTE BELOW
                **DELETED DUE TO UNRELIABILITY




NOTE REGARDING PROCEDURES: THIS SECTION USED FOR ADMINISTRATIVE PURPOSES,
VARIABLES DELETED, SEE ACTUAL TEST OR QUESTIONAIRE FOR ACCURATE COUNTS




NOTE REGARDING G3A475-G3A481: EXIT INTERVIEW QUESTIONS
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY
```

G3A482   WHAT IS YOUR CURRENT MARITAL STATUS?
                 1 = SINGLE/NEVER MARRIED
                 2 = MARRIED/LIVING AS MARRIED/LIVING WITH PARTNER
                 3 = SEPARTED
                 4 = DIVORCED
                 5 = WIDOWED
                 . = PREFER NOT TO ANSWER/UNKNOWN (15)

G3A483   WHICH OF THE FOLLOWING BEST DESCRIBE YOU? (CHECK ALL THAT
                 APPLY):
                CAUCASIAN OR WHITE
                 0 = NO OR NOT CHECKED
                 1 = YES

G3A484   WHICH OF THE FOLLOWING BEST DESCRIBE YOU? (CHECK ALL THAT
                 APPLY):
                SPANISH/HISPANIC/LATINO
                 0 = NO OR NOT CHECKED
                 1 = YES

                **DELETED TO PRESERVE CONFIDENTIALITY (Included in the G3A489
                Variable).

G3A485   WHICH OF THE FOLLOWING BEST DESCRIBE YOU? (CHECK ALL THAT
                 APPLY):
                AFRICAN-AMERICAN OR BLACK
                 0 = NO OR NOT CHECKED
                 1 = YES

                **DELETED TO PRESERVE CONFIDENTIALITY (Included in the G3A489
                Variable).

G3A486   WHICH OF THE FOLLOWING BEST DESCRIBE YOU? (CHECK ALL THAT
                 APPLY):
                ASIAN
                 0 = NO OR NOT CHECKED
                 1 = YES

                **DELETED TO PRESERVE CONFIDENTIALITY (Included in the G3A489
                Variable).

G3A487   WHICH OF THE FOLLOWING BEST DESCRIBE YOU? (CHECK ALL THAT
                 APPLY):
                NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
                 0 = NO OR NOT CHECKED
                 1 = YES

                **DELETED TO PRESERVE CONFIDENTIALITY (Included in the G3A489
                Variable).

```
G3A488          WHICH OF THE FOLLOWING BEST DESCRIBE YOU? (CHECK ALL THAT
                APPLY):
                AMERICAN INDIAN OR ALASKA NATIVE
                  0 = NO OR NOT CHECKED
                  1 = YES

                **DELETED TO PRESERVE CONFIDENTIALITY (Included in the G3A489
                Variable).


G3A489          WHICH OF THE FOLLOWING BEST DESCRIBE YOU? (CHECK ALL THAT
                APPLY):
                OTHER
                  0 = NO OR NOT CHECKED
                  1 = YES


G3A490          WHICH OF THE FOLLOWING BEST DESCRIBE YOU? (CHECK ALL THAT
                APPLY):
                PREFER NOT TO ANSWER
                  0 = NO OR NOT CHECKED
                  1 = YES


G3A491          WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU HAVE
                COMPLETED? (IF CURRENTLY ENROLLED, MARK THE HIGHEST GRADE
                COMPLETED, DEGREE RECEIVED)
                  0 = NO SCHOOLING
                  1 = GRADES 1-8
                  2 = GRADES 9-11
                  3 = COMPLETED HIGH SCHOOL (12TH GRADE) OR GED
                  4 = SOME COLLEGE BUT NO DEGREE
                  5 = TECHNICAL SCHOOL CERTIFICATE
                  6 = ASSOCIATE DEGREE (JUNIOR COLLEGE AA,AS)
                  7 = BACHELOR'S DEGREE (BA,AB,BS)
                  8 = GRADUATE OR PROFESSIONAL DEGREE (MASTER'S, DOCTORATE,
                      MD, ETC.)
                  . = PREFER NOT TO ANSWER/UNKNOWN (16)


G3A492          PLEASE CHOOSE WHICH OF THE FOLLOWING BEST DESCRIBE YOUR
                CURRENT EMPLOYMENT STATUS?
                  0 = HOMEMAKER, NOT WORKING OUTSIDE THE HOME
                  1 = EMPLOYED (OR SELF-EMPLOYED) FULL TIME
                  2 = EMPLOYED (OR SELF-EMPLOYED) PART TIME
                  3 = EMPLOYED, BUT ON LEAVE FOR HEALTH REASONS
                  4 = EMPLOYED, BUT TEMPORARILY AWAY FROM MY JOB
                  5 = UNEMPLOYED OR LAID OFF OR FULL-TIME STUDENT
                  6 = RETIRED FROM MY USUAL OCCUPATION AND NOT WORKING
                  7 = RETIRED FROM MY USUAL OCCUPATION BUT WORKING FOR PAY
                  8 = RETIRED FROM MY USUAL OCCUPATION BUT VOLUNTEERING
                 10 = UNEMPLOYED DUE TO DISABILITY
                  . = PREFER NOT TO ANSWER/UNKNOWN (20)
```

```
G3A493          WHAT IS YOUR CURRENT OCCUPATION?
                  CHARACTER VARIABLE
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A494          USING THE OCCUPATION CODING SHEET CHOOSE THE CODE THAT BEST
                 DESCRIBES YOUR OCCUPATION.
                   01 = HOMEMAKER
                   02 = RETIRED
                   03 = SELF EMPLOYED BUSINESS OWNER
                   04 = M.D./DENTIST/SCIENTIST/RESEARCH
                   05 = LAWYER/JUDGE
                   06 = PSYCHOLOGIST/SOCIAL WORKER/MENTAL HEALTH COUNSELOR
                   08 = ENGINEER/COMPUTER SCIENCE
                   09 = BANKER/ACCOUNTANT
                   10 = MANAGER/CONSULTANT (e.g. PRODUCTION MANAGER)
                   11 = ADMINISTRATIVE (e.g. PERSONNEL)
                   12 = EDUCATOR
                   13 = NURSE/MEDICAL PERSONNEL/LABORATORY TECHNICIAN/
                        PHYSICAL/OCCUPATIONAL/SPEECH THERAPIST
                   16 = SECRETARY/CLERK/DATA ENTRY
                   17 = RETAIL/CASHIER
                   18 = SALES/MARKETING/INSURANCE
                   19 = REALTOR
                   20 = WRITER/EDITOR/ARTIST/GRAPHIC DESIGNER/CRAFTSPERSON
                   22 = MUSICIAN
                   23 = POLICE/FIRE/SECURITY/MILITARY
                   24 = FACTORY/ASSEMBLY/MECHANIC
                   26 = RESTAURANT/FOODWORKER
                   27 = SKILLED LABOR (e.g. PLUMBER, CARPENTER, PAINTER
                         HAIRDRESSER)
                   28 = GENERAL LABOR (e.g. CUSTODIAN, DELIVERY, MAILMAN,
                         TRUCKDRIVER)
                   29 = HEAVY LABOR (e.g. CONSTRUCTION, LANDSCAPING)
                   30 = CLERGY (MINISTER, PRIEST, RABBI)/SPORTS
                         PRO/COACH/EXERCISE INSTRUCTOR/OTHER
                   32 = STATISTICIAN
                   33 = STUDENT
                    . or 0 = UNKNOWN (41)
                **MODIFIED TO PRESERVE CONFIDENTIALITY

G3A495          WHAT IS THE OCCUPATION YOU HAVE WORKED IN LONGEST?
                  CHARACTER VARIABLE
                **DELETED TO PRESERVE CONFIDENTIALITY
```

```
G3A496          USING THE OCCUPATION CODING SHEET CHOOSE THE CODE THAT BEST
                DESCRIBES THE OCCUPATION YOU HAVE WORKED IN LONGEST
                  01 = HOMEMAKER
                  02 = RETIRED
                  03 = SELF EMPLOYED BUSINESS OWNER
                  04 = M.D./DENTIST/SCIENTIST/RESEARCH
                  05 = LAWYER/JUDGE
                  06 = PSYCHOLOGIST/SOCIAL WORKER/MENTAL HEALTH COUNSELOR
                  08 = ENGINEER/COMPUTER SCIENCE
                  09 = BANKER/ACCOUNTANT
                  10 = MANAGER/CONSULTANT (e.g. PRODUCTION MANAGER)
                  11 = ADMINISTRATIVE (e.g. PERSONNEL)
                  12 = EDUCATOR
                  13 = NURSE/MEDICAL PERSONNEL/LABORATORY TECHNICIAN/
                       PHYSICAL/OCCUPATIONAL/SPEECH THERAPIST
                  16 = SECRETARY/CLERK/DATA ENTRY
                  17 = RETAIL/CASHIER
                  18 = SALES/MARKETING/INSURANCE
                  19 = REALTOR
                  20 = WRITER/EDITOR/ARTIST/GRAPHIC DESIGNER/CRAFTSPERSON
                  22 = MUSICIAN
                  23 = POLICE/FIRE/SECURITY/MILITARY
                  24 = FACTORY/ASSEMBLY/MECHANIC
                  26 = RESTAURANT/FOODWORKER
                  27 = SKILLED LABOR (e.g. PLUMBER, CARPENTER, PAINTER
                        HAIRDRESSER)
                  28 = GENERAL LABOR (e.g. CUSTODIAN, DELIVERY, MAILMAN,
                        TRUCKDRIVER)
                  29 = HEAVY LABOR (e.g. CONSTRUCTION, LANDSCAPING)
                  30 = CLERGY (MINISTER, PRIEST, RABBI)/SPORTS
                        PRO/COACH/EXERCISE INSTRUCTOR/OTHER
                  32 = STATISTICIAN
                  33 = STUDENT
                   . = UNKNOWN (67)
                **MODIFIED TO PRESERVE CONFIDENTIALITY


G3A497          PLEASE SELECT WHICH INCOME GROUP BEST REPRESENTS YOUR COMBINED
                FAMILY INCOME FOR THE PAST 12 MONTHS.
                  1 = UNDER $12,000
                  2 = $ 12,000 - $ 24,000
                  3 = $ 25,000 - $ 49,999
                  4 = $ 50,000 - $ 74,999
                  5 = $ 75,000 - $ 100,000
                  6 = OVER $ 100,000
                  . = PREFER NOT TO ANSWER/UNKNOWN (196)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A498          HOW MANY PEOPLE ARE SUPPORTED BY THIS INCOME? **SEE NOTE
                BELOW***
                  0 - 22
                  . = UNKNOWN (99)
                NOTE: Some participants may have interpreted this question as
                      how many other people are supported by this income since
                      there were 35 records with a zero for this question.
```

```
G3A499IN        TO HELP PAY FOR MEDICAL CARE, DO YOU HAVE: HMO (OR OTHER
                 PRIVATE INSURANCE), MEDICARE, MEDICAID, MILITARY OR VETERAN'S
                 SPONSORED, OR OTHER?
                  0 = NO TO ALL
                  1 = YES TO AT LEAST ONE TYPE OF INSURANCE LISTED
                  . = UNKNOWN
                 NOTE:  THIS IS A GROUPED VARIABLE FOR G3A499-G3A503 TO
                        PROTECT PARTICIPANT'S CONFIDENTIALITY
                 NOTE:  THIS VARIABLE WAS CREATED USING THE FOLLOWING CODE:
                        IF G3A499 = . AND G3A500 = . AND G3A501 = . AND G3A502
                        = . AND G3A503 = . THEN G3A499IN = .;
                        ELSE IF G3A499 = 1 OR G3A500 = 1 OR G3A501 = 1 OR
                        G3A502 = 1 OR G3A503 = 1 THEN G3A499IN = 1;
                        ELSE G3A499IN = 0;
                 **DELETED TO PRESERVE CONFIDENTIALITY


G3A499          TO HELP YOU PAY YOUR MEDICAL CARE, DO YOU HAVE: HMO OR OTHER
                 PRIVATE INSURANCE SUCH AS BLUE CROSS, AETNA, HARVARD PILGRIM,
                 ETC
                  0 = NO
                  1 = YES
                  . = UNKNOWN (50)
                 **DELETED TO PRESERVE CONFIDENTIALITY, SEE NOTE UNDER G3A499IN


G3A500          TO HELP YOU PAY YOUR MEDICAL CARE, DO YOU HAVE: MEDICARE
                  0 = NO
                  1 = YES
                  . = UNKNOWN (257)
                 **DELETED TO PRESERVE CONFIDENTIALITY, SEE NOTE UNDER G3A499IN


G3A501          TO HELP YOU PAY YOUR MEDICAL CARE, DO YOU HAVE: MEDICAID
                  0 = NO
                  1 = YES
                  . = UNKNOWN (261)
                 **DELETED TO PRESERVE CONFIDENTIALITY, SEE NOTE UNDER G3A499IN


G3A502          TO HELP YOU PAY YOUR MEDICAL CARE, DO YOU HAVE: MILITARY OR
                 VETERAN'S ADMINISTRATION SPONSORED
                  0 = NO
                  1 = YES
                  . = UNKNOWN (259)
                 **DELETED TO PRESERVE CONFIDENTIALITY, SEE NOTE UNDER G3A499IN


G3A503          TO HELP YOU PAY YOUR MEDICAL CARE, DO YOU HAVE: OTHER
                  0 = NO
                  1 = YES
                  . = UNKNOWN (305)
                 **DELETED TO PRESERVE CONFIDENTIALITY, SEE NOTE UNDER G3A499IN
```

G3A504   TO HELP YOU PAY YOUR MEDICAL CARE, DO YOU HAVE: NONE
                   0 = NO
                   1 = YES
                   . = UNKNOWN (605)

G3A505   TO HELP YOU PAY YOUR MEDICAL CARE, DO YOU HAVE: PREFER NOT TO
                 ANSWER
                   0 = NO
                   1 = YES
                   . = UNKNOWN (1224)

```
G3A506          IN GENERAL, WOULD YOU SAY YOUR HEALTH IS :
                  4 = EXCELLENT
                  3 = VERY GOOD
                  2 = GOOD
                  1 = FAIR
                  0 = POOR
                  . = UNKNOWN (22)


G3A507          MODERATE ACTIVITIES, SUCH AS MOVING A TABLE, PUSHING A VACUUM
                CLEANER, OR PLAYING GOLF
                  2 = YES, LIMITED A LOT
                  1 = YES, LIMITED A LITTLE
                  0 = NO, NOT LIMITED AT ALL
                  . = UNKNOWN (19)


G3A508          CLIMBING SEVERAL FLIGHTS OF STAIRS
                  2 = YES, LIMITED A LOT
                  1 = YES, LIMITED A LITTLE
                  0 = NO, NOT LIMITED AT ALL
                  . = UNKNOWN (47)


G3A509          DURING THE PAST 4 WEEKS, HAVE YOU ACCOMPLISHED LESS THAN YOU
                WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
                  1 = YES
                  0 = NO
                  . = UNKNOWN (21)


G3A510          DURING THE PAST 4 WEEKS, WERE YOU LIMITED IN THE KIND OF WORK
                OR OTHER ACTIVITIES YOU COULD DO AS A RESULT OF YOUR PHYSICAL
                HEALTH?
                  1 = YES
                  0 = NO
                  . = UNKNOWN (36)


G3A511          DURING THE PAST 4 WEEKS HAVE YOU ACCOMPLISHED LESS THAN YOU
                WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS?
                  1 = YES
                  0 = NO
                  . = UNKNOWN (19)


G3A512          DURING THE PAST 4 WEEKS DID YOU NOT DO WORK OR OTHER
                ACTIVITIES AS CAREFULLY AS USUAL AS A RESULT OF ANY EMOTIONAL
                PROBLEMS?
                  1 = YES
                  0 = NO
                  . = UNKNOWN (25)
```

G3A513   DURING THE PAST 4 WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR
NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND
HOUSEWORK)?
```
0 = NOT AT ALL
1 = A LITTLE BIT
2 = MODERATELY
3 = QUITE A BIT
4 = EXTREMELY
. = UNKNOWN (29)
```

G3A514   HOW MUCH OF THE TIME DURING THE PAST 4 WEEKS: HAVE YOU FELT
CALM AND PEACEFUL?
```
5 = ALL OF THE TIME
4 = MOST OF THE TIME
3 = A GOOD BIT OF TIME
2 = SOME OF THE TIME
1 = A LITTLE OF THE TIME
0 = NONE OF THE TIEM
. = UNKNOWN (27)
```

G3A515   HOW MUCH OF THE TIME DURING THE PAST 4 WEEKS: DID YOU HAVE A
LOT OF ENERGY?
```
5 = ALL OF THE TIME
4 = MOST OF THE TIME
3 = A GOOD BIT OF TIME
2 = SOME OF THE TIME
1 = A LITTLE OF THE TIME
0 = NONE OF THE TIEM
. = UNKNOWN (30)
```

G3A516   HOW MUCH OF THE TIME DURING THE PAST 4 WEEKS: HAVE YOU FELT
DOWNHEARTED AND BLUE?
```
5 = ALL OF THE TIME
4 = MOST OF THE TIME
3 = A GOOD BIT OF TIME
2 = SOME OF THE TIME
1 = A LITTLE OF THE TIME
0 = NONE OF THE TIEM
. = UNKNOWN (43)
```

G3A517   DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME HAS YOUR
PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR
SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
```
4 = ALL OF THE TIME
3 = MOST OF THE TIME
2 = SOME OF THE TIME
1 = A LITTLE OF THE TIME
0 = NONE OF THE TIEM
. = UNKNOWN (32)
```

CIRCLE THE NUMBER FOR EACH STATEMENT WHICH BEST DESCRIBES HOW OFTEN
YOU FELT OR BEHAVED THIS WAY DURING THE PAST WEEK.

G3A518 CES-D I WAS BOTHERED BY THINGS THAT USUALLY DON'T BOTHER ME
      0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
      1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
      2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
      3 = MOST OR ALL OF THE TIME (5-7 DAYS)
      . = UNKNOWN (58)

G3A519 CES-D I DID NOT FEEL LIKE EATING; MY APPETITE WAS POOR
      0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
      1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
      2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
      3 = MOST OR ALL OF THE TIME (5-7 DAYS)
      . = UNKNOWN (43)

G3A520 CES-D I FELT THAT I COULD NOT SHAKE OFF THE BLUES, EVEN WITH
     HELP FROM FAMILY AND FRIENDS
      0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
      1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
      2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
      3 = MOST OR ALL OF THE TIME (5-7 DAYS)
      . = UNKNOWN (50)

G3A521 CES-D I FELT THAT I WAS JUST AS GOOD AS OTHER PEOPLE
      0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
      1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
      2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
      3 = MOST OR ALL OF THE TIME (5-7 DAYS)
      . = UNKNOWN (76)

G3A522 CES-D I HAD TROUBLE KEEPING MY MIND ON WHAT I WAS DOING
      0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
      1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
      2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
      3 = MOST OR ALL OF THE TIME (5-7 DAYS)
      . = UNKNOWN (65)

G3A523 CES-D I FELT DEPRESSED
      0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
      1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
      2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
      3 = MOST OR ALL OF THE TIME (5-7 DAYS)
      . = UNKNOWN (63)

```
G3A524          CES-D   I FELT THAT EVERY THING I DID WAS AN EFFORT
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (63)


G3A525          CES-D   I FELT HOPEFUL ABOUT THE FUTURE
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (69)


G3A526          CES-D   I THOUGHT MY LIFE HAD BEEN A FAILURE
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (59)


G3A527          CES-D   I FELT FEARFUL
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (61)


G3A528          CES-D   MY SLEEP WAS RESTLESS
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (56)


G3A529          CES-D   I WAS HAPPY
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (61)


G3A530          CES-D   I TALKED LESS THAN USUAL
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (55)
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G3A531          CES-D   I FELT LONELY
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (56)


G3A532          CES-D   PEOPLE WERE UNFRIENDLY
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (59)


G3A533          CES-D   I ENJOYED LIFE
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (61)


G3A534          CES-D   I HAD CRYING SPELLS
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (59)


G3A535          CES-D   I FELT SAD
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (67)


G3A536          CES-D   I FELT THAT PEOPLE DISLIKED ME
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (54)


G3A537          CES-D   I COULD NOT "GET GOING"
                    0 = RARELY OR NONE OF THE TIME (LESS THEN 1 DAY)
                    1 = SOME OR A LITTLE OF TIME (1-2 DAYS)
                    2 = OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
                    3 = MOST OR ALL OF THE TIME (5-7 DAYS)
                    . = UNKNOWN (50)
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G3A538          EXAMINER ID
                  . = UNKNOWN (30)
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A539          HAVE YOU EVER HAD ASTHMA?
                  0 = NO
                  1 = YES
                  . UNKNOWN (41)


G3A540          ASTHMA: DO YOU STILL HAVE IT?
                  0 = NO OR NEVER HAD IT
                  1 = YES
                  . UNKNOWN (55)


G3A541          ASTHMA: WAS IT DIAGNOSED BY A DOCTOR OR OTHER HEALTH
                PROFESSIONAL?
                  0 = NO OR NO ASTHMA
                  1 = YES
                  . UNKNOWN (51)


G3A542          ASTHMA: AT WHAT AGE DID IT START? (AGE IN YEARS)
                  0 = NO ASTHMA
                  1 = 1 YEAR OR LESS
                  1 - 57
                  . = UNKNOWN (58)


G3A543          ASTHMA: IF YOU NO LONGER HAVE IT, AT WHAT AGE DID IT STOP?
                (AGE IN YEARS)
                   0 = NO OR NO ASTHMA
                   1 - 57
                  88 = N/A (STILL HAS ASTHMA)
                   . = UNKNOWN (72)


G3A544          ASTHMA: HAVE YOU RECEIVED MEDICAL TREATMENT FOR THIS IN THE
                PAST 12 MONTHS?
                  0 = NO OR NO ASTHMA
                  1 = YES
                  . = UNKNOWN (51)


G3A545          HAVE YOU EVER HAD HAY FEVER (ALLERGY INVOLVING THE NOSE AND/OR
                EYES)?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (32)
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G3A546          HAVE YOU EVER HAD BRONCHITIS?
                    0 = NO
                    1 = YES
                    . = UNKNOWN (39)


G3A547          HAVE YOU EVER HAD PNEUMONIA (INCLUDING BRONCHOPNEUMONIA)?
                    0 = NO
                    1 = YES
                    . = UNKNOWN (36)


G3A548          HAVE YOU EVER HAD CHRONIC BRONCHITIS?
                    0 = NO
                    1 = YES
                    . = UNKNOWN (37)


G3A549          CHRONIC BRONCHITIS: HEALTH PROFESSIONAL DX?
                    0 = NO OR NO CHRONIC BRONCHITIS
                    1 = YES
                    . = UNKNOWN (56)


G3A550          CHRONIC BRONCHITIS: AGE CONDITION BEGAN
                    0 = NO CHRONIC BRONCHITIS
                    1 - 55
                    . = UNKNOWN (64)


G3A551          HAVE YOU EVER HAD EMPHYSEMA?
                    0 = NO
                    1 = YES
                    . = UNKNOWN (37)


G3A552          EMPHYSEMA: HEALTH PROFESSIONAL DX?
                    0 = NO OR NO EMPHYSEMA
                    1 = YES
                    . = UNKNOWN (41)


G3A553          EMPHYSEMA: AGE CONDITION BEGAN
                    0 = NO EMPHYSEMA
                   29 - 51
                    . = UNKNOWN (41)


G3A554          HAVE YOU EVER HAD COPD?
                    0 = NO
                    1 = YES
                    . = UNKNOWN (38)
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G3A555          COPD: HEALTH PROFESSIONAL DX?
                  0 = NO OR NO COPD
                  1 = YES
                  . = UNKNOWN (42)


G3A556          COPD: AGE CONDITION BEGAN
                   0 = NO COPD
                  11 - 50
                   . = UNKNOWN (42)


G3A557          HAVE YOU EVER HAD SLEEP APNEA
                  0 = NO
                  1 = YES
                  . = UNKNOWN (48)


G3A558          SLEEP APNEA: HEALTH PROFESSIONAL DX?
                  0 = NO OR NO SLEEP APNEA
                  1 = YES
                  . = UNKNOWN (51)


G3A559          SLEEP APNEA: AGE CONDITION BEGAN
                  0 = NO SLEEP APNEA
                  1 - 56
                  . = UNKNOWN (67)


G3A560          HAVE YOU EVER HAD PULMONARY FIBROSIS?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (52)


G3A561          PULMONARY FIBROSIS: HEALTH PROFESSIONAL DX?
                  0 = NO OR NO PULMONARY FIBROSIS
                  1 = YES
                  . = UNKNOWN (55)


G3A562          PULMONARY FIBROSIS: AGE CONDITION BEGAN
                  0 = NO PULMONARY FIBROSIS
                  . = UNKNOWN (55)


G3A563          HAVE YOU EVER HAD ANY OTHER CHEST ILLNESSES?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (33)
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G3A564   HAVE YOU EVER HAD ANY CHEST OPERATIONS?
                    0 = NO
                    1 = YES
                    . = UNKNOWN (34)

G3A565   HAVE YOU EVER HAD ANY CHEST INJURIES?
                    0 = NO
                    1 = YES
                    . = UNKNOWN (36)

G3A566   WHEN YOU ARE NEAR ANIMALS, FEATHERS OR IN A DUSTY OR MOLDY
                PART OF THE HOUSE, DO YOU EVER START TO COUGH?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (34)

G3A567   WHEN YOU ARE NEAR ANIMALS, FEATHERS OR IN A DUSTY OR MOLDY
                PART OF THE HOUSE, DO YOU EVER START TO WHEEZE?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (34)

G3A568   WHEN YOU ARE NEAR ANIMALS, FEATHERS OR IN A DUSTY OR MOLDY
                PART OF THE HOUSE, DO YOU EVER GET A FEELING OF TIGHTNESS IN
                YOUR CHEST?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (34)

G3A569   WHEN YOU ARE NEAR ANIMALS, FEATHERS OR IN A DUSTY OR MOLDY
                PART OF THE HOUSE, DO YOU EVER START TO FEEL SHORT OF BREATH?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (34)

G3A570   WHEN YOU ARE NEAR ANIMALS, FEATHERS OR IN A DUSTY OR MOLDY
                PART OF THE HOUSE, DO YOU EVER GET A RUNNY OR STUFFY NOSE OR
                START TO SNEEZE?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (34)

G3A571   WHEN YOU ARE NEAR ANIMALS, FEATHERS OR IN A DUSTY OR MOLDY
                PART OF THE HOUSE, DO YOU EVER GET ITCHING OR WATERING EYES?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (36)

G3A572   WHEN YOU ARE NEAR TREES, GRASS, OR FLOWERS, OR WHEN THERE IS A
                LOT OF POLLEN IN THE AIR, DO YOU EVER START TO COUGH?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (35)

G3A573   WHEN YOU ARE NEAR TREES, GRASS, OR FLOWERS, OR WHEN THERE IS A
                LOT OF POLLEN IN THE AIR, DO YOU EVER START TO WHEEZE?
                   0 = NO
                   1 = YES
                   . = UNKNOWN (35)

G3A574   WHEN YOU ARE NEAR TREES, GRASS, OR FLOWERS, OR WHEN THERE IS A
                LOT OF POLLEN IN THE AIR, DO YOU EVER GET A FEELING OF
                TIGHTNESS IN YOUR CHEST?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (36)

G3A575   WHEN YOU ARE NEAR TREES, GRASS, OR FLOWERS, OR WHEN THERE IS A
                LOT OF POLLEN IN THE AIR, DO YOU EVER START TO FEEL SHORT OF
                BREATH?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (36)

G3A576   WHEN YOU ARE NEAR TREES, GRASS, OR FLOWERS, OR WHEN THERE IS A
                LOT OF POLLEN IN THE AIR, DO YOU EVER GET A RUNNY OR STUFFY
                NOSE OR START TO SNEEZE?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (35)

G3A577   WHEN YOU ARE NEAR TREES, GRASS, OR FLOWERS, OR WHEN THERE IS A
                LOT OF POLLEN IN THE AIR, DO YOU EVER GET ITCHING OR WATERING
                EYES?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (35)

G3A578   WHEN YOU ARE AT YOUR CURRENT JOB, DO YOU EVER START TO COUGH?
                  0 = NO
                  1 = YES
                  8 = NO CURRENT JOB
                  . = UNKNOWN (46)

G3A579   WHEN YOU ARE AT YOUR CURRENT JOB, DO YOU EVER START TO WHEEZE?
                  0 = NO
                  1 = YES
                  8 = NO CURRENT JOB
                  . = UNKNOWN (46)

G3A580   WHEN YOU ARE AT YOUR CURRENT JOB, DO YOU EVER GET A FEELING OF
                TIGHTNESS IN YOUR CHEST?
                  0 = NO
                  1 = YES
                  8 = NO CURRENT JOB
                  . = UNKNOWN (46)

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G3A581          WHEN YOU ARE AT YOUR CURRENT JOB, DO YOU EVER START TO FEEL
                SHORT OF BREATH?
                  0 = NO
                  1 = YES
                  8 = NO CURRENT JOB
                  . = UNKNOWN (46)


G3A582          WHEN YOU ARE AT YOUR CURRENT JOB, DO YOU EVER GET A RUNNY OR
                STUFFY NOSE OR START TO SNEEZE?
                  0 = NO
                  1 = YES
                  8 = NO CURRENT JOB
                  . = UNKNOWN (46)


G3A583          WHEN YOU ARE AT YOUR CURRENT JOB, DO YOU EVER GET ITCHING OR
                WATERING EYES?
                  0 = NO
                  1 = YES
                  8 = NO CURRENT JOB
                  . = UNKNOWN (48)


G3A584          WHEN YOU ARE NEAR STRONG ODORS SUCH AS PERFUME OR BLEACH, DO
                YOU EVER START TO COUGH?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (42)


G3A585          WHEN YOU ARE NEAR STRONG ODORS SUCH AS PERFUME OR BLEACH, DO
                YOU EVER START TO WHEEZE?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (41)


G3A586          WHEN YOU ARE NEAR STRONG ODORS SUCH AS PERFUME OR BLEACH, DO
                YOU EVER GET A FEELING OF TIGHTNESS IN YOUR CHEST?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (42)


G3A587          WHEN YOU ARE NEAR STRONG ODORS SUCH AS PERFUME OR BLEACH, DO
                YOU EVER START TO FEEL SHORT OF BREATH?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (45)
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G3A588          WHEN YOU EXERCISE OR EXERT YOURSELF OR WHEN THE AIR IS COLD,
                DO YOU EVER START TO COUGH?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (38)


G3A589          WHEN YOU EXERCISE OR EXERT YOURSELF OR WHEN THE AIR IS COLD,
                DO YOU EVER START TO WHEEZE?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (38)


G3A590          WHEN YOU EXERCISE OR EXERT YOURSELF OR WHEN THE AIR IS COLD,
                DO YOU EVER GET A FEELING OF TIGHTNESS IN YOUR CHEST?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (37)


G3A591          WHEN YOU EXERCISE OR EXERT YOURSELF OR WHEN THE AIR IS COLD,
                DO YOU EVER START TO FEEL SHORT OF BREATH?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (39)


G3A592          DO YOU CURRENTLY HAVE A CAT, DOG, OR OTHER FURRY PETS LIVING
                IN YOUR HOME?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (36)


G3A593          HAVE YOU EVER BEEN EXPOSED AT WORK TO VAPORS, GAS, DUST OR
                FUMES?
                 0 = NO
                 1 = YES
                 . = UNKNOWN (53)


G3A594          IF YOU HAVE BEEN EXPOSED AT WORK TO VAPORS, GAS, DUST OR
                FUMES, WHAT IS THE TOTAL NUMBER OF YEARS EXPOSED?
                 0 = NOT EXPOSED
                 1 - 50
                 . = UNKNOWN (106)
```

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G3A595          EXAMINER ID FOR PHYSICAL ACTIVITY QUESTIONNAIRE
                   . = UNKNOWN (7)
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A596          SLEEP: NUMBER OF HOURS THAT YOU TYPICALLY SLEEP?
                   3 - 13
                   . = UNKNOWN (8)
                NOTE: If the total of variables G3A596-G3A600 was outside the
                      range of 22-26 hours in the typical day, then sleeping
                      hours (G3A596) was kept and the rest (G3A597-G3A600)
                      were set to unknown.


G3A597          SEDENTARY: NUMBER OF HOURS TYPICALLY SITTING?
                   0 - 19
                   . = UNKNOWN (27)
                NOTE: If the total of variables G3A596-G3A600 was outside the
                      range of 22-26 hours in the typical day, then sleeping
                      hours (G3A596) was kept and the rest (G3A597-G3A600)
                      were set to unknown.


G3A598          SLIGHT ACTIVITY: NUMBER OF HOURS WITH ACTIVITIES SUCH AS
                STANDING, WALKING?
                   0 - 15
                   . = UNKNOWN (27)
                NOTE: If the total of variables G3A596-G3A600 was outside the
                      range of 22-26 hours in the typical day, then sleeping
                      hours (G3A596) was kept and the rest (G3A597-G3A600)
                      were set to unknown.


G3A599          MODERATE ACTIVITY: NUMBER OF HOURS WITH ACTIVITIES SUCH AS
                HOUSEWORK (VACUUM, DUST, YARD CHORES, CLIMBING STAIRS; LIGHT
                SPORTS SUCH AS BOWLING OR GOLF)?
                   0 - 17
                   . = UNKNOWN (27)
                NOTE: If the total of variables G3A596-G3A600 was outside the
                      range of 22-26 hours in the typical day, then sleeping
                      hours (G3A596) was kept and the rest (G3A597-G3A600)
                      were set to unknown.


G3A600          HEAVY ACTIVITY: NUMBER OF HOURS WITH ACTIVITIES SUCH AS HEAVY
                HOUSEHOLD WORK, HEAVY YARD WORK, SUCH AS STACKING OR CHOPPING
                WOOD, EXERCISE SUCH AS INTENSIVE SPORTS - JOGGING SWIMMING,
                ETC?
                   0 - 17
                   . = UNKNOWN (24)
                NOTE: If the total of variables G3A596-G3A600 was outside the
                      range of 22-26 hours in the typical day, then sleeping
                      hours (G3A596) was kept and the rest (G3A597-G3A600)
                      were set to unknown.
```

G3A601   WHAT IS YOUR NORMAL WALKING PACE OUTDOORS?
                  0 = UNABLE TO WALK OR DO NOT WALK OUTDOORS
                  1 = EASY, CASUAL, SLOW (LESS THAN 2 MILES PER HOUR)
                  2 = NORMAL, AVERAGE (2-2.9 MILES PER HOUR)
                  3 = BRISK PACE (3-3.9 MILES PER HOUR)
                  4 = VERY BRISK PACE (4-4.9 MILES PER HOUR)
                  . = UNKNOWN (20)

G3A602   HOW MANY FLIGHTS OF STAIRS (NOT STEPS) DO YOU CLIMB DAILY?
                (10 STAIRS PER FLIGHT)
                  0 = NO FLIGHTS
                  1 = 1-2 FLIGHTS
                  2 = 3-4 FLIGHTS
                  3 = 5-9 FLIGHTS
                  4 = 10-14 FLIGHTS
                  5 > 15 FLIGHTS
                  . = UNKNOWN (19)

G3A706   EXAMINER NUMBER FOR PHYSICAL ACTIVITY QUESTIONNAIRE
                  . = UNKNOWN (929)
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A603   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
                 SPENT WALKING FOR EXERCISE OR WALKING TO WORK?
                  0 = NONE
                  1 = 1-4 MINUTES
                  2 = 5-19 MINUTES
                  3 = 20-59 MINUTES
                  4 = 1 HOUR
                  5 = 1-1.5 HOURS
                  6 = 2-3 HOURS
                  7 = 4-6 HOURS
                  8 = 7-10 HOURS
                  9 = 11+ HOURS
                  . = UNKNOWN (9)

G3A604   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
                 SPENT JOGGING (SLOWER THAN 10 MINUTE MILE)?
                  0 = NONE
                  1 = 1-4 MINUTES
                  2 = 5-19 MINUTES
                  3 = 20-59 MINUTES
                  4 = 1 HOUR
                  5 = 1-1.5 HOURS
                  6 = 2-3 HOURS
                  7 = 4-6 HOURS
                  8 = 7-10 HOURS
                  9 = 11+ HOURS
                  . = UNKNOWN (18)

G3A605   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
                SPENT RUNNING (10 MINUTE MILE OR FASTER)?
                0 = NONE
                1 = 1-4 MINUTES
                2 = 5-19 MINUTES
                3 = 20-59 MINUTES
                4 = 1 HOUR
                5 = 1-1.5 HOURS
                6 = 2-3 HOURS
                7 = 4-6 HOURS
                8 = 7-10 HOURS
                9 = 11+ HOURS
                . = UNKNOWN (13)

G3A606   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
                SPENT BICYCLING (INCLUDING STATIONARY BIKE)?
                0 = NONE
                1 = 1-4 MINUTES
                2 = 5-19 MINUTES
                3 = 20-59 MINUTES
                4 = 1 HOUR
                5 = 1-1.5 HOURS
                6 = 2-3 HOURS
                7 = 4-6 HOURS
                8 = 7-10 HOURS
                9 = 11+ HOURS
                . = UNKNOWN (15)

G3A607   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
                SPENT PLAYING TENNIS, SQUASH, OR RACQUETBALL?
                0 = NONE
                1 = 1-4 MINUTES
                2 = 5-19 MINUTES
                3 = 20-59 MINUTES
                4 = 1 HOUR
                5 = 1-1.5 HOURS
                6 = 2-3 HOURS
                7 = 4-6 HOURS
                8 = 7-10 HOURS
                9 = 11+ HOURS
                . = UNKNOWN (14)

G3A608   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
SPENT LAP SWIMMING?
```
0 = NONE
1 = 1-4 MINUTES
2 = 5-19 MINUTES
3 = 20-59 MINUTES
4 = 1 HOUR
5 = 1-1.5 HOURS
6 = 2-3 HOURS
7 = 4-6 HOURS
8 = 7-10 HOURS
9 = 11+ HOURS
. = UNKNOWN (21)
```

G3A609   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
SPENT DOING OTHER AEROBIC EXERCISE (AEROBIC DANCE, SKI OR
STAIR MACHINE, ETC)?
```
0 = NONE
1 = 1-4 MINUTES
2 = 5-19 MINUTES
3 = 20-59 MINUTES
4 = 1 HOUR
5 = 1-1.5 HOURS
6 = 2-3 HOURS
7 = 4-6 HOURS
8 = 7-10 HOURS
9 = 11+ HOURS
. = UNKNOWN (27)
```

G3A610   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
SPENT DOING LOWER INTENSITY EXERCISE (YOGA, STRETCHING,
TONING)?
```
0 = NONE
1 = 1-4 MINUTES
2 = 5-19 MINUTES
3 = 20-59 MINUTES
4 = 1 HOUR
5 = 1-1.5 HOURS
6 = 2-3 HOURS
7 = 4-6 HOURS
8 = 7-10 HOURS
9 = 11+ HOURS
. = UNKNOWN (24)
```

G3A611   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
                SPENT DOING OTHER VIGOROUS EXERCISE (LAWN MOWING)?
                0 = NONE
                1 = 1-4 MINUTES
                2 = 5-19 MINUTES
                3 = 20-59 MINUTES
                4 = 1 HOUR
                5 = 1-1.5 HOURS
                6 = 2-3 HOURS
                7 = 4-6 HOURS
                8 = 7-10 HOURS
                9 = 11+ HOURS
                . = UNKNOWN (14)

G3A612   DURING THE PAST YEAR, WHAT WAS YOUR AVERAGE TIME PER WEEK
                SPENT WEIGHT TRAINING INCLUDING FREE WEIGHTS OR NAUTILUS
                MACHINES?
                0 = NONE
                1 = 1-4 MINUTES
                2 = 5-19 MINUTES
                3 = 20-59 MINUTES
                4 = 1 HOUR
                5 = 1-1.5 HOURS
                6 = 2-3 HOURS
                7 = 4-6 HOURS
                8 = 7-10 HOURS
                9 = 11+ HOURS
                . = UNKNOWN (17)

G3A613-G3A653 - PEDIGREE VERIFICATION - DELETED DUE TO CONFIDENTIALITY
                CONTAINS PARTICIPANT NAMES

```
1ST NP BIO PARENT -
G3A654 AND G3A655 BIOLOGICAL PARENT NAME DELETED DUE TO CONFIDENTIALITY


G3A656          1ST NP BIO PARENT - IS YOUR PARENT LIVING?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2842)


G3A657          1ST NP BIO PARENT - IF PARENT NOT LIVING, MONTH OF DEATH
                  . = UNKNOWN (3796)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A658          1ST NP BIO PARENT - IF PARENT NOT LIVING, DAY OF DEATH
                  . = UNKNOWN (3886)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A659          1ST NP BIO PARENT - IF PARENT NOT LIVING, YEAR OF DEATH
                  . = UNKNOWN (3696)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A660          1ST NP BIO PARENT - IF PARENT NOT LIVING, CAUSE OF DEATH
                   CHARACTER VARIABLE
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A661          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE CHEST PAIN,
                ANGINA OR ANGINA PECTORIS?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3037)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A662          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE A HEART ATTACK,
                MYOCARDIAL INFARCTION OR MI?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2986)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A663          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE HEART FAILURE OR
                CONGESTIVE HEART FAILURE OR CHF?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3016)
                **DELETED TO PRESERVE CONFIDENTIALITY
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G3A664          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE A HEART
                CATHETERIZATION OR CARDIAC CATHETERIZATION?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3022)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A665          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE A HEART BYPASS
                OPERATION OR CORONARY BYPASS SURGERY OR CABG?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2977)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A666          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE A PROCEDURE TO
                UNBLOCK VESSELS TO THE HEART MUSCLE (PTCA, STENT,
                ANGIOPLASTY)?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3000)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A667          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE ANY OTHER HEART
                PROBLEM (PACEMAKER, VALVE, AORTA, ETC)?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2993)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A668          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE A STROKE, TIA,
                SUDDEN PARALYSIS, VISION OR SPEECH LOSS?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2956)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A669          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE A PROCEDURE TO
                UNBLOCK BLOOD VESSELS IN THE NECK (SUCH AS CAROTID
                ENDARTERECTOMY)?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2979)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A670          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE POOR BLOOD
                CIRCULATION OR BLOCKAGE TO LEGS/FEET?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3009)
                **DELETED TO PRESERVE CONFIDENTIALITY
```

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G3A671          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE AN AMPUTATION OF
                LEG OR TOES DUE TO POOR CIRCULATION/GANGRENE?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2948)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A672          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE A BLOOD CLOT OR
                EMBOLISM IN LEG OR LUNG?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3000)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A673          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE ANY OTHER
                CIRCULATION PROBLEM?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2993)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A674          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE MEMORY PROBLEMS
                OR DEMENTIA?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2943)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A675          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE OTHER
                NEUROLOGICAL PROBLEMS SUCH AS PARKINSON'S?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2940)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A676          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE AN MRI SCAN OF
                THE HEAD?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3417)
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A677          1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE CANCER?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2941)
                **DELETED TO PRESERVE CONFIDENTIALITY
```

G3A678   1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE A FRACTURE,
                BROKEN BONE?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3076)
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A679   1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE ANY OTHER
                MEDICAL PROBLEMS?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2993)
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A680   1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE HIGH BLOOD
                CHOLESTEROL?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3349)
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A681   1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE HYPERTENSION
                (HIGH BLOOD PRESSURE)?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (3232)
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A682   1ST NP BIO PARENT - DID YOUR PARENT EVER HAVE DIABETES (HIGH
                BLOOD SUGAR)?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (2981)
                **DELETED TO PRESERVE CONFIDENTIALITY

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G3A683          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A684          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A685          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A686          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A687          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A688          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A689          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A690          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A691          REFERRAL TRACKING
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A692          WAS THERE AN ADVERSE EVENT IN CLINIC THAT DOES NOT REQUIRE
                 FURTHER MEDICAL EVALUATION?
                  0 = NO
                  1 = YES
                  . = UNKNOWN (605)
                 **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A693          METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                 EVALUATION
                 **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY


G3A694          METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                 EVALUATION
                 **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY
```

G3A695   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A696   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A697   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A698   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A699   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A700   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A701   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A702   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A703   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

G3A704   METHOD USED TO INFORM PARTICIPANT OF NEED FOR FURTHER MEDICAL
                EVALUATION
                **DELETED, USED FOR ADMINISTRATIVE PURPOSES ONLY

```
AGE1              CALCULATED AGE AT EXAM 1
                  **DELETED DUE TO REDUNDANCY, REFER TO MOST RECENT EXAM DAYS
                    FILE


G3A707            BODY MASS INDEX
                   15.47 - 60.53
                   . = UNKNOWN (5)
                  ** BMI WAS CALCULATED USING THE ORIGINAL, MEASURED WEIGHTS
                      (NOT THE MODIFIED WEIGHTS).
                      BMI CALCULATION USED:
                      BMI = [{(WEIGHT)*(0.4536)}/ {(HEIGHT)*(0.0254)}**2]
                        = (703.0814062 * WEIGHT) / (HEIGHT **2)


G3A708            ELEVATED BLOOD PRESSURE CALCULATED:

                  IF ((G3A290 GE 160 OR G3A291 GE 95) AND (G3A347 GE 160 OR
                    G3A348 GE 95))
                         THEN G3A708 = 1;
                  IF G3A290 = . OR G3A291 = . OR G3A347 = . OR G3A348 = .
                         THEN G3A708 = .
                         ELSE G3A708 = 0;

                  G3A290 = MD SBP #1, G3A291 = MD DBP #1
                  G3A347 = MD SBP #2, G3A348 = MD DBP #2

                    0 = NO
                    1 = YES
                    . = UNKNOWN (17)
                  **DELETED DUE TO CHANGING DEFINITION OVER TIME


G3A709            TREATMENT FOR BLOOD PRESSURE CALCULATED:

                  IF G3A012 = 1 THEN G3A709 = 1;
                  ELSE IF G3A012 = . THEN G3A709 = .
                  ELSE G3A709 = 0;  NOTE:THIS IS CALCULATED BY TREATMENT ONLY.

                  G3A012 = HAVE YOU EVER TAKEN MED FOR HYPERTENSION OR HBP

                    0 = NO
                    1 = YES
                    . = UNKNOWN (2)
                    **DELETED. USE G3A012 IN CONJUNCTION WITH GEN 3 EXAM 1
                       MEDICATIONS DATASET TO CALCULATE TREATMENT FOR BLOOD
                       PRESSURE.  IF G3A012 = 1 AND A HYPERTENSION MEDICATION
                       IS PRESENT IN THE GEN 3 EXAM 1 MEDICATIONS DATASET, THEN
                       TREATMENT FOR HYPERTENSION = YES.
```

```
G3A710          HYPERTENSION CALCULATED:

                IF G3A708 = 1 OR G3A709 = 1 THEN G3A710 = 1;
                ELSE IF G3A708 = . OR G3A709 = . THEN G3A710 = .;
                ELSE G3A710 = 0;

                  0 = NO
                  1 = YES
                  . = UNKNOWN (18)
                **DELETED DUE TO CHANGING DEFINITION OVER TIME


G3A711          TOTAL ALCOHOL CONSUMPTION (OUNCES/MONTH) CALCULATED
                **DELETED DUE TO CALCULATION UNAVAILABLE
```

```
G3A712          TOTAL CHOLESTEROL, MG/DL
                 76.0-647.0
                 . = UNKNOWN (7)


G3A713          HDL CHOLESTEROL, MG/DL
                 12-206
                 . = UNKNOWN (9)


G3A714          TRIGLYCERIDES, MG/DL
                 21-1499
                 . = UNKNOWN (7)


G3A715          GLUCOSE, MG/DL
                 54-404
                 . = UNKNOWN (7)


G3A716          URIC_ACID, MG/DL
                 1.2-11.4
                 . = UNKNOWN (31)


G3A717          CREATININE, MG/DL
                 0.39-2.28
                 . = UNKNOWN (21)


G3A718          FIBRINOGEN MG/DL
                 87 - 787
                 . = UNKNOWN (44)
```

```
G3A719          2ND NP BIOLOGICAL PARENT: IS YOUR PARENT LIVING?
                   0 = NO
                   1 = YES
                   . = UNKNOWN ()


G3A720          2ND NP BIOLOGICAL PARENT:  IF PARENT NOT LIVING,
                MONTH OF DEATH
                   . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A721          2ND NP BIOLOGICAL PARENT:  IF PARENT NOT LIVING,
                DAY OF DEATH
                   . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A722          2ND NP BIOLOGICAL PARENT:  IF PARENT NOT LIVING,
                YEAR OF DEATH
                   . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A723          2ND NP BIOLOGICAL PARENT:  IF PARENT NOT LIVING,
                CAUSE OF DEATH
                   CHARACTER VARIABLE
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A724          2ND NP BIOLOGICAL PARENT:  DID YOUR PARENT EVER HAVE CHEST
                PAIN, ANGINA OR ANGINA PECTORIS?
                   0 = NO
                   1 = YES
                   . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A725          2ND NP BIOLOGICAL PARENT:  DID YOUR PARENT EVER HAVE A HEART
                ATTACK, MYOCARDIAL INFARCTION OR MI?
                   0 = NO
                   1 = YES
                   . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY


G3A726          2ND NP BIOLOGICAL PARENT:  DID YOUR PARENT EVER HAVE HEART
                FAILURE OR CONGESTIVE HEART FAILURE OR CHF?
                   0 = NO
                   1 = YES
                   . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY
```

G3A727   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE A HEART
                CATHETERIZATION OR CARDIAC CATHETERIZATION?
                 0 = NO
                 1 = YES
                 . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A728   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE A HEART
                BYPASS OPERATION OR CORONARY BYPASS SURGERY OR CABG?
                 0 = NO
                 1 = YES
                 . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A729   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE A
                PROCEDURE TO UNBLOCK VESSELS TO THE HEART MUSCLE (PTCA, STENT,
                ANGIOPLASTY)?
                 0 = NO
                 1 = YES
                 . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A730   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE ANY OTHER
                HEART PROBLEM (PACEMAKER, VALVE, AORTA, ETC)?
                 0 = NO
                 1 = YES
                 . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A731   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE A STROKE,
                TIA, SUDDEN PARALYSIS, VISION OR SPEECH LOSS?
                 0 = NO
                 1 = YES
                 . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A732   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE A
                PROCEDURE TO UNBLOCK BLOOD VESSELS IN THE NECK (SUCH AS
                CAROTID ENDARTERECTOMY)?
                 0 = NO
                 1 = YES
                 . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A733   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE POOR
                BLOOD CIRCULATION OR BLOCKAGE TO LEGS/FEET?
                 0 = NO
                 1 = YES
                 . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A734   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE AN
                AMPUTATION OF LEG OR TOES DUE TO POOR CIRCULATION/GANGRENE?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A735   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE A BLOOD
                CLOT OR EMBOLISM IN LEG OR LUNG?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A736   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE ANY OTHER
                CIRCULATION PROBLEM?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A737   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE MEMORY
                PROBLEMS OR DEMENTIA?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A738   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE OTHER
                NEUROLOGICAL PROBLEMS SUCH AS PARKINSON'S?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A739   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE AN MRI
                SCAN OF THE HEAD?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A740   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE CANCER?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A741   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE A
                FRACTURE, BROKEN BONE?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A742   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE ANY OTHER
                MEDICAL PROBLEMS?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A743   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE HIGH
                BLOOD CHOLESTEROL?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A744   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE
                HYPERTENSION (HIGH BLOOD PRESSURE)?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A745   2ND NP BIOLOGICAL PARENT: DID YOUR PARENT EVER HAVE DIABETES
                (HIGH BLOOD SUGAR)?
                  0 = NO
                  1 = YES
                  . = UNKNOWN ()
                **DELETED TO PRESERVE CONFIDENTIALITY

G3A719-G3A745   THESE VARIABLES HAVE VERY LOW COUNTS DUE TO THE FACT THAT ONLY
                12 PARTICIPANTS HAD 2 NON-PARTICIPATING BIOLOGICAL PARENTS AT
                THE TIME OF THEIR EXAM.

VERSION   VERSION NUMBER OF EXAM DATA COLLECTION FORM
                (SEE NOTES AT END OF MANUAL)

VERDATE   VERSION DATE OF EXAM DATA COLLECTION FORM

                **DELETED TO PRESERVE CONFIDENTIALITY

END NOTES: NOTES REGARDING CHANGES BETWEEN VERSIONS OF THE EXAM FORM

VERSION 3 :   ADDED MENTAL HEALTH PORTION TO THE CDI FIRST EXAMINER OPINIONS

VERSION 5 :   QUESTIONS G3A051-G3A064 BECAME SUBQUESTIONS ANSWERED ONLY IF
                G3A045 = 2 OR 3 INSTEAD OF BEING ANSWERED NO MATTER WHAT THE
                VALUE OF G3A045

                GYNECOLOGIC FIELD ADDED TO CDI NON-CVD FIRST EXAMINER OPINIONS
                (G3A404) AS WELL AS OTHER (G3A422)

VERSION 6 :   FOR MEDICATIONS FOR HYPERTENSION, HIGH BLOOD CHOLESTEROL,
                DIABETES AND CVD: WORDING CHANGED FROM "DO YOU TAKE..." TO
                "HAVE YOU EVER TAKEN..."

VERSION 7 :   VARIABLE G3A706 EXAMINER NUMBER FOR PHYSICAL ACTIVITY
                QUESTIONNAIRE WAS ADDED

VERSION 8 :   FOR VARIABLE G3A492 OPTIONS 5=UNEMPLOYED/LAID OFF OR FULL-TIME
                STUDENT (FULL-TIME STUDENT ADDED TO THIS OPTION);
                10=UNEMPLOYED DUE TO DISABILITY OPTION ADDED