*Data Set Name: biomarkers_and_dna.sas7bdat*

| Num | Variable | Type | Len | Label |
|---|---|---|---|---|
| 1 | UID | Num | 8 | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 12 | Visit or Event type corresponding to the record |
| 3 | HEMOLYSIS | Num | 8 | Hemolysis (1=Yes,0=No) |
| 4 | GAL3 | Num | 8 | Gal 3 (ng/ml) |
| 5 | ST2 | Num | 8 | ST 2 (pg/ml) |
| 6 | PROBNP | Num | 8 | ProBNP (pg/ml) |
| 7 | SUPAR | Num | 8 | sUPAR (pg/ml) |
| 8 | CYSTATIN_C | Num | 8 | Cystatin C (ng/ml) |
| 9 | GALECTIN3 | Num | 8 | Galectin-3 (ng/ml), re-run |
| 10 | HS_TROPONIN_T | Num | 8 | high-sensitivity Troponin T (pg/ml) |
| 11 | GNB3 | Num | 8 | GNB3 geontypes (CC=0, TC=1, TT=2) |
| 12 | GNB3_CLPSD | Num | 8 | GNB3 geontypes collapsed (CC+TC=0, TT=1) |
| 13 | B1_389 | Num | 8 | B1 389 geontypes (CC=0, GC=1, GG=2) |
| 14 | B1_389_CLPSD | Num | 8 | B1 389 geontypes collapsed (CC=1, GC+GG=0) |
| 15 | ALDOSTERONE_SYNTHASE | Num | 8 | Aldosterone Synthase geontypes (CC=0, TC=1, TT=2) |
| 16 | ALDOSTERONE_SYNTHASE_CLPSD | Num | 8 | Aldosterone Synthase geontypes collapsed   (CC=1, TC+TT=0) |
| 17 | ACE | Num | 8 | ACE geontypes (II=0, ID=1, DD=2) |
| 18 | ACE_CLPSD | Num | 8 | ACE geontypes collapsed (II+D=0, DD=1) |

## *Data Set Name: derived_outside_of_crfs.sas7bdat*

| Num | Variable | Type | Len | Label |
|---|---|---|---|---|
| 1 | UID | Num | 8 | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | Visit or Event type corresponding to the record |
| 3 | ANYEVENT | Num | 8 | Patient had any event (0=No Outcome, 1=Heart TXP, LVAD, or Death) |
| 4 | DISREAS_COLLAPSED | Num | 8 | Collapsed Revival event status (0=No Outcome, 5=Heart TXP, 6=LVAD, 7=Death) |
| 5 | ANYEVENT_NO_S2 | Num | 8 | Patient had any event (0=No Outcome, 1=Heart TXP, LVAD, or Death) - Status 2 listing TXP patients were recoded to '0' |
| 6 | DISREAS_COLLAPSED_NO_S2 | Num | 8 | Collapsed Revival event status (0=No Outcome, 5=Heart TXP, 6=LVAD, 7=Death) - Status 2 listing TXP patients were recoded to '0' |
| 7 | DAYS_IN_STUDY_BT | Num | 8 | Days in Study at Termination, based on final status date, last known alive date for lost to follow ups, & early termination date that withdrew & did not provide 24m outcome data. |
| 8 | HFSS | Num | 8 | Heart Failure Survival Score =\|(Peak VO2*-0.054548) + (Mean Arterial BP*-0.025497)+(LVEF*-0.046439)+(Sodium*-0.046994)+(Resting HR*0.021574)+(Ischemic etiology*0.693058)+(IVCD)*0.608292)\| |
| 9 | GFR | Num | 8 | Glomerular Filtration Rate GFR (mL/min/1.73 m2) = 175 × (Scr)-1.154 × (Age)-0.203 × (0.742 if female) × (1.212 if African American) |
| 10 | PHYSICAL | Num | 8 | Physical Limitation Score |
| 11 | SYMPTOM_FREQ | Num | 8 | Symptom Frequency Score |
| 12 | SYMPTOM_BURDEN | Num | 8 | Symptom Burden Score (rounded) |
| 13 | QOL | Num | 8 | Quality of Life Score |
| 14 | SOCIAL | Num | 8 | Social Limitation Score |
| 15 | SYMPTOM_COMBO | Num | 8 | Rounded average of Symptom Frequency Score & Symptom Burden Score |
| 16 | CSS | Num | 8 | Rounded average of Symptom Combo Score & Physical Limitation Score |
| 17 | KCCQ | Num | 8 | Overall Score (Rounded average of Symptom Combo, Physical Limitation, Quality of Life, & Social Limitation scores) |
| 18 | STAI_TOTAL_ROUND | Num | 8 | Total Score |
| 19 | TM_TOTAL | Num | 8 | Time Spent Total Score |
| 20 | TM_MEAN | Num | 8 | Time Spent Average Score |
| 21 | DIF_TOTAL | Num | 8 | Difficulty Total Score |
| 22 | DIF_MEAN | Num | 8 | Difficulty Average Score |
| 23 | EQ_INDEX | Num | 8 | Quality of Life Index Score for Subjects |
| 24 | CGEQ_INDEX | Num | 8 | Quality of Life Index Score for Caregivers |

## Data Set Name: rvreg_001_informed_consent_pt.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | CONSNTDT_DAYS_FROM_CONSENT | Num | 8 | | | Consent day (day 0) |
| 4 | BLDCONS | Num | 8 | 11. | 11. | Did patient consent to genomic DNA blood collection? |
| 5 | BLDCONS_LABEL | Char | 255 | $255. | $255. | (label) Did patient consent to genomic DNA blood collection? |

### Data Set Name: rvreg_002_inclusion.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | INCDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Visit Date |
| 4 | INC01 | Num | 8 | 11. | 11. | Ambulatory |
| 5 | INC01_LABEL | Char | 255 | $255. | $255. | (label) Ambulatory |
| 6 | INC02 | Num | 8 | 11. | 11. | Chronic systolic heart failure >= 12 months |
| 7 | INC02_LABEL | Char | 255 | $255. | $255. | (label) Chronic systolic heart failure >= 12 months |
| 8 | INC03 | Num | 8 | 11. | 11. | NYHA II - IV for at least 45 of the last 60 days |
| 9 | INC03_LABEL | Char | 255 | $255. | $255. | (label) NYHA II - IV for at least 45 of the last 60 days |
| 10 | INC04 | Num | 8 | 11. | 11. | Last documented left ventricular ejection fraction <= 35% by any imaging modality |
| 11 | INC04_LABEL | Char | 255 | $255. | $255. | (label) Last documented left ventricular ejection fraction <= 35% by any imaging modality |
| 12 | INC05 | Num | 8 | 11. | 11. | Age 18-80 years |
| 13 | INC05_LABEL | Char | 255 | $255. | $255. | (label) Age 18-80 years |
| 14 | INC06 | Num | 8 | 11. | 11. | Currently under the care of a cardiologist at study site INC07 |
| 15 | INC06_LABEL | Char | 255 | $255. | $255. | (label) Currently under the care of a cardiologist at study site INC07 |
| 16 | INC07 | Num | 8 | 11. | 11. | On appropriate evidenced-based heart failure meds-ACE inhibitor, ARB or sacubitril/valsartan(LCZ-696); beta blocker; aldosterone antagonist; hydralazine/long-acting nitrate (req of AA subj only) for >= 3 mons absent contraindications/intolerances |
| 17 | INC07_LABEL | Char | 255 | $255. | $255. | (label) On appropriate evidenced-based heart failure meds-ACE inhibitor, ARB or sacubitril/valsartan(LCZ-696); beta blocker; aldosterone antagonist; hydralazine/long-acting nitrate (req of AA subj only) for >= 3 mons absent contraindications/intolerances |
| 18 | INC08 | Num | 8 | 11. | 11. | Has ICD or CRT-D.   If CRT-D, present for >= 3 months |
| 19 | INC08_LABEL | Char | 255 | $255. | $255. | (label) Has ICD or CRT-D.   If CRT-D, present for >= 3 months |
| 20 | INC09I | Num | 8 | 11. | 11. | "Serum sodium <= 135 mEq/L |
| 21 | INC09I_LABEL | Char | 255 | $255. | $255. | (label) Serum sodium <= 135 mEq/L |
| 22 | INC09II | Num | 8 | 11. | 11. | "Serum BNP >= 750 pg/mL or NT-proBNP >= 3000 pg/mL |
| 23 | INC09II_LABEL | Char | 255 | $255. | $255. | (label) Serum BNP >= 750 pg/mL or NT-proBNP ? 3000 pg/mL |
| 24 | INC09III | Num | 8 | 11. | 11. | "Seattle Heart Failure Model (SHFM) one year predicted survival <= 85% |
| 25 | INC09III_LABEL | Char | 255 | $255. | $255. | (label) Seattle Heart Failure Model (SHFM) one year predicted survival <= 85% |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 26 | INC09IV | Num | 8 | 11. | 11. | Heart Failure Survival Score (HFSS) <= 7.19 (Peak VO2 obtained within the prior 365 days, all other components of the HFSS obtained within the prior 90 days) |
| 27 | INC09IV_LABEL | Char | 255 | $255. | $255. | (label) Heart Failure Survival Score (HFSS) <= 7.19 (Peak VO2   obtained within the prior 365 days, all other components of the HFSS obtained within the prior 90 days) |
| 28 | INC09V | Num | 8 | 11. | 11. | "Peak VO2   <= 55% of predicted for age by Wasserman equation or <= 14 ml/kg/min |
| 29 | INC09V_LABEL | Char | 255 | $255. | $255. | (label) Peak VO2   <= 55% of predicted for age by Wasserman equation or <= 14 ml/kg/min |
| 30 | INC09VI | Num | 8 | 11. | 11. | "VE/VCO2 slope >= 40 |
| 31 | INC09VI_LABEL | Char | 255 | $255. | $255. | (label) VE/VCO2 slope >= 40 |
| 32 | INC09VII | Num | 8 | 11. | 11. | "6 Minute Walk Test (6MWT) distance <= 350 meters without significant non-cardiac limitation |
| 33 | INC09VII_LABEL | Char | 255 | $255. | $255. | (label) 6 Minute Walk Test (6MWT) distance <= 350 meters without significant non-cardiac limitation |
| 34 | INC09VIII | Num | 8 | 11. | 11. | Currently listed as Heart Transplant Status UNOS 2 due to heart failure limitation |
| 35 | INC09VIII_LABEL | Char | 255 | $255. | $255. | (label) Currently listed as Heart Transplant Status UNOS 2 due to heart failure limitation |
| 36 | INC09IX | Num | 8 | 11. | 11. | History of one hospitalization (>= 24 hours) for acute or acute on chronic heart failure in the past yr w additional hist to include Serum BNP >= 500 pg/mL or NT-proBNP >= 2000 pg/mL (obtained as an outpatient using values obtained wi the prior 90 days) |
| 37 | INC09IX_LABEL | Char | 255 | $255. | $255. | (label) Hšist of 1 hospitalization (>= 24hours) for acute or acute on chronic heart failure in the past yr w addtnl hist to include Serum BNP >= 500pg/mL or NT-proBNP >= 2000pg/mL (obtained as outpatient using vals obtained wi prior 90 days) |
| 38 | INC09X | Num | 8 | 11. | 11. | History of two (2) hospitalizations (>= 24 hours) for acute or acute on chronic heart failure in the past year |
| 39 | INC09X_LABEL | Char | 255 | $255. | $255. | (label) History of two (2) hospitalizations (>= 24 hours) for acute or acute on chronic heart failure in the past year |
| 40 | INC11 | Num | 8 | 11. | 11. | Willingness to continue to receive heart failure care from the enrolling advanced heart failure clinic over the next two (2) years and to come for all scheduled study visits |
| 41 | INC11_LABEL | Char | 255 | $255. | $255. | (label) Willingness to continue to receive heart failure care from the enrolling advanced heart failure clinic over the next two (2) years and to come for all scheduled study visits |
| 42 | INC12 | Num | 8 | 11. | 11. | Written informed consent given |
| 43 | INC12_LABEL | Char | 255 | $255. | $255. | (label) Written informed consent given |

## Data Set Name: rvreg_003_exclusion.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | EXCDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Visit Date |
| 4 | EXC01 | Num | 8 | 11. | 11. | Known serious medical problem other than heart failure that would be expected to limit 2-year survival   (>= 50% mortality within 2 years from non-heart failure diagnosis) |
| 5 | EXC01_LABEL | Char | 255 | $255. | $255. | (label) Known serious medical problem other than heart failure that would be expected to limit 2-year survival (>= 50% mortality within 2 years from non-heart failure diagnosis) |
| 6 | EXC02 | Num | 8 | 11. | 11. | Patient is not likely to be compliant with the protocol, in the opinion of the Investigator |
| 7 | EXC02_LABEL | Char | 255 | $255. | $255. | (label) Patient is not likely to be compliant with the protocol, in the opinion of the Investigator |
| 8 | EXC03 | Num | 8 | 11. | 11. | Currently hospitalized |
| 9 | EXC03_LABEL | Char | 255 | $255. | $255. | (label) Currently hospitalized |
| 10 | EXC04 | Num | 8 | 11. | 11. | Current use of an intravenous inotrope |
| 11 | EXC04_LABEL | Char | 255 | $255. | $255. | (label) Current use of an intravenous inotrope |
| 12 | EXC05 | Num | 8 | 11. | 11. | Primary functional limitation from non-cardiac diagnosis even if not likely to limit survival |
| 13 | EXC05_LABEL | Char | 255 | $255. | $255. | (label) Primary functional limitation from non-cardiac diagnosis even if not likely to limit survival |
| 14 | EXC06 | Num | 8 | 11. | 11. | Chronic hemodialysis or peritoneal dialysis or serum creatinine value of >= 3 mg/dL at time of enrollment |
| 15 | EXC06_LABEL | Char | 255 | $255. | $255. | (label) Chronic hemodialysis or peritoneal dialysis or serum creatinine value of >= 3 mg/dL at time of enrollment |
| 16 | EXC07 | Num | 8 | 11. | 11. | Cardiac amyloidosis, cardiac sarcoidosis, constrictive pericardial disease, active myocarditis or congenital heart disease with significant structural abnormality |
| 17 | EXC07_LABEL | Char | 255 | $255. | $255. | (label) Cardiac amyloidosis, cardiac sarcoidosis, constrictive pericardial disease, active myocarditis or congenital heart disease with significant structural abnormality |
| 18 | EXC08 | Num | 8 | 11. | 11. | Hypertrophic cardiomyopathy unless dilated LV and no outflow gradient EXC09 |
| 19 | EXC08_LABEL | Char | 255 | $255. | $255. | (label) Hypertrophic cardiomyopathy unless dilated LV and no outflow gradient EXC09 |
| 20 | EXC09 | Num | 8 | 11. | 11. | Cardiac conditions that are amenable to surgical or percutaneous procs (other than VAD/transplant) that would substantially improve prognosis & for which this subj is a reasonable candidate, regardless of whether the proc will or will not be performed |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 21 | EXC09_LABEL | Char | 255 | $255. | $255. | (label) Cardiac conditions that are amenable to surgical/percutaneous procs (other than VAD/transplant) that would substant improve prognosis & for which this subj is a reason candidate, regardless of whether the proc will/will not be performed |
| 22 | EXC10 | Num | 8 | 11. | 11. | Uncorrected hyperthyroidism or hypothyroidism |
| 23 | EXC10_LABEL | Char | 255 | $255. | $255. | (label) Uncorrected hyperthyroidism or hypothyroidism |
| 24 | EXC11 | Num | 8 | 11. | 11. | Pregnancy |
| 25 | EXC11_LABEL | Char | 255 | $255. | $255. | (label) Pregnancy |

### Data Set Name: rvreg_004_demo.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | DEMDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Visit Date |
| 4 | ETHNICITY | Num | 8 | 11. | 11. | Ethnicity |
| 5 | ETHNICITY_LABEL | Char | 255 | $255. | $255. | (label) Ethnicity |
| 6 | RACE_BLCK_AFRICAN_AMERICAN_OR_BL | Char | 5 | $5. | $5. | Race (please select all that apply): African-American or Black |
| 7 | RACE_WHT_WHITE | Char | 5 | $5. | $5. | Race (please select all that apply): White |
| 8 | RACE_UNK_UNKNOWN_UNDISCLOSED | Char | 5 | $5. | $5. | Race (please select all that apply): Unknown/Undisclosed |
| 9 | RACE_OTH_OTHER_NONE_OF_THE_ABOVE | Char | 5 | $5. | $5. | Race (please select all that apply): Other/none of the above |
| 10 | MARITAL | Num | 8 | 11. | 11. | Marital Status |
| 11 | MARITAL_LABEL | Char | 255 | $255. | $255. | (label) Marital Status |
| 12 | WRKSCL | Num | 8 | 11. | 11. | Is the subject currently working for income or attending school? |
| 13 | WRKSCL_LABEL | Char | 255 | $255. | $255. | (label) Is the subject currently working for income or attending school? |
| 14 | WRKSCLY | Num | 8 | 11. | 11. | If Yes, select one of the following: |
| 15 | WRKSCLY_LABEL | Char | 255 | $255. | $255. | (label) If Yes, select one of the following: |
| 16 | WRKSCLN | Num | 8 | 11. | 11. | If No, select the one main reason subject is not working for income or attending school: |
| 17 | WRKSCLN_LABEL | Char | 255 | $255. | $255. | (label) If No, select the one main reason subject is not working for income or attending school: |
| 18 | EDUC | Num | 8 | 11. | 11. | What is the subject's highest educational level? |
| 19 | EDUC_LABEL | Char | 255 | $255. | $255. | (label) What is the subject's highest educational level? |
| 20 | INS_NONE_NONE | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): None |
| 21 | INS_MDCRE_MEDICARE___FEE_FOR_SER | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): Medicare - Fee-for-Service |
| 22 | INS_MDCREOTH_MEDICARE___OTHER__M | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): Medicare - Other |
| 23 | INS_MDCD_MEDICAID | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): Medicaid |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 24 | INS_TRI_TRICARE__FORMERLY_CHAMPU | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): Tricare |
| 25 | INS_ACT_STATE_OR_FEDERAL_PLANS_U | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): State or Federal plans under the Affordable Care Act |
| 26 | INS_WCOMP_WORKERS_COMPENSATION | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): Workers Compensation |
| 27 | INS_PRV_PRIVATE___COMMERCIAL_INS | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): Private/commercial insurance |
| 28 | INS_OTH_OTHER | Char | 5 | $5. | $5. | What type of health insurance does the subject have? (select all that apply): Other |
| 29 | INCOME | Num | 8 | 11. | 11. | What is the subject's approximate annual household income from all sources before taxes? |
| 30 | INCOME_LABEL | Char | 255 | $255. | $255. | (label) What is the subject's approximate annual household income from all sources before taxes? |
| 31 | MEDAMACS | Num | 8 | 11. | 11. | Was this subject previously enrolled in MedaMACS? |
| 32 | MEDAMACS_LABEL | Char | 255 | $255. | $255. | (label) Was this subject previously enrolled in MedaMACS? |
| 33 | REVIVEIT | Num | 8 | 11. | 11. | Was this subject previously enrolled in REVIVE-IT? |
| 34 | REVIVEIT_LABEL | Char | 255 | $255. | $255. | (label) Was this subject previously enrolled in REVIVE-IT? |
| 35 | ENGCOMP | Num | 8 | 11. | 11. | In the opinion of the Investigator, do you feel the subject is competent in the English language to complete the study questionnaires? |
| 36 | ENGCOMP_LABEL | Char | 255 | $255. | $255. | (label) In the opinion of the Investigator, do you feel the subject is competent in the English language to complete the study questionnaires? |
| 37 | RACE_OTHER | Char | 1 | | | Race Other |

*Data Set Name: rvreg_005_nyha_class.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | NYHADT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Assessment Date |
| 6 | NYHA | Num | 8 | 11. | 11. | NYHA Class |
| 7 | NYHA_LABEL | Char | 255 | $255. | $255. | (label) NYHA Class |

*Data Set Name: rvreg_006_intermacs_profile.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | ITMCSDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Date of Assessment |
| 6 | ITMCSPRO | Num | 8 | 11. | 11. | INTERMACS® Patient Profile |
| 7 | ITMCSPRO_LABEL | Char | 255 | $255. | $255. | (label) INTERMACS® Patient Profile |
| 8 | ITMCSMOD | Num | 8 | 11. | 11. | INTERMACS Modifier Present |
| 9 | ITMCSMOD_LABEL | Char | 255 | $255. | $255. | (label) INTERMACS Modifier Present |
| 10 | ITMCSA_A___ARRHYTHMIA | Char | 5 | $5. | $5. | INTERMACS® Modifier, if Yes, check all that apply:   A - Arrhythmia. |
| 11 | ITMCSTCS_TCS___TEMPORARY_CIRCULA | Char | 5 | $5. | $5. | INTERMACS® Modifier, if Yes, check all that apply: TCS - Temporary Circulatory Support |
| 12 | ITMCSFF_FF___FREQUENT_FLYER | Char | 5 | $5. | $5. | INTERMACS® Modifier, if Yes, check all that apply: FF - Frequent Flyer |

## Data Set Name: rvreg_007_pe_vtls.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | VTLDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Date of Assessment |
| 6 | HRATE | Num | 8 | 11. | 11. | Heart Rate |
| 7 | HRATEND_NOT_DONE | Char | 5 | $5. | $5. | Heart Rate Not Done |
| 8 | SYSBP | Num | 8 | 11. | 11. | Systolic Blood Pressure |
| 9 | SYSBPND_NOT_DONE | Char | 5 | $5. | $5. | Systolic Blood Pressure Not Done |
| 10 | DIABP | Num | 8 | 11. | 11. | Diastolic Blood Pressure |
| 11 | DIABPND_NOT_DONE | Char | 5 | $5. | $5. | Diastolic Blood Pressure Not Done |
| 12 | JVP | Num | 8 | 11. | 11. | Jugular Venous Pressure |
| 13 | JVPND_NOT_DONE | Char | 5 | $5. | $5. | Jugular Venous Pressure Not Done |
| 14 | S3GALLOP | Num | 8 | 11. | 11. | S3 Gallop |
| 15 | S3GALLOP_LABEL | Char | 255 | $255. | $255. | (label) S3 Gallop |
| 16 | S4GALLOP | Num | 8 | 11. | 11. | S4 Gallop |
| 17 | S4GALLOP_LABEL | Char | 255 | $255. | $255. | (label) S4 Gallop |
| 18 | PEDEMA | Num | 8 | 11. | 11. | Peripheral Edema |
| 19 | PEDEMA_LABEL | Char | 255 | $255. | $255. | (label) Peripheral Edema |
| 20 | ASCITES | Num | 8 | 11. | 11. | Ascites |
| 21 | ASCITES_LABEL | Char | 255 | $255. | $255. | (label) Ascites |
| 22 | HEPATMGLY | Num | 8 | 11. | 11. | Hepatomegaly |
| 23 | HEPATMGLY_LABEL | Char | 255 | $255. | $255. | (label) Hepatomegaly |
| 24 | RESP | Num | 8 | 11. | 11. | Respiratory Rate |
| 25 | RESPND_NOT_DONE | Char | 5 | $5. | $5. | Respiratory Rate Not Done |
| 26 | HGT | Num | 8 | | | Height |
| 27 | HGTU | Num | 8 | 11. | 11. | Unit |
| 28 | HGTU_LABEL | Char | 255 | $255. | $255. | (label) Unit |
| 29 | WGT | Num | 8 | | | Weight |
| 30 | D_MAP | Num | 8 | | | Mean Arterial Pressure |
| 31 | D_BSA | Num | 8 | | | Body Surface Area |
| 32 | D_BMI | Num | 8 | | | Body Mass Index |

## *Data Set Name: rvreg_008_hematology.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | HEMADT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Date of Blood Draw |
| 6 | WBC | Num | 8 | | | White blood cell count: |
| 7 | HGB | Num | 8 | | | Hemoglobin: |
| 8 | HCT | Num | 8 | | | Hematocrit: |
| 9 | PLAT | Num | 8 | | | Platelet count: |
| 10 | LYMPH | Num | 8 | | | Lymphocytes: |

## *Data Set Name: rvreg_009a_chemistry.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | CHEMDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Date of Blood Draw |
| 6 | NA | Num | 8 | | | Sodium |
| 7 | K | Num | 8 | | | Potassium |
| 8 | BUN | Num | 8 | | | Blood Urea Nitrogen |
| 9 | CREAT | Num | 8 | | | Creatinine |
| 10 | GLUCOSE | Num | 8 | | | Glucose |
| 11 | CA | Num | 8 | | | Calcium |
| 12 | ALB | Num | 8 | | | Albumin |
| 13 | ALT | Num | 8 | | | SGPT/ALT (Alanine Aminotransferase) |
| 14 | AST | Num | 8 | | | SGOT/AST (Aspartate Aminotransferase) |
| 15 | TBIL | Num | 8 | | | Total Bilirubin |
| 16 | TCH | Num | 8 | | | Total Cholesterol |
| 17 | URIC | Num | 8 | | | Uric Acid |
| 18 | INR | Num | 8 | | | INR |

## *Data Set Name: rvreg_009b_chemistry.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | CHEMDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent date to Date of Blood Draw |
| 6 | NA | Num | 8 | | | Sodium |
| 7 | K | Num | 8 | | | Potassium |
| 8 | BUN | Num | 8 | | | Blood Urea Nitrogen |
| 9 | CREAT | Num | 8 | | | Creatinine |
| 10 | GLUCOSE | Num | 8 | | | Glucose |
| 11 | CA | Num | 8 | | | Calcium |
| 12 | ALB | Num | 8 | | | Albumin |
| 13 | ALT | Num | 8 | | | SGPT/ALT (alanine aminotransferase) |
| 14 | AST | Num | 8 | | | SGOT/AST (aspartate aminotransferase) |
| 15 | TBIL | Num | 8 | | | Total Bilirubin |

*Data Set Name: rvreg_010a_medication_log.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | ACEINH | Num | 8 | 11. | 11. | ACE inhibitor |
| 6 | ACEINH_LABEL | Char | 255 | $255. | $255. | (label) ACE inhibitor |
| 7 | ACEDS | Num | 8 | | | Dose |
| 8 | ACEMED | Num | 8 | 11. | 11. | ACE inhibitor |
| 9 | ACEMED_LABEL | Char | 255 | $255. | $255. | (label) ACE inhibitor |
| 10 | ACENO | Num | 8 | 11. | 11. | If No, reason |
| 11 | ACENO_LABEL | Char | 255 | $255. | $255. | (label) If No, reason |
| 12 | ACERENAL_RENAL_FAILURE | Char | 5 | $5. | $5. | ACE inhibitor: If previous or new intolerance specify reason: Renal failure |
| 13 | ACEHYPO_HYPOTENSION | Char | 5 | $5. | $5. | ACE inhibitor: If previous or new intolerance specify reason: Hypotension |
| 14 | ACECOUGH_COUGH | Char | 5 | $5. | $5. | ACE inhibitor: If previous or new intolerance specify reason: Cough |
| 15 | ACEANGIO_ANGIOEDEMA | Char | 5 | $5. | $5. | ACE inhibitor: If previous or new intolerance specify reason: Angioedema |
| 16 | ACEUNK_UNKNOWN | Char | 5 | $5. | $5. | ACE inhibitor: If previous or new intolerance specify reason: Unknown |
| 17 | ACENOOTH_OTHER | Char | 5 | $5. | $5. | ACE inhibitor: If previous or new intolerance specify reason: Other |
| 18 | ANGIOT | Num | 8 | 11. | 11. | Angiotensin receptor blocker |
| 19 | ANGIOT_LABEL | Char | 255 | $255. | $255. | (label) Angiotensin receptor blocker |
| 20 | ANGIODS | Num | 8 | | | Dose |
| 21 | ANGIOMED | Num | 8 | 11. | 11. | Angiotensin receptor blocker |
| 22 | ANGIOMED_LABEL | Char | 255 | $255. | $255. | (label) Angiotensin receptor blocker |
| 23 | ANGIONO | Num | 8 | 11. | 11. | If No, reason |
| 24 | ANGIONO_LABEL | Char | 255 | $255. | $255. | (label) If No, reason |
| 25 | ANGIORENAL_RENAL_FAILURE | Char | 5 | $5. | $5. | ARB intolerance: If previous or new intolerance specify reason: Renal failure |
| 26 | ANGIOHYPO_HYPOTENSION | Char | 5 | $5. | $5. | ARB intolerance: If previous or new intolerance specify reason: Hypotension |
| 27 | ANGIOANGIO_ANGIOEDEMA | Char | 5 | $5. | $5. | ARB intolerance: If previous or new intolerance specify reason: Angioedema |
| 28 | ANGIOUNK_UNKNOWN | Char | 5 | $5. | $5. | ARB intolerance: If previous or new intolerance specify reason: Unknown |
| 29 | ARBINTOTH_OTHER | Char | 5 | $5. | $5. | ARB intolerance: If previous or new intolerance specify reason: Other |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 30 | LCZ | Num | 8 | 11. | 11. | Sacubitril/valsartan (LCZ-696) |
| 31 | LCZ_LABEL | Char | 255 | $255. | $255. | (label) Sacubitril/valsartan (LCZ-696) |
| 32 | LCZDS | Num | 8 | | | Dose (LCZ, Sacubitril dose portion) |
| 33 | LCZDS2 | Num | 8 | | | Dose (LCZ, Valsartan dose portion) |
| 34 | LCZNO | Num | 8 | 11. | 11. | If No, reason |
| 35 | LCZNO_LABEL | Char | 255 | $255. | $255. | (label) If No, reason |
| 36 | BBLOC | Num | 8 | 11. | 11. | Beta-blocker |
| 37 | BBLOC_LABEL | Char | 255 | $255. | $255. | (label) Beta-blocker |
| 38 | BBLOCDS | Num | 8 | | | Dose |
| 39 | BBLOCKMED | Num | 8 | 11. | 11. | Beta-blocker |
| 40 | BBLOCKMED_LABEL | Char | 255 | $255. | $255. | (label) Beta-blocker |
| 41 | BBLCNO | Num | 8 | 11. | 11. | If No, reason |
| 42 | BBLCNO_LABEL | Char | 255 | $255. | $255. | (label) If No, reason |
| 43 | BBLCBRDY_BRADYCARDIA | Char | 5 | $5. | $5. | Beta-blocker intolerance: If previous or new intolerance specify reason: Bradycardia |
| 44 | BBLCHYPO_HYPOTENSION | Char | 5 | $5. | $5. | Beta-blocker intolerance: If previous or new intolerance specify reason: Hypotension |
| 45 | BBLCFAT_FATIGUE | Char | 5 | $5. | $5. | Beta-blocker intolerance: If previous or new intolerance specify reason: Fatigue |
| 46 | BBLCBRNC_BRONCHOSPASM | Char | 5 | $5. | $5. | Beta-blocker intolerance: If previous or new intolerance specify reason: Bronchospasm |
| 47 | BBLUNK_UNKNOWN | Char | 5 | $5. | $5. | Beta-blocker intolerance: If previous or new intolerance specify reason: Unknown |
| 48 | BBLCINTOTH_OTHER | Char | 5 | $5. | $5. | Beta-blocker intolerance: If previous or new intolerance specify reason: Other |
| 49 | ALDANTG | Num | 8 | 11. | 11. | Aldosterone antagonist |
| 50 | ALDANTG_LABEL | Char | 255 | $255. | $255. | (label) Aldosterone antagonist |
| 51 | ALDANTGDS | Num | 8 | | | Dose |
| 52 | ALDANTGMED | Num | 8 | 11. | 11. | Aldosterone antagonist |
| 53 | ALDANTGMED_LABEL | Char | 255 | $255. | $255. | (label) Aldosterone antagonist |
| 54 | ALDSTNO | Num | 8 | 11. | 11. | If No, reason |
| 55 | ALDSTNO_LABEL | Char | 255 | $255. | $255. | (label) If No, reason |
| 56 | ALDSTREN_RENAL_INSUFFICIENCY | Char | 5 | $5. | $5. | Aldosterone antagonist intolerance: If previous or new intolerance specify reason: Renal Insufficiency |
| 57 | ALDSTHYP_HYPERKALEMIA | Char | 5 | $5. | $5. | Aldosterone antagonist intolerance: If previous or new intolerance specify reason: Hyperkalemia |
| 58 | ALDSYGYN_GYNECOMASTIA | Char | 5 | $5. | $5. | Aldosterone antagonist intolerance: If previous or new intolerance specify reason: Gynecomastia |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 59 | ALDUNK_UNKNOWN | Char | 5 | $5. | $5. | Aldosterone antagonist intolerance: If previous or new intolerance specify reason: Unknown |
| 60 | ALDSTOTH_OTHER | Char | 5 | $5. | $5. | Aldosterone antagonist intolerance: If previous or new intolerance specify reason: Other |
| 61 | NITRT | Num | 8 | 11. | 11. | Nitrate |
| 62 | NITRT_LABEL | Char | 255 | $255. | $255. | (label) Nitrate |
| 63 | NITRTDS | Num | 8 | | | Dose |
| 64 | NITRMED | Num | 8 | 11. | 11. | Nitrate Medication |
| 65 | NITRMED_LABEL | Char | 255 | $255. | $255. | (label) Nitrate Medication |
| 66 | NITRNO | Num | 8 | 11. | 11. | If No, reason |
| 67 | NITRNO_LABEL | Char | 255 | $255. | $255. | (label) If No, reason |
| 68 | NITRHYP_HYPOTENSION_OR_LIGHTHEAD | Char | 5 | $5. | $5. | Nitrate intolerance: If previous or new intolerance specify reason: Hypotension or lighthead |
| 69 | NITRHEAD_HEADACHE | Char | 5 | $5. | $5. | Nitrate intolerance: If previous or new intolerance specify reason: Headache |
| 70 | NITRUNK_UNKNOWN | Char | 5 | $5. | $5. | Nitrate intolerance: If previous or new intolerance specify reason: Unknown |
| 71 | NITRINTOTH_OTHER | Char | 5 | $5. | $5. | Nitrate intolerance: If previous or new intolerance specify reason: Other |
| 72 | HYDRZ | Num | 8 | 11. | 11. | Hydralazine |
| 73 | HYDRZ_LABEL | Char | 255 | $255. | $255. | (label) Hydralazine |
| 74 | HYDRZDS | Num | 8 | | | Dose |
| 75 | HYDRZNO | Num | 8 | 11. | 11. | If No, reason |
| 76 | HYDRZNO_LABEL | Char | 255 | $255. | $255. | (label) If No, reason |
| 77 | HYDRZHYPO_HYPOTENSION_OR_LIGHTHE | Char | 5 | $5. | $5. | Hydralazine intolerance: If previous or new intolerance specify reason: Hypotension or lighthead |
| 78 | HYDRZHEAD_HEADACHE | Char | 5 | $5. | $5. | Hydralazine intolerance: If previous or new intolerance specify reason: Headache |
| 79 | HYDRZGI_GASTROINTESTINAL | Char | 5 | $5. | $5. | Hydralazine intolerance: If previous or new intolerance specify reason: Gastrointestinal |
| 80 | HYDRZUNK_UNKNOWN | Char | 5 | $5. | $5. | Hydralazine intolerance: If previous or new intolerance specify reason: Unknonw |
| 81 | HYDRZINOTH_OTHER | Char | 5 | $5. | $5. | Hydralazine intolerance: If previous or new intolerance specify reason: Other |

*Data Set Name: rvreg_010b_medication_log.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | LPDIUR | Num | 8 | 11. | 11. | Loop Diuretic |
| 6 | LPDIUR_LABEL | Char | 255 | $255. | $255. | (label) Loop Diuretic |
| 7 | LPDIURDS | Num | 8 | | | Dose |
| 8 | LPDIURRX | Num | 8 | 11. | 11. | Loop Diuretic Drug |
| 9 | LPDIURRX_LABEL | Char | 255 | $255. | $255. | (label) Loop Diuretic Drug |
| 10 | THIZD | Num | 8 | 11. | 11. | Thiazide or Thiazide-like Diuretic |
| 11 | THIZD_LABEL | Char | 255 | $255. | $255. | (label) Thiazide or Thiazide-like Diuretic |
| 12 | THIZDDS | Num | 8 | | | Dose |
| 13 | THIZDRX | Num | 8 | 11. | 11. | Thiazide Drug |
| 14 | THIZDRX_LABEL | Char | 255 | $255. | $255. | (label) Thiazide Drug |
| 15 | DIGXN | Num | 8 | 11. | 11. | Digoxin |
| 16 | DIGXN_LABEL | Char | 255 | $255. | $255. | (label) Digoxin |
| 17 | DIGXNDS | Num | 8 | | | Dose |
| 18 | DIGXNUNT | Num | 8 | 11. | 11. | DoseUnits |
| 19 | DIGXNUNT_LABEL | Char | 255 | $255. | $255. | (label) DoseUnits |
| 20 | ANTPLT | Num | 8 | 11. | 11. | Antiplatelets |
| 21 | ANTPLT_LABEL | Char | 255 | $255. | $255. | (label) Antiplatelets |
| 22 | ORANTG | Num | 8 | 11. | 11. | Oral Anticoagulant |
| 23 | ORANTG_LABEL | Char | 255 | $255. | $255. | (label) Oral Anticoagulant |
| 24 | ANTIRYTH | Num | 8 | 11. | 11. | Antiarrhythmic |
| 25 | ANTIRYTH_LABEL | Char | 255 | $255. | $255. | (label) Antiarrhythmic |
| 26 | AMIODRNE_AMIODARONE | Char | 5 | $5. | $5. | Antiarrhythmic: if yes select all that apply: Amiodarone |
| 27 | AMIODRNEDS | Num | 8 | | | Dose |
| 28 | ANTIRYTHOTH_OTHER_ANTIARRHYTHMIC | Char | 5 | $5. | $5. | Antiarrhythmic: if yes select all that apply: Other antiarrhythmic |
| 29 | STATN | Num | 8 | 11. | 11. | Statin |
| 30 | STATN_LABEL | Char | 255 | $255. | $255. | (label) Statin |
| 31 | ALOPUR | Num | 8 | 11. | 11. | Allopurinol |
| 32 | ALOPUR_LABEL | Char | 255 | $255. | $255. | (label) Allopurinol |
| 33 | PDE | Num | 8 | 11. | 11. | PDE-5 Inhibitor |
| 34 | PDE_LABEL | Char | 255 | $255. | $255. | (label) PDE-5 Inhibitor |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 35 | PDERX | Num | 8 | 11. | 11. | PDE-5 Inhibitor Drug |
| 36 | PDERX_LABEL | Char | 255 | $255. | $255. | (label) PDE-5 Inhibitor Drug |
| 37 | PDEDS | Num | 8 | | | Total daily dose |
| 38 | MEDCOMP | Num | 8 | 11. | 11. | How often did the subject have difficulty remembering to take all his/her medications? |
| 39 | MEDCOMP_LABEL | Char | 255 | $255. | $255. | (label) How often did the subject have difficulty remembering to take all his/her medications? |

*Data Set Name: rvreg_011_medical_hx.sas7bdat*

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. |
| 3 | HFONSTDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 4 | HFHOSP | Num | 8 | 11. | 11. |
| 5 | PRDIAG | Num | 8 | 11. | 11. |
| 6 | PRDIAG_LABEL | Char | 255 | $255. | $255. |
| 7 | CVOPR | Num | 8 | 11. | 11. |
| 8 | CVOPR_LABEL | Char | 255 | $255. | $255. |
| 9 | CABG_CABG | Char | 5 | $5. | $5. |
| 10 | ARVLRP_AORTIC_VALVE_REPLACEMENT_ | Char | 5 | $5. | $5. |
| 11 | MITRAL_MITRAL_VALVE_REPLACEMENT_ | Char | 5 | $5. | $5. |
| 12 | TRCSVPD_TRICUSPID_VALVE_REPLACEM | Char | 5 | $5. | $5. |
| 13 | ANEURYSM_SURGERY_FOR_AORTIC_ANEU | Char | 5 | $5. | $5. |
| 14 | CONGDZ_CARDIAC_SURGERY_FOR_CONGE | Char | 5 | $5. | $5. |
| 15 | LVENSRG_RESECTION_OF_LEFT_VENTRI | Char | 5 | $5. | $5. |
| 16 | ARRYTHM_SURGERY_FOR_VENTRICULAR_ | Char | 5 | $5. | $5. |
| 17 | SRGOTH_OTHER | Char | 5 | $5. | $5. |
| 18 | CVOPRNO | Num | 8 | 11. | 11. |
| 19 | ARRYTHX | Num | 8 | 11. | 11. |
| 20 | ARRYTHX_LABEL | Char | 255 | $255. | $255. |
| 21 | ATRLAR_ATRIAL_FIBRILLATION_OR_AT | Char | 5 | $5. | $5. |
| 22 | VTACH_SUSTAINED_VENTRICULAR_TACH | Char | 5 | $5. | $5. |
| 23 | VFIB_VENTRICULAR_FIBRILLATION | Char | 5 | $5. | $5. |
| 24 | ICD_APPROPRIATE_ICD_SHOCK_FOR_V0 | Char | 5 | $5. | $5. |
| 25 | DM | Num | 8 | 11. | 11. |
| 26 | DM_LABEL | Char | 255 | $255. | $255. |
| 27 | COPD | Num | 8 | 11. | 11. |
| 28 | COPD_LABEL | Char | 255 | $255. | $255. |
| 29 | APNEA | Num | 8 | 11. | 11. |
| 30 | APNEA_LABEL | Char | 255 | $255. | $255. |
| 31 | APNEATPY | Num | 8 | 11. | 11. |
| 32 | APNEATPY_LABEL | Char | 255 | $255. | $255. |
| 33 | PVASCDZ | Num | 8 | 11. | 11. |
| 34 | PVASCDZ_LABEL | Char | 255 | $255. | $255. |
| 35 | ASYMPVAS | Num | 8 | 11. | 11. |
| 36 | ASYMPVAS_LABEL | Char | 255 | $255. | $255. |

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 37 | SYMPVAS | Num | 8 | 11. | 11. |
| 38 | SYMPVAS_LABEL | Char | 255 | $255. | $255. |
| 39 | RHMDIS | Num | 8 | 11. | 11. |
| 40 | RHMDIS_LABEL | Char | 255 | $255. | $255. |
| 41 | CNS | Num | 8 | 11. | 11. |
| 42 | CNS_LABEL | Char | 255 | $255. | $255. |
| 43 | SMOKEHX | Num | 8 | 11. | 11. |
| 44 | SMOKEHX_LABEL | Char | 255 | $255. | $255. |
| 45 | SMOKE | Num | 8 | 11. | 11. |
| 46 | SMOKE_LABEL | Char | 255 | $255. | $255. |
| 47 | PCKYY | Num | 8 | | |
| 48 | PCKYYUNK_UNKNOWN | Char | 5 | $5. | $5. |
| 49 | PSYCHO | Num | 8 | 11. | 11. |
| 50 | PSYCHO_LABEL | Char | 255 | $255. | $255. |
| 51 | PSYCHOSP | Num | 8 | 11. | 11. |
| 52 | PSYCHOSP_LABEL | Char | 255 | $255. | $255. |
| 53 | MLNUTHX | Num | 8 | 11. | 11. |
| 54 | MLNUTHX_LABEL | Char | 255 | $255. | $255. |
| 55 | WGTLOSS | Num | 8 | 11. | 11. |
| 56 | WGTLOSS_LABEL | Char | 255 | $255. | $255. |
| 57 | WGTAMT | Num | 8 | 11. | 11. |
| 58 | WGTAMT_LABEL | Char | 255 | $255. | $255. |
| 59 | OXYGEN | Num | 8 | 11. | 11. |
| 60 | OXYGEN_LABEL | Char | 255 | $255. | $255. |
| 61 | INTRPE | Num | 8 | 11. | 11. |
| 62 | INTRPE_LABEL | Char | 255 | $255. | $255. |
| 63 | INTRPEDUR | Num | 8 | 11. | 11. |
| 64 | INTRPEDUR_LABEL | Char | 255 | $255. | $255. |

| Label |
|---|
| Randomly generated unique identier |
| Visit or Event type corresponding to the record |
| days (negative) from consent to (computed from month & year) Date of first heart failure onset year |
| Number of Heart Failure-related Hospitalizations within the Past Year |
| Cardiac Diagnosis/Primary |
| (label) Cardiac Diagnosis/Primary |
| Previous Cardiac Operation |
| (label) Previous Cardiac Operation |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): CABG |

| Label |
| --- |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): Aortic valve replacement / repair |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): Mitral valve replacement / repair |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): Tricuspid valve replacement / repair |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): Surgery for Aortic Aneurysm / Dissection |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): Cardiac surgery for Congenital heart disease |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): Resection of left ventricular aneurysm or left ventricular remodeling procedure |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): Surgery for Ventricular or Atrial arrhythmias |
| Previous Cardiac Operation: If Yes, Type of Previous Cardiac Operation (check all that apply): Other |
| Number of previous sternotomies and thoracotomies |
| Arrhythmia |
| (label) Arrhythmia |
| Arrhythmia: If Yes, specify (check all that apply): Atrial fibrillation or atrial flutter (including paroxysmal) |
| Arrhythmia: If Yes, specify (check all that apply): Sustained ventricular tachycardia |
| Arrhythmia: If Yes, specify (check all that apply): Ventricular fibrillation |
| Arrhythmia: If Yes, specify (check all that apply): Appropriate ICD shock for VT or VF |
| Diabetes |
| (label) Diabetes |
| Chronic Obstructive Pulmonary Disease |
| (label) Chronic Obstructive Pulmonary Disease |
| Sleep Apnea: |
| (label) Sleep Apnea: |
| If Yes, Specify therapy |
| (label) If Yes, Specify therapy |
| Peripheral Vascular Disease |
| (label) Peripheral Vascular Disease |
| Asymptomatic |
| (label) Asymptomatic |
| Symptomatic |
| (label) Symptomatic |
| Connective Tissue or Inflammatory Rheumatologic Disorder |
| (label) Connective Tissue or Inflammatory Rheumatologic Disorder |
| Neurological Event |
| (label) Neurological Event |
| Smoking History |
| (label) Smoking History |
| If Yes, currently smoking? |
| (label) If Yes, currently smoking? |
| If Yes, enter # of pack years |

| Label |
| --- |
| # of pack years: Unknown |
| Psychiatric History |
| (label) Psychiatric History |
| Hospitalization for Major Psychiatric Illness |
| (label) Hospitalization for Major Psychiatric Illness |
| Malnutrition |
| (label) Malnutrition |
| Significant unintentional Weight Loss during the past year (i.e. not due to dieting or exercise) |
| (label) Significant unintentional Weight Loss during the past year (i.e. not due to dieting or exercise) |
| If Yes, Specify |
| (label) If Yes, Specify |
| Is the subject on home oxygen? |
| (label) Is the subject on home oxygen? |
| Was the patient on intravenous inotropes for other than diagnostic purposes in the last 90 days? |
| (label) Was the patient on intravenous inotropes for other than diagnostic purposes in the last 90 days? |
| If Yes, Specify |
| (label) If Yes, Specify |

## *Data Set Name: rvreg_012_6mw_gst.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | SXMINGTDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of 6 Minute Walk Test and Gait Speed Test |
| 6 | GTSPDTM | Num | 8 | | | Gait Speed (15 feet walk time) |
| 7 | GTSPDCOMP | Num | 8 | 11. | 11. | Was Gait Speed Test completed? |
| 8 | GTSPDCOMP_LABEL | Char | 255 | $255. | $255. | (label) Was Gait Speed Test completed? |
| 9 | GTCHSTPN_CHEST_PAIN | Char | 5 | $5. | $5. | Was Gait Speed Test completed? If No, reason: Chest Pain |
| 10 | GTDIZZ_DIZZINESS | Char | 5 | $5. | $5. | Was Gait Speed Test completed? If No, reason: Dizziness |
| 11 | GTSEVDYSP_SEVERE_DYSPNEA | Char | 5 | $5. | $5. | Was Gait Speed Test completed? If No, reason: Severe Dyspnea |
| 12 | GTREASOTH_OTHER | Char | 5 | $5. | $5. | Was Gait Speed Test completed? If No, reason: Other |
| 13 | HR_1 | Num | 8 | 11. | 11. | Heart Rate |
| 14 | HR_2 | Num | 8 | 11. | 11. | Heart Rate |
| 15 | SYSBP_1 | Num | 8 | 11. | 11. | Systolic Blood Pressure |
| 16 | SYSBP_2 | Num | 8 | 11. | 11. | Systolic Blood Pressure |
| 17 | DIABP_1 | Num | 8 | 11. | 11. | Diastolic Blood Pressure |
| 18 | DIABP_2 | Num | 8 | 11. | 11. | Diastolic Blood Pressure |
| 19 | BORGDYSP_1 | Num | 8 | 11. | 11. | Borg Dyspnea (see MOP for Borg Scale) |
| 20 | BORGDYSP_2 | Num | 8 | 11. | 11. | Borg Dyspnea (see MOP for Borg Scale) |
| 21 | BORGFTG_1 | Num | 8 | 11. | 11. | Borg Fatigue (see MOP for Borg Scale) |
| 22 | BORGFTG_2 | Num | 8 | 11. | 11. | Borg Fatigue (see MOP for Borg Scale) |
| 23 | STOPSX | Num | 8 | 11. | 11. | Stopped or paused before 6 minutes? |
| 24 | STOPSX_LABEL | Char | 255 | $255. | $255. | (label) Stopped or paused before 6 minutes? |
| 25 | SXCHSTPN_CHEST_PAIN | Char | 5 | $5. | $5. | Stopped or paused before 6 minutes? If Yes, reason: Chest pain |
| 26 | SXDIZZ_DIZZINESS | Char | 5 | $5. | $5. | Stopped or paused before 6 minutes? If Yes, reason: Dizziness |
| 27 | SXSEVDYSP_SEVERE_DYSPNEA | Char | 5 | $5. | $5. | Stopped or paused before 6 minutes? If Yes, reason: Severe dyspnea |
| 28 | SXREASOTH_OTHER | Char | 5 | $5. | $5. | Stopped or paused before 6 minutes? If Yes, reason: Other |
| 29 | SXCOMP | Num | 8 | 11. | 11. | Was 6 Minute Walk Test completed? |
| 30 | SXCOMP_LABEL | Char | 255 | $255. | $255. | (label) Was 6 Minute Walk Test completed? |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 31 | SXCCHSTPN_CHEST_PAIN | Char | 5 | $5. | $5. | Was 6 Minute Walk Test completed? If No, Reason: Chest Pain |
| 32 | SXCDIZZ_DIZZINESS | Char | 5 | $5. | $5. | Was 6 Minute Walk Test completed? If No, Reason: Dizziness |
| 33 | SXCSEVDYSP_SEVERE_DYSPNEA | Char | 5 | $5. | $5. | Was 6 Minute Walk Test completed? If No, Reason: Severe dyspnea |
| 34 | SXCOTH_OTHER | Char | 5 | $5. | $5. | Was 6 Minute Walk Test completed? If No, Reason: Other |
| 35 | SXLIMIT | Num | 8 | 11. | 11. | Did the subject walk less than he/she would have walked otherwise due to orthopedic, arthralgic, or neurologic limitations? |
| 36 | SXLIMIT_LABEL | Char | 255 | $255. | $255. | (label) Did the subject walk less than he/she would have walked otherwise due to orthopedic, arthralgic, or neurologic limitations? |
| 37 | DISTWLK | Num | 8 | | | Total distance walked (meters) |

## *Data Set Name: rvreg_013_handgrip_st.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | HSTDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Handgrip Strength Test |
| 6 | DOMHAND | Num | 8 | 11. | 11. | What is the subject's dominant hand? |
| 7 | DOMHAND_LABEL | Char | 255 | $255. | $255. | (label) What is the subject's dominant hand? |
| 8 | PKST1 | Num | 8 | | | Peak grip strength #1 |
| 9 | PKST2 | Num | 8 | | | Peak grip strength #2 |
| 10 | PKST3 | Num | 8 | | | Peak grip strength #3 |
| 11 | PKSTAVG | Num | 8 | | | Peak grip strength average |

## *Data Set Name: rvreg_014_ecg.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | ECGDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Assessment |
| 6 | HRATE | Num | 8 | 11. | 11. | Heart Rate |
| 7 | RHYTMTYP | Num | 8 | 11. | 11. | Atrial Rhythm |
| 8 | RHYTMTYP_LABEL | Char | 255 | $255. | $255. | (label) Atrial Rhythm |
| 9 | PRDUR | Num | 8 | | | PR Duration |
| 10 | MBTZ1 | Num | 8 | 11. | 11. | 2nd Degree Heart Block (Wenckebach Mobitz Type I) |
| 11 | MBTZ1_LABEL | Char | 255 | $255. | $255. | (label) 2nd Degree Heart Block (Wenckebach Mobitz Type I) |
| 12 | MBTZ2 | Num | 8 | 11. | 11. | 2nd Degree Heart Block (Mobitz Type II) |
| 13 | MBTZ2_LABEL | Char | 255 | $255. | $255. | (label) 2nd Degree Heart Block (Mobitz Type II) |
| 14 | HRTBLK | Num | 8 | 11. | 11. | 3rd Degree Heart Block (Complete Heart Block) |
| 15 | HRTBLK_LABEL | Char | 255 | $255. | $255. | (label) 3rd Degree Heart Block (Complete Heart Block) |
| 16 | VNTRICPCRT | Num | 8 | 11. | 11. | Right Ventricular pacing |
| 17 | VNTRICPCRT_LABEL | Char | 255 | $255. | $255. | (label) Right Ventricular pacing |
| 18 | VNTRICPCLT | Num | 8 | 11. | 11. | Left Ventricular pacing |
| 19 | VNTRICPCLT_LABEL | Char | 255 | $255. | $255. | (label) Left Ventricular pacing |
| 20 | RBBRBLCK | Num | 8 | 11. | 11. | Right Bundle Branch Block |
| 21 | RBBRBLCK_LABEL | Char | 255 | $255. | $255. | (label) Right Bundle Branch Block |
| 22 | LBBRBLCK | Num | 8 | 11. | 11. | Left Bundle Branch Block |
| 23 | LBBRBLCK_LABEL | Char | 255 | $255. | $255. | (label) Left Bundle Branch Block |
| 24 | NSIVCD | Num | 8 | 11. | 11. | Nonspecific IVCD |
| 25 | NSIVCD_LABEL | Char | 255 | $255. | $255. | (label) Nonspecific IVCD |
| 26 | QRSDUR | Num | 8 | | | QRS Duration |
| 27 | MITYP | Num | 8 | 11. | 11. | Myocardial Infarction |
| 28 | MITYP_LABEL | Char | 255 | $255. | $255. | (label) Myocardial Infarction |

## *Data Set Name: rvreg_016_initial_data.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | INILDATADT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Assessment |
| 6 | FLWSHFG | Num | 8 | 11. | 11. | Length of time followed by study site's heart failure group |
| 7 | FLWSHFG_LABEL | Char | 255 | $255. | $255. | (label) Length of time followed by study site's heart failure group |
| 8 | TRNEVAL | Num | 8 | 11. | 11. | Prior heart transplant evaluation |
| 9 | TRNEVAL_LABEL | Char | 255 | $255. | $255. | (label) Prior heart transplant evaluation |
| 10 | TEVALOTCME | Num | 8 | 11. | 11. | If yes, evaluation outcome: |
| 11 | TEVALOTCME_LABEL | Char | 255 | $255. | $255. | (label) If yes, evaluation outcome: |
| 12 | LSTNGDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to listing date (If Added) |
| 13 | LSTNGSTAT | Num | 8 | 11. | 11. | Listing status: |
| 14 | LSTNGSTAT_LABEL | Char | 255 | $255. | $255. | (label) Listing status: |
| 15 | VADEVAL | Num | 8 | 11. | 11. | Prior DT VAD evaluation |
| 16 | VADEVAL_LABEL | Char | 255 | $255. | $255. | (label) Prior DT VAD evaluation |
| 17 | VEVALOTCME | Num | 8 | 11. | 11. | If yes, evaluation outcome: |
| 18 | VEVALOTCME_LABEL | Char | 255 | $255. | $255. | (label) If yes, evaluation outcome: |
| 19 | RESUSTAT | Num | 8 | 11. | 11. | Resuscitation status |
| 20 | RESUSTAT_LABEL | Char | 255 | $255. | $255. | (label) Resuscitation status |
| 21 | LVEJFR | Num | 8 | | | Left Ventricular Ejection Fraction |
| 22 | ISCH | Num | 8 | 11. | 11. | Ischemic etiology |
| 23 | ISCH_LABEL | Char | 255 | $255. | $255. | (label) Ischemic etiology |
| 24 | DEVICE | Num | 8 | 11. | 11. | Devices |
| 25 | DEVICE_LABEL | Char | 255 | $255. | $255. | (label) Devices |

*Data Set Name: rvreg_018_eq_5d_subj.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | EQADMIN | Num | 8 | 11. | 11. | Method of Administration |
| 4 | EQADMIN_LABEL | Char | 255 | $255. | $255. | (label) Method of Administration |
| 5 | EQDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Visit Date |
| 6 | EQMOBIL | Num | 8 | 11. | 11. | Mobility |
| 7 | EQMOBIL_LABEL | Char | 255 | $255. | $255. | (label) Mobility |
| 8 | EQSCARE | Num | 8 | 11. | 11. | Self-Care |
| 9 | EQSCARE_LABEL | Char | 255 | $255. | $255. | (label) Self-Care |
| 10 | EQUSACT | Num | 8 | 11. | 11. | Usual Activities |
| 11 | EQUSACT_LABEL | Char | 255 | $255. | $255. | (label) Usual Activities |
| 12 | EQPAIN | Num | 8 | 11. | 11. | Pain/ Discomfort |
| 13 | EQPAIN_LABEL | Char | 255 | $255. | $255. | (label) Pain/ Discomfort |
| 14 | EQANX | Num | 8 | 11. | 11. | Anxiety/ Depression |
| 15 | EQANX_LABEL | Char | 255 | $255. | $255. | (label) Anxiety/ Depression |
| 16 | EQVAS | Num | 8 | 11. | 11. | Health State VAS |
| 17 | EQACT | Num | 8 | 11. | 11. | 1. Which of the following best describes your "one" main activity? |
| 18 | EQACT_LABEL | Char | 255 | $255. | $255. | (label) 1. Which of the following best describes your "one" main activity? |
| 19 | EQACTTYP | Num | 8 | 11. | 11. | Is this "one" main activity considered? |
| 20 | EQACTTYP_LABEL | Char | 255 | $255. | $255. | (label) Is this "one" main activity considered? |
| 21 | EQCNTCT | Num | 8 | 11. | 11. | 2. How many of your close friends or relatives do you see in person, speak to on the telephone, or contact via the internet at   least once a month? |
| 22 | EQSTRESS | Num | 8 | 11. | 11. | 3. How much stress do you feel you've been under during the past 1 month, related to your health issues? |
| 23 | EQSTRESS_LABEL | Char | 255 | $255. | $255. | (label) 3. How much stress do you feel you've been under during the past 1 month, related to your health issues? |
| 24 | EQCOPE | Num | 8 | 11. | 11. | 4.   How well do you feel you've been coping with or handling your stress during the past 1 month, related to your health issues? |
| 25 | EQCOPE_LABEL | Char | 255 | $255. | $255. | (label) 4.   How well do you feel you've been coping with or handling your stress during the past 1 month, related to your health issues? |
| 26 | EQCONF | Num | 8 | 11. | 11. | 5.   How confident are you that you can do the tasks and activities needed to to manage your heart failure so as to reduce how much having heart failure affects your everyday life? |

| Num | Variable | Type | Len | Format | Informat | Label |
|-----|----------|------|-----|--------|----------|-------|
| 27 | EQCONF_LABEL | Char | 255 | $255. | $255. | How confident are you that you can do the tasks and activities needed to to manage your heart failure so as to reduce how much having heart failure affects your everyday life? |
| 28 | EQOUTCM | Num | 8 | 11. | 11. | 6.   How satisfied are you with the outcome of your therapy for heart failure, during the past 6 months? |
| 29 | EQOUTCM_LABEL | Char | 255 | $255. | $255. | (label) 6.   How satisfied are you with the outcome of your therapy for heart failure, during the past 6 months? |

## *Data Set Name: rvreg_019_kccq.sas7bdat*

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. |
| 3 | KCCQADMIN | Num | 8 | 11. | 11. |
| 4 | KCCQADMIN_LABEL | Char | 255 | $255. | $255. |
| 5 | KCCQDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 6 | KCCQ1DRS | Num | 8 | 11. | 11. |
| 7 | KCCQ1DRS_LABEL | Char | 255 | $255. | $255. |
| 8 | KCCQ1BTH | Num | 8 | 11. | 11. |
| 9 | KCCQ1BTH_LABEL | Char | 255 | $255. | $255. |
| 10 | KCCQ1WLK | Num | 8 | 11. | 11. |
| 11 | KCCQ1WLK_LABEL | Char | 255 | $255. | $255. |
| 12 | KCCQ1YWK | Num | 8 | 11. | 11. |
| 13 | KCCQ1YWK_LABEL | Char | 255 | $255. | $255. |
| 14 | KCCQ1STR | Num | 8 | 11. | 11. |
| 15 | KCCQ1STR_LABEL | Char | 255 | $255. | $255. |
| 16 | KCCQ1HRY | Num | 8 | 11. | 11. |
| 17 | KCCQ1HRY_LABEL | Char | 255 | $255. | $255. |
| 18 | KCCQ2 | Num | 8 | 11. | 11. |
| 19 | KCCQ2_LABEL | Char | 255 | $255. | $255. |
| 20 | KCCQ3 | Num | 8 | 11. | 11. |
| 21 | KCCQ3_LABEL | Char | 255 | $255. | $255. |
| 22 | KCCQ4 | Num | 8 | 11. | 11. |
| 23 | KCCQ4_LABEL | Char | 255 | $255. | $255. |
| 24 | KCCQ5 | Num | 8 | 11. | 11. |
| 25 | KCCQ5_LABEL | Char | 255 | $255. | $255. |
| 26 | KCCQ6 | Num | 8 | 11. | 11. |
| 27 | KCCQ6_LABEL | Char | 255 | $255. | $255. |
| 28 | KCCQ7 | Num | 8 | 11. | 11. |
| 29 | KCCQ7_LABEL | Char | 255 | $255. | $255. |
| 30 | KCCQ8 | Num | 8 | 11. | 11. |
| 31 | KCCQ8_LABEL | Char | 255 | $255. | $255. |
| 32 | KCCQ9 | Num | 8 | 11. | 11. |
| 33 | KCCQ9_LABEL | Char | 255 | $255. | $255. |
| 34 | KCCQ10 | Num | 8 | 11. | 11. |
| 35 | KCCQ10_LABEL | Char | 255 | $255. | $255. |
| 36 | KCCQ11 | Num | 8 | 11. | 11. |

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 37 | KCCQ11_LABEL | Char | 255 | $255. | $255. |
| 38 | KCCQ12 | Num | 8 | 11. | 11. |
| 39 | KCCQ12_LABEL | Char | 255 | $255. | $255. |
| 40 | KCCQ13 | Num | 8 | 11. | 11. |
| 41 | KCCQ13_LABEL | Char | 255 | $255. | $255. |
| 42 | KCCQ14 | Num | 8 | 11. | 11. |
| 43 | KCCQ14_LABEL | Char | 255 | $255. | $255. |
| 44 | KCCQ15ACT | Num | 8 | 11. | 11. |
| 45 | KCCQ15ACT_LABEL | Char | 255 | $255. | $255. |
| 46 | KCCQ15CHR | Num | 8 | 11. | 11. |
| 47 | KCCQ15CHR_LABEL | Char | 255 | $255. | $255. |
| 48 | KCCQ15VST | Num | 8 | 11. | 11. |
| 49 | KCCQ15VST_LABEL | Char | 255 | $255. | $255. |
| 50 | KCCQ15REL | Num | 8 | 11. | 11. |
| 51 | KCCQ15REL_LABEL | Char | 255 | $255. | $255. |

| Label |
|---|
| Randomly generated unique identier |
| Visit or Event type corresponding to the record |
| Method of Administration |
| (label) Method of Administration |
| days from consent to Visit Date |
| Dressing yourself |
| (label) Dressing yourself |
| Showering/ Bathing |
| (label) Showering/ Bathing |
| Walking 1 block on level ground |
| (label) Walking 1 block on level ground |
| Doing yardwork, housework or carrying groceries |
| (label) Doing yardwork, housework or carrying groceries |
| Climbing a flight of stairs without stopping |
| (label) Climbing a flight of stairs without stopping |
| Hurrying or jogging (as if to catch a bus) |
| (label) Hurrying or jogging (as if to catch a bus) |
| 2. Compared with 2 weeks ago, have your symptoms of heart failure (shortness of breath, fatigue or ankle swelling) changed? My symptoms of heart failure have become… |
| (label) 2. Compared with 2 weeks ago, have your symptoms of heart failure (shortness of breath, fatigue or ankle swelling) changed? My symptoms of heart failure have become… |
| 3. Over the past 2 weeks, how many times did you have swelling in your feet, ankles or legs when you woke up in the morning? |
| (label) 3. Over the past 2 weeks, how many times did you have swelling in your feet, ankles or legs when you woke up in the morning? |

| Label |
|---|
| 4. Over the past 2 weeks, how much has swelling in your feet, ankles or legs bothered you? It has been… |
| (label) 4. Over the past 2 weeks, how much has swelling in your feet, ankles or legs bothered you? It has been… |
| 5. Over the past 2 weeks, on an average, how many times has fatigue limited your ability to do what you want? |
| (label) 5. Over the past 2 weeks, on an average, how many times has fatigue limited your ability to do what you want? |
| 6. Over the past 2 weeks, how much has your fatigue bothered you? It has been… |
| (label) 6. Over the past 2 weeks, how much has your fatigue bothered you? It has been… |
| 7. Over the past 2 weeks, on average, how many times has shortness of breath limited your ability to do what you wanted? |
| (label) 7. Over the past 2 weeks, on average, how many times has shortness of breath limited your ability to do what you wanted? |
| 8. Over the past 2 weeks, how much has your shortness of breath bothered you? |
| (label) 8. Over the past 2 weeks, how much has your shortness of breath bothered you? |
| 9. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of shortness of breath? |
| (label) 9. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of shortness of breath? |
| 10. Heart failure symptoms can worsen for a number of reasons.   How sure are you that you know what to do, or whom to call, if your heart failure gets worse? |
| (label) 10. Heart failure symptoms can worsen for a number of reasons.   How sure are you that you know what to do, or whom to call, if your heart failure gets worse? |
| 11. How well do you understand what things you are able to do to keep your heart failure symptoms from getting worse? (for example, weighing   yourself, eating a low salt diet, etc) |
| (label) 11. How well do you understand what things you are able to do to keep your heart failure symptoms from getting worse? (for example, weighing   yourself, eating a low salt diet, etc) |
| 12. Over the past 2 weeks, how much has your heart failure limited your enjoyment of life? |
| (label) 12. Over the past 2 weeks, how much has your heart failure limited your enjoyment of life? |
| 13. If you had to spend the rest of your life with your heart failure the way it is right now, how would you feel about this? |
| (label) 13. If you had to spend the rest of your life with your heart failure the way it is right now, how would you feel about this? |
| 14. Over the past 2 weeks, how often have you felt discouraged or down in the dumps because of your   heart failure? |
| (label) 14. Over the past 2 weeks, how often have you felt discouraged or down in the dumps because of your   heart failure? |
| Hobbies, recreational activities |
| (label) Hobbies, recreational activities |
| Working or doing household chores |
| (label) Working or doing household chores |
| Visiting family or friends out of your home |
| (label) Visiting family or friends out of your home |
| Intimate relationships with loved ones |
| (label) Intimate relationships with loved ones |

## *Data Set Name: rvreg_020_phq_8.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | PHQADMIN | Num | 8 | 11. | 11. | Method of Administration |
| 4 | PHQADMIN_LABEL | Char | 255 | $255. | $255. | (label) Method of Administration |
| 5 | PHQDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Visit Date |
| 6 | PHQ1 | Num | 8 | 11. | 11. | Little interest or pleasure in doing things |
| 7 | PHQ1_LABEL | Char | 255 | $255. | $255. | (label) Little interest or pleasure in doing things |
| 8 | PHQ2 | Num | 8 | 11. | 11. | Feeling down, depressed or hopeless |
| 9 | PHQ2_LABEL | Char | 255 | $255. | $255. | (label) Feeling down, depressed or hopeless |
| 10 | PHQ3 | Num | 8 | 11. | 11. | Trouble falling or staying asleep or sleeping too much |
| 11 | PHQ3_LABEL | Char | 255 | $255. | $255. | (label) Trouble falling or staying asleep or sleeping too much |
| 12 | PHQ4 | Num | 8 | 11. | 11. | Feeling tired or having little energy |
| 13 | PHQ4_LABEL | Char | 255 | $255. | $255. | (label) Feeling tired or having little energy |
| 14 | PHQ5 | Num | 8 | 11. | 11. | Poor appetite or overeating |
| 15 | PHQ5_LABEL | Char | 255 | $255. | $255. | (label) Poor appetite or overeating |
| 16 | PHQ6 | Num | 8 | 11. | 11. | Feeling bad about yourself, or that you are a failure or have let yourself or your family down |
| 17 | PHQ6_LABEL | Char | 255 | $255. | $255. | (label) Feeling bad about yourself, or that you are a failure or have let yourself or your family down |
| 18 | PHQ7 | Num | 8 | 11. | 11. | Trouble concentrating on things, such as reading the newspaper or watching television |
| 19 | PHQ7_LABEL | Char | 255 | $255. | $255. | (label) Trouble concentrating on things, such as reading the newspaper or watching television |
| 20 | PHQ8 | Num | 8 | 11. | 11. | Moving or speaking so slowly that other people could have noticed or the opposite-being so fidgety or restless that you have been moving around a lot more than usual |
| 21 | PHQ8_LABEL | Char | 255 | $255. | $255. | Moving or speaking so slowly that other people could have noticed or the opposite-being so fidgety or restless that you have been moving around a lot more than usual |
| 22 | PHQTOT | Num | 8 | 11. | 11. | Score |
| 23 | D_PHQTOT | Num | 8 | 11. | 11. | Calculated Score |

## Data Set Name: rvreg_021_stai.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | STAIADMIN | Num | 8 | 11. | 11. | Method of Administration |
| 4 | STAIADMIN_LABEL | Char | 255 | $255. | $255. | (label) Method of Administration |
| 5 | STAIDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Visit Date |
| 6 | STAI1 | Num | 8 | 11. | 11. | I feel calm |
| 7 | STAI1_LABEL | Char | 255 | $255. | $255. | (label) I feel calm |
| 8 | STAI2 | Num | 8 | 11. | 11. | I feel secure |
| 9 | STAI2_LABEL | Char | 255 | $255. | $255. | (label) I feel secure |
| 10 | STAI3 | Num | 8 | 11. | 11. | I feel tense |
| 11 | STAI3_LABEL | Char | 255 | $255. | $255. | (label) I feel tense |
| 12 | STAI4 | Num | 8 | 11. | 11. | I feel strained |
| 13 | STAI4_LABEL | Char | 255 | $255. | $255. | (label) I feel strained |
| 14 | STAI5 | Num | 8 | 11. | 11. | I feel at ease |
| 15 | STAI5_LABEL | Char | 255 | $255. | $255. | (label) I feel at ease |
| 16 | STAI6 | Num | 8 | 11. | 11. | I feel upset |
| 17 | STAI6_LABEL | Char | 255 | $255. | $255. | (label) I feel upset |
| 18 | STAI7 | Num | 8 | 11. | 11. | I am presently worrying over possible misfortunes |
| 19 | STAI7_LABEL | Char | 255 | $255. | $255. | (label) I am presently worrying over possible misfortunes |
| 20 | STAI8 | Num | 8 | 11. | 11. | I feel satisfied |
| 21 | STAI8_LABEL | Char | 255 | $255. | $255. | (label) I feel satisfied |
| 22 | STAI9 | Num | 8 | 11. | 11. | I feel frightened |
| 23 | STAI9_LABEL | Char | 255 | $255. | $255. | (label) I feel frightened |
| 24 | STAI10 | Num | 8 | 11. | 11. | I feel comfortable |
| 25 | STAI10_LABEL | Char | 255 | $255. | $255. | (label) I feel comfortable |
| 26 | STAI11 | Num | 8 | 11. | 11. | I feel self-confident |
| 27 | STAI11_LABEL | Char | 255 | $255. | $255. | (label) I feel self-confident |
| 28 | STAI12 | Num | 8 | 11. | 11. | I feel nervous |
| 29 | STAI12_LABEL | Char | 255 | $255. | $255. | (label) I feel nervous |
| 30 | STAI13 | Num | 8 | 11. | 11. | I am jittery |
| 31 | STAI13_LABEL | Char | 255 | $255. | $255. | (label) I am jittery |
| 32 | STAI14 | Num | 8 | 11. | 11. | I feel indecisive |
| 33 | STAI14_LABEL | Char | 255 | $255. | $255. | (label) I feel indecisive |
| 34 | STAI15 | Num | 8 | 11. | 11. | I am relaxed |
| 35 | STAI15_LABEL | Char | 255 | $255. | $255. | (label) I am relaxed |
| 36 | STAI16 | Num | 8 | 11. | 11. | I feel content |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 37 | STAI16_LABEL | Char | 255 | $255. | $255. | (label) I feel content |
| 38 | STAI17 | Num | 8 | 11. | 11. | I am worried |
| 39 | STAI17_LABEL | Char | 255 | $255. | $255. | (label) I am worried |
| 40 | STAI18 | Num | 8 | 11. | 11. | I feel confused |
| 41 | STAI18_LABEL | Char | 255 | $255. | $255. | (label) I feel confused |
| 42 | STAI19 | Num | 8 | 11. | 11. | I feel steady |
| 43 | STAI19_LABEL | Char | 255 | $255. | $255. | (label) I feel steady |
| 44 | STAI20 | Num | 8 | 11. | 11. | I feel pleasant |
| 45 | STAI20_LABEL | Char | 255 | $255. | $255. | (label) I feel pleasant |

*Data Set Name: rvreg_022_vad_survey.sas7bdat*

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. |
| 3 | VSADMIN | Num | 8 | 11. | 11. |
| 4 | VSADMIN_LABEL | Char | 255 | $255. | $255. |
| 5 | VSDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 6 | VSTRTHF | Num | 8 | 11. | 11. |
| 7 | VSTRTHF_LABEL | Char | 255 | $255. | $255. |
| 8 | VSYRS | Num | 8 | | |
| 9 | VSYRSNA_NOT_ANSWERED | Char | 5 | $5. | $5. |
| 10 | VSMTHS | Num | 8 | | |
| 11 | VSMTHSNA_NOT_ANSWERED | Char | 5 | $5. | $5. |
| 12 | VLSTHPY | Num | 8 | 11. | 11. |
| 13 | VLSTHPY_LABEL | Char | 255 | $255. | $255. |
| 14 | VLSTHPYW | Num | 8 | 11. | 11. |
| 15 | VLSTHPYW_LABEL | Char | 255 | $255. | $255. |
| 16 | VLSTHPYNW_KIDNEY_DIALYSIS | Char | 5 | $5. | $5. |
| 17 | VLSTHPYNW_BEING_PLACED_ON_A_BREA | Char | 5 | $5. | $5. |
| 18 | VLSTHPYNW_FEEDING_TUBE_IF_UNABLE | Char | 5 | $5. | $5. |
| 19 | VLSTHPYNW_CHEST_COMPRESSIONS | Char | 5 | $5. | $5. |
| 20 | VLSTHPYNW_TRANSFER_TO_THE_INTENS | Char | 5 | $5. | $5. |
| 21 | VLSTHPYNW_NOT_ANSWERED | Char | 5 | $5. | $5. |

| Label |
|---|
| Randomly generated unique identier |
| Visit or Event type corresponding to the record |
| Method of Administration |
| (label) Method of Administration |
| days from consent to Visit Date |
| Based on how you feel right now, how would you feel about having a VAD placed to treat your heart failure? |
| (label) Based on how you feel right now, how would you feel about having a VAD placed to treat your heart failure? |
| Years |
| Years Not Answered |
| Months |
| Months Not Answered VLSTHPY |
| Many life-sustaining therapies are available near the end of life. These include dialysis, breathing machines, tubes for feeding, and heart resuscitation. Has your physician talked about your wishes regarding such life-sustaining therapies? |

| Label |
|---|
| (label) Many life-sustaining therapies are available near the end of life. These include dialysis, breathing machines, tubes for feeding, and heart resuscitation. Has your physician talked about your wishes regarding such life-sustaining therapies? |
| At this time, would you want any and all life-sustaining therapies available? |
| (label) At this time, would you want any and all life-sustaining therapies available? |
| Are there any life-sustaining therapies you do NOT want? (check all that apply): Kidney dialysis |
| Are there any life-sustaining therapies you do NOT want? (check all that apply): Being placed on a breathing machine |
| Are there any life-sustaining therapies you do NOT want? (check all that apply): Feeding tube if unable to eat |
| Are there any life-sustaining therapies you do NOT want? (check all that apply): Chest compressions |
| Are there any life-sustaining therapies you do NOT want? (check all that apply): Transfer to the Intensive Care Unit (ICU) |
| Are there any life-sustaining therapies you do NOT want? (check all that apply): Not Answered |

## *Data Set Name: rvreg_023_hfss.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | HFSSDT_DAYS_FROM_CONSENT | Num | 8 | | | Date of Assessment: (replaced by days from consent) |
| 5 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 6 | HFSS | Num | 8 | | | Heart Failure Survival Score: |
| 7 | HFSSSTRATA | Num | 8 | 11. | 11. | Heart Failure Survival Score Strata: |
| 8 | HFSSSTRATA_LABEL | Char | 255 | $255. | $255. | (label) Heart Failure Survival Score Strata: |

### *Data Set Name: rvreg_027_cpx_tracking.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | CPXDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Cardiopulmonary Exercise Test |
| 6 | CPXGAS | Num | 8 | 11. | 11. | Was the gas calibration performed prior to subject testing? |
| 7 | CPXGAS_LABEL | Char | 255 | $255. | $255. | (label) Was the gas calibration performed prior to subject testing? |
| 8 | CPXDCCDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date submittted to DCC |
| 9 | VO2ML_VO2 | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): VO2 (mL/min) |
| 10 | VO2KG_VO2 | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): VO2 (mL/kg/min) |
| 11 | CO2_VCO2 | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): VCO2 |
| 12 | RER_RER | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): RER |
| 13 | VO2_VE_VO2 | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): VO2 |
| 14 | VEVCO2_VE_VCO2 | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): VE/VCO2 |
| 15 | VE_VE | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): VE |
| 16 | HR_HR | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): HR |
| 17 | RR_RR | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): RR |
| 18 | PETO2_PET_O2 | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): PPETO2 |
| 19 | PETCO2_PET_CO2 | Char | 5 | $5. | $5. | Data submitted in 30-second breath averages in tabular form (all should be submitted): PETCO2 |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 20 | CGVO2_VO2__VCO2_VS_TIME | Char | 5 | $5. | $5. | Original color graphs submitted (all should be submitted): VO2, VCO2 vs Time |
| 21 | CGVEVO_VE_VO2__VE_VCO2_VS_TIME | Char | 5 | $5. | $5. | Original color graphs submitted (all should be submitted): VE/VO2,VE/VCO2 vs Time |
| 22 | CGPET_PETCO2__PETO2_VS_TIME | Char | 5 | $5. | $5. | Original color graphs submitted (all should be submitted): PETCO2, PETO2 vs Time |
| 23 | CGVCO2_VCO2_VS_VO2 | Char | 5 | $5. | $5. | Original color graphs submitted (all should be submitted): VCO2/VO2 |
| 24 | CGRER_RER_VS_TIME | Char | 5 | $5. | $5. | Original color graphs submitted (all should be submitted): RER vs Time |
| 25 | CGVE_VE_VS_TIME | Char | 5 | $5. | $5. | Original color graphs submitted (all should be submitted): VE vs Time |
| 26 | CMPTHR_COMPOSITE_ANAEROBIC_THRES | Char | 5 | $5. | $5. | Original color graphs submitted (all should be submitted): Composite Anaerobic Threshold Plot |
| 27 | DYSPNEA_DYSPNEA | Char | 5 | $5. | $5. | Reason for stopping exercise (check all that apply): Dyspnea |
| 28 | FATIGUE_FATIGUE | Char | 5 | $5. | $5. | Reason for stopping exercise (check all that apply):Fatigue |
| 29 | CHSTPN_CHEST_PAIN | Char | 5 | $5. | $5. | Reason for stopping exercise (check all that apply):Chest Pain |
| 30 | CLAUD_CLAUDICATION | Char | 5 | $5. | $5. | Reason for stopping exercise (check all that apply):Claudication |
| 31 | DIZZ_DIZZINESS | Char | 5 | $5. | $5. | Reason for stopping exercise (check all that apply):Dizziness |
| 32 | REASOTH_OTHER | Char | 5 | $5. | $5. | Reason for stopping exercise (check all that apply):Other |
| 33 | CPXSHPDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date Test Forwarded to Cardiopulmonary Exercise Core Laboratory |

## Data Set Name: rvreg_027_cpx_trackingcpx.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|-----|----------|------|-----|--------|----------|-------|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | CPXMIN | Num | 8 | 11. | 11. | Stage and Time |
| 4 | CPXMIN_LABEL | Char | 255 | $255. | $255. | (label) Stage and Time |
| 5 | HR1 | Num | 8 | 11. | 11. | HR |
| 6 | SYSBP | Num | 8 | 11. | 11. | Systolic Blood Pressure |
| 7 | DIABP | Num | 8 | 11. | 11. | Diastolic Blood Pressure |
| 8 | BORG | Num | 8 | 11. | 11. | BORG (RPE) |

## *Data Set Name: rvreg_027_cpx_trackingcpxpeak.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | CPXMIN2 | Char | 1024 | $1024. | $1024. | Peak Stage Time |
| 4 | HR2 | Num | 8 | 11. | 11. | Peak HR |
| 5 | SYSBP2 | Num | 8 | 11. | 11. | Peak Systolic Blood Pressure |
| 6 | DIABP2 | Num | 8 | 11. | 11. | Peak Diastolic Blood Pressure |
| 7 | BORG2 | Num | 8 | 11. | 11. | Peak BORG (RPE) |

## *Data Set Name: rvreg_028_cpx_test.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | CPXASMDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Assessment by Core Lab |
| 6 | CPXMIN1 | Char | 1024 | $1024. | $1024. | Time (min:sec) at Rest |
| 7 | CPXMIN2 | Char | 1024 | $1024. | $1024. | Time (min:sec) at Ventilatory Threshold |
| 8 | CPXMIN3 | Char | 1024 | $1024. | $1024. | Time (min:sec) at Peak Exercise |
| 9 | HR_1 | Num | 8 | 11. | 11. | HR at Rest |
| 10 | HR_2 | Num | 8 | 11. | 11. | HR at Ventilatory Threshold |
| 11 | HR_3 | Num | 8 | 11. | 11. | HR at Peak Exercise |
| 12 | MAP_1 | Num | 8 | | | Mean arterial BP at Rest |
| 13 | MAP_2 | Num | 8 | | | Mean arterial BP at Ventilatory Threshold |
| 14 | MAP_3 | Num | 8 | | | Mean arterial BP at Peak Exercise |
| 15 | VE_1 | Num | 8 | | | VE at Rest |
| 16 | VE_2 | Num | 8 | | | VE at Ventilatory Threshold |
| 17 | VE_3 | Num | 8 | | | VE at Peak Exercise |
| 18 | VEVCO2_2 | Num | 8 | | | VE/VCO2 at Ventilatory Threshold |
| 19 | VEVCO2_3 | Num | 8 | | | VE/VCO2 at Peak Exercise (no data, only collected at Ventilatory Threshold) |
| 20 | RER_1 | Num | 8 | | | RER at Rest |
| 21 | RER_2 | Num | 8 | | | RER at Ventilatory Threshold |
| 22 | RER_3 | Num | 8 | | | RER at Peak Exercise |
| 23 | VO2_1 | Num | 8 | | | VO2 (ml/min) at Rest |
| 24 | VO2_2 | Num | 8 | | | VO2 (ml/min) at Ventilatory Threshold |
| 25 | VO2_3 | Num | 8 | | | VO2(ml/min) at Peak Exercise |
| 26 | VO2KG_1 | Num | 8 | | | VO2 (ml/kg/min) at Rest |
| 27 | VO2KG_2 | Num | 8 | | | VO2 (ml/kg/min) at Ventilatory Threshold |
| 28 | VO2KG_3 | Num | 8 | | | VO2 (ml/kg/min) at Peak Exercise |
| 29 | PVO2_3 | Num | 8 | | | % Predicted VO2 at Peak Exercise |
| 30 | BORG_1 | Num | 8 | | | Modified Borg Scale at Rest |
| 31 | BORG_2 | Num | 8 | | | Modified Borg Scale at Ventilatory Threshold |
| 32 | BORG_3 | Num | 8 | | | Modified Borg Scale at Peak Exercise |
| 33 | PETCO2_1 | Num | 8 | | | PETCO2 at Rest |
| 34 | PETCO2_2 | Num | 8 | | | PETCO2 at Ventilatory Threshold |
| 35 | PETCO2_3 | Num | 8 | | | PETCO2 at Peak Exercise |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 36 | VO2PLS_1 | Num | 8 | | | VO2 pulse at Rest |
| 37 | VO2PLS_2 | Num | 8 | | | VO2 pulse at Ventilatory Threshold |
| 38 | VO2PLS_3 | Num | 8 | | | VO2 pulse at Peak Exercise |
| 39 | DYSPNEA_DYSPNEA | Char | 5 | $5. | $5. | Reason for stopping test: (select all that apply): Dyspnea |
| 40 | FATIGUE_FATIGUE | Char | 5 | $5. | $5. | Reason for stopping test: (select all that apply): Fatigue |
| 41 | CHSTPN_CHEST_PAIN | Char | 5 | $5. | $5. | Reason for stopping test: (select all that apply): Chest Pain |
| 42 | CLAUD_CLAUDICATION | Char | 5 | $5. | $5. | Reason for stopping test: (select all that apply): Claudication |
| 43 | DIZZ_DIZZINESS | Char | 5 | $5. | $5. | Reason for stopping test: (select all that apply): Dizziness |
| 44 | REASOTH_OTHER | Char | 5 | $5. | $5. | Reason for stopping test: (select all that apply): Other |
| 45 | MAXCPX | Num | 8 | 11. | 11. | Was the test a maximal CPX test? |
| 46 | CPXLMT | Num | 8 | 11. | 11. | Can you identify a significant non-cardiac component to the exercise limitation? |
| 47 | CPXLMT_LABEL | Char | 255 | $255. | $255. | (label) Can you identify a significant non-cardiac component to the exercise limitation? |

## *Data Set Name: rvreg_030_echo.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | ECHODT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Transthoracic Echocardiogram |
| 6 | ECHOASMDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Assessment by Core Lab |
| 7 | LVDEM | Num | 8 | | | LV Dimension (d) |
| 8 | LVOTTVI | Num | 8 | | | LVOT TVI |
| 9 | LVDEMS | Num | 8 | | | LV Dimension (s) |
| 10 | MVPKEVL | Num | 8 | | | MV Peak E velocity |
| 11 | LVFRAC | Num | 8 | | | LV fractional shortening |
| 12 | MVDECTM | Num | 8 | | | MV Deceleration Time |
| 13 | SEPTHCK | Num | 8 | | | Septal Thickness (d) |
| 14 | MVPKAVL | Num | 8 | | | MV Peak A velocity |
| 15 | PWTHCK | Num | 8 | | | Posterior Wall Thickness (d) |
| 16 | MVEA | Num | 8 | | | MV E/A |
| 17 | LADIAM | Num | 8 | | | LA Diameter (max) |
| 18 | TDIVCLAT | Num | 8 | | | TDI E' Velocity (lateral) |
| 19 | LVOTDIAM | Num | 8 | | | LVOT Diameter (s) |
| 20 | MITRAL | Num | 8 | | | Mitral E/E' |
| 21 | LAAREAC | Num | 8 | | | LA Area (4-Chamber) |
| 22 | RAAREAC | Num | 8 | | | RA Area (4-Chamber) |
| 23 | EDIASVM4 | Num | 8 | | | End-Diastolic Volume (4-Ch) |
| 24 | LVEDA | Num | 8 | | | LV EDA |
| 25 | EDSYSVM4 | Num | 8 | | | End-Systolic Volume (4-Ch) |
| 26 | LVESA | Num | 8 | | | LV ESA |
| 27 | EJFRC4CH | Num | 8 | | | Ejection Fraction (4-Ch) |
| 28 | LVFAC | Num | 8 | | | LV FAC |
| 29 | EDIASVM2 | Num | 8 | | | End-Diastolic Volume (2-Ch) |
| 30 | LVEPPI | Num | 8 | | | LV EPPI |
| 31 | EDSYSVM2 | Num | 8 | | | End-Systolic Volume (2-Ch) |
| 32 | SYSBP | Num | 8 | | | Blood Pressure (Systolic) |
| 33 | EJFRC2CH | Num | 8 | | | Ejection Fraction (2-Ch) |
| 34 | EDIASVMBP | Num | 8 | | | End-Diastolic Volume (Biplane) |
| 35 | EDSYSVMPB | Num | 8 | | | End-Systolic Volume (Biplane) |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 36 | EJFRCPB | Num | 8 | | | Ejection Fraction (Biplane) |
| 37 | RVEDIAS | Num | 8 | | | RV End-Diastolic Area |
| 38 | TRVCPK | Num | 8 | | | TR Velocity (peak) |
| 39 | RVESYS | Num | 8 | | | RV End-Systolic Area |
| 40 | RAPRES | Num | 8 | | | RA Pressure (estimate) |
| 41 | RVFRCAREA | Num | 8 | | | RV Fractional Area Chg |
| 42 | PASYSPRES | Num | 8 | | | PA Systolic Pressure |
| 43 | TAPSE | Num | 8 | | | TAPSE |
| 44 | MITRGRG | Num | 8 | 11. | 11. | Mitral Regurgitation |
| 45 | MITRGRG_LABEL | Char | 255 | $255. | $255. | (label) Mitral Regurgitation |
| 46 | MITRGVC | Num | 8 | | | Mitral Regurgitation Vena Contracta |
| 47 | MITRGJET | Num | 8 | | | Mitral Regurgitant Jet Area |
| 48 | AORTRGRG | Num | 8 | 11. | 11. | Aortic Regurgitation |
| 49 | AORTRGRG_LABEL | Char | 255 | $255. | $255. | (label) Aortic Regurgitation |
| 50 | AORTVLVE | Num | 8 | 11. | 11. | Aortic Valve |
| 51 | AORTVLVE_LABEL | Char | 255 | $255. | $255. | (label) Aortic Valve |
| 52 | TRIRGRG | Num | 8 | 11. | 11. | Tricuspid Regurgitation |
| 53 | TRIRGRG_LABEL | Char | 255 | $255. | $255. | (label) Tricuspid Regurgitation |
| 54 | IMGQUAL | Num | 8 | 11. | 11. | Echo Image Quality |
| 55 | IMGQUAL_LABEL | Char | 255 | $255. | $255. | (label) Echo Image Quality |
| 56 | PROTCMP | Num | 8 | 11. | 11. | Protocol Compliance |
| 57 | PROTCMP_LABEL | Char | 255 | $255. | $255. | (label) Protocol Compliance |
| 58 | LATHRMBS | Num | 8 | 11. | 11. | Left atrial thrombus present? |
| 59 | LATHRMBS_LABEL | Char | 255 | $255. | $255. | (label) Left atrial thrombus present? |
| 60 | LVTHRMBS | Num | 8 | 11. | 11. | Left ventricular thrombus present? |
| 61 | LVTHRMBS_LABEL | Char | 255 | $255. | $255. | (label) Left ventricular thrombus present? |
| 62 | LVDIADIMEN | Num | 8 | 11. | 11. | Left ventricular end-diastolic dimension < 55 mm? |
| 63 | LVDIADIMEN_LABEL | Char | 255 | $255. | $255. | (label) Left ventricular end-diastolic dimension < 55 mm? |
| 64 | LVAPEX | Num | 8 | 11. | 11. | Calcification of the left ventricular apex? |
| 65 | LVAPEX_LABEL | Char | 255 | $255. | $255. | (label) Calcification of the left ventricular apex? |
| 66 | BANTSPTM_ANTEROSEPTUM | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Basal: Anteroseptum |
| 67 | BANTER_ANTERIOR | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Basal: Anterior |
| 68 | BLATER_LATERAL | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Basal: Lateral |
| 69 | BPOSTR_POSTERIOR | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Basal: Posterior |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 70 | BINFERIOR_INFERIOR | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Basal: Inferior |
| 71 | BINFSPM_INFEROSEPTUM | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Basal: Inferoseptum |
| 72 | MANTSPTM_ANTEROSEPTUM | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Mid: Anteroseptum |
| 73 | MANTER_ANTERIOR | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Mid: Anterior |
| 74 | MLATER_LATERAL | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Mid: Lateral |
| 75 | MPOSTR_POSTERIOR | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Mid: Posterior |
| 76 | MINFERIOR_INFERIOR | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Mid: Inferior |
| 77 | MINFSPM_INFEROSEPTUM | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Mid: Inferoseptum |
| 78 | APSEPTM_SEPTUM | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Apical: Septum |
| 79 | APANTER_ANTERIOR | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Apical: Anterior |
| 80 | APLATER_LATERAL | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Apical: Lateral |
| 81 | APINF_INFERIOR | Char | 5 | $5. | $5. | LV Scar (Thin and Akinetic or Dyskinetic): Apical: Inferior |

### *Data Set Name: rvreg_031_subj_follow_up.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | COMPLTE | Num | 8 | 11. | 11. | Was assessment completed? |
| 4 | COMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Was assessment completed? |
| 5 | SFUADT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Assessment |
| 6 | RESUSTAT | Num | 8 | 11. | 11. | Resuscitation status |
| 7 | RESUSTAT_LABEL | Char | 255 | $255. | $255. | (label) Resuscitation status |
| 8 | RESUSTATC | Num | 8 | 11. | 11. | Has resuscitation status changed since the last visit |
| 9 | RESUSTATC_LABEL | Char | 255 | $255. | $255. | (label) Has resuscitation status changed since the last visit |
| 10 | RESUSTATCDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to date of status change (if Yes) |
| 11 | HOSPICE | Num | 8 | 11. | 11. | Enrolled in hospice |
| 12 | HOSPICE_LABEL | Char | 255 | $255. | $255. | (label) Enrolled in hospice |
| 13 | HOSPICEDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to enrollment date (if Yes) |
| 14 | TRNSTAT | Num | 8 | 11. | 11. | Has the subject transplant status been assessed since the last visit |
| 15 | TRNSTAT_LABEL | Char | 255 | $255. | $255. | (label) Has the subject transplant status been assessed since the last visit |
| 16 | TRNLST | Num | 8 | 11. | 11. | If Yes, was the subject on the heart transplant list at the last visit |
| 17 | TRNLST_LABEL | Char | 255 | $255. | $255. | (label) If Yes, was the subject on the heart transplant list at the last visit |
| 18 | TRNOTCMEY | Num | 8 | 11. | 11. | If Yes, Evaluation outcome |
| 19 | TRNOTCMEY_LABEL | Char | 255 | $255. | $255. | (label) If Yes, Evaluation outcome |
| 20 | TRNOTCMEN | Num | 8 | 11. | 11. | If No, Evaluation outcome |
| 21 | TRNOTCMEN_LABEL | Char | 255 | $255. | $255. | (label) If No, Evaluation outcome |
| 22 | TRNLSTRDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to the most recent date of removal (If removed from the heart transplant waiting list) |
| 23 | TRNLSTADT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to the first date of listing since the previous visit (If added to the heart transplant waiting list) |
| 24 | VADEVAL | Num | 8 | 11. | 11. | If the subject has not received a VAD or transplant since the last visit, has the subject been evaluated for VAD |
| 25 | VADEVAL_LABEL | Char | 255 | $255. | $255. | (label) If the subject has not received a VAD or transplant since the last visit, has the subject been evaluated for VAD |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 26 | VADEVALDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of VAD evaluation |
| 27 | VADOTCME | Num | 8 | 11. | 11. | Evaluation outcome: |
| 28 | VADOTCME_LABEL | Char | 255 | $255. | $255. | (label) Evaluation outcome: |
| 29 | RJCTDTLS_COMORBIDITIES | Char | 5 | $5. | $5. | Evaluation outcome: Reject details (select all that apply): Comorbiidties |
| 30 | RJCTDTLS_AGE | Char | 5 | $5. | $5. | Evaluation outcome: Reject details (select all that apply): Age |
| 31 | RJCTDTLS_PSYCHOLOGICAL | Char | 5 | $5. | $5. | Evaluation outcome: Reject details (select all that apply): Pyschological |
| 32 | RJCTDTLS_ABSENCE_OF_ADEQUATE_SOC | Char | 5 | $5. | $5. | Evaluation outcome: Reject details (select all that apply): Absense of adequate social support |
| 33 | RJCTDTLS_OTHER | Char | 5 | $5. | $5. | Evaluation outcome: Reject details (select all that apply): Other |
| 34 | CMDTLS_RENAL_FUNCTION | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details (select all that apply): Renal function |
| 35 | CMDTLS_LUNG_FUNCTION | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details (select all that apply): Lung function |
| 36 | CMDTLS_LIVER_FUNCTION | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details (select all that apply): Liver function |
| 37 | CMDTLS_TECHNICAL_SURGICAL_ISSUES | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details (select all that apply): Technical surgical issues |
| 38 | CMDTLS_GI_BLEEDING_HISTORY | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details (select all that apply): GI bleeding history |
| 39 | CMDTLS_INFECTION | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details (select all that apply): Infection |
| 40 | CMDTLS_NEUROLOGICAL_FUNCTION | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details (select all that apply): Neurological function |
| 41 | NEURODTLS_MOTOR_DYSFUNCTION | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details: Neurological function details   (select all that apply): Motor dysfunction |
| 42 | NEURODTLS_COGNITIVE_DYSFUNCTION | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details: Neurological function details   (select all that apply): Cognitive dysfunciton |
| 43 | NEURODTLS_OTHER | Char | 5 | $5. | $5. | Evaluation outcome: Reject details: Comorbidities details: Neurological function details   (select all that apply): Other |
| 44 | LVEFASESS | Num | 8 | 11. | 11. | Has the subject had an assessment where the LVEF > 40% since the last visit |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 45 | LVEFASESS_LABEL | Char | 255 | $255. | $255. | (label) Has the subject had an assessment where the LVEF > 40% since the last visit |
| 46 | HOSP | Num | 8 | 11. | 11. | Were there any hospitalizations since the last visit |
| 47 | HOSP_LABEL | Char | 255 | $255. | $255. | (label) Were there any hospitalizations since the last visit |
| 48 | QOLCOMPLTE | Num | 8 | 11. | 11. | Did Caregiver complete the Quality of Life questionnaires at this visit |
| 49 | QOLCOMPLTE_LABEL | Char | 255 | $255. | $255. | (label) Did Caregiver complete the Quality of Life questionnaires at this visit |
| 50 | REHAB | Num | 8 | 11. | 11. | Has the subject been a resident of a rehabilitation facility since the last visit |
| 51 | REHAB_LABEL | Char | 255 | $255. | $255. | (label) Has the subject been a resident of a rehabilitation facility since the last visit |
| 52 | REHABDAYS | Num | 8 | | | If Yes, provide number of days in a rehabilitation facility since the last visit |
| 53 | NURSHM | Num | 8 | 11. | 11. | Has the subject been a resident of a long-term care facility or nursing home since the last visit |
| 54 | NURSHM_LABEL | Char | 255 | $255. | $255. | (label) Has the subject been a resident of a long-term care facility or nursing home since the last visit |
| 55 | NURSHMDAYS | Num | 8 | | | If Yes, provide number of days in a long-term care facility or nursing home since the last visit |
| 56 | ISCH | Num | 8 | 11. | 11. | Ischemic etiology |
| 57 | ISCH_LABEL | Char | 255 | $255. | $255. | (label) Ischemic etiology |
| 58 | DEVICE | Num | 8 | 11. | 11. | Devices |
| 59 | DEVICE_LABEL | Char | 255 | $255. | $255. | (label) Devices |

## *Data Set Name: rvreg_032_informed_consent_cg.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | CGCONSNT | Num | 8 | 11. | 11. | Did the Caregiver sign the Caregiver Informed Consent? |
| 4 | CGCONSNT_LABEL | Char | 255 | $255. | $255. | (label) Did the Caregiver sign the Caregiver Informed Consent? |
| 5 | CGCONSNTDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Caregiver consent was signed |

## *Data Set Name: rvreg_034a_cg_hlth_hx.sas7bdat*

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. |
| 3 | CGHXADMIN | Num | 8 | 11. | 11. |
| 4 | CGHXADMIN_LABEL | Char | 255 | $255. | $255. |
| 5 | CGHXDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 6 | CGREL | Num | 8 | 11. | 11. |
| 7 | CGREL_LABEL | Char | 255 | $255. | $255. |
| 8 | CGBIRTHDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 9 | CGGENDER | Num | 8 | 11. | 11. |
| 10 | CGGENDER_LABEL | Char | 255 | $255. | $255. |
| 11 | CGAMIN_AMERICAN_INDIAN_OR_ALASKA | Char | 5 | $5. | $5. |
| 12 | CGASIAN_ASIAN | Char | 5 | $5. | $5. |
| 13 | CGBLCK_AFRICAN_AMERICAN_OR_BLACK | Char | 5 | $5. | $5. |
| 14 | CGWHITE_WHITE | Char | 5 | $5. | $5. |
| 15 | CGRACEUNK_UNKNOWN_UNDISCLOSED | Char | 5 | $5. | $5. |
| 16 | CGEDUC | Num | 8 | 11. | 11. |
| 17 | CGEDUC_LABEL | Char | 255 | $255. | $255. |
| 18 | CGCHILD | Num | 8 | 11. | 11. |
| 19 | CGCHILD_LABEL | Char | 255 | $255. | $255. |
| 20 | CGCHILDNO | Num | 8 | 11. | 11. |
| 21 | CGMARITAL | Num | 8 | 11. | 11. |
| 22 | CGMARITAL_LABEL | Char | 255 | $255. | $255. |
| 23 | CGLIVE | Num | 8 | 11. | 11. |
| 24 | CGLIVE_LABEL | Char | 255 | $255. | $255. |
| 25 | CGWRK | Num | 8 | 11. | 11. |
| 26 | CGWRK_LABEL | Char | 255 | $255. | $255. |
| 27 | CGWRKTYP | Num | 8 | 11. | 11. |
| 28 | CGWRKTYP_LABEL | Char | 255 | $255. | $255. |
| 29 | CGHRTFL_HEART_FAILURE | Char | 5 | $5. | $5. |
| 30 | CGMI_HEART_ATTACK | Char | 5 | $5. | $5. |
| 31 | CGCAD_CORONARY_ARTERY_DISEASE | Char | 5 | $5. | $5. |
| 32 | CGHRTOTH_OTHER_HEART_DISEASE | Char | 5 | $5. | $5. |
| 33 | CGSTROKE_STROKE | Char | 5 | $5. | $5. |
| 34 | CGHTN_HYPERTENSION__HIGH_BLOOD_P | Char | 5 | $5. | $5. |
| 35 | CGANRSM_ANEURYSM | Char | 5 | $5. | $5. |
| 36 | CGDM_DIABETES | Char | 5 | $5. | $5. |

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 37 | CGBLDDIS_BLOOD_DISORDER | Char | 5 | $5. | $5. |
| 38 | CGCKD_KIDNEY_DISEASE | Char | 5 | $5. | $5. |
| 39 | CGPVD_PERIPHERAL_VASCULAR_DISEAS | Char | 5 | $5. | $5. |
| 40 | CGHCHO_HIGH_CHOLESTEROL | Char | 5 | $5. | $5. |
| 41 | CGLD_LIVER_DISEASE | Char | 5 | $5. | $5. |
| 42 | CGAID_AUTOIMMUNE_DISEASE | Char | 5 | $5. | $5. |
| 43 | CGRA_ARTHRITIS | Char | 5 | $5. | $5. |
| 44 | CGLUNG_LUNG_DISEASE | Char | 5 | $5. | $5. |
| 45 | CGTHYRD_THYROID_DISEASE | Char | 5 | $5. | $5. |
| 46 | CGCNS_NERVOUS_SYSTEM_DISORDER | Char | 5 | $5. | $5. |
| 47 | CGPSYCH_PSYCHIATRIC_DISORDER | Char | 5 | $5. | $5. |
| 48 | CGSEIZ_SEIZURES | Char | 5 | $5. | $5. |
| 49 | CGSKMSC_SKIN_OR_MUSCLE_DISEASE | Char | 5 | $5. | $5. |
| 50 | CGGOUT_GOUT | Char | 5 | $5. | $5. |
| 51 | CGBONE_BONE_DISEASE | Char | 5 | $5. | $5. |
| 52 | CGCA_CANCER | Char | 5 | $5. | $5. |
| 53 | CGHEENT_DISEASE_OF_EYES__EARS__N | Char | 5 | $5. | $5. |
| 54 | CGGI_DISEASE_OF_STOMACH__INTESTI | Char | 5 | $5. | $5. |
| 55 | CGOTHHX_OTHER | Char | 5 | $5. | $5. |
| 56 | CGSRGNO | Char | 1024 | $1024. | $1024. |
| 57 | CGHLTH | Num | 8 | 11. | 11. |
| 58 | CGHLTH_LABEL | Char | 255 | $255. | $255. |

| Label |
|---|
| Randomly generated unique identier |
| Visit or Event type corresponding to the record |
| Method of Administration |
| (label) Method of Administration |
| days from consent to Visit Date |
| Relationship to patient |
| (label) Relationship to patient |
| days from consent to Date of Birth |
| Gender |
| (label) Gender |
| Race (please select all that apply): American Indian or Alaska Native |
| Race (please select all that apply): Asian |
| Race (please select all that apply): African-American or Black |
| Race (please select all that apply): White |
| Race (please select all that apply): Unknown/Undisclosed |

| Label |
|---|
| Select your highest educational level |
| (label) Select your highest educational level |
| Do you have any children? |
| (label) Do you have any children? |
| Do you have any children?: If Yes, How many? |
| Select your current marital status |
| (label) Select your current marital status |
| Do you live in the same house as the subject for whom you are a caregiver? |
| (label) Do you live in the same house as the subject for whom you are a caregiver? |
| Are you working for income? |
| (label) Are you working for income? |
| Are you working for income?: If yes, select |
| (label) Are you working for income?: If yes, select |
| Past Medical History (Select all that apply that you have now or had in the past): Heart failure |
| Past Medical History (Select all that apply that you have now or had in the past): Heart attack |
| Past Medical History (Select all that apply that you have now or had in the past): Coronary artery disease |
| Past Medical History (Select all that apply that you have now or had in the past): Other heart disease |
| Past Medical History (Select all that apply that you have now or had in the past): Stroke |
| Past Medical History (Select all that apply that you have now or had in the past): Hypertension (high blood pressure) |
| Past Medical History (Select all that apply that you have now or had in the past): Aneurysm |
| Past Medical History (Select all that apply that you have now or had in the past): Diabetes |
| Past Medical History (Select all that apply that you have now or had in the past): Blood disorder |
| Past Medical History (Select all that apply that you have now or had in the past): Kidney disease |
| Past Medical History (Select all that apply that you have now or had in the past): Peripheral vascular disease |
| Past Medical History (Select all that apply that you have now or had in the past): High cholesterol |
| Past Medical History (Select all that apply that you have now or had in the past): Liver disease |
| Past Medical History (Select all that apply that you have now or had in the past): Autoimmune disease |
| Past Medical History (Select all that apply that you have now or had in the past): Arthritis |
| Past Medical History (Select all that apply that you have now or had in the past): Lung disease |
| Past Medical History (Select all that apply that you have now or had in the past): Thyroid disease |
| Past Medical History (Select all that apply that you have now or had in the past): Nervous system disorder |
| Past Medical History (Select all that apply that you have now or had in the past): Psychiatric disorder |
| Past Medical History (Select all that apply that you have now or had in the past): Seizures |
| Past Medical History (Select all that apply that you have now or had in the past): Skin or muscle disease |
| Past Medical History (Select all that apply that you have now or had in the past): Gout |
| Past Medical History (Select all that apply that you have now or had in the past): Bone disease |
| Past Medical History (Select all that apply that you have now or had in the past): Cancer |
| Past Medical History (Select all that apply that you have now or had in the past): Disease of eyes, ears, nose, throat |
| Past Medical History (Select all that apply that you have now or had in the past): Disease of stomach, intestines, colon |

| Label |
|---|
| Past Medical History (Select all that apply that you have now or had in the past): Other |
| cgsrgno |
| Please select a number to indicate whether you think that your health will be affected by being a caregiver for a patient participating in this clinical trial |
| (label) Please select a number to indicate whether you think that your health will be affected by being a caregiver for a patient participating in this clinical trial |

## *Data Set Name: rvreg_034b_cg_hlth_hx.sas7bdat*

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. |
| 3 | CGHXADMIN | Num | 8 | 11. | 11. |
| 4 | CGHXADMIN_LABEL | Char | 255 | $255. | $255. |
| 5 | CGHXDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 6 | CGEDUC | Num | 8 | 11. | 11. |
| 7 | CGEDUC_LABEL | Char | 255 | $255. | $255. |
| 8 | CGCHILD | Num | 8 | 11. | 11. |
| 9 | CGCHILD_LABEL | Char | 255 | $255. | $255. |
| 10 | CGCHILDNO | Num | 8 | 11. | 11. |
| 11 | CGMARITAL | Num | 8 | 11. | 11. |
| 12 | CGMARITAL_LABEL | Char | 255 | $255. | $255. |
| 13 | CGLIVE | Num | 8 | 11. | 11. |
| 14 | CGLIVE_LABEL | Char | 255 | $255. | $255. |
| 15 | CGWRK | Num | 8 | 11. | 11. |
| 16 | CGWRK_LABEL | Char | 255 | $255. | $255. |
| 17 | CGWRKTYP | Num | 8 | 11. | 11. |
| 18 | CGWRKTYP_LABEL | Char | 255 | $255. | $255. |
| 19 | CGHRTFL_HEART_FAILURE | Char | 5 | $5. | $5. |
| 20 | CGMI_HEART_ATTACK | Char | 5 | $5. | $5. |
| 21 | CGCAD_CORONARY_ARTERY_DISEASE | Char | 5 | $5. | $5. |
| 22 | CGHRTOTH_OTHER_HEART_DISEASE | Char | 5 | $5. | $5. |
| 23 | CGSTROKE_STROKE | Char | 5 | $5. | $5. |
| 24 | CGHTN_HYPERTENSION__HIGH_BLOOD_P | Char | 5 | $5. | $5. |
| 25 | CGANRSM_ANEURYSM | Char | 5 | $5. | $5. |
| 26 | CGDM_DIABETES | Char | 5 | $5. | $5. |
| 27 | CGBLDDIS_BLOOD_DISORDER | Char | 5 | $5. | $5. |
| 28 | CGCKD_KIDNEY_DISEASE | Char | 5 | $5. | $5. |
| 29 | CGPVD_PERIPHERAL_VASCULAR_DISEAS | Char | 5 | $5. | $5. |
| 30 | CGHCHO_HIGH_CHOLESTEROL | Char | 5 | $5. | $5. |
| 31 | CGLD_LIVER_DISEASE | Char | 5 | $5. | $5. |
| 32 | CGAID_AUTOIMMUNE_DISEASE | Char | 5 | $5. | $5. |
| 33 | CGRA_ARTHRITIS | Char | 5 | $5. | $5. |
| 34 | CGLUNG_LUNG_DISEASE | Char | 5 | $5. | $5. |
| 35 | CGTHYRD_THYROID_DISEASE | Char | 5 | $5. | $5. |
| 36 | CGCNS_NERVOUS_SYSTEM_DISORDER | Char | 5 | $5. | $5. |

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 37 | CGPSYCH_PSYCHIATRIC_DISORDER | Char | 5 | $5. | $5. |
| 38 | CGSEIZ_SEIZURES | Char | 5 | $5. | $5. |
| 39 | CGSKMSC_SKIN_OR_MUSCLE_DISEASE | Char | 5 | $5. | $5. |
| 40 | CGGOUT_GOUT | Char | 5 | $5. | $5. |
| 41 | CGBONE_BONE_DISEASE | Char | 5 | $5. | $5. |
| 42 | CGCA_CANCER | Char | 5 | $5. | $5. |
| 43 | CGHEENT_DISEASE_OF_EYES__EARS__N | Char | 5 | $5. | $5. |
| 44 | CGGI_DISEASE_OF_STOMACH__INTESTI | Char | 5 | $5. | $5. |
| 45 | CGOTHHX_OTHER | Char | 5 | $5. | $5. |
| 46 | CGSRGNO | Num | 8 | 11. | 11. |
| 47 | CGHLTH | Num | 8 | 11. | 11. |
| 48 | CGHLTH_LABEL | Char | 255 | $255. | $255. |

| Label |
|---|
| Randomly generated unique identier |
| Visit or Event type corresponding to the record |
| Method of Administration |
| (label) Method of Administration |
| days from consent to Visit Date |
| Select your highest educational level |
| (label) Select your highest educational level |
| Do you have any children |
| (label) Do you have any children |
| Do you have any children: If Yes, how many? |
| Select your current marital status |
| (label) Select your current marital status |
| Do you live in the same house as the patient for whom you are a caregiver |
| (label) Do you live in the same house as the patient for whom you are a caregiver |
| Are you working for income |
| (label) Are you working for income |
| Are you working for income: If Yes, Select |
| (label) Are you working for income: If Yes, Select |
| Past Medical History (Select all that apply since the last time form was filled out): Heart failure |
| Past Medical History (Select all that apply since the last time form was filled out): Heart attack |
| Past Medical History (Select all that apply since the last time form was filled out): Coronary artery disease |
| Past Medical History (Select all that apply since the last time form was filled out): Other heart disease |
| Past Medical History (Select all that apply since the last time form was filled out): Stroke |
| Past Medical History (Select all that apply since the last time form was filled out): Hypertension (high blood     pressure) |
| Past Medical History (Select all that apply since the last time form was filled out): Aneurysm |

| **Label** |
| --- |
| Past Medical History (Select all that apply since the last time form was filled out): Diabetes |
| Past Medical History (Select all that apply since the last time form was filled out): Blood disorder |
| Past Medical History (Select all that apply since the last time form was filled out): Kidney disease |
| Past Medical History (Select all that apply since the last time form was filled out): Peripheral vascular disease |
| Past Medical History (Select all that apply since the last time form was filled out): High cholesterol |
| Past Medical History (Select all that apply since the last time form was filled out): Liver disease |
| Past Medical History (Select all that apply since the last time form was filled out): Autoimmune disease |
| Past Medical History (Select all that apply since the last time form was filled out): Arthritis |
| Past Medical History (Select all that apply since the last time form was filled out): Lung disease |
| Past Medical History (Select all that apply since the last time form was filled out): Thyroid disease |
| Past Medical History (Select all that apply since the last time form was filled out): Nervous system disorder |
| Past Medical History (Select all that apply since the last time form was filled out): Psychiatric disorder |
| Past Medical History (Select all that apply since the last time form was filled out): Seizures |
| Past Medical History (Select all that apply since the last time form was filled out): Skin or muscle disease |
| Past Medical History (Select all that apply since the last time form was filled out): Gout |
| Past Medical History (Select all that apply since the last time form was filled out): Bone disease |
| Past Medical History (Select all that apply since the last time form was filled out): Cancer |
| Past Medical History (Select all that apply since the last time form was filled out): Disease of eyes, ears, nose, throat |
| Past Medical History (Select all that apply since the last time form was filled out): Disease of stomach, intestines, colon |
| Past Medical History (Select all that apply since the last time form was filled out): Other |
| Number of surgeries since the last time you completed this form |
| Please select a number below to indicate whether you think that your health has been affected by being a caregiver for a patient participating in this clinical trial |
| (label) Please select a number below to indicate whether you think that your health has been affected by being a caregiver for a patient participating in this clinical trial |

## Data Set Name: *rvreg_035_eq_5d_cg.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | EQADMIN | Num | 8 | 11. | 11. | Method of Administration |
| 4 | EQADMIN_LABEL | Char | 255 | $255. | $255. | (label) Method of Administration |
| 5 | EQDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Visit Date |
| 6 | EQMOBIL | Num | 8 | 11. | 11. | Mobility |
| 7 | EQMOBIL_LABEL | Char | 255 | $255. | $255. | (label) Mobility |
| 8 | EQSCARE | Num | 8 | 11. | 11. | Self-Care |
| 9 | EQSCARE_LABEL | Char | 255 | $255. | $255. | (label) Self-Care |
| 10 | EQUSACT | Num | 8 | 11. | 11. | Usual Activities |
| 11 | EQUSACT_LABEL | Char | 255 | $255. | $255. | (label) Usual Activities |
| 12 | EQPAIN | Num | 8 | 11. | 11. | Pain/ Discomfort |
| 13 | EQPAIN_LABEL | Char | 255 | $255. | $255. | (label) Pain/ Discomfort |
| 14 | EQANX | Num | 8 | 11. | 11. | Anxiety/ Depression |
| 15 | EQANX_LABEL | Char | 255 | $255. | $255. | (label) Anxiety/ Depression |
| 16 | EQVAS | Num | 8 | 11. | 11. | Health State VAS |

## *Data Set Name: rvreg_036_obcs.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | OCSDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Visit Date |
| 3 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 4 | OCSADMIN | Num | 8 | 11. | 11. | Method of Administration |
| 5 | OCSADMIN_LABEL | Char | 255 | $255. | $255. | Method of Administration |
| 6 | OCS1TM | Num | 8 | 11. | 11. | 1. Medical or nursing treatments (giving medications, skin care, dressings, etc.); How much time |
| 7 | OCS1TM_LABEL | Char | 255 | $255. | $255. | 1. Medical or nursing treatments (giving medications, skin care, dressings, etc.); How much time |
| 8 | OCS1DIFF | Num | 8 | 11. | 11. | 1. Medical or nursing treatments (giving medications, skin care, dressings, etc.); Difficulties |
| 9 | OCS1DIFF_LABEL | Char | 255 | $255. | $255. | 1. Medical or nursing treatments (giving medications, skin care, dressings, etc.); Difficulties |
| 10 | OCS2TM | Num | 8 | 11. | 11. | 2. Personal care (bathing, toileting, getting dressed, feeding, etc.); How much time |
| 11 | OCS2TM_LABEL | Char | 255 | $255. | $255. | 2. Personal care (bathing, toileting, getting dressed, feeding, etc.); How much time |
| 12 | OCS2DIFF | Num | 8 | 11. | 11. | 2. Personal care (bathing, toileting, getting dressed, feeding, etc.); Difficulties |
| 13 | OCS2DIFF_LABEL | Char | 255 | $255. | $255. | 2. Personal care (bathing, toileting, getting dressed, feeding, etc.); Difficulties |
| 14 | OCS3TM | Num | 8 | 11. | 11. | 3. Assistance with walking, getting in and out of bed, exercises, etc; How much time |
| 15 | OCS3TM_LABEL | Char | 255 | $255. | $255. | 3. Assistance with walking, getting in and out of bed, exercises, etc; How much time |
| 16 | OCS3DIFF | Num | 8 | 11. | 11. | 3. Assistance with walking, getting in and out of bed, exercises, etc; Difficulties |
| 17 | OCS3DIFF_LABEL | Char | 255 | $255. | $255. | 3. Assistance with walking, getting in and out of bed, exercises, etc; Difficulties |
| 18 | OCS4TM | Num | 8 | 11. | 11. | 4. Emotional support, "being there" for the patient; How much time |
| 19 | OCS4TM_LABEL | Char | 255 | $255. | $255. | 4. Emotional support, 'being there' for the patient; How much time |
| 20 | OCS4DIFF | Num | 8 | 11. | 11. | 4. Emotional support, "being there" for the patient; Difficulties |
| 21 | OCS4DIFF_LABEL | Char | 255 | $255. | $255. | 4. Emotional support, 'being there' for the patient; Difficulties |
| 22 | OCS5TM | Num | 8 | 11. | 11. | 5. Watching for and reporting the patient's symptoms, watching how the patient is doing, monitoring the patient's progress; How much time |
| 23 | OCS5TM_LABEL | Char | 255 | $255. | $255. | 5. Watching for and reporting the patient's symptoms, watching how the patient is doing, monitoring the patient's progress; How much time |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 24 | OCS5DIFF | Num | 8 | 11. | 11. | 5. Watching for and reporting the patient's symptoms, watching how the patient is doing, monitoring the patient's progress; Difficulties |
| 25 | OCS5DIFF_LABEL | Char | 255 | $255. | $255. | 5. Watching for and reporting the patient's symptoms, watching how the patient is doing, monitoring the patient's progress; Difficulties |
| 26 | OCS6TM | Num | 8 | 11. | 11. | 6. Providing transportation or "company" (driving, riding along with patient, going to appointments, driving patient around for errands, etc.); How much time |
| 27 | OCS6TM_LABEL | Char | 255 | $255. | $255. | 6. Providing transportation or 'company' (driving, riding along with patient, going to appointments, driving patient around for errands, etc.); How much time |
| 28 | OCS6DIFF | Num | 8 | 11. | 11. | 6. Providing transportation or "company" (driving, riding along with patient, going to appointments, driving patient around for errands, etc.); Difficulties |
| 29 | OCS6DIFF_LABEL | Char | 255 | $255. | $255. | 6. Providing transportation or 'company' (driving, riding along with patient, going to appointments, driving patient around for errands, etc.); Difficulties |
| 30 | OCS7TM | Num | 8 | 11. | 11. | 7. Managing finances, bills, and forms related to the patient's illness; How much time |
| 31 | OCS7TM_LABEL | Char | 255 | $255. | $255. | 7. Managing finances, bills, and forms related to the patient's illness; How much time |
| 32 | OCS7DIFF | Num | 8 | 11. | 11. | 7. Managing finances, bills, and forms related to the patient's illness; Difficulties |
| 33 | OCS7DIFF_LABEL | Char | 255 | $255. | $255. | 7. Managing finances, bills, and forms related to the patient's illness; Difficulties |
| 34 | OCS8TM | Num | 8 | 11. | 11. | 8. Additional household tasks for the patient (laundry, cooking, cleaning, yard work, home repairs, etc.); How much time |
| 35 | OCS8TM_LABEL | Char | 255 | $255. | $255. | 8. Additional household tasks for the patient (laundry, cooking, cleaning, yard work, home repairs, etc.); How much time |
| 36 | OCS8DIFF | Num | 8 | 11. | 11. | 8. Additional household tasks for the patient (laundry, cooking, cleaning, yard work, home repairs, etc.); Difficulties |
| 37 | OCS8DIFF_LABEL | Char | 255 | $255. | $255. | 8. Additional household tasks for the patient (laundry, cooking, cleaning, yard work, home repairs, etc.); Difficulties |
| 38 | OCS9TM | Num | 8 | 11. | 11. | 9. Additional tasks outside the home for the patient (shopping for food and clothes, going to the bank, running errands, etc.); How much time |
| 39 | OCS9TM_LABEL | Char | 255 | $255. | $255. | 9. Additional tasks outside the home for the patient (shopping for food and clothes, going to the bank, running errands, etc.); How much time |
| 40 | OCS9DIFF | Num | 8 | 11. | 11. | 9. Additional tasks outside the home for the patient (shopping for food and clothes, going to the bank, running errands, etc.); Difficulties |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 41 | OCS9DIFF_LABEL | Char | 255 | $255. | $255. | 9. Additional tasks outside the home for the patient (shopping for food and clothes, going to the bank, running errands, etc.); Difficulties |
| 42 | OCS10TM | Num | 8 | 11. | 11. | 10. Structuring/ planning activities for the patient (recreation, rest, meals, things for the patient to do, etc.); How much time |
| 43 | OCS10TM_LABEL | Char | 255 | $255. | $255. | 10. Structuring/ planning activities for the patient (recreation, rest, meals, things for the patient to do, etc.); How much time |
| 44 | OCS10DIFF | Num | 8 | 11. | 11. | 10. Structuring/ planning activities for the patient (recreation, rest, meals, things for the patient to do, etc.); Difficulties |
| 45 | OCS10DIFF_LABEL | Char | 255 | $255. | $255. | 10. Structuring/ planning activities for the patient (recreation, rest, meals, things for the patient to do, etc.); Difficulties |
| 46 | OCS11TM | Num | 8 | 11. | 11. | 11. Managing behavior problems (moodiness, irritability, confusion, memory loss, etc.); How much time |
| 47 | OCS11TM_LABEL | Char | 255 | $255. | $255. | 11. Managing behavior problems (moodiness, irritability, confusion, memory loss, etc.); How much time |
| 48 | OCS11DIFF | Num | 8 | 11. | 11. | 11. Managing behavior problems (moodiness, irritability, confusion, memory loss, etc.); Difficulties |
| 49 | OCS11DIFF_LABEL | Char | 255 | $255. | $255. | 11. Managing behavior problems (moodiness, irritability, confusion, memory loss, etc.); Difficulties |
| 50 | OCS12TM | Num | 8 | 11. | 11. | 12. Finding and arranging someone to care for the patient while you are away; How much time |
| 51 | OCS12TM_LABEL | Char | 255 | $255. | $255. | 12. Finding and arranging someone to care for the patient while you are away; How much time |
| 52 | OCS12DIFF | Num | 8 | 11. | 11. | 12. Finding and arranging someone to care for the patient while you are away; Difficulties |
| 53 | OCS12DIFF_LABEL | Char | 255 | $255. | $255. | 12. Finding and arranging someone to care for the patient while you are away; Difficulties |
| 54 | OCS13TM | Num | 8 | 11. | 11. | Communication (helping the patient with the phone, writing or reading, explaining things, trying to understand what the patient is trying to say, etc.); How much time |
| 55 | OCS13TM_LABEL | Char | 255 | $255. | $255. | Communication (helping the patient with the phone, writing or reading, explaining things, trying to understand what the patient is trying to say, etc.); How much time |
| 56 | OCS13DIFF | Num | 8 | 11. | 11. | Communication (helping the patient with the phone, writing or reading, explaining things, trying to understand what the patient is trying to say, etc.); Difficulties |
| 57 | OCS13DIFF_LABEL | Char | 255 | $255. | $255. | Communication (helping the patient with the phone, writing or reading, explaining things, trying to understand what the patient is trying to say, etc.); Difficulties |

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 58 | OCS14TM | Num | 8 | 11. | 11. | Coordinating, arranging, & managing services & resources for the patient (scheduling appts, arranging transptn, locating equipment & services, & finding outside help); How much time |
| 59 | OCS14TM_LABEL | Char | 255 | $255. | $255. | Coordinating, arranging, & managing services & resources for the patient (scheduling appts, arranging transptn, locating equipment & services, & finding outside help); How much time |
| 60 | OCS14DIFF | Num | 8 | 11. | 11. | Coordinating, arranging, & managing services & resources for the patient (scheduling appts, arranging transptn, locating equipment & services, & finding outside help); Difficulties |
| 61 | OCS14DIFF_LABEL | Char | 255 | $255. | $255. | Coordinating, arranging, & managing services & resources for the patient (scheduling appts, arranging transptn, locating equipment & services, & finding outside help); Difficulties |
| 62 | OCS15TM | Num | 8 | 11. | 11. | 15. Seeking information and talking with doctors, nurses, and other professional health care workers about the patient's condition and treatment plans; How much time |
| 63 | OCS15TM_LABEL | Char | 255 | $255. | $255. | 15. Seeking information and talking with doctors, nurses, and other professional health care workers about the patient's condition and treatment plans; How much time |
| 64 | OCS15DIFF | Num | 8 | 11. | 11. | 15. Seeking information and talking with doctors, nurses, and other professional health care workers about the patient's condition and treatment plans; Difficulties |
| 65 | OCS15DIFF_LABEL | Char | 255 | $255. | $255. | 15. Seeking information and talking with doctors, nurses, and other professional health care workers about the patient's condition and treatment plans; Difficulties |

## *Data Set Name: rvreg_037_hospitalization.sas7bdat*

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. |
| 3 | HOSPDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 4 | DISCHDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 5 | ICDUR | Num | 8 | 11. | 11. |
| 6 | HOSPRESN | Num | 8 | 11. | 11. |
| 7 | HOSPRESN_LABEL | Char | 255 | $255. | $255. |
| 8 | CARDIO | Num | 8 | 11. | 11. |
| 9 | CARDIO_LABEL | Char | 255 | $255. | $255. |
| 10 | CARDIAC | Num | 8 | 11. | 11. |
| 11 | CARDIAC_LABEL | Char | 255 | $255. | $255. |
| 12 | HRTFLAD | Num | 8 | 11. | 11. |
| 13 | HRTFLAD_LABEL | Char | 255 | $255. | $255. |
| 14 | NEUROVAS | Num | 8 | 11. | 11. |
| 15 | NEUROVAS_LABEL | Char | 255 | $255. | $255. |
| 16 | STROKEDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 17 | VTHROMDIS | Num | 8 | 11. | 11. |
| 18 | VTHROMDIS_LABEL | Char | 255 | $255. | $255. |
| 19 | OTHVAS | Num | 8 | 11. | 11. |
| 20 | OTHVAS_LABEL | Char | 255 | $255. | $255. |
| 21 | NONCARDIO | Num | 8 | 11. | 11. |
| 22 | NONCARDIO_LABEL | Char | 255 | $255. | $255. |
| 23 | PULMNRY | Num | 8 | 11. | 11. |
| 24 | PULMNRY_LABEL | Char | 255 | $255. | $255. |
| 25 | INTERVN_DIAGNOSTIC | Char | 5 | $5. | $5. |
| 26 | INTERVN_THERAPEUTIC | Char | 5 | $5. | $5. |
| 27 | DIAGSTC_RIGHT_HEART_CATHETERIZAT | Char | 5 | $5. | $5. |
| 28 | DIAGSTC_LEFT_HEART_CATHETERIZATI | Char | 5 | $5. | $5. |
| 29 | THRPUTC_HEART_FAILURE | Char | 5 | $5. | $5. |
| 30 | THRPUTC_ARRHYTHMIA | Char | 5 | $5. | $5. |
| 31 | THRPUTC_CORONARY | Char | 5 | $5. | $5. |
| 32 | THRPUTC_VALVULAR | Char | 5 | $5. | $5. |
| 33 | THRPUTC_OTHER_THERAPEUTIC | Char | 5 | $5. | $5. |
| 34 | THRPUTC_OTHER_SURGICAL_OR_PERCUT | Char | 5 | $5. | $5. |
| 35 | HRTFL_INOTROPES | Char | 5 | $5. | $5. |
| 36 | HRTFL_TEMPORARY_MCS | Char | 5 | $5. | $5. |

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 37 | HRTFL_DURABLE_VENTRICULAR_ASSIST | Char | 5 | $5. | $5. |
| 38 | HRTFL_C_PULSE_HEART_ASSIST_SYSTE | Char | 5 | $5. | $5. |
| 39 | HRTFL_HEART_TRANSPLANT | Char | 5 | $5. | $5. |
| 40 | INOTRPEDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 41 | INOTRPECT | Num | 8 | 11. | 11. |
| 42 | INOTRPECT_LABEL | Char | 255 | $255. | $255. |
| 43 | INOTRPDPT | Num | 8 | 11. | 11. |
| 44 | INOTRPDPT_LABEL | Char | 255 | $255. | $255. |
| 45 | MCSTYPE1 | Num | 8 | 11. | 11. |
| 46 | MCSTYPE1_LABEL | Char | 255 | $255. | $255. |
| 47 | IMPLNT1DT_DAYS_FROM_CONSENT | Num | 8 | | |
| 48 | MCSTYPE2 | Num | 8 | 11. | 11. |
| 49 | MCSTYPE2_LABEL | Char | 255 | $255. | $255. |
| 50 | IMPLNT2DT_DAYS_FROM_CONSENT | Num | 8 | | |
| 51 | MCSTYPE3 | Num | 8 | 11. | 11. |
| 52 | MCSTYPE3_LABEL | Char | 255 | $255. | $255. |
| 53 | IMPLNT3DT_DAYS_FROM_CONSENT | Num | 8 | | |
| 54 | MCSTYPE4 | Num | 8 | 11. | 11. |
| 55 | MCSTYPE4_LABEL | Char | 255 | $255. | $255. |
| 56 | IMPLNT4DT_DAYS_FROM_CONSENT | Num | 8 | | |
| 57 | IMPLNT5DT_DAYS_FROM_CONSENT | Num | 8 | | |
| 58 | DVAD_DURABLE_IMPLANTABLE_LVAD | Char | 5 | $5. | $5. |
| 59 | DVAD_DURABLE_IMPLANTABLE_RVAD | Char | 5 | $5. | $5. |
| 60 | DVAD_TAH | Char | 5 | $5. | $5. |
| 61 | LVADDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 62 | RVADDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 63 | TAHDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 64 | HRTTDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 65 | HRTLST | Num | 8 | 11. | 11. |
| 66 | HRTLST_LABEL | Char | 255 | $255. | $255. |
| 67 | AR_PACEMAKER__SINGLE_OR_DUAL_C00 | Char | 5 | $5. | $5. |
| 68 | AR_CRT__BIVENTRICULAR_PACEMAKER_ | Char | 5 | $5. | $5. |
| 69 | AR_CRT_D__BIVENTRICULAR_PACEMA00 | Char | 5 | $5. | $5. |
| 70 | AR_ICD_ALONE | Char | 5 | $5. | $5. |
| 71 | AR_ATRIAL_ARRHYTHMIA_OR_AV_NOD00 | Char | 5 | $5. | $5. |
| 72 | AR_VENTRICULAR_ARRHYTHMIA_ABLA00 | Char | 5 | $5. | $5. |
| 73 | AR_CARDIOVERSION_DEFIBRILLATION | Char | 5 | $5. | $5. |
| 74 | DEFBR | Num | 8 | 11. | 11. |
| 75 | DEFBR_LABEL | Char | 255 | $255. | $255. |

| Num | Variable | Type | Len | Format | Informat |
|-----|----------|------|-----|--------|----------|
| 76 | CORNRY_PERCUTANEOUS_CORONARY_INT | Char | 5 | $5. | $5. |
| 77 | CORNRY_CABG | Char | 5 | $5. | $5. |
| 78 | VALVUAR_AORTIC_VALVE_SURGERY__RE | Char | 5 | $5. | $5. |
| 79 | VALVUAR_MITRAL_VALVE_SURGERY__RE | Char | 5 | $5. | $5. |
| 80 | VALVUAR_TRICUSPID_VALVE_SURGERY_ | Char | 5 | $5. | $5. |
| 81 | VALVUAR_PERCUTANEOUS_MITRAL_VALV | Char | 5 | $5. | $5. |
| 82 | VALVUAR_TAVR | Char | 5 | $5. | $5. |
| 83 | THRPUTCOTH_IV_ANTIBIOTICS | Char | 5 | $5. | $5. |
| 84 | THRPUTCOTH_BLOOD_TRANSFUSION | Char | 5 | $5. | $5. |
| 85 | THRPUTCOTH_ENDOSCOPY__UPPER_OR_L | Char | 5 | $5. | $5. |
| 86 | THRPUTCOTH_HEMODIALYSIS | Char | 5 | $5. | $5. |
| 87 | THRPUTCOTH_ULTRAFILTRATION_AQUAP | Char | 5 | $5. | $5. |
| 88 | THRPUTCOTH_INTUBATION_MECHANICAL | Char | 5 | $5. | $5. |

| Label |
|-------|
| Randomly generated unique identier |
| Visit or Event type corresponding to the record |
| days from consent to Date of Hospital Admission |
| days from consent to Date of Hospital Discharge |
| Number of Intensive Care Unit days during this hospital admission: |
| What was the one main reason for hospitalization: |
| (label) What was the one main reason for hospitalization: |
| Cardiovascular |
| (label) Cardiovascular |
| Cardiovascular: Cardiac |
| (label) Cardiovascular: Cardiac |
| Cardiovascular: Cardiac: Heart faiure: Was this a planned admission for a heart failure procedure or device (RHC, ICD, CRT, or CRT-D, but not transplant or VAD)? |
| Cardiovascular: Cardiac: Heart faiure: Was this a planned admission for a heart failure procedure or device (RHC, ICD, CRT, or CRT-D, but not transplant or VAD)? |
| Neurovascular |
| (label) Neurovascular |
| days from consent to Date of Stroke |
| Venous thromboembolic disease |
| (label) Venous thromboembolic disease |
| Other vascular |
| (label) Other vascular |
| Noncardiovascular |
| (label) Noncardiovascular |
| Noncardiovascular: Pulmonary |

| Label |
|---|
| (label) Noncardiovascular: Pulmonary |
| What interventions were performed during this hospitalization (check all that apply): Diagnostic |
| What interventions were performed during this hospitalization (check all that apply): Therapeutic |
| What interventions were performed during this hospitalization? Diagnostic detail (check all that apply): Right Heart Catheterization |
| What interventions were performed during this hospitalization? Diagnostic detail (check all that apply): Left Heart Catheterization/Coronary Angiography |
| What interventions were performed during this hospitalization? Therapeutic detail (check all that apply): Heart Failure |
| What interventions were performed during this hospitalization? Therapeutic detail (check all that apply): Arrhythmia |
| What interventions were performed during this hospitalization? Therapeutic detail (check all that apply): Coronary |
| What interventions were performed during this hospitalization? Therapeutic detail (check all that apply): Valvular |
| What interventions were performed during this hospitalization? Therapeutic detail (check all that apply): Other |
| What interventions were performed during this hospitalization? Therapeutic detail (check all that apply): Other surgical or percutaneous procedures or interventions |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure detail (check all that apply): Inotropes |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure detail (check all that apply): Temporary MCS |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure detail (check all that apply): Durable ventricular assist device |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure detail (check all that apply): C-Pulse heart assist system |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure detail (check all that apply): Heart transplant |
| days from consent to First date of inotrope use during this hospitalization: |
| Was the subject on continuous inotropes at the time of the first of the following events: discharge, mechanical circulatory support, transplant, or death? |
| Was the subject on continuous inotropes at the time of the first of the following events: discharge, mechanical circulatory support, transplant, or death? |
| Was the subject inotrope-dependent at the time of the first of the following events: discharge, mechanical circulatory support, transplant, or death? |
| Was the subject inotrope-dependent at the time of the first of the following events: discharge, mechanical circulatory support, transplant, or death? |
| Temporary MCS Type |
| (label) Temporary MCS Type |
| days from consent to Implant Date |
| Temporary MCS Type |
| (label) Temporary MCS Type |
| days from consent to Implant Date |
| Temporary MCS Type |
| (label) Temporary MCS Type |
| days from consent to Implant Date |
| Temporary MCS Type |
| (label) Temporary MCS Type |
| days from consent to Implant Date |

| Label |
|---|
| days from consent to Implant Date |
| What interventions were performed dur this hospitalization? Therapeutic: Heart Failure: Durable ventricular assist device detail (check all apply): Durable implantable LVAD |
| What interventions were performed dur this hospitalization? Therapeutic: Heart Failure: Durable ventricular assist device detail (check all apply): Durable implantable RVAD |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Durable ventricular assist device detail (check all that apply): TAH |
| days from consent to Durable implantable LVAD implant date |
| days from consent to Durable implantable RVAD implant date |
| days from consent to TAH implant date |
| days from consent to Date of heart transplant |
| Listing status at heart transplant |
| (label) Listing status at heart transplant |
| What interventions were performed dur this hospitalization? Therapeutic: Heart Failure: Arrhythmia detail (check all apply): Pacemaker (single or dual chamber) |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Arrhythmia detail (check all that apply): CRT (biventricular pacemaker) |
| What interventions were performed dur this hospitalization? Therapeutic: Heart Failure: Arrhythmia detail (check all apply): CRT-D (biventricular pacemaker w/ ICD) |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Arrhythmia detail (check all that apply): ICD alone |
| What interventions were performed dur this hospitalization? Therapeutic: Heart Failure: Arrhythmia detail (check all apply): Atrial arrhythmia or AV node ablation |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Arrhythmia detail (check all that apply): Ventricular arrhythmia ablation |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Arrhythmia detail (check all that apply): Cardioversion/Defibrillation |
| Cardioversion/Defibrillation |
| (label) Cardioversion/Defibrillation |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Coronary detail (check all that apply): PCI |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Coronary detail (check all that apply): CABG |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Valvular detail (check all that apply): Aortic valve surgery |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Valvular detail (check all that apply): Mitral valve surgery |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Valvular detail (check all that apply): Tricuspid valve surgery |
| What interventions were performed dur this hospitalization? Therapeutic: Heart Failure: Valvular detail (check all apply): Percutaneous mitral valve procedure |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Valvular detail (check all that apply): TAVR |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Other detail (check all that apply): IV antibiotics |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Other detail (check all that apply): Blood transfusion |

| Label |
| --- |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Other detail (check all that apply): Endoscopy (upper or lower or capsule) |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Other detail (check all that apply): Hemodialysis |
| What interventions were performed dur this hospitalization? Therapeutic: Heart Failure: Other detail (check all apply): Ultrafiltration/Aquapheresis only (no dialysis) |
| What interventions were performed during this hospitalization? Therapeutic: Heart Failure: Other detail (check all that apply): Intubation/mechanical ventilation |

## Data Set Name: rvreg_038_ae_subj.sas7bdat

| Num | Variable | Type | Len | Format | Informat |
|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. |
| 3 | AEORGSYS | Num | 8 | 11. | 11. |
| 4 | AEORGSYS_LABEL | Char | 255 | $255. | $255. |
| 5 | AESTDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 6 | AEPROC | Num | 8 | 11. | 11. |
| 7 | AEPROC_LABEL | Char | 255 | $255. | $255. |
| 8 | AEPROCREL | Num | 8 | 11. | 11. |
| 9 | AEPROCREL_LABEL | Char | 255 | $255. | $255. |
| 10 | AELOC | Num | 8 | 11. | 11. |
| 11 | AELOC_LABEL | Char | 255 | $255. | $255. |
| 12 | AESER | Num | 8 | 11. | 11. |
| 13 | AESER_LABEL | Char | 255 | $255. | $255. |
| 14 | DTH_DEATH | Char | 5 | $5. | $5. |
| 15 | LIFETHR_LIFE_THREATENING | Char | 5 | $5. | $5. |
| 16 | HOSP_HOSPITALIZATION | Char | 5 | $5. | $5. |
| 17 | PRHOSP_PROLONGATION_OF_HOSPITALI | Char | 5 | $5. | $5. |
| 18 | DISABIL_RESULTED_IN_SIGNIFICANT_ | Char | 5 | $5. | $5. |
| 19 | CONGEN_RESULTED_IN_CONGENITAL_AN | Char | 5 | $5. | $5. |
| 20 | OTHSER_OTHER_SERIOUS__IMPORTANT_ | Char | 5 | $5. | $5. |
| 21 | AEEXPCT | Num | 8 | 11. | 11. |
| 22 | AEEXPCT_LABEL | Char | 255 | $255. | $255. |
| 23 | AEOUT | Num | 8 | 11. | 11. |
| 24 | AEOUT_LABEL | Char | 255 | $255. | $255. |
| 25 | AESPDT_DAYS_FROM_CONSENT | Num | 8 | | |
| 26 | AEDTH | Num | 8 | 11. | 11. |
| 27 | AEDTH_LABEL | Char | 255 | $255. | $255. |
| 28 | AEPROCINT | Num | 8 | 11. | 11. |
| 29 | AEPROCINT_LABEL | Char | 255 | $255. | $255. |

| Label |
|---|
| Randomly generated unique identier |
| Visit or Event type corresponding to the record |
| AE Major Organ System |
| (label) AE Major Organ System |
| days from consent to Date of Onset |

| Label |
|---|
| Did the Adverse Event occur during or after any study-related procedure or tests (e.g., cardiopulmonary exercise test; 6 minute walk test; echocardiogram)? |
| (label) Did the Adverse Event occur during or after any study-related procedure or tests (e.g., cardiopulmonary exercise test; 6 minute walk test; echocardiogram)? |
| If Yes, Relationship to Procedure or test |
| (label) If Yes, Relationship to Procedure or test |
| Location of the subject at time of onset of the adverse event |
| (label) Location of the subject at time of onset of the adverse event |
| Is this a Serious AE? |
| (label) Is this a Serious AE? |
| If a Serious Adverse Event (check all that apply): Death |
| If a Serious Adverse Event (check all that apply): Life-threatening |
| If a Serious Adverse Event (check all that apply): Hospitalization |
| If a Serious Adverse Event (check all that apply): Prolongation of Hospitalization |
| If a Serious Adverse Event (check all that apply): Resulted in significant or persistent disability |
| If a Serious Adverse Event (check all that apply): Resulted in congenital anomaly/ birth defect |
| If a Serious Adverse Event (check all that apply): Other Serious (Important medical events) |
| Expectedness |
| (label) Expectedness |
| Event Outcome |
| (label) Event Outcome |
| days from consent to Resolution Date |
| If Death, did this adverse event contribute to death? |
| (label) If Death, did this adverse event contribute to death? |
| Did this Adverse Event result in a diagnostic or therapeutic procedure or surgical intervention? |
| (label) Did this Adverse Event result in a diagnostic or therapeutic procedure or surgical intervention? |

## *Data Set Name: rvreg_040_protocol_deviation.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | PDEVDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date Deviation Occurred |
| 4 | PDRPTDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Report |
| 5 | PDEVDET | Num | 8 | 11. | 11. | Deviation Details (select one) |
| 6 | PDEVDET_LABEL | Char | 255 | $255. | $255. | (label) Deviation Details (select one) |
| 7 | PDEVPCD_6_MINUTE_WALK_TEST_NOT_D | Char | 5 | $5. | $5. | If Protocol Procedure Deviation (select all that apply): 6 minute walk test not done |
| 8 | PDEVPCD_GAIT_SPEED_TEST_NOT_DONE | Char | 5 | $5. | $5. | If Protocol Procedure Deviation (select all that apply): Gait speed test not done |
| 9 | PDEVPCD_BLOOD_DRAW_NOT_DONE | Char | 5 | $5. | $5. | If Protocol Procedure Deviation (select all that apply): Blood draw not done |
| 10 | PDEVPCD_QUALITY_OF_LIFE_QUESTION | Char | 5 | $5. | $5. | If Protocol Procedure Deviation (select all that apply): Quality of Life questionnaire not completed |
| 11 | PDEVPCD_ECG_NOT_DONE | Char | 5 | $5. | $5. | If Protocol Procedure Deviation (select all that apply): ECG not done |
| 12 | PDEVPCD_HANDGRIP_STRENGTH_TEST_N | Char | 5 | $5. | $5. | If Protocol Procedure Deviation (select all that apply): Handgrip strength test not done |
| 13 | PDEVPCD_CPX_TEST_NOT_DONE | Char | 5 | $5. | $5. | If Protocol Procedure Deviation (select all that apply): CPX test not done |
| 14 | PDEVPCD_ECHOCARDIOGRAM_NOT_DONE | Char | 5 | $5. | $5. | If Protocol Procedure Deviation (select all that apply): Echocardiogram not done |
| 15 | PDEVREAS | Num | 8 | 11. | 11. | Reason for Deviation |
| 16 | PDEVREAS_LABEL | Char | 255 | $255. | $255. | (label) Reason for Deviation |
| 17 | PRMSVST | Num | 8 | 11. | 11. | Specify visit missed |
| 18 | PRMSVST_LABEL | Char | 255 | $255. | $255. | (label) Specify visit missed |
| 19 | PDIRBNT | Num | 8 | 11. | 11. | Was the IRB notified of the Protocol Deviation |
| 20 | PDIRBNT_LABEL | Char | 255 | $255. | $255. | (label) Was the IRB notified of the Protocol Deviation |
| 21 | IRBNTDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Notification to the IRB (if Yes) |
| 22 | IRBNREAS | Num | 8 | 11. | 11. | If No, specify reason |
| 23 | IRBNREAS_LABEL | Char | 255 | $255. | $255. | (label) If No, specify reason |

## *Data Set Name: rvreg_041_death.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | DTHDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of Death |
| 4 | NOREVIVE | Num | 8 | 11. | 11. | DNR or DNI or both in place at time of death? |
| 5 | NOREVIVE_LABEL | Char | 255 | $255. | $255. | (label) DNR or DNI or both in place at time of death? |
| 6 | HOSPICE | Num | 8 | 11. | 11. | Enrolled in hospice at time of death? |
| 7 | HOSPICE_LABEL | Char | 255 | $255. | $255. | (label) Enrolled in hospice at time of death? |
| 8 | DTHLOC | Num | 8 | 11. | 11. | Location of death |
| 9 | DTHLOC_LABEL | Char | 255 | $255. | $255. | (label) Location of death |
| 10 | DTHEXP | Num | 8 | 11. | 11. | Expectedness of death |
| 11 | DTHEXP_LABEL | Char | 255 | $255. | $255. | (label) Expectedness of death |
| 12 | DTHCAUSE | Num | 8 | 11. | 11. | Primary Cause of Death |
| 13 | DTHCAUSE_LABEL | Char | 255 | $255. | $255. | (label) Primary Cause of Death |
| 14 | CARDIAC | Num | 8 | 11. | 11. | Primary Cause of Death: If Cardiac, specify |
| 15 | CARDIAC_LABEL | Char | 255 | $255. | $255. | (label) Primary Cause of Death: If Cardiac, specify |

## *Data Set Name: rvreg_042_final_status_subj.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | TERMDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Last day in study |
| 4 | STATUS | Num | 8 | 11. | 11. | Did subject complete the Registry through Month 24 |
| 5 | STATUS_LABEL | Char | 255 | $255. | $255. | (label) Did subject complete the Registry through Month 24 |
| 6 | DISREAS | Num | 8 | 11. | 11. | If No, please indicate primary reason for discontinuation |
| 7 | DISREAS_LABEL | Char | 255 | $255. | $255. | (label) If No, please indicate primary reason for discontinuation |
| 8 | LTFALVDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Last known date alive |

## Data Set Name: rvreg_043_final_status_cg.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | TERMDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Last day in study |
| 4 | STATUS | Num | 8 | 11. | 11. | Did Caregiver complete the Registry through Month 24 |
| 5 | STATUS_LABEL | Char | 255 | $255. | $255. | (label) Did Caregiver complete the Registry through Month 24 |
| 6 | DISREAS | Num | 8 | 11. | 11. | If No, please indicate primary reason for not completing |
| 7 | DISREAS_LABEL | Char | 255 | $255. | $255. | (label) If No, please indicate primary reason for not completing |

## *Data Set Name: rvreg_044_visit_term.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | VTERMDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Effective date of visit termination |
| 4 | VTERMREAS | Num | 8 | 11. | 11. | Reason for visit termination |
| 5 | VTERMREAS_LABEL | Char | 255 | $255. | $255. | (label) Reason for visit termination |
| 6 | CNSNTWTH | Num | 8 | 11. | 11. | Subject withdrew consent details |
| 7 | CNSNTWTH_LABEL | Char | 255 | $255. | $255. | (label) Subject withdrew consent details |

## Data Set Name: rvreg_045_final_status_wthdrl.sas7bdat

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | OTCMEOBTN | Num | 8 | 11. | 11. | Was outcomes data obtained? |
| 4 | OTCMEOBTN_LABEL | Char | 255 | $255. | $255. | (label) Was outcomes data obtained? |
| 5 | CNTCTDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of contact with subject: |
| 6 | CNTCTDTNA_NOT_APPLICABLE | Char | 5 | $5. | $5. | Date of Contact: Not applicable |
| 7 | FRSTOTCME | Num | 8 | 11. | 11. | Since date of subject withdrawal, which of the following occurred FIRST: |
| 8 | FRSTOTCME_LABEL | Char | 255 | $255. | $255. | (label) Since date of subject withdrawal, which of the following occurred FIRST: |
| 9 | HRTTDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of transplant: |
| 10 | HRTLST | Num | 8 | 11. | 11. | Listing status at heart transplant: |
| 11 | HRTLST_LABEL | Char | 255 | $255. | $255. | (label) Listing status at heart transplant: |
| 12 | IMPLNTDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of implant: |
| 13 | ITMCSPRO | Num | 8 | 11. | 11. | INTERMACS® Patient Profile |
| 14 | ITMCSPRO_LABEL | Char | 255 | $255. | $255. | (label) INTERMACS® Patient Profile |
| 15 | ITMCSMOD | Num | 8 | 11. | 11. | INTERMACS Modifier Present? |
| 16 | ITMCSMOD_LABEL | Char | 255 | $255. | $255. | (label) INTERMACS Modifier Present? |
| 17 | ITMCSA_A___ARRHYTHMIA | Char | 5 | $5. | $5. | INTERMACS Modifier Present: If Yes, Check all that apply: Arrhythmia |
| 18 | ITMCSTCS_TCS___TEMPORARY_CIRCULA | Char | 5 | $5. | $5. | INTERMACS Modifier Present: If Yes, Check all that apply: Temporary Circulatory Support |
| 19 | ITMCSFF_FF___FREQUENT_FLYER | Char | 5 | $5. | $5. | INTERMACS Modifier Present: If Yes, Check all that apply: Frequent Flyer |
| 20 | DTHDT_DAYS_FROM_CONSENT | Num | 8 | | | days from consent to Date of death: |
| 21 | INOTRPDTH | Num | 8 | 11. | 11. | Was the subject receiving continuous IV inotropes at the time of death: |
| 22 | INOTRPDTH_LABEL | Char | 255 | $255. | $255. | (label) Was the subject receiving continuous IV inotropes at the time of death: |
| 23 | OTHROTCME | Num | 8 | 11. | 11. | If none of the above was met, complete the following at Month 24 (730 days from informed consent date): |
| 24 | OTHROTCME_LABEL | Char | 255 | $255. | $255. | (label) If none of the above was met, complete the following at Month 24 (730 days from informed consent date): |
| 25 | INOTRPALIVE | Num | 8 | 11. | 11. | Is the subject receiving continuous IV inotropes: |
| 26 | INOTRPALIVE_LABEL | Char | 255 | $255. | $255. | (label) Is the subject receiving continuous IV inotropes: |

## *Data Set Name: rvreg_046_listing_at_vad.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|---|---|---|---|---|---|---|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | STUDY_EVENT_OID | Char | 40 | $40. | $40. | Visit or Event type corresponding to the record |
| 3 | VADHRTLST | Num | 8 | 11. | 11. | Was this subject listed for a heart transplant at the time of their durable VAD implant? |
| 4 | VADHRTLST_LABEL | Char | 255 | $255. | $255. | (label) Was this subject listed for a heart transplant at the time of their durable VAD implant? |

*Data Set Name: study_subject_listing.sas7bdat*

| Num | Variable | Type | Len | Format | Informat | Label |
|----:|----------|------|----:|--------|----------|-------|
| 1 | UID | Num | 8 | | | Randomly generated unique identier |
| 2 | SEX | Char | 1 | $1. | $1. | Gender, f=female, m=male (captured on Demographic CRF) |
| 3 | AGE_AT_CONSTDT | Num | 8 | | | Age at consent date (captured on Demographic CRF) |